

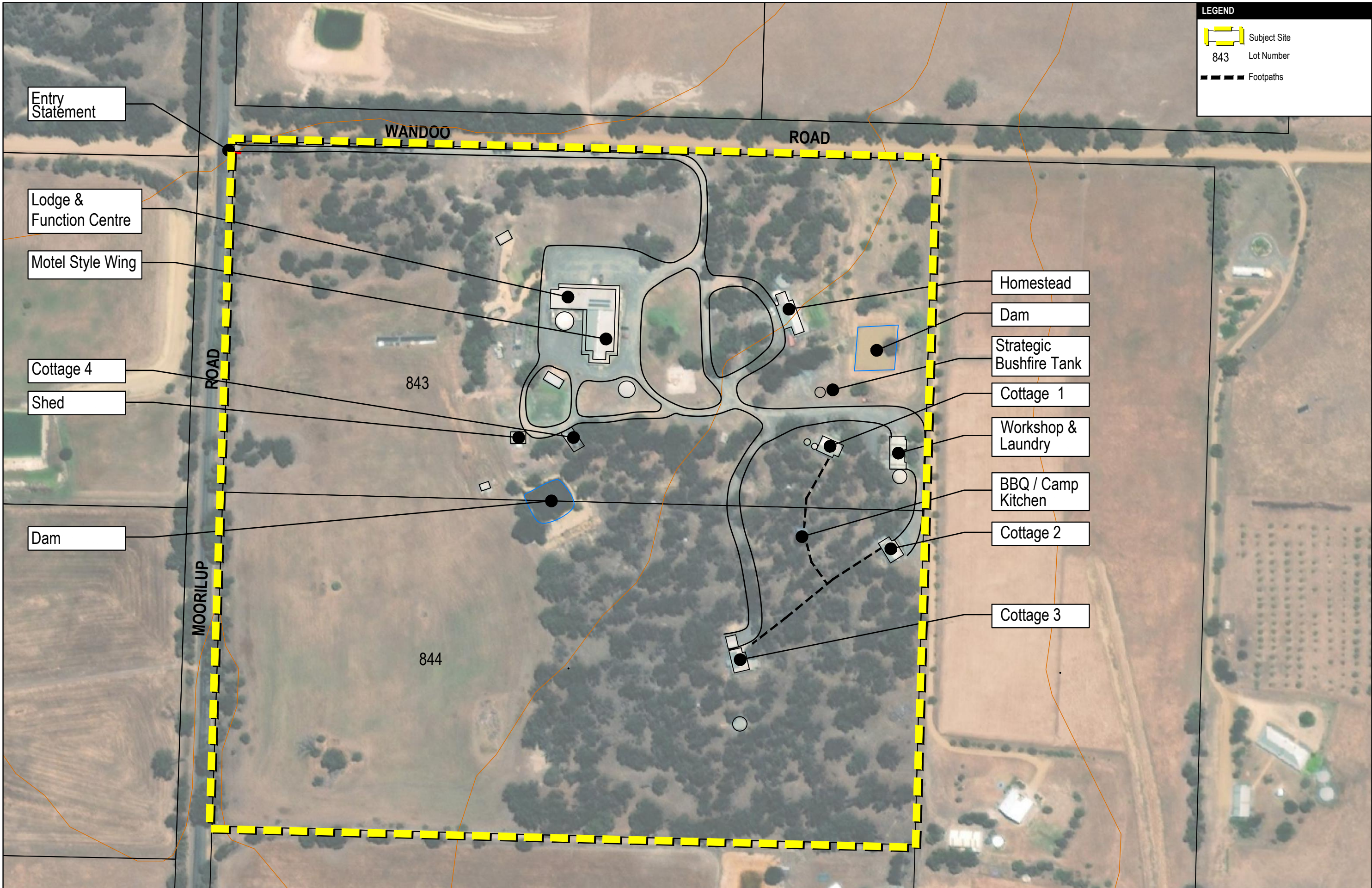


LEGEND

-  Subject Site
- 843 Lot Number
-  Footpaths



Entry Statement

Lodge & Function Centre

Motel Style Wing

Cottage 4

Shed

Dam

Homestead

Dam

Strategic Bushfire Tank

Cottage 1

Workshop & Laundry

BBQ / Camp Kitchen

Cottage 2

Cottage 3

843

844

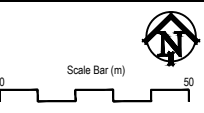
WANDOO ROAD

ROAD

ROAD

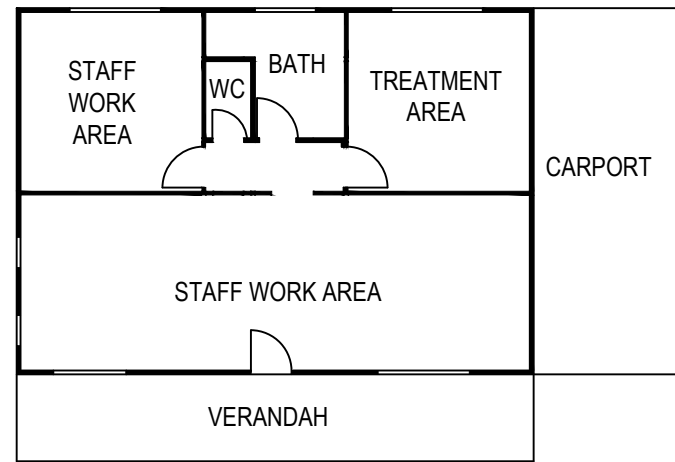
MOORILUP ROAD

SCALE 1:2000 @ A3
 DATE 11 February 2026
 FILE 251129 9762 Site Plan.dwg
 REVISION 1/CD/First Draft/09.12.2025 4/CD/11.02.2026
 2/CD/13.01.2026
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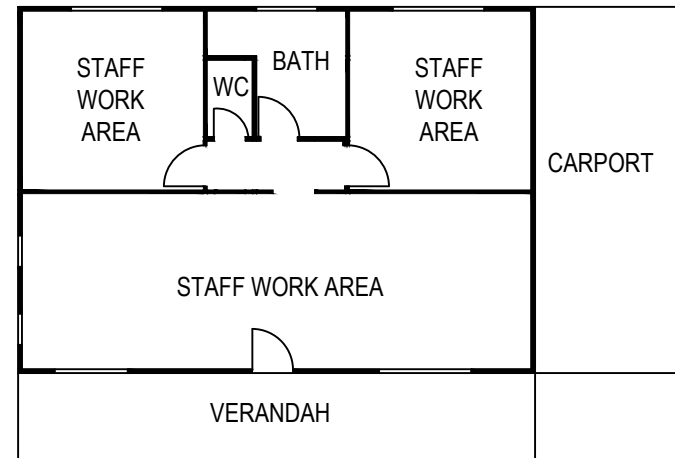


SITE PLAN
 LOT 843 (217) MOORILUP ROAD
 KENDENUP, WESTERN AUSTRALIA

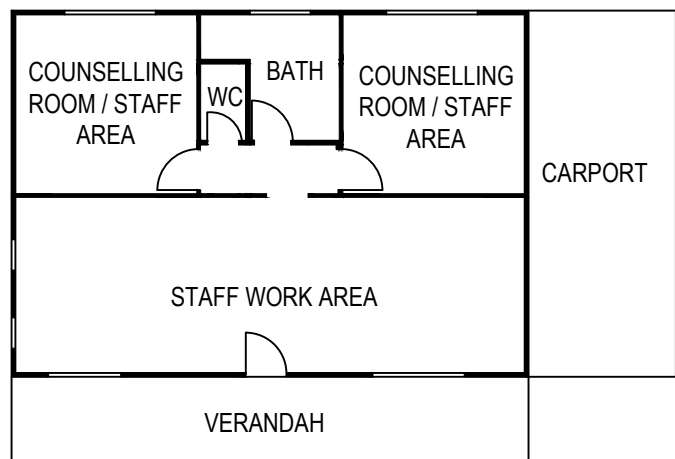
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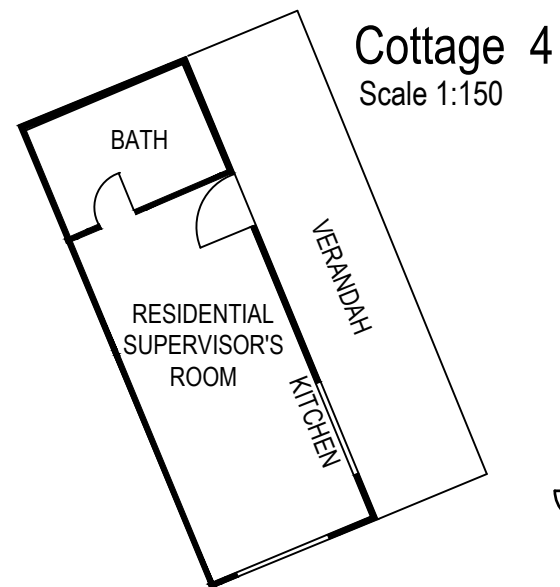
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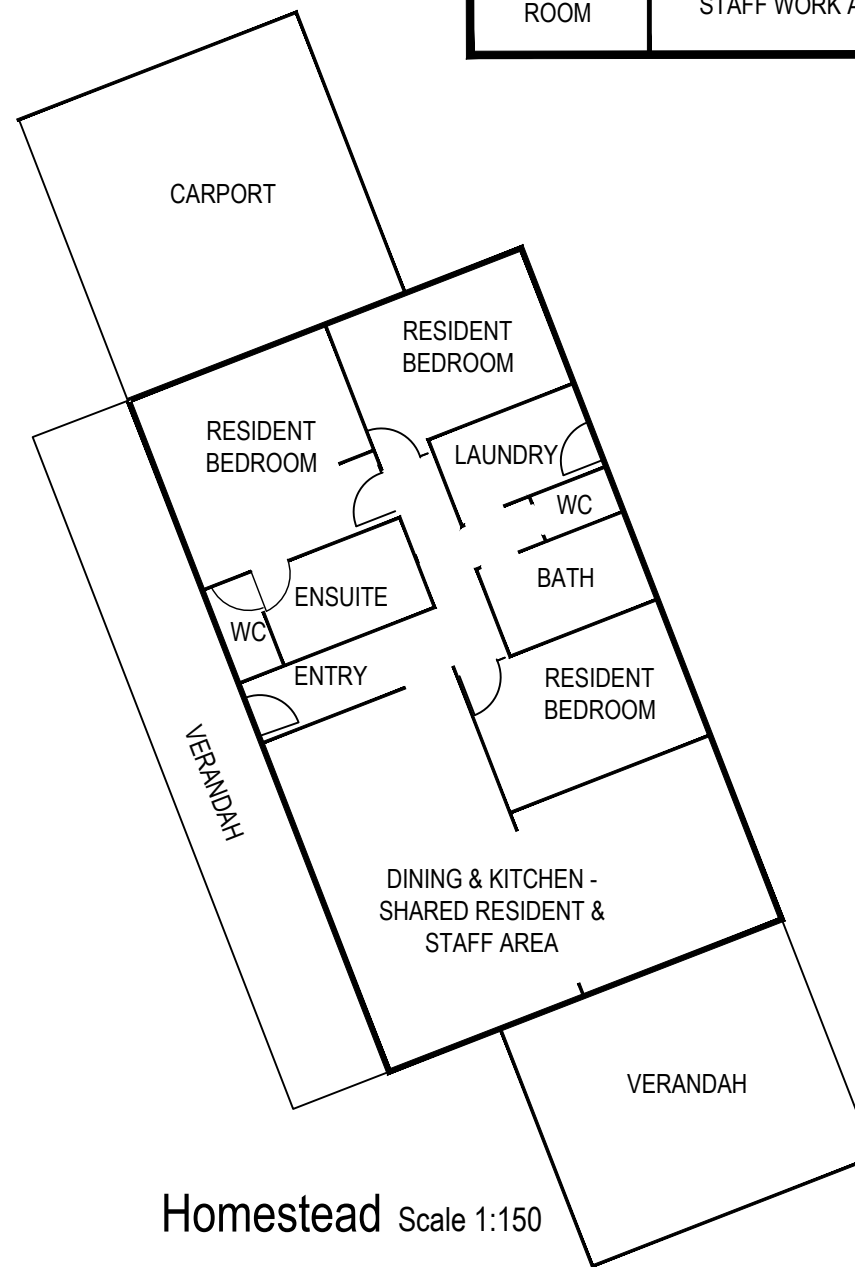
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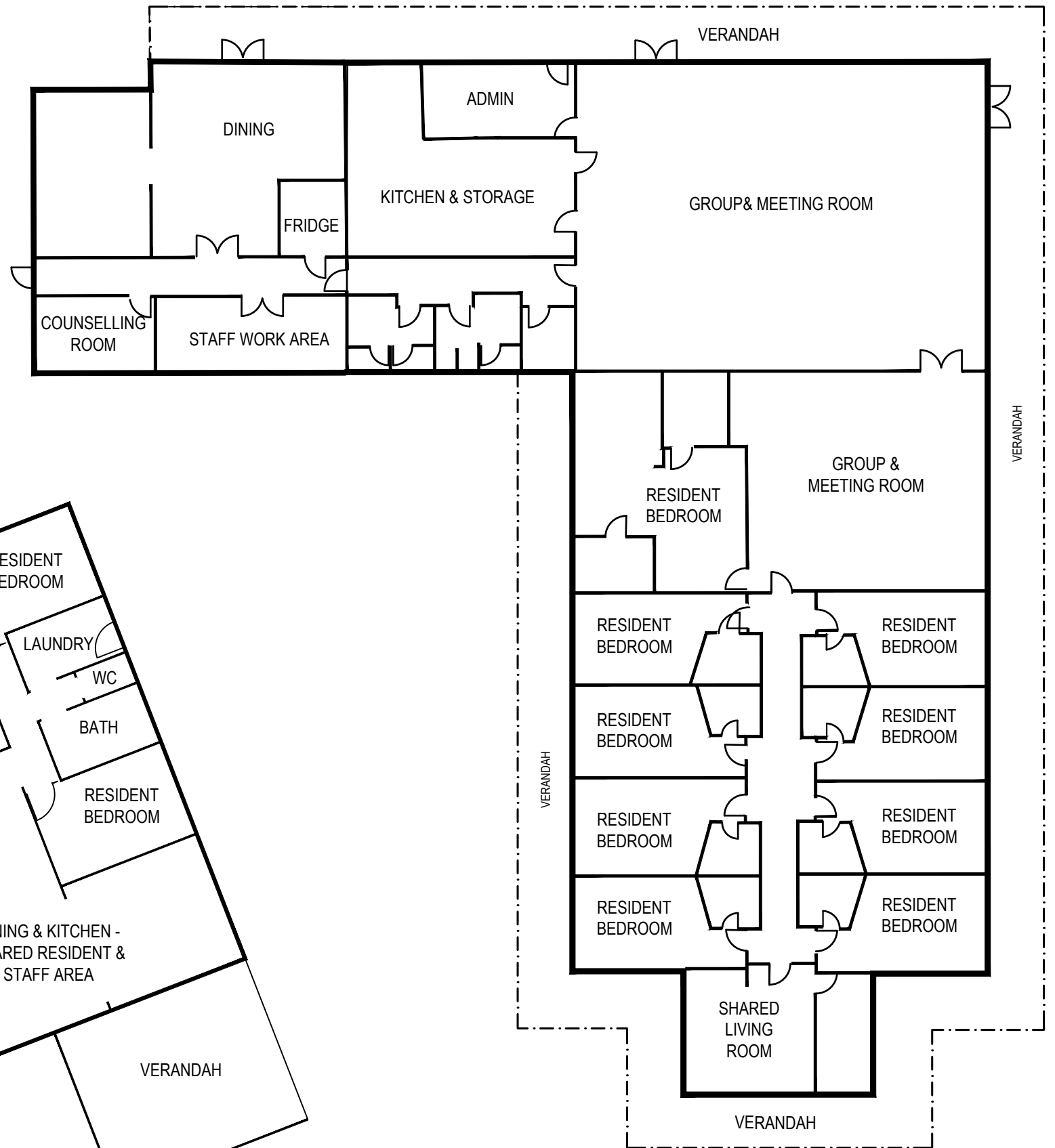
Cottage 3 Scale 1:150



Cottage 4
Scale 1:150



Homestead Scale 1:150



Lodge & Function Centre Scale 1:150



OPERATIONAL MANAGEMENT PLAN

For the Establishment of the Great Southern Drug & Alcohol Rehabilitation Centre (GSDARC)

Developed for the Shire of Plantagenet

Submitted by the Southern Aboriginal Corporation (Lead Agency) in Partnership with Cyrenian House

January 2026
To be reviewed 3-yearly

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1. Purpose and Overview

This Operational Management Plan has been developed by **Southern Aboriginal Corporation (SAC)** as the Lead Agency, in partnership with **Cyrenian House**, in support of a proposal to re-purpose **Kendenup Cottages and Lodge** at Lot 843 & 844, 217 Moorilup Road in Kendenup for use as the **Great Southern Drug and Alcohol Rehabilitation Centre (GSDARC)**.

The GSDARC will provide accommodation for up to 20 adult residents of mixed gender, Aboriginal and non-Aboriginal, accessing the following program components:

- a **Residential Rehabilitation Program** - for up to 16 adults to address their problematic alcohol and/or other drug (AOD) use
- a **Low Medical Withdrawal Unit** - for up to four (4) adults who require withdrawal.

The GSDARC is an initiative of the WA Government and is being funded via the Mental Health Commission (MHC). In the 2025 State Budget the government committed \$12.4 million to establish the first residential alcohol and other drug rehabilitation centre in the Great Southern region. The MHC subsequently released a Registration of Interest for operating the GSDARC in December 2025.

The Southern Aboriginal Corporation (SAC), in partnership with Cyrenian House, will be submitting a response to this Registration of Interest to the MHC, and will be proposing that the Kendenup Cottages and Lodge facility be re-purposed for use as the GSDARC.

SAC has been a strong advocate for the establishment of the GSDARC over many years. The need for the centre was identified through significant consultations with the Noongar community in the Great Southern, which was subsequently backed up by feasibility research and analysis, all undertaken by the Southern Aboriginal Corporation from 2016 to 2025. In addition, in 2024 SAC, in partnership with Cyrenian House submitted a concept proposal to the WA Government for the establishment of the GSDARC.

2. Service Partners

The Southern Aboriginal Corporation, as the lead agency, has formed a partnership with Cyrenian House to implement and operate the GSDARC, subject to being awarded the tender by the MHC, and subject to planning approval to utilise the current Kendenup Lodge and Cottages facility for this purpose.

In line with the WA State Government **Aboriginal Empowerment Strategy for WA 2021-**

2029¹, SAC and Cyrenian House are strongly committed to working together, with SAC as the lead agency to realise the GSDARC as an ‘Aboriginal led solution’. Both organisations have strong track records as community service providers in their own right, with over 80 years’ experience combined. The following is a summary of each organisation:

- **SAC** was established in 1983 and is a leading Aboriginal Community Controlled Organisation in Western Australia, with services spanning the Great Southern, Wheatbelt and Southwest regions. SAC offices are located in Albany, Katanning, Bunbury and Narrogin, from which services are delivered to 17 regional and remote locations. SAC supports the unique and evolving needs of local communities by promoting Noongar social and cultural values and implementing a culturally informed, trauma integrated healing approach. SAC employs 37 staff who support over 1,000 people each year.
- **Cyrenian House** is the largest provider of specialist AOD treatment services in WA, with a strong track record in delivering effective, evidence-based programs since 1981. Cyrenian House employs 250 staff who support over 4,000 people each year, including 600 who enter residential therapeutic communities. The capability of Cyrenian House is demonstrated through the confidence of various government agencies that have contracted with the organisation over many years to deliver high quality AOD services, including the Mental Health Commission; Department of Justice; the WA Primary Health Alliance (WAPHA); and the Department of Health (Commonwealth).

Cyrenian House operates similar Residential Rehabilitation Programs and Low-Medical Withdrawal Units at the following facilities:

- **Munda Mia Therapeutic Community** (25-bed residential treatment in Kalamunda and Maida Vale)
- **Nannup Therapeutic Community** (20 bed residential treatment in Nannup)
- **Serenity Lodge Therapeutic Community** (34 bed residential treatment in Rockingham)
- **Rick Hammersley Centre Therapeutic Community Gnangara Program** (50-bed residential treatment in Cullacabardee.
- **Rick Hammersley Centre Therapeutic Community Saranna Program** (14-cottage residential treatment in Cullacabardee.
- **Midland Withdrawal and Intervention Centre** (6 bed low-medical withdrawal in Midland)

¹ The Aboriginal Empowerment Strategy – Western Australia 2021-2029. Strategy Overview
Operational Management Plan - Great Southern Drug and Alcohol Rehabilitation Centre

- **Serenity Withdrawal Unit** (4 bed low-medical withdrawal unit in Rockingham)
- **Nannup Withdrawal Unit** (3 bed low-medical withdrawal unit in Nannup)
- **Wandoo Therapeutic Community** (77-bed women's prison therapeutic community in Murdoch)

Additional local subcontracting partners will be engaged to support the delivery of the effective and comprehensive program associated with GSDARC.

3. Evidence of Need

The need for the GSDARC was formally identified by SAC in 2016, following extensive community consultation with over 200 local people regarding the cause, impact, and potential solutions for problematic AOD use in the region. Subsequent work undertaken by SAC regarding the establishment of the facility included formulation of a Business Case comprising a Cost Benefit Analysis and Preliminary Project Management Plan in 2018, and representations to WA and Federal Ministers during 2018-20. More recently during 2024-25, further developmental work has been undertaken with Cyrenian House, leading to a commitment to work together in a proposal to establish the facility, with SAC as the lead agency.

Given the clear evidence of need, Mental Health Commission's *Better Choices, Better Lives: Western Australian Mental Health, Alcohol and Other Drug Services Plan 2015-2025*² acknowledged the need to establish both AOD residential rehabilitation and low medical withdrawal beds in the Great Southern region. Accordingly, the recent commitment, and allocation of \$12.4 million by the WA State Government to fund the establishment of the GSDARC in the Great Southern region is welcomed and strongly supported by SAC, and partner Cyrenian House.

4. Proposed Service

4.1. Service Components

The two service components of the proposed GSDARC are outlined below:

Residential Rehabilitation Program (16 adult beds)

SAC proposes that the long-term residential rehabilitation component of the GSDARC will comprise 16 beds. The program will typically run for approximately six (6) months for each participant, with flexibility for longer stays up to 12 months, to accommodate individual progress and transitional arrangements. The facility will be operated using the *Therapeutic Community (TC) Model* and approach, in which the community itself is the principal means for promoting personal change.

² [Western Australian Mental Health, Alcohol and Other Drug Services Plan 2015-2025](#)

Low Medical Withdrawal Unit four (4) adult beds)

For some individuals, a ‘low medical withdrawal’ service will be required prior to admission to residential rehabilitation. Accordingly, the GSDARC will include a four (4) bed low-medical withdrawal service on-site, providing 24-hour care and support for residents³. A low medical withdrawal is most appropriate when the withdrawal symptoms are likely to be low to moderate, and can be managed by a Clinical Nurse, working with Support Workers and other AOD and mental health clinicians. This is distinct from ‘high medical inpatient withdrawal’, which is required for people with withdrawal symptoms that are moderate to severe, and where 24-hour supervision is required by medical staff.

The aim of low-medical withdrawal is to provide a person with short-term support and supervision for the safe discontinuation or reduction in use of a substance of dependence, managing symptoms and reducing medical complications⁴. Drawing on the experience of three other low-medical withdrawal units operated by Cyrenian House, the GSDARC low medical withdrawal unit will offer an up-to 14 day structured and individually planned withdrawal program.

4.2. Service Approach

Residential treatment services allow people to live-in whilst they receive specialist treatment, counselling and support to deal with alcohol and other drug problems. These programs are delivered in a structured and supportive environment where individuals can begin the process of recovery.

Day to day operations are structured within an established program, and generally include work therapy (grounds maintenance), individual counselling, group work (psycho-educational/process groups), food preparation, welfare appointments, access to doctors, urine screening, and recreational activities.

The 16-bed Residential Rehabilitation Program at GSDARC will operate using the **Therapeutic Community (TC) Model**. The Australian Therapeutic Community Association describes as a ‘treatment facility in which the community itself, through self-help and mutual support, is the principal means for promoting personal change⁵. The three key elements of the TC model are:

- **Community as method** - at a TC, the community is the agent for change. The TC is

³ Alcohol and other Drug Withdrawal Management Policy – Government of WA, Department of Health (2021).

⁴ Alcohol and Other Drugs Withdrawal Management Practice and Pathways Version 2.0 October 2021 Endorsed by WATAG July 2021

⁵ Australian Therapeutic Communities Association (ATCA) [What is a Therapeutic Community? – ATCA](#)

their home. As such the resident members have input into decision making processes and participate in maintaining the facility.

- **Staged approach** - there are different stages for people living in a TC, with resident members having increased responsibilities and gaining privileges as they move through the stages. Attainment of each stage recognises increased personal awareness and growth demonstrated through behaviour, attitudes and values.
- **Holistic and multi-dimensional approach** –the TC is multi-dimensional in its approach and works with the whole person to attain best, sustainable outcomes.

Clinical staff play an integral role in delivering and supporting the above three elements, including via counselling and group interventions.

The TC Approach has a strong evidence-base⁶ and underpins the operation of many AOD residential programs in Australia and over 40 countries across the globe. All long-term residential AOD programs provided by Cyrenian House operate utilise the TC Model.

The consultations undertaken by SAC with community members has highlighted the strong need for programs offered through the GSDARC to **encompass cultural practices**, including on-country activities and connecting to cultural identity; and other programs in which the community feel safe, interested and engaged.

Accordingly, the GSDARC will offer programs to support Aboriginal people to learn from their Elders and cultural leaders about their history, culture and practices to foster a strong sense of connection and pride in cultural identity. SAC will leverage and build on its existing suite of cultural education programs and culturally informed practice to deliver a variety of educational and experiential programs, informed by local Elders and cultural leaders.

This service model is person-centred and focuses on overall lifestyle changes, as well as alcohol and/or other drug use. The aim is to assist residents in their long-term recovery from substance use, and for many, related co-occurring issues including mental health challenges, family domestic violence, and homelessness.

The service model also includes a strong focus on the development and maintenance of collaborative working partnerships with other local community service providers to ensure a holistic approach to addressing the needs of residents.

⁶ Australian Therapeutic Communities Association (ATCA) [Resources – ATCA](#)

4.3. Staffing

The management and staffing structure proposed by SAC to deliver the high quality implementation and operation of the GSDARC. The facility will be staffed 24/7 and the staffing structure will comprise a manager, clinical coordinator, a nurse, counsellors, residential support workers, as well a range of other clinical and support staff.

In order to staff the service for the required 24 hours per day, a three-shift rostering system will be employed. Staggering of shifts will occur to minimise the impact of shift changes and to ensure continuity of service and effective handover. Specifically, staffing for each of the three shifts during weekdays, after-hours and on weekends is estimated as follows:

- **Weekdays, Monday to Friday**
 - Day Shift from 7am to 7pm - up to 7 GSDARC staff on duty
 - Evening Shift from 6pm to 11pm - at least 2 GSDARC staff on duty
 - Night Shift from 11pm – 7.30am - at least 2 GSDARC staff on duty
- **Weekend Shifts**
 - Same shift structure as for weekdays above, which are covered by two Residential Supervisors at all times.
 - Visitor hours: 9am – 4pm Sundays (for approved residents only).

In addition to ensuring that there will always be at least two staff on-site during after-hours and on weekends, an **on-call arrangement** will be in place to support staff on the ground after hours. This formal arrangement means that a senior staff member from SAC or Cyrenian House will be rostered to be on-call on a rotating weekly basis. After-hours staff will always be aware of who is on-call and how they can be contacted. Staff who are rostered on-call will be contacted by phone by after-hours staff to consult with on situations requiring senior-level advice and guidance. In the event of significant issues occurring after-hour the on-call staff member will also attend the facility in person where this would assist in the management of the issue.

5. Governance and Risk Management

5.1. Partnership Governance Arrangements

If the Partners are commissioned to establish and operate the GSDARC, the responsibilities of each partner, in broad terms, will comprise:

- **SAC** – responsible for the overall leadership and operation of the GSDARC, including entering into the Service Agreement (contract) with the Mental Health Commission. SAC will be responsible for sub-contracting arrangements with other service partners.

- **Cyrenian House** - will work in partnership with SAC to support the operation of the GSDARC, with a focus on the delivery of clinical governance components to a high standard. Whilst Cyrenian House will initially operate the clinical services of the program, they will work with SAC on building their capacity and self-determination in this area.

5.2. Operational and Clinical Governance

As well-established and sustainable organisations in their own right, SAC and Cyrenian House have developed and implemented their respective suite of operational and clinical governance structures and systems that will ensure the high quality and evidence-based service delivery via the GSDARC.

SAC and Cyrenian House are both certified to deliver specialist community and health services – SAC, under the National Accreditation Scheme for Community Legal Centres; and Cyrenian House, under the Alcohol and Other Drug Human Services Standard (AODHSS), and the Standard for Therapeutic Communities and Residential Rehabilitation Services (STCRRS). Achievement of these certifications requires that the organisations' go through intensive corporate and operational audits, carried out by independent auditing bodies. For SAC and Cyrenian House, this highlights their strong commitment to transparency and accountability, and their willingness to learn from these audit processes, in pursuit of continuous quality improvement.

In addition, if SAC is selected as the provider, the operation of the GSDARC will be subject to a comprehensive range of operational and compliance conditions specified by the Mental Health Commission as the funder of the GSDARC.

5.3. Risk Management

A comprehensive Risk Management Plan which identifies risks associated with the GSDARC will underpin the effective management of risk at the facility.

SAC and Cyrenian House have a strong commitment to best practice in the management of all risks that may affect their respective organisations, specifically their clients, employees, operations, assets and reputation. Both have established robust risk management frameworks aligned to the principles of AS/NZS ISO 31000:2018 (Risk Management Guidelines).

The residents of the GSDARC will be carefully screened and selected as part of SAC and Cyrenian House's normal residential assessment process. This assessment identifies any issues such as previous sexual offending or serious violence amongst potential residents. Anyone with significant violence or any sexual offending history will be excluded from being admitted to the service.

All residents are urine tested for alcohol and other drugs multiple times per week as part of the treatment regime at the service. In addition, random drug screening, alcohol breath testing, and screening for tobacco use are conducted based on any suspicion of use.

People who complete their treatment stay will be supported to return to their homes, which in the case of the GSDARC will mostly be other towns and communities in the Great Southern region. People who need to exit the service because they have broken key rules of the program (such as using alcohol or drugs on-site) will be transported back to their home communities; either by the service; or by their family and/or friends. SAC will not approve someone to exit the service without a clear plan as to how the person will return home.

6. Facility and Location

SAC and Cyrenian House have identified the *Kendenup Cottages and Lodge* (the property) as the preferred site for the establishment of the GSDARC. The property is located at Lot 843 & 844, 217 Moorilup Road in Kendenup, within the Shire of Plantagenet. The property currently operates as a four-star holiday accommodation venue set on 40 acres of land, situated 7 km from the town of Kendenup, 17 km from Mount Barker, 67 km from Albany, and 70 km from Denmark.

SAC has made an offer to purchase the property which has been formally accepted by the current owners. The sale of the property will be completed subject to conditions including approval of funding from the Mental Health Commission and Development Approval from the Shire of Plantagenet.

This property and its location are well-suited to use as a long-term residential alcohol and other drug treatment service, and a low-medical withdrawal unit. There are many successful examples of similar services located in rural areas in Australia, including Cyrenian House's own Nannup Therapeutic Community, and Nannup Withdrawal Unit. The Nannup TC facility 23 bed facility is located on the road between Nannup and Balingup in the Southwest region and has operated successfully since 2019. Over this time, the service has operated with community support, with a positive impact on local amenity and business.

6.1. Planning considerations

SAC has contracted planning consultant *Planning Solutions* to assist with its application for Planning Approval to the Shire of Plantagenet. The application seeks approval for the Kendenup Cottages and Lodge facility to be used to deliver the GSDARC services.

In addition to Section 6.2 which describes the suitability of the site for GSDARC use, SAC and Cyrenian House have also given due consideration to the following planning and amenity related matters:

- **Traffic and parking** - the proposed site for GSDARC is currently used as a holiday stay. In its current form, the site accommodates the following:
 - 35 people in the motel style suites;
 - an additional 16 people at the Lodge and 3 chalets (assuming 4 people staying in each);
 - staff required to operate the business; and
 - the property also has event capacity of 250 persons.

The property is located on 40 acres and provides ample parking for visitors and staff to meet this requirement.

By comparison, the GSDARC will require much less parking amenity, specifically, for staff travelling to and from work (up to 7 staff during peak shifts), and any visitors associated with the operation of the centre. The 20 residents will not be allowed have their own vehicles on site, and visits from family members will be planned and scheduled to avoid excessive peaks. Accordingly, current traffic volumes are expected to reduce in the GSDARC context, associated primarily with staff shifts, visitors and deliveries.

Vehicle parking for staff and visitors will be located in the existing gravel car park situated adjacent to the current function/dining and motel facility. Parking signposts will be installed prior to operation. Parking will have no impact on the general community, as all is located within the boundaries of the property.

- **Noise and neighbourhood amenity** – as outlined in Section 4.1 which covers service components, the GSDARC residential rehabilitation program will be highly structured and based on the Therapeutic Community Model. This means that the program will focus on a safe and accountable community for residents, whereby self-help and mutual support are fostered, to promote personal change. Alcohol and other drug use will be prohibited at the GSDARC (residents will be urine tested multiple times a week to ensure compliance), and staff guidance and supervision of activities will be provided at all times, with no late night activities or events. Activity on the site will be managed to maintain amenity. In general terms, given that no alcohol will be consumed on premises, there is less likelihood of additional noise or disturbance compared to a licenced holiday rental. Residents will be required to be in their rooms with ‘lights-out’ by 10pm every night.
- **Environmental and safety considerations** – given the rural location, SAC has commissioned a bushfire management plan. Further, SAC and Cyrenian House:

- will ensure the development of a comprehensive evacuation procedure for the GSDARC, as they have done so for all the existing facilities they operate;
- will have access to existing Rangers program employed by SAC to monitor and maintain existing environment conditions; and
- will ensure compliance with relevant building, health and safety standards.

6.2. Infrastructure at Kendenup Cottages and Lodge and Potential GSDARC Use

This section provides an overview of the existing Infrastructure at Kendenup Cottages and Lodge and the potential use of the facilities for the GSDARC. As outlined in Section 4.1, the facility will need to accommodate the following uses:

- Residential Rehabilitation Program (16 adult beds)
- Low Medical Withdrawal Unit (4 adult beds)

The following table identifies existing facilities at the property (Col 1); provides a description of those existing facilities (Col 2); and describes the planned use of those facilities for the GSDARC (Col 3).

Table 1 - Existing Infrastructure at Kendenup Cottages and Lodge and Potential GSDARC Use

Existing Facilities at Kendenup Cottages and Lodge	Description of Existing Facilities	Potential GSDARC Use
Lodge and Function Centre	<ul style="list-style-type: none"> Commercial grade kitchen 	<ul style="list-style-type: none"> Commercial grade kitchen for resident meals
	<ul style="list-style-type: none"> Restaurant (40 person capacity) 	<ul style="list-style-type: none"> Resident dining room
	<ul style="list-style-type: none"> Function Centre and adjoining conference room (250 person capacity) 	<ul style="list-style-type: none"> Group programs Resident meetings All site meetings
	<ul style="list-style-type: none"> Office 	<ul style="list-style-type: none"> Reception and administration area
Motel Wing (attached to Lodge Function Centre)	<ul style="list-style-type: none"> 9 rooms (35 person capacity) <ul style="list-style-type: none"> 5 rooms - sleeps 3 persons 3 rooms - sleeps 4 persons 1 room - sleeps 8 persons Some rooms with disabled access 	<ul style="list-style-type: none"> Accommodation for 16 GSDARC residents Accommodation for 1 resident nearing completion of their low medical withdrawal program)
	<ul style="list-style-type: none"> Fully equipped kitchen 	<ul style="list-style-type: none"> Residents use
Homestead with 3 bedrooms	<ul style="list-style-type: none"> Large self-contained home 3 bedrooms, bathroom, dining, living areas 	<ul style="list-style-type: none"> Low Medical Withdrawal Unit providing accommodation for 3 (of the 4 places required) for low-medical withdrawal residents Accommodation for a fourth low medical withdrawal unit resident will be provided in the Motel Wing (as outlined above)
Cottage # 1 (of 4) – 2 bedrooms	<ul style="list-style-type: none"> 2 large bedrooms Fully self-contained with kitchen bathroom, dining and lounge 	<ul style="list-style-type: none"> Staff offices and treatment room for low-medical withdrawal unit

Existing Facilities at Kendenup Cottages and Lodge	Description of Existing Facilities	Potential GSDARC Use
Cottage # 2 (of 4) – 2 bedrooms	<ul style="list-style-type: none"> • 2 large bedrooms • Fully self-contained with kitchen bathroom, dining and lounge 	<ul style="list-style-type: none"> • Staff area and offices for TC program
Cottage # 3 (of 4) – 2 bedrooms	<ul style="list-style-type: none"> • 2 large bedrooms • Fully self-contained with kitchen bathroom, dining and lounge 	<ul style="list-style-type: none"> • Counselling/treatment room (s) • Staff room
Cottage # 4 (of 4) – 1 bedroom	<ul style="list-style-type: none"> • 1 bedroom cottage 	<ul style="list-style-type: none"> • Residential Supervisor (staff) overnight accommodation
Laundry	<ul style="list-style-type: none"> • Separate laundry 	<ul style="list-style-type: none"> • Resident use
Workshop	<ul style="list-style-type: none"> • Large workshop located near the perimeter of the property 	<ul style="list-style-type: none"> • Resident and staff workshop area • Manual works program delivery • Storage of equipment and materials
Vegetable garden and orchard	<ul style="list-style-type: none"> • Growing produce 	<ul style="list-style-type: none"> • Resident gardening programs • Source for produce
Large, landscaped area	<ul style="list-style-type: none"> • Suitable for outdoor gatherings 	<ul style="list-style-type: none"> • Outdoor programs • Cultural activities • Leisure area for residents
Camp Kitchens; outdoor BBQ and pizza areas x3	<ul style="list-style-type: none"> • Outdoor cooking and dining 	<ul style="list-style-type: none"> • Resident cooking and dining • Cultural activities • Leisure area for residents
Children Play Area	<ul style="list-style-type: none"> • Well-equipped playground 	<ul style="list-style-type: none"> • Family visits
2 Dams	<ul style="list-style-type: none"> • Water source for the property 	<ul style="list-style-type: none"> • Water source for the property

Diagram 1 - Kendenup Cottages and Lodge Showing Main Facilities



The property is equipped with quality internal roads; underground power on site; water supply via rainwater tanks for each building and two dams, with all cottages connected underground for the transference of water; air-conditioning; solar and instant hot water systems; 24 solar panels; TV and Internet access; and ample car parking.

Whilst the property is considered to be in good condition and highly suitable for GSDARC use, some minor capital works will be required.. The aerial view of the property on the previous page shows the location of the main facilities as identified in column 1 of the previous table.

7. Implementation Plan

SAC has developed a detailed Project Implementation Plan for the GSDARC, should SAC be the successful tender applicant. The Plan proposes that the GSDARC can be implemented with a lead time of three (3) months from Contract Award and is based on the following assumptions:

- Mental Health Commission Service Agreement to implement and deliver the GSDARC is awarded on or before 1/07/2026.
- Purchase of the Kendenup Cottages and Lodge by SAC, the preferred site for the GSDARC, is completed by mid-July 2026.

Based on these assumptions, the GSDARC could commence operation as early as October 2026.

8. Local Community Engagement

SAC and Cyrenian House are strongly committed to building and maintaining positive relationships with the Kendenup and surrounding communities.

In transitioning the function of the Kendenup property, SAC and Cyrenian House commit to maintaining engagement with local suppliers and services used by the current owners.

A key focus will be to provide community members with opportunities to obtain information, ask questions and express any concerns. SAC will facilitate this via engagement strategies that include, but are not limited to:

- Access to a designated community liaison representative, a senior member of the SAC/Cyrenian House team, to whom enquiries can be made – this is key to ensuring that community concerns can be raised, addressed and monitored.
- Individual and community meeting/s.
- Written information, including a Frequently Asked Questions (FAQ) brochure.
- Information on the SAC website.

- Access to SAC's formal complaints process.

The designated SAC community liaison representative will provide regular updates on any issues raised and outcomes, to the joint SAC / Cyrenian House **GSDARC Leadership Committee**, a key governance mechanism responsible for providing overarching oversight for implementation and operation of the GSDARC. The Leadership Committee will comprise senior leaders from both SAC and Cyrenian House. Other governance mechanisms in place to support the resolution of any issues raised by the community include:

- **GSDARC Operations Committee** - responsible for the day to day operation of the service
- **Aboriginal Advisory Committee** – responsible for providing advice on cultural aspects of the service.

9. Complaints Management

In the event that issues cannot be resolved, local residents will have the opportunity to lodge a complaint directly to SAC. The existing complaints process implemented by SAC is well-developed and local residents will be able to lodge a complaint by:

- Reporting an issue by contacting the designated SAC/Cyrenian House community liaison representative or the Manager of the GSDARC - the aim of this interaction will be to respond to, and resolve the issue as soon as possible
- If after this initial contact the local resident is not satisfied the issue has been appropriately responded to, they will be given to opportunity to make a formal complaint.
- The complaint will then be managed responsibly as per the SAC Complaints Policy.

If the person making the complaint is not satisfied with the outcome of the SAC response, they will have the opportunity to refer their complaint to an external body, in line with the provisions of SAC's Complaints Policy.

10. Addressing Potential Concerns

This section identifies and addresses potential concerns that may arise from the proposal to establish the GSDARC, from community members living in Kendenup, Mount Barker and surrounding districts. These issues fall into two broad categories:

- Community safety
- Impact on local services

In addition to the information provided in this section, SAC has also developed responses to a series of **Frequently Asked Questions (FAQ)** to address potential

queries that community members may have about the proposed use of the centre (refer to section 11).

10.1. Community Safety

Type of resident

Residents assessed as suitable for the service will not have a history of sexual offending, or serious violence. Evidence of such offending will disqualify that person from accessing the service. This rule is already in place at Cyrenian House's other residential treatment centres and has been for many years. As a result, there has never been a single significant violent or sexual offence at any Cyrenian House residential facility, over the almost 45 years the organisation has operated.

Residents assessed for the service are screened and prepared to ensure that they have demonstrated a serious commitment to their recovery.

Across Cyrenian House's other services the proportion of people with methamphetamine as their presenting problem is approximately 40%. The most prevalent presenting drug issue seen across its services is alcohol. It is therefore likely the people with alcohol problems, along with people with methamphetamine, and/or cannabis problems will comprise the majority of residents.

In summary, people accessing the service will be there for a range of reasons and will have problems with different types of alcohol and other drugs. What they will have in common is **a strong commitment to their recovery, turning their lives around, and starting a new life as a productive and ethical member of society**. Residents will be fully supervised by professional and trained staff on a 24/7 basis. In addition to having properly trained after-hours staff, there will also be senior staff on call to support the night staff if required.

Security and fencing

Secure fencing is not a feature of existing AOD residential services, except in prison environments. However, SAC does intend to properly fence the facility to provide clarity to staff, residents and the local community about the boundaries of the facility.

People who are there pose no risk to community and are committed to their recovery, which includes a commitment to remain on the grounds of the facility unless an excursion is planned as part of their treatment.

Exit (discharge) or residents from the facility

People who complete their treatment stay will be supported to return to their homes, which in the case of the GSDARC will mostly be other towns and communities in the Great Southern region. People who need to exit the service because they have broken key rules of the program (such as using alcohol or drugs on-site) will be transported

back to their home communities; either by the service; or by their family and/or friends. SAC will not approve someone to exit the service without a clear plan as to how the person will return home.

Visitors

Visitors to other AOD residential facilities operated by Cyrenian House are extremely well behaved and this is also expected to be the case with the GSDARC.

After an initial period of orientation to the service, residents will be allowed to have visitors at the service. However, these visits need to be planned and approved by staff at the service. Only visitors that are close family, or significant others that are also fully committed to the person's recovery and abstinence from alcohol and other drugs will be approved as visitors. All visitors to the service must agree to comply with rules that support the recovery of the person in treatment, the safety of residents and staff, and which respect the local community.

In summary, the experience of visitors to the service and town will be of loved ones, grateful for the service being provided, and who are there to show support and encouragement.

The experience of neighbours elsewhere

Relationships with neighbours and the local community are extremely important to SAC and Cyrenian House. SAC currently manages a portfolio of 79 homes as part of its community housing program (64 owned by SAC), and the success of this program is built on engaging with and maintaining positive relationships with local communities. Similarly, SAC's Rangers Program works closely with local communities, through the Aboriginal Rangers they employ who support conservation and environmental restoration in national parks.

Cyrenian House places the same priority on maintaining positive relationships within the local communities in which it operates. SAC and Cyrenian House are very confident that given the opportunity, they will over time be accepted as important and positive members of Kendenup and surrounding communities. Evidence for this can be found in the experience of neighbours at other services, as demonstrated through the following example:

Cyrenian House's closest neighbour at its large head office and service facility in Fitzgerald Street Perth, is an accountant by the name of Mr Bill W Dunstan. When Cyrenian House proposed purchasing the property at 318 Fitzgerald Street Mr Dunstan vehemently opposed the sale and 'Change of Use' application on the basis that clients of the service would create safety issues for himself and other neighbours. Fourteen years later Mr Dunstan is still operating his accountancy practice next door to Cyrenian House. His

views about the organisation have also changed, to the extent that Mr Dunstan provided a letter in support of the 'Change of Use' application to the Shire of Manjimup when the Nannup Therapeutic Community was established in 2019.

10.2. Impact on Local Services

Policing

SAC is aware that there may be concern that the proposed GSDARC will impact on local Police. SAC and Cyrenian House are confident that the service will have an insignificant or nil impact on the workload of local Police.

During the many years that Cyrenian House has operated the 64-bed Rick Hammersley Centre in Cullacabardee, there have been very few (averaging less than one call out per year) because of a disturbance at the property. The same trend holds true for the 38 bed Serenity Lodge service operated by Cyrenian House for the past 14 years, and the same is also true for the Nannup Therapeutic Community that has operated since 2019.

For Serenity Lodge, Cyrenian House records show that only one Police call out has occurred in this period, and this was the result of passing motorist colliding with a wall on the property – not the result of any actions of residents or staff.

To ensure that SAC plans for the GSDARC are understood by Police, SAC and Cyrenian House intend to engage with the District Superintendent. The experience of Cyrenian House as a major provider of AOD treatment services is that Police are aware of the individual and community benefits derived from such programs.

General Practitioners, Hospitals and Ambulance Services

SAC is aware that access to GP services in Kendenup and surrounding districts is limited. Given the partners experience at other AOD residential services, it is anticipated that approximately a total of 4-5 appointments on average per fortnight will be required by the service. This is not expected to be substantially higher than any member of the public accessing a GP for general health issues.

The GSDARC will have a nurse on site and will have on-call staff and other arrangements in the event of an emergency at the centre. In addition, all GSDARC staff will be required to hold a current First Aid Certificate.

SAC also has a well-established network of health providers in the Great Southern region with whom they work, who may also provide support in relation to resident health needs.

Residents accessing the GSDARC are not expected to have a physical health status profile necessitating hospital care at a rate any higher than that of the general population while a resident at the service.

Accordingly, whilst health service requirements for GSDARC residents are expected to be comparable to any other member of the community, support options will be established with local health services across Mount Barker, Denmark or Albany.

Mount Barker is the closest town to the GSDARC location (17 km drive) and provides access to both GP and hospital services (24/7) through the *Plantagenet Medical Centre* and *Plantagenet Cranbrook Health Service*, respectively. When needed, SAC staff will drive the residents' needing appointments to the most relevant service. In rare critical cases, an Ambulance may be required. Depending on the nature of the emergency, SAC will also have in place its own arrangements for transporting residents to hospital should the need arise.

Mental health

People with alcohol and other drug problems may also present with mental health conditions. Most typically, this is likely to be high prevalence disorders such as depression and/or anxiety. In most of cases these mental health issues will be managed by GSDARC clinical staff, with support for medication from a prescribing doctor, where required. People with more severe forms of mental illness such as schizophrenia will not be suitable for admission to the GSDARC unless they are stable and able to effectively participate in the program.

SAC also has established working relationships with key mental health service providers including the following which can provide support for residents in some situations:

- Amity Health
- Great Southern Aboriginal Health Association
- WA Country Health Service (Albany Health Campus, Plantagenet Cranbrook Health Service)
- Headspace Albany.

11. Positive Impacts for the Community

An examination of the literature highlights positive outcomes when evaluating the impact and effectiveness of residential rehabilitation programs. In 2023, the National

Indigenous Australians Agency supported research⁷ which concluded that the overall BCR (Benefit Cost Ratio) of Aboriginal residential rehabilitation services is 1.29, which suggests that every dollar invested in Aboriginal residential rehabilitation services will obtain an estimated \$1.29 return.

The expected benefits to the community from the establishment of the GSDARC include:

- **Health Benefits** – savings in health costs including medical services, hospitals, nursing homes, pharmaceuticals and ambulances could be expected as a result of rehabilitation.
- **Improved life expectancy** - the benefits of improved life expectancy from drug rehabilitation have been calculated from data on causes of death in Australia, published by the Australian Bureau of Statistics.
- **Benefit in the protection of Aboriginal culture** - SAC consultations amplified community concerns that problematic AOD use was a threat to Aboriginal communities and their cultures. A focus on culture will foster knowledge and experience of Aboriginal Culture, thereby positively impacting its preservation.
- **Savings in Police, Justice and Detention expenditure** – the increase in pro-social behaviour through rehabilitation and recovery will reduce the draw on Police and Justice services. Related to this is an expected reduction in the costs and other negative impacts associated with crime.
- **Improved worker productivity** – it is expected there will be enhanced capacity of residents to regain a place in the workforce following their treatment program.

From an economic perspective, the establishment of the GSDARC will bring significant cost savings to the State. This takes into account savings in health costs, justice and other government services, as well as increased work production and life expectancy.

In addition to the above, it should be highlighted that the GSDARC will bring new employment opportunities into the Great Southern region, as SAC will seek to employ local people to fill the jobs at the facility. In addition, SAC intends to ‘purchase local’ for the supplies needed to operate the GSDARC. This focus on accessing local people and resources will bring significant economic and social benefits to Kendenup and

⁷ Commonwealth of Australia, National Indigenous Australians Agency, Strengthening the Evidence Base for Aboriginal Alcohol and other Drug Residential Rehabilitation Services. [strengthening the evidence base for aboriginal alcohol and other drug residential rehabilitation services](#)

surrounding districts. It is estimated that the establishment of the service will result in a \$2.5 to \$3 million annually in additional income to the economy of the region.

12. Frequently Asked Questions (FAQ)

The following FAQ resource has been developed by SAC and partner Cyrenian House for the benefit of local community members and other stakeholders in Kendenup and surrounding districts.

How many residents will the service accommodate at any one time?

The GSDARC will provide 16 adult beds for long-term alcohol and other drug treatment and 4 adult beds for low medical withdrawal. This would mean that there would be a maximum of 20 people accommodated at the facility at any one time.

How are people assessed for admission to the proposed service?

Potential residents will be assessed by the SAC / Cyrenian House Residential Pathways team member, using the comprehensive assessment and preparation process in place for Cyrenian House's other Therapeutic Communities. Assessments will be conducted in the Great Southern region at various locations, remotely via teleconference or video-link where necessary, and in Perth.

What sort of people will be treated at the GSDARC service?

Residents at the service will be Western Australian adults (over 18 years), who have alcohol and other drug related issues that require residential treatment. People assessed as suitable for admission will be highly motivated and committed to their recovery and to an alcohol and drug free life and future.

When will the service commence operation?

The project plan for the development of the service has the service commencing as early as late 2026. This date is subject to the successful outcome of an expected State Government tender process and Shire approvals coming within expected timeframes. SAC and Cyrenian House are confident they can establish the service quickly and efficiently based on their experience at establishing similar services over recent years.

What sort of activities or programs do residents participate in?

Each day is full, and highly structured with little opportunity for idleness. The treatment program consists of an intensive daily program of work, recreation and psychosocial therapies. Residents are responsible for supporting the effective and efficient running of the facility alongside staff, undergo counselling in groups and individually, have their health monitored, learn new skills, and are assisted to plan for their future.

What do residents learn while they reside at the service?

The treatment model emphasises the importance of working and giving back to the community and other people as a pathway to a healthy fulfilling life. Residents are required to work hard and are consistently challenged to identify and address old and negative patterns of interacting with others and general behaviour. One of the key aspects of the program is that those residents ‘further along’ in their treatment are responsible for mentoring new residents to help them adjust the highly structured way of life in the service and to provide guidance and role modelling.

Will the service be like other alcohol and other drug residential services?

The service will be a ‘best practice’ example of residential alcohol and other drug treatment. It will operate using the Therapeutic Community Model. This is considered the gold-standard residential treatment approach in use today around the world.

What quality assurance will be in place?

The service will meet all State and Local Government requirements including quality accreditation, appropriate registration and contractual funding requirements of the State Government. SAC’s service delivery partner Cyrenian House already operates four other government funded community-based Therapeutic Communities in Western Australia and is considered the leading provider of these services in WA and has an excellent reputation both Australia-wide and internationally.

What qualifications will the staff have?

Staff will be well qualified and trained for their roles at the service. The manager of the GSDARC will be required to be a tertiary qualified professional – either a psychologist, social worker, nurse or similar. The counsellors at the service will also require relevant formal qualifications. A Registered Nurse will also be based at the service to provide medical expertise and supervision to people in the early phase of their recovery. Other support staff including general support workers, and evening/night supervisors will come with a variety of qualifications and experience. In all cases staff will be trained for and skilled at the jobs they are recruited for.

Will there be opportunities for local people to be employed at the service?

Local people will be employed at the facility. SAC will undertake an open recruitment process for staff at the service and will encourage appropriately qualified local residents to apply. A significant number of permanent and casual jobs will be created by the GSDARC, with a high likelihood that these staff and their families will live in or around Kendenup, Mount Barker, Denmark, Albany and other towns in the region.

How will the safety of the Kendenup community be guaranteed?

Safety will be the number one priority at the facility. The residents of the GSDARC will be carefully screened and selected as part of SAC and Cyrenian House’s normal residential assessment process. This assessment identifies any issues such as previous

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sexual offending or serious violence amongst potential residents. Anyone with significant violence or any sexual offending history is excluded from being admitted to the service. There has never been a single significant violent or sexual offence at any Cyrenian House residential facility, over the almost 45 years the organisation has operated.

Are residents detained at the service?

No. All residents will be voluntarily undertaking treatment at the service. No person will be required to participate in the treatment program against their will.

How will residents get to the service?

It will vary. Most people will be transported to the service by family or friends. Where this is not possible, SAC will facilitate the transport of clients who do not have other options for transport.

Will family and friends be able to visit residents during their treatment?

Yes, but only as agreed and after a period of orientation. People who first enter the centre will be required not to have visitors except under exceptional circumstances during the first four weeks of their stay. This allows people to completely adjust to life in the community and to begin to focus on their recovery without distractions. After this period is over visits are encouraged. It is anticipated that as the service develops that parents, siblings and other family members will travel to Kendenup to visit family members in treatment. Visitors requiring accommodation will need to make their own arrangements with local accommodation/tourist providers. This steady flow of visitors is likely to have some modest impact on tourist and visitor numbers to the town.

What sort of supervision is provided to residents at the service?

The service will be staffed 24/7 and at no time will residents be left unsupervised. During weekdays business hours there will be 5-7 staff on duty for the up to 20 residents accommodated. During evenings/nights and on the weekends, there will always be at least two (2) paid staff members on duty at the facility. In addition, after hours there will always be a senior Cyrenian House or SAC staff member formally “on-call”, available by phone to consult with staff on-site about any situations or decisions requiring senior-level input.

How long will residents stay at the service?

Residents typically complete their treatment successfully in approximately six to seven months although flexibility is provided for longer stays up to 12 months, to accommodate individual progress and transitional arrangements. A minority of people do stay for a few days or weeks only, but this is usually when they decide to end their treatment early or need to be discharged by the service. .

Will residents be allowed off the grounds and be able to come to town?

Yes, but under supervision as appropriate. As people progress in treatment, they are required to take on more responsibility. An example of this is the weekly shopping. In this example a small group of residents accompanied by staff would drive to Kendenup or Mount Barker to purchase supplies for the coming week. Another example would be residents engaged in a planned recreational activity such as bushwalking or sports.

Will the service contribute to the local community and economy?

Yes. The service will employ local residents, and SAC is committed to purchasing the goods and services required to run and maintain the service from local businesses as per current arrangements. It is expected that between \$2.5-3 million annually of revenue will flow to local residents and businesses as a direct result of the addition of this service.

What happens when someone finishes treatment, or they must be exited for breaking the rules?

People who complete their treatment stay are supported to return to their homes, which in the case of the GSDARC will mostly be other towns and communities in the Great Southern region. People who need to exit the service because they have broken key rules of the program will be transported back to their home communities; either by the service; or by their family and/or friends. SAC will not approve someone to exit the service without a clear plan as to how the person will return home.

What happens if someone at the service uses alcohol or other drugs while resident at the service?

One of the “Golden Rules” of the Therapeutic Community Model states that alcohol or other drug use is not acceptable to the community. This means that the person will be discharged from the service as soon as is practical; while still ensuring their safety and confirming a plan for them to return home. In practice people are usually exited within 24 hours of the discovery of alcohol and/or other drug use.

How do you know if someone has been using drug or alcohol on the site?

All residents are urine tested for alcohol and other drugs multiple times per week as part of the treatment regime at the service. In addition, random drug screening, alcohol breath testing, and screening for tobacco use are conducted based on any suspicion of use. SAC is confident based on Cyrenian House’s experience operating similar services for over 40 years that the GSDARC will likely be one of the most drug, alcohol and other drug (including tobacco) free properties of any kind in the entire Great Southern.

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