

ART504.2: CASE STUDIES & REGIONAL WORK

MODULE ASSIGNMENT – MSc SUSTAINABLE BUILDING CONSERVATION

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The Water Tower, Whitchurch Hospital.
Source: Britton 2019

PREFACE

Originally referred to as the Cardiff City Asylum, the building has also been known as Cardiff City Mental Hospital, Welsh Metropolitan Hospital and, more recently, as Whitchurch Hospital. For the purposes of this paper, the building will generally be referred to as Whitchurch Hospital (unless it is deemed appropriate to refer to one of its previous titles in the context of the text).

This paper constitutes ‘Section 2: Proposals’ of the ART 504 (Case Studies and Regional Work) module assignment, which explores ideas for securing and safeguarding the future of the now vacant Grade II listed Whitchurch Hospital (a summary description of the Cadw listing is provided in Appendix A) and builds upon a broader scheme of study and investigation concerning Whitchurch Hospital undertaken by students on the MSc Sustainable Building Conservation masters degree at Cardiff University.

In line with the Heritage Lottery Funding (HLF) ‘Conservation Planning Guidance’, this paper builds upon the group resource accumulated and prepared in respect of Whitchurch Hospital for the ‘Section 1: Analysis’ element of the ART 504 (Case Studies and Regional Work) module assignment and broadly follows the step-by-step approach advocated by HLF for the understanding conservation planning for historic assets and for the preparation of a conservation management plan for those assets.

The group resource element of the module had previously been divided into a number of topics and areas of study as follows:

- A. Context: The history of healthcare in Cardiff and Glamorgan.
- B. Significance: Site history, both tangible and intangible.
- C. Fabric 1: Site plans, photograph and survey.
- D. Fabric 2: Appraisal of current condition, schedule of material and energy use.
- E. Risks and Opportunities: Current risks, planning framework and funding opportunities.
- F. Precedents: Critical analysis of relevant case studies, including but not limited to Hayes Point and Glenside.

The information prepared by the group effectively covers Step 1 – ‘Understanding your heritage’, Step 2 – ‘Summarising the heritage value’ and Step 3 – ‘Investigating the risks and opportunities’ of the HLF guidance and has provided an invaluable background resource and starting point for understanding the heritage asset before embarking on the challenge of developing proposals for the future of Whitchurch Hospital.

As part of these preliminary studies, we were fortunate to have been granted access to Whitchurch Hospital and a guided visit was organised by Cardiff University and conducted on Thursday 24 October 2019. This consisted of an accompanied walk through the main hospital buildings taking in a broad selection of spaces ranging from the main circulation corridors, typical wards / day rooms and the main recreation hall. Access, however, was limited due to time constraints and a number of areas were inaccessible due to health and safety considerations.

A visit was also arranged by Cardiff University to view an archive of original drawings prepared by the Architects, Messrs. G.H. Oatley and W.S. Skinner, held at Bristol University Special Collections. This also provided a valuable original resource in respect

of the design, construction and materials that were used in the building of Whitchurch Hospital and remains available for inspection to inform future proposals for the adaptive re-use of the buildings, if required.

Visits were also arranged to Hayes Point Apartments in Sully, Vale of Glamorgan – formerly Sully Hospital (sanatorium) – now converted into private residential apartments and to the Glenside Hospital Museum and the Glenside Campus of the University of the West of England (UWE) in Bristol – a former mental hospital. Both these provided contrasting visions for the adaptive re-use and re-purposing of former large-scale health care facilities to inform the debate surrounding the future of Whitchurch Hospital.

Finally a study trip to Rome at the end of January 2020, added further layers of consideration to the questions of “conserving complex heritage assets within urban sites, the interconnection of power, poverty and healthcare through time and the questions of dealing with layered value, and multiple significance” (Whitman, 2019).

INTRODUCTION

From its inception, Whitchurch hospital strived for excellence and “acquired an eminence and reputation that commanded universal respect” (Thomas 1983, p. 12). Construction of the building started in 1902 to the competition winning designs of Messrs. Oatley and Skinner (Thomas 1983, p. 4). The hospital opened in 1908 and has a long and reputable history in its various guises as the Cardiff City Asylum, the Welsh Metropolitan Hospital and, more recently, as Whitchurch Hospital for caring for the mental health and well-being of the people of Cardiff and its surrounding communities.

Now closed, empty and rapidly falling into dereliction, the question of whether Whitchurch Hospital has reached the end of its natural life is a difficult and challenging one. For many, the building will always be known and remembered as a mental hospital but “the historic environment is an asset, not a barrier to change” (Cadw 2011, forward notes) and its former use as a mental hospital should not preclude an alternative and exciting new future for this Grade II listed building nor should it, given appropriate consideration, come stigmatised with negative connotations (Joseph et al. 2013).

This paper presents one possible vision that might secure a viable and, indeed, vibrant new use for the building and its extensive grounds – although ‘real world’ and prosaic considerations such as funding and economic viability are not examined in any detail here, they are still acknowledged as significant factors in the delivery of conservation projects and are therefore not dismissed out of hand as unimportant. This paper simply seeks to make an ‘academic’ proposal for the future of Whitchurch Hospital – albeit one that could be economically credible, could attract funding and could, ultimately, be delivered.

The paper starts by asking the question ‘What next for Whitchurch Hospital?’ and presents the case for one possible conservation approach before setting out a new vision for Whitchurch Hospital by introducing proposals for its possible re-purposing and adaptive re-use.

The philosophical approach set out is one of a number of possible conservation strategies that could be applied to the challenge of resolving the question of what to do with Whitchurch Hospital. As a result of the complexity of this principal question and the limitations placed on the size of this study, it is (unfortunately) only possible to present a ‘vision’ for the future of Whitchurch Hospital here. A more complete investigation and exploration of such a project would command far greater time, resources and detailed consideration than can be fully given here.

Notwithstanding that, the objective of this paper is to present reasoned and considered proposals for the future of Whitchurch Hospital based on an understanding of the history, significance and physical condition of the building in the context of current conservation thinking that could inform proposals for any future conservation planning for the heritage asset. As stated, this is limited to a ‘vision’ and not the final detail – it is hoped, nevertheless, that this study will demonstrate that such a large and complex building can be re-purposed in a sympathetic and appropriate manner, which will have relevance in terms of its contribution to the community locally, regionally and nationally.

In this regard, as well as satisfying the requirements of the extant planning framework, any future proposals for Whitchurch Hospital should also be examined in the context of the Well-being of Future Generations (Wales) Act 2015, which sets out seven well-being goals for:

- A prosperous Wales
- A resilient Wales
- A more equal Wales
- A healthier Wales
- A Wales of cohesive communities
- A Wales of vibrant culture and thriving Welsh Language
- A globally responsible Wales

The Act is unique to Wales and, as will be seen later this report, will have relevance to and synergy with the proposals being made for the future of Whitchurch Hospital in this paper.



Figure 01

Figure 01: Aerial photograph showing the distinctive echelon plan of Whitchurch Hospital. *Source:* Asylum Projects 2013.

WHAT NEXT FOR WHITCHURCH HOSPITAL?

As Hunt and Boyd (2017, p. 1-2) point out:

Much is at stake when working with old buildings. Once lost, fabric, history and character can never be replaced and, if there is a failure to respect the old, the overall design solution is unlikely to be satisfactory. Introducing good design in the historic context relies on understanding, respect, good manners and skills... Many architects would rather start with a blank canvas, a scheme where they can express their ideas and creativity, and apply the experience of their long training. In reality, the vast majority of architects spend much of their time working with existing buildings, adapting and reinventing them through intervention and extension. The best and most successful examples retain the building's integrity and give new life to its essential parts.

The need to find a viable new use for Whitchurch Hospital is undeniable, otherwise the building will, ultimately, be lost (Davies 1995). This, however, is not straight-forward and is a hugely complex proposition. Time is a precious commodity in these situations and, with the passing of time, if a building such as Whitchurch Hospital remains empty, unused and abandoned, the risks to the historic asset increase, the opportunity for re-purposing the building becomes less attractive to any potential new owner and the costs for carrying out essential repairs and remedial works become increasingly more expensive, shifting the balance of economic viability to an increasingly more precarious position. In both their studies, Adams (2020) on 'Risks and Opportunities' and Branford (2020) on 'Building Condition Appraisal' highlight and illustrate the rapid decline and deterioration of the building fabric. Without intervention, the physical condition of the building will continue to deteriorate and become increasingly less attractive to potential new owners.

The commonest reason for preserving old buildings...is that they are useful resources...even the most unexceptional building will...continue to be repaired for as long as the owner thinks that it is useful or can be made so at a reasonable cost... A building usually reaches the end of its (so called) 'natural life' as a result of external forces and operational obsolescence rather than because it ceased to be capable of repair. (Earl, 2015)

Whereas early campaigners fought to safeguard buildings from loss, their successors are insuring that buildings will continue to survive by containing an appropriate, if not original use...ones that can provide an economic [and sustainable] impetus for successful conversion. (Latham, 2000)

The quotations noted above serve as salient reminders of the challenges faced in the conservation of historic buildings and heritage assets. Whitchurch Hospital has been deemed to be no longer fit for purpose and surplus to requirements. The hospital closed in 2016 and now stands vacant. There appears to have been a lack of forethought and consideration following its closure by the local health authority in that adequate protection measures (for example, perimeter fencing, boarding up of external window and door openings etc.) were not implemented immediately following the building's transition from a functioning medical facility to a non-functioning edifice. This provided a window of opportunity for vandalism and anti-social behaviour to be inflicted upon the building, resulting in the abuse and damage of the building's fabric. This has been compounded by widespread lead theft to the existing roofs throughout and an apparent absence of any routine repair and maintenance of the building. Most windows throughout the complex have broken panes of glass and vegetation has aggressively started to invade the building interiors from the unkempt and overgrown grounds and airing courtyards. In parts, the building's interior is now exposed to wind and water penetration and these elemental agents of decay have already started to have a detrimental impact on the fabric and condition of the building. The building must be considered to be 'at risk' – without action and a viable new use, the situation will only get worse.



Figure 02

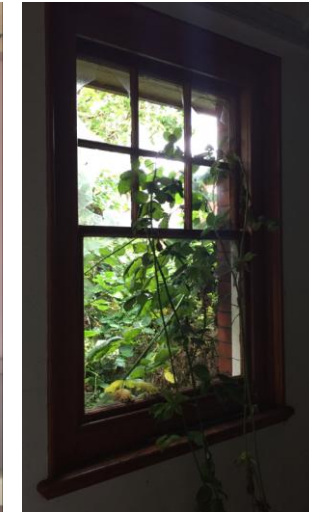


Figure 03



Figure 04

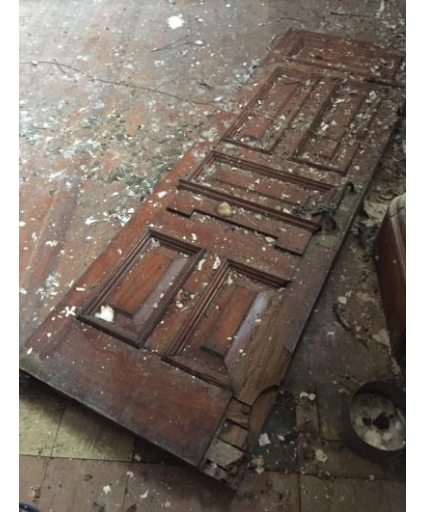


Figure 05



Figure 06



Figure 07



Figure 08

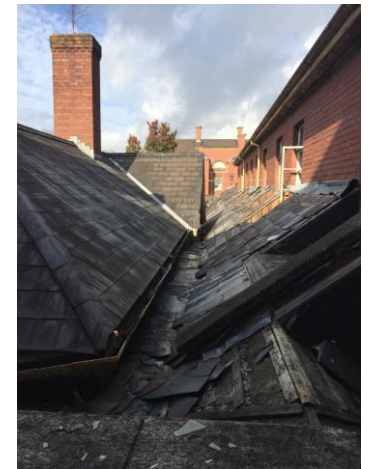


Figure 09

Figures 02-09: Photographs showing the deterioration and decay in the building fabric at Whitchurch Hospital. Source: Britton 2019

THE CONSERVATION APPROACH

COTAC (2015) reiterates a well understood conservation challenge:

The process of change is inevitable; it is the ability to manage change without loss of significance that is a fundamental requirement of conservation.

In their investigation into significance as part of ART 504.1, Hughes and Gnoinska (2020) explore not only the tangible heritage but the intangible heritage of Whitchurch Hospital and the significance of the hospital to the local community but also as part of the growing civic awareness, pride and confidence of Cardiff as a city and Wales as a nation as evidenced in the motto 'Deffro mae'n ddydd, y ddraig goch, ddyry gychwyn', translated as 'Wake up, the red dragon's day is about to begin'.

As Morgan (2003, p. 9) notes:

As the worldwide demand for Welsh coal became insatiable, ships from Cardiff exported these 'black diamonds' to every corner of the globe. As a result the town transformed and grew more rapidly than anywhere in Britain during the 19th Century.

The Edwardian period was one of change and transition (Beckett, J and Cherry, D (1988), cited in Long (1993, pp. 4-5)) and Cardiff was very much at the forefront of this.

Fellows (1995, p. 87) points out:

At the beginning of the nineteenth century, Cardiff was a modest town with a population of below 2000. Within a hundred years, this figure increased one hundred-fold. It became the world's greatest coal-exporting port, the chief city of the principality of Wales...

As Daunton (1977), cited in Long (1993, p. 52) acknowledges:

Cardiff was known by the 1890s as 'the coal metropolis of the world'. The Cardiff Times of 1905 spoke of 'an impression of modernity and progressiveness, of spacious streets and buildings, of docks and ships and of great commercial activity which well merits the epithet "the Chicago of Wales"'.

At the time of the planning and construction of Whitchurch Hospital, the suburbs of Edwardian Cardiff were expanding with the construction of new speculative housing for the middle classes (for example, in Roath and Penylan) and growing civic, and indeed, national pride (Fellows 1995, p. 86; Hilling 2016, p. 184) was displayed in the endeavour of new projects such as the construction of Cardiff City Hall in Cathays Park.

It is within this context of burgeoning civic pride and increasing recognition of a growing national consciousness that Whitchurch Hospital must be considered. The motto of this civic and national pride is manifest in the architecture of both Whitchurch Hospital and Cardiff's new City Hall. We see significance, therefore, in both the tangible and the intangible, at local, regional and national levels in Whitchurch Hospital.



Figure 12



Figure 13

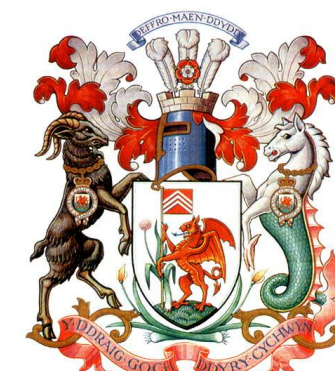


Figure 14



Figure 15



Figure 10



Figure 11

Figure 10: The City Hall, Cardiff. *Source:* Penllyn Collectibles 2020

Figure 11: Front elevation of Cardiff City Hall, Cardiff. *Source:* www.allposters.com (undated)

Figure 12: Plaque and inscription above the stage in the main recreation hall at Whitchurch Hospital. *Source:* Britton 2019

Figure 13: Modern dragon emblem of Cardiff Council. *Source:* Cardiff Council 2020

Figure 14: Cardiff Coat of Arms incorporating the motto 'Deffro mae'n ddydd, y ddraig goch, ddyry gychwyn'. *Source:* Cardiffians 2018

Figure 15: Cardiff Coat of Arms on City Hall, Cardiff. *Source:* fotolibra 2009

The Cadw (2002) list description gives its reason for designation succinctly as “Included as the best example in Wales of a large mental hospital using echelon plan form¹, and for its special architectural interest as the work of Oatley and Skinner”.

As Thomas (1983, p.7) observes:

The architects adopted a horse-shoe plan for the two-storey building which was conceived in a simple, functional style. Externally, the somewhat severe architectural lines of the main facade were relieved by banded brick, by the classical north entrance porch executed in dressed stone, and by the use of copper cupolas to cap the ventilation outlets. To observers outside the hospital the most noticeable feature of the new building was the 150 foot water tower which dominated the skyline...

In determining the most appropriate conservation strategy, it is important to first identify and understand the significance of the historic asset (Clarke 1998; Historic Scotland 2000, HLF (undated); Kerr 2013), identifying a compatible or appropriate new use and setting out a methodology for implementing the change (HLF (undated)).

In this instance, my assessment of the tangible significance of the historic asset is based on the integrity of the whole and the completeness of the surviving building within its original setting. The key consideration, challenge and concern in any future proposal for the adaptive re-use of Whitchurch Hospital would be the ability for maintaining the integrity of the whole – and these proposals seek to provide a vibrant and viable use for the entire site with a single user in mind. This would be in direct contrast to proposals for ‘carving up’ the building and site into a number of different ownerships and uses. This, however, does not preclude the new single user from carrying out a diverse and varied programme of activities within the existing hospital and grounds.

It is suggested that in pursuing this specific conservation approach, any proposals for the re-purposing and adaptive re-use of Whitchurch Hospital would need to be grounded in and informed by the following fundamental principles of conservation:

- Minimum loss of fabric
- Minimum intervention
- Minimum loss of authenticity
- Reversibility
- Absence of deceit or honesty of intervention

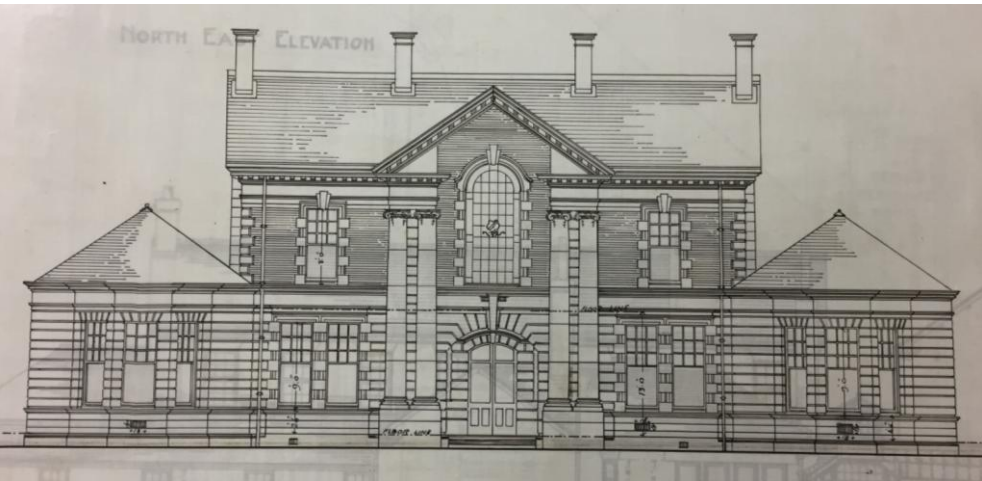


Figure 16



Figure 17



Figure 18



Figure 19



Figure 20

Figure 16: North elevation drawing of the Main Entrance Block by Oatley & Skinner. *Source:* Bristol University Special Collections 2020
Figure 17: Site plan drawing of Whitchurch Hospital by Oatley & Skinner. *Source:* Bristol University Special Collections 2020
Figure 18: Photograph of Main Entrance Block at Whitchurch Hospital. *Source:* Flickr 2006
Figure 19: Photograph of Water Tower at Whitchurch Hospital. *Source:* Britton 2019
Figure 20: Aerial photograph showing echelon plan form at Whitchurch Hospital. *Source:* RCAHMW / Coflein 2016

1. As Historic England (2017, p.15) note “In all asylums the different classes of patients were housed in pavilions, simulating domestic villas, arranged off a single-storey corridor, but in an echelon plan they were laid out in a V or arrow head shape so more could all enjoy a south elevation or fine view.”

As set out in Cadw's Conservation Principles (2011, forward) it is noted that:

Equally there must be a recognition that once elements have been destroyed or altered, they can seldom be recovered.

There would, it is acknowledged, be challenges in applying these conservation principles – a myriad of questions, quandaries and conundrums will need to be grappled with and resolved in teasing out the best and most appropriate architectural, design and conservation solutions to the task at hand. At the same time, there is scope and latitude to be creative, innovative and honest in any new works whilst retaining what is significant about the heritage asset (Hunt and Boyd 2017, pp 43-65).

Whitchurch Hospital hasn't simply been frozen in time since opening in 1908. The original Oatley and Skinner plan has been added to, adapted and altered over the years to suit the evolving needs of a functioning hospital. Whilst the over-arching architectural and conservation ambition of the project proposals would be to 'celebrate' the completeness of the surviving (original) heritage asset, this ambition neither precludes nor prevents subtraction, retention, addition or alteration to the extant situation. Neither do these proposals intend to strip the building back to its original layout – to a specific point in time, losing what has been layered onto the building's history and story. What the conservation approach and architectural solutions should serve to do is provide legibility between the old and the new by integrating, yet differentiating, new interventions into, through, over and around the strong, clear and rationalised echelon plan of the original design intent, and for setting out a strategy for removing later (inappropriate) additions and interventions to the building, if deemed necessary.

Any future Conservation Management Plan and proposals for the re-purposing and adaptive re-use of Whitchurch Hospital must be underpinned by a robust architectural and conservation design brief and vision (informed by the five principles noted above) based on an understanding of the significance of the heritage asset itself. New architectural interventions should be contemporary (Davies 1995) and honest in nature and developing an appropriate architectural rigour, language and juxtaposition for new works would be encouraged to contrast, yet complement, the original architecture of the building. The design intent, authenticity and integrity of the original building should never be lost as a result of any new works and must remain legible throughout – even where, for whatever reason or justification, fabric and significance is lost, there should remain some recognition of that significance in the new interventions and works.

Both Zhang (2020) and Hayes (2020) in their studies of the Whitchurch Hospital plans, building morphology and physical survey recording, identify different periods of construction at the building and document the morphology of the building over time. Any decision on whether to retain, remove or adapt any later additions to the building would require further study, analysis and investigation into their impact on the significance of the heritage as well as their possible value and contribution to future proposals at the building – for example, it may prove more appropriate to retain and make extensive alterations to an existing later addition to satisfy the requirements of any new user's brief than to make alterations to elements of original or significant fabric. Any considerations in this regard should be based on and evaluated against the evidential values of these later structures.

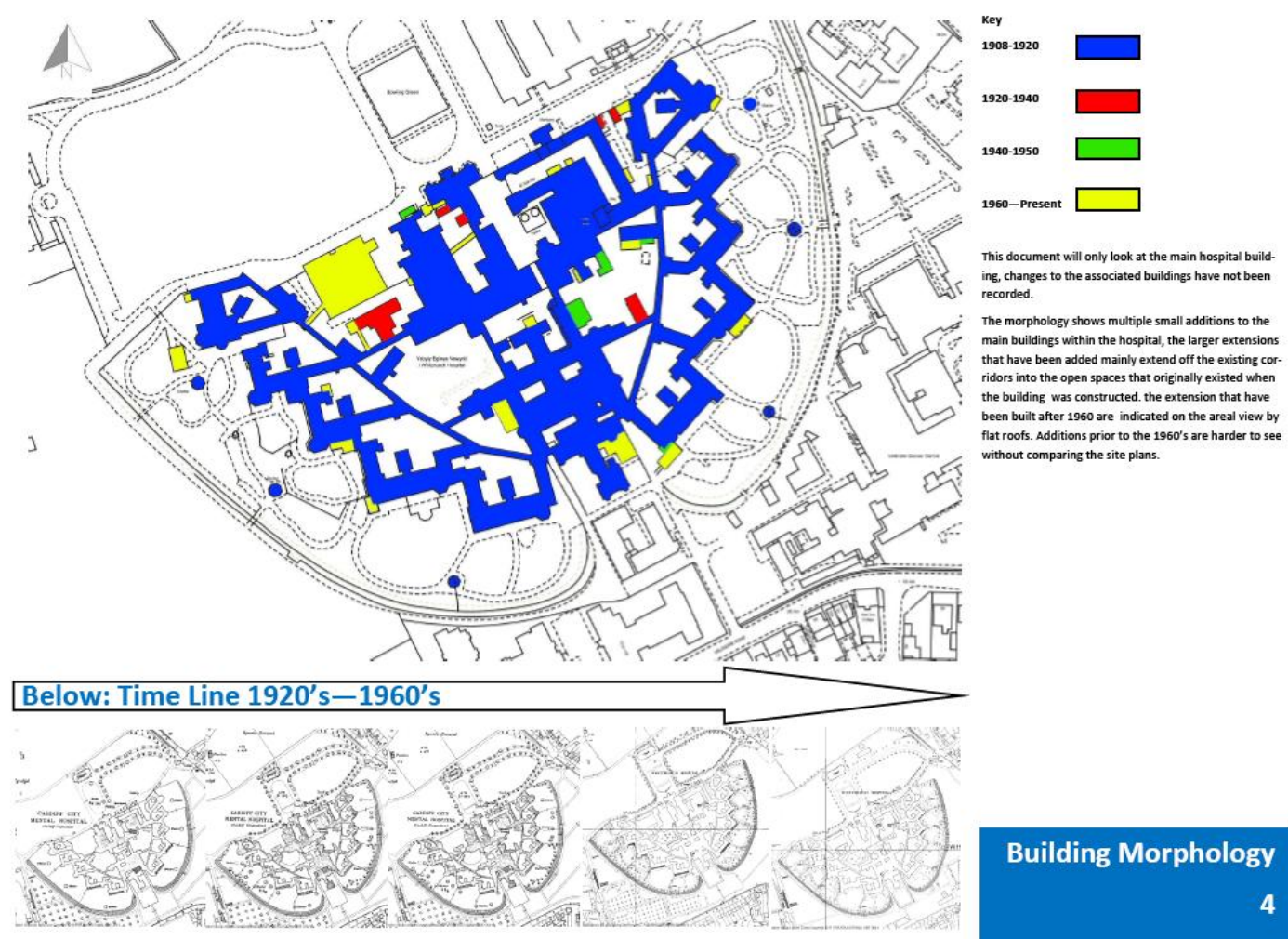


Figure 21

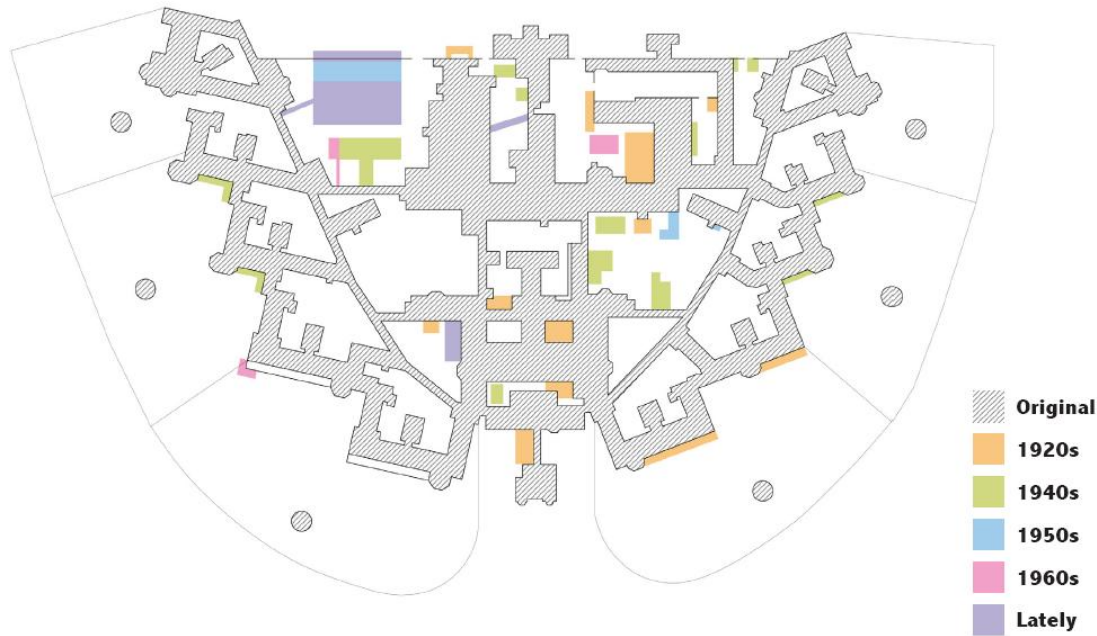


Figure 22

Figure 21: Illustration showing the building morphology of Whitchurch Hospital. Source: Hayes 2020
Figure 22: Illustration showing the building morphology of Whitchurch Hospital. Source: Zhang 2020

As observed by COTAC (2015):

Most buildings will also need to respond to the requirements of new users and, additionally to ensure continued viability, may have to be subject to conversion from one use to another. The proposed new use should not threaten, devalue or detract from the historical and aesthetic record that the asset offers.

The compatibility of the new use must be subject to scrutiny and matched against the asset's ability to accommodate it. The need...to defend an asset against an inappropriate new use...can only stem from a clear understanding of the asset and its significance. The new use should be able to be accommodated by the existing asset with a minimum of alteration...without compromising significance.

It is also recognised that not all of the significant and original fabric of the heritage asset would naturally lend itself to the requirements of any potential new user. With regard to Whitchurch Hospital, future architectural proposals as set out in this paper would be strongly encouraged to critically examine the impact of the existing principle circulation corridor that loops around the echelon plan form of the building. Whilst this corridor forms an integral part of the iconic plan form it also contributes significantly to the institutional feeling of the building. The corridor is functional and serviced the operational needs of the hospital but it is also dull, monotonous and 'institutional' in feel – it does little to bring 'joy' or 'delight' to the experience of the building, rather simply providing the means of efficiently getting from A to B. In terms of any negative perception or memory or remembrance of the use of the building as a former asylum, the principle circulation corridor would arguably have a detrimental impact on the experience of any new user to the re-purposed building – the 'institutional feeling' of the communication corridors reinforce the association and remembrance with the building's former use. This will require considerable and sensitive consideration in any future works.

More could be done to enliven these functional conduits and exploration in any future re-purposing of Whitchurch Hospital should invite and encourage options and ideas for bringing relief, excitement, positivity and 'added value' to the principle circulation corridors at the building. The invitation of ideas for this space should be incorporated in any future Conservation Management Plan for the building, with the intention of re-imagining these to both recognise and address any perceptions of stigma or negative connections stemming from the institutional function of the building as a mental asylum.



Figure 25



Figure 26

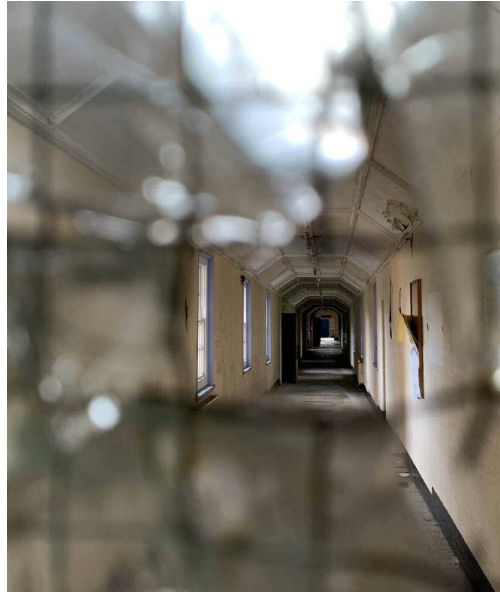


Figure 27



Figure 28



Figure 23



Figure 24

Figure 23: Photograph of junction in principle communication corridors at Whitchurch Hospital. *Source:* All World Report (undated)
Figures 24, 25 & 26: Photographs of the principle communication corridors at Whitchurch Hospital. *Source:* Britton 2019
Figures 27 & 28: Photographs of the principle communication corridors at Whitchurch Hospital. *Source:* Zhang 2019

A NEW VISION FOR WHITCHURCH HOSPITAL

The proposal put forward in this paper is for the re-purposing and adaptive re-use of Whitchurch Hospital, including its grounds, by the creation of a new residential centre for the Urdd Gobaith Cymru.

Conceived for a single purpose and use, the variety of spaces that comprise the existing Whitchurch Hospital addressed the broad and diverse programme of activities and operations required to allow the hospital to function. As a consequence, the architectural solution designed by Oatley and Skinner was entirely bespoke and results in an eclectic mix of spaces throughout the site, ranging in size from single person bedrooms in the ward blocks at one end of the scale to the vast recreation and generator halls on the other, with a whole host of spaces in-between.

As Evans (2014) points out:

...when working on fragile historic buildings we have a responsibility as guardians of our heritage to pass these structures on to future generations in a form that allows them to be read and re-examined in their context of time and space, with their original design integrity intact.

By seeking a suitable single new use and user for the Whitchurch Hospital building and site and adopting a conservation strategy of minimal intervention, the creation of a new residential centre for the Urdd would, it is suggested, be a sensitive, compatible and appropriately viable and vibrant new use for this historic building. Ward blocks could be utilised and adapted for bedroom accommodation and larger spaces such as the main recreation hall can retain their original function, whilst other spaces such as the now redundant generator hall could be put to use as indoor activity space with, if handled sympathetically, little or no adverse impact upon the existing historic fabric or integrity of these spaces. The similarly broad spatial requirements and programme required by an Urdd Residential Centre to function and deliver on its agenda seems to be entirely compatible with the accommodation already provided at Whitchurch Hospital (where it is suggested that relatively little major intrusive construction work per se would be required). The inherent variety in the size, scale and distribution of accommodation, coupled with the extensive grounds and outdoor recreational opportunity associated with this, would allow the whole of the site to be readily re-purposed, adapted and used by a single entity such as Urdd Gobaith Cymru. The adaptation of the building and site would allow Urdd Gobaith Cymru (Urdd 2020) to deliver on their mission statement: -

The Urdd aim is to ensure that all the young people of Wales (between 8 and 25 years of age) are given the opportunity, through the medium of Welsh, to develop into rounded individuals, and enable them to play a constructive role in the community, by developing personal and social skills.

The re-purposing and adaptive re-use of Whitchurch Hospital as a new and exciting residential centre would allow the Urdd to expand and broaden the range of opportunities it offers to its members, providing a slightly different focus and experience to its existing provision. In doing so, it would also safeguard the future of the former Whitchurch Hospital, ensuring that the integrity of the whole historic asset is maintained for future generations.



Figure 29

Figure 29: Aerial view of Whitchurch Hospital and grounds (highlighted in red). *Source:* Google Earth 2020

URDD GOBAITH CYMRU

By way of an introduction, the role and function of Urdd Gobaith Cymru (Urdd 2020) can be summarised as follows: -

Urdd Gobaith Cymru is a National Voluntary Youth Organisation with over 55,000 members between the ages of 8-25 years old. We provide opportunities through the medium of Welsh for children and young people in Wales to enable them to make positive contributions to their communities. The Urdd has nurtured generations of young men and women to be proud of their country, open to the world and living embodiments of our language and culture, along with the universal values which we cherish in Wales. Over 4 million children and young people have been members of the Urdd since its beginnings in 1922. The significance of this institution in Wales cannot be over-emphasised. Its contribution to generations in Wales, to the lives and confidence, and mental health of our young people over the years has been immense.

As well as regional offices throughout Wales, the Urdd has a number of residential centres (Gwersyll) around the country: -

GLAN-LLYN (1) – Established in 1950, Gwersyll Glan-Llyn is situated on the shores of Llyn Tegid near Llanuwchllyn, Bala and specialises in a variety of water and land based activities such as climbing, high ropes, archery, raft building, sailing, canoeing, kayaking, gorge walking and orienteering, accommodating up to 250 residents at a time.

LLANGRANNOG (2) – Gwersyll Llangrannog was founded in 1932 as Urdd Gobaith Cymru’s first permanent centre. The centre accommodates over 200 residents and offers a wide range of courses, activities and residential trips for families and young people. Activities include skiing, tobogganing, swimming, climbing, ropes, trampolining, go-karting, quad bikes, horse trekking, adventure courses, archery, walking and a whole host of cultural and other activities.

PENTRE IFAN (3) – Canolfan Pentre Ifan was opened in 1992 as an education centre and now also provides modest residential accommodation (sleeping 18 people in three rooms). Primarily used as an education centre, Pentre Ifan is also used for courses, conferences and weddings, as well as for youth groups and family holidays.

CITY SLEEPOVER (4) – The Urdd City Sleepover is located in the Wales Millennium Centre in Cardiff Bay and accommodates 150 people overnight. The centre offers a hall / theatre, lounges, dining hall and classrooms and is used predominantly as a base to explore Cardiff and the surrounding area.

Urdd Gobaith Cymru is very much an established and culturally significant institution in Wales and continues to plan for the future (Urdd 2020), setting out its manifesto for the future:

- Since the beginning, our aim has always been to bring the Welsh Language alive for children and young people in Wales and to increase their use of Welsh. To do this our future priorities are:
- Organise activities and develop projects that increase the use of the Welsh language by children and young people and increase the number of youth officers implementing this work.
 - Increase sporting activities through the medium of Welsh.
 - Increase opportunities for children and young people to take part in the Urdd Eisteddfod and the arts.
 - Continue to develop the Urdd Residential Centres as centres of the highest quality, and invest in the resources at the centres.
 - Work in partnership to ensure that the work will contribute to local, regional and national strategies.



Figure 30

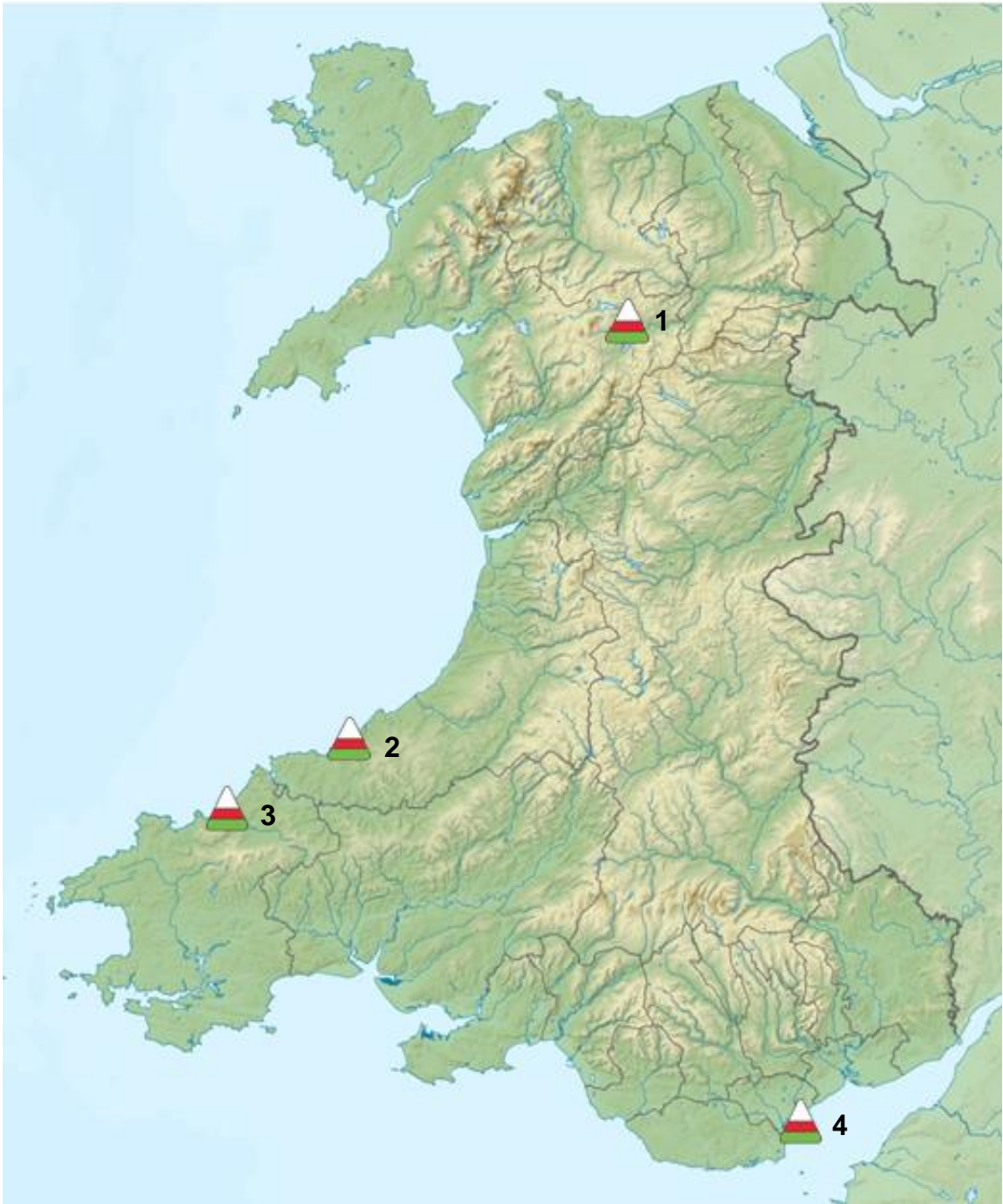


Figure 31

Figure 30: Mr. Urdd. *Source:* Urdd 2020
Figure 31: Map of Wales showing the distribution of Urdd Residential Centres. *Source:* Wikipedia 2011 (base map)

The Urdd Residential Centres at Glan-Llyn and Llangrannog are heavily subscribed and fully booked throughout the year. They are, by design, located in traditionally Welsh speaking heartlands. Llanuwchllyn – birthplace of Sir Ifan ab Owen Edwards, founder of Urdd Gobaith Cymru – has an 82% Welsh speaking population (Wikipedia 2020). Llangrannog is situated on the west Wales coast in the County of Ceredigion, where 61% of the population are Welsh speakers (Wikipedia 2020).

Both these centres are set in idyllic rural and coastal locations, surrounded by nature and picturesque countryside. Both of these centres take full advantage of their settings and the natural resources on their doorsteps to provide opportunity and experience for Urdd members. In counterpoint to these centres, the relatively modest City Sleepover Residential Centre in Cardiff Bay offers more limited facilities yet provides a different, more urban experience.

Children and members from the more densely populated urban areas of south east Wales, for example, typically get a different type of experience at Glan-Llyn and Llangrannog, than Urdd members living more locally. This is due, in part, to the contrast between these locations and their own homes – contrast, for example, the experience of an 8-year old pupil from Ysgol Glan Morfa in Splott, Cardiff living in the shadow of the two steelworks visiting Glan-Llyn in the heart of north Wales to the experience of a pupil from Blaenau Ffestiniog in the heart of the Snowdonia National Park visiting Glan-Llyn on their own door step.

In their Corporate Plan 2019-2022, Urdd Gobaith Cymru set out “to open our doors for more children and young people to gain access to quality provision” (Urdd 2020, p8) seeking to develop their provision and facilities including investing in their residential centres “to offer the best experiences” (Urdd 2020, p.8) and, interestingly, to “develop Pentre Ifan, Pembrokeshire as the fourth Urdd Camp” (Urdd 2020, p. 8).

The proposals in this paper would seek to subvert the aim of developing Pentre Ifan as their fourth camp with the notion of developing a new Urdd Residential Centre at the site of the former Whitchurch Hospital. Pentre Ifan shares many of the same qualities as Glan-Llyn and Llangrannog in terms of location and experience of place. In seeking to develop an Urdd Residential Centre at Whitchurch Hospital, these proposals would enhance the presence, profile and provision of the Urdd in Cardiff – as the capital city – and the more urbanised area of south east Wales in general, to bring an element of balance to the Urdd’s facilities across Wales. Arguably this would serve to strengthen their reach locally, regionally and nationally. At the same time as offering different opportunities and experiences for members based in more traditionally Welsh speaking rural areas, the new facility would create greater exposure for the Welsh language and the Urdd’s mission in the less traditionally less Welsh speaking areas of south east Wales.

Whilst any new centre at Whitchurch would deliver the Urdd message, ethos and values consistent with their other centres, it is suggested that the focus of the new centre could have a more ‘urban’ twist – the BIG CITY experience – and cater for a different range of activities and programmes taking advantage of the significant resources available in the capital region, including Government, media, arts, cultural, business and sporting organisations.



Figure 32



Figure 33



Figure 34



Figure 35



Figure 36



Figure 37

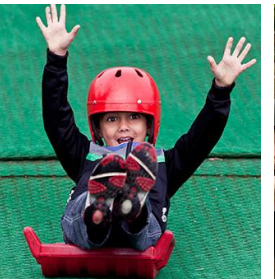


Figure 37



Figure 39



Figure 40



Figure 41



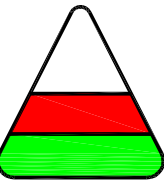
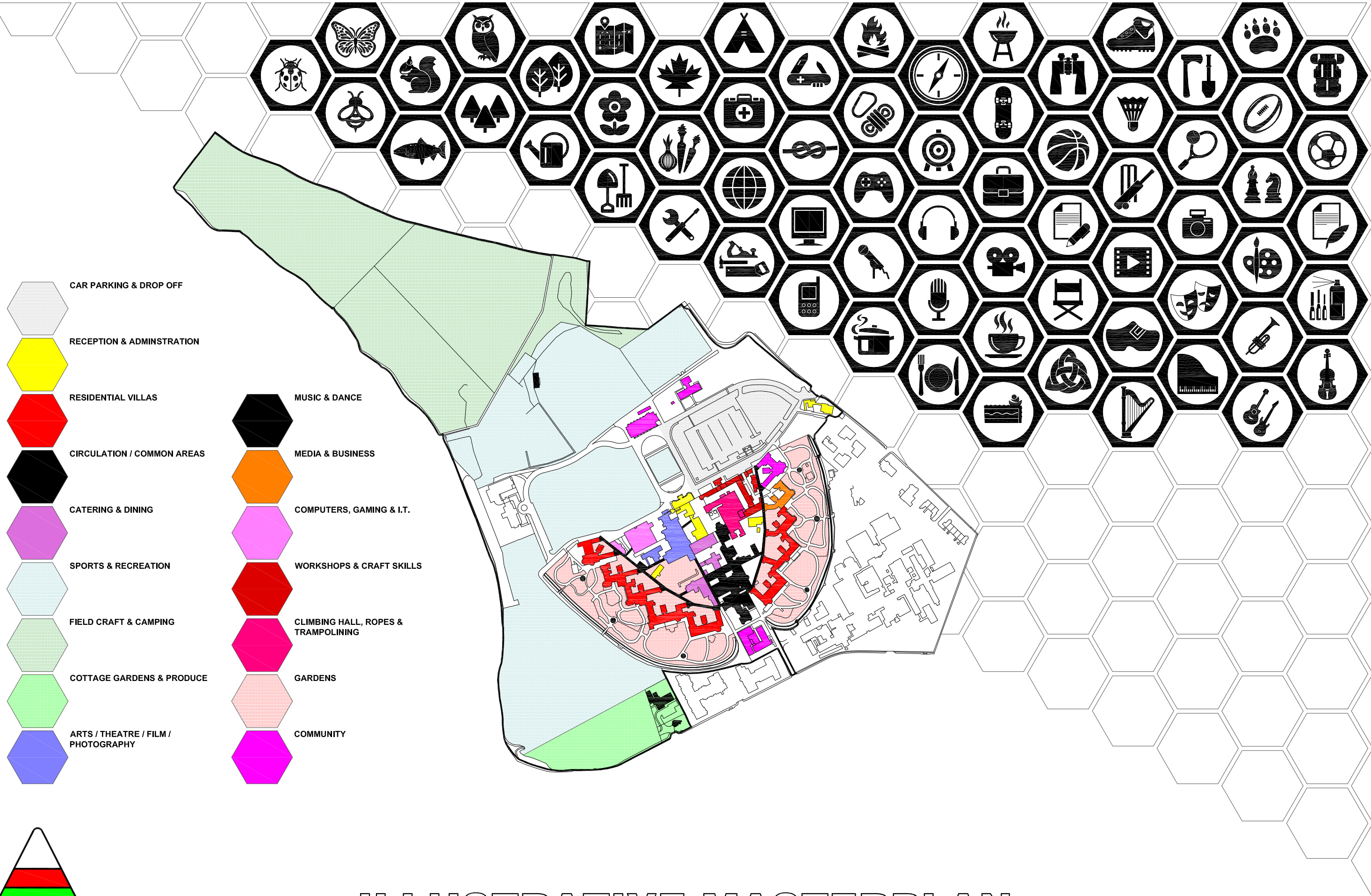
Figure 42



Figure 43

Figures 32-42: Photographs of Urdd activities being enjoyed at Llangrannog and Glan Llyn. Source: Urdd 2020
Figure 43: Mr. Urdd and Twm Llywelyn Britton at Eisteddfod yr Urdd, Builth Wells. Source: James 2018

MASTERPLAN



URDD GOBAITH CYMRU - WHITCHURCH RESIDENTIAL CENTRE

SUMMARY

Conceptually, it doesn't take a lot of imagination to envisage the re-purposing and adaptive re-use of Whitchurch Hospital as an exciting and vibrant new residential centre for Urdd Gobaith Cymru. Opportunities to find a suitably compatible new single end user for such large-scale redundant heritage assets are few and far between. In this regard, the fusion of these two entities would appear to be well suited on a host of different levels.

From a physical perspective, the tangible heritage of Whitchurch Hospital and its grounds lend themselves naturally to the broad range of activities conducted by the Urdd for its members. The variety in scale and size of accommodation required, both indoor and outdoor, to deliver the Urdd's diverse programme of events and activities are already available within the buildings and grounds of Whitchurch Hospital. The feasibility for adaption would be obvious to envisage.

This advantageous starting point would allow works for the adaptive re-use of the former hospital to be undertaken under the auspices of a carefully set out Conservation Management Plan with an over-arching objective of maintaining the general integrity, legibility and significance of the whole building, operating under the fundamental conservation principles of minimum loss of fabric, minimum intervention, minimum loss of authenticity, reversibility and the absence of deceit or honesty of intervention. Opportunity for selective loss of existing fabric, adaption of existing structures and the addition of well-conceived contemporary additions and new interventions could all be considered as part of the overall vision for the project without any adverse impact on the significance of the heritage asset.

Constructed during a time of civic and regional pride in a growing Cardiff and set in the context of the emergence of a growing Welsh national consciousness – intangible heritage is evident at Whitchurch Hospital. The synergy of this intangible heritage and the mission statement of Urdd Gobaith Cymru would appear to be undeniable. The re-purposing and adaptive re-use of Whitchurch Hospital by the Urdd would, it is suggested, seem entirely appropriate – by safeguarding the physical heritage asset and ensuring a viable, sustainable and vibrant future for the site, local and regional interests can be balanced with the broader national objectives as embodied in the Well-being of Future Generations (Wales) Act 2015.

The economic challenge, however, of delivering such a project would be enormous and would inevitably present the greatest obstacle for delivery of these proposals. This has, unfortunately, been made all too acute by the appalling treatment of the building since it became redundant. Coupled with flagrant vandalism, the neglect and disregard showered on the building by its current custodian through the apparent absence of any discernible repair and maintenance compounds the economic challenge of firstly repairing the existing building (so that it is once again weather-tight, secure and habitable) and secondly carrying out the new works required to adapt the building to its new use.

Risks and opportunities tread a delicate balance but the argument could be made that the proposed new use of the building would serve local, regional and national interests. It is hoped, that as a result of the scope, ambition and wider benefit that the proposals could deliver, that the project would attract broad interest and support and, as a consequence, would qualify for a broad range of funding streams to secure and safe-guard the future of the heritage asset for many generations to come.

Private funding from Urdd Gobaith Cymru and private donations, along with public funding from Welsh Government and Cardiff Council and additional heritage funding from Cadw, National Lottery Heritage Fund, Architectural Heritage Fund and Heritage Alliance would all need to be sought to put the project in a position where it could feasibly be delivered economically. It is recognised, however, that a project of this scale, serving a single end user, is incredibly difficult to deliver. Notwithstanding that, the over-arching ambition, in this instance, would remain as stated.

Once the obstacle of providing funding to deliver the initial capital expenditure has been secured, it is reasonable to suggest that the use of the former Whitchurch Hospital as a vibrant and viable Urdd Residential Centre would, in itself, be financially sustainable.

Finally, the question of the re-imagining of this former asylum must be laid to rest. For some people, this association may still have an inherent stigma or be shrouded with negative connotations, either through prejudice, ignorance, lack of understanding or education – or even through bitter personal experience. Whilst this will fade and dissipate with time (Jospeh et al 2013), it is not proposed to forget the history of Whitchurch Hospital either. It is undeniable that the buildings and site of the former Whitchurch Hospital will always have history as an asylum – that is a matter for the public record and the history books. Neither will it be forgotten in these proposals – it will be recognised and acknowledged in the creation of an open and publicly accessible museum of Whitchurch Hospital to be incorporated within the adaptation of the site.

It is important to recognise, however, that whilst these proposals seek to safe-guard and protect the heritage asset of Whitchurch Hospital, and what is important and significant from its past, these proposals are as much about the future as anything else.

Nowadays, mental well-being is not a taboo subject. Mental well-being affects us all and in line with the aims and objectives of the Well-being of Future Generations (Wales) Act, what better use could this heritage asset be put to but to support the growth, development and health and well-being of our future generations – the children and youth of Wales?

APPENDIX A – CADW LIST DESCRIPTION



Summary Description of a Listed Buildings

Reference Number	Building Number	Grade	Status	Date of Designation	Date of Amendment
11715		II	Designated	15 April 1994	31 May 2002

Name of Property	Address
Whitchurch	

Location

Unitary Authority	Community	Town	Locality	Easting	Northing
Cardiff	Whitchurch	Cardiff	Whitchurch	314607	180517

Street Side	Location
	On large site between Park Road and Velindre Road in the north of Whitchurch Community.

Description

Broad Class	Period
Health and Welfare	

History

Built 1902 to 1908; official opening 15 April 1908; originally known as ‘Cardiff Lunatic Asylum’ and later as ‘Cardiff City Mental Hospital’. Architects Messrs Oatley and Skinner of Bristol. Building amongst most modern of its period, having provision fo latest treatment methods, and also a large recreation hall, bakery, kitchen, boiler house, own fire station. Taken over by military 1914-1919 as ‘Welsh Metropolitan War Hospital’ (refurbished following war), and again during Second World War as ‘Whitchurch Emergency Hospital’. Taken over by Ministry of Health in July 1948.

Exterior

The hospital is built of red brick with yellow brick banding, Welsh slate roofs; the entrance black main elevation has ground floor and dressings of Bath stone. Developed form of ‘broad narrow’ or echelon plan widely used for large mental hospitals from later C19. Spine of administration and service blocks has, to each side, five two-storey ward blocks (roughly L-shaped) stepped back in echelon, and connected by curved corridor to rear, and cross corrdiors. Convex (south) side faces out to give sun and light to ward blocks; concave corridor thus encloses service blocks with entrance block facing north. Entrance block in Wrenaissance style. Two storeys, three bays with advanced gable central bay with open porch below. Slate roof with weathered red brick end chimneys, and two smaller chimneys to ridge. First floor in brick with deep eaves band course (dentil cornice) and dressings in Bath stone; ground floor in horizontally channelled Bath stone. The windows are horned sashes with small panes to upper sash and single large pane below. Single first floor window to each outer bay has architrave with keystone and rusticated surround. Two ground floor windows to each outer bay. Advanced central bay has a broken pediment, end paired Ionic pilasters, large round-headed first floor window with keystone and rusticated surround, on ground floor open segmental arch to porch; returns have teo windows to first floor (rusticated surrounds) with fround floor arches similar to front. Gable ends treated as pediments with projecting central stack. To each side of two-storey section, attached single storey pavilions, hipped roofs,

banded Bath stone, semi-hexagonal bays to front, two windows to returns. Rear of entrance block in red brick and connects body of hospital via corridor flanked by one- and two-storey office blocks. To east (left) of entrance, yard formed by L-shaped works and Laundry blocks (mortuary block to north) has boiler houses (with prominent ridge ventilators) and 2-storey attached range. To rear of boiler houses is combined water tower and chimney. Top stages consist of copper dome with small lantern over open loggia (3-bays to each side), brick pillars with stone capitals and cornice. Freestone cornice and bandcourse, roundels, yellow brick bands. Attached chimney follows water tower up to cornice then becomes cylindrical chimney in brick. To west (right) of entrance, area between corridors has attached service buildings in materials materials. Disposed to either side of entrance are ten rougly L-shaped 2-storey ward blocks in red brick with yellow brick banding; red brick chimneys, slate roofs, small-pane horned sash glazing. Blocks connected to each other and/or to rear corridor to enclose small courtyards; to rear, each ward block has attached two-storey sanitary block and ventilation cupola in red brick with wooden louvres surmounted by small dome and pinnacle. Ward blocks are disposed almost symmetrically, and are numbered 1 to 5 East and West respectively. Wards 1 (East and West) have two-storey splayed bays near inner angles. Ward 2 (West) has bay in same position, but block 2 (East) has bay near centre of elevation. Wards 3 and 4 to each side have polygonal corner bays. Wards 5 to each side have two slayed bays to outer corners. Some ward blocks have, on south-facing walls, modern single-storey shallow extensions in yellow brick with corrugated roofing materials; some 2-storey extensions in red brick. Between Wards 1 (East and West), is 2-storey staff house connected by corridor to body of hospital, six windows with recessed central bay, and ground floor splayed bay-windows to outer bays. To rear of house, 2-storey physiotherapy and pharmacy departments. Behind these, other blocks include main recreation hall, largely obscured by adjacent buildings but with prominent louvre, and kitchens. A network of corridors forms courtyards with buildings attached to corridors for office, medical, and service uses.

Interior

Most interiors remodelled and modernised (these were not available for inspection at resurvey January 2002 except fo the entrance hall). Entrance block retains square hall, plain ceiling with cornice. Three bays to each side with Roman Doric engaged columns or pilasters. Panelled wood dado; to right, fireplace, to left, door to enquiry office. Entrance to hospital through screen wall with columns. Transverse corridor with classical detailing. To right, staircase hall to former boardroom area with wooden stair in style of circa 1700 six panelled doors etc., offices modernised. Main recreation hall (approximately 15m by 30m) retains original interior. Segmentally vaulted ceiling with cross-ribs. Seven bays to sides, each with round-headed window; piers between windows have dentil cornice with cartouche and floral pendants. West end wall has triple blind window, taller central window flanked by lower windows treated as walls; dentil cornice continues from side window-piers; to each side round window with pediment and square architrave; three doorways with double-leaf doors. East end has stage with large segmental pedimented proscenium arch, to each side, cartouche with female head and swags; window to each side; below each window, a square-headed doorway with double-leaf doors. Doors each lead to lobby with wooden staircase to rear stage area.

Reason for designation

Included as the best example in Wales of a large mental hospital using echelon plan form, and for its special architectural interest as the work of Oatley and Skinner.

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