

# **Attachment A**

**Salvation Army William Booth House  
Redevelopment**



# William Booth House

# Redevelopment

Information for the City of Sydney



**“THERE IS NO  
REWARD EQUAL  
TO THAT OF  
DOING THE  
MOST GOOD  
TO THE MOST  
PEOPLE IN THE  
MOST NEED”**

EVANGELINE BOOTH,  
DAUGHTER OF FOUNDATIONS  
AND FIRST FEMALE GENERAL OF  
THE SALVATION ARMY (1943–1939)

**Dear Lord Mayor,**

There is an urgent need to invest in the redevelopment of William Booth House to ensure The Salvation Army can continue to provide high quality care to the city’s most vulnerable people living with addiction. A renewed William Booth House, in Surry Hills, will support the implementation of a new and innovative model of care, reaching deep into the local community, while ensuring the long-term sustainability of this critical service.

Much has changed since William Booth House was first established, and we see so much potential in this centre being able to do even more for the community. With investment, there would be the capacity to help hundreds more people living with addiction in the city of Sydney and surrounding communities.

Enabled through support from the City of Sydney, combined with DA approval and already secured funding of \$6 million from the NSW Government, this centre could do so much more for the people of Sydney. Please find following a summary of the project articulating the urgent need for redeveloping this facility along with detailed documentation as to how this change will deliver an enhanced and innovative service model.

The total redevelopment of William Booth House will cost \$28.6m. The Salvation Army is seeking cornerstone investment of \$3 million from the City of Sydney, received in the 2024 Financial Year, that will be underpinned by an \$8.6m co-contribution from The Salvation Army. The remaining investment required will be achieved through a capital fundraising campaign currently being planned. This catalytic grant will fundamentally transform lives while bringing hope where it is needed most. Thank you for considering this transformational investment.

Yours Sincerely,



**Rodney Walters (Colonel)**  
Secretary for Communications  
The Salvation Army Australia



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**“I DESERVE  
TO BE ALIVE.  
I DESERVE  
HAPPINESS  
AND LOVE.  
I’M NOT  
WORTHLESS!”**

**– JODY**

# 1. Executive Summary

## The Salvation Army in Sydney

Playing an important part in the area since 1882, The Salvation Army has been out on Sydney’s streets offering shelter to someone experiencing homelessness, helping an at-risk young person, supporting those seeking to escape addiction, or providing a safe place for a mother and her child to sleep for the night. This history has enabled The Salvation Army to establish a significant footprint within Sydney, as demonstrated by the following:



Providing  
**270,000+**

sessions of care to people at risk of experiencing homelessness



Reaching  
**2,626**

young people experiencing or at risk of homelessness



Delivering over  
**29,000**

instances of support for people experiencing addiction to gambling, alcohol or other drugs



Respond to those at risk of or experiencing family and domestic violence by providing over

**71,000**  
sessions of care

### Meet an increasing need

As reported in the Australian Government’s *phn Central and Eastern Sydney* initiative, the prevalence and harm of drug usage is increasing and requires immediate investment in response. For example, surveys have found that the prevalence of methamphetamine use, including crystal methamphetamine use, has remained the same but the harm has increased significantly and weekly or more frequent use of ecstasy increased from 12% to 21% in 2020, despite year-on-year decreases in the year prior<sup>1</sup>. As such, a rise in demand for our services comes as no surprise, and it’s becoming increasingly difficult to provide the care people need. This is our plan to improve care with the purpose of helping more vulnerable people in Sydney’s inner city than ever before.

### Scaling an innovative Model of Care

The Salvation Army have been piloting a new Model of Care (for Alcohol and other Drugs) in Tasmania, with the intent on i) reducing waiting times and per-client cost, ii) increase access to treatment through removing barrier to entry. This integrated model, whereby the program ran a combined residential and in-community program was highly successful with improvements in psychological wellbeing reported by 64% of community-based clients as opposed to 40% of residential. Residential care is critical but this pilot has proven that an integrated approach is best. For this to be introduced and scaled within inner-Sydney we must first upgrade the existing facility, William Booth House, in order to make it purpose designed (refer to [Appendix 3](#)).

<sup>1</sup> Alcohol and Other Drugs 2022 – 2024 Needs Assment. *phn Central and Eastern Sydney*





## 2. About The Salvation Army

### Mission

The Salvation Army Australia is a Christian movement dedicated to sharing the love of Jesus.

We share the love of Jesus by:

- **Caring for people:** Being there when people need us most. We offer care and compassion as a sacred encounter with transformative potential
- **Creating faith pathways:** Taking a holistic approach to the human condition that values spirituality. We graciously share the Good News of Jesus and grow in faith together
- **Building healthy communities:** Investing ourselves in relationships that promote mutual flourishing. We find the wholeness God intends for us in community
- **Working for justice:** Tackling the social systems that harm creation and strip away human dignity. We join God's work to build a fairer world where all can thrive.

### Vision

Wherever there is hardship or injustice, Salvos will live, love and fight, alongside others, to transform Australia one life at a time with the love of Jesus.

### Values

- **Integrity:** Being honest and accountable in all we do
- **Compassion:** Hearing and responding to pain with love
- **Respect:** Affirming the worth and capacity of all people
- **Diversity:** Embracing difference as a gift
- **Collaboration:** Creating partnership in Mission

### Our Commitment to Inclusion

**In 2021, The Salvation Army Australia issued its first national commitment to inclusion by releasing an official statement.**

The Inclusion Statement reinforces The Salvation Army's values and international mission statement: To preach the gospel of Jesus Christ and to meet human needs in his name without discrimination.

"This inclusion statement stands alongside and in alignment with our existing mission, vision, and values\* and publicly declares that we welcome all people in every engagement they have with The Salvation Army, and we are committed to each of them feeling respected and safe," said Colonel Winsome Merrett, Chief Secretary, The Salvation Army Australia. The statement reads:

*The Salvation Army Australia acknowledges the Traditional Owners of the land on which we meet and work and pay our respect to Elders past, present, and future. We value and include people of all cultures, languages, abilities, sexual orientations, gender identities, gender expressions, and intersex status. We are committed to providing programs that are fully inclusive. We are committed to the safety and well-being of people of all ages, particularly children.*

### Leading the Way

The Salvation Army is one of Australia's largest providers of Alcohol and other Drug (AoD) treatment services. We are committed to bring hope, freedom and wholeness to all people adversely affected by i) alcohol, ii) other drugs, and iii) gambling. As a national entity, the Salvos have been able to significantly innovate our model of care, yet our facilities must be redeveloped in order to enable a truly best practice and nationally standardised approach.

### Redevelopment of William Booth House

William Booth House is an addiction recovery service, located in Surry Hills. Offering crisis (detox) and residential (recovery) services for alcohol and other addictions, it centres on creating pathways for people to rebuild their lives in ways that are meaningful and purposeful. The Heritage listed facility, located at 55 – 60 Albion Street, Surry Hills, is The Salvation Army's response to Sydney's most vulnerable suffering from drug and alcohol addiction. However, we must urgently upgrade the facilities so we can deliver a modern Model of Care in a purpose built and modernised facility.

This is why, at the cost of \$28.6m, The Salvation Army is seeking to redevelop the existing site such as refocusing shared and communal areas into i) independent living spaces, and ii) spaces to deliver the non-residential rehabilitation within William Booth House.

### Investing in AoD services within inner-city Sydney

In summary, by adjusting the layout of the current building we can better implement the new Model of Care. The Salvation Army is requesting a cornerstone investment that will be underpinned by a co-contribution from The Salvation Army. The remaining investment required will be achieved by the launch of a capital fundraising campaign currently being planned. This catalytic grant will fundamentally transform lives while bringing hope where it is needed most.



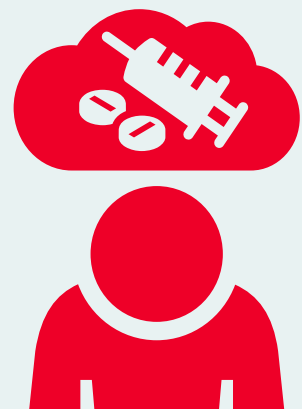
# 3. The urgent need for AoD Investment

## The issue of Alcohol and other Drug Addiction

Addiction is a physical and / or psychological need to do, take or use something to the point that it becomes harmful. Sadly, addiction affects thousands of Australians and their families. Those experiencing alcohol and other drug addictions often face stigma and shame, therefore suffering higher rates of mental illness. While there is a high demand for treatment, less than half of those seeking help are able to access any services. This is why we must invest in scaling our reach.

Our own experience, combined with external research, informs us that both the need and demand for The Salvation Army's AoD services is growing. There is no doubt that the pandemic played a significant role in driving up this demand, through the toll it had on mental health, but there is little evidence to suggest that this surge in demand is over or even temporary. Instead, we expect the need to increase over time. This is why we must act now.

Below is information taken from the *Alcohol and Other Drugs 2022 – 2024 Needs Assessment* report, released in November 2021 by the 'PHN Central and Eastern Sydney' which is an Australian Government initiative<sup>2</sup>. In summary, these statistics are alarming and demonstrate the clear need for The Salvation Army to fulfil its plan of refurbishing a key inner-city Sydney asset with the purpose of enabling us to scale the innovative and proven Model of Care.



## Drug and alcohol services planning model

The national Drug and Alcohol Services Planning (DASP) model predicts that for every 100,000 people in a broadly representative population:

- 8,838 will have an alcohol use disorder
- 646 will have a methamphetamine disorder
- 465 will have a benzodiazepine misuse disorder
- 2,300 will have a cannabis misuse disorder
- 793 will have a non-medical opiate (including heroin) misuse disorder.

## Hospitalisations

In 2018-19, there were 11,086 alcohol-related hospital admissions (including rehabilitation admissions) in the Central and Eastern Sydney Primary Health Network (CESPHN) region.

Almost two-thirds (60.7%) of hospital admissions were males. CESPHN has a higher rate of hospitalisations (648.1 per 100,000 population) than the NSW rate (554.1 per 100,000 population).

Hospitalisation rates for opioids continue to be higher (173.9 per 100,000 population) than hospitalisation rates for methamphetamine (140.0 per 100,000 population) in the CESPHN region. However, the rates of methamphetamine hospitalisations increased significantly between 2013-14 and 2016-17 whereas opioid hospitalisations remained relatively stable over this period. The same trends are seen for NSW.

# 4. Serving the community and supporting the City of Sydney

William Booth House will serve those in the local community who are 18 yrs or older. The majority of clients are likely to be aged between 30 and 50 years old. At any given time, approximately 1/3 of those in the community who access William Booth House are female with 2/3 male. The City of Sydney has a strong indigenous presence and this is reflected in our client community with up to 15% of clients identifying as Aboriginal.

The provision of the community based element of the service will afford WBH the ability to offer a stepped care approach to the delivery of treatment in central Sydney. This is an evidence-based approach to keeping people in contact with treatment services effectively no matter what their circumstances. It enables us to drop barriers to access to treatment and work with people no matter what stage of their treatment journey they are at.

We have structured services to support a stepped approach to treatment. This approach ensures flexibility in the way in which services are provided enabling The Salvation Army to meet a wide variety of client needs at the point of access. It will produce better and more sustainable outcomes for those within the community. William Booth House will also be an environment where greater access to treatment is enabled, supporting the City of Sydney in achieving an overall increase in public health and positive criminal justice outcomes.

Most significantly, the approach offers rapid and sustained access to treatment services. This improved efficiency to accessing treatment will result in more people being supported by William Booth House.

## Model of care

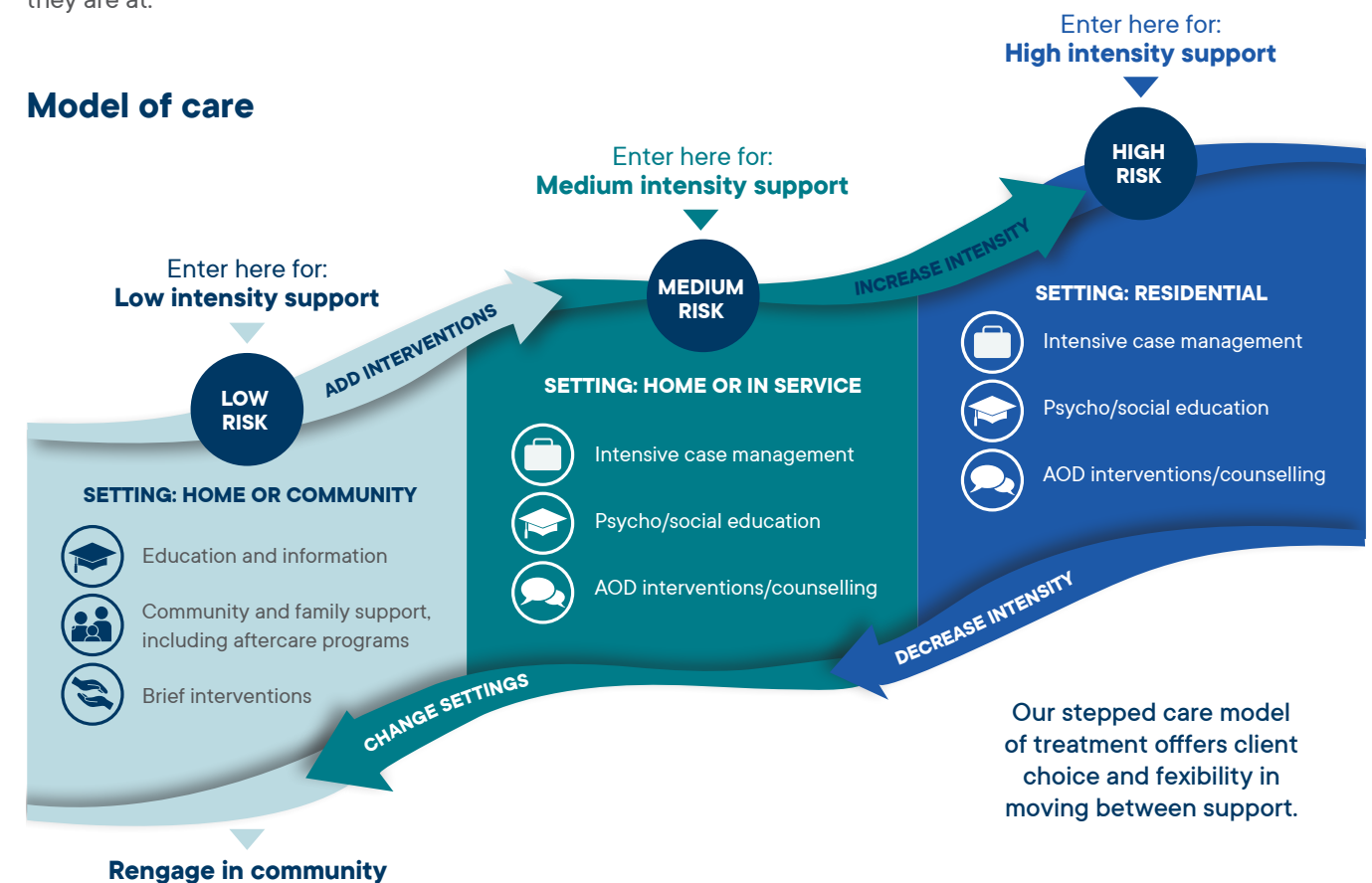


Figure 1: The Salvation Army's Model of Care for Alcohol and other Drugs Services

<sup>2</sup> Alcohol and Other Drugs 2022 – 2024 Needs Assment. *phn Central and Eastern Sydney*



# “WE WANT THE CITY TO BE ONE WHERE EVERYONE HAS AN EQUAL CHANCE IN LIFE AND THE OPPORTUNITY TO REALISE THEIR POTENTIAL. CITIES THAT ARE MORE EQUAL ARE CITIES THAT THRIVE.”

COMMUNITY STRATEGIC PLAN CITY OF SYDNEY SUSTAINABLE SYDNEY 2030-2050

Those seeking help from William Booth House will be better able to select the content of their treatment from a suite of programs and services which leverages a strengths-based approach to holistic treatment. Participants will build their own treatment packages to suit their specific needs. This affords a different sort of relationship between William Booth House, the service client and the community. Emphasis is placed on supporting the individual to achieve recovery, whatever that means to them.

A redeveloped William Booth House will no longer assess for access, rather the team will assess for presenting need and collaboratively develop treatment packages in concert with the participant to facilitate appropriate access to the treatment system.

This approach allows services to work with people in the city of Sydney regardless of their presenting needs, allowing locals to receive the services they need, want and deserve regardless of they are in active use of not. The Salvation Army anticipates that a redeveloped William Booth House will have a broad community reach due to proximity to Central Station.

Like the City of Sydney, The Salvation Army is committed to work with people and communities to eliminate discrimination and mitigate disadvantage, to actively remove barriers to inclusive participation and to promote relationships that are based on understanding and respect.

A redeveloped William Booth House is a tangible project which will deliver on the aspirations the City of Sydney has to ensure every member of our community, including those living with addiction, has access to the services, facilities and community support.

Item	Current William Booth House	Future William Booth House
Beds	45	50
1:1 Session Support	N/A	48 clients per day
Group Session Support	N/A	360 clients per day
Online Group Support	45	135 clients per day
Community Outreach Work	0	25 clients per day*

\*The Salvation Army plans to expand the number of front line support workers

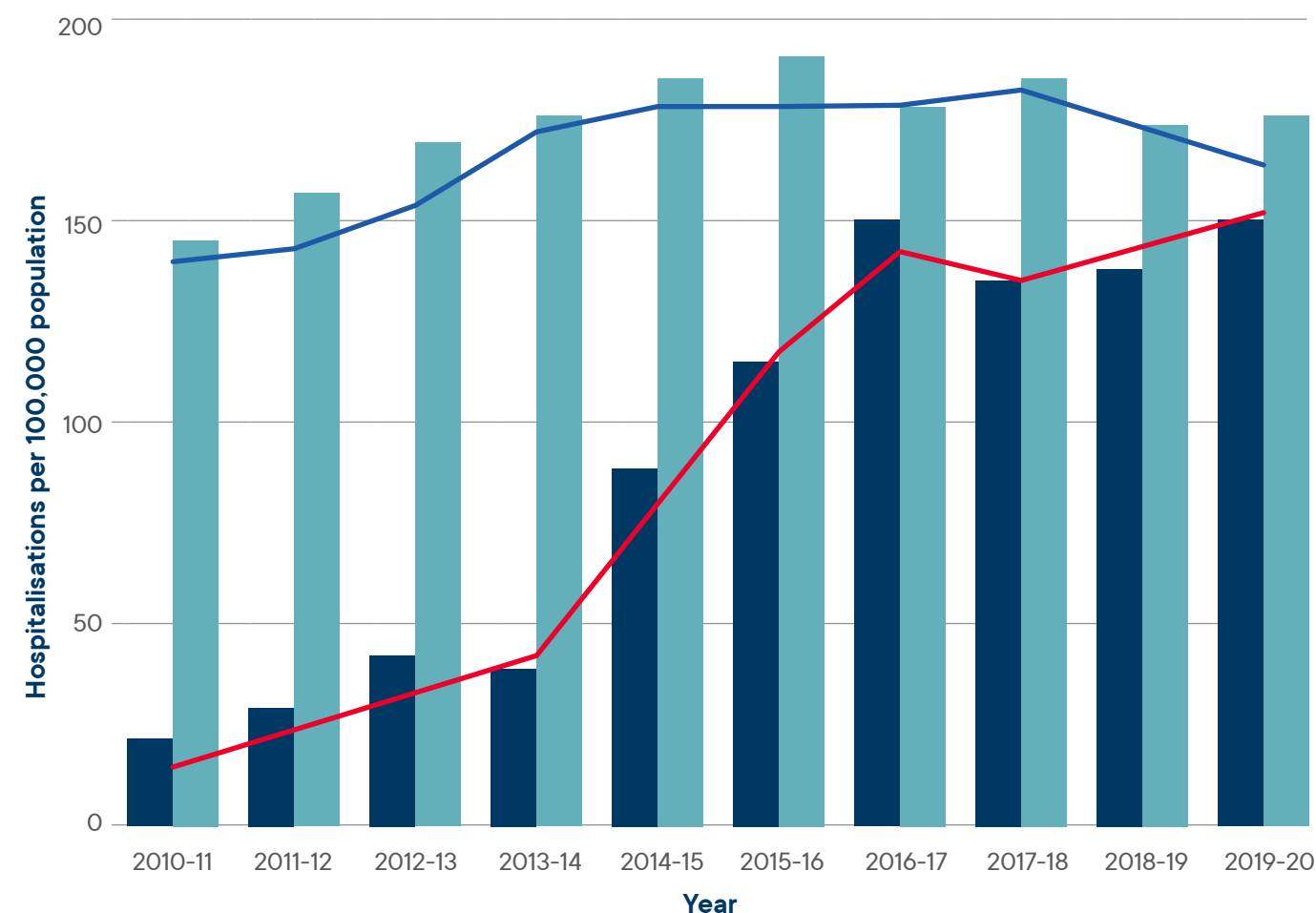
## General cost of drug use to Sydney Local Health District and NSW

Alcohol and drug use and related harms, Sydney Local Health District and NSW

Indicator	Sydney Local Health District		NSW	
	Indicator	Trend	Indicator	Trend
Methamphetamine related hospitalisations 2018-19	144.1 per 100,000	8.8 x increase since 2011	142.7 per 100,000	10 x increase since 2011
Opioid related hospitalisations 2018-19	344.4 per 1000,000	14% decrease since 2011	343.2 per 100,000	15.6% increase since 2011
Alcohol consumption at levels posing long-term risk to health by Local Health District, persons aged 16 years and over, NSW 2019	36.2%	7% increase since 2022	32.8%	1% increase since 2022
Current smoking, persons aged 16 years and over, 2019	9.1%	48% decrease since 2022	11.2%	31% decrease since 2022
Use of cannabis	N/A	N/A	11.0%	21% increase since 2016

Source: 90522\_DHS\_StrategicPlan\_2023-26.pdf (nsw.gov.au)

## Hospitalisation rates for methamphetamines and opioids, CESPHN region, 2010-11 to 2019-20



Source: Alcohol\_and\_other\_drugs.pdf (cesphn.org.au)

Legend: Methamphetamine (dark blue), Opioids (teal), Methamphetamine NSW (red), Opioid NSW (blue)



# 5. Expanding the network of Community Support

For over a century, The Salvation Army in Sydney has been at the heart of helping those in need. During this time, we've not just built facilities but a network of support from likeminded individuals, community groups and of course non for profit providers. The redevelopment of William Booth House will strengthen this network enabling stronger connections with providers which lead to better outcomes for those in the local community living with addiction.

William Booth House often provides referrals to other services of The Salvation Army also present in the city of Sydney. We will literally walk beside those seeking help to ensure they enter a service which is right for them. While our healthcare professionals often collaborate on cases, sharing relevant insights and information so those in our care do not have to revisit their history when seeking help.

More broadly, AOD services such as William Booth House work most closely with local homelessness services and Family and Domestic Violence partners – a redeveloped facility, with have space for multiple partners on site and will strengthen this network of support.



## Partners in delivering best practice and better outcomes



These relationships enable The Salvation Army to offer easy access to local community based support services:



### Family and Domestic Violence services (TSA)

To identify clients who may require our service  
To provide a support person for domestic violence survivors without a support system



### CBD Medical, Aboriginal Medical Services Redfern

To identify clients who may require our service  
To provide long-term primary care (including prescribing) for individuals who use our service who don't have a regular GP  
To instigate GP Management Plans and Mental Health care plans for appropriate clients



### SESLHD D&A

To identify clients who may require our service  
To enter into shared care for individuals who require inpatient withdrawal (where inpatient withdrawal beds are available)



### Inpatient Rehabilitation Providers (Odyssey House, WHO's, Jarrah House, Glebe House, TSA)

To enter into shared care for individuals who require inpatient rehabilitation post withdrawal



### Family & Community Services (Jarrah House, Family Drug Support)

To identify clients who may require our service  
To enter into shared care for individuals where child protection issues are identified



### Housing and Homelessness services – Link 2 Home, TSA Homelessness Services, Wesley Mission, Salvos Housing

To identify clients who may require our service  
Pathways into housing





## 6. Our Model of Care

### Our alcohol and other drug services

Our alcohol and other drug services are dedicated to creating a platform and pathways for people to build their lives in ways that are meaningful and purposeful. Harm reduction is the overarching framework of our alcohol and other drug services. Our primary purpose is to prevent and reduce harm for both individuals and the wider community and to support the reduction and cessation of use.

While addressing problematic substance use is key, we want people to have a sense of belonging to their families, friends and communities. Our core belief is that all people are worthy and deserving of love, respect and dignity.

At William Booth House we offer a range of programs including withdrawal management, residential rehabilitation, non-residential rehabilitation, community programs and harm reduction interventions.

We welcome all people without prejudice and seek to support them to access the treatment they need. Our services encourage choice. We believe in the capacity of people to identify their needs and guide their own treatment pathways. We work to develop and maintain strong partnerships between services and other health and community agencies to enhance access for people.

### Who our services are for?

Our alcohol and other drug (AoD) services target people experiencing problematic alcohol and other drug use and their caring significant others. There are several programs that also address problems with gambling. Using a stepped care approach, we aim to match people with a treatment that is right for them. There are a number of programs designed for specific populations, including young people, indigenous people, women including those with children and culturally and linguistically diverse groups.

This model is localised to fit with what is happening in individual communities so as to play to their strengths and ensure that needs are met flexibly and effectively. We are currently in the process of rolling this model out nationally, however it has been effectively used over the last few years across our services in Tasmania, where by the new model was validated. As such, the refurbishment of William Booth House will enable us to scale up this model and reach hundreds more people within the inner-city of Sydney. Refer to Appendix 3 for full outcomes of Tasmania trial.

Our services are suitable for people seeking support for problematic alcohol and other drug use, including long-term chronic use, mental health and other complex health and well-being issues. There are also a number of preventative and low-threshold services such as primary prevention and needle and syringe programs.

Aligned with our vision and principles, participants who access our services can expect to receive high quality, evidence-based care. They anticipate a safe, welcoming environment free from discrimination. Clients are well-informed about their treatment and care options and empowered to make decisions based on their needs and life circumstances.

We recognise that people's circumstances and experiences change over time and people may require different supports at different times. Most importantly, participants can expect to be supported to access the services they need, both within and outside of The Salvation Army alcohol and other drug services, at the time that they need them whenever possible.

### Embracing the fullness of life's possibilities

*"I came so that everyone would have life and have it in its fullest."*

– Jesus, John 10:10b CEV

The Salvation Army often uses the phrase 'fullness of life' to describe our intentions for ourselves and those we support. This phrase encompasses the idea that people should be provided with opportunities not just to survive life's circumstances but to participate fully and thrive in life. We believe that connection, relationship and the health, well-being and development of every aspect of people is what makes us humans as we were created to be.

Elements of our approach such as i) holistic care, ii) organisational partnerships, iii) wrap-around service delivery, and iv) are the key mechanisms to creating long lasting change and meaningful outcomes in people's lives. For example, The Salvation Army alcohol and other drug services have a strong focus on community participation and involvement ensuring participants are meaningfully connected with medical, psychological and social.

*"The program has been supporting and assisting me to attend the Mosque every Friday; this has ensured my ongoing spiritual and cultural connection to my community. I have also been supported to return home to assist in the family business. I have also been assisted with legal matters and with transport to attend court. Being Muslim my diet is important, I was able to speak with the chef about this and my meals are now prepared in a manner consistent with my faith".*

– Sam, program participant

We support participants to determine their priorities and provide support to access services. Staff encourage people to become independent and make choices in their own lives. We understand that those who are able to integrate into social and community networks achieve better outcomes which in turn supports their recovery goals.



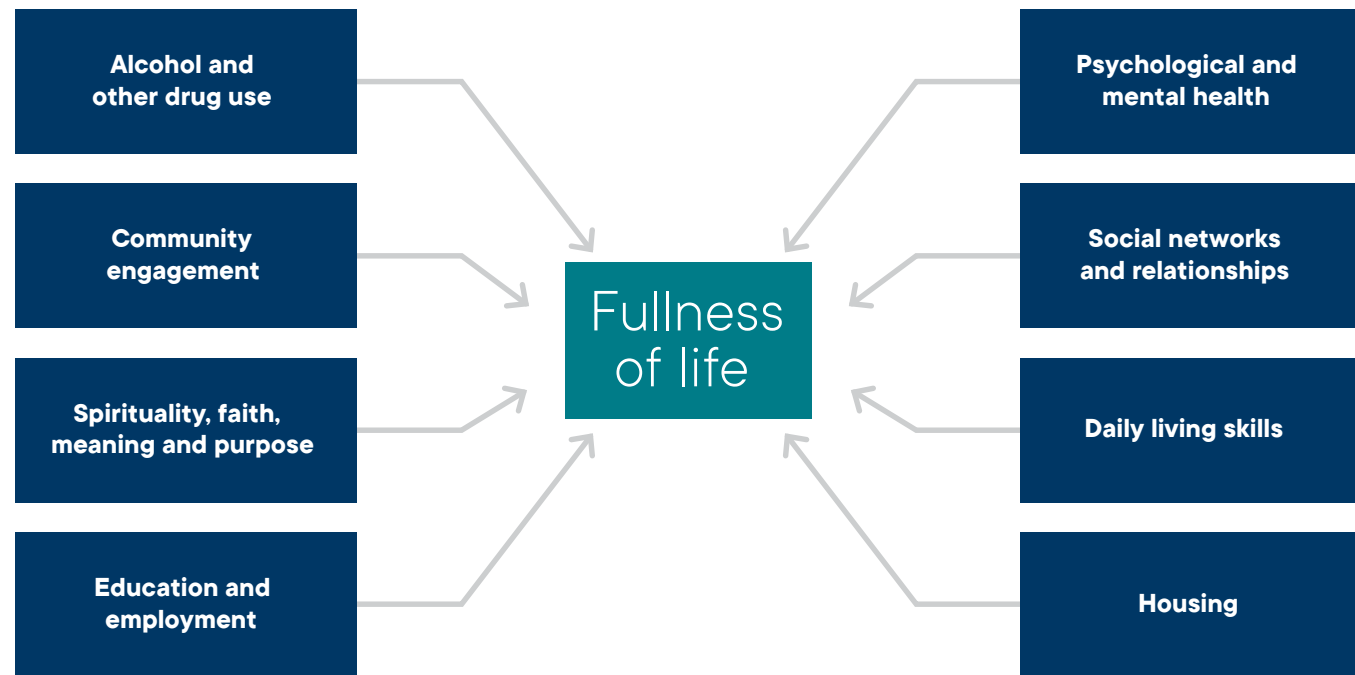


Figure 2: Fullness of life supports and community and peer networks. We invite anyone who wishes to consider personal faith in a supportive, non-judgemental environment.

## Our principles

Our commitment to the principles we employ in service delivery grows out of our organisational values. Each principle helps us to demonstrate at least one of our values.

### Principle 1: Evidence-based and accountable

We provide care that is informed by the best available evidence and practice recommendations. We are accountable through quality assurance measures and feedback from those who use our services.

### Principle 2: Flexible and responsive

We offer services that provide the right care, for the right person at the right time. We strive to create pathways for people to access the services that are right for them. We acknowledge the unique and diverse needs of every person.

### Principle 3: Accessible and inclusive

We endeavour to offer care, respect and support to all people who enter our services. We understand and seek to overcome barriers that prevent people from getting the support they need. We use the best available knowledge to improve our service capacity to provide safe and inclusive care for all people who may benefit from our services.

### Principle 4: Person-centred and holistic

We meet people where they are at. We understand that people have a range of needs and achieving their goals

is limited by only addressing one aspect of a person's care needs. Our fundamental premise is that people are relational and create meaning, security and a sense of belonging through family, friends and social networks.

### Principle 5: Partnership

We work to sustain and develop partnerships to be effective and efficient in meeting the needs of people who use our services or may benefit from access to our services. In particular, we understand the importance of partnerships and engagement with Aboriginal and Torres Strait Islander health and community services. We strive to overcome the limitations of system fragmentation one partnership at a time.

### Principle 6: Leadership

We demonstrate a commitment to sound, effective, evidence-based programs across our services. We work towards a capable, qualified, supported workforce who are provided opportunities to engage with current and new knowledge to support their practice. We respond to new issues as they emerge with enthusiasm and responsible innovation.

### Principle 7: Innovation

We strive to develop new ways of working to meet the needs of our diverse and complex participants and caring significant others. We incorporate the best available evidence and practice knowledge. New ideas and approaches to care are evaluated to ensure they are effective in improving the lives of the participants who engage with our services.

# 7. Supporting local and NSW government policy and priorities Alcohol and Other Drug Policy

Alignment with William Booth House strongly supports alcohol and other drugs priorities of the NSW Government by providing high quality, evidence-based care in a safe, welcoming environment free from discrimination. A refurbished William Booth House will support:

- Improving access to alcohol and other drugs services through investment in and application of a new Model of Care.
- Flexible living arrangements adjusted to suit changing demands in counselling, withdrawal management and non-residential rehabilitation services.
- Reducing stigma and discrimination experienced by consumers in the delivery of treatment and care and as such maintain the dignity for the individual.

## Improving access to alcohol and other drugs services through investment in and application of a new Model of Care

The new William Booth House model aligns with the Stepped Care Framework outlined in the Health NSW Drug and Alcohol Psychosocial Interventions Professional Practice Guidelines<sup>3</sup>, providing structured, evidence-based care for participants. William Booth House will achieve tailored care through the development of programs designed for specific populations, including young people, indigenous people, women (including those with children) and culturally and linguistically diverse groups.

<sup>3</sup> Drug and Alcohol Psychosocial Interventions Professional Practice Guidelines, pg 15 – 17. [www1.health.nsw.gov.au/pds/ActivePDSDocuments/GL2008\\_009.pdf](http://www1.health.nsw.gov.au/pds/ActivePDSDocuments/GL2008_009.pdf)

<sup>4</sup> Drug and Alcohol Psychosocial Interventions Professional Practice Guidelines, pg 58 – 63. [www1.health.nsw.gov.au/pds/ActivePDSDocuments/GL2008\\_009.pdf](http://www1.health.nsw.gov.au/pds/ActivePDSDocuments/GL2008_009.pdf)

William Booth House provide services suitable for people seeking support for problematic alcohol and other drug use, including long-term chronic use, mental health and other complex health and wellbeing issues. William Booth House also provides a number of preventative and low-threshold services such as primary prevention and needle and syringe programs.

## Reduce stigma and discrimination experienced by participants in the delivery of treatment and care

The Salvation Army understands that barriers to treatment tend to be greater for the most marginalised and vulnerable people. Like the NSW Government, The Salvation Army agrees there is a range of additional psychosocial issues associated with high levels of problematic drug and alcohol use amongst marginalised group in our society (Drug and Alcohol Psychosocial Interventions Professional Practice Guidelines)<sup>4</sup>.

The Salvation Army believes that culture plays a crucial role in shaping behaviours and practice, which will consequentially reduce stigma. William Booth House, along with all alcohol and other drug services operated by The Salvation Army, fully subscribe to the value of acceptance: removing discrimination and judgement and recognising uniqueness of all people.







## 8. William Booth House

William Booth House is an addiction recovery service, located in Surry Hills. Offering withdrawal management (detox) and residential (recovery) services for alcohol and other addictions, it centres on creating pathways for people to build their lives in ways that are meaningful and purposeful. These pathways aim to prevent and reduce harm for both individuals and the wider community and to support the reduction and cessation of use.

### The Problem

William Booth House is a 45-bed residential rehabilitation service with mostly shared facilities, such as dormitories, bathrooms, living and dining areas. These shared spaces are an increasing challenge, and do not provide appropriate privacy and dignity, to the implementation of our new model of care focused on providing individual treatment, including independent living spaces, while also expanding our non-residential rehabilitation programs further into the community.

The rooftop does not provide appropriate outdoor group activity, exercise and quiet space to support rehabilitation.

The existing building also has significant deferred maintenance and heritage conservation items requiring rectification. Finally, the heritage listing which, under our new model of care, makes the building's current configuration no longer fit for purpose.



Image 1: The Salvation Army's William Booth House, located at 56 – 60 Albion Street Surry Hills





## 9. The Salvation Army's proposition: Redeveloping William Booth House

The Salvation Army is seeking to refocus shared spaces into independent living spaces and use the remaining shared spaces to expand our non-residential rehabilitation. By adjusting how the building is currently set out, we can better implement our new model of care for people escaping addiction and homelessness. This plan will enable The Salvation Army to maintain strong partnerships between our other missions in the area, as well as work more closely with local health and community agencies.

Most importantly, the refurbishment will facilitate the innovation of the current service model by introducing a dual i) in-centre rehabilitation, and ii) in community service model. Validated through a similar Salvos program trial in Tasmania, we plan to adopt this model in order to significantly scale our response at a far cheaper per-head cost.

Relocation of the detox program clients is proposed to two other Salvo rehabilitation centres; i) Stanmore, and ii) any residential program residents can relocate to Dooralong.

During construction, we will look to temporarily relocate the William Booth House service to other Salvo

rehabilitation locations, such as Stanmore House and Dooralong AOD service.

### A refurbished William Booth House will:

- Increase accommodation from 45 beds with shared bathrooms and dormitories to 50 single rooms each with an ensuite
- Expand non-residential rehabilitation programs enabling increased community treatment
- Provide new health and wellbeing spaces to support the residential program
- Establish a new purpose-built withdrawal management (detox) space, including specialist treatment areas
- Ensure a safe staff space and provide crisis clients single room ensuite accommodation
- Dedicated new floor by floor residential kitchen, dining and lounge areas to promote self catering and life skills
- Ensure spaces are flexible and can be adjusted to suit changing demands in counselling, withdrawal management, non-residential rehabilitation services, and harm reduction interventions.

### Proposed Refurbishment and Compliance Works

The refurbishment of an existing five level heritage building located at 56 – 60 Albion Street Surry Hills. The building is currently utilised as a drug and alcohol addiction and rehabilitation centre. The current building use and fabric represent a circa 1974 style and material selection. It is assumed the existing building has limited or requires minimal removal of hazardous materials such as asbestos lining. The current building was built by The Salvation Army and opened in 1922. The proposed refurbishment works will retain the existing building fabric including perimeter brick walls, concrete columns and timber framed floors. Remaining hazardous materials such as asbestos lining will be removed.

#### The proposed refurbishment works include:

- Demolition and removal of all internal fit out and services, while maintaining heritage items
- New ground floor welcoming entry, group meeting rooms, counselling spaces, admin and WC
- First floor new withdrawal management (detox) and secure nurse station for 24/7 supervision
- Three floors of residential AOD with self-catering kitchens, lounges and dining on each floor
- New roof top outdoor and exercise space for residential AOD.



Figure 3: Floor layout

The existing building has significant **deferred maintenance and heritage conservation** items requiring rectification, including:

- Addition of fire sprinklers throughout, new fire hydrants, vertical and horizontal fire protection, fire egress, smoke compartmentalisation
- All new trunk services and infrastructure, such as new electrical main switchboard, hot water plant, stormwater, grease trap, etc.
- Reconstruct upper level fire escape stairs
- Roof slab structure support and brick parapet strengthening works
- Heritage restoration works, largely rectification of brickwork throughout the building
- Reconstruction of the lift shaft to allow a larger accessible and stretcher capable lift
- Accessible ramps and access throughout to achieve disability compliance.



Figure 4: Roof concept layout



## Cost Summary

Project Cost	Forecast (\$m)
Demolition	\$1.92
Construction Cost	\$17.10
Design and Consultant Fees incl PM	\$1.92
Furniture, Public Art and Miscellaneous	\$0.79
Statutory Fees	\$0.58
Construction Contingency	\$2.28
Cost Escalation from Nov'22	\$2.27m
Temporary Relocation Cost	\$1.25m
<b>Totals</b>	<b>\$28.63m</b>

This Project Cost forecast is based on Nov'22 cost plan prepared by Altus. This forecast project cost differs from the \$19.8m on City of Sydney's website, as the TSA estimate includes all project costs, including cost escalation.

## 10. Program of Works Timeline

Key Activity	Forecast
Development Approval – City of Sydney	Completed (ahead of program)
Detailed Design	October 2023 – June 2024
Appoint Builder	June 2024 – November 2024
Relocate AOD Service, Construction and Fitout	November 2024 – October 2026
Open AOD Service	November 2026

## 11. Local Community Benefits

The William Booth House building redesign incorporates an entire floor designated to providing a broad range of programs which will reach deep into the local community to support a minimum of 500 additional people every year seeking AOD treatment. These benefits will include:

- Easy access to services which are a short walk from Central Station
- 4 new multipurpose clinical rooms for improved face-to-face individual interventions
- 2 new large rooms with capacity for up to 15 people in group work supported by facilitators
- Services being extended beyond usual office hours, removing barriers to access help by those in the community who may be unable to access services during normal business hours
- 24 hour secondary needle and syringe program
- Up to 7 new AOD specialists employed at the new facility enabling hundreds of additional clients to be supported every year

- New workspaces for service delivery partners in health, legal and social services.
- Daily increase in the number of clients provided with an individual face-to-face service
- Ability to utilise clinical rooms to facilitate an online community support group service
- Up to 60 people employed at the height of construction.

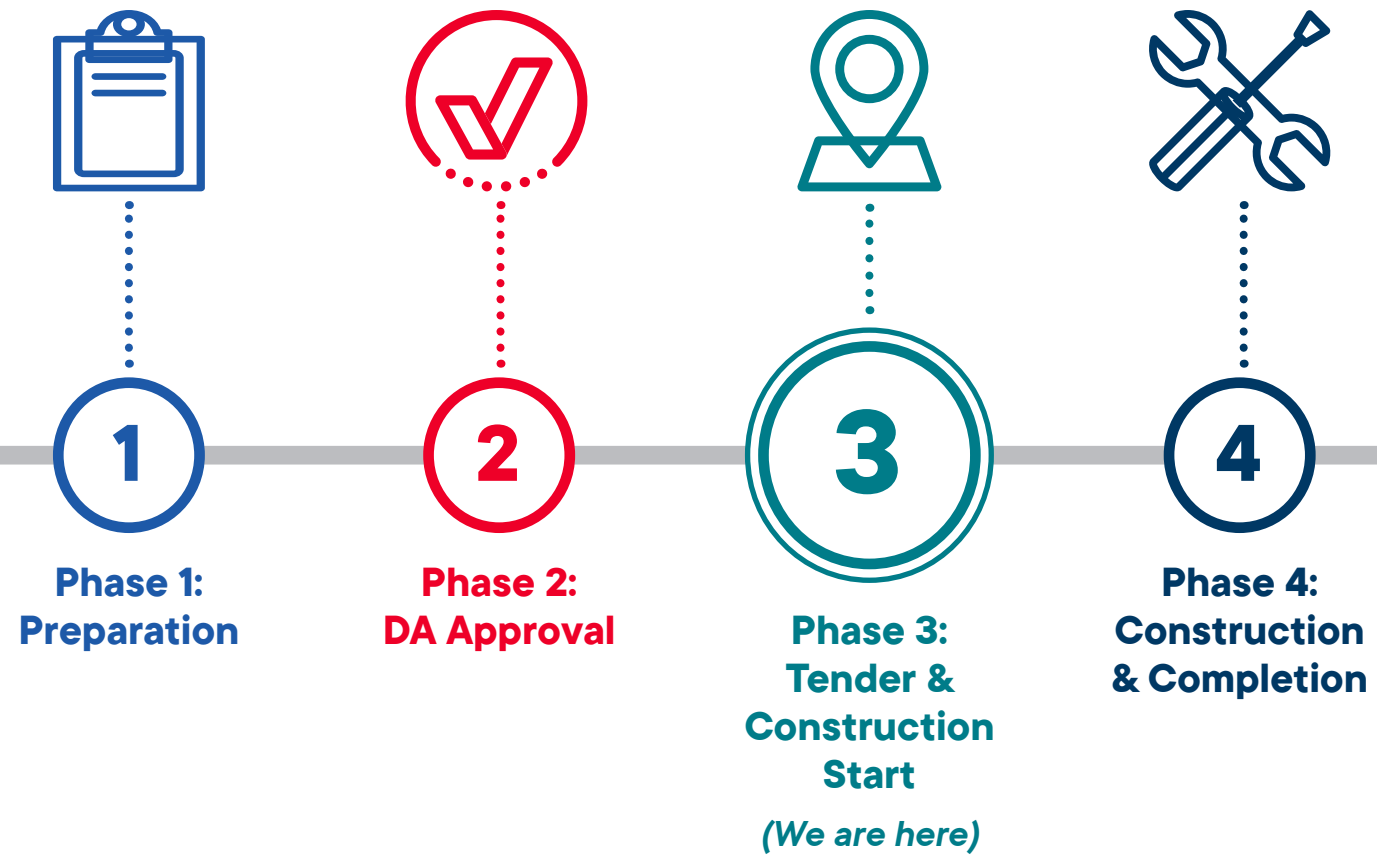
### Continued investment in Sydney's most vulnerable

For over 100 years, The Salvation Army has invested in supporting Sydney's most vulnerable people, including those living with addiction. This community investment is set to continue with a redeveloped William Booth House requiring annual funding of approximately \$4.6 million to continue community access to various programs and services.





# 12. Project Progress and Timeline



## Supporting documentaton

To learn more about plans to redevelop William Booth House please visit:  
<https://eplanning.cityofsydney.nsw.gov.au/Pages/XC.Track/SearchApplication.aspx?id=1832686>





# 13. Appendices

## Appendix 1: Documentation relating to redevelopment

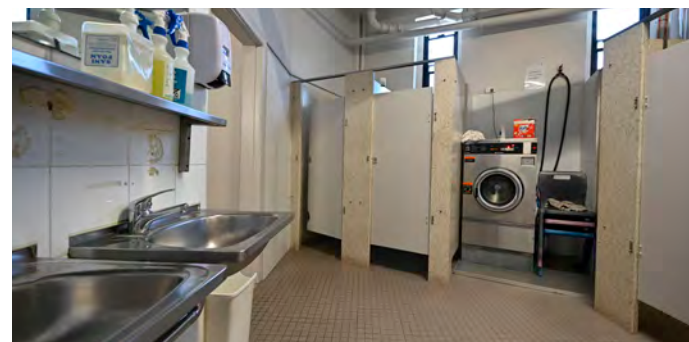
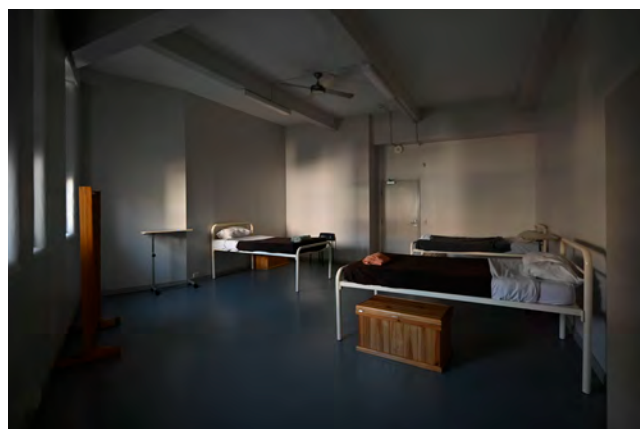
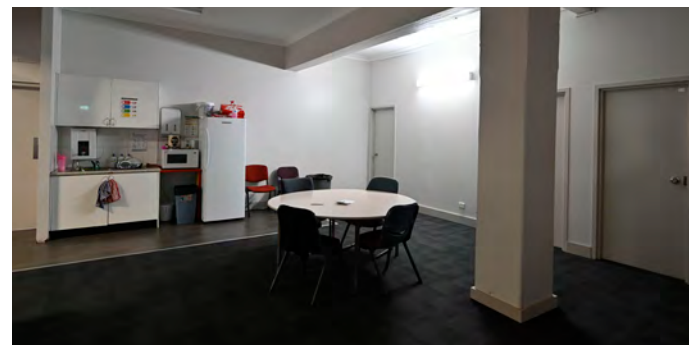
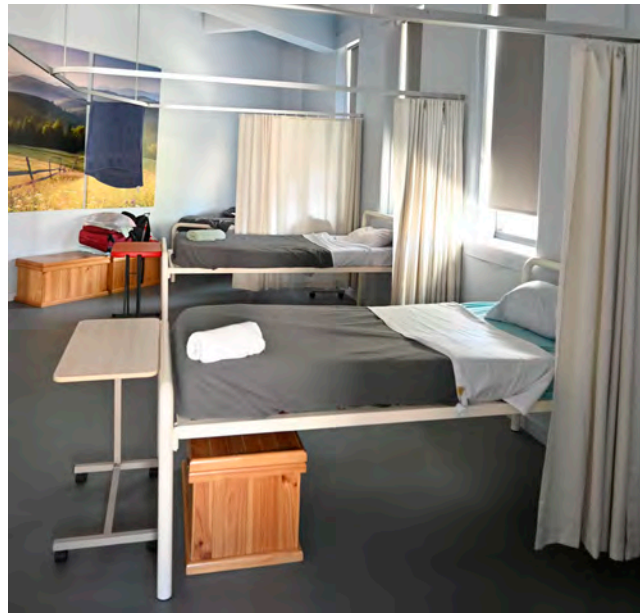
The redevelopment of William Booth House has been meticulously planned since early 2020, with formal approval to proceed with redevelopment, received by TSA Executive Management Council in March 2021.

In late 2022 a Development Application was lodged with the City of Sydney for the proposed works. The application received no public objections resulting in Development Approval being granted on 27 June 2023.

With Development Approval now received, considerable documentation is available, including:

- City of Sydney, Conditions of Consent
- Architectural Drawings (Integrated Design Group);
- Heritage Report (Weir Phillips);
- BCA Report (Group DLA);
- Access Report (Group DLA); and
- Cost Report (Altus)

## Appendix 2: Images of current facilities within William Booth House



## Appendix 3: Case Study – Characteristics of reorienting Salvation Army AOD services in Tasmania

Over the last few years, the Salvation Army has been using its Model of Care as the basis to deliver services in Tasmania. The intention is to reduce waiting times and cost, and to increase access to treatment through dropping barriers. Barriers can be wide-ranging and include travel, the need to care for children, employment, time taken to engage and stigma of attending (amongst others).

There are no waiting lists, clients are engaged at assessment, and through a collaborative triage process placed in appropriate treatment. Treatment is delivered in both a community and residential setting, offering a sliding scale of intensity depending upon need. Residential programs, which are more costly and time consuming are protected. Stays are shortened and community services are used to engage people for the length of time they require to achieve their recovery.

Shorter, more intensive residential stays are provided, along with comprehensive community group-work programs, counselling, recovery planning, outreach, engagement services, care-coordination, risk management and access to education, training and employment and after care services.

Services are embedded in the local community and run from a variety of locations with flexible opening times, taking treatment to the areas and communities in which people live. This works to drop barriers to engagement, increase community stakeholder involvement, consumer participation and decrease dropouts. It enables services to engage people where they live and help them to get well in-situ, which in turn helps to create better outcomes that are maintained and sustainable in terms of cost effectiveness. A wide variety of treatment options helps to prevent discharge from services, which in turn provides better public health and criminal justice outcomes.

### Data indicators

#### – AOD services Salvation Army Tasmania

- 37% of our total income pays for community-based services, with 92% of clients receiving community-based (non-residential) services in 2020/21. This equated to 821 individuals in community-based services and 71 in residential.
- In 2019/20, 87% of clients were engaged in community-based services (totaling 1148 individuals), while we saw 168 in a residential setting.
- Residential beds cost on average \$70k per annum (based on actual cost and number of beds). Community-based clients cost on average \$1310 per annum (based on actual cost and number of clients in 2019/20 (pre-covid)). This cost increased to \$1832 in FY 20/21 due to COVID.
- Improvements in psychological wellbeing were reported by 64% of community-based clients as opposed to 40% in a residential setting. The WHOQAL (a quality of life indicator) was consistent at 60% improvement across both settings. Drop-out rates were slightly higher in community at 34% as opposed to 21% in a residential setting. The treatment goals achieved in both settings were comparable at around the 80% mark.





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# The Salvation Army invites the City of Sydney to learn more about the redevelopment of William Booth House

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