

DRAFT 9

ACTON COMPLEX HERITAGE MANAGEMENT PLAN

**Prepared by
Duncan Marshall AM, Context Pty Ltd, Phil Creaser, Cultural Heritage
Management Australia, Geoff Butler & Associates, and Brendan O'Keefe**

**For the
National Capital Authority
2022**

EXECUTIVE SUMMARY

This heritage management plan for a complex of buildings, landscape elements and a geological feature at Acton, Canberra, provides a sound basis for the good management and conservation of this complex and its heritage significance. The complex comprises three buildings associated with the former Canberra Hospital (Acton Peninsula Building 1 – former TB Ward, Acton Peninsula Building 2 – former Isolation Ward (also called H Block), and Acton Peninsula Building 15 – former Medical Superintendent’s Residence, the Acton Peninsula Limestone Outcrops, and a number of trees. The plan:

- describes the complex;
- provides an overview of the history of the complex;
- offers evidence related to aesthetic, scientific and social values;
- analyses all of this evidence and provides a statement of significance for the complex;
- considers opportunities and constraints affecting the management of the complex;
- provides a conservation policy and implementation strategies to guide management and conservation; and
- provides a schedule of priority conservation works and a maintenance schedules for ongoing works.

Several components of the complex are entered on the Commonwealth Heritage List maintained under the Environment Protection and Biodiversity Conservation Act 1999 – Buildings 1, 2 and 15, and the limestone outcrops. These listings protect the heritage values of the places, and impose a number of obligations including the need to prepare a management plan. In addition, a collection of trees in the complex has been assessed as having potential Commonwealth Heritage value in a separate consultant report.

The Acton Complex comprises a range of features including limestone outcrops, buildings, garden areas and trees. The complex has a range of heritage values related to a number of different stories such as its historical associations with early European settlement, with the former Royal Canberra Hospital, and the development of the national capital. Some of these features are rare surviving evidence of important associations. The complex has aesthetic and social values, and some features also display creative achievement. As part of the Acton Peninsula and broader landscape, the complex also has cultural significance for the Aboriginal community.

The conservation policy and implementation strategies cover a wide range of matters including:

- liaison;
- conservation of the Acton Complex, including the limestone outcrops, buildings and structures, and trees and garden areas;
- the setting of the complex;
- uses of the complex;
- new development; and
- interpretation of the complex.

Key policies and strategies are provided related to:

- the **statement of significance** set out in Chapter 4 being a principal basis for management, future planning and work affecting the complex (Policy 1);

- conservation and management of the complex being carried out in accordance with the principles of the **Burra Charter and the Australian Natural Heritage Charter** (Policy 2);
- planning, lease and similar documents developed for the place or parts of the complex referring to **this heritage management plan as a primary guide** for the conservation of the heritage values of the complex, with the direction given in those documents and in this plan being mutually compatible (Policy 4);
- the NCA seeking to **liaise with relevant stakeholders**, including Representative Aboriginal Groups, on developments affecting the complex (Policy 11);
- **conserving the complex** (Policies 12-14);
- **protecting the setting** of the complex (Policy 18);
- the **primary uses** of the complex (Policy 19); and
- **interpreting the significance** of the complex to the range of visitors who use the area, to the staff of institutions in the vicinity, and to NCA staff (Policy 21).

Overall, the Acton Complex is in fair to good condition, and displays medium integrity. A range of conservation and maintenance works are recommended, including weed removal at the limestone outcrops, and tree works (see Appendices G and H).

The interpretation of the complex should be substantially improved, though this would only require some simple measures.



CONTENTS

| | |
|---|------------|
| Executive Summary | i |
| 1. Introduction | 1 |
| 1.1 Background and Project Objectives | |
| 1.2 Conduct of Project | |
| 1.3 Purpose of Report | |
| 1.4 Limitations | |
| 1.5 Consultants | |
| 1.6 Acknowledgments | |
| 2. Description, History and other Evidence | 7 |
| 2.1 Location and Boundaries | 7 |
| 2.2 Description..... | 11 |
| 2.3 Associated Places..... | 42 |
| 2.4 Overview History..... | 45 |
| 2.5 Aesthetics..... | 79 |
| 2.6 Scientific Value | 81 |
| 2.7 Social Value..... | 86 |
| 3. Analysis of Evidence | 97 |
| 4. Statement of Significance | 108 |
| 4.1 Statement of Significance | |
| 4.2 Attributes related to Significance | |
| 5. Development of Policy – Opportunities and Constraints | 118 |
| 5.1 Implications arising from Significance | |
| 5.2 Legislative Requirements | |
| 5.3 Stakeholders | |
| 5.4 Management Context, Requirements and Aspirations | |
| 5.5 Condition and Integrity | |
| 6. Conservation Policy and Implementation Strategies..... | 133 |
| 6.1 Objective | |
| 6.2 Definitions | |
| 6.3 Conservation Management Policy and Implementation Strategies | |
| 6.4 Implementation plan | |
| 7. Bibliography | 151 |
| Appendix A: Project Brief extracts..... | 158 |
| Appendix B: Commonwealth Heritage List Place Records..... | 162 |

| | |
|--|------------|
| Appendix C: Detailed Building Descriptions..... | 180 |
| Appendix D: Tree management plans..... | 189 |
| Appendix E: Community values research – method and analysis..... | 205 |
| Appendix F: Framework for Assessing Heritage Significance | 228 |
| Appendix G: Priority Works..... | 230 |
| Appendix H: Maintenance Schedules..... | 234 |
| Appendix I: Burra Charter | 239 |
| Appendix J: Australian Natural Heritage Charter..... | 251 |
| Appendix K: Compliance with Commonwealth Heritage Management principles and requirements for Management Plans under the EPBC Regulations..... | 266 |



1. INTRODUCTION

1.1 BACKGROUND AND PROJECT OBJECTIVES

The Acton Complex comprises three buildings, a geological feature and a collection of trees in a small area on the Acton Peninsula at Acton in central Canberra. The buildings and geological feature have been entered in the Commonwealth Heritage List, and the collection of trees has been assessed as having potential Commonwealth Heritage value by consultants in a separate report.

The names of these listed places are as follows:

- Acton Peninsula Building 1 – also former TB Ward and former National Museum of Australia Annexe West;
- Acton Peninsula Building 2 – former Isolation Ward, also called H Block, and former NMA Annexe East;
- Acton Peninsula Building 15 – former Medical Superintendent’s Residence; and
- Acton Peninsula Limestone Outcrops.

In accordance with section 341S of the *Environment Protection and Biodiversity Conservation Act 1999*, a management plan for the listed places must be prepared. The National Capital Authority manages the complex on behalf of the Commonwealth, and this heritage management plan has been prepared to assist the NCA comply with this legislative obligation.

However, this management plan is more than just a legislative obligation. It is intended to help guide the conservation management of the place as a living and working document, especially with regard to changes that may arise.

A copy of the Commonwealth Heritage List place records for the buildings and geological feature are reproduced at Appendix B.

A copy of relevant extracts from the project brief are provided at Appendix A.

This heritage management plan is the same as a conservation management plan – the term more widely used in the heritage industry.

Key general definitions

Conservation – natural heritage

In this report, the term conservation is generally used to mean, ‘all the processes and actions of looking after a place so as to retain its natural significance and always including protection, maintenance and monitoring’ (Cairnes 2002, Article 1.20). These processes include regeneration, restoration, enhancement, reinstatement, preservation and modification, or a combination of more than one of these. Conservation includes conserving natural processes of change.

Conservation – cultural heritage

In this report, the term conservation is generally used to mean, ‘all the processes of looking after a place so as to retain its cultural significance’ (Australia ICOMOS 2013, Article 1.4).

These processes include maintenance, preservation, restoration, reconstruction and adaptation. This definition follows the *Burra Charter*.

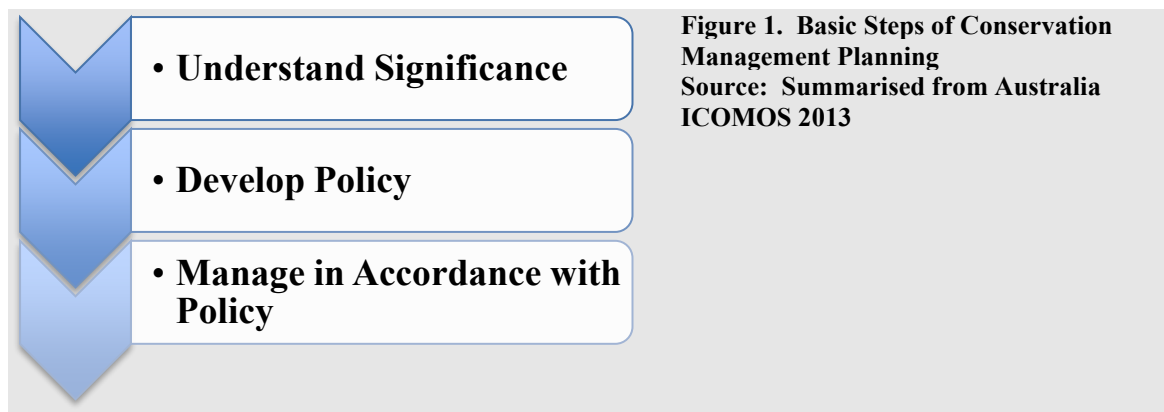
In accordance with the EPBC Act 1999, the broad nature of cultural significance also has to be appreciated. It includes not only the physical elements of a place (for example the architecture or landscape) but can also include intangible values such as historical associations, traditional use and community attachment. Conservation has to take all of these values into account. (See for example the Commonwealth Heritage criteria at 10.03A of the *EPBC Regulations 2003 (No. 1)* and the requirements for management plans at 10.03B of the regulations)

One of the principles underpinning the *Burra Charter* is a recognition that heritage places change through time for a variety of reasons. Good heritage practice manages this change with the objective of retaining cultural significance. It does not necessarily seek to freeze a place in time, nor turn every place into a museum. (See for example Australia ICOMOS 2013, Articles 1.9, 3.2, 15, 21, 22 and 27)

1.2 CONDUCT OF PROJECT

Overview

The methodology adopted for this plan is in accordance with the *Burra Charter* (Australia ICOMOS 2013). This can be summarised as a series of steps as shown in Figure 1 below. This approach is also broadly consistent with the *Australian Natural Heritage Charter* (Cairnes 2002).



In order to follow these steps and prepare this management plan a range of consultations, research, inspections and analyses were undertaken across the range of known and potential values of the complex (eg. history, geology, architecture etc). Importantly, the assessment of significance relied upon:

- a range of information gathering tasks related to the common descriptors of significance (for example historic value); and
- an analysis of this evidence for heritage values using the Commonwealth Heritage Criteria, including comparisons with other places where relevant, in order to test the

understanding of such values.

This work provided a sound understanding of the complex, and led to the preparation of a statement of significance. This work also provided an understanding of the constraints and opportunities related to the current and future management of the complex. The statement of significance and the information about constraints and opportunities were used as the basis for developing conservation policies and implementation strategies.

Additional details about some specific aspects of the work undertaken to prepare this plan are provided below where it seems helpful to further explain the related methodology.

Aboriginal Heritage Investigation

A field assessment of the Acton Peninsula was undertaken by CHMA archaeologist Rose O'Sullivan on the 4th October 2013 and involved the following Aboriginal community representatives:

- Wally Bell, Buru Ngunawal Aboriginal Corporation;
- Justin Brown, King Brown Tribal Group; and
- Tony Boye, Ngarigu Currawong Clan.

Conversations were held between Rose O'Sullivan and Antoinette House of the Little Gudgenby Tribal Council prior to and on the morning of the field survey, however unfortunately they were not able to provide a representative to attend the survey.

The survey methodology utilised was designed to maximise survey coverage, which, given the discrete nature of the study area, ensured a high level of coverage to be achieved. A total of 3.4 km of survey transects were walked around the study area, with the footprints of the National Museum of Australia, AIATSIS, the large carpark and associated buildings naturally excluded. A detailed photographic record was kept during the course of investigations.

Grid references reported in this plan were taken using a hand held Garmin GPS unit set to the GDA 94.

This research explored the potential for cultural sites, including archaeological sites.

Tree Assessment

The tree assessment methodology used was the visual tree assessment (VTA) method (Mattheck & Breloer 2010), to examine the previously identified heritage trees and other trees that may have some degree of significance, specifically around the Limestone Outcrops, Medical Superintendent's Residence (Building 15), former Isolation Ward (Building 2) and TB Ward (Building 1).

The inspection included looking for (using binoculars to aid in identification) any external signs of decay, physical damage, growth related structural defects, and to consider the site conditions where the tree is growing. This method ascertains whether there is need for a more detailed inspection of any part of any particular tree. This information is presented in a Tree Management Plan (TMP) as a guide to any works that may be required.

Community Values Research

The methodology used to identify and understand the community values (community aesthetics and social significance) of the Acton Complex comprised desktop research, site visits, an online survey and interviews. The aim was to identify the communities with associations with the place and to determine the values that might arise from these associations within the scope of the project. Further details are provided in Appendix E.

Research into Aboriginal heritage values is discussed above.

Report Structure

This heritage management plan:

- describes the complex in Sections 2.1-2.2;
- provides an overview of the history of the complex in Section 2.4;
- offers evidence related to aesthetic, scientific and social values in Sections 2.5-2.6;
- analyses all of this evidence in Chapter 3 and provides a statement of significance for the complex in Chapter 4;
- considers opportunities and constraints affecting the management of the complex in Chapter 5; and
- provides a conservation policy and implementation strategies to guide management and conservation in Chapter 6.

Public Consultation

In accordance with the *Environment Protection and Biodiversity Conservation Act 1999* (EPBC Act) and the NCA's commitment to community engagement, public consultation was undertaken on two occasions during the process to finalise this plan.

As part of the first consultation, a draft of the heritage management plan was made available for public comment from 10 April to 8 May 2015.

Notices were placed in the *Canberra Times* and *The Australian* on 11 April 2015 notifying the general public of the project, and the opportunity to comment. The report was publicly available on the NCA's website, and stakeholders were notified in writing. A public information session was offered on 30 April 2015 to any interested parties.

As a result of this process, two sets of written comments were provided, and one person attended the public information session. In response to these comments, a number of modifications were made to the plan.

[XXX to be completed following the second public consultation]

1.3 PURPOSE OF REPORT

The purpose of this report is to provide a management plan for the Acton Complex, in accordance with the obligations under the EPBC Act, including an understanding of heritage values (Chapter 4), and conservation policies and implementation strategies for future management (Chapter 6).

1.4 LIMITATIONS

There were no factors limiting the preparation of this report, apart from as noted below.

Indigenous Heritage Values

In the course of the project, the values of the Acton Peninsula generally to the Aboriginal community were identified (see Section 4.1). In part this relates to the peninsula as part of the broader cultural landscape of the former river valley, and also to the association with the former hospital. Further research would be required to identify specific values attached to the Acton Complex.

Archaeological Investigations

All archaeological investigations are subject to limiting factors. The following limiting factors impacted upon archaeological investigations of the Acton Peninsula study area.

The first of these was the high degree of disturbance across the area caused by the construction of several large buildings and structures and extensive landscaping works over the last 150 years. These activities have irrevocably altered the Aboriginal cultural landscape. The second was limitations to ground surface visibility imposed by vegetation cover, introduced fill and the location of extant buildings and infrastructure. Low surface visibility limits the ability of a survey team to identify some types of sites such as Aboriginal artefact scatters and isolated finds. Archaeological evidence of historic activity is also impeded by low ground surface visibility.

In addition, the potential for archaeological evidence related to the hospital period was not considered for various reasons. These include that the boundaries of most of the Commonwealth Heritage places are the existing building footprints. In the case of the limestone outcrops and generally in the area around the buildings, the historical records and superficial inspections did not suggest any potential.

It should be noted that the three surviving hospital buildings are the remnants of 16 buildings or other features associated with the former hospital, and indeed the major buildings, now demolished, were to the southeast of the surviving buildings in the location of the current National Museum complex.

Tree Assessment

Not all of the lake edge plantings were assessed as part of this project, being beyond the original scope. The project brief only included those trees which had previously been assessed as having potential heritage value.

However, the lake edge plantings generally are an attribute related to the heritage values identified in the course of preparing the plan, and a comprehensive tree assessment should be undertaken at some stage.

Lennox Crossing Road Alignment

While the trees along this road are assessed in the plan, the road alignment itself was not assessed, being beyond the original scope. Given the trees are found to have historic value, it is possible the road alignment may share such value. Further research on this

aspect is worthwhile.

1.5 CONSULTANTS

The consultants for the project are:

- Duncan Marshall – team leader, heritage consultant and architect, conservation management planner;
- Context Pty Ltd (Dr Georgia Melville, Chris Johnston, Jessie Briggs) – community values expert;
- Phil Creaser – geologist and geoheritage expert;
- Cultural Heritage Management Australia (Rose O’Sullivan & Dr Sophie Collins) – archaeologist;
- Geoff Butler & Associates (Geoff Butler) – arborist and horticultural expert; and
- Brendan O’Keefe – historian.

1.6 ACKNOWLEDGMENTS

The consultants wish to acknowledge the kind assistance of the following people and organisations.

| | |
|-------------------|--|
| Ilse Wurst | National Capital Authority |
| Lily Black | National Capital Authority |
| Peter Beutel | National Capital Authority |
| Robert Kendall | National Capital Authority |
| Duncan MacLennan | National Capital Authority |
| Cindy Munro | National Capital Authority |
| Rob Tindal | National Capital Authority |
| Anna Wong | formerly National Capital Authority |
| Helen Bennett | National Museum of Australia |
| Daisy Chaston | ACT Heritage Unit |
| Kathryn Cole | AIATSIS |
| Dale Dummett | National Museum of Australia |
| Anne Faris | National Museum of Australia |
| Dr Doug Finlayson | Geological Society of Australia (ACT Division) |
| Greer Gehrt | National Museum of Australia |
| Dr Kirsty Guster | Acton Walkways |
| Amy Guthrie | ANU |
| Peter Harkness | National Museum of Australia |
| Jack Kershaw | Canberra Community Action on Acton |
| Wanda Lawler | Royal Canberra Hospital Nurses Group |
| Allen Mawer | Canberra & District Historical Society |
| Liz McMillan | National Trust of Australia (ACT) |
| Brett Odgers | Walter Burley Griffin Society Inc. |
| Shirley Sutton | Royal Canberra Hospital Nurses Group |

2. DESCRIPTION, HISTORY AND OTHER EVIDENCE

2.1 LOCATION AND BOUNDARIES

The Acton Complex is located on Acton Peninsula, Acton, in central Canberra (see Figure 2 and Figure 3). The access road to the peninsula is Lennox Crossing, and the peninsula is surrounded by Lake Burley Griffin.

The formal Commonwealth Heritage List boundaries for the listed places are as follows:

- Acton Peninsula Building 1 – former TB Ward – the footprint of the building as well as its setting (undefined);
- Acton Peninsula Building 2 – former Isolation Ward (also called H Block) – the footprint of the building as well as its setting (undefined);
- Acton Peninsula Building 15 – former Medical Superintendent’s Residence – the footprint of the building as well as its setting (undefined) and garden; and
- Acton Peninsula Limestone Outcrops – an area enclosed by straight lines joining the following ACT Standard Grid points consecutively – 209860E 602870N, 209860E 602790N, 209880E 602790N, 209880E 602865N, 209875E 602880N, then directly to the commencement point.

These boundaries are shown on Figure 3 below. The significant trees are also shown on this figure.

The block and section details for these components are as follows:

- Acton Peninsula Building 1 – former TB Ward – Block 4 Section 55 Acton;
- Acton Peninsula Building 2 – former Isolation Ward (also called H Block) – Block 4 Section 55 Acton;
- Acton Peninsula Building 15 – former Medical Superintendent’s Residence – Block 4 Section 55 Acton; and
- Acton Peninsula Limestone Outcrops – part Block 4 Section 55 Acton and part Section 21 Acton.

In addition, the setting and garden for the buildings may extend into Section 21 Acton, depending on the boundaries chosen for these components. The block and section plan for the complex is shown at Figure 4 below.

Figure 2. Location Plan for the Acton Complex

Source: Base image Google Maps

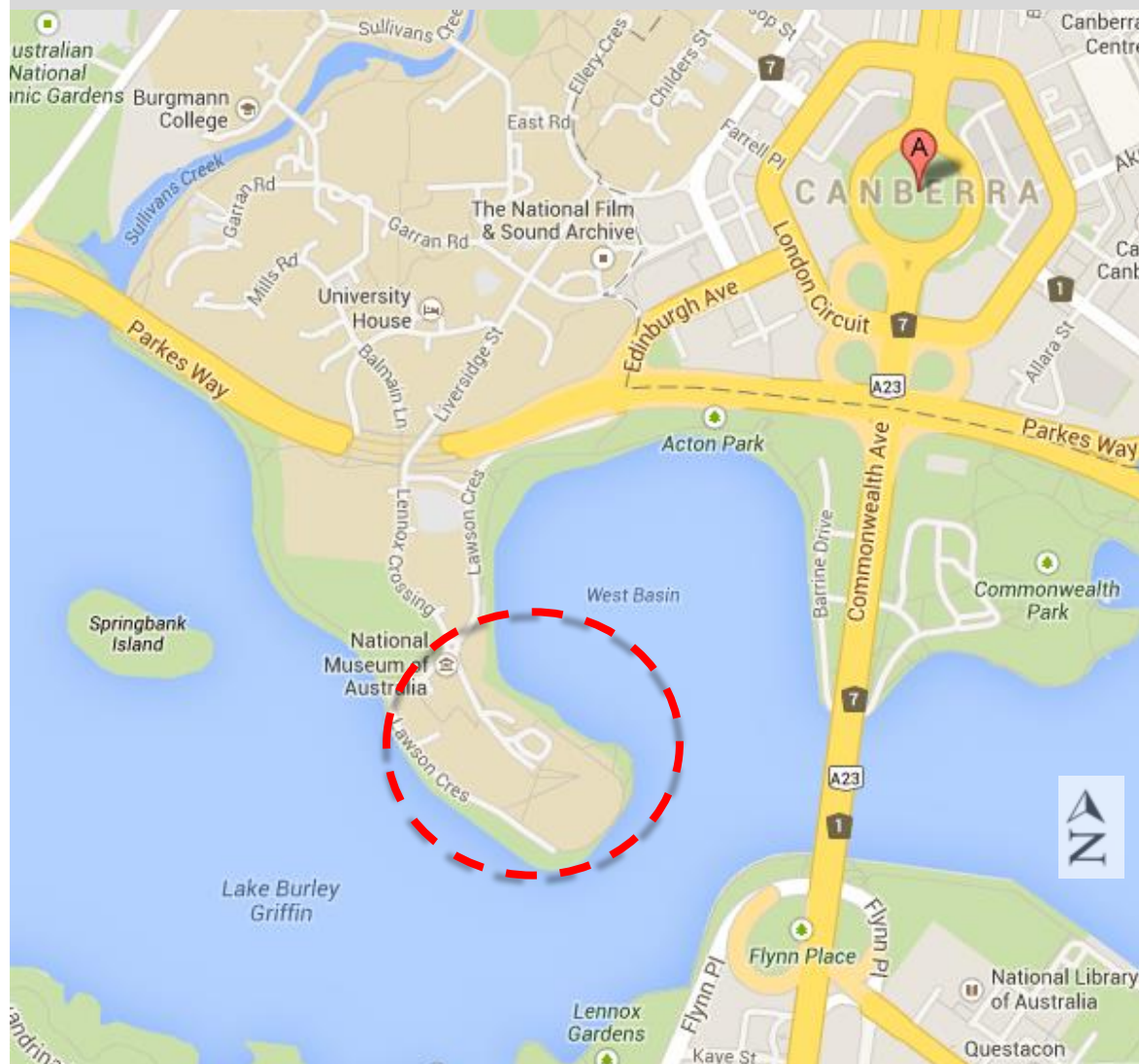


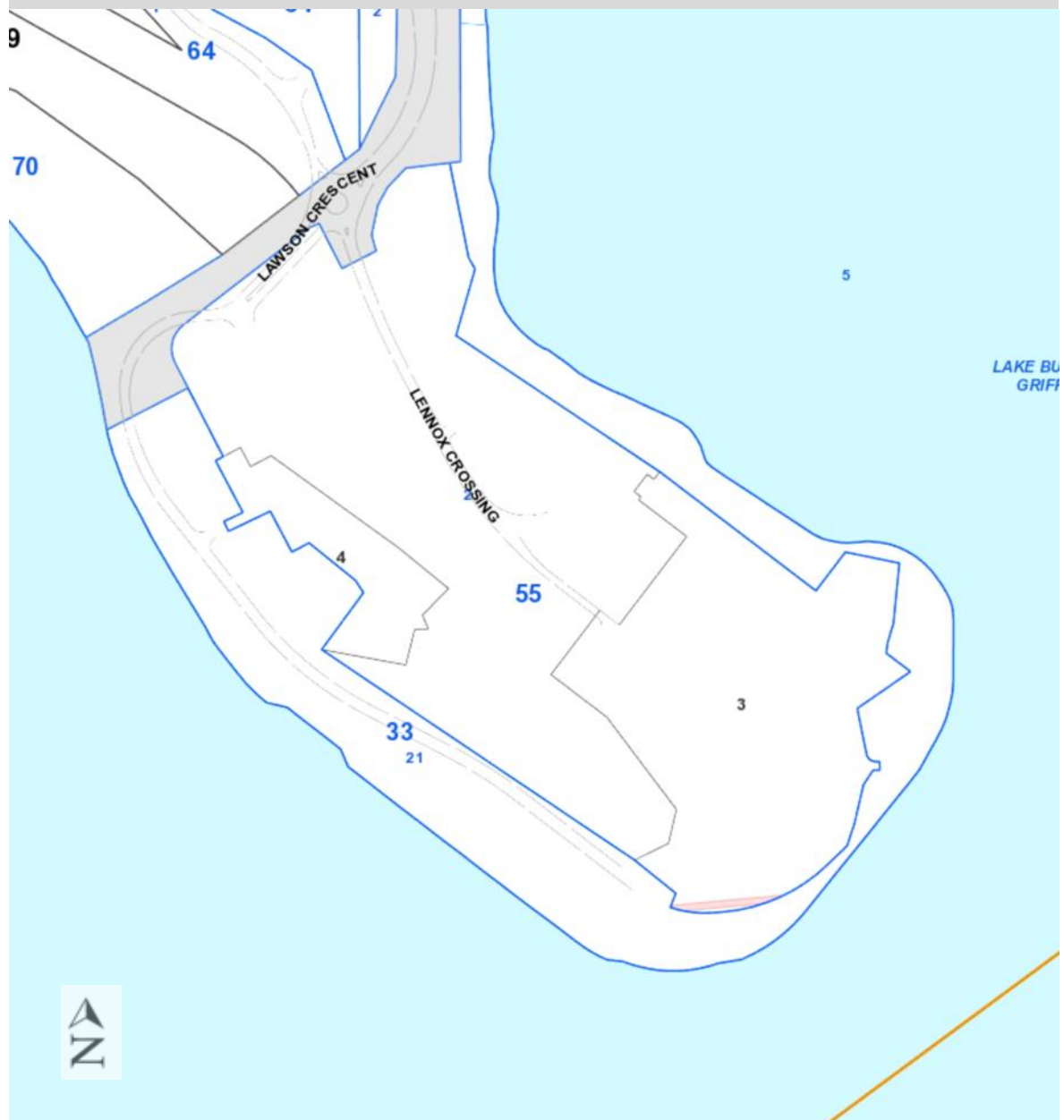
Figure 3. Site Plan for the Acton Complex

Source: NCA



Figure 4. Block and Section Plan for the Acton Complex

Source: ACTmapi



2.2 DESCRIPTION

2.2.1 Overview

This plan deals with a complex of features located on Acton Peninsula. There are the limestone outcrops as the northernmost feature. Southeast of the outcrops, and also on the northeastern lake shore, are the three buildings – Acton Peninsula Building 1 – former TB Ward, Acton Peninsula Building 2 – former Isolation Ward, and Acton Peninsula Building 15 – former Medical Superintendent’s Residence. Surrounding and woven amongst these features and beyond are the trees and garden areas. Archaeological features are also present in the area studied. All these features are briefly described below.

2.2.2 Limestone outcrops

The Acton Peninsula Limestone Outcrops is a series of limestone outcrops extending 100 metres along the shore of Lake Burley Griffin on the eastern side of the Acton Peninsula. These small outcrops represent the only limestone outcrops in central Canberra which gave rise to the name ‘The Limestone Plains’. The outcrops are part of the Canberra Formation which is early Silurian in age and is approximately 428-425 million years old. Fossils are not common in the limestone although small fragments of corals and shells can be seen. River gravels can be found overlying the limestone indicating that the Molonglo River once flowed over the site.

The area of the outcrops has an overstorey of native and exotic trees, as well as some shrubs and weed species (Figure 6). An informal lake-edge pedestrian path runs between the main area of the outcrops and the lake itself (Figure 5).



Figure 5. Limestone outcrops along walking path

Source: Duncan Marshall



Figure 6. Limestone outcrop with Limestone Cottage in the background

Source: Duncan Marshall

2.2.3 Archaeological aspects

Aboriginal Archaeology

The Molonglo River flats and Black Mountain with its associated spur, now encompassed by the Acton Peninsula would once have been a focal point for Aboriginal occupation and settlement, with the river providing ample resources and easily defensible territory. However, in archaeological terms, the current study area comprises a highly modified environment consisting of some 150 years of construction and development of the area. These modifications include the original development of Lake Burley Griffin, the construction of the National Museum of Australia, AIATSIS, buildings relating to the Australian National University, the original Royal Canberra Hospital including the Isolation Ward and former Medical Superintendent's Residence, and a series of auxiliary buildings and infrastructure such as carparks and roads, as well as extensive landscaping and plantings during the historic and recent period. As such, the area has been irrevocably altered from the original landscape once occupied by the Aboriginal people of the area. For these reasons, the Aboriginal archaeological potential of the Acton Peninsula study area is assessed as being low, with the potential for stratified subsurface deposits considered even less likely. Any Aboriginal sites or artefacts able to be identified in the area are likely to be out of context.

During the current investigations, no Aboriginal sites were identified within the study area. The potential for Aboriginal artefacts to remain in subsurface contexts within the area is discussed in the predictive model below.

Historic Archaeology

The extensive development of Lake Burley Griffin and the Acton Peninsula over the last 100 years has inevitably impacted upon the conservation of historical archaeological material. However, the historic archaeological context of the area has invariably suffered less alteration than the original Aboriginal landscape.

The geological feature of Acton Peninsula Limestone Outcrops which has been conserved through entry on the Commonwealth Heritage List (Place ID 105344), is mentioned historically as a source of lime for the earliest European settlers in the area, providing lime for the construction of the region's earliest houses/homesteads (O'Keefe 1994, see also Section 2.4 below). The outcrop extends approximately 80-100 metres along the eastern shore of the Acton Peninsula and once represented 'the most accessible and continuous exposure of the limestone which induced Europeans to give the area the name the Limestone Plains' (Commonwealth Heritage place record 105344).

The outcrop forms along the top of a slope that now comprises the banks of Lake Burley Griffin. Above it are the landscaped lawns associated with the buildings that were constructed as the maternity wing of the Royal Canberra Hospital. The short slope is inclined at approximately 10 degrees, with a break in slope where limestone boulders emerge.

The historical record indicates that at least one and possibly two limekilns once existed within the broader study area (see Section 2.4 below). Given the size and distribution of the original limestone outcrop and its proximity to the limekilns it is inevitable that the outcrop itself was used as source for historic lime. This being the case, the potential exists for evidence of historic limeburning and limestone quarrying to have been conserved within the geological formation of the Acton Peninsula Limestone Outcrop.

However, despite this potential, clear evidence of the historic use of the limestone outcrop as a source for lime is not present within the conserved portion of the outcrop. Evidence of recent damage to the outcrop by large-scale machinery during years of development and construction of the lake and peninsula is visible on a number of limestone cobbles (see Figure 8), however none is reflective of historic quarrying methods. Amongst this damage is a cutting measuring 74 x 41.5 cm comprising a series of sharp and steeply formed edges indicative of mechanical manufacture. A series of fist sized river cobbles fill the cavity created and appear to have been washed or placed there in the recent past (see Figure 8). The area is generally overgrown by grass and light regrowth scrub.

It would therefore appear that those portions of the outcrop that were historically quarried for the lime used to build Canberra's earliest buildings are no longer visible in the area – having either been destroyed by the surrounding development or submerged beneath the lake itself. Based on a 1914 geology map which shows a kiln and quarries at Acton (Figure 7), it is estimated the kiln location is in an area which is now graded lake edge, and the quarries are under the lake.

Sandstone Platform (GR: E692832 N6092526)

A sandstone platform with associated steps is located along the eastern edge of the study area. The platform is clearly associated with the development of the lake (thus post-dating 1963 in construction) and appears to have been designed to provide easy access to the water for fishing or boats (see Figure 10 below). The platform is currently in poor condition and appears unused, however recent mortar indicates that some limited efforts at conservation have been undertaken in the recent past.

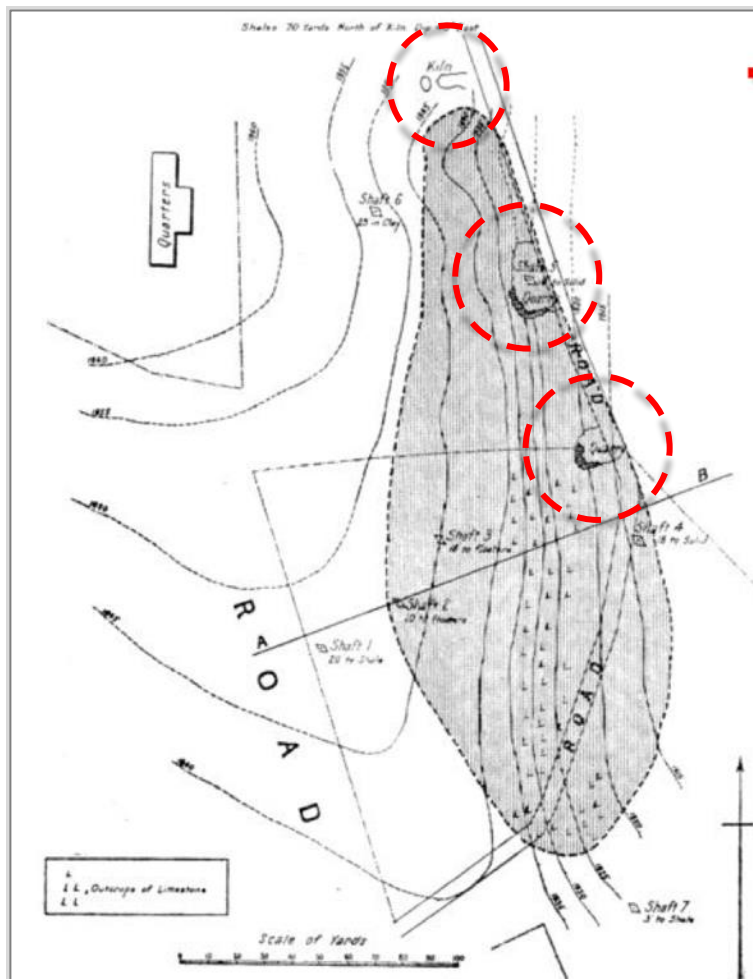


Figure 7. Geology map of Acton, 1914, with limestone kiln and quarries highlighted. The building (Quarries) are believed to be the Bachelor Quarries, G, D and H Blocks from about 1911.

Source: Taylor & Mahony 1914, reproduced in a presentation to the Australian Heritage Partnership symposium by Dr Doug Finlayson, 2013



Figure 8. Mechanically created cavity feature filled with cobbles located within the Limestone Outcrop

Source: CHMA



Figure 9. Justin Brown (King Brown Tribal Group) at the Limestone Outcrop, looking north
Source: CHMA



Figure 10. Sandstone steps and small platform along the eastern edge of the study area
Source: Duncan Marshall

2.2.4 Buildings

There are three main buildings which are the focus of this study, as well as one minor building associated with the former Medical Superintendent's Residence. The former TB Ward and former Isolation Ward are joined and effectively form one continuous building adjacent to the lake shore on Acton Peninsula. The former Medical Superintendent's Residence is located a short distance northwest of the former ward buildings. Figure 3 shows the general location of the buildings.

The summary description of the buildings is provided below, followed by current plans of the buildings, and a description of the garden areas around them is provided separately further on. A more detailed description of the buildings is provided in Appendix C.

Acton Peninsula Building 1 – former TB Ward

This is a simple, long, single storey brick building with a Marseille pattern terra cotta tiled gable roof (see Figures 11-20). The building is joined at the southeast end to the former Isolation Ward.

The building has a corridor running its length closer to the southwestern side. There are a series of rooms along the southwestern side, and a central short corridor at right angles leading to the octagonal former chapel, now a meeting room. A concrete ramp with brick balustrade and pipe handrail provides external access to the former chapel. On the northeastern side of the main corridor are open plan office and library spaces, with a few

partitioned small rooms in the middle of the building. Adjacent to these rooms, and in the centre of the northeastern elevation, is a small semi-circular room (a former sitting room). At the southeast end are several rooms forming a link to the former Isolation Ward. At the northwestern end are a loading dock and service areas, including stairs and ramps with painted metal pipe handrails.

The roof tiles have a glazed dark brown finish. The low sections on the southwest side and former chapel have metal deck roofs. The northeast side former verandah has a folded metal tray roof. The eaves are lined with boards and the timber fascias have quad gutters and metal downpipes. The external walls are light brown face brickwork. The southwest side has double hung timber windows, while the northeast side has aluminium framed double hung windows set into timber frames. The former verandahs have glazed tile sills internally. The former chapel has a face brickwork base, timber framed fixed glass windows and horizontal timber board wall panels, and the structure is supported by painted steel posts.

The floor structure to the southwest side rooms is generally concrete, and the floors to the corridor and the northeast spaces are timber. Some of the internal structure is steel framed. Internal finishes are generally carpet floors, plasterboard and suspended plaster tile ceilings, painted plasterboard and render walls, and some face brickwork wall elements as part of former verandahs. A wide ash chair rail and painted metal handrail remains in the corridor to the former chapel. The building has ducted airconditioning and modern office lighting.

The building has been modified by additions to the southwestern entrance side by construction of the former octagonal chapel, and to the northwest end by construction of a service entry. The interior has also been largely modernised.

Between the former TB Ward and the former Medical Superintendent's Residence is a small facebrick rubbish enclosure, with a butterfly metal roof.

There is a small area of deterioration to the eaves on the northeastern side.



Figure 11. The octagonal chapel structure – former TB Ward – Building 1

Source: Duncan Marshall



Figure 12. Service area at the northwestern end of the former TB Ward – Building 1

Source: Duncan Marshall



Figure 13. Semi-circular former sitting area (left) of the former TB Ward – Building 1 in 2013

Source: Duncan Marshall



Figure 14. Corridor leading to the former chapel – former TB Ward – Building 1

Source: Duncan Marshall



Figure 15. Modern open plan space in the former TB Ward – Building 1

Source: Duncan Marshall



Figure 16. Former sitting area in the former TB Ward – Building 1 in 2013

Source: Duncan Marshall



Figure 17. Glazed sill tiles and face brickwork in the former northeast verandah of the former TB Ward – Building 1 in 2013

Source: Duncan Marshall



Figure 18. Former northeast verandah of the former TB Ward – Building 1 in 2013

Source: Duncan Marshall

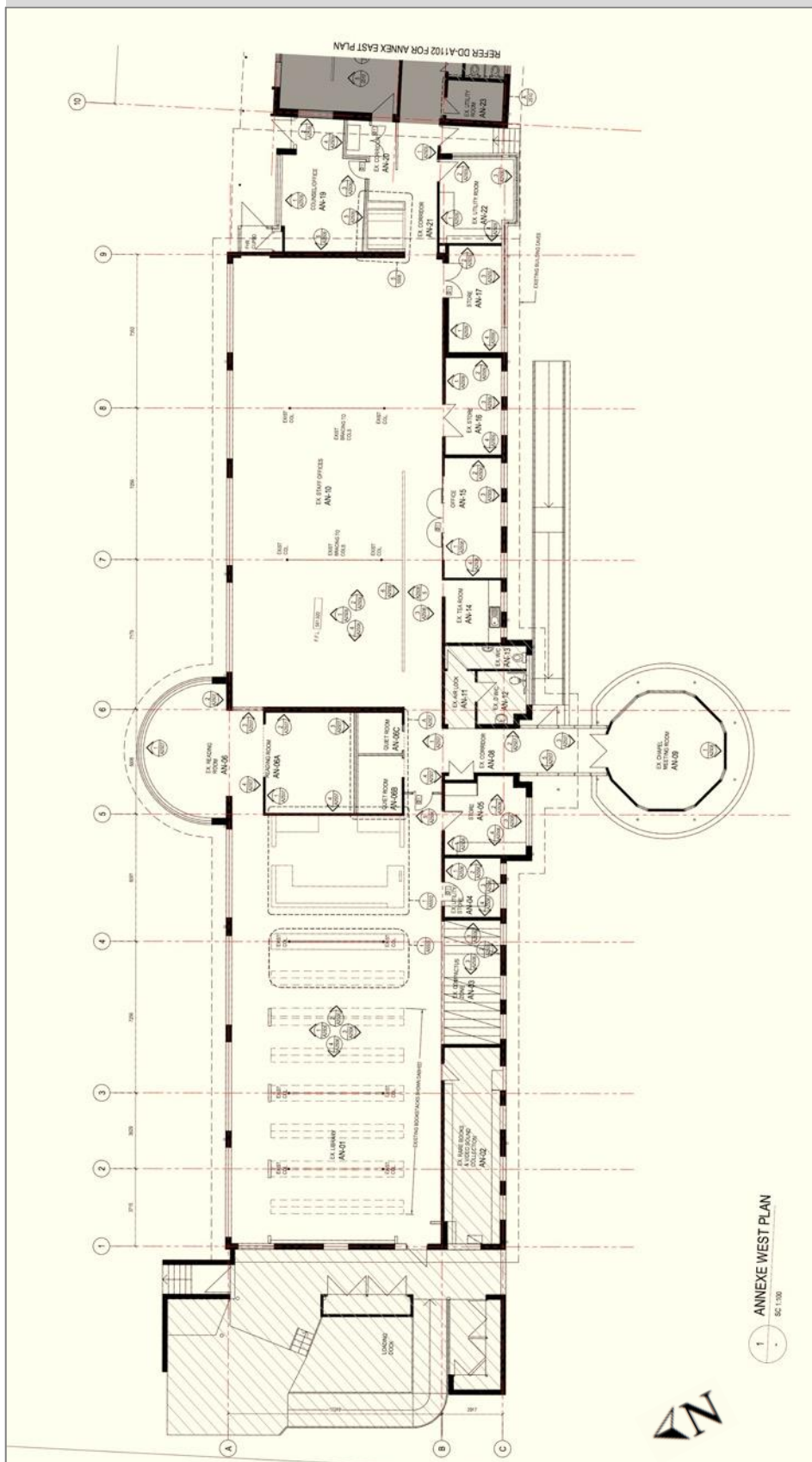


Figure 19. Modern open plan space in the former TB Ward – Building 1

Source: Duncan Marshall

Source: NMA

Source: NMA



Acton Peninsula Building 2 – former Isolation Ward

This building has general similarities to the former TB Ward. It is also a simple, single storey brick building with a Marseille pattern terra cotta tiled gable roof, glazed dark brown (see Figures 21-29). It is joined to the former TB Ward at the northwestern end, and to a modern building (2013) at the southeastern end.

The building has a corridor running its length closer to the southwestern side, and a series of rooms along this side. On the northeastern side of the main corridor are open plan offices with some cross walls. There is a projecting bay with a central entrance on the southwestern side, and a concrete floor verandah on the northeastern side with some sections more deeply recessed. The verandah has painted steel post supports. In one of the recessed sections are bike racks.

It is built in light brown face brickwork, and there are some areas of painted, horizontal timber board walling. The building mostly has double hung timber windows, but the central section of the northeastern side facing the verandah has larger timber square grid fixed glazed windows and doors. The northeast side windows have a projecting brick reveal. A small section of the southwest side, southeast side and the entrance have metal deck roofs. The eaves are lined with boards and the timber fascias have quad gutters and metal downpipes.

The entrance has steel framed windows, and most of the northeast windows facing the verandah have fluted obscure glass in the lower panels.

The projecting porch for the southwest entrance has a raked ‘butterfly’ roof with a timber ceiling sloping back towards the building, supported on tubular steel posts set at an angle.

On the northeast side there are two sections of steel post and timber pergola with clear roof sheeting. They are attached to the building and mostly provide cover for concrete paved areas edged in red brick pavers, and one of these areas adjoins a low brown brick planter bed wall. The far southeastern of these areas has a brick barbeque structure.

The floor structure to the southwest side rooms is generally concrete, and the floor to the northeastern rooms is timber. Some of the internal structure is steel framed. Internal finishes are generally carpet floors, plasterboard and suspended plaster tile ceilings, plasterboard walls, painted doors, and modern joinery. The building has ducted airconditioning and modern office lighting.



Figure 21. Entrance to the former Isolation Ward – Building 2

Source: Duncan Marshall



Figure 22. Porch structure at the entrance to the former Isolation Ward – Building 2

Source: Duncan Marshall



Figure 23. General view of the landscape and carparking to the southwest of the former Isolation Ward – Building 2

Source: Duncan Marshall



Figure 24. Northeast verandah of the former Isolation Ward – Building 2

Source: Duncan Marshall



Figure 25. Pergola structure on the northeast side of the former Isolation Ward – Building 2

Source: Duncan Marshall



Figure 26. Northeast verandah of the former Isolation Ward – Building 2

Source: Duncan Marshall



Figure 27. Internal corridor of the former Isolation Ward – Building 2 in 2013

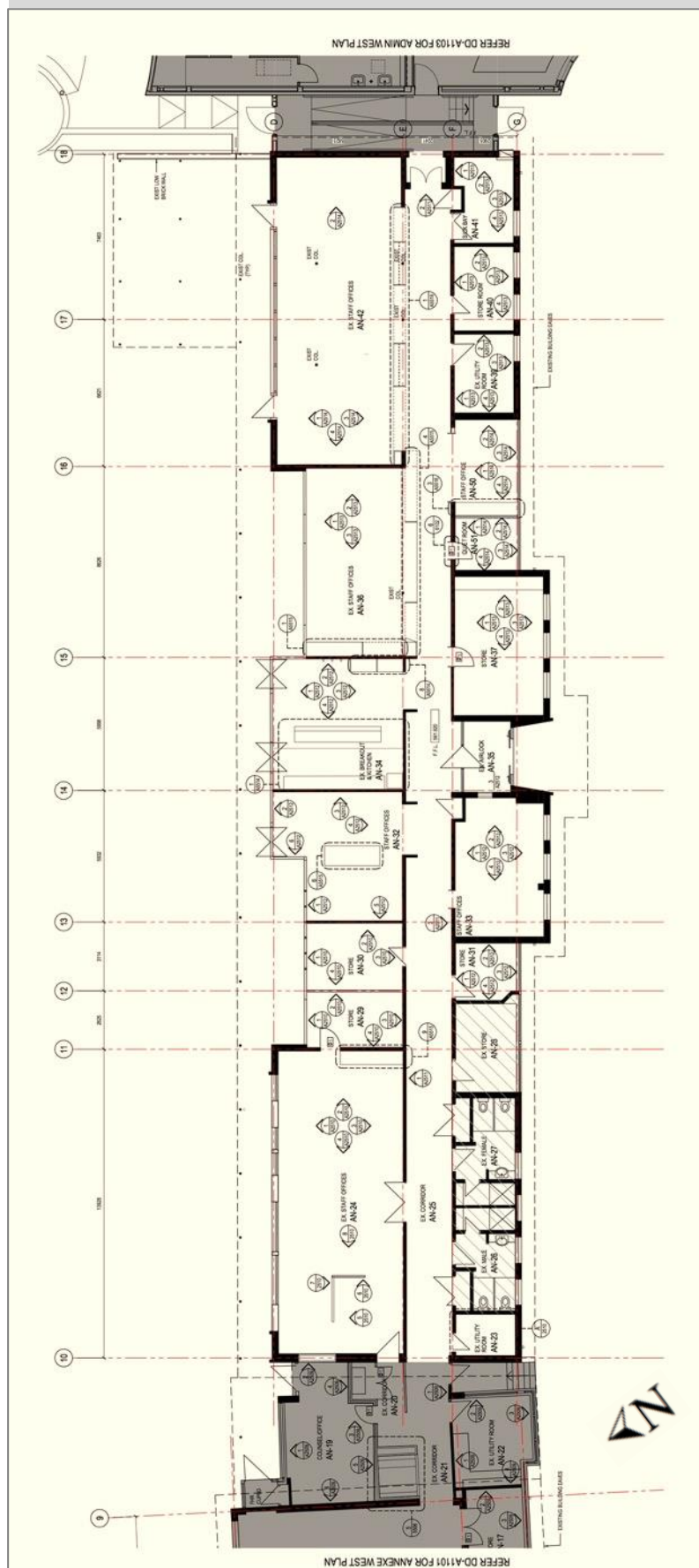
Source: Duncan Marshall



Figure 28. Open plan space (to left) and corridor (to right) in the former Isolation Ward – Building 2
Source: Duncan Marshall

Figure 29. Acton Peninsula Building 2 – former Isolation Ward – Floor Plan

Source: NMA



Acton Peninsula Building 15 – former Medical Superintendent’s Residence

This is a freestanding face brick house with single and two storey sections (see Figures 30-38). The ground floor contains the former living room, dining room, kitchen and ancillary spaces. The single storey section also contains the former garage. A staircase connects the storeys. On the first floor are the former bedrooms, bathroom and toilet. Most of the building is now used as office space.

The building has Marseille pattern terra cotta tiled gabled roofs, glazed dark brown. It has double hung timber windows, circular gable vents, a lightweight steel flat roofed canopy to the southern side, and face brick chimneys. There are timber framed, panelled and glazed double garage doors, with a circular window adjacent to the doors. There is a double height window to the projecting stair hall, and flat roofed porches to the front and back doors. Modern metal security screens have been fitted to the back door and window, and there is a small paved back terrace. There is a concrete ramp with painted pipe handrail to the front door. The building has timber boarded eaves with exposed rafters.

Internal finishes are generally painted render and plaster walls, painted bagged brickwork, painted plaster ceilings with decorative cornices, painted sheet and cover batten ceilings, lino floor tiles and carpet flooring, painted timberwork, modern (at least non-original) joinery, enclosed former fireplaces, timber stairs, and a tiled bathroom. There are surface mounted split system airconditioners, wall mounted exhaust fan units, ceiling fans, surface mounted modern office lighting, and at least some non-original bathroom fittings.

Around the building are numerous ground-mounted airconditioner units, with wall mounted conduits.

East of the residence is a small timber weatherboard shed with a low-pitched metal roof, timber door and louvre windows.



Figure 30. West elevation of the former Medical Superintendent’s Residence – Building 15, former garage to right

Source: Duncan Marshall



Figure 31. Main entrance to the former Medical Superintendent's Residence – Building 15

Source: Duncan Marshall



Figure 32. East elevation of the former Medical Superintendent's Residence – Building 15

Source: Duncan Marshall



Figure 33. Southern elevation of the former Medical Superintendent's Residence – Building 15

Source: Duncan Marshall



Figure 34. Kitchen in the former Medical Superintendent's Residence – Building 15

Source: Duncan Marshall



Figure 35. Former living room in the former Medical Superintendent's Residence – Building 15

Source: Duncan Marshall

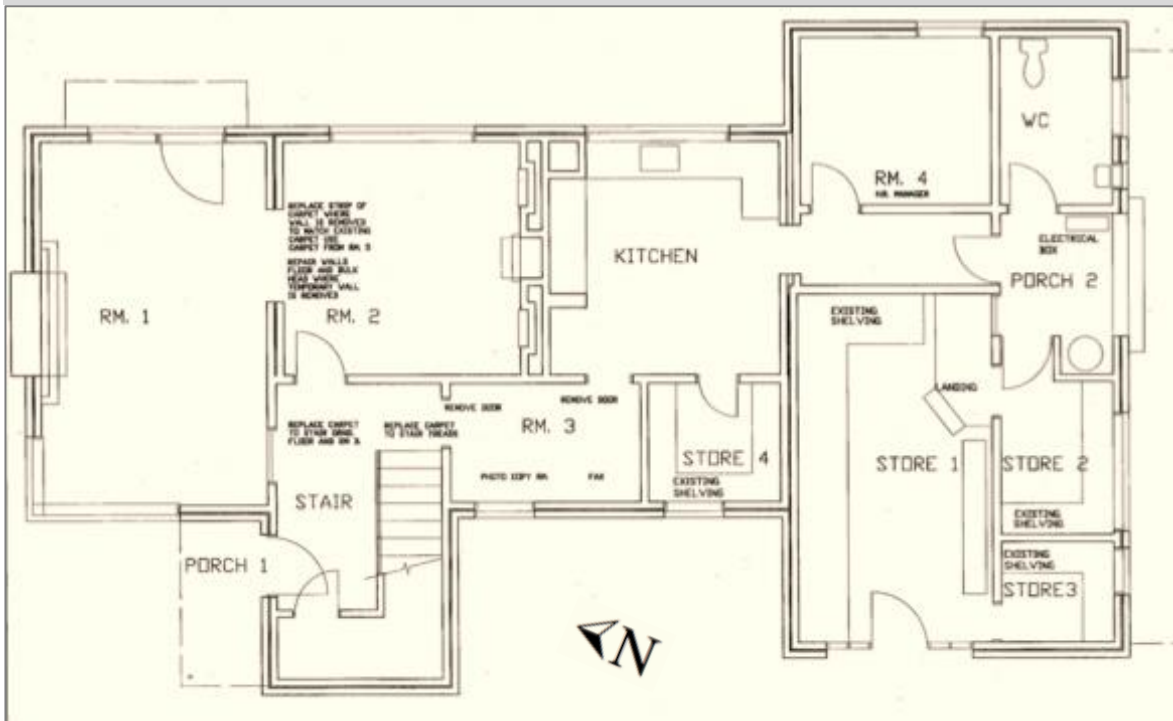


Figure 36. Small shed structure in the grounds of the former Medical Superintendent's Residence – Building 15

Source: Duncan Marshall

Figure 37. Acton Peninsula Building 15 – former Medical Superintendent’s Residence – Ground Floor Plan

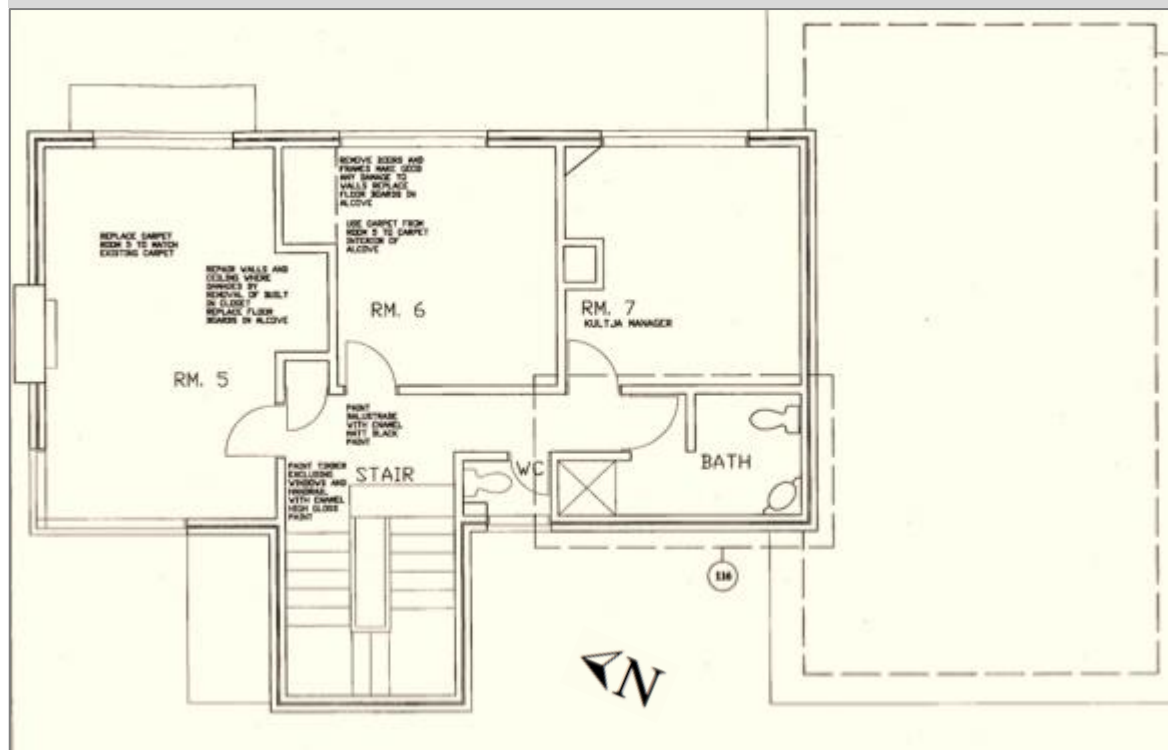
Source: NMA



Note: The above plan is not entirely accurate: Room 1 has been subdivided, the doorway between Rooms 1 and 2 closed, a doorway between Rooms 2 and 3 closed, a doorway between Room 4 and the WC closed, the doorway between Store 1 and 2 closed, the outside doorway to the WC closed, the window to Store 3 converted to a door, and the shelving in Stores 1, 3 and 4 does not survive in the form shown/at all.

Figure 38. Acton Peninsula Building 15 – former Medical Superintendent’s Residence – First Floor Plan

Source: NMA



Note: The above plan is not entirely accurate: there is no WC in the bathroom, this being the location of a bath.

2.2.5 Trees and Garden Areas

This section describes the trees which have previously been identified as being significant on the Acton Peninsula (Marshall & Butler 2012), or which are otherwise associated with the former hospital buildings (ie. being part of their garden areas) and the limestone outcrops. It also describes the other plant material which is part of these garden areas. The focus of this plan is on longer lived trees and well established structural plantings.

Trees

The trees previously identified as having heritage significance were assessed in 2011 (GB&A 2011; Marshall & Butler 2012). The trees considered are mostly located around the former Canberra Hospital buildings on the northeast side of the peninsula. These trees are along the lakeshore, and southwest of the linked Acton Peninsula Buildings 1 and 2 (former TB Ward and former Isolation Ward) – including either side of the Lennox Crossing road. A small number of trees is also on the lakeshore towards the eastern tip of the peninsula.

The original species and number of trees are as follows, noting there have been some changes since 2011:

- Turkey Oak (*Quercus cerris*) – 5 trees;
- Monterey Pine (*Pinus radiata*) – 3 trees;
- Chinese Weeping Cypress (*Cupressus funebris*) – 1 tree;
- English Oak (*Quercus robur*) – 2 trees;
- White Poplar (*Populus alba*) – 1 tree;

- English Elm (*Ulmus procera*) – 10 trees and 1 group of trees;
- Roman Cypress (*Cupressus sempervirens*) – 1 tree;
- Ponderosa Pine (*Pinus ponderosa*) – 4 trees;
- Himalayan Pine (*Cupressus torulosa*) 7 trees;
- Atlas Cedar (*Cedrus atlantica*) – 1 tree;
- Aleppo Pine (*Pinus halepensis*) – 1 tree;
- False Acacia (*Robinia pseudoacacia*) – 13 trees;
- Live Oak (*Quercus agrifolia*) – 2 trees; and
- Tree of Heaven (*Ailanthus altissima*) – 1 tree.

The following table provides a list of the heritage trees as documented in GB&A (2011), a review of their status in November 2013 together with a replacement strategy (Tree Nos. 1-32), and their condition in 2019. In some cases, condition data in 2019 is not available. The tree locations are shown in Figure 39 following the table.

In addition to the trees considered in the 2012 study, a number of additional trees associated with the former hospital buildings were assessed as part of this plan (Tree Nos. A-O). These trees and features were likely planted during the early years of occupation of the buildings. A few may well have been forward plantings for the lake. Summary information about these trees is also provided in the following table and figure. Tree management plans at Appendix D provide further details.

| Table 1. Summary Information about Previously Identified Heritage Trees (Nos. 1-32) and Additional Trees (Nos. A-O) | | | |
|--|---|--|------------------------------|
| Tree No. | Species (Planting Date) ID Number | Tree Condition – November 2013 & Replacement Strategy Recommendation | Tree Condition – 2019 |
| 1. | <i>Quercus cerris</i> Turkey Oak (1920s) | <p>This tree has declined dramatically since the last assessment. The tree for all intents and purposes is dead.</p> <p>Removal is now recommended.</p> <p>Replacement with the same species is desirable, but the space available is very limited. As the White Oak (Tree No. 2) is dominant in the landscape and the Turkey Oak would not considerably add much to the landscape overall and may be difficult to establish amongst surrounding competition, an option is not to replace this specimen. However, a record of its location should be kept in records about the place.</p> | Removed |
| 2. | <i>Quercus bicolor</i> White Oak previously identified as <i>Q. robur</i> – English Oak (1920s) 1011686 | <p>This tree is stable and an excellent specimen.</p> <p>It is still recommended that the branches nearest the residence be pruned to prevent damage to the tree and building.</p> <p>Note change of identification.</p> <p>Vegetative material located as part of the survey for the current study enabled a better examination and hence the change in identification.</p> <p>Recommendation: No replacement strategy needed at this stage (>25 years expected).</p> | Fair |

Table 1. Summary Information about Previously Identified Heritage Trees (Nos. 1-32) and Additional Trees (Nos. A-O)

| Tree No. | Species (Planting Date) ID Number | Tree Condition – November 2013 & Replacement Strategy Recommendation | Tree Condition – 2019 |
|----------|---|--|---|
| 3. | <i>Ulmus procera</i> English Elm (1920s) 1011676 | <p>The condition of this tree is much the same as in 2011.</p> <p>An observable difference during the survey is in the degree of activity of the infestations of bacterial wetwood (slime flux). In the survey in 2011 slime flux (SF) was evident, though the stained areas on the trunk were dry. In the 2013 survey many active outbreaks were noted, and prolific amounts of moisture were evident. Most of this activity was located at old pruning cuts.</p> <p>The vigour of older elms can be reduced by SF activity which can also cause branch dieback in the upper crown. The terminal dieback noted in previous reports may be (at least in part) due to these infestations, not solely drought. In the case of large or numerous infestations the whole crown may die. However elms generally live with the outbreaks for a long time.</p> <p>The elms are still showing vigour with healthy new growth and production of twiggy new growth on branches.</p> <p>Recommendation</p> <p>The elms need monitoring. If the SF activity and rate of infestation and subsequent tree decline increases, the replacement strategy timing may have to be reviewed.</p> <p>Any maintenance work involving pruning cuts should be undertaken with disinfection for all tools used especially when moving between trees. This is recognised good practice in all circumstances.</p> <p>Recommendation: No replacement strategy needed at this stage (>25 years expected).</p> | Fair-Poor |
| 4. | <i>Populus alba</i> White Poplar (1920s) 1011709 | This tree has been removed and replaced with <i>Ulmus procera</i> . | Good - replacement planting of <i>Ulmus procera</i> |
| 5. | <i>Ulmus procera</i> English Elm (1920s) 1011708 | <p>See comments under Tree No. 3.</p> <p>Recommendation: No replacement strategy needed at this stage (>15 years expected).</p> | Fair |
| 6. | <i>Ulmus procera</i> English Elm (1920s) 1011675 | <p>See comments under Tree No. 3.</p> <p>Recommendation: No replacement strategy needed at this stage (>25 years expected).</p> | Fair |
| 7. | <i>Populus alba</i> White Poplar (1920s) 1015672 | This tree has been removed and replaced with <i>Ulmus procera</i> . | Fair – replacement planting of <i>Ulmus procera</i> |
| 8. | <i>Ulmus procera</i> English Elm (1920s) 1009447 | <p>See comments under Tree No. 3.</p> <p>Recommendation: No replacement strategy needed at this stage (>25 years expected).</p> | Fair-Poor |

Table 1. Summary Information about Previously Identified Heritage Trees (Nos. 1-32) and Additional Trees (Nos. A-O)

| Tree No. | Species (Planting Date) ID Number | Tree Condition – November 2013 & Replacement Strategy Recommendation | Tree Condition – 2019 |
|----------|---|---|---|
| 9. | <i>Cupressus funebris</i> Chinese Weeping Cypress (1950s) | No change to status. Recommendation: No strategy replacement needed at this stage (>20 years expected). | No data |
| 10. | <i>Populus alba</i> White Poplar (1920s) 1009186 | This tree has been replaced with <i>Ulmus procera</i> . | Good – replacement planting of <i>Ulmus procera</i> |
| 11. | <i>Ulmus procera</i> English Elm (1920s) 1009475 | See comments under Tree No. 3. Recommendation: No replacement strategy needed at this stage (>25 years expected). | Fair – replacement planting of <i>Ulmus procera</i> |
| 12. | <i>Ulmus procera</i> English Elm (1920s) 1009459 | See comments under Tree No. 3. Recommendation: No replacement strategy needed at this stage (>25 years expected). | Fair-Poor |
| 13. | <i>Ulmus procera</i> English Elm (1920s) 1009184 | See comments under Tree No. 3. Recommendation: No replacement strategy needed at this stage (>25 years expected). | Fair – replacement planting of <i>Ulmus procera</i> |
| 14. | <i>Pinus ponderosa</i> Ponderosa Pine (1920s) 1009457 | No change to status. The fungal tip blight/needlecast which is affecting other trees of this species on the peninsula does not appear to be present on this tree (see comments under Tree No. 16 below). Recommendation: No replacement strategy needed at this stage (>25 years expected). | Good – replacement planting |
| 15. | <i>Cupressus sempervirens</i> Roman Cypress (pre 1900) | No change to status. It does not appear that the dead “bulge” has deteriorated much, and the tree should remain intact for the present. Recommendation: No replacement strategy needed at this stage (>25 years expected). | No data |
| 16. | <i>Pinus ponderosa</i> Ponderosa Pine (1920s) 1009461 | This tree is affected by a fungal tip blight/needlecast which may well cause renewed decline. Needle Cast fungus (<i>Lophodermium canberrianum</i>) has been identified from a specimen of <i>P. ponderosa</i> collected in Canberra. While it is believed to be affecting this species in Canberra, as it well may be, generally the symptoms are dead needles throughout the canopy. Another possibility is Tip Blight (<i>Sphaeropsis</i> sp.) It has been recorded on <i>Pinus ponderosa</i> in other countries, and its affects are mainly restricted to needle fascicles at the growing tips. As <i>Sphaeropsis</i> is found on Monterey Pine locally and the damage appears confined to the growing tips, there is a possibility it is this species. | Fair |

| Table 1. Summary Information about Previously Identified Heritage Trees (Nos. 1-32) and Additional Trees (Nos. A-O) | | | |
|---|--|--|---------------------------------------|
| Tree No. | Species (Planting Date) ID Number | Tree Condition – November 2013 & Replacement Strategy Recommendation | Tree Condition – 2019 |
| | | Recommendation: No replacement strategy needed at this stage (>25 years expected). | |
| 17. | <i>Pinus radiata</i> Monterey Pine (1960s) 1009441, 1009443, 1009445 | These trees appear somewhat improved. They should be monitored, and the replacement proposal may be delayed. Recommendation: Remove and replace with <i>P. radiata</i> when condition deteriorates. | Fair-Poor x 1 Fair x 1 Good x 1 |
| 18. | <i>Pinus halepensis</i> Aleppo Pine (1960s) | This tree has further deteriorated. Recommendation: Remove and replace with <i>P. halepensis</i> within 1-2 years. | No data |
| 19. | <i>Ulmus procera</i> English Elm (pre 1900) 1011668- 1011672, 1011674- 1011678 | No change in status. Note comments under Tree No. 3. Recommendation: No replacement strategy needed at this stage (>25 years expected). | Poor x 1 Fair-Poor x 3 Fair x 5 |
| 20. | <i>Quercus cerris</i> Turkey Oak (1920s) 1008348- 1008350 | No change of status. There is a wire coil around one tree which is just commencing to being grown around by the tree. This wire needs to be removed as soon as possible. Recommendation: No replacement strategy needed at this stage (>25 years expected). | Good |
| 21. | <i>Cedrus atlantica</i> Atlas Cedar (1920s) 1008267 | No change of status. Recommendation: No replacement strategy needed at this stage (>25 years expected). | Good |
| 22. | <i>Pinus ponderosa</i> Ponderosa Pine (1920s) 1008352 | One tree has since died, possibly through a combination of fungal tip blight (see comment under Tree No. 16) and construction work, and it has been removed. The remaining tree, while affected by the tip blight appears not much different since it was examined 6 months previously. This tree will need to be monitored. Recommendation: No replacement strategy needed at this stage (>25 years expected). | Poor |
| 23. | <i>Eucalyptus bridgesiana</i> Apple Box (remnant native 200+ years old) 1009271 | | Fair |

| Table 1. Summary Information about Previously Identified Heritage Trees (Nos. 1-32) and Additional Trees (Nos. A-O) | | | |
|--|--|---|---------------------------------------|
| Tree No. | Species (Planting Date) ID Number | Tree Condition – November 2013 & Replacement Strategy Recommendation | Tree Condition – 2019 |
| 24. | <i>Cupressus</i> sp. – 4 x <i>C. arizonica</i> and 3 x <i>C. torulosa</i> Arizonica Cypress and Himalayan Cypress (1960s) 1011661- 1011667 | No change to status. Recommendation: No replacement strategy needed at this stage (>25 years expected). | Good x 3 Fair x 4 |
| 25. | <i>Quercus robur</i> English Oak (1920s) 1008956 | No change to status. Recommendation: No replacement strategy needed at this stage (>25 years expected). | Fair |
| 26. | <i>Robinia pseudoacacia</i> False Acacia (pre 1900?) 1011701- 1011705 | Still showing some vigour. No change to status. Recommendation: No replacement strategy needed at this stage (>25 years expected). | Poor x 1 Fair-Poor x 2 Fair x 2 |
| 27. | <i>Quercus agrifolia</i> Coast Live Oak (1920s?) | No change to status. Recommendation: No replacement strategy needed at this stage (>25 years expected). | No data |
| 28. | <i>Quercus cerris</i> Turkey Oak (1920s) | No change to status. Recommendation: No replacement strategy needed at this stage (>25 years expected). | No data |
| 29. | <i>Robinia pseudoacacia</i> False Acacia (pre 1900?) 1009442 | No change to status. Recommendation: No replacement strategy needed at this stage (>15 years expected). | Fair |
| 30. | <i>Ailanthus altissima</i> Tree of Heaven (1960s) | No change to status. Recommendation: No replacement strategy needed at this stage (>25 years expected). | No data |
| 31. | <i>Ulmus procera</i> English Elm (1920s) 1009460 | No change in status. Note comments under Tree No. 3. Recommendation: No replacement strategy needed at this stage (>25 years expected). | Fair |
| 32. | <i>Ulmus procera</i> English Elm (1920s) 1009455 | No change in status. Note comments under Tree No. 3. Recommendation: No replacement strategy needed at this stage (>25 years expected). | Fair |
| A | <i>Ulmus procera</i> English Elm (1920s) 1009448 | Good condition. No replacement strategy needed at this stage (>25 years life expected). | Fair |

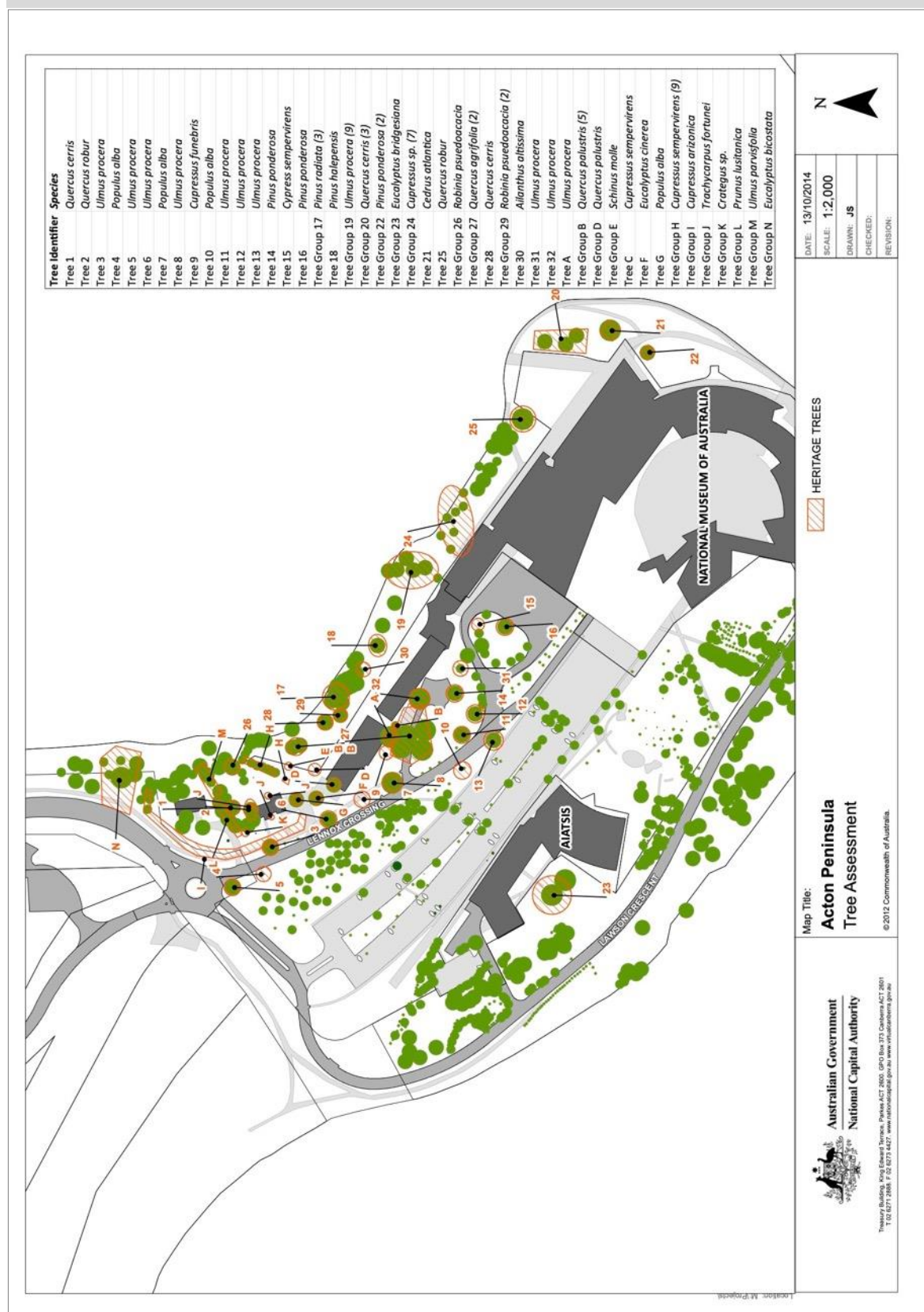
| Table 1. Summary Information about Previously Identified Heritage Trees (Nos. 1-32) and Additional Trees (Nos. A-O) | | | |
|--|---|---|---|
| Tree No. | Species (Planting Date) ID Number | Tree Condition – November 2013 & Replacement Strategy Recommendation | Tree Condition – 2019 |
| B (5 trees) | <i>Quercus palustris</i> Pin Oak (1950s) 1009449, 1009452, 1009453 | Good condition. Replacement probably >25 years. | Data on only 3 trees: Fair x 2 Good x 1 |
| C | <i>Cupressus sempervirens</i> Roman Cypress (1950s) | Good condition. An excellent specimen tree with a long life expectancy. No replacement strategy needed at this stage (>25 years life expected). | No data |
| D (2 trees) | <i>Quercus palustris</i> Pin Oak (1950s) 1011680, 1015670 | Fair condition. No replacement strategy needed at this stage (>25 years life expected). | Fair x 1 Good x 1 |
| E (3 trees) | <i>Schinus molle</i> Pepper Tree (1980s?) 1015664 | Fair condition. No replacement strategy needed at this stage (>25 years life expected). | Data on only 1 tree: Fair |
| F | <i>Eucalyptus cinerea</i> Argyle Apple (1980s?) 1011679 | Fair condition. No replacement strategy needed at this stage. The tree may need replacement in 10-15 years. | Good |
| G | <i>Populus alba</i> White Poplar (1950s) 1011681 | Good condition. No replacement strategy needed at this stage. The tree is in good condition at present, but does have a weak trunk/branch union that is a weak point. The tree needs monitoring, especially after high winds or storms. | Fair |
| H (9 trees) | <i>Cupressus sempervirens</i> Roman Cypress (1950s) 1011694- 1011699, 1015665 | Good condition. No replacement strategy needed at this stage (>25 years life expected). | Data on only 7 trees: Fair x 1 Good x 6 |
| I (hedge) | <i>Cupressus arizonica</i> <i>Cupressus goveniana</i> Arizona Cypress Gowan Cypress (1950s) | Good condition. No replacement strategy needed at this stage (>25 years life expected). | No data |
| J (3 trees) | <i>Trachycarpus fortunei</i> Windmill Palm (1950s) | Good condition. No replacement strategy needed at this stage (>25 years life expected). | No data |
| K | <i>Crataegus sp.</i> Crabapple (1950s) 1011686 | Fair condition. No replacement strategy needed at this stage. Tree has a large cavity near lower branch unions. Some branch weight reduction will assist structural strength of tree. Not to be replaced when tree needs removal as limited space is available to establish a new tree. | Fair |

Table 1. Summary Information about Previously Identified Heritage Trees (Nos. 1-32) and Additional Trees (Nos. A-O)

| Tree No. | Species (Planting Date) ID Number | Tree Condition – November 2013 & Replacement Strategy Recommendation | Tree Condition – 2019 |
|----------------------------|---|---|---------------------------------------|
| L (hedge) | <i>Prunus lusitanica</i> Portuguese Laurel (1950s) | Fair condition. No replacement strategy needed at this stage (>25 years life expected). | No data |
| M (3 trees) | <i>Ulmus parvifolia</i> Chinese Elm (1950s) 1011691- 1011693 | Good condition. No replacement strategy needed at this stage (>25 years life expected). | Fair |
| N (5 trees) | <i>Eucalyptus bicostata</i> Eurabbie (1960s) 1009523, 1009525, 1011727, 1015656, 1015658 | Good condition. These trees are in good condition considering the species and their age. No replacement strategy needed at this stage (>20 years life expected). | Fair-Poor x 1 Fair x 2 Good x 2 |
| O (num- erous stems) | <i>Eucalyptus cinerea</i> Argyle Apple (1960s) | Fair condition. It is highly probable that these trees are adventitious seedlings which arose from an older tree planted nearby which has since died. These seedlings diminish the landscape in which the limestone outcrops are located, and may damage them as they are growing amongst the outcrops. Removal and non-replacement of these trees appears warranted. | No data |

Figure 39. Plan of Acton Peninsula showing Significant Tree/Tree Group Locations

Source: NCA



Garden areas and trees associated with the buildings and limestone outcrops

The garden areas of the former Isolation and TB Wards are predominantly comprised of irrigated or unirrigated grass and tree plantings. On the northeast side of the wards there is a long narrow open grass area adjacent to the buildings with mature trees forming a screen on the lake shore (some of these trees have been assessed as part of this plan (Trees 17, 18, 27-30) but not all). To the southwest of the wards there is a dense planting of mature trees centred on the buildings' length (Trees 9, 32, and A-C), with grass areas and occasional trees either side. The dense planting shades the bitumen entry driveway and carparking. Adjacent to the buildings in many locations are garden beds with a variety of low shrubs, some pruned as hedges.

The Superintendent's Residence garden is a remnant residential garden with substantial hedges or other perimeter plantings creating a sense of seclusion (these hedges and perimeter plantings are Tree Groups H, I, L and M). To the southwest, northwest and northeast are lawn areas, while the southeast is dominated by a large modern concrete vehicle driveway/carpark. The garden has a number of exotic mature trees (Trees 1, 2, G and K), with moderately dense tree plantings on the lakeshore to the northeast (not included in the assessments for this plan). There is a garden bed adjacent on most sides of the house itself, with some shrubs, herbaceous perennials and tall palms (Tree Group J). The gardens have concrete paths, other paving, the original concrete driveway and a clothesline.

The shrubs and herbaceous species located within the garden areas are noted in the following table.

| Table 2. Shrubs and herbaceous species located within the garden areas | | |
|---|--------------------------|---------------------|
| Scientific Name | Common Name | Comments |
| <i>Hedera helix</i> | English Ivy | Listed weed species |
| <i>Vinca major</i> | Blue Periwinkle | Listed weed species |
| <i>Vinca major (variegated)</i> | Blue Periwinkle | Listed weed species |
| <i>Cordyline australis</i> | Cabbage Tree | |
| <i>Hebe salicifolia</i> CV | Hebe | |
| <i>Rosmarinus officinalis</i> | Rosemary | |
| <i>Pyracantha</i> sp. | Firethorn | Listed weed species |
| <i>Agapanthus praecox</i> | Agapanthus | |
| <i>Coleonema pulchellum</i> | Diosma | |
| <i>Viburnum tinus</i> | Laurustinus | |
| <i>Nandina domestica</i> | Sacred Bamboo | |
| <i>Camellia</i> CV | Camelia | |
| <i>Hebe elliptica</i> | Hebe (Blue Gem?) | |
| <i>Rhododendron</i> CV's | Dwarf Rhododendron | |
| <i>Hypericum patulum</i> | Goldencup St John's Wort | |
| <i>Hypericum calycinum</i> | Aaron's Beard | Weed potential |
| <i>Abelia X grandiflora</i> | Abelia | |
| <i>Prunus laurocerasus</i> | Cherry Laurel | Weed potential |
| <i>Choisya ternata</i> | Mexican Orange Blossom | |
| <i>Leptospermum scoparium</i> CV | NZ tea tree | |
| <i>Rosa</i> CV's | Rose | |
| <i>Lupinus polyphyllus</i> ? | Russell Lupin? | Weed potential |
| <i>Lavandula dentata</i> | Lavender | Weed potential |
| <i>Rosa banksii</i> var. <i>banksii</i> | Banksia Rose | |
| <i>Euonymus japonica</i> | Japanese Spindle Tree | |
| <i>Philadelphus</i> sp. | Mock Orange | |
| <i>Callistemon viminalis</i> | Weeping Bottlebrush | |

| Table 2. Shrubs and herbaceous species located within the garden areas | | |
|--|-------------|----------------------|
| Scientific Name | Common Name | Comments |
| <i>Cotoneaster</i> sp | Cotoneaster | Listed weed species. |
| <i>Iris</i> sp CV | Iris | |
| <i>Pelargonium</i> sp CV | Pelargonium | |

The garden areas of both the Superintendent's Residence and the Isolation and TB Wards have been modified over time. There is evidence of previously removed trees. The beds bordering the buildings are typical of the style of many gardens even today. It is difficult to make assumptions about what may be relict species and what may have been introduced well after the original plantings. There are a number of herbaceous and woody species present, however, they could be part of the original garden bed species. Access to the Superintendent's Residence has changed, extra facilities related to museum operations installed, and very probably new plant introductions made.

The area surrounding the Limestone Outcrops contains some planted specimens (eg. Pepper Tree, Chinese Elm, Eurabbie and Argyle Apple), but also a diverse range of naturalised pest species and other adventitious plants such as blackberry. Larger specimens have been assessed as part of this plan (see Trees/Tree Groups 26, E, H, M, N and O).

2.2.6 Summary of Condition

Limestone outcrops

The limestone outcrops are in a sound and stable condition. The main threat to their condition is being hidden by vegetation (Figure 40). It is thought unlikely that the outcrops will be sampled by either professional or amateur collectors. The limestone is blocky and contains only small fossil fragments.



Figure 40. Limestone outcrop partly covered by vegetation

Source: Duncan Marshall

Archaeological aspects/structural features

The only archaeological feature or structural feature identified, a sandstone platform, is in poor condition.

Buildings

The buildings generally appear to be in poor to fair condition. The roofs of all buildings were damaged by the 2020 hailstorm, especially the TB Ward and Isolation Ward. There is water damage in all buildings, especially the TB Ward. Temporary tarpaulins have been

installed over the Ward buildings to prevent further water damage, and the roofs are yet to be repaired. Paint finishes are deteriorated in a number of instances, especially externally.

Trees and garden areas

Details of the condition of Trees A-O are contained in the table above. These trees are generally all in fair to good condition, though some work is needed in a general maintenance sense:

- Tree K would benefit from a branch weight reduction, though when replacement is needed it would be difficult to establish another tree in this position due to competition;
- Tree Group L requires pruning to maintain as a hedge;
- Tree Group I requires pruning to maintain as a hedge;
- Tree Group N – adventitious seedlings need removal; and
- Tree Group O may well be adventitious and removal may be the best option to allow views to the Limestone Outcrops.

Details of the condition of Trees 1-32 are provided in the above table. These trees are generally fair, with some being poor, fair-poor and good. The main issues are:

- Tree Group 17 needs to be monitored; and
- Tree 18 needs to be removed and replaced.

Many of these trees do hold large dead branches and some have hanging branches. These should be removed urgently, at least at the next tree maintenance round, especially where they are close to footpaths and roads.

The area around the Limestone Rock Outcrops is overgrown with adventitious tree seedlings, woody shrubs and herbaceous naturalised species. A serious effort to remove these species is warranted, and will have to be undertaken if the Limestone Outcrops are to be better interpreted to the public.

2.3 ASSOCIATED PLACES

The places associated with the components of the Acton complex are discussed in relation to each of the components (ie. limestone outcrops, archaeological aspects, buildings, trees and garden areas).

Limestone Outcrops

The Acton Peninsula Limestone Outcrops is the only remaining outcrop of limestone in central Canberra which was the area named as 'The Limestone Plains'. Old geological maps indicate other small outcrops of limestone but most of these are now under Lake Burley Griffin or have been covered by developments. There is a very small outcrop of limestone at the end of the Acton Peninsula to the east of the National Museum at the lake level, and there are a number of limestone blocks which appear to have come from this outcrop adjacent to the eastern end of the museum.

Butz (1987a, 1987b) has given a detailed summary of the caves and karst of the Canberra region. In relation to the Acton Peninsula Limestone Outcrops he noted that in the first printed account of what is now the Canberra area, Charles Throsby described 'very fine limestone, in quantities perfectly inexhaustible'. By 1822 this description was reflected in the name of Limestone Plains. Early geological descriptions and maps showed the plains were dotted with outcrops of limestone, and these were evident along the Molonglo River and at important crossing points. He cited early photographs that show that the plain which now accommodates the 'garden city' was largely treeless, and even small limestone outcrops and waterfilled sinkholes were conspicuous in the landscape.

Parts of limestone outcrops were being exploited, presumably for lime to manufacture mortar, by 1833 when Surveyor Hoddle recorded a limestone quarry in the Acton area. Early economic appraisals suggested that the Canberra limestones could beneficially be used for the manufacture of mortar and cement. Despite this apparent value, only a few minor quarries have been recorded. Limestone from Acton was also tested and found to be suitable as polished marble for interior decoration and it is believed this was used in the building housing the National Film and Sound Archive.

Butz (1987a) noted the cavernous nature of some of the karsts. A P Spate recorded the Limestone Plains (or Lennox House) Cave which now lies under Lake Burley Griffin. This cave has a length of about eight metres and was used for some time as a rubbish tip. It is believed to have been the only cave on the plains which was open to the surface, but others made their presence felt as the city was being developed.

Foundation excavations and geological investigations for major buildings and structures from the 1950s to the 1970s confirmed the presence of cavernous limestones beneath central Canberra (Butz 1987a). Even before this period, so much cavernous limestone was encountered when the city's main outfall sewer was being constructed in the 1920s from the Hotel Canberra to Weston Creek that the foreman in charge of driving the tunnel declared his belief that the proposed lake would never be able to hold water.

The proposed weir at Acton – one of the possible sites for a dam to impound Canberra's proposed lake – was abandoned due to fears of excessive water leakage through the cavernous limestones encountered there. When construction began on the Treasury Building in the 1960s, extensive caves were uncovered below the site. These extend from eight to thirty-six metres below the surface through a richly fossiliferous limestone layer

that is over fifty metres deep in places. The discovery of caves under the whole site led to some extensive alterations to the foundation design, and some piers had to be founded within the limestone at depths of twenty to thirty metres below excavated rock surface – in some cases well in excess of the building’s height. Geologists located another large cavernous limestone deposit at the site of the Edmund Barton Building, extending in depth from six metres below the surface to over fifty metres, with the shallowest caves at about twenty metres depth.

Finlayson (2013) refers to early geological maps of the Acton Peninsula which show the outcrops of limestone both at the site under study and the site at the eastern end of the peninsula which is almost covered by the lake. It is interesting to note that one of the maps from 1914 shows two small limestone quarries (which would now be under the lake) and lime kilns. These kilns appear in a 1930s image used by Finlayson.

Further afield but still in Canberra there are outcrops of limestone on both the western and eastern slopes of Mount Majura, at Fyshwick, and along the Molonglo River downstream from Coppins Crossing (a site on the ACT Heritage Register – the Lower Molonglo Geological Site). Limestone outcrops have also been recorded from the old NCDC offices (Sir John Overall offices) at 220 Northbourne Avenue.

Archaeological Aspects

The sandstone platform noted in the preceding section is associated with the development of Lake Burley Griffin.

Buildings

The buildings included in this plan are associated with the overall development of the Canberra Hospital, later the Royal Canberra Hospital. They also have some association with the former Canberra Community Hospital, A Block, now part of the ANU nearby. The former hospital buildings are associated with the Royal Canberra Hospital Memorial and the Katie Bender Memorial, both located some distance away at the end of the peninsula (Figures 41-42).

Trees and Garden Areas

The trees considered in this plan have associations with a range of places. Some of the trees are associated with Acton House (1824, now demolished, formerly located in the vicinity of the former TB and Isolation Wards) and are markers of the first European occupation on the Limestone Plains. While the surviving trees do not appear to date from the earliest period of settlement, they are quite old and remain as the only markers of Acton House. These trees are also associated with the Royal Canberra Hospital Memorial located on the peninsula, which includes a commemorative stone related to Acton House, some distance from the actual house location.

Other trees are associated with, or possibly associated with Charles Weston as part of the early phase of tree planting in the creation of the national capital. In particular, the trees are associated with the administrative centre of the early capital at Acton, including the original nursery for the national capital which was located at Acton, and some are remnant street plantings for the Lennox Crossing Road – an important road in early Canberra. It was one of the two roads which crossed the Molonglo River and joined north and south Canberra in the period up to the 1960s. These trees are also associated with the Memorial to Old Acton (not Acton House but other cottages associated with the early national

capital) located on the peninsula, some distance from the trees.

The later plantings are ornamental plantings associated with the development of Canberra Hospital (later the Royal Canberra Hospital) from the 1940s, and others are associated with the creation of Lake Burley Griffin in the 1960s. The hospital plantings are part of the garden areas of the surviving former hospital buildings. These plantings are also associated with the Royal Canberra Hospital Memorial and the Katie Bender Memorial located at the end of the peninsula.

At least some of the twentieth century plantings are edge plantings for Lake Burley Griffin – either being planted for the lake edge, or becoming part of the edge plantings anyway.



Figure 41. Royal Canberra Hospital Memorial at the end of Acton Peninsula

Source: Duncan Marshall



Figure 42. Katie Bender Memorial at the end of Acton Peninsula

Source: Duncan Marshall

2.4 OVERVIEW HISTORY

This section begins with a description of the geological history of the study area. This is followed by the Aboriginal history of the area, and the European history, especially related to the hospital use of the area.

2.4.1 Geological History

The Acton Peninsula Limestone Outcrops were deposited in a shallow water marine environment as part of the Canberra Formation. This Formation includes the Camp Hill Sandstone Member (which can be seen in the State Circle Cutting above the unconformity) and the Narrabundah Ashstone Member (which is on the ACT Heritage Register as part of the Woolshed Creek site). These sediments with associated volcanic rocks were deposited about 428-425 million years ago following Phase 2 of the Benambran Orogeny. The rocks of the Canberra Formation can be found throughout Canberra and are also associated with the Mount Ainslie Volcanics which are of a similar age. In turn, the Canberra Formation is overlain by the Mount Painter Volcanics and the sediments of the Yarralumla Formation, which were also deposited in a shallow water marine environment. (Finlayson and others 2008)

2.4.2 Aboriginal History

Tribal boundaries

Several reconstructions of the boundaries of the Canberra tribes have now been attempted. Tindale (1940) shows the area as being close to the tribal boundaries of the Ngunnawal and Walgalu people, with the Ngarigo tribal boundary coinciding with these in the area of Queanbeyan. Horton (1999) places a Ngarigo tribe in the southern Canberra area, as does Flood (1984), with regular interactions between the Northern Ngarigo and Southern Ngunnawal postulated by Cooke (1988). Early observations by Bluett (1954) labelled the large groups of Aborigines encamped at the foot of Black Mountain the 'Canburry or Nganbra Blacks.' According to Jackson-Nakano (2001) the Aboriginal families within the broader district were known by many names, with most European's referring to them as the Kamberri (Kgamberri, Kamberra and even Nganbra (Ngambri)), with the heart of their country centered on the Acton Peninsula. Intermarriages between the Kamberri and neighbouring Ngunnawal families were common, such that members of Kamberri-Ngunnawal families may identify personally as Ngunnawal, Walgalu or even Wiradjuri through familial links to other groups (GML 2009, p. 43).

Tribal boundaries within Australia are considered to have been fluid, with current boundary delineation based on linguistic evidence. As such, these boundaries are regarded as approximate only, relate specifically to the European contact period and with interactions across boundaries commonly occurring.

Aboriginal occupation and archaeological background

The Canberra region presents a challenging environment, and the archaeological record reflects a diversity of responses to this landscape. Research indicates occupation of the landscape from at least 21,000 years ago (Flood 1980). Around 4,000 years ago occupation in the region intensified, as it did in many parts of Australia (Bulbeck & Boot 1991). During the Holocene period, people established large base camps along the low-lying river valleys, such as the Molonglo and Murrumbidgee. Sites along some sections of these rivers include very large artefact scatters that contain high artefact densities and may be spatially extensive as well. A series of well-defined pathways through the landscape

connected the low-lying valleys with highland areas. Ridgelines and valleys formed the basis of these pathways. The alpine grasslands and valley systems offered contrasting subsistence opportunities, which may have facilitated the intensification observed in the archaeological record.

The regional pattern of Aboriginal occupation within the ACT shows higher site size and frequency in areas within close proximity to major and permanent bodies of potable water – a correspondent reduction in site size and frequency occurs with distance from permanent water sources. Topographically, a tendency exists for larger sites to occur in close proximity to creeks, wetlands and valley floors on locally elevated landforms that avoid frost drainage hollows. High site and artefact frequencies are also known to correlate with proximity to economic resources such as lithic outcrops suitable for artefact manufacture. Sand bodies situated within and adjacent to the fluvial corridor of the Molonglo River also appear to have been preferentially settled.

The majority of Aboriginal occupation sites in the ACT are concentrated along the Molonglo and Murrumbidgee Rivers. These rivers operated as pathways across the landscape, and were used by Aboriginal people over many thousands of years.

The Molonglo River flats and Black Mountain and its associated spur, now encompassed by the Acton Peninsula would inevitably once have been a focal point for settlement for the Aboriginal people of the region. The river would have provided a ready and permanent supply of potable water and abundant food resources. Water birds and their eggs, roots and other vegetation would have been provided by the wetlands, whilst the landscape itself provided shelter from the prevailing westerly winds, locally flat areas for camping and easily defensible territory (Walshe 1993).

Ethnographic accounts have long established Black Mountain and its environs as a focal point for Aboriginal occupation. According to Bluett (1954) and Rolfe (in Gillespie 1984), land at the base of Black Mountain and around Sullivans Creek were favoured corroboree grounds used by the Nganbra (a sub-group of the Ngunawal) for intergroup gatherings with visiting tribes. Rolfe reported Aborigines still holding corroborees in the area near Black Mountain in 1849. Numerous Aboriginal sites have also been recorded on Black Mountain, including isolated artefacts, artefact scatters and a possible scarred tree (GML 2009, p. 45). The number of sites identified along the slopes of the Mountain provide clear evidence of its importance within the region.

Ethnographic reports of corroborees also exist for the broader Acton area. In 1923, Wright referred to a corroboree ground near the Canberra Church near the Old Duntroon Diary, which was stated to have served as ‘their general and best known meeting place’ (Wright 1923, p. 58). However, Wright mentions the Administrative buildings at Acton as part of the same site. Several years later Watson (1927) also recorded that ‘the sites of the corroboree ground are said to have been near the administrative offices at Acton’.

The presence of corroboree grounds within the area have been given greater support by the contemporary Aboriginal community and their immediate family. At least two corroboree areas within Acton remain known to the contemporary community. The first was located in the area that was once the Old Acton Racecourse, and now submerged beneath Lake Burley Griffin (details provided by Mrs Agnes Shea of the former Ngunawal ACT and District Indigenous Peoples Association (GML 2009, p. 52) and Tony Boye of Ngarigu Currawong Clan personal communication 2013). This site is listed by the ACT Heritage Unit but is not registered, and its exact location is unknown (GML 2009, p. 52). The

second corroboree area was recorded by Ann Jackson-Nakano (2005, p. 6) who stated that Canberry Station, now the National Museum of Australia and AIATSIS site, was built on the Ngambri's main corroboree ground – with much of the ground now submerged beneath the lake. The extent to which these two sites might overlap is unknown. Another ceremonial gathering site is also recorded to have once existed at the foot of Mount Pleasant (Bluett 1954).

In the late 1930s to early 1940s a number of Aboriginal artefacts were discovered at the base of the mountain and either side of the river. More than fifty artefacts were recovered at the site of the early Federal Capital Administration Offices and the Canberra Hospital Buildings constructed during the 1940s, by H P Moss (1939). Artefacts included a large grinding stone and two pounding stones (Moss 1939). Mr Don Bell (Buru Ngunawal Aboriginal Corporation) also stated that there used to be paintings in the caves/overhangs of the limestone outcrop (GML 2009, p. 52), which are now submerged beneath the lake.

2.4.3 Post European Settlement History

Canberry and Acton

The site on which the Canberra Community Hospital of the 1940s was built stood on a 1,000-acre tract of land that formed Section 52 of the Parish of Canberra. The land was formally granted to Joshua John Moore in December 1826, though a deed of grant was not issued until October 1838. Moore was a lieutenant in the army when he arrived in New South Wales in October 1816 and soon became Clerk to the Judge-Advocate in Sydney. At the time of the grant in 1826, he claimed to have been in possession of his 'Canberry' property for 'upwards of three years' (J J Moore to Colonial Secretary, 16 December 1826, reprinted in *Federal Capital Pioneer Magazine*, 15 October 1926, p. 19; Robinson 1927, p. 69). This would date his occupation of the land to late 1823 or sometime later.

Moore, who may never have resided at 'Canberry', left the establishment of the property to an overseer and two assigned convicts. The overseer was John McLaughlin (or McLoughlin), an emancipated convict, and the two convicts were James Clarke and John Tennant. In late 1824, the three men set out from Moore's main property at Baw Baw near Goulburn and made their way southwest, arriving at the Molonglo River in the area now known as Acton. Here, they pitched camp on an elevated position above the river – that is, on Acton ridge – and erected simple huts of timber and bark. McLaughlin, Clarke and Tennant thus became the first European residents of the site that would become the federal capital. Later in the 1820s, Tennant pursued a brief career as a bushranger before being captured, tried and sentenced to Norfolk Island. Mt Tennent at Tharwa is named after him. (Mawer 1983, pp. 11-14; Lea-Scarlett 1968, pp. 69-70 – which indicates at least two huts by January 1828; see Figure 43)

A few years after the foundation of Moore's 'Canberry' property, a cottage was erected for the overseer a little to the southeast of the original huts. The cottage is shown on Robert Hoddle's survey map of the Limestone Plains district dating to May 1832, indicating that it had been built before this time. One source claims that this was the original section of Acton House (Mawer 1983, p. 15), while another quotes a 1924 report that 'surmised' the house was built in 1843. The latter goes on to suggest that this date is more likely because 'Canberry' was purchased at this time by Arthur Jeffreys who, in contrast to Moore, actually lived on the property (Jill Waterhouse, in Gugler 1999, p. 425 and footnote 1).

Figure 43. The site where McLaughlin and his colleagues erected the first huts at ‘Canberry’ in late 1824

Source: Robinson 1927, facing p. 6



The second alternative seems a more plausible explanation. Since ‘Canberry’ was an outstation for Joshua John Moore – and a property at which he did not reside – there would appear to be no good reason for him to have lavished funds on erecting a stone cottage. This was more the case as his original overseer, McLaughlin, was an emancipated convict. Even though McLaughlin was replaced as overseer for a period in 1827-29 by a free immigrant, James Cowan, he returned to the position when Cowan left (Mawer 1983, pp. 14-15). A further consideration is that, if Moore had erected a stone cottage on his property in or before 1832, it would have predated the construction of the original section of Duntroon House, known as ‘Limestone Cottage’, as the first stone building in the Canberra district. The evidence, though admittedly not absolutely conclusive, points to Limestone Cottage as being the first such building, with perhaps Francis Mowatt’s residence near Black Mountain as the second. The German naturalist, John Lhotsky, stayed at Limestone Cottage in January 1834, and Governor Bourke at Mowatt’s place in March 1835. (Gale 1927, p. 27; Lea-Scarlett 1968, p. 18)

If the cottage shown on Hoddle’s 1832 map is not the first part of Acton House, two questions arise (Figure 44). The first is what it was and the second is whether it stood on the same spot as the later Acton House – and was pulled down to make way for this building – or whether it stood on a different spot. When John Tennant and an accomplice held up ‘Canberry’ station one night in January 1828, they first bailed up the assigned convicts, presumably in their hut. Tennant then ‘sneaked across’ to Cowan’s hut and attempted to call him out. Cowan and his hutkeeper, William Waterson, refused to come out, whereupon Tennant tried to set fire to the building. This failed, however, when Tennant could not get the bark roof to catch fire (Lea-Scarlett 1968, pp. 69-70; Mawer 1983, p. 14). The incident shows that there was an overseer’s hut or cottage on the property by this time and that it was made of timber. It also seems to have stood at some distance from the convicts’ quarters. Though it cannot be proven, this may have been the overseer’s building shown on Hoddle’s map, and it looks to have occupied the same position as the later Acton House.



Figure 44. Excerpt from Robert Hoddle's 1832 Survey showing Section 52 of J J Moore's 'Canberry' property, with two small structures standing in the area of Acton

Source: from NLA MAP G8981.G46 1832 (HOD)

Moore got into financial difficulties in the economic depression of the early 1840s and was forced to give up his estate. As mentioned above, it was purchased by Arthur Jeffreys who was the brother-in-law of Robert Campbell and a descendant of the infamous 'Hanging Judge' Jeffreys. It was Jeffreys who re-named the property 'Acton' after his family's estate of the same name in Wales (Robinson 1927, pp. 47, 69). As also noted above, it may have been Jeffreys who was responsible for the erection of the first part of Acton House. Whoever erected the building and whenever it was built, there was a near-at-hand supply of lime for mortar for the stone structure. For over thirty years from the early 1830s onward, a man known as 'Canberry Tom' operated a lime kiln on the Molonglo River, while later, perhaps from the early 1850s, George Rottenbury and then his son produced lime from a kiln that exploited the limestone outcrop at Acton itself (O'Keefe 1994, pp. 16-18). (See Sections 2.2 and 2.6 for further information.)

Arthur Jeffreys returned to Britain after only a short residence at Acton and his property, though remaining in his family's possession, was leased out in sections to various tenants. For 23 years beginning in 1850, Acton House was let as the rectory for St John's Church in what is now the suburb of Reid. It was vacated by the church's minister and his family in 1873 when a proper rectory was finally built. The house was then rented by a series of tenants, including Mark Southwell later in the 1870s and John James Morton Wright in the 1880s. After Wright died there in September 1886, the house and all or most of the Acton property was leased by Arthur Brassey from Jeffreys' son, John. Brassey added a large brick section to the southern side of the original cottage. The property was resumed by the Commonwealth in 1911 and served, successively, as a residence for the Commonwealth's Director of Lands and Surveys, Charles Scrivener, and his successor, Percy Sheaffe, as an office building and as a police station and court house. It was eventually demolished in 1941 to make way for the Isolation Block of Canberra's new hospital (see below).

(Robinson 1927, p. 48; Waterhouse, in Gugler 1999, pp. 425-7; Young 2007, pp. 32-5; Queanbeyan Age [hereafter QA], 28 September 1878, p. 2; 16 September 1886, p. 2)

Ned Ryan's Cottage and Other Pre-Hospital Structures

There was another early structure that stood on the site that was to be occupied by the hospital. This was Ned Ryan's cottage. Consisting of a brick cottage and a separate slab kitchen building, it stood downslope from Acton House on the riverbank near Lennox Crossing. It was reputed to have been constructed in 'the earliest period of white occupation' (Young 2007, pp. 35-6). Be that as it may, it was reported in 1927 that a 'ruined cottage now standing steeply on the riverbank in front (S.E.) of [Acton] house was a scouring-place and fellmongery, built also for J. J. Wright.' (Robinson 1927, p. 69) Given the location, there is a good argument for thinking that this is the same building in which Ned Ryan and his wife later resided. If so, it would date from late 1882 when Wright set up his Acton Woolwashing and Fellmongery Establishment (QA, 3 November 1882, p. 2).

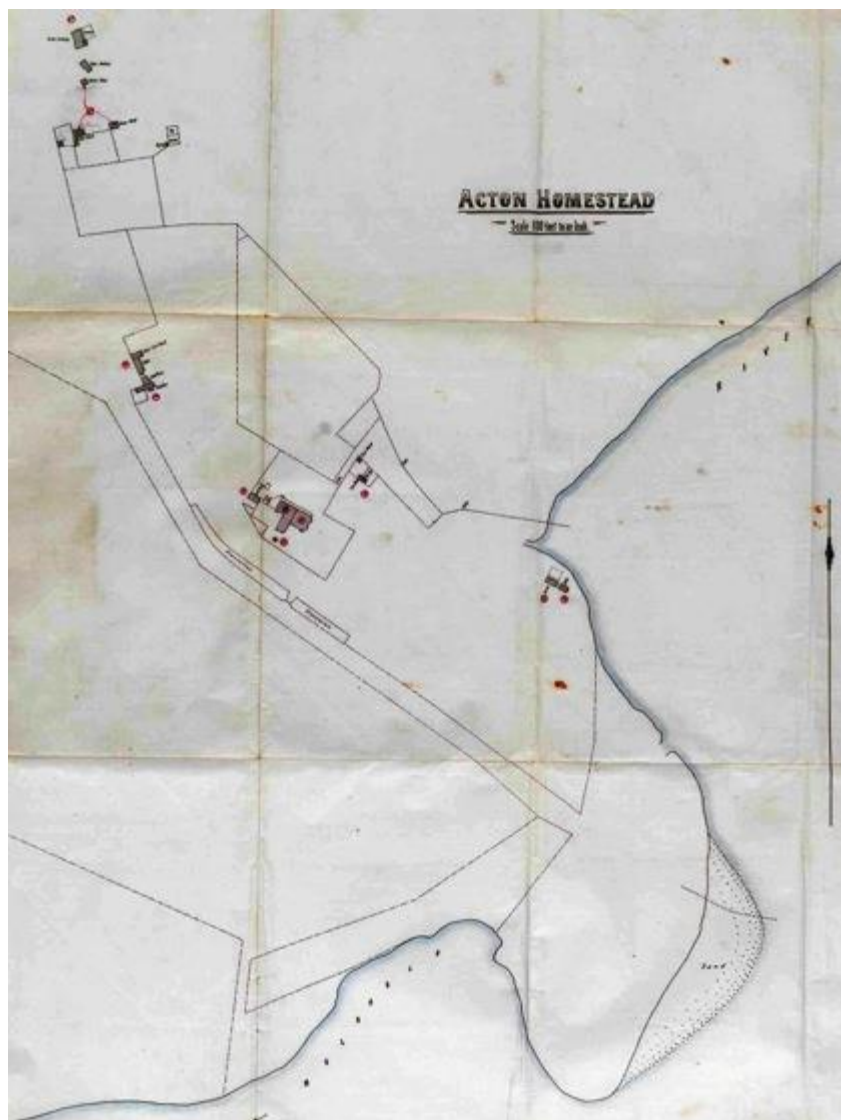


Figure 45. Buildings in the Acton area 1911-15, including Acton House and, at right on the banks of the river, what is probably Ned Ryan's cottage

Source: CRS A110, item FC1913/679

According to his obituary in 1963, Ned Ryan – who was also known as Edmund or Edward – was born at Acton in 1877-78 and lived his whole life there (QA, 13 August 1963, p. 3). This, however, seems rather unlikely. His parents, Timothy and Agnes Ryan, had their own family property at Mulligan's Flat and it appears that this was where Ned was born. By 1907, when he was 19 or 20, he was in the employment of Arthur Brassey at

Acton as a rabbit inspector and exterminator. His residence of the cottage at Acton may date from this time. In 1910, he married Alice Maud Blundell in Queanbeyan and the couple lived in the cottage for about a decade thereafter. (Procter 2001, pp. 278, 280; *QA*, 21 February 1908, p. 2; NSW Index to Marriages, 13249/1910, Edmond Ryan to Alice M Blundell; see Figure 45)

Their abandonment of the residence was prompted by the tragic death of their only son in December 1919 after he was bitten by a tiger snake in his bed at the cottage. After the death, Ned and Alice vacated the premises and a replacement building was moved from Molonglo to Acton and renovated for their use (*QA*, 23 December 1919, p. 2; Gugler 1999, p. 349, footnote 2, and p. 366). The old cottage was demolished sometime later (and, if it was the same building as the one that served as the woolwashing and fellmongery establishment, this would account for its reportedly ruinous condition in 1927). The Ryans' new cottage stood on the other or western side of Lennox Crossing Road, near the entrance to the Acton Nursery. Alice Ryan died in November 1955 and, five years later, Ned moved out of the cottage so that it could be demolished to allow for the major expansion of Canberra Hospital in the 1960s. (Dunshea, in Gugler 1999, pp. 356, 359; *QA*, 15 November 1955, p. 1; 13 August 1963, p. 3; *Canberra Times* [hereafter *CT*], 12 August 1963, p. 4)

The eastern side of Lennox Crossing Road was the location of two other buildings which, together with their ancillary structures, were demolished to make way for hospital buildings. The first of these was the cottage occupied by Archie and Ruby Thurbon and their family. Archie Thurbon came to Canberra as an 18-year old in 1912 and initially worked at the Royal Military College at Duntroon. In 1916, he married Ruby Potter and, in the same year, commenced work as a plan printer in the Acton offices of the Department of the Interior. The couple lived in a cottage at Acton across the road from Acton Hall, of which Archie became the caretaker – he was also the caretaker of the nearby Tourist Camp on the banks of the Molonglo River. (Dunshea, in Gugler 1999, p. 356; entry for Thurbon Road, Lyneham, ACT Planning and Land Authority [ACTPLA]; see Figure 46)

In late 1942, the Thurbon family received notice that their house at Acton was to be demolished so that a residence for the Medical Superintendent of the hospital could be built on the site. The house and a garage and shed on the property were demolished around March-April 1943, and the Medical Superintendent's Residence was completed by mid-year (see below, and Figure 47). In the meantime, the Thurbons moved to a new home in Braddon. Archie Thurbon continued to work as a plan printer with the Department of the Interior until his retirement in 1958. He died in April 1966. (*CT*, 3 March 1942, p. 3; 18 April 1966, pp. 4, 10; ACT Electoral Rolls 1916-1967)

A little to the southeast of the Thurbon's cottage in Acton was the office, garage and sheds of the Parks and Gardens Section of the Department of the Interior. These buildings stood on the site on which the TB Ward (or Block) was erected in 1944-47 and were removed to make way for this building, probably around August 1944. The Parks and Gardens Section moved to a new premises across the road and south near the entrance to the nursery. (Frederick John Marshall and Frank Dunshea, in Gugler 1999, pp. 332 and 359 respectively)

Figure 46. Excerpt from a map of the early 1940s, showing the Thurbons' cottage at 11, the Parks and Gardens structures at 10 and the existing hospital buildings

Source: CRS A12711, item D2A

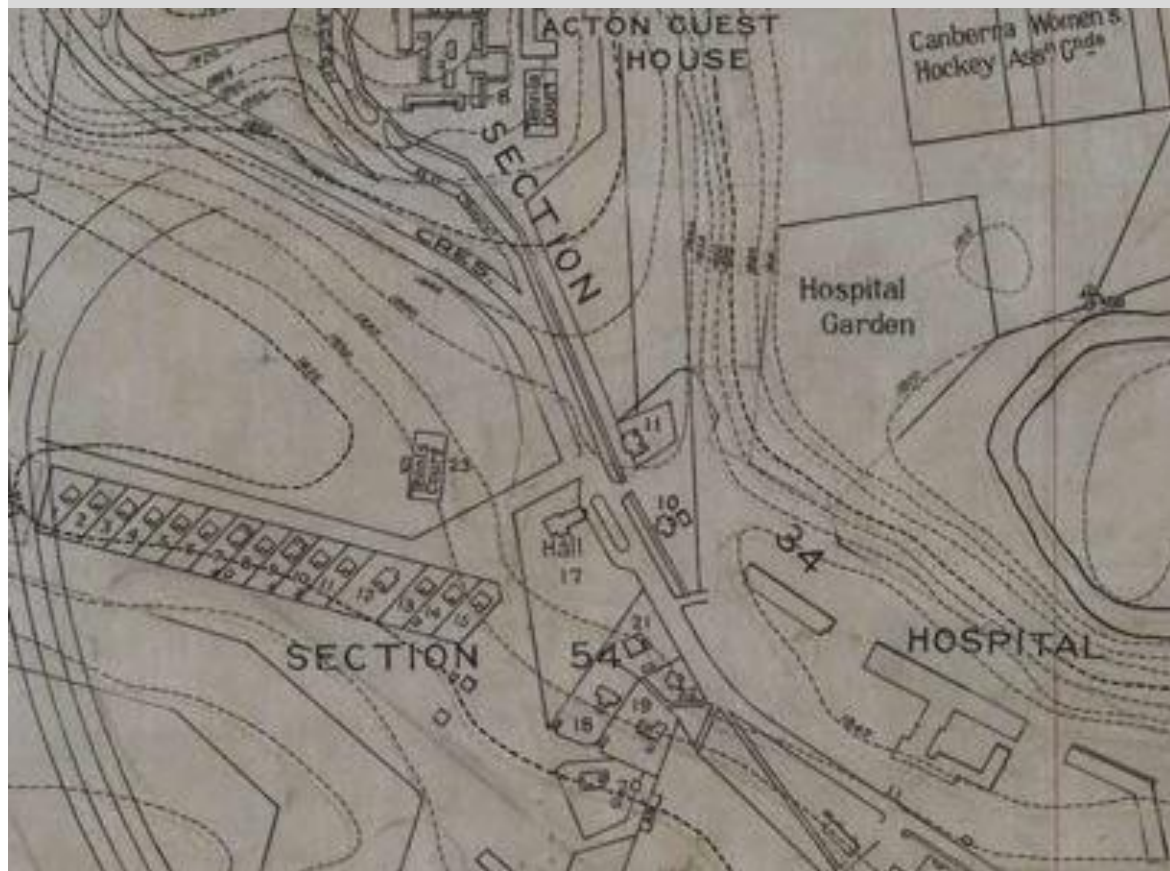
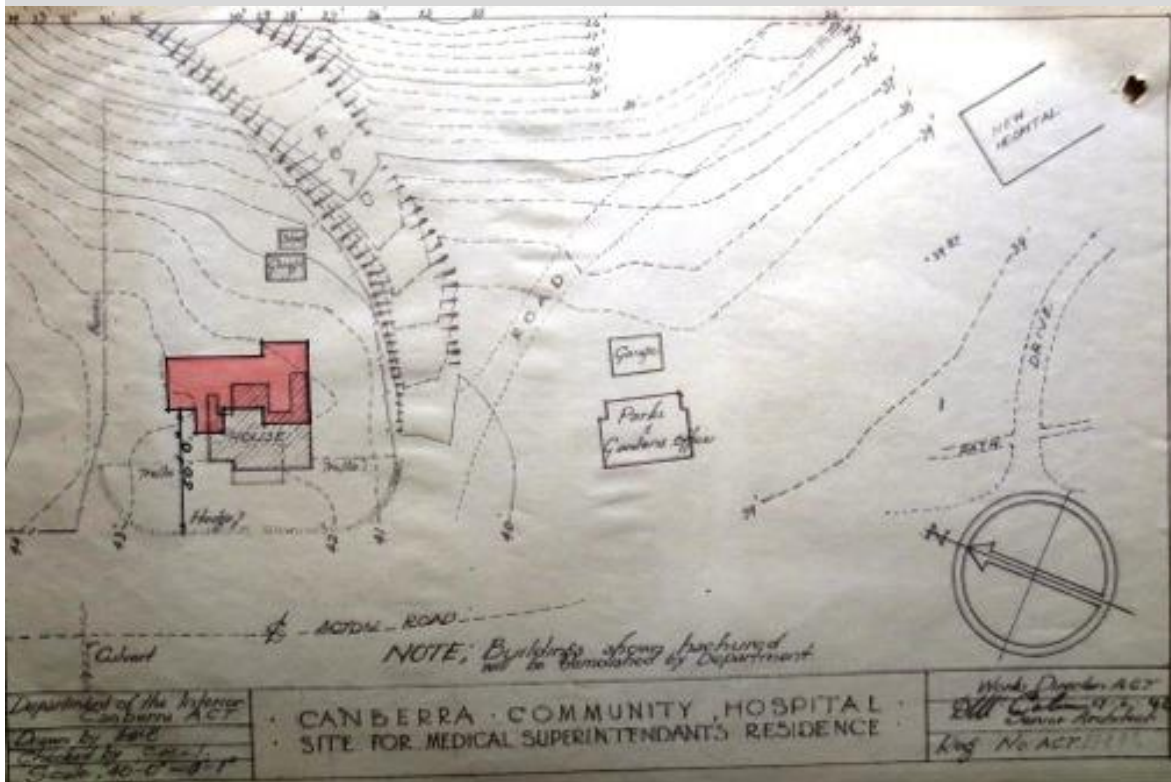


Figure 47. A plan dating from 17 June 1942 showing in red (left) the footprint of the proposed Medical Superintendent's Residence partially overlying the Thurbons' house which, with the garage and shed, are to be demolished. Also shown are the office of the Parks and Gardens Section and its garage (centre) and the northern end of the initial Isolation Block (top, right).

Source: from CRS A292, item C20022



Site for a Hospital

In the first months of 1911, Colonel David Miller, Secretary of the Department of Home Affairs, secured the agreement of his minister, King O'Malley, to the establishment of a temporary administrative centre for the yet to be named federal capital. Miller's object in proposing such a centre was to provide an on-site location to oversee and manage the initial development of the capital, notably the early construction works. The selected site was on the Acton property of John Jeffreys. The Commonwealth acquired the property from Jeffreys in February 1911 and, by the middle of the year, work was underway on erecting temporary offices and accommodation on the site. (Gibbney 1988, p. 5; *QA*, 10 March 1911, p. 2)

In what looks like a rather large oversight, the establishment of the temporary centre and facilities in Canberra included no provision for the treatment of injuries and illnesses that government officers, construction workers and their families would inevitably suffer from time to time in the capital. If much thought were given to the matter at all, it was probably assumed that they could go to Queanbeyan Hospital or to the Medical Officer at Duntroon for treatment. In fact, cases both serious and otherwise were routinely sent to Queanbeyan where the small hospital struggled to cope with increased numbers of patients arising from the development of the capital. In October 1911, the Medical Officer at Duntroon, Captain Peter Lalor, proposed the erection of a 'large pavilion tent' near A Block to be used as 'a temporary Home Affairs hospital'. Miller responded in December by claiming that there was insufficient 'demand' for such a hospital, but if one were to be provided he believed it should be a timber cottage rather than a tent. (*QA*, 23 January 1912, p. 2; 16 April 1912, p. 2; Captain P Lalor to Adjutant, RMC, 26 October 1911; and David Miller to

Comptroller-General, Department of Trade and Customs, 12 December 1911, both in Commonwealth Record Series [CRS] A788, item FC14/264)

The issue came to a head in the new year. After a suspected case of diphtheria occurred in a workers' camp in January, the Acting Director of Quarantine reiterated the suggestion at the end of the month for the establishment of a temporary hospital at Duntroon. He believed that it was not 'humane' to take seriously ill patients over six or seven miles of rough road to Queanbeyan and thought in any case that Queanbeyan would probably refuse to take serious cases, although a case of typhoid from the Federal Territory was in fact admitted to Queanbeyan Hospital in February. In that same month, the Commonwealth's Director-General of Works noted that it was unlikely that the Department of Defence would agree to a joint military-civilian hospital at Duntroon. At this point, the Director of Quarantine, Dr William Perrin Norris, was asked to report on the matter. (Urgent telegram, Colonel Gwynn to Director-General of Works, 9 January 1912; Acting Director of Quarantine, 'The Establishment of a Hospital at the Royal Military College, Duntroon', 31 January 1912; Director-General of Works to Secretary, Department of Home Affairs, 22 February 1912, all in CRS A788, item FC14/264; *QA*, 6 February 1912, p. 3)

In a minute to Miller on 23 April 1912, Norris recommended that 'a site of about 5 acres' should be selected and 'a small complete hospital' erected on it. While he did not specify a location for the 5-acre site, he had in mind a 'convenient centre' to which cases could come or be brought. Since Acton had become the centre of administration and settlement for the moment, Norris's recommendation pointed to that area as the likely site for the hospital (Dr W. Perrin Norris to Secretary, Department of Home Affairs, 23 April 1912, CRS A788, item FC14/264). It should be noted that this was a month in advance of the selection of Griffin's entry as the winning design for the national capital.

It was to be six months before Miller replied to Norris's minute and meanwhile, on 23 May, O'Malley announced that the winner of the design competition for the national capital was Walter Burley Griffin. In his design, Griffin placed the hospital for the national capital on the end of what would become Acton Peninsula (Figure 48). There was, however, immediate criticism that Griffin's plan for the capital was too extravagant and costly to implement. In consequence, O'Malley referred it and three of the other leading-placed plans in the design competition to a departmental board chaired by Miller for its advice. While the board members deliberated on the four designs, Miller at last replied to Norris's minute on 14 October and, completely reversing his earlier stance, told him that,

'I am of the opinion that a complete Hospital for general purposes within the Federal Capital Territory should without delay be erected, equipped and staffed, but before making a definite recommendation to the Minister I shall be glad to have your personal advice in the matter.' (Miller to Norris, 14 October 1912, CRS A788, item FC14/264)

On 28 November, Norris responded to Miller with a lengthier report on his proposal for a hospital for Canberra. In his report, Norris stated amongst other things that,

'An admirable site has been set apart for the purposes of an Isolation Hospital and in utilising the site for all purposes at the present stage it will be necessary to keep the ultimate purpose of the site and institution in view.' (Norris, 'Hospital for Federal Capital Territory, Yass-Canberra', 28 November 1912, CRS A202, item 1912/463)

In alluding to the site 'set apart' for an isolation hospital, Norris was undoubtedly referring

to the site for such a hospital that the departmental board had selected in its own plan for the national capital (Figure 49). Unable to commend to O'Malley, Griffin's or any of the other leading plans, the board had come up with its own hybrid plan. This showed both an isolation hospital in the grounds of what eventually became the Australian National University and a general hospital on the peninsula, though further up the peninsula towards the university than Griffin had allowed. The sites for both hospitals had apparently been decided by Miller in consultation with Norris, and the proposal for a separate isolation hospital was clearly derived from Miller's experience already in dealing with diphtheria and typhoid cases in the Territory (Miller to Director of Commonwealth Quarantine Services, 21 November 1912; Norris to Administrator (Federal Capital Territory – ie. Miller), 16 December 1912; and Administrator to Commonwealth Director of Lands and Surveys, 19 December 1912, all in CRS A788, item FC14/264).

Miller sent his recommendation for the hospital to O'Malley on 3 December 1912, the recommendation including,

'The erection on the site for the permanent isolation hospital of a temporary wooden block comprising a consulting and examining room with attached dispensary and two wards of say three beds each.'
(Administrator to the Hon. The Minister, 3 December 1912, CRS A788, item FC14/264)

O'Malley approved the proposal in short order. However, in February 1913, following an on-site meeting involving Miller, Norris, H M Rolland and another departmental officer, there was some alteration of the 'plotting' of the buildings on the ground. Approval of the altered plan was eventually forthcoming from O'Malley in May 1913, but it was not until 27 May the following year that the temporary hospital was opened on the site that the departmental board had chosen for an isolation hospital. In the meantime, the new government of Joseph Cook had invited Griffin to Australia where he and the departmental board met in an attempt try to reach some settlement over their respective plans. After they were unable to reach agreement, the government disbanded the departmental board and appointed Griffin the Federal Capital Director of Design and Construction. This signified the reinstatement of Griffin's plan and with it the site he had designated for Canberra's permanent hospital. (Administrator to Director-General of Works, 18 January 1913 and 24 February 1913, both in CRS A788, item FC14/264; Bryan 1978, p. 6; Proust 1994, pp. 18-22)



Figure 48. Excerpt from a plan for Canberra that Walter Burley Griffin drew in 1912, showing his position for the hospital on the tip of Acton Peninsula

Source: Reid 2002, p. 79



Figure 49. Excerpt from the Departmental Board plan of 25 November 1912, showing the Board's sites for the hospital and isolation hospital

Source: Reid 2002, p. 99

Genesis of the new Hospital

When the temporary hospital opened at Acton in May 1914, it was catering to a population in the Territory of around 2,000 people, including nearly 600 directly employed on the initial works for the national capital. With the cessation of development work in the Territory in October 1917, the hospital closed to the public and did not fully re-open until early 1921.

From the time of its re-opening, it attracted complaints and criticism that it was inadequate to meet Canberra's needs. Recognising the hospital's deficiencies, the Federal Capital Commission considerably enlarged it in the latter half of the 1920s. It remained, however, very much a temporary expedient and had trouble meeting the demands of a population that grew to about 7,000 by 1931. The criticisms continued, along with calls for a new hospital for the capital. (Administrator to the Hon. The Minister, 3 December 1912, CRS A788, item FC14/264; Gibbney 1988, pp. 23, 91-2, 174; Proust 1994, pp. 25, 29-31; Newman & Warren 1993, pp. 3, 17-19)

After years of agitation, the first concrete steps towards building a new Canberra hospital followed the appointment in December 1933 of the Canberra Hospital Advisory Committee by the Minister for Health in the first Lyons' government, Charles W Marr. Though Marr's ultimate aim in establishing the committee was to obtain advice from it on how to reduce the existing hospital's excessive running costs, he soon got more than he bargained for. At the committee's first official meeting on 27 February 1934, Dr Lewis Nott – who was not a member of the committee – forcefully advocated the building of modern new hospital for Canberra, in the process criticising Marr and the Commonwealth Director-General of Health, Dr J H L Cumpston, for their inaction on the matter. The committee was rather less forthright than Nott, but nonetheless strongly backed his recommendation. The committee members wanted a modern new hospital 'in keeping with the dignity and importance of the city' to be erected on the current hospital site, a proposal that they were aware would entail a modification of the Griffin Plan. (CT, 15 December 1933, p. 4; 27 February 1934, p. 1)

With the *Canberra Times* adding its voice to the push for a new hospital, Marr swiftly acquiesced. In a meeting with the Advisory Committee on 14 March, he told its members that he hoped to see a new hospital erected on the current site within his term as Minister for Health. As a federal election was due in about ten months, this would seem to have been the timeframe to which he was committing himself. No time was lost, and by early April the Works and Services Branch of the Department of the Interior had produced sketch plans. These were promptly attacked by Nott and quickly dropped. On 19 April, however, the Acting Minister for Health, J A Guy, took a proposal to federal Cabinet for a new hospital to be built in Canberra. Cabinet decided that plans and specifications should be prepared for the building, together with an estimated cost of construction, and that the whole matter should be re-submitted for consideration. (CT, 15 March 1934, p. 2; 3 May 1938, p. 3; Cabinet Agendum No. 1070, 'Proposed New Hospital for Canberra', 17 April 1934, and Cabinet Decision, 19 April 1934, in CRS A1928, item 504/49 Section 1)

Meanwhile, after the Department of Interior's sketch plans had been given short shrift, the Department of Health began to pursue a new line of thought about the hospital's design. Placed on the main departmental file on the hospital was a newspaper cutting showing 'France's most modern hospital' at Beaujon in Clichy in the northern part of Paris. The hospital was a multi-storey building, the tallest hospital in France, whose design allowed 'for a maximum of sunlight in all rooms and balconies.' A little later, another cutting was placed on file depicting the Mildura Base Hospital, a three-storey structure with large sunlight-admitting windows and ample balconies that was then under construction. The building's architects were Leighton Irwin and Roy Stevenson of Melbourne. They were, with another Melbourne firm, Stephenson and Turner, the leading architects of hospitals in Australia in this period, both firms incorporating the latest European and American approaches to hospital design in their work. (CRS A1928, item 504/49 Section 1; Logan, 2009, pp. 69-71, 81-4; Butler 1983)

On 2 July 1934, Cumpston wrote to Leighton Irwin and Stevenson asking on what terms they would agree to make available to his department the floor plans of the Mildura Hospital. The department and the architects were unable to come to terms, and the matter then lapsed for some time. Cumpston himself was not in favour of 'the tendency all over the world' to build multi-storey hospitals 'in one block with all the services under one roof.' His personal opinion was that they were not suitable for Australian conditions and that hospitals should instead be built on a more open plan and of cheap materials like timber and fibro so that they could be inexpensively remodelled and extended when required. 'However,' he said, 'everyone disagrees with me.' Well aware that a timber and fibro hospital would not be acceptable in the national capital, he visited Mildura to inspect the new Irwin-Stevenson hospital and evidently found its design of a suitable standard for Canberra. At Cumpston's behest – and no doubt with the concurrence of the then Minister for Health, W M Hughes – the secretary of the Department of the Interior wrote to Leighton Irwin in April 1935 asking him to prepare plans and cost estimates for a new Canberra hospital. It was thus that Irwin, whose partnership with Roy Stevenson had ended in September 1934, was engaged to design the new institution. (J H L Cumpston to Irwin and Stevenson, 2 July 1934; and P.A. Gourgaud to Irwin, 23 April 1935, in CRS A1928, item 504/49 Section 1, NAA; CT, 3 May 1938, p. 3; Butler 1983)

Leighton Irwin

Leighton Irwin was born in Adelaide in 1892, but left with his parents for Melbourne when he was eight years old. He completed the Diploma of Architecture course within the faculty of engineering at the University of Melbourne and worked for a couple of

architectural practices before joining the Australian Imperial Force as a 2nd Lieutenant in November 1916. Embarking for overseas service the following month, he served mainly with the 1st Field Artillery Brigade. After the war ended, he stayed on in England to study for several months at the prestigious Architectural Association School at Bedford Square in London. He sat for the Royal Institute of British Architects examination in late 1919 and returned to Australia early the following year. Resuming his architectural practice, he formed a partnership with Stevenson in 1922 and also became the assistant director of the newly-established Architectural Atelier at the University of Melbourne – he succeeded to the directorship in 1925, retaining the position for almost twenty years. (Butler 1983; CRS B2455, item ‘Irwin Leighton Francis’; Boyd 1947, p. 18)

During the 1920s, his commissions with Stevenson included church structures and war memorials, but were mostly for domestic buildings. In the latter, the partners often showed a predilection for the Spanish Mission style and, in 1927, Irwin built his own home in this style at 3 Holmwood Avenue, Brighton. The first commissions for medical buildings came the partners’ way in 1930. In the first few years of their hospital design work, the Mildura Hospital marked a significant highpoint. It has been described as ‘an application of the northern European approach to hospital design, with its streamlined form, multi-storeyed construction, and continuous, north-facing sun balconies.’ After the dissolution of his partnership with Stevenson in 1934, Irwin’s commissions consisted almost entirely of designing hospitals and other medical buildings, while his work according to Robin Boyd ‘grew steadily towards Modern.’ The new home that he designed for himself and his family at St James Place, Toorak, in 1938 certainly reflected this trend in his work, and shows some similarity in style to the Medical Superintendent’s Residence that he would soon design in Canberra. (Butler 1983; Boyd 1947, pp. 18, 33, 51; Figure 50)

In December 1936, about a year-and-a-half after Irwin was invited to prepare plans for the new Canberra hospital, the journal *Decoration and Glass* published an illustrated article in which he outlined the principles that he relied upon in designing hospitals, and the objectives he aimed to achieve. A relentless publicist of his own work, the article almost certainly emanated from his office and was essentially an extended advertisement. Referring to the latest developments in hospital architecture in Germany and the United States, the article drew attention to what it described as the two most outstanding features of Irwin’s work.



Figure 50. Leighton Irwin’s 1938 home at St James Place, Toorak

Source: Boyd 1947, p. 51

The first of the two was ‘the light, colourful and cheerful atmosphere’ of the hospital

buildings his office designed. In contrast to ‘the gloom and dust of older institutions’, Irwin believed that a cheerful, but calm atmosphere, contributed to the well-being and recovery of patients. He therefore laid much emphasis on designing buildings with wide balconies and large expanses of glass to bring sun and light into wards. A firm believer in the healthful benefits of sunlight, he provided solarria to aid the recovery of convalescent patients. The large balconies and windows also gave patients views to the hospital grounds or the countryside outside, another matter on which he placed much importance. For the interior of his hospitals, he used soft and ‘pleasant’ pastel tones for the rooms, theatres and corridors, while to reduce noise disturbance for patients he laid down soft floor coverings and placed the essential hospital machinery well away from them. (Anon. 1936, pp. 15-19, 58, 66, 76, 78; Logan 2009, pp. 69-70, 83)

The second noteworthy feature that Irwin claimed for his hospital designs was the care his office took to provide the most modern scientific and mechanical installations. These included the latest technical innovations to aid the smooth and efficient running of the hospital, such as an intercom system. All of the scientific and mechanical installations, large and small, were integrated as unobtrusively and harmoniously as possible into the body of the hospital. So great was his concern for this aspect of his hospital design work that, in dealing with the Department of the Interior over the proposed new Canberra hospital, he emphasised to them that,

‘...in planning a hospital, we do so from the inside rather than the out, as after all the efficient functioning of a building of this nature is far more important than its appearance.’

He hastened to add, however, that,

‘From this it should not be taken that the question of appearance is overlooked, for this is far from the case.’ (Irwin to Secretary, Department of the Interior, 2 August 1939, CRS A1928, item 504/49 Section 2)

In his design for the new Canberra hospital, including the Initial Isolation Ward, Irwin would apply the principles and features set out in the *Decoration and Glass* article.

The site, the Medical Superintendent’s Residence and the Isolation Block

Leighton Irwin produced his ‘first sketch outline’ for the proposed new hospital in early November 1935, about six months after the Department of the Interior had asked him to prepare plans and cost estimates. One reason for the delay was that federal Cabinet did not give final approval for preparation of plans until October. In the meantime, moreover, the government had decided to replace the Hospital Advisory Committee with a Board of Management composed of members elected from the Canberra community. The members were elected at the end of September, with the Board holding its first meeting on 15 October. At a subsequent meeting at the beginning of December, Irwin’s sketch plans for the hospital were submitted to the Board for its consideration. Though the Board approved the plans, it felt that the site designated for the new hospital, which was that of the existing institution, was unsuitable. It resolved to recommend a new, but as-yet, unspecified site. (Irwin to Cumpston, 24 October 1935, CRS A1928, item 504/49 Section 1; *CT*, 15 October 1935, pp. 1, 4; 3 December 1935, p. 3)

The Board’s dissatisfaction with the site was shared by Cumpston. A few days before the Board meeting, he informed his Minister, Hughes, that the site of the current hospital was ‘not in accordance with the Griffin plan’ and that it was simply not possible to erect the new hospital on the existing site. However, he added, ‘a very suitable site is available within the Griffin plan and removal of the hospital to this new site is now considered to be

desirable.’ (Cumpston to Minister [for Health], 28 November 1935, CRS A1928, item 504/49 Section 1) It was to be another year before the matter was settled. In October 1936, Irwin visited Canberra and had a series of meetings with Cumpston, the Hospital Board, the Medical Superintendent (Dr O Mater), the Matron (Miss Gladys Lade) and other interested parties. These discussions resulted in an announcement by the Board on 19 October 1936 that the new hospital would be erected on a site overlooking the Molonglo River in conformity with the position designated for a hospital in the Griffin Plan. (CT, 20 October 1936, p. 1)

It should be noted that Irwin’s plans for the hospital at this stage did not include any provision for a medical superintendent’s residence or for an isolation or infectious diseases block (or, for that matter, new nurses’ quarters). Rather, in line with instructions the government had given him, he had planned a hospital of 110 beds encompassed in a single multi-storey block and designed in such a way that additions could be made to it ‘at small cost’. It was intended to serve a population of 12,000. (Cumpston to Minister [for Health], 28 November 1935, CRS A1928, item 504/49 Section 1)

The suggestion to build a residence for the hospital’s Medical Superintendent and his family arose from the Hospital Board and specifically from its lone female member, Mrs R J (Patricia) Tillyard. At a meeting of the Board on 26 May 1936, the Medical Superintendent, Dr A C Budge, tendered his resignation after less than two years in the position. In response to the resignation, Mrs Tillyard stated that ‘when the new hospital was being planned, consideration would have to be given to [providing] married quarters for a medical superintendent.’ She tied this to the need to pay an adequate salary to the superintendent such that a doctor and his family would be induced to make their home in Canberra. It was the only means, she thought, by which the hospital could secure a permanent medical superintendent (CT, 27 May 1936, p. 2). More than three years were to pass, however, before Mrs Tillyard’s suggestion for a residence for the Medical Superintendent and his family was to be acted upon.

The proposal to construct an isolation ward for the hospital had a rather different origin. In October 1936, Irwin showed his plans to his uncle, Major-General Rupert Downes, the army’s Director-General of Medical Services. Downes expressed his satisfaction with the plans, except that he noted that there was no ‘Isolation Unit’ for infectious disease cases. He thought such a unit should be provided. Irwin communicated the General’s view to Cumpston and, unlike many other aspects of the hospital’s development, it brought a swift response. After the Department of the Interior briefly toyed with the idea of designing an isolation block itself as a way of saving money, it gave its approval in February 1937 for Irwin to prepare plans for it. On advice from the Hospital Board, the design was – at least originally – to be for a block containing eight 4-bed wards, together with eight single observation rooms for ‘suspect cases’. (Irwin to Cumpston, 26 October 1936; J A Carrodus, Secretary, Department of the Interior, to Cumpston, 29 January 1937; Cumpston to the Canberra Community Hospital Board, 11 February 1937; Gourgaud to Director-General of Health, 23 February 1937; Cumpston to Irwin, 26 February 1937, all in CRS A1928, item 504/49 Section 1)

The fixing of the hospital’s location on a site Griffin reserved for it, coupled with the addition of a 40-bed isolation block and other major changes to the proposed hospital, meant that Irwin had to set about producing a new set of plans. When completed, he told Cumpston that it was ‘one of the best jobs’ that his office had done. There then occurred further delay in having the plans considered when Dr Nott, the former and soon-to-be-again Medical Superintendent, made a series of allegations about the administration of the

hospital. Investigated by the NSW Hospitals Commission, all of the charges were dismissed in July 1937. The next month, Cumpston advised the Hospital Board that the government was to set aside £80,000 in fiscal year 1937-38 for the building of the hospital. He asked the Board to treat the plans as a matter of urgency because the Department of the Interior wished to lay them before Parliament as soon as it resumed later in the month. (Irwin to Cumpston, 21 June 1937, CRS A1928, item 504/49 Section 1; *CT*, 2 July 1937, p. 1; 10 August 1937, p. 2; Gibbney 1988, p. 192)

The Board obliged, but for financial reasons the government put off allocating funds until fiscal year 1938-39. To the intense frustration of the Canberra community, the government then piled yet more delay onto a start being made on the hospital when it referred the proposal in March 1938 to the recently-established Public Works Committee. By this time, the scale of the hospital had grown to five storeys and 147 beds, and its projected cost to £160,000, but this still did not include a new isolation block or new quarters for nurses (or indeed, a residence for the Medical Superintendent) – the isolation block and nurses' quarters, as the Committee discovered, were extras. After taking evidence from a range of people, the Public Works Committee found that the proposal for a 147-bed hospital was too extravagant for Canberra's needs. It recommended a 106-bed hospital in three storeys, with the old Isolation Block in the existing hospital to stand service for some indefinite period yet. The Committee conceded that new quarters for the nurses should be built at the same time as the hospital, but failed to make any recommendation as to its cost. Nothing was said about a residence for the Medical Superintendent. (*CT*, 23 September 1937, p. 4; 23 November 1937, p. 2; 29 April 1938, p. 1; 11 June 1938, p. 2; Proust 1994, pp. 52-3; Gibbney 1988, p. 192)

The report of the Public Works Committee was apparently too late for any funds to be set aside for the building of the hospital in the budget estimates for the 1938-39 fiscal year. But in the year following the report, the deficiencies of the old hospital became more and more evident, deficiencies to which Nott frequently drew attention in the press. In one 'savage' letter to the editor, he pointed out that the hospital was permanently overcrowded, with 'overflow' patients housed on 'open wind-swept verandahs' or in the Isolation Block. The constant criticism in the local press seems, eventually, have stung the Department of Health into action. In May 1939, Cumpston formally asked his Minister to grant approval for Irwin to draw up plans for a 106-bed hospital, nurses' quarters and a new Isolation Block. The inclusion at this time of an Isolation Block in the plans probably followed from a realisation that the old block, like the existing nurses' quarters, was much too far away from the proposed new hospital for convenience. In any case, the building was too old. To reduce costs of building and running the new Isolation Block, it was scaled down in size from 40 to 24 beds, in a conformation of four 4-bed wards, two 2-bed rooms and four 1-bed rooms. (*CT*, 1 September 1938, p. 5; 14 March 1939, p. 2; 22 June 1939, p. 3; Cumpston to Minister for Health, 31 May 1939, CRS A1928, item 504/49 Section 2)

Irwin submitted his latest set of sketch plans for the hospital, including Isolation Block and nurses' quarters, by the end of July 1939. Within a few weeks, however, his instructions were again changed. After he had a meeting with the Hospital Board on 28 August, the Board asked Cumpston to seek permission for him to design a 3-bedroom residence for the Medical Superintendent (Cumpston to Minister for Health, 31 May 1939; C H McFadyen, Chairman, Canberra Community Hospital Board, to Director-General of Health, 30 August 1939, CRS A1928, item 504/49 Section 2). The proposal, when passed on to the Department of the Interior, was not received with notable warmth, but by now the department decided that the move to build the new hospital had gathered such momentum that it was simply easier to yield to it. Writing to Irwin to confirm that he was take charge

of the design for the Medical Superintendent's Residence, the Secretary of the Department stated, not without a touch of resignation,

'Realising the desirability of having the Hospital buildings and quarters designed as a comprehensive group, the Department appreciates... the advantage of leaving the whole group in the hands of one architect.' (Carrodus to Irwin, 1 September 1939, CRS A1928, item 504/49 Section 2)

Final Design and Construction

Having prepared his latest set of plans, Irwin provided an explanation to the Department of the Interior as to what he was trying to achieve. Referring to the hospital buildings as whole, he stated that,

'...the relationship to site as well as orientation has been closely studied. The main axis of the group of buildings will follow the general trend of the summit of the contours in this particular locality thus in addition to making them fit the surroundings happily, the economic point of view is studied in respect to foundation depth.

The contours naturally follow the form of the margin of the future lake on to which they front. Advantage has been taken of this in placing the buildings so that when viewed from a distance they will form a homogeneous group with the surroundings. From the point of view of orientation all the blocks face the most favourable direction.'

In specific regard to the Isolation Block, which he termed the 'Infectious Block', Irwin noted that,

'This is well isolated from the rest of the buildings and is designed on accepted principles of segregation for infectious diseases. It is kept quite distinct from the main block but at the same time conveniently placed to the centre of the mechanical services and boiler house from which it draws its supplies.' (Irwin to Secretary, Department of the Interior, 2 August 1939, CRS A1928, item 504/49 Section 2)



Figure 51. Excerpt from a plan of August 1944, showing the site of the Hospital including the Main or Acute Block, the Nurses Home, the Isolation Block and the future site for the TB Block

Source: CRS A431, item 1956/777

From late 1939 onward, Irwin and his office were engaged in drafting the working drawings for the new hospital buildings. They were ready by April 1940 and, a few weeks later, received final approval from Cumpston and the Ministers for Health and the Interior. On 17 May, the latter Minister, Senator H S Foll, directed Irwin to call tenders for the construction of the Main Block, Nurses' Home and Isolation Block, but not the Medical

Superintendent's Residence. The directive came none too soon because three days later the old nurses' quarters were badly damaged by fire. On 28 June, Foll announced that the construction tender had been awarded to Concrete Constructions Pty Ltd of Canberra at a figure of £94,100. Work commenced on 2 August 1940 and, by mid-October, excavations had been completed and the pouring of foundations commenced. The foundation stone for the new building was laid by the Minister for Health, Sir Frederick Stewart, on 28 January 1941 and, little more than a week later, the foundations were completed and the brickwork had progressed to above ground level. By this time, too, the old Acton House had been almost fully demolished to make way for the new buildings. (*CT*, 27 January 1940, p. 2; 12 April 1940, p. 4; 4 May 1940, p. 2; 21 May 1940, pp. 2, 3, and 4; 29 June 1940, p. 3; 29 January 1941, p. 4; 7 February 1941, p. 4; 22 February 1943, p. 3; Ide 1994, p. 222)

With construction work finally proceeding, Irwin penned a letter to the Department of the Interior in February 1941 which, under the circumstances, was remarkable for its politeness. He informed the department that he had been working on the hospital project since 1935 and had yet to receive any fees. This was despite the fact that he had signed a contract with the Commonwealth in March 1937. Embarrassed, the department hastily drew up a new agreement with Irwin and began to pay him. (Contract between Irwin and the Commonwealth, 8 March 1937, CRS A292, item C5956 Part 1; Irwin to Director-General, Works and Services, Department of the Interior, 19 February 1941, CRS A292, item C5956 Part 3)

The supervising architect for the building project was W H (Bill) Coffey who was the manager of Irwin's Sydney office. He took the train down from Sydney once a fortnight to keep an eye on the progress of construction. Despite his best efforts, however, the pace of work soon began to lag. The war in Europe and then the outbreak of war with Japan in December 1941 caused a drain on men and materials. It was not just insufficient numbers of men who were available to work on the project, but also the quality of those who were. As construction lumbered towards its conclusion in early 1942, a report on the progress of building by an architect of the Department of the Interior criticised the standard of workmanship in the Isolation Block and the nurses' quarters. (John Farquharson, quoted in Proust 1994, pp. 59-60; *CT*, 22 February 1943, p. 3; report by C R Winter, Architect, to D. McCalman, Senior Architect, Department of the Interior, 25 February 1942, CRS A292, item C5956 Part 4; see Figure 52)

But there was to be yet one more major disruption due to the war. As the Canberra community looked forward eagerly to having a modern hospital at last, the military authorities turned their attention to the fresh new buildings as a suitable site for an army hospital. In March 1942, to the intense disappointment of the Hospital Board, the Medical Superintendent (Nott) and the Canberra community at large, the government duly requisitioned the new hospital buildings for the Australian Army's 2/2 Australian General Hospital (AGH). Canberra would have to make do with the old hospital buildings, though the government quickly allocated funds for additions to be made to them to improve their functionality. Then, in May, the Army informed the Hospital Board that it was no longer intending to take over the new hospital – 2/2 AGH was instead to move to north Queensland where it would be closer to the fighting in the Pacific. (Ide 1994, pp. 235-6; *CT*, 16 April 1942, p. 4; 25 May 1942, p. 3)

Any hopes that the new buildings would now be turned over to Canberra were swiftly dashed, however. In the same month – May – a US Army officer inspected the buildings with a view to their being used as a US Army hospital. The Australian government agreed to this in June and, in August, the US Army's 5th Station Hospital began to move into the

new buildings, including the just-completed Isolation Block. In the event, the 5th Station Hospital only occupied the buildings for a few months. The US Army gave notice in December that the Hospital would vacate the premises virtually straightaway as it, too, was moving north to be closer to the Pacific theatre of war. (A S Robertson, Works Director, ACT, to Secretary, 6 August 1942, CRS A431, item 1956/777; Ide 1994, pp. 236-41, 248; *CT*, 12 December 1942, p. 3; 18 December 1942, p. 4)

The way was now clear for the new hospital buildings to be made available for the purpose for which they were built – that is, to serve the Canberra community. The nurses began to occupy their new quarters in mid-January and, in the presence of a large crowd on 20 February, the Governor-General, Lord Gowrie, officially opened the new hospital (*CT*, 16 January 1943, p. 3; 22 February 1943, p. 3). Interviewed by the *Canberra Times* the day before the opening, Irwin acknowledged Cumpston's contribution, stating that 'it was mainly due to his clear-headed way that progress in the building and completion of the hospital made headway in the face of so many difficulties.' He then went on to extol the virtues of his own creation, repeating in so doing the principles on which he designed hospitals (*CT*, 20 February 1943, p. 3),

'The hospital... [has] been built on perhaps one of the most beautiful sites in Canberra. The structure was built on high dry ground and from the glassed-in upstairs wards wonderful views of the countryside were available to patients which ever way they looked. The main windows and verandahs faced away from the noise and traffic of the road, and the front entrance was off the main road, thus avoiding congestion of vehicles.'

Turning to the interior, he said that,

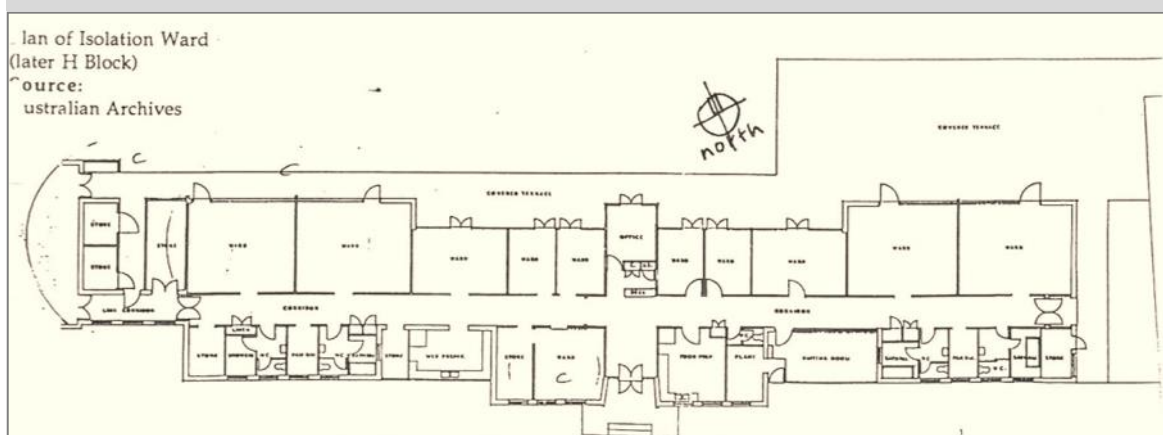
'The ceilings, walls and floors of the new building have been treated with a variety of pleasant restful colours that could not but affect patients favourably.'

Likening the hospital to a battleship, he then went on to enumerate the many 'high-grade mechanical services and equipment' which the institution was 'shot through with.' Such services and equipment, as well as their integration into hospital buildings, were clearly a favourite theme of his. Reflecting once more his philosophy of hospital design, he added that,

'The hospital [has] been built to adjust itself to the needs and activities of the life that went on inside, not vice versa as was previously the custom.'

Figure 52. Plan of Isolation Ward – thought to show the original layout

Source: Freeman Collet & Partners and others 1993, vol. 3, p. 51



The Building of the Medical Superintendent's Residence and the TB Ward

Shortly before the US 5th Station Hospital vacated the new hospital buildings – and probably in expectation of it – a contract was let in early November 1942 for the erection of the Medical Superintendent's Residence. The successful tenderer was (Frederick) Christian Banks of Griffith in the ACT. The fee for the contract was £3,796, with work to be completed by 23 January 1943 (*CT*, 6 November 1942, p. 2). Notwithstanding the approval given by the Department of the Interior in August 1939 for Irwin to design a three-bedroom residence, he initially drafted a design for a single-storey bungalow containing two bedrooms, though with an extra one for a live-in maid (Irwin to Director of Works, Department of the Interior, 16 April 1940, CRS A292, item C20022). Apparently after complaints or representations from Nott, Irwin produced a completely new design in April 1942 which comprised two storeys and included three upstairs bedrooms, with a maid's room downstairs. This was the structure that Banks was contracted to build (see Figures 53-56). Construction was delayed by wartime shortages of materials and other problems, and the building was not completed until 30 June 1943. Nott and his family took up residence on 11 August (*CT*, 6 November 1942, p. 2; Irwin to Director of Works, Department of the Interior, 16 April 1940, and associated documents, CRS A292, item C20022).

Figure 53. Excerpt from Leighton Irwin drawing dated 11 June 1942, showing the western elevation of the Medical Superintendent's Residence

Source: CRS A1928, item 504/49 Section 3

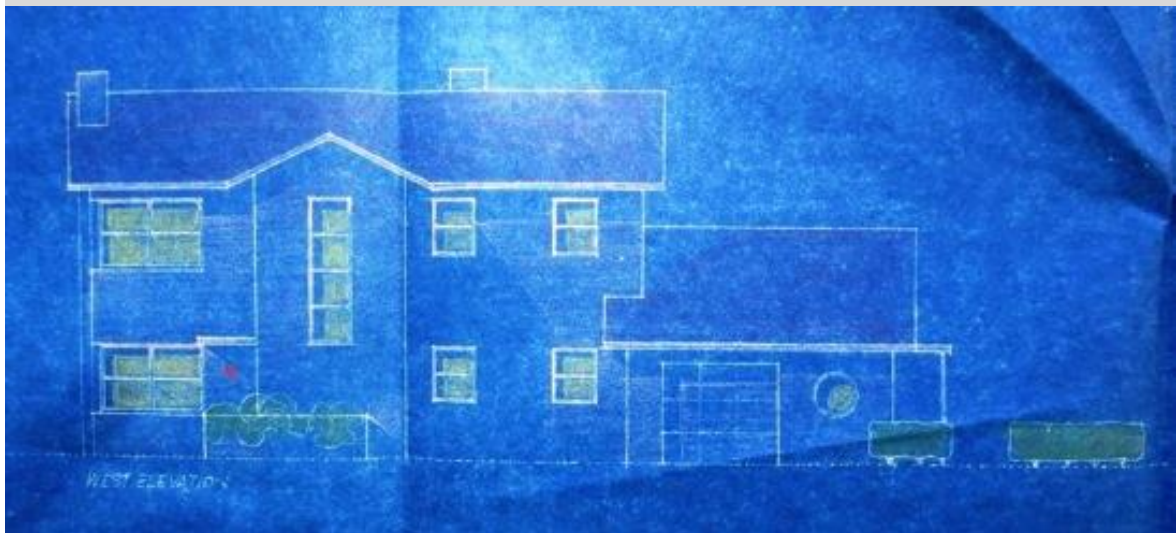


Figure 54. Excerpt from Leighton Irwin drawing dated 11 June 1942, showing the eastern elevation of the Medical Superintendent's Residence
Source: CRS A1928, item 504/49 Section 3

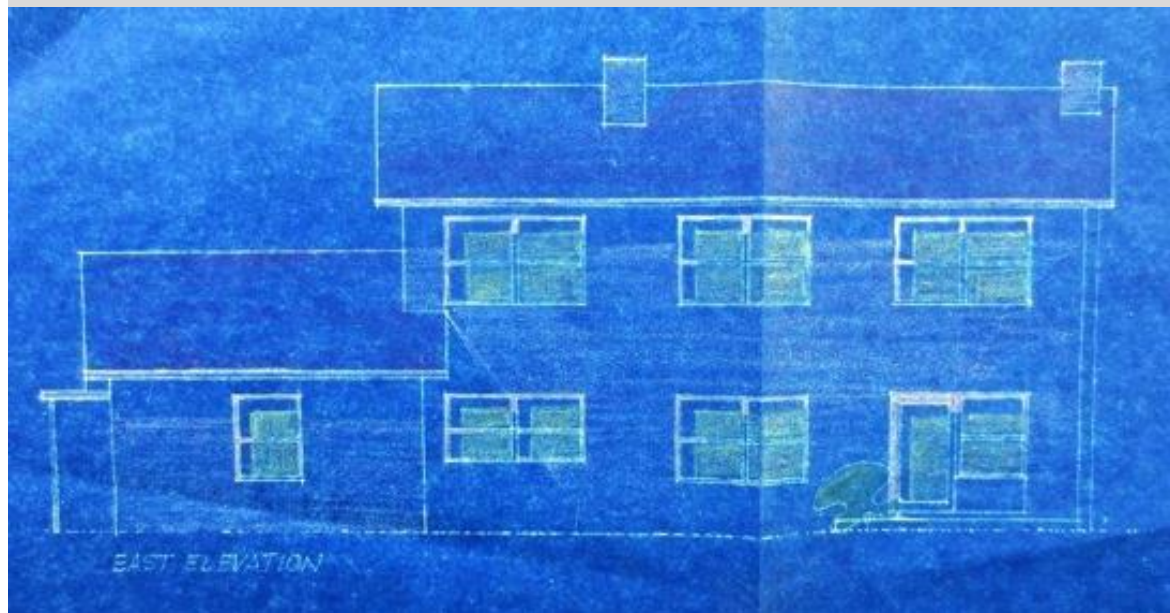
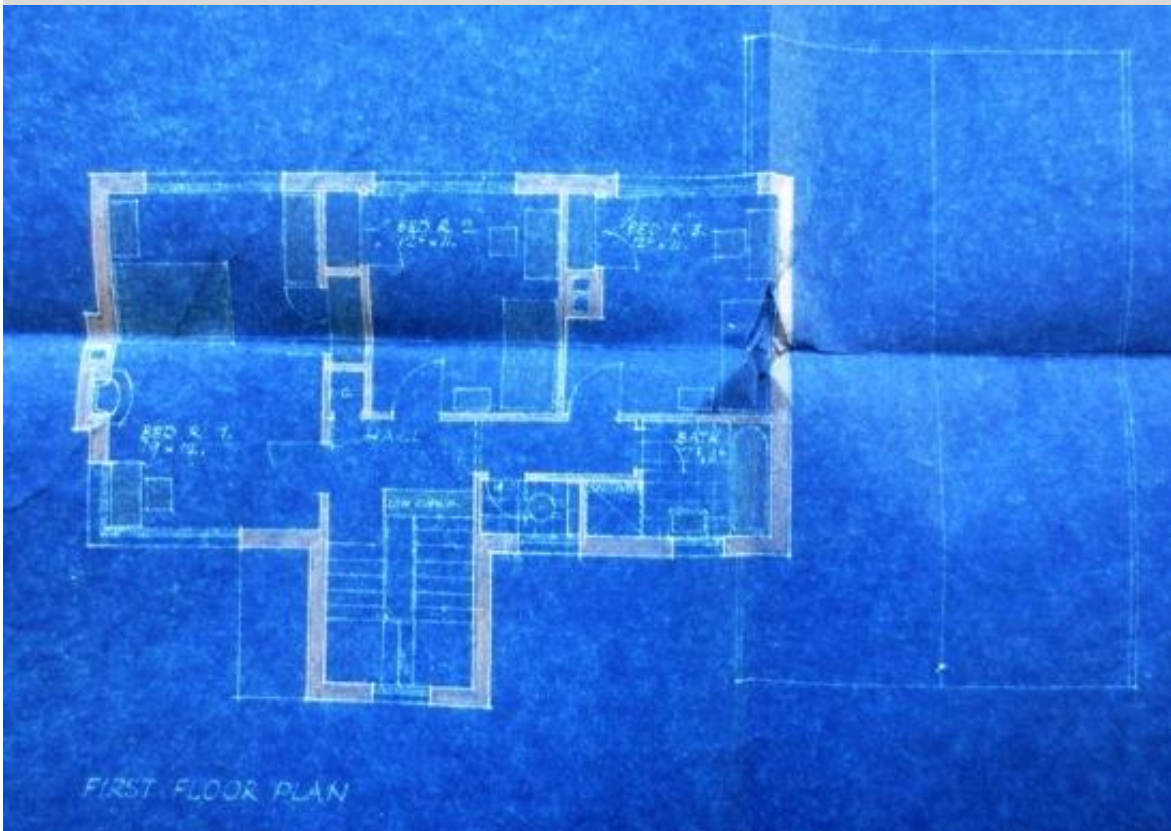


Figure 55. Excerpt from Leighton Irwin drawing dated 11 June 1942, showing the ground floor plan of the Medical Superintendent's Residence
Source: CRS A1928, item 504/49 Section 3



Figure 56. Excerpt from Leighton Irwin drawing dated 11 June 1942, showing the first floor plan of the Medical Superintendent's Residence

Source: CRS A1928, item 504/49 Section 3



Meanwhile, even before the new hospital had been made available to the Canberra community, proposals arose for the establishment of a dedicated facility for convalescing tuberculosis (TB) sufferers in the ACT. At a meeting of the ACT Advisory Council on 16 December 1942, Nott pointed out to his fellow council members that there was no such facility in the ACT and that TB convalescents in the ACT had to seek accommodation in ‘overcrowded T.B. hospitals elsewhere.’ By this, he meant in NSW. Under a 1932 agreement between the Commonwealth and NSW Departments of Health, ACT residents suffering from TB were admitted to sanatoria in NSW for their treatment. Nott now advocated the provision of a ‘small cottage’ to take in local TB convalescents. He envisaged that the cottage,

‘...would not be for nursing, which could be done in the infectious ward [ie. the Isolation Block] of the hospital when necessary, but would provide comfort and convenience for those patients who could sit about in the sun or potter about in the garden, where they could have the rest and care which was so necessary.’

In line with prevailing notions of fostering the recovery of TB sufferers by exposing them to bracing, fresh air, usually at altitude, Nott initially favoured the establishment of the cottage on Mt Stromlo. Although he did not make reference to his preferred site in a motion he put to the Advisory Council, its members unanimously supported his call for a special TB facility. (CT, 17 December 1942, p. 3; 1 June 1943, p. 3; Proust 1994, p. 145)

Despite the fact that it was the Christmas season, the Minister for Health, Senator J M Fraser, took an immediate interest, requesting from the Hospital Board the numbers of TB cases in the ACT and asking whether they could be accommodated in the new hospital.

His interest probably derived from changes brought about by the war. Through regulations introduced under the *National Security Act*, the Commonwealth gained powers and responsibilities in relation to infectious diseases like TB and VD (venereal disease) such as it never possessed in peacetime – a development, incidentally, that would not have been displeasing to Cumpston. The Commonwealth's new role would lead to an agreement between it and the states in 1943 to cooperate in controlling TB and VD, particularly as it was reported during the year that the nation had a deficiency of nearly 3,000 hospital beds for TB patients. In short, there was good reason for the Minister for Health and no doubt Cumpston to react quickly and positively to Nott's proposal. (CT, 12 January 1943, p. 4; 21 January 1943, p. 4; 14 July 1943, p. 2; 12 November 1943, p. 3; 7 December 1943, p. 2; Beddie 2001, p. 38)

Nott, however, was opposed to TB sufferers being housed in the new hospital, as he thought the treatment facilities available in it were 'shockingly unfair' to both them and the nursing staff. TB patients, he said, were 'confined to a dark sunless verandah and were mixed with other infectious diseases' (presumably in the Isolation Block). In response, the Hospital Board under the chairmanship of Archdeacon C S Robertson, Rector of St John's, advocated the conversion of the old isolation block in the former hospital into a 'rest home' for TB cases. This suggestion soon lapsed when the old building was found to be unsuitable for the purpose. Local medical practitioners thought that a stand-alone facility should be made available for TB sufferers either in the grounds of the new hospital or, failing to appreciate the risk of fire, among the ACT's pine forests. A resolution of sorts was reached at a meeting in May 1943 involving Cumpston, Nott and Dr A Murphy, who was in charge of TB treatment and research in NSW. Agreeing that a building with two 4-bed wards would be sufficient, they expressed their preference for a site near the new hospital 'at the rear of the Red Cross workers' room that had recently been built at Acton.' (CT, 27 March 1943, p. 4; 6 April 1943, p. 4; 1 May 1943, p. 3; 15 May 1943, p. 4)

Though there was now general agreement that the proposed TB block would be erected in the grounds of the new hospital, this was not quite the end of the matter. In August, the Town Planning Committee recommended a site at the old hospital, but then swiftly changed its mind in favour of a site 'in close proximity to the present isolation block.' Responsibility for drawing up plans for the building was then handed to the architects of the Department of the Interior. Leighton Irwin was evidently not considered, probably as a cost-saving measure and because the design was to be for a relatively small and simple structure. In any case, Irwin had probably had enough of the department. Departmental staff completed plans for the building in October 1943 and they were presented to the Hospital Board in December. The Board deferred considering them, however, until they had received a report from Nott. (CT, 21 August 1943, p. 4; 1 September 1943, p. 2; 19 October 1943, p. 4; 21 December 1943, p. 3; Figure 57)

When Nott eventually delivered his report in March 1944, he was highly critical of the plans. They represented merely 'an extension to the isolation ward, not a T.B. sanatorium', he charged, while no provision was made for 'sun rooms, dressing facilities, theatre or recreation.' The building, moreover, was to include wide balconies which, he claimed, presented 'sterilising difficulties'. In view of the criticisms, the Hospital Board referred the matter on to the Department of Health, enclosing Nott's recommendation for a separate sanatorium building. The criticisms were accepted and, in May, staff of the Department of the Interior produced new plans for a stand-alone 16-bed facility to be built on a site adjoining the Isolation Block. Nott, the Matron of the hospital, Jean Bennett, and the Board all quickly approved the plans, but they had received no information as to when a start might be made on construction. This question was very soon to be settled by a

tragic event in the Isolation Block. (CT, 18 March 1944, p. 4; 13 May 1944, p. 4; Figures 58 and 59)

In late June 1944, a 7-year old girl named Maureen Traynor contracted two infectious diseases at the hospital, the first in the children's ward and the second after she was transferred to the Isolation Block. Despite being treated with penicillin which had just been introduced to Canberra, she died on 1 July 1944. Nott laid the blame for the fatal cross infections on 'the overcrowding of a badly designed, inadequate isolation ward which was not isolation in any sense of the word.' Such was the pressure on the ward, he noted, that beds had had to be placed in corridors, while three times during the year already doctors had been asked to stop sending more patients to the Block (CT, 24 June 1944, p. 2; 3 July 1944, p. 2; 6 July 1944, p. 2). Turning to TB cases, he declared that the accommodation for them,

'...was inadequate, unsuitable, and overcrowded. During winter, the patients sat under the ice-cold balcony or huddled together in a small boiler-room on kitchen chairs, the chronic cases with the infectious cases. Their alternative was to stay in bed. They used the same corridors as the nurses, and had little or no chance of recovery.'

The overcrowding in the Isolation Block, the mixing in of TB cases with other infectious disease patients and, above all, the death of Maureen Traynor provided powerful incentives for getting on with the building of the TB Block, in part to relieve the pressure on the Isolation Block. Only four days after Miss Traynor's death, the Health Minister Fraser prepared a minute for federal Cabinet which requested immediate funding to build a TB Block for the hospital. It was approved by Cabinet a week-and-a-half later. Already, by this time a site had been pegged out on the ground for the building and, on 12 August, tenders for construction were called. This was not a moment too soon because two other cross infections had occurred in children in the hospital earlier in the month. The building contract was awarded to the local Canberra construction firm, Simmie & Company, in early October for a sum of £14,288. With the contract stipulating that the building had to be completed in six months, the contractors immediately set to work in laying the foundations. (Senator J M Fraser, Agenda No. 688, Item No. 21, for Cabinet, 'Canberra Community Hospital: Infectious Diseases', 5 July 1944, CRS A2700, item 688; Simmie & Co., 'Specification and Bill of Quantities and Estimate for Proposed Tuberculosis Block at Canberra Community Hospital Canberra A.C.T.' 22 September 1944, CRS A295, item 954; CT, 15 July 1944, p. 2; 5 August 1944, p. 2; 12 August 1944, pp. 2, 3; 6 October 1944, p. 3)

The momentum was soon lost, however. After two courses of bricks were laid down, work came to a standstill. It is probable that the project was bedevilled by the same shortage of labour and materials that had delayed construction of the original Isolation Block. Work proceeded at snail's pace through 1945 and 1946. In January 1947, the project was finally completed, except for the installation of sterilisers and, in their absence, the Hospital Board refused to accept the building from the Commonwealth as it could not be used. The sterilisers were eventually supplied, but then there were problems in finding qualified staff for the building. In late December 1947, a government Minister, Arthur Calwell, announced that nine nurses and nurse assistants would staff the new block. It was apparently in operation soon afterwards. The opening of the ward was timely because it coincided with the commencement of an ambitious new program by the Commonwealth in 1948 to eradicate TB from Australia within 20 years. (CT, 16 December 1944, p. 4; 23 March 1945, p. 3; 23 July 1945, p. 2; 15 September 1945, p. 2; 8 June 1946, p. 2; 11 January 1947, p. 2; 24 December 1947, p. 4; 6 March 1948, p. 2; 19 March 1948, p. 4; 16 July 1948, p. 4; Beddie 2001, pp. 46, 51-2; Proust 1994, pp. 63, 83-4, 184)

Figure 57. Plan no. 15232 of the proposed TB Block drawn by C R Winter, Department of the Interior, and dated 23 March 1944 – not constructed as shown

Source: CRS A471, item 15232

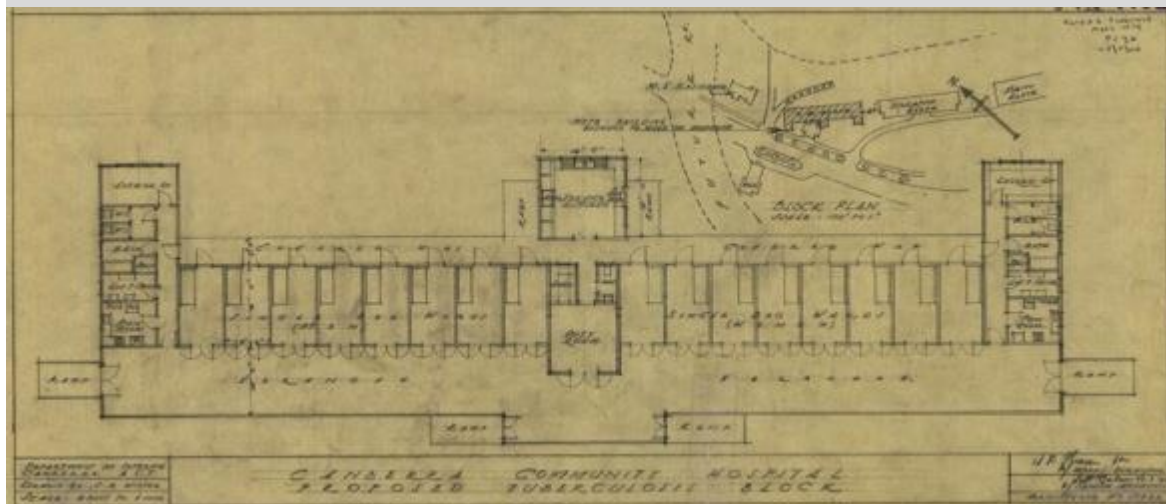


Figure 58. Plan no. 15322 of the proposed TB Block drawn by the Department of the Interior and dated by the National Archives to 1941, but probably 1944 – not constructed as shown

Source: CRS A471, item 15322

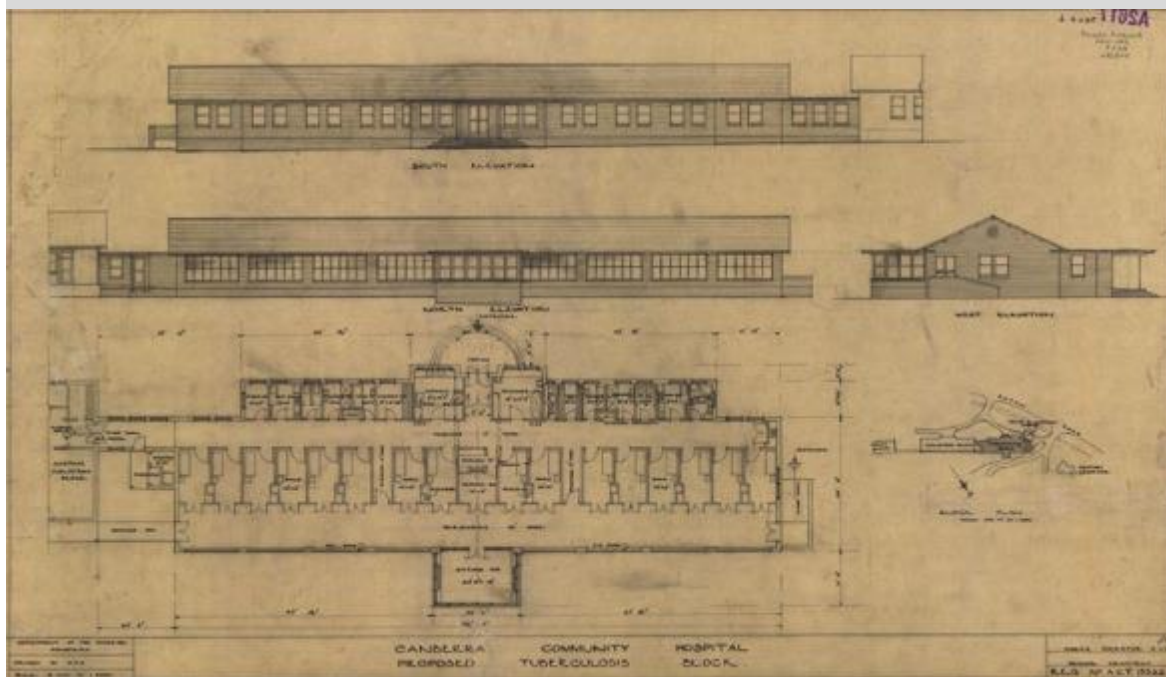
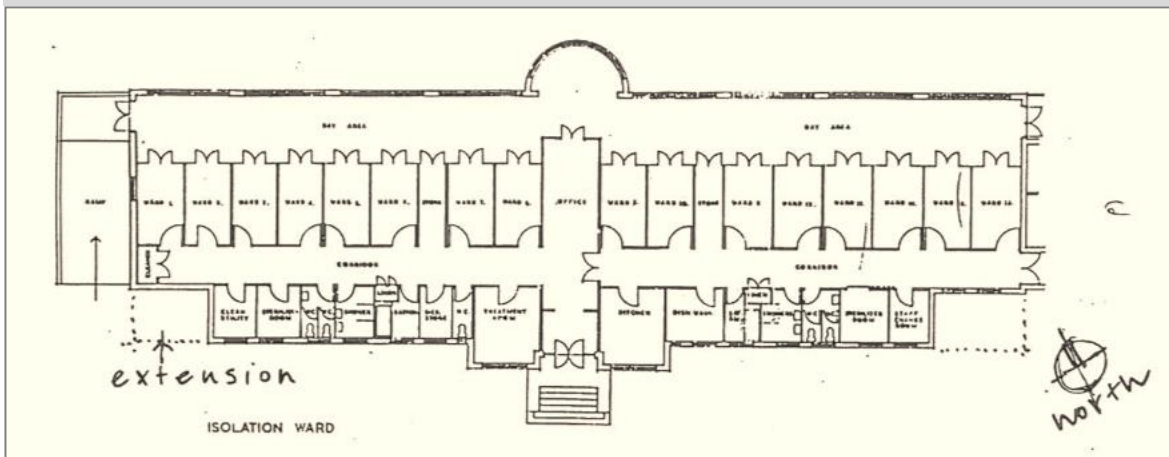


Figure 59. Plan of TB Block – thought to show the final original layout

Source: Freeman Collet & Partners and others 1993, vol. 3, p. 49



The Buildings in Use

After their erection in the 1940s, the three buildings – the Isolation Block, Medical Superintendent's Residence and the TB Block – largely served the purposes for which they were built during the ensuing decades in which the hospital operated on Acton Peninsula. This was especially the case with the Medical Superintendent's Residence which was the home for successive superintendents and their families until the hospital's closure. The other two buildings underwent rather more changes.

In August 1946, the Radio Section of the Department of the Interior installed a radio intercommunication system in the Isolation Block which, it was claimed, was unique in the southern hemisphere. The system was devised by an officer of the department, Matt Fowler, to facilitate the operation of the ward. Another such system existed at the Prince Henry Hospital in Sydney, but its uses were much more restricted in comparison to the system in the Isolation Block of the Canberra Hospital. It was probably this same system that was transferred to the TB Block in 1949 as a particular help to the work of the nursing staff. As the TB Block was at some remove from the rest of the hospital, a radio calling system for nurses would have been almost essential. (*CT*, 17 August 1946, p. 3; 26 June 1949, p. 4)

There were other changes outside the Isolation Block and later the TB Block which probably did not make any aesthetic contribution to their appearance, but which were thought necessary from a medical viewpoint. Shortly after it was completed in 1942, the Isolation Block was surrounded by a single-wire top-rail fence apparently to delineate its isolation status. Nott and the Hospital Board thought the fence ineffective in keeping out prowlers and preventing infectious patients mingling with visitors. They wanted the Department of the Interior to erect wire meshing across the verandahs of the block and to replace the surrounding lawns with gravel probably so that the footsteps of any intruders could be heard crunching on the ground at night. The department refused. In mid-1944, the Board returned to the subject, one of its members saying that an 8-foot high cyclone fence was needed around the block. The Board was told that the plans for the just-approved TB Block included perimeter fences for the Isolation Block and presumably for the new block as well. Following the Board's representations, a post and netting fence was put up around the Isolation Block in late August 1944. It was probably intended as a temporary measure since new fences were erected around both blocks seven years later, in August 1951. (*CT*, 29 May 1943, p. 4; 26 June 1943, p. 4; 29 July 1944, p. 2; 25 August 1944, p. 3; 14 August 1951, p. 3; Department of the Interior, Works Requisition, 8

August 1944; and W. E. Potts to Executive Member, NCP&DC, 2 September, 1948, both in CRS A431, item 1956/777; CRS A292, item C5956 Part 4)



Figure 60. The eastern frontage of the Isolation Block and the TB Block at the end (right) in the late 1940s

Source: Newman and Warren, Royal Canberra Hospital: An Anecdotal History of Nursing 1914-1991, p. 130

The Isolation Block proved of value in controlling outbreaks of infectious diseases. In the period August-October 1950, Canberra experienced a serious outbreak of poliomyelitis. The patients were admitted to the Isolation Block and, while one patient sadly died, the action succeeded by December in limiting further spread of the disease in the population. Thereafter, only a few sporadic cases occurred up until early 1953. Tragically, another case occurred in 1954 when a nurse at the hospital, Judith Shakespeare, contracted the disease in a virulent form and died. The block was also of use when the 1957 worldwide outbreak of *Staphylococcus aureus* ('golden staph') reached Canberra in 1958. Very strict control measures were instituted at the hospital, including the isolation of affected patients, in order to control the spread of the infection from ward to ward. (Proust 1994, pp. 146, 174, 199; Newman & Warren 1993, p. 156)

The TB Block, too, proved its worth. As part of the Commonwealth's plan to eradicate the disease from Australia, a compulsory survey of TB among inhabitants of the ACT and Queanbeyan was conducted in 1953. The survey resulted in the daily average of TB patients in the Block rising from seven to fifteen, and it was thereafter 'quite full' in the mid-1950s. Every Friday, the hospital's Director of Tuberculosis made a ward round of the inpatients and reviewed outpatient cases, with nurses giving the TB sufferers injections of streptomycin. The inpatients found their isolation in the TB Block very tedious and, in order to ease some of the boredom, the solarium was used for occupational therapy. A Miss Shepherd, who was a part-time librarian and occupational therapist, attended the block where she taught the inmates a range of craft skills. Underlining the important role that the Isolation and TB Blocks played in the hospital, the Department of Works let a contract worth £11,314 to builders Burden & March in May 1959 for additions and alterations to be made to the two buildings. (Newman & Warren 1993, pp. 144, 152, 190, 197; CT, 2 May 1959, p. 3)

With the introduction of better detection techniques, antibiotics and vaccines, the incidence of many infectious diseases was in steep decline. Such diseases as poliomyelitis, diphtheria and TB were not the threat to the community that they had been in the past. While the Isolation and TB Blocks were 'equally divided' into TB and infectious disease cases at the end of the 1950s, their roles were on the verge of changing, in the sense that they were coalescing. Some indication of this arose in 1963 when, in response to the occurrence of some cases of typhoid in Australia in the early 1960s, the hospital's Medical Superintendent, Dr A S Lane, issued a reassuring statement that the hospital could 'fairly comfortably' handle outbreaks of typhoid and smallpox by using the

Isolation and TB Blocks. There had in fact been a minor outbreak of typhoid in Canberra in 1954, while two years after Dr Lane's statement the hospital had to deal with a case of typhoid in a young girl. (CT, 22 January 1963, p. 6; 25 February 1965, p. 6; Newman & Warren 1993, p. 196; Proust 1994, p. 146)

By the 1970s, there were very few TB patients left in the hospital, implying that the TB Block had come to be used as an extension of the Isolation Block for infectious disease cases. This seems to have been the case in the winter of 1970 when the hospital had to cope with an epidemic of gastro-enteritis in Canberra. In March the following year, the patients in the Isolation Block, including probably those in the TB Block, were moved out for a period of sixteen weeks while major renovations were carried out to the buildings. Because of the low numbers of TB patients, the use of the solarium for occupational therapy was discontinued in the mid-1970s. During the decade, most of the cases accommodated in the Isolation/TB Block were sufferers from gastro-enteritis, hepatitis and meningitis. (CT, 27 March 1971, p. 8; Newman & Warren 1993, pp. 271, 289)

Closure and Re-use

As early as the mid-1950s, concerns were expressed by none other than John Overall (later first Commissioner of the National Capital Development Commission), then Chief Architect of the Department of Works, about the long-term viability of the Canberra Hospital on Acton Peninsula. He thought that the site was too small to permit the expansion of the hospital to a size that would enable it to cater to the capital's growing population. Despite the reservations of Overall and others, a major program of expansion and rebuilding was carried out on the hospital in the period 1961-67 which increased its bed capacity from 285 in the late 1950s to 499 – it would eventually rise to 600. In the same period, however, the federal government decided to build a new hospital in the Woden Valley and gave in-principle approval for the construction of another hospital at Belconnen. In the words of Alan Foskett, who became the Deputy General Manager of ACT Health Authority in the 1980s, these decisions 'sealed' the fate of Canberra Hospital. Woden Valley Hospital duly opened on 1 May 1973 and the first stage of Calvary Hospital on 2 March 1979. The opening of Woden was followed by a drift of services to it from Canberra Hospital, while Calvary's opening led to bed closures and staff reductions at Canberra. (Proust 1994, pp. 111, 115, 192-3, 228, 229, 232, 237)

During the 1980s, the future of the hospital was the subject of much debate. In January 1987, there was a proposal to demolish the Isolation Block, together with the Obstetrics and Paediatric wards, as it was considered that they 'did not lend themselves to reconstruction and modernisation'. But in a typical reversal of the era, the Isolation Block was upgraded and refurbished at substantial cost in 1988! After further debate and reversals of decisions, the ACT Government, which was now responsible for such matters following self-government, finally decided to close the hospital down. This occurred on 27 November 1991. Pending a resolution as to whether to demolish or reuse the hospital buildings, they were abandoned and left vacant. In the case of the Medical Superintendent's Residence, squatters soon moved into it. They were evicted in October 1992 and an officer of the ACT Department of Health moved in as a temporary measure to act as a *de facto* caretaker. (Newman & Warren 1993, pp. 360-1; Proust 1994, p. 233; CT cuttings, 7 January 1992 and 28 August (?) 1993, in Canberra & District Historical Society [CDHS] file 'Royal Canberra Hospital')

By 1994, the Commonwealth had its eyes on the abandoned hospital site as the permanent home for the National Museum of Australia. This was resisted by the ACT Government of the time which favoured the use of the vacant Isolation and TB Blocks as a hospice for

terminally ill patients. In a move to forestall the National Capital Planning Authority's bid to claim the site for the National Museum, the ACT Government pushed on with the work of refurbishing the Blocks in 1994 to convert them into a hospice. It eventually opened in February 1995, though only on the basis of a 5-year lease agreement between the Territory and the Commonwealth. (*Northside Chronicle* cutting, 14 February 1994; *CT* cutting, 14 February 1995, both in CDHS file 'Hospice'; Figures 61-64)

It appears likely the interior of the Medical Superintendent's Residence was modernised in 1994-95 as part of the conversion of the buildings for the hospice, converting its use from residence to office accommodation. This may also have involved some interior layout changes, based on a comparison of the original and current plans. However, this has not been confirmed.

Figure 61. Plan of the former Isolation Block after demolition work for the hospice and prior to the interior fitout, 1994

Source: Eric Martin & Associates 2003, p. 19

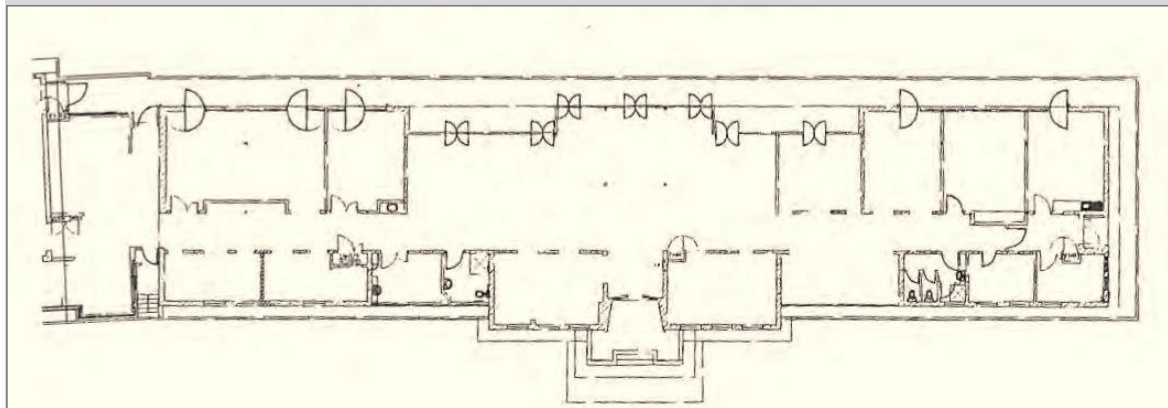


Figure 62. Plan of the former Isolation Block after conversion to a hospice, 2002

Source: Eric Martin & Associates 2003, p. 19

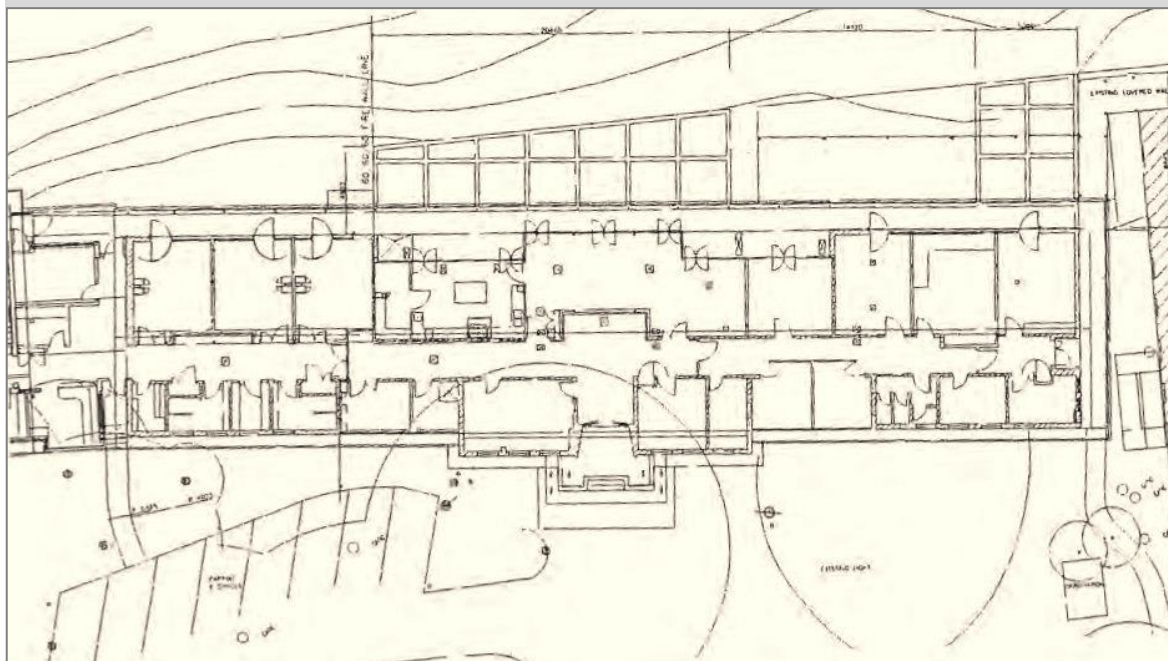


Figure 63. Plan of the former TB Block after demolition work for the hospice and prior to the interior fitout but with new chapel and ramp added, 1994

Source: Eric Martin & Associates 2003, p. 16

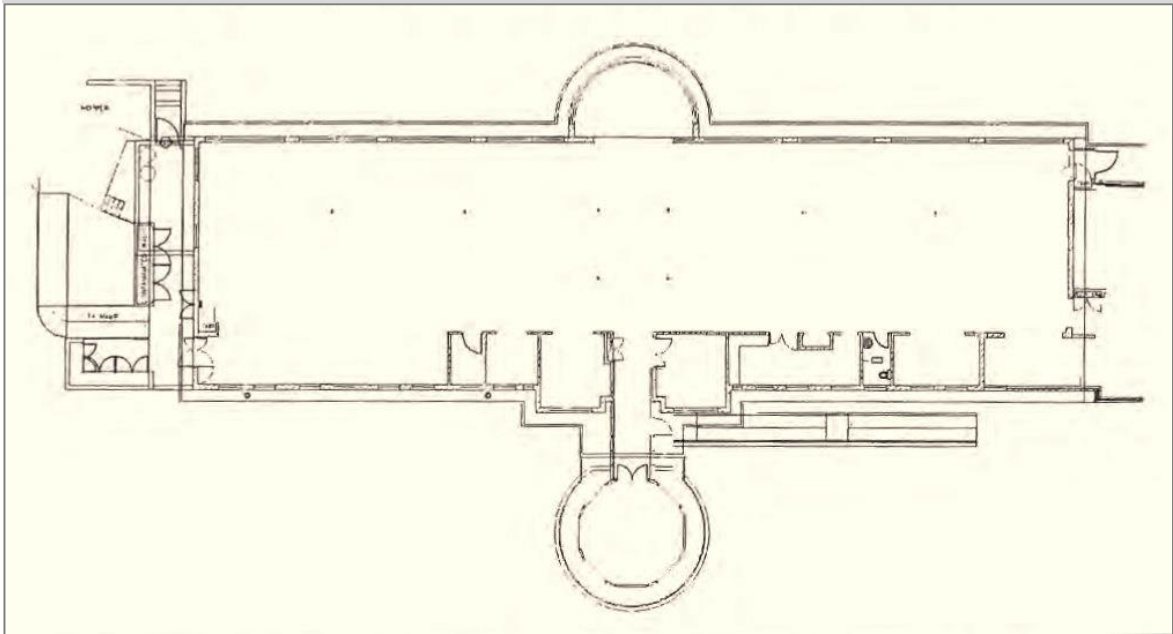
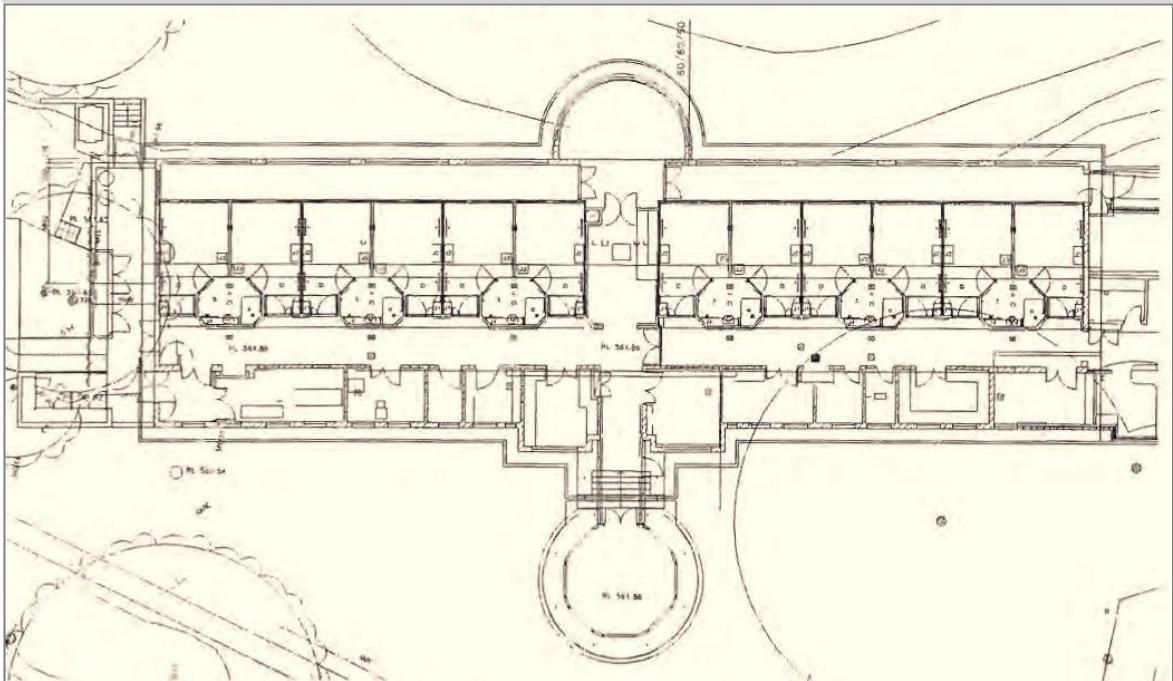


Figure 64. Plan of the former TB Block after conversion to a hospice, 2002

Source: Eric Martin & Associates 2003, p. 16



In the same month that the hospice opened, a new ACT Government came to power and entered into negotiations with the Commonwealth for the National Museum and the Australian Institute of Aboriginal and Torres Strait Islander Studies to be established on the former hospital site. In May 1997, a land swap was concluded between the two governments under which the ACT gained the Kingston foreshore area for redevelopment and the Commonwealth gained the Acton Peninsula for the museum and AIATSIS. The National Capital Plan was amended so that the peninsula's use was changed from 'Community Use' to 'National Capital Use'. In preparation for the building of the museum, the main part of the hospital was demolished in a bungled implosion in July

1997, debris from the detonation tragically causing the death of a Canberra teenager, Katie Bender.

The hospice in the old Isolation and TB Blocks closed down at the end of 2000 and, on 11 March 2001, the National Museum of Australia was officially opened.

As part of the refurbishment for the National Museum, the interiors of the former Isolation Block and TB Block were substantially modernised, with little remaining of their original interior layout or fabric. The interiors had already been updated as part of the conversion to hospice use in around 1994. This is based on the known but incomplete plans of the buildings compared to the current buildings, as well as the physical inspection for this report. However, the records so far identified are incomplete.

In addition, an extension was constructed by the National Museum on the southeast end of the former Isolation Block, which was completed in 2006. This was subsequently demolished, and the current extension in the same location was completed in 2013. (email from Peter Harkness, 16 January 2015)

Further minor internal alterations were made to the former Isolation Block and TB Block in about 2011-12, with a major new refurbishment in 2014.

The Isolation Block and TB Block were occupied by the museum, serving respectively as the Administration Annexe, the Library and the Centre for Historical Research. (CT cuttings, 29 June 1999 and 9 December 2000, in CDHS file 'Hospice') The National Museum vacated the buildings in 2017.

The roofs of the Isolation Block and TB Block were damaged in the severe hailstorm in early 2020.

All three buildings are currently vacant.

Conclusion

The site selected for the original Canberra Hospital at Acton was the work of Colonel David Miller, Secretary of the Department of Home Affairs and later Administrator of the Federal Capital Territory, in consultation with Dr William Perrin Norris, the Commonwealth's Director of Quarantine. Miller's fellow members of the departmental board appointed by O'Malley were probably also involved in the selection, at the least giving their approval to it. The site chosen was that reserved for an isolation hospital on the board's 1912 plan for Canberra. However, the site on which the new hospital was erected in the 1940s was the one that Walter Burley Griffin had originally designated for it in his city plan. It owed nothing to the board's plan, nor to the decision of Miller and Norris to build the original temporary hospital in accordance with that plan. The impulse to have the new hospital built on the site Griffin indicated for it came from Dr J H L Cumpston, the Commonwealth's Director-General of Health, and the members of the Hospital Board at the time, with perhaps some input from the Medical Superintendent, Dr O Mater, and the Matron, Miss G H Lade.

It was again primarily due to Cumpston that Leighton Irwin was engaged to design the new hospital and that the drawn-out process of construction was seen through to the end, even though Cumpston's personal preference was for low-rise hospitals built of cheap materials. When completed, the hospital reflected the latest American and European design principles that Irwin incorporated in his hospitals, as well as including the most

modern scientific and technical equipment. The building of the Isolation Ward originated with a suggestion of Irwin's uncle, Major-General Rupert Downes, who noticed that the early plans included no isolation ward for infectious disease cases. The provision of a Medical Superintendent's Residence had its origin in a view put forward by Mrs R T (Patricia) Tillyard, a member of the Hospital Board, that the hospital would never be able to retain a Medical Superintendent until such a residence was provided. The residence was built to a design by Irwin, but was considerably influenced by the Medical Superintendent of the time, Dr Lewis Nott.

It was at the instigation of Nott, too, that the first steps were taken towards erecting a TB (tuberculosis) Block. Though probably fortuitous, his timing was good as the Commonwealth gained new powers during World War 2 to control TB in the population, and the matter was taken up by Cumpston. The building was designed by architects of the Department of the Interior, though Nott, Cumpston, Matron Bennett and the Hospital Board all had some say in the design. The actual start to the erection of the building was a direct result of the sad death in the hospital in July 1944 of 7-year old Maureen Traynor from twin cross infections.

When it was eventually opened, the block played an important local role in the Commonwealth's campaign from the late 1940s onward to eradicate TB in Australia. For its part, the Isolation Block served an important function in controlling infectious diseases in Canberra, including outbreaks of poliomyelitis, typhoid and 'golden staph'. With the retreat of TB in Australia, the TB Block was effectively amalgamated with the Isolation Block to form a single ward for the isolation and treatment of sufferers from such diseases as gastro-enteritis, hepatitis and meningitis. Later, after the closure of Canberra Hospital, the two Blocks fulfilled a valuable role for five years in the latter half of the 1990s as a hospice for terminally ill patients.

Summary of Changes to the Buildings

The history of physical changes to the three surviving hospital buildings is not well known, with limited documentary evidence having been found about these changes. A summary of known or surmised changes is provided below.

Former Isolation Block:

- Connection to former TB Block at northwest end (date unknown).
- Minor addition to southwest corner (date unknown).
- Minor extension to northeast side, either side of central projecting bay (date unknown).
- Interior demolition work as part of conversion to hospice, 1994, including removal of walls, especially in the central section on the northeast side, and new fitout work. (See Figures 61 and 62)
- Interior modernisation as part of conversion to offices for the National Museum of Australia, after 2000. This appears to have involved demolition of much of the hospice fitout, especially on the northeast side of the corridor.
- Extension to southeast end, 2006.
- Minor internal changes in about 2011-12 – removal of some joinery, sections of internal walls and several doors, and some new joinery, new internal walls creating several new spaces, and new doors.
- Demolition of extension and new extension/connection to modern NMA building on southeast end, 2013.

Former TB Block:

- Minor additions to southwest and southeast corners (date unknown).
- Alteration to the northwest end (loading dock?) for service area (date unknown, possibly as part of conversion to hospice, 1994-95). The adjacent butterfly roofed bin shelter and cooling tower enclosure may also date from this period.
- Major interior demolition work as part of conversion to hospice, 1994, including removal of most walls, except on the southwest side – central and southeast end, and new fitout work. New chapel and ramp on southwest side. (See Figures 63 and 64)
- Interior modernisation as part of conversion to offices for the National Museum of Australia, after 2000. This appears to have involved demolition of much of the hospice fitout, especially on the northeast side of the corridor.
- Minor internal changes in about 2011-12 – removal of some joinery, sections of internal walls and several doors, and some new joinery, new internal walls creating several new spaces, and new doors.

Former Medical Superintendent's Residence:

- Interior modernisation, apparently as part of 1994-95 conversion of the former hospital buildings for a hospice. Possibly including: subdivision of ground floor northwest room (Room 1), conversion of garage, conversion of ground floor bathroom and toilet into a single toilet, and change to upstairs bathroom layout.
- At some stage it appears a number of interior and exterior doors have been closed up/panelled over, and a window converted to a door.

2.5 AESTHETICS

This section considers evidence of possible aesthetic value related to both community valuing and expert values.

Community aesthetic value

Introduction

The Commonwealth Heritage definition of aesthetic significance under criterion I is,

‘The place has significant heritage value because of the place’s importance in exhibiting particular aesthetic characteristics valued by a community or cultural group’

Aesthetic value is the emotional response by individuals to a place or natural or cultural elements within it (Ramsay 1993). While visual elements such as outstanding landforms, or compositional qualities are often preferred in understanding aesthetic value, non-visual attributes (eg. sound, smell or particular understandings about the place) which evoke response, feeling or sense of place can also be valued as aesthetic characteristics. Aesthetic value is, in essence, triggered by the experience of a place.

Emotional response to place can be either positive or negative, though again the former is more commonly documented. Examples of responses which indicate aesthetic value might include awe, inspiration, a sense of peace, mystery or fear.

Research into aesthetic responses can involve direct consultation (eg. interviews, surveys), observation and research into the expression of aesthetic values through art, poetry, photography, and literature, and in popular culture through expressions such as community art and snapshot web sites.

Cultural features or landscapes, natural features of landscapes with evocative qualities and other symbolic or associated meanings that are recognised by and regarded as outstanding by community groups might also provide examples of aesthetic qualities.

To avoid overlapping information on the shared approach for social and community aesthetic significance, the evidence for both is presented in Section 2.7 below, with the summary of specific outcomes for community aesthetics presented here.

Summary of Community Aesthetic Value

Evidence of community aesthetics, presented in Section 2.7, draws from desktop research, a review of existing sources, interviews and an online survey. To summarise, community aesthetic values held by individuals with connections to the Acton Complex is strong.

The Acton Complex is an important landmark for the Canberra community’s identity and sense of itself. It inspires an emotional response concerning community history and personal life experience. The former hospital buildings and their curtilage evoke strong feelings of nostalgia for the hospital community. The hospital community and the contemporary Acton Peninsula community have special attachment to the overall ambience of the Acton Complex, which combines exotic mixed tree planting, sweeping lawns, gardens, heritage buildings and lakeside views. The buildings and surrounding natural landscape have been appreciated aesthetically as such by the Canberra community for decades.

In addition, a previous heritage assessment of Lake Burley Griffin, which included community aesthetic value research, found that,

‘Lake Burley Griffin is considered to have outstanding heritage value to the nation in its own right as a designed landscape with outstanding aesthetic qualities.’ (Godden Mackay Logan 2009, p. 180)

Although the study area for the lake assessment did not generally include the land adjacent to the lake, none the less the lake edge plantings were identified as a significant attribute. Accordingly, previous research supports the claim of that the Acton Peninsula edge plantings have aesthetic value as part of the lake landscape for the Australian and Canberra communities (Godden Mackay Logan 2009). The mature exotic trees are significant for their contribution to the overall aesthetic values of Lake Burley Griffin.

Expert aesthetic value

Buildings

The former TB and Isolation Wards have similar stylistic qualities in terms of overall form and materials, with some variation in details or features. The former TB Ward features the semi-circular former sitting room on one side and the octagonal former chapel on the other. The entrance porch to the former Isolation Ward, and the square grid windows are also expressive features. There is a general sense of austerity, perhaps related to the Inter-War Functionalist style (Apperly, Irving & Reynolds 1989, pp. 184-7). However, there are few, if any of the formal indicators of this style.

The former Medical Superintendent’s Residence displays the following indicators of the Inter-War Functionalist style:

- asymmetrical massing (key indicator);
- cantilevered hoods;
- stairs expressed by vertical emphasis; and
- corner windows (Apperly, Irving & Reynolds 1989, p. 186).

Additional style features of the former residence are the porthole window and gable vents.

Trees and Garden Areas

As noted under the community aesthetic value text above, the trees generally provide an attractive landscape setting, especially for the buildings. They also make a contribution to the lake shore landscape. The trees provide an enclosing screen along the northeastern lake shore, especially for the former TB and Isolation Ward buildings. Immediately on the southwestern side of the former wards is a mass of mature trees which provide a shady canopy for the buildings and the adjacent lawns and driveway leading to the buildings. The mature trees and especially the tall hedge at the former Medical Superintendent’s Residence also provide a strong sense of enclosure and privacy for this building.

It is difficult to identify any aesthetic value in the herbaceous and smaller woody species unless some more definite evidence of what was originally planted in the gardens becomes available.

With regard to the remaining trees, these are mostly street plantings. The pattern of plantings is weakened by gaps and the remaining trees themselves make only a modest contribution to the streetscape.

2.6 SCIENTIFIC VALUE

Aboriginal Archaeological Potential and Outcomes

The extensive disturbance to the area caused through the construction of Lake Burley Griffin, as well as the museum, AIATSIS and a large range of additional activities and buildings over the last 150 years, has all but destroyed the natural landscape of this section of the Molonglo River valley and thus the Aboriginal archaeological record within it. As such, any Aboriginal sites or artefacts able to be identified in the area are likely to be out of context and may not have originated within the area.

In this context, the Aboriginal archaeological potential of the Acton Peninsula study area is assessed as being low. The potential for stratified sub-surface deposits or potential archaeological deposits (PADs) is also extremely low.

As predicted, no Aboriginal archaeological sites were located within the study area, which is assessed as having little or no potential to retain intact subsurface deposits due to the high level of disturbance to the natural landscape exhibited across the area.

However, should any sites survive within the study area, the findings of the extensive body of work previously undertaken within the ACT, and especially along the Molonglo River, indicates that the most common sites likely to be found within the study area are isolated finds and artefact scatters ranging from low to high density sites. Previous archaeological research in the region indicates that the majority of artefact scatters are located in close proximity to a watercourse, on relatively level and well-drained ground. Larger open artefact scatters (representing more intensive activity, such as regular camp areas), tend to be located on level, elevated landscape features, with good drainage, protection from the elements and in close proximity to (ie. within 500 metres of) major watercourses. The most common areas are the elevated basal slopes of hills, the level spines of spurs (around the termination point of the spur), or on elevated sand bodies. Site and artefact densities are also comparatively high on the spines of major ridgelines. These ridgelines are thought to have been utilised as favoured travelling routes through the landscape, and these sites are generally assumed to be representative of this activity. By comparison, isolated artefacts may be found distributed across most landscape types and this is the site type most likely to occur within the study area.

In summary, whilst it is clear that large numbers of archaeological sites of both economic and cultural/spiritual significance to Aboriginal people once populated this area, there is no longer any physical evidence of these sites. No Aboriginal sites were identified during the current study, or during the previous two archaeological assessments of the broader study area (Walshe 1993; Huys and Johnston 1997). As such, no scientific values are identified for the Aboriginal archaeology (or lack thereof) of the study area.

Historical archaeology

Background to Early European Lime Production

The richness of the limestone deposits located in Acton were noted by Lhotsky (1834) during a geological reconnaissance of the area (O'Keefe 1994, p. 15). However, it is thought that local limestone was already in use in the area prior to this. Surveyor Robert Hoddle confirmed the existence of a limestone quarry in the 1830s, with the quarry recorded as being located at a limestone outcrop at Acton (Colville 2004; O'Keefe 1994, p. 17).

Shumack (1977, p. 88) mentions the first limekiln business in the area as having been run by ‘Canberry Tom’ or Thomas Sayersbury, using a limekiln located on the Molonglo River. The exact location of this site has yet to be identified. However, using a series of arguments relating to the history and nature of early European settlement in the area and an absence of Thomas Sayersbury’s in the historical records, O’Keefe (1994, p. 16) convincingly argues that Thomas Salisbury, a 32 year old convict assigned to Robert Campbell of Duntroon was likely to have been the first limekiln business owner.

Robert Campbell’s ‘Limestone Cottage’ – later renamed ‘Duntroon House’ – was the first stone residence in the district and was built by Campbell in 1833. O’Keefe (1994, p. 17) suggests that lime was most likely first produced in the region for its construction, with the lime kiln and quarry both located on his land and operated by one of his convict assistants. Three lines of evidence support this argument: Shumack’s recording that ‘Canberry Tom’ first began operating a limekiln business in the early 1830s, Hoddle’s recording of an existing quarry in the area in 1830, and the fact that Campbell had the means to construct his homestead and therefore the need for lime, at this time. Consequently, O’Keefe argues that the Molonglo River limekiln is more likely to have been the second kiln worked by ‘Canberry Tom’, with the first kiln located near the limestone outcrop at Acton.

The kiln located on the Molonglo River would almost certainly have been located on the property of Campbell’s brother in law by marriage, George Thomas Palmer, with the property also containing three separate limestone deposits along the banks of the river (O’Keefe 1994).

According to Shumack (1977), ‘Canberry Tom’ held the monopoly on the lime industry until approximately 1860 when George Rottenbury set up a kiln in competition. Rottenbury was employed by Robert Campbell’s son Charles and stayed in the family’s employ for over 50 years, building most of the cottages on the Duntroon Estate. O’Keefe states that Rottenbury’s kiln ‘was located near the later site of the Acton Guest House [now Lennox House in the grounds of the Australian National University] and its remains were, until recently, visible just beneath the surface of the water on the northern edge of Lake Burley Griffin. The limestone burned was very probably taken from the same quarry site that had been noted by the surveyor Hoddle in the 1830s (1994, p. 18).

Agriculture along the Molonglo River plain focused on wool production, with large flocks of sheep tended, both day and night, by itinerant shepherds (GML 2009, p. 61). By 1841, the NSW Census recorded some 451 people living in the Limestone Plains, all of whom required housing and feeding. Over time, the land was cleared of trees to allow greater area for cultivation and as a supply of building materials for the small huts and outstations, which cropped up in addition to the main homesteads.

Settlement in the area of the current lake was focused between St John’s Church and Acton Station. St John’s Church was built in 1845, followed by a blacksmiths, courthouse and lockups at Acton. Over time, this area became crisscrossed with tracks as horse traffic and the use of heavy bullock drays increased. Through the mid 19th century, the area became renowned for wool and grain industries, as well as cattle and horses at larger properties such as Duntroon (GML 2009).

From the mid 1860s the Land Acts led to the establishment of fenced boundaries and by the 1890s mechanized agricultural technology became taking over from horsepower. However by and large, the area was generally a ‘quiet and picturesque backwater’ (GML

2009, p. 64), characterized by scattered farms and homesteads and a population that had to be self-sufficient for the vast majority of its dairy products, fruit, vegetables and materials.

However, the area saw great and rapid change following recommendations to the Commonwealth Parliament by Charles Robert Scrivener (1909) that the district be confirmed for the site for the Federal Capital. The decision to locate the National Capital within the Limestone Plains saw the Commonwealth Government resume ownership of lands there, leasing them back to the incumbents pending development (GML 2009). In 1912, Walter Griffin won the Commonwealth Government international competition for the design of the Federal Capital. In the year prior, the government acquired the property of Acton and established the Acton Administration and Social Centre, which comprised of both old and new buildings built overlooking the river flats.

By the end of 1924 over 1 million trees had been planted throughout the new capital, including extensive plantings around the proposed shape of the proposed lake. Some earthwork foundations for part of the West Basin and south bank of the Central Basin, along with the marking out of several main roads were also undertaken.

Agricultural leases were retained within the Molonglo River floodplain as the city was established around the shape of the proposed lake. Exceptions included the establishment of reasonable access to the river for the general public's recreational needs and the construction of a racecourse and tennis courts in the areas around Acton by 1921. The Albert Hall and Provisional Parliament House were completed in 1927, before the economic depression, and the Second World War in 1939 halted all construction works on Canberra until the mid to late 1940s/early 1950s.

One exception, however, was the relocation of the Canberra Hospital to the Acton site by 1943. By 1953 the Hospital complex had grown to include residences for hospital staff, TB and isolation wards, the Main Ward Blocks, obstetrics and general wards, as well as the Nurses' Quarters (Bennett House), constructed in stages between 1943 and 1956. A second phase of extensive building occurred between 1963 and 1966 during which time the hospital expanded to include nurses home 'Sylvia Curley House', two car parks, a new main block and tower block, followed by the mortuary in 1967 (Freeman Collet & Partners and others 1993, p. 27). A further residence for medical staff was erected in 1969 with the final building comprising a Child Care Centre, completed in 1975.

Lake earthworks and the damming of the Molonglo River commenced in 1960, resulting in a 'scarified wasteland' across the Molonglo River plains (GML 2009, p. 70). Construction of Commonwealth Avenue Bridge began in 1961 and was completed by 1964, while the dam and the construction of the lake edges were all but completed by 1962.

Half a million cubic yards of topsoil were conserved from the floor of West Lake for distribution around the city, including the creation of the islands within the lake. The gates to the dam were officially closed in 1963, with the lake officially inaugurated by Prime Minister Robert Menzies in 1964. However, landscaping of the lake's edges, development of parks/recreation areas and mass plantings continued for some time afterwards.

In 1996 a decision was made to transfer the development of the National Museum to the Acton Peninsula, resulting in the demolition of most of the Canberra Hospital in 1997 and the clearance of the site for the construction of the new museum. Additional constructions include the development of the paddle boat business, BBQ and recreational areas, paths around the lake's edge and a large open area asphalt car park (2009) over the majority of

the northeast and eastern portions of the study area.

Historical Archaeological Potential and Outcomes

The land-use history of the Acton Peninsula is therefore one of extensive and radical change through upheaval and disturbance to both the original and early historic landscapes. These disturbances may be summarised as follows:

- widespread pastoral activities;
- mechanized agricultural processes;
- regular flooding by the river;
- occupation and use for recreational activities;
- mining for limestone;
- the construction and demolition of four phases of building – comprising construction of buildings associated with pastoral activities, notably Acton House, followed by construction of administrative, bank and Post Office buildings on the peninsula after its resumption by the Commonwealth in 1911, the construction of the Royal Canberra Hospital from 1940 and associated buildings, roads, bike paths etc, followed by the demolition of most of the hospital and the subsequent redevelopment of the area with the National Museum of Australia, AIATSIS and open car park (2001);
- extensive excavation and construction/shaping for the boundary of the lake, including construction of stone retaining walls which extend along much of the boundary of the West Basin;
- the importation of topsoil for lakeside landscaping such as the construction of artificial embankments; and
- mass tree plantings.

In fact, even prior to the construction of the National Museum, the level of disturbance within the West Basin was so great that Freeman Collet & Partners comment that ‘Surface covering by bitumen, concrete, gravel or grass as well as stands of non-native trees has resulted in almost no surface visibility’ (1993, vol. 4, p. 14).

In terms of the earlier phases of building on the site, including Acton House and other buildings associated with the Royal Canberra Hospital, and the earlier administrative, bank and Post Offices on the peninsula, the repeated damage to the area through these processes has eliminated all integrity. Beneath the existing infrastructure lies a single blended deposit combining all three phases of building and redevelopment. Differentiating between each phase of occupation would be all but impossible, while the condition of the material would be extremely poor. The historic archaeological potential for the area is therefore assessed as extremely low.

The historical record indicates that at least one and possibly two limekilns once existed within the broader study area (see Section 2.4 above). Given the size and distribution of the original limestone outcrop and its proximity to the limekilns it is inevitable that the outcrop itself was used as source for lime. This being the case, the potential exists for evidence of historic limeburning and limestone quarrying to have been conserved within the geological formation of the Acton Peninsula Limestone Outcrop (Commonwealth Heritage List).

However, despite this potential, clear evidence of the historic use of the limestone outcrop as a source for lime sadly is not present within the conserved portion of the outcrop. It would therefore appear that those portions of the outcrop that were historically quarried for the lime used to build Canberra’s earliest buildings are no longer visible in the area, having

either been destroyed by the surrounding development or submerged beneath the lake itself.

In summary, whilst it is likely that the limestone outcrop was the source of the earliest lime used to construct the first buildings in the region, the remaining portion of the outcrop does not bear witness to any of these activities. No evidence of lime burning or quarrying occurs at the site and as such no scientific values are identified for the historic archaeology (or lack thereof) of the study area.

Trees

There is no apparent scientific value associated with the trees.

2.7 SOCIAL VALUE

2.7.1 Analysis of existing data

This section looks at the existing data on community values from previous studies, heritage assessments and other sources. Existing research provide a foundation for the present study, and offers additional data on social values.

Through the review and analysis of this material, it was possible to:

- identify the communities and cultural groups that may value the Acton Complex highly because of its strong or special associations for their community; and
- generate key questions for exploration with each community or with representatives of that group.

A discussion of existing sources is below.

Commonwealth Heritage Listings

The Commonwealth Heritage listings for all of the hospital buildings state that, ‘The former hospital group buildings have social importance to the Canberra community who had great attachment to the hospital and strongly petitioned against its closure’. The attributes are listed as, ‘The whole building[s] and its [their] setting’. The listings propose such significance without detailing if any community values research took place.

Commonwealth Heritage Assessment for the Acton Peninsula Trees

This study prepared for the National Capital Authority (Marshall & Butler 2012, p. 14) gives an initial summary of the possible aesthetic and social significance of the Acton Peninsula trees under criterion I aesthetic characteristics,

‘The mature exotic trees are significant for their contribution to the overall aesthetic values of Lake Burley Griffin for the Australian and Canberra communities. The peninsula is a reasonably prominent feature in the landscape of the lake. The mature exotic trees also provide an attractive setting for the former hospital buildings, and they contribute to the landscape qualities of the northeastern side of the peninsula. However, further research is needed to establish if such qualities are valued by a community or cultural group.’

In the case of criterion (g) social value, the assessment states,

‘The lake edge trees at Acton have significant social value for the Australian and Canberra communities as part of the wider landscape of the lake. Social value may also remain or arise for the Canberra community because of the former hospital and hospice uses, however such values need to be confirmed through further research.’

Caring for the Community Rain Hail or Shine: The History of District and Community Health Nursing in the ACT 1911-2011 – 100 Years

This is 100 year history of District and Community Health Nursing in the ACT authored by former community nurse in the ACT District Nursing Service Shirley Sutton, and Canberra historian Alan Foskett (2013). The book details the history of nursing within the ACT and the important position the former Royal Canberra Hospital (RCH) played within the larger entity of district and community health. It focuses on the people involved and experience lived at the hospital, providing evidence of the hospital’s social significance to ACT nurses.

Former Hospice, Acton Peninsula, Conservation Plan

Architects Eric Martin & Associates (EMA) authored a conservation management plan (2003) for the hospice, located on the Acton Peninsula. Collectively the hospice consisted of the former TB and Isolation Wards. In this report, the place is assessed as holding both community aesthetic significance (p. 23) and social significance (p. 24). These aspects of significance are proposed, however further research is required to confirm these assertions.

Canberry Tales: An Informal History

In this source Allen Mawer (2012) provides a social history of the founding of Canberra centring on the Acton Peninsula, from a brief summary of the pre-contact history of the area, its early European colonisation beginning with the establishment of the pastoral property 'Canberry', and its subsequent settlement and development into the national capital of the Commonwealth of Australia. It highlights Acton Peninsula as an important place for the Canberra community, historically, politically and socially.

Perceptions Research on Lake Burley Griffin

The ACT National Trust (Pipitone 2009) undertook a study of the social value of Lake Burley Griffin, using a detailed on-line survey. The study was designed to understand how the Canberra community use and value Lake Burley Griffin. The survey was open to the Canberra community and there was no targeted sampling involved – 758 people responded to the survey. A detailed analysis of the results enabled conclusions to be drawn about the importance of different parts of the lake, including views and vistas. No specific mention was made of the social value of Acton Peninsula or the Royal Canberra Hospital Buildings, however the report did outline public preference for natural versus structured places on the lake shore (p. iii) and list Acton as an important place for cycling, walking and other types of exercise (Pipitone p. 68).

Royal Canberra Hospital: An Account of its Origins and Development (the first 40 years – 1914 to 1954)

In this social history of the Royal Canberra Hospital (RCH), Arthur Ide (1994) discusses the initial establishment of the hospital as a temporary facility at Acton and its subsequent relocation to the Acton Peninsula. From its relocation, the book discusses the early history of the Acton Peninsula, the consolidation of the RCH on the peninsula and its initial history up until 1954. This book also provides a glimpse into the importance of the hospital to its community.

Royal Canberra Hospital: An Anecdotal History of Nursing 1914-1991

This history written by Janet Newman and Jennie Warren (1993) relates important social values attached to the former RCH and the Acton Peninsula. It relates individual experiences of the hospital, with an aim to 'keep the memory of the RCH alive in the hearts of many people...' (back cover) within the broader history of the hospital from its establishment in 1914 until its closure in 1991.

2.7.2 Defining Associated Communities

Central to assessing community values is defining the communities who hold those values. The range of communities identified as holding direct associations with the Acton Complex are:

- former hospital staff or trainees;
- former hospital patients or visitors;
- those who rallied against hospital closure;
- those involved in the day of the former hospital buildings' implosion;

- NMA (National Museum of Australia) staff;
- AIATSIS (Australian Institute of Aboriginal and Torres Strait Islander Studies) staff;
- ANU (Australian National University) staff or students;
- those interested in Canberra's history and heritage;
- those interested in Walter Burley Griffin's design; and
- those interested in the geology of the limestone outcrop.

These communities were identified through an analysis of bibliographic sources and by talking to interviewees.

Through grouping together these more specific groups, the three associated communities can be broadly defined as:

- the hospital community – Royal Canberra Hospital and hospice ex-staff, trainees, residents, patients and visitors;
- the contemporary Acton Peninsula community – those who visit for work, tourism and leisure; and
- the wider Canberra community – past and present Acton residents, those interested in local history and heritage, those affected by the hospital closure and building implosion.

Based on this set of three associated communities and considering the previous research and assessments reported on, the possible methods for researching the values of each community were defined and implemented according to project scope and resources.

Associated Community Activities and Events

Identified social events and activities associated with the Acton Complex and that currently take place are listed in the following table.

| Table 3. Social events and activities associated with the Acton Complex | |
|--|--|
| Organisation | Event/Activity |
| Royal Canberra Hospital Community | Regular informal nurses luncheons Two-yearly Royal Canberra Hospital reunions |
| National Museum Australia | Work get-togethers and meetings Peninsula Tales tours |
| Acton Walkways | Acton Walkways tours 'Sunken Stories' activities |
| AIATSIS | Annual NAIDOC celebrations Workshops, meetings and work get togethers |
| Leisure and recreational users | Walking, running, riding, relaxing, socialising, etc. |

A list of memorials on the Acton Peninsula and their dates of dedication are provided below. All of these memorials are some distance from the main elements of the Acton Complex:

- Royal Canberra Hospital Memorial – 2006, including a memorial stone related to Acton House;
- Katie Bender Memorial – 2007; and
- Old Acton Memorial – 2004.

2.7.3 Community Perceptions, Meanings and Associations

This section of the report describes the values attributed to the Acton Complex for each associated community, which emerged from the investigations into community values described above.

From the work undertaken, and considering earlier assessments and other research, the following aspects of significance have emerged for the Acton Complex:

- a place that illuminates Canberra's local and national history;
- a community hospital central in the lives of Canberrans;
- a close-knit hospital work and social life;
- controversy surrounding hospital closure and implosion; and
- nostalgia, recreation and wellbeing on Acton Peninsula.

A Place that Illuminates Canberra's Local and National History

The Acton Peninsula is identified by many Canberrans as central to Canberra's story from European contact and local settlement, to the development of the federal capital of the Australian Commonwealth. The Acton Complex was first an Aboriginal place, then the early site of European settlement as the pastoral property, Canberry. It was later reinvented as the Acton Estate and became key to the initial establishment and structuring of the fledgling Commonwealth government. It was a node in development of Walter Burley Griffin's Canberra plan, and was used for this designated hospital purpose. Now the site houses important national institutions.

The complex includes the limestone outcrops as geological features that serve as tangible evidence of, and importance to, Canberra's history. They hold educational value to the wider Canberra community,

'The site is a valuable scientific and social history resource for teachers and tourist operators. Canberra has many significant limestone sequences as part of the Canberra Formation not far below the surface but the surface outcrop on Acton Peninsula is unique. It's the only one' (Survey Question 11, Respondent 41).

'I regularly conduct tours of geological heritage sites around central Canberra and elsewhere in the Canberra region; conference delegates (national and international), students and the general public. The Acton limestone outcrop is one of my principle excursion stops... It gives me a great sense of satisfaction to see the surprise on the faces of visitors when I tell the limestone outcrop history and its geological and social importance.' (Survey Question 12, Respondent 29).

The site of the Acton Complex is a place where many people interpret and celebrate Canberra's history and heritage. The place provides 'a very different perspective of how people lived before our more modern times' (Survey Question 11, Respondent 11). It has the ability to assist in the interpretation of the European settlement of place, and the later founding of Canberra as a national place. The Acton Peninsula is an important part of 'the history of the Canberra community...' for its 'memories and continuity of an important era in Canberra's development' (Survey Question 8, Respondent 31). The many memories listed by survey respondents and interviewees that are still held include those of Lennox Crossing, the Acton workers' cottages, horses on Acton and Ms Llewellyn's riding school, social activities such as the '6 o'clock swill' at the Trades Hall, the tennis courts, hockey field, golf course, camping grounds, swimming hole, and Acton Hall.

'I went to the Canberra Grammar School and rode a bike to school each day, past the hospital, past the Department of Interior, across Lennox Crossing and on to school. The bridge gave me the chance to see the Molonglo River, sometimes flooding.' (Survey Question 11, Respondent 15)

A few of the survey respondents and interviewees place greater importance on the site pre- and post-hospital, as reflected in these responses:

‘I have no significant emotional connection to any of the buildings. The natural landscape, birdlife, amenity, memorials and sculptures, are much more important to me, as is the connection to the lake and Museum use.’ (Survey Question 11, Respondent 11)

‘There is a considerable history to this area in the context of the National Capital. It was the administrative centre of Canberra from its inception. Many of the government buildings remained until they were demolished to make way for the new hospital. The area was of course called Acton at that time and it became Acton Peninsula only when the lake filled.’ (Interviewee 5)

As well as being a place of value to Canberrans with an interest in history and heritage, the Acton Complex is also important to those people who have personal connections and strong memories of the peninsula:

‘I was born in 1932 and, from my earliest childhood memories, Sunday visits to Springbank were regular events. To get to Springbank we travelled through Acton via the Lennox Crossing low level bridge, past the administrative buildings (where both my mother and father had worked, Acton House (where my grandmother had lived), and the racecourse, sporting fields and the golf courses.’ (Interviewee 7)

‘Acton was part of my life – the Common, people in the row of small houses, golf, LEO’s large vegetable garden, the old C’lth Club bldg. [sic], the racecourse etc.’ (Survey Question 11, Respondent 1)

‘I returned to Canberra this year after 30 years of living away, and I am horrified to see so little of what I remember still ‘standing’ – either still extant, or in a form that I remember it. I investigate places all over Canberra almost every day now that I am back, and when I discovered the area of the limestone outcrops and the adjacent buildings I was thrilled.’ (Survey Question 11, Respondent 8)

There are currently three memorials on the Acton Peninsula that commemorate past places and events that are still important to people. These are the memorials to Old Acton, Katie Bender and the Royal Canberra Hospital.

Canberrans value the Acton Peninsula for its direct associations to the foundation of Canberra as both a local and a national place. This is reflected in the survey results, in which approximately 60-65% of respondents listed that they still value the place as central to the story of Old Acton and an important legacy to Canberra. ‘The ebbs and flows of the national capital are reflected here.’ (Interviewee 2) The ability of this place to symbolically represent the Canberra community has endured into the 21st Century and continues to hold strong.

A Community Hospital Central in the Lives of Canberrans

From the survey and interviews conducted it is clear that Royal Canberra Hospital is central to the lives of many Canberrans.

‘Our family lived in the superintendent’s house from 1942 till 1951 and I have very strong memories of a very happy family life and special time growing up for nearly 10 years.’ (Survey Question 11, Respondent 15)

‘The area is so important to me that last week-end when I visited Canberra, I went there first and just walked around and sat, soaking up my many personal memories – from my early childhood at the Nursery school and picking buttercups, going to the races, early memories of visiting the hospital, my father working at Dept Interior, the flooding of Lennox Bridge and the resultant inaccessibility, the construction and filling of the lake.’ (Survey Question 11, Respondent 44)

The hospital is significant to the Canberra community for several reasons. Some members associate the hospital with important events including the treatment of casualties during the Second World War and the early administration of penicillin to patients, among many other important health services the hospital provided:

‘I recall the ‘Iron Lung’ machine which was located in the Solarium of the Isolation block although it was never used in my time, it was nevertheless, a reminder of the treatment for victims of Poliomyelitis. The Solarium was also a pleasant retreat for long term Tuberculosis patients who required long term isolation during treatment. Those patients were also permitted to walk in the gardens and local surrounds. H Block also housed long term patients often orthopaedic patients who were immobilized for long periods months. It was a treat for them to be wheeled out of the ward on their beds to enjoy the outdoor surroundings.’ (Survey Question 11, Respondent 38)

‘It was an honour to have worked in the isolation ward and infectious diseases ward – wonderful nursing care and wonderful guidance from experienced staff passed on to junior staff. Many special memories of babies who survived severe gastro – farmers who survived hydatid cysts and many other special patients. H Ward was the last ward I worked on at Canberra Hospital – I treasure the memories I have of that ward and the staff I worked with and the patients I nursed.’ (Survey Question 12, Respondent 20)

And for many, if not the majority of Canberrans, the hospital was a place that marked important life events. Between the 1940s and 1990s, thousands of people were born there, died there, worked there, were patients or visited there and remember the role the Royal Canberra Hospital played in their lives.

‘[The Royal Canberra Hospital was...] My training hospital for three years as a nurse and 1 year as a midwife. Many walks to and from work, on days off. My father was a patient with TB for many months there. My daughters were born there. Very fond of the place. Patients taken for walks, on their beds to sit and watch the lake, enjoy the sun, children and babies in prams. Walking around the lake.’ (Survey Question 11, Respondent 29)

‘such a pleasant place to recuperate from major surgery and illnesses and from childbirth – my personal experiences, tonsils, aged 7 and appendix operations, aged 20. The view was part of the recovery process.’ (Survey Question 11, Respondent 8)

‘My main association was as a visitor to take out my future wife [then a student nurse] and later when my 3 children were born there.’ (Interviewee 7)

In this way, the Canberra community continue to hold social attachment to the former hospital buildings and curtilage due to the hospital’s essential community function over many decades.

A Close-knit Hospital Work and Social Life

The hospital has played a role in the most important stages of many people’s lives in Canberra into the 1990s. Today it continues as a landmark to reflect these moments. For those who worked at the hospital, important social connections were formed within the community and to the buildings and immediate surrounds. The community formed from its beginnings as the Canberra Government Hospital and Canberra Community Hospital on Balmain Crescent in Acton, through to the Royal Canberra Hospital, which developed on the peninsula site over decades until its official closure in 1991, and then continued use as a hospice until 2000.

‘I loved Canberra Hospital. I went from a young girls [sic] to a mature woman and learnt many valuable qualities that have stayed with me in my adult life. I made many friends with co-workers who I still associate with today.’ (Question 12, Survey Respondent 19)

The many books that offer personal anecdotes of treasured times and memories listed in Section 2.7.1 above are testament to the importance of the hospital community. One simple but personal example of this demonstrates how the hospital was key in many facets of people's lives:

'Our third romance blossomed in the operating theatre; a most unlikely place... Despite the tense atmosphere that prevails in the operating theatre, John James and Sheila Cary fell in love and married.' (Newman & Warren 1993, p. 37)

The strength of the hospital community was largely due to the many people who lived on site. These included the doctors and their families who took residence in the Medical Superintendent's Residence, and the large number of nurses who resided, trained, worked and socialised there over decades. For these individuals, the hospital was the stage upon which their lives played out:

'when my dad was going to the hospital to do his 'rounds' or to do house calls, my mother would always say 'Take the girls, John' and we would race out to the car. The hospital grounds were our playground, and on Saturdays and school holidays (and sometimes even Sundays unless we were at Sunday School), the Martin girls would be playing by the fountain, or saying hello to the ladies in the kiosk, or climbing the white painted 'ladder like' construction behind the kiosk which was designed as a divider between the two sections of the 'stinky (deodoriser thing)' toilets. And we had to watch out for the oleander leaves.' (Question 12, Survey Respondent 8)

'I have a lot of great memories of my training time there in the 70s. Being able to take breaks outside by the lake, working night duty and looking across the lake to the city lights, being very badly sunburned after sunbaking on the roof of Sylvia Curley house as a student and being unable to work! Being part of the nurses strike for better conditions and pay, changing our uniform from the dress, apron and cap to the 'modern' dress. When my daughter was in hospital for 3 weeks we were able to take her in her bed (she was in traction) out to the lakes edge which she loved. As a patient when having my 3 children I remember the serenity of being able to look out over the water.' (Question 12, Survey Respondent 22)

The strength of these connections is further evidenced through the many people who offered to share their stories and memories of the hospital during this research – a much higher number than anticipated.

The regular weekly informal get-togethers of nurses and the wider Royal Canberra Hospital community reunions every two years, as well as the memorial created in 2006 by the hospital community evidence that this use has developed into a deeper attachment beyond utility value. These relationships are ongoing, even though the hospital closed almost 25 years ago.

For the majority of the hospital community who were consulted, the remaining hospital buildings provide a strong and tangible reminder of the special and central place the hospital played in their lives. Fifty-three per cent of the survey respondents answered that the remaining hospital buildings and their immediate setting are important as a physical reminder of the Royal Canberra Hospital, and 71.3% of respondents still visit the hospital buildings. The site is still an important reference point to the community's identity and sense of self. This continued importance is exemplified in these quotes:

'Not only was I born at the hospital but I lived in the area during my formative years so it's all a part me and will be forever!! Being able to actually see and wander in the area helps keep me connected to Canberra!!' (Survey Question 11, Respondent 9)

'They are a fundamental part of my history and the history of the Canberra community. They hold memories and continuity of an important era in Canberra's development.' (Survey Question 8,

Controversy surrounding Hospital Closure and Implosion

If you ask almost any adult Canberran about the Royal Canberra Hospital closure and implosion, they not only remember it, but have strong emotion attached to their memory:

‘One of Canberra’s greatest scandals was the complete demolition of the Royal Canberra Hospital (and what happened to the ‘Royal’ designation? Anyway). I am sympathetic to the massive change of demographics at the time – never envisioned back in the 1940s – and realize that hospital services need to be within the major centres of population, however to destroy everything that was destroyed was cruel to those who had a ‘connection’ of whatever kind to the hospital and the entire area.’ (Question 11, Survey Respondent 8).

‘The hospital should never have been treated with such disrespect.’ (Question 13, Survey Respondent 53)

In 1989 the Steering Committee for Public Hospital Development recommended that the Woden Valley Hospital (now the Canberra Hospital) be ACT’s principal hospital. This was followed by Royal Canberra Hospital closure in 1991, but continued use of the Isolation and H Wards as a hospice until 2000. Soon after it was agreed that the former hospital site would house the National Museum of Australia; designs were drawn up and approval given. This was followed by demolition and implosion of the majority of the former hospital buildings in 1997.

From interviews conducted for this research, it was communicated that over this period of time – for almost a decade – the hospital’s closure was intimately intertwined with a range of debates that divided opinion in the Canberra community. Reflecting the strength of community, the Canberra Community Action on Acton (CCAA) group was formed in the early 1990s and had thousands of members. It became the second longest running community action group in the ACT. Debates included the loss of a well-loved community institution, the hospital’s place on the peninsula according to Griffin’s Canberra plan, to a wider discourse about how local and Commonwealth interests should interact and be accommodated economically and geographically within the Territory’s bounds. For some, the hospital closure, demolition and following implosion represented the local being taken over by the national. A petition against the demolition received 20,000 signatures and the public were invited to watch the 1997 implosion – a huge crowd of 100,000 people did so ‘The foreshore was lined. People were angry and feeling sad.’ (Interviewee 15) Community opinion was further heightened by the tragic outcome of that day.

‘Worst decision ever to blow it up, especially with the innocent life lost. It’s historical and [sic] should be kept.’ (Question 11, Survey Respondent 43)

‘Reunions are always important for although they tore down the hospital they will never erase the fond memories and experiences I had being associated with such a fine hospital as she was. I still cannot forgive Kate Carnell for her lack of planning for Canberra and for destroying such a fine hospital.’ (Question 12, Survey Respondent 19)

The remaining hospital buildings are tangible reminders of this period in Canberra’s history and people’s personal experiences of it. Reflecting this, of the survey respondents, 45% stated the remaining hospital buildings and their immediate setting are important as a reminder of the hospital demolition and implosion and 31% as a reminder of the community rallying against the hospital closure. This is an indicator of the symbolic importance of these buildings to the general Canberra community that now spans almost 25 years.

Nostalgia, Recreation and Wellbeing on Acton Peninsula

Interviews with people highlighted that the Acton Peninsula makes people ‘feel good’, and has done so for decades. Because of this, people have formed attachments to the place in general, as well as to specific aspects, through personal use and associations of different types.

The peninsula is a public place. It encourages civic inclusion on a range of levels. For example, people work and visit public institutions there, go there for education, tourism and leisure, exercise and relaxation, and to remember the past or to enjoy the present. The importance of the peninsula’s ambience is drawn from a mix of the place’s natural beauty, surrounding nostalgia and specific aesthetic attributes, in particular the much loved former hospital buildings, gardens and sweeping lawns; the seclusion of the bush landscape together with the expansive and picturesque lake views that together evoke reflection, tranquillity and a sense of wellbeing. These feelings were expressed often in the interviews and survey: ‘very peaceful’ (Survey Question 8, Respondent 43); ‘happy times’ (Survey Question 8, Respondent 43); ‘peace and tranquillity’ (Survey Question 8, Respondent 58); ‘Nostalgia’ (Survey Question 8, Respondent 59); ‘the ambience’ (Survey Question 8, Respondent 60); ‘most beautiful setting’ (Survey Question 11, Respondent 5); ‘part of my mental landscape’ (Survey Question 11, Respondent 17); ‘Exhilarating’ (Survey Question 11, Respondent 45).

The hospital community continue to visit the Acton Complex as an identifiable landmark. It is a place to remember important life experiences and reminisce about times had. Those interviewed from this community strongly expressed the positive feelings the hospital provided for them and for others, and that the buildings and the peninsula’s identifiable natural setting helps to trigger memories and relive good experiences. This continues, even decades after hospital closure.

‘The location of the hospital brought peace and serenity to all those patients that where recovering from illness, surgery or who had been come [sic] to spend their last days or hours on the earth in such beautiful surroundings.’ (Survey Question 12, Respondent 19)

‘The site of the hospital, and in fact the whole of the Acton Peninsula, is one of the most beautiful in Central Canberra because of the views all around. As a hospital it must have had a very positive, soothing effect on patients who could look out the windows from their beds and, during recovery, enjoy a walk in the gardens around the hospital.’ (Interviewee 7)

‘The entire setting of the Canberra Hospital was a unique place for a hospital. Over the years many patients and visitors commented in the healing properties the view and grounds had on their various circumstances. Many staff over the years felt that it had a soul which kept us all together, both medical nursing and all the wonderful auxiliary staff in all their different forms. Everyone seemed to be happy to help one another, with their various duties. Always our ‘pregnant Pine’ stood guard outside Maternity. All who loved our Hospital miss her dearly.’ (Survey Question 11, Respondent 12)

According to interviews conducted, those who work at NMA and AIATSIS have formed contemporary social attachment to both Commonwealth Heritage and non-heritage listed places on the peninsula. Staff from both organisations work in the former hospital buildings and continue to enjoy the attractive aesthetics and ‘good feeling’ they provide, as did the hospital community before them. Interviews found that staff from both institutions frequently appreciate the same trees and lake views that the hospital community enjoyed when they worked there, and continue to hold regular work meetings and events surrounded by them.

Many of the Acton Complex trees hold more than utility value to the hospital and contemporary Canberra community, the most notable being the ‘Pregnant Pine’ that stood outside the Obstetrics Unit.

‘The Pregnant pine is unfortunately suffering considerably. It grew outside the Obstetrics Block and was known as the Pregnant Pine since the 1940s. Most appropriate because of its shape. The age of many of the cypress pines in the area date back to the 1800s. They should be preserved.’ (Survey Question 11, Respondent 38)

To give some other examples, the hedge around the Medical Superintendent’s Residence was most likely planted by Dr Nott in the 1940s to create a sense of privacy, perhaps from the rest of the hospital and also the nearby Trade’s Hall ‘six o’clock swill’, while it continues to hold value for the sense of privacy it provides to those who work in the buildings today. The English Oak on the north side of the Medical Superintendent’s Residence was the ‘Dreaming Tree’ the Elvin girls used to climb in the 1970s, while their parents would hold Christmas parties underneath that same tree for hospital staff. When the hospice staff left the buildings in 2000, in a symbolic gesture of goodbye, they pinned pieces of paper to the same tree, which they meet under frequently. Today NMA staff continue to use this tree for weekly morning meetings, farewells, awards and other events. As described by one current NMA staff member, ‘it is a thoughtful place, a reflective place, it has become a character in the story of the peninsula’ (Interviewee 4). The Apple Box in the courtyard space formed by the AIATSIS building are also treasured by the contemporary work community as a social and educational place, and certainly these trees also held past significance. While people continue to value the elms lining Lennox Crossing in memory of how this thoroughfare used to be.

The open grassed slopes at the lake’s edge were also identified as important. Of the survey responses received, 83.5% listed these lawns as important, while 83.3% listed that the surrounding trees were important to them.

As well as the heritage listed places on the peninsula, one particular aspect that came strongly to the forefront as a special place for all communities consulted with was the exotic mixed planting ‘bush landscape’ and the path between the hospital buildings and the lake.

‘the remaining natural bush landscape between the buildings and the lake is worth a million dollars in memories of ‘old Canberra’ and is a true place of retreat, reflection and contemplation, and if it was threatened in any way I would, for the first time in my 62 years, chain myself to a bulldozer!!!’ (Survey Question 12, Respondent 16)

Of the survey responses received, 85.9% listed this area as holding continued importance. Past and contemporary connections have formed to this space for the same reasons – natural surrounds, tranquillity and seclusion. Hospital staff interviewed remember this patch was frequently used for private conversation, to get away from the stresses of work, or for romantic encounters, while the adjacent lawns and views were also important for the hospital community.

‘Patients who could see the lake or be taken outside to the lake’s edge benefitted from the tranquillity. The staff would have tea and meal breaks sitting on the lawn at the lake’s edge or in the bay windowed ‘tea room’ in the Isolation ward building. At lunch breaks in spring we would sometimes walk around the edge of the lake to Floriade arriving just in time to walk back for the afternoon’s work.’ (Survey Question 12, Respondent 16)

Once the hospital was closed, but before the NMA was opened, socially marginalised

people living with drug addiction, mental illness and/or homelessness also chose to use this space coinciding with the loss of low cost accommodation near the casino, perhaps also because of its seclusion and natural environment. Today NMA and AIATSIS staff frequent this stretch of lake shore on work breaks, and also for recreation and leisure. A large number of the general Canberra community use the path to walk to work in Civic (often parking at NMA), and for cycling, walking or jogging around the peninsula. Enquiry into the depth and type of these contemporary connections would be advisable once they have reached the standard 25-year threshold for heritage significance. An example of how people reacted when asked about this section of natural landscape follows:

‘I investigate places all over Canberra almost every day now I am back, and when I discovered the area of the limestone outcrops and the adjacent buildings I was thrilled. I walked along the NATURAL pathway (I think the only one so far – delightful! – with no chance of being knocked over by cyclists or having to dodge runners) and I visualized when the Molonglo wended its way down below the hospital and around to Lennox Crossing (the old one – a bridge!!) and then around past the picnic/camping area, the golf course and the race course, and eventually to Yarralumla where we local kids played in ‘our bit of the river’ in the 1950s. Please leave us something that is natural and UNSPOILT – everything else is gone.’ (Survey Question 11, Respondent 8)

Because of the positive feelings attached to the former hospital and the Acton Peninsula that have spanned decades, the hospital building curtilage, bush landscape, trees and lakeside views hold social and community aesthetic value to the hospital community and more widely to the general Canberra community. These connections sit at a deep emotional level and continue to be revived.

3. ANALYSIS OF EVIDENCE

This analysis has been prepared by the consultants using the evidence presented in Chapter 2 which has been analysed against the Commonwealth Heritage Criteria (reproduced at Appendix F), and judgements have been reached on the basis of the professional expertise of the consultants. The analysis is divided into sections related to the Commonwealth Heritage Criteria.

The components of the Acton Complex have a range of overlapping and separate stories and values, and there is often no single theme that links all components together. Accordingly, the following analysis sometimes deals with components separately, and sometimes in groups of components.

This analysis leads to a statement of significance which differs in some ways from the official Commonwealth Heritage values.

(a) the place has significant heritage value because of the place's importance in the course, or pattern, of Australia's natural or cultural history

Limestone Outcrops

The Acton Peninsula Limestone Outcrops do not have significant heritage values as an outcrop of limestone as such. Outcrops of limestone of this age are relatively common in south-eastern Australia. However, it does have important heritage values in that it is the only significant remaining outcrop of limestone in central Canberra. These outcrops were the reason this area was called 'The Limestone Plains' which was the site chosen for the new national capital in the early twentieth century.

Whilst the limestone outcrop invariably was a source for early lime procurement in the local region, the portion of the outcrop currently preserved does not retain clear/distinctive evidence of historic quarrying.

The existing Commonwealth Heritage values also refer to the gravels which overlie the limestone outcrops,

'Associated with the Acton Peninsula Limestone Outcrops are quartz rich gravels from the Tertiary (between 5 and 65 million years old). These gravels sit directly on top of the limestone and in some places have formed potholes that indicate that the Molonglo River once flowed over this site. The ancient water level is about 25m above the height that the river was before the formation of Lake Burley Griffin.'

However, these gravels are considered to have little or no heritage value, and are not considered to meet the criterion. While gravels have been recorded on the Acton Peninsula in the past they are not immediately obvious in the study area and may have been covered over by structures and vegetation. Recent geological publications do not include or mention Tertiary gravels on Acton but include the Dairy Flat roadcut as the best example of this type of sediment of this age (eg. Finlayson 2012). It is also not certain the gravels are of Tertiary age as, for example, there are no fossils recorded in the gravels which would enable dating.

None the less, the current official Commonwealth Heritage values include the gravels. Until this reference can be formally reviewed, this value is included in the statement of

significance in the following chapter.

Buildings and Garden Areas

The remaining former hospital buildings arguably have significant heritage value for their role and association with the Royal Canberra Hospital in the period 1943-1991. The hospital was the major medical facility in Canberra during this long period, noting that its prominence declined with the development of the Woden Valley Hospital and Calvary Hospital from 1973 and 1979 respectively, and this role ended in 1991. These surviving buildings were not the largest or most prominent of the hospital buildings, but they were important parts of the working hospital complex, and remain as symbols of the larger complex. The interior changes to the former wards diminishes this value.

The garden areas share the association of the buildings with the former Royal Canberra Hospital, although they are apparently less intact compared to the hospital period.

The buildings and garden areas are associated with some of the trees discussed below, being part of the garden areas.

The development of the hospital in this location was consistent with the Griffin plan for Canberra. Along with other such general or specific examples of development consistent with the plan, the surviving former hospital buildings are significant for this association.

The existing Commonwealth Heritage values also refer to the buildings having a range of other associations,

‘[each ward building] as part of the hospital group... provides physical evidence of the mid-twentieth century approaches to the treatment of infectious diseases. The building has importance for its association with World War Two medical care and for its use [as] a hospice during the 1990s.’

‘The former Medical Superintendent’s Residence... provides evidence of the twentieth century approach to the operation of hospital complexes, where senior management lived within the hospital precinct.’

However, the research and analysis does not support these associations meeting the threshold for the criterion. In the case of the evidence of infectious disease treatment, the loss of the interior layouts of the wards substantially reduces the value of the buildings as evidence. The use of the wards in World War 2 for military hospital purposes only lasted a few months, and is not substantial enough to meet the criterion. While of longer duration, the hospice use only lasted for 5 years, by contrast the current ACT hospice has been in operation for 15 years – and all of this activity has been within the recent past. At this stage, it is too difficult to draw firm conclusions about the historic associations of the hospice use, which in any event appear not to be substantial.

With regard to the residence, it is clear from the history that the reason for its construction was not related to a broader twentieth century approach to the operation of hospital complexes. Rather, the residence was a part of a package of locally-conceived inducements to attract and retain a medical superintendent for the hospital.

None the less, the current official Commonwealth Heritage values include these associations. Until these references can be formally reviewed, these associations are included in the statement of significance in the following chapter.

Trees

The trees considered in this assessment reflect a range of stories, and there is no single story that links them all.

A few trees are associated with the nineteenth century property, Acton House. This property is important in the history of European settlement of the district as it was the first recorded European occupation on the Limestone Plains from 1824. While the property did not remain prominent through the nineteenth century, it is nonetheless an important symbol. The surviving trees do not appear to date from the earliest period of settlement, however they are quite old and remain as the only markers of Acton House (Trees 15, 19, 26 and 29).

The trees associated with, or possibly associated with Charles Weston are part of the early phase of tree planting in the creation of the national capital (Trees 2, 3, 4, 5, 8, 12, 16, 20-22, 25, 27, 28, 31, 32 and A). In particular, they are associated with the government offices at Acton which were the administrative centre of the early capital. Some of the trees are also remnants of the street tree plantings for the Lennox Crossing Road, which was one of the two roads which crossed the Molonglo River and joined north and south Canberra in the period up to the 1960s.

There are many tree plantings associated with this early phase which survive to varying degrees in the older parts of Canberra. The Parliamentary Zone and early suburbs are good examples.

It has been suggested some of the Weston plantings were experimental, to trial new species for the national capital. However, the trials appear to have been contained to the Acton Nursery which was south of the Lennox Crossing Road (Gray 1999, pp. 63-64). None of the surviving plantings are in the location of the former nursery.

The later trees appear to relate to ornamental plantings carried on by Weston's successors, some being associated with the development of Canberra Hospital (later the Royal Canberra Hospital) from the 1940s, and others are associated with the creation of Lake Burley Griffin in the 1960s (Gray suggests Weston undertook no lake edge plantings at Acton, Gray 1999, pp. 187-188) (Trees 9, 17, 18, 24, 30 and B-O). A few of the early hospital buildings survive and many of the later plantings are part of the curtilage for these buildings.

While the exact story of the later plantings is not fully clear at this time, some of the lake edge plantings appear to be associated with the important overall story of the planning and realisation of Lake Burley Griffin (Trees 17, 18, 24, 30 and N). The lake was a major part of the original Griffin design for Canberra, and took decades to realise.

The Acton Peninsula is situated in a primarily open space corridor that verges the lake on the Molonglo River corridor. This corridor is also connected with various parts of the Canberra Nature Park. Even though the indigenous vegetation of the peninsula has all but gone, the planted vegetation still provides value as a contribution to an east-west movement corridor for wildlife through the central urban area of Canberra, especially for mobile species such as birds.

In summary:

- the trees associated with Acton House are significant as symbolic markers of the first European occupation on the Limestone Plains (Trees 15, 19, 26 and 29);

- the trees associated with, or possibly associated with Weston are significant as part of the early phase of tree planting in the creation of the national capital. In particular, the trees are associated with the administrative centre of the early capital, and some are remnant street plantings for Lennox Crossing Road – an important road in early Canberra (Trees 2, 3, 4, 5, 8, 12, 16, 20-22, 25, 27, 28, 31, 32 and A);
- the later plantings are significant as ornamental plantings associated with the development of Canberra Hospital (later the Royal Canberra Hospital) from the 1940s, and others are associated with the creation of Lake Burley Griffin in the 1960s (Trees 9, 17, 18, 24, 30 and B-O);
- at least some of the twentieth century plantings are also significant as edge plantings for Lake Burley Griffin – either being planted for the lake edge, or becoming part of the edge plantings anyway (Trees 17-22, 24-26, 28-30, B, M and N). The lake is a major part of the original Griffin design for Canberra and an important feature in the story of the national capital; and
- all the tree plantings contribute to the movement of some species of wildlife through the central part of Canberra along the east-west Molonglo River Corridor.

Summary

The limestone outcrops, buildings, garden areas and identified trees meet this criterion.

(b) the place has significant heritage value because of the place's possession of uncommon, rare or endangered aspects of Australia's natural or cultural history

The limestone outcrops are rare as the only significant remaining outcrop of limestone in central Canberra, as noted under Criterion (a), which is associated with the naming of the area as the Limestone Plains.

The buildings, garden areas and associated trees are rare surviving evidence of the former Royal Canberra Hospital in the period 1943-1991, the other evidence of the hospital having been demolished. As noted under Criterion (a), the hospital was an important facility in the history of the national capital.

The limestone outcrops, buildings, garden areas and associated trees meet this criterion.

(c) the place has significant heritage value because of the place's potential to yield information that will contribute to an understanding of Australia's natural or cultural history

Due to the extensive damage incurred to the area through development and past and present land modifications, the study area no longer meets the threshold for this criterion. Whilst it is clear that large numbers of archaeological sites of both economic and cultural/spiritual significance to Aboriginal people once populated this area, there is no longer any physical evidence of these sites. As such, their potential to yield information that will contribute to an understanding of Australia's cultural history no longer exists.

In terms of historical/European heritage, the repeated processes of construction and demolition of four phases of building have caused massive and widespread disturbance – comprising construction of buildings associated with pastoral activities, notably Acton House, followed by construction of administrative, bank and Post Office buildings on the peninsula after its resumption by the Commonwealth in 1911, the construction of the Royal Canberra Hospital from 1940 and associated buildings, and lastly creation of the National Museum of Australia and other facilities on the peninsula. Any evidence which

may be present in the area is now a single blended layer of debris, unable to be differentiated into occupation periods, and no longer retaining any heritage significance.

Evidence of Canberra's early limeburning industry is also not present.

There are no apparent values under this criterion related to the limestone outcrops, buildings, trees or garden areas.

In summary, the complex does not meet this criterion.

(d) the place has significant heritage value because of the place's importance in demonstrating the principal characteristics of:

(i) a class of Australia's natural or cultural places; or

(ii) a class of Australia's natural or cultural environments

The former TB and Isolation Wards have similar stylistic qualities in terms of overall form and materials, with some variation in details or features. There is a general sense of austerity, perhaps related to the Inter-War Functionalist style (Apperly, Irving & Reynolds 1989, pp. 184-7). However, there are few, if any of the formal indicators of this style, and these buildings cannot be regarded as demonstrating the principal characteristics of the style.

None the less, the current official Commonwealth Heritage values include this value for the former ward buildings. Until these references can be formally reviewed, these values are included in the statement of significance in the following chapter.

On the other hand, the former Medical Superintendent's Residence displays a range of key and other indicators of the Inter-War Functionalist style, as well as other style features. There are a number of examples of this style in Canberra, including the Drill Hall Gallery (1940), Evan Crescent Precinct (1939), Forrest Fire Station and Residences (1939), Functionalist Style Houses (Griffith)/Whitley House (Braddon) (1939-40), House – Melbourne Avenue (1937), and certain buildings as part of the RAAF Base Fairbairn Group. A number of these are better examples of the style, having more key indicators such as simple geometric shapes and a roof concealed by a parapet (eg. Evan Crescent Precinct, and the Forrest Fire Station and Residences). None the less, the former Medical Superintendent's Residence may still be considered a moderately good example of the style.

In summary, the Medical Superintendent's Residence meets this criterion.

(e) the place has significant heritage value because of the place's importance in exhibiting particular aesthetic characteristics valued by a community or cultural group

The peninsula's combination of bush landscape, expansive lawns, old trees, gardens, heritage buildings and scenic lake views provide a pleasant and serene ambience that evokes important feelings of wellbeing in the Canberra community because of its positive compositional qualities and picturesque attributes.

The built and landscape aesthetics of the former hospital buildings and immediate curtilage hold significant heritage value to the former hospital community for their ability to evoke special feelings of nostalgia.

As a landmark, the Acton Complex inspires both varied and strong emotional responses in Canberrans linked to their community identity, history and personal experience.

In addition, the heritage assessment of Lake Burley Griffin found that,

‘Lake Burley Griffin is considered to have outstanding heritage value to the nation in its own right as a designed landscape with outstanding aesthetic qualities.’ (Godden Mackay Logan 2009, p. 180)

Although the study area for the lake assessment did not generally include the land adjacent to lake, none the less the lake edge plantings were identified as a significant attribute. This assessment did not comment specifically on Acton Peninsula regarding such values. None the less, it is reasonable to conclude that the Acton Peninsula edge plantings have aesthetic value as part of the lake landscape for the Australian and Canberra communities.

The Acton Complex, including the lake edge plantings, meets this criterion.

The existing Commonwealth Heritage values also refer to the limestone outcrops having aesthetic value,

‘The outcrops with the historic associations and woodland setting by the lakeshore has aesthetic importance.’

However, the research and analysis does not support the finding of specific aesthetic value in the case of the outcrops. The analysis supports a conclusion that the outcrops contribute to wider aesthetic values rather than having individual aesthetic value.

None the less, the current official Commonwealth Heritage values include this value. Until this reference can be formally reviewed, this value is included in the statement of significance in the following chapter.

(f) the place has significant heritage value because of the place’s importance in demonstrating a high degree of creative or technical achievement at a particular period

Buildings

The former TB and Isolation Wards and Medical Superintendent’s Residence all display some degree of creative achievement related to their Inter-War Functionalist style, as discussed under Criterion (d). However, in the case of the ward buildings this is not to a high degree. With regard to the Medical Superintendent’s Residence, this is a moderately good example of the style, and may be considered of a sufficiently high degree of creativity to meet the criterion.

Trees

With the exception of the lake edge plantings, the remaining trees do not appear to demonstrate a high degree of creative achievement, and no technical achievement is evident.

Regarding the edge plantings, the heritage assessment of Lake Burley Griffin notes,

‘Historic plantings of deciduous trees, now mature, were deliberately placed along the proposed lakeshores to reflect brilliant spring blossom and autumn leaf colours on the lake waters. The historic plantings on the Acton Peninsula date from the earliest pastoral settlement at Canberry/Acton.

Historic plantings at Acton, Yarralumla Nursery, Westbourne Woods, the Royal Canberra Golf course and Yarramundi Reach in particular, as well as throughout the open-space parks circling Lake Burley Griffin which are associated with Thomas Weston, Lindsay Pryor and Richard Clough, amongst others, in the ambitious horticultural project to landscape the city.’ (Godden Mackay Logan 2009, p. 184)

The edge plantings at Acton are significant for their contribution to the overall lakeshore plantings, these being a substantial creative achievement as part of the realisation of the lake and its landscape.

Garden Areas

The garden areas do not appear to display a high degree of creative or technical achievement.

Summary

The former Medical Superintendent’s Residence and the lake edge plantings meet this criterion.

(g) the place has significant heritage value because of the place’s strong or special association with a particular community or cultural group for social, cultural or spiritual reasons

The Acton Complex reflects the life of Canberra through its multilayered natural, landscape and built attributes. It is important to the Canberra community for its ability to trigger associated memories over generations and changing uses.

The former hospital buildings and immediate curtilage provide a strong and tangible reminder to former hospital staff, patients and visitors of important work, social and life events that occurred there over decades.

Together, the Acton Peninsula site and limestone outcrop hold significance to the wider Canberra community for their capacity to interpret the local and national story of the place since its Aboriginal beginnings through to today.

The surrounding trees hold continued social significance to past hospital workers and visitors for the special memories associated with them, and to contemporary Acton community members who are now forming attachment to these same trees.

The bush landscape along the lake’s edge is important to a range of Canberra community members as a place of leisure, tranquillity and solitude, having been strongly valued in this way over decades.

The Acton Complex is important to Canberrans as the central place of recognition, memory and reflection of Old Acton, the Royal Canberra Hospital and hospital closure and demolition of most buildings.

The Acton Complex meets this criterion.

(h) the place has significant heritage value because of the place's special association with the life or works of a person, or group of persons, of importance in Australia's natural or cultural history

Buildings and Garden Areas

The remaining former hospital buildings arguably have significant heritage value for their association with the staff of the Royal Canberra Hospital in the period 1943-1991. The hospital was the major medical facility in Canberra during this long period, and its staff provided a vital service to the community of Canberra and the wider region.

The garden areas and associated trees share the association of the buildings with the former Royal Canberra Hospital staff. Other associations with the trees are discussed below.

There are three individuals who have a strong role in the early history of the Royal Canberra Hospital – Cumpston, Nott and Irwin.

John Cumpston (1880-1954) is an important figure in Australia's history, being the first director-general of the Australian Department of Health. In addition to many achievements in the health field,

‘He served infant Canberra, notably as chairman of the ‘advisory council’ in 1931-35 and a foundation member of the local historical society; the Australian Institute of Anatomy, administered by the Health Department, was the physical focus for much of the capital's early intellectual and academic life.’ (Roe 1981)

Cumpston played an active and intimate role in the early development of the hospital, and he has a special association with the surviving elements. He appears also to have such an association with the former Institute of Anatomy.

Dr Lewis Nott (1886-1951) is also a prominent figure as a politician (at the local, Territory and national levels), a medical practitioner and hospital superintendent (Farquharson 2000). Nott played various prominent roles in the provision of medical services in the early history of the national capital. He was a forceful early advocate for the new hospital, intimately involved in the design of facilities, and was on several occasions the medical superintendent of the hospital. Nott has a special association with the surviving elements. Leighton Irwin (1892-1962), was a prominent Australian architect, perhaps best known for the design of hospitals.

‘In 1930 the firm undertook its first medical commissions. Mildura Base Hospital was an application of the northern European approach to hospital design, with its streamlined form, multi-storeyed construction, and continuous, north-facing sun balconies: a theme which was frequently repeated in hospital design... After 1934 Irwin's clients consisted almost entirely of hospital boards. His speciality was the reversal of the former clinical hospital atmosphere, and to this end he created an interior design section within his firm. He added a mechanical and electrical engineering section, and by 1946 had introduced structural engineers to his team... Irwin designed hospitals and hospital extensions in Melbourne, Sydney, Hobart and Launceston, as well as in country towns in New South Wales and Victoria. Perhaps his greatest triumph was Prince Henry's Hospital and Nurses Home in St Kilda Road...’ (Butler 1983)

With regard to architects generally, in so far as every designer is associated with the thing he or she designs, it is not considered sufficient to regard this as a special association. There must be an additional quality to the association. There does not appear to be anything special in the association Irwin has with the surviving hospital buildings. On the

basis of the available evidence, the Mildura hospital and the Prince Henry's Hospital and Nurses Home have a greater claim to value under this criterion.

In addition, the former hospital has an association with Griffin as the lead original designer of the national capital, because the Acton location was designated by Griffin for a hospital. Griffin is an important figure in Australia's history through this role. The Canberra design is Griffin's most important work. Within this, the Parliament House Vista area is the core of the design, and is probably the major part of the design which has actually been realised. The Parliament House Vista area has a special association with Griffin, and this probably extends to the full National Triangle including City Hill, Constitution Avenue and Russell. In this context and considered in isolation, the Acton hospital site does not seem to have a sufficiently strong or special association to meet this criterion.

Griffin may also have a special association with his house Pholiota at Eaglemont, Melbourne, with Newman College at the University of Melbourne, the Capitol Theatre also in Melbourne, and with Castlecrag in Sydney.

In the case of the former residence, and the other former hospital buildings, there is an association with the former medical superintendents. As a group, they played a role in local history through the provision of medical services. However, apart from the case of Nott discussed above, there does not appear to be strong grounds for highlighting the association with the former medical superintendents as a group, compared to other staff. And while the residence has an obvious association with the group, in reality the former wards are more closely related to the actual work of the medical superintendents. Overall this association is better presented as part of the special association between the former hospital buildings and the former hospital staff as a group noted above.

None the less, the current official Commonwealth Heritage values include several associations:

- between Griffin and the three buildings;
- between Irwin and the Acton Peninsula Building 2 – former Isolation Ward, and the Medical Superintendent's Residence;
- between the group of medical superintendents and the Medical Superintendent's Residence; and
- between Curley and the former ward buildings.

Until these references can be formally reviewed, they are included in the statement of significance in the following chapter.

Trees

The plantings on Acton Peninsula are associated with various people, from early Canberra identities such as the Reverend P G Smith (who lived at the former Canberry Homestead, later known as Acton House, between 1855-1873), and the various Superintendents of Canberra Parks & Gardens such as Charles Weston, Alexander Bruce, Lindsay Pryor, John Pearce Hobday and David Shoobridge.

Reverend Smith was an important figure in the early European history of the Canberra district being Rector of St John's for 51 years. St John's was an important early institution in the district, and Reverend Smith was in charge of the church. The current landscape of the church reflects his influence, especially in the remnant 1880s pine plantings, and Reverend Smith is buried in the churchyard. Apart from Acton House, the only other place that may have had an association is Glebe House. However, Glebe House was

demolished and the remnant glebe landscape is much altered. In a similar fashion, the surviving evidence of Acton House is relatively minor.

Arguably therefore, St Johns has a strong and special association with Reverend Smith. The association with the surviving trees at Acton is much weaker.

Charles Weston was Officer-in-Charge, Afforestation Branch, Federal Capital Territory, and held other positions, in the period 1913-26, and was responsible for plantings in the first phase of the development of Canberra as the national capital. Weston is an important figure in the cultural history of Australia, being responsible for the early detailed plantings which are a major feature of the overall landscape of Canberra. There are many places in Canberra which share an association with Weston. Places with a special association with Weston are likely to be the Parliamentary Zone, Westbourne Woods, Yarralumla Nursery, The Lodge, City Hill, and Haig, Telopea and Collins Parks. (Murphy 1990; Aitken & Looker 2002, pp. 639-640)

Weston's influence is widespread in Canberra, and the association with the trees at Acton does not display any qualities to raise this association above the ordinary. All of the other Superintendents of Canberra Parks & Gardens are probably also important figures in at least a local historical context for their contributions to the landscape of the national capital. However, there is little evidence to suggest a strong or special association in the case of Acton. The case for such an association seems strongest for Weston, and given the conclusion above, it seems less likely the association with the other Superintendents would even be as strong or special.

While the trees have associations with a number of figures who are important in at least a local context, none of the associations seem strong or special sufficient to meet this criterion.

Summary

The buildings, garden areas and associated trees meet this criterion.

(i) the place has significant heritage value because of the place's importance as part of indigenous tradition

Despite the lack of Aboriginal archaeological evidence remaining in the area, the representatives of the Aboriginal community groups of the region involved in the project and consulted with at length following fieldwork, emphasised the cultural significance of the landscape to the Aboriginal community.

The peninsula's location within the broader landscape is acknowledged as playing a central role in both the economic and cultural/spiritual existence of Aboriginal communities. The Molonglo River valley is known to have provided resources essential to the traditional way of life, including animal and plant resources, and fresh water. Additionally, the area has been shown to be part of a series of essential pathways through the region and act as a focal point for spiritual/ceremonial gatherings. The Acton Peninsula once acted as an integral part of a broad cultural landscape extending beyond the current study area to include Black Mountain and its environs (Tony Boye, Ngarigu Currawong Clan, personal communication, 2013).

Of particular note are the two corroboree sites known to have existed within the immediate vicinity: one beneath the Australian Institute of Aboriginal and Torres Strait Islander

Studies building, and another submerged beneath the lake at the site of the old Acton racecourse.

Acton Peninsula has gained additional cultural significance to the contemporary Aboriginal community as the setting of the old Canberra Hospital. A large number of the current community and their family were born at the site, were treated for illness, or died/lost family members at that place. As such, the area holds significance as a site of birth and death for the community (Tony Boye, Ngarigu Currawong Clan, personal communication, also GML 2009, p. 53).

A report by Jackson-Nakano and House (2007) lays claim to the presence of a birth tree at Acton at the site of the old Canberra Hospital, however no other references to a birth tree have been found.

Summary

As part of the Acton Peninsula and broader landscape, and as the site of the former Royal Canberra Hospital, the complex meets this criterion.

4. STATEMENT OF SIGNIFICANCE

4.1 STATEMENT OF SIGNIFICANCE

This section begins with the formal Commonwealth Heritage Values for the listed places. This is followed by a suggested revised statement of significance for the whole Acton Complex based on the research undertaken for this plan.

The analysis in the previous chapter casts doubt on a number of aspects of the current Commonwealth Heritage values. These aspects are:

- the gravels that overlie the Acton Peninsula Limestone Outcrops which may be of Tertiary age (Criterion (a));
- that the setting of the outcrops has aesthetic importance (Criterion I);
- various historic associations for the buildings – mid-twentieth century approaches to the treatment of infectious diseases or otherwise to hospital operations, medical care in World War 2, and their role as a hospice;
- the architectural style of the former ward buildings; and
- associations with Griffin, Curley, the group of former medical superintendents and Irwin.

None the less, the formal Commonwealth Heritage Values must be the basis of this plan. In the suggested revised statement of significance, for consistency, the current Commonwealth Heritage values related to the aspects listed above are included as well.

References to criteria in the following section relate to the Commonwealth Heritage Criteria (reproduced at Appendix F).



Acton Peninsula Building 1 Commonwealth Heritage Values

Criterion A Processes

The single storey brick former Isolation Ward (Building 1), is a significant component of a group of extant buildings of the former Royal Canberra Hospital complex that operated for the benefit of the Canberra community over a period of five decades. The hospital group, consisting of the Isolation Block, H Block and Medical Superintendent's Residence, was constructed during the 1940s on the former Acton property that was resumed by the Commonwealth Government in 1911. The area became the first major site of Federal Capital occupancy, fulfilling a component of Walter Burley Griffin's plan for a Hospital at Acton. The former Isolation Ward (Building 1) as part of the hospital group, is a major representative feature of hospital history at Acton Peninsula, provides physical evidence of the mid-twentieth century approaches to the treatment of infectious diseases. The building has importance for its association with World War Two medical care and for its use as a hospice during the 1990s.

Attributes

The whole building and its setting.

Criterion D Characteristic values

The building is an example of the Interwar Functionalist style and retains significance in its external original fabric, timber framed windows on the south side, the tiles to sill on northern verandah windows, the infill section to H Block, the infill section to the southwest corner and the verandah form along the north side of the building.

Attributes

The building's Interwar Functionalist styling as demonstrated in the features noted above.

Criterion G Social value

The former hospital group buildings have social importance to the Canberra community who had great attachment to the hospital and strongly petitioned against its closure.

Attributes

The whole building and its setting.

Criterion H Significant people

The building is significant because of its association with people such as Walter Burley Griffin, who designated Acton Peninsula for hospital use and hospital staff who had a longevity of association with the hospital such as Matron, Sylvia Curley.

Attributes

The building and its location on Acton Peninsula.

Acton Peninsula Building 2 Commonwealth Heritage Values

Criterion A Processes

The single storey brick and tiled roof H Block (Building 2), is a significant component of a group of extant buildings of the former Royal Canberra Hospital complex that operated for the benefit of the Canberra community over a period of five decades. The hospital group, consisting of the Isolation Block, H Block and Medical Superintendent's Residence, was constructed during the 1940s on the former Acton property that was resumed by the Commonwealth Government in 1911. The area became the first major site of Federal Capital occupancy, fulfilling a component of Walter Burley Griffin's plan for a Hospital at Acton. H Block, as part of hospital group, as a major feature of hospital group provides physical evidence of the mid-twentieth century approaches to the treatment of infectious diseases. The building has importance for its association with World War Two medical care and for its use as a hospice during the 1990s.

Attributes

The whole of H Block and its setting.

Criterion D Characteristic values

The building is an example of the Interwar Functionalist style and retains significance in its external original fabric, fluted pattern glass, early additions to the north side, the infill section to the Isolation Block, the timber panelled infill section to the south.

Attributes

The building's Interwar Functionalist style as evident in the features noted above.

Criterion G Social value

The former hospital group buildings have social importance to the Canberra community who had great attachment to the hospital and strongly petitioned against its closure.

Attributes

The building and its setting.

Criterion H Significant people

The building is significant because of its association with people such as Walter Burley Griffin, who designated Acton Peninsula for hospital use, Leighton Irwin, the designer of the building, and hospital staff who had a longevity of association with the hospital such as Matron, Sylvia Curley.

Attributes

The building and its setting.

Acton Peninsula Building 15 Commonwealth Heritage Values

Criterion A Processes

The Medical Superintendents Residence (Building 15) is a significant component of a group of extant buildings of the former Royal Canberra Hospital complex that operated for the benefit of the Canberra community over a period of five decades. The hospital group was constructed during the 1940s on the former Acton property that was resumed by the Commonwealth Government in 1911 and became the first major site of Federal Capital occupancy, fulfilling a component of Walter Burley Griffin's plan for a Hospital at Acton. The former Medical Superintendent's Residence was used as such until the hospital was moved to its new location in 1996. It provides evidence of the twentieth century approach to the operation of hospital complexes, where senior management lived within the hospital precinct.

Attributes

The whole of the Medical Superintendent's Residence and its setting.

Criterion D Characteristic values

The Medical Superintendent's House is a significant example of the Interwar Functionalist style with major features of projecting concrete roofs and corner windows.

Attributes

The building's Interwar Functionalist style, including projecting concrete roofs and corner windows.

Criterion G Social value

The former hospital group buildings have social importance to the Canberra community who had great attachment to the hospital and strongly petitioned against its closure

Attributes

The whole of the Medical Superintendent's Residence and its setting.

Criterion H Significant people

The building is significant because it has links with the community of medical superintendents who worked Canberra Hospital, being the residence of nine medical superintendents or acting superintendents from 1941 until 1996. It has an association with the Canberra planner, Walter Burley Griffin, who designated Acton Peninsula for hospital use and its designer, the architect Leighton Irwin.

Attributes

The whole building, its original architectural values, plus its location.

Acton Peninsula Limestone Outcrops Commonwealth Heritage Values

Criterion A Processes

Acton Peninsula Limestone Outcrops are significant group which extends 80m-100m along the eastern shore of Acton Peninsula. The age of the limestone is Late Silurian (approximately 425 million years) and it contains sparsely distributed fragmentary macro fossils of corals and shells. Very little limestone is now exposed in the area. The Acton Peninsula Limestone Outcrop is the most accessible and continuous exposure of the limestone which induced Europeans to give the area the name Limestone Plains, now the site of the National Capital.

Associated with the Acton Peninsula Limestone Outcrops are quartz rich gravels from the Tertiary (between 5 and 65 million years old). These gravels sit directly on top of the limestone and in some places have formed potholes that indicate that the Molonglo River once flowed over this site. The ancient water level is about 25m above the height that the river was before the formation of Lake Burley Griffin.

The Acton Peninsula Limestone Outcrops along with the Isolation Ward (Building 1), H Block (Building 2), the former Medical Superintendent's Residence (Building 15) and Acton Peninsula Trees Group (landscaping and plantings) are a significant element remaining on Acton Peninsula, that can trace the story of European settlement and Canberra's city development.

Attributes

The whole of the exposed area of the outcrop, plus the quartz rich gravels on top of the outcrop and

the formed potholes.

Criterion E Aesthetic characteristics

The outcrops with the historic associations and woodland setting by the lakeshore has aesthetic importance.

Attributes

The limestone outcrops and their woodland setting.

Proposed Statement of Significance for the Acton Complex

The Acton Complex comprises a range of features including limestone outcrops, buildings, garden areas and trees. The complex has a range of heritage values related to a number of different stories such as its historical associations with early European settlement, with the former Royal Canberra Hospital, and the development of the national capital. Some of these features are rare surviving evidence of important associations. The complex has aesthetic and social values, and some features also display creative achievement. As part of the Acton Peninsula and broader landscape, the complex also has cultural significance for the Aboriginal community.

The Acton Peninsula Limestone Outcrops have important heritage values in that it is the only significant remaining outcrop of limestone in central Canberra. These outcrops were the reason this area was called 'The Limestone Plains' which was the site chosen for the new national capital in the early twentieth century. Before the development of Canberra and the damming of the Molonglo River to form Lake Burley Griffin, there were other outcrops of limestone in central Canberra but these have since been covered by buildings or by water. The limestone is a fairly non-descript grey limestone with sparse fossil fragments and is Silurian in age (428-425 million years old).

Associated with the Acton Peninsula Limestone Outcrops are quartz rich gravels from the Tertiary (between 5 and 65 million years old). These gravels sit directly on top of the limestone and in some places have formed potholes that indicate that the Molonglo River once flowed over this site. The ancient water level is about 25 metres above the height that the river was before the formation of Lake Burley Griffin.

The remaining former hospital buildings have significant heritage value for their role and association with the Royal Canberra Hospital in the period 1943-1991. The hospital was the major medical facility in Canberra during this long period, noting that its prominence declined with the later development of other hospitals in the city, and this role ended in 1991. These surviving buildings were important parts of the working hospital complex, and remain as symbols of the larger complex. The interior changes to the former wards diminishes this value.

In addition, each former ward building, as part of the former hospital, provides physical evidence of mid-twentieth century approaches to the treatment of infectious diseases. The buildings have importance for associations with World War Two medical care, and for their use as a hospice during the 1990s.

The former Medical Superintendent's Residence provides evidence of the twentieth century approach to the operation of hospital complexes, where senior management lived within the hospital precinct.

The garden areas and associated trees (discussed in more detail below) share the

association of the buildings with the former Royal Canberra Hospital, although they are apparently less intact compared to the hospital period.

The surviving former hospital buildings are significant for their association with the Griffin plan for Canberra, being consistent with the plan.

The trees have a range of historical values or associations. The trees associated with Acton House (1824) are significant as symbolic markers of the first European occupation on the Limestone Plains. The surviving trees do not appear to date from the earliest period of settlement, however they are quite old and remain as the only markers of Acton House.

The trees associated with, or possibly associated with Charles Weston are significant as part of the early phase of tree planting in the creation of the national capital. In particular, the trees are associated with the administrative centre of the early capital at Acton, and some are remnant street plantings for the Lennox Crossing Road – an important road in early Canberra. It was one of the two roads which crossed the Molonglo River and joined north and south Canberra in the period up to the 1960s.

The later plantings are significant as ornamental plantings associated with the development of Canberra Hospital (later the Royal Canberra Hospital) from the 1940s, and others are associated with the creation of Lake Burley Griffin in the 1960s. A few of the early hospital buildings survive and many of the later plantings are part of the curtilage for these buildings.

At least some of the twentieth century plantings are significant as edge plantings for Lake Burley Griffin – either being planted for the lake edge, or becoming part of the edge plantings anyway. The lake is a major part of the original Griffin design for Canberra and an important feature in the story of the national capital.

The Acton Peninsula is situated in a primarily open space corridor that verges the lake on the Molonglo River corridor. This corridor is also connected with various parts of the Canberra Nature Park. Even though the indigenous vegetation of the peninsula has all but gone, the planted vegetation still provides value as a contribution to an east-west movement corridor for wildlife through the central urban area of Canberra, especially for mobile species such as birds.

(Criterion (a))

The limestone outcrops are rare as the only significant remaining outcrop of limestone in central Canberra, as noted under Criterion (a), which is associated with the naming of the area as the Limestone Plains.

The buildings, garden areas and associated trees are rare surviving evidence of the former Royal Canberra Hospital in the period 1943-1991, the other evidence of the hospital having been demolished. As noted under Criterion (a), the hospital was an important facility in the history of the national capital.

(Criterion (b))

The Acton Peninsula Building 1 – former TB Ward is an example of the Interwar Functionalist style and retains significance in its external original fabric, timber framed windows on the south side, the tiles to the sill on northern verandah windows, the infill

section to Acton Peninsula Building 2 – former Isolation Ward, the infill section to the southwest corner, and the verandah form along the north side of the building.

The Acton Peninsula Building 2 – former Isolation Ward is an example of the Interwar Functionalist style and retains significance in its external original fabric, fluted pattern glass, early additions to the north side, the infill section to Acton Peninsula Building 1 – former TB Ward, and the timber panelled infill section to the south.

The former Medical Superintendent's Residence displays a range of key and other indicators of the Inter-War Functionalist style, as well as other style features, and it is a moderately good example of the style.

(Criterion (d))

The peninsula's combination of bush landscape, expansive lawns, old trees, gardens, heritage buildings and scenic lake views provide a pleasant and serene ambience that evokes important feelings of wellbeing in the Canberra community because of its positive compositional qualities and picturesque attributes.

The built and landscape aesthetics of the former hospital buildings and immediate curtilage hold significant heritage value to the former hospital community for their ability to evoke special feelings of nostalgia.

As a landmark, the Acton Complex inspires both varied and strong emotional responses in Canberrans linked to their community identity, history and personal experience.

In addition, the Acton Peninsula edge plantings have aesthetic value for the Australian and Canberra communities as part of the Lake Burley Griffin landscape.

The limestone outcrops with the historic associations and woodland setting by the lakeshore have aesthetic importance.

(Criterion I)

The former Medical Superintendent's Residence is a moderately good example of the Inter-War Functionalist style and displays a high degree of creativity.

The edge plantings at Acton are significant for their contribution to the overall lakeshore plantings, these being a substantial creative achievement as part of the realisation of Lake Burley Griffin and its landscape.

(Criterion (f))

The Acton Complex reflects the life of Canberra through its multilayered natural, landscape and built attributes. It is important to the Canberra community for its ability to trigger associated memories over generations and changing uses.

The former hospital buildings and immediate curtilage provide a strong and tangible reminder to former hospital staff, patients and visitors of important work, social and life events that occurred there over decades.

Together, the Acton Peninsula site and limestone outcrop hold significance to the wider

Canberra community for their capacity to interpret the local and national story of the place since its Aboriginal beginnings through to today.

The surrounding trees hold continued social significance to past hospital workers and visitors for the special memories associated with them, and to contemporary Acton community members who are now forming attachment to these same trees.

The bush landscape along the lake's edge is important to a range of Canberra community members as a place of leisure, tranquillity and solitude, having been strongly valued in this way over decades.

The Acton Complex is important to Canberrans as the central place of recognition, memory and reflection of Old Acton, the Royal Canberra Hospital and hospital closure and demolition of most buildings.

(Criterion (g))

The remaining former hospital buildings arguably have significant heritage value for their association with the staff of the Royal Canberra Hospital in the period 1943-1991, such as Matron Sylvia Curley. The hospital was the major medical facility in Canberra during this long period, and its staff provided a vital service to the community of Canberra and the wider region.

The buildings are significant because of their association with Walter Burley Griffin, as the designer of Canberra, who designated Acton Peninsula for hospital use.

The Acton Peninsula Building 2 – former Isolation Ward, and the Medical Superintendent's Residence are significant because of their association with Leighton Irwin, the designer of the buildings.

The former Medical Superintendent's Residence is significant because it has links with the group of medical superintendents who worked at Canberra Hospital, being the residence of nine medical superintendents or acting superintendents from 1941 until 1996.

The garden areas and associated trees share the association of the buildings with the former Royal Canberra Hospital staff.

In addition, there are two individuals who have a strong role in the early history of the Royal Canberra Hospital. John Cumpston (1880-1954) is an important figure in Australia's history, being the first director-general of the Australian Department of Health and prominent in the early history of the national capital. Cumpston played an active and intimate role in the early development of the hospital, and he has a special association with the surviving elements.

Dr Lewis Nott (1886-1951) is also a prominent figure as a politician, a medical practitioner and hospital superintendent. Nott played various prominent roles in the provision of medical services in the early history of the national capital. He was a forceful early advocate for the new hospital, intimately involved in the design of facilities, and was on several occasions the medical superintendent of the hospital. Nott also has a special association with the surviving elements.

(Criterion (h))

As part of the Acton Peninsula and broader landscape, the complex has cultural significance for the Aboriginal community.

The peninsula's location within the broader landscape is acknowledged as playing a central role in the both the economic and cultural/spiritual existence of Aboriginal communities. The Molonglo River valley is known to have provided resources essential to the traditional way of life, including animal and plant resources, and fresh water. Additionally, the area has been shown to be part of a series of essential pathways through the region and act as a focal point for spiritual/ceremonial gatherings. The Acton Peninsula once acted as an integral part of a broad cultural landscape extending beyond the current study area to include Black Mountain and its environs. Of particular note are the two corroboree sites known to have existed within the immediate vicinity, both being outside the study area.

Acton Peninsula has gained additional cultural significance to the contemporary Aboriginal community as the setting of the old Canberra Hospital. The area holds significance as a site of birth and death for the community.

(Criterion (i))

4.2 ATTRIBUTES RELATED TO SIGNIFICANCE

The following list of attributes are features that express or embody the heritage values detailed above, and these are useful in ensuring protection for the values. The table presents attributes formally identified in the Commonwealth Heritage place record, as well as those related to the suggested revised statement of significance for the Acton Complex.

| Table 4. Attributes Related to Significance | |
|--|---|
| Criteria | Attributes |
| Attributes based on Commonwealth Heritage Values | |
| Acton Peninsula Building 1 | |
| Criterion A | The whole building and its setting |
| Criterion D | The building's Interwar Functionalist styling as demonstrated in the features noted above (ie. external original fabric, timber framed windows on the south side, the tiles to sill on northern verandah windows, the infill section to H Block, the infill section to the southwest corner and the verandah form along the north side of the building) |
| Criterion G | The whole building and its setting |
| Criterion H | The building and its location on Acton Peninsula |
| Acton Peninsula Building 2 | |
| Criterion A | The whole of H Block and its setting |
| Criterion D | The building's Interwar Functionalist style as evident in the features noted above (ie. external original fabric, fluted pattern glass, early additions to the north side, the infill section to the Isolation Block, the timber panelled infill section to the south) |
| Criterion G | The building and its setting |
| Criterion H | The building and its setting |
| Acton Peninsula Building 15 | |
| Criterion A | The whole of the Medical Superintendent's Residence and its setting |
| Criterion D | The building's Interwar Functionalist style, including projecting concrete roofs and corner windows |
| Criterion G | The whole of the Medical Superintendent's Residence and its setting |
| Criterion H | The whole building, its original architectural values, plus its location |
| Acton Peninsula Limestone Outcrops | |
| Criterion A | The whole of the exposed area of the outcrop, plus the quartz rich gravels on top of the outcrop and the formed potholes |
| Criterion E | The limestone outcrops and their woodland setting |
| Attributes based on Revised Statement of Significance for the Acton Complex | |
| Criterion (a) – History | Geological limestone outcrops Gravels overlying the outcrops Former hospital buildings, garden areas and associated trees Trees associated with Acton House, Weston, the creation of Lake Burley Griffin |
| Criterion (b) – Rarity | Geological limestone outcrops Former hospital buildings, garden areas and associated trees |
| Criterion (d) – Representativeness | The indicators of the Inter-War Functionalist style, as well as other style features, of the former ward buildings: <ul style="list-style-type: none"> Acton Peninsula Building 1 – former TB Ward – external original fabric, timber framed windows on the south side, the tiles to the sill on northern verandah windows, the infill section to Acton Peninsula Building 2 – former Isolation Ward, the infill section to the southwest corner, and the verandah form along the north side of the building Acton Peninsula Building 2 – former Isolation Ward external original fabric, |

Table 4. Attributes Related to Significance

| Criteria | Attributes |
|--|--|
| | <p>fluted pattern glass, early additions to the north side, the infill section to Acton Peninsula Building 1 – former TB Ward, and the timber panelled infill section to the south</p> <p>The indicators of the Inter-War Functionalist style, as well as other style features, of the former Medical Superintendent's Residence:</p> <ul style="list-style-type: none"> • asymmetrical massing of the overall building; • cantilevered hoods over the front and back doors; • stairs expressed by the projecting vertical bay on the southwest side; • corner windows; and • porthole window and gable vents |
| Criterion I – Aesthetics | <p>Bush landscape, expansive lawns, old trees, gardens, heritage buildings and scenic lake views providing a pleasant and serene ambience</p> <p>Former hospital buildings and immediate curtilage</p> <p>Lake edge plantings</p> <p>Limestone outcrops with woodland setting</p> |
| Criterion (f) – Creative and technical achievement | <p>The indicators of the Inter-War Functionalist style, as well as other style features, of the former Medical Superintendent's Residence (as above)</p> <p>Lake edge plantings</p> |
| Criterion (g) – Social | <p>Acton Complex, including the limestone outcrops</p> <p>Former hospital buildings and curtilage</p> <p>Trees</p> <p>Bush landscape</p> |
| Criterion (h) – Associations | <p>Former hospital buildings, garden areas and associated trees</p> |
| Criterion (i) – Indigenous tradition | <p>No specific heritage sites were identified in the study area, however its location forms part of a larger Aboriginal cultural landscape with particular links to Black Mountain and the Molonglo River valley, acting as a focal point for traditional economic and ceremonial activities within the region. Two important corroboree sites are known to have existed within the study area and environs, and retain ongoing significance to the contemporary Aboriginal community.</p> <p>Former hospital buildings, garden areas and associated trees</p> |

5. DEVELOPMENT OF POLICY – OPPORTUNITIES AND CONSTRAINTS

5.1 IMPLICATIONS ARISING FROM SIGNIFICANCE

Based on the statement of significance presented in Chapter 4, the following management implications arise. The following attributes should be conserved:

- limestone outcrops and overlying gravels with woodland setting;
- former hospital buildings, garden areas and associated trees;
- trees associated with Acton House, Weston, the creation of Lake Burley Griffin, and otherwise lake edge plantings;
- the bush landscape, expansive lawns, old trees, gardens, heritage buildings and scenic lake views providing a pleasant and serene ambience;
- the indicators of the Inter-War Functionalist style, as well as other features, of the former ward buildings; and
- the indicators of the Inter-War Functionalist style, as well as other style features, of the former Medical Superintendent's Residence.

These implications do not automatically lead to a given conservation policy in Chapter 6. There are a range of other factors that must also be considered in the development of the policy, and these are considered in the rest of this chapter. Such factors may modify the implications listed above to produce a different policy outcome.

5.2 LEGISLATIVE REQUIREMENTS

The management of the Acton Complex operates within a legislative framework which includes the:

- *Australian Capital Territory (Planning and Land Management) Act 1988* (Commonwealth);
- *Environment Protection and Biodiversity Conservation Act 1999* (Commonwealth); and
- *Building Code of Australia*.

In addition, there are a range of relevant subsidiary plans and policies. This framework and relevant elements are briefly described below.

Australian Capital Territory (Planning and Land Management) Act 1988 (Commonwealth)

The Act establishes the National Capital Authority, and requires the NCA to prepare and administer a *National Capital Plan* (National Capital Authority 2016). The *National Capital Plan* defines Designated Areas and sets out detailed policies for land use and detailed conditions for planning, design and development within them. Works approval must be obtained from the NCA for all 'works' proposed within a Designated Area.

The complex is part of the Central National Area (Lake Burley Griffin and Foreshores), and the area is a Designated Area as defined in the *National Capital Plan*. Therefore all 'works' affecting the area require written approval from the NCA. The complex is also on

National Land.

The following section describes the *National Capital Plan*. However, the NCA also has an asset management role and this is separately described in Section 5.4 below.

National Capital Authority and National Capital Plan

The statutory object of the plan is to ensure that Canberra and the ACT are planned and developed in accordance with their national significance (National Capital Authority 2016, p. 9). In particular, the plan seeks to preserve and enhance the special characteristics and those qualities of the National Capital which are of national significance.

The plan describes the broad pattern of land use to be adopted in the development of Canberra and other relevant matters of broad policy. The plan also sets out detailed conditions for the planning, design and development of National Land which includes the Acton Complex. As noted above, works within a Designated Area require written approval from the NCA and must meet these detailed conditions. Such works include:

- the construction, alteration, extension or demolition of buildings or structures;
- landscaping;
- tree-felling; and
- excavation.

Such works also include the installation of sculpture. Works exclude anything done inside buildings or structures.

Specific relevant sections of the plan include:

- principles and policies for the Central National Area (*National Capital Plan*, Section 4.1);
- precinct code for Acton Peninsula, including detailed conditions of planning, design and development (NCP Section 4.13);
- principles for heritage (NCP Section 2.4);
- design and siting general code (NCP Section 4.19); and
- signs general code (NCP Section 4.20).

The plan provides extensive and detailed guidance on a wide variety of matters. It is difficult to briefly summarise the relevant guidance however, its scope includes:

- the role of the capital;
- preferred uses;
- character to be achieved/maintained;
- hydraulics and water quality;
- access;
- development conditions, including scale of development;
- parking and traffic arrangements;
- standard and nature of building, and urban design and siting, including landscaping;
- management planning for features;
- heritage places;
- signage;
- maintenance and management of the lake; and
- infrastructure.

Acton Peninsula precinct code

This code within the *National Capital Plan* includes the following objective,

‘protect the qualities and features of places of heritage significance’ (NCA 2016, p. 169)

The land use relevant to the complex is defined as National Capital Use (NCA 2016, p. 171). In addition,

‘The following uses are permitted for the ‘Medical Superintendent’s Residence’, ‘H Block’, ‘Former Isolation Ward’ and ‘Limestone House’:

- » Consulting Rooms
- » Research Facility
- » Educational Establishment
- » Office
- » Restaurant.’ (NCA 2016, p. 170)

The code addresses heritage, landscape character, built form, transport and movement on the peninsula.

Acton Peninsula Precinct Structure Plan

The NCA has also developed this structure plan to provide overarching principles and policies for the development of the peninsula (NCA 2017). It is intended that aspects of the structure plan will be incorporated into the *National Capital Plan*. Accordingly, at this stage, the structure plan is a proposal only.

The structure plan recognises the heritage places on the peninsula.

Key proposals arising from the plan which are relevant to the Acton Complex include:

- extending the lakeshore land into West Basin, and creating a regular arc shoreline compared to the current naturalistic shoreline;
- creating a major pedestrian and cycle path along the shoreline;
- there will be public open space in the vicinity of the limestone outcrops;
- there will be a ‘landscape destination’ in the vicinity of the heritage buildings; and
- there will also be a small development zone in the vicinity of the southeast end of the Isolation Ward.

The exact impact, if any, of these proposals on the heritage places has not yet been assessed. The structure plan has also been prepared at a large scale, and it is not fully clear how the proposals relate to the heritage places in detail.

Environment Protection and Biodiversity Conservation Act 1999

This Act has certain relevant provisions relating to heritage places generally, and especially relating to places on the Commonwealth Heritage List. The buildings and geological feature which are part of the Acton Complex have been entered in the Commonwealth Heritage List, and the collection of trees has been assessed as having potential Commonwealth Heritage value by consultants in a separate report.

The EPBC Act requires approval from the Minister for the Environment for all actions likely to have a significant impact on matters protected under Part 3 of the Act. This includes Commonwealth actions (section 28) and Commonwealth land (section 26). Actions by the National Capital Authority may be Commonwealth actions and the Acton Complex is Commonwealth land for the purposes of the Act.

The Act provides that actions:

- taken on Commonwealth land which are likely to have a significant impact on the environment will require the approval of the Minister;
- taken outside Commonwealth land which are likely to have a significant impact on the environment on Commonwealth land, will require the approval of the Minister; and
- taken by the Commonwealth or its agencies which are likely to have a significant impact on the environment anywhere will require approval by the Minister.

Significant impact is defined as follows.

‘A ‘significant impact’ is an impact which is important, notable, or of consequence, having regard to its context or intensity. Whether or not an action is likely to have a significant impact depends upon the sensitivity, value, and quality of the environment which is impacted, and upon the intensity, duration, magnitude and geographic extent of the impacts. You should consider all of these factors when determining whether an action is likely to have a significant impact on the environment.’ (DEWHA 2010, p. 3)

The definition of ‘environment’ in the EPBC Act includes the heritage values of places, and this is understood to include those identified in the Commonwealth Heritage List and possibly in other authoritative heritage lists. The definition of ‘action’ is also important. Action includes:

- a project;
- a development;
- an undertaking;
- an activity or series of activities; and
- an alteration of any of the things mentioned.

However, a decision by a government body to grant a governmental authorisation, however described, for another person to take an action is not an action for the purposes of the Act. It is generally considered that a government authorisation entails, but is not limited to, the issuing of a license or permit under a legislative instrument. (Sections 523-4 of the EPBC Act)

If a proposed action on Commonwealth land or by a Commonwealth agency is likely to have a significant impact on the environment, it is necessary to make a referral under sections 68 or 71 of the EPBC Act. The Minister is then required to decide whether or not the action needs approval under the Act, and to notify the person proposing to take the action of his or her decision.

In deciding the question of significant impact, section 75(2) of the EPBC Act states that the Minister can only take into account the adverse impacts of an action, and must not consider the beneficial impacts. Accordingly, the benefits of a proposed action are not relevant in considering the question of significant impact and whether or not a referral should be made.

It is possible to obtain an exemption from seeking approval for an action if an accredited management arrangement, such as a plan, is in place (see sections 33 and 34F). This plan is not an accredited management arrangement.

Other specific heritage provisions under the Act include:

- the creation of a Commonwealth Heritage List and a National Heritage List; and
- special provisions regarding Commonwealth Heritage and National Heritage (these are discussed below).

The EPBC Act is complex and the implications of some aspects are not entirely clear. Given this situation, and that significant penalties can apply to breaches of the Act, a cautious approach seems prudent.

Commonwealth Heritage Listing

As noted above, this list is established under the EPBC Act. The buildings and geological feature are entered on the Commonwealth Heritage List (see Appendix B for the relevant Commonwealth Heritage List place records).

Commonwealth Heritage places are protected under certain general provisions of the EPBC Act related to Commonwealth actions and Commonwealth land, and these are described above. In addition, all Commonwealth Government agencies that own or control (eg. lease or manage) heritage places are required to assist the Minister for the Environment and the Australian Heritage Council to identify and assess the heritage values of these places. They are required to:

- develop a heritage strategy;
- develop a register of places under their control that are considered to have Commonwealth Heritage values;
- develop a management plan to manage places on the Commonwealth Heritage List consistent with the Commonwealth Heritage management principles and management plan requirements prescribed in regulations to the Act; and
- ensure the ongoing protection of the Commonwealth Heritage values of the place when selling or leasing a Commonwealth Heritage place.

The NCA has prepared a heritage strategy which addresses a range of general issues related to heritage places and asset management systems.

Guidelines for management plans prepared by the Department of Agriculture, Water and the Environment are available and have been used in the preparation of this plan (DEE 2019). This plan has been developed consistent with the requirements of the Act, and Appendix K records how this heritage management plan complies with the various EPBC Act requirements.

This plan addresses the conservation and management of the existing Commonwealth Heritage values of the complex and related attributes. To the extent that the plan provides a better understanding of the heritage values of the complex, it generally encompasses the existing Commonwealth Heritage values and expands or extends the values. A table in Appendix K notes the policies and strategies which are relevant to the conservation of the attributes.

A summary of the statutory and other heritage listings relevant to the Acton Complex is provided in the following table.

| Table 5. Heritage Listings relevant to the Acton Complex | |
|---|---|
| List and Places | Listing Body and Implications |
| Commonwealth Heritage List | |
| Acton Peninsula Building 1 Acton Peninsula Building 2 Acton Peninsula Building 15 Acton Peninsula Limestone Outcrops | Minister for the Environment. Places are subject to statutory protection and other measures under the EPBC Act 1999. |

Building Code of Australia

The Code is the definitive regulatory resource for building construction, providing a nationally accepted and uniform approach to technical requirements for the building industry. It specifies matters relating to building work in order to achieve a range of health and safety objectives, including fire safety.

All building work in the Acton Complex, including that affecting the buildings, should comply with the Code. As far as possible, the NCA aims to achieve compliance with the Code, although this may not be entirely possible because of the nature of and constraints provided by existing circumstances, such as an existing building.

5.3 STAKEHOLDERS

There are several stakeholders with an interest in and concern for the Acton Complex. These include the:

- Representative Aboriginal Organisations (ACT);
- users of and visitors to the area;
- Commonwealth department responsible for heritage, currently the Department of Agriculture, Water and the Environment;
- Australian Heritage Council;
- ACT Heritage Council;
- National Trust of Australia (ACT);
- National Museum of Australia (NMA);
- Geological Society of Australia; and
- Acton Walkways.

The interests of a few of these stakeholders are related to legislation which is separately described above. The following text provides a brief description of the interests of the other stakeholders listed.

The National Capital Authority as the managing agency for the Acton Complex and its interests are discussed in the following section.

Representative Aboriginal Organisations

These organisations are identified under the *Heritage Act 2004* (ACT). They are the Aboriginal community representative organisations which are normally consulted regarding Aboriginal heritage matters in the ACT. These organisations were consulted in the preparation of this plan, and their views are noted in appropriate sections.

Users and visitors

The Acton Complex appears to attract a range of users and visitors who come to it for sight-seeing, tourism, education and recreational reasons. This includes people who have an association with the former hospital, for example because they worked at the hospital, and they visit the peninsula because of their past connection. General issues which are, or are likely to be of concern include:

- access to interpretive materials;
- access for users and visitors, including by public and private transport, by car and bus;
- parking for users and visitors;
- facilities for users and visitors (eg. toilets and food outlets); and
- developments or adjacent developments affecting the complex, including construction-phase impacts.

Drawing from the community values researched, it was noted that the path around Acton Peninsula is well used and loved. This includes the lake edge path which passes the buildings and limestone outcrops. Frequent users include NMA, AIATSIS and ANU staff and students, bike riders, walkers, joggers, tourists, leisure seekers and those who park in the NMA car park and walk to Civic to work. The NMA has noted that during the relatively recent construction of the building extension between the existing main NMA building and the former hospital buildings, the NMA was contacted by many concerned

users regarding the temporary interruption to the path. People highlighted two important features for retention:

- all abilities access to a path right around the peninsula that links up with other paths to the city; and
- the importance of the bushland environment that feels ‘untouched’, and it is appreciated as the only identified such area in central Canberra.

The limestone outcrops are often visited as part of organised walking tours around Acton, and also by more specialised geological excursions. The outcrops are also a geocaching site, and accordingly may be visited by geocaching enthusiasts.

The outcrops are also a geocaching site. Geocaching is a real-world, outdoor treasure hunting game using GPS-enabled devices. Participants navigate to a specific set of GPS coordinates and then attempt to find the geocache (container) hidden at that location.

ACT Heritage Council

The ACT Heritage Council is the ACT Government’s principal advisory and decision-making body established under ACT legislation. While it has no statutory role in the case of the complex, it maintains a broad interest in the heritage of the ACT.

National Trust of Australia (ACT)

The Trust is a community-based heritage conservation organisation. It maintains a register of classified places, and generally operates as an advocate for heritage conservation. Listing on the Trust’s register carries no statutory power, though the Trust is an effective public advocate in the cause of heritage.

The Trust has not classified any of the components of the Acton Complex but it remains interested in the conservation of the ACT’s heritage and any developments which might have an impact on it.

National Museum of Australia

The NMA is a Commonwealth Government agency which has its major facility located on the peninsula. The NMA also formerly occupied the two former ward buildings and the former residence, including the use of the garden areas for these buildings.

The NMA maintains an ongoing interest in the complex given it is a neighbour.

The NMA also conducts an interpretive program related to the peninsula.

With regard to the future, the NMA and the adjacent Australian Institute of Aboriginal and Torres Strait Islander Studies (AIATSIS) would like to improve access and visibility between the West Basin shore and the central part of the peninsula, and also considerably enhance the interpretation of heritage values.

Geological Society of Australia

The Society is a non-profit organisation which aims to promote, advance and support Earth sciences in Australia. Key strategies are to:

- cater for a wide diversity of members;

- influence the decision making processes of government, particularly to support geoscience research and teaching;
- encourage and promote wider community awareness and application of Earth sciences; and
- provide media and forums for communication in the Earth sciences.

The Society 's members represent all Earth science professions.

The Society has a Division in each state and territory, including the ACT. Specialist Groups cater to different sectors of the Earth sciences. The GSA (ACT Division) has a Geological Heritage Sub-committee.

The Society has been active over many years in promoting the conservation of and education about the limestone outcrops, including specialised geological excursions. The outcrops have been included in presentations and publications about the geology of Canberra.

Acton Walkways

Acton Walkways is a local community initiative, established in 2009 to raise awareness of the Acton region for its natural beauty, history, culture, intellectual and artistic highlights. Acton Walkways has included the limestone outcrops and the three former hospital buildings on its website.

5.4 MANAGEMENT CONTEXT, REQUIREMENTS AND ASPIRATIONS

This section deals with:

- current NCA management structure and systems;
- uses and users of the complex;
- interpretation;
- management issues; and
- future requirements and aspirations.

Current NCA Management Structure and Systems

The Acton Complex is generally the responsibility of and managed by the National Capital Authority.

General Management Framework

The NCA is an Australian Government statutory authority established under the *Australian Capital Territory (Planning and Land Management) Act 1988*. This Act is briefly described in the legislation section above, especially with regard to the *National Capital Plan* and the development control role of the NCA.

The NCA undertakes design, development and asset management for some of the National Capital's most culturally significant landscapes and national attractions, as well as for other assets located on National Land. In managing these assets the NCA must ensure that they are created, maintained, replaced or restored to:

- enhance and protect the unique qualities of the National Capital; and
- support activities and events which foster an awareness of Canberra as the National Capital.

The NCA has an asset management strategy linked to its corporate plan and operational activities. The strategy:

- provides the framework for the NCA's decision-making about the creation of new assets and the care of existing assets; and
- guides decision-making about the level and standard of care required for assets.

In managing its assets, the NCA aims to ensure that maintenance and other practices are consistent with the design intent, and support the objectives of the *National Capital Plan*. The NCA has a management structure relevant to the complex. In the 2012-13 financial year the NCA's overall expenditure was \$20.9 million and it had 62 employees.

Day-to-day Management, Operation and Maintenance

The National Capital Estate Unit has responsibility for all aspects of asset management on National Land. This includes:

- estate development and renewal;
- asset management; and
- venue management.

The Estate Development and Renewal team delivers the NCA's Capital Works Program, including works to enhance or protect national assets, construction of public infrastructure, and development of the landscape settings for new building sites, public parks and places, commemoration and celebration.

The Estate Management team has responsibility for the maintenance and management of the Acton Complex. The place is maintained under contracts for various components or classes of work, and relate to the:

- infrastructure and buildings on National Land, encompassing cleaning, maintenance, cost plans, condition assessments and minor capital works. Various civil infrastructure assets, such as footpaths, cycle ways and roads, are also included. The contractor aids the NCA in the upkeep and refurbishment of national assets through preventative maintenance programs, condition assessments, cleaning and cost plans. Any issues identified through these processes form the basis of planned maintenance and the minor capital works program for the financial year; and
- open space such as parks and gardens on National Land. General tasks under the contract include, mowing, weeding, edging, tree care, irrigation maintenance, graffiti removal, rubbish removal, and footpath and paving cleaning.

In the case of the Acton Complex, the building structures and surrounds are maintained by the NCA. This includes arrangements for the security of buildings.

Works Approval

The Development Assessment & Heritage team has a role in providing works approval under the *National Capital Plan*, as discussed in Section 5.2 above.

Heritage Management Plans

Another layer of management guidance for significant places relevant to the Acton Complex are heritage management plans. This plan is the relevant heritage management plan for the complex.

Uses and Users of the Acton Complex

The complex is used by a range of users for a range of uses, and these are described in the preceding section about stakeholders. There are individuals and groups who include tourists, students, recreational users and the staff of institutions on or near to the peninsula.

However, there are no current occupants or users of the buildings, although at least partial use by the NCA itself is proposed.

Interpretation

The complex is only interpreted in a limited way. This includes through:

- the Australian Heritage Database;
- Acton Walkways website;
- Peninsula Tales tours, as well as other tours run by the National Museum of Australia, which refer to the trees (eg. the ‘pregnant pine’) and the former hospital buildings;
- geological excursions, presentations and publications; and
- signage at Limestone Cottage near the limestone outcrops, and the several memorials located away from the former hospital buildings at the end of the peninsula (Figure 65).

In addition, the complex can be observed by many hundreds, perhaps thousands of people each day as they visit the peninsula, especially the National Museum of Australia. However, it is doubtful there is much appreciation of the complex through such visits, unless people undertake a formal tour.

In the case of the limestone outcrops, it is interesting that Butz (1987a) notes that the outcrops were to be part of a Bicentennial Heritage Trail, which apparently did not eventuate. Given the generally resilient and robust nature of the outcrops and the fact that there are no readily identifiable fossils that can be easily removed or collected, there should be no major problems in clearly identifying and interpreting the outcrops. In the case of other geological features with exposed fossils, there is often a concern that highlighting such features may lead to damage.



Figure 65. Signage at Limestone Cottage near the outcrops

Source: Duncan Marshall

Key Management Issues

The range of management issues relating to the Acton Complex include:

- building repairs following hail damage in early 2020;
- arranging new uses for the buildings, including a proposal for the NCA itself to partly occupy the buildings;
- traffic and pedestrian safety;
- access for visitors, including by public and private transport, by car and bus;
- parking for visitors;
- facilities for visitors (eg. toilets, water points and rest places);
- interpretation, including possible signage such as tourism and interpretive signs – noting the intention of the National Museum of Australia to considerably enhance the interpretation of heritage values;
- wheelchair access to the limestone outcrops;
- managing the vegetation around the limestone outcrops. In places, they are covered by thick masses of shrubs including blackberries. In one spot, the vegetation appears to have been cleared possibly by a fire. Generally the overall impression and appearance is that the area is neglected and overgrown with non-native vegetation;
- consideration also needs to be given to the status of the walking path around the limestone outcrops. It is clearly a well-used path although it is slightly overgrown and there are tree branches across it. Upgrading the path may be desirable to enable a better appreciation of the limestone outcrops and its heritage significance. However, this may need to be done as part of a more extensive path network around West Basin and the Acton Peninsula;
- if the garden beds around the buildings are to be maintained in a style of the period, then a selection of species that were commonly used in Canberra at that time are still readily available. There are some species still in the gardens which are weedy (eg. *Hypericum*, *Nandina*, *Prunus*), and any future plantings should avoid using now

- recognised pest plant species; and
- the possible demolition of several of the former hospital buildings to improve access and visibility between the West Basin shore and the central part of the peninsula. Given the existing Commonwealth Heritage listings protect these buildings, approval under the EPBC Act will be required.

It should be noted that there are no proposals for any divestment of land within the study area, no special security issues or requirements, and no confidential information, beyond normal commercial and government activities. In particular, there are no former hospital records kept at the buildings.

5.5 CONDITION AND INTEGRITY

Overall, the Acton Complex is in fair to good condition, and displays medium integrity.

In this plan, the condition of values is presented in terms of the condition of attributes which embody those values.

In addition, condition relates to the state of an attribute, often the physical state – for example an original gravel path which is badly eroded would be a condition issue. Integrity relates to the intactness of the attribute – for example a modern cobblestone path replacing an original gravel path might be an integrity issue irrespective of its condition. It is often useful to distinguish between these matters, especially as integrity relates closely to significance.

General comments about the various components of the complex are provided below, followed by a table which addressed the condition of the formal Commonwealth Heritage attributes.

Limestone Outcrops

The limestone outcrops are in relatively good condition but vegetation growth mainly by non-native species can detract from its appreciation.

Archaeological Aspects/Artifacts

The archaeological condition of the area is extremely poor given the high levels of disturbance across the site.

In accordance with these high levels of disturbance, any archaeological sites or artefacts present within the study area are unlikely to be in context and as such would demonstrate poor archaeological integrity.

The only archaeological feature/structural feature identified, a sandstone platform, is in poor condition.

Buildings

The buildings generally appear to be in poor to fair condition and display moderate integrity. The roofs of all buildings were damaged by the 2020 hailstorm, especially the TB Ward and Isolation Ward. There is water damage in all buildings, especially the TB

Ward. Temporary tarpaulins have been installed over the Ward buildings to prevent further water damage, and the roofs are yet to be repaired. Paint finishes are deteriorated in a number of instances, especially externally.

The interiors of all the buildings have been subject to substantial changes.

Trees and Garden Areas

Most of the trees are performing well and are in fair to good condition for their age and, in some cases, for their location. However, the old elms and *Pinus ponderosa* are in decline as these are not irrigated. The integrity of the trees has been diminished through losses over time. It is known that some of the Weston plantings, including those associated with the Lennox Crossing Road, have been removed over the years.

The garden areas are in fair to good condition, with medium integrity.

Condition of Attributes

| Table 6. Condition of formal Commonwealth Heritage Attributes | | |
|---|---|--|
| Criteria | Attributes | Condition |
| Acton Peninsula Building 1 | | |
| Criterion A | The whole building and its setting | Poor-Fair |
| Criterion D | The building's Interwar Functionalist styling as demonstrated in the features noted above (ie. external original fabric, timber framed windows on the south side, the tiles to sill on northern verandah windows, the infill section to H Block, the infill section to the southwest corner and the verandah form along the north side of the building) | Good |
| Criterion G | The whole building and its setting | Poor-Fair |
| Criterion H | The building and its location on Acton Peninsula | Poor-Fair |
| Acton Peninsula Building 2 | | |
| Criterion A | The whole of H Block and its setting | Poor-Fair |
| Criterion D | The building's Interwar Functionalist style as evident in the features noted above (ie. external original fabric, fluted pattern glass, early additions to the north side, the infill section to the Isolation Block, the timber panelled infill section to the south) | Good |
| Criterion G | The building and its setting | Poor-Fair |
| Criterion H | The building and its setting | Poor-Fair |
| Acton Peninsula Building 15 | | |
| Criterion A | The whole of the Medical Superintendent's Residence and its setting | Fair |
| Criterion D | The building's Interwar Functionalist style, including projecting concrete roofs and corner windows | Good |
| Criterion G | The whole of the Medical Superintendent's Residence and its setting | Fair |
| Criterion H | The whole building, its original architectural values, plus its location | Fair |
| Acton Peninsula Limestone Outcrops | | |
| Criterion A | The whole of the exposed area of the outcrop, plus the quartz rich gravels on top of the outcrop and the formed potholes | Good – noting vegetation growth can detract from its appreciation. |
| Criterion E | The limestone outcrops and their woodland setting | Fair – given the mixed condition of the woodland. |

6. CONSERVATION POLICY AND IMPLEMENTATION STRATEGIES

6.1 OBJECTIVE

The objective of this policy Is to achieve the conservation of the cultural heritage significance of the Acton Complex.

6.2 DEFINITIONS

The definitions for terms used in this report are those adopted in the *Burra Charter, The Australia ICOMOS Charter for places of cultural significance* (Australia ICOMOS 2013), a copy of which is provided at H. Key definitions are provided below.

Place means a geographically defined area. It may include elements, objects, spaces and views. Place may have tangible and intangible dimensions.

Cultural significance means aesthetic, historic, scientific, social or spiritual value for past, present or future generations. Cultural significance is embodied in the *place* itself, its *fabric*, *setting*, *use*, *associations*, *meanings*, records, *related places* and *related objects*.

Fabric means all the physical material of the *place* including elements, fixtures, contents and objects.

Conservation means all the processes of looking after a *place* so as to retain its *cultural significance* [as listed below].

Maintenance means the continuous protective care of a *place*, and its *setting*. Maintenance is to be distinguished from repair which involves *restoration* or *reconstruction*.

Preservation means maintaining a *place* in its existing state and retarding deterioration.

Restoration means returning a *place* to a known earlier state by removing accretions or by reassembling existing elements without the introduction of new material.

Reconstruction means returning a *place* to a known earlier state and is distinguished from *restoration* by the introduction of new material.

Adaptation means changing a *place* to suit the existing *use* or a proposed use. [Article 7.2 states regarding use that: a place should have a compatible use]

Compatible use means a *use* which respects the *cultural significance* of a *place*. Such a use involves no, or minimal, impact on cultural significance.

6.3 CONSERVATION MANAGEMENT POLICY AND IMPLEMENTATION STRATEGIES

The following table provides an index to the policies and strategies for the Acton Complex, organised according to the major categories of:

- general policies;
- liaison;
- conservation of the Acton Complex;
- setting;
- use;
- new development;
- interpretation;
- unforeseen discoveries;
- keeping records; and
- further research.

The table also gives an indication of the priority for the policies and strategies, and a timetable for their implementation. After the table are the policies and strategies.

| Table 7. Policy and Strategy Index, Priority and Implementation Timetable | | | | |
|---|--|---|----------|-----------------------------|
| Number | Policy Title | Strategies | Priority | Timetable |
| General Policies | | | | |
| Policy 1 | Significance the basis for management, planning and work | | High | Ongoing |
| Policy 2 | Adoption of the Burra Charter and Australian Natural Heritage Charter | | High | Ongoing |
| Policy 3 | Adoption of policies | 3.1 Priority and implementation timetable | High | On finalisation of the plan |
| Policy 4 | Planning, lease and similar documents for or relevant to the Acton Complex | 4.1 Acton Peninsula Precinct Structure Plan | High | 1 year |
| Policy 5 | Compliance with legislation | 5.1 Manage Commonwealth Heritage values | High | Ongoing |
| | | 5.2 Compliance with EPBC Act provisions | High | As needed |
| | | 5.3 Values and boundary issues | Medium | 1 year |
| | | 5.4 Non-compliance | Medium | As needed/ongoing |
| Policy 6 | Expert heritage conservation advice | | Medium | As needed |
| Policy 7 | Decision making process for works or actions | 7.1 Process | High | As needed |
| | | 7.2 Log of actions | High | 1 year |
| | | 7.3 Criteria for prioritising work | Medium | As needed |
| | | 7.4 Resolving conflicting objectives | Medium | As needed |
| | | 7.5 Annual review of implementation | High | Annually |
| Policy 8 | Training | | High | 6 months |
| Policy 9 | Review of the heritage | 9.1 Reasons to instigate a | Medium | In 5 years or |

Table 7. Policy and Strategy Index, Priority and Implementation Timetable

| Number | Policy Title | Strategies | Priority | Timetable |
|--|--|---|--|--|
| | management plan | review | | as needed |
| Liaison | | | | |
| Policy 10 | Relationship with the Commonwealth Department responsible for Heritage | 10.1 Provide HMP to Department | High | 6 months |
| Policy 11 | Relationship with other stakeholders | 11.1 List of stakeholders 11.2 Informing stakeholders | Medium High | Ongoing As needed |
| Conservation of the Acton Complex | | | | |
| Policy 12 | Conservation of the limestone outcrops | 12.1 Weed removal | Medium | 1 year |
| Policy 13 | Conservation of the buildings and structures | 13.1 Repair works 13.2 Fitout of former residence | Low Medium | As indicated in Appendix G As the opportunity arises |
| Policy 14 | Conservation of the trees and garden areas | 14.1 Tree works 14.2 Lake edge trees assessment 14.3 Trees in decline 14.4 Former residence gardens 14.5 Garden areas replacement plantings | Medium-High Medium High Medium Medium | As indicated in Appendix G 2 years 6 months 3 years As needed |
| Policy 15 | Maintenance planning and works | 15.1 Review of existing maintenance planning 15.2 Maintenance and monitoring 15.3 Maintenance actions 15.4 Maintenance schedule | High High As indicated in Appendix G High | 1 year Ongoing As indicated in Appendix G On finalisation of the plan |
| Policy 16 | Upgrading and adaptation works | 16.1 Access to the limestone outcrops | Medium | 1 year |
| Policy 17 | Condition monitoring | 17.1 Monitoring 17.2 Reporting by contractors | High High | 1 year 6 months |
| Setting | | | | |
| Policy 18 | Maintenance of an appropriate setting for the Acton Complex | | High | As needed |
| Use of the Complex and Access | | | | |
| Policy 19 | Use of the Acton Complex | 19.1 Access 19.2 New users/occupants for buildings | High High | Ongoing 6 months |
| New Development | | | | |
| Policy 20 | New development | | High | As needed |
| Interpretation | | | | |
| Policy 21 | Interpreting the significance of the Acton | 21.1 Interpretive strategy 21.2 Review of strategy | High High | 1 year At least every |

| Table 7. Policy and Strategy Index, Priority and Implementation Timetable | | | | |
|---|--|---|----------|--|
| Number | Policy Title | Strategies | Priority | Timetable |
| | Complex | | | 5 years |
| Unforeseen Discoveries | | | | |
| Policy 22 | Unforeseen discoveries or disturbance of heritage components | | High | As needed |
| Keeping Records | | | | |
| Policy 23 | Records of intervention and maintenance | 23.1 Records about decisions | Medium | Ongoing |
| | | 23.2 Records about maintenance and monitoring | Medium | Ongoing |
| | | 23.3 Summary of changes in heritage register | Medium | Ongoing |
| Further Research | | | | |
| Policy 24 | Addressing the limitations of this management plan | | Low | As the opportunity arises/At the next update of the plan |

General Policies

Policy 1 Significance as the basis for management, planning and work

The statement of significance set out in Chapter 4 will be a principal basis for management, future planning and work affecting the Acton Complex.

Policy 2 Adoption of the Burra Charter and Australian Natural Heritage Charter

The conservation and management of the Acton Complex should be carried out in accordance with the Burra Charter (Australia ICOMOS 2013) and the Australian Natural Heritage Charter (Cairnes 2002), as relevant, and any revisions of the Charters that might occur in the future.

Policy 3 Adoption of policies

The policies recommended in this heritage management plan should be endorsed as a primary guide for management as well as future planning and work for the Acton Complex.

Implementation Strategies

3.1 The NCA will adopt the priority and implementation timetable for policies and strategies which is indicated in Table 7.

Policy 4 Planning, lease and similar documents for or relevant to the Acton Complex

All planning, lease and similar documents developed for the Acton Complex should refer to this heritage management plan as a primary guide for the conservation of its heritage values. The direction given in those documents and in this plan should be mutually compatible.

Commentary: This might include any lease for one or several of the buildings.

In addition, the *Acton Peninsula Precinct Structure Plan* (NCA 2017) contains proposals relevant to the Acton Complex which may be included within the *National Capital Plan*.

Implementation Strategies

- 4.1 The *Acton Peninsula Precinct Structure Plan* should be reviewed in the light of this heritage management plan.

Policy 5 *Compliance with legislation*

The NCA must comply with all relevant legislation and related instruments as far as possible, including the:

- *Australian Capital Territory (Planning and Land Management) Act 1988*;
- *Environment Protection and Biodiversity Conservation Act 1999*; and
- *Building Code of Australia*.

In addition, it must comply with relevant subsidiary requirements arising from this legislation.

Implementation Strategies

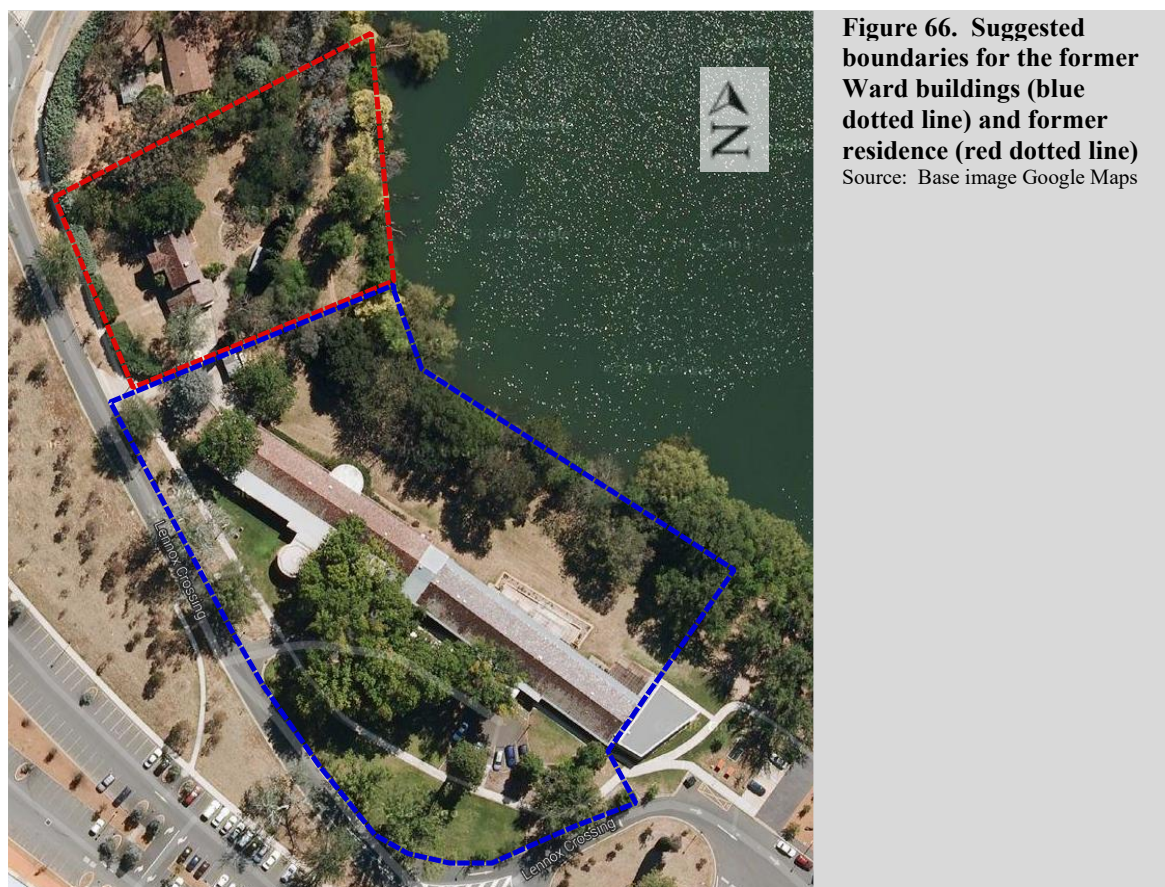
- 5.1 The NCA will protect and manage the formal Commonwealth Heritage values of the listed components of the Acton Complex consistent with the requirements of the EPBC Act. In particular:
- the NCA will refer an action to the Minister under Part 7 of the Act if the action has, will have or is likely to have a significant impact on Commonwealth Heritage values; and
 - the NCA will comply with the requirements of section 341ZE regarding the protection of Commonwealth Heritage values if a place is sold or leased.

Commentary: The overall suite of policies and strategies in this plan help achieve this strategy.

- 5.2 The NCA will seek to comply with the provisions of section 341S of the EPBC Act and the related regulations to:
- publish a notice about the making, amending or revoking of this plan;
 - advise the Minister for the Environment about the making, amending or revoking of this plan; and
 - seek and consider comments.
- 5.3 The NCA will consult with the Commonwealth Department responsible for heritage (currently the Department of Agriculture, Water and the Environment, about the apparent need for, and process to review the appropriateness of the current values and boundaries for the listed places, and about possible re-nominations.

Commentary: It is apparent the current boundaries of the Commonwealth Heritage listed areas may not be the most appropriate to fully capture the significance of the buildings. In addition, the current

values of all listed components warrant review in the light of this plan. Suggested boundaries for the former hospital buildings are shown in the Figure 66 below. The boundaries for the limestone outcrops shown on Figure 3 should also be reviewed, as the currently visible outcrops appear to extend further north. It is also possible that some values may extend to the whole peninsula. All these matters should be considered.



5.4 Where the NCA is not able to achieve full compliance with relevant legislation, the non-complying aspect will be noted and the reasons for this situation appropriately documented.

Policy 6 *Expert heritage conservation advice*

People with relevant expertise and experience in the management or conservation of heritage sites, including geoheritage sites, should be engaged for the:

- provision of advice on the resolution of conservation issues; and
- for advice on the design and review of work affecting the significance of the Acton Complex.

Policy 7 *Decision making process for works or actions*

The NCA should ensure that it has an effective and consistent decision-making process for works or actions affecting the Acton Complex which takes full account of the heritage significance of the place. All such decisions should be suitably documented and these records kept for future reference.

Implementation strategies

- 7.1 The process will involve:
- early consultation with internal and external stakeholders relevant to the particular decision, including consideration of the values held by associated communities not able to be directly consulted;
 - an understanding of the original and subsequent character, and later changes to the component involved;
 - documentation of the proposed use or operational requirements justifying the works or action; and
 - identification of relevant statutory obligations and steps undertaken to ensure compliance.

Commentary: In the case of works or actions with a potential to impact on Aboriginal heritage values, the guidance provided in *Engage early, guidance for proponents on best practice Indigenous engagement for environmental assessments under the Environment Protection and Biodiversity Conservation Act 1999 (EPBC Act)* (DoE 2016) should be considered.

- 7.2 The NCA will consider maintaining a log of decisions with cross-referencing to relevant documentation.

- 7.3 Where some work is not able to be undertaken because of resource constraints, work will be re-prioritised according to the following criteria to enable highest priority work to be undertaken within the available resources. Prioritising work to heritage components or elements will be decided on the basis of:
- in general terms, the descending order of priority for work will be maintenance, restoration, reconstruction, adaptation and new work, where such work is appropriate. However, this priority order may be influenced by conditions attached to funding (eg. government decisions may tie funding to particular works); and
 - work related to alleviating a high level of threat to significant aspects, or poor condition will be given the highest priority followed by work related to medium threat/moderate condition then low threat/good condition.

- 7.4 If a conflict arises between the achievement of different objectives, the process for resolving this conflict will involve:
- reference to the conflict resolution process outlined in the NCA's Heritage Strategy;
 - implementation of a decision-making process in accordance with Policy 7;
 - compliance with the Burra Charter and/or Australian Natural Heritage Charter as relevant;
 - heritage conservation experts in accordance with Policy 6;
 - possibly seeking the advice of the Department of Agriculture, Water and the Environment; and
 - possibly seeking advice from the Minister consistent with the normal provisions of the EPBC Act.

Commentary: The outcome of this process may be a matter to be

recorded in the NCA's Heritage Register.

- 7.5 The implementation of this plan will be reviewed annually, and the priorities re-assessed depending on resources or any other relevant factors. The review will consider the degree to which policies and strategies have been met or completed in accordance with the timetable, as well as the actual condition of the place (Policy 17). The Criteria for Prioritising Work (Strategy 7.3) will be used if resource constraints do not allow the implementation of actions as programmed.

Policy 8 *Training*

Heritage conservation awareness training will be provided for all staff and contractors responsible for the management or maintenance of the complex.

Policy 9 *Review of the heritage management plan*

This management plan will be reviewed:

- once every five years, consistent with section 341X of the EPBC Act; and
- to take account of new information and ensure consistency with current management circumstances, again at least every five years; or
- whenever major changes to the place are proposed or occur by accident (such as natural disaster); or
- when the management environment changes to the degree that policies are not appropriate to or adequate for changed management circumstances.

Implementation Strategies

- 8.1 The NCA will undertake a review of the management plan if it is found to be out of date with regards to significance assessment, management obligations or policy direction.

Commentary: Heritage management planning for areas which are part of, include or are adjacent to the Acton Complex may lead to changed circumstances and a need to review this plan (eg. for Lake Burley Griffin or West Basin).

Liaison

Policy 10 *Relationship with the Commonwealth Department responsible for Heritage*

The NCA will maintain regular contact with this department, including informal consultations where appropriate, and formally refer any action that potentially impacts on any heritage values or places as required by the EPBC Act, and any amendments to this Act.

Implementation Strategies

- 10.1 The NCA will provide a copy of this plan to the Commonwealth department responsible for heritage, for consideration of possible re-nomination of Commonwealth Heritage places, to better align listings with the plan.

Commentary: This includes heritage values, the extent of significant features, and the identification/name of Tree 2.

Policy 11 Relationship with other stakeholders

The NCA will seek to liaise with other relevant stakeholders, including community and professional groups, on developments affecting the complex. It will seek to actively consult prior to decisions directly impacting on the significance of the Acton Complex.

In particular, this will include liaison with Representative Aboriginal Organisations where any development works are proposed within the complex that may impact upon the importance of the cultural landscape.

Consultation and planning processes should be open/transparent, well-communicated, and able to be understood by stakeholders.

Commentary: Refer to Strategy 7.1.

Implementation Strategies

11.1 The NCA will maintain a list of relevant stakeholders and the scope of their interests. The list should be updated over time as new stakeholders emerge or as interests evolve.

Commentary: The stakeholders listed in Section 5.3 are relevant stakeholders which will be included in the proposed list.

11.2 Periodically or as developments are proposed, the NCA will seek to inform stakeholders of activities in a timely fashion and provide them with an opportunity to comment on developments.

Commentary: To some extent, consultation mechanisms under the EPBC Act may provide one mechanism for such consultation. However, an earlier, more proactive and iterative mechanism would seem more desirable.

Conservation of the Acton Complex

Policy 12 Conservation of the limestone outcrops

The Acton Peninsula Limestone Outcrops and their woodland setting will be conserved.

The possible Tertiary gravels that overlie the outcrops will be conserved, subject to any revision of the Commonwealth Heritage values.

Commentary: The outcrops are fairly robust and not likely to be subject to collecting from amateur or professional rock or fossil collectors. The rate of erosion of the outcrops appears fairly low. This plan finds the gravels have little or no heritage value, and that the outcrops and their woodland setting do not have aesthetic value, but both aspects are currently part of the formal Commonwealth Heritage values.

Implementation Strategies

- 12.1 The weeds in the area of the outcrops will be carefully removed to improve visibility of the outcrops, in a manner not to damage the outcrops.

Policy 13 Conservation of the buildings and structures

The former Ward buildings and former residence will generally be conserved. In the case of the former Ward buildings, this includes the original/hospital era features and qualities of the buildings, including those related to the Inter-War Functionalist architectural style. In the case of the former residence this includes the original/hospital era features and qualities of the buildings, in particular the indicators of the Inter-War Functionalist style, as well as other style features.

The butterfly roofed bin shelter and cooling tower enclosure adjacent to the former TB Ward is believed to date from after the hospital period, is not considered significant, and may be retained if useful or otherwise removed.

Commentary: The interiors of the Ward buildings have been modernised and only retain minor original/hospital era features and qualities. The interior of the residence has also been modernised however, it retains some original/hospital era internal features as well as its original/hospital era planning layout. Appendix C identifies original/hospital era features. Later features are not significant.

The indicators of the Inter-War Functionalist style, as well as other style features, of the former ward buildings are:

- Acton Peninsula Building 1 – former TB Ward – external original fabric, timber framed windows on the south side, the tiles to the sill on northern verandah windows, the infill section to Acton Peninsula Building 2 – former Isolation Ward, the infill section to the southwest corner, and the verandah form along the north side of the building; and
- Acton Peninsula Building 2 – former Isolation Ward external original fabric, fluted pattern glass, early additions to the north side, the infill section to Acton Peninsula Building 1 – former TB Ward, and the timber panelled infill section to the south.

The Inter-War Functionalist style indicators and other style features of the former Medical Superintendent's Residence are:

- asymmetrical massing of the overall building;
- cantilevered hoods over the front and back doors;
- stairs expressed by the projecting vertical bay on the southwest side;
- corner windows; and
- porthole window and gable vents.

It is noted the National Museum of Australia and the Australian Institute of Aboriginal and Torres Strait Islander Studies have previously suggested the demolition of several of the former hospital buildings to improve access and visibility between the West Basin shore and the central part of the peninsula. Given the existing Commonwealth Heritage listings protect these buildings, approval under the EPBC Act will be required.

Implementation Strategies

- 13.1 The minor repair works noted at Appendix G will be undertaken.
- 13.2 As the opportunity arises, the interior fitout of the former residence should be changed to something more sympathetic to the original residential character. In addition, the airconditioning units (internal and external) should be reviewed to reduce the visual impact arising from their size and locations.

Commentary: Such an opportunity might arise in any refurbishment of the former residence.

Policy 14 Conservation of the trees and garden areas

The garden areas and associated trees related to the former hospital buildings will be conserved.

The trees associated with Acton House, Weston, the creation of Lake Burley Griffin, and otherwise the lake edge plantings will also be conserved.

Commentary: Refer to Table 1 and Appendix D for details about the trees. One of the uses of the garden areas is for refection and commemoration for people from associated communities for whom the complex holds social value.

This plan does not include a detailed tree assessment of all of the lake edge plantings, this being beyond the original scope. Some have been assessed but not all.

Implementation Strategies

- 14.1 The tree works identified in Appendix G will be undertaken.
- 14.2 A comprehensive tree assessment should be undertaken for the lake edge plantings not otherwise assessed as part of this plan.

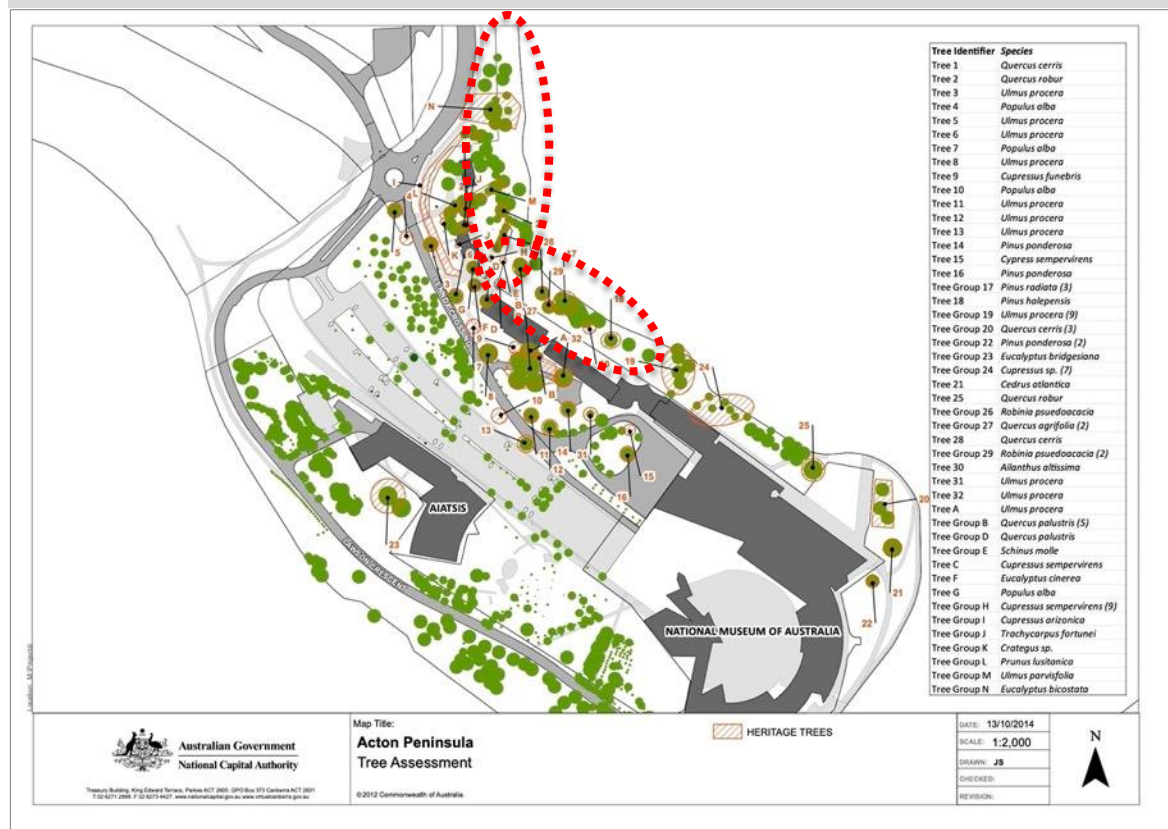
Commentary: Given the nature of the value of the lake edge plantings, this value is shared by the full extent of plantings all around the lake. The recommended assessment should at least be for the trees in the vicinity of the limestone outcrops and former hospital buildings (see the Figure 67 below), or better still for the whole peninsula.

- 14.3 Efforts will be made to improve the condition of trees in decline, such as through irrigation.

Commentary: This includes the old elms and the *Pinus ponderosa*.

Figure 67. Suggested minimum areas for comprehensive tree assessment of lake edge plantings (red dotted lines)

Source: Base image NCA



14.4 The garden beds of the former residence should be reconstructed to better reflect a residential character. While exact details of the former garden beds are not currently known, the intention is to create garden beds consistent with residential plantings of the period of the former residence. Appendix G provides a list of suitable species.

14.5 In the case of replacements for shrubs in all garden areas which are dead, dying or display poor form, the preference is for re-planting with the same species unless it is a weed. In the latter case, an alternate species may be selected which provides similar characteristics (eg. form and colour) or performs a similar function (eg. mass planting, hedge or ground cover). Appendix G provides a list of suitable species.

Policy 15 Maintenance planning and works

The Acton Complex will be well maintained and all maintenance and repair work should respect the significance of the complex. Maintenance and repair will be based on a maintenance plan that is informed by:

- a sound knowledge of the place and its heritage significance; and
- regular inspection/monitoring.

It will also include provision for timely preventive maintenance and prompt repair in the event of damage or breakdown.

Implementation Strategies

- 15.1 The NCA will review existing maintenance planning to ensure consistency with this management plan, including to address weed growth at the limestone outcrops.
- 15.2 The NCA will ensure maintenance planning is periodically informed by a monitoring program (refer to Policy 17).
- 15.3 The maintenance actions identified in Appendix F should be addressed according to the priority indicated.
- 15.4 The NCA will implement the maintenance schedule at Appendix H.

Policy 16 Upgrading and adaptation works

The NCA will replace or upgrade fabric and services, or undertake adaptation works as required by their condition or changed standards. Such works will not compromise significance unless there is no alternative, in which case every effort will be made to minimise the impact on significance. Expert heritage advice will be used to guide these works.

Commentary: Adaptation in this plan involves no, or minimal impact on significance.

Implementation Strategies

- 16.1 The NCA will consider options to improve access to the limestone outcrops. Such access should not damage the outcrops.

Commentary: Ideally such access could be achieved using a stabilised gravel path or similar, rather than concrete for example, to retain a naturalistic quality. This would be more in keeping with the social values attributed to the area.

Policy 17 Condition monitoring

The condition of complex will be monitored on an ongoing basis. This will be distinct from maintenance but should be linked to it for implementation. The information gained will identify components experiencing deterioration, which should in turn inform maintenance planning.

Commentary: The EPBC Act requires the condition of the values of Commonwealth Heritage places to be monitored. In this plan, the condition of values is presented in terms of the condition of attributes which embody those values.

Implementation Strategies

- 17.1 The NCA will develop and implement monitoring to identify changes in the condition of the complex and its attributes (eg. deterioration of building elements, and weed growth). Priority will be given to vulnerable or fragile components. This will include at least annual monitoring of the condition of the trees.

- 17.2 Mechanisms will be put in place to ensure timely reporting by maintenance contractors to a coordinating officer with overall responsibility for the maintenance of the complex.

Setting

The policies in this section apply to the area around the complex itself, outside the listed places.

Policy 18 Maintenance of an appropriate setting for the Acton Complex

An appropriate setting for the Acton Complex should be maintained, including views to the lake. The area surrounding the limestone outcrops should remain as landscaped space.

This should include ongoing liaison with adjacent institutions.

Use of the Complex and Access

Policy 19 Use of the Acton Complex including adaptive re-use of buildings

The primary uses of the Acton Complex should be:

- limestone outcrops – as a geological heritage site, accessible and visible to visitors;
- former hospital buildings, garden areas and associated trees – preferably government or non-government institutional uses, government offices, community uses and passive recreation, including for reflection and commemoration associated with their former use and significance. As a second preference – commercial office, gallery or other commercial use, depending on impact. In all cases, the impact of the exact nature of the use and any associated physical changes should be assessed. Proposed uses requiring a high level of impact on significant aspects of the buildings and gardens should not be permitted. Some level of public access to the exterior of the buildings and garden areas should be maintained to enable reflection and commemorative visits; and
- other identified trees – trees associated with Acton House, Weston, and the creation of Lake Burley Griffin – landscape and streetscape uses.

Commentary: Some of the uses noted above are not currently consistent with the *National Capital Plan*, and a change to the plan would be required. The uses of the setting for the Acton Complex are for uses associated with the former hospital buildings (currently vacant), the National Museum and AIATSIS, and for passive recreation, and these known uses are compatible with the primary uses.

The buildings are currently unoccupied.

Implementation Strategies

- 19.1 Access to the complex should be allowed or facilitated for those communities or groups with a special association or potential association with the place, including Indigenous people.

Commentary: Free access to exterior areas is currently available.

Security of the buildings is provided through a range of measures.

19.2 The NCA should arrange for new suitable users for/occupants of the buildings as soon as possible.

New Development

Policy 20 New development

No new buildings, structures or fixtures should be located in the area of the limestone outcrops, part from low-key pathways and interpretive signage.

No new major buildings or structures should be located in the vicinity of the former hospital buildings and their garden areas. Minor new buildings or structures may be possible, provided:

- they are few in number, carefully located, low scale, and carefully designed and sympathetic to the former buildings and garden areas;
- do not impact on significant trees; and
- relate to a demonstrated need, ideally related to the primary use of the buildings and garden areas.

New development should not impact on any significant trees.

Commentary: Minor buildings or structures might include picnic shelters, or service buildings. See the section above related to the setting regarding new development in the vicinity of the complex.

Interpretation

Policy 21 Interpreting the significance of the Acton Complex

The significance of the complex will be interpreted to the range of visitors who use the area, to the staff of institutions in the vicinity, and to NCA staff responsible for the complex in any way.

The interpretation will be for the formal Commonwealth Heritage values, as well as any additional values identified in this plan, subject to any revision of the Commonwealth Heritage values.

Implementation Strategies

21.1 The NCA will develop and implement a simple interpretive strategy or plan considering the range of possible messages, audiences and communication techniques. The interpretation will focus on the heritage values of the complex.

Audiences will include the local Canberra community, visitors, school children, geocaching enthusiasts, the staff of institutions in the vicinity and NCA staff.

The strategy should be developed in consultation with the NMA and Geological Society of Australia.

Commentary: Limited interpretation is already provided by several

websites, excursions and signage. Additional options might include:

- updating and extending the interpretive signage, and providing direction for visitors to help find the components of the complex, all subject to careful design and siting;
- including the complex as part of a self-guided walk;
- providing a stand-alone visitor brochure, available from the National Capital Exhibition, NMA and elsewhere;
- providing NMA tours with additional information to use based on this plan; and
- inclusion of information on the NCA's and NMA's websites and in *The Canberra Guide* smartphone application.

It is noted the National Museum of Australia has indicated its intention to considerably enhance the interpretation of heritage values of the peninsula.

21.2 The interpretive strategy will be periodically reviewed as part of the review of this management plan (see Policy 9).

Unforeseen Discoveries

Policy 22 Unforeseen discoveries or disturbance of heritage components

If the unforeseen discovery of new evidence or the unforeseen disturbance of heritage fabric or values requires major management or conservation decisions not envisaged by this heritage management plan, the plan will be reviewed and revised (see Policy 9).

If management action is required before the management plan can be revised, a heritage impact statement will be prepared that:

- assesses the likely impact of the proposed management action on the existing assessed significance of the complex;
- assesses the impact on any additional significance revealed by the new discovery;
- considers feasible and prudent alternatives; and
- if there are no such alternatives, then considers ways to minimise the impact.

If action is required before a heritage impact statement can be developed, the NCA will seek relevant expert heritage advice before taking urgent action. Urgent management actions shall not diminish the significance of the complex unless there is no feasible and prudent alternative.

If a discovery includes sensitive information, this will be handled in accordance with the Protective Security Policy Framework of the Attorney-General's Department and/or the *Privacy Act*.

Commentary

Unforeseen discoveries may be related to location of new documentary or physical evidence about the complex or specific heritage values that are not known at the time of this report, and that might impact on the management and conservation of the complex. Discovery of new heritage values, or the discovery of evidence casting doubt on existing assessed significance would be

examples.

Discovery of potential threats to heritage values may also not be adequately canvassed in the existing policies. Potential threats might include the physical deterioration of fabric.

Unforeseen disturbance might be related to accidental damage to fabric, or disastrous events.

Such actions may be referable matters under the EPBC Act.

Keeping Records

Policy 23 Records of intervention and maintenance

The NCA will maintain records related to any substantial intervention or change in the complex, including records about maintenance.

Commentary: Refer to the NCA's Heritage Strategy and heritage register regarding provisions about records.

Implementation strategies

- 23.1 The NCA will retain records relating to actions taken in accordance with Policy 7 – Decision making process for works or actions.
- 23.2 The NCA will retain copies of all maintenance plans prepared for the site, including superseded plans, and records about monitoring. (Refer to Policies 15 and 17)
- 23.3 A summary of substantial interventions, changes and maintenance will be included in the NCA heritage register entry for the complex, including a reference to where further details may be found.

Further Research

Policy 24 Addressing the limitations of this management plan

Opportunities to address the limitations imposed on this study (see Section 1.4) should be taken if possible, and the results used to revise the management plan.

Commentary: These limitations relate to:

- specific Aboriginal heritage values attached to the Acton Complex;
- survey for potential archaeological evidence related to the hospital period;
- a comprehensive tree assessment of all lake-edge plantings; and
- a heritage assessment of the Lennox Crossing road alignment.

Such limitations may be addressed in the context of the future update of this plan.

6.4 IMPLEMENTATION PLAN

Responsibility for Implementation

The person with overall responsibility for implementing this management plan is the person holding the position of Chief Executive, National Capital Authority.

Commitment to Best Practice

The NCA is committed to achieving best practice in heritage conservation, in accordance with its legislative responsibilities and Government policy, and in the context of its other specific and general obligations and responsibilities. This is reflected in the preparation of this management plan and in the adoption of:

- Policy 1 – Significance the basis for management, planning and work;
- Policy 2 – Adoption of the Burra Charter and Australian Natural Heritage Charter; and
- Policy 6 – Expert heritage conservation advice.

Works Program

Refer to Strategy 3.1 and Table 7 in the preceding section. This includes policies and strategies which refer to Appendix G – Priority Works and Appendix H – Maintenance Schedule.

Criteria for Prioritising Work

See Strategy 7.3.

Resolving Conflicting Objectives

See Strategy 7.4.

Annual Review

Refer to Strategy 7.5.

Resources for Implementation

It is difficult to be precise about the budget for maintenance of the complex because funding details are not kept for just the study area. Accordingly, it is not currently possible to isolate the maintenance budget for just this area.

None the less, funding has been provided in previous years in a range of categories relevant to the Acton Complex, including:

- maintenance of building assets and civil infrastructure on National Land; and
- open space maintenance.

As noted in Section 5.4, the NCA has staff who undertake management of the maintenance contracts, interpretation planning, new works planning, functions management, and the NCA otherwise uses contractors to undertake actual maintenance. These staff and contractors will, to some extent, be involved in implementing aspects of this plan.

7. BIBLIOGRAPHY

ACT Electoral Rolls 1916-1967

ACT Government 1996, Acton Peninsula, ACT Interim Heritage Places Register citation.

ACT Planning and Land Authority

Aitken, R & M Looker (eds) 2002, *The Oxford Companion to Australian Gardens*, OUP.

Anon., 'Hospitals and the work of Leighton Irwin', *Decoration and Glass*, vol. 2, no. 8, December 1936.

Apperly, R, R Irving & P Reynolds 1989, *A pictorial guide to Identifying Australian Architecture*, Angus & Robertson.

Australian Heritage Commission 1998, Acton Peninsula Trees Group, Register of the National Estate citation.

Australian Heritage Commission and Conservation and Natural Resources (Victoria) 1994, *Method Papers: East Gippsland and Central Highlands Joint Forest Projects. Volume 2 – Cultural Values*.

Beddie, Francesca, *Putting Life into Years: the Commonwealth's role in Australia's health since 1901*, Canberra, Commonwealth Department of Health and Aged Care, 2001.

Bluett, W. P. 1954, *The Aborigines of the Canberra District at the Arrival of White Man*. Manuscript held at the Library of the Australian Institute of Aboriginal and Torres Strait Islander Studies.

Boyd, Robin, *Victorian Modern*, Melbourne, 1947.

Bryan, E R, *Nursing at Canberra: Fifty Years from 1928 to 1978*, Canberra, 1978.

Bulbeck, D. and P. Boot 1991. *Tidbinbilla Nature Reserve Cultural Resource Survey and Conservation Plan*. Prepared for the A.C.T. Heritage Unit and the A.C.T. Parks and Conservation Unit.

Butler, Graeme, 'Irwin, Leighton Major Francis (1892–1962)', *Australian Dictionary of Biography [ADB]*, vol. 9, 1983.

Butz, M (1987a) Karst and caves in the Canberra area – past and future management in Spate, A P (ed). *Cave management in Australia VII: Proc. 7th Australasian conference on cave tourism and management, SE NSW, 1987*. NSW NPWS, Sydney and Australian Speleological Federation, Broadway.

Butz, M (1987b) The lost karst of Canberra [paper presented to 22nd Conference Institute of Australian Geographers, Canberra – August 1987].

Canberra and District Historical Society [CDHS] file, 'Royal Canberra Hospital'.

CDHS file, 'Hospice'.

Canberra Times.

Colville, B. H. 2004, *Robert Hoddle: Pioneer Surveyor 1974-1881*. Research Publications P/L Victoria.

Commonwealth Heritage List [CHL] Place ID 105341, Acton Peninsula Building 1.

CHL Place ID 105342, Acton Peninsula Building 15.

CHL Place ID 105343, Acton Peninsula Building 2.

Commonwealth Record Series [CRS], A110, item FC1913/110
CRS A202, item 1912/463

CRS A292, item C5956 Part 1.

CRS A292, item C5956 Part 2.

CRS A292, item C5956 Part 3.

CRS A292, item C5956 Part 4.

CRS A292, item C5956 Part 5.

CRS A292, item C20022.

CRS A295, item 954.

CRS A431, item 1956/777.

CRS A471, item 15232.

CRS A788, item FC14/264.

CRS A1928, item 504/49 Section 1.

CRS A1928, item 504/49 Section 2.

CRS A1928, item 504/49 Section 3.

CRS A2700, item 688.

CRS A12711, item D2A

CRS B2455, item 'Irwin Leighton Francis'.

Cooke, H. 1988, *An investigation into the prehistory of Blue Water Holes and Cooleman Plain, NSW*. Unpublished BA (Hons) Thesis, Department of Prehistory, Australian National University, Canberra.

- Department of Communication & Arts (DCA) 1997, *Stage Two Briefing Kit, Volume 1, Design Competition, New facilities on Acton Peninsula for the National Museum of Australia...*, Department of Communication & Arts, Construction Coordination Committee.
- Department of the Environment [DoE] 2016, *Engage early, guidance for proponents on best practice Indigenous engagement for environmental assessments under the Environment Protection and Biodiversity Conservation Act 1999 (EPBC Act)*.
- Department of the Environment and Energy [DEE] 2019, *Working Together, Managing Commonwealth Heritage Places. A guide for Commonwealth Agencies*.
- Department of the Environment, Water, Heritage and the Arts [DEWHA] 2010, *Actions on, or impacting upon, Commonwealth land, and actions by Commonwealth agencies, Significant impact guidelines 1.2*.
- Eric Martin & Associates 2003, Former Hospice, Acton Peninsula, Conservation Plan, prepared for the National Museum of Australia.
- Farquharson, John, 'Nott, Lewis Windermere (1886–1951)', *Australian Dictionary of Biography*, National Centre of Biography, Australian National University, <http://adb.anu.edu.au/biography/nott-lewis-windermere-11265/text20095>, published in hardcopy 2000, accessed online 9 April 2014.
- Faunce, T, Gatenby, P and N Glasgow 2002, Letter to the Chairman of the National Capital Authority.
- Federal Capital Pioneer Magazine*, 15 October 1926
- Finlayson, D., (2008) A geological Guide to Canberra Region and Namadgi National Park. Geological Society of Australia (A.C.T. Division) 140 pp.
- Finlayson, D 2012, *Significant geological features in the Australian Capital Territory*, Geological Society of Australia (ACT Division).
- Finlayson, D., (2013) Genesis of the Limestone Plains. Geological Heritage around Canberra. PowerPoint presentation to the Heritage Partnerships Symposium 2013.
- Flood, J. 1980, *The Moth Hunters*. Australian Institute of Aboriginal Studies: Canberra.
- Flood, J. 1984, Recent research on traditional Aboriginal society of the Canberra area. *Canberra Historical Journal*, volume 13, pp. 22-23.
- Foskett, Alan & Shirley Sutton 2013, *Caring for the Community Rain Hail or Shine: The History of District and Community Health Nursing in the ACT 1911-192011 – 100 Years*, ACT Community Nursing History Group.
- Freeman Collet & Partners, Malcolm Munro & Associates and R Hobbs 1993, Acton/West Basin, Canberra, Cultural Heritage Study, 4 volumes.
- Gale, John, *Canberra: Its History and Legends*, Queanbeyan, A.M. Fallick and Sons,

1927.

Garnett, R and D Hyndes 1992, *The Heritage of the Australian Capital Territory*, National Trust of Australia (ACT).

Gibbney, Jim, *Canberra 1913-1953*, Canberra, AGPS, 1988.

Gillespie, L. 1984, *Aborigines of the Canberra Region*. Canberra Publishing and Printing, Canberra ACT.

Gillespie, Lyall, *Canberra 1820-1913*, Canberra, AGPS, 1991.

Godden Mackay Logan [GML] 2009, Lake Burley Griffin Heritage Assessment, final report, prepared for the National Capital Authority.

Gray, J 1999, T C G Weston (1866-1935), Horticulturist and Arboriculturist, a critical review of his contribution to the establishment of the landscape foundations of Australia's National Capital, thesis submitted for the Degree of Doctor of Environmental Design, University of Canberra.

Gugler, Ann, *True Tales from Canberra's Vanished Suburbs of Westlake, Westridge and Acton*, Fyshwick, 1999 (including contributions by Frank Dunshea, Frederick John Marshall and Jill Waterhouse).

Hoddle, Robert, Survey of Limestone Plains and district, 1832, NLA MAP G8981.G46 1832 (HOD).

Horton, A. 1999, Map of Aboriginal Australia in *The Encyclopaedia of Aboriginal Australia*. Australian Institute of Aboriginal and Torres Strait Islander Studies.

Huys, S. and D. Johnston (AASC) 1997, *An Aboriginal Archaeological Investigation of the Lower Acton Peninsula Including consultation with the Ngun(n)awal Aboriginal community regarding the heritage of the study area*. Report prepared for the National Environmental Consulting Services (NECS), Canberra ACT.

Ide, Arthur, *Royal Canberra Hospital: an account of its origins and development; The first forty years, 1914 to 1954*, Canberra, A. Ide, 1994.

Jackson-Nakano, A 1994, "The Death and Resurrection of the Ngunnawal: a Living History".

Jackson-Nakano, A. 2001, *The Kamberri: A History of Aboriginal Families in the ACT and Surrounds*. Aboriginal History Monograph 8, Weereewaa History Series 1, Australian National University Press, Canberra.

Jackson-Nakano, A. 2005, *Ngambri Ancestral Names for Geographical Places and Features in the Australian Capital Territory and Surrounds*, New Millennium Print.

Jackson-Nakano, A. and J. House. 2007, *Report to ACT Heritage Unit on Ngambri Historical and Cultural Research*.

Johnston C, 1992, *What is social value?*, AGPS, Canberra.

- Kiah Environment Designers 1993, Acton/West Basin Design Study: Landscape Background Report, for the NCPA.
- Lea-Scarlett, Errol, *Queanbeyan District and People*, Queanbeyan, Queanbeyan Municipal Council, 1968.
- Lhotsky, J. 1835, *A Journey from Sydney to the Australian Alps undertaken in the months of January, February and March, 1834*. Innes, Sydney.
- Logan, Cameron, 'The modern hospital as dream and machine: Modernism, publicity and the transformation of hospitals, 1932-1952', *Fabrications*, vol. 19, June 2009.
- Marshall, D & G Butler 2012, Commonwealth Heritage Assessment for the Acton Peninsula Trees, National Capital Authority.
- Mattheck, C & H Breloer 2010, *The Body Language of Trees – a handbook for failure analysis*. Research for Amenity Trees series published by The Stationery Office, Norwich, United Kingdom.
- Mawer, Allen, 'Pioneering exploits on Canberry station', *Canberra Historical Journal*, new series no. 11, March 1983.
- Mawer, Allen 2012, *Canberry Tales: An Informal History*, Arcadia, Melbourne.
- May & Russell Architects, 'Acton Peninsula Building Adaptive Re-Use', January 2000.
- Moss, H. P. 1939, Evidences of Stone Age Occupation of the Australian Capital Territory. *ANZAAS*, volume 24, pp. 163-165.
- Murphy, G 1990, 'Weston, Thomas Charles George (1866 – 1935)', *Australian Dictionary of Biography*, Volume 12, Melbourne University Press, pp. 449-450.
- National Capital Authority [NCA] 1997, *Acton Peninsula – A Site of National Significance*. National Capital Plan Draft Amendment 20.
- National Capital Authority, file 97/363.
- NCA file 99/314.
- NCA file 99/572.
- National Capital Authority 2011, *Commitment to Community Engagement*, National Capital Authority.
- National Capital Authority 2016, *National Capital Plan*, National Capital Authority.
- National Capital Authority 2017, *Acton Peninsula Precinct Structure Plan*, National Capital Authority.
- National Capital Development Commission (NCDC) 1988, *Sites of Significance in the ACT, Volume 2, Inner Canberra*, Technical Paper 56.

- Newman, Janet & Jennie Warren, *Royal Canberra Hospital: An Anecdotal History of Nursing 1914-1991*, Mawson ACT, the authors, 2nd edition, 1993.
- Norris, Sir F. Kingsley, *No Memory for Pain: an autobiography*, Melbourne, Heinemann, 1970.
- Northside Chronicle*, 14 February 1994.
- NSW Index to Births, Deaths and Marriages
- O’Keefe, Brendan, ‘Limeburners of the Limestone Plains and beyond, 1833-1943’, *Canberra Historical Journal*, new series no. 34, September 1994.
- Pipitone, Shirley 2009, *Study of the Social Value of Lake Burley Griffin and its Setting*, National Trust of Australia (ACT).
- Procter, Peter, *Biographical Register of Canberra and Queanbeyan: from the district to the Australian Capital Territory 1820-1930*, Canberra, Heraldry and Genealogical Society of Canberra, 2001.
- Proust, A J (ed.), *History of Medicine in Canberra and Queanbeyan and their Hospitals*, Gundaroo, Brolga Press, 1994.
- Pryor L D & J C G Banks 2001, *Trees and Shrubs in Canberra*, Little Hills Press. *Queanbeyan Age*.
- Ramsay, J. 1993, Identification and assessment of aesthetic values in two Victorian forest regions, in J Ramsay & J Paraskevopoulos, *More than meets the eye: identifying and assessing aesthetic value, Report of the Aesthetic Value Workshop held at the University of Melbourne on 27 October 1993*, Australian Heritage Commission Technical Workshop Series No. 7.
- Reid, Paul, *Canberra following Griffin: A design history of Australia’s National Capital*, Canberra, National Archives of Australia, 2002.
- Robinson, Frederick W., *Canberra’s First Hundred Years and After*, Sydney, W.C. Penfold, 2nd edition, 1927.
- Roe, Michael, ‘Cumpston, John Howard Lidgett (1880–1954)’, *Australian Dictionary of Biography*, National Centre of Biography, Australian National University, <http://adb.anu.edu.au/biography/cumpston-john-howard-lidgett-5846/text9935>, published in hardcopy 1981, accessed online 9 April 2014.
- Shumack, S. 1977, *An Autobiography or Tales and Legends of Canberra Pioneers*. ANU Press, Canberra.
- Tindale, NB. 1940, Results of the Harvard-Adelaide Universities Anthropological Expedition, 1938-1939, distribution of Australian Aboriginal Tribes: a field survey. *Transactions of the Royal Society, South Australia*, Volume 64(1), pp. 140-231.
- Walshe, K. 1993. *Archaeological survey of Acton/West Basin*. Report prepared for

Freeman Collet and Partners Canberra.

Watson, F. 1927, *A Brief History of Canberra*. Federal Capital Press, Canberra, ACT.

Wright, WD. 1923, *Canberra*. John Andrew and Co, Sydney.

Linda Young, *Lost Houses of the Molonglo Valley: Canberra before the Federal Capital City*, Charnwood ACT, Ginninderra Press, 2007.

APPENDIX A: PROJECT BRIEF EXTRACTS

The following are relevant extracts from the project brief.



The Goods and/or Services

The Commonwealth is seeking offers for a Heritage Management Plan for the Acton Peninsula Buildings 1, 2 and 15, and significant curtilage; and Acton Peninsula Limestone Outcrops (and associated trees).

1.0 INTRODUCTION

The National Capital Authority, a Commonwealth Agency, manages the following Commonwealth Heritage Listed places on the Acton Peninsula:

- Acton Peninsula Building 1 (CHL ID 105341)
- Acton Peninsula Building 2 (CHL ID 105343)
- Acton Peninsula Building 15 (CHL ID 105342)
- Acton Peninsula Limestone Outcrops (CHL ID 105344)

Building 1 (former Isolation Ward), Building 2 (H Block), and Building 15 (Medical Superintendent's Residence) are a group of buildings from the former Royal Canberra Hospital complex. The three buildings were constructed during the 1940s on the former Acton property that was resumed by the Commonwealth government in 1911. H Block (Building 2) was constructed on the site of the original Acton Homestead. The Acton Peninsula was designated for hospital use by Walter Burley Griffin.

The National Museum of Australia has a licence agreement for the use of Buildings 1 and 2.

The Acton Peninsula Limestone Outcrops extends 80 m to 100 m along the eastern shore of the Acton Peninsula. The limestone dates to the Late Silurian (approximately 425 million years) and contains sparsely distributed fragmentary macro fossils of corals and shells. The highly visible limestone in the area was the reason why Europeans gave the area the name 'Limestone Plains'. Very little limestone is now exposed in the area. The Acton Peninsula Limestone Outcrop is the most accessible and continuous exposure of limestone.

Acton Peninsula also includes trees with heritage values due to their association with Acton House, Charles Weston, street plantings for Lennox Crossing Road, and the development of Canberra Hospital. A *Commonwealth Heritage Assessment for the Acton Peninsula Trees* was prepared for the NCA in 2012 (by Duncan Marshall and Geoff Butler). Some of these trees were included on the Register of the National Estate as 'Acton Peninsula Trees Group'.

2.0 STUDY AREA

The Study Area for this Heritage Management Plan includes the

1. Acton Peninsula Building 1,
2. Acton Peninsula Building 2
3. Acton Peninsula Building 15,
4. Significant curtilage and plantings associated with Acton Peninsula Buildings 1, 2 and 15
5. Acton Peninsula Limestone Outcrops, including any significant trees within the CHL boundary
6. Significant trees identified in the Commonwealth Heritage Assessment for the Acton Peninsula Trees (2012)



3.0 PROJECT OBJECTIVES

The *Environment Protection and Biodiversity Conservation Act 1999* (EPBC Act), s341S(1) requires Commonwealth Agencies to prepare a written plan to protect and manage the Commonwealth Heritage values of a Commonwealth Heritage place it owns or controls.

The objectives include:

1. Preparation of a heritage management plan that complies with EPBC Act requirements;
2. Identifying appropriate the boundaries for the four Commonwealth Heritage Listed place that considers appropriate curtilages, including the trees – place records refer to the settings for the buildings and in some instances the trees as well, but the current CHL place boundaries only include the buildings;
3. Understanding the social values for Buildings 1,2 and 15;
4. Identification, assessment of archaeological potential and significance, and conservation management recommendations for known and potential archaeological remains associated with the former Acton property, and Indigenous occupation of the Study Area;
5. Identifying and providing guidance on conservation and maintenance works for the 4 CHL places and associated curtilages;

4.0 SCOPE OF WORKS

The scope of works for this project includes:

- The Heritage Management Plan for the Acton Peninsula Buildings 1, 2 and 15 and associated significant curtilage and plantings; and the Acton Peninsula Limestone Outcrops and significant plantings within the CHL boundary;
- Assessment of social values of Buildings 1, 2 and 15;
- Conservation and maintenance works program for each CHL place and associated curtilages; and
- Public Consultation Report

4.1 Heritage Management Plan

The HMP must meet the requirements of the EPBC Act and be consistent with the Commonwealth Management Principles. The HMP will be submitted to the Commonwealth Department responsible for heritage for review and endorsement.

The required components of a Heritage Management Plan for a Commonwealth Heritage place is defined by

the EPBC Act and set out under Schedule 7A of the EPBC Regulations 2003 (No. 1).

The HMP should address Buildings 1, 2 and 15; and the Limestone Outcrops individually so that the HMP will meet the requirements of the EPBC Act. The HMP should consider the trees identified in the Commonwealth Heritage Assessment for the Acton Peninsula Trees (2012), and the assessment and recommendations in the report.

A guide for preparing Heritage Management Plans for a Commonwealth Heritage place is available on the Department of Sustainability, Environment, Water, Population and Communities' website.

- *Management Plans for Places on the Commonwealth Heritage List: A guide for Commonwealth Agencies* (Department of Environment and Heritage, 2006) – see <http://www.environment.gov.au/heritage/publications/protecting/pubs/management-plans.pdf>

The Heritage Management Plan must include use proper footnotes and a bibliography to reference sources. Primary source information sourced from a secondary source should include both sources when footnoting. For example:

“Memorandums and Remarks” made by James Meehan, 3 March – 14 April (SZ1048), Colonial Secretary Special Bundles 1794-1825 (AONSW), cited in J. Smith, Conservation Plan for Jervis Bay (report prepared for NSW Maritime Services, 1989).

4.2 Assessment of Social Value

Previous heritage studies related to the Acton Peninsula have indicated social attachment exists for the former hospital buildings (see Eric Martins 2003). There was high community feeling expressed during the decommissioning of the hospital and its redevelopment for new uses around 1990. Community values may have changed since the 1990s but a contemporary study of community attitude and values has not been undertaken.

An assessment of social value associated with the former hospital building is required to inform the assessment of Commonwealth Heritage Value Criterion (g).

4.3 Conservation and Maintenance Program

In addition to the above requirements, the NCA also requires detailed advice for the conservation and maintenance of the four CHL places, associated significant curtilages, known or potential archaeological remains from the former Acton property and Indigenous occupation. This includes a schedule of urgent, short-term, medium term and long-term conservation works, as well as a cyclical maintenance schedule. Recommendations must be sufficiently detailed so that they can be included in project briefs and/or specifications.

The conservation and maintenance program must be presented in a clear, user-friendly and easily read format.

4.4 Public Consultation

The NCA will seek public comment on the draft heritage management plan. Comments will be sought from government and non-government stakeholders, Aboriginal representative groups and the general community.

The Consultant is required to attend a **public information session** (to be organised by the NCA).

Any written comments received during the consultation period will be forwarded to the Consultant. The Consultant is required to address each comment in a **Public Consultation Report**. The Heritage Management Plan will be amended by the Consultant where appropriate.

5.0 STANDARDS AND BEST PRACTICE

The preparation of the HMP should be guided by:

- Management Plans for Places on the Commonwealth Heritage List: A guide for Commonwealth Agencies (Department of Environment and Heritage, 2006)
- Working Together: Managing Commonwealth Heritage Places. A guide for Commonwealth Agencies (Department of the Environment, Water, Heritage and the Arts, 2008).

Copies of these guidelines are available on the Department of Sustainability, Environment, Water, Population and Communities website.

5.1 Conformance with Mandatory Web Accessibility National Transition Strategy

Having regard to the Web Accessibility National Transition Strategy (NTS), the Australian Government is committed to improved web accessibility. The Web Accessibility NTS:

1. promotes improved web services, including but not limited to: websites, content, or applications and the design, development, maintenance or upgrade of such services;
2. details the key milestones, scope and implementation plan for the NCA transition of its online information and services, for conformance with the Web Content Accessibility Guidelines (WCAG) version 2.0, developed by the World Wide Web Consortium (W3C); and
3. encourages a more accessible and usable web environment that will more fully engage with, and allow participation from, all people within our society.

Information regarding the Web Accessibility NTS and the implementation on WCAG 2.0 and policies relating to accessibility are available on Web Accessibility NTS website and the Australian Government Web Guide.

- 5.1 Tenderers should note the mandatory Web Accessibility NTS applies to this procurement. In particular:
 - a) Websites, content, applications and services defined as within the scope of the NTS must conform to WCAG 2.0 at Level AA.
 - b) Claims of Conformance must comply with WCAG 2.0 five conformance requirements.
 - c) Assessments for WCAG 2.0 Conformance must be made through the use of Sufficient (and avoidance of Failure) Techniques, available via either: WCAG 2.0 Techniques or WCAG 2.0 Quick Reference.
- 5.2 Tenderers are required to demonstrate conformance of their products, services and outputs to WCAG 2.0 (specifying Level A, AA or AAA), preferably through the use of Sufficient Techniques.
- 5.3 Tenders are required to confirm in Schedule 2 that the project deliverables will comply with the Web Accessibility NTS.

6.0 AVAILABLE REPORTS AND MATERIAL

Previous studies include:

| | |
|---------------------------------------|--|
| Marshall, Duncan and Geoff Butler | <i>Commonwealth Heritage Assessment for the Acton Peninsula Trees</i> (2012), prepared for the National Capital Authority. |
| Eric Martin and Associates Architects | <i>Former Hospice Acton Peninsula Conservation Plan</i> (June 2003), prepared for the National Museum of Australia. |

Survey Data

Survey data is available for site features, tree locations, tree species and tree condition.

NCA Files

Relevant NCA files will be made available to the successful tenderer.

APPENDIX B: COMMONWEALTH HERITAGE LIST PLACE RECORDS

The following place records are reproduced below:

- Acton Peninsula Building 1;
- Acton Peninsula Building 2;
- Acton Peninsula Building 15; and
- Acton Peninsula Limestone Outcrops.



Acton Peninsula Building 1, Lennox Cros, Acton, ACT, Australia

| | |
|----------------------|---|
| List | Commonwealth Heritage List |
| Class | Historic |
| Legal Status | Listed place (22/06/2004) |
| Place ID | 105341 |
| Place File No | 8/01/000/0491 |

Summary Statement of Significance

The single storey brick former Isolation Ward (Building 1), is a significant component of a group of extant buildings of the former Royal Canberra Hospital complex that operated for the benefit of the Canberra community over a period of five decades. The hospital group, consisting of the Isolation Block, H Block and Medical Superintendent's Residence, was constructed during the 1940s on the former Acton property that was resumed by the Commonwealth Government in 1911. The area became the first major site of Federal Capital occupancy, fulfilling a component of Walter Burley Griffin's plan for a Hospital at Acton. The former Isolation Ward (Building 1) as part of the hospital group, is a major representative feature of hospital history at Acton Peninsula, provides physical evidence of the mid-twentieth century approaches to the treatment of infectious diseases. The building has importance for its association with World War Two medical care and for its use as a hospice during the 1990s. (Criterion A4) (Historic Themes: 4.1.4 Creating capital cities, 7.6.6 Providing services and welfare).

The building is an example of the Interwar Functionalist style and retains significance in its external original fabric, timber framed windows on the south side, the tiles to sill on northern verandah windows, the infill section to H Block, the infill section to the southwest corner and the verandah form along the north side of the building. (Criterion D2)

The building is significant because of its association with people such as Walter Burley Griffin, who designated Acton Peninsula for hospital use and hospital staff who had a longevity of association with the hospital such as Matron, Sylvia Curley. (Criterion H1)

The former hospital group buildings have social importance to the Canberra community who had great attachment to the hospital and strongly petitioned against its closure (Criterion G1).

Official Values

Criterion A Processes

The single storey brick former Isolation Ward (Building 1), is a significant component of a group of extant buildings of the former Royal Canberra Hospital complex that operated for the benefit of the Canberra community over a period of five decades. The hospital group, consisting of the Isolation Block, H Block and Medical Superintendent's Residence, was constructed during the 1940s on the former Acton property that was resumed by the Commonwealth Government in 1911. The area became the first major site of Federal Capital occupancy, fulfilling a component of Walter Burley Griffin's plan for a Hospital at Acton. The former Isolation Ward (Building 1) as part of the hospital group, is a major representative feature of hospital history at Acton Peninsula, provides physical evidence of the mid-twentieth century approaches to the treatment of infectious diseases. The building has importance for its association with World War Two medical care and for its use as a hospice during the 1990s.

Attributes

The whole building and its setting.

Criterion D Characteristic values

The building is an example of the Interwar Functionalist style and retains significance in its external original fabric, timber framed windows on the south side, the tiles to sill on northern verandah windows, the infill section to H Block, the infill section to the southwest corner and the verandah form along the north side of the building.

Attributes

The building's Interwar Functionalist styling as demonstrated in the features noted above.

Criterion G Social value

The former hospital group buildings have social importance to the Canberra community who had great attachment to the hospital and strongly petitioned against its closure.

Attributes

The whole building and its setting.

Criterion H Significant people

The building is significant because of its association with people such as Walter Burley Griffin, who designated Acton Peninsula for hospital use and hospital staff who had a longevity of association with the hospital such as Matron, Sylvia Curley.

Attributes

The building and its location on Acton Peninsula.

Description**History:**

The Molonglo River flats, Black Mountain and its spur now known as the Acton Peninsula, were areas which are believed to have been favoured as meeting places by the Aboriginal people of the region. The Canberra region was occupied by three groups, the Ngarigo, the Walgalu and the Ngunnawal. The Ngunnawal people are thought to have occupied the environs of Black Mountain. The Molonglo River swept around a ridge, now Acton Peninsula, providing a readily available source of water and abundant food resources. The wetlands provided water birds and their eggs, bulrush roots and other vegetation making the area an invaluable resource. The area would also have provided shelter from the prevailing westerly winds, flat and fertile camping areas and defensible territory (Freeman Collett et al 1993, vol 4).

Aboriginal artefacts recovered on the site by HP Moss between 1937-41 indicate that Aborigines occupied the area skirting the base of the mountain and on either side of the river. Thirty artefacts and twenty-three items of debitage were recovered from the site of the early Federal Capital Administration Offices and from the site of the Canberra Hospital Buildings which were constructed in the early 1940s. It is still possible that more archaeological evidence exists within the Peninsula (Freeman Collett et al 1993, vol 4).

The arrival of Europeans in the region severely disrupted the way of life of the local Aborigines. Acton Peninsula was the site of the first formal acquisition of land by Europeans on the Limestone Plains. It marks the beginning of an historical phase which had profound ramifications for Aboriginal culture. The first European explorers named the Canberra region the Limestone Plains. Very little limestone is now exposed, it has either been built over or submerged by Lake Burley Griffin. The only accessible, clear and continuing exposure of the limestone in suburban Canberra is on the northern shore of Acton Peninsula.

Recorded European occupation on the Limestone Plains began in 1824 with the establishment of Canberry, an outstation of Baw Baw, Goulburn. Joshua Moore, the recipient of the first land grant on the Limestone Plains, was granted temporary occupation of 2,000 acres in 1824. His employees, led by John McLaughlin, built slab huts on Acton Peninsula. Canberry, which gave its name to the future Capital, as surveyed in 1832, encompassed Acton Peninsula, the grounds of the Australian National University and the Civic area. In 1844 the property was sold to Arthur Jeffereys and renamed Acton. Between 1844 and 1911 Acton was never worked as a single property. Portions were rented out to various tenants. The Reverend Galliard-Smith and his family occupied Acton House from 1855 to 1973. A number of trees on the site appear to date from this period, including a Roman cypress (*CYPRESSUS SEMPERVIRENS STRICTA*) which grows outside the former obstetrics unit and is known as the pregnant pine due to a bulge on one side. It is presumed to be approximately 120 years old and was planted near Acton House. In June 1911, Acton was resumed by the Commonwealth Government. The homestead was used as accommodation for Charles Scrivener, Commonwealth Surveyor General, then as the family home of Percy L Sheaffe, a member of the survey team. By 1931 Acton House was being used as a police station and courthouse for early Canberra.

In 1912, Dr W Perrin, Commonwealth Director of Quarantine and medical adviser to the Commonwealth, recommended that Government hospital be built on a 10 acre site at Acton which had been reserved for this purpose, with separate facilities of isolation. This was in immediate response to cases of diphtheria amongst construction workers. The interim hospital site was Balmain Crescent in the precincts of the future Australian National University.

Walter Burley Griffin's 1918 plan located hospital facilities on Acton Peninsula, a university to the north and an arboretum to the west. Thomas Weston, the first Superintendent of Parks and Gardens, moved to Acton in 1913 and established an experimental nursery on the south facing slope to the Molonglo River. Weston lived in a shed to the north of the nursery for nine years. At the nursery an extensive list of tree species were tested for suitability to local conditions. Much of early inner Canberra was landscaped with plant material grown here. Weston's nursery was responsible for realising the landscape elements in the garden city concept. The surviving trees are an important reminder and product of the experimental nursery. The planting of native and exotic trees on the Acton Peninsula was continued up to the 1950s by Bruce, Hobday, Pryor and Shoebridge who, in turn, followed Weston as Superintendent of Parks and Gardens.

The home paddocks became the site of the first administration buildings for the Department of Home Affairs. Early planning and landscaping of the Federal Capital was implemented from the administrative offices. The first cricket oval, racecourse, golf links, post office and Commonwealth Bank are associated with Acton Peninsula. The first Administration buildings were progressively extended, but remained the Administration Centre for the ACT up to 1960.

The foundations for the Acton Peninsula Hospital began in August 1940. The first hospital buildings erected on the site were constructed between 1941-43. The foundation stone was laid by the Minister for Health, the Honourable Sir Frederick Stewart, on 28 January 1941.

War time shortages initially slowed the construction and in March 1942 the Australian Army requisitioned it for the 2/2 Army General Hospital. Before it could be occupied, the 2/2 AGH was relocated to Queensland and the United States Armed Forces were given use of the new Canberra Hospital to treat wounded personnel from their forces in the Pacific. Seventeen officers and twenty seven nurses of the 5th Station Hospital of the United States Army Medical Corps treated patients at the site. Dutch medical and dental officers also worked there during this period.

In January 1943 the US Army relinquished the hospital, realising it was too far to transport their wounded servicemen. The new hospital was officially opened for civilian use by the Governor General, Lord Gowrie, on 20 February 1943. The completion of the North Block in 1943 represented the completion of the removal of Canberra Hospital from its Balmain Crescent site to Acton. Bennett House's first stage, known originally as the Nurses' Quarters, was completed in August 1942. New wings were added in 1948 and 1956.

The former H Block (Initial Isolation Ward) was designed by Leighton Irwin, in conjunction with the first major works on the relocated hospital site. H Block was constructed on the site of the original Acton Homestead. It was opened by Lord Gowrie in 1943. The former Medical Superintendent's Residence was also designed by Leighton Irwin as part of the new hospital and was completed in 1943. It housed the medical superintendent until it closed in the 1996.

The former Isolation Block (Initial TB Ward) was opened in 1947 (although the AHC records previously stated 1943). It was constructed on the site originally occupied by outbuildings of Acton Homestead. It housed both tuberculosis and infectious disease patients, and was separate from other Hospital wards. The Isolation Block housed both tuberculosis (TB) and infectious diseases patients and was accordingly separated from the other hospital wards. Treatment of TB particularly relied on provision of well-ventilated, sunny wards, which influenced the design of this particular building. TB (consumption) wards were often called chalets and this name also applied to the Acton ward. The main external change is the construction of a chapel over the former entry steps and alterations to the west end.

In 1954 a memorial fountain was built close to the original site of Acton Homestead at the instigation of the Deputy Matron Miss Sylvia Curley, using some stones saved from the demolition of the homestead. The fountain was constructed by the Department of the Interior at a cost of 350 pounds.

Between 1954-61 the population of Canberra almost doubled. Plans to construct new main buildings were approved by the hospital board in December 1959. In 1960 a contract was let for additions to the Canberra Community Hospital. The new building required the removal of the Commonwealth Bank and Acton Post Office buildings. The original main building of the hospital was extended and the administrative offices

(demolished 1973) were refurbished. Associated with the 1960s redevelopment was the construction of the personnel services unit, the staff dining hall, a courtyard/library, the mortuary, a boiler house and a laundry. Sylvia Curley House, a new nurses' residence, was opened by Dame Pattie Menzies on 17 April 1964. The surrounds of the Sylvia Curley House were designed by Otto Ruzicka, the first landscape architect employed by City Parks in the early 1960s.

During the period between 1959-89 the Royal Canberra Hospital (RCH) received high praise as a nursing, teaching and community institution. Memorials in the hospital to a considerable number of outstanding people and events exist, including the Mona Tait and May Hayman plaque, the stained glass window erected in memory of Sister Dorothy Bryan, a plaque and operating rooms in the Peter Blaxland Suite, the Edith McHugh Ward in Obstetrics, the Marcus Faunce Auditorium and the Carmel Smith Memorial. Walter Burley Griffin planned that Canberra's hospital be located near its university. This plan took shape with the establishment of the Australian National University and John Curtin School of Medical Research (1947). Its links with the RCH became more evident when the Department of Clinical Science was established in 1966 as part of the school but was located at the hospital. A mosaic entitled Metropolis on the wall at the entrance to the tower block commemorated the opening. In the years 1966-68 Annual Reports list 425 contributions to medical and scientific literature, more than half the publications resulting from work carried out in RCH.

In 1989 the Steering Committee for Public Hospitals Development recommended that Woden Valley Hospital be developed as the principal hospital for the ACT. Public concern at the possible closure of RCH resulted in the formation of a group called the ARCH Committee (Augment RCH) It included members of the Residents Rally, medical workers and representatives from the community. In 1989 the Government decided to close RCH and redevelop the site with health facilities. ARCH presented petitions and letters to the ACT Legislative Assembly and 60,000 petitions protested the closure of RCH, which occurred on 27 November 1991. Since the hospital closure part of the buildings have been occupied by health care related functions.

A community group, the Canberra Community Action on Acton (CCAA) was formed in 1992 and incorporated in the 1993 for the retention of Acton Peninsula for community purposes including the structurally-sound and valuable buildings of the former Royal Canberra Hospital; promoting the development of appropriate new uses for these buildings; considering and advising on the acceptability of longer-term plans for the precinct; and the protection to the maximum extent possible the natural, cultural and heritage values of Acton Peninsula. The CCAA believed that using the peninsula for the museum site was inappropriate and wanted the area kept for hospice use. Many members of Canberra community were concerned with the change of use of the site and petitions contrary to the changed use of the site were estimated to be 60,000. From 1994 until 2000, the ACT Government used the Isolation Ward, as a temporary hospice facility. A five year term was agreed between the Territory and the Commonwealth.

In December 1996 the Commonwealth Government announced that Acton Peninsula had been selected as the site for the National Museum of Australia and the Australian Institute of Aboriginal and Torres Strait Islander Studies. From 1994 until 2000, the ACT Government used the Isolation Ward, as a temporary hospice facility. A five year term was agreed between the Territory and the Commonwealth. The former Isolation Block buildings (Building 1 and Building 2) were refurbished for use as a Hospice.

In December 1996 the Commonwealth Government announced that Acton Peninsula had been selected as the site for the National Museum of Australia and the Australian Institute of Aboriginal and Torres Strait Islander Studies. In May 1997, the Commonwealth and ACT Governments exchanged land at Kingston Foreshore for land at Acton Peninsula. Acton Peninsula became National Land and the site for the proposed National Museum of Australia. From 1994 until 2000, the ACT Government used the Isolation Ward, as a temporary hospice facility. A five year term was agreed between the Territory and the Commonwealth. The former Isolation Block buildings (Building 1 and Building 2) were refurbished for use as a Hospice.

In December 1996 the Commonwealth Government announced that Acton Peninsula had been selected as the site for the National Museum of Australia and the Australian Institute of Aboriginal and Torres Strait Islander Studies. In May 1997, the Commonwealth and ACT Governments exchanged land at Kingston Foreshore for land at Acton Peninsula. Acton Peninsula became National Land and the site for the proposed National Museum of Australia. An amendment to the National Capital Plan to change the use of Acton Peninsula from 'Community Use' to 'National Capital Use' was made in 1997.

The main Canberra Hospital Buildings were demolished after a failed implosion 13 July 1997 that caused the death of a Canberra schoolgirl, Katie Bender.

The National Capital Authority proposed amendment 36 to the National Capital Plan to enable the development of the new ACT Hospice on the northern foreshore of Lake Burley Griffin near Grevillea Park.

The National Museum of Australia was established on the site of the former Canberra Hospital and was officially opened 11 March 2001.

Patients were transferred from the Canberra Hospice on Acton Peninsula to the new hospice known as, Clare Holland House in Grevillea Park, that was officially opened in December 2000.

In 2003 the former Canberra hospital buildings remaining at the Acton site consisted of the former Isolation Block, H Block, the Medical Superintendents Cottage and Limestone House. These buildings were all constructed during the 1940s. They are adjacent to the Limestone outcrop and along with their setting of planted trees now remain as a distinctive former Canberra hospital precinct.

Description

The former Isolation Block, along with the former H Block and the former Medical Superintendents House and their setting are an integrated group of former 1940s hospital buildings. Built in 1944 – 7, it is a simple, single storey load bearing brick building of the inter-war Functionalist style with a gable roof. It has a north facing solarium and central radial sitting room. The south side has timber double hung windows. The north side has sliding aluminium glazed doors to individual rooms which open onto a long verandah. The verandah has original timber frames into which have been inserted aluminium framed double hung windows. The roof has terracotta tiles. The building has been modified with additions to the southern entrance side by construction of a chapel and to the west end by construction of a service entry has been modified by additions to the southern entrance side. It was designed by the Commonwealth Department of Works for the Department of the Interior. It is joined to H Block and was modified and fitted out internally for use as a hospice

This building, along with other original 1943 Canberra Community Hospital buildings, is still highly valued by sections of the community.

History Not Available

Condition and Integrity

The building is in good condition. (1997)

The building is generally in good condition, but showing some signs of weathering and minor cracking. It is well built. Most of the interior features of the building were modified for its use as a hospice.

April 2003

The building is empty and shows signs of exterior weathering

Location

Isolation Block, former Canberra Hospital, Lennox Crossing, Acton.

Bibliography

National Capital Development Commission . “Sites of Significance in the ACT Volume 2, Inner Canberra Technical Paper 56, 1988.

Hobbs Roger, Freeman Collett & Partners Pty Ltd and Malcolm Munro & Associates. “Vivid Histories”, 1993.

Kiah Environment Designers. “Acton/West Basin Design Study: Landscape Background Report” for NCPA, 1993.

Jackson-Nakano, A. “The Death and Resurrection of the Ngunnawal: a Living History”, 1994.

Gillespie, Lyall. “Canberra 1820-1913”. Canberra, AGPS, 1991.

Proust, A J, (ed). “History of Medicine in Canberra and Queanbeyan”. Gundaroo, NSW, Brolga Press, 1994.

Newman, J and Warren J. “Royal Canberra Hospital: An anecdotal History of Nursing 1914-1991”. Canberra, 1993.

Johnston C. “What is social value?” Canberra, AGPS, 1992

Faunce, T, Gatenby, P and Galsgow, N (2002) Letter to the Chairman of the National Capital Authority.

Eric Martin and Associates (2003) Former Hospice Acton Peninsula Conservation Plan.

Acton Peninsula Building 2, Lennox Cros, Acton, ACT, Australia

| | |
|----------------------|----------------------------------|
| List | Commonwealth Heritage List |
| Class | Historic |
| Legal Status | <u>Listed place</u> (22/06/2004) |
| Place ID | 105343 |
| Place File No | 8/01/000/0491 |

Summary Statement of Significance

The single storey brick and tiled roof H Block (Building 2), is a significant component of a group of extant buildings of the former Royal Canberra Hospital complex that operated for the benefit of the Canberra community over a period of five decades. The hospital group, consisting of the Isolation Block, H Block and Medical Superintendent's Residence, was constructed during the 1940s on the former Acton property that was resumed by the Commonwealth Government in 1911. The area became the first major site of Federal Capital occupancy, fulfilling a component of Walter Burley Griffin's plan for a Hospital at Acton. H Block, as part of hospital group, as a major feature of hospital group provides physical evidence of the mid-twentieth century approaches to the treatment of infectious diseases. The building has importance for its association with World War Two medical care and for its use as a hospice during the 1990s. (Criterion A4) (Historic Themes: 4.1.4 Creating capital cities, 7.6.6 Providing services and welfare).

The building is an example of the Interwar Functionalist style and retains significance in its external original fabric, fluted pattern glass, early additions to the north side, the infill section to the Isolation Block, the timber panelled infill section to the south. (Criterion D2)

The building is significant because of its association with people such as Walter Burley Griffin, who designated Acton Peninsula for hospital use, Leighton Irwin, the designer of the building, and hospital staff who had a longevity of association with the hospital such as Matron, Sylvia Curley. (Criterion H.1)

The former hospital group buildings have social importance to the Canberra community who had great attachment to the hospital and strongly petitioned against its closure (Criterion G1).

Official Values

Criterion A Processes

The single storey brick and tiled roof H Block (Building 2), is a significant component of a group of extant buildings of the former Royal Canberra Hospital complex that operated for the benefit of the Canberra community over a period of five decades. The hospital group, consisting of the Isolation Block, H Block and Medical Superintendent's Residence, was constructed during the 1940s on the former Acton property that was resumed by the Commonwealth Government in 1911. The area became the first major site of Federal Capital occupancy, fulfilling a component of Walter Burley Griffin's plan for a Hospital at Acton. H Block, as part of hospital group, as a major feature of hospital group provides physical evidence of the mid-twentieth century approaches to the treatment of infectious diseases. The building has importance for its association with World War Two medical care and for its use as a hospice during the 1990s.

Attributes

The whole of H Block and its setting.

Criterion D Characteristic values

The building is an example of the Interwar Functionalist style and retains significance in its external original fabric, fluted pattern glass, early additions to the north side, the infill section to the Isolation Block, the timber panelled infill section to the south.

Attributes

The building's Interwar Functionalist style as evident in the features noted above.

Criterion G Social value

The former hospital group buildings have social importance to the Canberra community who had great attachment to the hospital and strongly petitioned against its closure.

Attributes

The building and its setting.

Criterion H Significant people

The building is significant because of its association with people such as Walter Burley Griffin, who designated Acton Peninsula for hospital use, Leighton Irwin, the designer of the building, and hospital staff

who had a longevity of association with the hospital such as Matron, Sylvia Curley.

Attributes

The building and its setting.

Description

History:

The Molonglo River flats, Black Mountain and its spur now known as the Acton Peninsula, were areas which are believed to have been favoured as meeting places by the Aboriginal people of the region. The Canberra region was occupied by three groups, the Ngarigo, the Walgalu and the Ngunnawal. The Ngunnawal people are thought to have occupied the environs of Black Mountain. The Molonglo River swept around a ridge, now Acton Peninsula, providing a readily available source of water and abundant food resources. The wetlands provided water birds and their eggs, bulrush roots and other vegetation making the area an invaluable resource. The area would also have provided shelter from the prevailing westerly winds, flat and fertile camping areas and defensible territory (Freeman Collett et al 1993, vol 4).

Aboriginal artefacts recovered on the site by HP Moss between 1937-41 indicate that Aborigines occupied the area skirting the base of the mountain and on either side of the river. Thirty artefacts and twenty-three items of debitage were recovered from the site of the early Federal Capital Administration Offices and from the site of the Canberra Hospital Buildings which were constructed in the early 1940s. It is still possible that more archaeological evidence exists within the Peninsula (Freeman Collett et al 1993, vol 4).

The arrival of Europeans in the region severely disrupted the way of life of the local Aborigines. Acton Peninsula was the site of the first formal acquisition of land by Europeans on the Limestone Plains. It marks the beginning of an historical phase which had profound ramifications for Aboriginal culture. The first European explorers named the Canberra region the Limestone Plains. Very little limestone is now exposed, it has either been built over or submerged by Lake Burley Griffin. The only accessible, clear and continuing exposure of the limestone in suburban Canberra is on the northern shore of Acton Peninsula.

Recorded European occupation on the Limestone Plains began in 1824 with the establishment of Canberry, an outstation of Baw Baw, Goulburn. Joshua Moore, the recipient of the first land grant on the Limestone Plains, was granted temporary occupation of 2,000 acres in 1824. His employees, led by John McLaughlin, built slab huts on Acton Peninsula. Canberry, which gave its name to the future Capital, as surveyed in 1832, encompassed Acton Peninsula, the grounds of the Australian National University and the Civic area. In 1844 the property was sold to Arthur Jeffereys and renamed Acton. Between 1844 and 1911 Acton was never worked as a single property. Portions were rented out to various tenants. The Reverend Galliard-Smith and his family occupied Acton House from 1855 to 1973. A number of trees on the site appear to date from this period, including a Roman cypress (*CYPRESSUS SEMPERVIRENS STRICTA*) which grows outside the former obstetrics unit and is known as the pregnant pine due to a bulge on one side. It is presumed to be approximately 120 years old and was planted near Acton House. In June 1911, Acton was resumed by the Commonwealth Government. The homestead was used as accommodation for Charles Scrivener, Commonwealth Surveyor General, then as the family home of Percy L Sheaffe, a member of the survey team. By 1931 Acton House was being used as a police station and courthouse for early Canberra.

In 1912, Dr W Perrin, Commonwealth Director of Quarantine and medical adviser to the Commonwealth, recommended that Government hospital be built on a 10 acre site at Acton which had been reserved for this purpose, with separate facilities of isolation. This was in immediate response to cases of diphtheria amongst construction workers. The interim hospital site was Balmain Crescent in the precincts of the future Australian National University.

Walter Burley Griffin's 1918 plan located hospital facilities on Acton Peninsula, a university to the north and an arboretum to the west. Thomas Weston, the first Superintendent of Parks and Gardens, moved to Acton in 1913 and established an experimental nursery on the south facing slope to the Molonglo River. Weston lived in a shed to the north of the nursery for nine years. At the nursery an extensive list of tree species were tested for suitability to local conditions. Much of early inner Canberra was landscaped with plant material grown here. Weston's nursery was responsible for realising the landscape elements in the garden city concept. The surviving trees are an important reminder and product of the experimental nursery. The planting of native and exotic trees on the Acton Peninsula was continued up to the 1950s by Bruce, Hobday, Pryor and Shoebridge who, in turn, followed Weston as Superintendent of Parks and Gardens.

The home paddocks became the site of the first administration buildings for the Department of Home Affairs. Early planning and landscaping of the Federal Capital was implemented from the administrative offices. The first cricket oval, racecourse, golf links, post office and Commonwealth Bank are associated with Acton

Peninsula. The first Administration buildings were progressively extended, but remained the Administration Centre for the ACT up to 1960.

The foundations for the Action Peninsula Hospital began in August 1940. The first hospital buildings erected on the site were constructed between 1941-43. The foundation stone was laid by the Minister for Health, the Honourable Sir Frederick Stewart, on 28 January 1941.

War time shortages initially slowed the construction and in March 1942 the Australian Army requisitioned it for the 2/2 Army General Hospital. Before it could be occupied, the 2/2 AGH was relocated to Queensland and the United States Armed Forces were given use of the new Canberra Hospital to treat wounded personnel from their forces in the Pacific. Seventeen officers and twenty seven nurses of the 5th Station Hospital of the United States Army Medical Corps treated patients at the site. Dutch medical and dental officers also worked there during this period.

In January 1943 the US Army relinquished the hospital, realising it was too far to transport their wounded servicemen. The new hospital was officially opened for civilian use by the Governor General, Lord Gowrie, on 20 February 1943. The completion of the North Block in 1943 represented the completion of the removal of Canberra Hospital from its Balmain Crescent site to Acton. Bennett House's first stage, known originally as the Nurses' Quarters, was completed in August 1942. New wings were added in 1948 and 1956.

The former H Block (Initial Isolation Ward) was designed by Leighton Irwin, in conjunction with the first major works on the relocated hospital site. H Block was constructed on the site of the original Acton Homestead. It was opened by Lord Gowrie in 1943. The former Medical Superintendent's Residence was also designed by Leighton Irwin as part of the new hospital and was completed in 1943. It housed the medical superintendent until it closed in the 1996.

The former Isolation Block (Initial TB Ward) was opened in 1947 (although the AHC records previously stated 1943). It was constructed on the site originally occupied by outbuildings of Acton Homestead. It housed both tuberculosis and infectious disease patients, and was separate from other Hospital wards. The Isolation Block housed both tuberculosis (TB) and infectious diseases patients and was accordingly separated from the other hospital wards. Treatment of TB particularly relied on provision of well-ventilated, sunny wards, which influenced the design of this particular building. TB (consumption) wards were often called chalets and this name also applied to the Acton ward. The main external change is the construction of a chapel over the former entry steps and alterations to the west end.

In 1954 a memorial fountain was built close to the original site of Acton Homestead at the instigation of the Deputy Matron Miss Sylvia Curley, using some stones saved from the demolition of the homestead. The fountain was constructed by the Department of the Interior at a cost of 350 pounds.

Between 1954-61 the population of Canberra almost doubled. Plans to construct new main buildings were approved by the hospital board in December 1959. In 1960 a contract was let for additions to the Canberra Community Hospital. The new building required the removal of the Commonwealth Bank and Acton Post Office buildings. The original main building of the hospital was extended and the administrative offices (demolished 1973) were refurbished. Associated with the 1960s redevelopment was the construction of the personnel services unit, the staff dining hall, a courtyard/library, the mortuary, a boiler house and a laundry. Sylvia Curley House, a new nurses' residence, was opened by Dame Pattie Menzies on 17 April 1964. The surrounds of the Sylvia Curley House were designed by Otto Ruzicka, the first landscape architect employed by City Parks in the early 1960s.

During the period between 1959-89 the Royal Canberra Hospital (RCH) received high praise as a nursing, teaching and community institution. Memorials in the hospital to a considerable number of outstanding people and events exist, including the Mona Tait and May Hayman plaque, the stained glass window erected in memory of Sister Dorothy Bryan, a plaque and operating rooms in the Peter Blaxland Suite, the Edith McHugh Ward in Obstetrics, the Marcus Faunce Auditorium and the Carmel Smith Memorial. Walter Burley Griffin planned that Canberra's hospital be located near its university. This plan took shape with the establishment of the Australian National University and John Curtin School of Medical Research (1947). Its links with the RCH became more evident when the Department of Clinical Science was established in 1966 as part of the school but was located at the hospital. A mosaic entitled Metropolis on the wall at the entrance to the tower block commemorated the opening. In the years 1966-68 Annual Reports list 425 contributions to medical and scientific literature, more than half the publications resulting from work carried out in RCH.

In 1989 the Steering Committee for Public Hospitals Development recommended that Woden Valley Hospital be developed as the principal hospital for the ACT. Public concern at the possible closure of RCH resulted in

the formation of a group called the ARCH Committee (Augment RCH) It included members of the Residents Rally, medical workers and representatives from the community. In 1989 the Government decided to close RCH and redevelop the site with health facilities. ARCH presented petitions and letters to the ACT Legislative Assembly and 60,000 petitions protested the closure of RCH, which occurred on 27 November 1991. Since the hospital closure part of the buildings have been occupied by health care related functions.

A community group, the Canberra Community Action on Acton (CCAA) was formed in 1992 and incorporated in the 1993 for the retention of Acton Peninsula for community purposes including the structurally-sound and valuable buildings of the former Royal Canberra Hospital; promoting the development of appropriate new uses for these buildings; considering and advising on the acceptability of longer-term plans for the precinct; and the protection to the maximum extent possible the natural, cultural and heritage values of Acton Peninsula. The CCAA believed that using the peninsula for the museum site was inappropriate and wanted the area kept for hospice use. Many members of Canberra community were concerned with the change of use of the site and petitions contrary to the changed use of the site were estimated to be 60,000.

In December 1996 the Commonwealth Government announced that Acton Peninsula had been selected as the site for the National Museum of Australia and the Australian Institute of Aboriginal and Torres Strait Islander Studies. From 1994 until 2000, the ACT Government used the Isolation Ward, as a temporary hospice facility. A five year term was agreed between the Territory and the Commonwealth. The former Isolation Block buildings (Building 1 and Building 2) were refurbished for use as a Hospice.

In December 1996 the Commonwealth Government announced that Acton Peninsula had been selected as the site for the National Museum of Australia and the Australian Institute of Aboriginal and Torres Strait Islander Studies. In May 1997, the Commonwealth and ACT Governments exchanged land at Kingston Foreshore for land at Acton Peninsula. Acton Peninsula became National Land and the site for the proposed National Museum of Australia. An amendment to the National Capital Plan to change the use of Acton Peninsula from 'Community Use' to 'National Capital Use' was made in 1997.

The main Canberra Hospital Buildings were demolished after a failed implosion 13 July 1997 that caused the death of a Canberra schoolgirl, Katie Bender.

The National Capital Authority proposed amendment 36 to the National Capital Plan to enable the development of the new ACT Hospice on the northern foreshore of Lake Burley Griffin near Grevillea Park. The National Museum of Australia was established on the site of the former Canberra Hospital and was officially opened 11 March 2001.

Patients were transferred from the Canberra Hospice on Acton Peninsula to the new hospice known as, Clare Holland House in Grevillea Park, that was officially opened in December 2000.

In 2003 the former Canberra hospital buildings remaining at the Acton site consisted of the former Isolation Block, H Block, the Medical Superintendents Cottage and Limestone House. These buildings were all constructed during the 1940s. They are adjacent to the Limestone outcrop and along with their setting of planted trees now remain as a distinctive former Canberra hospital precinct.

Description

The former H Block, along with the former Isolation Block and the former Medical Superintendents House and their setting are an integrated group of former 1940s hospital buildings. Built in 1943, Building 2, H Block, Royal Canberra Hospital, is single storey brick building, with tiled roof. It has been modified by veranda additions to the north (West Basin) side and by alterations to the entrance on the south side. It was designed in the inter-war Functionalist style by the Commonwealth Department of Works for the Department of the Interior. The surviving steel framed windows at the entrance appear to have original fluted pattern transparent glass. A metal deck verandah with pipe columns is on the north side, facing the lake. The building was modified and fitted out internally for use as a hospice.

This building, along with other original 1943 Canberra Community Hospital buildings, is still highly valued by sections of the community.

History Not Available

Condition and Integrity

The building is in good condition. (1997)

The building is generally in good condition, but showing some signs of weathering and minor cracking. It is

well built. The original interior cannot be recognised but the Hospice phase is in good condition (Feb 2003).

April 2003

The building is empty and shows signs of exterior weathering.

Location

H Block, former Canberra Hospital, Lennox Crossing, Acton.

Bibliography

National Capital Development Commission . “Sites of Significance in the ACT Volume 2, Inner Canberra Technical Paper 56, 1988.

Hobbs Roger, Freeman Collett & Partners Pty Ltd and Malcolm Munro & Associates. “Vivid Histories”, 1993.

Kiah Environment Designers. “Acton/West Basin Design Study: Landscape Background Report” for NCPA, 1993.

Jackson-Nakano, A. “The Death and Resurrection of the Ngunnawal: a Living History”, 1994.

Gillespie, Lyall. “ Canberra 1820-1913”. Canberra, AGPS, 1991.

Proust, A J, (ed). “History of Medicine in Canberra and Queanbeyan”. Gundaroo, NSW, Brolga Press, 1994.

Newman, J and Warren J. “Royal Canberra Hospital: An anecdotal History of Nursing 1914-1991”. Canberra, 1993.

Johnston C. “What is social value?” Canberra, AGPS, 1992

Faunce, T, Gatenby, P and Galsgow, N (2002) Letter to the Chairman of the National Capital Authority.

Eric Martin and Associates (2003) Former Hospice Acton Peninsula Conservation Plan.

Acton Peninsula Building 15, Lennox Cros, Acton, ACT, Australia

| | |
|----------------------|---|
| List | Commonwealth Heritage List |
| Class | Historic |
| Legal Status | Listed place (22/06/2004) |
| Place ID | 105342 |
| Place File No | 8/01/000/0491 |

Summary Statement of Significance

The Medical Superintendents Residence (Building 15) is a significant component of a group of extant buildings of the former Royal Canberra Hospital complex that operated for the benefit of the Canberra community over a period of five decades. The hospital group was constructed during the 1940s on the former Acton property that was resumed by the Commonwealth Government in 1911 and became the first major site of Federal Capital occupancy, fulfilling a component of Walter Burley Griffin's plan for a Hospital at Acton. The former Medical Superintendent's Residence was used as such until the hospital was moved to its new location in 1996. It provides evidence of the twentieth century approach to the operation of hospital complexes, where senior management lived within the hospital precinct (Criterion A.4) (Historic Themes: 4.1.4 Creating capital cities, 7.6.6 Providing services and welfare).

The Medical Superintendent's House is a significant example of the Interwar Functionalist style with major features of projecting concrete roofs and corner windows.

The building is significant because it has links with the community of medical superintendents who worked Canberra Hospital, being the residence of nine medical superintendents or acting superintendents from 1941 until 1996. It has an association with the Canberra planner, Walter Burley Griffin, who designated Acton Peninsula for hospital use and its designer, the architect Leighton Irwin. (Criterion H.1).

The former hospital group buildings have social importance to the Canberra community who had great attachment to the hospital and strongly petitioned against its closure (Criterion G1).

Official Values

Criterion A Processes

The Medical Superintendents Residence (Building 15) is a significant component of a group of extant buildings of the former Royal Canberra Hospital complex that operated for the benefit of the Canberra community over a period of five decades. The hospital group was constructed during the 1940s on the former Acton property that was resumed by the Commonwealth Government in 1911 and became the first major site of Federal Capital occupancy, fulfilling a component of Walter Burley Griffin's plan for a Hospital at Acton. The former Medical Superintendent's Residence was used as such until the hospital was moved to its new location in 1996. It provides evidence of the twentieth century approach to the operation of hospital complexes, where senior management lived within the hospital precinct.

Attributes

The whole of the Medical Superintendent's Residence and its setting.

Criterion D Characteristic values

The Medical Superintendent's House is a significant example of the Interwar Functionalist style with major features of projecting concrete roofs and corner windows.

Attributes

The building's Interwar Functionalist style, including projecting concrete roofs and corner windows.

Criterion G Social value

The former hospital group buildings have social importance to the Canberra community who had great attachment to the hospital and strongly petitioned against its closure

Attributes

The whole of the Medical Superintendent's Residence and its setting.

Criterion H Significant people

The building is significant because it has links with the community of medical superintendents who worked Canberra Hospital, being the residence of nine medical superintendents or acting superintendents from 1941 until 1996. It has an association with the Canberra planner, Walter Burley Griffin, who designated Acton Peninsula for hospital use and its designer, the architect Leighton Irwin.

Attributes

The whole building, its original architectural values, plus its location.

Description

History:

The Molonglo River flats, Black Mountain and its spur now known as the Acton Peninsula, were areas which are believed to have been favoured as meeting places by the Aboriginal people of the region. The Canberra region was occupied by three groups, the Ngarigo, the Walgalu and the Ngunnawal. The Ngunnawal people are thought to have occupied the environs of Black Mountain. The Molonglo River swept around a ridge, now Acton Peninsula, providing a readily available source of water and abundant food resources. The wetlands provided water birds and their eggs, bulrush roots and other vegetation making the area an invaluable resource. The area would also have provided shelter from the prevailing westerly winds, flat and fertile camping areas and defensible territory (Freeman Collett et al 1993, vol 4).

Aboriginal artefacts recovered on the site by HP Moss between 1937-41 indicate that Aborigines occupied the area skirting the base of the mountain and on either side of the river. Thirty artefacts and twenty-three items of debitage were recovered from the site of the early Federal Capital Administration Offices and from the site of the Canberra Hospital Buildings which were constructed in the early 1940s. It is still possible that more archaeological evidence exists within the Peninsula (Freeman Collett et al 1993, vol 4).

The arrival of Europeans in the region severely disrupted the way of life of the local Aborigines. Acton Peninsula was the site of the first formal acquisition of land by Europeans on the Limestone Plains. It marks the beginning of an historical phase which had profound ramifications for Aboriginal culture. The first European explorers named the Canberra region the Limestone Plains. Very little limestone is now exposed, it has either been built over or submerged by Lake Burley Griffin. The only accessible, clear and continuing exposure of the limestone in suburban Canberra is on the northern shore of Acton Peninsula.

Recorded European occupation on the Limestone Plains began in 1824 with the establishment of Canberry, an outstation of Baw Baw, Goulburn. Joshua Moore, the recipient of the first land grant on the Limestone Plains, was granted temporary occupation of 2,000 acres in 1824. His employees, led by John McLaughlin, built slab huts on Acton Peninsula. Canberry, which gave its name to the future Capital, as surveyed in 1832, encompassed Acton Peninsula, the grounds of the Australian National University and the Civic area. In 1844 the property was sold to Arthur Jeffereys and renamed Acton. Between 1844 and 1911 Acton was never worked as a single property. Portions were rented out to various tenants. The Reverend Galliard-Smith and his family occupied Acton House from 1855 to 1973. A number of trees on the site appear to date from this period, including a Roman cypress (*CYPRESSUS SEMPERVIRENS STRICTA*) which grows outside the former obstetrics unit and is known as the pregnant pine due to a bulge on one side. It is presumed to be approximately 120 years old and was planted near Acton House. In June 1911, Acton was resumed by the Commonwealth Government. The homestead was used as accommodation for Charles Scrivener, Commonwealth Surveyor General, then as the family home of Percy L Sheaffe, a member of the survey team. By 1931 Acton House was being used as a police station and courthouse for early Canberra.

In 1912, Dr W Perrin, Commonwealth Director of Quarantine and medical adviser to the Commonwealth, recommended that Government hospital be built on a 10 acre site at Acton which had been reserved for this purpose, with separate facilities of isolation. This was in immediate response to cases of diphtheria amongst construction workers. The interim hospital site was Balmain Crescent in the precincts of the future Australian National University.

Walter Burley Griffin's 1918 plan located hospital facilities on Acton Peninsula, a university to the north and an arboretum to the west. Thomas Weston, the first Superintendent of Parks and Gardens, moved to Acton in 1913 and established an experimental nursery on the south facing slope to the Molonglo River. Weston lived in a shed to the north of the nursery for nine years. At the nursery an extensive list of tree species were tested for suitability to local conditions. Much of early inner Canberra was landscaped with plant material grown here. Weston's nursery was responsible for realising the landscape elements in the garden city concept. The surviving trees are an important reminder and product of the experimental nursery. The planting of native and exotic trees on the Acton Peninsula was continued up to the 1950s by Bruce, Hobday, Pryor and Shoebridge who, in turn, followed Weston as Superintendent of Parks and Gardens.

The home paddocks became the site of the first administration buildings for the Department of Home Affairs. Early planning and landscaping of the Federal Capital was implemented from the administrative offices. The first cricket oval, racecourse, golf links, post office and Commonwealth Bank are associated with Acton Peninsula. The first Administration buildings were progressively extended, but remained the Administration Centre for the ACT up to 1960.

The foundations for the Action Peninsula Hospital began in August 1940. The first hospital buildings erected on the site were constructed between 1941-43. The foundation stone was laid by the Minister for Health, the Honourable Sir Frederick Stewart, on 28 January 1941.

War time shortages initially slowed the construction and in March 1942 the Australian Army requisitioned it for the 2/2 Army General Hospital. Before it could be occupied, the 2/2 AGH was relocated to Queensland and the United States Armed Forces were given use of the new Canberra Hospital to treat wounded personnel from their forces in the Pacific. Seventeen officers and twenty seven nurses of the 5th Station Hospital of the United States Army Medical Corps treated patients at the site. Dutch medical and dental officers also worked there during this period.

In January 1943 the US Army relinquished the hospital, realising it was too far to transport their wounded servicemen. The new hospital was officially opened for civilian use by the Governor General, Lord Gowrie, on 20 February 1943. The completion of the North Block in 1943 represented the completion of the removal of Canberra Hospital from its Balmain Crescent site to Acton. Bennett House's first stage, known originally as the Nurses' Quarters, was completed in August 1942. New wings were added in 1948 and 1956.

The former H Block (Initial Isolation Ward) was designed by Leighton Irwin, in conjunction with the first major works on the relocated hospital site. H Block was constructed on the site of the original Acton Homestead. It was opened by Lord Gowrie in 1943. The former Medical Superintendent's Residence was also designed by Leighton Irwin as part of the new hospital and was completed in 1943. It housed the medical superintendent until it closed in the 1996.

The former Isolation Block (Initial TB Ward) was opened in 1947 (although the AHC records previously stated 1943). It was constructed on the site originally occupied by outbuildings of Acton Homestead. It housed both tuberculosis and infectious disease patients, and was separate from other Hospital wards. The Isolation Block housed both tuberculosis (TB) and infectious diseases patients and was accordingly separated from the other hospital wards. Treatment of TB particularly relied on provision of well-ventilated, sunny wards, which influenced the design of this particular building. TB (consumption) wards were often called chalets and this name also applied to the Acton ward. The main external change is the construction of a chapel over the former entry steps and alterations to the west end.

In 1954 a memorial fountain was built close to the original site of Acton Homestead at the instigation of the Deputy Matron Miss Sylvia Curley, using some stones saved from the demolition of the homestead. The fountain was constructed by the Department of the Interior at a cost of 350 pounds.

Between 1954-61 the population of Canberra almost doubled. Plans to construct new main buildings were approved by the hospital board in December 1959. In 1960 a contract was let for additions to the Canberra Community Hospital. The new building required the removal of the Commonwealth Bank and Acton Post Office buildings. The original main building of the hospital was extended and the administrative offices (demolished 1973) were refurbished. Associated with the 1960s redevelopment was the construction of the personnel services unit, the staff dining hall, a courtyard/library, the mortuary, a boiler house and a laundry. Sylvia Curley House, a new nurses' residence, was opened by Dame Pattie Menzies on 17 April 1964. The surrounds of the Sylvia Curley House were designed by Otto Ruzicka, the first landscape architect employed by City Parks in the early 1960s.

During the period between 1959-89 the Royal Canberra Hospital (RCH) received high praise as a nursing, teaching and community institution. Memorials in the hospital to a considerable number of outstanding people and events exist, including the Mona Tait and May Hayman plaque, the stained glass window erected in memory of Sister Dorothy Bryan, a plaque and operating rooms in the Peter Blaxland Suite, the Edith McHugh Ward in Obstetrics, the Marcus Faunce Auditorium and the Carmel Smith Memorial. Walter Burley Griffin planned that Canberra's hospital be located near its university. This plan took shape with the establishment of the Australian National University and John Curtin School of Medical Research (1947). Its links with the RCH became more evident when the Department of Clinical Science was established in 1966 as part of the school but was located at the hospital. A mosaic entitled Metropolis on the wall at the entrance to the tower block commemorated the opening. In the years 1966-68 Annual Reports list 425 contributions to medical and scientific literature, more than half the publications resulting from work carried out in RCH.

In 1989 the Steering Committee for Public Hospitals Development recommended that Woden Valley Hospital be developed as the principal hospital for the ACT. Public concern at the possible closure of RCH resulted in the formation of a group called the ARCH Committee (Augment RCH) It included members of the Residents Rally, medical workers and representatives from the community. In 1989 the Government decided to close

RCH and redevelop the site with health facilities. ARCH presented petitions and letters to the ACT Legislative Assembly and 60,000 petitions protested the closure of RCH, which occurred on 27 November 1991. Since the hospital closure part of the buildings have been occupied by health care related functions.

A community group, the Canberra Community Action on Acton (CCAA) was formed in 1992 and incorporated in the 1993 for the retention of Acton Peninsula for community purposes including the structurally-sound and valuable buildings of the former Royal Canberra Hospital; promoting the development of appropriate new uses for these buildings; considering and advising on the acceptability of longer-term plans for the precinct; and the protection to the maximum extent possible the natural, cultural and heritage values of Acton Peninsula. The CCAA believed that using the peninsula for the museum site was inappropriate and wanted the area kept for hospice use. Many members of Canberra community were concerned with the change of use of the site and petitions contrary to the changed use of the site were estimated to be 60,000.

In December 1996 the Commonwealth Government announced that Acton Peninsula had been selected as the site for the National Museum of Australia and the Australian Institute of Aboriginal and Torres Strait Islander Studies. From 1994 until 2000, the ACT Government used the Isolation Ward, as a temporary hospice facility. A five year term was agreed between the Territory and the Commonwealth. The former Isolation Block buildings (Building 1 and Building 2) were refurbished for use as a Hospice.

In December 1996 the Commonwealth Government announced that Acton Peninsula had been selected as the site for the National Museum of Australia and the Australian Institute of Aboriginal and Torres Strait Islander Studies. In May 1997, the Commonwealth and ACT Governments exchanged land at Kingston Foreshore for land at Acton Peninsula. Acton Peninsula became National Land and the site for the proposed National Museum of Australia. An amendment to the National Capital Plan to change the use of Acton Peninsula from 'Community Use' to 'National Capital Use' was made in 1997.

The main Canberra Hospital Buildings were demolished after a failed implosion 13 July 1997 that caused the death of a Canberra schoolgirl, Katie Bender.

The National Capital Authority proposed amendment 36 to the National Capital Plan to enable the development of the new ACT Hospice on the northern foreshore of Lake Burley Griffin near Grevillea Park. The National Museum of Australia was established on the site of the former Canberra Hospital and was officially opened 11 March 2001.

Patients were transferred from the Canberra Hospice on Acton Peninsula to the new hospice known as, Clare Holland House in Grevillea Park, that was officially opened in December 2000.

In 2003 the former Canberra hospital buildings remaining at the Acton site consisted of the former Isolation Block, H Block, the Medical Superintendents Cottage and Limestone House. These buildings were all constructed during the 1940s. They are adjacent to the Limestone outcrop and along with their setting of planted trees now remain as a distinctive former Canberra hospital precinct.

Description

The residence along with the former Isolation Block, the former H Block and their setting forms an integrated group of former 1940s hospital buildings. To the north of the building is the Limestone Outcrop, a remaining exposed outcrop of the former Limestone Plains area.

The building is a two storied brick residence of inter-war Functionalist style, with tiled roof and associated outbuildings. The building was constructed as the Medical Superintendent's Residence. The residence has secluded gardens enclosed behind high tapestry cypress hedges created by using CUPRESSUS ARIZONICA and C. MACROCARPA, areas of which have been removed. There are a number of eucalypts and a variety of evergreen and deciduous trees and some shrubs. The curving gravel driveway is flanked by evergreen shrubs. Three of the trees which have been identified as being significant, a Turkey oak, (QUERCUS CERRIS), an English oak (QUERCUS ROBUR) and an English elm (ULMUS PROCERA) are located in the residence gardens.

History Not Available

Condition and Integrity

Sound

Location

Medical Superintendent Residence, former Canberra Hospital, Lennox Crossing, Acton.

Bibliography

- National Capital Development Commission . “Sites of Significance in the ACT Volume 2, Inner Canberra Technical Paper 56, 1988.
- Hobbs Roger, Freeman Collett & Partners Pty Ltd and Malcolm Munro & Associates. “Vivid Histories”, 1993.
- Kiah Environment Designers. “Acton/West Basin Design Study: Landscape Background Report” for NCPA, 1993.
- Jackson-Nakano, A. “The Death and Resurrection of the Ngunnawal: a Living History”, 1994.
- Gillespie, Lyall. “ Canberra 1820-1913”. Canberra, AGPS, 1991.
- Proust, AJ, (ed). “History of Medicine in Canberra and Queanbeyan”. Gundaroo, NSW, Brolga Press, 1994.
- Newman, J and Warren J. “Royal Canberra Hospital: An anecdotal History of Nursing 1914-1991”. Canberra, 1993.
- Johnston C. “What is social value?” Canberra, AGPS, 1992
- Faunce, T, Gatenby, P and Galsgow, N (2002) Letter to the Chairman of the National Capital Authority.
- Eric Martin and Associates (2003) Former Hospice Acton Peninsula Conservation Plan.

Acton Peninsula Limestone Outcrops, Lawson Cr, Acton, ACT, Australia

| | |
|----------------------|---|
| List | Commonwealth Heritage List |
| Class | Historic |
| Legal Status | Listed place (22/06/2004) |
| Place ID | 105344 |
| Place File No | 8/01/000/0491 |

Summary Statement of Significance

Acton Peninsula Limestone Outcrops are significant group which extends 80m-100m along the eastern shore of Acton Peninsula. The age of the limestone is Late Silurian (approximately 425 million years) and it contains sparsely distributed fragmentary macro fossils of corals and shells. Very little limestone is now exposed in the area. The Acton Peninsula Limestone Outcrop is the most accessible and continuous exposure of the limestone which induced Europeans to give the area the name Limestone Plains, now the site of the National Capital.

Associated with the Acton Peninsula Limestone Outcrops are quartz rich gravels from the Tertiary (between 5 and 65 million years old). These gravels sit directly on top of the limestone and in some places have formed potholes that indicate that the Molonglo River once flowed over this site. The ancient water level is about 25m above the height that the river was before the formation of Lake Burley Griffin.

The Acton Peninsula Limestone Outcrops along with the Isolation Ward (Building 1), H Block (Building 2), the former Medical Superintendent's Residence (Building 15) and Acton Peninsula Trees Group (landscaping and plantings) are a significant element remaining on Acton Peninsula, that can trace the story of European settlement and Canberra's city development. (Criterion A.4 Australian Historic Theme: 2.5 Promoting Settlement).

The outcrops with the historic associations and woodland setting by the lakeshore has aesthetic importance (Criterion E1).

Official Values

Criterion A Processes

Acton Peninsula Limestone Outcrops are significant group which extends 80m-100m along the eastern shore of Acton Peninsula. The age of the limestone is Late Silurian (approximately 425 million years) and it contains sparsely distributed fragmentary macro fossils of corals and shells. Very little limestone is now exposed in the area. The Acton Peninsula Limestone Outcrop is the most accessible and continuous exposure of the limestone which induced Europeans to give the area the name Limestone Plains, now the site of the National Capital.

Associated with the Acton Peninsula Limestone Outcrops are quartz rich gravels from the Tertiary (between 5 and 65 million years old). These gravels sit directly on top of the limestone and in some places have formed potholes that indicate that the Molonglo River once flowed over this site. The ancient water level is about 25m above the height that the river was before the formation of Lake Burley Griffin.

The Acton Peninsula Limestone Outcrops along with the Isolation Ward (Building 1), H Block (Building 2), the former Medical Superintendent's Residence (Building 15) and Acton Peninsula Trees Group (landscaping and plantings) are a significant element remaining on Acton Peninsula, that can trace the story of European settlement and Canberra's city development.

Attributes

The whole of the exposed area of the outcrop, plus the quartz rich gravels on top of the outcrop and the formed potholes.

Criterion E Aesthetic characteristics

The outcrops with the historic associations and woodland setting by the lakeshore has aesthetic importance.

Attributes

The limestone outcrops and their woodland setting.

Description

History

The Molonglo River flats, Black Mountain and its spur, now known as the Acton Peninsula, were areas which are believed to have been favoured as meeting places by the Aboriginal people of the region. The Canberra region was occupied by three groups, the Ngarigo, the Walgalu and the Ngunnawal. The Ngunnawal people are thought to have occupied the environs of Black Mountain. The Molonglo River swept around a ridge, now

Acton Peninsula, providing a readily available source of water and abundant food resources. The wetlands provided water birds and their eggs, bulrush roots and other vegetation making the area an invaluable resource. The area would also have provided shelter from the prevailing westerly winds, flat and fertile camping areas and defensible territory (Freeman Collett et al 1993, vol 4).

Aboriginal artefacts recovered on the site by H P Moss between 1937-41 indicate that Aborigines occupied the area skirting the base of the mountain and on either side of the river. Thirty artefacts and twenty-three items of debitage were recovered from the site of the early Federal Capital Administration Offices and from the site of the Canberra Hospital Buildings which were constructed in the early 1940s. It is still possible that more archaeological evidence exists within the Peninsula (Freeman Collett et al 1993, volume 4).

The arrival of Europeans in the region severely disrupted the way of life of the local Aborigines. Acton Peninsula was the site of the first formal acquisition of land by Europeans on the Limestone Plains. It marks the beginning of an historical phase which had profound ramifications for Aboriginal culture. The first European explorers named the Canberra region the Limestone Plains. Very little limestone is now exposed, it has either been built over or submerged by Lake Burley Griffin. The only accessible, clear and continuing exposure of the limestone in suburban Canberra is on the northern shore of Acton Peninsula and a small outcrop beside the John Overall Offices on Northbourne Avenue.

Recorded European occupation on the Limestone Plains began in 1824 with the establishment of Canberry, an outstation of Baw Baw, Goulburn. Joshua Moore, the recipient of the first land grant on the Limestone Plains, was granted temporary occupation of 2,000 acres in 1824. His employees, led by John McLaughlin, built slab huts on Acton Peninsula. Canberry, which gave its name to the future Capital, as surveyed in 1832, encompassed Acton Peninsula the grounds of the Australian National University and the Civic area. In 1844 the property was sold to Arthur Jeffereys and renamed Acton. Between 1844 and 1911 Acton was never worked as a single property. Portions were rented out to various tenants. The Reverend Galliard-Smith and his family occupied Acton House from 1855 to 1973. A number of trees on the site appear to date from this period, including a Roman cypress (*CYPRESSUS SEMPERVIRENS STRICTA*) which grows outside the former obstetrics unit and is known as the pregnant pine due to a bulge on one side. It is presumed to be approximately 120 years old and was planted near Acton House.

In June 1911 Acton was resumed by the Commonwealth Government. The homestead was used as accommodation for Charles Scrivener, Commonwealth Surveyor General, then as the family home of Percy L Sheaffe, a member of the survey team. Walter Burley Griffin's 1918 plan located hospital facilities on Acton Peninsula, a university to the north and an arboretum to the west. Thomas Weston, the first Superintendent of Parks and Gardens, moved to Acton in 1913 and established an experimental nursery on the south facing slope to the Molonglo River. Weston lived in a shed to the north of the nursery for nine years. At the nursery an extensive list of tree species were tested for suitability to local conditions. Much of early inner Canberra was landscaped with plant material grown here. Weston's nursery was responsible for realising the landscape elements in the garden city concept.

The planting of native and exotic trees on the Acton Peninsula was continued up to the 1950s by Bruce, Hobday, Pryor and Shoebridge who, in turn, followed Weston as Superintendent of Parks and Gardens. Most of these plantings were removed to make way for new hospital facilities in the 1960s. Construction of Lake Burley Griffin commenced in 1960. When complete the Lake gave full expression to the planting done in anticipation of the creation of Acton Peninsula.

In December 1996 the Commonwealth Government announced that Acton Peninsula had been selected as the site for the National Museum of Australia and the Australian Institute of Aboriginal and Torres Strait Islander Studies. The Limestone Outcrops are classified by the National Trust and included in the ACT Heritage Council Interim Register listing for Acton Peninsula.

Description:

The limestone outcrops extend 80m-100m along the eastern shore of Acton Peninsula. The age of the Limestone is Late Silurian (approximately 425 million years). The limestone contains a sparse distribution of fragmentary macro fossils (corals and shells). Original deposition of the calcareous sediment was in a shallow marine environment. The lack of fossils in growth positions suggests a shell bank developed locally in high energy environment close to a wave base, the sediment subsequently lithified to a limestone. A thin veneer of loose, rounded quartz pebbles fit small depressions in the limestone outcrops. They represent old river gravels deposited by the Molonglo River several million years ago. The gravel is a remnant of a high level river terrace linked to a wide valley of the ancestral Molonglo River.

The Canberra area was originally called Limestone Plains and there were numerous small limestone outcrops

around Canberra including numerous cavities in the Molonglo River bed area. Many of these have disappeared under the City's development. Limestone Avenue was named after the limestone in the area. In the construction of major Canberra buildings near the lake such as the Treasury Building and the Administration Building needed to be filled with concrete to make foundations for major buildings.

This particular limestone outcrop also had cavities and a quarry beneath it. It is one of the few outcrops remaining in central Canberra that have not disappeared beneath Lake Burley Griffin and the landscape modifications undertaken for the city (comments by Andy Spate and Mark Butz).

The Limestone Outcrop is classified by the National Trust and included in the ACT Heritage Council listing for Acton Peninsula. The outcrop is interspersed with planted trees; *EUCALYTUS CINEREA*, *e. MAIDENII*, and *SALIX BABYLONICA*. It is an attractive woodland area traversed by walking track.

History Not Available

Condition and Integrity Not Available

Location

About 0.2ha off Lawson Crescent on Acton Peninsula, being an area enclosed by straight lines joining the following ACT Standard Grid points consecutively; 209860E 602870N, 209860E 602790N, 209880E 602790N, 209880E 602865N, 209875E 602880N, then directly to the commencement point.

Bibliography

Lewis, Gary B and Abell, Robert S. *Geology of Canberra: field trip guide*, Canberra, Australian Geological Survey Organisation, 1994.

National Capital Development Commission . "Sites of Significance in the ACT Volume 2, Inner Canberra Technical Paper 56, 1988.

Hobbs Roger, Freeman Collett & Partners Pty Ltd and Malcolm Munro & Associates. "Vivid Histories", 1993.

Kiah Environment Designers. "Acton/West Basin Design Study: Landscape Background Report" for NCPA, 1993.

Jackson-Nakano, A. "The Death and Resurrection of the Ngunnawal: a Living History", 1994.

Gillespie, Lyall. "Canberra 1820-1913". Canberra, AGPS, 1991.

Proust, A J, (ed). "History of Medicine in Canberra and Queanbeyan". Gundaroo, NSW, Brolga Press, 1994.

Newman, J and Warren J. "Royal Canberra Hospital: An anecdotal History of Nursing 1914-1991". Canberra, 1993.

Johnston C. "What is social value?" Canberra, AGPS, 1992.

Garnett, R and Hyndes, D, *The Heritage of the Australian Capital Territory*, National Trust of Australia (ACT), 1992.

Butz, M. 1987 *Karst and Caves in the Canberra Area – Past and Future Management*.

APPENDIX C: DETAILED BUILDING DESCRIPTIONS

In the following tables reference to original features refers to features which appear to relate to the hospital period of the buildings, and non-original refers to features which appear to relate to the period after hospital use. In some cases, the date of features is not certain and this is indicated.

Table 8. Acton Peninsula Building 1 – former TB Ward

| Element | | Description |
|--|-------|---|
| Exterior | | |
| Northeast Wall | | <p>Original – light brown face brickwork wall, aluminium framed double hung windows set into timber frames with brick on edge sills.</p> <p>Non-original – ground mounted airconditioner. In addition, the following is thought to date from the hospice conversion – the projecting facebrick wall and concrete steps with painted pipe handrail lead to sub-floor access via a painted modern louvre door.</p> |
| Southwest Wall | | <p>Original – light brown face brickwork wall, double hung painted timber windows, and one painted timber hopper window, with brick on edge sills. Sub-floor painted access doors. The extensions at northwest and southeast ends are thought to date from the hospital period.</p> <p>Non-original – the former chapel has a face brickwork base, timber framed fixed glass windows and horizontal timber board wall panels, and the structure is supported by painted steel posts. A concrete ramp with brick balustrade and pipe handrail provides external access to the former chapel. Painted weatherboard section, and metal wall vents.</p> |
| Southeast Wall | | This wall is not exposed as it joins the former Isolation Ward (Building 2) |
| Northwest Wall | | <p>Original – face brickwork wall, gable vent</p> <p>Non-original – concrete loading dock on face brick wall with metal vents, concrete steps with painted pipe handrail. Concrete ramp with painted pipe handrail. Painted door. Painted panels over some former doors and windows, and painted render to other openings. Painted weatherboard annexe with flat metal deck roof and painted metal clad doors. Face brick screen wall enclosing store with metal doors and metal deck roof. Face brick screen wall with low pitch metal deck roof over bike store. Modern door.</p> |
| Roof | | <p>Original – Marseille pattern terra cotta tiled gable roof, glazed dark brown finish. The eaves are lined with boards and the timber fascias have quad gutters and metal downpipes. The low pitched sections on the northeast and southwest sides have metal deck roofs, including the former sunroom.</p> <p>Non-original – former chapel metal deck roof, soffit vent on northeast side, roof vents. In addition, the following is thought to date from the hospice conversion – the northwest side canopy has a metal deck roof supported on painted steel posts, and has a painted sheet ceiling.</p> |
| Interior | | |
| Rooms on northeastern side (library, open plan | Floor | <p>Original – timber and concrete floor structure</p> <p>Non-original – carpet floors</p> |
| | Walls | Original – painted render walls, the former verandahs have glazed tile |

Table 8. Acton Peninsula Building 1 – former TB Ward

| Element | | Description |
|--|---------|--|
| offices, meeting rooms, corridor) | | sills internally, some face brickwork wall elements and timber window frames Non-original – painted plasterboard, aluminium windows |
| | Ceiling | Non-original – painted suspended plaster tile ceilings, painted plasterboard, acoustic panels, ducted airconditioning and modern office lighting |
| | Other | Non-original – joinery. In addition, the following is thought to date from the hospice conversion – internal steel framed structure. |
| Former sitting area | Floor | Original – timber floor structure Non-original – carpet |
| | Walls | Original – painted render, painted timber window frames, tiled sills Non-original – aluminium windows |
| | Ceiling | Non-original – painted plasterboard with modern downlights |
| | Other | |
| Rooms on southwestern side of corridor (offices, meeting rooms, service rooms) | Floor | Original – concrete and timber floor structure Non-original – carpet flooring, sheet rubber flooring |
| | Walls | Original – painted render and plasterboard walls (see Figure 63 for extent) |
| | Ceiling | Non-original – plasterboard, suspended plaster tile ceilings, ducted airconditioning and modern office lighting |
| | Other | Non-original – joinery |
| Corridor | Floor | Original – timber floor structure Non-original – carpet flooring |
| | Walls | Original – painted render walls (see Figure 63 for extent) Non-original – painted plasterboard and wallpapered plasterboard, glazed aluminium framed windows and doors, heaters |
| | Ceiling | Non-original – plasterboard, ducted airconditioning and modern office lighting |
| | Other | Non-original – joinery |
| Corridor to former Chapel | Floor | Non-original – timber floor structure carpet finish |
| | Walls | Non-original – painted plasterboard and render, wide ash chair rail and painted metal handrail, painted timber framed doors and windows |
| | Ceiling | Non-original – painted plasterboard, modern downlights and airconditioning |
| | Other | Non-original – painted metal handrail on northwest side |
| Former Chapel | Floor | Non-original – timber floor structure, carpet finish |
| | Walls | Non-original – painted timber framed panels and windows, cork wall panels |
| | Ceiling | Non-original – painted plasterboard, modern downlights and airconditioner |

Table 9. Acton Peninsula Building 2 – former Isolation Ward

| Element | | Description |
|-------------------------------------|---------|---|
| Exterior | | |
| Northeast Wall | | <p>Original – light brown face brickwork, double hung timber windows – windows have a projecting brick reveal and brick on edge sills, most of the northeast windows facing the central verandah have fluted obscure glass in the lower panels, central section of the northeastern side facing the verandah has larger timber square grid fixed glazed windows and doors. Painted timber doors with glazed highlights. Small painted timber and glazed lobby at junction with former TB Ward. Painted weatherboard wall areas. The verandah has painted steel post supports and a concrete floor.</p> <p>Non-original – aluminium vents in soffits.</p> |
| Southwest Wall | | <p>Original – light brown face brickwork, painted timber wall panelling, generally double hung painted timber windows with brick on edge sills, entrance has steel framed windows with some fluted glass panels</p> <p>Non-original – modern sliding entrance doors</p> |
| Southeast Wall | | <p>This wall is largely concealed as it joins a modern NMA building.</p> <p>Original – light brown face brickwork</p> <p>Non-original – painted metal electrical services cabinet</p> |
| Northwest Wall | | This wall is not exposed as it joins the former TB Ward (Building 1) |
| Roof | | <p>Original – Marseille pattern terra cotta tiled gable roof, glazed dark brown. A small section of the southwest side, southeast side and the entrance have metal deck roofs. The eaves are lined with boards and the timber fascias have quad gutters and metal downpipes. The projecting porch for the southwest entrance has a raked ‘butterfly’ roof with a painted timber board ceiling sloping back towards the building, supported on tubular steel posts set at an angle. The northeast side former corridors and verandahs have metal deck roofs supported on painted steel posts, and the verandahs have painted timber ceilings to the verandah elements. There is a low-pitched metal deck gabled roof between the two former Ward buildings.</p> <p>Non-original – the following is thought to date from the hospice conversion – on the northeast side there are two sections of steel post and timber pergola with clear roof sheeting.</p> |
| Interior | | |
| Rooms on northeast side of corridor | Floor | <p>Original – timber floor structure</p> <p>Non-original – carpet finish</p> |
| | Walls | <p>Original – some face brick elements, painted timber window frames, plasterboard walls (see Figure 61 for extent)</p> <p>Non-original – painted plasterboard walls, painted doors, wall mounted hydronic heaters. In addition, the following is thought to date from the hospice conversion – the internal steel framed structure.</p> |
| | Ceiling | Non-original – painted plasterboard and suspended plaster tile ceilings, ducted airconditioning and modern office lighting |
| | Other | Non-original – modern joinery |
| Corridor | Floor | <p>Original – timber floor structure</p> <p>Non-original – carpet finish</p> |
| | Walls | Original – painted render and plasterboard walls (see Figure 61 for extent) |

Table 9. Acton Peninsula Building 2 – former Isolation Ward

| Element | | Description |
|-------------------------------------|---------|--|
| | | Non-original – plasterboard walls, wallpapered walls, painted doors, heaters |
| | Ceiling | Non-original – painted plasterboard, ducted airconditioning and modern office lighting |
| | Other | Non-original – stained timber wall rail at entry, joinery units |
| Rooms on southwest side of corridor | Floor | Original – concrete floor structure Non-original – carpet finish, rubber flooring |
| | Walls | Original – painted render walls (see Figure 61 for extent), painted timber double hung windows Non-original – painted plasterboard walls, painted doors |
| | Ceiling | Non-original – plasterboard and suspended plaster tile ceilings, ducted airconditioning and modern office lighting |
| | Other | Non-original – modern joinery |
| | Floor | Original – concrete flooring structure Non-original – tiling |
| | Walls | Original – painted render walls (see Figure 61 for extent) Non-original – ceramic tiles |
| Toilets | Ceiling | Non-original – painted plasterboard |
| | Other | Non-original – toilet fittings |

Table 10. Acton Peninsula Building 15 – former Medical Superintendent’s Residence

| Element | | Description |
|--------------------------------|---------|--|
| Exterior | | |
| Northeast Wall | | <p>Original – face brickwork wall, double hung painted timber windows, red brick sills, flat roofed concrete porch to the back door</p> <p>Non-original – modern metal security screens have been fitted to the back door and window, and there is a small paved back terrace, several ground mounted airconditioners with various surface mounted conduits and ducts, aluminium flyscreens to windows</p> |
| Southwest Wall | | <p>Original – face brickwork wall, double hung painted timber windows, red brick sills, timber framed, panelled and glazed double garage doors, with a circular window adjacent to the doors. There is a double height window to the projecting stair hall, and a flat roofed concrete porch to the front door. A face brick planter bed is adjacent to the entry.</p> <p>Non-original – there is a concrete ramp with painted pipe handrail to the front door. A low height stained timber screen encloses a ground mounted airconditioner outside of Store 4. There are various surface mounted conduits/ducts. Aluminium flyscreens to windows.</p> |
| Southeast Wall | | <p>Original – face brickwork wall, double hung painted timber windows, red brick sills, painted timber doors with glazed lights, louvred highlight to one door, circular gable vents, face brick chimney, steel post and narrow concrete verandah, painted panelled ceiling to entry</p> <p>Non-original – painted panelling over former doorway, aluminium flyscreens to windows, painted doors, hot water service, electrical board, concrete steps and landing</p> |
| Northwest Wall | | <p>Original – face brickwork wall, double hung painted timber windows, red brick sills, face brick chimney</p> <p>Non-original – ground mounted airconditioners with various surface mounted conduits and ducts. Aluminium flyscreens to windows. Painted front door.</p> |
| Roof | | <p>Original – Marseille pattern terra cotta tiled gabled roofs, glazed dark brown. The building has timber boarded eaves with exposed rafters.</p> <p>Non-original – plastic downpipes</p> |
| Interior – Generally | | |
| Electrical and communications | | Non-original – electrical and communication fittings |
| Interior – Ground Floor | | |
| Room 1 (see plan at Figure 37) | Floor | <p>Original – timber floor structure and tiled hearth</p> <p>Non-original – carpet flooring</p> |
| | Walls | <p>Original – painted render walls, painted timberwork and double hung windows</p> <p>Non-original – painted plaster wall, timber doors, timber pelmets with venetians, surface mounted airconditioners, exhaust fan, doorway panelled over (doorway original)</p> |
| | Ceiling | <p>Original – painted plaster ceiling with cornice</p> <p>Non-original – surface mounted modern office lighting, ceiling fan</p> |
| | Other | <p>Original – fireplace with timber mantelpiece, panelled up</p> <p>Non-original – note that Room 1 has been subdivided by a plasterboard</p> |
| | | |

Table 10. Acton Peninsula Building 15 – former Medical Superintendent’s Residence

| Element | | Description |
|-----------|---------|--|
| | | wall |
| Room 2 | Floor | Original – timber floor structure and tiled hearth |
| | | Non-original – carpet flooring |
| | Walls | Original – painted render walls, painted timberwork and double hung window |
| | | Non-original – timber door, timber pelmets with venetians, surface mounted airconditioner, exhaust fan, doorways panelled over (doorways original) |
| | Ceiling | Original – painted plaster ceiling with cornice |
| | | Non-original – surface mounted modern office lighting, ceiling fan |
| | Other | Original – fireplace with timber mantelpiece, panelled up, built in shelves |
| Room 3 | Floor | Original – timber floor structure |
| | | Non-original – carpet flooring |
| | Walls | Original – painted render walls, painted timberwork and double hung window |
| | | Non-original – doorway panelled over (doorway original), wall mounted heater |
| | Ceiling | Original – painted plaster ceiling with cornice, access hatch |
| | | Non-original – surface mounted modern office lighting |
| | Other | Non-original – bulkhead and duct riser |
| Kitchen | Floor | Original – timber floor structure |
| | | Non-original – lino floor tiles |
| | Walls | Original – painted render walls, painted timberwork, double hung timber window |
| | | Non-original – timber door, timber pelmet and venetians, wall mounted exhaust fan and airconditioner, heater |
| | Ceiling | Original – painted plaster ceiling with cornice |
| | | Non-original – surface mounted modern office lighting |
| | Other | Original – cooking recess/chimney area, with painted timber mantelpiece above |
| | | Non-original – tiling, kitchen and other cupboards/joinery |
| Room 4 | Floor | Original – timber floor structure |
| | | Non-original – carpet flooring |
| | Walls | Original – painted render walls, painted timberwork and double hung window |
| | | Non-original – timber door, timber pelmets with venetians, surface mounted airconditioner, exhaust fan, doorway panelled over (doorway original) |
| | Ceiling | Original – painted plaster ceiling with cornice |
| | | Non-original – surface mounted modern office lighting, ceiling fan, textured finish to ceiling |
| Back hall | Floor | Original – timber floor structure |
| | | Non-original – lino tile flooring |

Table 10. Acton Peninsula Building 15 – former Medical Superintendent’s Residence

| Element | | Description |
|---------|---------|--|
| | Walls | Original – painted render walls, painted timberwork Non-original – doors, coat rail |
| | Ceiling | Original – painted plaster ceiling with cornice Non-original – surface mounted modern lighting |
| WC | Floor | Original – concrete structure (may not be original) Non-original – tile finish |
| | Walls | Original – painted render walls, painted timberwork, painted double hung window Non-original – panelled over doorway (doorway original), ceramic tiles, tiled skirting, panelled over wall feature (former window?), heater |
| | Ceiling | Original – painted plaster ceiling with cornice, access hatch, bulkhead for former wall Non-original – surface mounted modern lighting |
| | Other | Non-original – bathroom fittings |
| | | |
| Porch 2 | Floor | Non-original – concrete |
| | Walls | Original – face brickwork, door to Store 1 Non-original – other painted doors |
| | Ceiling | Original – painted sheet |
| | Other | Non-original – hot water service |
| Store 1 | Floor | Non-original – concrete and carpet tile |
| | Walls | Original – painted bagged brickwork (bagging may not be original), painted timberwork and timber doors, painted timber garage doors, timber door Non-original – painted sheet walls, airconditioner, sheeting over garage doors, panelled over door (doorway original?) |
| | Ceiling | Non-original – surface mounted modern office lighting Date unknown – painted sheet and cover batten ceiling |
| Store 2 | Floor | Original – painted concrete |
| | Walls | Original – painted render walls, painted timberwork Non-original – panelled over door (doorway original?), door |
| | Ceiling | Original – painted plaster ceiling with cornices, painted sheet, painted timber access hatch Non-original – surface mounted modern lighting |
| | Other | Non-original – joinery |
| Store 3 | Floor | Original – concrete Non-original – carpet tile |
| | Walls | Original – painted render, painted timberwork, porthole window Non-original – door |
| | Ceiling | Original – painted plaster and cornice Non-original – light |
| | | |
| Store 4 | Floor | Original – timber floor structure Non-original – lino floor tiles |
| | Walls | Original – painted render, painted timberwork, double hung window |

Table 10. Acton Peninsula Building 15 – former Medical Superintendent’s Residence

| Element | | Description |
|-------------------------------|---------|--|
| | | Non-original – timber door |
| | Ceiling | Original – painted plaster ceiling with cornices Non-original – surface mounted modern office lighting |
| | Other | Non-original – joinery and wall panels |
| | Floor | Original – timber floor structure, timber stair, handrails and balusters Non-original – carpet flooring and stair treads, non-slip nosings |
| Stair | Walls | Original – painted render walls, painted timberwork, timber window Non-original – wall hung hydronic heater, timber pelmet and venetians |
| | Ceiling | Original – painted plaster ceiling with cornices Non-original – surface mounted modern office lighting |
| | Other | Original – timber stairs with balustrades and handrail, cupboard doors and interiors Date unknown – painted timber cupboard at top of stairs integrated with stair |
| | | |
| Interior – First Floor | | |
| Rooms 5-7 | Floor | Original – timber floor structure, tiled hearth (Room 5) Non-original – carpet flooring |
| | Walls | Original – painted render walls, painted timberwork, double hung windows Non-original – timber doors, timber pelmets with venetians, surface mounted airconditioners and exhaust fans |
| | Ceiling | Original – painted plaster ceilings with cornices Non-original – surface mounted modern office lighting, fans |
| | Other | Original – painted timber mantelpiece (Room 5) Non-original – joinery units in alcoves, panelled over fireplace (Room 5) |
| Bath | Floor | Original – concrete floor Non-original – ceramic floor tiles |
| | Walls | Original – painted rendered walls, painted timber work, timber double hung window Non-original – tiling, door, ceramic tile skirting |
| | Ceiling | Original – painted plaster ceiling with cornices, access hatch Non-original – surface mounted modern office lighting, exhaust fan |
| | Other | Original – the bath may be original and parts of the vanity cupboard Non-original – parts of the vanity cupboard, modern shower screen door, taps and towel rail |
| WC | Floor | Original – concrete floor Non-original – ceramic floor tiles |
| | Walls | Original – painted rendered walls, painted timber work, double hung window Non-original – tiling, door, ceramic tile skirting, timber door, venetians |
| | Ceiling | Original – painted plaster ceiling with cornices |
| | | |

| Table 10. Acton Peninsula Building 15 – former Medical Superintendent’s Residence | | |
|---|-------|--|
| Element | | Description |
| | | Non-original – surface mounted modern lighting |
| | Other | Non-original – toilet, panelled duct riser(?) |

APPENDIX D: TREE MANAGEMENT PLANS AT 2013

The following tree management plans were prepared in 2013 and still have some usefulness in the management of the tree groups. However, the condition data has been superseded, and 2019 condition data is included in Table 1 above.

Tree Management Plan

| Tree No. | Species | Common name | Project | Assessor | Date |
|----------|----------------------|-------------|-----------------|----------|----------|
| A | <i>Ulmus procera</i> | English Elm | Acton Peninsula | GB&A | 19/11/13 |

| | | | | |
|--|-------------------------|---|-----------------------|------|
| | Site Conditions | Irrigated grass understorey and close proximity to 2 Pin Oaks | | |
| | | | | |
| | Height 22 m | Canopy Width 22 m | DBH 1160 mm | |
| | | | | |
| | Condition/Health | <u>Good</u> | Fair | Poor |
| | | | | |
| | Structure | <i>Trunk</i> Trunk flare satisfactory. <i>Branches</i> Long ascending branches with good taper <i>Canopy</i> Dense | | |

| | | | |
|------------------------------|---|------------------------|--|
| Disease | None noted. No sign of slime flux that affects other elms | Insect | None noted. |
| Disturbance tolerance | N/A | Amenity value | Moderate, as it is growing within a group of mature trees. |
| Epicormics etc. | Usual twiggy branches typical of elms. | Habitat value | Mainly shelter. |
| Cultural/social value | Probably planted at same time as elms on Lennox Road. | Remnant species | No. |

Comments and Recommendations

This tree has, for some reason, been missed in previous assessments. It is of equal age to the surrounding elms said to be associated with Thomas Weston.

No work required at present.

Replacement will be similar to those for the elms in the 2013 review on the other elms below.



Tree Management Plan

| Tree No. | Species | Common name | Project | Assessor | Date |
|-------------|--------------------------|-------------|-----------------|----------|----------|
| B (5 trees) | <i>Quercus palustris</i> | Pin Oak | Acton Peninsula | GB&A | 19/11/13 |

| | | | | |
|------------------|--|-----------------------------|-----------------------------|------|
| | Site Conditions | | Growing in irrigated grass. | |
| | | | | |
| | Height 22 m | Canopy Width 16 m | DBH 790 mm | |
| | | | | |
| | Condition/Health | <u>Good</u> | Fair | Poor |
| | | | | |
| Structure | <i>Trunk</i> Trunk flare satisfactory. Occlusion healing is good. <i>Branches</i> Branches ascending and with good taper. Reaction wood satisfactory at branch unions. <i>Canopy</i> Vigorous and dense. | | | |

| | | | |
|------------------------------|---------------------------------|------------------------|--|
| Disease | None noted. | Insect | None noted. |
| Disturbance tolerance | N/A | Amenity value | High, as the trees are significant in the landscape. |
| Epicormics etc. | N/A | Habitat value | Shelter only. |
| Cultural/social value | Moderate? (see comments below). | Remnant species | No. |

Comments and Recommendations

These are good trees, obviously benefiting greatly from irrigation. The tree nearest the building has a suppression lean, but is not of concern at present.

No urgent work needed at present.

The trees are of proportions that would be expected of being planted ca. the 1950s, so could have been part of the original landscape planting.

Replacement probably >25 years.



Tree Management Plan

| Tree No. | Species | Common name | Project | Assessor | Date |
|----------|-------------------------------|---------------|-----------------|----------|----------|
| C | <i>Cupressus sempervirens</i> | Roman Cypress | Acton Peninsula | GB&A | 19/11/13 |

| | | | | |
|-----------|---|--|---------------|------|
| | Site Conditions | Growing in garden bed near building. Possibly some benefit from irrigation. | | |
| | | | | |
| | Height 20 m | Canopy Width 4 m | DBH 550 mm | |
| | | | | |
| | Condition/Health | Good | Fair | Poor |
| | | | | |
| Structure | <i>Trunk</i> Good. Minimal root flare. <i>Branches</i> Obscured from view but typical of the variety. <i>Canopy</i> Good health and condition. | | | |

| | | | |
|------------------------------|--|------------------------|---|
| Disease | None noted. | Insect | None noted. |
| Disturbance tolerance | N/A | Amenity value | High, being and excellent specimen and prominent from many nearby views, especially the museum. |
| Epicormics etc. | N/A | Habitat value | Primarily shelter. |
| Cultural/social value | Moderate? Almost certainly a 1950s tree. | Remnant species | No. |

Comments and Recommendations

An excellent specimen tree with a long life expectancy.

No work required at present.



Tree Management Plan

| Tree No. | Species | Common name | Project | Assessor | Date |
|-------------|--------------------------|-------------|-----------------|----------|----------|
| D (2 trees) | <i>Quercus palustris</i> | Pin Oak | Acton Peninsula | GB&A | 19/11/13 |

| | | | | |
|------------------|-------------------------|--|--|------|
| | Site Conditions | | One in garden bed, one in dry grassland. | |
| | | | | |
| | Height 17 m | Canopy Width 15 m | DBH 680 mm | |
| | | | | |
| | Condition/Health | Good | <u>Fair</u> | Poor |
| | | | | |
| Structure | | <i>Trunk</i> Trunk flare satisfactory. Good occlusions. <i>Branches</i> Multiple large branches arising from same approximate area of trunk potential for weak point, though reaction wood present. <i>Canopy</i> Canopy density, health and vigour satisfactory. | | |

| | | | |
|------------------------------|--|------------------------|---|
| Disease | None noted. | Insect | None noted. |
| Disturbance tolerance | N/A | Amenity value | Moderate, as while they are not as large trees as nearby specimens, they are on their own close to two buildings. |
| Epicormics etc. | N/A | Habitat value | Primarily shelter. |
| Cultural/social value | Moderate? Reasonable probability of dating to 1950s. | Remnant species | No. |

Comments and Recommendations

These trees do not have the best structure, but are not of any immediate or short term risk.

No work required at present.



Tree Management Plan

| Tree No. | Species | Common name | Project | Assessor | Date |
|-------------|----------------------|-------------|-----------------|----------|----------|
| E (3 trees) | <i>Schinus molle</i> | Pepper Tree | Acton Peninsula | GB&A | 19/11/13 |

| | | | | |
|------------------|---|----------------------------|----------------------|------|
| | Site Conditions | | In dry grassland. | |
| | | | | |
| | Height 9 m | Canopy Width 6 m | DBH 250 mm | |
| | | | | |
| | Condition/Health | Good | <u>Fair</u> | Poor |
| | | | | |
| Structure | <i>Trunk</i> Little trunk flare. Some reaction wood present. <i>Branches</i> Fair structure and condition. <i>Canopy</i> Canopy density, health and vigour satisfactory. | | | |

| | | | |
|------------------------------|--|------------------------|---|
| Disease | None noted. | Insect | None noted. |
| Disturbance tolerance | N/A | Amenity value | Low, of small stature and hidden unless on rear lawn of building. |
| Epicormics etc. | N/A | Habitat value | Primarily shelter. |
| Cultural/social value | I suspect this is a more recent introduction (80s -90s?) | Remnant species | No. |

Comments and Recommendations

These trees are in close competition though are satisfactory at present. This species is often damaged by severe cold which is likely at this low point.

No work needed at present.



Tree Management Plan

| Tree No. | Species | Common name | Project | Assessor | Date |
|----------|---------------------------|--------------|-----------------|----------|----------|
| F | <i>Eucalyptus cinerea</i> | Argyle Apple | Acton Peninsula | GB&A | 19/11/13 |

| | | | | |
|------------------|---|-----------------------------|----------------------|------|
| | Site Conditions | | One in garden bed. | |
| | | | | |
| | Height 17 m | Canopy Width 11 m | DBH 580 mm | |
| | | | | |
| | Condition/Health | Good | <u>Fair</u> | Poor |
| | | | | |
| Structure | <i>Trunk</i> Little trunk flare, otherwise on issues of concern. <i>Branches</i> Fair-good. Branching very typical of the species. <i>Canopy</i> Canopy density, health and vigour satisfactory. | | | |

| | | | |
|------------------------------|-------------------------------------|------------------------|--|
| Disease | None noted. | Insect | None noted of any concern over and above what is regularly associated with eucalypts. |
| Disturbance tolerance | N/A | Amenity value | Moderate, reasonably prominent in an open area. |
| Epicormics etc. | N/A | Habitat value | Moderate. Primarily shelter, but may be useful in other ways to local wildlife at various seasons. |
| Cultural/social value | This may be a more recent planting. | Remnant species | No. |

Comments and Recommendations

This species was not commonly used at the time of establishment of the residences, as could be indicated by the range of deciduous species planted here. I suspect this could be a 70's-80's planting.

The tree has a slight lean.

No work required at present.



Tree Management Plan

| Tree No. | Species | Common name | Project | Assessor | Date |
|----------|---------------------|--------------|-----------------|----------|----------|
| G | <i>Populus alba</i> | White Poplar | Acton Peninsula | GB&A | 19/11/13 |

| | | | | |
|--|-------------------------|--|----------------------|------|
| | Site Conditions | In island bed with concrete and dryland grass nearby. | | |
| | | | | |
| | Height 17 m | Canopy Width 15 m | DBH 680 mm | |
| | | | | |
| | Condition/Health | <u>Good</u> | Fair | Poor |
| | | | | |
| | Structure | <i>Trunk</i> Trunk flare satisfactory. Double leader at 1.5m. <i>Branches</i> All main branches placing force against trunk at 1.5m. Good taper and appearance. Reaction wood present. <i>Canopy</i> Canopy density, health and vigour satisfactory. | | |

| | | | |
|------------------------------|--|------------------------|---|
| Disease | None noted. | Insect | None noted. |
| Disturbance tolerance | N/A | Amenity value | Moderate, as a tree standing prominently and alone in front of residence. |
| Epicormics etc. | N/A | Habitat value | Primarily shelter. |
| Cultural/social value | Moderate? Reasonable probability of dating to 1950s. | Remnant species | No. |

Comments and Recommendations

The structure of this tree is poor, though I cannot see any imminent risk at present. The trunk/branch union area is a weak point.

No work needed at present.

The tree should be regularly monitored, especially after stormy weather.

Species now on ACT weed list. Consideration when replacement is necessary should be given to another suitable species of similar dimensions and of the time.



Tree Management Plan

| Tree No. | Species | Common name | Project | Assessor | Date |
|-------------|---------------------------------|---------------|-----------------|----------|----------|
| H (9 trees) | <i>Cupressus sempervirens</i> . | Roman Cypress | Acton Peninsula | GB&A | 19/11/13 |

| | | | | |
|--|------------------|---|------------|------|
| | Site Conditions | Primarily in garden bed, likely unmaintained. Concrete drive near closest two trees. | | |
| | Height 17 m | Canopy Width 3 m | DBH N/A | |
| | Condition/Health | Good | Fair | Poor |
| | Structure | <i>Trunk</i> Trunk obscured. <i>Branches</i> As above. <i>Canopy</i> Canopy density, health and vigour satisfactory. | | |
| | | | | |

| | | | |
|------------------------------|--|------------------------|--|
| Disease | None noted. | Insect | None noted. |
| Disturbance tolerance | N/A | Amenity value | Significant, as part of a long hedge that occurs on the main corner into the museum grounds. |
| Epicormics etc. | N/A | Habitat value | Primarily shelter. |
| Cultural/social value | Moderate? Appears to have been planted as a windbreak or screen as the trees are in line. Certainly highly probably 1950s. | Remnant species | No. |

Comments and Recommendations

The trees are all in good condition.

The tree nearest the footpath has some defoliation, possibly as result of disturbance when driveway constructed and/or when shed constructed.

No work required.



Tree Management Plan

| Tree No. | Species | Common name | Project | Assessor | Date |
|----------|--|----------------------------------|-----------------|----------|----------|
| I | <i>Cupressus arizonica</i> <i>Cupressus goveniana</i> | Arizona Cypress Gowan Cypress | Acton Peninsula | GB&A | 19/11/13 |

| | | | | |
|--|-------------------------|---|-------------------|------|
| | Site Conditions | Footpath on public side and dryland grassland in front yard. | | |
| | | | | |
| | Height 5-8 m | Canopy Width 3 m | DBH N/A | |
| | | | | |
| | Condition/Health | <u>Good</u> | Fair | Poor |
| | | | | |
| | Structure | <i>Trunk</i> N/A given the functional nature of this planting. <i>Branches</i> As above. <i>Canopy</i> Canopy density, health and vigour satisfactory. | | |

| | | | |
|------------------------------|--|------------------------|--|
| Disease | None noted. | Insect | None noted. |
| Disturbance tolerance | N/A. Tolerates pruning for hedge purposes. | Amenity value | Significant, as part of a long hedge that occurs on the main corner into the museum grounds. |
| Epicormics etc. | N/A | Habitat value | Primarily shelter. |
| Cultural/social value | Moderate. Said to have been planted by Dr Nott, first medical Superintendent (pers. Comm A Faris, NMA Nov 2013). | Remnant species | No. |

Comments and Recommendations

This hedge, at least for part of its length, includes two cypress species. The hedge continues around Limestone House as well, ending near the Limestone outcrop area. At the northern end some mature *C. arizonica* may be hedge plantings that were not maintained as a hedge.

Retain as maintained hedge. The hedge requires appropriate pruning if it is to maintain its quality as a hedge.



Tree Management Plan

| Tree No. | Species | Common name | Project | Assessor | Date |
|-------------|------------------------------|---------------|-----------------|----------|----------|
| J (3 trees) | <i>Trachycarpus fortunei</i> | Windmill Palm | Acton Peninsula | GB&A | 19/11/13 |

| | | | | |
|-----------|---|--|---------------|------|
| | Site Conditions | In small garden bed with minimal competition and close to house adjoining grassland. | | |
| | | | | |
| | Height 10 m | Canopy Width 2 m | DBH 200 mm | |
| | | | | |
| | Condition/Health | Good | Fair | Poor |
| | | | | |
| Structure | <i>Trunk</i> Good palm buttress roots. <i>Branches</i> N/A <i>Canopy</i> Canopy density, health and vigour satisfactory. | | | |

| | | | |
|------------------------------|--|------------------------|---|
| Disease | None noted. | Insect | None noted. |
| Disturbance tolerance | N/A | Amenity value | Moderate, being a prominent specimen at the front of the house. |
| Epicormics etc. | N/A | Habitat value | Primarily shelter. |
| Cultural/social value | Moderate. Very likely to be an original planting at the residence. | Remnant species | No. |

Comments and Recommendations

This specimen (illustrated) is the best specimen. The two at the back of the house are shorter and one consists of a number of trunks.

A very popular plant at the time of residential development.

No work needed at present.



Tree Management Plan

| Tree No. | Species | Common name | Project | Assessor | Date |
|----------|----------------------|-------------|-----------------|----------|----------|
| K | <i>Crataegus</i> sp. | Crabapple | Acton Peninsula | GB&A | 19/11/13 |

| | | | | | |
|--|-------------------------|--|---|----------------------|------|
| | Site Conditions | | Dryland grassland in front yard. | | |
| | Height 12 m | | Canopy Width 7 m | DBH 400 mm | |
| | Condition/Health | | Good | Fair | Poor |
| | Structure | | <p>Trunk Very large cavity at 1.5 m around branch union area with resident Brush-tail possum. This is a weak point on the tree, as there is little wood material left around the cavity. There are sunken areas with corresponding reaction wood build-up.</p> <p>Branches Good taper and general structure.</p> <p>Canopy Canopy density, health and vigour satisfactory.</p> | | |

| | | | |
|------------------------------|---|------------------------|---|
| Disease | None noted. | Insect | None noted. |
| Disturbance tolerance | N/A | Amenity value | Moderate to Low as somewhat suppressed by the nearby White Oak. |
| Epicormics etc. | N/A | Habitat value | Primarily shelter. Resident brush-tail possum in cavity. |
| Cultural/social value | Moderate. Very likely a 1950s planting. | Remnant species | No. |

Comments and Recommendations

This tree is fairly well protected from severe wind, but the length and weight of the branches are pivoted around a large trunk cavity. The stresses placed on this area of the tree can be reduced by some judicious pruning to reduce branch length. Reducing branch length will take some weight away and effectively reduces part of the "sail" area of the tree. At the least, the tree should be monitored.

The tree appears stable at present, and is an area only periodically frequented. However, it is recommended that the tree be treated if it is to be retained. Replacement of this tree is probably not warranted. It has limited landscape impact and is suppressed by the White Oak. If replacing, establishment might be difficult due to surrounding competition. It should perhaps be recorded and not replaced.



Tree Management Plan

| Tree No. | Species | Common name | Project | Assessor | Date |
|----------|--------------------------|-------------------|-----------------|----------|----------|
| L | <i>Prunus lusitanica</i> | Portuguese Laurel | Acton Peninsula | GB&A | 19/11/13 |

| | | | | |
|--|------------------|---|------------|------|
| | Site Conditions | Dry grassland surrounding, with competition from large trees on neighbouring property. | | |
| | Height 3 m | Canopy Width 3 m | DBH N/A | |
| | Condition/Health | Good | Fair | Poor |
| | Structure | <i>Trunk</i> N/A given the functional nature of this planting. <i>Branches</i> As above. <i>Canopy</i> Canopy density, health and vigour satisfactory. | | |
| | | | | |

| | | | |
|-------------------------------|--|------------------------|--|
| Disease | Prominent necrotic leaf spot fungus. | Insect | None noted. |
| Disturbance tolerance | N/A. Prunes readily as hedge, but pruning must be regular. | Amenity value | Significant, as part of a long hedge that occurs between the superintendent's residence and Limestone House. |
| Epicormics etc. | N/A | Habitat value | Primarily shelter. |
| Cultural/ social value | Moderate. A commonly used hedge species in the 40s-60s, but rarely used today. | Remnant species | No. |

Comments and Recommendations

Retain as maintained hedge. The hedge requires appropriate pruning if it is to maintain its quality as a hedge.



Tree Management Plan

| Tree No. | Species | Common name | Project | Assessor | Date |
|-------------|-------------------------|-------------|-----------------|----------|----------|
| M (3 trees) | <i>Ulmus parvifolia</i> | Chinese Elm | Acton Peninsula | GB&A | 19/11/13 |

| | | | | |
|------------------|---|-----------------------------|----------------------------|------|
| | Site Conditions | | Dry grassland surrounding. | |
| | | | | |
| | Height 12-18 m | Canopy Width 10 m | DBH 250-630 mm | |
| | | | | |
| | Condition/Health | <u>Good</u> | Fair | Poor |
| | | | | |
| Structure | <i>Trunk</i> Root flare satisfactory. No issues noted. <i>Branches</i> Good taper to branches. <i>Canopy</i> Canopy density, health and vigour satisfactory. | | | |

| | | | |
|------------------------------|---|------------------------|---|
| Disease | None noted. | Insect | None noted. |
| Disturbance tolerance | N/A | Amenity value | Moderate. Away from most public vision. |
| Epicormics etc. | N/A | Habitat value | Primarily shelter. |
| Cultural/social value | Moderate? A commonly used species around the 1950s. | Remnant species | No. |

| |
|-------------------------------------|
| Comments and Recommendations |
| No work required at present. |



Tree Management Plan

| Tree No. | Species | Common name | Project | Assessor | Date |
|-------------|-----------------------------|-------------|-----------------|----------|----------|
| N (5 trees) | <i>Eucalyptus bicostata</i> | Eurabbie | Acton Peninsula | GB&A | 19/11/13 |

| | | | | |
|------------------|---|-----------------------------|----------------------------|------|
| | Site Conditions | | Dry grassland surrounding. | |
| | | | | |
| | Height 24 m | Canopy Width 16 m | DBH 1,200 mm | |
| | | | | |
| | Condition/Health | <u>Good</u> | Fair | Poor |
| | | | | |
| Structure | <i>Trunk</i> Root flare satisfactory. No issues noted. <i>Branches</i> Good taper to branches. Good structure. <i>Canopy</i> Canopy density, health and vigour satisfactory. | | | |

| | | | |
|------------------------------|--|------------------------|--|
| Disease | None noted over and above what is expected on a native tree. | Insect | None noted over and above what is expected on a native tree. |
| Disturbance tolerance | N/A | Amenity value | Moderate. Prominent in landscape but with many other trees. |
| Epicormics etc. | N/A | Habitat value | Primarily shelter and seasonal food source. |
| Cultural/social value | Moderate? This tree is suspected of being a pre-lake foreshore planting. | Remnant species | No. |

Comments and Recommendations

These trees have had an excellent space in which to develop, and are good trees at present. No work required at present.

Many seedlings from these trees are establishing in the general area, including the Limestone Rock Outcrops. It is recommended that these seedlings be removed, so as not to impinge on the established trees.



Tree Management Plan

| Tree No. | Species | Common name | Project | Assessor | Date |
|-----------------------|---------------------------|--------------|-----------------|----------|----------|
| O (Numerous stems) | <i>Eucalyptus cinerea</i> | Argyle Apple | Acton Peninsula | GB&A | 19/11/13 |

| | | | | |
|-----------|---|---|---------------|------|
| | Site Conditions | Dry grassland surrounding limestone outcrops. | | |
| | | | | |
| | Height 18 m | Canopy Width 10 m | DBH 340 mm | |
| | | | | |
| | Condition/Health | Good | <u>Fair</u> | Poor |
| | | | | |
| Structure | <i>Trunk</i> Root flare satisfactory. No issues noted. <i>Branches</i> Good taper to branches. <i>Canopy</i> Canopy density, health and vigour satisfactory. | | | |

| | | | |
|------------------------------|---|------------------------|--|
| Disease | None noted. | Insect | None noted. |
| Disturbance tolerance | N/A | Amenity value | Moderate. Away from most public vision. |
| Epicormics etc. | N/A | Habitat value | Primarily shelter though seasonally for food source. |
| Cultural/social value | Moderate? A commonly used species around the 1950s. | Remnant species | No. |

Comments and Recommendations

No work required at present.

These eucalypts are tall but relatively narrow stem diameter. This could be in part because they are growing with competition but could also be related to the underlying stone. It is not likely that these trees were planted in these positions as some are growing in rock crevices or close to large rocks. There was a very large *E. cinerea* that had died and was removed, but was growing nearby. It is possible that these trees may have arisen as adventitious seedlings.



APPENDIX E: COMMUNITY VALUES RESEARCH – METHOD AND ANALYSIS

METHOD

Introduction

This research investigates the nature and scope of community values considering the Commonwealth Heritage criteria and guidelines defined for such assessments in *Working Together: Managing Commonwealth Heritage Places. A guide for Commonwealth Agencies* (DEE 2019).

The research undertaken into community values is documented in this plan, the associated communities are defined, and evidence of community aesthetic and social values associated with the Acton Complex is presented. Understanding these values is critical in the assessment of criteria I aesthetic and (g) social significance, as these criteria place a specific emphasis on community associations and values.

Due to the overlapping nature of social and community aesthetic significance, evidence for both is presented in Section 2.7 on social significance, however a summary of outcomes for community aesthetic significance is presented in Section 2.5.

The Commonwealth Heritage definition of social significance under criterion (g) is:

‘the place has significant heritage value because of the place’s strong or special association with a particular community or cultural group for social, cultural or spiritual reasons.’

Social significance is a value held by today’s community. While historical research may be able to demonstrate considerable longevity and continuity of association, this is not enough to demonstrate social significance. Rather, the associated communities or cultural groups must hold these values. Therefore the task of social significance research is to understand the nature of the associations with a place and whether this gives rise to significance in the terms of the definition. It also involves understanding whether significance resides in the fabric of the place or in other aspects such as its use, accessibility or aesthetic appreciation.

Approach and terminology

A detailed approach does not exist for defining social and community aesthetic significance against Commonwealth Heritage criteria (Appendix F), rather guidelines specify in broad terms that a place must have ‘significant heritage value’. For this project, the methods used are those that have previously been applied to the assessment of community values by the present consultants.

Firstly *communities or cultural groups* are defined. This may involve:

- historical research;
- social or demographic profiling;
- qualitative data collection and analysis; and
- consultation.

Establishing that an *association* exists may be undertaken in a number of ways, including social research approaches (eg. surveys, observation) and anthropological techniques.

Establishing that the association is *strong* and/or *special* and is held *collectively* is likely to involve working directly with the particular communities or cultural groups. The techniques used may include direct questioning and observation of behaviours. By seeking a variety of evidence from different sources, it is more likely that the associations and their importance can be clearly established.

The approach adopted for the assessment of social and community aesthetic significance involved considering:

- Who are the communities or cultural groups with potential attachment to the Acton Complex for social, cultural or spiritual reasons?
- What evidence is there of strong or special association or attachment, and by whom?
- Is this evidence sufficient to demonstrate ‘significant heritage value’ as required for Commonwealth heritage listing?

The following terms are used throughout this research.

Community: Criterion I and (g) refer to ‘community or a cultural group’. In this plan ‘community’ is used as short-hand to include both communities and cultural groups. Further, this plan adopts a broad definition of communities and cultural groups as those that are defined by shared culture, beliefs, ethnicity, activity or experience.

Associations: mean the connections that exist between people and a place (Burra Charter 2013, article 1.15).

Meanings: denote what a place signifies, indicates, evokes or expresses to people (Burra Charter 2013, article 1.16).

Methods

A range of methods were used to identify and understand the community values of the Acton Complex. This involved identifying the communities with associations with the place, and determining how to gain a sound appreciation of the values that might arise from those associations within the scope of the project.

The methods used and the rationale for selecting these methods are provided below.

Framework

The methods used to understand community-held values can be generally described as ethnographic research, that is qualitative social research that seeks to understand a ‘community’ (or society or culture); in this instance, the research is seeking to understand associations and meanings that may be embodied in a place.

For this study the preference was to use research methods based on interviews, structured surveys, and talking to key informants (eg. interviews with people with special knowledge about the place and its associated communities such as other researchers, community leaders, commentators and observers).

By using multiple data sources, information can be compared and contrasted, enabling a

richer understanding to emerge. In addition, the use of multiple data sources in combination increases the reliability of the data although it does not offer a statistically validated sample. Iteration, that is the testing of preliminary ideas through continuing 'rounds' of research is also valuable in increasing the reliability of the results.

These methods were combined with review of existing studies and other materials, thus creating a rich, multi-faceted data set.

In the absence of specific indicators and thresholds for social and community aesthetic significance at a Commonwealth Heritage level, those developed for social significance by Chris Johnston (Context Pty Ltd) for the Australian Heritage Commission and Department of Conservation and Natural Resources (Victoria) (1994) were used, as below.

Significance Indicators

Important to a community or cultural group as a landmark, marker or signature: this indicator is about the associations and meanings that a place may have because of its role as a landmark or signature place (icon) for a community or cultural group, one that marks a community's or cultural group's place in the world physically and metaphorically.

Important as a reference point in a community's or cultural group's identity or sense of itself: this indicator is about associations and meanings that help create a sense of community or cultural group identity, such as places that help define collective, spiritual or traditional connections between past and present, that reflect important and shared meanings, that are associated with events having a profound effect on a community or cultural group, that symbolically represent the past in the present, or that represent attitudes, beliefs or behaviours fundamental to community or cultural group identity.

Strong or special attachment developed from long use and/or associations: this indicator is designed to recognise that a place which provides an essential public or shared function can, over time, gain strong and special attachments through longevity of use or association, especially where that place serves as a shared meeting place (formally or informally).

Significance Threshold

In assessing social value, reaching the threshold for heritage significance requires the following:

- Identified by a community which is in continued existence today as a definable entity.
- Continuity of use or association, meanings or symbolic importance over a period of 25 years or more.
- Existence of an attachment or association with a place by a defined community, including evidence of use developing into deeper attachment that goes beyond utility value.

Other possible sources

Other sources that could reveal pertinent information, but could not be sourced during the timeframe for this study, are:

Foskett, Alan 1998, *Canberra's Hostels, Hotels and Guest Houses: A Part of Our Heritage*. Second Edition, Canberra.

Proust A J 1994, *History of Medicine in Canberra and Queanbeyan and their hospitals*, Brolga Press, Canberra.

Powell, Keith 1999, *Canberra's Health 1950 -1994: A stormy growth. An oral history through doctors*, Brolga Press, Canberra.

Data sources and collection

The significance of the Acton Complex for the three broadly defined community groups was derived from:

- earlier statements of significance assessment of community values for the Acton Complex, including *Acton Peninsula Trees* (Marshall & Butler 2012), the *Former Hospice Acton Peninsula* (Martin 2003);
- previous publications (see Section 2.7.1);
- an online survey; and
- short interviews.

Using snowball sampling (in which knowledgeable individuals were interviewed then requested to recommend others who may hold pertinent information) individuals and organisations were contacted in order to gain their participation in the investigation. A request for a short phone or in-person interview and their contribution to the online survey was made to each of these people.

Using this method, 15 short interviews were conducted between 28 October to 16 December 2013. An online survey was developed and open to the public between 8 November and 1 December 2013. Ninety-nine online survey responses were received. Survey responses are detailed in below.

The following table lists the people who were invited to complete or distribute the survey or participate in an interview. The checks identify those who participated.

| List of Interview and Survey Participants | | | |
|---|---|-----------------|---------------|
| Contact | Organisation | Short interview | Online survey |
| Allen Mawer | Canberra Historical Society | ✓ | ✓ |
| Amy Guthrie | ANU (Heritage) | | ✓ |
| Anne Faris | NMA (Research) | ✓ | ✓ |
| Boden family | Dr Susan Boden (daughter of Dr Robert Boden – Acton Peninsula tree planting) | ✓ | ✓ |
| Brett Odgers | Walter Burley Griffin Society Inc. | ✓ | ✓ |
| Christine Ellis | Canberra Hospital (Media) | | ✓ |
| Doug Finlayson | ACT Geological Society | ✓ | ✓ |
| Ella Campbell | First Royal Canberra Hospital trainee and nurse (1943) | ✓ | |
| Elvin family | Family of Dr Noddy Elvin – Resident medical superintendent | | ✓ |
| Gordon Shannon | Lived on a neighbouring farm bordering Acton Peninsula (submerged when the lake was filled) | ✓ | ✓ |
| Helen Bennett | NMA (Peninsula Tales Tours) | ✓ | ✓ |
| Jack Kershaw | Canberra Community Action on Acton (CCAA) | ✓ | ✓ |
| Kathryn Cole | AIATSIS (Corporate Services) | ✓ | |
| Dr Kristy Guster | Acton Walkways | ✓ | ✓ |
| Lane family | Elizabeth Lane (daughter of Dr Lane – Resident medical superintendent) | ✓ | ✓ |

| List of Interview and Survey Participants | | | |
|---|---|-----------------|---------------|
| Contact | Organisation | Short interview | Online survey |
| Liz McMillan | National Trust (ACT) | | ✓ |
| Nott family | Dr Lewis Nott (father) – Resident medical superintendent Dr David Nott (son) – Royal Canberra Hospital surgeon | | ✓ |
| Dr Peter Dowling | National Trust (Australia) | | |
| Shirley Sutton | Royal Canberra Hospital trainee and nurse / Author of a book on the history of nursing in the ACT | ✓ | ✓ |
| Smith family | Lived at 14 Acton Rd, strong memories of Old Acton | ✓ | ✓ |
| Wanda Lawler | Royal Canberra Hospital nurse, Royal Canberra Hospital social group organiser, Royal Canberra Hospital memorial committee | ✓ | ✓ |

PRESENTATION OF THE ANALYSIS

This appendix presents all results of the online survey carried out between 8 November and 1 December 2013. Of those who responded, most were from the ACT, aged 60 years or over, and formed part of the hospital community and wider Canberra community. Of the 99 respondents, 70 completed the survey in its entirety.

Age group

| Age | Number | Percentage |
|-----------------|-----------|--------------|
| Under 14 | 0 | 0 |
| 15 to 19 | 0 | 0 |
| 20 to 39 | 11 | 11.1% |
| 40 to 59 | 28 | 28.3% |
| 60 to 79 | 53 | 53.5% |
| Over 80 | 5 | 5.1% |
| Not specified | 2 | 2% |
| Total | 99 | |

Gender

| Gender | Number | Percentage |
|---------------------------|-----------|--------------|
| Male respondents | 30 | 30.3% |
| Female respondents | 68 | 68.7% |
| Not specified | 1 | 1% |
| Total | 99 | |

Where the respondents live now

| State | Number | Percentage |
|-------------------|-----------|--------------|
| ACT | 80 | 79.2% |
| New South Wales | 16 | 15.8% |
| Victoria | 1 | 1% |
| Western Australia | 1 | 1% |
| Not specified | 1 | 1% |
| Total | 99 | |

Was the respondent aware that several former Royal Hospital Canberra buildings remain on the Acton Peninsula?

| Awareness of remaining buildings? | Number | Percentage |
|-----------------------------------|-----------|------------|
| Yes | 87 | 92.6% |
| No | 7 | 7.4% |
| Total | 94 | |

Association with the hospital buildings and immediate setting

| Associations | Number | Percentage |
|---|-----------|--------------|
| I worked at the Royal Canberra Hospital (previously known as the Canberra Hospital, Acton) | 43 | 45.7% |
| I was affiliated through medical research | 0 | 0.0% |
| I trained there | 36 | 38.3% |
| I was born there | 18 | 19.1% |
| I was a patient there | 37 | 39.4% |
| I visited friends or family there | 46 | 48.9% |
| I enjoyed hospital community activities and events there | 28 | 29.8% |
| I am an Acton resident, past or present | 15 | 16.0% |
| I have associations with the buildings' use as a hospice in the 1990s | 14 | 14.9% |
| I have associations with the buildings' more recent use by the NMA (National Museum of Australia) | 20 | 21.3% |
| I am or was linked with ANU's (Australian National University) association with hospital | 6 | 6.4% |
| I have associations with the site before the hospital was built – with Old Acton | 12 | 12.8% |
| The remaining hospital buildings and their setting are a place of personal reflection for me | 41 | 43.6% |
| I go to the area now for leisure – as a tourist or a visitor | 54 | 57.4% |
| I go to visit the limestone outcrop | 19 | 20.2% |
| I use the bush path (or enjoy the bush landscape) between the buildings and the lake | 32 | 34.0% |
| I don't hold any associations | 2 | 2.1% |
| Other (please specify) | 22 | 23.4% |
| Total | 94 | |

Other associations, grouped by theme:

The wider Canberra community

I lead community tours of the area.

Member of the group that was set up to save the hospital.

Site of our very first police station.

I was jointly responsible for the idea/construction of the commemorative garden/plaques at the rear of the Museum.

I know the history of the place and the buildings.

Hospital community

My 3 children were born there. My Nanna died in the old H-Ward. I met my husband there.

I lived there in the Superintendent's House of the Super. Dr A. S. Lane as the daughter – from 1951-1964.

I believe it was building 2 – spent some time as a prenatal care unit. If so that is where our son was born.

My dad was a doctor in Canberra from 1953 to 1977 and when it was called Canberra Community Hospital!! This was my sister and my playground when he was visiting patients, especially mothers with babies he had delivered. He always went straight through the door under the OBSTETRICS sign near the weird pine tree.

My daughters were born there.

Son born there.

Siblings born here, learnt to drive in the hospital grounds, my friends nursed here, used to swim at the beach near the wharf near AIATSIS.

I nearly died there...of pneumonia as a child.

I believe the old geriatric ward G1- long since demolished – was my grandfather's office when he was with the department of lands in the 1920s.

H Ward was the last ward I worked on at Canberra Hospital.

Family members were born there, my son was born there.

My mother, who would be 101 year old if still alive, nursed at the Old Canberra Hospital in the 1930s.

My Father worked at the Department of the Interior which was also housed in this area.

I have good memories of nursing there and of the friends I made.

I worked/trained at the Canberra Community hospital between 1963 and 1967.

Contemporary Action Complex community

I work at the NMA.

I work at the Museum and in the Museum's Library.

How long they were associated with the former hospital buildings and the immediate setting

| Period | Number | Percentage |
|--------------------|---------------|-------------------|
| 0 years | 1 | 1.1% |
| 1-10 years | 10 | 20.2% |
| 11-25 years | 14 | 14.9% |
| 26-50 years | 36 | 38.3% |
| 51+ years | 24 | 24% |
| Total | 99 | |

When they were associated with the place

| Decade | Number | Percentage |
|--|---------------|-------------------|
| 1939 or before (The Canberra Community Hospital operated from Balmain Crescent, ANU 1914-1943) | 3 | 3.2% |
| 1940-1949 (Hospital construction began on Acton Peninsula 1940; hospital used by US Armed Forces 1942; open to public 1943) | 11 | 11.7% |
| 1950-1959 (Poliomyelitis epidemic in Canberra 1950-1; Acton Homestead memorial fountain built 1954) | 20 | 21.3% |
| 1960-1969 (Sylvia Curley House nurses' residence opened; Otto Ruzicka landscaping early 1960s; ANU Department of Clinical Science founded 1966) | 35 | 37.2% |

| Decade | Number | Percentage |
|---|-----------|--------------|
| 1970-1979 (Opening of Calvary Hospital and Canberra Hospital staff reductions / bed closures 1979) | 44 | 46.8% |
| 1980-1989 (Name change to Royal Canberra Hospital 1982; decision to close hospital in 1989; formation of Steering Committee for Public Hospitals 1989) | 48 | 51.1% |
| 1990-1999 (Hospital closed in 1991; hospice opened 1995; NMA design works announced 1996; most hospital buildings demolished in 1997) | 36 | 38.3% |
| 2000 or after (Remaining former hospital buildings used by NMA) | 40 | 42.6% |
| Total | 94 | |

Does the respondent still visit the hospital buildings or the immediate setting?

| Visits? | Number | Percentage |
|--------------|-----------|--------------|
| Yes | 67 | 71.3% |
| No | 27 | 28.7% |
| Total | 63 | |

Reasons why, grouped by theme:

The wider Canberra community

History

Appreciate what it must have been like pre lake

Emotionally I can't go near the place following it's stupid!! Demise.

To think

Because it is the only part of Canberra left where I can walk and reminisce about when the river and the places where we had gymkhanas (the Hospital basin) were. My father is no longer with us and for me it is a place of remembrance of him.

Sense of history the limestone outcrops and the setting

Pleasant area to walk

Walk

Walking around the Lake, visiting the Museum

When I go to the Museum

Use the bike path, kayak from here, watch the fireworks

Historical research

The Museum

Use area for leisure

Walks

Museum

Museum

Walking

Recreation, but I still am uneasy about the hospital's closure and destruction.

As a geologist I have a continuing interest in the limestone outcrops and their setting

For its peace and tranquillity. Each time I visit I ask myself where else in the world can one be in such a beautiful place, yet be in the centre of a Nation's capital city. It is an incredibly special place and should be

kept that way for all Australians – both now and in the future.

To enjoy the ambience and history of the places

Curiosity

Origins of Canberra.

Setting

Related to the Hospital community

To reflect on the good times and memories of the hospital

I visit the Museum and find the grounds very peaceful and they hold fond memories for me

To check and reflect on the place

To look at hospital memorial, for walks in area, NMA

Memories

Memories and reflection

Nostalgia. Family connections with Old Acton.

My boyfriend died in the hospice after a car accident.

Reunion with my nursing group of 1961

I had such a long and family involvement with every thing and every one of the locals and worked at Royal Canberra Hospital for 30 years

Its' a place of beauty and memories

They are a fundamental part of my history and the history of the Canberra community They hold memories and continuity of an important era in Canberra's development

Because I was born and trained there; lots of memories

Nurses reunion, fantastic setting by the lake – very therapeutic – should have been left as a hospital

To walk near the lake and see the Nurses Memorial

I was so angry when they destroyed such a beautiful hospital and I cannot bear to visit there knowing what was there before it is so sad.

Nurses memorial

Nurses memorial

Sentimental

Just to reflect upon the many cherished memories that I hold of the isolation building.

This was a wonderful environment where my years of nursing were thoroughly enjoyable. I learned so much as I looked after both adults and children who were extremely unwell with various illnesses that you no longer see. It was great environment and the people that I worked with during this time made it even more enjoyable.

Brings back memories of happy times

To Reflect at the Royal Canberra Hospital Commemorative Site with Interstate Visitors

Nostalgia

Nursing group reunions

To be in an area which has so many familial and personal memories.

Nostalgia, grew up in Acton, trained at Royal Canberra Hospital

Family history

Related to the Contemporary Acton Complex community

Leisure (previously the Museum was my place of employment)

Work

Work
 Work there
 Work here
 Retired from ANU
 Work at NMA
 Work related
 Work at NMA
 I work here
 Because I work at the NMA
 As NMA buildings
 I work here at the Museum
 I work at the NMA
 Our daughter works at the museum
 Visit NMA also walk around the site
 Work
 Employment

Agreement with the following statements

| Statement | Strongly agree | Agree | Neither agree nor disagree | Disagree | Strongly disagree | Don't know |
|--|----------------|-----------|----------------------------|----------|-------------------|------------|
| The Royal Canberra Hospital was well loved by Canberra people | 51 | 17 | 6 | 0 | 0 | 4 |
| I have important memories of the Royal Canberra Hospital | 46 | 10 | 13 | 4 | 4 | 1 |
| The remaining buildings are part of Canberra's identity | 45 | 22 | 7 | 2 | 0 | 2 |
| The remaining buildings form part of my own life experiences | 41 | 15 | 13 | 3 | 4 | 2 |
| The Royal Canberra Hospital is strongly linked to medical education | 32 | 17 | 14 | 2 | 0 | 13 |
| A hospital on Acton Peninsula was a key part of Canberra's design | 38 | 18 | 10 | 3 | 0 | 9 |
| The closure and demolition of the hospital ended my connection to the place | 7 | 7 | 5 | 25 | 32 | 2 |
| The remaining hospital buildings are a reflection of my culture | 20 | 26 | 20 | 5 | 3 | 4 |
| The original architectural features of these remaining hospital buildings are an important | 33 | 22 | 16 | 3 | 0 | 4 |

| Statement | Strongly agree | Agree | Neither agree nor disagree | Disagree | Strongly disagree | Don't know |
|--|----------------|-------|----------------------------|----------|-------------------|------------|
| reflection of our history | | | | | | |
| The natural surrounds of the former hospital are important to me | 49 | 19 | 10 | 0 | 0 | 0 |
| Seeing the remaining hospital buildings evokes memories and emotions in me | 43 | 13 | 11 | 4 | 5 | 2 |
| The remaining hospital buildings and their setting are an important place of retreat, reflection and contemplation | 33 | 19 | 17 | 2 | 3 | 4 |
| New features added between the late 1950s and 1994 are also an important reflection of our history | 28 | 28 | 15 | 2 | 0 | 5 |
| The remaining hospital buildings mean nothing to me | 4 | 3 | 13 | 17 | 37 | 4 |
| The Royal Canberra Hospital complex is a central part of the story of Acton | 50 | 22 | 5 | 0 | 0 | 1 |
| The remaining hospital buildings should be conserved | 46 | 19 | 9 | 2 | 2 | 0 |
| Total number of respondents 78 | | | | | | |

Why the remaining buildings and their immediate setting are important

| Reason | Important to me in the past | Still important to me today | Not of personal importance to me | I don't know / No particular opinion |
|--|-----------------------------|-----------------------------|----------------------------------|--------------------------------------|
| Legacy to Canberra | 32 | 49 | 11 | 7 |
| Role in the mid 20 th century approach to the treatment of infectious diseases | 30 | 32 | 11 | 17 |
| In memory of the medical care offered there during WWII | 16 | 29 | 26 | 14 |
| In memory of the care offered to terminally ill patients | 21 | 32 | 25 | 13 |
| The hospital site is where Canberra Station was beforehand | 14 | 32 | 19 | 22 |
| The section of lake-edge bush landscape | 28 | 52 | 7 | 9 |
| Linked to my personal memories of the Royal Canberra Hospital | 35 | 41 | 15 | 8 |
| The hospital's contribution to medical research | 21 | 26 | 23 | 17 |
| The site is part of old Acton | 25 | 47 | 12 | 11 |
| Linked to important 19 th and 20 th century figures (in planning, landscape or health for example) | 25 | 37 | 18 | 13 |
| A physical reminder of the Royal Canberra Hospital | 28 | 53 | 8 | 10 |

| Reason | Important to me in the past | Still important to me today | Not of personal importance to me | I don't know / No particular opinion |
|--|-----------------------------|-----------------------------|----------------------------------|--------------------------------------|
| The buildings housed an important teaching institution | 24 | 29 | 20 | 18 |
| The setting has connections to AIATSIS (The Australian Institute of Aboriginal and Torres Strait Islander Studies) | 7 | 26 | 28 | 20 |
| They are a reminder of past social events, activities and clubs linked to the hospital | 26 | 32 | 20 | 15 |
| The buildings role as a hospice from 1995 | 17 | 26 | 26 | 16 |
| Links to the ANU (Australian National University) community | 19 | 28 | 25 | 15 |
| A reminder of community rallying against hospital closure | 22 | 31 | 20 | 15 |
| In memory of the 1991 hospital demolition and implosion | 23 | 45 | 14 | 10 |
| A reminder of the hostel dwelling era | 22 | 31 | 19 | 18 |
| Connection to the NMA (National Museum of Australia) | 11 | 28 | 28 | 15 |
| Association with the nearby Acton Nursery | 11 | 18 | 30 | 25 |
| It is the site of the old Acton administrative area | 15 | 25 | 28 | 20 |
| The limestone outcrops as an important reminder of Canberra's history | 25 | 44 | 12 | 13 |
| The buildings and their immediate surrounds are pleasing to the eye | 24 | 44 | 8 | 18 |
| Other (please specify) | | | | 10 |
| Total | | | | 78 |

Other reasons they are important:

Importance related to the former Hospital community

My personal involvement as an active staff member for 10 years. My most enjoyable job in my career.

When I visited the site for a picnic to celebrate our generation's time at Canberra High School I did not expect to have memories of my childhood flood back when I saw the Isolation Block, the residence and the trees. I could remember visiting a family friend who had TB, my brother having his tonsils out, my friend who had scarlet fever and waiting under the tree as a 3 years old for my mother to emerge with my newborn brother. This was just the beginning of a wonderful experience and a whole flood of memories.

Canberra Hospital will always hold very emotional memories for me but I have never visited the National Museum because it should never have been put there in the first place they should never have destroyed the hospital that we all loved.

Of Heritage importance

Canberra Govt. seem to delight in removing older buildings; history now only old Churches round Manuka

Canberra's architecture that are no longer around Canberrans should be proud of what little is left of their heritage and stop replacing buildings with modern structures that have no soul.

Of Natural importance

It is a very rare remnant of natural bushland by the Lake's edge and it absolutely MUST be retained

The limestone outcrops are only remaining rocks first discovered by European explorers in 1820 that led to name Limestone Plains.

Other comments

The fact that the buildings and landscape were not removed shows that officialdom was sensitive to the preservation struggle.

The buildings should be maintained appropriately.

The physical elements that remain today that are important

| Physical elements | Number | Percentage |
|---|-----------|--------------|
| Remaining Hospital Building 1 (Former Isolation Block, Initial TB Ward) | 52 | 66.7% |
| Remaining Hospital Building 2 (H Block I Initial Isolation Ward) | 54 | 69.2% |
| Remaining Hospital Building 15 (Medical Superintendent's Residence) | 52 | 66.7% |
| Limestone House' (built in the 1960s, just north of the Medical Superintendent's Residence) | 47 | 60.3% |
| General architectural features | 40 | 51.3% |
| Surrounding trees | 65 | 83.3% |
| Surrounding gardens | 57 | 73.1% |
| Open grassed slopes to the lake's edge | 65 | 83.3% |
| Bush landscape along the lake's edge | 67 | 85.9% |
| Nearby memorials | 46 | 59.0% |
| The 'Pregnant Pine' outside the former Obstetric Unit | 54 | 69.2% |
| Nearby Lennox Crossing | 39 | 50.0% |
| Nearby limestone outcrop | 45 | 57.7% |
| None of the remaining elements are particularly important to me | 3 | 3.8% |
| Total | | 49 |

Reasons why they are important:

Buildings

Remaining Hospital Building – 15 – 15 years there.

Acton was part of my life – the Common, people in the row of small houses, golf, LEO's large vegetable garden, the old C'lth Club, the racecourse etc.

The Buildings for their historical interest.

They are historical, useful and useable, attractive, practical, evocative, well-sited with northern aspects to the lake, quite discretely sited unaffected by the museum and AIATSIS presence and functions, extremely therapeutic, and highly socially valuable.

Not only was I born at the hospital but I loved in the area during my formative years so it's all a part me and will be forever!! Being able to actually see and wander In the area helps keep me connected to Canberra!!

My father, Dr Lewis Nott was the superintendent of the hospital both in Balmain Cres and on the opening of the hospital in 1942. Our family lived in the superintendent's house from 1942 till 1951 and I have very strong memories of a very happy family life and special time growing up for nearly 10 years. I went to the Canberra Grammar School and rode a bike to school each day, past the hospital, past the Department of Interior, across Lennox Crossing and on to school. The bridge gave me the chance to see the Molonglo River, sometimes flooding. I am a retired chest surgeon and I spent much time in my work in TB management in Building 1, with my friend Dr Tony Proust, who has published several books on the Hospital, and on tuberculosis and its management.

They are part of my childhood and my young adulthood. It is where I formed who I am, however, most importantly they are a part of Canberra's young adulthood and a genuine reminder of how medicine was approached – the med super's house for instance is a sign of how personal care was in times past as opposed to how it often is today.

As a former staff member (RN) working at Royal Canberra Hospital and, for a period of time specifically in the Isolation ward, I was extremely disappointed and indeed angry about the decision to close and then

implode Royal Canberra Hospital. These remaining buildings give a glimpse of an aspect of what the hospital was like for both staff and patients. It was the lakeside position and trees that gave Royal Canberra Hospital its character and indeed a valuable component of its healing capacity. Patients who could see the lake or be taken outside to the lake's edge benefitted from the tranquillity. The staff would have tea and meal breaks sitting on the lawn at the lake's edge or in the bay windowed 'tea room' in the Isolation ward building. This kind of therapeutic modality does not exist in any of Canberra's latest hospitals. It is therefore fitting that these buildings and their surroundings be preserved after all the rest of that part of the peninsular is a museum dedicated to the preservation of things past.

Good example of a spacious house fit for the senior medical person at the hospital.

I worked for quite a number of years in the Isolation ward.

The buildings are a reminder to me of my years of Nursing training and the wonderful ongoing friendships I made there in 1958-60 – 1962. I returned in 1986 until Royal Canberra Hospital's closure. Family members were treated there on several occasions. My 3 children were all born there.

My 3 Children were born there. I was a patient there. My work brought me in contact with all the buildings and the area. I worked in the Ambulance Station on the lake side before it moved to Dickson. My father was a member of the hospital board and Secretary to the Department of Interior Administration building on Site.

I undertook my general nursing training (Jan 1963-Jan 1968) at the hospital and during those 4 years this site was "home" for me as well as the training ground to a career. As the only remaining buildings (although altered internally) of the Canberra Community Hospital at which I commenced my training they stand as a reminder of the incredible medical & nursing care given to the residents of Canberra and surrounding district. The buildings offered basic facilities but made up for it by the dedication and spirit of the doctors and nurses that walked their floor. These buildings cannot talk but stand as a reminder to future Canberrans of Canberra's humble beginnings.

Natural elements

The natural aspects for their beauty and 'bush' character. The Limestone Outcrop is significant both geologically and historically to Canberra, as well as being a key sculptural feature in the landscape that I believe could be further highlighted.

I believe the Pregnant Pine is a feature which captures the associations and memories of the two hospitals on this site, and should be preserved even in all other infrastructure associated with them is not...

The precinct preserves a lovely and unique forest- park lake-edge environment in the Central National Area.

It was the most beautiful setting for a hospital, I have many memories of the particular buildings (as a working person) It was an unbelievable place for a hospital.

1964 to 1999 were very important years in my life. Acton was my home for 4 yrs. And my workplace for 35yrs. The lake and its surrounds provided a distraction, pleasure, exercise, and timeout for patients and staff.

History, environmental value, a small oasis of peace in an increasingly unpleasant Canberra

One of Canberra's greatest scandals was the complete demolition of the Royal Canberra Hospital (and what happened to the 'Royal' designation? Anyway). I am sympathetic to the massive change of demographics at the time – never envisioned back in the 1940s – and realize that hospital services need to be within the major centres of population, however to destroy everything that was destroyed was cruel to those who had a 'connection' of whatever kind to the hospital and the entire area. Mrs Llewellyn's was another really important influence in our family – my sister's passion more than mine. She worked for Mrs Llewellyn in the stables and 'earned' her riding lessons. Gymkhanas were held on the river flats under what ended up being called the 'hospital basin'. Sadly neither of us have the ribbons we were awarded, but memories of 'Flash' and other horses still remain, even after 50 years. I returned to Canberra this year after 30 years of living away, and I am horrified to see so little of what I remember still 'standing' – either still extant, or in a form that I remember it. I investigate places all over Canberra almost every day now I am back, and when I discovered the area of the limestone outcrops and the adjacent buildings I was thrilled. I walked along the NATURAL pathway (I think the only one so far – delightful! – with no chance of being knocked over by cyclists or having to dodge runners) and I visualized when the Molonglo wended its way down below the hospital and around to Lennox Crossing (the old one – a bridge!!) and then around past the picnic/camping area, the golf course and the race course, and eventually to Yarralumla where we local kids played in 'our bit of the river' in the 1950s. Please leave us something that is natural and UNSPOILT – everything else is gone.

The trees have so much meaning as well, because they were the tranquil outlook of all those hospital patients – such a pleasant place to recuperate from major surgery and illnesses and from childbirth – my personal

experiences, tonsils, aged 7 and appendix operations, aged 20. The view was part of the recovery process.

I have to say the outcrop has no personal importance to me, however, as far as the location of Canberra is concerned, it has a massive significance. The politicians of the first decade after Federation could have selected any number of other places which provided the essential water supply and pleasant topographical features, but it was the fact that there was a supply of limestone to enable buildings to be constructed means that the outcrop actually represents why Canberra is where it is – on the Limestone Plains!

The limestone outcrops could feature in a beautiful public rock garden.

The buildings are not of significance to me. For me they are too recent in age – eg they do not have the character and differences like buildings such as Blundell's Cottage or Lanyon Homestead – both of which give one a very different perspective in how people lived before our more modern times. I have no significant emotional connection to any of the buildings. The natural landscape, birdlife, amenity, memorials and sculptures, are much more important to me, as is the connection to the lake and Museum use.

The entire setting of the Canberra Hospital was a unique place for a hospital, Over the years many patients and visitors commented in the healing properties the view and grounds had on their various circumstances. Many staff over the years felt that it had a soul which kept us all together, both medical nursing and all the wonderful auxiliary staff in all their different forms. Everyone seemed to be happy to help one another, with their various duties. Always our "pregnant Pine" stood guard outside Maternity. All who loved our Hospital miss her dearly.

Natural beauty, shade, relaxing and reflective.

It provides a gracious space, that allows the lake to be shared by all people

I remember eating my lunch on the grassy slopes when I was a student nurse. I loved looking at the beautiful big elm trees that line that part of the lake. It was wonderful to be out in nature during my lunch break.

The isolation building was an area I worked in for many years on night duty. The surrounding areas came to life first thing in the morning after a long night it was so refreshing to look out on the lake it was so beautiful.

Memories of a great place to work and provide a valued service to the Canberra and surrounding community. The 'Pregnant Pine' is of special significance. Unfortunately it is not all that healthy at the present time and hopefully can be saved. The "pregnant" part is dying! Please attend to this.

The History, Ambiance and Peace of the area. This was wonderful location for a hospital at the time and later for the Hospice. It was the location of the first white settlement on the Limestone Plains. It was place where I spent a large part of my working life. It was place where many babies were born. It was a happy place to work. I recall the 'Iron Lung' machine which was located in the Solarium of the Isolation block although it was never used in my time, it was nevertheless, a reminder of the treatment for victims of Poliomyelitis. The Solarium was also a pleasant retreat for long term Tuberculosis patients who required long term isolation during treatment. Those patients were also permitted to walk in the gardens and local surrounds. H Block also housed long term patients often orthopaedic patients who were immobilized for long periods months. It was a treat for them to be wheeled out of the ward on their beds to enjoy the outdoor surroundings. The Pregnant pine is unfortunately suffering considerably. It grew outside the Obstetrics Block and was known as the Pregnant Pine since the 1940's. Most appropriate because of its shape. The age of many of the cypress pines in the area date back to the 1800's. They should be preserved. Whilst the buildings may have outlived their purpose and the nature of medicine, research and nursing care have changed the I of the building should be retained even if their purpose changes to meet modern requirements.

The outcrops of limestone are the only remaining rocks that were discovered by European explorers in December 1820 and led to the name Limestone Plains. Other limestone outcrops are now submerged under the waters of Lake Burley Griffin. They are registered on the national estate. The Geological Society of Australia has the rock outcrops on its register of Geological Heritage Sites. The site is a valuable scientific and social history resource for teachers and tourist operators. Canberra has many significant limestone sequences as part of the Canberra Formation not far below the surface but the surface outcrop on Acton Peninsula is unique. It's the only one. For many years there were lime kilns on Acton Peninsula for the production of lime mortar. The Early explorers brought acid with them to test for limestone sources for mortar and building purposes.

Remind me of a wonderful hospital site that should ever have been demolished. The health benefits of taking patients down to the water were immeasurable. Many happy memories of my time there. Worst decision ever to blow it up, especially with the innocent life lost. It's historical and should be kept. Unfortunately in Australia we destroy all our history for profit it seems to have no value, however I feel the grassy slopes and buildings especially should be retained.

I lived on Acton Peninsula from 1972-1976 and worked at Royal Canberra Hospital from 1980 – 1987. I was Charge Nurse of the Isolation Unit for 6 months in 1984 caring for new borne with infectious disease through to adults with MRSA directly from ICU. An amazing experience and one that will remain with me forever. The environment was particularly important for patients and their families who could have direct experience of the weather that benefited their health and emotional health immeasurably. Isolation was not air conditioned. Patients were moved daily from their single rooms on the balcony to have sun and fresh air on their wounds, even in the midst of winter when temperatures were below zero. Exhilarating. Great nursing care. The total environment and elements are important to what comprised Royal Canberra Hospital for me today, and then for patients.

Their historic relevance. The bush area and walk are a calming area to go.

All elements, the site as a whole

It's part of my mental landscape of Canberra and I like to visit and walk around the surrounds from time to time. I would be sad if any of the features I ticked the box to were removed. I know we can't keep everything but we've already lost a lot of Canberra from the past.

They are important as memories of the place where I worked for a number of years and the hospital and therefore the site is an important part of Canberra's history.

It is always important to preserve local history especially for future generations.

Sentimental history.

Part of the physical historical layering of the oldest part of European Canberra.

I love them all.

They form part of my memories and personal history.

Wonderful, special memories of my nursing training. This is all part of important history and heritage and everything should remain as it is now. Canberra Hospital was the best teaching hospital in the Southern Hemisphere and it should NOT have been imploded.

My training hospital for three years as a nurse and 1 year as a midwife. Many walks to and from work, on days off. My father was a patient with TB for many months there. My daughters were born there. Very fond of the place. Patients taken for walks, on their beds to sit and watch the lake, enjoy the sun, children and babies in prams. Walking around the lake.

Site offers many things to many people.

I have many fond memories of my earlier years in Canberra, I trained and worked there, all my children were born there. They are a reminder of Canberra's early medical care. A beautiful place that took care of the sick for many years, they are a reminder of Canberra's early history.

The above elements make up a beautiful place, a place where I go to work every day, a place where my friends work. I am both lucky and proud to be associated with one of Canberra's legacy.

Special memories of times and also people.

A reminder to my past social and working life at Royal Canberra Hospital. It is where I "grew up".

They evoke personal memories. It is important to maintain historical sites so the next generation can appreciate their heritage.

I think they are important for future generations of Australians as this area contains so much wonderful history. Once the buildings, gardens, trees and limestone outcrops have gone, they can never be replaced. So much of Canberra is already lost. Burley Griffin planned that area as a hospital area and for good reasons. He understood that people who are ill have a better chance of recovery surrounded by water and in a peaceful setting. The hospital should never have gone and the little of it that remains, should be preserved as part of his legacy. The area is so important to me that last week-end when I visited Canberra, I went there first and just walked around and sat, soaking up my many personal memories – from my early childhood at the Nursery school and picking buttercups, going to the races, early memories of visiting the hospital, my father working at Dept Interior, the flooding of Lennox Bridge and the resultant inaccessibility, the construction and filling of the lake, my nursing training and all the people I nursed, parties and people at the ANU – plus much more. There is not enough space!

They bring back memories of my nursing years.

A reminder of my childhood and youth.

Childhood memories and current enjoyment of lake/parklike interface.

Memories of the former hospital buildings and their immediate setting

We had 5 horses – our previous family was Dr David Nott. They would have memories, prior even to mine.

I don't personally, but I know a number of people who do

Please refer to the long running comprehensive submissions by Canberra Community Action on Acton Inc to government and others, including the Coronial Inquest into the death of Katie Bender.

I wish Canberry was still there!

I grew up there; met my husband, had 3 children there, and my Nanna died in the old H-Ward.

We shared the history of G-Ward- down on the shores; a gift from the USA; in War times; The old well at the front of the Hospital; a gift from the original owners; swimming out to the island soon after the lake was filled, only to be told we should have waited several months for it to settle.

Worst–having our hopes raised, watching renovations, X ray and A&E, painting, extended carpark only to be told The Gov. was using up budget, shortly before the demolition.

My dad was the first GP in Yarralumla beginning in 1953 (Dr John Martin) and because it was such a small community then most of the medical fraternity knew the children of other doctors as well. My younger brother and sister were both born at Canberra Community Hospital, and as my sister and I grew a little, and my mother had a toddler and a newborn to attend to as well as answer the phone to all the patients who rang (because the surgery receptionist didn't go to work till Dad got there), when my dad was going to the hospital to do his 'rounds' or to do house calls, my mother would always say "Take the girls, John" and we would race out to the car.

The hospital grounds were our playground, and on Saturdays and school holidays (and sometimes even Sundays unless we were at Sunday School), the Martin girls would be playing by the fountain, or saying hello to the ladies in the kiosk, or climbing the white painted 'ladder like' construction behind the kiosk which was designed as a divider between the two sections of the 'stinky (deodoriser thing)' toilets. And we had to watch out for the oleander leaves. As long as we made sure we watched for when Dad came out of the main entrance and we could race back to the car and get there at the same time as him, we could go as far as we liked. He always went straight to the entrance with the OBSTETRICS sign over the door, to see the mothers with the babies he had delivered. Other doctors who knew us always said hello, just knowing we were just there while Dad was doing his rounds. It was such a big part of our lives.

Gosh my siblings and I probably need to sit down and record them as we lived in the area for more than 10 years!!

The food served at the hospital canteen was famously horrible.

Having started training in 1961, I have many wonderful memories of the hospital. Waiting for the bus in the then freezing Winters., but in Summer sitting out on the lawns, under the wonderful old trees. Many nights, climbing up the lattice if we didn't have a late pass. And climbing in a prearranged window. The first mobile X-Ray survey which not only filled up isolation but H. Ward as well., and how we felt sorry for those patients being hospitalised for such a long time .they certainly appreciated the lawns and trees out the back. Later as the Lake slowly filled lots of resident ducks made their way from Iso. To Maternity, for their titbits.

Personally, my memories are both happy and sad, the happy being the birth of my three children. One of the saddest being the death of our daughter, so wonderfully cared for by the I.C.U. staff. I have many more memories. I think we were privileged to train in such a fine hospital, and we can all hold these memories in our hearts.

The limestone outcrop was the site of a cow bale and yard for the use of Mr Bert Gardiner, ALP Hall manager. Bert kept several cows and would walk over from his house in the Acton cottages, every morning at 6 am past the house, say good morning to us, and down the little road to the large outcrop to milk his cows, and after milking the cows would spend the rest of the day on the hockey ground, where the lake is now.

H ward was also my stamping ground, many post op patients would spend time in H ward, and also the minor operation theatre was in constant use.

I remember several doctors who worked there and a nurse I used to take out from the nurses residence, Sylvia Curley House, which was known as the "bulk store" by many local young men.

I do but I need to sit and collect my thoughts to speak about what is most relevant and appropriate

I remember caring for the child of a then ABC 666 radio announcer in the isolation ward. They were so surprised at the number of children in hospital with gastroenteritis that they broadcast that there was an epidemic of gastro in Canberra. Paediatricians were interviewed on 666 etc etc. For us it was 'well hello this happens late winter and spring every year'.

Patients who could see the lake or be taken outside to the lake's edge benefitted from the tranquillity. The staff would have tea and meal breaks sitting on the lawn at the lake's edge or in the bay windowed 'tea room' in the Isolation ward building. At lunch breaks in spring we would sometimes walk around the edge of the lake to Floriade arriving just in time to walk back for the afternoon's work.

The remaining natural bush landscape between the buildings and the lake is worth a million dollars in memories of 'old Canberra' and is a true place of retreat, reflection and contemplation, and if it was threatened in any way I would, for the first time in my 62 years, chain myself to a bulldozer!!!

I remember absconding as a child from the Isolation Ward and walking down to the Molonglo Creek (I think). I was obviously over my acute illness and the birds and the sun beckoned. I got into quite a bit of trouble for doing that.

Isolation Ward was one of my first wards in my nurse training days.

The brick hospital block was demolished sadly, these timber buildings will not last forever, maybe just retain the chapel area.

I loved Canberra Hospital I went from a young girl to a mature woman and learnt many valuable qualities that have stayed with me in my adult life. I made many friends with co-workers who I still associate with today. Reunions are always important for although they tore down the hospital they will never erase the fond memories and experiences I had being associated with such a fine hospital as she was. I still cannot forgive Kate Carnell for her lack of planning for Canberra and for destroying such a fine hospital. The location of the hospital brought peace and serenity to all those patients that were recovering from illness, surgery or who had been come to spend their last days or hours on the earth in such beautiful surroundings. I was also born at Canberra Hospital the old one of course 1950, I trained as a Nurse Aide and I had my three children there.

The immediate setting of the hospital grounds and lake was incredibly therapeutic for the patients – aided recovery rate when they could look out onto the lake and grounds. Hospital beds were taken out onto the lawns. It was an honour to have worked in the isolation ward and infectious diseases ward – wonderful nursing care and wonderful guidance from experienced staff passed on to junior staff. Many special memories of babies who survived severe gastro – farmers who survived hydatid cysts and many other special patients. H Ward was the last ward I worked on at Canberra Hospital – I treasure the memories I have of that ward and the staff I worked with and the patients I nursed.

I'm sorry that it has been demolished ... did not go to the demolition day too sad. Patients recovered better imagine waking up to the lake. I lived in Sylvia Curley and Bennet House what a view from Bennett waking up every day to the many seasons of the lake. Very blessed. Memories of my colleagues in the nurses' homes studying, partying, coming in late and setting alarms off. Friendships formed for life...

I have a lot of great memories of my training time there in the 70's. being able to take breaks outside by the lake, working night duty and looking across the lake to the city lights, being very badly sunburned after sunbaking on the roof of Sylvia Curley house as a student and being unable to work! Being part of the nurses strike for better conditions and pay, changing our uniform from the dress, apron and cap to the 'modern' dress.

When my daughter was in hospital for 3 weeks we were able to take her in her bed (she was in traction) out to the lakes edge which she loved. As a parent when having my 3 children I remember the serenity of being able to look out over the water.

The hospital was an excellent place to work. The setting was ideal for patient care. Not bound up in a concrete jungle. The people who worked there were taken care of by diligent senior staff and everyone was aware that Patient care was of the utmost importance.

Many

My niece was born there in 1979.

I will always remember the Medical Superintendent's home. Dr Jim Keaney and Dr Margaret Keaney and family live there when I worked at Royal Canberra Hospital. Jim worked in Paediatric Intensive Care and was "always" available 24/7, dashing back and forth whenever needed. They had a beautiful big blue Great Dane dog who sat outside the driveway and was known to all. Unfortunately Jim and Margaret have both died, and I would like to acknowledge their dedicated service to Royal Canberra Hospital and the ACT.

In 1969 I worked there in the kitchen as a diet maid in school holidays. It is where I decided I wanted to do nursing and where Matron Guy (1970) said, on interview, I would never be able to do nursing, it would be better if I stayed in the kitchen of the hospital and rose in the ranks there." I had to go elsewhere to become a nurse and came straight back to Royal Canberra Hospital and continued there till the hospital closed.

I worked in the isolation ward, the maternity unit, the wards and finally the operating theatre

I regularly conduct tours of geological heritage sites around central Canberra and elsewhere in the Canberra region; conference delegates (national and international), students and the general public. The Acton limestone outcrop is one of my principle excursion stops. I would like to see the rock outcrops have improved access through appropriate and sympathetic landscaping, together with appropriate signage. It gives me a great sense of satisfaction to see the surprise on the faces of visitors when I tell the limestone outcrop history and its geological and social importance. The limestone outcrops must be preserved for future generations.

I have strong memories of training days working in Iso and H wards. I remember one snowy winter morning feeling the snow crunch beneath my feet as I trekked from the nurses' home to duty in H ward. It seemed a long way in the cold. It was not a common I.

As above.

Refer above

There were lots of good times there, made so by the people I worked with.

Living in the hospital nurses home for four years forged friendships which still exist today.

As a child living at medical super house I broke many windows playing cricket, climbed the oak tree and had acorn fights galore and enjoyed the lake

None that are fond memories.

How should the remaining hospital buildings and their immediate setting be managed (in terms of their importance to respondents)

Maintain, preserve and re-use

All buildings and the immediate setting should remain as close to their original as possible.

Good Luck. Naturally, I wish it was all still there, except of course the Museum! You know it was originally designed to be for the ANU and all its buildings and the hospital where the ANU now stands.

As with previous answers, I place great importance on the limestone outcrop, trees, landscaping and paths. These features, more so than the buildings themselves, are ones that inspired me to not only return to Canberra, but to start a program to further promote the Acton area. The Acton Memorial, as with the old Hospital memorial at the NMA are very important. If the remaining hospital buildings were to be removed, then appropriate memorials should be put in place.

The buildings should all be returned to health use as a hospice, a use they were successfully converted to, with sensitive additions and alterations, before the demolitions of the remainder of the former hospital. Hospices need interaction with normal daily activities, like people passing by to and from adjoining places on land and water. The natural environment should be preserved, augmented, and made safe. It should stand as a unique lakeside forest park. The public should be encouraged to use the precinct for passive recreation. Most importantly, there needs to be clear permanent and durable signage etc with accurate historical and interpretive information about the whole place. The NMA and AIATSIS must never subsume the subject place.

I think all remaining buildings, the memorial and the natural beauty of the area should be preserved and maintained fully to a high standard

I would think the Isolation, H ward buildings in particular should be historically maintained but for what use I do not know. It is certainly historically significant.

Leave them there now. Maintain them and open them up for public use as some sort of centre or public utility space. I am sure someone or some community groups could certainly use the space and area.

They should be preserved and advertised as part of our history. The children of tomorrow should be aware of the contribution of people and places as Canberra evolved. Royal Canberra Hospital should never have been imploded. It was the heart of Canberra for many people.

I would like to see the Canberra Hospital (without the Royal) documented and commemorated.

Oh too hard to separate it and select specific elements!!

The natural areas should be preserved as is the TB isolation buildings should be used perhaps all 3 buildings used as hospice or palliative care.

They should be preserved and maintained in their original condition. I would particularly like to see the old hospice building maintained, not only for the memories it has for me, but because of its architecture.

Make the limestone outcrop the focal point of a rock garden.

I would like all the features above maintained. It would be good to see a building utilised for a small museum featuring the history and some artefacts from the hospital if available.

Keep the trees alive as long as possible. Conserve the buildings please.

It is important to maintain the buildings. Special work should be concentrated on the Pregnant pine, as it looked pregnant, less so now, but it stood next to the entrance of the Obstetric Ward entrance, and all the ladies on their way to have their baby passed that pine tree, then they knew that they had arrived.

It would be nice to manage the natural features in a way that doesn't destroy their beauty.

Keep all the items that I ticked. I would also like to keep the remaining hospital buildings. They are also part of the location.

Conservation of the bushland around the site should be a priority

I do not have an opinion on how they should be managed but it is important to keep Canberra's historical buildings intact as we have so few.

The buildings should be conserved, they are a nice reminder of the Royal Canberra Hospital, where I was born.

Limestone outcrop is one of few clear and accessible bits of evidence of why the area was called the Limestone Plains.

Keep the buildings in original condition

bush track round the lake edge should be kept clean and clear (but not developed or paved)

A least one of the buildings should be retained as a permanent physical reminder of the hospital. The natural setting in which the reminder(s) sit should be preserved, as should the path and the memorials.

Why not use the site as a hospital museum, or a reception centre or a day care centre for clients having respite care.

I think the memorials could become a place of reflection and memory. They could be an important reminder to future generations of how life was decades ago. The hospital buildings themselves are a significant part of that memorial and reflective process.

I think that the surrounds should be maintained to retain that lakeside edge. The buildings especially the two ward buildings should have their architectural characteristics maintained and parts of them could be used to display hospital memorabilia which languishes in storage areas at the Canberra hospital I think and there is also a collection at the University of Canberra.

I would like the old buildings preserved and used as needed and the landscaping unchanged.

Some interpretation perhaps a guided walk

Focus on the long living constructed buildings eg. the area with the chapel, the trees if safe, the limestone outcrops, the path, the memorials.

I think the buildings and trees should be maintained as part of our heritage.

They blew up Canberra Hospital surely they can preserve the pieces that are left maybe making them into a Museum to reflect the life and time of Canberra Hospital – Royal Canberra Hospital so that people that never knew her maybe touched by her impressive history and get to know what she was all about.

The buildings should be open to the public with hospital memorabilia. Please leave surrounding trees and memorials etc as they are – perhaps Parks and Gardens could maintain the area.

Maintain the integrity of the building's Canberra is so young we need history to continue.

Buildings and surroundings should be maintained as a memorial for the history of ACT and for the people who have an affiliations with the site.

Perhaps as a gallery celebrating the rich history of the peninsula.

The buildings and the immediate settings including the surrounding trees and landscaping, paths and memorials should all be maintained as a reminder of the excellent institution that once stood there

Should be kept as a reminder of the Royal Canberra Hospital's History and Place for people to go back to the history of the peninsula.

Buildings could be preserved in their original manner externally. Internally I think a working building should be up to today's standards.

Use as a memorial to the Royal Canberra Hospital and other user of the area before the hospital was unnecessarily destroyed.

These buildings could become permanent museums of the Canberra Hospital. Hopefully there is plenty of material. The landscape remain a place of reflection.

Of course the Peninsula is the PERFECT place for a hospital! The hospital should never have been treated with such disrespect and to think a child had to die...

They should be left. As they are today.

Unsure, but perhaps the residence could be a museum to depict the services and advances in medicine and technology that Royal Canberra Hospital provided. Eg, Royal Canberra Hospital installed the third CT scanner put into any public hospital in Australia in about 1978/79.

Keep as they are – used for community purposes

The I of the buildings should be retained as far as possible. The use of the buildings is not important to me. The limestone outcrop, gardens, trees and paths should be maintained to provide a historical perspective and a recreational area for Canberra Residents and visitors to the NMA.

They should be a tourist attraction, a place where people/visitors can see where and how the health care of Canberra residents received their care. The buildings could be a housing place for records, photos, memorabilia, stories etc, a memorial to Katie Bender etc. A place where ex staff could gather for afternoon tea, exchange stories, catch up

Buildings should be heritage listed and be available for the public to visit and “reflect” on all the good and bad times that are associated with a health care facility

I wish to see the limestone rock outcrops and the path along the lake foreshore preserved for all time in a parkland setting. The trees and shoreline should be retained in the parkland and appropriate signage put in place.

My own opinion is that the remaining brick buildings, although no doubt bringing back memories for some people, are not of major heritage value in the bigger scheme of things. My children were born in the hospital but I'm not too upset that it's gone. I still have nightmares about the demolition day when I think of what happened then. The Acton Peninsula, a prominent feature of central Canberra, should serve the people of Australia for national purposes, not local interests. However, there are old Canberra heritage buildings on the ANU campus that should be preserved for all time.

As I have not lived in Canberra since 1967 I feel more of an occasional spectator so I have not considered these matters until now.

They should be managed professionally so that they all remain in good condition as they are so important- all of them. There should be a permanent order on them so that future generations will not have to fight to keep them. They could also be used for historical and charitable purposes. But they must be preserved.

Total environment viewed as historical and culturally significant

The buildings should be put to some practical use to ensure they are properly maintained. The limestone outcrop should remain accessible after all Canberra's previous name was the Limestone Plains.

I think it would be good to maintain the lakeside path with memorial boards along it telling some of the history of the buildings which were adjacent to it e.g. Superintendents residence (building 15), H ward (building 2), Iso (building 1), and include descriptions of other demolished hospital landmark buildings along the path as well e.g. maternity, J ward, etc.

Continuance of Burley-Griffin legacy important to me – Canberra's green centre rather than apartments.

The limestone outcrops are an important remnant of our early history as are the hostel buildings and the remaining hospital buildings. The pregnant pine needs to be cared for and I feel the dead part of the tree needs to be removed even though it is part of its historic context as it will compromise the health of the tree in the long term.

Protect and preserve.

Develop

Demolish them and allow the Museum to pursue plans of centralising its collection onsite as much as possible – in an environmentally friendly and sustainable way. Acton Peninsula is an attractive and valuable site that is not being used to its full cultural, environmental and tourist potential. The buildings as they are now are hard to use for modern purposes with temperature controls hard to manage if they continue to be allowed to be used for office space (ie. leased to entities such as the Museum).

Apart from the Medical Superintendent's building, I don't see the remaining buildings as having particular significance. The site would be much better utilised for a major expansion of the public (exhibitions) areas of NMA, so that we can more adequately portray Australia's history and culture, which is, after all, the mission of the National Museum.

A sealed footpath/ bike path would be nice.

Gardens and walkways around the buildings.

Integrate old and new

The whole lot needs to be managed in an integrated way, with a focus on community not profit.

I think that the spaces should be integrated with the new Acton site and that the foreshore area should be part of bringing the peninsula to life at both night time and on weekends I would like to see a pathway that could be safely used at night time to get to the hospital site.

I think the area should be managed in a way which maintains the original character and features of the buildings and should be part of the marketing strategy when people visit the Museum.

The respondents' past and present affiliations organisations

| Organisation | Number | Percentage |
|--|---------------|-------------------|
| ACT Health Directorate – Nursing and Midwifery | 12 | 17.1% |
| ACT Palliative Care Society (Palliative Care ACT Inc.) | 3 | 4.3% |
| Acton Walkways | 9 | 12.9% |
| ARCH Committee (Augment RCH) | 1 | 1.4% |
| Australian Medical Association (ACT) | 1 | 1.4% |
| Australian National University (ANU) | 6 | 8.6% |
| Australian Nursing Federation (ACT Branch) | 17 | 24.3% |
| Canberra Community Action on Acton (CCAA) | 1 | 1.4% |
| Canberra District Historical Society | 5 | 7.1% |
| Canberra Hospital Auxiliary Inc. | 1 | 1.4% |
| Friends of National Botanical Gardens | 2 | 2.9% |
| Geological Society of Australia (ACT Division) | 1 | 1.4% |
| Hostel dwellers | 4 | 5.7% |
| National Trust ACT | 6 | 8.6% |
| National Museum of Australia | 21 | 30.0% |
| Residents and Sisters Club for Activities in Leisuretime (RASCALS) | 6 | 8.6% |
| Residents Rally | 3 | 4.3% |
| Retired ACT Community Nurses Luncheon Group | 5 | 7.1% |
| Rowing Club | 0 | 0.0% |
| Steering Committee for Public Hospitals Development | 1 | 1.4% |
| Walter Burley Griffin Society | 1 | 1.4% |
| None of these organisations | 16 | 22.9% |
| Other (see below) | 8 | 11.4% |
| Total | 70 | |

Other organisations:

AIATSIS

Member of ACT Health (by its various names) over a period of 15 years, during which I was involved in decision-making on the closure (or otherwise) of the hospital.

Always try and attend any Nursing Reunions went to the last one held this year.

Royal Canberra Hospital nurses reunion.

ACT Ambulance Service.

No longer living in Canberra, I am not part of these organisations any more.

Committee member to oversee the construction of the Commemorative Garden and plaques.

Organiser of the Royal Canberra Hospital Staff reunion functions.

President/committee member of the Staff Social Club (CAHOS)

Member of Steering Committee for the Establishment of the Royal Canberra Commemorative Site.

APPENDIX F: FRAMEWORK FOR ASSESSING HERITAGE SIGNIFICANCE

F.1 DEFINITION OF HERITAGE SIGNIFICANCE

For the purposes of this plan, the following definitions of heritage significance are used.

Cultural significance means aesthetic, historic, scientific, social or spiritual value for past, present or future generations.

Cultural significance is embodied in the place itself, its fabric, setting, use, associations, meanings, records, related places and related objects.

Places may have a range of values for different individuals or groups. (Australia ICOMOS 2013, Article 1.2)

Natural heritage means:

- natural features consisting of physical and biological formations or groups of such formations, which demonstrate natural significance;
- geological and physiographical formations and precisely delineated areas that constitute the habitat of indigenous species of animals and plants, which demonstrate natural significance; and/or
- natural sites or precisely-delineated natural areas which demonstrate natural significance from the point of view of science, conservation or natural beauty. (*Australian Natural Heritage Charter* 2002, p. 8)

The heritage value of a place includes the place's natural and cultural environment having aesthetic, historic, scientific or social significance, or other significance, for current and future generations of Australians. (Subsection 3(2) of the *Australian Heritage Council Act 2003*; Section 528 of the *Environment Protection and Biodiversity Conservation Act 1999*)

F.2 COMMONWEALTH HERITAGE CRITERIA

The Commonwealth Heritage criteria for a place are any or all of the following:

- (a) the place has significant heritage value because of the place's importance in the course, or pattern, of Australia's natural or cultural history;
- (b) the place has significant heritage value because of the place's possession of uncommon, rare or endangered aspects of Australia's natural or cultural history;
- (c) the place has significant heritage value because of the place's potential to yield information that will contribute to an understanding of Australia's natural or cultural history;
- (d) the place has significant heritage value because of the place's importance in demonstrating the principal characteristics of:

- (i) a class of Australia's natural or cultural places; or
 - (ii) a class of Australia's natural or cultural environments;
- (e) the place has significant heritage value because of the place's importance in exhibiting particular aesthetic characteristics valued by a community or cultural group;
- (f) the place has significant heritage value because of the place's importance in demonstrating a high degree of creative or technical achievement at a particular period;
- (g) the place has significant heritage value because of the place's strong or special association with a particular community or cultural group for social, cultural or spiritual reasons;
- (h) the place has significant heritage value because of the place's special association with the life or works of a person, or group of persons, of importance in Australia's natural or cultural history;
- (i) the place has significant heritage value because of the place's importance as part of indigenous tradition.

The cultural aspect of a criterion means the Indigenous cultural aspect, the non-indigenous cultural aspect, or both. (*Environment Protection and Biodiversity Conservation Amendment Regulations 2003 (No. 1)*, Section 10.03A)

APPENDIX G: PRIORITY WORKS

The following list of proposed priority works has arisen from inspections undertaken during the project. The list may change according to circumstances, including new discoveries made in the course of undertaking the works. Policies in Section 6.3 relate to the implementation of the works.

| Table 11. Priority Works | | | |
|---|---|--|---------------------|
| Feature | Issue | Proposed Works | Priority/ Timing |
| Limestone Outcrops | | | |
| Geological Feature (Limestone outcrops) | Vegetation is covering the limestone outcrops in several places | Implement a program to carefully remove shrubs and weeds in the area which cover the outcrops | Medium/2 years |
| Pathway | Accessibility | Consider options to improve access to the limestone outcrops | Medium/1 year |
| Buildings and Structures | | | |
| All buildings | Damaged roofs | Repair | High/6 months |
| All buildings | Water damaged interiors | Repair | High/6 months |
| All buildings | Blocked gutters | Clean | High/6 months |
| All buildings | Possum intrusions | Make buildings possum-proof | High/6 months |
| Ward Buildings | Paintwork and timber elements deteriorated | Repair timber and re-paint | High/6 months |
| Former TB Ward | Small area of deterioration to the eaves on the northeastern side | Repair | Low/3 years |
| Former Isolation Ward | Cracked windows | Repair | High/6 months |
| Former residence | Interior and exterior paintwork and exterior timber elements deteriorated | Repair timber and re-paint | High/6 months |
| Former residence | Interior fitout generally | Change to something more sympathetic to the original residential character, and the airconditioning units (internal and external) should be reviewed to reduce the visual impact | Medium/TBA |
| Former residence | Store 2 floor | Repaint deteriorated concrete floor | Medium/1 year |
| Former residence | Room 4 ceiling | Refinish rough textured ceiling in smooth finish | Low/3 years |
| Sandstone landing area/steps | Deteriorated stonework | Repair stonework, including replacing more recent mortar with a mortar better coloured to match the original/earlier mortar | Medium/2 years |
| Trees and Garden Areas | | | |
| All trees | Hanging branches and large dead wood | Prune out at next maintenance round | Medium/1 year |
| Certain trees | In decline | Seek to improve tree health, such as through irrigation | High/year 1 |
| Tree 2 | Rubbing against building | Prune back | Medium/1 year |

| Table 11. Priority Works | | | |
|--------------------------|---------------------------|--|---------------------|
| Feature | Issue | Proposed Works | Priority/ Timing |
| Tree Group 17 | Monitor condition | Action as necessary | Medium/1 year |
| Tree 18 | Nearly dead | Remove and replace | Medium/1 year |
| Tree Group 20 | Wire coil around one tree | Remove wire | High/6 months |
| Tree Group I | Hedge not maintained | Requires pruning to maintain as a hedge | High/1 year |
| Tree K | Weak point on trunk | Branch weight reduction | Medium/1 year |
| Tree Group L | Hedge not maintained | Requires pruning to maintain as a hedge | High/1 year |
| Tree Group N | Weed species | Remove adventitious seedlings | Medium/2 years |
| Tree Group O | Weed species | Remove weeds including adventitious seedlings and leave only some trees in area. As they die do not replace to open up area. | Medium/2 years |
| Former residence | Garden beds deteriorated | Reconstruct to better reflect a residential character – see the following tables for possible species. | Medium/3 years |

Future shrub and herbaceous planting could include any of the species in the following tables, some being existing species found in the garden areas, others being additional possibilities.

| Table 12. Shrubs and herbaceous species located within the garden areas which are suitable for future planting | |
|--|--------------------------|
| Scientific Name | Common Name |
| <i>Cordyline australis</i> | Cabbage Tree |
| <i>Hebe salicifolia</i> CV | Hebe |
| <i>Rosmarinus officinalis</i> | Rosemary |
| <i>Agapanthus praecox</i> | Agapanthus |
| <i>Coleonema pulchellum</i> | Diosma |
| <i>Viburnum tinus</i> | Laurustinus |
| <i>Nandina domestica</i> | Sacred Bamboo |
| <i>Camellia</i> CV | Camelia |
| <i>Hebe elliptica</i> | Hebe (Blue Gem?) |
| <i>Rhododendron</i> CV's | Dwarf Rhododendron |
| <i>Hypericum patulum</i> | Goldencup St John's Wort |
| <i>Abelia X grandiflora</i> | Abelia |
| <i>Choisya ternata</i> | Mexican Orange Blossom |
| <i>Leptospermum scoparium</i> CV | NZ tea tree |
| <i>Rosa</i> CV's | Rose |
| <i>Rosa banksii</i> var. <i>banksii</i> | Banksia Rose |
| <i>Euonymus japonica</i> | Japanese Spindle Tree |
| <i>Philadelphus</i> sp. | Mock Orange |
| <i>Callistemon viminalis</i> | Weeping Bottlebrush |
| <i>Iris</i> sp CV | Iris |
| <i>Pelargonium</i> sp CV | Pelargonium |

Table 13. Additional plant species suitable for planting in garden areas

| Scientific Name | Common Name | Height |
|---|---------------------------|---------|
| Evergreen Shrubs | | |
| <i>Abelia X grandiflora</i> | Abelia | 2m |
| <i>Aucuba japonica</i> | Gold Dust Laurel | 2m |
| <i>#Banksia ericifolia</i> | Heath Banksia | 3m |
| <i>#Bauera rubioides</i> | River Dog Rose | 1m |
| <i>Camelia spp.</i> | Camellia | various |
| <i>#Callistemon spp</i> | Bottlebrushes | 1-4m |
| <i>Daphne odora</i> | Winter Daphne | 1m |
| <i>Escallonia macrantha</i> | Common Escallonia | 3m. |
| <i>Euonymus japonica</i> | Japanese Spindle Tree | 3-4m |
| <i>Feijoa sellowiana</i> | Pineapple Guava | 4m. |
| <i>#Hakea eriantha</i> | Tree Hakea | 4m |
| <i>Juniperus sabina</i> | Savin Juniper | 1m |
| <i>Juniperus horizontalis</i> | Creeping Juniper | 0.5m |
| <i>#Leptospermum scoparium</i> | Manuka | 2m |
| <i>Lophomyrtus communis</i> | Myrtle | 1m |
| <i>Michelia figo</i> | Port Wine Magnolia | 3m |
| <i>#Micromyrtus ciliata</i> | Fringed Heath-myrtle | 1m |
| <i>#Myoporum parvifolium</i> | Creeping Boobialla | prost. |
| <i>Myrtus communis</i> | Common Myrtle | 3m |
| <i>Nerium oleander</i> | Oleander | 4m |
| <i>#Olearia phlogopappa</i> | Dusty Daisy Bush | 2m |
| <i>#Philotheca myoporoides</i> | Waxflower | 1.2m |
| <i>Phormium tenax</i> | New Zealand Flax | 1.5m |
| <i>Photinia glabra</i> | Japanese Photinia | 4m |
| <i>Photinia serratifolia</i> | Chinese Photinia | 4m |
| <i>#Prostanthera ovalifolia</i> | Purple Mint Bush | 2m |
| <i>Punica granatum 'Nana'</i> | Dwarf Pomegranate | 1m |
| <i>Raphiolepis indica</i> | Indian Hawthorn | 2.5m |
| <i>#Rhagodia spinescens var deltophylla</i> | Saltbush | 1m |
| <i>Rhododendron spp</i> | Rhododendron | various |
| <i>Rosmarinus officinalis</i> | Rosemary | 1m |
| <i>Viburnum tinus</i> | Laurustinus | 4m |
| <i>#Westringia fruticosa</i> | Coastal Rosemary | 1.5m |
| Deciduous Species | | |
| <i>Buddleia davidii</i> | Butterfly Bush | 3.5m |
| <i>Chanomeles speciosa</i> | Japanese Flowering Quince | 2m |
| <i>Chinonanthus praecox</i> | Winterswee | 4m |
| <i>Cornus florida</i> | Dogwood | 6m |
| <i>Cotinus coggyria</i> | Smoke Bush | 4m |
| <i>Exochorda racemosa</i> | Pearl Bush | 3m |
| <i>Forsythia viridissima</i> | Yellow Bell | 3m |
| <i>Hamamelis mollis</i> | Chinese Witch Hazel | 1.5m |
| <i>Hibiscus syriacus</i> | Syrian Hibiscus | 2-3m |
| <i>Kerria japonica</i> | Japanese Rose | 1m |
| <i>Kolkwitzia amabilis</i> | Chinese Beauty Bush | 2m |
| <i>Lonicera fragrantissima</i> | Winter Honeysuckle | 2m |
| <i>Philadelphus X virginalis</i> | Mock Orange | 2m |
| <i>Punica granatum</i> | Dwarf Pomegranate | 1m |
| <i>Ribes sanguineum</i> | Flowering Currant | 1.5m |
| <i>Sambucus nigra</i> | Elderberry | 5m |
| <i>Spirea cantoniensis</i> | Reeves Spirea | 2m |
| <i>Symphoricarpos albus</i> | Snowberry | 1m |

| Table 13. Additional plant species suitable for planting in garden areas | | |
|--|-------------|--------|
| Scientific Name | Common Name | Height |
| Syringa vulgaris | Lilac | 3m |
| Tamarix chinensis | Tamarisk | 3m |
| Viburnum X burkwoodii | Viburnum | 3m |
| Vitex agnus-castus | Chaste Tree | 6m |
| Weigelia florida | Weigelia | 3m |
| Note: # = Australian native species | | |

APPENDIX H: MAINTENANCE SCHEDULES

The following schedules should be implemented, as indicated in Section 6.3. These schedules do not address day to day maintenance activities, such as routine cleaning.

Table 14. Maintenance schedule – Limestone Outcrops

| No. | Element | Maintenance Task | Frequency |
|-----|------------------|--|----------------|
| 1. | Vegetation/weeds | Carefully control/remove weeds, without damaging the outcrops | Every 3 months |
| 2. | Path | Maintain a clear pathway, removing fallen timber or other obstructions | Monthly |

Table 15. Maintenance schedule – Acton Peninsula Building 2 – former Isolation Ward

| No. | Element | Maintenance Task | Frequency |
|-----------|---------------------------------|--|---|
| 1. | Roofs | | |
| 1.1 | Roof areas generally | Inspect roof areas from safely accessible high points and note any loss or damage to roof coverings. Arrange for repairs as necessary. | (1) After stormy weather (2) Annually |
| 1.2 | Metal deck roofs | Inspect condition of panels, joints and fixings for damage or deterioration. Repair as necessary. | Annually |
| 1.3 | Flashings/cappings | Inspect condition of flashings and cappings for damage or deterioration. Repair as necessary. | Annually |
| 1.4 | Eaves, gables and gutter boards | Repaint previously painted elements | Every 8 years |
| 2. | Rainwater Disposal | | |
| 2.1 | Rainwater system generally | Inspect rainwater system from the ground and safely accessible high points and note any failure or damage. Arrange for repairs as necessary. | (1) During/after stormy weather (2) Annually |
| 2.2 | Rainwater system | Clear rainwater system of any debris or obstruction, and ensure overflows are clear. Ensure any filter screens are clean and properly positioned, or replaced if missing. | Twice per year |
| 2.3 | Rainwater system | Inspect rainwater system for any cracks, leaks or damage. Repair or replace as necessary. | Twice per year |
| 2.4 | Rainwater system | Repaint previously painted elements, eg. gutters. | Every 8 years |
| 2.5 | Connections to stormwater | Inspect rainwater system connections to stormwater and ensure they are free of debris and obstructions, and that rainwater discharges freely. Clear as necessary. | Twice per year |
| 3. | External Walls | | |
| 3.1 | External walls generally | Inspect external walls from the ground and safely accessible high points and note any damage, deterioration or signs of movement. Arrange for repairs as necessary. Particular items to inspect include brick joints and timber wall panelling. | (1) After stormy weather (2) Annually |
| 3.2 | Painted walls elements | Repaint. | Every 8 years |
| 3.3 | Windows | Inspect windows, ensure they are operational, water-tight and undamaged. Repair as necessary. | Twice per year |
| 3.4 | Doors and windows | Check operation of hinges, any counter-balance | Twice per year |

Table 15. Maintenance schedule – Acton Peninsula Building 2 – former Isolation Ward

| No. | Element | Maintenance Task | Frequency |
|-----------|---|--|--|
| | | mechanisms, latches and locks, and lubricate/repair as necessary. Check that locks provide security. | |
| 3.5 | Doors and windows | Repaint timber elements. | Every 8 years |
| 4. | Interiors | | |
| 4.1 | Internal spaces generally | Inspect internal spaces. Note any evidence of damage or wear, including water ingress. Arrange for repairs as necessary. | (1) After stormy weather (2) Annually |
| 4.2 | Internal structure and fabric | Inspect internal structure and fabric, and note any signs of structural movement, damp, fungal growth, dry rot or other damage or deterioration. Arrange for repairs as necessary. | Annually |
| 4.3 | Internal paint finishes | Repaint. | Every 5 years |
| 5. | Building Services | | |
| 5.1 | Lightning protection | Visually inspect any lightning conductor system including spikes, tapes, earth rods and all connections and fastenings. Repair as necessary. | Annually |
| 5.2 | Heating, cooling and ventilation systems Electrical systems Fire services Security systems | Inspect, service and maintain. | As recommended by manufacturer or appropriate codes or standards |
| 6. | Other | | |
| 6.1 | Building | Inspect for pest damage or infestation. Treat as necessary. | Annually |

Table 16. Maintenance schedule – Acton Peninsula Building 1 – former TB Ward

| No. | Element | Maintenance Task | Frequency |
|-----------|---------------------------------|--|---|
| 1. | Roofs | | |
| 1.1 | Roof areas generally | Inspect roof areas from safely accessible high points and note any loss or damage to roof coverings. Arrange for repairs as necessary. | (1) After stormy weather (2) Annually |
| 1.2 | Metal deck roofs | Inspect condition of panels, joints and fixings for damage or deterioration. Repair as necessary. | Annually |
| 1.3 | Flashings/cappings | Inspect condition of flashings and cappings for damage or deterioration. Repair as necessary. | Annually |
| 1.4 | Eaves, gables and gutter boards | Repaint previously painted elements | Every 8 years |
| 2. | Rainwater Disposal | | |
| 2.1 | Rainwater system generally | Inspect rainwater system from the ground and safely accessible high points and note any failure or damage. Arrange for repairs as necessary. | (1) During/after stormy weather (2) Annually |

| Table 16. Maintenance schedule – Acton Peninsula Building 1 – former TB Ward | | | |
|---|---|--|--|
| No. | Element | Maintenance Task | Frequency |
| 2.2 | Rainwater system | Clear rainwater system of any debris or obstruction, and ensure overflows are clear. Ensure any filter screens are clean and properly positioned, or replaced if missing. | Twice per year |
| 2.3 | Rainwater system | Inspect rainwater system for any cracks, leaks or damage. Repair or replace as necessary. | Twice per year |
| 2.4 | Rainwater system | Repaint previously painted elements, eg. gutters. | Every 8 years |
| 2.5 | Connections to stormwater | Inspect rainwater system connections to stormwater and ensure they are free of debris and obstructions, and that rainwater discharges freely. Clear as necessary. | Twice per year |
| 3. | External Walls | | |
| 3.1 | External walls generally | Inspect external walls from the ground and safely accessible high points and note any damage, deterioration or signs of movement. Arrange for repairs as necessary. Particular items to inspect include brick joints and timber wall panelling. | (1) After stormy weather (2) Annually |
| 3.2 | Painted walls elements | Repaint. | Every 8 years |
| 3.3 | Windows | Inspect windows, ensure they are operational, water-tight and undamaged. Repair as necessary. | Twice per year |
| 3.4 | Doors and windows | Check operation of hinges, any counter-balance mechanisms, latches and locks, and lubricate/repair as necessary. Check that locks provide security. | Twice per year |
| 3.5 | Doors and windows | Repaint timber elements. | Every 8 years |
| 4. | Interiors | | |
| 4.1 | Internal spaces generally | Inspect internal spaces. Note any evidence of damage or wear, including water ingress. Arrange for repairs as necessary. | (1) After stormy weather (2) Annually |
| 4.2 | Internal structure and fabric | Inspect internal structure and fabric, and note any signs of structural movement, damp, fungal growth, dry rot or other damage or deterioration. Arrange for repairs as necessary. | Annually |
| 4.3 | Internal paint finishes | Repaint. | Every 5 years |
| 5. | Building Services | | |
| 5.1 | Lightning protection | Visually inspect any lightning conductor system including spikes, tapes, earth rods and all connections and fastenings. Repair as necessary. | Annually |
| 5.2 | Heating, cooling and ventilation systems Electrical systems Fire services Security systems | Inspect, service and maintain. | As recommended by manufacturer or appropriate codes or standards |
| 6. | Other | | |
| 6.1 | Building | Inspect for pest damage or infestation. Treat as necessary. | Annually |

Table 17. Maintenance schedule – Acton Peninsula Building 15 – former Medical Superintendent’s Residence

| No. | Element | Maintenance Task | Frequency |
|-----------|---------------------------------|--|--|
| 1. | Roofs | | |
| 1.1 | Roof areas generally | Inspect roof areas from safely accessible high points and note any loss or damage to roof coverings. Arrange for repairs as necessary. | (1) After stormy weather (2) Annually |
| 1.2 | Flashings/cappings | Inspect condition of flashings and cappings for damage or deterioration. Repair as necessary. | Annually |
| 1.3 | Eaves, gables and gutter boards | Repaint previously painted elements | Every 8 years |
| 2. | Rainwater Disposal | | |
| 2.1 | Rainwater system generally | Inspect rainwater system from the ground and safely accessible high points and note any failure or damage. Arrange for repairs as necessary. | (1) During/ after stormy weather (2) Annually |
| 2.2 | Rainwater system | Clear rainwater system of any debris or obstruction, and ensure overflows are clear. Ensure any filter screens are clean and properly positioned, or replaced if missing. | Twice per year |
| 2.3 | Rainwater system | Inspect rainwater system for any cracks, leaks or damage. Repair or replace as necessary. | Twice per year |
| 2.4 | Rainwater system | Repaint previously painted elements, eg. gutters. | Every 8 years |
| 2.5 | Connections to stormwater | Inspect rainwater system connections to stormwater and ensure they are free of debris and obstructions, and that rainwater discharges freely. Clear as necessary. | Twice per year |
| 3. | External Walls | | |
| 3.1 | External walls generally | Inspect external walls from the ground and safely accessible high points and note any damage, deterioration or signs of movement. Arrange for repairs as necessary. | (1) After stormy weather (2) Annually |
| 3.2 | Painted walls elements | Repaint. | Every 8 years |
| 3.3 | Windows | Inspect windows, ensure they are operational, water-tight and undamaged. Repair as necessary. | Twice per year |
| 3.4 | Doors and windows | Check operation of hinges, any counter-balance mechanisms, latches and locks, and lubricate/repair as necessary. Check that locks provide security. | Twice per year |
| 3.5 | Doors and windows | Repaint timber elements. | Every 8 years |
| 4. | Interiors | | |
| 4.1 | Internal spaces generally | Inspect internal spaces. Note any evidence of damage or wear, including water ingress. Arrange for repairs as necessary. | (1) After stormy weather (2) Annually |
| 4.2 | Internal structure and fabric | Inspect internal structure and fabric, and note any signs of structural movement, damp, fungal growth, dry rot or other damage or deterioration. Arrange for repairs as necessary. | Annually |
| 4.3 | Internal paint finishes | Repaint. | Every 5 years |
| 5. | Building Services | | |
| 5.1 | Lightning protection | Visually inspect any lightning conductor system including spikes, tapes, earth rods and all connections and fastenings. Repair as necessary. | Annually |

Table 17. Maintenance schedule – Acton Peninsula Building 15 – former Medical Superintendent’s Residence

| No. | Element | Maintenance Task | Frequency |
|-----------|---|---|--|
| 5.2 | Heating, cooling and ventilation systems Electrical systems Fire services Security systems | Inspect, service and maintain. | As recommended by manufacturer or appropriate codes or standards |
| 6. | Other | | |
| 6.1 | Building | Inspect for pest damage or infestation. Treat as necessary. | Annually |

Table 18. Maintenance schedule – Other Structures/Sandstone landing area/steps

| No. | Element | Maintenance Task | Frequency |
|-----|-----------|--|---------------|
| 1. | Stonework | Repair/re-point stonework as necessary | Every 3 years |

Table 19. Maintenance schedule – Trees and Garden Areas

| No. | Element | Maintenance Task | Frequency |
|-----|--|---|--|
| 1. | Trees | Undertake tree maintenance tasks as identified during annual monitoring assessment | As recommended during the monitoring assessment |
| 2. | Garden beds Shrubs including hedges Roses Grass areas | These elements should be maintained in accordance with the existing applicable schedules, or otherwise used by the NCA. Key issues which should be addressed are: <ul style="list-style-type: none"> weeding and mulching of garden beds; pruning, feeding and watering of shrubs (including hedges) and roses; regular pruning of hedges to maintain hedge form; and mowing, weeding, feeding and watering of grass areas. | As per existing applicable schedules, or otherwise used by the NCA |

APPENDIX I: BURRA CHARTER

The Burra Charter

The Australia ICOMOS Charter for Places of Cultural Significance

Australia ICOMOS Incorporated International Council on Monuments and Sites

2013

ICOMOS

ICOMOS (International Council on Monuments and Sites) is a non-governmental professional organisation formed in 1965, with headquarters in Paris. ICOMOS is primarily concerned with the philosophy, terminology, methodology and techniques of cultural heritage conservation. It is closely linked to UNESCO, particularly in its role under the World Heritage Convention 1972 as UNESCO's principal adviser on cultural matters related to World Heritage. The 11,000 members of ICOMOS include architects, town planners, demographers, archaeologists, geographers, historians, conservators, anthropologists, scientists, engineers and heritage administrators. Members in the 103 countries belonging to ICOMOS are formed into National Committees and participate in a range of conservation projects, research work, intercultural exchanges and cooperative activities. ICOMOS also has 27 International Scientific Committees that focus on particular aspects of the conservation field. ICOMOS members meet triennially in a General Assembly.

Australia ICOMOS

The Australian National Committee of ICOMOS (Australia ICOMOS) was formed in 1976. It elects an Executive Committee of 15 members, which is responsible for carrying out national programs and participating in decisions of ICOMOS as an international organisation. It provides expert advice as required by ICOMOS, especially in its relationship with the World Heritage Committee. Australia ICOMOS acts as a national and international link between public authorities, institutions and individuals involved in the study and conservation of all places of cultural significance. Australia ICOMOS members participate in a range of conservation activities including site visits, training, conferences and meetings.

Revision of the Burra Charter

The Burra Charter was first adopted in 1979 at the historic South Australian mining town of Burra. Minor revisions were made in 1981 and 1988, with more substantial changes in 1999.

Following a review this version was adopted by Australia ICOMOS in October 2013.

The review process included replacement of the 1988 Guidelines to the Burra Charter with Practice Notes which are available at: australia.icomos.org

Australia ICOMOS documents are periodically reviewed and we welcome any comments.

Citing the Burra Charter

The full reference is *The Burra Charter: The Australia ICOMOS Charter for Places of Cultural Significance, 2013*. Initial textual references should be in the form of the *Australia ICOMOS Burra Charter, 2013* and later references in the short form (*Burra Charter*).

© Australia ICOMOS Incorporated 2013

The Burra Charter consists of the Preamble, Articles, Explanatory Notes and the flow chart.

This publication may be reproduced, but only in its entirety including the front cover and this page. Formatting must remain unaltered. Parts of the Burra Charter may be quoted with appropriate citing and acknowledgement.

Australia ICOMOS Incorporated [ARBN 155 731 025]
Secretariat: c/o Faculty of Arts
Deakin University
Burwood, VIC 3125
Australia

<http://australia.icomos.org/>

ISBN 0 9578528 4 3

The Burra Charter

(The Australia ICOMOS Charter for Places of Cultural Significance, 2013)

Preamble

Considering the International Charter for the Conservation and Restoration of Monuments and Sites (Venice 1964), and the Resolutions of the 5th General Assembly of the International Council on Monuments and Sites (ICOMOS) (Moscow 1978), the Burra Charter was adopted by Australia ICOMOS (the Australian National Committee of ICOMOS) on 19 August 1979 at Burra, South Australia. Revisions were adopted on 23 February 1981, 23 April 1988, 26 November 1999 and 31 October 2013.

The Burra Charter provides guidance for the conservation and management of places of cultural significance (cultural heritage places), and is based on the knowledge and experience of Australia ICOMOS members.

Conservation is an integral part of the management of places of cultural significance and is an ongoing responsibility.

Who is the Charter for?

The Charter sets a standard of practice for those who provide advice, make decisions about, or undertake works to places of cultural significance, including owners, managers and custodians.

Using the Charter

The Charter should be read as a whole. Many articles are interdependent.

The Charter consists of:

- Definitions Article 1
- Conservation Principles Articles 2–13
- Conservation Processes Articles 14–25
- Conservation Practices Articles 26–34
- The Burra Charter Process flow chart.

The key concepts are included in the Conservation Principles section and these are further developed in the Conservation Processes and Conservation Practice sections. The flow chart explains the Burra Charter Process (Article 6) and is an integral part of the Charter. Explanatory Notes also form part of the Charter.

The Charter is self-contained, but aspects of its use and application are further explained, in a series of Australia ICOMOS Practice Notes, in *The Illustrated Burra Charter*, and in other guiding documents available from the Australia ICOMOS web site: australia.icomos.org.

What places does the Charter apply to?

The Charter can be applied to all types of places of cultural significance including natural, Indigenous and historic places with cultural values.

The standards of other organisations may also be relevant. These include the *Australian Natural Heritage Charter*, *Ask First: a guide to respecting Indigenous heritage places and values* and *Significance 2.0: a guide to assessing the significance of collections*.

National and international charters and other doctrine may be relevant. See australia.icomos.org.

Why conserve?

Places of cultural significance enrich people's lives, often providing a deep and inspirational sense of connection to community and landscape, to the past and to lived experiences. They are historical records, that are important expressions of Australian identity and experience. Places of cultural significance reflect the diversity of our communities, telling us about who we are and the past that has formed us and the Australian landscape. They are irreplaceable and precious.

These places of cultural significance must be conserved for present and future generations in accordance with the principle of inter-generational equity.

The Burra Charter advocates a cautious approach to change: do as much as necessary to care for the place and to make it useable, but otherwise change it as little as possible so that its cultural significance is retained.

| Articles | Explanatory Notes |
|---|---|
| <p>Article 1. Definitions</p> <p>For the purposes of this Charter:</p> <p>1.1 <i>Place</i> means a geographically defined area. It may include elements, objects, spaces and views. Place may have tangible and intangible dimensions.</p> <p>1.2 <i>Cultural significance</i> means aesthetic, historic, scientific, social or spiritual value for past, present or future generations.</p> <p>Cultural significance is embodied in the <i>place</i> itself, its <i>fabric</i>, <i>setting</i>, <i>use</i>, <i>associations</i>, <i>meanings</i>, records, <i>related places</i> and <i>related objects</i>.</p> <p>Places may have a range of values for different individuals or groups.</p> <p>1.3 <i>Fabric</i> means all the physical material of the <i>place</i> including elements, fixtures, contents and objects.</p> <p>1.4 <i>Conservation</i> means all the processes of looking after a <i>place</i> so as to retain its <i>cultural significance</i>.</p> <p>1.5 <i>Maintenance</i> means the continuous protective care of a <i>place</i>, and its <i>setting</i>.</p> <p>Maintenance is to be distinguished from repair which involves</p> | <p>Place has a broad scope and includes natural and cultural features. Place can be large or small: for example, a memorial, a tree, an individual building or group of buildings, the location of an historical event, an urban area or town, a cultural landscape, a garden, an industrial plant, a shipwreck, a site with in situ remains, a stone arrangement, a road or travel route, a community meeting place, a site with spiritual or religious connections.</p> <p>The term cultural significance is synonymous with cultural heritage significance and cultural heritage value.</p> <p>Cultural significance may change over time and with use.</p> <p>Understanding of cultural significance may change as a result of new information.</p> <p>Fabric includes building interiors and sub-surface remains, as well as excavated material.</p> <p>Natural elements of a place may also constitute fabric. For example the rocks that signify a Dreaming place.</p> <p>Fabric may define spaces and views and these may be part of the significance of the place. See also Article 14.</p> <p>Examples of protective care include:</p> <ul style="list-style-type: none">• maintenance — regular inspection and cleaning of a |

| Articles | Explanatory Notes |
|---|---|
| <p><i>restoration or reconstruction.</i></p> <p>1.6 <i>Preservation</i> means maintaining a <i>place</i> in its existing state and retarding deterioration.</p> <p>1.7 <i>Restoration</i> means returning a <i>place</i> to a known earlier state by removing accretions or by reassembling existing elements without the introduction of new material.</p> <p>1.8 <i>Reconstruction</i> means returning a <i>place</i> to a known earlier state and is distinguished from <i>restoration</i> by the introduction of new material.</p> <p>1.9 <i>Adaptation</i> means changing a <i>place</i> to suit the existing <i>use</i> or a proposed use.</p> <p>1.10 <i>Use</i> means the functions of a <i>place</i>, including the activities and traditional and customary practices that may occur at the place or are dependent on the place.</p> <p>1.11 <i>Compatible use</i> means a <i>use</i> which respects the <i>cultural significance</i> of a <i>place</i>. Such a use involves no, or minimal, impact on cultural significance.</p> <p>1.12 <i>Setting</i> means the immediate and extended environment of a <i>place</i> that is part of or contributes to its <i>cultural significance</i> and distinctive character.</p> <p>1.13 <i>Related place</i> means a <i>place</i> that contributes to the <i>cultural significance</i> of another place.</p> <p>1.14 <i>Related object</i> means an object that contributes to the <i>cultural significance</i> of a <i>place</i> but is not at the place.</p> <p>1.15 <i>Associations</i> mean the connections that exist between people and a <i>place</i>.</p> | <p>place, e.g. mowing and pruning in a garden;</p> <ul style="list-style-type: none"> • repair involving restoration — returning dislodged or relocated fabric to its original location e.g. loose roof gutters on a building or displaced rocks in a stone bora ring; • repair involving reconstruction — replacing decayed fabric with new fabric <p>It is recognised that all places and their elements change over time at varying rates.</p> <p>New material may include recycled material salvaged from other places. This should not be to the detriment of any place of cultural significance.</p> <p>Use includes for example cultural practices commonly associated with Indigenous peoples such as ceremonies, hunting and fishing, and fulfillment of traditional obligations. Exercising a right of access may be a use.</p> <p>Setting may include: structures, spaces, land, water and sky; the visual setting including views to and from the place, and along a cultural route; and other sensory aspects of the setting such as smells and sounds. Setting may also include historical and contemporary relationships, such as use and activities, social and spiritual practices, and relationships with other places, both tangible and intangible.</p> <p>Objects at a place are encompassed by the definition of place, and may or may not contribute to its cultural significance.</p> <p>Associations may include social or spiritual values and cultural responsibilities for a place.</p> |

| Articles | Explanatory Notes |
|--|--|
| <p>1.16 <i>Meanings</i> denote what a <i>place</i> signifies, indicates, evokes or expresses to people.</p> <p>1.17 <i>Interpretation</i> means all the ways of presenting the <i>cultural significance</i> of a <i>place</i>.</p> | <p>Meanings generally relate to intangible dimensions such as symbolic qualities and memories. Interpretation may be a combination of the treatment of the fabric (e.g. maintenance, restoration, reconstruction); the use of and activities at the place; and the use of introduced explanatory material.</p> |
| <p>Conservation Principles</p> <p>Article 2. Conservation and management</p> <p>2.1 <i>Places</i> of <i>cultural significance</i> should be conserved.</p> <p>2.2 The aim of <i>conservation</i> is to retain the <i>cultural significance</i> of a <i>place</i>.</p> <p>2.3 <i>Conservation</i> is an integral part of good management of <i>places</i> of <i>cultural significance</i>.</p> <p>2.4 <i>Places</i> of <i>cultural significance</i> should be safeguarded and not put at risk or left in a vulnerable state.</p> <p>Article 3. Cautious approach</p> <p>3.1 <i>Conservation</i> is based on a respect for the existing <i>fabric</i>, <i>use</i>, <i>associations</i> and <i>meanings</i>. It requires a cautious approach of changing as much as necessary but as little as possible.</p> <p>3.2 Changes to a <i>place</i> should not distort the physical or other evidence it provides, nor be based on conjecture.</p> <p>Article 4. Knowledge, skills and techniques</p> <p>4.1 <i>Conservation</i> should make use of all the knowledge, skills and disciplines which can contribute to the study and care of the <i>place</i>.</p> <p>4.2 Traditional techniques and materials are preferred for the <i>conservation</i> of significant <i>fabric</i>. In some circumstances modern techniques and materials which offer substantial conservation benefits may be appropriate.</p> <p>Article 5. Values</p> <p>5.1 <i>Conservation</i> of a <i>place</i> should identify and take into consideration all aspects of cultural and natural significance without unwarranted emphasis on any one value at the expense of others.</p> <p>5.2 Relative degrees of <i>cultural significance</i> may lead to different <i>conservation</i> actions at a place.</p> | |
| | |

| Articles | Explanatory Notes |
|--|--|
| | actions which do not retain cultural significance. |
| <p>Article 6. Burra Charter Process</p> <p>6.1 The <i>cultural significance</i> of a <i>place</i> and other issues affecting its future are best understood by a sequence of collecting and analysing information before making decisions. Understanding cultural significance comes first, then development of policy and finally management of the place in accordance with the policy. This is the Burra Charter Process.</p> <p>6.2 Policy for managing a <i>place</i> must be based on an understanding of its <i>cultural significance</i>.</p> <p>6.3 Policy development should also include consideration of other factors affecting the future of a <i>place</i> such as the owner's needs, resources, external constraints and its physical condition.</p> <p>6.4 In developing an effective policy, different ways to retain <i>cultural significance</i> and address other factors may need to be explored.</p> <p>6.5 Changes in circumstances, or new information or perspectives, may require reiteration of part or all of the Burra Charter Process.</p> | <p>The Burra Charter Process, or sequence of investigations, decisions and actions, is illustrated below and in more detail in the accompanying flow chart which forms part of the Charter.</p> <pre> graph TD A[Understand Significance] --> B[Develop Policy] B --> C[Manage in Accordance with Policy] </pre> <p>Options considered may include a range of uses and changes (e.g. adaptation) to a place.</p> |
| <p>Article 7. Use</p> <p>7.1 Where the <i>use</i> of a <i>place</i> is of <i>cultural significance</i> it should be retained.</p> <p>7.2 A <i>place</i> should have a <i>compatible use</i>.</p> | <p>The policy should identify a use or combination of uses or constraints on uses that retain the cultural significance of the place. New use of a place should involve minimal change to significant fabric and use; should respect associations and meanings; and where appropriate should provide for continuation of activities and practices which contribute to the cultural significance of the place.</p> |
| <p>Article 8. Setting</p> <p><i>Conservation</i> requires the retention of an appropriate <i>setting</i>. This includes retention of the visual and sensory setting, as well as the retention of spiritual and other cultural relationships that contribute to the <i>cultural significance</i> of the <i>place</i>. New construction, demolition, intrusions or other changes which would adversely affect the setting or relationships are not appropriate.</p> | <p>Setting is explained in Article 1.12.</p> |
| <p>Article 9. Location</p> <p>9.1 The physical location of a <i>place</i> is part of its <i>cultural significance</i>. A building, work or other element of a place should remain in its historical location. Relocation is generally unacceptable unless this is the sole practical means of ensuring its survival.</p> <p>9.2 Some buildings, works or other elements of <i>places</i> were designed to be readily removable or already have a history of</p> | |

| Articles | Explanatory Notes |
|--|---|
| <p>relocation. Provided such buildings, works or other elements do not have significant links with their present location, removal may be appropriate.</p> <p>9.3 If any building, work or other element is moved, it should be moved to an appropriate location and given an appropriate <i>use</i>. Such action should not be to the detriment of any <i>place of cultural significance</i>.</p> <p>Article 10. Contents Contents, fixtures and objects which contribute to the <i>cultural significance</i> of a <i>place</i> should be retained at that place. Their removal is unacceptable unless it is: the sole means of ensuring their security and <i>preservation</i>; on a temporary basis for treatment or exhibition; for cultural reasons; for health and safety; or to protect the place. Such contents, fixtures and objects should be returned where circumstances permit and it is culturally appropriate.</p> <p>Article 11. Related places and objects The contribution which <i>related places</i> and <i>related objects</i> make to the <i>cultural significance</i> of the <i>place</i> should be retained.</p> <p>Article 12. Participation <i>Conservation, interpretation</i> and management of a <i>place</i> should provide for the participation of people for whom the place has significant <i>associations</i> and <i>meanings</i>, or who have social, spiritual or other cultural responsibilities for the place.</p> <p>Article 13. Co-existence of cultural values Co-existence of cultural values should always be recognised, respected and encouraged. This is especially important in cases where they conflict.</p> <p>Conservation Processes</p> <p>Article 14. Conservation processes <i>Conservation</i> may, according to circumstance, include the processes of: retention or reintroduction of a <i>use</i>; retention of <i>associations</i> and <i>meanings</i>; <i>maintenance, preservation, restoration, reconstruction, adaptation</i> and <i>interpretation</i>; and will commonly include a combination of more than one of these. Conservation may also include retention of the contribution that <i>related places</i> and <i>related objects</i> make to the <i>cultural significance</i> of a <i>place</i>.</p> <p>Article 15. Change</p> | <p>For example, the repatriation (returning) of an object or element to a place may be important to Indigenous cultures, and may be essential to the retention of its cultural significance.</p> <p>Article 28 covers the circumstances where significant fabric might be disturbed, for example, during archaeological excavation.</p> <p>Article 33 deals with significant fabric that has been removed from a place.</p> <p>For some places, conflicting cultural values may affect policy development and management decisions. In Article 13, the term cultural values refers to those beliefs which are important to a cultural group, including but not limited to political, religious, spiritual and moral beliefs. This is broader than values associated with cultural significance.</p> <p>Conservation normally seeks to slow deterioration unless the significance of the place dictates otherwise. There may be circumstances where no action is required to achieve conservation.</p> |

| Articles | Explanatory Notes |
|--|---|
| <p>15.1 Change may be necessary to retain <i>cultural significance</i>, but is undesirable where it reduces cultural significance. The amount of change to a <i>place</i> and its <i>use</i> should be guided by the <i>cultural significance</i> of the place and its appropriate <i>interpretation</i>.</p> <p>15.2 Changes which reduce <i>cultural significance</i> should be reversible, and be reversed when circumstances permit.</p> <p>15.3 Demolition of significant <i>fabric</i> of a <i>place</i> is generally not acceptable. However, in some cases minor demolition may be appropriate as part of <i>conservation</i>. Removed significant fabric should be reinstated when circumstances permit.</p> <p>15.4 The contributions of all aspects of <i>cultural significance</i> of a <i>place</i> should be respected. If a place includes <i>fabric</i>, <i>uses</i>, <i>associations</i> or <i>meanings</i> 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.</p> | <p>When change is being considered, including for a temporary use, a range of options should be explored to seek the option which minimises any reduction to its cultural significance.</p> <p>It may be appropriate to change a place where this reflects a change in cultural meanings or practices at the place, but the significance of the place should always be respected.</p> <p>Reversible changes should be considered temporary. Non-reversible change should only be used as a last resort and should not prevent future conservation action.</p> |
| <p>Article 16. Maintenance <i>Maintenance</i> is fundamental to <i>conservation</i>. Maintenance should be undertaken where <i>fabric</i> is of <i>cultural significance</i> and its maintenance is necessary to retain that <i>cultural significance</i>.</p> | <p>Maintaining a place may be important to the fulfilment of traditional laws and customs in some Indigenous communities and other cultural groups.</p> |
| <p>Article 17. Preservation <i>Preservation</i> is appropriate where the existing <i>fabric</i> or its condition constitutes evidence of <i>cultural significance</i>, or where insufficient evidence is available to allow other <i>conservation</i> processes to be carried out.</p> | <p>Preservation protects fabric without obscuring evidence of its construction and use. The process should always be applied:</p> <ul style="list-style-type: none"> • where the evidence of the fabric is of such significance that it should not be altered; or • where insufficient investigation has been carried out to permit policy decisions to be taken in accord with Articles 26 to 28. <p>New work (e.g. stabilisation) may be carried out in association with preservation when its purpose is the physical protection of the fabric</p> |

| Articles | Explanatory Notes |
|--|--|
| <p>Article 18. Restoration and reconstruction <i>Restoration and reconstruction</i> should reveal culturally significant aspects of the <i>place</i>.</p> <p>Article 19. Restoration <i>Restoration</i> is appropriate only if there is sufficient evidence of an earlier state of the <i>fabric</i>.</p> <p>Article 20. Reconstruction 20.1 <i>Reconstruction</i> is appropriate only where a <i>place</i> is incomplete through damage or alteration, and only where there is sufficient evidence to reproduce an earlier state of the <i>fabric</i>. In some cases, reconstruction may also be appropriate as part of a <i>use</i> or practice that retains the <i>cultural significance</i> of the place.</p> <p>20.2 <i>Reconstruction</i> should be identifiable on close inspection or through additional <i>interpretation</i>.</p> <p>Article 21. Adaptation 21.1 <i>Adaptation</i> is acceptable only where the adaptation has minimal impact on the <i>cultural significance</i> of the <i>place</i>.</p> <p>21.2 <i>Adaptation</i> should involve minimal change to significant <i>fabric</i>, achieved only after considering alternatives.</p> <p>Article 22. New work 22.1 New work such as additions or other changes to the <i>place</i> may be acceptable where it respects and does not distort or obscure the <i>cultural significance</i> of the place, or detract from its <i>interpretation</i> and appreciation.</p> <p>22.2 New work should be readily identifiable as such, but must respect and have minimal impact on the <i>cultural significance</i> of the <i>place</i>.</p> <p>Article 23. Retaining or reintroducing use Retaining, modifying or reintroducing a significant <i>use</i> may be appropriate and preferred forms of <i>conservation</i>.</p> <p>Article 24. Retaining associations and meanings 24.1 Significant <i>associations</i> between people and a <i>place</i> should be respected, retained and not obscured. Opportunities for the <i>interpretation</i>, commemoration and celebration of these associations should be investigated and implemented.</p> | <p>and when it is consistent with Article 22.</p> <p>Places with social or spiritual value may warrant reconstruction, even though very little may remain (e.g. only building footings or tree stumps following fire, flood or storm). The requirement for sufficient evidence to reproduce an earlier state still applies.</p> <p>Adaptation may involve additions to the place, the introduction of new services, or a new use, or changes to safeguard the place. Adaptation of a place for a new use is often referred to as ‘adaptive re-use’ and should be consistent with Article 7.2.</p> <p>New work should respect the significance of a place through consideration of its siting, bulk, form, scale, character, colour, texture and material. Imitation should generally be avoided. New work should be consistent with Articles 3, 5, 8, 15, 21 and 22.1.</p> <p>These may require changes to significant fabric but they should be minimised. In some cases, continuing a significant use, activity or practice may involve substantial new work.</p> <p>For many places associations will be linked to aspects of use, including activities and practices.</p> <p>Some associations and meanings may not be apparent and will</p> |

| Articles | Explanatory Notes |
|--|--|
| <p>24.2 Significant <i>meanings</i>, including spiritual values, of a <i>place</i> should be respected. Opportunities for the continuation or revival of these meanings should be investigated and implemented.</p> <p>Article 25. Interpretation The <i>cultural significance</i> of many <i>places</i> is not readily apparent, and should be explained by <i>interpretation</i>. Interpretation should enhance understanding and engagement, and be culturally appropriate.</p> <p>Conservation Practice</p> <p>Article 26. Applying the Burra Charter Process 26.1 Work on a <i>place</i> should be preceded by studies to understand the place which should include analysis of physical, documentary, oral and other evidence, drawing on appropriate knowledge, skills and disciplines. 26.2 Written statements of <i>cultural significance</i> and policy for the <i>place</i> should be prepared, justified and accompanied by supporting evidence. The statements of significance and policy should be incorporated into a management plan for the place.</p> <p>26.3 Groups and individuals with <i>associations</i> with the <i>place</i> as well as those involved in its management should be provided with opportunities to contribute to and participate in identifying and understanding the <i>cultural significance</i> of the place. Where appropriate they should also have opportunities to participate in its <i>conservation</i> and management. 26.4 Statements of <i>cultural significance</i> and policy for the <i>place</i> should be periodically reviewed, and actions and their consequences monitored to ensure continuing appropriateness and effectiveness.</p> <p>Article 27. Managing change 27.1 The impact of proposed changes, including incremental changes, on the <i>cultural significance</i> of a <i>place</i> should be assessed with reference to the statement of significance and the policy for managing the place. It may be necessary to modify proposed changes to better retain cultural significance. 27.2 Existing <i>fabric</i>, <i>use</i>, <i>associations</i> and <i>meanings</i> should be adequately recorded before and after any changes are made to the <i>place</i>.</p> <p>Article 28. Disturbance of fabric 28.1 Disturbance of significant <i>fabric</i> for study, or to obtain evidence, should be minimised. Study of a <i>place</i> by any disturbance of the fabric, including archaeological excavation, should only be undertaken to provide data essential for decisions</p> | <p>require research.</p> <p>In some circumstances any form of interpretation may be culturally inappropriate.</p> <p>The results of studies should be kept up to date, regularly reviewed and revised as necessary.</p> <p>Policy should address all relevant issues, e.g. use, interpretation, management and change.</p> <p>A management plan is a useful document for recording the Burra Charter Process, i.e. the steps in planning for and managing a place of cultural significance (Article 6.1 and flow chart). Such plans are often called conservation management plans and sometimes have other names.</p> <p>The management plan may deal with other matters related to the management of the place.</p> <p>Monitor actions taken in case there are also unintended consequences.</p> |

| Articles | Explanatory Notes |
|---|---|
| <p>on the <i>conservation</i> of the place, or to obtain important evidence about to be lost or made inaccessible.</p> <p>28.2 Investigation of a <i>place</i> which requires disturbance of the <i>fabric</i>, apart from that necessary to make decisions, may be appropriate provided that it is consistent with the policy for the place. Such investigation should be based on important research questions which have potential to substantially add to knowledge, which cannot be answered in other ways and which minimises disturbance of significant fabric.</p> <p>Article 29. Responsibility The organisations and individuals responsible for management and decisions should be named and specific responsibility taken for each decision.</p> <p>Article 30. Direction, supervision and implementation Competent direction and supervision should be maintained at all stages, and any changes should be implemented by people with appropriate knowledge and skills.</p> <p>Article 31. Keeping a log New evidence may come to light while implementing policy or a plan for a <i>place</i>. Other factors may arise and require new decisions. A log of new evidence and additional decisions should be kept.</p> <p>Article 32. Records 32.1 The records associated with the <i>conservation</i> of a <i>place</i> should be placed in a permanent archive and made publicly available, subject to requirements of security and privacy, and where this is culturally appropriate. 32.2 Records about the history of a <i>place</i> should be protected and made publicly available, subject to requirements of security and privacy, and where this is culturally appropriate.</p> <p>Article 33. Removed fabric Significant <i>fabric</i> which has been removed from a <i>place</i> including contents, fixtures and objects, should be catalogued, and protected in accordance with its <i>cultural significance</i>. Where possible and culturally appropriate, removed significant fabric including contents, fixtures and objects, should be kept at the place.</p> <p>Article 34. Resources Adequate resources should be provided for <i>conservation</i>.</p> <p><i>Words in italics are defined in Article 1.</i></p> | <p>New decisions should respect and have minimal impact on the cultural significance of the place.</p> <p>The best conservation often involves the least work and can be inexpensive.</p> |

The Burra Charter Process

Steps in planning for and managing a place of cultural significance

The Burra Charter should be read as a whole.

Key articles relevant to each step are shown in the boxes. Article 6 summarises the Burra Charter Process.



The Burra Charter Process: flow chart from the *Australia ICOMOS Burra Charter, 2013, p10*.

© Australia ICOMOS Incorporated 2017. This may be reproduced, but only in its entirety.

APPENDIX J: AUSTRALIAN NATURAL HERITAGE CHARTER

The following are extracts from Cairnes (2002).





Part A Definitions

Alphabetical listing

Words printed in *italics* in this document have definitions set out below.

| | | | |
|-------------------------------|------|-----------------------------|------|
| <i>Biodiversity</i> | 1.5 | <i>Modification</i> | 1.28 |
| <i>Community</i> | 1.13 | <i>Monitoring</i> | 1.30 |
| <i>Conservation</i> | 1.20 | <i>Natural heritage</i> | 1.1 |
| <i>Degradation</i> | 1.19 | <i>Natural integrity</i> | 1.8 |
| <i>Earth processes</i> | 1.16 | <i>Natural significance</i> | 1.3 |
| <i>Ecological processes</i> | 1.15 | <i>Organism</i> | 1.11 |
| <i>Ecosystem</i> | 1.14 | <i>Place</i> | 1.2 |
| <i>Enhancement</i> | 1.26 | <i>Presentation</i> | 1.29 |
| <i>Evolutionary processes</i> | 1.17 | <i>Preservation</i> | 1.27 |
| <i>Genetic diversity</i> | 1.7 | <i>Protection</i> | 1.21 |
| <i>Geodiversity</i> | 1.4 | <i>Regeneration</i> | 1.23 |
| <i>Habitat</i> | 1.12 | <i>Reinstatement</i> | 1.25 |
| <i>Indigenous species</i> | 1.9 | <i>Restoration</i> | 1.24 |
| <i>Introduced species</i> | 1.10 | <i>Species diversity</i> | 1.6 |
| <i>Maintenance</i> | 1.22 | <i>Succession</i> | 1.18 |

Listing by topic

Article 1 For the purpose of the Charter the following definitions apply.

GENERAL

1.1 *Natural heritage* means:

- natural features consisting of physical and biological formations or groups of such formations, which demonstrate *natural significance*
- geological and physiographical formations and precisely delineated areas that constitute the habitat of *indigenous species* of animals and plants, which demonstrate *natural significance*, and/or
- natural sites or precisely-delineated natural areas which demonstrate *natural significance* from the point of view of science, *conservation* or natural beauty.

1.2 *Place* means a geographically defined site or area with associated natural features of *biodiversity*, *geodiversity* and *ecological processes*.

Note for Article 1.1

This definition is based on that used in the World Heritage Convention which is also known as the Convention Concerning the Protection of the World Cultural and Natural Heritage. This convention was adopted by the General Conference of UNESCO in 1972 and is now being adhered to by more than 150 countries.

Articles

VALUES

- 1.3** *Natural significance* means the importance of *ecosystems*, *biodiversity* and *geodiversity* for their existence value or for present or future generations, in terms of their scientific, social, aesthetic and life-support value.
- 1.4** *Geodiversity* means the natural range (diversity) of geological (bedrock), geomorphological (landform) and soil features, assemblages, systems and processes. *Geodiversity* includes evidence of the past life, *ecosystems* and environments in the history of the earth as well as a range of atmospheric, hydrological and biological processes currently acting on rocks, landforms and soils.
- 1.5** *Biodiversity* means the variability among living *organisms* from all sources (including terrestrial, marine and other aquatic *ecosystems* and the ecological complexes of which they are part) and includes diversity within and between species and the diversity of *ecosystems*.
- 1.6** *Species diversity* means the variety of species in a *place*.
- 1.7** *Genetic diversity* means the variety of genetic information contained in the total genes of individual plants, animals and microorganisms in a *place*.
- 1.8** *Natural integrity* means the degree to which a *place* or *ecosystem* retains its natural *biodiversity* and *geodiversity* and other natural processes and characteristics.
- 1.9** *Indigenous species* means a species that occurs at a *place* within its historically known natural range and that forms part of the natural *biodiversity* of a *place*.

Explanatory Notes

Note for Article 1.5

This definition is essentially the same as that used in Australia's National Strategy for the Conservation of Biological Diversity [1996], and in the Commonwealth's Environment Protection and Biodiversity Conservation Act 1999. The term 'biodiversity' is in widespread use and for consistency has been used in this Charter in preference to 'biological diversity'. However, the meanings and concepts of the two terms are the same.

Note for Article 1.9

Special classes of indigenous species, often defined in legislation by terms such as 'threatened species', 'vulnerable species' or 'endangered species', have not been defined in this Charter. However, these concepts might contribute to the natural significance of a *place*.

Some legislation sets a date for the historically-known range of species, but this Charter leaves the interpretation of this aspect to individual users.

Definitions



Note for Article 1.10

Introduced species include those that have been translocated to a place from elsewhere in Australia, and those that are genetically modified by human intervention.

Note for Article 1.12

Habitat elements are the component parts (living or non-living) of the structural environments that make up an organism's *habitat*.

Note for Article 1.19

A degraded ecosystem will usually require human assistance to recover.

10

- 1.10** ***Introduced species*** means a translocated or alien species occurring at a *place* outside its known natural range as a result of intentional or accidental dispersal.
- 1.11** ***Organism*** means any living being.
- 1.12** ***Habitat*** means the structural environments where an *organism* lives for all or part of its life, including environments once occupied (continuously, periodically or occasionally) by an *organism* or group of *organisms*, and into which *organisms* of that kind have the potential to be *reinstated*.
- 1.13** ***Community*** means an assemblage of *species* that inhabits a particular area in nature.
- 1.14** ***Ecosystem*** means a dynamic complex of *organisms* and their non-living environment, interacting as a functional unit.
- 1.15** ***Ecological processes*** means all those processes that occur between *organisms*, and within and between *communities*, including interactions with the non-living environment, that result in existing *ecosystems* and bring about changes in *ecosystems* over time.
- 1.16** ***Earth processes*** means the interactions, changes and development of *geodiversity* over time.
- 1.17** ***Evolutionary processes*** means genetically-based processes by which life forms change and develop over generations.
- 1.18** ***Succession*** means the natural changes where species composition changes over time.

DEGRADATION

- 1.19** ***Degradation*** means any significant decline in the quality of natural resources or *natural integrity* of a *place* or the viability of an *ecosystem*, caused directly or indirectly by human activities.

AUSTRALIAN NATURAL HERITAGE CHARTER

CONSERVATION PROCESSES

- 1.20** **Conservation** means all the processes and actions of looking after a *place* so as to retain its *natural significance* and always includes *protection*, *maintenance* and *monitoring*.
- 1.21** **Protection** means taking care of a *place* by managing impacts to ensure that *natural significance* is retained.
- 1.22** **Maintenance** means the continuous protective care of the *biodiversity* and *geodiversity* of a *place*.
- 1.23** **Regeneration** means the natural recovery of *natural integrity* following disturbance or *degradation*.
- 1.24** **Restoration** means returning existing *habitats* to a known past state or to an approximation of the natural condition by repairing *degradation*, by removing *introduced species* or by *reinstatement*.
- 1.25** **Reinstatement** means to introduce to a *place* one or more species or elements of *habitat* or *geodiversity* that are known to have existed there naturally at a previous time, but that can no longer be found at that *place*.

Note for Article 1.20

Conservation may, according to circumstance, also include *regeneration*, *restoration*, *enhancement*, *reinstatement*, *preservation* or *modification*, or a combination of more than one of these. Conservation includes conserving natural processes of change (as opposed to artificially accelerated changes).

Note for Article 1.22

Maintenance may also need to be done outside the *place*.

Note for Article 1.23

Regeneration applies to both the *geodiversity* and *biodiversity* of a *place*, and includes the process of natural succession.

Note for Articles 1.24 and 1.25

The timeframe that would apply to the past state as reference for *restoration* and *reinstatement* is not specified. It should be determined for each situation through the conservation policy.

Note for Article 1.25

Reinstatement has the same meaning as the term 'reintroduction' that is commonly applied for plant and animal species.



Note for Article 1.28
Modification may involve changes to safeguard the *natural significance* of a *place*.

Note for Article 1.29
Presentation includes interpretation and education activities.

Note for Article 1.30
Monitoring is used to assist review of decisions by providing knowledge of the effects of conservation processes on the *significance* of a *place*.

- 1.26 **Enhancement** means the introduction of additional organisms, genotypes, species or elements of habitat or geodiversity to those that naturally exist in a *place*.
- 1.27 **Preservation** means maintaining *biodiversity* of a *place* at the existing stage of *succession*, or maintaining existing *geodiversity*.
- 1.28 **Modification** means altering a *place* to suit proposed uses that are compatible with the *natural significance* of the *place*.
- 1.29 **Presentation** means creating awareness and understanding of the *natural significance* of a *place*.
- 1.30 **Monitoring** means ongoing review, evaluation and assessment to detect changes in the *natural integrity* of a *place*, with reference to a baseline condition.

Part B

Conservation Principles



BASIS OF CONSERVATION

- Article 2** The basis for *conservation* is the assessment of the *natural significance* of a *place*, usually presented as a statement of significance.
- Article 3** The aim of *conservation* is to retain, *restore* or *reinstate* the *natural significance* of a *place*.
- Article 4** A self-sustaining condition is preferable to an outcome that requires a high level of ongoing management intervention.
- Article 5** *Conservation* is based on respect for *biodiversity* and *geodiversity*. It should involve the least possible human intervention to *ecological processes*, *evolutionary processes* and *earth processes*.
- Article 6** *Conservation* should make use of all the disciplines and experience that can contribute to the study and safeguarding of a *place*. Techniques employed should have a firm scientific basis or be supported by relevant experience.
- Article 7** *Conservation* of a *place* should take into consideration all aspects of its *natural significance*, and respect aspects of cultural significance that occur there.

Note for Article 2

If cultural values exist for the *place* they should also be considered as part of the significance of the *place* and included in the statement of significance.

Note for Article 4

A self-sustaining condition allows continuation of natural processes of change.

Note for Article 5

The best conservation often involves the least work. *Conservation* should not be undertaken unless adequate resources are available to ensure that the *place* is not left in a disturbed or vulnerable state.

Note for Article 7

Some *places* with *natural significance* might also have Indigenous or historic cultural heritage values that should be conserved. *Conservation* of *places* with cultural significance is explained in *The Burra Charter*, which defines cultural significance to mean aesthetic, historic, scientific, social or spiritual value for past, present or future generations. For *places* with Indigenous heritage values, reference should be made to *Ask First: A guide to respecting Indigenous heritage places and values*.



Note for Article 8

Protecting Natural Heritage includes more detail on developing the conservation policy for a place.

'Management issues' include factors such as the owner's needs, resources, external constraints and the past history of use of the place.

Note for Article 9

There may be relevant legislative or statutory requirements that need to be considered.

Note for Article 10

An example of the use of this Article is the conservation of migratory bird species.

Note for Article 11

Provision for scientific collecting should be incorporated into the conservation plan where appropriate. Accepted protocols for scientific collecting should be observed where they exist.

Note for Article 12

An example is poisoning or draining a water body to eliminate an introduced species of fish and to prevent its wider spread, even though this action may threaten other indigenous species in the same stretch of water.

CONSERVATION POLICY

- Article 8** The *conservation* policy for a *place* should be determined by a clear understanding of *natural significance* and other management issues. These should be used to determine the desired *conservation* outcomes and future condition for the *place*.
- Article 9** The *conservation* policy should determine uses that are compatible with the *natural significance* of a *place*. Uses that will degrade the *natural significance* should not be introduced or continued.
- Article 10** The conservation policy should consider *ecological processes* and other processes that extend beyond the stated boundaries of a *place*, and their level of impact or influence on the *natural significance* of the *place*.

REMOVAL OF ELEMENTS

- Article 11** Elements of the *geodiversity* and *biodiversity* that contribute to the *natural significance* of a *place* should not be removed from the *place* unless this is the sole means of ensuring their survival, security or *preservation* and is consistent with the conservation policy.
- Article 12** The destruction of elements of *habitat* or *geodiversity* that form part of the *natural significance* of a *place* is unacceptable unless it is the sole means of ensuring the security of the wider *ecosystem* or the long-term *conservation* of the *natural significance*.



INTRODUCED ELEMENTS

Article 13 Some introduced elements may need to be considered as part of the *ecosystem*. Some may contribute permanently to the *natural significance* of the *place*. Others may need to be retained until a condition of sustainable *natural integrity* can be achieved. The conservation policy should stipulate requirements for longer-term retention, control or eradication.

Note for Article 13

Examples include:

- where loose rocks have been removed, they might be replaced by other rocks to provide reptile habitat, and
- where a prolific introduced species of plant may be the preferred habitat for a range of birds and immediate removal may have a dramatic adverse affect on the birds.

Many factors will influence decisions related to conservation practices involving introduced elements.

DEGRADED NATURAL ECOSYSTEMS

Article 14 Some remnants of natural *ecosystems* that have suffered *degradation* may never recover their *natural integrity* but nevertheless may have *natural significance* that should be conserved.

Article 15 Extreme natural 'catastrophic' events may cause disturbance. This is a natural phenomenon, but is not *degradation* unless human *modification* of the natural environment has contributed to the event or the effects. If conservation decisions are needed after such events, this difference should guide the decisions.

Note for Article 14

This does not provide an excuse for allowing the *natural integrity* of a place to be degraded as long as other aspects are protected.



Part C Conservation Processes

Note for Article 16

Protection may include direct protective action (such as erection of a fence) and indirect measures such as binding legal agreements, planning instruments, land acquisition, placing a protective covenant on a land title or reserving the place as a protected area.

Note for Article 18

The main distinction between regeneration and restoration is the extent of direct or indirect intervention. The activity known as bush regeneration consists of restoration and other conservation processes defined here.

Note for Articles 19 and 20

In considering restoration and reinstatement, the length of time that has passed since the existence of the 'earlier state' will influence decisions on conservation policy and will be a matter of judgment by the practitioner for each place.

Note for Article 20

For example, returning an element of geodiversity that has been seriously depleted, eg. adding gravel to expand the shallows and riffles of a stream that has been deepened by mining.

PROTECTION

Article 16 *Protection* may include conservation management measures that are either direct or indirect. The aim of *protection* is to prevent or minimise impacts that may degrade the *natural significance* of the *place* and to facilitate *regeneration*.

MAINTENANCE

Article 17 *Maintenance* techniques and action should be consistent with the conservation processes adopted for a *place* and should not detract from its *natural significance*.

REGENERATION

Article 18 *Regeneration* is essentially dependent on natural processes facilitating recovery from disturbance or *degradation*. It does not include physical intervention, but should be accompanied by *monitoring* and *protection* measures that do not create *degradation*.

RESTORATION

Article 19 *Restoration* is appropriate only if there is sufficient evidence of an earlier state to guide the conservation process and if returning the *biodiversity*, *geodiversity* or *habitat* of the *place* to that state is consistent with the *natural significance* of that *place*.

REINSTATEMENT

Article 20 *Reinstatement* is appropriate only if:

- there is evidence that the species or *habitat* elements or features of *geodiversity* that are to be reintroduced have existed there naturally at a previous time, and
- returning them to the *place* contributes to retaining the *natural significance* of that *place*, and
- processes that may threaten their existence at that *place* have been discontinued.

ENHANCEMENT

Article 21 *Enhancement* is appropriate only if there is evidence that the introduction of additional *habitat* elements, elements of *geodiversity* or individuals of an *organism* which exist at that place are necessary for, or contribute to, the retention of the *natural significance* of the *place*.

Note for Article 21

An example of enhancement is planting large numbers of a specific tree species to provide a *habitat* for a bird species identified as a particular part of the *natural significance*.

Article 22 Where *organisms* or elements of *geodiversity* are introduced to a *place* for the purpose of *enhancement*, the individuals introduced to the *place* should not alter the natural *species diversity*, *genetic diversity* or *geodiversity* of the *place* if that would reduce its *natural significance*.

Note for Article 22

This means that genotypes different to the local genotype of a species at a *place* should not be introduced to it unless it is necessary for *restoration* or *preservation* of the *natural significance*.

Article 23 *Enhancement* in existing natural systems should be limited to a minor part of *biodiversity* or *geodiversity* of a *place* and should not change *ecosystem processes* nor constitute a majority of the *habitats* or features of *geodiversity* of the *place*.

Note for Article 23

This Article refers to existing natural systems and is not an argument against the creation of a new *habitat*.

PRESERVATION

Article 24 *Preservation* is appropriate where the *natural significance* of a *place* is fully manifested in its existing stage of natural *succession* or the existing state of its *geodiversity*, and where the *natural significance* is dependent on retaining existing conditions which may otherwise be lost by progression in natural processes.

Note for Article 24

Preservation is an exception to the general conservation principle of allowing natural ecological processes, evolutionary processes, earth processes and succession to continue. There may be situations where the conservation policy is to maintain the *ecosystem* of a *place* at a particular point in its succession, eg. *preservation* may be an appropriate conservation process for the locality of the Wollemi pine in New South Wales, thought to be a rare surviving relic of a previous climatic environment.

Article 25 *Preservation* should be limited to the minimum intervention, or the change of *maintenance* actions, needed to suspend the natural *earth processes* or processes of *succession*. The intervention or change should not adversely affect surrounding *ecosystems*.



Note for Article 28

Presentation does not need to be limited to on-site activity and can include off-site programs.

Note for Article 30

Monitoring should be designed and conducted so as to identify changes relevant to the conservation program and unforeseen effects of conservation actions.

MODIFICATION

- Article 26** *Modification of a place to accommodate other non-conservation uses is acceptable where natural significance is retained and where the modification will not adversely affect the natural significance of other places.*
- Article 27** *Modification should be limited to that which is essential to a use for the place, such use being determined in accordance with the conservation policy.*

PRESENTATION

- Article 28** *Presentation should interpret to visitors and others the natural significance of the place and should encourage appreciation and respect. It should also encourage an appropriate level of awareness, understanding and support for the heritage values and conservation objectives of a conservation program or activity.*
- Article 29** *Presentation may not be appropriate for all places for reasons of security and privacy or cultural significance. It should only commence after a place has been given adequate protection.*

MONITORING

- Article 30** *Monitoring, which allows review of the effectiveness of conservation programs and re-examination of the appropriateness of decisions, is fundamental to improving conservation practice. It requires keeping adequate records.*

Part D

Conservation Practice

OBTAINING INFORMATION ABOUT A PLACE

Article 31 Work on a *place* should be preceded by research and by review of the available physical, oral, documentary and other information about the existing *biodiversity* and *geodiversity*, including information from Indigenous people.

Article 32 Studies should be of as high a quality as possible. They should be prepared or reviewed by other people with appropriate experience, knowledge or professional qualifications. Information should be checked on site before any decisions about intervention activities are made.

Article 33 Evidence of the existing *biodiversity*, *geodiversity* and any other significant features of the *place* (such as cultural heritage) should be recorded before any disturbance of the *place*.

Article 34 Study of a *place* may require some disturbance to provide the data needed for deciding its *natural significance* and the conservation policy. In these cases the disturbance should have minimal impact on the *biodiversity* and *geodiversity* of the *place* and the actions should be recorded.

Article 35 Physical intervention is justified where it is needed to secure evidence about to be lost or made inaccessible through necessary conservation work or other unavoidable action.

Article 36 Investigation that requires physical disturbance of a *place* may be permitted if it will create, or add substantially to, a body of knowledge and provided that it is consistent with the conservation policy of a *place*.

Note for Article 31

The minimum information required before work or other conservation actions or processes start at a *place* is the identification of its *natural significance*.

Note for Article 33

If the *place* is known to, or likely to have cultural heritage values, reference can be made to *Ask First: A guide to respecting Indigenous heritage places and values* or *The Burra Charter* to assist in understanding, documenting and respecting these values.

Note for Article 34

A permit or licence is likely to be required for such studies.



Note for Article 37

The conservation policy should be of as high a quality as possible. It should be prepared or reviewed by a person with appropriate experience, knowledge or professional qualifications.

See Articles 8, 9, 10.

If management objectives are used instead of a conservation policy, key elements of Article 37 should be taken into account.

Note for Article 38

The process to develop a conservation plan is shown as a diagram on page 7.

The conservation plan may also acknowledge or reflect the local, state and territory, national and international policies, agreements, strategies and plans that may be statutory or guiding documents.

The conservation plan may be a component of a broader management plan for a range of land uses for the place, eg a farm plan, a plan of management for a reserve or a land or vegetation rehabilitation program.

Note that 'conservation management plan' is a commonly used alternative term.

CONSERVATION POLICY

Article 37

A conservation policy outlines the desired goals for conserving the *natural significance* of a *place* in both the short and long term. It should be a succinctly written statement which considers:

- the statement of significance and its supporting evidence
- a description of other management issues
- the implications of these issues for future management of the *place*, and
- the desired conservation outcomes and desired future condition.

This policy should be incorporated into a conservation plan for the *place*.

CONSERVATION PLAN

Article 38

A conservation plan should be prepared which outlines how the conservation policy will be implemented. The plan should include:

- a statement of significance
- a description of the management issues
- the conservation policy
- the conservation processes to be used
- organisations and/or individuals responsible for implementing the conservation plan
- a monitoring program to log changes in the *place*, and
- an evaluation process for assessing the success of the conservation plan in achieving the desired conservation outcomes.



- Article 39** The conservation processes to be used should be determined with reference to the conservation policy and to the conservation principles.
- Article 40** There should be a process to ensure that the conservation plan is regularly reviewed and updated.
- Article 41** The requirements of the conservation plan should be made known as part of the *presentation* of the *place*.
- Article 42** Appropriate expert direction and supervision should be maintained at all stages of implementing the plan, a log kept of new evidence, and additional decisions recorded as amendments to the conservation plan.

CONSULTATION

- Article 43** Consultation with individuals and organisations with an interest in the *natural significance* or future use of a *place* is highly desirable, especially at the time of developing the conservation policy and the conservation plan.

Note for Article 39

Conservation processes may be used in combination or sequentially to achieve the desired conservation outcomes.

Note for Article 43

The benefits of consultation include the benefit of additional knowledge or experience concerning a *place* and assistance in resolving any conflict prior to commitment to a management regime. It is recognised that some landholders may wish not to consult where there is no statutory obligation to do so. If a *place* appears to have heritage values for Indigenous people, steps for effective consultation can be found in *Ask First: A guide to respecting Indigenous heritage places and values*.

RECORDS

- Article 44** The records associated with all stages of the *conservation* of a *place* should be kept in a permanent archive and made publicly available, subject to requirements of security and privacy.

APPENDIX K: COMPLIANCE WITH COMMONWEALTH HERITAGE MANAGEMENT PRINCIPLES AND REQUIREMENTS FOR MANAGEMENT PLANS UNDER THE EPBC REGULATIONS

The regulations under the EPBC Act 1999 provide a list of Commonwealth Heritage management principles as well as requirements for (conservation) management plans for Commonwealth Heritage places (*Environment Protection and Biodiversity Conservation Amendment Regulations 2003 (No. 1)*, Schedules 7A and 7B). The following tables provide a summary of compliance with these requirements.

| Table 20. Commonwealth Heritage Management Principles | | |
|---|---|--|
| No. | Requirement (Schedule 7B) | Compliance Comment |
| 1. | The objective in managing Commonwealth Heritage places is to identify, protect, conserve, present and transmit, to all generations, their Commonwealth Heritage values. | Complies: Section 6.1. The plan effectively adopts this as the objective for the development of the conservation policy and implementation strategies. |
| 2. | The management of Commonwealth Heritage places should use the best available knowledge, skills and standards for those places, and include ongoing technical and community input to decisions and actions that may have a significant impact on their Commonwealth Heritage values. | Complies: Chapter 6 - Policies 2, 6, 11 |
| 3. | The management of Commonwealth Heritage places should respect all heritage values of the place and seek to integrate, where appropriate, any Commonwealth, State, Territory and local government responsibilities for those places. | Complies: Chapter 6 – Policies 1 and 4 |
| 4. | The management of Commonwealth Heritage places should ensure that their use and presentation is consistent with the conservation of their Commonwealth Heritage values. | Complies: Chapter 6 – Policies 19, 21 |
| 5. | The management of Commonwealth Heritage places should make timely and appropriate provision for community involvement, especially by people who: (a) have a particular interest in, or associations with, the place; and (b) may be affected by the management of the place; | Complies: Chapter 6 – Policies 9, 11 |
| 6. | Indigenous people are the primary source of information on the value of their heritage and that the active participation of indigenous people in identification, assessment and management is integral to the effective protection of indigenous heritage values. | Complies: Chapter 6 – Policy 11 |
| 7. | The management of Commonwealth Heritage places should provide for regular monitoring, review and reporting on the conservation of Commonwealth Heritage values. | Complies: Chapter 6 – Policies 7, 9, 17 |

Table 21. Management Plan Requirements

| No. | Requirement (Schedule 7A) | Compliance Comments |
|--------|---|---|
| (a) | establish objectives for the identification, protection, conservation, presentation and transmission of the Commonwealth Heritage values of the place; and | Generally complies through the provision of policies addressing an overall objective in Chapter 6. There is no identification objective or policy as such, as this matter is substantially addressed in Chapters 2-4. |
| (b) | provide a management framework that includes reference to any statutory requirements and agency mechanisms for the protection of the Commonwealth Heritage values of the place; and | Complies: Chapter 6 |
| (c) | provide a comprehensive description of the place, including information about its location, physical features, condition, historical context and current uses; and | Complies: Chapters 2, 5 |
| (d) | provide a description of the Commonwealth Heritage values and any other heritage values of the place; and | Complies: Chapter 4 |
| (e) | describe the condition of the Commonwealth Heritage values of the place; and | Complies: Sections 2.2 and 5.5 |
| (f) | describe the method used to assess the Commonwealth Heritage values of the place; and | Complies: Chapter 3 and Appendix F |
| (g) | describe the current management requirements and goals, including proposals for change and any potential pressures on the Commonwealth Heritage values of the place; and | Complies: Section 5.4 |
| (h) | have policies to manage the Commonwealth Heritage values of a place, and include in those policies, guidance in relation to the following: | See below |
| (i) | the management and conservation processes to be used; | Complies: Chapter 6 |
| (ii) | the access and security arrangements, including access to the area for indigenous people to maintain cultural traditions; | Complies with regard to general access: Chapter 6, especially Policy 19 There are no special security requirements or Indigenous access issues. |
| (iii) | the stakeholder and community consultation and liaison arrangements; | Complies: Chapter 6 – Policies 7, 9, 11 |
| (iv) | the policies and protocols to ensure that indigenous people participate in the management process; | Complies: Chapter 6 – Policy 11 |
| (v) | the protocols for the management of sensitive information; | Not applicable |
| (vi) | the planning and management of works, development, adaptive reuse and property divestment proposals; | Complies: Chapter 6 – especially Policies 4, 7, 12-14, 16, 19 |
| (vii) | how unforeseen discoveries or disturbance of heritage are to be managed; | Complies: Chapter 6 – including Policy 22 |
| (viii) | how, and under what circumstances, heritage advice is to be obtained; | Complies: Chapter 6 – Policy 6 |
| (ix) | how the condition of Commonwealth Heritage values is to be monitored and reported; | Complies: Chapter 6 – Policies 9, 17 |
| (x) | how records of intervention and maintenance of a heritage places register are kept; | Complies: Chapter 6 – Policy 23 |
| (xi) | the research, training and resources needed to improve management; | Complies: Chapter 6 generally, and including Policies 8 and 23. |
| (xii) | how heritage values are to be interpreted and promoted; and | Complies: Chapter 6 – Policy 21 |

| Table 21. Management Plan Requirements | | |
|---|--|---|
| No. | Requirement (Schedule 7A) | Compliance Comments |
| (i) | include an implementation plan; and | Complies: Table 7, Chapter 6 – Strategy 3.1 and Section 6.4 |
| (j) | show how the implementation of policies will be monitored; and | Complies: Chapter 6 – Policies 7, 9 |
| (k) | show how the management plan will be reviewed. | Complies: Chapter 6 – Policy 9 |