

CABINET MINUTE

DECISION NO.

BRISBANE, 17/10/1994

04109

SUBJECT: Future Options for the People with Intellectual Disabilities Residing at the Basil Stafford Centre, Wacol.

(Submission No. 03973)

55 Copies Received at 1020 a.m. 4/10/1994 WARNER
p.m.

Copies Made

CIRCULATION DETAILS

1	MR GOSS		21	21 Premier's	B	Copy of relevant Submission attached
2	MR. BURNS		22	22 Emerg. Serv.		
3	MR. DE LACY		23	23 Treasury	B	Copy of relevant Submission attached
4	MR. GIBBS		24	24 Tourism, Sport and Racing		
5	MR. HAMILL		25	25 Transport		
6	MR. CASEY		26	26 Primary Industries		
7	MR. BRADY		27	27 Police	B	Copy of relevant Submission attached
8	MR. COMBEN		28	28 Education	B	Copy of relevant Submission attached
9	MR. MACKENROTH		29	29 Housing, Local Govt. & Planning	B	Copy of relevant Submission attached
10	MR. WELLS		30	30 Justice and Attorney-General		
11	54 MR. WARNER	Copy of relevant Submission attached	31	31 Family Serv & Abor & Is Affairs	S	Copy of relevant Submission attached
12	MR. MILLINER		32	32 Admin Serv		
13	MR. SMITH		33	33 Lands		
14	MR. HAYWARD		34	34 Health	B	Copy of relevant Submission attached
15	MR. McGRADY		35	35 Minerals and Energy		
16	MR. FOLEY		36	36 DEVETIR		
17	MR. ELDER		37	37 DBIRD		
18	MS. ROBSON		38	38 Env & Heritage		
19	GOVERNOR		41	41 PSMC	B	Copy of relevant Submission attached
20	Master File		44	44 P. Counsel		

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**Department of Family Services and
Aboriginal and Islander Affairs
Office of the Director-General**

Family Services Building
George and Elizabeth Streets
Brisbane Queensland 4000

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Brisbane Queensland 4001

Facsimile: (07) 221 8510

Telephone:
Reference:
Refer To:
Your Ref:

03973

4/10/97
go.
10:20

4 October 1994

Mr Ken Littleboy
Principal Cabinet Officer
Cabinet Secretariat
Office of the Cabinet
Floor 13 Executive Building
100 George Street
BRISBANE QLD 4000

Dear Mr Littleboy *Ken*

Enclosed are 55 copies of two Cabinet Submissions entitled -

TITLE: Institutional Reform: Provision of Community-Based Support Services for People with Disabilities Currently Accommodated in Institutions

ARN: 0037

TITLE: **Future Options for the People with Intellectual Disabilities Residing at the Basil Stafford Centre, Wacol**

ARN: 0056

The Honourable Anne Warner, the Minister for Family Services and Aboriginal and Torres Strait Islander Affairs, has requested that Cabinet consider these Submissions in the above order.

A total of 56 copies of the Submissions have been produced. The one departmental copy of each Submission is held by me.

For further information, please contact me on telephone number 224 7852.

Yours sincerely

N R Culbert

N R Culbert
Cabinet Legislation and Liaison Officer,
Office of the Director-General.

Enc.



OFFICE OF THE CABINET
BRIEFING REQUEST: CABINET DOCUMENT

Minister: Minister for Family Services and Aboriginal and Islander Affairs

Submission Title: Future Options for the People with Intellectual Disabilities Residing at the Basil Stafford Centre, Wacol.

Number: 03973

Security Classification:

Secret

Restricted

Confidential

Submission Type:

Submission

Memorandum

Authority to Prepare

Authority to Introduce

Subordinate Legislation

Appointment

Information Paper

Received by Cabinet Secretariat:

4/10/94
10.20am

Received by Briefing Officer:

Briefing Paper to be prepared by:

SPU

Other central agency units to comment:

WPU

Previous Cabinet Decisions:

DN 03592

DN 03474

DN 03545

DN 03366

DN 03476

DN 03349

DN 03475

DN 03339

Matters arising from Draft Submission:

DS606/94 (SPU)

Originating Department CLLO:

Mr. Noel Culbert

Telephone 22 47852

Date and Time Briefing Paper Completed by Briefing Officer:

Date and Time Briefing Paper Submitted to Cabinet Secretariat:

Briefing Paper to Premier:

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AND RETURN FORMS TO CABINET SECRETARIAT 13TH FLOOR**



Security and Consultation

Security: List people to whom you have shown this document:

Name Department Contact No.

Consultation: List people you have consulted in preparing the Briefing Paper.

Name Department/Organisation

John O Connell Treasury
Robyn Dermody PSMC
Lyn Farrell
 Roxanne Kelly DFSA

Other Matters:

PLEASE PROVIDE THE NECESSARY INFORMATION ABOVE

**OFFICE OF THE CABINET
CABINET BRIEFING PAPER
SUBMISSION NO.03973**

**FUTURE OPTIONS FOR PEOPLE WITH INTELLECTUAL DISABILITIES RESIDING
AT THE BASIL STAFFORD CENTRE, WACOL**

MINISTER: Family Services and Aboriginal and Islander Affairs

BACKGROUND

1. This Submission asks that Cabinet:
 - Note the package of responses that has been developed to address the critical issues at the Basil Stafford Centre;
 - Note the issues associated with the provision of alternative accommodation and other support arrangements for people with intellectual disabilities residing at the Basil Stafford Centre;
 - Approve the package of six responses which includes the Plan for the institutional reform of the Centre;
 - Endorse the referral of this proposal to the Cabinet Budget Review Committee (CBRC) for:
 - (a) consideration of the detailed financial implications of the Plan for the Reform of Basil Stafford Centre in the New Initiatives for 1995/96;
 - (b) commitment of resources to the other responses in the package requiring funding, as a part of the 94/95 mid-year Budget review process; and
 - Agree that, based on Cabinet's approval of the package of six responses, a public announcement be made about the implementation of the package, including the institutional reform of Basil Stafford Centre, prior to the CBRC's consideration of the resourcing of the package.
2. Basil Stafford Centre is a residential centre on 44 hectares of land at Wacol, adjacent to the Wolston Park Hospital, providing both villa and older dormitory styles of accommodation for 116 permanent residents with an intellectual disability and respite care for another six people with an intellectual disability. All 122 people have severe or profound disabilities and high or complex support needs. Many also have seriously disruptive behaviours. Most of the population is relatively young, with 90.5% being under 40 years of age, and 17 of these being under 18 years. Only about 11 people are over 40 years. The Centre employs 195 staff, 59% of whom are residential care officers.
3. There have been seven Cabinet Decisions in the last ten months associated with disability services; institutional reform; and funding for legal representation of parties appearing at the Public Hearings of the Criminal Justice Commission Inquiry into the Basil Stafford Centre. (Decision Nos: 03339 on 22 November 1993; 03349 on 29 November 1993; 03366 on 6 December 1993; 03473, 03475 and 03476 on 7 February 1994; 03545 on 7 March 1994; 03592 on 28 March 1994).
4. The CJC Inquiry was established in December 1993 to hear allegations of client abuse and staff harassment at the Basil Stafford Centre, following investigations over the past four years by the Department of Family Services and Aboriginal and Islander Affairs, Queensland Police and the CJC into a series of incidents. The Inquiry concluded in August 1994 and Commissioner Stewart is expected to hand down his report anytime after October 1994. His report is anticipated to be highly critical about the level of care provided at the Basil Stafford Centre and the level of resources allocated to the Centre.

5. A separate Submission outlining a Draft Policy and Plan for Institutional Reform, together with a detailed financial framework for effecting that reform is being presented concurrently for Cabinet consideration.

ISSUES

6. The catalyst to this Submission's package of six responses - including the major recommendation to close the Basil Stafford Centre over a period of three years with the relocation of all 116 residents and 6 respite care places to the community, commencing in 1995/96 financial year - is the CJC Inquiry into Basil Stafford, coupled with the Queensland Government's stated commitment for the reform of institutional services for people with disabilities. The Submission contends that this package of reforms will enable the Department and the Government to respond to increasing community criticism about the inappropriateness of the institutional model of care, and to provide the best possible response to the pending CJC Report on Basil Stafford Centre. The total gross cost of the package of six responses to Government from 1994/95 to 1997/98 is estimated to be \$13.244 million, with the total additional cost to Government estimated to be \$4.774 million (Attachment 1 incorrectly shows \$4.594 million).
7. This Office notes that while the major reform proposal is being considered within the general policy context of institutional reform, the Basil Stafford Centre is arguably being given precedence over other institutions because of pressures arising from the CJC Inquiry (eg. unfavourable media reporting, lobbying by parent and advocacy groups, subsequent declining morale at the Centre, and the possibility of continuing allegations - unfounded or otherwise - of abuse or neglect of residents). This may result in a domino sequence of demands from other parent/advocacy/service provider groups pressing for the reform of their "favoured" institution. Other institutions attracting particular pressure and legitimate concerns are the Queensland Health facilities at the Maryborough Disabled Persons Ward and the Rockhampton Hospital Disabled Persons Unit. However, these residences are much smaller in scale (accommodating about 25 people each) and the draft policy and plan on institutional reform which is being concurrently presented to Cabinet should go some way toward responding to this issue.
8. The Department of Family Services and Aboriginal and Islander Affairs also aims to improve the quality of service provision to Basil Stafford residents by implementing a package of five other measures:
 - a Quality Assurance program to commence 1 January 1995 (\$0.075 million in 1994/95 and \$0.177 million recurrently from 1995/96) which involves the implementation of service standards consistent with the National Disability Services Standards and Principles of Monitoring adopted by DFSAIA in 1993; and a Family and Advocate Support Network (\$0.06 million in 1994/95 and \$0.126 recurrently from 1995/96 to 1998/99) to increase family and advocate involvement with their relatives living at Basil Stafford during the transition process. (See Attachment 7 for details);
 - a revised Code of Conduct requirements under the proposed Public Sector Ethics Bill will strengthen the legislative protection afforded to vulnerable client groups, and the pending PSMC review of the *Public Sector Management and Employment Act 1988* will provide a timely opportunity to consider issues associated with the need to balance the right to fairness and equity for employees with the responsibility to ensure duty of care for vulnerable people;

- improved co-operative processes between DFSAIA and Queensland Police to ensure the expeditious investigation of allegations of misconduct, ie. to commence within 48 hours of the initial allegation. This Office has advised the Department that it may be useful to draft a Memorandum of Understanding between the relevant parties to ensure clarity and commitment to the new spirit of co-operation;
 - a Misconduct Prevention Unit (\$0.15 million in 1994/95; \$0.33 million recurrently from 1995/96). This will be a specialist unit of five within the Human Management Resources Section of DFSAIA to provide expert advice and guidance to line managers across the Department - including the Division of Protective Services and Juvenile Justice - about the investigation of suspected misconduct and complex situations involving vulnerable or dependent clients, a significant number of whom are unable to communicate. (Attachment 8). The Department has advised this Office that this role is not able to be carried out by existing resources as it requires specialist expertise not readily available within DFSAIA. The Department also argues that a visible, specific "product" focusing on the prevention of misconduct and safeguards for clients is needed to restore public confidence in its services, especially given the damaging attention it received during the CJC Inquiry. This Office considers that the proposal should be trialled for a two-year period rather than be established permanently; and
 - the new Residential Care Officer Training Course, a mandatory 18 month training course for direct care staff - Residential Care Officers - which is now awaiting accreditation as a Certificate Program in line with the forthcoming National Competency Standards.
9. The major proposal is the reform of Basil Stafford Centre, entailing its closure over three years from 1995/96 to 1997/98, with transition costs of \$21.5 million; and an ongoing gross cost of \$12.864 million, ie. net additional ongoing cost of \$4.21 million.
10. The Submission is accompanied by a detailed Draft Reform Plan, Attachment 10, outlining three options and their costings:
- the recommended option of total closure and the relocation of the 116 residents and 6 respite care places to the community over three years commencing in 1995/96;
 - partial closure with a view to retaining part of the Centre for accommodation; and
 - no closure with enhancements to the provision of services (eg. repairs and refurbishment).
11. The Reform Plan, which is based on the Challinor Plan, provides a detailed implementation strategy (pages 25-39 and pages 55 ff) which addresses issues associated with: accommodation support; community linking and participation; personal support services (including personal advocacy, specialist and respite services, and crisis response strategies); educational and vocational options; individual needs assessment; community infrastructure planning; industrial/staffing matters (some 50 of the 195 staff currently at the Centre may be identified as redundant, while the majority will be redeployed as Support Staff); financial considerations; consultation; and safeguards. The Plan notes that three years is required to effect the orderly transition from the existing institutional model of service to the community-based model. The potential reuse and Q-Build's preliminary valuation (\$2 million) of the 44 hectare site at Wacol is also discussed.
12. Public housing costs have been estimated at \$6.4 million. It is noted in both the Submission and the Draft Reform Plan that the Basil Stafford Plan incurs a higher average per person cost (\$95,200) than the Challinor Plan (about \$80,000) because the Basil Stafford population is younger, with higher and more complex support needs, and so requiring more intensive

attendant care time and resources. (The current per person cost at Basil Stafford Centre is about \$60,000 which is demonstrably inadequate and will be increasingly so).

13. Other costs eg transport and educational services and facilities have yet to be enumerated, and will need to be articulated for scrutiny by the Cabinet Budget Review Committee process. However, it should be noted that by the completion of the proposed reform process in 1998, there will only be three or four children of school age.
14. The Department estimates that the preferred option of total closure over three years would require net additional funds of \$5.644 million in 1995/96, \$7.108 million in 1996/97, \$10.582 million in 1997/98, and \$4.214 million in 1998/99 and thereafter. (Attachment 2). With total closure and subsequently no ongoing operational cost of the Centre, gross recurrent costs would be \$12.864 million compared with the existing budget of \$8.65 million.

CONSULTATION

15. No discussions have yet taken place with any of the relevant unions (primarily the Australian Workers Union and the State Public Sector Federation of Queensland), staff, clients or their families pending the outcome of Cabinet's consideration, and nor has the CJC been advised of this Submission. However, given the considerable and adverse media attention which the CJC Inquiry attracted, it is unlikely that the above proposals would engender surprise or provoke criticism, other than perhaps some cynicism that Basil Stafford has "queue-jumped" other institutions who could also argue a need for priority attention. The latter cynicism can be partially responded to by the Government announcing the Draft Policy and Plan for Institutional Reform which provides a framework for the priorities for deinstitutionalisation, which is to be considered concurrently by Cabinet. The Department has provided this Office with a copy of its detailed communication strategy and media management plan: copy attached for your interest. If Cabinet approval is given to this Submission, the Minister considers that it may be appropriate to brief the CJC of Cabinet's decision.
16. Treasury has provided considerable assistance to the Department during the drafting of this Submission, and supports the proposals subject to their consideration and detailed scrutiny by the Cabinet Budget Review Committee. Treasury has also requested that any public presentation of this proposal exclude information about the projected costs. The PSMC supports the Submission but, like this Office, considers that the proposal for the Misconduct Prevention Unit should be trialled for one or two years, during which time the Department should:
 - clarify the relationship between the proposed Unit and the Health Rights Commission which already has a mandate to investigate complaints against health professionals;
 - clarify the relationship between the proposed Unit and Queensland Police and the CJC;
 - clarify (if not separate) the roles of the investigatory component of the proposed Unit from the policy and training roles;
 - clarify the budgetary responsibility for the proposed Unit, given that the proposal has Department-wide application and not just the Division of Intellectual Services (and specifically the Basil Stafford Centre).

RECOMMENDATION

17. Support the package of reforms except for the Misconduct Prevention Unit: this should be trialled for at least one year but no more than two years.

Donna McDonald
Social Policy Unit
46033

A/Unit Director _____
Deputy D-G _____

DRAFT COMMUNICATION STRATEGY AND MEDIA MANAGEMENT PLAN

BASIL STAFFORD CENTRE REFORM PLAN

The objectives of the communication strategy and media management plan are as follows:

- to provide clear information about the Government's decision regarding the institutional reform of Basil Stafford Centre as well as the other components of the package of responses;
- to target particular groups and individuals with information to ensure their awareness of the package; and
- to encourage the participation of particular groups and individuals in the reform process.

Proper consultation with all the stakeholders is required in order to ensure that all relevant people have access to detailed information about the reform process. This acknowledges the stakeholders' right to information and may assist in avoiding unnecessary, adverse media coverage. This means that there will need to be time between the Cabinet decision and the public announcement. It is anticipated that a public announcement on the Wednesday following the Cabinet meeting would allow sufficient time to inform staff and relevant unions of the Government's decision.

Communication breakdowns can occur at many points. Disgruntled and ill-informed individuals are most likely to contribute to adverse media coverage. The announcement of the closure of Basil Stafford Centre is likely to attract media attention in light of the press coverage of the CJC Inquiry - particularly from the Courier Mail, the Sunday Mail and the 7.30 Report. Some of the stakeholders have contacts with the media and it will be very important to properly brief them, particularly the unions and staff prior to the public announcement.

The following information addresses issues relevant to each group of stakeholders. It is anticipated that implementing this communication strategy will assist in preventing any adverse media coverage.

Stakeholders

Consumers

Families/Advocates

Staff

Unions

Relevant Community Agencies/Peak Bodies

Public in general

Other Government Departments and agencies

Strategies

1. Consumers

Process

Over 95% of the residents have severe communication impairments. This means that consultations will need to be quite specialised and make use of augmentative/alternative communication systems, for example,

- simple English brochure with symbols/photographs
- individual discussions involving person who knows consumer well and is skilled in communicating with them and the use of augmentative/alternative communication systems. These discussions will need to occur on a number of occasions over a period of time.

Content

Centre is going to close over a number of years - people will be able to move to their own homes in the community.

Consumers will be able to say where they want to live and with whom they want to live.

Families and friends will be able to help people make their decisions.

Timeline

Brochures to be available on the day of the announcement and discussions to be held with consumers within a fortnight of the public announcement.

2. Families/Advocates

Process

Letter to be sent to each family and to the Parents & Friends Association. These will be posted on the day of announcement.

Arrange some discussion/information sessions for families within a month of the announcement. This will need to be in a number of locations.

For families with particular difficulties in attending discussion/information sessions, visits could be arranged to their homes or assistance with travel provided.

Information Sheets providing an update on progress of the reform plan to be sent out

periodically throughout the process.

Establish a telephone "Hot Line" toll free.

Information folders to be provided as appropriate.

Content

The Govt has made the decision to close the Centre as part of its broad Institutional Reform program - it will close by 1998.

A detailed plan will be developed for each person to establish the most appropriate option for them - this will be done in conjunction with the person themselves and their families and friends.

No one will move until this detailed individual plan is completed.

A Family and Advocate Support Network will be funded by the Govt and will be operated through a non-Govt agency independent of the Department.

The purpose of the Network is to assist families during the closure of the Centre, and will provide information and advice to help families address issues of concern.

The process will include the implementation of a number of quality assurance measures to ensure that the people are well cared for and protected.

Timeline

Letter to be sent on day of announcement and information sessions to be held within a month following the announcement.

3. Staff

Process

Hold briefing sessions on the day before the public announcement.

Letter to be sent to all staff on leave on the day before the announcement.

Letter to be circulated to all staff of the Department on the day of the announcement.

Information sessions will be held within a fortnight of the announcement.

Ongoing access to Career Counselling service within the Department.

Access to telephone "Hot Line".

Information folders to be provided at the initial briefings.

Content

The Centre will close by 1998.

A detailed individual plan will be developed for each person living at the Centre. This process will involve the person themselves, their families, friends and staff.

It is anticipated that the same number of staff positions will be required in the government sector but the location of these positions will be unknown until after the individual needs assessments are completed.

It is anticipated that some positions will become surplus to the organisation's requirements - Career Counselling services will be available to assist staff.

Further information sessions will be held for staff over the next fortnight.

Timeline

Briefing for staff to be held the afternoon prior to the announcement - there would be a number of sessions to ensure that all staff could attend e.g. 2.30pm, 3.30pm, 4.30pm and 10.30pm. Letters to staff on leave will be sent on the morning before the announcement.

4. Unions

Process

Minister, Director-General and Divisional Head to hold briefing session with Unions on the morning before the staff briefing sessions commence.

Detailed information session to be held within a fortnight of public announcement.

The Division of Intellectual Disability Services to articulate a commitment to establish an ongoing consultative committee to address industrial issues.

Information folders to be provided at briefing session.

Content

The Centre will close by 1998.

A process similar to that in train for the Challinor Centre closure will be used.

Further information sessions will be held for staff over the next fortnight.

It is anticipated that the same number of direct care staff positions will be required in the

government sector but the location of these positions will be unknown until after the individual needs assessments are completed.

It is anticipated that some positions will become surplus to the organisation's requirements - Career Counselling services will be available to assist staff.

The process will include the implementation of a number of quality assurance measures to ensure that the people are well cared for and protected.

The Department has a commitment to establishing a consultative committee to address industrial issues that arise for staff.

Timeline

Minister to invite relevant Unions on the Monday afternoon after the Cabinet meeting to attend a briefing the following morning.

Detailed briefing by Departmental staff within a fortnight of the public announcement.

5. Relevant Community Agencies/Peak Bodies

Process

Send letter to particular organisations involved with Centre residents on day of the announcement.

Invite relevant groups to a briefing session with Divisional staff. this would include the peak bodies.

Access to telephone "Hot Line" would be available.

Information folders to be provided at the information session.

Content

The Centre will close by 1998

The decision to close Basil Stafford Centre is part of the Government's broader agenda on institutional reform outlined in the draft Policy Statement and Planning Framework for Institutional Reform.

A detailed individual plan will be developed for each person living at the Centre. This process will involve the person themselves, their families, friends and staff.

A Family and Advocate Support Network will be funded by the Govt and will be operated through a non-Govt agency independent of the Department.

The purpose of the Network is to assist families during the closure of the Centre, and will provide information and advice to help families address issues of concern.

The process will include the implementation of a number of quality assurance measures to ensure that the people are well cared for and protected.

Timeline

Send letter to particular agencies involved with the residents of the Centre on the day of the announcement.

Invite peak bodies and other community agencies to a briefing session within a fortnight of the announcement.

6. Public in General

Process

Press release on the Wednesday after the Cabinet decision.

Content

The Centre will close by 1998.

The decision to close Basil Stafford Centre is part of the Government's broader agenda on institutional reform outlined in the draft Policy Statement and Planning Framework for Institutional Reform.

A detailed individual plan will be developed for each person living at the Centre. This process will involve the person themselves, their families, friends and staff.

The process will include the implementation of a number of quality assurance measures to ensure that the people are well cared for and protected

Timeline

A press release on the Wednesday after the Cabinet decision. This enables the staff and unions to be briefed prior to the public announcement.

7. Other Government Departments and Agencies

Process

Hold briefing session within fortnight of public announcement.

Information folders to be provided at the session.

Content

The Centre will close by 1998.

The decision to close Basil Stafford Centre is part of the Government's broader agenda on institutional reform outlined in the draft Policy Statement and Planning Framework for Institutional Reform.

A detailed individual plan will be developed for each person living at the Centre. This process will involve the person themselves, their families, friends and staff.

The process will include the implementation of a number of quality assurance measures to ensure that the people are well cared for and protected

Detailed discussion about implementation issues affecting various departments and agencies will occur on an individual level.

Timeline

Other Government department and agencies will be aware of the Cabinet Submission and will be invited to an information session about the reform process within the fortnight after the public announcement.



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Decision No. 04109
Copy No. 020

CONFIDENTIAL

CABINET DECISION

Brisbane, 17 October 1994

Decision No. 04109 (Submission No. 03973)

TITLE: Future Options for the People with Intellectual Disabilities Residing at the Basil Stafford Centre, Wacol.

CABINET decided:

1. That it notes the package of the responses that has been developed to address the issues highlighted by the Criminal Justice Commission Inquiry into the Basil Stafford Centre.
2. That it notes the issues associated with the provision of alternative accommodation and other support arrangements for people with intellectual disabilities residing at the Basil Stafford Centre.
3. That subject to 4 below, the package of six responses which includes the Plan for the institutional reform of the Centre be approved.
4. That the proposal for the Misconduct Prevention Unit be approved on a trial basis for a period of at least one year but not more than two years.
5. That the referral of this proposal to the Cabinet Budget Review Committee be endorsed for:
 - (a) consideration of the detailed financial implications of the Plan for the Reform of Basil Stafford Centre in the New Initiatives for 1995/96; and
 - (b) commitment of resources to the other responses in the package requiring funding as a part of the 1994/95 mid-year Budget review process.



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Decision No. 04109

6. That, based on approval of the package of responses, a public announcement be made about the implementation of the package, including the institutional reform of Basil Stafford Centre, prior to the Cabinet Budget Review Committee's consideration of resourcing the package, but that the public announcement not include details of the costs of the proposals.

CIRCULATION:

Implementation Responsibility

Department of Family Services and Aboriginal and Islander Affairs and copy to Minister.

Departmental Records

Department of the Premier, Economic and Trade Development.

Treasury Department.

Public Sector Management Commission.

Department of Police.

Department of Education.

Department of Housing, Local Government and Planning.

Department of Health.

Perusal and Return

All other Ministers and Chief Executives.



Secretary of Cabinet CERTIFIED TRUE COPY



SECURITY CLASSIFICATION "C"

CABINET SUBMISSION

Final No. 03973
Copy No. 020



COVER SHEET

TITLE

Future Options for the People with Intellectual Disabilities Residing at the Basil Stafford Centre, Wacol

MINISTER

Minister for Family Services and Aboriginal and Islander Affairs

OBJECTIVES

That Cabinet:

- . Note the package of responses that has been developed to address the critical issues at the Basil Stafford Centre;
- . Note the issues associated with the provision of alternative accommodation and other support arrangements for people with intellectual disabilities residing at the Basil Stafford Centre;
- . Approve the package of six responses which includes the Plan for the institutional reform of the Centre;
- . Endorse the referral of this proposal to the Cabinet Budget Review Committee (CBRC) for:
 - (a) consideration of the detailed financial implications of the Plan for the Reform of Basil Stafford Centre in the New Initiatives for 1995/96;
 - (b) commitment of resources to the other responses in the package requiring funding, as a part of the 94/95 mid-year Budget review process; and
- . Agree that, based on Cabinet's approval of the package of six responses, a public announcement be made about the implementation of the package, including the institutional reform of Basil Stafford Centre, prior to the CBRC's consideration of resourcing the package.

BACKGROUND

Basil Stafford Centre is a residential centre at Wacol providing accommodation for 122 people with an intellectual disability (this figure includes six respite places). All the people residing in Basil Stafford Centre have severe or profound intellectual disabilities and high or complex support needs. Nearly three-quarters (70%) of the residents have seriously disruptive

behaviours and a similar number (74%) have multiple disabilities. In comparison, 50% of the residents of Challinor Centre have seriously disruptive behaviours and 74% have high or complex support needs.

The detail of the Government's draft Policy Statement and Planning Framework on institutional reform is being considered by Cabinet on the same day as this Submission. In terms of the broad institutional reform agenda outlined in that Submission, Basil Stafford Centre has been identified as one of the facilities which is a priority for reform.

Previous consideration by Government

By Decision Number 03349 on 29 November 1993, Cabinet noted an Information Paper relating to the operations of the Division of Intellectual Disability Services within the Department of Family Services and Aboriginal and Islander Affairs (DFSIA).

By Decision Number 03474 on 7 February 1994, Cabinet endorsed the Queensland Government Strategy on Disability Services which was developed by the Disability Directions Committee. A significant output proposed under this strategy was the development of a draft policy and plan on institutional reform and by Decision Number 03475, it was noted that a Submission including a comprehensive financial framework for the reform of institutions would be presented to Cabinet at a later date.

By Decision Number 03545 on 7 March 1994, Cabinet noted the issues associated with the institutional reform of the Challinor Centre and approved the Plan for the closure of that Centre over three years as a State Budget initiative for 1994/95.

There have been four Cabinet Decisions regarding funding for legal representation of parties appearing at the Public Hearings of the Criminal Justice Commission Inquiry into the Basil Stafford Centre - Decision Numbers: 03339 on 22 November 1993; 03366 on 6 December 1993; 03476 on 7 February 1994; and 03592 on 28 March 1994.

Context

Allegations of abuse and neglect of residents at Basil Stafford Centre have been occurring over a number of years. The Queensland Police Service and the Criminal Justice Commission (CJC) have been investigating a series of incidents over the past four years. The lack of outcomes from these investigations resulted in the CJC instigating a public inquiry into a number of incidents of alleged abuse and neglect of people living at the Centre and of alleged harassment and intimidation of staff reporting such abuse. The Inquiry has been very lengthy, commencing in December 1993 and concluding in August 1994.

The Report on the Inquiry is expected to be released any time from late October 1994. It is anticipated that the Report will be highly critical of a number of aspects of the care of people with an intellectual disability who live at Basil Stafford Centre and the level of resources allocated to the Centre.

The major issue at Basil Stafford Centre is the inappropriateness of the institutional model of care, particularly in terms of the Centre's environment (i.e. geographical isolation and low staff:client ratios) and culture (i.e. the common attitudes, understandings and practices of staff). In addition to this, there are a number of systemic problems, which have also been noted during the Inquiry, that need to be addressed to ensure the protection of vulnerable people accessing services either provided or funded by the Government. They are:

- . The propensity of the institutional culture to propagate and condone abuse of residents due to the isolation of its facilities and workers, the use of poorly trained and unqualified staff, and inadequate resourcing which leads to an emphasis on control rather than a focus on individuals and their needs;
- . The need for a Quality Assurance program which articulates a common set of service standards and actively encourages consumer involvement as well as the external monitoring of service provision;
- . The need to ensure that the duty of care obligation to clients who are vulnerable is not diminished by the provision of procedural fairness to staff;
- . Procedures enabling the removal of unsuitable staff from the direct care role need to be strengthened; and
- . The length of time that investigations into misconduct have taken has hindered appropriate resolutions to issues.

There has been considerable impetus to reform institutions for people with disabilities around the world in recent years. In light of the critical issues surrounding the quality of care given to residents of the Centre, the major recommendation of this proposal is that Basil Stafford Centre be closed with the transition process commencing next financial year.

MAJOR POINTS OF POLICY REQUIRING RESOLUTION

This Submission seeks to address these issues through initiating the following package of responses:

- . The closure of Basil Stafford Centre with the relocation, over three years, of all 116 residents and 6 respite places to the community, with appropriate individualised support services and the implementation of processes designed to ensure quality of care during and after the institutional reform process as outlined in the Draft Plan for the Reform of Basil Stafford Centre (see Attachment 10);
- . The establishment of a Quality Assurance program which involves the implementation of service standards and strategies to increase family and advocate involvement with their relatives living at the Centre (see Attachment 7);

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- . The strengthening of protection afforded to vulnerable client groups, which will be assisted by the introduction of revised Code of Conduct requirements under the proposed Public Sector Ethics Bill (see page 15 of Body);
- . The establishment of new co-operative processes between the Department of Family Services and Aboriginal and Islander Affairs and the Queensland Police Service, with the intention of establishing similar processes with the CJC (see page 16 of Body);
- . The establishment of a Misconduct Prevention Unit within the DFSAIA; (see Attachment 8); and
- . The implementation of the new Residential Care Officer Training Course (see page 17 of Body).

The major response to the environmental and cultural problems that exist at the Basil Stafford Centre is the institutional reform of the Centre. The other five responses are aimed at strengthening processes for the prevention, detection, reporting and investigation of abuse and harassment, thereby assisting to ensure quality of care for the residents of Basil Stafford Centre during and after the institutional reform process. A number of these responses have whole of portfolio applicability for the DFSAIA.

The *Queensland Disability Services Act 1992* (QDSA) and the Queensland Government's Directions Statement on Disability Services are the Government's key policy statements on providing services to people with disabilities. Both call for better participation of people with disabilities in the community, with a focus on developing and maintaining links with the person's family unit and social network. The proposal for the institutional reform of Basil Stafford Centre and the strategies aimed at improving the quality of service provision to people with high support needs is consistent with Government policies.

The attached Plan for the Reform of Basil Stafford Centre (Attachment 10) details proposed alternative support arrangements for people with intellectual disabilities currently residing at the Centre. The Plan outlines three options for the future of the Centre (total closure, partial closure and no closure with service enhancement) and recommends total closure and relocation of all 122 residents to individualised community based support services. This Plan is based on the detailed institutional reform process developed for the Challinor Centre, Ipswich.

The Plan proposes a service structure which aims to meet a range of life needs for this group of people with intellectual disabilities on an individualised basis. The role of the institution in responding to crisis situations and supporting people with very disruptive behaviours has been accounted for through the development of specific service types and supports aimed at performing this role within a community based setting. This is because Basil Stafford Centre is the last departmental institution for people with intellectual disabilities operated by the Division of Intellectual Disability Services that is either not reformed or in the process of reform.

Sandgate Centre was reformed within existing resources and closed in March 1994 and the reform of Challinor Centre was approved in March 1994 and is proceeding as a joint initiative of the State and Commonwealth Government under the Building Better Cities Program. The other institutions which the DFSAIA is involved with will be dealt with within the broader context of institutional reform as outlined in the draft Policy Statement and Planning Framework on institutional reform.

URGENCY

There are a large number of very vulnerable people who live at Basil Stafford Centre and who will continue to be at risk unless substantive action is taken. All six responses outlined in this package would have been proposed in the next budget. However, there are significant advantages in bringing some of these forward in order to respond to increasing community criticism and to enable the best possible response to the CJC Report on Basil Stafford Centre.

The CJC Report on the Inquiry into the Basil Stafford Centre is expected to be released any time from late October. It is anticipated that the Report will recommend the closure of the Centre as well as making recommendations about systemic changes to improve the prevention, detection, reporting and investigation of incidents of misconduct.

CONSULTATION

This Submission has been circulated in draft to Queensland Health, the Department of Housing, Local Government and Planning, the Department of Education, Queensland Treasury, the Office of the Cabinet, the Queensland Police Service, Public Trustee and the Public Sector Management Commission and their comments have been incorporated.

No consultations with the major stakeholders at the Centre (i.e. clients, families, staff, unions, community agencies, etc) have been undertaken pending the consideration and approval of this proposal by Cabinet.

RESULTS OF CONSULTATION

The Submission has been circulated to relevant departments and agencies and their comments have been incorporated.

RURAL COMMUNITIES IMPACT STATEMENT

A major component of institutional reform is the development of the community service and support system. The service infrastructure in rural communities will be further developed or enhanced to support people who move from Basil Stafford Centre to rural communities. It is anticipated that approximately 10% of the residents will relocate to rural communities, but such details will not be known until individual assessments are undertaken. Those assessments will take account of available support and resources in rural areas and budget impact.

FINANCIAL CONSIDERATIONS

The costs of implementing the package of six responses are outlined below. Three options are discussed in terms of the reform of the Centre - total closure, partial closure and no closure with service enhancement. The preferred option is the total closure of the Centre. Regardless of which option is approved in relation to the reform of the Centre, it is strongly recommended that the other five responses in the package be implemented.

Reform of the Centre

Recurrent State funds amounting to, in net additional terms, \$5.644m in 1995/96, \$7.108m in 1996/97, \$10.582m in 1997/98 and \$4.214m in 1998/99 will be sought for this proposal. The 1998/99 cost will be the ongoing recurrent cost to the State. It is estimated that these funds will be sufficient to meet the costs of this proposal and will provide the new services required by the people relocating from Basil Stafford Centre. The net total cost of closure will amount to some \$21.334m over this period with a net ongoing additional cost of \$4.2m (see Attachment 2 "additional cost" line for more detail).

The Department of Education has identified a number of areas (i.e. transport, educational services and facilities) that may require additional funds if the reform of the Centre proceeds. The extent of the costs are unclear at this point because it will be dependent on the individual needs assessment of each child. There are currently 17 children resident at the Centre who are attending school. By the completion of the reform process in 1998, there will only be three or four children of school age.

Discussions will commence in relation to the reuse of the 44 hectare site at Wacol and a range of agencies and interested groups will be involved. The preliminary valuation of the site by Q-Build estimates the value of the land at \$2m. This is a modest valuation based on the site being re-used for industrial purposes. The potential value and re-use of the site will be further investigated if the reform of the Centre is approved and this will also take account of the outcomes of the institutional reform program at Wolston Park Hospital.

If the Centre is only partially closed, the costs of improving the quality of care at the Centre and supporting 43 people in alternative services in the community will amount to an additional \$4.882m recurrently as of 1997/98. As total closure will cost an additional \$4.214m recurrently from 1998/99, partial closure does not appear to be a viable option. The net total cost for partial closure will amount to some \$8.977m over the two year implementation period compared to the cost of total closure of some \$21.334m over a three year period.

If the Centre is not closed, additional commitment of funds through capital works for refurbishment and maintenance will be sought as well as funds to improve the quality of care at the Centre. It is estimated that an amount of some \$5m will be required over a five year period to fund the capital works component. It is also highly likely that instances of suspected abuse and neglect will continue to be identified and referred to the Queensland Police Service and CJC for investigation which could result in further eruptions of publicity that is critical of

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the Centre. Current findings in the literature indicate that allocating additional resources to improve the quality of care within an institution (i.e. increased staffing levels, increase in daily activities) will have limited success because the negative aspects of the institutional environment and culture will persist irrespective of the level of resources. This will mean, particularly in light of the findings of the CJC Inquiry, that substantial pressure is likely to be maintained on the Government, from parent and consumer advocacy groups to close the Centre and fund improved services for residents in the community.

Other Responses

The Public Sector Management Commission is responsible for the proposed Public Sector Ethics Bill and the review of the *Public Service Management and Employment Act 1988*. The implementation of the new Residential Care Officer training course and the establishment of new co-operative processes between the Queensland Police Service and the DFSAIA will not require any additional commitment of funds. This Submission is seeking approval to include these proposals in the public announcement about the package of responses to the critical issues at Basil Stafford Centre.

State funds amounting to \$0.285m in 1994/95 and \$0.636m recurrently from 1995/96 onwards will be required for the remaining three responses. It is anticipated that these responses will be operational from 1 January 1995:

- . the establishment of a Misconduct Prevention Unit in the DFSAIA (\$0.15m in 1994/95 and \$0.33m recurrently from 1995/96);
- . the implementation of a Quality Assurance program (\$0.075m in 1994/95 and \$0.177m recurrently from 1995/96); and
- . the establishment of a Family and Advocate Support Network if the Plan for the reform of the Centre is approved (\$0.06m in 1994/95 and \$0.126m recurrently from 1995/96 until 1998/99).

PUBLIC PRESENTATION

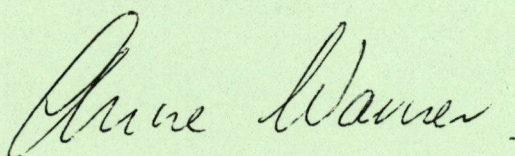
A Ministerial media release to be made, subject to Cabinet approval, is Attachment 11 to this Submission.

A communication strategy dealing with the package of responses, including the reform of Basil Stafford Centre has been developed and is ready to be implemented as soon as there is a decision to proceed with the package. The strategy will focus on broad discussions with all interest groups and involvement of service consumers (people with intellectual disabilities and their families) in the implementation process. The proposed reform process for the Centre incorporates a comprehensive family information and support strategy. Consideration will be given to the development of a broad community information strategy to target concerns that arise about the reform process.

RECOMMENDATIONS

It is recommended that Cabinet:

1. Note the package of the responses that has been developed to address the issues highlighted by the Criminal Justice Commission Inquiry into the Basil Stafford Centre;
2. Note the issues associated with the provision of alternative accommodation and other support arrangements for people with intellectual disabilities residing at the Basil Stafford Centre;
3. Approve the package of six responses which includes the Plan for the institutional reform of the Centre;
4. Endorse the referral of this proposal to the Cabinet Budget Review Committee for:
 - (a) consideration of the detailed financial implications of the Plan for the Reform of Basil Stafford Centre in the New Initiatives for 1995/96;
 - (b) commitment of resources to the other responses in the package requiring funding as a part of the 1994/95 mid-year Budget review process; and
5. Agree that, based on Cabinet's approval of the package of six responses, a public announcement be made about the implementation of the package, including the institutional reform of Basil Stafford Centre, prior to the Cabinet Budget Review Committee's consideration of resourcing the package.



Anne Warner
Minister for Family Services and
Aboriginal and Islander Affairs

3 October 1994

SECURITY CLASSIFICATION "C"

CABINET SUBMISSION

BODY OF SUBMISSION

TITLE

Future Options for the People with Intellectual Disabilities Residing at the Basil Stafford Centre, Wacol

MINISTER

Minister for Family Services and Aboriginal and Islander Affairs

OBJECTIVES

That Cabinet:

- . Note the package of responses that has been developed to address the critical issues at the Basil Stafford Centre;
- . Note the issues associated with the provision of alternative accommodation and other support arrangements for people with intellectual disabilities residing at the Basil Stafford Centre;
- . Approve the package of six responses which includes the Plan for the institutional reform of the Centre;
- . Endorse the referral of this proposal to the Cabinet Budget Review Committee (CBRC) for:
 - (a) consideration of the detailed financial implications of the Plan for the Reform of Basil Stafford Centre in the New Initiatives for 1995/96;
 - (b) commitment of resources to the other responses in the package requiring funding as a part of the 1994/95 mid-year Budget review process; and
- . Agree that, based on Cabinet's approval of the package of six responses, a public announcement be made about the implementation of the package, including the institutional reform of Basil Stafford Centre, prior to the CBRC's consideration of resourcing the package.

BACKGROUND

Previous consideration by Government

1. By Decision Number 03349 on 29 November 1993, Cabinet noted the Information Paper relating to the operations of the Division of Intellectual Disability Services

within the Department of Family Services and Aboriginal and Islander Affairs (DFSIAIA). This paper outlined a number of issues with the services provided by Intellectual Disability Services, including the reform of institutions. Public concerns about the adequacy and relevance of institutional care models were briefly discussed and the possible implications of the Criminal Justice Commission (CJC) Inquiry at Basil Stafford Centre were highlighted.

2. By Decision Number 03474 on 7 February 1994, Cabinet endorsed the Queensland Government Strategy on Disability Services which was developed by the Disability Directions Committee. A significant output proposed under this strategy was the development of a draft policy and plan on institutional reform.
3. On 7 February 1994, Cabinet noted the Information Paper on the Provision of Alternative Accommodation Options for People with Disabilities presented by this Department. This paper proposed the development of a Queensland Government Policy and Plan on Institutional reform which would form the basis of future institutional reform activities in Queensland. By Decision Number 03475, it was noted that a Submission including a comprehensive financial framework for the reform of institutions would be presented to Cabinet at a later date.
4. By Decision Number 03545 on 7 March 1994, Cabinet noted the issues associated with the institutional reform of Challinor Centre, Ipswich and approved the Plan for the phased closure of the Centre over three years.
5. The institutional reform of Challinor Centre, Ipswich, over the next three years and the associated development of a range of community alternatives to institutional care is a State Budget initiative for 1994/95. Commonwealth funds of \$10.55M under the Building Better Cities program will be utilised to implement the Plan. In total, an additional \$26.9M, including \$7.3M for public housing, will be expended over the next three years implementing the Plan.
6. There have been four Cabinet Decisions regarding funding for legal representations of parties appearing at the Public Hearings of the Criminal Justice Commission Inquiry into the Basil Stafford Centre - Decision Numbers: 03339 on 22 November, 1993; 03366 on 6 December 1993; 03476 on 7 February 1994; and 03592 on 28 March 1994.

Context

Critical Issues

7. Allegations of abuse and neglect of residents at Basil Stafford Centre have been occurring over a number of years. The Queensland Police Services and the CJC have been investigating a series of incidents over the past four years. The lack of outcomes from these investigations resulted in the CJC instigating a public inquiry into a number of the incidents of alleged abuse and neglect of the people living at the Centre and of

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alleged harassment and intimidation of staff reporting such abuse. The Inquiry has been very lengthy, commencing in December 1993 and concluding in August 1994.

8. The Report on the Inquiry is expected to be released any time from late October 1994. It is anticipated that the report will be highly critical of a number of aspects of the care of people with an intellectual disability who live at Basil Stafford Centre and the level of resources allocated to the Centre.
9. The geographical isolation of Basil Stafford Centre discourages access to the community. The physical location at Wacol, where the Centre is surrounded by other institutions, suggests to staff and others that institutional care is appropriate for people who are devalued by society and the low staff:client ratios (1 staff member to six clients) discourages focus on the people as individuals. The congregation of large numbers of direct care staff in the one location with limited ongoing training encourages the development of a negative, devaluing culture (i.e. the common attitudes, understandings and practices of staff) which can propagate and condone the abuse of residents.
10. This Submission seeks to address the critical issues, which have been apparent at the Centre for a number of years, through a package of six responses which aim to improve the quality of service provision to people with intellectual disabilities who live at Basil Stafford Centre as well as improving the prevention, detection, reporting and investigation of misconduct.
11. These critical issues, which have also been noted during the CJC Inquiry, reflect the inappropriateness of the institutional model of care, the very high support needs of the people living at Basil Stafford Centre and the duty of care responsibilities of the Government:

- . The propensity of the institutional culture to propagate and condone abuse of residents due to the isolation of its facilities and workers, the use of poorly trained and unqualified staff, and inadequate resourcing which leads to an emphasis on control rather than a focus on the individual and their needs;

- . The need for a Quality Assurance program which articulates a common set of service standards and actively encourages consumer involvement as well as the external monitoring of service provision;

- . The need to ensure that the duty of care obligation to clients who are vulnerable is not diminished by the provision of procedural fairness to staff;

- . Procedures enabling the removal of unsuitable staff from the direct care role need to be strengthened; and

The length of time that investigations into misconduct have taken has hindered appropriate resolutions to issues. This issue reflects the lack of co-operative processes between parties responsible for the investigations as well as the need for improvement in departmental investigative processes.

12. The most critical issue is the recognition of the inappropriateness of the institutional model. It is now generally recognised that institutions are unable to effectively meet the needs of individual people with disabilities, as they tend to operate on economies of scale with practices such as people being made to get up or go to bed at the same time, determined by administrative considerations rather than personal need. There is little room in this system for individual choices. Institutions, as large organisations, also become entities in their own right - as places of employment, as organisations that have to be operated efficiently (some of these efficiencies come about through inappropriate workplace practices) - and within this context the needs or rights of residents become subverted.
13. The other issues are systemic problems (e.g. procedures enabling the removal of unsuitable staff, duty of care obligations to clients) which need to be addressed to ensure the protection of vulnerable people accessing services either provided or funded by the Government. These systemic issues need to be addressed for people with intellectual disabilities whether they are living in an institution or in a community based accommodation option.

Institutional Reform

14. As noted in Cabinet Decision Number 03475, which related to institutional reform at a general level, there has been considerable impetus to reform institutions for people with disabilities around the world in recent years.
15. This trend has reflected recent developments in philosophy and principles of service provision which focus on linking people with disabilities back with their own community. It is now accepted that services should be available to the person with a disability where they live; be individually tailored to meet their specific needs; regularly reviewed to ensure their continuing relevance; and not be provided by a single agency.
16. A number of major institutional reform activities affecting people with intellectual disabilities similar to the people at Basil Stafford Centre have occurred in recent years in Australia. These projects have focussed on institutions such as St. Nicholas Hospital in Melbourne, Ru Rua Nursing Home in South Australia and Willow Court Hospital in Hobart. Institutional reform activities in Australia have largely concentrated on relocating people with intellectual disabilities from institutions to a range of community based support services. With the exception of the deinstitutionalisation under the Richmond Program in New South Wales, all major deinstitutionalisation programs in Australia have been successful. The problem in New South Wales was that only

accommodation options were established in the community and not the alternative support services. Deinstitutionalisation was seen primarily as a cost savings measure.

Basil Stafford Centre

17. Basil Stafford Centre is a residential centre at Wacol providing accommodation for 122 people with an intellectual disability (this figure includes six respite places). All the people residing in Basil Stafford Centre have severe or profound intellectual disabilities and high or complex support needs. Nearly three-quarters (70%) of the residents have seriously disruptive behaviours and a similar number (74%) have multiple disabilities.
18. The Centre is located adjacent to the Wolston Park Hospital. It is situated in a bushland setting and covers approximately 44 hectares (20 acres). The Centre has an administration complex situated on top of a hill. This complex of older institutional buildings was originally client accommodation. There are 16 houses, built in clusters of fours, situated in the natural bushland downhill from the administration complex as well as two larger buildings, both of which have a high fence and are divided into flats with some dormitory style bedrooms still in use.
19. The people living at Basil Stafford Centre are young, with 90.5% of the population being under 40 years of age - there are 17 children under 18 years and 88 people between the ages of 18 and 40 years. The following tables highlight the support needs of the residents and note the reasons for the extent and complexity of these needs.

Table 1

A. PEOPLE WITH HIGH SUPPORT NEEDS	
REASON	NUMBER
Level of intellectual disability	37
Seriously Disruptive Behaviours	10
Medical (e.g. epilepsy)	11
Physical disability	4
Sensory disability	0
Physical and Sensory disability	3
TOTAL	65

N.B. A person with high support needs requires assistance with the majority of their daily living activities. People with high support needs may include people with a severe intellectual disability, people with multiple disabilities or people who, because of seriously disruptive behaviours, require additional assistance than would otherwise be indicated by their level of intellectual disability.

Table 2

B. PEOPLE WITH SPECIAL/COMPLEX SUPPORT NEEDS	
REASON	NUMBER
Seriously Disruptive Behaviours (SDB)	25
Medical (e.g.epilepsy)	4
Physical disability	7
Sensory disability	3
Combination of 2 or more of the above	
SDB and Epilepsy	7
SDB and Sensory disability	3
SDB, Sensory and Physical disability	1
Epilepsy and Physical disability	1
TOTAL	51

N.B. A person with special/complex support needs requires assistance with the majority of their daily living activities as well as requiring additional specialised assistance because of the severity of their seriously disruptive behaviours, medical or physical conditions which result in frailty or issues related to ageing.

20. Staffing of the Centre comprises a number of major groups of staff as indicated in Table 3 on the next page. This table shows that 59% of staff are direct care workers - residential care officers. A total of some 195 people are employed at the Centre, mainly in a full-time capacity. (N.B. The staffing breakdown reflects the new organisational structure which is operational from December 1994. In this new structure, Basil Stafford Centre is divided into two areas.)

Table 3

BASIL STAFFORD CENTRE STAFF				
Category	Area 1	Area 2	TOTAL	%
Residential Care Officer	57	57	114	59
Senior Administrative Staff Area Manager Unit Manager	5	4	9	4.5
Resource Staff Social Worker Occupational Therapist Speech Therapist Physiotherapist Psychologists Resource Officers	18.5	18	36.5	19
Administrative Staff Clerks Administration Officers Resource Officers	7	1	8	4
Support Staff Domestics General Hands Gardeners Chauffeur Seamstress	20	-	20	10
Clinical Staff Nursing Administrator Nurses Pharmacist	-	6	6	3
Staff Training and Development	-	1	1	0.5
TOTAL	107.5	87	194.5	100

21. Approximately 80% of the total operating budget of \$8.6m is allocated to salaries and salary related costs. There is insufficient scope within the operating budget to provide the quality of care that the residents require and adequately maintain the premises.
22. It is anticipated that the Centre will require some \$5m of repairs and refurbishment over the next five years to bring it to and maintain it at an acceptable standard.

The Plan for the Reform of Basil Stafford Centre

23. The development of the draft Plan was based on the information in the Plan for the Reform of Challinor Centre which was developed by the Institutional Reform Task

Force. The draft Plan (see Attachment 10) examines a range of issues associated with the reform of the service model offered to the residents of Basil Stafford Centre and the financial implications of such reform.

24. The people living at Basil Stafford Centre are different from the residents of Challinor Centre in that they are younger (90.5% under 40 years compared to 54.5% over 50 years at Challinor Centre) and have higher and more complex support needs (56% with high support needs and 44% with special/complex needs compared to 74% with high support needs at Challinor). This difference particularly relates to the incidence of seriously disruptive behaviours in that the overall number of people is higher (i.e. 70% of people as compared with 50% at Challinor Centre), and the frequency and complexity of the behaviours appear to be higher. The draft Plan outlines some service/support types that are additional to the ones included in the Challinor Plan. These account for the different needs of the residents of Basil Stafford Centre and are reflected in the higher average per capita cost which is discussed in detail later in this Submission.
25. The Plan outlines three options - total closure, partial closure and no closure with service enhancement. Total relocation of all residents of the Centre over three years is the recommended option. This option was recommended on the following bases:
- . that closure of the Centre represents the most effective use of State funds in the longer term;
 - . that a three year period will be required to effectively undertake such a major relocation of people to alternative community settings. A two year period would not allow sufficient time to adequately assess needs, consult with relevant parties and develop options for people currently residing at Basil Stafford Centre; and
 - . that a three year period will be required to plan and develop the non-government service options which will be a feature of this model. A two year implementation would rely on most residents being provided with services through the government sector.
26. The financial implications identified in this Plan are outlined later in this Submission.

MAJOR POINTS OF POLICY REQUIRING RESOLUTION:

27. The QDSA and the Queensland Government's Directions Statement on Disability Services are the Government's key policy statements on providing services to people with disabilities. Both call for better participation of people with disabilities in the community, with a focus on developing and maintaining links with the person's family and social network.

28. Within this framework, this Submission seeks to address the critical issues at Basil Stafford Centre through initiating a package of six responses. The institutional reform of Basil Stafford Centre is the major response to these issues. The other five responses are aimed at strengthening processes for the prevention, detection, reporting and investigation of misconduct, thereby assisting to ensure quality of care for residents of Basil Stafford Centre during and after the institutional reform process. Each response in the package will be discussed separately.

The Reform of Basil Stafford Centre

29. The Plan for the Reform of Basil Stafford Centre proposes details for providing alternative support arrangements for people with intellectual disabilities currently residing at the Centre. The Plan recommends a total closure of the Centre and relocation of all residents to alternative community based support services.
30. The focus of the alternative service system will be on increasing the person's involvement in decision making affecting their life and participation in the community. The proposed service structure aims to meet a range of life needs for this group of people with intellectual disabilities on an individualised basis. The service model will have an emphasis on flexibly meeting the needs of residents as opposed to the current inflexible institutional service. These services may be offered in a number of local areas throughout the State and will be cognisant of cultural issues. The importance of families and informal links to friends and communities will be emphasised as will the needs of people for support in rural and remote areas of the State. Specific service types and supports have been developed to replace the role of the institution in emergent or crisis situations. The service model will have the following elements:

30.1 Accommodation Support

The accommodation support model provided or funded by this Department will be based on providing support to individuals to live in housing options with a maximum of four people living in one house. For the majority of people there will be a maximum of three people living in one house. This accounts for the higher support needs of this group in comparison to the residents of Challinor Centre. This model is contrasted to the current model of care within Basil Stafford Centre where the majority of people are living in groups of six and some people are living in environments of up to 14 people in one area. While the proposal is based on three or four people living together in one house, a range of accommodation models will be used dependent upon the results of the individual needs assessment. Individuals may:

- . return to live with their families;
- . move into a boarding arrangement with a family;
- . become Public Rental Housing tenants;

be supported to live either by themselves or with one other person; or purchase their own houses.

In line with the Department of Housing, Local Government and Planning principles for housing for people with disabilities, accommodation would be provided on the basis of:

- an individualised housing solution;
- the management of housing being separate from the management of support and other services;
- housing "places" being provided in ordinary housing in established communities; and
- direct contractual arrangements with the individuals, ensuring they have the same rights and responsibilities as other citizens. This may need the involvement of the Public Trust Office.

30.2 Community Linking and Participation

This service option will focus on providing opportunities for people to experience a range of community activities and opportunities including recreation and leisure services. The focus of these services will be on assisting the people relocating from Basil Stafford Centre to gain access to and to experience a range of community activities such as eating out, going to movies, or attending concerts.

30.3 Personal Support Services

(a) Personal Advocacy Support

This support service will be available to all residents of the Centre, particularly those who have no family, and will focus on linking people to self advocacy or peer support groups; accessing an independent advocate; empowering the residents to participate in planning and making decisions about their lives through assisting them to develop communication/assertion skills to enhance their capacity to make their wishes known and the extensive preparation /training of staff regarding the rights and empowerment of people with an intellectual disability. The cost of providing this support is considered under the Quality Assurance component of the package (see page 14 and Attachment 7).

(b) Specialist Services

This is a range of services which will provide an individual response in managing disruptive behaviours, meeting specialist therapy needs and providing additional support with daily living skills and personal care. These services will assist people to adjust to a different style of accommodation and will allow managed and successful integration into the local community.

(c) Crisis Response Strategies

These strategies are community based responses which replace the role of the institution in responding to crisis situations and supporting people with very disruptive behaviours. As the major reason for admission to Basil Stafford Centre in recent years has related to the Division of Intellectual Disability Services being unable to adequately support people with seriously disruptive behaviours in a community setting, the strategies focus on this area with the provision of short term accommodation, funding of intensive support arrangements for several people each year and the provision of funds to allow regions to respond more flexibly to meet emergency or crisis needs. Where necessary, in extreme circumstances, a person may require short term services from Mental Health Services (see Attachment 9 for more details).

(d) Respite Services

The Plan includes the provision of alternatives to the current 6 respite care places at the Centre. It is proposed that 3 of the places will be allocated to a small community based respite facility and that the allocation for the other 3 places will be utilised for a flexible arrangement of in-home respite care provision.

30.4 Educational/Vocational Options

Educational options are currently being provided by the Department of Education to the 17 children who are living at the Centre, i.e. all the children are attending state special schools. These special schools employ a range of staff such as therapists, teachers, education program officers, nurses and teacher aides to deliver individually designed educational programs in specifically designed facilities. The children will need to continue to attend a special school with similar support to their current location once they move to the community and relevant personnel from the Department of Education will be involved, along with families, in planning appropriate options to meet the children's needs. The needs of the older children in terms of transitioning from school to vocational options will comprise a joint planning process involving the Department of Education, Commonwealth Government representatives and the DFSAIA.

Vocational options will provide the people relocating from Basil Stafford Centre with access to vocational training and vocational/work options. It is anticipated that the majority of people will want part-time work options and will still require access to community linking and participation services. The provision of vocational options is a Commonwealth Government responsibility and further discussions about the needs of the people at Basil Stafford Centre will be held with the Commonwealth Department of Human Services and Health.

31. The additional service/support types, mentioned above, are required to provide the full range of support to this group of people. This integrated service/support structure will vary according to the assessed needs of the individuals.
32. Should there be a commitment of the required additional recurrent funds to provide the alternative services, the Plan recommends a staged implementation process over three years. The following elements, as outlined in the Draft Policy Statement and Planning Framework for Institutional Reform will be integral to this process:

32.1 Individual Needs Assessment

One of the most important and complex parts of the Plan will be the process for assessing the individual needs of each person and the planning of appropriate service options with each individual based on this assessment. Assessment processes which involve the person and their family, friends and advocates will be utilised, taking account of factors such as the skills and interests of each person, individual housing solutions for the person, the needs of each person for assistance and support, the community of origin or choice of the person, the personal networks of the person and any particular needs of the children, people of non-English speaking background or Aboriginal or Torres Strait Islander people.

32.2 Community Infrastructure Planning

It is essential that a comprehensive and adequate system of support services is established before any residents are relocated. The planning and development of these services will require careful and detailed negotiation with non-government agencies which may be required to offer additional or new services. During the transition process, it will be necessary to operate a parallel support system as Basil Stafford Centre will continue to operate while residents move to community based support.

32.3 Industrial/Staffing Issues

The industrial workplace elements in the reform process will also be considered and consultations with the staff and industrial unions involved (primarily the Australian Workers Union and State Public Sector Federation of Queensland) will be held. The issues addressed would include negotiating the future of staff; retraining and assessing options for staff to move into community based services; maintaining adequate staffing

levels during the reform process; and recruiting and training additional staff for community based services. It is likely that a number of the existing staff at the Centre will no longer be employed in the proposed service structure either because their position will no longer be required (e.g. maintenance staff) or because services will be provided to residents in another location or by another service provider. While the precise details of redundancies are difficult to specify, it is expected that up to 50 staff currently working at the Centre may become redundant during the process. The majority of these staff will be the Support Staff identified in Table 3. Any redundancy/redeployment process will be consistent with the relevant industrial agreements and with public sector guidelines on redundancy.

32.4 Financial Considerations

The Plan will be implemented over a three year period and will result in all the people living at Basil Stafford Centre being relocated to the community. When the Centre is vacant, all the fixed costs that are committed to its operation will be available to be invested in the operation of the new service system. The contribution of these costs has been estimated in the costings for the alternative service structure and will provide approximately 67% of the costs of operating this system. It is considered that a three year transition is optimal, both for the planned relocation of the residents and for the gradual winding down of Basil Stafford Centre as it allows careful planning to be undertaken, proper care to be taken to assist people to relocate successfully and the development of a full range of community support services for the people being relocated. A two year period will not allow as much time for detailed planning to occur or for the development of a range of appropriate support services and this lack of time may jeopardise the success of the implementation process. The Department of Education has identified a number of areas (i.e. transport, educational services and facilities) that may need additional funding if the reform process proceeds. These will be examined in more detail once the Plan is approved.

32.5 Consultation

The successful implementation of the Plan will require careful consultation with all stakeholders including the residents of the Centre, their families, staff, unions, the local community and other interest groups. A communication strategy has been developed and will be put in place once approval is given to proceed. This strategy will be targeted to each of the groups and will include relevant information in a form that is accessible to each group. The strategy will aim to inform each group of the decisions made, the expected outcomes for the residents of the Centre, the process to be followed, the timelines involved and the safeguards that are either in place or in the process of being developed.

32.6 Safeguards

The implementation of safeguards is essential to ensure the development of appropriate community based services that are based on and responsive to the individual needs of people; the ongoing provision of quality services at the Centre during the transition period; and the involvement of all stakeholders in the decision-making and planning for the new services. An important element is the development of monitoring systems that are external to the service provider, e.g. the development of independent personal advocacy services for the residents as well as the involvement of families in the monitoring of services. Evaluation of the implementation process will be undertaken on several levels - to establish whether individual residents achieve a better quality of life in the alternative service structure and to evaluate the effectiveness of the project as a whole. It is proposed to engage an external evaluator with expertise in these areas to undertake this evaluation.

33. The issues surrounding the alternative uses of the site will be considered as part of the implementation process to ensure that the value of the site to the State is maximised. It is not recommended that the existing accommodation and associated amenities are used for any other groups of people, regardless of their need. It is proposed that a representative committee be established to discuss these issues and to consider the range of factors raised. It is suggested that representatives from Department of Health, Department of Lands, Q-Build, Department of Housing, Local Government and Planning and DFSAIA may serve as the basis for this committee. Representatives from the Brisbane City Council and local community groups should also be considered for the committee.

Quality Assurance Program

34. Funding for the establishment of a quality assurance program is required irrespective of the decision about the reform of the Centre and involves the following:

34.1 The implementation of service standards

The Division of Intellectual Disability Services has developed a set of service standards which are consistent with the National Disability Services Standards and Principles of Monitoring adopted by the DFSAIA in 1993. The standards specify outcomes that are to be achieved in each element of service delivery and specify indicators by which compliance with each standard can be measured. The standards include:

- . planning for individual clients;
- . clients' choice and involvement in decision making;
- . staff interactions with clients;
- . safety;
- . health and well-being;
- . activities of daily living;

privacy and confidentiality;
 friendships and relationships;
 finances and possessions; and
 environmental factors.

The process for monitoring compliance with the standards involves convening a monitoring team for each work team within the Centre. Each monitoring team comprises an Independent Facilitator, a consumer/parent/advocate, a direct care staff member and member of the professional staff. The independent facilitator is a staff member who is appropriately skilled and has no regular contact with the work team in question. Other members of the monitoring team have day to day contact with the work team.

The team works together to identify where standards are and are not being met. The team then develops actions to meet the standards that are not being met. This monitoring process has been piloted across different work areas in the State and this has helped to define the cost of implementation which is discussed later in this submission.

34.2 Encouraging external monitoring of service provision

There are a number of existing avenues for external monitoring as outlined in the roles of the Legal Friend, the Official Visitor and the Public Trustee as well as existing advocacy groups. The issues at Basil Stafford Centre have highlighted the need for a range of individuals and agencies to be involved in a person's life. It is proposed that the establishment of avenues for personal advocacy and the establishment of a family and advocate support network will provide a focus on individuals that appears to be absent from the present system. Personal advocacy support will be available to all residents of the Centre, particularly to those who have no family, and will focus on empowering people with disabilities to participate in planning and making decisions about their lives (see Attachment 7 for further details).

The family and advocate support network will promote parental advocacy as an essential safeguard for people who are vulnerable and socially devalued and focus on strengthening existing family relationships or re-establishing links between families and their relatives who live at Basil Stafford Centre. These support mechanisms will be completely separate and independent of the service providers to minimise any conflict of interest (see Attachment 7 for further details).

Strengthening of Existing Legislative Provisions

35. A review of the *Public Service Management and Employment Act 1988* is planned by the Public Sector Management Commission. In light of the critical issues that have been evident at Basil Stafford Centre over a number of years and the need to ensure

the protection of people accessing services provided or funded by the Government, the following issues will be raised in the review process:

Aspects of recent public sector legislative development in the employment area are concerned with the obligations on the part of employers to observe due process when making an employment related decision. This process is aimed at ensuring employees are treated fairly and equitably.

The Chief Executive of a Department which provides human services has other equally compelling considerations to take into account, such as the duty of care which must be exercised in respect of the clients who receive services from the Department. It is always a matter of judgement for the Chief Executive to weigh duty of care responsibilities with the obligation to abide by due process when dealing with staff disciplinary issues.

It is argued that a general duty of care could be reflected in the legislation, with issues of specific concern to particular departments, for example the provision of services to vulnerable client groups, being addressed at a policy level rather than by legislation. This would be enhanced by the Public Sector Ethics Bill shortly to be introduced which will enable agencies to develop specific conduct requirements related to workplace issues, including personal behaviour and negligence, and stronger links to existing disciplinary processes.

New Co-operative Processes

36. The development of an integrated response to the investigation of misconduct will require the establishment of new co-operative processes between the DFSAIA, the Queensland Police Service and the CJC. It will be recommended that these co-operative processes be formally endorsed by each party involved. This will assist in ensuring that there is minimal duplication of effort and that investigations of misconduct are expedited.

Discussions with the Queensland Police Service have indicated that options for the establishment of new co-operative processes may include the designation of specific police officers at local police stations as the key contact points for the DFSAIA as well as the designation of one senior officer as a centrally based contact point. The provision of information and training to staff of each department about the new processes will need to be discussed further.

Misconduct Prevention Unit

37. This unit would be established within the DFSAIA to strengthen the capacity of line managers to respond to reported or suspected misconduct in complex service situations involving vulnerable or dependent clients. It is proposed that the unit has a staff of

five (Manager, 2 Senior Advisers, 1 Adviser and an Administration Officer) and has the following roles:

- To provide expert advice to departmental managers carrying out investigations into untoward incidents or suspected abuse or neglect of clients;
- To provide relevant training for managers to increase their competence in responding to reported or suspected misconduct;
- To assist line managers in carrying out significant investigations in complex service situations;
- To establish protocols and build co-operative processes with external law enforcement and investigative bodies involved in investigating departmental matters; and
- To develop consistent departmental practices and processes for the investigation of misconduct, with particular reference to the impact on and consequences for client services.

New Residential Care Officer Training Course

38. The DFSAIA provides for Residential Care Officers (i.e. direct care staff) to undertake mandatory training during the first 18 months of their employment. Over the past two years, the training program for Residential Care Officers has been reviewed and upgraded based on a comprehensive needs analysis. The Course is now awaiting accreditation as a Certificate Program in line with forthcoming National Competency Standards. The new course content reflects recent developments in service provision and has a strong value based component focused on the rights of people who have an intellectual disability. The training program has attracted national interest and is recognised as being in the forefront of competency-based training for workers in this field. The implementation of this new course has commenced and will not require any additional commitment of funds.

URGENCY

39. There are a large number of very vulnerable people who live at Basil Stafford Centre and who will continue to be at risk unless substantive action is taken. All six responses outlined in this package would have been proposed in the next budget. However, there are significant advantages in bringing some of these forward in order to respond to increasing community criticism and to enable the best possible response to the Criminal Justice Commission Report on Basil Stafford Centre.

40. The Criminal Justice Commission Report on the Inquiry into the Basil Stafford Centre is expected to be released any time from late October. It is anticipated that the Report

will recommend the closure of the Centre as well as making recommendations about systemic changes to improve the prevention, detection, reporting and investigation of incidents of misconduct.

CONSULTATION

41. This Submission has been circulated in draft to Queensland Health, the Department of Housing, Local Government and Planning, the Department of Education, Queensland Treasury, the Office of the Cabinet, the Queensland Police Service, Public Trustee and the Public Sector Management Commission and their comments have been incorporated.
42. No consultations with the major stakeholders at the Centre (i.e. clients, families, staff, unions, community agencies, etc) or the broader community have been undertaken pending the consideration and approval of this proposal by Cabinet as the DFSAIA did not wish to raise unnecessary hopes or fears about the proposal before a decision was made. A decision to close the Centre would not surprise any of the stakeholders. The reasons for this can be attributed to the nature of the evidence heard at the CJC Inquiry and the Government's decision in March of this year to reform Challinor Centre.
43. The unions involved (primarily the Australian Workers Union and the State Public Sector Federation of Queensland) will have concerns for their members, particularly those who may be either redundant or redeployed as a result of the reform process and for ensuring that the alternative community based services are of a high quality and well resourced. If the reform of the Centre is approved, it is proposed to involve the unions in a consultative process similar to the process that is being used in the reform of Challinor Centre.

RESULTS OF CONSULTATION

44. The Submission has been circulated to relevant departments and agencies and their comments have been incorporated.

RURAL COMMUNITIES IMPACT STATEMENT

45. A major component of institutional reform is the development of the community service system. The service infrastructure in rural communities will be further developed or enhanced to support people who move from Basil Stafford Centre to rural communities. It is anticipated that approximately 10% of the residents will relocate to rural communities, but such details will not be known until individual assessments are undertaken. Those assessments will take account of available support and resources in rural areas and budget impact.

FINANCIAL CONSIDERATIONS

46. The costs of implementing the package of six responses are outlined below (see Attachment 1). Three options are discussed in terms of the reform of the Centre - total closure, partial closure and no closure with service enhancement. The preferred option is the total closure of the Centre. Regardless of which option is approved in relation to the reform of the Centre, it is strongly recommended that the other five responses in the package be implemented.
47. In terms of consideration by the CBRC, it is recommended that the reform of the Centre be considered in the 1995/96 Budget process and the other components of the package requiring funding (i.e. Quality Assurance program and the establishment of the Misconduct Prevention Unit) be considered in the 1994/95 mid-year Budget review as funds will be required from 1 January 1995. At present the costings do not reflect the cost associated with the proposed enterprise bargaining agreement. To the extent that there is an agreement, the costs will be included in the information presented to the CBRC.
48. While this Submission is not seeking funding for the other items in the package (i.e. the review of the *Public Service Management and Employment Act 1988*, the establishment of new co-operative processes and the implementation of the Residential Care Officer training course), it is seeking approval to include these in the public announcement about the package of responses to the issues at Basil Stafford Centre.

Reform of the Centre

49. Financial analysis into the reform of Basil Stafford Centre considered a number of options ranging from relocation of all residents over three years, to partial closure of the Centre and no relocation with service enhancement. Financial implications of each are set out in detail in Attachments 2, 3 and 4 respectively.

Total closure

50. The costs identified for the alternative service provision to residents of Basil Stafford Centre are based on an average per capita cost of \$95,200 compared with the existing cost of \$70,906 which is inadequate in meeting the needs of the resident. The average per capita cost of \$95,200 was estimated from the investigations of the Plan which indicated that a range of costs would be involved in providing alternative services to the residents of the Centre depending upon what final mix of services each individual accessed (i.e. accommodation support services, community linking and participation services, personal supports services and educational/vocational options as outlined on pages 9 to 11). The range of costs is from, on a per capita basis, \$83,120 to \$124,700 depending on the assessed needs of each person. A detailed description of the development of the range of costings is outlined on pages 39 to 45 of the Plan for the Reform of Basil Stafford Centre.

51. By considering how services might be provided to the range of people living at the Centre, it is estimated that the proposed average of \$95,200 per person will be sufficient to provide the level of services described on pages 9 to 11.
52. The average per capita cost for the people relocating from Challinor Centre was \$80,000. The difference in the average cost per person between the two Centres reflects the higher and more complex support needs of the residents at Basil Stafford Centre which in turn is reflected in the accommodation support arrangements where the majority of people (78%) will be sharing with two other people or living in individualised settings. Articulating the difference in residents' support needs was assisted by the additional information available about the support needs of the residents of Basil Stafford Centre as a result of the lengthy investigations into the Centre.
53. For the period of the implementation of the Plan, the costs include operational (recurrent) cost of providing services, as well as various non-recurrent costs associated with capital works, provision of additional community housing stocks, redundancy, redeployment costs, etc. The net cost to Government over this period is calculated on the basis of these costs.
54. The implementation of the Basil Stafford Centre Plan will require transition funds amounting to \$21.334m (including \$6.4m in public housing costs) over the three year implementation period to enable the dual operation of the Centre and the alternative community based services (see Attachment 2 "additional cost" line for further details).
55. Initial discussion with the Department of Housing, Local Government and Planning have focussed on the costs of providing public housing to the residents of Basil Stafford Centre. Preliminary figures indicate that an amount of approximately \$6.4m would be required to meet the housing needs (i.e. capital not recurrent). This translates to an average per person cost \$55,200 which is less than for the residents of Challinor Centre (\$58,200). This is because there are fewer people with physical disabilities at Basil Stafford Centre and therefore only a small number of modifications are required.
56. Discussion will commence in relation to the reuse of the 44 hectare site at Wacol and a range of agencies and interested groups will be involved. The current value of the site is estimated at \$2m. This is a modest valuation based on the site being re-used for industrial purposes. The potential value and re-use of the site will be further investigated if the reform of the Centre is approved and this will take account of the outcomes of the institutional reform program at Wolston Park Hospital.
57. The total cost to government has been considered as part of this planning exercise. Additional costs to government will total approximately \$400 per person per year and will relate to costs for consumable aids, wheelchair and equipment maintenance and access to subsidised taxi scheme. Costs for equipment such as wheelchairs and communicative devices and establishment costs of the relocation of residents have been included in the costings.

58. The ongoing gross cost of total closure, which allows all of the operational costs to be offset, would be \$12.864m with an ongoing net additional cost of \$4.21m.
59. Educational options are currently provided by the Department of Education to the 17 children who are living at the Centre. The current per capita costs for educating these students is between \$22,000 and \$25,000 per annum, excluding transport and capital costs. The Department of Education has identified a number of areas (i.e. transport, educational services and facilities) that may require additional funds if the reform of the Centre proceeds. The extent of the costs are unclear at this point because it will be dependent on the individual needs assessment of each child. These costs will be examined in more detail if the Plan is approved and the detailed financial implications will be addressed within the Plan for the Reform of the Centre which will be presented to CBRC in March 1995. It should be noted that by the completion of the proposed reform process in 1998, there will only be three or four children of school age.

Partial closure

60. Partial closure would involve relocating 43 residents over a two year period. This would result in all the children and some adults as well as the respite services relocating to alternative support services in the community and all the older buildings being closed (i.e. only the villas would be used for accommodation purposes). A two year transition period is seen as adequate to ensure that community based services and supports are in place for this number of people.
61. The services/supports included in the total closure option have been included in this option and costed proportionally - quality of care, service development, implementation, family support network, quality assurance and crisis response strategy.
62. The ongoing cost of partial closure, which only allows a portion of the operational costs to be offset, would be \$13.432 (excluding capital costs).

No closure and service enhancement

63. As Attachment 4 notes, the cost to the State Government of retaining all residents at Basil Stafford Centre, with additional costs to provide refurbishment/maintenance (\$5m) and service enhancement (\$2.5m), would be \$11.158 m (excluding capital) in 1998/99 and thereafter. The additional costs estimates are considered to be prudent allowances to improve the basic standards of the service to residents of the Centre.
64. Even without refurbishment or service enhancement, retention of the Centre would cost the State \$8.65m.
65. If the Centre is not closed, it is highly likely that instances of suspected abuse and neglect will continue to be identified and referred to the Queensland Police Service and the CJC for investigation which could result in further eruptions of publicity that is

critical of the Centre. Current findings in the literature indicate that allocating additional resources to improve the quality of care within an institution (i.e. increased staffing levels, increase in daily activities) will have limited success because the negative aspects of institutional environment and culture will persist irrespective of the level of resources. This will mean, particularly in light of the findings of the CJC Inquiry, that substantial pressure is likely to be maintained on the Queensland Government, from parent and consumer advocacy groups to close the Centre and fund improved services for residents in the community.

Summary

66. Closure of the Centre and relocation of all 122 residents to individualised community based support services is the recommended option in terms of the most effective use of State funds in the longer term and as an immediate response to the critical issues at the Centre which have been highlighted by the CJC Inquiry. With total closure and consequently no ongoing operational cost of the Centre, recurrent costs from 1998/99 onwards would be \$12.864m compared with the existing budget of \$8.65m or \$11.458m to maintain the Centre and enhance the quality of care.
67. The option of full closure would cost \$21.334m for the three year implementation period (to end of 1997/98). Partial closure could be achieved at a net cost to the State of some \$13.859m over the same three year period. The net cost to the State over the same three years of no relocation (with necessary refurbishment and service enhancement) would be \$10.824m.

Other Responses

68. The Public Sector Management Commission is responsible for the proposed Public Sector Ethics Bill and the review of the *Public Service Management and Employment Act 1988*. The implementation of the new Residential Care Officer training course and the establishment of new co-operative processes between the Queensland Police Service and the DFSAIA will not require any additional commitment of funds.
69. State funds amounting to \$0.135m in 1994/95 and \$0.303m recurrently from 1995/96 onwards will be required for the implementation of a Quality Assurance program:
- the implementation of a Quality Assurance program (\$0.075m in 1994/95 and \$0.177m recurrently from 1995/96); and
 - the establishment of a Family and Advocate Support Network if the Plan for the reform of the Centre is approved (\$0.06m in 1994/95 and \$0.126m recurrently from 1995/96 until 1998/99).

Irrespective of the decision about the reform of the Centre, funding for this response is urgently required and it is recommended that funding be available from 1 January 1995. Attachment 7 outlines the details of these costs.

70. The establishment of a Misconduct Prevention Unit within the DFSAIA will require funds amounting to \$0.15m in 1994/95 and recurrent funds of \$0.33m from 1995/96. Attachment 8 outlines the details of these costs.
71. Attachments 5 and 6 summarise the cost to the State over five years of implementing the package of six responses. These summaries include the three options for the reform of the Centre - full closure, partial closure and no closure with service enhancement.

PUBLIC PRESENTATION

72. A Ministerial media release to be made, subject to Cabinet approval, is Attachment 11 to this Submission.
73. A communication strategy dealing with the package of responses, including the reform of Basil Stafford Centre has been developed and is ready to be implemented as soon as there is a decision to proceed with the package. The strategy will focus on broad discussion with all interest groups and involvement of service consumers (people with an intellectual disability and their families) in the implementation process. The proposed reform process for the Centre as well as the quality assurance program incorporates a comprehensive family information and support strategy. Consideration will be given to the development of a broad information strategy to target concerns that arise about the reform process e.g. the reasons why Basil Stafford Centre is a priority for institutional reform.

ATTACHMENT 1

ATTACHMENT TO SUBMISSION NO. 03973

SUMMARY OF COSTS - PACKAGE OF POSSIBLE RESPONSES (Including 3 OPTIONS FOR REFORM OF BASIL STAFFORD CENTRE)					
	1994/95	1995/96	1996/97	1997/98	Ongoing Costs
<u>BASIL STAFFORD REFORM</u>					
<u>COST OF OPTION 1</u>	\$8,650,000	\$14,294,000	\$15,758,000	\$19,232,000	\$12,864,000
<u>COST OF OPTION 2</u>	\$8,650,000	\$11,980,000	\$14,797,000	\$13,532,000	\$13,532,000
<u>COST OF OPTION 3</u>	\$8,650,000	\$11,158,000	\$14,158,000	\$11,458,000	\$11,458,000
Value of Site in Housing (Option 1)	\$0	\$0	\$0	(\$2,000,000)	\$0
Value of Site in Housing (Option 2)	\$0	\$0	(\$500,000)	\$0	\$0
Value of Site in Housing (Option 3)	\$0	\$0	\$0	\$0	\$0
<u>OTHER ITEMS IN PACKAGE</u>					
Misconduct Prevention Unit	\$150,000	\$333,000	\$333,000	\$333,000	\$333,000
Family Support Network	\$60,000	\$126,000	\$126,000	\$126,000	
Quality Assurance	\$75,000	\$177,000	\$177,000	\$177,000	\$177,000
<u>WHOLE OF GOVERNMENT COSTS</u>					
<u>OPTION 1</u>	\$0	\$20,000	\$40,000	\$50,250	\$50,250
<u>OPTION 2</u>	\$0	\$5,000	\$10,000	\$17,500	\$17,500
<u>OPTION 3</u>	\$0	\$0	\$0	\$0	\$0
<u>TOTAL COSTS OF PACKAGE</u>					
<u>OPTION 1</u>	\$8,935,000	\$14,950,000	\$16,434,000	\$17,918,000	\$13,244,000
<u>OPTION 2</u>	\$8,935,000	\$12,621,000	\$14,943,000	\$14,186,000	\$14,060,000
<u>OPTION 3</u>	\$8,935,000	\$11,794,000	\$14,794,000	\$12,094,000	\$11,968,000
<u>TOTAL ADDITIONAL COST OF PACKAGE</u>					
<u>OPTION 1</u>	\$285,000	\$6,300,000	\$7,784,000	\$9,268,000	\$4,594,000
<u>OPTION 2</u>	\$285,000	\$3,971,000	\$6,293,000	\$5,538,000	\$5,410,000
<u>OPTION 3</u>	\$285,000	\$3,144,000	\$6,144,000	\$3,444,000	\$3,318,000

N.B. OPTION 1 - TOTAL RELOCATION, OPTION 2 - PARTIAL RELOCATION, OPTION 3 - NO RELOCATION AND SERVICE ENHANCEMENT

ATTACHMENT 2

COST OF OPTION 1.

Option 1. RELOCATION OF ALL RESIDENTS OVER 3 YEARS					
	1994/95	1995/96	1996/97	1997/98	Ongoing costs
Basil Stafford Centre Budget	\$8,600,000	\$8,600,000	\$6,800,000	\$5,000,000	\$0
Maintenance Costs (a)	\$50,000	\$50,000	\$50,000	\$50,000	\$0
Capital Costs (b)	\$0	\$0	\$0	\$0	\$0
Improved Quality of Care Costs (c)	\$0	\$1,294,000	\$888,000	\$325,000	\$0
Service Development Costs (d)	\$0	\$912,000	\$4,125,000	\$8,782,000	\$11,614,000
Implementation Costs (e)	\$0	\$450,000	\$450,000	\$450,000	\$0
Redundancy/Redeployment Costs (f)	\$0	\$128,000	\$357,000	\$560,000	\$0
Crisis Response Strategy (g)	\$0	\$1,480,000	\$880,000	\$1,250,000	\$1,250,000
Public Housing (h)	\$0	\$1,380,000	\$2,208,000	\$2,815,000	\$0
TOTAL COST TO STATE	\$8,650,000	\$14,294,000	\$15,758,000	\$19,232,000	\$12,864,000
ADDITIONAL COST	\$0	\$5,644,000	\$7,108,000	\$10,582,000	\$4,214,000
Value of Site for Redevelopment (i)	\$0	\$0	\$0	\$2,000,000	\$0

Notes

- (a) These are the costs of maintaining the Centre which are currently met by Dept. of Administrative Services.
- (b) There will be no capital costs associated with this model.
- (c) These costs would be associated with the development of institutional services to a basic reasonable quality of residential service through the provision of 10 hours of activities per week for each resident.
- (d) These are the costs of developing new community based service options for the 122 people leaving the Centre including supported accommodation, community linking and participation services and specialist behaviour intervention and therapy services.
- (e) These are the costs of implementation of the plan to relocate all residents of the Centre.
- (f) These costs assume that some 6 staff, 16 staff and 25 staff (a total of 47) will be made redundant in each year respectively.
- (g) These are the costs associated with providing an alternative community based service response to meet the needs of people with seriously disruptive behaviours who require short term accommodation options and previously would have accessed the Centre. Details are shown in Attachment 9.
- (h) This is the cost of providing housing places (at \$55,200 per person) for 116 people leaving the Centre - 6 of the 122 places leaving the Centre are respite beds and will not require public housing.
- (i) This is the estimated value of the site that could be released for redevelopment purposes following the relocation of all residents.

ATTACHMENT 3

COST OF OPTION 2.

Option 2. RELOCATION OF 43 RESIDENTS (all the children, respite places and vacate older residential areas over 2 years)					
	1994/95	1995/96	1996/97	1997/98	Ongoing costs
Basil Stafford Centre Budget	\$8,600,000	\$8,600,000	\$8,015,000	\$7,001,000	\$7,001,000
Maintenance Costs (a)	\$50,000	\$50,000	\$50,000	\$50,000	\$50,000
Capital Costs (b)	\$0	\$0	\$500,000	\$100,000	\$100,000
Improved Quality of Care Costs (c)	\$0	\$1,225,000	\$1,843,000	\$1,843,000	\$1,843,000
Service Development Costs (d)	\$0	\$714,000	\$2,570,000	\$3,713,000	\$3,713,000
Implementation Costs (e)	\$0	\$150,000	\$150,000	\$0	\$0
Crisis Response Strategy (f)	\$0	\$413,000	\$455,000	\$825,000	\$825,000
Public Housing (g)	\$0	\$828,000	\$1,214,000	\$0	\$0
TOTAL COST TO STATE	\$8,650,000	\$11,980,000	\$14,797,000	\$13,532,000	\$13,532,000
ADDITIONAL COST	\$0	\$3,330,000	\$6,147,000	\$4,882,000	\$4,882,000
Value of Site for Redevelopment (h)	\$0	\$0	\$500,000	\$0	\$0

Notes

- (a) These are the costs of maintaining the Centre which are currently met by Dept. of Administrative Services.
- (b) There is no current major Capital Works Plan for Basil Stafford Centre. In the event of a partial relocation of residents occurring, it would be necessary to plan major capital expenditure within four or five years to replace and refurbish ageing facilities and upgrade the villa houses. Costs in the order of \$.5 million initially and \$.1 million per year (to a cost of \$1.5 million), at current value, can be expected.
- (c) These costs would be associated with the development of institutional services to a basic reasonable quality of residential service through the provision of 6 hours of peak hours/casual staffing each day and 10 hours of activities per week for each resident.
- (d) These are the costs of developing new community based service options for the 43 places leaving the Centre including supported accommodation, community linking and participation services and specialist behaviour intervention and therapy services.
- (e) These are the costs of implementation of the plan to relocate some residents of the Centre.
- (f) These are the costs associated with providing an alternative community based service response to meet the needs of people with seriously disruptive behaviours who require short term accommodation options and previously would have accessed the Centre.
- (g) This is the cost of providing housing places (at \$55,200 per person) for 37 people leaving the Centre - 6 of the 43 places leaving the Centre are respite places and will not require public housing.
- (h) This is the estimated value of the site that could be released for redevelopment purposes following the relocation of some residents.

ATTACHMENT 4

COST OF OPTION 3 - NO RELOCATION OF RESIDENTS AND SERVICE ENHANCEMENT.

Option 3. NO RELOCATION OF RESIDENTS AND SERVICE ENHANCEMENT					
	1994/95	1995/96	1996/97	1997/98	Ongoing Costs
Basil Stafford Centre Budget	\$8,600,000	\$8,600,000	\$8,600,000	\$8,600,000	\$8,600,000
Maintenance costs (a)	\$50,000	\$50,000	\$50,000	\$50,000	\$50,000
Capital costs (b)	\$0	\$0	\$3,000,000	\$300,000	\$300,000
Improved Quality of Care Costs (c)	\$0	\$2,508,000	\$2,508,000	\$2,508,000	\$2,508,000
TOTAL COST TO STATE	\$8,650,000	\$11,158,000	\$14,158,000	\$11,458,000	\$11,458,000
ADDITIONAL COST	\$0	\$2,508,000	\$5,508,000	\$2,808,000	\$2,808,000
Value of Site in Housing	\$0	\$0	\$0	\$0	\$0

Notes

- (a) These are the costs of maintaining the Centre which are currently met by Dept. of Administrative Services.
- (b) There is no current major Capital Works Plan for Basil Stafford Centre. In the event of relocation of residents not occurring, it would be necessary to plan major capital expenditure within four or five years to replace and refurbish ageing facilities and upgrade the villa houses. Costs in the order of \$3 million initially and \$.3 million per year (to an estimated total of some \$5 million), at current value, can be expected.
- (c) These costs would be associated with the development of institutional services to a basic reasonable quality of residential service through the provision of 6 hours of peak hours cover per module per day and provision of 10 hours activities per person per week.

ATTACHMENT 5

COST TO STATE OVER 5 YEARS OF PACKAGE							
OPTIONS	1994/95 (\$m)	1995/96 (\$m)	1996/97 (\$m)	1997/98 (\$m)	1998/99 (\$m)	Cumulative total (\$m)	On-going (\$m)
1. Full Closure (3 years)	8.935	14.95	16.434	17.918	13.244	71.48	13.244
2. Partial closure	8.935	12.621	14.943	14.186	14.186	64.87	14.06
3. No relocation and service enhancement	8.935	11.794	14.794	12.094	12.094	59.71	11.968

ATTACHMENT 6

TOTAL ADDITIONAL COST TO STATE OVER 5 YEARS OF IMPLEMENTATION							
OPTIONS	1994/95 (\$m)	1995/96 (\$m)	1996/97 (\$m)	1997/98 (\$m)	1998/99 (\$m)	Cumulative total (\$m)	On-going (\$m)
1. Full Closure (3 years)	.285	6.3	7.784	9.268	4.594	28.23	4.594
2. Partial closure	.285	3.971	6.293	5.538	5.538	21.63	5.41
3. No relocation and service enhancement	.285	3.144	6.144	3.444	3.444	16.46	3.318

Notes

1. Ongoing costs includes all ongoing costs including whole of government costs.

ATTACHMENT 7

QUALITY ASSURANCE

The issue of Quality Assurance has a focus on ensuring that the services provided to people with an intellectual disability are based on and responsive to their needs and are provided to a certain standard. The proposal, then, comprises three parts which will assist in ensuring that the services provided are adequate and appropriate - the implementation of Service Standards, Personal Advocacy Support and the Family and Advocate Support Network.

QUALITY ASSURANCE	
Standards Monitoring Team (replacement of team, training, operating costs)	\$20,000
Personal Advocacy Support	
Co-ordinator	\$40,000
Advocacy Officer (x 2)	\$60,000
Admin. Staff	\$25,000
Operating/Admin. Costs	\$32,000
Total Personal Advocacy	\$157,000
TOTAL QUALITY ASSURANCE COSTS	\$177,000

Service Standards

The Standards Monitoring process will provide a relatively small amount of funds to allow a team of staff and consumer representatives to visit each work team and to provide feedback against a set of established standards of service delivery.

Personal Advocacy Support

The Personal Advocacy Support proposal is aimed at ensuring that each resident at the Centre, particularly those who have no family, has the opportunity to access an independent advocate and link with self-advocacy or peer support groups. This support service will also focus on empowering residents to participate in planning and making decisions about their lives through assisting them to develop communication/assertion skills to enhance their capacity to make their wishes known and the extensive preparation of staff regarding the rights and empowerment of people with an intellectual disability. This support may be based on a Citizen Advocacy model or on another model such as Self Advocacy and will be independent from the service delivery agencies to minimise any conflict of interest.

Family and Advocate Support Network

It is generally acknowledged that the institutional environment is geographically and socially isolating for many families with relatives living in such a setting. The Family and Advocate Support Network is costed on the basis that it will provide a support system for families both during the reform process and for one year after the process

is completed. This is to assist with any issues that families may have once their relative has relocated from Basil Stafford Centre. The network has the following aims:

- promote parental advocacy as an essential safeguard for people living at Basil Stafford Centre who are vulnerable and socially devalued;
- ensure that families with relatives relocating to the community have access to appropriate information, support networks and practical assistance;
- improve the capacity of families and local communities to respond to the needs of consumers moving to the community; and
- better represent the interests of vulnerable family members and ensure they and/or their advocate are part of effective decision making and planning processes.

FAMILY SUPPORT NETWORK	
Co-ordinator x 1.5	\$65,500
Administrative Officer x .5	\$14,000
Operating/Administration Costs (includes travel, child care, meeting expenses, training costs, office rental etc.)	\$46,500
TOTAL COSTS	\$126,000

It is assumed that more than one equivalent co-ordinator will be required as a number of families originate in the northern parts of the State. One co-ordinator might therefore be based in the South East corner of the State with another having a travelling role in northern and central Queensland. A part-time administrative officer would provide support in the management of the network.

The operating and administration costs of the network would include allocations to provide for the operation of the scheme and for the travelling and child care costs associated with family members coming to Brisbane to be involved in the reform process.

ATTACHMENT 8

MISCONDUCT PREVENTION UNIT

Purpose of the Misconduct Prevention Unit

The establishment of a Misconduct Prevention Unit within the Department will play a key role in strengthening the capacity of managers to respond to allegations of misconduct and in providing greater protection for clients of the Department.

The Department provides a range of services to many groups of people, including vulnerable and dependent people who are living in Department-operated accommodation services. These include centre and community based services provided by the Division of Intellectual Disability Services and Youth Detention Centres for children and adolescents. The Department has a strong obligation to protect these people, including people with an intellectual disability, from any form of abuse or neglect resulting from misconduct by staff.

Duty of care responsibilities require among other things, that untoward incidents, including injuries to clients or suspicious occurrences are thoroughly investigated by managers. There are particular difficulties for line managers in carrying out these responsibilities in relation to people with an intellectual disability as in most cases people are unable to either indicate that something untoward has occurred or assist in the investigation of such matters.

In these circumstances, line managers must not only meet duty of care obligations but must also ensure procedural fairness to staff. In many instances, staff who are interviewed because they may be able to assist with enquiries, obtain the services of an industrial advocate to assist them.

Line managers therefore need to be skilled in managing such situations. Because of the significant number of clients who are unable to communicate, investigations are more complex and difficult to conduct than in any other area. It has been the experience of the Department that the satisfactory completion and resolution of such investigations can be difficult to achieve, and that the likelihood of successful resolution is related to the quality of the investigative action.

The purpose of the Misconduct Prevention Unit is to strengthen the capacity of management to deal effectively with suspected misconduct, particularly in situations affecting vulnerable clients. The dedication of resources to this Unit will enable specialist knowledge to be applied to investigative activities by line managers. This will be through the provision of expert advice to managers when investigating incidents, the provision of training and information for managers to increase their effectiveness, and practical assistance to managers investigating significant incidents in complex service situations. The Unit will operate within the Human Resource Management Section of the Department.

Role of the Unit

The Unit will have the following role:

- to provide expert advice to Departmental managers carrying out investigations into untoward incidents or suspected abuse or neglect of clients
- to provide relevant training for managers to increase their competence in responding to reported or suspected misconduct
- to assist line managers in carrying out significant investigations in complex service situations
- to establish protocols and build cooperative processes with external law enforcement and investigative bodies involved in investigating Departmental matters
- to develop consistent practices and processes for the investigation of suspected misconduct in the Department, with particular reference to the impact on client services.

Staffing

The Department of Family Services and Aboriginal and Islander Affairs has about 3,500 persons operative at any point in time with approximately 1,730 engaged in providing direct services to vulnerable or dependent clients.

Within the Department, there are about 950 positions with a supervisory element. The incumbents of which could potentially be presented with suspected misconduct situations which require investigation.

The Unit requires an establishment of five staff in order to effectively support and increase the competence of managers in responding appropriately to reported or suspected misconduct.

MISCONDUCT PREVENTION UNIT	
SALARIES	
Manager (AO7)	\$52,000
2 Senior Advisers (AO6)	\$92,600
Adviser (AO5)	\$41,000
Administration Officer (AO3)	\$30,400
TOTAL SALARIES	\$216,000
OPERATING/ADMINISTRATION COSTS	
Salary Oncosts	\$60,000
Operating Costs	\$45,000
Establishment Costs	\$12,000
TOTAL OPERATING/ADMIN COSTS	\$117,000
TOTAL COSTS	\$333,000

ATTACHMENT 9

CRISIS RESPONSE STRATEGY

There are times when due to particular circumstances, a person will require additional supports and assistance which have traditionally been provided within an institution. The response strategy consists of four components which are designed to provide appropriate community based support for people and replace the institution's role in responding to emergency or difficult situations. These four components are the therapy and behaviour intervention teams; the availability of discretionary funds; intensive support arrangements; and short term emergency accommodation.

The response strategies range from the informal (e.g. environmental manipulation) to very formal (e.g. structured behaviour intervention programs). The therapy and behaviour intervention teams are a vital part of the response strategies but it is recognised that there will be occasions where people will need additional services beyond what the teams can offer. An important element will be the availability of discretionary funds within each region to purchase additional supports, such as increased staffing supports when these are required. There will be some instances where an immediate response is required which involves access to emergency accommodation because the person requires highly trained staff and a structured (not secure) environment.

There will be community based houses which provides short term emergency accommodation. This response strategy (i.e. providing time away from the person's usual accommodation option) will provide an opportunity for:

- ◆ a re-assessment of the person's needs;
- ◆ the identification of services/supports which will better meet their needs;
- ◆ additional input (e.g. training) to all the people who are working with or supporting the person; and
- ◆ a structured (not secure) living environment which provides increased support/assistance and activities as well as regular routines which assist in the management of the person's behaviour.

It is expected that the therapy and behaviour intervention team, the person's case manager and family, friends, advocates, etc will be involved throughout this process.

These houses are not "secure" accommodation options and in extreme circumstances when a person's behaviour is such that they require a secure environment, it will be necessary to refer them to Mental Health Services.

Emergency situations, in the context of this service type, refer to circumstances where a person has seriously disruptive behaviours which at the particular point in time, cannot be managed within the current level of resources or within their current accommodation option. It will be necessary to demonstrate via appropriate documentation that a range of strategies have been implemented but have failed to address the particular needs of the person at this point in time and therefore extra resources in the form of discretionary funds or access to emergency accommodation is needed.

CRISIS RESPONSE STRATEGY	
Therapy and Behaviour Intervention Team (North Queensland)	\$370,000 (costed from 1997/98)
2 Emergency Accommodation Houses (S E Qld) (Capital of \$600,000 in 1995/96 for purchase/modification)	\$400,000
Intensive In-home Support	\$400,000
Discretionary Funds (\$20,000 in S E Qld regions & \$10,000 in other regions)	\$80,000
TOTAL	\$1,250,000

Note: The cost of the Crisis Response Strategy has been included in the costings for the reform of the Centre.

The Crisis Response Strategy is costed on the basis of the following assumptions:

1. It is assumed that the Therapy and Behaviour Intervention Team costed above will not come on line until the final year of the reform process at the Centre and will meet the needs for support in this area of the people in North and Central Queensland regions.
2. Two community based houses providing short term emergency accommodation will operate in the South East Queensland area. It is assumed that both locations will not operate all year round as they will only be open when required. There will be a small contingent of staff who will be deployed to provide additional in-home support and assistance to people with seriously disruptive behaviours and to staff the emergency houses as required.
3. The intensive support allocation will allow the provision of intensive support to a small number of people who have disruptive behaviours that are very severe and complex. This support will either be provided in the place where the person lives. Usually, intensive support would take the form of one-to-one staffing with additional support in the form of specialist intervention. This intervention would assist in meeting the needs of a range of people including some people who are on the "waiting list" for accommodation services and whose behaviour becomes very disruptive and requires immediate action to prevent the recurrence of problems in the family home. It is the experience of the Division that some 4 or 5 people require this form of intervention in each year.
4. The discretionary funding allocation is to facilitate the development of flexible approaches in each region to the issue of people with seriously disruptive behaviours. These funds might be utilised to assist a particular family to support their son or daughter or might equally be utilised to provide additional resources in training staff to support a particular person.

DRAFT

REFORM PLAN

FOR

BASIL STAFFORD CENTRE

CONFIDENTIAL

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INTRODUCTION

Allegations of abuse and neglect of residents at Basil Stafford Centre have been occurring over a number of years. The Police and the Criminal Justice Commission have been investigating a series of incidents over the past four years. The Criminal Justice Commission instigated a public inquiry into a number of incidents of alleged abuse and neglect of people living at the Centre and of alleged harassment and intimidation of staff reporting such abuse. The Inquiry was very lengthy, commencing in December 1993 and concluding in August 1994. At the time of writing, the Inquiry's report has yet to be handed down.

The major issue at Basil Stafford Centre is the inappropriateness of the institutional model of care, particularly in terms of the Centre's environment (i.e. geographical isolation and low staff:client ratios) and culture (i.e. the common attitudes, understandings and practices of staff). The reform plan is consistent with the draft Policy Statement and Planning Framework on institutional reform in Queensland which will be presented to Cabinet in October 1994.

This Plan is based on the Plan for the Reform of Challinor Centre which was presented to Cabinet in March 1994.

GLOSSARY OF TERMS

Accommodation Support

This is where a person with the provision of supports as determined through an individual needs analysis process, is assisted to develop and maintain suitable residential arrangements in a community setting.

A variety of needs can be addressed through accommodation support options, including:

- ◆ Advice and assistance in making accommodation and lifestyle choices;
- ◆ Activities of daily living which, due to functional limitations, people with disabilities are unable to perform themselves. These include bathing and grooming; dressing; personal hygiene; moving in and out of bed; assistance at meal times; and maintaining adaptive equipment;
- ◆ Time limited independent living training which occurs in the person's own home and their local community;
- ◆ Identifying and accessing necessary community resources such as shops, banks and health services;
- ◆ Assistance with activities which are a typical part of a routine of home life, such as cooking, meal planning and financial management.

Case Management

This is a mechanism for co-ordinating services in a multiple service delivery system, i.e. where a person is accessing a number of different agencies for the services/supports they require.

It is characterised by a single accountable individual - the case manager - who links the client to a complex service delivery system and is responsible for ensuring that the client receives appropriate services/supports as required.

Case management programs have the following functions:

- ◆ assessing need;
- ◆ developing individual service plans;

- ◆ linking people to required services/supports;
- ◆ monitoring the provision of services;
- ◆ evaluating the person's progress; and
- ◆ providing supportive and problem focussed counselling.

Community Linking and Participation

This is where a person is assisted to participate in community activities and to access mainstream facilities. This assistance may be provided in the form of a range of supports and strategies which in some cases are time-limited. The support may take the form of recreation, independent living training, community access services and print disability services.

Crisis Response Strategies

A range of strategies which can replace the institution in dealing with emergency or difficult situations will be put in place. The strategies are community based and aim to maintain the person within their home to the greatest extent possible. The response strategies can range from informal support to very formal behaviour intervention programs. In extreme situations (i.e. when a person needs a secure environment), it will be necessary to refer the person to Mental Health Services. The therapy and behaviour intervention teams are an integral part of the strategies which also involve the use of discretionary funds to purchase additional supports and the availability of emergency accommodation places as a last resort.

Family and Advocate Support Network

This involves funding the establishment of a group which recognises the important role that families, friends, advocates and significant others have in the lives of people who have an intellectual disability. The focus of the network will be on supporting families and others during the reform process. The support can take various forms, for example, re-linking families with their relatives, providing information sessions on institutional reform and the role of families, providing assistance so that families can attend meetings or visit their relative, etc.

This network will be an important safeguard in that it will be independent of the reform process and will play an important role in monitoring the quality of services and ensuring that the services provided are based on and responsive to individuals' needs.

Educational Options

Educational options are provided for all children. In this document, this term refers to the educational services accessed by children with intellectual disabilities - usually the nearest school in either a special or integrated setting depending on the location and resources available within the Department of Education.

Individual Needs Analysis

This is a formal process which identifies:

- ◆ a desirable future for the person;
- ◆ the current needs and interests of the person; and
- ◆ the supports or services which are required in the short term to ensure the person's needs are met and in the long term to facilitate the achievement of the person's future goals.

The involvement of the person, their family, friends, advocates and staff/support workers is essential for the process to be effective.

Regular monitoring (quarterly) and evaluation (annually) is an important feature of the process which recognises that a person's needs and interests can and will change over time.

Institutional Reform

Institutional reform refers to a process of moving people from large residential to community based accommodation, it includes providing:

- ◆ an array of accommodation, educational, vocational, health-care and leisure time services once the person is living in a community based accommodation option; and
- ◆ an approach which ensures that these services are based on and responsive to each person's individual need.

Institutional reform is broader than deinstitutionalisation. It includes developing practices that enhance people's quality of life while they are still living within an institution and when they relocate to community living as well as providing services and supports to prevent people being placed in or returned to institutions.

Respite

Respite services including short-term accommodation options are a component of the range of services geared to support families who have a member with an intellectual disability. The duration of respite care may range from a few hours a day, to overnight or to a few weeks, depending on individual preferences. Services vary from respite being provided in the family's home environment to out-of-home respite care in another house in the community.

Seriously Disruptive Behaviours

Recurring or seriously disruptive behaviour (excluding behaviour which has been assessed as being caused by depressive, neurotic or psychotic states) that can be categorised as follows:

- ◆ severely interferes with other consumers, families, staff, routines, community agencies or the community at large; and/or
- ◆ interferes considerably with the person's ability to learn; and/or
- ◆ puts self, others or property at risk of injury or damage.

Specialist Services

This involves assisting a person to achieve a quality lifestyle through the provision of a range of specialist services. In some instances, particularly those involving seriously disruptive behaviours, this assistance will be necessary to enable the person to live in community based accommodation.

Specialist services may include speech therapy, occupational therapy, physiotherapy, access to counselling services, additional assistance with daily living skills and/or personal care and behaviour intervention.

The development and implementation of training/education programs for families, carers, community agencies, etc. is an integral part of the provision of specialist services.

Support Needs

In general this term refers to the level of support or assistance that a person requires in a range of daily living activities.

A person with low support needs requires limited and irregular assistance with their daily living activities.

A person with moderate support needs requires regular support with their daily living activities.

A person with high support needs requires assistance with the majority of their daily living activities. People with high support needs may include people with a severe intellectual disability, people with multiple disabilities or people who, because of seriously disruptive behaviours, require additional assistance than would otherwise be indicated by their level of intellectual disability.

A person with special/complex support needs requires assistance with the majority of their daily living activities as well as requiring additional specialised assistance because of the severity of their medical or physical conditions which result in frailty, seriously disruptive behaviours, or issues related to ageing.

Vocational Options

These are services funded by the Commonwealth Government to support the paid employment of people with disabilities who because of their disability, need substantial, ongoing support to obtain or retain paid employment.

BACKGROUND

A. HISTORICAL PERSPECTIVE

The original purpose of institutions was to provide educational instruction for people with disabilities and there was a focus on returning people to society. In the later 1800's this emphasis changed to one of protecting people with disabilities from society and subsequently, institutions were located away from populated areas in more rural settings. Populations in institutions began to grow partly because people were no longer being returned to the community and also due to the growth in the general population.

From this period the prevailing attitudes began to change and in the early 1900's the focus was on protecting society from "deviant" people. By the early 1920's, some people were recognising that the segregation of people was not the ideal solution but institutions were maintained because families needed respite, more people with severe/profound disabilities were surviving infancy and there were no community based services for them and quite often the only services available (education, training) were located in the institutions.

During this time in Australia, many people were cared for at home by their families as is also the case at present. People who were not living with their families were usually accommodated in institutions. Some people with an intellectual disability were accommodated in psychiatric hospitals, while those with severe physical or multiple disabilities were usually accommodated in nursing homes, hostels and hospitals.

During the 1950's, parents and teachers searching for better options for children with disabilities lobbied to establish accommodation and other service options, often in a semi-rural environment, that provided "whole-of-life" care as well as a relatively safe and secure environment.

In the 1970's there was a realisation by some parents and others in the community that segregating people with disabilities into institutions or large congregate care settings was inappropriate. During this time, a growing body of literature queried the practice and effects of "institutionalisation" and these effects are still being outlined in current literature. There was (and still is) a general realisation that large congregate care services had failed to fulfil their original purpose of providing "special" care. This failure can be contributed to the following:

- ◆ isolation and powerlessness of the people living in the institutions;
- ◆ the people are seen as less than fully human;
- ◆ staff are largely untrained and unqualified;
- ◆ isolation and alienation of workers;

- ◆ inadequate resourcing leading to emphasis on control rather than on individuals and their needs; and
- ◆ management failure (Wardhaugh and Wilding, 1993).

There was also a reframing of the philosophical basis of service provision. Deinstitutionalisation, an emphasis on a normalised lifestyle, least restrictive alternative, community participation/integration and social role valorisation became the underpinning philosophies of the disability field.

Recent changes in the philosophy underpinning the provision of accommodation and other support services have resulted in an increasing emphasis on the importance of the individual, a change in the focus of service delivery, from large, isolated institutions to smaller, localised community based services and the closure or significant downscaling of the large institutions (both nationally and internationally) during the last 15 years. It has also meant changes in legislation at a Commonwealth and State level.

B. COMMONWEALTH LEGISLATION

Commonwealth legislation prior to 1986 emphasised the provision of government assistance to service providers who, in turn, provided care in large facilities or institutions. This emphasis meant that many people with disabilities had no choice but to live away from their families and their local community.

Following the growth of consumer advocacy groups and the development of the principles of normalisation and the least restrictive alternative, it became evident that traditional services were restrictive in scope, institutional in service delivery and usually made the situation worse by creating greater dependence and providing poor quality care.

In response to this, the Commonwealth Government proclaimed the *Disability Services Act (1986)*. The *Disability Services Act* provides an integrated set of arrangements for employment, training, rehabilitation and accommodation based on the objectives of promoting competence, self-reliance, consumer choice and positive self-image for those using them.

The Act provided the legislative base for a shift in service provision, i.e. away from funding large, segregated, whole-of-life services to more individualised, community based services.

In 1993, the Commonwealth enacted the *Disability Discrimination Act* which specifically aimed to prevent discrimination against people with disabilities in Australia. This Act further highlights the emphasis in recent years on ensuring the rights of people with disabilities are protected and promoted.

C. STATE LEGISLATION

Like the Commonwealth, State legislation throughout Australia has, in the last ten years or so, generally reflected a move towards greater recognition of the rights of people with disabilities and greater participation of people with disabilities in community life. In Queensland this trend was highlighted by legislation such as the *Intellectually Disabled Citizens Act 1985* and by amendments to longstanding legislation such as the *Mental Health Act*. In recent years, specific legislation relating to people with disabilities has been enacted in Queensland - the *Queensland Disability Services Act 1992 (QDSA)*.

The QDSA affirms that people with disabilities have the same rights as other members of society. It sets objectives for disability service development, encourages innovative programs and services and establishes a funding mechanism to enhance the provision of services to people with disabilities.

The principles and objectives contained in this legislation, while consistent with those contained in the *Disability Services Act 1986*, have a broader scope than those of the Commonwealth Act as they are explicitly applicable across all government departments. There is also a focus on supporting the families and carers of people with disabilities. This legislation will guide the future development of services, both government and non-government and the State funding of these.

Other legislation of relevance in Queensland includes the *Anti-Discrimination Act 1992* which aims to prevent discrimination against a number of disadvantaged groups including people with disabilities and the *Equal Opportunity in Public Employment Act 1992* which aims to ensure that disadvantaged groups (including people with disabilities) receive equal opportunities for employment in the public sector in Queensland.

D. INSTITUTIONAL REFORM - INTERNATIONALLY

Institutional reform in relation to people with an intellectual disability has been occurring for the past two decades in some countries.

Sweden

There have been dramatic changes in service delivery to people with an intellectual disability during the last two decades. Institutions have been closed and community based services have taken their place. This has meant that people with severe intellectual disabilities are now living in the community and accessing community based services.

There are two critical issues in the Swedish experience:

- ◆ the development of "daily activities" was not given the same priority as accommodation/housing, thus limiting the people's integration into the community; and
- ◆ consumers, relatives and staff involved in the closure of institutions came to accept and appreciate the alternative services once they became tangible realities. Overall the relatives' opinion of institutional closure was more positive than expected.

United Kingdom - Wales

Institutional reform activities began in the 1960's with some demonstration projects aimed at testing community based care. People were moved to large, purpose built houses and the projects were evaluated against traditional institutional care. The reform activities continued and in the late 1970's there was a greater interest in people relocating to ordinary housing. During this time there was a slight bias in keeping people with severe disabilities and/or seriously disruptive behaviours within the institutional setting.

In 1983, the All Wales Strategy for Persons with a Mental Handicap was introduced. This has resulted in an expansion of ordinary housing options and as a result of this strategy, it is anticipated that all institutions will be closed within the next five to ten years. Most institutions have a closure date. The effectiveness of the Strategy is being evaluated at the present time.

In terms of people with seriously disruptive behaviours, a number of strategies have been implemented:

- ◆ peripatetic, multi-disciplinary support teams operate throughout the country and work with people in their regular environments;
- ◆ the development of specialist, ordinary housing; and
- ◆ crisis provision in the form of respite facilities with some of these being specially designed for people with seriously disruptive behaviours.

It should be noted that Wales still has institutions and these provide the final fall-back position for people who have seriously disruptive behaviours. (In Queensland, a different response strategy involving the application of a range of support and intervention strategies in community settings is proposed).

USA and Canada

Institutional closure has been occurring for the past 15 to 20 years. A group home model where up to 10 people would live together was used initially. At this point in time, people with complex support needs - high medical needs or seriously disruptive behaviours, were transferred to other institutions (transinstitutionalisation) rather than relocated to the community.

Reform activities are continuing with the emphasis on smaller groups of people sharing a house (3 - 4) and some individualised placements. Throughout the USA and Canada there are some innovative programs for people with very complex support needs - high medical support needs or seriously disruptive behaviours. These programs focus on individual or small group (2 - 3) accommodation options with a range of formal and informal supports provided.

A critical element in these programs is the involvement of families/friends/advocates through existing independent agencies (e.g. region specific Associations for Community Living) or through the establishment of independent parent support groups. These groups provide support to families before, during and after the reform process as well as being able to monitor and promote quality transition processes.

Evaluation of institutional reform has indicated that:

- ◆ regardless of the setting or how active individuals were, lifestyles were characterised by a lack of social integration and that people with disabilities had few non-disabled individuals in their support network other than relatives and staff; and
- ◆ many types of supports which people with severe disabilities require to be socially integrated do not already exist.

E. INSTITUTIONAL REFORM - NATIONALLY

Institutional reform has been occurring at a national level over the past ten years. The activities of the States and Northern Territory are summarised below:

South Australia has a strong policy of institutional reform of existing large residential facilities and since 1992 has established a number of innovative, small, non-government community based services.

New South Wales implemented the Richmond Report in 1984 with the emphasis on service being delivered on the basis of a system of integrated community networks, backed by specialist services as required. The deinstitutionalisation process is presently being reviewed.

Victoria is continuing to implement the 1988 Ten Year Plan for the progressive closure of all 11 State-run training centres and in 1993 two more centres were closed.

Western Australia has hostels which provide accommodation for 10 to 50 people. In 1992 the Government commissioned a review of accommodation services and a number of recommendations were made about increasing the range and availability of accommodation options for people with disabilities.

Tasmania has developed a five year plan for the deinstitutionalisation of Willow Court

- the only institution solely for people with an intellectual disability. This plan is in the process of being implemented and people are relocating from the institution to group homes with four people in each house.

Northern Territory has never had any institutions for people with intellectual disabilities because in the past people were sent to institutions in South Australia. The Government is in the process of bringing people back who have been institutionalised in South Australia. To date, approximately 70 people have returned and 30-40% of these people are of Aboriginal descent.

F. INSTITUTIONAL REFORM - QUEENSLAND

At a State level, there are a number of significant and interrelated issues surrounding institutional reform.

Institutional reform at the broad Government level is informed by the Disability Directions Committee (DDC). The DDC brings together the 13 Queensland Government departments and agencies which offer programs and services of relevance to people with disabilities.

One of the tasks of the DDC is the development of a draft Queensland Government Policy and Plan on Institutional Reform. The policy will set out the principles and objectives for transition and the plan will outline a co-ordinated approach for the many institutional reform activities underway or proposed.

The implementation of the Building Better Cities Program involves a number of government departments. In terms of the institutional reform component of the Program which is focussed on the Inala/Ipswich corridor, Department of Family Services and Aboriginal and Islander Affairs, Queensland Health and the Department of Housing, Local Government and Planning have the major roles.

The Department's institutional reform activities include the following components:

- ◆ Closure of Sandgate Centre in March 1994;
- ◆ The institutional reform of Challinor Centre over a three year period ending mid 1997;
- ◆ Co-ordination of the development of the draft Policy and Plan on Institutional Reform;
- ◆ Co-ordination of the other institutional reform activities of the Department in the disability area, for example, Leslie Wilson Home and DPW, Maryborough; and
- ◆ This proposal for institutional reform of Basil Stafford Centre which forms a part of the Department's response to the CJC Inquiry into the Centre. This proposal will be considered by Government to assess the financial implications.

PRINCIPLES

The principles outlined in this plan relate to institutional reform activities and are consistent with the principles and objectives of the QDSA.

The fundamental principle for all service provision as outlined in the QDSA is:

People with disabilities have the same basic human rights as other members of society and should be empowered to exercise their rights.

Therefore all people with disabilities have the right to live in the community - within available resources, this should be in the same types/ranges of dwellings; in the same locations and with the same access to facilities as other members of society. This right exists regardless of the person's skills and competencies.

The implementation of an institutional reform process will:

- ◆ ensure that services and supports are based on and responsive to each person's individual needs;
- ◆ ensure that resources are available for the provision of adequate community support services;
- ◆ ensure that best practice elements are implemented for services provided;
- ◆ ensure that effective monitoring and accountability measures (including the involvement of families/friends/advocates) are in place to safeguard the rights of people with disabilities;
- ◆ ensure that people continuing to reside in an institution while others are relocating to community based options are not disadvantaged but have ongoing access to quality services; and
- ◆ ensure that strategies are in place to prevent further institutionalisation.

PROFILE OF BASIL STAFFORD CENTRE

The Basil Stafford Centre is located adjacent to the Wolston Park Hospital. It is approximately two kilometres from the Wacol railway station and the main Ipswich-Brisbane Highway. The Centre is situated in a bushland setting and covers approximately 20 acres.

The Centre has an administration complex situated on the top of a hill. This complex of older institutional buildings was originally client accommodation. As well as this complex, there is a central activities block situated in this area which has a BBQ area, swimming pool, gym, recreation hall and some office accommodation.

There are four villas (each villa is comprised of four houses) situated in the natural bushland downhill from the administration complex as well as two larger buildings, both of which have a high fence and are divided into flats with some dormitory style bedrooms still in use.

The Centre accommodates 116 people on a permanent basis and has 6 respite places - five for adults and one for children. This makes a total of 122 places. There are 91 people accommodated permanently in the four villas (16 houses) which also contain five places for respite services for adults and 25 people accommodated permanently in the two larger buildings with one additional place being for respite services for children.

A. HISTORY OF THE CENTRE

Basil Stafford Centre was originally part of the Wolston Park Special Hospital complex, a facility founded in 1865 as the Woogaroo Lunatic Asylum. For the greater part of a century, this hospital provided custodial-type care services, under the auspices of the Department of Health, for people with psychiatric and intellectual disabilities. The majority of the staff providing care and assistance were nursing assistants who were guided by nurses and doctors.

During the 1960's, there was a growing recognition of the different and distinct needs of people with an intellectual disability. This led to the establishment of a Children's Centre on a hill-top site which was a short distance from the Wolston Park complex. This centre provided hospital style accommodation and in 1968 was named the Basil Stafford Centre in honour of Dr Stafford who had been Medical Superintendent of Wolston Park Hospital in the 1930's. The new centre maintained the medical model of care and was staffed along the same lines as the Special Hospital.

In the early 1970's the Central Assessment Clinic was established in Brisbane. The role of the Clinic was to co-ordinate the referrals and admissions of people with intellectual disabilities to existing facilities and offer a range of supports to both children and adults with intellectual disabilities living with their families and to the growing number of people who were being discharged from government facilities and returning to their families or being placed in non-government services.

By the late 1970's, because of the increased support provided to families to care for their children at home, an increasing majority of the people living at the Basil Stafford Centre were people who had the highest support needs (i.e. severe intellectual disabilities complicated by seriously disruptive behaviours or high dependence in self-care areas).

In 1976, construction commenced on the 16 villa houses and a number of clients were relocated from the ward areas to the villa houses in 1977 and 1978.

In 1977, a new caring profession was established (Residential Care Officer), which replaced the previous medical model with a focus on facilitating the development of people's skills, providing support in the least restrictive manner possible and promoting a lifestyle that reflected the normal patterns and routines of life.

Commencing in 1980, clients began to move from the Centre to accommodation in the community, usually houses, which they rented on the open market. Clients were supported in their house by rostered residential care staff. This service was called the Alternative Living Service. In the decade 1980 to 1990, the population at Basil Stafford Centre was reduced from 241 to 133 people, and most of these people moved to Alternative Living Service houses.

As these developments occurred, more of the clients remaining at the Centre were relocated from the older style institutional buildings to the villa houses. By 1991, these older buildings were no longer used for accommodation purposes and were closed, except for the administration complex.

In the early 1990's, there was a focus on the development of more flexible service options, particularly for the children who were still living at the Centre. A pilot program was initiated which identified, developed and evaluated a number of individual arrangements for a targeted number of children residing at the Centre. As a result of this program, a small number of children have returned to live with their families or an alternative family/care-provider, with the provision of the necessary supports.

A Quality Assurance Team was established at the Centre in August 1993 with a brief to manage and review existing practices at the Centre and develop recommendations for the management of residential services in line with quality assurance practice.

A Criminal Justice Commission Inquiry into allegations of client abuse and staff harassment at the Centre commenced in December 1993. This Inquiry followed a

two year investigation by the CJC into allegations of client abuse and staff harassment. It is expected that the Commissioner will hand down the report some time after October 1994.

B. PROFILE OF PEOPLE RESIDING AT BASIL STAFFORD CENTRE

There are 116 people residing at Basil Stafford Centre on a long term basis and there are also six respite places. The tables below provide a general profile of the 116 people who are long term residents as at July, 1994.

It should be noted that the information outlined is general in nature, was collected specifically for the purposes of this plan and has been deliberately kept at a level where it is non-identifying to the individual people.

Age Distribution

AGE DISTRIBUTION (as at 31.7.94)		
AGE	NUMBER	%
under 18	17	15
18 - 30	55	47.5
31 - 40	33	28
41 - 50	9	8
51 and over	2	1.5
TOTAL	116	100

The above figures reveal that the population of Basil Stafford Centre is a young one. There are 17 children, 75% of the population are between the ages of 18 and 40 and overall 90.5% of the population are under 40.

Gender Breakdown according to Age

AGE	MALE	FEMALE	TOTAL
under 18	11	6	17
18 - 30	41	14	55
31 - 40	16	17	33
41 - 50	5	4	9
over 50	2	0	2
TOTAL	75	41	116

The above table reveals that:

- ◆ 64% of the population is male with 54% of the males aged between 18 and 30 and 75% of the males aged between 18 and 40.
- ◆ 35% of the population is female with 76% of the females aged between 18 and 40.
- ◆ The female to male ratio is 1 : 1.8.

Cultural Background

CULTURAL BACKGROUND	
Aboriginal and Torres Strait Islander	Non-English Speaking
11	8

There are a small number of people of Aboriginal or Torres Strait Islander descent and from non-English speaking background (16% of the population). The needs of these people will need to be met through culturally appropriate responses.

Community of Origin

This table refers to either the community of origin or where individual's relatives are now residing.

Community of Origin	Region	Number	%
Brisbane South	BS	48	41
Gold Coast	BS	7	6
Total - Brisbane South		55	47
Brisbane North	BN	24	20
Sunshine Coast	BN	8	7
Total - Brisbane North		32	27
Ipswich	SWQ	5	4
Toowoomba	SWQ	1	0.9
Warwick	SWQ	1	0.9
Withcott	SWQ	1	0.9
Total - South West Qld		8	6.7
Rockhampton	CQ	2	1.8
Murgon	CQ	1	0.9
Gladstone	CQ	1	0.9
Gin Gin	CQ	1	0.9
Jericho	CQ	1	0.9
Total - Central Qld		6	5.4
Ingham	NQ	1	0.9
Mareeba	NQ	1	0.9
Currajong	NQ	1	0.9
Yarrabah	NQ	1	0.9
Mornington Island	NQ	1	0.9
Normanton	NQ	1	0.9
Mt. Isa	NQ	2	1.8
Total - North Queensland		8	7.2
New South Wales	-	1	0.9
Victoria	-	1	0.9
Unknown	-	6	5
OVERALL TOTAL		116	100

It is likely that the majority of people will remain within South East Queensland, (i.e. the percentage of people from the South-East corner of Queensland is 78%).

If the number of people from interstate or unknown origin is added to that figure, based on the fact that it is highly likely they will stay in the South-East corner, it then becomes 84% of the population.

It is important to note that community of origin is not necessarily the most important indicator of where people will be relocating. Many of the people living at Basil Stafford Centre have been there for many years and have no ongoing links with their community of origin. Therefore community of choice becomes the most important consideration.

Support needs of the people living at Basil Stafford Centre

A. PEOPLE WITH HIGH SUPPORT NEEDS	
REASON	NUMBER
Level of intellectual disability	37
Seriously Disruptive Behaviours	10
Medical (e.g. epilepsy)	11
Physical disability	4
Sensory disability	0
Physical and Sensory disability	3
TOTAL	65

B. PEOPLE WITH SPECIAL/COMPLEX SUPPORT NEEDS	
REASON	NUMBER
Seriously Disruptive Behaviours (SDB)	25
Medical (e.g. epilepsy)	4
Physical disability	7
Sensory disability	3
Combination of 2 or more of the above	
SDB and Epilepsy	7
SDB and Sensory disability	3
SDB, Sensory and Physical disability	1
Epilepsy and Physical disability	1
TOTAL	51

All of the people living at Basil Stafford Centre have an intellectual disability and either high or special/complex support needs. This means that all of the people require assistance with the majority of their daily living activities and that nearly half of the population (44%) require additional specialised assistance because of severe seriously disruptive behaviours or medical or physical conditions.

Fifty-six percent (56%) of the people have high support needs. The level of intellectual disability, resulting in highly dependent behaviours and the need for high levels of support, is the major reason for the high level of support needs in over half of this group (i.e. 56%).

Forty-four percent (44%) of the people have special/complex support needs. Seriously disruptive behaviours are the major reasons for the complexity of people's support needs (i.e. 68%). The complexity of these people's behavioural needs means that they require additional staff assistance on a regular basis.

The support needs of the people living at Basil Stafford Centre has major implications for service types, options and costings.

Multiple Disabilities

TYPE OF DISABILITY	NUMBER
Epilepsy	38
Autism	14
Cerebral Palsy	2
Hearing Impairment	5
Visual Impairment	2
Hearing and Visual Impairment	4
Combination of 2 or more of the above	
Autism and Epilepsy	8
Autism and Hearing Impairment	1
Autism, Hearing and Visual Impairment	1
Epilepsy and Cerebral Palsy	8
Epilepsy and Hearing Impairment	2
Epilepsy, Hearing and Visual Impairment	1
TOTAL	86

Of the 116 people living at the Centre, 74% have additional disabilities. Of these people:

- ◆ 57 (66%) have epilepsy;
- ◆ 24 (27%) have autism;
- ◆ 10 (11.5%) have cerebral palsy;
- ◆ 8 (9%) have hearing impairments;

- ◆ 6 (7%) have hearing and visual impairments;
- ◆ and 2 (2.5%) have visual impairments.

This information reflects the level of support needs of the people living at the Centre and the complexity of their needs.

It should also be noted that 112 people (i.e. 97% of the population) have severe communication impairments, i.e. they are non-speaking. This means that people will require access to augmentative/alternative communication systems, facilitators and appropriate communication technology as well as access to speech therapy services.

Seriously Disruptive Behaviours

Description	Number	%
Seriously disruptive behaviours	46	39
Seriously disruptive behaviours - severe and complex in nature	36	31
TOTAL	82	70

Overall, 70% of people living at the Centre have seriously disruptive behaviours. Thirty-one percent (31%) of these people have behaviours that are extremely disruptive on a fairly regular basis. This indicates that these people will require access to behaviour intervention/support services on a regular basis.

Family Contact

FREQUENCY OF CONTACT							
	Frequent Contact (monthly)	Regular Contact (up to 3 monthly)	Occasional Contact (up to 6 monthly)	Annual Contact	Rare Contact	No Contact	TOTAL
At B.S.C.	18	11	4	8	12	22	75
Away from B.S.C.	25	11	2	2	1		41
TOTAL	43	22	6	10	13	22	116

NOTES:

At B.S.C. includes phone contact, correspondence and visits to the Centre.

Away from B.S.C. includes trips to family home, holidays with family members and outings.

The number of people who have frequent contact (43 or 37%) is about the same as the number of people who have infrequent or no contact (45 or 39%). These figures indicate that there will need to be an emphasis on re-linking families and providing

access to advocacy services for those people who do not have any family contact.

Access to Community Services

People need to access age-appropriate and challenging activities outside of their living environment. All of the children living at Basil Stafford Centre attend school but there are currently no adults accessing support services outside of the Centre. This indicates that there will be a great need for community development work as well as providing assistance to community agencies to support people who have high or special support needs. The table below indicates people's involvement in activities run by staff of the Centre. (The figures do not include the 17 children who are accessing school for about 30 hours per week).

Venue for Regular Activities	Time Involved in Regular Activities organised by Basil Stafford Centre staff				
	Greater than 10 hours per week	Up to 7 hours per week	Up to 4 hours per week	Not involved in regular activities	TOTAL
	At B.S.C.	0	0	21	38
Community Settings	0	7	33		
TOTAL	0	7	54	38	99

The New Initiative funding (Quality of Care) commencing in 94/95 financial year will increase the opportunities for people to be involved in regular activities both within the Centre and in community settings.

C. BUDGET FOR BASIL STAFFORD CENTRE

BASIL STAFFORD CENTRE BUDGET - FULL YEAR COST		
Item	Total(\$,000)	% of total budget
Salaries (includes: permanent, temporary, full-time, part-time positions, public holidays, wages, CERL, Payroll Tax, Superannuation)	6,278	73
Administrative Costs (includes: wages-casual, workers compensation, plant and equipment, higher duties and other allowances, other administrative costs, e.g. food, phone, oil, Q-Fleet, etc)	2,297	27
OVERALL TOTAL	8,575	100

This table indicates that 73% of the total budget is allocated to salaries. It should be noted that the majority of the salaries total is for residential services (i.e. residential care staff, supervisors, etc.). Twenty-seven percent (27%) of the total budget is allocated to salary related costs and the administration/operating costs.

D. STAFF ESTABLISHMENT OF BASIL STAFFORD CENTRE

The staff establishment of Basil Stafford Centre has been identified by the Brisbane South region of the Division of Intellectual Disability Services. The staffing breakdown reflects the new organisation structure which is operational from November 1994. In this new structure, Basil Stafford Centre is divided into two areas. Over half of the staff (59%) are Residential Care Officers who provide the direct care services.

BASIL STAFFORD CENTRE STAFF				
Category	Area 1	Area 2	TOTAL	%
Residential Care Officers	57	57	114	59
Senior Administrative Staff Area Managers Unit Managers	5	4	9	4.5
Resource Staff Social Worker Occupational Therapist Speech Therapist Physiotherapist Psychologists Resource Officers	18.5	18	36.5	19
Administrative Staff Clerks Administration Officers Resource Officers	7	1	8	4
Support Staff Domestics General Hands Gardeners Chauffeur Seamstress	20	-	20	10
Clinical Staff Nursing Administrator Nurses	-	6	6	3
Staff Training and Development	-	1	1	0.5
TOTAL	107.5	87	194.5	100

E. REDEVELOPMENT OF THE SITE

The issues surrounding the alternative uses for the site will be considered as part of the implementation process to ensure that the value of the site to the State is maximised. It is not recommended that the existing accommodation and other amenities are used for any other groups of people, regardless of their need.

It is proposed that a representative committee be established to discuss the issues of site redevelopment and to consider the range of factors involved. It is suggested that representatives from Department of Health, Department of Lands, Q-Build, Department of Housing, Local Government and Planning and Department of Family Services and Aboriginal and Islander Affairs may serve as the basis for such a committee. Representatives from the Brisbane City Council and local community groups should also be considered for the committee.

A preliminary valuation of the site by Q-Build has estimated that it is valued at approximately \$2m. This valuation was based on the site being used for industrial purposes. A detailed valuation of the site will be completed if the proposal to close the Centre is approved by Cabinet.

SERVICE DELIVERY ISSUES

In considering the possible range of services and supports that may meet the needs of the people living at Basil Stafford Centre and taking into account the findings in the literature and information on other institutional reform activities, it is apparent that a number of issues will have a significant impact on the service types proposed in this plan. Discussion of these issues is detailed below.

A. CHANGE IN SERVICE DELIVERY

The relocation of people from Basil Stafford Centre will require a change in the manner in which services are currently provided to these people. It is proposed to move people from a large congregate care setting where up to six people are being cared for by one staff member to a combination of individual and small group living arrangements of up to four people. It is proposed that these services will be provided through a combination of government and non-government agencies and based on the individual needs and interests of the people in this group.

There are basic principles and objectives within the QDSA which support the rights of people with disabilities and these must be reflected in service provision. These include needs-based services, individual options, no agency to provide whole-of-life services and services which reflect the range of life experiences and activities valued by the general community. The implications of these principles is that services have to be provided in a different manner, be they government or non-government. It would be inappropriate for the Department to be providing or funding any new services that are not consistent with the principles and objectives of the QDSA.

The most critical issue is the recognition that institutions are unable to effectively meet the needs of individual people. The literature clearly states that allocating additional resources to improve the quality of service provision within an institution (i.e. increased staffing levels, increase in daily activities) will have limited impact because the negative effects of the institutional environment and culture will persist irrespective of the level of resources. The CJC Inquiry has highlighted the inappropriateness of an institutional model of care and the need for changes in the manner in which services are delivered.

While the institutional setting appears to offer some economic benefits and the ultimate fall-back position if community living is not successful, it is clear that the options for people with intellectual disabilities residing in these facilities are extremely limited, do not meet their individual needs and are therefore at odds with the legislative base for service provision within this State - the QDSA.

B. LEVEL OF SUPPORT REQUIRED BY THIS GROUP

The people who live at Basil Stafford Centre are generally people who, for a number of reasons, have not been able to be supported in the current model of service delivery used by the Division of Intellectual Disability Services (IDS) to provide residential support in houses in the community. This is because the one:five staff to client ratio that existing resources allow is not sufficient to meet their high and/or complex support needs. It is recognised that the lack of resources available within the service system has been the major factor preventing the needs of these people from being met outside of the institutional setting.

Proportion of group with high or special/complex support needs

All of the people (100%) living at Basil Stafford Centre have either high or special/complex support needs. This compares with 74% of the people living at Challinor Centre who have similar support needs. This means that all of the people require assistance with the majority of their daily living activities and as well nearly half of the population (44%) require additional specialised assistance because of severe seriously disruptive behaviours or medical or physical conditions.

The degree of intellectual disability and severity of seriously disruptive behaviours are the major reasons for the high and complex support needs of the group. As a result, people will need to live in individual or small group situations (maximum of four people) and some people will require two staff at peak times during the day to assist with the following:

- ◆ daily living activities such as eating, bathing, personal care, shopping;
- ◆ accessing community linking and/or vocational activities; and,
- ◆ providing specific interventions/supports for people with seriously disruptive behaviours.

It is anticipated that there will be a small number of people (up to six) who will need to live by themselves (i.e. in a one:one situation) because of the severity of their disruptive behaviours.

Seriously disruptive behaviours

The majority of people living at Basil Stafford Centre (70%) have developed one or more behaviours which results in the person requiring specialist assistance - these behaviours are referred to as seriously disruptive behaviours. About one third of this group (36 people) have seriously disruptive behaviours which are severe and complex in nature. In order to deal effectively with these complex behavioural issues, adequate staffing levels will be required and specific intervention will need to occur with each individual.

In recent years, there has been substantial research on the issue of seriously disruptive behaviours as it affects people with intellectual disabilities. This research has highlighted two factors which impact on the incidence of seriously disruptive behaviours:

- ◆ the number of people living in a single setting; and
- ◆ the staff to client ratio.

This means that the incidence of seriously disruptive behaviours will increase when the numbers of people living in one place increases and when the staff to client ratio becomes lower (e.g. one staff member to six clients). Conversely, it has been shown that seriously disruptive behaviours will reduce where small number of clients live in a particular setting and where staff to client ratios are lower (e.g. one staff member to two or three clients).

In other states and countries, a number of services have been set up to provide intervention and support to people who have seriously disruptive behaviours. Essentially these service types are based around a multi-disciplinary intervention team (involving a range of professional and other staff including psychologists, therapists and direct care staff) which provides specific and intensive input into the situation where the person is living. This system has the advantage of keeping the person in their familiar environment and can address any environmental issues which may be contributing to the development of the seriously disruptive behaviours. Such a model has both a preventative and intervention focus.

Length of institutionalisation

The majority of people in this group have experienced institutional living for lengthy periods of time (average of 15 to 20 years) and have had no experience of living in the community. The effects of living in a large scale setting have been well documented and include factors such as a lack of willingness to make decisions, lack of capacity to act independently, extreme dependence on carers and the development of a range of socially unacceptable behaviours.

Because of the low staff:client ratio (1:6) the extent to which people at the Centre have received individualised and personalised attention has been limited. Therefore, when these people move from the Centre to live in the community, there will be an initial requirement for substantial assistance in accessing community facilities and establishing linkages within the local community (families, friends, neighbours) as well as intensive support in the form of behaviour intervention and therapy services.

Age of the population

The people living at Basil Stafford Centre are young, with 90.5% of the population being under 40. This figure includes 17 children under the age of 18 years. In comparison, Challinor Centre has an ageing population with 55% of the people being over 50 years of age. The youthfulness of the population means that the

services/supports available will need to be flexible to meet people's changing needs, e.g. adolescence, children leaving school, middle age issues and ageing/frailty issues. The youthfulness factor is a major contributor to the high incidence of seriously disruptive behaviours amongst this population.

Because nearly half of the population are between the ages of 18 and 30, community linking and participation activities and access to vocational options are high priority areas of support for people. Providing vocational options for people with very high support needs is a very complex issue and has been largely ignored apart from the few demonstration projects that have been funded. These projects have indicated that it is very expensive to support people with high support needs in vocational options.

For this reason, it will be important to establish co-operative relationships with the Commonwealth Government in relation to the establishment of vocational options for this population and with the Education Department to facilitate the development of transition plans for the children as they leave school, enabling them to move onto appropriate vocational options.

Lack of family contact

Research into the effects of institutionalisation indicates that interaction with families diminishes rapidly the longer a person remains institutionalised. This finding is consistent with the situation at Basil Stafford Centre where the majority of people have been institutionalised for all their lives and only 37% of the population have frequent contact (monthly) with their family, 24% having occasional contact (3-6 monthly) and 39% having infrequent or no contact.

It will be important to include an emphasis on re-linking families in the development of the service types/supports. This is because research has indicated that encouraging family involvement is an effective safeguard for people with disabilities, particularly those who are vulnerable. Family/advocate involvement assists in ensuring services are focussed on the individual and of a high quality. Families also form an important part of the informal network of supports that a person needs.

C. THE LAST IDS INSTITUTION

Basil Stafford Centre is the only institution administered by IDS that has not been reformed. Sandgate Centre was closed in March 1994 and Challinor Centre is undergoing a reform process and will close in mid 1997. The issues that need to be considered in light of Basil Stafford Centre being the last IDS institution are:

- ◆ Institutions being used as a "fall-back" position (i.e. a safety net).

Institutions have been used as a last resort mechanism for people who have experienced difficulties in living in a community based setting. The presence of institutions has meant that community based responses to situations which result in re-institutionalisation (e.g. the need for emergency accommodation and the management of extremely disruptive behaviours) have not been developed.

- ◆ People who may require services from IDS in the future.

IDS provides services to people who have very high or special/complex support needs. This need level is often associated with the level of their intellectual disability or the severity of their seriously disruptive behaviours. In many instances IDS provides services to people that other agencies are unable to support.

A few services/agencies, both interstate and overseas, have established a number of community based strategies which can replace the institution in dealing with emergency or difficult situations. These emergency response strategies range from the informal (e.g. environmental manipulation) to the formal (e.g. structured behaviour intervention programs) and include the establishment of multi-disciplinary intervention and support teams, the use of discretionary funds to buy in additional supports and the establishment of community based emergency accommodation options.

The establishment of crisis response strategies is an important aspect of this plan and is a necessary element in the reform process to ensure that people's ongoing needs are met.

D. RESPITE SERVICES

There are currently six places at Basil Stafford Centre for respite services - five for adults and one for children. These places provide out-of-home facility based respite services for adults and children who are currently living at home with their families. The families who use this service value it very highly as it provides them with needed breaks from the constant caring for their relative.

As a part of the reform of Basil Stafford Centre, it is proposed that respite services be relocated to the community and that the services offered be a combination of facility based and family based respite services. The exact nature and form of the respite services needs to be developed in consultation with the families that use the service.

The reform of the respite services at the Centre is an important part of the overall reform process because the provision of these services is helping to maintain people

within the community and therefore preventing institutionalisation. It is anticipated that the reform of these services will result in the provision of respite services that are more responsive to consumer and family need.

E. ROLE OF GOVERNMENT AND NON-GOVERNMENT SERVICE PROVIDERS

Currently in Queensland, service provision for people with an intellectual disability who have high support needs is concentrated in the government sector with the Department of Family Services and Aboriginal and Islander Affairs (Division of Intellectual Disability Services) and Queensland Health being the major service providers. The service focus in these agencies is largely whole-of-life because of the lack of resources to adequately fund any community options for these people and the overall paucity of community based options. Information collected about the people living at Basil Stafford Centre indicates that not one adult is currently accessing any formal community based service options for community linking or vocational options.

It is very important that a range of appropriate agencies (i.e. the government and non-government sectors) and individuals is involved in the provision of services to people with high support needs. This is because it gives people with high support needs a choice, moves away from whole-of-life service provision and is a means of safeguarding service quality. This service mix (involvement of government and non-government agencies) is consistent with the principles and objectives of the QDSA.

Some existing non-government agencies have developed proposals which indicate that with appropriate levels of funding and support, they would be able to provide services for people with high support needs. The Institutional Reform Task Force, in developing the Challinor Centre Reform Plan, was of the opinion that the non-government sector, with the provision of appropriate funding levels and support, could provide services to people with very high support needs.

It is therefore envisaged that a range of possible service and support mixes exist which would meet the needs of people living at Basil Stafford Centre. In order for this to be effective, there will need to be close co-operation and co-ordination between government and non-government service providers, the development of a relationship between both sectors based on a clear understanding of roles and responsibilities in order to avoid inappropriate service provision, and the recognition of the importance of developing and enhancing the clients' informal support networks.

The service mix

It is envisaged that:

- ◆ Accommodation support and respite services will be provided by either IDS or a non-government agency;

- ◆ Specialist services and crisis response services will be provided by IDS initially and by a mixture of agencies in the future; and
- ◆ Community linking programs, vocational options, personal advocacy support and family/advocate support services will be provided by non-government agencies.
- ◆ In addition, informal supports arising from the personal networks of people will be an important component.

This service mix has some implications for the manner in which IDS delivers services. It is proposed that IDS will have an important role in providing a range of specialist services to people relocating from Basil Stafford Centre and also in making available its expertise in the area of supporting people with high support needs to other agencies, both government and non-government. These services will be provided as part of an overall "package" of services involving a number of agencies.

Co-ordination of services

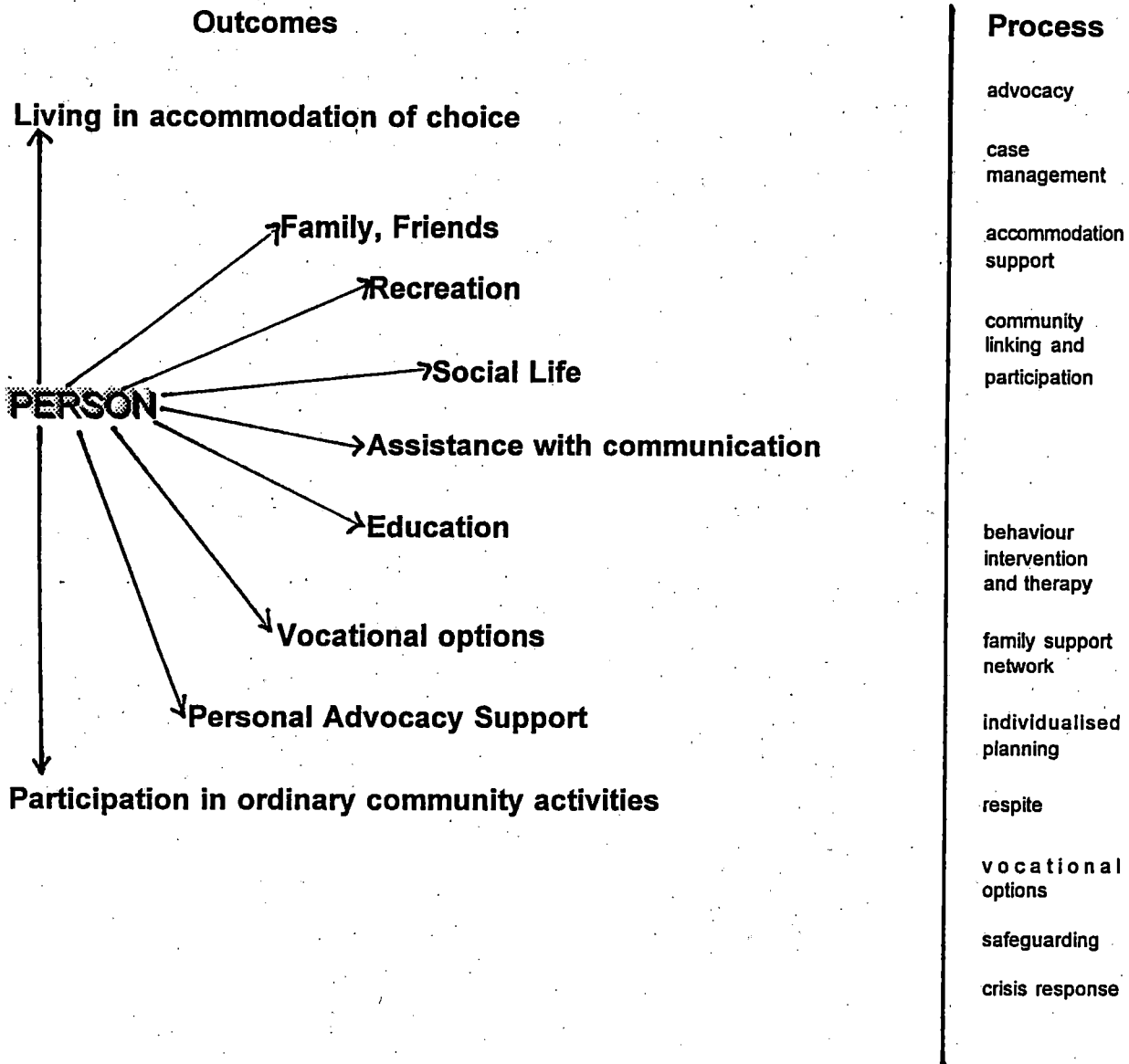
When people access a range of services from a number of different agencies, it has been demonstrated that there is a need for a co-ordination mechanism. Case management has been shown to be an effective mechanism for co-ordinating services when people are accessing a number of different agencies and for ensuring that people receive quality services that are appropriate to their individual needs.

It is proposed that IDS provide case management services for the people relocating from Basil Stafford Centre. The reasons for this are as follows:

- ◆ IDS currently has the expertise in working with people who have very high or special/complex support needs and is currently fulfilling a case management function for some of these people; and
- ◆ It will take time to develop the non-government sector's capacity to provide services to people with high support needs, both in terms of the number of services/agencies that are available and the expertise required to meet the needs of this population.

SERVICE SYSTEM PROPOSED

This plan proposes the establishment of a service system based on the principles and objectives of the QDSA. This system aims to meet a range of life needs for the people currently residing at Basil Stafford Centre and is cognisant of their individual needs and interests. The role of the institution in responding to crisis situations and supporting people with very disruptive behaviours has been accounted for through the development of specific service types and supports aimed at performing this role within a community based setting. This system comprises a range of service types and the following diagram represents the impact on the people at Basil Stafford Centre. An explanation of the service types begins on the next page.



Accommodation Support

The accommodation support model funded by this Department will be based on providing support to individuals to live in housing options with a maximum of four (but generally up to three) people living in one house. While the proposal is based on a maximum of four people sharing a house, a range of accommodation models will be used. Individuals may:

- ◆ return to live with their families;
- ◆ move into a boarding arrangement with a family;
- ◆ become Public Rental Housing tenants;
- ◆ be supported to live either by themselves or with one other person;
- ◆ purchase their own homes.

Public housing places will be purchased from the Department of Housing, Local Government and Planning for all residents of Basil Stafford Centre so that the project will not impact on the priorities for public housing around the State. In line with the Department of Housing, Local Government and Planning practices with respect to housing for people with disabilities, accommodation will be provided on the basis of:

- ◆ individualised housing solutions;
- ◆ the management of housing being separate from the management of support and other services;
- ◆ housing "places" being provided in ordinary housing in established communities; and
- ◆ direct tenancy or contractual agreements with residents or, if applicable, through the Public Trustee.

The support component will be provided by either non-government agencies or IDS. The decision about which service provider is involved will depend on the needs of the individual and the capacity of the provider/s to meet the particular needs.

Community Linking and Participation

This service option will focus on providing opportunities for people to gain access to and experience of a range of community activities and opportunities including recreation, leisure and non-vocational services. The types of opportunities accessed will be based on the person's interests and likes. This service will be provided by non-government agencies.

There are very few agencies providing community linking services for people with high support needs. This means that there will be an emphasis on both enhancing existing services and developing new services. This enhancement or development of services will occur in the areas to which people relocate and be based on the individual needs and interests of the people involved.

Personal Support Services

Personal Advocacy Support

This support service will be available to all residents of the Centre, particularly those who have no family, and will focus on empowering the residents to participate in planning and making decisions about their lives through mechanisms such as: assisting them to develop communication/assertion skills to enhance their capacity to make their wishes known; linking people to self advocacy or peer support groups; accessing an independent advocate; and the extensive preparation /training of staff regarding the rights of people with an intellectual disability.

Specialist Services

This is a range of services which will provide an individual response in managing disruptive behaviours, meeting specialist therapy needs, providing access to counselling and providing additional support with daily living skills and personal care. These services will assist people to adjust to a different style of accommodation and will allow managed and successful integration into the local community.

Two therapy and behaviour intervention teams will be established to provide specialist services to the people relocating from Basil Stafford Centre. The teams will have a state-wide function and therefore will be able to work with people at wherever they relocate within Queensland. Similar teams are being used throughout Australia and overseas, particularly to work with people who are leaving institutions and have seriously disruptive behaviours.

The teams will be multi-disciplinary in make-up (psychologists, speech-language pathologists, occupational therapists, social workers, support staff, etc) and will have responsibility for:

- ◆ assessing the individual's needs;
- ◆ designing and implementing intervention strategies aimed at maintaining the person in their community based accommodation; and,
- ◆ monitoring and evaluating the implementation of these strategies.

The teams will use an holistic approach, taking account of the environment/s in which the person is functioning and will consult with the person and/or significant people in their life, e.g. families, staff, carers. It will be important that the people directly working with the individual concerned implement the intervention strategies and that there is consistency across all environments in which the person functions. It will be the responsibility of the teams to provide any necessary support or additional training to each of the concerned parties.

It is anticipated that the majority of the team focus will be on people who have seriously disruptive behaviours and communication impairments. There will also be an initial focus on people with physical disabilities who need various aids, equipment

and devices to be purchased or installed in their new homes.

The teams will be part of the services provided by IDS as it presently has the expertise in providing specialist services to people who have intellectual disabilities and high support needs. The teams will be preventative in focus and will assist both government and non-government services to achieve some independence in managing a range of issues, particularly meeting the needs of people moving out of Basil Stafford Centre who have seriously disruptive behaviours.

Crisis Response Strategies

A range of strategies which can replace the institution in dealing with emergency or difficult situations will be put in place. The therapy and behaviour intervention teams are a vital part of the response strategies but it is recognised that there will be occasions where people will need additional services beyond what the teams can offer.

The response strategies range from the informal (e.g. environmental manipulation) to very formal (e.g. structured behaviour intervention programs). An important element will be the availability of discretionary funds within each region to purchase additional supports when these are required. As a last resort, there will be a community based house which provides short term emergency accommodation. This response strategy (i.e. providing time away from the person's usual accommodation option) will provide an opportunity for:

- ◆ a re-assessment of the person's needs;
- ◆ the identification of services/supports which will better meet their needs; and,
- ◆ additional input (e.g. training) to all the people who are working with or supporting the person.

It is expected that the therapy and behaviour intervention team, the person's case manager and family, friends, advocates, etc will be involved throughout this process.

Where necessary, in extreme circumstances, a person may require short term placement in a psychiatric facility.

Emergency situations, in the context of this service type, refer to circumstances where a person has seriously disruptive behaviours which at the particular point in time, cannot be managed within the current level of resources or within their current accommodation option. It will be necessary to demonstrate via appropriate documentation that a range of strategies have been implemented but have failed to address the particular needs of the person at this point in time and therefore extra resources in the form of discretionary funds or access to emergency accommodation is needed.

Respite Services

This service type involves the continued provision of respite services to people who are currently accessing these services at Basil Stafford Centre. The services will be community based and will offer a combination of family based and facility based respite. The facility based respite services will operate from an average size house providing respite to three people at any given time. This is very different to the current arrangements where people accessing respite services share with five other people some of whom are living permanently at the Centre.

The exact nature and form of the respite services will be developed in consultation with the individuals and families who use the service and it is anticipated that the reform process will result in the provision of respite services that are based on and responsive to consumer need.

Educational/Vocational Options

Educational options are currently being provided to the children who are living at the Centre, i.e. all the children are attending special schools. The children will continue to attend school once they move to the community and appropriate personnel from the Department of Education will be involved, along with families, in planning appropriate options to meet the children's needs.

Vocational options will provide the people relocating from Basil Stafford Centre with access to vocational training and vocational/work options. It is anticipated that the majority of people will want part-time work options and will still require access to community linking and participation services. The provision of vocational options is a Commonwealth Government responsibility and further discussions about the needs of the people at Basil Stafford Centre will be held with the Commonwealth Department of Human Services and Health.

This service type is important because of the youthfulness of the population (i.e. 90.5% under 40 years) and in providing people with choices that are available to others in the community of a similar age. The opportunity to access work options, as well as recreation/leisure activities will assist the person and their family, friends, advocates in conjunction with the case manager to make informed decisions about their future.

Family and Advocate Support

Family and advocate support is an important step in recognising the importance of families, friends and significant others in the lives of people with disabilities. This service type will provide various kinds of support services to enable families to be involved with the reform process. The support could range from:

- ◆ providing assistance in the form of funding or attendant care or child-minding so that family members are able to attend meetings or visit their relative;
- ◆ providing training/education/information sessions on institutional reform and the role of families and significant others in the process; and
- ◆ assisting in re-linking families with their relatives.

It is anticipated that this service would be independent of the government and have a role in monitoring the reform process. It would be advantageous for this service to function for a full year after the closure of the Centre to provide families with support for a period of time after their relative has relocated to the community. It is proposed that the Centre has a three year transition process, therefore this service would be funded for four years.

Case Management

Case management is a co-ordination mechanism and this service type will be necessary because people from Basil Stafford Centre will be accessing a range of services from a number of different agencies across the government and non-government sectors.

The case manager in consultation with the person, their family, friends, advocates, staff/carers, etc will ensure that people are receiving quality services that are appropriate to their individual needs. Each person will have a case manager and it is anticipated that each case manager will work with about 12 - 15 people. Case management services for the people relocating from Basil Stafford Centre will be provided by IDS.

Safeguarding

The development of safeguards will be important to ensure the development of appropriate community based services and supports that are based on and responsive to the individual needs and interests of people; the ongoing provision of quality services at the Centre during the transition period; and the involvement of all stakeholders in the decision-making and planning for the new services. An important element will be the development of monitoring systems that are external to the service provider, e.g. the development of personal advocacy services for the residents as well as the involvement of families in the monitoring of services.

The information on the following page gives a diagrammatic version of the service types and associated service mix.

SYSTEM OF FORMAL AND INFORMAL SERVICES AND SUPPORTS

Types:

Accommodation Support

Community Linking and Participation

Personal Support Services

Educational/Vocational Options

House

Support

Personal Advocacy Support

Specialist Services
(e.g. therapy, behaviour intervention, crisis response strategies, counselling)

Respite Services

Provided By:

DHLGP

IDS
or
Non-Govt

Non-Govt

Non-Govt
or
Private

IDS

IDS
or
Non-Govt

Ed. Dept

Non-Govt

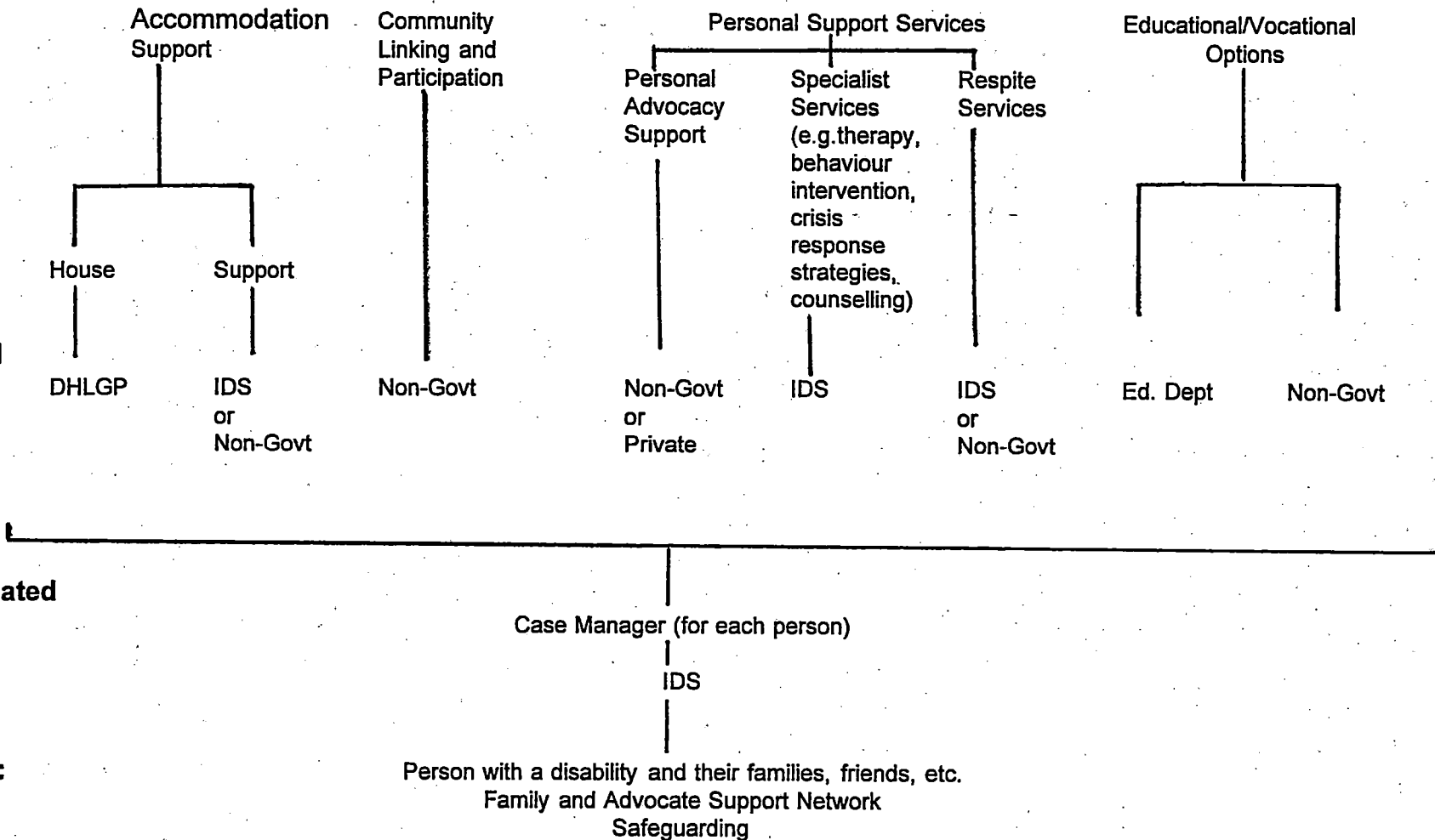
Co-ordinated By:

Case Manager (for each person)

IDS

Involves:

Person with a disability and their families, friends, etc.
Family and Advocate Support Network
Safeguarding



COSTINGS OF SERVICES

The range of costings used in this Plan reflect the estimated costs of providing alternative community based services and supports to people from Basil Stafford Centre, taking into account their particular support needs.

As noted previously, the term "support needs" refers to the level of support required by each person in a range of daily living activities. Therefore, a person with low support needs requires limited and irregular assistance, a person with moderate support needs requires regular support and a person with high support needs requires assistance with the majority of their daily living activities.

People with high support needs may include people with a severe intellectual disability, people with multiple disabilities or people who, because of their challenging behaviours, require additional assistance than would otherwise be indicated by the level of their intellectual disability. The grouping of people with special/complex support needs reflects the needs of a number of people in this group for assistance with the majority of their daily living activities, as well as additional specialist assistance because of seriously disruptive behaviours or medical conditions - including people who are very frail.

The proposed service model involves an integrated approach to meeting the needs of people with intellectual disabilities in a variety of settings with services operated by either the government or non-government sectors and with a recognition of the value of informal supports for personal networks. In general, it is proposed that services be provided by the non-government sector as much as possible and that the focus of service provision be on meeting the individual needs of the person. In this case, services will be provided as much as possible in a number of agency settings and involve both sectors.

The range of costs reflects the different ways in which services are costed in the government and non-government sectors and the variations in the level of flexibility of the sectors.

A. COMMUNITY SERVICES DEVELOPMENT FUNDING - THE NON-GOVERNMENT SECTOR

Services funded under the terms of the Queensland Disability Services Act 1992 are funded on the basis of a number of hours of support for each individual person with a disability receiving a service. The service types funded under the QDSA include two which are relevant to this Plan - Accommodation Support and Community Linking and Participation. The maximum levels of support provided in these service types are generally:

Service Type	Maximum Hours/Week	Cost/Hour	Maximum Cost/Week	Maximum Cost/Year
Accommodation Support	35	\$20	\$700	\$36,400
Community Linking and Participation	30	\$20	\$600	\$31,200

The costing of \$20.00 per hour is based on the current allocations for funding services (including an operating/administrative cost allocation) and on estimated costs of the soon-to-be-introduced Community Services Award which is expected to increase costs in the non-government sector.

Currently, the expertise to provide Specialist Services (i.e. therapy and behaviour intervention) to people with high support needs is not available in the non-government sector although it is envisaged that this expertise will develop over time. The provision of case management services will be the responsibility of the government sector although, again, it is expected that the capacity to provide these services may develop in the non-government sector over time.

It is proposed that additional support will be available to boost funding under the Accommodation Support service type where the needs of the person indicate that additional support will be required. In the case of the non-government sector providing support to people relocating from Basil Stafford Centre, it is proposed that this service will take the form of a sleepover allowance. This allowance will enable a non-government sector agency to employ staff at night who will sleep on the premises and be available if required without incurring the full cost of staff working during that time. The costs of this service type will be:

Service Type	Maximum Hours/Week	Cost/Hour	Maximum Cost/Week	Maximum Cost/Year
Accommodation Support	35	\$20	\$700	\$36,400
Community Linking and Participation	30	\$20	\$600	\$31,200
Sleepover Allocation	63	\$55 (per night)	\$385	\$20,020

Additionally, each person currently living at the Centre will require regular therapy services and/or access to behaviour intervention services.

The lack of existing non-government services indicates that substantial development of the non-government service sector will be required to provide the range and scope of services envisaged in the Basil Stafford Centre Plan.

B. INTELLECTUAL DISABILITY SERVICES (IDS) - GOVERNMENT SERVICES

Costings for IDS were based on a number of assumptions about the proposed service model -

- ◆ that the residential care staff:client ratio would be 1:4 at a maximum;
- ◆ that a range of peak hours/casual residential care staff would be available to assist in the accommodation option - an average of 5 hours/day;
- ◆ that a small number (a maximum of 6 individuals) of residents of Basil Stafford Centre will require intensive individually based support because of their substantial behavioural needs and difficulty of living with other people;
- ◆ that all the children and a small number of adults (a total number of 25 individuals) will be supported in family placements which will be better able to meet their individual support needs;
- ◆ that all residents would need access to behaviour intervention or therapy services - this service model is therefore costed at a per capita rate;
- ◆ that all community linking and participation services would be provided by non-government agencies funded through CSD; and
- ◆ that the costings include no allocation for resource and assessment services other than the behaviour intervention and therapy service and a small allocation for case management.

The following costs represent average costs for providing support on an IDS model:

Service Type	Cost per group of 3	Cost per Person
Accommodation Support + 5hrs/day casual	\$263,000	\$87,600
Case Management	-	\$3,800
Specialist Services	-	\$11,660

This table demonstrates the basic costs of IDS providing an enhanced accommodation support service to people currently living at Basil Stafford Centre. The enhancements to the existing IDS service are necessary to provide an adequate level of support to these people who are currently living in a large institution. Costings are on the basis of the average costs to the Department for residential care

staff of \$40,141 per year per staff member; and 5.5 residential care staff per house/group to provide 24 hour care and cover leave requirements. The existing administrative structure at the Centre will provide adequate support to staff deployed through this process.

The Specialist Services cost component comprises an amount of \$3,900 per person per year for therapy costs (3 hours/week @ \$25.00/hour) which is considered to be a reasonable average requirement for therapy (includes speech therapy, occupational therapy and physiotherapy) and an additional amount of \$7,760 per person for behaviour intervention. An allocation of some \$800 per person is also included in this cost to cover operating costs for therapy services including the provision of vehicles. The behaviour intervention cost reflects the actual cost of providing the two teams considered necessary to meet the needs of this group which are more extreme than for people residing at Challinor Centre.

C. RANGE OF COSTS

As the tables above demonstrate, there are significant differences in the costs of providing services to people with intellectual disabilities in the government and non-government sectors. These cost differences largely lie in the area of accommodation support and reflect differences in cost structures and the increased flexibility of the non-government sector in providing services targeted to individual needs.

However, in relation to the specific client group at Basil Stafford Centre, it is clear that all the residents of the Centre (particularly those being supported by IDS) will require 24 hour support with more than one staff member available for a significant portion of the day. The additional staff member will be required to assist with the personal care of these people, with helping them in other daily activities and to assist people get out and about in their community.

Currently, there are few non-government accommodation support services available to assist people with the high support needs of this group - largely because the levels of funding required have not previously been available. This service structure proposes that considerable work be undertaken in developing the community sector to provide the service options described with the additional funding being made available through the Basil Stafford Centre Plan.

A further issue with the range of costings is the number of hours of community linking and participation funding available to each individual. While the 30 hours per week mentioned above is the maximum number of hours funded each week, it is unlikely that any person will receive funding to that level while they also receive high levels of accommodation support funding. Additionally, as previously mentioned, many of the residents of the Centre are likely to be eligible to receive varying levels of vocational services through non-government agencies funded by the Commonwealth Government.

Therefore, some decisions have to be made, based on the limited knowledge of the residents of the Centre and on the amounts currently provided to other people with

disabilities, about the likely levels of funding provided to these people. It can be argued that people with disabilities require a range of assistance with community linking and participation funding depending on their level of support needs. It is generally considered that somewhere between 10 and 20 hours of community linking and participation funding each week should provide a reasonable level of support and assistance to most people with disabilities.

The following table provides a comparison of the two models of providing shared accommodation support with between 10 and 20 hours of community linking being funded.

Service Type	Non-Govt. Service Cost	Govt. Service Cost	Range of Costs
Accommodation Support	\$56,420	\$87,600	\$56,420 - \$87,600
Community Linking and Participation	\$10,400 - 20,800	-	\$10,400 - 20,800
Specialist Services and Case Management	-	\$16,300	\$16,300
Total Range of Costs	\$66,820 - \$77,220	\$103,900	\$83,120 - \$124,700

It should be noted that the above range of costings do not take account of the other support models being proposed for a number of people currently living at Basil Stafford Centre i.e. intensive support and individual support arrangements. The average costs for these support models are respectively approximately \$200,000 per person and \$62,500 per person and clearly will impact on the overall average cost of \$95,200 as indicated on the table on page 44.

Given that all residents of the Centre will need access to all of the service types (including accommodation support, community linking and participation and specialist services), a decision about the level of funding that would, on average, be able to provide a reasonable (not optimal or ideal) service needed to be made. Taking account of this and based on a very general assessment of people's needs, it was considered that some 55 residents of the Centre (about 45%) would be provided with accommodation support by non-government agencies and the remaining 55% be provided with accommodation support by IDS or through individual arrangements.

All residents would be provided with the average costs of specialist services (i.e. therapy and behaviour intervention) as indicated above and would receive an average allocation of about 15 hours of community linking and participation. These costings also include the specific costs of providing intensive support to 6 people, individual support arrangements to 25 people and the provision of alternative options for respite care. The costings are as follows:

Service Type	Non-Govt Provider	Govt Provider	Total Costs
Accommodation Support	\$2,340,000 (for 45% of clients)	\$5,340,000 (for 55% of clients)	\$7,680,000
Community Linking and Participation	\$1,360,000	\$740,000	\$2,100,000
Specialist Services and Case Management	\$895,000	\$935,000	\$1,830,000
Total Costs	\$4,595,000	\$7,015,000	\$11,610,000
Per Capita Costs	\$83,500	\$104,700	\$95,200

It must be noted that these costs are average costs and represent an exercise in attempting to estimate the likely scope of costings associated with this exercise. It is considered that this service mix costed above will not necessarily represent the actual service options available to people currently living at Basil Stafford Centre but that it represents a basis for considering the likely costs of the exercise.

The service options provided to each individual will be based on the same principles but will not be precisely identified until a detailed individual needs analysis process is completed. The total figure of \$11,610,000 will represent the maximum amount that will be allocated to this group of people.

Several other specific areas of cost for the government sector will also need to be included in the overall costings although some of these costs are not reflected in the above costings. These include:

Respite Care - it will be necessary to provide some alternatives for the current 6 respite care beds at the Centre. It is proposed that 3 of the beds will be allocated to an alternative facility-based respite arrangement in a community based setting and that the equivalent of the other 3 beds will be utilised for a flexible arrangement of in-home respite care provision. This proposal has been costed on this basis and these costs are include in the costings above.

Crisis Response Strategies - as noted previously, there will be a need for alternative strategies to replace the role of the institution in responding to crisis situations and supporting people with very disruptive behaviours. With the closure of Basil Stafford Centre, there will be limited options for the traditional IDS response to these situations which have been based largely on the relocation of the person to one of the larger institutional settings. It is proposed to establish a range of support and intervention strategies of varying levels of intensity from which an appropriate response can be selected for any particular situation. The responses will range from the informal, local responses in the person's living environment, to the more structured intervention of the Behaviour Intervention Team in the person's home, to the eventual capacity to relocate the person in temporary emergency accommodation to allow a "cooling down" period and specific intervention to

be provided outside of the person's home. Where necessary, in extreme circumstances when a person's behaviour is such that they require a secure environment, it will be necessary to refer them to Mental Health Services. The costings for these responses have not been included in the costings above but are included in the options tables in the following section.

Family and Advocate Support - this service is proposed in order to respond to the particular circumstances at Basil Stafford Centre where the majority of residents are younger people (under 40 years of age) and where over a third of people have irregular or no contact with their families. The focus of this service will be on the re-linking of families and the empowering of families to participate actively in the reform process. This involvement will serve as a form of safeguard and accountability for the process to assure positive outcomes for the residents.

OPTIONS FOR THE REFORM

Three possible options for the reform of Basil Stafford Centre have been examined - total relocation of residents over three years, partial relocation of the residents over two years and no relocation with service enhancement. Some initial work has been done on the likely costings associated with these options. These options are described in more detail below.

A. OPTION 1 - TOTAL RELOCATION OF RESIDENTS OVER THREE YEARS

This option involves the relocation of all 122 residents of the Centre over a 3 year period to alternative community based support options. Allowance has been made in the costings for the provision of improved quality of care at the Centre during the transition phase in the form of 10 hours of activities per week for each resident remaining at the Centre. It is proposed that the alternative services will be provided by a mix of government and non-government service providers with the majority of people relocating to the greater Brisbane area.

The 6 respite beds would be relocated to the community and provided as a mixture of facility based respite care and in-home respite care. It is proposed to provide a strategy to meet the needs of people with seriously disruptive behaviours who currently live at Basil Stafford Centre and to meet the needs of people who would have used Basil Stafford Centre under emergency conditions in the future. As the major reason for admission to Basil Stafford Centre in recent years has related to the Division being unable to adequately support people with seriously disruptive behaviours, the strategy proposed focuses on this area with the provision of short term accommodation, funding of intensive support arrangements for several people each year and the provision of funds to allow regions to respond more flexibly to meet emergency or crisis needs.

Costings are also included for a support network to empower families to participate actively in the reform process and a quality assurance strategy to ensure positive outcomes for residents. It is assumed that up to 50 staff (primarily maintenance staff) will become redundant as a result of this process and these costs have been included.

The details of this option are costed in the Table on page 48.

Advantages

The main advantage of this option will be that all residents of Basil Stafford Centre are relocated to more appropriate accommodation options which will better meet their individual needs for support. This option will allow total closure of the Centre over this period of time and avoid the necessity of major capital or maintenance

expenditure on the site. There will not be the problems of the State having to provide the costs to maintain an inappropriate institutional setting or to meet the costs of both an institutional setting and community based options for some of the residents of Basil Stafford Centre.

This option is probably best able to be utilised as a response to the likely criticisms to be raised by the CJC Inquiry in that the Centre will be totally closed. Unlike the other options, there can be no doubt about the intentions of government in regard to its responsibilities of providing adequate services to residents of the Centre and to safeguarding their rights and interests. With the Centre closed, the concerns about the operations and management of the issues raised in the Inquiry will require little further response.

An additional advantage is that the three (3) year implementation timeframe provides a reasonable period for the planning and development of suitable community based options for people and will allow a more suitable time period for community services development. The 3 year process may assist in resolving some of the issues relating to the effective management of staff redeployment/redundancy issues during the implementation process.

Disadvantages

The primary disadvantage of this option is that the costs of providing alternative service options are reasonably high with a requirement for the provision of an additional \$4.2 million in recurrent terms. However, this cost is less than the cost of the partial relocation of residents (requiring some \$4.9 million) and has the advantage of completing the process.

Summary

On the basis of the management of the implementation process for the relocation of people living at Basil Stafford Centre and the cost implications for the state, this option is recommended.

COST OF OPTION 1.

Option 1. RELOCATION OF ALL RESIDENTS OVER 3 YEARS					
	1994/95	1995/96	1996/97	1997/98	Ongoing costs
Basil Stafford Centre Budget	\$8,600,000	\$8,600,000	\$6,800,000	\$5,000,000	\$0
Maintenance Costs (a)	\$50,000	\$50,000	\$50,000	\$50,000	\$0
Capital Costs (b)	\$0	\$0	\$0	\$0	\$0
Improved Quality of Care Costs (c)	\$0	\$1,294,000	\$888,000	\$325,000	\$0
Service Development Costs (d)	\$0	\$912,000	\$4,125,000	\$8,782,000	\$11,614,000
Implementation Costs (e)	\$0	\$450,000	\$450,000	\$450,000	\$0
Redundancy/Redeployment Costs (f)	\$0	\$128,000	\$357,000	\$560,000	\$0
Crisis Response Strategy (g)	\$0	\$1,480,000	\$880,000	\$1,250,000	\$1,250,000
Public Housing (h)	\$0	\$1,380,000	\$2,208,000	\$2,815,000	\$0
TOTAL COST TO STATE	\$8,650,000	\$14,294,000	\$15,758,000	\$19,232,000	\$12,864,000
ADDITIONAL COST	\$0	\$5,644,000	\$7,108,000	\$10,582,000	\$4,214,000
Value of Site for Redevelopment (i)	\$0	\$0	\$0	\$2,000,000	\$0

Notes

- (a) These are the costs of maintaining the Centre which are currently met by Dept. of Administrative Services.
- (b) There will be no capital costs associated with this model.
- (c) These costs would be associated with the development of institutional services to a basic reasonable quality of residential service through the provision of 10 hours of activities per week for each resident.
- (d) These are the costs of developing new community based service options for the 122 people leaving the Centre including supported accommodation, community linking and participation services and specialist behaviour intervention and therapy services.
- (e) These are the costs of implementation of the plan to relocate all residents of the Centre.
- (f) These costs assume that some 6 staff, 16 staff and 25 staff (a total of 47) will be made redundant in each year respectively.
- (g) These are the costs associated with providing an alternative community based service response to meet the needs of people with seriously disruptive behaviours who require short term accommodation options and previously would have accessed the Centre. Details are shown in Attachment 9.
- (h) This is the cost of providing housing places (at \$55,200 per person) for 116 people leaving the Centre - 6 of the 122 places leaving the Centre are respite beds and will not require public housing.
- (i) This is the estimated value of the site that could be released for redevelopment purposes following the relocation of all residents.

B. OPTION 2 - PARTIAL RELOCATION OF RESIDENTS

This option is based on the assumption that 43 of the existing residents of Basil Stafford Centre will be relocated and that the remainder of the residents (79) will continue to live at the Centre. This proposal is costed on the basis of all 17 children who currently live at the Centre being relocated, the six respite care places being relocated and the older residential buildings being vacated. This would result in the Centre comprising the 4 villa complexes (16 houses) with a maximum of 5 people living in each house and the administration of the Centre being relocated to an area closer to the villas (it may be possible to refurbish the existing Banksia residential to become an office building). The older buildings on top of the hill (which are currently used for an administration area) would be available for reuse or disposal.

The people relocating from the Centre would be provided with community based support services similar to those being proposed in Option 1. The 6 respite places would be relocated to the community and provided as a mixture of facility based respite care and in-home respite care.

The people continuing to live in the Centre would be provided with an improved quality of care as detailed in Option 3 (includes peak hour/casual cover and an average of 10 hours per week per resident of activities).

The details of this option are costed in the Table on page 51.

Advantages

On the face of the proposal, the primary advantage would appear to be that there will be some cost benefits to not closing Basil Stafford Centre entirely and to maintaining a congregate care setting where some economies of scale apply to the operation of the service. However, the costings in the Table show that this is not the case as it is assumed that there will be a need to improve the standard of services currently provided at the Centre.

This option may also be seen as a partial response to some of the likely criticisms of the CJC Inquiry in that the children are being relocated, the older residential areas are being closed and the staff:client ratios are being improved.

Disadvantages

The primary disadvantages of this option relate to quality of life issues for the residents and the costs of the option. Determining which people are to remain at Basil Stafford Centre is an issue that will be difficult to resolve. While some of these decisions can be made as part of the individual needs analysis, it could be argued that no one would have their needs best served by remaining at the Centre.

The costs for this option indicate that it is a relatively expensive option. The costings in the Table make some allowance for a basic improvement in the services to

residents at Basil Stafford Centre but this is an expensive option because it proposes maintaining two different service models for at least several years.

There would still be a requirement to invest capital costs in the refurbishment of the Centre even though it is likely that the Centre would close at some point in the future (possibly within ten years). Within the constraints of the existing physical infrastructure at the Centre, it will be difficult to improve service standards to reasonable levels even if the Centre retracts in size to just the villa houses. There will continue to be enormous pressure on government to relocate all residents to alternative community based service options.

Summary

While this option has some attractions as a compromise solution to the issues facing the Department, the cost factors make the proposal less attractive (ie, it ends up being not much less expensive than the option of total closure).

This is not a viable option and is not recommended.

COST OF OPTION 2.

Option 2. RELOCATION OF 43 RESIDENTS (all the children, respite places and vacate older residential areas over 2 years)					
	1994/95	1995/96	1996/97	1997/98	Ongoing costs
Basil Stafford Centre Budget	\$8,600,000	\$8,600,000	\$8,015,000	\$7,001,000	\$7,001,000
Maintenance Costs (a)	\$50,000	\$50,000	\$50,000	\$50,000	\$50,000
Capital Costs (b)	\$0	\$0	\$500,000	\$100,000	\$100,000
Improved Quality of Care Costs (c)	\$0	\$1,225,000	\$1,843,000	\$1,843,000	\$1,843,000
Service Development Costs (d)	\$0	\$714,000	\$2,570,000	\$3,713,000	\$3,713,000
Implementation Costs (e)	\$0	\$150,000	\$150,000	\$0	\$0
Crisis Response Strategy (f)	\$0	\$413,000	\$455,000	\$825,000	\$825,000
Public Housing (g)	\$0	\$828,000	\$1,214,000	\$0	\$0
TOTAL COST TO STATE	\$8,650,000	\$11,980,000	\$14,797,000	\$13,532,000	\$13,532,000
ADDITIONAL COST	\$0	\$3,330,000	\$6,147,000	\$4,882,000	\$4,882,000
Value of Site for Redevelopment (h)	\$0	\$0	\$500,000	\$0	\$0

Notes

- (a) These are the costs of maintaining the Centre which are currently met by Dept. of Administrative Services.
- (b) There is no current major Capital Works Plan for Basil Stafford Centre. In the event of a partial relocation of residents occurring, it would be necessary to plan major capital expenditure within four or five years to replace and refurbish ageing facilities and upgrade the villa houses. Costs in the order of \$.5 million initially and \$.1 million per year (to a cost of \$1.5 million), at current value, can be expected.
- (c) These costs would be associated with the development of institutional services to a basic reasonable quality of residential service through the provision of 6 hours of peak hours/casual staffing each day and 10 hours of activities per week for each resident.
- (d) These are the costs of developing new community based service options for the 43 places leaving the Centre including supported accommodation, community linking and participation services and specialist behaviour intervention and therapy services.
- (e) These are the costs of implementation of the plan to relocate some residents of the Centre.
- (f) These are the costs associated with providing an alternative community based service response to meet the needs of people with seriously disruptive behaviours who require short term accommodation options and previously would have accessed the Centre.
- (g) This is the cost of providing housing places (at \$55,200 per person) for 37 people leaving the Centre - 6 of the 43 places leaving the Centre are respite places and will not require public housing.
- (h) This is the estimated value of the site that could be released for redevelopment purposes following the relocation of some residents.

C. OPTION 3 - NO RELOCATION OF RESIDENTS AND SERVICE ENHANCEMENT

This option proposes that no residents be relocated from the Centre and is made on the basis that it will be necessary to provide for some minimal improvements in the quality of care to residents of the Centre. The proposal costs include an allocation to provide peak hour/casual staff cover for an average of 6 hours per day for each module and an additional 10 hours of activities per week for each resident. An allocation is also included for the refurbishment of the newer villa houses and the replacement of the older buildings on the site. Costings are also included to provide for quality assurance strategies which will be required to respond to the likely criticisms of the CJC Inquiry. These strategies are based on the implementation of service standards and the provision of an external monitoring body to maintain a level of service accountability at the Centre. The details of this option are costed in the Table on page 54.

Advantages

The advantages of this option are that there would be no immediate additional cost to the State in providing services to this group of people. There may also be advantages in not threatening the employment of the people who work at Basil Stafford Centre. There will be some limited capacity to respond to likely criticisms of the CJC Inquiry.

Disadvantages

The primary disadvantage is that the CJC Inquiry is likely to recommend substantial reform of the operation and management of the Centre and substantial cost would be required to meet this recommendation. It is unlikely that the various advocacy groups which have been monitoring the progress of the Inquiry would allow the department to go unchallenged if no changes were to be made at the Centre.

While this is in itself not necessarily a problem, it must be recognised that, at some point, the State will be required to take some action to improve or restructure the services provided to people with intellectual disabilities at Basil Stafford Centre. In this context, the Queensland Government Draft Policy Statement and Planning Framework for Institutional Reform places Basil Stafford Centre as a priority for reform - possibly within five years.

A further disadvantage is that the State will be left with a large residential institution which will require substantial maintenance and potentially require substantial capital commitment at some point in the future. While there has been no specific planning of capital investment at this point in time, it could be expected that the remaining buildings utilised on the site will require significant upgrading within a five year period. This would include major refurbishing of the villa houses (which are now approaching 20 years of age) and of the other residential areas of the Centre.

An additional disadvantage is that there will have been no upgrading of services to the people living at Basil Stafford Centre and there is likely to be substantial pressure at some time to provide services in a more individualised manner and in a less restrictive setting. Such an upgrading of services is likely to require the commitment of a large amount of funds over a number of years. Residents will continue to have limited opportunities to access individualised services and community options while they remain at the Centre which is physically isolated from mainstream community services.

Summary

While there may appear to be minimal immediate increases in costs in not proceeding with a relocation exercise at Basil Stafford Centre, it is clear that there will be additional funding implications for the State at a future time. Not only will there be the standard maintenance costs associated with the Centre but there will also be the future capital costs of maintaining the Centre at a reasonable standard. There will also be increasing pressure on the Government over coming years to improve the service structure and the standard of services to residents. The full burden of these costs will need to be borne by the State Government.

For these reasons, this option is not recommended.

COST OF OPTION 3 - NO RELOCATION OF RESIDENTS AND SERVICE ENHANCEMENT.

Option 3. NO RELOCATION OF RESIDENTS AND SERVICE ENHANCEMENT					
	1994/95	1995/96	1996/97	1997/98	Ongoing Costs
Basil Stafford Centre Budget	\$8,600,000	\$8,600,000	\$8,600,000	\$8,600,000	\$8,600,000
Maintenance costs (a)	\$50,000	\$50,000	\$50,000	\$50,000	\$50,000
Capital costs (b)	\$0	\$0	\$3,000,000	\$300,000	\$300,000
Improved Quality of Care Costs (c)	\$0	\$2,508,000	\$2,508,000	\$2,508,000	\$2,508,000
<u>TOTAL COST TO STATE</u>	\$8,650,000	\$11,158,000	\$14,158,000	\$11,458,000	\$11,458,000
<u>ADDITIONAL COST</u>	\$0	\$2,508,000	\$5,508,000	\$2,808,000	\$2,808,000
Value of Site in Housing	\$0	\$0	\$0	\$0	\$0

Notes

- (a) These are the costs of maintaining the Centre which are currently met by Dept. of Administrative Services.
- (b) There is no current major Capital Works Plan for Basil Stafford Centre. In the event of relocation of residents not occurring, it would be necessary to plan major capital expenditure within four or five years to replace and refurbish ageing facilities and upgrade the villa houses. Costs in the order of \$3 million initially and \$.3 million per year (to an estimated total of some \$5 million), at current value, can be expected.
- (c) These costs would be associated with the development of institutional services to a basic reasonable quality of residential service through the provision of 6 hours of peak hours cover per module per day and provision of 10 hours activities per person per week.

IMPLEMENTATION

A. TIMEFRAME

It is proposed that all residents of Basil Stafford Centre relocate to community based accommodation options over a three year period commencing in the 1995/96 financial year. A three year transition period is needed because of the high, special and/or complex support needs of the people living at the Centre. This timeframe will allow sufficient time to adequately assess people's needs, plan and develop the appropriate service options for people particularly in the non-government sector and establish the additional service types required to replace the institution.

A detailed timeline for the implementation of the Basil Stafford Centre reform plan will be prepared upon approval of the proposal. It is proposed that a team be formed to undertake the detailed work of the implementation phase.

The implementation phase will include parallel processes of completing individual needs assessments, relocating people to the community and community infrastructure planning. It will also include consideration of industrial/staffing issues, financial issues, communication strategies, safeguards and the development of an evaluation plan. Each of these elements is outlined in more detail below.

B. INDIVIDUAL NEEDS ASSESSMENT

One of the most important and complex parts of implementing the reform plan will be the process of assessing the individual needs of each person living at the Centre and the planning of appropriate service options for each person based on this assessment. Therefore, the individual needs assessment will be a formal process which identifies:

- ◆ a desirable future for the person;
- ◆ the current needs and interests of the person; and
- ◆ the supports or services which are required, in the short-term to ensure the person's needs are met and in the long-term to facilitate the achievement of the person's future goals.

A number of assessment strategies will be utilised in this process, taking account of factors such as the skills of each person, individual housing solutions for the person, the needs of each person for assistance and support and the personal networks of the person. The assessment will also provide for culturally appropriate responses and take account of the age of the person as well as the needs of people who choose to return to their community of origin which may be in a rural and/or remote area.

The success of the assessment process in identifying a person's needs is dependent on the involvement of all relevant people - the person, their family, friends, advocates,

staff/carers and any other significant other people. This process and the people involved in it, is not a once-off occurrence. The individual plan that is developed as a result of the assessment process is regularly reviewed so that changes in the person's needs can be identified quickly and the necessary alterations made in the services/supports they are accessing.

Due to the importance and complexity of the individual needs assessment process, it will be necessary for people on the implementation team to have well developed skills in assessing the individual needs of the people who have very high/complex support needs.

C. COMMUNITY INFRASTRUCTURE PLANNING

The community infrastructure planning element of the reform process will address:

- ◆ the identification and analysis of available resources and community support services in communities of choice;
- ◆ the development of new services, both formal and informal; and
- ◆ the identification of resources for new and existing services.

Community infrastructure planning for the reform of Basil Stafford Centre needs to be considered on both a macro or whole-of-government level as well as a micro or centre specific level.

Whole-of Government

It is recognised that institutional reform has the potential to impact in a number of ways on the costs of government and non-government services.

Some of these costs might relate to specific services such as housing, transport, health services, educational services and recreation which may be accessed directly by people with intellectual disabilities leaving Basil Stafford Centre. They may also relate to some more generic services which may be impacted over time, for example, emergency services.

In the development of the Basil Stafford Centre reform plan, a number of these broader costs to government have been considered and allowances made where it is possible to estimate costs.

Basil Stafford Centre

Over three-quarters (78%) of the people living at Basil Stafford Centre originated from South East Queensland. It is anticipated that these people will remain in this area and that some people may relocate to other areas of the state.

A number of factors need to be considered during the implementation phase in

relation to community infrastructure planning and these are irrespective of whether services are provided by the government or non-government sector.

- ◆ The level of community development work required to develop services, particularly as a number of institutional reform activities will be occurring concurrently.
- ◆ The demand on existing government and non-government services.
- ◆ The community's awareness of institutional reform and acceptance of people with intellectual disability relocating to the community.
- ◆ The establishment costs of new services.
- ◆ The lead-up time required to establish support services, both government and non-government.
- ◆ The lack of existing appropriate services for people with high or complex support needs in both the metropolitan and rural and remote areas.
- ◆ The varying levels of support required by the people relocating from Basil Stafford Centre, for example meeting people's social, behavioural and medical needs.
- ◆ The need to develop service options which will meet the needs of people who may have used Basil Stafford Centre in the future.

There are number of existing systems which will assist in addressing these issues:

- ◆ The location of regional staff of the Division of Community Services Development (CSD) throughout the state who provide a regional and local point of contact between the government and the community.
- ◆ The availability of regional staff of IDS throughout the state who provide direct and case management services to people with intellectual disabilities who have similar needs to the people currently living at Basil Stafford Centre.
- ◆ There are a number of existing projects and services both within Australia and overseas which provide localised and responsive service types, for example, local area co-ordination services in Western Australia, the Commonwealth Government community options program and a number of services in British Columbia, Canada.

- ◆ Encouraging the local government sector and non-government community based organisations (or generic services) to sponsor or facilitate the establishment of support services because these organisations have the administrative infrastructure to provide services that are locally-based and responsive.

D. INDUSTRIAL/STAFFING ISSUES

The industrial workplace elements in the reform process will be considered and consultations with the staff and industrial unions involved (primarily the Australian Workers Union and the State Public Service Federation of Queensland) will be held. The issues addressed would include negotiating staff futures; retraining and assessing options for staff in community based services; maintaining adequate staffing levels during the reform process; and recruiting and training additional staff for community based services.

The priority for the new service system will be to provide the best possible service to the people relocating from Basil Stafford Centre. The costings exercise associated with the development of this plan has taken into consideration the necessary staffing levels to ensure quality service provision to people during and on completion of the reform process. This focus on quality community based services will mean that there will need to be a greater emphasis on training staff working in either government or non-government agencies.

There will also need to be a focus on retraining the staff who are already employed at Basil Stafford Centre. The need for retraining has been highlighted by findings in the relevant literature and in recent reports (e.g. Commissioner Burdekin's report on mental illness). These findings emphasise very strongly that staff in institutional settings do not have the necessary skills to provide services in community based settings and if they are to do so successfully, they need retraining.

It is likely that a number of the existing staff at the Centre will no longer be employed in the proposed service structure either because their position will no longer be required (e.g. maintenance staff) or because services will be provided in another location or by another service provider. While the precise details of redundancies are difficult to specify, it is expected that up to 50 staff currently working at the Centre may become redundant during the process. The majority of these staff will be the support staff. Any redundancy/redeployment process will be consistent with the relevant industrial agreements and with public sector guidelines on redundancy.

E. FINANCIAL CONSIDERATIONS

It is envisaged that this plan will be implemented over a three year period and result in all people living at the Centre being relocated to community based accommodation options. This transition period will require the operation of two service systems (Basil Stafford Centre and the new service system in the community). These two systems will operate concurrently for at least two and a half years. Funding will be required to both continue the operation of Basil Stafford Centre as well as providing the additional one-off transition funding which will enable the two systems to operate concurrently. (See page 48 for further details).

An additional cost during this period will be the implementation team, which will operate for the full period of the project. This team will undertake the detailed needs assessment for each person, facilitate the development of the new community based services and assist in the relocation of people to the community.

When the Centre is vacant, all the fixed costs that are committed to its operation will be available to be invested in the operation of the new service system. The contribution of these costs has been included in the costings for the alternative service structure and will provide approximately 67 % of the costs of operating this new system.

It is considered that the three year period is an optimal timeframe, both for the planned relocation of the people and for the gradual winding down of Basil Stafford Centre. This is because it allows:

- ◆ careful planning to be undertaken;
- ◆ reasonable care to be taken to successfully relocate people; and,
- ◆ the development of a full range of community support services for the people being relocated.

A two year transition period will not allow as much time for detailed planning to occur or for the development of a range of appropriate support services and this lack of time may jeopardise the success of the implementation process.

F. COMMUNICATION STRATEGY

A detailed communication strategy, similar to the strategy used for the Challinor Centre Reform Plan, will be prepared upon approval of this project. This strategy will take into account issues such as the CJC Inquiry, the amount of publicity that Basil Stafford Centre has been subjected to during the Inquiry and the fact that this Centre is the last IDS institution.

The objectives for the communication strategy are as follows:

- ◆ to provide clear information about the Government's decision about the institutional reform of Basil Stafford Centre;
- ◆ to target particular groups and individuals with information to ensure their awareness of the reform process; and
- ◆ to encourage the participation of particular groups and individuals in the reform process.

The target groups for the communication strategy will be as follows:

- ◆ the people residing at Basil Stafford Centre;
- ◆ the families, friends and advocates of the people residing at the Centre;
- ◆ staff of the Centre, IDS and CSD regional and central offices, other departmental staff and unions as appropriate;
- ◆ the broader range of interest groups involved either in service provision to people with disabilities or as consumers or representatives of consumers;
- ◆ the broad community (i.e. communities of choice/origin); and
- ◆ other government departments and agencies.

It should be noted that there will be different target groups at different points in the process. This list is an overall list of the groups but the strategy will target specific groups at certain times for particular purposes.

The following issues need to be considered in the development of the communication strategy:

- ◆ Nearly all the people residing at Basil Stafford Centre (i.e. 97%) have severe communication impairments and will need specialised assistance to participate in a consultation process;
- ◆ A number of the people residing at the Centre (39%) do not have regular contact with families or other people outside of the Centre;
- ◆ The decision about the reform of the Basil Stafford Centre will be made by the government and occur after a long period of investigation by the CJC and negative publicity. The communication strategy will be about informing people of the decision and then facilitating their involvement in the implementation phase. This would be through involvement in the individual needs assessment, the establishment of a reference/advisory group and the family support group, through regular updates, etc.;
- ◆ A number of families may strongly oppose the proposal to reform the Centre;

- ◆ the need for a media management plan, particularly in light of the CJC Inquiry and the timing of this announcement in relation to the release of the CJC Report; and
- ◆ The need to address staff and industrial issues such as redeployment and retraining.

G. SAFEGUARDS

The development of safeguards will be important to ensure the provision of appropriate community based services and supports that are based on and responsive to the individual needs of people; the ongoing provision of quality services at the Centre during the transition period; and the involvement of stakeholders in the decision-making and planning for new services.

A quality assurance system aimed at protecting the rights and quality of life of people with disabilities accessing services from both the government and non-government sector will be implemented. The implementation of such a system is consistent with the QDSA. This system will also seek to address some of the issues raised in the CJC Inquiry.

The core element of a quality assurance system is a set of service standards. IDS has already developed a set of service standards which are consistent with the National Disability Service Standards and Principles of Monitoring adopted by the Department of Family Services and Aboriginal and Islander Affairs in 1993.

Another important element will be the development of monitoring systems that are external to the service provider. The establishment of the family and advocate support network will be crucial to this, in that it will actively encourage families to be involved with their relative and will assist in monitoring the quality of services that are provided both in the new service system and at the Centre during the transition period.

H. EVALUATION

It is proposed that the implementation of the Basil Stafford Centre reform plan be evaluated. A detailed evaluation proposal will be developed and will include the following aspects:

- ◆ an evaluation of quality of life of former residents once they have left Basil Stafford Centre and are accessing community based services/supports.

- ◆ an evaluation of the long term costs to compare the cost differentials between the institutional services and the community based options, particularly in the area of intensive support options.
- ◆ an evaluation of the effectiveness of the family and advocate support network in re-establishing family links and in the monitoring of service provision.
- ◆ an evaluation of the emergency response strategies as a means of replacing the institution as a method of service provision and meeting the needs of people with seriously disruptive behaviours.

It is suggested that a mix of internal and external evaluators be used to assess different aspects of the project. There are obvious benefits in involving external evaluators as there is a public perception of greater accountability and the capacity to make the results of the evaluation more widely available.

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ATTACHMENT 11

Draft Media Release

Minister for Family Services and Aboriginal and Islander Affairs

Date:

Government Announces Closure of the Basil Stafford Centre

The Basil Stafford Centre at Wacol will close.

Minister for Family Services and Aboriginal and Islander Affairs Anne Warner announced the decision after today's Cabinet meeting in Brisbane.

Ms Warner said the 122 people with an intellectual disability who live at the Centre will move to alternative community based accommodation by 1998.

The decision to close Basil Stafford Centre is part of the Government's broader agenda on institutional reform outlined in the draft Policy Statement and draft Planning Framework for Institutional Reform which was also endorsed by State Cabinet today.

The Government also announced the introduction of a number of other measures to improve the quality of services provided for people now living at the Centre.

The main features of the Government's decision are:

- the closure of the Centre by 1998;
- the improvement of the quality of care for residents;
- strategies to increase family involvement with their relatives; and
- the implementation of a number of quality assurance measures to ensure that the people are well cared for and protected.

Ms Warner said the decision was another significant milestone in the Government's plan to provide a better deal for people with disabilities.

"The people living at Basil Stafford Centre are among the most vulnerable in our society," Ms Warner said.

"It is important that definite measures are put in place to ensure they have good quality of life," Ms Warner said.

"The Government's decision today, does exactly that."

The implementation of the Government's decision means that the residents of Basil Stafford Centre will be able to return to their community of origin or choice. They will have access to appropriate services and supports based on their individual needs.

"We recognise the importance of families and friends in the lives of people with an intellectual disability," Ms Warner said.

Ms Warner said a Family and Advocate Support Network would be established to strengthen family ties and encourage their involvement in planning for a better life for their relatives.

"The Government is also taking deliberate action to ensure that services, both now and in the future are properly monitored and responsive to the needs of vulnerable people," said Ms Warner.

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