ADDENDUM ENVIRONMENTAL IMPACT ASSESSMENT REPORT VOLUME 2 – MAIN REPORT

PART 10 PLANNING APPLICATION AT FORMER CENTRAL MENTAL HOSPITAL, DUNDRUM, DUBLIN 14

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17.0 ARCHITECTURAL HERITAGE

17.1 Introduction

17.1.1 Terms of Reference

Alastair Coey Architects have been commissioned by Reddy Architecture & Urbanism ('The Architects'), acting on behalf of Dún Laoghaire Rathdown County Council, in partnership with The Land Development Agency ('The Applicant'), to provide heritage-focused advice on the development of the former Central Mental Hospital in Dundrum, Dublin ('The Site'). During the design process Alastair Coey Architects has assisted the Applicant's wider design team by providing assessment of the developing masterplan, advising on the limitations inherent in working with heritage assets in an extensive and historic demesne, and drawing attention to the potential impacts of the Development on the heritage structures and landscape.

17.1.2 Scope and Extent

Alastair Coey Architects have been asked to prepare this heritage focused chapter of the Environmental Impact Assessment in support of the Part-10 Planning application for the development of the Dundrum former CMH Site ('The Development').

In this chapter, Alastair Coey Architects have set out a summary of the known history of the Site and assessed the effects of the Development. This includes the assessment of: the contribution of the Site to the immediately surrounding area; the nature and character of buildings and landscapes within the Site; Protected Structures within the site and in the wider area; the effect of the development on the Site and wider area. Requirements of local, regional and national planning policy beyond those contained in the Department of the Arts, Heritage and the Gaeltacht 'Architectural Heritage Protection Guidelines for Planning Authorities' (2011), are addressed in other chapters of this EIAR.

This chapter has been prepared by Erl Johnston, a RIAI chartered architect with over ten years' experience of working on Protected Structures in Ireland and Listed Buildings in the UK; and by Alastair Coey, a RIAI Grade 1 conservation architect with over thirty years' experience of working on Protected Structures in Ireland and Listed Buildings in the UK. Alastair holds a Master's Degree in Urban and Building Conservation from University College Dublin.

17.1.3 The Site

The site is bounded to the north by the Main Hospital complex and areas of residential housing; to the east by areas of residential housing; to the south by Rosemount Green playing fields and areas of residential housing, and to the west by areas of residential housing and the Dundrum Road (R117). The site includes two areas on Dundrum Road.

The site encloses an area of approximately 9.7 hectares within a perimeter of approximately 1800m. Please refer to architect's schedules for detailed area schedules.

Notable heritage features inside and outside the site, as referenced in figure 15.1 below, include:

1. The Perimeter Wall
2. The Main Hospital complex including ancillary buildings
3. The Gate Lodge
4. Open paddocks
5. Historic Landscape
6. Walled Garden

Figure 17.1 - Outline of the Site (in red) is illustrative only. Please refer to the Architect's drawings.

17.2 Methodology

17.2.1 Introduction

This section describes the methodology used by Alastair Coey Architects to assess the likely effects of the Development on the heritage value of the Site and its surroundings. Environmental Impact Assessment guidance as listed below have been used to guide the assessment process.

- Guidelines on the Information to be Contained in the Environmental Impact Assessment Reports, prepared by EPA, updated May 2022.

- Environmental Impact Assessment of Projects: Guidance on the preparation of the Environmental Impact Assessment Report (Directive 2011/92/EU as amended by 2014/52/EU) (European Commission, 2017)

17.2.2 Establishing the Baseline Condition

In order to establish an understanding of the baseline physical and cultural conditions of the Site as existing, a range of activities have been undertaken by Alastair Coey Architects. These have included:

a. desktop-based research;

b. archival research at the Irish Architectural Archive and the National Archives;

c. walkover surveys of the open grounds within the site carried out in June 2020 to November 2020, April-July 2021 and May-June 2024;

d. surveys of the surrounding residential areas carried out during June 2020 and April 2021; and

e. detailed surveys of the Mental Hospital Buildings carried out in May and June 2024.

These activities have informed:

i. An understanding of the basic characteristics of the site; topography, landscape, principal structures, landscape features, access, surrounding context, views into and out of the Site.

ii. An understanding of the historical development of the site, the impetus for its creation and its relationship in design and detail to preceding and contemporary institutions in Ireland and the British Isles.

iii. An understanding of the location, significance and sensitivity to change of the Protected Structures and other buildings within and without the Site.

iv. An understanding of the interdependency between the Central Mental Hospital buildings and the historic landscape within the Site.

These elements of understanding the Site, individually and collectively, allow Alastair Coey Architects to make an informed assessment of the heritage factors which are impacted by the Development, the specific effects of the Development on those heritage factors, possible alternatives, and mitigation/compensation measures which may be put in place.

17.2.3 Identifying the Heritage Assets to be Assessed

The Planning and Development Act establishes that a historic or protected structure should be evaluated on the basis that it may have special interest under one or more of the following categories:

ARCHITECTURAL INTEREST: The characteristics of architectural interest may be attributed to a structure or part of a structure with such qualities as the following:

a. a generally agreed exemplar of good quality architectural design;
b. the work of a known and distinguished architect, engineer, designer or craftsman;
c. an exemplar of a building type, plan-form, style or styles of any period but also the harmonious interrelationship of differing styles within one structure;
d. a structure which makes a positive contribution to its setting, such as a street-scape or a group of structures in an urban area, or the landscape in a rural area;
e. a structure with an interior that is well designed, rich in decoration, complex or spatially pleasing.

HISTORICAL INTEREST: The notion of historical interest underpins a general belief that it is worthwhile to preserve and conserve structures, sites and information from past centuries. The level of importance of the historical connection and its relationship to the existing fabric of the structure should be assessed. The historical interest relating to a structure or parts of a structure may be identified in various ways.

a) A structure may have historical interest as the location of an important event that occurred in, or is associated with it, or by its association with a historic personality. Some events or associations may be so important that the place retains its significance regardless of subsequent alteration. Where an otherwise unremarkable structure has historical associations, it may be more appropriate to commemorate the association with a wall-mounted plaque. Where the decision is difficult, it is helpful to discover whether other buildings connected with the personality or event still exist (and if they are protected) and to make an assessment that takes account of the value of such a group.
b) A structure may have influenced, or been influenced by, an historic figure. Important people may have lived in the structure or have been otherwise associated with it – for example its patron, designer or builder. Places in which evidence of an association with a person survive, in situ, or in which the settings are substantially intact, are of greater significance than those which are much changed or in which much evidence does not survive.
c) Historical interest can be attributed where light is thrown on the character of a past age by virtue of the structure's design, plan, original use, materials or location.
d) A structure may be a memorial to a past event;
e) A structure itself may be an example of the effects of change over time. The design and fabric of the structure may contain evidence of its former use or symbolic meaning. This may be the case with former gaols or churches that have since changed and, in so doing, illustrate a historic development.
f) Some fixtures and features may survive, for example in consistory courts and courts of law, that are important evidence of former liturgical or legal practice and may have special historical interest for that reason.
g) Some unusual structures may have historical or socio-historical interest, for example, early electricity substations, 'Emergency' era military pillboxes or sentry-boxes. Although not yet of popular heritage significance, such structures can nonetheless have special historical and social interest.
h) Special historical interest may exist because of the rarity of a structure. Either few structures of an identifiable type were built at a particular time, or few have survived. In either case, the extant structure may be one of the few

representative examples of its time that still exists in the national, regional or local area. The rarity of surviving examples of a building type can ensure that special historical interest accrues to them.

ARCHAEOLOGICAL INTEREST: Special archaeological interest is essentially defined by the degree to which material remains can contribute to our understanding of any period or set of social conditions in the past (usually, but not always, the study of past societies). The characteristic of archaeological interest in the context of the RPS must be related to a structure. Structures of special archaeological interest may also be protected under the National Monuments Acts.

Structures can have the characteristics of both archaeological and architectural interest as these are not mutually exclusive. For example, the party walls or basements of houses of later appearance may contain mediaeval fabric and reveal information of archaeological interest. The standing walls of a sixteenth-century tower-house will have both characteristics of interest. Fragments of early fabric, including carved or worked stone, may have been re-used in later buildings giving these structures archaeological significance as the current context of historically significant material. A complex of industrial buildings may have archaeological interest because of its potential to reveal artefacts and information about the evolution of industry that may be useful to archaeologists, historians and the public.

As the site does not contain any buildings identified in the Record of Monuments and Places the extent of applicability of the National Monuments Act 1930, its amendments and the Archaeological Heritage and Miscellaneous Provisions Act 2023, and the possible presence of archaeological interest in the site, is covered by Chapter 16 of this EIAR.

ARTISTIC INTEREST: Special artistic interest may be attributed to a structure itself, or to a part of a structure, for its craftsmanship, design or decoration. Examples could include:

a) examples of good craftsmanship;
b) decoratively carved statuary or sculpture that is part of an architectural composition;
c) decoratively-carved timber or ceramic-tiled shopfronts;
d) ornate plasterwork ceilings;
e) decorative wrought-iron gates;
f) religious art in a place of public worship such as the Stations of the Cross or stained-glass windows;
g) fixtures and fittings such as carved fireplaces, staircases or light-fittings;
h) funerary monuments within a graveyard;
i) the relationship of materials to each other and to the totality of the building in which they are situated, if these have been designed as an ensemble.

CULTURAL INTEREST: The characteristic of cultural interest permeates the architectural heritage and can, in the broadest terms, include aesthetic, historical, scientific, economic or social values of past and present generations. Special cultural interest apply to:

a) those structures to which the Granada Convention refers as ‘more modest works of the past that have acquired cultural significance with the passing of time’;
b) structures that have literary or cinematic associations, particularly those that have a strong recognition value;

c) other structures that illustrate the development of society, such as early schoolhouses, library buildings, swimming baths or printworks.

SCIENTIFIC INTEREST: The scientific interest, or research value, of a structure will depend on the importance of the data involved and on its rarity and/or quality. Its scientific interest should also be assessed as to how well it represents the area of research in question and the degree to which the structure may contribute further objective information. For example:

a) the results of scientific research may be seen in the execution of the structure;
b) the materials used in the structure may have the potential to contribute to scientific research, for example extinct pollen or plant species preserved in the base layers of ancient thatch roofs;
c) the structure may be associated with scientific research that has left its mark on the place, such as early Ordnance Survey benchmarks carved into stonework.

TECHNICAL INTEREST: Special technical interest in a structure relates to the art of the structural engineer in devising solutions to problems of spanning space and creating weatherproof enclosures. It may be found in structures which are important examples of virtuoso, innovative or unusual engineering design or use of materials. A structure may be of special technical interest for one or more of the following reasons:

a) it displays structural or engineering innovation evidenced in its design or construction techniques such as the use of cast- or wrought-iron prefabrication or an early use of concrete;
b) it is the work of a known and distinguished engineer;
c) it is an exemplar of engineering design practice of its time. For example, a bridge may be a masonry arch, an iron suspension or a concrete span;
d) it displays technically unusual or innovative construction or cladding materials, such as early examples of glazed curtain walling, prefabricated concrete plank cladding or Coade stone;
e) contains innovative mechanical fixtures, machinery or plant or industrial heritage artefacts that describe the character of production processes. The specifically industrial aspect of some sites like mill buildings, millponds, tailings or derelict mines can often have a technical heritage value;
f) f) purely special technical interest can be ascribed to the innovative engineering qualities of a structure, as distinct from the building's appropriateness for use, or its appearance or form.

SOCIAL INTEREST: The characteristic of special social interest embraces those qualities for which a structure, a complex or an area has become a focus of spiritual, political, symbolic or other sentiment to any group of people. A community may have an attachment to a place because it is an essential reference point for that community's identity, whether as a meeting place or a place of tradition, ritual or ceremony. The configuration, disposition or layout of a space or group of structures, where they facilitate behaviour that would otherwise be difficult or impossible, may be of social interest. This category of special interest may sometimes not be directly related to the physical fabric of a particular structure or structures and may survive physical alteration. Care should be taken to recognise the pattern or internal relations of the parts of the structure that constitute its special interest, in order to ensure that they be conserved.

The fixtures and features that testify to community involvement in the creation of a structure, or have a spatial form or layout indicating community involvement in the use of a structure, could include such elements as memorials, statues or stained-glass panels.
A structure may display vernacular traditions of construction and may be set in a group or area which illustrates the social organisation of the inhabitants. Most obviously this would include thatched cottages. In vernacular buildings, elements of the plan-form (for example, direct-entry, lobby-entry, doors opposite one another, bed outshots etc), as well as the roofing material of otherwise ordinary structures may be distinctive and have special social interest.
Types of decoration may have artistic as well as social interest, such as shell houses or the local manifestation of exuberant or ashlar stucco decoration where it is particular to a town or region.

A social interest could also be attributed to structures illustrating the social philosophy of a past age, as in the case of philanthropic housing developments. Structures which illustrate a particular lifestyle or social condition, for example holy wells, are to be found in many parts of the country. Care must be taken to ensure that there is sufficient physical fabric to such places for them to be defined as 'structures'

EIA guidance recognises "material assets, cultural heritage and the landscape" as an environmental resource and the assessment therefore encompasses all of these whether they are designated as Protected Structures or otherwise. Where prior designations of value exist (e.g. the Register of Protected Structures, the National Inventory of Architectural Heritage) these are given cognisance in the assessment. Where such designations do not currently exist, value judgements have been determined by new survey work and analysis.

17.2.4 Establishing Sensitivity to Change

Understanding the sensitivity of any Heritage Asset to changes introduced directly or indirectly by the Development is an important part of the assessment process. The determination of sensitivity is not a wholly empirical process, and relies to a degree on the professional judgement of the assessors. Alastair Coey Architects is a RIAI Grade 1 accredited conservation practice and have the necessary experience to make a balanced and informed judgement.

Statutory and non-statutory guidelines also play a significant role in determining the sensitivity to change. Assessing the heritage asset includes the following:

i. Is the asset listed in the Record of Protected Structures?

ii. Is the asset listed in the Record of Monuments and Places?

iii. Does the asset sit wholly or partly in an Architectural Conservation Area?

iv. Is the asset listed in the National Inventory of Architectural Heritage?

v. Do the DHLGH 'Architectural Heritage Protection Guidelines for Planning Authorities' (2011) provide specific guidance (e.g. on the curtilage of a Protected Structure)

vi. Does the National Monuments Act provide specific and relevant guidance?

It is also recognised that different groups (e.g. local residents) will have differing views on changes introduced by the Development, and differing perceptions of what might constitute significantly positive or negative changes. These different viewpoints must also be given due consideration in making a balanced assessment of sensitivity to change.

17.2.5 Establishing the Degree of Change

The degree to which a Heritage Asset is changed by the Development is a compound measure based on:

- The physical extent of the modifications to the Heritage Asset. How much of it is altered, removed or obscured? Is it being extended – to what extent?

- Do the changes reverse modifications that were made to the Heritage Asset at a date later than its original construction, and which in themselves are detracting features? Examples of this might include the reinstatement of lost features such as chimneystacks, replacement of uPVC or aluminium windows with period-appropriate timber or cast-iron windows.

- Changes to the setting and context of the Heritage Asset. What proximal changes are being introduced and how significantly do they change the context and setting? This includes views towards and from the Heritage Receptor.

- The reversibility of the changes. Can the changes introduced be reversed at a later date, with what level of difficulty and with what degree of success? Are the changes wholly irreversible?

For the purposes of comparative assessment, the degree of change can be classified as ‘low’, ‘medium’ or ‘high’. The presumed status of the change as being positive or negative is not a factor at this stage.

17.2.6 Establishing the Degree of Change

The assessment of sensitivity to change and the degree of change allows a determination of how significant the effects of the Development will be on a Heritage Receptor. It is taken as-read that the mitigation measures identified are in place.

For the purposes of comparative assessment, the effects on a Heritage Receptor are classified shown in Table 17.1 below.

Table 17.1 – Assessing the Effect of Development

EFFECT OF DEVELOPMENT	Sensitivity to Change		
Degree of Change	**High**	**Medium**	**Low**
High	Profound	V. Significant	Moderate
Medium	V. Significant	Significant	Slight
Low	Moderate	Slight	Not Significant

The definitions are derived from *'Table 3.3: Descriptions of Effects contained in the Guidelines on the Information to be Contained in Environmental Impact Assessment Reports'* prepared by the Environmental Protection Agency.

The process of determining the effect of the Development is not wholly empirical, and relies on the assessor's expert judgement of each circumstance. For that reason the grading of an effect may be higher or lower than the sensitivity of the receptor and/or the magnitude of the change might otherwise suggest.

When it is considered that effects may be negative, neutral or positive, a comparative hierarchy can be established as shown in table 17.2. However, it is important to recognise that each effect must be judged individually on its merits and that a ''trade-off' of beneficial and negative effects should not be a consideration. It must also be considered that the cumulative nature of the effects might in itself lead to a re-evaluation of each component (e.g. removing structure A or structure B might individually be assessed as having a moderately neutral effect, but in conjunction the removal of both structure A and structure B might be assessed as having a major negative effect).

Table 17.2 – Hierarchy of the effects of development

EFFECT
A profound or significant benefit is achieved
A moderate benefit is achieved
A minor benefit is achieved
There is no effect

There is a minor effect but it is neither positive nor negative
There is a moderate effect but it is neither positive nor negative
There is a profound or significant effect but it is neither positive nor negative
A minor negative effect is experienced
A moderate negative effect is experienced
A profoundly or significantly negative effect is experienced

17.2.7 Mitigation & Residual Effects

The design of the Development has been undertaken with due consideration on how the impacts to Heritage assets can be minimised. Pre-application discussions and site visits with the Conservation Officer in DLRCC have been used to guide and inform measures that can be taken to mitigate or eliminate adverse effects before the design has been finalised. Please refer to Section 6.3 of this EIAR.

Mitigation measures are defined for each adverse effect and the residual effect, once those measures have been effected, is assessed.

17.2.8 Probability and Frequency of Effects

In Heritage terms the source of change within the Development overwhelmingly arises from changes to built structures and designed landscapes. For the purposes of assessment the identified effects, inclusive of mitigation measures, are considered to be certain to occur. For the same reason, frequency of the effects is not a consideration as it may be, for example, for air quality. The effects are considered to be permanent.

17.3 Baseline Environment

17.3.1 Introduction

This history of the Site is drawn from the Historic Landscape Analysis prepared for Alastair Coey Architects by Dr. Sarah Rutherford.

Dr Rutherford, Dip. Hort. Kew, M.A., Ph.D., is a professional historic environment consultant specializing in designed landscapes based in England and with international experience. Her MA in landscape conservation (York University) is supplemented by a Ph.D. based on pioneering research into the landscapes of Victorian and Edwardian lunatic asylums (de Montfort University, 2003). Dr Rutherford has previously carried out Historic Landscape Analysis for or the West London Mental Health Trust on Broadmoor Hospital Berkshire, the first English State Criminal Lunatic Asylum, opened in 1863, following the pioneering example of Dundrum. She is the author of books on designed landscapes and relevant subjects including 'The Victorian Asylum'.

17.3.2 Setting the Scene for the Erection of the Asylum

In 1817 a Select Committee on the Lunatic Poor in Ireland found very poor conditions for lunatics. There were few specific facilities, only the privately funded St Patrick's Hospital, Dublin, and the publicly funded Richmond Asylum (opened 1815), two small asylums at Cork and Wexford, and some beds attached to Houses of Industry and to gaols in other large towns.

In the same year Dublin Castle's Chief Secretary, Robert Peel, instituted legislation creating the world's first system of public lunatic asylums, throughout Ireland. Planning of the Irish asylums was delegated to a central 'Commission of General Control and Correspondence', dealing with districts, locations and sites of the new institutions, and advised its architects, Francis Johnston, helped by his nephew, William Murray (1787-1849), on their design. By the mid-C19, ten district asylums provided over 3,000 beds in total.

In 1831 Hanwell Asylum opened in Middlesex. John Conolly was its influential superintendent who wrote extensively on treatment and design of asylums. This was influential on the construction of asylums and treatment of patients in Britain, Ireland and beyond. In 1847 his influential book The Construction and Government of Lunatic Asylums was published and his thoughts were firmly incorporated into the next series of Irish asylums 1845-50s.

In 1838 The Criminal Lunatics (Ireland) Act was passed, one of a series of Lunacy (Ireland) Acts passed between 1821 and 1890. When a person was detained under circumstances suggesting that they were of deranged mind and had the intention of committing a crime, then two justices were empowered to call in a physician to examine the suspect. If the physician determined that the person was a "dangerous lunatic" he could be committed to gaol until either discharged by order of two justices or removed to a lunatic asylum by order of the Lord Lieutenant.

17.3.3 Initiation of the Criminal Lunatic Asylum

A House of Lords' committee in 1843 urged the creation of further asylum accommodation. In 1845 a seminal Act of Parliament was passed which permitted a State Criminal Lunatic Asylum to be set up in Ireland entirely funded by Government for which £6,000 was allotted. The type of institution was based on the form of the district asylums already in use, adapted to the criminal patients.

> *'the greater proportion of the inmates … being destined to remain in it for life, it is proposed to have the structural arrangement as cheerful as circumstances will admit, so as to afford every possible facility for the recreation and occupation of the patients. It is not designed that the building should partake of the character of a 'prison'; more especially as experience has proved that in the district asylums … such are not more inclined to attempt to escape than other patients.'*

Jacob Owen, Chairman of the Board of Works and a renowned public architect, was asked to develop plans for new types of establishments to house respectively 'incurable lunatics', and 'criminal lunatics'. Plans were made for a Criminal Lunatic Asylum to contain up to 120 patients as a hospital not a prison. This was part of a campaign to build asylums in Ireland in which 'Great care has been taken to provide for the best modern improvements in such buildings,

without losing sight of economy, the expense of construction, from the necessity of classification, being very great'.

This emerging differentiation of Irish asylum care suggests that Ireland retained the leading edge over Britain in terms of asylum design. Thus a new phase enlarged the district asylum system with 6 new establishments with a total of 1750 beds to be erected at Cork, Sligo, Killarney, Omagh, Kilkenny and Mullingar. These supplemented the 8 built in the 1820s-30s

17.3.4 Construction of the Criminal Lunatic Asylum, 1845-53

Settlement in the Dundrum area south-west of Dublin expanded after the C16. Large houses, villas and associated demesne landscapes were established from the C18 onwards making it a desirable area of countryside for the wealthy and aspiring wealthy.

In 1846 a 30 acre agricultural site was bought at Dundrum, 3 miles from Dublin for the proposed criminal lunatic asylum. This was cultivated as 7 small fields east of the main road. It stood in an area of detached villas of varying sizes in landscaped grounds, with Anna Villa, Summerville, Roebuck Park and Grove adjacent (see Figure 17.2). The north site boundary followed the Church Town Lower townland boundary.

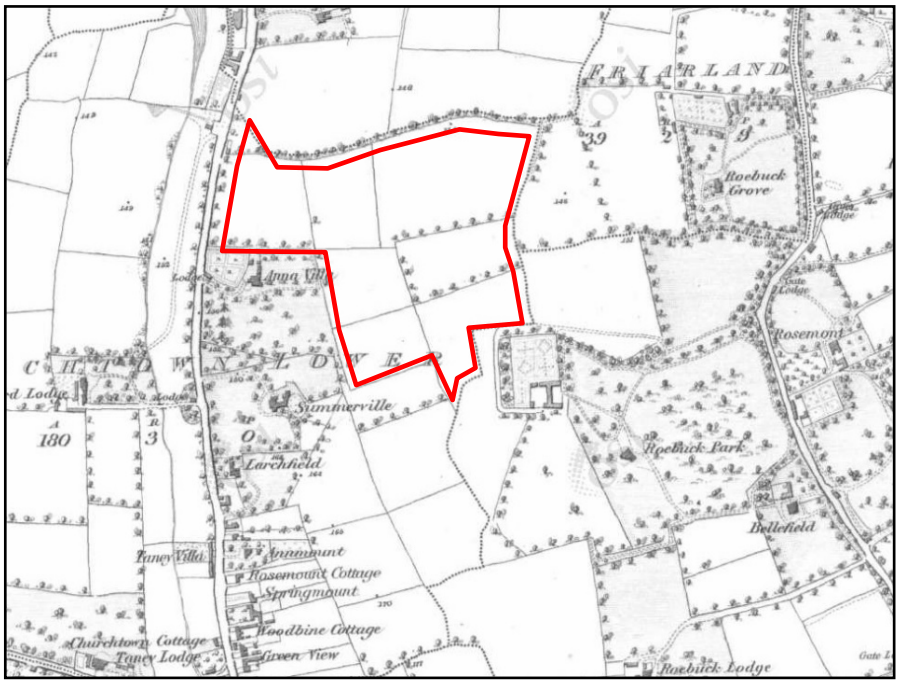

Figure 17.2 1836 1st edition 6" scale Ordnance Survey map of the site.

The isolated rural character of the site was a key consideration in the selection of the site for any Irish or British asylum at this point. Medical theory and an enlightened attitude to the housing of patients dictated that they should not be the object of ridicule or public gaze as had been the case at Bethlem in London in the C18. Thus a building in extensive grounds sited well out of the pressures of urban life was believed to be both humane and help the patients to recover, if possible with the benefit of extensive views to lift their mood. A roadside wall prevented prying eyes from the public realm, and helped ensure patients did not escape, although the whole site was not necessarily walled, particularly against agricultural land. At

Dundrum the dramatic views south towards the Wicklow Mountains would have been regarded as beneficial for the patients.

Structures

Plans were prepared in 1846 for the building for 120 male and female convict lunatics by OPW Architect Jacob Owen who was regarded at the time as an 'eminent architect in Ireland'. The planning of the asylum coincided with the publication in 1847 of the influential book by the Superintendent of Hanwell Asylum near London, John Conolly, The Construction and Government of Lunatic Asylums whose thoughts were firmly incorporated into this series of Irish asylums built in the 1840s-50s including Dundrum. The layout indicates the maturity of Irish asylum planners. Owen designed a special asylum and not a prison. It was a roughly symmetrical, three-storey building accommodating 120 lunatics. The main differences from the earlier Irish asylums were its chapel, a separate 'hospital' (infirmary) with its own yard, and increased dormitory accommodation.

Tenders were sought for the erection of the asylum building, to designs made by Owen shortly beforehand i.e. 1846-early 1847. His preliminary plans and elevations were published in 1848 and demonstrate the approach taken (Figures 17.3 and 17.4). Some differences are evident in the planned grounds around the building between the layout and that as executed, published in 1850, e.g. triangular womens' airing courts were modified by 1850 to become rectangular. By 1848, 'The buildings have been contracted for' and the works were 'proceeding satisfactorily.'

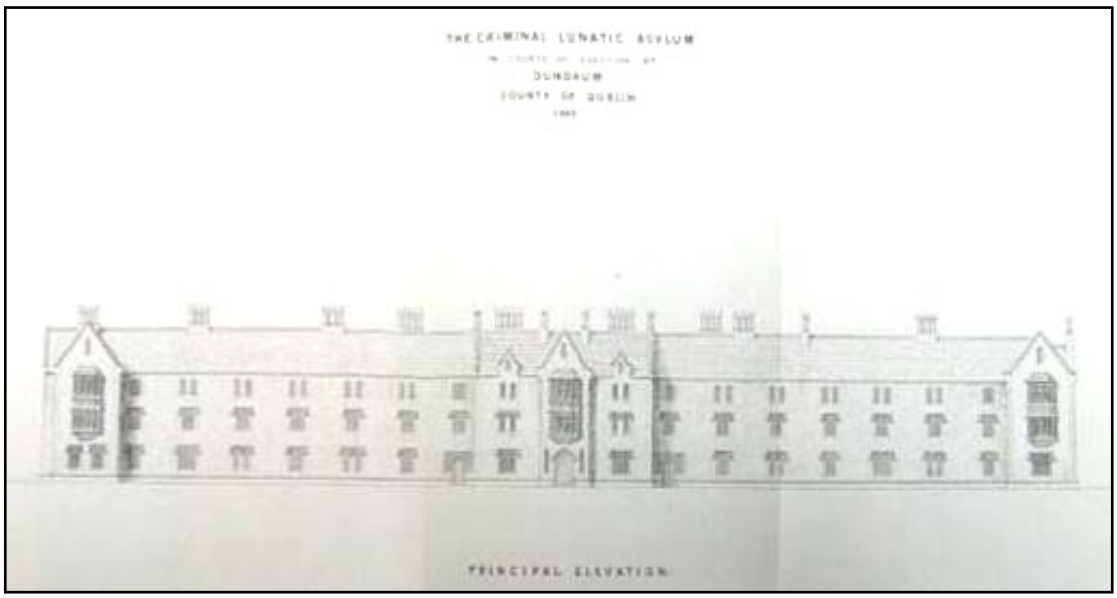

Figure 17.3 - 1848 Criminal Lunatic Asylum plan, proposed principal elevation

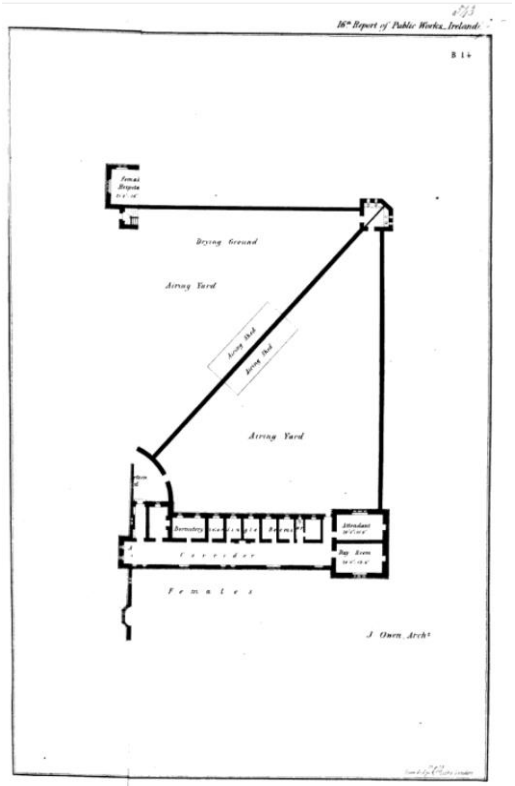

Figure 17.4 - 1848 Criminal Lunatic Asylum part plan of airing courts and yards

By 1850 the buildings had been completed. The asylum opened as the first forensic mental hospital in Britain or Ireland and possibly worldwide. The plan and view was published in 1851 (Figures 17.5 and 17.6) with a report in the periodical 'The Civil Engineer'. The asylum was intended to contain 80 male and 40 female patients at a total cost of £15,000. The main building was constructed of blackstone or Calp rubble with granite dressings, both local materials, in so-called Early English (but in reality more Tudorbethan) style. The single-storey ornamental lodge at the gateway echoed the style of the main building and was in the same materials.

Figure 17.5 - 1850, Engraving of Main Elevation, Jacob Owen Architect

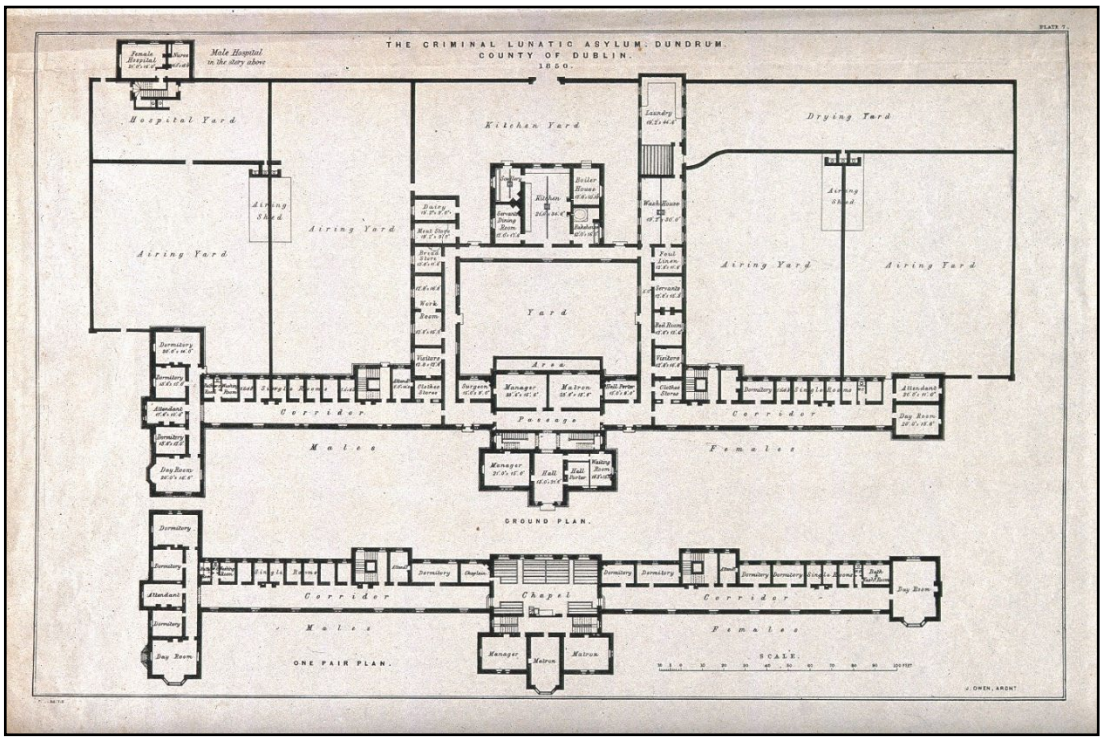

Figure 17.6 - 1850, Engraving of Floor Plan and Annotated Layout, Jacob Owen Architect

The Country House Model

The 21 acres as laid out largely reflect the components of a typical Irish district asylum of this mid-C19 period (1840s-50s), as shown on the 1871 OS (Figures 17.7 and 17.8). These were, in turn, based on the features of the well-established ornamental country house demesne adapted for therapeutic use and included many of those features recommended by Conolly in 1847. Particular features of this sort included the gateway, ornamented gate lodge, drive through parkland, forecourt, kitchen garden, farm and service areas. Adaptations for the asylum use included the disproportionately large area of the kitchen garden (c.8 acres)

designed to make the institution with its large number of residents self-sufficient in these crops, and the absence of gardens around the main building. Gardens were replaced by the airing courts to the rear, although ornamental pleasure ground-style planting enhanced the setting of the forecourt to make an ornamental arrival. The character was expansive, ornamental and therapeutic as a humane regime to encourage recovery. This contrasted with the starkly punitive layout of grounds in prisons and workhouses where the grounds were purely utilitarian and tightly drawn around the buildings.

The Layout

It is unclear who designed the wider grounds. The layout displays considerable quality and a thorough understanding of contemporary landscape principles. Owen designed the enclosed environs of the hospital including the walled spaces behind the building as shown by the published plans, but probably not the wider grounds. The quality of design and the planting suggests that a professional designer was employed, perhaps a locally based Dublin practitioner or a nurseryman.

Owen's plan (1850, Figure 17.6) shows walled spaces behind the hospital building, to the north, divided into therapeutic airing courts for secure patient exercise and functional service yards. The hospital building was divided, typically, axially into male and female halves respectively to west and east, with the related open spaces adjacent to the accommodation of the respective genders. The male side had two airing courts for different classes of patients with lean-to shelters and privies serving each class straddling a single wall (now no. 1C West Wing outdoor area). This was reflected on the female side (now no. 1J East Wing outdoor area). The airing court layout, both spaces and structures are of great significance as one of the most specific, defining features of a C19 asylum.

North of the male courts was the detached yard serving the adjacent infirmary, serving both sexes. North of the female airing courts was the drying yard serving the adjacent laundry in which the female patients worked. Adjacent to the west of the drying yard was the kitchen yard, again a preserve of female patients and adjacent to the kitchen. A central yard behind the main entrance was enclosed by buildings. The courts and working yards were enclosed by walls to prevent escapes. Further analysis is required to establish the survival of the original pattern of courts and yards and associated structures.

The position of the airing courts differed from the model used in England as they were north of the building rather than to the south which was favoured in England in order to maximise patients' exposure to long views, fresh air and sunshine. Furthermore the airing courts were walled where in England the preference was instead to use sunk walls and banks known as ha-has against open boundaries to provide a secure area which allowed the uninterrupted views into the wider landscape and if possible beyond. The arrangement at Dundrum may have been a more secure adaptation to the criminal occupants, but other Irish District Asylums of this period had a similar arrangement with airing courts to the north, such as Sligo, Kilkenny and Mullingar.

A medical journal noted that the situation of the asylum was 'most cheerful and picturesque, and its whole management most ably and humanely conducted …' The need for a similar asylum in England was noted, following the example of Ireland and a resolution was passed to this effect by the Association of Medical Officers.

The 1851 Civil Engineer report noted 15 acres of grounds to be tilled by the patients, presumably including the kitchen garden and perhaps in the East Paddock. This was typically both for economic and therapeutic purposes for those male patients who were well enough to work. The drains emptied into a tank distant from the building, and were then discharged by pipes over a considerable portion of the grounds.

As the whole of the 30 acres that the Board was 'obliged to purchase was not required for the immediate use of the asylum, it had not been enclosed within its boundary walls.' Nine acres [to the south] was to be let for 7 years at a rent of £45 a year after which the ground could again be disposed of, or added to that for the use of the asylum, should it be required. Although this area was not brought into the site until considerably later (by 1908) it always formed the open frame for the views beyond the kitchen garden of the distant mountains and was later laid out with the current playing fields.

Works to the grounds continued and by 1853 the ornamental entrance lodge (now the gatehouse) was completed within the wall at the north-west corner, along with other works which had been 'postponed until the experience in working the institution proved the necessity for them'.

17.3.4 Development in the 1850's and 1860's

The asylum had reached capacity by 1863 when a 50 bed extension was proposed. In 1863 building works included many to the main building. In the grounds alterations were made to the 'out-offices and enclosure walls' for a total sum of over £4,000. In 1866 a chapel for Protestant patients was built within the main complex. In 1868 part or all of the boundary was rebuilt.

Meanwhile in England in 1863 the English State Criminal Lunatic Asylum opened at Broadmoor, Berks, designed by prison architect Joshua Jebb, but again modelled on the established district (in England known as County) asylum precedent.

The first detailed published plan of the layout of Dundrum asylum is the Ordnance Survey 2nd edition at 6" scale, surveyed c.1871 (Figures 17.7 and 17.8). It shows the original layout completed c.1850 and reflects building alterations executed in the 1860s.

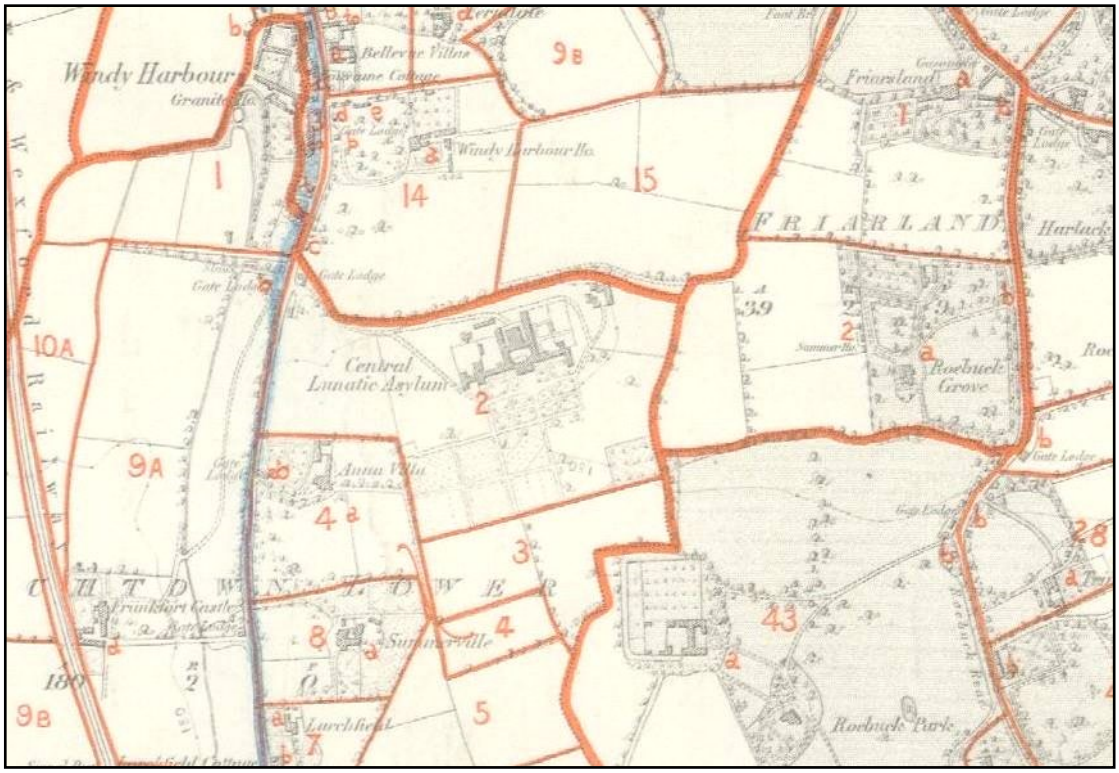

Figure 17.7 - 1871, 2nd edition 6" scale Ordnance Survey.

Typically the 30 acre grounds were divided into several main areas as follows:

1. The approach to the hospital building from the gateway and the lodge off Dundrum Road along a drive sweeping through the west paddock. The lodge was in fashionable Picturesque style, single storey with ornamented barge boards and other features. The drive led to the forecourt and ornamental grounds on the south side in front of the building, giving access to the main entrance. Leading south from the main entrance the central axial path was framed by woody planting and enjoyed a view of the distant mountains, a key view which survives.

2. Walled airing courts for secure patient exercise to the north of the building, and working yards reflecting domestic activities. Each court had a lean-to shelter against the wall (called Airing Sheds on the 1850 plan) for the patients as well as privies.

3. Productive kitchen gardens and walled orchard in the south section of the hospital site.

4. Further parkland east of the building an including the East paddock.

5. Service areas north and east of the yards and airing courts including farmstead and stables with yards and gateways in the north-east corner. As well as having a productive purpose for the institution, male patients would have worked on the farm for therapeutic purposes.

6. Farmland south of the productive gardens. This 9 acres remained let to a farming tenant.

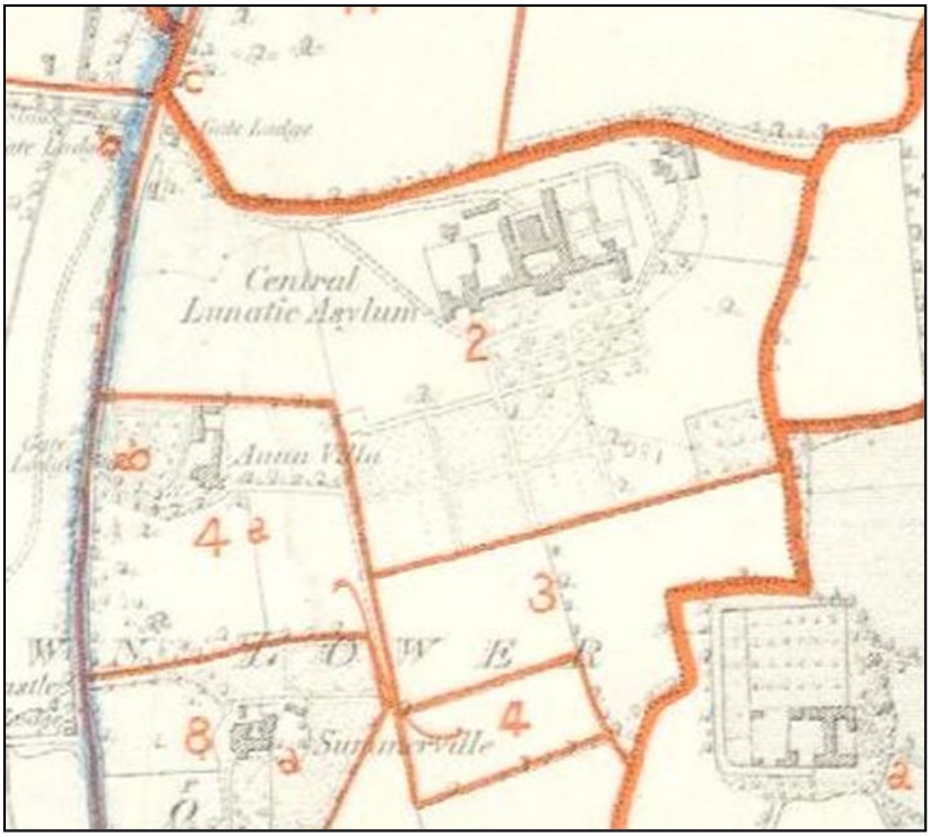

Figure 17.8 - 1871, 2nd edition 6" scale Ordnance Survey, detail of grounds.

The BMJ in 1874 noted the similarity of the criminal asylum with a district asylum as, '*there is nothing distinctive in its general aspect from what is observable in ordinary hospitals for the insane; … the grounds of 28 acres may be considered quite open, surrounded by a wall of from 8 to 10 feet. …Up to the present time, but 6 patients permanently escaped*'. This indicates that the originally tenanted land to the south (now playing fields) had been incorporated into the main site and the wall extended around it.

17.3.5 Further Development Phase, 1860's to c1908

The layout is shown in greater detail on the 1908 OS surveyed in 1908 (Figures 17.9). By this point the landscape design had reached its zenith. It remained largely as shown on the 1871 OS with some differences, one major, but the rest relatively minor, including:

1. The greatest change was to move the drive south-west away from the north boundary on a new line to give a more sweeping serpentine approach to the south front of the building and forecourt. This avoided the detached Catholic chapel in the parkland which formed a feature along this new line of the drive. The drive was lined on the south side by a line of specimen trees. It is likely that it was realigned c.1901 when the chapel was built.

2. A circular or octagonal gazebo had been added towards the west end of the kitchen garden. This may have been relocated to its present position (no. 35, the bandstand) and if so it echoes those found in the airing courts at Broadmoor.

3. The boundary wall reached its current configuration, including the construction of a section along the realigned south boundary where the formerly tenanted farmland had been taken into the hospital grounds.

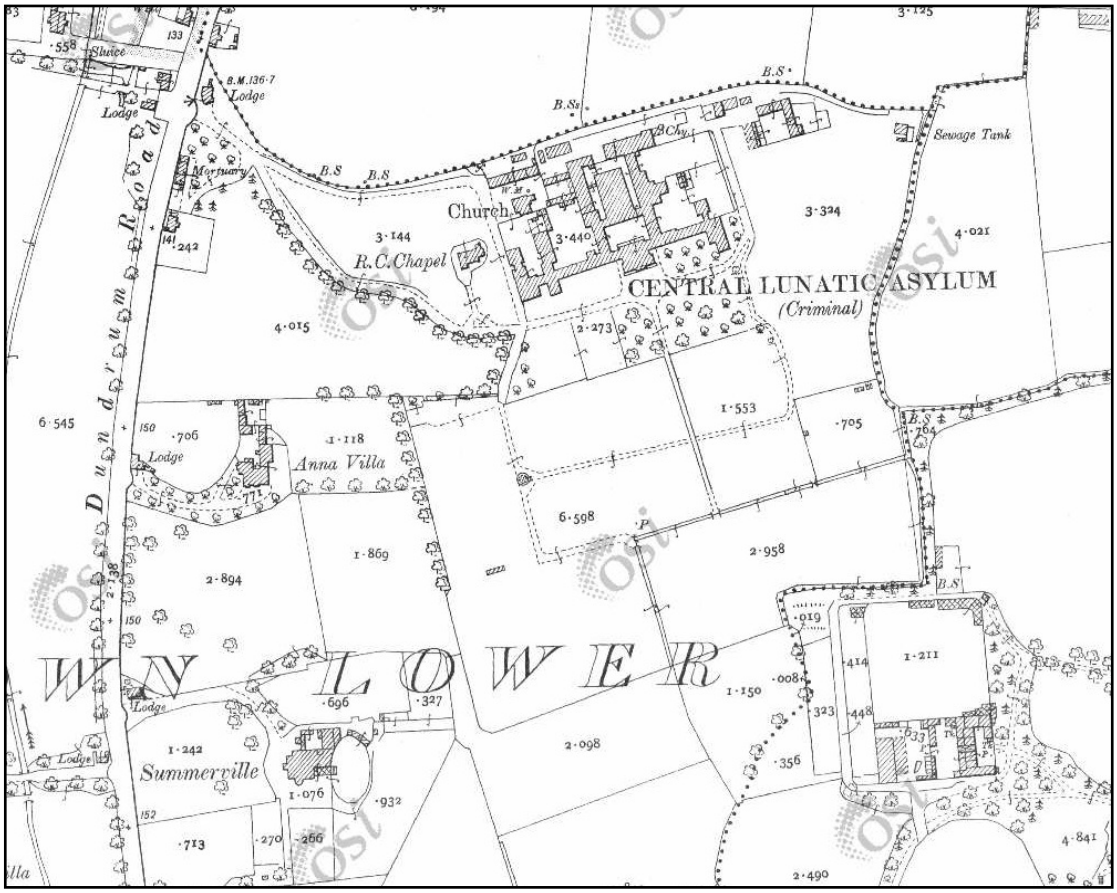

Figure 17.9 - 1908, 1st edition 25" scale Ordnance Survey.

17.3.6 Development in the c20 and c21

After World War II various buildings were added to the grounds. The largest were localised in a group on the west half of the former kitchen garden. These, while damaging, did not irreversibly damage the special qualities of the original character or layout, nor obscure the important south axis from the entrance to the main hospital that bisected the kitchen garden and offered dramatic views of the distant Wicklow Mountains. Various smaller structures were erected but these did not greatly damage the overall significance.

A car park was laid out on the east half of the former kitchen garden. Most of the historic buildings and features were left in situ. Losses included the mortuary against the roadside wall and a small building nearby to the south. The circular or octagonal building in the west half of the kitchen garden, in the area now built on, seems to have been relocated to a position north of the walled garden (no. 35, Bandstand), but has recently been relocated off site.

Today, many of the key buildings, features and spaces survive reflecting the layout and character established by c.1910 to a considerable degree.

17.3.6 The Site as found in 2024

The site as it has existed in the period 2018 to the time or writing in July 2024 has been extensively photographed and surveyed. Those surveys of particular relevance to the Heritage Assets (including the Historic Landscape) include but are not limited to:

- Topographical survey carried out in 2018.
- Aerial photography from drone surveys carried out in June 2020.
- Photography from walk-round surveys carried out in June 2020 and July 2021.
- Photography and written survey notes from inspection of the Main Hospital Buildings in May and June 2024.

In addition to the historic landscape, a quantity of eight heritage structures have been identified in the site, or sufficiently close it, to potentially be affected. These are identified in Figure 17.10 (with site boundary outlined in red) and scheduled in Table 17.3.

Table 15.3 – Heritage Assets

ID	Description	Image
1	Main Hospital Building	
2	Perimeter Wall	

3	Gate Lodge	
10	Chapel	
16	Infirmary	

24	Airing yards (20th Century)	
26	Hay Barn & Pig Yards	
27	Farmyard buildings	
39	Walled Garden including 2x covered entrances	

		
45	Historic Landscape	

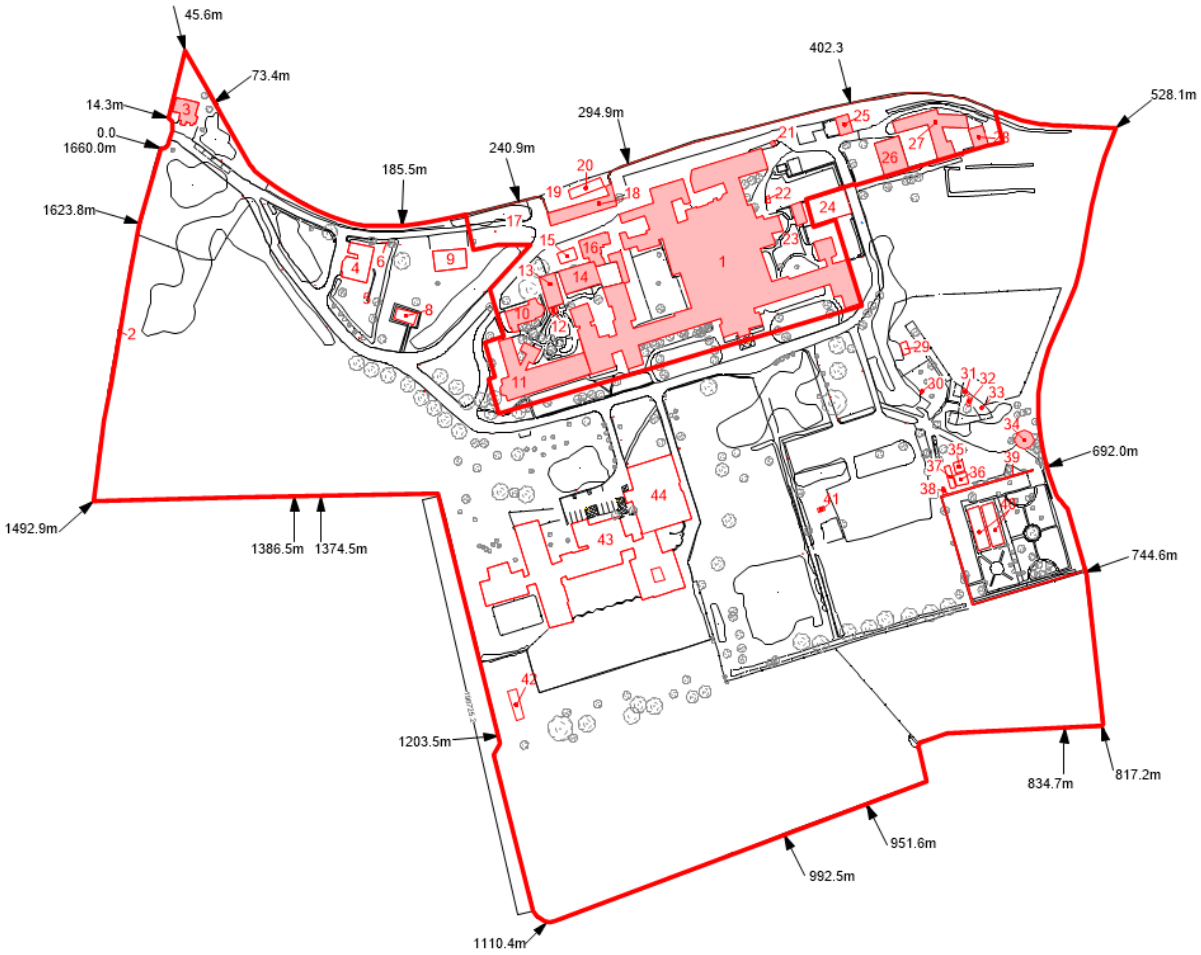

Figure 17.10 – Location of Heritage Assets

17.4 Potential Impacts of the Proposed Project

17.4.1 Structure No.1 – Main Hospital Building

Figure 17.11 – Main Hospital Building

15.4.1.1 Baseline Condition

The Main Hospital Building is recorded in The National Inventory of Architectural Heritage (NIAH) under reference 60220001 and is assessed to have National importance (on a scale of International, National, Regional and Local). An extent of the hospital building, as identified in Figure 17.12, is included in the Register of Protected Structures as No. 2072.

Figure 17.12 – Extent of Protected Structures on the site (orange fill)

The value attached to the Main Hospital Building arises from it being a rare example of the typical asylum provision of this period as adapted for criminal patients. As a dedicated and purpose-built criminal lunatic asylum it predates Broadmoor Hospital by some 15 years, making it among the first (if not the first) institution of its type in the world. It is a tangible representation of a major shift in the approach to criminality and mental illness in Ireland, and of an emerging new institutional design.

The Main Hospital Building has a strong association with a number of eminent architects – Jacob Owens and Frederick Villiers Clarendon. The built form is a development of the district lunatic asylum model, with the symmetrical layout and cellular form almost completely intact (full internal surveys have not been completed).

The Group Value that the Main Hospital Building and Historic Landscape have derive from their being conceived and executed as holistic approach to the treatment and recovery of those suffering from mental illness. The combination of the two elements provided not just for therapeutic treatments, but also for recreational and vocational activities intended for the enjoyment of the patients – all for the benefit of their recovery.

Until 2022 the hospital fulfilled the role for which it was designed and, although modified and extended as described in the site history, remains substantially intact. It demonstrates a continuous approach to the therapeutic treatment of a very specific sector of Irish citizenry, uninterrupted in the 170 years from its inception to the relatively recent closure.

17.4.1.2 Sensitivity to Change

The Main Hospital Building is assessed to have a HIGH sensitivity to change. This assessment derives from the following factors:

- It is included in the National Inventory of Architectural Heritage and the Register of Protected Structures.
- Its principal elevation is largely unaltered from its originally built form.
- It performed its primary function of treating the criminally insane from c1850 to 2022.
- It has substantial Group Value with the Historic Landscape, and therefore sensitive to changes not just to itself but to other elements of the group.

17.4.1.3 Degree of Change

The Development is assessed as having the potential to cause an overall change to the Main Hospital Building which is MEDIUM in degree. This assessment derives from the following factors.

- The hospital building itself lies outside the red-line for the Development and is not therefore modified in itself. However, elements of the Development are directly adjacent to the building and therefore change its setting (and ergo, views to and from the building). The changes comprise the construction of residential apartment blocks directly adjacent to the Main Hospital Building. Figure 17.13 illustrates.

- Although it is technically possible that the Development might at some future date be reversed, the probability of that happening is assessed as being so low as to be negligible. The changes are therefore considered to be permanent with no possibility of reversal.

- The Main Hospital Building enjoys Group Value with the Historic Landscape. The degree of change to that landscape that is introduced by the development is high.

- When the proposed Development is realised the Main Hospital Building will transition from being set in a private demesne to being set in a public landscape.

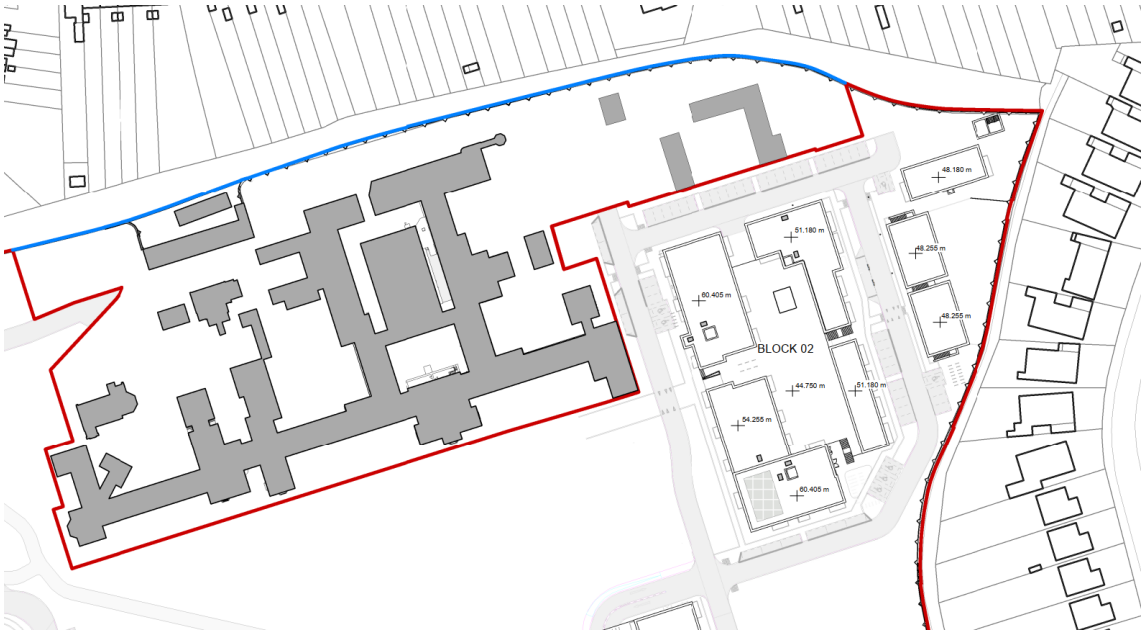

Figure 17.13 – Apartment Block Construction to east of Main Hospital Building

17.4.1.4 Potential Effect of the Development (Before Mitigation)

As the sensitivity of the Main Hospital Building to change is assessed as HIGH, and the degree of that change assessed as MEDIUM, the potential effect of the Development on it is therefore assessed to be VERY SIGNIFICANT.

17.4.2 Structure No.2 – Perimeter Wall

Figure 17.14 – Perimeter Wall and Entrance on Dundrum Road

Figure 17.15 – Internal face of Perimeter Wall to west of the Site

17.4.2.1 Baseline Condition

The perimeter wall (also referred to as the boundary wall) is part of the first phase of development of the site, being constructed soon after the Main Hospital Building. With the exception of the main entrance to Dundrum Road, a gateway into the maintenance yard and some minor blocked pedestrian gateways, the wall is complete and to the greater extent unaltered. A section at the south-east has been replaced in mass concrete, and some sections have been given additional height in concrete blockwork, but these are isolated sections of limited extent.

At the time of survey the wall was found to be in excellent structural condition. The inside face of the wall had been comprehensively maintained to a high standard during the tenure of the Health Services Executive, and since vacation of the site has suffered only minor encroachment of vegetation. External faces of the wall (where observable in detail) were also sound but not uniformly as well maintained as the inner face.

Although the wall would likely have originally had a complete cleared perimeter on the outside face, to facilitate inspection and repair, this situation does not currently exist. A high proportion of the residential properties constructed directly outside the wall have subsumed the space between their presumed rear boundary and the wall.

17.4.2.2 Sensitivity to Change

The Perimeter Wall is assessed to have a MEDIUM sensitivity to change. This assessment derives from the following factors:

- It is unbroken save for the openings which are consistent with its role as the boundary of a criminal lunatic asylum. This degree on intactness is a direct result of the CHM having been in continuous use as a secure mental hospital from its inception some 170 years ago until 2022.

- It represents a very clear and all-but impermeable boundary between the Site and the surrounding residential areas.

- It screens the existing site from the C20/C21 developments surrounding the site, maintaining the nature of the site as a private demesne.

17.4.2.3 Degree of Change

The Development is assessed to have the potential to cause an overall change to the Perimeter Wall which is MEDIUM in degree. This assessment derives from the following factors.

- A substantial section of the wall on Dundrum Road must be taken down or reduced in height to accommodate the necessary vehicular and pedestrian entrances to the site and to improve visual connectivity into/from the site.

- A substantial section of the wall is to be taken down to facilitate free access to the existing Rosemount Green playing fields and the proposed public amenity space adjacent to it within the Site.

- Openings for pedestrian and cyclist access are to be made adjacent to Mulvey Park and Annaville Grove.

15.4.2.4 Potential Effect of the Development (Before Mitigation)

As the sensitivity of the Perimeter Wall to change is assessed as MEDIUM, and the degree of that change assessed as MEDIUM, the potential effect of the Development on it is therefore assessed to be SIGNIFICANT.

17.4.3 Structure No. 3 – Gate Lodge

Figure 17.16 – The Gate Lodge

17.4.3.1 Baseline Condition

Construction of the Gate Lodge followed very quickly the commencement of construction of the Main Hospital Building and it was present by 1853. Ornamental in character and constructed in the same material palette of dark grey calp stone with granite dressings.

The picturesque quality that the Gate Lodge undoubtedly possessed on its original construction has been eroded by the cumulative effect of poor maintenance, inappropriate repairs and the many accretions it has gained in terms of inappropriate extensions and signage. It does however retain to a large extent its original form and construction.

17.4.3.2 Sensitivity to Change

The Gate Lodge is assessed to have a MEDIUM sensitivity to change. This assessment derives from the following factors:

- Beneath the inappropriate accretions it retains its original form and construction.
- The presence of a Gate Lodge speaks very clearly to the 'County House' model that had been adopted for the creation of the asylum.

17.4.3.3 Degree of Change

The Development is assessed to have the potential to cause an overall change to the Perimeter Wall which is MEDIUM in degree. This assessment derives from the following factors.

- The Gate Lodge will undergo a conservation-led refurbishment and re-purposing into a café.

17.4.3.4 Potential Effect of the Development (Before Mitigation)

As the sensitivity of the Gate Lodge to change is assessed as MEDIUM, and the degree of that change assessed as MEDIUM, the potential effect of the Development on it is therefore assessed to be SIGNIFICANT.

17.4.4 Structure No.10 – Chapel

Figure 17.17 – The Chapel

17.4.4.1 Baseline Condition

The Chapel is recorded in The National Inventory of Architectural Heritage (NIAH) under reference 60220002 and is assessed to have Regional importance (on a scale of International, National, Regional and Local). The chapel is a Protected Structure with reference No. 2071.

The value attached to the Chapel arises from its Communal and Historical associations, but additionally from its Architectural quality and associations. It was constructed in 1901 to a design by James Franklin Fuller, an eminent Dublin architect who was prolific, particularly in respect of his ecclesiastical work. The exposed timber structure of its roof is noted in the NIAH as being of technical interest for its adoption of the scissor-truss.

The Chapel and Main Hospital Building derive Group value from their representing a holistic approach to the treatment and recovery of those suffering from mental illness, the presence of a Chapel being a notable development from earlier Irish asylums.

The Chapel remains substantially intact and unmodified. Prior to vacation of the site its condition was found to be very good, with continuous maintenance evident in the evident

absence of serious deterioration. With the site now vacant the Chapel is receiving only basic maintenance and is therefore at risk.

17.4.4.2 Sensitivity to Change

The Chapel is assessed to have a MEDIUM sensitivity to change. This assessment derives from the following factors:

- It is included in the National Inventory of Architectural Heritage.
- It is a Protected Structure.
- It is largely unaltered from its originally built form.
- During occupation of the site it continuously performed its primary function as a place of worship.
- It has substantial Group Value with the Main Hospital, and therefore sensitive to changes not just to itself but to other elements of the group.

17.4.4.3 Degree of Change

The Development is assessed as having the potential to cause an overall change to the Chapel which is LOW in degree. This assessment derives from the following factors.

- The Chapel itself lies outside the red-line for the Development and is not therefore modified in itself.
- The new-construction building in closest proximity to the Chapel (Building 08) is at a significant distance (62m) and separated from the Chapel by retained elements of the Historic Landscape.

17.4.4.4 Potential Effect of the Development (Before Mitigation)

As the sensitivity of the Chapel to change is assessed as MEDIUM, and the degree of that change assessed as LOW, the potential effect of the Development on it is therefore assessed to be SLIGHTLY NEGATIVE.

17.4.5 Structure No.16 – Infirmary

Figure 17.18 – The Infirmary

17.4.5.1 Baseline Condition

The Infirmary (also used at one point as the Anglican Chapel) is recorded in The National Inventory of Architectural Heritage (NIAH) under reference 60220003 and is assessed to have Regional Importance (on a scale of International, National, Regional and Local). It is included in the Register of Protected Structures as No. 2073. The Infirmary is judged to have special Architectural, Artistic, Historical and Social interest.

Though it is separated from the main hospital building by some remove it is an integral part of the composition and played a significant role in the operation of the asylum. Originally conceived as the facility's Infirmary it became the Anglican Chapel around 1867 and was latterly used as a workshop. It survives largely intact, though having been altered internally to a degree.
The Infirmary is an important architectural element of the overall site and provides an evidential record of how the functions of the hospital were originally construed and changed over time. The design was executed with considerable care and artistry and it retains a high degree of original fabric.

17.4.5.2 Sensitivity to Change

The Infirmary is assessed to have a MEDIUM sensitivity to change. This assessment derives from the following factors:

- It is included in the National Inventory of Architectural Heritage.
- It is a Protected Structure.
- It is largely unaltered from its originally built form.
- It fulfilled a number of roles during the operational life of the hospital and contributes to an understanding of other elements of the site (specifically the current Chapel and what is now the theatre in the main hospital building).
- It has substantial Group Value with the Main Hospital, and therefore sensitive to changes not just to itself but to other elements of the group.

17.4.5.3 Degree of Change

- The Development is assessed as having the potential to cause an overall change to the Infirmary which is LOW in degree. This assessment derives from the following factors.
- The Infirmary itself lies outside the red-line for the Development and is not therefore modified in itself.
- The new-construction building in closest proximity to the Infirmary (Block 10) is at a significant distance (121.5m) and separated from the Infirmary by retained elements of the Historic Landscape.

Figure 17.19 – Relationship between the Infirmary (blue dot) and Block 10

17.4.5.4 Potential Effect of the Development (Before Mitigation)

As the sensitivity of the Infirmary to change is assessed as MEDIUM, and the degree of that change assessed as LOW, the potential effect of the Development on it is therefore assessed to be SLIGHTLY NEGATIVE.

17.4.6 Structures No. 26 & 27 – Hay Barn, Pig Pens and Farmstead Buildings


Figure 17.20 – Hay barn and pig-pens



Figure 17.21 – Farmyard Buildings

17.4.6.1 Baseline Condition

The farmstead would have served the dual purposes of providing fresh food for the institution and providing a therapeutic activity for male patients.

The farm buildings retain much of their original form and fabric, though in various states of dilapidation.

17.4.6.2 Sensitivity to Change

The Farmyard Buildings are assessed to have a MEDIUM sensitivity to change. This assessment derives from the following factors:

- They are largely unaltered from their originally built form.
- The component parts of the farmstead have group value with each other – the assemblage retains all of the original components (hay barn, pig-pens, potato stores, stables and other machinery/produce stores).

17.4.6.3 Degree of Change

The Development is assessed as having the potential to cause an overall change to the Farm Buildings which is LOW in degree. This assessment derives from the following factors.

- The Farm Buildings lie outside the red-line for the Development and are not therefore modified in themselves.

17.4.6.4 Potential Effect of the Development (Before Mitigation)

As the sensitivity of the Farm Buildings to change is assessed as MEDIUM, and the degree of that change assessed as LOW, the potential effect of the Development on it is therefore assessed to be SLIGHTLY NEGATIVE.

17.4.7 Structure No. 39 Walled Garden

Figure 17.22 – Walled Garden

17.4.7.1 Baseline Condition

The walled garden to the east of the Site would have been originally an orchard, though it now exists primarily as an enclosed area of ornamental landscaping.

The garden is enclosed by a wall having two ornamental gateways surviving. Overall condition of the lands and wall is good.

17.4.7.2 Sensitivity to Change

The Walled Garden is assessed to have a MEDIUM sensitivity to change. This assessment derives from the following factors:

- Its enclosure is largely intact and in good condition.
- Although no longer an orchard it has not been infilled with construction and therefore still a component of the designed landscape.

17.4.7.3 Degree of Change

The Development is assessed as having the potential to cause an overall change to the Walled Garden which is LOW in degree. This assessment derives from the following factors.

- The enclosure is to be retained.
- The enclosed area will continue in its current role of ornamental landscape.
- The context of the garden will be changed by the proposed adjacent apartment blocks (see figure 15.20).

Figure 17.23 – Apartment blocks in proximity to Walled Garden

17.4.7.4 Potential Effect of the Development (Before Mitigation)

As the sensitivity of the Walled Garden to change is assessed as MEDIUM, and the degree of that change assessed as LOW, the potential effect of the Development on it is therefore assessed to be SLIGHTLY NEGATIVE.

17.4.8 Asset No.45 – Historic Landscape

Figure 17.24 – Historic Landscape

15.4.8.1 Baseline Condition

The Historic Landscape within the site was largely established by 1910, and subsequent modifications were generally to the detriment of that (e.g. addition of the 20th century admissions block, creation of the main car-park, etc).

Significant group value attaches to the Historic Landscape with the Main Hospital Building. As a group they display the emergence of an enlightened attitude to the treatment of the criminally insane, with the practice of situating the hospital buildings in an ornamental landscape as a direct therapeutic measure. Comparable asylum complexes in Ireland that survive intact to such a degree as Dundrum are extremely rare, with the district asylums in Cork and Killarney being examples.

17.4.8.2 Sensitivity to Change

The Historic Landscape is assessed to have a HIGH sensitivity to change. This assessment derives from the following factors:

- With a few notable modifications such as the addition of the admissions unit and the car-park, the layout and un-developed nature of the grounds as designed still remains.

- The ornamental sweeping approach to the Main Hospital Building, flanked with mature trees, offering views across an open landscape and formally introducing the built forms of the Chapel and Main Hospital is a significant element of landscape design.

- The south-facing and principal elevation of the Main Hospital Building derives the key element of its setting and context from the Historic Landscape.

17.4.8.3 Degree of Change

The Development is assessed as having the potential to cause an overall change to the Historic Landscape which is HIGH in degree. This assessment derives from the following factors.

- The largely un-developed context of the grounds will be permanently lost.

- The evident role of the Historic Landscape as a therapeutic element of the former hospital site will be permanently compromised.

- Views of, and from, the Main Hospital Building will be changed by the proposed adjacent apartment blocks.

17.4.8.4 Potential Effect of the Development (Before Mitigation)

As the sensitivity of the Historic Landscape to change is assessed as HIGH, and the degree of that change assessed as HIGH, the potential effect of the Development on it is therefore assessed to be VERY SIGNIFICANTLY NEGATIVE.

17.4.9 Structure No. 24 – Airing Yards (20th Century)

Figure 17.25 – Airing Yards

17.4.9.1 Baseline Condition

These exercise areas or 'airing yards' are a later addition to the site, not apparent on the 25" 1st Edition OS maps of 1908. Constructed in rendered brickwork, partially atop earlier masonry

walls, they speak to the historic operating procedures of the hospital, though obviously disused for some considerable period of time prior to the abandonment of the complex.

17.4.9.2 Sensitivity to Change

The Airing Yards are assessed to have a LOW sensitivity to change. This assessment derives from the following factors:

- They are later additions to the site and are not a primary reference for understanding the evolution of the hospital.
- The quality of execution is low and the present condition poor.

17.4.9.3 Sensitivity to Change

The proposals seek to remove these airing yards in their entirety. The degree of change is therefore assessed as HIGH.

17.4.9.4 Potential Effect of the Development (Before Mitigation)

As the sensitivity of the Airing Yards to change is assessed as LOW, and the degree of that change assessed as HIGH, the potential effect of the Development on it is therefore assessed to be MODERATELY NEGATIVE.

17.5 Mitigation Measures

17.5.1 Operation Phase

17.5.1.1 Structure No.1 – Main Hospital Building

As the Main Hospital Building is outside the Development site no measures are available to reduce its sensitivity to change.

The degree of change to which the Main Hospital Building will be subjected has been mitigated by the following measures:

CH_1: The heights of Block 2 to the immediate east of the Main Hospital Building have been set to ensure that the dominance of the Main Hospital Building is retained.

CH_2: The historic landscape to the immediate south of the Main Hospital Building will be retained and enhanced. The main car-park and the C20 swimming-pool building are both proposed for removal and the areas of landscaping reinstated.

It is assessed that these mitigation measures reduce the effect that the Development has on the Main Hospital Building from very significant to a residual level of MODERATELY NEGATIVE.

17.5.1.2 Structure No.2 – Perimeter Wall

The degree of change to which the Perimeter Wall will be subjected has been mitigated by the following measures:

CH_3: Where sections of the wall are being removed, and where it is feasible to do so, the wall will not be removed in full but reduced to a height of 1200mm.

CH_4: Where sections of wall are being removed completely, and where it is feasible to do so, the former position of the wall will be indicated in the landscaping by use of natural stone as the paving material.

CH_5: Where sections of the wall are removed completely, the retained sections will be terminated in such a fashion as to indicate that the wall did not merely terminate there but has been purposely interrupted, e.g. by the use of sensitively and appropriately detailed piers in masonry, concrete or metal.

It is assessed that these mitigation measures reduce the effect that the Development has on the Perimeter Wall from to a residual level of MODERATELY NEGATIVE.

17.5.1.3 Structure No.3 – Gate Lodge

As the potential effect of the development on the Gate Lodge is assessed to be positive, no mitigation measures are deemed necessary.

It is therefore assessed that the effect of the Development on the Gate Lodge is SIGNIFICANTLY BENEFICIAL.

17.5.1.4 Structure No.10 – Chapel

As the Chapel is outside the Development site no measures are available to reduce its sensitivity to change.

The degree of change to which the Chapel will be subjected has been mitigated by the following measures:

CH_6: The historic landscape in the immediate environs of the Chapel will be retained and enhanced.

CH_7: Changing the site from being a private demesne to a publicly accessible area brings with it the possibility of the Chapel acquiring a larger congregation and playing a productive part in the lives of more people.

It is assessed that these mitigation measures will reduce the effect that the Development has on the Chapel to NEGLIGIBLE or SLIGHTLY BENEFICIAL.

17.5.1.5 Structure No.16 – Infirmary

As the Infirmary is outside the Development site no measures are available to reduce its sensitivity to change.

The degree of change to which the Infirmary will be subjected has been mitigated by the following measures:

CH_8: The mature landscaping of mature trees that visually separate the Infirmary from Block 10 will be retained (see extract below from the Landscape proposals, application Drawing DSRM-ACM-00-ST-DR-L-1001.pdf)

Figure 17.26 – Retention of landscaping features between Infirmary (blue dot) and Block 10 (Red dot)

CH_9: The 20th century maintenance office that sits in close proximity to the Infirmary, and which constitutes a detracting feature, will be removed, as will the dust extraction equipment associated with the latter use of the infirmary as a woodworking workshop.

Figure 17.26 – Maintenance office (blue dot) and dust extraction (red dot) to be removed.

It is assessed that these mitigation measures will reduce the effect that the Development has on the Infirmary to NEGLIGIBLE or SLIGHTLY BENEFICIAL.

17.5.1.6 Structure No.26 & 27 – The Farmstead

As the Farm Buildings are outside the Development site no measures are available to reduce their sensitivity to change.

The degree of change to which the Farm Buildings will be subjected has been mitigated by the following measures:

CH_10: The proposed road alignment in proximity to the farmstead preserves the ability to view and appreciate the complex of buildings.

It is assessed that these mitigation measures will reduce the effect that the Development has on the Farm Buildings to NEGLIGIBLE.

17.5.1.7 Structure No.39 – The Walled Garden

The degree of change to which the Walled Garden will be subjected has been mitigated by the following measures:

- **CH_11:** Currently present features which detract from the overall presentation of the area as ornamental landscaping will be removed and the landscaping enhanced.

It is assessed that these mitigation measures will reduce the effect that the Development has on the Walled Garden to NEGLIGIBLE.

17.5.1.8 Asset No.45 – The Historic Landscape

The degree of change to which the Historic Landscape will be subjected has been mitigated by the following measures:

- **CH_12:** The ornamental sweeping approach road, one of the key aspects of the designed landscape, will be retained.

- **CH_13:** The detrimental effect of the admissions unit and the main car-park will be reversed, with the area of landscaping to the south of the hospital being significantly enhanced.

- **CH_14:** The walled garden, as noted above, will be retained and enhanced.

- **CH_15:** The new-build developments are largely constrained to the open paddock areas of the site, areas which have low heritage significance in themselves, and what value they do have lies only in their contribution to the setting of other heritage assets.

It is assessed that these mitigation measures will reduce the effect that the Development has on the Historic Landscape to MODERATELY NEGATIVE.

17.5.1.9 Asset No.24 – The Airing Yards (20th Century)

The degree of change to which the Airing Yards will be subjected has been mitigated by the following measures:

- **CH_16:** The airing yards will be thoroughly recorded before removal. The contribution that they make to the understanding of the development and operation of the hospital complex will therefore be preserved. Retention of their physical aspects, beyond this, would add a limited amount when weighed against the benefits accrued from developing the site.

It is assessed that these mitigation measures will reduce the effect that the Development has on the 20th Century airing sheds to SLIGHTLY NEGATIVE.

17.6 Residual Impacts

The summary of potential impacts before and after mitigation are summarised in Table 17.3

Table 17.3 – Impacts before and after Mitigation Measures

Asset	Impact Before Mitigation	Impact After Mitigation
1 – Main Hospital Building	Very Significantly Negative	Moderately Negative
2 – Perimeter Wall	Significantly Negative	Moderately Negative
3 – Gate Lodge	Significantly Beneficial	Significantly Beneficial
10 – Chapel	Slightly Negative	Slightly Beneficial
16 – Infirmary	Slightly Negative	Slightly Beneficial
26/27 – Farmstead	Slightly Negative	Negligible
39 – Walled Garden	Slightly Negative	Negligible
45 – Historic Landscape	Very Significantly Negative	Moderately Negative
24 – c20 Airing Sheds	Moderately Negative	Slightly Negative

Residual impacts of a Moderately Negative nature do remain after the implementation of the mitigation measures, applying to the Main Hospital Building, Perimeter Wall and Historic Landscape. These impacts arise from the unavoidable and fundamental change from the site as a 'closed-world' private demesne to a public site largely characterised by residential development.

The justification for the acceptance of these residual impacts on the historic structures and landscape, quite apart from the substantial social gain accrued form the provision of affordable and social housing, is grounded in an assessment that the 'do-nothing' option exposes the historic structures to considerable and ongoing risk. Disuse of historic structures

invites increasing levels of dereliction, from which recovery becomes exponentially more difficult. Accepting change as part of adaptive re-use, whether that applies to Protected Structures or their attendant grounds, has consistently been proven as a necessary compromise to protect the most significant aspects for the appreciation of future generations.

17.7 Monitoring

Unlike other potential impacts, such as adverse effects to flora or fauna, the mitigation measures proposed for architectural heritage are deemed to fully achieve their intended effect when implemented. They are fully deterministic – e.g. in mitigation measure CH_1 the height of Block 2 is not subject to variability outside the control of the design and delivery team.

Mitigation measures as they relate to Architectural Heritage do not therefore require monitoring as they might do, say, for air-quality or hydrology.

17.8 Interactions

In respect of Heritage Assets, interactions with other topics are principally related to the development of the Historic Landscape:

- Population & Human Health – No interactions.
- Biodiversity – The Heritage Landscape provides a habitat for flora and fauna, and the loss of that habitat to development is an area of interaction. Mitigation measures in respect of Biodiversity are discussed in Chapter 5 of this report.
- Land, Soils, Geology and Hydrogeology – No interactions.
- Hydrology & Surface Water - The development of the historic landscape will increase the amount of surface-water run-off. Mitigation measures in respect of surface water are discussed in Chapter 7 of this report.
- Air Quality and Climate – No interactions.
- Noise and Vibration – No interactions.
- Landscape and Visual – The development of the historic landscape significantly changes the character of the Development Site, including views into and out of the site. Mitigation measures in respect of landscape and visual appearance are discussed in Chapter 10 of this report.
- Microclimate, Daylight & Sunlight – No interactions.
- Microclimate, Wind – No interactions.

- Roads & Traffic – No interactions.
- Waste Management – No interactions.
- Built Services – No interactions.

17.10 Cumulative Impacts

In respect of Heritage Assets, a cumulative impact would arise where there was:

- Clustering of developments in close proximity to a protected structure or a complex of protected structures.
- Clustering of developments in close proximity to a structure or site listed in the Record of Monuments and Places.
- Clustering of developments in an area of noted and historic townscape character (e.g. in an area where a substantial number of structures were identified on the National Inventory of Architectural Heritage)

A number of projects in the area of the Development require inclusion in an assessment of cumulative impact. These are below, status indicated at time of writing:

- ABP30943021 - 2.12 ha at Our Lady's Grove, Goatstown Road, Dublin 14. 698 no. student bedspace accommodation and associated site works. Approved.
- ABP31128721 - c.0.9ha at No. 97A Highfield Park (D14P710), and No. 1 Frankfort Castle (D14 HY03), No. 2 Frankfort Castle (D14DE72) and Frankfort Lodge (D14C9P2), Old Frankfort, Dublin 14. 115 no. apartments, creche and associated site works. Approved.
- ABP31182621 - Lands at Knockrabo, Mount Anville Road,, Goatstown, Dublin 14. 227 no. apartments and associated site works. Approved.
- ABP31013821 - Mount Saint Mary's and Saint Joseph's, Dundrum Road, Dundrum, Dublin 14. Demolition of existing buildings on site and part of the granite wall along Dundrum Road, excluding Small Hall, construction of 231 no. apartments, childcare facility and associated site works. Approved.
- ABP30446919/ ABP30768320 - Greenacres, Longacre and Drumahill House, Upper Kilmacud Road, Dundrum, Dublin 14. 307 no. apartments and associated works. Approved.
- D20A/0328 - University College Dublin, Belfield, Dublin 4. Extension of car park to provide 239 no. spaces. Approved.
- TA0001 - University College Dublin, Belfield, Dublin 4. 10 year permission for 512 student accommodation units (3006 no. bed spaces) including student facility centre, car parking and all associated site works. Approved.
- ABP315883 - 'Dunelm', Rydalmount, Milltown Road, Dublin 6. Demolition of structures, construction of Build to Rent apartments comprising of 63 apartments in 2 blocks with all associated site works. Approved.
- ABP305261 - Building 5, Dundrum Town Centre, Sandyford Road, Dundrum, Dublin 16. 107 no. apartments, cafe and associated site works. Approved.

- ABP300024 - Lands at the former Paper Mills site, bounded by the River Dodder to the East, Clonskeagh Road to the West, Clonskeagh Bridge to the South West, Dublin 6. Increase in apartment units from 96 to 116 with increase in block heights from 3 to 4 storeys with 30 additional parking spaces & additional bicycle spaces & associated site works. Approved.
- ABP311439 - Site measuring 0.29ha, Bounded by Kilmacud Road Upper to the north, Drummartin Link Road to the west, and Hazelbrook Apartments to the east and south, Dublin 14. Demolition of existing disused agricultural shed structure and the construction of a residential block 3 to 6 storeys consisting of 52 dwelling units. Approved.
- ABP313048 - 9/14 and 11C, Milltown Road, Milltown, Dublin 6. The application site consists of the former Murphy and Gunn site (currently Autovision) and the former Saint Joseph's Junior Education Centre site. Construction of 97 Build to Rent apartments. Approved.
- ABP312539 - Cunningham House, Trinity Hall, Dartry, Dublin 6. Demolition of existing building, construction of 358 no. student bedspace accommodation, 4 no. staff apartments and associated site works.
- ABP312170 - Marmalade Lane, Wyckham Avenue, Dundrum, Dublin 16. 531 no. Build to Rent apartments, creche and associated site works. Approved.
- ABP309931 - 24,26 28, Fosters Avenue, Mount Merrion, Blackrock, Co Dublin. Demolition of existing buildings on site and construction of 72 no. apartments, communal open space areas, parking spaces, vehicular, pedestrian and servicing access from Foster's Avenue, ESB substation and switch room, and all associated site works. Approved.
- ABP31293522 - 0.79 ha at Sommerville House, Dundrum Road, Dublin 14. Demolition of all structures, construction of 111 no. apartments and associated site works. Applied for, under consideration.
- ABP31323522 - 0.34 hectares comprising the car sales premises currently known as Vector Motors (formerly known as Victor Motors), Goatstown Road, Dublin 14, D14FD23. Demolition of existing building on site, construction of 221 no. student bedspaces and associated site works. Applied for, under consideration.
- ABP31322022 - site 3.5335ha incorporating the old Dundrum Shopping Centre known as Main Dundrum Street Village Centre (D14K3T7). Demolition of all existing buildings on site, construction of 881 no. apartments, creche and associated site works. Applied for, under consideration.
- ABP316470 - Site of approx. 0.24 ha on lands at Frankfort Centre, Dundrum Road, Dublin 1. The construction of 64 no. apartment units in the form of a 5-6 storey apartment blocks, the provision of a ground floor retail/cafe unit, and Public Realm upgrades to Dundrum Road. Applied for, under consideration.
- And finally, the proposed adaptive re-use of the Central Mental Hospital main building, infirmary and chapel. Under development.

These developments have been assessed against the aforementioned criteria, with a conclusion that.

- With the exception of the planned redevelopment of the hospital buildings themselves, there is no contribution to clustering of developments in close proximity to a protected structure or a complex of protected structures.

- There is no clustering of developments in close proximity to a structure or site listed in the Record of Monuments and Places.

- With the exception of the planned redevelopment of the hospital buildings themselves, there is no clustering of developments in an area of noted and historic townscape character (e.g. in an area where a substantial number of structures were identified on the National Inventory of Architectural Heritage)

Of these, the proposed development of the Central Mental Hospital buildings and their immediate grounds is therefore only one that requires cumulative assessment in the context of Architectural Heritage. At the time of writing no application for this development has been lodged and the scope and extent is therefore subject to change, but it is understood in outline that the proposals may include:

a. Removal of a number of secondary structures within the curtilage of the Main Hospital Building, Chapel and Infirmary/Church.

b. Refurbishment, limited alteration, and re-purposing of the Main Hospital Building, Chapel and Infirmary/Church.

c. Creation of additional roadways and other civil works.

d. The construction of a number of apartment blocks to the North of the Main Hospital Building.

Taking each of the potentially affected structures in turn:

17.10.1 Structure 1 – Main Hospital Building

As noted in 17.4.1 above, the Main Hospital Building's sensitivity to change from the Housing Development arises from its relationship to the Historic Landscape. This landscape lies almost wholly to the south of the building, the north of the building comprising airing yards and other ancillary/service structures. The development of those lands to the north would not therefore alter the impact of the proposed development and the cumulative effect would therefore be unchanged.

17.10.2 Structure 2 – Perimeter Wall

As noted in 17.4.2 above, the Perimeter Wall's sensitivity to change arises from its unbroken continuity and the proposals in the Housing development to remove sections of it for vehicular access and visual connectivity. On the basis that there is no anticipation that the degree of wall removal will be changed by the other development, the cumulative impact is unchanged.

17.10.3 Structure 3 – Gate Lodge

As noted in 17.4.3 above, the Gate Lodge's sensitivity to change arises from its role as a point of entry to the demesne and its architectural character. Development of the lands north of the hospital will not further affect the Gate Lodge beyond the Housing development and the cumulative impact is therefore unchanged.

17.10.4 Structure 10 – Chapel

As noted in 17.4.4 above, the Chapel's sensitivity to change arises from its unaltered form and purpose and its group value with the Main Hospital Buildings. This relationship with the hospital buildings is unaltered by the Housing Development but has the capacity to be eroded by the proposed development of the Main Hospital Buildings. That development, of the hospital buildings and their immediate curtilage including that of the chapel, have the potential to negatively affect the chapel. However, the contribution to the cumulative impact would arise solely from that development, and the contribution of the Housing Development would remain unaltered. At the time of writing no application for the main hospital buildings has been formalised, and quantification of the possible impact is therefore not possible.

17.10.5 Structure 16 – Infirmary

As noted in 17.4.5 above, the Infirmary's sensitivity to change arises from its unaltered form and purpose and its group value with the Main Hospital Buildings. This relationship with the hospital buildings is unaltered by the Housing Development but has the capacity to be eroded by the proposed development of the Main Hospital Buildings. That development, of the hospital buildings and their immediate curtilage including that of the Infirmary, have the potential to negatively affect the Infirmary. However, the contribution to the cumulative impact would arise solely from that development, and the contribution of the Housing Development would remain unaltered. At the time of writing no application for the main hospital buildings has been formalised, and quantification of the possible impact is therefore not possible.

17.10.6 Structures 26/27 – Farmstead

As noted in 17.4.6 above, the Farmstead's sensitivity to change arises from the largely unaltered form and the relationship that the components have to each other. On the understood basis that the Farmstead is to be retained, refurbished and repurposed there is no cumulative impact with the Housing Development.

17.10.7 Structure 39 – Walled Garden

As noted in 17.4.7 above, the sensitivity to change of the walled garden arises from its intact nature and continuity of purpose. The development of the Main Hospital Buildings would make no material change to the impact of the Housing Development and the cumulative impact would therefore be unchanged.

17.10.8 Heritage Asset 45 – Historic Landscape

As noted in 17.4.8 above, the sensitivity to change of the Historic Landscape arises from its intact nature and the relationship that it has with the Main Hospital Buildings. With development of the building being limited to refurbishment, internal alteration and repurposing there will be no material change to the impact of the Housing development and the cumulative impact would therefore be unchanged.

17.11 'Do-Nothing' Effect

The effects on the identified Heritage Assets from doing nothing are assessed to be:

- The function of the Central Mental Hospital has now moved to NFMHS Portrane. With the exception of some temporary asylum-seeker accommodation in the grounds, the CMH(Dundrum) grounds as a whole, including the application site, have become disused. There exists a very significant risk of the Heritage structures suffering deterioration from lack of use and maintenance, and from the increased susceptibility of the site to vandalism.

- The Historic Landscape of the site survives through active management, which has now ceased with the abandonment of the site.

- If the Housing Development does not procced, the identification of a new and sustainable function for the Main Hospital Building and associated protected structures becomes more difficult.

17.12 Difficulties Encountered in Compiling the Chapter

None

17.13 Conclusions

The Development has been assessed in terms of the potential impacts on Heritage Receptors within and external to the site boundary. Particular relevance has been attributed to the 'Country House Demesne' model that had been adopted for the complex, an important aspect of the site's pioneering attitude to the treatment of the criminally insane, and a model which survives to a significant extent. The elements within that demesne have been assessed in terms of their sensitivity to change and the degree to which the Development will effect change to them. In some instances the development of the lands results in the potential for a negative impact on the Heritage Receptors.

Mitigation measures have been proposed which will in all instances reduce the severity of the impact to Heritage Receptors, in some instances rendering the impact negligible, null or positive.

The 'Do Nothing' effect has highlighted that abandonment of the site by the HSE attaches real risks to the Heritage Receptors, as they require active management to preserve their physical condition and their significance.

Residual impacts on the historic structures and landscape do remain, though these are assessed to have been reduced to a 'Moderately Negative' level. Quite apart from the substantial social gain accrued form the provision of affordable and social housing, the 'do-nothing' option exposes the historic structures to considerable and ongoing risk. Historic structures require active management to preserve their physical condition and their significance, and dis-use invites increasing levels of dereliction, from which recovery becomes exponentially more difficult. Accepting change as part of adaptive re-use, whether that applies to Protected Structures or their attendant grounds, has consistently been proven as a necessary compromise to protect the most significant aspects for the appreciation of future generations.

17.14 References

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