
SOUTHERN MENTAL HEALTH BEDS DEVELOPMENT & TASMANIAN EATING DISORDERS SERVICE

SUBMISSION TO THE PARLIAMENTARY STANDING COMMITTEE ON PUBLIC WORKS

May 2022

Table of Contents

SOUTHERN MENTAL HEALTH BEDS DEVELOPMENT & TASMANIAN EATING DISORDERS SERVICE	I
1. EXECUTIVE SUMMARY	3
1.1 DOCUMENT PURPOSE.....	3
1.2 OBJECTIVES	3
1.3 PROJECT BUDGET.....	3
1.4 PROJECT PROGRAM	4
1.5 GENERAL PROJECT SCOPE.....	4
2. NEED FOR THE PROJECT	6
2.1 PROPOSED FACILITIES.....	6
3. PROJECT DEFINITION	8
3.1 PRIMARY OBJECTIVES	8
3.2 THE SERVICES	9
4. CONSULTATION AND GOVERNANCE.....	14
4.1 CONSULTATION.....	14
4.2 GOVERNANCE	14
4.3 DESIGN APPROVAL.....	16
5. ADDRESSING THE NEED	17
5.1 DESIGN PHILOSOPHY.....	17
5.2 PROPOSED FUNCTIONALITY	18
6. PROJECT SCHEDULE & BUDGET	39
6.1 PROJECT SCHEDULE	39
6.2 PROJECT BUDGET.....	39
7. RECOMMENDATIONS	40
8. APPENDIX A – PROPOSED ARCHITECTURAL DESIGN	41
9. APPENDIX B – PROPOSED LANDSCAPE DESIGN	51

1. EXECUTIVE SUMMARY

1.1 Document Purpose

The purpose of this document is to inform the Parliamentary Standing Committee on Public Works (PSCPW) of the need for the proposed project and how the design of the works will address this need.

The document includes the following:

- Confirmation that the proposed investment in infrastructure is the most appropriate means to support improved health services delivery
- Confirmation that the project is consistent with the Department of Health (DOH) Strategic Asset Management Plan
- Evaluation of the suitability of the proposed Design
- Discussion of 'value for money issues' relating to the design and construction of this project

1.2 Objectives

The development of the St Johns Park facility was initiated in 2018 by the Tasmanian Department of Health following a commitment made by the Government to construct a state-of-the-art purpose-built mental health facility; known as the Southern Mental Health Beds Development (**SMHBD**); providing both inpatient and outpatient services. As a result of Government funding, the proposed development was enlarged towards the end of 2020 to include an Eating Disorders Treatment Centre; known as the Tasmanian Eating Disorders Service (**TEDS**) with both facilities to provide access to 'best practice' contemporary care at the appropriate level of acuity; all as part of an integrated service delivery model.

The services provided within the proposed facilities will be in accordance with a new mental health care system and designed to provide an appropriate built environment to support the consumers of the mental health service in improving mental health outcomes and maximising recovery whilst providing a contemporary work environment for staff and service providers.

Consumers will be able to access a range of community mental health services, including clinical mental health services, general health, employment, disability, housing, and social services. People will also be able to access group support, peer support, personalised support and family and carer support.

In summary the proposed work involves:

Exterior

- Construction of a new two storey building that will provide for best practise mental health and eating disorder care needs.
- New landscaping connecting to the existing open space.
- Car park and drop off point servicing the new development.

Interior

- Construction of interior spaces that will provide for best practise mental health care needs with high quality interior design features and a strong residential ambience.

1.3 Project Budget

Funding of \$ **19,075,000** (excl. GST) has been provided to develop the two facilities and current project cost planning confirms that the project can be delivered within this budget.

1.4 Project Program

Design and tender documents are scheduled for completion in October 2022 with the tender expected to be advertised in November 2022. Subject to the required approval process the contract is to be awarded in December 2022 with construction commencing in January 2023.

The construction program is scheduled to take 15 months but may vary dependant on construction industry activity at the time of tender, with completion of the build and opening of the services at St Johns Precinct by April 2024 with final completion of the defects 12 months after Practical Completion.

1.5 General Project Scope

The proposed development is a community mental health and eating disorders facility with a modern and sensitive rationale.

A new, modern, two storey building, with lower ground floor plant room, is to be constructed on a site located within the St Johns Precinct, which previously contained the disused precinct Workshop Buildings; now demolished; and is bounded by the built forms of St Johns Avenue to the east and south, the Forensic Services building to the west and the natural transition to the historical burial grounds and Forsters Memorial to the north.

The development includes the following provisions for each facility:

The Southern Mental Health Beds Development will provide:

- A welcoming entry and concierge reception.
- Support spaces for service providers including Community Sector Organisations, primary health services, and private providers.
- Safe Haven space with kitchenette.
- Secure staff areas and amenities.
- 15-bed residential accommodation for short-term stay with ensuite facilities.
- Associated ancillary facilities for dining and lounge areas, kitchen, laundry, and amenities.
- Safe rooms and de-escalation spaces.

The Tasmanian Eating Disorders Service will provide:

- A welcoming entry and concierge reception.
- Support spaces for service providers of the day/night programme.
- Secure staff areas and amenities.
- 12-bed residential programme accommodation, with associated kitchen, dining and lounge areas, and ancillary amenities.

Across both facilities, breakout spaces and lounge areas allow connection to external views, providing a positive distraction, assist in wayfinding and a space for personal reflection.

A centralised shared back-of-house space sits over two floors between each facility and provides a secure area for staff, facility administration spaces, service areas and staff facilities.

Each facility has its own separate, well-marked entry, accessed through landscaped courtyard gardens, via an accessible and statutorily compliant walkway from either the new drop-off point on St Johns Avenue or from the new car park.

The landscape design will be largely of a domestic or 'homely' aesthetic, with materials and plant species selected for their familiarity to the consumer group, textural finishes and loose, ephemeral plantings with seasonal variation will be preferred, as well as variation between different landscape spaces to create visual diversity throughout the facility. Spaces will be designed in such a way as to offer respite and solace for individuals while creating flexibility for group activities. The landscape will

also address the architectural language, and support and enhance the functional programme within the building, such as at meals or breakout spaces.

Landscape areas for upper floors will also be largely raised or containerised plantings to allow for cost-effective structural design, with assorted seating types and other furniture as required.

Vehicular access to the site is along St Johns Avenue, with a dedicated car park offering access to two disability compliant parking spaces and 28 car spaces and provide a universal access pathway to the building for visitors and users during the day and staff after hours. A space for 2 No bicycles is provided for visitors

Additional staff parking is to be accommodated across the wider St John precinct, however there is a dedicated secure covered bicycle parking enclosure providing 10 No. bicycle racks for the use of staff.

Service vehicles and deliveries will use the new drop-off layby along St Johns Avenue, with deliveries made to the dedicated service entry.

A lower ground floor Plant Room accommodated within the slope of the site is accessed from the rear of the building and houses mechanical, electrical & hydraulic services.

The development works will be in full compliance with contemporary standards and building codes.

2. NEED FOR THE PROJECT

2.1 Proposed Facilities

Southern Mental Health Beds Development

The *Record Boost for Mental Health Care* outlines the Government's commitment to better mental health care in Tasmania. This includes a commitment to provide 27 additional mental health care beds in the south of the state to help alleviate pressure on mental health services in the south. As part of this commitment, the proposed mental health facility is to be built at St Johns Park, New Town, providing an additional 15 sub-acute mental health beds.

At the same time, the former Peacock Centre in North Hobart is undergoing significant redevelopment which will result in an additional 12 sub-acute mental health beds at this site. This work is currently under construction and contracted to be completed by November 2022.

The new St John's Park facility will provide integrated clinical and community-based care, so people can 'step up' into a more intensive level of care if needed or 'step down' from hospital care into community-based care when ready. The primary purpose of the new centre is to offer community-based intervention as a first step to prevent people from needing admission to hospitals or inpatient services. The new facility is expected to be operational from early 2024.

The Peacock Centre redevelopment will also operate under a similar model, and it is expected that these two centres will interact closely. Both models represent a fundamental shift in the way services are delivered to people living with mental ill-health in the south of the state and the new build will need to ensure it can accommodate this integrated service model.

The THS provides a number of MHS across the state, providing assistance to people who have a serious mental illness or disorder and need 24-hour care in inpatient and extended treatment facilities. Specialist services range from medical, nursing, and allied health assessment and treatment in acute inpatient units to a long-term support and treatment focus in community-based facilities.

This development proposal is consistent with the most current DHHS Strategic Asset Management Plan by:

- creating efficient assets that support effective services that are responsive to change
- developing buildings in key locations and creating a management and service structure which responds to local needs while maximising professional interaction and economies of scale
- providing standards of accommodation that promote the recruitment and retention of staff and recognises that the physical environment plays a disproportionately large part in the public perception of the quality of service provided

It is also fully consistent with all DHHS Strategic Objectives:

- Supporting individuals, families, and communities to have more control over what matters to them
- Promoting health and wellbeing and intervening early when needed
- Developing responsive, accessible, and sustainable services
- Creating collaborative partnerships to support the development of healthier communities

Tasmanian Eating Disorders Service Development

Eating Disorders are complex mental illnesses associated with high levels of social and physical impairment, and significant socioeconomic costs. These disorders involve behaviours resulting in altered consumption or absorption of food, resulting in impaired physical health and/or psychosocial functioning that are not explained by another health condition and are not developmentally appropriate or culturally sanctioned.

Treatment requirements for eating disorders are different from other types of mental illness, due to the complex overlapping nature of mental and physical health needs.

Treatment of Eating Disorders in Tasmania

Tasmania does not currently provide a single coordinated approach to eating disorder treatment within the public health system. Current treatment for eating disorders is delivered through a range of services and providers in the public, private and primary care sectors, some of which specialise in treatment of eating disorders, and some of which are generalist teams or services.

Aims & Objectives

The facility will provide these services with a positive set of requirements that will steer the delivery of treatment. The service will provide:

- **Accessibility** – early access to advice and clinical assessment for all diagnostic categories of eating disorder
- **Appropriateness** – person-centred, culturally appropriate and evidence based.
- **Consumers, carers, and family members** – participating in choices and decisions related to the care provided
- **Continuity of Care** – coordinate and consult between services ensuring connected levels of care.
- **Effectiveness** – improve clinical outcomes by providing evidence-based treatment.
- **Efficiency and Sustainability** – reduce the number and duration of medical and psychiatric inpatient admissions
- **Safety** – provide a safe environment for consumers, carers, and staff. This will include physical, cultural, emotional, and psychological safety.

3. PROJECT DEFINITION

3.1 Primary Objectives

The development is to provide separate facilities for the support and treatment of mental health issues and various eating disorders. Although there will be areas of shared usage these will mainly be back-of-house zones, maintenance staff facilities and servicing. A common architectural language is to be implemented across the two facilities, but separate requirements and services will be provided to each.

The physical environment of the development will be familiar, comfortable, and residential in style. It will be a home-like environment; however, the goal is not to recreate a person's home as this cannot be achieved within a shared facility. It also has the potential to create unrealistic expectations of what can be achieved within a shared facility.

The **Southern Mental Health Beds** Development (SMHBD) facility is being built within the context of the Tasmanian Mental Health system. Tasmania's mental health system is complex and involves many stakeholders including consumers, their families and carers, the State Government, the Australian Government, community sector organisations, primary health, private providers and the NDIS. It also overlaps with many services and sectors such as alcohol and drug services, disability services, acute services, emergency services, children and youth services, housing, justice, education, and employment providers.

The overall role of the new centre is to:

- Alleviate pressure on hospital admissions by providing appropriate intervention for people with non-acute mental illness in the first instance. The centre will provide integrated clinical and community-based care, enabling people to 'step up' into a more intensive level of care from the community if needed and to 'step down' from acute hospital care into community-based care, when ready. They will be offered a range of services including short term accommodation and capacity building supports to assist them to manage their own mental ill-health and recovery.
- Provide strong connections with all aspects of the Tasmanian mental health service system. It will also be 'one stop shop' for people with mental health issues and suicidal distress and their family and carers offering a three-bed wing (included within the total 15 bed provision) for this purpose.
- Provide consumers with access a range of community mental health services, clinical mental health services, general health, employment, disability, housing and social services. Consumers will also be able to access group support, mutual support, personalised support and family and carer support.

This model will work in close collaboration with the redeveloped Peacock Centre which will also operate under an integrated model with the services described above. Both sites will also need to co-manage bed capacity to meet demand as well as possible. Staff at both sites will be required to commence recovery-orientated transition planning immediately upon admission to support a flow-through model.

The new **Tasmanian Eating Disorders Service (TEDS)** will address gaps in the current eating disorder service system and introduce more effective stepped care. It will do this by providing a residential treatment stream and day / evening programs for people with a primary diagnosis of an eating disorder.

The service will:

- Intersect with other services and service providers currently delivering treatment for eating disorders. These include services delivered by the Tasmanian Health Services, such as hospital inpatient services addressing medical instability or their corresponding outpatient clinics providing medical monitoring or management, Child and Adolescent Mental Health Services (CAMHS), and Adult Community Mental Health Services (ACMHS). TEDS will also intersect with private providers such as mental health clinicians providing ED treatment, or medical specialists supporting specific health concerns or issues.
- Include a Consultation Liaison (CL) function. This will increase the capacity of existing medical professionals and service providers through in-reach and outreach activities, to effectively support people with an eating disorder, and their treating clinician(s). Where relevant and appropriate, the CL function may include family members, carers and supportive others.
- Deliver Education and Training to family members, carers and supportive others of people engaged with the service; to health professionals; and to other sectors as appropriate and relevant, subject to capacity.

The combined purpose-built facility is to meet each business unit's MOC and generally align with the Australasian Health Facility Guidelines (noting that best practise mental health built environment requirements do not always align with the AHFG, and that the facility is not intended to provide front line clinical services in the accepted understanding of that term).

3.2 The Services

Southern Mental Health Beds Development

The THS Statewide Mental Health Services 'Statewide Operational Service Model' outlines the service to be provided, in part, by the proposed Southern Mental Health Beds Development.

Preamble

A key reform task is the creation of Mental Health Integration Hubs (MHIH) which represent and function as a new way of delivering mental health services to the Tasmanian community. The hubs aim to transform the way people navigate services and access supports for their mental health by providing access to integrated psychosocial supports and services in a single location. Services providing these supports will include a combination of Statewide Mental Health Service function (SMHS), community managed organisations (CMOs) and private providers and other government agencies who will work in partnership to deliver a range of services consistent with the Recovery-Oriented Practice guidelines (Commonwealth of Australia 2013).

"Every door is the right door"

At MHIHs people can receive the help they need, easily and in a warm and welcoming environment. Anyone needing support with their mental health, or a family member or friend who has concerns about someone's mental health and needs information and support, will be able to visit a MHIH and receive some level of assistance.

The MHIHs have been purposefully designed to invite all people into the spaces. There will be dedicated quiet spaces for people to have confidential conversations as well as larger break out rooms for groups and families to use. The MHIHs will be easy to access with parking and public transport at the sites, a dedicated phone number and peer workers to greet people when they arrive at a MHIH.

Service Description: Mental Health Integrated Hubs

The Tasmanian Government funded Mental Health Integration Hubs will provide access to psychosocial supports and services in the one location by developing partnerships with providers

throughout the Tasmanian mental health system including community managed organisations, private organisations, and other government organisations. Services will be including psychosocial supports such as housing, disability, and employment. Three specific services that will be across all hubs include:

The Safe Haven

Safe Havens are designed to assist people who may be experiencing suicidal and or situational distress and need immediate support from someone who is trained in suicide prevention. Safe Haven staff will be trained in the Connecting with People Suicide Intervention and Safety Planning model. People will be able to sit with a Safe Haven Peer Worker (or clinician if required) to explore what is happening for them and receive guidance on what to do next. This includes a comprehensive assessment and can include referrals to services in either the Acute and or Continuing Care streams, or Community Sector Organisations. It also includes encouraging people to simply sit, relax and socialise and enjoy light refreshments.

The Recovery College

Recovery Colleges are a relatively new approach to serving the needs of people who live with mental health concerns within an educational, rather than a therapeutic model. Learning will be provided by a range of people who may have lived experience including educators, clinicians and consumers and families and friends. Recovery College staff will have access to a full suite of resources including access to the MHIH multipurpose rooms outside of standard operating hours for classes.

Accessing to the National Disability Insurance Scheme

In addition to the above elements, it is important to outline the specific role that the National Disability Insurance Agency (NDIA) is likely to play at MHIHs. Accessing the NDIS can be a life changing opportunity for people who live with severe and persistent mental health issues. Consistent feedback says that the access process can be overwhelming. MHIHs will include a dedicated presence from the NDIA.

Service Location and Physical Characteristics

Walking into a Mental Health Integration Hub will feel more like walking into a home than a mental health facility. Although each MHIH building will have a different lay out and capability, they will all include the following spaces of which each individual hub will determine how best they are used.

- **Multipurpose spaces**
Multipurpose rooms may be used for Recovery College classes, larger meetings, community events or any other chosen requirement. These rooms will also include access to computers and general office supplies.
- **Quiet spaces**
Quiet spaces may be used for any situation where a person or people need time to think, talk or pray for example. These spaces will be both indoors and outdoors.
- **Family spaces**
Family spaces may be used to host family meetings or for extended families and children to wait whilst a person is attending an appointment. These spaces may include play-based opportunities for children.
- **Accessible entry and exit points including car parking and access to public transport**
MHIHs will provide disability access to buildings, toilets, parking spaces and break out spaces.
- **Treatment and consultation spaces**
These spaces can be used for one on one or small group appointments. Life Domain Services will access these spaces when present at a MHIH.
- **Exercise space**

The specific layout and design of each MHIH will differ depending on the building, land and other services occupying that building, however where possible MHIHs should provide a space where people can participate in small scale general gym and exercise activities.

- **Courtyard and garden**

MHIHs will include a therapeutic garden and outdoor spaces. Like the gym/exercise space, gardens and courtyards will differ from hub to hub but will be consistent in terms of philosophy and therapeutic values

- **Kitchens and food preparation spaces**

The specific layout and design of each building will determine what size kitchen/ food preparation space could be present at a MHIH. Recognising the important role that food and cooking play in multiple aspects of people's lives, where possible, MHIHs should be able to identify a specific space for this to occur relative to what is available throughout the site.

Staffing Profile

The Mental Health Integration Hubs will consist of an integrated and multi-disciplinary staffing model as demonstrated in the diagram below. This will include Core MHIH staff employed by SMHS, additional SMHS and ADS as needed and staff who represent organisations throughout the broader mental health system including community managed and private organisations.

Partnerships

Mental Health Integration Hubs will operate in partnership with providers from the community managed, private, and other government sectors. Each MHIH will operate differently depending on a variety of aspects including community strengths and identified needs, what other services exist within the building and what is happening throughout the wider mental health system. From a service user perspective, the partnerships and delivery of service should be seamless when accessing a hub. For the organisations included in the MHIH partnership, there should be clear understanding of the roles and expectations of each party, outlined by service agreements.

Hours of Operation and Work Patterns

MHIH's will operate seven days a week, with extended hours outside of standard office hours. Specific hours of operation for each hub will depend on a variety of factors including the needs of community, staffing requirements and legislation around hours of operation. These factors are to be considered by MHIH coordinators and the MHIHPG. The hubs will be supported by clinical staff and management, peer workers and providers external to SMHS.

Accessing a Mental Health Integration Hub

The Mental Health Integration Hub operates differently to any other SMHS service particularly in relation to admission, assessment and care. It is a non-clinical service, providing short term practical support to people including families and friends on their recovery journeys. The community managed, private and other government organisations will provide the majority of these supports and services and are a critical partner within the integration model.

Tasmanian Eating Disorders Service Development

The new Tasmanian Eating Disorders Service (TEDS) will address gaps in the current eating disorder service system and introduce more effective stepped care. It will do this by providing a residential treatment stream and day / evening programs for people with a primary diagnosis of an eating disorder.

Facility Usage Zones

Given the intent of the facility to provide an integrated service experience for consumers it is important to consider the uses of the facility in terms of 'Zones' – the parameters of which are governed by meeting the needs of consumers, their families and carers, staff numbers, consumer numbers and activity during the day.

Entry/Welcome Zone

The intent of this zone is to provide a welcoming entry point to the service for consumers. This will be the first experience for many seeking information, support and/or access to services for themselves or others. The experience for consumers should obviously be a non-threatening one that provides a sense of calm and safety for consumers. This welcoming space; with a concierge/reception and waiting area/lounge; will need to include spaces that afford relaxed privacy for consumers to talk to staff, along with quieter area/s that recognise the needs of those who are anxious or in a stressed state.

Day/Evening Programme Zone

TEDS will deliver day / evening programs at the following sites:

- Tasmanian Eating Disorder Service site at St John's Park, New Town.
- A location in Launceston (site yet to be determined).
- A location in Burnie (site yet to be determined).

Specific timing of day and evening programs will be determined by demonstrated need and will be subject to change in response to need, and in consultation with consumers, carers and relevant service providers (public and private).

The Day/Evening Programme Zone should be visible from the welcoming area so that non-private activities can be seen by consumers, families, and carers to reduce anxiety about service activity. The support zone will accommodate a range of eating disorder health services; mental health and physical health, delivered in a range of formats, including group support, mutual and peer support, personalised support, and family and carer support.

It will include confidential and soundproofed spaces for conducting assessments (both psychological and medical); for engaging in therapies, including individual, group, and partner or family psychosocial interventions, and wellbeing therapies; break out and social spaces; kitchen and dining / meals areas for both the residential treatment program and the day / evening programs; a treatment room and medication storage. Spaces for conducting medical assessments should also be capable of fulfilling any medical monitoring requirements of the service.

While this zone will require security measures for staff workplace safety, they should be discrete and not detract from the overall home-like nature of the zone.

Staffing for this zone will include 'insourced' staff from complimentary services that have a rotating presence in the facility. This means that flexible spaces are required that allow for different services to meet with consumers in 'consultation' type rooms (without looking like consultation rooms) of varying sizes that recognise the needs of consumers (through variable lighting/sound insulation, comfortable furniture and access to necessary IT that does not dominate the space). In most cases these rooms will need to accommodate a maximum of 4 people at any one time.

Staff in this zone will need some capacity for down-time that does not require them to exit the facility, and this will be provided within the Staff Only zone.

Residential Programme Zone

The TEDS residential treatment stream will be located within the development and the program will be staffed and operational 24 hours per day, 7 days per week.

The zone needs to be 'home-like' in feel and design.

Tasmanian hospital inpatient admission and discharge data from 2018-2020 has been used to determine that, for an 8-week length of stay in the residential program, four beds are required for 'step down' from hospital inpatient care. TEDS will provide 'step up' into the residential stream, as well as 'step down'. Stakeholder engagement has also articulated barriers to accessing current treatment and indicated an increase in referrals to a residential treatment program once it exists.

TEDS will therefore provide 12 beds, with two of these in single rooms designed for wheelchair access, two further single rooms, and four bedrooms with two-person occupancy.

The bedroom configuration addresses concerns about future capacity, and cohort matching within shared bedrooms, increasing the flexibility of the service.

Consideration will need to be given to how kitchen/cooking, dining, and laundry facilities will be provided for shared areas. This capacity is intended to simulate the home-like environment, to reinforce the community feel of the program, encourage independence or the maintenance of independence and so that taking care of themselves is not an additional strain on a resident when they 'step down'/graduate from the residential treatment program, and go home and not replicate the catering requirements/commercial laundry of a typical in-patient facility.

The facility will likely require a separate service access for delivery of food and linen which may necessitate establishment of a weather protected drop off point on site – this could be shared between the two facilities.

The facility will be a smoke free facility and will be required to comply with relevant legislative requirements.

Hours of Operation and Work Patterns

TEDS will operate seven days a week, with extended hours outside of standard office hours. Specific hours of operation for each hub will depend on a variety of factors including the needs of community, staffing requirements and legislation around hours of operation. These factors are to be considered by TEDS coordinators and the MHIHPG. The hubs will be supported by clinical staff and management, peer workers and providers external to TEDS.

Model of Care

As the project design develops for both the facilities the client/user groups will continue to develop the Model of Care which describes the operational model for each facility on the continuum of care within the health care system.

4. CONSULTATION AND GOVERNANCE

4.1 Consultation

A community consultation process was undertaken in the initial stages of the project to ensure all views and concerns were heard.

Detailed stakeholder consultation commenced immediately following appointment of the Project Architect – Xsquared Architects. The Project User Group has been involved in multiple meetings with the architects and been positively supportive of the scope of works in the development.

The broader community with interests in St Johns Precinct, including Heritage Tasmania and The Friends of the Orphan School were invited to an early-stage forum with the architects, in the lead up to DA lodgement, resulting in broad support for the proposal.

Community members will be afforded the opportunity for input via the advertising process attached to the planning pathway before it is considered by the Hobart City Council.

The process focus was primarily concentrating on developing the services, with further consultation to follow around design and construction of the redevelopment with the services that would be operating in the facility.

Consultation has continued to occur with a dedicated project working group, all key services groups, other internal stakeholders, and associated services.

4.2 Governance

The project has been administered by two Project Working Groups (PWG) who have facilitated the review of the project brief, discussed project aspirations and goals, reviewed client/user needs, and ultimately approved the client brief and preliminary Models of Care.

The SMHBD facility has so far been administered by a Project Working Group (PWG); the current composition of which has comprised:

- Chief Psychiatrist Department of Health (DoH)
- General Manager: Mental Health, Alcohol and Drug Directorate DoH
- Clinical Executive Director Statewide Mental Health Services Tasmanian Health Service
- Policy and Project Officer: Mental Health, Alcohol and Drug Directorate
- Project Manager Infrastructure Services
- Xsquared Architects - Principal Consultant

The TEDS facility has so far been administered by a Project Working Group, including representatives from:

- Child and Adolescent Mental Health Service.
- Adult Community Mental Health Service.
- Inpatient Mental Health Service.
- THS Paediatrics.
- THS Nutrition and Dietetics.
- Primary Health Tasmania.
- Lived experience representatives.
- Private service provider with lived experience and understanding of services and systems.
- Project consultant – consulting psychiatrist with experience in treatment of eating disorders, and management of eating disorder services
- Policy and Project Officer: Mental Health, Alcohol and Drug Directorate

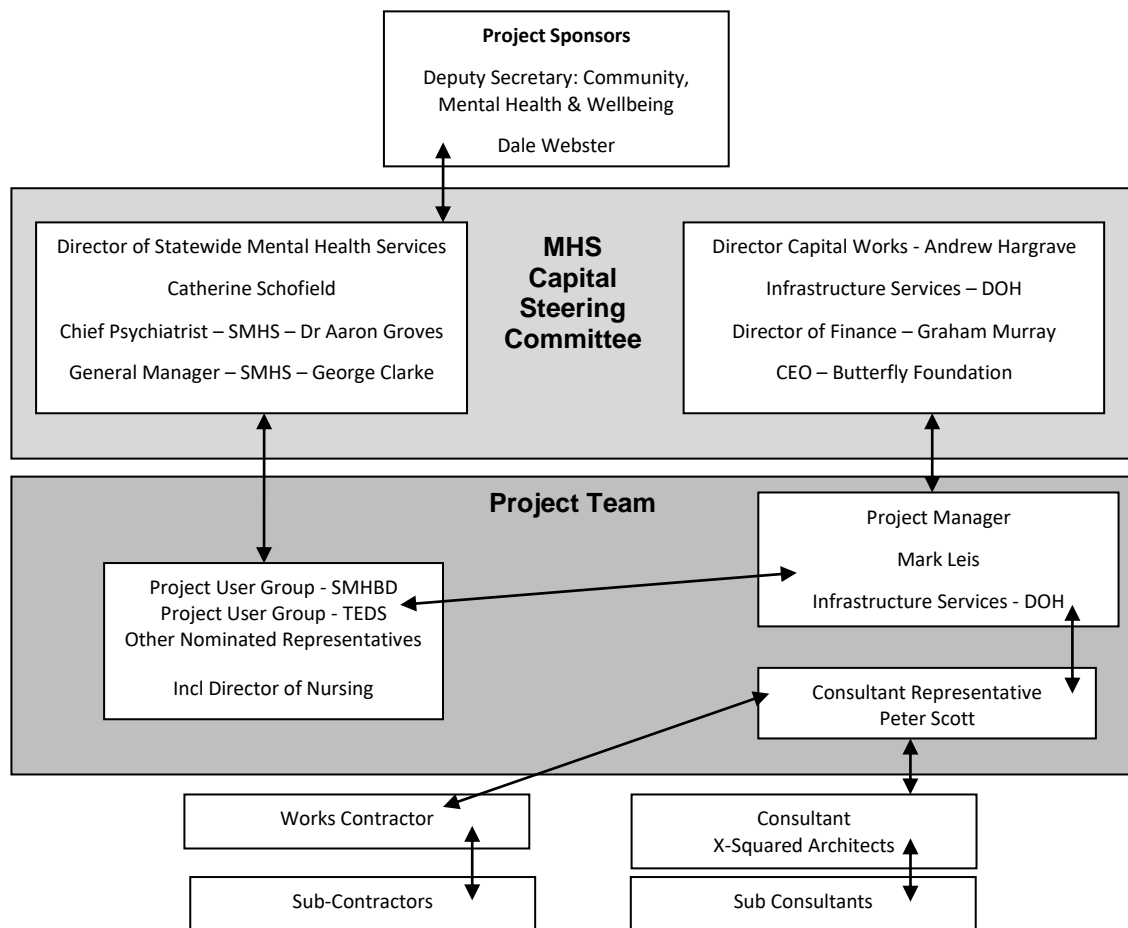
- Xsquared Architects - Principal Consultant

The two facility Project Working Groups have been overseen by The Mental Health Service Capital Steering Committee (MHSCSC), which includes:

- Deputy Secretary: Community, Mental Health, and Wellbeing
- General Manager: Mental Health, Alcohol and Drug Directorate
- Clinical Executive Director: Statewide Mental Health Services
- Chief Psychiatrist Tasmania
- Director of Programming & Delivery Infrastructure Services

As part of the formulation of the Project Return Brief a series of workshops were held members of each service PWG, plus client and user representatives, CSO's and Lived-Experience representatives.

The following diagram illustrates the Project Team and Consultant Team relationships.



The MHSCSC have been meeting as required to enable the project to evolve in line with the project timeline, providing an adequate consultation phase and sufficient time for Contract Documentation and Project Procurement.

Other Nominated Representatives comprised responsible delegates from other services that operate in the Statewide Mental Health Services on an as needs basis. These representatives have been formed into User groups during the Design Development phase of this project, ensuring that a consultative approach maximises the desired outcomes for this project.

4.3 Design Approval

The MHS Capital Steering Committee at its February 2022 meeting endorsed the project Schematic Design.

At these meetings to date all desired project outcomes have been tabled, discussed, and then reviewed for compliance with the endorsed project brief and service model. This consultative approach has resulted in a design that allows all the desired outcomes to be resolved and provides sufficient flexibility for future expansion.

Final sign-off of the documented plans has been undertaken with the services to ensure all their needs are met.

5. ADDRESSING THE NEED

5.1 Design Philosophy

In consultation with Xsquared Architects and Mental Health Design Adviser Dr. Stephanie Liddicoat, it was ascertained that although the two services to be provided had shared ideas and objectives, the project values, vision for the service and aspirations of the various user groups differed across the Southern Mental Health Beds Development and the Tasmanian Eating Disorders Service.

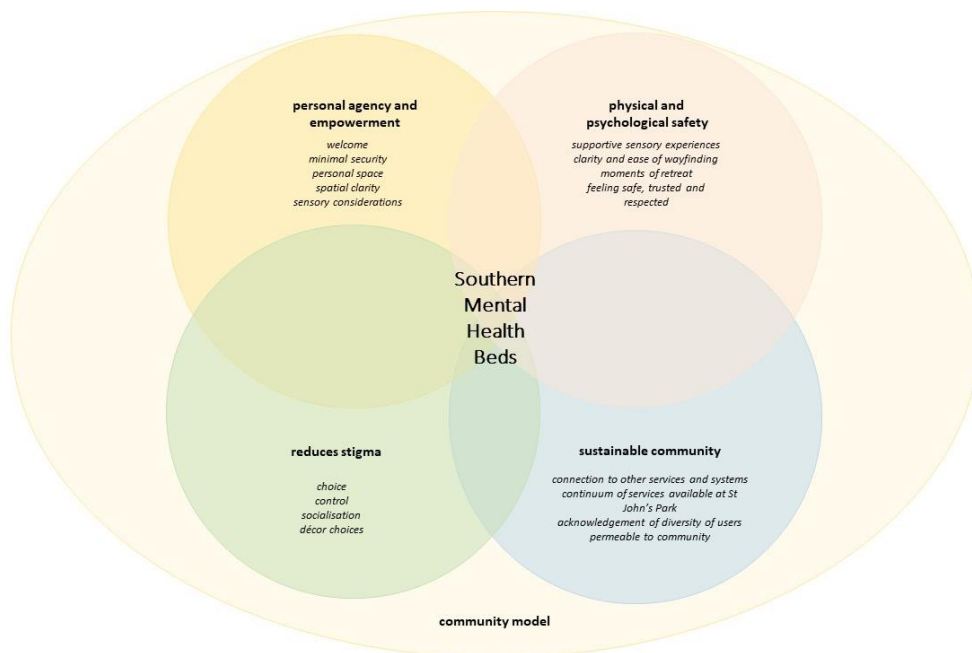
These project values, visions and aspirations have been detailed below for each of the services.

Southern Mental Health Beds Development

Vision for the facility

“A Centre which is physically and psychologically safe, supports personal agency and empowerment, reduces stigma, and contributes to a sustainable community.”

The above statement is inclusive of four key dimensions: (1) physical and psychological safety; (2) personal agency and empowerment; (3) reducing stigma; and (4) contributing to a sustainable community. Several sub-themes sit under each of these key dimensions, as discussed in consultation meetings undertaken and presented in the diagram below. The Southern Mental Health Beds project also sits within a community model, whereby staff, family members, carers, peer support workers and the wider community are providers and partners in this community model.



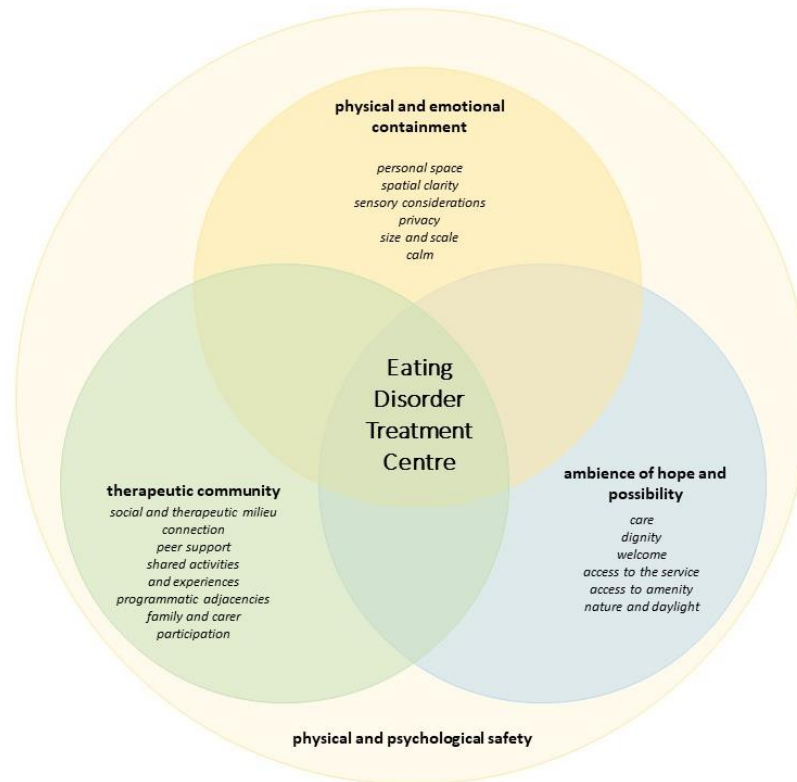
Tasmanian Eating Disorders Service

Vision for the facility

“A Centre which is a therapeutic community; and which provides connections and containment and an ambience of hope and possibility.”

The above statement is inclusive of three key dimensions: (1) physical and emotional containment; (2) a therapeutic community; and (3) an ambience of hope and possibility. Several sub-themes sit under each of these key dimensions, as discussed in consultation meetings undertaken and presented in the diagram below.

The Tasmanian Eating Disorders Service project is underpinned by a foundation of physical and psychological safety. We draw attention to two quotes from User Group members from our consultation workshops; the first explaining the aspiration that “this is the environment that sticks”. Acknowledging the chronic nature of the conditions being treated herein, we aim to create a facility where service users, and their families and loved ones, feel empowered and hopeful. The second quote notes that here “the treatment doesn’t end at 5pm!”. This is a therapeutic community, where service users are connected and supported, and where the building will augment moments of therapeutic connection, containment, and community.



5.2 Proposed Functionality

Design Approach

The architectural design of the SMHBD & TEDS facility responds to the unique aspects of the project aspirations and vision, and the unique context of the St Johns precinct and grounds.

The Department of Health’s aspiration is to provide integrated clinical and community-based care, enabling people to ‘step up’ into a more intensive level of care from the community if needed and when ready, to ‘step down’ from acute hospital care into community-based care. Alongside this goal is the facilitation of a therapeutic and safe environment for both consumers, their carers, and staff. The design proposal acknowledges that recognising consumers’ self-determination is a vital part of successful treatment and recovery, and that the principles of recovery emphasise choice and determination within medico-legal requirements and the Department’s duty of care. Adopted design strategies manage the various tensions in mental health service delivery:

- Maximising choice
- Medico-legal requirements
- Duty of care
- Promoting safety
- Promoting self-determination and empowerment
- Promoting staff self-care opportunities
- Supporting staff resilience and retention

In order to facilitate this, appropriate design and fit out is an essential aspect of the design response. Supportive design strategies include:

- **Communication:** Promoting a culture and language of hope and optimism, and ensuring collaborative interactions that are inclusive, equal, and not alienating.
- **Personal space and density:** facilitating the appropriate personal space around a person that defines their relationship with others, including provision of privacy; both physically and acoustically.
- **Choice and control:** offering choices to increase an individual's sense of control to reduce stress and providing a physical environmental that supports consumer autonomy and spontaneity, facilitating possibilities for personal change to enable recovery.
- **Sensory considerations:** the relationship between sensory experiences and the qualities of space, such as access to outlook, appropriate use of lighting, materiality, décor, acoustic considerations, reflectivity, and colour.
- **Spatial clarity and organisation:** the ability to make sense of the world as a primary objective of functioning comfortably in the physical environment. Making sense is related to clear expressions of public versus private space and intuitive supportive wayfinding, reducing confusion and conflict, and promoting order and organisation, contributing to consumer satisfaction. Consideration has also been given to public versus private space for staff of the facility and to spaces that allows dynamic or static activity for users.
- **Décor choices:** furnishing and decoration of the spaces using textiles and colour. This includes creation of a de-institutional environment, reduction of boundaries between consumers and staff of the facility. The aim is to create a beautiful space to be in.
- **Positive distraction:** the creation and reinforcement of positive distractions which enhance recovery, and which may be facilitated through art, music, entertainment, nature, activities, socialisation, or view opportunities. We have utilized connections and moments of pause to external outlooks to provide visual focus to courtyards, the open landscape of St Johns precinct and views to the Derwent River and Mount Wellington/kunanyi. Views and outlook from all residential bedrooms, staff zones, consulting suites and reception zones are provided.
- **Social interaction:** interactions between patients, staff, and visitors. Dayrooms and common areas encourage interaction and community, with furniture choice and arrangement impacting interactions through the flexibility of spaces. Corridor areas are wider, articulated with breakout spaces, creating instances for social interaction and informal conversation.
- **Safety:** support for the creation of a safe environment and provision of security while avoiding intimidation of consumers, their families, and carers.
- **Supervision/observation:** Minimisation of visible supervision/surveillance, with staff members mobile throughout the Centre and interacting with their consumers is critical to consumer safety. Open staff stations encourage staff to interact more frequently with consumers, their families and carers, and that consumers, their families and carers feel the configuration of open staff stations increases their sense of wellness. Open staff stations are also linked to improved staff mood, fewer unscheduled absences, enhanced consumer self-image, greater satisfaction, and less incidents.
- **Functional layout:** Facilitating appropriate functional layouts and separation of zones through a consideration of the Model of Care, the services provided and the consideration of a day in the life of a consumer at the Centre.

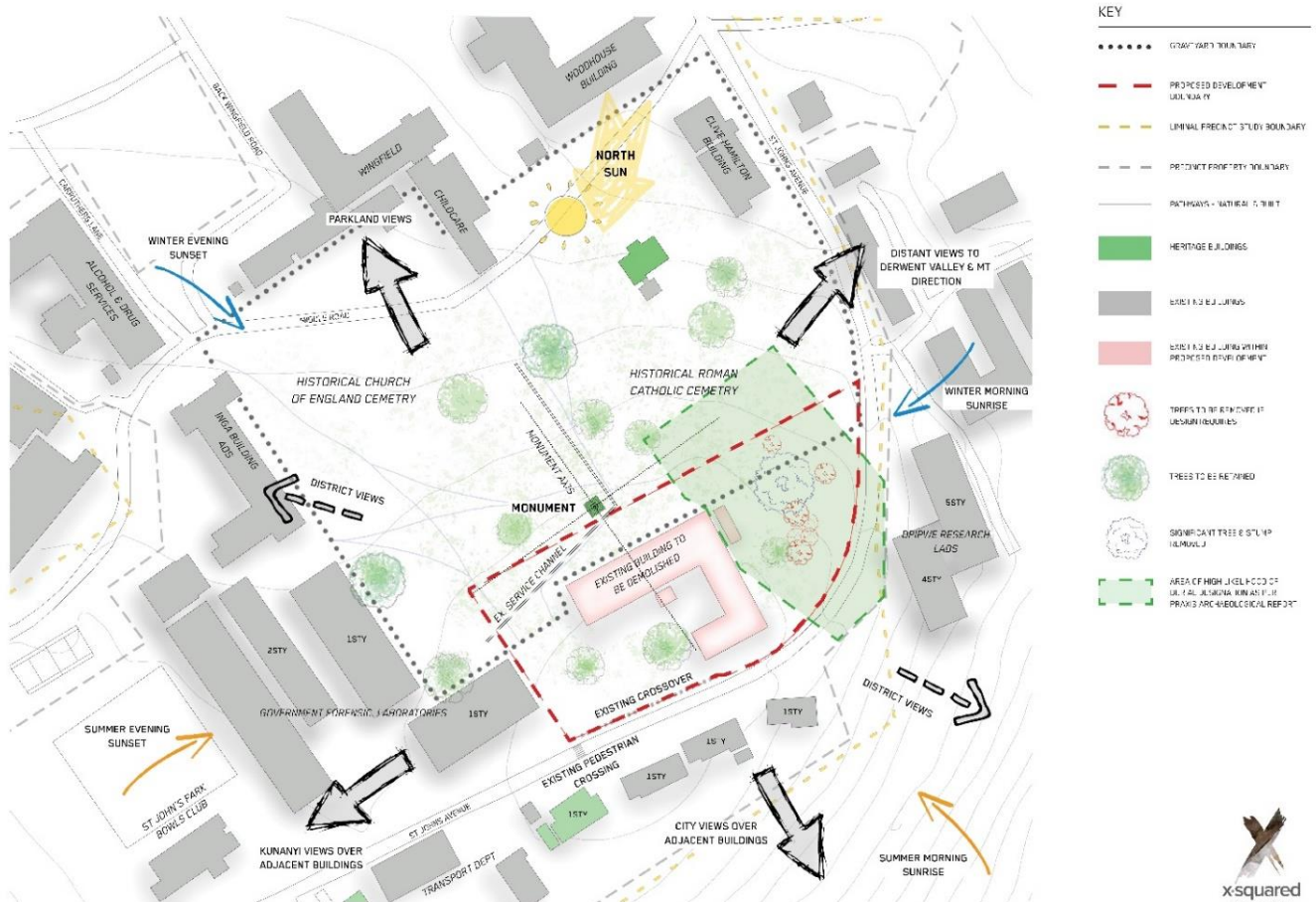
Design Implementation

Site Analysis

The St Johns Park facility site has numerous constraints and opportunities which determine the most appropriate building locations, pedestrian and vehicular access, and open space/courtyards.

The following diagram shows the site-specific issues, including:

- Site boundaries, precinct boundary and open space.
- The location of neighbouring buildings; including heritage listed buildings; and number of storeys.
- Existing significant trees and other landscape features.
- Existing site access crossovers, driveways, and parking areas.
- Service easements.
- Sun pathways for summer and winter.
- View lines and vistas



Site Constraints

The site is located within the St Johns precinct and an arbitrary site boundary around the old Workshop buildings has been created by the built forms of St Johns Avenue to the east and south, the Forensic Services building to the west and the natural transition to the historical burial grounds and Forsters Memorial to the north.

The onsite constraints include existing mature trees, a high-voltage electrical easement running across the western corner, an area of possible burial plots to the east portion of the site, site

topography and eastern views & solar access blocked by the tall DPIPWE Research Laboratory building.

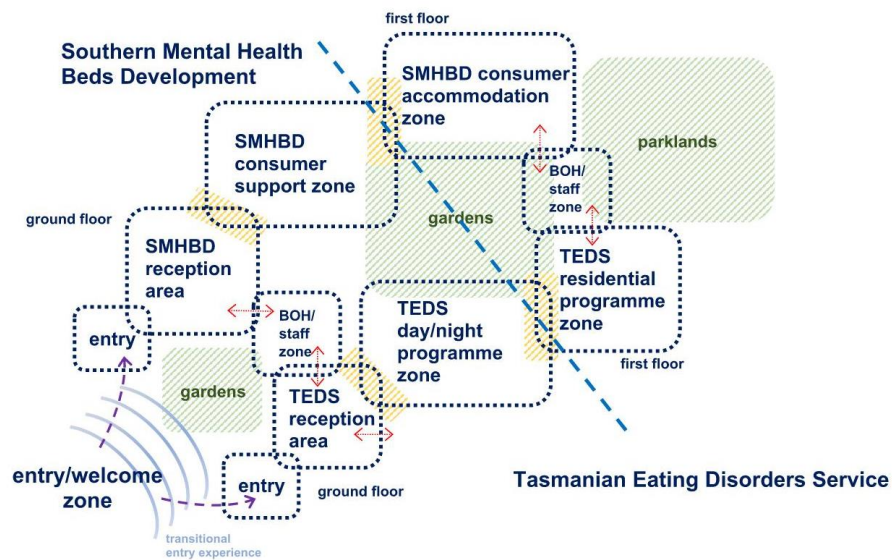
Site Opportunities

The site, although constrained, has numerous opportunities that can be incorporated and developed and utilised within the design of the building. These include the site occupying a high point within the St Johns precinct which commands uninterrupted views to Kunanyi to the west, the Derwent River and Mount Direction to the north-east and Queens Domain and Hobart city views to the south.

All the existing trees on the site are to be retained, except one of the mature *Eucalyptus* to the site frontage - this is to be removed after advice from the arborist due to declining health. The remaining trees will provide a maturity and a grounding of the landscape design, allowing screening to the proposed courtyards, shaded areas in summer and focused viewpoints from within the building.

Proximities/Connections/Circulation

The design brief and accommodation schedule has identified the required functional zones and spaces. The following diagrams illustrate the relationship between the two facilities and then investigates each facility separately to ascertain the preferred arrangement of spaces within the zones. The connection between zones and circulation between spaces shows the transition thresholds and secure boundaries, with entry transitions, service access, and desirable views/outlook to external spaces indicated.



Southern Mental Health Beds Development &
Tasmanian Eating Disorders Service

4th February 2022

Project No.: 1882



Proximities/Connections/Circulation

Concept Design

The constraints and opportunities on the site and access from the wider precinct to the site have determined the most suitable location for the building and entry locations for each of the facilities proposed.



Figure 1 – Extract from Google maps of development site.

A consideration to the therapeutic journey of service users and their carers, from first arrival at the site, transition from external spaces to the interior of the building through to the waiting spaces, consulting and therapy rooms and use of views to assist orientation, wayfinding and provide moments of pause and positive distraction.

With consideration of these agreed principles and design aspirations, the proposed key design strategies that have influenced the design include:

- A considered and therapeutic journey.
- Moments of pause:
 - Views – to nature, to lounge areas.
 - Positive distraction – nature, artwork.
 - Break out spaces – individual and collective.
 - Assist wayfinding and therapeutic environment.
- Contextual material choices – familiar, comfortable, non-institutional.
- Scale and volume

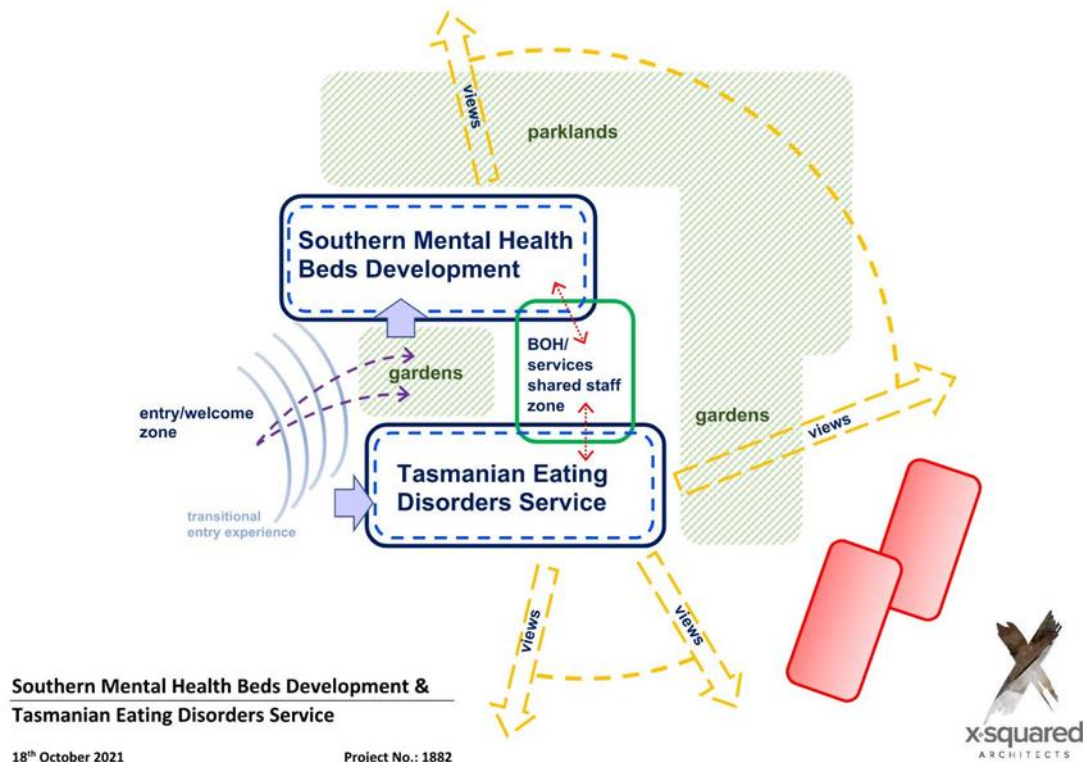
Concept Planning Diagram:

As previously described, the 'entry/welcome zone', the 'consumer support zone', and the 'staff zone' for each facility are to be located on the ground floor level of the proposed building, with the "accommodation zones" and their ancillary functions to be located on the first-floor level.

Due to the large residential requirement for both facilities this 'accommodation zone' is the most critical element of the site master plan. This element has a large footprint due to the requirement for

15-bedrooms within the SMHBD and 8-bedrooms (12 beds) provided in the TEDS facility, all requiring access to natural light and ventilation. Maximising the perimeter 'real estate' for the accommodation results in a series of double-loaded residential wings which require breaking down to reduce mass, allowing access to views and natural light, creating rest points and positive distractions through the building.

Developing the residential wings into a building form that is constrained by the monument and burial grounds to the north & east, St Johns Avenue to the south, and accessibility from the west an initial concept diagram evolved that maximised the perimeter, created visual opportunities and provided a layering of service thresholds.



Initial Concept Planning Diagram

Site Setout and Contextual Relationships:

Whilst developing the initial planning diagram and the building form & massing, a means of 'placing' the proposed building into the context of the site was explored and established.

The dominant features on and around the site include the large mature Eucalyptus trees and the four and five storey DPIPWE Laboratory building to the southeast, the historical Roman Catholic burial ground to the eastern portion of the site and indicated within the Archaeological Report were all factors to be considered.

The heritage-listed Forster monument to the north needed to be addressed and a respectful setback established that not only enhanced views to it but also reinstated it as a focal point of the burial grounds, the wider open space, and the proposed landscape design, rather than a forgotten relic surrounded by overgrown bushes and landscaping.

Another major consideration was the views from the site and how these could be captured, framed, and enhanced within the building design to provide positive distractions and connection to the outside.

A concept diagram was worked up into a series of spatial bubble diagrams incorporating the approved accommodation schedules, the residential wing cluster diagrams, proximity, and flow

diagrams. These were then presented to the Project Working Groups and Steering Committee for their feedback and comment and then were worked up into the proposed development.

Incorporating the comments received with the initial concept diagram, it was necessary to manipulate the building form and plan to address the required separation of entries without losing the ideas of journey, view, and moments of pause. The opening up of the plan in key locations and the relocation of several spaces increases not only the amenity of the building but more importantly the management of the spaces with minimal increase in the areas

This resulted in the two wings being shifted and separated creating new expansive views and a breaking of the mass to a more 'residential' size by articulating the elevation. The setting back of the upper levels of the opposite wings opens the internal courtyard, allowing increased light into the central courtyard space, eliminating the enclosed feeling, and reducing perceived overlooking issues from internal rooms.

The proposed development design is detailed below and incorporates:

- A considered journey through the landscape, mediating the transition between outside and the activities of the day.
- Layering of service thresholds from public to private, providing considered interactions between staff and consumers.
- Moments of pause where the transparency of the building to the landscape beyond provides positive distractions.
- Transparency and clarity of space enhancing the entry experience and reducing anxiety.

Proposed Development Plans:



Ground Floor Plan



From the workshops and discussions with users

We have been mindful of the need to provide a residential-scale building with a homely feel as

With this mind we believe that the scale and mass of the entry area is critical to the design. By

This cooling and mass is also in keeping with the existing St. Johns precinct buildings which vary in

Overheadwing is considered not relevant in this instance based on the extensive setbacks and the

Below are a series of sketch perspectives of the proposed design:



Northwest view from parkland connections and car park



West view towards entry courtyard



Southwest view from St Johns Avenue towards entry courtyard



Northeast view from St Johns Avenue on the approach to the facility entry



Eastern view along St Johns Avenue from the DPIPWE Laboratory building

Contextual Materiality:

We were conscious of the emphasis on a non-institutional setting as discussed in the consultation process to date. It is imperative to create a building which is contextual and informed by the domestic vernacular, with minimal hospital / clinical references, and with an approachable, welcoming, and non-imposing presence on the site. In order to achieve this, we propose the use of a material palette which is in keeping with the site, and which is familiar and non-institutional.



Materiality: Informed by the domestic vernacular

'Walk through':

The design approach outlined above manifests in the project and can be realised through a "walk through" of the buildings design, roughly following the path of a visitor to both the SMHBD & TEDS facilities, the areas of shared design aspirations and philosophy and the service specific spaces. This can be read in conjunction with architectural plans.

Arrival to the St Johns Precinct and the proposed development: (mediating the transition between outside and the activities of the day)

The need for a considered and therapeutic journey from the first arrival point to the precinct has been recognised, and the variety of ways in which service users and their carers will attend the site, we have planned for a comfortable journey from all access ways to the development. We have aimed to create a building which is not imposing but rather is welcoming and responds carefully to the anxiety and stress a service user may be feeling when they arrive at the site.



Arrival: Mediating the transition between inside and the activities of the day.

The typical arrival sequence brings a visitor either on foot or by car from New Town Road through the precinct up St Johns Avenue. All paths converge at the car park located on the western side of the site, at the edge of the landscaped entry courtyard, which begins the journey into the facility and with multiple points of pause, for self-soothing and to take a breath, either alone or with a carer or loved one, the landscaping and seating designed to allow choice, with multiple pathways leading to the entrance, and a gradation of privacy from the street to the front door. We will optimise interaction with nature and natural light and aim to create a welcoming and comfortable transition from outside to inside.

Textural pathways

Meandering pathways offering space to pause & reflect

Framed consumer entries

Gradual transition from outside to inside

Landscaping creating visual privacy



Natural material palette in soft neutral and familiar tones

Visual connection to interior is afforded – signals what to expect



Arrival: mediating the transition between inside and the activities of the day.

Equally, staff will arrive on foot from staff car parking located around the St Johns precinct. They can either follow the same typical arrival sequence described above or continue along a separate

accessible pathway through the central courtyard to the staff entrance located to the rear of the courtyard. This arrival sequence is articulated by the same high quality landscape design and break out spaces that allow moments for pause, privacy, or reflection prior to entry for staff as well as residents. This is also an easy pathway for deliveries and collections (e.g. food, linen) and there is a large drop off bay located on St Johns Avenue to allow for truck deliveries.

It is proposed that this area will also accommodate a memorial garden that commemorates those that have lost their lives to mental illness. This aspect of the design is currently being pursued through the Tasmanian Government Art Site scheme.

External Form and Materiality – Journey



Entry/Ground Floor: (not an overwhelming entry, nor a focused 'waiting area' where they are 'on show', but somewhere where consumers can feel they can walk in and go anywhere)

The entry spaces have been designed to provide connection to views and landscape as the service user steps into the entrance of each service. This aims to minimise feelings of being enclosed and optimises natural light and airy qualities in these spaces, whilst still carefully maintaining privacy and overlooking. Views through to other areas such as lounges also minimises feelings of being enclosed and assists with wayfinding and orientation.

In both facilities there is a concierged space, with a small hub for staff members to reside, but not a 'reception' space in the sense that there is no physical reception counter and opens immediately and directly onto several subsidiary spaces into which users/visitors can move. Familiar and non-institutional seating choices are reminiscent of a residence rather than a healthcare facility; we aim to evoke atmospheres of calm, welcome, dignity and respect in these environments. Furniture selection is considered, with tactile fabrics, and layouts optimise choice, allowing service users to mediate interpersonal distances in ways which make them feel most comfortable.

In the SMHBD entry area, there are at least four spaces immediately adjoining the Entry to accommodate users in a non-threatening environment, including two waiting areas, a calming breakout space, and a tea/coffee station.



Southern Mental Health Beds Development Entry



Southern Mental Health Beds Development Waiting Area & Tea/Coffee Station

The TEDS entry also has three spaces adjoining the entry to allow users choice of seating but also enough space for larger groups to congregate. Lighting and services (power points, USB outlets) enable these spaces to be flexibly used.



Tasmanian Eating Disorders Service Entry

Moments of Pause: (a place of positive distraction, choice, and control)

A governing strategy informing the programmatic layout of the building and its adjacencies was the notion of providing moments of pause. These moments come in the form of break out spaces, views to nature/landscape, artwork, seating niches, and areas for informal socialisation and conversation or to simply be alone. These moments of pause provide areas for self-soothing, break out, socialisation and positive distraction. These moments of pause build on the increasing body of literature affirming the links between nature, natural light and positive distraction and increased wellbeing in healthcare settings.



Moments of Pause

Being able to view outside also assists with wayfinding and orientation and intends to minimise feelings of anxiety due to not being able to find one's way around. Connecting to the natural landscape that the site affords allows the design to maximise the opportunities inherent at this St John's Park site.

This forms part of the programmatic layout strategy of the schematic design, whereby a user's journey is considered and views to break out spaces, nooks/niches and views are provided to assist orientation, wayfinding, and provide the moments of pause.

From the entry spaces, users can navigate further into each service with a series of Provider Rooms, Confidential Discussion Spaces and Consultation Rooms located off the entry areas – these provide direct access to the service providers, clinicians, and support staff.

Organisationally, the layout for movement within the SMHBD encourages intuitive wayfinding, the lift, and stairs directly visible from immediately within the Entry. Within the TEDS centre this connection to the 1st floor accommodation level is more protected to provide a greater sense of security for the users.

Provider/Consult Rooms: (a neutral space where the consumer is safe, empowered, and welcome)

Artwork that is detailed and nature-inspired, yet abstract, allows the consumer to find their own narratives in the work

Furniture is moveable and able to be rearranged to suit the consumer and their activities and comfort

Cushions provided for the consumer to engage with/make themselves comfortable

What do we need as a maximum? Removal of unnecessary items/clutter



Minimal therapist personalisation

Natural light is enhanced with soft ambient light from side lamps

Natural materials and neutral colour tones used throughout

Natural content and views to nature are provided

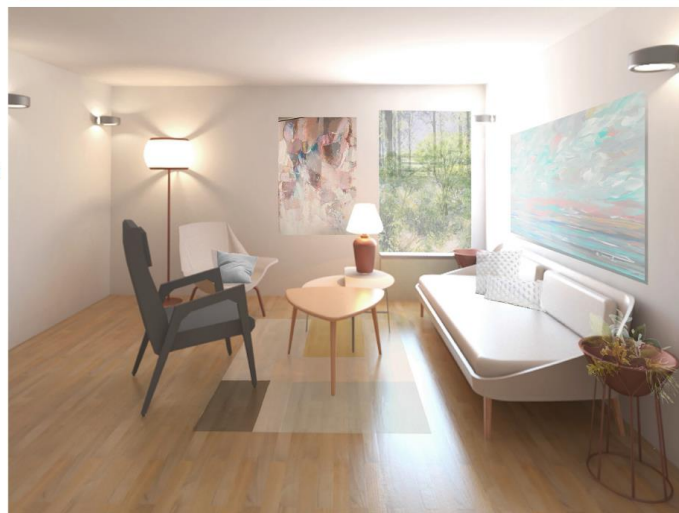
Seating choices are all equal in their quality and presence in the space

Artwork that is detailed and nature-inspired, yet abstract, allows the consumer to find their own narratives in the work

Furniture is moveable and able to be rearranged to suit the consumer and their activities and comfort

Cushions provided for the consumer to engage with/make themselves comfortable

What do we need as a maximum? Removal of unnecessary items/clutter



Minimal therapist personalisation

Natural light is enhanced with soft ambient light from side lamps

Variety of textures used throughout

Natural materials and neutral colour tones used throughout

Natural content and views to nature are provided

Seating choices are varied and all equal in their quality and presence in the space

The provider rooms, where users will meet with staff/providers, have a warm, welcoming ambience that links directly to the interior design of the entry spaces. In particular, furniture choices provide for occupation in a variety of ways by both users and providers (e.g. furniture can be moved around). All rooms provide an outlook and a view of a natural environment (gardens and parkland). Lighting is non-institutional, but all aspects of the design are intended to contribute to a welcoming environment.

Day/Evening Programme Zones (service thresholds from public to private, providing considered interactions between staff and consumers)

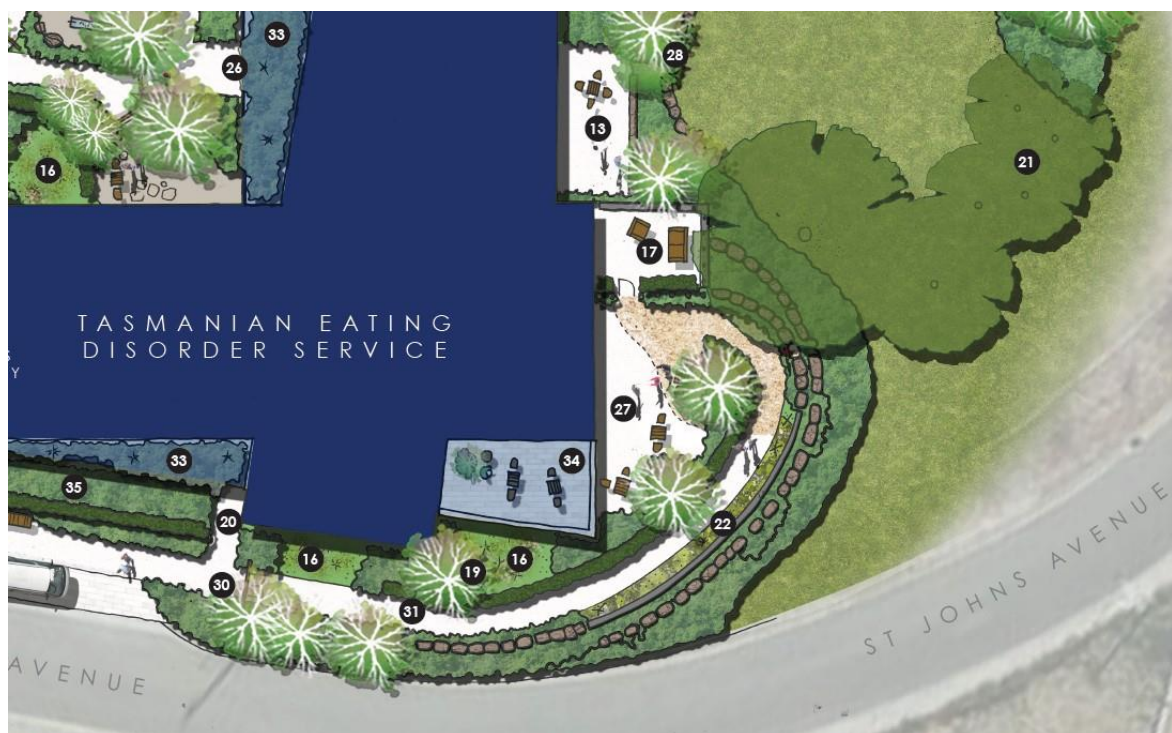
As consumers progress deeper in the building, access to a range of larger multi-functional spaces that nominally provide conference, training, therapy, and meeting functions is provided. All rooms provide an outlook and a view of a natural environment (gardens and parkland), with some opening out to small, protected courtyards, allowing not only outdoor activities and therapy as part of the day programmes, but a space to take a break from activities.

Within the SMHBD facility, the Safe Haven is located at the end of the building. It is intended to be a safe space designed to assist people who may be experiencing suicidal and or situational distress and need immediate support from someone who is trained in suicide prevention and to explore what is happening for them and receive guidance on what to do next. This also includes it being a social

hub for users, residents, and staff, encouraging people to simply sit, relax and socialise and enjoy light refreshments.

In the TEDS facility, the Lounge, Dining and Kitchen are located at the eastern end of the building and are positioned to be the furthest point away from where a consumer enters the facility as these areas can be a significant trigger for someone dealing with an eating disorder. Again, the use of open, expansive views, with the kitchen and dining spaces set back, points of distraction allow a stepped and managed progression through the building is achieved through the minimisation of triggers.

Off this space the building opens out to an external landscaped courtyard (27), incorporating protected outdoor space for socialising, therapy, and group activities. A vegetable and herb garden arranged along the pathways to allow multiple consumers to use the area at the same time and protected from pedestrian/vehicular view by screen planting. East access for bringing in gardening materials etc. via a separate path from the drop-off bay.



Also located at this end of the building is a Family Therapy Room, which allows for managed social gatherings between consumers and family members as part of their treatment programme.

This space also opens out into an enclosed paved courtyard space (13) screened with planting and built forms from adjacent staff breakout and TEDS garden but with open views across broader landscape.

TEDS BREAKOUT SPACE (TS)



Residents/First Floor (this is a neutral space where a diversity of consumers feel safe and welcome)

The first-floor space is much more focussed on the needs of residents, comprising residential accommodation; 15-bed residential accommodation for short-term stay with ensuite facilities for the

SMHBD and 12-bed residential programme accommodation for TEDS; supported activity spaces, varying sized lounges, breakout spaces, dining rooms and kitchens. Circulation from the ground floor entry level to the upper floor will be mediated by staff, and simply by the fact of vertical separation, but access between floors is easy – either by the main stair within the heart of the residential wing, or via lift.

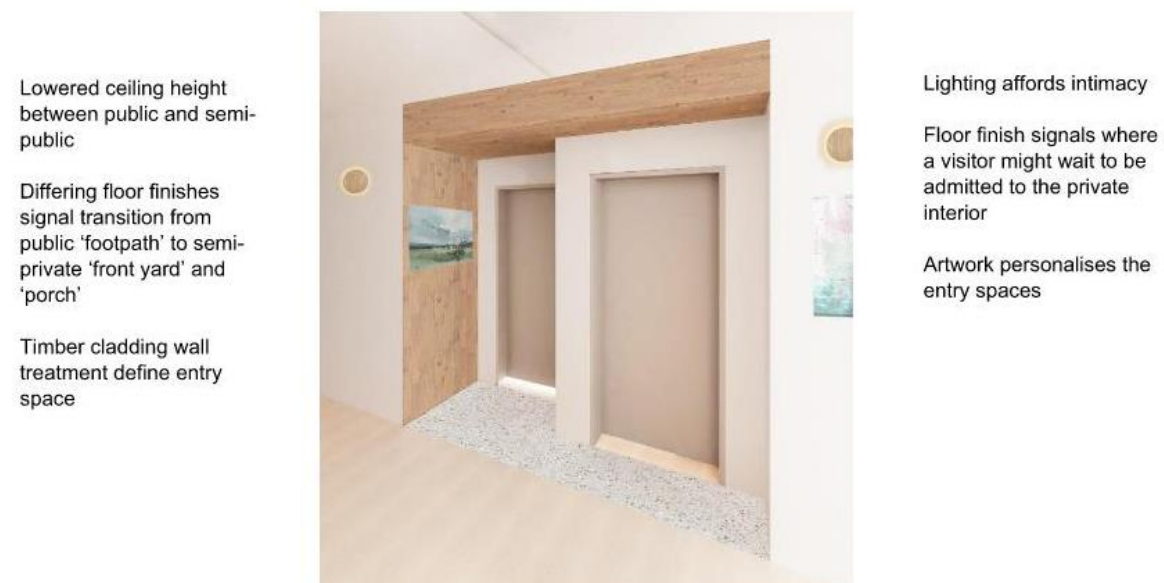
As with the ground floor, the design allows for a sense of openness and transparency, with expansive glazing, allowing outlook across the landscaped gardens, the parkland and out beyond the site to the broader context of the neighbourhood and views to the Derwent River and Mount Wellington/kunanyi.

In addition to Lounge, Kitchen and Dining rooms, there is the more clinically oriented Medication Room, Treatment Room, and Consulting Room. Just as with the ground floor rooms, these spaces are fitted out with welcoming and comfortable furniture and fittings. In particular, there are also a large number of flexible common area spaces within the residential wing that will allow for residents to meet with family and carers, as well as staff, in informal, non-confrontational spaces.

The practical aspects of residential accommodation for residents are also primarily accommodated on this floor, with a Laundry, Cleaner's Store and Dirty Utility, as well as clean linen storage, property storage, and a Sensory Room, provided to allow for de-escalation, if required.

Organisationally, the layout for movement within the upper floor encourages intuitive wayfinding, with the division between 'residential' spaces and 'communal' spaces is subtly defined by the definition between material and colour palette selections.

Residents' Rooms entry (this is a threshold to the consumer's private space)



Every effort has been made to facilitate residents' individual 'ownership' of the bedroom space, including the threshold to those spaces. The implication is that entry is by invitation, and that residents thus have 'control' of this immediate aspect of their environment, which provides comfort and security.

To this end the materiality of the threshold, and the geometry (e.g. lowered ceiling height), contribute to this being a transitional space where residents can move or retreat from communal engagement, to private engagement (e.g. with family or friends) or solitary retreat. Each door is subtly differentiated from its neighbour (i.e. stepped out or in) to accentuate a sense that each room is individual and de-institutionalised.

Lighting and access are also within the control of the resident.

Residents' rooms (this is a consumer's private space of rest and retreat, a space to have solitude, to entertain visitors and feel comfortable)

Artwork that is detailed and nature-inspired, yet abstract, allows consumers to find their own narrative in the work

Natural materials and neutral colour tones used throughout

Seating bench provided, with views to nature

Furniture is moveable and able to be rearranged to suit the consumer activities and comfort



Zoning suggests spaces for sleep, spaces for conversation, spaces for contemplation – affords spatial clarity

Variety of textures utilised throughout

Cushions provide for the consumer to engage with/make themselves comfortable

Residents' bedrooms have a warm, welcoming ambience that is an extension of the interior design of the communal spaces within the facility. In particular, furniture choices provide for occupation in a variety of ways (e.g. furniture can be moved around). All rooms also provide an outlook and a view of a natural environment (gardens or parkland), with some also having a window box with planting directly outside the window. Equally however, the detailed design and placement of rooms allows for privacy so that residents can neither overlook, nor be overlooked from adjoining buildings or from other areas of the Centre.

In detail, each room is provided a robe that includes fitted joinery to allow, not least, for the secure storage of personal items and medication; a window seat/nook that provides an alternative option for residing within the room; and a range of comfortable furniture, including a floor rug, that provides for a variety of modes of occupation, and changes to that mode of occupation.

Within the SMHBD, all rooms are provided with an ensuite bathroom, whereas within TEDS, due to the model of care and risk-reduction, communal amenities are provided.

Lighting is also non-institutional, being predominantly wall or floor-mounted, and is controllable by residents on an individual basis.

Overall, all aspects of the bedroom design are intended to contribute to a welcoming and calming environment.

Staff and Services Back of House

An area is located between the two facilities to accommodate the Facility Co-ordinator and administration support staff for both SMHBD & TEDS, plus have a space allowance for external service providers who regularly visit the facilities to undertake treatment programmes and consultations.

Office administration facilities, secure filing, staff breakout space, kitchenette and dining space with outdoor courtyard space, sanitary facilities; including showers and locker storage is to be provided.

Back of House service zones are in a centralised location on both levels to allow ease of access for staff and service providers, with the main plant room located within the lower ground floor.

Exteriors

We proposed the below selection of material precedents at the consultation workshops. The participants felt that these materials would indeed be welcoming and comfortable and reduce clinical and institutional connotations.

External Form and Materiality



Design concept for the St Johns precinct:

The proposed development sits within the wider historical St John precinct, situated on a prominent position it will be viewed from many points around the precinct. Contextually the emphasis on a non-institutional setting as discussed earlier, it has been imperative to create a building which is appropriate and informed by the domestic vernacular, with minimal hospital / clinical references, and with an approachable, welcoming, and non-imposing presence on the site.

The proposed building tries as far as practicable to stay within the footprint of the demolished building on the site lessening the opportunity for site disturbance which may impact the archaeological significance of the site. The building footprint selection also ensures that the existing mature trees are retained (where possible) as they contribute to the values of the listing and that existing landscape values.

Design concept for streetscape (St Johns Avenue):

The St Johns Avenue elevation provides a sympathetic architectural response to the single-storey context of the existing streetscape of St Johns Avenue and does not look to compete or stand out. Indeed, as you approach the building along St Johns Avenue, a large proportion of building is hidden behind the foliage of the existing stand of trees which are to be retained and enhanced as part of the proposed landscape design.

Design concept for existing site conditions:

The development site and the former cemetery share the same cadastral parcel as the majority of the St. John's Park precinct, and as such there is no definitive boundary between the two, or clear delineation between areas that were or were not used for burials. Presently, the only demarcation between the two spaces is a linear stand of mixed shrubs and small trees flanking either side of the Forster Monument.

The extent of the burial area indicated within *Historic Heritage Management Strategy Report* also extends over several mature trees to the east of the proposed development, including a well-established *Eucalyptus sp.* which will be retained, to maintain the integrity of the site and provide a strong foundation and maturity to the proposed landscaping works.

There are a further two mature *Eucalyptus* to the site frontage, which are extremely sculptural, one of which is to be retained, the other to be removed due to declining health.

SMHB & TEDS MAIN ENTRY GARDEN (ME)



Indicative exterior design palette

Interiors and Loose Furniture

Design concept for interiors:

In accordance with the design principles embedded within the Design Approach outlined above, interiors will play a key role in the ambience and performance of the facility. To this end there has been a strong focus in the interior design on maximising choice, promoting self-determination and empowerment, promoting staff self-care opportunities, and supporting staff resilience and retention.

There has also been a strong emphasis, in response to the WELL Building Standards ambitions embedded within the project, on indoor environmental quality, light, movement, thermal comfort, sound, materials, mind, and community. This includes considerations of beauty.

Internal Form and Materiality – Distract Pause View



To this end the design approach is quite a sophisticated one. It can be summarised as a work of two parts however – first by describing the structure of the interior work, and second by describing the approach to joinery, loose furniture, and ephemera.

The structure of the interior work clearly distinguishes between public, semi-public and private spaces, with the areas geometrically and materially differentiated. Large windows, chamfered building elements, differentiated ceiling heights, colour palettes, and, for example, timber slatted screening as part of the structure of the building.

Large floor to ceiling windows optimises views; artwork provides positive distraction in the interior, variety in layouts and seating configurations optimises individual choice and flexibility for service users.



Interior view of the Lounge Area in the heart of the TEDS residential wing looking out to external rooftop terrace. Loose furniture and joinery take an alternative approach, with an overall design intent drawn from a best practise approach to mental health care, and with these selections distributed throughout the facility.



Indicative interior design palette for communal spaces.

6. PROJECT SCHEDULE & BUDGET

6.1 Project Schedule

A Summary of the project timeline is as follows.

Submission of Development Application to Council	March 2022
Completion of design development	May 2022
Completion of construction Tender Documentation	October 2022
Construction Tender (advertising, closing and assessment)	November 2022
Close Tenders & Award Contract	December 2022
Construction Start	January 2023
Practical Completion of Construction (15 months) *	April 2024
Final Completion (Completion of Defects Liability Period)	April 2025

* An estimated construction time frame of 15 months has been shown but may vary dependant on construction industry activity at the time of tender.

6.2 Project Budget

The approved funding for the SMHBD & TEDS development project is **\$ 19,075,000** (excluding GST).

Matrix Management Group, the project Quantity Surveyors, have reviewed the documentation provided by the consultants, including the proposed project brief, schedule of accommodation and scope of works.

Their estimated cost of works is as follows:

<i>Building Services and Works</i>	\$ 13,405,955
<i>Car Park & External Works</i>	\$ 1,024,445
<i>Site Services Infrastructure Upgrades</i>	\$ 453,600
<i>Tasmanian Arts Scheme</i>	\$ 80,000
<i>Furniture, Fittings and Equipment, AV systems and ICT Infrastructure</i>	\$ 750,000
<i>Design Development and Construction Contingency (12.5% total)</i>	\$ 1,861,000
<i>Demolition (completed)</i>	\$ 120,000
<i>Design Consultancies & Management</i>	\$ 1,380,000
TOTAL	\$ 19,075,000 excluding GST

Inclusions within the Project Budget Estimate:

- i. *Capital building works – the cost of all base building works, building services and fitout works associated with each stage, part and sub-part and presented accordingly.*
- ii. *Contingency amounts for:*
 - *Design (7.5%) – to cover limited scope of work increases during the design phase as detailed briefing and design are developed.*
 - *Construction (5%) – to cover contract variation costs for defined risks.*
- iii. *Furniture and equipment procurement – furniture shall comprise:*
 - *New built-in furniture items e.g. at Reception areas.*
 - *New individual office furniture e.g. ergonomic chairs, desks, bookshelves in individual offices and open plan staff offices.*

- *Loose furniture to SMHBD & TEDS facilities including lounges, dining and breakout spaces.*
- *Limited new equipment where required.*
- *The Consultant shall consult further with the Client to define the extent and specifications of new furniture and equipment during the next phases of the project. DHHS will also be responsible for purchasing and selecting all furniture and equipment not forming part of the builder's fitout.*

The following cost factors have been taken into consideration when preparing the indicative budget estimate:

- While the client brief requires that the facility comply with AHFG, this project will have significant departures due to the unique functional requirements of the users.
- The unique design philosophy needs to be considered, including finishes, lighting, acoustics etc to achieve the appropriate required ambience for the mental health and eating disorders facility.
- The facility will be designed to comply with WELL certification although this will not be sought.
- The building needs to comply as Class 3 and Class 5 NCC requirements, including energy efficiency.
- Services estimates include for:
 - Fire sprinkler system.
 - Wireless Nurse Call system.
 - Stormwater connection infrastructure.
 - New Substation – a provision of \$250,000 has been included in the cost estimates for this item.

The current project costs are based on reasonable allowances for the project's location and current market conditions.

7. RECOMMENDATIONS

The Mental Health Infrastructure Group and Project Team have carefully assessed and explored the options and solutions available and have determined the design submitted provides the required project outputs as determined in the project functional brief. In addition, the design is consistent with the strategic long-term direction of the Department of Health and Statewide Mental Health Service.

It is recommended that this submission be viewed favourably given the benefits it will provide to the greater Hobart community. The project, once completed, will immediately commence addressing the need to deliver appropriate health and community services.

8. APPENDIX A – PROPOSED ARCHITECTURAL DESIGN

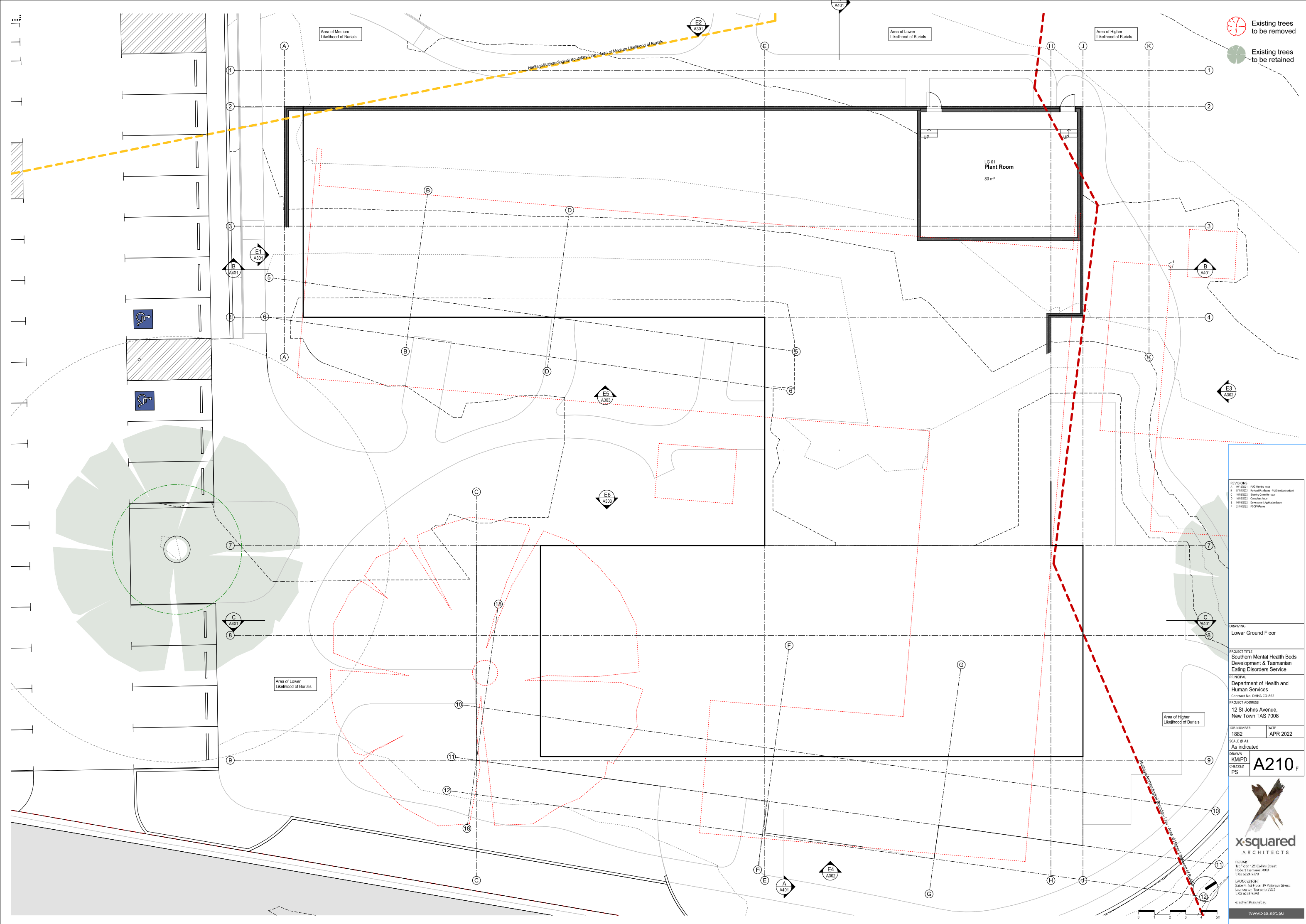


Southern Mental Health Beds Development & Tasmanian Eating Disorders Service

12 St Johns Avenue,
New Town TAS 7008

Department of Health and Human Services

APR 2022



Existing trees
to be removed

Existing trees
to be retained

REVISIONS	
A	10/01/2022 PUG Meeting Review
B	01/02/2022 Revised Burials - PUG feedback added
C	10/02/2022 Drawing Coordination
D	16/02/2022 Consultant Review
E	16/02/2022 Development Application Review
F	25/02/2022 PSC Review

DRAWING
Lower Ground Floor

PROJECT TITLE
Southern Mental Health Beds
Development & Tasmanian
Eating Disorders Service

PRINCIPAL
Department of Health and
Human Services
Contract No. DHHA CO-862

PROJECT ADDRESS
12 St Johns Avenue,
New Town TAS 7008

JOB NUMBER
1882

DATE
APR 2022

SCALE @ A1
As indicated

DRAWN
KM/PS

CHECKED
PS

A210 F

x-squared
ARCHITECTS

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111-112 Collins Street
Robert Peninsula 7000
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LAURENCE
Suzanne, 1st Floor, 111-112 Collins Street
Launceston, Tasmania 7201
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Existing trees
to be removed

Existing trees
to be retained

REVISIONS		
A	18/02/2022	PUG Meeting Room
B	20/02/2022	Revised Preliminary Design Issues
C	01/03/2022	Revised Preliminary Design Issues
D	16/03/2022	Consultation Issues
E	16/03/2022	Consultation Issues
F	25/03/2022	Consultation Issues

PROJECT TITLE
Southern Mental Health Beds
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Department of Health and
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12 St Johns Avenue,
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DATE
APR 2022

SCALE @ A1
As indicated

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CHECKED
PS

A211 F

ARCHITECTS

11/11/2021 12/12/2021
Robert Tarnawa 7000
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Existing trees
to be removed

Existing trees
to be retained

REVISIONS	
A	18/02/2022 PUG Working Draw
B	16/02/2022 Consultant Review
C	04/02/2022 Development Application Mark
D	25/02/2022 PSP/Plan

DRAWING
Roof Plan

PROJECT TITLE
Southern Mental Health Beds
Development & Tasmanian
Eating Disorders Service

PRINCIPAL
Department of Health and
Human Services
Contract No. DHHA CO-862

PROJECT ADDRESS
12 St Johns Avenue,
New Town TAS 7008

JOB NUMBER
1882

DATE
APR 2022

SCALE @ A1
As indicated

DRAWN
KM/PS

CHECKED
PS

A230_D



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111/100 125 Collins Street
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1 Elevation 1 - Main Entry
1 : 100



2 Elevation 2 - Memorial
1 : 100

Materials Key



01 Face brickwork,
Colour : Grey/Beige



02 Profiled Metal
Cassette Cladding
Colorbond : Dune



03 Standing Seam
metal cladding,
Colorbond : Monument



04 Profiled metal cladding
Colorbond : Monument



05 Kliplok Profiled Roofing
Colorbond : Monument

PLANNING APPLICATION

REVISIONS
A 08/02/22 PUG Meeting Notes
B 10/02/22 Briefing Committee Review
C 16/02/22 Council Review
D 04/03/22 Development Application Review
E 24/02/22 PUG Review

DRAWING
Elevations - Sheet 1

PROJECT TITLE
Southern Mental Health Beds
Development & Tasmanian
Eating Disorders Service

PRINCIPAL
Department of Health and
Human Services
Contract No. DHHA CO-862

PROJECT ADDRESS
12 St Johns Avenue,
New Town TAS 7008

JOB NUMBER
1882

DATE
MAR 2022

SCALE @ A1
1 : 100

DRAWN
KM/PS

CHECKED
PS

A301 E

x-squared
ARCHITECTS

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LAUNCH STATION
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0 1 2 3 4 5m



3 Elevation 3 - Burial Ground
1:100



4 Elevation 4 - St Johns Avenue
1:100

Materials Key



01 Face brickwork,
Colour: Grey/Beige



02 Profiled Metal
Cassette Cladding,
Colorbond: Dune



03 Standing Seam
metal cladding,
Colorbond: Monument



04 Profiled metal cladding
Colorbond: Monument



05 Kliplok Profiled Roofing
Colorbond: Monument

PLANNING APPLICATION

REVISIONS
A 18/02/22 PUG Meeting Notes
B 16/03/22 Consider House
C 04/03/22 Development Application Form
D 25/02/22 PSP Review

DRAWING
Elevations - Sheet 2

PROJECT TITLE
Southern Mental Health Beds
Development & Tasmanian
Eating Disorders Service

PRINCIPAL
Department of Health and
Human Services
Contract No. DHHA CO-862

PROJECT ADDRESS
12 St Johns Avenue,
New Town TAS 7008

JOB NUMBER
1882

DATE
MAR 2022

SCALE @ A1
1:100

DRAWN
KM/PS

CHECKED
PS

A302 D



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0 1 2 3 4 5m

9. APPENDIX B – PROPOSED LANDSCAPE DESIGN

- 1 Bitumen carpark area, carpark built up on fill pad.
- 2 Permeable segmental paving area of carpark around existing tree.
- 3 Existing very large mature tree - *Eucalyptus viminalis* (White Gum).
- 4 Segmental paving drop-off area, for taxis, family drop off and deliveries.
- 5 Main facility entry path network. Textural pathways with aggregate concrete and in-set paving. Meandering approaches to building entries offering spaces to pause. Long sight lines with mixed structured and loose plantings to frame consumer entries to SMHBD and TEDS client entries and maintain familiar, gardenesque aesthetic.
- 6 Natural lawn.
- 7 Seating edge along drop off zone, varying seat lengths to accommodate individuals or groups sitting together.
- 8 Potential way finding signage location.
- 9 Garden arbor structure with climbing plants to scale-down entries and create domestic-feeling to entries.
- 10 1:14 ramp access connecting to broader St John's park campus.
- 11 Plant room access.
- 12 Earth embankment to disguise parking platform, native plantings to soften relationship to existing open burial ground.
- 13 Staff breakout space surrounded by trees and planting, screened from family room breakout by screening wall.
- 14 Gravel surround to existing monument and new planting behind. Clear out undergrowth of existing flanking vegetation for new decorative garden beds of mixed natives.
- 15 Existing shrubby vegetation, clear out undergrowth and weed species removed.
- 16 Flowery meadow gardens for colour and movement.
- 17 Family therapy courtyard. Paved courtyard space screened from adjacent staff breakout and TEDS garden but with open views across broader landscape.
- 18 Visual garden outlook from TEDS lounges and sensory room.
- 19 Existing large mature tree - *Aesculus hippocastanum* (European Horse-chestnut).
- 20 Emergency egress path from TEDS.
- 21 Existing stand of four semi-mature trees - *Eucalyptus viminalis* (White Gum).
- 22 TEDS vegetable / herb garden space. Arranged along pathway to allow multiple clients to use the area at the same time, and protected from pedestrian / vehicle view by screening planting. East access for bringing in materials etc via path from drop-off area.
- 23 Potential sculpture or artwork location(s).
- 24 Landscape breakout space SMHBD spaces, small nodes for sitting outside and relaxing or small group activities protected from pedestrian view with screening planting.
- 25 Emergency egress path from SMHBD.
- 26 Deliveries access.
- 27 TEDS main landscape breakout space from kitchen and dining space, concrete and permeable paving. Area built up with permeable structure soil profile over tree protection zone for adjacent eucalyptus.
- 28 Planted embankment with informal boulder retaining, mixture of native and exotic planting to relate to existing landscape character.
- 29 Large garden bed island in foreground to provide additional privacy screening to landscape spaces from pedestrians or vehicles on the street.
- 30 Gated access point with arbor over to delineate more private area of TEDS landscape.
- 31 Access pathway from drop-off / deliveries area for moving of bulky supplies to TEDS food garden and escape route from fire stair.
- 32 Secure bicycle storage.
- 33 First floor visual roof gardens, loose groundcovers and grasses providing beautiful outlook to internal spaces.
- 34 TEDS first floor terrace, seating spaces and large pot garden.
- 35 Visual shade garden as outlook to lounge and consult rooms.



MATERIAL & PRECEDENT PALETTES

SMHB & TEDS MAIN ENTRY GARDEN (ME)



TEDS BREAKOUT SPACE (TS)



VISUAL SHADE GARDEN (SH)



VISUAL TERRACES (VT)



PLANTING PALETTES

TREES	Code	Latin name	Common name	Mature size H xW (m)	Planting location(s)			
					ME	TS	SH	VT
	Al	<i>Allocasuarina littoralis</i>	Black Sheoak	8x3	•			
	Az	<i>Azara microphylla</i>	Vanilla Tree	8x5	•	•		
	Bv	<i>Betula utilis</i> var <i>jaquemontii</i>	Himalayan White Birch	10x5	•	•	•	
	Ce	<i>Cercis canadensis</i>	Forest Pansy	5x5		•		
	Da	<i>Dicksonia antarctica</i>	Man Fern	3x2		•	•	
	Ep	<i>Eucalyptus pauciflora</i> 'Little Snowman'	Little Snowman	5x4	•			
	Fc	<i>Ficus carica</i>	Common Fig	5x5		•		
	Gb	<i>Ginkgo biloba</i>	Maidenhair Tree	12x5				
Jm	<i>Jacaranda mimosifolia</i>	Jacaranda	10x8	•	•			
Md	<i>Malus domestica</i>	Apple	3x3		•			



SHRUBS & FERNS

Bm	<i>Banksia marginata</i>	Silver Banksia	5x4	•			
Bg	<i>Blechnum gibbum</i> 'Silver Lady'	Silver Lady Fern	.8x.8	•	•	•	
Bs	<i>Blechnum spicant</i>	Deer Fern	.5x.8	•	•	•	
Bo	<i>Boronia megastigma</i>	Brown Boronia	1x1	•			
Ct	<i>Choisya ternata</i>	Mexican Mock-orange	2x2			•	
Cs	<i>Cornus sericea</i> 'flaviramea'	Yellow-stemmed Dogwood	1.5x1.5		•		
Cf	<i>Cotinus coggygria</i> x <i>obovatus</i> 'Flame'	Smokebush	3x3	•			
Gl	<i>Gaura lindheimeri</i>	Butterfly Bush	1x.8	•			•
Hp	<i>Hakea petiolaris</i>	Sea Urchin Hakea	3x2	•			
Hm	<i>Hamamelis mollis</i> 'pallida'	Witch Hazel	2x2		•		•
Ka	<i>Kunzea ambigua</i>	White Kunzea	2x1	•			
Pp	<i>Polystichum proliferum</i>	Mothershield Fern	1x1	•	•	•	
Sy	<i>Salvia yangii</i>	Russian Sage	.8x.8		•		•
Tl	<i>Tasmannia lanceolata</i>	Native Pepperberry	3x2			•	
Tf	<i>Teucrium fruticans</i>	Germander	1x3	•	•		•
Wf	<i>Westringia fruticosa</i> 'Smokey'	Coastal Rosemary	2x3	•	•		•



GRASSES, GROUNDCOVERS & CLIMBERS

Ac	<i>Arthropodium cirratum</i> 'Te Puna'	Renga Lily	.6x.6	•	•	•	
As	<i>Austrostipa stipioides</i>	Coastal Spear-grass	.8x.5	•	•		
Ck	<i>Calamagrostis</i> x <i>acutiflora</i> 'Karl Foerster'	Feather Reed Grass	1.5x1		•	•	•
Cg	<i>Casuarina glauca</i> 'Cousin It'	Dwarf Sheoak	.3x1		•		•
Ca	<i>Chrysocephalum apiculatum</i>	Yellow Buttons	.3x.5	•			•
Cc	<i>Convolvulus oneorum</i>	Silver Bush	.6x1	•			•
Cb	<i>Correa alba</i> 'Silver Star'	Prostrate Correa	.3x.8	•	•		
Ds	<i>Dichondra argentea</i> 'Silver Falls'	Kidney Weed	.1x.7		•		•
Dp	<i>Dierama pulcherrimum</i> 'Rose Pink'	Angels' Fishing Rod	1x.5		•		•
Dm	<i>Diplazene moraea</i>	White Flag Iris	.5x.8	•			•
Fn	<i>Ficinia nodosa</i>	Knobby Club-rush	.6x.6		•		
Hv	<i>Hardenbergia violacea</i> 'Happy Wanderer'	Purple Coral Pea	3x1 climber		•		•
Hb	<i>Hosta</i> sp 'Blue Veil'	Hosta	.5x1		•	•	
Hm	<i>Hosta</i> sp 'Mikado'	Hosta	1x2		•	•	
Lr	<i>Ligularia reniformis</i>	Tractor Seat	.8x.8		•	•	
Ma	<i>Miscanthus sinensis</i> 'Adagio'	Maidengrass	1.5x1		•		•
Mp	<i>Myoporum parvifolium</i>	Coastal Boobialla	.2x3	•	•		•
Pi	<i>Pachystegia insignis</i>	New Zealand Rock-daisy	.5x.5	•	•		•
Pt	<i>Parthenocissus tricuspidata</i>	Boston Ivy	12x3 climber		•		
Pr	<i>Pennisetum setaceum</i> 'Rubrum'	Purple Fountain-grass	1.2x.8				•
Pc	<i>Plectranthus ciliatus</i>	Spurflower	.5x2		•	•	
Pl	<i>Poa labillardieri</i>	Common Tussock Grass	.8x.5	•	•		•
Su	<i>Sagina bubulata</i>	Irish Moss	.1x.5		•	•	
Sb	<i>Scleranthus biflorus</i>	Canberra Grass	.1x.5	•			•
Sz	<i>Stachys byzantina</i>	Lamb's Ears	.2x.8		•	•	
Vh	<i>Viola hederacea</i>	Native Violet	.1x.3		•	•	
Vv	<i>Vitis vinifera</i>	Table Grape	20x3		•		•

