



1969

THE PARLIAMENT OF THE COMMONWEALTH OF AUSTRALIA

PARLIAMENTARY STANDING COMMITTEE ON PUBLIC WORKS

REPORT

relating to the proposed construction of a

REHABILITATION CENTRE GLEN WAVERLEY

Victoria

(Sixth Report of 1969)

COMMONWEALTH GOVERNMENT PRINTING OFFICE
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FOR SENATOR DITTMER

I present the report of the Parliamentary Standing Committee on Public Works relating to the following proposed work,

REHABILITATION CENTRE, GLEN WAVERLEY, VICTORIA.

I ask for leave to make a short statement.

(WHEN LEAVE GRANTED)

The summary of recommendations and conclusions of the Committee is as follows:

1. If the Commonwealth Rehabilitation Service is to properly perform its function in Victoria, there is a need to supplement the existing facilities.
2. A good proportion of any additional facilities should be designed for residential patients.
3. There is no justification for considering the improvement or extension of the Maryport Rehabilitation Centre.
4. There is a need for the work in this reference.
5. The site selected is suitable.
6. The Committee recommend the construction of the work in this reference.
7. The estimated cost of the work when referred to the Committee was \$2,250,000.

13 August, 1969.

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C O N T E N T S

	<u>Paragraph</u>
The Committee's Investigation	1
The Reference	2
Commonwealth Rehabilitation Service	6
Rehabilitation Centres	9
Rehabilitation in Victoria	12
The Need	
Maryport Rehabilitation Centre	16
Growth in Demand	23
Committee's Conclusions	29
The Site	32
The Building Proposal	
Planning Outline	37
Rehabilitation Facilities	42
Patients' Residential Accommodation	49
Work Conditioning Unit, Farm and Outbuildings	52
Staff Accommodation	54
Construction and Finishes	56
Mechanical Services	59
Electrical Services	63
Fire Protection	65
Committee's Conclusion	67
Estimate of Cost	68
Programme	69
Recommendations and Conclusions	70

PARLIAMENTARY STANDING COMMITTEE ON PUBLIC WORKS

REHABILITATION CENTRE, GLEN WAVERLEY, VICTORIA

R E P O R T

On 19 June 1969, His Excellency the Governor-General in Council referred to the Parliamentary Standing Committee on Public Works for investigation and report to the House of Representatives the proposal to construct a rehabilitation centre at Glen Waverley, Victoria.

The Committee have the honour to report as follows:

THE COMMITTEE'S INVESTIGATION

1. The Committee received written submissions and drawings from the Departments of Social Services and Works and took evidence from representatives of these departments and from a private witness at a public hearing in Melbourne. We inspected the facilities at the Maryport Rehabilitation Centre, Mt. Martha and the proposed site at Glen Waverley.

THE REFERENCE

2. The proposal referred to the Committee is for the construction of a rehabilitation centre in Springvale Road, Glen Waverley to replace the Maryport Rehabilitation Centre at Mt. Martha, some 40 miles from Melbourne.
3. The proposed centre will provide rehabilitation and treatment facilities, residential accommodation, staff quarters, a work conditioning unit, a farm area and associated buildings. Its capacity will be about 150 patients per day.

4. Residential accommodation is to be provided for up to 102 patients. The remainder will live at home and attend daily for treatment.

5. The work is estimated to cost \$2,250,000.

COMMONWEALTH REHABILITATION SERVICE

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

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

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

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

9. 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 to assess employment potential.

10. 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.

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

12. Rehabilitation in Victoria Since the commencement of the rehabilitation service in 1948, the facilities in Victoria have comprised the Coonac Day Attendance Centre at Toorak and the Maryport Centre at Mt. Martha.

13. Coonac, which is situated $3\frac{1}{2}$ miles from the city, originally provided treatment for 60 day patients. Gradual improvement of buildings and facilities increased its capacity to 100 patients and work is currently in progress to expand this to 150 patients.

14. The Maryport Centre, which caters for residential patients only, is built on a 16 acre site at Mt. Martha on the Mornington Peninsula. Originally built as a homestead in 1878, and subsequently extended and used as a guest house, it was acquired by the Commonwealth in 1949 and accommodated 50 residential patients. The later addition of temporary accommodation increased its capacity to 84.

15. We noted with satisfaction that between July 1948 and May 1969, the Commonwealth Rehabilitation Service in Victoria assisted over 6,400 disabled persons, of whom 4,447 were returned to full-time employment. During 1967-68, 200 persons were placed in employment following treatment and training.

THE NEED

16. Maryport Rehabilitation Centre The original homestead was built over 90 years' ago, largely of local stone. Subsequently, extensions were made to the main building principally with second hand materials. Other buildings have been added from time to time including those used for treatment purposes, vocational training and staff accommodation. Some of these were transferred from services establishments after World War II and are largely of timber frame/asbestos cement sheet construction.

17. It is quite obvious that at least 80% of the buildings at Maryport are substandard. Those in this condition have deteriorated to the point where continuous and uneconomic maintenance is now necessary. The Committee noted that recurring maintenance is expected to cost \$13,000 per annum over the next two or three years and that beyond this stage extensive renovation or rebuilding will be necessary.

18. From the point of view of both patients and staff, the dispersed nature of Maryport is an impediment to the efficient operation of the centre. Not only are related facilities scattered requiring unnecessarily long walks by patients, but there is no protection from the weather when moving from one building to another.

19. Although most possible precautions have been taken to safeguard patients and staff in the event of fire, due to the rambling nature of the buildings and the materials used in their construction, the fire risk is, nevertheless, a very real problem.

20. Although the centre's theoretical capacity is 84 resident patients, it is seldom possible to utilise all rooms as the bulk of residential accommodation is located on the upper floor. Patients unable to climb the stairs have to be located on the ground floor where accommodation is limited to 20 beds.

21. The geographical location of Maryport at Mt. Martha, in itself, presents problems. Although it is well situated from a recreational viewpoint, its isolation has resulted in constant difficulty in obtaining and retaining suitable professional staff and, unfortunately, the curtailment of treatment programmes has been necessary on some occasions. As a prime aim of the centre is to rehabilitate patients for re-employment, its relative isolation from industry and a range of employment possibilities is likewise a disadvantage.

22. Administrative difficulties and high transport costs are other factors which help to make the Maryport Centre less than satisfactory from the operational aspect.

23. Growth in Demand Increases in population, invalid pensioner and sickness benefits, referrals to the Commonwealth Rehabilitation Service, the rising incidence of accidents and illness in the community and improved treatment techniques are all contributing to a growing and continuing need for modern rehabilitation services.

24. Evidence presented to the Committee showed Victoria's population growth rate between 1961 and 1968 as being 14.57%, or 1.96% per annum. Over the same period, invalid pensioners increased from 19,434 to 26,718, sickness benefits from 13,809 to 16,731 and referrals to the Rehabilitation Service, from 3,754 to 4,971.

25. It is also important that improved treatment techniques have resulted in acceptance of cases previously considered unremedial, further increasing the demand.

26. The present treatment capacity in Victoria is up to 184 cases per day. The Coonac Day Attendance Centre can handle 100 patients and Maryport up to 84. The average annual rate of acceptance of patients has been 279, while over the past two years the monthly average of cases awaiting admission has been 165. The current extension of Coonac will increase its capacity from 100 to 150, but it is clear that this will not be sufficient to alleviate delays in treatment, especially patients required to live-in who now depend on Maryport.

27. The proposed centre at Glen Waverley with a capacity of 150 patients, which we noted is regarded as the optimum size for such a centre, will increase Victoria's total treatment capacity to 300 patients daily. We believe from the evidence presented that this capacity will be adequate to satisfy current needs.

28. The Committee noted that should the demand for places increase still further, consideration would need to be given to building another centre, probably in the north or north-west area of Melbourne.

29. Committee's Conclusions It was evident from the Committee's investigation that if the Commonwealth Rehabilitation Service is to properly perform its function in Victoria, there is a need to supplement the existing facilities. It was equally clear that a good proportion of any additional facilities should be designed for the reception and treatment of residential patients.

30. The Committee consider that because of the poor state of repair of the facilities and because of the disadvantages of the site, there is no justification for considering the improvement or extension of the Maryport Rehabilitation Centre.

31. We therefore believe that there is a need for the work in this reference.

THE SITE

32. The proposed site is of about 10 acres and is located on the western side of Springvale Road, Glen Waverley between Ferntree Gully and Waverley Roads, some 14 miles from the Melbourne G.P.O. It has a frontage of 141 ft 5½ in. and a depth of 1,000 ft.

33. The land, previously used as a market garden has a gentle slope to the rear. It is surrounded by a rapidly growing residential area, is conveniently placed for public transport and within reasonable distance of developing industries.

34. The Committee were impressed with the advantages offered by the site as a setting for the new centre. These include convenience to patient employment opportunities, training establishments, and hospitals and voluntary agencies. Administrative, operational and transport savings would also be significant.

35. We concluded that the improved accessibility of treatment facilities for patients living in Melbourne, particularly those residing east of the city will increase patient capacity and permit greater flexibility in the arrangement of treatment enabling more productive use to be made of facilities.

36. Having regard to the forecast that when a further rehabilitation centre is required in Melbourne, it is most likely to be built to the north or north-west of the city, the Committee consider that the site selected in this instance is suitable.

THE BUILDING PROPOSAL

37. Planning Outline The centre has been designed to provide an efficient, functional layout which at the same time will create a pleasant residential atmosphere blending with the landscaped urban surroundings without the appearance of an institution.

38. The various units will be linked by a system of ramps and covered ways to permit easy access by wheelchair and to protect patients and staff from the weather. Internal roads have been planned to allow safe pedestrian access to all areas.

39. In the proposed layout, the administration/medical building and the occupational therapy class room block will adjoin each other on the Springvale Road frontage. They will be linked by a covered carport adjacent to the reception area. To the rear of these two buildings will be the kitchen/dining/amenities building and the occupational therapy workshops respectively. They in turn will be connected by the physiotherapy/hydrotherapy/gymnasium complex.

40. Patients' living-in accommodation is to be located on the southern side of the site behind the kitchen complex and overlooking the recreational area. Facilities in the latter area will include a bowling green and tennis and basketball courts.
41. The sector of the site furthest removed from Springvale Road will be used for staff accommodation purposes, for the farm area, associated facilities and the work conditioning unit.
42. Rehabilitation Facilities In this complex of buildings will be located the administrative and medical services, an occupational therapy and education unit and workshops, a physiotherapy unit and a kitchen and amenities area. All will be of single-storey construction.
43. The administrative and medical area will open off the main entrance lobby. It will provide a reception and waiting area, a conference room, consultation, treatment and recovery rooms, space for medical records and speech and group therapy and offices for medical and administrative staff and social workers.
44. The occupational therapy and education unit will include class rooms, study rooms, a reference library, offices for vocational counsellors, work areas for light trades, radio, pottery, office procedures and printing, a remedial kitchen and an "activities for daily living" unit.
45. The occupational therapy workshops to the rear will include metalwork and woodwork shops, an automotive repair unit, a welding section, a process workshop and a boot repair section.

46. The adjacent physiotherapy complex will contain a plinth and exercise area, a plaster room, a gymnasium, a hydrotherapy pool, a small pool for individual treatment and offices. Outdoor remedial exercise and games areas are proposed nearby.

47. The kitchen, dining and amenities area will include facilities for both patients and staff. The patients' dining room will seat 152 patients at tables of four and have an annexe for those who have difficulty in eating, and prefer seclusion. The meal service will be cafeteria-style, but provision will be made for a waitress service for patients unable to serve themselves. In addition to standard kitchen facilities, a special diets kitchen will be included.

48. The amenities room, which will have a patients' canteen and library, will also be used for games and recreation, while a theatre is provided for pictures, concerts, dances and other entertainment and as required, for visual education.

49. Patients' Residential Accommodation The proposal submitted to the Committee provides for 60 males in 38 single and 11 two-bedroom units, 30 females in 16 single and 7 two-bedroom units and a section of 12 beds which can be sub-divided for either male or female occupancy as the demand requires. The accommodation will be spread over three buildings, two of which will, in part, be double-storeyed. However, the design is for more than two-thirds of the patients to be housed at ground level for the convenience of the more heavily disabled patients.

50. All bedrooms will have wash basins, built-in wardrobes and dressing tables. Lounge rooms, T.V. and writing rooms, toilets, bathrooms and laundries are to be located near the bedrooms.

51. The accommodation is to be designed to meet the particular needs of the disabled. Internal corridors will be 6 ft wide, doorways will be 3 ft wide and doors will have sight ports with the lower portions protected against wheelchair damage. Some 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 half of the bedrooms will be fitted to take bed hoists. Special attention is to be given to the location of such items as door knobs, water taps and light and power switches. All blocks will have fire exit doors at the end of passageways.

52. Work Conditioning Unit, Farm and Outbuildings Patients in the work conditioning unit will be employed on sub-contract work under normal industrial conditions to prepare them for full-time employment in industry. Because of the nature and objectives of this unit, it is to be separated from the main treatment areas and will be completely self-contained to eliminate, as far as possible, any impression that the workers are connected with activities elsewhere.

53. The remainder of the area will include basketball and tennis courts, a small bowling green and a farm area of approximately two acres which will be used for rural work. A garage for centre vehicles, a store, staff and patients' toilets, a change room, a combined tractor garage and garden tool store, and a common room for outdoor staff are included in the outbuildings. An inflammable liquids store is conveniently placed for access and safety.

54. Staff Accommodation Two three-bedroom residences, designed and positioned to blend with the surrounding urban environment will be provided

for the manager and his assistant. The matron will be accommodated in a self-contained flat and sisters in a four-bedroom flat. Three motel-type bed-sitting units are planned for visitors and relieving staff.

55. A bedroom for an orderly will be contained within each patient accommodation block to provide a measure of patient oversight and assistance.

56. Construction and Finishes Generally, the buildings will be of load bearing brick construction founded on concrete strip footings under walls, and spread footings under columns. The rehabilitation facilities building is designed for a maximum degree of flexibility by supporting the steel roof trusses on steel columns at 12 ft 6 in. centres. Roofs will be covered with a galvanised metal deck, windows will be aluminium framed and external walls will be face brickwork.

57. Internal finishes will vary according to the use of the area. They will include laminated plaster board or face brick walls, plaster ceilings with acoustic tiles as necessary, and vinyl tiled floors except in toilets and plant rooms where ceramic tiles or a granolithic finish will be used.

58. Fittings and equipment are to be provided in accordance with the functional needs of the particular area.

59. Mechanical Services A central boiler plant near the kitchen will supply hot water throughout the complex for heating, domestic supply and air conditioning. Calorifiers will provide domestic hot water in central locations. Isolated hot water requirements will be served by individual gas or electric storage units.

60. The centre will be heated throughout, generally by hot water convectors, except that the physiotherapy unit, the gymnasium, walking and resistance rooms and the adjacent open treatment area will be air conditioned.

61. The hydrotherapy pools will be heated from the central boiler plant through a heat exchanger. Plant rooms in the form of mezzanine areas where possible, will be provided to house hot water, heating and ventilation equipment. Special equipment, including compressed air, spray painting facilities and dust extraction plant will be provided in the workshops.

62. Miscellaneous mechanical items will include cooking equipment and a cool room for the kitchen, exhaust ventilation of the kitchen and toilets, gas heaters and hot water units for the residences, sanitary incinerators, drinking water coolers and a refuse incinerator.

63. Electrical Services A transformer substation will be installed by the State Electricity Commission in an area provided in the kitchen block. Electricity will be reticulated from the adjacent main low voltage switchboard, to each block by underground cable.

64. Street and area lighting will be provided from fittings mounted on steel poles. Internal illumination will generally be from fluorescent fittings. Other electrical services will include a master and slave clock system, a patient to nurses call system and a public address system. Power outlets and connections will be provided as necessary.

65. Fire Protection In accordance with the requirement for maximum protection of disabled patients, the accommodation blocks will be fitted with an automatic sprinkler system.

66. Other buildings will have an automatic thermal detection system with suitably located press button alarm points. Fire hydrants will be located at appropriate points.

67. Committee's Conclusion The Committee recommend the construction of the work in this reference.

ESTIMATE OF COST

68. The estimated cost of the work when referred to the Committee was \$2,250,000 made up as follows:

	\$
Building works	1,350,000
Mechanical services	355,000
Electrical services	210,000
Hydraulic services	110,000
Civil engineering	225,000
	<hr/>
	2,250,000
	<hr/>

PROGRAMME

69. The Committee were told that after an approval to proceed is given, preparation of final drawings and tender documents, calling of tenders and letting a contract, are expected to take 10 months. Construction time for the work is estimated at 18 months after a contract is let.

RECOMMENDATIONS AND CONCLUSIONS

70. 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. IF THE COMMONWEALTH REHABILITATION SERVICE IS TO PROPERLY PERFORM ITS FUNCTION IN VICTORIA, THERE IS A NEED TO SUPPLEMENT THE EXISTING FACILITIES.

	<u>Paragraph</u>
2. A GOOD PROPORTION OF ANY ADDITIONAL FACILITIES SHOULD BE DESIGNED FOR RESIDENTIAL PATIENTS.	29
3. THERE IS NO JUSTIFICATION FOR CONSIDERING THE IMPROVEMENT OR EXTENSION OF THE MARYPORT REHABILITATION CENTRE.	30
4. THERE IS A NEED FOR THE WORK IN THIS REFERENCE.	31
5. THE SITE SELECTED IS SUITABLE.	36
6. THE COMMITTEE RECOMMEND THE CONSTRUCTION OF THE WORK IN THIS REFERENCE.	67
7. THE ESTIMATED COST OF THE WORK WHEN REFERRED TO THE COMMITTEE WAS \$2,250,000.	68

F.C. Chaney
(F.C. CHANEY)
Chairman

Parliamentary Standing Committee on Public Works,
Parliament House,
CANBERRA, A.C.T.

6 August, 1969.