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

Resident Consultation – Draft Regulations under
the Boarding Houses Act 2012

Executive Summary

May 2013
Glossary

ABH Assisted boarding houses
ADHC Ageing, Disability and Home Care
ALI Active Living Initiative
Boarding houses Refers to assisted boarding houses in this report
FACS Family and Community Services
GBH General boarding houses
Residents Refers to the residents of assisted boarding houses in this report
RIS Regulatory Impact Statement

Acknowledgements

Thank you to the residents who participated in the consultations. Also, thank you to ADHC and the Boarding House Reform Team, ALI service providers and boarding house operators who assisted us greatly in maximising participation from residents.
Executive Summary

A major reform for the boarding house industry occurred in October 2012 with the passing of the Boarding Houses Bill 2012 by the NSW Parliament. Protection of the rights of boarding house residents is a key purpose of the Boarding Houses Act 2012, as well as encouraging the viability of the industry.

A draft Regulation, the Boarding Houses Regulation 2013 (the Regulation), has been developed for public consultation. A Regulatory Impact Statement (RIS) which analyses the costs and benefits of the draft Regulation and compares these to other options has been developed to inform public consultation. An Easy-Read version of the RIS has also been developed to assist with consulting with residents of assisted boarding houses.

Family and Community Services, Ageing, Disability and Home Care (ADHC), engaged O’Connell Advisory to assist in the consultation with boarding house residents living in assisted boarding houses (previously known as licensed residential centres) to seek their views on the proposed changes to the Regulation, and in particular the four options canvassed in the draft Regulatory Impact Statement (RIS). The Act cannot be fully implemented until a supporting regulation is in place. The RIS consists of 4 options to be considered by stakeholders. These options have been used to develop materials for consulting with the boarding house residents. The options are:

- **Option 1** – Do nothing.
- **Option 2** – Only new assisted boarding houses have to implement the proposed changes in the draft regulation, as outlined above.
- **Option 3** – All new and existing boarding houses have to implement the proposed changes, as outlined above, with existing boarding houses having five years to implement the changes.
- **Option 4** – All new and existing boarding houses have to implement the proposed changes straight away.

A range of administrative and procedural matters are dealt with in the Regulation that relate to the Register of Boarding Houses and the operation of assisted boarding houses. These include applications for authorisations and manager approvals, probity checks, service and accommodation standards (e.g. size of rooms, maximum number of people in a boarding house, quality of food), screening of staff members and residents, assessment of people as “person(s) with additional needs”, the qualifications and skills required of staff members, complaints handling procedures, compliance notices and record keeping and returns.

With assistance from the ADHC Boarding House Reform Team and the ALI service providers we were able to recruit 90 residents to participate in the seven consultation workshops with representation from all of the currently licensed boarding houses and one recently closed boarding house in NSW.
Findings
The overall finding from the consultation was that 57 of the 90 residents consulted agreed with the proposed changes to be incorporated into the new Regulation, with a preference for Option 3 in which the changes would be implemented over 5 years. This means that the majority of residents agreed with the proposed maximum resident limit of 30, with single room occupancy to be implemented over 5 years.

There was a different finding for residents of two large boarding houses where the majority preferred Option 2 in which the proposed changes would apply to new boarding houses only. These residents argued that they had sufficient space. One boarding house was spread over 5 acres and consisted of a number of buildings. The other has single rooms for all residents with a number of lounge rooms.

Other options were supported by a minimum number of residents – Option 1 – ‘Do Nothing’ (2 residents) and only slightly more support for Options 2 and 4 (8 residents each).

Finally, residents also expressed concern about the potential impact of the proposed changes on their future, as they would not be able to stay in the boarding house they regarded as their home, and where some had lived for many years.

Sharing of rooms
Not all residents expressed their preference, with 15 residents not expressing any preference for a single room or in relation to the maximum number of residents.

Generally those residents who shared a room were happy with this situation and stated that they would not be happy paying more for a single room. Residents did acknowledge that it did depend on who you shared a room with and your compatibility with that person.

Overall, the residents’ view on the sharing of rooms was heavily influenced by their current accommodation arrangements, the additional cost of a single room, and the compatibility of their room-mate. A large number of residents said they would like a single room but did not want or weren’t able to pay extra for it. There was also strong agreement for residents with special needs to have the option of a room of their own or share with another person when both wanted to share.

Size of rooms
One quarter of residents consulted thought the size of the single room proposed was too small and should be reconsidered. It was often difficult for residents to envisage the size of a single room as the majority of residents consulted shared a room.
Other findings
There was strong support for having staff on site 24 hours a day 7 days a week, and to always have someone on site who has had first aid training. Some boarding houses do not have staff on site overnight and need to call the manager who can be 10-15 minutes away. Access to a telephone was also raised by a number of residents as key issue for them and some did not know to call 000 in an emergency.

Ability to lock doors was preferred, particularly to prevent theft of their possessions. Some residents spoke about not being able to lock the front door of the boarding house as well as their room. A number of residents were worried about being able to leave quickly in the event of an emergency such as a fire, particularly with the number of smokers living in their boarding house.

The residents were most vocal about access to tasty and healthy food, complaining about the lack of variety, particularly lunch. Some residents spoke about not having access to enough meat or fruit, and not having the right food in line with their medical condition.

Recommendations and suggestions
The key themes arising from the consultations relate to the quality and variety of food and safety and security. The draft Regulation contains enhancements to services and facility standards that relate to food, safety and security and these enhancements were discussed with the residents. The issues raised by residents are generally addressed by the changes proposed in the new Regulation. The only concern we have about Option 3 is that residents have to wait 5 years for implementation of changes relating to food, safety and security.

There are three recommendations resulting from the consultations.

Recommendation One – Incorporate all changes into proposed Regulation adopt Option three except reconsider the minimum room size requirement
It is recommended all proposed changes with the exception of the change to bedroom size be incorporated into the Regulation. The consultation process demonstrated residents preferred Option 3 in which operators had 5 years in which to comply with the new Regulation. Based on the feedback from 25% of residents, the proposed minimum size of bedrooms is too small (at 5.5 square metres), the minimum room size should be reconsidered; (It should be noted the minimum requirements in which Councils and other jurisdictions with boarding houses have in their Development Control Plans is 12 square metres).

Recommendation Two – Consider and plan alternate accommodation options
If Option 3 is incorporated into the Regulation operators will have 5 years in which to make changes to ensure compliance with the new Act. There is a risk the larger assisted boarding houses (accommodating more than 30 residents) will not meet the new legislative requirements. ADHC should consider and plan alternate accommodation options for residents of boarding houses with more than 30 residents, particularly considering cost-effectiveness. For residents there will also be
concerns about disruption and change. There are a number of accommodation options that could be considered. In considering the following accommodation options, the cost to both residents and government needs to be considered carefully, with the last two options being the most expensive (to state and federal governments), and not being the most appropriate for the person.

- **Housing and Accommodation Support Initiative (HASI)** - a partnership between NSW Housing, the Ministry of Health and Non Government Organisations (NGOs). One recent example of this initiative is the NGO Aftercare which provides 20 low support, 4 high support and 4 very high support packages in Central Sydney, along with 27 low support and five high support packages in Sydney, Wentworth and Blue Mountains areas.³

- **Haven model** - an accommodation model in metropolitan Melbourne for people with chronic mental health issues. The Haven NGO (chaired by Alan Fels) has purpose-built accommodation for 14 people, with each having their own self-contained apartment with a number of congregate areas and a staff member on site 24 hours per day, 7 days per week. The Haven now has plans to build similar accommodation for 20 people with chronic mental health issues in another part of Melbourne.⁴

- **Drop-in** - providing up to 35 hours of support. It would only be suitable for residents who have sufficient independent living skills or could be trained e.g. younger residents with a higher degree of cognition.⁵

- **Keyring** - this model originated in the UK and is based on a group of residents living in close proximity to each other in separate apartments or houses, with a key worker who also lives nearby. The role of the key worker is to encourage residents to help each other, facilitate links with the surrounding community, and to provide encouragement and support. This accommodation model is becoming popular in Australia with more than one model being established in NSW and Victoria. The Victorian example – My Place Key Ring Network has nine people living within walking distance of each other, with support from a Network Volunteer who lives nearby and provides 12-15 hours of support each week in exchange for free utilities and rent. The aim of the program is to reduce vulnerability and social isolation to assist people with an intellectual disability to live independently. Like drop-in, this model would work for people with independent living skills.⁶,⁷

- **Common Ground model** - this model originates in New York.⁸ 52 of the 104 units constructed at Camperdown in Sydney are to be made available to long term, homeless clients in the inner city of Sydney. There is a 24/7 concierge service in the building. There are several congregate meeting areas – a resident’s lounge, a resident’s computer room and medical offices on site in a secure building.⁹

- **New style boarding houses** - some current residents were very interested in new boarding houses. It is likely that new style boarding houses will target working people and register as general boarding houses, rather than assisted boarding houses.¹⁰

- **Group homes** - the most expensive option for those residents with the greatest support needs. We understand that a number of former boarding house residents are now living in group homes (e.g. Aftercare is funded by ADHC to operate 3 group homes, with the majority of residents being former boarding house residents).

- **Aged care** - for residents (generally aged over 65 years, or 50 years for Aboriginal and Torres Strait Islander people) or residents meeting the criteria for entry to aged care.
Recommendation Three – Develop education packages for residents and boarding house operators re occupancy agreement and complaints mechanisms

Training is needed for residents and boarding house operators on the new Act. The particular areas where education is needed are:

- Occupancy agreements
- Complaints mechanisms
- Quality and variety of food, including meeting Australian dietary guidelines.\(^{11}\)

References


\(^2\) [Ibid 1](#)


