Godden Mackay Logan
Heritage Consultants

Wollongong Hospital

Stage 1 Aboriginal Archaeological Assessment

Final Report

Report prepared for Johnstaff Projects

September 2011

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Report Register

The following report register documents the development and issue of the report entitled Wollongong Hospital—Stage 1 Aboriginal Archaeological Assessment, undertaken by Godden Mackay Logan Pty Ltd in accordance with its quality management system. Godden Mackay Logan operates under a quality management system which has been certified as complying with the Australian/New Zealand Standard for quality management systems AS/NZS ISO 9001:2008.

Job No.	Issue No.	Notes/Description	Issue Date
11-0124	1	Draft	15 July 2011
11-0124	2	Final	14 Sept 2011

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1.0 Introduction

1.1 Project Initiation

Godden Mackay Logan Pty Ltd (GML) has been engaged by Health Infrastructure to prepare a Stage 1 Aboriginal Archaeological Assessment (AA) for proposed development at Wollongong Hospital (the study area). This report is to inform Health Infrastructure and Illawarra Shoalhaven Local Health Network (ISLHN) of any Aboriginal archaeological constraints relevant to the proposed development.

The aim of this report is to identify whether Aboriginal objects or sites are present, or likely to be present within the study area, and if present, whether proposed development of the site has potential to harm Aboriginal objects. The scope of the report has regard to the Department of Planning's (DoP) Part 3A guidelines for Aboriginal cultural heritage assessment.

1.2 Site Location

Wollongong Hospital is located in Wollongong, NSW (Figure 1.1). The site is bounded by Loftus Street to the north, Darling Street to the east, Princes Highway to the south and New Dapto Road to the west (Figure 1.2). Hospital Road bisects the site east to west. For the purposes of this report, the term 'site' refers to the entirety of the hospital site.

1.3 Proposed Development

Wollongong Hospital is a teaching and major referral hospital and the largest hospital in the Illawarra Shoalhaven Local Health District (ISLHD). To meet the needs of its aging and growing population catchment in the Illawarra (Kiama, Wollongong and Shellharbour), the then South Eastern Sydney Illawarra Area Health Service Strategic Plan 2010-2015 identified a critical need for additional surgical services in the Illawarra. The demand for additional surgical beds, critical care beds, theatres and elective surgery clinic-consulting rooms for pre and post admission consults will be met through the development of a new Illawarra Elective Surgical Services (IESS) facility, a new Ambulatory Care Unit (ACU) and an expansion to the existing Emergency Department (ED) at Wollongong Hospital. These additional services will also demand a significant enhancement to health support services (e.g. stores, kitchen etc).

The development will consist of a new 6 storey building on the northern side of the site fronting Loftus Street and linking into the existing Clinical Services Building. There will also be a smaller expansion to the eastern side of the existing ED in an area currently occupied by Hospital Road.

To facilitate this development the following additional works will also occur:

- various demolition works including removal of 1941 addition at west end of Elouera House - the Nurses' Home – which is included on the State Heritage Register (SHR) and heritage listings of Wollongong Local Environmental Plan (LEP) 2009;
- modifications to Elouera House to ameliorate demolition works and provide new access;
- landscape and public domain works;
- excavation works for basement (See Figure 1.4);

- utility works including new water main connections, relocation of gas meter and new substations;
- removal of 21 trees including two fig trees listed as heritage items of Local significance in the Wollongong LEP 2009; and
- provision of sustainable transport, operational and waste procedures.

1.4 Aims

The aims of this report are to:

- predict the nature and location of possible Aboriginal archaeological objects and places within the proposed development site;
- assess the impact upon them by the proposed development; and
- provide advice as to whether there is any requirement for further Aboriginal heritage assessment of the study area.

1.5 Exclusions

This report does not consider historical heritage values or potential for historical relics within the study area.

1.6 Authors

This report has been prepared by Jenni Lennox, Consultant, and reviewed by Anne Mackay, Senior Associate, and Fiona Leslie, Associate, of Godden Mackay Logan.

Figure 1.1 General location of the study area (Source: Google Maps with GML overlay)

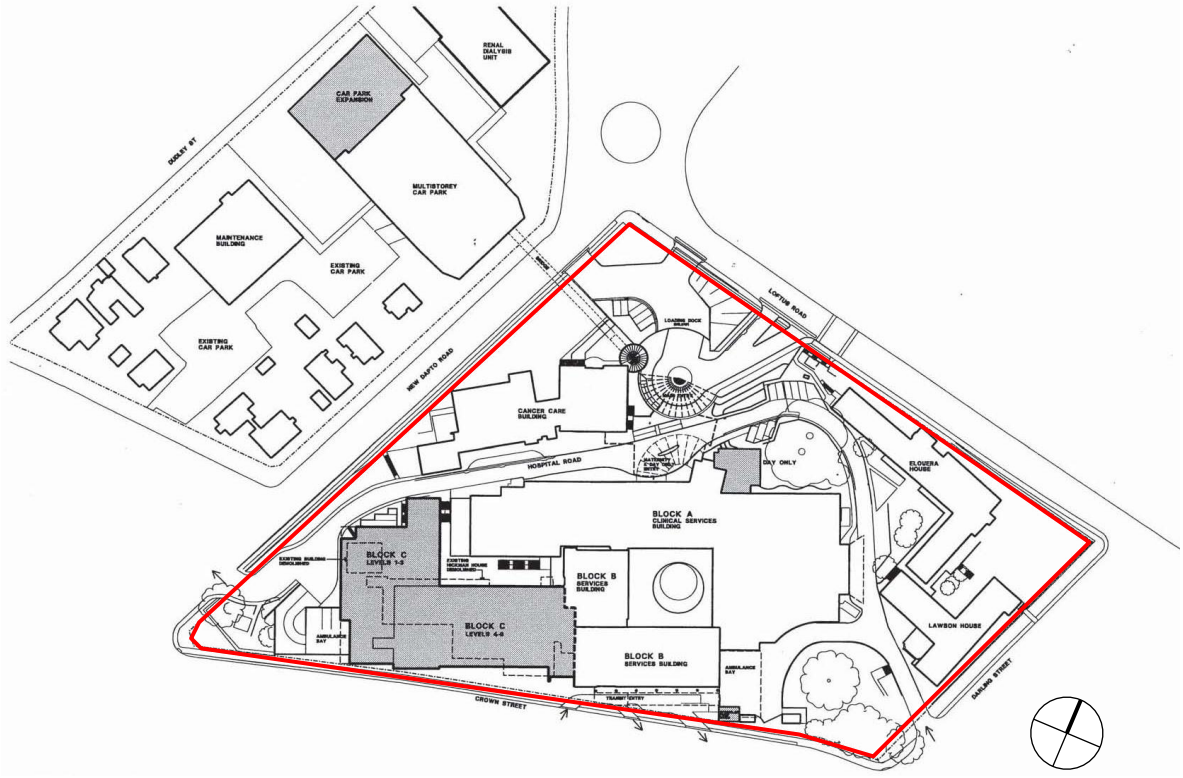

Figure 1.2 Site plan of Wollongong Hospital with study area outlined (Source: South Eastern Sydney & Illawarra Area Health Service)

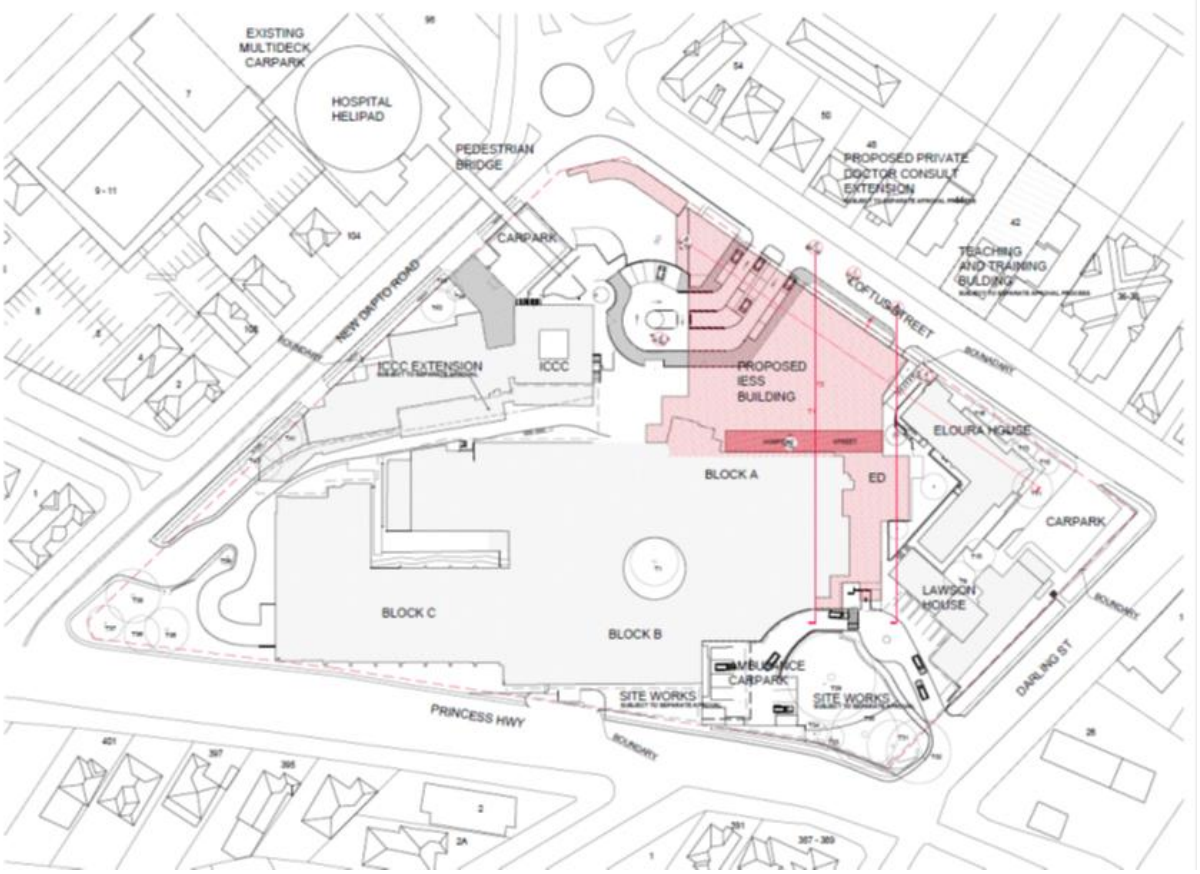

Figure 1.3 Site of proposed new development at Wollongong Hospital. (Source: Hassell 2011)

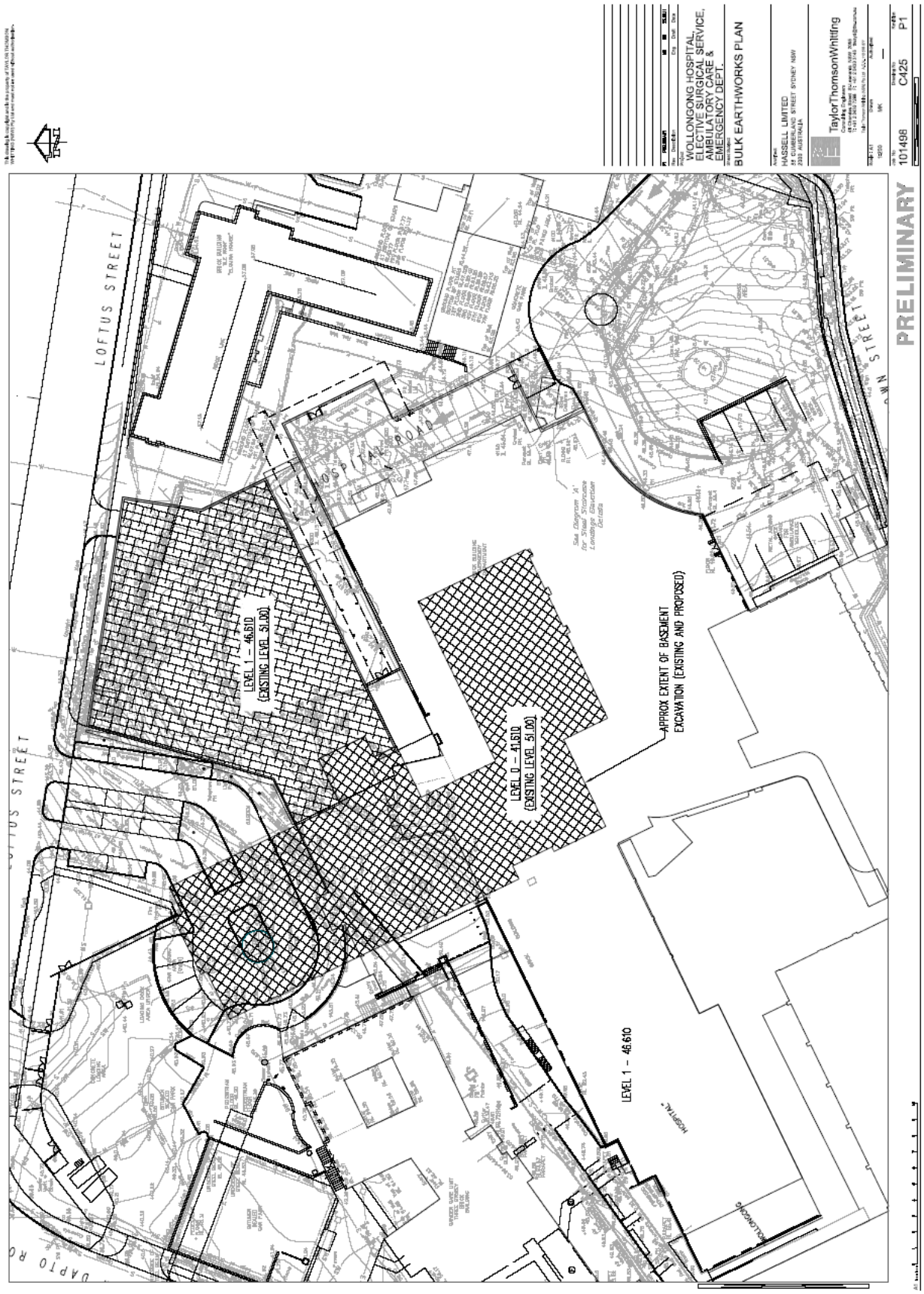

Figure 1.4 Bulk Earthworks Plan for proposed development (Source: Hassell Ltd)

2.0 Statutory Context

2.1 NSW Aboriginal Heritage Legislation

In NSW, Aboriginal heritage is principally protected under two Acts:

- the *National Parks and Wildlife Act 1974* (NPW Act); and
- the *Environmental Planning and Assessment Act 1979* (EP&A Act).

On 1 October 2010 the mechanisms for the protection and management of Aboriginal heritage places and objects changed with the adoption of the *NPW Amendment (Aboriginal Objects and Places) Regulation 2010.*

New offences were introduced that relate to the harm to, or desecration of, an Aboriginal object or declared Aboriginal Place. The definition of 'harm' now includes to destroy, deface, damage or move an Aboriginal object or declared Aboriginal Place. The Department of Environment, Climate Change and Water (DECCW, now the Office of Environment and Heritage (OEH)) has stated:

> *The most significant change is the introduction of tiered offences and penalties. Offences committed with knowledge, in aggravating circumstances or in relation to an Aboriginal Place will attract higher penalties than previously. There is a new strict liability offence of harming Aboriginal objects and of harming or desecrating Aboriginal Places.*[1]

The strict liability offence of harming Aboriginal objects has a number of defences. The two defences relevant to this project include the statutory defence of due diligence, through complying with an adopted industry code of practice (see due diligence below), or compliance with the conditions of an Aboriginal Heritage Impact Permit (AHIP).

The NSW Government announced on 13 May 2011 that a Bill will be prepared to repeal Part 3A of the EP&A Act and revise the criteria for projects of State significance. Based on our discussions with Department of Planning and Infrastructure representatives it is likely that this project will meet the revised State significant project criteria. While awaiting the new regime, this AA has been prepared to meet the existing legislative requirements of Part 3A via DoP guidelines, which, it is assumed, will also meet the future requirements for the assessment of State significant projects.

The Director General's Requirements (MP10_0213, Wollongong Hospital Redevelopment) for the development require Aboriginal heritage to be addressed in accordance with the DoP draft *Guidelines for Aboriginal Cultural Heritage Impact Assessment and Community Consultation* 2005 (draft guidelines). This assessment has been prepared in accordance with these guidelines.

2.2 Due Diligence Approach

DECCW (now OEH) has issued a code of practice guideline that defines a 'due diligence' approach to Aboriginal heritage: DECCW *Due Diligence Code of Practice for the Protection of Aboriginal Objects in New South Wales* (September 2010*).* This guideline is designed to assist individuals and organisations to exercise due diligence when carrying out activities that may harm Aboriginal objects, and/or Aboriginal Places, and to determine whether they should apply for consent in the form of an AHIP.

Activities declared a Part 3A project under Section 75B of the EP&A Act are directed to adhere to the 2005 draft *Guidelines for Aboriginal Cultural Heritage Impact Assessment and Community*

Consultation by the Due Diligence Code of Practice. Although Part 3A is to be repealed, these guidelines are still considered appropriate to follow given the project is likely to be declared of State significance.

Any subsequent applications to a consent authority (such as a local council) may be determined under Part 4 or Part 5 of the EP&A Act (ie staged development or concept plan approvals) and any Aboriginal heritage matters not already covered by the State significant approval may still require an AHIP. In such a case, adherence to the following guidelines will be necessary:

- DECC *Guide to Determining and Issuing Aboriginal Heritage Impact Permits* (2009);
- DECC *Operational Policy: Protecting Aboriginal Cultural Heritage* (February 2009);
- DECCW *Aboriginal cultural heritage consultation requirements for proponents 2010. Part 6 National Parks and Wildlife Act 1974* (April 2010); and
- DECCW *Code of Practice for Archaeological Investigation of Aboriginal Objects in New South Wales* (September 2010).

2.3 2005 Draft Guidelines for Aboriginal Cultural Heritage Assessment

The 2005 draft *Guidelines for Aboriginal Cultural Heritage Impact Assessment and Community Consultation* sets out reasonable and practicable steps which individuals and organisations need to take in order to:

- identify whether or not Aboriginal objects are, or are likely to be, present in an area;
- determine whether or not their activities are likely to harm Aboriginal objects (if present); and
- determine whether any further investigation under Part 3A of the EP&A Act is required.

Stage 1 of the draft guidelines requires an assessment of the presence or potential for Aboriginal objects within the study area. Aboriginal community consultation is not required under the draft guidelines for Stage 1 of the assessment. Should the assessment identify the presence of or potential for Aboriginal objects within the study area, Aboriginal community consultation would be required for additional stages of assessment.

As this is a Stage 1 assessment, no Aboriginal community consultation has been undertaken. It should be noted that archaeologists are unable to comment on social or cultural values for a specific area without Aboriginal community input.

3.0 Environmental Context

3.1 Preamble

The purpose of this section is to provide an environmental context for the study area so that a predictive model for Aboriginal sites and objects can be developed. Interactions between people and their surroundings are of integral importance in both the initial formation and subsequent preservation of the archaeological record. The nature and availability of resources, including water, flora and fauna, and suitable raw materials for the manufacture of stone tools and other items, had (and continues to have) a significant influence over the way in which people use the landscape.

Alterations to the natural environment also impact on the preservation and integrity of any cultural material that may have been deposited. Current vegetation and erosional regimes also affect the visibility of Aboriginal sites and objects. For these reasons, it is essential to consider the environmental context as part of any heritage assessment.

3.2 Geology

The study area is located within the Wollongong Plain physiographic region[2], between the Illawarra Escarpment and the ocean. The Wollongong Plain overlies the Illawarra Coal Measures, volcanic rolling to steeply inclined low hills, and areas of Budgong Sandstone and Quaternary alluvium.[3] The Illawarra Coal Measures comprise interbedded quartz-lithic sandstone, grey siltstone and claystone, carbonaceous claystone, clay and laminate.[4]

3.3 Landforms and Landscape Features

The study area is located within the Gwynneville soil landscape.[5] In general, this landscape consists of undulating to steep hills with local relief of between 10–70m and slope gradients of between 3–25%. Bedrock outcrops are occasionally present and colluvial deposits are deep.

The study area itself is located on a crest and slopes to the south; however, the natural ground levels have been heavily modified during construction of the hospital.

3.4 Soils

Soils within the Gwynneville soil landscape include a friable brown sandy loam for topsoil, overlying a friable sandy clay loam subsoil (occasionally a topsoil), which overlies a brown pedal clay. The Gwynneville soil landscape is residual landscape, meaning it is a landscape formed by weathering of parent materials. Generally, soils are deep.

3.5 Hydrology

No watercourses are shown on a topographic map within several kilometres of the study area. The Tasman Sea is approximately 2km east of the study area. Ephemeral drainage lines may have been present in the vicinity of the study area prior to development of the hospital site.

3.6 Fauna and Flora

Vegetation within the study area consists of both wet and dry sclerophyll forest, although large-scale clearing has occurred.[6] A wide range of fauna is present within the Wollongong LGA, including numerous species of frogs, birds, mammals and reptiles, kangaroos, wallabies, turtles and goannas.

4.0 Archaeological Context

4.1 AHIMS Search

A search of the OEH Aboriginal Heritage Information Management System (AHIMS) database of the study area was undertaken on 19 May 2011 (with a 50m buffer surrounding the Lot and DP). No Aboriginal sites are registered within the study area. No Aboriginal sites were registered within a 1km radius of the study area.

4.2 Post-Contact Impacts

An assessment of the historical significance of Wollongong Hospital Nurses' Home has been made in a separate report by GML for NSW Health Infrastructure, entitled 'Wollongong Hospital Nurses' Home, Heritage Significance Assessment' (Draft Report), June 2011. The following brief history of the development of the hospital has been summarised from this report.

The first Europeans to visit the Illawarra area were the navigators George Bass and Matthew Flinders who landed at Lake Illawarra in 1796. The first settlers in the region were cedar cutters in the early nineteenth century, followed by graziers in 1812.[7] The main road down the escarpment through Bulli Pass was built by convict labour in 1835–6. Other passes were built during the 1800s as well, including O'Brien's Road and Rixon's Pass.

In 1849 the first coal mine opened in the Illawarra area at Mount Keira and from this point coal mining developed as the major primary industry of the region.[8] The developing coal industry had a major impact on the trade at Wollongong Harbour and also saw the development of mining villages at Balgownie, Mount Keira and Mount Kembla. Harbour improvements led to an influx in the manufacturing industry and Lake Illawarra developed as a harbour. In 1897 silver and gold ore smelters were established and Dapto and Brownsville developed. Port Kembla also began to grow as a major industrial centre.

The development of all these small villages contributed to Wollongong's growing reputation as a regional centre and attracted even more people to the area. This growth was not without its challenges, however, as planning was often haphazard.

The growth in industry brought a higher rate of industrial accidents, yet up until 1864 there was no hospital in the Illawarra area. The sick and injured were either treated at home by a medical attendant or transported to Sydney. The Albert Memorial Hospital opened in Wollongong in 1864 and was the only hospital in the region for over 30 years. It had room for about 20 patients but no facilities for pregnant women, the insane, or those suffering from contagious or infectious diseases.[9] By 1901 Wollongong's population had reached 17,182 putting great pressure on this small country hospital.

Some assistance came in 1894 when, following a major industrial accident at the Bulli mine, a hospital opened at Bulli. By 1900, however, the Wollongong Hospital Committee was searching for a new hospital site[10] and in 1907 the new Wollongong District Hospital opened at Garden Hill. A small government grant assisted with the purchase. The trustees authorised the sale of the old Albert Memorial Hospital site, which was auctioned on 22 February 1907.

The site of the new hospital was part of an original grant of 640 acres to John (Joseph) Thompson in 1824 and was officially granted to Dr John Osborne in 1831. The northern part of his grant became known as Garden Hill and when a house was built on this land, possibly by John Osborne,

it was called Garden Hill House. In 1849 the 640 acre property was sold to Henry Gilbert Smith[11] and a map of the area dated to the 1850s contains a sketch of a house with the caption 'Garden Hill House, home of HG Smith'.[12] In 1878, around 87 acres of the Garden Hill Estate, including the house, was sold by CF Smith to Samuel William Gray, MP, and in 1882 this land was sold to William Wiley. Wiley subdivided the land into over 350 residential allotments, to be sold as the Garden Hill Estate.[13]

Lots 57 to 69 and Lot 95 of Section 3 of the Garden Hill Estate, containing Garden Hill House on just over 7 acres of land, was purchased by solicitor Harold Cox in December 1900 as the site for the new Wollongong Hospital.[14] The foundation stone for the new hospital was laid by the Chief Secretary, Hon JA Hogue, on 29 August 1906. The hospital began to expand and a Sydney Water plan of Hospital Hill, drawn in 1913 and updated in December 1924 and January 1929, shows that the Isolation Ward and operating theatre had been constructed and a new Nurses' Home added to the west of the female ward.

By June 1930 the extension to the Isolation Ward had been completed, as had a large extension to the rear of the Nurses' Home, connecting this building to new storage and office space that had been constructed on the western side of the covered walkway, near the original male ward. Garden Hill House had been demolished and a new two-storey male ward (the Soldiers' and Sailors' Memorial Ward) constructed on this site, with the original male ward converted for use as an additional female ward.

In 1937, plans were drawn by the Government Architect, Cobden Parkes, for a new Nurses' Home for the Wollongong District Hospital. This new building, Elouera House, faced Loftus Street near its corner with Darling Street. The building was officially opened by Hon A Richardson MLA, acting Minister for Health, on 22 April 1939. Elouera House was almost immediately outgrown and extensions to the western end of the building along Loftus Street began only 3 years after its official opening.[15] Plans for this extension were completed by Parkes and the Government Architect's Branch in 1941.

Hickman House was constructed on the site of the original Isolation Ward and opened in 1951. In 1956 further extensions to Elouera House opened, in the form of a seven-storey building known as Lawson House, providing 173 extra bedrooms which greatly alleviated accommodation pressures. In 1962 the 'Isedale Unit', an eight-floor wing, was attached to Hickman House and opened by the Hon WF Sheahan. In the early 1970s the original Female Ward was demolished to make way for the construction of the eight-storey Services Building (now called Block B) which was opened by Hon RA Jago in 1973.

In 1988 planning was underway for a clinical services building which would give the hospital a huge technological leap forward. This building would house operating theatres, intensive care, radiology and nuclear medicine services and a new accident and emergency department.[16] In the meantime a free-standing Cancer Care Building, originally called the radiotherapy unit, was constructed on the site of the old laundry boiler house and carpenter's work shop. A 150 space carparking station was also built at this time.[17]

In 1993 construction began on the new Clinical Services Building (referred to as Block A) and it was completed in 1996. The construction of this six-storey building caused the demolition of all the remaining pre-1930s hospital buildings, including the original male ward, female ward and Nurses' Home. Hickman House was demolished in 2001 to make way for a nine-storey 'L'-shaped building referred to as Block C.

4.3 Relevant Aboriginal Heritage Studies

Few Aboriginal archaeological studies have occurred in the vicinity of the study area. An Aboriginal Heritage Planning Study was undertaken in 1995 for Wollongong City Council to assist the Council in assessing future development proposals and land management decisions. The Study included a register of known Aboriginal sites within the Wollongong City Council boundaries, development of a predictive model for Aboriginal sites, and a planning strategy for site management. The following predictive model is based on the results of the 1995 Study.

4.4 Predictive Model

In general, Aboriginal sites have been identified in all landforms present within the Illawarra Region.[18] Aboriginal sites are closely related to the landform as traditional Aboriginal use of the land was influenced by the resources available in different landscapes. Relatively few sites are known within the coastal plain;[19] however this can be attributed to lack of systematic survey of this area. Occupation sites have been identified on elevated ground above flood zones.[20]

Ethnographic accounts of early settlers suggest the Aboriginal people of the Illawarra region were a highly mobile, relatively dispersed population, with some concentration around Lake Illawarra.[21] The Coastal Plains would have been used for travel between the ocean and the forested hinterland, with travel routes focussing on ridgelines.

Research indicates that the area would have provided some resources for Aboriginal people in the past. The lack of access to permanent water sources would have limited the potential for long-term camping within the study area. The slope of the study area may have also made it unsuitable for long-term camping. The site may have been used for short-term camping and as a travel route.[22] Flora and fauna resources were available within the study area for resource gathering.

Rockshelters are unlikely to occur within the study area due to its underlying geology. Rock on which grinding grooves may occur is unlikely to be present. Burials are unlikely to occur in the area due to the type of soil present. Scarred or carved trees are also considered unlikely due to the level of clearing within the general area and the length of time that has elapsed since the arrival of European settlers.[23]

In summary, the study area does not contain previously recorded Aboriginal sites. Given the topography, elevation and former land use of the site, potential for Aboriginal objects to be present on or below the ground surface is considered to be low to very low.

5.0 Site Assessment

5.1 Visual Inspection of the Study Area

The study area was inspected and its archaeological potential assessed on Thursday 7 July 2011 by Jenni Lennox of GML. Weather conditions were clear with excellent lighting. All outdoor areas around existing buildings were inspected to identify any areas which may have intact soil deposits or exposures in which Aboriginal objects could be identified. The interiors of buildings were not inspected for this assessment.

The study area has been heavily developed across the entire site, with extensive cutting and filling present to create level building pads (Figure 5.1). The study area had very low archaeological visibility due to the extent of development across the site. The majority of open areas were either grassed, concreted paths or internal access roads. Exposures of the soil where Aboriginal objects may have been identified were limited to tracks and occasional patches within vegetated areas (Figure 5.2). All exposures exhibited high levels of disturbance, with introduced inclusions noted throughout (including road base, demolition rubble, etc).

The area around Elouera House slopes to the north, with the southern side higher than the northern side (Figure 5.1). Extensive excavation is present in this area, as demonstrated by the high retaining walls present (Figures 5.3 and 5.4). Services have been installed throughout this area, as indicated by the presence of inspection pits and surveyors marks which have been recently placed around the site (Figure 5.5).

Directly across Hospital Road from Elouera House is a small landscaped area featuring two mature fig trees (Figures 5.6 and 5.15). This area appears to have had excavation occur around its boundaries, leaving a pedestal of unexcavated earth behind (Figure 5.7). However, examination of the ground surface exposures within this area confirms the introduction of fill. It is likely that excavation works around this pedestal area would have disturbed surface soils.

At the Loftus Street entrance, high terraced retaining walls are present (Figures 5.8 and 5.9). This demonstrates the extent of excavation and filling which has occurred in this area.

One grassed area in the southeast corner of the site (corner of Princes Highway/Crown Street and Darling Street) was noted to have potential for natural ground surfaces. Construction of the Princes Highway to the south has resulted in excavation to level the road (Figure 5.10), while construction of Hospital Road also required excavation (Figure 5.11), resulting in a pedestal of earth in the centre which has been landscaped (Figure 5.12). However, this area has been modified by levelling and landscaping around the two large fig trees in the centre (Figure 5.15).

Historic photographs of the hospital site show the fig trees were present in 1953 (Figure 5.13) and also shows the extent of levelling along the Princes Highway. Another historic photograph from 1954 indicates that the area to the north of the Princes Highway was relatively undisturbed at this time (Figure 5.14). These photographs confirm that the area was landscaped and it would appear the site has been levelled since these photographs were taken. It is therefore likely that artefact-bearing deposits were disturbed or removed during these works.

5.2 Synopsis of the Desktop Assessment and Visual Inspection

No Aboriginal archaeological sites or objects were identified at the site. No Aboriginal sites are known within the study area. No areas with potential for intact archaeological deposits were identified within the study area.

The desktop assessment and visual inspection does not indicate that there are (or are likely to be) Aboriginal archaeological sites or objects within the Wollongong Hospital site. The site is considered to be highly disturbed due to previous development within the study area and therefore has very low to nil Aboriginal archaeological potential.

Figure 5.1 Elouera House, view east, showing differences in ground levels. (Source: GML 2011)

Figure 5.2 General exposure within study area, showing inclusions. (Source: GML 2011)

Figure 5.3 Retaining wall adjacent to Elouera House. Note extent of excavation present. (Source: GML 2011)

Figure 5.4 Retaining wall along Loftus Street adjacent to Elouera House showing extent of excavation. (Source: GML 2011)

Figure 5.5 Elouera House courtyard. Note presence of surveyors marks denoting subsurface services. (Source: GML 2011)

Figure 5.6 Landscaped area opposite Elouera House. (Source: GML 2011)

Figure 5.7 Fig trees within landscaped area opposite Elouera House. (Source: GML 2011)

Figure 5.8 Retaining wall at Loftus Street entrance showing extent of excavation and filling. (Source: GML 2011)

Figure 5.9 From top of retaining wall at Loftus Street entrance overlooking development area. (Source: GML 2011)

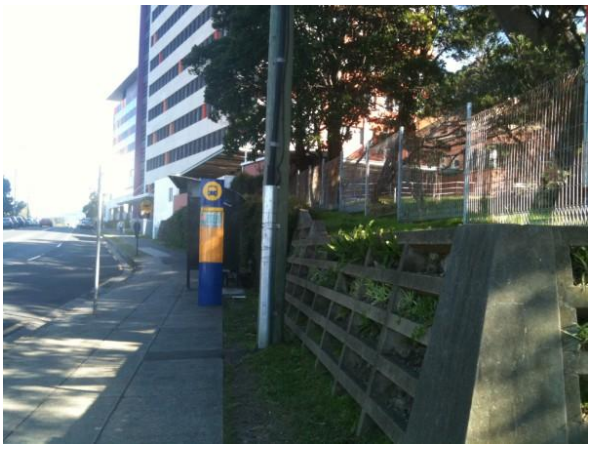

Figure 5.10 View west along Princes Hwy showing extent of excavation present. (Source: GML 2011)

Figure 5.11 Retaining wall adjacent to Hospital Road, showing extent of excavation here. (Source: GML 2011)

Figure 5.12 Mature fig trees and landscaping within the pedestal area in southeastern corner of site. (Source: GML 2011)

Figure 5.13 A 1953 photograph of the hospital site from Princes Highway/Crown Street. Fig tree shown at right is within unexcavated pedestal area. Note landscaping around tree. (Source: Wollongong Library)

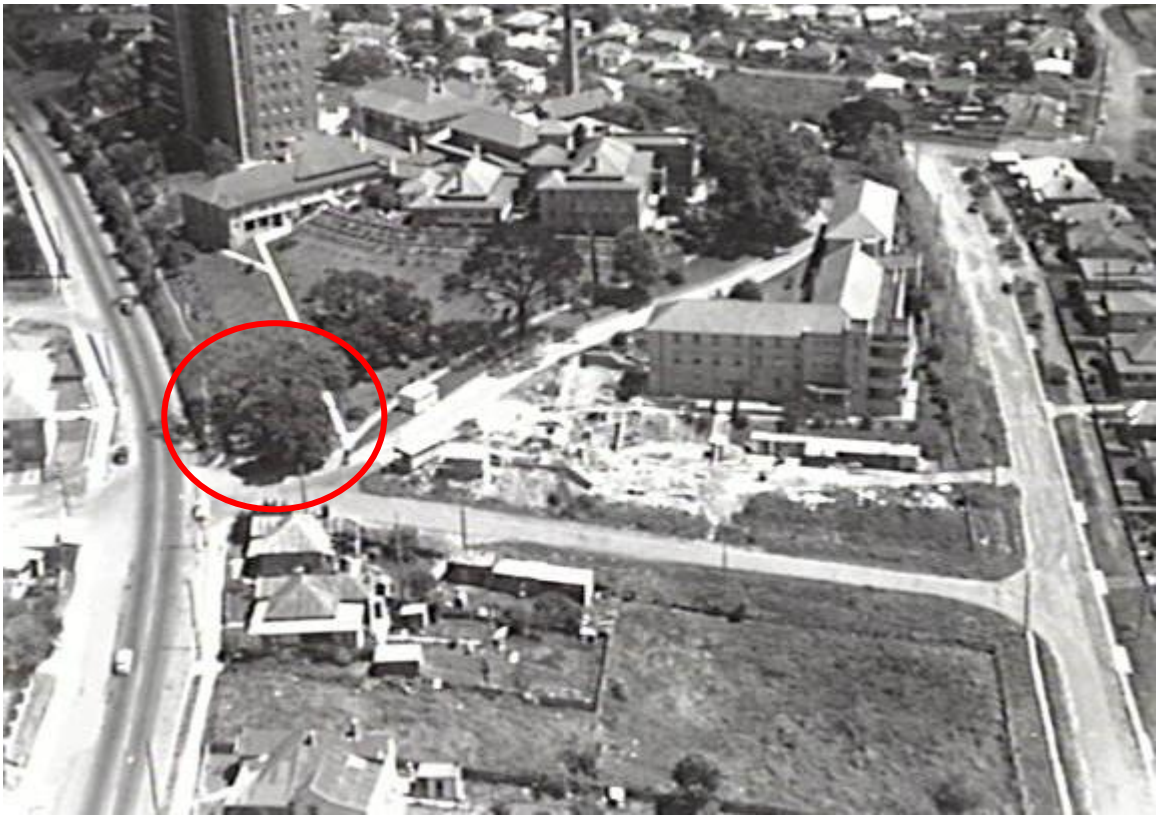

Figure 5.14 Wollongong Hospital site c1954. Fig trees within unexcavated pedestal circled in red. Note landscaping present (Source: Wollongong Library)

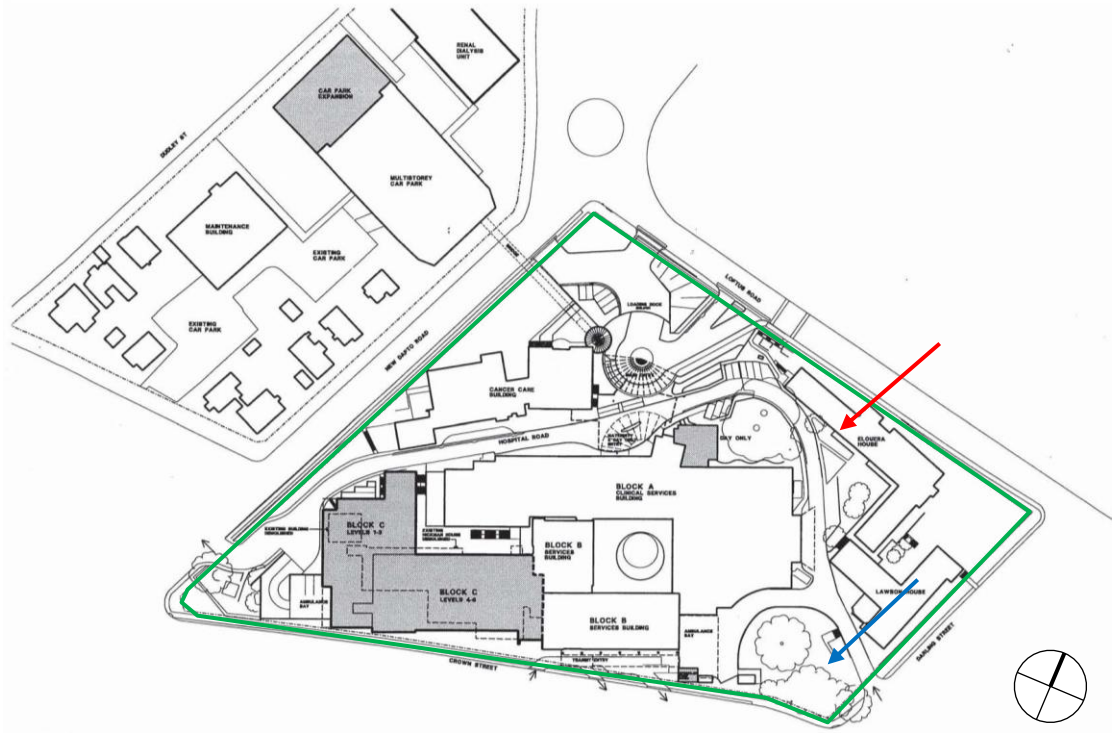

Figure 5.15 Site plan of Wollongong Hospital. External, outdoor areas within the boundary of the site (outlined in green) were inspected. Mature fig trees (red arrow) and pedestal area with fig trees (blue arrow) are indicated (Source: South Eastern Sydney & Illawarra Area Health Service)

6.0 Impact Assessment and Mitigation

6.1 Impacts Arising from the Proposed Development

Construction of the proposed upgrades to Wollongong Hospital would require subsurface disturbance for installation of services, construction of footings, and extensive cutting and filling for levelling purposes, as well as landscaping (including removal of specific trees) and construction of access roads. Demolition, extensive excavation and removal of features would also be necessary.

Many of the proposed upgrades are located within existing building footprints, with new development located fronting Loftus Street, between Elouera House and the existing Loftus Street entrance to the hospital. No natural soil profiles were observed within the study area due to the extent of historical development at the site.

The proposed development would impact on soil profiles. However, the study area has been assessed as having very low to nil potential for Aboriginal archaeological sites and objects and therefore these proposed works are considered unlikely to have any potential to impact on Aboriginal sites or objects.

7.0 Conclusions and Recommendations

7.1 Conclusions

- The study area does not contain previously recorded Aboriginal sites.
- No landscape features associated with Aboriginal archaeological objects or potential Aboriginal archaeological objects were identified within the study area.
- The study area is considered highly disturbed by previous development, including construction of buildings and installation of services.
- The potential for Aboriginal objects to be present on or below the ground surface is therefore considered to be very low to nil.
- The proposed works are considered unlikely to have any potential to impact on Aboriginal archaeological material.
- No cultural heritage assessment has been undertaken for this project, as Aboriginal community consultation is not required for a Stage 1 assessment.

7.2 Recommendations

Based on the findings of this assessment, the following management recommendations are provided for the study area:

- Further Aboriginal archaeological assessment is not considered warranted at the Wollongong Hospital site. In addition, given the disturbed nature of the site, Aboriginal community consultation and the preparation of a cultural heritage significance assessment is not considered necessary. The site has very low to nil potential for Aboriginal sites or objects.
- If Aboriginal objects were to be identified during development of the subject land, works must stop and a suitably qualified archaeologist notified immediately to assess the finds. The finds must be reported to OEH and further approvals may be necessary prior to the recommencement of works.
- If human remains were to be discovered during any development works on the property, the finding would need to be reported immediately to the New South Wales Coroner's Office and/or the New South Wales Police. If the remains were suspected to be Aboriginal, OEH would also need to be contacted and a specialist consulted to determine the nature of the remains.

8.0 Endnotes

1 DECCW 2010. NPWS Act 1974. *Fact sheet 1*. September 2010.
2 Hazelton, P.A. and Tille, P.J. 1990. *Soil Landscapes of the Wollongong-Port Hacking 1:100 000 Sheet.* Soil Conservation Service of NSW, Sydney.
3 Ibid, p.2
4 Ibid, p.38
5 Ibid, p.38
6 Ibid, p.38
7 *Regional Histories of New South Wales*, 1996, Heritage Office and Department of Urban Affairs and Planning, p184
8 *Regional Histories of New South Wales*, 1996, Heritage Office and Department of Urban Affairs and Planning, p184
9 Fleming, AP 1964, *The Albert Memorial Hospital Wollongong, NSW, 1864-1908*, p8
10 Certificate of Title Volume 775 Folio 179, Department of Lands.
11 Primary Application No. 5837, Department of Lands.
12 Map held by Wollongong Local Studies Library dated 185? This map has a sketch of Garden Hill House, the property of H.G. Smith
13 *Illawarra Mercury*, May 13, 1884
14 Certificate of Title Volume 775 Folio 179, Department of Lands.
15 Wollongong Hospital Annual Report, 1936 and 1940-1945.
16 *Illawarra Mercury* October 17, 1988, p32
17 *Illawarra Mercury* October 17, 1988, p32
18 Dallas, M and Sullivan, K, 1995. *Wollongong City Aboriginal Heritage Planning Study.* Report to Wollongong City Council, p.31-32
19 Ibid, p.32
20 Ibid, p.32
21 Ibid, p.33
22 Ibid, p.33
23 Ibid, p.35