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Not always nice - the effect of a whole-life perspective on heritage and redevelopment

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Not always nice - the effect of a whole-life perspective on heritage and redevelopment

This article investigates the effect of a whole-life or whole history perspective on heritage and redevelopment and the potential implications for urban regeneration. It examines how heritage preservation and protests to protect certain buildings is selective in its choice of events within the history of a place and how these are valorised and used for particular goals. It uses the former Jessop Hospital, Sheffield, UK and a series of events within its history to investigate how the heritage making process surrounding the hospital has been selective and proposes that practitioners and scholars need to understand this and the valorisation of certain historical moments as part of the urban development process. Through the Jessop Hospital case study it examines how selective framing was formed by different stakeholders at particular points within the hospital's history and how other events and moments were ignored by that framing. This case study approach considers what this means more widely for heritage redevelopment and how this might impact on developers, urban regeneration practitioners and scholars.

Keywords: historic built environment, urban regeneration, preservation, heritage

Introduction

In August 2013, the demolition of the listed¹ Edwardian wing of the former Jessop Hospital in Sheffield, UK was almost complete despite a lengthy and contentious planning and legal battle to save it. During the planning process for the demolition proposal and resulting campaign, strong views and opinions were expressed on all sides of the debate. A partial representation of the history of the Jessop Hospital and its valorisation as a particular type of heritage was mobilised by both sides to further their respective goals of either preventing or supporting the proposed development. Those objecting to the proposals argued that the Jessop Hospital was the birthplace of Sheffield and Thomas Jessop (the hospital's founder) would be ashamed of the proposal to demolish part of it. Those in support of the proposals claimed that the new building would bring jobs, prosperity and therefore the founder, as an industrialist, would have been in favour of the plans. The history of the site and the imagined personality of Thomas Jessop was employed by both sides, the choice or representation of that history depended on the user's position in the debate and their intended goal.

This article will explore, using the Jessop Hospital redevelopment as a case study, how particular aspects of, or events within the history of a place were mobilised in the discussion of the future of the building. In doing so, it will be argued that developers and urban regeneration

professionals need to be aware of this use of history by those seeking to preserve and protect a heritage building through the planning and development process. The article will suggest that viewing events within the history of a building and the decisions taken in respect of that building as a process and a series of events across the lifespan of that building would enable a wider history of a place to be explored. This has implications for practice as it could reduce or expose potentially misleading or one-sided versions of history that are often deployed by those seeking the preservation of a place or building. This has further implications for practice, as a wider discussion of the history and subsequent valorisation of a place or building would be possible instead of the often narrow interpretations that are often chosen in seeking to protect a place as heritage.

This article will examine different events within the life of the former Jessop Hospital and will show that the heritage making process is not objective but selective. It will argue that developers and regeneration practitioners need to examine the factors driving the valorisation of a particular historic moment and the valorisation of particular (but not all) cultural remains in order to provide alternative readings of that place. Scholars and practitioners therefore need to understand how the valorisation of particular chosen historical moments or cultural remains are used and for what ends during the redevelopment and reuse process as well as how are specific buildings or moments are chosen, used and foregrounded within the development process.

This article is based on archival research from Sheffield Archives on the former Jessop Hospital, together with publicly available planning documents relating to the series of events following the hospital's closure in 2001. It uses key events of change within the history of the Jessop Hospital to examine how it has been viewed and valued at different points in time and how these different events have been interpreted and portrayed for particular reasons.

Valorisation of heritage buildings

The valorisation of heritage buildings and what constitutes "heritage" is highly divisive and usually benefits someone at the expense of someone else². This argument can be seen in stark contrast to many heritage organisations who argue that heritage is a positive concept that contributes to the quality of our lives through tourism, regeneration and through fostering a sense of community and belonging³. It is this creation of sense of belonging, of community value that forms a key part of the controversy surrounding heritage, its management and redevelopment. For those seeking to preserve and protect heritage, in whatever its form, this is a positive aspect of heritage, bringing people together to share in their collective heritage, identity and values. However, this collective identity and values are seen by critiques of the heritage industry⁴ as being one-sided, often elitist or nationalistic and therefore neglecting other identities and values that do not adhere to the dominant discourse.

It is through the process of preservation that these memories are imprinted onto places⁵. The physical buildings are real objects, whereas the meanings are socially constructed and yet it is argued in most academic literature in heritage studies that heritage is understood as actually existing, as being real and therefore having ontological status⁶. This is potentially problematic. Meanings, as socially constructed entities, are subjective and can be challenged. The idea of heritage as having ontological status, of being something “real” suggests that there is consensus over what this “real” heritage is. Heritage is constructed on the basis of these meanings and implies that consensus on these meanings has been reached. Heritage is seen as something that is innately valuable, representing all the good about the past and negative aspects of that past are not permitted or are strategically forgotten. This selective positive imagery and re-appreciation of nineteenth century buildings have become “symbols of Victorian invention and enterprise rather than the misery and squalor of those who worked in them”⁷. It is this reinvention or selective reading of history that this article discussed and suggests can be problematic when considering the redevelopment of heritage buildings.

Heritage is often a complex and controversial issue because different people attach different values to buildings and objects. It is these different values that make heritage so problematic, something that is exacerbated by the use of the possessive pronouns “my”, “our”, “yours”, “their” when talking about heritage places. Sometimes these possessive pronouns “relate to legal ownership my stamp collection” but often the terms are employed to indicate a kind of stakeholding or wishful possession with little basis in law”². Where heritage is considered as collective, for all and the inheritance of future generations, the legal owners are transformed through this process into custodians or trustees of the past⁸ and seemingly their legal right to their property is overruled by the fact that their building is “heritage” and is therefore not simply for them but for everyone. Consequently they can no longer do as they please anymore with that property. This clearly fosters tension between the legal owner and those who see heritage as the right of these and future generations and these tensions between values will be seen through the former Jessop Hospital redevelopment examined in this article.

The Jessop Hospital, Sheffield, UK

The first hospital for women in Sheffield opened in 1864 but was small and soon inadequate. Consequently, Thomas Jessop, a local steel industrialist, purchased land and provided the funds for the construction of a new hospital. The hospital opened in 1878 although from the start the hospital required additional facilities and in 1883 adjoining premises in a neighbouring street were purchased. In 1890 a new laundry was constructed and in 1902-1903 a new building was completed which would become known as the Edwardian wing. It was of a similar style to the Victorian wing but was separated from the original building.

Further smaller additions were made to the hospital and in 1938 plans were drawn up for another new large wing (which became known as St George's wing because of St George's Terrace that was demolished to make way for the new building and the neighbouring St George's church). The hospital closed to patients in 2001 and was bought by the University of Sheffield. Following the closure of the hospital and its sale, a planning application was submitted in 2006 for the demolition of the 1940s St George's wing which was carried out in 2007. The conversion of the Victorian wing took place in 2008-9, turning it into university teaching accommodation. The last change to the former Jessop Hospital to date was the demolition of the Edwardian wing in 2013 to make way for the construction of a new engineering department.

Within the lifespan of the former Jessop Hospital to date that have been multiple changes, reuses and redevelopments (large and small), both for sections of the hospital in the demolitions of the Edwardian and St George's wings but also for the buildings and gardens which stood on the ground before the sections of hospital were constructed. To explore and expand upon these events within the history of the Jessop Hospital key events have been chosen in the history of the Jessop Hospital to explore interpretations at different points in time. They are presented as time slices examining events of change within the hospital's history from the most recent demolition of the Edwardian wing in 2013 to the construction of the first hospital building in 1874.

Demolition of Edwardian wing 2012-13

The "death" of the Edwardian wing, through its demolition, caused great concern and distress as evidenced by the level of campaign to prevent the demolition. After the planning application had been granted in favour of the demolition, a legal campaign was mounted to reverse the decision which went as far as the Court of Appeal for determination. Throughout both the planning application process and the legal challenge much anger was expressed that the proposal was allowed to get to the Court of Appeal.

Decisions relating to historic buildings are often contentious,⁹ and although their "deaths" are rare, changes to their structure and appearance are usually met with vociferous opposition¹⁰. However, in order to have heritage there must be some destruction, things are often only classed as heritage when there is danger or threat of losing them¹¹. As society changes and new uses are needed, buildings are adapted and demolished to meet these needs. This is where urban development and regeneration and heritage valorisation and protection comes into conflict. Buildings as a cultural artefact get caught up in the processes of valorisation which has significant implications for the social process of urban regeneration and development. Urban regeneration professionals therefore need to understand this process of heritage valorisation, and

its selective nature, in order to deal with its ramifications as they work in and with the same built environment as heritage bodies and preservation protestors.

During the planning application process for the demolition of the Edwardian wing, those in support of the proposals used the image of Thomas Jessop as a visionary, a steel manufacturer with connections to the engineering world who would have approved of the new proposals for progress in the city. Those against argued that he would have hated the fact that his building was going to be demolished. Heritage has been seen as a process which “fixes”¹² a particular “static past”¹³ and both sides of the debate could be argued to have been trying to fix a particular point or aspect of the history of the hospital within their campaigns. It is however impossible to preserve every historic building and what is valued changes between generations¹⁴. The heritage making process is always selective and urban regeneration professionals, if they are to successfully engage in debates about this selective heritage valorisation, need to unpack the factors driving this valorisation and the factors driving the attachment of that valorisation to some but not all historic buildings.

For those against the proposal, the demolition of the building was seen as not only removing the physical structure but also the sense of community and collective history it created. For those supporting the proposals, an image of Sheffield’s heritage was equally employed though constructed differently through that of Sheffield as a steel manufacturing city, a city of economic progress. In the case of the Jessop, the same history or the same person within that history was being used selectively in order to further or promote a particular point of view or aim in terms of the development. The preservation of a historic building was presented in opposition to economic progress. In seeking the preservation of the hospital, the building was the focus, not necessarily Thomas Jessop or the use of the hospital itself, even if he was employed as a tool for this aim.

Much of the narratives surrounding the prevention of the Edwardian wing demolition focused on protecting a beautiful, much loved architecturally significant building for the benefit of future generations and the harm that its loss or decay would cause. We do not know what decisions future generations will take regarding these buildings and therefore the decision to demolish the Edwardian wing may not be viewed by history as being a damaging one for Sheffield; this is something that is not possible to conclude or ascertain either way.

In considering a wider history or alternative events within that history, the factors and reasoning driving the valorisation of particular events within that history can be deciphered, as well as those factors driving the attachments to those places as evidenced in the redevelopment and reuse processes. However this is not necessarily straightforward. Given the length of time, or the history of the Jessop, considering all its history is likely to be too complicated or too difficult however the consequence of remembering only part of a history of a building, or some

of the events connected with it is that the representation of that building or those events is only ever partial. This is likely always to be the case, particular with buildings that have such long histories as the former Jessop Hospital. Whilst the development and planning process is largely seen to be based on objective criteria,¹⁵ the emotional nature of heritage redevelopment means that, this article would suggest, practitioners involved may need to embrace or use that emotion within their own documents and submissions.

Conversion of Victorian wing 2008-09

The conversion of the Victorian wing occurred four years before the demolition of the Edwardian wing. The historical report on the Jessop Hospital, prepared as part of the planning application examined the Victorian and Edwardian sections (it was produced after the demolition of the St George's wing and ancillary buildings but the Edwardian wing was standing empty). At the time of its production, the report viewed the remaining sections of the former Jessop Hospital as reflecting the "pride of Sheffield"¹⁶. It stated "the desire [is] to restore it as far as is reasonably possible given the future use and damaging interventions since 1902 will allow, to its original state". The report therefore saw the two remaining listed buildings as being the "original" with the more "modern" interventions as having caused damage to them. The first point to consider is that there were in fact 24 years between the construction of the Victorian and Edwardian wings and yet they were both considered to be the original building. This is a considerable time between the construction of the two buildings and therefore it is difficult to argue that they are the same, "original" building.

The report suggests a reason as to why its author considered these two parts of the Jessop Hospital, "original":

Clearly much has been destroyed that might have been of interest, historically speaking, about the fabric of the Jessop Women's Hospital over the course of many decades of change, owing to practical medical necessity⁹.

This quote almost suggests that the practical, medical function for which the hospital was built, damaged the more important physical characteristics of the building now seen as architecturally and historically significant; the medical function is almost seen as an unfortunate interference. The planning report, like that of the historic report, focused on the architectural and aesthetic qualities of the Victorian and Edwardian wing discussing the "solidarity of the historic façade" and the "elegant stone"¹⁷ but stressing that the internal features were limited and had been modified due to the changing nature of hospital requirements (like the historic report).

In this report, it appears that what has been valorised is the architectural or aesthetic features of the Victorian and Edwardian wings of the Jessop Hospital. These are seen as being the original building and yet it can also be seen how this process of heritage valorisation is highly selective.

The Victorian and Edwardian wings were singled out as being worthy of preservation, through their architectural and aesthetic value, and therefore at risk of being lost. The valorisation of these two parts of the Jessop Hospital become more interesting and important in terms of considering what is chosen to be valued, why, when and by whom and the impacts this has for redevelopment and real estate practitioners when the demolition of the St George's wing is also considered as it brings into question that which is deemed to be heritage, is valued as such and as a result where attachments are placed to save particular buildings.

Demolition of St George's wing 2005-06

In exploring the different events in the Jessop's history, it is interesting to see what was considered to be heritage and what was valorised as such and what was not. The demolition of the Edwardian wing was highly controversial, provoking a large response from the public from both those supporting and those opposing the proposals. In contrast, the demolition of the non-listed (but within the curtilage of a listed building) St George's wing in 2006 prompted no response from the public.

The St George's wing was very different architecturally to its Victorian and Edwardian neighbours (having been constructed in the 1940s) and was on a considerably larger scale. The planning officers' report¹⁰ focused on what the demolition would allow: work to commence on the refurbishment of the Victorian wing, no interest for its architecture or history was shown. On the planning application for the Edwardian wing demolition, 176 comments were made by the public with 65% of those commenting against the proposal and the remaining 35% in support of it. In contrast, no public representations were received from members of the public for the application to demolish the St George's wing. These two demolitions were only within a few years of each other and were both parts of the same building however provoked very different responses in terms of calls to save, preserve or conserve the buildings.

No historical report was produced for the demolition of the St George's wing however within the planning officer's report there was still a focus on the architecture of the buildings, but the architecture of the adjoining Victorian and Edwardian wings, not the St George's wing itself. The planners argued that the demolition would enhance the Victorian and Edwardian wings and that a link building, (which was listed), was clumsy, unrefined and not architecturally significant¹⁰. There was no discussion of how or why the building had changed over the years and why the link building and others were needed or why the link building was listed. The architectural and aesthetic qualities of the remaining Victorian and Edwardian buildings were of greatest interest, not the history of the buildings nor the history of aesthetic value of the St George's wing. If the reasons for preserving and therefore accumulating heritage buildings that were present in the case of the former Jessop Hospital also exist in the rest of the country then that accumulation is based on the idea of valuing beautiful buildings, not valuing the history of

those buildings. If the focus had not been only on the aesthetics of the building, the demolition of the St George's wing might have been different.

Debates over the hospital's future 1960-90s

In the late 1960s, early 1970s a proposal to demolish the whole of the Jessop Hospital was put forward, a proposal which continued to be discussed through to the 1990s. The reactions to this were very different than the reactions to the proposal to demolish the Edwardian wing in 2012-13 as the following newspaper reports demonstrate. The Morning Telegraph (1969)¹⁸ stated:

This monument to charity has outlived its purpose. For even the most bricks and mortar fanatic there comes a point where an old building is just not worth saving. It positively needs demolition in fact... It ought to pass into the city's past as quickly as possible.

It was seen as a "monument" (here negatively meant), as something old to be considered as part of the city's past that was over and finished, not something to be kept for posterity and future generations. The Morning Telegraph suggested that not even the most ardent building fan would want it to be kept seeing it as beyond saving. The focus was clearly on renewal, regeneration and a therefore new hospital. The Morning Telegraph was writing at the start of the proposals to demolish the Jessop Hospital but these arguments continued through to the 1990s when the Star (1993)¹⁹ argued similarly with the headline: Why the Jessop must be born again. It contended that the hospital was "cramped, crowded and out of date" insinuating that it should be replaced by a newer, up to date building. Both newspaper reports felt the building was outdated and needed to be replaced by a newer hospital providing the best treatment. The use or function of the hospital was of utmost concern here, not the building's history, heritage or architecture. The whole building was seen as functionally obsolete and requiring removal and yet the demolition in 2013 was seen by many as an outrage. In between these dates, the image or view of the building had changed, it was no longer a functioning hospital therefore in 2013, unlike in the 1960s and 1970s, demolition was not tolerated.

Construction of Victorian wing 1874-78

As outlined at the beginning of this article, the area where the Jessop Hospital was located went through a series of changes prior to the construction of the hospital. The construction of the hospital itself involved the demolition of a large house with substantial ancillary buildings which we now might have considered historically or architecturally important had they remained. The property of Brooklyn House and its associated land purchased by Thomas Jessop for the construction of the Victorian wing appears from archival material to have been of a reasonable size because it had "stable, carriage house, yard, garden, conveniences and appurtenances"²⁰. Buildings that could have been considered historically or architecturally

important made way for the new hospital building as they were deemed to be no longer needed in their existing state. Through the history of the site on which the Jessop Hospital stood, buildings have come and gone depending on the needs and wishes of society at the time.

In viewing the Jessop as a “container of a series of events”²¹ enables the questioning of the value placed upon it by the choosing of those particular events for particular purposes, such as the demolition of the Edwardian wing. For example it was valued at the time of the demolition for its aesthetics and the fact that Thomas Jessop was seen as a philanthropist who was a good man of his time by those opposing the demolition. However, nineteenth century buildings have become “symbols of Victorian invention and enterprise rather than the misery and squalor of those who worked in them”⁸ but does the Jessop remind us of those days in terms of the working and living conditions for most people? This article would suggest, like Pendlebury¹⁵ that these events and social conditions have been forgotten or ignored. This can be seen through the requirements of the hospital for the admission of patients when it first opened.

The requirement for Thomas Jessop to pay for both the land and the construction of the hospital was out of necessity as repeated calls for funds did not produce the required level of funding to construction and fit out the hospital²². This can potentially be attributed to attitudes prevailing at the time regarding hospitals for women. In the Victorian era, to give birth within the hospital required a recommendation²³.

Although hospitals were opened to improve health and to understand disease and illness, they were not necessarily for the benefit of all levels of society and doctors were often more interested in their own careers than the lives and health of their patients and this was true at the Jessop hospital where the Board were worried that treating such women would have a bad impact on the reputation of the hospital and that such women should be in the workhouse”¹⁷. These attitudes towards the Jessop demonstrates the early views of those who built or worked in them. During the redevelopment of the Edwardian wing, many narratives around the demolition focused on the hospital as being a place that “saved” women. Whilst clearly not incorrect, this view of the hospital in the 21st century omits the fact that at the beginning of its life it saved *some* women but those running the hospital struggled with the idea of saving *all* women.

These attitudes do not reflect the attitudes we have of maternity hospitals today, particularly not historic maternity hospitals threatened with demolition as shown by this article. This demonstrates why the historic context of a place or building is important as the values ascribed to places change over time depending on society context and are not static. In presenting only part of that story, or selective events without addressing the wider context, a misleading version of history was given in order to further the preservation and valorisation as heritage.

The reasons for Thomas Jessop’s purchase of the land is not something that can be known, nor his motivations for doing so, so it is not possible to ascertain which image of Thomas Jessop

used in the Edwardian wing campaign is true or close to reality. Looking at the whole history would have meant accepting that buildings were demolished to make way for the hospital and that the hospital was not an all welcoming institution that was now described. However acknowledging this would have demonstrated the changes that have occurred in society since the construction of the hospital and potential changes in the view of it that might happen in the future. It would have shown that buildings and our opinions of them are not static objects. Whether this would have changed perceptions or attitudes towards the redevelopment cannot however be concluded.

What is particularly interesting to note is the similarities between the discussions in the 1960s and 1970s about the proposed demolition of the Jessop Hospital and the decisions taken at the beginning of the hospital's existence. The focus in both cases appears to have been on the provision of a hospital with up to date treatment facilities, and less what was in the place at the time. In the 1960s and 1970s the value was placed on the site and what it could offer in terms of enabling new treatment rather than the value of the historic building. Taking these events within the lifespan of the history of the Jessop they provide an alternative interpretation to the events used within the Edwardian wing debates. Had these events and discussions been discussed during the recent changes to the Jessop, particularly in the case of the Edwardian debates, they could have served as a counter narrative to the historical moments that were employed.

The effect of a whole life perspective on heritage and redevelopment

This article has explored and examined how heritage framing occurs at a particular site, here the Jessop Hospital in Sheffield. In doing so, it has investigated the moments of history that are foregrounded and backgrounded or ignored within the development process and for what purpose. Elaborate efforts are made to preserve buildings or areas with historical value as they remind us of the past and this has been discussed in relation to the former Jessop Hospital. As a result of different groups placing different values on buildings, at different times within that lifespan, fierce battles are fought over whether or not to protect or preserve a building²⁴.

Within the latter stages of its history, the Jessop was valued for its architectural and aesthetic qualities through the Victorian and Edwardian wings in contrast to the St George's wing. Thomas Jessop was seen as both being appalled by, or supportive of, the proposed demolition of the Edwardian wing. The construction and proposed demolition of the whole of the hospital also highlighted different perceptions and valorisations of different aspects of the hospital at different times in its lifespan. The events within this article were themselves chosen by the author and were therefore selective in themselves in presenting alternative histories or events. This highlights the selective and subjective nature of historic buildings and their histories for any purpose, not just heritage preservation. By omitting or failing to understand the factors that drive the valorisation of certain moments or events within the Jessop Hospital, this omits other

versions or interpretations of its history. In viewing a series of events within the lifespan of a building, this would enable both a wider history to be presented, as outlined in this article, but more importantly for practitioners, this allows us to view history as a process not a product as Raven²⁵ to avoid or limit these misleading or one-sided versions of history.

If developers and urban regeneration practitioners were to employ alternative narratives from other events within the history of the buildings they were seeking to develop within their research on a site and the documents they provide as part of the planning process they would be using similar strategies and language to heritage campaigners in discussing these events. Whilst, as this article has already argued, the planning process is seen as being an objective one,⁸ the protests surrounding the redevelopment of historic sites and buildings draw on people's attachment and emotional reactions to these places, an emotional reaction which is seen as contrary to the objective nature of development. Had the other events within the history of the Jessop that have been explored in this article been raised, highlighted or discussed as part of the planning process for the demolition of the Edwardian wing, whilst it would not have prevented the reactions that occurred, it might have created new and different, counter-narratives that could have been discussed.

Urban regeneration is a largely forward looking process, turning sites into new uses with often limited or no engagement with that site's past in terms of its history and previous use as this is perhaps seen as the realm of heritage professionals. And yet, developers, urban regeneration practitioners and heritage professionals work within the same built environment and come into contact over the same buildings. If, as argued by this article, a wider history of sites and buildings is investigated, then this would both challenge the idea of places, as being static or "fixed" in time^{5, 6} or an end product. Consequently, professionals would need to engage in the past, present and future of the site in question, each within their particular sphere of professional expertise. In doing so, this might aid practitioners within the redevelopment process as a more critical discussion of a place's history and past would be possible.

Conclusion

This article has argued that a wider series of events within the history of a building should be explored. The Jessop Hospital has been used as a case study to examine and demonstrate how the heritage framing of a place can and is selective and how this is formed by those protesting or supporting proposals for change. It has shown that this process ignores or sends to the back ground other moments in favour of valorising particular moments of history to create a sense of identity, community and belonging and to argue that certain remains be kept for future generation. Historic buildings are a particular type of cultural artefact that is caught up in this process of selective framing and valorisations and this has significant implications for other social purposes, particular urban development.

The case study of the Jessop Hospital has shown that sites are never static as they are often perceived to be and that there are multiple births, lives and deaths of sites. Also, what is considered heritage is not static and changes with different societal needs at different points in a building's lifespan; thus heritage itself is in flux. This article has argued that even within the heritage sphere, academics are questioning the amount of heritage building preserved and, as with all cultural remains, it is not possible to keep everything and therefore it is not possible to keep all buildings. Urban regeneration scholars and practitioners therefore need to understand the process of valorisation of sites they work with. They need to understand how the valorisation of particular chosen historic moments within the redevelopment process are chosen and to what ends, particularly how buildings and these moments are used and foregrounded within the development process. In doing so, practitioners would be speaking the language of protestors in engaging with these moments of valorisation and opening up these discussions to include wider events within the history of places that help to challenge the particular narratives used to prevent development.

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