


# Concord Hospital – Forensic Mental Health Unit

Historical Statement of Heritage  
Impact

Report to Health Infrastructure

August 2023



 artefact

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## EXECUTIVE SUMMARY

Artefact Heritage Services Pty Ltd (Artefact) has been engaged by Health Infrastructure to produce a Historical Statement of Heritage Impact (SoHI) for the proposed new development in the Canada Bay Local Government Area (LGA) within the locally heritage listed Concord Repatriation General Hospital Precinct, known as the 'Concord Repatriation Hospital' (Canada Bay LEP # I256).

The new development is part of the Forensic Mental Health Unit project under the State Wide Mental Health Infrastructure Program (SWMHIP). This forms part of the \$700 million capital works component of a broader series of reforms across the state's mental health services. This project focuses on patient-centric models of care, engagement with consumers, carers and staff, and best practice service delivery with improved outcomes for consumers, carers, families and stakeholders.<sup>1</sup> This new health building, known as the Concord Forensic Mental Health Unit, will replace an existing carpark area and ancillary hospital building.

### Overview of findings

The proposed new health facility will have potential **negligible physical impact** to the heritage values of the Concord Hospital precinct as it is largely confined to a contemporary carpark area and is situated within area of the precinct featuring a high concentration of new developments and change. Additionally, the proposed building slated for demolition is of little significance as it has been highly modified with little original fabric extant. The proposed new development will have potential **negligible visual impact** to the heritage values of the Concord Hospital precinct. Buildings and structures of high to exceptional heritage significance such as the Multi Block building complex and main hospital building area sited at a great distance to the area of proposed development and are thus unlikely to be visually impacted by the proposal.

### Approval pathway

The planning pathway will follow a Part 5 (Development without Consent) Approval process provided for under the State Environmental Planning Policy (Transport and Infrastructure) 2021. Therefore, this SoHI will support a Review of Environmental Factors, in line with Section 4.1 of the Environmental Planning and Assessment Act 1979 (EP&A Act).

### Recommendations and mitigation measures

Consideration should be given to developing heritage sympathetic designs, in line with the following recommendations:

#### General

- All works are to be undertaken in accordance with the principles and objectives of the Burra Charter: the Australia ICOMOS Charter for the Conservation of Places of Cultural Significance (the Burra Charter).

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<sup>1</sup> NBRS & Partners Pty Ltd, 2023, *Schematic Design Report: Concord Repatriation General Hospital – Concord Forensic Mental Health Unit*: 4.

- The proposal should be guided and informed by the heritage legislation, statutory listings and heritage reports/documentation, including the Canada Bay LEP 2013 and the Canada Bay DCP 2023.
- A Photographic Archival Recording (PAR) report should be prepared for the site to document the change to the setting, views and vistas. This report should be prepared in accordance with relevant guidelines issues by the NSW Heritage Division.
- A new SoHI should be prepared following the finalisation of the new mental health facility design in the detailed design phase should the design be substantially changed or altered (e.g. changes in scope, materiality, scale, size, mass and form).
- If the building design is substantially changed or altered in the detailed design phase, a suitably qualified heritage consultant should be engaged to provide heritage advice.
- It is recommended that an Unexpected Finds Procedure should be implemented across the study area to ensure that if unanticipated archaeological remains not assessed in this report are uncovered, they are managed appropriately in accordance with current legislation and with best heritage practice.

#### **Pre-construction**

- Consideration should be given to the provision of heritage interpretation as part of the project, which would outline the history, associations and significance of the site and the wider Concord area. Interpretive measures could involve interpretive signage, panels or displays at entry/exit points to the building.
- The proposed new development will need to adopt an architectural form that is complementary to the surrounding heritage items and context.
- The selection of materials and finishes will need to be carefully considered to ensure they are compatible with the nearby buildings.
- The height of the building should not exceed that of surrounding buildings within the hospital campus.
- Consideration should be given to selecting native vegetation for incorporation into the new greenspaces for the proposal.
- The new development should maintain the spacing between buildings and structures and take into consideration potential overshadowing effects.



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## 1.0 INTRODUCTION

### 1.1 Project background

Artefact Heritage Services Pty Ltd (Artefact) has been engaged by Health Infrastructure to produce a Historical Statement of Heritage Impact (SoHI) for the proposed new development in the Canada Bay local government area (LGA) within the locally heritage listed Concord Hospital Precinct, known as the 'Concord Repatriation Hospital' (Canada Bay LEP # I256).

The new development is part of the Forensic Mental Health Unit project under the State Wide Mental Health Infrastructure Program (SWMHIP). This forms part of the \$700 million capital works component of a broader series of reforms across the state's mental health services. This project focuses on patient-centric models of care, engagement with consumers, carers and staff, and best practice service delivery with improved outcomes for consumers, carers, families and stakeholders.<sup>2</sup> This new health building, known as the Concord Forensic Mental Health Unit, will replace an existing carpark area and original hospital building.

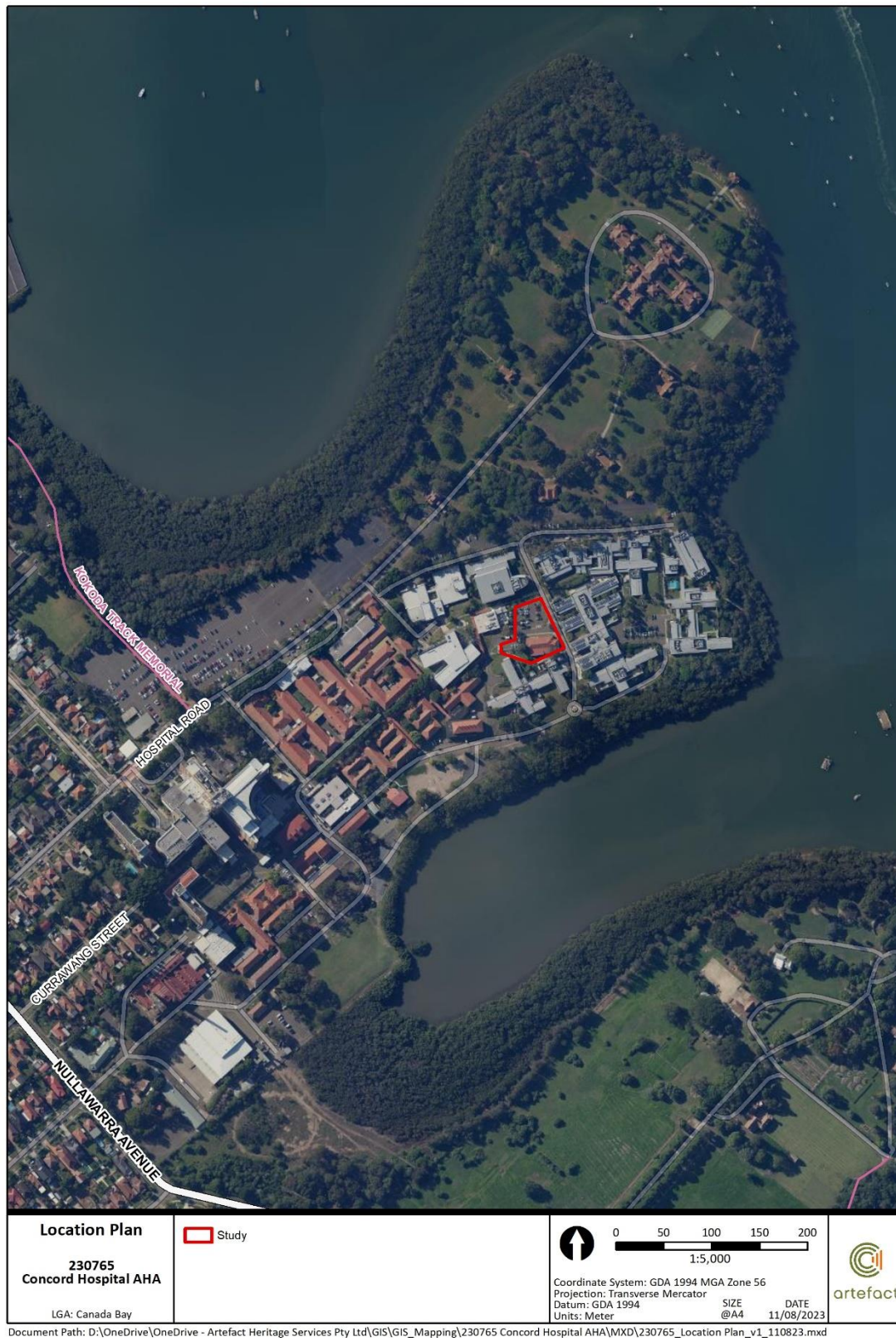
The aim of this SoHI is to explain management and statutory obligations by identifying any heritage places in the vicinity, explaining the heritage significance of each place, assessing potential adverse impacts to these nearby heritage places, and recommending mitigation measures to reduce the heritage impacts.

### 1.2 Study area

The study area is located within the eastern portion of the Concord Repatriation General Hospital campus, a large hospital campus located in the suburb of Concord West, NSW within the Canada Bay Local Government Area (LGA). The study area is situated on Lot 2 DP 1280788 and encompasses a sealed car park space and existing original hospital building.

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<sup>2</sup> NBRS & Partners Pty Ltd, 2023, *Schematic Design Report: Concord Repatriation General Hospital – Concord Forensic Mental Health Unit*: 4.



**Figure 1. Location of study area in relation to the wider Concord Hospital precinct (Source: Artefact, 2023).**



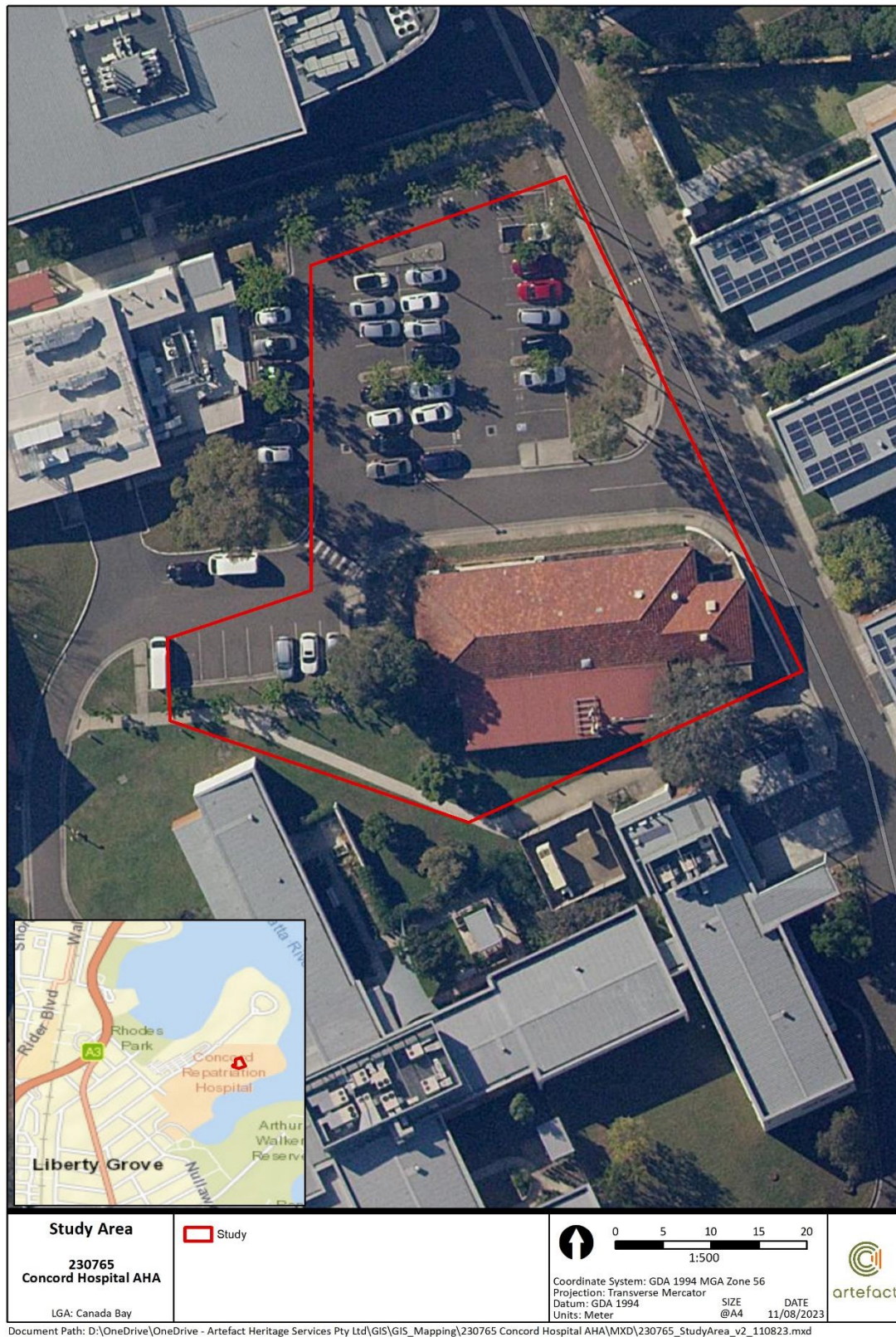


Figure 2: Location of the study area (Source: Artefact, 2023).



### 1.3 Authorship

This report has been prepared by Rachel Bikim (Heritage Consultant), Kristen Tola (Heritage Consultant), and Stephen Gapps (Senior Associate) with input and review provided by Stephanie Moore (Senior Associate) and Scott MacArthur (Principal), all from Artefact Heritage. Quality assurance was undertaken by Josh Symons.

### 1.4 Limitations

This report was informed by a desktop study and visual inspection in order to provide high level advice on Historical archaeology and built heritage only. The report does not assess Aboriginal cultural heritage and archaeology. Aboriginal cultural heritage and archaeology has been addressed in a separate preliminary Aboriginal Heritage Assessment prepared by Artefact Heritage.

## 2.0 LEGISLATIVE CONTEXT

### 2.1 Overview

This section discusses the heritage management framework, notably legislative and policy context, applicable to the proposed development and study area.

### 2.2 Identification of heritage listed items

Heritage listed items were identified through a search of relevant state and federal statutory and non-statutory heritage registers:

- World Heritage List (WHL)
- Commonwealth Heritage List (CHL)
- National Heritage List (NHL)
- State Heritage Register (SHR)
- Section 170 Heritage and Conservation Registers
- NSW State Heritage Inventory database
- Canada Bay Local Environmental Plan (LEP) 2013
- Register of the National Estate (RNE)
- National Trust of Australia (NSW) register

Items listed on these registers have previously been assessed against the heritage assessment guidelines relevant to their peak governing body. Items that are of Commonwealth, National and World heritage significance have been assessed in accordance with the Environmental Protection and Biodiversity Conservation Act 1999 (the EPBC Act). Items of state or local significance have been assessed against the NSW Heritage Assessment guidelines, in accordance with the NSW Heritage Act 1977 (the Heritage Act). Assessments of heritage significance as they appear in relevant heritage inventory sheets and documents, are provided in this assessment.

There are several items of legislation that are relevant to the current study area. A summary of the relevant Acts and the potential legislative implications are provided below.

### 2.3 Heritage Act 1977

The NSW *Heritage Act 1977* (Heritage Act) provides protection for items of ‘environmental heritage’ in NSW. ‘Environmental heritage’ includes places, buildings, works, relics, movable objects or precincts considered significant based on historical, scientific, cultural, social, archaeological, architectural, natural or aesthetic values. Items considered to be significant to the State are listed on the SHR and cannot be demolished, altered, moved or damaged, or their significance altered without approval from the Heritage Council of NSW.

#### 2.3.1 State Heritage Register

The SHR was established under Section 22 of the Heritage Act and is a list of places and objects of particular importance to the people of NSW, including archaeological sites. The SHR is administered by Heritage NSW, and includes a diverse range of over 1,500 items, in both private and public ownership. To be listed, an item must be deemed to be of heritage significance for the whole of NSW.

For works to an SHR item, a Section 60 application must be prepared for works that are not exempt under Section 57(2) of the Heritage Act.

There is **one** item listed on the State Heritage Register in the vicinity (150m) of the study area:

- Thomas Walker Convalescent Hospital (SHR # 00115)

### 2.3.2 Archaeological relics and works

The Heritage Act also provides protection for ‘relics’, which includes archaeological material or deposits. Section 4 (1) of the Heritage Act (as amended in 2009) defines a relic as:

*“...any deposit, artefact, object or material evidence that:*

- (a) relates to the settlement of the area that comprises New South Wales, not being Aboriginal settlement, and*
- (b) is of State or local heritage significance”*

Sections 139 to 145 of the Heritage Act prevent the excavation or disturbance of land known or likely to contain relics, unless under an excavation permit. Section 139 (1) states:

*A person must not disturb or excavate any land knowingly or having reasonable cause to suspect that the disturbance or excavation will or is likely to result in a relic being discovered, exposed, damaged or destroyed unless the disturbance is carried out in accordance with an excavation permit.*

Excavation permits are issued by the Heritage Council of NSW, or its Delegate, under Section 140 of the Heritage Act for relics not listed on the SHR or under Section 60 for impacts within SHR curtilages. An application for an excavation permit must be supported by an Archaeological Research Design (ARD) and Archaeological Assessment prepared in accordance with the NSW Heritage Division archaeological guidelines. Minor works that would have a minimal impact on archaeological relics may be granted an exception under Section 139 (4) or an exemption under Section 57 (2) of the Heritage Act.

Items identified as ‘works’ do not trigger reporting obligations under the Heritage Act, unless they are associated with artefacts and/or assessed to be of State or local significance. Works generally include:

- Former road surfaces or pavement and kerbing.
- Railway infrastructure
- Former water supply (wells, cisterns, drains, pipes) and other service infrastructure, where there are no historical artefacts in association with the item.
- Building footings associated with former infrastructure facilities, where there are no historical artefacts in association with the item.

### 2.3.3 Conservation Management Plans

Under Section 38A of the Heritage Act, a Conservation Management Plan (CMP) should be prepared for items listed on the State Heritage Register. The CMP should identify the state heritage significance of the item, set out policies and strategies for the retention of its significance and be prepared in accordance with the guidelines outlined by the Heritage Council.

The following CMP has been prepared for the Concord Hospital Precinct:



- *Concord Repatriation General Hospital Conservation Management Plan* (1999) prepared by Conybeare Morrison & Partners

#### 2.3.4 Section 170 registers

Under the Heritage Act all government agencies are required to identify, conserve and manage heritage items in their ownership or control. Section 170 (s170) requires all government agencies to maintain a Heritage and Conservation Register that lists all heritage assets and an assessment of the significance of each asset. They must also ensure that all items inscribed on its list are maintained with due diligence in accordance with State Owned Heritage Management Principles approved by the Government on advice of the NSW Heritage Council. These principles serve to protect and conserve the heritage significance of items and are based on NSW heritage legislation and guidelines.

There is **one** item listed on the Department of Education s170 register in the vicinity of the study area:

- Rivendell School – Buildings B00A-B00D and Grounds (SHI #5064187)

## 2.4 Environmental Planning and Assessment Act 1979 (NSW)

The *Environmental Planning and Assessment Act 1979* (EP&A Act) establishes the framework for cultural heritage values to be formally assessed in the land use planning and development consent process. The EP&A Act requires that environmental impacts are considered prior to land development; this includes impacts on cultural heritage items and places as well as archaeological sites and deposits.

The EP&A Act also requires that local governments prepare planning instruments (such as Local Environmental Plans and Development Control Plans [DCPs]) in accordance with the EP&A Act to provide guidance on the level of environmental assessment required. The study area falls within the boundaries of the Canada Bay local government area. Schedule 5 of the *Canada Bay Local Environmental Plan 2013* (Canada Bay LEP) includes a list of items/sites of heritage significance within this LGA.

### 2.4.1 Canada Bay Local Environmental Plan 2013

Heritage items listed on the Canada Bay LEP 2013 are managed in accordance with the provisions of Section 5.10 Heritage Conservation of this LEP. Under Clause 5 of this section of the Canada Bay LEP 2013:

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*The consent authority may, before granting consent to any development:*

*(a) on land on which a heritage item is located, or*

*(b) on land that is within a heritage conservation area, or*

*(c) on land that is within the vicinity of land referred to in paragraph (a) or (b),*

*require a heritage management document to be prepared that assesses the extent to which the carrying out of the proposed development would affect the heritage significance of the heritage item or heritage conservation area concerned.*

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The study area falls within a hospital precinct listed on Schedule 5 of the Canada Bay Local Environmental Plan 2013 as ‘Concord Repatriation Hospital – original main building, grounds and layout,’ LEP # I256.

#### 2.4.2 Canada Bay Development Control Plan 2023

The Canada Bay DCP 2023 is a supporting document that compliments the provisions contained within the Canada Bay LEP 2013 and provides specific design detail in regard to sympathetic development on, or in the vicinity of, items listed on Schedule 5 of the Canada Bay LEP 2013.

Part C of the DCP 2023 provides sympathetic considerations for development that is in the vicinity of a heritage listed item. These considerations include ensuring that the character, bulk, scale and height of new development does not unreasonably overshadow a nearby heritage item, that colouring and texture of new materials of a new development is sympathetic to a heritage item, and that views of a heritage item should not be obscured from the point of view of areas of public domain.

### 2.5 State Environmental Planning Policy (Transport and Infrastructure) (TISEPP) 2021

*State Environmental Planning Policy (Transport and Infrastructure) 2021* (the Transport and Infrastructure SEPP) aims to facilitate the effective delivery of transport and infrastructure across NSW. The Transport and Infrastructure SEPP assists local government, the NSW Government and the communities they support, by simplifying the process for providing essential infrastructure in areas such as education, hospitals, roads and railways, emergency services, water supply and electricity delivery.

Generally, where there is conflict between the provisions of the TISEPP and other environmental planning instruments, the TISEPP prevails. While the TISEPP overrides the controls included in the LEPs and DCPs, the proponent is required to consult with the relevant local councils when development “is likely to have an impact that is not minor or inconsequential on a local heritage item (other than a local heritage item that is also a State heritage item) or a heritage conservation area”.

When this is the case, the proponent must not carry out such development until it has (TISEPP 2021 Clause 2.11.2):

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*(a) had an assessment of the impact prepared, and*

*(b) given written notice of the intention to carry out the development, with a copy of the assessment and a scope of works, to the council for the area in which the heritage item or heritage conservation area (or the relevant part of such an area) is located, and*

*(c) taken into consideration any response to the notice that is received from the council within 21 days after the notice is given.*

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### 2.6 Non-Statutory Considerations

#### 2.6.1 Register of the National Estate

The RNE is no longer a statutory list; however, it remains available as an archive.

There are **two** items listed on the RNE in the vicinity of the study area:

- Thomas Walker Convalescent Hospital Group (RNE #3391)
- Garden of Thomas Walker Convalescent Hospital (RNE #3392)

### 2.6.2 National Trust of Australia (NSW)

Listing on the National Trust Heritage Register does not impose statutory obligations and is more an indication of the heritage significance held by the community.

The study area is listed on the National Trust (NSW) heritage register as:

- Concord Repatriation Hospital Formerly 113th Australian General Hospital (NT #7111)

There are **two** items listed on the National Trust (NSW) heritage register in the vicinity of the study area:

- Thomas Walker Convalescent Hospital Group (NT #10509)
- Water Gate House & Timber Wharf Site (NT #11167)

## 2.7 Summary of heritage listings

### 2.7.1 Concord Hospital Precinct

The study area falls within the Concord Hospital Precinct, which is listed on multiple heritage registers as outlined in Table 1. The study area is located within 150m of one hospital which is also a heritage items listed on registers. The curtilages of these items are illustrated in Figure 3.

**Table 1: Results of register searches for the study area and adjacent heritage items**

Register	Study Area/Item	Other items (within 150m)
State Heritage Register	Not listed	<ul style="list-style-type: none"><li>• Thomas Walker Convalescent Hospital (SHR # 00115)</li></ul>
Section 170 Registers	Not listed	<ul style="list-style-type: none"><li>• Rivendell School – Buildings B00A-B00D and Grounds (Department of Education – School Infrastructure, SHI #5064187)</li></ul>

Register	Study Area/Item	Other items (within 150m)
Canada Bay LEP 2013	<ul style="list-style-type: none"> <li>Concord Repatriation Hospital – original main building, grounds and layout (LEP # I256)</li> <li>Concord Repatriation Hospital Grounds and Layout (LEP # I256)</li> </ul>	<ul style="list-style-type: none"> <li>Thomas Walker Hospital Group—main building, former children’s hospital, former stables, former cottage, The Watergate, store, garage, grounds, entry gate, cottage and hospital grounds (LEP #I257)</li> <li>Joanna Walker Memorial Children’s Hospital—main building and hospital grounds (LEP #I544)</li> </ul>
Register of the National Estate (RNE) (Non-Statutory)	Not listed	<ul style="list-style-type: none"> <li>Thomas Walker Convalescent Hospital Group (RNE #3391)</li> <li>Garden of Thomas Walker Convalescent Hospital (RNE #3392)</li> </ul>
National Trust of Australia (NSW) Heritage Register (Non-Statutory)	<ul style="list-style-type: none"> <li>Concord Repatriation Hospital Formerly 113th Australian General Hospital (NT #7111)</li> </ul>	<ul style="list-style-type: none"> <li>Thomas Walker Convalescent Hospital Group (NT #10509)</li> <li>Water Gate House &amp; Timber Wharf Site (NT #11167)</li> </ul>





Figure 3: Heritage items within and in the approximate 150m vicinity of the study area (Source: Artefact, 2023).



## 3.0 HISTORICAL BACKGROUND

### 3.1 Aboriginal Histories of the Locality

Many Aboriginal people, like other Indigenous or First Nations people around the world, say they have been living on Country for ‘time immemorial’ – that they have always been here and their origins lie in the creation of the land and animals. Over the last few decades, archaeologists’ knowledge of deep human time in Australia has expanded from just a few thousand years in the 1950s, to 25,000 years in the 1960s, then 40,000 years, to now around 60,000 years or more. There is growing consensus among archaeologists and historians that people have lived across the Sydney region from around 50,000 years ago<sup>3</sup>

More ancient sites may lie off the coast and in drowned river valleys, now deep under water. Before the major sea level rise event at the end of the last ice age around 17,000 years ago, Aboriginal people living along the Parramatta River could have walked downstream along the riverbanks to the sea about 30 kilometres beyond the current day coastline. Over generations the various clan groups of the Sydney region would have watched and told stories about the gradual change as the sea rose to fill the ‘drowned river valley’ of what is now Sydney Harbour until it reached present levels around 6,000 years ago.<sup>4</sup>

Given the devastating impact of violent dispossession and disease upon Aboriginal people in the Sydney region during colonisation, the precise identification of language groups and historical traditional lands or Country for a given area is often difficult today, but there was certainly an alignment with inland economies of the rivers, creeks and open forests of the Cumberland Plain, and coastal ‘saltwater’ focused groups. Prior to colonisation, Aboriginal people in the relatively resource rich Sydney region lived in extended family groups estimated at around 30 to 50 people. These groups were associated with certain territories or places that gave clan members particular social and economic rights and obligations. Each of the estimated 30 clans in the Sydney region had a name often associated with a place or resource such as the Cabro (Gabra) gal (people) at modern day Cabramatta. Clan groups moved around a ‘limited and deeply known’ area. With appropriate permission and protocols, people could travel through and hunt on other groups’ lands. There were also forms of more sedentary agriculture and aquaculture, and villages such as those described by early colonial diarists at Kamay-Botany Bay and later accounts of ‘70 huts’ at Bent’s Basin on the Nepean River west of Sydney.<sup>5</sup>

With several rivers and estuarine coastal areas, the Sydney region sustained a comparatively large population, unlike more arid inland areas. Fish and shellfish were a major part of Saltwater peoples’ diets. The nawi (tied-bark canoe) was a common sight both day and night in rivers and creeks and was even dexterously paddled off the coast. There are many accounts by early colonists of Aboriginal people in canoes fishing and cooking their catch on small fires on hearth stones within the vessels. Women were the primary fishers from nawi (men usually fished with spears). Women were highly skilled with shell hooks and twine fishing lines and thus played an important economic role in Sydney.

<sup>3</sup> Belshaw, Nickel & Horton, 2020; Griffith, 2018: 112; Karskens, 2009: 25. As Elder Aunty Jenny Munro expresses in Currie 2008: 4, “...from time immemorial, we believe as Aboriginal people, Australia has been here from the first sunrise, our people have been here along with the continent, with the first sunrise. We know our land was given to us by Baiami, we have a sacred duty to protect that land.” Attenbrow, 2010: 18-20; Nanson, Young & Stockton, 1987: 77; Williams, et al. 2017: 100-109; Jo McDonald Cultural Heritage Management, 2005: 4, 87-94

<sup>4</sup> There are now at least 21 identified oral stories around Australia that describe ancient sea-level rise. See Nunn & Reid, 2016: 11; Attenbrow: 2010: 154-155; Birch, 2007: 217-219.

<sup>5</sup> Gapps, 2010: 26-60; Attenbrow, 2010: 78; Karskens, 2009: 36; Gammage, 2012: 281-304.

They were noted as cradling their children while fishing, as their songs floated across the waters of Sydney Harbour.<sup>6</sup>

These scenes would have been noted around what is present-day Canada Bay, which was at the centre of the Wangal clan's Country. Wangal lands were described to the colonists by one of their most famous – a man called Bennelong. He told them the Wangal lived on the southern shore of the harbour and river from Gomora (Darling Harbour) west toward the Burramattagal lands at Parramatta. Bennelong also had traditional ties to Me-mel or Goat Island in the harbour.<sup>7</sup>

The lands behind the foreshores of Canada Bay were likely to have been open woodland. Here, people focused on hunting small animals, gathering plants and catching freshwater fish and eels. Banksia flowers, wild honey, varieties of yam and burrawang nuts (macrozamia - a cycad palm with poisonous seeds that require processing to remove toxins) were recorded as important food sources. Xanthorrhoea, also known as the grass tree, had many uses - the nectar was eaten, the stalk used as a spear and the resin as a glue. Small animals such as bandicoots and wallabies were hunted with traps and snares. Watkin Tench noted the skill in cutting toeholds in trees to swiftly climb to hunt possums.<sup>8</sup>

The landscape and environment before Europeans arrived was a finely managed one. In 1790 John Hunter observed people 'burning the grass on the north shore opposite to Sydney, in order to catch rats and other animals'. In 1804 Henry Waterhouse described the land around Cowpastures as 'a beautiful park, totally divested of underwood, interspersed with rich, luxuriant grass ... except where recently burnt'. These forests that had been managed by many generations of Aboriginal people through such methods as what is known as 'firestick farming'. Fire was an important tool and also used to open up tracks, to 'clean country', drive animals into the paths of hunters, cooking, warmth, treating wood, cracking open stones and for a place to gather, dance and share stories and knowledge.<sup>9</sup>

The Sydney region was a landscape rich with the imprints of activity, art and culture such as rock engravings and paintings, scarred and carved trees, ceremonial rock and mound structures, cooking ovens, villages of bark huts, stone tool quarries, grinding grooves and tool-making sites, burial and other shell middens, and other artefacts. All this activity had a lasting impact on the landscape, and many elements such as rock engravings in particular survive, or have been kept intact or cared for by community members. Over time, many Aboriginal pathways were taken up by the colonists and made into roads, some such as the Parramatta Road, still on the same routes today. 'Kangaroo grounds' (such as Petersham) became colonial estates, fishing creeks became drains, hills and peaks used for communication became signalling stations and lookouts, and shell middens became the limestone for the bricks and mortar of early colonial buildings. Some surviving middens can still be seen at places such as Rodd Point.<sup>10</sup>

The Wangal first met the British colonists very early – in February 1788 Captain John Hunter travelled up the Parramatta River and while the party was resting, were met by a group of Wangal at 'Breakfast Point' or Booridiow-ogule. The first encounters between the British colonists and the Sydney people were initially based in curiosity, with both sides attempting to comprehend each other. However, misunderstandings or transgressions of Aboriginal law and protocol soon escalated into violence and retribution. Unarmed convicts outside the encampment at Sydney Cove were increasingly targeted

<sup>6</sup> Banks, 1770 [2005]; Attenbrow, 2010: 38. Collins (1789: 557) estimates of the population of the Sydney region as a whole vary between 3,000 and 20,000.

<sup>7</sup> See AHO, 'Clans of Sydney', <https://www.aboriginalheritage.org/history/clans-of-sydney/>; Smith, Wallumedegal, p. 1, <https://www.ryde.nsw.gov.au/files/assets/public/library/wallumedegal-an-aboriginal-history-of-ryde.pdf>

<sup>8</sup> Tench, 1793 [2004]: 82, 230; Kohen, 1986: 77; Kohen, 1985: 9; Brook & Kohen, 1991: 3; Attenbrow, 2010: 41.

<sup>9</sup> Waterhouse quoted in *HRNSW* 5 (Bladen, 1897: 359); White, 1790 [2003]: 163; Gammage, 2012: 163-185; Griffith, 2018: 240.

<sup>10</sup> Griffith, 2018: 241. For an overview of Sydney Aboriginal archaeology see Attenbrow, 2012.

during 1788. However in April 1789, what Sydney Aboriginal people called galgala or smallpox broke out and more than half - possibly even 80 percent - of the population around Sydney Harbour were dead within a month. Captain John Hunter wrote that 'it was truly shocking to go round the coves of this harbour [seeing] men, women and children, lying dead'. Undoubtedly, the foreshores of Canada Bay around present day Concord would have seen similar scenes of Aboriginal people dying from smallpox and numbers of dead.<sup>11</sup>

Despite such massive death and disruption to Aboriginal lives across Sydney, in 1794 resistance warfare against the colonisers began in earnest along the new settlements on the Dyarubbin (Hawkesbury) River and was to carry on through the 1790s, largely under the leadership of the famous warrior Pemulwuy. This 'constant sort of war' as one colonist described it, continued until Governor Macquarie ordered the now infamous military campaign across the Sydney region that ended in the Appin Massacre of April 17th 1816.<sup>12</sup>

As the Cumberland Plain became more closely settled during the 1800s, Aboriginal people continued to live close to their traditional country where they could. Some managed to live in the centre of the growing city of Sydney such as a groups of families who caught and sold fish at Circular Quay and others at Rose Bay, while other families continued to live on the outskirts of populated areas such as at La Perouse and at Salt Pan Creek on the Georges River. During the 1800s many Aboriginal women married European men. Some families knew of their heritage but often kept it hidden. Others only found out much later through family history work from the 1980s.<sup>13</sup>

Many Sydney Aboriginal people regrouped to form new communities. The Wangal man Bennelong's last wife Boorong's clan lands were around Kissing Point on the Parramatta River, and this proved to be a safe place for what was an amalgamated extended family group that probably included other Wangal people. Bennelong died in 1813 and was buried in the grounds of the beer brewer James Squire's Kissing Point estate. People continued living in the area as the 'flats' around Homebush Bay and the river were good fishing and food gathering locations. A Gweaegal man Bidgee Bidgee became leader of the 'Kissing Point Tribe' but by the 1830s there are few references to Aboriginal people living in the Ryde-Concord area.<sup>14</sup>

Between 1828 and 1834 the so-called 'blanket returns' noted a 'Parramatta Tribe' with around 40 people. Many of these were from the wider districts including Duck River, Ryde and Concord, showing that people were still able to survive in and around the present-day Concord area. However by 1841 there were only 11 people from the Weymaly or Prospect area. By the 1840s, closer settlement between Parramatta and Sydney had pushed many Aboriginal people away from their traditional lands.<sup>15</sup>

In more recent times, with the lessening of restrictions on movement, especially after the citizenship referendum of 1967, many Aboriginal people came to Sydney looking for work and opportunities. While most went to the established Redfern community in the city, the western suburbs of Sydney also saw a significant growth in numbers of Aboriginal people. While numbers of descendants of Darug people were also now able to assert their heritage, other Aboriginal people moving into the area began to form new attachments to places such as the Parramatta River and harbour foreshores.

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<sup>11</sup> Gapps, 2019; Karskens, 2012: 50. Evidence of smallpox, including dead and sick people, was also found well away from Sydney. See Gapps, 2018: 55-56.

<sup>12</sup> Gapps, 2018: 125-155, 226-255.

<sup>13</sup> See for example Johnson, 2003. For family history work see Kohen, 2009.

<sup>14</sup> Smith, Woollarawarre Bennelong, Dictionary of Sydney, 2013, [http://dictionaryofsydney.org/entry/woollarawarre\\_bennelong](http://dictionaryofsydney.org/entry/woollarawarre_bennelong); Irish, *Hidden in Plain View*, p. 23; Smith, Wallumedegal, <https://www.ryde.nsw.gov.au/files/assets/public/library/wallumedegal-an-aboriginal-history-of-ryde.pdf>

<sup>15</sup> Kass & Liston, *Parramatta: A Past Revealed*, p. 106

These ongoing and new attachments to Country as well as a shared culture and history, unites Aboriginal communities across Sydney today<sup>16</sup>

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<sup>16</sup> In the early 1990s, Jim Kohen estimated that there were 20,000 descendants of Sydney Aboriginal people in the wider Sydney region and beyond. Kohen, 2009, Daruganora, p. 2

## 3.2 Colonial History

### 3.2.1 Region History

#### 3.2.1.1 Early European Colonisation

Concord West is situated within the parish of Concord which lies approximately 16 km from the Sydney central business district. Prior to European colonisation of the region, much of the Concord area featured open eucalyptus forests and dense shrubs. A surveyor's report from 1857 describes the area to the east of the present-day Concord Golf Course as comprising of "good forest land...on good black soil...wooded with gum, blackbutt, stringybark, mahogany, apple, ironbark and she-oak".<sup>17</sup>

European colonisation of the Concord area began in 1788, when Captain John Hunter along with Lieutenant William Bradley led an expedition westward along one of the rivers connected to Sydney Cove, now known as Parramatta River. The expedition began at daylight, proceeding along the river and resulted in the establishment of the settlement 'Breakfast Point', the location where the party had stopped to prepare breakfast. The land in this area was identified in Captain Hunter's report as being suitable for agricultural activities resulting in further exploration of land within what is now the Municipality of Concord. In pursuit of additional suitable farmland, exploration continued further along the Parramatta River and a second European settlement was established. This settlement was named 'Rose Hill' but was later renamed in 1791 'Parramatta'. To facilitate the migration of convicts to this second settlement, a rudimentary bush track was created following the river's foreshores. Originally known as 'the path', this track would become a major thoroughfare named 'Parramatta Road'. Convicts were forced to march from Sydney to the settlement at Rose Hill using this track. As the walk spanned two days, it soon became necessary for a place to rest overnight. Thus, in 1792 a convict stockade was built on the Longbottom Government farmlands, now known as the Concord Oval, under the direction of Governor Phillip (Figure 4). Such structures are thought to have been the first erected within Concord.<sup>18</sup>

The first land grants in the area between Sydney and Parramatta, named 'Liberty Plains', were made in 1793 to five free settlers: Thomas Webb, Thomas Rose, Edward Powell, Frederick Meredith, and Joseph Webb. The five farms are thought to have been situated within the present suburbs of Homebush, Flemington and Strathfield. The granting of land within Concord soon followed, with the first grant of 110 acres made in 1793 to Thomas Bishop. Towards the end of 1793, nine land grants were subsequently made in Concord to six non-commissioned officers and three free settlers. The study area is situated with a 40-acre parcel of land granted to James Williamson in 1798 (Figure 4).<sup>19</sup>

<sup>17</sup> Sheena Coupe, *Concord: A Centenary History*, (Concord: Council of the Municipality of Concord, 1983), 3.

<sup>18</sup> City of Canada Bay, 2022, "Brief History of Concord." Available at: <https://canadabayheritage.asn.au/brief-history-of-concord/>.

<sup>19</sup> Coupe, 1983: 19-22.





**Figure 4. Parish of Concord map, c.1800s with indicative study area in red (Source: NSW Historical Lands Record Viewer with Artefact markup).**

### 3.2.1.2 Nineteenth Century

Early to mid nineteenth century Concord remained largely undeveloped, heavily wooded and sparsely populated and featured the rudimentary dwellings of the few colonial grantees. Some of the land had been cultivated to produce vegetables, fruits and others cleared to facilitate the grazing of sheep, cattle and pigs. However, much of the area remained virgin forest. In 1828, a census revealed the population to be at just 265, of which nineteen percent were children younger than 12 years of age.<sup>20</sup> Although Concord was originally envisioned as an agricultural settlement, by the mid-1820s, it became apparent that the soil in the area was ill-suited for farming. Land use in the area, therefore, primarily consisted of land clearing, grazing and timber-getting.<sup>21</sup> Such uses were sustained until the turn of the century.<sup>22</sup>

The latter half of the nineteenth century saw the establishment of numerous 'gentlemen estates' including 'Yarralla House' (1840). Small land grants were gradually consolidated into large estates. This resulted in the construction of several grand residences in Concord during the mid to late nineteenth century.<sup>23</sup> Of particular significance to the development of the study area and Concord district, is the establishment of the Thomas Walker Estate. Thomas Walker, a prominent nineteenth century merchant and landholder began gradually amassing the original land grants in the Concord district in as from the 1840s. By the late 1860s, Walker's estate comprised around 306 acres of land, consolidating the original land grants of William Miller, Edward Riley, James Williamson, Thomas Day, William Morgan, Isaac Nichols, William Harrison, Eleanor Fraser, I. and J. Hortle, William Cole, Stephen Burr, Benjamin Urch, Alexander Ferguson and Isaac Hewin (Figure 6). The homogenous

<sup>20</sup> City of Canada Bay, 2022.

<sup>21</sup> Coupe, 1983.

<sup>22</sup> Coupe, 1983.

<sup>23</sup> Coupe, 1983.

quality of present day Concord's suburban development and residential architecture is in large part due to the consolidation of such land by Walker.

In the late nineteenth century, the nature of the area's industries also began to change. Locally owned and operated workshops were characteristic of the Concord area early in its establishment. However, these small establishments were gradually replaced by large industries including the Australian Gaslight Company which was established in the Mortlake area in 1886 (Figure 5). This industrial development brought in more people to the area, spurring its growth. In order to accommodate for the population growth, public services including transportation services (rail and tram), educational and regional institutions were established. In particular, the Concord railway station (now Concord West) opened in September 1887. On 11<sup>th</sup> of August 1883 Concord was proclaimed as a municipality.<sup>24</sup>

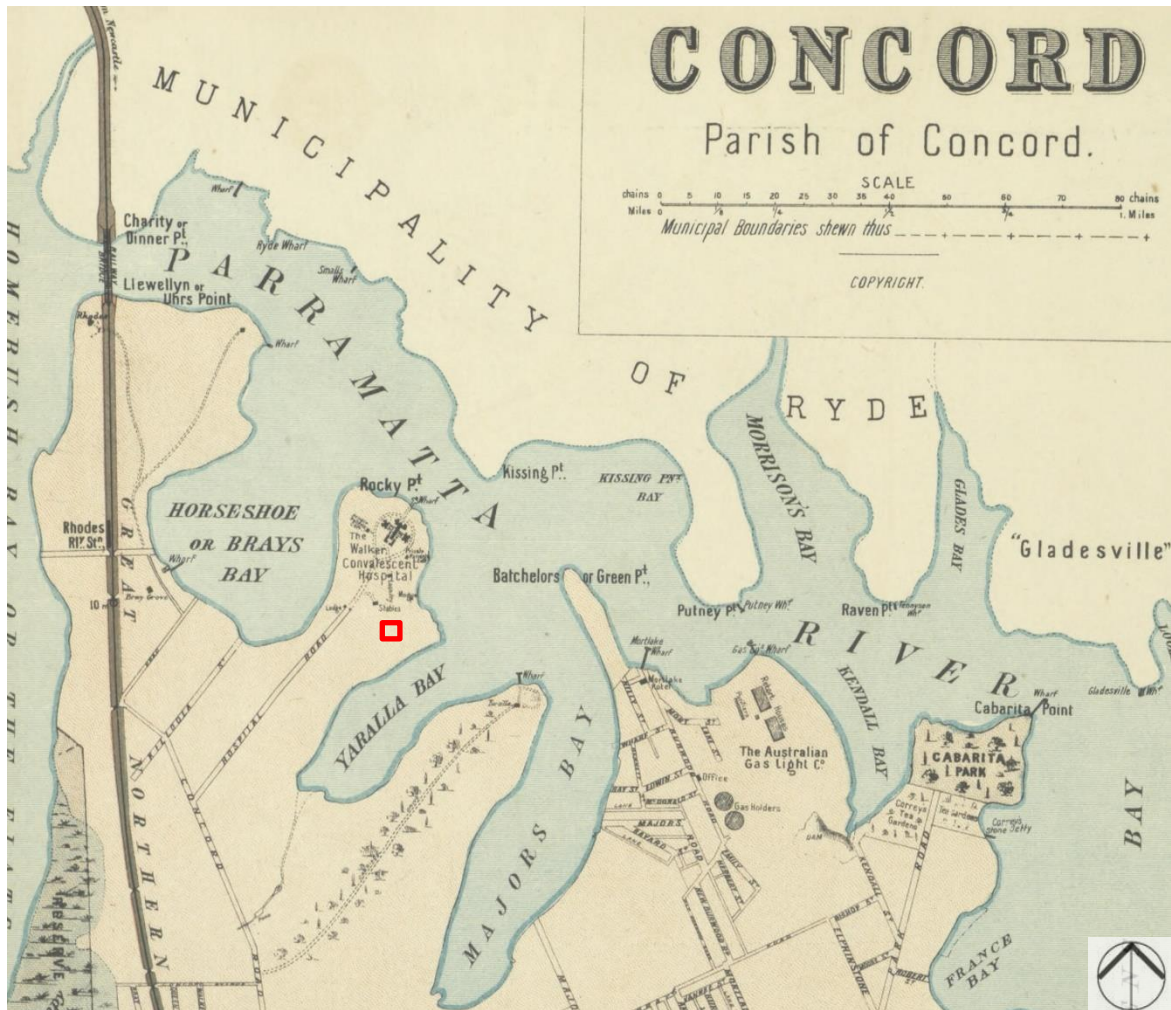


Figure 5. Parish of Concord map with indicative study area in red, 1890 (Source: Historical Lands Record Viewer with Artefact markup).

<sup>24</sup> City of Canada Bay, 2022.





**Figure 6. Parish of Concord map with indicative study area in red, 1890 (Source: Historical Lands Records Viewer with Artefact markup).**

### 3.2.1.3 Twentieth Century

Concord by the early twentieth century was a well-established district. However, the lack of adequate transportation systems hindered the growth of this district. As ferry services to the area reduced over time and eventually stopped operating altogether in 1928, residents became increasingly dependent on alternative modes of transportation including trams, trains, buses and later automobiles. The population of Concord district in 1912 is thought to have been 4810. In comparison, the neighbouring districts of Burwood and Drummoyne contained populations of 10,430 and 10,630 respectively. On the 16th of September 1901, a tramline was constructed between Enfield and Mortlake. In 1907, this line was extended as from Cabarita junction to Cabarita. This provided much needed public transportation to the area. These early trams operated on steam power and were thus labour intensive and expensive to operate. In 1912, the Enfield-Mortlake-Cabarita tram line was electrified and by the end of 1922, a double track electric tramline was operational from Burwood to Cabarita

junction. Tram services to Cabarita and Mortlake lasted until 1948 when the line was shut. In 1918, a railway station at North Strathfield was finally opened.

During the twentieth century, many of the early large colonial estates were subdivided and sold to facilitate for suburban development. Of particular significance, the vast Walker Estate which encompassed the present-day suburbs of Concord West and North Strathfield was subdivided (Figure 9). Large portions of land within the centre of the municipality were subdivided and sold via several auction sales beginning as from 1908 when the first Walker Estate subdivision was created (Figure 10). Prior to 1920, Concord had remained largely a rural area with sparse areas of settlement concentrated in proximity to the train line, the gasworks at Mortlake and Parramatta Road. By 1920, extensive land clearing had occurred in preparation for residential suburban development (Figure 8). By 1933, the Concord district was comprised of denuded paddocks and rapidly developing suburban residential blocks featuring predominantly residential dwellings in the Californian bungalow style (Figure 13). It was only on large properties such as the Thomas Walker Hospital and Yaralla that some of the native trees were retained as part of the estate gardens (Figure 12). Since 1933, extensive tree planting has been undertaken to areas within the district. As the vast Concord area was developed and subdivided around the same time, the early dwellings in the area display a rare homogeneity. In 1993, the area of the Concord Municipality north and west of the Concord Golf Club and Majors Bay Reserve was gazetted and identified as a separate suburb 'Concord West.'<sup>25</sup>



**Figure 7. Concord West from the Concord Railway Station, 1918 (Source: City of Canada Bay Local Studies Collection).**



**Figure 8. Concord Road facing Concord West, 1918. Land clearing has occurred, and roads created in preparation for suburban development (Source: Mitchell Library).**

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<sup>25</sup> Coupe, 1983.





Figure 9. Yaralla Park, Concord West subdivision plan, 1920 (Source: City of Canada Bay Local Studies Collection).

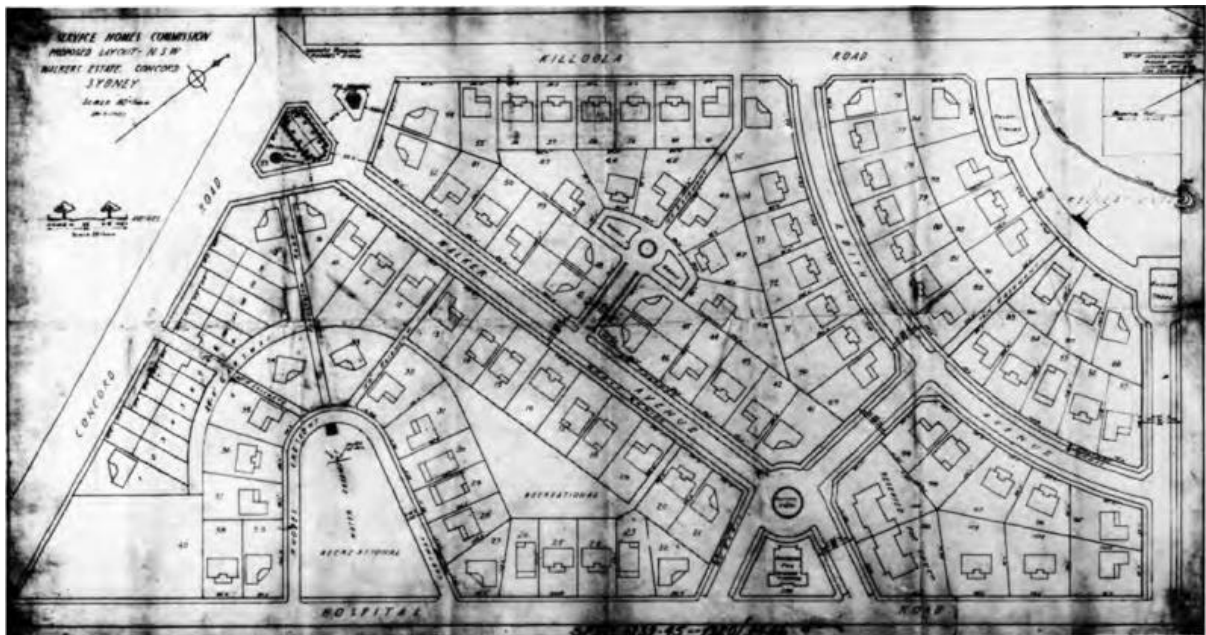


Figure 10. Unrealised plan for part of the Walker Estate, 1920 (Source: Mitchell Library).





Figure 11. Concord Railway Station, 1933 (Source: City of Canada Bay Local Studies Collection).

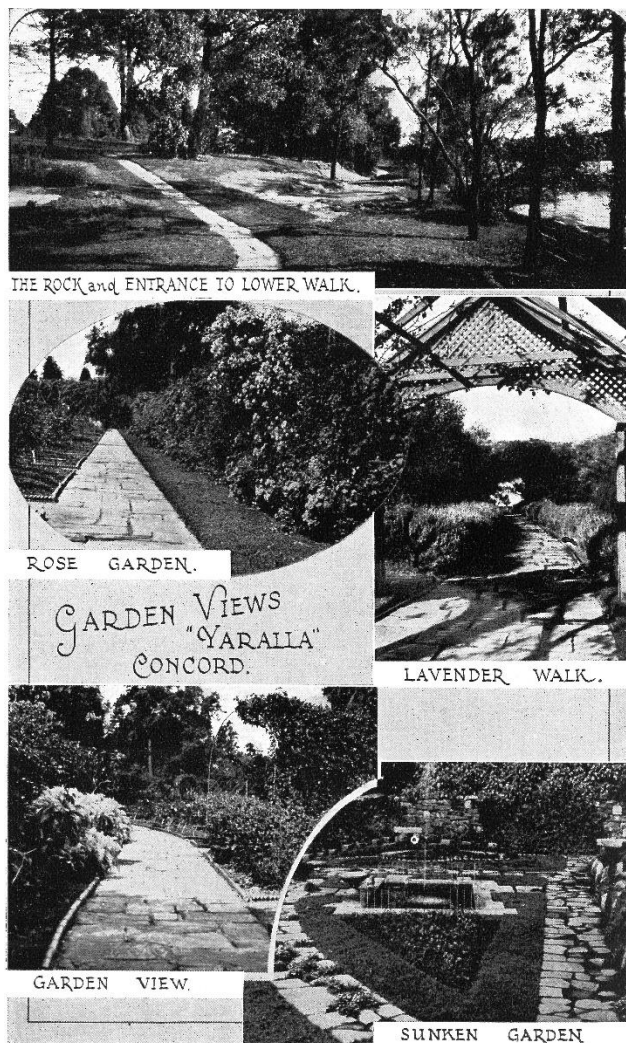
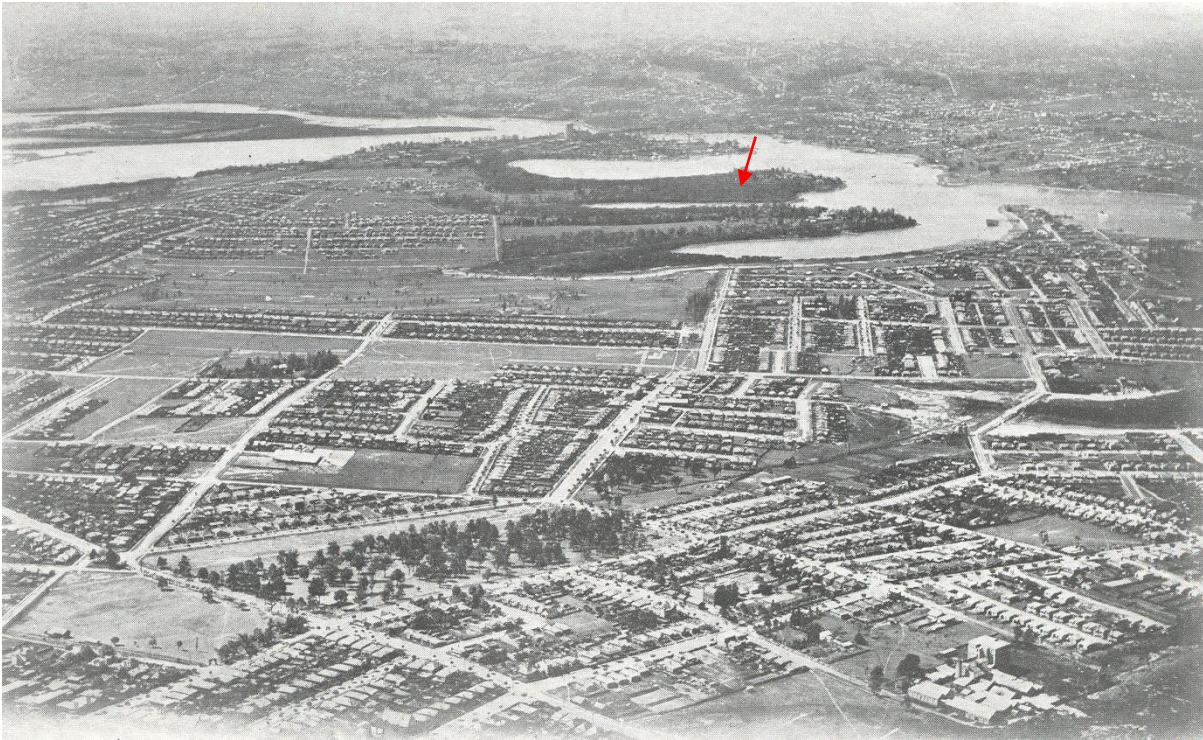


Figure 12. Yaralla Estate gardens, 1933 (Source: City of Canada Bay Local Studies Collection).





**Figure 13. Aerial view of Concord, 1933. This is prior to the construction of the Concord Repatriation General Hospital. Indicative study area shown by red arrow (Source: City of Canada Bay Local Studies Collection).**

### 3.2.2 Site History

The study area is situated on a 40-acre parcel of land granted to James Williamson in May 1798 (Figure 15). Known as 'Rocky Point', the land was likely used for the grazing of sheep.<sup>26</sup> The property was later transferred to a Mr Levy and was known as 'The Folly'. Mr Levy is rumoured to have attempted to erect a house on the land. However, as there was no access to fresh water, he had made the mistake of using salt water in the mortar mixture. As a result, when the house was almost completed, the mortar, which would not dry, caused the house to collapse. It is thought that Levy once again attempted to build his house, however, failed yet again. The land was subsequently purchased by Thomas Walker sometime around the mid nineteenth century, forming part of his 'Yaralla Estate'. Following his death in 1886, a large convalescent hospital was established on Rocky Point north of the study area as per his will (Figure 5). Opened in 1893, this hospital was named the 'Thomas Walker Convalescent Hospital'. Following the death of Dame Eadith Walker, his daughter, half of the Yaralla Estate was placed in a charitable trust fund and administration was given to the Royal Prince Alfred Hospital to operate and manage the Thomas Walker Convalescent Hospital and nearby Dame Eadith Walker Convalescent Hospital (Figure 15).<sup>27</sup>

Aerial imagery suggests the study area remained largely untouched and heavily vegetated until around 1929 (Figure 18). However, in response to World War II, a large hospital was soon developed on the site encompassing the study area. The Federal Government purchased the 40 hectares of land from the New South Wales government between the two Walker convalescent hospitals to accommodate a new six-hundred bed military hospital. Construction of the hospital began in 1940. On the 11<sup>th</sup> of March 1941, the hospital was opened as the '113<sup>th</sup> Australian General Hospital' (A.G.H.)

<sup>26</sup> B. H. Fletcher, "Williamson, James (1758–1826)", Australian Dictionary of Biography, National Centre of Biography, Australian National University, accessed on 30 July 2023 at <https://adb.anu.edu.au/biography/williamson-james-2796/text3987>.

<sup>27</sup> Coupe, 1983.

(Figure 14). In 1947, after the end of World War II, the hospital was officially transferred to the Repatriation Commission and renamed the 'Concord Repatriation General Hospital'. With over two-thousand beds, the hospital was among the largest in the southern hemisphere.<sup>28</sup>

The study area encompasses a small original hospital building constructed in 1941 and a carpark area. The building is identified as the ANZAC Bone Investigation Unit in the 1999 CMP by Conybeare Morrison & Partners. An addition was added to the southern side of the building around 1997 based on aerial imagery (Figure 24) and was used as an endocrine laboratory. Historically, the building had an associated separate small brick ablution block (c.1941) located to the northeast corner of the building (Figure 20). However, this building was demolished sometime after 2004 according to aerial imagery (Figure 25).<sup>29</sup> The carpark space was originally an open courtyard space with minimal vegetation. Based on aerial imagery, it appears trees or some form of vegetation was added to the centre of the courtyard c. 1985 (Figure 23) and more trees were subsequently planted within the study area from 1997 (Figure 24).



**Figure 14. Map of Concord with indicative study area in red, 1940s (Source: City of Canada Bay Local Studies Collection with Artefact markup).**

<sup>28</sup> Coupe, 1983.

<sup>29</sup> Conybeare Morrison & Partners, 1999, *Concord Repatriation General Hospital Conservation Management Plan*: 33.





Figure 15. Parish of Concord map with indicative study area in red, 1963 (Source: Historical Land Records Viewer with Artefact markup).

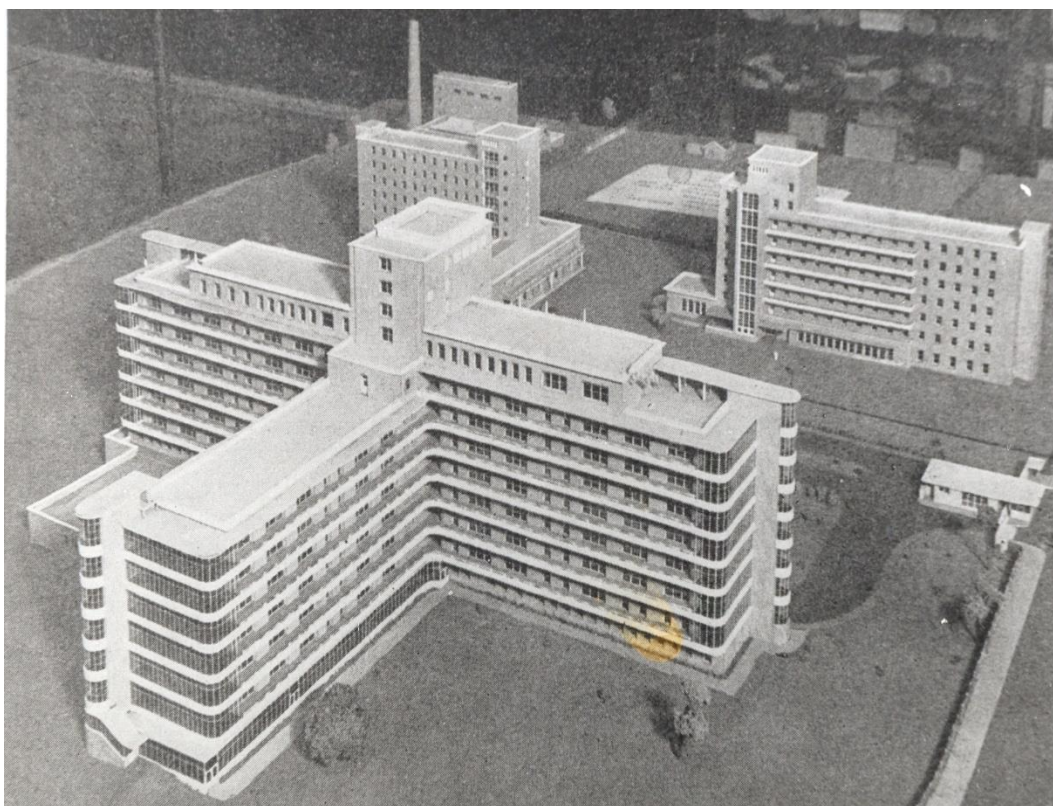


Figure 16. Model of Concord Repatriation General Hospital, 1940 (Source: City of Canada Bay Local Studies Collection).





Figure 17. Main building of the Concord Repatriation General Hospital, 1942 (Source: City of Canada Bay Library).

#### 3.2.2.1 Aerial Timeline



Figure 18. Aerial imagery of study area, 1929 (Source: NSW Spatial Services).



Figure 19. Aerial imagery of study area, 1943. Indicative study area in red (Source: NSW Spatial Services).



Figure 20. Aerial imagery of study area, 1950. Indicative study area in red (Source: NSW Spatial Services).



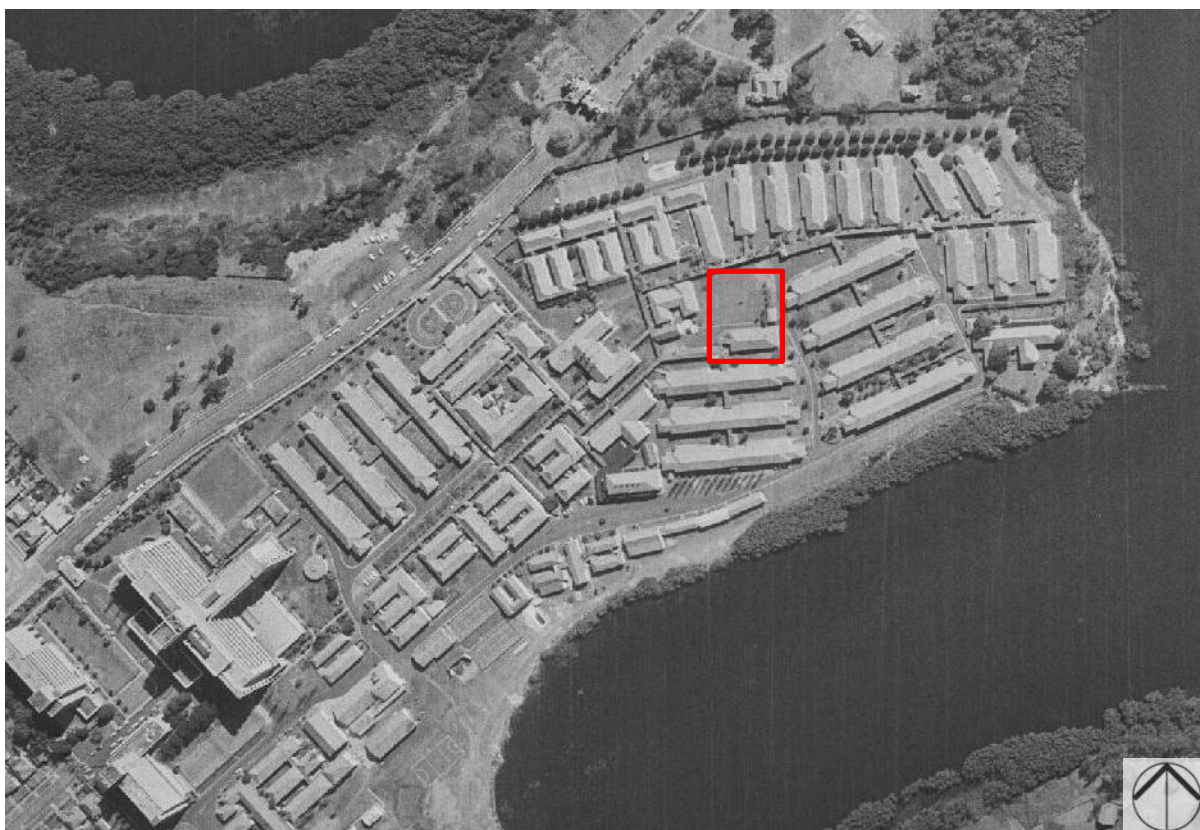


Figure 21. Aerial imagery of study area, 1964. Indicative study area in red (Source: NSW Spatial Services).



Figure 22. Aerial imagery of study area, 1970. Indicative study area in red (Source: NSW Spatial Services).





Figure 23. Aerial imagery of study area, 1985. Indicative study area in red (Source: NSW Spatial Services).



Figure 24. Aerial imagery of study area, 1997. Indicative study area in red (Source: NSW Spatial Services).





Figure 25. Aerial imagery of study area, 2004. Indicative study area in red (Source: NSW Spatial Services).

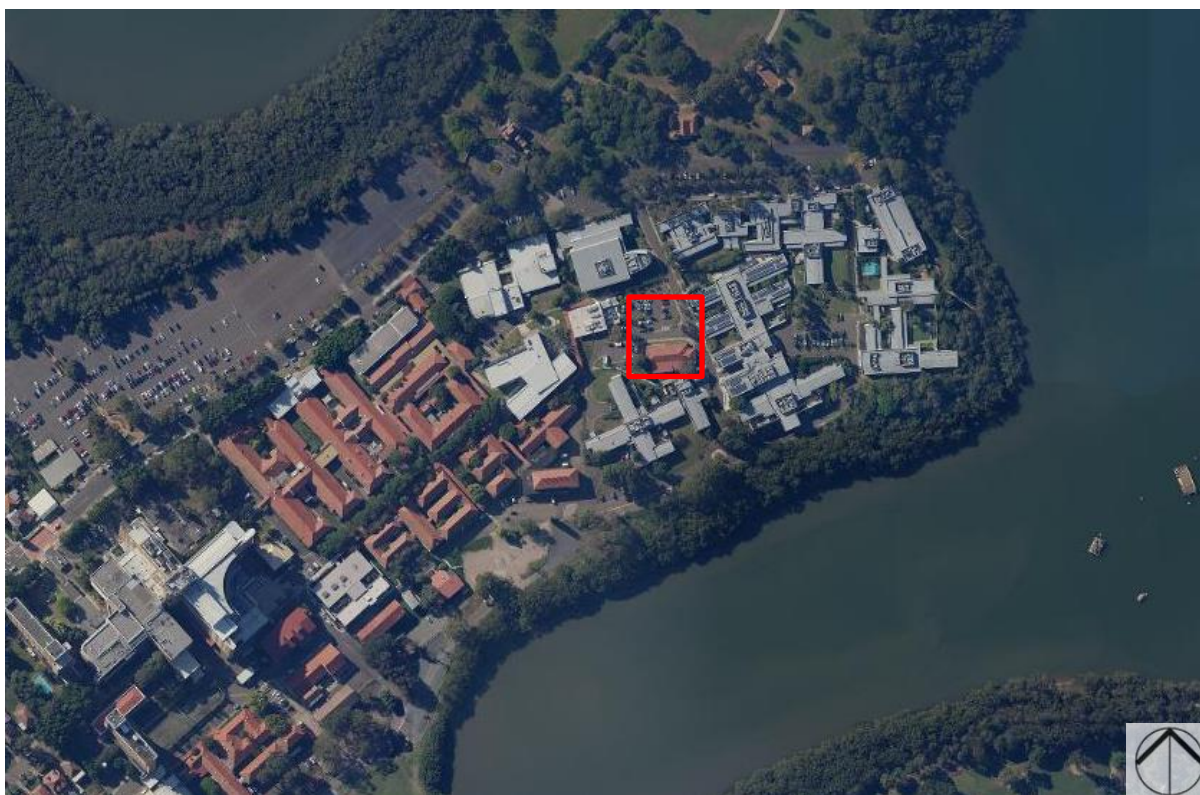


Figure 26. Aerial imagery of study area, 2023. Indicative study area in red (Source: SixMaps).



## 4.0 PHYSICAL CONTEXT

### 4.1 Site Inspection

A site inspection was conducted on the 18<sup>th</sup> of July 2023 by Rachel Bikim (Heritage Consultant) of Artefact Heritage. The aim of the site inspection was to inspect the area of proposed impacts, inform a preliminary assessment of archaeological potential, and to identify heritage items and heritage significant fabric within the site and in the vicinity that may be affected by the project. The inspection was undertaken on foot and a photographic record was made. All photographs were taken by Artefact Heritage unless specified otherwise.

#### 4.1.1 Context

The study area is located within the Concord Repatriation General Hospital campus. The large campus is located adjacent to Yaralla Bay and is situated between two historically significant hospital complexes: the Thomas Walker Convalescence Hospital (now Rivendell School) and the Dame Eadith Walker Convalescence Hospital. The campus is comprised of a mix of original and early hospital buildings and later contemporary buildings. The study area is located to the eastern portion of the hospital precinct which has been heavily modified and changed by contemporary development. Many of the original ramp ward buildings and other original hospital buildings/structures in this area have been demolished and replaced with contemporary buildings and structures.

#### 4.1.2 Study area

The study area is comprised of an existing sealed carpark area and a small timber framed hospital building. The study area is surrounded by contemporary buildings and elements including concrete pedestrian footpaths and non-original tree plantings. The carpark area features a modern asphalted surface, line markings and concrete kerbs and gutters. The small timber framed building is an original hospital building constructed c.1941 and is identified as the ANZAC Bone Investigation Unit in the 1999 CMP.<sup>30</sup> The building features weatherboard and asbestos-cement wall cladding and a hipped roof with terracotta tiles. Externally, the building has been heavily modified with a timber framed weatherboard structure added to the south of the original building in the 1990s. A brick structure was also added to the east of the building. Originally an Endocrine Laboratory according to the 1999 CMP, this addition now houses the fire service department. Internally, the building features recent interior fitouts.

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<sup>30</sup> Conybeare Morrison & Partners, 1999: 33.



**Figure 27. View of carpark from the western access.**



**Figure 28. View of the carpark facing north.**



**Figure 29. View of the northwest corner of the original timber framed hospital building and entrance to the original portion of the building.**



**Figure 30. View of the northern elevation of the building and adjacent carpark.**



**Figure 31. View of the carpark with a contemporary building and vegetation in the background.**



**Figure 32. View of carpark with the original weatherboard clad hospital building and adjacent contemporary building in the background.**





**Figure 33.** A concrete footpath is found bounding the north of the study area. A dense hedge partially screens the view of the contemporary building immediately adjacent to the left.



**Figure 34.** View of the northern elevation of the original hospital building from the carpark.



**Figure 35.** View of the road to the east of the study area. This road access will be maintained in the proposal.



**Figure 36.** View of the northern elevation of the original hospital building featuring double hung sash windows. This side of the building is bounded by timber fencing.



**Figure 37.** Close up of the northern elevation featuring peeling paint and deteriorated fascia boards.



**Figure 38.** Brick addition to the east of the building.





**Figure 39.** View of the carpark facing northwest.



**Figure 40.** Adjacent contemporary building immediately adjacent to the original hospital building separated by a pedestrian path.



**Figure 41.** 1990s addition to the south of the original hospital building featuring weatherboard cladding, aluminium sliding windows and external stair.



**Figure 42.** View of entrance to 1990s addition featuring a red curved canopy and ramp.



**Figure 43.** View of entrance to original portion of the hospital building.



**Figure 44.** Interior of 1990s addition featuring a contemporary fitout.



Figure 45. Interior of 1990s addition.



Figure 46. Internal view of the secondary access to the 1990s addition.



Figure 47. Interior of original portion of building which has been heavily modified.

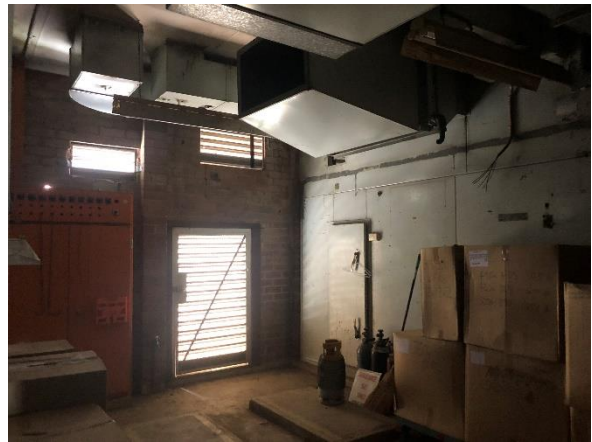


Figure 48. Interior of brick addition to the east of the building.



## 5.0 SIGNIFICANCE ASSESSMENT

### 5.1 Methodology

Determining the significance of heritage items or a potential archaeological resource is undertaken by utilising a system of assessment centred on the *Burra Charter* (Australia ICOMOS 2013). The principles of the charter are relevant to the assessment, conservation and management of sites and relics. The assessment of heritage significance is outlined through legislation in the *Heritage Act* and implemented through the *NSW Heritage Manual*, the *Archaeological Assessment Guidelines*<sup>31</sup> and the document *Assessing Significance for Historical Archaeological Sites and 'Relics'*.<sup>32</sup>

If an item meets one of the seven heritage criteria and retains the integrity of its key attributes, it can be considered to have heritage significance (see Table 2). The significance of an item or potential archaeological site can then be assessed as being of local or State significance. If a potential archaeological resource does not reach the local or state significance threshold, then it is not classified as a relic under the *Heritage Act*.

'*State heritage significance*', in relation to a place, building, work, relic, moveable object or precinct, means significance to the State in relation to the historical, scientific, cultural, social, archaeological, architectural, natural or aesthetic value of the item.

'*Local heritage significance*', in relation to a place, building, work, relic, moveable object or precinct, means significance to an area in relation to the historical, scientific, cultural, social, archaeological, architectural, natural or aesthetic value of the item.<sup>33</sup>

**Table 2. NSW heritage assessment criteria**

Criteria	Description
<b>A – Historical Significance</b>	An item is important in the course or pattern of the local area's cultural or natural history.
<b>B – Associative Significance</b>	An item has strong or special associations with the life or works of a person, or group of persons, of importance in the local area's cultural or natural history.
<b>C – Aesthetic or Technical Significance</b>	An item is important in demonstrating aesthetic characteristics and/or a high degree of creative or technical achievement in the local area.
<b>D – Social Significance</b>	An item has strong or special association with a particular community or cultural group in the local area for social, cultural or spiritual reasons.
<b>E – Research Potential</b>	An item has potential to yield information that will contribute to an understanding of the local area's cultural or natural history.
<b>F – Rarity</b>	An item possesses uncommon, rare or endangered aspects of the local area's cultural or natural history.
<b>G - Representativeness</b>	An item is important in demonstrating the principal characteristics of a class of NSW's cultural or natural places of cultural or natural environments (or the cultural or natural history of the local area).

<sup>31</sup> NSW Heritage Office 1996, 25-27.

<sup>32</sup> NSW Heritage Branch 2009.

<sup>33</sup> This section is an extract based on the Heritage Office Assessing Significance for Historical Archaeological Sites and Relics 2009:6.

## 5.2 Study area

The study area falls within the Concord Hospital Precinct listed on the Canada Bay LEP 2013. Statements of significance and a summary of the significance criteria for each of these heritage items have been provided below.

### 5.2.1 Concord Repatriation Hospital

#### 5.2.1.1 Statement of Significance

The following statement of significance has been extracted from the LEP listing on the SHI database for the item (Canada Bay LEP # I256).

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##### **Canada Bay LEP 2013**

*Concord Repatriation Hospital – original main building, grounds and layout:*

*Twentieth century building of special architectural interest. Example of the work of noted architects, Stephenson and Turner. Winner of the 1946 Sulman prize for architecture. Also has some historical interest.<sup>34</sup>*

*Concord Repatriation Hospital Grounds and Layout:*

*Hospital forms major landmark in suburban Sydney and is notable for courtyard planning, boundary and internal layout and planting from 1940-50s era. Conserves indigenous trees. Site has high local/regional significance.<sup>35</sup>*

##### **Conybeare Morrison & Partners CMP 1999**

*The hospital site at Concord Repatriation General Hospital is a rare example of a predominantly intact hospital associated with the healing and repatriation of those injured at war. The hospital is a juxtaposition of temporary, utilitarian vernacular hospital ward construction alongside permanent hospital buildings designed in the Inter-War Functionalist style by the innovative hospital architects Stephen & Turner. The hospital contains amenities associated with both passive and active recreational facilities associated with recuperation and rehabilitation. It has social significance due to the continuous and ongoing commitment from groups including the Red Cross and Returned Services league. The war veterans who have been patients at the hospital retain a strong association with the hospital. The medical staff hold the hospital in high regard as a centre of clinical excellence.*

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### Summary for significant criteria

In accordance with the LEP listing entry for the item, Concord Repatriation Hospital – original main building, grounds and layout has heritage significance at the local level for its associative and aesthetic values. The Concord Repatriation Hospital Grounds and Layout has heritage significance at a local level for its aesthetic and representative values.

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<sup>34</sup> Heritage NSW, 2008, "Concord Repatriation Hospital – original main building, grounds and layout." Accessed 27 July via <https://www.hms.heritage.nsw.gov.au/App/Item/ViewItem?itemId=2890161>.

<sup>35</sup> Heritage NSW, 1998, "Concord Repatriation Hospital Grounds and Layout." Accessed 27 July 2023 via <https://www.hms.heritage.nsw.gov.au/App/Item/ViewItem?itemId=2890343>.

## 5.2.2 Assessment of Significance

The following assessment of significance has been extracted from the LEP listing for the item.

**Table 3. Heritage significance assessment for the hospital precinct.**

Criteria	Discussion
<b>A) Historical Significance</b>	<b><i>Conybeare Morrison &amp; Partners CMP 1999</i></b>
	<i>Concord Repatriation General Hospital is closely associated with the war effort of the Second World War. The hospital was specifically built as a Military Hospital at a time when Sydney and New South Wales were desperately in need of facilities to provide medical treatment for those injured in war.</i>
	<i>Concord Repatriation General Hospital is closely associated with providing ongoing medical treatment and repatriation to members of the New South Wales defence forces;</i>
	<i>Concord Repatriation General Hospital is an example of one the early modernist approaches to hospital design in New South Wales.</i>
	<i>Concord Repatriation General Hospital is associated with changes in the approach to modern, functionalist health care in New South Wales.</i>
	<i>Concord Repatriation General Hospital was, at the time of its construction, the largest hospital in the Southern Hemisphere.</i>
	<i>Concord Repatriation General Hospital is adjacent to and linked with a group of hospitals associated with the philanthropy of the prominent Walker family.</i>
	<i>Concord Repatriation General Hospital shows the evolution of hospital design from single-storey pavilions to multi-storey ward blocks. These two generations of hospital types were located on one site and built simultaneously.</i>
	<i>Concord Repatriation General Hospital has continued to operate as a hospital for the entire occupancy of the site from 1942 to the present and therefore maintains the continuity of an historical process.</i>
	<i>Concord Repatriation General Hospital is associated with the prominent architect, Sir Arthur Stephenson, knighted for his high standards of architectural design and its execution. He was the first Australian to be awarded the Gold Medal of the Royal Institute of British Architects. He was twice awarded the Sulman Prize for hospital design - for the King George V Memorial Hospital, Camperdown (1941) and the Concord Repatriation General Hospital in 1946.</i>
	<i>Concord Repatriation General Hospital is a scarce example of repatriation hospitals in the State, which combines Multi Block and single storey ramp wards and pavilions within a single hospital complex.</i>

Criteria	Discussion
B) Associative Significance	<b>Canada Bay LEP 2013</b>
	<i>Concord Repatriation Hospital – original main building, grounds and layout:</i>
	<i>Example of the work of noted architects, Stephenson and Turner. Winner of the 1946 Sulman prize for architecture.</i>
B) Associative Significance	<b>Conybeare Morrison &amp; Partners CMP 1999</b>
	<i>The site upon which Concord Repatriation General Hospital stands once formed part of the estate of Thomas Walker a prominent businessman and philanthropist in Sydney in the mid to late nineteenth century. Thomas Walker acquired and amalgamated the estate which became known as the Walker (or Yaralla) Estate. As a provision of his will part of the estate was set aside for the establishment of the Thomas Walker Hospital, (now the Rivendell Adolescent Unit).</i>
	<i>The site for Concord Repatriation General Hospital is associated with Dame Eadith Walker, a prominent social figure in Sydney in the late nineteenth and early twentieth century. As well as being a member of the social elite of Sydney, like her father, Dame Eadith Walker was a benevolent philanthropist. The Yaralla estate was purchased from Dame Eadith Walkers estate by the NSW government and the Dame Eadith Walker Convalescent Hospital for Men established in the homestead "Yaralla House"...</i>



Criteria	Discussion
C) Aesthetic Significance	<b>Canada Bay LEP 2013</b>
	<i>Concord Repatriation Hospital – original main building, grounds and layout:</i>
	<i>Twentieth century building of special architectural interest.</i>
	<i>Concord Repatriation Hospital Grounds and Layout:</i>
	<i>Hospital forms major landmark in suburban Sydney and is notable for courtyard planning, boundary and internal layout and planting from 1940-50s era. Conserves indigenous trees.</i>
	<b>Conybeare Morrison &amp; Partners CMP 1999</b>
C) Aesthetic Significance	<i>The Multi Block (Building 69) at Concord Repatriation General Hospital is an outstanding example of early modern architecture in Sydney with exemplary facades designed in the Inter-War Functionalist style and all largely intact. The facade's aesthetic values are associated with functionalism and horizontal modernism. This is expressed in the healing qualities of the solaria and the long sweep of the balconies.</i>
	<i>The Multi Block (Building 69) at Concord Repatriation General Hospital is a building designed by the prominent architectural firm, Stephenson &amp; Turner, who were innovative hospital designers. Building 69 represents a state of the art design at the time of construction.</i>
	<i>Concord Repatriation General Hospital is a work of architectural excellence. Stephenson &amp; Turner was awarded the Sui man Award for Architecture in 1946 for their design of the Multi Block.</i>
	<i>Concord Repatriation General Hospital has an association with the painter and theatre designer, Louden Sa inthill. As a patient in the hospital from 1944-45, he painted seven murals on the walls of Building 84 during his convalescence.</i>
	<i>The Multi Block (Building 69) is a landmark building and prominent feature of Sydney's skyline.</i>

Criteria	Discussion
	<p><b>Conybeare Morrison &amp; Partners CMP 1999</b></p> <p><i>There is a strong sense of commitment in the local community since 1941 in providing voluntary service and funding for Concord Repatriation General Hospital.</i></p> <p><i>Concord Repatriation General Hospital has had significant associations with social and commercial institutions including the Red Cross, Returned Servicemen's League and Federated Iron Workers' Association.</i></p>
<b>D) Social Significance</b>	<p><i>The Red Cross Theatre has associations with the entertainment of patients while undergoing rehabilitation. Numerous actors and entertainers of repute have visited the theatre and left their autographs on the wings of the stage.</i></p> <p><i>The war veterans who have been patients at the hospital retain a strong association with the hospital and an affection and gratitude for the Staff.</i></p> <p><i>The medical profession and hospital staff hold the hospital in high regard for its reputation as a centre of clinical excellence.</i></p>
<b>E) Research Potential</b>	<p>The technical/research value of the place has not been assessed.</p>
	<p><b>Conybeare Morrison &amp; Partners CMP 1999</b></p>
<b>F) Rarity</b>	<p><i>The Comparative Significance of Rarity applies to Concord Repatriation General Hospital as it is the only purpose-built military hospital group of its size constructed in NSW during World War II.</i></p>
	<p><b>Canada Bay LEP 2013</b></p> <p><i>Concord Repatriation Hospital Grounds and Layout:</i></p> <p>Good example of layout and planting from 1940s-1950s era.</p>
	<p><b>Conybeare Morrison &amp; Partners CMP 1999</b></p> <p><i>The Multi Block is representative of a group of hospitals designed by Stephenson &amp; Turner's in the Functionalist Style. In the 1930s and 40s architects Stephenson &amp; Turner designed some of Australia's largest and most advanced hospitals. This group includes the Royal Melbourne Hospital, King George V Memorial Hospital, Camperdown, the Sydney Dental Hospital and Concord Repatriation General Hospital - all of which were multi-storey complexes which contained radical innovations and departures in design, equipment and philosophy.</i></p> <p><i>The Multi Block is a representative example of the Inter-War Functionalist style in Sydney.</i></p> <p><i>The Concord Repatriation General Hospital is one of two of repatriation hospitals used by war veterans from throughout New South Wales for medical treatment and rehabilitation. It has associations with numerous state-based groups including the Returned Services League and the Red Cross.</i></p>
<b>G) Representativeness</b>	

### 5.2.3 Grading of Significant Elements

Individual areas and elements of the study area have been assessed and a level of significance has been applied. This detailed assessment is provided to enable decisions on the future conservation and development of the place.

Five levels of cultural significance have been used in the assessment of the study area. These categories have been developed based on *Assessing Heritage Significance*,<sup>36</sup> prepared by the NSW Department of Planning and Environment, and the categories provide a framework for conservation policies, interpretation and recommended treatment of the fabric (Table 4).

**Table 4: Standard grades of cultural significance**

Id.	Level	Justification	Status
E	Exceptional	Where an individual space, element, tree or shrub is assessed as making a rare or outstanding contribution to the overall significance of the place. Spaces, elements or fabric exhibit a high degree of intactness and quality. Minor alterations or degradation may be evident, but does not detract from the overall significance of the place.  Demolition/removal of the element would diminish the heritage significance of the place.	Fulfil criteria for local or state listings.
H	High	Where an individual space, element, tree or shrub is assessed as making considerable contribution to the overall significance of the place. Spaces, elements or fabric exhibit a considerable degree of intactness and were originally of substantial quality. Considerable alteration may have been undertaken, which may alter the presentation and completeness, but does not detract substantially from the overall significance of the place.  Demolition/removal of the element would diminish the heritage significance of the place.	Fulfil criteria for local or state listings.

<sup>36</sup> NSW Department of Planning and Environment, *Assessing Heritage Significance*, 2023.



Id.	Level	Justification	Status
<b>M</b>	<b>Moderate</b>	<p>Where an individual space, element, tree or shrub is assessed as making a moderate contribution to the overall significance of the place. Original spaces, elements or fabric may exhibit considerable alteration and/or degradation which detracts from the overall significance of the place. Original space, elements or fabric which were of some intrinsic quality, but are relatively intact may be included. Elements with little heritage value but contribute to the overall cumulative significance of the place may also be included. New elements of high-quality design and aesthetic value may be considered to contribute to the significance of the place.</p> <p>Demolition/removal of the element may diminish the heritage significance of the place. Elements or spaces can be altered or adaptively reused.</p>	Fulfil criteria for local or state listings.
<b>L</b>	<b>Little</b>	<p>Where an individual space, element, tree or shrub is assessed as making a minor contribution to the overall significance of the place, particularly compared with other elements. Original elements may exhibit extensive alterations or degradations which impact their significance and ability to interpret. New elements of little intrinsic quality or aesthetic value may be considered in this category.</p> <p>Demolition/removal of the element would not diminish the heritage significance of the place. Elements or spaces can be altered or adaptively reused.</p>	Does not fulfil criteria for local or state listings.
<b>I</b>	<b>Intrusive</b>	<p>Where an individual space, element, tree or shrub is assessed as detracting from the appreciation and overall significance of a place. The element may be adversely affecting or obscuring other significant areas, elements or items.</p> <p>Demolition/removal of the element is recommended.</p>	Does not fulfil criteria for local or state listings.

Table 5 below lists the different elements of the study area and provides a significance grading for each, as well as detailed gradings of the fabric of existing hospital building. The heritage assessments for the elements have been guided by information in relevant heritage conservation strategies where available. Where no existing grading exists for a component, or where the existing grading is inaccurate or insufficient for the purposes of this SoHI, Artefact Heritage has prepared a brief assessment.

**Table 5: Grading of Significance for the study area**

Component	Assessment	Grading
<b>Building 29</b>	An original hospital building of timber frame construction featuring weatherboard and asbestos-cement cladding. An addition has been added to the south and the exterior has been modified with the addition of ramps, a contemporary curved canopy and new signage. The interior has been highly modified.	<p><b>Overall: Little</b></p> <p><i>Moderate:</i></p> <p>Exterior Original weatherboard wall cladding, original roof tiles, original double hung sash timber framed windows</p> <p>Interior Spatial configuration of the internal spaces in the northern (original) portion of the building</p> <p><i>Little:</i></p> <p>Exterior Southern timber framed extension, eastern brick addition, timber fencing, air conditioning units</p> <p>Interior Internal fit-out</p> <p><i>Intrusive:</i></p> <p>Exterior: curved canopy, ramp to southern portion of building</p>
<b>Car park</b>	The car park area features a contemporary asphalted surface, contemporary kerbing and line markings. The vegetation in the area is new.	<p><b>Overall: Little</b></p> <p><i>Moderate:</i> mature trees</p> <p><i>Little:</i> asphalted carpark surface, kerbs, gutters, line markings</p>

### 5.3 Adjacent heritage items

There is one heritage item of State and local significance adjacent to the study area. Statements of significance for this heritage item has been provided below.

#### 5.3.1 Thomas Walker Convalescent Hospital

##### 5.3.1.1 Statement of Significance

The following statement of significance has been extracted from the SHR listing for the item (SHR # 00115).<sup>37</sup>

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*The Thomas Walker Convalescent Hospital is of national heritage significance as a rare major institution which has survived along the foreshores of the Parramatta River from the 19th century. Along with Carrington Centennial Hospital, the Thomas Walker Convalescent Hospital is the only other convalescent hospital to have survived from the 19th century.*

*The recreation hall/chapel which is located in the main administration building of the hospital is a very rare, highly decorated intact example of a recreational hall/chapel forming part of a hospital complex.*

*The hospital is important because it reflects Florence Nightingale's influence on 19th century convalescent hospital design principles and their adoption into Australian architecture. It also reflects the influence of Australian hospital administrators and American publications on its design.*

*The Estate is a rare surviving late 19th century major institution of a private architect's design in Australia and is John Sulman's finest work in this country. It features a large number of Italianate motifs and decorative elements which reflect Sulman's first hand experience of Italian architecture as a result of his continental travels. Additionally the buildings reflect Sulman's use of advanced building science concepts including one of the first known uses of 'cavity walls' (or hollow walls) to insulate interiors against harsh summer sun rays.*

*The hospital embodies the late 19th century concept of competition designs for the creation of major institutions. It is important for its social links with women in allowing them to pursue career opportunities.*

*The grounds of the hospital are of national heritage significance as an intact example of Victorian/Edwardian institutional gardens which have maintained an institution throughout their whole existence. They are a bold, effective piece of institutional gardening, integral with an architecturally exceptionally important late 19th century hospital building and probably designed by its architect, Sir John Sulman. The grounds are of aesthetic value as an important landscape feature on the shore of the Parramatta River. The grounds are featured by elements of high architectural quality such as the Watergate, which is an extremely rare building type in Australia (no other examples have been found to date), and the Landgate, which is probably the most elaborate building type of its kind to have survived in Australia from the 19th century. Other important garden elements of note are the*

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<sup>37</sup> Heritage NSW, 1998. "Thomas Walker Convalescent Hospital." Accessed 12 June 2023 via <https://www.hms.heritage.nsw.gov.au/App/Item/ViewItem?itemId=5045693>.



*axial driveway and the paths, edged in bricks, and fountains which feature in the courtyards.*

*The grounds of the hospital are also significant for containing rare stands of native Cumberland Plain vegetation.*

*The Joanna Walker Memorial Children's Hospital is a rare survival of a convalescent hospital specifically designed for children.*

*The prime cultural significance of the Thomas Walker Convalescent Hospital estate and its buildings is that it is a 'palimpsest'; a many layered site, which encompasses all of the above mentioned broad and capricious backgrounds from the first Aboriginal habitation, through the spectra of 200 years of white settlement, to that of its latest use by the Rivendell Adolescent Unit.*

*(Otto Cserhalmi & Partners, 1997)*

*The main building is part of the grand architecturally coherent group designed by Sir J Sulman in the Queen Anne style and built by philanthropist Sir Thomas Walker in the late 19th century as a hospital. It is set in notable parklike grounds, a landmark on the Parramatta River.*

*The site is important for its connections with the Walker family and late 19th century philanthropy, its design quality and craftsmanship, its association with the architect John Sulman and its location with other local health and welfare facilities.*

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## 6.0 HISTORICAL ARCHAEOLOGICAL ASSESSMENT

### 6.1 Introduction

This section discusses the study area's potential to contain historical archaeological resources. Historical archaeological potential is assessed by identifying former land uses and associated features through historical research and evaluating whether subsequent actions (either natural or human) may have impacted on the evidence of these former land uses.

'Archaeological potential' refers to the likelihood that an area contains physical remains associated with an earlier phase of occupation, activity or development of that area. This is distinct from 'archaeological significance' and 'archaeological research potential'. These designations refer to the cultural value of potential archaeological remains and are the primary basis of the recommended management actions included in this document.

Consideration of archaeological research potential is required when undertaking a significance assessment of an historical archaeological site. The following assessment uses the guidelines prepared by heritage NSW (formerly NSW Heritage Division): *Assessing Significance for Historical Archaeological Sites and 'Relics'* (2009).

### 6.2 Archaeological potential

The archaeological potential of the study area is presented in terms of the likelihood of the presence of archaeological remains, considering the land use history and previous impacts. The identified levels of archaeological potential referred to in this assessment are based on the following definitions:

**Table 6: Grades of archaeological potential**

Assessed Potential	Rationale
<b>Nil</b>	Where there is no evidence of historical development or use, or where previous impacts would have removed all archaeological potential.
<b>Nil to Low</b>	Where there has only been low intensity historical activity, such as land clearance or informal land use, with little to no archaeological 'signature' expected; or where previous impacts were extensive, such as large-scale bulk excavation which would leave isolated and highly fragmented deposits.
<b>Low</b>	Where research has indicated little historical development, or where there have been substantial previous impacts which may not have removed deeper subsurface remains entirely.
<b>Moderate</b>	Where analysis has demonstrated known historical development with some previous impacts, but where it is likely that archaeological remains would survive with localised truncation and disturbance.
<b>High</b>	Where there is evidence of multiple phases of historical development and structures, with minimal or localised twentieth-century development impacts, and where it is likely that archaeological resources would remain intact.

### 6.2.1 Land use summary

The European occupation of the study area has been divided into two (2) general phases of historical activity, which are outlined in Table 7 below:

**Table 7: Land use summary**

Phase	Discussion
<b>Phase 1: Early Land Use (1788-1938)</b>	<p>Earliest European occupation was of a 40-acre parcel land grant, which includes the smaller study area, to convict James Williamson who attempted to build a house, but failed due to poor construction processes. The land was used mainly for sheep grazing, with low intensity use.</p> <p>Thomas Walker acquired the land parcel in the mid nineteenth century, as part of his land holdings called 'Yaralla Estate'. In 1886, Walker bequeathed £100,000 for the construction of the Thomas Walker Convalescence Hospital, at Rocky Point, north of the study area. Dame Eadith Walker, his daughter, inherited Yaralla Estate, which became Dame Eadith Walker Estate, then later Dame Eadith Walker Convalescent Hospital, and is located south from the study area.</p> <p>Within the study area, the land remained un-modified. In 1937, Dame Eadith Walker bequeathed the estate to the Crown for development as a public hospital.</p>
<b>Phase 2: Hospital Development and Use (1939 - Present)</b>	<p><b>Military hospital use (1939 – 1974)</b> In 1939, the land was commissioned for use by the Australian Army, and the <i>113<sup>th</sup> Australian General Hospital</i> complex was completed. This included the buildings complex, internal roads and landscaped grounds. Renamed <i>Repatriation General Hospital, Concord</i> in 1963 it became a teaching hospital. Minor land modifications have occurred overall, including addition to buildings, outbuildings, and associated infrastructure.</p> <p>Within the study area, the southern building is extant. However, several small ancillary structures have been removed, consisting of two long structures on the northwest and northeast edges of the open grassed area (removed between 1943 and 1950) and a small structure to the north of the southern building (removed between 2004 and 2023 when the asphalt carpark replaced the grassed area).</p> <p><b>Public hospital use (1974 – Present)</b> In 1974, use of the hospital changed to enable admission of general patients. In 1976, the Trustees gave the hospital to the NSW Health Commission. The 1993 transfer of ownership to NSW Department of Public Health determined that it became a public hospital and was renamed <i>Concord Repatriation General Hospital</i>.</p> <p>The land remains mostly unchanged, except for minor alterations to buildings and road configurations within the hospital complex.</p>

### 6.2.2 Archaeological potential

The study area is located on or near the southeastern boundary of a 16 hectare land grant to James Williamson in 1798. There is not information to suggest that Williamson used the land. That land was subsequently owned by Mr Levy, whom apparently constructed a house with mortar that had been mixed with seawater and collapsed.<sup>38</sup> There is no evidence to suggest that house was constructed on or near the study area. The land was subsequently incorporated into Yaralla Estate, with built structures focussed north of the study area near the headland. Phase 1 activities are unlikely to have

<sup>38</sup> CMP 1999: p5



involved any activities that would leave archaeological remains in the study area. It is possible that activities such as land clearance occurred in the area, but archaeological evidence is unlikely to remain.

Phase 2 activities across the study area include hospital construction and associated layout. Most of the Phase 2 activities are extant and are not archaeological features. Historical aerials (Figure 18 to Figure 20) indicate some smaller structures were situated within the study area but have since been demolished.

### 6.3 Summary of historical archaeological potential

Based on the review of information obtained from historical sources, a site visit, and the current condition of the study area, it can be concluded that the study area has potential to contain historical archaeological remains including:

- **Nil-low** potential for Phase 1 vegetation clearance and tree planting
- **Low** potential for Phase 2 structures

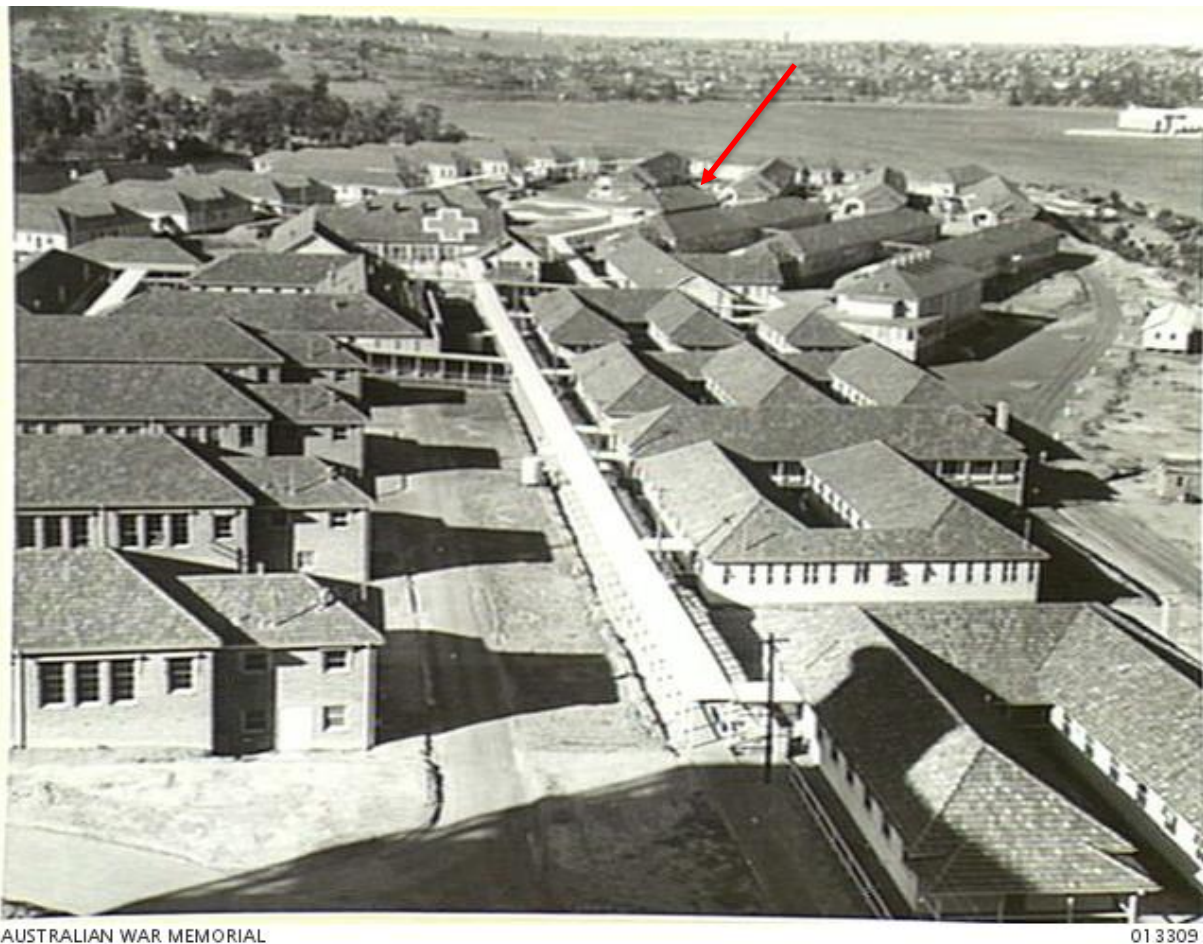


Figure 49. Phase 2 activity. Photograph c.1942 with location of extant building in study area, indicated with red line (Source: Australian War Memorial, Accession No. 013309).



Figure 50. Archaeological potential of the study area (Source: Artefact, 2023).

## 6.4 Archaeological significance

Archaeological evidence of the former phases of the study area is unlikely to possess significance due to their ephemeral nature and nil-low archaeological potential. Potential Phase 1 archaeological remains **would not reach the local significance threshold**.

Archaeological remains from Phase 2 may include footings of former small structures in the study area and former underground services. Those remains would not be representative of the intactness or architectural significance values of the hospital overall, and **would not reach the local significance threshold**.

Phase 2 activities are extant and not considered archaeological.

## 6.5 Summary of historical archaeological potential and significance

This archaeological assessment has identified low potential for historical archaeological remains of nil to local significance. These remains are summarised in Table 8.

**Table 8: Historical archaeological potential and significance**

Phase	Anticipated remains	Potential for survival	Significance
<b>Phase 1 (1788 - 1938)</b>	Evidence related to sheep/cattle grazing, including fencing posts, postholes, tree bores, vegetation burning.	Nil-low	Nil
<b>Phase 2 (1939 – present)</b>	Modern building foundations; vegetation clearing; cement, brick and other building materials; rubbish dumping.	Low	Nil



## 7.0 THE PROPOSED WORKS

The proposed project is a new purpose-built Low and Medium secure forensic mental health unit within the Sydney Local Health District. The proposal incorporates the Functional Brief and Model of care principles and is planned to have 18 Medium secure forensic beds, 24 low secure forensic beds, as well as clinical support spaces, outdoor secure courtyard spaces and amenities.

The proposed new development contains three levels and replaces an existing sealed car park space and original hospital building. This new mental health secure facility features a contemporary aesthetic. Externally, the building features red face brick, custom orb cladding, exposed concrete, and aluminium battens. The proposal also contains two integrated courtyard spaces and two terrace spaces overlooking the courtyards.

Relevant design drawings for the proposal are provided below (Figure 51 - Figure 55).

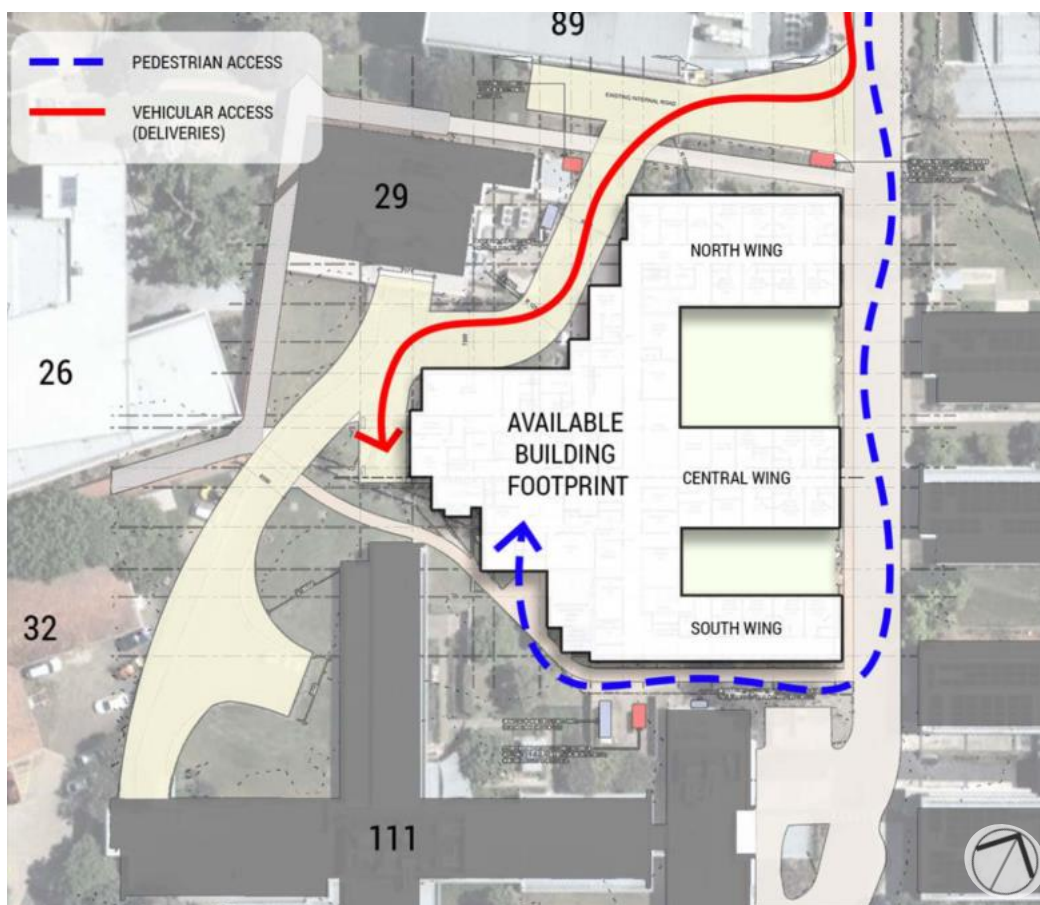


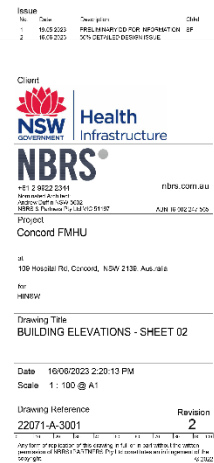
Figure 51: Proposed building footprint and access, not to scale (Source: NBRS, 2023)



Figure 52. Proposed landscaping, not to scale (Source: NBRIS, 2023).

 artefact



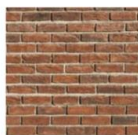
 artefact



CUSTOM ORB - DARK



CUSTOM ORB - LIGHT



FEATURE BRICK



EXPOSED CONCRETE



ALUMINIUM WINDOW  
SHROUD



TIMBER-LOOK ALUMINIUM  
BATTENS



ALUMINIUM BATTENS

**Figure 55. Renders of the new development with proposed exterior material palette (Source: NBRIS, 2023).**

## 8.0 HERITAGE IMPACT ASSESSMENT

### 8.1 Overview

This section assesses the heritage impact of the proposed works at the study area on heritage values within the study area. Justifications are also provided for the proposed works.

Within this approach, the objective of a heritage impact assessment is to evaluate and explain how the proposed works will affect the heritage value of the study area and/or place. A heritage impact assessment should also address how the heritage value of the site/place can be conserved or maintained, or preferably enhanced by the proposed works.

In order to consistently identify the impact of the proposed works, the terminology contained in the following table has been references throughout this document. The terminology and definitions are based on those contained in guidelines produced by the International Council on Monuments and Sites (ICOMOS)<sup>39</sup> and the Heritage Council of NSW<sup>40</sup> and are shown in Table 9.

**Table 9: Terminology for assessing the magnitude of heritage impact.**

Grading	Definition
<b>Major adverse</b>	Actions that would have a severe, long-term and possibly irreversible impact on a heritage item. Actions in this category would include partial or complete demolition of a heritage item or addition of new structures in its vicinity that destroy the visual setting of the item. These actions cannot be fully mitigated.
<b>Moderate adverse</b>	Actions that would have an adverse impact on a heritage item. Actions in this category would include removal of an important part of a heritage item's setting or temporary removal of significant elements or fabric. The impact of these actions could be reduced through appropriate mitigation measures.
<b>Minor adverse</b>	Actions that would have a minor adverse impact on a heritage item. This may be the result of the action affecting only a small part of the place or a distant/small part of the setting of a heritage place. The action may also be temporary and/or reversible.
<b>Negligible</b>	Actions that are so minor that the heritage impact is considered negligible.
<b>Neutral</b>	Actions that would have no heritage impact.
<b>Minor positive</b>	Actions that would bring a minor benefit to a heritage item, such as an improvement in the item's visual setting.
<b>Moderate positive</b>	Actions that would bring a moderate benefit to a heritage item, such as removal of intrusive elements or fabric or a substantial improvement to the item's visual setting.
<b>Major positive</b>	Actions that would bring a major benefit to a heritage item, such as reconstruction of significant fabric, removal of substantial intrusive elements/fabric or reinstatement of an item's visual setting or curtilage.

<sup>39</sup> Including the document Guidance on Heritage Impact Assessments for Cultural World Heritage Properties, ICOMOS, January 2011.

<sup>40</sup> <https://www.environment.nsw.gov.au/resources/heritagebranch/heritage/material-threshold-policy.pdf>



**Table 10: Terminology for heritage impact types**

Impact	Definition
<b>Physical</b>	Impacts resulting from works located within or outside the curtilage boundaries of the heritage item, caused by removing or altering the item or fabric of heritage significance, or excavating in areas of the project site where potential for significant archaeology is anticipated.
<b>Visual</b>	Impact to views, vistas, setting and curtilage of the heritage item resulting from proposed works inside or outside the curtilage boundaries of the heritage item.
<b>Potential</b>	Impacts resulting from increased noise, vibrations and construction works located within or outside the curtilage boundaries of the heritage item.

### 8.1.1 Physical and visual heritage impacts

The proposed new development would be largely contained to a contemporary carpark area of little heritage significance. The original building proposed for demolition, although an original building to the hospital campus, has been highly modified and is thus of little significance. The building features a substantial 1990s brick addition. The interior of the building has been compromised with recent fitouts and spatial reconfigurations. Historically, the study area has been open space, this will be compromised with the addition of a large new structure on the site. This will be mitigated somewhat with the incorporation of courtyard spaces in the proposal which will reinstate trees and vegetation within the study area.

The area proposed to be developed is located in an area of the Concord Hospital campus that has been highly disturbed and changed with the development of contemporary buildings. Located at distance from the Multi Block complex, main hospital building and other buildings of high and exceptional significance, the new development is therefore unlikely to affect their views.

The proposed new development will have **negligible** physical impacts and **negligible** visual impacts to the heritage significance of the Concord Hospital.

### 8.1.2 Impacts to Heritage Items in Vicinity

This section assesses the potential physical and visual impacts of the proposed works on heritage items within the study area itself and its vicinity. The heritage impacts of the proposed works are outlined in Table 11.

**Table 11: Assessment of heritage impact.**

Item Name	Item/Listing Number	Potential direct impacts	Potential indirect impacts
<b>Thomas Walker Convalescent Hospital</b>	SHR – 00115, Canada Bay LEP – I257, Department of Education – School Infrastructure – SHI 5064187	The works have been assessed as having <b>nil</b> direct impacts to the item.	The works have been assessed as having <b>nil</b> indirect impacts to the item.

### 8.1.3 Impacts to archaeological resources

Overall, the proposed development works are likely to result in negligible adverse impact to significant archaeological resources.

## 8.2 Heritage considerations for the proposal

Heritage guidelines<sup>41</sup> prepared by the NSW Department of Planning and Environment outline design considerations for projects that involve the demolition of a heritage item and works adjacent to a heritage item or within the heritage conservation area.

Design considerations are discussed in Table 12.

**Table 12: Heritage considerations for demolition of a heritage item and works adjacent to a heritage item or within the heritage conservation area (Source: Department of Planning and Environment, 2023).**

Heritage Consideration	Discussion
Demolition of a heritage item	
If demolition is proposed, why is it necessary?	Demolition of the place will allow for more space for the new development.
Have options for retention and adaptive re-use been explored? If yes, set out why these options have been discarded?	Options for the retention and adaptive reuse of the original hospital building were not explored.
Has technical advice for demolition been obtained?	Technical advice for the demolition of the original hospital building has not been sought. However, a Hazmat investigation and register has been compiled by the local health district on the building to be demolished.
Identify and include advice about how significant elements, if removed by the proposal, will be salvaged and reused.	As the building is of little heritage significance, materials and elements need not be salvaged from a heritage perspective. Greater consideration should be given to ensuring that the new development reflects the heritage character of the hospital precinct.
Works adjacent to a heritage item or within the heritage conservation area	
Will the proposed works affect the heritage significance of the adjacent heritage item or the heritage conservation area?	The proposed new development is located in an area of the hospital campus that consists of predominantly new contemporary development. Buildings identified to be of heritage significance are located to the western end of the hospital campus at a great distance from the proposed site to be developed. Thus, works are unlikely to affect any significance heritage item within the hospital precinct.
Will the proposed works affect views to, and from, the heritage item? If yes, how will the impact be mitigated?	Buildings identified to be of heritage significance are located to the western end of the hospital campus at a distance from the proposed site to be developed. Thus, the proposed works are unlikely to affect the views of any significant heritage item within the hospital precinct.
Will the proposed works impact on the integrity or the streetscape of the heritage conservation area?	The proposed new development is in keeping with the high concentration of new contemporary buildings in this portion of the hospital precinct. The new development features a distinctly

<sup>41</sup> 'Guidelines for preparing a statement of heritage impact', Department of Planning and Environment 2023.

Heritage Consideration	Discussion
	contemporary aesthetic in line with the surrounding new development.

### 8.2.1 Statement of Heritage Impact

A statement of heritage impact has been prepared according to the Department of Planning and Environment guidelines in Table 13 below.

**Table 13. Preliminary Statement of Heritage Impact for the proposed new development**

Development	Discussion
What aspects of the Proposal respect or enhance the heritage significance of the study area?	The addition a new development with integrated courtyards will be an improvement to the current site which consists of an asphalted carpark and aesthetically poor original building. The addition of courtyards within the proposal will somewhat reinstate the historical use of the carpark area as a greenspace. There also exists opportunities to incorporate heritage interpretation in the proposal to enhance the significance of the wider Concord Hospital Precinct.
What aspects of the Proposal could have a detrimental impact on the heritage significance of the study area?	The new development will entail the demolition of an original hospital building. However, impact is mitigated as the building is of little significance. The integrity of the building has been compromised, featuring additions and recent interior fitouts.
Have more sympathetic options been considered and discounted?	Five preliminary site configurations were explored. Each option was assessed against project priorities and the functional requirements of the brief. All iterations are contemporary in nature.

## 8.3 Assessment against relevant policies

### 8.3.1 Canada Bay Development Control Plan 2023

Development Control Plan Provision	Response
Part C Heritage	

#### *C2 Development of Heritage Items*

##### **C 2.11 Demolition**

*C1. Buildings that are listed as heritage items or contribute to the significance of a heritage item should not be demolished.*

The proposed building to be demolished is not individually heritage listed and is assessed as being of little significance. Additionally, the integrity of the particular building has been compromised with later additions and recent interior fitouts.

#### *C3 Development in the Vicinity of a Heritage Item or a Heritage Conservation Area*



Development Control Plan Provision	Response
<p><b>C 3.1 General</b></p> <p><i>C.1 Development in a streetscape of buildings of consistent style, form and materials, in the vicinity of a heritage item or a heritage conservation area must incorporate elements of the dominant style, form, massing, height, and materials in the streetscape, including the rhythm of buildings in the streetscape and the pattern of openings.</i></p> <p><i>C.2 New development in the vicinity of a heritage item or a heritage conservation area must not visually dominate the setting of a heritage item or a heritage conservation area.</i></p> <p><i>C.3 Development in the vicinity of heritage items and heritage conservation area must not adversely affect the setting by introducing an uncharacteristic building or element.</i></p> <p><i>C.4 Important views to or from a heritage item must not be impacted or obscured by new development.</i></p> <p><i>C.5 Car parking of new development must not be a visually prominent streetscape element or to markedly different from that of the heritage item or heritage conservation area in the vicinity.</i></p>	<p>The new development is sited within the western end of the hospital campus which features a high concentration of new developments. Thus, this new development is in keeping with the contemporary aesthetic of the buildings and structures in the area. The use of face brick references the predominantly masonry character of the original hospital buildings.</p> <p>The new development maintains the height, massing and overall contemporary aesthetic of the surrounding buildings in this area of the hospital precinct, enhancing the consistency of the western end of the precinct.</p> <p>The proposed area to be developed is sited at the eastern end of the hospital precinct at a great distance to significant heritage hospital buildings which area situated to the western end of the campus. Therefore, the views from to and from these significance heritage buildings are highly unlikely to be affected by this new development.</p>
<p><b>C 3.2 Scale</b></p> <p><i>C.1 Development in the vicinity of a heritage item should not have a scale, bulk or height that is incongruous with the setting of the heritage item.</i></p> <p><i>C.2 Development of a larger scale is allowable only if the new development will not be visible from the public realm.</i></p> <p><i>C.3 The form of proposed new development of a larger scale must be modulated to reduce its apparent bulk.</i></p>	<p>The scale, mass and height of the new development is in keeping with the surrounding contemporary buildings in the area thereby increasing the coherence of the area overall.</p> <p>The mass of the proposed new building has been broken up to reduce its apparent bulk and visual dominance.</p>
<p><b>C 3.3 Siting</b></p> <p><i>C. 1 The setback of new development (including alterations and additions) in the vicinity of a heritage item should ensure that important views to or from the heritage item are not adversely impacted.</i></p> <p><i>C.2 The setbacks of new development in the vicinity of a heritage item or heritage conservation area should ensure that landscape elements associated with the heritage item or heritage conservation area retain the important aspects of their relationship with the heritage item or heritage conservation area.</i></p> <p><i>C.4 The side and front setbacks of new development must be similar to the spacing of contributory buildings in the heritage conservation area in the vicinity.</i></p> <p><i>C.5 New buildings must conform to the orientation pattern of the heritage item or heritage conservation area.</i></p>	<p>The new development maintains the spacing of buildings within the eastern portion of the hospital precinct. Existing access points to the site will be maintained with the retention of adjacent roads and footpaths.</p>

Development Control Plan Provision	Response
<p><b>C 3.4 Materials and Colours</b>  <i>C.1 Materials and colours for development in the vicinity of a heritage item shall be selected to avoid stark contrast of the adjacent development where this would result in the visual importance of the heritage item being reduced.</i></p>	<p>The materials and colour scheme of the new development is in keeping with the contemporary aesthetic of the eastern portion of the hospital campus. Timber cladding and elements have been incorporated into the proposal alluding to the timber construction and wall cladding of the original building to be demolished. The integration of face brick references the predominant brick construction of original hospital buildings.</p>
<p><b>C 3.5 Landscaping</b>  <i>C.1 Established tree canopies must be retained. Development must not adversely affect the health and viability of a tree.</i></p>	<p>The existing trees and vegetation within the carpark area are later additions to the site and are therefore of little heritage significance. The proposal includes landscaping works and features two new courtyards which will involve the establishment of new trees and vegetation. This will improve the general visual amenity of the area.</p>

### 8.3.2 Conservation Management Plan policies

The following table records the policies that are assessed as being directly relevant to the proposed works. A full list of policies can be seen in the Concord Repatriation General Hospital: Conservation Management Plan (1999) prepared by Conybeare Morrison & Partners<sup>42</sup>:

**Table 14: Assessment of proposal against CMP policies (Source: Conybeare Morrison & Partners, 1999).**

Policy #	Overarching policy	Policy detail	Are works consistent with CMP policy? (Yes/No?)	Comments
Policy 18	Conservation Processes	<p>Conservation processes which are appropriate for individual elements (spaces and fabric, including fittings and finishes), will be based upon the relative significance of the element, in accordance with the following principles:</p> <p>Some Significance – should preferably be retained in situ, although removal may be acceptable in some circumstances (following archival recording)</p>	Yes	The existing building within the study area proposed to be demolished is identified in the CMP as being of some heritage significance. Therefore, although preferable, it is not a requirement to retain the building.
Policy 19	Development on the Site	Development should be confined to the areas indicated...and as recommended for each of the individual Development Areas.	Yes	The study area is identified as an area for potential new development (Development Area F).

<sup>42</sup> Conybeare Morrison & Partners, *Concord Repatriation General Hospital: Conservation Management Plan*, 1999: 110

Policy #	Overarching policy	Policy detail	Are works consistent with CMP policy? (Yes/No?)	Comments
		<p>Development Area F (DAF) – Central Ramp Wards and Associated Buildings</p> <p>An interpretative precinct of ramps, ramp wards and courtyards should be retained in this area. Adaptive re-use may occur if function requires.</p> <p>...The heritage significance of this area should be enhanced and reinstated by sensitive adaptive re-use of the area. New development should:</p> <ul style="list-style-type: none"> <li>• Minimise vehicular access to the perimeter of the area as is designated by the existing vehicular roadways;</li> <li>• The ramps should wherever possible remain intact and integral to the buildings as pedestrian walkways;</li> <li>• Provide alteration to the fabric, in accordance with the respective rankings and the Conservation principles...</li> <li>• Record the existing fabric;</li> <li>• Conserve and incorporate any items that date from the 1941-42 phase with any new development in a sympathetic but contemporary manner;</li> <li>• Be sensitive to the pavilion/ramp ward style of the 1941-42 phase of development;</li> <li>• Retain the ramps, courtyards and general external appearances where function allows while permitting further adaptive re-use of the interiors;</li> <li>• Any mature landscaping that will be affected by the development in the area must be recorded and assessed for</li> </ul>		<p>There exist opportunities to incorporate heritage interpretation within the proposal.</p> <p>The new development will compromise the understanding of the original ramp/pavilion ward style and spatial configuration of the overall hospital campus. However, it should be noted that the eastern portion of the hospital campus has already been substantially changed and altered by the demolition of majority of the original/early hospital buildings/structures and the erection of new buildings and structures.</p>



Policy #	Overarching policy	Policy detail	Are works consistent with CMP policy? (Yes/No?)	Comments
		<p>significance to the site by suitably qualified practitioners, prior to construction; and</p> <ul style="list-style-type: none"> <li>• Be restricted to a distance of not less than forty metres beyond the edge of the mangroves.</li> </ul>		
Policy 20	New building design	Ensure any new work is contextually appropriate with the architecture of the existing buildings of exceptional heritage significance. Architects should be required to make a thorough study of the physical context, including the architectural expression, materials, scale and proportion of the existing buildings.	Yes	The new development is sited away from hospital building of high and exceptional significance. The study area is located within the eastern portion of the hospital precinct which has been substantially altered by new development. Thus, the proposal is in keeping with the change wrought to the area and new contemporary character of the area.
Policy 31	Recording	An archival photographic record should be made prior to, during, and immediately after any future upgrading or conservation works.		A photographic archival recording should be undertaken to record changes to the setting before, during and following the completion of the new development to document changes to the setting, views and vistas.

### 8.3.4 Burra Charter

The conservation articles provided in Table 15 below from the Burra Charter, which are of particular relevance to the proposal, should be followed.

**Table 15: Relevant articles from the *Burra Charter*<sup>43</sup>**

Article No.	Article	Proposal
8	<p><i>Conservation requires the retention of an appropriate setting. This includes retention of the visual and sensory setting, as well as the retention of spiritual and other cultural relationships that contribute to the cultural significance of the place.</i></p> <p><i>New construction, demolition, intrusions or other changes which would adversely affect the setting or relationships are not appropriate.</i></p>	<p>The setting and open space will be impacted by the addition of a substantial building to the site. However, the development of this site is in keeping with the high concentration of new developments within the hospital precinct. The study area was also identified as being a site of potential development in the 1999 CMP.</p>
15.3	<p><i>Demolition of significant fabric of a place is generally not acceptable. However, in some cases minor demolition may be appropriate as part of conservation. Removed significant fabric should be reinstated when circumstances permit.</i></p>	<p>The building proposed to be demolished although an original hospital building, has been highly compromised with numerous modifications wrought to it over time including the construction of additions, spatial reconfigurations and later internal fitouts. The building is also not individually heritage listed and is of lesser heritage significance in comparison to the original main hospital building complexes. Thus, demolition of this building will not cause any notable adverse impact to the heritage values of the Concord Hospital precinct.</p>
22.1	<p><i>New work such as additions or other changes to the place may be acceptable where it respects and does not distort or obscure the cultural significance of the place, or detract from its interpretation and appreciation.</i></p>	<p>The new development is sited at a great distance from original hospital buildings of high to exceptional significance. It is sited in an area that featuring many contemporary buildings which have set a precedent for new developments. The building proposed to be demolished is not individually heritage listed and is considered to be a contributory item of little significance especially as it has been heavily modified.</p>
22.2	<p><i>New work should be readily identifiable as such, but must respect and have minimal impact on the cultural significance of the place.</i></p>	<p>The new development is readily identifiable as new work and maintains a similar clean contemporary aesthetic to surrounding buildings.</p>
27.2	<p><i>Existing fabric, use, associations and meanings should be adequately recorded before and after any changes are made to the place.</i></p>	<p>A photographic archival recording is recommended to document the changes to the views and setting of the study area.</p>

<sup>43</sup> Australia ICOMOS 2013. *The Burra Charter: The Australia ICOMOS Charter for Places of Cultural Significance*.

## 9.0 CONCLUSION

### 9.1 Conclusion

The study area is listed on the following registers as an item of local heritage significance:

- 'Concord Repatriation Hospital – original main building, grounds and layout', Canada Bay LEP #I256
- 'Concord Repatriation Hospital Grounds and Layout', Canada Bay LEP # I256

Based on the LEP listing entry for the hospital, the Concord Hospital precinct is locally heritage significant due to its associative, aesthetic and representativeness values.

The building is located in proximity (within 150m) to one heritage item, namely the Thomas Walker Convalescent Hospital (also known as the Rivendell School) listed on the state heritage register, Canada Bay LEP 2013, Department of Education Section 170 heritage register, Register of the National Estate, and National Trust of Australia (NSW) heritage register, of state heritage significance:

- Thomas Walker Convalescent Hospital, SHR # 00115
- Thomas Walker Hospital Group—main building, former children's hospital, former stables, former cottage, The Watergate, store, garage, grounds, entry gate, cottage and hospital grounds, Canada Bay LEP #I257
- Joanna Walker Memorial Children's Hospital—main building and hospital grounds, Canada Bay LEP #I544
- Rivendell School – Buildings B00A-B00D and Grounds, Department of Education – School Infrastructure, SHI #5064187

Based on the schematic design drawings for new mental health facility which were issued on 16 June 2023, the proposed works would result in the following heritage impacts:

The proposed new health facility will have potential **negligible physical impact** to the heritage values of the Concord Hospital precinct as it is largely confined to a contemporary carpark area and is situated within area of the precinct featuring a high concentration of new developments and change. Additionally, the proposed building slated for demolition is of little significance as it has been highly modified with little original fabric extant. The proposed new development will have potential **negligible visual impact** to the heritage values of the Concord Hospital precinct. Buildings and structures of high to exceptional heritage significance such as the Multi Block building complex and main hospital building area sited at a great distance to the area of proposed development and are thus unlikely to be visually impacted by the proposal.

### 9.2 Approval pathway

The planning pathway will follow a Part 5 (Development without Consent) Approval process provided for under the State Environmental Planning Policy (Transport and Infrastructure) 2021 (TISEPP). Therefore, this SoHI will support a Review of Environmental Factors, in line with Section 4.1 of the Environmental Planning and Assessment Act 1979 (EP&A Act).



This report has identified that there is limited potential for proposed works to impact on archaeological resources. However, construction impacts on heritage should be minimised and managed and given the unpredicted nature of subsurface archaeological remains, it is recommended that the proposed works proceed in accordance with the following actions:

**Table 16: Recommendations**

Mitigation measure	Description
<b>Unexpected Finds Procedure</b>	<p>Unexpected finds procedures are a set protocol for the identification and management of a suspected archaeological find (work or a relic) not expected to be located in an area or of a different type than expected in an area.</p> <p>Staff involved with ground disturbing works must be made aware of the potential for archaeological remains to be present. Clear lines of communication must be established for the reporting of any such finds and for procedures to be rapidly implemented. Unexpected Finds Procedures must be made clear to all staff. Images to assist with the identification of potential finds are provided at the end of this document.</p> <p>It is recommended that the procedure include the following steps:</p> <ul style="list-style-type: none"> <li>• Cease all activity within the vicinity of the find</li> <li>• Leave the material in place and protect it from harm</li> <li>• Take note of the details of the find and its location, take a photograph <i>in situ</i>, preferably with a scale</li> <li>• Inform the site manager/area supervisor, who would then inform the superintendent/principal</li> <li>• A suitably qualified archaeologist should be contacted to assess the significance of the find and determine management requirements.</li> </ul> <p>If the find is identified as being significant, the following steps should be undertaken:</p> <ul style="list-style-type: none"> <li>• Heritage NSW, Department of Premier and Cabinet (Heritage NSW) would be notified on discovery of a 'relic,' in accordance with Section 146 of the NSW <i>Heritage Act 1977</i></li> <li>• Further archaeological mitigation and/or approvals may be required prior to works recommencing.</li> </ul> <p>All relevant construction staff, contractors and subcontractors must be made aware of their statutory obligations for heritage to ensure no archaeological remains are impacted during the proposed works without appropriate mitigation measures in place.</p>
<b>Heritage Induction</b>	<p>All relevant construction staff, contractors and subcontractors must be made aware of their statutory obligations for heritage under the <i>NSW Heritage Act 1977</i> and best practice as outlined in The Burra Charter (Australia ICOMOS 2013) to ensure no archaeological remains are impacted during the proposed works without appropriate mitigation measures in place. This will be implemented through a heritage induction carried out prior to works commencing and throughout the works program.</p>

### 9.3 Recommendations and mitigation measures

Consideration should be given to developing heritage sympathetic designs, in line with the following recommendations:

#### General

- All works are to be undertaken in accordance with the principles and objectives of the Burra Charter: the Australia ICOMOS Charter for the Conservation of Places of Cultural Significance (the Burra Charter).
- The proposal should be guided and informed by the heritage legislation, statutory listings and heritage reports/documentation, including the Canada Bay LEP 2013 and the Canada Bay DCP 2023.
- A Photographic Archival Recording (PAR) report should be prepared for the site to document the change to the setting, views and vistas. This report should be prepared in accordance with relevant guidelines issues by the NSW Heritage Division.
- A new SoHI should be prepared following the finalisation of the new mental health facility design in the detailed design phase should the design be substantially changed or altered (e.g. changes in scope, materiality, scale, size, mass and form).
- If the building design is substantially changed or altered in the detailed design phase, a suitably qualified heritage consultant should be engaged to provide heritage advice.
- If archaeological remains survive, they are likely to be associated with vegetation clearance or construction, demolition and modification of buildings and roadways associated with the construction of twentieth century hospital buildings. However, construction of the modern carpark is likely to have removed any archaeological features most likely to contain any artefact bearing deposits. It is unlikely that the proposed works will adversely impact significant archaeological resources.
- It is recommended that an Unexpected Finds Procedure should be implemented across the study area to ensure that if unanticipated archaeological remains not assessed in this report are uncovered, they are managed appropriately in accordance with current legislation and with best heritage practice.

#### Pre-construction

- Consideration should be given to the provision of heritage interpretation as part of the project, which would outline the history, associations and significance of the site and the wider Concord area. Interpretive measures could involve interpretive signage, panels or displays at entry/exit points to the building.
- The proposed new development will need to adopt an architectural form that is complementary to the surrounding heritage items and context.
- The selection of materials and finishes will need to be carefully considered to ensure they are compatible with the nearby buildings.

- The height of the building should not exceed that of surrounding buildings within the hospital campus.
- Consideration should be given to selecting native vegetation for incorporation into the new greenspaces for the proposal.
- The new development should maintain the spacing between buildings and structures and take into consideration potential overshadowing effects.



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