

HERITAGE IMPACT ASSESSMENT draft for comment
PROPOSED DEVELOPMENT OF PORTIONS OF STIKLAND PSYCHIATRIC HOSPITAL
UNREGISTERED ERF 32103 AND REMAINDER ERF 6300, BELLVILLE
Prepared for submission in terms of section 38(8) of the National Heritage Resources Act
HWC Case number: 20070811ND0812E

JULY 2025

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EXECUTIVE SUMMARY

1. Site

The property concerned is the Stikland Hospital site, which is bisected by the R101, Old Paarl Main Road, which portions are commonly referred to as Stikland North and Stikland South. It is owned by the Western Cape Government (WCG) and comprises unregistered Erf 32103 and Remainder Erf 6300, Bellville. The landholding is 263.11545ha in total. The northern site is situated on the corner of Old Paarl Road, De La Haye Avenue and St Harrod Drive in Stikland. The southern site is on the corner of Old Paarl Road and De La Haye Avenue, bound to the south by the railway line.

2. Locality Plan:



3. Description of Proposed Development

Stikland is one of the best located portions of under-utilised state-owned land that is yet to be developed for the benefit of the broader Cape Town community. Approximately 86 hectares of land could be made available for a variety of uses less than 2km from the Belville CBD and on the main northern activity artery that is Old Paarl Road (R101).

The Vision for the Stikland Development is:

Create medium-density, mixed use, urban development opportunities on Stikland North and South that optimise the inherent potential of each site and portions thereof, while integrating respectfully within the surrounding urban fabric and on-site psychiatric functions, to provide maximum inclusivity, economic benefit and spatial transformation within the overall Cape Town socio-economic context.

The development has undergone a number of iterations, with investigations focussing initially on Stikland North; then including Stikland North and South; and finally the proposed development prioritises Stikland South as a first phase.

However, as a result, both portions of the site have been fully assessed in heritage terms and this assessment is retained in full as it is likely the development of Stikland North will occur in some form and the potential requirement for another heritage impact assessment can be dealt with at this stage.

Stikland North, ±26 hectares, is located north of Old Paarl Road, and Stikland South, ±60 hectares, is located south of the Old Paarl Road and surrounding the existing Stikland Psychiatric Hospital. The two portions of land include large areas of vacant land, but there are some buildings that will either be retained or demolished.

Stikland South will be developed to make optimal use of the available vacant land. A series of wetlands will be accommodated in a large urban park between Old Paarl Road and the Stikland Hospital and one on the western edge, alongside de la Haye Road. The remaining land (excluding the existing Stikland Hospital) will be developed. Demolition of one building older than 60 years, which is recommended as Not Conservation Worthy, is proposed.

Depending on the outcome of detailed feasibility studies, it is envisaged that there could be between 1916 and 3353 new residential units, together with office and retail space.

4. Heritage Resources Identified:

Analysis reveals that the primary significance of the original Stikland Hospital site lies in its social significance as an institution serving a particularly marginalised sector of society, the failures of which can impact society as a whole. However, it is suggested that whilst important, this does not fit the definition of intangible cultural heritage and should not be a matter for the heritage sector to regulate. For this reason, the institution and linked uses are considered ungradable in the absence of other attributes of heritage significance.

The SAHRIS paleo-sensitivity map records the PALAEOLOGICAL sensitivity as being **low**.

Given the history of agricultural activity, and, in the 1960s, total clearing for earthworks and redevelopment of the site, the likelihood of significant ARCHAEOLOGICAL finds are considered to be **low** and the standard protocols should be sufficient.

STIKLAND PSYCHIATRIC HOSPITAL

Historical significance: low

Medical (Scientific) significance: Stikland is significant in terms of the medical and architectural history of psychiatric institutions in South

Africa, being the first purpose-built psychiatric hospital built during the period known as de-institutionalisation. It contributed significantly to research and training for the newly emerging mental health professions along with other institutions such as Groote Schuur and Valkenberg.

Architectural/historical significance: The design of Stikland was a key medical response to the prevailing attitudes of the time based on international models of design - notably the villa model although the dictates of apartheid also imposed strict segregation according to the race of the patient (and the race of the staff member). Like all other institutions of the time, racial differentiations were built into the design and management of the institution. These have however been integrated since the 1990s.

The buildings older than 60 years and layout remain substantially intact. There is little however that is notable in the architecture itself, which is unpretentious, utilitarian and functional design, featureless, and borrows its the aesthetic from the mid-century development in the area.

Aesthetic: No aesthetic or visual significance.

Social: People with mental health problems are arguably amongst the most marginalised in all societies and South Africa is no exception. The more so amongst those without financial resources. The provision by the State of humane and appropriate care for people with such disabilities is never adequate and critical for those affected either directly or by association (families in particular)

*Proposed grading: **NCW***

STIKLAND NORTH

As a component of it, the site is linked to all the significances of Stikland Psychiatric Hospital as a whole. It is also a clear outcome of the further process of deinstitutionalisation in South Africa from the early 1990s

where in-house mental health care treatment was progressively reduced but were not accompanied by the expected concomitant development of community-based multidisciplinary mental healthcare.

In the dire absence of appropriate state-funded facilities (whether medical, care-based or education related), the presence of all the NGO facilities on Stikland North provide a critical social need in the context of Cape Town and the Western Cape. This is considered to be the most important aspect of significance on the site. There are likely ultimately to be relocated to Stikland South however, and in any event, this is not considered to be a heritage matter requiring protection or conservation.

Proposed grading: NCW

BUILDINGS OLDER THAN 60 YEARS

As a mid-century development, most of the buildings on the property are older than 60 years. With the exception of one, all the buildings on Stikland South will remain exactly as is and are thus not assessed for impacts. The buildings older than 60 years on Stikland North and the one proposed for demolition on Stikland South have all been identified as **NCW**.

LANDSCAPE

Whilst generally devoid of significant landscape and aesthetic qualities, the significant trees and tree groupings, including the Eucalyptus woodlot on Stikland South are in some part historic, and more generally provide important place-making opportunities.

Proposed grading: IIIC

BOTANICAL SIGNIFICANCE

Stikland South supports notable remnants of two Critically Endangered vegetation types, with at least five plant Species of Conservation Concern. At least 8ha of mostly indigenous vegetation remains in the

area. There are four patches of Very High sensitivity, one of which is a seasonal wetland, and the other three all support the five recorded plant Species of Conservation Concern. Surrounding and linking these are two patches of Medium to High sensitivity. In the southeast are three patches of Medium sensitivity that support none of the SoCC except the annual *Phyllopodium capillare*.

Proposed grading: High to medium sensitivity areas IIIA

CONTEXT

None

Proposed grading: NCW

5. Anticipated Impacts on Heritage Resources:

No Go Alternative

This assumes the status quo prevails. This would result in no change and thus **no impacts** upon any identified heritage resources, limited as they are.

However, the site is vastly underutilised, which incurs considerable maintenance costs by the Department of Health and Wellness, and under circumstances where adequate budget provision in general terms and specifically for healthcare for those requiring psychiatric care is increasingly under pressure.

This alternative thus would bear the **opportunity cost** of financial benefits to the Department of Health and Wellness, more pragmatic relationships between Stikland Hospital and the NGO community that support it; and no benefits to the local and regional economy or the provision of affordable housing. The proposed development is thus preferred over the 'no-go' alternative.

Preferred Alternative

The proposed development of both portions could ultimately entail the demolition of a number of buildings older than 60 years. All have been

assessed as Not Conservation Worthy and impacts are assessed as **Low**.

There are identified conservation worthy heritage/environmental resources relating to the areas of botanical sensitivity and some of the tree groups or clumps on site.

The areas of medium and high botanical sensitivity and the wetlands have been excluded from the development areas. Whilst this impact assessment is the concern of the Basic Environmental Impact Assessment, it is expected to be Low.

In respect of the impacts upon the existing **trees** on site, whilst the plans are currently prepared at a conceptual level and details are not available, it appears that a relatively high percentage of the trees can be retained and the Landscape Framework Plans and the Forest Assessment contain mitigation measures which must be adhered to, to ensure the protection of these landscape elements. Impacts with mitigation are expected to be **Low**.

Cumulative Impacts

Whilst there will be a complete change to the existing South Stikland environment as a consequence of the proposed development, given the extent of low to positive heritage related impacts expected of the development, negative cumulative impacts are unlikely and positive cumulative impacts could be envisaged.

6. Recommendations:

It is recommended that Heritage Western Cape provides Comment to the following effect:

- Endorses this report as having met the requirements of Section 38(3) of the NHRA;
- In terms of Section 38(8) of the NHRA, supports the proposed development as having limited and acceptable heritage-related impacts.

- Supports the proposed demolition of the buildings older than 60 years indicated on the demolition plan in Annexure D.

Subject to the following mitigations:

- A more detailed Tree Management Plan is required as part of the planning approval process for implementation.
- A qualified and experienced Arborist must be involved in the implementation /execution of the Tree Management Plan.
- Implementation of the Landscape design guidelines and requirements per Landscape Framework Plans and mitigations as per Forest Assessment included in Annexure D.

7. Author/s and Date:

This HIA (July 2025) has been prepared by Cindy Postlethwayt. The Project Team additionally comprises, *inter alia*:

- Urban Design and Town Planning: ARG Design
- Landscape Architect: Rene Brett, Viridian
- Botanical: Nick Helme
- Socio-economic Impact Assessment: Urban Econ
- Environmental Assessment Practitioner: Infinity Consulting

Procedures followed: The HIA follows the requirements of s38(8) of the NHRA and NEMA.

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SPECIALIST DETAILS, EXPERTISE AND DECLARATION

Details of the specialist

This study has been undertaken by Cindy Postlethwayt BSoc Sci, MCRP (APHP accredited heritage practitioner), heritage consultant.

Email: cindy@cpheritage.co.za

Position On Team: Lead heritage practitioner

Abbreviated Curriculum Vitae & Declaration [Annexure A](#)

1. PROPERTY DETAILS IN BRIEF

The property concerned is the Stikland Hospital site, which is bisected by the R101, Old Paarl Main Road. It is owned by the Western Cape Government (WCG) and comprises unregistered Erf 32103 and Remainder Erf 6300, Bellville. The Stikland North landholding is 148.96ha in extent and Stikland South is 114,15545ha in extent (263.11545ha in total). The northern site is situated on the corner of Old Paarl Road, De La Haye Avenue and St Harrod Drive in Stikland. The southern site is on the corner of Old Paarl Road and De La Haye Avenue, bound to the south by the railway line. The hospital is surrounded by established, primarily full-title, low-density residential suburbs with the exception of Stikland Industria to the south.

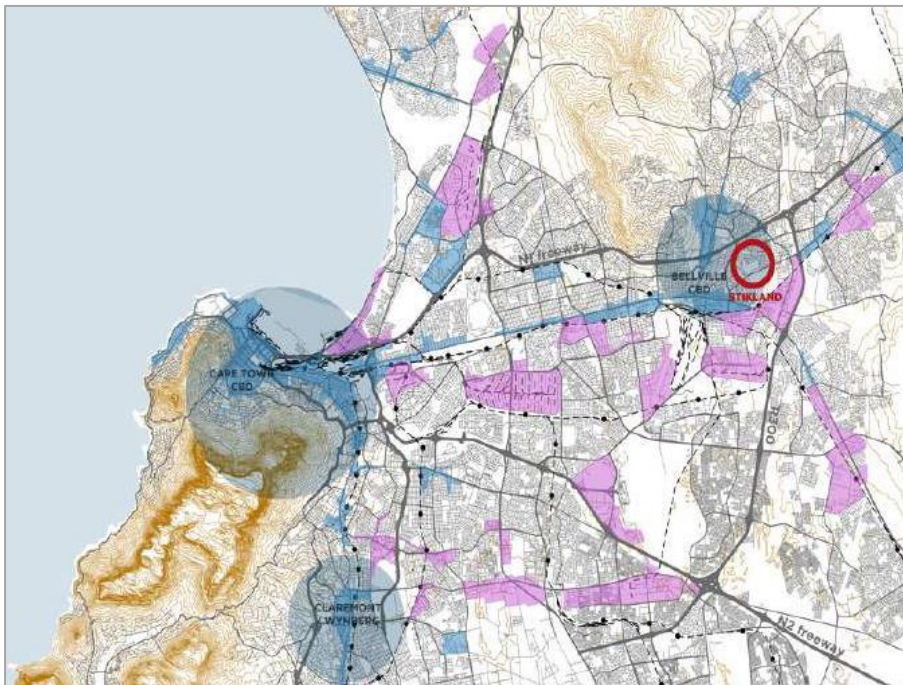


Figure 1: Site in the context of metropolitan Cape Town (BEP)



Figure 2: Locality indicating Stikland North (shaded) in the context of the broader Stikland Hospital site (bordered red) and surrounding suburbs. (Lotz)

The northern portion of the site is largely underutilised with primarily Non Governmental Organisation (NGO) institutional facilities located on the site, including two NGO-run mental health facilities; a step-down/step-up facility with links to Stikland Hospital; a Children's Hospice with associated dog daycare & special needs adult protective workshop; as well as a Remedial School with associated horse riding facilities. Additional uses include a Provincial Archive building, and 10 residences leased by Province to employees or past employees of the hospital.

This section of the property is no longer a core component of the Stikland Psychiatric Hospital operation and lends itself to a regeneration opportunity.

Stikland South constitutes the remaining core of the Stikland Psychiatric Hospital operation, although vast areas of the site are vacant and not utilised nor required by the hospital operations in the future. This vacant land also lends itself to a regeneration opportunity.



Figure 3: The site

2. BACKGROUND

The Western Cape Government: Department of Infrastructure (WCG DoI) has been investigating opportunities for re-development of the Stikland North site, initiated by a visioning exercise in 2013.

In 2020 Built Environment Partnership (BEP) was appointed by WCG to prepare a Contextual Framework Study for Stikland North. The Contextual Framework is the first phase of the package of plans approach (in line with the City of Cape Town's Municipal Planning By-Law, 2015) to guide the proposed development of the site.

The current appointment of a professional team in 2021, led by ARG Design was required to compile a Precinct Plan for the site, followed by the relevant statutory applications, of which this Heritage Impact Assessment forms part.

However, during the process, it was determined that feasibility would be difficult to achieve without the addition of unutilised land on Stikland South. Following an investigation, and negotiations with the hospital administrators, it has been agreed to expand the development opportunity across both North and South Stikland. Traffic considerations have led to the prioritisation of Stikland South in a first phase of development.

3. LEGAL REQUIREMENTS

3.1 NHRA

A Notification of Intent to Develop (NID) was submitted for Stikland North by the landowner to Heritage Western Cape (HWC) in terms of the National Heritage Resources Act No. 25 of 1999 (NHRA). No NEMA process was triggered in this respect. Contrary to the recommendations of the NID, on 9 September 2020, HWC issued a response, requiring a Heritage Impact Assessment (HIA) that satisfies the provisions of section

38(3) of the NHRA. This HIA must have specific reference to the following:

- A comparative study of other institutional buildings including related built environment.
- A social study focusing on the historical analysis with assessment of impact to the built environment and surrounding context.

The required HIA must have an integrated set of recommendations.

In a request for clarification of the scope of work of the requisite social study, HWC, in an email dated 5 October 2021, noted that the requirement related to providing a broad overview of the development of the psychiatric hospitals within Cape Town which does not require oral narratives to be recorded.

Following the inclusion of Stikland South into the development area, development of which will trigger the requirements of NEMA, HWC confirmed in a letter dated 14 August 2024 that the required HIA for the northern portion of Stikland Hospital may be expanded to include Stikland South into the assessment; and that the HIA now be conducted in terms of Section 38(8) of the NHRA. This on the basis of the motivation that both portions of Stikland form part of a single landholding, albeit divided by a road; that the ownership and operations on both sides of the property form part of or are related to Stikland Psychiatric Hospital; and that the development forms part of a single redevelopment proposal. The required HIA Scope of Work remains as before.

3.2 ADDITIONAL LEGAL REQUIREMENTS

The property is zoned Community 2 (regional facility). A rezoning to subdivisional area and designation of land uses is required in terms of the Municipal Land Use Planning By-Law, 2015.

4. SCOPE OF WORK & METHODOLOGY

This HIA will be structured to fulfil the requirements of Section 38(3) of the NHRA and to respond to the requirements of HWC. Process will follow the requirements of NEMA.

There are no registered Conservation Bodies in the area. The City of Cape Town (CCT) Environment and Heritage Management and the NEMA identified stakeholders will be given the opportunity to comment in terms of the procedures established for submissions in terms of NEMA. The comments will be considered for incorporation into the findings and recommendations of the Final HIA.

Information was gathered during site inspections and documentary research of literary and official sources on the site and surrounding area. Documentary research was undertaken of records of the Surveyor General and the Department of Rural Development and Land Reform's CDNGI Geospatial Portal and Chief Directorate: Surveys and Mapping.

The project team includes, as relevant:

- Urban Design and Town Planning: ARG Design
- Landscape Architect: Rene Brett, Viridian
- Botanical: Nick Helme
- Socio-economic Impact Assessment: Urban Econ
- Environmental Assessment Practitioner: Infinity Consulting

5. ASSUMPTIONS AND LIMITATIONS

The information and assessments supplied by others are assumed to be accurate and a fair representation of the proposed development. It is assumed all relevant information has been disclosed.

Given the nature of the existing uses, there are certain restrictions relating to the privacy of tenant bodies and users. This is not however considered to derogate from the findings of this report.

6. POLICY CONTEXT

6.1 HERITAGE

The CCT Heritage Audit does not identify any heritage resources on or in the vicinity (the closest being a Grade IIIA cemetery and suspected cemetery to the south). There is no existing or proposed Heritage Protection Overlay. However, it may be that the area has not yet been

fully audited as only a few properties have been specifically identified as Not Conservation Worthy.



Figure 4: CCT Heritage Audit, site identified with a star (City Map Viewer accessed 29 July 2024)

6.2 PLANNING

In terms of the 2023 Tygerberg District Plan, the Stikland Psychiatric Hospital precinct is identified as a New Development Area opportunity for extensive urban restructuring and development and the precinct is identified as a “Strategic Site”. The precinct provides an opportunity for extensive urban restructuring and development for mixed use development in the form of commercial / office /residential development. “It is important that new developments are designed to integrate and have a positive interface with the existing urban fabric, i.e. the existing residential developments and public open spaces.”

“High density mixed use development (excluding industrial) to be considered along the Old Paarl Road portion of the Stikland Hospital

site. A range of housing typologies should be provided including more affordable housing (GAP Housing, Social Housing or any other appropriate housing typology).

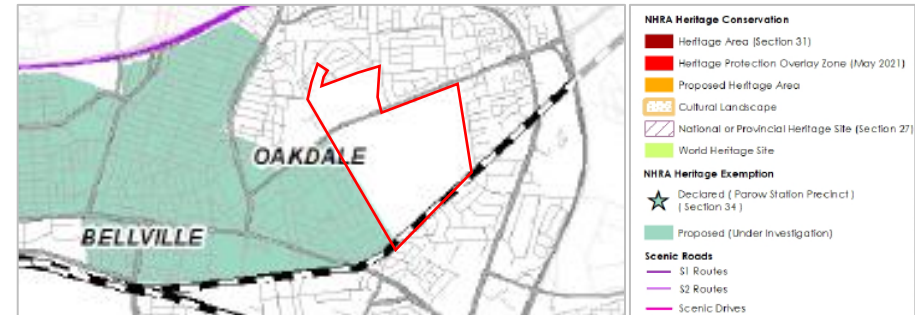


Figure 5: 2023 District Plan Proposed NHRA exemption areas

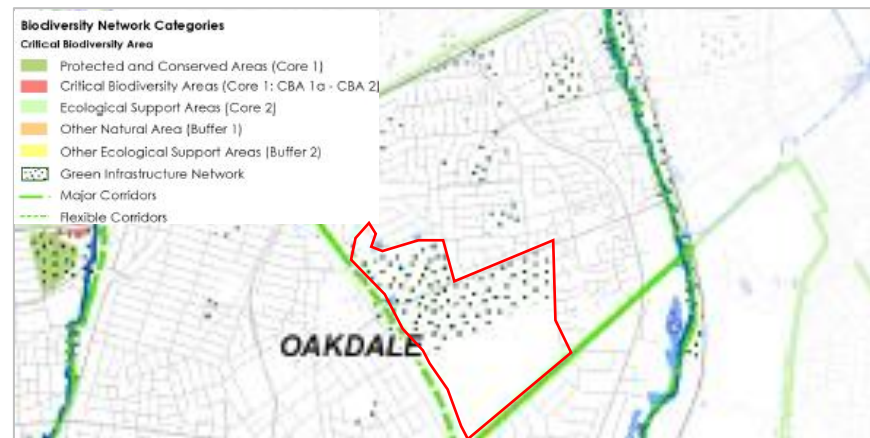


Figure 6: 2023 District Plan Green Infrastructure and Biodiversity

“Encourage redevelopment for mixed land uses and high density residential development along high accessibility streets such as De La Haye and Old Paarl Road. The re-development for high density residential development should be restricted to properties situated on Vermeer Street and De La Haye Street in the De La Haye Area (portion

between Old Paarl Rd and Vermeer Street, outskirts of the De La Haye Area in close proximity to the railway line and the Stikland Hospital grounds).

The following factors impact on the development potential of the Hospital precinct:

- The precinct of ±140ha provides a significant opportunity for redevelopment and infill through the rationalisation of the existing footprint of hospital buildings.
- The precinct is considered to be under-utilised due to the highly dispersed pattern of existing hospital buildings.
- Many buildings require renovation and utility services require substantial upgrading. Development will require extensive investment in utility services and road access.

The following is proposed as appropriate for the site should development be realised in future:

- Consolidation and redevelopment of the psychiatric hospital into a smaller, more manageable and less extensive area. Redevelopment/consolidation of current hospital buildings may occur in vacant portions of the precinct north of Old Paarl Road and in parts of the precinct south of Old Paarl Road (preferably the area along the Kraaifontein railway line);
- Mixed use development in the form of commercial / office / residential development along portions abutting Old Paarl Road;
- Residential components should include a range of housing typologies including more affordable and inclusionary housing;
- Medium to high density residential development on portions of the precinct which are available for development. Portions of land which front onto De La Haye Road should be considered for residential development, thereby creating a development link from Old Paarl Road to Stikland Station. “



Figure 7: Extract Tygerberg District Plan 2023

7. SITE DESCRIPTION

The site has a significant 50m slope from north to south. This is most obvious on Old Paarl Road where the levels between the northern and southern portions of the hospital sites are very visible. The western edge of the site is located on a ridge offering views to the west. The southern portion of the site levels out and the slope is less pronounced.



Figure 8: Site contours (CFM)

The northern site landscape presents as largely vacant and neglected, with isolated buildings. Soils are sandy and most vacant areas are covered in kikuyu grass (*Pennisetum clandestinum*); weeds such as dock and cocklebur; and invasive alien Port Jackson willows (*Acacia saligna*). There are isolated patches of natural vegetation, including indigenous rush (*Scirpoides thunbergii*) but from a botanical perspective, the site has no significance.

There are however some tree lines and copses which are the only form-giving landscape elements. The most prominent tree lines are alongside the southern boundary with Old Paarl Road, an avenue of Norfolk Pines on the short entrance road from Old Paarl Road and along the internal movement route.

Few of these are however older than 60 years. The only exception is a now incomplete frame of trees which are visible in the 1938 and later aerials sheltering the original farmhouse, long since demolished.

A Tree Management Survey has been conducted by Viridian and is included as part of the Landscape Framework Plan in [Annexure D](#).



Figure 9: Environmental elements of the site with significant trees, contours and views (BEP 2020)



Figure 10: Tree Survey Plan: Stikland North (Viridian)



Figure 11: 1938 Aerial (126_081_11530), portions of tree lines still remaining on site identified



Figure 13: 1966 Aerial (550_1_014_00569 1966), almost entirely denuded of trees and vegetation



Figure 12: 1945 Aerial (203A_003_02305 1945)



Figure 14: Trees on site 2021 Aerial (CFM)



Figure 15: Tree line along Old Paarl Road in proximity to the intersection with De La Haye Avenue, Stikland north left, behind the vibacrete wall and Stikland South right



Figure 16: Tree line along Old Paarl Road east of the overhead pass Stikland north left, behind the vibacrete wall, the mature tree line retained. Stikland South right, the tree line insubstantial and relatively immature.



Figure 17: remnant of the original farmhouse tree lines indicated



Figure 18: Norfolk Pine avenue at the entrance to the site.

The Stikland South landscape by contrast presents as open and well-tended, with hospital buildings spread across the site in a low density sprawling ellipse from the south-western to north-eastern corners.

A number of the tree lines and what was likely a eucalyptus woodlot when the land was originally farmed remain, and are older than 60 years. These and the tree planting along the perimeter drive are important, and the only, form-giving landscape elements in an otherwise relatively featureless suburban/institutional landscape.



Figure 19: 1938 aerial, Stikland was farmed with tree lines along the Old Paarl Road and a number of woodlots and clumps of trees (CCT)

Construction on Stikland Hospital began in 1960, transforming the farmland. Almost all the vegetation on Stikland North was removed for development. However, due to the central layout of the main facility on Stikland South, most of the perimeter trees were retained.

Between 1968 and 1980, the eucalyptus woodlot in the south-western corner has expanded; the tree line along Old Paarl Road has been significantly lost, vegetation in the south-eastern section, speculated to be alien invasive, had expanded considerably.

The latter is however cleared by 1996 and a new line of trees planted along parts of the perimeter drive.

This pattern remains essentially unchanged today, with the low density hospital grounds surrounded by vast areas of regularly tended grass in all the open areas.

The area is characterized by Cape Flats Sand Fynbos, but existing vegetation in the area is sparse and heavily impacted by urban development. The project site contains a variety of large mature trees and existing windbreaks to be retained as far as possible (Viridian). A Tree Management Survey and Eucalyptus Forest Assessment have been conducted by Viridian and are included as part of the Landscape Framework Plan in [Annexure D](#).

The findings of the Eucalyptus Forest Assessment are as follows:

- The Eucalyptus forest is generally in good health and portions are in excellent health.
- A portion (indicated as A on Figure 26) of the forest was clearly a managed woodlot but it is evident that no recent harvesting of timber has taken place or active management of the wood lot.
- Many trees were removed along De La Haye road at some point probably due to Eskom servitude. Stumps are still visible in the ground.

- Tree spacings (and trunk and branch structures) on the eastern and southern portion are more natural and a ground cover layer is present (indicated as B on Figure 26)
- Where a clearing was made in the middle of the forest other trees have blown over / been uprooted, indicating the sensitivity of this forest to partial clearing and exposure to higher wind speeds for trees that have matured within the protection of the forest surroundings.
- The forest creates a very significant windbreak within this exposed landscape and other trees located downwind of the forest (to east and north east) have developed in reduced wind speeds. Removal of this forest in part or in whole will have a very significant and likely detrimental impact on the health and longevity of those trees. (indicated as C on Figure 26). Leaf density at lower elevations is significantly higher than on branches exposed to higher wind speeds at higher elevations on the trees.
- Trees within the densely spaced wood lot portion of the forest show unnatural lean that require ongoing monitoring and management programme.
- Refer to Annexure D for recommendations on trees to be retained and required management and development setbacks.
- A more detailed Tree Management Plan will be required as part of the planning approval process for implementation.
- A qualified and experienced Arborist must be involved in the implementation/execution of the Tree Management Plan. (Viridian 2024)

Botanical sensitivities (only on Stikland south) have been identified. The findings of the Botanical Assessment are as follows:

- The study area supports notable remnants of two Critically Endangered vegetation types, with at least five plant Species of Conservation Concern. At least 8ha of mostly indigenous vegetation remains in the area. The absence of any mapped

areas of importance in the City of Cape Town's Biodiversity Network for this site is clearly an error/oversight, presumably originating from lack of site access.

- The majority of the study area is of Low botanical sensitivity, and these areas do not support any of the recorded Species of Conservation Concern (SoCC).
- There are four patches of Very High sensitivity (see Figure 26), one of which is a seasonal wetland, and the other three all support the five recorded plant Species of Conservation Concern.
- Surrounding and linking these are two patches of Medium to High sensitivity. In the southeast are three patches of Medium sensitivity that support none of the SoCC except the annual *Phyllopodium capillare*.
- If the entire study area were to be developed the significance of the loss of the vegetation on this site would be Very High negative.
- In line with the mitigation hierarchy (avoid, minimise, mitigate) the Very High and Medium to High sensitivity patches should not be disturbed or developed at all, and should ideally be managed for long term conservation. In the short term this means no mowing in the flowering period of June – mid October, along with proper invasive alien plant removal (methodology as per Martens *et al* 2021).
- The Medium sensitivity areas should ideally also be considered and managed as conservation areas, as they have good rehabilitation potential, and their loss would be associated with Medium negative botanical impact, which if not avoided, could trigger the need for a biodiversity offset.
- Only the Low sensitivity areas could be developed without significant botanical impact, and even there a large scale Search and Rescue program would be needed as mitigation, at the appropriate seasons, as these areas still support notable biodiversity, which could be used to rehabilitate other areas.

- This constraints mapping has significant consequences for the proposed redevelopment masterplan, which should accommodate these findings. (Helme 2024)



Figure 20: 1966 aerial (CCT)



Figure 21: 1980 aerial (CCT)



Figure 22: 1996 aerial (CCT)



Figure 23: 2007 aerial (CCT)



Figure 24: 2023 aerial (CCT)

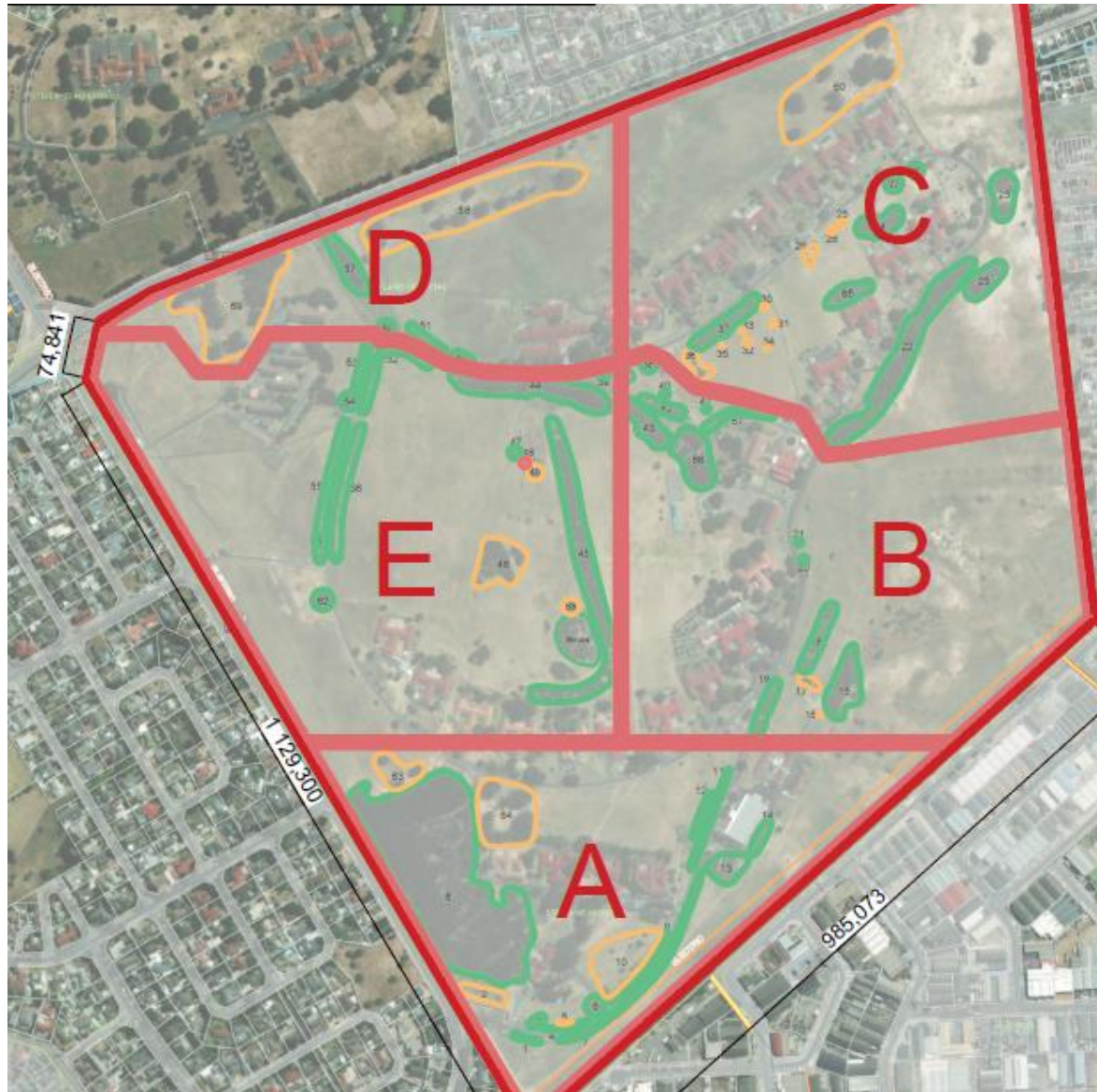


Figure 25: Tree Survey Reference Plan: Stikland South



A: Densely spaced (historically) managed woodlot contains Eucalyptus

B: *Eucalyptus gomphocephala* forest (wider, more natural spacing of trees with ground cover layer)

C: Free-standing individual Eucalyptus specimens of very significant age and stature

Figure 26: Reference diagram identifying areas within the Eucalyptus Forest (Viridian)

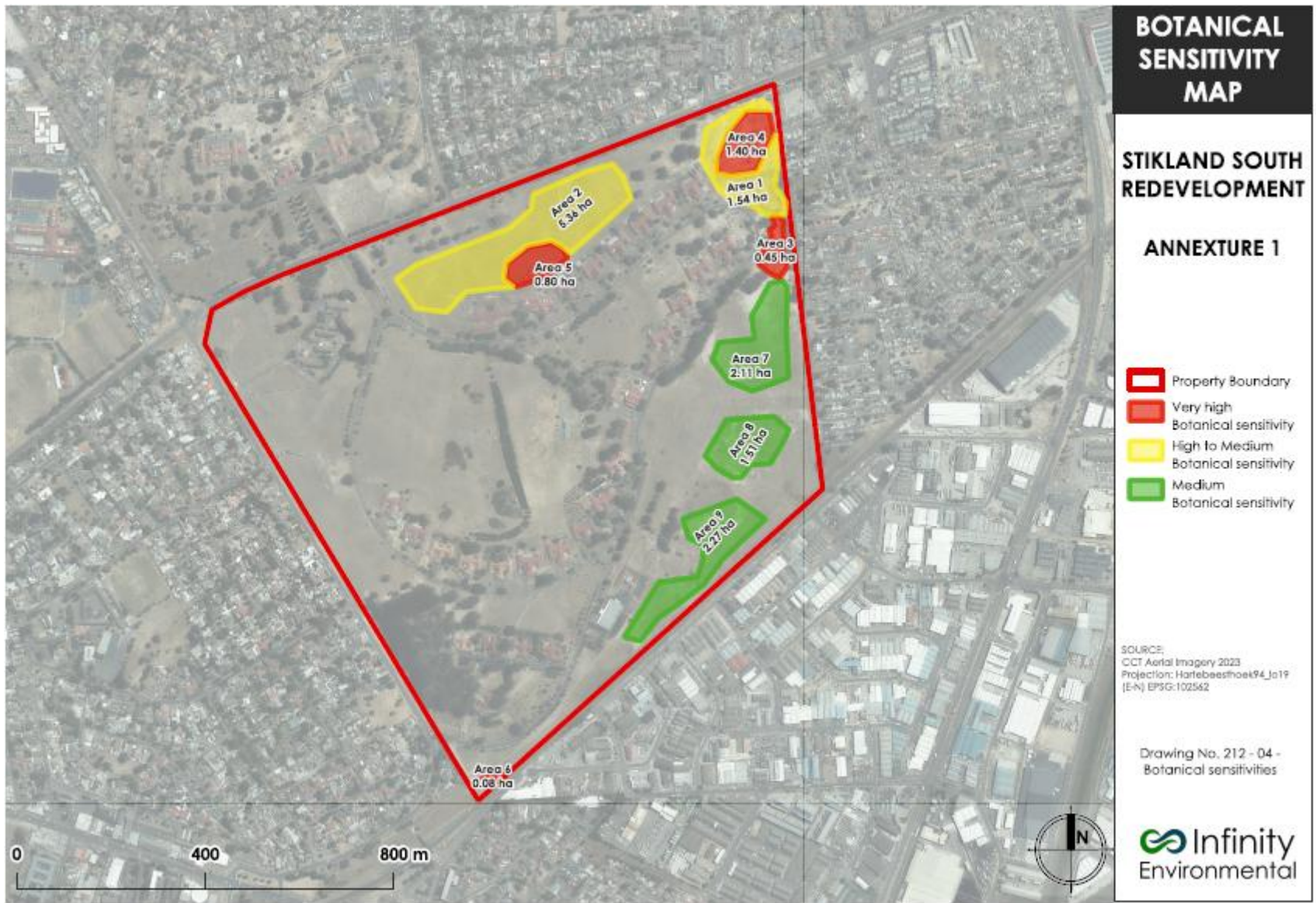


Figure 27: Botanical sensitivities (Infinity)



Figure 28 and following 29 to 53 Stikland South photographic drive through location points, counterclockwise, concentrated on large parcels of vacant land within and surrounding the hospital complex at centre.















Figure 54: Northern edge of forest (densely planted woodlot section). Trees show significant lean due to dense spacing. It will require a minimum development/management setback of 15m from the canopy dripline. (Viridian)



Figure 55: Free-standing Eucalyptus specimen located leeward of the forest. Original trunk formation. No coppiced regrowth. Magnificent specimen. Strongly recommended to be retained within the development footprint with development setbacks. Must be retained in combination with the woodlot portion of the forest for continued wind protection (Viridian).

8. GENERAL HISTORICAL OVERVIEW

The earliest property information pertaining to the site is of the Cape Farm 341, Stikland, a very early Cape grant of 1797, extended with later grants in 1814. It was subdivided over a period of time (from 1860 to 1914) into 18 portions, the remaining portion becoming Farm 362 Stikland, later erf 6300. Much of this remaining portion was sold to the national government in 1951 for the purpose of building what became the original extent of Stikland Hospital.

A homestead is recorded in the earliest diagrams at what is now the south-westernmost corner of Stikland North, subsequently demolished and a new homestead is reflected in the 1914 diagram to the east, which homestead (now also demolished) is present in the 1938 aerial, around which is an identifiable windrow, a portion of which is still present on site. In 1935, the farm was incorporated into the expanding Bellville Municipality.

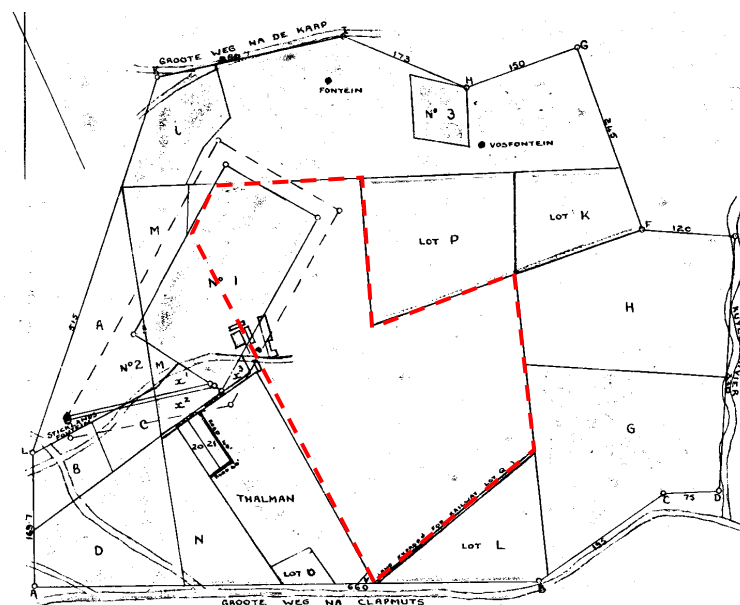


Figure 56: Original extent of farm Stikland (SG244/1844)

9. SOCIAL HISTORY OVERVIEW: STIKLAND HOSPITAL

The modern history of the property lies in its development as Stikland Psychiatric Hospital. The section that follows contextualises this development. It is to be noted that the use of terminology relating to mental health coincides with that used in its historical context or the secondary sources and its use here will reflect that.

9.1 EARLY PROVISION OF MENTAL HEALTH SERVICES IN THE CAPE

Gillis (2012) describes how the VOC had to make early accommodation for the behaviourally disturbed at the Cape, initially in a primitive structure adjacent to the first Van Riebeeck fort; enlarged in 1674 but when a new hospital was built in 1699 adjacent to the Company Gardens, mentally ill patients were moved 'into a small, enclosed apartment for locking up the mad'. A third hospital was built in 1772 near the Company Gardens, again with some space for mental patients, and when this too became overcrowded, patients were transferred to the nearby Slave Lodge. With the opening of Somerset Hospital in 1818 some beds were set aside for 'lunatics' who were cared for among the physically ill. This was the only such facility in the Cape Colony at the time.

"Psychiatric diagnosis as we know it did not exist, and the mentally ill, lacking an obvious physical cause, were simply called 'insane', 'mad' or 'lunatic', the latter because of the supposed effects of the moon. They were largely thought to be possessed by demons – which could be dispersed by 'alienists', an appellation which endured well into the late 19th century. It is interesting to note that the concept of mental illness as a disease only came about towards the end of the 18th century, and the term 'psychiatry' was coined by a French physician in 1808. Causes were not known but, apart from the functional psychoses of mania and schizophrenia, malnutrition, malaria, epilepsy, alcoholism and syphilis must have been causal. Treatment did not exist as such; it was purely a matter of ensuring the safety of the person and controlling violent or disruptive behaviour."¹

¹ Gillis (2012) p78

Overcrowding at Somerset Hospital, however led to the transfer in 1836 of 'lepers, lunatics and the chronically sick' to Robben Island where living conditions were exceptionally poor and treatment, for many years, inhumane. The island, as previously in the hospitals, was a dumping ground for the socially unacceptable. This remained the case until the building of Valkenberg Hospital in 1892, although black patients remained at Robben Island until the 1920s. Treatment at the time was entirely symptomatic, consisting mostly of sedatives and hypnotics.

9.2 EARLY PSYCHIATRIC HOSPITAL PHASE

Towards the end of the 19th C, international views (particularly in Europe and America) on management of the mentally ill began to reject temporary lock-up and restraint arrangements. New ideas led to the building of purpose designed institutions for the 'insane', based on British and American models; these had extended wings for the wards and closed courtyards where necessary. It was considered that mental hospitals, then called asylums, should be placed in some sort of a garden or park setting as fresh air, pleasant surroundings and useful occupation would aid recovery. Treatment, though remained limited.

Simultaneously, in South Africa the state was under increasing pressure to provide a measure of control and order on its public institutions. Such order included separate housing and treatment for the 'insane' and separation of race and gender. In this context Valkenberg was built on the banks of the Liesbeek River, as one of the earliest purpose-built SA asylums, in 1891.

"The architecture at Valkenburg was characterised by excellence of design. Scottish architect Sydney Mitchell of Sydney Mitchell and Wilson undertook the first commission, with project management being undertaken by the Department of Public Works under the supervision of DPW architect H S Greaves who also contributed to design project. At the time Sydney Mitchell prepared the designs for Valkenburg he had

established himself as a successful and well-respected specialist in asylum design. The Valkenburg design shows some resemblances to the Scottish asylum designs and hospitals for which he is best known."²

A prototypical late 19th C purpose-built asylum, Valkenburg was extended in the early 20th C by other notable architects, maintaining a tradition of architectural excellence. It was based on international asylum design precedent and changing representing attitudes to medical care from that period. In 1891 at the same time of the designing of Valkenburg Englishman Sir Henry Burdett produced a book containing a series of principles and requirements with plans, for the for the design of hospitals and asylums.



Figure 61: Central approach leading to the Valkenburg Administration Block and projecting wings c1899 (J9600 Cape Archives in Attwell 2012)

The location of the institution, and its extensive grounds were a key part of the asylum design. In line with new international norms, access to open space was part of the therapy. Patients were encouraged to work although black patients were required to – mostly in manual labour. Segregation by gender and race remained at its core: in 1915 negotiations were underway regarding a land transfer for the area east of the Black River (Oude Molen) for a separate asylum for the black

'insane'. The buildings were completed between 1917 and 1918 and remained a racially segregated institution until it was de-racialised in the 1990's.



Figure 62: Valkenburg in 1935, a well ordered arrangement of spaces around the site with paths and routes defined by the tree planting. It shows the extension of the male and female wards to the south and north of the main complex and the beginning of a dispersal of the building footprint (Attwell in Baumann et al 2012).

The heritage significance ascribed to Valkenburg is summarised below for the purposes of providing the required comparative assessment with

² Attwell in Baumann et al (2012): 60

Stikland Psychiatric Hospital (from Attwell in Baumann et al 2012 p69 – 70).

Historical significance: Valkenburg Hospital. 1891- 1955

Medical (Scientific) significance: Valkenburg is highly significant in terms of the medical and architectural history of psychiatric institutions in South Africa, being the first purpose-built asylum/psychiatric hospital in the country; the first too to be designed by an architectural firm with knowledge and experience in the design of sanatoria and asylums.

Scientific significance: Design was based on international models of asylum design - notably the pavilion model which provided better hospital conditions, better sanitation and better care for the mentally ill. The design of Valkenburg incorporated the available technology for patient comfort with an emphasis on relative freedom of movement, light, ventilation and good sanitation. Valkenburg was one of the first institutions to introduce electricity. Valkenburg was the first asylum in South Africa based on scientific design principles. From this perspective it can be considered of national significance in the history of psychiatric medicine.

Architectural/historical significance: Valkenburg was designed by Scottish firm Sydney Mitchell and Wilson who were experts in the design and asylums and sanatoria. The institution was designed around the concept of pavilion architecture which combined oversight, surveillance and freedom of movement. The institution designed by them was built by the Colonial Governments Department of Public Works under the guidance of notable architects such as HS Greaves and later GS Cleland. Both local architects were exponents of a South African style intended to use the finest of materials and elegance of design. The early designs remained true to the original architectural intentions but gradually changed to meet new governmental design requirements and responses to the changes in treatment of the medically insane. The building complex is significant in that it was built in a relatively short period of time between 1892 and 1896, and the historic core remains substantially intact.

Medical social architectural significance: Valkenburg: The building as a medical treatment facility As professional and social attitudes to mentally ill persons had undergone a change in the late nineteenth century, so had attitudes to their care. This was evident not only in medical treatment but the spaces and conditions under which they lived or were confined. By the nineteenth century there was increased emphasis on healthy living conditions and differentiated treatment. These principles were expressed spatially in the design of the building itself. Design therefore was a key medical response (Louw and Swartz 2001(4)).

Social order - a key ingredient in the racial and class differentiations of nineteenth and twentieth century South Africa was also expressed spatially at Valkenburg which because it was purpose designed became an expression of social and racial control.

The following may be illustrated in a spatial analysis of the Valkenburg buildings:

- The centre of control represented by the visually dominant administration block
- The concept as design and living conditions as part of the medical care of patient
- Spatial and social hierarchy: The differentiation of accommodation and care based on social class. Paying guests received special treatment and there were suits available for their stay if required. The architecture with reflected the social hierarchy.
- Spatial expression of changed attitudes to health care including the placement of the campus in park-like grounds.
- Racial segregation: differentiation of accommodation based on race.



Figure 63: The revitalised historic core of Valkenberg completed 2017 (www.citizen.co.za)

9.3 MODERN PSYCHIATRY & STIKLAND HOSPITAL ERF 6300

The 1930s saw major therapeutic advances including electroconvulsive therapy. New medications and ideas emerging from the World War 2 experience led to the rapid evolution of psychiatry. Lithium was discovered in 1949 as an effective treatment for some forms of bipolar illness, medications such as Chlorpromazine introduced in 1955 enabled the management of violent and disruptive behaviour, and imipramine was introduced in 1957 to manage depression and anxiety. The introduction of pschotropic drugs made it possible to look beyond mere custodianship to active therapeutic measures, notably psychological treatments, group and outpatient therapy, therapeutic communities, etc (Gillis: 2012). This process in the second half of the 20th C is generally referred to de-institutionalisation.

“Old-style custodial mental hospitals were closed with the move of psychiatry to general hospitals and the community. The term

³ Gillis L (2012)

‘psychiatric’ rather than ‘mental’ was preferred, and a variety of ancillary therapies and treatment venues were set up, including day hospitals, outpatient clinics, therapeutic communities, multidisciplinary teams, social clubs and rehabilitation centres. Special units for particular conditions were created, e.g. eating disorders, personality disorders, child and adolescent psychiatry and geriatric psychiatry. This move into mainstream medicine had major results in South Africa, the most notable being the establishment of academic departments of psychiatry in general hospitals, notably in the Johannesburg, Groote Schuur, Pretoria, Tygerberg and other general hospitals. Active collaborative relationships developed with other branches of medicine, and psychiatry came to be increasingly accepted as a major medical discipline. The understanding of psychiatric illness as a treatable medical condition reduced its stigma and brought a greater willingness of patients to be treated.”³

“Although beset with the residual problem of large chronic populations, psychiatric hospitals offered the components of modern psychiatry including outpatient clinics, a therapeutic team approach, social and community services, occupational therapy, rehabilitation, etc. The transfer of responsibility for psychiatric services to provincial health authorities in 1987 gave a major impetus because of the emphasis on curative services and more diverse venues and forms of therapy. In the process, psychiatry came closer to general medicine and lost some of the stigma that had bedevilled it.

Under the apartheid regime, strict legislation concerning separate facilities and accommodation for black patients was enforced but, beginning in 1991, transformation and consolidation began in some hospitals and lead to the total abolishment of racial distinctions when a new government came to power in 1994....

It did not, however, prove possible to phase out psychiatric hospitals because of the special situation in South Africa with its large peri-urban

and rural populations, poor transport, overcrowding in informal settlements, and poor community and social support services. But, as indicated, psychiatric hospitals have moved with the times: they began to offer a variety of purpose-orientated treatments and therapeutic facilities, e.g. a psychogeriatric unit at Stikland Hospital ... Outpatient clinics were established at most hospitals, and legislation in 1976 made provision for a community service in country areas associated with particular psychiatric hospitals. Peripheral outpatient clinics were established in many parts of the country which catered mostly for patients who had been discharged from hospital, but also for newly referred patients"⁴

However, the provision of community-based care for those with mental health problems has not remotely been able to meet the demand precipitated by the process of de-institutionalisation. This is the case internationally as much as it is locally. As a result, in this period and context, the role of non-governmental and other voluntary organisations has become increasingly important and has included financial and other support from the Departments of Health and Wellness and Social Welfare in effective public-private partnerships. Many of these organisations deal with the support and rehabilitation of mentally ill people and tend to work closely with public and private psychiatric hospitals.

This was the context within which Stikland Mental Hospital⁵ was conceived, precipitated also by the chronic and persistent overcrowding in mental health institutions at the Cape and elsewhere. Prior to the 1960s, Valkenberg Asylum was the last custom-built mental hospital in South Africa (Louw), and indeed the building of a new psychiatric hospital that eventually became Stikland was initially specifically intended to replace the outdated and overcrowded Valkenberg. It is also the context which has led ultimately to the disuse of large portions of the original Stikland hospital grounds.

⁴ Ibid

⁵ As it was referred to at the time. It is now the Stikland Psychiatric Hospital.

Debated for many years, and interrupted by World War II, "the owner of the farm "Stikland," situated in the suburb of Bellville, some 20 km from Valkenberg Hospital, offered the farm for sale when the national government started to look for suitable sites."⁶ Objections were raised against the proposal on a number of occasions by the then Belville Municipality, although these were eventually overcome, particularly when the proposed name changed from "Belville Mental Hospital" to "Stikland Hospital." In 1951, it was announced that the government had purchased Stikland farm for the construction of a new mental hospital for mainly white patients – with fewer places for 'coloured' patients, and none at all for black patients⁷ (although by the time construction on Stikland Mental Hospital started in 1960, overcrowding in the white sections of mental hospitals was ironically no longer a problem).

Access to Stikland hospital (south of Old Paarl Road) and the mental health facilities on Stikland North was limited both by covid related constraints at the time and the nature of care. Although supplemented with relevant interviews, the analysis that follows is heavily dependent on a definitive article by Johann Louw, 2019.

Construction began in 1960 on the 180ha site, already divided by Old Paarl Road, and linked by a bridge built at the time for this purpose. The site plan for the new hospital is included in Figure 61 below and it is notable that the general layout is still easily recognised in the present-day Stikland North and South, with almost no changes to its design.

Referring to Figure 61, on Stikland North (viewing from left to right) are what were the houses for medical staff, including a house for the medical superintendent, an admissions building, the administration building (see also Figure 60), a hospital for chronic cases, and an infirmary, which included a section for tuberculosis (TB) patients.

⁶ Byvoegsel tot *Die Burger*, 1962 quoted in J Louw 2019

⁷ In line with the growing formalisation of separate amenities and Group Areas.

South of Old Paarl Road, “arranged roughly in a kidney shape, are 20 villas, or cottages, often called wards in the documentation. These were designated for ‘European’ patients, who were separated according to sex. A recreation hall (with a capacity of 1,000 seats) and a kitchen were placed between the rows of villas (see the right-hand side of Figure 61). To the left of the kitchen was a building for female occupational therapy, and to the right, one for male occupational therapy. Also near the kitchen were a boiler house, workshops, and a storeroom. Below the 20 villas, in the bottom right-hand corner, lie four villas for Coloured (marked as “non-European” on the architectural plans) patients, together with accommodation for Coloured staff. Above and to the left of the kidney shaped ward arrangements, just below Old Paarl Road, lie a nurses’ home and a students’ training centre, completed later, in 1983.

The first medical superintendent of Stikland, Ben Wolpowitz, specifically identified the design as “the Villa system.”⁸

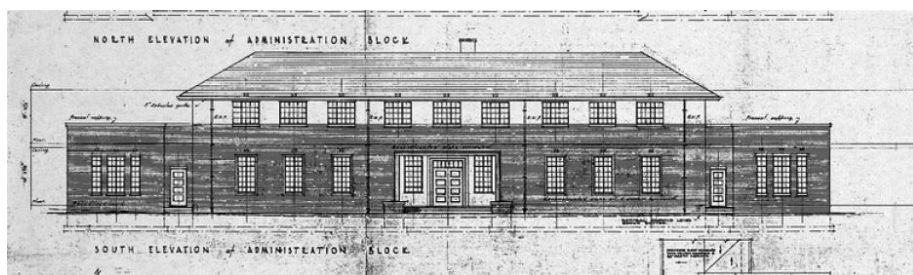


Figure 64: The original building plan (south elevation for the administration building on Stikland North (Louw 2019)

The design was done by the National Public Works Department, under the signature of William MacDonald, Chief Government Architect. He was born in Scotland, attended the Glasgow School of Architecture (Artefacts, n.d.), and arrived in South Africa in 1927. In 1947, he was appointed as Assistant Chief Government Architect of the Public Works Department in Pretoria.

⁸ Louw 2019: 358

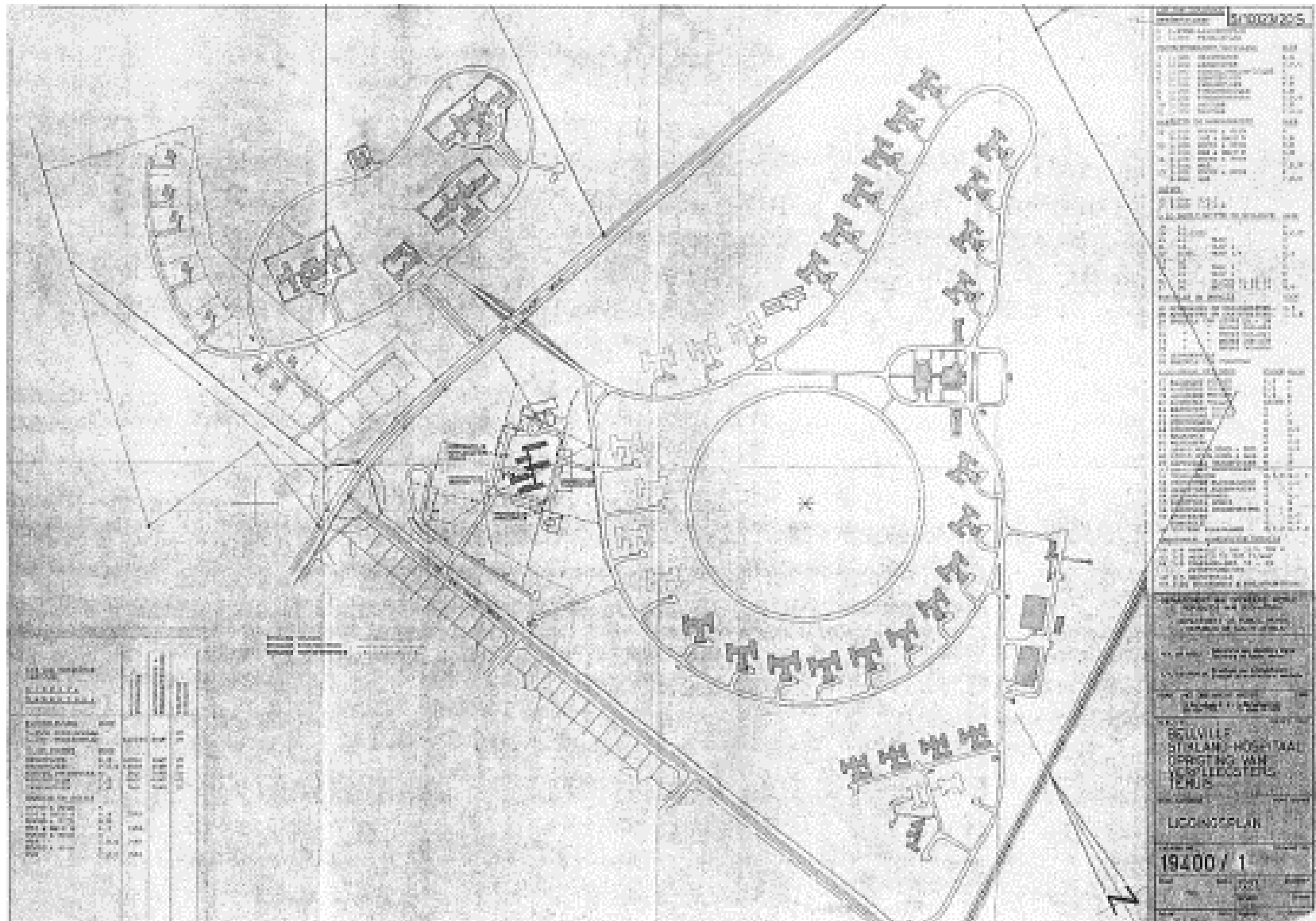


Figure 65: Original Stikland Mental Hospital site plan (in Louw 2019)



Figure 66: 1966 aerial, the Stikland hospital appears fully constructed (620_007_01241), construction having started in 1960



Figure 67: Stikland Psychiatric Hospital site (Google image 2021), virtually unchanged since it was constructed

German in origin, the villa system was designed for patients who could live outside the hospital system and allowed for an open-door treatment, with less security and more community facilities such as church, entertainment and common service buildings. The villa design received support from two reports by the World Health Organization (WHO) in 1953 and 1959. The WHO reports also provided guidelines on the architectural aspects of mental hospitals, including maximum size (no more than 1,000 beds), and free-standing buildings, arranged to resemble a village rather than a single monolithic building. Location in a natural area of woods, gardens, and farmland was promoted.

“It was not possible to determine to what extent the architects of Stikland Hospital were familiar with these reports, but the hospital's design showed much correspondence with the WHO's recommendations. The number of beds in the hospital, which was more or less consistent with the recommendations, the way chronic cases were separated from patients requiring shorter periods of stay, the emphasis on community care, and the villa design, with its garden areas, all could have been informed by the WHO reports. It would be fair to say that the design of Stikland was in step with contemporary ideas about asylum design.

The 20 villas for White patients and the four villas for Coloured patients were designed to house 50 patients each, bringing the total number of patients in Stikland close to the overall number of beds preferred by the WHO. ... Men and women were housed in different villas, and the villa arrangement also made it possible to have some separation according to psychiatric classification. Each villa was divided into two 14-bed wards, two eight-bed wards, and six single rooms for the most difficult patients (see Figure 64). Each villa had eight toilets, four bathrooms, and two showers, with a shared dining room and sitting room in each building. The four villas for Coloured patients were almost exact replicas of those for White patients, except that they contained no single rooms, only another ward with six beds (Figure 65 shows the inside of a villa for Coloured patients). The individual buildings in Stikland were not fenced, although the entire site was surrounded by a fence. The WHO regarded

the open-door prescription as a sign to the patients that they were trustworthy in the eyes of the hospital administration.

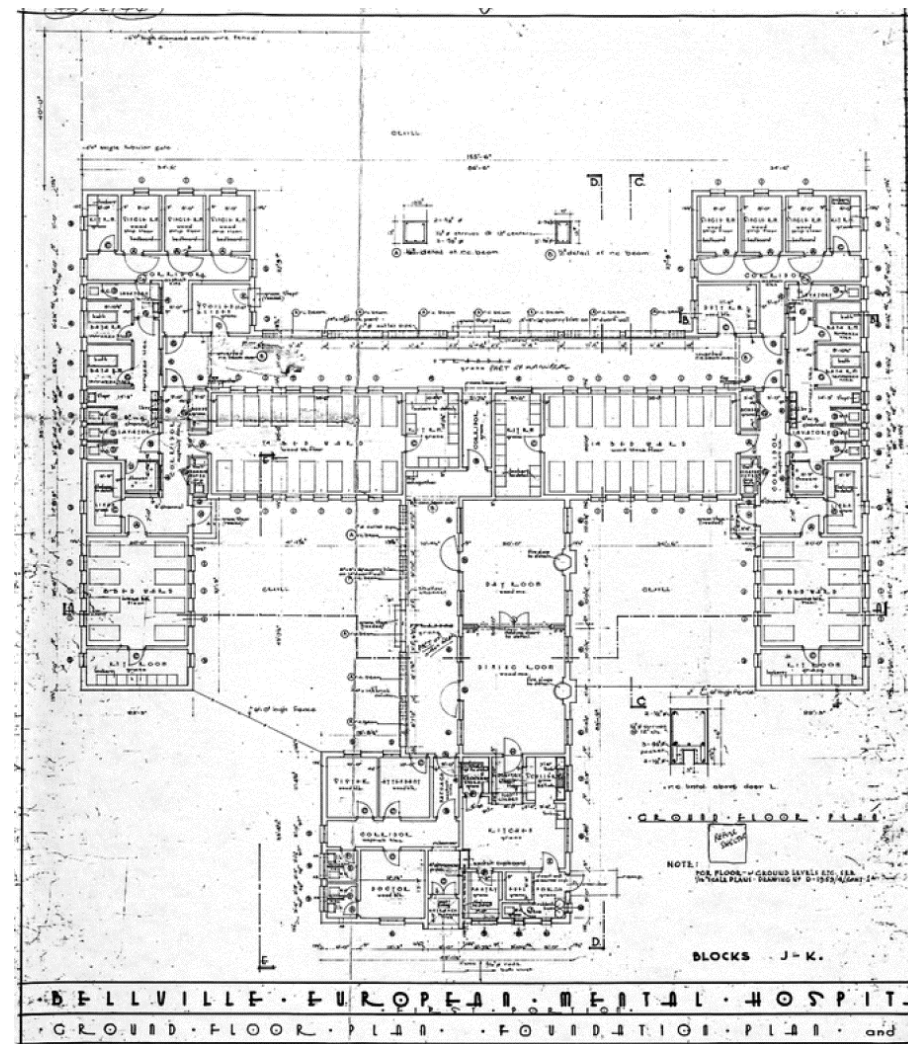


Figure 68: Villa floor plan (Louw 2019)

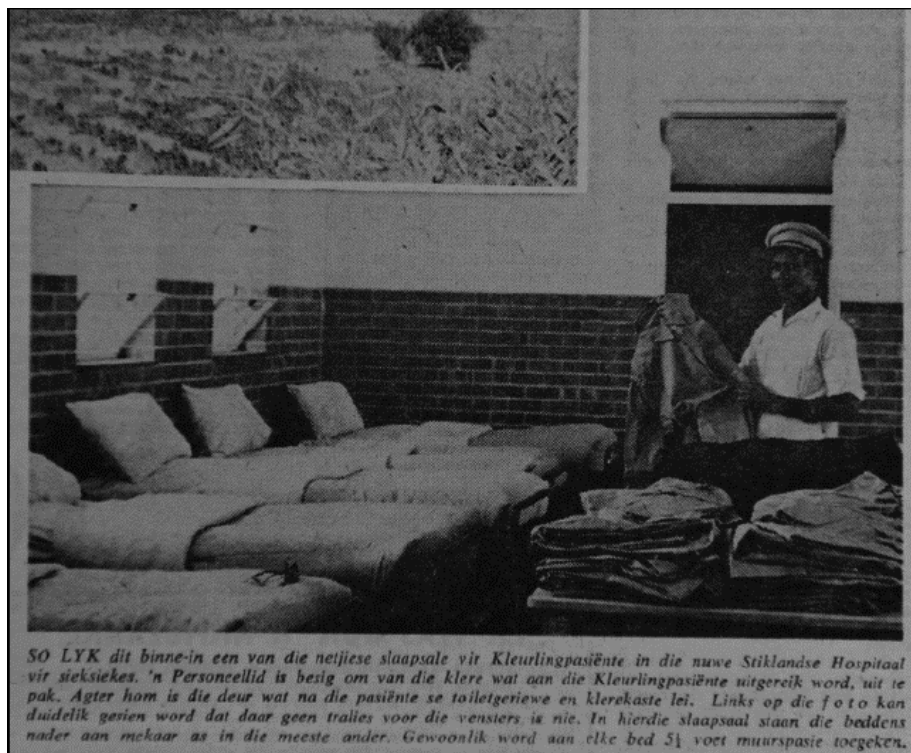


Figure 69: Page from *Byvoegsel tot Die Burger*, January 27, 1962, showing the interior of a ward for Coloured patients. The door on the right leads to bathroom facilities and wardrobes. There are no bars in front of the windows on the left, although the windows cannot be opened completely. Reprinted with permission, *Die Burger*/Media24. (Louw 2019)

Wolpowitz explained that the villas were far apart so as to create the impression of spaciousness (Byvoegsel tot *Die Burger*, 1962). Indeed, a reporter of a local newspaper wrote that he associated the large tracts of land between the buildings with the peacefulness and tranquillity of a farm (“Hospitaal waarop,” 1961). Nevertheless, it was difficult to achieve the surroundings of “woods and gardens” in Bellville, as Stikland

Hospital was situated in a suburban (even semi-industrial) context ..., and the soil was sandy and poor (Figure 66 provides a glimpse of the conditions prior to the gardens being established). Prevailing winds often swept sand into and around the buildings, so much so that Wolpowitz, in fact, described the site of the hospital as one large sand dune (Stikland Hospitaal, 1987). In addition, the site was overgrown with Port Jackson willow trees. ... Eradicating these trees was one of the first tasks that the hospital needed to address to establish some sort of garden....



Figure 70: Page from *Die Burger*, November 23, 1961, showing the single-story villas. Reprinted with permission, *Die Burger*/Media24 (Louw 2019)

Although the Stikland documents rarely refer specifically to race, the new treatment practices had very different effects for African, Coloured, and White patients. The Commissioner for Mental Health remarked that in the early 1950s, schizophrenic and manic-depressive cases formed the bulk of White admissions, but as a result of the response to therapy, they could remain in the community rather than take up space in the mental hospitals (Republic of South Africa, 1963). Laurenson and Swartz (2011) also commented on this—that the annual

reports of the Commissioner for Mental Health by 1961 reflected the impact of the new antipsychotic drugs, such as an increase in the number of discharges and a decrease in the length of stay of especially psychotic patients. As a result, temporary patients were mainly Whites, and long-term patients were mainly African or Coloured (Jones, 2012, p. 39).

The buildings themselves did not show particular architectural pretensions, and function rather than form dominated the features of the buildings. The administration building .. and the buildings on Bellville's main business artery ... were typical of the postwar buildings constructed in Cape Town's northern suburbs, in that they were functional and rather featureless. The villas .. were single-story buildings, and they resembled the family units that were typical of White South Africa in the 1950s and 1960s (Myburgh, 1998, p. 76). McLaughlan (2014) has identified a tendency for the early villa hospitals ... to borrow the aesthetic of neighbouring dwellings. The architectural modesty of Stikland Hospital contrasts sharply with the ambition of the late 19th-century Valkenberg Hospital, which was built as a "colonial showpiece" (Louw & Swartz, 2001, p. 19). Other than references to its modern appearance, no references could be found to architectural aspects of the numerous buildings that made up the large complex of the hospital."⁹

Whilst not definitely proven, it is a reasonable assumption that almost every building on Stikland is now or will soon be older than 60 years. The original building plans include all the institutional buildings as they currently stand; and almost all of the residential buildings (with the possible exception of the southern-most one). Construction on the hospital started in 1960, by 1961 many of the buildings were complete, and the hospital opened in 1962. The 1966 aerial shows definitively that all the buildings on the original building plan had been constructed. Assessments of all buildings older than 60 years on Stikland North and

an assessment of the one building on Stikland South proposed to be demolished are included in Annexure B.

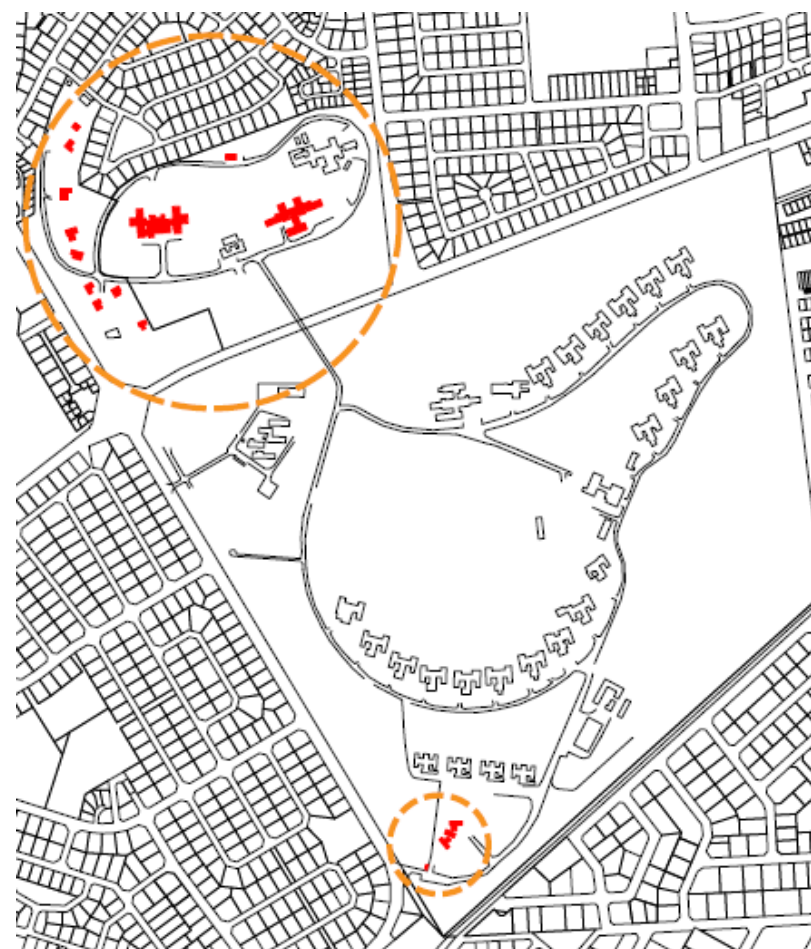


Figure 71: Buildings older than 60 years (or shortly to be) proposed to be demolished.

⁹ Ibid: 358 – 362 condensed.

On Stikland North, the only structures to be retained potentially are the Dunatos Remedial School; the Iris House Hospice for mentally challenged children, together with its work activity centre; and the building currently accommodating New Beginnings (the original administration building).

On Stikland South all the hospital structures with the exception of an administrative building in the south-west corner are to be retained for current purposes otherwise only vacant, un-utilised land with little to no botanical sensitivity is included in the redevelopment proposal.

The photographs 72 – 77 that follow are representative of the buildings and layout in the park-like setting of the Stikland South grounds within the hospital, although they are not specifically identified since this area is unaffected by any identification of development opportunities.





With the development of the psychiatric profession, Stikland developed a close relationship with the University of Stellenbosch, training their medical students. It also provided training for psychiatric nurses. Stikland Hospital thus played an important role in improving the training of clinical psychologists and, ultimately, in statutory recognition being granted to psychology as a profession, in 1974. Valkenberg Mental Hospital had a similar affiliation at the time with the Medical Faculty of the University of Cape Town (Louw, 2019).

9.4 CURRENT PRACTICE: UNREGISTERED ERF 32103 AND REMAINDER ERF 6300

Although originally the structures on Stikland North were directly related to the hospital operations (houses for medical staff, an admission

building, the administration building, a hospital for chronic cases, an infirmary and archives), this has changed over time as the de-institutionalisation imperative has continued. Nonetheless, the primary focus of uses on this site remains on mental health and special needs service provision, albeit one supplied largely by the private or NGO sector.

There are some remaining links with Stikland operations, specifically for the Community Mental Health and Psychiatric Foundation Clinic (CMHP) and the step-down facility, New Beginnings. The separation from the primary operations on Stikland South has proven difficult particularly since the bridge linking the two over the R101 has been closed. A series of engagements with the stakeholders on site have provided much of the information the follows.

Stikland North:



Figure 78: Key to existing uses on Stikland North

A: Ex-Admissions Building, now Community Mental Health and Psychiatry Foundation Clinic (CMHP) An NGO which operates seven mental health facilities in Cape Town for patients from Stikland, Valkenberg and Lentegeur Psychiatric Hospitals who do not have a discharge address. Three of their facilities (dividing residents by age categories, are in Stikland, two on the northern precinct - Sonop and Bowker House and another, for teens, on Stikland South. They are part subsidised by the Department of Health and Wellness and have been on-site for 24 years. There are approximately 130 residents and approximately 60 staff members, half of whom stay on the premises in rooms or flatlets.

This particular building houses:

- CMHP Clinic/Office
- CMHP Frail Care Centre – care and services to CMHP long term patients, who also utilise out-patient facilities at Stikland South
- Bowker House – 66 bed frail care facility for psychiatric patients, generally older than 60 years.



Figure 79: Bowker House centre

B: Ex-Administration Building, now New Beginnings/Stikland Hospital. An intermediary care facility focused on psychosocial rehabilitation which accommodates 40 patients in a step-up or step-down setting, and approximately 20 staff. It is a Ward of Stikland Hospital and funded by the Department of Health and Wellness. All medication comes from the Stikland Hospital budget and patients go to the Stikland outpatient department on a monthly basis for review and treatment by a medical officer (Henmar et al, 2020 and interviews).



Figure 80: New Beginnings

C: Ex-chronic cases hospital, now also CMHP's Sonop facility

- A 60-bed facility for long-term psychiatric clients in the 40 – 60 year age category and who live and work here.
- A central kitchen which provides meals for staff and patients for all three CMHP facilities at Stikland. 250 meals need to be transported three times daily to all the three CMHP's facilities at Stikland, including the facility in the south.
- Residents utilise the Bowker House clinic.



Figure 81: Sonop



Figure 82: Sonop

D: Ex-infirmary, now Dunatos Private School a private remedial school for 250 – 300 learners from grades 1 to 12. The school offers both an academic and technical stream and has been in these premises for 19 years.

The school has a small stable and horse-riding centre on site utilised for therapeutic purposes. The skills centre includes an agricultural component whereby vegetables are grown in hothouses on the premises.



Figure 83: Dunatos



Figure 84: Dunatos horse-riding centre



Figure 85: Dunatos horse-riding centre south of ring road

E: Department of Health and Wellness archives



Figure 86: Archives

F1: Iris House Children Hospice an NGO which provides the only respite care in the Western Cape for life-limited and life-threatened special needs children and adults (some 600 families), including:

- Free community-based respite care in the Northern Suburbs, Southern Suburbs, Mfuleni, Khayelitsha, Delt, Crossroads, Vredenburg and Saldanha Bay;
- some respite care on site;
- training to parent carers and professional carers
- Equine therapy - there are two horses and stables on the site, two sheep and a number of chickens.
- A petting area allows children in wheelchairs to pet some of the animals.
- A sensory garden, a herb garden, working area and an area with play equipment.
- There are approximately 24 staff



Figure 87: Iris House

F2: Collar Club Daycare – dog daycare & special needs adult protective workshop, linked to Iris House. The protective workshop is aimed at Autistic, high-functioning young adults (over 18) registered with Iris House. They are taught how to interact with the dogs and puppies, and assist with playtime, keep water bowls full, give great brushes and enjoy the company of the dogs.

Each employee receives monthly remuneration, in the form of a stipend. This provides purpose, stimulation, companionship, and a feeling of self-worth. The main aim of the program is to prepare young adults for jobs in the mainstream workplace.



Figure 88: Collar Club

G: Rental housing Nine cottages originally designed for existing and retired staff of Stikland Hospital. The rental was deducted straight from salaries. When Stikland North was handed over to the Department of Public Works (DPW) in 2001, the staff no longer received this automatic benefit from the Department of Health and Wellness. There is currently a mix of lease agreements on the site, and some of the lessees are not connected with the hospital. Some of the tenants have agreements with the Property Management Department of DPW, and others with the Department of Health and Wellness. DPW is awaiting policy to deal with these agreements.



Figure 89: rental cottage



Figure 90: rental cottage



Figure 91: rental cottage



Figure 93: rental cottage



Figure 92: rental cottage



Figure 94: rental cottage

Stikland South

Stikland South operations are virtually identical to those established when the hospital was first constructed and buildings and building uses remain unchanged. It is a 423-bed Acute facility with 450 patients on site i.e. it is more than 100% full and this is always the case - the availability of mental health facilities remains severely constrained in Cape Town, as has been the case historically. There remains a challenge with returning patients to their families (as has also historically been the case). The hospital services the Karl Bremmer and Eerste Rivier catchment area and also admits walk-ins direct from the public (or police) as well as an influx of foreign nationals. It remains a teaching hospital linked to the Stellenbosch University.

Facilities include:

- 146 acute beds facility (for psychologically ill patients who stay 3-6 months at a time)
- Approximately 160 short term patients who come in and leave (the hospital is currently assisting the Metro and rural patients).
- The Acute services have a long-stay population occupying 70 beds (patients under 60 years of age).
- Acute services for older persons (Psycho-Geriatric) include 45 acute beds and 45 chronic beds (these are long-stay patients).
- A step-down facility, with population inheritance from the New Beginnings site(40-bed step-down facility) and 135 long-stay patients due to social ills and the community's lack of acceptance.

With 23 Wards, all purpose-built and separated by gender and status of treatment, the patients move between Wards as their stage of treatment changes, but few have free reign on the grounds. Most activity, including group and outdoor activity, is contained within each Ward perimeter boundary, and some have perimeter containment. Patients in the Hensie Vroom and the DSD Wards 16 and 17 do use the large outdoor spaces within the perimeter fence (i.e. outside the possible development areas under consideration) for walking, exercise,

and there is a club house with soccer and netball facilities used by patients and staff.

No individual grading assessments are undertaken for any but one of the buildings on Stikland South as they are to be retained as is.



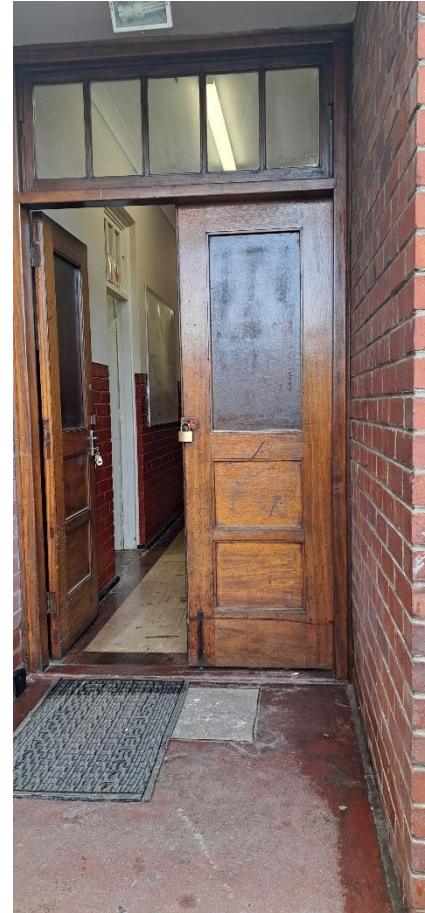
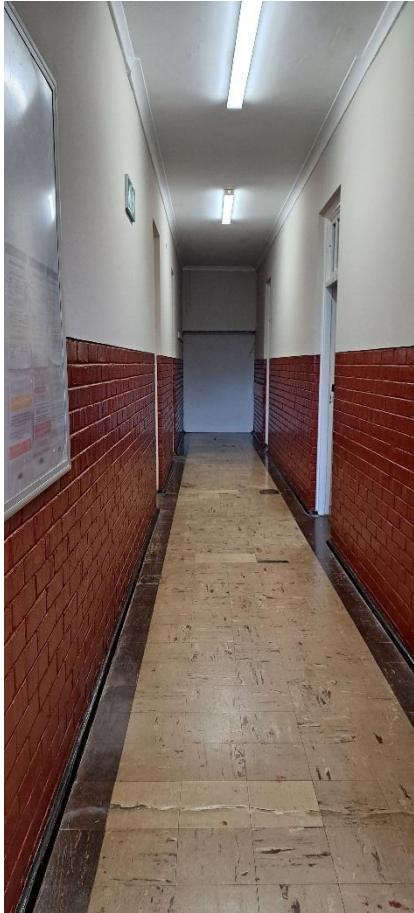
Figure 95, 96: Ward structures

However, the administrative building in the south-western corner of Stikland South is proposed to be demolished and the uses relocated elsewhere on site. Forming part of the original concept and built alongside all other buildings on Stikland it is designed as in a 'zigzag'

linked formation accommodating the Stikland Hospital maintenance functions, the laundry and some office function.

Figures 97 - 104 below illustrate the interior and exterior features.





10. LANDSCAPE & CONTEXT

The site is not situated in or considered part of a broader landscape of historical, natural or cultural significance. It is surrounded by suburban residential development of no heritage significance.

In respect of visual considerations:

- The site is not on an identified scenic route.
- The site is visible from the surrounding road and rail network, particularly Stikland South largely due to the open boundary fences and large areas of vacant land. In respect of Stikland North, the existing vibacrete walls along Old Paarl Road limits its visibility in places.
- Stikland North as the higher portion offers long views of the surrounding mountains with the ridge located on the northern precinct offering the most significant views of the surrounding environment towards Table Mountain to the west.
- The existing trees groups and tree lines form important visual components of the site and form the most important environmental feature of the site. The site in its context stands out as it has more and larger trees and open space than anywhere else in the suburbs. It is surrounded by dense urban development with small trees. The trees provide important character to an otherwise featureless site.
- However, as the 1966 historical aerial illustrates (Figure 13, page 15 and figure 20 page 19), upon development of Stikland Hospital, the vegetation was almost removed in its entirety and aside from a few trees on the eastern boundary of Stikland North, and the Eucalyptus woodlot on Stikland South that have survived. The Eucalyptus woodlot is to be partially retained.

A detailed study has been undertaken which categorises trees into those which: definitely should be retained; preferably should be retained; those which are less desirable species, or their condition is poor; and those which must be removed.

The Forest Assessment and Tree Management Surveys are included as part of the Landscape Framework Plans for the project in [Annexure D](#).



Figure 105: The R301 as it passes through Stikland Hospital, Stikland South to the left; Stikland North to the right, the disused bridge connecting the two.



Figure 106: Residential development surrounding Stikland



Figure 107: Residential development surrounding Stikland



Figure 109: The elevated western edge of the site with long expansive views south.



Figure 108: The western edge of the site is elevated, with long expansive views south, west and north-west across surrounding industrial and residential development, towards Table Mountain and the Tygerberg.



Figure 110: Sonop from the internal ring road indicating the bleak context



Figure 111: Large expanses of open ground, immediately west of CMHP



Figure 113: The rear of Sonop



Figure 112: The rear of CMHP



Figure 114: Corner of Old Paarl Main Road (R301) and de La Haye, looking onto the north-western corner of the property



Figure 115: Western edge of Stikland from Del La Haye Road and surrounding suburbs. Stikland North to immediate left; Stikland South mid and background left.



Figure 116: Western edge of Stikland from Del La Haye Road



Figure 117: De La Haye suburb right, Stikland South left (Google earth).



Figure 118: The R301 as it passes through Stikland Hospital, Stikland South to the left; Stikland North to the right, the disused bridge connecting the two.

Figures 119 - 121 (below): The Stikland South woodlot.



11. STATEMENT OF SIGNIFICANCE

The grading of heritage significance is based on the three-tier grading system used in the NHRA and HWC's guidelines "Grading: Purpose and Management Implications" (16 March 2016) (Annexure C).

Analysis reveals that the primary significance of the original Stikland Hospital site lies in its social significance as an institution serving a particularly marginalised sector of society, the failures of which can impact society as a whole. However, it is suggested that whilst important, this does not fit the definition of intangible cultural heritage and should not be a matter for the heritage sector to regulate. For this reason, the institution and site are considered ungradable in the absence of other attributes of heritage significance.

To expand briefly, the NHRA provides some legal definitions:

Section 2 (xxi) "living heritage" means the intangible aspects of inherited culture and may include-

- Cultural tradition
- Oral history
- Performance
- Ritual
- Popular memory
- Skills and techniques
- Indigenous knowledge systems
- The holistic approach to nature, society and social relationships

Section 3(2) The national estate includes, inter alia

- places to which oral traditions are attached or which are associated with living heritage

Section 3(3) Criteria for assessing the significance of a place or objects.

A place has heritage significance, inter alia, because of:

a) Historical value

- its strong or special association with a particular community or cultural group for social, cultural or spiritual reasons;

d) Social value

- i. It is associated with economic, social or religious activity
- ii. It is associated with living heritage (cultural traditions, public culture, oral history, performance or ritual)

Policy guidance is provided by:

UNESCO's 2003 Convention for the Safeguarding of the Intangible Cultural Heritage (which SA has ratified) proposes five broad 'domains' in which intangible cultural heritage is manifested. This includes

- Oral traditions and expressions, including language as a vehicle of the intangible cultural heritage;
- Performing arts;
- Social practices, rituals and festive events;
- Knowledge and practices concerning nature and the universe;
- Traditional craftsmanship.

Nonetheless, the requirements of HWC for the HIA Scope of Work have necessitated the articulation of these issues, and perhaps, in the absence of any other legislative framework to give guidance to development of the site, other than the policy and regulations pertaining to planning and building, these issues can be given due consideration incidentally.

11.1 PALAEOLOGY AND ARCHAEOLOGY

The SAHRIS paleo-sensitivity map records the sensitivity as being low.

Given the history of agricultural activity, and, in the 1960s, total clearing for earthworks and redevelopment of the site, the likelihood of significant archaeological finds are considered to be low and the standard protocols should be sufficient.

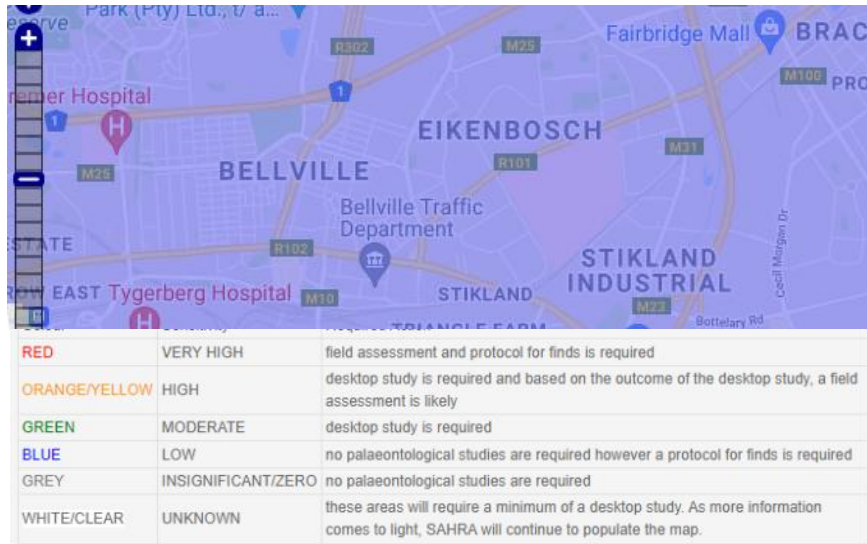


Figure 122: SAHRIS paleo-sensitivity map

11.2 STIKLAND PSYCHIATRIC HOSPITAL

Historical significance: low

Medical (Scientific) significance: Stikland is significant in terms of the medical and architectural history of psychiatric institutions in South Africa, being the first purpose-built psychiatric hospital built during the period known as de-institutionalisation. It contributed significantly to research and training for the newly emerging mental health professions along with other institutions such as Groote Schuur and Valkenberg.

Architectural/historical significance: The design of Stikland was a key medical response to the prevailing attitudes of the time based on international models of design - notably the villa model. "It exemplified many of the global ideas about treatment and management of the mentally ill and the buildings constructed to accommodate them. In addition, the separation of patients by sex and psychiatric condition,

and the design of the interior space—to accommodate disruptive patients, for example—were standard features of practices of care. What would have been less recognizable to the foreign visitor was the strict segregation that was applied according to the race of the patient (and the race of the staff member). Thus, although the building type was largely a global one, it contained elements that reflected local practices."¹⁰ Like all other institutions of the time, racial differentiations were built into the design and management of the institution. These have however been integrated since the 1990s.

The historic buildings and layout remain substantially intact. There is little however that is notable in the architecture itself, which is unpretentious, utilitarian and functional design, featureless, and borrows its the aesthetic from the mid-century development in the area.

Aesthetic, landscape: No aesthetic and limited visual significance. However, the mature trees (including the woodlot), some of which are older than 60 years, have some historical significance in that they are associated with the Stikland Farm and provide some of the few place-making opportunities on the site.

Social: People with mental health problems are arguably amongst the most marginalised in all societies and South Africa is no exception. The more so amongst those without financial resources. The provision by the State of humane and appropriate care for people with such disabilities is never adequate and critical for those affected either directly or by association (families in particular). "The construction of this large, 1 000-patient facility in South Africa in the 1960s reflects the argument that mental hospitals in this country retained their critical significance in improving mental health care. In fact, in the mid-1980s, another large psychiatric hospital, Lentegeur Hospital, was built in the larger Cape Town area. One may therefore question whether South Africa was in fact a case of "deinstitutionalization," other than the efforts made to

¹⁰ Louw (2019): 365

introduce changing practices in mental health care and the hopes for new forms of treatment."¹¹

Proposed grading: NCW

11.3 STIKLAND NORTH

As a component of it, the site is linked to all the significances of Stikland Psychiatric Hospital as a whole. It is also a clear outcome of the further process of deinstitutionalisation in South Africa from the early 1990s where in-house mental health care treatment was progressively reduced but were not accompanied by the expected concomitant development of community-based multidisciplinary mental healthcare.

"The reason for this is multifactorial and includes mental healthcare budget challenges, especially at community level, lack of adequate information systems, lack of development of community-based services appropriate to the severity of the mental health condition, lack of facilities providing psychosocial rehabilitation and lack of engagement with users and families. Furthermore, the decreased number of inpatient psychiatric beds has put increased pressure on available beds.

Consequently, premature discharges are necessary to ensure that more severely, ill patients can be accommodated. This has resulted in high readmission rates, revolving door patterns of care and high-frequency users. These consequences have placed much emphasis on the recovery model and how it can be optimised."¹²

In the dire absence of appropriate state-funded facilities (whether medical, care-based or education related), the presence of all the NGO facilities on Stikland North provide a critical social need in the context of Cape Town and the Western Cape. This is considered to be

the most important aspect of significance on the site. There are to be relocated to Stikland South however, and in any event, this is not however considered to be a heritage matter requiring protection or conservation.

Proposed grading: NCW

11.4 BUILDINGS OLDER THAN 60 YEARS

As a mid-century development, most of the buildings on the property are older than 60 years. With the exception of one, all the buildings on Stikland South will remain exactly as is and are thus not assessed for impacts. The buildings older than 60 years on Stikland North and the one proposed for demolition on Stikland South have all been identified as **NCW**.

11.5 LANDSCAPE

Whilst generally devoid of significant landscape and aesthetic qualities, the significant trees and tree groupings, including the Eucalyptus woodlot on Stikland South are in some part historic, and more generally provide important place-making opportunities (see Annexure D).

Proposed grading: IIIC

11.6 BOTANICAL SIGNIFICANCE

Stikland South supports notable remnants of two Critically Endangered vegetation types, with at least five plant Species of Conservation Concern. At least 8ha of mostly indigenous vegetation remains in the area. There are four patches of Very High sensitivity, one of which is a seasonal wetland, and the other three all support the five recorded plant Species of Conservation Concern. Surrounding and linking these are two patches of Medium to High sensitivity. In the southeast are three

¹¹ Louw (2019): 366

¹² Henmar et al

patches of Medium sensitivity that support none of the SoCC except the annual *Phyllopodium capillare*.(see Figure 27).

Proposed grading: High to medium sensitivity areas **IIIA**

11.5 CONTEXT

None

Proposed grading: **NCW**

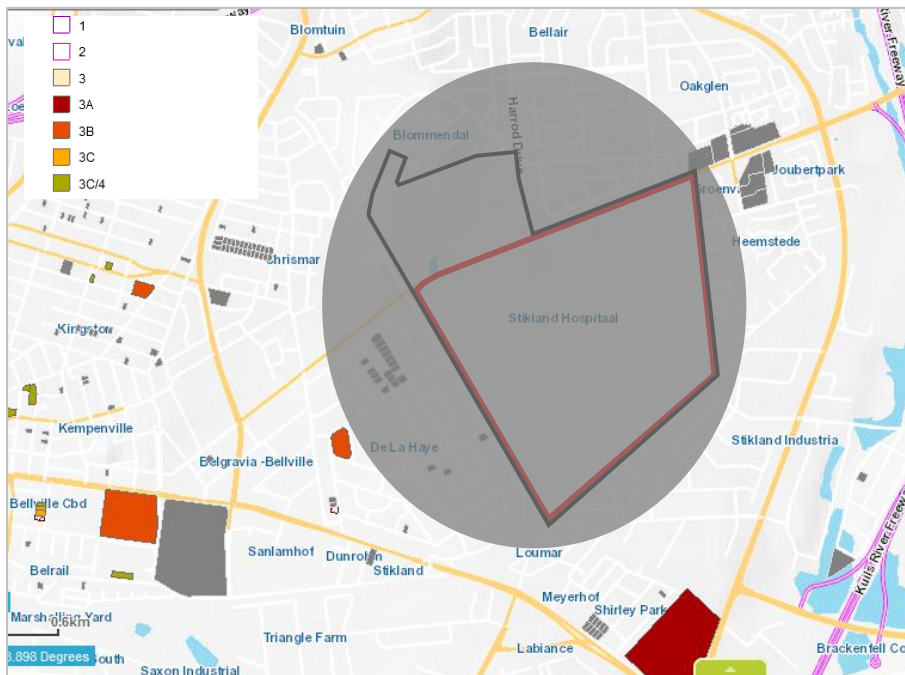


Figure 123: CCT Heritage Audit amended with proposed grading of Stikland South, bordered red (**NCW**), overall landholdings bordered black (**NCW**), and context (**NCW**). Note, this plan excludes areas of botanical sensitivity and significant trees (see Figure 27 and Annexure D)

12. HERITAGE INDICATORS

Given the lack of identified heritage resources of significance, this assessor is of the opinion that there are no heritage constraints to development of the site.

Heritage Design Indicators are intended to guide future development in order to prevent or mitigate potentially high negative impacts on the identified heritage resources and form the basis upon which the proposed development is assessed. In this context, very few heritage related informants have been provided.

The only historical elements of some significance, being some of the trees older than 60 years, especially the eucalyptus woodlot, are considered more opportunities for placemaking in this featureless landscape than absolute constraints. These trees are to be retained as far as feasible, per the recommendations of the Landscape Framework Plans and Forest Assessment (Annexure D).

The areas of High to Medium botanical sensitivity are to be avoided.

13. DEVELOPMENT PROPOSAL

The proposed redevelopment of portions of the site are included in full in Annexure D.

The development proposal has undergone a number of iterations, and initially included both Stikland north and south.

However, as a result of difficulties in accommodating the traffic implications, the scope of the proposal has been reduced significantly - by about 1400 residential units and the landowner has decided to prioritise Stikland South only, as a first phase.

A Development Framework for Stikland South will be submitted with the Land Use Management (LUM) application for sub-division of the overall

site and rezoning to subdivisional area with a basket of rights for future Precinct Plans and SDP applications by future Developer/s.

The HIA process will be subsumed within the EIA process as the existence of significant wetlands on the Stikland South site have triggered the need for a full EIA.

Stikland is one of the best located portions of under-utilised state-owned land that is yet to be developed for the benefit of the broader Cape Town community. Approximately 86 hectares of land could ultimately be made available for a variety of uses less than 2km from the Belville CBD and on the main northern activity artery that is Old Paarl Road (R101).

The Vision for the Stikland Development is:

Create medium-density, mixed use, urban development opportunities on Stikland North and South that optimise the inherent potential of each site and portions thereof, while integrating respectfully within the surrounding urban fabric and on-site psychiatric functions, to provide maximum inclusivity, economic benefit and spatial transformation within the overall Cape Town socio-economic context.

Stikland South will be developed to make optimal use of the available vacant land. A series of wetlands and areas of botanical significance will be accommodated in a large urban park between Old Paarl Road and the Stikland Hospital, on the eastern boundary and along portion of the western edge (including the least sensitive portion of the woodlot), alongside de la Haye Road. The remaining land (excluding the existing Stikland Hospital) will be developed.

Depending on the outcome of detailed feasibility studies, it is envisaged that there could be between 1916 and 3353 new residential units, together with office and retail space.

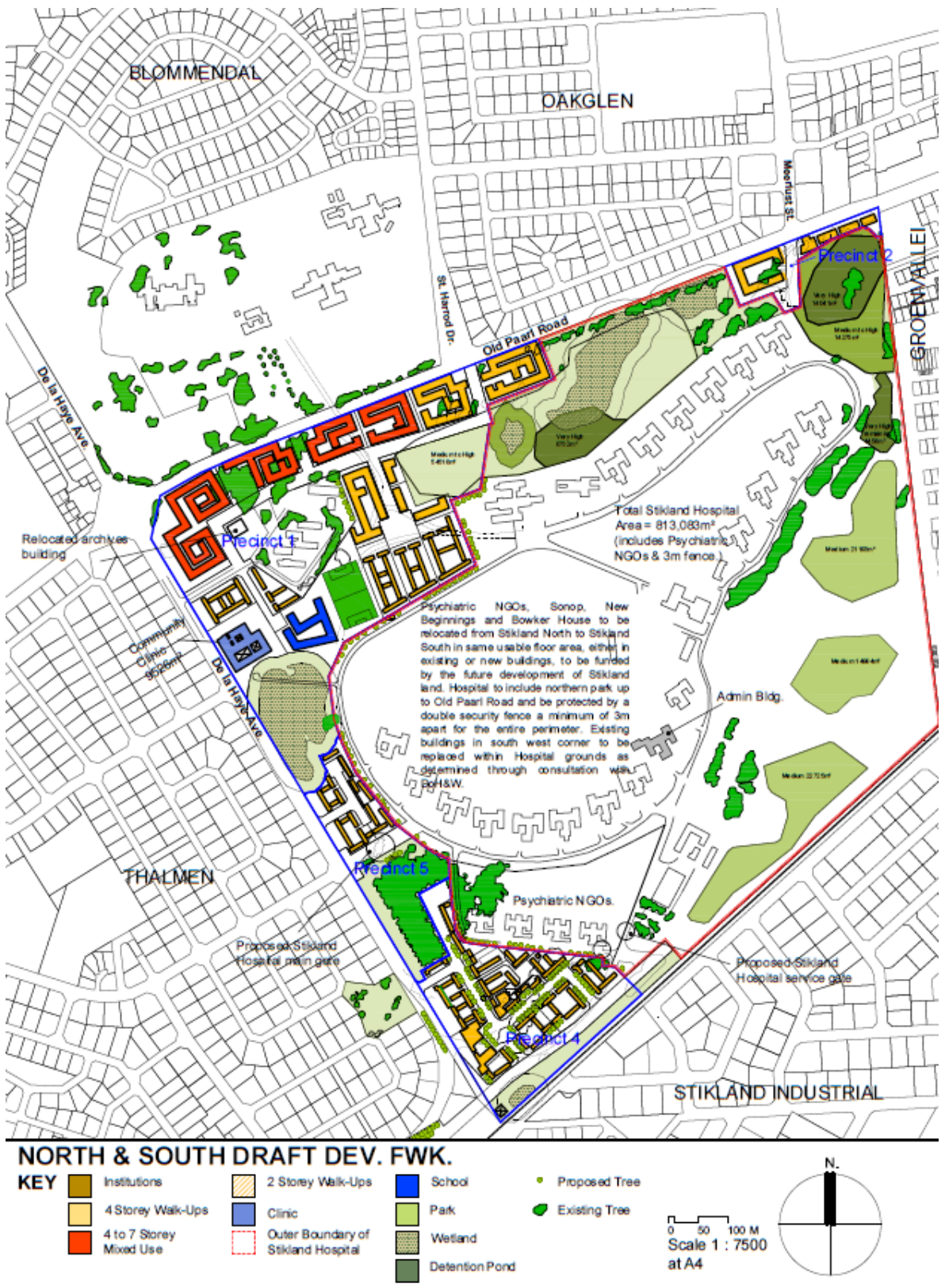


Figure 124: Proposed Development Framework North and South



STIKLAND SOUTH DRAFT DEV. FWK.

KEY	4 Storey Walk-Ups	School	Park	Proposed Tree
	4 to 7 Storey Mixed Use	Clinic	Wetland	Existing Tree
	Outer Boundary of Stikland Hospital	Detention Pond		

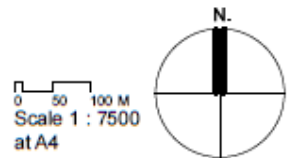


Figure 125: Proposed Development Framework Stikland South

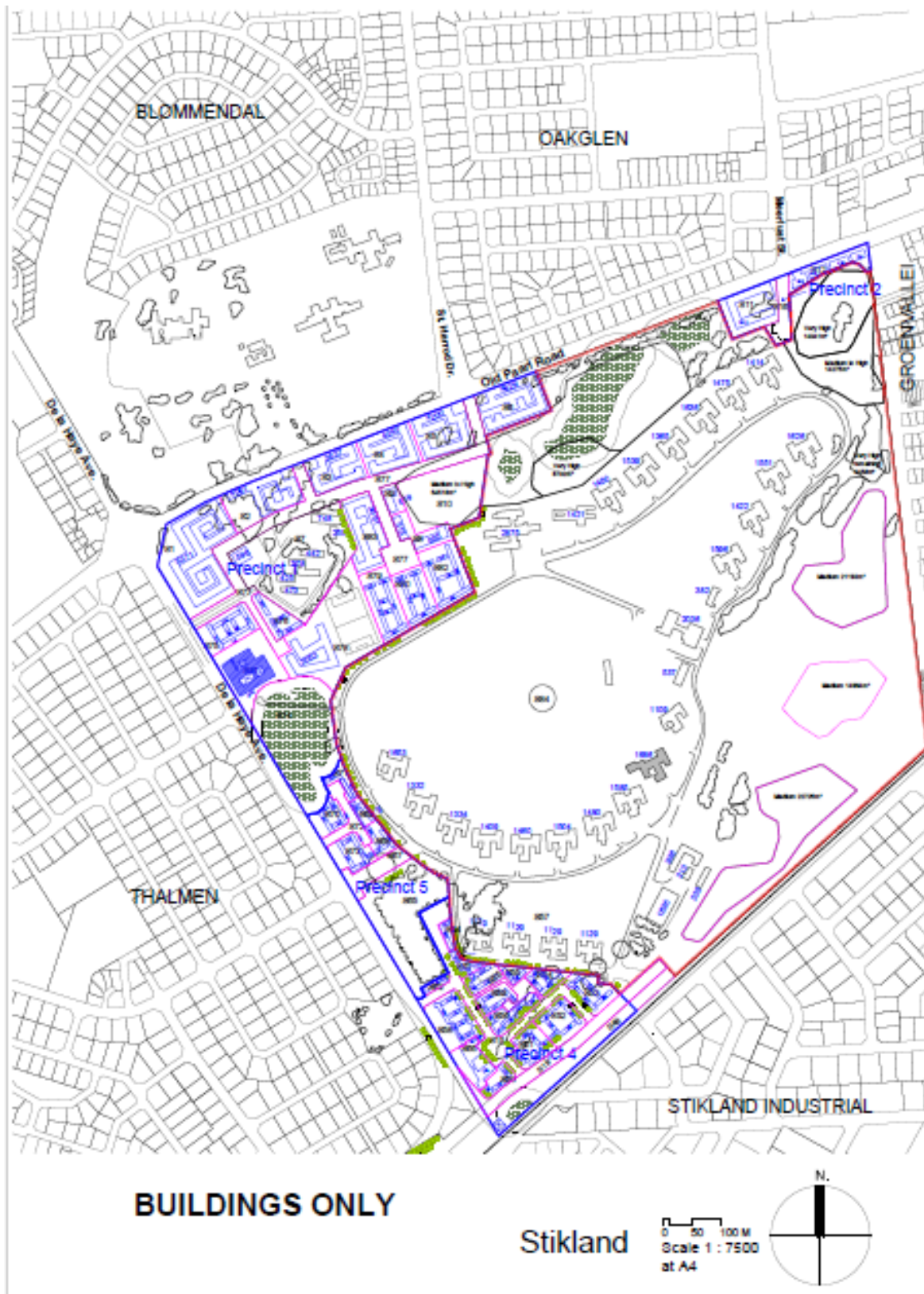


Figure 126: Proposed development of Stikland South, buildings only

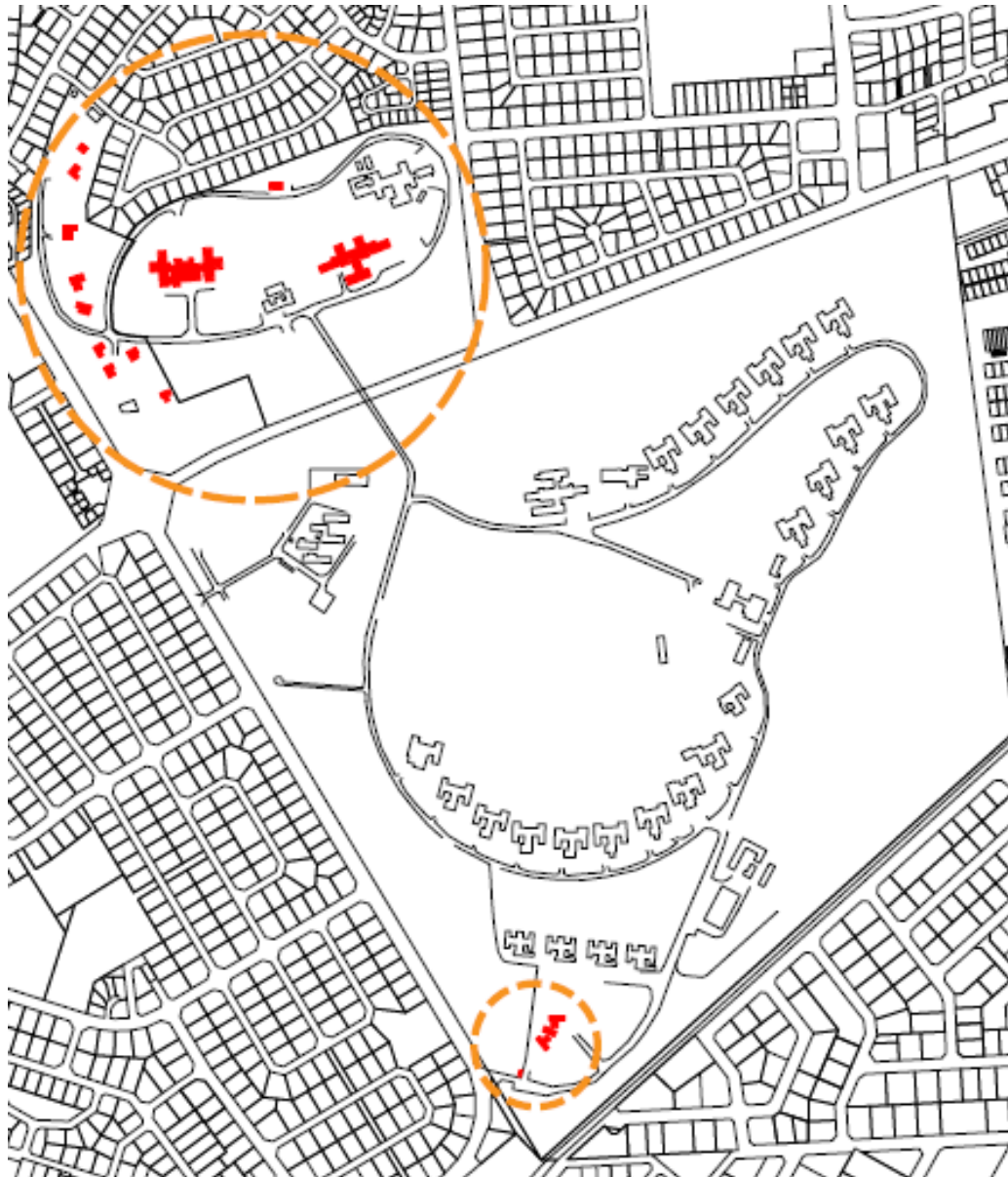


Figure 127: Buildings older than 60 years (or shortly to be) ultimately proposed to be demolished.

		Av Size - m:	# of Units
NORTH	Option 1	40	3045 Units
	Option 2	50	2436 Units
	Option 3	60	2030 Units
	Option 4	70	1740 Units
SOUTH	Option 1	40	3353 Units
	Option 2	50	2682 Units
	Option 3	60	2235 Units
	Option 4	70	1916 Units
TOTAL	Option 1	40	6397 Units
	Option 2	50	5118 Units
	Option 3	60	4265 Units
	Option 4	70	3656 Units

Table 1: Estimated number of residential units

	Site & Bldg #	Site Area. m2	% of Total	Building Footprint m2	Gross Building Area m2	GLA m2	Existing GLA	Retail GLA	Office GLA	Residential GLA	New Public Facilities GLA
NORTH	Dev Site Areas	139788	54%	62037	188106	159890	1860	9805.6	31276.6	121795.65	
	Roads	46755	18%								
	Open Space	34036	13%	Parks & Detention Ponds							
	School & Hospice	40344	15%	3893	3893	3309	3309				
	Total North Site	260923	100%	65930	191999	163199	5169	9805.6	31276.6	121795.65	
SOUTH	Dev Site Areas	220203	19%	65642	263028	223574		28525.15	40972.55	134101.1	
	Roads	55170	5%								
	Open Space	56734	5%	Parks & Detention Ponds							
	Hospital	767349	67%	40353	40353	34300	34300				
	WCG Admin & Clinic	34625	3%	3717	6838	5812	5306				3867.6
	Schools	6911	1%	6911	500	425					425
	Total South Site	1140992	100%	1E+05	310719	264111	39606	28525.15	40972.55	134101.1	4293
TOTALS	Dev Site Areas	359991	26%	127679	451134	383464	1860	38330.75	72249.15	255896.75	
	Roads	101925	7%								
	Open Space	90770	6%	Parks & Detention Ponds							
	Hospital	767349	55%	40353	40353	34300	34300				
	WCG Admin & Clinic	34625	2%	3717	6838	5812	5306				3867.6
	Schools	6911	0%	10804	4393	3734	3309				425
	Total Site	1401915	100%	2E+05	502718	427310	44775	38330.75	72249.15	255896.75	4293

Table 2: Stikland North and South Site & Building Areas - Summary

14. HERITAGE IMPACT ASSESSMENT

No Go Alternative

This assumes the status quo prevails.

This would result in no change and thus **no impacts** upon any identified heritage resources, limited as they are.

However, the site is vastly underutilised, which incurs considerable maintenance costs by the Department of Health and Wellness, and under circumstances where adequate budget provision in general terms and specifically for healthcare for those requiring psychiatric care is increasingly under pressure.

This alternative thus would bear the **opportunity cost** of financial benefits to the Department of Health and Wellness, more pragmatic relationships between Stikland Hospital and the NGO community that support it; and no benefits to the local and regional economy or the provision of affordable housing. The proposed preferred development is thus preferred over the 'no-go' alternative.

Alternatives Not preferred

The proposed Development Framework has been through a number of iterations. However, earlier alternatives did not take into account the wetland and botanical sensitivities. Due to the high sensitivities, and the difficulties in mitigation, these have been discarded as not feasible and will not be assessed.

Preferred Alternative

Ultimately the proposed development of Stikland North and South is likely to entail the demolition of a number of buildings older than 60 year and surplus to the hospital's needs. All have been assessed as Not Conservation Worthy and impacts are assessed as **Low**.

There are identified conservation worthy heritage/environmental resources relating to the areas of botanical sensitivity and some of the tree groups or clumps on site.

The areas of medium and high botanical sensitivity and the wetlands have been excluded from the development areas. Whilst this impact assessment is the concern of the Basic Environmental Impact Assessment, it is expected to be Low.

In respect of the impacts upon the existing **trees** on site, whilst the plans are currently prepared at a conceptual level and details are not available, it appears that a relatively high percentage of the trees can be retained and the Landscape Framework Plans and the Forest Assessment contain mitigation measures which must be adhered to, to ensure the protection of these landscape elements. Impacts with mitigation are expected to be **Low**.

Mitigation measures to be included in the authorisation documentation include:

- A more detailed Tree Management Plan is required as part of the planning approval process for implementation.
- A qualified and experienced Arborist must be involved in the implementation /execution of the Tree Management Plan.
- Implementation of the Landscape design guidelines and requirements per Landscape Framework Plans and mitigations as per Forest Assessment included in Annexure D.

Cumulative Impacts

Whilst there will be a complete change to the existing environment as a consequence of the proposed development, given the extent of low to positive heritage related impacts expected of the development, negative cumulative impacts are unlikely and positive cumulative impacts could be envisaged.

Impact Assessment tables are included as Annexure E.

15. SUSTAINABLE SOCIO-ECONOMIC BENEFITS

Section 38(3)(d) requires an evaluation of the impact of the development on heritage resources relative to the sustainable social and economic benefits to be derived from the development.

The impact on heritage resources is considered low. Nonetheless, a Socio-economic Impact Assessment has been commissioned and finds that:

“The proposed Stikland South development, through its construction and operation, is envisaged to result in both positive and negative impacts.

The net positive impacts associated with the construction and operation of the proposed development outweigh the net negative effects. The proposed development is also anticipated to have a positive impact on the local economy and employment creation, leading to the diversification of the economy and a reduction in the unemployment rate. In terms of the assessed site area, there are no fatal flaws from a socio-economic perspective, thus the location is deemed acceptable and should be authorised.

The proposed development is seen as acceptable, with no fatal flaws or other potentially significant issues/impacts identified. Additionally, even though the 'no-go' alternative would result in the avoidance of negative impacts from a socio-economic perspective, it would also prevent the realization of positive effects/impacts. Since the positive effects and impacts would outweigh the negative effect, the construction and operation of the proposed development are preferred over the 'no-go' alternative. Therefore, the proposed development should be considered for development, subject to the implementation of the recommended mitigation and enhancement measures”.¹³

¹³ Urban Econ 2024: 75

Overall, the proposed development on Stikland South will play a crucial role in promoting affordable housing solutions, enhancing infrastructure, and promoting an integrated community that aligns with the Tygerberg District's vision for sustainable urban growth (Urban Econ).

16. CONSULTATION

There are no registered Conservation Bodies in the area. The Municipality together with other I&APs were given 30 days to comment in terms of the procedures established in the NEMA process

Proof of advertising and the comments are included in full in Annexure E.

(to be completed once public participation process has been concluded)

17. RECOMMENDATIONS

It is recommended that Heritage Western Cape provides Comment to the following effect:

- Endorses this report as having met the requirements of Section 38(3) of the NHRA;
- In terms of Section 38(8) of the NHRA, supports the proposed development as having limited and acceptable heritage-related impacts.
- Supports the proposed demolition of the buildings older than 60 years indicated on the demolition plan in Annexure D.

Subject to the following mitigations:

- A more detailed Tree Management Plan is required as part of the planning approval process for implementation.

- A qualified and experienced Arborist must be involved in the implementation /execution of the Tree Management Plan.
- Implementation of the Landscape design guidelines and requirements per Landscape Framework Plans and mitigations as per Forest Assessment included in Annexure D.

ANNEXURE A: SPECIALIST DETAILS AND DECLARATION

Company Name	Cindy Postlethwayt
Resource Description	Heritage practitioner
Professional Qualification	B Soc Sci; MCRP
Years Experience	16 years heritage
Professional Registrations	APHP
B-BBEE status	Exempt Micro-enterprise (Level 5 ito amended Construction Sector Code)

Key Experience / Training	Cindy Postlethwayt is a qualified Town and Regional Planner and APHP Accredited Professional Heritage Practitioner. She has 36 years experience, with a specialist focus over the last 15 years in heritage work. She worked at the City of Cape Town for 13 years, 11 of which in a management capacity, covering the fields of development management; spatial and transport planning, strategic planning and the Olympics. She has been an independent consultant for 23 years, with a broad range of applications. Her client list has included local, provincial and national governments, para-stats, community based organisations and private sector investors.
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TABLE OF RELEVANT WORK EXPERIENCE:

Chairperson: Heritage Western Cape Impact Assessment Committee (IACom) Dec 2014 to Nov 2016

Committee Member: Heritage Western Cape Impact Assessment Committee (IACom) 2013 – Dec 2014

Heritage Impact Assessments: Lead heritage practitioner, approximately 73 major HIAs

Section 27 and 34 applications: Lead heritage practitioner, approximately 45

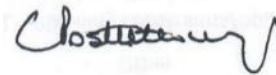
NID applications and heritage statements (stand alone, not part of an HIA): Approximately 90

Appeals (HWC & Tribunal): 12

DECLARATION BY THE SPECIALIST

I, Cindy Postlethwayt, declare that –

- I act as the independent specialist in this application;
- I will perform the work relating to the application in an objective manner, even if this results in views and findings that are not favourable to the applicant;
- I declare that there are no circumstances that may compromise my objectivity in performing such work;
- I have expertise in conducting the specialist report relevant to this application, including knowledge of the Act, Regulations and any guidelines that have relevance to the proposed activity;
- I will comply with the Act, Regulations and all other applicable legislation;
- I have no, and will not engage in, conflicting interests in the undertaking of the activity;
- I undertake to disclose to the applicant and the competent authority all material information in my possession that reasonably has or may have the potential of influencing - any decision to be taken with respect to the application by the competent authority; and - the objectivity of any report, plan or document to be prepared by myself for submission to the competent authority;
- all the particulars furnished by me in this form are true and correct; and
- I realise that a false declaration is an offence in terms of regulation 48 and is punishable in terms of section 24F of the Act.



Cindy Postlethwayt, heritage consultant

Date: 25 July 2025


ANNEXURE B: BUILDINGS OLDER THAN 60 YEARS IMPACTED BY PROPOSED DEVELOPMENT

B1: STIKLAND NORTH

Ex-Admissions Building, now Community Mental Health and Psychiatry Foundation Clinic (CMHP):



Intrinsic significance	Associational significance	Contextual significance
Historical fabric generally intact	Association with historic persons or social groupings unknown.	Makes no contribution to the character of the site
No architectural merit.	Association with historic events or activities unknown.	Context not heritage sensitive.
Some authentic elements of construction remaining.	Association with uses & roles of the Stikland Psychiatric Hospital over time.	
Little historical value to remaining fabric.		
Remaining fabric does not contribute significantly to understanding of uses and roles over time.	Value in terms of public memory unknown.	
	No association with living heritage.	

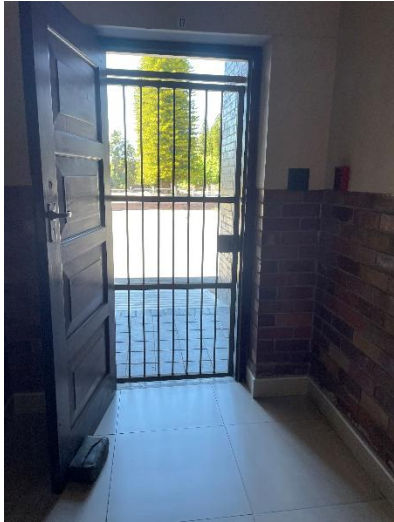
Erf/Farm number	Date built	Historical use	 <p>Date surveyed: August 2021</p>	
Erf 6300-RE	C1960s	Institutional		
Street address	Architect	Current use		
59 Old Paarl Rd Belville	William MacDonald (PWD)	Institutional		
Applicable heritage legislation	Site, structure description	Major alterations		
S34	x	Post-war institutional	Not investigated	
S27	-	No significantly outstanding features	Physical condition	
HPOZ	-		Generally well maintained	
Significance			Previous grading	
Rarity	-	-	Socio-historical	Not conservation worthy (CCT Heritage Audit)
Representivity	-	-	Architectural	Suggested grading
Aesthetic	-	-	Associational	Not conservation worthy
Associational	-	-	Technological	
Integrity	-	-	Intrinsic	
		-	Contextual	

Ex-Admissions Building, now Community Mental Health and Psychiatry Foundation Clinic (CMHP):



Intrinsic significance	Associational significance	Contextual significance
Historical fabric generally intact	Association with historic persons or social groupings unknown.	Makes no contribution to the character of the site
No architectural merit.	Association with historic events or activities unknown.	Context not heritage sensitive.
Some authentic elements of construction remaining.	Association with uses & roles of the Stikland Psychiatric Hospital over time.	
Little historical value to remaining fabric.	Value in terms of public memory unknown.	
Remaining fabric does not contribute significantly to understanding of uses and roles over time.	No association with living heritage.	

Erf/Farm number	Date built	Historical use		
Erf 6300-RE	C1960s	Institutional	<p>Date surveyed: August 2021</p>	
Street address	Architect	Current use		
59 Old Paart Rd Belville	William MacDonald (PWD)	Institutional		
Applicable heritage legislation	Site, structure description	Major alterations		
S34	x	Post-war institutional	Not investigated	
S27	-	No significantly outstanding features	Physical condition	
HPOZ	-		Generally well maintained	
Significance				Previous grading
Rarity	-	-	Socio-historical	Not conservation worthy (CCT Heritage Audit)
Representivity	-	-	Architectural	Suggested grading
Aesthetic	-	-	Associational	Not conservation worthy
Associational	-	-	Technological	
Integrity	-	-	Intrinsic	
		-	Contextual	



Ex-chronic cases hospital, now also CMHP's Sonop facility:




Date surveyed: August 2021

Erf/Farm number	Date built	Historical use		
Erf 6300-RE	C1960s	Institutional		
Street address	Architect	Current use		
59 Old Paarl Rd Belville	William MacDonald (PWD)	Institutional		
Applicable heritage legislation	Site, structure description	Major alterations		
S34	x	Post-war institutional	Not investigated	
S27	-	No significantly outstanding features	Physical condition	
HPOZ	-		Generally well maintained	
Significance				Previous grading
Rarity	-	-	Socio-historical	Not conservation worthy (CCT Heritage Audit)
Representivity	-	-	Architectural	Suggested grading
Aesthetic	-	-	Associational	Not conservation worthy
Associational	-	-	Technological	
Integrity	-	-	Intrinsic	
		-	Contextual	

Intrinsic significance	Associational significance	Contextual significance
Historical fabric generally intact	Association with historic persons or social groupings unknown.	Makes no contribution to the character of the site
No architectural merit.	Association with historic events or activities unknown.	Context not heritage sensitive.
Some authentic elements of construction remaining.	Association with uses & roles of the Stikland Psychiatric Hospital over time.	
Little historical value to remaining fabric.	Value in terms of public memory unknown.	
Remaining fabric does not contribute significantly to understanding of uses and roles over time.	No association with living heritage.	

Ex-infirmary, now Dunatos Private School:



Erf/Farm number	Date built	Historical use	 <p>Date surveyed: August 2021</p>	
Erf 6300-RE	C1960s	Institutional		
Street address	Architect	Current use		
59 Old Paarl Rd Belville	William MacDonald (PWD)	Institutional		
Applicable heritage legislation	Site, structure description	Major alterations		
S34	x	Post-war institutional	Not investigated	
S27	-		Physical condition	
HPOZ	-	No significantly outstanding features	Generally well maintained	
Significance			Previous grading	
Rarity	-	-	Socio-historical	Not conservation worthy (CCT Heritage Audit)
Representivity	-	-	Architectural	Suggested grading
Aesthetic	-	-	Associational	Not conservation worthy
Associational	-	-	Technological	
Integrity	-	-	Intrinsic	
		-	Contextual	

Intrinsic significance	Associational significance	Contextual significance
Historical fabric substantially altered and extended	Association with historic persons or social groupings unknown.	Makes no contribution to the character of the site
No architectural merit.	Association with historic events or activities unknown.	Context not heritage sensitive.
Some authentic elements of construction remaining.	Association with uses & roles of the Stikland Psychiatric Hospital over time.	
Little historical value to remaining fabric.	Value in terms of public memory unknown.	
Remaining fabric does not contribute significantly to understanding of uses and roles over time.	No association with living heritage.	

Department of Health and Wellness archives:



Date surveyed: August 2021


Erf/Farm number	Date built	Historical use		
Erf 6300-RE	C1960s	Institutional		
Street address	Architect	Current use		
59 Old Paarl Rd Belville	William MacDonald (PWD)	Institutional		
Applicable heritage legislation	Site, structure description	Major alterations		
S34	x	Post-war institutional	Not investigated	
S27	-		Physical condition	
HPOZ	-	No significantly outstanding features	Generally well maintained	
Significance			Previous grading	
Rarity	-	-	Socio-historical	Not conservation worthy (CCT Heritage Audit)
Representivity	-	-	Architectural	Suggested grading
Aesthetic	-	-	Associational	Not conservation worthy
Associational	-	-	Technological	
Integrity	-	-	Intrinsic	
		-	Contextual	

Intrinsic significance	Associational significance	Contextual significance
Historical fabric altered	Association with historic persons or social groupings unknown.	Makes no contribution to the character of the site
No architectural merit.		
Little historical value to remaining fabric.	Association with historic events or activities unknown.	Context not heritage sensitive.
Remaining fabric does not contribute significantly to understanding of uses and roles over time.	Association with uses & roles of the Stikland Psychiatric Hospital over time.	
	Value in terms of public memory unknown.	
	No association with living heritage.	

: Iris House Children Hospice:



Intrinsic significance	Associational significance	Contextual significance
Historical fabric altered	Association with historic persons or social groupings unknown.	Makes no contribution to the character of the site
No architectural merit.	Association with historic events or activities unknown.	Context not heritage sensitive.
Some authentic elements of construction remaining.	Association with uses & roles of the Stikland Psychiatric Hospital over time.	
Little historical value to remaining fabric.	Value in terms of public memory unknown.	
Remaining fabric does not contribute significantly to understanding of uses and roles over time.	No association with living heritage.	

Erf/Farm number	Date built	Historical use		
Unregistered Erf 32103	C1960s	Institutional residential	 <p>Date surveyed: August 2021</p>	
Street address	Architect	Current use		
59 Old Paarl Rd Belville	William MacDonald (PWD)	Institutional		
Applicable heritage legislation	Site, structure description	Major alterations		
S34	x	Post-war institutional residential	Not investigated	
S27	-		Physical condition	
HPOZ	-	No significantly outstanding features	Generally well maintained	
Significance				Previous grading
Rarity	-	-	Socio-historical	Not conservation worthy (CCT Heritage Audit)
Representivity	-	-	Architectural	Suggested grading
Aesthetic	-	-	Associational	Not conservation worthy
Associational	-	-	Technological	
Integrity	-	-	Intrinsic	
		-	Contextual	

Rental housing Nine cottages:



Intrinsic significance	Associational significance	Contextual significance
Historical fabric somewhat altered	Association with historic persons or social groupings unknown.	Makes no contribution to the character of the site
No architectural merit.	Association with historic events or activities unknown.	Context not heritage sensitive.
Little historical value to remaining fabric.	Association with uses & roles of the Stikland Psychiatric Hospital over time.	
Remaining fabric does not contribute significantly to understanding of uses and roles over time.	Value in terms of public memory unknown.	
	No association with living heritage.	


Erf/Farm number	Date built	Historical use		
Unregistered Erf 32103	C1960s	Institutional residential		
Street address	Architect	Current use		
59 Old Paarl Rd Belville	William MacDonald (PWD)	Residential	Date surveyed: August 2021	
Applicable heritage legislation	Site, structure description	Major alterations		
S34	x	Post-war institutional staff housing	Not investigated	
S27	-		Physical condition	
HPOZ	-	No significantly outstanding features	Generally well maintained	
Significance				Previous grading
Rarity	-	-	Socio-historical	Not conservation worthy (CCT Heritage Audit)
Representivity	-	-	Architectural	Suggested grading
Aesthetic	-	-	Associational	Not conservation worthy
Associational	-	-	Technological	
Integrity	-	-	Intrinsic	
		-	Contextual	

B2: STIKLAND SOUTH

Administration Building:



Intrinsic significance	Associational significance	Contextual significance
Historical fabric somewhat altered	No association with historic persons or social groupings.	Makes no contribution to the character of the site
No architectural merit.	No association with historic events or activities.	Context not heritage sensitive.
Little historical value to remaining fabric.	Association with administrative support for the Stikland Psychiatric Hospital over time.	
Remaining fabric does not contribute significantly to understanding of uses and roles over time.	Value in terms of public memory unknown, unlikely.	
	No association with living heritage.	

Erf/Farm number	Date built	Historical use		
Erf 6300-RE	C1960s	Institutional administrative support	 <p>Date surveyed: August 2024</p>	
Street address	Architect	Current use		
59 Old Paarl Rd Belville	William MacDonald (PWD)	Institutional administrative support		
Applicable heritage legislation	Site, structure description	Major alterations		
S34	x	Post-war institutional	Not investigated	
S27	-		Physical condition	
HPOZ	-	No significantly outstanding features	Generally well maintained	
Significance				Previous grading
Rarity	-	-	Socio-historical	Not conservation worthy (CCT Heritage Audit)
Representivity	-	-	Architectural	Suggested grading
Aesthetic	-	-	Associational	Not conservation worthy
Associational	-	-	Technological	
Integrity	-	-	Intrinsic	
		-	Contextual	

ANNEXURE C: CRITERIA HERITAGE SIGNIFICANCE

Cultural significance is defined as: aesthetic, architectural, historical, scientific, social, spiritual, linguistic or technological value or significance. The national estate includes, inter alia, places, buildings, and structures of cultural significance; historical settlements and townscapes; and landscapes and natural features of cultural significance (NHRA)

Section 3(3) of the NHRA identifies criteria for assessing the significance of a place. In respect of those values relevant to this property, a place has heritage significance, inter alia, because of:

- a) Historical value
 - It is important in the community or pattern of history (including in the evolution of cultural landscapes and settlement patterns; association with events, developments or cultural phases) or illustrates an historical period
 - It has a strong or special association with the life or work of a person, group or organisation of importance in history
 - its strong or special association with a particular community or cultural group for social, cultural or spiritual reasons;
 - It has significance relating to the history of slavery
- b) Architectural value
 - It is significant to architectural or design history or is the work of a major architect or builder
 - It is an important example of a building type, style or period
 - It possesses special features, fine details or workmanship
- c) Aesthetic value
 - It is important in exhibiting particular aesthetic characteristics valued by a community or cultural group (including its contribution to the aesthetic values of the setting demonstrated by a landmark quality or having an impact on important vistas or otherwise contributing to the identified aesthetic qualities of the cultural environs or the natural landscape within which it is located
- d) Social value

- A strong or special association with a particular community or cultural group for social, cultural or spiritual reasons;
 - It is significant to public memory;
 - It is associated with living heritage (cultural traditions, public culture, oral history, performance or ritual)
- e) Spiritual value
 - It is associated with religious activity and/or phenomena
 - It is significant to a particular group relating to spiritual events and/or activities
 - f) Linguistic value
 - It is associated with the custodianship and/or sustainability of a particular language or events associated with that language
 - It is significant to a particular group relating to the evolution and/or dissemination of a particular language
 - g) Technical/Scientific value
 - Its possession of uncommon, rare or endangered aspects of South Africa's natural or cultural heritage
 - Its potential to yield information that will contribute to an understanding of South Africa's natural or cultural heritage;
 - Its importance in demonstrating a high degree of creative or technical achievement at a particular period;
 - It is important to archaeology, palaeontology, geology or biology

The grading of heritage significance is based on the three-tier grading system used in the NHRA and HWC's guidelines "Grading: Purpose and management Implications" (16 March 2016).

To expand on the assessment of the heritage significance of a cultural landscape, the UNESCO Operational Guidelines for the World heritage Convention (1995) identified three main types of cultural landscapes derived from the following characteristics:

- (i) The clearly defined landscape designed and created intentionally. This embraces garden and parkland landscapes constructed for aesthetic reasons which are often (but not always) associated with religious or other monumental buildings and ensembles.

(ii) The organically evolved landscape. This results from an initial social, economic, administrative, and/or religious imperative and has developed its present form by association with and in response to its natural environment. Such landscapes reflect that process of evolution in their form and component features. They fall into two sub-categories:

- a relict (or fossil) landscape is one in which an evolutionary process came to an end at some time in the past, either abruptly or over a period. Its significant distinguishing features are, however, still visible in material form.
- a continuing landscape is one which retains an active social role in contemporary society closely associated with the traditional way of life, and in which the evolutionary process is still in progress. At the same time it exhibits significant material evidence of its evolution over time.

(iii) The associative cultural landscape included by virtue of the powerful religious, artistic or cultural associations of the natural element rather than material cultural evidence which may be insignificant or even absent¹⁴

A checklist for evaluating the significance of cultural landscapes¹⁵ includes

Landscapes as a resource

The landscape should be a resource of national or regional importance in terms of rarity and representivity

Design quality

The landscape should represent a particular artistic or creative achievement or represent a particular approach to landscape design

Scenic quality

The landscape should be of high scenic quality, with pleasing, dramatic or vivid patterns and combinations of landscape

features, and important aesthetic or intangible qualities (vividness, intactness, unity)

Unspoilt character/authenticity/integrity

The landscape should be unspoilt, without visually intrusive urban, agricultural or industrial development or infrastructure. It should thus reveal a degree of integrity and intactness

Sense of place

The landscape should have a distinctive and representative character, including topographic and visual unity and harmony

Harmony with nature

The landscape should demonstrate a good example of the harmonious interaction between people and nature, based on sustainable land use practices

Cultural tradition

The landscape should bear testimony to a cultural tradition which might have disappeared or which illustrates a significant stage in history or which is a good example of traditional human settlement or land use which is representative of a culture/s

Living traditions

The landscape should be directly and tangibly associated with events or living traditions with ideas or with beliefs, with artistic and literary works of high significance

Clearly different communities will attach different values to these criteria.

¹⁴ Extract from paragraph 39 of the Landscape Operational Guidelines for the Implementation of the World Heritage Convention

¹⁵ N. Baumann, S Winter, H Aikman (2005): "The horns of a dilemma; housing and heritage" in VASSA Proceedings from a Workshop Studies and debates in Vernacular Architecture in the Western Cape"

ANNEXURE D: DEVELOPMENT PROPOSAL

(Appended separately in the electronic version of this report)

ANNEXURE E: IMPACT ASSESSMENT TABLES

Construction Phase Impacts

Impact on buildings older than 60 years

Description of Impact		
It can be expected that buildings older than 60 years proposed to be demolished will take place during the construction phase of the proposed mixed-use development		
The buildings are regarded as Not Conservation Worthy and impacts are therefore expected to be low. No mitigation required.		
Alternative:	Layout Preferred Alternative	No-go Alternative
CONSTRUCTION PHASE		
NAME OF IMPACT: demolition of buildings older than 60 years		
Nature of impact:	Negative	N/A
Extent of impact:	Local	N/A
Duration of impact:	Permanent	N/A
Consequence of impact or risk:	None, buildings are assessed as Not Conservation Worthy.	N/A
Probability of occurrence:	Highly probable	N/A
Degree to which the impact may cause irreplaceable loss of resources:	Low	N/A
Degree to which the impact can be reversed:	N/A	N/A
Indirect impacts:	Disruption to existing tenants	N/A
Cumulative impact prior to mitigation:	Low	N/A
Significance rating of impact prior to mitigation (e.g. Low, Medium, Medium-High, High, or Very-High)	Low	N/A
Degree to which the impact can be avoided:	Low	N/A
Degree to which the impact can be managed:	Low	N/A
Degree to which the impact can be mitigated:	Low	N/A
Proposed mitigation:	N/A	N/A
Residual impacts:	Low	N/A
Cumulative impact post mitigation:	N/A	N/A
Significance rating of impact after mitigation (e.g. Low, Medium, Medium-High, High, or Very-High)	Low	N/A

Impact on trees identified as significant.

Description of Impact		
It can be expected that during the construction phase of the proposed mixed-use development trees, their root zone and canopy may protrude into the extent of construction disturbance and require protection.		
The trees are vulnerable to construction phase impacts and mitigation is required.		
Alternative:	Layout Preferred Alternative	No-go Alternative
CONSTRUCTION PHASE		
NAME OF IMPACT: Negative impacts upon trees to be retained in the development		
Nature of impact:	Negative	N/A
Extent of impact:	Local	N/A
Duration of impact:	Potentially permanent	N/A
Consequence of impact or risk:	High, loss of trees	N/A
Probability of occurrence:	Very likely	N/A
Degree to which the impact may cause irreplaceable loss of resources:	Moderate irreplaceability of resource	N/A
Degree to which the impact can be reversed:	N/A	N/A
Indirect impacts:	Loss of sense of place	N/A
Cumulative impact prior to mitigation:	High	N/A
Significance rating of impact prior to mitigation (e.g. Low, Medium, Medium-High, High, or Very-High)	Medium-High	N/A
Degree to which the impact can be avoided:	High	N/A
Degree to which the impact can be managed:	High	N/A
Degree to which the impact can be mitigated:	High	N/A
Proposed mitigation:	A more detailed Tree Management Plan will be required as part of the planning approval process for implementation. A qualified and experienced Arborist must be involved in the implementation /execution of the Tree Management Plan. Landscape design guidelines and requirements per Landscape framework Plans and mitigations as per Forest Assessment	N/A
Residual impacts:	Permanent alteration of the visual landscape and character of the area	N/A
Cumulative impact post mitigation:	Low	N/A
Significance rating of impact after mitigation (e.g. Low, Medium, Medium-High, High, or Very-High)	Low	N/A

Operational Phase Impacts

Impact on buildings older than 60 years

Description of Impact		
It can be expected that buildings older than 60 years proposed to be demolished will have already taken place during the construction phase of the proposed mixed-use development. No further impacts can therefore be expected.		
Alternative:	Layout Preferred Alternative	No-go Alternative
OPERATIONAL PHASE		
NAME OF IMPACT: demolition of buildings older than 60 years		
Nature of impact:	N/A	N/A
Extent of impact:	N/A	N/A
Duration of impact:	N/A	N/A
Consequence of impact or risk:	N/A	N/A
Probability of occurrence:	N/A	N/A
Degree to which the impact may cause irreplaceable loss of resources:	N/A	N/A
Degree to which the impact can be reversed:	N/A	N/A
Indirect impacts:	N/A	N/A
Cumulative impact prior to mitigation:	N/A	N/A
Significance rating of impact prior to mitigation (e.g. Low, Medium, Medium-High, High, or Very-High)	N/A	N/A
Degree to which the impact can be avoided:	N/A	N/A
Degree to which the impact can be managed:	N/A	N/A
Degree to which the impact can be mitigated:	N/A	N/A
Proposed mitigation:	N/A	N/A
Residual impacts:	N/A	N/A
Cumulative impact post mitigation:	N/A	N/A
Significance rating of impact after mitigation (e.g. Low, Medium, Medium-High, High, or Very-High)	N/A	N/A

Impact on trees identified as significant.

Description of Impact		
Although the development may disrupt the visual landscape and alter the current low-density feel of the site, key natural elements will be preserved, including a series of wetlands in a large urban park and existing tree lines, helping to maintain some of the site's ecological and visual character. This combination of intensified development with preserved open spaces supports long-term provincial goals of creating vibrant, economically active, and connected urban areas while balancing environmental considerations.		
Alternative:	Layout Alternative 01	Alternative 02: No-go Alternative
OPERATIONAL PHASE		
NAME OF IMPACT: Negative impacts upon trees to be retained in the development		
Nature of impact:	Negative	N/A
Extent of impact:	Local	N/A
Duration of impact:	Potentially permanent	N/A
Consequence of impact or risk:	High, loss of trees	N/A
Probability of occurrence:	Probable	N/A
Degree to which the impact may cause irreplaceable loss of resources:	Moderate irreplaceability of resource	N/A
Degree to which the impact can be reversed:	N/A	N/A
Indirect impacts:	Loss of sense of place	N/A
Cumulative impact prior to mitigation:	High	N/A
Significance rating of impact prior to mitigation (e.g. Low, Medium, Medium-High, High, or Very-High)	Medium-High	N/A
Degree to which the impact can be avoided:	High	N/A
Degree to which the impact can be managed:	High	N/A
Degree to which the impact can be mitigated:	High	N/A
Proposed mitigation:	A more detailed Tree Management Plan will be required as part of the planning approval process for implementation. A qualified and experienced Arborist must be involved in the implementation /execution of the Tree Management Plan. Landscape design guidelines and requirements per Landscape framework Plans and mitigations as per Forest Assessment	N/A
Residual impacts:	Permanent alteration of the visual landscape and character of the area	N/A
Cumulative impact post mitigation:	Low	N/A
Significance rating of impact after mitigation (e.g. Low, Medium, Medium-High, High, or Very-High)	Low	N/A

ANNEXURE F: CONSULTATION

to be completed following consultation