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THE PARLIAMENT OF THE COMMONWEALTH OF AUSTRALIA

PARLIAMENTARY STANDING COMMITTEE ON PUBLIC WORKS

R E P O R T

relating to the proposal to rebuild the

MELVILLE REHABILITATION CENTRE,
WESTERN AUSTRALIA

CONTENTS

	<u>Paragraph</u>
The Committee's Investigation	1
The Rebuilding Programme	2
Commonwealth Rehabilitation Service	4
Rehabilitation Centres	7
Melville Rehabilitation Centre	
The Site	11
Existing Facilities	14
Capacity of the Centre	19
The Building Proposals	23
Patients Living-in Accommodation	25
Staff Accommodation	28
Kitchen and Dining Facilities	30
Recreation Hall	33
Administrative and Medical Block	35
Construction and Finishes	36
Electrical Services	39
Mechanical Services	42
Other Engineering Services	45
Committee's Recommendation	50
Estimate of Cost	51
Additional Items	52
Programme	55
Later Stages of Development	57
Recommendations and Conclusions	64

PARLIAMENTARY STANDING COMMITTEE ON PUBLIC WORKS

MELVILLE REHABILITATION CENTRE, WESTERN AUSTRALIA.

R E P O R T

By resolution on 26 October 1967, the House of Representatives referred to the Parliamentary Standing Committee on Public Works for investigation and report, the proposal to rebuild the Melville Rehabilitation Centre, Western Australia.

The Committee have the honour to report as follows:

THE COMMITTEE'S INVESTIGATION

1. The Committee received submissions and drawings from the Departments of Social Services and Works and studied an architectural model of the Centre as it is to be rebuilt. We inspected the existing facilities at Melville and the areas where the proposed work is to take place. Evidence was taken from departmental witnesses at a public hearing held in Perth.

THE REBUILDING PROGRAMME

2. The present reference, which is the first of three stages of a programme designed to replace obsolete and substandard buildings at the Melville Rehabilitation Centre includes:

- living-in accommodation for male and female patients;
- living-in accommodation for staff;

2.

- kitchen and dining facilities;
- a recreation hall; and
- an administrative and medical block.

The estimated cost of this work when referred to the Committee was \$700,000.

3. The main components of the subsequent stages and the estimated cost in each case are:

Stage Two	- physiotherapy block	}	\$220,000
	- occupational therapy block		
	- staff residences		
Stage Three	- metalwork trades block	}	\$80,000
	- miscellaneous items		

The total cost of the remaining work is thus expected to be of the order of \$300,000.

COMMONWEALTH REHABILITATION SERVICE

4. The Commonwealth Rehabilitation Service provides, without charge, rehabilitation treatment and vocational training for persons suffering from a physical or mental disability who:

- (a) receive, or are eligible for an invalid or widow's pension;
- (b) receive, or are eligible for a sickness, unemployment or special benefit;
- (c) receive a tuberculosis allowance; or

- (d) are young people, 14 or 15 years of age, who, without rehabilitation treatment or training, would be likely to qualify for an invalid pension at 16 years of age.

5. Disabled persons not eligible for the service without charge may be provided with treatment or training on a payment basis.

6. The Department of Social Services is also responsible under the Defence (Re-establishment) Act 1965 for providing rehabilitation services for discharged National Servicemen who are not eligible for this type of assistance from the Repatriation Commission.

7. Rehabilitation Centres In each of the mainland States, the Department of Social Services operates a rehabilitation centre which is equipped and staffed to provide specialised programmes of remedial treatment and assessment of employment potential.

8. Skilled therapists, working under medical supervision and using modern methods and equipment, help the disabled to achieve maximum physical restoration. Patients requiring artificial limbs or other surgical aids or appliances are prepared for the fitting of the aids and are trained in their use. The severely handicapped learn to meet the demands of daily living, confidence is restored and residual abilities that can aid physical and economic independence are developed. Preliminary training, education, sporting activities and a wide range of amenities are provided to help in treatment, in physical, mental and social adjustment, in assessment and in the development of future work capacity.

9. In all States, resident patients are accepted as well as those who are able to live at home and attend daily.

10. We noted with satisfaction that between July 1948 and September 1967, the Commonwealth Rehabilitation Service in Western Australia assisted over 2,900 severely disabled people, of whom 2,192 were returned to full-time employment. During 1966-67, 151 persons were placed in employment following treatment and training.

MELVILLE REHABILITATION CENTRE

11. The Site The rehabilitation centre in Western Australia is the Melville Rehabilitation Centre. It has a 25 acre site in South Road, O'Connor, on the southern side of the Swan River and is about 11 miles from the Perth city area and some four miles from Fremantle.

12. The Centre has a pleasant appearance due largely to its semi-rural setting. A good deal of the natural vegetation has been retained and extensive landscaping has been undertaken since it was first established.

13. On its eastern boundary the Centre adjoins a pine forest, while to the north and west, there are rapidly expanding areas of light industrial development. We noted that the area to the south is to be developed for residential purposes.

14. Existing Facilities The site was acquired for defence purposes in 1939 and was originally occupied by the temporary buildings of an army hospital. It had a number of different uses subsequently, before being opened as a rehabilitation centre in 1949.

15. At that time, the buildings were modified and extended and an extensive landscaping programme undertaken. The layout was dictated by

the siting of the original buildings which were dispersed over a wide area. In the operation of the Centre this has necessitated long walks by patients and staff and has impaired its effectiveness for rehabilitation purposes.

16. The original buildings were mostly hutments of timber or timber framed asbestos with iron roofs, erected as temporary structures. Mostly they are now obsolete, requiring constant and expensive maintenance. More modern buildings include the hydrotherapy pool and the vocational guidance block which were completed in 1956 and 1962 respectively. A new gymnasium is now under construction.

17. The facilities which the buildings in this reference are designed to replace do not now provide an appropriate standard of accommodation, ventilation is often inadequate and ablution, toilet and laundry facilities are unsatisfactory. Furthermore, the original buildings have reached or are quickly reaching a condition where it is no longer economic to maintain them.

18. The Committee concluded that there is a need for the buildings in this reference and that in the near future, it will be necessary to replace the physiotherapy block and provide new workshop and occupational therapy units and additional living accommodation for the staff.

CAPACITY OF THE CENTRE

19. The number of patients requiring treatment at the Melville Rehabilitation Centre fluctuates from time to time but during the last three financial years, the highest end-of-month figures recorded have been steady at about 75, slightly more than half of whom have been day patients.

20. In considering future capacity it is appropriate to bear in mind that the Centre is the only one in Western Australia and that in recent years the population of the State has been increasing at a rate of over 3% per annum. The indications are that this rate will continue and probably grow in the immediate future. Furthermore, the expectation is that with the improved service that will result from the completion of the facilities in this reference, there will be some widening in the scope of treatment available. In the formulation of the redevelopment proposals there has therefore been some allowance for an expansion of activities.

21. The Committee noted that in this light, planning of the redevelopment at Melville is based on the treatment of about 100 patients daily, for 52 of whom living-in accommodation is proposed. We were told that with a capacity of this order the rehabilitation service expects to be able to meet its commitments during the next ten years providing there is no change in the conditions of eligibility for treatment.

22. The Committee agree that it is reasonable for the planning of the redevelopment of the Melville Rehabilitation Centre to be based on the treatment of 100 patients daily.

THE BUILDING PROPOSALS

23. It is proposed that the buildings in this reference will be of single storey construction, planned to provide a more compact and functional layout than the present facilities. At the same time, they will be designed to create a pleasant residential atmosphere and to blend with the landscaped surroundings without creating the appearance of an institution.

24. The various units will be linked by a system of ramps and covered ways to permit easy access by wheelchair and to protect staff and patients from the weather. Vehicular movement within the Centre is to be restricted to prevent accidents and provide a quiet environment.

25. Patients Living-in Accommodation The proposal submitted to the Committee provides for 33 males in 17 single and 8 two-bedroom units and 19 females in 11 single and 4 two-bedroom units.

26. The accommodation is planned around open courtyards with common and allied rooms forming the hub of each courtyard unit. There are two such courtyards to the male block and one to the female block. All bedrooms will have wash basins, built-in wardrobes and dressing tables. Loungerooms, TV and writing rooms, toilets, bathrooms and laundries are to be provided nearby under the same roof.

27. Internal corridors will be six feet wide, doorways will be three feet wide, doors will have sight ports with the lower portions protected against wheelchair damage. Toilets, baths and showers are to have special fittings for wheelchair patients. Where appropriate, guard rails and handgrips will be provided, wash basins will be at varying heights and some bedrooms will be fitted to take bed hoists. Special attention is being given to the location of such items as door knobs, water taps and light and power switches.

28. Staff Accommodation This will comprise a self-contained flat for the senior sister, and 2 two-bedroom flats for other female members of the staff. Each unit will have its own walled garden and carport.

These quarters are planned as a terrace of three units and although located outside the patients residential area, visual supervision of their accommodation will be possible.

29. A bed-sitting room is proposed for a male orderly in the male patients accommodation block.

30. Kitchen and Dining Facilities It is planned that the patients' dining room will seat 100 at tables of four. These will be arranged with space for the movement of wheelchairs and those on crutches. The staff dining area, which will seat 28, will have a common room at one end. The latter will be designed so that it can be converted to additional dining space, if necessary.

31. The meal service will be cafeteria style generally, but provision will be made for a waitress service for patients unable to serve themselves.

32. In addition to the standard kitchen facilities for an establishment of this nature, provision is made for a special diets bay. Toilet and locker rooms with showers and hand basins are proposed for both male and female domestic staff as well as a small staff lounge.

33. Recreation Hall This building is designed around a main hall capable of being used for pictures, concerts, dances and indoor games. A billiards room, toilets, kitchenette, small store room and a canteen are also planned.

34. The hall will be adjacent to the kitchen and dining facilities and will be readily accessible from the accommodation areas.

35. Administrative and Medical Block This building, which is to be located near the gymnasium and hydrotherapy pool, will be of two basic parts. The first will accommodate the general store, and provide office space for the manager, assistant manager and other office staff. The second area is the medical wing in which will be located the senior medical officer, two medical examination rooms, waiting room, sisters' offices, a utility room for dressings, speech therapy room, an office for the social worker, sick bay and a conference room.

36. Construction and Finishes Except for the recreation hall and dining hall, all buildings will be of load bearing construction, the external walls being of white quartz blocks with small panels of brown tyrolean render. Pitched roofs are to be covered with bright orange tiles and the flat roof of the dining room and recreation hall will have metal decking over the suspended ceilings and deep projecting fascias. The connecting ways between buildings will also be roofed with metal decking supported on light steel frames.

37. Internal finishes will include plastered walls and ceilings and floors will be covered with lino tiles, except in areas such as the bathrooms and toilets, where non-slip ceramic tiles will be used. Particular attention will be given to the protection of internal finishes from damage by wheelchairs, by such means as wide skirtings and plastic facings.

38. Doors are to be three feet wide and ramps will have a minimum gradient of 1 in 15. Corridors and covered ways will be provided with hand rails and at other appropriate points lifting rings and hand rails will be installed.

39. Electrical Services The State Electricity Commission will instal underground high voltage mains to a substation near the kitchen service area. Underground low voltage mains will radiate from the main switchboard in the substation.

40. Lighting in public areas will be generally from fluorescent units, whilst in bedrooms incandescent lights will be used. Electric power will be permanently connected to fixed equipment and heaters, and general purpose outlets will be provided for portable equipment and appliances.

41. A nurses call system for use in emergencies will connect patients' accommodation with the orderly room and sisters' quarters. A public address system to be operated from the administrative block is also planned.

42. Mechanical Services In the patients' quarters, hot water will be reticulated to sinks, wash basins, showers and baths from a central boiler room equipped with two oil-fired boilers. Kitchen equipment will include a range, dish washer, bain maries and refrigeration and cool room equipment. The kitchen and toilets will be mechanically ventilated and laundries are to be equipped with washing machines.

43. Hot water in the administrative and medical block will be reticulated from a calorifier heated by steam from the boiler in the gymnasium.

44. Hot water for the staff quarters will come from electric storage heaters. Laundries will be equipped with washing machines, and kitchens with electric stovettes and refrigerators.

45. Other Engineering Services A septic sewerage system will drain effluent to remote soakwells and leach drains. The system is to be designed so that it can ultimately be connected to a community sewerage system.

46. Storm water from the Centre is discharged to a large open sump in the north-east corner of the area.

47. Roads will be bitumen surfaced and finished with precast concrete kerbing, retaining walls and drainage pits connected to the storm water system. The Centre will have a new vehicular entrance from the south and a one-way road system to minimise the effects of vehicular traffic. Planning recognises that the Main Roads Department proposes to widen the road on the southern boundary by one chain by encroaching on the Commonwealth's property.

48. Parking space for ten visitors cars will be provided near the entrance to the administrative and medical block. Staff and residential parking space for 15 cars is planned near the male accommodation block. Additional parking space can be provided, if necessary.

49. The buildings in this reference are to be provided with thermal fire detectors, the alarms being connected to the Western Australian Fire Brigade Station at Melville. Fire extinguishers and hydrants will also be provided at appropriate points.

50. Committee's Recommendation The Committee recommend the construction of the works in this reference.

ESTIMATE OF COST

51. The estimated cost of this work when referred to the Committee was \$700,000. The principal components of this figure are -

Building work	440,000
Engineering work	<u>260,000</u>
	<u>700,000</u>

52. Additional Items After the work was referred to the Committee, two additional client requirements became evident. It was clear that the Centre should be fenced and that the medical block should be air conditioned for the comfort of patients. The additional cost of these two items is \$10,000 and \$15,000 respectively.

53. The Committee agree that these two additional client requirements are necessary. We therefore recommend the inclusion of the extra items in the present reference at an additional cost of \$25,000.

54. In relation to the provision of fencing, one suggestion was that this should be a security fence topped by strands of barbed wire. The Committee are opposed to this because it would nullify the efforts the designers are making to avoid the Centre appearing like an institution. We therefore recommend that the design of the boundary fence be consistent with the residential environment of the Centre.

PROGRAMME

55. The Committee were told that after an approval to proceed is given, preparation of working drawings and contract documents, invitation of tenders and letting of a contract is expected to take six months.

56. The construction is to be phased to enable the Centre to continue functioning while work is in progress. Due to this, the construction is expected to run for 24 months after a contract is let.

LATER STAGES OF DEVELOPMENT

57. The items in the present reference comprise the first stage of the plan to rebuild the Melville Rehabilitation Centre. Details of the two

final stages, which together are estimated to cost of the order of \$300,000 are given in paragraph 3.

58. The Committee took evidence on and gave careful consideration to the consequences of completing the whole rebuilding programme as one project. The conclusion reached was that there are definite advantages in following this course.

59. The first point is that the facilities to be provided in the final stages of the rebuilding programme are to replace buildings which were temporary when erected over 25 years ago and which now have a life of no more than 5 years. In our view the cost of keeping these buildings in a habitable condition is excessive. This is demonstrated by the fact that it is estimated that \$56,000 will be required to maintain them over the next five years.

60. The second economic factor is that if the rebuilding programme is completed in one stage, an overall saving in building costs of the order of \$24,000 can be expected. This saving would be possible because the successful contractor would have the expense of establishing himself on the site on only one occasion.

61. The Committee were most perturbed to learn that while construction is in progress there will be interference with training and treatment at the Centre and the efficiency of the rehabilitation service will thus be lowered. Furthermore, during this period because of the contractors activities, it is possible that there may need to be a reduction in the number of patients living-in and those being treated. In our view, these problems will be prolonged unnecessarily if reconstruction is extended over three stages.

62. We noted the advice of the Department of Works that documentation and construction of the second and third stages can, if necessary, be advanced for them to be undertaken concurrently with the works in this reference without any consequent loss of time.

63. The Committee concluded that there are very good social and economic reasons for completion of the latter stages being advanced. We therefore recommend that the design and construction of the second and third stages of the rebuilding programme be accelerated so that the whole programme can be completed concurrently.

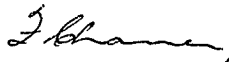
RECOMMENDATIONS AND CONCLUSIONS

64. The summary of recommendations and conclusions of the Committee is set out below. Alongside each is shown the paragraph in the report to which it refers. Paragraph

- | | |
|--|----|
| 1. THE FACILITIES WHICH THE BUILDINGS IN THIS REFERENCE ARE DESIGNED TO REPLACE DO NOT NOW PROVIDE AN APPROPRIATE STANDARD OF ACCOMMODATION. | 17 |
| 2. THERE IS A NEED FOR THE BUILDINGS IN THIS REFERENCE. | 18 |
| 3. IN THE NEAR FUTURE IT WILL BE NECESSARY TO REPLACE THE PHYSIOTHERAPY BLOCK AND PROVIDE NEW WORKSHOP AND OCCUPATIONAL THERAPY UNITS AND ADDITIONAL LIVING ACCOMMODATION FOR THE STAFF. | 18 |
| 4. IT IS REASONABLE FOR THE PLANNING OF THE REDEVELOPMENT OF THE MELVILLE REHABILITATION CENTRE TO BE BASED ON THE TREATMENT OF 100 PATIENTS DAILY. | 22 |

Paragraph

5. THE COMMITTEE RECOMMEND THE CONSTRUCTION OF THE WORKS IN THIS REFERENCE. 50
6. THE ESTIMATED COST OF THIS WORK WHEN REFERRED TO THE COMMITTEE WAS \$700,000. 51
7. THE ADDITIONAL CLIENT REQUIREMENTS VIZ. BOUNDARY FENCE AND AIRCONDITIONING IN THE ADMINISTRATIVE AND MEDICAL BLOCK ARE NECESSARY. THE COMMITTEE RECOMMEND THE INCLUSION OF THE EXTRA ITEMS IN THE PRESENT REFERENCE AT AN ADDITIONAL COST OF \$25,000. 52/53
8. THE DESIGN OF THE BOUNDARY FENCE SHOULD BE CONSISTENT WITH THE RESIDENTIAL ENVIRONMENT OF THE CENTRE. 54
9. WHILE CONSTRUCTION IS IN PROGRESS THERE WILL BE INTERFERENCE WITH TRAINING AND TREATMENT AND THE EFFICIENCY OF THE REHABILITATION SERVICE WILL THUS BE LOWERED. 61
10. THE DESIGN AND CONSTRUCTION OF THE SECOND AND THIRD STAGES OF THE REBUILDING PROGRAMME SHOULD BE ACCELERATED SO THAT THE WHOLE PROGRAMME CAN BE COMPLETED CONCURRENTLY. 63


(F.C. CHANEY)
Chairman

Parliamentary Standing Committee on Public Works,
Parliament House,
CANBERRA.

14 February 1968.