



## **A CPTED Project: Curing A Sick Hospital Carpark Rotorua, New Zealand**

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### **Introduction**

This paper outlines how the Police and the Rotorua Hospital worked together and formed a successful CPTED partnership, to treat the Hospital's main public car park.

### **History of the Site**

The area of interest is situated in Rotorua, which is within the Bay of Plenty Police District. The hospital is administered by the Lakes District Health Board and is part of the Midland Health Region. In the 1940's this land was gifted to the Crown by Ngati Whakaue (the local Iwi) for health or hospital purposes. There are no restrictions on land use beyond this, although the hospital management do liaise with a trust of the owners not only as a matter of courtesy but also to ensure that Māori protocol is adhered to. The car park was the site of an ancient tapu (sacred) pa (fortified village) and the Hospital Board are careful to ensure that site works do not defile the location and that any new developments are blessed before use.

### **Current Use of the Site**

The main hospital car park is the largest car parking site within the hospital grounds and provides parking for approx. 350 cars. The average demand per day at the hospital is 148 inpatients, 124 outpatients, and 60 emergency department attendances. The car park is well patronised and used by both visitors and staff alike. Its close proximity to the main entrance makes it the most conveniently located parking area at the Hospital. The Hospital is not serviced by Public transport – so most people who attend the Hospital (both staff and visitors) tend to walk or drive. It has the best views in Rotorua.

### **History of Offending at the Site**

The site hasn't always been a car park. For 52 years it was occupied by the Rotorua Hospital Nurses Home until the home was closed in July 1997 as it no longer met fire safety standards and the costs of upgrading it became unviable. After 1997 the building fell into disrepair and became the target of vandals. (It was often the subject of small arsons, graffiti and general vandalism). It was eventually demolished in early 2002 and the site was cleared and graded off. It immediately became the most used car park at the hospital because of its size and convenient location. However, removing the building only changed the nature of the offending. Once it became a car park, both the local police and the hospital management were aware that the site was frequently subjected to vehicle crime (both of and from vehicles).



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### **Proximity to Offender Convergence Settings**

The Hospital's main entrance is about 50 metres from the car park, but separated from the main entrance to the Hospital by fairly dense greenery and trees. The Hospital is sited on land between three well-known offender convergence settings, Kuirau Park (to the West), the Lakefront to the North West) and the CBD (to the South / South East). It is on the natural route to and from all three settings. The city street below (and to the East of) the main Hospital car park offers all-day parking for office workers and leads into the CBD. It also suffers from a high number of vehicle crimes. This lower street and the main hospital car park are connected by numerous informal walking tracks in the bush. The bushes provide the potential offender with a number of escape routes and hiding places when moving between the two car parks scanning for opportunities to commit crime.

### **Risk Factors**

The contributing risk factors included:

- No natural surveillance. The car park could not be seen from the front entrance of the hospital or from the neighbouring buildings (and vice versa).
- There was both a top and bottom entrance to the car park. This allowed a free means of access and escape for potential offenders.
- It is situated alongside a through road which is used by members of the public who are not necessarily associated with / or visiting the hospital.
- An elevated bush area overlooking the car park provides a look-out point for potential offenders.
- There is a bush reserve to one side. This unkempt bush reserve is crisscrossed with mown paths providing ample secluded escape avenues for offenders. These paths also connect the car park to an area popular with the boy racer fraternity who meet by the lake front, and also to a street that is used for all day parking by city workers.
- The rubble base provides handy offender tools for breaking windows.
- The sloping convex site makes it impossible for the whole car park to be naturally surveilled by legitimate users.
- The lighting is poor – it leaves pockets of darkness at night.
- There is a lack of defined pedestrian access. The path to the main entrance is poorly signposted and ill-defined. In fact there are a number of tracks through the bushes between the entrance and car park where pedestrians have cut their own path because they did not know where to go.

### **Benefits of CPTED Training**

Although police and hospital management had always been aware of the problems associated with the car park, it wasn't until police viewed it through "CPTED goggles" acquired at the CPTED Workshop that it became clear why offenders were

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attracted to the site. It also became clear that there were some very easy remedies available to increase the perceived risk of committing crime at this location. When the project team learned that users had some very real safety concerns, it added weight to the impetus for change.

### **Liaison with the Site Owner**

The liaison person at the hospital was the Works Facilities Manager who himself had a number of concerns regarding the car park but had not previously managed to convince the Board to prioritise spending in order to upgrade the site. The CPTED project team put together a full assessment report outlining the contributing risk factors and the need for change. The Works Facilities Manager was able to present this to the Hospital Board who responded very positively. As a direct result of the report the Hospital Board agreed to implement all of the following changes:

- Provide perimeter fencing.
- Have single entrance / exit.
- Remove overgrown shrubbery.
- Improve line of sight to main entrance.
- Seal and mark spaces in the car park.
- Improve pedestrian access and movement to and from the car park.
- Improve signage.
- Increase security presence.
- Improve lighting.

The project team had also suggested the following solutions:

- Encourage legitimate users to the grassy area ('offender observation point') to provide natural surveillance.
- Install CCTV.
- Level the site (to improve 'line of sight').
- Close road to through traffic.
- Upgrade area to a secure user-pays car park with a parking attendant.

These solutions generally fall into the "higher cost" bracket and will be revisited if the initial changes do not achieve the required result. The fencing alone cost over \$38,000. The tar sealing is estimated to be around \$30,000. Although levelling the site was considered important, the cost of this would have been in the 6-figure range and could not be catered for within the existing hospital budget.

### **Paid Car Park**

The project team were particularly interested in the possibility of making the car park paid and having a paid attendant / security guard. The Hospital Board were reluctant to weather what they perceived would be a public relations storm. The Hamilton

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Public Hospital (in Waikato, the adjacent district) had received adverse publicity and feedback when they made their car park paid. The Rotorua Public Hospital Board felt that visitors would not want to pay for parking if their patient was going to be in hospital for extended periods of time. When canvassing users of the space about possible future options, the project team posed users a question about whether they would be prepared to pay for parking or not. Many if not all suggested that they would be happy to do so if it meant increased security for their cars (and themselves, particularly at night).

### Phased Implementation

For fiscal reasons the agreed to changes are to be implemented in stages – starting with the fence. While it was not exactly what the project team had originally hoped for, it was practical and represented an improvement on the previous situation. It also provided the project team with an ideal opportunity to monitor change and to assess what changes (or combination of changes) had the greatest effect on reported crime and also on perceptions of safety.

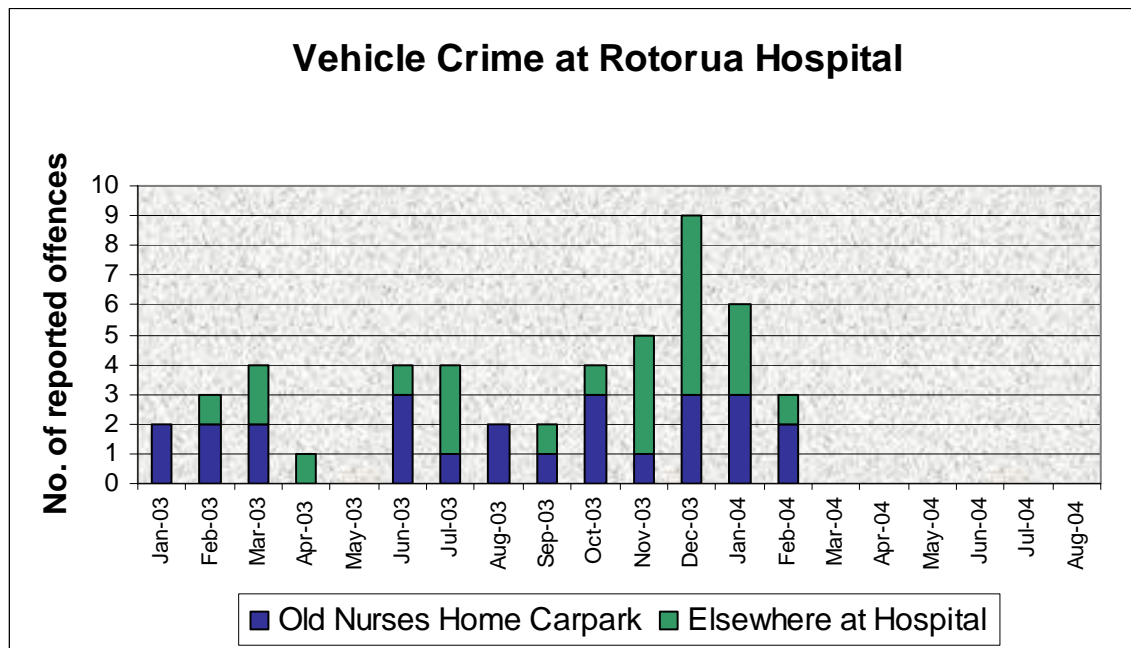


Figure 1

Figure 1 shows all offences reported as occurring in the Hospital grounds. The dark shading represents those crimes known to have occurred at the project site, with lighter shading representing all other locations. A number of vehicle offences are reported by telephone and sometimes the exact location is not properly recorded – therefore some of the offences recorded as “elsewhere” at the Hospital could well have occurred at the project site.

## Vehicle Crime

Police break vehicle crime down into 3 components:

- theft ex cars (thefts from vehicles – whether the vehicle was locked or not. This also includes when entry to a vehicle has been gained but nothing is identified as having been taken).
- unlawful taking of vehicles (taking a vehicle without the owners permission); and
- unlawful interference with motor vehicles. An unlawful interference includes any damage to a vehicle (possibly from an attempt to break into it) and can include anything stolen externally from the vehicle.

It is important to note that although most unlawful takings are usually reported to Police (as it is required for insurance purposes), the 2001 Victim Survey indicates that just over 50% of theft ex cars are reported, and only 15% of unlawful interferences are reported to police. The actual figures are likely to be much higher than the recorded ones.

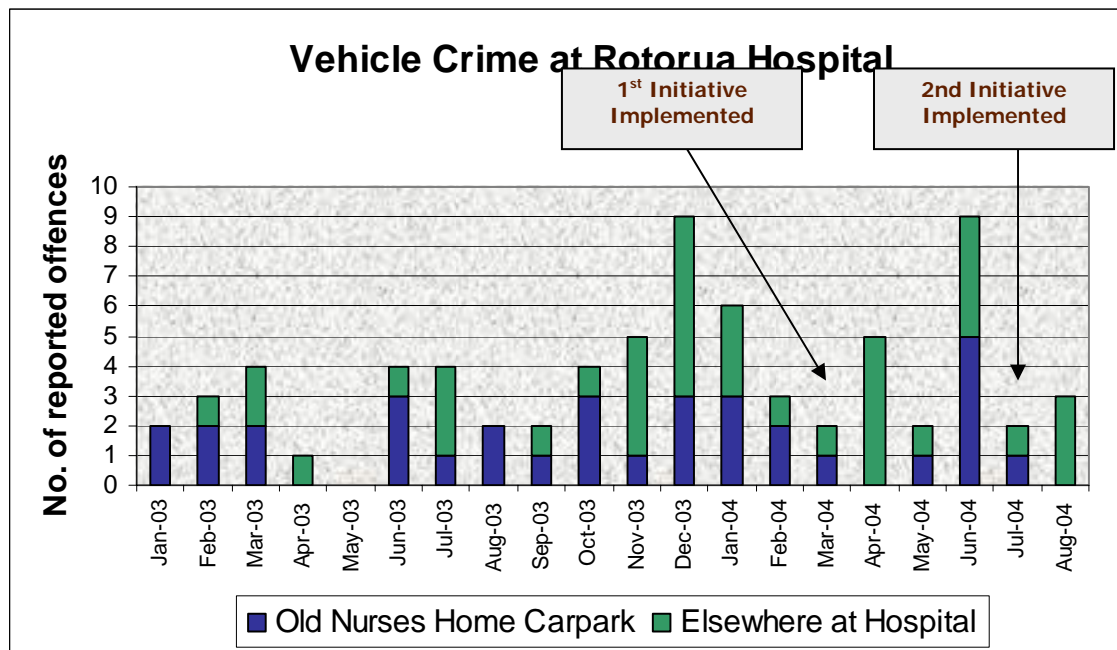


Figure 2

The Works Facilities Manager agreed to inform the project team as interventions were implemented, and in return the project team agreed to provide them with statistics on reported crime.

## Perimeter Fence

The first initiative was the fence which was installed in March (see Figure 2). Work on this fence would have taken a few weeks. The presence of workmen during the construction period would have dampened down crime as it would have deterred potential offenders. After the fence was erected, a random survey of users was



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conducted. The majority of people using the car park (both staff and visitors) still had concerns about personal safety. Women's concerns about safety increased after dark. Men's perceptions of safety did not appear to change with the onset of darkness.

During the installation of the first CPTED initiative, and immediately following, there was a significant decline in the vehicle crime at the project site and elsewhere at the Hospital. It is interesting to see in April that vehicle offending at the Hospital increased – but not at the project site. Following an extended quiet period, thefts from cars occurred during two weeks in June, 5 at the project site and 4 elsewhere at the Hospital (see Figure 2). Although this was disappointing, it was expected.

CPTED is much more than putting up a fence or tearing down an existing one. The fence's deterrent faded as offenders familiar with the location were able to see that the fence was in fact "just a fence". Whilst it may have reduced their escape routes, it was not capable of detecting or apprehending them while they were committing crimes. It isn't even a particularly high fence – and could easily be scaled. Its silent sentry presence has done little to reassure legitimate users that they can call on help when they need it. The underlying issue for the main Hospital car park was, and remains to be the lack of natural surveillance and the absence of any capable guardians.

### **Other Interventions**

When the project team noticed that crime was creeping back, Police increased their directed patrols at the site and advised the Hospital management that they needed to progress to the next implementation stage quicker than might have been the case if the project team weren't monitoring the situation so closely. By reporting back to the Hospital on crime patterns the project team were able to keep the project on "their agenda".

### **Removing Vegetation**

In the week of 12-16 July the works staff improved natural surveillance and line of sight between the main Hospital entrance and the main car park by trimming the camellia bushes. The trimming was delayed after concern was expressed by members of the public, Council and the local Camellia Society. However, what was previously a dense hedge is now a series of separate trees, pruned from the bottom up to improve visibility.

### **Sealing the Car Park**

Tenders have gone out for sealing the car park, which has been designed. This is scheduled for completion in November.

### **Learning Points**

This is the first CPTED Project managed by the Rotorua Police in conjunction with community partners. And while it is far from over, the project team have learnt a lot of things along the way:

- It was only following training that the project team realised that there were some relatively simple solutions for a long standing problem. After the Nurses Home



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had been demolished, the crime didn't dissipate, it just changed its nature from vandalism and vagrancy to theft of and from cars.

- Engaging with stakeholders was vital. To begin with there were a lot of perceived barriers to making improvements – the land was owned by local iwi and it was felt that they wouldn't want costly re-development on their land. The project team had to be prepared to answer objections.
- It wasn't until the project team formalised their discussions with the stakeholders and passed on the perspective that the project team had gained from the CPTED training that the project team managed to get any traction. The report the project team generated as a result of the CPTED course gave the Hospital Board champion a language to articulate his uneasiness about the safety of the car park and surrounds, and to convince the Board of the need for action.
- The project team's involvement doesn't stop at writing the report. In order to keep the momentum going, the project team have continued to act as a sounding board for the Hospital's implementation plan. The project team have advised against some course of action and advocated for others.
- The project team continue to monitor and pass on crime information about the location; and
- The project team are evaluating the improvements in people's perceptions of safety after each intervention goes into place.

The project team are watching with interest the impact of the various initiatives as they are rolled out.