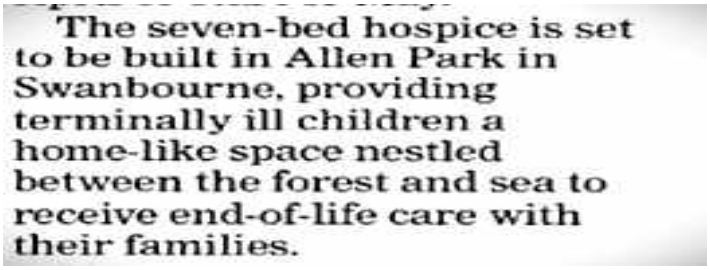
"Convenient Untruth"

A compilation of miscellaneous facts and opinions on the Hospital (children's hospice) initiated in 2019, and still under construction in Allen Park Swanbourne (4 August 2026).

"Roger Cook announced on Friday the hospice would provide care and support for children and their families from diagnosis to the end of their lives, with the operational costs paid for by the state government." **Daile Cross, The Age.**

The promises,


The seven-bed hospice is set to be built in Allen Park in Swanbourne, providing terminally ill children a home-like space nestled between the forest and sea to receive end-of-life care with their families.



(From a PCHF promotion)

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And if for telling truth I burn or frie

what then deserveth he that tels a lie?

Hendrick Laurentz 1641 Amsterdam.[1]

[1] I found this line on a painting in the National Portrait Gallery in London and copied it into my diary in 1981. I have enquired at the Gallery since but they have been unable to identify the painting for me. I understand the writer had fled London to Amsterdam to escape persecution. The N P G was a gem of a small gallery.

Some contentious issues…

1. **Was a building in scarce publicly owned parkland the <u>best way</u> to spend charitable donations and taxpayer funds, to assist parents and their children with life-limiting health conditions in WA?**
2. **Should the precious resource of Class A Reserved land have been used for a "STAND ALONE" Hospital (children's hospice), when other options and sites could have been available sooner and less problematic?**
3. **Was the site selected by the PCHF Board suitable and safe for the intended purpose now, and adequate for inevitable future expansion?**
4. **Is this construction in fact a "hospice" for dying children, a respite home, an extension of Perth Children's Hospital, or a "trophy" project to gain kudos for developers and praise for government.**
5. **Was it really necessary for PCHF to blatantly ignore genuine local concerns over the location of the Hospital (children's hospice) within a popular and much needed public reserve?**
6. **Why fail to consult with the local community and embark on a campaign of verbal and media-led abuse of anyone expressing dissident opinions?**
7. **No Model of Care or a functional brief at the time of the very first public announcements in August 2020. A Model of Care and a Functional Brief are the most critical foundational documents when planning a healthcare facility.**

Seven years **after the first PUBLIC announcement the Hospital (children's hospice) is nearing completion. At least <u>some</u> children and parents will benefit greatly so all is well? Not at all.**

The next time a plan is concocted to excise A Class Recreational Reserve space at Allen Park or anywhere in WA, the hospice experience can be repeated. Pulling on heartstrings and political advantage with unlimited media subservience, the WA Parliament can legally acquire any piece of "protected" parkland it wishes. Community trust in Parliament has been badly damaged.

A precedent has been set whereby State Public Health Services are the target of well-funded charitable organisations and political ribbon-cutting showpieces, with no demographic and data based decisions or consultation.

A single-minded political drive to bolster electoral success through popular "good works", should not decide irreversible health and land use planning decisions.

There must be genuine public consultation and a long term vision.

Philanthropy is always an expression of power. Giving often depends on the personal whims of super-rich individuals. Sometimes these coincide with the priorities of society, but at other times they contradict or undermine them. Increasingly, questions have begun to be raised about the impact these mega-donations are having upon the priorities of society. There are a number of tensions inherent in the relationship between philanthropy and democracy. For all the huge benefits modern philanthropy can bring, the sheer scale of contemporary giving can skew spending in areas such as education and healthcare, to the extent that it can overwhelm the priorities of democratically elected governments and local authorities.[2]



"End of life care" for "these children" --- 2,000 children?

Fact: Not at this seven bed Hospital (children's hospice).

[2] https://taxprof.typepad.com/taxprof_blog/2020/09/how-philanthropy-benefits-the-super-rich.html

Total Funds raised	**$37 M.**	
Federal taxpayers	**$10M**	**Morrison Government pre-election gift.**
Lottery West	**$4M.**	**Cook government donations policy.**
Donations	**$23M**	**Unknown $$ Federal income tax foregone.**
Land value	**$135M**	**Irreplaceable recreational land built upon.**

Due to the site chosen and the efforts of staff the result will be a politician's dream result. Like other similar projects it will achieve fulsome praise from those truly grateful parents able to gain access to the resources on offer.

Others will question the planning basis of this "TROPHY PROJECT".

There will be a massive media promotion and elite function when finally opened. The script is probably being written now. What difference this building will make to the hundreds if not thousands of parents and children with life-limiting health conditions in WA, is apparently of little concern to the proponents intent on building a seven bed respite/hospice.

Despite many attempts to present facts and correct media misinformation, a professional and well supported campaign has deliberately portrayed <u>any</u> concerns about the Perth Children's Hospital Foundation (PCHF) <u>decision</u> to build a Hospital (children's hospice), as <u>opposition to care for sick children</u>.

This presented the PCHF Board, the WA Government, and populist media with a convenient and untrue campaign, with which to attack Nedlands Council and anyone daring to express any alternative or dissident view of their decisions.

This record presents some facts and opinions for open public examination. It supports a case for planning, resourcing, and delivery, of ethical, high quality, multidisciplinary, and accessible, child palliative care for as many West Australian patients and families in need as possible.

Will this "TROPHY" building project deliver better and effective Paediatric Palliative Care to more than a minority of no doubt extremely fortunate and grateful individuals able to access this service. Time will reveal the outcome for the majority of eligible children and families.

This record ensures a permanent repository of the background to some controversial decisions, claims, opinions, and events, which have led to grandstanding and abuse by politicians and unelected individuals, with no assurance that promises to sick children and their parents will be met.

This much delayed built facility results from a debatable model of care for the Western Australian demographic, and impulsive, faulty choice of the location by the Perth Children's Hospital Foundation Board with political support from government.

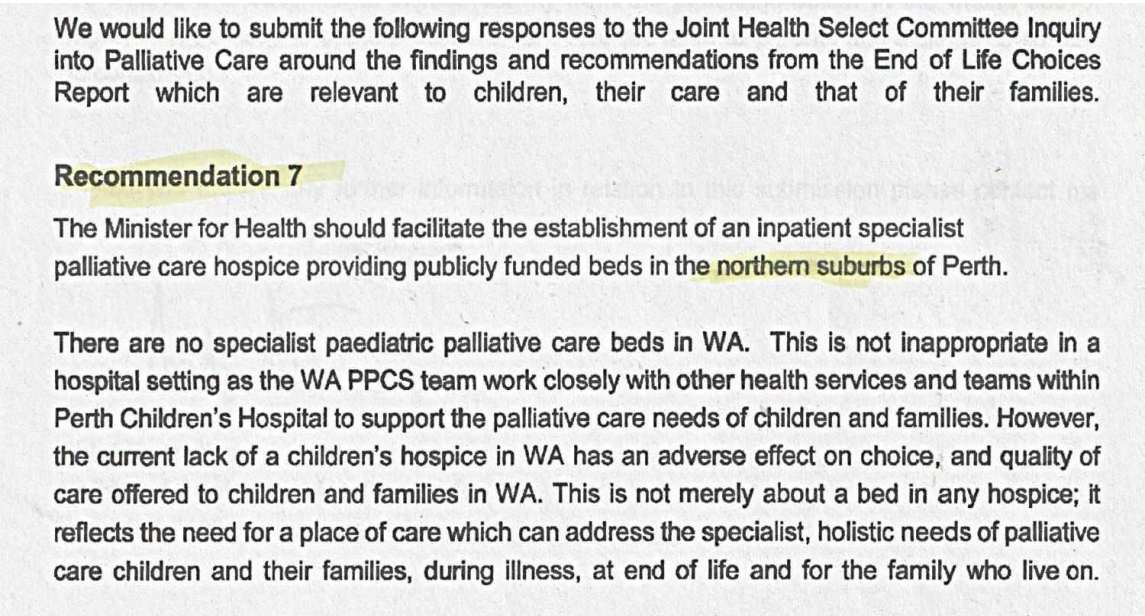
How did this controversial development start?

- **Hon Roger Cook to Mark Goodlet CEO City of Nedlands rec. 3 Aug 2020.**

> ***Dear Mr Goodlet, PERTH CHILDREN'S HOSPICE***
> ***Western Australia currently does not have a hospice dedicated to care for children.***
> ***Until now, general hospices, facilities within hospitals and home-based services have performed this role. With expectations around hospice care for children evolving and demand for hospice care growing with the State's population, a purpose-built facility is needed….***

That WA does not have a children's hospice therefore we must build one, is a logical fallacy.
Was there any evidence that a purpose-built hospice was the best solution to an unresearched Public Health need?
Why no research nor even a published review of existing services to identify the problem and possible solutions.
The Health Department, to which CAHS is responsible, has no such information.

A CAHS submission on Paediatric Palliative Care made to the Joint Health Select Committee Inquiry into Palliative Care in WA dated 6 July 2020.



We would like to submit the following responses to the Joint Health Select Committee Inquiry into Palliative Care around the findings and recommendations from the End of Life Choices Report which are relevant to children, their care and that of their families.

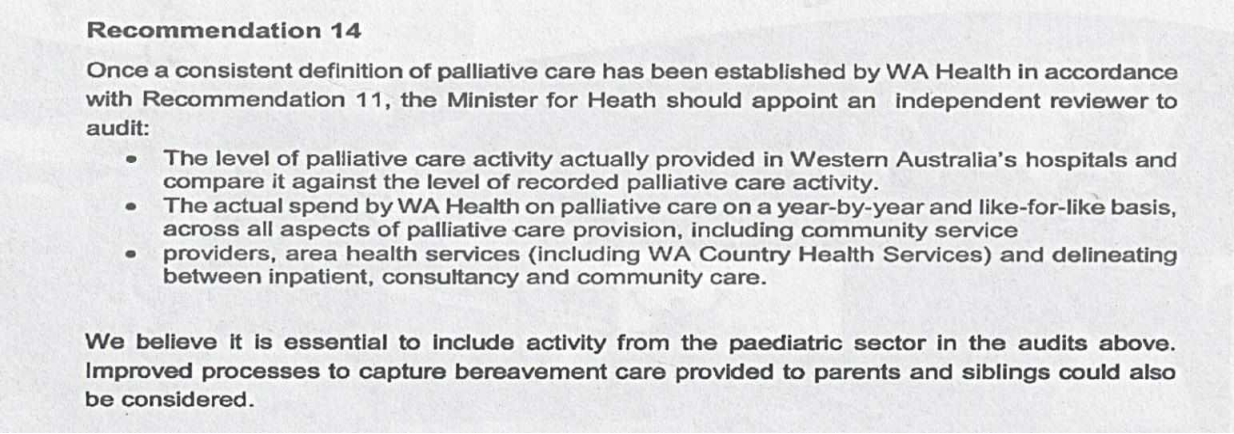
Recommendation 7

The Minister for Health should facilitate the establishment of an inpatient specialist palliative care hospice providing publicly funded beds in the northern suburbs of Perth.

There are no specialist paediatric palliative care beds in WA. This is not inappropriate in a hospital setting as the WA PPCS team work closely with other health services and teams within Perth Children's Hospital to support the palliative care needs of children and families. However, the current lack of a children's hospice in WA has an adverse effect on choice, and quality of care offered to children and families in WA. This is not merely about a bed in any hospice; it reflects the need for a place of care which can address the specialist, holistic needs of palliative care children and their families, during illness, at end of life and for the family who live on.

1. **The hospice is not located in the northern suburbs as recommended.**
2. **The WA PPCS team should work "within Perth Children's Hospital".**
3. **"current lack" affects <u>choice</u> and <u>quality</u> of care?[3]**

To what extent will this hospice take Paediatric Palliative Care Services (PPCS) out of PCH?
How does one <u>seven bed</u> hospital offer real choice to hundreds?
Where is the evidence that a "hospice" is the <u>best</u> Place of Care for children?
<u>Does implied better "quality of care" at the hospice suggest the purpose-built Perth Children's Hospital is not meeting current standards of care for those who die there now?</u>
What do staff and clinicians think of that comment?
Is there a long-term plan for further paediatric palliative and hospice care in WA?
So many unanswered questions? So few answers and no debate, just abuse for daring to ask uncomfortable questions.



Recommendation 14

Once a consistent definition of palliative care has been established by WA Health in accordance with Recommendation 11, the Minister for Heath should appoint an independent reviewer to audit:

- The level of palliative care activity actually provided in Western Australia's hospitals and compare it against the level of recorded palliative care activity.
- The actual spend by WA Health on palliative care on a year-by-year and like-for-like basis, across all aspects of palliative care provision, including community service
- providers, area health services (including WA Country Health Services) and delineating between inpatient, consultancy and community care.

We believe it is essential to include activity from the paediatric sector in the audits above. Improved processes to capture bereavement care provided to parents and siblings could also be considered.

Was an 'independent reviewer" appointed by the Minister for Health?
Was "activity from the paediatric sector" included in audits?
If so how is it the HDWA has no information about this online?
If no appointment made, why not?

Why did this proposal generate controversy?

The former Premier Mark MacGowan led the charge under parliamentary privilege with a vicious swipe at any perceived opposition, setting the tone of confrontation not consultation from the start.

Why PCHF and Government chose this aggressive approach to the project is unknown. It must arouse speculation that having a fight with alleged nimbies and naysayers would guarantee media publicity and fundraising support from an inadequately informed parliament and community.

---

[3] **How does a single "stand alone" Western suburbs construction benefit choice?**

Nedlands Council did not refuse to engage with the project control group. The Deputy Mayor was appointed by Council to that group. However he might just as well have not been appointed, as he was restricted from informing the Council appointed Site Assessment Working Group (SAWG) of any information he gained.

As a community member on SAWG I learned that as everything was already a "done deal" there was no point in contributing any comments.

Accusations of nimbyism, selfishness and "vile" opinions were typical judgemental abuse that set the tone for much of what was to follow.

The Premier's statement that councillors claimed "Special Air Services were dropping bombs in the area" was an undocumented myth widely reproduced.

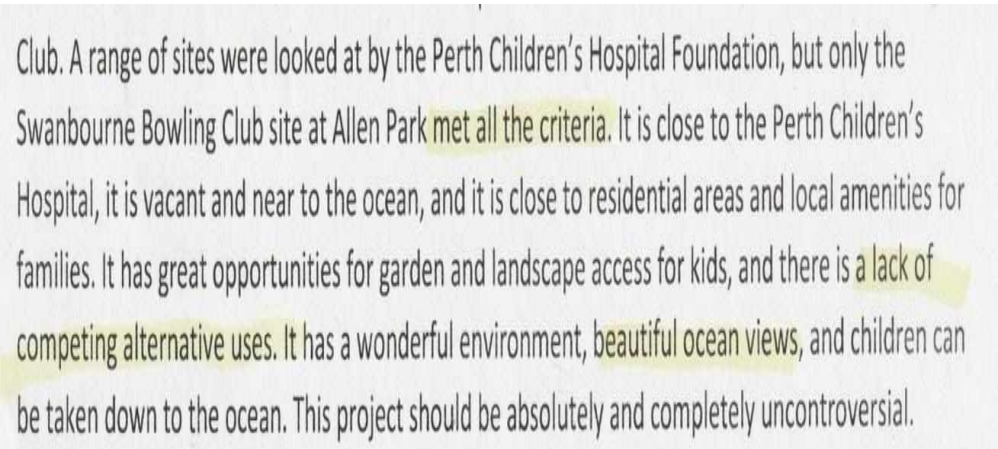
Residents, (including myself) and councillors have long been aware of regular explosions emanating from the Barracks and this is continuing.

I was informed at a meeting with Defence personnel it was armourers disposing of date expired live ammunition. It can be thunderous on occasions.

I have seen SAS parachute drops but never any BOMBS.

A manufactured claim with no credibility? Twisting the Mayor's words to claim she described terminally ill children as a "problem" was also unfair and reprehensible misuse of language. Why choose that hostile and counterproductive approach to promote a proposed solution to a long standing health care need? Why was "bulldozing" thought the best approach?

Was a range of sites genuinely considered?



Club. A range of sites were looked at by the Perth Children's Hospital Foundation, but only the Swanbourne Bowling Club site at Allen Park met all the criteria. It is close to the Perth Children's Hospital, it is vacant and near to the ocean, and it is close to residential areas and local amenities for families. It has great opportunities for garden and landscape access for kids, and there is a lack of competing alternative uses. It has a wonderful environment, beautiful ocean views, and children can be taken down to the ocean. This project should be absolutely and completely uncontroversial.

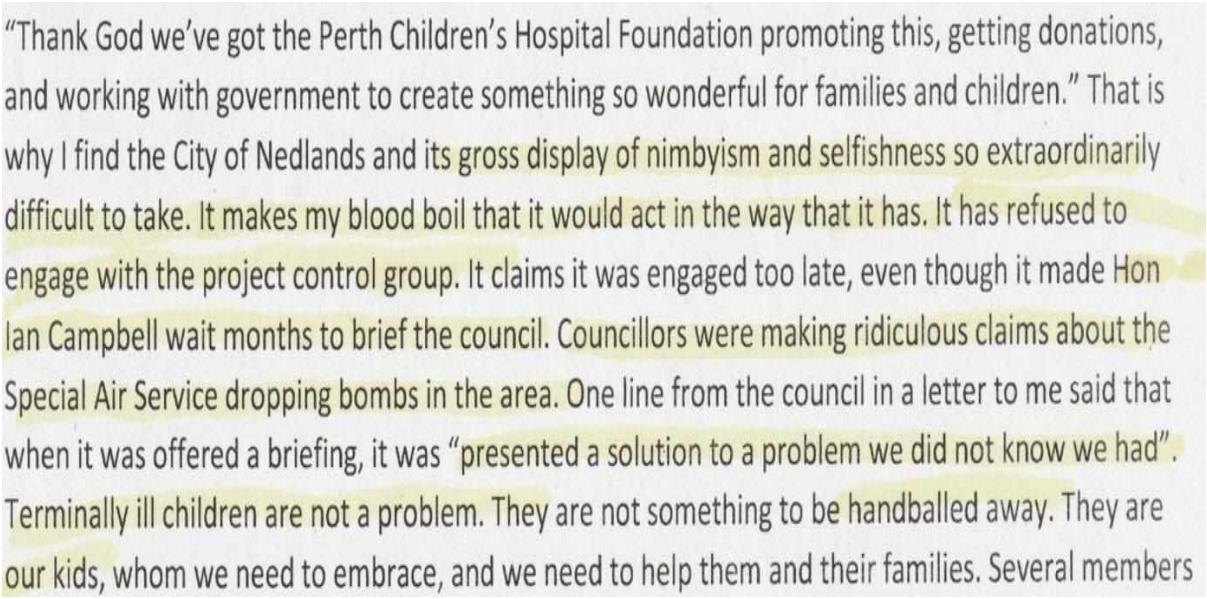
Perth Children's Hospital Foundation did not look at a "range of sites" as I discovered in an FOI request, but only those that were in the Western suburbs.

PCHF found objections to all of them EXCEPT ALLEN PARK.

The "lack of competing alternative uses" conveniently dismissed the 2017 community and Council approved masterplan for the area.

A deaf ear was turned to the history and values held by the users of Allen Park and the wider community.

Premier McGowan, Hansard.



"Thank God we've got the Perth Children's Hospital Foundation promoting this, getting donations, and working with government to create something so wonderful for families and children." That is why I find the City of Nedlands and its gross display of nimbyism and selfishness so extraordinarily difficult to take. It makes my blood boil that it would act in the way that it has. It has refused to engage with the project control group. It claims it was engaged too late, even though it made Hon Ian Campbell wait months to brief the council. Councillors were making ridiculous claims about the Special Air Service dropping bombs in the area. One line from the council in a letter to me said that when it was offered a briefing, it was "presented a solution to a problem we did not know we had". Terminally ill children are not a problem. They are not something to be handballed away. They are our kids, whom we need to embrace, and we need to help them and their families. Several members

The letter below indicated clearly that the PROCESS of site selection aroused serious community concern. The decision that a "hospice" was required as a solution to unresearched paediatric palliative care need is examined in this document.

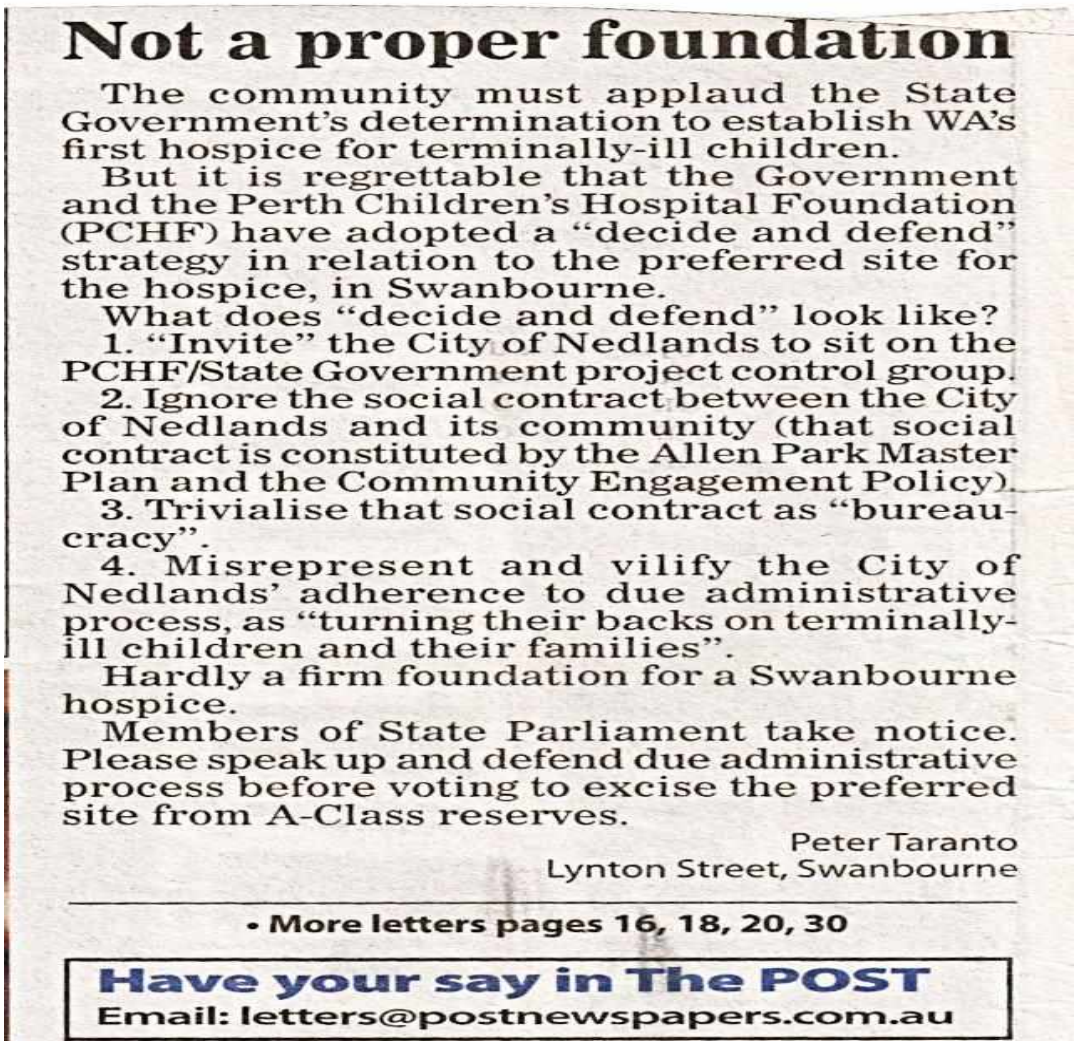
Conflating concerns of community members with the Health Services planning of a hospice as a solution to a perceived need, suited the proponents and generated heat but little light.

Political figures and proponents fired abusive responses to elected local government members and community individuals that alienated many.

This served to heighten community concerns that alleged motives were not purely philanthropically based on providing humane and beneficial care for children.

Ensuring publicity for fundraising and attracting general public support with the least amount of genuine data-based information and creating a popular mirage to sway public attention in favour.

This has sadly appeared to be a priority throughout this needless and corrosive saga. rather than questioning whether a built "hospice" was the best and most effective means of providing paediatric palliative care for the whole of WA.



Not a proper foundation

The community must applaud the State Government's determination to establish WA's first hospice for terminally-ill children.

But it is regrettable that the Government and the Perth Children's Hospital Foundation (PCHF) have adopted a "decide and defend" strategy in relation to the preferred site for the hospice, in Swanbourne.

What does "decide and defend" look like?

1. "Invite" the City of Nedlands to sit on the PCHF/State Government project control group.
2. Ignore the social contract between the City of Nedlands and its community (that social contract is constituted by the Allen Park Master Plan and the Community Engagement Policy).
3. Trivialise that social contract as "bureaucracy".
4. Misrepresent and vilify the City of Nedlands' adherence to due administrative process, as "turning their backs on terminally-ill children and their families".

Hardly a firm foundation for a Swanbourne hospice.

Members of State Parliament take notice. Please speak up and defend due administrative process before voting to excise the preferred site from A-Class reserves.

Peter Taranto
Lynton Street, Swanbourne

• More letters pages 16, 18, 20, 30

Have your say in The POST
Email: letters@postnewspapers.com.au

At a very early stage of the PCHF hospice saga a reporter, aware of community concerns about the location, asked some residents "where do you think it should go?". A question that was wrong on two counts.

One, that it was impossible to answer, in the same vein as "have you stopped beating your wife? Any suggestions would have been pounced upon and demolished.

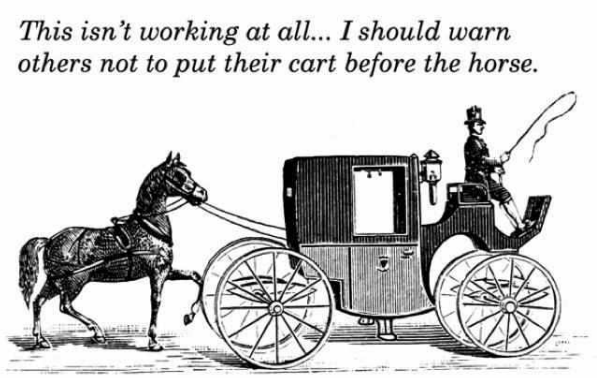
Two, it failed to ask first and foremost what data based research into social and medical needs led to the conclusion that building a hospice would address?

In 2026 that second question has not been answered satisfactorily.

That WA did not have a hospice was not of itself a reason to plan to build one.

The question should have been, what were the <u>health care requirements</u> that needed to be addressed, and what was the <u>best way</u> to achieve a good result?

The hospice cart was put before the horse.



Katrina Stratton, a former PMH Social Worker and Nedlands Member of WA Parliament at the time, used the influence and resources of her office to campaign in a manner that displayed a judgemental[4] approach to critics.

She urged the community to put Allen Park to "compassionate" use, creating social division by suggesting that those Nedlands residents who objected to the Government/PCHF proposal were not representative of the Nedlands community and lacked "compassion".

An online survey/message to all residents from Hon. K Stratton provided no opportunity to express alternative views as every reply was automatically counted as one in support of her favoured project regardless of the content.

The "**more compassionate than thou**" brigades rallied to her cause, urged on by a largely unquestioning media and direct government support. Information I sent her was never acknowledged or answered and no attempt to understand conflicting views was initiated by her.

Questions that should have been addressed at first.

What is PALLIATIVE CARE?

I esteem it the office of a physician not only to restore health, but to mitigate pain and dolours, and not only when mitigation may conduce to

---

[4] **Judgemental; Describes a person who quickly forms harsh, critical opinions about others' actions or character, often based on personal prejudices rather than facts. This has characterised much of the negative commentary from politicians and others and should be borne in mind when reading this entire document.**

recovery, but when it may serve to make an easy passage… (Bacon 1561 – 1626).[5]

Palliative care for adults is a relatively recent development in WA health services. According to Dr Richard (Dick) Lefroy[6].

> ***Soon after the establishment of the PHD (Public Health Department) Geriatric Service we began to receive requests concerning people needing what was generally called 'terminal care'. They were referred because they were among the bed-blockers in acute hospitals and should be transferred elsewhere.***[7]

Dame Cicely Saunders developed adult palliative care at about the same time as geriatric medicine developed in the UK.

Lefroy stated that Cicely Saunders did not disagree with the proposal that the care of people who were dying could take place in general hospitals. She said that this separate development (hospices) had become necessary…

because the general hospital had failed to care for the dying.

Did a failure to address the humane care of dying children at PMH and possibly later at PCH lead to an opportunistic thought bubble, blindly copying interstate and overseas practice by building a stand-alone hospice?

Australia has a "cultural cringe" that believes we must copy what others are doing, even when that is evidently unsuitable for our local demographic and current needs.

It is hard to comprehend the clinical and social rationale behind the exceptional CAHS/PCHF hospice proposal, that appears contrary to HDWA policies on palliative care in general. Cf. Busselton adult Hospice.

It appears the Health Department had no say as there are no accessible HDWA planning documents available for scrutiny.

This public health development is contrary to distributive justice and risks failure to meet unrealistic goals not aligned to population demographics or

---

[5] **Geriatric Medicine, Early Policy and Practice in Western Australia, RB Lefroy UWA Press, 2005.**

[6] **Ibid.**

[7] **Was the hospice idea primarily a diversionary measure to relieve pressure on beds at PCH? No convincing public health basis has been forthcoming for this exceptional and inconsistently planned Health Department facility. Is it a "TROPHY" project for government and promoters that captured the ready attention of the public and media, through its obvious benevolent claims to appeal to parents and supporters of seriously ill children and their families.**

basic research and may be seen as politically driven and electorally unquestionably attractive. In short a "VANITY PROJECT".[8]

Waiting time for a paediatrician in Western Australia ?

Perth paediatrician crisis leaves some families waiting more than four years for help as wait list hits 12,000. Rhianna Mitchel The West Australian Fri, 31 October 2025 7:18PM

(AI reply) Waiting times for paediatricians in Western Australia vary significantly by location, service type, and demand. Public services, especially in Perth, face substantial backlogs due to high demand for child development assessments.

Public Services in Perth Metro

The Child Development Service (CDS), part of Child and Adolescent Health Service, handles many paediatric referrals for developmental issues. Families receive a service planning phone call within 8-12 weeks of referral but waits for a developmental paediatrician can extend much longer, with a median of 18.7 months as of late 2025 and nearly 12,000 children on the waitlist. Some families report over four years for appointments related to autism or ADHD.

Regional Areas Elective waits are shorter outside Perth: 0-6 weeks in Kimberley (average 2-3 weeks), up to 3 months in Pilbara/Gascoyne, 5-6 weeks in Goldfields, 6-8 weeks in Great Southern, and up to 10 weeks in Midwest. Regional services operate via visiting clinics.

Private Options Private paediatricians in Perth often have full books or long triage waits, with some refusing new patients amid shortages. Directories like Perth Kids Hub can help search for availability.

UK children's health continues to decline, paediatricians warn. DOCTORS.net.uk 14 July 2026.

By Ella Pickover, PA Media, and Daniel Pye. Children are at risk of "lifelong impacts" from growing waits for care in the community – and are waiting longer than adults, leading children's doctors have warned.

A report from the Royal College of Paediatrics and Child Health (RCPCH) warns that long waiting lists can cause "irreparable harm" and be "catastrophic" in some cases.

The UK style "children's hospice" movement has not benefited child health for the majority. Why must WA follow suit?

Is this Building construction REALLY a HOSPICE?

[8] **Business/Public Sector: A mayor building a new park to secure their legacy or a corporation building a redundant luxury vessel, such as the proposed new royal yacht.**

Confucius' doctrine of the "rectification of names" posits that social disorder stems from a failure to call things by their proper names, …[9]

Government and Perth Children's Hospital Foundation claims that the building in Allen Park now under construction, is a "HOSPICE" is an example of failure to call things by their proper name.
That the public is confused by the world-wide repeated practice EMPLOYED BY HOSPICE SUPPORTERS, is entirely understandable but needs correction, unpopular as that may be.
The Health Department of WA was apparently not involved in planning for the PCHF Hospice (Personal FOI result 2025).
"Hospice care" for most people, including many health professionals, is an agreed point in time where curative treatment has been accepted by all involved as no longer possible or beneficial and amelioration of symptoms is the prime task.
Hospice care for dying children evokes well-meant sympathy and philanthropic endeavours, as well as support from politicians with both good and less worthy aspirations.

The hospice movement commenced in England under the influence of Dame Cicely Saunders. It was created as an alternative to the medicalised endeavours common in hospitals and provided holistic nursing care, with a focus on relief of pain and distress in the final stages of dying.

Hospices usually accept patients who have agreed that curative treatments are not expected to extend life and have generally only about six months life expected.

That is not the case with the Allen Park Hospital, (children's hospice).

"it's a respite facility for families… Hon. Ian Campbell, Post September 12, 2020.

Respite is a seriously important healthcare role that can be met in a variety of ways. Residential inpatient care is only one option.

It is not what most members of the public would understand as reaching the "HOSPICE" care stage.

[9] Wikipedia online.

WHAT IS PAEDIATRIC PALLIATIVE CARE?

Paediatric Palliative Care professionals and supporters mis-appropriated the term "HOSPICE", broadening their holistic reach to encompass all children with "life-limiting" conditions, including a small number who would qualify for correctly labelled hospice care and are expected to die early.

At the very considerable risk of appearing uncaring, I believe the PCHF Children's Palliative Care policies appear to favour long term dependency of grieving parents on highly emotive,[10] and sometimes unhelpful very long term support.
Other parents without such intense professional support and easy access to facilities are disadvantaged by inability to access even basic care.

The ethical principles of distributive justice[11] are at risk of not being met. They are concealed under the crushing weight of media dominance and political interference in provision of health care facilities, under motivation that can only be guessed.
On a recent PCHF promotional website a grateful parent commented that they,

"never get discharged from palliative care" and are followed up for years after bereavement".

In a society where professional resources are stretched to the limit and beyond, is it fair, best practice, and just, that some parents are discouraged from moving on with their lives, allowing new clients to receive support and a fair share of finite healthcare resources.[12]

The philosophy that "doing good" for a very few is acceptable appears to pervade other PCHF publicity raising endeavours.

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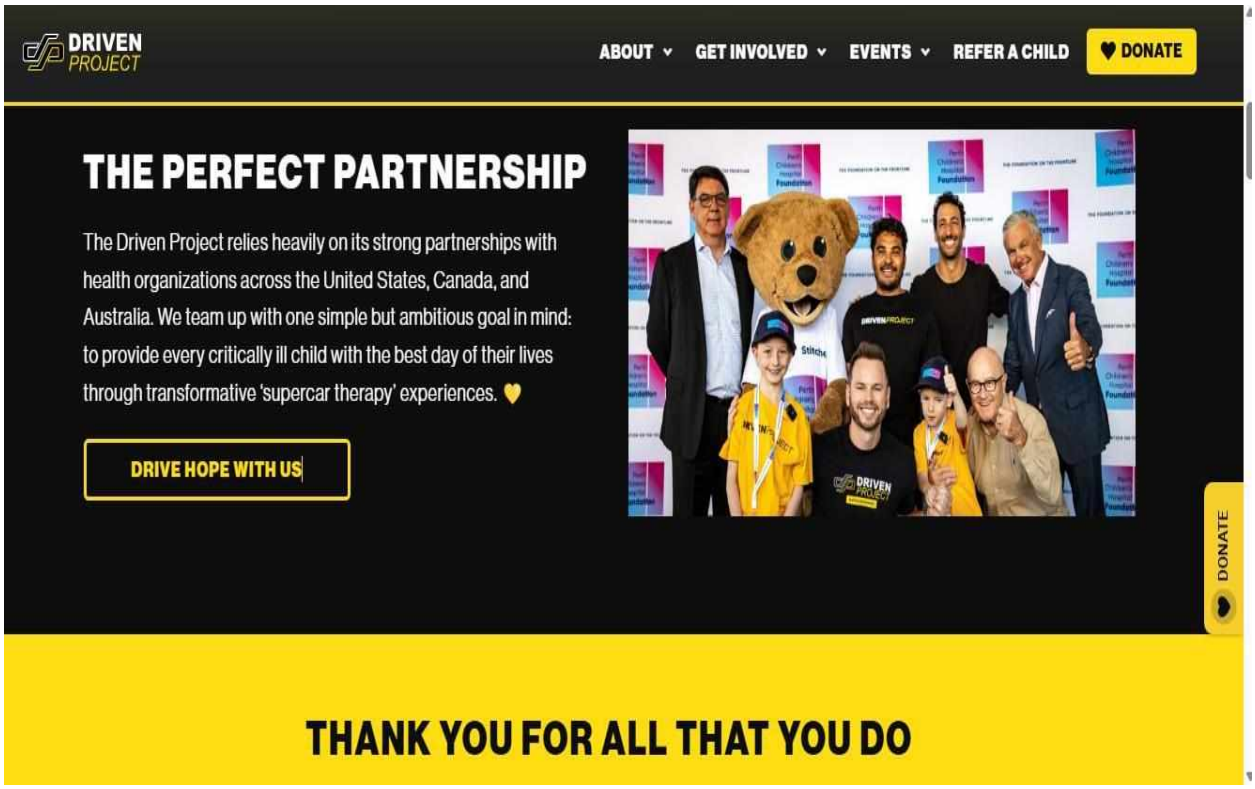
[10] **Family-Centred Approach: Models developed in Australia, such as those by Prof. David Kissane, focus on strengthening family functioning to prevent complicated, long-term grief, recognizing that family dynamics can significantly impact the grieving process.**

[11] **Distributive justice in healthcare ensures fair, equitable, and efficient distribution of finite medical resources (e.g., organs, ICU beds, vaccines) among patients based on need, rather than social status or wealth. It requires treating similar cases similarly, aiming for equal access to healthcare benefits and costs across society. Key principles include maximizing benefits and ensuring equality of access.**

[12] **ABC 2026 Report on a child with severe epilepsy who can only be seen at repeated ED presentations is a case in point.**

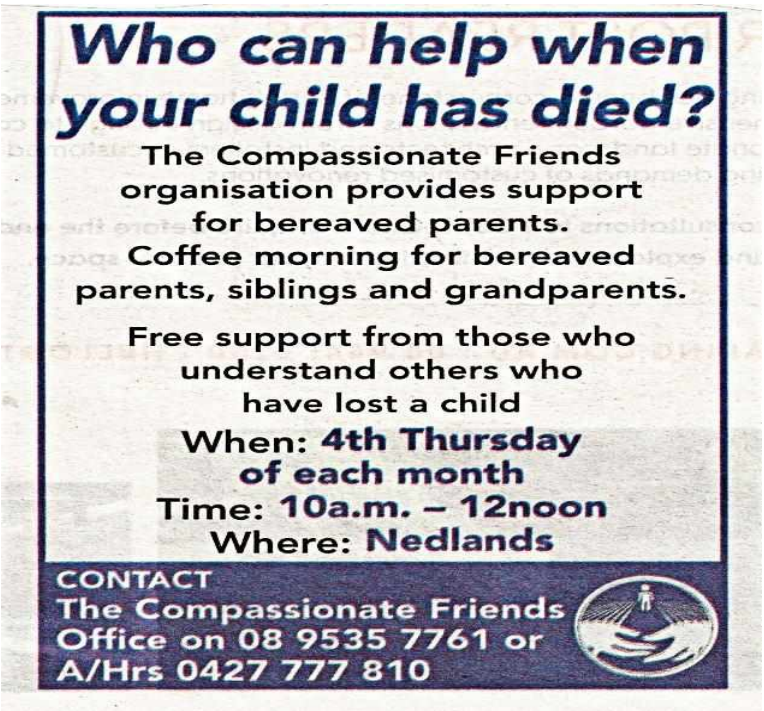
1. **The Kid's Bridge that is rarely if ever accessed by children and does not provide the promised access to Kings Park amenities at a cost of $8.6M and continuing maintenance by the State indefinitely.**

2. **The Driven Project. A ride in a "supercar" for fewer than 20 WA children on one occasion a year over the past three years and called "Supercar Therapy".**



PCHF Chairman, PCHF CEO, and AVG promoter/owner Laurence Escalante.

What help is already available for bereaved parents?

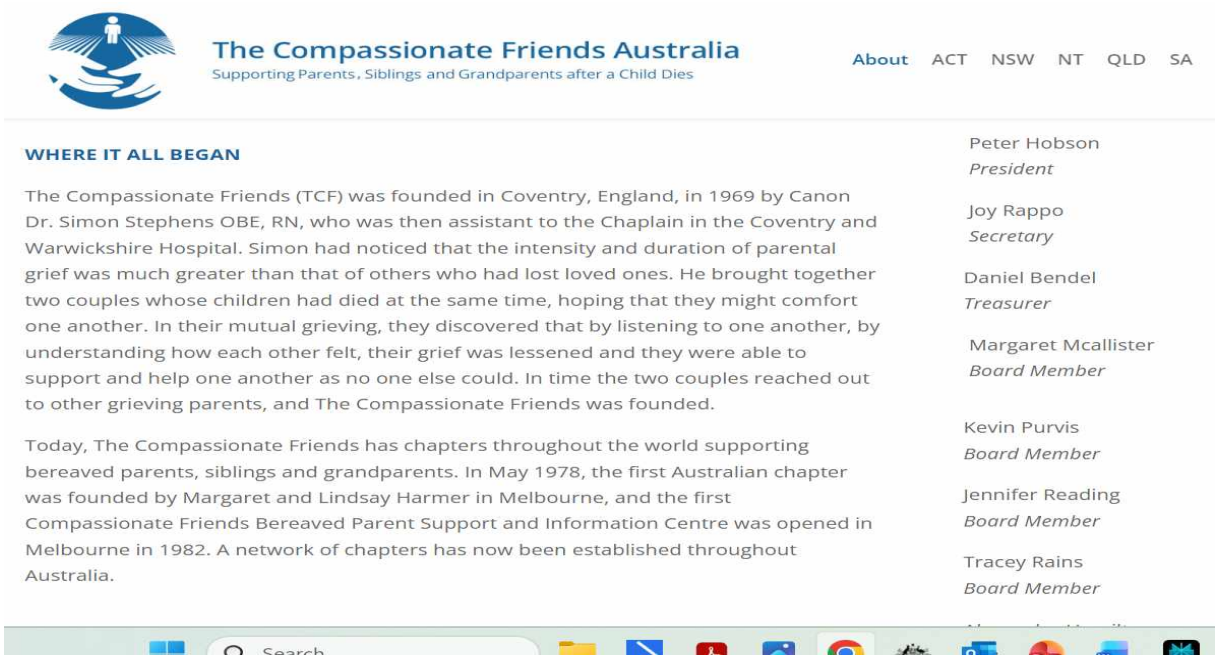


A proper role of philanthropy is to provide resources that are not available from State-run organisations and are better provided by local community based and supported volunteers.

The Compassionate Friends would appear to be one such organisation worth examination.

Below is an example of online brochures available from this World-wide organisation.





Rather than duplicating support of this kind, should PCHF in its role as a <u>health promotion charity</u> be doing more to promote The Compassionate Friends, by directing a share of donor funds to them?

The huge task of providing community-based support to a widely scattered demographic in WA should not be shirked but a challenge to be taken up in every way possible.

Building a "hospice" is a simplistic "me-too" response to serious need.

What research prior to the decision to build a hospice?

ANSWER … NONE!

No quantitative research was done in WA, and the <u>WA Health Department has no discoverable planning documents published before CAHS made the extraordinary, rushed and politically supported decision, to build a "HOSPICE".</u>

A child with cerebral palsy may require extensive and possibly life-long attention from health professionals and families to live as good a life as can be provided for their disability.

That is good paediatric care, not "hospice" care.

Philanthropic organisations have an important role in providing health care to complement government services but should not duplicate services that are the proper responsibility of governments.[13]

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[13] **ACNC Policy.**

There is a risk that government diverts the public health funds they have saved by not funding some health services, towards projects of electoral and populist character, while enjoying the attached benefits of ribbon-cutting and goodwill generated by a virtue-laden charitable endeavour.[14]

In view of the fact that this children's "hospice" has been the subject of very high level political promotion the following chart from an internet source is relevant.



As you read this document keep in mind the key political figures prominently involved.

The Health Department of WA was apparently not involved in planning for the PCHF Hospice (Personal FOI result 2025).

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[14] **Johns, Gary, THE CHARITY BALL, Displacement, All donations may displace government funding. In doing so government may spend on less important services, p56.**

FOI application:

Dear XXXXX, Thank you for responding to my request for information.
I have taken an interest in the decision-making process which led to the construction of a Hospital (children's hospice) on Allen Park in Swanbourne.
In particular I wish to understand the strategic planning process employed by the Health Department of WA and the Child and Adolescent Health Services CAHS.
I note that in the document WA Health Agency Commissioning Plan for Community Services (ACP) 2024-2028 community-based palliative care services are included as being within the scope of the report.
I note that the report goes on to state, For the avoidance of doubt, this ACP does not apply to: Public-private partnerships (PPP).
I understand the Hospital (children's hospice) is a joint undertaking between Perth Children's Hospital Foundation (PCHF) and Child and Adolescent Health Services (CAHS).
It is not an undertaking of the Health Department itself.
I am therefore requesting what strategic and databased planning report, if any, was commissioned by the Health Department of WA?

Has the Health Department of WA provided any data-based estimates of paediatric palliative care need, or strategic population-based planning, to support the PPP facility now under construction?

If the Health Department of WA has not been involved in any stage of planning kindly confirm this is the case? **Dr Neville Hills.**
October 13, 2024.

FOI RESULT;

NOTICE OF DECISION UNDER SECTION 30 OF THE FREEDOM OF INFORMATION ACT 1992

DECISION: Following thorough searches of our databases, our agency was unable to locate any documentation requested in your application. As no documentation can be found within our agency, it is not possible to provide you with access. In accordance with section 26 of the Freedom of Information Act 1992 (WA) (the FOI Act), this is to be regarded as a decision to refuse access.

This reply confirmed my belief that the decision to build a "hospice" was not generated by official Public Health planning policies and procedures.[15]

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[15] **Some of these Planning Policies are MANDATORY.**

A politically attractive pre-election push was implemented serving interests besides than those of parents of seriously ill children.
The decisions of the CAHS Board taken in December 2019, if not visible within the Health Department of WA , must appear to have been under the direction of individuals or agencies, whose agendas may not have been in synchronicity with the Health Department of WA planning of new services requirements, and priorities at the time.

The role of PwC and private or political figures lobbying for a project with a predictable benefit limited to a minority of potentially affected patients, can be considered contrary to ethical best practice in service delivery and distributive justice.[16]

Dr Cuddeford, the former medical director of a children's hospice in the UK, and the only specialist Palliative Care Paediatrician in the Children's Palliative Care service in WA, was apparently not required to undertake preliminary data-based strategic planning by the Health Department of WA, nor it seems was anyone else for that matter.

How many children may need palliative care in WA?

No research into the prevalence of need for paediatric palliative care in WA was conducted before building a $37M Hospice on Class A Reserve land.

No planning process has been evident publicly or under FOI.

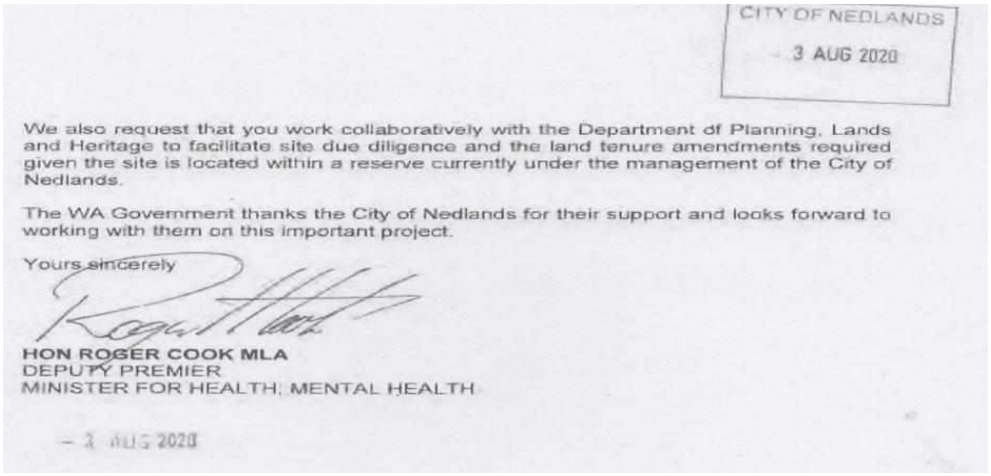
The hospice was just a "good thing" that could not be questioned by anyone without attracting vitriolic abuse.

The real motivation-- Popular approval? A vanity project? Diverting attention from serious problems at PCH?

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[16] **Distributive justice is the fair and equitable allocation of resources, opportunities, and burdens—such as wealth, income, and social benefits—among members of a society. It focuses on achieving substantive equality or fairness in outcomes, rather than just procedural fairness.**

Evident haste.



CITY OF NEDLANDS
3 AUG 2020

We also request that you work collaboratively with the Department of Planning, Lands and Heritage to facilitate site due diligence and the land tenure amendments required given the site is located within a reserve currently under the management of the City of Nedlands.

The WA Government thanks the City of Nedlands for their support and looks forward to working with them on this important project.

Yours sincerely

HON ROGER COOK MLA
DEPUTY PREMIER
MINISTER FOR HEALTH; MENTAL HEALTH

– 3 AUG 2020

Note that when the Premier Roger Cook wrote to Nedlands Council on 1 August 2020 there was no Model of Care or Functional Brief as it was not put to tender until 10 August 2020.

A Model of Care and a Functional Brief are the most critical foundational documents when planning a healthcare facility;

In the absence of any "ROBUST AND ACCURATE DATA" from the proponents I have tried to make sense of the decisions made using publicly available information.

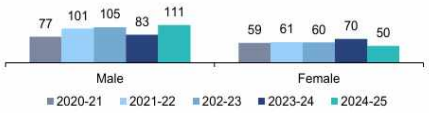
Some statistics on distribution of location of child deaths in WA.

1. **The WA Ombudsman**

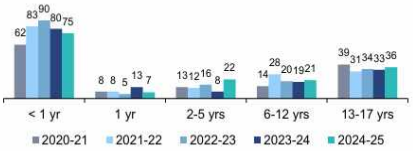
Characteristics of children who died

The charts on this page show the characteristics of the child deaths notified to us in 2024-25. Note that this information is based on the date notified to us, not the date of death. Data in future reports may vary as more information becomes available.

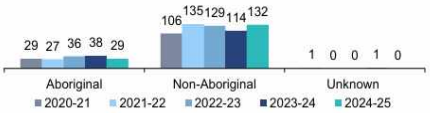
Child death notification by sex



Child death notifications by age



Child death notifications by Aboriginal[3] status



Child death notifications by location

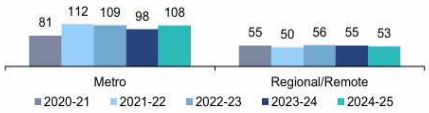


Table 2. Circumstances of child deaths in the last 5 years

	2020-21	2021-22	2022-23	2023-24	2024-25
Illness or medical condition	76	116	103	98	96
Sudden, unexpected death of an infant	13	7	24	16	22
Motor vehicle accident	19	15	8	13	16
Suicide	19	9	13	11	14
Accident other than motor vehicle	2	5	7	5	2
Drowning	2	5	4	6	4
Alleged homicide	3	5	5	2	0
Other	2	0	1	2	7
Total	**136**	**162**	**165**	**153**	**161**

[3] The use of 'Aboriginal' in this chart includes children who are Torres Strait Islander and children who are both Aboriginal and Torres Strait Islander.

Over a five year period 777 children under the age of 17 died in WA. 156 a year. 489 of those children under the age of 17 died from illness or medical condition. An average of 99 a year.

In 2024 – 2025 96 children died from Illness or a medical condition.

Of those 96 how many died in a hospital?

How many died at home?

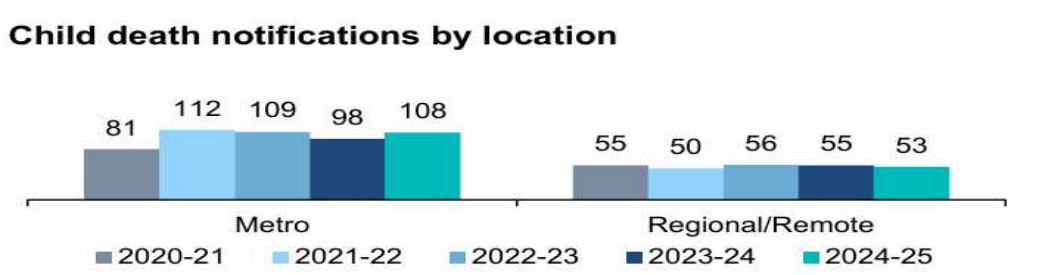
What choices were available to parents?

How satisfied were they with amenities at the New Perth Children's Hospital?

Of that 96, 53% lived in Regional/Remote areas.

While 47% of WA metropolitan families may have some access to this one seven bed respite and support centre, 53% in regional areas may have remote access only.

Can this Hospital (children's hospice), in one metropolitan coastal location with limited public transport access, meet all the hype from proponents? Not a very large study group to have researched and gained essential data for planning and improvements.



[3] The use of 'Aboriginal' in this chart includes children who are Torres Strait Islander and children who are both Aboriginal and Torres Strait Islander.

Based on UK research and the all-encompassing definition of Paediatric Palliative Care the prevalence of children in need in WA could possibly be 9,660.

Population of WA estimated 3,000,000. Divided by 10,000 = 300 multiplied by 32.2 = 9,660 potential children in need.

SOURCE OF 32.2 PER 10,000 ESTIMATED PREVALENCE in UK[17]

1 Fraser LK, Gibson-Smith D, Jarvis S, Norman P, Parslow RC. Estimating the current and future prevalence of life-limiting conditions in children in England. Palliative Medicine. 2020;35(9):1641-1651.

"A study using similar datasets from Scotland has shown a less marked rise in prevalence and no increase in this population from 2014/15 to 2016/17. This is despite their (sic) being a similar prevalence in 2003/4 in Scotland and England (31.5 per 10,000 population vs 32.2 per 10,000 population respectively)"

Conclusions: The prevalence of children with a life-limiting or life-threatening condition in England has risen over the last 17 years and is predicted to increase. Future data collections must include the data required to assess the complex health and social care needs of these children.

2; "What does 'good' palliative care look like for children and young people? A qualitative study of parents' experiences and perspectives."

Palliative. Med. 2023 Feb 24;37(3):355–371. doi: 10.1177/02692163231154300.

[17] **Prevalence – frequency of happening.**

This study explored how the NICE[18] quality standard featured in parental experiences of palliative care for children to understand what 'good' palliative care is. Worldwide, there are known inequalities in access to and provision of palliative care, and a major gap remains between quality standards, and what is being delivered, in clinical practice.

There is a postcode lottery of accessing palliative care because of a fragmented healthcare system, with parents fighting the system to access palliative care and services. Terminology such as 'palliative care' is often misunderstood, has negative connotations and is often associated with imminent death.[19]
Misunderstandings around terminology such as 'palliative care' and misperceptions that the trajectories of children with life-limiting conditions are the same as adults, means children miss out on care that is highly valued by parents.

There are still marked differences in parents' experiences of accessing palliative care and end-of-life care services for their children, particularly for parents of older children and those with medical complexity.
Good palliative care is care that is co-led and co-planned with trusted professionals working in palliative care; is integrated, responsive and flexible; encompasses the whole family, and enables parents to not only care for, but also to parent their child to end of life.

Accessing charity funded services does not fulfil the care gaps experienced by parents, indicating a pressing issue to meet the palliative care needs of children and young people.[20]

The only national statistics that might have been useful underestimated widely the number of child deaths in WA so appeared unreliable, especially in making interstate comparisons. Comparisons of resources between States have long seemed to me to be unreliable in the absence of independent statistics. Many may be examples of the States "correcting their own homework".

However one national observation is worthy of examination.[21]

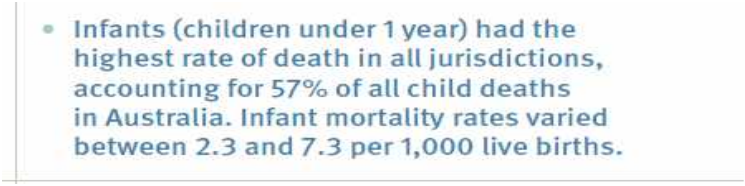
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[18] NICE, National Institute for Health and Care Excellence UK.

[19] Will the WA focus on a "hospice for dying children" reinforce those misunderstandings and divert attention from "care that is highly valued by parents'.

[20] **These excerpts ABOVE are from a very small UK study. No comparable research appears to have even been undertaken in WA before allowing a health care charity to build a "hospice" without considering WA specific demography and parental needs.**

[21] Australian child death statistics 2022. ANZ Child Death Review and Prevention Group. Summary of Findings.



As WA has an average of 99 deaths a year it would be reasonable to assume 57 of those would likely have been infants under one year. To what extent is the Swanbourne hospice likely to accommodate infants in cots rather than as Illustrated in emotive sketches of children playing on garden equipment etc?

To what extent would infants under one year look out at the garden surroundings with appreciation, or is this just commentary to impress donors and government? Also to gain acceptance of the case for excising additional land between the hospice and the Bridge Club, despite none of the patient bedrooms overlooking the land in question.

In view of the paucity of research internationally WA has an opportunity to contribute usefully with genuine independent academic research, before and after the commissioning of this hospice. Failure to do so may see other States simplistically commit to unproven and inadequate models of care at great cost and inappropriate diversion of scarce resources of staff and funds.

Reports addressing Place of Death have indicated research in the UK is ongoing and highlights the actual complexity of the issues. [22]

Results:
Nine studies were included from five countries. Six reported a majority of parents (only one study interviewed adolescents) expressing preference for death at home. Other studies differed significantly in their findings; one reporting 35.1% and another 0% preferring death at home. Some parents did not express a preference. Six of the studies included only parents of children who died from cancer while being treated at tertiary centres that offered palliative care services. Such results cannot be generalised to the population of all life-limiting and life-threatening illnesses. Furthermore, the methods of the studies reviewed failed to accommodate the full range and dynamic character of preference.
Conclusion: The evidence base for current policies that stress the need to increase home death rates for children and young people with life-limiting and life-threatening conditions is inadequate. Further rigorous research should collect data from parents, children and siblings.

It appears the Place of <u>Care</u> is a more significant factor in assessing the quality of paediatric Palliative Care than Place of <u>Death.</u>

The extent of parental choice and involvement in decisions is critical.

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[22] Preferred place of death for children and young people with life-limiting and life-threatening conditions: A systematic review of the literature and recommendations for future inquiry and policy. Myra Bluebond-Langner 1,✉, Emma Beecham 2, Bridget Candy 3, Richard Langner 4, Louise Jones 5. Palliative Medicine Volume 27, Issue 8, September 2013, Pages 705-713.

The lack of transparent communication from the PCHF and Government of WA proponents, who have been openly critical of any contrary views, needlessly, but perhaps intentionally, created an atmosphere of distrust and hostility[23] There has been no opposition to the construction of a Children's Hospice and better Palliative Care Services within the Western suburbs or elsewhere, if based on sound planning, but attention was drawn to the importance of data-based, ethical health planning, good governance and freedom to disagree with government decisions, popular and attractive as they may be made to appear.

A former Member of Parliament for Nedlands Katrina Stratton now a MLC, raised the issue herself at the outset that parents and children might be made to feel unwelcome in Allen Park. This was never a position taken by those with a dissident viewpoint. It illustrated the influential divisiveness that was deliberately injected into the controversy, possibly to gain popular approval and help create extra public support for a politically attractive project.

HOW DID THIS CONTROVERSY START?

Friends of Allen Park Bushland Group (FOABG) memo to members.
Date: 1 April 2020 President FOAPBG letter to members.

> ***I have just had an introductory meeting with Carrick Robinson, the CEO of the Perth Children's Hospital Foundation.***
> ***They approached the City of Nedlands after driving around and looking at areas near the sea or river and saw the bowling club site and thought this is what they're looking for - quiet, lovely surroundings and close to the sea. Goodlet suggested they approach us first to present their ideas in the hope that the community would support their idea in principle. They intend talking with the neighbours on Odern Crescent.***
> ***They are looking to build something smaller, more like the Bear Cottage, a 6-8 bed home with around 3 extra bedrooms for parents, and a bigger than average kitchen.***

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[23] I submitted the first version of this document to the Nedlands Council initiated Site Assessment Working Group (**SAWG**) meeting in early 2021, at which time I was a member. My intention was to ensure an informative, documented, transparent account of what was being proposed at the time.

This Nedlands Council-initiated consultative group (SAWG) was described by the Hon Ian Campbell as a "*waste of money*" even before it started.

They would want a hydro pool (I don't get the impression it's a big thing - see Bear Cottage example), and parking for about 12 or so cars with a drop off zone for services.
They'd want it to fit to the surroundings, solar access etc. and would be sensitive to being in the community.

It's not a buzzing regular traffic movement kind of place. He said that the Manly community totally embraced the hospice being built amongst them all.

Holding a community meeting was not possible at the time (COVID) but further opinions were sought.

These did not support the construction of a new building on the site.

Background to children's respite care at Cottesloe.

Lady Lawley Cottage by the Sea (LLC) at Cottesloe provided a high level of care and support for children with serious illnesses and disabilities for over a century.
Some medical support came from local medical practitioners and Princess Margaret Hospital for Children (PMH), such that it was described at one time as "basically an annexe of PMH".[24]

According to Casey, HBF "recognised Lady Lawley Cottage as a Medical Institution and provided benefits for those children receiving care whose parents were members of the fund.[25]

LLC benefited from numerous community and government grants over the decades.

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[24] **Kevin Casey, History of Lady Lawley Cottage. P 53.**

[25] **Ibid. p 62.**

A petition to Parliament with over 5,000 signatures was ignored.



(Comments added above). NH.

The 100th anniversary of Lady Lawley Cottage was held in 2003 at which time the brochure inset above was obtained.

A 2020 petition, initiated to prevent the sale of the historic Lady Lawley Cottage in Cottesloe by the Red Cross, campaigned to keep the site available for children with disabilities, with over 5000 signatures presented to the WA Parliament.

The facilities were later taken over by Rocky Bay after closure and dispersal of all patients, staff, and volunteers.

It has since been reopened after minor work was undertaken.

Why was that allowed to happen even in the interim?

To compound the suggested need and give politicians and PCHF a clear run to claim another popular "FIRST" for WA?

One reason cited for the closure of LLC was the introduction of NDIS funding.

However The NDIS recognised that there would remain "situations where individualised funding simply does not make sense".[26]

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[26] **NDS Policy Paper 2014. The case for some block funding in the NDIS.**

INTRODUCTION TO LADY LAWLEY COTTAGE



Lady Lawley Cottage has been providing services to children with medical needs and/or disabilities for over 90 years. A review of Lady Lawley was undertaken in 1995 which stressed the uniqueness and importance of such a service and identified ways in which the service could be improved even further. From this review the process of upgrading the facility & service began.

Planning is currently underway for the building of a *new facility* which incorporates the latest disability-friendly design concepts. Each room will be fitted according to the special needs of our children and their families. There will also be accommodation for parents who may benefit from assistance & education in learning to manage the therapeutic or personal care needs of their child. The new facility design will also accommodate children's different nursing requirements and developmental needs.

We are also constantly striving to improve the *service* we provide - our most recent success was the granting of funds to provide a sensory room for sensory stimulation therapy for our children. This room has provided a much needed resource to assist in maximising each child's ability to interact with the world around them. We hope that our new facility will provide opportunities to extend our service further both on a live-in basis and on a day-visit basis. These are exciting prospects for the next few years.

WHO'S WHO AT LADY LAWLEY COTTAGE?

At Lady Lawley Cottage we have a range of staff to care for your child's needs. Our Care Team include:

DIRECTOR OF NURSING

The Director of Nursing at Lady Lawley Cottage is Susan Hart. The Director of Nursing is there to co-ordinate and oversee the daily running of Lady Lawley Cottage and to organise booked admissions. Susan makes sure that the children at Lady Lawley Cottage and their families receive the best care possible and that the staff work in a safe and happy environment. Susan is always happy to hear your comments about the services provided at Lady Lawley Cottage

NURSING STAFF

There are a number of ***Registered & Enrolled Nurses*** at Lady Lawley Cottage. Their role is to make sure that all children at Lady Lawley receive appropriate nursing care and that their special needs are taken care of. *There is a registered nurse on duty 24 hours a day at Lady Lawley Cottage.*

Our ***nursing assistants*** are there to ensure that each child's daily living needs are taken care of.

Nursing staff and volunteers also implement the therapeutic programmes for each child and accompany them on outings or to appointments.

Each child will be allocated one of our nursing staff as their ***Care Advocate*** - someone to pay particular attention to their daily wellbeing and to report on this at case meetings.

VOLUNTEER CO-ORDINATOR & VOLUNTEERS

Our volunteer co-ordinator is Joanne. She makes sure that our volunteers are trained so that they are aware of the special needs of the children at Lady Lawley Cottage. We have a range of volunteers with a range of special skills and interests. They provide assistance under the direction of Joanne.

ALLIED HEALTH SERVICES

Our allied health staff include a physiotherapist and an occupational therapist.

DOMESTIC & GARDENING STAFF

We have a range of domestic staff who ensure that the living environment at Lady Lawley is safe and healthy.

COMMITTEE MEMBERS

Your parent representatives on the Lady Lawley Committee are Janette Dodd & Lawrence Berkhout. They have children who periodically receive care at Lady Lawley Cottage and who can present your views at Committee meetings. Janette Dodd can be contacted on ph. 319 2307 and Lawrence Berkhout can be contacted on ph. 324 1234

SPECIALIST SERVICES

Lady Lawley provides a specialist out-of-home service for children with medical needs and/or disabilities.

We provide:

24 hour care by a ***Registered Nurse***

24 hour care by a number of ***enrolled nurses*** **and** ***trained nursing assistants.***

Access to a range of ***specialists*** from Princess Margaret Hospital. We have a bi-weekly visit from a paediatric registrar.

Access to a range **of *Allied Health services*** including physiotherapy, occupational therapy, speech therapy & psychological services.

Our staff have considerable experience and expertise in caring for children with:

- special feeding requirements
- mobility problems
- functional delays
- cognitive (learning) delays
- complex health needs

eg nasogastric care
gastrostomy care
colostomy care
tracheostomy
oxygen dependency
postacute surgical wound care
postacute medical care
medication review and monitoring



PHYSICAL THERAPY

- Day group therapy sessions are currently available for pre-school age children two mornings per week
- Individual physical therapy programmes implemented on a daily basis while children are staying with us
- We encourage parents to learn the physical therapy techniques relevant to their child's needs so that they may continue these programmes at home

HYDROTHERAPY & SWIMMING

- Hydrotherapy groups are available for children during their stay with us.

SENSORY THERAPY

- Our new sensory room provides the opportunity for children to engage in a range of sensory stimulation programmes
- Massage therapy is available 2-3 times per week
- Aromatherapy sessions are conducted 2-3 times per week

WHO GETS PRIORITY AT LLC?

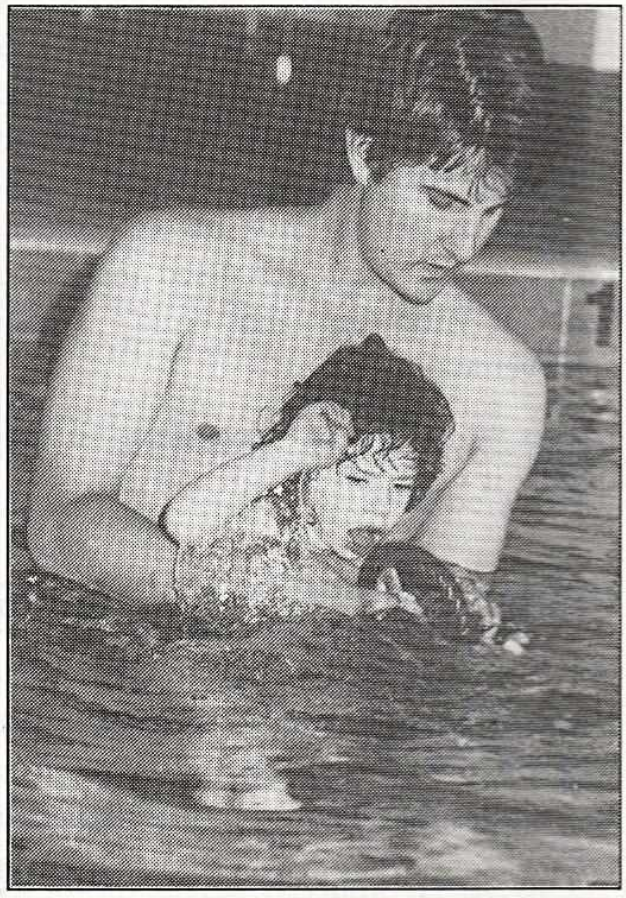
We care for a range of children at Lady Lawley Cottage. All children have a disability and/or medical needs. We have stringent admissions criteria at Lady Lawley so that we can be sure that children in a 'vulnerable' physical or cognitive condition are cared for in a safe environment. We are unable to accept children with a diagnosis of ADD (Attention Deficit Disorder) due to these safety issues.

We give priority to children who require nursing care and fit Lady Lawley's criteria. We give priority to children requiring immediate care where possible, however we encourage families who require respite care, to make Lady Lawley a regular and planned part of their child's care. Children requiring extended stay for rehabilitative purposes are also accommodated within our criteria.

THERAPY SERVICES

We provide a range of therapeutic services for our children. These are co-ordinated by our physio-therapist and activities co-ordinator and are supported by our staff and a hard-working group of volunteers.

We provide outpatient day-centre therapy services. This allows more children to benefit from our expertise and provide greater continuity of care for children who attend Lady Lawley Cottage on a frequent basis.



Around 2017 the Red Cross managers of LLC experienced financial challenges.[27]

On 23 May 2018, Humanitarian Services Division (HSD) of Red Cross, at its own instigation notified "Identification of Underpayments" to staff including at LLC. These were subsequently addressed by Red Cross although at a significant cost.

The WA Government and Health Department must have been aware of a developing crisis in paediatric care, including apparently what would be described by PCHF as Paediatric Palliative Care.

They chose not to act to support and maintain an historical existing valued service, even in the interim while other options were explored. Instead valuable qualified staff and volunteers were thanklessly displaced.
WAS this to give PCHF a "clear run" at providing the…

FIRST CHILDREN'S HOSPICE IN WA?

A 2005 ECU report stated,

> ***Palliative care services available, Lady Lawley Cottage -- Nursing care Residential care -- Lady Lawley Cottage is able to provide respite for children with very high complex medical needs.***

Building a Hospital (children's hospice), that was supposed to be a "… a 6-8 bed home with around 3 extra bedrooms for parents, and a bigger than average kitchen", on an A Class Reserve has blown up into a $37M+ two-storey and basement building, far exceeding expectations of a homely cottage and wrecking a treasured community asset in the process.

It is understood that only five patients will be accommodated at the beginning.

Near nine years later (2017 – 2026) Minister Carey blamed Nedlands Council for project delays with outrageous language.

Shifting blame and diverting media attention from other government failings has become a daily diversionary event.

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[27] https://www.redcross.org.au/media/releases/2021/taking-action-on-underpayment/#:~:text=Australian%20Red%20Cross%20(Humanitarian%20Division,Cross%20employees%20over%20several%20years.



Neds 'bastardry' on hospice

By LLOYD GORMAN

Former Nedlands mayor Fiona Argyle will not be welcome at the opening ceremony for the Swanbourne Children's Hospice, Health Infrastructure Minister John Carey said this week.

Mr Carey and Perth Children's Hospital Foundation chairman Ian Campbell launched blistering attacks on Ms Argyle, former Nedlands councillors and administrators at a press conference at the hospice site on Tuesday, accusing them of delaying the project through "bastardry".

"It was the worst of local government, it was extraordinary, they went out of their way to oppose, to delay," Mr Carey said.

"I do note the comments of the former mayor who said, with some glee, that she would be bringing her mayoral dog.

"That's gross, it's totally disrespectful, she should not come. She did not assist in any way the creation of this incredible project."

Mr Campbell accused the former council administration of delaying the project by initially ignoring a request to use parts of Allen Park as a lay-down yard, forcing the hospital foundation to hire a crane.

The council's administration said at the time that they had no authority to grant access to the A-Class Reserve.

Councillors ultimately granted access five months after it was first sought, which Mr Campbell said was too late.

"Their acts of bastardry cost us just under $1million and months of delays," Mr Campbell said.

"There are literally, circa a hundred kids or maybe more who will never get to use this facility because of their actions."

Mr Carey and Mr Campbell were joined by Premier Roger Cook and Health Minister Meredith Hammat

• Please turn to page 49

John Carey accused Nedlands officials of "bastardry" over delays.

The Swanbourne children's hospice is due to open this year.

28

Mr Campbell stated, "There are literally, circa a hundred kids or maybe more who will never get to use this facility because of their (Nedlands Council) actions".[29]

Apart from the unsupported and unreasonable allegations re Nedlands Council, the facts are that since 2017 hundreds of "kids" were deprived of even the care and services available previously at Lady Lawley Cottage, while the "mirage" of a "trophy project" has been dangled before a patiently waiting and vulnerable population not interested in "smoke and mirrors".

No effort was made to ensure even interim support services were maintained and prepared for the displaced and potential new clients of this public health service.

The First McGowan Ministry was the 36th ministry of the Government of Western Australia. Led by the Premier Mark McGowan and Deputy Premier Roger Cook, it succeeded the Barnett Ministry following the 2017 election.[1][2]. Conflicts between Mark McGowan (Rockingham) and the Premier (Cottesloe) (Western Suburbs) were a regular media story.

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[28] **POST Newspaper, January 17, 2026, Page 7.**

[29] **He ignores how many kids were denied even what was available at Lady Lawley Cottage.**

While sometimes apparently light-hearted, there was also an element of serious competitive political rivalry. This appears to be continuing as "… almost a hatred of the Western Suburbs".[30]

Perth Kids' Hospital was attracting concerns in 2017…

In 2017 Mike Baird, a former NSW Premier visited WA and urged Ben Wyatt WA Treasurer that WA should have a Children's Hospice, citing Bear Cottage in Sydney as a model. Baird was then a patron of Bear Cottage. Bear Cottage was extensively promoted by Mike Baird, and as stated by the PCHF Chairman, The Hon. Ian Campbell, "A friend of mine".



Rita Saffioti, Mike Baird, Kerry Stokes & Madeleine King

Just noticing the social set.

[30] **Post Newspaper. 25 April 2026. Quotes Dr David Honey, Former Liberal Member for Cottesloe re school funding.**

Around July 2019 Roger Cook visited Bear Cottage, "coincidentally" shortly after a visit there by the Perth Children's Hospital Foundation (PCHF) Chairman and Brookfield Director, Hon Ian Campbell, and PCHF CEO Carrick Robinson.
A Health Minister does not unexpectedly gallivant off to another State without due cause and advance preparations.

There is a very high likelihood he was "primed" in advance, with the Allen Park site in the gunsights.

A "prestigious trophy project" based on Bear Cottage Manly, Sydney, appears from the outset to have directed site selection without due thought or considerations, at the expense of sound planning principles in terms of independent assessment, or even basic clinical, demographic, or community interests.[31]

> Healthcare planning
> ***Health planning is a complex process with at least three distinctive features (health being a labour-intensive sector, complex relationships between different actors, and the balance between clinical and public health perspectives).***
> ***Planning is the product of values, techniques, and power relationships between different groups. https://www.sciencedirect.com/topics/nursing-and-health-professions/health-care-planning.***

In 2019, or at an earlier but unknown date, Perth Children's Hospital Foundation (PCHF) and Price Waterhouse Cooper (PwC) [32] **commenced planning for a Hospital (children's hospice), seemingly bypassing the role of Child and Adolescent Health Services (CAHS) and the Health Department of WA.**[33]

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[31] https://essentialnews.nz/2022/08/18/trophy-projects-being-abandoned-by-elites/

[32] Brookfield Place Tower is the tallest side core commercial building in the southern hemisphere. Designed by Hassell and Fitzpatrick + Partners. PwC are tenants in Brookfield Place. Brookfield Place is wholly owned, managed, and developed by Brookfield and its subsidiaries, according to Business News. Brookfield has a long history of owning and operating various assets, including property, renewable energy, infrastructure, and private equity.

[33] **Roger Cook (MFH), PCHF Chairman, CEO, all visited Bear Cottage in Sydney in 2019, and on return immediately entered into an agreement with PCHF to build a similar facility. Premier's Media Presentation Allen Park.**



FEBRUARY 2020

Note the "Detailed Business Case" dated <u>February 2020</u>, and that the outline illustration matches images of actual excised land at Allen Park <u>before</u> any genuine community or Council Consultation took place.

Contact was made with the Friends of Allen Park Bushland Group <u>in April 2020</u>, by which time this "DETAILED BUSINESS CASE" had already been produced.

Allen Park was most likely secretly identified and targeted as a location in 2019 well before the visit of Roger Cook and PCHF to Bear Cottage, otherwise <u>why did they choose only that location to visit and not Melbourne or Brisbane?</u>

I requested through an FOI application,

Q The earliest date on which a proposal, business plan or application for a proposed Children's Hospice was commenced and/or submitted?

> ***FOI Answer, A decision to provide a dedicated Children's Hospice was <u>endorsed</u> by CAHS Executive on <u>18 December 2019.</u>***

This answer suggested a proposal was <u>PUT</u> to CAHS and agreed but there was no suggestion it was actually initiated by them. CAHS Executive must have had prior notice before reaching a decision to <u>endorse</u> the proposal. It would hardly happen "out of the blue sky" So, who recommended CAHS should support building a hospital in an A Class Reserve, specifically Allen Park, and when?

I would not have believed CAHS Executive could agree to endorse a lone "hospice", without basic demographic and data based planning for the future of Paediatric Palliative Care.

If they did where is it to be found? If they did not then why NOT?

The FOI reply did not address when the case for a hospice was first proposed, only when it was endorsed by CAHS.

It did not answer how long the need for a children's hospice was recognised, crucial to where responsibility lies for any delay in addressing the matter.

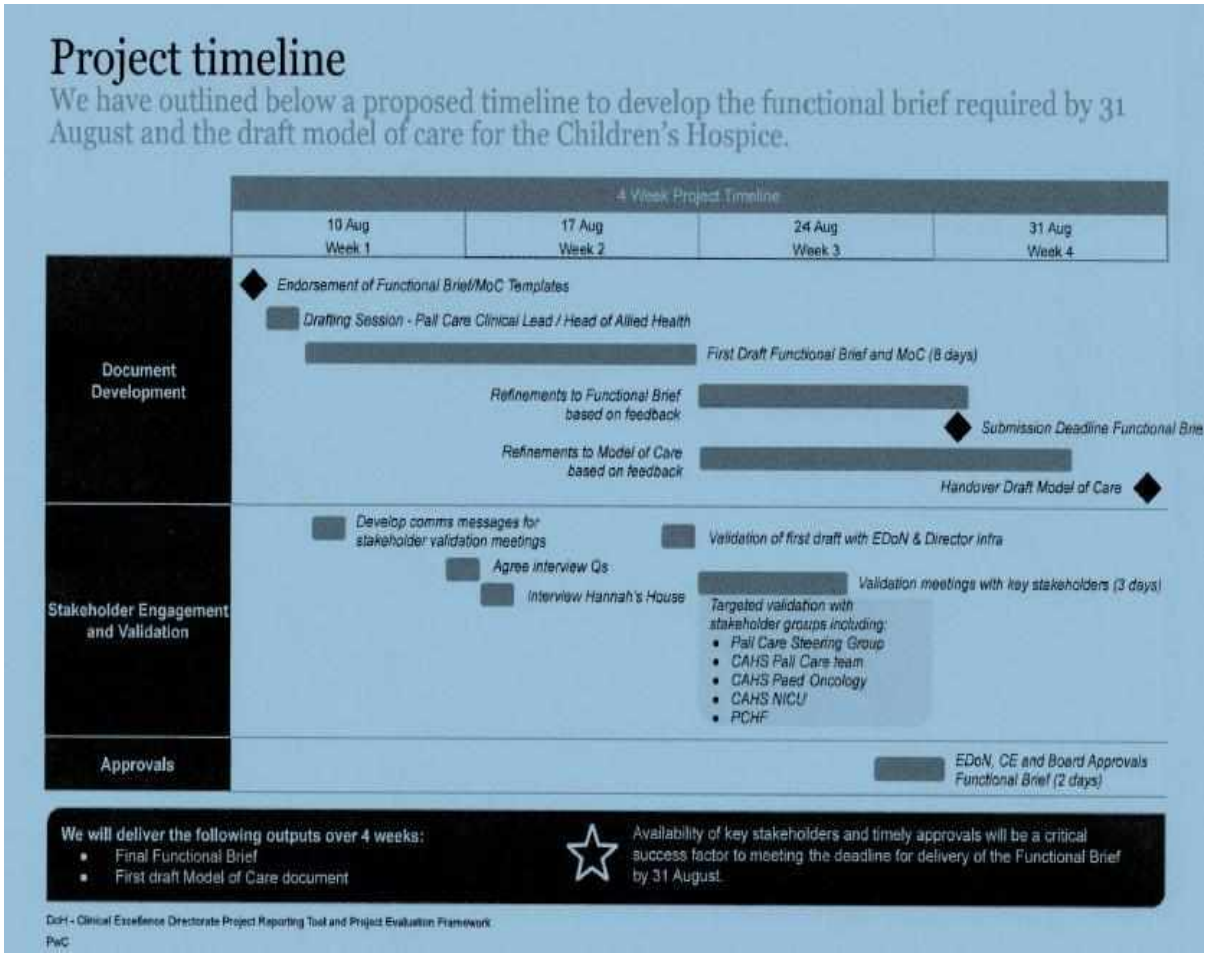
Attempts have since been made to shift blame for failure to develop services for sick children, onto those who have dared to question the PROCESS of decision-making, an entirely different question.

FOI results have revealed that contracted firms based their detailed planning reports dated February 2020, on the site in Allen Park, Swanbourne, before Nedlands Council had been meaningfully consulted, nor any genuine consultations undertaken with the community, Allen Park stakeholders, or aboriginal heritage.

Draft outlines in the contractors' reports were based on the excised land, indicating surveying had been completed before any consultation with Nedlands Council, stakeholders in Allen Park or the community.

No basic research was done in WA to establish the size of the child population affected and expected to benefit, nor had a model of care and philosophy of service delivery been documented, just a rush to make popular, politically pleasing announcements as shown in the Project Timeline.

The date of ISSUE OF WRITS FOR THE 2021 ELECTION WAS February 3, 2021, so the race was on to get a "good news" story and a rushed functional brief out in 2020 before the end of the parliamentary year and in readiness for the imminent State Elections.



Perth Children's Hospice Project Control Group Meeting No.1 was held on <u>13 July 2020</u> – <u>before any public announcement of the government's intentions.</u>
PCHF had 3 members attending
CAHS had 4 members
PwC had 2 members (They seem to have had the most to contribute so had probably been working on it for some time before the Premier's August announcement as shown in chart above, initialled in VERY tiny print at the very bottom of the page shown).

Current Status

Program Overview (Refer attached)

- ***Current key milestone dates include imminent announcement regarding the Children's Hospice, site works commencing early 2021***

(targeting Feb/Mar 2021) and opening of the facility in Jan 2023.[27]

Model of Care, functional briefing (Verbal discussion)

- ***High priority. to organise a meeting with X to confirm model of care***

and clinical requirements to inform the design and functional briefing.
flagged support may be required to meet the project program requirements.
Development of a Stakeholder Engagement Strategy

- *CLE initial Stakeholder Engagement Strategy tabled.*
- *City of Nedlands Council Briefing scheduled for 04/08/20.*[28]
- *requested a Ministerial Briefing Note for upcoming proposed meetings.*

Clearly demonstrates the intention was to build a hospice as soon as possible – not to establish at first base what was needed for paediatric palliative care, and the best model of care for Western Australia. Hospice building first – (the rest hopefully to follow).

> *"Roger Cook announced on Friday the hospice would provide care and support for children and their families from diagnosis to the end of their lives, with the operational costs paid for by the state government."* **Daile Cross, The Age.**
> *He said there had been a long-term gap in services for children with terminal illnesses.*
> *"For the first time we will be able to provide specialist care, treatment and support for children and their families in one place outside of a hospital setting".*[29]
> *He said there were about 2000 children in WA living with a terminal illness.*[34]

Lady Lawley Cottage by the Sea closed in 2020 despite petitions.

WA was deliberately left with even less parent/child support.

What drove this single DEVELOPMENT?

Despite media hype and abuse of local government and community members expressing legitimate concerns, this already long overdue project was badly planned, in the wrong place, and unfit for purpose, as it will not make a substantial contribution to the care of the multitude of sick children, or respite for parents. It is a mirage.

A feel-good pre-election political gift to WA Government?

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[34] **Where did that estimate of 2,000 come from? No research was apparently done.**

There is believed to be only ONE specialist Paediatric Palliative Care Physician in WA.

Staff and volunteers who previously supported "Lady Lawley Cottage by the Sea" have been dispersed, and no public mention has been sighted of new recruitment or training proposals for the proposed hospice.

With the serious blow-out in waiting times for parents to obtain early professional paediatric help, a preoccupation with one solitary seven bed hospital building seems bizarre.

A politically favourable, building alternative has been copied from other places and dragged through a series of planning hurdles, that should have been avoided with an honest and open consultation process.
This has resulted in the occupation/completion date blowing out to 2026-7 at optimistic best.

Since the government's surprise announcement in August 2020 there has been an opportunity to examine many controversial aspects of this proposal including asking whether there will be sufficient care for an estimated 2,000 (or more) seriously ill children, and relief for their parents as a result of this proposal or is it all desperate media and political spin.[31]

The single-minded activity of building a "hospice" is not necessarily the only or best model of care for the demographics, size and cultural character of families and children in Western Australia.

We can and must do better.

People, i.e. parents, families, professional staff, and volunteers are the backbone of successful palliative care. Planning by and for them should be the priority.

There is a case for……

1. **Providing much needed and accessible Child Health Palliative Care Services to Western Australia, through data based-planning procedures, and genuine community consultation. The proposed project was viewed as unsafe, and unlikely to meet stated aims.**

2. **Protecting precious and scarce public open space, through halting development in Allen Park, an A Class Reserve. This is a goal consistent with long standing community expectations and sound planning principles.**

3. **Demanding a return to genuine, transparent, respectful, and constructive, community consultation at all levels of government and media. Reviewing**

legislation that does not require charitable or NFP bodies to be registered on the Lobbyists Register.[35]

4. Demanding a return to pre-pandemic rules of good governance, the rule of law, and observance of the human rights of citizens to express views contrary to governments, without suffering abuse by elected members of Parliament, unelected interests, and superficial attention-grabbing media.

5. Insisting that state-wide strategic health planning is done through cooperation between families, patients, health professionals and communities, in partnership with government.

6. Requiring Government Ministers and Departments of Government that have responsibility and roles in the oversight of procurement of goods and services, to discharge their functions without fear or favour.

7. Requesting the Law Reform Commission to review the growth and legal oversight of Public/Private Partnership (PPP) arrangements in WA to ensure full conformity with community trust and confidence.[36]

8. Will future Public/Private Partnerships continue to avoid proper scrutiny as has his PCHF project?

"Extensive pre-lodgement consultation has occurred over the past two years"

Only one formal attempt was made to inform the local community since the initial announcement in 2020. This was a two-hour presentation by PCHF on 11th July 2021, almost a year from the date when Nedlands Council was told of the government's intentions. This session was held on a Sunday morning during school holidays. No PCHF Board members attended.

So-called consultation has merely been stating what the proponents intended to do, regardless of any alternative facts and views.

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[35] Integrity (Lobbyists) Act 2016, 2.1.9. Certain persons not required to register. None of the following is required to be accredited as a lobbyist under this Act —

(a) a non-profit organisation.

[36] The New South Wales Government has recently announced that no further PPP hospitals will be approved following serious issue with the Northern Beaches Hospital, a Healthscope owned facility. Healthscope, owned by Canadian asset management giant Brookfield, is the private operator of the Northern Beaches Hospital.

A parallel with the government's Burswood parkland plans, Matilda Bay ferry station, demersal fishing, planning, and gun control issues is compelling. We are from the government, and we are telling you what we intend to do. Flatly telling the community what PCHF and government intended to do, was not consultation and entirely contrary to the process of open and respectful consultation employed by Nedlands Council in the successful development of the Allen Park Master Plan.

Limited pre-meeting information was circulated by PCHF. An alleged letterbox drop by PCHF did not take place. Local residents themselves did a full letterbox drop in adverse weather conditions to alert residents to the only public PCHF meeting and ensure attendance.

Local community members were obliged to apply and pay for information under the Freedom of Information Act (WA). The members of the PCHF Stakeholder Reference Group (SRG) were not named. By intention only two Swanbourne residents could be included in this group. Neither have been named in any documents sighted to date. Members of the Nedlands Council Site Assessment Working Group (SAWG) were publicly named, and residents have not concealed their identities in print media.

The PCHF chairman's attitude to consultation was evident at the outset.

September 12, 2020. The PCHF Chairman Hon Ian Campbell, stated his opinion that Nedlands Council's expedited consultation with nearby residents,

> ***"...would be a waste of money because his foundation was already running a public consultation that would inform the design."*** [37]

The Meaning of "Consultation".

Murphy J, and CFMEU v BHP Coat Pty Ltd (2016) FCA 1009 (26 August 2016) Logan J.

> ***To elaborate further on the ordinary meaning and import of a requirement to "consult" may be to create an impression that it admits of difficulties of interpretation and understanding. It does not. Everything that it carries with it might be summed up in this way. There is a difference between saying to someone who may be affected by a proposed decision or course of action, even, perhaps, with detailed elaboration, "this is what is going to be done" and saying to that person "I'm thinking of doing this; what have you got to say about that?". Only in the latter case is there "consultation".*** [38]

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[37] **NB. "DESIGN" only, not the selection of Allen Park or even the location of the site within Allen Park could be considered.**

[38] **Murphy J, and CFMEU v BHP Coat Pty Ltd (2016) FCA 1009 (26 August 2016) Logan J.**

The Gunning Principles set down in the UK are informative. … a consultation is only legitimate when these four principles are met:

- **proposals are still at a formative stage.**
- **There is sufficient information to give 'intelligent consideration'.**
- **There is adequate time for consideration and response.**
- **'conscientious consideration' must be given to the consultation responses <u>before</u> a decision is made.[39]**

Consulting style demonstrated in Hansard reports

As the public statements of the Premier and the PCHF Chairman are critical to the angst and frustration experienced by many in the community regarding the hospice, it is useful to examine past behaviour to help understand the petulant and demanding style displayed in the media and in WA Parliament.

The PCHF Chairman in his former position in the Commonwealth Parliament spoke with approval about the WA Premier in respect of his earlier role as a WA Minister.

> ***"That is why I have proposed a national code for wind farms and I have put out a discussion paper. Every single state government has opposed it—and you do not wonder why when you have an environment minister like Mr Mark McGowan in Western Australia, who says in relation to community consultation on wind farms: 'Sometimes when local communities don't agree you have to roll over the top of them.'***
>
> ***Senator Ferris—Who said that? Wednesday, 9 August 2006 SENATE 89 CHAMBER***
>
> - ***Senator IAN CAMPBELL— He is the WA Labor minister for the environment. He said: 'Sometimes when local communities don't agree you have to roll over the top of them.'***
>
> ***Senator IAN CAMPBELL—In relation to the siting of wind farms in his own state, Mr McGowan, the WA Labor minister for the environment, said: 'Sometimes when local communities don't agree you have to roll over the top of them.' [40]***



Premier puts his foot down over hospice hold up

JUST GET IT DONE

Victoria Bifsi

PREMIER Mark McGowan has thrown down the gauntlet to those who oppose a proposed hospice for terminally ill children at Swanbourne's Allen Park, urging them to work together to ensure the facility is realised.

"I won't let the work of the Perth Children's Hospital Foundation and the efforts of chairman[illegible] Campbell and his team and all their advocacy go to waste," he said.

"I'd urge opponents of the project to work together to help West Australian kids with a terminal illness."

He said the former bowling club-site at Allen Park was the "best location".

"It will be perfect for these families who are suffering through a situation many of us can't even imagine," he said.

"This is about WA families and their children with a life-limiting diagnosis and provides much-needed support to families during an incredibly difficult time."

Mr McGowan's comments come after Nedlands councillors last week voted to seek to acquire a piece of Shenton Park bushland to compensate for the loss of the Swanbourne site to make way for the hospice.

During a heated discussion at Thursday's council meeting, Cr Ben Hodsdon claimed there was much no thought given to the location of the hospice as what

CONTINUED PAGE 3

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[39] **Local Government Association (UK) New Conversations 2.0 LGA Guide to engagement. ONLINE.**

[40] **Senate Official Hansard No. 7, WEDNESDAY, 9 AUGUST 2006. Emphasis added.**

The dictatorial tone of the Premier's remarks was evident in this media spray. There was in fact no demonstrable hold up through any action of concerned members of the public, but the legally entrenched rights of all citizens to have a say in what happens in their community was viciously assaulted.

Bluntly telling the community what they intended to do was not CONSULTATION.

Many local residents in in public service, businesses, or otherwise dependent on maintaining good relationships with government enterprises, are reluctant to express opinions throughout this saga to avoid being targeted.

What "consultation" did take place with Nedlands Council?

According to Mayor Cilla de Lacy, the Administration, through the CEO, offered PCHF a meeting in August not the Nedlands Council. This followed a media claim that the Hospice delay was "pathetic", and letters from others urging Nedlands to "show compassion" and accept the proposal.[41]

It has been constructed to appear that after making an approach to Nedlands in **February**, the PCHF sat back waiting to hear from Council.[42] As The PCHF Chairmen was a former Federal Senator and commercial property developer, it seems unusual that he would not have made direct formal contact with Nedlands Council itself if he saw the matters were then so pressing.

It should also be noted that Council was at the time in the midst of a town planning furore as well as a pandemic. This attempt to blame Council for delay overlooks that the case for building a hospice was already decades overdue. The need to build quickly, create jobs, and secure the coming election, would appear to have been the real stimulus to the hyperbole and hostility displayed by the Premier and the PCHF Chairman towards city councillors and citizens legitimately expressing opinions.

Prompt access for some however!....

In contrast to the limited access to Ministers that is generally available to the public, the PCHF Chairman was able to state in a letter,

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41 **This ploy of blaming community residents who have in no way caused any delays, is reprehensible media manipulation by PCHF. It is now 2025 and the Development Application which was subject to further undisclosed modifications was approved by an unfairly balanced WAPC hearing at short notice, that accommodated all the proponents wishes and was followed immediately with well-prepared media reporting, e.g. an ABC item included a photo provided by PCHF within a very short time of the completion of the hearing.**

42 **In February the PCHF already had a business plan drawn up based on the Allen Park site.**

"On 9 March 2020, we sought meetings with the Premier and Minister for Health. The State Government Ministers responded immediately and agreed to a meeting on 11 March 2020.[43]

Access in two days! How was this so readily achieved?

Note that in the list of those not required to register with the WA Parliament's Lobbyist Register, Charitable Organisations are No.1.

In 2011 Mark McGowan described the Hon Ian Campbell AM as a "lobbyist". [44]

NATIONAL PARTY MEMBERS — LOBBYING BY IAN CAMPBELL

41. Mr M. McGOWAN to the Minister for Sport and Recreation:
I refer the acting Leader of the National Party to the Clive Palmer affair and Mr Palmer's special relationship with the National Party and the fact that former Senator Ian Campbell lobbied Minister Grylls' office on Mr Palmer's behalf.

(1) Was the minister or his office lobbied on behalf of Mr Palmer by former Liberal Senator Ian Campbell?

(2) If yes to (1), what was the subject matter of the lobbying?

(3) As acting National Party leader, will the minister, in accordance with section 4.1 of the Contact with Lobbyists Code and section 9 of the Public Sector Management Act, refer the activities of Mr Campbell and Minister Grylls to the Director General of the Department of the Premier and Cabinet?

(4) Is it National Party policy to tighten the lobbying disclosure rules to ensure that lobbyists such as former Senator Campbell are forced to register and reveal their lobbying activities?

What did Nedlands Council actually decide?

Council Resolution 25th August 2020

1. **Council requests the Chief Executive Officer to undertake community engagement, in compliance with Council's Community Engagement Policy, on the residence proposal at Allen Park and report the results of this engagement to Council by October 2020.**
2. **advise the Perth Children's Hospital Foundation that joining the project control group, will be subject to a future Council decision to vary the Allen Park Master Plan with the residence project incorporated.**

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[43] **Ian Campbell. Letter emailed to friends of Allen Park, 16 August 2021.**

[44] Hansard WA, Questions without notice, No. 41, 17 Feb. 2011.

(Council did join the PCG, but the appointee was unable to reveal any information to the Nedlands Council sponsored Site Assessment Working Group (SAWG)).

3. **simultaneously advertise for expressions of interest to Swanbourne residents for a site assessment working group, to commence October 2020. (SAWG).**
4. **Council requests the Mayor to advise the Minister for Health of its current position in respect to the Allen Park Masterplan and that any changes will be informed by transparent community and stakeholder engagement; and**
5. **If this proposed land resumption becomes inevitable the CEO is instructed to vigorously pursue a land swap for recreation purposes with the State Government to replace this recreational land.**[45]

Regardless of the known facts, the government and their friendly media outlets portrayed Nedlands Council as "turning their backs on dying children", and any dissenters were labelled Nimby's, liars, and lacking "compassion". Judgemental abuse from persons in elected positions with unrestricted media resources undermined trust in the whole process.
The resolution of Council made it plain that the plans of PCHF and government appeared then to be "inevitable". A close parallel with events later at Burswood and Matilda Bay and an inadequate planning process.

There was no documented evidence which supported the statement in the Development Application that, *"The City has advised that it supports the Hospice project and is keen to be involved"* [46].
Rather more accurate is to say that the City of Nedlands was forced into a defensive position and recognised that the outcome may be "inevitable'.[47]
Not a sound basis for planning consultations with Local Government and the affected community.

Information obtained revealed that "consultation" with the Nedlands Mayor Cilla de Lacy was in the form of an email, not from the Minister for Lands, but from the Minister for Health and was not directed to the Mayor, but to the

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[45] **No compensatory land swap was ever addressed.**

[46] DA Page2.

[47] **As an example - City of Perth queried the "Kids Bridge" but saw no point in objecting.**

Council CEO. This email plainly told the CEO what CAHS and PCHF intended to do. There was no suggestion of any genuine consultation PROCESS.

The email mentions that the hospice will be owned and operated by CAHS with a funding partnership with PCHF. This is in contrast with the remarks of the PCHF Chairman that "It is most likely that Perth Children's Hospital Foundation will be the long-term owner of the building with CAHS as the operator".[48]

Not until August 2025 were the details of this curious legal construction revealed reluctantly as a result of a long delayed FOI request.

An FOI information request to CAHS asking if it held any instrument of delegation from the Lands Minister under the Land Administration Act 1997 advised it held no such instrument.

The claim in the DA that "the built form is domestic in scale and consciously relaxed in character – emulating a "holiday house near the beach" or a "residence" is pure hyperbole as the plans now reveal. It suggests a substantial hospital style building.

Attention to décor and furnishing while important, does not overcome fundamental errors regarding planning, purpose, design/location, and access.

While we were told the issues before the WAPC were to be assessed on a planning basis only, the proponents consistently employed media spin and strident appeals for "compassion", in their argument for acquiring at no cost, a greatly valued community asset on which to place a new hospital building.

Any critics of the lack of due process by which land has been acquired, were savagely attacked, based on the false claim that expressing objections to this scheme is denying the provision of much needed palliative care services.

The truth is that the need for better palliative care services was long evident and as a result of this bungled approach will not materialise until 2026-7 or very likely much later.

[48] Letter from Hon Ian Campbell to Friends of Allen Park, 16 August 2021. This remains unclarified.

SITE ASSESSMENT WORKING GROUP ISSUE REGISTER #03 –from 8 March 2021 Meeting

City of Nedlands - facilitating and SAWG Members – participating

MEETING	ISSUE	WHO	DUE DATE	PROGRESS REPORT	Status
30 Nov 2020 #001	**Terms of Reference** That the Site Assessment Working Group: 1. Review the Terms of Reference. 2. Invite a representative of the Children's Hospital Foundation to attend the next meeting; and 3. The next meeting will be held at the City of Nedlands Administration building at 6.00 pm on Monday 14 December 2020, and further meetings will be scheduled when required as the project progresses or as requested. CARRIED: Unanimously	ALL	March 2021	Item 1 – 14 December 2021 Terms of Reference reviewed and suggested changed recommended to Council for adoption at the next Council Meeting. Item 2 – Representative of the Children's Hospital Foundation not available request will be sent for February SAWG meeting.	

Laison early with PCHF… raised at SAWG meeting 30 November 2021,

Next meeting set for Monday 14 December. PCHF Invited to attend.

Response; Representative of the Children's Hospital Foundation not available request will be sent for February meeting (2022).

Who was being uncooperative?

2 Metropolitan Region Scheme (MRS).

DA Comment. "Being an MRS reserve the framework for the development is relatively limited, however there are nevertheless several WAPC and local policies applicable".

The requirements for even a minor amendment to the MRS could not be dismissed as lightly as the proponents may have wished.

The Department of land Planning and Heritage was required to take this step seriously, as is indicated on their website.

> *If a proposal does not, in the opinion of the WAPC, constitute a substantial alteration to the Region Planning Scheme then it is a minor amendment. The process includes the following steps:*
> ***The proposed amendment is referred to the Environmental Protection Authority (EPA) to decide whether environmental assessment is needed. Where the EPA requires an environmental review, this is carried out before the amendment is advertised.***

The amendment is advertised for public comment and landowners whose property is directly affected by a proposed change are contacted in writing.

A 60 day period is provided for submissions to be made to the WAPC.

The WAPC then considers all submissions and recommends whether to modify the amendment or proceed with the original proposal. The WAPC presents a report and recommendation to the Minister for Planning for consideration.

If the Minister approves the amendment, it becomes a legally effective part of the Region Planning Scheme on publication of a notice in the Government Gazette.

There is no suggestion here that the process of MRS amendment could be regarded simply as a "fait accompli".

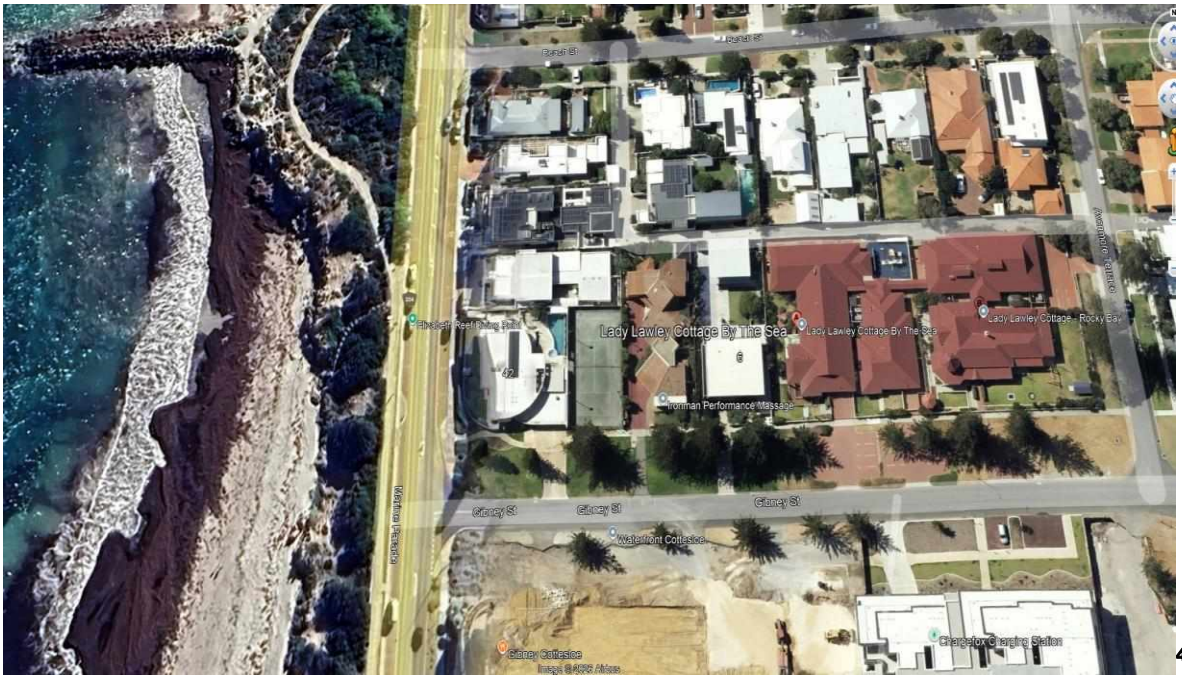
Government and PCHF would have known this before they selected Allen Park.

"WA does not have a hospice dedicated to caring for children".

Respite for carers and supportive care of many children with illnesses was available at Lady Lawley (LLC) Cottesloe (below) and other locations including patient's homes.

Allowing closure of LLC to clear the way for another "better" option <u>without maintaining care services in the interim</u> was incomprehensible planning and raises questions regarding the mixed motives of government and proponents.

Was it to ensure that the proposed hospice was seen as a politically favourable <u>FIRST for WA</u> and thereby gain enhanced benefit from political backing and fundraising endeavours?



49

In 2017 it was apparent that Red Cross was in financial difficulties and reduction of services from Lady Lawley commenced.

Authorities must have been aware of the reductions in service. Somewhere a decision was made by Government and/or Health Department authorities that LLC would be allowed to close in stages with no replacement plan for the existing services in the meantime and no date set for the completion of the proposed "hospice".

Staff and around 80 volunteer workers were "let go", creating a care and support vacuum for parents and children. No attempts were made to retain volunteers and workers for a new facility.

Children's Hospice movement in WA July 2000,

Children's Hospice Association Inc. (CHA) was endorsed as a Public Benevolent Institution in 2000. The association is known as Hannah's House. The CHA web page commenting on the 2020 decision to build a hospice at Swanbourne, records that, "…we have long advocated for this outcome". How long is not stated, but Hannah was born in 1991 and died in 2010. 2000 appears the earliest year in which the case for a specialist children's hospice in WA appears to have arisen, although it may possibly have been earlier.

In any case the need for specialist end of life and long-term support services must have been evident for a very long time. End of life care facilities at the old PMH were considered inadequate, medicalised, and inconsistent with emerging parent and patient needs and expectations.

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[49] Google Earth photo accessed 2026. Now managed by Rocky Bay.

To simply "pull the plug" on a popular respite and care service at LLC in favour of a new building which, at the time, was unfunded and unplanned, appears extraordinary decision-making, regardless of which government or responsible organisation was in charge at the time. What was the real motivation?

Where did the "hospice" model spring from in WA?

It appears that the PCHF Chairman, Hon Ian Campbell AM was the prime mover.

The Perth Children's Hospital Foundation (PCHF) Children's Hospice development in WA…

> *…….began when the CEO of Perth Children's Hospital Foundation Carrick Robinson and I, responded to an invitation to visit Bear Cottage in Sydney, in 2019, subsequent to conversations we had had with Hannah's House (a provider of care and support for children with life-limiting conditions), and with the Hon. Mike Baird, a Patron of Bear Cottage and a friend of mine.*[50]

Children's Hospice Association Inc. (CHA) was endorsed as a Public Benevolent Institution in 2000. The association is known as Hannah's House. The CHA web page commenting on the 2020 decision to build a hospice at Swanbourne, records that, "…we have long advocated for this outcome". How long is not stated, but Hannah was born in 1991 and died in 2010. 2000 appears the earliest year in which the case for a specialist children's hospice in WA appears to have arisen, although it may possibly have been earlier.

The proposed Hospital (children's hospice) is the first purpose-built facility in WA. The function of the proposed hospital will continue palliative care services in a new and flawed location at greatly increased cost for a very small number of inpatients at one time (seven, five at first).

Closing Lady Lawley Cottage with effusive and emotive promises of a new children's "hospice" for dying children has become a "cruel hoax" made even more so by delays and the flawed choice of site.[51]

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[50] **Hon Ian Campbell statement.**

[51] **This expression was used by a US Judge referring to the decriminalisation of alcoholism without providing any treatment supports that led to the deaths of many homeless alcoholics.**

Parents, former staff and volunteers have been misled by fancy images, words, and promises. Even if this was a good idea for ethical and effective delivery of clinical care services, (which it is not in my view), failure to deliver on the promises is reprehensible and deserves an Independent Inquiry.

An emotionally charged case for building a hospice was manipulated in the Development Application (DA) to attempt to overcome fundamental failures of orderly planning and process.

> ***"The Hospice's location within a natural parkland setting on a hilltop overlooking the Swanbourne beach..."***

The natural parkland is one that has been nurtured, maintained, and improved overall through the efforts of volunteers and staff of Nedlands Council for the benefit of many residents of WA, both hale and hearty or sick and unwell. That same "natural parkland" was described by the PCHF Chairman in entirely different and disparaging terms as a "dustbowl" and a "muddy quagmire".

Many users of Allen Park come from Cottesloe, Claremont and elsewhere, for whom this piece of land is a welcome retreat and health-giving resource.

Being users and defenders of public open space does not deserve the NIMBYs term so carelessly and freely thrown by the promoters.

The Development Application (DA) described the site as being "on a hilltop overlooking the beach". This does not represent the true position and is mischievously misleading to many who do not know of the actual location even now. Most people have just assumed that those planning the project had selected the best location in a popular beachfront.

That location selection has been shown up to be ill-informed, unsafe, inappropriate for its purpose, and the major cause of extra costs and delay.



Perthnow photo purported to show the hospice location although the PCHF Chairman is standing on former bowling greens land that is part of Allen Park.

Public access land and the Norn Bidi trail.

A determined effort was mounted in 2025 by the government and PCHF, to take control of additional land beyond that excised for the hospice.

The City of Nedlands with stakeholder and community support, approved the Allen Park Masterplan in 2017 to guide the direction of future planning.

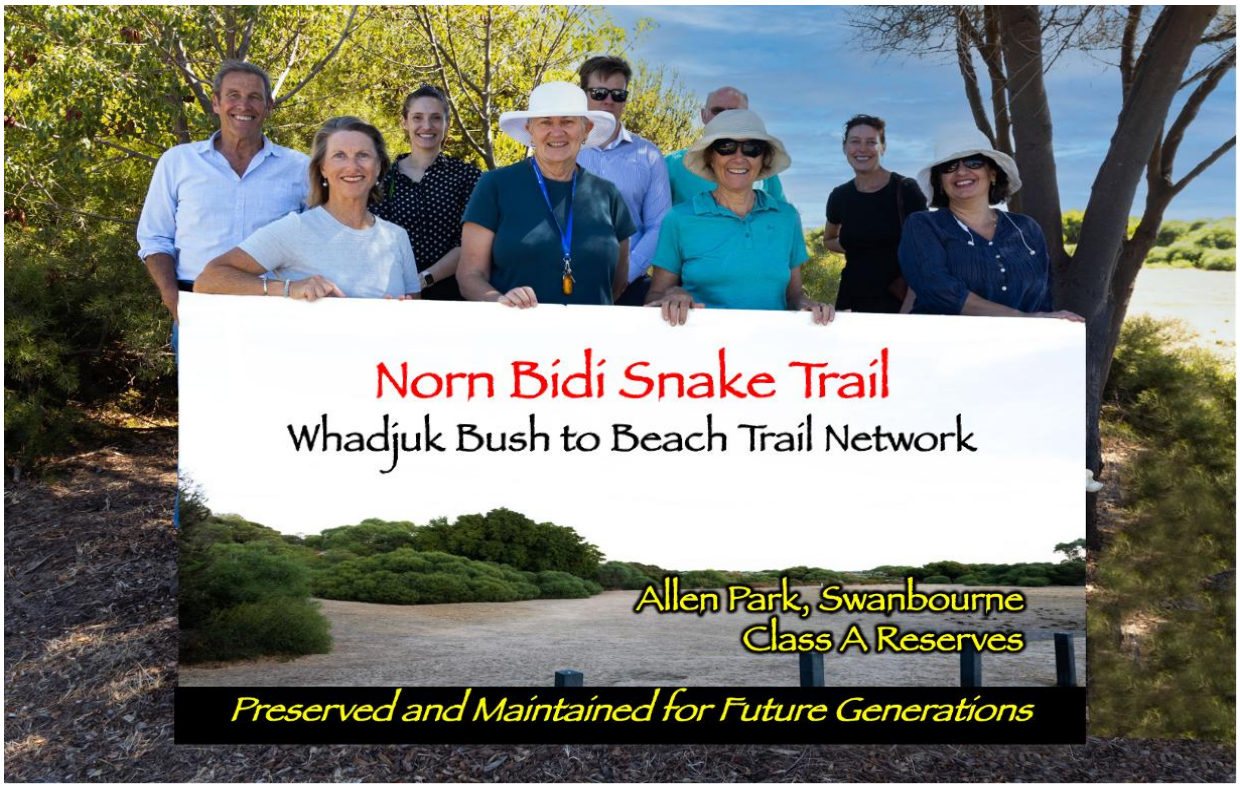
All land in question was already parkland and awaiting enhancement by the approved and modestly funded Norn Bidi Trail.

There was no reasonable case to attempt to influence Council by offering the huge sum of $4M of publicly donated funds.

Subsequent claims by Minister Cary and Hon. Ian Campbell AM led to what was described as "blistering attacks" on Nedlands Council.[52]

Councillors were divided in their opinions at times but whatever they said or did they were carrying out the responsible role of a Local Government.

That role involved consultation with ratepayers and many users of public land and facilities at Allen Park. Consultation that PCHF and Government chose to ignore.



[52] **POST Newspaper, January 17, 2026.**

Neds 'bastardry' on hospice



John Carey accused Nedlands officials of "bastardry" over delays.

By LLOYD GORMAN

Former Nedlands mayor Fiona Argyle will not be welcome at the opening ceremony for the Swanbourne Children's Hospice, Health Infrastructure Minister John Carey said this week.

Mr Carey and Perth Children's Hospital Foundation chairman Ian Campbell launched blistering attacks on Ms Argyle, former Nedlands councillors and administrators at a press conference at the hospice site on Tuesday, accusing them of delaying the project through "bastardry".

"It was the worst of local government, it was extraordinary, they went out of their way to oppose, to delay," Mr Carey said.

"I do note the comments of the former mayor who said, with some glee, that she would be bringing her mayoral dog.

"That's gross, it's totally disrespectful, she should not come. She did not assist in any way the creation of this incredible project."

Mr Campbell accused the former council administration of delaying the project by initially ignoring a request to use parts of Allen Park as a lay-down yard, forcing the hospital foundation to hire a crane.

The council's administration said at the time that they had no authority to grant access to the A-Class Reserve.

Councillors ultimately granted access five months after it was first sought, which Mr Campbell said was too late.

"Their acts of bastardry cost us just under $1million and months of delays," Mr Campbell said.

"There are literally, circa a hundred kids or maybe more who will never get to use this facility because of their actions."

Mr Carey and Mr Campbell were joined by Premier Roger Cook and Health Minister Meredith Hammat

• Please turn to page 49



The Swanbourne children's hospice is due to open this year.

Nedlands 'bastardry' on hospice

• From page 7

at the announcement, where they revealed the long-delayed building was finally due to open this year.

It will accommodate seven children at a time.

Mr Cook pledged $21million of state funding to operate the facility for its first two years, a milestone Mr Campbell described as "historic".

"Historic ... because it's now real, there were days when it felt like it may never be real," he said.

"But here we are and we did get strong support all the way through from the premier and the ministers and we couldn't have done it without what is a very powerful partnership to deliver this for our very sickest children."

Mr Carey urged Nedlands voters to "look at the conduct of the last council" at elections in March and "vote for leadership".

Nedlands has been run by government-appointed administrators since the middle of last year, when Local Government Minister Hannah Beazley dissolved the council after four of its members resigned.

Months earlier, Ms Argyle had booked a digital billboard in Stirling Highway with the message "Hands off A-Class Reserve", along with an AI-generated image of a pouting young girl.

The billboard was a reference to PCHF's move to seize more land from Allen Park to create "complementary parkland" adjoining the hospice site.

Ms Argyle was approached by the POST for comment.

Peter Taranto, one of a group of Swanbourne residents who have opposed the hospice, said the state government had unfairly vilified the council.

"The West Australian Planning Commission was the decision-maker in relation to the [hospice] development application - not Nedlands council," he said.

"Through no fault of Nedlands council, the WAPC did not consider and determine the development application until July 27, 2023."

Nightmare

• From page 7

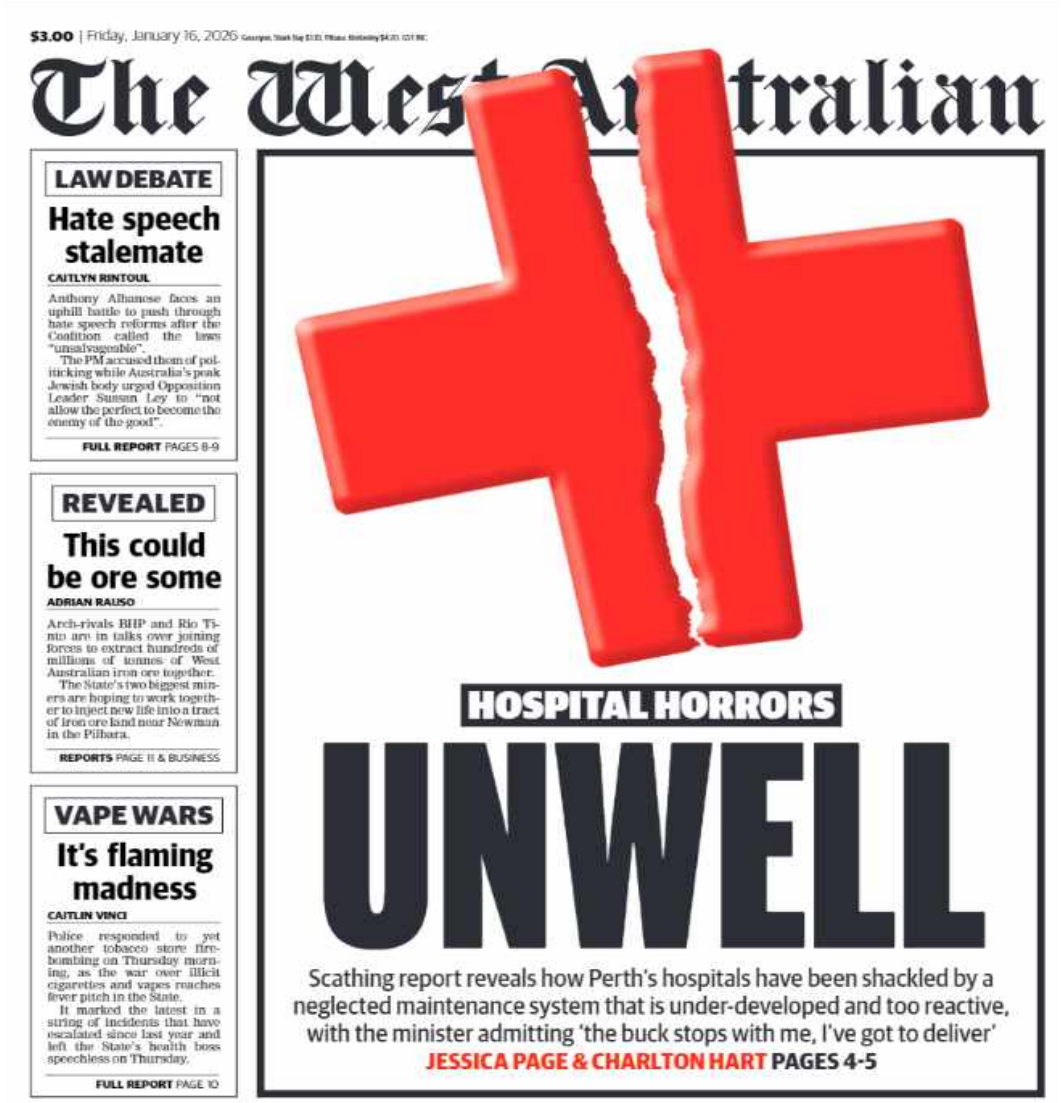
A police spokesperson said they were conducting regular patrols around hotspots and executing a record number of search warrants.

"WA Police are committed to protecting the community by preventing crime through proactive policing methods," they said.

"Violent and antisocial behaviour will not be tolerated."

Residents say it is not only for their safety but for the safety of the problematic tenants, because ambulances are an all too common sight at the

It should be noted that during the vindictive and angry furore aroused against Nedlands Council, $20m in future government funding was the subject of a "good news media spread", timed and designed to detract from several other media stories less complimentary to government.



$3.00 | Friday, January 16, 2026

The West Australian

LAW DEBATE

Hate speech stalemate

CAITLYN RINTOUL

Anthony Albanese faces an uphill battle to push through hate speech reforms after the Coalition called the laws "unsalvageable".

The PM accused them of politicking while Australia's peak Jewish body urged Opposition Leader Sussan Ley to "not allow the perfect to become the enemy of the good".

FULL REPORT PAGES 8-9

REVEALED

This could be ore some

ADRIAN RAUSO

Arch-rivals BHP and Rio Tinto are in talks over joining forces to extract hundreds of millions of tonnes of West Australian iron ore together.

The State's two biggest miners are hoping to work together to inject new life into a tract of iron ore land near Newman in the Pilbara.

REPORTS PAGE 11 & BUSINESS

VAPE WARS

It's flaming madness

CAITLIN VINCI

Police responded to yet another tobacco store firebombing on Thursday morning, as the war over illicit cigarettes and vapes reaches fever pitch in the State.

It marked the latest in a string of incidents that have escalated since last year and left the State's health boss speechless on Thursday.

FULL REPORT PAGE 10

HOSPITAL HORRORS

UNWELL

Scathing report reveals how Perth's hospitals have been shackled by a neglected maintenance system that is under-developed and too reactive, with the minister admitting 'the buck stops with me, I've got to deliver'

JESSICA PAGE & CHARLTON HART PAGES 4-5

The degree of vitriol displayed suggests extreme frustration and that the land is in fact needed for future expansion as forecast by the CAHS Board at the outset.

Another explanation is that it provides the secondary escape route in a fire emergency <u>as required by the Fire and Emergency Authority, FESA</u>.

The PCHF proponents have ridden rough-shod over the long-standing community efforts and vision for Allen Park, a necessary and appreciated community resource, not an ordinary developer's building block.

The PCHF Chairman scathingly dismissed the work undertaken by Nedlands Council and park stakeholders He assumed priority to decide the outcomes on land which is the responsibility of the WA Parliament, City of Nedlands, and ratepayers, not an unelected individual.

Outlandishly false and disparaging claims were made that the land between the Bridge Club and the hospice site is

A dustbowl in summer and a muddy quagmire in Winter?



The additional land now excised as it was seen in Winter 2024

Specious explanations from the PCHF and Government for the demand for additional A Class land are untenable, but likely propositions come to mind and can be documented.

1. **A need to expand the hospice size and /or for teenage and adolescent clientele as elsewhere at other hospices in Australia where lack of space was recognised.**
2. **Need to provide for construction equipment, tradie parking, materials depot, toilets, etc.**
3. **Provision of a secondary fire evacuation route.**

What is known is that expansion on this site was predicted as an issue at the very first meeting of the Project Control Group but kept secret until reluctantly revealed under FOI.

Why? To conceal the fact that the original site selection was an impulsive blunder which has caused delays to providing accessible, good quality paediatric palliative care, costs blow-outs, and community angst?

Whadjuk Trail:



Council Approved work had been implemented, as funds permitted, in the whole of Allen Park since approval of the AP Masterplan in 2017.

It was not neglected vacant land.

Claims that the area was neglected were false propaganda which was taken up and spread unthinkingly by an unquestioning media.

Many facilities and areas have been greatly improved by Council and volunteers over the past decades.

The fruit of years of patient effort can be seen by anyone with eyes open to see.

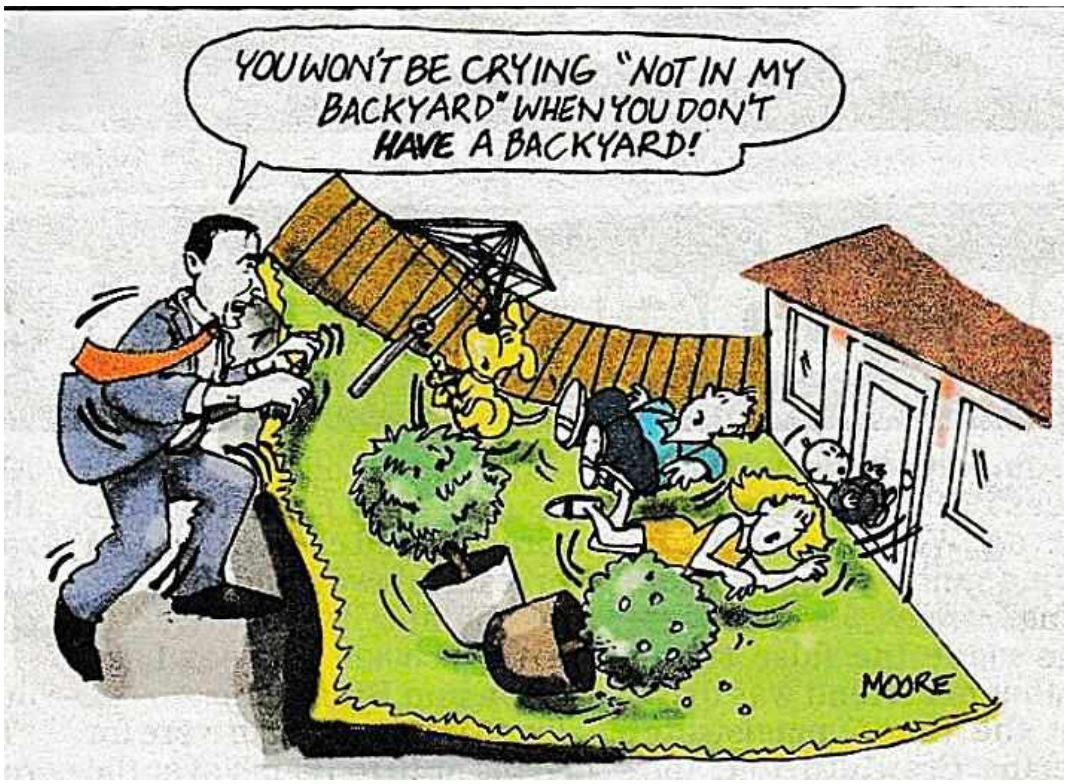


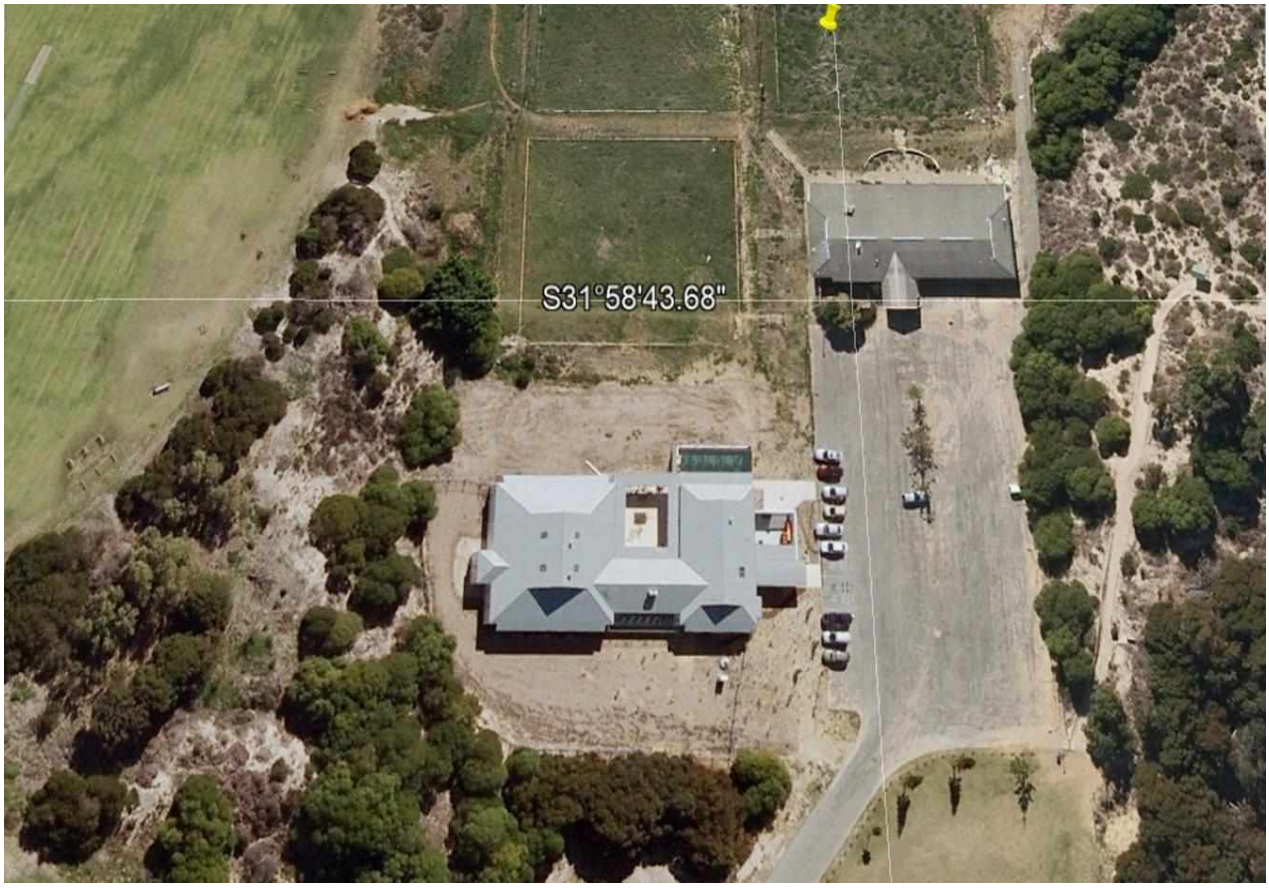






Years of patiently and gradually building up the community hub, which is ALLEN PARK counts for <u>nothing</u> to some people apparently.





This historic Landgate image above shows the Swanbourne Bowling Club after construction of the WA Bridge Club. The grey building rooftop North of the parking area was the now demolished Bowling Club house.

The former Bowling Club site manly comprised lawn greens and a quite small clubhouse.

The walking trail seen above on the right coming down from Melon Hill should have continued West onwards to the Swanbourne Reserve land and the beach. Placing the WA Bridge Club here instead of on the site now proposed for the hospice, has regrettably had unforeseen complications.

Nevertheless, the position remains that the hospice is an additional building that is inconsistent with community wishes as approved by Council in the 2017 AP Master Plan. It was pure opportunistic hype to state the site was "vacant".

Is Kings Park or Bold Park "vacant" and also available for the next politically attractive thought bubble? A Kings Park and Bold Park Masterplan is being prepared in August 2026 with the mention of "uses". Let us hope it can genuinely withstand political interference in the form of "Glamping" or any other commercially driven imperatives, and that Class A Reserve category gives more protection by Parliament than it did for Allen Park.

Numerous sites were considered".

Q. Why were other sites not considered – where precious reserve has not been established? A.... many sites were given detailed consideration and rejected on the grounds that they were unavailable or unsuitable or both. Those who repeat this assertion are either wilfully ignorant or liars. 20F[53]

Why was this particular site chosen?

> ***We considered all sites from Leighton to Swanbourne, preferring to be in proximity to the sea and access to the Perth Children's Hospital. Other sites considered were Lady Lawley Cottage[54], the McCall Centre, the old WA Deaf School, Tawarri Lodge, the Sunset site in Dalkeith, and some others. All options were given detailed consideration and rejected on the grounds that they were unavailable or unsuitable or both.*** **Hon Ian Campbell reply to written questions.**

Claim;

> ***The PCHF proposal for a new Children's Hospice does not impinge on any natural environment. It will be built on the site of the demolished bowling club and not have any impact on remnant native vegetation. We considered all sites from Leighton to Swanbourne, preferring to be in proximity to the sea and access to the Perth Children's Hospital. Other sites considered were Lady Lawley Cottage, the McCall Centre, the old WA Deaf School, Tawarri Lodge, the Sunset site in Dalkeith, and some others.***
>
> **Hon Ian Campbell.[55]**

An FOI application I submitted and responded to by CAHS did not list Lady Lawley Cottage as having been considered. Only a narrow band of sites that were thought to mimic Bear Cottage in Sydney appear to have been considered.

Why CAHS, a government subsection of the Health Department of WA should have been apparently sidelined and unaware of all options is unclear. How PCHF a Health Promotion charity acquired the task of locating and obtaining a hospital site for vulnerable child patients is unexplained. What expertise did the PCHF Board have in developing a health project of this cost and impact?

Who asked them and when?

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[53] **Ian Campbell. Responses to Allen Park community initiated and led information meeting held July 2021.) The words "wilfully ignorant' and "liars" were used eight (8) times by the PCHF Chairman, Hon. Ian Campbell in his response to our community questions.**

[54] **According to my initial FOI request Lady Lawley was NOT included, yet it is dissenters who are called "liars".**

[55] **Question and answer resulting from community-led meeting of July 2021. (Rugby Club).**

The hospice proponents have offered several conflicting versions as to who decided and how the site at Swanbourne was selected.

1. **One of PCHF's architects.**[56]
2. **They (PCHF) approached the City of Nedlands after driving around and looking at areas near the sea or river and saw the bowling club site and thought this is what they're looking for - quiet, lovely surroundings and close to the sea.**[57]
3. **Another account had the Hon Ian Campbell AM riding his bike.**


Perth Children's Hospital Foundation chairman Ian Campbell is on record as saying he rode his bike from Fremantle to Swanbourne until he reached the A-Class reserve in Allen Park and decided it was the best spot for the hospice.

Hon Ian Campbell AM claimed that when told he should look at the Former Bowling Club site he did not know where that was. Surprising for someone who lived in Cottesloe then and has family connections with both the Rugby and the Bridge Clubs. He could hardly have missed reading of controversial plans for a Hockey facility and water polo venue in recent years, both of which were rejected by Nedlands Council as they were inconsistent with the Allen Park Master Plan.

SIMPLE Land tenure Acquisition

Several requests I made to the Mayor City of Nedlands, failed to produce any documentary evidence that the City, – i.e. Nedlands City Council not just the CEO, was consulted as required under the *Western Australian Land Authority Act 1992,* prior to the Government meeting with Council on Tuesday August 4, 2020.[58]

The Project Control Group Meeting No. 2 records that the meeting and invitation to the City was an agenda item for 14 August 2020, ten days after the government announcement and meeting of August 4, 2020.

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[56] **Hon. Ian Campbell, As above.**

[58] **The CEO, formerly termed the Town Clerk, is not the City of Nedlands.**

1. Agenda		
Item	**Description**	**Lead**
1	**Welcome**	CAHS/PCHF
2	**Review Action Items** from last meeting (attached)	PwC
3	**City of Nedlands Meeting and MfH Media Announcement** - Feedback - CoN PCG Invitation - Site selection Briefing Note	[redacted] ALL

The outcome is redacted but would appear to show that after verbal discussion by PwC and CAHS, a site visit by CAHS (<u>suggesting CAHS had no say in the location as they had not visited it?),</u> and an invitation to join the PCG was to be extended to the City of Nedlands by 21.08.20. See below. However, the City had already been lambasted by the Premier and media by that time.

CAHS to prepare a letter [redacted] requesting site access and an invitation to join the PCG.	[redacted]	21.08.20
[redacted] to confirm correct channels of communication for the letter. [redacted] [redacted].	[redacted]	18.08.20

Pre- Lodgement Engagement F[59]

In April 2020, The Foundation (Ian Campbell, Chairman and Carrick Robinson CEO) met with the President of the Friends of Allen Park, Lesley Shaw and introduced the project.

The PCHF Chairman was made aware that there was <u>no such entity or person</u> as the President of the Friends of Allen Park. He presumably chose to ignore what he had been told as it did not fit his version of the facts. PCHF Chairman Hon Ian Campbell accused me of providing misinformation.

If I am misinformed it is due to the absence of reliable and undistorted information available.

I am happy to correct any proven, documented errors of fact.

The Friends of Allen Park is an informal group that is not constituted as an organisation. Inconvenient for would-be developers but a fact.

Lesley Shaw was at the time President of the Friends of Allen Park Bushland Group – FOABG, one of many stakeholders with connections to Allen Park including sporting

[59] **Development Application (DA). The term "engagement" is being used here to avoid the fact that CONSULTATION has not taken place. Is engagement also simply telling the community what will be done?**

and cultural groups with a strong record of support for the Allen Park Master Plan established in 2017.
It beggars belief that any person, let alone the Chairman of PCHF, would consider a meeting with only one Allen Park stakeholder was adequate community consultation.

I understand Nedlands CEO Mark Goodlet advised some residents that a hospice site was being sought and that a number of locations were under consideration. No genuine consultation took place between PCHF or CAHS, residents and stakeholders in Allen Park prior to the government announcement to Nedlands Council on August 4, 2020. At that meeting councillors and the Mayor were TOLD of the decision - not consulted.

The "illusory truth effect" describes how, when we are repeatedly exposed to misinformation, we are more likely to believe that it's true. It must appear that the Board of Perth Children's Hospital Foundation (PCHF) believes the public will be persuaded that destroying a key part of Allen Park, was a simple case of the end justifying the means.

Ignoring the facts stated plainly in the prominent Post advertisement the PCHF Chairman wants the public to believe they don't have their sights set on acquiring more parkland for an enlarged Hospital (children's hospice).

Land on Odern Crescent according to a Post advert costs $15,000 per sqm. Having succeeded in gaining free of charge the use of $135M worth of publicly owned land on which to build a Hospital (children's hospice) modelled on Bear Cottage in Sydney, the scenario for expansion explains the requirement for another plot of land. A hospice for adolescents has now been built at Manly only 500m from Bear Cottage. According to the ACNC, PCHF states they offer services to children and youths to 25 yrs. Another hospice needed soon?

A Class public reserves deserve ROBUST protection from developers and governments seeking popularity. Having lost community trust from the outset in 2020 why should the Government and PCHF Board be trusted in 2026 onwards?

The City supports the Hospice project

The basis for this assumption in the Development Application was not stated. However, the PCHF-friendly media was quick to suggest there was total opposition from Council, and the Premier launched his outrageous verbal tirade against the Council and Residents under parliamentary privilege on September 8, 2020.
The several references provided to me on January 16, 2023, based on Council minutes, do not appear to support this statement. Rather Council appears "resigned' to the inevitable dictatorial thrust of government, PCHF and media stories.
Faced with the "bulldozing" approach from government and PCHF, Nedlands Council recognised that its hands were tied. Nedlands Council and the

community had little opportunity to exert any influence at all once the site had been excised and removed from its management control.

Any delay or failure to deliver was in the hands of PCHF and CAHS. Sound planning procedure demands genuine community consultation which was totally absent.
A similar concern over consultation processes that were so stage-managed as to be unacceptable have been experienced at various developments in Perth.

PCHF Community Information Day

The carefully crafted self-serving account in the Development Application was consistent with the dismissive promotional tactics used by the proponents. The session was poorly advertised and held for only two hours on a Sunday morning during the school holiday period.

Local residents produced and circulated their own letterbox circulars to try to boost attendance. Information provided by the proponents included artistic architectural renders and copies of material already seen on the PCHF website but little more detail.

The PCHF Chairman later stated in a separate letter that…

> ***"The session had 7 people in attendance from Perth Children's Hospital Foundation, CAHS and Hassell Studio – all intimately involved in the project and personally available to answer questions and update people on progress.***
>
> ***My CEO, Carrick Robinson, and Dr Aresh Anwar, the Chief Executive of CAHS were both in attendance and actively answering questions and, in some cases, facing a barrage of belligerence and rudeness. Current and available architectural concept renders were on display and FAQ sheets available.***
>
> ***Fifty people attended the session who had either seen the advertisement in the City of Nedlands information notice in the Post Newspaper or had received a letterbox invitation distributed to over 1000 houses in the Swanbourne area closest to Allen Park. This clearly***

exposes the misinformation being propagated by Mr Hills and opponents of the Children's Hospice" [60]**.**

The PCHF BOARD MEMBERS DID NOT THINK IT NECESSARY TO MAKE AN APPEARANCE, SO CERTAIN WERE THEY OF THEIR RIGHTS TO PROCEED WITHOUT QUESTIONING!



Hardly a crowd of FIFTY? I did not see any alleged belligerent or rude behaviour, but if it was observed as stated by The PCHF Chairman, then it is inconsistent with his claim that questions about the site selection process were raised and addressed, and that the "high calibre of the presenters was strongly endorsed".

To my knowledge no local residents received any circulars from PCHF in letter boxes. <u>Only local residents</u> did a complete letterbox drop in bad weather in the days preceding the event. These attempts to construct the appearance of any meaningful consultation with the community were risible. The PCHF Chairman had set his sights on this location only and would brook no advice or objections

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[60] **Repeated assertions that critics are "opponents of the hospice" has been a convenient untruth. Residents have been critics of the process of site selection and inflamed by the abuse heaped up on them by the PCHF and their compliant media, the Premier, and politicians keen to identify with such a worthy cause and reluctant to admit to any flaws in the process.**

from anyone. Only 50 claimed attendees does not impress as an adequate consultation or information session for such an important matter.

Other key aspects…Quietness

Quietness is mentioned yet it is noted that the applicants' noise assessment did not include an opportunity to register readings when noise can be expected. As a result, no special requirements were apparently deemed necessary for noise abatement.

This resulted in serious concerns being expressed by CAHS as was discovered under FOI. The opinion of residents who are aware of the variety of noise issues was ignored.

Ignoring significant noise concerns when planning developments, or new facilities such as rail links (Daglish) and Burswood, is unacceptable practice. It creates community dissatisfaction with the planning process.

Defence views are not mentioned but they would no doubt be concerned if the question was ignored, and they were later placed under pressure to curtail their defence training activities.
CAHS has serious concerns about noise revealed through FOI.

The selection criteria described the site at one stage as being *"SERENE"*.

> ***"With respect, CAHS does not agree with the summary statement on page 1 that "Noise level measurements undertaken at the site indicate typical ambient noise levels are acceptable for such a facility.***
> ***There would be no specific or atypical building envelope sound insulation requirements required to attenuate ambient noise to achieve appropriate noise levels within noise sensitive spaces."***
>
> "*We have got back to that one person and had a discussion with CAHS …and they are happy as Larry with it."*

Hon Ian Campbell. P+OST October 8, 2022).

Only <u>one person</u>? And that <u>one person</u> was quickly silenced?

DA claim; Low- traffic environment, particularly outside of weekends.

This statement ignored well known significant parking demands on weekends; special fixture occasions and Bridge Club sessions held mostly on weekdays.29F[61]



It should be obvious that traffic conflict <u>due to the hospice</u> itself was not the real concern of the local residents, but well-known conflicts with <u>existing users impacting on the operations of the hospice</u>.

- [61] Traffic management – how has this been effectively considered and managed?
  The project architects have conducted traffic management studies and our team includes a traffic management consultant. The traffic <u>generated by this small facility</u> is extremely low. Hon Ian Campbell.

Political response of choosing to answer a different question to that asked. Ignoring the subject has now come home to roost. belatedly inspiring consternation from the Bridge Club and other Allen Park users.

Construction of the Hospice will not necessitate the clearance of any native vegetation…

This was difficult to imagine as the access needed to be cleared, and the matter of a secondary Western fire escape access route had not been addressed. Inevitably when Council was required to create an additional firebreak area around the hospice site more vegetation was destroyed in the process.



Is this how to "not disturb a single tree" Hon. Ian Campbell? Nedlands Council was obliged to provide a "firebreak" and complied as required by the developers.



The Hospice will be barely visible from the nearest private dwellings in Cottesloe. (?)

This was a curious claim as the nearest private dwellings are in Odern Crescent, City of Nedlands not Cottesloe.

Either the proponents had only a vague knowledge of the area or were misrepresenting the facts to those unfamiliar with the location.



A distorted Google Earth image overlaid with a low-profile white building was presented to a SAWG meeting, indicating the lengths proponents were prepared to go in presenting their version of significant aspects of the proposal. Note the apparently curved trees leaning North on the left

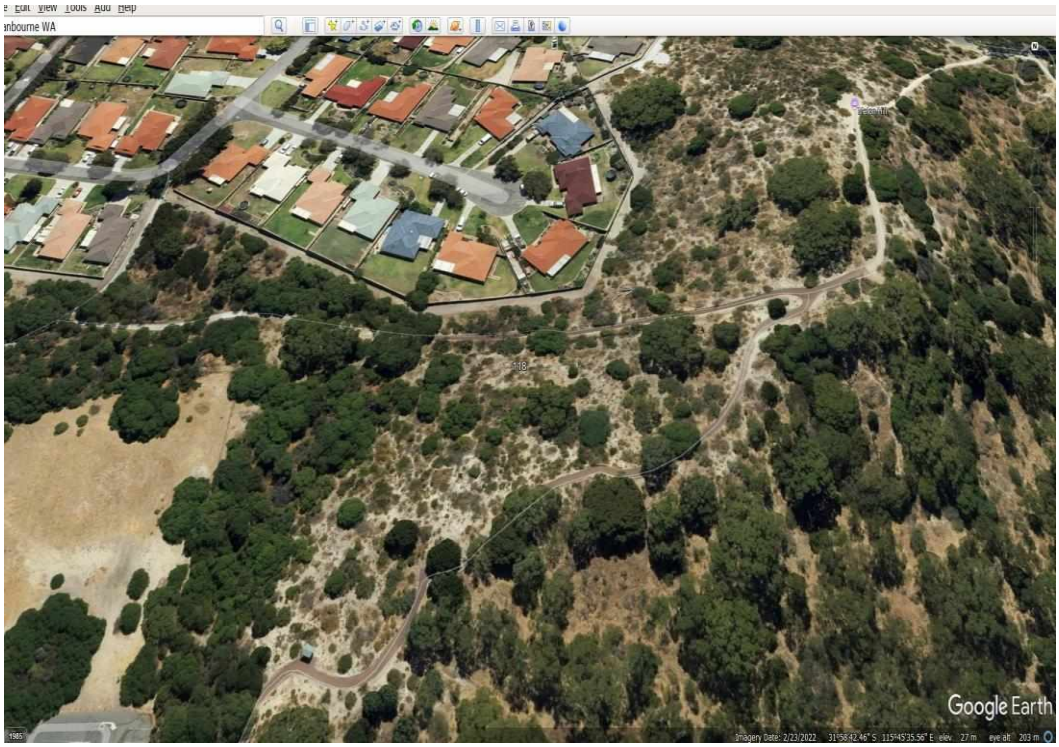
AS EVIDENCE OF VISUAL DISTORTION.

DA Comment: The Hospice project presents an opportunity to formalise and improve the web of unmade tracks etc…

The PCHF Chairman publicly criticised Nedlands Council for indicating its intention to proceed with the Whadjuk trail, a plan already accepted by the community. Following consultation with all affected parties including indigenous interests, this has been partially completed. It is not the role of PCHF as a charitable body to ATTACK plans previously agreed with council and community support.

Pejorative description of the work undertaken over some years as a "web of unmade tracks" illustrates the negative perceptions asserted by the hospice proponents to bolster their case.

The next photo illustrates some of the "tracks" bearing in mind that much of the area shown is preserved bushland and therefore not expected to be riddled with concrete paving.



Unlike PCHF the Allen Park community has not milked the human desire to help sick children to get things done, but relies on Local Government and community goodwill and dedication from volunteers. Having stated the requirements of Part 17 of the Planning and Development Act the DA report purported to claim that these have been addressed.

> ***… the extensive pre-lodgement work that was undertaken to secure the Hospice site.***

No Community, Council and stakeholder consultations <u>were conducted transparently</u> nor with due regard to open-minded community contribution. Nedlands Council and their Site Assessment Working Group (SAWG) were sidelined and ignored. Few SAWG meetings were held, and only limited information was provided.[62]

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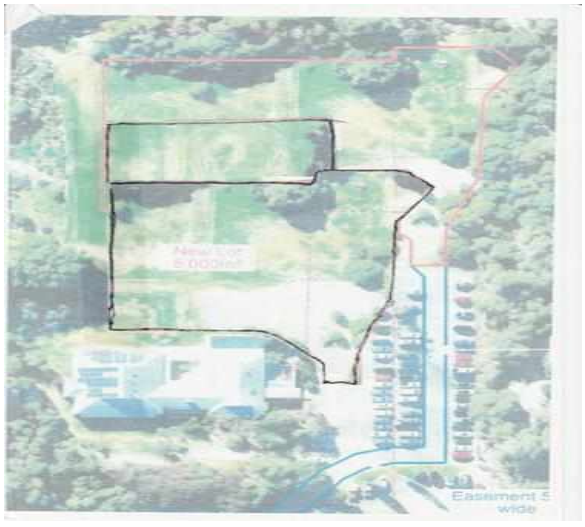
[62] **I volunteered expecting monthly meetings and full cooperation from PCHF. This did not materialise. No opportunities to constructively debate, negotiate or contribute were presented. A staff member from PwC attended SAWG meetings but made no significant contribution. What role did that serve? Feedback to PCHF?**

Nedlands Council Site Assessment Working Group

When first alerted to the proposal to CONSTRUCT a Children's hospice in Allen Park my understanding of what to expect was mixed. From the start I thought the use of Class A Reserve parkland for the purpose was regrettable. I was determined to establish how and why the site had been chosen. If the decision was to use Allen Park was final I was anxious to ensure the least possible adverse effects on the parkland.

I made cut paper outs of 5,000 sqm and superimposed them on several locations within Allen Park and near the site chosen, to explore all options to ensure the site was chosen with the least adverse effects on the totality of Allen Park.





Using Google Earth I superimposed the proposed hospice area on an image of Allen park to test various possibilities. I was determined to be as helpful as I could. Subsequent experience showed me there was no intention to allow any contribution from the community at all.

This alienated me and many in the community who were judgementally and offensively abused if critical of any aspect of the proposed hospice.

This led me to question the project and alerted me to the risk that it would not benefit a significant number of children for the amount of funds spent, and the permanent loss of much appreciated and scarce parkland.

Examination confirmed my opinion it was the wrong model of palliative care for WA children. Media abuse was heaped upon anyone raising differing opinions and labelled "vile, nimbyism, and lacking compassion" just for having an opinion!

As I had experience in working with an architectural firm designing the replacement of Swanbourne Hospital, I felt I could contribute my experience to ensure the best outcomes for everyone. The addition of a multi-sensory play area was mentioned, and I had experience of having introduced the same (Snoezelen) to aged care at Selby-Lemnos Hospital. I also visited multisensory facilities in the Netherlands and England. We set up a multisensory room for a fraction of the $150,000 donated to the Swanbourne hospice. Staff and encouragement from management were the key resources.

As a former City of Nedlands Councillor I welcomed the opportunity to participate in a community project and felt confident in following Council procedures. With a long background knowledge of Allen Park, Swanbourne and community interests I felt I could contribute.
As I thought it likely that others on the SAWG might appreciate information I submitted the first version of this document which ran to about 80 pages. I included details of the other children's hospices in other Australian states to assist appreciation of what was being envisaged at the time.

Although Nedlands Council appointed a member to the PCHF Project Planning Group, (PPG) that member was vetoed from communicating with SAWG.

SAWG meetings proceeded despite the absence of reliable documented information as Council tried to comprehend the planning process unfolding. An individual from Price-Waterhouse-Coopers was introduced to the committee, sat with Council Administration, conveyed no useful information whatever, but no doubt reported back on our discussions.

It soon became clear that Nedlands Council was being intentionally deprived of informed opinions.

Several members felt there was no point in continuing and SAWG fell by the wayside, **A victim of PLANNED AND DELIBERATE exclusion by PCHF.**

Nedlands Council of Allen Park was ruled out of the right to have oversight of development in a Park for which it was legally responsible at that time.

Planning Policy for Bushfire Prone Areas

There was one privately commissioned bushfire report sighted only after FOI application, which left open too many questions, and these have been raised by those concerned about the unsuitable choice of site.

The report obtained for the purposes of the DA was not made available to the public until the DA hearing.

The DEFAS opinion obtained under FOI has a very different opinion which was omitted from the Planning Application.

An FOI response from the State Fire and Emergency Services Authority stated, Recommendation –

> ***not supported modifications required. It is critical the bushfire management measures within the BMP are refined, to ensure they are accurate and can be implemented to reduce the vulnerability of the development to bushfire…***
>
> ***The proposed development is not supported for the following reasons:***
> ***The development design has not demonstrated compliance to:***
>
> ***Element 1: Location,***
>
> ***Element 2: Siting and Design, and***
>
> ***Element 3: Vehicular Access.***

NOISE

I attended a Defence Department public information session on the Campbell Barracks plans for new buildings. I was concerned about excessive noise which I assumed was coming from a small- arms range that was once near the entrance. I was told the noise probably came from the armourer's depot where date **expired ammunition was being fired**. The sound is loud and erratic which is more irritating than a regular sound. New building developments on Army land have changed conditions from when only the rifle range was an issue.

The SAS moved to Campbell Barracks in 1957 and tens of $M have been spent since. Some early morning noise now arises due to barking from the dog quarantine facility at the base.

As for residents not complaining, one can imagine the reception any complaints would have received. One would be told to expect such noise living next to a long-standing firing range. Until relatively recently this was not an active SAS base.

The role of the base has been changed and may well change again.

In previous reports the Defence Department indicated it was anxious that civilian encroachment did not jeopardise their training requirements. This surely must still apply.

Economic aspects:

Raising funds through charitable organisations for services that are arguably the responsibility of Government, appears very welcome in political quarters as the following "work around" supports.

[Redacted] … confirmed Lottery west's commitment of $4M to the project.

Lottery west cannot give money to a government owned facility.

An alternate ownership structure is being considered to satisfy Lotterywest's requirements e.g. Triple Net Lease approach (or other). [63]



Lottery West Exclusions

- **Projects or initiatives that could/should be funded through contractual or individualised Government funding arrangements**[64]

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[63] **Children's Hospice Project Control Group Meeting No. 6. (FOI result).**

[64] **Emphasis added.**

Enquiries revealed that no government oversight body or Minister has accepted responsibility for the procurement procedures of the Hospice.

It appears entirely beyond independent scrutiny from the WA Auditor General or Department of Finance. The Hospital (children's hospice) development funds raised is understood to be $37M+.

An economic assessment (value for money) has not been made out to justify a single stand-alone Hospital (children's hospice) building of seven beds, allegedly to service the whole state[65].

The value/cost of the land has never been published but must represent $Ms based on Swanbourne residential land prices alone.

It was a priceless community asset, not a land bank for built developments .

While it may superficially appear uncaring to question costs when the care of sick children is concerned, the position remains that ethically, any waste or misdirection of scarce resources denies care to many more children in serious need. Breaching that ethical position offends DISTRIBUTIVE JUSTICE.[66] However to some individuals the opportunity to jump on a bandwagon slagging off at "NIMBY" dissidents appeals greatly if given the opportunity.[67]

The moral issues here are not simply a question of whether provision of palliative care is needed, but whether this plan is the best way to achieve the desired outcome.

On that there must be room for debate and discussion without risk of being called "naysayers" or "lacking compassion". The implication that a very small group of critics of the site choice caused any roadblocks is false and uninformed. On the whole community voices were intentionally ignored as the Hon Ian Campbell AM stated, describing them as a "tiny minority". So be it.

Time and proof of the pudding will tell.

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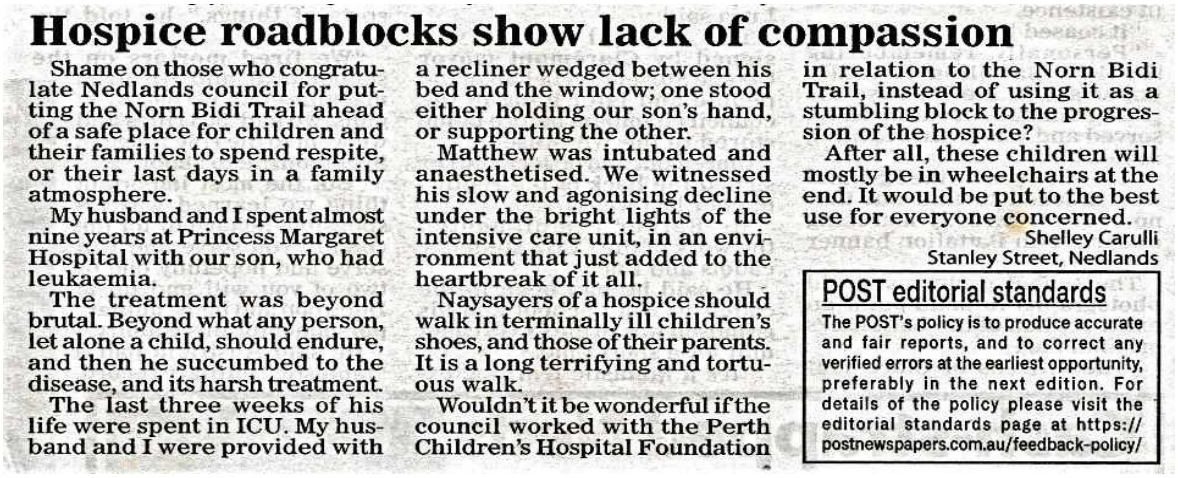
[65] **No WA adult hospices are now "stand alone" facilities independent of hospital services. The only adult hospice at Shenton Park was closed and is now office accommodation for staff. Why is the PCHF Hospice any different?**

[66] **Distributive justice in healthcare ensures fair, equitable, and efficient distribution of finite medical resources (e.g., organs, ICU beds, vaccines) among patients based on need, rather than social status or wealth. It requires treating similar cases, similarly, aiming for equal access to healthcare benefits and costs across society. Key principles include maximizing benefits and ensuring equality of access.**

[67] **POST, More people want saunas, May 16, 2026, p 18.**

Letters such as the one below illustrate that the POST has been open to both sides of the debate, a position that appears to be anathema for some in government, prominent media people, and others in WA. The judgemental stand taken by the author is unfair and untenable. It related to standards at the now long replaced Princess Margaret Hospital. The author could have no knowledge of the "shoes that other people walk in". Care at the new $1.2B Perth Children's Hospital ought to be of a different standard altogether.

One trusts that it is so.



Hospice roadblocks show lack of compassion

Shame on those who congratulate Nedlands council for putting the Norn Bidi Trail ahead of a safe place for children and their families to spend respite, or their last days in a family atmosphere.

My husband and I spent almost nine years at Princess Margaret Hospital with our son, who had leukaemia.

The treatment was beyond brutal. Beyond what any person, let alone a child, should endure, and then he succumbed to the disease, and its harsh treatment.

The last three weeks of his life were spent in ICU. My husband and I were provided with a recliner wedged between his bed and the window; one stood either holding our son's hand, or supporting the other.

Matthew was intubated and anaesthetised. We witnessed his slow and agonising decline under the bright lights of the intensive care unit, in an environment that just added to the heartbreak of it all.

Naysayers of a hospice should walk in terminally ill children's shoes, and those of their parents. It is a long terrifying and tortuous walk.

Wouldn't it be wonderful if the council worked with the Perth Children's Hospital Foundation in relation to the Norn Bidi Trail, instead of using it as a stumbling block to the progression of the hospice?

After all, these children will mostly be in wheelchairs at the end. It would be put to the best use for everyone concerned.

Shelley Carulli
Stanley Street, Nedlands

POST editorial standards

The POST's policy is to produce accurate and fair reports, and to correct any verified errors at the earliest opportunity, preferably in the next edition. For details of the policy please visit the editorial standards page at https://postnewspapers.com.au/feedback-policy/

The promised outcome stated in the PCHF advertisement below is a cruel misrepresentation of what this Hospital (children's hospice) will be able to achieve, with only seven beds in one location far removed from hospital services, and with inconvenient transport access for parents and volunteers.



Perth Children's Hospital Foundation
3 d ·

Double your donation this Christmas for the new Children's Hospice.

Thanks to the amazing generosity of The Minderoo Foundation, every dollar will be matched.

Donate today to support the 2000 WA children living with a life-limiting illness. When the time comes, these children will receive end-of-life care in a special homelike environment, and families will be together at an incredibly difficult time.

Please help these children and their families today. Donate now at pchf.org.au/christmas

The expression "***When the time comes, these children will receive end of life care in a special homelike environment...***", suggests the seven bed facility is primarily for **end-of-life care for 2,000 children and families. A false PROMISE?**

Terminal illness care was discounted by the specialist clinician responsible for paediatric palliative care, who told community members that very few children are expected to die at the Hospital (children's hospice).[68]

Highly emotive media manipulation of serious illness has been engaged knowingly crafted to raise funds in connection with health care, that should be the responsibility of governments and funded properly according to need and established demographic criteria.

The PCH Paediatric Palliative Care Services are understood to manage some 200 patients at present although accurate figures are apparently not available as no research in WA has been done.[69] Reports from the proponents claim there are 2,000 children in WA affected with life-limiting conditions. It is likely considerably more in which case this hospice project is a fantasy and a cruel sham.

At a very early stage in planning, it there were concerns from CAHS that the project was coming under pressure that could risk the outcome.

> **Children's Hospice Project Control Group (PCG) Meeting No. 6.**
> ***[Redacted] noted there has been a lot of downward pressure on CAHS to rationalise staff, parking etc and the risk is the outcome does not optimise the site, is not best practice or does not meet the functional needs. There was general acknowledgement and support of this statement.***

Apparently others have their reservations but do not speak up or are shut up. One can only read between the lines that influential attempts were being made to limit staff numbers, which could jeopardise the safe and effective clinical operations proposed by CAHS.

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68 **My request for this data at a SAWG meeting was never met.**

69 At the time of publication, no studies have been undertaken in WA on the prevalence of children living with life-limiting conditions. WA Paediatric Strategy for End-of-Life and Palliative Care 2021-2028.

As PCHF have claimed they were the major initiators for the hospice project, one must question what clinical and demographic data-based contributions have been made and by whom.

Importantly which clinical streams have been represented in any negotiations, apart from the Paediatric Palliative Care Service.

The precise role this Hospital (Children's Hospice) will perform is curiously uncertain, years after initiation of the project by the PCHF Board. It seems this does not matter as it is being "done for a good cause" and a "done deal".

At the sole public information day conducted by the PCHF Board in July 2021 a local community member was told by the paediatric palliative care physician Dr Lisa Cuddeford attending, "...we don't expect anyone to die here...(at the hospice)" according to contemporaneous notes made on the day.

Dr Cuddeford provided information that patients would attend for "booked respite". How patients will be selected for respite admissions is unknown. As the government and PCHF media have stated without evidence there are 2,000 potential children affected this is a critical question.

Respite for families in need is extremely valuable and too important to be offered to only a minority of families in need.

Staff resourcing

It is understood that there is only one paediatric palliative care physician in WA.

Surely in that case the PCHF, a Health Promotion Charity, should be attending to recruitment and training of staff at all levels to effectively provide services in WA, not building a single bricks and mortar media-popular solution?

Is there a long-term strategic plan? Who is actually guiding the clinical operational planning?

A broad range of paediatric specialists in neurology, haematology, oncology, renal medicine, nursing, psychology, social work, education etc. must be already dealing with many more patients than the 200 reputed to be managed by Paediatric Palliative Care Services. Their voices have not been heard.

What would they do with $37M+ in additional funding?

Controversies aroused regarding the unexpected decision to build the replacement for KEMH at the Fiona Stanley site, a sports complex at Burswood, and a ferry jetty at Matilda Bay, echoes experience of the hospice decision-making and is significant in the same degree of arrogance shown.

While much of the hospice funding obtained has been through tax-effective donations, this means that government foregoes the income tax payable, and funds are open to be expended unwisely once outside the financial controls of government and Treasury. PCHF is officially registered as a "Health Promotion Charity" which achieves the maximum tax deduction benefits.[70] What building a Hospital (children's hospice) has to do with health promotion has not been explained, although the need for best practice care and health promotion is perfectly valid.

What will be the role of private patient care at this facility?
This subject was mentioned briefly in correspondence between CAHS and the Brisbane Children's Hospice, obtained under FOI.
The Perth Children's Hospital Business Model mentions anticipated higher income from private patients. Will this also apply at the hospice?

> The cost structure and business model at Perth Children's Hospital are significantly different to that at Princess Margaret Hospital. Many clinical areas have been expanded at the new facility, including an increase in the neonatal and oncology capacity, an expanded Surgical Day Stay Unit and the introduction of a High Dependency Unit alongside the Intensive Care Unit.[21] Perth Children's Hospital will have 298 beds, 48 more than Princess Margaret Hospital.[22] In addition, the footprint at Perth Children's Hospital is significantly larger and revenue is anticipated to increase due to higher private patient elections and higher rates for single room accommodation.[23]

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[70] **Gary Johns, The Charity Ball, Connorcourt, p51. (Commissioner of the Charities and Not-for-profits Commission in 2017).**

Respite is without doubt necessary and valuable but will be extremely limited with only seven beds.

How will RESPITE places be allocated and for what duration of time?

2,000 WA children were estimated in PCHF information to have life shortening illnesses but there is no reported WA research data available.
Data from the UK suggests even 2,000 is a gross underestimate of the potential need.

Seven beds could offer at a maximum only 286 children a one week stay once a year, if all beds were fully occupied seven days a week.

However some may require longer and some less and hospital beds are not usually 100% occupied. Most parents are understood to prefer that a child dies at home in familiar and supportive surroundings. In home respite and other forms of respite need to be assuredly available.

Quality paediatric palliative care is essential, but a flawed model that does not tackle the practical needs, wishes and preferences of parents and clinicians should not be blindly driven by political and populist media priorities.

Ethics:

The medical ethics of health care requires evidence-based planning considerations that should have been completed from the outset. To date there has been no mention of the social/medical ethics of providing one stand-alone hospital (children's hospice) at huge cost for seven beds and prestigious staff offices.

Apart from the ethical questions, the creation of a built façade of care for a very few resembles the political equivalent of a "Potemkin Village", an impressive diversion to conceal a failure to meet the substantial and Statewide need.

A Potemkin village is an impressive facade, physical or figurative, designed to hide an undesirable reality and deceive others into believing a situation is better than it is.

Originating from a legend about Russian minister Grigory Potemkin, who allegedly built fake, prosperous villages to impress Empress Catherine the Great in 1787, the term now describes any false, deceptive display.

Information regarding Bear Cottage is of interest.

Approximately 60 staff including the nursing staff, child life therapist, art therapist, music therapist, weekday and weekend chefs, maintenance manager, housekeepers, administration assistant, volunteer manager, fundraising and community relations manager. Bear Cottage also has a Paediatric Palliative Care Staff specialist who works two days a week, four GPs who service Bear Cottage on a roster basis and a full-time social worker. In addition, Bear Cottage has more than 120 volunteers who perform various tasks from working with the play therapy team, housekeeping duties, dog walking, driving, kitchen duties etc.

Families needing respite will often stay at Bear Cottage for between seven to ten days and are able to receive four weeks booked respite per year dependant on availability.

There is no limit put on the length of stay for end-of-life care.[71]

WA should not blindly follow models of health care from other jurisdictions. Local experience, resources, and demography must be considered.

There is only one medically qualified child palliative care specialist in WA with UK experience. The UK hospice model may not transfer readily to Western Australia.

Many other clinicians, doctors and parents in WA are involved in Child Health Services but are constrained in speaking up.

There appears an inexplicable hiatus in official WA government oversight of the transparency, and appropriateness of the obscure procurement/ownership/lease processes regarding this venture.

Limited information has had to be extracted painstakingly from the proponents with perseverance through paid FOI applications.

The members of the Stakeholder Reference Group (SRG) have not been individually named. By intention <u>only two Swanbourne residents</u> could be included in this group. Neither have been named in any documents sighted to date.

Members of the Nedlands Council Site Assessment Working Group (SAWG) were all publicly named. The PCHF chairman's attitude to consultation was demonstrated at the outset.

September 12, 2020. The PCHF Chairman Hon Ian Campbell AM, stated his opinion that Nedlands Council's expedited consultation with nearby residents,

"...would be a waste of money because his foundation was already running a public consultation that would inform the design."

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[71] **Bear Cottage media Kit.**

The following is his response received to a community question.

Q What was the excision process? How did it happen with zero consultation?[72]

A. The repeated false and misleading assertion that there was "zero consultation" is entirely at odds with the facts. Those who repeat this assertion are either <u>wilfully ignorant or liars.</u> **Hon Ian Campbell AM**[73]

"Meaning of Consultation"

To elaborate further on the ordinary meaning and import of a requirement to "consult" may be to create an impression that it admits of difficulties of interpretation and understanding. It does not. Everything that it carries with it might be summed up in this way.
There is a difference between saying to someone who may be affected by a proposed decision or course of action, even, perhaps, with detailed elaboration, "this is what is going to be done" and saying to that person "I'm thinking of doing this; what have you got to say about that?".

Only in the latter case is there "consultation". …[74]

In view of the relative scarcity of Australian documents the Gunning Principles set down in the UK are informative. … a consultation is only legitimate when these four principles are met:

- ***proposals are still at a formative stage.***
- ***There is sufficient information to give 'intelligent consideration'.***
- ***There is adequate time for consideration and response.***
- ***'conscientious consideration' must be given to the consultation responses before a decision is made.***[75]

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[72] **Question from community member.**

[73] **Question and answer letter resulting from community-led meeting of July 2021. (Rugby Club). (emphasis added.)**

[74] **Murphy J, and CFMEU v BHP Coat Pty Ltd (2016) FCA 1009 (26 August 2016) Logan J.**

[75] **Local Government Association (UK) New Conversations 2.0 LGA Guide to engagement. ONLINE.**

Many local residents in in public service, businesses, or otherwise dependent on maintaining good relationships with government enterprises, were reluctant to express opinions throughout this saga to avoid being targeted.

"Numerous sites were considered".

> ***The PCHF proposal for a new Children's Hospice does not impinge on any natural environment. It will be built on the site of the demolished bowling club and not have any impact on remnant native vegetation. We considered all sites from Leighton to Swanbourne, preferring to be in proximity to the sea and access to the Perth Children's Hospital. Other sites considered were Lady Lawley Cottage, the McCall Centre, the old WA Deaf School, Tawarri Lodge, the Sunset site in Dalkeith, and some others.***
>
> ***Hon Ian Campbell AM.***[76]

An FOI application I submitted and responded to by CAHS <u>did not list</u> <u>Lady Lawley Cottage</u> as having been considered.

Only a narrow band of sites that were thought to mimic Bear Cottage in Sydney appear to have been seriously examined.

No action has been taken on the McCall Centre, still of interest to Mosman Park Council.

The Deaf School has finally been sold to an aged care development.

An arrangement with the purchaser could have achieved a similar supporting facility to that in Brisbane where the hospice is adjacent to, and has links with, an aged care charitable provider.

SUNSET: No progress was made in re-purposing this site. It is only now (2026) open for expressions of interest tenders.

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[76] Question and answer resulting from community-led meeting of July 2021. (Rugby Club).



Better place for the children's hospice? *... The largely derelict former Sunset Hospital site above the Swan River in Dalkeith.*

Sunset deserves a closer look

I have no skin in the game regarding the location of the Perth Children's Hospice; I merely wonder why the many apparent advantages of the old Sunset Hospital site seem to have been overlooked.

1. It is a large site that could accommodate many more than seven terminally ill children and their families.

2. It is close to the river and a lovely sensory playground.

3. It is on a public transport route.

4. It has multiple access roads in the event of a bushfire.

5. It is not near a firing range or rugby club.

6. It is currently an eyesore and crying out to be put to some useful purpose.

Why not site the hospice there?

Anne Martis
Minora Road, Dalkeith



Page 2 – POST, May 18, 2024

POST LETTERS

Please email your lett
All letters must includ

How was Sunset overlooked as children's hospice site?

Hats off to Anne Martis (*Sunset deserves a closer look*, Letters May 11). She appears to have done more research to find a suitable location for a children's hospice than our government did.

Or was it actually the government that selected the site?

Perth Children's Hospital Foundation chairman Ian Campbell is on record as saying he rode his bike from Fremantle to Swanbourne until he reached the A-Class reserve in Allen Park and decided it was the best spot for the hospice.

According to both WA's auditor general and director general of finance, the building is being procured by a private entity.

Our government, therefore, has no oversight of the pr ocurement of this $35million hospital for seven children (at extreme risk of bushfire but with only one access road) in the middle of Allen Park.

Curiously, the privately procured building has already been granted federal and state government funding amounting to more than $11.5million.

Once it is built, the health department will have to foot the ongoing costs of staffing and running the facility. Child and adolescent health services estimate 2000 children will be competing for the seven beds!

Who has been calling the tune on the Sunset site and preventing it from being considered for the hospice?

Denise Murray
Sayer Street, Swanbourne

See letter, page 12

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Land tenure Acquisition

Several requests I made to the Mayor City of Nedlands, have failed to produce documentary evidence that the City, – i.e. Nedlands City Council not just the CEO, was consulted as required under the *Western Australian Land Authority Act 1992,* prior to the Government meeting with Council on Tuesday August 4, 2020.51F[77]

CLAIM: *"In April 2020, The Foundation (Ian Campbell, Chairman and Carrick Robinson CEO) met with the President of the Friends of Allen Park, Lesley Shaw and introduced the project."*

In April 2020 PCHF already had a "Report for Detailed Business Case Project No. P20043" based on Allen Park site and dated February 2020.

The PCHF Chairman was made aware that there is no such entity or person as the President of the Friends of Allen Park.

He presumably ignores what he has been told if it does not fit his version of the facts, yet he has accused me of providing misinformation.

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[77] **The CEO, formerly termed the Town Clerk, is not the City of Nedlands.**

If I am misinformed it is due to the vacuum of reliable information available.

I am happy to correct any proven and documented errors of fact.

The Friends of Allen Park is an informal group that is not constituted as an organisation. Inconvenient for would-be developers but a fact.

Lesley Shaw was at the time President of the Friends of Allen Park Bushland Group – FOABG, one of many stakeholders with connections to Allen Park including sporting and cultural groups with a strong record of support for the Allen Park Master Plan established in 2017.

I understand Nedlands CEO Mark Goodlet advised some residents that a hospice site was being sought and that several locations were under consideration.

No genuine consultation took place between PCHF or CAHS, residents and stakeholders in Allen Park prior to the government announcement to Nedlands Council on August 4, 2020.

At that meeting councillors and the Mayor were TOLD of the decision - not consulted.

The PCHF-friendly media was quick to suggest there was total opposition from Council, and the Premier launched his outrageous and judgemental tirade against the Council and residents under parliamentary privilege on September 8, 2020.

The several references provided to me on January 16, 2023, based on Council minutes, do not appear to me to support consultation. Council appeared "resigned' to the inevitable dictatorial thrust of government, PCHF and media stories.

Perth City Council reacted similarly to the plans for the Kid's Bridge which they saw as not delivering on promised benefits. It would not deliver children to the amenities available in Kings Park. Proven correct!

Faced with the "bulldozing" approach from government and PCHF, Nedlands Council recognised that its hands were tied. Nedlands Council and the community had little if any opportunity to exert any influence at all once the site had been excised and removed from its management control.

Any delay or failure to deliver is clearly in the hands of PCHF and CAHS.





Hospice site before work commenced.

"The Hospice project presents an opportunity to formalise and improve the web of unmade tracks"

The PCHF Chairman publicly attacked Nedlands Council for indicating its intention to proceed with the Whadjuk trail, a plan already accepted by the Council and community in 2017.

Following consultation with all affected parties this trail was partially completed but not finalised due to the activities of PCHF. It is not up to an PCHF chairman not elected by the community, to criticise plans previously agreed with council and having wide community support.

DA Governance and Planning Framework

Having stated the requirements of Part 17 of the Planning and Development Act the DA report purported to claim that these have been addressed.

CLAIM: ***… the extensive pre-lodgement work that was undertaken to secure the Hospice site.***

Community, Council and stakeholder consultations <u>were not conducted transparently</u> nor with due regard to open-minded community contribution. Nedlands Council and their Site Assessment Working Group (SAWG) were sidelined and ignored. Few SAWG meetings were held, and only limited information provided.[78]

ETHICS

The moral issues here are not simply a question of whether provision of palliative care is needed, but whether this unplanned project is the best way to achieve the desired outcome. On that there must be room for debate and discussion without risk of being abused and called "liars" or "lacking compassion".

The promised outcome is a cruel misrepresentation of what this Hospital (children's hospice) will be able to achieve, with only seven beds in one location, far removed from hospital services, and with inconvenient transport access for parents and volunteers.

As PCHF claimed they were the major initiators for the hospice project, one must question what <u>clinical</u> contributions have been made and by whom.

Importantly which clinical streams if any, have been represented in negotiations, apart from the CAHS Paediatric Palliative Care Service.

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[78] I volunteered expecting monthly meetings and full cooperation from PCHF. This did not materialise. No opportunities to constructively debate, negotiate or contribute were presented. A staff member from PwC attended SAWG meetings but made no significant contribution. What role did that serve? **Feedback to PCHF?**

The precise role this Hospital (Children's Hospice) will perform is curiously uncertain, years after initiation of the project by the PCHF Board.

At the sole public information day conducted by the PCHF Board in July 2021 a local community member was told by the paediatric palliative care physician Dr Lisa Cuddeford attending, "…we don't expect anyone to die here…". According to contemporaneous notes made on the day, Dr Cuddeford provided the information that patients would attend for "booked respite". How patients will be selected for respite admissions is still unknown. As the government and PCHF media have stated there are 2,000 potential children affected this is a critical question.

It is believed that there is only one specialist paediatric palliative care physician in WA.

Surely in that case the PCHF, a Health Promotion Charity, should be attending to recruitment and training of staff at all levels to effectively provide services in WA, not building a single bricks and mortar solution? Is there a long-term strategic plan? Who is actually guiding the clinical operational planning?

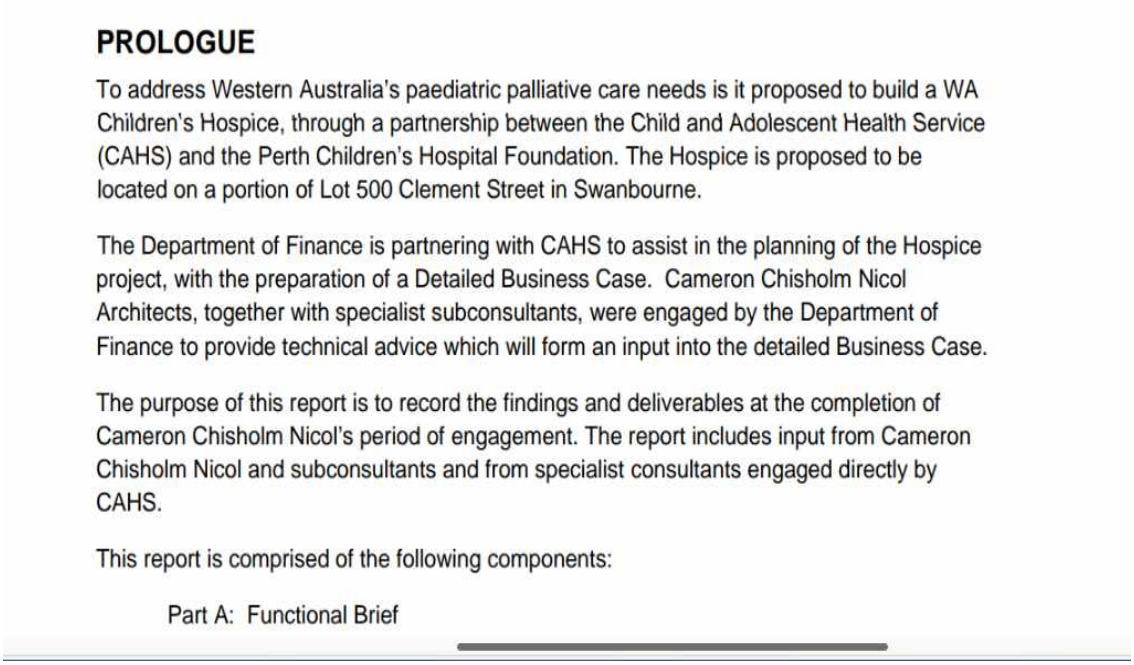
A broad range of paediatric specialists in neurology, haematology, oncology, renal medicine, nursing, psychology, social work, education etc. must be already dealing with many more patients than the 200 reputed to be managed by Paediatric Palliative Care Services.

What would they have done with $37M+ in additional funding?
Would they choose to spend it on a high profile, controversial, and questionable project, pushed by a
populist Premier.
Recent controversy regarding the unexpected decision to build the replacement for KEMH at the Fiona Stanley site, illustrates the experience regarding the hospice decision-making on a smaller scale, that is equally significant in terms of arrogance.

While much of the hospice funding obtained has been through tax-effective donations, this means that government foregoes the income tax payable, and it is open to be expended unwisely once outside the financial controls of government and Treasury.

While not strictly a statutory planning matter, the medical ethics of health care requires evidence-based planning considerations that should have been completed from the outset.

To date there has been no mention of the social-medical ethics of providing one stand-alone hospital at huge cost for seven beds and prestigious staff offices.



PROLOGUE

To address Western Australia's paediatric palliative care needs is it proposed to build a WA Children's Hospice, through a partnership between the Child and Adolescent Health Service (CAHS) and the Perth Children's Hospital Foundation. The Hospice is proposed to be located on a portion of Lot 500 Clement Street in Swanbourne.

The Department of Finance is partnering with CAHS to assist in the planning of the Hospice project, with the preparation of a Detailed Business Case. Cameron Chisholm Nicol Architects, together with specialist subconsultants, were engaged by the Department of Finance to provide technical advice which will form an input into the detailed Business Case.

The purpose of this report is to record the findings and deliverables at the completion of Cameron Chisholm Nicol's period of engagement. The report includes input from Cameron Chisholm Nicol and subconsultants and from specialist consultants engaged directly by CAHS.

This report is comprised of the following components:

Part A: Functional Brief

Despite the above confirmation that the projected hospice construction is one that involves the Department of Finance, that Department and the responsible Minister have declined to comment on the proposal.

It has been vaguely described by the Minister as a "a model <u>similar to</u> that of a public private partnership" and both the Department of Finance and the Auditor General's Department appear to have been sidelined and unwilling to comment.

This is not the "Gold standard transparency" for WA promised by the MacGowan Government.[79] Public Private Partnerships (PPP's) are in use world-wide, but a heightened case for oversight and caution has been recognised elsewhere[80]. There is a case for heightened caution and oversight, not a "hands off" approach.

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[79] **McGowan's 'gold standard transparency' promise is becoming a punchline. Gareth Parker, WA Today, June 22, 2022.**

[80] **<u>https://anzsog.edu.au/research-insights-and-resources/research/mitigating-risks-in-public-private-partnerships/</u>.**

<u>https://www.adb.org/publications/restoring-confidence-public-private-partnerships</u>.

Bear Cottage in Sydney is referenced frequently and was the subject of visits by Roger Cook as Minister for Health, the Hon Ian Campbell, Chairman of PCHF, and Carrick Robertson PCHF CEO, in 2019, and other deputations from WA.
An FOI inquiry revealed that Bear Cottage was considered,

> ***"no longer best practice (no outreach service is provided)."***

This may be leading to "behind the scenes "conflicts with CAHS clinical staff and the PCHF Board. CAHS Board Minutes, as early as December 20, 2019, indicated concerns were raised.
Hospices in other Australian States were stated to have

> ***"acknowledged their sites were too small and they need to expand"***
> ***Redacted "noted that (based on lessons learnt from other hospices), future proofing for sufficient administrative space is vitally important."***

Sydney recently opened a new hospice for <u>15 – 24 yr</u> old patients nearby Bear Cottage.
<u>A second hospice</u> is now being sought for the Western Suburbs of Sydney so clearly Bear Cottage was insufficient. This raises the question whether the model of care involved in building individual hospices is valid and a sound basis for planning in WA.
The Allen Park site has no scope for future developments unless more A Class reserve is taken which the proponents demanded and was provided by an obliging and conceding parliament, plainly afraid to appear to question a facility allegedly for an unknown number of dying children.

CAHS Strategic Plan 2018 – 2023, and The CAHS Strategy Plan for 2023-2025 do not mention a <u>hospice.</u>

The Allen Park A Class reserve site has been shown to be seriously flawed on several grounds. Concerns have been unconvincingly dismissed.
Parliament and the WA community was presented with a "feel-good" concept before fire safety considerations from DFES[81], or any other planning risks, or health care delivery alternatives were thoroughly examined. Ignoring public service qualifications and expertise in favour of "privatised consultants" has come in for serious criticism in Federal Government.

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[81] DFES employs over 1,600 operational personnel and corporate staff. DFES also has an extensive network of more than 26,000 volunteers who generously donate their time to deliver essential emergency services to the WA community. DFES collaborates with local communities and other government agencies to prevent, prepare for, respond to, and recover from natural hazards.

The Department of Planning, Lands and Heritage sought public submissions in respect of the proponent's Planning Application which closed in May 2022. Documents and planning illustrations were withdrawn after only 20 days.

The proponents made further submissions closed to public scrutiny, and these were not revealed until a WAPC hearing over a year later. The date of the hearing was "sprung" with limited warning.

WA Parents of children with life-limiting illnesses were presented with a MIRAGE. The facility is not expected to be operational until 2026-7.[82] Meanwhile Lady Lawley Cottage was reopened by Rocky Bay after only minor works and resumed some respite and therapy services.

If this PCHF/CAHS project had been properly planned and transparently promoted to the community, there is every possibility that unhelpful controversy could have been avoided.

Shifting the blame and attempting to shame critics of the PROCESS followed, has been a shrewd and cynical tactic employed by the PCHF Board to gain cheap emotive publicity, which could jeopardise the success of this enterprise and continue to deny much need assistance to children and parents. Very odd philanthropy

How a solitary, two storey and underground basement, seven bed hospital building on scarce public open space, costing $37M in one relatively difficult to access Western suburb location, will service a potential 2,000 children with life-limiting conditions in WA escapes rational explanation.

Superficial comparisons with the size and role of children's hospices in other States of Australia, does little to suggest that a suitable model of care is proposed for Western Australian demographics.

Reports indicate that these hospices are already under strain and needing to expand. Choosing a site with evident and recognised limited scope to expand, is likely to prove a fatally flawed venture.

A second hospice is believed under consideration in NSW. A hospice for adolescents has already been opened near Bear Cottage in Manly.

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[82] **The next WA State election was held on March 8, 2025. A media-friendly opening ceremony would have certainly been welcome politically and consistent with prior examples regarding timing of PCHF proposals.**

September 12, 2020. The PCHF Chairman Hon Ian Campbell, stated his opinion that Nedlands Council's expedited consultation with nearby residents, *"...would be a waste of money because his foundation was already running a public consultation that would inform the design."* [83]

Q What was the excision process? How did it happen with zero consultation[84]?

A. The repeated false and misleading assertion that there was "zero consultation" is entirely at odds with the facts. Those who repeat this assertion are either wilfully ignorant or liars. **Hon Ian Campbell AM.[85]**

Metropolitan Region Scheme (MRS).

"Being an MRS reserve the framework for the development is relatively limited, however there are nevertheless several WAPC and local policies applicable".

The requirements for even a minor amendment to the MRS cannot be dismissed as lightly as the proponents may wish.

The Department of land Planning and Heritage is required to take this step seriously, as is indicated on their website.

> ***Minor amendment***
> ***If a proposal does not, in the opinion of the WAPC, constitute a substantial alteration to the Region Planning Scheme then it is a minor amendment. The process includes the following steps:***
> ***The proposed amendment is referred to the Environmental Protection Authority (EPA) to decide whether environmental assessment is needed. Where the EPA requires an environmental review, this is carried out before the amendment is advertised.***
>
> ***The amendment is advertised for public comment and landowners whose property is directly affected by a proposed change are contacted in writing.***
>
> ***A 60 day period is provided for submissions to be made to the WAPC.***
>
> ***The WAPC then considers all submissions and recommends whether to modify the amendment or proceed with the original proposal. The WAPC presents a report and recommendation to the Minister for Planning for consideration.***

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[83] **NB. "DESIGN" only, not the selection of Allen Park or even the location of the site within Allen Park could be reconsidered.**

[84] **Question from community member.**

[85] **Question and answer letter resulting from community-led meeting of July 2021. (Rugby Club).**

If the Minister approves the amendment, it becomes a legally effective part of the Region Planning Scheme on publication of a notice in the Government Gazette.

Within three months of a Region Planning Scheme amendment, any local government must initiate an amendment to its local planning scheme.

There is no suggestion here that the process of MRS amendment can be regarded simply as a "fait accompli".

DA OVERVIEW AND BACKGROUND

Claim: "WA does not have a hospice dedicated to caring for children".
Until Lady Lawley Cottage was passively allowed to close from 2017 with no replacement, respite and care of many children with serious illnesses was conducted at the Cottesloe site and other locations including patient's homes.
The proposed hospice is only the first purpose-built facility in WA.
The function of the proposed hospital will replace and continue similar services in a new and flawed location, at greatly increased cost for a very small number of inpatients at one time (initially five, then seven).

Development Proposal claims:

This information attempted to support the reason for the State developing a hospice. Much of it was not relevant to planning and site selection. An emotionally charged case for building a hospice was an attempt to overcome fundamental failures of orderly planning and process.

> ***"The Hospice's location within a natural parkland setting on a hilltop overlooking the Swanbourne beach…"***

The "natural parkland setting" was one section of Allen Park that had been maintained and improved overall through the efforts of volunteers and staff of Nedlands Council. Not a "dust bowl" nor a "quagmire" as portrayed by some to discredit the location's value to the community.

It is a gross overstatement to describe the site as being "on a hilltop overlooking the beach".

This does not represent the true position and is mischievously misleading to many who do not know the location.

DA. The City has advised it supports the Hospice project

The basis for this assumption was not stated.

However, the PCHF-friendly media was quick to claim there was total opposition from Council, and the Premier launched his outrageous judgemental tirade against the Council and residents under parliamentary privilege on September 8, 2020.

The proponents cannot have it both ways.

The several references provided to me on January 16, 2023, based on Council minutes, do not appear to me to support this reported statement.

Rather Council appeared "resigned' to the inevitable dictatorial thrust of government, PCHF and media stories.

Faced with the "bulldozing" approach from government and PCHF, Nedlands Council Must have recognised that its hands were tied.

The City of Perth faced an identical position in regards to the so-called Kid's Bridge which they recognised as unlikely to meet the claims made for it, but acceded anyway and were proven correct in their view.

Nedlands Council and the community had no opportunity to exert any influence at all once the site had been excised and removed from its management control.

Sound planning procedure demanded genuine community consultation which was totally absent.

Council requested a land swap to "…compensate for the loss of the recreational community asset…", however this was flatly dismissed with no known discussion or consideration.

The community's willingness to negotiate and compromise was stifled from the outset.

Was this intentional to heighten a perception that "vile" Western Suburbs NIMBY people were in the way of a "hospice" for dying children, and thereby gain maximum political and public support and funds?

.



Allen Park is surrounded by housing of Nedlands residents, Defence Housing residents, the Town of Claremont and Cottesloe.

It provides open accessible space to many residents and visitors from many other suburbs.

Access to community facilities, in the form of sporting clubs, and the beach.
The relevance of access to sporting facilities in the site selection for a hospital, (children's hospice) was not explained in the Development Application.

Swanbourne beach is frequently not welcoming in summer and winter.

Access to the beach at Swanbourne could be problematic[86]

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[86] **"We are in Walba Way a few minutes from the Swanbourne Beach. When our kids were growing up we never used it because it was dangerous for able -bodied kids never mind disabled ones. There is big drop, rarely is the water calm as there is no protection, the wind can be fierce and there are snakes in the sandhills". (Local resident).**



My photo of Swanbourne Beach taken in January 2023. NH.



Swanbourne Beach afternoon. Is this how rips develop? I am no surfer, but these waves look ominous to me. Safe for disabled children?

In contrast the beach in front of Gibney St. (LLC) photographed about 30 minutes later on the same day – below, was very different-.





Google Earth image.

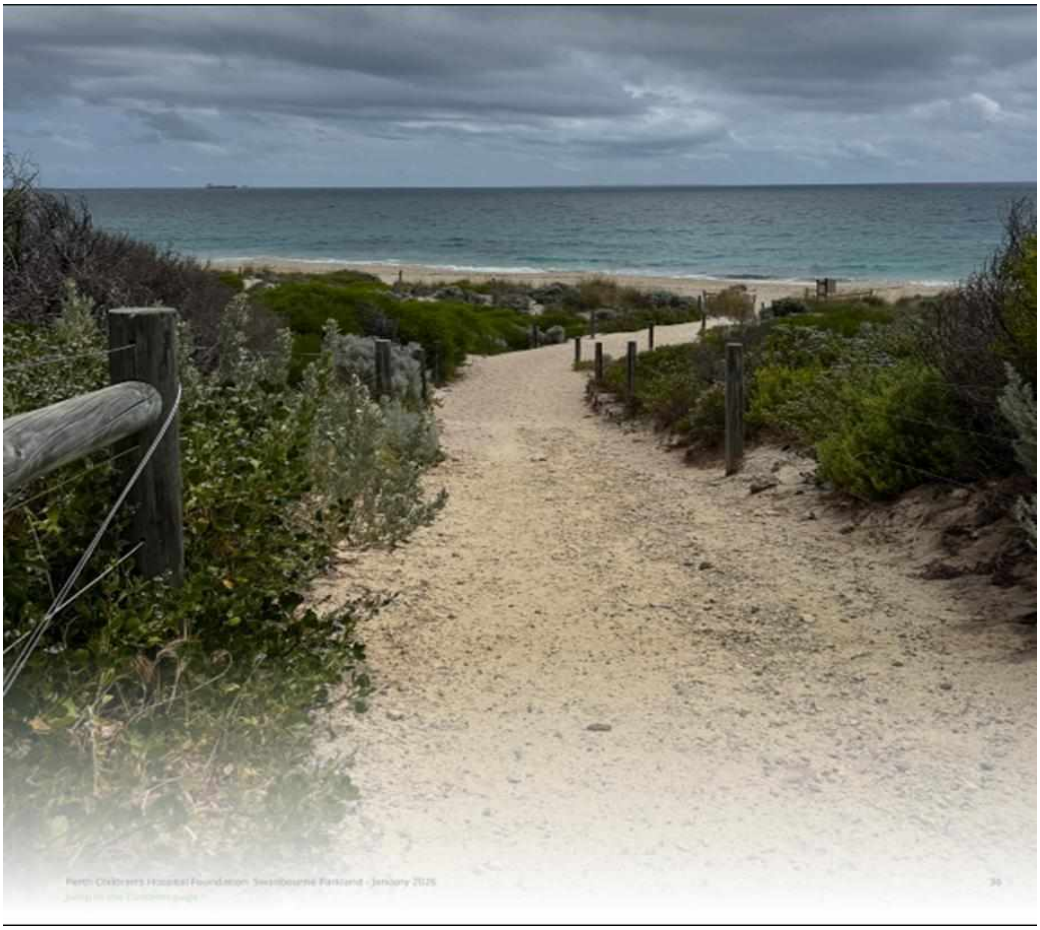


Photo above was employed in the PCHF Swanbourne Parkland Community Consultation Summary Report January 2026 that very conveniently did not include this warning sign that is placed prominently nearby.



Who is providing “misinformation”?



My photograph 2024



No wheelchair access.

2.3 Governance and Planning Framework

Having stated the requirements of Part 17 of the Planning and Development Act the DA report purported to claim that these have been addressed.

… the extensive pre-lodgement work that was undertaken to secure the Hospice site.

Community, Council and stakeholder consultations were not conducted transparently nor with due regard to open-minded community contribution. Nedlands Council and their Site Assessment Working Group (SAWG) were sidelined and ignored. Few SAWG meetings were held, and only limited information provided.84F[87]

3.8.1 Acoustic Report.

This report contains some incorrect comments due to failure to consult with the community and stakeholders. There are several sources of noise that are not confined to the Army range. The claim that the distance from the ranges nullifies their impact is wrong.

As a former resident of the area for 50 years I am well aware of the noise issues. Several years ago, I attended a presentation by the Defence Department regarding their plans for expansion and enquired about the noise coming from what I believed was originally only a small arms range.

I was told the noise probably came from the armourer's depot site where date expired ammunition was being fired. The sound is loud and erratic which is more irritating than a regular sound. New building developments on Army land have changed conditions from when only the rifle range was an issue. The SAS moved to Campbell Barracks in 1957 and tens of $M have been spent since.

Early morning noise now arises due to barking from the dog quarantine facility at the base.

The flight path for many commercial flights crosses the Swanbourne coastal areas. Living now 2,600m from the SAS base I can plainly hear firing from Swanbourne Barracks at some times. The hospice right next door will be very likely affected during range practices and exercises.

PCHF and Government cannot say they were not warned if problems arise.

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[87] I volunteered expecting monthly meetings and full cooperation from PCHF. This did not materialise. No opportunities to constructively debate, negotiate or contribute were presented. A staff member from PwC attended SAWG meetings but made no significant contribution. What role did that serve? Feedback to PCHF?

As for local residents not complaining, one can imagine the reception any complaints would have received. One would be told to expect such noise living next to a long-standing firing range. However, until relatively recently this was not an active SAS base.

The role of the base has been changed and may well change again. In previous reports the Defence Department indicated it was anxious that civilian encroachment did not jeopardise their training requirements. This surely must still apply.

Is this "hospice" the answer to the needs of WA parents?

The practical and moral issues here are not simply a question of whether provision of palliative care is needed, but whether this plan is the best way to achieve the desired outcome.

On that there must be room for debate and discussion without risk of being abused and called "liars" or "lacking compassion". Judgemental comments suggesting that objectors should "walk in the shoes" of parents were offensive. Critics of objectors who have never met or spoken with people holding dissenting opinions should look to their own motives

The precise role this Hospital (Children's Hospice) will perform is curiously uncertain, years after initiation of the project by the PCHF Board. At the sole public information day conducted by the PCHF Board in July 2021 a local community member was told by the paediatric palliative care physician Dr Lisa Cuddeford attending, "…we don't expect anyone to die here…". According to contemporaneous notes made on the day, Dr Cuddeford provided the information that patients would attend for "booked respite".

How patients will be selected for respite admissions is still unknown. As the government and PCHF media have stated there are 2,000 potential children affected this is a critical question. This may be an underestimate in the absence of documented research data.

It is understood that there is only one specialist paediatric palliative care physician in WA. Surely in that case the PCHF, a Health Promotion Charity, should be attending to recruitment and training of staff at all levels to provide community-based services throughout WA, not building a single bricks and mortar diversion from real needs and solutions?

Is there a long-term strategic plan? Who is actually guiding the clinical operational planning? A broad range of paediatric specialists in neurology, haematology, oncology, renal medicine, nursing, psychology, social work, education etc. must be already dealing with many more patients than the 200 reputed to be managed by Paediatric Palliative Care Services.

What would they do with $32M+ in additional funding?

Would they choose to spend it on a high profile, controversial, and questionable project, pushed by property developers and a populist Premier. Recent controversy regarding the unexpected decision to build the replacement for KEMH at the Fiona Stanley site, echoes experience regarding the hospice decision-making on a smaller scale, but equally significant in terms of displayed arrogance.

While much of the hospice funding obtained has been through tax-effective donations, this means that government foregoes the due income tax payable, and it is open to be expended unwisely once outside the financial controls of government and Treasury and risks becoming "pork barrel" property for any government.

PCHF is officially registered as a "Health Promotion Charity" which achieves the maximum tax deduction benefits.[88]

What building a Hospital (children's hospice) has to do with health promotion has not been explained, although the need for best practice care and health promotion is perfectly valid.

What will be the role of private patient care at this facility? This subject was mentioned briefly in correspondence between CAHS and the Brisbane Children's Hospice, obtained under FOI. Nothing is known on this topic.

Medical Ethics:

While not strictly a statutory planning matter, the medical ethics of health care requires evidence-based planning considerations that should have been completed from the outset.

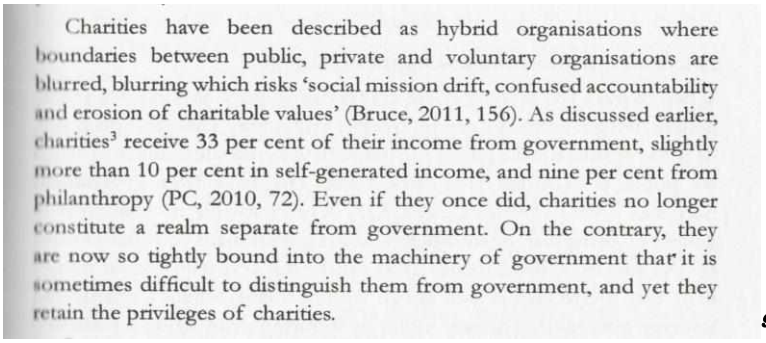
To date there has been no mention of the social-medical ethics of providing one stand-alone hospital at huge cost for seven beds and prestigious staff offices.

> ***… with a limited resource, health professionals' obligations are also to other potential clients whom they have not yet met, but who might walk through the door and need treatment in the near future.***[89]

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[88] Gary Johns, The Charity Ball, Connorcourt, p51. (Commissioner of the Charities and Not-for-profits Commission in 2017).

[89] Catherine Berglund, Ethics for Health Care, Oxford University Press, 2012, 59.



Charities have been described as hybrid organisations where boundaries between public, private and voluntary organisations are blurred, blurring which risks 'social mission drift, confused accountability and erosion of charitable values' (Bruce, 2011, 156). As discussed earlier, charities[3] receive 33 per cent of their income from government, slightly more than 10 per cent in self-generated income, and nine per cent from philanthropy (PC, 2010, 72). Even if they once did, charities no longer constitute a realm separate from government. On the contrary, they are now so tightly bound into the machinery of government that it is sometimes difficult to distinguish them from government, and yet they retain the privileges of charities.

90

The PCHF Board, consisting entirely of businessmen until very recently, does good work supporting researchers and other health workers treating sick children. However, it appears to have spread its wings into planning construction projects with much less success.

Koolangka, aka …The Kid's Bridge…aka "The Bridge to Nowhere". Built at a cost of $8.6M of donated funds the bridge promised children access to King's Park and was most effusively spoken of in Parliament by now Premier Roger Cook.

> ***We will bring this great project to life. It will be an amazing addition to the QEII site. Most importantly, it will continue to put patients first by giving the sickest kids in Western Australia an opportunity to benefit from having Kings Park just opposite that hospital*** [91]***.***

However, Perth City Council was not so impressed and drew attention to some curious features of the proposal. These flaws were fully realized after completion. Perth City Council clearly felt it would be futile to object; however, it was confined to imposing some conditions.

> ***"While the overall purpose of the development is noted, the rationale relating to the location and orientation of the proposed bridge is not immediately apparent, particularly as the eastern landing area is heavily vegetated and therefore raises safety concerns. Furthermore it is noted that there are no direct linkages with the adjacent Kings Park picnic/recreation areas. Therefore users will arrive on the internal pathway system with no real destination or secure linkage to Kings Park"*** [92]***.***

No oversight body appears concerned by this utter waste of donated funds.

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[90] **Johns Gary, The Charity Ball, (How to dance to the donor's tune}. ConnorCourt Pub. 2014, p63.**

[91] **Roger Cook, Extract from Hansard [ASSEMBLY — Tuesday, 18 February 2020] p657b-657b Amber-Jade Sanderson; Mr Roger Cook.**

[92] **Perth City Council Minutes 28 April 2015, Page 21. Concerns were ignored by PCHF and Government.**

PCHF next set about developing land adjacent to PCH for a "Greenspace" and again raising donated funds in the process.

The Kid's Bridge is a permanent feature alongside Kings Park which taxpayers will have to maintain indefinitely.

A GREAT RESULT FOR SICK CHILDREN?

Page 2 – POST, November 11, 2023

Letters to the POST

Please email letters to letters@postnewspapers.com.au, lodge online at www.postnews; every letter to include the writer's full name and address plus daytime phone number for verificatio

Multimillion-dollar rainbow is a bridge too far

Well done for publishing Steve Scott's amusing "Simple Solution" to solving the mothers and babies hospital relocation crisis (Letters, November 4), incidentally drawing attention to the Perth Children's Hospital Foundation and politician-endorsed "under-utilised Kids' Bridge".

This engineering "trophy project" was highly praised by certain politicians, cost $8.6million and is "off-site" as far as staff and PCH are concerned.

Maintenance of the bridge is Main Roads' responsibility forever. No post-construction evaluation has been conducted.

I have made five visits in good weather and seen no sign that sick hospitalised children were the beneficiaries.

There is no cover from rain or sun and the main users are adults.

It does not provide ready access to King's Park amenities, which perhaps might have been accomplished with a couple of specially fitted minibuses. These could have delivered children safely and directly to the best features of Kings Park.

The PCHF board may do some good work, but as is the case with the much delayed Swanbourne hospice, about which many similar questions abound, did they ask anyone what they thought before they charged blindly ahead?

Just who is planning healthcare facilities in WA? Property developers? Or patients, parents and clinicians?

Neville Hills
Mooro Drive, Mt Claremont



The Rainbow Bridge linking Perth Children's Hospital with Kings Park.



The proposed Hospice site in Allen Park before construction started.



The proponents, government, and PCHF Board have arrogantly employed tactics to cow critics in their well-crafted and funded media endeavours, designed to sell the parents of sick children, and the community at large, what can best be described as "Cruel optimism".[93]

Despite poignant media stories and describing anyone expressing dissenting views as NIMBYS and hospice opponents, I have yet to meet anyone opposed to <u>better palliative care</u> for children.
How this is provided is a HEALTH and SOCIAL Services matter.
Constructive criticism should not be labelled as blind opposition, but it makes a very convenient HOOK to attack dissenting opinions.
What did PCHF and Government have to fear in questioning a project that had no prior research base and no data based information to guide decision-making.

Just flying blind with $37M and a priceless site to wreck.



The hospice site in 2023

93 In October 2011, the literary scholar and cultural theorist Lauren Berlant published "Cruel Optimism," a meditation on our attachment to dreams that we know are destined to be dashed. New Yorker, By Hua Hsu. March 18, 2019.

or snail mail to: The Editor, 276 Onslow Rd, Shenton Park 6008.
r those over 300 words will be cut. **Deadline: Noon Wednesdays.**

How hospice is different from hospital

Neville Hills (*Palliative care at PCH – a heart warming history*, Letters, August 17) now argues that we don't need a children's hospice at all, because we have palliative care for children at Perth Children's Hospital.

He says our children's hospice is a "slap in the face" to our world-class palliative care staff at PCH and sends a signal that they are "under-valued". He is so wrong.

PCH palliative care music therapist Louise Miles says: "There really are very few places where families can go ... where they can feel safe and supported in the child's medical needs, but also still be a family and have fun together and do all those normal things that families do. I think a hospice is just going to be a fantastic environment to step out of the 'freneticness' that happens in hospitals. Just to be able to relax a bit more and be creative together ..."

Dr Lisa Cuddeford, head of paediatric palliative care at PCH, says: "I can't wait for it to open and to have a house that is like a home, that has the smell of family cooking, that has the voice of childhood, that has adults laughing and talking, and that there are areas where families can be families, knowing that they're safe, it would be amazing."

Mr Hills asks: "Why build another hospital (children's hospice) in Swanbourne?"

There are on average 2000 children in WA at any given time with life-limiting conditions who, along with their families, and our staff who care for them, will derive great benefit from this very special new home away from home, the antithesis of a hospital.

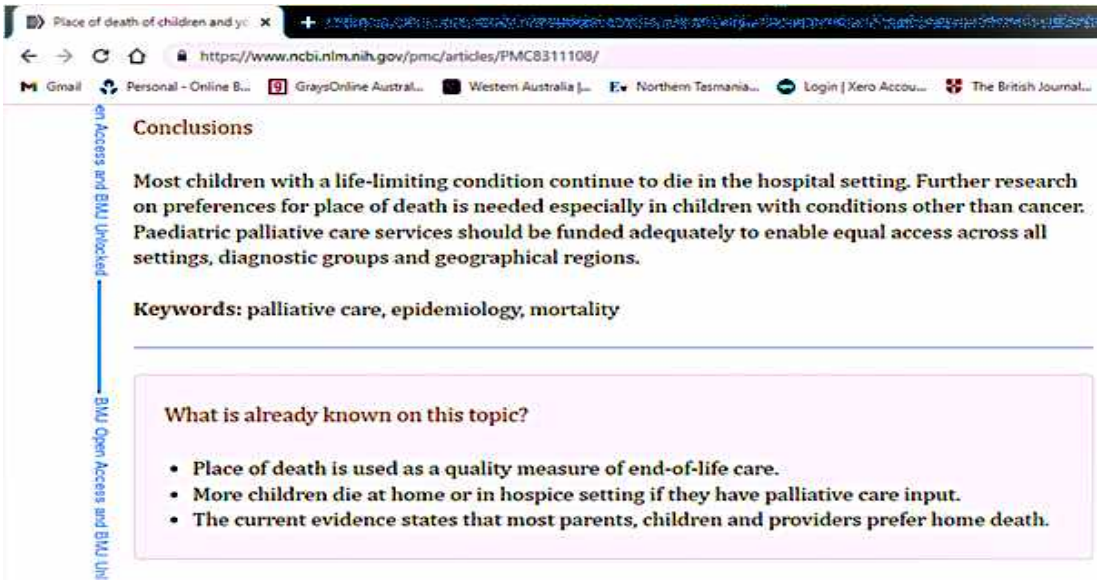
Ian Campbell
chairman, Perth Children's Hospital Foundation

The Hon Ian Campbell was given every opportunity by an INDEPENDENT and BALANCED media to make critical comments about anyone disagreeing with his obsession to have a building. However, keeping to facts should still be observed. I did not argue we do not need this hospice at all. However the proponents have done nothing to justify their case and actions. I have argued that impulsively dropping a large building into a much-valued community open space, with no community consultation, is poor planning and there were other options and priorities.

If a HOSPICE was needed where is the researched case to support it?

The case for a hospital building as a solution was not established. When the State has just spent $1.2B on a hospital that according to reports tried to address many of the failings of PMH, it seems odd to now demand $37M for another built solution, when it is Statewide care professionals and access to respite that is the chief requirement.

How these seven beds will help a potential 2,000 (or more?) families is still unanswered.



Research in this field has shown most parents would prefer their child patient to die at home. Home-based respite and support could be boosted greatly with $37M if applied properly.

Were parents ever given the choice or just TOLD this is what you will get. Seven beds in a relatively inaccessible Western Suburbs location.

Dr Cuddeford hopes to have a "*house that is like a home*". My impression of the building under construction suggests she will be very disappointed. We will see $37M spent to limited benefit for a select few, and valuable parkland destroyed to create offices for staff and kudos for government and PCHF.

In the boiler room of a Covid-19 pandemic, planning disruption, economic anxiety, and impending elections, both State and Commonwealth, the rules of law and good governance appear to have suffered.

Media grabbing headlines and abusive comments from persons in authority, have drowned rational examination of what should have been a straightforward and positive community health planning exercise.

What drove this hostile approach by proponents is bewildering but raises questions and demands an explanation.
The approval process for the Hospice was directed by the proponents mainly to matters of land use planning, where the government has been in a commanding position to use political and media influences for its own advantage, under the cover of providing a compassionate and unquestionable "greater good" with debatable benevolent intent.

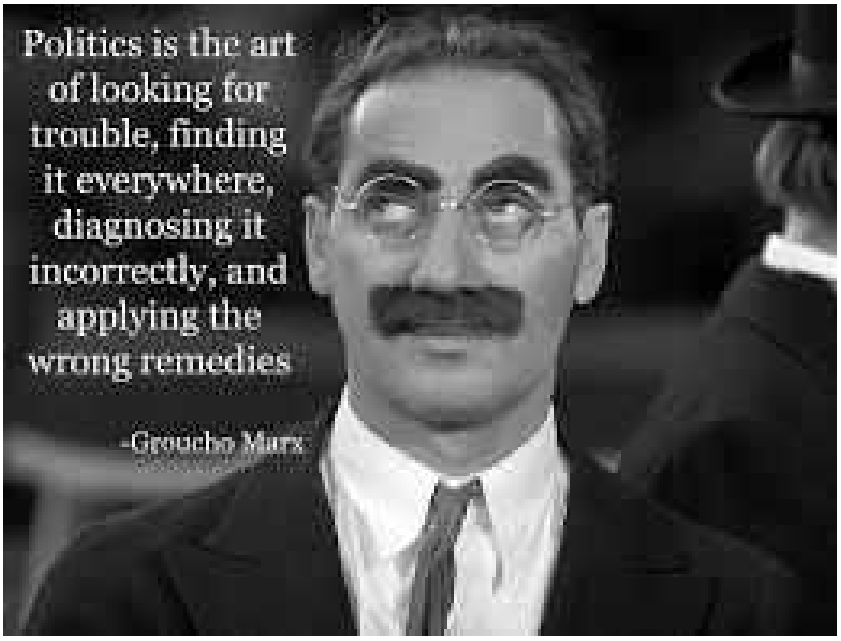
Many of the statements made by the PCHF have been examples of pure sophism.[94]

These have been echoed and re-echoed in subservient documents trotted out by government departments and tabled at the WAPC.

The Government/PCHF focus on land use planning controls, that are under the total control of political interests, has ignored the logistical, social and demographic hurdles to providing the promised support/social/clinical services that WA parents need, and has cruelly created expectations that will not be met for the majority of affected families in Western Australia.

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[94] **A sophism is a statement to deceive someone in a debate or conversation. It might be made to seem to make sense when *really being wrong*, or it might use difficult words and complicated sentences to intimidate the audience into agreeing..**



A better model of providing comprehensive palliative care for children, possibly including carefully planned hospice support if proven to be needed, is still required.
This building solution was the wrong remedy to the problem.

It served ego and political needs not sick children

Allen Park Swanbourne location:

The site chosen by PCHF was at first difficult to identify in photographs as survey pegs were hard to find, although a few were found in place.

My request that the proponents (PCHF Board) plainly mark out the chosen site before the single public information session held in July 2021 was rejected by the PwC link person.

Many members of the public remain unclear about the actual location.

Using out of date images from Google Earth and critical comments from the PCHF Chairman do not give a correct view of the potential beauty and worthiness of this location, nor the case for restoration and potential for preservation of this scarce coastal bushland reserve.

There was a unique opportunity to continue and promote restoration of undeveloped residual parts of Allen Park, to their former role as bushland and recreational resources for the whole community.

This would have been consistent with John Allen's vision for the community, and also the 2017 Allen Park Master Plan achieved with Nedlands council and community support. Development driven detractors have dismissed these goals with misleading and sometimes abusive claims.

On Thursday 17 August 2023 the developers moved in and cut through fresh wattle bush to erect exclusion fencing for the proposed Hospital (children's hospice).

Apparently, they did not believe the WAPC would refer the development on to the MRS and EPA, or that if they did it would be just another easy "walk in the park".

They assumed the government would "rubber stamp" anything PCHF wanted.



Allen Park, a walker's respite from urban development.





My request of May 21, 2021, that the site boundaries be marked out before the PCHF Community Information Session, was put to PwC by a Council staff person but refused.

It was not possible until 2024 to see the extent and impact of the initial near 6,000 sqm site excised, now extended to at least 9,000sqm or more.





Limited open land left for public access or the Rainbow bee-eater nest sites.

NEITHER A “DUST-BOWL” NOR A “muddy quagmire”



Described as a “muddy quagmire in winter”. August 2023



Efforts of volunteers has been evident everywhere, but Hon. Ian Campbell sees only a "dustbowl" (PerthNow February 2024).



The exact area involved only became visible to the public when public exclusion construction fencing was installed in 2023.

Initial media reports stated that the amount of land excised was 5,000 sqm and many specious comments were made that this was only a small percentage of the Allen Park area. [95] Land already occupied was ignored as if the whole of Allen Park was vacant land. In fact, the area affected at first was at least 5945sqm in total – i.e. 18.9% larger than at first claimed. Precise details of what additional space will be taken up by future expansion, fire breaks, and access etc. is still not known in 2026 .

What is known is that expansion on this site was predicted as an issue at the very first meeting of the Project Control Group but kept secret until reluctantly revealed under FOI.

[95] Specious comments are statements that on first hearing seem correct, but on examination can be shown to be false.

Desperate moves were made politically to acquire even more land in the remaining space adjacent to the WA Bridge Club, even though well established as part of the Norn Bidi indigenous trail then in development by Nedlands Council with significant community support.

Completion of the trail would have had no adverse effect on the hospice and would have enhanced access for everyone including hospice users. A "gift" of $4M of donated PCHF funds was suggested by PCHF as a "sweetener"[96] to attempt to persuade Nedlands Council to hand over full control of this land.

Should PCHF offer an inducement of this magnitude using publicly donated funds?

Does giving Nedlands Council $4M, REGULARLY DESCRIBED IN THE MEDIA AS "WEALTHY", to develop one of its own parks meet "THE PUB TEST"?

Is that the proper role of a Health Promotion Charity? The Australian Charities and Not-for-Profit Commission has been asked to examine the legality of the use of charitable tax-deducted funds. So far there has been no response from ACNC. to any concerns.

The wrong choice of site has forced Hon Ian Campbell and the PCHF Board into a corner where they are desperate to escape the inevitable complexity and limitations of their obsession with this badly chosen site.

Public access to Lot 503 was closed to the public as it is a "construction site".

Access will also be closed to the public once the hospital/hospice is operating. This was confirmed by CAHS staff at a SAWG meeting.

While privacy is reasonable, how will this also apply to the 3,000+ sqm of additional land allegedly acquired for a "hospice garden"?

Described as the best location initially, the reality is now becoming apparent but denied by the proponents.

This part of Allen Park with walking access to the ocean could become a "No Go Zone", in defiance of the wishes of John Allen and the community.

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[96] **A sweetener is something that you give or offer someone in order to persuade them to accept an offer or business deal. Collins Dictionary.**

There is little trust or confidence from the community given the way this project has been handled from day one.

A "muddy quagmire" according to Hon Ian Campbell



Author's hospice site photo taken in July 2022



Perthnow photo. No "muddy quagmire" then!

According to Hon Ian Campbell, "… a muddy quagmire in winter. We are genuinely trying to put the nature back into the nature reserve."[97]



The comments of only <u>one person</u> regarding the site becoming a potential war target were mischievously played up and repeated by a subservient media, lacking journalistic credibility.

However, the failings of media pale into insignificance compared to Minister Carey who broadcasted his opinions to a presentation in Sydney where he again raised the war target and NIMBY catchcry. His arguments crudely attempted to bolster his case against community representation in planning, claiming it had a "disproportionate influence on planning decisions" (POST August30, 2025).

What Minister Carey chose to ignore was that there was NO COMMUNITY INPUT into anything to do with the hospice location.

It was the fact of absence of community input that heightened doubts about the choice of location.

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[97] **Perth Now, Claire Sadler. Quoting Hon Ian Campbell, February 22, 2024.**

Council and community were sidelined and then abused for not tamely falling into line with demands.

This failure to genuinely consult has now been echoed in several other significant planning matters in Perth leading to the widespread conviction that planning in Perth is effectively now "BROKEN".

Even when consultations are undertaken by this government, they fail the "pub test" for fairness and value.

What Minister Carey desires is a free hand to allow government and private developers to decide what happens to all public spaces in Perth without interference from anyone.

In the case of A Class reserves this included getting parliament into "lockstep" with developments that are in conflict with broad community aspirations and trust, employing bluster, abuse, and misuse of what he decides constitutes the "public good".





2023





April 2026

No fire risk here? Turning a blind eye to reality? Would a private owner-builder get approval for a seven bed home in the centre of a designated FESA high risk zone area?



Who was John “Jack” Allen?

Australian history with five generations of veterans

Kate RyanPerthNow

November 9, 2018 3:59PM PORT KENNEDY mum Michelle Hale is part of a special family.

In April this year, her 19-year-old daughter Jennifer Hale signed up to join the Australian Navy, making her family the first in Australia to have five direct generations of veterans that have served their country. The family’s military history spans two World Wars, the Vietnam War and The Gulf War.

Michelle’s great grandfather John “Jack” Allen stormed the beaches at Gallipoli. Fortunately for him, I suppose, as he got off the boat at the landing he got shot in the leg. He survived and was brought back to Australia, but it stuffed his leg up and he always walked with a limp,” she said. “Thankfully he survived because then he met his wife, had kids and then the rest of our family started,” Michelle said.

John Allen: Founder of Allen Park--- Gallipoli veteran and councillor.



Public recreation space - an increasingly scarce community resource that John Allen and the local community treasured and cared for over decades.



Early sketch showing land between Hospice and Bridge Club South was <u>not included.</u> Why the late demand? Hasty planning under political pressure? They realised the need for a second emergency escape route?

What is the Perth Children's Hospital Foundation?

Government of **Western Australia**
Child and Adolescent Health Service

Perth Children's Hospital

Home | For patients and visitors | About us | For health professionals | Our services | Work with us | Volunteering

You are here » Home » About us » Our partners » **Perth Children's Hospital Foundation**

About us
- Child and Adolescent Health Service
- Executive
- Vision and Values
- News & events
- Consumer advisory groups
- Our partners
  - Perth Children's Hospital Foundation
    - Help the hospital
  - Telethon Kids Institute
  - Telethon
  - Starlight Children's Foundation
  - Radio Lollipop
  - Ronald McDonald House Charities Western Australia
  - Kiind

Perth Children's Hospital Foundation

Perth Children's Hospital Foundation, formerly the Princess Margaret Hospital Foundation, is the main and official fundraising body for Perth Children's Hospital.

Perth Children's Hospital **Foundation**

As the main fundraising body for PCH, 100% of funds raised through Perth Children's Hospital Foundation are made available to the hospital and its related entities – the Child and Adolescent Mental Health Service and Child and Adolescent Community Health Service.

All net income raised is made available to the hospital in the form of grants to fund life-saving research, specialist staff, vital equipment, complementary services and capital projects.

Since 1998, the Foundation has provided more than $75 million in financial support to PMH, Perth Children's Hospital and the wider Child and Adolescent Health Service. With a further $25 million committed over the next five years.

The equipment and services funded by Perth Children's Hospital Foundation ensure that children receive the most advanced medical care, as well as helping the dedicated hospital staff to create a space that is as welcoming as possible for patients, their families and friends.

Perth Children's Hospital Foundation is also dedicated to developing staff expertise through funding positions, scholarships, education and staff development courses.

Perth Children's Hospital Foundation, formerly the Princess Margaret Hospital Foundation, is the main and official fundraising body for Perth Children's Hospital.[98]

As the main fundraising body for PCH, 100% of funds raised through Perth Children's Hospital Foundation are made available to the hospital and its related entities – the Child and Adolescent Mental Health Service and Child and Adolescent Community Health Service.[99]

All net income raised is made available to the hospital in the form of grants to fund life-saving research, specialist staff, vital equipment, complementary services and capital projects.[100]

"We are the official and largest funder of Perth Children's Hospital (PCH) and the wider Child and Adolescent Health Service (CAHS) after Government and are now the 4th largest philanthropic foundation in WA".
From ACNC website June 2026

PERTH CHILDRENS HOSPITAL FOUNDATION LIMITED

Charity details

ABN:
18604862071

Address:
Level 4 Perth Children's Hospital
15 Hospital Avenue
Nedlands
WA, 6009, Australia

Email:
admin@pchf.org.au

Address For Service email:
accounts@pchf.org.au

Website:
pchf.org.au

Phone:
(08) 6456 5550

Charity Size:
Large

Who the charity helps:
Children - aged 6 to under 15
Early childhood - aged under 6
Females
Males
Youth - 15 to under 25

Date established:
19/3/15

Last reported:
22/12/25

Next report due:
31/12/26

Financial year end:
30/06

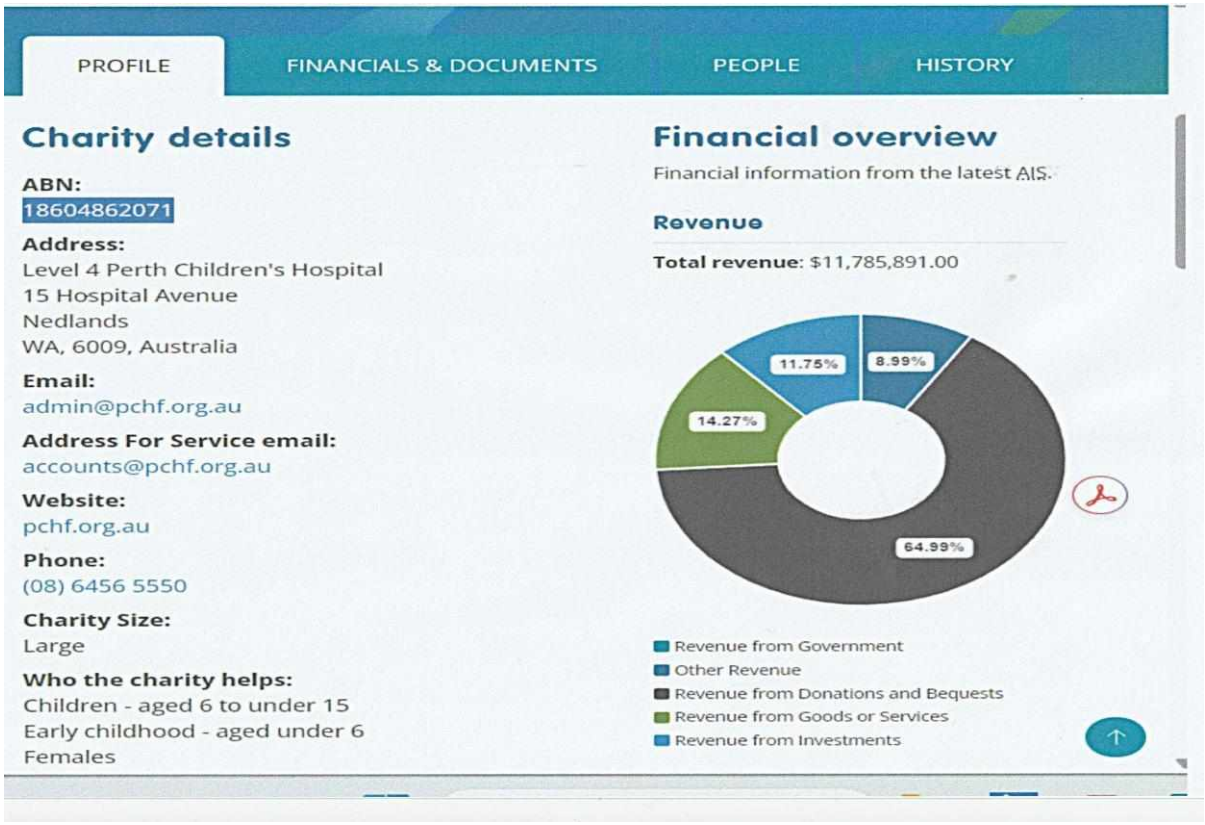
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[98] **Telethon and others apparently do not rate a mention. No verifiable source could be identified for this claim. What does "official" signify and how was this status granted?**

[99] **How is it possible 100% goes to the PCH when nearly 50% is spent on "All other expenses plus Employee expenses"?**

NB. Youth – 15 to under 25, (The next "hospice" in Allen Park?)

Revenue



Expenditure



46.33% (nearly half) of all income is spent on "All other expenses plus employee expenses".

53.68% (just over half) of income goes to grants and donations.

Inconsistency= If 100% of all funds raised are made available to PCH how can almost half go to staff and other expenses? A comparison with other similar charities would be of interest but would require a specialist accountant to unravel as Perth Children's Hospital Foundation Limited appears to exist in several forms.

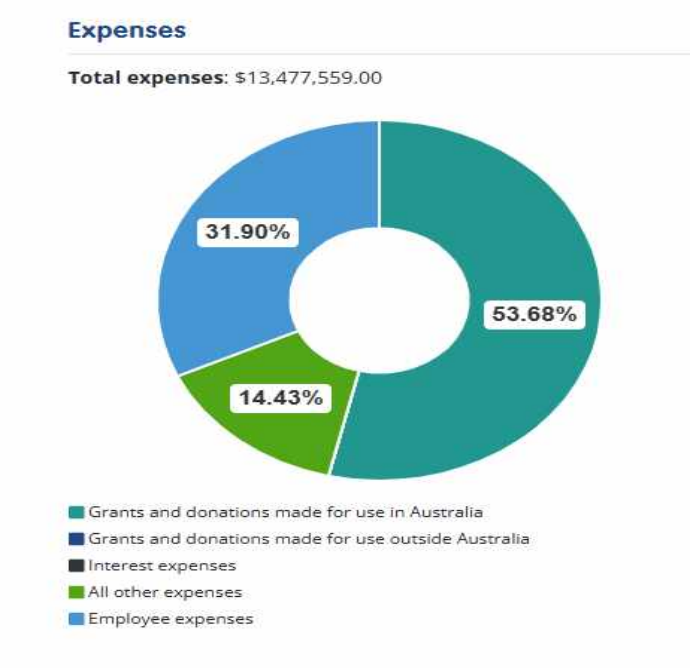
1. **Perth Children's Hospital Foundation Limited (ACN 604 862 071) (ABN 18 604 862 071)**
2. **Perth Children's Hospice Limited (ACN 667 723 300) (ABN 11 667 723 300).**
3. **The PCH Foundation: a trust; ABN 40 662 060 476**
4. **Princess Margaret Hospital for Children Foundation (Inc) (Association no. A0990005W; ABN 47 354 269 806**

ACNC December 2025

Employee expenses 31.9%

All other expenses 14.43%

Total 46.33%



Who are the Directors/Members of the Board of Perth Children's Hospital Foundation?

The PCHF membership appears to be a "moveable feast" as changes seem to occur unannounced until Annual Reports to the ACNC are searched.

There has been no specialist paediatrician at any time as far as can be determined.

ACNC Annual Report 2025

Responsible People

The role of a 'Responsible Person' is an important one for registered charities. Generally, a charity's Responsible People are its board or committee members, or trustees.

Andrew McKenzie **Role**: Board Member Associated charities →	**Frank Romano** **Role**: Board Member Associated charities →	**Ian Campbell** **Role**: Chairperson Associated charities →	**Katherine Caratti** **Role**: Board Member Associated charities →
Lanna Hill **Role**: Board Member Associated charities →	**Laurie Smith** **Role**: Board Member Associated charities →	**Natasha Collier** **Role**: Secretary Associated charities →	**Philip Aylward** **Role**: Board Member Associated charities →
Steven Carulli **Role**: Board Member Associated charities →			

No INDEPENDENT Paediatricians, Allied Health or Nursing staff as BOARD MEMBERS in 2025.

Board members 2026[101] "WHO WE ARE".

Hon. Ian Campbell (AM) Chairman

The Hon. Ian Campbell is a Group Executive of global property, infrastructure and renewable energy owner and operator, Brookfield Asset Management.

Frank Romano

Introduction

"I believe that kids deserve the chance to access the best medical care available from ongoing world first research funded by the Foundation. As a long-time supporter, I thoroughly enjoy my involvement with donors, management, staff and fellow Board members."

After recently retiring Frank Romano spent 35 years as founder, managing director and chairman of Quick Service Restaurant Holdings, owners of the Red Rooster, Oporto and Chicken Treat brands nationally. Mr Romano also has interests in property development and investment.

Andrew McKenzie

Introduction

"It is a privilege to be able to assist this very important Western Australian institution that gets such amazing support from donors big and small. Like all our stakeholders I am super passionate about ensuring we deliver the very best possible treatment and care to the kids who need it most."

[101] ONLINE 1 May 2026. Our Board - Perth Children's Hospital Foundation

Andrew is Executive Chairman of Euroz Hartleys Group Limited (ASX:EZL), Euroz Hartleys Limited and is Chairman of the Euroz Hartleys Foundation.

Lanna Hill

Introduction

"I joined the PCHF Board because I care deeply about making sure WA kids and their families feel supported when it matters most. As a mum of two, that mission is personal — and I'm proud to play a small part in helping the Foundation continue its incredible work supporting world-class care for children across our community."

Lanna Hill is a highly experienced strategist with over 20 years of expertise in brand, marketing, PR, and commercial growth

Laurie Smith

Laurie is the Perth based Deloitte Forensic Partner leading a team of specialists to provide a range of forensic solutions, from fraud and corruption prevention and detection management to post-incident investigative services, and remedial activities. With over 20 years of cross industry experience Laurie supports local and global organisations to respond to instances of economic crime, navigate legal privilege, interact with regulators and law enforcement. By leveraging the power of technology through data and artificial intelligence she helps organisations confront regulatory, legal and commercial challenges while strengthening their social license to operate, improve corporate governance and foster a culture of integrity.

Philip Aylward. Mr Aylward currently leads the Corporate Services and Contract Management functions for the East Metropolitan Health Service.

Mary Anne Stephens

Mary Anne Stephens is an experienced Non-Executive Director who spent more than 20 years in senior executive roles within the Financial Services, IT, Aged Care and Not-for-profit sectors. She has extensive experience in strategy, finance, IT, risk management, audit, and corporate governance. Mary Anne spent most of her career in the Financial Services sector in Australia and the United States, having been a Chief Financial Officer for the Lumley Group as well as RAC Insurance.

Mary Anne's current Directorships include Chair of Diabetes WA; Chair of Venues West; Non-Executive Director of HBF Australia; and ***Board Member of the WA Child & Adolescent Health Service.*** *She holds a Master of Accounting degree, is a Fellow of CPA Australia, a Fellow of the Governance Institute of Australia, a Fellow of the Australian Institute of Management (WA) and a Graduate of the Australian Institute of Company Directors.*

The appointment of people with close links to current Government Authorities raises concerns related to the interplay between government and a charitable body ostensibly undertaking a project that would appear either the proper role and duty of Government, or alternately should be entirely separate from Government control or significant influence.

PCHF Hospice Limited

Directors' Report 30 June 2025

This report lists a Dr Alexius Julian and Lanna Hill

However no meetings were recorded as attended by either of them at that time.



The photo above shows Dr Alexius Julian as a member of the CAHS Board.

This makes three people with close links to PCHF and Government (CAHS),

viz, Dr Alexius Julian

Philip Aylward

Mary Anne Stephens.

ACNC policy:

2.13. In terms of the legislative context of the definition of 'government entity', it is clear that interpreting 'established' as limited to initial formation would defeat the purpose of the provision. <u>The concept of 'government entity' is intended to ensure that certain types of entities that have a sufficient connection to government cannot be charities.</u>

3. 2.15. The interpretation of 'established' as only relating to the 'initial formation' of the entity could result in entities that are wholly controlled by government being eligible to be charities, merely because they were initially set up by a voluntary group of people. This could lead to two entities, which are substantially the same, being treated differently under the Charities Act merely because of their historical formation. This result would be wholly inconsistent with the common law position which would look at the current circumstances of an entity to determine whether a sufficient connection to government exists.
4. 2.16. The ACNC therefore considers that the word 'established' relates to the current status of the entity. This interpretation ensures that the purpose of the definition of 'government entity' is not frustrated and is in line with case law which considered similar issues.

It is clear from these cases that an entity need not from its origin have possessed those qualities which at the relevant date make it a public authority; it may acquire the necessary attributes subsequently and if it does so as a result of legislation it will thereupon have become a public authority.

2.36. Accordingly, in providing a statutory definition of charity, the purpose of the Charities Act was to retain (and to clarify) the distinction from the common law between governmental purposes and charitable purposes. The concept of 'government entity' is meant to encompass entities that have a particular type of connection to government, such that their purpose, rather than being charitable, is to carry out the functions and responsibilities of the Crown.

2.39. This approach creates certainty as the type of entity that must be created, it directs a focus on the connection to government which is ultimately the disqualifying feature (and the purpose of the definition of 'government entity'), and it retains the requirement of State or Territory involvement (as opposed to Commonwealth) in establishing an entity with a particular connection to government.

As such, it clearly achieves the purpose of the legislation, which is to exclude certain entities that have a particular connection to a State or Territory.

2.40. Therefore, the ACNC considers that 'established under a law by a State or Territory' means 'established under a law by a State or Territory under a law *as the relevant prescribed entity*'.

2.41. Consequently, the relevant tests are:

(a) Is the entity established under a law by a State or Territory *as a local governing body*?

(b) Is the entity established under a law by a State or Territory *as an entity that has all the privileges and immunities of the Crown*?

(c) Is the entity established under a law by a State or Territory *as an entity which has within it an office of profit*?

(d) Is the entity established under a law by a State or Territory *as an entity which is not independent of the Crown having regard to the specified considerations*?

2.42. It should be noted that it may be the interaction of a number of laws and factors that indicates that a State or Territory has established an entity as a particular prescribed body.

2.47. In order for an entity to be a 'government entity' under s 4(1)(b), it must be established under a law by *a State or Territory*. It will generally be clear that an entity has been established by a State or Territory where it is established by the body politic that is the State or Territory itself. However, a question arises as to the status of an entity which is established by another entity which is connected to the State or Territory, but is not the body politic that is the State or

a) Every feature of the entity which bears upon its relationship with the State must be considered.46

b) The membership and management of the entity, and the purposes that it is required to pursue will most often reveal the relationship the entity has with the State. If, on examining these features, it is found that the entity is wholly owned and controlled by the State, and must act solely in the interests of the State, the conclusion that the entity *is* the State will readily follow.47

c) Conversely, if the State does not control the conduct of the affairs of the entity, it cannot be said to be carrying on activities of government through the entity, even though the entity may have been established in accordance with government policy.

d) If the entity is required to pursue the interests of the State, or if its policies are determined by government, that would indicate that it is the State.48

The fact that an entity's functions are traditionally accepted governmental functions may assist in forming the view that the entity is the State.

g) The ability of the State to make or direct significant decisions for the entity (for example, by issuing directions to the board, or overriding board decisions) is an indication that the entity is the State.

h) Conversely the absence of State control would point away from the entity being the State.

j) The financial arrangements of the entity will also be relevant. For example, the level of government oversight or control.

k) A regulatory role, such as the ability to make by-laws may indicate that the entity is the State.54

If an entity is found to be a 'government entity' is it also 'the State'?

2.53. As noted above, many of these factors would be relevant to determining whether an entity is a 'government entity'. However, just because an entity falls within the definition of 'government entity' does not mean that it has the close relationship with a State or Territory to justify the finding that it is acting as 'the State' or 'the Territory'.

2.54. For example, the High Court *in Deputy Commissioner of Taxation v State Bank (NSW)* (1992) 174 CLR 219 at 230 expressly rejected the argument that an entity that had the privileges and immunities of the Crown was necessarily also 'the State' for the purposes of s 114 of the Constitution.

3. Prescribed Entity A: Local Governing Body

3.1. The first prescribed entity is a 'local governing body' as defined in the *Income Tax Assessment Act 1997* (Cth.) (the *ITAA*).

HERITAGE COUNCIL Statement of Significance

Allen Park is a unique section of the Perth coastal region.

Located in the City of Nedlands, the park is an asset of regional importance.

It contains areas of great natural beauty and significant local and regional conservation areas as well as incorporating a wide range of active recreation facilities.

The Park and its environs are highly valued by the City of Nedlands and the local community.



The bushland within the park has been classified by the National Trust for its high conservation value. Allen Park has developed over many years and is named after a tireless individual who initiated many early revegetation works, Mr John Allen. It is home to sporting, cultural and environmental community groups. The Allen Park area also has links with one of Western Australia's most prominent early authors. Joseph Furphy, who wrote under the pseudonym 'Tom Collins'. Melon Hill is the most prominent natural landmark visible along this section of the coast. The Hill is on Commonwealth land vested In the Department of Defence and until recently was largely inaccessible to the general public. A former defensive WW2 gun emplacement site, it is now a popular vantage point for walkers to view the ocean, Rottnest, and Perth City. The bushland has been carefully managed by volunteers from the Friends of Melon Hill Bushland Group.

Physical Description ...

Allen Park is a mixture of sports grounds and a bush area with a prominent natural landmark, Melon Hill.

There are three sports ovals, four bowling greens, and eleven tennis courts, (seven grass, four hardcourts). There is a conglomeration of' buildings of varying styles within the Park. The buildings lack a unity of design; a point strongly made in the management plan.

Two cottages, the writers-in-residence house and Tom Collins' house have been developed, with some sensitivity to their surroundings.

There are a number of mature trees that ring the sporting ground, most notable being the Norfolk pine trees.

Melon Hill and the sensitive ecology of that area is today being carefully monitored with community input through Nedlands Council and the Friends of Allen Park Bushland Group. Classified by the National Trust Classified {Lscpe} 06 Jun 1995



Google Earth Photo above illustrating how the incremental building developments of the SAS Base and Defence Housing from the North, in combination with the location of the WA Bridge Club, had already created a narrowing of the corridors for human passive recreation, native flora, and fauna.

This is now aggravated further by building in this area and will become a corridor bottleneck with further development on the proposed hospice site.

The bushland which **Nedlands Council and volunteers have spent over 20 years re-establishing has been** severely impacted despite repeated implausible claims to the contrary.



- Doesn't this development pinch the park in its linkage to the preserved coastal bush to the West? It really cuts the western end of the bush off.

The Perth Children's Hospital Foundation (PCHF) proposal does not interfere with linkages to preserved coastal bush; in fact, it will enhance these linkages. Hon Ian Campbell.

Q & A Community-led meeting responses.



The curiously shaped outline of the vehicular access reserve was not explained when first seen. It appeared unacceptable for heavy construction traffic and later all hospice services, staff, and patients, to enter via a dogleg, through an already frequently occupied parking space used by the Bridge Club and Rugby Club, as well as park visitors.

The excised hospice site outlined in red demonstrated the building barrier constructed across the existing east-west corridor.

This proposal replaced the low-profile restoration and amenities in the Allen Park Master Plan, approved by Nedlands Council and residents in 2017.

Options for the safe completion of the route for the Whadjuk trail will be compromised.

Despite claims to the contrary, Aboriginal Heritage appears to have been overlooked until recently and was ignored under the previous Aboriginal Heritage Act let alone the 2023 revisions.

Belatedly claims have been made that aboriginal heritage is considered through the name "Boodja mia" or "Sandcastle".

Even more alarming was the absence of a readily accessible second exit from the site in the event of any emergency such as bushfire.

It appears highly likely that the real motive for acquiring an additional 3,000 sqm, other than future expansion, was the requirement for a second escape route.

Information obtained as a result of Freedom of Information (FOI) applications has indicated that despite denials, significant clearing of increasingly scarce local vegetation will be required to meet bushfire safety and access requirements.

Initially there was only one way in and one way out to a residential facility for vulnerable sick children, parents and staff.

That would have been obvious even to any casual observer let alone people with development skills and backgrounds.

However it was simply dismissed.



Plate 2: Illustrating potential emergency access. Should the vegetation east of the route become engaged the initiative should be taken to traverse across the oval to avoid high radiant heat.

The above plan from an early fire risk report shows that the direct West route for escape as envisaged at first would have involved clearing and traversing the restored bushland West of the hospice.

Vegetation to the North and North-East limited an escape route in that direction. These two factors limited the necessary escape routes to a Southerly approach via the land not included in the original hospice site and made the excision of that land necessary.

That puts in serious doubt claims the additional 3.000 sqm parkland excision was necessary to provide a <u>pleasant view from the hospice for children</u>.

A SAWG meeting was informed that there would be no public access to the hospice site for privacy reasons.
While this is recognised as necessary for the hospice, how this is managed with respect to the additional 3,000 sqm claimed as a special area to benefit hospice children remains unclear?



The restored bushland to the West of the hospice as shown above is the result of over 20 years voluntary effort by local residents, with the support of Nedlands Council. The secondary bushfire emergency escape route passage through this restored bushland indicated in Plate2 on the previous page would have devastated this restored bushland area.



The arrows inserted reveal why gaining this additional land was necessary to provide a secondary escape route, rather than along the red dotted line.

Allen Park is Class A Reserve

Class A reserves afford the greatest degree of protection for reserves of Crown land created under the LAA. The A classification is used solely to protect areas of high conservation or high community value.

Rottnest, Kings Park, and Bold Park are other examples of Class A reserves in WA. Are these now also at risk under the new planning laws, opportunistically "steamrolled" though parliament.

City of Nedlands: Category B Worthy of a high level of protection

…to be retained and conserved; provide maximum encouragement to the owner under the City of Nedlands Town Planning Scheme to conserve the significance of the place.



The orange-coloured area is part of the "**Bush Forever**" zone which links with Bold Park to the North, approved by the WA Government.

Allen Park is a key part of the <u>contiguous bushland that connects with Lake Claremont, providing an important wildlife passage to other larger bushland precincts.</u>



Other important Bush Forever zones are shown in orange



Bush forever

Planning Constraints An important objective of the Project was to recognise and take into account the values of natural areas in the planning process, but the selection process had also to recognise existing land use proposals. Hence, for example, publicly owned areas were preferred to those in private ownership; and, if privately owned, land zoned Rural was preferred to that zoned Urban, where opportunities to use complementary mechanisms were more restricted. No categories of land were automatically excluded from consideration, but where lands were significantly constrained by existing zonings or development approvals, alternative selections were made where possible.

Rather than adding built intrusions to this land, there was an opportunity to "re-wild" and restore to public passive recreational access, the former bushland previously occupied mainly by bowling greens and a relatively small former club house.

Re-introducing coastal flora to this area is essential to maintaining the integrity of Allen Park as a balanced environmental/recreational asset for the community of Perth and has been a long-held community goal.

See Gardening Australia, Josh Byrne July 25, 2025. ABC.

This was a key concept in the Allen Park Masterplan which aimed to stop any further built intrusions. It was not simply a disused piece of "government owned" land.

Biodiversity

Allen Park is not only of benefit to residents and sportspeople but is host to a range of native plants and animals. The protection and preservation of this area for plants and wildlife has been a focus of interest for the Friends of Allen Park Bushland Group over very many years[102].

Healthy Wildlife, Healthy Lives*111F[103] *aims to educate the community about One Health, with a focus on human and domestic animal's contact with wildlife in urban areas. There is an increasing interaction between humans, domestic animals, and wildlife in urban areas due to habitat loss and urban encroachment on native bushland.* ***Wildlife is now venturing into backyards looking for new places to live and food to eat.





These harmless and beneficial skinks are predated upon by roaming domestic cats, another impact of development pressures.

Templetonia is prolific in the Allen Park bushland and adjacent areas. It is the logo for the Friends of Allen Park Bushland Group (now Melon Hill Bushland Group).

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[102] **Now known as Melon Hill Bushland Group.**

[103] **Healthy wildlife Healthy lives site: healthywildlife.com.au**





Tawny frogmouth (Nightjars) family of four in Allen Park December 2018.

Ground dwelling, migratory, Rainbow bee-eaters and other birds frequent the area – for those willing enough to look.

Their nesting places underground in the former bowling greens land are being destroyed now daily.



[104]

Above and below: A view from inside the WA Bridge Club showing the site of the proposed hospice.





Below: Views north from the WA Bridge Club are permanently lost.



The <u>proponents plans above</u> considered only <u>their</u> views from the excised area.

The public views from the Whadjuk trail and the Bridge Club were discounted.



[105]

<u>Potential Impact on views from WA Bridge Club and Whadjuk trail added.</u>

[105] My modified image.

Aboriginal Heritage Act 1972

The Aboriginal Heritage Inquiry System (AHIS) provides information concerning Aboriginal heritage places in Western Australia.

- ***Lodged: Information has been received in relation to the place, but an assessment has not been completed to determine if it meets Section 5 of the Act.***

The AHIS provides details about Aboriginal heritage places, such as the location and extent of each place. Note: to preserve confidentiality, the exact location and extent of some places are not displayed on the map—however a shaded region (generally with an area of at least 4km²) provides a general indication of where the place is located and the assessment status of each place under the Aboriginal Heritage Act 1972 (the Act):

Aboriginal Site: The place has been assessed as meeting Section 5 of the Act-- Other Heritage Place which includes:

- ***Stored data/Not a Site: The place has been assessed as not meeting Section 5 of the Act***
- ***any access restrictions to additional information that the department holds in relation to the place***

Entering the terms "Other Heritage Place" on the DPLH website produced a map indicating assessment of the Swanbourne area has been lodged but not completed.

The proponents claimed they consulted a representative of indigenous peoples' interests. At the only community-led meeting held at the Rugby Club an indigenous speaker denied consultation had taken place regarding the choice of the site, although he was supportive of the idea of hospice care, as "in principle" are many people.[106]

The Coastal ward of the City of Nedlands and Town of Claremont was the traditional site of several aboriginal camp areas.

The updated requirements of the Aboriginal Heritage Act require effective consultation at a level which is informative in displaying the extent and quality of consultation as a model of what the community as a whole should expect.

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[106] **Whadjuk Elder Neville Collard was respectfully heard by the convenors and community at the community-led meeting.**

In 2021 Minister Buti dismissed with a single page, a very substantial Swanbourne community submission on the decision to excise land from Allen Park including reference to aboriginal heritage.

Comments attributed to Aboriginal Affairs Minister Tony Buti:

"The Aboriginal Cultural Heritage Act 2021 places Aboriginal people at the heart of decision-making about their cultural heritage through the requirement for notification and consultation.

"Passage of the legislation through Parliament last year was the first stage of this important reform process.

"Consultation and engagement with Aboriginal people and other stakeholders will continue with a focus on the co-design of key documents that will support the ACH Act.

"The regulations are extremely important in determining how the new Act will operate and the co-design process will ensure it balances the expectations of the wider community.

"The ACH Reference Group's first task will be to create a co-design process that ensures all interested stakeholders have an opportunity to take part in this significant reform. "I encourage all interested stakeholders to participate in this very important process." [107]

Despite the PCHF Chairman claiming they had an indigenous engagement through their nominated elder Neville Collard, this appears not to have included any Heritage Information Submission Form in their lodged Development Application.[108] Reply below is from Dr A Buti to an emailed request for details of any indigenous engagement by PCHF.

Dear Dr Hills, ABORIGINAL CONSULTATION - PROPOSED CHILDREN'S HOSPICE - ALLEN PARK, SWANBOURNE
Thank you for your letter of 15 July 2022 regarding a proposed hospice in Allen Park, Swanbourne. I am advised that a development application for the proposed children's hospice was advertised for public comment from 29 April - 27 May 2022, and that this process is ongoing. In the event that a development will impact an Aboriginal site, my consent is required under the Aboriginal Heritage Act 1972.

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[107] https://www.mediastatements.wa.gov.au/Pages/McGowan/2022/02/Co-design-process-a-step-closer-as-Aboriginal-Cultural-Heritage-Reference-Group-appointed.aspx

[108] • Indigenous consultation, heritage sites – has this been considered? (Community question) Reply; ***"PCHF and CAHS have an indigenous engagement program. Incidentally it was the Chairman of the PCHF who invited Whadjuk Elder, Neville Collard, to the sham meeting held on 9 August 2021".*** Hon Ian Campbell letter to convenors of community-led meeting.

As Minister for Aboriginal Affairs, I expect all proponents to undertake appropriate consultation with Traditional Owners in relation to developments that may impact their cultural heritage. In relation to Allen Park, the Department of Planning, ***Lands and Heritage has not received any Heritage Information Submission Forms*** *recording any potential Aboriginal heritage associated with that precinct. I strongly encourage you or anyone else who is aware of any potential Aboriginal heritage sites to report them to the Registrar of Aboriginal sites within the Department. If you have any further questions, please contact Mr James Dobson, Assistant Manager Aboriginal Heritage Conservation at the Department, on 6551 8160 or james.dobson@dplh.wa.gov.au.*118F[109]

Yours sincerely Dr Tony Buti MLA MINISTER FOR ABORIGINAL AFFAIRS - 6 SEP 2022

In 2024 the proponents claimed what must appear to be "retrospective" attention to indigenous heritage, naming the hospice Boodja Mia, or Sandcastle.

It is hard to believe that aboriginal fishers and campers in the Claremont-Swanbourne vicinity ever built 'Sandcastles". Cultural misappropriation?

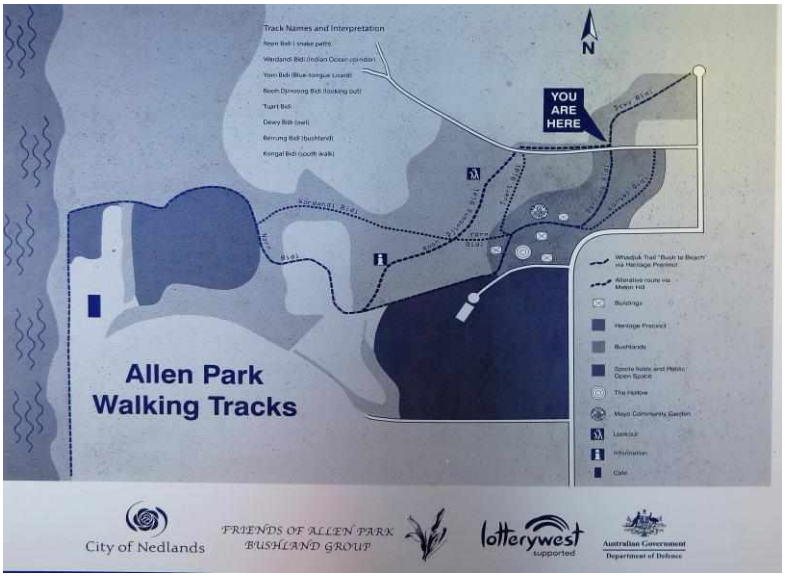
The Whadjuk Trail Network

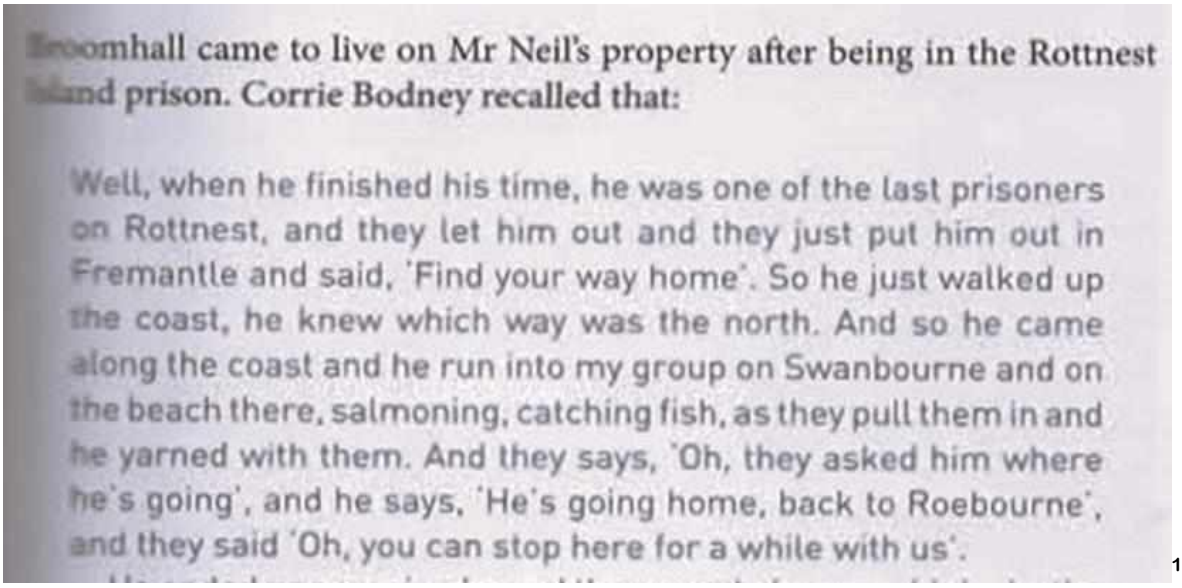
An initiative of FOABG with the aid of the aboriginal elder Neville Collard, support from the City of Nedlands, and funded by Lottery West, resulted in the delineation of traditional walking paths through Allen Park as shown in this sign erected by Council.

This is a section of the "Bush to Beach" from Kings Park to Cottesloe, traversing Allen Park.

It confirms the significance of the track to aboriginal heritage and culture, also referenced in excerpts from the publication by Denise Cooke, ***That Was My Home,*** **and other sources.**

[109] **Emphasis added. It must appear PCHF had not submitted any Heritage submission forms.**





oomhall came to live on Mr Neil's property after being in the Rottnest
and prison. Corrie Bodney recalled that:

Well, when he finished his time, he was one of the last prisoners on Rottnest, and they let him out and they just put him out in Fremantle and said, 'Find your way home'. So he just walked up the coast, he knew which way was the north. And so he came along the coast and he run into my group on Swanbourne and on the beach there, salmoning, catching fish, as they pull them in and he yarned with them. And they says, 'Oh, they asked him where he's going', and he says, 'He's going home, back to Roebourne', and they said 'Oh, you can stop here for a while with us'.

[110]

Aboriginal fishing on Swanbourne Beach recorded[111]

Allen Park Master Plan

The City of Nedlands approved the Allen Park Master Plan in 2017 .

The acceptance of the plan by Council followed <u>extensive community consultation</u> over several years. Residents had confidence that the long-term ambitions for protection of bushland, access, and existing facilities, would be addressed progressively as funds became available.

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[110] Cook Denise, That Was My Home. UWA Publishing 2019.

[111] An aboriginal land rights claim was made for Swanbourne Beach by the Bodney family but was dismissed. The position changed with later State agreements re native title.

Community concerns re built developments

Concerns surfaced owing to several inappropriate sporting uses rejected by the community and Council in recent years. The following paragraph from the Allen Park Masterplan executive summary accurately expresses the community fears and wishes at the time.

> ***Existing "Friends" groups have worked within the precinct to further enhance environmental efforts, enhancement of the precinct biodiversity and heritage preservation. Of considerable concern to the community is that land tenure of existing bushland areas has not been resolved and the threat that these areas could be used for alternative purposes.***
>
> ***Additionally, there is significant concern regarding the impact of traffic in and around the precinct.***[112]



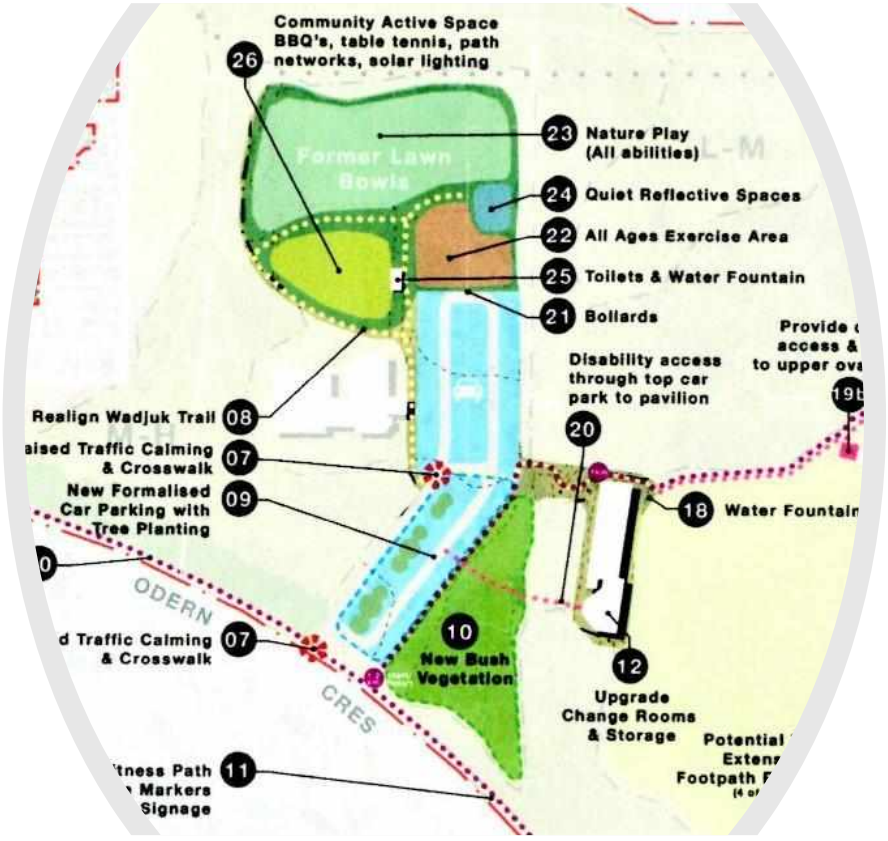
[112] **Author's photos. It should have been obvious that traffic concerns did not relate necessarily to that generated by the hospice, but by all stakeholders such as the Rugby Club, the WA Bridge Club, beachgoers and walkers, that could impact upon access to the hospice.**

Twisting words to heighten the perception that all concerns expressed were based on objecting to the hospice, rather than dissidents trying to address the congestion and impacts that multiple users could have on the operations of the hospice.



Above, a Rugby Club event.

Agreed and community supported Allen Park Masterplan 2017



Through the consultation with the Friends of Allen Park Bushland Group (FOAPBG) and the Swanbourne Coastal Alliance (SCA), it was identified that there is strong evidence to suggest a wider area of Bushland to the North end of the existing Swanbourne Reserve would provide a more adequate greenway strip to further support wildlife conservation and native animals moving through the precinct.

Additionally, the FOAPBG and SCA have revegetated areas of the bushland precinct, coastal area of the Beach Precinct and other smaller bush strips throughout the precinct. Continued planting in areas that are not utilised for other activities is recommended.

There is strong community support to retain and further enhance the green spaces and bushland areas.

That the City support the efforts of the Friends of Allen Park Bushland Group and the Swanbourne Coastal Alliance to continue to improve the biodiversity conditions throughout the precinct.

Opportunity Recommendation

Improvements to the former lawn bowls site.

Utilise the old bowling green site to provide a community space that encompasses and promotes physical activity within a natural environment.

1. Nature Play area.

2. Outdoor Exercise equipment that can accommodate all ages and abilities.

3. Further enhanced path network through the area.

4. Provision of seating, shade, toilet amenities and water fountain.

5. Provision of a fenced dog exercise area. Recommended to complement existing dog exercise through the precinct.

6. Consideration to solar lighting to further enhance the viability of the area and extend the usable time. The community places high value on sustainability initiatives.

7. The Wadjuk Trail realignment through this area will add value to the development.

8. This community precinct will provide enhanced amenity and improve the overall experience for all.

9. Lime Kiln Park Retain in current form and utilised as overflow parking when required.

BUSH PRECINCT

Strong support for the Bush Precinct Plan, although reiterated at the workshop that land tenure is a huge concern for the community that should be resolved, in particular assurance that Lot 353 (the Walkway) be retained as an important connective linkage.

12 MASTER PLAN OPTIONS ANALYSIS

The Allen Park Precinct is a well utilised public open space that is accessed by the local community, sporting clubs and extended neighbouring communities. The size (18.9ha) lends itself to being classed as a ***regional level public open space,*** *although the uses are more suggestive of a district level public open space.* [113]

This master planning study has provided opportunities and recommendations to develop flexibility in uses, provide greater amenity to the area and local community through the activation of currently underutilised spaces in line with the community vision for the precinct .

The approved Master Plan for Allen Park was an adopted Nedlands Council policy document to be implemented as funds and decisions allowed.



Claims that the area was abandoned and "neglected for years" were false propaganda. The proponents chose to ignore Council and community advice.

[113] Emphasis added.

Any perceived opposition to their proposal was entirely self-induced through the abuse and contempt shown to local government, park stakeholders, and residents.

This may well have been intentional to gain wider public support. Creating a "bogey" or "whipping boy"[114] to gain public support has long been a favoured technique for some individuals.

Paediatric palliative care is more than a hospice.

The word "hospice" derives from Latin hospitium, meaning hospitality or place of rest and protection for the ill and weary. The modern hospice movement started in the UK in 1967 under the influence of Dame Cicely Saunders. She introduced a holistic person-centered approach to end-of-life care, aiming to address patients' physical, psychological, and spiritual needs (Milićević, 2002) (Wikipedia).

> ***At some point, it may not be possible to cure a serious illness, or a patient may choose not to undergo certain treatments. Hospice is designed for this situation. The patient beginning hospice care understands that his or her illness is not responding to medical attempts to cure it or to slow the disease's progress.***

Hospice Care Definition[115]

The definition of hospice care is compassionate comfort care (as opposed to curative care) for people facing a terminal illness with a prognosis of six months or less, based on their physician's estimate if the disease runs its course as expected.

Palliative Care Definition

The definition of palliative care is compassionate comfort care that provides relief from the symptoms and physical and mental stress of a serious or life-limiting illness.

Palliative care can be pursued at diagnosis, during curative treatment and follow-up, and at the end of life.

Children's hospice services aim to meet the physical, emotional, social, and spiritual needs of children, young people, and their families.

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[114] **Fall guy, patsy, scapegoat, chopping block, dupe, goat, mark, sacrifice, sucker, target, victim.**

[115] **VITAS Care website**

Care is provided by a multi-disciplinary team of specialist staff, all working closely together to ensure seamless support to the entire family (including siblings and grandparents).

Children's hospices provide a wide range of support. Children's hospice services can deliver this care in a child and family-friendly purpose-built building and/or in the family's own home (commonly termed 'hospice at home').[116]

Helen House in Oxfordshire was the world's first children's hospice. It opened 40 years ago in November 1982. Helen House sprang from a friendship between Sister Frances Dominica and the parents of a seriously ill little girl called Helen, who lived at home with her family but required 24-hour care.[117]

We have been told that the principal activity proposed at the Hospice is respite care.

Respite was a significant service provided by Lady Lawley Cottage until it was abruptly and without due consideration, allowed to close without any attempt to offset the loss of a valued resource of facilities, staff, and volunteers even while a "hospice" was constructed.

Was it to apply pressure and enhance the business case for the "hospice"?

Respite is a very important multifaceted support option offering relief to carers. It is not generally viewed as hospital level of care[118]**. Higher levels of professional support may be needed in some cases, and Lady Lawley Cottage previously served this role for PMH.**

Additional support services of that type are required and that fact is not the issue. Why remove a historic functioning resource and offer no interim support while another facility was constructed, leaving a hiatus of at least seven years?

That the proposed plans will adequately, and cost effectively meet that need for WA has not been demonstrated.

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[116] Together for Short Lives UK website.

[117] Length of stay and clinical requirements for intensive medical/nursing care have not been published for the PCHF Hospice.

[118] PHASE are committed to creating an accessible and inclusive environment for people of all ages and abilities. We provide a range of services to support those with disabilities, including respite care for children at our accommodation sites in Ridgewood, Pearsall and Bertram. For information see - https://www.perthealthcare.com.au/respite-care-services-perth/respite-care-for-children-perth/ (Photos of typical respite homes are included on this website).

PCHF has generated expectations that are unlikely to be met for most child patients in need. Is that a proper role for a health promotion charity?

Respite care can be,

1. Emergency respite due to a family or carer crisis.
2. In-home where the carer needs to be replaced for a period while the patient remains in their own home.
3. Residential care respite in a staffed facility while the carers take leave for various reasons such as exhaustion, illness, other commitments, etc.

I provided some available information on hospice developments to SAWG in the first version of this document at the outset to assist the community in appreciating the benefit and value of hospice care[119] and also the potential development impact on Allen Park and stakeholders.

No comparable information was offered by the proponents.

PCHF "INFORMATION SESSION"

Local residents encouraged attendance at the single public information session held by the PCHF.

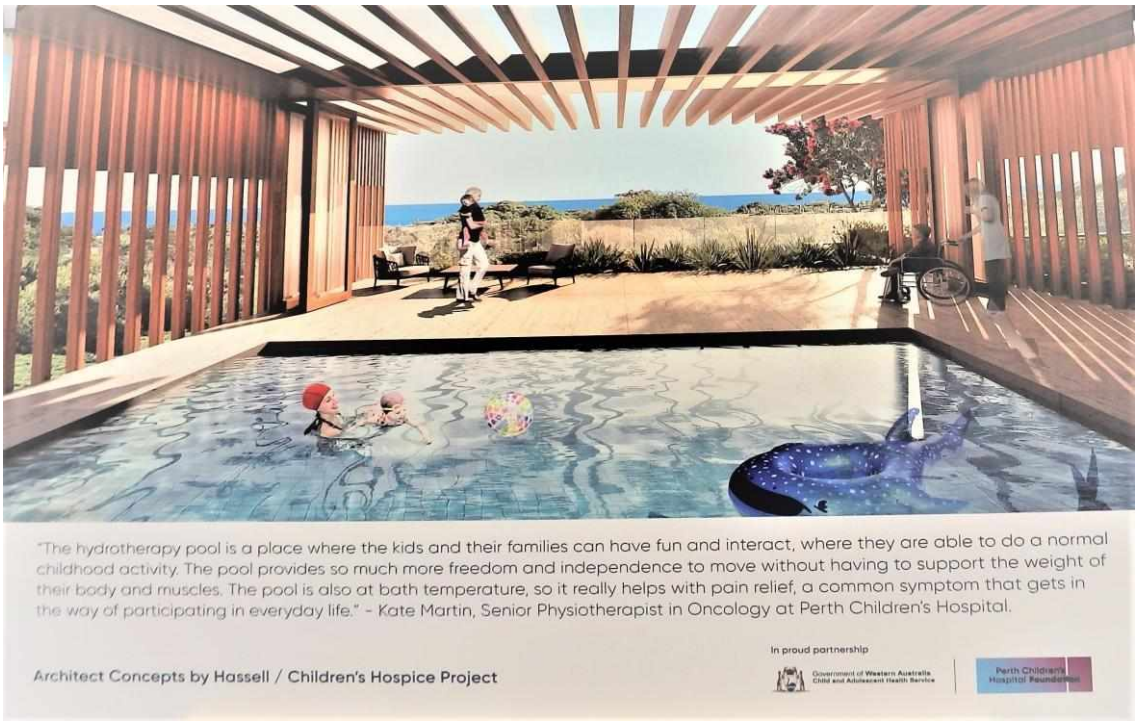
This took place in July 2021 almost a year after the Premier's announcement. It was limited to only two hours on a Sunday morning during school holidays and attracted relatively few residents and stakeholders.

I ENQUIRED IF ANY PCHF Board members ATTENDED AND WAS INFORMED BY STAFF THEY WERE NOT PRESENT. Why not?

[119] Wherever it might be built.



WA Bridge Club PCHF Information Day



Misleading hydrotherapy pool illustration above shown at the information day. It is not a hotel resort.

SAWG was told it will accommodate one staff member and <u>one patient at a time</u>. <u>A maximum of two patients per day.</u>

While no doubt a benefit for some patients, why the need to repeatedly portray it as a coastal resort pool? Capturing emotive public support more important than consultative and factual planning?

***A s*ubmission re Doonan Rd nursing home illustrates the problems of manipulated images employed by some developers:**

> ***The architectural plans and renders provided by Hassell Studio[120] are both misleading, and highly selective. Hassell Studio has attempted to make the bulk and height of the proposed building structure look smaller than it is by lightening the visual perspectives of the upper levels on both the cross- section plans and renders. The sightlines viewed from across Doonan Road and Betty Street provide only a single point line of sight.***

Bear Cottage Manly NSW:

> ***The following information was included in the first iteration of this document to help everyone understand what was proposed at that time..***
> ***Bear Cottage NSW was conceived in the 1990s by Dr John Yu and Dr Michael Stevens from The Children's Hospital at Westmead to enhance the hospital's palliative care program and was proposed to be developed on the site of the former St Patrick's College estate on North Head above Manly[121].***

Below is the Google Earth image of Bear Cottage which I showed at the community led meeting held at the Rugby Club. I deliberately included the beach despite a claim from the PCHF Chairman it "inconveniently popped up in the corner".
I had no wish or need to conceal the distance from the sea.

Lady Lawley Cottage is much closer to the sea, as my mother experienced as a child patient there in the 1920's. She rode in the horse drawn cart or managed to skip there despite her disability and described her time as the happiest in her life.[122]

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[120] **Hassell heavily involved in hospice plans.**

[121] Not an A Class reserve as is Allen Park.

[122] Red Cross booklet report.

1, BEAR COTTAGE MANLY NSW BELOW;



2 Very Special Kids, Melbourne hospice

> ***Very Special Kids is embarked on a complete rebuild of Victoria's only children's hospice. The existing hospice had provided thousands of seriously ill children and their families with a home-away-from home for almost 25 years.***
>
> ***However, today, the clinical needs of children are significantly more advanced. Children are living longer with these conditions into adolescence, placing higher care needs upon their families as full-time carers.***

Information available online illustrated that what was planned for Melbourne was an eight-bed hospice with three levels, basement, ground, and first, floors.

That site is in suburban Malvern and not by the seaside. It has now been built.

While such hospices not unreasonably attract great appreciation and support from their appreciative client families, we do not learn the fate of the many others who are unable to access this level of support.

3 Hummingbird House (building on left)[123].



In February 2011, Paul and Gabrielle founded Hummingbird House Foundation (originally known as Queensland Kids).
Since its inception, Hummingbird House Foundation has worked to become trusted curators of families' stories; pursue credible interactions with all levels of government; engage the Queensland community; and develop relationships within the paediatric palliative care sector. This has ensured Hummingbird House has become an integrated support service for the 3700 Queensland children affected by a life-limiting condition and their families.

In 2012 and 2013 the organisation participated in both a Federal and State Parliamentary Inquiry into palliative care, which brought about favourable recommendations to support building a children's hospice in Queensland. After an extensive advocacy process, in July 2013 the State and Federal governments committed to providing $3 million towards building Hummingbird House and $1.6 M each year to support the first five years of operations. WMB (Wesley Mission Brisbane) has partnered with the Hummingbird House Foundation and early in 2015 the former Prime Minister Tony Abbott joined more than 250 community members on the Wheller Gardens site at Chermside to officially 'turn the sod' on Hummingbird House. Hummingbird House will provide respite care, hospice care and a sense of warm embrace for children and families.

A special event to mark the completion of this $9 million facility is being held on the 21 May 2016 (during Synod).

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[123] **Suburban location, not near the sea.**

Comment: This well supported facility was initiated in 2011 and cost $9 million in 2016. Capacity is not given but it appears a very substantial and attractive modern building with an aged care community organisation in close and beneficial support.

Children's Hospice development in WA

Children's Hospice Association Inc. (CHA) was endorsed as a Public Benevolent Institution in 2000. The association is known as Hannah's House. The CHA web page commenting on the 2020 decision to build a hospice at Swanbourne, records that, "…we have long advocated for this outcome".

How long is not stated, but Hannah was born in 1991 and died in 2010.

2000 appears the earliest year in which the case for a specialist children's hospice in WA appears to have arisen, although it may possibly have been recognised as a requirement at an earlier date.[124]

Mike Baird, former NSW Premier and claimed as a friend by PCHF Charman Hon Ian Campbell AM, urged the WA treasurer Ben Wyatt to build a hospice in 2017.

Roger Cook, the PCHF Chairman, and the PCHF CEO, visited Bear Cottage in 2019.

Suggestions that Nedlands Council and local Swanbourne residents were responsible for delays are not supported, as the State Government only announced a decision to progress the project in August 2020 at least 20+ years after the first recorded campaign.

It is now not expected to commence operating until 2026-7 at the very earliest.

There is nothing whatever to suggest that Nedlands Council and "NIMBY" residents have been responsible for any delays.

Both were deliberately excluded from contributing from the outset and the suggestions are simply unconstructive abuse.

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[124] Mike Baird, former NSW Premier, and claimed as a friend by Hon Ian Campbell, urged the WA Treasurer Ben Wyatt to build a hospice in **2017**. **Roger Cook, the PCHF Chairman, and the PCHF CEO, all visited Bear Cottage in 2019.**

But PCHF has to find culprits to blame and to the present government NIMBYS and Local Government are easy, prime targets, especially in the Western Suburbs.

The wrong choice of site was a critical error that PCHF Board and government refuses to admit.

But it makes a great media beat-up opportunity, possibly being harvested to enhance fundraising and media attention.

Proposed Hospital (Children's Hospice) First images.



Huge glass windows and single storey in early illusory images to gain media and public support.
Playground with no safety fencing, sun protection etc. to elicit support with emotive and impractical images.

PCHF Architect's plans, only revealed in the Development Application submitted in 2022, indicated that a very large two storey building with below ground basement parking, was intended for Swanbourne.





Landgate map above showing a relatively small former bowling club building and the lawn bowling greens area circa 1980's.
Dark rectangle North of the car park is the former Bowling club building. Remainder bowling greens and parking. Red outline is the 5,000sqm newly excised hospice area, not including the access road lot also taken from the reserve land or the extra 3,000 sqm sought and unwisely granted by Parliament in 2025. A major part of the excised areas includes the former bowling greens, whereas the built facility of the bowling club was small.



A considerable amount of bushland restoration has been progressively carried out by volunteers and Nedlands Council as can be readily seen onsite.



Proposed Hospital building (Children's Hospice) Allen Park (Top of image) **Lower left building in photo is the WA Bridge Club which was placed there as a last minute concession, otherwise it would be now occupying the hospice site.**[125]

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[125] **How this happened is unclear but claims the hospice is simply on the site of the demolished former Bowling Club is a specious claim. One that appears true but chooses to conveniently overlook other facts.**

Allen Park is being treated as a "Magic Pudding".



Big step forward for hospice

Fundraising for WA's first children's hospice has hit a crucial milestone, with the Perth Children's Hospital Foundation expecting to gain development approval within weeks.

PCHF chair Ian Campbell said he understood the project's development application would be considered by the WA Planning Commission by the end of this month, which is about four months later than projected in mid-2022.

"It's frustrating but the time hasn't been wasted," Mr Campbell said. "We have been productive in the meantime and we have raised a lot of money."

The foundation crossed the $30 million mark last week and has reached $32m.

The hospice's initial goal was about $25m, but increases in construction costs and the scope of the project pushed it up.

Mr Campbell said the foundation raised about $6m between Christmas and the end of March, with donations big and small pouring in.

"We still think we can build it for $30m but we need to have some contingency," he said.

The PCHF has recently signed an exclusive resolution with its builder and a deed with the State Government that allows it to access funds. Mr Campbell said he believed in-ground works — which don't require a development approval — would start at the end of April or start of May.

The seven-bed hospice is set to be built in Allen Park in Swanbourne, providing terminally ill children a home-like space nestled between the forest and sea to receive end-of-life care with their families.

The project was opposed by the City of Nedlands council but the final decision rests with the WAPC.

To donate, visit pchf.org.au/donate-today.

Stating "the project was opposed by the City of Nedlands Council" is untrue as also is the claim the project is intended for "terminally ill children".

It is understood very few children will be in the terminal stage of illness. Some will no doubt have very serious conditions but lack of clarity and research based data obscure the reality.

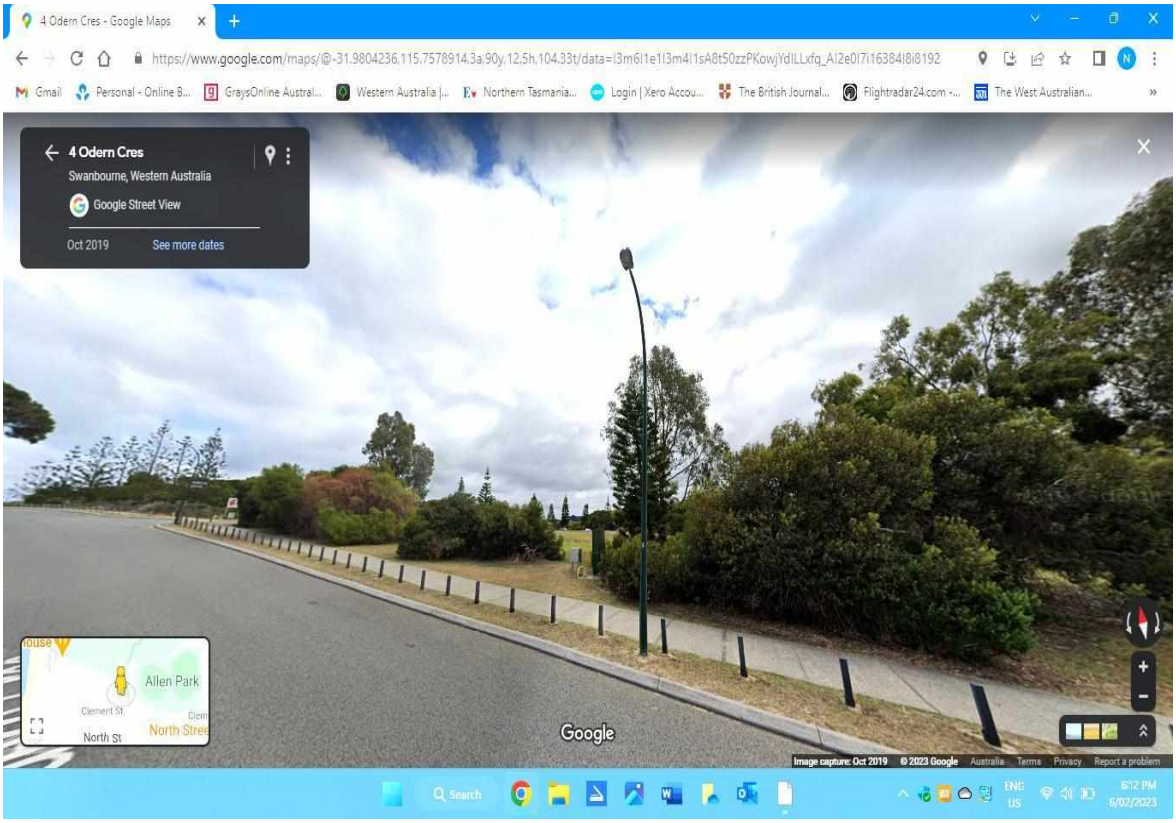
Objections and concerns raised were based on the site selection process and lack of consultation that would be common to planning any exceptional development by any Council exercising its lawful obligations to the community.

Government and PCHF expected the "good cause" quality of the project to exclude any disagreement or objections on PLANNING matters. Dissidents were expected to agree with everything PCHF said or remain silent.

The distorted view below suggesting an inconspicuous building height as seen from Odern Crescent that was shown to SAWG at a CAHS presentation attended by the author.[126]

[126] The PCHF and CAHS "Project Working Group" appointed Cameron Chisholm Nicol and Hassell Studio to help build a detailed Functional Brief based on a clinical Model of Care which naturally included an analysis of needs and requirements, amongst a range of other important project issues. This work informed the final design and was shared with the City of Nedlands Site Assessment Working Group on 3 May 2021. Hon Ian Campbell. (Responses to community-led meeting.)





This apparently identical image above in which distant buildings and trees are reduced in size was taken from a Google Earth screenshot on February 6, 2023, which confirms GOOGLE as the source of the first photo.

NB the identical cloud formations and the curvature of trees which confirms distortion of the perspective image.



Photo taken by author with digital camera on "landscape" setting, 9 February 2023. Distant building is a Defence Department facility.

Why use Google images in a multimillion-dollar project??

The bowling club building footprint was considerably smaller than that being built by PCHF.

Community volunteers, Defence Department members, and Nedlands Council contributed to extensive restoration of the adjacent bushlands.

The Swanbourne Bowling Club was proving a liability in the 1980's with falling membership. An attempt to revive use of the building was made by Nedlands Council, which encouraged the Rugby Associates Club to share the facility. However, this proved unsatisfactory.

From 1979 – 1982 several proposals were put to the Nedlands Council for the building of a rugby clubhouse at seven different locations, including Allen Park. The use of hotels as Club rooms for nearly 40 years finally ended in October 1986 when the Council approved the current Clubrooms to be constructed. This was completed in 1988 with informal assistance from the Defence Department in making site works. The West Australian Bridge Club moved into newly built premises in Allen Park in January 2008.

The Bridge Club was approved by Council to be built on the site of the demolished Bowling Club, but a last-minute change was made. The buildings were instead sited on the former Swanbourne Bowling Club greens and closer to Odern Crescent.

It was false and misleading to repeatedly refer to the unused site as "vacant". The net deficit of the available bushland space was unchanged by the relocation, but the total 9,000sqm excised site is an entirely new bite taken from the parkland.

Allen Park is not a "Magic Pudding" that can be eaten yet still remains the same size.

It was crude opportunism to describe the location as, "currently a vacant site".

December 15, 2019. Annual report Children's Hospice Association Inc.

Goodbye to 2019 – what a year it was!

We met some terrific people who are supportive of our belief in the need to build a dedicated children's hospice here in WA.

Watch this space in 2020[127].

A vanity project or meeting a real need?

In a CAHS Board meeting on December 20, 2019, an unidentified person informed the Board,

> Children's Hospice: [redacted] outlined this initiative, including the model of care with CAHS providing palliative care including through an intended hospice. The Board discussed misalignment with consumer preferences in relation to home based palliative and end of life care. [redacted] highlighted the broad scope of care that may be embedded in palliative care, and the opportunity to provide options to families.

A disagreement on the proposed "institution driven" model of services proposed was evident at the outset. Was this resolved and if so to whose satisfaction? Parents/consumers/paediatric clinicians, or developers and builders?

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[127] **It appears that plans were possibly being "leaked" as early as 2019, but the community was not informed until late in 2020. Minister for Health and PCHF Chairman and CEO visited Bear Cottage in 2019 and immediately on their return met and hastily agreed to build at Swanbourne, apparently with much laughter and back-slapping. (Premier's televised press conference WA Bridge Club).**

Is a hospital style building the best answer?

Western Australia is understood to have an estimated 2,000 children with life shortening conditions, although no research has been done. Why not? The actual need is probably very much higher.

No estimate of the number of children who would actually die at the hospice was ever given to SAWG despite my request. Informally we were told numbers would be very low.

If one were to start to design a model for Paediatric Palliative Care (PPC) in WA, the first steps would be to ascertain the statistics and demography that would apply. It appears this was not done but a headlong drive to copy existing built facilities elsewhere, was adopted as the first and only solution.

There is an argument for a Paediatric Palliative Care (PPC) model that respects parent's wishes and their needs for local, accessible and cost-effective support.

Dr Sarah Friebert, a senior paediatric palliative care doctor explains what PPC is and what is needed to be successful.

(Emphasis is added NH).

> ***Palliative care for children, or pediatric palliative care (PPC),*** *is truly a specialty that has emerged and come of age during my professional career. It began as an outgrowth of the modern adult hospice movement.*
> *Although a definitive chronology is difficult to outline, the subspecialty of paediatric hospice and PC arose through a combination of factors: the growing strength of the adult movement leading to a charge to offer similar care to children and young adults; innovative health care workers recognizing gaps and needs; people (lay and professional) who were personally affected, becoming determined to make change and/or create legacy; changing attitudes about health care and health priorities in general; the coming-of-age of a more informed and proactive demographic of people invested in creating personalized care; recognition of the limitations of technology and modern medicine in meeting the needs of the seriously ill, including children; the escalating amount of care and spending for children and adults with medical complexity and during the last years of life; the growth of autonomy and its primacy in the U.S.; an increased focus on holistic and complementary care modalities; and changes in relationships between health care providers and patients.*

Early on, PPC struggled with care that can be described as being an "inch wide and a mile deep"; programs and clinicians often fought for credibility and acceptance, as well as access to patients.

PC was equated with hospice, which connoted end of life, and stigma abounded that precluded widespread acceptance of this "new" care paradigm.

Provision of hospice and PC for infants came on the scene in the 1980s, with PC initiatives beginning in neonatal intensive care units and the development of early guidelines. Cancer programs were also early adopters, and many hospital-based programs started in oncology units. The tide has turned. Messaging around the value of early integration and of prognostic uncertainty as a trigger for PPC has also facilitated upstream referral. And while this has been the goal all along, it necessitates the creation of program models that are structured and funded to follow children and families for the long term, across multiple locations of care, through many different developmental and illness-triggered changes in trajectory.
Expanding PPC programs to include children with serious illness has meant an increase in the ***number of program models*** *that have arisen to meet needs for longer periods of time across multiple transitions.*
Initially, growth of PPC programs was largely determined by centricity of need (tertiary/quaternary children's hospitals) and funding/reimbursement streams (consultation, medical-based care).

However, ***many models are now necessarily home- and community-based, as this is where families would prefer to be with adequate support*** *and as we've been challenged to create soft landings/networks of care to embrace all of domains of suffering.*

Two of the most salient needs for families to succeed at home—dependable, high-quality in-home paediatric nursing care and respite care for families—are severely lacking in most areas.

Free-standing paediatric hospice/PC facilities*, in the vein of the U.K.'s Children's Hospice Houses, have also begun to spring up as an alternative to hospital or in-home care for children toward the end of life or in need of respite care.* ***Funding challenges abound for this model, however, and the true need and impact are unknown****. …*

At best, however, free-standing pediatric hospice facilities have limited geographic and volume capacity.

Despite all of the progress that has been made, a minority of children who die are actually served by high-quality PPC and hospice programs.

Thankfully, most children's hospitals now have PPC programs, but the depth and breadth of these programs vary widely, largely due to funding challenges. Yet, many children in the U.S. are geographically far from children's hospitals or tertiary/quaternary care institutions, and the availability of/access to high-quality PPC out in the community is even more problematic.

In the last century, we have seen a seminal change in location of care and death from the home to the hospital, and now the pendulum is swinging back to death at home as a quality outcome—It is necessary to work toward the middle ground to allow children to die wherever they and their families are most comfortable (usually the home with adequate support, but often the hospital as a second home) and streamline funding and programmatic structures to enable this to happen as seamlessly as possible.

- *A second pendulum involves a change from care provided in the community by the community (early "interdisciplinary team players") to one that evolved into primacy between a doctor and a patient, and one that increasingly involved the hospital/intensive care unit/acute healthcare system.*

Now we see movement back toward holistic team-based care within the hospital, beginning to move back out to care teams in the community, enjoining community aid or health workers and laypeople to help form the continuum.

Full access will necessitate the full-scale development of robust interdisciplinary PPC teams available in multiple locations and settings.

Teams simply must be resourced *to be able to get in early (at diagnosis in many cases) and stay for the long haul, across settings, different developmental stages, and changing trajectories. Access depends on flexible, nimble care models that meet patients and families where they are—where they are physically located as well as where they are emotionally, culturally, spiritually, and in their decision-making processes. In addition to fragmentation of care,* ***lack of respite care is the most salient complaint from families themselves.***

"We're not going to have a paediatric hospice and palliative care program on every corner, nor should we," says Sarah Friebert, M.D., Director of the Haslinger division of pediatric palliative care at Akron Children's Hospital in Ohio.

But most hospices need help training staff how to work with children.

"A lot of kids are isolated in areas where there is an adult hospice that has good intentions but doesn't have people who are trained appropriately [128]***.***

One Perth-centric "stand alone" hospice was not the only way to go. I fear it is seriously wrong for a State with the geographic size and dispersed population of WA. Is it wrong to express concerns this plan is inadequate?

A model of integrating/training with currently existing adult palliative care and community based palliative care services to include children, appeals as one alternative worth considering. Perhaps there are others, but the debate was never publicly held.

We know from what has happened already in Australia that stand-alone, age-limited child hospice units quickly run out for space for adolescents, as the demand for further expansion arises. A broad-ranging and enlightened vision is needed to ensure no one misses out on the basis of age in future.

Perhaps there are more choices! But political, (electoral), financial, and media driven disingenuous scriptwriting, are a huge challenge to unbiased, constructive, independent, rational, and evidence-based debate.

Was there scope for any alternatives?

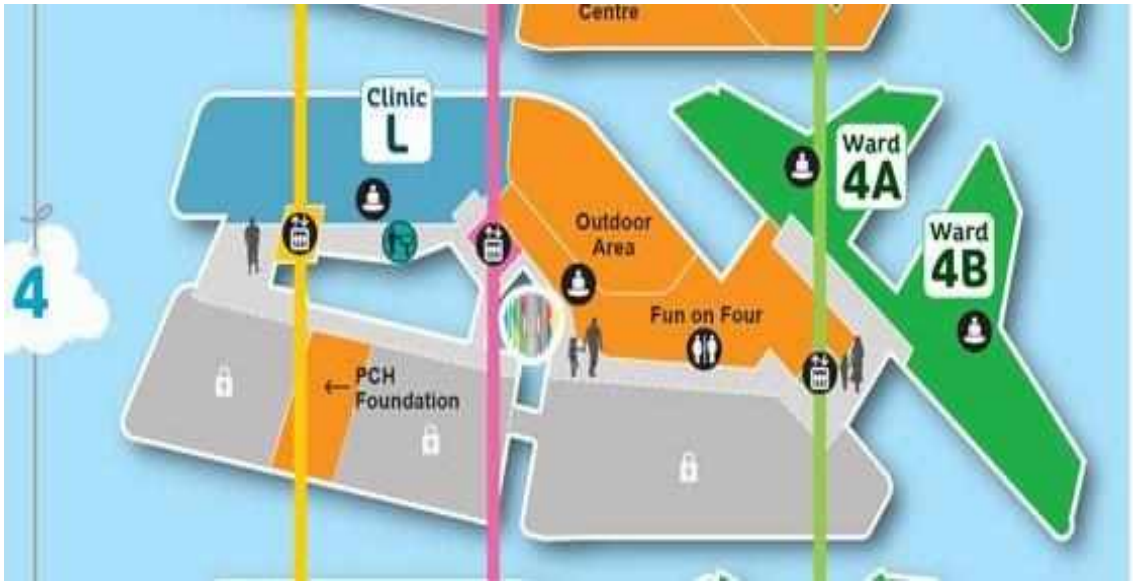
It has become plain that this Hospital (children's Hospice), is intended to be the central point of reference in WA for Paediatric Palliative Care (PPC) clinicians, volunteers, staff, and administration and at the same time a respite and therapy base for potentially 2,000 (or many more) patients scattered over the whole Metropolitan area and regions. It should not have been contained within one relatively remote building location but accessible to many professional clinicians, volunteers, parents and patients.

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[128] **Emphasis added.**

No one location can possibly meet all of those requirements in a State the size of WA.

The new Perth Children's Hospital was recognised by Roger Cook (in opposition at the time) as too small. Nevertheless this $1.2B building houses the State's main investment in built facilities for sick children. Ideally one would expect that any Statewide professional and <u>administrative functions</u> for PPC should be centrally located at PCH itself.
Could this be achieved when PCH has so little free space available without curtailing clinical services? A look at the diagrammatic plan of the interior of PCH revealed a possible solution.
PCHF occupies offices on Level 4 at PCH. The map shows the location but not the area or number of offices taken up in this space.



Could the PCHF Board generously evacuate their precious PCH space on Level 4, for which they have no immediate proximity need, and this office space be used as the WA Paediatric Palliative Care resources Statewide contact centre?
This removes administrative clinical functions from the Swanbourne site that would be best conducted centrally and closer to PCH.
The really relevant functions proposed are believed to be short term respite which could perhaps be much better supported as small cottage annexes at existing adult hospices. The current plans will create another "stand alone silo" of expertise and resources separated from PCH that will prove to be inaccessible to many in need of these services.

> ***The smooth running of complex organizations such as hospitals and Universities, for example, demands very high levels of understanding and co-operation between professional groups with different expectations and training.***

> ***The tensions that can arise between these groups can reduce organizational performance unless well-managed. Silo, whether within or between organizations or between disciplines, have their origin in human behaviour. The term "silo mentality" is often used describe individual and group mindsets which can be divisive within and between organizations and which are most often manifested as communication barriers creating disjointed, disconnected and detrimental way of working. It is helpful to think of silo existing in degrees along a continuum.***[129]

There may well be valid objections to this suggestion, but it is raised to demonstrate that <u>all alternatives</u> were not openly explored.

I anticipate issues will arise with staffing and communication demands between PCH and the remote Hospital (Children's hospice).

There are better and safer options that have simply been excluded in a rush to adopt a single, "feel good" project by PCHF, whose prime role is supposed to be as a "HEALTH PROMOTION CHARITY" not builders of impractical dream projects.

High level Respite and terminal care should remain a State responsibility and not be privatised as a "vanity project" for an organisation led mainly by persons with business backgrounds and subject to electoral populism.

The "Kids' Bridge" is an example of a failed and costly PCHF project that delivers few benefits other than to some adult walkers and commuters. It has no protection in summer or winter.

Children are rarely seen using the facility. Built at a cost of $8.6M access to King's Park would be beneficial to sick children, but this does not deliver what was promised.

The Swanbourne Hospice is on track to be the same.

When was Nedlands Council informed?

According to an editorial report in the West Australian on September 7, <u>2020</u>, headed

> ***"Don't let negativity delay kid's hospice"* the PCHF chairman Ian Campbell stated the *"... the City was informed of the proposal on February 13 – six months earlier – and in April he sought a meeting to brief councillors but was told the earliest date was August 4".***

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[129] **Silo Effect a Prominence Factor to Decrease Efficiency of Pharmaceutical Industry. Google.**

Information has since emerged that confirms serious planning work had been undertaken in secret before 13 February 2020.
Business Plan WA Children's Hospice, Report for Detailed Business Case, PROJECT NO: P20043 February 2020, Issued by: Cameron Chisholm.
The purported consultation according to Nedlands Council CEO was as follows: Minutes from report re Perth Children's Hospice,30 November 2020.

> ***Background: In February 2020 the City's Chief Executive Officer (CEO) met with the Perth Children's Hospital Foundation (Foundation) CEO and Chair of the Board, where it was advised that they were considering sites in the Western Suburbs for a residence for the purpose of a children's hospice. One site under investigation was in Allen Park Swanbourne, just north of the Bridge Club car park. shows the proposed location.***
>
> ***The City has received notice from the Perth Children's Hospital Foundation that it intends to build and operate a residence as a children's hospice in Allen Park Swanbourne, just north of the Bridge Club car park. This is supported by the Hon Roger Cook MLA, Deputy Premier, Minister for Health, Mental Health.***

Does that sound like consultation or an order?

> ***The City has been invited to participate in this initiative by joining the project development group but resolved to complete its own community engagement before making a decision.***[130]

PCHF engaged in the age-old claim – "You are either entirely for us or against us"!
Was there any genuine documented and formal consultation with Nedlands Council? Despite requests to Nedlands Council I was unable to get any response to this question until recently.[131]

March 2020: meeting with PCHF Chairman and FOAPBG

PCHF Chairman called the President of Friends of Allen Park Bushland Group (FOABG) requesting a meeting as they were looking at a site in Nedlands to locate "an end-of-life home for very sick children in a nice location near water".[132]

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[130] **Council's resolution clearly reflects that no genuine process of public consultation had taken place at that time. Council "acknowledged" the proposal. It did not block it as claimed by the ABC. "Don't make sick kids die in clinical setting, Perth mum says after Nedlands council blocks WA hospice". Alicia Bridges, ABC News July 2022.**

[131] Since this was written I have received some documents which do not demonstrate that the **Minister for Lands** consulted Nedlands Council as required under the **Act**. I gather that an email was sent to the Mayor by the Minister for Health **stating what they intended**. It was not a **consultation** in any real sense.

[132] Is it really an "end of life home" or a palliative care respite and professional staff base to support parents remotely? We understand very few patients are expected to die here. That respite role is important, but why the emotive terminology for what is and should be an extension of **PCH Hospital services**?

President FOAPBG arranged to meet at the entrance to the Rugby Club and invited comments from anyone available to join. (At this date the Allen Park site had already been selected by PCHF as shown in the Business case dated February 2020.

This contact was not with the "Friends of Allen Park" as often claimed but the Friends of Allen Park Bushland group (FOABG), only one of many community organisations with sporting, cultural and environmental interests in Allen Park.

2 April 2020: A FOAPBG Member's email to President stated,

> ***"… I also agree this sounds like a very compassionate and worthy cause… However, I do offer up a cautionary comment from a previous experience with a similar project … a purpose-built adult community hospice … with an outlook to Shenton Park bushland … However, the hospice was suddenly closed down some years ago. All those involved were assured it would continue to be used for purposes related to cancer. And indeed, it is – but as the headquarters for Palliative Care Inc. where it doesn't deliver palliative care services but is an administrative hub, used for training and administration. The unit under discussion is being built within Allen Park but what guarantee does the community have that the facility would not be closed down and re-purposed in a few years' time, as happened with the Cottage Hospice? The community could then be left with something that is completely outside the concept of the Allen Park Master Plan, which embodies the views of the community.***

2 May 2020: FOABG response email,

Email sent to City of Nedlands CEO by Vice President FOAPBG setting out the reasons for objections from community members to the proposal concludes,

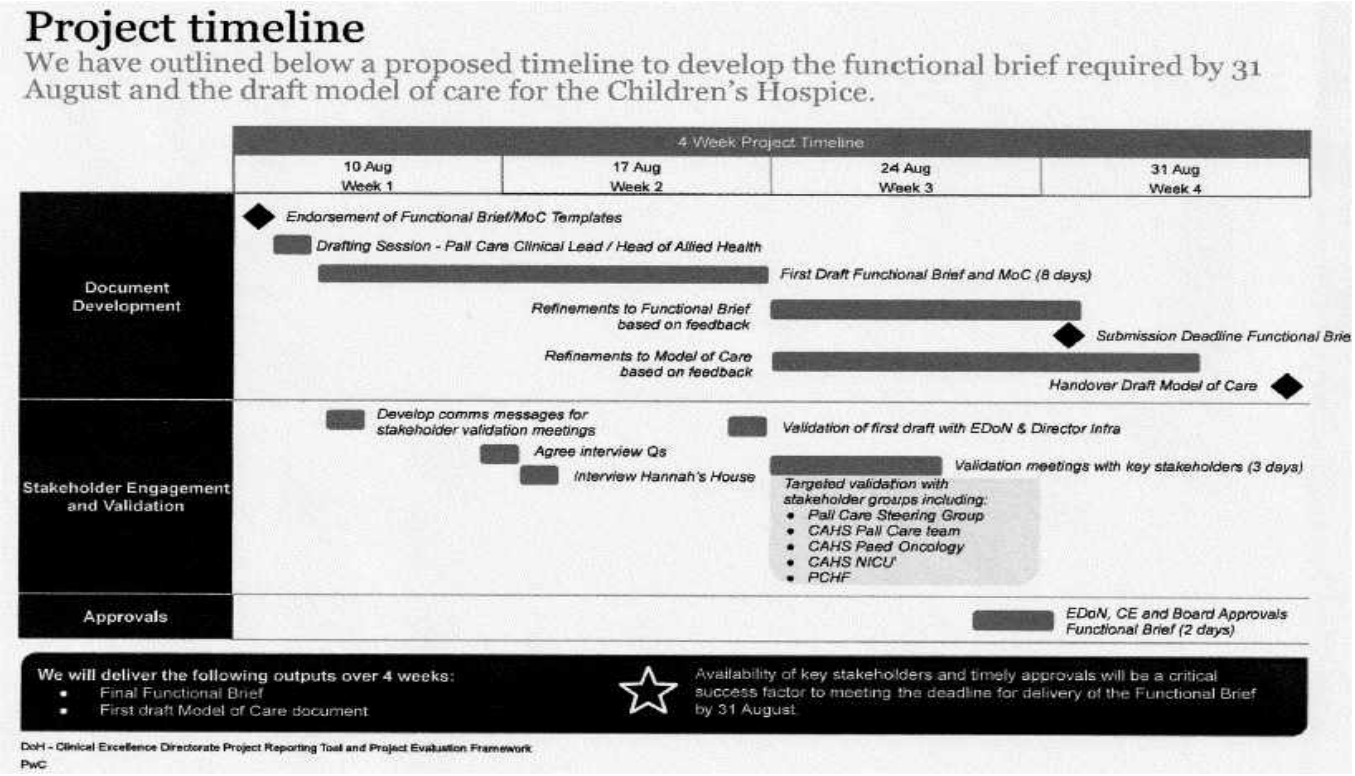
> ***"…We trust that a more suitable location for such a worthy project will be identified".***

CAHS submission on Palliative Care July 2020.

A submission by the Chief Executive Child and Adolescent Health Service (CAHS), to the Joint Health Select Committee Inquiry into Palliative Care in WA, illustrates that as recently as July 2020, the serious needs of the paediatric sector were still being overlooked. Their submission stated:

> ***Palliative care for babies, children, and young people (henceforward called children) was not specifically covered in the Joint Select Committee Inquiry into End-of-Life Choices. We welcome the opportunity to ensure it forms a part of this Inquiry into Palliative Care.***
>
> 1. ***Recommendation 12 … Despite funding increases into regional services investment in developing stronger process for paediatric patients has not occurred.***

It appears that as late as July 2020 CAHS was not aware that PCHF were actively pursuing locations upon which to build a new children's hospice as it was not mentioned by the CAHS CEO even in passing. So who is responsible for planning child health services? Government, the WA Health Department, clinicians, staff and parents, or property developers, consultants, and builders?



Draft project timeline prepared by PwC to commence 10 August allowed four weeks to produce a functional brief and model of care – clearly <u>not then available</u> when Nedlands Council was told of the plan for Allen Park on August 4, 2020.[133]

Validation meetings with Key stakeholders – 3 days.

Nedlands council and community not included as key stakeholders.

Obscene haste was plainly evident in this badly conceived and poorly planned "vanity project" for the PCHF Board and politicians.

Friends of Allen Park Bushland Group Newsletter 2020

Children's Hospice ***A couple of months ago, we were approached by the Perth Children's Hospital Foundation as they were in search of a premises upon which to build a facility much like the Bear Cottage in Manly, Sydney.***

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[133] There was also <u>no functional brief or model of care</u> when a Draft Project timeline was produced by PwC in February 2020. A case of "Just trust us – we know best what is needed"!

> ***<u>They set their sights</u> on the old bowling greens behind the Bridge Club. Given this was not specifically a bushland issue, it was important to draw sentiment from residents further afield. <u>In the heart of the pandemic</u>, a public gathering to discuss this issue was not possible.*** **146F**[134] ***Opinion was sought and ultimately the proposition did not get support from the community, as it is believed that <u>the recommendations outlined by the Allen Park Master Plan do not include any solid infrastructure, such as buildings</u>. Instead, it lists the wishes of the community for a nature play space, outdoor exercise area, and/or dog exercise area and pathway linking the Bush to Beach trail.***

<u>The built environment at Allen Park had been kept at the same amount, as the Bridge Club replaced the Bowling Club.</u> The Allen Park Master Plan endorsed by Council and community resolutely did not want to see any additional buildings in this already well-developed area of public open space. The balance of open space was intended for public recreational benefit and to minimise adverse effects on the remaining bushland and wildlife.

It was not just abandoned land. Its future was spoken for in the Allen Park Masterplan, subject only to funding as available, as also was the hospice.

August 4, 2020. Nedlands councillors told …

Comments from Mayor Cilla De Lacy reported in The POST,

> ***"When we were briefed on August 4, we were not told by anyone that three days later the State Government was going to make a major announcement on the project at that site".***

But plans had already been well hatched and advanced in February 2020 as this diagram obtained under FOI accurately demonstrates.

The similarity to plans revealed much later in the DA is crucial evidence that the Allen Park site was the only one considered from the very beginning.

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[134] **Emphasis added.**



Community and Local Government consultation: Under the Land Administration Act 1997 – Sec 14, The Minister is to consult local governments before exercising certain powers in relation to Crown Land.

The following request was made to Nedlands Council on several occasions but as of September 22, 2022, no reply had been received.[135]
One had to assume that no formal or valid consultation took place, or that Nedlands Council has no records of any consultation if it did occur.

> ***Dear Mayor Argyle,***
> ***I would appreciate advice regarding the steps by the responsible government minister to consult Nedlands Council as required under Sec. 14 of the Land Administration Act 1997 in respect of the excision of land from Allen Park Reserves.***

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[135] **Some documentation has been obtained but it still does not support the claim of genuine consultation with Council or the community.**

LAND ADMINISTRATION ACT 1997 - SECT 14

> ***14 . Minister to consult local governments before exercising certain powers in relation to Crown land.***
>
> ***Before exercising in relation to Crown land any power conferred by this Act, the Minister must, unless it is impracticable to do so, consult the local government within the district of which the Crown land is situated concerning that exercise.***

Did the Minister for Lands consult Nedlands Council as the relevant local government as required under the above legislation?

If so, on what date did this occur?

In what form did this occur?

With whom did occur?

What was the outcome of any ministerial consultation with the City of Nedlands?

Is there a publicly available record of any ministerial consultation?

August 29, 2020. Letters POST NEWSPAPER.

Beach park no place for hospice -Former Mayor of Nedlands, Max Hipkins. "Allen Park is recognised by the Heritage Council as being an important open space asset, valued by the community. As residential densities in the western suburbs increase, all existing parks will become more valuable and have to be protected".

August 31, 2020: Sydney Morning Herald, Mc Gowan:

> ***We will fight the NIMBYs and density 'critics and naysayers'. Premier Mark McGowan has sent a strong signal to property developers and residents he will use new planning laws to support density-boosting projects. The reality is, we want to see construction and development in Western Australia.***
>
> ***"There was some objection based upon what was going to happen in Cottesloe and Peppermint Grove and Claremont and those sorts of areas but Planning Minister Saffiotti's force of personality and advocacy overcame those objections,' Mr McGowan said.***

Obligation to consult

The meaning of "to consult" may not have been legally affirmed in Western Australia, but elsewhere the expectation for a community is clear.

> ***108. It is common ground that, whether or not consultation of interested parties and the public is a legal requirement, if it is embarked upon it must be carried out properly. To be proper, consultation must be undertaken at a time when proposals are still at a formative stage; it must include sufficient reasons for particular proposals to allow those consulted to give intelligent consideration and an intelligent response; adequate time must be given for this purpose; and the product of consultation must be conscientiously taken into account when the ultimate decision is taken (R v Brent LBC ex parte Gunning [1986] 84 LGR 168).***

Our legitimate expectations that what is enshrined in legislation means what it says, should stand without doubt and free from abuse of power.
The rule of law requires that the process by which government decisions are made should be by fair means, not by fiat. A succession of concerns over planning decisions in the Perth area have arisen, suggesting increased pressure by politicians to have a free rein over public reserve land.

August 29, 2020. POST. Nedlands opposes kid's hospice site.
This heading may have conveyed a wrong impression of the concerns of those who disagreed with the government's choice of site.
However, the proponents chose to discredit anyone questioning the wisdom of any of their decisions and consistently portrayed them as opponents of the hospice itself, rather than address concerns regarding the hasty and ill-informed selection of this site.
There was no opposition to the proposal for a children's hospice if clearly shown to be needed, wherever it might have been built, but to the failure to observe due process in planning and consultation, resulting in a faulty choice of site and unanswered questions regarding alternatives such as Lady Lawley Cottage or other more safe and suitable locations in the metropolitan area.

Media spin: The often-repeated suggestion that this is the first children's hospice in WA is misleading promotional spin.

The proponents themselves have stated the main activity will be respite care, a function that had been a core activity at Lady Lawley Cottage and also at other WA charitable organisations over many decades.

The term "hospice" in the mind of most people suggests imminent terminal care, with death usually within six months. However, child palliative care personnel have widely mis-appropriated the term "hospice" with its additional emotive meaning.[136]

The CAHS representatives were unable to tell SAWG how many children fall into the category of those imminently dying, and it appears most services provided will be those of support, treatment and rehabilitation through short term respite care. These appear suitable and much needed in WA.

The potential number of child patients state-wide has been suggested as 2,000 and the number in palliative care as 200, but exact figures have not been made available as apparently no research had been done in WA.

One $37M+ seven bed unit in the Western Suburbs, where Lady Lawley Cottage previously operated, seems a poor substitute to meet state-wide needs for metropolitan and rural and remote parents.

How is that showing compassion for the many in need state-wide?149F

No long-term strategy for paediatric palliative care has as yet been sighted.

There was no mention of "Hospice" or palliative care in the CAHS Strategic Plan 2023 – 2025.

7 September 2020: Kids' Hospice Showdown

According to an editorial in the West Australian on this date, the Premier said, "*Nedlands council turning its back on dying children*".

The PCHF Chairman ***"said the City was informed of the proposal on February 13[137] – six months earlier – and in April he sought a meeting to brief councillors but was advised the earliest date was August 4."[138]***

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[136] The Local Government Minister John Carey invoked **his mother's** experience in asserting the benefits of hospice care. However, we have been told that **child palliative care is different** and that the number of children expected to die at the proposed hospice was not quantified and would be very small in number. It should be noted that the stand-alone adult hospice at Shenton Park is now closed to residential care for patients. (Perth Now June 30, 2022). Whether the replacement facilities are as satisfactory is not known but information suggests they are not adequate.

[137] **Note well that PCHF already had a Business Case dated February 2020 and were under way with other planning measures and commercial consultations but had no Functional Brief or Model of Care.**

[138] Also fails to explain visits by Minister Roger Cook and PCHF to Bear Cottage possibly in mid-2019; – before February 19, 2020.

PCHF Chairman Ian Campbell omitted to mention the meeting with FOAPBG on March 11, 2020,[139] when it was then believed that a number of sites were under consideration, and none had been decided upon[140]. Nor did he care to mention any matters that indicated why the FOAPBG had raised concerns about the location chosen.
As far as can be ascertained the PCHF Chairman contacted the CEO of Nedlands Council who has since resigned. Documentation of this contact has not been located.

It should be clear that the CEO (Town Clerk as formerly titled) is not the council but gives advice to the council. Thus, the claim by the PCHF Chairman to have "informed the City" has little credibility if he only made contact with the CEO, and there is no public record of any formal consultation with the Council itself[141].

An experienced commercial property developer and former politician could be expected to be aware of that fact.

The tenor of his comments and those of the Premier, suggest that the matter had already been decided, and consultation with the council and the community was thought irrelevant and intended to be readily bypassed.

The City of Nedlands Mayor *'felt we were being told and not asked ".*
The West Australian editorial report also stated.

> ***"The council voted unanimously to launch a community consultation and to report the results by next month but refused to join the project control group"(WRONG). This creates a tight timeline for the Government which wants to secure the site this year so work can begin in January. This week it will advertise excision of the 0.5 ha site from A Class reserves***

Council was in fact represented on the Project Control Group (PCG). However their representative was bound not to report to SAWG which could not keep Council informed on community views.

Any information from the PCG was stated to be confidential and was not provided to SAWG.

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[139] **The Business plan dated February 2020 was already in their hands and only revealed under FOI.**

[140] **At this date plans to access Allen Park were already at an advanced stage and surveying done.**

[141] **Council: noun. an assembly of persons summoned or convened for consultation, deliberation, or advice. a body of persons specially designated or selected to act in an advisory, administrative, or legislative capacity**

Hardly effective consultation with the community if its representatives are gagged.

Media negativity to Nedlands Council patently obvious.

The message given was that the hospice was already a "done deal" and no point in making waves.

September 8, 2020: Hansard – Assembly--- Mr M McGowan replied,

> ***(Excerpts) The preferred site is the former Swanbourne Bowling Club. A range of sites were looked at by the Perth Children's Hospital Foundation, but only the Swanbourne Bowling Club site at Allen Park met all the criteria. It is close to the Perth Children's Hospital, it is vacant and near to the ocean, and it is close to residential areas and local amenities for families[142].***
>
> ***It has great opportunities for garden and landscape access for kids, and there is a lack of competing alternative uses[143]. It has a wonderful environment, beautiful ocean views, and children can be taken down to the ocean.***
>
> ***This project should be absolutely and completely uncontroversial. Every Western Australian should get behind it. It is something that we should all embrace and say, "Thank God we've got the Perth Children's Hospital Foundation promoting this, getting donations, and working with government to create something so wonderful for families and children." That is why I find the City of Nedlands and its gross display of nimbyism and selfishness so extraordinarily difficult to take. It makes my blood boil that it would act in the way that it has. It has refused to engage with the project control group. (WRONG)[144] It claims it was engaged too late, even though it made Hon Ian Campbell wait months to brief the council.***
>
> ***Councillors were making ridiculous claims about the Special Air Service dropping bombs in the area[145]*** **(NOT TRUE NH.)**
>
> ***The City of Nedlands should be ashamed of itself at this point in time. This is a wonderful project. It is long overdue.***

- [142] Where is the accommodation available in this area for parents from regional areas to assist in the dying of their children? If families are financially challenged where is the public transport? 500m is too far for someparents. **Accommodation for parents from regional areas is widely available and easily found online to match their budgets. Public transport is convenient and easily accessible. Reply from PCHF Chairman Hon Ian Campbell.**

[143] **Statement conveniently and arrogantly ignored the community-based plans for this area.**

[144] **False; Council was represented on the PCG.**

[145] **Outrageously mischievous claim. Who was feeding this misinformation to the premier?**

-The state government is absolutely supportive of it, and we will pull out all stops to ensure that this project happens. I urge that council to put its ***nimbyism*** *behind it and get on board.* **(Emphasis added. NH.)**

The Premier has the Parliamentary Privilege to speak his mind freely. One could expect that gift from the public of WA, would be used with due respect and propriety. Attacking citizens exercising their democratic rights to contribute opinions is uncalled for and unworthy of any Premier.

Labelling of anyone daring to express alternative views as "opponents" and "nimbys" in regard to the hospice, has been a very "Convenient Untruth and counterproductive.

Site Assessment Working Group established by Nedlands Council

September 9, 2020. City of Nedlands circular invited expressions of interest from Swanbourne residents to join a Site Assessment Working Group (SAWG) to consider the proposal further. 12 community volunteers were appointed including myself.

My motives at the time were as follows.

- **I wanted to know how the decision to use Allen Park land had been reached and what reasons were advanced for that decision.**
- **If Allen Park land had to be the site, I wanted to understand fully what was intended.**
- **I expected to be able to contribute to a decision on at least where within Allen Park the hospice was to be sited.**
- **I had experience with the closure of Swanbourne hospital and its replacement with new design facilities. This led to an interest in architecture and environment contributing to good health care.**
- **I was familiar with the concept of "multi-sensory environments" for disabled people and hoped I could contribute and support the development of a facility at the hospice.**
- **I expected to be fully informed on all matters related to the hospice planning as it progressed.**

I resigned later in frustration at the dribble of information which indicated utter contempt for any contribution I could offer. The sole Nedlands Council member appointed to the Project Control Group was bound to confidentiality and could not inform SAWG on any matters. Like several other members it became quickly apparent to me there was absolutely no interest whatever from PCHF in working with SAWG. We would be told only what they were doing but had no input at any stage.

September 12, 2020.

The PCHF Chairman stated his opinion that Nedlands Council's expedited consultation with nearby residents, *"...would be a waste of money because his foundation was already running a public consultation that would inform the design."* Such was his disdain for community consultation and engagement.

The PCHF Chairman has claimed he meets "thousands who think it's a great project" [146], and of course it could be, if it was planned and delivered properly in the most suitable location according to customary community planning practices, consultation, expectations, respect and due diligence.160F

September 12, 2020. Letters, POST Newspaper:

> ***Nedlands Council and residents in the vicinity of Allen Park at Swanbourne, have every right to feel deeply affronted by the "blast" of unwarranted criticism directed at them by the Premier and the Perth Children's Hospital Foundation chairman, Ian Campbell.***
>
> ***The only "pathetic" part of this saga has been the hostile and clumsy attempt to manipulate a decision from Nedlands Council by employing emotional blackmail.***
>
> ***The McGowan Government dropped a surprise bombshell on Swanbourne residents, instead of a respectful and constructive approach that most likely would have achieved a positive result for the hospice.***
>
> ***They judged that any opposition to a hospice for children would be on a hiding to nothing, so they could push ahead and ignore rules of proper community consultation and lawful approvals. Neville Hills.***

POST, Hospice plan took Council by surprise.

According to Mayor Cilla de Lacy, the Administration, through the CEO, offered PCHF a meeting in August not the Nedlands Council. This followed a media claim that the Hospice delay was "pathetic", and letters from others urging Nedlands to "show compassion" and accept the proposal.[147] It has been constructed to appear that after making an approach to Nedlands in February, PCHF sat back patiently waiting and frustrated, to hear from Council.[148] They were in fact pressing on with their own plans without consultation.

---

[146] PerthNow, September 29th, 2022, p7.

[147] **This ploy of blaming community residents who have in no way caused any delays, is reprehensible media manipulation by PCHF. In 2025 the Development Application which was subject to further undisclosed modifications was approved by an unfairly balanced WAPC hearing at short notice. It accommodated all the proponents wishes and was followed immediately with well-prepared media reporting, e.g. an ABC item included a photo provided by PCHF within a very short time of the completion of the hearing.**

[148] **In February the PCHF already had a business plan drawn up based on the Allen Park site.**

As The PCHF Chairmen was a former Federal Senator and commercial property developer, it seems unusual that he would not have made direct formal contact with Nedlands Council itself if he saw the matters were then so pressing. Clearly PCHF and Government had decided what they wanted by at the latest February 2020, and consultation was something to be dismissed.

It should also be noted that Council was at the time in the midst of a town planning furore as well as a pandemic. This attempt to blame Council for delay overlooks that the case for building a hospice was already decades overdue. The need to build quickly, create jobs, and secure the coming election, would appear to have been the real stimulus to the hyperbole and hostility displayed by the Premier and the PCHF Chairman towards city councillors and citizens legitimately expressing opinions.

Friends of Allen Park Bushland Group Newsletter:

Perth Children's Hospital Foundation Hospice Proposal
As everyone knows, the PCHF has the support of government to build a hospice at what looks like to be the favoured site on the old bowling greens near the Bridge Club. There have been suggestions to look rather to alternative sites such as the Sunset Hospital, or the Deaf School.

Many will have read articles and letters in the media 'for' and 'against' and justifications and will have formed their own opinion in regard to this matter.

The Nedlands Council meeting on the 22nd of September resolved to acknowledge the government's proposal to excise land to build the hospice and to provide the community with the opportunity to form a Site Assessment Working Group to feedback to the City about the proposal.

In the meantime, the government is already taking steps to excise the land by a ministerial order on or after the 30th of October and has already conducted soil sampling on site, so it appears that their minds are already made up. It is therefore imperative that the build does not impact on the bushland in any way whatsoever.
Whilst there appears to be a blank canvas due to what appears to be 'vacant' bowling greens within the public open space, the vegetation in the swale to the west linking Flyash Hill and the adjacent Seaward Corridor as well as to the north of the fence-line delineating Commonwealth Land is a critical linkage between Melon Hill and the Swanbourne Reserve.

The excision of land must therefore incorporate the fire exclusion zone so as not to impact on these linkages whatsoever.

The City has openly declared that the Allen Park Master Plan is in place, and recommendations for the old bowling greens were to provide a community space that 'encompasses and promotes physical activity within a natural environment'.

These recommendations included a nature play area, a fenced dog exercise area, outdoor exercise area for all ages, seating, a drinking fountain, and ablutions.
The Whadjuk Trails network would be realigned to facilitate movement through the area.

If some of these recommendations can be accommodated within the available space, then there would be no further changes to the area in the future.

Bushfire risk

The following information informed the first version of this document which was presented at an early SAWG meeting.

At that time there was no information available to SAWG or the local community regarding what assessments had been undertaken in respect to bushfire risk to the proposed hospice.

The existence of a potentially serious bushfire risk should have been evident to everyone at the SAWG meeting in February 2021.

SAWG was not advised that CAHS had requested a report, and it was only found later through an FOI application.

As Nedlands Council had previously undertaken a risk assessment of the FOABG Cottage in Allen Park, I included their report in my first iteration of this document to provide some points for fellow members of SAWG to consider.[149]

[149] Submitted to SAWG in February 2021 which indicates objections were raised early and in good time to be examined and heeded, not arbitrarily dismissed. Confirmation that community contributions were not welcome and a deliberate dismissal of local community opinions as represented by their Council.

22 September 2020: City of Nedlands Allen Park Cottage bushfire risk Technical Services Reports Committee Consideration – 8 September 2020
Council Resolution – 22 September 2020

The City engaged Stratagen JBS&G to undertake a Bushfire Management Plan for the Heritage Precinct.

The plan highlighted that that the location of the FOABG Cottage was in a "High Risk" area surrounded by Class A forest which places it in the highest (Bushfire Attack Level – Fire Zone) BAL – FZ.

The red colouration represents the highest fire risk zone – FZ or Flame Zone.

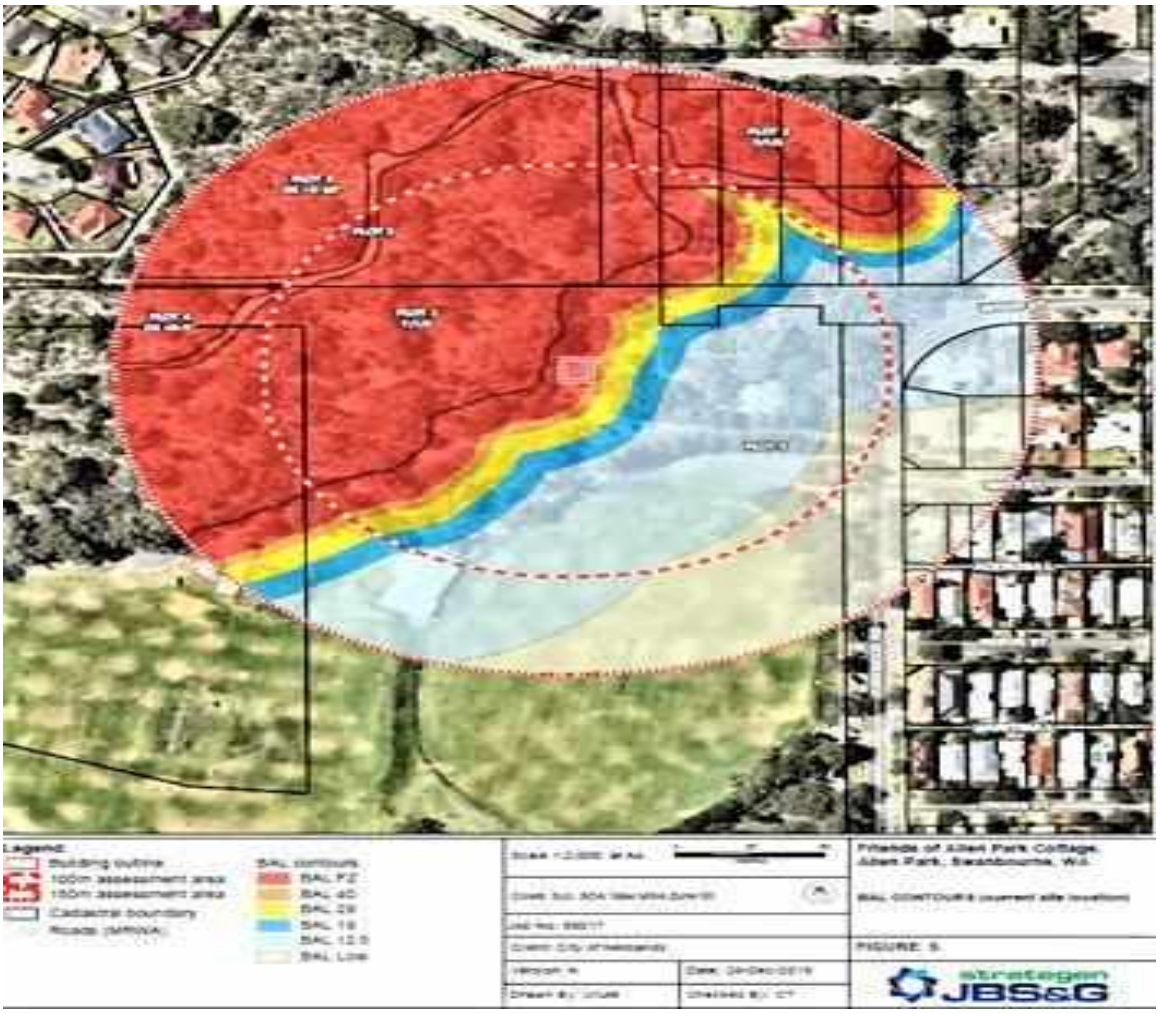


Figure 1: Showing FOABG cottage central location inside BAL-FZ.

PCHF had a PwC representative at SAWG meetings who provided no information. What was the real role in this individual attending?

Reporting on dissidents and opinions?

The BAL contour map above indicates that the current site is situated within BAL-FZ and is likely subject to significant radiant heat and ember attack.

Reduced risk through the implementation of a 21-metre-wide Asset Protection Zone (APZ) as depicted in the image above.

In order to renovate the building in its existing location, the City requires approval of a clearing permit from the Department of Water, Environment and Recreation to comply with the <u>21-metre buffer zone</u> recommended through the bushfire management plan.

Note however; Hospice site is 270 metres from <u>FOAPBG Cottage</u>.

A <u>21-metre-wide</u> APZ recommended for the FOABG Cottage.[150]

Only 13 meters APZ was considered adequate for the hospice.

Hospice Proponents Bushfire assessment

Following an FOI application submitted by a local resident, additional details have emerged as shown in excerpts copied below. (Emphasis added in text NH).

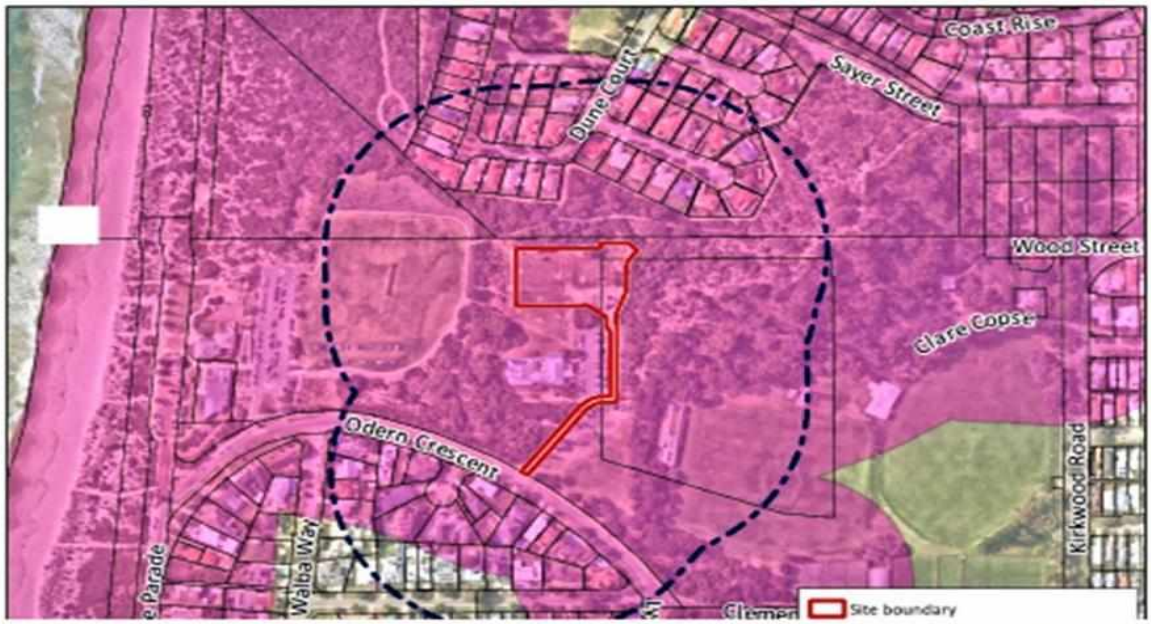


Plate 1: Areas within and surrounding the site identified as 'bushfire prone areas' (as indicated in purple) under the state-wide Map of Bush Fire Prone Areas (OBRM 2019).

[150] Emerge fire report proposes only a **13 Metre setback** for a "vulnerable use facility".

FOAPBG Cottage (Nedlands Council building) used only by <u>healthy volunteers</u> - **21 metres setback.**

CAHS Bushfire Consultation Documents Applied – Children's Hospice - CF-21-9372.pdf

Bushfire attack level (BAL) assessment

Emerge Associates *have undertaken* ***a site visit*** *to assess vegetation and effective slope within the site and surrounding 150 m in accordance with AS 3959 in order to determine the BAL ratings applicable to future development. This is important for understanding if the development can satisfy SPP 3.7 and the associated Guidelines.*

As part of this assessment, we have assumed:

- *Within the site: It is expected and assumed that all vegetation will be removed and maintained in a minimal fuel condition (and therefore will not be a bushfire hazard) in perpetuity as part of the development of the site.*
- *Surrounding the site: Where classified vegetation is identified outside of the site it is assumed to remain in its current state and be considered a bushfire hazard.*

At this stage, we have assumed no areas of native vegetation outside the site will be modified or cleared by the CAHS.

It is relevant to note that within Table 1 we have highlighted the minimum setback required within the site to meet BAL-29 or less based on the classified vegetation, as well as the corresponding 'habitable building developable area'. This is the area within the site where a building could be located while satisfying BAL-29 or less and is also shown in Figure 5.

Consideration of SPP 3.7 and the Guidelines`
Based on our initial consideration of the proposed development layout (Hassell 2020), it would be possible for development to satisfy the requirements of SPP 3.7 and the Guidelines.

However, key design considerations moving forward will be: • Locating the proposed development (in particular the hospice building and any attached structures) appropriately to achieve a BAL rating of BAL-29 or less.

Under SPP 3.7 there is a presumption against approving any development application that will result in the intensification of development in an area where BAL-40 or BAL-FZ applies. We note:

Based on the proposed development layout (Hassell 2020), the current footprint of the hospice building extends into an area subject to BAL-FZ and therefore would not currently satisfy this requirement.

- ***Addressing this requirement will largely be associated with providing setbacks (that should be managed as an asset protection zone) between the areas of bushfire hazard and the hospice building and could include areas within or surrounding the site. Our assessment indicates 2,943 m2 of the site can achieve BAL-29 or less, as shown within Figure 5. We would recommend considering how the design could be progressed to enable the building to achieve BAL-29 or less.***

- ***Related to the above, the asset protection zone (i.e. setback area from bushfire hazards) can include turf/managed grass, landscaped gardens, hardscape areas, carpark areas, roads, footpaths, the pool and associated amenities (although may need to be located a certain distance from the hospice building, depending upon the building class). These areas will need to be well maintained in a low fuel condition.***

- ***<u>Providing vehicle access that is safe and supports egress to two different destinations</u>.***

Access to the site is likely to be able to be considered in the context of a 'private driveway' and currently connects to the public road network (Odem Crescent) which provides egress to the west and east. The private driveway will need to:

- ***Be a minimum of 4 m wide and composed of an all-weather trafficable surface suitable for two-wheel drive vehicles with 1 m-wide cleared trafficable shoulders.***

- ***We would recommend the driveway be a minimum of 6 m-wide to enable two-way travel and minimise the requirement for passing bays.***

- ***Provision of turnaround areas within proximity to the building, suitable for type 3.4 fire appliances[151].***

- ***Related to vehicle access, whether it would be possible to provide a second access(in the form of an emergency access way) to the public road network to the north. We think it will be possible to demonstrate risk from bushfire can be appropriately managed without this second access, particularly if the vulnerable land use considerations outlined further below are satisfactorily addressed as part of the development design, however alternative access in the event of a bushfire fire would a good outcome.***

It is important to stress; this is not an absolute requirement, but questions may be raised about whether it has been considered.

Addressing emergency evacuation associated with the hospice use, which will be considered a vulnerable land use. A particular consideration is whether evacuation could occur safely prior to a fire front reaching the site, or if onsite shelter is required.

We have not undertaken detailed modelling of bushfire scenarios at this stage, but based on our experience in similar locations, there may not be enough time to safely evacuate all occupants (particularly given some of the complexities that may be associated with moving unwell children) before a fire would impact on the site.

A fire impacting the site is likely to be fast moving and the safe evacuation time (i.e. time to safely leave the site) is unlikely to be met. On this basis, it is recommended the CAHS consider providing for onsite shelter (keeping in mind that in Western Australia there is limited guidance on the specific requirements for vulnerable land uses, and our recommendations are based on common practice in other jurisdictions).

We would recommend:
Locating the entire hospice building within an area that achieves BAL-10 or less, based on addressing principles/requirements of the Bushfire Verification Method Handbook (Australian Building Codes Board 2019) and Design and Construction of community bushfire refuges handbook (ABCB and Fire Services Commissioner Victoria

[151] **Type 3.4 appliances are 4WD vehicles currently based at Cockburn, Malaga and Joondalup. (NH).**

2014). BAL-10 enables 'passive' building defence while maintaining a safe working environment.

The area within the site likely to achieve a BAL rating of BAL10 or less is shown in Figure 5 (detailed modelling would be required to refine the specific extent of BAL-10). This is a relatively small area (i.e. approximately 170 m²) so we acknowledge ***this may not be possible/feasible given the proposed design.***

If the above cannot be achieved, locating an evacuation point (i.e. the entry/exit from the building where vehicles evacuating occupants would be loaded, potentially the front door) in an area that achieves a BAL rating of BAL-10 or less.

Again, similar to the above, the area that can achieve BAL-10 within the site is relatively small and it may not be possible to locate an evacuation point for vehicles in this area.

Locating the hospice building within the lowest possible BAL rating in order to reduce the exposure of the building to the mechanism of bushfire attack.

As a minimum, the building should be located in an area that achieves BAL-29 or less. As a minimum, constructing the building to satisfy AS 3959 based on the determined BAL rating for the building (noting the building is likely to be a class not subject to the requirements of AS 3959, so this would be voluntary). If possible, consider constructing to a higher BAL rating (compared to the assessed BAL rating) to improve resilience and tenability of the building in the event it is used for onsite shelter. This can be worked through with the building fire engineer, to understand building performance based on the proposed construction.

Overall, the approach we have recommended with regard to addressing the emergency evacuation considerations for the site are based on likely fire behaviour and maximising occupant survival.

Safe evacuation away from the site should always be the first and preferred response, but should this not be possible well-designed onsite shelter can be an appropriate alternative.

It is relevant to note that the setbacks we have currently indicated as required within the site to achieve BAL-29 or less could be

reduced if clearing/modification of existing native vegetation was undertaken outside the site.
If clearing of native vegetation is proposed, formal flora and vegetation investigations will likely be required to support the development process and may require approval/s under the state Environmental Protection Act 1986 and/or Commonwealth Environment Protection Biodiversity Conservation Act 1999.

Summary and closing. Hospice facilities are a vulnerable use and require careful consideration from a bushfire planning perspective, and this will be particularly relevant given the site will accommodate children who are likely to have a reduced physical and mental ability to respond in a bushfire event.

Our assessment indicates that while bushfire hazards (classified vegetation) have been identified within 150 m of the site, it is possible for the proposed development to satisfy SPP 3.7 and the Guidelines. The following should be considered as part of the detailed design process:

- ***Providing setbacks within the site to ensure the hospice building is able to achieve a BAL rating of BAL-29 or less.***

For example, the current proposed building footprint would need to be modified, as part of the building is in an area subject to BAL FZ.5F[152]

- ***Ensuring the driveway to/from the site can support two-way traffic, and that suitable turn around areas are provided for type 3.4 fire appliances as part of the internal movement network.***

- ***Supporting emergency evacuation, and if possible, locating either the entire hospice building or alternatively an evacuation point (i.e. front door) in an area subject to a BAL rating of BAL10 or less. Consideration should also be given to constructing the building to satisfy the requirements in AS 3959.***

[152] BAL-FZ – Extreme risk: Primarily concerned with protection from flame contact, together with ember attack and radiant heat of more than 40 kW/m². No safe zone for firefighters to actively defend your home. Construction of a building with a BAL-FZ rating would be extremely unsafe for its occupants. Google.

Should you have any queries or concerns regarding any of the above please do not hesitate to contact the undersigned directly on 9380 4988.

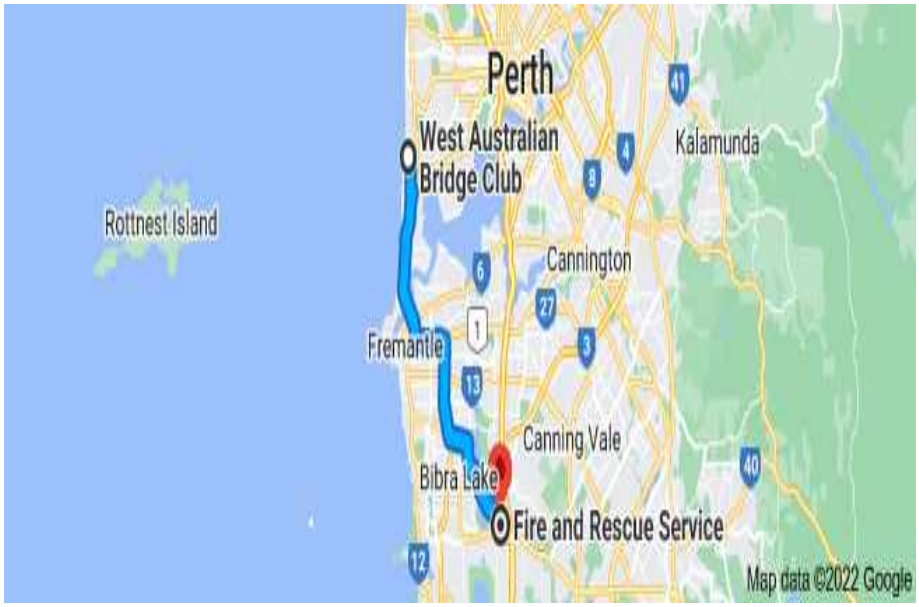
Yours sincerely

Emerge Associates *(Emphasis in the above added. NH)*

Comment: The reference to type 3.4 fire vehicles implies that the DEFAS response to a major bushfire in Allen Park or the Army Barracks lands would be responded to by this smaller vehicle rather than the fire vehicles based at Claremont and Daglish.
The type 3.4 is a 4WD model suited to local governments in WA.
It is highly relevant to know what fire vehicles DEFAS would require ensuring the safety of patients, parents, staff and volunteers in this acknowledged high risk area.



A subsequent FOI application made by the author disclosed that the nearest type 3.4 fire appliances are situated at Cockburn, Maddington and Malaga. Cockburn is 23Km from the former bowling club site.



6.3.6 Evacuation vehicles

Responsibility in this area rests with the Emergency Officer - Traffic Warden. It is intended that evacuation will be through medical transport and private vehicles as appropriate. Staff vehicles may be used to assist the evacuation of priority patients where appropriate. Ambulances may be required to assist with transport depending on the nature of the patient.

An alternative emergency access to the west via the existing oval is proposed. The final design of this access is not currently known and this document will require revision and finalisation based on the final design of the facility and access arrangement prior to occupation[153].

(End of report excerpts.)

As the proposed building will be two storeys and a basement, the Building Code of Australia or Land Use Planning may require mandated turning circles for the DFES largest appliance, the Combined Ladder Platform. This is a six-wheel drive vehicle weighing 22,000 Kg. as seen below. The Emerge report did not appear to have covered this eventuality as possibly they had limited knowledge of the eventual height of the proposed buildings at the time.

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153 **Emerge Applicant Bushfire Management Plan. Now 2023 and still no mention of Western access route and inevitable adverse impact on the site. Likely the urgency to gain control of the extra 3,000 sqm demanded was to provide the second escape route.**



The Emerge report obtained under FOI was dated 18 November 2020.

Despite having no fire risk report prepared at the time, Parliament approved the excision of the site a month earlier on October 10, 2020.

There appeared to be no debate. Members of Parliament were not properly informed on one of the most basic planning concerns in WA, fire safety.

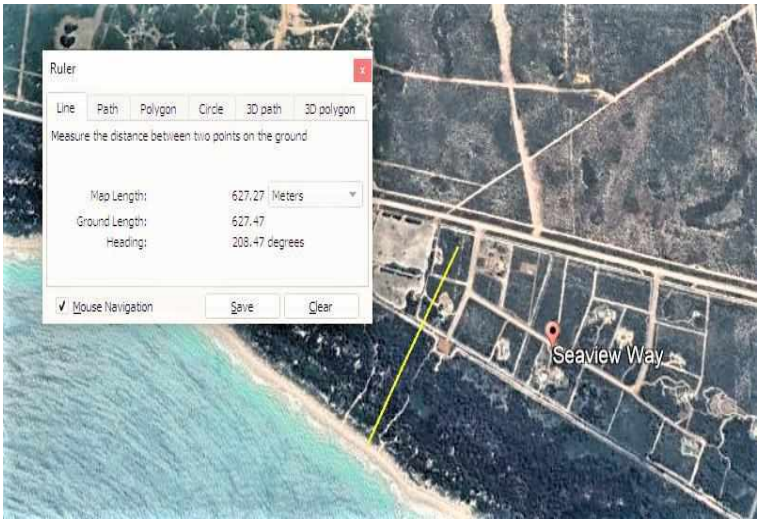
As the following images illustrate, the coastal areas of our state are not immune to the risk of catastrophic fire events.

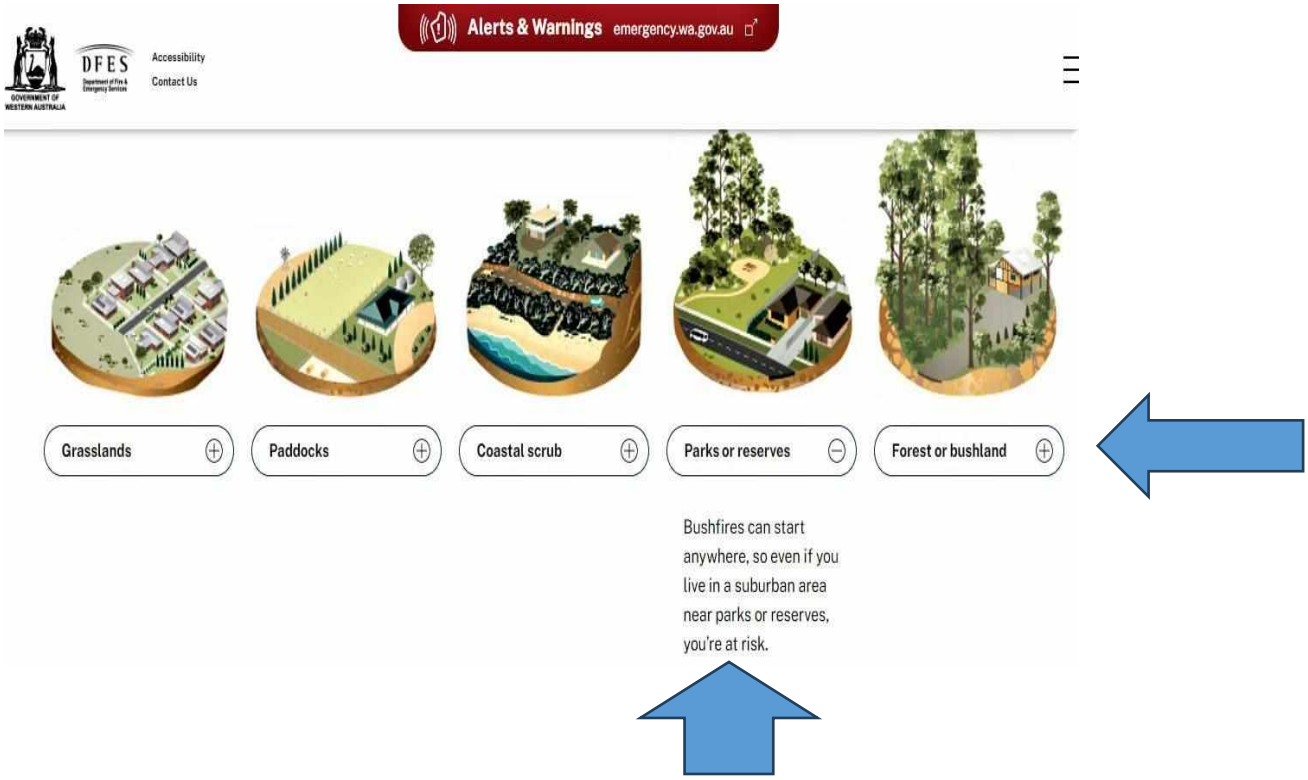
https://www.albanyadvertiser.com.au › albany-advertiser

Fire alarm: Homes feared lost as lightning sparks bushfire ...

11 Feb 2022 — The **Hopetoun fire** started about 2pm near the intersection of Hamersley Drive and Seaview Way, west of **Hopetoun**.







A DPLH PROCURED *"Level Three Bushfire Planning Practitioner" (not named) peer review found" ...the review did not identify any significant gaps or shortcomings of the BMP or BEEP however made some recommendations to be addressed either at the planning or <u>building stage</u>".*

This was a "peer review" intended to counter the NEGATIVE DFES assessment report, obtained very late, and long after Parliament had been presented with an option that they could not refuse, without incurring severe political flak from the proponents and supporters.

The scene shown below is relevant to the fire risk presented.



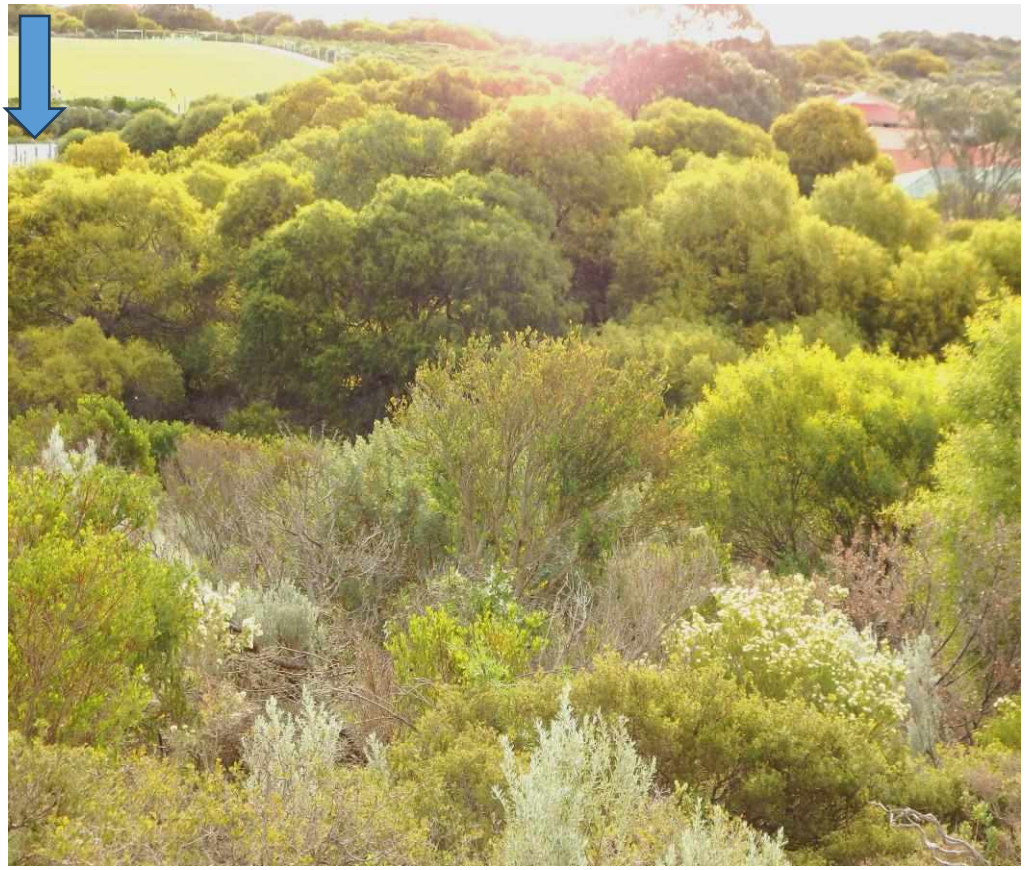
Hospice construction fenceline above.



Bushland East of the proposed hospice site



Bushland looking Northwest to Defence Department lands



Bushland adjacent to the proposed hospice. Arrow shows hospice site fencing.



Hospice site surrounded by bushland. Viewed from path to Melon Hill.



Path to Melon Hill showing bushland to the East of hospice site. Considerable volunteer and Council effort has gone to improving and sustaining this attractive walking area over many years. How much more environmental destruction will Nedlands Council be obliged to incur to accommodate this badly selected development location? Additional firebreaks?

PCHF Stakeholder Reference Group. (SRG)

Advertised in Newspaper Public notices. Six positions of which only two can be from Swanbourne residents and **two <u>must not</u> be from Swanbourne**. Applications to close in two weeks.[154]

Membership of this PCHF supported group was not disclosed although all members of SAWG were identified by name.

Nothing has been heard publicly from this group of unidentified individuals, whereas those expressing concerns about the planning and processes of the site acquisition have spoken out freely and have been accused of having "strange priorities" for doing so. Is it so strange to expect a facility of this importance to have been thoroughly planned?

Faulty planning will risk failure to deliver best quality services to 2,000 + children and families as promised. Something surely no one wants to see.

October 13, 2020. Hansard WA Parliament:

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[154] **Emphasis added.**

In accordance with section 42(5) of the Land Administration Act 1997 (LAA), the proposal was advertised in The West Australian newspaper on 9 September 2020 and The Post on 12 September 2020. At the conclusion of the designated period for comments, eleven comments were received, comprising one in support of the proposal, one neutral request for plans and nine raising concerns regarding the site and consultation process.

All submissions have been addressed by CAHS and the Department of Planning, Lands and Heritage. **168F**[155] ***As both Reserves have Class 'A' status, the proposal must be laid before both Houses of Parliament as per section 42(4) of the LAA.***

October 22, 2020. Western Suburbs weekly. Bowls site the best.

PCHF chief executive claims concerns over location of WA's Children's Hospice are 'ludicrous'. …we are going to see a maximum of six to seven kids in here only at one time……the PCHF took six to eight months searching for the most suitable site…[156]

Cilla De Lacy, Mayor City of Nedlands, ***"There's no question a children's hospice is a very worthy project and one that will be a credit to the Perth Children's Hospital Foundation when it's completed, but the State Government has overstepped the mark by <u>riding roughshod over local government and its obligations to its ratepayers.</u>***

October 24, 2020, Post Newspaper. McGowan takes over planning
"Draconian" government powers now allow the State Government to discard the Heritage Act and local planning laws to approve developments. Hugo Timms.

October 29, 2020. Western Suburbs Weekly. Groundswell of support for hospice.

Most of the people who gave feedback to the City of Nedlands supported Perth Children's Foundation and Children and Adolescent Health Service's proposal for a six-bed hospice at a former bowling club site at Allen Park. Just two out of the 114 submissions opposed the project, while 92 supported it at the planned location.

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[155] **Concerns were not addressed. I for one do not recall receiving a satisfactory response.**

[156] Hon Ian Campbell ---- Maximum "Six to seven kids in here only at one time. 2,000 WA families potentially in need. At <u>one week respite each in a year only 364 admissions possible</u> at 100% capacity?

Has anyone done the sums to try to match the rhetoric/promises?

Omits to conclude that 22 did not support the planned location. Given the complete absence of relevant information at such an early stage regarding the actual location and what was to be provided, this result is not a surprise.

A flawed opinion survey only, not genuine consultation.[157]

The response to the advertisements required by the Land Administration Act 1997 was quite the opposite, yet was dismissed simply stating, "All submissions have been addressed by CAHS and the Department of Planning, Lands and Heritage".

No details of the submissions or how they were addressed by CAHS were provided in the parliamentary document.
The results to the required Lands Administration Act 1997 advertisement were,

1. **In support 1**
2. **Neutral 1**
3. **Raising concerns 9**

Premier puts his foot down over hospice hold up.

"JUST GET IT DONE".

The petulant and demanding tone of this reported statement from the Premier was at odds with any sense of good governance and respect for the views of councillors and residents who have for decades worked to ensure the protection and preservation of the A Class reserve as far as possible.
Alternative suggestions have surfaced from various sporting quarters over the years, but the importance of maintaining public open spaces and recreational reserves has required spirited defence, not always successful.
Many thousands of volunteers hours have been put into the preservation and restoration of this valuable parkland, and it is galling to see opportunistic selection by unelected individuals without consultation.

There has been no independent and convincing evidence that alternatives were assiduously pursued, and many questions as to the reliability of the alleged search remain unanswered.

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[157] **As an example of how opinion surveys can be written to achieve a desired result the episode of Yes Prime Minister re Trident and National Service comes to mind.**

Perth Children's Hospital Foundation role

The proposal for the Hospice began when the CEO of Perth Children's Hospital Foundation Carrick Robinson and I, responded to an invitation to visit Bear Cottage in Sydney, in 2019, subsequent to conversations we had had with Hannah's House (a provider of care and support for children with life-limiting conditions), and with the Hon. Mike Baird, a Patron of Bear Cottage and a friend of mine[158].

This appears to confirm the role of PCHF in initiating and determining the course of a government decision on Health Department facility construction and clinical service delivery matters. This would appear to be,

1. **Stretching the role of a taxpayer supported and ACNC registered "Health Promotion Charity".**
2. **Usurping the role of the government departments responsible for health care in WA, viz. the Health Department of WA and CAHS.**
3. **Contrary to the documented and approved role as set down in the Annual Information Statement 2021 submitted to the Australian Charitable and Not for Profit Commission (ACNC).**

ACNC: ***Description of the PCHF charity's activities and outcomes[159].***

The Charities main activity as a Health Promotion Charity is to promote the prevention and control of diseases in children.

This is achieved by making grants and providing funding to various departments within the Perth Children's Hospital enabling them to undertake research, or study, or fund the purchase of equipment, all of which are aimed at detecting, diagnosing, preventing, treating or controlling diseases in children.

***Commissioner's Interpretation Statement: Health Promotion Charities*176F[160]**

The purpose of this Commissioner's Interpretation Statement is to provide guidance to ACNC staff, charities and the public on the meaning and scope of the charity subtype of 'health promotion charity' (HPC).

Health Promotion Charity description in the ACNC Act: An institution whose principal activity is to promote the prevention or the control of diseases in human beings. 5.3. The principal activity must be conducted in

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158 **Hospice statements by Hon. Ian Campbell.**

159 Appendix 5.

160 file:///C:/Users/Neville/Documents/commissioners_interpretation_statement_-_health_promotion_charities

order to promote the prevention or control of disease(s). What is considered to be the principal activity will vary depending on the facts of each case.

Why blame others for the delays?

Children's Hospice Association Inc. The association is recorded on ABN Lookup as, "Active from 06 Dec 2000". Income tax exemption was granted on 1 Jul 2000.

According to an Edith Cowan University (ECU) report produced in 2005, "…the Children's Hospice Association (Inc.) had been actively raising funds and gathering support for the construction of a hospice in the Perth metropolitan area that would provide respite and end-of-life care for children and their families."
It is evident that a significant project of this nature languished for at least 20 years due to successive governments failing to advance the work.

Why the sudden haste in 2020? An imminent election?

The former Premier should apologise to Nedlands Council and Swanbourne residents for his intemperate remarks made in Parliament and the media.
Q What social, clinical, and planning criteria were included in any document?

FOI Answer, • A Draft Functional Brief is being developed which will include clinical requirements however, this is not expected to be completed until 2021. (i.e. after the plan was agreed).

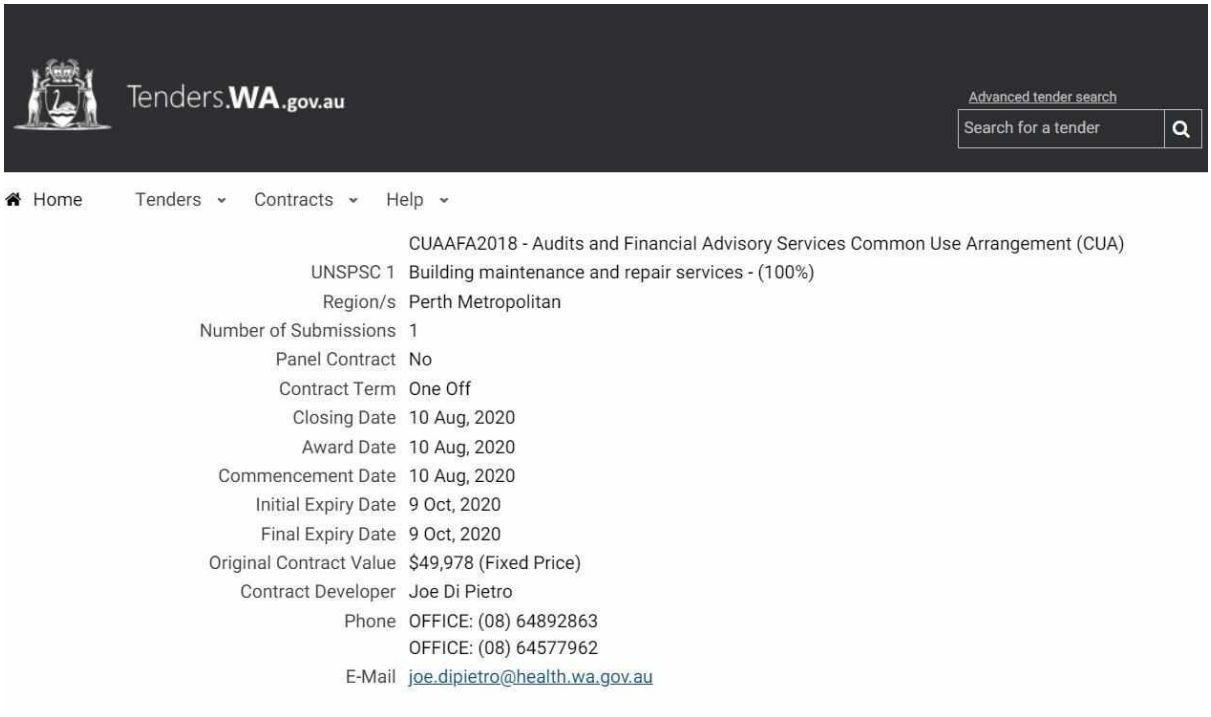
It appears highly unusual, but consistent with pre-election haste, for any government to commit to a $30+ million project requiring excision of a priceless A Class land reserve, without even a draft functional brief, let alone a completed one.[161]

The haste involved in the earliest stages of planning is illustrated in this copy of the tender information from the WA Government Tenders website.

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[161] **A Functional Brief was completed in February 2021 according to the Project Status Report May 2022, obtained under Freedom of Information Application. In addition, a "revised functional brief was to be prepared and submitted to Hesperia by 13 May 2022". Apparently, two years after the Premier's announcement details were still being worked out.**

Q & A from community-led meeting: Response from Chairman PCHF.



The tender to provide a Model of Care and Functional Brief was sought, closed, granted and commenced all on one day, 10 August 2020.

Contractors were

1) PricewaterhouseCoopers

125 St Georges Terrace

Perth WA Australia 6000

The Fixed Price was $49,978, conveniently below $50,000.

Purchases are categorized by the following **WA Government procurement thresholds**:

- **Under $50,000:** Agencies can directly source or use verbal/written quotes. Open tenders are not required.
- **$50,000 to $250,000:** Agencies use limited sourcing, which requires getting at least 3 written quotes.
- **$250,000 and above:** Public open tenders must be advertised to the market.

Brookfield Place, located at 125 St Georges Terrace in the Perth CBD, is fully owned and managed by **Brookfield Properties**, a prominent global real estate subsidiary of **Brookfield Corporation**. (**The Property Tribune.)**

It is plain that neither PCHF nor CAHS had an agreed Model of Care or a Functional Brief when the PCHF Chairman approached the City of Nedlands or the Friends of Allen Park Bushland Group in February - April of 2020, although they had a business plan dated February 2020.

A Model of Care (MoC) and a Functional Brief are the most critical foundational documents when planning a healthcare facility; without them, a project risks building an expensive, inefficient structure that fails to meet patient and staff needs. Together, they bridge the gap between healthcare strategy and physical architecture.

The Model of Care defines how care will be delivered, while the Functional Brief translates that clinical vision into physical spaces, dimensions, and operational requirements.[162]

The cost is now estimated over $37M. Cost would not be criticised if the anticipated benefits justified it but it is difficult to see precisely who the major beneficiaries are likely to be. Some will certainly get great attention, but at the cost of many who will be unreachable with this flawed model of service.

Ethically $37M wasted means less distributed benefits for others in need.

This single, stand-alone, Perth-centric project, fails to address the range of needs of parents of 2,000 children with life shortening illnesses, yet PCHF fund-raising advertisements claim that it will.

We will see.

Building what was claimed to be a "Home from Home" that is mainly for respite and supportive therapies, was bedevilled by a faulty choice of site which will result in overly expensive solutions to compensate for obvious risk factors.

One explanation may be the government's fast-track approvals process announced in June 2020 "designed to eliminate red-tape and generate job-creating projects".

Timely and planned community participation and consultation is not red tape but as in this case, crucial to speedy success and the best results.

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[162] **TRACE CONSULTANTS https://www.traceconsultants.com.au/thinking/developing-functional-briefs---the-critical-role-of-boh-logistics-in-designing-new-hospital-facilities.**

Site selection criteria.

The hospice will look much like a large house (---*FAILED) *with service areas located discreetly and will accommodate up to 10 children* (seven patients only*).

***It would be appropriate in a residential area*. FAILED.**

***The State Government is seeking a high amenity, well located site that is (in no particular order):* FAILED**

***1 Convenient to the Perth Children's Hospital, but not necessarily on campus.* Failed Not convenient to PCH.**

***2 Central to the metropolitan region, optimising accessibility*[163]. Failed**

***3 Approximately half a hectare in area.* Land taken is at least close to 1 Hectare (10,000sqm) at present. Failed.**

***4 Suitable for the construction of a new, purpose-built building without an "institutional" feel.* Failed.**

***5 Located in an essentially residential area but with opportunity for separate accesses for visitors and services.*[164] Meaningless gobbledy-gook?**

Access

Q. Why is the site so far from public transport?

A. The site is a short and pleasant walk from bus stops on Marine Parade and North Street. Hon Ian Campbell.

FACT. 1.8 Km walk from the train,

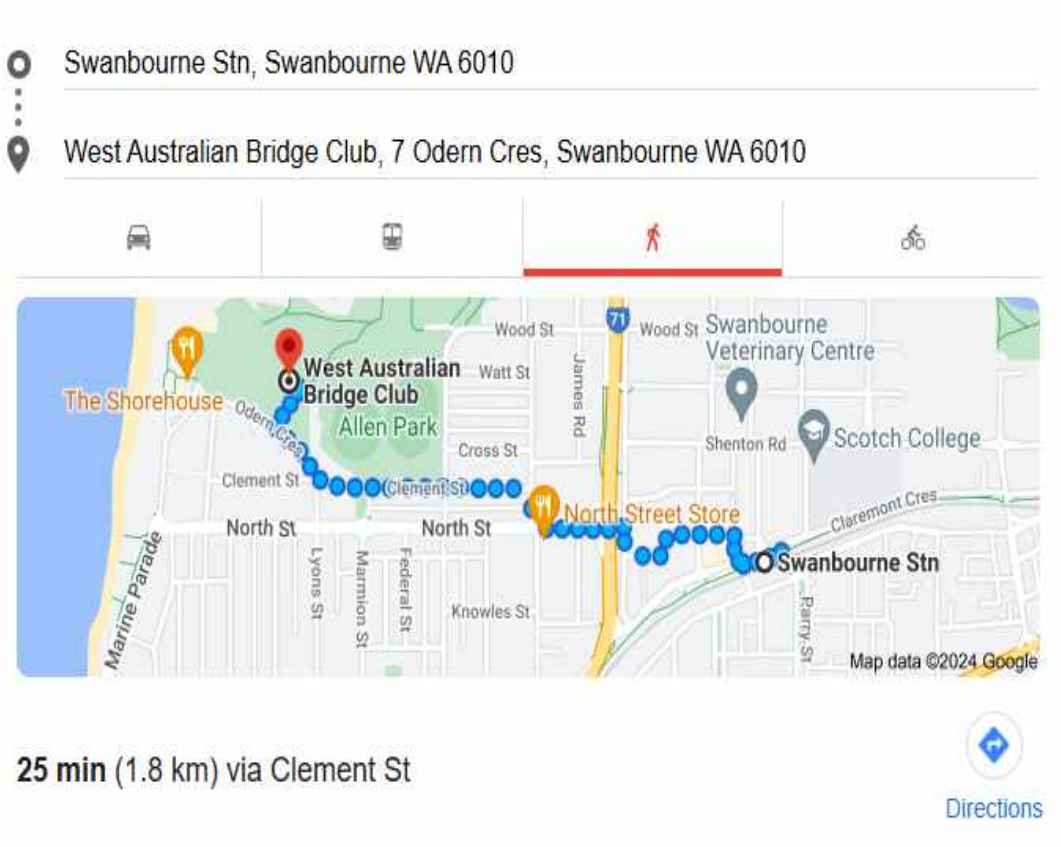
FACT. Distance from Hospice site to nearest bus stop: 526 metres (0.5 Km.). Quite a distance pushing a wheelchair with a disabled child or for elderly relatives.

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[163] **The Swanbourne coast is not "Central to the metropolitan region".**

It is Como that is the population centre.

- [164] Q: **Where is the accommodation available in this area for parents from regional areas to assist in the dying of their children? If families are financially challenged where is the public transport? 500m is too far for someparents.**
  A: Accommodation for parents from regional areas is widely available and easily found online to match their budgets. Hon. Ian Campbell.



Public transport is convenient and easily accessible. Hon. Ian Campbell.





No footpath/wheelchair access nor any paths through Bridge club car parking area.

> ***6 Convenient to local amenities such as a coffee shop, corner store or park, enabling community interaction.***[165]
>
> ***7 Located in a natural setting providing a serene, leafy environment and opportunities for walks and/or nature play.***[166]



Not this winter weekend. So how many weeks in the year will it be suitable? Bad luck if this was your one week of respite. How will weeks be allocated?

DA Government owned and available in the short term.

The site selection criteria appeared to have been <u>written to fit the Allen Park site</u>, rather than original, independent search criteria. They suggest the site was spotted and appeared vacant, without examining what planning and other considerations openly and fairly might apply.

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[165] **Nearest coffee shop and corner store <u>730m or ¾ Km</u>.**

[166] Emphasis added. NH.

Questions were blithely dismissed in correspondence to the POST headed, "*We thought of all those issues with the hospice*".[167]

The PCHF Chairman is no longer an elected community representative, and respectful consultation with those affected by decisions of government is an essential requirement of good governance.

What might help us to understand more about this project may be found in an Australian Financial Review article from 2016.

Mike Baird becomes Brookfield pin-up

'Columnist Nov 27, 2016 – 11.00pm

J. Bruce Flatt speaks with the quiet, clear-eyed calm that those in total and comfortable command of massive amounts of money often have. Flatt is the transformative chief executive officer of Brookfield Asset Management. He is 50 and reportedly Canada's 94th richest citizen. He joined Brookfield in 1990. Back then it was called Brascan and had made a name for itself as a bit of a buccaneer on the back of an aggressive deployment of the legacy of wealth built by the founder of Seagram Co,……

Flatt divides his infrastructure investment world into two unequal parts. There is the emerging world where government cannot get access to capital enough to build their own modernising infrastructure.

Instead private capital is being introduced to build Greenfields developments. Given the reward reflects the risk, Brookfield is a player in this business.

"Most governments have a hard time [politically] monetising assets. The thing he [Baird] is saying, which I am going to repeat to some of the people we meet in other parts of the world, is that he has identified the assets he wants to sell[168] and the things he will build with the money that he raises.

That is actually a great idea because it connects people to the process. It is not just building a toll road, which people obvious don't like.

It is paying for a hospital."

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[167] **This "We are the Government and we know best" approach to planning is unacceptable.**

[168] **It appears that PCHF expects to own the hospice building and lease it back to government. Details of what this implies in the long term remains unclear.**

(A greenfield project is one that lacks constraints imposed by prior work on the site. Typically, what a greenfield project entails is development on a completely vacant site. Architects start completely from scratch. A brownfield project is one that carries constraints related to the current state of the site.) Google.

Allen Park was seen as a greenfield project with no cost to government but the loss of a prized community asset. In monetary terms land on Odern Crescent has been valued by a real estate agent at $15,000 per sqm.

3,000 sqm at $15,000 per sqm = $ 45,000,000.

All land now excised has a total commercial value of at least…

9,000 sqm x $15,000 = $135,000,000.

As public open space for the WA community from now and into the future it is however PRICELESS……

VALUE FOR MONEY?

$135M + $37M cost for <u>one</u> "home from Home"?

PCHF have raised $37M+ which could buy nine $4M homes including land or built in association with existing health care related facilities and adult hospices.

These could be located much more suitably in metro and regional areas. Alternatives could have been better located for families but appear not to have been considered.



From $4.65m

13A Majestic Close, Applecross

5 4 6 652m² House



Early $4 Millions

10 Haining Avenue, Cottesloe

5 3 2 518m² House

169



$3,495,000 home: REIWA Advertisement July 15, 2023

Seven (7) beds, Five (5) bathrooms

Lee-Steere Drive to Perth CBD 28 min (27.3 km) via Kwinana Fwy

While I am not suggesting this home would be suitable as a *hospice,* the "value for money" of $3.49M compared with $37M for a seven bedroom "Brady Bunch" style "home from home" residence, must be questioned.

It is unethical and lacking compassion if this donated and taxpayer money is miss-spent on a badly chosen site for WA children's palliative health care?

How many children and families will miss out on support due to this flawed Perth-centric process?

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[169] **Photos from Real Estate.com.au advertisements.**

Lady Lawley Cottage by the Sea

The PCHF Chairman stated, "Consideration was given to the former Deaf School in Cottesloe and <u>old</u> Lady Lawley Cottage". However, there was no mention in the above table of responses I received through FOI that Lady Lawley Cottage had been considered at all, despite a 2005 ECU report noting,

Palliative care services available, Lady Lawley Cottage -- Nursing care Residential care -- Lady Lawley Cottage is able to provide <u>respite for children with very high complex medical needs.</u>



[170]

Substantial funds were spent at LLC to upgrade facilities since 2005.

No reason was offered for the exclusion of LLC, yet to an outsider it would appear to have met all the given criteria. At the least it could have continued to provide much-needed support until the "hospice" was built and staffed.

As late as August 2020 the Children's Hospice Association and other organisations were in support of acquiring the site at Lady Lawley Cottage. There is more to the rejection of Lady Lawley Cottage than we are being led to believe.

Lady Lawley Cottage by the Sea provided respite and convalescent care for sick and recovering children, and care for children with disabilities for over 100 years. Children were placed in the Cottage by both their families and by welfare authorities. It was given to the Red Cross in 1945 to care for sick and disabled children. A deed agreement is understood to include a condition that ensures the Cottesloe property is used to care for sick and disabled children.

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[170] **Now acquired by Rocky Bay and has been re-opened although understood not to full restoration of previous role.**

Lady Lawley Cottage was the vision of Lady Annie Lawley, the wife of a past Governor of Western Australia, who had sought to establish a cottage by the sea to support and improve the lives of children living with disadvantage, illness, or disability.

Lady Lawley Cottage opened its doors in 1903 and was at that time considered a state-of-the-art facility. Throughout the years we have adapted and changed to serve the needs of our clients and families, ensuring our success to the ripe old age of 116 years. 2018 marked our ***115-year birthday*** *and to honour this we celebrated with the grand opening of our new sensory gardening area on 8th May. (Red Cross brochure.)*

ABC NEWS Red Cross decision to shut Lady Lawley Cottage *leaves families struggling to find respite care: By Nicolas Perpitch, Posted Wednesday 12 August 2020.*

Not-for-profit group Hannah's House, which has received funding from mining magnate Andrew and Nicola Forrest's Minderoo Foundation and others, wants to move into the premises and expand its current services for children with life-limiting conditions to include the highly specialised respite care the Red Cross provided. Mr Stewart has met with board members of Hannah's House, who have also walked through the site.

Hannah's House 'very interested' Ms McCormack said Hannah's House had outgrown its current premises in Como and was "very interested" in moving to Lady Lawley Cottage. "It's an opportunity to provide a wider range of services and very similar services to what Lady Lawley did," she said. "Things like play therapy, things like a networking group, for particularly our mums, to help support one another through these times. Hannah's House chair Anne McCormack said she was very concerned there was a significant gap in support services for children with complex needs that it wanted to help address. "It could be a point of networking and a point of coordination for the families." A petition was tabled in State Parliament this week calling on the Red Cross not to sell, rename or demolish the Cottesloe site, and instead give it to a disability group — just as it was gifted it 75 years ago. "There's no reason why it should be sold," Ms Hart said.

Grounds for rejection of alternative locations

FOI Reply Table 1: Summary of sites considered and their performance against the selection criteria in order of suitability.

- ***Odern Crescent Swanbourne (Allen Park). Met all 8 criteria to a high degree.***
- ***120 The Esplanade, Dalkeith. (River foreshore) Met 4 criteria to a high degree, 4 to a moderate degree.***
- ***80 Birdwood Pde. Dalkeith. (Sunset) Met 3 criteria to a high degree, 2 to a moderate degree, 3 to a low degree or none.***
- ***2A Curtin Ave. Cottesloe. (Mc Call Centre) Met 1 criteria to a high degree, 2 to a moderate degree and 5 to a low degree or none.***
- ***53 Curtin Ave. Cottesloe (School for the Deaf)***

A recognised technique (ploy) in some government planning is to put up several unlikely or unavailable options to give an impression of a fair search but calculated to ensure the one desired outcome is obtained.[171]

Both Dalkeith sites were rejected. It should be noted that two major buildings on the Allen Park reserve are the Associates Rugby Club, formerly on the Dalkeith foreshore, and the Bridge Club also formerly in Dalkeith.

In the search for property by the Bridge Club both Pt. Resolution and the Teachers' College in Claremont were rejected.

Coastal Ward (Mount Claremont / Swanbourne) for many years carried alone the 1 in 5 duplex development and higher density zoning provisions, which has assisted in providing increased housing density provisions in the entire City of Nedlands.

<u>Allen Park is not a Land Bank for developers, or other wards of Nedlands</u>.

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[171] **Example: Demolition of 62 homes Servetus St. West Coast Highway; four options, of which two were probably never under serious consideration.**

It is an increasingly scarce resource that can help to offset the higher density which governments are seeking.

In view of increased density in the Coastal Ward, the argument for protecting the limited bushland, public space, sporting, and cultural amenities at Allen Park from any inappropriate development is compelling.

An earlier Labor government developed the former Swanbourne Hospital site as "<u>medium and low density</u>" housing in Mount Claremont, then demolished 62 homes on Servetus St. in the 1990's.

<u>Coastal ward alone has long had a zoning that allowed extra duplex housing. This small area of Nedlands has done its fair share and must retain any remaining open spaces where possible.</u>

53 Curtin Ave. Cottesloe



The rejection of 53 Curtin Ave appears hard to understand. The reasons stated were that "An aged care provider proposes to use the site for that purpose, indicating that tenure opportunities for the Hospice may be limited". If correct,

this appears very short-sighted given the successful integration of an aged care facility with a children's hospice in Brisbane, Hummingbird House.

In 2018 the government advertised the Deaf School site for sale. In 2019 and until just recently that sale had not been finalised and was still under negotiations. Proximity to an existing aged care provider could well have been a positive benefit to overall planning and operations as at the Brisbane hospice.



Deaf School crumbles

• From page 3

Hall & Prior, which owns 31 residential aged care homes here and in NSW, did not reply to a call from the POST last month.

Last year Perth Children's Hospital Foundation chairman Ian Campbell said he had ruled out the Deaf School site for a hospice because the State Government had agreed to sell it to Hall & Prior.

The State Government chose Hall & Prior to buy the 13,000sq.m Curtin Avenue site in November 2018 (*Deaf School sale lingers on*, POST, October 5, 2019).

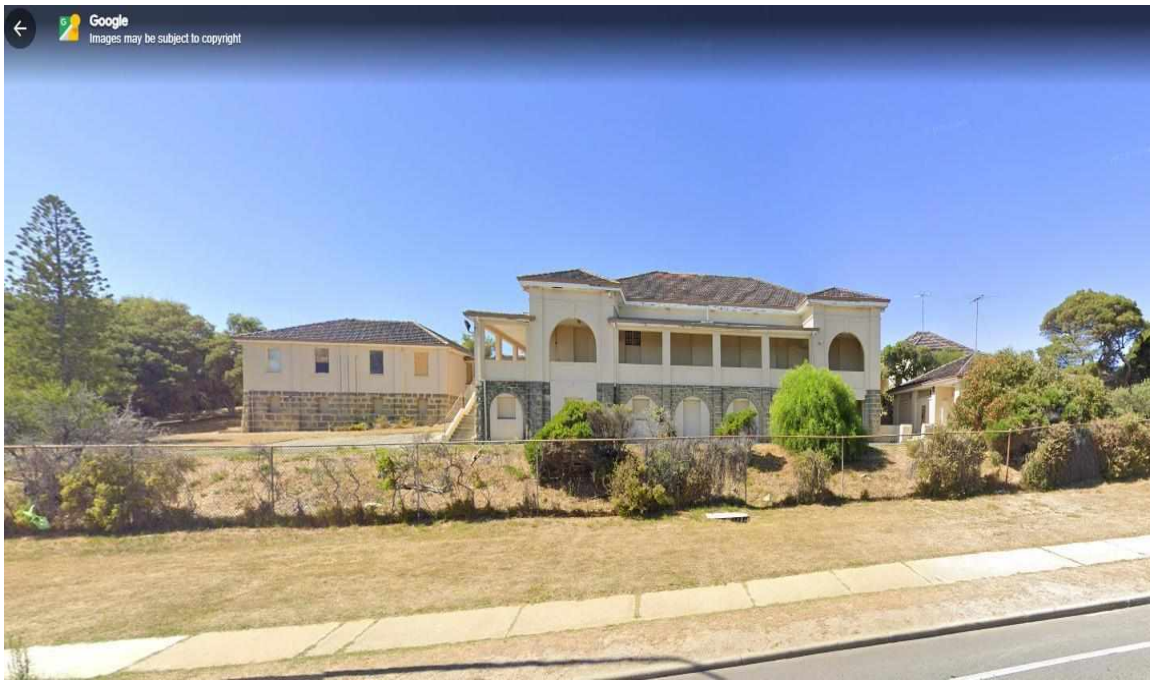
At the time the State Government said it was "committed to ensuring an outcome is achieved whereby the (WA Foundation for Deaf Children) remains on site in suitable accommodation, and redevelopment optimises the remainder of the site and embraces the significant heritage place".

Before the sale a report for LandCorp said $2.4million in repairs needed to be done to bring the 122-year-old school up to standard.

Advertise your goods in the POST Classifieds

53 Curtin Ave. (Deaf School) was marked down as being "one of the more distant sites". Distance is 1.7 Km further than Allen Park and 4 minutes travel time longer.[172]

Mcall Centre The old Cable Station.



[172] **Google maps.**

McCall Centre was a Child Welfare Department facility in the past. Creative restoration of this character sea-front heritage building should have been at least properly considered. It remains unused in 2026.

The least acceptable option was reputedly 2A Curtin Avenue (McCall Centre) which the government also intended to sell. Whether it was ever open to any serious consideration is very questionable.

It was previously used by the Child Welfare Department and appears externally to have good potential. In 2026 there is still no action to repurpose this site although Mosman Council has expressed an interest in seeing some development. HOWEVER ---- *Odern Crescent has been identified as the preferred site due to its location,(?) size, the absence of existing structures, residential(?) context, proximity to local amenities (?), its natural setting, and the relative simplicity of the tenure arrangements (?).*

Note no mention of ANY argument against using Allen Park A Class Reserve land.

What provision has been included for future growth?

ANSWER The Children's Hospice Project FAQ's contains information regarding future growth and expansion. https://pchf.org.au/childrenshospice/

> ***The children's hospice will open with five beds available for children with life limiting illnesses. An additional two beds will be available if required. The children's hospice has been designed based on current and anticipated future needs. There is flexibility for minor changes, however, we would not expect any increase to the size of the building.***

In view of visits by PCHF and the Minister for Health to Bear Cottage in Sydney, the information that a "youth hospice" for older patients was being planned for Manly not far from Bear Cottage, would no doubt have been known at the time.[173]

Further additions at Allen Park are not fanciful.

The option to acquire more reserve land for expansion later cannot be ruled out in view of the contemptuous manner in which this first step has been taken. This was revealed as a real possibility only under FOI.

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[173] **Now completed as a hospice for 18 – 25-year-old patients.**

The prospect of extensions /enlargement is now clear despite earlier dismissal of any such suggestions. There is now a hospice for young adults and sited near Bear cottage on a former Manly Hospital site.

> ***The Adolescent and Young Adult Hospice will be specifically designed for adolescents and young adults with life-limiting conditions requiring short-term respite care, symptom management or end-of-life care.***
>
> ***The hospice will be the first of its kind in Australia and will provide care for young adults from the Northern Beaches as well as those from across the State.***
>
> ***The facility will also work closely with Bear Cottage, Manly's renowned children's hospice that is also unique to NSW, to assist families caring for young people as they become adults. The hospice will be filling a much-needed gap for adolescent/young adult patients and their families.***
>
> ***More than a quarter of the admissions to Bear Cottage in the past year have been of young people aged over 16. Once these patients reach the age of 18 there are no appropriate facilities for them to transition in to.***

(Doesn't the same risk apply in WA? Expansion later?)

Why the urgency at the time?

If a built "hospice" was the best solution to provide Paediatric Palliative Care, Western Australia has been seriously tardy in the provision of this "hospice" and other much needed health and social support initiatives.

One driver for the recent spate of building developments has been the response to the Covid-19 pandemic. Examination of Hansard and media announcements has illustrated the desire of the WA government to fast-track projects aimed at economic recovery.

Legislation titled, "COVID-19 RESPONSE AND ECONOMIC RECOVERY OMNIBUS BILL 2020" was introduced into WA Parliament on 11 August 2020, by the Minister for Planning.

This Hansard item gives a clue that the excision of the reserve at Swanbourne was envisaged by government but not stated in public.

Otherwise… why this curious exchange in parliament?

Extract from Hansard (ASSEMBLY – Wednesday, 27 May 2020 Ms R. SAFFIOTI:

> ***This provision was added to the bill in case there is one of those theoretically possible projects that probably will not happen. This refers to a development in a reserve, for example. This amendment is an example of what would be considered by the commission. In a sense, this provision***

tidies up the legislation in order to cover all potential avenues. Currently, a project located in a reserve is normally considered by the commission.

Under this amendment, the Premier would have the ability to pull the project out of that pathway and present it back to the commission. We do not expect this provision to be used. (Emphasis added).

In May 2020 the government already knew development in Allen Park Reserve was to be a project but said nothing in Parliament? The "Business case" produced in February 2020 has diagrams strongly indicating that the Allen Park site was the intended location. -------- **Misleading Parliament by omission?**

The stated intention was to *"help to maintain Western Australia as open for business and mitigate damage to the economy that flows from the government not being able to function effectively due to pandemic restrictions'* .

While many of these measures were, on the whole, necessary, and beneficial, it is open to question whether they were proportionate to the health and economic threat, and related directly to the pandemic? To ask that question is our right as citizens.

Governments worldwide have been criticised for a shift towards authoritarianism under the guise of responding to the pandemic. WA was no exception.

Despite the unprecedented nature of this challenge, there was no sound justification for systemic erosion of rights-protective democratic ideals and institutions beyond that strictly demanded by the exigencies of the pandemic.

Faulty logic



The specious argument that only 2.1% of Allen Park would be affected, raises the question of why such faulty logic had to be employed in order to promote a worthy cause? A children's hospice deserves due diligence, sound planning, confidence in the absolute safety and integrity of the proposal, and genuine community support.

Allen Park is understood to be 18.9 ha. Not 24.3. Presumably Defence Department parks not freely accessible to the public were counted in the higher figure, as Nedlands Council provides services in that area. The hospice site took up 0.6ha. As 8.1ha was already occupied by active recreation, that land was not open to excision unless tennis courts or football ovals were available to be taken.

As the table provided to the proponents indicates, 23.5 ha was already taken up by Active Recreation and Other Recreation. After total of 0.9ha excision, open green space will be reduced to 14.5ha.

Allen Park was not simply a vacant site and suggesting otherwise is a specious argument, i.e. one that superficially appears right but in fact is wrong.

A Class Reserves, whether of heritage, environment, cultural, or recreational value to the citizens of WA are unsafe from impulsive encroachment and developments.

Demands for infill developments are not confined to previously zoned residential sites but can now include any open space in any location.

Would a similar proposal have been suggested for Rottnest, King's Park or Bold Park, which like Allen Park, are also classified A Class Reserves?

Defence Department

Whether Defence is satisfied with the proposal is not clear, despite Councillors responsibly alerting the proponents to possible conflicts due to noisy Defence activities.

These opinions on a matter of local amenity and knowledge were dismissed as "ludicrous".

However the Review of the proposed redevelopment of Seaward Village was not so dismissive. Lt. General Mark Evans reported,

> ***A high level of training activity occurs within Campbell Barracks throughout the year determined by the training cycle and operational imperatives of the unit. The characteristics of the unit require continuous 24 hour operational and mobility training that includes significant***

helicopter operations. The range complexes are significant and constant use of all types of munitions and explosives by day and night are necessary for the unit to maintain its operational edge. <u>This creates a noisy environment that can affect neighbouring areas.</u>

In the light of Lt. Gen. Evans's report, the Defence Housing Authority abandoned its plans for a mixed private/ DHA housing development accessed through Sayer St. For operational reasons best known to the Commonwealth Government, it is noticeable that live-firing activities at the Swanbourne base have not declined significantly in recent months. To any casual or uninformed observer visiting the site briefly there is little noise occurring at some times. This is highly unlikely to continue.

The late Federal Minister Ian Viner, lived in Odern Crescent, Swanbourne and spoke very passionately in Parliament about the importance of not interfering with coastal dune country, "*<u>one of the last natural areas of sand dune country in metropolitan Perth".</u>*

Since 1975 there has been substantial expansion of the Army base with considerable loss of bushland. Continued incremental losses of vegetation, flora and fauna are destructive and unacceptable in any modern society faced with climate change, population density concerns and health implications of loss of exercise and recreational spaces.

The PCHF Chairman asserted that the SASR were supportive. My request to the former local member of Federal Parliament for confirmation of this statement was never adequately answered.

Dear Hon. Ms Hammond,

The Chairman of the Perth Children's Foundation, Ian Campbell has stated in an email to the Friends of Allen Park that, "The SASR have engaged with us closely, are enthusiastic supporters of the project, and have offered to work to involve the children and their parents in a range of mutually beneficial and educational activities."

Are you able to confirm that the Defence Department has no concerns regarding the proposed hospice site?

The response received did not indicate enthusiastic support from the <u>Defence Department</u> as they were still waiting details at that time.

This response was received on 19/01/2021.

> ***Defence advises that its Estate Planning Branch is aware of the proposal and intends to provide feedback at the appropriate time once the formal planning approval process commences.***
>
> ***The Western Australian Department of Planning has advised that as at 12 January 2021, a formal development application is yet to be submitted. In response, Estate Planning Branch has sought additional information on the proposal including details of the likely approval pathway, expected timeframes for approval, and assurance that Defence will be engaged as part of any development approval consultation.***

A further email was sent to Hon Celia Hammond on 19 April 2022 following an announcement of funding from the Federal Government in the lead-up to calling the Federal elections for 2022.

> ***West Australian children with life-limiting health conditions are set to get new help and hope with the construction of the state's first and only dedicated respite and hospice care facility for children[174].***
>
> ***The WA Children's Hospice will be jointly funded by the Federal Government, the WA State Government and the Perth Children's Hospital Foundation, with the Morrison Government committing $7.5 million towards the project[175].***

Email I sent to Hon Celia Hammond on 19 April 2022.

In view of the offer from Prime Minister Morrison of substantial funding to progress the building of a Children's Hospice in Allen Park, can you now confirm that the Defence Department has been engaged as part of any development approval consultation?
Are you able to advise what are the views of the Defence Department?
Are these views now publicly available?

No reply was received from the former member for Curtin

prior to the election which she lost.

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[174] Lady Lawley Cottage had carried this role for decades and was prematurely closed and abandoned leaving parents without essential support while a trophy architectural project is progressed. Where is the "compassion" if the project fails to proceed due to faulty planning?

[175] Accessed on Pork-o meter.

A letter was received from the Assistant Minister to the Defence Department in which he stated that their,

> ***"response (to the DA) recommended the incorporation of design features to mitigate noise impacts.***
>
> ***The base has a number of specialised training facilities that support Defence capability and noise from this training could potentially impact on adjacent properties.***
>
> ***All attempts are made to minimise this; however the specialised training is critical to Defence readiness.***

The response is clearly cautious, not a ringing endorsement, and is conditional on measures to minimise noise, which will entail additional costs.

If the noise concerns raised were dismissed by the proponents who refused further sound tests, would Defence remain in support?

As the formal Development Application is now public knowledge, it appears that the Morrison Federal Government saw fit to publicise its intention to advance funds, in ignorance of what was proposed in planning terms just prior to an election hard fought in the area.

From the media report,

> ***The Hon. Ian Campbell, Chairman, Perth Children's Hospital Foundation, said: "On behalf of the Perth Children's Hospital Foundation, I want to thank the Australian Government for this incredibly generous donation that recognises the need for a hospice for young palliative care patients and their families.***

Did the PCHF Board pressure CAHS into accepting fewer sound attenuating measures without independent evaluation by professional assessors? A deaf ear turned by the PCHF Board? If so what would now be the view of the Defence Department faced with that response, in view of their stated position over the Seaward Village vetoed development?[176]

Aircraft noise:

Although overall aircraft noise has declined during the Covid19 pandemic it will undoubtedly return. Attention must be given to the variety of sources of noise and not simply dismiss legitimate planning considerations.

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[176] POST October 8, 2022. 'Hospice noise tests not needed' PCHF.



Helicopters above a private home in Jameson St. Swanbourne

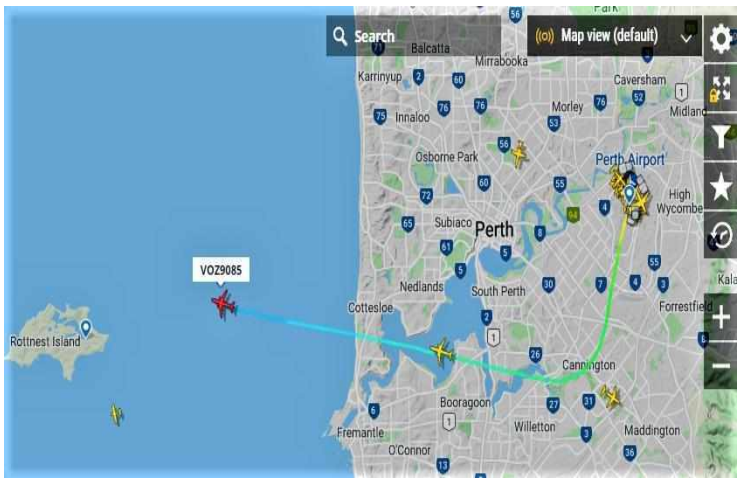
There are several sources of aircraft noise besides that occasioned by Defence helicopters, intrusive as they may be on relatively infrequent occasions. Police and commercial helicopters are frequently heard at all times of the day. A suggestion was made that children would enjoy the sight of the helicopters. This would be in stark contrast to the "Apocalypse Now" thunderously loud sound which residents have experienced on these occasions. This factor will increase as the importance of the base expands and develops further.[177] During bushfire season Helitacs are more prominent and as essential services they are welcome. However, as they are occasionally in pairs or higher numbers, they can be particularly noisy and alarming to anyone not familiar with their presence and role.

Numerous light planes daily traverse North from Jandakot directly over the Swanbourne area and return further West. Many international and northwest flights leave and return to Perth airport via the Mosman/Cottesloe/Swanbourne airspace. Other locations in the Western Suburbs viewed by the PCHF would

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[177] **Campbell Barracks now has a $6M facility for training escapes from helicopters that crash in water. There are no plans to expand the base as a permanent helicopter facility at this time. This could change as has the size and role of the base continues to grow even now.**

suffer similar noise issues, and there was no basis for crediting the Odern Cres. site in isolation as "serene".



For a trial period flight paths out of Perth airport were redirected to traverse further south before turning to the west. There were complaints from residents in the southern suburbs, and the changes were abandoned. Aircraft noise can be an issue for planners.
It is quite disingenuous to describe the hospice location as "serene" if visited briefly, during severe travel restrictions, and without local knowledge, yet the site description as "serene" was one of the listed requirements[178].

The latest information suggested triple glazing will need to be employed to compensate for the risk of excessive noise from various quarters. Best use of funds? Best choice of site?

To dismiss serious planning considerations simply as "nimbyism" is crude name-calling, inconsistent with good governance from a State Premier.

Alternative options:

An unanswered question remains as to why other sites and possible alternative models of health care delivery were not apparently rigorously examined or were rejected[179].

The impression is that all focus was on a single-minded outcome at Allen Park with a deceptive, politically attractive, superficial appeal.

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[178] **During the Premier's televised press conference at the Bridge Club, it was noticeable that he was irritated/distracted by a sole small plane overhead. Such flights are commonplace as residents know well.**

[179] **Simply being told by the lead proponent is not an answer that deserves respect.**

Any criticism was quickly dismissed with baseless, vitriolic, and offensive, media headlines and slanted news headlines.[180]

The most contentious question must be why "Lady Lawley Cottage by the Sea" was apparently ignored as the more suitable facility, even if only in the interim and to provide training and experience for staff. Pulling out and leaving parents with No services at all was not an ethical solution. The FOI result from the Child and Adolescent Health Service demonstrated that LLC was not included in the purported search for a suitable location.

The PCHF Chairman angrily confronted me at the community led meeting held at the Rugby Club and said they had two firms of architects examine LLC and it was found unsuitable.

It is once again in use after minor attention.

Just who is planning health services in WA?

At the time there had been no such information provided to anyone. He was quoted in the Post as saying they had a "quick look" at LLC.

Lack of transparency to this degree is inconsistent with good governance, given that so many have questioned the decision of Red Cross to close the resource.

Referring to LLC as "old" implied that it was no longer suitable for its purpose as run down and decrepit. However, it has many attractive features consistent with its cottage character besides the perfect location.[181] In any case not sustaining LLC in the interim years while the hospice was built suggests pressure on parents was deliberately made to increase publicity in favour of a building (the hospice) as a solution to concerns and negative media at PCH.

PCHF/government seemed to think health care services were something that can be just switched off then back on again.

Lady Lawley Cottage has now been taken over by Rocky Bay and apparently required only "minor works". The PCHF Chairman suggested the hospice would resemble the "Brady Bunch" home, eliciting favourable expectations.

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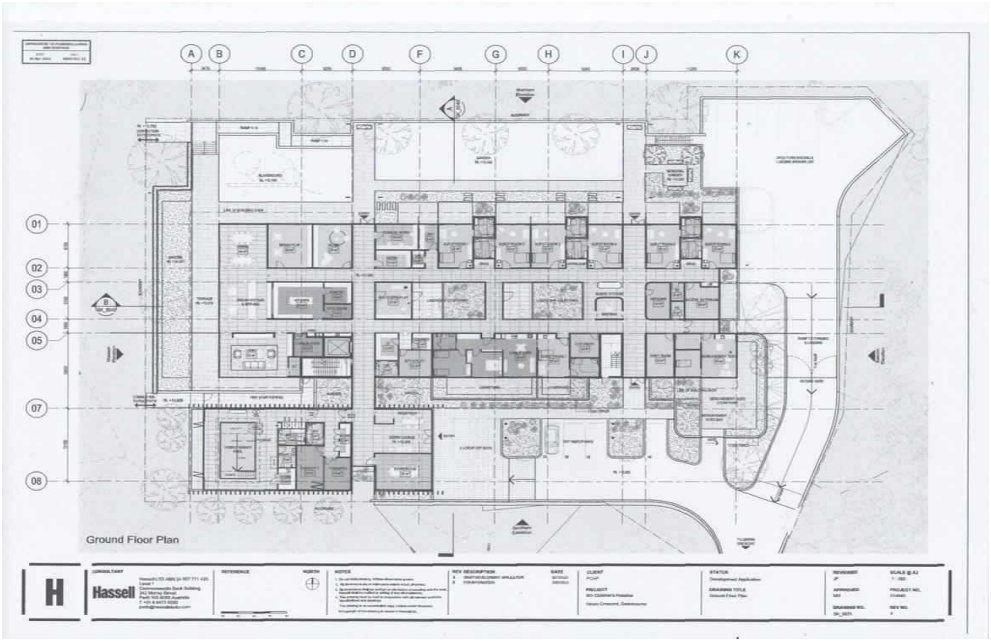
[180] **The ABC report of the WAPC decision as an example.**

[181] **Substantial funds had been expended recently in very appropriate improvements.**



The Brady Bunch Home USA

The Architect's plans when finally released suggested a typical hospital ward "racetrack" layout, rather than the "homely environment" promised.



Early plan showing play areas North and Board Room (later removed)



Basement and two Floors

Manipulation of the image to de-emphasise the shift to a double storey building with basement parking. This type of image manipulation was referred to in a submission to SDAU on the Doonan Rd. ORYX aged care facility[182].

> ***"The architectural plans and renders provided by Hassell Studio are both misleading, and highly selective. Hassell Studio has attempted to make the bulk and height of the proposed building structure look smaller than it is by lightening the visual perspectives of the upper levels on both the cross-section plans and renders".***

Respite

Even more important than appearances, the former role of Lady Lawley Cottage as a respite facility that historically was extensively made use of by Princess Margaret Hospital (PMH), now Perth Children's Hospital (PCH), is undisputed.

The loss of this seriously important respite role, as a complementary aid to managing bed numbers may be contributing to the high demand for beds at PCH.

[182] https://p4rd.org/?p=895

Is that what is really driving this project? Who knows? Paediatricians are silent.

Environmental factors apparently supported by the government.

The Department of Planning, Lands and Heritage has proposed a new Medium Density Residential Housing Code for public comment, November 2020.

According to the draft discussion outline there are four key elements.

> ***#2. The garden Clear guidelines for the size and location of gardens recognise the importance of greenspace, sunlight, and ventilation to physical and mental health, ensuring residents have access to a good outdoor space for recreation and socialising.***

This confirms the claimed government view of the importance of Class A Reserves such as Allen Park, but it appears the code will be meaningless if someone with connections has a "thought bubble".

Proper planning for a children's hospice if required, should have been completed decades ago but was hastily expedited at a time when the community was under stress and preoccupation with many conflicting demands. The sometimes vitriolic and abusive tenor from government and protagonists was uncalled for and was counterproductive.

The information circular below was distributed by email on 9th July 2021 and by letterbox drops by concerned residents, to alert the community to the planned PCHF 'Information session" and concerns regarding the site selection process, lack of community information, and inability to offer constructive comment. It was important that the community was made <u>fully aware</u> of the proposal and not find themselves alerted too late to contribute or object to anything at all.

WA Children's Hospice Project



In September 2020 the City of Nedlands conducted a community consultation for the Children's Hospice, following a surprise announcement by government on August 4, 2020, that Allen Park, an A Class Reserve, had been selected as the hospice site.

1. The total population of Nedlands, Cottesloe and Claremont is 35,274. Analysis of responses from only 113 persons is clearly insignificant. Nevertheless, the influence of proximity to Allen Park, and a greater appreciation of its true value to the community may have been demonstrated in this survey.

2. That 98.2% of respondents supported the project "in principle" is unsurprising.

3. Support dropped by 15.3% when the Allen Park location was identified.

4. Of the City of Nedlands responses 94.7% supported the project "in principle", but support for the Allen Park location fell by 36.8%.

5. Of the 29 Swanbourne responses (City of Nedlands and Town of Claremont) 89.7% were in favour "in principle", falling by 44.9% for the Allen Park site.

6. Of the Swanbourne responses (City of Nedlands only) 91.7 supported the project "in principle", falling by 54.2% when the Allen Park site was included.

7. Cottesloe residents were apparently not included in the survey despite Allen Park being adjacent and the closest public open space for many.

8. Councillors and persons who appreciated the significance of the chosen site, and understood the impact best, were savagely disparaged in Parliament and the media.

I attended three (SAWG) meetings set up by Nedlands Council but received no useful information.[183]

One presentation was directed at the need for a children's hospice, which is not in dispute as better services are needed, although this "hospice" may not be the best or only solution.

Allen Park is an A Class Reserve in the same category as Kings Park.

Would the public accept 5,000 sqm of Kings Park being excised to provide an annexe to Perth Children's Hospital? Highly unlikely!

A public information meeting will be held by the proponents at the Swanbourne Bridge Club on July 11, 2021, from 10 -12 am.

It is vital to the preservation of Allen Park as bushland and accessible public open space, that as many people as possible attend to learn what has already been done. Survey pegs are in the ground and building will commence, with apparently no opportunity to influence the final outcome. Speak up now or remain silent and watch the bulldozers start working to remove your rights to access a substantial part of the amenity of Allen Park. There are other options for the plainly much needed hospice – why have they been ignored? Why the silence on Lady Lawley Cottage and other sites?

Dr Neville Hills 3 Jameson St. Swanbourne nhills1934@bigpond.com

The PCHF Information Session

Eleven months after the government and PCHF revealed their decision to Nedlands Council and the community……a public information session was held in the WA Bridge Club initiated and run by the PCHF on 11 July 2021.

The session was poorly promulgated and took place for two hours on a Sunday morning during school holidays. Limited information was forthcoming. We were told a functional brief was not yet available to the public.

The role of the hospice appeared to be mainly for periodic respite, rather than end of life palliative care for terminally ill children. Emotive use of the term "hospice" was employed which disguised that what is proposed appears to be an extension of the role of Perth Children's Hospital.

[183] **Initially we were told to expect monthly meetings. I recall only four before I resigned in disappointment and frustration.**

While such a facility is clearly needed to benefit parents and children, the case for a building on an A Class reserve was not demonstrated.

There appeared limited scope to negotiate on any relevant matters once the site had been excised and pegged out.

No planning process has been evident publicly or under FOI. The hospice was just a "good thing" that could not be questioned by anyone without attracting vitriolic abuse.

The display materials comprised artistic concepts seen previously at a SAWG meeting and were misleading. For example, one stated as follows,

> ***The children's hospice will be modelled on other Australian children's hospices as a home away from home environment that is close to the beach.***

There are three children's hospices in Australia. Bear Cottage in Sydney is 5 – 700m from a beach.

Very Special Kids, Melbourne is in the suburb of Malvern and 5.5 Km from a beach.

Butterfly House is in Chermside Brisbane and nowhere near an ocean beach.

This is indicative of the kind of media spin employed. The case for first-class children's palliative care services is undeniable and should not have to rely on spin and manipulation of language.

Illustrations provided by PCHF offered no practical value in assessing the potential impact on the site.

Very concerning was the continuing absence of a publicly available functional brief that should have been a very basic requirement before embarking on site selection and excision of Crown Land.

A brief PowerPoint display shown at a SAWG meeting was not an adequate information on a functional brief.

That there was no functional brief publicly available a year after the government announcement signals something was amiss[184].

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[184] I have still not seen a properly completed and detailed one. It was not included in the DA released to the public. Some confusion regarding the actual role of hospice or respite centre and administrative headquarters is unresolved.

A reference book on hospice architecture titles Chapter 3 as, "The Brief is Everything".

Without a functional brief we had no idea what the intended purpose or role was.

How could the community assess, support, judge, or comment?

I enquired whether any members of the BOARD of PCHF were in attendance and was informed they were not present, allegedly so that the community might not feel overwhelmed by their presence.

This project appeared to be really an annexe of Perth Children's Hospital to provide brief respite admissions and staff offices, rather than end of life hospice care as it had been publicly portrayed.

The very late PCHF "Information Session" was held by PCHF months after the Premier's announcement of the selection of Allen Park. By then much was "done and dusted".

To try to address community needs for real documented information a group of concerned citizens met and planned a much more consultative process along the lines of the very satisfactory Allen Park Master Plan sessions that had previously been conducted by Nedlands Council.

The Swanbourne Rugby Club was hired for the purpose and the circular below was distributed widely in the district.

Have you been given all the information regarding the proposed Perth Children's Hospice in Allen Park?

- Community Meeting Date: **Monday 9 August 2021**
- Time: **6.30pm**
- Venue: **Associates Rugby Club, Allen Park**
- **Alert your friends, families, neighbours, and regular Allen Park visitors!**

You can tell us what you think, ask questions, and contribute suggestions, which will be forwarded to Nedlands Council as managers of Allen Park. Some questions: What are the likely impacts on bushland, wildlife corridors, volunteers, dogs and walkers, recreational access, other sports park users, Bridge Club, car parking, council costs, etc? We need your opinion on how this valuable community land asset is used! Does the proposed use comply with WA Government policy on public open space? What about the Allen Park Masterplan adopted by Nedlands Council? The apparently vacant land was earmarked for community facilities including All Abilities Nature Play, All Ages Exercise Area, Quiet Reflective Spaces, Community Active Spaces, BBQ's, Table Tennis, Path Networks, etc.

The community supports a hospice "in principle", but is this the best place? Is it a hospice or an annexe of Perth Children's Hospital mainly providing respite? Why was Lady Lawley Cottage, which offered respite and support to families, shut down?

Say yes to a children's hospice in the right place,

and no to the "Raiders of the Lost Park".



If you would like to be kept informed email
allenparkswanbourne@gmail.com

The event was very well attended despite covid restrictions and held at the Associates Rugby Club, hired for the occasion.

Our notice clearly stated questions would be forwarded to the proper authorities responsible, Nedlands Council - not PCHF!

Our meeting followed a format wherein attendees were given introductory information based on what had been revealed and deduced up to that time followed by an open opportunity to put down questions in writing.

This had worked very well at Allen Park Masterplan gatherings.

PCHF were not excluded from attending, but it was felt that they should not take over proceedings, having had their opportunity to state their case previously and failed.

<u>This was the community's own meeting, not one for PCHF to take control as they had their opportunity previously.</u>

The meeting was called by the community to request <u>documented</u> answers from authorities to any questions they may have had about the hospice plans <u>in confidence</u> and <u>without fear of the abusive criticism</u> to which some councillors and others had already been exposed. The meeting chairman read an introduction after which a brief opportunity was given to several speakers including me, to convey what was known at the time.
Attendees then broke up to gather at tables upon which writing materials had been placed and proceeded to write down any questions they wished to raise. The format of the meeting was clearly and briefly introduced by our chairman for the occasion.

The PCHF Chairman was evidently very angry about the meeting format, despite its prior success in arriving at a community consensus on the way forward during the Allen Park Master Plan formulation. He was unimpressed with our method of obtaining <u>freely expressed and anonymous community contributions and replied…</u>

> ***As you know, I regarded this meeting as a <u>disgraceful "sham"</u> and remain embarrassed that I asked people, including my Chief Executive Officer, the head of Palliative Care at Perth Children's Hospital, an Indigenous Elder and members of my Board to attend.***

We did so on the basis that we could engage constructively with members of the community, to hear their views and address their concerns. To have to address their concerns through the ridiculous, time-wasting and inane process you concocted is deeply concerning and raises grave questions about the motivations of many members of your group.

In my many years of serving in the Australian Parliament in a number of roles, I answered many thousands of letters and many questions on notice and petitions annually. I can say to you that I have never encountered such an incoherent "dog's breakfast" of a document in all that time.[185]

I have referred one question to the Commanding Officer of the SASR, our neighbours at Campbell Barracks. This question is an outrage and a disgrace and one of the most disgusting I have witnessed[186]

The importance of having documented responses from proponents was amply borne out in subsequent FOI revelations when significant facts were exposed.

During my presentation I provided PowerPoint images to illustrate examples of the area or ground space that 5,000 sqm represented with a red line.

I did not suggest the building would be the size of Parliament House or the Old Brewery as was alleged.

I indicated in a red outline the equivalent area excised, given that the PCHF declined to assist in that regard but merely suggested a "bird's eye view" would be offered. This would be of little assistance to anyone unfamiliar with the site.

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[185] **Emphasis added.**

[186] Letter from Hon Ian Campbell to meeting organisers who were subjected to hostile and critical comments following the meeting. **Our decision to encourage anonymous questioning was plainly vindicated.**

The reply from CO, SASR if any was not revealed so I have no idea what this refers to. I saw no "disgusting" comments written in submissions, but it does reveal the attitude of the PCHF Chairman to apparently uncomfortable questions. If so outrageous I would have expected some response from CO, SASR and this should have been passed on by PCHF to the meeting organisers.

Until construction began many local residents were uniformed about the exact impact of this proposal, having taken at face value statements emanating from PCHF.





These were the slides shown. Thin red line outlined the building footprint .

The image stated "Swan Brewery buildings 5,000 sqm".

The PCHF Chairman's description of a community initiated, organised and conducted, genuine opportunity to freely and openly ask for documented information as a "SHAM" displays the utter disregard the promoters held for any public opinion that questioned their case. The PCHF CEO subsequently declined to comment on a slideshow I submitted saying it would be a "waste of time". Clearly a "deaf ear" to community concerns was turned from the outset.



Queen's Gardens East Perth

The red outline is 5,000 sqm initially excised for the hospice, and the yellow is the 3,000 sqm "community garden", proposed by PCHF which had strings attached and could further restrict park access and future unknown costs.

This extra land was later added to that already excised by a complicit Parliament afraid to question anything connected with such an apparently self-evident "good cause".

Would excision of one third of Queen's Gardens be accepted without question by the City of Perth and residents?

At the time of the "community garden" offer the Development Application had not been published, and Nedlands Council was being offered something it could not responsibly accept without carefully considering the many implications and future costs. Surely a responsible requirement of any local government authority.

Subsequent information confirmed the wisdom of Nedlands Council's rejection of this so-called "offer".

Expansion:

Residents' questions about the need for expansion to meet the growing state-wide needs were dismissed by the PCHF Chairman following the Community-led meeting in 2021.

His written answers to several requests for information on this matter were as follows.

- **Q What scale of expansion of the building is proposed for the future?**

  A: The building has been designed to meet Western Australia's needs for at least a quarter of a century, based on detailed consultation with hospices in the Eastern States and around the world. For reference, in Victoria, a new "Very Special Kids" Hospice is about to commence construction. It will have the same number of bedrooms as the WA Children's Hospice and will serve the entire state of Victoria.

"At least a quarter of a century" is only 25 years, and a very short period in the life of most hospitals. Not at all reassuring.

Whether VSK meets the needs of the entire State of Victoria is really unknown at this time. What research has been done?

NSW is understood to be planning a second hospice. Again one has to ask what research is being done to justify continuing a building solution to support and care needs?

Sydney has an Opera House. On its own that is not a reason for Perth to do the same.

NOT ANTICIPATING FUTURE EXPANSION WOULD BE FOOLISH HEALTH CARE PLANNING.

The PCHF Chairman accused me of a 'Misinformation campaign against WA's first children's hospice.[187]

I included available <u>information</u> regarding the planned extension of VSK in my very first document provided to SAWG, <u>precisely to help inform</u> SAWG and the community regarding what a hospice could comprise.

I had hoped to fill the void left by absence of reliable and useful information from Government and PCHF, both groups telling us they were going to build a "hospice" and leaving it up to the public to guess what that entailed beyond being politically a "good thing".

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[187] **POST newspaper, 18 May 2024.**

Briefly outline what specific skills or life experiences or groups you have been involved in that you would bring to the Site Assessment Working Group:

Former City of Nedlands Councillor. I proposed the establishment of the cultural precinct in Allen Park (Tom Collins House), to balance interests other than purely sport related activities. Former Psychiatrist Superintendent Swanbourne Hospital, with early experience of young patients with severe intellectual disability. 50 years resident of Swanbourne with an interest in ensuring passive recreation opportunities and protection of native plants and fauna.

Please explain why you would like to be part of the Site Assessment Working Group:

To ensure that residents and Allen Park users are fully informed and their legitimate interests not overlooked. To ensure that all proper consideration has been given to the site chosen including allowance for future needs. To ensure as far as possible that the proper concept of a cottage hospice will be maintained into the future.

Page 14 – POST, May 4, 2024

POST LETTERS

Please email your letter to *letters@postnewspapers.com.au*, lodge online at *postnewspapers.com.au* or snail mail to: The Editor, 276 Onslow Rd, Shenton Park 6008. All letters must include writer's full name, address and daytime phone no. for verification. Boring letters or those over 300 words will be cut. **Deadline: Noon Wednesdays.**

'Misinformation' about Swanbourne hospice

Neville Hills *(Serious shortcomings in hospice plan,* Letters, April 27) continues his misinformation campaign against WA's first children's hospice.

First, he calls it a "hospital/hospice". Perth Children's Hospital Foundation (PCHF) has always made clear, and in fact it is an explicit part of our agreement with the WA government, that Sandcastles – Boodja Mia will be "the antithesis of a hospital". Should it turn out to be anything like a hospital we will have abjectly failed.

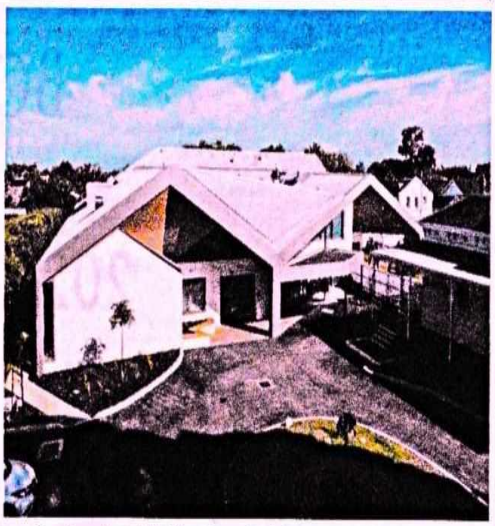
Contrary to Dr Hills's claim "it will be mainly a home-styled respite facility", it is in fact primarily to serve as a palliative care facility for children who are dying or unlikely to live to see their 18th birthday.

As with Bear Cottage in Manly, NSW, the children's hospice that inspired premier Roger Cook and me, respite will be a part of our offering. I doubt many readers would question the value of respite for families and children in this situation.

Dr Hills's questioning of the adequacy of the size of Sandcastles – Boodja Mia, based on his claimed knowledge of other children's hospices, is further evidence of misinformation.

In developing the design for this much-needed facility, extensive research was conducted to understand the optimal size and scale of built and planned children's hospices across Australia and around the world. Sandcastles – Boodja Mia will be almost identical in size to the newly rebuilt Very Special Kids hospice in Melbourne that serves the state of Victoria and Bear Cottage serving the state of NSW.

Ian Campbell
chairman, Perth Children's Hospital Foundation



Case in point ... *The Very Special Kids hospice in Malvern Victoria.*

George Eliot (Mary Ann Evans) wrote, "*Life is too precious to be spent in this weaving and unweaving of false impressions, and it is better to live quietly under some degree of misrepresentation than to attempt to remove it by the uncertain process of letter-writing".*

Despite her sensible advice I am bound to respond to unacceptable attacks on my reputation.

That kind of banter may pass in Parliament, but I do not have to suffer it quietly.

I have not been running a campaign <u>against the hospice</u>, but I am opposed to the <u>process</u> by which every aspect of the project, from its siting to purpose, costs and suitability for the tasks ahead, has been <u>in my view</u> mismanaged and misrepresented.

Like others who publicly expressed concerns about the project, I tried to ensure that good community information was not left until the bulldozers moved in and destroyed valued open space parkland to no good result.

From the time of the first announcement by the former Premier, I was concerned that the extent of the actual site selected should be illustrated and architects' drawings exhibited for wide community appraisal at a public library.

The proponents refused these simple requests.

Why I volunteered to join the Nedlands Council SAWG.

I volunteered to join the Nedlands Council Site Assessment Group (SAWG) with three objectives,

1. **To understand how and why Allen Park had been chosen as a site.**
2. **If the choice of Allen Park site was inevitable, to try to ensure that any site/building within Allen Park would have minimal impact on users and the park itself.**
3. **As I was closely involved with the replacement of Swanbourne Hospital with new purpose-built facilities, I had some experience and interest in the environmental design of buildings, and their potential to help facilitate the work of staff and care of patients.**
4. **I felt I could usefully contribute.**

I prepared a lengthy document for the first SAWG meeting with the goal of assisting in information sharing. I provided some background on other hospices including the proposed Melbourne VSK Hospice upgrade designs.

I applied 5,000 sqm outlines to Allen Park to explore if other locations within Allen Park might have advantages over the one chosen.

I wasted effort as the proponents had already decided what they intended to do and had no interest in considering any other views.



It quickly became apparent to me and other members of SAWG that PCHF had no interest whatever in any contributions from residents regardless of their skills or backgrounds. We learned it was all a "DONE DEAL".

Q Why is a site already for appropriate expansion on/near Cottesloe beach not considered?

A: ***We do not need expansion.***

Q Will the Bridge Club relocate once the hospice needs to expand?

A: ***The Children's Hospice will not need to expand.*** **Hon Ian Campbell**

However a very recent FOI result has shown that at the Project Control Group meeting, on 13, July 2020, the prospect of further expansion was raised[188].

> ***(Redacted) noted design needs to allow for future growth/clinical requirements (i.e. to 2032+); potential consideration is to build flexibility into design for additional wing construction etc [189].***

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[188] **Noted also in minutes:---- Meeting to discuss CoN meeting agenda.**

Note: meeting with CoN scheduled for 04/08/20. This indicates the Project Control Group was formed and met before any meeting with Nedlands Council.

[189] **Minutes of Children's Hospice Project Control Group (PCG) - Meeting No 1 Date 13 July 2020. (Obtained under FOI).**

An FOI search revealed that at another meeting the Bear Cottage model was rejected. In addition the two other similar models in Australia recognised their small size was a problem and that expansion was necessary, particularly for Administrative requirements.

> ***Children's Hospice Meeting, 16 November 2020***
> ***Perth Children's Hospital***
> ***Attendees: (Redacted)***
> ***The meeting discussed the schedule of accommodation, functional brief requirements and functional relationships diagram.***
> ***Schedule of accommodation (SoA)***
> ***SoA is based on the Australasian Health Facility guidelines using Bear Cottage as a reference site.***
> ***The meeting noted that Bear Cottage opened in 2005 and is no longer considered best practice (no outreach service is provided). Hummingbird House in Qld is a better reference site and Very Special Kids hospice however all the sites have acknowledged their sites are too small and they need to expand [190].***

This comment goes to the heart of what is wrong with site selection and planning of the WA children's hospice. The demographics of Western Australia are facts that have to be given due attention.

One seven bed hospital in an already constrained location must be seen as a potential failure to meet future need in WA.

The intention of the proponents to expand is not entirely a shock to residents as we have always suspected as much but now have an official record of it. For it to be raised at the original PCG meeting shows that expansion Was very high on the agenda here.

The minutes suggest that in less than 10 years (any time from 2032)[191] expansion may be required.

The only attendees were Child and Adolescent Health Service, PCHF and Price Waterhouse Coopers (PwC). It was agreed that the Minister for Health's Office needn't be kept informed of proceedings, which is questionable considering it was Minister Cook who gave the "green light" for the project, and the taxpayer will be funding the facility operational costs into the future.

The Project Control Group (PCG) minutes were never open to members of the community or SAWG.

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[190] **Their words not mine.**

[191] **Only six years away!**

The City of Nedlands council representative on the PCG, (not present at the first meeting only) was sworn to secrecy and told the information was confidential and not to be divulged. (This was assumed to be the case, as whenever questions were asked at CITY OF NEDLANDS Site Assessment Working Group (SAWG) meetings (of which I was a member), the Councillor representative said he couldn't speak about what was discussed at the PCG meetings as it was confidential.)

On this already constrained site where is this expansion to be located?

West onto Swanbourne Oval? East up Melon Hill? South towards the Bridge Club?

This is all A Class reserve, as was the excised hospice site.

Presumably no expansion can take place to the north as this land is controlled by the Commonwealth for Defence.[192]



[193]

My early calculation of what space 5,000 sqm could occupy in Allen Park.

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[192] **Comments from a concerned community group member.**

[193] Google map: The area outlined was not simply vacant land. It was integral to carefully planned and community supported expectations for the continued development as RESERVE land subject to the funding and intent of the agreed Allen Park Masterplan.

My presentation and the entire community-led meeting was scathingly dismissed by the PCHF Chairman who strongly confronted me and others verbally after the meeting. Slides I prepared were said to be misleading which I dispute.

They were presented to inform and alert the community, for which I do not apologise. If I am uninformed, then I expect to be corrected and disseminate the facts. But I had expected the same respect and cooperation from the proponents.

Through SAWG I asked the PCHF to simply mark out with stakes and tape the 5,000 sqm area excised prior to their information session, but this was not done.

Nor were the architect's illustrations put on show at Mt Claremont Library for two weeks as I requested. So much for community consultation and cooperation.



The illustration above from an early PCHF illustration of a single storey building, Misleadingly the hospice profile appears to be on a par with the height of the Bridge Club. "Clever sketching". Note garden, pool and play areas to the North of proposed building while area between hospice and Bridge Club was green open space. This image was used early to "sell" the project.



Now two storeys and a basement car park underneath, initially to cost $10M.

Funds reached over $37M. Thought bubble first then planning afterwards?

Although the image appears to show public access is maintained, we were told at a SAWG meeting there will be no public access due to privacy concerns.

How this is to be effected is still unclear, especially in respect to the additional excision approved very late by Parliament, allegedly to enhance the views from the hospice. In fact none of the children's bedrooms look out to this additionally excised area.

How will public access and hospice privacy and security be managed?

A fence with gates? Not shown in the architect's sketches.

Privacy and security is entirely understandable but emphasises the problems with this site which PCHF management chose without genuine consultation.

Will the extra 3,000sqm excised become included as a controlled access area for the hospice similar to the main hospice curtilage?

If a "shared community space" how will privacy be maintained?

What motivated PCHF so urgently to press Parliament for the additional land between the Bridge Club and the hospice?



Fenced construction site was erected within days of gaining WAPC approval, yet no MRS approval at that stage.

EPA approval also had to be obtained as this was a significant variation to a regionally important area.

The choice of site by PCHF dictated that action to comply with the law.

Nothing to do with anyone raising objections to the project.

Government and PCHF brought it on themselves.



High wind evident at the site. Bad luck if this weekend was the only one on offer to a families in need.

It must appear that although the building footprint has been stated as 2,200 sqm, the entire 6,000 sqm will be occupied exclusively by the Hospice including vehicle parking areas, firebreaks, etc.

PCHF made a so-called "gift offer" of $4M for an additional 3,000 sqm, over which they could also exert influence at their discretion.

Would the community approve a charity donating $4M to Nedlands Council to develop an area of one of their parks? Would that pass the "pub test'?

Their frustration when this ruse was rebuffed was soon made evident by their friendly media contacts. Parliament later meekly agreed and ignored any dissent.

FOI has revealed the real intention is likely to provide scope for further expansion.

Further expansion on this location must adversely affect the classification of Allen Park as a reserve under the Metropolitan Region Scheme.

But this was apparently of no concern to the proponents who expected that MRS and EPA approval would be just another walkover like the WAPC hearing.



Photo above shows the extent of bushland growth in the area which is now the site of the hospice. Foreground shows part of the revegetated areas carried out by Friends Of Allen Park volunteers with Nedlands Council support.

Nedlands is not the only Council whose residents are affected by this excision of a Public Reserve. Visitors to Allen Park come from far and wide. Why was only Nedlands Council targeted and attacked in State Parliament and the media?

A Development Application (DA) was lodged with a short timeline for public comment and closed on 27 May 2022.
Authorities received extensions of time, resulting in the community being unaware of late reports from them and deprived of an opportunity to examine them closely before a final decision was made.

The most critical of these was the Final DFES opinion which was not listed on the DA documents and only found by an FOI application.
The lateness with which DFES advice was sought by the proponents was clearly demonstrable.

Fire and Emergency opinions.

Good morning, Mr Hills, Thank you for your email dated 16 February 2022 and also for your time on the phone this morning. As discussed, the Land Use Planning (LUP) Branch only received the referral documentation relating to this development last Thursday, and as yet have not completed any assessments. I have been informed that the assessment(s) should be completed by the end of next week (Friday, 4 March 2022). The LUP Branch will be contacting you shortly to provide answers to some (if not all) of your remaining questions.

The material provided to you on 18 March 2022 related to 'informal' pre-lodgement advice being provided from DFES to the State Development Assessment Unit (SDAU).

An FOI response from the State Fire and Emergency Services Authority

stated,

Recommendation –

not supported modifications required. It is critical the bushfire management measures within the BMP are refined, to ensure they are accurate and can be implemented to reduce the vulnerability of the development to bushfire

The proposed development is not supported for the following reasons:

The development design has not demonstrated compliance to:

Element 1: Location,

Element 2: Siting and Design, and

Element 3: Vehicular Access.

Clearly Parliament hastily excised the site in the absence of professional and independent advice from DFES, the responsible authority for bushfire management in Western Australia. Coastal sites are plainly not entirely free from risk.

Delays

That Red Cross was experiencing financial difficulties running Lady Lawley Cottage has been known for several years yet no serious replacement planning took place until recently. Completion of the hospice in Allen Park will not occur before the end of 2026 and possibly longer, leaving parents for at least five years without even the support previously available from Lady Lawley Cottage. How did that show compassion?[194]

Failure to support even an interim alternative at Lady Lawley Cottage was a crude exertion of leverage, creating a heightened need and falsely portraying community concerns as if arising from residents selfishly objecting to the hospice and causing delays. However with no fuss Rocky Bay reopened Lady Lawley Cottage after "minor" attention to the buildings.

Could CAHS have done the same as Rocky Bay – at least pending construction and recruitment of staff and volunteers for the Swanbourne hospice?



Lady Lawley Cottage was closed by Red Cross reportedly due to funding difficulties under NDIS and withdrawal of block funding. Unsuitability of the building for its long-standing role was not mentioned at the time. Future funding of the hospice operations by the Health Department could suffer the same fate as Lady Lawley Cottage.[195]

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[194] **Hon. K Stratton urged that Allen Park be put to "compassionate use" falsely creating a belief that dissidents were uncaring people because they objected to PCHF and Government plans.**

[195] Even as late as May 2022 the CAHS Board Project status report stated. **Activities planned for next month: (June 2022) 5. Funding: Commence operational cost model development.**

The Shenton Park adult hospice was originally supported with funds raised by the community but is <u>now closed to inpatient</u> care and used as staff offices despite an ideal design and location for terminally ill patients.

Adult patients in need of hospice care are being transferred out of familiar territory to receive basic terminal care.

A case cited in State Hansard referred to a man from the Joondalup area being sent to Kalamunda for terminal care at the hospice.

Is adult hospice care any better or more acceptable now?

Personal observation and limited feedback suggests in some areas it is not, while small hospices such as Albany and Busselton seem to be managing well under current arrangements.

<u>We know plans and land uses can be changed</u>.

Swanbourne hospice could be no exception.



Shenton Park former adult <u>purpose-built</u> (Cottage) hospice (now non-residential offices).

The same could happen again to the CAHS/PCHF hospice.

Why no plan B?

While much has been made of the need for higher density living in Nedlands, a corollary must be the balanced protection of ever more scarce public open recreational space and bushland.

There appeared to be at least one suitable alternative site, even as an interim measure offering family support and staff and volunteer training etc. pending completion of a hospice - Lady Lawley Cottage. The promoters evidently felt the media appeal to donors of the hospice being a first for WA, outweighed putting some interim effort into supporting Lady Lawley to continue the work it had done for a century.

With some serious thought and research there may have been several more suitable locations, including in the Western Suburbs, that did not damage irrevocably this very small and much appreciated community open space, and were better suited to the demography of WA.

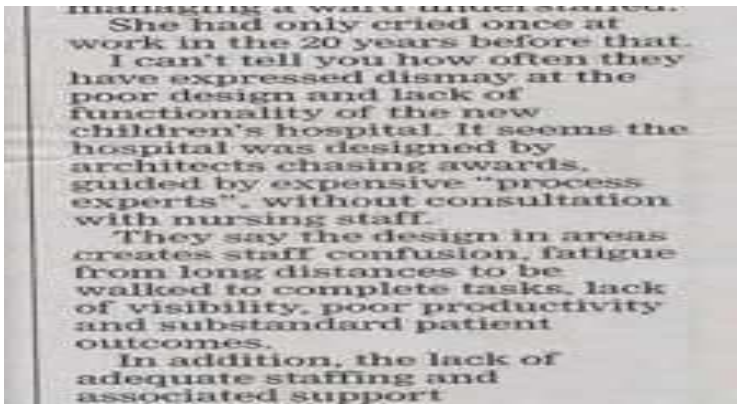
Unless an independent assessment and public explanation is given, there can be no confidence in Government or the PCHF to responsibly deliver a successful and much needed amenity for seriously ill or disabled children of WA.

Abusing critics of the site selection process was crude and unhelpful.

How could artistic sketches of architectural structures be trusted if not based on data-based professional clinical research into demography and needs?

Information provided to the community was described accurately as a "mirage".

A West Australian reader's letter is relevant. Unfortunately, staff and the public are understandably cautious and reluctant to speak up in view of the public abuse directed at anyone raising concerns.



She had only cried once at work in the 20 years before that.

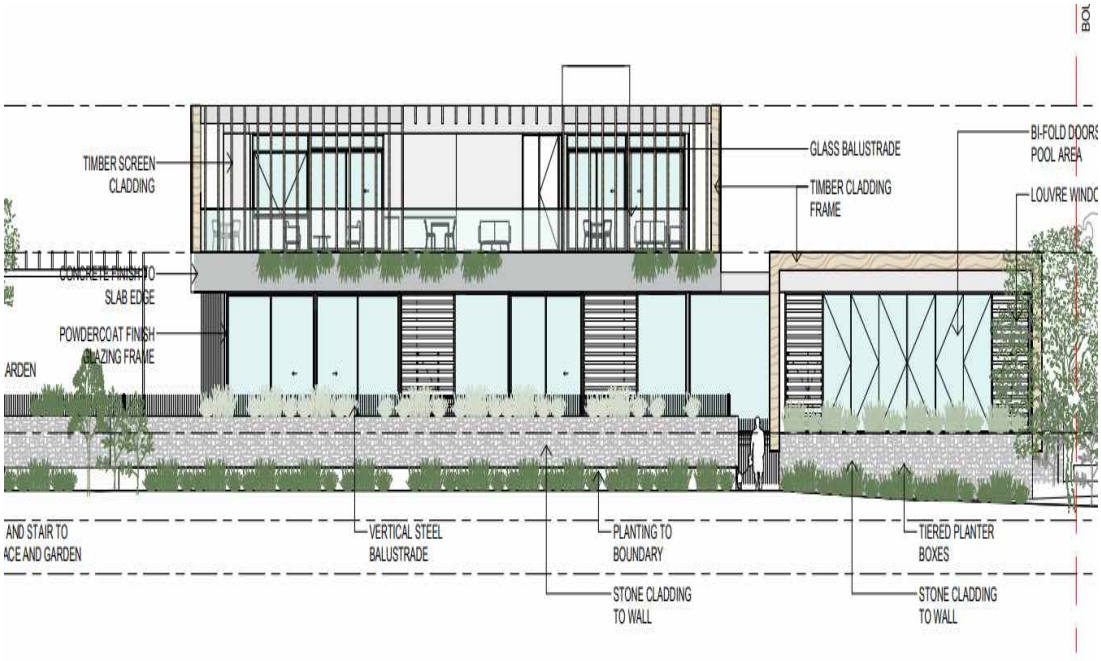
I can't tell you how often they have expressed dismay at the poor design and lack of functionality of the new children's hospital. It seems the hospital was designed by architects chasing awards, guided by expensive "process experts", without consultation with nursing staff.

They say the design in areas creates staff confusion, fatigue from long distances to be walked to complete tasks, lack of visibility, poor productivity and substandard patient outcomes.

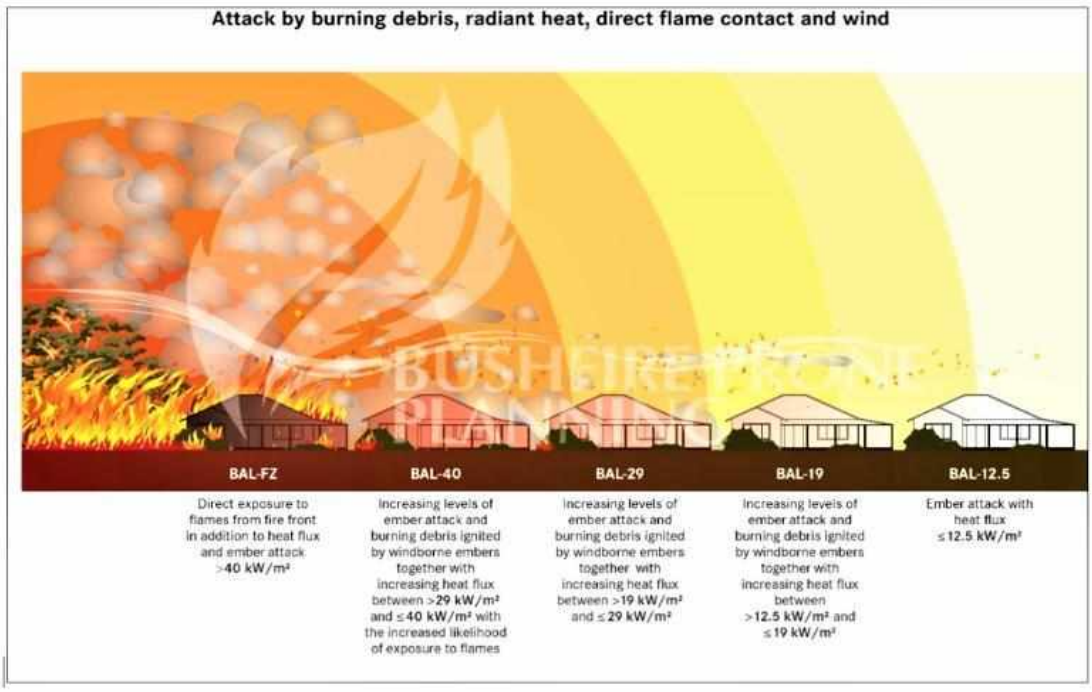
In addition, the lack of adequate staffing and associated support

“It seems the hospital (PCH) was designed by architects chasing awards…”.

It is quite extraordinary that the “hospice” architectural plans revealed under the DA suggested that timber screen cladding features were proposed for a vulnerable persons facility in a designated bushfire prone location! Haste may have meant the architect had not been well informed about the location.



Note “timber screen cladding” in above plan



The diagram above is included here to help explain the fire zone ratings.

Manipulation of serious comments by councillors was offensive.[196]
How the council's planning concerns were twisted into gross hyperbole and misrepresentation suggests a petulant hostility to democratic process and constructive civic progress, unworthy of the Western Australian Government and inimical to good governance.

Nedlands Council had the unenviable task of responsibly assessing the future impact of this proposed development on its future services and responsibilities to a wide range of interests.

While much has been made of the need for higher density living in Nedlands, a corollary must be the balanced protection of ever more scarce public open recreational space and bushland.



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[196] **Hansard, Assembly, Tuesday, 8 September 2020. Premier M McGowan. "Councillors were making ridiculous claims about the Special Air Service dropping bombs in the area. One line from the council in a letter to me said that when it was offered a briefing, it was "presented a solution to a problem we did not know we had". Terminally ill children are not a problem. They are not something to be handballed away".**

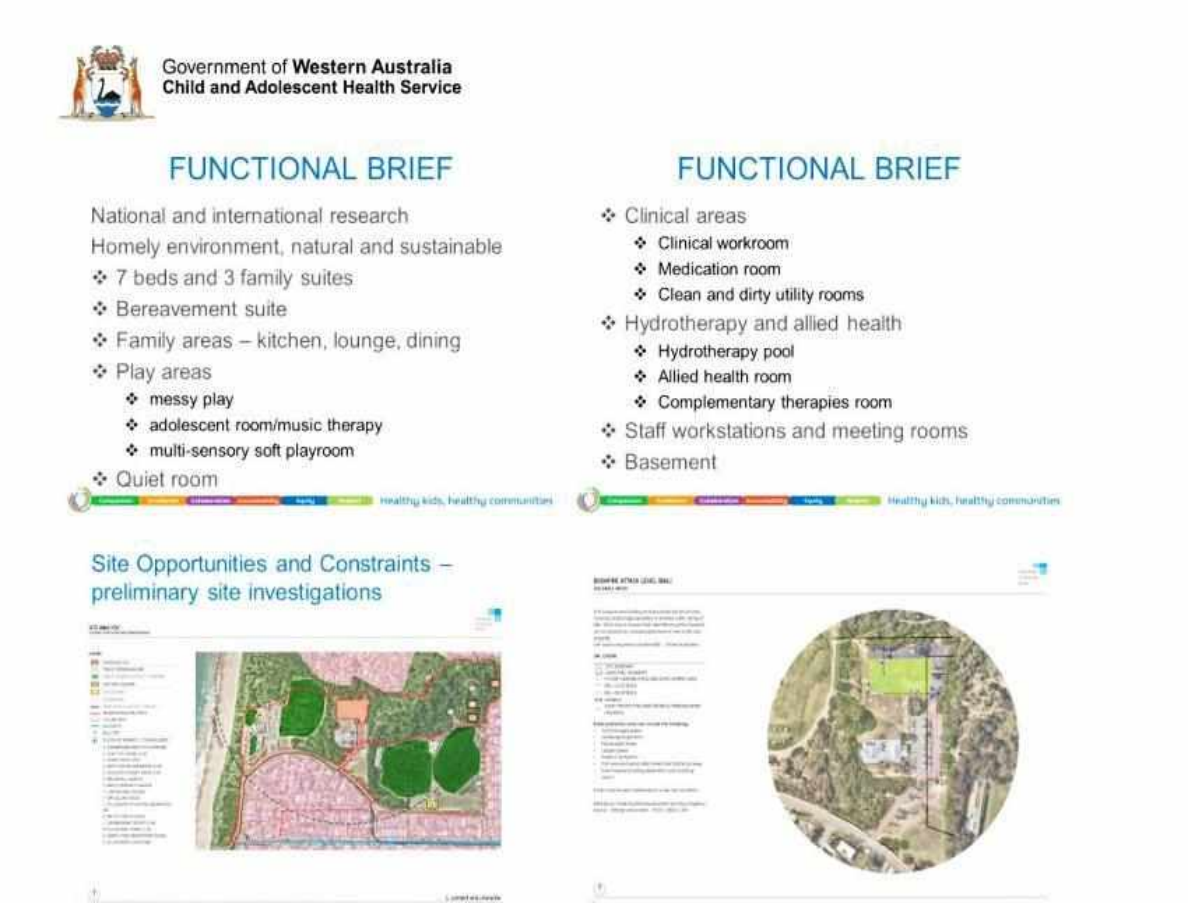
Council did not label terminally ill children as a problem – the Premier went off track.

Mischievous manipulation of language for political reasons?

Delays in delivery are not a result of local objections to the site selection, but a failure of government and PCHF to plan openly and constructively on a site THEY CHOSE.

A PowerPoint presentation to SAWG by CAHS included the following and was not by any means an adequate functional brief.

That is the only one I have seen.



Information from FOI revealed the role of Price Waterhouse Cooper (PwC) in hastily providing a "Final Functional Brief and a draft Model of Care by 31 August (2020?).

<u>Three days</u> only were proposed for "<u>key stakeholder groups</u>".

The PCHF Chairman stated a functional brief was shared with SAWG. A few misleading PowerPoint slides are all I recall along with general responses.

Detailed questions I asked could not be answered and were not followed up.

A person from PwC attended some SAWG meetings seated with Nedlands Council Administration but did not contribute. What was her role there?

A "planted listener" feeding back to PCHF and Government?

WA's State Infrastructure Strategy:

Roadmap suggests delaying hospital redevelopments, refining harbour timing[197].

The long-term roadmap for WA's future infrastructure needs recommends punting major projects — including hospital redevelopments — further down the track, with Mark McGowan lauding the strategy's focus on "does something need to be built at all?"

A mixed message from the Premier? Lady Lawley Cottage was already built and empty.

Modest upgrades may have been needed but not an entirely new building in the centre of an A Class Reserve.

A report in the POST for August 7th, 2021, signalled the government intention to push ahead. Minister Roger Cook stated,

> **"***There had been some "negative commentary from Nedlands Council and some community members when the hospice idea was proposed. But there had now been a consultation process, and he thought everybody was on board.***"[198]**
>
> ***He said there were about 2000 children in WA living with a terminal illness.[30]***
>
> **"*We are just going to make this happen*", he said.**

So much for seeking cooperation and support from Nedlands Council and the Swanbourne community.

The council and community appear to be expected to roll over and take any criticism, while at the same time having no informed participation or information regarding longer-term commitments that may arise as a result of this proposal. This was no way to progress such an important and much needed resource for families and children in Western Australia.

Respite is important for families, but how will this folly actually meet the need?

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[197] **The West Australian. Wednesday July 29, 2021.July**

[198] **Was the Minister seriously misinformed by proponents? There has been NO genuine consultation at any stage. Who informed the Minister (now Premier) otherwise?**

This proposal should not have gone ahead in Allen Park, and alternative strategies and locations with better long term potential should have been comprehensively and transparently considered.

Respectful and meaningful consultation with residents and authorities who have a longstanding interest in the welfare of Allen Park and community must take place before any built development whatever the stated charitable purpose might be.

Other local authorities should take note that any public bushland and A Class reserve in this State is now vulnerable to governments, individuals, and organisations keen to push a "built development at any cost" agenda.

<u>This land was public reserve land – not just "government owned" to use at will.</u>

Why must local residents be obliged to protect and preserve public reserve land from approaches demanding inappropriate developments.

<u>Parliament</u> should prioritise <u>community</u> values regarding public open space.

Property Council of Australia (WA) Close to Home Report 2019, Delving into Perth's attitudes towards urban density,

About three-quarters of the population agree that our planning policy must prioritise retaining the tree canopy as well as bushland on the outskirts of the city.

Project status report to CAHS Board: September 25, 2022 (Excerpts)

An FOI result obtained in September 2022 revealed there was conflict between CAHS and the PCHF and which suggested "reputational risk" was of serious concern to the Board of CAHS.

Project status report (May 2022)

Overall project summary AMBER

Ongoing discussion regarding the hospice 'vision' and collaboration model' proposed by PCHF is <u>preventing agreement</u> of the legal framework and <u>having an impact on hospice design.</u>

CAHS, Hesperia and Design Team meeting to finalise schematic design by 27th May 2022.
Pushback regarding CAHS operational and functional requirements due to the belief they do not meet <u>PCHF/Hassell/Hesperia's 'vision' for the hospice</u>.

Was PCHF/Hassell/Hesperia's vision based on any demographic or clinical data?
Was it just a "GOOD THING FOR DYING CHILDREN" that cannot be questioned by anyone?

Design: A conflict between PCHF hospice vision and CAHS clinical and operational requirements requires resolution.
Revised functional brief being prepared by 13 May 2022 to clarify CAHS requirements.[199]

How could there be no settled functional brief even after the Premier announced the project would proceed and "Just get on with it!"? As information can only be extracted slowly piece by piece, it was a difficult task to assess the degree to which CAHS felt it was being manipulated by PCHF.

Why PCHF (a Health Promotion Charity) appeared to be the major player rather primarily a fund-raiser in this project is unclear and may only become evident in time.

Fundamental planning conflicts between CAHS and PCHF which are the real source of delays in delivering an acceptable outcome, were apparent and not occasioned by Nedlands Council, or those opposed to the site selection process, who have in any case been side-lined and summarily dismissed as a "tiny, tiny minority".[200]

From the Project status report (May 2022)

Activities planned for next month: (June 2022)

Funding Commence operational cost model development.

PROJECT SCHEDULE Schematic design Finish date Mar 22.
Delayed. Delayed due to previous lack of clinical manager, difficulty accessing staff for decision making due to COVID 19, PCHF hospice vision and CAHS operational and functional requirements not aligned. Delay unlikely to affect the critical path as DA approval unlikely to be received until August 2022.[201]

This negates suggestions that Local Government and community objections concerning the site selection caused any delays. They were solidly bypassed. Has PCHF, a fundraising Health Promotion Charitable body interfered and exceeded its legitimate role in the project?

ISSUES/ ESCALATIONS Priority HIGH

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[199] **Still working on a functional brief in 2022?**

[200] **Shaming and name-calling through Parliament and media is not a democratic response to citizens with a democratic right to express an opinion contrary to government and proponents that have a single-minded development agenda to follow.**

[201] **Hearing held in July 2023? The project was announced by the Premier in 2020. In mid-2023 it appeared there was still no final cost model. Ad hoc planning? Making it up as they go along?**

Agreement of PCHF proposed hospice 'vision' and 'collaboration model' during hospice operations.

ACTIONS Review and respond to PCHF proposed governance structure (Issue owner redacted)

EXTREME AND HIGH RISKS

There are four high risks for the project which are appropriately controlled and mitigated

Date raised 25/01/2022

3643 – Reputational damage to CAHS in the delivery of the Children's hospice. Risk rating High

3408- Failure to deliver a building that meets CAHS functional requirements. Risk rating High

3412 – Clinical service delivery model and functional requirements are not developed in alignment with design and construction program. Risk rating High

3413 – Failure to manage and maintain pre-existing relationships between CAHS and external stakeholders.

Conflicts between PCHF and CAHS revealed above are no surprise and are consistent with the approach to Local Government and community consultation that has bedevilled this project from the very beginning.

Was CAHS bullied into agreements? Other government departments appear to have been cowed into agreement with anything PCHF wants. Ministers have refused to engage in correspondence.

This approach is risking total failure to provide safe effective and necessary palliative care child health services to the population of WA. There are multiple failures in planning this essential service.

All we have seen to date is media-driven emotional manipulation of distressed and needy parents, shaming and blame shifting to local government, and abuse of members of the public for whistleblowing on a highly suspect project that will not deliver the best outcome for the very large number of families and children in need of help.

A fully independent inquiry is still a necessity to prevent similar planning debacles.[202]

[202] **Note also: Father of Aishwarya Aswath starts petition calling for royal commission into WA's health system, West Australian, 12 October 2022.**

Summary of some issues of concern

This overdue hospital project has been badly planned from day one. A failed process. Not planning correctly will ultimately result in the lack of much needed services close to patient's homes and communities, misdirecting $37M+ of donated and public funds.

The project involves building a "siloed" stand-alone hospital in the middle of an A Class recreational reserve, not the promised "home from home".

The funds raised could have been directed to modest upgrades to Lady Lawley Cottage or creating additional community-based respite care facilities state-wide even in the interim while locating and building a hospice if that was indicated.

Taking priceless public parkland reserves and impacting upon scarce urban bushland for purposes inconsistent with long-standing approved uses, is haphazard community planning. The proposed building is set deep in a high fire risk zone from which safe escape would be needlessly complex. Mitigation of errors in site selection will result in destruction of scarce vegetation and open space, far beyond that required for the building.

All well-loved and beneficial publicly owned and reserved recreational parkland in WA is demonstrably vulnerable to building developments.

A documented, proven, and detailed clinical case for a Hospital (Children's Hospice) in this one location, to serve the whole of WA has not been produced – instead a mirage.

The community, Local Government and parents have been uninformed regarding what is proposed, and negative impacts on the site and current users of Allen Park were carelessly dismissed.

Parliamentarians were not properly informed of the risks and planning concerns which have arisen from this seriously unwise proposal. Hasty excision of public land was premature and ill-considered as is now evident.

Close proximity to an active and expanding national defence establishment appears a foolish plan. It is unlikely the Australian Defence Department is seriously comfortable with this proposal.

Failure to consult openly, respectfully, and constructively with the community is divisive and counterproductive.

This and other similar abuses of planning governance in WA should stop.

All these risk factors were obvious, and attention was drawn to them from the outset.

There are expectations that additional land will be required for expansion, possibly within 10 years.

This was kept secret from the public and only revealed under FOI.



No bushland removal needed, nor any fire risks here. Really?

The Hospital (Children's Hospice) Development Application in the hands of the Special Developments Assessment Unit (SDAU) was approved by a compliant WAPC procedure[203].

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[203] **Q: It is wrong to keep taking A Class reserve as free land. It is vital to keep our remnant urban bushland.**

A: No remnant urban bushland will be impacted by the proposal. Those who repeat this assertion are either wilfully ignorant or happy to continue to assert something that is plainly untrue. Q & A from Community-led meeting. Response from Chairman PCHF.

Community input on the DA was closed down on 27 May 2022. The WAPC hearing was held at short notice to the public in July 2023.

While further reports were submitted over the year, the community remained uninformed about what impact this construction would have, and how the various limitations of the site are expected to be managed.
Amended DA reports were not able to be seen by the public at that stage.

The Exclusive Bridge Club-only presentation

Thursday 10 Nov 2022 Bridge Club (members only) presentation by PCHF CEO. Carrick Robinson, CEO of PCHF addressed a meeting at WA Bridge Club.

16 members attended from a membership of 1,000. Feedback indicated concerns re parking and access that have not been resolved. Also, that the faulty and impulsive choice of site unduly complicated construction of services and costs.

Only one "open" community consultation ever took place.

"White elephant" criticism:

While much media attention was paid to denying the suggestion that this hospice project would fail to meet its objectives, it is instructive to examine another expensive PCHF and politician supported project that has all the hallmarks of a wasted effort or "Vanity Project"[204]. I refer to the Kids' Bridge at PCH built at a cost of $8.6M, nick-named "the Bridge to Nowhere", as it does not deliver children into the many potential benefits of King's Park as claimed.

The "Kids' Bridge" has no cover in summer nor in wet weather, rendering it apparently useless for sick children. It is a long walk to any of the parkland or amenities at Zamias café.

> ***The three-metre wide, 217-metre-long structure will provide patients and families with easy access to Kings Park. It will provide an opportunity for a range of therapies, including allied health, to be delivered in an environment harnessing the benefits of nature. This bridge will also deliver vital benefits for the families who need to use these facilities, with clinicians noting outdoor visits have a positive effect on the overall wellbeing of these families.***

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[204] **Cambridge Dictionary example; Google,**

On four visits in fine weather, I have not seen any child patients or parents using the bridge to access King's Park, consistent with reports from other observers.

I sought answers to the following questions.

1. Has there been a post construction/occupation review document covering utilisation, client satisfaction?

2. Is there a documented program for maintenance, cleaning, costs, etc?

3. Have staff and families been given documented advice regarding access and use of the bridge?

4. Any relevant documents regarding the utilisation and success of this project?

FOI response (part).

***I have not been able to locate records** which are relevant to points 1, 2 and 4 of your application. Please note the bridge was funded by the Perth Children's Hospital Foundation (PCHF), was designed and built by Main Roads and is on the land of the Queen Elizabeth II (QEII) trust.*

I conclude from this response to an information request that CAHS or Perth Children's Hospital has not evaluated the impact of this project.

If any post – construction evaluation had been done by any other body such as PCHF, CAHS was apparently not provided with a copy, or else one was not done. What could WA Statewide respite providers have done with an $8.6 M funding boost?

PCHF later raised funds for a "Greenspace Upgrade" on the land south of PCH to "bring patients and staff closer to nature and its powerful benefits." While apparently a good move, it begs the question why this was not considered in the first place? A developer's pre-occupation with building costly structures?

"If your only tool is a hammer, then every problem looks like a nail." An old adage.

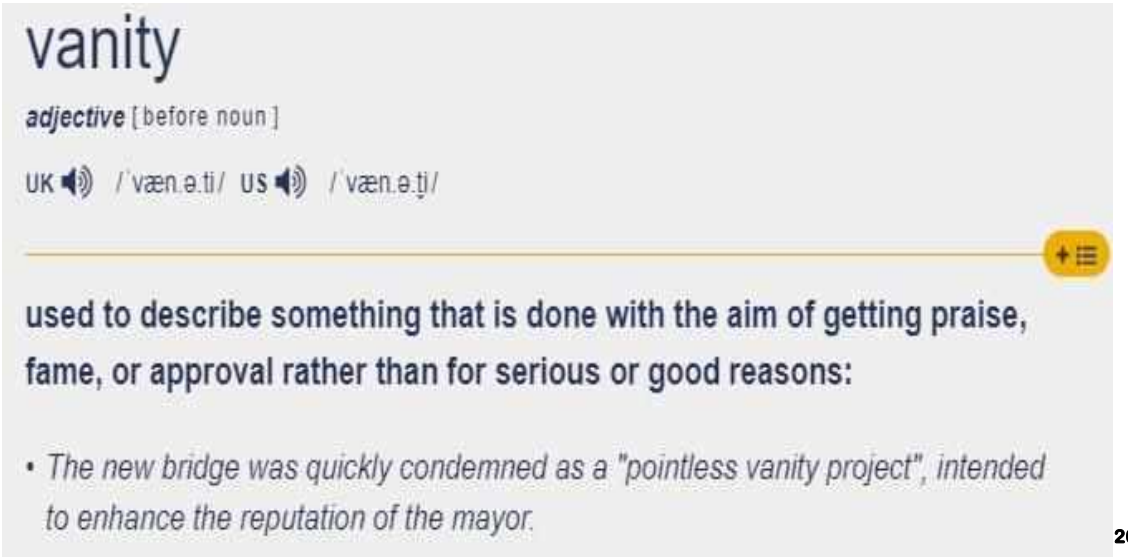
Could a pair of specially equipped minibuses have delivered children to any area of the Park safely at much less cost.

Were any alternatives considered?

What is driving the provision of these resources to PCH/Government (CAHS)? Is a charitable foundation in charge of WA Health decisions?

No doubt governments look favourably on donors bearing gifts to relieve them of the burden of expenditure but is there more to this?

Is it right for government to abdicate its role and responsibility for planning and oversight of multi-million dollar "vanity projects"?



vanity

adjective [before noun]

UK /ˈvæn.ə.ti/ US /ˈvæn.ə.ṭi/

used to describe something that is done with the aim of getting praise, fame, or approval rather than for serious or good reasons:

- *The new bridge was quickly condemned as a "pointless vanity project", intended to enhance the reputation of the mayor.*

[205]

We have been told that the term HOSPICE does not carry the same <u>end of life</u> implications in paediatrics as it does in adult care.
The term HOSPICE in the mind of the public and media is <u>terminal care</u>, that is weeks or months only before death.
PCHF has done nothing to address any such misunderstanding but is determined to press on claiming they are helping "DYING CHILDREN", but
NO FACTS OR DATA ON HOW MANY THIS REFERS TO, nor have they established that this plan will be a significant benefit to many thousands of families in WA.

I surmise[206] that onsite partnerships with adult hospices such as Busselton and Albany were rejected as that would expose the position that the "Sandcastles" Children's Hospice is not focused mainly on symptom alleviation and terminal care of dying children but is <u>long term paediatric care</u> necessary to support the NEW Perth Children's Hospital, criticised by the AMA from the outset as too small for the needs of WA.

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[205] **By coincidence this "bridge" example is included in the definition of a "Vanity Project", Cambridge Online Dictionary.**
<u>https://dictionary.cambridge.org/dictionary/english/vanity</u>

[206] **Surmise (verb/noun) refers to forming an opinion, guessing, or inferring that something is true based on incomplete evidence or without firm proof. It implies a reasonable conjecture, often used in formal contexts to express suspicion or deduction rather than concrete knowledge.**





Perth Children's Hospital --- $1.2Billion.

In the middle ages and beyond religions built expensive Cathedrals that did little for the lives of the majority of citizens, but more likely intended to add to the status and wealth of the few. We are seeing new Cathedrals of Health while secondary hospitals, regional and genuine community-based services miss out?

A genuine patient oriented and graduated model of care delivery is urgently needed for all health service delivery to work safely and effectively. Not a case of putting all the health care resources in one overwhelmed and at times inaccessible location.

Post Letter July 2022.

"The Emperor has no clothes" is an expression used to describe a situation in which people are afraid to criticise something or someone because the perceived wisdom of the masses is that the thing or person is good or important. It comes from a short story by Danish author Hans Christian Andersen which was first published in Copenhagen in April 1837 in Anderson's *Fairy Tales Told for Children*. (Book Browse).

The latest version is the WA government's planning and media promotion of the proposed children's hospice. What is without question a much-needed resource for parents of sick children, has been weaponised into an attack on local government and citizens expressing their democratic right to hold an alternative opinion on basic planning matters, demanding genuine consultation and good governance.

The WA government and other players took advantage of a crisis in 2020 by failing to prevent the closure of WA's first and oldest child respite facility, Lady Lawley Cottage, with no adequate replacement in sight at the time.

It is hard to fathom what generated their decision but cost-shifting to the NDIS may be one factor, as it has been with the ACTIV industries closure.

NF Hills

The former Premier has said those critical of the process by which this project has developed should "*Take a good look at themselves".*

It appears someone truly independent should take a good look at the process and generation of this entire project before it shows up as a planning disaster, that deprives many more families of essential care services to benefit a select few.

City of Nedlands SAWG Terms of Reference

Purpose

The establishment of the SAWG will enable the key stakeholders to be directly involved in reviewing the proposal for a Perth Children's Hospice in Swanbourne.

The feedback provided by the SAWG will assist the City of Nedlands and Council in making decisions that respond to community concerns and aspirations and have the best overall outcomes for the community.

The objectives of the SAWG are to:

• Foster stakeholder and community awareness and understanding of the proposed development in Allen Park and discuss any required variation to the Allen Park Master Plan.

• Foster the City of Nedlands's awareness of community concerns and aspirations for the respective residence proposal at Allen Park and regularly report the results of this engagement to Council.

• Obtain and provide local input and knowledge into the area as part of the review process.

• To provide feedback to the City on the project development.

The PCHF Chairman stated quite early his opinion on September 12, 2020, that Nedlands Council's expedited consultation with nearby residents "…would be a waste of money because his foundation was already running a public consultation that would inform the design."

I anticipated monthly meetings of SAWG and expected to receive clear and constructive information about what was proposed and what impact could be expected on Allen Park. As the months passed there was very little significant and concrete information provided to SAWG from the PCHF. Eventually a community information session was announced by PCHF for Sunday July 11, 2021, at the WA Bridge Club which was poorly attended and proved disappointing.

As very little information had been presented to SAWG up to that time, a group of residents, including several SAWG members, encouraged attendance at the PCHF-run session by stakeholders and the local community with a letterbox drop to all homes in the areas around Allen Park.

Although the PCHF Chairman has claimed PCHF distributed over 1,000 leaflets I saw no evidence of this in our community. I did not receive one in our letterbox and did not hear that anyone else did.

As many residents and stakeholders like me had only a vague idea of what an area of 5,000 sqm looked like on the ground I requested the excised areas be marked out with stakes on the ground with coloured tape, and chalk lines in the parking area. This was not done. No discussion with me, just a no.

I requested that any presentation materials such as plans and maps etc. be exhibited at the Mt. Claremont Library for two weeks following the information session. This too was not done. Although PCHF has claimed an attendance of 50, in the time I visited there were very few locals or stakeholders. Some PCHF and CAHS staff were present with architectural concept drawings, that had

been seen previously at a SAWG meeting and were in the realm of public relations sketches.[207] At no time did I witness any suggestion of a "…barrage of belligerence and rudeness" as claimed by the PCHF Chairman.

No PCHF Board members attended, allegedly to avoid appearing to overwhelm the attendees.

The RESULT: As we felt dissatisfied with the PCHF presentation which failed to provide genuine information and address many questions about the project, a "community-led meeting" was arranged.

The successful format of past meetings during the formulation of the Allen Park Master Plan was adopted, and attendees were given an outline of what information was known at the time. This was followed by an opportunity to contribute questions to Council, Government and significant authorities <u>in writing and in confidence</u>.

This resulted in a raft of questions now circulated and providing an opportunity that the "silenced majority" might not otherwise have had.

This was a meeting <u>organised by residents for residents</u>, as we felt that PCHF had their opportunity to present their case at the Bridge Club meeting in July. While we had no wish to exclude PCHF from attending, we wanted <u>documented</u> answers to questions from the community <u>provided in confidence</u>, avoiding targeting of those who might be reluctant to speak up, in view of previous <u>attacks on individuals</u>.

PCHF people turned up "en bloc" and were silent throughout the meeting but aggressively targeted me and the meeting Chairman afterwards. Our decision not to allow PCHF to take over and dominate the meeting was shown to be justified by the PCHF Chairman's response later in the evening, and his written reply to questions submitted by the community audience.

Community-initiated meeting 2021, Rugby Club.

Community Chairman's Introduction

> ***Welcome to this evening's conversation. We are meeting this evening on lands of the Wadjuk people ofthe Noongar nation during the Djilba season. We pay our respects to their elders past, present and emerging.***
> ***Many know that the Whadjuk bush to beach trail traverses Allen Park, on the path to the north of the RugbyClub.***

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[207] **In hindsight they also bore little resemblance to what has now emerged in Allen Park.**

The Friends of Allen Park have convened tonight's meeting to assist the information flowing to City of Nedlands Site Assessment Working Group (SAWG) and other groups. This is the first opportunity thecommunity has had, to come together to have their questions noted and passed to the relevant authorities.
It will follow a similar form to the previous constructive engagement events this community has adopted over the past 24 years.
Based on past events we anticipate this event will take a maximum of 90 minutes.

1. ***A short introduction,***
2. ***Formulation of questions around which you feel more information is required,***
3. ***A collation of all the questions to send to our various elected representatives.***
4.

This community has a proud, solid, and long track record of constructive engagement with proponents and government agencies, to achieve quality outcomes for current and future generations accessing theAllen Park precinct.
We have advocated for the SAS families when they were not allowed to speak for themselves.
This community has endured nearly 20 years of consultation with the City of Nedlands to finalise a masterplan for the Allen Park precinct, to provide a framework for future planning and management of the area. In 2018 this community's determination resulted in the City of Nedlands finally adopting the Master Plan for the precinct. The community never faulted in its commitment to good process and thorough consultation. All the sporting clubs and interest groups have been actively engaged in this process, and there is a clear understanding and respect for the future plans of individual groups within the precinct.

Now a deal has been done to excise a part of the A Class reserve without any community consultation. This means the community's long fought for plan for that area will not happen, as passed by Council. Funds for development of the specific site area under the master plan were to be in this year's City of Nedlands budget.

Attendees adjourned to tables with prepared pens and blank paper sheets upon which to writetheir questions regarding the proposed hospice.

The sheets were photographed, copies typed up and assembled.

Comments that were not deemed questions but rather statements were highlighted in the text.

The PCHF Chairman was particularly scathing and offensive in his replies, which is surprising for a former Federal Minister, and one who apparently has the full support of the Premier and Minister for Health. He has said he "…regarded this meeting as a "**disgraceful sham**", which at least is consistent with his opinion expressed almost a year ago that community concerns regarding the site were "**ludicrous**". His responses to the tabled community questions are peppered with comments similar to that below.

- Why were other sites not considered – where precious reserve has not been established?

  As detailed above, many sites were given detailed consideration and rejected on the grounds that they were unavailable or unsuitable or both. Those who repeat this assertion are either wilfully ignorant or liars.

Despite the President of the Friends Of Allen Park Bushland Group (FOAPBG) courteously advising him on September 12, 2021, that FOAPBG was not the same body as the "Friends of Allen Park", he has since persisted in claiming he consulted the Friends of Allen Park, "as early as February 2020" [208].

In any case it beggars belief that anyone in his position and with local knowledge of the Allen Park area, would have thought a meeting with only one stakeholder, FOAPBG, was adequate community consultation.

The PCHF Chairman asserted in his replies to the written questions raised at the Rugby Club community led meeting,

> ***The PCHF and CAHS "Project Working Group" appointed Cameron Chisholm Nicol and Hassell Studio to help build a detailed Functional Brief based on a clinical Model of Care which naturally included an analysis of needs and requirements, amongst a range of other important project issues. This work informed the final design and was shared with the City of Nedlands Site Assessment Working Group on 3 May 2021.***

My notes written after that meeting do not match the statement above. We were advised at that SAWG meeting that a detailed functional brief was not yet available for public release.

We also learned that the 5,000 sqm excised land would be exclusive to the hospice and no public access would be given.

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[208] POST, September 25, 2021, Letters, "Answering hospice questions".

This was in contrast to the architectural concept images presented.

However a need for privacy and security was accepted as an appropriate requirement.

There was no suggestion at the May 3rd SAWG meeting that the images shown were a "final design".

A properly detailed Functional Brief was not "shared with the City of Nedlands Site Assessment Working Group".

At the SAWG meeting of September 20, 2021, we were told that details of the model of care, and numbers of hospice type patients and short-term respite patients, was not available and many aspects were still being worked through.

All of which compounded the belief that planning was ad hoc from the outset and directed at justifying prior opportunistic selection of a valuable site, with minimal consultation with Nedlands Council or the community.

Such an approach needlessly engendered controversy, division, and disquiet regarding proper governance.

Why such a worthy cause has been dragged into such a bitter controversy by the media and the PCHF is beyond comprehension.

I found the degree of rancour associated with any attempt to question the processes involved very distressing, and completely out of keeping with my past experience as a City of Nedlands councillor.

As it became evident that SAWG was ignored and egregiously misrepresented by the PCHF, I resigned as a member.

Others also resigned.

My thanks and appreciation were extended to our current Coastal Ward councillors Kerry Smyth, Nikola Horley, Leo McManus, and Council staff for their stalwart contributions towards meeting the best interests of the community of Nedlands.

Neville Hills.

Access to public transport[209]

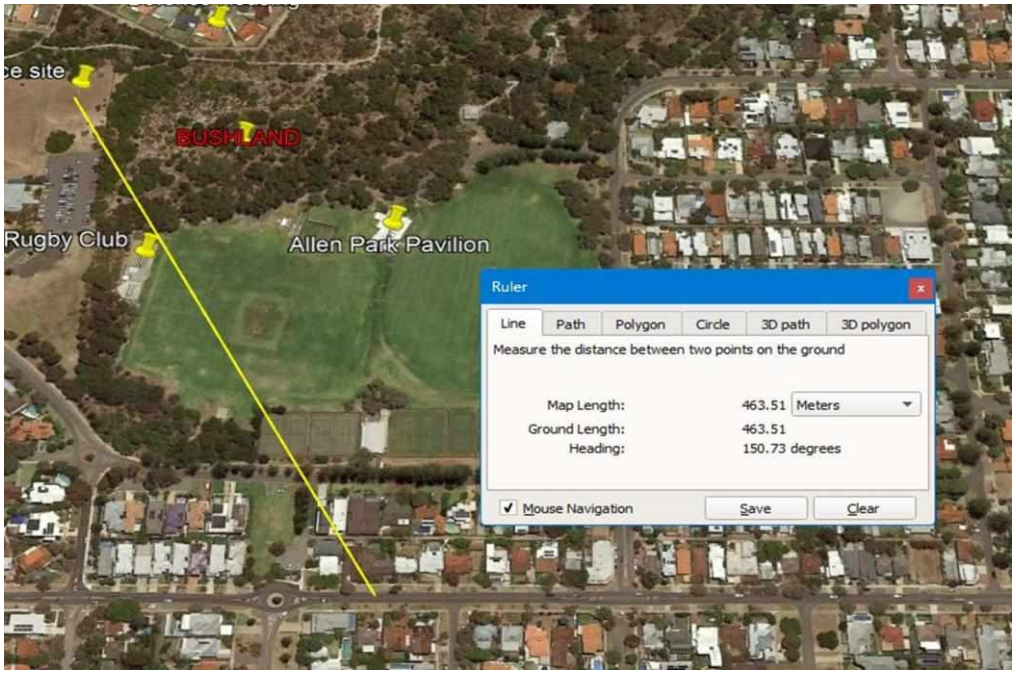


- Q: Will transport (public) be improved to cater for families from out of town with children in the hospice?
  A: Public transport is convenient and accessible. Hon Ian Campbell.
  Estimated 526 m to public transport. Bus stop North St. Swanbourne train station 1.8 Km.

A TYPICAL POLITICIAN'S NON-ANSWER AS HE SEES NO PROBLEM.

[209] 520 m Corrected from Version 9.

TIME WILL TELL.



THE NEAREST BUS STOP WAS SUGGESTED BY AN SDAU SPEAKER AT THE WAPC HEARING TO BE AROUND 450 METRES. NO RECORD OF THIS COMMENT IS MADE AVAILABLE TO CHECK ON ANY SDAU VERBAL STATEMENTS. (MY ESTIMATE IS 463 M AS THE CROW FLIES, 526 M ON FOOT*. NH*)

Letter to Nedlands Council re "Community Park".[210]

In respect of the letter of 15 July 2021 from the CEO of the PCHF I would urge Council to exert considerable caution.

The tenor of this letter suggests PCHF expects and intends to extend their influence beyond the 5,000 sqm excised, which may or may not adversely impact the Bridge Club, Rugby Club extension plans and public access.

There will inevitably be a substantial impact on the Allen Park Masterplan, and until the factual details of this project are known and carefully examined by Council, it would be premature to agree to any offers from the proponents.

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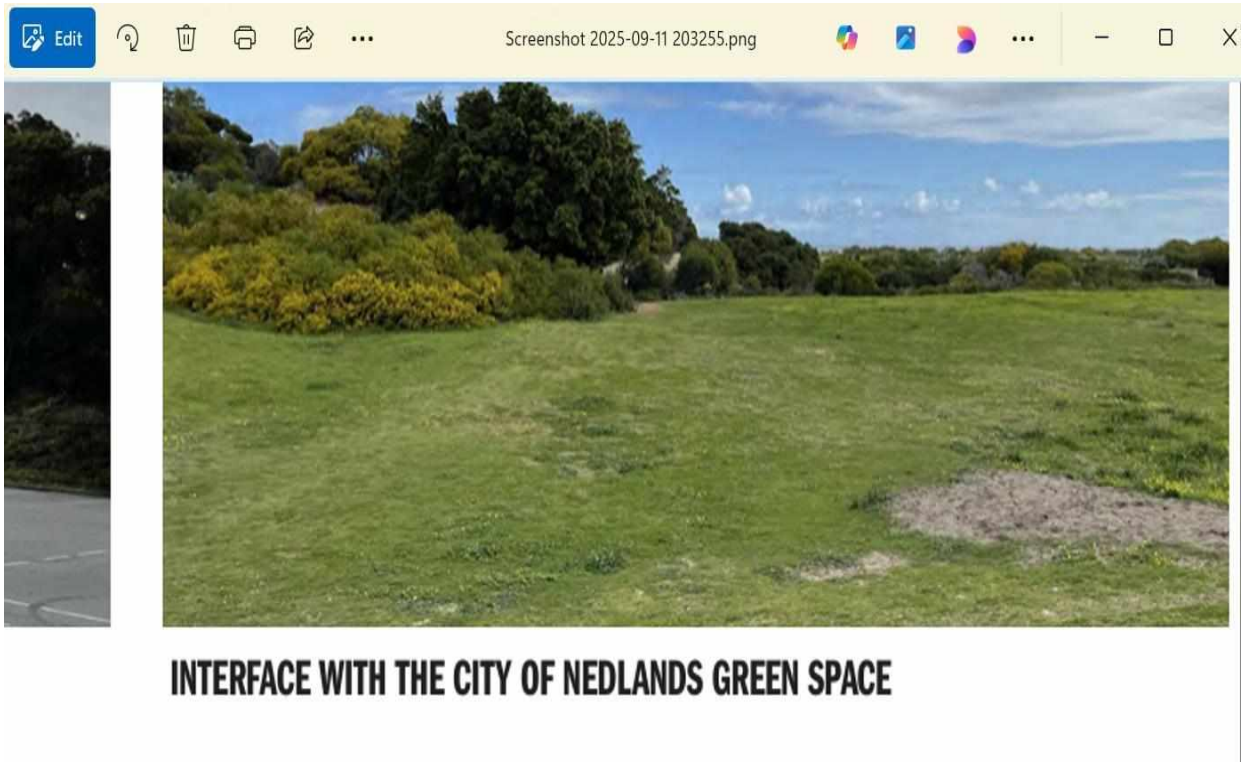
[210] **Allen Park is a COMMUNITY PARK.**

Issues such as road access from Odern Crescent and parking provision will have to be carefully considered.

PCHF evidently expected Nedlands Council to just roll over and agree to anything they proposed despite there being many unknown and undeclared matters still to be resolved. As sadly "money talks" the offer of $4M to landscape the land wanted by PCHF appealed to some councillors aware of the delicate state of the City finances.

PCHF is now seeking donated funds for the additional landscaping. Community donors have been asked to fund parkland previously suitably managed by Nedlands Council, which had allocated funds for a modest restoration completing the Whadjuk trail.

The popular access route to Swanbourne Reserve and the ocean.



Screen shot taken from the Hospital (Children's Hospice) Development Application documents but unconfirmed as all were deleted by WAPC immediately after the closing date for submissions. I am open to correction but the scene speaks for itself regardless of source.

Thank you, Hon. Roger Cook for listening

9 November 2020

Building the State's first hospice for children is a major development and one that everyone in Western Australia, including Nedlands residents, will be pleased to see.

Mayor Cilla de Lacy met last week with the Hon. Roger Cook MLA, Deputy Premier and Minister for Health, who appeared surprised to hear that key relationships surrounding the hospice were not as well established as he thought they were.

"I welcomed the opportunity to meet with the Minister to clear the air, and to create a better mutual understanding of the need to help each other make this project a success," Ms de Lacy said.

The Nedlands Council has not, at any time, passed a resolution to reject the location identified by the PCHF. The Council does however, have a strong track record for working collaboratively with charities to achieve great outcomes, as in the case of the award winning All Abilities Play Space, situated next to the former Tawarri Function Centre in Dalkeith.

Mayor de Lacy says, despite the Council having weathered numerous insults and accusations through the media from the PCHF Chair and the Minister for Planning, at no time has a detailed report with robust, transparent evidence of the 'rigorous assessment of location options carried out by professionals and volunteers to determine which is the best site', ever been provided by the PCHF to the Nedlands Council.

The Council does not in any way question this level of commitment, however, it does want to see the documented assessment of this research.

"I think the days of saying 'trust me, I know where the best location is, without documented, transparent and rigorous assessment of the options', are gone," Ms de Lacy said.

"In the Western Suburbs Weekly last week, it was reported that the Chair of the PCHF had a 'quick look' at the Tawarri Function Centre site and Sunset. This is hardly a rigorous assessment."

The State Government has just released a Model Code of Conduct for consultation in which s6 asks Councillors to '...base decisions on relevant and factually correct information, and on merit, in the public interest and in accordance with statutory obligations and principles of good governance and procedural fairness'.

Mayor de Lacy raised this point with the Minister for Health last week stating that the Nedlands Council does not believe procedural fairness has necessarily been followed in this instance.

"However, that is all behind us now."

ENDS

Rocky Bay to re-open Lady Lawley Cottage

Rocky Bay is excited to announce that after a rigorous selection process, it has been chosen as the new service provider for Lady Lawley Cottage in Cottesloe. Rocky Bay signed a contract with the Australian Red Cross earlier this month and will undertake minor works to refresh the site early in 2023.
"This is a great outcome for children with disabilities, their parents and carers, and the community," said Australian Red Cross WA Director, Craig Stewart.

Rocky Bay CEO Michael Tait said, 'This is a fantastic opportunity for Rocky Bay. Our vision is to transform Lady Lawley Cottage into a vibrant hub for child and adolescent services for the Western Australian community.'

'We want to continue to build on the strong legacy set by Lady Lawley Cottage and the Australian Red Cross, to provide a brighter future for children and young people living with a disability in WA,' Mr Tait said.

We will seek to leverage the strength of our highly successful early intervention and child therapy services to build on Lady Lawley Cottage's strong legacy of supporting children and young people from across Western Australia. To achieve this, we will transition some of our paediatric services to Lady Lawley Cottage in April 2023.

To help us develop future services at the site, Rocky Bay will be launching a consultation process in the new year. Amongst a range of discussion points the consultation will cover respite services for children and young people.

We know that a range of respite services of are greatly needed. The consultation will make sure we truly understand the needs of the families wanting to access this service and to help us develop a service that is relevant and sustainable for the long term. We are very aware that one size fits all approach isn't suitable in this space, and it is likely a range of options will need to be developed. More information about consultation activities will be released in the new year. However, if you would like to pre-register your involvement, please complete this form. We are looking forward to giving Lady Lawley Cottage a fresh start and to build a brighter future for children and young people living with disability.[211]

[211] Emphasis added.

Measly WA budget addition to Child Development Services

Rebecca Le May The West Australian 24 August 2023

Shadow Minister for Early Childhood Education Donna Faragher described the extra cash as 'dismal'. The State Government has added a measly $300,000 to the Child Development Service budget this financial year despite excruciatingly long wait lists for paediatricians and other specialists ballooning further.

Answers to questions taken on notice during budget estimates in June have finally been released, revealing the 2022–23 financial year allocation of $35.7 million has been lifted to "approximately $36 million".

It comes after a parliamentary inquiry last year heard of 16-month median wait times for paediatricians, one year for psychologists and 8.7 months for speech pathologists. Even then, some frustrated parents were taking their children overseas for treatment. This year, median wait times blew out to 17.8 months for paediatricians, 17 months for psychologists and 12.2 months for speech pathologists.

Dr Andrew Leech says he sees a 'system at breaking point'. "These figures should elicit an immediate response from the Cook Labor Government but all we get is delay and inaction," Shadow Minister for Early Childhood Education Donna Farragher said, describing the extra cash as "dismal".

A State Government spokesperson said it was "committed to addressing the challenges facing the service in the context of global workforce shortages". "The reality is that paediatricians are particularly hard to come by the world over, which is why, as part of our WA Health Workforce Summit, we are holding an event especially for paediatrics," they said. "We are also holding roundtable events for other specialities relevant to the CDS, such as allied health."

> **Mother Justine De Bruyn was told after a 10 month wait for a paediatrician for her son Ari, that they'd have to wait another year at least. It was "very frustrating, isolating … more than anything". "Without any sort of formal diagnosis, everyone was just guessing about how to help him," she said.**
>
> **Mandurah speech pathologist Annika Ballantyne said parents were "desperate".**
>
> **"You feel guilty because you want to help," she said.**

Post letter re Cr Hodsdon letter

Cr. Hodsdon (Opportunity lost, POST June 8) has dismissed the risks involved in accepting the Perth Children's Hospital Foundation (PCHF) "offer" or inducement of $4M, to develop an additional 3,000 sqm sector of Allen Park beyond 6,000 sqm already taken for a hospital (children's hospice).

The land in question is neither a "dust bowl" nor a "muddy quagmire" as the PCHF Chairman would have the public believe but is public land that was formerly part of the Swanbourne Bowling Club greens.

Describing it as an "ugly dust bowl" echoes the PCHF chairman's desperate and pejorative media efforts attempting to justify gaining control of additional A class reserve land.

Having made a huge blunder over their impulsive site selection with its many faults, viz. no room for expansion, fire and noise risks, poor access etc., PCHF now urgently requires a solution to a problem of their own making, meanwhile trying to shift the blame to everyone else.

Nedlands Council, with good community consultation and support, approved the commendable and extensive amenity enhancements embodied in the Allen Park Masterplan in 2017, conveniently ignored by the development's promoters.

PCHF's offer of $4M for work on land on which it has no rights, appears not a proper action by a Health Promotion Charity using donated tax-deductible funds.

Giving Nedlands Council $4M to enhance a public park does not pass the "pub test". The City already has a funded walking trail project under way on the land.

Hoping to appease this additional grab of public land is like feeding a hungry crocodile in the faint hope you will not be eaten.

Not an "opportunity lost" but a precious and increasingly scarce public amenity saved.

Well done Nedlands Council. Neville Hills.



Protect A Class reserved public open space for people and wildlife!
Natural environments are at risk through attrition!

Premier Cook and Perth Children's Hospital Foundation (PCHF) likely planned a $37M, seven bed, children's hospice at Allen Park, Swanbourne with no community input starting in 2019.

Although many people believe it is intended for dying children, it appears to be mainly a home-styled hospital / respite facility, with offices for PCH staff.

Architects' plans reinforced that view.

One early plan included a Board Room, later deleted. That plan also placed the main outdoor area on the North side facing the highest bushfire risk areas.

A reconsideration led to the necessity of making the second emergency exit via land between the Bridge Club and the hospice, requiring Parliament to excise additional land.

Political hype and media spin has precious little to do with compassionate support for PCHF's estimated 2,000 sick children. The Health Department must have known from 2017 that services at Lady Lawley Cottage were strained. Government stood back while it finally closed in 2020, disappointing parents, children, and 80 staff and losing experienced volunteers.

Another Fine Mess?[212]

Perth Children's Hospital (PCH) opened in 2018 to great fanfares. Costly failures to safely design the Emergency Department and Mental Health Unit have since been exposed, together with a little-used "Bridge to No-where" costing $8.6M.

> ***"While the overall purpose of the development is noted, the rationale relating to the location and orientation of the proposed bridge is not immediately apparent, particularly as the eastern landing area is heavily vegetated and therefore raises safety concerns. Furthermore, it is noted that there are no direct linkages with the adjacent Kings Park picnic/recreation areas. Therefore, users will arrive on the internal pathway system with no real destination or secure linkage to Kings Park"*** [213].

Delays between the visit to Bear Cottage in NSW of Roger Cook, and the PCHF Chairman in 2019, and a barely possible completion date of mid-2026, owe nothing to a "tiny minority" criticised by PCHF Chairman Ian Campbell, but are entirely of their own making. The culprits are the faulty, impulsive choice of site, abuse towards anyone expressing concerns, and contempt for genuine community consultation.

Depriving children of the special care that was available at Lady Lawley Cottage up until 2017, then taking to at least 2026 to replace crucially important family supports makes no sense.

Other children's hospices like Bear Cottage are aware of their inability to meet demands and considering expansion. This foolishly selected and constrained Swanbourne site has no capacity to match current or future needs.

Well-staffed, community-based child development and health services are required urgently, not trophy-chasing, bricks and mortar.

Serious Hospital (children's hospice) planning failures will not safely deliver promised help and support to ESTIMATED 2,000 WA children and families in need. The seven bed Hospital (hospice) is not expected to be operational until optimistically 2026 - or 2027,
Minister Cook and PCHF/CAHS started this flawed process in 2019.
Lady Lawley Cottage started downsizing in 2017.

Wrong choice of site and a poor planning process have caused delays and cost blow-outs.

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[212] **1930 - Laurel & Hardy.**

[213] **Perth City Council Minutes 28 April 2015, Page 21. Concerns were ignored by PCHF and Government.**

EXPANSION

FACTS

EXPANSION DISCUSSIONS HAVE BEEN MINUTED AT PROJECT CONTROL GROUP (PCG) MEETINGS SINCE THE VERY START

*Minutes of the PCG – **FIRST MEETING** 13 July 2020 – obtained by the community through FOI - attendees – Perth Children's Hospital Foundation Ltd (PCHF), Child and Adolescent Health Service (CAHS), Price Waterhouse Coopers (PwC).*

*"...design needs to allow for future growth/clinical requirements (i.e to 2032+); **potential consideration is to build flexibility into design for additional wing construction etc."***

Minutes of the PCG - 9 November 2021 - attendees – PCHF, CAHS, Hassell (designer), Hesperia (project manager)– obtained by the community through FOI

*(redacted) questioned whether the building footprint will be allowed to be amended once the DA was submitted. (redacted) noted that **the footprint will not be able to be extended further north or east due to the BAL (Bushfire Attack Level) restrictions but that there may be some flexibility around adding additional floor areas within reason to the south and west.***

*south – towards the Bridge Club
*west – towards Swanbourne Oval

Expansion plans may also explain the proponents' outrage when Nedlands Council refused to blindly agree to a 3,000 sqm so-called "Community park" and $4M as a "gift", with strings attached and no information on critical road access and construction parking issues.

- **Rocky Bay re-opened Lady Lawley Cottage to provide much needed respite after "minor works to refresh the site".**
- **The case for a hyped-up project in Allen Park was weak from the beginning and an unwanted building intrusion on this vulnerable and unsuitable site.**
- **Why was a Private Company-owned Hospital (Children's Hospice), of uncertain eventual size, (certainly not a beach or "Brady Bunch" [214]. cottage), being built in Allen Park "A" Class Recreation Reserve?**

[214] **Hon Ian Campbell's description. He also stated that PCHF would own the building leased to CAHS. This apparently is no longer the case. Why the confusion?**

May 4, 2025. Post Letter

Bill Hassell has arrived far too late at the Perth Children's Hospital Foundation (PCHF) cockfight that has not helped provision of quality care for sick and dying children of WA since 2019. He hasn't noticed that the hospice construction is well under way, despite fabricated and false claims that Nedlands Council and a "small number of unimaginably selfish locals" have blocked the project. They plainly have not. Ian Campbell and PCHF Board chose the wrong location, and other parties were cut out of any serious contribution from the start. Blaming others for consequences of their unwise decisions is petty and simply wrong.

Current community concerns are nothing to do with a "hospice garden" for stricken children. After taking a 6,000 sqm slice out of the "Magic Pudding" that is Allen Park in 2020, the proponents want another 3,000sqm slice of publicly owned green space.

PCHF lost the trust of the community with outrageous claims, judgemental abuse, and unwillingness to listen to advice. The specious proposal to excise additional land prepares the ground for further hospice expansion possibly as soon as 2032, raised at their first Project Control Group meeting.

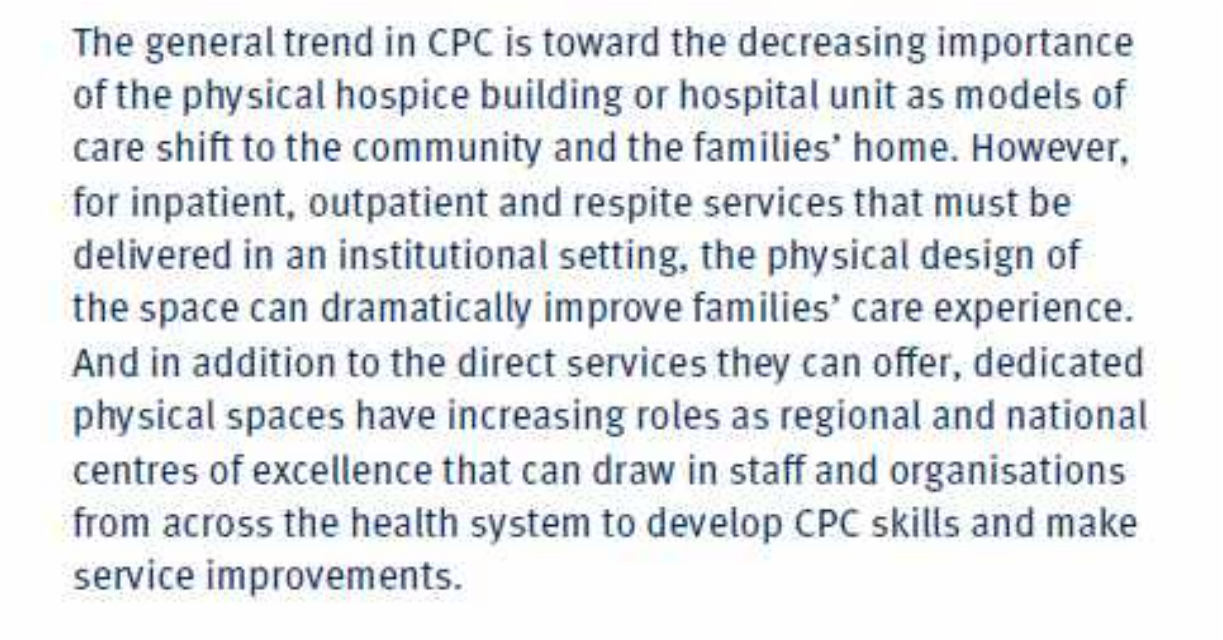
Residents, park users, and visitors have the important goal of preserving this priceless community amenity for everyone from Cottesloe, Swanbourne, Claremont, and far beyond, in all states of ability. The Council and community have a great plan for the land in question that will very suitably meet hospice expectations. Dr Neville Hills

Despite my letter and others equally valuable from other Swanbourne residents, Hon. Ian Campbell ignored genuine concerns but was happy to participate in a flagrant "media beat-up" of Nedlands council as exhibited in a plainly hostile and false 6PR report.

The Hon. Ian Campbell continued to blame everyone except himself and his usually silent PCHF Board, for delays and difficulties due to their hasty and ill-judged site selection for the hospice.

His attempts to disparage the value of "A" Class Reserves have been directed at false criticism of the condition of the land, rather than the more significant DEGREE OF PARLIAMENTARY PROTECTION that is attached to such land.

As it will be late 2026 at the earliest before this building is even ready for patients, One has to ask how a "beach cottage" for seven children with life limiting illnesses will have taken seven years from 2019 or even earlier, to reach completion.



The general trend in CPC is toward the decreasing importance of the physical hospice building or hospital unit as models of care shift to the community and the families' home. However, for inpatient, outpatient and respite services that must be delivered in an institutional setting, the physical design of the space can dramatically improve families' care experience. And in addition to the direct services they can offer, dedicated physical spaces have increasing roles as regional and national centres of excellence that can draw in staff and organisations from across the health system to develop CPC skills and make service improvements.

215

CPC = Child Palliative Care

Blaming Nedlands Council and a mere handful of concerned citizens without any proof whatever, is a disgraceful act by a registered Charitable organisation.

That these attacks have been blindly supported by a Gung-ho pro-developments Premier adds to public concerns of faulty State governance in the matter.

Media attack on free speech:

Letter of Complaint from Neville Hills to Independent Media Council

Dear Councillors,

I wish to submit a complaint in regard to an item published in the Sunday Times, Perth on Sunday October 22, 2023.

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[215] **CPC, Child Palliative Care. Roland, J., Lambert, M., Shaw, A., Williams, I, Dale-Harris L., Fontana G. The children's palliative care provider of the future: A blueprint to spark, scale and share innovation. London, UK: Imperial College London, 2022.**

> ***The purpose of the IMC is to promote freedom of speech through "responsible and independent journalism" and to facilitate the resolution of complaints made to it by members of the public about the print and online media publications of the funding bodies.***

I maintain the article "*Anti-nimby policy means local pollies will lose their starring role*", by journalist Kate Emery breaches high standards of responsible journalism. The article is written in a manner that is needlessly provocative, offensive to individuals, and fails the test of balanced discussion of matters about which there are conflicting opinions. Anyone with dissenting views to government and media outlets is in a situation where exceptional difficulty is experienced in expressing alternative positions, due to the monopoly of print and electronic media in WA and the abusive nature of responses from proponents and Government.

I submit that the article unfairly attacks all residents living in the Western Suburbs of Perth using the phrase, "*Rack Off Western Suburbs Nimbys Bill 2023*" and other offensive remarks that do not contribute positively in any way to a balanced discussion of issues affecting residents.

> ***"...councillors elected on the strength of a few hundred votes --- That's the entire Peppy Grove council...etc.*** [216]

Peppermint Grove suburb is the smallest local government in Australia (population 1597 in 2021) but is only one of five Western Suburbs Councils. Claremont, Nedlands, Mosman Park, Cottesloe and Peppermint Grove comprise what are generally recognised as the Western Suburbs although other districts such as Subiaco and Cambridge are also to the West of the Perth CBD.

The total population of the suburbs mentioned is 47,629. Including other councils not listed would bring the estimated population to at least 50 to 60 thousand persons.

Taking the recent Nedlands council elections as a guide the voter turnout was 33.77% of eligible voters.

Mentioning only Peppermint Grove as an example to suggest that the views of the majority of Western Suburbs residents should be dismissed on planning matters, is undemocratic and deliberately misleading. The reason for this exceptionally critical report is unexplained in the text.

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[216] Kate Emery, Sunday Times.

Criticism of the WA government's Development assessment Panels is widespread in WA. The practice of carelessly applying the pejorative NIMBY epithet directed at persons holding alternative views is undeserved, insulting, and poor reporting behaviour, that brings journalism into disrepute in our State.

> ***"The hospice eventually got approved but only after the Government took it to the WA Planning Commission etc... "***[217]

Broad criticism of the Western Suburbs in the article is factually incorrect, as no Councils besides Nedlands have been in any position to comment on the Hospital (Children's Hospice) as they have no planning responsibilities beyond their boundaries. As an A Class recreational reserve Allen Park does however serve a much larger population than the Swanbourne district.

The WA Government never formally referred its intentions to Nedlands Council or the local community and stakeholders. No documented evidence of any genuine consultation with Council or the community has been sighted since the matter was first raised in 2020. The proponents appear to believe that telling stakeholders what they <u>intended</u> to do was sufficient "consultation".

Under the draconian Covid emergency planning laws passed by an unduly authoritarian WA Parliament, any planning project which the Premier and government wished to push through for any reason was referred to the WAPC for a decision, including curiously and conveniently, "planning in a reserve"[218].

Nedlands did not try "*to block a proposed hospice*", as the proposition was never formally put to the elected members of Council. Council "acknowledged" the proposal when belatedly informed of it, and established a working group, "the Site Assessment Working Group" (SAWG). At the same time the view was expressed that other locations within the City of Nedlands should have been considered by the proposers but were not.

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[217] Kate Emery, Sunday Times.

[218] Extract from Hansard (ASSEMBLY – Wednesday, 27 May 2020 Ms R. SAFFIOTI: This provision was added to the bill in case there is one of those theoretically possible projects that probably will not happen. This refers to a development in a reserve,

The SAWG, of which I was a volunteer member, was dismissed as irrelevant by the proponents who made no attempt to consult meaningfully at any stage.[219]

The proponents attempted to influence Council much later on with an offer to "landscape" parkland South of the excised hospice site, while requiring additional access privileges to that land. The potential ramifications of this offer were not known as Council had other approved plans in place to complete the Whadjuk Trails.

At that stage the proponents did not have Development Approval for the hospice and broad plans for access etc. were then unknown. Council rightly could not proceed without full knowledge of the implications for its own planning and budgeting. When the "offer" was rejected this prompted outrage from the proponents.

The "hospice" in planning terms is referred to in WA Government Planning Commission documents as a "Hospital" (Children's Hospice).

Building a hospital for vulnerable children in an A Class recreational Reserve with high fire risk zoning has invoked many serious matters of which the following are a sample.

1. **The Reserve location is incompatible with use as a proposed Children's Hospice.**
2. **There was no valid consultation with stakeholders in the process of site selection. The only environmental stakeholder group approached did not support the proposition.**
3. **The site selected has benefited enormously from restoration of the surrounding bushland by Council, Defence and volunteers whose efforts have been egregiously dismissed.**
4. **The logistics of a seven bed hospital costing $34+M do not make economic or service delivery sense, when there are stated to be 2,000 potential families in need.**
5. **The Minister for Health, now Premier, Roger Cook, visited Bear cottage in Sydney in 2019. This facility is not anticipated to become operational until at least 2025 or later.**
6. **Delays relate to the faulty site selection process, not due to any of the stakeholders or dissenting community members.**
7. **One Isolated hospice building is the wrong model of care for comprehensive palliative care in WA to service a widely dispersed possible 2,000 families.**

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[219] **The PCHF Chairman described SAWG as a "waste of money because his foundation was already running a public consultation that would inform the design".**

8. **The site is not central to the Perth CBD, a claimed requirement of the site.**
9. **The site is not "serene" due to an active Defence facility and other noise conflicts.**
10. **The project announcements conveniently continue to match political objectives involving elections, and distracting attention from other Perth hospital crises.**
11. **Clinicians at PCH have been silent, in contrast to other controversies involving health service planning matters. Information is only slowly extracted under FOI requests.**
12. **The all-male, PCHF Board has no paediatric clinicians, and a majority of individuals with commercial or property development interests.**
13. **The WA Fire and Emergency Services Authority have unequivocally condemned the site chosen as it is a high bushfire risk area with limited escape routes. These professional opinions are disregarded despite recent arson incidents in Kings Park, which is also an A Class reserve, opposite Perth Children's Hospital.**
14. **Perth Children's Hospital Foundation spends almost 40% of income on "All other expenses plus Employee expenses". Only 60% goes to stated PCHF objectives. It is operating outside its realm of expertise and charitable approvals. Why is it allowed?**
15. **Despite claims that no further expansion will occur, it must be noted that other Australian children's hospices have expressed concern that their sites were too small. Bear Cottage at Manly now has an adolescent's hospice nearby. This location has no scope for future growth without even more impact on green open space.**
16. **To most people the term HOSPICE suggests terminal care. This has been emotively exploited by the PCHF and associated media. The sole clinician responsible for palliative care at CAHS has told residents that very few children will die at the facility which will primarily be used for short term respite. While respite is a needed benefit for parents, the role is not terminal care. Why spread this misperception on its role?**
17. **Deceptive and unrealistic promises have been conveyed to parents and the public of WA with slick emotive media images and misleading press statements from the Premier.** [220]
18. **Further delays have now been required by the WA Planning Commission, as the site will be subjected to an amendment to the Metropolitan Region Scheme. Local dissenters could have alerted the proponents but were given no opportunity. Faulty site selection is responsible, not objectors.**

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[220] Health Minister Roger Cook announced on Friday the hospice would provide care and support for children and their families from diagnosis to the end of their lives, with the operational costs paid for by the State government. (WA Today, August 7, 2020). There are an estimated 2,000 children and families in need.

19. **Abusive remarks made in TV and print media directed at objectors to the faulty planning process involved has been counter-productive and ill informed.**
20. **The Australian Charities and Not for Profits Commission classification of the Perth Children's Hospital Foundation as a Health Promotion Charity, appears in conflict with building a WA Health Department Hospital (Children's Hospice). One PCHF Board member is a WA Health Department staff member, raising concerns about the independence of a Registered Charity from Government.[221]**
21. **Parliament excised the site before any fire risk assessment was commissioned.**
22. **None of those who are objecting to this proposal have any proximity or financial conflicts of interest with this proposal. All are determined to see best practice Children's palliative care funded and delivered in the best timely manner possible.**

These are the same councils which tried to block a kid's hospice because of the risk that, among other things, it could be bombed in the event of an attack on Australia.[222]

The prospect of the hospice being attacked was only ever raised <u>once by one person</u>, a Nedlands councillor, in the course of his address to councillors during a Council meeting, in which the poor planning process by which the site was selected was covered amongst other aspects. The comment was adopted sensationally in print media reports and taken out of any wider context in which planning concerns were being raised.

Reports in a similar vein from industry did not receive equally critical comments from the WA Government or media.

> ***Leaders in the northwest want a greater military presence in the region to protect assets such as the Pluto gas plant.*** **(*Photo* Supplied: Woodside) ABC Pilbara / Posted Mon 16 May 2022**

A 200 page illustrated dossier (Convenient Untruth) and a PowerPoint slide show can be provided as a pdf on request to <u>nhills1934@bigpond.com</u> PDF's of both were sent to Kate Emery by email but there has been no acknowledgment.

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[221] **Recent appointment makes it two PCHF Board members with government connections.**

[222] Kate Emery, Sunday Times.

IMC Response.

By way of addressing my complaint it was arranged that a letter would be published in the West Australian if I agreed to submit one.

This was done as shown below. November 29, 2023.

'Hospice' an ill-informe

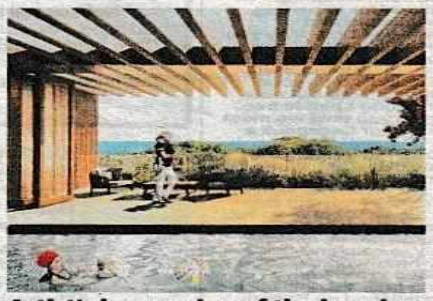
Critical opinions of the planning process for a hospital (children's hospice) at Swanbourne have been hastily dismissed by government figures and people with influence, but serious concerns remain unanswered.

Discerning the reasoning behind this much delayed project is difficult. With an estimated 2000 children in need, seven hospital beds in a compromised western suburbs location costing $35 million appears the wrong response to a serious problem. Charitable donations and grants risk unfairly depriving other equally worthy causes in urgent need if not targeted correctly at a solution.

The term "hospice" has been conveniently misappropriated by this project. Few children are expected to die at the facility which has much-needed carer/parent respite as its central role. How children will be selected for respite care is unexplained, as is the expected length of stay. At 100 per cent occupancy, seven beds could offer respite to 364 parents for only one week a year.

Misleading images of children enjoying a beachside swim are dashed by the information only two children a day would be managed in the hydrotherapy pool. Ready access to skilled paediatric palliative care that reaches into the community where families live is a necessity, not a hybrid hospital building.

The proposal has relied on artful sketches for effect, not information. Surrounded by coastal bush that the Department of Fire and Emergency Services says is a high-fire risk, the site was excised by an inadequately informed Parliament. There was no serious consultation with the community or stakeholders with a longstanding role and interest



Artist's impression of the hospice.

in Allen Park. This project is a mirage. An urgent independent reality check is essential. Stressed parents are at risk of being misled and short-changed by this development-led folly.

Dr Neville Hills, Mt Claremont

Ancient knowledge

Climate and marine geoscientist Mick O'Leary's findings regarding negative fallout from the construction of a gas pipeline beneath the ocean by Santos concurs with Aboriginal underwater cultural heritage knowledge of 60,000 years. This knowledge aligns closely with European science, with the details passed from generation to generation through song, with the songlines being a verbal map.

Colonial thinking and attitudes of superiority have undervalued the depth and importance of Aboriginal knowledge, with this lack of understanding driving decisions proving grossly destructive to the land, rivers, sea and all of its inhabitants.

Nathalie Haymann, Jurien Bay

Myths and belief

I read with interest Roy Skinner's letter (27/11) concerning the beliefs held by some Aboriginal people. He makes the point that such beliefs as "the crocodile man" are only myths and that their existence cannot be proved scientifically. I agree, but it can



No need for an "artist's impression". This is an actual UK child hospice's therapy pool seen online.

My submission however had no lasting influence whatever on the media, both in print and TV including the ABC, which has since doubled down with even more vicious, critical and false material. Minister Carey resorted to the abusive term NIMBY, instead of answering concerns expressed in the only independent print media in the Western Suburbs.

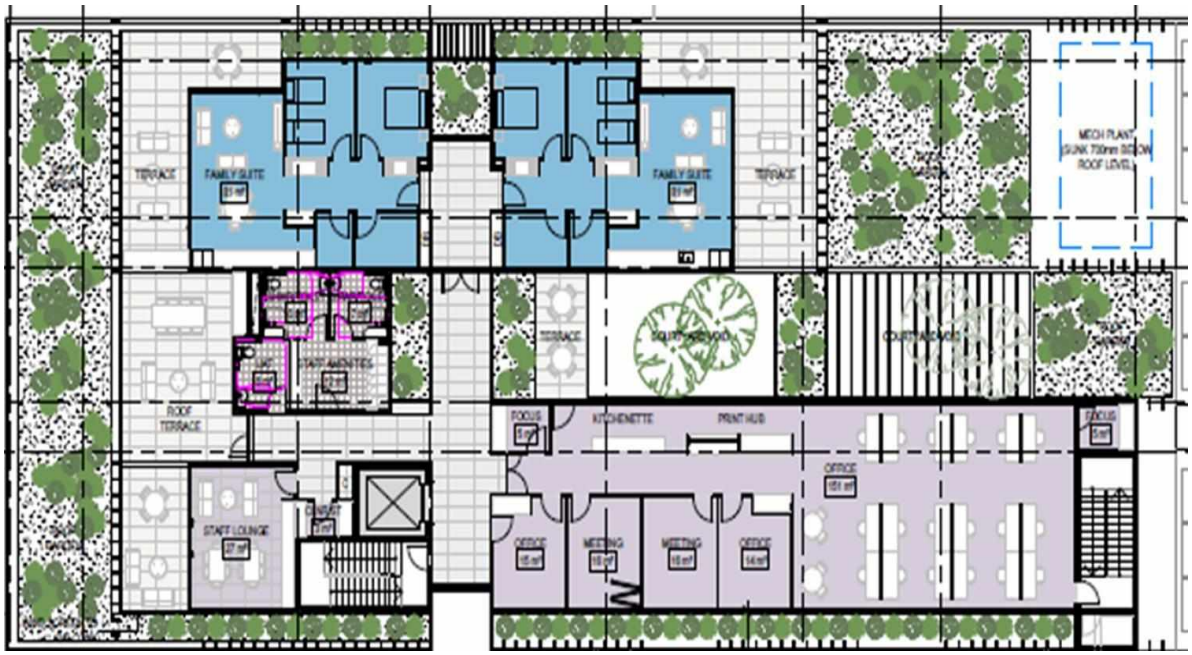
The recent argument concerned the intention of the Minister for Lands John Carey, to excise a further 3,000 Sqm of the A Class reserve, allegedly to enhance the view from the Hospice which is now under construction. However some commentators were anxious to portray the fresh excision objections as opposing the hospice, which was untrue as it is now under construction and the "space invaders" have moved on to their next target.

More confected outrage was encouraged by the PCHF Chairman and his media support network to any expressed objections to this additional excision, the real purpose of which is obscure to say the least.

Although the PCHF Chairman has claimed it will allow children in their last days to look out at a pleasing scene, it must be noted that six of the seven inpatient bedrooms do not look over the land in question but face North towards the Army Barracks.

Only one inpatient room facing the land in question looks out to an enclosed courtyard.

Top floor





Ground floor Seven Patient bedrooms.

CLOSED CORTYARD

Governance and procurement. The WA Auditor General (AG) delivered a scathing report on land transactions over the term of the present government. However it appears the AG has no authority over the hospice matter as it is a Public Private Partnership (PPP). Her role was transferred to the Department of Finance.

An approach to the Finance Department resulted in a blunt refusal to consider the matter at all. Approaches to Ministers has been equally unrewarding.
The feeling obtained is one of "hands off" anything to do with the "untouchable" hospice.

In contrast to New South Wales the matter of Public Private Partnerships is taken very seriously to ensure good governance and Value For Money is achieved.
The experience of the NSW Health Department and the Northern Beaches Hospital has been revealing and alarming.
Upper House MPs warned the NSW Government to never again get a private operator to run a public hospital, based on the experience at the Northern Beaches Hospital.

Key points: ABC Newspage 2020. Northern Beaches Hospital.
The State Government spent $600 million on building the hospital
Inquiry recommends a private operator never be allowed to run a public hospital The NSW Government has come down firmly on PPP agreements in Health following their experience with Healthscope, A Brookfield owned company.[223] https://www.lexology.com/r/UpCzgps/c4e58799fd

2025 Excision of 3,000sqm additional parkland

The controversial Additional Excision process was initiated by Minister for Planning and Health Infrastructure John Carey. An advertisement was placed in the local print media by the Minister. The word "complimentary" was corrected to "complementary", a word with specific meaning that indicates the land would be "integral" and "completing" in purpose to that already excised for the hospice site. As the land is already "A Class reserve parkland" there was no justification or necessity for this further excision to create parkland which if left alone would have blended in with carefully planned and appropriate landscaping of the area with no impact on pedestrian access.

This would take into account public access, environmental and wildlife requirements and bushfire risk reduction, as has been the case for decades. There was no justifiable case put to warrant this additional excision on the grounds of necessity for the hospice.

Despite media hype and abuse of local government and community members expressing legitimate concerns, this already long overdue project is badly planned, in the wrong place, and unfit for purpose, as it will not make a substantial contribution to the care of many hundreds of sick children, or respite for parents, as is suggested. It is a mirage.

The plan of Allen Park drawn up by CLE in 2020 was conveniently generous with green colouring suggesting and abundance of unused space.

Two drainage sumps amounting to about 0.5ha. were included as "other recreation", as were access roads and major parking areas within Allen Park.

Taking green space for buildings is not protection. Significantly, the pink overlay area adjacent to the excised hospice site was designated – "Proposed Community Open Space, Source Hassell".

But that area, was already Community Open Space. That the architects, Hassell had their eye on claiming this site as early as 2020 demands a genuine explanation. Speculation that it was "earmarked" for later expansion is one obvious point to be made in view of later FOI results.

Support 'hospice garden' plan for the sake of stricken children

It is hard to believe Nedlands council's opposition to the provision of a garden for sick and dying children next to an under-construction hospice in Allen Park, Swanbourne.

This follows a long campaign by the council to block the hospice construction.

Allen Park is a large area that includes some eight hectares of bushland, none of which will be reduced by the hospice garden.

Yet Mayor Fiona Argyle and her supporting councillors continue to use council time and resources to try to stop the establishment of the garden in what appears to be a waste area, certainly one not maintained by the council.

Ian Campbell, a former Howard government cabinet minister and chairman of the Perth Children's Hospital Foundation, has undertaken a long and patient task in seeking to work with the community for the facilities being constructed for the sadly ill and dying children.

He has consulted endlessly with the locals and the council, only to be opposed at every step.

Now the state Labor government has reached the end of the road with the council and will take over what is, after all, state land, to achieve the intended outcome.

We should all support these decisions by Lands and Planning Minister John Carey.

Local government does itself no favours by allowing itself to be driven by a small number of unimaginably selfish locals who will lose nothing by what is to be done.

Bill Hassell
Loneragan Street, Nedlands

ıe ecosystem

they would have had plenty of room for a playground inside the hospice grounds, as was in the original plan.

The Department of Fire and Emergency Services changed the plan due to the high fire risk

The letter from former MP Bill Hassell demonstrated that someone who should know better than to listen to only one side, has embarked on repeating a litany of misinformation presumably from PCHF and media sources.

The land being sought is not for a "Hospice Garden" as the excised site already had ample grounds for that to be developed out of the 5,000 sqm excised of which only 2,200 sqm is building footprint. Many sketches of the architectural intentions have shown this consistently.

There has been no "long campaign by the Council to block the hospice construction" which is a repeated ploy to explain the delays that have resulted from this hasty and unwise site selection. Any "blockages" have been brought down on the heads of the PCHF Board through failure to consult and plan correctly.

Allen Park is not a very large area and most of it is already taken up with active recreation facilities. The small bushland is an important resource, but "salami-slice" encroachment at any location is regrettable. The site of the hospice has been long acknowledged as mainly former bowling greens, then open grassland, well maintained by Nedlands Council as a low fire risk condition.

Pejoratively referring to the new land being sought by excision as a "waste area" was demonstrably false.

Referring to Ian Campbell, Mr Hassell claims he has "undertaken a long and patient task in seeking to work with the community…etc this statement from Ian Campbell at the start of his campaign illustrated his attitude towards the community.

> ***September 12, 2020. The PCHF Chairman Hon Ian Campbell, stated his opinion that Nedlands Council's expedited consultation with nearby residents, "…would be a waste of money because his foundation was already running a public consultation that would inform the design."***

The reference to "state land" ignores the legal fact that it is A Class RESERVED land intended to be protected by Parliament and the Law of WA from ill-considered and capricious use. Not a piece of free land to give away.

Parliament failed to save a significant piece of publicly owned recreation space.

Would excising a choice piece of Kings Park receive no serious protection in the same way parliament just gave away another 3,000sqm of Allen Park?

The "intended outcome" could be achieved by PCHF backing off with its unsurveyed ambit claim for more land and allowing Council to complete what was in train at a modest cost, and consistent with all hospice and community requirements – the Norn Bidi trail and sensible native planting consistent. with the natural bushland. Clearly the tradesmen and building activity has taken precedence and no work on the trail can proceed.

His last paragraph attacking "a small number of unimaginably selfish locals who will lose nothing by what is done", was pure judgemental abuse straight from the PCHF playbook.

Mr Hassell clearly has no regard for thousands of hours of Council and volunteer community time spent trying to ensure that publicly owned historic and valued green open spaces are preserved for everyone, now and for the future.



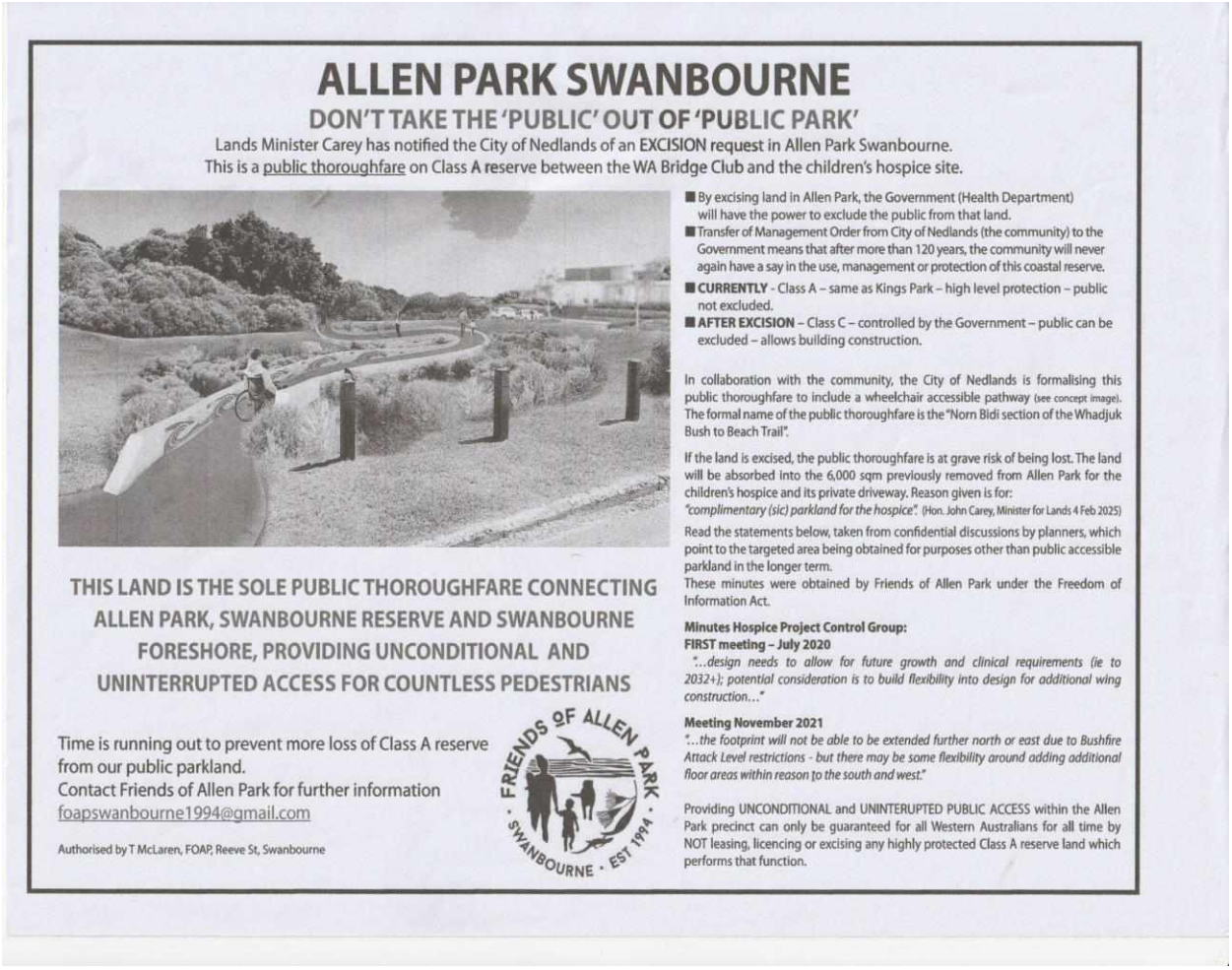
The additional land that is now claimed by Government allegedly for a garden for the hospice is earmarked for the Whadjuk trail completion and landscaping when the hospice has been completed.

It is an access pathway accessible to the public and the hospice.

Nedlands Council had a community and indigenous interests approved Norn-Bidi walk trail, and modest garden planting plan temporarily put aside, due to the negative impacts of the hospice construction.

It should still go ahead for benefit of everyone, young and old, well or disabled when PCHF moves out of the way. Government should stop their careless and uninformed media campaign.

With an army of media people at work they can say anything they wish and spread misinformation far and wide.



ALLEN PARK SWANBOURNE

DON'T TAKE THE 'PUBLIC' OUT OF 'PUBLIC PARK'

Lands Minister Carey has notified the City of Nedlands of an **EXCISION** request in Allen Park Swanbourne.
This is a public thoroughfare on Class A reserve between the WA Bridge Club and the children's hospice site.

- By excising land in Allen Park, the Government (Health Department) will have the power to exclude the public from that land.
- Transfer of Management Order from City of Nedlands (the community) to the Government means that after more than 120 years, the community will never again have a say in the use, management or protection of this coastal reserve.
- **CURRENTLY** - Class A – same as Kings Park – high level protection – public not excluded.
- **AFTER EXCISION** – Class C – controlled by the Government – public can be excluded – allows building construction.

In collaboration with the community, the City of Nedlands is formalising this public thoroughfare to include a wheelchair accessible pathway (see concept image). The formal name of the public thoroughfare is the "Norn Bidi section of the Whadjuk Bush to Beach Trail".

If the land is excised, the public thoroughfare is at grave risk of being lost. The land will be absorbed into the 6,000 sqm previously removed from Allen Park for the children's hospice and its private driveway. Reason given is for:
"complimentary (sic) parkland for the hospice". (Hon. John Carey, Minister for Lands 4 Feb 2025)

Read the statements below, taken from confidential discussions by planners, which point to the targeted area being obtained for purposes other than public accessible parkland in the longer term.
These minutes were obtained by Friends of Allen Park under the Freedom of Information Act.

Minutes Hospice Project Control Group:
FIRST meeting – July 2020
"...design needs to allow for future growth and clinical requirements (ie to 2032+); potential consideration is to build flexibility into design for additional wing construction..."

Meeting November 2021
"...the footprint will not be able to be extended further north or east due to Bushfire Attack Level restrictions - but there may be some flexibility around adding additional floor areas within reason to the south and west."

Providing UNCONDITIONAL and UNINTERUPTED PUBLIC ACCESS within the Allen Park precinct can only be guaranteed for all Western Australians for all time by NOT leasing, licencing or excising any highly protected Class A reserve land which performs that function.

THIS LAND IS THE SOLE PUBLIC THOROUGHFARE CONNECTING ALLEN PARK, SWANBOURNE RESERVE AND SWANBOURNE FORESHORE, PROVIDING UNCONDITIONAL AND UNINTERRUPTED ACCESS FOR COUNTLESS PEDESTRIANS

Time is running out to prevent more loss of Class A reserve from our public parkland.
Contact Friends of Allen Park for further information
foapswanbourne1994@gmail.com

Authorised by T McLaren, FOAP, Reeve St, Swanbourne

FRIENDS OF ALLEN PARK · SWANBOURNE · EST 1994 ·

Government and PCHF regularly downplay the true value of this piece of extra land they are after describing it as a "dustbowl" and "unused" piece of land, in the manner of "horse-traders" talking down the bargain they are after.

"The argument that this is a response to the bushfire concerns is just abject nonsense because we came up with the idea of the park more than three years ago," he said. "It's called an A-class nature reserve but it is just a piece of dust.

"It's a dust bowl in summer and a muddy quagmire in winter. We are genuinely trying to put the nature back into the nature reserve.

To Hon Ian Campbell Allen Park may be "<u>just a piece of dust</u>" but to all those who can appreciate the foresight of John Allen a century ago, it is a precious gift of priceless land for everyone to enjoy in perpetuity.

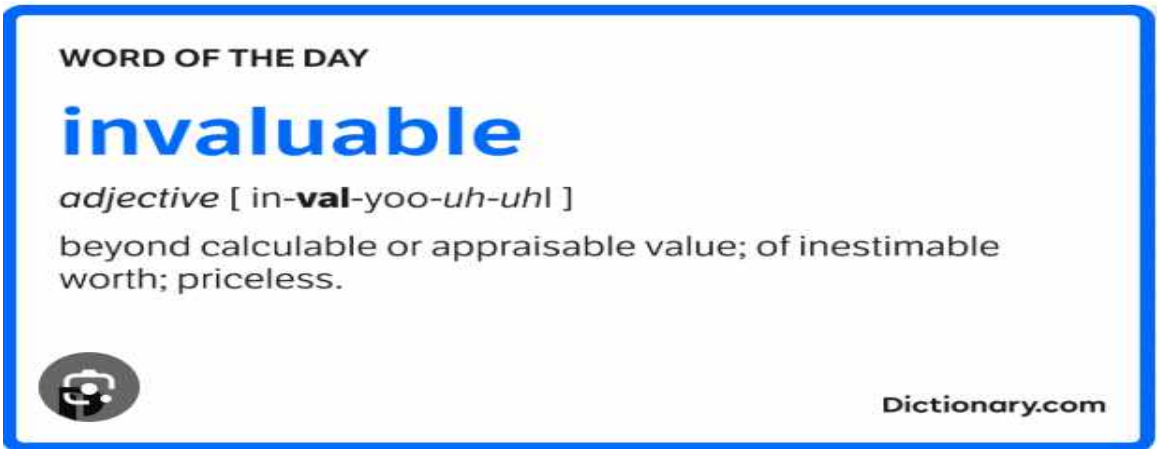
In monetary terms land on Odern Crescent was valued by a real estate agent at $15,000 per sqm. This rare site would have to be even more costly if on the market.

3,000 sqm at $15,000 per sqm = $ 45,000,000.

All land now excised has a total commercial value of at least…

9,000 sqm x $15,000 = $135,000,000.

As public open space for the WA community from now and into the future it was however ……



To date there appears no formal government "watchdog" willing to go near or examine the CAHS?PCHF joint operation, although unflinching criticism has been made in a related area of government activity, CAMHS. Why no review of CAHS/PCHF?

Auditor General's overview

Access to mental health services for our children and young people is a critical issue for the Western Australian community. Demand for mental health care has grown rapidly in recent years, with the needs of infants, children and adolescents often more complex. Following a Chief Psychiatrist's review in 2020, the State Government in 2021 commissioned a Ministerial Taskforce into Public Mental Health Services for Infants, Children and Adolescents to outline a whole-of-system plan.

The Ministerial taskforce's 2022 final report set out an ambitious large-scale reform program involving new models of care, services, infrastructure and ways of working across agencies and providers. The recommendations were based on extensive consultation and analysis and

designed to deliver important on-ground impacts for children and families. The State Government committed to implementing all 32 recommendations. While the taskforce recommended a five-year implementation period, early plans by the Mental Health Commission (MHC), the agency tasked in 2022 leading the transformation, mapped a nine-year program from 2023-2031. This reflected the complexity and scale of the reform task.

While some positive initiatives have been delivered in conjunction with WA Health service providers, particularly in acute and crisis care in some locations, these have not yet translated into broader system transformation. Despite the efforts of dedicated, hardworking professionals, gaps in access, coordination and service availability remain for children and families across the State.

Overall, implementation progress has been slow and the transformation program is not on track to deliver the full scope of reform. Four years since the taskforce's recommendations were accepted, only one recommendation is complete, 26 are in progress and five are not yet commenced.

MHC's planning has not addressed all transformation elements, it disbanded focussed governance arrangements in January 2023, and there has been an inability to reliably report the status of the recommendations either internally or publicly. In a reform of this size and complexity, momentum must be actively driven and closely monitored, yet MHC is not using its funding levers and authority to lead the reform with the discipline, focus and accountability required.

These findings echo concerns we identified in our 2019 audit of adult mental health services and themes raised in the Public Sector Commission's 2024 agency capability review of MHC.

On its current trajectory, MHC has no credible plan or pathway to deliver the Infant, Child and Adolescent mental health transformation program. If persistent organisational leadership capability and accountability gaps are not addressed, these important reforms to mental health service delivery will never be delivered as intended for Western Australian children and families, let alone by the targeted timeframe of 2031.

If similar concerns are raised in future regarding the CAHS/PCHF (Public/Private) hospice, will the Auditor-General at least consider whether the CAHS arm of the project will meet expectations, or will it be another "untouchable" process kept out of bounds of independent scrutiny?

Who has independent oversight of the propriety of this procurement process?

It appears……

Nobody does!

Parliament should have stepped up to the challenge. With only two exceptions it caved in to fear of being falsely accused of lacking compassion for sick children, stoked by inflammatory political and media influence.

The final stage: Development of the additional 3,000 sqm parkland
The consultants finally consulted with the community that has long protected and worked to maintain Allen Park.

But many questions remain.

In particular the WA Auditor-General in June 2026 has been very critical of failures at CAMHS, a key responsibility of the CAHS Board.

To date there has been no reported review of the CAHS/PCHF hospice project as this is viewed as outside of formal scrutiny. Time will tell if this "hands off" position will be correct.



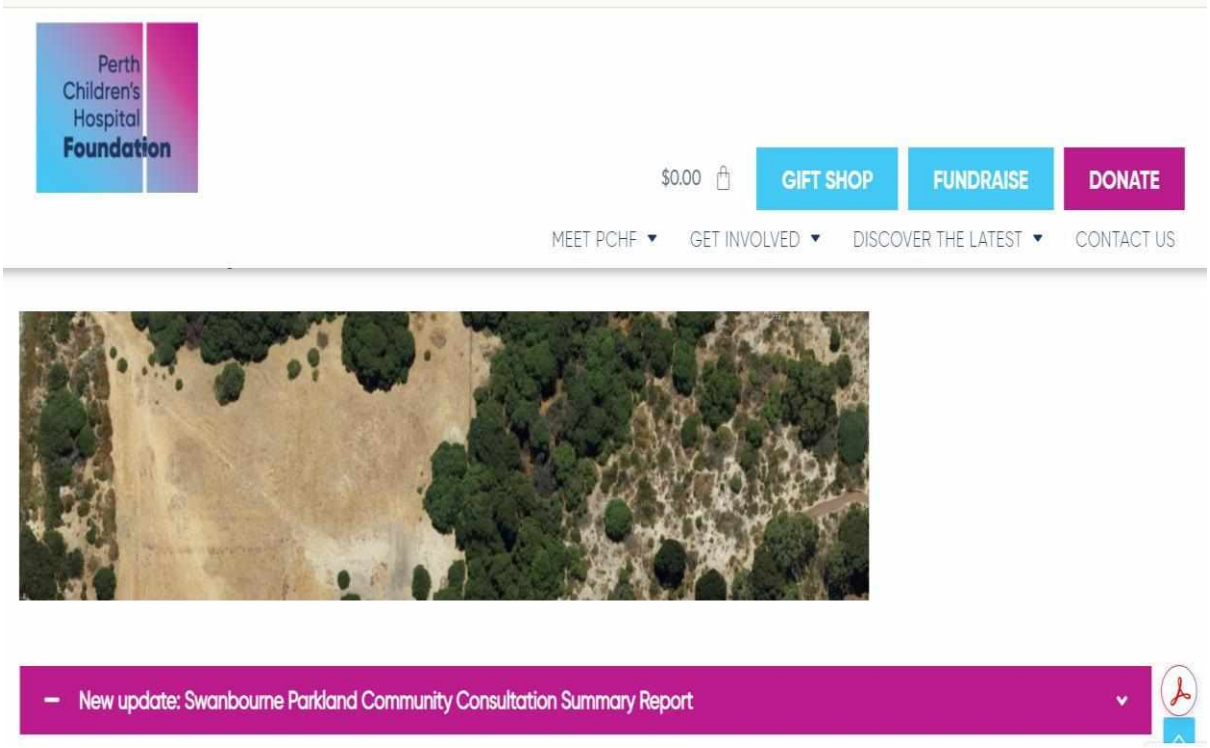
At least <u>some</u> consultation at last, but PCHF could not resist continuing to claim the area was "neglected" and therefore they are doing everyone a service by taking over control.

About the Project

For nearly 20 years, a <u>vacant plot of land</u> next to the future <u>Sandcastles Children's Hospice</u> in Swanbourne has sat <u>neglected</u> – a barren, overlooked space full of untapped potential. However, that's soon about to change. The State Government of Western Australia has recently taken a major step towards managing this important parcel of Crown land, and Perth Children's Hospital Foundation is proud to partner in transforming it into a breathtaking coastal sanctuary. The revitalised space will be accessible to all – including sick children, their families, and the wider community.

"a barren overlooked space"?

Developers and governments looking for a vote-winning trophy project hate natural open space, regardless of its significance to others and long held plans for appropriate community use.



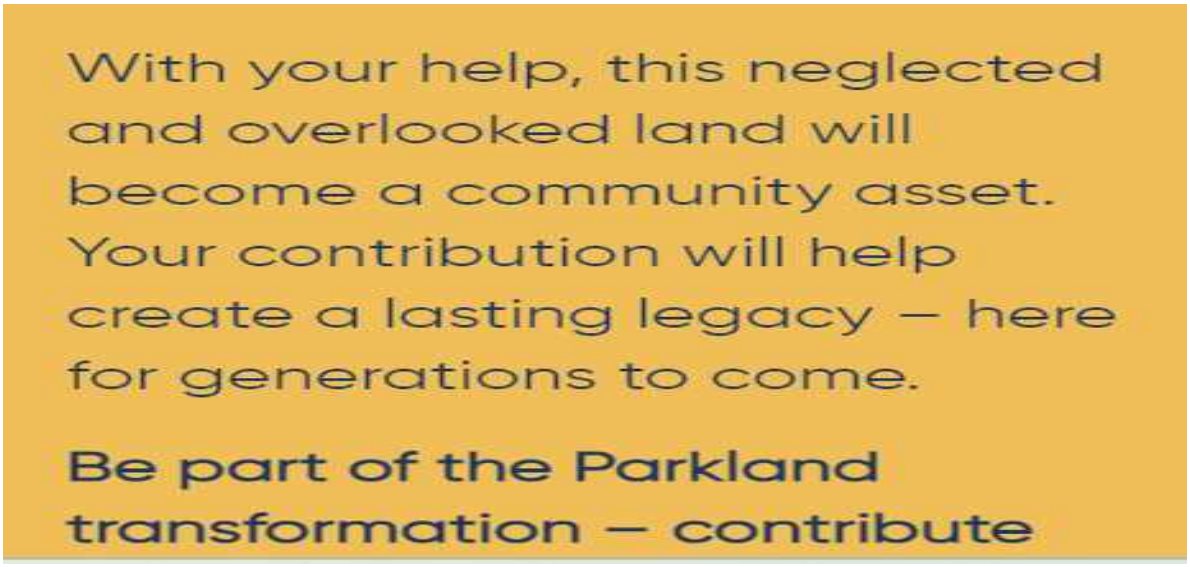
The image above is NOT the new excision site but the actual hospice site employing a photograph presumably taken in summer when the grassland was naturally browned.
PCHF misinformation is subtle and easily missed. Why is it so?



This is an image from Google Earth taken 23 February 2022. The land on the left is now the actual hospice site, not the new and additional excision.

As far as I can tell it is identical to that being used by PCHF to misrepresent the state of the most recent excision and self-justify PCHF and Parliament for taking it over from Nedlands Council. PCHF has learned nothing but continues to distort facts to fit their agenda for this land.

But this is only the start of what will soon become a massive media push to celebrate another "Cook Government First" for Western Australia.



The land was <u>not neglected and overlooked</u>!
Nature and seasons come and go!
PCHF continues to denigrate the community of Allen Park to fit <u>their</u> narrative of the saga.

ABC cooperation in spreading PCHF misinformation

Photo <u>provided to the ABC by PCHF</u> shows the whole hospice site under construction whereas area wanted by PCHF at this stage was only top left. Biased reporting by ABC apparently made no effort to consider real community concerns but simply accepted whatever they were told by PCHF.

Mon 21 Apr 2025 at 4:09pmMon 21 Apr 2025 at 4:09pm



The children's hospice is to be built on a part of Allen Park that has long been neglected. (Supplied: Perth Children's Hospital Foundation)

The parkland is to be located on an A-class reserve near WA's new $34 million children's hospice in Swanbourne, which is due to open later this year.

The City of Nedlands is opposing the project, saying control over the A-class reserve should not be taken from the community.

But others argue the reserve has been "totally neglected" for years, and have questioned the council's stance and motives.

abc.net.au/news/dispute-parkland-plans-near-perth-childrens-hospice-swanbourne/105197128

A proposal to transform a "dust bowl" into an oasis for terminally ill children has drawn the ire of some who want the site to remain in local government hands.

The planned park is to be located on an A-class reserve near Western Australia's new $34 million children's hospice in Swanbourne, which is due to open at the end of the year.

A-Class classifications are used to protect areas of high conservation or high community value.

The project is being led by the Perth Children's Hospital Foundation and funded by community donors.

WA government takes control of land next to children's hospice to allow development of 'a beautiful oasis'

By Jessica Rendall *Sat 7 Jun 2025 at 1:11pmSat 7 Jun 2025 at 1:11pm*



An artist's impression of the $34 million children's hospice in Swanbourne. (Supplied: Perth Children's Hospital Foundation website)

In short: The City of Nedlands opposed plans to build a parkland on an A-class reserve near the new $34 million children's hospice in Swanbourne, which is due to open later this year.

The Lands Minister John Carey has moved to take Allen Park out of the hands of the council, saying it has not maintained the space in "any meaningful way".

The statement above was factually wrong and an opportunistic grab for the extra land that PCHF wanted for reasons not yet made clear. Possible explanations are,

To provide a necessary secondary bushfire emergency exit route.

To allow scope for future bulding expansion.

To allow for playground amenities that were initially proposed for the northern area facing Defence Department land and bush as illustrated in artists' impressions.

To counter plans for the community supported Norn Bidi trail, which if implemented could affect future expansion options.

Media fuss followed the use of an advertisement including an image of a child objecting to additional intrusion into Allen Park.



1. **Image from PCHF website if you attempt to leave without making a donation.**



What is so wrong with expecting the best in health care planning and defending scarce public recreational space?

Conclusion:

Repeated assertions that critics are "opponents of the hospice" has been a very "Convenient Untruth" to maximise media interest.

Some local residents have been critical of the entire decision-making process and site selection and inflamed by the abuse heaped up on them by the PCHF and their compliant media, the Premier, and politicians of both parties keen to identify with a worthy cause at any cost.

Was this to generate maximum support from a community hoodwinked by media and proponents into believing this project will make a substantial contribution to the care of hundreds of seriously ill and disabled children?

Lady Lawley Cottage-by-the Sea was closed despite problems well known from 2017.

Was this to give PCHF a "clear run" in fundraising and leverage public support while this MIRAGE was pursued?

The patently false claim that delays due to objectors to the hospice planning "hospice" led to "hundreds of kids" missing out on vital care is untenable.

If any child has missed out it was due to PCHF insisting on choosing the wrong site, abusing Local Government and community members, and declining any public participation.

Meanwhile the government failed to support Lady Lawley Cottage even in the interim…….

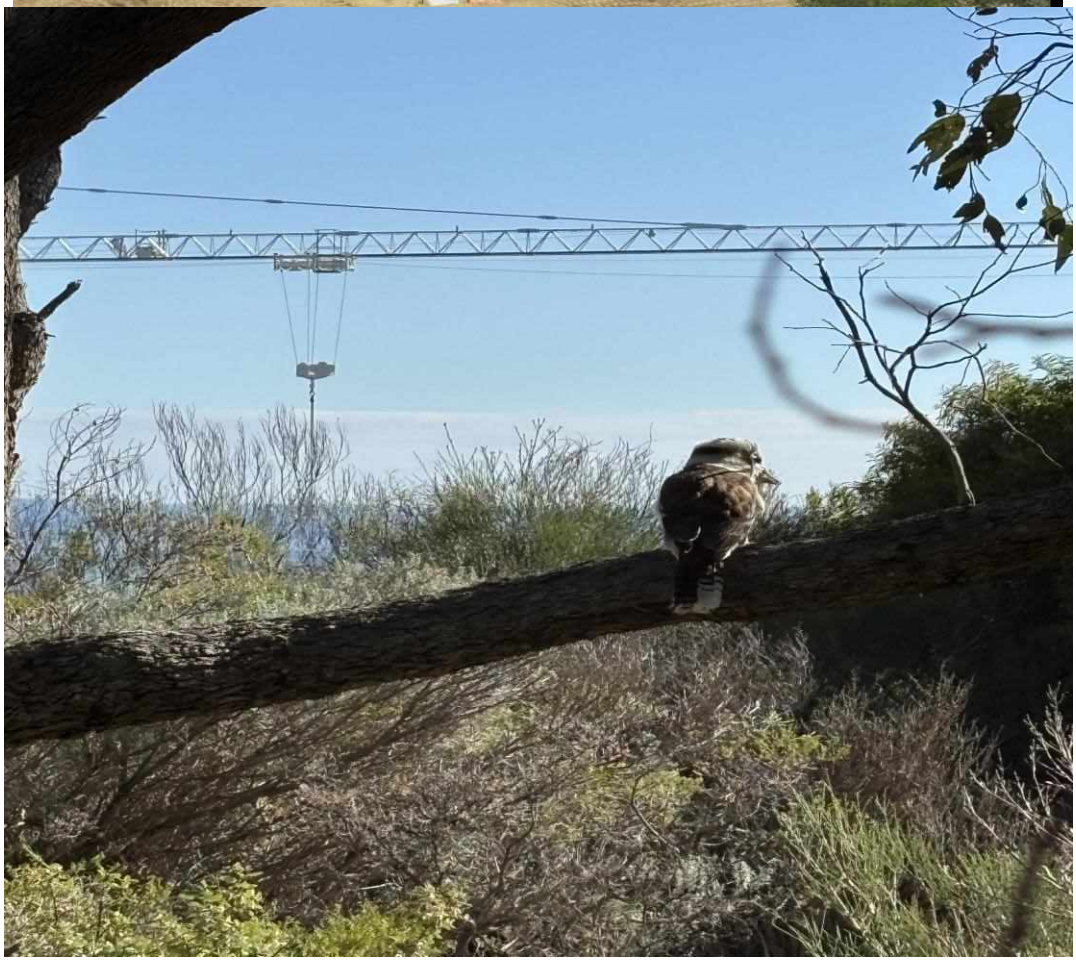
WHILE THE "HOSPICE WAS BUILT.

How was that ----------
“COMPASSIONATE CARE FOR CHILDREN?



The “done deal” nearing completion 2026.





Who will be the NEXT “SPACE INVADERS”?

AI assisted response to a philosophical/ethical question.[224]

AAI assited

should health care be a philanthropic service

Completed 2 steps

Health care should not be **primarily** a philanthropic service; it should be treated as a public good or a social insurance responsibility, with philanthropy playing a complementary role. Philanthropy is valuable for research, innovation, community programs, and filling gaps, but it is too uneven and voluntary to guarantee fair access to care.

Why philanthropy helps

Philanthropy can move quickly, fund pilots, support medical research, and back services that governments or insurers underfund. In health systems, it can also improve patient experience, quality initiatives, and community health projects when deployed strategically.

Why it should not be the core model

A philanthropic model depends on donor preferences, which can be unpredictable and unequal. That makes it a poor foundation for essential care, because access to treatment should not depend on generosity, geography, or which causes attract attention.

Better framing

The strongest model is a mixed one:

- Government or mandatory insurance covers essential care.
- Philanthropy supports extras, innovation, advocacy, and equity-focused gaps.
- Regulation ensures that basic access is not donor driven.

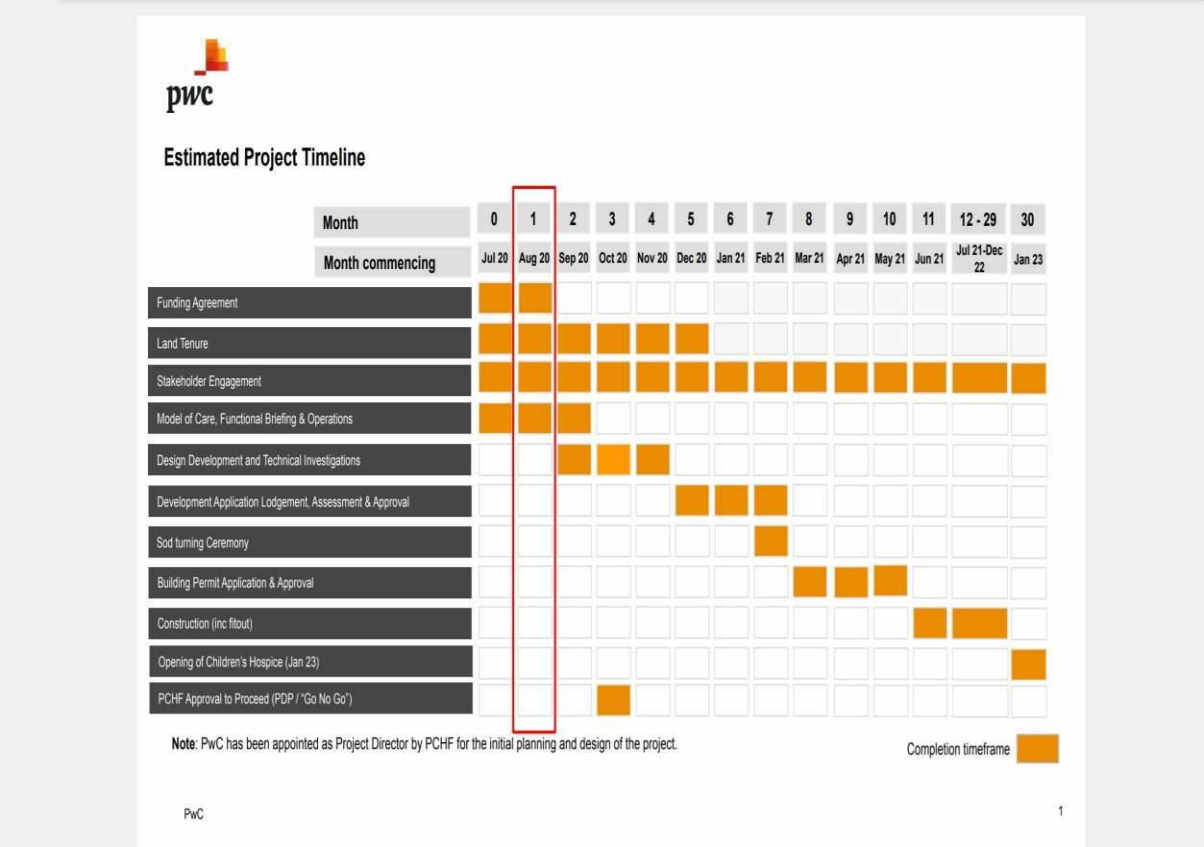
Practical conclusion

So, the answer is: **no, not as the main system**. Health care can include philanthropy, and in some places, philanthropy is important, but the ethical and practical job of guaranteeing access belongs to public financing and universal coverage structures.

[224] **Perplexity AI.**

Pricewaterhouse Coopers involvement.

This chart obtained through FOI confirms that PCHF appointed PwC as Project Director at a very early stage of planning.



Three months were allocated to produce the Model of Care and Functional Brief.
In that space CAHS staff were under pressure to produce a quick result so were consulting other Australian hospices for their advice.
At that time all the other hospices expressed the need for extra resources and were experiencing considerable pressure on services.
No time appears to have been allowed for demographic and clinical research in WA to estimate staff and spatial requirements, so Bear Cottage in NSW was copied as a model.
The opening and completion timeframe was January 2023.

Must WA accept Public/Private planning of our Health Care Services?

This CAHS/PCHF hospice illustrates the pitfalls of privatisation and hybrid business deals done outside conventional government oversight.

We deserve and should have better quality Health Services Planning with less political interference.

Who am I?

I was born in Bunbury WA in 1934 and lived in Victoria Park from the age of four. I attended a Victoria Park convent primary school then CBC Perth. I commenced medical studies at UWA in 1952. After four years study in Adelaide I completed final year MBBS in the first cohort of WA medical students at RPH in 1957.

I recall seeing Adelaide Children's Hospital nurses on Adelaide Bridge, King William Road selling fresh eggs in the 1950's to raise funds for the hospital. I felt strongly this was unacceptable as basic government health care was the State's responsibility and Adelaide was a wealthy capital city.

High quality and essential public health should not be a "market" or philanthropic responsibility but is a government responsibility to all in the first place. Philanthropy should be an adjunct not a principal driver.

After RMO terms at RPH, PMH, and KEMH, I spent a Year at Claremont Hospital and later proceeded to London UK for qualifications and experience in psychiatry.

As a psychiatrist I have worked in prisons in WA, a Special Forensic Hospital in the UK, and several long term Older Adult Mental Health locums in London and other UK towns. I was appointed Psychiatrist Superintendent of Swanbourne Hospital in 1980 and was closely involved with its closure and replacement by new facilities for Older Persons Mental Health in 1985.

I lived in the Swanbourne area from 1970 and served two terms as a Councillor at the City of Nedlands. I am not a paediatrician but throughout my professional life I have been concerned to ensure the best possible delivery of public health services in a wide variety of professional settings.

I have no political affiliations with any party but consider myself on the left of whichever government is in office, especially when politics takes priority over professional, community-based and data-driven planning.

I live in Mount Claremont. In common with those who have bravely expressed dissident opinions on the Hospital (children's hospice), I have no proximity or financial interest that is affected by the hospice development.

The abusive term NIMBY applies to none of them.

Demonstrated errors of fact will be corrected if advised.

I apologise for the absence of a neat chronological account but it is what it is, a COMPILATION OF ASSORTED VIEWS AND OPINIONS ASSEMBLED SINCE 2020 AND AVAILABLE FOR FUTURE REFERENCE.

This Version amended 9 AUGUST 2026.
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nevillehills@gmail.com **Swanbourne resident from 1971 - 2022.**