

HERITAGE IMPACT STATEMENT

Former Rachel Forster Hospital Site

**134-150 Pitt Street
Redfern**



The Rachel Forster Hospital in 1964

**Weir
Phillips
Heritage**

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Sydney NSW 2011
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CONTENTS	PAGE
1.0 INTRODUCTION	1
1.1 Preamble	1
1.2 Background	1
1.3 The Site	2
1.4 Authorship and Acknowledgements	5
1.5 Limitations	5
1.6 Methodology	5
1.7 Physical Evidence	5
1.8 Documentary Evidence	5
2.0 HISTORICAL DEVELOPMENT	6
2.1 Preamble	6
2.2 Eora Country	6
2.3 Early European Settlement and Redfern Farm	6
2.4 Redfern Lodge and the Development of Redfern	6
2.5 The Establishment of the Rachel Forster Hospital for Women and Children	8
2.6 Designing the Rachel Forster Hospital	9
2.7 The New Hospital Buildings Are Opened	13
2.8 Building Works and New Acquisitions	13
2.9 The End of Independence and the Move to RPA	16
2.10 Recent Approvals and Works on the Site	17
3.0 SITE ASSESSMENT	18
3.1 Preamble	18
3.2 Site Information Summary	18
3.3 The Site in 2007	18
3.4 The Buildings in 2007	23
3.4.1 Overview	23
3.4.2 Building 1 (<i>The Ward Block</i>)	23
3.4.3 Building 2 (<i>The Administration Block</i>)	26
3.4.4 Building 3 (<i>The McKell Outpatients Department</i>)	29
3.4.5 Building 4 (<i>Hydrotherapy Pool</i>)	32
3.4.6 Building 5 (<i>Weatherboard Shed</i>)	33
3.5 The Site in August 2016	34
3.6 The Setting	36
4.0 ASSESSMENT OF SIGNIFICANCE	39
4.1 Preamble	39
4.2 Citations and Listings	39
4.2.1 <i>The Site</i>	39
4.2.2 <i>The Surrounding Area</i>	39
4.3 Statement of Significance for the Former Rachel Forster Hospital Site	44
5.0 THE PROPOSAL	45
6.0 EFFECT OF WORK	46
6.1 Effect of Work on the Site	46
6.2 Effect of Work on Nearby Heritage Items and the Conservation Area	47
7.0 SUMMARY	48
7.1 Significance	48
7.2 Proposed Amendments	48
7.3 Impacts	48
7.4 Conclusion and Recommendation	

1.0 INTRODUCTION

1.1 Preamble

This Heritage Impact Statement (HIS) for the Former Rachel Forster Hospital Site, No. 134-150 Pitt Street, Redfern, New South Wales has been prepared at the request of Kaymet Pty Ltd and accompanies plans prepared by Tony Owen Partners and others.

This statement follows earlier heritage impact statements for the site, dated December 2011, February 2010 and September 2012, and has been prepared to address changes to the approved scheme.

The existing approval for the site is for 158 units with an FSR of approximately 2:1. The approval provides for 4 buildings as follows:

- Building 1 (also referred to as Building A) – 7 storeys.
- Building 2 (also referred to as Building B) – 4 storeys.
- Building 3 (also referred to as Building C) – 4 storeys.
- Building 4 (also referred to as Building D) – 4 storeys.

This application seeks to increase the yield to 218 units with an FSR of approximately 2.3:1 lying within the following envelopes:

- Building 1 (Building A) – 7 storeys.
- Building 2 (Building B) – 6 storeys.
- Building 3 (Building C) – 6 storeys.
- Building 4 (Building D) – 4 storeys.

The increase provides for the inclusion of affordable housing.

The existing approval is for residential use only. It is also proposed to add retail/café spaces and to improve the elevation and landscape designs.

1.2 Background

From 1937 until its closure in 2000, the Former Rachel Forster Hospital Site was a place where a wide range of medical and social services were provided to woman and children and, from 1967, to men. The Hospital had its origins in a small clinic established by six female doctors in a terrace in Surry Hills in 1922. By 1937, this clinic had grown to the extent that it warranted government resumption of a large block of land, being the subject site, to provide for a purpose-built hospital complex. In addition to providing medical services, the Hospital played an important role in medical training and education, particularly of female medical practitioners. It was also a place where innovative treatments were provided.

The hospital buildings on this site were constructed from 1941 onwards, to designs prepared by Leighton Irwin, an architectural practice considered second only to Stephenson and Turner in the design of modernist hospitals over the period 1930s to 1960s. The Functionalist Style hospitals that these two practices designed in the 1930s provide the first large-scale examples of modernist style buildings in Australia. The Rachel Forster Hospital had strong social networks, drawing patients and support from communities throughout New South Wales. The Hospital officially closed in 2000; some outpatient services continued for several years beyond this date.

The Former Rachel Forster Hospital Site was identified as a State significant site under *State Environmental Planning Policy (Major Projects) 2005*. The site was identified as a heritage item by the *State Environmental Planning Policy (Major Projects) 2005 Redfern-Waterloo Authority Sites-Heritage Map*. Schedule 3 Division 4 Part 5 Clause 27 of the *SEPP (Major Projects) 2005* required consent to alter or demolish a heritage item. A Concept Plan for the site was approved on 9 October, 2007 (MP 07 0029). As noted

above, there are existing approvals in place for the redevelopment of the site to provide 158 residential units. Under these approvals, all buildings with the exception of eastern elevation and concrete frame work of Building 1 (Building A) have been demolished.

The *State Environmental Planning Policy (Major Projects) 2005* has since been replaced with the *State Environmental Planning Policy (State Significant Precincts) 2005*. The site continues to be identified as a heritage item by the *Redfern-Waterloo Authority Sites-Heritage Map*. Schedule 3 Division 4 Clause 27 of the *State Environmental Planning Policy (State Significant Precincts) 2005* requires consent to alter or demolish a heritage item, hence the preparation of this statement.

This HIS is designed to be read in conjunction with a Conservation Management Plan for the site prepared by Weir Phillips Architects and Heritage Consultants for the Redfern Waterloo Authority in 2007, to accompany a Part 3A Concept Application for the proposed redevelopment of the site. This CMP is hereafter referred to within this document as the *CMP 2007*.

A summary of the history, site assessment and heritage assessment contained in the *CMP 2007* is provided in Sections 2.0, 3.0 and 4.0. Section 5.0 sets out of the proposed works. Section 6.0 assesses the potential impact of the proposed changes on the significance of the site; on the Redfern Heritage Conservation Area (as defined by Schedule 5 Part 2 of the *Sydney Local Environmental Plan 2012*), which surrounds the site; and on a number of heritage items (identified by Schedule 5 Part 1 of the *Sydney Local Environmental Plan 2012*) in the vicinity of the site.

1.3 The Site

The Former Rachel Forster Hospital Site is located on the southwest corner of Pitt and Albert Streets, Redfern. The site is identified as Lot 7 D.P. 664804.

Figure 1 locates the site within the suburb of Redfern.

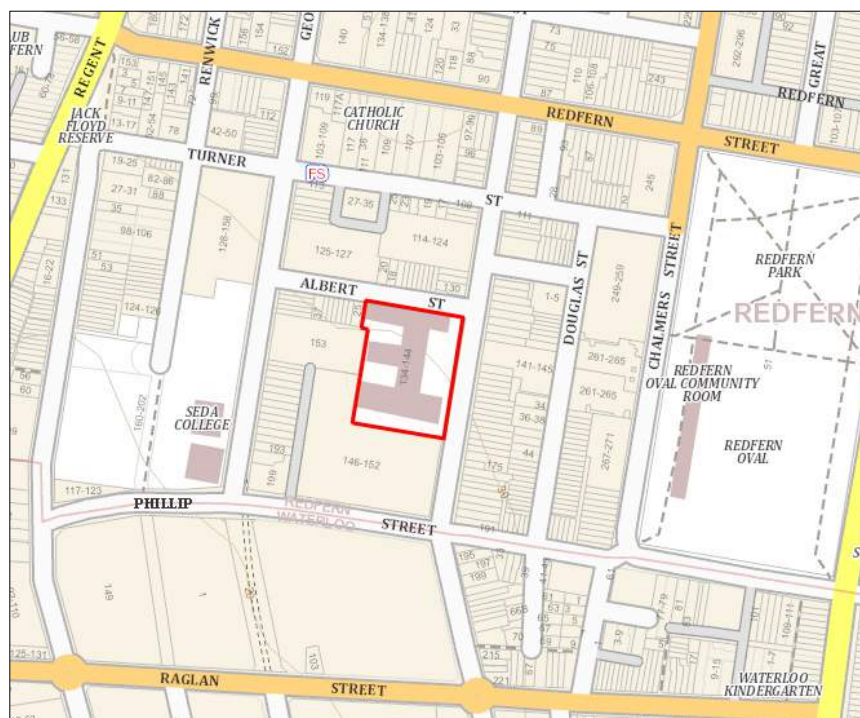


Figure 1: Site location.

NSW Lands Department, 2016; annotation in red by WP Heritage.

Figure 2 provides an aerial photograph showing the structures on the site at the time that the *CMP 2007* was prepared. Figure 3, a detailed survey of the site, identifies the

major site elements in 2007. As further discussed below, all but Building 1 (Building A) have been demolished under existing approvals.



Figure 2: Site layout, aerial view.

NSW Lands Department, undated; annotations in red by WP Heritage.

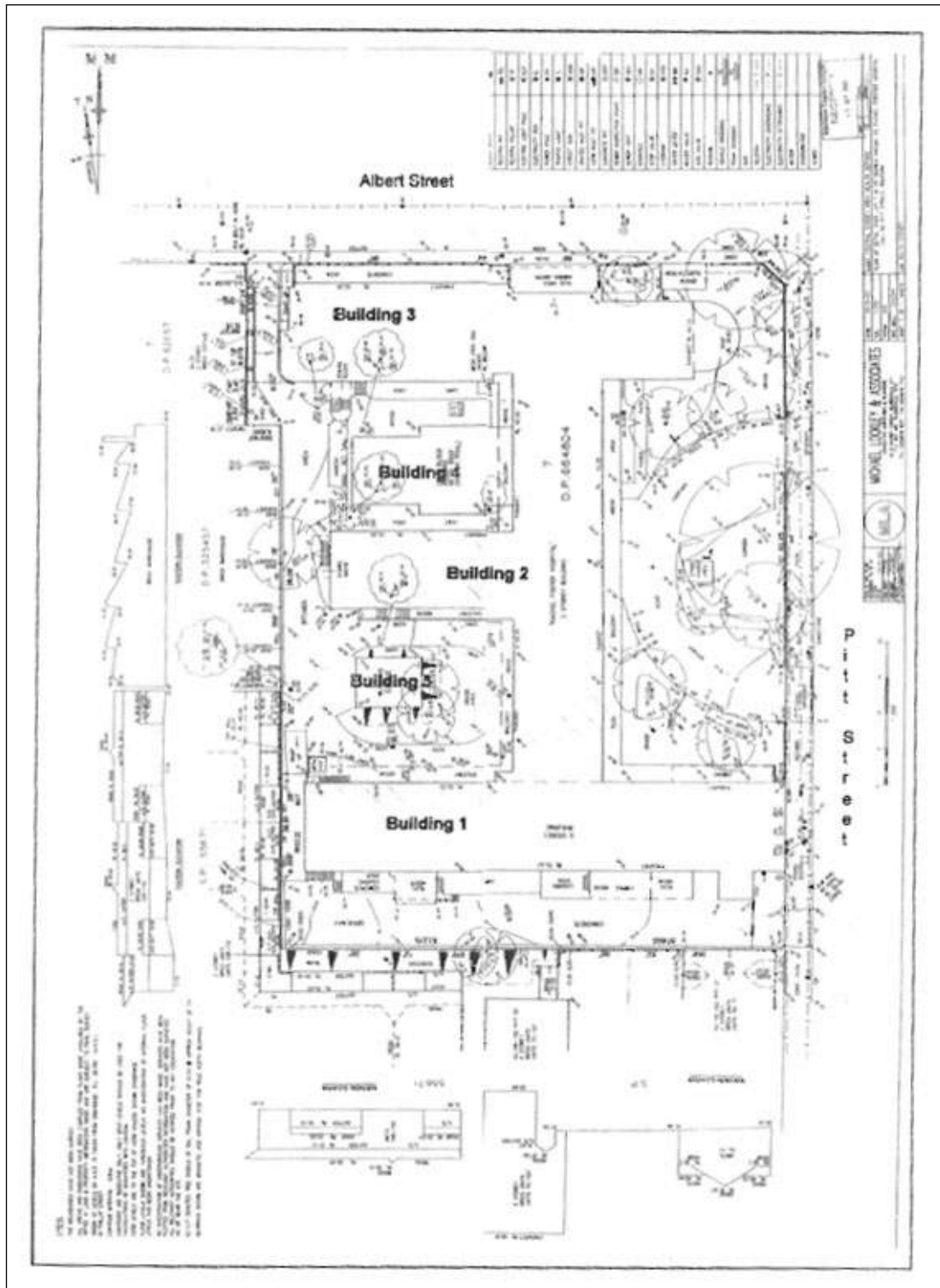


Figure 3: Site layout, survey

Michael Lockley and Associates, *Plan of Detail Over Lot 7 in DP 664804 known as Rachel Forster Hospital, 134-150 Pitt Street, Redfern, 10.09.2003.*

1.4 Authorship and Acknowledgements

This HIS was prepared by Alice Fuller, B. Appl. Sc. (CCM), M.Hert.Cons.(Hons), and James Phillips, B.Sc. (Arch) B. Arch., M.Hert.Cons.(Hons), of Weir Phillips Heritage.

The *CMP 2007* and the earlier HIS were prepared by Alice Fuller, B. Appl. Sc. (CCM), M.Hert.Cons.(Hons); Thomas Trudeau, B. Arts (Hons), M.Sc (Arch.Cons.); and James Phillips, B.Sc. (Arch) B. Arch., M.Hert.Cons.(Hons), of Weir Phillips, Architects and Heritage Consultants.

1.5 Limitations

The authors had access to the site and records held by the client. No historical archaeological work was carried out by Weir Phillips.

The site can no longer be safely accessed. The photographs from within the site boundaries contained in this statement were taken on site visits conducted in 25 January, 6 February and 29 May, 2007.

1.6 Methodology

This HIS, and the CMP on which it is derived, has been prepared following extensive research and a thorough conservation planning process. The methodology of this statement is based on the guidelines provided by the *NSW Heritage Manual*, itself based on the principles of the *Burra Charter: the Australian ICOMOS Charter for Places of Cultural Significance* (2013).

This heritage impact assessment also makes reference to relevant planning documents listed under Section 1.10.

1.7 Physical Evidence

Site visits were conducted on 25 January, 6 February, 29 May, 2007 and September 2013. An archival recording was undertaken by Weir Phillips Heritage on the last of these occasions. A further inspection of the surrounding area was carried out in August 2016. The dates that the photographs in this statement were taken are as indicated.

1.8 Documentary Evidence

A full list of the references used to compile the history contained in the *CMP 2007*, from which the history and assessment in this statement is derived, can be found in Appendix 1 of that document.

The following documents were referred to in the preparation of this statement:

- Australian Institute of Architects, *Register of Significant Buildings in NSW*.
- *State Environmental Planning Policy (State Significant Precincts) 2005*.
- *Sydney Development Control Plan 2012*.
- *Sydney Local Environmental Plan 2012*.
- Weir Phillips Architects and Heritage Consultants, *Former Rachel Forster Hospital Site, 134-150 Pitt Street, Redfern: Conservation Management Plan, 2007*.
- Weir Phillips Architects and Heritage Consultants, *Former Rachel Forster Hospital Site, 134-150 Pitt Street, Redfern: Heritage Impact Statement, 2007*.
- Weir Phillips Architects and Heritage Consultants, *Former Rachel Forster Hospital Site, 134-150 Pitt Street, Redfern: Amended Heritage Impact Statement, February 2010; December 2011; and September 2012*.

2.0 HISTORICAL DEVELOPMENT

2.1 Preamble

The purpose of this section is to briefly outline the historical development of the site. A more in-depth history of the site is provided by Sections 2.0 and 3.0 of the *CMP 2007*.

2.2 Eora Country

The City of Sydney acknowledge the Cadigal (Gadigal) people of the Eora Nation as the original custodians of Sydney.

2.3 Early European Settlement and Redfern Farm

The Former Rachel Forster Hospital Site stands on a 100 acre grant made to William Redfern, former convict and later Assistant Surgeon of the Colony, on 8 October, 1816 under the hand of Governor Lachlan Macquarie. Redfern and his descendants would own the land until the early 1840s.

In March 1842, nine years after William Redfern's death, his grant was subdivided into allotments and offered for sale. The grant was subdivided into eight sections by George, Pitt, Chambers (Castlereagh) and Redfern Streets. The two streets that define the eastern and northern boundaries of the subject site (being Pitt and Albert Street) are shown by Edward Knapp's 1842 plan of the subdivision.¹ The subject property was part of a parcel of land acquired by George Cooper Turner, Crown Solicitor, and subsequently re-subdivided.

2.4 Redfern Lodge and the Development of Redfern

The land title for the subject site after 1842 becomes complex and is only partially resolved. By the time that the land was resumed for the Rachel Forster Hospital in 1937, there were at least seven individual owners of land part of the site. Three families in particular – Logan, McAteer and Thompson – were long-term owners of land part of this site. Of these, the Thompson family, who were prominent horse breeders and trainers based in the Widden Valley, are perhaps the most notable.

Nineteenth century survey plans of Redfern indicate that a number of buildings were built upon the subject site, addressing both Pitt and Albert Streets, during the second half of the nineteenth century. Copies of surveys dated 1865, 1887 and 1894 can be found in Section 2.0 of the *CMP 2007*. The last of these nineteenth century surveys is reproduced below as Figure 4, to provide an example of the nineteenth century development of the site.

Survey plans, *John Sands' Sydney and Suburban Directories*, land titles records and the Tri-Annual Valuation records for Redfern Municipal Council (for which only the years 1917-1925 survive) indicate that the buildings shown by Figure 4 were, for the most part, tenanted terrace dwellings.²

¹ Edward J.H. Knapp, *Plan of Redfern's Grant, 1842*, Mitchell Library, M3 811.18193/1842/1.

² The occupants of streets in Redfern are first individually listed by street in *John Sands' Sydney and Suburban Directories* in 1879 .

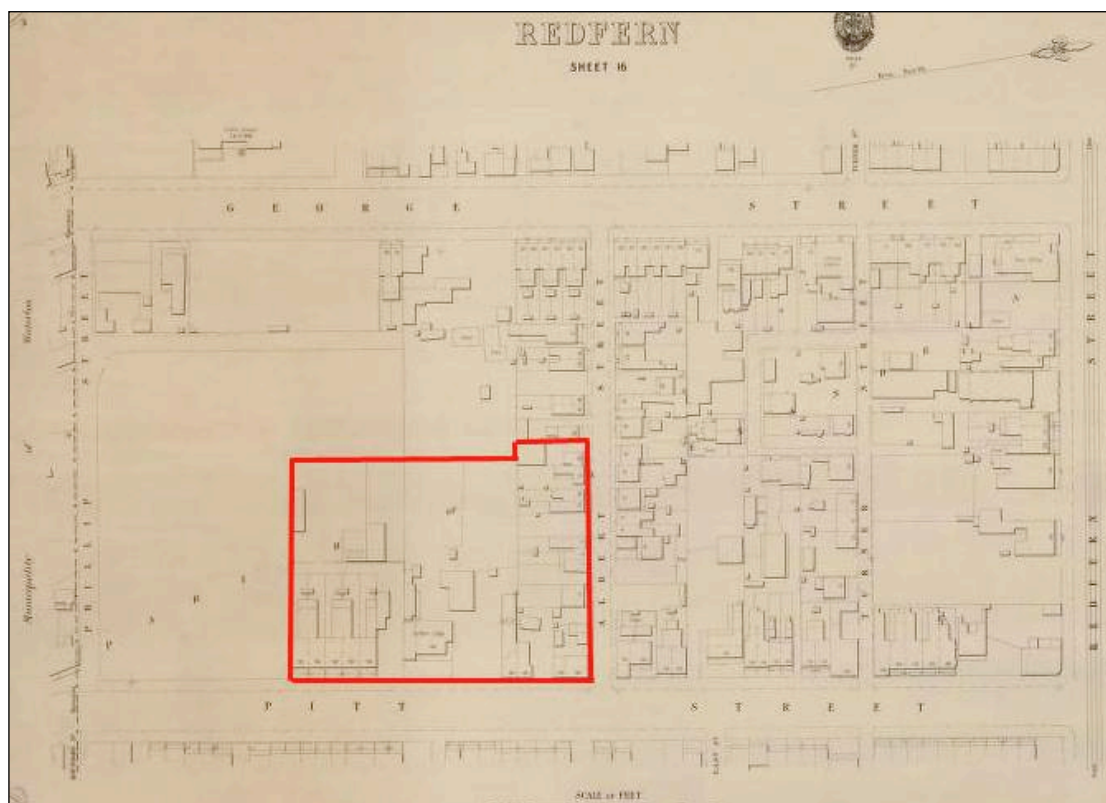


Figure 4: Detail from, NSW Lands Department, *Metropolitan Detail Series, Redfern Section 16, 1894.*
State Library of New South Wales.

The most significant building to have stood upon the subject site before 1937 was *Redfern Lodge*, the largest individual building on the site shown by the above survey. Historic photographs show *Redfern Lodge* to have been a single storey stone dwelling. Surveys show that it was erected sometime before 1865.³ No information as to the type of terraces (i.e. number of storeys and or rooms) which once stood on the site is available. There are no known photographs of these buildings; they are simply described in the available Council rate and valuation records as 'houses.' The terraces, which once occupied the Pitt Street frontage of the site, were assessed as having a higher improved capital value than those fronting Albert Street, suggesting that the latter were of more modest construction.⁴

By the 1920s the living conditions for many people in the southern suburbs of Sydney was poor. Among those who sought to alleviate conditions in the city's inner suburbs were six female doctors, who established a small clinic for women and children in Surry Hills in 1922. As set out below, this clinic would ultimately develop into the Rachel Forster Hospital for Women and Children.

³ P.F. Adams, *Surveyor General, Trigonometrical Survey of Port Jackson and the City of Sydney and Suburbs*, 1865. Detail of Section 152 (Frame 2/3). State Records. Refer to Section 2.0 of the CMP 2007.

⁴ Redfern Municipality. *Tri-Annual Valuation Records*, for the period 1920-1922. City of Sydney Archives. The other surviving record, being for 1917-1920, contained no further information. The limited surviving rate records for Redfern Council similarly provide no information as to number of storeys, construction material etc. Part of the differences in the valuations for properties from Pitt and Albert Street would relate purely to land value.

2.5 The Establishment of the Rachel Forster Hospital for Women and Children

The Rachel Forster Hospital for Women and Children owes its inception to six female doctors. Chief among these were Dr. Lucy Gullet and Dr. Harriet Biffin, who established the NSW Association of Registered Medical Women in 1921:

‘These two women devoted so much of their lives to Rachel Forster, and through the hospital’s history, their influence is felt again and again.’⁵

The other four founding doctors were Dr. Constance D’Arcy, Dr. Margaret Harper, Dr. Susie O’Reilly and Dr. Emma Buckley. A brief biography for each woman is provided in Section 3.0 of the *CMP 2007*, with further details in Appendix 2 of that document. Some idea of their standing within the wider community is provided by the fact that Doctors D’Arcy, Harper and Gullet were among seven doctors identified as the ‘most distinguished women in medicine in New South Wales’, by an article published by the *Sunday Telegraph* in March 1933.⁶

By the mid 1920s the Surry Hills Clinic had grown to the extent that new premises had to be sought and the hospital was extended to include a site in George Street Redfern. By the mid 1930s, the George Street site was no longer meeting the existing and proposed future needs of the Hospital.

In 1934-5, the Hospital Board requested the NSW Hospital Commission to acquire a site in Redfern to allow the construction of a new hospital of 200 beds (with the immediate provision of 100 beds) and adequate staff quarters. The George Street site could then be used solely to treat out patients.⁷

With the aid of the Valuer General’s Department, a suitable site for a new hospital was found on the corner of Albert and Pitt Streets, Redfern. This one and a half acres site, being the subject site, was situated within three minutes walk of the George Street premises, had two street frontages and the potential for northern and eastern aspects.⁸ The Hospital Board requested the resumption of the land and proposed that they raise £10,000 towards the purchasing cost, with the Hospital Commission to provide the remainder. The end result of these negotiations was the resumption of the site as gazetted June 1935. Thus, in the *Annual Report* for this year, the Hospital Board where in a position to report that:

‘...your hospital now possesses a site which will meet all possible future needs and provide a quiet and spacious centre of healing in one of the City’s most congested and least beautiful areas.’⁹

The architectural practice of Leighton Irwin was commissioned to design the new hospital. A general design was completed and approved by the Hospital Board and Hospital Commission in 1938. By this time, the situation at the George Street site had become critical. The Hospital was now treating over 33,500 outpatients annually, in their General Medical and Surgical Clinics alone, and over 12,700 in patients.¹⁰

A new challenge to the project arose as world politics became increasingly unstable and a second world war seemed inevitable. When Prime Minister Robert Menzies announced that Australia was at war with Germany on 3 September, 1939, the

⁵ Lysbeth Cohen, *Rachel Forster Hospital: The First Fifty Years*, NSW, Rachel Forster Hospital, 1972, p. 9.

⁶ ‘100 Women: List of Feminist Club Guests’, *Sunday Telegraph*, 14.03.1933. In book of cuttings Rachel Forster Hospital Records, Mitchell Library, ML Mss. 2458, Box Y4817.

⁷ *The Rachel Forster Hospital for Women and Children Fourteenth Annual Report*, 1936, p.5.

⁸ *The Rachel Forster Hospital for Women and Children Fifteenth Annual Report*, 1937, p.3.

⁹ *Ibid*, p.3.

¹⁰ Statistics cited in *The Rachel Forster Hospital for Women and Children Seventeenth Annual Report*, 1939, p.26.

Hospital Board gave considerable thought as to whether they should continue with their building programme in a time of war, reaching the conclusion that:

‘... war would certainly cause increased poverty and suffering, and probably bring with it epidemic disease, so that hospital accommodation would be more urgently needed than ever. It was felt that time must elapse before Australian wealth and manpower could be totally absorbed in the war effort....many resources now being used to produce non-essentials should be diverted to war purposes before essential services such as hospitals should be sacrificed....Your Board has offered to place the building at the disposal of the military authorities as soon as completed, should it be required, for the duration of the war.’¹¹

2.6 Designing the Rachel Forster Hospital

The design concept for the Rachel Forster Hospital, illustrated by the model shown by Figure 5, is best explained using the words of Leighton Irwin from the *Annual Report of 1939*. Note how, even before a brick was laid, provision was being made for future expansion:

‘In many ways the building will be an innovation to Sydney, both in its general conception and in the details of its arrangement. Although of the vertical type, it will perhaps be more akin to the latest Continental hospitals where the internal efficiency is regarded of all importance rather than those of American where its hotel qualities are emphasised. In the manner of its planning, a sense of space surrounds it; a need greatly to be desired in this overcrowded district. The main façade will be on to Pitt Street where a circular drive will lead to a dignified entrance. This unit (designated Building 2 in this statement) however, will only be two storeys high so that it will not block the vision from the main ward wing (Building 1 in this statement) which will be built across the end of the block. At present this wing will consist of five storeys but it is planned to add two more storeys later. Each floor will have a balcony on the north face which will act at once as a protection to the building in summer time, and at others may house patients from the wards which open directly onto it.

The low wing facing Pitt Street will house the Administration Offices on the Ground Floor while the rear wing will be for the Isolation and the Pathological Departments...

The entire first floor of both wings will constitute the Nurses’ Home and is economic and efficient arrangement. From the Second Floor upwards, the main block will contain the general wards and their services.

The kitchen and stores have been placed on the Ground Floor at the rear of the main wing to facilitate the delivery and handling of supplies...

The other important features of the ward block are the operating theatres on the 3rd floor which are designed on similar lines to other recent hospitals in Sydney and will be mechanically ventilated. The 4th floor will be occupied by the intermediate section and the children’s wards and will, for the time being, constitute the top floor. The roof will, however, be strengthened to carry two additional floors at a later date. This feature is an important one to this institution, as

¹¹ *The Rachel Forster Hospital for Women and Children Eighteenth Annual Report, 1940, p.8.*

without these floors, the services will not be functioning to their full capacity....

The boiler house and other mechanical services have, through a fortunate fall of the ground to the rear of the site, been able to be housed in a well-lighted basement. This position, in addition to the space that is saved, has several mechanical advantages.

The Out Patients Department (Building 3 in this statement) will be a two storey erection on the Albert Street front, but this is not included in the present programme...'¹²

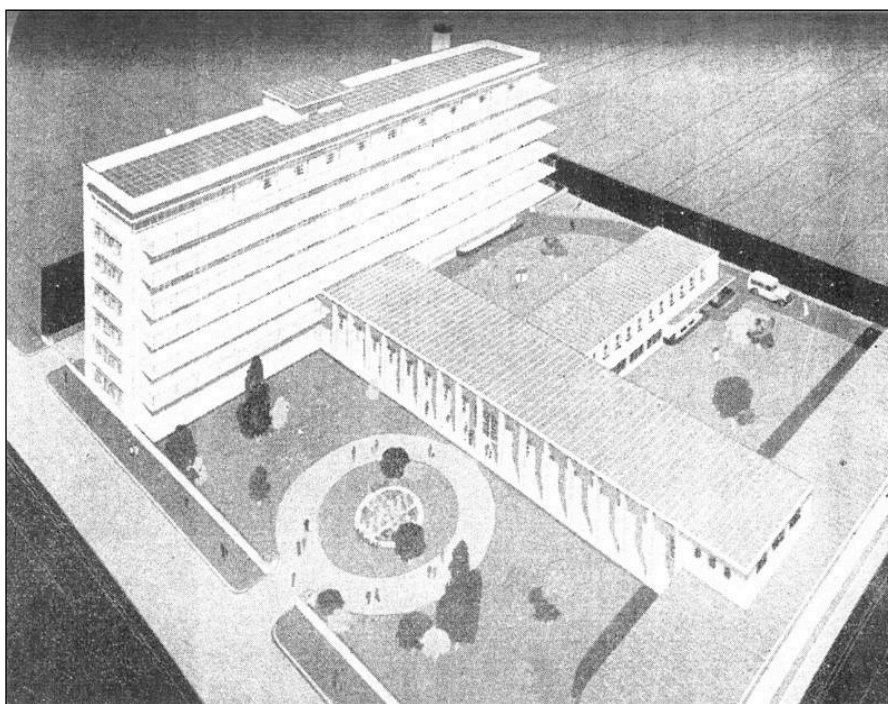


Figure 5: Artist's model for the Rachel Forster Hospital, 1939.

The Rachel Forster Hospital for Women and Children Seventeenth Annual Report, 1939.

Most of the plans for the Hospital are held by the Department of Commerce Plan Room. A selection of reduced copies can be found in Appendix 3 of the *CMP 2007*.

The original layout and interior finishes, including colour schemes, are described in detail in an article appearing in *Decoration and Glass* in February 1942, a full copy of which is provided in Appendix 2 of the *CMP 2007*.

Figures 6 and 7 below provide photographs of the newly completed hospital.

¹² *The Rachel Forster Hospital for Women and Children Seventeenth Annual Report, 1939*, pp.4-6.



Figure 6: The Rachel Forster Hospital, 1942.
Decoration and Glass, February 1942.



Figure 7: Sam Hood, The Rachel Forster Hospital, 1942.
State Library of New South Wales, *Home and Away*, 10508.

The newly completed Hospital was featured in a number of the major building and design reviews of the day including *Building* (24 December, 1941), *Construction Review* (January 1942), *Decoration and Glass* (February 1942) and *Art in Australia* (June-August 1942). It also appeared in general interest magazines, such as the *Australian Women's Digest* (May 1946). A selection of these articles can be found in Appendix 2 of the CMP 2007.

No plans for the original landscape design of the site have been found, beyond the basic block plan included in the architectural plans for the site held by the Department of Commerce Plan Room (see Appendix 3 in the *CMP 2007*). A number of statements in contemporary articles, however, indicate that landscaping was carefully considered in light of the welfare of patients and staff and the site's location within a densely populated area. As described in 1942:

'The building is planned to make the most of the site, leaving the maximum amount of ground for lawns and gardens and for free air movement around the hospital.'¹³

'The method of planning, which is new, suggests a sense of space, which is a very desirable thing in this crowded locality.'¹⁴

The extensive open garden space a maximum of which was sought, for psychological reasons, in planning of the buildings on the site.¹⁵

The original landscaping was altered over time. Among the Rachel Forster Hospital Records held by Mitchell Library is a letter from the Royal Botanic Gardens briefly describing the grounds of the Hospital in 1967. The grounds are described as being divided into three precincts comprising the front garden and two courtyards. Existing trees were identified as a large camphor laurel, *Liriodendron tulipifera*, *Jacaranda mimosifolia*, *Dicksonia antarctica*, *Plumeria accuminata*.¹⁶ In 1981, the garden was supplemented by ivy, camellias and hibiscus.¹⁷ Refer to Figure 8.



Figure 8: Front courtyard at the Rachel Forster Hospital, 1982.

The Rachel Forster Hospital Sixtieth Annual Report 1982.

¹³ 'Sydney's Newest Hospital: First Section of Rachel Forster Hospital Now Completed', *Decoration and Glass*, February 1942, p.9.

¹⁴ 'The Rachel Forster Hospital for Women and Children, Redfern, Sydney', *Building*, 24 December, 1941, p.35.

¹⁵ 'A Hospital Prepared: A.R.P. at Rachel Forster Hospital, Sydney', *The Australian Hospital*, January 1942, p.18. 'Sydney's Newest Hospital: First section of Rachel Forster Hospital now completed', *Decoration and Glass*, February 1942, p.10.

¹⁶ Letter from the Royal Botanic Gardens and National Herbarium to Dr. Booner dated 15.02.1967. In Rachel Forster Hospital Records, Mitchell Library, ML MSS. 2458, Box Y4808.

¹⁷ *The Rachel Forster Hospital Fifty-Ninth Annual Report, 1981*, p.8.

2.7 The New Hospital Buildings Are Opened

The first section of the Rachel Forster Hospital, being Buildings 1 and 2 (Figures 6 and 7 above), was officially opened on 13 December, 1941 by Lady Wakehurst, wife of the Governor of New South Wales, an event recorded on the timber panelling of the original main entrance. The event was duly noted in most of the Sydney daily newspapers. Around 1,500 people are reported to have attended.¹⁸ Dr. Mary Puckey was appointed as Chief Executive Officer (later General Superintendent) of the Hospital. Staff occupied the new Hospital on 15 December, 1941. Patients, however, would not be moved into the Hospital until 25 February, 1942.¹⁹ The Hospital had an initial capacity of 124 beds.

Figure 9 provides an aerial over the site from 1943, showing the layout and extent of the Hospital soon after opening.



Figure 9: Aerial photograph of Redfern, showing the site and the surrounding area, 1943.

Department of Lands Spatial Information exchange.

2.8 Building Works and New Acquisitions

The Hospital continued its plans for expansion in the immediate post World War II period. Despite the post war building material shortages, a new Nurses' Home (later intended to be used for administration) was planned in 1944 utilising a government grant of £25,000. A new award shortened the working hours of nursing staff,

¹⁸ 'Rachel Forster Hospital: New Building Declared Opened', *Sunday Telegraph*, 14.12.1941; 'Opened by Lady Wakehurst: New Rachel Forster Hospital', *Sydney Morning Herald*, 15.12.1941.

¹⁹ *The Rachel Forster Hospital for Women and Children Twentieth Annual Report*, 1942, p.4.

requiring the employment of additional staff. The new block would, in addition, enable the existing nursing quarters to be opened for use as urgently needed additional wards.²⁰ There are no surviving building records or plans for this work.²¹

The scheme was modified, perhaps because of post war shortages. Eighteen new nurses rooms and new cafeteria would eventually be opened three years later, in February 1949.²² Figure 10 provides an aerial over the Hospital after the completion of these works.



Figure 10: Redfern, 1951.

Detail from NSW Lands Department, *Sydney County of Cumberland, Run 14*, May, 1951. NSW Lands Department (Aerial Photograph), 467-47.

The building programme at the Hospital resumed in the early 1950s. A new Outpatients' Department, named in honour of Sir William McKell (Premier of New South Wales from 1939-47 and Governor General from 1947-1953) and designed by Leighton Irwin, was officially opened on 16 December, 1953 (Figure 11).²³ There are no surviving building records or plans for this building.²⁴

²⁰ 'Rachel Forster Hospital, Extension Planned.' Unsourced newspaper article dated 18.08.1944 cited in a scrap book of newspaper clippings part of the *Rachel Forster Hospital Records*, Mitchell Library, ML MSS. 2458, Box Y4817.

²¹ Resources checked: City of Sydney Archives and NSW Planning. The 'Street Cards' for the Rachel Forster Hospital indicate that an application for alterations and additions was made in March 1947. The records/plans relating to this application have been destroyed.

²² Undated brochure (c.1963?) titled 'Rachel Forster Hospital, Sydney' found among the Rachel Forster Hospital Records, Mitchell Library, ML MSS. 2458, Box Y4817. Copies of the Annual Reports for the 1943 to 1953 could not be located. Identifying this addition is problematic, given that the annual reports could not be located, later works generally compliment the style of the original buildings and the absence of architectural plans.

²³ Illustrated by Photograph 131 in later section.

²⁴ Resources checked: City of Sydney Archives and NSW Planning. The 'Street Cards' for the Rachel Forster Hospital indicate that an application for alterations and additions was made in March 1947. The records/plans relating to this application have been destroyed.

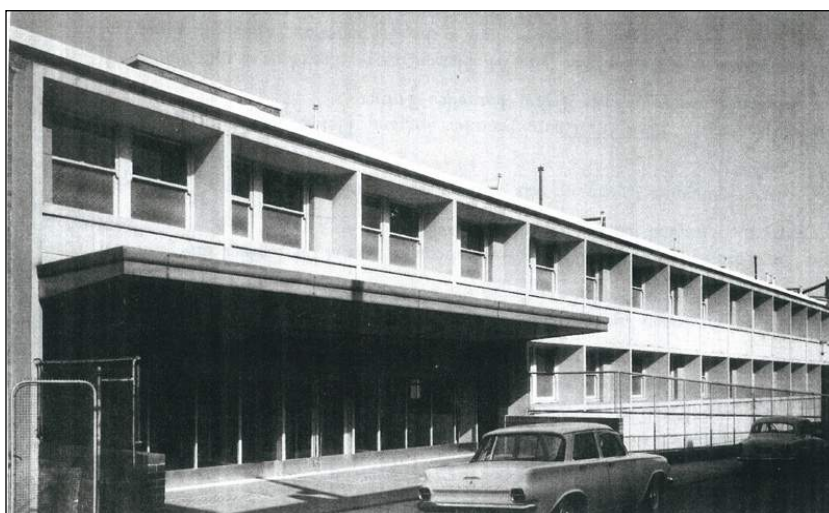


Figure 11: Outpatients Department, undated.

The Rachel Forster Hospital for Women and Children Forty-Second Annual Report, 1964.

The construction of the Outpatients Department (Building 3) involved an extension to the northern end of Building 2, including the extension of the colonnade. There are no known surviving architectural plans for this building.

The Outpatients Department was described as:

‘The opening of the McKell Out-Patients Department marks the completion of the original plans for the hospital, but not the end.’²⁵

‘...Very modern, the individual cubicles open on one side to the quiet, bright and padded-seated waiting room, and on the other to a corridor in which are sterilisers and storage cupboards, and through which doctors and nurses can move from patient to patient without having to walk through the waiting room.’²⁶

The ‘Round House’, part of Building 3, was opened as a café with access from Albert Street. This room was later converted into an Assembly room for board meetings, community meetings and functions.²⁷

The second floor of the new wing was occupied by various specialist clinics, including the Brest Clinic, the Eye Clinic and newly established Orthoptics Department, Dental, Skin, V.D., Psychiatric, Diabetic and Orthopaedic Clinics and Almoner’s Department. In its first year there were close to 67,000 attendances at the Outpatients Department.²⁸

The former George Street premises, no longer required for the treatment of outpatients was remodelled to provide an extra Nurses Home and Preliminary Training School and named in honour of Hospital patron, Miss Annie Eva Reid (1955).²⁹

The work of the Hospital continued to expand in 1960s and 1970s. During the early 1960s a new Cancer Detection Clinic and an Arthritis Clinic, run in conjunction with the Royal Prince Alfred Hospital, were opened. The Ruby Board Clinic, named in memory of the Vice President of the Hospital Board from 1939 to 1958, for the

²⁵ *Rachel Forster Hospital for Women and Children Annual Report June 1954.* The reasons why building had been delayed is not known. The Annual Reports for the period 1943 to 1953 are missing from the Mitchell Library. Other copies could not be located.

²⁶ Lysbeth Cohen, *op.cit.*, 1972, p.36.

²⁷ *Ibid*, p.36.

²⁸ *The Rachel Forster Hospital for Women and Children Annual Report 1955.*

²⁹ *The Rachel Forster Hospital for Women and Children Annual Report 1954*, p.9.

diagnosis and treatment of diabetes opened in 1966.³⁰ In 1970 the Frances Gillespie Intensive Care Unit, 'incorporating the most up-to-date fittings and equipment possible', was opened and named in honour of the Hospital's president. The funds for this unit were raised by donation and the efforts of the still active Hospital Centres.

Not surprisingly, given the above expansion in services, the Hospital was, by the mid 1960s, experiencing its highest occupation rates since opening in 1922. Changes in the demographics of the surrounding area were placing additional pressures on the Hospital and challenging its tradition of exclusively treating women and children:

'The area all around our Hospital is now zoned residential area and already many new blocks of flats have been built. At present, a £2 million housing scheme for 1,700 is being built a short distance from the Hospital. Therefore, we have decided that as soon as space becomes available, we will admit male patients in order to fulfil our responsibilities to people in this area.'³¹

On 11 June, 1980, the last nurse completed her training at Rachel Forster Hospital. Education at the Hospital then focused on post-graduate and nurses aid training in their specialities.

Further information about alterations, additions and uses can be found in the *CMP 2007*.

2.9 The End of Independence and the Move to RPA

On 1 October, 1986, under new legislation enacted by the NSW Government, the Board of the Rachel Forster Hospital ceased to exist. From this date onwards, the Hospital was administered by the RPA Hospital and Area Health Service.³² The two hospitals were henceforth run as a single financial unit.

During this period there was a growing interest in the heritage of South Sydney. In 1995, South Sydney Council commissioned Tropman and Tropman to carry out a heritage study of the Council area. The Rachel Forster Hospital Site was identified as a potential heritage item by this study and was subsequently listed as such by *South Sydney Local Environmental Plan 1998*.

The long fight to keep the Rachel Forster Hospital open ended in September 2000. On 7 September, 2000, *The Daily Telegraph* announced that 'Sydney's historic Rachel Forster Hospital will close today.'³³ The remaining staff and facilities (the rheumatology and orthopaedic surgical services) were transferred to new facilities in the refurbished Queen Elizabeth II Building at the Royal Prince Alfred Hospital, Camperdown: 'Rachel Forster staff were instructed against saying the hospital was closing because of the political sensitivity of the word.'³⁴ The Community Health Service continued to occupy Building 3 until 2007-8.

³⁰ Ruby Board, 1880-1963. Notes on which Miss J.F. Arnott based her address at the opening of the Ruby Board Clinic, The Rachel Forster Hospital, 21 September, 1966. Typed manuscript Mitchell Library, QA920.7B662.1/1A1.

³¹ *The Rachel Forster Hospital for Women and Children Forty-First Annual Report*, 1963, p.8.

³² *Rachel Forster Hospital Sixty-Fourth Annual Report*, 1986, p.11.

³³ 'Historic Hospital to Close: Sydney's Historic Rachel Forster Hospital Will Close Today', *Daily Telegraph*, 7, September, 2000.

³⁴ *Ibid*.

2.10 Recent Approvals and Works on the Site

In October 2004, the Former Rachel Forster Hospital Site came under the control of the Redfern Waterloo Authority. A ten year plan was put into action with the aim of revitalising the area.³⁵

In 2007 approval was given for a Concept Plan for the a residential flat development on the site. There have been three approved changes to the initial Concept Plan. Applications for these changes were accompanied by heritage impact statements and can be surmised as follows.

From the *February 2010 HIS*:

- It is proposed to develop the site for residential use in line with the approved Concept Plan. The eastern elevation of Building 1 is to be retained and an additional storey added; the northern elevation of the existing building is to be interpreted. The colonnade across the front elevation of Building 2 is to be retained and new three storey building built behind it. The remaining buildings on the site will be demolished. A new three storey, building will be built addressing Albert and Pitt Street (in the location of Building 3 in Figure 3). A new three storey building will be built behind Building 2.

From the *December 2011 HIS*:

- A number of changes are proposed to the approved Concept Plan, the main changes being:
 - An increase in residential units (from 150-159), with an increase in car parking spaces from 161 to 170.
 - Change in FSR to 1.99.1, just below the maximum permitted.
 - Alternate building heights to those proposed by the Concept Plan. Building 1 will maintain the existing building height for the majority of the building, with only the ends rising three metres above; Buildings 2, 3 and 4 are proposed to be less than the approved existing height.
 - Alterations to Building 3 to improve solar access and natural light into the lower residential flats on the corner of Pitt and Albert Streets.
- The proposed amendments involve alterations to the elevations of Buildings 2, 3 and 4. No changes in the envelope of the buildings is proposed. The general palette of materials similarly remains the same.

From the *September 2012 HIS*:

- A number of changes are proposed to the approved Concept Plan, the main changes being:
 - Reduce Building 3, increasing the setback from Pitt Street to 3 metres by reducing units 2.11, 2.12, 3.11 and 3.12 from two bedrooms to one bedroom.
 - Cut back the verandahs on the southern elevation of Building 1.

As set out below, all the buildings on the site with the exception of the eastern elevation and concrete frame of Building 1 (Building A) have been demolished.

³⁵ See <http://www.cityofsydney.nsw.gov.au/Community/ServicesandPrograms/RedfernWaterlooAuthority.as>.

3.0 SITE ASSESSMENT

3.1 Preamble

The purpose of this section is to analyse the physical characteristics of the site and how it relates to the surrounding area. Section 3.2 provides a site summary;

The original site descriptions from the *CMP 2007* are summarised in Section 3.3 and 3.4 because they help to explain the significance of the site and the rationale behind the existing approvals.

Section 3.5 briefly describes the site as it exists today, following the beginning of demolition works under existing approvals.

Section 3.6 analyses the setting of the site.

3.2 Site Information Summary

Address	134-150 Pitt Street, Redfern
Known as	(1) 1816-1842: <i>Redfern's Farm, Grant or Estate</i> (2) 1842-1937: various (small lot ownership) (3) 1937-2000: Rachel Forster Hospital for Women and Children, later the Rachel Forster Hospital (4) 2000- : referred to as the Former Rachel Forster Hospital Site
Land Title	Lot 7 D.P. 664804
Site Area	6923 sq. metres (approx.)
Local Government Area	City of Sydney
Land Use Zoning	Residential Zone A- Medium Density Residential as identified by the <i>Redfern-Waterloo Authority Sites Zoning Map</i>
Principal Heritage Development Controls	<i>State Environmental Planning Policy (State Significant Precincts) 2005</i>
Original Grant	Dr. William Redfern, 100 acres granted on 8 October, 1816 under the hand of Governor Lachlan Macquarie
Built Elements (as of 2007)	(1) Building 1: Ward Block, 1941.* (2) Building 2: Administration Block, 1941.* (3) Building 3: Outpatients Department, 1953.* (4) Building 4: Hydrotherapy Pool, 1978. (5) Building 5: Weatherboard Shed, date unknown. (* with later alterations and additions).
Built Elements (as of 2016)	(1) Building 1: Ward Block 1941 (eastern elevation; concrete frame work only).

3.3 The Site in 2007

For the site layout as of 2007, when the *CMP* was prepared, refer back to Figure 2. More detailed photographic records can be found in the *CMP 2007* and in the previous heritage impact statements prepared for this site. An archival recording was carried out in September 2013.

The site was described in the *CMP 2007* as follows:

The site is rectangular in shape, with the exception of a small irregularity in the north western corner. The eastern boundary, along Pitt Street, is 92.95 metres in length; the southern boundary is 70.880 metres. The approximate site area is 6,923 square metres. The site falls from north to south and from east to west.

Interconnected buildings, arranged to form an “H”, occupy the majority of the site. Each of these buildings is described in detail in Section 3.0 of the *CMP 2007*.

The layout of buildings on the site creates a small forecourt to Pitt Street. The front fence to Pitt Street comprises a face brick wall supporting a pipe-frame wire-mesh fence (Figure 12). There is a metal gate across the driveway that runs along the southern boundary of the site (Figure 13).



Figure 12:
Front fence, looking
along Pitt Street to the
north.

WP Architects, 2007.



Figure 13:
Gates to Pitt Street.

WP Architects, 2007.

A semi-circular driveway provides two vehicular access points to Pitt Street. At the top of the driveway, lies Building 2 and the main entrance into the Hospital (Figures 14 and 15).

The centre and outer areas of the forecourt are occupied by lawn and or garden. A large Camphor Laurel tree and other mature plantings, particularly along the Pitt Street boundary, dominate this area. Parts of the outer ring of the driveway are fenced to match the Pitt Street boundary (Figures 16 to 18).



Figures 14 and 15: Semi-circular driveway.
WP Architects, 2007.



Figures 16 and 17: The centre of the forecourt with the large Camphor Laurel Tree. The stone paved square is the remnant of the Nina Campbell Memorial. The benches were part of the Pioneers Memorial, since demolished.
WP Architects, 2007.



Figure 18:
Pathway and planting, dating from the 1980s, along the northern end of Building 1 near Building 3.
WP Architects, 2007.

The vegetation in the north eastern corner of the site, the Pitt and Albert Street corner, is particularly dense (Figures 19 and 20).



Figures 19:
Fencing to the outer line of the
driveway, looking towards the
round house, part of Building
3.

WP Architects, 2007.



Figure 20:
The densely planted north
eastern corner of the site.

WP Architects, 2007.

The Pitt Street fence turns the corner of the site into Albert Street and continues to the entrance to Building 3. The fence line is interrupted by a single storey face brick sub station. The remainder of the boundary is fenced by a high pipe-framed, wire-mesh, fence (Figure 21). There is a gate across the driveway to Albert Street at the western end of Building 3. The narrow space between Building 3 and the boundary fence is concreted. There is no vegetation along the Albert Street boundary to the west of the sub station.



Figure 21:
Albert Street boundary
fence.

WP Architects, 2007.

The open areas between the buildings on the western part of the site vary between concrete/bitumen areas and small areas of lawn. Low retaining walls, ramps and

stairs provide for changes in levels. A concrete driveway runs along the southern boundary of the site, with access from Albert Street and Pitt Street (Figures 22- 25). This driveway provided access for a wide range of deliveries, including coal for the boiler, which was discharged directly from trucks into hoppers set below the driveway at the eastern end of Building 1.

Figure 25 illustrates the courtyard formed by Buildings 1, the main block of Building 2 and the rear wing of Building 2.



Figure 22: Looking from the entrance from Albert Street into the site.

WP Architects, 2007.



Figure 23: Looking south from the end of the breezeway in Figure 52 along the driveway that runs along the southern boundary of the site. The under cover coal delivery station shown by Figure 54 is just visible in the distance. The tree must have been planted after the 1980s, when coal stopped being delivered to the Hospital.

WP Architects, 2007.



**Figure 24:
Looking west along the driveway from the gates at Pitt Street showing the colonnade giving access to the visitors' entry and the ambulance entry.**

WP Architects, 2007.



Figure 25:
Courtyard formed by
Buildings 1, the main block
of Building 2 and the rear
wing of Building 2.
 WP Architects, 2007.

3.4 The Buildings in 2007

3.4.1 Overview

The former Rachel Forster Hospital consisted of a group of inter-connected buildings forming an 'H.' The oldest buildings, Buildings 1 and 2, were in the Interwar Functionalist Style (1942). Building 3, constructed ten years later, c.1952-3, was in a similar style. Building 4, the hydro-therapy pool, was constructed in 1977-8. The date of Building 5 was not known. Most of these buildings were subject to alterations and additions over time.

The following descriptions are taken from the *CMP 2007*. They describe the buildings as they existed at that time.

3.4.2 Building 1 (The Ward Block)

Building 1 was described in the *CMP 2007* as follows:

Exterior

Building 1 is a long, narrow, rectangular building that runs in a east-west direction, close to the southern boundary of the site. The building is five storeys in height; the fall of the site from Pitt Street to the west, creates an additional sub floor basement level, resulting in an overall height of six storeys at this end. The building is constructed of face brickwork set in a reinforced concrete frame.

Building 1 is orientated to the north. There are long, north facing reinforced concrete balconies to the third, fourth and fifth floors along this elevation. The balustrades are formed by metal piping with wire mesh panels. Some sections of these balconies have been enclosed using a variety of methods. There is a narrow section of face brick work outside the frame formed by the balconies at the Pitt Street (eastern) end of the building; this section has white vertically aligned lettering that reads: 'RACHEL FORSTER HOSPITAL.' The elevations behind the balconies are punctuated by sets of timber framed windows, with triple sashes, giving access to the balconies from the wards. Some windows have been replaced with timber framed glass doors. Refer to Figures 26 to 30.



Figures 26 and 27: The eastern end of the northern elevation of Building 1.
WP Architects, 2007.



Figure 28:
Detail of the ground floor of the northern elevation of Building 1.
This was once a separate entrance into the super-indent's suite of rooms.
WP Architects, 2007.



Figures 29 and 30: The western end of the northern elevation of Building 1.
WP Architects, 2007.

The eastern elevation, addressing Pitt Street, presents a narrow, formal modernist composition of rectangular and circular fenestration set in brick panels of restrained decoration achieved by the use of sunken brick courses (Figure 64). Three circular windows, set one above the other, provide light to the first, second and third floor

corridors. A continuous window, set within a concrete hood, runs across the top floor. Refer to Figure 31.



Figure 31:
The eastern elevation of
Building 1.
WP Architects, 2007.

The southern elevation is broken by a series of service rooms, the stair well and the lift shaft. It is characterised by numerous timber-framed windows of various sizes, generally aligned floor by floor. A concrete awning supported by splayed columns marks the visitors' and ambulance entrances to the building. Concrete stairs lead up to the entrance doors, which are surrounded by bright blue tiled frame. There is a later addition cantilevered off the fourth floor as part of the theatre suite. Refer to Figures 32 and 33.



Figure 32: Southern elevation, looking west.
WP Architects, 2007.



Figure 33: Detail of the former visitors and services entrance.
WP Architects, 2007.

3.4.3 Building 2 (The Administration Block)

Building 2 was described in the *CMP 2007* as follows:

Exterior

Building 2 intersects Building 1 at right angles about half way along its length. The main part of the building runs in a north-south direction. Extending on the western (rear) side of this part of the building is a two storey wing; the fall in the site provides for three storeys at the western end of this wing. Building 2 is constructed of face brickwork set in a reinforced concrete frame.

The principal elevation is the eastern elevation, addressing Pitt Street. A two storey colonnade runs along the entire elevation. The reinforced concrete hood of the colonnade is supported on slender faceted concrete columns; the floor is of quarry tiles. Behind the colonnade there is simple, vertically proportioned, rectangular fenestration, consisting of timber framed windows with double hung sashes, relieved by a simple hooded entry with double timber doors (sheathed in aluminium) and an oriel window above.

The eastern elevation is illustrated by Figures 34 to 37.



Figure 34:
The eastern elevation of
Building 2, looking south.
WP Architects, 2007.



Figure 35: The central part of the eastern elevation, including the main entrance.
WP Architects, 2007.



Figure 36: The eastern elevation looking north towards the junction with Building 3.
WP Architects, 2007.



Figure 37:
Showing the join
between the original 1941
building and the 1953
extension constructed to
extend and link the
building with Building 3.
WP Architects, 2007.



Figure 38:
Detail of the entrance.
WP Architects, 2007.

The western (rear) elevation of the main part of Building 2 is characterised by regularly spaced timber framed windows with double hung sashes. The window size varies. There are balconies with pipe rail and mesh balustrades to the two upper floors. Access to the rear court yard is provide at ground level. Door types vary and include solid timber doors and aluminium framed glass doors (Figures 39 and 40).



Figure 39:
The southern end of the
western elevation of
Building 2.
WP Architects, 2007.



Figure 40:
The southern end of the western elevation, at the point where it meets the rear wing.
WP Architects, 2007.

The elevations of the rear wing display similar patterns and styles of fenestration. The wing has southern facing balconies with pipe rail and mesh balustrade to the centre floor. These balconies do not extend the full length of the elevation (Figures 41 and 42).



Figure 41:
Northern elevation of rear wing.
WP Architects, 2007.



Figure 42:
The southern elevation of the rear wing of Building 2.
WP Architects, 2007.

The narrow western elevation has a fire stair with access to each level (Figure 43). The flat roof has a membrane cover (Figure 44).



Figure 43:
The fire stair on the western elevation.
WP Architects, 2007.



Figure 44:
Looking over the roof of
Building 1.
WP Architects,
2007.

3.4.4 Building 3 (The McKell Outpatients Department)

Building 3 was described in the *CMP 2007* as follows:

Exterior

Building 3 is a long, narrow rectangular building that runs parallel to the northern boundary of the site. Building 3 joins Building 2 at its northern most end. Building 3 is one storey in height at its eastern end and, as a result of the fall of the site, three storeys at the western end. Building 3 has a flat membrane roof with a face brick lift tower towards the eastern end.

The eastern elevation is dominated by the single storey, elongated semi circular section known as 'the Round House'.

The Round House has a flat roof with overhanging eaves. Steel framed windows with fixed panes and double hung sashes run around all sides. The Round House can only

be accessed through an external door on the northern side. There is a long narrow band of windows at first floor level, above the Round House (Figure 45 to 47).



Figure 45:
The eastern end of
Building 3, showing
the single storey
section known as
'The Round House.'
WP Architects, 2007.



Figure 46:
'The Round House.'
WP Architects, 2007.



Figure 47:
The northern side of 'the
Round House', looking
east.
WP Architects, 2007.

The Albert Street elevation is the principle elevation. Beyond the 'Round House', it is two storeys in height; a basement level comprises a third storey to the western most end. This elevation is characterised by a frame work of concrete bays with fin walls.

Within each bay are large timber framed windows with double hung sashes. The main entrance to the building is located towards the eastern end of the building, under by a cantilevered hood (Figures 48 and 49).



Figure 48:
Albert Street,
northern elevation,
looking east
towards Pitt Street.
WP Architects, 2007.



Figure 49:
Entrance.
WP Architects, 2007.

The southern elevation, illustrated by Figures 50 to 53.

is of face brick and is characterised by sets of four timber framed windows with double hung sashes and brick sills. The western most end of this elevation comprises a high opening (two storeys high) through which the driveway from Albert Street passes into the site. A prominent feature of this end of the building is the fire stair, with a half circle landing.

Beneath the arch there is a concrete ramp leading up to a double door entry into the ground floor level of the building.



Figure 50:
Southern elevation.
WP Architects, 2007.



Figures 51-53: The southern elevation.
WP Architects, 2007.

3.4.5 Building 4 (Hydrotherapy Pool)

Building 4 was described in the *CMP 2007* as follows:

Exterior

Building 4 is located between the rear wing of Building 2 and Building 3. The building adjoins the western elevation of Building 2.

Building 4 is a single storey building constructed of painted cement blocks. The eastern most section of the building has a mansard roof; the western section has a flat roof. The windows have concrete sills and are set high, beneath the roof line. Windows and doors are aluminium framed. The entrance into the foyer is located on the southern side, at the eastern end (Figures 54 and 55).



Figure 54:
The southern
elevation, looking
east towards the
rear of Building 2.
WP Architects, 2007.



Figure 55:
The northern elevation,
looking east.
WP Architects, 2007.

3.4.6 Building 5 (Weatherboard Shed)

Building 5 was described in the *CMP 2007* as follows:

Building 5 is located between Building 1 and the rear wing extending from Building 2. It is a free standing, flat roofed, single storey, timber frame shed clad in weatherboard boards. The shed is divided into two, with openings on the western side and a remnant large timber panel door with diagonal cross bracing (Figure 56).

The original use of this building is not known. It may be the shed and garage that H.W. Thompson applied to Council for in 1949 as 'temporary garage, store and workshop.'³⁶

³⁶ City of Sydney Street Cards: Pitt Street. Application 198/216/49. City of Sydney Council Archives.



Figure 56:
The western and
northern
elevations of
Building 5.
WP Architects,
2007.

3.5 The Site in August 2016

Demolition works on the site have commenced under the existing approvals. Figure 57 provides an aerial photograph over the site as it currently stands. As shown by this photograph, all buildings but the eastern elevation and concrete frame work of Building 1 have been demolished.

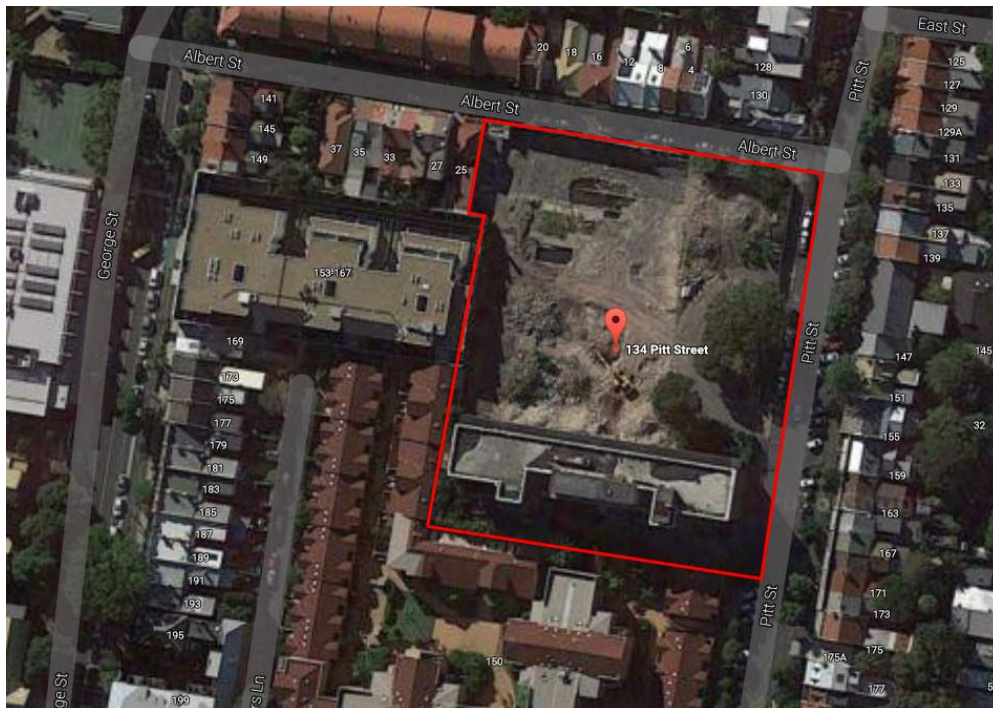


Figure 57: Recent Aerial Photograph over the site.
Google Maps; annotations in red by WP Heritage.

Figures 58 to 60 illustrate the site as it now stands.



Figure 58:
Building 1 in August
2016.
WP Heritage August
2016.

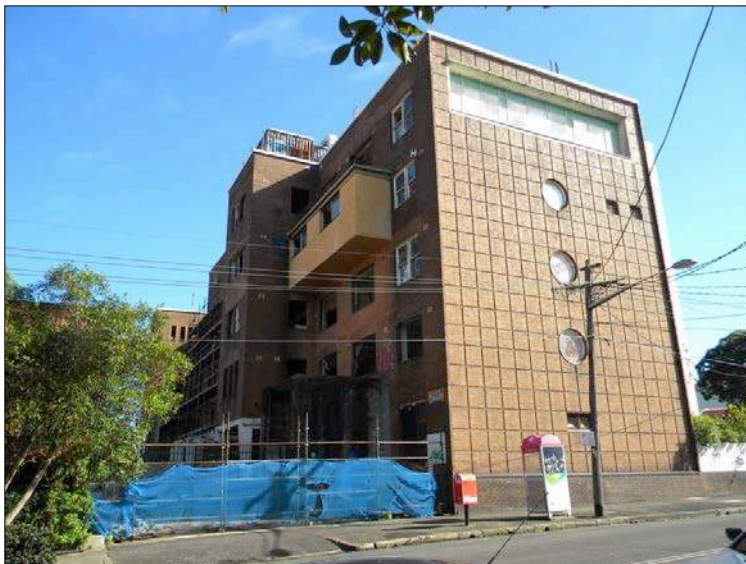


Figure 59:
Building 1 in August
2016.
WP Heritage August
2016.

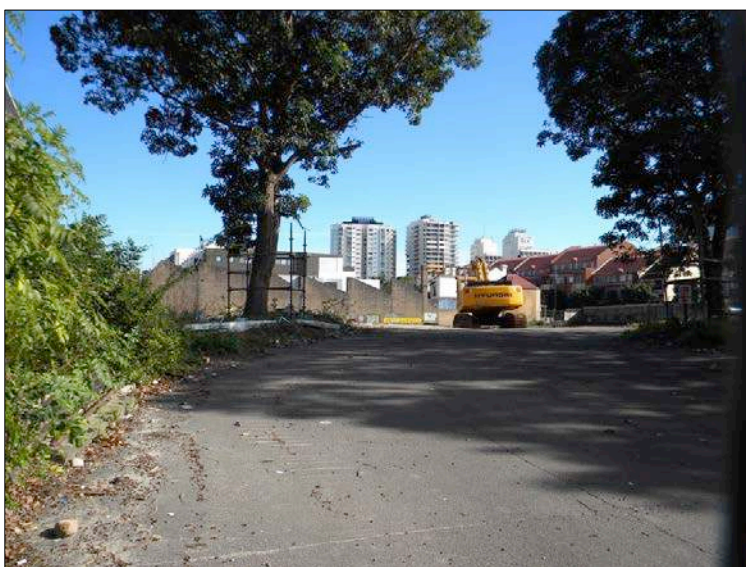


Figure 60:
Looking west across
the site in August
2016.
WP Heritage August
2016.

3.6 The Setting

The Former Rachel Forster Hospital Site is bound by Albert Street to the north, Pitt Street to the east and residential development to the west and south.

The surrounding area is predominately residential in character. Buildings are free standing with narrow side setbacks or directly abut one and other, producing a continuous pattern of buildings. These buildings range in date from the mid Victorian period to the current day and in massing and scale from small single storey cottages to three and four storey residential flat developments. Housing NSW's high-rise residential flat towers to the south and south east from part of the setting of the site.

Figures 61 to 68 provide recent photographs of the area immediately surrounding the site.



Figure 61:
Pitt Street, directly opposite the site. This part of the street is comprised of two storey Victorian period terrace rows, demonstrating varying degrees of alterations and addition.

WP Heritage August 2016.



Figure 62:
No. 128-130 Pitt Street, on the opposite corner of Pitt and Albert Streets. This former shop-residence is listed as a heritage item by the City of Sydney Council.

WP Heritage August 2016.



Figure 63:
Continuing north of
Figure 59, along Pitt
Street, showing a
mixture of Victorian
period terraces and
infill development.
WP Heritage August
2016.



Figure 64:
Modern townhouses
south of the site with
Housing NSW's tower
blocks in the
immediate
background.
WP Heritage, August
2016.

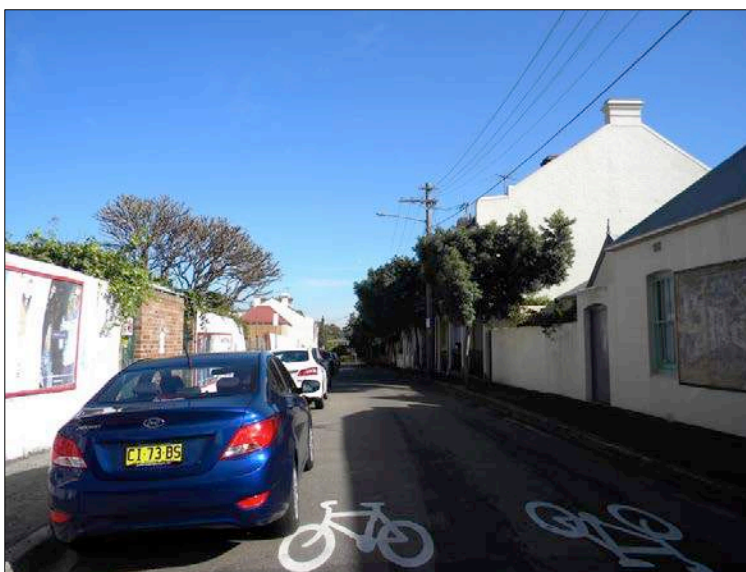


Figure 65:
Looking west along
Albert Street from Pitt
Street.
WP Heritage, August
2016.



Figure 66:
Victorian period
terraces opposite the
site in Albert Street.
Further to the west are
three storey modern
town houses.
WP Heritage, August
2016.

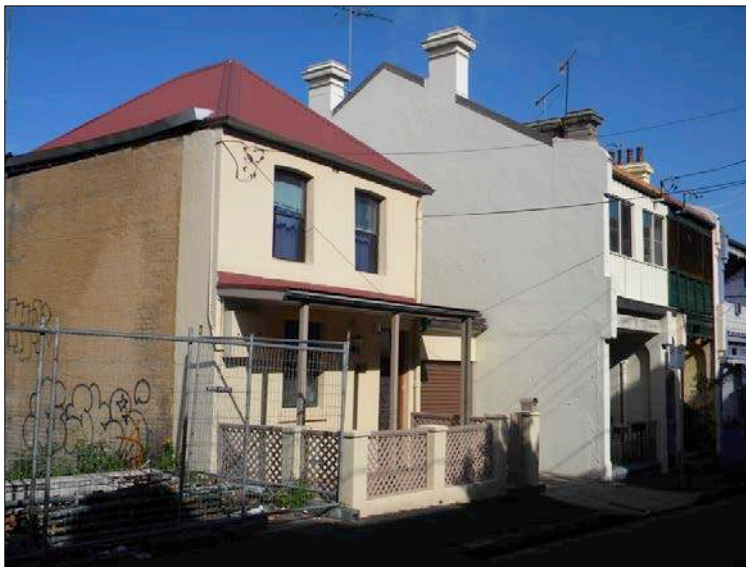


Figure 67:
The Victorian period
dwelling (altered)
adjoining the site to
the west and fronting
Albert Street.
WP Heritage, August
2016.



Figure 68:
The former factory to
the west of the site,
fronting George Street,
recently re-developed
as a housing complex.
WP Heritage, August
2016.

4.0 ASSESSMENT OF SIGNIFICANCE

4.1 Preamble

The purpose of this section is to establish the heritage significance of the site and provide a Statement of Significance. A full assessment of significance using the criteria of the NSW Heritage Division, an assessment of the integrity of the site, comparative analysis and assessment under NSW Heritage Themes can be found in the *CMP 2007*.

4.2 Citations and Listings

4.2.1 The Site

Statutory

The Former Rachel Forster Hospital Site is identified as a State significant site under *State Environmental Planning Policy (State Significant Precincts) 2005*. The site is identified as a heritage item by this plan.

The site is not listed on the State Heritage Register under the auspices of the *NSW Heritage Act 1977*.

Non-Statutory

The Former Rachel Forster Hospital Site was cited in the *Tropman and Tropman South Sydney Heritage Study* (1995-8) and subsequently listed as a heritage item on Schedule 2 of the *South Sydney LEP 1998*. It was also located within a Conservation Area and adjacent to a heritage item listed by this document. With the creation of the Waterloo Redfern Waterloo Authority, the heritage listing and conservation area listing no longer apply.

The Rachel Forster Hospital is listed on the Australian Institute of Architects *Register of Significant Buildings in NSW*.

The Rachel Forster Hospital is not listed as a heritage item by the National Trust of Australia (NSW) *Jubilee Register* (1995-1998).

4.2.2 The Surrounding Area

4.2.2.1 Under the NSW Heritage Act 1977

It is noted that there are no heritage items in the vicinity of the site listed on the State Heritage Register or on s170 Registers under the auspices of the *NSW Heritage Act 1977*.

4.2.2.2 Sydney LEP 2012

Heritage items within the area surrounding the Former Rachel Forster Hospital Site remain under the control of the City of Sydney. Heritage Items and Conservation Areas within the immediately surrounding area are identified by the *Sydney Local Environmental Plan 2012 (Sydney LEP 2012)*.

Figure 69 provides a detail of the *Sydney LEP 2012* Heritage Plan. In this plan, heritage items (Schedule 5 Part 1) are coloured brown and numbered. Conservation Areas (Schedule 5 Part 2) are hatched in red and numbered. The site is outlined in blue.



Figure 69: Detail of the *Sydney Heritage Map*, showing the site and nearby heritage items (identified in yellow).

Sydney LEP 2012.

For the following, 'in the vicinity' has been determined by physical proximity to the site, existing and potential view corridors and the nature of the proposed works.

Heritage Items and Conservation Area Adjoining the Site

There are no heritage items listed by Schedule 5 Part 1 of the *Sydney LEP 2012* adjoining the site.

The following heritage conservation areas listed by Schedule 5 Part 2 of the *Sydney LEP 2012* adjoin the site:

- Redfern Estate Heritage Conservation Area (C56 in Figure 69).

The State Heritage Inventory provides the following description of this area:

'A residential subdivision dating from 1842 covering the original grant of William Redfern. The subdivision comprises eight regular blocks with irregular secondary streets dividing these blocks. Redfern Street bisects the area and is the civic and commercial centre of the area, containing major civic, religious and commercial buildings. Shops date from the Victorian, Federation and Interwar period. Housing ranges from early single storey cottages, Victorian terraces, some later terraces and recent medium density developments. The Area is interspersed with factories and warehouses dating from the early twentieth century, some of which are being converted to residential uses. The urban fabric has deteriorated at Phillip

Street west area and in the vicinity of the Australia Post complex, where sites have been amalgamated. Redfern Park provides a focus for the area.’³⁷

Pitt Street: Predominantly intact grand Victorian terrace development, 2-3 storeys, Hotel, Town Hall, Detracting development at 65, 52, 2, 47, 43, 53, 72, 86, 114, 119, 146-152. Rating A.’

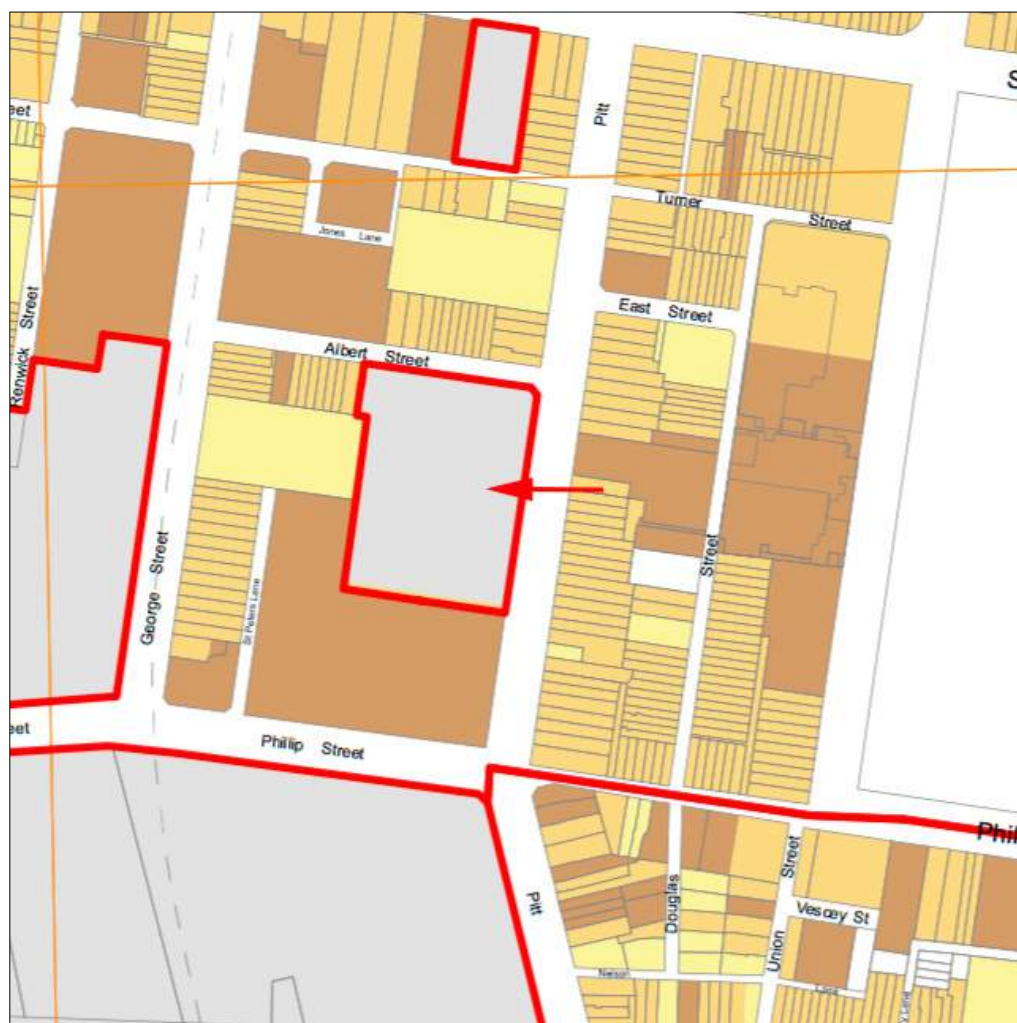
The State Heritage Inventory provides the following statement of significance for this area:

‘The Redfern Estate Heritage Conservation Area is historically significant as an early Victorian structured subdivision covering the entire grant to William Redfern. The development of the estate from the 1840s - 1890s reflects the establishment of the Railway at Redfern. The importance of the suburb of Redfern in the mid/late nineteenth century is evidenced in the development of the Commercial Centre, the fine Civic buildings, the Park and the prestige housing on primary streets. The area is able to represent a great diversity of housing types dating from the period 1840 - 1890. Large scale factories and warehouses reflect the importance of manufacturing in Redfern in the early twentieth century.’³⁸

Figure 70 provides a detail of the City of Sydney’s Building Contributions Map for this part of Redfern, which provides an indication of the integrity, or otherwise, of the immediate surrounding area. As noted, there are many contributing sites, but also several detracting. Figures 61 to 68 above illustrate the Conservation Area in the vicinity of the site.

³⁷ *Redfern Estate Heritage Conservation Area*, Redfern. State Heritage Inventory Database No.: 2421496.

³⁸ *Ibid.*



Legend

- Contributing
- Detracting
- Neutral
- Conservation Area - General (for information)
- Land excluded from this DCP

Figure 70:
Detail of Building Contributions
Maps, Sheet 17.
Sydney DCP 2012 Sheet Maps.

Heritage Items/Conservation Areas within the Vicinity of the Site

The following heritage items, listed by Schedule 5 Part 1 of the *Sydney LEP 2012* lie within the immediate vicinity of the site:

- Former Shop and Residence, including interior, No. 130-132 Pitt Street, Redfern. This item is marked 'I1344' in Figure 69 above. It has local significance and a lot boundary curtilage. It lies opposite the site, on the other corner of Albert and Pitt Streets.

The State Heritage Inventory describes this site as follows:

‘Single storey Victorian building, formerly a shop and attached weatherboard cottage. The shop is built to the street frontage of the property, and located on the corner, has a corrugated iron gabled roof with timber clad gable end facing the street. Shop front features a simple door with fanlight above and large timber framed double hung window. The corrugated iron gable roofed weatherboard house is set back, with gable ends side on to the street, and a skillion roofed front verandah. A brick chimney is located at one end of the roof ridge. The façade of the house features a Victorian timber panelled front door and a pair of timber framed double hung windows. The whole composition is "L" shaped.’³⁹

The State Heritage Inventory provides the following statement of significance for this item:

‘130-132 Pitt Street is of historical significance as a representative simple working class dwelling with a shop addition to service the area's growing population at the end of the 19th century. It is of aesthetic significance as a simple Victorian Georgian style cottage with shop addition which makes a positive contribution to the streetscape. The timber dwelling is relatively rare survivor of the slum clearance schemes of the early 20th century.’⁴⁰

Figure 62 above illustrates this item. Figure 71 demonstrates its visual relationship to the site.



Figure 71: No. 130-132 Pitt Street, Redfern, with the site beyond.
WP Heritage, August 2016.

³⁹ ‘Former Shop and Residence’, No. 130-132 Pitt Street, Redfern. State Heritage Inventory Database No.: 2421135.

⁴⁰ *Ibid.*

Further removed from the site, but still within its immediate setting are:

- *Cottage, including interior*, No. 111 Pitt Street, Redfern. This item is marked 'I1343' in Figure 69 above. It has local significance and a lot boundary curtilage. It lies to the north of the site and on the opposite side of Pitt Street.
- *Terrace House/Shop, including interior*, No. 189 Pitt Street, Redfern. This item is marked 'I1344' in Figure 69 above. It has local significance and a lot boundary curtilage. It lies to the south of the site and on the opposite side of the Pitt Street.
- *Former Somerset Hotel, including interior*, No. 191 Pitt Street, Redfern. This item is marked 'I1345' in Figure 69 above. It has local significance and a lot boundary curtilage. It lies to the south of the site and on the opposite side of the Pitt Street.

The above sites are the closest heritage items to the site. The massing and scale of the proposed works are such that they are likely to be visible from more distant items such as 'Terrace Group, including interiors', Nos. 179-183 George Street, Redfern ('I1319' in Figure 69) and 'Clyde House, including interior,' No. 195-197 George Street, Redfern ('I1320' in Figure 69).

There are no other Conservation Areas listed by Schedule 5 Part 2 of the *Sydney LEP 2012* within the immediate vicinity of the site.

4.3 Statement of Significance for the Former Rachel Forster Hospital Site

The following statement of significance for the site is taken from the *CMP 2007*:

The Former Rachel Forster Hospital Site, Redfern has historic and social significance at a state level as a place where a wide range of medical and social services were provided to women and children from 1937 until 2000 and to men from 1967 to 2000. The association of the site with medical practice extends back to the early colonial period when the site was part of a grant made to Dr. William Redfern in 1816. A popular, compassionate doctor and skilled obstetrician, as well as an advocate of public health and preventative medicine, Redfern is among the most important medical men in early Australian history. The existing buildings comprise a purpose built hospital opened in December 1941. This hospital was built for the Rachel Forster Hospital for Women and Children, which had grown from a small outpatient facility (the New Hospital for Women and Children) opened in a Surry Hills terrace house in 1922. Community medical services continue to be provided on the site, albeit in a limited form, through a medical service located in the former Outpatients Building.

The Former Rachel Forster Hospital Site, Redfern has state historic significance for its association with notable female pioneers of twentieth century medicine in New South Wales, in particular Drs. Lucy Gullet and Harriet Biffin. The philosophies established by the six founding female doctors at the New Hospital in 1922 continued to inform the operation of the Hospital until the last facilities were removed from the site in 2000. The services introduced and supported by these women were frequently innovative for their time. A number of the women associated with the Rachel Forster Hospital achieved recognition for their work in the wider medical world. The work carried out at the Rachel Forster Hospital was instrumental in breaking down the prejudice against women in medicine in New South Wales.

The Former Rachel Forster Hospital Site, Redfern has state historic significance for its provision of medical training for women. When opened in 1922, the Hospital was part of a wider movement to improve women and children's health arising out of the movement for female emancipation. The Hospital was established at a time when female graduates were denied appointments as resident medical officers in New South Wales Hospitals. Training was also provided in related work, such as almonry. The Former Rachel Forster Hospital Site, Redfern demonstrates a historic pattern of nursing education and practice that was established by Florence Nightingale in the 1860s and which continued until the 1970s.

The Former Rachel Forster Hospital Site, Redfern has social significance for former staff, patients, benefactors and volunteers. The Hospital was strongly supported by a network of Hospital Centres. Private donations- monetary or in kind- were a vital source of income. Volunteers and supporters were involved in all aspects of operation of the Hospital and came from all walks of life, from the wife of the Governor General, Lady Rachel Forster, for whom the Hospital was named, to school children who donated eggs. The construction of the existing hospital buildings in 1940-1, at the beginning of World War II and using extensive private funds, highlights its importance to the community; the continued expansion of the Hospital over time testifies to its significance within the wider community. The services of staff, supporters and volunteers are commemorated around the site.

The Former Rachel Forster Hospital, Redfern has social significance at a local level for the health services that it provided, at nominal rates, to the local community. The Hospital responded to changing local needs, opening, for example, an Almoner's Department during the Great Depression and a male ward in 1967 to provide for people being housed in the new nearby Housing Commission flats. A community health service continues to be run from the site.

The Rachel Forster Hospital Site has aesthetic significance as a fine example of modernist hospital design (interwar functionalist style) and the work of Leighton Irwin. Leighton Irwin are considered second only to Stephenson and Turner in hospital design in Australia during the 1930s to 1960s. The Rachel Forster Hospital demonstrates the influence that European architects, such as Willem Dudok and Alvar Aalto, had on hospital design during this period. It exemplifies the type of 'new' hospital of the period that reflected modern scientific advances and used new idioms to express a break with past traditions and practices. The Rachel Forster Hospital is one of a group of interwar functionalist style hospital complexes; collectively, these buildings have significance as the first large scale examples of modernist style buildings in Australia.

The Rachel Forster Hospital has aesthetic significance for its contribution to the streetscape as a well-designed modernist hospital complex. The site has landmark qualities because of its community associations and the size of the buildings relative to the surrounding terraced housing. The most significant view corridors towards the site identified by historic photographs are as approached along Pitt Street from the north. This view corridor takes in the northern and eastern elevations of the southern building (Building 1) and the colonnade along the eastern elevation of the middle building (Building 2).

The Hospital has technical significance for the pioneering or introductory work carried out by staff. The opening of the Breast Clinic in 1950 and the use of mammograms from 1955 were among the first instances of this type of treatment in New South Wales.

5.0 THE PROPOSAL

The following should be read in conjunction with the amended plans, prepared by Tony Owen Partners (architectural) and Formed Gardens (landscape) that accompany this application.

The proposed changes to the approved scheme are as follows:

- Increase the height of Buildings B and C by two storeys.
- Provide retail/café spaces at ground floor level.
- Create a habitable roof terrace on top of Building D to increase communal open space.
- Modify the approved floor plans and elevations.

- Modify the approved landscape design. The new design includes a roof top garden on top of Building D and changes to the forecourt design.

As a result of the above, the number of units on the site will increase from 158 to 218 units. The increase will provide for Affordable Housing.

6.0 EFFECT OF WORK

The effect of work is discussed with reference to the existing approvals for the site and the *CMP 2007*. The NSW Heritage Division publication *Statements of Heritage Impact* (updated 2002) has been read and understood.

6.1 Effect of Work on the Site

The impact of each aspect of the proposed amendments is discussed below.

Increase the height of Buildings B and C by two storeys

Building B will lie in the location of the building identified as Building 2 by the *CMP 2007*. Building C will lie to the west of this building. The footprints of Buildings B and C have been approved. No further changes are proposed to the footprints.

The proposed increase in height of both buildings by two levels will have an acceptable impact for the following reasons:

- Increasing of the height of Buildings B and C will not alter the ability to understand the historic or social significance of the site.
- Building B and C lie in the location of former buildings but will be completely new constructions. No historic fabric is thus impacted upon.
- The two proposed additional levels will have a reduced floor plate from the approved levels below. This allows for the additional levels to be setback from the northern elevation of Building A (Building 1). By these means, the full extent of the northern elevation of Building A (Building 1) will remain visible. The increased setback also helps to manage the increase in massing and scale.
- Buildings B and C will remain below the height of Building A (Building 1), thereby maintaining its dominance on the site both on approach and when standing directly outside of it.
- Increasing the massing and scale is managed by improving the articulation of the elevations. The impacts of the proposed changes to the approved elevations are discussed further below.
- Increasing the height of Buildings B and C will not block any significant view corridors towards the site, from the site or when within the site. The buildings are set back from Pitt Street, maintaining the dominance of Building A (Building 1) on approach in either direction along Pitt Street, which is the principal approach to this site.

Provide retail/café spaces at ground floor level

The approved use is residential only. The provision of café/retail spaces will have no impact on the ability to understand the historic, social or significance of the site. As discussed below, the changes to the approved floor plates and elevations to accommodate these uses will result in well resolved elevations. No changes are proposed to the eastern elevation of Building A (Building 1) as a result of this proposed change in use and the colonnade of Building B is retained. The 'iconic' view is thus retained.

A commercial use will encourage additional visitors to the site, which has the potential, when combined with interpretation, to have a positive impact on maintaining awareness of the site.

Create a habitable roof terrace on top of Building D to increase communal open space

This amendment will have no additional impact on the heritage significance of the site for the following reasons:

- Building D is a new, approved, building. It is not part of the retained historic fabric of the site. A roof top terrace on top of a modern building is not an unexpected element.
- A glass framed balustrade and planting will not significantly increase the perception of the massing and scale of this building. The overall height will remain well below the level of Building A.
- No significant view corridors will be blocked.

Modify the approved floor plans and elevations

The proposed amendments to the approved elevations maintain without further alteration the eastern elevation of Building A (Building 1) and the colonnade of Building B, being the elements that create the 'iconic view.'

The proposed amendments to the approved northern elevation of Building A (Building 1) will have no further impact on the significance of this site. As noted above and demonstrated by the recent photographs of the site included in this HIS, the existing approvals provide for a high level of change to this elevation to enable adaptive re-use.

The proposed elevation reflects the strong horizontal lines of the original elevation through the use of long horizontal balconies with rendered balustrades and bands of vertical openings. The detailing of the proposed elevation is simple, repetitive and cohesive. It compliments the Functionalist Style of the original building. Rendered and painted masonry balustrades are found in other Functionalist Style buildings, notably the King George V building at the Royal Prince Alfred Hospital. The bronze metal screens add articulation, break up massing and scale, and will complement the colour of the brick of the retained eastern elevation.

The other elevation that is of particular significance is the eastern elevation of Building B. The proposed amendments retain the colonnade, which is the critical element in this elevation. As it was for the approved elevation, the proposed elevation behind the colonnade is recessive and simply detailed.

The elevations across the proposed new buildings on the site relate to each other. A cohesive design is produced.

The Community Room (to be the centre of interpretation on the site) is retained by the new scheme.

Modify the approved landscape design

Landscaping on the site has changed over time. The only historically significant area of landscaping is the Pitt Street frontage of the site. The amendments provide for the recreation of the semi-circular driveway-part of the iconic view- together with the retention of the mature trees, which now contribute to the streetscape. The low fence across the Pitt Street boundary is also retained.

6.2 Effect of Work on Nearby Heritage Items and the Conservation Area

The history of the Rachel Forster Hospital is intricately connected with the history of the local area, and hence of the adjoining Conservation Area. The proposed amendments maintain the critical elements identified in earlier schemes as preserving an understanding of the site's historic and social relationships to the surrounding area. These elements include the retention of the name 'Rachel Forster', the provision of a Community Room and the preservation/reconstruction of important elements within the 'iconic view.'

The greater massing and scale of buildings on this site when compared to the surrounding area has been part of the character of the immediate area since the 1940s. The following is noted:

- The proposed amendments to the scheme maintain the approved footprints for buildings on this site and hence the approved setbacks.
- The proposed changes to Building A (Building 1) will not alter its overall massing and scale. The new elevations are well articulated and relate well to the Functionalist Style of the retained eastern elevation. This building has always read as a large Functionalist Style building within predominately Victorian period streetscapes.
- The proposed changes to Buildings B and C will increase the approved massing and scale on the site. The impact is mitigated because the increase is located towards the centre of the site, maximising its distance from the heritage item on the corner of Pitt Street and Albert Street and the contributory items in Pitt Street. Buildings B and C will remain below the height of Building A (Building 1) and within the height limit for the site.

The increase in massing and scale is also managed by setting back the proposed new levels from Building A (Building 1), which will remain the most dominant building on the site. The increase in massing and scale will not block significant view corridors to/from heritage items or to/from and within the Conservation Area.

- The proposed changes to Building D relate to improved elevations and provision of a roof top terrace. While roof top terraces are not characteristic of the Conservation Area, neither is the massing, scale and architectural style of the former Hospital buildings. The roof top terrace will read as part of the contemporary design of the new buildings. It will not substantially increase the perception of the massing and scale of Building D, alter the character of the site or block significant view corridors.
- The proposed finishes and detailing compliment the Functionalist Style of the former Rachel Forster Hospital. The finishes and architectural detailing on this site has always differed from the predominately Victorian character of the surrounding area. Nevertheless, the predominately masonry wall finish will compliment the surrounding streetscapes. The metal screens create interest, visually break up massing and scale and provide a modern interpretation of traditional cast iron detailing.

7.0 SUMMARY

7.1 Significance

The significance of the Former Rachel Forster Hospital Site can be summarised as follows:

- Historic and social significance at a state level as a place where a wide range of medical and social services were provided to women and children from 1937 until 2000 and to men from 1967 to 2000.
- Historic significance at a state level for its association with notable female pioneers of twentieth century medicine in New South Wales, in particular Drs. Lucy Gullet and Harriet Biffin. The Hospital was instrumental in breaking down the prejudice against women in medicine in NSW.
- Historic significance for its provision of medical training for women.
- Social significance for former staff, patients, benefactors and volunteers.
- Social significance for the health services that it provided, at nominal rates, to the local, and wider, community.

- Aesthetic significance as a fine example of modernist hospital design (Interwar Functionalist Style) and the work of Leighton Irwin. It is one of a group of interwar functionalist style hospital complexes that, collectively, have significance as the first large scale examples of modernist style buildings in Australia.
- Aesthetic significance for its contribution to the streetscape as a well-designed modernist hospital complex. The site has landmark qualities because of its community associations and the size of the buildings relative to the surrounding terraced housing.
- Technical significance for the pioneering or introductory work carried out by staff.

7.2 Proposed Amendments

The proposed amendments seek to increase the number of units on the site by increasing the number of storeys approved for Buildings 2 (Building B) and Building 3 (Building C). The approved buildings are four storeys in height; the amended design provides for six storeys. It is also proposed to add retail space. The increase provides for the inclusion of affordable housing. Amendments to the approved elevations and landscape design is sought.

7.3 Impact

The proposed amendments to the approved scheme for the former Rachel Forster Hospital Site will have no further impact on the ability to understand the historic and social significance of the site. The scheme maintains the Community Room approved under past schemes, the name 'Rachel Forster' and the elements that define the 'iconic view' from the public domain.

The most significant amendment proposed is the increase in height of Buildings B and C. The impact on the site is acceptable because the proposal retains the most significant architectural element of Building B (being the colonnade) and sets back the two proposed additional levels from Building A (Building 1), thereby maintaining the understanding of the iconic view from Pitt Street. The building will remain below the height of Building A (Building 1), maintaining its prominence on the site. The increase in massing and scale is set towards the centre of the site, away from surrounding streetscapes and heritage items.

The proposed changes to the approved elevations, particularly to the northern elevation of Building A (Building 1) and the eastern elevation of Building B, will provide well resolved elevations. The proposed northern elevation of Building A compliments the Functionalist Style of the building. The eastern elevation of Building B will be recessive behind the colonnade.

The introduction of a commercial use will have no additional impact on the site or the Conservation Area.

The introduction of a roof top terrace to Building D will have a minimal and acceptable impact. It will not alter the overall massing and scale of buildings on the site or block significant view corridors. Building D is a new building; there will be no impact on significant fabric.

The proposed landscaping maintains the semi-circular forecourt, part of the iconic view, and the remaining mature trees. As the landscaping matures, it will add in the insertion of the new buildings into the surrounding area.

7.4 Conclusion and Recommendation

The Rachel Forster Hospital Site was, for many years, an integral part of Redfern. The proposed amendments to the approved scheme retain those elements identified in the existing approval as being significant, whilst providing an opportunity for Affordable

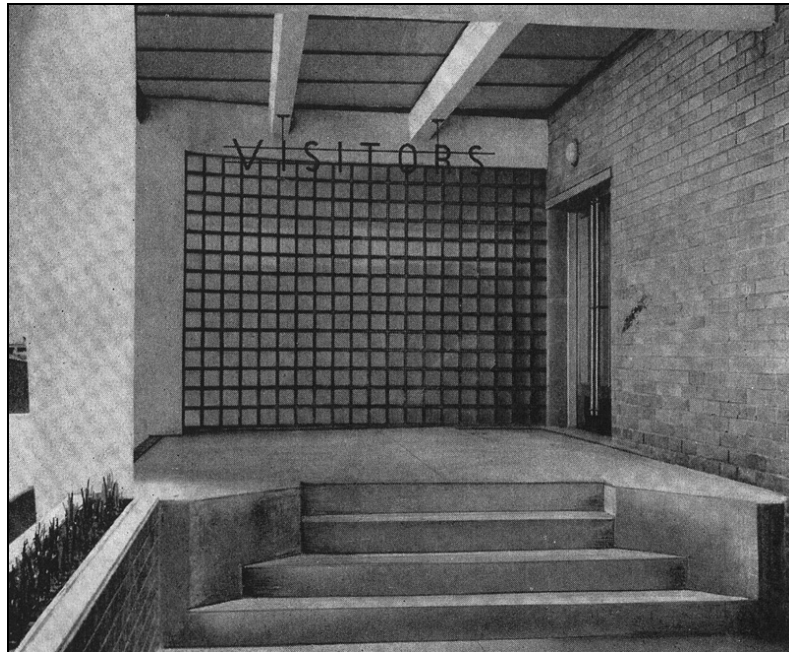
Housing and for a commercial use which will help make the site a vibrant hub within Redfern once more. The impacts of the proposed amendments can be summarised as follow:

- The proposed works will have no further impact on the ability to understand the social and historic significance of the site.
- The proposed increase in height of Buildings B and C will have an acceptable impact on the site, nearby items and the Conservation Area.
- The proposed changes to the approved elevations compliment the Functionalist Style of the retained elevations.
- The proposed changes to the landscaping will have no additional impact.
- The proposed introduction of a commercial use to the site will have no impact on the site or the Conservation Area.

It is recommended that the proposal be approved.

INTERPRETATION STRATEGY

Former Rachel Forster Hospital Site 134-150 Pitt Street, Redfern



The original Visitors' Entrance to the Rachel Forster Hospital,
Decoration and Glass, February 1942

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	CONTENTS	PAGE
1.0	INTRODUCTION	1
1.1	The Purpose of This Document	1
1.2	Authorship	2
1.3	Site Location	2
1.4	Project Background	2
1.5	Methodology	3
1.5.1	Guidelines	3
1.5.2	Conservation Management Plan	3
1.5.3	Archaeological Investigation	4
1.5.4	Physical Evidence	4
1.6	Stages of Interpretation	4
1.6.1	In This Report	4
1.6.2	Future Reports	6
2.0	UNDERSTANDING INTERPRETATION	6
2.1	Interpretation as a Conservation Process	6
2.2	Principles of Interpretation for the Former Rachel Forster Hospital Site	8
3.0	HISTORICAL OVERVIEW	8
3.1	Brief Historical Outline	8
3.1.1	Cadi Country	8
3.1.2	Redfern's Grant	9
3.1.3	Rachel Forster Hospital	9
4.0	HERITAGE VALUES	10
4.1	Existing Citations and Listings	10
4.1.1	Statutory	10
4.1.2	Non Statutory	10
4.2	STATEMENT OF SIGNIFICANCE	10
4.3	NSW Heritage Themes	13
5.0	SITE INVENTORY, POTENTIAL STAKEHOLDERS AND AUDIENCES	16
5.1	Interpretative Resources	16
5.1.1	The Buildings	16
5.1.2	Documentary Evidence	16
5.1.3	The Name	16
5.1.4	Archaeological Material	17
5.1.5	Moveable Heritage	17
5.2	Associated People and Places	17
5.3	Existing Potential Audiences	17
6.0	IDENTIFYING KEY THEMES	18
6.1	Preamble	18
6.2	Theme 1: Medical Services	18
6.3	Theme 2: Aboriginal History and Associations	19
6.4	Theme 3: Nineteenth Century Redfern	19
6.5	Theme 4: Modernist Hospital Architecture	19

7.0	INTERPRETATION RECOMMENDATIONS	19
7.1	Potential Locations	19
7.2	Audience Requirements	19
7.3	Types of Interpretation	20
7.3.1	Retention of the Buildings and the Name	20
7.3.2	Signage and Interpretation Panels	20
7.3.3	Archaeology	20
7.3.4	Moveable Heritage	21
7.3.5	Public Art	21
7.3.4	Other	21
8.0	SUMMARY AND CONCLUSIONS	21

1.0 INTRODUCTION

1.1 The Purpose of This Document

This Interpretation Strategy for the Former Rachel Forster Hospital Site, No. 134-150 Pitt Street, Redfern, New South Wales has been prepared at the request of Architecture and Building Works, and on behalf of the owners of the site, to fulfill requirements set out in the *Determination of the Redevelopment of the Former Rachel Forster Hospital Site for Residential Development Concept Plan* (MP No. 07_0029), specifically:

Under Part B8 Modification to Concept Plan:

In addition to the Proponent's Draft Statement of Commitment No. 6 and 7 the heritage interpretation of the well structure and approach to adapt it into the publicly accessible open space is to be submitted with the future Project Application, following consultation with the Department of Planning and NSW Heritage Office.

Under Schedule 3 Proponents Draft Statement of Commitments:

No. 6 Heritage

Any project application or other application will have regard to the Heritage Impact Statement prepared by Weir + Phillips dated June 2007.

The following are to accompany any Project Application(s):

- A Statement of Heritage Impact (SOHI) prepared in accordance with finding and conclusions of the Heritage Impact Statement prepared by Weir + Phillips.
- A Heritage Interpretation Plan for the site as a whole.

No. 7 Archaeology

The following is to be addressed with the Project Application:

- Preparation of an Aboriginal Heritage Impact Assessment (AHIA), in accordance with draft Department of Conservation Guidelines 19997;
- Integration of the statement of significance and the result of the AHIA within an Archaeological Management Plan for the site that considers:
 - (i) Heritage interpretation of the archaeological site within the proposed development; and/or
 - (ii) Archaeological excavation and documentation of the site prior to construction.

The purpose of this document is to facilitate the integration of interpretation into the future stages of development on this site. The requirements of No. 7 Archaeology are being addressed in a separate report prepared by Archaeological Heritage and Management Solutions (AHMS).

This document is intended as a guide to initial planning for heritage interpretation on the site. Subsequent stages will include:

- Further development of interpretative content and media in conjunction with detailed planning of the development. This will include the incorporation of any information obtained from further stages of archaeological investigation on the site.
- Client and Department of Planning and Infrastructure review and endorsement.
- Implementation of selected interpretative initiatives.

The stages involved are outlined more fully in Section 2.0 of this report.

1.2 Authorship

This report was prepared by Alice Fuller, B. Appl. Sc. (CCM), M.Hert.Cons. (Hons), and James Phillips, B.Sc. (Arch) B. Arch, M.Hert.Cons. (Hons), heritage consultants of Weir Phillips, Architects and Heritage Consultants.

1.3 Site Location

The Former Rachel Forster Hospital Site is located at No. 134-150 Pitt Street, Redfern. The site is bound by Albert Street to the north, Pitt Street to the east, residential development to the south and a warehouse and residential development to the west (Figure 1). The site is identified as Lot 7 DP 664804.

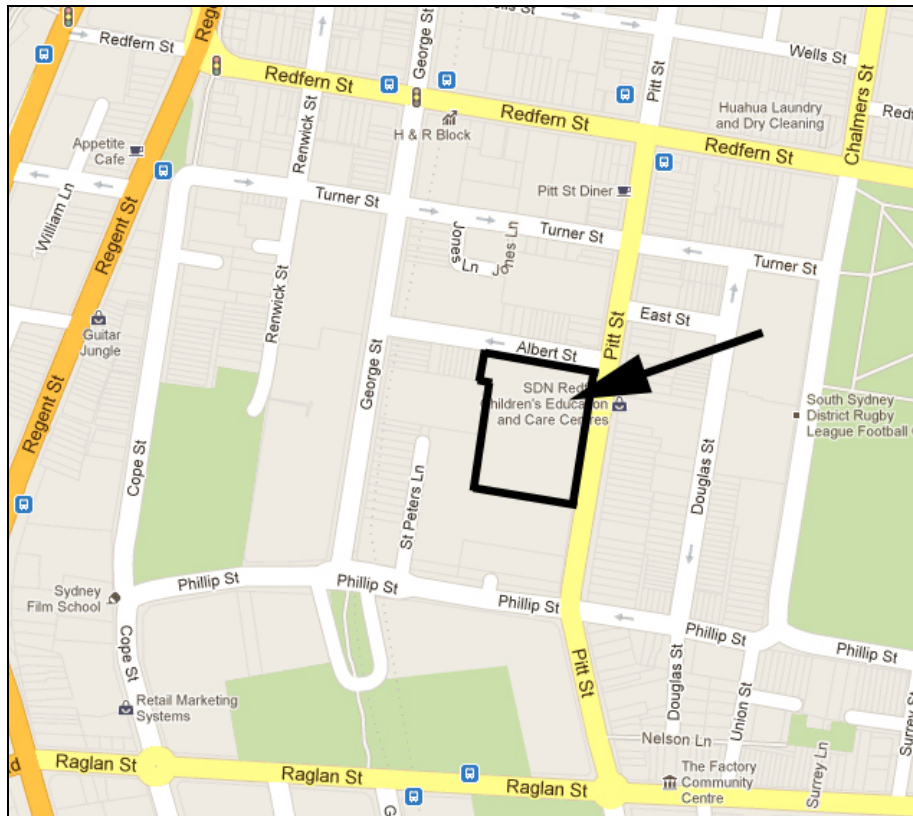


Figure 1: Site Location.

Google Maps.

The site is currently occupied by the buildings of the Former Rachel Forster Hospital. The principal buildings were designed by the prominent Sydney-based architectural firm Leighton Irwin and constructed from 1941 onwards. The Hospital closed over ten years ago. The buildings have mostly been unoccupied since this time.

1.4 Project Background

The Former Rachel Forster Hospital Site is identified as a State significant site under *State Environmental Planning Policy (Major Projects) 2005*. The site is identified as a heritage item as defined by Schedule 3 Division 4 Part 5 Clause 27 of this plan. The accompanying heritage plan identifies the 'Five Storey Surgery Building' (i.e. Building 1) and 'Part of the Two Storey Colonnade Building' (i.e. Building 2) only.¹

¹ Note: this is an amendment since the *CMP* was prepared in 2007, where the site more generally was identified as the heritage item.

In 2007, a Concept Plan for a medium density residential development was prepared under the auspices of the Redfern Waterloo Authority and approved by the Department of Planning (October 2007). The Concept Plan Approval provides for four residential building envelopes, including the partial retention and adaptation of one building on the site and the retention of the colonnade associated with a second building. Publicly accessible open space is also provided for. As part of the development of the Concept Plan application, Weir Phillips Architects and Heritage Consultants prepared a Conservation Management Plan (CMP) for the site. Section 1.5 of this report provides full details for this plan.

The Former Rachel Forster Hospital Site was sold to Kaymet P/L in 2007. In March 2009, a Preliminary Assessment for the proposed re-development of the site was prepared by ABC Planning P/L, with architectural plans prepared by Architecture and Building Works. In May 2009, Director General Requirements (DGRs) were issued by the Department.

The project is currently being finalised to meet the Director General's Requirements. The proposal is for 159 residential units. The proposal seeks to retain the existing 'H' configuration of the buildings on the site. Building 1, an adaptive re-use of the existing surgery wing of the Hospital, will be six storeys in height; Buildings 2, 3 and 4 will be three storeys in height. Building 2 will incorporate a colonnade part of an existing building on the site. Basement car parking is provided. An area of approximately 1,060 sq. metres of open space, on the eastern boundary of the site, fronting Pitt Street, will be dedicated to the City of Sydney Council as public open space.

The site now falls under the control of the Sydney Metropolitan Development Authority.

1.5 Methodology

1.5.1 Guidelines

The following guidelines have informed the preparation of this report:

- Australian ICOMOS, *The Burra Charter (The Australian ICOMOS charter for places of cultural significance)*.
- NSW Heritage Office, *Heritage Information Series: Heritage Interpretation Policy*, August 2005.
- NSW Heritage Office, *Heritage Information Series: Interpreting Heritage Places and Items Guidelines*, 2005.

1.5.2 Conservation Management Plan

A Conservation Management Plan (CMP) has been prepared for this site:

- Weir + Phillips Architects and Heritage Consultants, *Former Rachel Forster Hospital Site, 134-150 Pitt Street, Redfern, Conservation Management Plan*, June 2007.

This plan is hereafter referred to as the *CMP 2007*.

Section 7.3.4 of the *CMP 2007*, contains the following policy with regard to the interpretation of the site:

Policy P

All means should be taken to ensure that knowledge about the site and its heritage significance remains within the general knowledge of the people of the local area.

Interpretation should represent all aspects of the site's history and include both tangible and intangible elements. Interpretation should be reflected in the physical

presentation of the site (and in new works) as well as through the installation of specific interpretative devices.

Various actions are outlined to achieve this end. Other recommendations with regard to interpretation are made throughout the *CMP 2007*.

1.5.3 Archaeological Investigation

Limited archaeological investigation has been carried out on the site to date and is detailed by the following:

- Archaeological & Heritage Management Solutions Pty Ltd, *Re: Former Rachel Forster Hospital: Initial Archaeological Assessment*. Report addressed to Ms. McGuinness, Redfern Waterloo Authority. Dated 14 June, 2007.
- Archaeological & Heritage Management Solutions Pty Ltd, *Re: Supplementary Archaeological Assessment: Former Rachel Forester Hospital (Lot 7 D.P. 664804)*. Report addressed to Ms. McGuinness, Redfern Waterloo Authority. Dated 13 July, 2007.
- Archaeological & Heritage Management Solutions Pty Ltd, *Aboriginal Heritage Impact Statement for the Former Rachel Forster for Kaymet Corporation Pty Ltd*. Dated November 2012 (Draft Report).
- Archaeological & Heritage Management Solutions Pty Ltd, *Historical Archaeological Assessment for the Former Rachel Forster for Kaymet Corporation Pty Ltd*. Dated November 2012 (Draft Report).

1.5.4 Physical Evidence

Site visits carried out during the preparation of the *CMP 2007* provide an understanding of the possibilities arising out of the site itself. These site visits guided the decision to retain an adapt Building 1 and the colonnade of Building 2. Retaining these, and other elements, forms part of the interpretation strategy for the site. A number of items of moveable heritage that could potentially be used for interpretation purposes were identified.

1.6 Stages of Interpretation

The following stages will be followed in preparing and implementing an interpretation strategy on this site.

1.6.1 In This Report

This Interpretation Strategy set out how the history and significance of the site might be usefully interpreted as part of the proposed development. The structure is as set out below.

Stage 1: Interpretation Strategy	
Sub-stage	Where to Find the Information
<i>Introduction</i>	<i>Section 1.0 of this report</i>
Context of this report, site location, project background & methodology	Sections 1.1-1.5 of this report
Sub-stage	Where to Find the Information
<i>Understanding Interpretation- Why interpret?</i>	<i>Section 2.0 of this report</i>
The role of interpretation in heritage conservation	Section 2.1 of this report
Establishing interpretation principles for the site based on 'best practice'	Section 2.2 of this report
<i>Historical Overview – What is the story?</i>	<i>Section 3.0 of this report</i>
Researching the history the place within its City context	Section 3.1 of this report Appendices 1, 2 and 3 of this report
<i>Identifying Significance - Why is the story important?</i>	<i>Section 4.0 of this report</i>
Statements of significance	Sections 4.1 and 4.2 of this report
<i>Understanding the Available Resources, Stakeholders and Audience - What do we know and who are the audience?</i>	<i>Section 5.0 of this report</i>
Site Elements	Section 5.1 of this report
Associated People and Places	Section 5.2 of this report
Potential Audiences	Section 5.3 of this report
<i>Many Stories- Which stories do we tell?</i>	<i>Section 6.0 of this report</i>
<i>Interpretation Policy Development - Where are we headed?</i>	<i>Section 7.0 of this report</i>
<i>What have we achieved?</i>	<i>Section 8.0 of this report</i>

1.6.2 Future Reports

Subsequent reports will address the following:

Note: all the activities below are to be carried out in consultation with the owners, the NSW Department of Planning and Infrastructure, the architects, planner and archaeologists for the project.

Stage 2: Content Development
Identify and then confirm locations for interpretation within the site
Review and incorporate any information uncovered as a result of further archaeological investigation
Further research into themes to identify specific images, develop appropriate text etc
Development of interpretative media: detailed design for interpretative devices in conjunction with the development of detailed plans for the site
Check copyright of media to be used

Stage 3: Implementation
Production of display media etc
Installation of display media
Preparation of maintenance plan
Recommendations for future interpretation strategies/review

2.0 UNDERSTANDING INTERPRETATION

2.1 Interpretation as a Conservation Process

Providing an understanding of *what* a Heritage Site or Heritage Item is and *why* it is important is a key tenet of the Heritage conservation process. To communicate these values, some form of interpretation is usually required. Interpretation, in a heritage or museum context, involves *explaining* an item and its significance.² Interpretation supports, and can enhance, recognition and understanding of the importance of heritage places among site owners, users and the broader community.

The role of interpretation within the conservation process is highlighted in a number of important documents. These documents provide a good understanding of what interpretation should involve:

² 'What is Interpretation?' in T. Ambrose and C. Paine, *Museum Basics*, London, ICOM in conjunction with Routledge, 1993, p.67.

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- ***The Burra Charter: The Australian ICOMOS charter for places of cultural significance.***

Interpretation is implicit in many articles of the *Burra Charter*, but is highlighted in the following:

Article 1.17 of the *Burra Charter* states: 'Interpretation means all the ways of presenting the cultural significance of the place.' Interpretation may be a combination of the treatment of fabric (for example, restoration, reconstruction, maintenance), the use of a place and the introduction of explanatory materials.

Article 12 of the *Burra Charter* states: 'Conservation, interpretation and management of a place should provide for the participation of people for whom the place has special associations and meanings, or who have social, spiritual or other cultural responsibilities for the place.'

Article 15.4 states: 'The contributions of all aspects of cultural significance of a place should be respected. If a place includes fabric, uses, associations or meanings of different periods, or different aspects of cultural significance, emphasising or interpreting one period or aspect at the expense of another can only be justified when what is left out, removed or diminished is of slight cultural significance and that which is emphasised or interpreted is of much greater cultural significance.'

Article 24 states: 'Significant *associations* between people and a *place* should be respected, retained and not obscured. Opportunities for the *interpretation*, commemoration and celebration of these associations should be investigated and implemented (24.1). Significant *meanings*, including spiritual values, of a *place* should be respected. Opportunities for the continuation or revival of these meanings should be investigated and implemented (24.2).'

Article 25 states: 'The cultural significance of many places is not readily apparent, and should be explained by interpretation. Interpretation should enhance understanding and enjoyment, and be culturally appropriate.'

- **NSW Heritage Office (now Branch) Publications**

The guidelines produced by the NSW Heritage Office, listed under Section 1.3, further explain the interpretative process and encourage good interpretative practices including: understanding the history and significance of the site; identifying opportunities for interpretation; understanding the potential audiences; and encouraging relevant, respectful and thought-provoking interpretation. These guidelines provide practical measures for interpretation. For example, the Heritage Office guidelines assist in making reasoned choices about what to interpret on a site with multi-faceted significance.

Special guidelines are being produced to assist in the interpretation of Aboriginal values and culture, such as the Australian Heritage Commission's 2002 publication *Ask First: A Guide for Respecting Indigenous Heritage Places and Values*.

Interpretation can take many forms. The methodology adopted will greatly effect the quality of the message that is conveyed. Simply by being identified within the heritage context, heritage sites and items convey a message. Determining what that message is and how best to reinforce and convey it is the purpose of an Interpretation Strategy.

Conservation, restoration and maintenance are key heritage elements and are often the best way of preserving significant attributes and associations. The retention and adaptation of Building 1 and the colonnade of Building 2 provide an example of this approach on the site. These elements form the 'iconic view' of the Hospital in historic photographs. In many instances, however, retention is not always possible. Where removal, relocation or adaptation is part of development or conservation works, as occurs on the Former Rachel Forster Hospital Site, devices should be included to

interpret the heritage values of the removed or altered elements. The preparation of interpretation panels and the relocation and interpretation of moveable heritage items provides examples of this type of interpretation.

This site calls for interpretation that extends beyond the physical fabric. The significance of the former Rachel Hospital Site arises less out of the surviving physical fabric and more strongly out of its association with significant people, groups and the services.

2.2 Principles of Interpretation for the Former Rachel Forster Hospital Site

Using the *Burra Charter* and the NSW Heritage Office guidelines, the following key interpretation principles for the Former Rachel Forster Hospital Site have been identified:

- Focus on the history and significance of the site and its elements and from these develop site-specific themes and stories.
- Involve people with skills and experience in heritage interpretation.
- Ensure that consultation is undertaken with Aboriginal stakeholders for any interpretation involving Aboriginal history and/or artefacts.
- Follow the guidelines provided by the *Burra Charter* and NSW Heritage Office (Branch) documents.
- Identify potential audiences.
- Use fabric and landscape elements (conserved and newly created), documentary research and graphic materials to convey and interpret the significance of the site.
- Ensure that any interpretation recommendations are integrated with the planning process, in particular with the architectural design of the new development.
- Ensure research is thorough and that accumulated materials are publicly deposited upon completion of this project.
- Ensure that the interpretation recommendations and devices have the potential to be engaging and stimulating by evaluating them during and after development.
- Ensure that interpretative devices are of a high quality.
- Ensure that interpretative devices are accessible and reversible where required.
- Plan for continuing maintenance and regular review of interpretative media.

3.0 HISTORICAL OVERVIEW

3.1 Brief Historical Outline

For a full history of the site, refer to the *CMP 2007*. The following is intended as a brief summary only.

3.1.1 Cadi Country

The site is located on land originally occupied by a Dharug speaking people known as the Cadigal (or Gadigal).

3.1.2 Redfern's Grant

On 8 October, 1816, Dr. William Redfern (1774?-1833) received a 100 acre grant under the hand of Governor Lachlan Macquarie that included the land on which the Former Rachel Forster Hospital now stands. This grant incorporated an earlier grant, made to William Roberts. The archaeological reports listed under Section 1.5.3 above have established that there is no evidence to suggest that Redfern ever built upon this land.

Redfern's Estate was subdivided and offered for sale on 16 March, 1842. Section 7 of the Estate, including the subject property, was further subdivided by George Cooper Turner. Nineteenth century survey plans of Redfern and *John Sands Suburban Directories* indicate that numerous buildings were built on the site in the nineteenth century, the most significant being the single storey dwelling *Redfern Lodge*. This building was erected after 1842 and before 1865. A well, once located in an outbuilding of *Redfern Lodge*, has been located within the basement of Building 2. Elsewhere on the site, terrace dwellings, typical of the surrounding area, were constructed. *Redfern Lodge* and the terraces were demolished in the 1930s/early 1940s following the resumption of the site for the Rachel Forster Hospital for Women and Children on 25 June, 1937.

3.1.3 Rachel Forster Hospital

The Rachel Forster Hospital owes its inception to six female doctors, who opened the New Hospital for Women and Children in a terrace house in Surry Hills in 1922. The New Hospital was part of a wider movement for the emancipation of women. The Hospital had two principle aims: to provide for 'necessitous' women and to provide a place where female medical graduates, who were denied placement as resident medical officers in New South Wales public hospitals, could obtain further training. Active voluntary groups, known as Hospital Centres, were established at the outset and would prove vital in raising funds for what began as a purely private enterprise. These Centres would remain a feature of the Hospital throughout its history.

The New Hospital, at first providing an out patient's service, rapidly expanded and moved to a new site in George Street, Redfern in 1923. The Hospital was renamed the Rachel Forster Hospital for Women and Children, in honour of the Governor General's wife, who took an active interest in women's welfare. Inpatients were accepted for the first time and new services, such as the innovative Almoner's Department, opened. The Hospital was recognised as a Public Hospital under the New South Wales Hospitals Act (1929) in 1931.

By the mid 1930s, the George Street site was no longer meeting the needs of the Hospital. The Hospital Board sought the help of the Hospitals Commission and the Government in the purchase of a larger site and the construction of a new hospital. The existing site was resumed in 1937 and Leighton Irwin, one of two large architectural practices specialising in hospital design during the interwar period, were commissioned to produce a design. Leighton and Irwin designed a hospital in the Functionalist Style, displaying the influence of modernist European architects such as Alvar Aalto and Willem Dudok. Design and layout were informed by the rapid advance in medicine and the new science of efficient hospital management. Paradoxically, the layout also reflects the still pervasive influence of nursing methods established by Florence Nightingale in the mid nineteenth century. The new Rachel Forster Hospital was officially opened in December 1941 by Lady Wakehurst, wife of the Governor of New South Wales, just days after the declaration of war on Japan.

The Rachel Forster Hospital continued to expand in the immediate post war period. In 1941, the Hospital was recognised as a Training Centre for nurses. Among the most important Post World War II developments was the opening of the Breast Clinic, under Dr. Kathleen Cunningham, in the latter part of 1950. A new Outpatients' Department, named in honour of Sir William McKell, was officially opened in 1953.

Two significant changes occurred at the Rachel Ward Hospital in the 1960s. Now that female doctors were accepted in New South Wales public hospitals, thereby fulfilling one of the needs for which the Hospital had been founded, male resident doctors were also employed. In response to a need for general hospital services, due to the construction of residential flats in the immediate area, the first male patients were accepted. The hydrotherapy pool, designed by Leighton Irwin, was opened in 1978. This was the last major phase of construction works on the site.

The Rachel Forster Hospital was repeatedly threatened with closure from the late 1980s and became increasingly specialised in the services they offered. The last staff and facilities were transferred to Prince Alfred Hospital, Camperdown in 2000. A community health service operated in the former Outpatients Department Building until recent years.

4.0 HERITAGE VALUES

4.1 Existing Citations and Listings

4.1.1 Statutory

The Former Rachel Forster Site:

- Is not identified as a heritage item on the State Heritage Register, under the auspices of the *NSW Act 1977*.
- Is identified as a heritage item as defined by Schedule 3 Division 4 Part 5 Clause 27 of this plan. The accompanying heritage plan identifies the 'Five Storey Surgery Building' (i.e. Building 1) and 'Part of the Two Storey Colonnade Building' (i.e. Building 2) only. This is an amendment made since the *CMP 2007* was prepared, in which the site as a whole was identified.

4.1.2 Non Statutory

The Former Rachel Forster Hospital Site was cited in the *Tropman and Tropman South Sydney Heritage Study* (1995-8) and subsequently listed as a heritage item on Schedule 2 of the *South Sydney LEP 1998*. It was also located within a Conservation Area and adjacent to a heritage item listed by this document. Following the creation of the Waterloo Redfern Waterloo Authority, the heritage listing and conservation area listing no longer applied.

The Rachel Forster Hospital is listed on the *RAIA 20th Century Register of Significant Buildings* (Item No. 4700846).

The Rachel Forster Hospital is not listed as a heritage item by the National Trust of Australia (NSW) *Jubilee Register* (1995-1998).

4.2 Statement of Significance

For a full heritage assessment to NSW Heritage Branch standards, refer to the *CMP 2007* and to the archaeological assessments prepared by AHMS and listed under Section 1.5.3.

The following statement of significance for the site as a whole is taken from the *CMP 2007*:

The Former Rachel Forster Hospital Site, Redfern has state historic and social significance as a place where a wide range of medical and social services were provided to women and children from 1937 until 2000 and to men from 1967 to 2000. The association of the site with medical practice extends back to the early colonial period when the site was part of a grant

made to Dr. William Redfern in 1816. A popular, compassionate doctor and skilled obstetrician, as well as an advocate of public health and preventative medicine, Redfern is among the most important medical men in early Australian history. The existing buildings comprise a purpose built hospital opened in December 1941. This hospital was built for the Rachel Forster Hospital for Women and Children, which had grown from a small outpatient facility (the New Hospital for Women and Children) opened in a Surry Hills terrace house in 1922. Community medical services continue to be provided on the site, albeit in a limited form, through a medical service located in the former Outpatients Building.

The Former Rachel Forster Hospital Site, Redfern has state historic significance for its association with notable female pioneers of twentieth century medicine in New South Wales, in particular Drs. Lucy Gullet and Harriet Biffin. The philosophies established by the six founding female doctors at the New Hospital in 1922 continued to inform the operation of the Hospital until the last facilities were removed from the site in 2000. The services introduced and supported by these women were frequently innovative for their time. A number of the women associated with the Rachel Forster Hospital achieved recognition for their work in the wider medical world. The work carried out at the Rachel Forster Hospital was instrumental in breaking down the prejudice against women in medicine in New South Wales.

The Former Rachel Forster Hospital Site, Redfern has state historic significance for its provision of medical training for women. When opened in 1922, the Hospital was part of a wider movement to improve women and children's health arising out of the movement for female emancipation. The Hospital was established at a time when female graduates were denied appointments as resident medical officers in New South Wales Hospitals. Training was also provided in related work, such as almonry. The Former Rachel Forster Hospital Site, Redfern demonstrates a historic pattern of nursing education and practice that was established by Florence Nightingale in the 1860s and which continued until the 1970s.

The Former Rachel Forster Hospital Site, Redfern has social significance for former staff, patients, benefactors and volunteers. The Hospital was strongly supported by a network of Hospital Centres. Private donations- monetary or in kind- were a vital source of income. Volunteers and supporters were involved in all aspects of operation of the Hospital and came from all walks of life, from the wife of the Governor General, Lady Rachel Forster, for whom the Hospital was named, to school children who donated eggs. The construction of the existing hospital buildings in 1940-1, at the beginning of World War II and using extensive private funds, highlights its importance to the community; the continued expansion of the Hospital over time testifies to its significance within the wider community. The services of staff, supporters and volunteers are commemorated around the site.

The Former Rachel Forster Hospital, Redfern has social significance at a local level for the health services that it provided, at nominal rates, to the local community. The Hospital responded to changing local needs, opening, for example, an Almoner's Department during the Great Depression and a male ward in 1967 to provide for people being housed in the new nearby Housing Commission flats. A community health service continues to be run from the site.

The Rachel Forster Hospital Site has aesthetic significance as a fine example of modernist hospital design (interwar functionalist style) and the work of Leighton Irwin. Leighton Irwin are considered second only to Stephenson and Turner in hospital design in Australia during the 1930s to 1960s. The

Rachel Forster Hospital demonstrates the influence that European architects, such as Willem Dudok and Alvar Aalto, had on hospital design during this period. It exemplifies the type of 'new' hospital of the period that reflected modern scientific advances and used new idioms to express a break with past traditions and practices. The Rachel Forster Hospital is one of a group of interwar functionalist style hospital complexes; collectively, these buildings have significance as the first large scale examples of modernist style buildings in Australia.

The Rachel Forster Hospital has aesthetic significance for its contribution to the streetscape as a well-designed modernist hospital complex. The site has landmark qualities because of its community associations and the size of the buildings relative to the surrounding terraced housing. The most significant view corridors towards the site identified by historic photographs are as approached along Pitt Street from the north. This view corridor takes in the northern and eastern elevations of the southern building (Building 1) and the colonnade along the eastern elevation of the middle building (Building 2).

The Hospital has technical significance for the pioneering or introductory work carried out by staff. The opening of the Breast Clinic in 1950 and the use of mammograms from 1955 were among the first instances of this type of treatment in New South Wales.

Section 9.4. of the Aboriginal Heritage Impact Assessment for the site, prepared by AHMS and dated November 2012 (Draft Report), provides the following conclusions with regard to Aboriginal significance:

No Aboriginal objects were identified as part of this assessment. However, several areas of potential Aboriginal archaeological sensitivity were identified, based on analysis of landform and geotechnical records. These areas consist of variable depths of a remnant sand dune along a general pre-contact transit route for Aboriginal people between Sydney Harbour and Botany Bay. The assessment of these areas will require subsurface investigations to identify their research potential, condition, integrity, representativeness, and rarity.

While it can be suggested that these areas are likely to retain moderate to high research potential due to their accumulating nature and possible stratigraphic integrity, the level of density of archaeological deposits (if any) present is unclear. Further, as outlined in Section 8, these areas of potential Aboriginal archaeological sensitivity may be dominated by post-contact deposits which were disturbed by construction. Hence archaeological material recovered may be in disturbed contexts, lowering its research value. In contrast, they may be in situ stratigraphy from the pre-contact period, which would be of high research value. Hence, the significance of these areas is unclear at this stage.

Section 6.2 of the Historical Archaeology Assessment of the site, prepared by AHMS and dated November 2012 (Draft Report), provides the following Statement of Significance with regard to potential historical archaeological resources:

The site at No. 134-150 Pitt Street, Redfern, was occupied and used continuously for domestic purposes from the c.1850s to the late 1930s. The site, originally part of Redfern's grant, was part of the early subdivision of the area and was occupied by working class residents in modest dwellings along Albert Street and members of the upper class occupied more substantial dwellings along Pitt Street, such as 'Redfern Lodge.'

'Redfern Lodge' was occupied by well known local identities Archibald Thompson, a local merchant and member of a family of horse breeders from the Upper Hunter Valley, and Captain Malcolm Melville McDonald who

founded the Australian Calvary. During Thompson's occupation of the site, the rear yard of 'Redfern Lodge' were used as a paddock and training ground for well known race horses owned by the Thompson family and other members of the Australian Jockey Club.

The potential archaeological resources of the subject site may demonstrate the residential expansion of Redfern from the mid nineteenth century, the site's continuing residential use up to the mid twentieth century and differences of wealth and class status of residents at the subject site. The potential archaeological resources at the subject site may be representative of the residential development and occupation of the local area.

Potential archaeological resources at the subject site are assessed as having local heritage significance and are therefore defined as 'relics' under the *Heritage Act 1977*.

4.3 NSW Heritage Themes

The NSW Heritage Office (now Branch) have developed a series of themes to aid in the assessment of the significance of a site. As set out in the *CMP, 2007*, the Former Rachel Forster Hospital Site can be related to the following themes.

Communication: Activities associated with the creation and conveyance of information.

One of the reasons why the New Hospital (later the Rachel Forster Hospital) was founded was for the conveyance of information to the wider community, and in particular to women, relating to women's health and welfare and that of their children. This was achieved through the services provided onsite and offsite by the work of volunteers, principally through the Hospital Centres.

Events: activities and processes that mark the consequences of natural and cultural occurrences.

The Former Rachel Forster Hospital Site is a place of commemoration. There are numerous plaques around the site that record the opening of buildings or departments and the work or donations of staff and patrons.

Health: activities associated with preparing and providing medical assistance and/promoting or maintaining the well being of humans.

The Former Rachel Forster Hospital Site was planned, constructed and operated as a hospital for women and children from 1941 until the early 1980s and for general health services from the early 1970s until the early 1980s. Specialist services were offered after this date until the last facilities were removed from the site to the RPA in 2000. Services were provided and promoted onsite and through external agencies, such as the Hospital Centres. The site's association with health services extends back to 1922, when its predecessor, the New Hospital for Women and Children was opened in Surry Hills. At this time, the Hospital was part of a wider movement of female emancipation that sought to provide women with greater information and choice with regard to health care. Throughout its period of operation, the Hospital offered a wide range of health services, including a number that were ground breaking for their day.

Through documentary records, the site has an association with Dr. William Redfern, a pioneer of public health and preventative medicine in New South Wales.

Science: activities associated with systematic observations, experiments and processes for the explanation of observable phenomena.

The Former Rachel Forster Hospital Site included a purpose built Pathology Department to aid in the work of the Hospital. The Hospital is associated with

important advances in medical science, in particularly with the treatment of breast cancer.

Technology: activities associated with the knowledge or use of mechanical arts and applied sciences.

The Former Rachel Forster Hospital Site has an inherent association with the use of technology for medical purposes. The layout of the Hospital itself was informed by medical technology and procedures. The ability of the site to demonstrate medical technology has been diminished with the closure of the Hospital and the removal or abandonment of equipment.

The remanent of the well in the basement of Building 2 provides evidence of domestic water supply prior to the connection of the area to the reticulated water supply system in the 1880s.

Utilities: activities associated with the provision of services, especially on a communal basis.

The remnant of the well in the basement of Building 2 provides evidence of the provision of water prior to the connection of Redfern to the reticulated water supply system.

Accommodation: activities associated with the provision of accommodation, and particular types of accommodation.

Two types of accommodation were provided for at the Former Rachel Forster Hospital Site: ward accommodation for patients and staff accommodation. The differences in the style of accommodation provided to each is demonstrated in extant fabric. The provision of staff accommodation provides evidence of a particular type of hospital and medical training system no longer in operation.

Prior to the construction of the Hospital, the site was the location of numerous residences ranging from the free standing *Redfern Lodge* and its outbuildings to terraces.

Labour: activities associated with work practices and organised and unorganised labour.

The Rachel Forster Hospital Site has been a place of organised labour since the opening of the Hospital in 1941.

The Rachel Forster Hospital is associated with the work of female doctors, nurses and other health professionals who were exclusively appointed as residential staff members until the 1960s, making this Hospital unique in the Sydney area.

The Rachel Forster Hospital demonstrates a particular arrangement of nursing arising out of the principles of Florence Nightingale in the mid nineteenth century and lasting until the introduction of tertiary training in the 1970s.

The Rachel Forster Hospital is also associated with male labour. Male doctors and specialists consulted from the Hospital's inception in 1922 and later, once women were able to gain staff appointments in New South Wales Public Hospital, were appointed to the residential staff. Male nursing students were accepted from the early 1970s.

Education: Activities associated with teaching and learning by children, adults, formally and informally.

The Rachel Forster Hospital was founded to disseminate information about the welfare and medical treatment of women and their children. This was achieved through formal and informal education.

The second purpose for the foundation of the New Hospital in 1922 was to provide ongoing education for graduate female doctors. The subject site has been used not only for the formal and informal training of female doctors and nurses, but also for training in specialised services, such as Hospital Almonry. During the early 1970s, male nurses were also admitted. After the closure of the nursing school, the Hospital continued to provide training related to their particular specialities. The Hospital had strong links with outside institutions through their education activities, including the Royal Prince Alfred Hospital and the University of Sydney.

The provision of onsite accommodation provides evidence of a medical education system, first instituted in Australia in the 1860s, which is no longer in operation.

Defence: activities associated with defending places from hostile takeover and occupation.

The Former Rachel Forster Hospital Site has a minor association with this theme through the provision of emergency wards and theatres and an air raid shelter within the basement of the Hospital. These spaces were never used for defence purposes and contain no fabric that particular identify them as wartime amenities.

Welfare: Activities and process associated with the provision of social services by the state or philanthropic organisations

See under Communication and Health above. The Rachel Forster Hospital has an association with the provision of social services by both private and state organisations. Particular departments of the Hospital, such as the Almoner's (later Welfare) Department, highlight the concern of the Hospital with the overall welfare of their patients and not just their health. The Almoner's Department was the second of its kind to open in New South Wales and is demonstrative of the innovative approach that was the hallmark of this Hospital.

Domestic Life: activities associated with creating, maintaining, living in and working around houses and institutions.

The Hospital was a domestic residence for many staff, in particularly nursing staff, who were required to live on site between 1941 and the late 1960s. A floor in each of Buildings 1 and 2 was set aside for residential accommodation. The intended use of these floors as staff, as opposed to ward accommodation, is reflected in the layout, the extensive use of timber finishes (including parquet) and built in furniture. A particular style of domestic life is reflected comprising small, private bedrooms and large communal living rooms, bathrooms and kitchens. The hierarchy of hospital staff is reflected in the type of accommodation provided. Nurse's rooms are smallest and simplest; sisters have larger rooms and matron, a suite.

Prior to the construction of the Hospital, the site was the location of numerous residences ranging from the free standing *Redfern Lodge* and its outbuildings to terraces.

Creative Endeavour: activities associated with the production and performance of literary, artistic, architectural and other imaginative, interpretative or inventive works; and/or associated with the production and expression of cultural phenomena; and/or environments that have inspired such creative activities.

The Former Rachel Forster Hospital Site provides a fine, intact example of the Interwar Functionalist Style complex of buildings. This style was the dominant style used for health related buildings during the interwar and immediate post World War II periods. The Hospital complex was designed by one of the two major private practices associated with hospital construction during this period. Combined, the hospitals of Leighton Irwin and Stephenson and Turner were the first large scale buildings to introduce modernism into Australia. The exterior of the Hospital is less exuberant than comparable examples, such as The King George V Hospital. This can

be attributed to the fact that the Rachel Forster Hospital was built largely from private funds and in a time of growing wartime austerity.

Social Institutions: Activities and organisational arrangements for the provision of social activities.

Social activities connected with the raising of funds and the dissemination of information about the work of the Rachel Forster Hospital were directed and sometimes held at the site.

Birth and Death: Activities associated with the initial stages of human life and the bearing of children, and with the final stages of human life and the disposal of the dead.

As a Hospital, the Former Rachel Forster Hospital Site has an inherent association with this theme.

Persons: activities of, an associations with, identifiable individuals, families and communal groups.

The Former Rachel Forster Hospital Site has a strong association with numerous individuals and groups including the six female doctors that founded the New Hospital in 1922 and prominent donor families such as the Gillispies. A number of departments, such as the Harriet Biffin Pathology Laboratory and the Ruby Board Clinic were named for individuals of significance to the Hospital. Numerous plaques, in particularly the large timber boards in the main and visitors foyers, commemorate individuals and groups. The Rachel Forster Hospital was named to commemorate Lady Forster who was made a Dame of the British Empire in 1926 in recognition of her welfare work.

5.0 SITE INVENTORY, POTENTIAL STAKEHOLDERS AND AUDIENCES

5.1 Interpretative Resources

The following elements should be considered and/or are available to aid in the interpretation of the site.

5.1.1 The Buildings

Hospital buildings of this period are difficult to adapt for residential use. As a result, most of the existing buildings on the site will be demolished. The retention of part of Building 1 and the colonnade of Building 2 is a form of interpretation and will help to preserve some understanding of the 'iconic' view of the Hospital repeatedly depicted in historic photographs. Retention of other elements of the site layout, such as the semi-circular driveway to the front, also interpret past spaces and uses.

5.1.2 Documentary Evidence

A wide range historic maps, plans and photographs etc., which tell the story of the evolution of the site, are available. Many are cited in the *CMP 2007* and in the archaeological reports into the site.

5.1.3 The Name

Perpetuating the 'Rachel Forster' is an important interpretative device. Prolonged and widespread community involvement with the Hospital means that the name is intimately associated with this site. The letters 'Rachel Forster Hospital', which form a strong vertical line down the eastern end of the northern elevation of Building 1, will be altered to read 'Rachel Forster Apartments'.

5.1.4 Archaeological Material

The potential for archaeological deposits is assessed dealt by the archaeological reports listed under Section 1.5.3. The remains of a nineteenth century well have already been identified on the site.

5.1.5 Moveable Heritage

Moveable heritage is items formerly associated with the Hospital and still located on site. This includes the member/donation boards in the main foyers; plaques around the site; iconic elements such as clocks; and fixed and moveable furniture.

5.2 Associated People and Places

The following groups of people potentially have an interest in the site and may be able to further knowledge about it and understanding of it. It may be appropriate to invite their input and participation in the planning process:

- Current owners.
- Aboriginal people- including any traditional owners, the local community and the Metropolitan Aboriginal Land Council.
- NSW Department of Planning and Infrastructure.
- City of Sydney Council.
- Heritage Council.
- Community members with an association to the place, including former staff, volunteers and patients.
- Special interest groups, e.g. local history groups, women's history groups.

5.3 Existing Potential Audiences

Identifying *who* the audience is, assists in making interpretation accessible. Interpretation is most successful when it responds to known audience needs and behaviours. Understanding the audience affects all aspects of interpretation and will inform the location of interpretation, the choice of media for interpretation, as well as the content of interpretation.

Prospective audience groups include:

- People living in the new development. This is likely to be the largest audience group.
- People visiting residents on the site. These people will have access to common areas within the building.
- Passers-by, including members of the public using the dedicated open space at the front of the site. These people may not have access into the building.
- Stakeholders (see under Associate People and Places above).
- Heritage enthusiasts with an interest in Redfern history, social history, medical history etc. These visitors are likely to be fewer in number than residents and their guests.
- Specialist tour groups of all ages, whether self guided or guided.

6.0 IDENTIFYING KEY THEMES

6.1 Preamble

In preparing to interpret place, it is important to present its history and significance in an informative, interesting and easily accessible way. This is achieved through identifying and then interpreting key themes and stories associated with a site.

It may not be possible, or even desirable, to tell every story associated with a site. The *Heritage Interpretation Policy* published by the NSW Heritage Office (now Branch) states with regard to identifying what to interpret:

‘The significance of many places is multi-faceted, and it is often impractical to communicate every facet...Not all themes and stories are necessarily appropriate or relevant to the identified audience, and reasoned choices need to be made explicit following investigation and consultation.

Story telling is an important dimension of interpretation. Conveying a lot of information and facts about a place is not the purpose of interpretation.’³

While an overall timeline setting out the history of the Former Rachel Forster Hospital Site (prepared using the timeline in the *CMP 2007* as a base) will be provided as part of the onsite interpretation, there are four potential themes for interpretation. These themes are suggested not only by the available documentary and physical evidence, but also with reference to the potential audience groups identified above.

6.2 Theme 1: Medical Services

The most important theme to be interpreted on the site is the provision of medical services and medical education, more specifically, the provision of services by women for women and children.

Key sub-themes to be explored may include:

- Women in medicine, in particularly the role of the Hospital in the education and training of women, including doctors, specialists and nurses.
- Provision of community health, beginning with the origins of the Rachel Forster Hospital as the New Hospital in an Surry Hill’s terrace. This sub-theme includes exploring the reasons why the New Hospital was founded and how/why services changed and developed over time. This ties into the development of, and conditions within, inner city suburbs, such as Redfern and Surry Hills in the early 1900s.
- How the New Hospital, and later the Rachel Forester Hospital, related to contemporary developments in women’s and children’s health services. For example, what other services/movements were taking an interest in the health of women and children at the time the Hospital was founded? Included in this sub-theme is the Almoner’s Department, among the first established in NSW.
- The role of significant community groups, many run by women, in raising funding for the Hospital. These community groups were not just local, but state wide.
- Related to this theme is the story of Dr. Redfern, on whose grant the site stands. Redfern was an early advocate of community health, a popular obstetrician and one of Australia’s first medical educators.

³ NSW Heritage Office, *Heritage Interpretation Policy*, 2005, pp.7-8.

6.3 Theme 2: Aboriginal History and Associations

Redfern has a strong and vibrant local Aboriginal community. The site presents the opportunity to tell the story of the original inhabitants of the area, including Pre-Contact history and Post-Contact history. The latter includes the role of the site in providing medical and community services to the local community, particularly (but not exclusively) through the establishment of the Aboriginal Medical Service (AMS) in 1971.

Consultation with the relevant Aboriginal stakeholders is vital in developing this theme.

6.4 Theme 3: Nineteenth Century Redfern

Between 1840 and 1937, the site was intensely developed for residential purposes. The most notable building was *Redfern Lodge*; a well has been found in the basement of one of the buildings associated with this building. Research and investigations by Archaeological Heritage Management Solutions have shown that the well does not date to William Redfern's period of ownership. Elsewhere on the site, terraces typical of the surrounding area were constructed. This theme is related to Theme 1, as living conditions in inner city suburbs like Redfern first gave rise to the New Hospital and its activities.

6.5 Theme 4: Modernist Hospital Architecture

This theme is secondary to the themes identified above and may/may not be included in the final interpretation plans.

The Rachel Forster Hospital represented state-of-the art hospital design in 1941 and was part of a new wave of modernist hospitals that responded to new theories in health care and technologies. The architects, Leighton Irwin, were one of two main practices designing hospitals in this style in Australia, the other being Stephenson and Turner. Modernists hospitals were among the first buildings to be designed in the 'moderne' style in Australia.

Included in this general theme of hospital architecture is the work of children's author and illustrator Pixie O'Harris. Rachel Forster Hospital is among a number of Sydney Hospitals to benefit from her programme of decorating children's wards with Australiana and fairies themes.

7.0 INTERPRETATION RECOMMENDATIONS

7.1 Potential Locations

It has not yet been established where interpretation will be located on the site. The possibilities include:

- A community room has been allocated within the proposed works. This space will be the focus of interpretation activities and will be available to occupants and their guests and the general public on specific occasions, such as Sydney Open.
- Foyers and common areas within the building.
- The dedicated public open space.

7.2 Audience Requirements

The principal audiences (see Section 5.3 above) include people who may have time for intensive interpretation material (i.e. residents) and people who do not have large amounts of time to become engaged with interpretation. There will be people who have access to the building and those who only have access to the public open space.

There is thus a need for interpretation that addresses both groups. There is also a need for media that can be quickly absorbed or passively engaged with and for more intensive interpretative media or, at the very least, directions on where to find additional information.

7.3 Types of Interpretation

There are many ways in which the history and significance of a site can be interpreted. The interpretation devices discussed below aim to convey information about the heritage values of the site by creating direct and tangible links to the history and stories of the site.

Any interpretation of Aboriginal history must be undertaken with appropriate consultation in accordance with the relevant stakeholders and guidelines, such as the Australian Heritage Commission's 2002 publication *Ask First: A Guide for Respecting Indigenous Heritage Places and Values*.

7.3.1 Retention of the Buildings and the Name

As set out in section 5.0 above, the retention and adaptation of Building 1 and the colonnade of Building 2 and the retention of the name are interpretative devices. This form of interpretation needs to be reinforced by other means, such as interpretation panels, which may include historic photographs of the Hospital that show both the name, the retained building and colonnade as part of the working Hospital.

7.3.2 Signage and Interpretation Panels

Interpretation panels and on-site fabric will form the backbone of interpretation on this site.

The *CMP 2007* references photographs, newspaper articles, plans, etc that can be drawn upon for text and images. A time line is likely to be included.

Interpretation panels will be carefully designed and located to not only articulate the significance of a place, but also to be engaging and enhance the visitor experience. In urban environments, and in situations where the audience is partially transitory, image rich interpretation panels are often the most effective. The location of panels and their size will be carefully considered. Too many panels, for example, can clutter a space, creating confusion and detracting from the experience of the place.

The panels will be a high quality and consistent finish. They will be durable and located where there are appropriate security measures to prevent vandalism. Where attached to heritage fabric, they will be removable without causing damage to that fabric. Finishes such as acid etching into steel or glass are two finishes commonly used for interpretative panels.

Interpretation panels will be placed in the community room, with smaller panels in the main foyers in the building.

7.3.3 Archaeology

Refer to the accompanying archaeological assessments prepared by AHMS.

Any archaeological material used for interpretation needs to be securely displayed, clearly labelled and related to interpretative themes.

As set out in the accompanying archaeologist's reports, any Aboriginal artefacts found must be stored securely. Consultation with the relevant Aboriginal stakeholders must occur with regard to storage, repatriation and/or interpretation.

7.3.4 Moveable Heritage

Fabric that can be carefully removed, stored during construction and returned to the site for interpretation include the honour boards recording founders and supporters in the main entrances; indicative hospital items such as clocks; numerous plaques around the building; and furniture, such as the built-in furniture in the former nurses' quarters and free standing furniture. It may be possible to engage a conservator to remove a small sample of the work of Pixie O'Harris from the walls of the former Children's Ward for display. It is noted, however, that these murals are in poor condition. Photography may be the only option.

The best location for moveable heritage will be the community room. One of the tables stored within the Hospital, typical of the 1940s period and visible in historic photographs, will be placed in this room for use for body corporate meetings and other events.

7.3.5 Public Art

There is an opportunity to commission a piece(s) of public art inspired by the history and significance of the site. The work should be of high quality and visually arresting. The *City of Sydney Public Art Strategy* should be referred to. Paintings, sculptures and water features (known to have been present on the site when in use as a Hospital) etc present an opportunity to involve and engage audiences and enliven and distinguish the new development on the site, attracting audiences. Public Art can sometimes stimulate emotional response that other interpretation techniques can not. It can be used to reveal intangible aspects of a site's history and provoke a sensory response.

The best location for public art is the dedicated open space.

7.3.4 Other

A collection of the materials gathered for interpretation and any reports associated with the site should be deposited with the City of Sydney so that interested people can seek more detailed information. The interpretative panels should direct people towards this information.

8.0 SUMMARY AND CONCLUSIONS

This Interpretation Strategy for the Former Rachel Forster Hospital Site at No. 134-150 Pitt Street, Redfern, New South Wales, has briefly outlined with first stage in preparing interpretation for the site. Interpreting the history and significance of the site will be an integral part in the further development of the approved concept plan for the site.

Interpretation is a key tenant of the heritage conservation process. It helps sustain and communicate heritage values to the community and visitors alike. By making connections with the past, visitors will better understand the context of their surroundings and value them.

Interpretation at the Former Rachel Foster Hospital Site will focus not only on the history of the site, but equally importantly, place it within a wider context. The history of the site, the potential audiences and the physical and documentary evidence suggest three main themes for interpretation, being the role of Rachel Forster Hospital in providing medical training for women and in the treatment of women and children; the conditions in nineteenth century inner city suburbs that gave rise to the Hospital; and the relationship of the site to the local Aboriginal community.

There is a range of opportunities for interpretation on the site. Existing fabric, including the part retention of buildings, the retention of the name and moveable

heritage items, will be used. High quality interpretation panels and, potentially, public art, will also play a role in interpretation.

Interpretation will be further developed in consultation with the owners, archaeologists, architects and the NSW Department of Planning and Infrastructure. Interpretation of the Aboriginal history of the site must be undertaken with consultation of the relevant stakeholders.