



HOCKING HERITAGE + ARCHITECTURE

Conservation Management Plan

P11375 MANJIMUP INFANT HEALTH CENTRE (FMR)

Prepared for

Shire of Manjimup

With the assistance of funding under the

State Heritage Grant Program 2025-26

August 2026

The Shire of Manjimup acknowledges the Bibelmen, Kaneang and Minang people of the Noongar Nation as the Traditional Custodians of the land on which we live, work and gather.

*Cover Image: View of the Manjimup Infant Health Centre (fmr)
Hocking Heritage + Architecture, 2026.*

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Rev No	Author	Date	Reviewer	Date
-	Hocking Heritage + Architecture	July 2026	Shire of Manjimup	
FINAL	Hocking Heritage + Architecture	September 2026	Shire of Manjimup	9 September 2026

HHA Job No. 2026-14

Executive Summary

The Shire of Manjimup have an ongoing respect and support for the history and heritage of the Shire as demonstrated in the Strategic Community Plan 2021-2031 with identified Community Goals.¹

3.8 *Diversity, inclusivity and harmony are the foundations of our strong community spirit and we celebrate and honour our diverse cultures, heritage and lifestyles.*

4.8 *Places of heritage value are recognised and retained.*

The Manjimup Infant Health Centre (fmr) was built in 1945 to a design by architect Nancy Allen who was a significant member of the profession in the mid-20th century. Allen was a member of W. G. Bennett & Associates who were honorary architects for Infant Health Clinics across the state. The firm made a significant contribution to the provision of many small clinics around the regions of Western Australia that were domestic in scale, that carefully considered the needs of the users and occupants. The prominent portico of this building is typical of the designs of Nancy Allen that included elements typical of the Inter War style.

As a result of a conference held in 1922 at the instigation of the Children's Protection Society, the Infant Health Association of Western Australia was formed in 1923 to work in conjunction with the Public Health Department. This building was part of this network of facilities which provided accommodation for the nurse who served the Manjimup and nearby communities and was the location for regular infant health checks that provided information, support and networking for families.

Changes in community expectations and standards of health care meant that the building was no longer fit for purpose in the late 20th century and the Infant Health Clinic relocated to new premises in 1999. The place has had several uses since its closure as the Infant Health Centre and is currently [2026] being used as a residence.

The property is vested in the Shire of Manjimup who continue to manage and maintain the property.

The Shire are considering the future use and management of the place and have engaged Hocking Heritage + Architecture to prepare a Conservation Management Plan to inform the future management of this State Registered Heritage Place. This process has included a comprehensive building condition assessment to provide the basis for future works.

The policies recommended for Manjimup Infant Health Centre are based on the need to conserve it as a place of aesthetic, historic and social significance. The conservation of the structure and its setting should take account of the physical changes that have occurred over time, and which reflect the historical development of the place.

It is recommended that the conservation of the place be carried out in accordance with the principles established in the Australia ICOMOS Charter for the Conservation of Places of Cultural Significance (Burra Charter).

¹ Shire of Manjimup Strategic Community Plan, 2021-2031,

Statement of Significance

This statement is that used in the formal documentation for the inclusion Manjimup Infant Health Centre (fmr) on the State Register of Heritage Places in 2001 and it is acknowledged that there may be some discrepancies with the current circumstances.

Manjimup Infant Health Centre (fmr), a residential scale, single storey brick and tile community building with a prominent semi-circular masonry portico to the front façade built in the Inter-war Stripped Classical style, has cultural heritage significance for the following reasons:

the place is representative of the establishment and growth of the Infant Health Association of Western Australia, which was formed in 1923 as a direct result of the need for maternal and infant welfare services in the State;

the place was designed by Nancy Allen, the first woman to pass the examination of the Architects Board of Western Australia in 1932, the first woman to become a member of the Western Australian branch of the Royal Institute of Architects² and an architect with the prominent architectural practice of William G. Bennett;

the place is a competently designed and built example of the Inter-war Stripped Classical style that despite its relatively simple, almost domestic scale, achieves a landmark quality principally through judicious siting and the impact that is made by the rendered portico that dominates the front façade; and

the place has high social and historic value for its role in providing a child health service for the women and children of the Manjimup District from its construction in 1946 until its closure in 2000.

The garage that was completed shortly after the construction of the place has some significance because it complements the main building aesthetically and because it illustrates the role of the clinic in providing mobile services to outlying areas of the district.

The mature trees to the north side of the entry portico of the place are intrusive because they obscure the main façade of the building.

Conservation Policies

- Policy 1.1** The assessed significance of Manjimup Infant Health Centre (fmr) together with the recommendations of the Conservation Management Plan should be adopted by the owners and managers of the place, as well as relevant authorities, as a guiding document for decisions about management, maintenance and future use.
- Policy 1.2** The conservation of significant elements should be carried out in accordance with the principles outlined in the Australia ICOMOS charter for the conservation of places of cultural significance (the Burra Charter). These principles are fundamental to the Conservation Management Plan.
- Policy 1.3** The Conservation Management Plan should be reviewed periodically to consider the continued applicability of the policies and to assess the manner in which they have been implemented.
- Policy 1.4** All work undertaken to conserve or adapt the place should be appropriate to the assessed significance of the place and should be guided and supervised by experienced conservation practitioners.

² Since the preparation of the Statement of Significance in 2001 it has been determined that Nancy Allen was the second woman to be registered as an architect in Western Australia. She also joined the Western Australian Institute of Architects at the same time as two other women architects; Zoie Bennett and Dorothea Hancock in March 1934.

- Policy 2.1** The future conservation and use of Manjimup Infant Health Centre (fmr) should take account of the assessed significance of the place.
- Policy 2.2** All the elements assessed as being of cultural heritage significance should be retained and ideally conserved in their original locations.
- Policy 2.3** Site features assessed as being of little significance or intrusive elements may be retained or removed on the basis of the requirements of use.
- Policy 3.1** The definitions and principles of the Burra Charter should be used to guide all considerations for the future conservation, development and use of the Manjimup Infant Health Centre (fmr) and any associated requirements for physical works. (Refer 9.9 Policies Arising from the Physical Condition of the Place)
- Policy 4.1** The fabric of structures or elements of exceptional significance should be retained and preserved, restored or reconstructed as appropriate.
- Policy 4.2** The fabric of structures or elements of considerable significance should be retained and conserved.
- Policy 4.3** The fabric of structures or elements of some significance should ideally be retained and conserved. Changes may occur to these elements so long as they do not adversely harm fabric or elements of greater significance and do not diminish the significance of the whole.
- Policy 4.4** Zones or elements of little significance may be altered or removed depending on user requirements. The removal or alteration of these elements should not harm the zones and elements of greater significance.
- Policy 4.5** Zones and elements regarded as being intrusive may be removed depending on user requirements. The removal of such should not harm zones and elements of greater significance.
- Policy 5.1** Surrounding development should not encroach on the landmark value and judicious corner siting of the Manjimup Infant Health Centre (fmr).
- Policy 5.2** Whilst lighting is essential in creating a safe environment, the amount of lighting and other street furniture should be kept to a minimum in order not to encroach on usability of public spaces and harm views of significance.
- Policy 5.3** Any further changes to the public realm around the Manjimup Infant Health Centre (fmr) should be mindful of the significance of the place and not harm views and understanding of the place.
- Policy 6.1** The conservation works identified in this report should be undertaken within the timeframe specified to prevent harm occurring to the place. The identified works should form part of the on-going conservation and maintenance planning for the place.
- Policy 6.2** All original fabric should be retained wherever practicable. Where this is not possible due to condition, new fabric may be introduced to match on the advice of heritage professionals ensuring that all new work can be read as new. Where possible replacement fabric is to be on a like-for-like basis.
- Policy 6.3** Any works beyond general maintenance and minor works to the Manjimup Infant Health Centre (fmr) will require a development approval. Refer to the 'Guide to Developing Heritage Places' DPLH, July 2024 for determination of major and minor works.
- Policy 7.1** All fabric of the Manjimup Infant Health Centre (fmr) should be inspected on a routine basis for structural adequacy, cracking and deterioration of materials that may be of danger to the visitors to the building and adjacent park. Where issues are known to exist, these should be remediated by appropriate professionals and/or monitored for further deterioration.

- Policy 7.2** The simple form and dominant rendered portico of the Manjimup Infant Health Centre (fmr) should be retained, and no further additions should be constructed without assessment of impact on the significance of the place.
- Policy 7.4** Any further conservation works should be guided by an experienced heritage architect.
- Policy 7.5** Replacement fabric should match the original. Where this is not possible, replacement fabric should be similar to the original fabric.
- Policy 7.6** Hard cement mortars should not be used. Only use lime mortars in any repairs.
- Policy 7.7** Breathable paint should be used on the external brickwork and render finishes.
- Policy 7.8** Where graffiti is an issue, consideration should be given to applying an anti-graffiti coating. Care must be taken to ensure that any coating does not harm the masonry and the advice of a heritage architect should be sought prior to any product being applied.
- Policy 7.9** Paint colours for both the interior and exterior should be based on the originals and should be reflective of the 1940s Inter War period of construction.
- Policy 8.1** The archaeological potential of the site must be taken into consideration when considering any works that may require ground disturbance.
- Policy 9.1** Copies of the conservation management plan should be available through the Shire of Manjimup and HCWA.
- Policy 9.2** Ensure that the conservation of the Manjimup Infant Health Centre (fmr) is the fundamental component of its interpretation.
- Policy 9.3** Encourage the development of an Interpretation Strategy for the Manjimup Infant Health Centre (fmr) including interpretive material that illustrates the story of the Manjimup Infant Health Centre (fmr), the early development of Manjimup, and the establishment and growth of the Infant Health Association which led to its construction.
- Policy 9.4** Encourage the protection and maintenance of the archive collection of materials held by the Manjimup Public Library relating to the Manjimup Infant Health Centre (fmr).
- Policy 10.1** Generally, any development of the place should comply with statutory constraints including building and health requirements administered by the local authority and the conditions applied through referral to HCWA/DPLH.
- Policy 10.2** A copy of this conservation management plan should be provided to the following agencies for their information and guidance.
- Heritage Council of WA, Department of Planning, Lands and Heritage
 - Battye Library of WA
 - Shire of Manjimup
- Policy 11.1** A heritage impact statement prepared by a heritage professional is to be submitted to the Shire of Manjimup and the Heritage Council of WA (DPLH) with any development application.
- Policy 12.1** Where elements have been assessed as having significance, any works arising from requirements to comply with statutory regulations should be evaluated against this conservation policy to ensure minimum impact on significant fabric. Professional advice should be sought to ensure that both safety and conservation issues are fully assessed.

- Policy 13.1** Current and future owners and users of the place should be made aware of this document and any alterations to accommodate new development should be mindful of the significance of the place and the levels of significance of the elements within the place.
- Policy 14.1** Any further development being considered to Manjimup Infant Health Centre (fmr) should not irreversibly harm or distort the original design intent and function of the place.
- Policy 14.2** Potential development within the heritage curtilage can occur to the north-west or south-west of the Manjimup Infant Health Centre (fmr) in the bituminised carpark or to the rear garage. The extent of development would need to consider issues of bulk, scale and proximity in order to not dominate the Manjimup Infant Health Centre (fmr).
- Policy 14.3** Potential development within the wider lot boundary (Lot 838) can occur to the west of the Manjimup Infant Health Centre (fmr) around the recreation grounds or along the lot boundary except for the corner of Rutherford and Moore Streets. The extent of development would need to consider issues of bulk, scale and proximity in order to not dominate the Manjimup Infant Health Centre (fmr).
- Policy 15.1** The original use of the Manjimup Infant Health Centre (fmr) should be reinstated, if possible.
- Policy 15.2** If any alternative uses are considered, their impact on the Manjimup Infant Health Centre (fmr) and its ability to contribute to the wider Manjimup community must be fully considered.
- Policy 15.3** Should change in use occur, interpretation of the changes and any information they reveal should be implemented as part of the recommended interpretation policy and strategy.
- Policy 15.4** Significant fabric, details and other elements should be conserved as part of any adaptive reuse process.
- Policy 15.5** Residential or commercial uses of the place that have a community focus are preferred.

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1 INTRODUCTION

The Manjimup Infant Health Centre was built in 1945 to serve the community of the town of Manjimup and adjacent regional areas. The state government program of services to improve and monitor the health of mothers and children was a significant policy direction commencing in 1923 and continues to be a mainstay of public health programs.

This former Infant Health Centre was one of a type of regional centre that offered accommodation for the nursing sister who served the town and adjacent centres. With the increased use of private automobiles and changing standards and expectations of the public, the place proved to surplus to needs once a new facility which included a family centre and childcare was built in 2000.

The building subsequently had a series of occupants although the basic form, style and detail of the place has not changed significantly since its construction to a design by architect Nancy Allen. The Manjimup Infant Health Centre (fmr) is valued by the community and was included on the State Register of Heritage Places in 2001.

This conservation management plan has been commissioned to provide guidance to the Shire of Manjimup for the management and future development of the building. It is based on the Heritage Assessment prepared for the Heritage Council of WA in 2001 by architect Alan Kelsall and historian Kris Bizacca. Acknowledgement is extended to the authors of that document.

1.1 Location

Manjimup Infant Health Centre (fmr) is located within the town of Manjimup at the south west corner of Moore and Rutherford Streets. The formal street address is 36 Arnott Street as it is part of the large parcel of land bound by Arnott, Rutherford, Moore and Leman Streets.

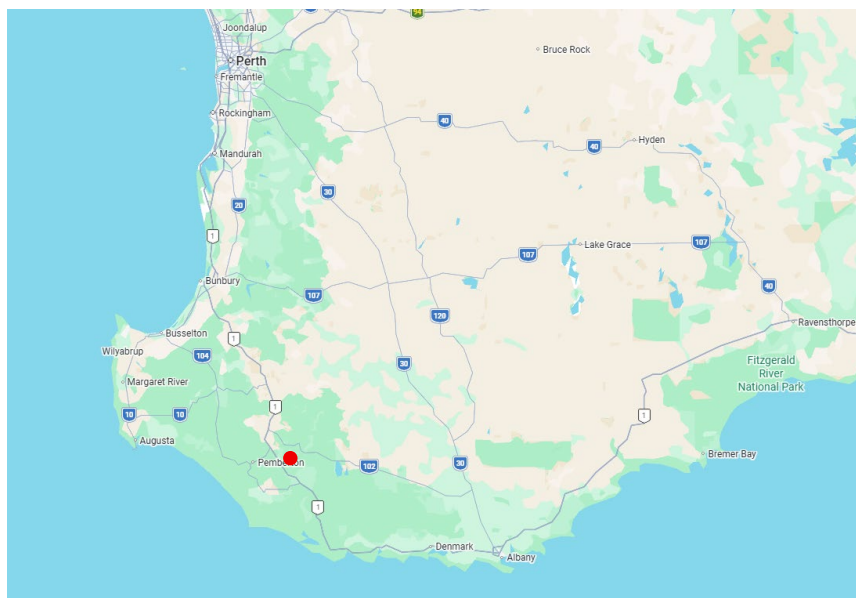


Figure 1 Regional location of Manjimup.
Courtesy Google Maps 2026

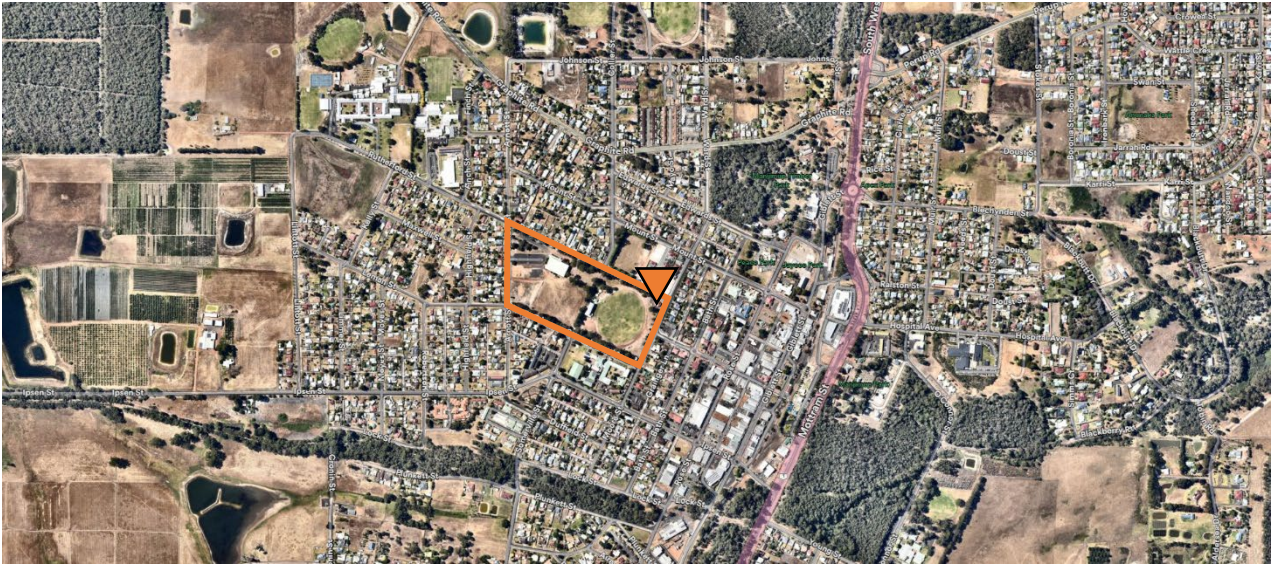


Figure 2 Location of Manjimup Infant Health Centre in the town of Manjimup
Courtesy Nearthmaps 2026



Figure 3 Aerial view outlining Manjimup Infant Health Centre heritage listing boundary.
Courtesy Landgate 2025

1.2 Heritage Listings

Manjimup Infant Health Centre is designated as HCWA **Place 11375** on the State Register of Heritage Places. The place benefits from the following listings.

HERITAGE LISTING	STATUS	DATE	CATEGORY
State Register of Heritage Places	Registered	14 December 2001	
Heritage List	Adopted	8 December 2016	
Municipal Inventory	Adopted	10 July 1997	Category A+
Aboriginal Heritage Sites Register	Interim ³		
Classified by the National Trust	Classified	12 March 2001	

1.3 Acknowledgements

The following people and organisations are acknowledged for the information and assistance they have provided in the preparation of this conservation management plan:

- Jocelyn Baister, Manager Planning and Sustainability, Shire of Manjimup
- Mark Kestel, Building Maintenance Coordinator, Shire of Manjimup
- Ian Wilson, Curator, Shire of Manjimup
- Susan Atkins, Librarian, Department of Planning, Lands and Heritage
- Vicki Thomas, Librarian, Department of Planning, Lands and Heritage

³ The basis for this interim listing has not been determined as a search of the Aboriginal Cultural Heritage Inquiry System found no evidence of any cultural heritage values in the vicinity.

1.4 Methodology

This Conservation Management Plan (CMP) has been prepared utilising the guidelines published by the Department of Planning Lands and Heritage⁴ and *A Guide to Assessing Cultural Heritage Significance* by the Heritage Council of WA.⁵

The CMP also refers to the approach recommended by Australia ICOMOS (International Council on Monuments and Sites) and applies the principles set out in:

*The Australia ICOMOS Charter for the Conservation of Places of Cultural Significance (The Burra Charter); Guidelines to the Burra Charter: Cultural Significance; Guidelines to the Burra Charter: Conservation Policy; and Guidelines to the Burra Charter: Procedures for Undertaking Studies and Reports.*⁶

The CMP has also been prepared with reference to the principles of *The Conservation Plan* a valuable resource prepared by James Semple Kerr in 2013.⁷

The documentary evidence has drawn from the Heritage Assessment prepared in 2001 and updated to include subsequent additions and alterations using primary and secondary sources. It includes a concise history of the Manjimup Infant Health Centre as well as the social and contextual history that relates to the use and development of the place. A complete bibliography of sources is provided at 11.0. Physical evidence has been prepared following a site visit in May 2026.

The conservation and management policy has been formulated to assist with the retention and enhancement of the identified and documented cultural heritage significance of the place as determined in this research, with reference to the current condition of the place.

1.5 Ownership

Manjimup Infant Health Centre (fmr) is located on a large parcel of land designated as Reserve 14584, shown on lot 383 on Plan 193440 as depicted on LR31 10/235. It is owned by the Department of Planning, Lands and Heritage and allocated for use as Civic Purposes. The reserve is vested in the Shire of Manjimup who have the power to lease the property.

1.6 Study Team

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- Elliot Robinson, BArch
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⁴ Department of Planning Lands and Heritage, *An Information Guide to Conservation Management Plans and Standard Brief*, January 2013 <https://www.wa.gov.au/system/files/2024-08/an-information-guide-to-conservation-management-plans.pdf>

⁵ Heritage Council of WA, 'A Guide to Assessing Cultural Heritage Significance', October 2023 <https://www.wa.gov.au/system/files/2024-02/final-version-for-publishing-assessment-criteria-for-cultural-heritage-significance.pdf>

⁶ Peter Marquis-Kyle & Meredith Walker *The Illustrated Burra Charter: Making Good Decisions About the Care of Important Places*, Australia ICOMOS, Sydney 1994. The Burra Charter and Guidelines are available from [Burra Charter & Practice Notes | Australia ICOMOS](#)

⁷ James Semple Kerr, *The Conservation Plan: A Guide to the Preparation of Conservation Plans for Places of European Cultural Significance*, National Trust NSW, Sydney, 2013, 7th Edition. [The Conservation Plan | Australia ICOMOS](#)

1.7 Terminology

The terms used in this Conservation Management Plan are those employed in the ICOMOS Burra Charter.

Adaptation means modifying a place to suit the existing use, or a proposed use.

Association means the special connections that exist between people and a place.

Burra Charter The Australia ICOMOS charter for places of cultural significance.

Compatible Use means a use which respects the cultural significance of a place. Such a use involves no, or minimal, impact on cultural significance.

Conservation means all the processes of looking after a place, so as to retain its cultural significance.

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

DPLH means the Department of Planning, Lands and Heritage

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

HERCON means the Heritage Convention model criteria developed at the National Heritage Convention in Canberra, 1998.

HCWA the Heritage Council of Western Australia.

ICOMOS International Charter for the Conservation and Restoration of Monuments and Sites.

Interpretation means all the ways of presenting the cultural significance of a place.

Maintenance means the continuous protective care of the fabric and setting of a place and should be distinguished from repair.

Meanings denotes a place's significance, indicates, evokes or expresses.

Place means the site, area, land, landscape, building or other work, group of buildings or other works, and may include components, contents, spaces and views.

Preservation means maintaining the fabric of a place, in its existing state, and retarding deterioration.

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

Repair involves the restoration or reconstruction of a place.

RHP Register of Heritage Places administered by DPLH.

Related Objects means an object that contributes to the cultural significance of a place but is not actually at that place.

Related Place means a place that contributes to the cultural significance at another site.

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

Setting means the area around a place which may include the visual catchments.

Use means the function of a place, as well as the activities and practices that may occur at such a place.

2 DOCUMENTARY EVIDENCE

2.1 Chronological summary

The events included here generally relate to the physical development of the place and direct events or works are in **Bold Font**.

Date	Event
circa 1923	The Infant Health Association of Western Australia is formed following instigation by the Children's Protection Society.
29 Nov 1940	An infant health clinic is opened in Bridgetown to serve the Manjimup district. This due to instigation by the Bridgetown branch of the Country Women's Association (CWA).
From 1940	The Infant Health Nurse, based at Bridgetown, travels to the Manjimup CWA sub-centre one day a week to operate out of the CWA building's rest rooms.
circa Jan 1943	A new sub-centre for the Bridgetown infant health clinic is opened in Pemberton to keep up with demand as the area grows in population.
circa 1943	The Manjimup Infant Health Centre becomes increasingly autonomous from the Bridgetown clinic, administered by its own committee as early as 1941/42.
circa 1944	The Manjimup Infant Health Centre is served by the Warren Infant Health Centre. Each centre in the Warren area is independent at this time.
circa Jan 1944	Dr. Eleanor M. Stang, Medical Supervisor of Infant Health, visits Manjimup to discuss various issues, including the building of an infant health centre in the town, with the Manjimup Infant Health Committee and clinic nurse, Sister Page.
circa 1944	The local Manjimup community, along with the Committee, increase fundraising efforts towards the construction of the new building. £1,431/17/6 of funding is raised by the Committee, while £300 is secured from the Lotteries Commission, and £550 is donated by the Manjimup Road Board.
Nov 1944	Architect Nancy Allen, from the firm of Honorary Architect W.G. Bennett, draws the plans for the proposed Infant Health Centre in Manjimup.
Feb 1945	The tender for construction of Manjimup Infant Health Centre (fmr) is awarded to local, James Rea, for £2,148/14/-.
21 May 1945	Building contract is signed and construction work commences at the corner of Rutherford and Moore Streets. This area had been gazetted for use as an infant health clinic, and the surrounding area had been set aside for use as a children's playground.
Jan 1946	The Manjimup Road Board, then-owners of the property, erect a privacy fence at the rear of the building and its grounds.
4 Feb 1946	The Manjimup Infant Health Centre (the Centre) is opened to mothers.
5 July 1946	Hon. E. Nulsen, Minister for Health, officially opens the Manjimup Infant Health Centre (fmr).
circa late 1940s/early 1950s	A garage is built at the rear of the Centre to house the vehicle owned by the Infant Health Nurse.
1982	Maintenance works are carried out to the Centre. Works include: ceiling repairs in consulting room, patching and painting of walls and ceilings, and repair of roof timbers and other parts of the garage.
19 May 1982	A letter is addressed to the Committee stating that maintenance has been of high cost, and that the Council is considering changing its policy relating to the Centre.
Feb 1984	An article in the West Australian reports that the future of the Centre is in jeopardy due to revised funding. The Committee states that this new scheme is insufficient to maintain the

Date	Event
	running costs of the Centre. Local community support is called for to continue the Centre's operation.
circa 1993	The clinic takes over the entire building to accommodate the expansion of its infant health facilities. Works include: conversion of the nurse's living room and bedroom for use as a consulting and waiting room. These works result in the north entrance, previously the living quarters entrance, becoming the main building entrance. This alteration includes building a ramp and accommodating disabled and pram access. Landscaping works are also completed.
circa July 1994	The Centre is repainted, and new carpet and curtains are installed, to celebrate the 50th anniversary of the clinic.
8 Nov 1994	A building surveyor assesses the Centre and identifies minor cracking in walls, badly fretting brick joints, and rusting nails in the walls. Whether works were carried out is unknown.
circa 1995/96	A carpark is constructed to the north of the Centre.
Circa 1998	The Lower South West Family Day Care Scheme leases a portion of the building to a playgroup and office space, including the kitchen, enclosed verandah, and the fenced backyard area. The rest of the building still operates as a Child Health Clinic.
1999	The Manjimup Infant Health Clinic is relocated to a new services building, also housing the family centre and a child-minding facility.
2000	Closure of the building for community use.
2001	Manjimup Infant Health Centre is included on the State Register of Heritage Places
circa 2017	Walgenup Aboriginal Corporation surrenders their lease of the Centre and vacates the building.
2020	Shire of Manjimup commit to repair the place for use as a residence.
2025	Shire of Manjimup employee occupies the place at a reduced rate and undertakes repairs.
2026	Preparation of Conservation Management Plan.

2.2 Historical context

The following documentary evidence has been compiled from the Heritage Assessment prepared for the Heritage Council of WA in 2001 by architect Alan Kelsall and historian Kris Bizacca. Acknowledgement is extended to the authors of that document.

2.2.1 Aboriginal occupation

It is understood that the original First Nation people of this district were the Noongar / Murrumbidgee people dating back over 30,000 years. The Murrumbidgee were the long-time custodians of the land who held a special bond with the land and yet leave little evidence of their presence. Little is known as to what happened to the Murrumbidgee people. They not only used the land as a source of food, but they managed the land to ensure the continuation of their food resources. Today there are three Noongar language groups being the Bibbulmun, Minang and Kaniyang people who are respectfully acknowledged as the Traditional Custodians of the land spanned by the Shire of Manjimup.⁸

The town of Manjimup was originally located closer to the Wilgarrup River. It was the indigenous 'Manjin' reed (called a Yanjet), whose edible roots were highly valued, and from 'up' meaning place, that gave the town its name. Surveyor Treen's exploration plan from 1863 shows this first location.⁹

There is no evidence of any places of Aboriginal Cultural Heritage Significance on the site of the Manjimup Infant Health Centre as identified in the Department of Planning Lands and Heritage Aboriginal Cultural Heritage Inquiry System.¹⁰ This western area of the Shire of Manjimup has been identified by the South West Aboriginal Land and Sea Council (SWALSC) as 'South West Boojarah'.¹¹

2.2.2 Exploration and settlement of Manjimup

The development of the Manjimup district dates mainly from the turn of the twentieth century. This was largely a result of the growth of the timber industry in the area. The town of Manjimup was gazetted in 1910 and developed as a service centre for surrounding districts. The South-Western Railway was extended to the town in 1911 and this was followed by the construction of a number of public buildings including the Manjimup Hotel in 1912 and the Worker's Hall in 1913.¹²

The region continued to grow in the Inter War period and in the period following World War Two as agriculture underwent significant expansion. As the region developed, the local community requested further government services and facilities including infant health support.

⁸ 'Our Indigenous Heritage' Shire of Manjimup, <https://www.manjimup.wa.gov.au/our-shire/our-people-and-heritage/our-indigenous-heritage>, accessed June 2026. Note that spelling of the language groups may vary.

⁹ Nelson Sheet 8, Surveyor T. Treen. Courtesy SROWA Cons 3869 Nelson 041.

¹⁰ Aboriginal Cultural Heritage Inquiry System, Department of Planning Lands and Heritage, <https://espatial.dplh.wa.gov.au/ACHIS/index.html?viewer=ACHIS>, accessed June 2026.

¹¹ 'Our Indigenous Heritage' Shire of Manjimup, <https://www.manjimup.wa.gov.au/our-shire/our-people-and-heritage/our-indigenous-heritage>, accessed June 2026.

¹² Heritage & Conservation Professionals, 'Shire of Manjimup Municipal Inventory', prepared for the Shire of Manjimup, May 1995, pp. 11 – 12.

2.2.3 Government child health policy and application

Interest in mother and child health dates from the turn of the Twentieth Century when there was much concern about the high levels of maternal and infant mortality. For example, in 1900, '1 in 240 mothers died in childbirth and 1 in 8 babies did not reach the age of one year.'¹³ Lack of trained midwives and poor maternal practices were blamed for these high rates and the Public Health Department attempted to counteract this through the establishment of the Midwives Registration Board and the employment of visiting nurses who could help 'train' mothers in infant health care. Yet, there was still no real provision of child health services as such. The Silver Chain Nursing Association had established rooms in Kalgoorlie in 1920, and a pilot infant health clinic was introduced to Perth by the Children's Protection Society at approximately the same time. However, it was recognised that a State-wide infant welfare service was needed.

As a result of a conference held in 1922 at the instigation of the Children's Protection Society, the Infant Health Association of Western Australia was formed in 1923 to work in conjunction with the Public Health Department. In this year, three clinics with full time nurses began to operate in the Perth area and, in 1924, two more clinics were started in Fremantle and Northam.

By 1 July 1945, when the State Government took over responsibility of nurses' salaries and travelling expenses, there were 31 infant health centres and 72 sub-centres. This number rapidly increased and, by September 1955, there were 26 country centres and 215 associated sub-centres, and 25 metropolitan centres and 95 sub-centres.¹⁴

2.2.4 Child Health in the Manjimup region

There was an increase in the provision of public services to the Manjimup area during the inter-war period. This is evidenced by the establishment of a number of community organisations in the district including the Red Cross Association, the Returned Servicemen's League and the Country Women's Association (CWA).¹⁵ It was at the instigation of the Bridgetown branch of the CWA that an infant health clinic was opened at Bridgetown/Manjimup on 29 November 1940.¹⁶ (At the time of its establishment, the Bridgetown clinic also served the Manjimup district.)

In Bridgetown, steps were generally taken by a local community in order to establish an infant health clinic. These steps were laid out in a paper entitled 'How to Establish a Child Health Centre' published by Western Australia's Public Health Department.¹⁷ After a public meeting was held to ascertain support for a clinic, a committee was formed to raise funds for the furnishing, equipping and operation of the clinic and for the salary of an infant health nurse. The committee was also responsible for applying to the Public Health Department for the establishment of the infant health centre and this included providing the Department with statistical information about the number of births and children in the district.¹⁸

¹³ D'Arcy Holman, 'The History of Community and Child Health Services in Western Australia', Report for HDWA, 1991, Vol. 1, p. 85.

¹⁴ 'Infant Health Work in Western Australia', September 1955, Infant Health – Establishment of Clinics, pp. 85-101.

¹⁵ Ibid., pp. 15 – 16.

¹⁶ Letter dated 16/8/1940 & 14/11/1940, Child Welfare – Establishment of Baby Clinics in Country Districts, Health Department, AN 120/4, Acc 1003, File 966/1926.

¹⁷ 'How to Establish a Child Health Centre', stamp dated 2/11/1945, Infant Health – Proposed New Centres, Health Department, AN 120/4, Acc 1003, File 620/1944.

¹⁸ Ibid.; 'Infant Health Work in Western Australia', September 1955, Infant Health – Establishment of Clinics, AN 120/4, Acc 1003, File 760/1938.

On 16 August 1940, the Bridgetown CWA told the Department that over 300 births had taken place in the area, and that mothers had to rely on correspondence for advice on infant care.¹⁹ The next month it was recommended that a clinic be established in Bridgetown to serve that town and the Manjimup district, and it was opened on 29 November 1940.²⁰

The Infant Health Nurse, based at Bridgetown, travelled to the sub-centre at Manjimup one day a week to operate a clinic out of rooms in the local CWA's rest room.²¹ By January 1943, the Bridgetown clinic had grown to include a new sub-centre at Pemberton. It was also noted that the Manjimup section of the clinic was 'flourishing' and it was recommended that it was opened two and a half days a week.²²

The work of the Infant Health Nurse included weighing babies, discussing the progress and any problems with the child's health and development, and also teaching mothercraft. The Infant Health Clinic was seen as an educational institution for mothers and one of the main aims of the clinic was to help and teach mothers how to provide for the good health of their infant 'hoping to help her to produce a happy, healthy, well-adjusted Australian citizen'.²³ A 'Correspondence Infant Health Centre' provided advice to country mothers who were unable to attend or did not have access to any clinic.²⁴

Infant Health Nurses had to be 'Triply Certificated', having a General Nurses', a Midwifery and a Special Mothercraft and Infant Health Certificate.²⁵ Infant Health Nurses were single women. The Public Health Department had a policy of not giving 'Infant Health Centres to married women or to women with children under 12 years'.²⁶ Although there were some exceptions to this, married women were only employed in the position of a 'temporary reliever'.²⁷ It was generally the case that a woman would resign her position upon her marriage.²⁸

The Manjimup clinic soon outgrew the CWA rooms and relocated to new accommodation in Brockman Street. However it was not long before these too proved to be inadequate.²⁹ It appears that from circa 1943 the Manjimup Infant Health Centre became increasingly autonomous from the Bridgetown clinic. Records show that the Manjimup Infant Health Centre was administered by its own committee as early as 1941/1942.³⁰ By 1944, the Manjimup Infant Health Centre was served by the Warren Infant Health Centre. All centres in the Warren area were independent. Each respective clinic was run by a Committee of Management, each was responsible for paying the Sister's wages for the time she was at the clinic, and each was responsible for the running expenses of the clinic, which included raising money for rent and maintenance costs.³¹

In January 1944, Dr. Eleanor. M. Stang, Medical Supervisor of Infant Health, visited Manjimup. Dr Stang was a committed and enthusiastic advocate of the infant health movement. She gained information from trips to

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- ¹⁹ Letter dated 16/8/1940, Child Welfare – Establishment of Baby Clinics in Country Districts, op. cit.
- ²⁰ Letter dated 11/9/1940 & 14/11/1940, Child Welfare – Establishment of Baby Clinics in Country Districts, op. cit.
- ²¹ Report on clinic dated 25/1/1943, Child Welfare – Establishment of Baby Clinics in Country Districts, op. cit.; *The Manjimup-Warren Times*, 10/7/1946.
- ²² Report on clinic dated 25/1/1943, Child Welfare – Establishment of Baby Clinics in Country Districts, op. cit.
- ²³ 'Infant Health Work in Western Australia', September 1955, Infant Health – Establishment of Clinics, op. cit.; Report of the Public Health Department, 1939 to 1943, pp. 9 & 18, in *Votes and Proceedings*, 1944, Vol. 2.
- ²⁴ Report of the Public Health Department, 1939 to 1943, p. 19, in *Votes and Proceedings*, 1944, Vol. 2.
- ²⁵ How to Establish a Child Health Centre', stamp dated 2/11/1945, Infant Health – Proposed New Centres, op. cit.
- ²⁶ Infant Health – Staffing of Centres, Health Department, AN 120/4, Acc 1003, File 889/1945.
- ²⁷ Letter dated 31/10/1945, Infant Health – Staffing of Centres, op. cit.
- ²⁸ Infant Health – Staffing of Centres, op. cit. Sister Polley believes that this policy remained in place up until the early 1970s. (Phone conversation with Sister Lesley Polley with Kris Bizacca, 2002)
- ²⁹ *The Manjimup-Warren Times*, 19/4/1944 & 10/7/1946.
- ³⁰ Letter dated 29/10/1942 & Letter dated 25/8/1944, Information held at Manjimup Child Health Centre, Courtesy Sister Lesley Polley during the Heritage Assessment 2000.
- ³¹ Statement of Receipts & Expenditure for the year ending June 30 1945, Letter dated 23/1/1946, Information held at Manjimup Child Health Centre, Courtesy Sister Lesley Polley. **Note:** By 23 January 1946, the State government was responsible for paying the Sister's salary and her travelling expenses. (Letter dated 23/1/1946, Information held at Manjimup Child Health Centre, Courtesy Sister Lesley Polley during the Heritage Assessment 2000.)

North America, the United Kingdom and the Eastern States of Australia. Her commitment to pre-natal and infant health issues was an asset to the fledgling movements during her 27 years as Medical Supervisor of Infant Health.³²

2.2.5 Construction and opening of Manjimup Infant Health Centre (fmr)

Dr Stang met with members of the Manjimup Infant Health Committee and clinic nurse Sister Page to discuss a number of issues including the building of an infant health centre in the town.³³ From this time, much effort was made by the Committee and local community to raise funds for the construction of the new building. A popular baby competition was organised by the Committee, the £1,431/17/6 fundraising total reflecting community support for the establishment of an infant health centre in the town.³⁴ A plaque was erected to honour those babies and it remains on the premises.

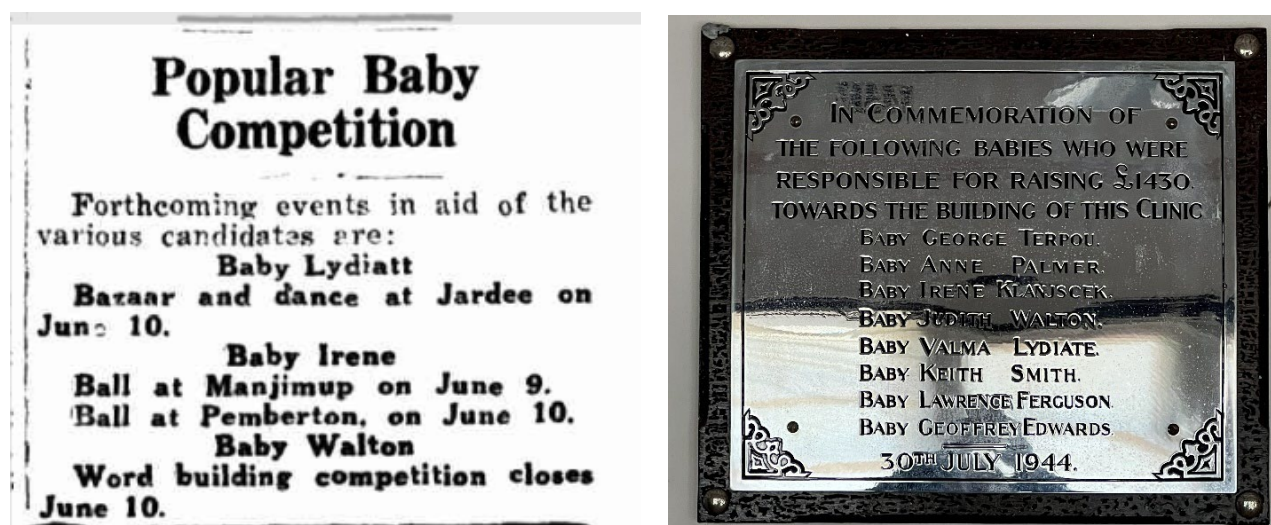


Figure 4 Popular Baby Competition Events, Manjimup and Warren Times, 7 June 1944, p.2. and plaque.

A further £300 was secured from the Lotteries Commission and the Manjimup Road Board donated £550 towards the cost of construction.³⁵

In November 1944, plans were drawn by Nancy Allen, of the architectural firm of Honorary Architect W. G. Bennett, for the proposed Infant Health Centre at Manjimup.³⁶ The building comprised the rooms of the centre and living quarters for the nurse. A large waiting room, consulting room, two test feed rooms and toilets made up the centre itself, while the Sister's quarters incorporated a living room, bedroom, kitchen, bathroom and sleepout. The living quarters were accessed on the north side of the building.³⁷

³² D'Arcy Holman, 'The History of Community and Child Health Services in Western Australia', Report for HDWA, 1991, Vol. 1, p. 90-91.

³³ *The Manjimup-Warren Times*, 19/1/1944.

³⁴ *The Manjimup-Warren Times*, 7/6/1944, 14/6/1944, 12/7/1944 & 18/10/1944.

³⁵ *The Manjimup-Warren Times*, 7/6/1944, 16/5/1944 & 10/7/1944.

³⁶ Proposed Infant Health Centre – Manjimup, William G. Bennett Architect, 23/11/1944, Information held at Manjimup Child Health Centre, Courtesy Sister Lesley Polley. W. G. Bennett was on military service overseas at the time the plans were drawn up by his firm. (Letter dated 3/4/1946, Information held at Manjimup Child Health Centre, Courtesy Sister Lesley Polley during the Heritage Assessment 2000.)

³⁷ Proposed Infant Health Centre – Manjimup, William G. Bennett Architect, 23/11/1944, Information held at Manjimup Child Health Centre, Courtesy Sister Lesley Polley during the Heritage Assessment 2000.

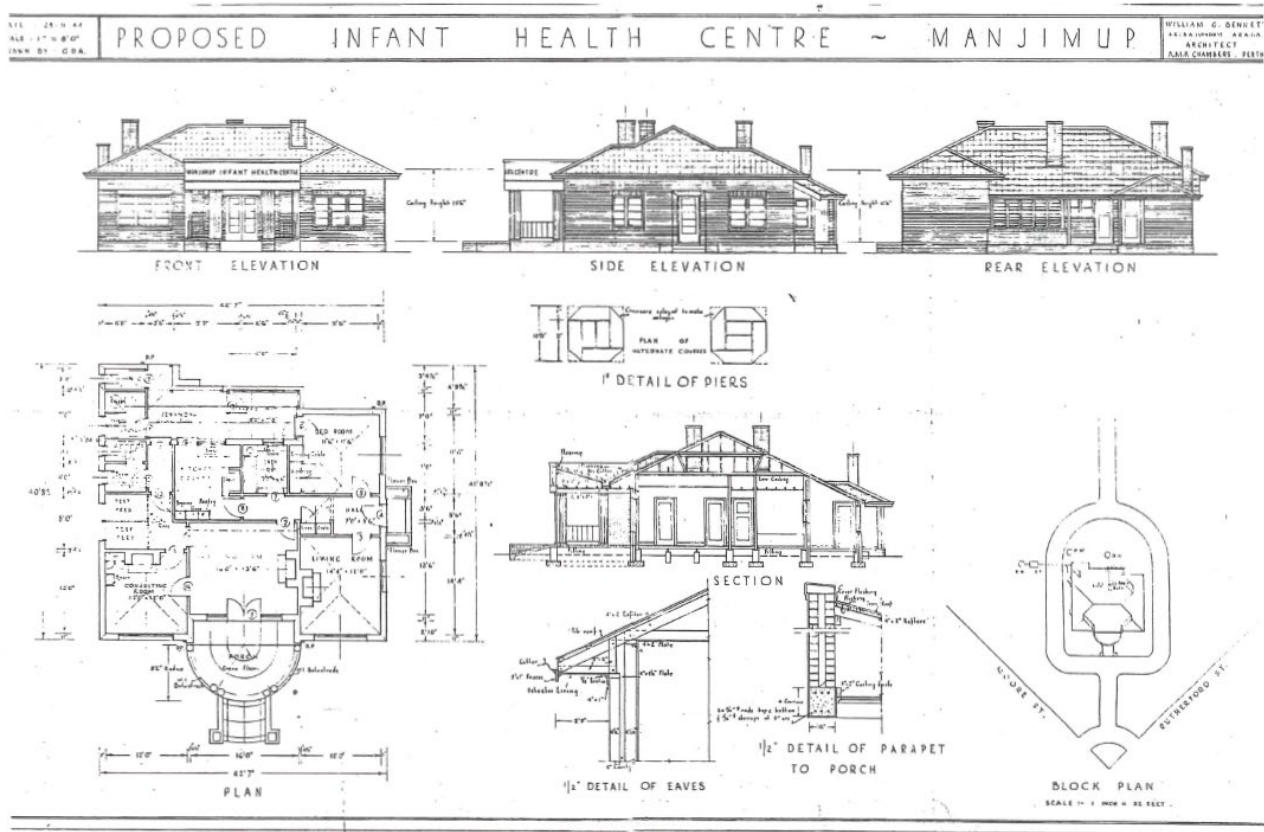


Figure 5 Plans and elevations prepared by architect Nancy Allen, 1944.
COURTESY DPLH LIBRARY.

In February 1945, the tender for the construction of Manjimup Infant Health Centre (fmr) was awarded to local builder James Rea at a cost of £2,148/14/-.³⁸ The building contract was signed on 21 May 1945³⁹ and work soon commenced on its construction at the corner of Rutherford and Moore Streets, which had been gazetted for use as an infant health clinic. Portion of the surrounding area was also set aside for use as a children's playground.⁴⁰

Records show that the clinic formed part of a larger civic centre to be located on the site. As part of the post-World War Two redevelopment, the Manjimup Road Board planned to construct a new civic centre.⁴¹ The Committee was told that the Honorary Architect had been given the layout so that the new clinic building

³⁸ The Manjimup-Warren Times, 28/2/1945. James Rea's company was very active in Manjimup during this period. The firm built over 100 State Housing Commission homes, the first Ambulance building, several Giblett Street shops as well as the Infant Health Centre. See Jane Muir, *From Just a Hole in the Forest: business and services history and related family stories of Manjimup*, Self-published, 2019, p.312.

³⁹ Contract dated 21/5/1945, Information held at Manjimup Child Health Centre, Courtesy Sister Lesley Polley during the Heritage Assessment 2000.

⁴⁰ Letter dated 27/11/1944, Information held at Manjimup Child Health Centre, Courtesy Sister Lesley Polley during the Heritage Assessment 2000. Reserve 14584, comprising lots 153, 316 & 452, was set aside for recreation purposes on 17 January 1913. On 5 July 1946, the reserve was vested in the Manjimup Road Board for use as recreation, an infant health centre, a war memorial, Road Board buildings and water storage. (*Government Gazette*, 17/1/1913; *Government Gazette*, 5/7/1946; DOLA Crown Reserves Register, State Records Office.)

⁴¹ The Manjimup-Warren Times, 5/7/1944.

could fit into the overall scheme for the civic centre.⁴² The construction of the community centre did not go ahead. Manjimup Infant Health Centre (fmr) was the first stage and only part of the place to be built.⁴³

The Manjimup Road Board was the owner of the property and was responsible for the maintenance of the building and its grounds.⁴⁴ The Road Board erected a privacy fence at the rear of the new building in January 1946.⁴⁵ Also in this month, the Committee requested that the Road Board organise the levelling of the front path to the new building: 'At the present time it would be awkward for mothers wheeling their prams over the rough surface.'⁴⁶ Rent was paid for the Sister's living quarters and, in January 1946, this was said to be 10/- per week.⁴⁷

Manjimup Infant Health Centre (fmr) was opened to mothers on 4 February 1946.⁴⁸ Poor attendance in the first few months of the clinic caused much concern to the Committee and to Nurse Sister Hernan. This appears to have been mainly due the new clinic being some distance from the town centre. Arrangements were made for bus drivers to take mothers to the clinic at no extra charge and notices were placed in the buses and local newspapers to explain the best way to travel there.⁴⁹ In a letter to Dr. Stang, Sister Hernan wrote:

I am sorry to say the attendance at Manjimup for last month was again very poor.

I feel as if I should be able to do something about it. I have tried to impress on the mothers how important it is to bring their babies to the clinic regularly, and that it is not really far out of town. Some of them have said "You push a pram up there with a toddler hanging on to your skirts."...

It is just the worst time of the year to get them used to attending the clinic, now the rains are here.

People say they often hear of mothers saying, "I wish the clinic was around the corner. I haven't got time to walk up to the new place."⁵⁰

Sister Hernan also expressed her interest in buying a car and starting a clinic at the mill towns in the area. It seems that she believed that this would allow mothers to attend the clinic without the problems of travel.⁵¹ Dr. Stang forwarded this information to the Committee and stated 'if the Centre can do anything in the future in regard to getting a car, it will probably be a great boon to the District.'⁵²

⁴² Letter dated 21/8/1944, Information held at Manjimup Child Health Centre, Courtesy Sister Lesley Polley during the Heritage Assessment 2000.

⁴³ On his return to Perth, William Bennett expressed his interest in being associated with the Manjimup community centre project. A response to his enquiry shows that the centre was to have been constructed in stages, the first stage being the clinic building. The estimated cost of the entire complex was £50,000 and the centre was to comprise various facilities including a kindergarten and community hotel. (Letters dated 3/4/1946 & 11/4/1946, Information held at Manjimup Child Health Centre, Courtesy Sister Lesley Polley; *The Manjimup-Warren Times*, 30/5/1945.) Note: No evidence has been found as to why the community centre did not go ahead. This is an area of further research.

⁴⁴ Letter dated 16/1/1946, 21/1/1946 & 22/1/1946, Information held at Manjimup Child Health Centre, Courtesy Sister Lesley Polley during the Heritage Assessment 2000.

⁴⁵ Letter dated 16/1/1946, Information held at Manjimup Child Health Centre, Courtesy Sister Lesley Polley during the Heritage Assessment 2000.

⁴⁶ Letter dated 16/1/1946, Information held at Manjimup Child Health Centre, Courtesy Sister Lesley Polley during the Heritage Assessment 2000.

⁴⁷ Letter dated 21/1/1946, Information held at Manjimup Child Health Centre, Courtesy Sister Lesley Polley during the Heritage Assessment 2000.

⁴⁸ Letter dated 4/1/1946 & 22/1/1946, Information held at Manjimup Child Health Centre, Courtesy Sister Lesley Polley during the Heritage Assessment 2000. It is interesting to note that as *Infant Health Centre, Manjimup (fmr)* was nearing completion, the Pemberton clinic applied for its own purpose-built facility (without living quarters); however, this application was refused. (*The Manjimup-Warren Times*, 14/11/1945.)

⁴⁹ Letter dated 26/3/1946 & 1/5/1946, Information held at Manjimup Child Health Centre, Courtesy Sister Lesley Polley during the Heritage Assessment 2000; *The Manjimup-Warren Times*, 17/4/1946.

⁵⁰ Letter dated 1/5/1946, Information held at Manjimup Child Health Centre, Courtesy Sister Lesley Polley during the Heritage Assessment 2000.

⁵¹ Letter dated 1/5/1946, Information held at Manjimup Child Health Centre, Courtesy Sister Lesley Polley during the Heritage Assessment 2000.

⁵² Letter dated 3/5/1946, Information held at Manjimup Child Health Centre, Courtesy Sister Lesley Polley during the Heritage Assessment 2000.

In May 1946, the Committee proposed works to beautify the grounds and requested that a Mr Watson plan the layout of lawns and shrubs at the site. At this same time, the Committee also asked the Road Board to fix the footpaths in Brockman Street as it had had many complaints from mother's using prams.⁵³

On 5 July 1946, the Hon. E. Nulsen, Minister for Health, officially opened Manjimup Infant Health Centre (fmr). State and local dignitaries were present for the opening ceremony including Dr. Stang, Honorary Architect Nancy Allen, Sister Margaret Hernan, and the Manjimup Health Centre Committee.⁵⁴ Dr. Stang reported that: 'Manjimup was pioneering the toddler work and was the only centre in the State boasting suitable scales to weigh toddlers.'⁵⁵ It was also noted that the community would have no cause to be concerned about keeping the Sister – or future Sisters – happy given the superior clinic facility and living accommodation.⁵⁶

In the late 1940s/early 1950s, a garage was built to house the vehicle owned by the infant health nurse. The nurse used her own vehicle to visit outlying centres in the Manjimup district. When she announced her plans to leave the position, the Committee realised that it would have to provide the new nurse with a vehicle and subsequently raised funds for this purpose.⁵⁷

From this time up until the early 1980s, very little work was carried out to Manjimup Infant Health Centre (fmr). The main alteration carried out during this period was the enclosure of the rear verandah.⁵⁸

2.2.6 1980s to closure in 2000

Maintenance work was carried out to Manjimup Infant Health Centre (fmr) in 1982. This work included repairs to the ceiling in the consulting room, patching and painting walls and ceilings damaged by wet weather and, repair of the roof timbers and other parts of the garage.⁵⁹ Records show that the Primary School which was previously located nearby was charged with the responsibility of keeping up the garden as well as upgrading the fence. At the time, the Principal of the Primary School agreed that they would carry out this work because the school nurse was living in the quarters at a low rent.⁶⁰

The Shire of Manjimup and the Committee appear to have paid the cost of this maintenance jointly. However, with the more expensive items such as the replacement of floor coverings, application for funds was made to the Community and Child Health Services.⁶¹ Works, which were described as having run to 'fairly heavy costs', had preceded these 1982 repairs. A letter to the Committee dated 19 May 1982 stated that the high cost of the building's maintenance had been noted and that Council was considering changing its policy relating to the building.⁶²

In February 1984, a newspaper article reported that the future of Manjimup Infant Health Centre (fmr) was in jeopardy due to a revised funding system. The Committee stated that the proposed funding was insufficient and could not provide for all expenses associated with running the clinic including the cost of the car, insurance, cleaning and utilities. At the time, the centre's Sister Janet Johnston travelled to clinics at Northcliffe, Pemberton,

⁵³ Letter dated 14/5/1946, Information held at Manjimup Child Health Centre, Courtesy Sister Lesley Polley during the Heritage Assessment 2000.

⁵⁴ *The Manjimup-Warren Times*, 10/7/1946.

⁵⁵ Ibid.

⁵⁶ Ibid.

⁵⁷ Phone conversation with Sister Lesley Polley by Kris Bizacca, 17/11/2000.

⁵⁸ Phone conversation with Sister Leslie Polley by Kris Bizacca, 17/11/2000; Site Inspection by Alan Kelsall, 16/10/2000.

⁵⁹ Letter dated 19/5/1982, Information held at Manjimup Child Health Centre, Courtesy Sister Lesley Polley during the Heritage Assessment 2000.

⁶⁰ Ibid.

⁶¹ Letter dated 19/5/1982, Information held at Manjimup Child Health Centre, Courtesy Sister Lesley Polley during the Heritage Assessment 2000.

⁶² Letter dated 19/5/1982, Information held at Manjimup Child Health Centre, Courtesy Sister Lesley Polley during the Heritage Assessment 2000. No evidence has been found regarding what the Shire of Manjimup meant by this statement.

Nyamup, Deanmill, Quinninup and Walpole and it was feared that these activities would have to be restricted due to insufficient funds. Local community support was called for the continued operation of the clinic.⁶³

In 1991, the Shire of Manjimup began the process of renting the flat portion of the building to a tenant as the Sister employed at the clinic had been accommodated elsewhere. Sister Janice Kingston-Clancy who worked from the premises requested that the new tenant respect the work she had to do and be quiet during the working hours.⁶⁴

In mid-1992, the committee for the Manjimup Child and Family Health Centre requested the Shire of Manjimup to utilise the whole building for the following reasons.

1. *Inadequate area for three and four year old health checks*
2. *The clinic currently does not meet the requirements of the Health Department.*
3. *Inadequate parking facilities.*
4. *Safer facilities for children.*
5. *The Department of Health has specified that Child Health Nurses conduct Post Natal Parenting classes according to need.*

If we obtain the use of the total building, we will be using the extra facilities for:

1. *Counselling groups.*
2. *Medical discussion groups.*
3. *Nutrition and cooking lectures.*
4. *Women's refuge.*
5. *Basic medical courses e.g. First Aid for children*
6. *Post natal exercises*
7. *Television and video room.*⁶⁵

The submission to the Shire of Manjimup was accompanied by sketch plans from the committee demonstrating where they sought changes to the building and grounds.

⁶³ *West Australian*, 20 February 1984.

⁶⁴ Letter dated 12/3/1991 from Janice Kingston-Clancy to Shire of Manjimup, Shire of Manjimup File PRO15.

⁶⁵ Letter dated 8/7/1992 from Kristin Grainger to the Shire Clerk Shire of Manjimup, Shire of Manjimup File PRO15.

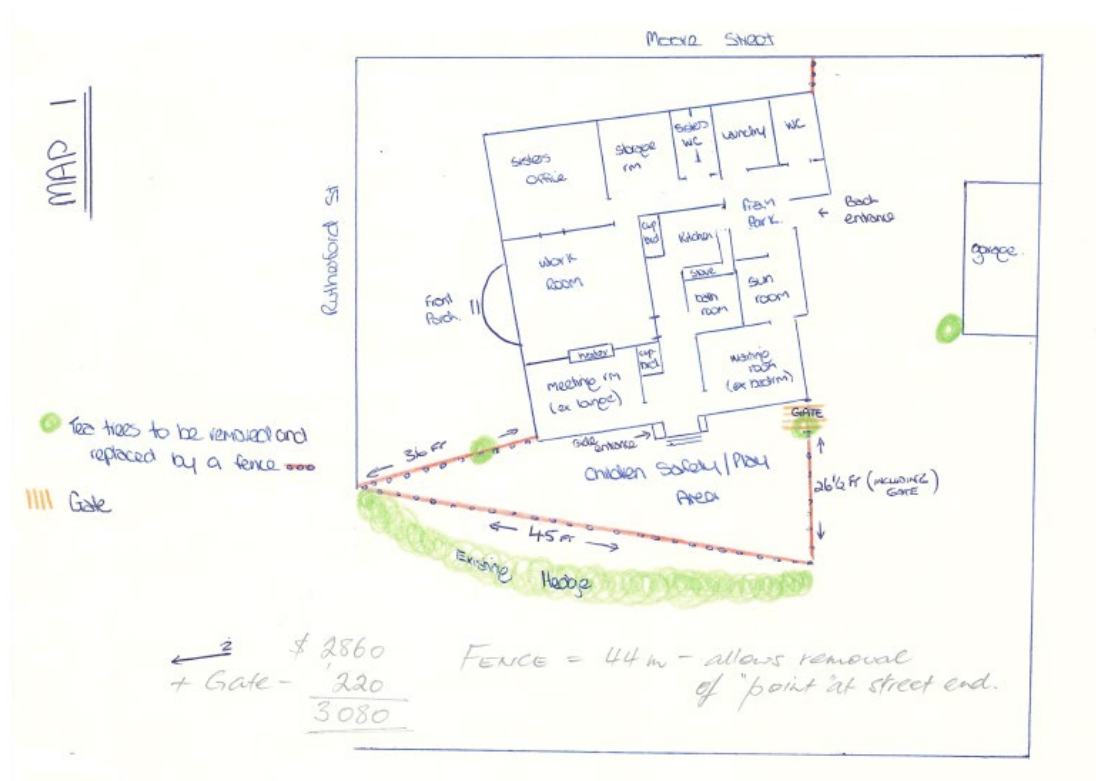


Figure 6 Plan of proposed works (Map1) 1992 submitted by the Manjimup Child and Family Health Centre.
COURTESY SHIRE OF MANJIMUP

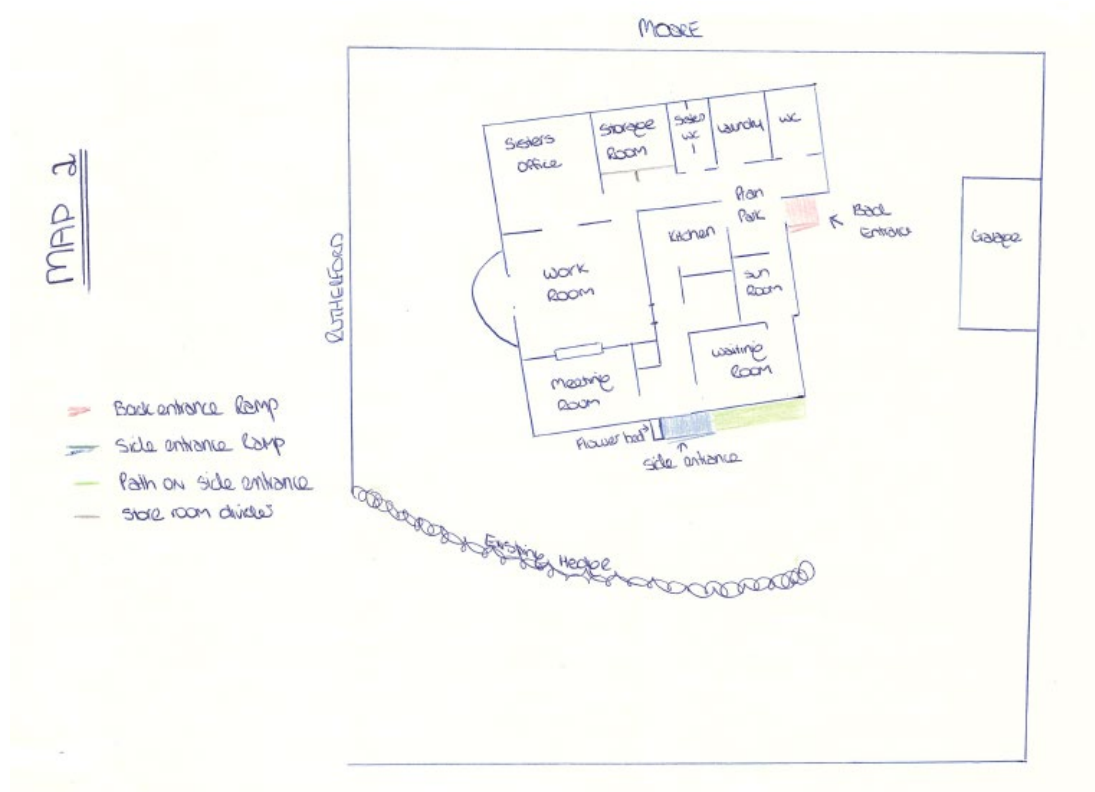


Figure 7 Plan of proposed works (Map2) 1992 submitted by the Manjimup Child and Family Health Centre.
COURTESY SHIRE OF MANJIMUP

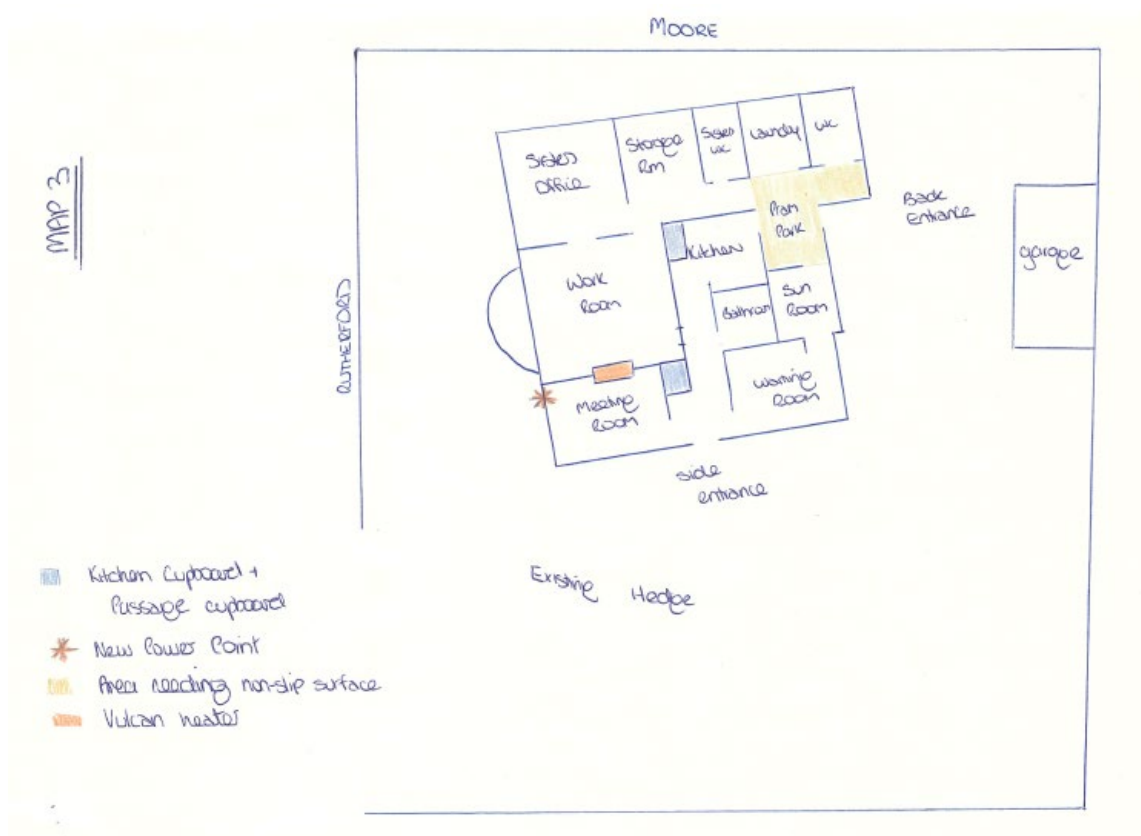


Figure 8 Plan of proposed works (Map3) 1992 submitted by the Manjimup Child and Family Health Centre. COURTESY SHIRE OF MANJIMUP

The proposal was accepted in the Shire of Manjimup Council meeting 23 July 1992. The works were to occur over the next two financial years. The existing tenant in the flat was to vacate the premises in March 1993⁶⁶. Typically, the tenant of the flat was a Council employee.⁶⁷

The works to take over the whole building occurred in 1993.⁶⁸ The main work, which was consistent with the committee plans, involved the conversion of the nurse's living room and bedroom for use as a consulting room and waiting room. With the whole building now used for clinic purposes it appears that the former entrance to the living quarters (on the north side) became the main entrance. The entrance was altered to allow disabled and pram access, and a ramp was also constructed.⁶⁹ The safety fence around the playground was erected in late 1993 with funds by the Shire of Manjimup with the request that the fence be 'of a nature so as to enable easy removal and relocation of the fence to another site'.⁷⁰

In 1993, there were three other Child Health Centres within the Shire of Manjimup; Pemberton, Northcliffe and Walpole all served by the Sister based at Manjimup.⁷¹

⁶⁶ Letter dated 28 October 1992 to the Secretary, Manjimup Child and Family Health Centre from B.S. Davey for the Shire Clerk, Shire of Manjimup File PRO15.

⁶⁷ Attachment 1, Number 6511, 13 August 1992 Brian Davey, Shire of Manjimup, File PRO15.

⁶⁸ Child Health Centre – Data, Print out of Child Health Centre 1997, Shire of Manjimup, File PRO15. This entry states 1992/93 incorporated adjoining flat to expand health clinic facilities.

⁶⁹ Site Inspection by Alan Kelsall, 16/10/2000. Refer also to 1993/94 submission for Council from the Manjimup Child Health Clinic detailing the internal and external works requested for the alteration. Shire of Manjimup, File PRO15.

⁷⁰ Letter dated 29 September 1993, from B.S. Cavey Principal Health/Building Surveyor to The Secretary, Manjimup Child Health Clinic Committee, Shire of Manjimup File PRO15.

⁷¹ Child Health Centre – Data, Print out of Child Health Centre 1997, Shire of Manjimup, File PRO15. This entry states that in 1992/93 the adjoining flat was incorporated to expand health clinic facilities.

Prior to the celebration of the 50th anniversary of the clinic in July 1994, the building was repainted, carpet was installed and new curtains were hung. This work was funded with money raised by the Committee of Manjimup Infant Health Centre (fmr).⁷²

A building surveyor assessed the place for the Shire of Manjimup on 8 November 1994. The surveyor identified minor cracking in some walls, badly fretting brick joints, and rusting nails in the walls.⁷³ It is not known if any work was carried out as a result of this report.

In 1995, a carpark was constructed to the north of Manjimup Infant Health Centre (fmr).⁷⁴ At this time the community was keen to undertake 'busy bees' to upgrade the grounds. This approach was supported by the Shire of Manjimup with the proviso that there was no coverage in terms of workers compensation and public liability should anyone be injured during whilst undertaking the works.⁷⁵ Paving and kerbing work adjacent to the new car park was completed in mid-1996 by the Shire of Manjimup.⁷⁶

In this period, correspondence began with the Department of Family and Children's Services who advised that the Manjimup Community Centre in Rose Street Manjimup was being considered as the location of a new Infant Health Centre.⁷⁷

At this time, Manjimup Infant Health Centre (fmr) was opened to mothers and babies four days a week. On the remaining day of the week, Sister Lesley Polley travelled to clinics at Pemberton, Northcliffe and Walpole.⁷⁸

In 1997/1998, the Lower South West Family Day Care Scheme which operated from the building two days a week requested the Shire of Manjimup to undertake changes at the centre but as there was potential for this group to relocate it was not considered to be a viable use of resources.

In 1999, the staff and services of the Manjimup Infant Health Centre relocated to the new Manjimup Community Centre building, which had been constructed with funds provided by the Federal, State and Local Governments. Also housed in the new services building were the family centre and a child-minding facility.⁷⁹ The former Infant Health Centre building was closed in 2000 until a new occupant could be found.

2.2.7 Manjimup Infant Health Centre (fmr) 2000 -2026

Following the relocation of the Manjimup Infant Health Centre and the Long Day Care Centre in 2000 when the building was closed, it was assessed for potential inclusion on the State Register of Heritage Places.

In December 2001, following the preparation of a comprehensive heritage assessment, the place was included on the State Register of Heritage Places.

⁷² Phone conversation with Sister Lesley Polley, 17/11/2000 by Kris Bizacca. At the time, it was noted that the building was structurally sound, but that the roof was in need of repair.

⁷³ Manjimup Infant Health Centre – building assessment, 8/11/1994, Courtesy Karan Walsh, Shire of Manjimup.

⁷⁴ Courtesy Karan Walsh, Shire of Manjimup, and Memo dated 15/12/1995 from Gary Fitzgerald CEO to Construction Engineer regarding the line marking on the newly bituminised parking area, Shire of Manjimup, File PRO15

⁷⁵ Letter dated 22/12/1995, from Gary Fitzgerald CEO to Mrs. S. Cully Secretary Manjimup Child and Family Health Clinic, Shire of Manjimup File PRO15.

⁷⁶ Memo 3/5/1996, from I. Daniels Design and Construction Engineer to S. Parkinson, Manager Technical Services, Shire of Manjimup, File PRO15.

⁷⁷ Letters dated 21/6/1996 and 18/4/1997, from Bob Jarvis, Manager Community Services, Shire of Manjimup, to Kath Craft Senior Policy Officer Health Department of Western Australia, Shire of Manjimup File PRO15.

⁷⁸ Phone conversation with Sister Lesley Polley, 17/11/2000. Note: In November 2000, the clinic continues to be opened four days a week and on the fifth day the district clinics are visited.

⁷⁹ Phone conversation with Sister Lesley Polley, 17/11/2000 by Kris Bizacca.

The Shire of Manjimup continued to maintain the property⁸⁰ and find appropriate occupants for the place where possible. It was predominantly used for community services including a Youth Services Hub and the administration centre for the Walgneup Aboriginal Corporation. It was not used as a residence.

In c2017, the Walgenuup Aboriginal Corporation relocated to different premises and the place was not reoccupied.

In 2018, the Shire of Manjimup created a walking tour of Manjimup which details the history of the town centre and celebrates the many examples of Art Deco architecture present in the town. The Infant Health Centre was included in this tour.

At a meeting of the council of the Shire of Manjimup in March 2020, it was resolved to allocate some of the funds from the sale of a property in Blackbutt Drive to undertake works and upgrades to the former Infant Health Centre building. It was noted that at the time the building had been vacant for three years and in need of significant upgrades to make it suitable for residential occupancy.⁸¹

The decision to support residential occupancy was largely due to the greater modifications needed for a commercial or community purpose use.⁸²

The Shire of Manjimup ultimately resolved to enter into a relationship with a council employee who would live in the premises whilst undertaking repairs. These works are currently [2026] ongoing and the preparation of the Conservation Management Plan during the process provides guidance for the repairs and the adaptation of the place to a residence.

⁸⁰ Inspection Report 30 May 2001 identified minor repairs to be undertaken. Shire of Manjimup File PRO15.
⁸¹ Item 9.3.1 Proceeds of Sale – No 7 (Lot329) Blackbutt Drive, Minutes 26 March 2020, Shire of Manjimup
⁸² Ibid.

2.3 Associations

2.3.1 Dr Eleanor Stang

The following description is from the entry from the *Australian Dictionary of Biography* prepared by M. Tamblyn. Acknowledgement is extended to that author.⁸³

Eleanor Margrethe Stang (1894-1978), medical practitioner, was born on 1 June 1894 at South Yarra, Melbourne, eldest child of Norwegian-born Thomas Newbould Stang, medical practitioner and civil servant, and his wife Eleanor Bath, née Eastwood. Educated at Presbyterian Ladies' College from 1905, Rita graduated in medicine from the University of Melbourne in 1918 and completed her Diploma of Public Health (1927). She practised at Port Fairy and was resident medical officer at Melbourne public hospitals. On 10 January 1919 at Hawthorn she married Norman Arthur Albiston, medical practitioner; they had no children and were divorced in 1927.

Replacing Roberta Jull, in 1925 Rita was appointed medical officer of schools in the Western Australian Public Health Department; after a year's experience in London, in 1929 she became supervisor of infant health in Western Australia, holding both positions until she retired in 1955. Dr Stang had, in 1931-46, only one doctor and two nurses to help her; cheerful, energetic and persistent, she saw her staff increase to fourteen by 1951 which made inspection of some kindergartens and Aboriginal missions possible. Her efforts resulted in improved hygiene and the reduction of pediculosis in government schools from a State average of 14.8 per cent in 1925 to 0.69 per cent in 1951. Her nurses visited homes to discuss treatment, especially if parents were negligent. To improve children's diets, the Oslo Lunch was introduced.

Her work was crucial. Infant health centres grew from ten to forty-six, with three hundred sub-centres; by 1955 a special carriage, a mothercraft 'oasis' attached to the 'tea and sugar' train, travelled to remote settlements on the Nullarbor Plain. Infant health sisters received explicit instructions and attended refresher courses, while in 1932 a correspondence sister was appointed to help families in isolated areas. The Eleanor M. Stang Infant Health Centre in Perth became a mecca for country mothers. Dr Stang also gave weekly radio talks and wrote press articles. Her achievements significantly decreased infant mortality.

A member of the National Fitness Council, an examiner for the University of Western Australia and a lecturer in hygiene at the Teachers' Training College, Claremont, Dr Stang broached sex education by inviting students home for a lecture and discussion. By holding a senior position in the predominantly male medical circle and by winning respect for her administrative skill, hard work and professional knowledge, she was a path-maker in the entry of women to the professions. Concerned with her own status and authority, she fought to raise her salary to that of her male colleagues. In 1948 she was co-founder and first president of the local branch of the Medical Women's Society.

Dr Stang was a strongly built woman who believed in strict control over her sisters and students. Many thought her formidable. She clashed with at least one commissioner of public health whose 1946 report criticized the School Medical Service. Yet, her associates found her fair-minded and generous. After retiring, Rita returned to Victoria where she worked as locum tenens and as ship's doctor, and enjoyed her hobbies of travel and pottery. She died on 18 July 1978 in Melbourne and was cremated. Her estate was sworn for probate at \$219,193.

⁸³

M. Tamblyn, 'Stang, Eleanor Margrethe (1894–1978)', *Australian Dictionary of Biography*, National Centre of Biography, Australian National University, <https://adb.anu.edu.au/biography/stang-eleanor-margrethe-8621/text15061>, published first in hardcopy 1990, accessed online 18 June 2026.

2.3.2 Nancy Allen

Taylor, Dr John J., 'Nancy Lorne Allen (1908-1993)', Western Australian Architect Biographies, <http://www.architecture.com.au/i-cms?page=13453>, accessed 18 June 2026.

Nancy Lorne Allen (1908-1993) was born at Glen Innes, NSW in December 1908 to George Norman and Ethel Maud Allen. Her brothers John Selwyn (Selwyn) Allen and George Frederick Douglas (Douglas) Allen were born at Glen Innes in September 1906 and April 1913 respectively. After her family moved to Western Australia in 1917, Nancy attended Nedlands Primary and Perth Modern School. Perhaps inspired by the early 1920s example of Margaret Pitt Morison entering the previously male-dominated architectural profession, in June 1927 Nancy became an articled pupil of Perth architects Herbert Eales (1864-1957) and Eustace Cohen (1881-1938). Following completion of her articles, Nancy was fortunate to remain with the firm during Depression years, as there was often little for her to do. By 1930, Allen was sitting examinations set by the Architects Board of Western Australia, with a view to registration, which she achieved late in 1932.

Nancy Allen was just the second female architect registered in WA (Dec 1932, no.138); concurrent with the registration of Dorothea Hancock (Dec 1932, no.139), and only following Morison (Oct 1924, no.102 & Aug 1929, no.129). Despite a promising increase in the number of women entering the profession in WA in the 1930s, with the disruption of the Second World War hindering the potential studies of both men and women, just six females were registered as architects in Western Australia in the first half of the Twentieth Century. By 1930 the pugnacious W.G. (Bill) Bennett (1896-1977) had been made a partner in the firm Eales, Cohen & Bennett. Bennett had originally been in charge of the drawing office at the firm, and although Nancy had enjoyed the tutelage of the older partners Eales and Cohen, she had more common interests in architecture with Bennett. Bill Bennett left the partnership and set up his own practice in Perth at the end of June 1935. Nancy Allen joined Bennett in July 1936, and with Eliot Thomson Dickens (registered August 1934, no.147) formed the initial staff of the practice.

The few female architects in Perth during the 1930s held a very strong bond within the overwhelmingly male-dominated profession of the time, and in July 1936 Allen joined Zoie Bennett and Margaret Pitt Morison at a luncheon to welcome visiting Melbourne architect Ellison Harvie, hospital design specialist and a leader in her field. By this time Dorothea Hancock had moved to England. Women working in Perth had both informal and formal gatherings, where architects, doctors, lawyers and others in professional circles met to discuss their own interests and concerns. Newspaper reports note the close association of Allen with former school friends such as lawyer Margaret Battye and others, all establishing a greater women's presence in the City.

Bennett's practice, anchored by the detailed work of Nancy Allen, is best known for their many hallmark 'moderne' buildings produced in the late 1930s, including the Plaza Theatre and Arcade, Perth (1937), Raffles Hotel, Applecross (1937), Lord Forrest Olympic Pool, Kalgoorlie (1938) and Beverley Town Hall and Picture Gardens (1938). With Nancy's major involvement in domestic projects, the practice also completed a number of substantial houses in the 'moderne' style. In 1937-38 they completed the Dyer Residence at 27 The Esplanade, South Perth, and 'Finchley' at 58A Leake Street, Peppermint Grove. Mrs Dyer maintained that Bennett was the architect but that Allen "did most of the work, supervising and drafting".

Following the commencement of the Second World War, with Bennett having departed for service in the Australian forces, Nancy continued the work of the practice for a time. Nancy also served with the Allied Works Council, working with other women architects including Margaret Morison and Zoie Bennett-Fryer in the architectural section of the WA Works and Services Branch. In late 1944 Nancy gave a talk to the Labour Women's Conference in Perth, the essence of which was summarised in *The Western Mail*, under an article titled 'Living Space ... the Essentials of Housing'. Representing the WA branch of the Modern Architects Research Society, Allen advocated to delegates the advantages of grouped dwellings as an aid to solving various social problems, and the necessity of improved services to raise living standards. Reading the article in the twenty-first century, what is most interesting is Allen's perceptive understanding and elucidation of a very broad scope of planning issues; from the details of kitchen planning in housing design right through to broader town planning issues.

It is clear Nancy was still undertaking a small amount of honorary work under the name of W.G. Bennett Architect during latter war years. She drew plans in November 1944 for a proposed Infant

Health Centre at Manjimup. Nancy returned to full-time practise with Bill Bennett after the war and became an associate with her brother Douglas Allen.

Nancy's senior role is evident in her travel to Kalgoorlie during February 1947 to work on a scheme for a children's holiday home at Esperance, including the utilization of buildings purchased from the RAAF base at Boulder.

Nancy and Douglas Allen (who achieved registration as an architect in May 1948) joined Bill Bennett as full partners in the business during August 1949, when Bennett formed a short-lived alliance with Robert Blatchford and James W. Johnson as Bennett, Blatchford, Allen & Johnson. The firm was then designated W.G. Bennett, Allen & Allen. After she became a partner in the firm Nancy spent more time in the administration of the office, was responsible for most of the residential projects and was the one with 'all the contacts'. While the practice continued to accept residential commissions in the 1950s and onwards, it became predominantly involved in commercial and institutional work, including work for various municipal councils and undertaking many infant welfare clinic projects. Allen was also project architect for the Ascot and Belmont racecourse grandstands. Designs specifically credited to Nancy include the heritage-listed Manjimup Infant Health Centre completed in 1946 and Paxwold House, Lesmurdie at the State campsite and training centre for the Girl Guides. No doubt there are many more fine examples of her work that could be identified with further research, forming the core of a detailed study at post-graduate level.

George and Ethel Allen had purchased a property at 2 Portland Street, Nedlands in the late 1920s, and they both passed away at Nedlands, Ethel in 1948 and George in 1954. After Douglas Allen died in 1976, with Bill Bennett following in 1977, Nancy Allen FRAIA continued the work of the practice up until her retirement in 1981, after having been one of Perth's most prominent and successful female architects through some 55 years of dedicated effort. Nancy's older brother Selwyn died at Trigg in 1985, and she lived at Portland Street until her death on 18 October 1993, aged 84 years.

2.3.3 William (Bill) Garnsworthy Bennett

Taylor, Dr John J., 'William Garnsworthy Bennett (1896-1977)', Western Australian Architect Biographies, <http://www.taylorarchitects.com.au/Biographies.html>, 19 June 2026.

William Garnsworthy Bennett (1896-1977) was born at Linton, near Ballarat, Victoria on 22 May 1896, son of Thomas John and Mary (nee Honan). In 1910 Bennett came to Western Australia with his mother, brother Tom and sister, Doris. He was apprenticed to James Street, Perth coach builders Wright & Fendick in 1911, but was involved in a dispute with employer John Henry Wright when desirous of travelling with the Young Australia League (YAL) in 1914. A settlement was eventually reached, and, spared the horrors of fighting in the First World War, Bennett soon attended the Perth Technical School, studying architectural drafting and allied subjects. In April 1919 the local secretary of the Adelaide School of Arts Examinations Board reported results of drawing exams conducted in WA. Obviously talented, Bennett achieved honours in freehand, measured freehand, model drawing, plane geometry, solid geometry, and freehand perspective. With both practical and academic experience behind him, Bennett was first articulated to Francis James Coote in connection with de Garis' Kendenup scheme, and later to Eales & Cohen. In July 1924, he became the first locally trained architect to pass the examination of the Architects Board of Western Australia. Gaining the first Bronze (later E.G. Cohen) Medal of the Royal Institute of Architects of Western Australia in 1925, Bennett was to have a substantial presence on the local and regional domestic, commercial, and civic building scene from the 1930s through to the 1960s. By 1930 he was a partner in the firm Eales, Cohen & Bennett (ECB). Bill Bennett was in charge of the drawing office at Eales and Cohen, where he worked with another talented 1930s art deco designer, William Thomas Leighton. Bennett designed the Masonic Hall in Broadway, Nedlands in 1935 while with ECB. He left the partnership and formed his own firm at the end of June 1935. Commercially successful, Bennett was a gregarious and popular man. It has been noted that he was variously described as 'dynamic, assertive, and downright aggressive'; and that some of his friends referred to him as "Bull Bennett". During the mid to late 1930s William Bennett was responsible for the renovation of a number of existing hotels and the building of new hotels in the modern styles fashionable at the time. In Perth, these included the remodelling of the interior of the Savoy Hotel, the Esplanade Hotel (demolished), and the Bohemia Hotel (demolished) in Murray

Street which was given a restrained Art Deco facade. Other hotel works include (the remodelling of) the Ocean Beach Hotel, the Majestic and Raffles hotels in Applecross, Checkers Hotel Bullsbrook, and hotels in Beverley and Sawyers Valley. One of his more prominent metropolitan hotels was the Scarborough (demolished) designed in 1938. Some other of his notable buildings include the Applecross District Hall; Regal Theatre, Subiaco; and the Plaza Theatre and Arcade, Perth (1936-37). Another building which demonstrates Bennett's stylistic work of the 1930s is Motor House (1936-37) which still stands on an 'island' in Milligan Street, Perth. Bennett worked on this building in association with Powell, Cameron and Chisholm. Other significant works by Bennett include the Chalet at Araluen and other structures (1937), the remodelled Beaucott Buildings (1937) in Beaufort Street, and the Kalgoorlie Olympic Pool (1938). The C.S. Dyer house (1938) on the Esplanade, South Perth, was one of Bennett's more notable domestic buildings. The twostorey house was a fine example of Inter-War Functional style, designed to take advantage of views over the Swan River, but has been demolished.

Bennett designed the Dalkeith Tennis Club in 1938, and after a prolonged break with service in the Second World War, the Dalkeith Men's and Ladies' Bowling Clubs on the same reserve in the 1950s. The Leckie Pavilion at College Park and the Croquet Club in Bruce Street are other 1950s Nedlands buildings by Bennett. Within the City of Nedlands, Bennett is also associated with the design of Dalkeith Hall in Waratah Avenue; Nedlands Golf Club; the Child Health Clinic in Melvista Avenue; the Nedlands Roads Board Office (fmr) on Stirling Highway; St Margaret's Anglican Church and Parish Hall in Tyrell Street; and over a long period of time, the Peace Memorial Rose Garden on Stirling Highway.

Nancy Lorne Allen worked for Bennett from 1935, becoming a partner along with her brother Douglas in 1949 when Bennett formed a short lived alliance with Robert Blatchford and James W. Johnson as Bennett, Blatchford, Allen & Johnson. The firm was designated W.G. Bennett, Allen & Allen by 1962. At this time the practice undertook domestic and commercial commissions as well as projects for local councils such as infant health clinics. William Bennett married Doris Ivy Franklin on 20 April 1921 at St George's Cathedral, Perth. He lived at Chamberlain Street in Gosnells in later years, and died at 81 years of age on 25 July 1977.

3 PHYSICAL EVIDENCE

The following physical evidence is based on the 2001 HCWA assessment documentation, prepared by Kristy Bizzaca and Alan Kelsall. The descriptions have been updated to reflect the current physical evidence at the time of writing (June 2026).

3.1 Introduction

The physical evidence describes the setting, function and fabric of the Manjimup Infant Health Centre (fmr). It is informed by the documentary evidence above, particularly where changes to the fabric are not readily discernible by visible inspection alone.

3.2 Site and setting

The site of the Manjimup Infant Health Centre (fmr) comprises the clinic, which is a single-storey brick and tile building, and a brick and tile garage. The clinic building has an almost domestic scale similar to a medium sized house of the period in which it was built.

The Manjimup Infant Health Centre (fmr) occupies a flat irregularly shaped site at the corner of Rutherford and Moore Streets, approximately one kilometre from the centre of Manjimup. The site is located on the corner of a large open space that is used as a recreational area and includes a football ground.

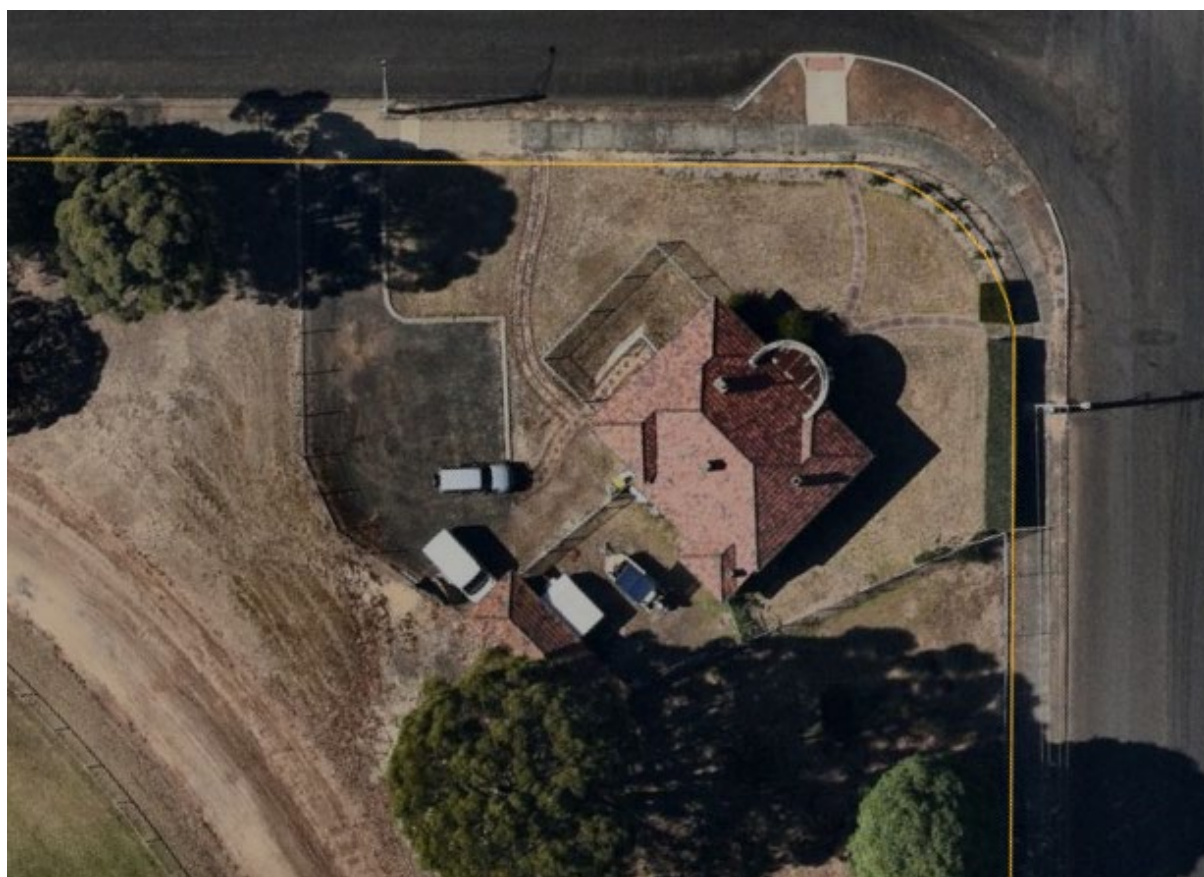


Figure 9 Aerial view of the subject site at the junction of Rutherford Street and Moore Street.
Courtesy NEARMAP 2023

The site frontage is enclosed by a hedge on the Moore Street boundary and elsewhere by a tubular steel and mesh fence. The rear sides of the site are enclosed by a chainlink and barbed wire fence.

An area of garden to the north of the side entrance is enclosed by a steel modular panel fence. This dates from the building's use as a Youth Services Hub. A driveway off Rutherford Street serves the garage and bituminised car park.



Figure 10 View of south elevation with steel & mesh fence on the site boundary.



Figure 11 View of east elevation with hedge and mesh fence on the site boundary.



Figure 12 View of northeast corner with steel and mesh fence on the site boundary.



Figure 13 View of north elevation with modular panel fence in front.



Figure 14 View of paved path and bitumen car park.



Figure 15 View of steel mesh fence on the north-west boundary.

3.3 Physical description

The clinic building is located almost centrally within the site. It is set on the diagonal so that the front façade faces north-east towards the intersection of the two streets. The garage shares the same orientation as the clinic but is sited approximately ten metres to the south-west; with the rear wall of the garage forming the rear boundary line. Two slightly curved painted concrete footpaths lead to the front entrance of the clinic. The paths are in poor condition. A secondary entrance is located on the north-west façade of the building and is approached from the car park, as well as Rutherford Street via a two-toned brick paved path. The brick paths are not original and appear to have been constructed when the building changed use.



Figure 16 View of concrete footpaths from the building facing east



Figure 17 View of brick paved path leading to secondary entrance on north-west façade.



Figure 18 View of rear shed facing west.



Figure 19 View showing poor condition of the concrete footpaths.

3.3.1 External description



Figure 20 Main façade on east elevation

The clinic is a single-storey building constructed of stretcher bond brickwork walls and a Marseilles patterned terracotta tile roof with lined eaves and timber framed windows.

The main façade of the clinic is composed symmetrically with two hipped roofed wings projecting approximately one metre forward of the main body of the building which has a medium pitch hipped roof. Each projecting wing has a window opening containing three combined double hung sash windows. The windows have a bullnosed brick-on-edge sill in which the bricks are set at a steep rake and the head of the window is formed with a single soldier course which is supported by either a steel flat bar or angle. This feature is typical of all windows in the building.

The main entrance to the building is central within the wall between the two wings. The entrance is housed within a semi-circular portico. In plan the inner diameter of the portico matches the length of the wall between the two wings of the façade. The semi-circular portico projects beyond the front line of the wings creating a large, covered area.

Much of the architectural interest in this building is concentrated on the design of the entrance portico, which together with the symmetry of the front façade displays a number of the characteristics of the Inter-war Stripped Classical c1915-c1940 style.⁸⁴ The simplified rendered entablature of the portico, bearing the words "Manjimup Infant Health Centre", is supported by six octagonal columns. One pair of columns is set to each side of the axial painted concrete entrance ramp and the remaining two columns are set beside the brick piers that form the junctions of the portico to the building. A simple curved steel balustrade runs between the columns. The portico has a coloured granolithic concrete floor slab and a flat plaster ceiling. Part of the ceiling is missing, due to water damage. The glazed double entrance door is set within a glazed screen that contains both the doors and a double sash window to each side. Consistent with the other windows and glazed doors in the building, the glazed screen has been divided using an arrangement of glazing bars to give the window openings a horizontal emphasis.

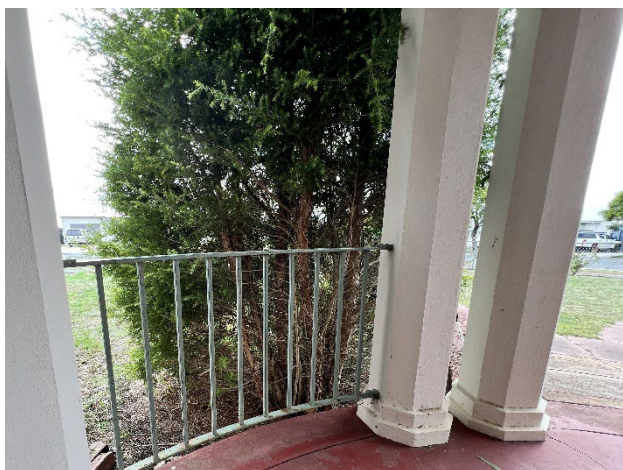


Figure 21 View of portico's octagonal columns and balustrade facing east.



Figure 22 View of concrete entrance ramp.



Figure 23 View of glazed door and windows on the eastern façade, and damage to the portico ceiling.



Figure 24 View of rendered entablature sign inscribed on the eastern façade.

⁸⁴ Apperly, Richard; Irving, Robert and Reynolds, Peter A Pictorial Guide to Identifying Australian Architecture: Styles and Terms from 1788 to the Present, Angus & Robertson, North Ryde, 1989.

The north-west façade of the building is nearly symmetrically composed around an almost centrally placed entrance door. The doorway is given additional emphasis by a brick surround that projects 50mm beyond the face of the building. The doorway is approached by a ramp of recent construction. The original raised garden beds to the original steps are still evident adjacent to the ramp landing. The original steps may still be present below the ramp. Windows containing two double hung sashes are located to either side of the door.



Figure 25 View of northwest elevation with modular panel fencing in the foreground.



Figure 26 View of ramp to north-west entrance.



Figure 27 View of brick surround that frames the north-west entrance door.

The south-west (rear) façade is divided into three distinct elements in the form of a stepped plan. These three elements are the north wing, the south wing and a connecting verandah. The north wing projects beyond the face of the building by approximately one metre. The fascia of the south wing is substantially lower than the north wing and projects by approximately three metres beyond the face of the building. The verandah connecting the two wings is formed by the extension of the main roof of the building and it projects forward by approximately two metres.



Figure 28 South-west façade



Figure 29 View of the south wing of the western façade.



Figure 30 View of the enclosed verandah facing south.

The verandah is now fully enclosed, but documentary evidence shows that originally the verandah was only partly enclosed. At the time of construction there was a 'sleep out' at the north end of the verandah. A one-third height brick wall with a continuous sill of bullnosed bricks enclosed the lower part of the sleep out and the upper two thirds comprised a continuous band of adjustable glass louvres. The glass louvres have since been replaced with aluminium framed sliding sashes. The area of open verandah has been enclosed with a low-level wall of timber studwork faced with asbestos cement sheeting to match the height of the abutting brick wall of the sleep out. The upper section of this wall is enclosed with aluminium sliding sashes.

The south-east façade comprises a window containing two double hung sashes, similar to the north-west façade. The remaining windows comprise of a mixture of single casement windows, as well as glass louvre windows to the toilets.



Figure 31 South-east facade

3.3.2 Internal description

Documentary evidence shows that the clinic building originally served as both the clinic and the Sister's Residence. However, in the period prior to the closure of the building all the rooms served as part of the clinic. This change in use did not affect the fabric of the building and it remains possible to distinguish between the two original parts of this dual-purpose building.

The building was designed with the main public entrance located in the semi-circular portico and the residential entrance located in the middle of the north façade. However, latterly, because of its proximity to the car park, the north side entrance to the building was commonly used as the main public entrance to the building.

The clinic waiting room, currently being used as a bedroom, is located directly beyond the semi-circular entrance portico and is approached through the glazed doors set within the glazed entrance screen. The screen occupies approximately seventy-five per cent of the wall area and this helps to create the impression of the two spaces combining to form a single large space making it the major space of this relatively small building. The waiting room is approximately 4.8m x 4.0m with a 3.15m ceiling height. A brick fireplace occupies approximately one third of the north wall of this room. The fire surround is of face brickwork. The fireplace is now filled with an oil heater. The finishing of the room is typical of all the main rooms in the building with plastered walls, a picture rail and a coved cornice. The 200mm high timber skirting has a splayed top and a quarter round at the junction with the floor. The timber doors are stained finished and have a single slightly recessed panel with applied mouldings. The floor is timber floorboards, and the ceiling is fibrous plaster.



Figure 32 View of the fireplace in the former waiting room.



Figure 33 Commemorative plaque dedicated to 1944 fundraiser.

The consulting room occupies the east corner of the building and is housed within the south-east wing on the front façade. The room is approached through a door in the south-east wall of the waiting room. The room is 3.6m x 6.3m. The fireplace has plaster surrounds and is situated centrally within the west wall of the room. The fireplace has been filled with a cupboard. The mantle is oiled timber. A built-in cupboard is located adjacent to the fireplace. The finishes to the room are the same as the waiting room.



Figure 34 View of the fireplace in the former consulting room.

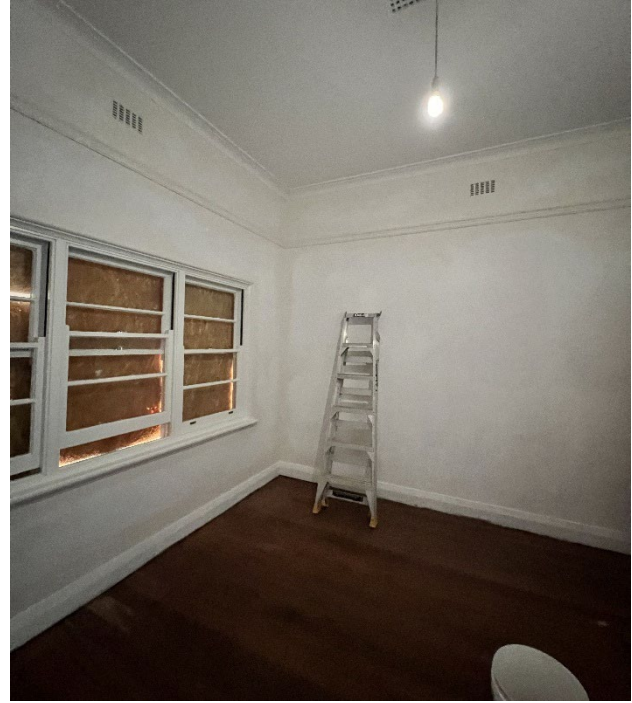


Figure 35 View of the window to the front façade from inside the former consulting room.



Figure 36 View of the two entrances into the former consulting room.



Figure 37 View facing northwest from within the former consulting room.

A door in the south corner of the waiting room leads to a small room that connects with the corridor that runs past the washroom/WC through to the rear verandah. This small room, which was originally the breastfeeding room, now has no fixtures or fittings but documentary evidence shows that there used to be a system of hanging rails which allowed the room to be divided by curtains into screened spaces. Evidence of the central support post is visible in the timber floorboards.

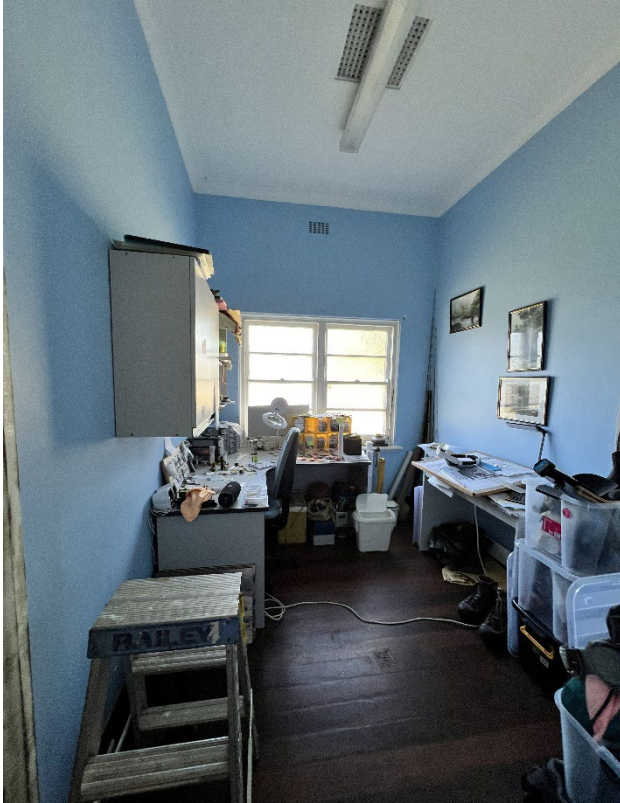


Figure 38 View of the former breastfeeding room facing southeast.



Figure 39 Evidence of central support post remaining in timber floorboards.

Off the breastfeeding room, a corridor connects it to the rear verandah. The visitor toilet comes off this corridor. The toilet is divided into two spaces, with one containing the hand wash basin, with the toilet in the other. Both have a painted granolithic concrete floor with a coved skirting. The wall hung wash basin appears to be original.



Figure 40 View of the hallway access to washroom and WC 1.

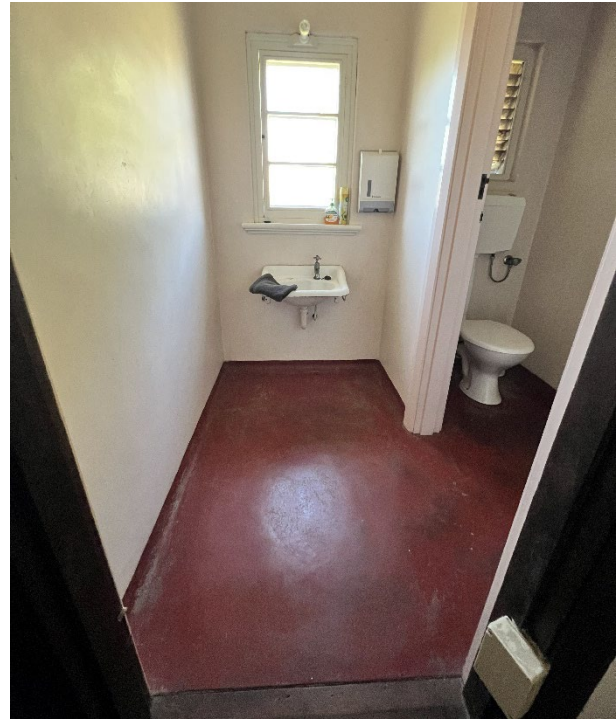


Figure 41 View of the washroom from entrance.



Figure 42 View from enclosed verandah showing corridor to visitor ablutions, kitchen to left



Figure 43 Louvred windows to visitor toilet

The door in the north-west façade was the entrance to the residential section of the building. This led to an entry foyer off which opened a living room on the north-east side and a bedroom on the south-west. The hallway led to a hall that continued through to the kitchen located towards the centre of the building. The hall runs past the bathroom between the kitchen and the bedroom. A door in the east wall of the hall leads to the waiting room. Built in cabinetry has been installed between the door and the nib wall.



Figure 44 View facing southeast from entry foyer.

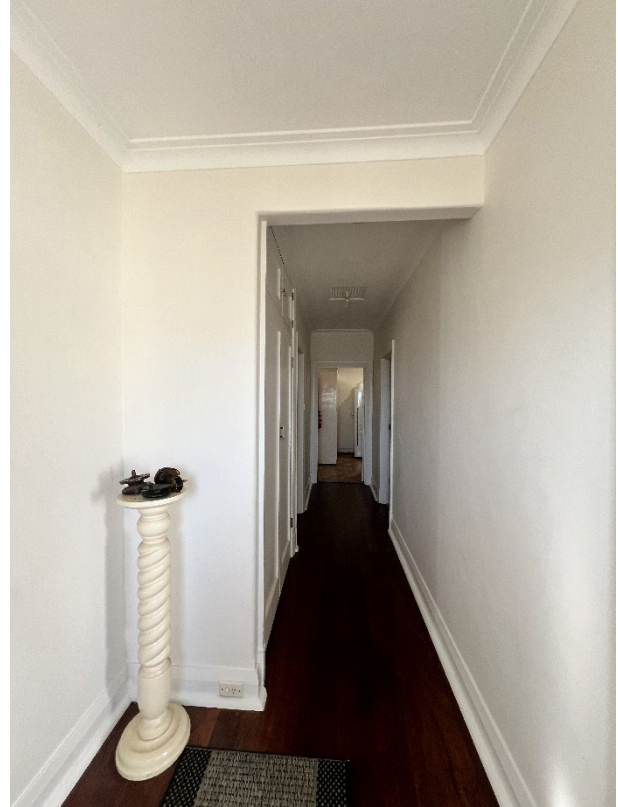


Figure 45 View facing southeast from entry foyer.



Figure 46 Cabinetry in entrance hall

The living room, which occupies the north corner of the building and forms the north-east wing of the front façade. The room is approximately 4.3m x 3.6m in size and the finishes are similar to those of the waiting room. There is a fireplace with a face brick surround on the south wall of the living room.



Figure 47 Living room



Figure 48 Living room fireplace

The bedroom is approximately 3.5m x 3.5m in size and is also finished similarly to the waiting room. The room does not have a fireplace but does have built in cupboards on the south-east wall. A door connects to the sleepout.



Figure 49 Bedroom

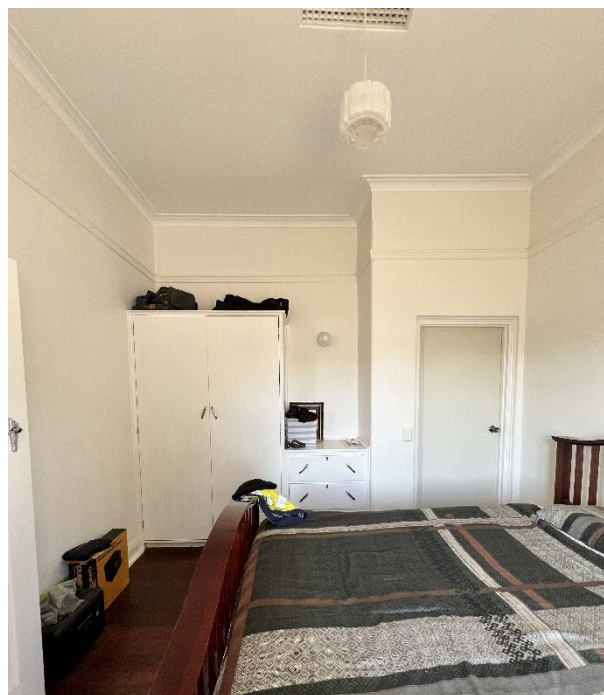


Figure 50 Built-in cabinetry and door to sleep-out

The bathroom has a tiled floor and it contains a built in bath with a shower above it and a floating vanity unit. The plan suggests that originally a hot water heater sat in the south east corner of the room, this space is now fully enclosed, with evidence that the hot water heater remains in place behind the wall linings. Both the floor tiling and the vanity unit appear to be recent modifications. A waist high, melamine faced bench sits above the bath. The light-switch is located behind the door, indicating that the door has been re-swung at some stage.



Figure 51 Bathroom

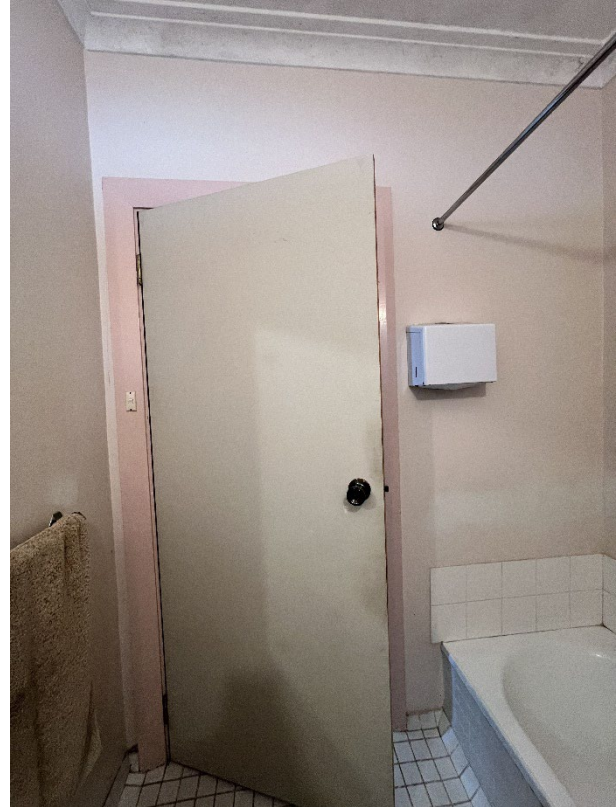


Figure 52 Re-swung bathroom door



Figure 53 Original window to bathroom

The kitchen is approximately 3.0m x 3.5m in area. Windows in the south-west wall light the room and overlook the rear enclosed verandah. A tiled fireplace in the north-west wall houses a free-standing gas stove. Original built-in timber cupboards run from the fireplace and continue across under the window. A stainless steel sink unit is built into these units and is located under the window. A floor to ceiling height built-in cupboard/pantry occupies the south east corner of the room. The original passive ventilation system is still evident within the cupboard and connects to a wall vent on the south-east elevation.



Figure 54 Kitchen, looking towards enclosed verandah



Figure 55 Vinyl layers to kitchen floor



Figure 56 Vent in base on built in pantry



Figure 57 Vent in roof of built in pantry

The verandah occupies the space at the rear of the building between the bedroom and the enclosed laundry. The verandah is fully enclosed and it is divided into two parts. The original plan shows that the room to the north has always been enclosed and served as a sleep-out. This room has a one third high brick external wall with a continuous band of window above it. The sleep-out has a timber floor, which is carpeted and a ceiling that is lined on the rake.

The other part of the verandah was originally open but is now enclosed by an asbestos cement sheeting lined stud wall with aluminium sliding windows above. It has a concrete floor and a ceiling that is lined on the rake.



Figure 58 Sleep-out



Figure 59 Door to enclosed verandah



Figure 60 Enclosed verandah looking towards sleep-out door



Figure 61 Doors to laundry and nurse toilet off enclosed verandah

The laundry and toilet off the rear verandah both feature painted granolithic floors. The doors are timber panelled, with cross bracing to the rear. The laundry houses a built-in wash tub with cabinet below. The toilet has a cistern on the rear wall, beneath a louvred window. The toilet roll holder appears to be original.



Figure 62 Laundry



Figure 63 Toilet



Figure 64 Rear of laundry door



Figure 65 Toilet roll holder

3.3.3 Garage

The garage is a single storey brick building with tiled roof at the rear of the site. The garage follows the same orientation as the main building. Two hinged timber panelled doors provide vehicular access from Rutherford Street. The east elevation features a wide timber panelled access door. The gutters and downpipes to the building have been replaced with a modern profile. A steel fence runs between the garage and the main building.

The interior of the garage was not inspected as part of the visit.



Figure 66 Garage



Figure 67 Timber panelled door to east elevation

3.3.4 Condition

Manjimup Infant Health Centre (fmr) building was well built and is in a good condition both internally and externally. The building has benefited from the regular maintenance regime that was carried out when it was occupied. However, since it ceased been unoccupied the exterior in particular is starting to show the effects of no longer receiving the same level of maintenance. The portico ceiling requires immediate repairs and water egress into the ceiling of the main building and portico need to be addressed to prevent further damage. Water egress and rising damp risks could be addressed by rerouting downpipes away from the base of the building.

The grounds and gardens would be improved by more regular care.

The garage at the rear of the site is in sound condition, however there is evidence of termite damage.

At the time of writing, the building was undergoing extensive conservation works, with some elements concealed or removed to allow restoration works to occur.

For further details of the current condition of the place, refer to Appendix C: Building Condition Assessment.

4 ANALYSIS OF EVIDENCE

The physical evidence supports the documentary evidence and is reflective of the development that has occurred at Manjimup Infant Health Centre (fmr). The changes to the fabric of the structure are as follows.

21 May 1945	Building contract is signed and construction work commences.
Jan 1946	A privacy fence is erected at the rear of the building and its grounds
4 Feb 1946	The Manjimup Infant Health Centre (the Centre) is opened to mothers.
circa late 1940s/early 1950s	A garage is built at the rear of the Centre to house the vehicle owned by the Infant Health Nurse.
1982	Maintenance works are carried out to the Centre. Works include: ceiling repairs in consulting room, patching and painting of walls and ceilings, and repair of roof timbers and other parts of the garage.
circa 1993	Conversion of the nurse's living room and bedroom for use as a consulting and waiting room occurs. These works result in the north entrance, previously the living quarters entrance, becoming the main building entrance. This alteration includes building a ramp and accommodating disabled and pram access. Landscaping works are also completed. Safety fencing installed
circa July 1994	The Centre is repainted, and new carpet and curtains are installed, to celebrate the 50 th anniversary of the clinic.
circa 1995/96	A carpark is constructed to the north of the Centre.
Circa 2025/26	Shire of Manjimup employee occupies the place at a reduced rate and undertakes repairs. • Window cords are replaced. • Repairs to ceilings, floors and walls • Non-original benchtop to the Consulting room is removed. Cabinetry doors repaired

The following additional physical changes have occurred; however, the dates are unknown.

External changes

- Original fence removed
- Gutters and downpipes replaced with flat faced gutters and rectangular downpipes
- Sleepout louvres replaced with aluminium sliders
- Enclosure of rear verandah, prior to early 1980s

Internal changes

- Screening to breastfeeding room removed, likely following relocation of infant health services
- Kerosene heaters retro fitted into wood fireplaces c1960/70s. Rear stepped section of brickwork in fireplaces has been removed to accommodate heaters
- Bathroom refurbished
 - New tiling, cabinetry and fixtures
 - Door reswung
- Carpet installed
- Replacement of some door and cabinetry hardware
- Original doors have been replaced in some locations
- Consulting room built in cabinetry doors modified to accommodate new benchtop.
- Original kitchen stove replaced with gas stove. Gas connection is routed through chimney

5 COMPARATIVE EVIDENCE

Circa 1940s, Dr. E. M. Stang, Medical Supervisor of Infant Health, produced a 'Standards for Premises for Child Health Centres in Metropolitan and Country Districts'.⁸⁵ This stated that each centre should provide a waiting room, a consulting room, test feeding cubicles, a pre-natal room (if required), a demonstration kitchen, a staff room, a mother's lavatory, and a sheltered area for prams. For country towns, it was believed that the centre should also comprise of living quarters for the nurse. These quarters were to be furnished and to comprise a bedroom, living room, a bathroom and kitchen, a washhouse, a woodshed and a garage.⁸⁶

Health Department files searched during the preparation of this heritage assessment revealed that the following infant health centres had furnished quarters: Geraldton, Katanning, Narrogin, and Manjimup Infant Health Centre (fmr).⁸⁷ Further to this, the September 1955 report 'Infant Health Work in Western Australia' states that Government assistance had been given to the construction of 12 country centres with quarters and 13 country centres without quarters for the nurse.⁸⁸

A search of the DPLH inHerit database of Heritage Places revealed many infant health centres included in the Local Heritage Surveys. Further research demonstrated that some of these places have been demolished e.g. P5174 Beverley Infant Health Centre, demolished c2010; P26520 Infant Health Clinic (fmr) York, demolished 2021, and P6110 Mullewa Infant Health Clinic demolished 2025. The inclusion of these places in Local Heritage Surveys indicates how valued these modest buildings were in the local community.

Nancy Allen was the second woman to pass the examination of the Architects Board of Western Australia in 1932, and was also the second woman to become a member of the Western Australian branch of the Royal Institute of Architects.⁸⁹ W. G. Bennett employed Allen, along with E. T. Dickens, after commencing his own architectural practice in 1936.⁹⁰ When Bennett enlisted at the outbreak of World War Two in 1939, Allen and Bruce Atkinson were left in charge of the architectural firm.⁹¹ It was during this time that Allen designed Manjimup Infant Health Centre (fmr) acting on Bennett's behalf as Honorary Architect. Upon Bennett's return from military service in 1946, the firm was renamed W. G. Bennett and Associates with Allen and her brother George Frederick Douglas Allen as partners.⁹²

Manjimup Infant Health Centre (fmr) is representative of the work of the practice of William G Bennett, one of the most successful architectural practices in Perth in the 1930s to 1950s. The firm undertook numerous commissions for such works as Roads Board Halls, Country Shire Offices and Masonic Temples. It also undertook a number of community based service buildings in an honorary capacity during the late 1930s such as the Infant Health Centres at Nedlands and Manjimup, and later at the Police and Citizens clubs. In addition, the practice designed schools, churches and church halls and a large number of private houses. William G Bennett also designed the Scarborough Hotel (now demolished), the Majestic Hotel, Applecross (now demolished) and the Ocean Beach Hotel, Cottesloe; together with the Plaza Theatre and Arcade in Hay Perth, and the Regal Cinema in Subiaco.⁹³

⁸⁵ 'Standards for Premises for Child Health Centres in Metropolitan and Country Districts', n.d. (c. 1940s), Information held at Manjimup Child Health Centre, Courtesy Sister Lesley Polley during the Heritage Assessment 2000.

⁸⁶ Ibid.

⁸⁷ Infant Health – Staffing of Centres, op. cit.

⁸⁸ Infant Health Work in Western Australia', September 1955, Infant Health – Establishment of Clinics, op. cit.

⁸⁹ Country Women's Association of WA, Pioneer Women's Memorial Fund, n.d. (c. 1960s), Battye Library, PR8894/1.

⁹⁰ Taylor, Dr John J., 'Nancy Lorne Allen (1908-1993)', Western Australian Architect Biographies, <http://www.architecture.com.au/i-cms?page=13453>, accessed 18 June 2026.

⁹¹ Ibid., p. 11.

⁹² Ibid., p. 11. At some point during World War Two, Bennett's practice did close all together. From circa 1942 to 1945, Allen worked in the Architectural Division of the Commonwealth Department of Works and Housing with David Hutchison and renown West Australian female architect Margaret Pitt Morrison. (Conversation with David Hutchison, by Kris Bizacca 14/11/2000.)

⁹³ Geneve, Y., 'William G. Bennett (1896 – 1977)', in Art Deco Society of WA, Newsletter, July/August 1992, Vol. 5, No. 4, p. 10-11.

The work of the practice of William G Bennett is typified by a personal style derived from a use of elements characteristic of the Inter-War Functionalist c. 1915 – c.1940, the Inter-War Art Deco c. 1915 – c.1940 and the Inter-War Stripped Classical c. 1915 – c.1940 styles. An underlying characteristic of the style employed by this firm was the way in which these contemporary styles were integrated with elements of more conservative standard planning and building construction from the period. This can be demonstrated in the way Bennett buildings rarely concealed their main areas' roofs behind parapets instead the roofs were usually standard construction hipped and the use of flat or parapeted roofs was limited to balconies and entrances. There is a feeling with Bennett buildings that there was a definite hierarchy of importance given to the facades of a building and rooms within it. This was reflected in the way in which the greatest design attention seems to have been focussed on the main facade, and the main reception rooms of a building.

Manjimup Infant Health Centre (fmr) exemplifies this design strategy, because while the building is typical of many medium sized houses built during this period, it has been given an appropriate scale and presence by the concentration of stylistic elements in the area of the entrance and waiting room.

The most comparable places identified in the inHerit database of Heritage Places from the mid 20th century are included below. The places of brick and tile (or originally tile) have been selected with a focus on regional centres as these typically had a residence included. Where it is known, those which have an association with Nancy Allen, or William Barnett & Associates have been identified.

A trend noted in this comparative research is the connection between the Country Women's Association (CWA) and Infant Health Centres in regional centres.

P5682 Lady Mitchell Memorial Child Health Centre, Bunbury.

STATE REGISTERED PLACE

This building demonstrates a different style but is closely associated with the provision of government services for regional families.

It was built in 1950 to a design by architect **Nancy Allen** and demonstrates her evolution of styles.

Image courtesy DPLH



P8232 Infant Health Centre, Corrigin

Shire of Corrigin LHS, Category C

This brick and tile building constructed in 1951, is another expression of the designs of **Nancy Allen** from William Bennett and Associates for Infant Health Centres.

Image courtesy DPLH



P14395 Child Health Centre, Katanning

Shire of Katanning LHS, Category 3

The brick and tile building was constructed in 1938 in the Inter War California Bungalow style.

Portions of the walls are rendered and it demonstrates the domestic scale with a generous front porch.

It is still used as a Child Health Clinic.

Image courtesy Google Street View (2023)

**P14975 Boyanup Infant Health Clinic**

Shire of Capel, LHS Category 3

Single storey brick and tile domestic scaled building constructed in 1955

The place is no longer used for its original purpose.

Image courtesy Shire of Capel Local Heritage Survey, DRAFT 2025.

**P26681 Bridgetown Infant Health Centre**

Shire of Bridgetown-Greenbushes LHS, Category B

A single storey brick domestic scaled building with a colorbond roof.

Built in 1954 to a design by architects **William G. Bennett**, but probably Nancy Allen.

It included premises for the Clinic Sister and is therefore comparable to the Manjimup Infant Health Centre.

Image courtesy Shire of Bridgetown-Greenbushes.



P26692 Brookton Country Women's Association (CWA)

Shire of Brookton, LHS, no category

This brick and tile building was constructed in 1954 for the dual purpose of CWA rooms and the Infant Health Clinic.

Image courtesy Shire of Brookton

**P6420 CWA Building**

Shire of Coorow

This brick and tile building was constructed in 1951 for the CWA on the condition that it included facilities for an Infant Health Centre.

The render or painted finish appears to be a later addition. Despite these changes the original form can still be determined.

Image courtesy Google Maps

**P4971 Memorial Park, Margaret River – including Margaret River Infant Health Clinic (fmr)**

This clinic was built in 1954 as an Infant Health Clinic but has since been adapted for use as a public rest room.

Image courtesy Shire of Augusta-Margaret River, 2012.



P4557 Infant Health Centre, Tambellup

This building was largely constructed in 1956 and joined a 1924 building constructed as a Rest Room, for the Women's Friendly Union.

The place continues to serve as a community facility.

Image courtesy Shire of Broomehill-Tambellup, 2023.

**P12454 Child Health Clinic**

Shire of Wongan Ballidu

1 Quinlan St Wongan Hills

This clinic was built in 1953 with the support of the Roads Board and the Lotteries Commission.

It no longer serves a community purpose and the tile roof has been replaced.

Image courtesy Google maps

**Pemberton Infant Health Clinic (fmr)**

Shire of Manjimup

61 Brockman St Pemberton

This clinic was opened in 1951 after 8 years of fundraising by the local community.

It now serves as the Pemberton Museum and has been added to in a sympathetic manner to the north.

A random rubble stone wall obscures the view of the original building which still features the brick finish although the tile roof has been replaced.

Image courtesy Google maps



6 ASSESSMENT OF SIGNIFICANCE

In determining cultural heritage significance, the Heritage Council has had regard to the factors in the *Heritage Act 2018* and the HERCON indicators adopted on 14 June 2019.

6.1 Importance in demonstrating the evolution or pattern of Western Australia's history;

Manjimup Infant Health Centre (fmr) is associated with the development of the Town and Shire of Manjimup, and of the provision of public and community services prevalent during the Inter-War and subsequent period.

Manjimup Infant Health Centre (fmr) is highly valued for its association with the post war development of the town.

6.2 Importance in demonstrating rare, uncommon or endangered aspects of Western Australia's heritage;

Manjimup Infant Health Centre (fmr) demonstrates the practice of building infant health clinic with associated quarters that were constructed in rural areas in the period after the second world and the mid-1950s. This type of premises are no longer commonly occupied as residential accommodation although many continue to be used for community purposes.

6.3 Potential to yield information that will contribute to an understanding of Western Australia's history;

The place is representative of the establishment and subsequent growth of the Infant Health Association of Western Australia, which was formed in 1923 as a direct result of the need for maternal and infant welfare services in the State. Manjimup Infant Health Centre (fmr) operated as the main clinic for the Manjimup district from its construction in 1946 up until its closure in 2000.

6.4 Its importance in demonstrating the characteristics of a broader class of places;

Manjimup Infant Health Centre (fmr) building is representative of the Infant Health Centres with attached staff quarters that were built in rural areas in the period after the second world and the mid-1950s.

6.5 Any strong or special meaning it may have for any group or community because of social, cultural or spiritual associations;

Manjimup Infant Health Centre (fmr) is highly valued for its role as a health, educational, social and community centre for local women and their children since its construction in 1946 up until its closure in 2000 and thus contributes to this community's sense of place.

Manjimup Infant Health Centre (fmr) has associations with the number of Infant Health Nurses who have worked and lived at the place since its construction in 1946 up until 2000. The place also has broader associations with local community members who served on the management committee for the clinic as well as the mothers and children who have attended the clinic from 1946 up until its closure in 2000.

6.6 Its importance in exhibiting particular aesthetic characteristics valued by any group or community;

Manjimup Infant Health Centre (fmr) is a competently designed and built example of the Inter-war Stripped Classical style of architecture.

Manjimup Infant Health Centre (fmr) is a relatively simple building, almost domestic in scale, that achieves a landmark quality principally through judicious siting and the impact that is made by the rendered portico that dominates the front façade of the building.

Manjimup Infant Health Centre (fmr) is located at the corner of a large public open space/playing field which comprise several community assets. The Manjimup Infant Health Centre (fmr) is important as a component of these community services that contributes to the townscape and cultural values.

6.7 Any special association it may have with the life or work of a person, group or organisation of importance in Western Australia's history;

Manjimup Infant Health Centre (fmr) was designed by architect Nancy Allen who was the second woman to pass the examination of the Architects Board of Western Australia in 1932, and one of three woman to first join the Western Australian Institute of Architects in March 1934.

Manjimup Infant Health Centre (fmr) is associated with Dr Eleanor M. Stang the medical supervisor for Infant Health Centres from 1929 to 1954. Dr Stang was a strong and committed advocate of pre-natal, infant and maternal health and it was under her direction that the infant health movement grew and was greatly developed.

6.8 Its importance in demonstrating a high degree of creative or technical achievement.

6.9 Condition

Manjimup Infant Health Centre (fmr) was well built and appears to be in good condition. The building has benefited from a regular maintenance regime, however, following the relocation of the infant health services, it was unoccupied for some time and is starting to show the effects of no longer receiving the same level of maintenance. Conservation works have however been occurring since late 2025.

The grounds and gardens would be improved by more regular care. The presentation of the front façade would be enhanced by the removal of the mature shrubs planted to the right of the entry portico.

The garage at the rear of the site is in a sound condition.

Refer to Appendix C for a detailed Building Condition Assessment.

6.10 Integrity

The extent to which the fabric is in its original state.

With much of the building's fabric intact Manjimup Infant Health Centre (fmr) has a high level of authenticity. The only noticeable changes to the original fabric have been the enclosure of the back verandah, the replacement of the louvres in the windows of the rear sleep-out and the 'modernisation' of the bathroom.

The garage appears to be unaltered.

6.11 Authenticity

The extent to which the original intention is evident, and the compatibility of current use.

Manjimup Infant Health Centre (fmr) has a high level of integrity and, although the building is currently being used as a single residence, the original intention of the building remains intact. In recent years the Manjimup Infant Health Centre (fmr) did not fulfil its original purpose as a combined clinic and residence. However, none of the fabric of the building was altered when all rooms were given over to clinic use. The building could readily be returned to serve its original purpose.

The garage at the rear of the site remains in use as a garage.

7 STATEMENT OF SIGNIFICANCE

This statement is that used in the documentation for the inclusion Manjimup Infant Health Centre (fmr) on the State Register of Heritage Places in 2001. There are minor differences in the physical evidence which do not affect the overall significance of the place.

Manjimup Infant Health Centre (fmr), a residential scale, single storey brick and tile community building with a prominent semi-circular masonry portico to the front façade built in the Inter-war Stripped Classical style, has cultural heritage significance for the following reasons:

the place is representative of the establishment and growth of the Infant Health Association of Western Australia, which was formed in 1923 as a direct result of the need for maternal and infant welfare services in the State;

the place was designed by Nancy Allen, the first woman to pass the examination of the Architects Board of Western Australia in 1932, the first woman to become a member of the Western Australian branch of the Royal Institute of Architects⁹⁴ and an architect with the prominent architectural practice of William G. Bennett;

the place is a competently designed and built example of the Inter-war Stripped Classical style that despite its relatively simple, almost domestic scale, achieves a landmark quality principally through judicious siting and the impact that is made by the rendered portico that dominates the front façade; and

the place has high social and historic value for its role in providing a child health service for the women and children of the Manjimup District from its construction in 1946 until its closure in 2000.

The garage that was completed shortly after the construction of the place has some significance because it complements the main building aesthetically and because it illustrates the role of the clinic in providing mobile services to outlying areas of the district.

The mature trees to the north side of the entry portico of the place are intrusive because they obscure the main façade of the building.

⁹⁴

Since the preparation of the Statement of Significance in 2001 it has been determined that Nancy Allen was the second woman to be registered as an architect in Western Australia. She also joined the Western Australian Institute of Architects at the same time as two other women architects; Zoie Bennett and Dorothea Hancock in March 1934.

8 ZONES AND ELEMENTS OF SIGNIFICANCE

The purpose of this section is to identify and discuss zones, sections and elements of the place that have varying degrees of significance. The grading of the levels of significance is considered in relation to the physical and documentary evidence and assessment of significance of the place discussed in the above sections. All aspects of the study area including landscape, archaeological potential, setting, building/s, physical features and elements are taken into consideration.

Generally, a five-tier grading system is used to identify those parts of the place that are of:

- Exceptional significance
- Considerable significance
- Some significance
- Little or no significance ie zones or elements that neither contribute not detract from the significance of the place
- Intrusive elements ie zones or elements considered to detract from or have an adverse effect on the significance of the place

The above grading system is considered in a State context, and all five tiers need not apply to the significance of Manjimup Infant Health Centre (fmr).

8.1 Zones of significance

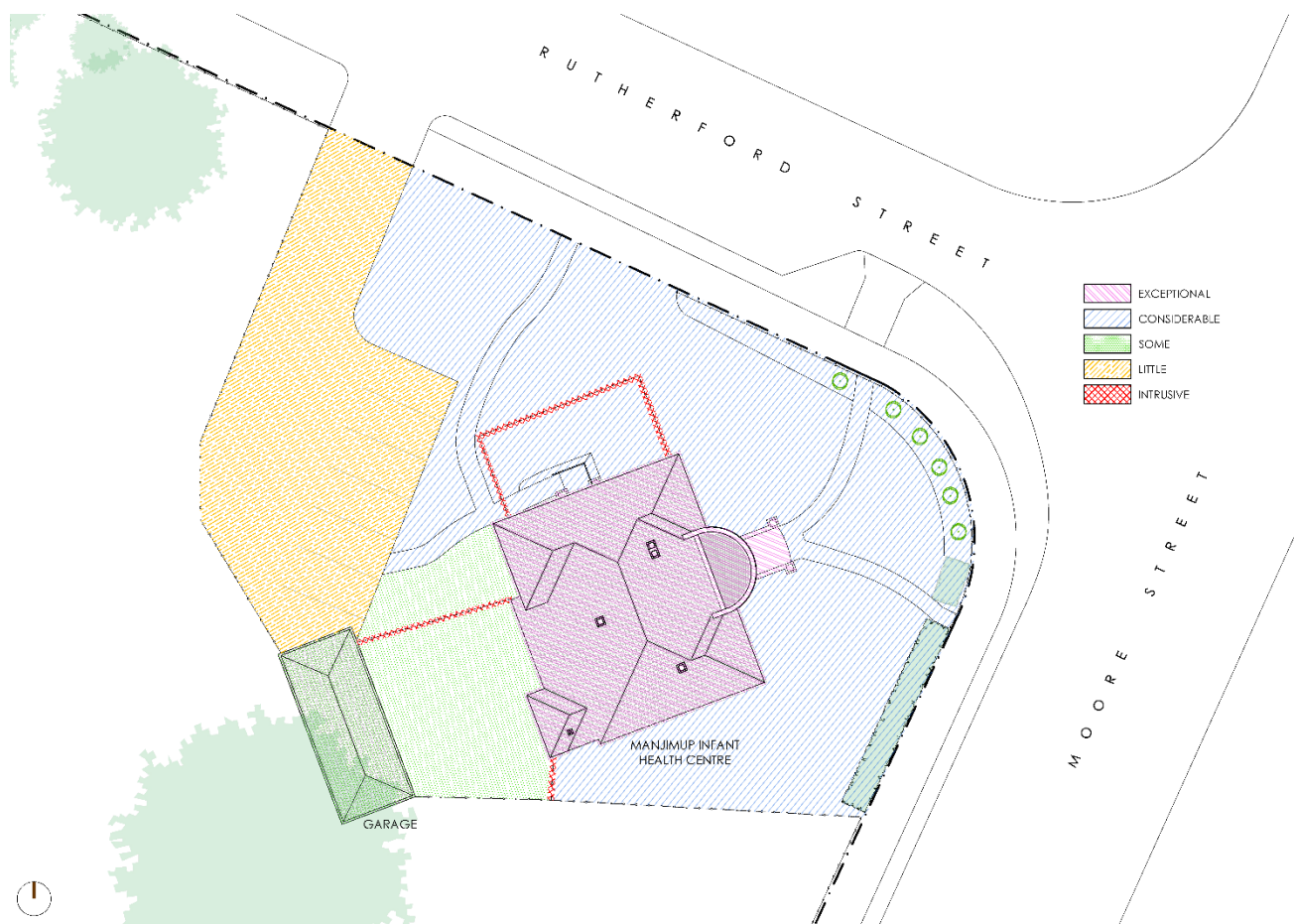


Figure 68 Zones of Significance Site Plan.

Level of Significance	Zone
Exceptional Significance	Extent of building footprint
Considerable significance	- Grounds to the north, east and south side of building bound by the corner frontage - Plantings on the corner frontage
Some significance	- Grounds to the rear of the building - Garage
Little or No significance	Car parking
Intrusive areas/element on site	Modular panel fencing

8.2 Elements of significance

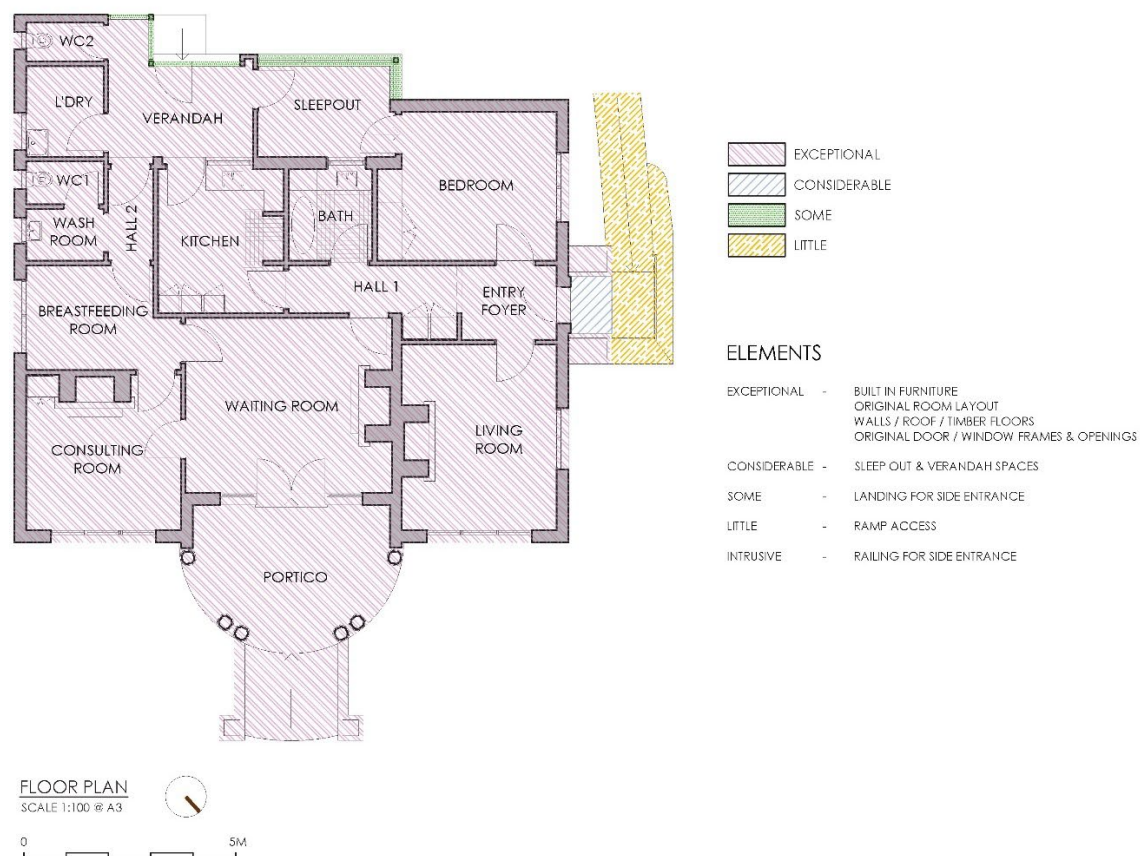


Figure 69 Zones of Significance Floor Plan.

Level of Significance	Element
Exceptional Significance	• Footprint of original building • Extant original fabric including ◦ Steps to entry and portico ◦ Brickwork ◦ Original doors and windows and openings, chimneys. ◦ Original floor plan ◦ Original door and window furniture ◦ Floorboards ◦ Original sub floor and roof structure
Considerable Significance	• Stairs to eastern entry foyer. • Kitchen fitout. • Plantings on street frontage
Some Significance	• Enclosure of sleepout • Toilet fitout • Garage
Little or no significance	• Ramp to eastern entry • Bathroom fitout
Intrusive Elements	No intrusive elements within the building

9 CONSERVATION POLICY

9.1 Introduction

The following conservation policies have been developed on the basis of the preceding assessment of the cultural heritage significance, zones and elements of heritage significance and the statement of heritage significance for the Manjimup Infant Health Centre (fmr).

The policies have been drafted with awareness of the physical environment of the site, sufficiently flexible to recognise any constraints and requirements on the site and of its owners, managers and users, and to enable the heritage significance of the place to be retained and enhanced.

In this context the conservation policy aims:

- to provide guidance to the owners of the place, regarding significance of the structure;
- to provide advice to ensure retention of the significance of the Manjimup Infant Health Centre (fmr);
- to provide practical recommendations for conservation of significant fabric;
- to illustrate practical means by which the significance of the place can be presented through appropriate interpretation; and,
- to provide advice on the approval process for any proposed development,

The assessment of significance and recommendations for conservation should be viewed not only as constraints but also, more importantly, as opportunities.

9.2 Guide to conservation policy

The policies recommended for the Manjimup Infant Health Centre (fmr) are based on the need to conserve it as a place of aesthetic, historic and social significance. The conservation of the structure and its setting should take account of the physical changes that have occurred over time, and which reflect the historical development of the place.

It is recommended that the conservation of the place be carried out in accordance with the principles established in the Australia ICOMOS Charter for the Conservation of Places of Cultural Significance (Burra Charter).

9.3 Key policy statements

- Policy 1.1** The assessed significance of Manjimup Infant Health Centre (fmr) together with the recommendations of the Conservation Management Plan should be adopted by the owners and managers of the place, as well as relevant authorities, as a guiding document for decisions about management, maintenance and future use.
- Policy 1.2** The conservation of significant elements should be carried out in accordance with the principles outlined in the Australia ICOMOS charter for the conservation of places of cultural significance (the Burra Charter). These principles are fundamental to the Conservation Management Plan.
- Policy 1.3** The Conservation Management Plan should be reviewed periodically to consider the continued applicability of the policies and to assess the manner in which they have been implemented.
- Policy 1.4** All work undertaken to conserve or adapt the place should be appropriate to the assessed significance of the place and should be guided and supervised by experienced conservation practitioners.

9.4 Policies arising from the cultural heritage significance of the place

The Assessment of Significance (Section 6.0) and Statement of Significance (Section 7.0) define the cultural significance of the place in terms of aesthetic, historic, scientific and social significance, and in terms of its condition, integrity and authenticity.

The significance of a place must be capable of being observed in the fabric of the structure and other elements of physical evidence in order that the conservation of these preserves the documented cultural heritage significance.

- Policy 2.1** The future conservation and use of Manjimup Infant Health Centre (fmr) should take account of the assessed significance of the place.
- Policy 2.2** All the elements assessed as being of cultural heritage significance should be retained and ideally conserved in their original locations.
- Policy 2.3** Site features assessed as being of little significance or intrusive elements may be retained or removed on the basis of the requirements of use.

9.5 Requirements arising out of the Burra Charter

The conservation policy for the Manjimup Infant Health Centre (fmr) recommends the conservation and interpretation of the existing building in accordance with the principles of the Burra Charter. (Policy 1.2)

The Burra Charter indicates certain principles, which should guide conservation. Generally, original fabric is considered to be of greatest significance and the principles of the Burra Charter focus on the means of conserving this in order to preserve the authenticity of the heritage place.

Where fabric has deteriorated to the point where it is no longer viable, reconstruction should be carried out using replacement material that matches the original as closely as possible. However, since the greatest value is placed on authentic material dating from the period of construction, conservation of this is of the highest priority and replacement should only be carried out when all means of conserving the original fabric have been investigated.

Conservation of existing fabric does not require that the fabric appear as new. Part of the understanding of a place of heritage significance includes the patina of age resulting from minimum interference with original fabric. Generally, conservation practice requires owners and users to maintain places of cultural heritage significance as part of their day-to-day use.

All the principles of the Burra Charter are relevant to the conservation of the Manjimup Infant Health Centre (fmr).

The following Articles 8, 9, 12 and 16 are highlighted for their association to this place. (Refer to the text of the Burra Charter for exact definitions and explanatory notes for each article)

ARTICLE 8:

Conservation requires the maintenance of an appropriate visual setting: eg form, scale, colour, texture and materials. New construction, demolition, intrusions or other changes which would adversely affect the setting or relationships are not appropriate.

ARTICLE 9:

A building or work should remain in its historical location. The moving of all or part of a building or work is unacceptable unless this is the sole means of ensuring its survival.

- 9.1 The physical location of a place is part of its cultural significance. A building, work or other element of a place should remain in its historical location. Relocation is generally unacceptable unless this is the sole practical means of ensuring its survival.
- 9.2 Some buildings, works or other elements of places were designed to be readily removable or already have a history of relocation. Provided such buildings, works or other elements do not have significant links with their present location, removal may be appropriate.
- 9.3 If any building, work or other element is moved, it should be moved to an appropriate location and given an appropriate use. Such action should not be to the detriment of any place of cultural significance.

ARTICLE 12:

Conservation, interpretation and management of a place should provide for the participation of people for whom the place has significant associations and meanings, or who have social, spiritual or other cultural responsibilities for the place.

ARTICLE 16:

The contributions of all periods to the place must be respected. If a place includes fabric of different periods, revealing the fabric of one period at the expense of another can only be justified when what is removed is of slight cultural significance and the fabric which is to be revealed is of much greater cultural significance.

Where later fabric is harmful to original or earlier fabric, this should be carefully removed following the advice of an experienced heritage architect.

9.6 Policies arising out of the Burra Charter

Policy 3.1 The definitions and principles of the Burra Charter should be used to guide all considerations for the future conservation, development and use of the Manjimup Infant Health Centre (fmr) and any associated requirements for physical works. (Refer 9.9 Policies Arising from the Physical Condition of the Place)

9.7 Policies arising out of graded zones and elements of significance

The following recommendations for the different graded zones of significance are based on those outlined in the Heritage Council of Western Australia's '*Conservation Plan Study Brief*,' and have been adapted to suit the specific requirements of the Manjimup Infant Health Centre (fmr). (Refer Section 8.0 Zones and Elements of Significance).

Exceptional Significance

Policy 4.1 The fabric of structures or elements of exceptional significance should be retained and preserved, restored or reconstructed as appropriate.

Considerable Significance

Policy 4.2 The fabric of structures or elements of considerable significance should be retained and conserved.

Reconstruction of any lost element is desirable provided sufficient detailed information is available to allow for an accurate reconstruction.

There should be no new works, which will adversely affect the setting of the structures or obscure important views to and from the site or its individual elements.

All works should be undertaken with the assistance of a qualified and experienced heritage practitioner.

Detailed conservation policies for the Manjimup Infant Health Centre (fmr) are outlined in Sections 9.10 and 9.11 (Policies 7.1-7.9). These policies have been prepared in accordance with the assessed levels of significance of the structure.

Responsibility for implementation is outlined in Section 10.0. Generally, the owner of a place is responsible for the conservation works, in this circumstance the Shire of Manjimup.

Major alterations to zones and elements of considerable significance will need to be referred to the Shire of Manjimup and the Department of Planning Lands and Heritage (Heritage Council) and conform to the appropriate Heritage Policy.

Some Significance

Policy 4.3 The fabric of structures or elements of some significance should ideally be retained and conserved. Changes may occur to these elements so long as they do not adversely harm fabric or elements of greater significance and do not diminish the significance of the whole.

The general policy is that fabric of structures or elements identified as being of some significance should ideally be preserved, restored or reconstructed as appropriate. Whilst there is a little more flexibility in the approach to elements of some significance, their retention is encouraged. Any works or changes to these elements should not harm zones or elements of greater significance or the significance of the place as a whole. Works to remove elements of some significance will require a development approval and heritage impact statement to be submitted to the Shire of Manjimup.

Little Significance

Policy 4.4 Zones or elements of little significance may be altered or removed depending on user requirements. The removal or alteration of these elements should not harm the zones and elements of greater significance.

Intrusive Zones or Elements

Policy 4.5 Zones and elements regarded as being intrusive may be removed depending on user requirements. The removal of such should not harm zones and elements of greater significance.

Any zone or element considered to be intrusive to the overall significance of the place may be retained or removed depending on user requirements. Any works to remove intrusive elements from the place should be guided by the advice of an experienced heritage architect. Removal of these elements should not result in harm to elements of greater significance or diminish the significance of the entire place. Works to remove intrusive elements will require a development approval and heritage impact statement to be submitted to the Shire of Manjimup.

9.8 Policies arising from the physical setting and location of the place

The setting of the Manjimup Infant Health Centre (fmr) contributes to the significance of the place.

- Policy 5.1** Surrounding development should not encroach on the landmark value and judicious corner siting of the Manjimup Infant Health Centre (fmr).
- Policy 5.2** Whilst lighting is essential in creating a safe environment, the amount of lighting and other street furniture should be kept to a minimum in order not to encroach on usability of public spaces and harm views of significance.
- Policy 5.3** Any further changes to the public realm around the Manjimup Infant Health Centre (fmr) should be mindful of the significance of the place and not harm views and understanding of the place.

9.9 Key policies arising from the physical condition of the place

At the time of this report, the condition of the Manjimup Infant Health Centre (fmr) was good. There is water egress that needs to be addressed, such as into the portico ceiling, and the repair of this ceiling is a high priority for maintenance.

- Policy 6.1** The conservation works identified in this report should be undertaken within the timeframe specified to prevent harm occurring to the place. The identified works should form part of the on-going conservation and maintenance planning for the place.
- Policy 6.2** All original fabric should be retained wherever practicable. Where this is not possible due to condition, new fabric may be introduced to match on the advice of heritage professionals ensuring that all new work can be read as new. Where possible replacement fabric is to be on a like-for-like basis.
- Policy 6.3** Any works beyond general maintenance and minor works to the Manjimup Infant Health Centre (fmr) will require a development approval. Refer to the 'Guide to Developing Heritage Places' DPLH, July 2024 for determination of major and minor works.

9.10 Conservation of the Manjimup Infant Health Centre (fmr)

Conservation policies aim to retain and conserve the significance of a place. The policies in this document aim to retain and conserve the significant elements of the Manjimup Infant Health Centre (fmr).

Conservation is a combination of many processes that seek to retain original fabric, design and function of a place. As a public place, these conservation actions must also be balanced against public access and safety. Any actions taken to safeguard significance and access must have a minimal impact on fabric and significance. Any works that are considered intrusive or harmful to the significance of the place should be reconsidered or if no prudent alternative solution exists, the heritage outcomes must outweigh the perceived negative impacts.

The Manjimup Infant Health Centre (fmr) should remain open to the public and continue the provision of public and community services. The place has been assessed as being of significance and therefore the elements that combine to create the Manjimup Infant Health Centre (fmr) should be retained and conserved.

- Policy 7.1** All fabric of the Manjimup Infant Health Centre (fmr) should be inspected on a routine basis for structural adequacy, cracking and deterioration of materials that may be of danger to the visitors to the building, memorial and adjacent park. Where issues are known to exist, these should be remediated by appropriate professionals and/or monitored for further deterioration.
- Policy 7.2** The simple form and dominant rendered portico of the Manjimup Infant Health Centre (fmr) should be retained, and no further additions should be constructed without assessment of impact on the significance of the place.

9.11 Policies arising from the physical condition of the place

These policies seek to conserve significant fabric and elements of the Manjimup Infant Health Centre (fmr). The Manjimup Infant Health Centre (fmr) has a landmark quality principally through its judicious siting on the corner of Rutherford and Moore Streets, and its dominant portico oriented towards and visible from this corner. All conservation actions should reinforce the significance of the place and retain, reinstate or interpret any lost elements.

An inspection of the place was undertaken as part of the process for preparing this Conservation Management Plan with a list of conservation works and general maintenance works being identified and prioritised. Whilst the Manjimup Infant Health Centre (fmr) is generally in good condition, there are works that need to be undertaken to ensure the ongoing viability of the place.

- Policy 7.4** Any further conservation works should be guided by an experienced heritage architect.
- Policy 7.5** Replacement fabric should match the original. Where this is not possible, replacement fabric should be similar to the original fabric.
- Policy 7.6** Hard cement mortars should not be used. Only use lime mortars in any repairs.
- Policy 7.7** Breathable paint should be used on the external brickwork and render finishes.
- Policy 7.8** Where graffiti is an issue, consideration should be given to applying an anti-graffiti coating. Care must be taken to ensure that any coating does not harm the masonry and the advice of a heritage architect should be sought prior to any product being applied.
- Policy 7.9** Paint colours for both the interior and exterior should be based on the originals and should be reflective of the 1940s Inter War period of construction.

Evidence of original paint colours is to be based on documentary evidence or physical evidence through the carrying out of paint scrapings.

9.12 Policies arising from the archaeological potential of the place

The archaeological potential of the site has not been investigated. The site has experienced very little disturbance or different stages of development. There have been no alterations to the footprint of the original building. There may be potential for archaeological finds in the subfloor space. If further works are proposed, the archaeological potential of the site should be considered.

Policy 8.1 The archaeological potential of the site must be taken into consideration when considering any works that may require ground disturbance.

9.13 Requirements for interpretation

The interpretation of a place assessed to be of cultural heritage significance involves the way in which the significance is conveyed to the users of the place including visitors and the public. Interpretation is also used as an educational tool at a variety of levels. It should be engaging and cater for a wide range of users and provoke an array of responses and emotions from its audience.

Interpretive material may include signs, plaques, displays and other material as a means of explaining the history or reflecting the significance of Manjimup Infant Health Centre (fmr). Interpretive material is used to integrate the story of the history of the place with ongoing practical use.

Policy 9.1 Copies of the conservation management plan should be available through the Shire of Manjimup and HCWA.

Policy 9.2 Ensure that the conservation of the Manjimup Infant Health Centre (fmr) is the fundamental component of its interpretation.

Policy 9.3 Encourage the development of an Interpretation Strategy for the Manjimup Infant Health Centre (fmr) including interpretive material that illustrates the story of the Manjimup Infant Health Centre (fmr), the early development of Manjimup, and the establishment and growth of the Infant Health Association which led to its construction.

Policy 9.4 Encourage the protection and maintenance of the archive collection of materials held by the Manjimup Public Library relating to the Manjimup Infant Health Centre (fmr).

9.14 Policies arising from external requirements

Several requirements must be taken into consideration when considering future management of the place. The Manjimup Infant Health Centre (fmr) is vested in the Shire of Manjimup who therefore have certain responsibilities regarding the management of the place.

Policy 10.1 Generally, any development of the place should comply with statutory constraints including building and health requirements administered by the local authority and the conditions applied through referral to HCWA/DPLH.

Policy 10.2 A copy of this conservation management plan should be provided to the following agencies for their information and guidance.

- Heritage Council of WA, Department of Planning, Lands and Heritage
- Battye Library of WA
- Shire of Manjimup

9.15 Requirements of Heritage Listings

The Manjimup Infant Health Centre (fmr) is entered on the State Register of Heritage Places managed under the Heritage Act 2018. It is entered on the Shire of Manjimup's Heritage List and Municipal Inventory.

All proposed works, beyond regular maintenance as identified in the DPLH Guide to Developing Places⁹⁵, will need to be forwarded to the Heritage Council of WA (Department of Planning, Lands and Heritage) for consideration and comment and take account of the Shire's heritage policy. A heritage impact statement will be the minimum requirement when submitting a development application for major works.

Policy 11.1 A heritage impact statement prepared by a heritage professional is to be submitted to the Shire of Manjimup and the Heritage Council of WA (DPLH) with development applications for major works as stipulated in the DPLH Guide to Developing Places.

9.16 Requirements of Statutory Authorities

Fire safety regulations, Health Acts, the Australian Building Code regulations, Disability Discrimination Act and other constraints operating on any property apply and the future use of the place may be influenced by these requirements.

Appropriate procedures for approval should be followed for any proposed works or future change of use of the place, however all applications should be accompanied by a statement indicating the heritage significance of the place.

All applications should involve a process of negotiation in order to ensure that requirements are met with minimum interference to significant fabric and other heritage values.

Policy 12.1 Where elements have been assessed as having significance, any works arising from requirements to comply with statutory regulations should be evaluated against this conservation policy to ensure minimum impact on significant fabric. Professional advice should be sought to ensure that both safety and conservation issues are fully assessed.

⁹⁵ [Guide to Developing Heritage Places](#)

9.17 Requirements of owners and user of the place

The requirements of the owners and users of the place will depend upon issues of practical ongoing use. The requirements of the owners and users of the place are to conserve the place in an appropriate manner.

Policy 13.1 Current and future owners and users of the place should be made aware of this document and any alterations to accommodate new development should be mindful of the significance of the place and the levels of significance of the elements within the place.

9.18 Future site development

The Manjimup Infant Health Centre (fmr) is located near the Manjimup town centre in a mainly residential area of a one-storey domestic scale. The corner site on which the Manjimup Infant Health Centre (fmr) is located enables good views to this site from the surrounding streets. Directly behind the place on the same lot is a large open playing field, part of the Manjimup Recreation Grounds.

The place has hosted a range of uses for community groups since its use as an infant health centre, including the Youth Services Hub and the Walgenup Aboriginal Corporation.

There should be no development within the lot occupied by the Manjimup Infant Health Centre (fmr) that impacts on its significance. No development should occur between the front façade and Moore Street and Rutherford Street.



Figure 70. Aerial photograph showing the approximate location of future development.

There should be no further additions to the Manjimup Infant Health Centre (fmr) that potentially distort the understanding of the place or adversely affect the aesthetic qualities of the place. Any development proposals will require a heritage impact statement.

If further change is proposed, these changes should not harm the documented significance of the place.

- Policy 14.1** Any further development being considered to Manjimup Infant Health Centre (fmr) should not irreversibly harm or distort the original design intent and function of the place.
- Policy 14.2** Potential development within the heritage curtilage can occur to the north-west or south-west of the Manjimup Infant Health Centre (fmr) in the bituminised carpark or to the rear garage. The extent of development would need to consider issues of bulk, scale and proximity in order to not dominate the Manjimup Infant Health Centre (fmr).
- Policy 14.3** Potential development within the wider lot boundary (Lot 838) can occur to the west of the Manjimup Infant Health Centre (fmr) around the recreation grounds or along the lot boundary except for the corner of Rutherford and Moore Streets. The extent of development would need to consider issues of bulk, scale and proximity in order to not dominate the Manjimup Infant Health Centre (fmr).

9.19 Policies relating to use of the place

The original use for which a place is the preferred ongoing use. The Manjimup Infant Health Centre (fmr) was constructed firstly as a place to provide sufficient facilities for nurses to care for Manjimup's mothers and infants. This was in response to the increasing demand for infant health services in the region during the 1940s. It evolved to accommodate a range of various community-focused purposes. The ongoing use as an infant health centre is no longer suitable, with the services been relocated to modern fit for purpose facilities. Any future use should ensure that changes to the place are kept to the minimum in order to safeguard the documented significance of the place. A use reflective of its original community based, not for profit, use is considered appropriate.

- Policy 15.1** The original use of the Manjimup Infant Health Centre (fmr) should be reinstated, if possible.
- Policy 15.2** If any alternative uses are considered, their impact on the Manjimup Infant Health Centre (fmr) and its ability to contribute to the wider Manjimup community must be fully considered.
- Policy 15.3** Should change in use occur, interpretation of the changes and any information they reveal should be implemented as part of the recommended interpretation policy and strategy.
- Policy 15.4** Significant fabric, details and other elements should be conserved as part of any adaptive reuse process.
- Policy 15.5** Residential or commercial uses of the place that have a community focus are preferred.

10 POLICY IMPLEMENTATION

10.1 Introduction

This section is concerned with implementation of the conservation policies set out in Section 8. It is intended to identify those who should be responsible for the implementation of the various policies, when the policies should be implemented and suggest how these policies might best be implemented. The aim is to ensure the maintenance, and where applicable, the improvement of the cultural significance of the place. This includes ensuring that the fabric of the structure is properly cared for, that adequate financial provision is made for its care and maintenance, and that adequate interpretation for the understanding of the place is put in place and then maintained.

10.2 Implementation and future management

Primary responsibility for the implementation of the conservation policy for the Manjimup Infant Health Centre (fmr) lies with the Shire of Manjimup who manage the property.

Any further development of the Manjimup Infant Health Centre (fmr) should take account of the recommendations established in the management and conservation policy section of this conservation management plan.

It is the responsibility of the Shire of Manjimup to provide copies of the conservation management plan to the State Library of Western Australia, Heritage Council and to any future owners or leaseholders of the place, for their use as a guide to the future management of the place.

The Shire of Manjimup are responsible for ensuring that any future owners of the place are fully briefed regarding their responsibilities for the implementation of the conservation management plan and any Heritage Agreements that may exist. The Shire of Manjimup should provide any future owners or leaseholders with a copy of the conservation management plan for their information and guidance.

10.3 Management guidelines

All works for the Manjimup Infant Health Centre (fmr) should be undertaken in accordance with this conservation management plan which is to be adopted by the owners and leaseholders. Long term management of the cultural heritage significance of these structures should commence with the adoption of this conservation management plan.

The Shire of Manjimup is primarily responsible for the implementation of the policies within this Conservation Management Plan. It is recommended that any existing management and maintenance programs that may be in existence for the place be reviewed by the Shire of Manjimup with reference to the Management and Conservation Policies, Building Condition Assessment and schedule of works contained within this document.

Any future management for the place should seek to address all the issues raised in this document and any other pertinent issues that may arise. It should also seek to establish protocols for decision making to achieve the objectives and strategies established in this document.

10.4 Maintenance plan

Generally

- Check the condition of the Manjimup Infant Health Centre (fmr) and repair any damage as soon as possible in accordance with the provisions of the report.
- Check the condition of the paths, fences, etc to ensure there is no danger to the users of the place.
- Remove graffiti on all elements as soon as it is reported.
- Annual pest inspections.

Monthly or as per Existing Regime

- Mow lawns and prune shrubs, trees, and hedges to the front of the property.
- Remove invasive vegetation alongside the building as it appears and before it has time to become established.

Quarterly

- Remove accumulated guano on main roof and portico parapet.
- Ensure all paving is in good condition, addressing any potential trip hazards.
- Clean out all gutters and check downpipes for any signs of blockages.
- Check the condition of the doors and windows for signs of water ingress or deterioration of putty in the windows.
- Check door and window hardware for signs of deterioration and repair/replace if required.

Long term

- Repaint external timber doors and windows as required.

10.5 Conservation works

The following conservation works should be carried out by the Shire of Manjimup. Any repairs should be undertaken in accordance with conservation policies, informed by this plan and with appropriate specialist advice from professionals skilled in conservation work. The schedule of works has been prepared based on an inspection of the place carried out in May 2026, which outlines general conservation works to the place. See Appendix C.

Immediate Attention Works within 12 months

- Investigate the corrugated iron roof and box gutter for the cause of water leaks causing damage to the portico roof and ceiling and repair as necessary.
- Repair any water damage to the roof structure and replace the plasterboard portico ceiling.

Urgent Works Within 1-2 Years

- Re-bed and repoint all ridge capping on the terracotta roof tiles. Replace valley gutters with new.
- Replace all flashings to chimney stacks and portico.
- Test walls and utility box for asbestos and, if confirmed, engage an accredited asbestos removalist to remove all asbestos.
- Repair cracks to façade entablature render and repaint.
- Remove and replace sections of timber with timber rot.
- Remove paint to balustrade, apply rust treatment and repaint.
- Inspect roof tiles for cracks and loose mortar and repair as necessary.
- Redirect discharge from downpipes away from the base of the building.
- Engage a structural engineer for assessment of partially collapsed firebox.
- Clean debris out of all gutters. Install gutter guards.
- Reinstall glazing to all windows in consulting room.
- Investigate cause of water leak to kitchen, bathroom, sleepout, WC2, and washroom ceilings and repair as necessary.
- Reinstall timber door to washroom entrance.

Medium Term Works Within 3 Years

- Install interpretation panels in the grounds for wider community understanding and appreciation of the place.
- Seal chimney capping.
- Remove deteriorated mortar joints and repoint with lime mortar.
- Replace all flashings.
- Remove rusted fixings and re-fix, rub down and repaint fascias and scotia.
- To exterior walls, repoint missing mortar, fill holes in brickwork with coloured lime to match, light pressure wash to remove organic growth, and assess integrity of damp proof course.
- Repair cracks in portico floor and repaint.
- Clean all laminated glass louvres and replace damaged fixed wire mesh with new.
- Rub down and repaint timber frames, thresholds, architraves, and skirtings as necessary.

- Lightly sand and oil timber floorboards as necessary.
- Remove and replace severely deteriorated timber fixings.
- Remove rust and apply rust treatment to all metal fixings.
- Trim tree nearby to the garage to allow sunlight and airflow onto the roof.
- Carefully remove kerosene heater from the waiting room firebox, assess internal condition of the firebox.
- Replace cracked tiles with new to match existing tiles, and regrout existing tiles as necessary.

Long Term Works Beyond 3 Years

- Pressure wash brick paved walkway to entrance and remove organic growth.
- Repaint security door.

Ongoing Monitoring

- Check for any signs of cracking in the internal plaster and loss of mortar in the external walls.
- Perform general maintenance to doors, windows, floors, fittings (light fittings, curtain rods etc.)

10.6 Implementation of interpretation policy

The implementation of the interpretation policy is the responsibility of the Shire of Manjimup, leaseholders and occupants of the place. The main component of interpretation of the Manjimup Infant Health Centre (fmr) is the continued conservation of the place in accordance with the recommendations of this Conservation Management Plan.

Telling the story of the history Manjimup Infant Health Centre should be understood in the wider context of the development of the town and its community services.

10.7 Adoption of the conservation management plan policy

The owners and managers should adopt the Conservation Management Plan for Manjimup Infant Health Centre (fmr). The policies within the Conservation Management Plan should provide the primary guidance for future and on-going use, management and conservation of the place.

10.8 Review

The Conservation Management Plan should be reviewed every five years, or sooner if major changes to the place occur, by an appropriately qualified heritage consultant. It is the responsibility of the owners to commission the review of the plan.

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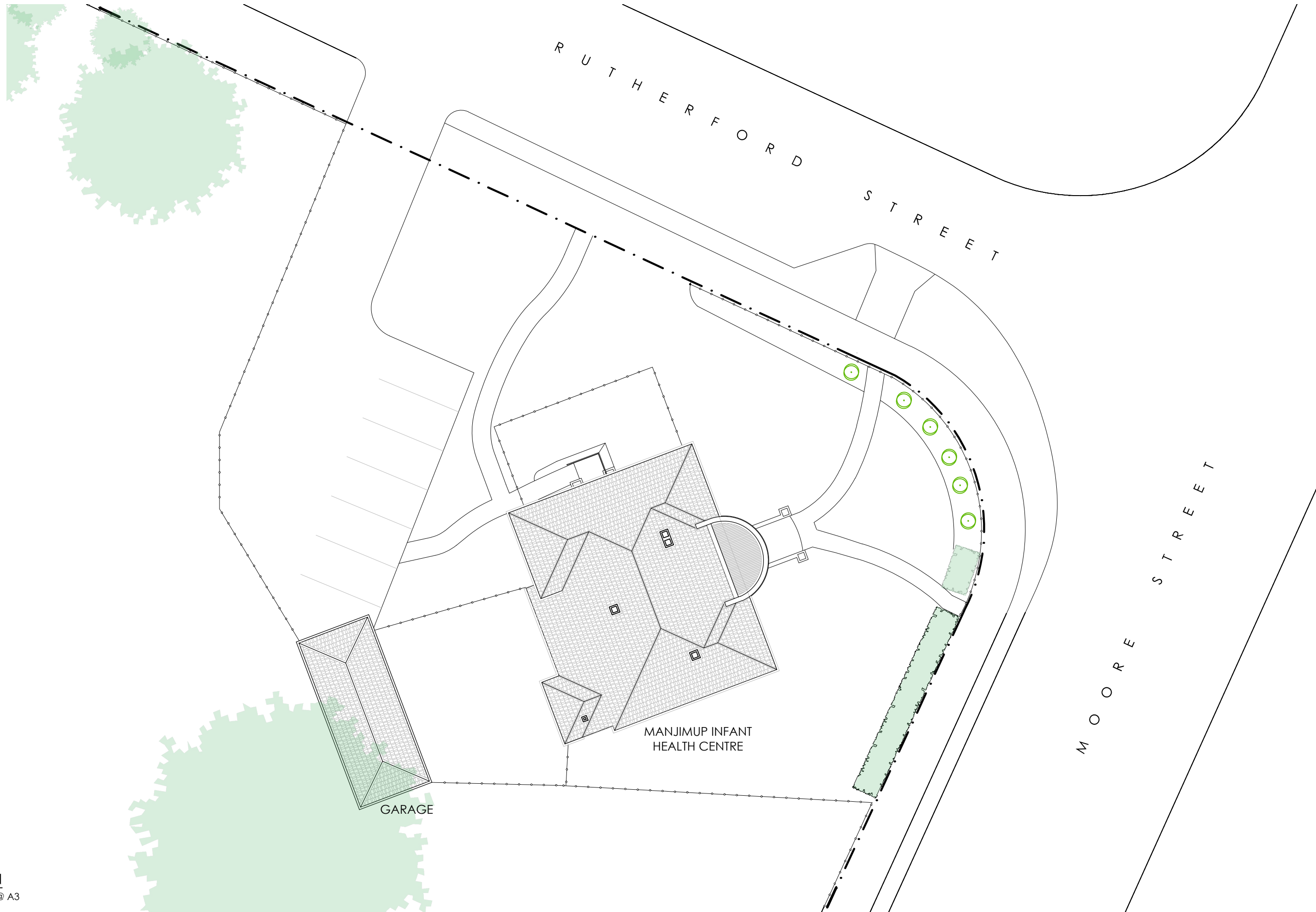
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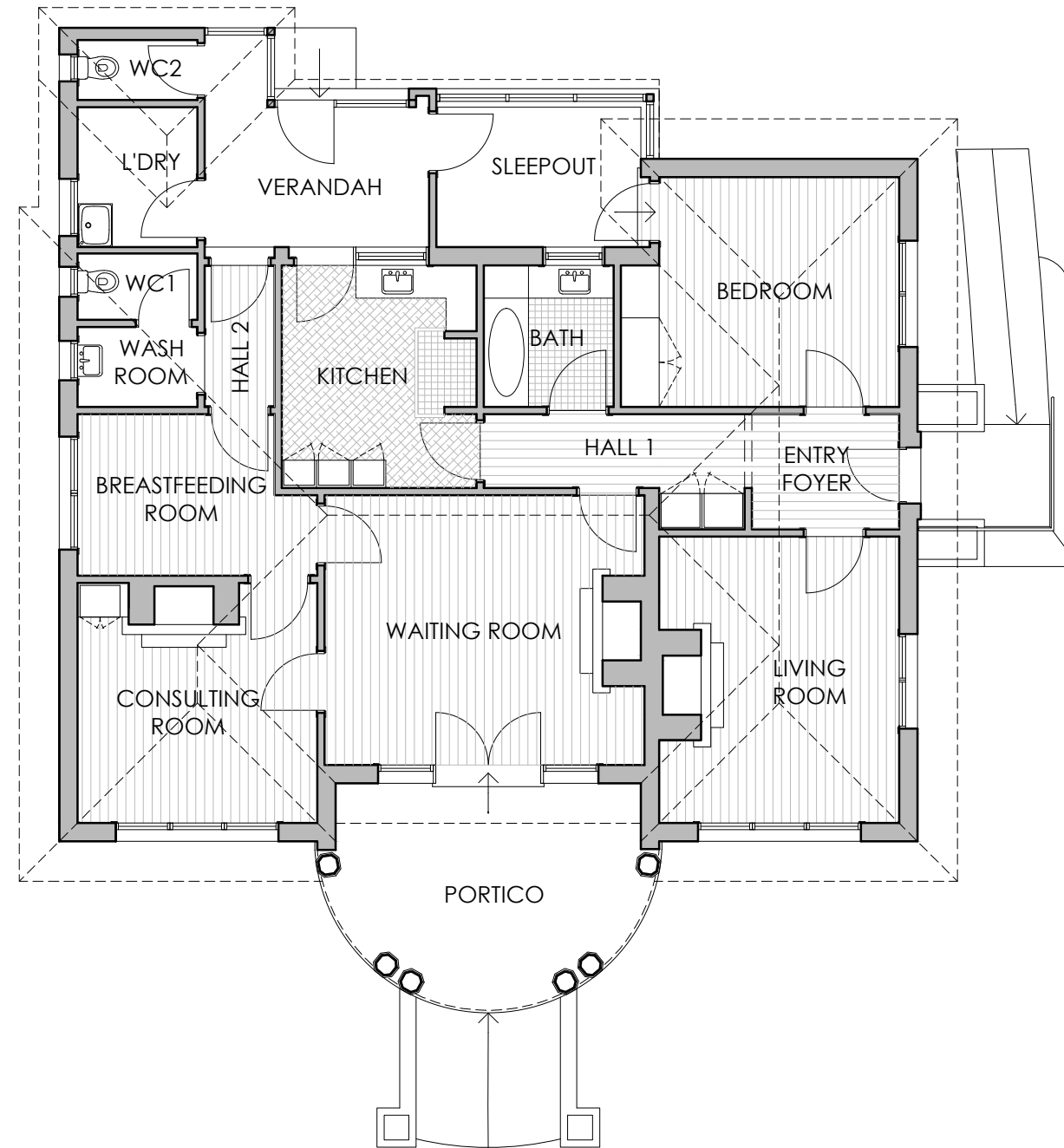
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12 APPENDIX A - PLANS AND ELEVATIONS



SITE PLAN
SCALE 1:200 @ A3

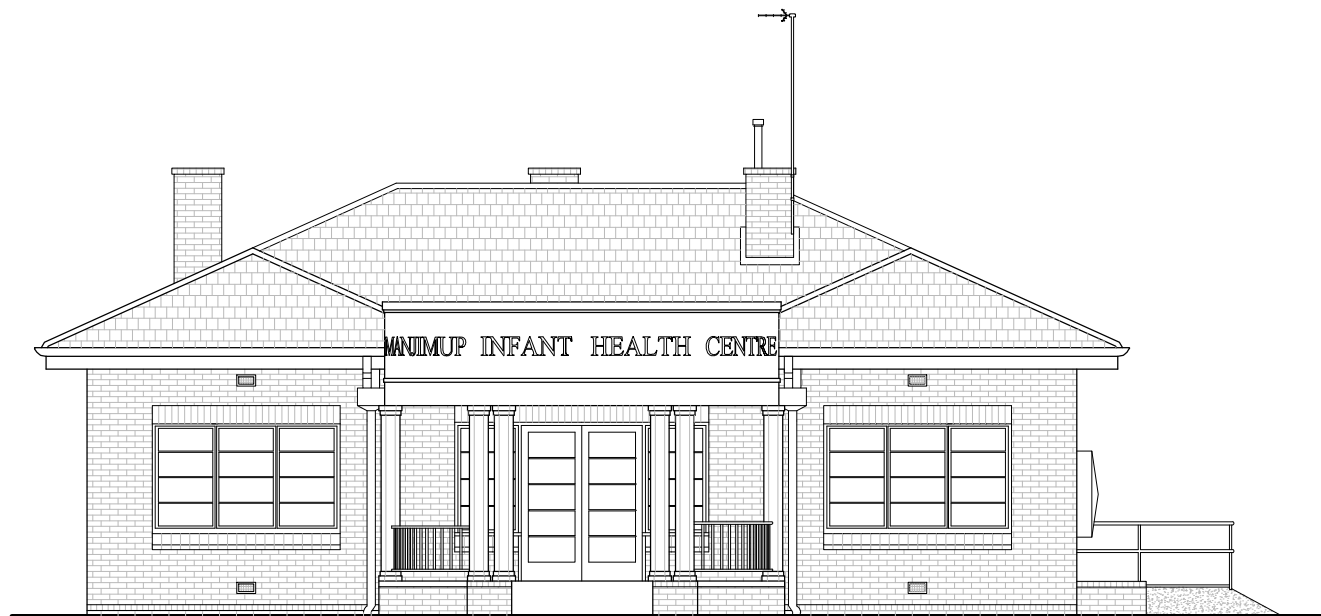




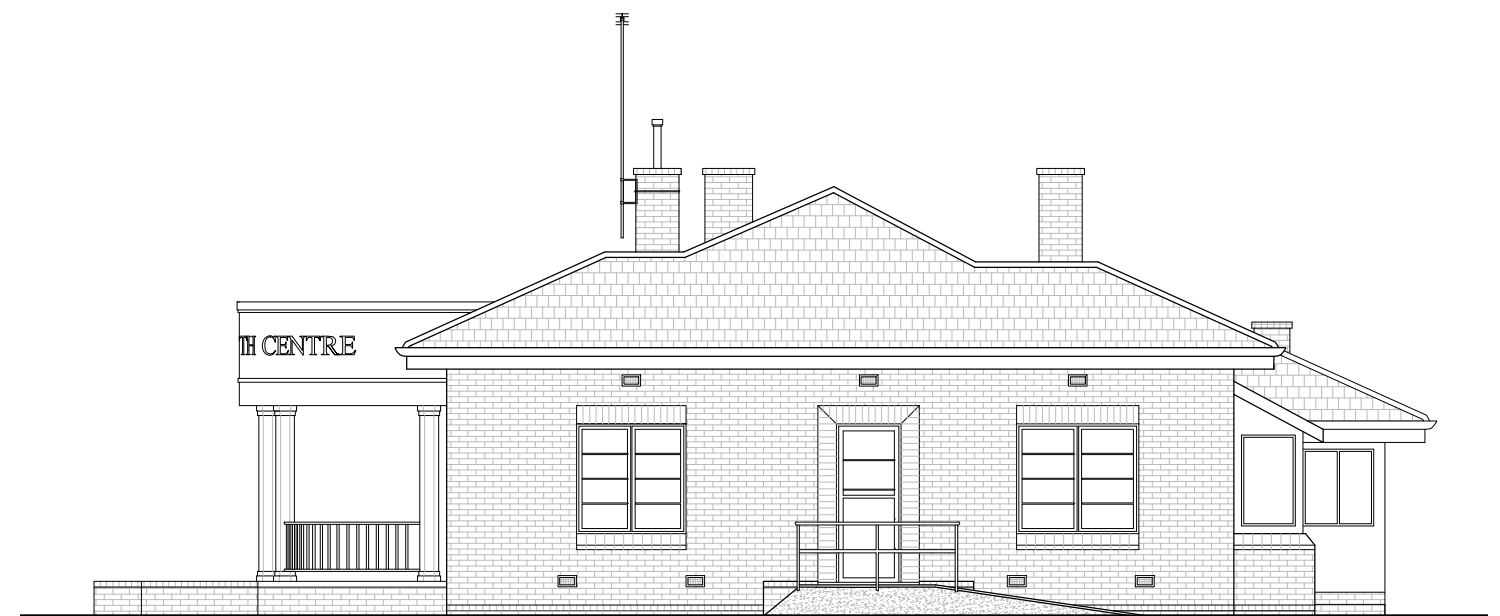
FLOOR PLAN
SCALE 1:100 @ A3



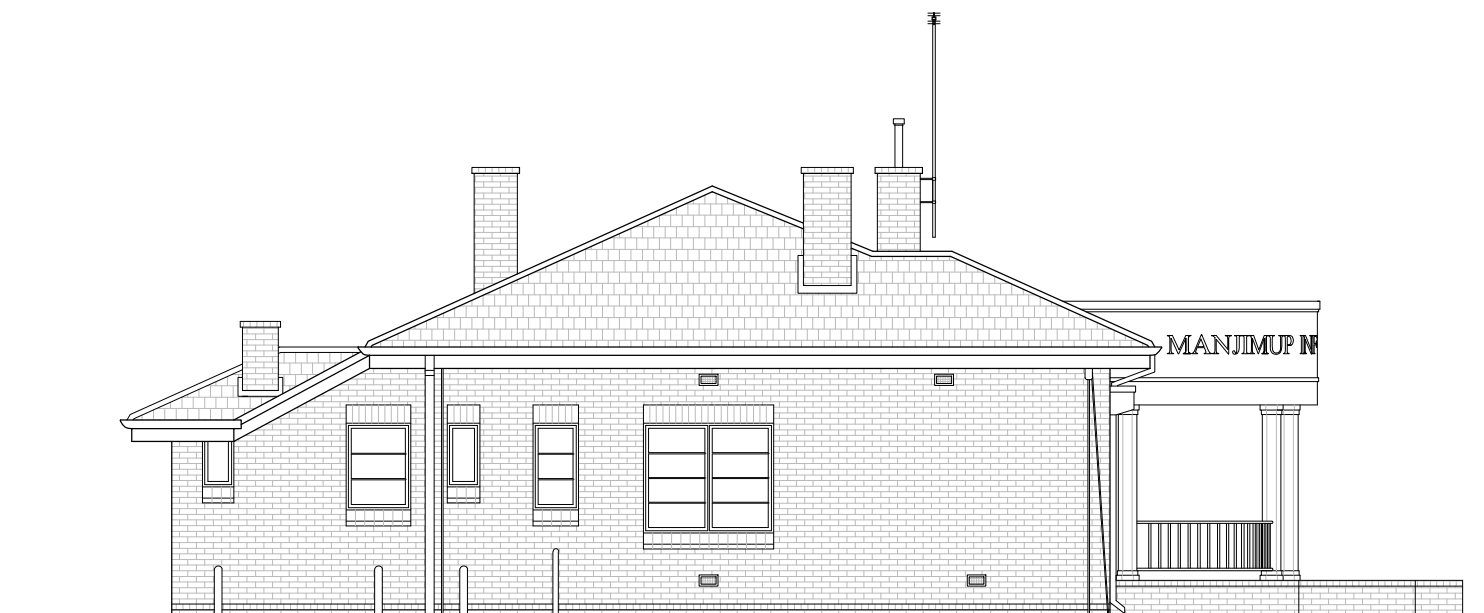
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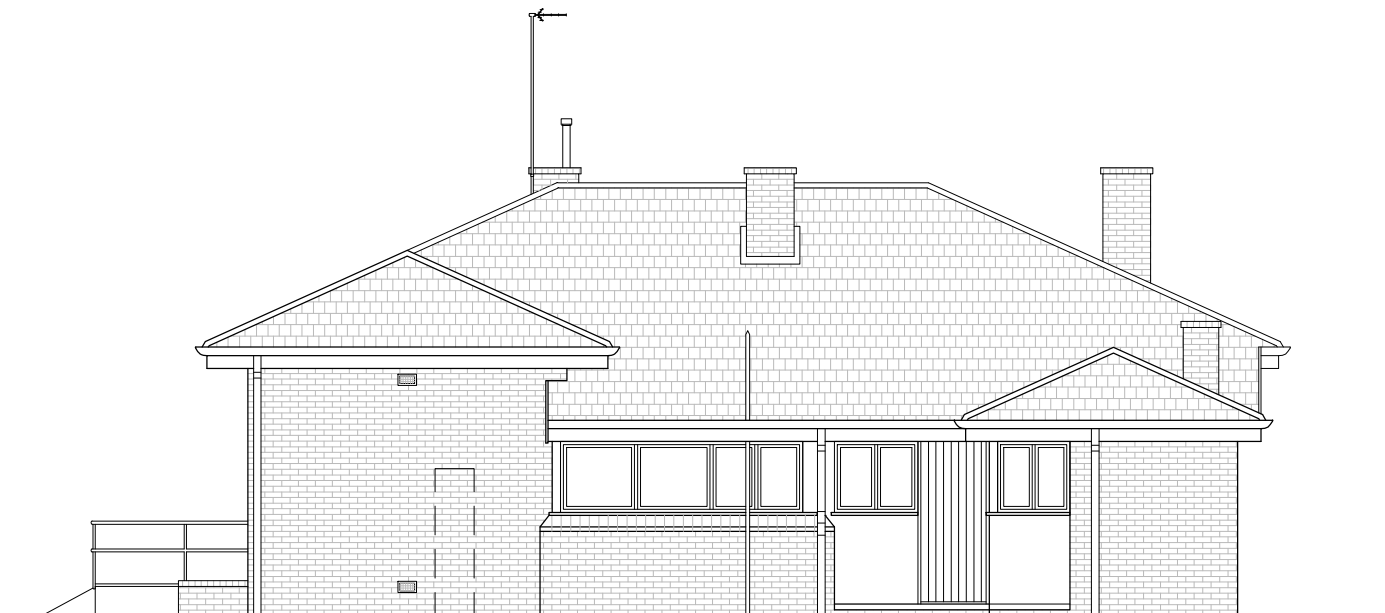
NORTH-EAST ELEVATION



NORTH-WEST ELEVATION



SOUTH-EAST ELEVATION



SOUTH-WEST ELEVATION

ELEVATIONS
SCALE 1:100 @ A3



202614
MANJIMUP INFANT HEALTH CENTRE
CNR OF RUTHERFORD STREET AND MOORE STREET, MANJIMUP WA 6258

DRAWING NO: **SK03**

REVISION: A
DATE: 20/05/2026
SCALE: 1:100 @A3

HOCKING
HERITAGE+
ARCHITECTURE

A PO Box 138, Bayswater Western Australia 6933
T +61 8 9388 2810
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13 APPENDIX B – CERTIFICATE OF TITLE

WESTERN



AUSTRALIA

TITLE NUMBER

Volume Folio

LR3110 235

**RECORD OF QUALIFIED CERTIFICATE
OF
CROWN LAND TITLE**

**UNDER THE TRANSFER OF LAND ACT 1893
AND THE LAND ADMINISTRATION ACT 1997**

The undermentioned land is Crown land in the name of the STATE OF WESTERN AUSTRALIA, subject to the interests and Status Orders shown in the first schedule which are in turn subject to the limitations, interests, encumbrances and notifications shown in the second schedule.

BG Roberts

REGISTRAR OF TITLES



LAND DESCRIPTION:

LOT 838 ON DEPOSITED PLAN 193440

**STATUS ORDER AND PRIMARY INTEREST HOLDER:
(FIRST SCHEDULE)**

STATUS ORDER/INTEREST: RESERVE UNDER MANAGEMENT ORDER

PRIMARY INTEREST HOLDER: SHIRE OF MANJIMUP OF POST OFFICE BOX 1, MANJIMUP
(XE H940860) REGISTERED 28/11/2001

**LIMITATIONS, INTERESTS, ENCUMBRANCES AND NOTIFICATIONS:
(SECOND SCHEDULE)**

1. H940859 RESERVE 14584 FOR THE PURPOSE OF COMMUNITY RECREATION CENTRE REGISTERED 28/11/2001.
H940860 MANAGEMENT ORDER. CONTAINS CONDITIONS TO BE OBSERVED. WITH POWER TO LEASE FOR ANY TERM NOT EXCEEDING 21 YEARS, SUBJECT TO THE CONSENT OF THE MINISTER FOR LANDS. REGISTERED 28/11/2001.
2. H957161 MEMORIAL. HERITAGE OF WESTERN AUSTRALIA ACT 1990. AS TO PORTION ONLY LODGED 13/12/2001.
3. N701800 LEASE TO LOWER SOUTH WEST LITTLE ATHLETICS CENTRE INC OF PO BOX 1216 MANJIMUP WA 6258 EXPIRES: SEE LEASE. AS TO PORTION ONLY REGISTERED 22/8/2017.
4. O098401 LEASE TO MANJIMUP IMPERIALS RECREATION CLUB INC OF PO BOX 382 MANJIMUP WA 6258 EXPIRES: SEE LEASE. AS TO PORTION ONLY REGISTERED 26/2/2019.
5. P475733 LEASE TO MANJIMUP TENNIS CLUB INC OF PO BOX 1001 MANJIMUP WA 6258 EXPIRES: SEE LEASE. AS TO PORTION ONLY REGISTERED 9/3/2023.

Warning: (1) A current search of the sketch of the land should be obtained where detail of position, dimensions or area of the lot is required.
Lot as described in the land description may be a lot or location.
(2) The land and interests etc. shown hereon may be affected by interests etc. that can be, but are not, shown on the register.
(3) The interests etc. shown hereon may have a different priority than shown.

-----END OF CERTIFICATE OF CROWN LAND TITLE-----

END OF PAGE 1 - CONTINUED OVER

ORIGINAL CERTIFICATE OF CROWN LAND TITLE
QUALIFIED

REGISTER NUMBER: 838/DP193440

VOLUME/FOLIO: LR3110-235

PAGE 2

STATEMENTS:

The statements set out below are not intended to be nor should they be relied on as substitutes for inspection of the land and the relevant documents or for local government, legal, surveying or other professional advice.

SKETCH OF LAND: LR3110-235 (838/DP193440)
PREVIOUS TITLE: LR3110-235
PROPERTY STREET ADDRESS: 36 ARNOTT ST, MANJIMUP.
LOCAL GOVERNMENT AUTHORITY: SHIRE OF MANJIMUP
RESPONSIBLE AGENCY: DEPARTMENT OF PLANNING, LANDS AND HERITAGE (SLSD)

NOTE 1: A000001A CORRESPONDENCE FILE 06304-1912-01RO.
NOTE 2: MARKING REQUIRED PRIOR TO ALIENATION
NOTE 3: LAND PARCEL IDENTIFIER OF MANJIMUP TOWN LOT/LOT 838 ON SUPERSEDED
PAPER CERTIFICATE OF CROWN LAND TITLE CHANGED TO LOT 838 ON DEPOSITED
PLAN 193440 ON 06-SEP-02 TO ENABLE ISSUE OF A DIGITAL CERTIFICATE OF TITLE.
NOTE 4: THE ABOVE NOTE MAY NOT BE SHOWN ON THE SUPERSEDED PAPER CERTIFICATE
OF TITLE.

14 APPENDIX C – BUILDING CONDITION ASSESSMENT



BUILDING CONDITION ASSESSMENT

Manjimup Infant Health Centre (fmr)

By



HOCKING HERITAGE + ARCHITECTURE

May 2026

Cover Illustration:

Figure 1 Front view of Manjimup Infant Health Centre.

COPYRIGHT

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HHS Job No. 2026-14

Rev No	Author	Approved	Date
-	Marlene Del Campo	Renae Canterbury	24 May 2026
1	Marlene Del Campo	Renae Canterbury	7 September 2026

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1 INTRODUCTION

Hocking Heritage + Architecture has prepared this Building Condition Report for the former Manjimup Infant Health Centre at Rutherford Street, Manjimup. This report is based on the Heritage Council template for Building Condition Assessments. The inspections were undertaken by Hocking H+A on 5 May 2026. At the time of inspection, conservation works were being undertaken on the building. When the conservation works are completed, it is recommended that the building condition assessment be updated.

Limitations

The findings should take into account the following limitations:

- visual observations were made on both the interior and exterior of the main building and the exterior of the garage from all accessible ground and elevated levels,
- the operation of existing windows was not tested,
- no intrusive investigations were undertaken,
- no investigations of sub floor and ceiling space were undertaken.
- no material testing including but not limited to asbestos containing material was done,
- structural advice or NCC compliance advice are not included,
- electrical and plumbing services were observed but their condition or efficiency is outside the scope of this report.

Condition Rating Codes:		
Rating	Status	Definition of Rating
A	Excellent	• No defects • As new condition and appearance
B	Good	• Minor deterioration • Superficial wear and tear • Major maintenance not required
C	Fair	• Damaged • Worn finishes require maintenance • Services are functional but need attention
D	Poor	• Failed but retrievable • Badly deteriorated • Potential structural problems
E	Very Poor	• Failed and not retrievable • Not operational • Unfit for occupancy or normal use
Priority Ranking Codes:		
Priority	Status	Definition of Rating
1	Immediate	Works required to prevent serious disruption of activities and/or may incur higher costs if not addressed within 1 year
2	Urgent	Works that need to be addressed between 1-2 years to prevent serious deterioration
3	Medium Term	Works likely to require rectification within 3 years
4	Long Term	Works that can be safely and economically deferred beyond 3 years
5	Ongoing	Ongoing monitoring

2 CONDITION ASSESSMENT

2.1 EXTERIOR

2.1.1 MAIN BUILDING				
ELEMENTS	RATING	DEFECT LOCATIONS	RECOMMENDED WORKS	PRIORITY RANKING
Roof Marseilles terracotta roof tiles,	D	Deterioration of mortar bedding to ridge capping. Rusted valley gutters.	Re-bed and repoint all ridge capping. Replace valley gutters with new.	2
Corrugated iron roof sheeting to portico	D	It is assumed that the section of roof has failed with evidence of water leakage to portico.	Investigate cause of water leak and remediate accordingly.	1
Chimney Stacks Face brickwork	D	Localized spalling on bricks. Deterioration of mortar and missing flashings. Cement pointing to some areas	Seal chimney capping. Remove deteriorated mortar joints and repoint with lime mortar. Replace flashings.	3
Antenna mast fixed to chimney stack wall and a metal flue pipe projects from top of stack of waiting room fireplace.	C	It is assumed that the metal fixings of the antenna will deteriorate and will have adverse effect on the integrity of the stack.	Remove antenna and relocate to a more suitable location. Remove flue pipe.	3
Flashings Painted galvanised steel flashings.	D	Missing and deteriorated flashing to chimney stacks and portico.	Replace all flashings.	2
Fascias Painted timber fascias with timber scotia	C	The fascias are generally in fair condition with some paint peeling in localized areas. Metal fixings are showing rust.	Remove rusted fixings and re-fix. Rub down and repaint fascias and scotia.	3
Bargeboards Painted timber bargeboards.	C	Evidence of timber rot to ends of bargeboard.	Remove section of deteriorated timber and replace with new.	3
Gutters Colorbond steel gutters.	B	The gutters are in good condition and well supported.	General maintenance required.	5
Box gutter Metal sheet lined box gutter	D	It is assumed that the gutter has failed as evidence of water leakage to portico is present.	Investigate cause of water leak and remediate accordingly.	1
Downpipes and rainwater heads Colorbond steel rectangular downpipes.	B	The downpipes are in good condition other than 2nos on opposite sides of the portico. Most downpipes discharge to a spoon drain. Some directly discharge to the ground.	Replace end sections of downpipes at portico. Redirect the discharge from all downpipes away from the base of the building.	3

Condition Rating Codes	A = Excellent	B = Good	C = Fair	D = Poor	E = Very Poor
Priority Rating Codes	1 = Immediate Action	2 = Urgent	3 = Medium Term	4 = Long Term	5 = Ongoing

2.1.1 MAIN BUILDING				
ELEMENTS	RATING	DEFECT LOCATIONS	RECOMMENDED WORKS	PRIORITY RANKING
Painted steel rainwater heads.	B	The rainwater heads are in good condition.	General maintenance required	5
Eave Soffits Fibre cement sheeting, paint finish.	C	Eaves lining and batten trims are intact but generally dirty.	Rub down and repaint eaves lining throughout.	3
Exposed timber rafters, paint finish to lower roof over sleepout, enclosed verandah and wc area.	B	Exposed timber rafters are generally in good condition. Accumulation of dirt and grime is present.	Rub down and repaint all exposed timber rafters.	3
Walls Stretcher bond multi-coloured face brickwork to all elevations	C	The face brickwork is generally in fair condition. Spalling and missing mortars to most areas including brick sills. Small holes present. Lichen and moss to bottom of face brick where moisture is present. Damp proof course is evident.	Remove deteriorated mortar joints and repoint with lime mortar. Repoint missing mortar. Fill holes on brickwork with coloured lime mortar to match brick colour. Light pressure wash to remove organic growth. Assess integrity of damp proofing membrane and consider works to mitigate moisture to bottom brick courses.	3
Asbestos sheet cladding, paint finish.	C	It is assumed that the cladding to sleepout and enclosed verandah is asbestos. Cladding is generally intact with deterioration and bubbling paint to bottom sections due to moisture.	Test for asbestos. If confirmed, remove asbestos cladding and re-clad with fibre cement sheeting to external and plasterboard to internal. Paint finish.	2
Columns Rendered octagonal columns to portico.	B	The columns are in good condition. Accumulation of dirt and grime to column capitals.	Light pressure wash to remove dirt and grime.	5
Entablature Rendered entablature, paint finish.	C	Minor cracks to coping. Paint peeling in some areas.	Repair cracks to render and repaint.	2
Painted metal letters as building signage.	C	Some evidence of rust on localized areas of signage.	Remove rust, rust treat and repaint.	3

Condition Rating Codes	A = Excellent	B = Good	C = Fair	D = Poor	E = Very Poor
Priority Rating Codes	1 = Immediate Action	2 = Urgent	3 = Medium Term	4 = Long Term	5 = Ongoing

ELEMENTS	RATING	DEFECT LOCATIONS	RECOMMENDED WORKS	PRIORITY RANKING
Wall vents Terracotta, unpainted vents to subfloor and walls.	B	Wall vents are intact and in good condition. Some trapped dirt observed. Several low-level wall vents have been replaced with new.	Clean out vents.	5
Portico ceiling Plasterboard ceiling with cornice, paint finish.	D	Large section of plasterboard ceiling and cornice had fallen off due to water leak. Water damage to ceiling joists were also observed.	Repair cause of water ingress and any water damage to roof structure. Replace plasterboard ceiling and cornice with new. Paint finish.	1
Portico floor Painted concrete floor	C	Few cracks to the concrete floor and peeling paint.	Repair cracks and repaint.	3
Windows Three combined double hung sash timber windows to each wing of main elevation (northeast)	B	The windows and steel lintel are in good condition. Timber casement fly screen to all windows is missing.	General maintenance required. Reinstate timber casement flyscreen to original detail.	5
Two combined double hung sash timber windows to northwest elevation.	B	The window and steel lintel are in good condition. Timber casement flyscreen to all windows is missing.	Rub down and repaint. Reinstate timber casement flyscreen to match original detail.	5
Powder coated aluminium sliding windows with flyscreen infilled into existing timber frame and sill to southwest elevation	B	The windows are generally in good condition.	General maintenance required for the windows.	5
	D	The timber frames and sills are showing signs of weathering, including paint peeling and surface cracking. Timber rot is present in some sections of timber sill and post.	Remove and replace sections of timber with timber rot. Remove flaking paint. Sand back and clean. Fill voids and cracks with timber filler. Seal all gaps and repaint.	2
Two combined double hung sash timber windows to southeast elevation.	B	The window and steel lintel are in good condition. Mesh to timber casement flyscreen is missing.	Rub down and repaint. Reinstall mesh to casement flyscreen.	5
Multi-paned casement window on timber frame, paint finish to southeast elevation. Internal timber casement flyscreen to washroom.	B	The window is generally in good condition.	General maintenance required.	5

Condition Rating Codes	A = Excellent	B = Good	C = Fair	D = Poor	E = Very Poor
Priority Rating Codes	1 = Immediate Action	2 = Urgent	3 = Medium Term	4 = Long Term	5 = Ongoing

ELEMENTS	RATING	DEFECT LOCATIONS	RECOMMENDED WORKS	PRIORITY RANKING
Fixed wire mesh laminated glass louvres on timber frame. Fixed timber framed flyscreen to external.	C	Accumulation of dirt and grime on louvres. Mesh on WC1 flyscreen is torn. Mesh on WC2 flyscreen is missing.	Clean and remove dirt and grime on louvres. Rub down and repaint timber frame and sill. Replace damaged mesh with new. Reinstate missing mesh with new to match original detail.	3
Doors Main entry door - Timber framed, multi-paned glazed double entrance doors with multi paned double sash windows to either side of doors. Timber flyscreen double door and casement flyscreen to sash windows, paint finish.	C	The doors, lintels, frames, sidelights, timber threshold and flyscreens are generally in fair condition.	General maintenance required.	5
Unpainted timber threshold to door.	C	Generally aged.	Re-finish the timber threshold.	3
Side entry door - multi-paned timber door with textured glass infill on timber frame, paint finish. Unpainted timber threshold to door.	C	Minor repairs to timber specially to the bottom of door which is showing signs of weathering and peeling paint. Timber threshold is severely deteriorated.	Remove flaking paint. Sand back and clean. Fill voids and cracks with timber filler. Seal all gaps and repaint. Reputty and clean glazing. Replace timber threshold with new to match existing.	3
Security door - Powder coated aluminium swing security door with top mesh panel and solid bottom.	B	Some scuff marks and dents on bottom panel and frame.	Repaint.	4
Rear Door - Timber ledge and brace door, paint finish.	C	Some deterioration to the bottom of batten timbers. Hinges are showing some rust. Holes are present from previous door hardware. Dirt and grime on door.	Timber repairs to door as required. Service hinges. Rust treat and repaint. Rub down and repaint door.	3
Concrete walkway and entry ramp Painted curved concrete path and ramp to main elevation with brick planters on both sides of the ramp.	C	Concrete cracks present on sections of the walkway.	Remove cracked sections and install new concrete. Repaint for uniform appearance.	3
		Brick planter is damaged with missing and dislodged bricks and mortar.	Remove deteriorated mortar and relay loose bricks. Repoint with lime mortar.	

Condition Rating Codes	A = Excellent	B = Good	C = Fair	D = Poor	E = Very Poor
Priority Rating Codes	1 = Immediate Action	2 = Urgent	3 = Medium Term	4 = Long Term	5 = Ongoing

ELEMENTS	RATING	DEFECT LOCATIONS	RECOMMENDED WORKS	PRIORITY RANKING
Brick paved walkway and side entry ramp Brick paved walkway and ramp with sloped paved batter	B	Brick pavers are generally in good condition.	Pressure wash brick pavers. Remove organic growth.	4
Balustrade Curved steel balustrade between outer portico columns	C	The balustrade is showing evidence of rust and paint peeling.	Remove paint. Rust treat and repaint.	2
Round painted steel balustrade with posts, top and mid rail	B	The balustrade is generally in good condition.	General maintenance required.	5
Rear yard Concrete step landing to lawn area. Evidence of original step extant.	C	Concrete landing is in fair condition. Original step is extant. Ground level was raised to drain water away from the building.	General maintenance required.	5
Front yard Original hedge and rose plants to garden. Original buffalo grass.	B	The front yard is generally in good condition. There are few dry patches on the grass.	General maintenance required.	5
Services Flood lights attached to fascia. Gas bottle, water tap, clothesline on southwest wall. Tap, exposed sanitary pipes on southeast wall.	C	Generally aged.	Check operation. Maintain as part of general maintenance of the place. Clean or remove if no longer required. If removed, make good to damaged fabric to match existing.	3
Utility box Recessed metal box with glass panel door to main distribution board. Asbestos maybe present (tbc)	C	The box is in fair condition.	Test for asbestos. If confirmed, replace with new NCC complaint box.	2
Fence Galvanised modular panel fencing.	B	The fences and gates are in good condition.	General maintenance required.	5
Chainlink fence.	C	Rust is present in sections of the chainlink fence.	Remove rust and rust treat.	3

Condition Rating Codes	A = Excellent	B = Good	C = Fair	D = Poor	E = Very Poor
Priority Rating Codes	1 = Immediate Action	2 = Urgent	3 = Medium Term	4 = Long Term	5 = Ongoing

2.1.2 GARAGE				
ELEMENTS	RATING	DEFECT LOCATIONS	RECOMMENDED WORKS	PRIORITY RANKING
Roof Marseilles terracotta roof tiles,	E	Lichen growth on roof tiles. Mortar bedding to ridges is deteriorated.	Inspect roof tiles for cracks and loose mortar and make necessary repairs. Apply neutral ph biocide solution and leave in as required. Low pressure wash to remove organic growth. Trim nearby tree to allow sunlight and airflow onto roof.	2
Fascias Painted timber fascias	B	The timber fascia is generally in good condition. Rust is present in some nail fixings.	Remove rusted nail fixings replace with new. Rub down and repaint timber fascia.	3
Gutters Colorbond steel gutters.	B	The gutters are in good condition and well supported. Some lengths are filled with debris from nearby tree.	Clean debris out of all gutters. Install gutter guards.	2
Downpipes Colorbond steel rectangular downpipes.	C	The downpipes are in fair condition. They discharge at the base of the building which is not ideal. Some straps are detached from wall.	Redirect the discharge from the downpipes away from the base of the building. Re-fix loose and detached straps.	2
Eaves Exposed timber rafters, paint finish.	B	The timber rafters are generally in fair condition.	General maintenance required.	5
Walls Stretcher bond multi-coloured face brickwork to all elevations	C	Some fretting to face brick work.	Replace damaged bricks to match existing. Replace missing and damaged mortar with new to match existing.	3
Doors Single timber ledge and brace entry door, paint finish.	C	Some deterioration to the bottom of batten timbers. Hinges are showing some rust with peeling paint.	Timber repairs to door as required. Service hinges. Rust treat and repaint. Ensure proper operation.	3
Double timber ledge and brace garage door, paint finish.	C	The timber door is in fair condition. Rust is present in the hinges.	General maintenance required. Remove rust, rust treat and repaint hinges. Ensure proper operation.	3
	D	Timber frame is severely deteriorated.	Remove section of deteriorated timber and replace with new to match existing. Repaint.	3

Condition Rating Codes	A = Excellent	B = Good	C = Fair	D = Poor	E = Very Poor
Priority Rating Codes	1 = Immediate Action	2 = Urgent	3 = Medium Term	4 = Long Term	5 = Ongoing

2.2 INTERIOR – MAIN BUILDING

2.2.1 ENTRY FOYER				
ELEMENTS	RATING	DEFECT LOCATION	RECOMMENDED WORKS	PRIORITY RANKING
Ceilings Fibrous plaster ceiling with egg crate ceiling vent and plaster cornice	A	Ceiling is in good condition.	General maintenance required.	5
Walls Painted plastered walls	B	Walls are generally in good condition. Minor vertical crack to the top right-hand side of entry door.	Monitor the crack.	3
Floor Timber floorboards and painted timber skirtings.	B	The timber floorboards and skirtings are in good condition.	General maintenance required.	5
Fittings Standard plug in light fitting	B	Generally, in good condition.	General maintenance required.	5

2.2.2 HALL 1				
ELEMENTS	RATING	DEFECT LOCATION	RECOMMENDED WORKS	PRIORITY RANKING
Ceilings Fibrous plaster ceiling with egg crate ceiling vent and plaster cornice.	A	Ceiling is in good condition.	General maintenance required.	5
Walls Painted plastered walls.	C	Drummy plaster to some areas.	Remove drummy plaster. Replaster and repaint.	3
Original timber cabinetry, paint finish.	C	Cabinetry is in fair condition.	General maintenance required.	5
Floor Timber floorboards and painted timber skirtings.	B	The floorboards and timber skirtings are generally in good condition.	General maintenance required.	5
Fittings Standard plug in light fitting	B	Generally, in good condition.	General maintenance required.	5

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Priority Rating Codes	1 = Immediate Action	2 = Urgent	3 = Medium Term	4 = Long Term	5 = Ongoing

2.2.3 LIVING ROOM				
ELEMENTS	RATING	DEFECT LOCATION	RECOMMENDED WORKS	PRIORITY RANKING
Ceilings Fibrous plaster ceiling with egg crate ceiling vent and plaster cornice	A	Ceiling is in good condition.	General maintenance required.	5
Walls Painted plastered walls with plaster vents at high level and picture rail moulding.	A	Walls and skirtings are in good condition.	General maintenance required.	5
Fireplace Face brick fireplace with brick hearth and timber mantle. Quad trim reinstated to original detail.	B	Brick surrounds and hearth are generally in good condition.	General maintenance required.	5
	E	The firebox is severely damaged and has partially collapsed.	Structural engineer to assess.	2
Floor Timber floorboards and painted timber skirtings.	A	The timber floorboards and skirtings are in good condition.	General maintenance required.	5
Door Swing door with recessed centre in pine with jarrah surrounds, fitted with a polished chrome lever door handle; timber architrave, paint finish.	A	The door, architrave and hardware are in good condition.	General maintenance required.	5
Windows Combination of 2 and 3 sets of double hung sash timber windows on timber frame and sill, paint finish.	B	The windows and hardware are intact.	General maintenance required to hinges and locks to ensure correct operation.	5
Fittings Pendant light, light switch, curtain rods and curtains to windows.	B	Items are generally in good condition.	General maintenance required.	5

2.2.4 BEDROOM				
ELEMENTS	RATING	DEFECT LOCATION	RECOMMENDED WORKS	PRIORITY RANKING
Ceilings Fibrous plaster ceiling with egg crate ceiling vent and plaster cornice.	A	Ceiling is in good condition.	General maintenance required.	5
Walls Painted plastered walls with plaster vent at high level and picture rail moulding.	A	Walls and other items are in good condition.	General maintenance required.	5
Original timber closet and dresser, paint finish.	C	Cabinetry is in fair condition.	General maintenance required.	5
Floor Timber floorboards and painted timber skirtings.	B	The timber floorboards and skirtings are in good condition.	General maintenance required.	5

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Priority Rating Codes	1 = Immediate Action	2 = Urgent	3 = Medium Term	4 = Long Term	5 = Ongoing

2.2.4 BEDROOM				
ELEMENTS	RATING	DEFECT LOCATION	RECOMMENDED WORKS	PRIORITY RANKING
Door Swing door with recessed centre in pine with jarrah surrounds, fitted with a polished chrome lever door handle; timber architrave, paint finish.	A	The door, architrave and hardware are in good condition.	General maintenance required.	5
Non original timber flush panel swing door to sleepout in timber frame with timber door threshold.	B	The door is in good condition.	General maintenance required.	5
Windows 2 sets of double hung sash timber windows on timber frame and sill, paint finish.	B	The windows and hardware are intact.	General maintenance required to hinges and locks to ensure correct operation.	5
Fittings Original pendant and wall lighting, light switch, curtain rods and curtains to windows.	B	Items are generally in good condition.	General maintenance required.	5

2.2.5 WAITING ROOM				
ELEMENTS	RATING	DEFECT LOCATION	RECOMMENDED WORKS	PRIORITY RANKING
Ceilings Fibrous plaster ceiling with egg crate ceiling vent and plaster cornice.	C	Ceiling lining is in fair condition. Small holes and scuff marks are present. Accumulation of dust to ceiling vent.	Patch repair holes. Rub down and repaint ceiling and vent.	5
Walls Painted plastered walls with plaster vent at high level and picture rail moulding.	C	A crack has been observed at the top of the northeast wall. All other items are in fair condition.	Monitor the crack. General maintenance required.	3
Fireplace Face brick fireplace with brick hearth and timber mantle. Kerosene heater installed in fireplace.	C	Brick surrounds and hearth are generally in fair condition. Missing mortar in some areas. Quad trims are missing.	General maintenance required. Repoint missing mortar with lime mortar and reinstate missing quad trims to original detail. Carefully remove kerosene heater from the firebox. Assess internal condition of the firebox and repair as required.	3
Floor Timber floorboards and timber skirtings.	C	The floorboards and timber skirtings are intact. Adhesive residue from previously removed carpet is present throughout.	Carefully remove carpet adhesive. Lightly sand and oil timber floorboards.	3

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Priority Rating Codes	1 = Immediate Action	2 = Urgent	3 = Medium Term	4 = Long Term	5 = Ongoing

2.2.5 WAITING ROOM				
ELEMENTS	RATING	DEFECT LOCATION	RECOMMENDED WORKS	PRIORITY RANKING
Door 3 sets of timber swing door with recessed centre in pine and jarrah surround on timber frame and architrave.	C	Generally aged.	Minor repairs to timber. Fill holes with timber putty. Lightly sand and stain.	5
Fittings Bayonet cap pendant light fitting	C	Light fitting is in fair condition.	General maintenance required.	5

2.2.6 CONSULTING ROOM				
ELEMENTS	RATING	DEFECT LOCATION	RECOMMENDED WORKS	PRIORITY RANKING
Ceilings Fibrous plaster ceiling with egg crate ceiling vent and plaster cornice.	C	Ceiling lining is in fair condition. Dirt and scuff marks are present. Accumulation of dust to ceiling vent.	Rub down and repaint ceiling and vent.	5
Walls Painted plastered walls with plaster vent at high level and picture rail moulding. Timber shelves to west of fireplace.	C	Walls are generally in good condition	General maintenance required.	5
Fireplace Rendered brick fireplace with brick hearth and timber mantle. Timber cabinetry infill to firebox.	B	The fireplace is generally in good condition. Quad trims are missing.	General maintenance required. Reinstate missing quad trims to original detail.	3
Floor Timber floorboards and painted timber skirtings.	C	The floorboards and timber skirtings are intact.	Lightly sand and oil timber floorboards.	3
Door Timber swing door with recessed centre in pine and jarrah surround on timber frame and architrave.	B	Door is in good condition.	General maintenance required	5
Windows 3 sets of double hung sash timber windows on timber frame and sill, paint finish.	C	Timber frame and hardware are intact and is generally in good condition. Some finger pulls missing.	General maintenance required to hinges and locks to ensure correct operation. Reinstall finger pulls to match existing.	3
	D	Window glazing is missing.	Reinstall glazing to all windows.	2

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Priority Rating Codes	1 = Immediate Action	2 = Urgent	3 = Medium Term	4 = Long Term	5 = Ongoing

2.2.6 CONSULTING ROOM				
ELEMENTS	RATING	DEFECT LOCATION	RECOMMENDED WORKS	PRIORITY RANKING
Fittings Pendant light fitting	C	Light fitting is in fair condition.	General maintenance required.	5

2.2.7 BREASTFEEDING ROOM				
ELEMENTS	RATING	DEFECT LOCATION	RECOMMENDED WORKS	PRIORITY RANKING
Ceilings Fibrous plaster ceiling with egg crate ceiling vent and plaster cornice.	C	Ceiling lining is in fair condition. Dirt and scuff marks are present. Accumulation of dust to ceiling vent.	Rub down and repaint ceiling and vent.	5
Walls Painted plastered walls with plaster vent at high level. Overhead cupboards to the west wall.	B	Walls are generally in good condition. Some holes present from curtain rod fixings removed.	General maintenance required. Patch holes and repaint.	5
Floor Timber floorboards and painted timber skirtings.	B	The floorboards and timber skirtings are intact. Visible indentations in between floorboards which may be attributed to over sanding to parts of floorboard. Evidence of post on floor is extant.	Rub down and repaint timber skirtings. Lightly sand and oil timber floorboards.	3
Door Timber swing door with recessed centre in pine and jarrah surround on timber frame and architrave.	A	Door is in good condition.	General maintenance required.	5
	B	Scuff marks to door architraves.	Rub down and repaint door architraves.	3
Windows 2 sets of double hung sash timber windows on timber frame and sill, paint finish.	B	Timber frame and hardware are intact and is generally in good condition.	General maintenance required to hinges and locks to ensure correct operation.	5
Fittings Batten light fitting.	C	Light fitting is in fair condition.	General maintenance required.	5

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Priority Rating Codes	1 = Immediate Action	2 = Urgent	3 = Medium Term	4 = Long Term	5 = Ongoing

2.2.8 KITCHEN				
ELEMENTS	RATING	DEFECT LOCATION	RECOMMENDED WORKS	PRIORITY RANKING
Ceilings Fibrous plaster ceiling with egg crate ceiling vent and plaster cornice; access panel	E	Evidence of water damage to ceiling and peeling paint to cornice. Some holes to ceiling from previously removed fitting.	Investigate cause of water leak and repair as necessary. Repair and/or replace badly damaged plaster ceiling and battens to match existing. Rub down and repaint ceiling and cornice.	2
Walls Painted plastered walls with plaster vent at high level. Kitchen bench with cabinetry and overhead cupboards to the west of the fireplace with tiles splashback. Pantry to the east wall.	B	Walls and cabinetry are generally in fair condition.	Rub down and repaint walls throughout. General maintenance required.	5
Fireplace Tiled fireplace wall and hearth with metal trim. There is a recess to rendered wall above fireplace serving as open shelf.	B	The wall tiles are generally in good condition. There is a cracked tile at the corner of the hearth. Tile grouts are dirty.	Replace cracked tile with new to match existing. Clean grout.	3
Floor 2 layers of vinyl floor covering on timber floorboard and painted timber skirtings.	D	The floor covering is intact.	Test for asbestos. If confirmed, remove and replace floor covering with new.	3
Door 2 sets of timber swing door with glazed infill on timber frame and architrave. Towel rail is fixed to both doors below the glazed panel.	B	Doors are generally in good condition.	General maintenance required.	5
Timber door threshold to verandah.	D	Timber threshold has significant wear.	Re-finish and/or replace timber threshold to match existing.	3
Windows 2 sets of double hung sash timber windows on timber frame and sill, paint finish.	B	Timber frame and hardware are intact and is generally in good condition.	General maintenance required to hinges and locks to ensure correct operation.	5
Fittings Bayonet cap pendant light fitting, wall light fitting to window frame and exhaust fan.	C	Light fittings are in fair condition. Dirt and grime accumulation on exhaust fan grille.	Check operation. Maintain as part of general maintenance of the place.	5

Condition Rating Codes	A = Excellent	B = Good	C = Fair	D = Poor	E = Very Poor
Priority Rating Codes	1 = Immediate Action	2 = Urgent	3 = Medium Term	4 = Long Term	5 = Ongoing

2.2.9 BATH				
ELEMENTS	RATING	DEFECT LOCATION	RECOMMENDED WORKS	PRIORITY RANKING
Ceilings Fibrous plaster ceilings with egg crate ceiling vent and plaster cornices.	E	The ceiling is showing evidence of water damage. Staining and discolouration are present. Peeling paint to cornices.	Investigate cause of water leak and repair as necessary. Repair and/or replace badly damaged plaster ceiling, battens and cornice to match existing. Rub down and repaint ceiling and cornice.	2
Walls Painted plastered wall with tiling to vanity splashback and shower area.	B	Walls are in good condition. Scuff marks and stains are present. Tile grouts are dirty.	Rub down and repaint walls. Clean grout	3
Floor Tiled floor and skirting.	B	Floor tiles are generally in good condition. Grout lines are dirty.	Clean grout lines and/or regROUT.	3
Door Non-original flush panel swing door.	A	The door is in good condition.	General maintenance required.	5
Windows Double hung sash timber windows with textured glass on timber frame and sill, paint finish.	B	The window is in good condition.	General maintenance required.	5
Fittings Exhaust fan, wall light fitting attached to window frame	C	Items are generally in fair condition.	Maintain as part of the ongoing maintenance of the place.	5

2.2.10 HALL 2				
ELEMENTS	RATING	DEFECT LOCATION	RECOMMENDED WORKS	PRIORITY RANKING
Ceilings Fibrous plaster ceilings and plaster cornices.	C	The ceiling and cornice are intact but is stained and discoloured. Small holes where previous fitting was removed.	Patch repair holes on ceiling. Rub down and repaint ceiling and cornices.	3
Walls Painted plastered walls with plaster wall vent at high level.	C	Walls are in good condition.	General maintenance required.	3
Floor Timber floorboards and painted timber skirtings.	B	The floorboards and timber skirtings are in good condition.	Lightly sand and oil timber floorboards.	3

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Priority Rating Codes	1 = Immediate Action	2 = Urgent	3 = Medium Term	4 = Long Term	5 = Ongoing

ELEMENTS	RATING	DEFECT LOCATIONS	RECOMMENDED WORKS	PRIORITY RANKING
Door Timber swing door with glazed infill on timber frame.	B	Door is generally in good condition.	General maintenance required.	5
Timber door threshold to verandah.	D	Timber threshold has significant wear.	Re-finish and/or replace timber threshold to match existing.	2
Fittings Bayonet cap pendant light fitting,	C	Generally aged.	Maintain as part of ongoing maintenance of the place	3

2.2.11 WASHROOM				
ELEMENTS	RATING	DEFECT LOCATION	RECOMMENDED WORKS	PRIORITY RANKING
Ceilings Fibrous plaster ceilings with egg crate ceiling vent and plaster cornices.	C	The ceiling and cornice are intact but is stained and discoloured. Peeling paint to some areas.	Rub down and repaint ceiling and cornices.	3
Walls Painted plastered walls.	C	Walls are in good condition. Scuff marks and stains are present.	Rub down and repaint walls.	3
Floor Painted concrete.	B	The floor is generally in good condition.	General maintenance required.	3
Door Painted timber frame and architrave.	D	The door is missing.	Reinstall timber door to match existing.	2
Windows Multi-paned timber casement window on timber frame.	C	The window and frame are in fair condition.	General maintenance required.	5
Fittings Wall light fitting fixed to window frame, paper towel holder, vanity basin.	C	Generally aged.	Maintain as part of ongoing maintenance of the place	3

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Priority Rating Codes	1 = Immediate Action	2 = Urgent	3 = Medium Term	4 = Long Term	5 = Ongoing

2.2.12 WC1				
ELEMENTS	RATING	DEFECT LOCATION	RECOMMENDED WORKS	PRIORITY RANKING
Ceilings Fibrous plaster ceilings with egg crate ceiling vent and plaster cornices.	C	The ceiling and cornice are intact but is stained and discoloured. Peeling paint to some areas.	Rub down and repaint ceiling and trims.	3
Walls Painted plastered walls.	C	Walls are in good condition. Scuff marks and stains are present.	Rub down and repaint walls.	3
Floor Painted concrete.	B	The floor is in good condition.	General maintenance required.	3
Door Timber swing door with recessed centre in pine and jarrah surround on timber frame and architrave.	B	Door is in good condition.	General maintenance required	5
Fixed wire mesh laminated glass louvres on timber frame.	D	Accumulation of dirt and grime on louvres.	Clean and remove dirt and grime on louvres. Rub down and repaint timber frame and sill.	3
Fittings Water closet, light fitting, toilet roll holder.	C	Generally aged.	Maintain as part of ongoing maintenance of the place. Remove redundant fittings. Make good to damaged fabric to match existing.	3

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2.2.13 SLEEPOUT				
ELEMENTS	RATING	DEFECT LOCATION	RECOMMENDED WORKS	PRIORITY RANKING
Ceilings Fibrous plaster ceiling on rake and plaster cornice.	E	Evidence of water damage to lower section of ceiling. Crack and peeling paint to cornice. Scuff marks and dirt to ceiling.	Investigate cause of water leak and repair as necessary. Repair and/or replace badly damaged plaster ceiling, battens and cornice to match existing. Rub down and repaint ceiling and cornice.	2
Walls Face brickwork with flat arch above doors and window.	C	Minor fretting to brickwork.	Remove mortar and repoint.	3
Small section of asbestos sheet cladding above window to west.	C	It is assumed that the cladding to sleepout is asbestos.	Test for asbestos. If confirmed, remove asbestos cladding and re-clad with fibre cement sheeting to external and plasterboard to internal. Paint finish.	2
Floor Carpet on timber floorboards.	C	The floor covering is intact.	General maintenance required.	5
Door Timber swing door with recessed centre in pine and jarrah surround on timber frame and architrave. Clothes hook fixed to top of door.	B	Door is in good condition.	General maintenance required.	5
Windows Timber frame with aluminium framed sliding and fixed window infill with flyscreen.	C	Timber sills have signs of degradation due to weathering. Aluminium framed windows are generally in good condition	Timber repairs as necessary. General maintenance required.	5
Fittings Light fitting, curtain rods to window.	C	Items are generally in good condition.	General maintenance required.	5

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Priority Rating Codes	1 = Immediate Action	2 = Urgent	3 = Medium Term	4 = Long Term	5 = Ongoing

2.2.14 VERANDAH				
ELEMENTS	RATING	DEFECT LOCATION	RECOMMENDED WORKS	PRIORITY RANKING
Ceilings Plasterboard ceiling on rake and timber batten trims.	C	Scuff marks and dirt to ceiling. Some battens or cover strips on joins are missing.	Reinstall missing battens or cover strips. Rub down and repaint ceiling and trims.	3
Walls Face brickwork with flat arch above doors and window; terracotta wall vents.	C	Minor fretting to brickwork. Efflorescence present at the bottom section of the brickwork indicating moisture.	Remove mortar and repoint. Remove salt deposits off the face of the brick. Assess and address the source of moisture.	3
Asbestos sheet cladding to south wall.	C	It is assumed that the cladding to verandah is asbestos.	Test for asbestos. If confirmed, remove asbestos cladding and re-clad with fibre cement sheeting to external and plasterboard to internal. Paint finish.	2
Floor Painted concrete.	C	The floor is generally in good condition.	General maintenance required.	5
Timber ledge and brace door, paint finish.	C	Some deterioration to the bottom of batten timbers. Timber block infill to where the original door handle was located. Dirt and grime on door.	Timber repairs to door as required. Service hinges to ensure proper operation. Rub down and repaint door.	3
Windows Timber frame with aluminium framed sliding and fixed window infill with flyscreen.	C	Timber sills have signs of degradation due to weathering. Aluminium framed windows are generally in good condition.	Timber repairs as necessary. General maintenance required.	5
Fittings Light fitting, curtain rods to window.	C	Items are generally in good condition.	General maintenance required.	5

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Priority Rating Codes	1 = Immediate Action	2 = Urgent	3 = Medium Term	4 = Long Term	5 = Ongoing

2.2.15 LAUNDRY				
ELEMENTS	RATING	DEFECT LOCATION	RECOMMENDED WORKS	PRIORITY RANKING
Ceilings Plasterboard ceilings with quarter round trim.	C	There is a joint separation between plasterboard. Surface scuff marks and stains are present.	Re-fix plasterboard. Apply tape and flush the joint. Repaint ceiling.	3
Walls Painted plastered wall. Laundry trough with tiled splashback to west wall.	B	Walls are generally in good condition. Scuff marks and stains to walls.	Repair the cracks in the joints.	3
Floor Painted concrete.	B	Concrete is generally in good condition.	General maintenance required.	5
Door Painted ledge and brace batten door with architrave.	A	The door is in good condition.	General maintenance required.	5
Windows Multi-paned timber casement window on timber frame.	C	The window and frame are in good condition.	General maintenance required.	5
Fittings Exposed water pipes, light fitting.	C	Exposed water pipe runs down from ceiling to a tap fitting, another from the wall that connects the washing machine water supply and tap to laundry trough.	Maintain as part of ongoing maintenance of the place. Remove redundant water supply. Make good to damaged fabric.	3

Condition Rating Codes	A = Excellent	B = Good	C = Fair	D = Poor	E = Very Poor
Priority Rating Codes	1 = Immediate Action	2 = Urgent	3 = Medium Term	4 = Long Term	5 = Ongoing

2.2.16 WC2				
ELEMENTS	RATING	DEFECT LOCATION	RECOMMENDED WORKS	PRIORITY RANKING
Ceilings Plasterboard ceilings with quarter round trims.	D	The ceiling is showing evidence of water damage. Staining and discolouration are present.	Investigate cause of water leak and repair as necessary. Repair and/or replace badly damaged plasterboard ceiling and battens. Rub down and repaint ceiling and trims.	2
Walls Painted plastered walls.	C	Walls are in good condition. Scuff marks and stains are present.	Rub down and repaint walls.	3
Floor Painted concrete.	B	The floor is in good condition.	General maintenance required.	3
Door Painted ledge and brace batten door with architrave.	C	The doors are in good condition.	Rub down and repaint. Service hinges to ensure proper operation.	3
Fixed wire mesh laminated glass louvres on timber frame.	D	Accumulation of dirt and grime on louvres.	Clean and remove dirt and grime on louvres. Rub down and repaint timber frame and sill.	2
Fittings Water closet, light fitting, toilet roll holder.	C	Generally aged.	Maintain as part of ongoing maintenance of the place	3

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Priority Rating Codes	1 = Immediate Action	2 = Urgent	3 = Medium Term	4 = Long Term	5 = Ongoing

3 PHOTOGRAPHS

3.1 EXTERIOR



Figure 2 View of northwest elevation with modular panel fencing in the foreground.



Figure 3 View of southeast elevation

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Figure 4 View of southwest elevation.



Figure 5 View of northeast elevation. Glazing is missing on the west side window which has then been boarded up.



Figure 6 Partial view of north elevation of garage. Lichen growth can be seen on roof tiles.

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Priority Rating Codes	1 = Immediate Action	2 = Urgent	3 = Medium Term	4 = Long Term	5 = Ongoing



Figure 7 Partial view of the west elevation of garage showing fretting of bricks.



Figure 8 View of the front yard showing the original hedge and rose garden. Cracks on concrete path evident.

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Figure 9 Holes on render and step flashings. Missing timber scotia.



Figure 10 Valley gutter is severely deteriorated. Roof tiles have lichen growth. An accumulation of dried leaves and branches from nearby tree.

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Figure 11 Antenna mast fixed to chimney stack.



Figure 12 The end roof tile is broken causing water ingress. Timber rot is present at the ends of timber bargeboard. Timber fixings are corroded.

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Figure 13 Damaged gutter discharging onto brick scupper drain.



Figure 14 Damaged brick planter box.



Figure 15 Collapsed ceiling to portico due to water ingress.

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Figure 16 Badly deteriorated timber post attributed to weathering and corroded fence fixing. Mortar missing on brick sill.



Figure 17 Damaged downpipe discharging onto roof tile. Hinge to garage door is heavily corroded.

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3.2 DOORS AND WINDOWS



Figure 18 Side entry door. Minor timber repairs required to the bottom of timber door.



Figure 19 Internal door with central recessed panel in pine and jarrah surrounds.

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Figure 20 Kitchen door with top glazed panel with timber architrave.



Figure 21 Ledge and brace batten door to the rear. Minor timber repairs to the bottom of door.

Condition Rating Codes	A = Excellent	B = Good	C = Fair	D = Poor	E = Very Poor
Priority Rating Codes	1 = Immediate Action	2 = Urgent	3 = Medium Term	4 = Long Term	5 = Ongoing



Figure 22 Two combined double hung sash windows. Timber frame and sill are showing signs of wear. Casement flyscreen missing.



Figure 23 3 combined double hung sash windows. Casement flyscreen missing.



Figure 24 Main entry double door and flyscreen. Double hung sash sidelights with casement flyscreen. Timber door threshold generally aged.

Condition Rating Codes	A = Excellent	B = Good	C = Fair	D = Poor	E = Very Poor
Priority Rating Codes	1 = Immediate Action	2 = Urgent	3 = Medium Term	4 = Long Term	5 = Ongoing



Figure 25 Multi paned timber casement window to laundry. Fixed wire mesh laminated glass louvres to WC. Mesh to flyscreen is torn.

3.3 INTERIOR



Figure 26 View of side entry door from foyer. There is a vertical crack at the top right-hand side of the wall.

Condition Rating Codes	A = Excellent	B = Good	C = Fair	D = Poor	E = Very Poor
Priority Rating Codes	1 = Immediate Action	2 = Urgent	3 = Medium Term	4 = Long Term	5 = Ongoing



Figure 27 View of Hall 1. Original timber cabinetry to the left hand side.



Figure 28 View of living room with the fireplace on the right.

Condition Rating Codes	A = Excellent	B = Good	C = Fair	D = Poor	E = Very Poor
Priority Rating Codes	1 = Immediate Action	2 = Urgent	3 = Medium Term	4 = Long Term	5 = Ongoing



Figure 29 Internal view of firebox in living room. The firebox is severely damaged and has partially collapsed.



Figure 30 View of bedroom with door to sleepout on the west.

Condition Rating Codes	A = Excellent	B = Good	C = Fair	D = Poor	E = Very Poor
Priority Rating Codes	1 = Immediate Action	2 = Urgent	3 = Medium Term	4 = Long Term	5 = Ongoing



Figure 31 View of original closet and dresser with original pendant and wall light fittings intact.



Figure 32 View of waiting room. Fireplace is fitted with kerosene heater.

Condition Rating Codes	A = Excellent	B = Good	C = Fair	D = Poor	E = Very Poor
Priority Rating Codes	1 = Immediate Action	2 = Urgent	3 = Medium Term	4 = Long Term	5 = Ongoing



Figure 33 Small holes to ceiling. Scuff marks and stains present.



Figure 34 Carpet adhesive residue on timber floorboards.

Condition Rating Codes	A = Excellent	B = Good	C = Fair	D = Poor	E = Very Poor
Priority Rating Codes	1 = Immediate Action	2 = Urgent	3 = Medium Term	4 = Long Term	5 = Ongoing



Figure 35 View of consulting room. Firebox fitted with cabinetry.



Figure 36 Timber floorboards have been lightly sanded. Scuff marks and stains on walls.

Condition Rating Codes	A = Excellent	B = Good	C = Fair	D = Poor	E = Very Poor
Priority Rating Codes	1 = Immediate Action	2 = Urgent	3 = Medium Term	4 = Long Term	5 = Ongoing



Figure 37 View of breastfeeding room.



Figure 38 Evidence of central support post location on floorboard.

Condition Rating Codes	A = Excellent	B = Good	C = Fair	D = Poor	E = Very Poor
Priority Rating Codes	1 = Immediate Action	2 = Urgent	3 = Medium Term	4 = Long Term	5 = Ongoing



Figure 39 Door architraves to be repainted.



Figure 40 View of kitchen. There is significant water damage to ceiling. Kitchen cabinetry is intact.

Condition Rating Codes	A = Excellent	B = Good	C = Fair	D = Poor	E = Very Poor
Priority Rating Codes	1 = Immediate Action	2 = Urgent	3 = Medium Term	4 = Long Term	5 = Ongoing



Figure 41 Tiled fireplace. There is a broken tile at the corner of hearth.



Figure 42 Layers of floor covering to kitchen floor.

Condition Rating Codes	A = Excellent	B = Good	C = Fair	D = Poor	E = Very Poor
Priority Rating Codes	1 = Immediate Action	2 = Urgent	3 = Medium Term	4 = Long Term	5 = Ongoing



Figure 43 Original pantry cabinet with passive ventilation system (air exhaust).

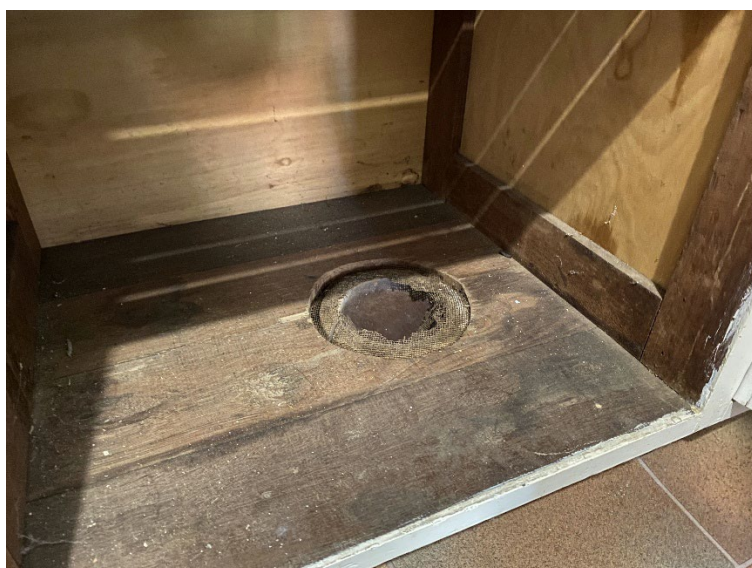


Figure 44 Original pantry cabinet with passive ventilation system which connects to a wall vent on the south-east elevation (air intake).

Condition Rating Codes	A = Excellent	B = Good	C = Fair	D = Poor	E = Very Poor
Priority Rating Codes	1 = Immediate Action	2 = Urgent	3 = Medium Term	4 = Long Term	5 = Ongoing



Figure 45 Plaster ceiling to bath is heavily stained. Floor and wall tiles are intact.



Figure 46 Paint peeling on cornices. Scuff marks on wall.

Condition Rating Codes	A = Excellent	B = Good	C = Fair	D = Poor	E = Very Poor
Priority Rating Codes	1 = Immediate Action	2 = Urgent	3 = Medium Term	4 = Long Term	5 = Ongoing



Figure 47 Transition trim is showing signs of wear. Tile grout is dirty.



Figure 48 View of Hall 2 with washroom to the right.

Condition Rating Codes	A = Excellent	B = Good	C = Fair	D = Poor	E = Very Poor
Priority Rating Codes	1 = Immediate Action	2 = Urgent	3 = Medium Term	4 = Long Term	5 = Ongoing



Figure 49 View of Hall 2 with door to verandah.



Figure 50 View of washroom with WC 1 to the right.

Condition Rating Codes	A = Excellent	B = Good	C = Fair	D = Poor	E = Very Poor
Priority Rating Codes	1 = Immediate Action	2 = Urgent	3 = Medium Term	4 = Long Term	5 = Ongoing



Figure 51 Accumulation of dirt and grime on glass louvres. Original toilet roll holder is broken.



Figure 52 Plaster ceiling to WC1 is heavily soiled.

Condition Rating Codes	A = Excellent	B = Good	C = Fair	D = Poor	E = Very Poor
Priority Rating Codes	1 = Immediate Action	2 = Urgent	3 = Medium Term	4 = Long Term	5 = Ongoing



Figure 53 View of sleepout with the bedroom on the background. Small section of asbestos cement sheeting above window.



Figure 54 Water damage to ceiling.

Condition Rating Codes	A = Excellent	B = Good	C = Fair	D = Poor	E = Very Poor
Priority Rating Codes	1 = Immediate Action	2 = Urgent	3 = Medium Term	4 = Long Term	5 = Ongoing



Figure 55 View of verandah with doors to laundry and WC2.



Figure 56 Asbestos sheet lining to bottom of windows. Ceiling frame visible due to accumulation of dust and grime on ceiling.

Condition Rating Codes	A = Excellent	B = Good	C = Fair	D = Poor	E = Very Poor
Priority Rating Codes	1 = Immediate Action	2 = Urgent	3 = Medium Term	4 = Long Term	5 = Ongoing



Figure 57 Aluminium framed windows to verandah enclosure.



Figure 58 There is a joint separation between plasterboard.

Condition Rating Codes	A = Excellent	B = Good	C = Fair	D = Poor	E = Very Poor
Priority Rating Codes	1 = Immediate Action	2 = Urgent	3 = Medium Term	4 = Long Term	5 = Ongoing



Figure 59 Laundry trough with tiled splashback is intact. Scuff marks and stains to walls, ceiling and trims.



Figure 60 Plaster ceiling and walls are heavily soiled. Accumulation of dirt and grime to glass louvres. Light fitting is missing.

Condition Rating Codes	A = Excellent	B = Good	C = Fair	D = Poor	E = Very Poor
Priority Rating Codes	1 = Immediate Action	2 = Urgent	3 = Medium Term	4 = Long Term	5 = Ongoing



Figure 61 Original toilet roll holder is extant.

Condition Rating Codes	A = Excellent	B = Good	C = Fair	D = Poor	E = Very Poor
Priority Rating Codes	1 = Immediate Action	2 = Urgent	3 = Medium Term	4 = Long Term	5 = Ongoing

15 APPENDIX D – STATE REGISTER OF HERITAGE PLACES DOCUMENTATION, HERITAGE COUNCIL OF WESTERN AUSTRALIA

Register and Assessment Documentation



REGISTER OF HERITAGE PLACES

Permanent Entry

1. **DATA BASE No.** 11375
2. **NAME** *Manjimup Infant Health Centre (fmr) (1946)*
3. **LOCATION** Corner of Rutherford & Moore Streets, Manjimup
4. **DESCRIPTION OF PLACE INCLUDED IN THIS ENTRY**
That part of Manjimup Lot 153, being part of Crown Reserve 14584 and being part of the land comprised in Crown Land Record Volume 3001 Folio 770 as is defined in Heritage Council of Western Australia survey drawing No. 11375 prepared by Steffanoni Ewing & Cruickshank Pty Ltd.
5. **LOCAL GOVERNMENT AREA** Shire of Manjimup
6. **OWNER** Shire of Manjimup
7. **HERITAGE LISTINGS**

• Register of Heritage Places:	Interim Entry	13/07/2001
	Permanent Entry	14/12/2001
• National Trust Classification:		-----
• Town Planning Scheme:		-----
• Municipal Inventory:	Adopted	10/07/1997
• Register of the National Estate:		-----
8. **CONSERVATION ORDER**

9. **HERITAGE AGREEMENT**

10. **STATEMENT OF SIGNIFICANCE**
Manjimup Infant Health Centre (fmr), a residential scale, single storey brick and tile community building with a prominent semi-circular masonry portico to the front façade built in the Inter-war Stripped Classical style, has cultural heritage significance for the following reasons:

the place is representative of the establishment and growth of the Infant Health Association of Western Australia, which was formed in 1923 as a direct result of the need for maternal and infant welfare services in the State;

the place was designed by Nancy Allen, the first woman to pass the examination of the Architects Board of Western Australia in 1932, the first woman to become a member of the Western Australian branch of the Royal Institute of Architects and an architect with the prominent architectural practice of William G. Bennett;

the place is a competently designed and built example of the Inter-war Stripped Classical style that despite its relatively simple, almost domestic scale, achieves a landmark quality principally through judicious siting and the impact that is made by the rendered portico that dominates the front façade; and

the place has high social and historic value for its role in providing a child health service for the women and children of the Manjimup District from its construction in 1946 until its closure in 2000.

The garage that was completed shortly after the construction of the place has some significance because it complements the main building aesthetically and because it illustrates the role of the clinic in providing mobile services to outlying areas of the district.

The mature trees to the north side of the entry portico of the place are intrusive because they obscure the main façade of the building.



REGISTER OF HERITAGE PLACES - ASSESSMENT DOCUMENTATION

11. ASSESSMENT OF CULTURAL HERITAGE SIGNIFICANCE

The criteria adopted by the Heritage Council in November 1996 have been used to determine the cultural heritage significance of the place.

PRINCIPAL AUSTRALIAN HISTORIC THEME(S)

- 9.1.2 Promoting mothers' and babies' health

HERITAGE COUNCIL OF WESTERN AUSTRALIA THEME(S)

- 404 Community services & utilities

11.1 AESTHETIC VALUE*

Manjimup Infant Health Centre (fmr) is a competently designed and built example of the Inter-war Stripped Classical style of architecture. (Criterion 1.1)

Manjimup Infant Health Centre (fmr) is a relatively simple building, almost domestic in scale, that achieves a landmark quality principally through judicious siting and the impact that is made by the rendered portico that dominates the front façade of the building. (Criterion 1.3)

Manjimup Infant Health Centre (fmr) is located at the corner of a large public open space/playing field opposite Manjimup Primary School. The *Manjimup Infant Health Centre (fmr)* is important as one of these three components, which collectively form a significant precinct through their townscape and cultural values. (Criterion 1.4)

11.2 HISTORIC VALUE

Manjimup Infant Health Centre (fmr) is associated with the development of the Town and Shire of Manjimup, and of the provision of public and community services prevalent during the Inter-War and subsequent period. (Criterion 2.1)

The place is representative of the establishment and subsequent growth of the Infant Health Association of Western Australia, which was formed in 1923 as a direct result of the need for maternal and infant welfare services in the State. *Manjimup Infant Health Centre (fmr)* operated as the main clinic for the Manjimup district from its construction in 1946 up until its closure in 2000. (Criteria 2.1 & 2.2)

* For consistency, all references to architectural style are taken from Apperly, Richard; Irving, Robert and Reynolds, Peter *A Pictorial Guide to Identifying Australian Architecture: Styles and Terms from 1788 to the Present*, Angus & Robertson, North Ryde, 1989.

Manjimup Infant Health Centre (fmr) has associations with the number of Infant Health Nurses who have worked and lived at the place since its construction in 1946 up until 2000. The place also has broader associations with local community members who served on the management committee for the clinic as well as the mothers and children who have attended the clinic from 1946 up until its closure in 2000. (Criterion 2.3)

Manjimup Infant Health Centre (fmr) was designed by architect Nancy Allen who was the first woman to pass the examination of the Architects Board of Western Australia in 1932, and the first woman to become a member of the Western Australian branch of the Royal Institute of Architects. (Criterion 2.3)

Manjimup Infant Health Centre (fmr) is associated with Dr Eleanor M. Stang the medical supervisor for Infant Health Centres from 1929 to 1954. Dr Stang was a strong and committed advocate of pre-natal, infant and maternal health and it was under her direction that the infant health movement grew and was greatly developed. (Criterion 2.3)

11. 3. SCIENTIFIC VALUE

11. 4. SOCIAL VALUE

Manjimup Infant Health Centre (fmr) is highly valued for its role as a health, educational, social and community centre for local women and their children since its construction in 1946 up until its closure in 2000, and thus contributes to this community's sense of place. (Criteria 4.1 & 4.2)

Manjimup Infant Health Centre (fmr) is highly valued for its association with the post war development of the town. (Criterion 4.1)

12. DEGREE OF SIGNIFICANCE

12. 1. RARITY

12. 2 REPRESENTATIVENESS

Manjimup Infant Health Centre (fmr) building is representative of the Infant Health Centres with attached staff quarters that were built in rural areas in the period after the second world and the mid-1950s.

12. 3 CONDITION

Manjimup Infant Health Centre (fmr) was well built and appears to be in good condition. The building has benefited from a regular maintenance regime, however it is now unoccupied and is starting show the effects of no longer receiving the same level of maintenance.

The grounds and gardens would be improved by more regular care. The presentation of the front façade would be enhanced by the removal of the mature tree planted to the west of the entry portico.

The garage at the rear of the site is in a sound condition

12.4 INTEGRITY

Manjimup Infant Health Centre (fmr) has a high level of integrity and, although the building is unoccupied, the original intention of the building remains intact. In recent years the *Manjimup Infant Health Centre (fmr)* did not fulfil its original purpose as a combined clinic and residence. However, none of the fabric of the building was altered when all rooms were given over to clinic use. The building could readily be returned to serve its original purpose.

The garage at the rear of the site remains in use as a garage.

12.5 AUTHENTICITY

With much of the building's fabric intact *Manjimup Infant Health Centre (fmr)* has a high level of authenticity. The only noticeable changes to the original fabric have been the enclosure of the back verandah, the replacement of the louvres in the windows of the rear sleep-out and the 'modernisation' of the bathroom.

The garage appears to be unaltered.

13. SUPPORTING EVIDENCE

The documentary evidence has been compiled by Kristy Bizzaca, Historian. The physical evidence has been compiled by Alan Kelsall, Kelsall Binet Architects.

It is recommended that the site as defined by the current fencing as described in the Physical evidence be adopted as the curtilage to the place.

13.1 DOCUMENTARY EVIDENCE

The development of the Manjimup district dates mainly from the turn of the twentieth century. This was largely a result of the growth of the timber industry in the area, reflected by the opening of State timber mills at Manjimup and Pemberton in the early 1900s. The town of Manjimup was gazetted in 1910 and developed as a service centre for surrounding districts. The South-Western Railway was extended to the town in 1911 and this was followed by the construction of a number of public buildings including the Manjimup Hotel in 1912 and the Worker's Hall in 1913.¹

Interest in mother and child health dates from the turn of the Twentieth Century when there was much concern about the high levels of maternal and infant mortality. For example, in 1900, '1 in 240 mothers died in childbirth and 1 in 8 babies did not reach the age of one year.'² Lack of trained midwives and poor maternal practices were blamed for these high rates and the Public Health Department attempted to counteract this through the establishment of the Midwives Registration Board and the employment of visiting nurses who could help 'train' mothers in infant health care. Yet, there was still no real provision of child health services as such. The Silver Chain Nursing Association had established rooms in Kalgoorlie in 1920 and a pilot infant health clinic was introduced to Perth by the Children's Protection Society at approximately the same time. However it was recognised that a

¹ Heritage & Conservation Professionals, 'Shire of Manjimup Municipal Inventory', prepared for the Shire of Manjimup, May 1995, pp. 11 – 12.

² D'Arcy Holman, 'The History of Community and Child Health Services in Western Australia', Report for HDWA, 1991, Vol. 1, p. 85.

State-wide infant welfare service was needed. As a result of a conference held in 1922 at the instigation of the Children's Protection Society, the Infant Health Association of Western Australia was formed in 1923 to work in conjunction with the Public Health Department. In this year, three clinics with full time nurses began to operate in the Perth area and, in 1924, two more clinics were started in Fremantle and Northam. By 1 July 1945, when the State Government took over responsibility of nurses' salaries and travelling expenses, there were 31 infant health centres and 72 sub-centres. This number rapidly increased and, by September 1955, there were 26 country centres and 215 associated sub-centres, and 25 metropolitan centres and 95 sub-centres.³

There was an increase in the provision of public services to the Manjimup area during the inter-war period. This is evidenced by the establishment of a number of community organisations in the district including the Red Cross Association, the Returned Servicemen's League and the Country Women's Association (CWA).⁴ It was at the instigation of the Bridgetown branch of the CWA that an infant health clinic was opened at Bridgetown/Manjimup on 29 November 1940.⁵ (At the time of its establishment, the Bridgetown clinic also served the Manjimup district.)

In Bridgetown, a number of steps were generally taken by a local community in order to establish an infant health clinic. These steps were laid out in a paper entitled 'How to Establish a Child Health Centre' published by Western Australia's Public Health Department.⁶ After a public meeting was held to ascertain support for a clinic, a committee was formed to raise funds for the furnishing, equipping and operation of the clinic and for the salary of an infant health nurse. The committee was also responsible for applying to the Public Health Department for the establishment of the infant health centre and this included providing the Department with statistical information about the number of births and children in the district.⁷

On 16 August 1940, the Bridgetown CWA told the Department that over 300 births had taken place in the area, and that mothers had to rely on correspondence for advice on infant care.⁸ The next month it was recommended that a clinic be established in Bridgetown to serve that town and the Manjimup district, and it was opened on 29 November 1940.⁹

The Infant Health Nurse, based at Bridgetown, travelled to the sub-centre at Manjimup one day a week to operate a clinic out of rooms in the local CWA's rest room.¹⁰ By January 1943, the Bridgetown clinic had grown to include a new sub-centre at Pemberton. It was also noted that the Manjimup section of

³ 'Infant Health Work in Western Australia', September 1955, Infant Health – Establishment of Clinics, pp. 85-101.

⁴ Ibid., pp. 15 – 16.

⁵ Letter dated 16/8/1940 & 14/11/1940, Child Welfare – Establishment of Baby Clinics in Country Districts, Health Department, AN 120/4, Acc 1003, File 966/1926.

⁶ 'How to Establish a Child Health Centre', stamp dated 2/11/1945, Infant Health – Proposed New Centres, Health Department, AN 120/4, Acc 1003, File 620/1944.

⁷ Ibid.; 'Infant Health Work in Western Australia', September 1955, Infant Health – Establishment of Clinics, AN 120/4, Acc 1003, File 760/1938.

⁸ Letter dated 16/8/1940, Child Welfare – Establishment of Baby Clinics in Country Districts, op. cit.

⁹ Letter dated 11/9/1940 & 14/11/1940, Child Welfare – Establishment of Baby Clinics in Country Districts, op. cit.

¹⁰ Report on clinic dated 25/1/1943, Child Welfare – Establishment of Baby Clinics in Country Districts, op. cit.; *The Manjimup-Warren Times*, 10/7/1946.

the clinic was 'flourishing' and it was recommended that it was opened two and a half days a week.¹¹

The work of the Infant Health Nurse included weighing babies, discussing the progress and any problems with the child's health and development, and also teaching mothercraft. The Infant Health Clinic was seen as an educational institution for mothers and one of the main aims of the clinic was to help and teach mothers how to provide for the good health of their infant 'hoping to help her to produce a happy, healthy, well-adjusted Australian citizen'.¹² A 'Correspondence Infant Health Centre' provided advice to country mothers who were unable to attend or did not have access to any clinic.¹³

Infant Health Nurses had to be 'Triply Certificated', having a General Nurses', a Midwifery and a Special Mothercraft and Infant Health Certificate.¹⁴ Infant Health Nurses were single women. The Public Health Department had a policy of not giving 'Infant Health Centres to married women or to women with children under 12 years'.¹⁵ Although there were some exceptions to this, married women were only employed in the position of a 'temporary reliever'.¹⁶ It was generally the case that a woman would resign her position upon her marriage.¹⁷

The Manjimup clinic soon outgrew the CWA rooms and relocated to new accommodation in Brockman Street. However it was not long before these too proved to be inadequate.¹⁸ It appears that from circa 1943 the Manjimup Infant Health Centre became increasingly autonomous from the Bridgetown clinic. Records show that the Manjimup Infant Health Centre was administered by its own committee as early as 1941/1942.¹⁹ By 1944, the Manjimup Infant Health Centre was served by the Warren Infant Health Centre. All centres in the Warren area were independent. Each respective clinic was run by a Committee of Management, each was responsible for paying the Sister's wages for the time she was at the clinic, and each was responsible for the running expenses of the clinic, which included raising money for rent and maintenance costs.²⁰

In January 1944, Dr. Eleanor. M. Stang, Medical Supervisor of Infant Health, visited Manjimup. Dr Stang was a committed and enthusiastic advocate of

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- 11 Report on clinic dated 25/1/1943, Child Welfare – Establishment of Baby Clinics in Country Districts, op. cit.
- 12 'Infant Health Work in Western Australia', September 1955, Infant Health – Establishment of Clinics, op. cit.; Report of the Public Health Department, 1939 to 1943, pp. 9 & 18, in *Votes and Proceedings*, 1944, Vol. 2.
- 13 Report of the Public Health Department, 1939 to 1943, p. 19, in *Votes and Proceedings*, 1944, Vol. 2.
- 14 How to Establish a Child Health Centre', stamp dated 2/11/1945, Infant Health – Proposed New Centres, op. cit.
- 15 Infant Health – Staffing of Centres, Health Department, AN 120/4, Acc 1003, File 889/1945.
- 16 Letter dated 31/10/1945, Infant Health – Staffing of Centres, op. cit.
- 17 Infant Health – Staffing of Centres, op. cit. Sister Polley believes that this policy remained in place up until the early 1970s. (Phone conversation with Sister Lesley Polley.)
- 18 *The Manjimup-Warren Times*, 19/4/1944 & 10/7/1946.
- 19 Letter dated 29/10/1942 & Letter dated 25/8/1944, Information held at Manjimup Child Health Centre, Courtesy Sister Lesley Polley.
- 20 Statement of Receipts & Expenditure for the year ending June 30 1945, Letter dated 23/1/1946, Information held at Manjimup Child Health Centre, Courtesy Sister Lesley Polley. **Note:** By 23 January 1946, the State government was responsible for paying the Sister's salary and her travelling expenses. (Letter dated 23/1/1946, Information held at Manjimup Child Health Centre, Courtesy Sister Lesley Polley.)

the infant health movement. She gained information from trips to North America, the United Kingdom and the Eastern States of Australia. Her commitment to pre-natal and infant health issues was an asset to the fledgling movements during her 27 years as Medical Supervisor of Infant Health.²¹

Dr Stang met with members of the Manjimup Infant Health Committee and clinic nurse Sister Page to discuss a number of issues including the building of an infant health centre in the town.²² From this time, much effort was made by the Committee and local community to raise funds for the construction of the new building. A popular baby competition was organised by the Committee, the £1,431/17/6 fundraising total reflecting community support for the establishment of an infant health centre in the town.²³ A further £300 was secured from the Lotteries Commission and the Manjimup Road Board donated £550 towards the cost of construction.²⁴

In November 1944, plans were drawn by Nancy Allen, of the architectural firm of Honorary Architect W. G. Bennett, for the proposed Infant Health Centre at Manjimup.²⁵ The building comprised the rooms of the centre and living quarters for the nurse. A large waiting room, consulting room, two test feed rooms and toilets made up the centre itself, while the Sister's quarters incorporated a living room, bedroom, kitchen, bathroom and sleepout. The living quarters were accessed on the north side of the building.²⁶

In February 1945, the tender for the construction of *Infant Health Centre, Manjimup (fmr)* was awarded to local resident James Rea at a cost of £2,148/14/-.²⁷ The building contract was signed on 21 May 1945²⁸ and work soon commenced on its construction at the corner of Rutherford and Moore Streets, which had been gazetted for use as an infant health clinic. Portion of the surrounding area was also set aside for use as a children's playground.²⁹

Records show that the clinic formed part of a larger civic centre to be located on the site. As part of the post World War Two redevelopment, the Manjimup Road Board planned to construct a new civic centre.³⁰ The Committee was told that the Honorary Architect had been given the layout

21 D'Arcy Holman, 'The History of Community and Child Health Services in Western Australia', Report for HDWA, 1991, Vol. 1, p. 90-91.

22 *The Manjimup-Warren Times*, 19/1/1944.

23 *The Manjimup Warren-Times*, 7/6/1944, 14/6/1944, 12/7/1944 & 18/10/1944.

24 *The Manjimup-Warren Times*, 7/6/1944, 16/5/1944 & 10/7/1944.

25 Proposed Infant Health Centre – Manjimup, William G. Bennett Architect, 23/11/1944, Information held at Manjimup Child Health Centre, Courtesy Sister Lesley Polley. W. G. Bennett was on military service overseas at the time the plans were drawn up by his firm. (Letter dated 3/4/1946, Information held at Manjimup Child Health Centre, Courtesy Sister Lesley Polley.)

26 Proposed Infant Health Centre – Manjimup, William G. Bennett Architect, 23/11/1944, Information held at Manjimup Child Health Centre, Courtesy Sister Lesley Polley.

27 *The Manjimup-Warren Times*, 28/2/1945.

28 Contract dated 21/5/1945, Information held at Manjimup Child Health Centre, Courtesy Sister Lesley Polley.

29 Letter dated 27/11/1944, Information held at Manjimup Child Health Centre, Courtesy Sister Lesley Polley. Reserve 14584, comprising lots 153, 316 & 452, was set aside for recreation purposes on 17 January 1913. On 5 July 1946, the reserve was vested in the Manjimup Road Board for use as recreation, an infant health centre, a war memorial, Road Board buildings and water storage. (*Government Gazette*, 17/1/1913; *Government Gazette*, 5/7/1946; DOLA Crown Reserves Register, State Records Office.)

30 *The Manjimup-Warren Times*, 5/7/1944.

so that the new clinic building could fit into the overall scheme for the civic centre.³¹ The construction of the community centre did not go ahead. *Infant Health Centre, Manjimup (fmr)* was the first stage and only part of the place to be built.³²

The Manjimup Road Board was the owner of the property and was responsible for the maintenance of the building and its grounds.³³ The Road Board erected a privacy fence at the rear of the new building in January 1946.³⁴ Also in this month, the Committee requested that the Road Board organise the levelling of the front path to the new building: 'At the present time it would be awkward for mothers wheeling their prams over the rough surface.'³⁵ Rent was paid for the Sister's living quarters and, in January 1946, this was said to be 10/- per week.³⁶

Infant Health Centre, Manjimup (fmr) was opened to mothers on 4 February 1946.³⁷ Poor attendance in the first few months of the clinic caused much concern to the Committee and to Nurse Sister Hernan. This appears to have been mainly due the new clinic being some distance from the town centre. Arrangements were made for bus drivers to take mothers to the clinic at no extra charge and notices were placed in the buses and local newspapers to explain the best way to travel there.³⁸ In a letter to Dr. Stang, Sister Hernan wrote:

I am sorry to say the attendance at Manjimup for last month was again very poor.

I feel as if I should be able to do something about it. I have tried to impress on the mothers how important it is to bring their babies to the clinic regularly, and that it is not really far out of town. Some of them have said "You push a pram up there with a toddler hanging on to your skirts."...

It is just the worst time of the year to get them used to attending the clinic, now the rains are here.

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- ³¹ Letter dated 21/8/1944, Information held at Manjimup Child Health Centre, Courtesy Sister Lesley Polley.
- ³² On his return to Perth, William Bennett expressed his interest in being associated with the Manjimup community centre project. A response to his enquiry shows that the centre was to have been constructed in stages, the first stage being the clinic building. The estimated cost of the entire complex was £50,000 and the centre was to comprise various facilities including a kindergarten and community hotel. (Letters dated 3/4/1946 & 11/4/1946, Information held at Manjimup Child Health Centre, Courtesy Sister Lesley Polley; *The Manjimup-Warren Times*, 30/5/1945.) **Note:** No evidence has been found as to why the community centre did not go ahead. This is an area of further research.
- ³³ Letter dated 16/1/1946, 21/1/1946 & 22/1/1946, Information held at Manjimup Child Health Centre, Courtesy Sister Lesley Polley.
- ³⁴ Letter dated 16/1/1946, Information held at Manjimup Child Health Centre, Courtesy Sister Lesley Polley.
- ³⁵ Letter dated 16/1/1946, Information held at Manjimup Child Health Centre, Courtesy Sister Lesley Polley.
- ³⁶ Letter dated 21/1/1946, Information held at Manjimup Child Health Centre, Courtesy Sister Lesley Polley.
- ³⁷ Letter dated 4/1/1946 & 22/1/1946, Information held at Manjimup Child Health Centre, Courtesy Sister Lesley Polley. It is interesting to note that as *Infant Health Centre, Manjimup (fmr)* was nearing completion, the Pemberton clinic applied for its own purpose built facility (without living quarters); however, this application was refused. (*The Manjimup-Warren Times*, 14/11/1945.)
- ³⁸ Letter dated 26/3/1946 & 1/5/1946, Information held at Manjimup Child Health Centre, Courtesy Sister Lesley Polley; *The Manjimup-Warren Times*, 17/4/1946.

People say they often hear of mothers saying, “I wish the clinic was around the corner. I haven’t got time to walk up to the new place.”³⁹

Sister Hernan also expressed her interest in buying a car and starting a clinic at the mill towns in the area. It seems that she believed that this would allow mothers to attend the clinic without the problems of travel.⁴⁰ Dr. Stang forwarded this information to the Committee and stated ‘if the Centre can do anything in the future in regard to getting a car, it will probably be a great boon to the District.’⁴¹

In May 1946, the Committee proposed works to beautify the grounds and requested that a Mr Watson plan the layout of lawns and shrubs at the site. At this same time, the Committee also asked the Road Board to fix the footpaths in Brockman Street as it had had many complaints from mother’s using perambulators.⁴²

On 5 July 1946, the Hon. E. Nulsen, Minister for Health, officially opened *Infant Health Centre, Manjimup (fmr)*. State and local dignitaries were present for the opening ceremony including Dr. Stang, Honorary Architect Nancy Allen, Sister Margaret Hernan, and the Manjimup Health Centre Committee.⁴³ Dr. Stang reported that: ‘Manjimup was pioneering the toddler work and was the only centre in the State boasting suitable scales to weigh toddlers.’⁴⁴ It was also noted that the community would have no cause to be concerned about keeping the Sister – or future Sisters – happy given the superior clinic facility and living accommodation.⁴⁵

In the late 1940s/early 1950s, a garage was built to house the vehicle owned by the infant health nurse. The nurse used her own vehicle to visit outlying centres in the Manjimup district. When she announced her plans to leave the position, the Committee realised that it would have to provide the new nurse with a vehicle and subsequently raised funds for this purpose.⁴⁶

From this time up until the early 1980s, very little work was carried out to *Infant Health Centre, Manjimup (fmr)*. The main alteration carried out during this period was the enclosure of the rear verandah.⁴⁷

Maintenance work was carried out to *Infant Health Centre, Manjimup (fmr)* in 1982. This work included repairs to the ceiling in the consulting room, patching and painting walls and ceilings damaged by wet weather and, repair of the roof timbers and other parts of the garage.⁴⁸ Records show that the nearby Primary School was charged with the responsibility of keeping up the garden as well as upgrading the fence. At the time, the Principal of the

³⁹ Letter dated 1/5/1946, Information held at Manjimup Child Health Centre, Courtesy Sister Lesley Polley.

⁴⁰ Letter dated 1/5/1946, Information held at Manjimup Child Health Centre, Courtesy Sister Lesley Polley.

⁴¹ Letter dated 3/5/1946, Information held at Manjimup Child Health Centre, Courtesy Sister Lesley Polley.

⁴² Letter dated 14/5/1946, Information held at Manjimup Child Health Centre, Courtesy Sister Lesley Polley.

⁴³ *The Manjimup-Warren Times*, 10/7/1946.

⁴⁴ Ibid.

⁴⁵ Ibid.

⁴⁶ Phone conversation with Lesley Polley, 17/11/2000.

⁴⁷ Phone conversation with Sister Leslie Polley, 17/11/2000; Site Inspection by Alan Kelsall, 16/10/2000.

⁴⁸ Letter dated 19/5/1982, Information held at Manjimup Child Health Centre, Courtesy Sister Lesley Polley.

Primary School agreed that they would carry out this work because the school nurse was living in the quarters at a low rent.⁴⁹

Manjimup Road Board and the Committee appear to have paid the cost of this maintenance jointly. However, with the more expensive items such as the replacement of floor coverings, application for funds was made to the Community and Child Health Services.⁵⁰ Works, which were described as having run to 'fairly heavy costs', had preceded these 1982 repairs. A letter to the Committee dated 19 May 1982 stated that the high cost of the building's maintenance had been noted and that Council was considering changing its policy relating to the building.⁵¹

In February 1984, a newspaper article reported that the future of *Infant Health Centre, Manjimup (fmr)* was in jeopardy due to a revised funding system. The Committee stated that the proposed funding was insufficient and could not provide for all expenses associated with running the clinic including the cost of the car, insurance, cleaning and utilities. At the time, the centre's Sister Janet Johnston travelled to clinics at Northcliffe, Pemberton, Nyamup, Deanmill, Quinninup and Walpole and it was feared that these activities would have to be restricted due to insufficient funds. Local community support was called for the continued operation of the clinic.⁵²

Due to the expansion of infant health facilities, the clinic took over the entire building circa 1994.⁵³ The main work involved the conversion of the nurse's living room and bedroom for use as a consulting room and waiting room. With the whole building now used for clinic purposes it appears that the former entrance to the living quarters (one the north side) became the main entrance. The entrance was altered to allow disabled and pram access, and a ramp was also constructed.⁵⁴

Prior to the celebration of the 50th anniversary of the clinic in July 1994, the building was repainted, carpet was installed and new curtains were hung. This work was funded with money raised by the Committee of *Infant Health Centre, Manjimup (fmr)*.⁵⁵

A building surveyor assessed the place for the Shire of Manjimup on 8 November 1994. The surveyor identified minor cracking in some walls, badly fretting brick joints, and rusting nails in the walls.⁵⁶ It is not known if any work was carried out as a result of this report.

In 1995/1996, a carpark was constructed to the north of *Infant Health Centre, Manjimup (fmr)*.⁵⁷

49 Ibid.

50 Letter dated 19/5/1982, Information held at Manjimup Child Health Centre, Courtesy Sister Lesley Polley.

51 Letter dated 19/5/1982, Information held at Manjimup Child Health Centre, Courtesy Sister Lesley Polley. No evidence has been found regarding what the Shire of Manjimup meant by this statement.

52 *West Australian*, 20 February 1984.

53 Phone conversation with Sister Lesley Polley, 17/11/2000.

54 Site Inspection by Alan Kelsall, 16/10/2000.

55 Phone conversation with Sister Lesley Polley, 17/11/2000. At the time, it was noted that the building was structurally sound, but that the roof was in need of repair.

56 Manjimup Infant Health Centre – building assessment, 8/11/1994, Courtesy Karan Walsh, Shire of Manjimup

57 Courtesy Karan Walsh, Shire of Manjimup.

In April / May 2000, the Manjimup Infant Health Clinic was relocated to a new building, which had been constructed with funds provided by the Federal, State and Local Governments. Also housed in the new services building were the family centre and a child minding facility.⁵⁸

At the time it was vacated, *Infant Health Centre, Manjimup (fmr)* was opened to mothers and babies four days a week. On the remaining day of the week, Sister Lesley Polley travelled to clinics at Pemberton, Northcliffe and Walpole.⁵⁹ The Manjimup Infant Health Clinic is still administered by a Management Committee and is one of only a few clinics that continue to operate in this way.⁶⁰

In November 2000, *Infant Health Centre, Manjimup (fmr)* is vacant.

13.2 PHYSICAL EVIDENCE

The site of the *Manjimup Infant Health Centre (fmr)* comprises the clinic, which is a single-storey brick and tile building, and a brick and tile garage. The clinic building has an almost domestic scale similar to a medium sized house of the period in which it was built.

Siting

The *Manjimup Infant Health Centre (fmr)* occupies a flat irregularly shaped site at the corner of Rutherford and Moore Streets, approximately one kilometre from the centre of Manjimup. Manjimup Primary School is located on the opposite side of Rutherford Street. The site is located on the corner of a large open space that is used as a recreational area and includes a football ground.

The site frontage is enclosed by a hedge on the Moore Street boundary and elsewhere by a tubular steel and mesh fence. The rear sides of the site are enclosed by a timber picket fence. A driveway off Rutherford Street serves the garage and bitumenised car park.

The clinic building is located almost centrally within the site. It is set on the diagonal so that the front façade faces east towards the intersection of the two streets. The garage shares the same orientation as the clinic but is sited approximately ten metres to the west; with the rear wall of the garage forming the rear boundary line. Two slightly curved footpaths lead to the front entrance of the clinic. A secondary entrance is located in the north facade of the building and is approached from the car park.

External form and style, and details of each of the building(s)

The clinic is a single-storey building constructed of stretcher bond brickwork walls and a Marseilles patterned terracotta tile roof with lined eaves and timber framed windows.

The main façade of the clinic is composed symmetrically with two hipped roofed wings projecting approximately one metre forward of the main body of the building which has a medium pitch hipped roof. Each projecting wing

⁵⁸ Phone conversation with Sister Lesley Polley, 17/11/2000.

⁵⁹ Phone conversation with Sister Lesley Polley, 17/11/2000. **Note:** In November 2000, the clinic continues to be opened four days a week and on the fifth day the district clinics are visited.

⁶⁰ Phone conversation with Sister Lesley Polley, 17/11/2000. Sister Polley believes that the Manjimup Infant Health Clinic is one of only a few clinics that are still managed by a Committee. Other clinics are thought to be Bridgetown, Busselton and an infant health clinic located in the Wheatbelt. (Phone conversation with Sister Lesley Polley, 17/11/2000.)

has a window opening containing three combined double hung sash windows. The windows have a bullnosed brick on edge sill in which the bricks are set at a steep rake and the head of the window is formed with a single soldier course which is supported by either a steel flat bar or angle. This feature is typical of all windows in the building.

The main entrance to the building is central within the wall between the two wings. The entrance is housed within a semi-circular portico. In plan the inner diameter of the portico matches the length of the wall between the two wings of the façade. The semi-circular portico projects beyond the front line of the wings creating a large covered area.

Much of the architectural interest in this building is concentrated on the design of the entrance portico, which together with the symmetry of the front façade displays a number of the characteristics of the Inter-war Stripped Classical c1915-c1940 style.⁶¹ The simplified rendered entablature of the portico, bearing the words “Manjimup Infant Health Centre”, is supported by six octagonal columns. One pair of columns is set to each side of the axial entrance ramp and the remaining two columns are set beside the brick piers that form the junctions of the portico to the building. A simple curved steel balustrade runs between the columns. The portico has a coloured granolithic concrete floor slab and a flat plaster ceiling. The glazed double entrance door is set within a glazed screen that contains both the doors and a double sash window to each side. Consistent with the other windows and glazed doors in the building, the glazed screen has been divided using an arrangement of glazing bars to give the window openings a horizontal emphasis.

The north façade of the building is nearly symmetrically composed around an almost centrally placed entrance door. The doorway is given additional emphasis by a brick surround that projects 50mm beyond the face of the building. The doorway is approached by a ramp of recent construction. Windows containing two double hung sashes are located to either side of the door.

The west (rear) façade is divided into three distinct elements in the form of a stepped plan. These three elements are the north wing, the south wing and a connecting verandah. The north wing projects beyond the face of the building by approximately one metre. The fascia of the south wing is substantially lower than the north wing and projects by approximately three metres beyond the face of the building. The verandah connecting the two wings is formed by the extension of the main roof of the building and it projects forward by approximately two metres.

The verandah is now fully enclosed but documentary evidence shows that originally the verandah was only partly enclosed. At the time of construction there was a ‘sleep out’ at the north end of the verandah. A one third height brick wall with a continuous sill of bullnosed bricks enclosed the lower part of the sleep out and the upper two thirds comprised a continuous band of adjustable glass louvres. The glass louvres have since been replaced with aluminium framed sliding sashes. The area of open verandah has been enclosed with a low-level wall of timber studwork faced with asbestos cement sheeting to match the height of the abutting brick wall of the sleep out. The upper section of this wall is enclosed with adjustable glass louvres.

⁶¹ Apperly, Richard; Irving, Robert and Reynolds, Peter *A Pictorial Guide to Identifying Australian Architecture: Styles and Terms from 1788 to the Present*, Angus & Robertson, North Ryde, 1989.

Internal layout and details

Documentary evidence shows that the clinic building originally served as both the clinic and the Sister's Residence. However, in the period prior to the closure of the building all the rooms served as part of the clinic. This change in use did not affect the fabric of the building and it remains possible to distinguish between the two original parts of this dual purpose building.

The building was designed with the main public entrance located in the semi-circular portico and the residential entrance located in the middle of the north façade. However, latterly, because of its proximity to the car park, the north side entrance to the building was commonly used as the main public entrance to the building.

The clinic waiting room is located directly beyond the semi-circular entrance portico and is approached through the glazed doors set within the glazed entrance screen. The screen occupies approximately seventy five per cent of the wall area and this helps to create the impression of the two spaces combining to form a single large space making it the major space of this relatively small building. The waiting room is approximately 4.8m x 4.0m with a 3.15m ceiling height. A brick fireplace occupies approximately one third of the north wall of this room. The fire surround is of face brickwork. The fireplace is now filled with an oil heater. The finishing of the room is typical of all the main rooms in the building with plastered walls, a picture rail and a coved cornice. The 200mm high timber skirting has a splayed top and a quarter round at the junction with the floor. The timber doors are stained finished and have a single slightly recessed panel with applied mouldings. The floor is carpeted and the ceiling is fibrous plaster.

The consulting room occupies the south east corner of the building and is housed within the south wing on the front façade. The room is approached through a door in the south wall of the waiting room. The room is 3.6m x 6.3m. The fireplace has plaster surrounds and is situated centrally within the west wall of the room. The fireplace has been filled with a cupboard. A melamine finished bench unit containing a hand basin runs the length of the south wall of the room and appears to be of recent construction. The finishes to the room are the same as the waiting room.

A door in the south west corner of the waiting room leads to a small room that connects with the corridor that runs past the wash room/WC through to the rear verandah. This small room now has no fixtures or fittings but documentary evidence shows that there used to be a system of hanging rails which allowed the room to be divided by curtains into screened spaces.

The door in the north façade was the entrance to the residential section of the building. This led to an entrance hall off which opened a living room on the east side and a bedroom on the west. The hallway led to a corridor that continued through to the kitchen located towards the centre of the building. The corridor runs past the bathroom between the kitchen and the bedroom. A door in the east wall of the corridor leads to the north west corner of the waiting room.

The former living room, which had been serving as a meeting room, occupies the north east corner of the building and forms the north wing of the front façade. The room is approximately 4.3m x 3.6m in size and the finishes are similar to those of the waiting room. There is a fireplace with a face brick surround on the south wall of the living room.

The bedroom is approximately 3.5m x 3.5m in size and is also finished similarly to the waiting room. The room does not have a fireplace, but does have built in cupboards on the south wall.

The bathroom has a tiled floor and it contains a bath with a shower above it and a vanity unit. The plan suggests that originally a hot water heater sat in the south east corner of the room, this space is now fully enclosed. Both the floor tiling and the vanity unit appear to be recent modifications. A waist high, melamine faced bench sits above the bath.

The kitchen is approximately 3.0m x 3.5m in area. Windows in the west wall light the room and overlook the rear verandah. A tiled fireplace in the north wall houses a free-standing gas stove. Original built-in timber cupboards run from the fireplace and continue across under the window. A stainless steel sink unit is built into these units and is located under the window. A floor to ceiling height built-in cupboard / pantry occupies the south east corner of the room.

The verandah occupies the space at the rear of the building between the bedroom and the enclosed laundry. The verandah is fully enclosed and it is divided into two parts. The original plan shows that the room to the north has always been enclosed and served as a sleep-out. This room has a one third high brick external wall with a continuous band of window above it. The sleep-out has a timber floor and a ceiling that is lined on the rake. The other part of the verandah was originally open but is now enclosed by an asbestos cement sheeting lined stud wall with louvre windows above. It has a concrete floor and a ceiling that is lined on the rake.

Subsequent alterations

Manjimup Infant Health Centre (fmr) building is remarkably intact, very few alterations have been made to either the interior or the exterior.

Externally the main changes have been the removal of the steps and integral planter boxes from the side entry and their replacement with a ramp. The rear verandah has been enclosed and the louvred windows of the sleep-out have been replaced with aluminium sliders.

Internally the main alteration has been the refurbishment of the bathroom and the installation of the benches in the bathroom and consultants room. Also the curtain rails that used to divide the small room beside the consultants room have been removed.

Appearance and condition of the building to date

Manjimup Infant Health Centre (fmr) building was well built and appears to be in a good condition both internally and externally. The building has benefited from the regular maintenance regime that was carried out when it was used as a clinic. However, since it has been unoccupied the exterior in particular is starting to show the effects of no longer receiving the same level of maintenance.

The grounds and gardens would be improved by more regular care. The presentation of the front façade would be enhanced by the removal of the mature tree planted to the west of the entry portico.

The garage at the rear of the site is in a sound condition.

13.3 COMPARATIVE INFORMATION

Circa 1940s, Dr. E. M. Stang, Medical Supervisor of Infant Health, produced a 'Standards for Premises for Child Health Centres in Metropolitan and Country Districts'.⁶² This stated that each centre should provide a waiting room, a consulting room, test feeding cubicles, a pre-natal room (if required), a demonstration kitchen, a staff room, a mother's lavatory, and a sheltered area for prams. For country towns, it was believed that the centre should also comprise of living quarters for the nurse. These quarters were to be furnished and to comprise a bedroom, living room, a bathroom and kitchen, a washhouse, a woodshed and a garage.⁶³

Health Department files searched during the preparation of this heritage assessment revealed that the following infant health centres had furnished quarters: Geraldton, Katanning, Narrogin, and *Manjimup Infant Health Centre (fmr)*.⁶⁴ Further to this, the September 1955 report 'Infant Health Work in Western Australia' states that Government assistance had been given to the construction of 12 country centres with quarters and 13 country centres without quarters for the nurse.⁶⁵

Nancy Allen is believed to have been the first woman to pass the examination of the Architects Board of Western Australia in 1932, and was also the first woman to become a member of the Western Australian branch of the Royal Institute of Architects.⁶⁶ W. G. Bennett employed Allen, along with E. T. Dickens, after commencing his own architectural practice in 1936.⁶⁷ When Bennett enlisted at the outbreak of World War Two in 1939, Allen and Bruce Atkinson were left in charge of the architectural firm.⁶⁸ It was during this time that Allen designed *Manjimup Infant Health Centre (fmr)* acting on Bennett's behalf as Honorary Architect. Upon Bennett's return from military service in 1946, the firm was renamed W. G. Bennett and Associates with Allen and her brother George Frederick Douglas Allen as partners.⁶⁹

Manjimup Infant Health Centre (fmr) is representative of the work of the practice of William G Bennett, one of the most successful architectural practices in Perth in the 1930s to 1950s. The firm undertook numerous commissions for such works as Roads Board Halls, Country Shire Offices and Masonic Temples. It also undertook a number of community based service buildings in an honorary capacity during the late 1930s such as the Infant Health Centres at Nedlands and Manjimup, and later at the Police and

⁶² 'Standards for Premises for Child Health Centres in Metropolitan and Country Districts', n.d. (c. 1940s), Information held at Manjimup Child Health Centre, Courtesy Sister Leslie Polly.

⁶³ Ibid.

⁶⁴ Infant Health – Staffing of Centres, op. cit.

⁶⁵ Infant Health Work in Western Australia', September 1955, Infant Health – Establishment of Clinics, op. cit.

⁶⁶ Country Women's Association of WA, Pioneer Women's Memorial Fund, n.d. (c. 1960s), Battye Library, PR8894/1.

⁶⁷ Geneve, V., 'William G. Bennett (1896 – 1977)', in Art Deco Society of WA, *Newsletter*, July/August 1992, Vol. 5, No. 4, p. 10.

⁶⁸ Ibid., p. 11.

⁶⁹ Ibid., p. 11. At some point during World War Two, Bennett's practice did close all together. From circa 1942 to 1945, Allen worked in the Architectural Division of the Commonwealth Department of Works and Housing with David Hutchison and reknown West Australian female architect Margaret Pitt Morrison. (Conversation with David Hutchison, 14/11/2000.)

Citizens clubs. In addition the practice designed schools, churches and church halls and a large number of private houses. William G Bennett also designed the Scarborough Hotel (now demolished), the Majestic Hotel, Applecross (now demolished) and the Ocean Beach Hotel, Cottesloe; together with the Plaza Theatre and Arcade in Hay Perth, and the Regal Cinema in Subiaco.⁷⁰

The work of the practice of William G Bennett is typified by a personal style derived from a use of elements characteristic of the Inter-War Functionalist c. 1915 – c.1940, the Inter-War Art Deco c. 1915 – c.1940 and the Inter-War Stripped Classical c. 1915 – c.1940 styles. An underlying characteristic of the style employed by this firm was the way in which these contemporary styles were integrated with elements of more conservative standard planning and building construction from the period. This can be demonstrated in the way Bennett buildings rarely concealed their main areas' roofs behind parapets instead the roofs were usually standard construction hipped and the use of flat or parapetted roofs was limited to balconies and entrances. There is a feeling with Bennett buildings that there was a definite hierarchy of importance given to the facades of a building and rooms within it. This was reflected in the way in which the greatest design attention seems to have been focussed on the main facade, and the main reception rooms of a building. *Manjimup Infant Health Centre (fmr)* exemplifies this design strategy, because while the building is typical of many medium sized houses built during this period, it has been given an appropriate scale and presence by the concentration of stylistic elements in the area of the entrance and waiting room.

13.4 KEY REFERENCES

No key references.

13.5 FURTHER RESEARCH

Contact was made with Battye Library and the University of Western Australia's School of Fine Arts and Architecture and the School's library to see if these collections held any information about architect Nancy Allen, however very little evidence was found. Further research into the work and life of the architect, including buildings designed by her, should be completed at a later date.

The role of Dr Eleanor Stang in infant health policy and practices in Western Australia needs to be further researched as does the Government's commitment to reducing infant and maternal mortality.

Further supporting information in relation to this place may be gleaned from Geneve, Vyonne, 'W.G. Bennett, Cinema Architect', Centre for Fine Art, UWA.

⁷⁰ Geneve, Y., 'William G. Bennett (1896 – 1977)', in Art Deco Society of WA, *Newsletter*, July/August 1992, Vol. 5, No. 4, p. 10-11.

16 APPENDIX E – METHODOLOGY AND BURRA CHARTER

The Australia ICOMOS Charter for Places of Cultural Significance, 2013

<http://australia.icomos.org/wp-content/uploads/The-Burra-Charter-2013-Adopted-31.10.2013.pdf>

James Semple Kerr: The Conservation Plan

<http://australia.icomos.org/wp-content/uploads/The-Conservation-Plan-7th-Edition.pdf>

Heritage Council of WA: An Information Guide to Conservation Management Plans

www.wa.gov.au/system/files/2024-08/an-information-guide-to-conservation-management-plans.pdf