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WALKER CORPORATION

SOCIAL IMPACT ASSESSMENT

LANG WALKER AO MEDICAL RESEARCH BUILDING – MACARTHUR

NOVEMBER 2021

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Social Impact Assessment
Lang Walker AO Medical Research Building – Macarthur

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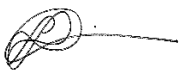
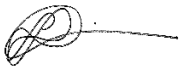
Reviewed by:	Felicity Richards	05/11/2021	
Approved by:	Felicity Richards	05/11/2021	

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ABBREVIATIONS

ABS	Australian Bureau of Statistics
CSP	Community Strategic Plan
DPIE	Department of Planning, Industry and Environment
IIAMR	Ingham Institute for Applied Medical Research
LGA	Local Government Area
LSPS	Local Strategic Planning Statement
MSC	Macarthur Clinical School
SA1	Statistical Area 1
SEARs	Secretary's Environmental Assessment Requirements
SIA	Social Impact Assessment
SSDA	State Significant Development Application
SWSLHD	South Western Sydney Local Health District
The Guideline	Social Impact Assessment Guideline for State Significant Development
The Project	Lang Walker AO Medical Research Building – Macarthur
UNSW	University of New South Wales
Walker	Walker MMRC Services Pty Ltd
WSU	Western Sydney University

EXECUTIVE SUMMARY

Walker MMRC Services Pty Ltd (Walker) engaged WSP to prepare a Social Impact Assessment (SIA) for the development of the Lang Walker AO Medical Research Building – Macarthur (the Project) to accompany an Environmental Impact Statement (EIS) pursuant to Part 4 of the Environmental Planning and Assessment Act 1979 (EP&A Act) in support of an application for a State Significant Development Application (SSDA) (SSD-17491477).

The Lang Walker AO Medical Research Building – Macarthur will facilitate world-class health research outcomes specifically targeted at the needs of the local Campbelltown/Macarthur population.

Combining people-centred health research facilities with public engagement spaces, the Lang Walker AO Medical Research Building – Macarthur will create a unique and exciting opportunity for community interaction and ownership. Located on the Campbelltown Hospital Campus, the Lang Walker AO Medical Research Building – Macarthur will be a shared facility bringing together the following partner organisations:

- Western Sydney University (WSU)
- Health Infrastructure (HI)
- South Western Sydney Local Health District (SWSLHD)
- Ingham Institute for Applied Medical Research (IIAMR)
- University of New South Wales (UNSW).

Embedding the Lang Walker AO Medical Research Building – Macarthur within the existing Campbelltown Hospital Campus will enable opportunities for translational research outcomes directly improving the health outcomes for the local population to be realised.

The SIA drew on extensive engagement with a range of stakeholders undertaken by the proponent during the planning and design phase and targeted interviews undertaken by WSP to ground-truth potential impacts.

Overall, the Project will result in a range of positive and negative social impacts, affecting various spatial levels. Negative impacts associated with the proposal are largely confined to the project's construction phase. They are likely to be experienced most significantly by the Campbelltown Hospital Campus users and local residents in the Park Central development. These impacts include:

- temporarily reduced amenity for residents and nearby sensitive receptors, affecting the way people use and enjoy public and private space
- reduced mental and physical health outcomes due to prolonged exposure to disruptions and amenity impacts.

While these impacts could seriously affect those in the local area, it is considered that adopting tailored management and mitigation measures would go some way to reduce the overall severity. Proactive and ongoing communication with potentially affected communities will be vital to managing potential negative impacts.

The Lang Walker AO Medical Research Building – Macarthur, once operational, will result in a broad range of benefits for local, LGA and regional communities, which include:

- improved opportunities for local gathering and community connection through the provision of new community meeting space
- enhanced connectivity between Marsden Park and the Campbelltown Hospital Campus, improving user experience and perceptions of safety
- greater cultural awareness and user experience for Aboriginal employees and visitors
- improved regional health outcomes, particularly for vulnerable populations
- local and regional economic benefits associated with employment.

1 INTRODUCTION

Walker MMRC Services Pty Ltd (Walker) engaged WSP to prepare a Social Impact Assessment (SIA) for the development of the Lang Walker AO Medical Research Building – Macarthur (the Project) to accompany an Environmental Impact Statement (EIS) pursuant to Part 4 of the Environmental Planning and Assessment Act 1979 (EP&A Act) in support of State Significant Development Application (SSDA) (SSD-17491477).

1.1 ASSESSMENT REQUIREMENT

This SIA has been prepared in response to matter 9 – Social, of the Secretary's Environmental Assessment Requirements (SEARs) for the SSDA, which is as follows: *Provide a Social Impact Assessment prepared in accordance with the draft Social Impact Assessment Guideline 2020.*

In the intervening time since the SEARs were issued, the Department of Planning, Industry and Environment (DPIE) has finalised the draft guideline to become the Social Impact Assessment Guideline (2021) (The Guideline). This SIA has proactively adopted the Guideline as the primary guidance document from which to address the SEARs.

1.2 PROJECT DESCRIPTION

The Lang Walker AO Medical Research Building – Macarthur will facilitate world-class health research outcomes specifically targeted at the needs of the local Campbelltown/Macarthur population.

Combining people-centred health research facilities with public engagement spaces, the Lang Walker AO Medical Research Building – Macarthur will create a unique and exciting opportunity for community interaction and ownership. Located on the Campbelltown Hospital Campus, the Lang Walker AO Medical Research Building – Macarthur will be a shared facility bringing together the following partner organisations:

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Embedding the Lang Walker AO Medical Research Building – Macarthur within the existing Campbelltown Hospital Campus will enable opportunities for translational research outcomes directly improving the health outcomes for the local population to be realised.

The Research Strategy identified five core Research Themes and a series of supportive, emerging and existing themes and shared platforms. The five core Research Themes are:

- diabetes/obesity
- mental health
- paediatrics and adolescents
- Indigenous health
- addiction medicine.

Within a total building area of 5,745 m², the Lang Walker AO Medical Research Building – Macarthur will include clinical research facilities, associated dry research and collaboration spaces, a community engagement zone and back of house/support spaces as required across four levels.

The site identified is the existing helipad located between Building D and the Macarthur Clinical School (MCS) on the Campbelltown Hospital Campus.

The Project will include the following works:

- demolition of existing at-grade helicopter pad
- site preparation civil works
- construction of a five-storey medical research facility named the Macarthur Medical Research Centre
- link bridge linking Lang Walker AO Medical Research Building – Macarthur to 'Building D' and Macarthur Clinical School
- associated site and landscaping works
- signage.

1.3 POLICY CONTEXT

The **Campbelltown Local Strategic Planning Statement** (2020) (the LSPS) provides direction for Campbelltown's social, environmental, and economic land use vision for the next 20 years through a series of priorities and actions.

The proposed Lang Walker AO Medical Research Building – Macarthur contributes to the following actions identified in the LSPS:

- Action 1.21: Actively promote and enable appropriate development of the Campbelltown Health and Education Precinct to respond to local and broader health needs and to provide educational and employment opportunities.

  MMRC will facilitate research into the health needs of South Western and Greater Sydney. The identified research themes for the centre are targeted at a range of health issues prevalent in the region.

- Action 9.9: Increase the emerging cluster of health and education uses around the existing hospital precinct and university precinct.

  MMRC will increase health and education uses within the Campbelltown Hospital Precinct.

- Action 10.9: Actively work with key stakeholders to promote the development of the Campbelltown Health and Education Precinct.

  Extensive engagement has been undertaken with project partners and broader project stakeholders throughout the Projects planning phase.

- Action 15.7: Work with health services, universities and other education providers to increase the emerging cluster of health and education uses around the existing hospital and university precinct.

  MMRC is being developed in partnership between WSU, HI, SWSLHD, the Ingham Institute, and UNSW Sydney MMRC, consistent with the Campbelltown LSPS.

"Campbelltown 2027" is the Community Strategic Plan (CSP) for the city of Campbelltown. The CSP sets out Councils priorities and aspirations for the future and establishes a framework of actions to achieve these goals.

The CSP is structured around four key outcomes:

- Outcome 1: A vibrant, liveable city
- Outcome 2: A respected and protected natural environment
- Outcome 3: A thriving, attractive city
- Outcome 4: A successful city.

A number of implementation strategies are listed to support each outcome.

The Project aligns with Outcome 3, notably the following implementation strategies:

- 3.1 – Support the resilience, growth and diversity of the local economy
- 3.2 – Ensure that service provision supports the community to achieve and meets their needs.

The **SWSLHD Strategic Plan** sets out the direction for the District, consistent with the broader district vision of leading care, healthier communities.

The Plan establishes six strategic directions for the District, of which three are of direct relevance to the Project:

- Collaborative Partnerships: Our consumers, patients, carers and other service providers will be integral to the planning, design and evaluation of our health programs.
- A healthcare system for the future: Our healthcare system will provide innovative and responsive care through investment in new facilities.
- A leader in research and teaching: Our reputation in research and teaching will enable us to attract leading academics and researchers and will help foster a culture of continuous learning and reflection for students and staff across all services and disciplines.

The **Campbelltown-Macarthur Place Strategy** articulates a vision for the Campbelltown-Macarthur Collaboration Area and identifies priorities and actions to deliver the said vision.

The Strategy was developed to support the community's vision expressed through the Western City District Plan and Campbelltown City Council's Reimagining Campbelltown City Centre project

Action 21 directly references the Project: Develop a Macarthur Medical Research Centre.

The **Western City District Plan** provides a 40-year plan for a coordinated approach to development across Western Sydney. The Plan identifies Campbelltown as one of four major Metropolitan Centres and as a key service centre for the Macarthur region.

The Plan outlines a number of key directions for the Campbelltown LGA relevant to the Project:

- continue developing into a health and medical hub
- mature the health and education precinct by:
  - providing new research facilities and commercial premises
  - creating the conditions for the continued co-location of facilities and services.

2 SOCIAL LOCALITY

This assessment includes three geographical areas to allow for targeted analysis:

- The **local study area** comprises four Statistical Area 1 (SA1) units[1] immediately surrounding the project site. These being: 1143741, 1143742, 1143743, and 1143744. Residents in the local study area are most likely to experience a range of direct impacts resulting from the Project, including amenity and traffic impacts. Figure 2.1 shows the local study area.
- The **LGA** comprises the Campbelltown LGA and establishes the strategic policy context and broader socioeconomic environment in which the Project will take place. Residents in the LGA may experience a range of indirect impacts such as employment and altered access to services.
- The **regional study area** comprises the South West Sydney Local Health District (SWSLHD) catchment in which the Project will operate. Residents in the regional study area may experience broader indirect impacts related to health and economic outcomes. Figure 2.2 shows the LGA and regional study area.

Together these three areas represent the social locality, reflecting socioeconomic and demographic characteristics at the local, LGA and regional levels.

[1] SA1 units are Australian Bureau of Statistics statistical geography. The SA1s have generally been designed as the smallest unit for the release of census data; however, limited census data may also be available at the Mesh Block level for the 2016 ASGS. SA1s have a population of between 200 and 800 people with an average population size of approximately 400 people.

Figure 2.1 Local study area

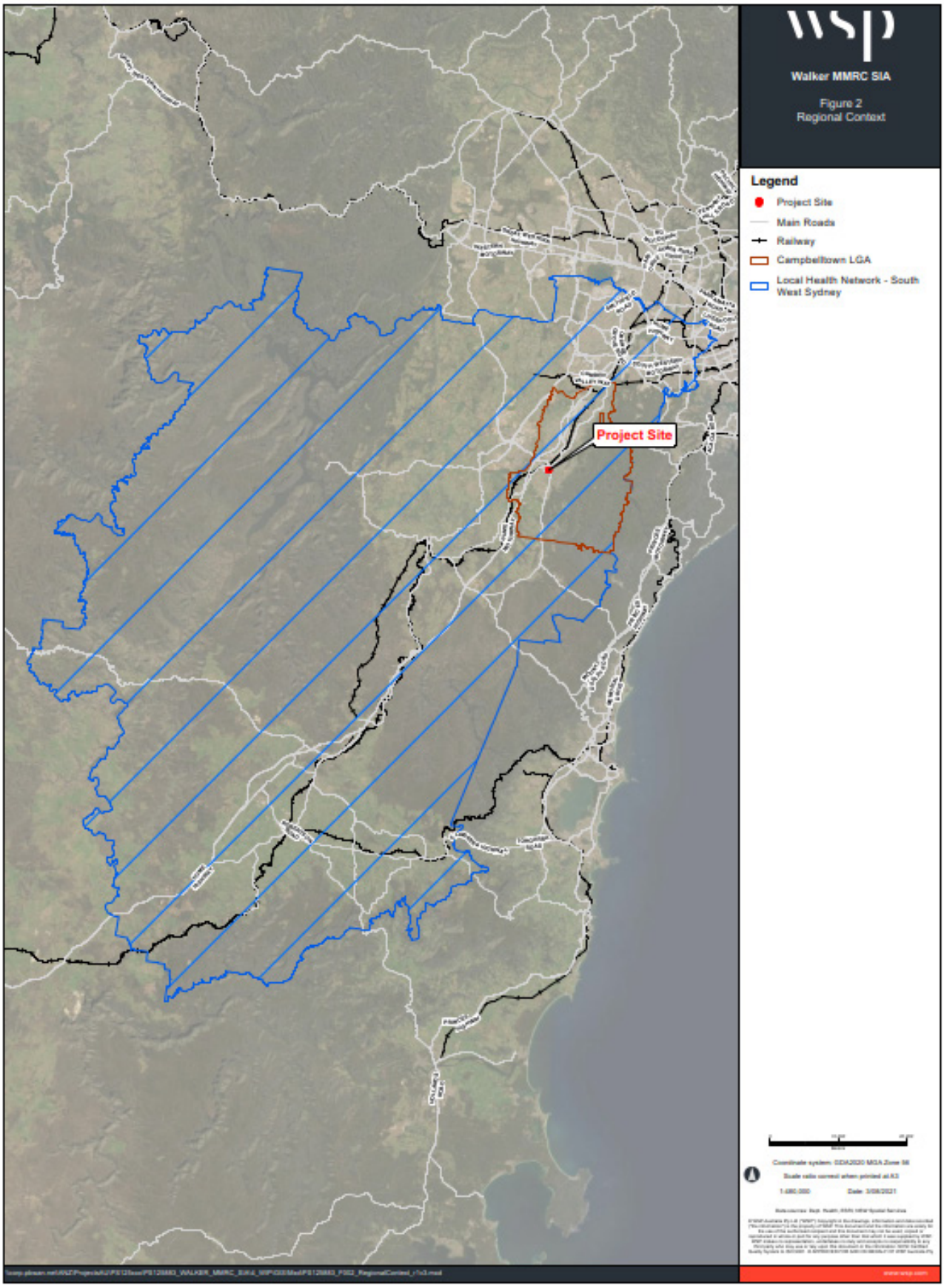

Figure 2.2 Regional context

3 METHODOLOGY

The following section describes the methodology developed to undertake the assessment. The methodology for this SIA incorporates guidance from the SIA Guideline (DPIE, 2021).

3.1 SCOPING

An initial scoping exercise was undertaken using the SIA scoping worksheet (DPIE, 2021) to:

- identify potential social impacts that may result from project activities
- determine the social locality.

The scoping exercise included reviewing relevant state and local strategies and policies, other SIAs prepared for similar health and research projects, consultation outcomes from previous engagement undertaken for the project, and a review of site plans and architectural drawings. The completed SIA scoping worksheet is provided in Appendix A**.**

3.2 CONSULTATION

Extensive consultation with a range of stakeholders has occurred throughout the project planning phase. It has heavily influenced the research strategy for the Lang Walker AO Medical Research Building – Macarthur and the overall design of the facility. SIA consultation built on previous engagement and focussed on understating impacts from the stakeholder perspective and identifying mitigation and management measures. Meetings followed a set interview format, with the discussion guide provided in Appendix B.

All consultation for the SIA was undertaken online per the COVID-19 restrictions in place in the Greater Sydney region at the time of writing.

An overview of the consultation outcomes is provided in Section 4.1.

3.3 SOCIAL BASELINE DEVELOPMENT

The social baseline was developed to understand the community within the social locality from which to assess potential impacts. The social baseline includes data from a range of publicly available sources, including the Australian Bureau of Statistics (ABS) 2016 Census of Population and Housing, DPIE, NSW Health, Campbelltown Council and a range of other sites. Community profiles used to develop the social baseline are located in Appendix C.

Data was collected and analysed across the various levels of social locality identified in Section 3.3. Data was then organised into corresponding impact categories as outlined in the SIA Guideline. The baseline is provided in Section 5.

3.4 IMPACT IDENTIFICATION

Following the scoping process, findings from literature and other technical specialists, the social baseline and consultation were used to refine the identification of impacts and understand their potential significance. Impacts were grouped into the impact categories as per the SIA Guideline.

The impact assessment process utilised a social risk matrix as per the SIA Guideline and the SIA Technical Supplement to assess each impact concerning its likelihood and magnitude (i.e. extent, duration, severity/scale, sensitivity/importance, level of concern/interest). These tools are further described in Appendix D**.**

An overall social impact significance is then attributed using the matrix described in Table 3.1.

Table 3.1 Social risk matrix

		MAGNITUDE LEVEL				
		1 Minimal	2 Minor	3 Moderate	4 Major	5 Transformational
LIKELIHOOD LEVEL	A Almost certain	Medium	Medium	High	Very high	Very high
	B Likely	Low	Medium	High	High	Very high
	C Possibly	Low	Medium	Medium	High	High
	D Unlikely	Low	Low	Medium	Medium	High
	E Very unlikely	Low	Low	Low	Medium	Medium

Source: NSW Department of Planning Industry and Environment, Social Impact Assessment Guideline and Technical Supplement, 2021

3.5 ENHANCEMENT AND MITIGATION

Enhancement and mitigation measures were developed for each impact to enhance positive impacts or reduce negative impacts. Measures cover each phase of the project lifecycle, including pre-construction, construction and operation and will inform the development of a Social Impact Management Plan (SIMP) post-approval.

4 CONSULTATION

Consultation with stakeholders has been integral to every stage of the Project. Two levels of engagement have been considered in the preparation of this SIA:

- Comprehensive engagement was undertaken by the EIS team with key user groups and a range of critical project stakeholders throughout development of the Lang Walker AO Medical Research Building – Macarthur Research Strategy, Functional Design Brief and SSDA Application. These engagement outcomes have been reviewed and incorporated into the analysis of social impacts associated with the Project.
- Targeted SIA engagement was undertaken by the SIA team. This included focussed interviews with identified key stakeholders to understand their involvement in the Project, perceived benefits, any concerns to be considered, and any potential impacts of the project during the planning, construction, and operational phases.

  Interviews included stakeholders from the following organisations:

  - Campbelltown City Council
  - South West Sydney Local Health District
  - Western Sydney University
  - Ingham Institute for Medical Research

Several attempts were made to consult with the IRT Macarthur Aged Care Centre and Retirement Village. However, the evolving COVID-19 situation affecting the region at the time of writing resulted in significant challenges for the Aged Care sector, and no consultation was able to occur.

4.1 OUTCOMES

All stakeholders interviewed were unanimously positive, with each expressing excitement and enthusiasm for the Project. It is evident that the project partners have established productive and proven partnerships with clear governance and goals. There is a shared commitment to ongoing engagement with the community, future users and building occupants to ensure the Lang Walker AO Medical Research Building – Macarthur is a facility built for broader community benefit.

Stakeholders identified a need and desire to create an inclusive, inviting and agile place to allow and incentivise incidental collaboration between researchers, clinicians, students, and community members.

Some of the common themes that emerged throughout the discussions include:

- **Collaborative planning** – Key partners were clear on their role and the need to work together to design and deliver a unique, purpose-built research centre. The collaborative approach has been continually demonstrated in preparing the Functional Design Brief, the Research Strategy and governance models for the new centre.
- **Targeting community needs** – Significant focus has been given to understanding the community's health needs and how the built environment can support the research streams. Creating a safe, welcoming, and comfortable environment for the culturally diverse South Western Sydney community is a priority. The Tharawal Aboriginal Corporation has been heavily involved throughout the planning and design of the centre and will continue to be a key user of the space once operational.
- **Local focus with international reach** – While the Lang Walker AO Medical Research Building – Macarthur research themes are directly linked to the local health needs of the South Western Sydney population, it is collectively recognised that the research outcomes will have far-reaching, potentially global benefits. Many stakeholders spoke of the centre as a major benefit for Campbelltown and South Western Sydney to attract and retain clinical and professional staff looking for career enhancement.

- **A beautiful, functional and shared space** – The needs for varied and agile spaces for meeting, socialising and contemplating were important to stakeholders. The Lang Walker AO Medical Research Building – Macarthur should provide opportunities for incidental collaboration and casual interactions through the open spaces, building flow, and curated amenities. The shared spaces should cater for the diversity of the staff, visitors and community members in the facility through flexible fit-out and design, technology and ambience.
- **Managing impacts** The Local Health District detailed communication requirements to minimise campus disruption during construction and lessons learnt from the Campbelltown Hospital Redevelopment: Stage Two project. Key outcomes included the need for a collaborative approach to site management, appropriate wayfinding, and landscaping.

WHAT STAKEHOLDERS SAID

"This will be a tangible example of design outcomes that give key consideration to built form and open space and will signal to the community that when we talk about Reimagining Campbelltown, this is what we mean." Campbelltown City Council

"The Research Centre will provide significantly enhanced career opportunities and attract and retain our workforce." South Western Sydney Local Health District

"Amenity is very important and some of the things that matter most to our researchers and visitors is a place where they feel comfortable and can gather, grab a meal or coffee and have natural social interaction, that is where true collaboration starts." Ingham Institute of Medical Research

5 SOCIAL BASELINE

The Social Baseline provides an understanding of the social character of the people and places the project is likely to affect. Analysis has been tailored according to the likely impacts associated with each level of the social locality. Social baseline analysis is grouped according to the social impact categories noted in the SIA Guideline (2021).

Unless otherwise noted, all demographic data has been sourced from ABS Tablebuilder and Profile.id Community Profiles.

5.1 BASELINE ANALYSIS

5.1.1 WAY OF LIFE

IMPACT AREA	HIGHLIGHTS
 **Way of life**	— There were 1,567 residents in the local study area. — Medium and high-density dwellings make up most of the dwelling stock (58.9 per cent). — Lone person households are the most prevalent household type, comprising 30.1 per cent of occupied dwellings. — Renting is the most common tenure type for private dwellings in the local study area, while full ownership is the most common type for those in the retirement complex.

5.1.1.1 POPULATION AND DWELLINGS

There were approximately 1,567 residents and 807 dwellings in the local study area at the 2016 Census. The local study area has a significantly higher proportion of medium and high-density dwelling types (68.9 per cent) than the LGA (22.4 per cent) and the regional study area (19.8 per cent). Only 28.9 per cent of dwellings in the local study area are separate houses (LGA: 77.2 per cent, Regional study area: 79.1 per cent).

5.1.1.2 HOUSEHOLDS

Of the 807 dwellings in the local study area, 88.5 per cent were occupied on census night. Of the occupied dwellings, lone person households (30.1 per cent) were the most common household type (LGA: 17.5 per cent, Regional study area: 15.1 per cent). Couple with children households (26.8 per cent) were the second most common household type. However, they were much less prevalent than the LGA (38.0 per cent) and the regional study area (40.2 per cent).

The higher density and prevalence of lone person households in the local study area are likely attributed to the IRT Macarthur Aged Care Centre and Retirement Village located north of the Campbelltown Hospital, home to 418 residents and 266 dwellings.

5.1.1.3 TENURE

Residents in the local study area are more likely to rent their properties (38.3 per cent) than those in the LGA (31.6 per cent) and the regional study area (26.3 per cent). The proportion of dwellings that are owned outright (26.9 per cent) is slightly higher than the LGA (23.2) and comparable to the regional study area (28.6 per cent).

The local study features a low number of households that are paying off a mortgage (18.1 per cent) when compared to the LGA (37.4 per cent) and the regional study area (37.3 per cent). This is likely due to the high prevalence of seniors in the area. Renting is the most common tenure type for households in the residential section of the local study area. In contrast, full ownership is the most common tenure type for those associated with the retirement complex.

5.1.2 COMMUNITY

IMPACT AREA	HIGHLIGHTS
Community	— Residents in the local study area are typically older when compared to the LGA and regional study area, with 28.8 per cent aged over 70 years. — There is a gender imbalance, with 55.5 per cent of residents being female. — Residents in the local study area may lack strong community ties, with 50.7 per cent having moved in the previous, and relatively low rates of local volunteering.

5.1.2.1 AGE

Figure 5.1 shows the age profile for the social locality. Residents in the local study area are older when compared to the LGA and regional study areas. Residents over 70 years old account for 28.8 per cent of the local study area population, higher than both the LGA (7.1 per cent) and the regional study area (9.4 per cent).

Conversely, the proportion of residents in the local study area aged 0-17 (12.0 per cent) is significantly lower than the LGA (25.6 per cent) and the regional study area (25.2 per cent). Compared to the LGA and regional study area, the local study area exhibits lower or comparative proportions of all age groups except those aged 25 to 35 years old (16.8 per cent, LGA: 14.8 per cent, regional study area: 13.4 per cent). This may suggest that the medium-high density dwelling style typical in the area is popular with young professionals and those in their early careers.

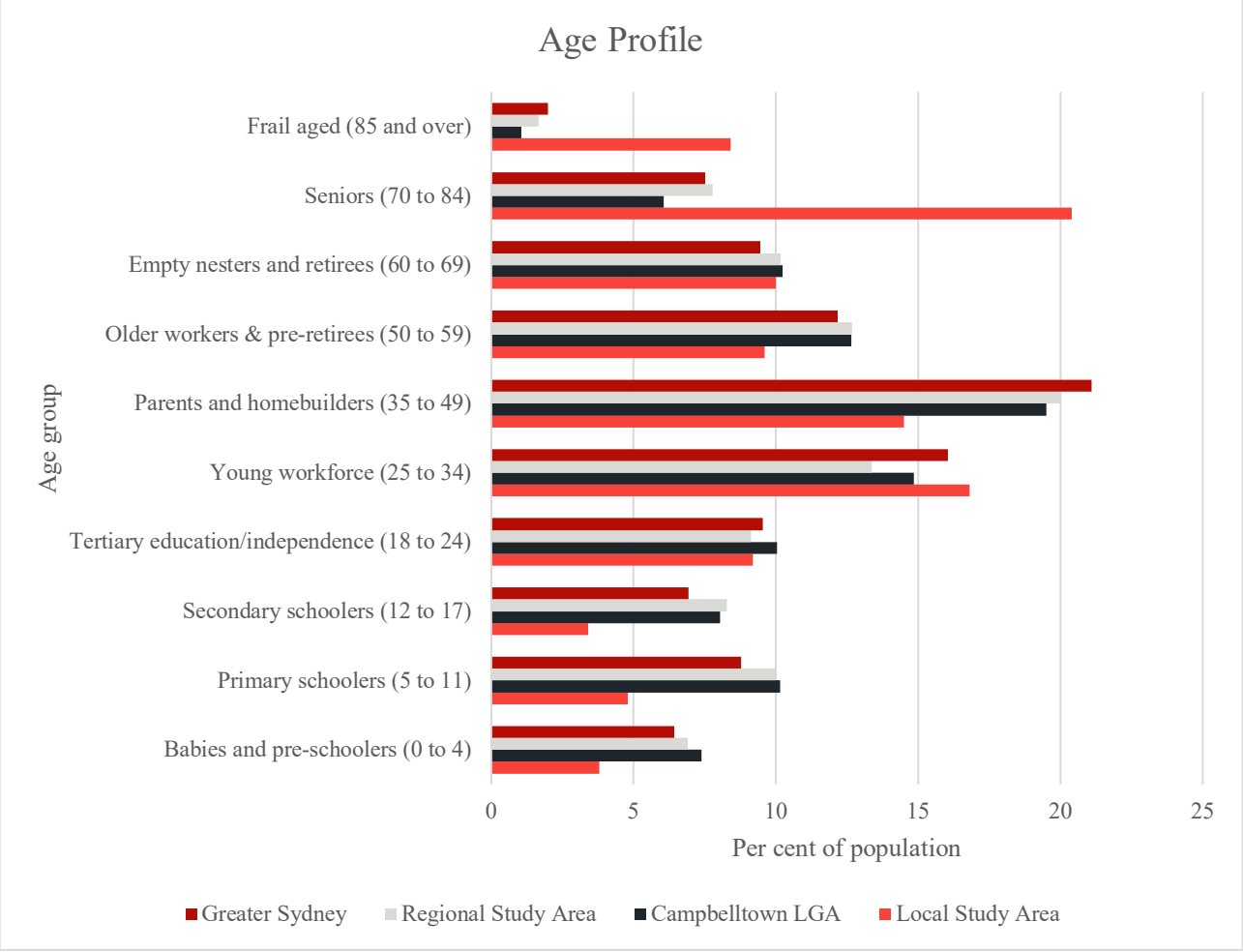

Figure 5.1 Age profile of the social locality

Source: Australian Bureau of Statistics, 2016 Census; Profile id, Local Area Profiles.

5.1.2.2 SEX

Of the 1,567 residents in the local study area, 44.5 per cent were male, and 55.7 per cent were female. The relatively high imbalance is likely attributed to the high proportion of over 70 years old persons. Compared with males, females have a higher life expectancy and experienced more of their total disease burden due to living with disease rather than dying early from disease and injury (Australian Institute of Health and Welfare, 2019).

5.1.2.3 COMMUNITY STABILITY

Residents in the local study area are more likely to be relative newcomers to the area, with 50.1 per cent of residents changing address in the previous five years. This was higher than both the LGA (35.5 per cent) and the regional study area (38.2 per cent).

Volunteering can strengthen personal ties to the community, build social networks and develop a strong social support base (Health direct, 2019). At the time of the Census, 13.2 per cent of local study area residents participated in volunteer activities, which is on par with the LGA (13.2 per cent), and slightly lower than the regional study area (14.6 per cent).

5.1.2.4 POPULATION GROWTH

The population of Campbelltown is estimated to increase by 87,700 people between 2016 and 2041, from 161,550 to 249,250 (DPIE, 2020). Residents are moving to the area for its affordability, established transport connections to Greater Sydney and easy access to services (Campbelltown City, 2018).

The regional study area population is expected to increase from 966,450 people in 2016 to 1,284,600 people in 2031 (an increase of 318,150, or 33%) (SWSLHD, 2019). The region is home to an expanding network of greenfield developments and growing outer urban towns experiencing a surge in population thanks to a range of affordability and lifestyle factors.

5.1.3 ACCESSIBILITY

IMPACT AREA	HIGHLIGHTS
 **Accessibility**	— The local study area is well connected to the wider LGA and regional study area via an extensive arterial road network and proximity to several public transport options. — There is an extensive pedestrian path network through the local area to support pedestrian and cycling activity. — There have been 62 motor vehicle accidents on the arterial roads surrounding the local study area, with the Kellicar Road/Narellan Road intersection the most common area. — There is a range of social infrastructure located within one kilometre of the project site to support the needs of local study area residents.

5.1.3.1 TRANSPORT AND ACCESS

ROAD NETWORK

The local study area is bounded by Kellicar Road, Gilchrist Drive, Therry Road, Appin Road and Narellan Road. These major arterials provide onward access to the wider LGA, with Narellan Road linking the local study area to Western Sydney University, TAFE NSW – Campbelltown and the Hume Motorway for intra and interstate journeys.

The Project's primary street frontage, Parkside Crescent, is the principal vehicle thoroughfare for the local study area. It travels in a horseshoe shape around Marsden Park and is fronted by most of the medium-high density residential developments in the area. Parc Guell Drive, Centennial Drive, Hyde Parade and Central Road link Parkside Crescent to the wider arterial road network.

Between 2015 and 2019, there were 62 motor vehicle accidents on the arterial roads surrounding the local study area. Figure 5.2 shows the locations of each accident, with the majority clustered around the Kellicar Road/Narellan Road intersection. These accidents resulted in 16 serious injuries, 28 moderate injuries and 34 minor injuries to those involved.

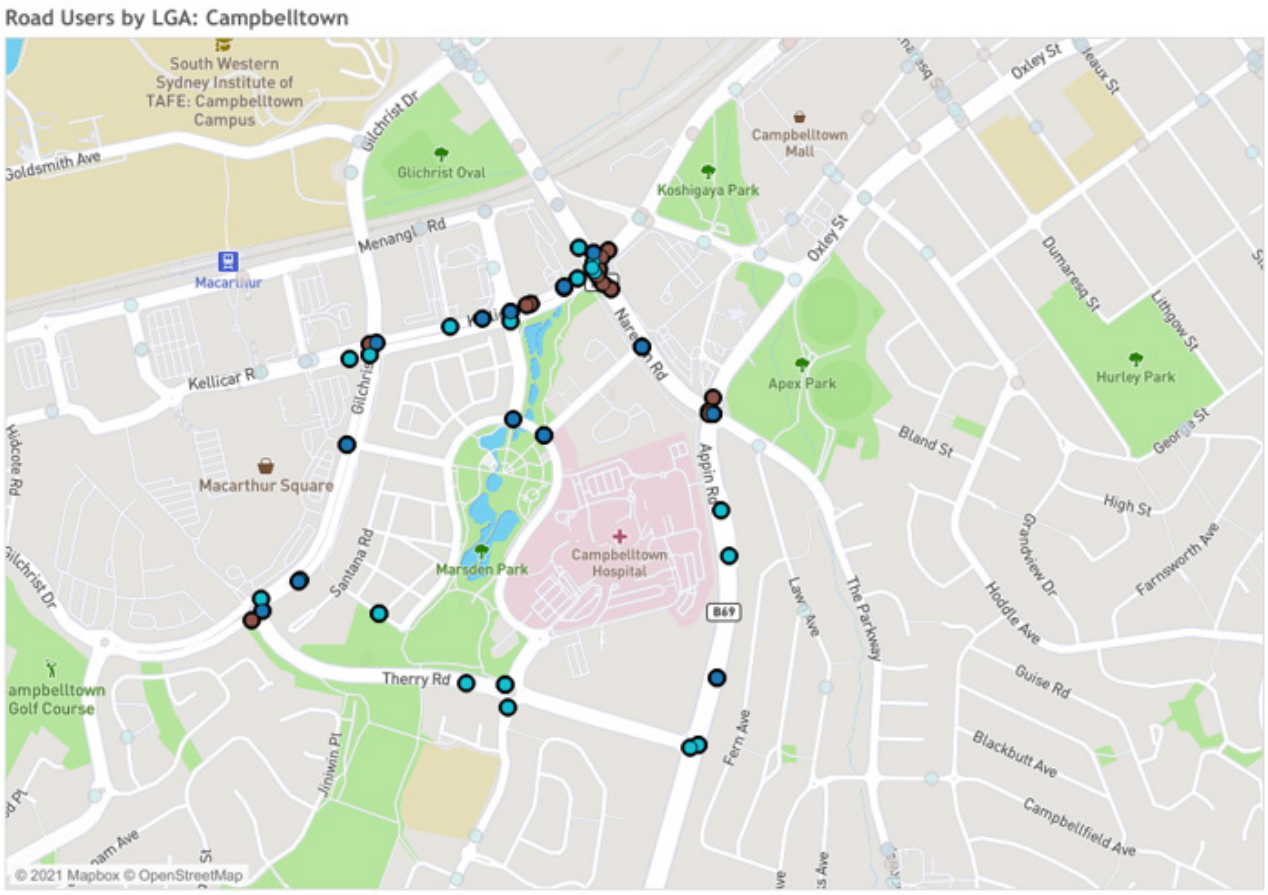

Figure 5.2 Motor vehicle accident locations on roads surrounding the local study area

Source: Transport for NSW – Centre for Road Safety

PUBLIC TRANSPORT

The local study area is well supplied with public transport options. A bus stop is no more than 250 meters from any point in the local study area. The local bus network traverses all major arterials surrounding the local study area, providing connections throughout surrounding suburbs in the LGA, Macarthur Train Station and direct to Campbelltown City centre.

Macarthur station is located approximately one-kilometre north-west of the project site, or approximately 15-20-minute walk. The station is the terminus for the T8 line, linking the LGA with Sydney City and the Airport and travelling through the northern section of the regional study area. The Southern Highlands Line also travels through the station, providing regional rail services between Campbelltown City Centre and Moss Vale to the south of the regional study area.

PEDESTRIAN AND CYCLING CONNECTIVITY

The local study area features a comprehensive pedestrian path network, connecting residential areas and the health precinct to Marsden Park at the centre. The extensive arterial road network surrounding the local study area may act as a geographical barrier and disincentive to walking and cycling to surrounding local destinations. However, there are signalised pedestrian crossings at all major intersections and an extensive wider path network throughout the suburb, promoting walking and cycling as a mode of choice.

5.1.3.2 SOCIAL INFRASTRUCTURE

The local study area is well supplied with a range of social infrastructure suited to the needs of an aging population. The Campbelltown Health and Education Precinct, in which the Project will be located, dominates the eastern section of the local study area and, at 400 hectares, is the largest Health and Education Precinct in the western Sydney region. The precinct features the Campbelltown Hospital, providing a range of services including cardiology, maternity, gynaecology, palliative care, respiratory and stroke medicine, surgery and emergency medicine, and aged-care services (SWSLHD, 2021).

The local study area also features a large open space network, with Marsden Park central to providing residents and health precinct users with space for outdoor leisure and recreation pursuits.

A range of social infrastructure is located outside of the local study area but within one kilometre of the project site (or approximately 15 minutes' walk for most local study area residents).

Open space: A broad network of structured and natural open spaces is located around the local study area, including riparian corridors, managed open spaces, and structured play areas. All open space is connected to the broader pedestrian path network and is accessible by walking and cycling.

Sports and recreation: Several specialist sports facilities are located within walking distance of the project site, including Gilchrist Oval – baseball and softball, Bradbury Oval – Cricket, Gordon Fetter Aquatic Centre – Swimming and the Ambarvale Sports Complex – Soccer.

Education: Thomas Reddall High School is located to the south of the Project Site, just outside the local study area. There are three childcare facilities located within one kilometre of the project site. However, no primary school is located in the local study area or within one kilometre of the project site. The closest primary school is Ambarvale Public School, located 1.3 kilometres to the south.

Culture: The HJ Daley Library and Campbelltown Arts Centre are located to the northeast of the local study area.

5.1.4 CULTURE

IMPACT AREA	HIGHLIGHTS
 **Culture**	— The LGA has the highest proportion of Indigenous residents of all regional study area LGAs. — The Tharawal Aboriginal Corporation runs a range of Indigenous medical and social support services for the local Indigenous population. — The local study area exhibits a relatively culturally homogenous population, with high levels of English proficiency. — The regional study features a high proportion of residents born overseas and a comparatively high rate of residents with low English proficiency.

5.1.4.1 INDIGENOUS CULTURE

The Project sits on the lands of the Tharawal people. Indigenous persons comprise 4.5 per cent of the LGA population and 2.1 per cent of the regional study area population, which is above both the local study area (1.7 per cent) and Greater Sydney (1.5 per cent). This suggests there is strong demand within the LGA for Indigenous cultural and support services.

The Tharawal Aboriginal Corporation represents the interest of local Indigenous persons. It provides a range of social support services, such as medical, child and family services, social and emotional wellbeing support and housing support services. The Tharawal Aboriginal Corporation Aboriginal Medical Service is a purpose-built facility located in the suburb of Airds to the east of the project site. The facility provides specialist on-site health care for the local indigenous population.

5.1.4.2 INTERNATIONAL CULTURE

Approximately 35.9 per cent of local study area residents were born overseas; England, New Zealand and the Philippines are the top three countries of birth. However, this is higher than the LGA (31.4 per cent) and lower than the regional study area (43.0 per cent). There are large Arabic, Vietnamese and Cantonese communities settled across the regional study area, including in the LGA.

While 22.7 per cent of local study area residents speak a language other than English at home, English proficiency is high, with only 2.1 per cent of residents not being fluent. This is lower than both the LGA (3.8 per cent) and the regional study area (6.0 per cent).

5.1.5 HEALTH AND WELLBEING

IMPACT AREA	HIGHLIGHTS
 **Health and Wellbeing**	— The regional study area exhibits relatively high rates of long-term health conditions, including diabetes and mental health conditions. — Campbelltown has the lowest life expectancy of all regional study area LGAs at 80.6 years. — Indigenous persons are likely to experience lower health outcomes than non-indigenous residents, including renal issues, mental health conditions and cardiovascular disease. — Over 10.0 per cent of local study area residents require assistance with core activities. — Rates of domestic violence, malicious property damage and theft from motor vehicles are all higher than the state average.

5.1.5.1 HEALTH

The regional study area correlates with the SWSLHD catchment, which encompasses seven LGAs, including Campbelltown. Southwest Sydney: *Our Health: in brief* (SWSLHD, 2019) is a detailed prospectus on the population and health characteristics of the regional study area. Some of the key insights into the health of regional study area residents include:

- Campbelltown LGA residents have the lowest life expectancy in the regional study area at 80.6 years (regional study area: 83.2 years, NSW: 83.1 years).
- Nearly half (49.0 per cent) of all regional study area residents are living with long term health conditions such as cancer, cardiovascular/circulatory disease, mental health condition, bone or joint conditions, asthma and diabetes.
- Approximately 57.0 per cent of people aged over 18 years and 28.0 per cent of children aged 5-17 years are classified as overweight or obese.
- The number of people with type 2 diabetes has increased by 46.0 per cent in the ten years 2007-2017, to 10.8 per cent.
- A higher proportion of people experience high or very high psychological distress (17.6 per cent, NSW 16.7 per cent). Drug and alcohol use, along with schizophrenia and delusional disorders as the two most common mental health conditions, are the most common reasons for overnight hospitalisation.

5.1.5.2 INDIGENOUS HEALTH OUTCOMES

The Indigenous population is comparatively younger than the non-Aboriginal population due to a higher fertility rate, higher death rate, and shorter life expectancy (SWSLHD, 2019). When comparing Indigenous residents to non-Indigenous residents, Indigenous people are:

- three times more likely to be hospitalised for dialysis
- twice as likely to be hospitalised for mental health disorders, and endocrine diseases such as type 2 diabetes
- have a higher death rate from all causes (Cardiovascular diseases and malignant neoplasms remain the leading causes of death)
- are more likely to smoke during pregnancy (38% compared to 8%).

5.1.5.3 NEED FOR ASSISTANCE

Within the local study area, 10.1 per cent of residents require assistance with basic activities due to age or disability. This is nearly double the LGA rate (5.9 per cent) and the regional study area (6.0 per cent). This significant difference is likely owing to the residential aged care complex located in the local study area.

5.1.5.4 WELLBEING

People who witness, experience, or come across evidence of crimes in their local area can suffer a range of psychophysical effects. People may adjust their behaviour or take additional measures to secure their possessions, affecting their physical and financial wellbeing (ABS, 2001).

In order to understand community safety and wellbeing, the occurrences per 100,000 population of 17 major offences in the LGA has been analysed (NSW Bureau of Crime Statistics and Research, 2021). Assessing the nature of these crimes provides an insight into community wellbeing overall, potential perceptions of personal safety and the risk of being a victim of violent crime.

Overall, the LGA exhibits higher rates of occurrence for all but two of the 17 offences assessed. Of the 15 offences remaining:

- Domestic violence-related assault offences (566.3 per 100,000) are the highest deviation from the NSW rate (396.5 per 100,000).
- Malicious damage to property (836 per 100,000) is the second-highest deviation from the NSW rate (658.3 per 100,000).
- Thefts from motor vehicles (431.1 per 100,000) are the third highest deviation from the NSW rate (350.3).
- All types of assault, including sexual assault, track at least 25 occurrences per 100,000 people, higher than the NSW rate.

5.1.6 SURROUNDINGS

IMPACT AREA	HIGHLIGHTS
 **Surroundings**	— The majority of the LGA community considers their quality of life to be very good or excellent. — Access to facilities, lifestyle and amenity and access to open green space is the most valued aspects of living in the LGA — The LGA and region has been undergoing a rapid and widespread land-use change in recent years. — The local study area is a relatively new, master planned community focused on sustainability and community.

5.1.6.1 COMMUNITY VALUES

Campbelltown City Council undertook extensive community consultation to inform the Community Strategic Plan, noted in Section 1.3. The consultation program identified what residents valued about living in the LGA, the issues they face and their priorities for the future. Overall, the LGA community:

- enjoy a high quality of life, with 67 per cent rating their quality of life very good or excellent
- considers the easy access to services and facilities, lifestyle and amenity and the open green spaces and bushland as the most valued aspects of living in the LGA
- considers traffic congestion, overdevelopment and the reputation of the LGA as the least valued aspects
- considers road infrastructure and maintenance, infrastructure to meet population growth and public transport as the top three priorities for the Council over the next ten years.

5.1.6.2 LAND USE CHANGE

The LGA is experiencing significant growth, which is forecast to continue. Several interrelated growth strategies and plans, detailed in Section 1.3, have been enacted, which affect all levels of the social locality.

The local study area and surrounding areas sit within the Campbelltown-Macarthur Collaboration Area, identified as a key health, education, and retail cluster. Expansion of the Campbelltown Hospital, intensification of retail and commercial activities around Macarthur Station and extensive greenfield and infill residential development in the surrounding areas have resulted in significant land use change in recent years.

5.1.6.3 LOCAL ENVIRONMENT

Outside of the Campbelltown Hospital Precinct, the remainder of the local study area can be characterised as a relatively new master planned community. Initiated by NSW Government developer Landcom in 2000, Park Central, as the estate was called, was a pilot project in southwest Sydney to bring more medium and high-density housing to the region Park Central was Landcom's first greenfield masterplan designed in consultation with the community and the organisation's first greenfield project to integrate sustainability standards (Landcom, 2021).

As such, greenery and natural amenity are central to the local area, with Marsden Park, a large urban parkland, sitting at the centre of the community. Figure 5.3 shows the local environment. The project site is surrounded by various large-scale buildings in the Campbelltown Hospital Campus. The parkland provides a physical and visual break between the intensive development of the health precinct and the residential land uses to the west. As the precinct is only twenty years old, with most development occurring between 10–15 years ago, modern architectural styles dominate the streetscape.

Figure 5.3 Local environment

5.1.7 LIVELIHOODS

IMPACT AREA	HIGHLIGHTS
 **Livelihoods**	— Labour force participation in the local study area is significantly lower than in the LGA and regional study area. — Approximately 61.8 per cent of the employed LGA resident labour force travel outside of Campbelltown for employment. — Private vehicles are the most common mode of travel to work, suggesting high reliance on the highway and arterial road network. — The LGA exhibits relatively high levels of socio-economic disadvantage. However, low-income households and those exhibiting high levels of socio-economic disadvantage are primarily concentrated in the area associated with the residential aged care facility.

5.1.7.1 EMPLOYMENT

The local study area exhibits a considerably lower labour force participation rate (42.1 per cent) than the LGA (60.7 per cent) and the regional study area (59.0 per cent). This is likely attributed to the high number of elderly and retired people in the area. Employment data for the March quarter of 2021 (National Skills Commission, 2021), show that the LGA had 88,077 people in the labour force and an unemployment rate of 8.5 per cent. The regional study area had 584,321 people in the labour force and an unemployment rate of 7.0 per cent. Both are higher than the NSW rate (6.4 per cent) and the National rate (6.7 per cent).

Of those employed persons in the LGA, the top five industries of employment are:

- health care and social assistance (12.4 per cent)
- retail trade (10.8 per cent)
- manufacturing (9.4 per cent)
- construction (8.4 per cent)
- transport, postal and warehousing (8.1 per cent).

Of industries relevant to the Project, Education and Training is the sixth most common industry of employment (7.0 per cent) and Professional, Scientific and Technical Services is the tenth most common industry of employment (4.8 per cent).

5.1.7.2 WORKER MIGRATION

Approximately 61.8 per cent of the employed LGA resident labour force travel outside of Campbelltown for employment. For those workers that leave the LGA for employment, the most common destinations are Sydney LGA (10.9 per cent), Liverpool LGA (10.8 per cent) and Camden LGA (5.9 per cent).

There were approximately 48,077 jobs located in the LGA; LGA residents fill 48.7 per cent of these jobs. For the remainder, the most common origin was the Camden LGA (13.5 per cent), Liverpool LGA (7.6 per cent) and the Wollondilly LGA (6.3 per cent).

There were approximately 6,833 Healthcare and Social Assistance jobs located in the LGA, 48.4 per cent of which were filled by LGA residents. For Healthcare and Social Assistance workers who reside outside of the LGA, the most common places of residence were Camden LGA (15.9 per cent), Wollondilly (8.1 per cent) and Liverpool (7.5 per cent).

LGA workers predominantly use private vehicles such as cars, trucks and motorbikes to travel to work, accounting for 66.5 per cent of journeys, which is higher than the Greater Sydney average (56.6 per cent). Public transport usage was also lower across the LGA, representing 18.3 per cent of journeys compared to 22.7 per cent for Greater Sydney.

These patterns suggest a relatively high reliance on the highway and arterial road network to undertake inter LGA travel to employment across the regional study area.

5.1.7.3 INCOME

The local study area (16.6 per cent), LGA (16.2 per cent) and regional study area (17.5 per cent) all feature comparable rates of low-income households (earning less than $650 per week). Conversely, the local study area exhibits relatively low rates (14.6 per cent) of high-income households (earning more than $2,500 per week) compared to the LGA (18.7 per cent) and the regional study area (22.8 per cent).

This aligns with the age profile of the local study area noted in Section 5.1.1, with a large population of retirees and residents in the early years of their careers more likely to be low-middle income households.

5.1.7.4 SOCIO-ECONOMIC DISADVANTAGE

The Index of Relative Socio-economic Disadvantage (IRSD) measures the relative socio-economic disadvantage of an area based on a range of Census characteristics. This index assesses a range of disadvantage indicators (e.g. unemployment, low incomes or education levels, lack of internet access) to determine the level of overall disadvantage experienced compared to other analysis areas. A higher score on the index means a lower level of disadvantage. A lower score on the index means a higher level of disadvantage.

The Index has a base of 1000 for Australia: scores above 1000 indicate relative lack of disadvantage and those below indicates relatively greater disadvantage. Overall, the LGA achieved an IRSD score of 950 and the suburb of Campbelltown in which the Project sits achieved an IRSD score of 937. This is lower than Greater Sydney 1,018 and New South Wales, 1001, which means the LGA and local area experience higher than average levels of disadvantage.

However, when looking at the local study area, it is apparent that relative disadvantage is more concentrated to the residential aged care facility. The associated SA1 receives an IRSD score of 883, well below the LGA and suburb. The SA1s associated with the residential areas of the local study area received SEIFA scores above the LGA and State averages, showing lower levels of relative disadvantage.

Residents that experience higher levels of relative disadvantage may have reduced access to financial and social support networks and may be more vulnerable to changes in the local environment.

5.1.8 DECISION MAKING SYSTEMS

IMPACT AREA	HIGHLIGHTS
 **Decision making systems**	— The Project is an identified piece of key health infrastructure in numerous local and state planning policies. — The local study area is a master planned community built around the Campbelltown Hospital Campus

The Project sits within the Campbelltown Hospital Campus and has been identified in numerous local and regional planning strategies identified in Section 1.3. These strategies, including the Western City District Plan and the LSPS, outline the intent for the Campus to become a strategic regional health and education precinct within the south western Sydney region.

To inform these planning mechanisms, broad stakeholder and community engagement has occurred at both the state and local levels. Likewise, the Park Central development, which forms most of the local study area, was a master planned community developed around the Campbelltown Hospital.

In recent years, broader engagement programs have occurred with the local community during both stages of the Campbelltown Hospital Redevelopment. Residents would likely be aware and comfortable with increased development occurring on the Campus site.

6 IMPACT ASSESSMENT

This section considers the likely social impacts resulting from changes generated by the Project. For this assessment, impacts are considered to be any change from the social baseline resulting from the construction or operational stages of the Project. This assessment recognises that impacts are not necessarily negative and can include changes that provide lasting social benefits.

6.1 SCOPING

A scoping exercise identified a range of potential social impacts associated with Project construction and operation. Scoping was undertaken in line with the methodology detailed in Section 3.1. A summary of impacts identified for further investigation is provided in Table 6.1 below, and the completed DPIE Scoping Tool is provided in Appendix A.

Table 6.1 Preliminary scoping of social impacts

IMPACT CATEGORY	ACTIVITY / ACTION	SOCIAL IMPACT	NATURE OF IMPACT
Way of life	Construction activities including earthworks, machinery and vehicle movements	Amenity impacts changing the way people use and enjoy space	Negative
Community	Increased presence of construction workers in the local area Increased presence of Lang Walker AO Medical Research Building – Macarthur users in the local area	Changes to community composition affecting residents' sense of place	Negative
	Inclusion of community meeting spaces in the design	Increased opportunities for the local community to come together, improving cohesion and connection	Positive
Accessibility	Adding a new medical research facility to the SWSLHD	Improved capacity/availability of health services and facilities in the SWSLHD	Positive
	Increased pressure on the local transport network during both construction and operation	Potential for increased congestion and journey times	Negative
Culture	Designing with Country	Increased cultural awareness and strengthened cultural links for Indigenous persons	Positive
Health and wellbeing	Construction activities, particularly noise and dust emissions	Stress, anxiety and potential health complications, particularly for sensitive receptors	Negative
	Increased research capacity targeted at regional issues	Improved health outcomes for vulnerable communities	Positive
Surroundings	Changes to the local built form and landscape, including activation of the Parkside Crescent aspect	Improved connectivity between Marsden Park and the Campbelltown Hospital	Positive

IMPACT CATEGORY	ACTIVITY / ACTION	SOCIAL IMPACT	NATURE OF IMPACT
Livelihoods	New research facilities in the region	Greater education and research opportunities proving enhanced skills and employment prospects	Positive
	Construction procurements and employment	Improved regional economic outcomes as a result of construction	Positive
Decision making systems	Alignment with regional and local strategic planning policy	Delivering on promised health infrastructure	Positive

6.2 SOCIAL IMPACTS

6.2.1 WAY OF LIFE

'Amenity' refers to a wide range of attributes and values that positively contribute to peoples' quality of life. Amenity as a concept includes many components that can include neighbourhood character, built form, ease of movement, noise and other environmental variables. Amenity impacts such as noise can cause stress and annoyance and interfere with daily activities (including talking, hearing, and studying) (NSW Environmental Protection Authority, 2020). Changes to local amenity can impact how people use and enjoy public and private spaces.

Table 6.2 identifies sensitive receptors located nearby to the project site.

Table 6.2 Nearby sensitive receptors

SENSITIVE RECEPTOR	USE	DISTANCE FROM THE PROJECT
Campbelltown Hospital (Block D)	Healthcare	Within 10 metres
Macarthur Clinical School	Education	Within 10 metres
Marsden Park	Recreation	20 metres, playgrounds and active spaces approximately 100 meters away.
Residential dwellings	Housing	Approximately 150 metres
IRT Macarthur Aged Care	Aged care and housing	Approximately 250 metres

The Acoustics Assessment (Pulse White Noise Acoustics, 2021) found that residential receivers and users of Marsden Park are likely to be noise affected during the construction program. The noise affected level represents the point above which there may be some community reaction to noise.

The MCS and Block D of the Hospital are likely to be highly noise affected during the construction program. The highly noise affected level represents the point above which there may be a strong community reaction to noise.

Primary issues of concern related to project construction amenity impacts include:

- changes to the way teachers and medical students use the Macarthur Clinical School affecting learning outcomes
- increased stress and annoyance for employees and patients at the Campbelltown Hospital, particularly those located in Block D
- decreased use of Marsden Park for rest and recreation by both residents and workers
- changes to residents' routines and the amount of time people spend at home.

In relation to the Macarthur Clinical School and Campbelltown Hospital, consultation with SWSLHD indicated that the Campbelltown Hospital has already in place comprehensive processes to manage construction noise impacts from the Campbelltown Hospital Redevelopment: Stage two. Feedback indicated that generally, people understood the impacts were occurring and had little effect on day-to-day operations. However, communication and ongoing engagement were essential throughout the process.

Regarding impacts to Marsden Park and nearby dwellings, the high proportion of seniors and people not in the labour force in the local study area indicates that a high proportion of people would be in their homes during the day. These residents would be most likely to experience construction-related amenity impacts. Impacts would vary depending on proximity and may be as simple as keeping windows and doors closed through to increasing the time away from home to manage said amenity impacts.

Likewise, the high prevalence of households residing in medium to high-density dwellings in the local study area likely indicates residents would heavily utilise Marsden Park for outdoor recreation and leisure activities. Increased construction activity directly facing the park may decrease usage, with residents seeking alternative open space within the area as a reprieve from construction noise outdoors and at home.

Amenity impacts will, however, be relatively short term while construction is underway. Once operational, the new building will result in minimal impacts to amenity in the local area. In the context of the broader hospital precinct, much of which is operational 24 hours a day, the Lang Walker AO Medical Research Building – Macarthur will operate primarily within daylight hours, and operational activities will not result in noticeable increases of noise.

Overall, the Project is almost certain to result in broad amenity impacts for surrounding sensitive receptors during construction. These impacts would have a major impact on people's way of life for the duration of the construction program.

6.2.2 COMMUNITY

Social cohesion refers to positive social relationships – the bond or 'glue' that binds people (Australian Human Rights Commission, 2015). New service-intensive infrastructure can often result in an influx of people into an area due to increased local employment, altering community composition and affecting social networks.

Local study area residents fall broadly into two social groups, those that reside in the retirement and aged care complex and those that don't. Residents in the aged care complex exhibit lower levels of household mobility and would benefit from planned activities and initiatives to build community connections. Other local study area residents are typically younger professionals (Section 5.1.1) and newer to the area (Section 5.1.2) and may lack strong community ties.

6.2.2.1 IMPACTS ON COMMUNITY COMPOSITION

The Project is anticipated to have a construction workforce of approximately 50 people and a permanent workforce of approximately 82, both fluctuating according to demand. The multiple health and education service attractors established in the local area likely result in a regular and sustained influx of non-residents to the local area for employment and healthcare. Residents would likely be accustomed to seeing newcomers in the local area and would generally be comfortable with minor changes. Aged care and retirement residents would also likely exhibit stronger social networks within the retirement complex community and be resilient to external changes in community composition.

As such, it is considered unlikely that the Project would materially affect community composition and cohesion, though the Project-related workforce would have a minimal impact on local study area communities.

6.2.2.2 INCREASED OPPORTUNITY FOR COMMUNITY GATHERING

The Lang Walker AO Medical Research Building – Macarthur will contain various indoor and outdoor meeting and collaboration spaces that could be used for a range of community activities. A key design principle for the Lang Walker AO Medical Research Building – Macarthur is "*A community building*", and extensive consultation has been undertaken with user groups to refine usage and design elements for the Project. Elements of the built environment found to encourage social connectedness include high quality and attractive public facilities; the presence of easily accessible places such as community spaces; and living within proximity to green space (Karg et al, 2021).

The provision of new indoor and outdoor community meeting spaces could promote community connection and cohesion within the local community by providing local spaces to gather. These spaces in a regional health and education precinct could also improve broader LGA and regional connections by bringing people together for meetings and events.

The provision of new meeting and gathering spaces will possibly increase local participation in events and will have a minor impact on local community connection and cohesion.

6.2.3 ACCESSIBILITY

The Campbelltown Hospital Green Travel Plan (PTC, 2018) was prepared to support the Campbelltown Hospital Redevelopment: Stage Two, and found that:

- Macarthur Station, the closest heavy rail station to the Campus at 1.1 kilometres, sits just outside of the 400 m to 800 m comfortable walking distance noted in the NSW Planning Guidelines for Walking and Cycling 2004
- 3% of outpatients, 2.9% of visitors and 0.6% of staff used heavy rail or a combination of heavy rail and bus service to access the Campus
- 1.2% of visitors and 0.2% of staff walked to the hospital site.

6.2.3.1 IMPACTS ON TRANSPORT NETWORKS

As noted in Section 5.1.3, the project site is well connected to the regional road and public transport network. Private motor vehicle is the preferred method of transport for both LGA residents and people who come to the LGA for employment (Section 6.2.7).

Construction impacts on the surrounding road network are anticipated to be minimal, with no need to modify the external road network to support construction activities. Likewise, there is anticipated to be minimal interference with the internal roads and facilities of Campbelltown Hospital (PTC, 2021). However, it is anticipated that an increased volume of heavy vehicles associated with construction activity in the internal road network may create some delays or hazards to internal road users if not properly managed.

The relatively low volume of heavy vehicle movements associated with the constriction program and the small area of impact would be unlikely to result in increased stress due to delays for road users. Any potential impacts would be minor, and short lived. As such to this impact is considered to be low.

Given the findings of the Green Travel Plan (PTC, 2020) and Census data covering journeys to work, it is likely that most employees and visitors to the Lang Walker AO Medical Research Building – Macarthur would also use private vehicles. The TIA (PTC, 2021) found that the road network shows to have some capacity remaining and should be able to adequately accommodate the low volumes that may be generated by the Lang Walker AO Medical Research Building – Macarthur once operational. Additional parking demands are also anticipated to be minimal and will be adequately serviced by the increased parking capacity provided as part of the Campbelltown Hospital Redevelopment.

Road users, hospital visitors and employees are unlikely to experience long term impacts associated with traffic and parking, such increased stress caused by longer journeys and difficulty finding parking. Any changes would be minimal, and the impacts is considered low.

6.2.3.2 LOCAL SERVICES AND FACILITIES

There is a range of social infrastructure and services near the local study area to satisfy community demand and needs. Macarthur and nearby Campbelltown are regional services hubs and, as such, are characterised by intensive retail and commercial developments and multiple cultural and civic facilities. As noted in Section 5.1.3, local area residents are proximal to education, recreation and cultural facilities and extensive health services linked to the Campbelltown Hospital Campus.

Overall, the Project is likely to result in little to no increase in demand for local services and facilities. The construction workforce, which would likely comprise mainly of younger to middle-aged males, is unlikely to relocate to the local area for a short-term construction project. Likewise, the Lang Walker AO Medical Research Building – Macarthur operational partnership arrangement between a range of existing LGA and regional health, research and educational organisation means that future operational staff would likely be drawn from existing regional study area residents.

The Project is unlikely to result in increased demand for local services and facilities; and there would be minor impact on service provision for existing residents.

6.2.4 CULTURE

6.2.4.1 IMPROVED CULTURAL AWARENESS AND INCLUSION

Aboriginal people have deep and personal relationships with Country and multiple ways of expressing that relationship and its meaning. Designing with Country can demonstrate a genuine intent to build mutual respect and trust between the Aboriginal community and the proponent (Government Architect NSW, 2020).

Research into Indigenous Health is a key focus for the Lang Walker AO Medical Research Building – Macarthur, and Indigenous health priorities are reflected across all five research themes. Consultation with the Tharawal Aboriginal Corporation, local elders and academics has occurred throughout the planning and design phases and has heavily influenced design features and elements. As a result, the Project incorporates several design elements, including a yarning circle, several structured outdoor "meeting rooms", high levels of natural connection, and incorporates Indigenous art and design treatments.

Overall, it is likely that the Project will provide improved access to culturally inclusive spaces within the broader SWSLHD and will have a moderate impact on cultural outcomes for local Indigenous users.

6.2.5 HEALTH AND WELLBEING

6.2.5.1 CONSTRUCTION RELATED HEALTH IMPACTS

As noted in Section 6.2.1, amenity impacts can affect people's daily routines and how they use and enjoy public and private spaces. Health and wellbeing impacts relating to construction include prolonged exposure to amenity impacts, including disturbance of sleep, cognitive impairment, and decreased mental wellbeing due to annoyance for those near construction sites. Certain groups such as the elderly, new parents and those with existing medical and mental health issues may be more vulnerable to health-related complications resulting from amenity impacts.

While construction will primarily occur during daylight hours, the works will correspond with peak operational times for the adjacent hospital buildings and MCS. As noted in Section 6.2.1, the MMC and Block D are likely to experience significant noise and potential vibrational impacts during construction (Pulse White Noise Acoustics Pty Ltd. 2020). Continual exposure to these and other nuisances such as dust and emissions may compound employees' stress and affect patients' ability to rest and recover.

Research has found a range of potential relationships between noise exposure and sleep issues, cardiovascular disease and cognitive outcomes (Department of Health, 2018). For healthcare workers, mental-emotional health is affected by their work environment (Koinis et al, 2015). Increased stress resulting from environmental changes can influence healthcare professionals' physical and emotional wellbeing, resulting in decreased performance and negatively impact their overall quality of life.

Likewise, patients may experience decreased health outcomes due to potential sleep disturbance, potential care issues resulting from stressed health care professionals, and as many may not be able to relocate to avoid the nuisance, increased stress and annoyance.

Given the extent of amenity impacts to several vulnerable, sensitive receivers, construction health and wellbeing impacts are likely for certain groups. These impacts will have a moderate impact on affected stakeholders.

6.2.5.2 IMPROVED REGIONAL HEALTH AND WELLBEING OUTCOMES

Extensive consultation with project partners and stakeholders has informed the Macarthur Medical Research Centre Strategy (Capital Insight, 2020). The Research Strategy outlines the overall approach and governance to planning and operation of the Lang Walker AO Medical Research Building – Macarthur. The vision for the Lang Walker AO Medical Research Building – Macarthur is:

> *Our vision is for an integrated health, research and education precinct at Campbelltown, delivering world-class research, innovation and improved health outcomes for the Macarthur region and wider community.*

As noted in Section 1.2, five core research themes were defined to guide the future research focus at the Lang Walker AO Medical Research Building – Macarthur - Diabetes/Obesity, Mental Health, Paediatrics and Adolescents, Indigenous Health and Addiction Medicine.

The research themes target the Macarthur and broader regional communities' needs and address gaps in current research across the regional study area and broader medical research network. As noted in Section 5.1.5, regional study area residents, particularly the Indigenous community, are more likely to experience a range of long term health conditions. These include diabetes, higher rates of mental distress, and a higher prevalence of complex psychological issues, with many linked to substance abuse.

Integrating health and medical research into healthcare delivery can deliver better health outcomes for patients (Jennings et al, 2013). Many community interfaced health and research entities will be engaged in the new research centre, including the Tharawal Aboriginal Medical Services and the Diabetes, Obesity and Metabolism Translational Research Unit. The co-location of the Lang Walker AO Medical Research Building – Macarthur within the Campbelltown Hospital Campus will also increase both physical and research connections with a number of specialist hospital units, including the Maternal Health Unit and the Adolescent Mental Health Unit.

The Australian Institute of Criminology research has also found co-occurrence of substance use disorders and domestic violence in Australia (Morgan et al, 2020). Increased capacity to undertake research into addiction medicine and improved opportunities for cross-disciplinary collaboration with mental health researchers may also result in long term improvements to the high rates of domestic violence exhibited across the LGA and region.

Overall, the Project is likely to improve health and wellbeing outcomes for regional study area communities, and research undertaken at the Lang Walker AO Medical Research Building – Macarthur could contribute to improved outcomes for nationally and internationally. Improved health outcomes will have a major impact on the lives of residents, particularly those in the Indigenous community who are vulnerable to a range of chronic health conditions.

6.2.6 SURROUNDINGS

6.2.6.1 IMPROVED CONNECTIVITY AND VISUAL AMENITY

The Project will result in the construction of a new four-storey building within the Campbelltown Hospital Precinct, fronting onto Parkside Crescent and the wetlands at the southern end of Marsden Park. The site is currently a helicopter landing pad with an eight-metre embankment forming a visual and physical barrier between the parkland and Parkside Crescent and the Campus. The current built form surrounding the project site is heavily oriented towards the Campus, with limited street level activation facing the southern section of the parkland.

The Lang Walker AO Medical Research Building – Macarthur will include active frontages to Parkside Crescent and the broader Campus, providing opportunities to increase connectivity between the Campus and the adjacent parkland. Dual entrances and incorporating outdoor meeting and street level public spaces also increase activation along Parkside Crescent. Having active street frontage in this section of Parkside Crescent may improve perceptions of safety for pedestrians and park users in an area that is otherwise only utilised for on street parking.

Thick vegetation in the wetlands section of Marsden Park also provides a visual break between residential developments to the west and the Campus in the east, and any visual impacts from these dwellings would be negligible.

The Lang Walker AO Medical Research Building – Macarthur is likely to improve visual amenity and connectivity between Marsden Park, Parkside Crescent and the Hospital Campus. This will have a moderate benefit on Campus users and the community.

6.2.7 LIVELIHOODS

6.2.7.1 IMPROVED EDUCATIONAL OUTCOMES AND REGIONAL SKILLS CAPACITY

The Lang Walker AO Medical Research Building – Macarthur will facilitate scientific, clinical and industry collaboration and enable bench-to-bedside research translation to deliver novel programs, diagnostics and therapies across a range of research areas (Capital Insight, 2020). New research facilities and greater integration with and access to operational medical units could result in improved skills and educational outcomes for both students and professionals.

Increased access to tailored purpose-built spaces will allow project partners such as UWS and UNSW to enhance training and education for students. Likewise, the ability to diversify research into new areas could improve the region's skills and knowledge capacity.

The emphasis on integrating Indigenous practice and outcomes across both the design and research themes of the Lang Walker AO Medical Research Building – Macarthur may also further increase cultural awareness and capabilities across all partner organisations.

The Project will likely result in improved education outcomes and regional skills capacity, which will have a moderate positive impact.

6.2.7.2 IMPROVED REGIONAL ECONOMIC OUTCOMES

The Project will improve economic outcomes through increased employment opportunities and potential flow-on economic benefits from improved local health outcomes.

Preliminary modelling undertaken by Economy.id (2021) indicated that the approximate $47.4 million investment in developing the Project would result in approximately 221 direct and indirect jobs across the national economy, 113 of those in the LGA. The creation of local employment will improve social and economic outcomes in an area with relatively high unemployment and have broader economic benefits through increased spending in the local community.

Approximately 82 permanent roles will be available once the Lang Walker AO Medical Research Building – Macarthur is operational, including 57 research positions. The addition of 82 professional services and highly skilled jobs to the local economy will further long-term economic benefit to the broader regional community. Due to the emphasis on delivering regional outcomes and the location of the project partners current facilities and headquarters, the bulk of these positions will likely go to local and regional residents.

Health is a key component of an individual's wellbeing and contributes significantly to the formation of human capital and labour market participation (Wilkie et al, 2009). The Lang Walker AO Medical Research Building – Macarthur will focus on a range of health issues that directly impact wellbeing and labour force participation, including addiction medicine and mental health. Long term, the research undertaken at the Lang Walker AO Medical Research Building – Macarthur would result in improved health outcomes for regional residents, which may improve their capacity to undertake employment and/or their productivity while working.

The Lang Walker AO Medical Research Building – Macarthur will likely improve economic outcomes during all phases of the project life cycle and into the future, which would have a moderate impact on regional livelihoods.

6.2.8 DECISION-MAKING SYSTEMS

The Project involves the construction of a medical research centre within the exiting health care and education precinct. The Lang Walker AO Medical Research Building – Macarthur is identified in a range of regional and local planning strategies and policies, as noted in Section 1.3, all of which have undergone extensive community and stakeholder consultation programs.

SIA consultation identified broad support and excitement for the Project to commence and overall satisfaction with the collaborative and iterative planning process the proponent has undertaken since project inception. People will also have the opportunity to comment and raise potential issues with the Project during the SSDA exhibition process.

Project partners SWSLHD and Health Infrastructure NSW have undertaken extensive engagement for the currently underway Campbelltown Hospital Redevelopment. Consultation with SWSLHD identified several communication processes and lessons learned that could be embedded in the project delivery phases to support positive communications and engagement outcomes.

Given the highly collaborative and iterative design process undertaken by the proponent, most stakeholders may feel they have been provided with the opportunity to participate in the planning and design process. However, a relatively small proportion of residents and stakeholders may feel disengaged from the planning process due to the current COVID-19 restrictions at the time of writing, which would be a minor impact.

7 MITIGATION AND MANAGEMENT

This section outlines proposed mitigation and management measures to address the social impacts outlined in Section 6. A summary of social impacts and assessment of residual impact is in Section 7.2.

7.1 PROPOSED MEASURES

7.1.1 PRE-CONSTRUCTION

Develop a comprehensive Communications Management Plan (CoMP) to complement the Construction Management Plan (CMP). The CoMP will set out the proponent and the construction contractors commitments to communication and engagement during the pre-construction and construction phases. The CoMP will detail the processes and procedures to maintain:

- proactive and ongoing communication with local study area residents to build awareness and preparedness for the construction program
- proactive and ongoing communication with the Macarthur Clinical School and Campbelltown Hospital staff to understand potential user impacts and build awareness and preparedness for the construction program.

7.1.1.1 ADDITIONAL MEASURES

Undertake a comprehensive lesson learnt workshop, involving a range of Campbelltown Hospital Redevelopment: Stage Two project stakeholders to proactively identify potential issues and test proposed mitigation measures.

Ongoing engagement with local Indigenous community to understand opportunities to maximise the incorporation of Indigenous design principles into the Project.

Investigate design features and landscaping that maximises activation on Parkside Crescent and passive surveillance of Marsden Park.

7.1.2 CONSTRUCTION PHASE

The majority of construction related impacts will be managed or mitigated by developing a Construction Management Plan (CMP). The CMP will detail the processes that will comprehensively address noise, traffic and site management through the construction process.

The CMP will detail proposed management and mitigation measures for each stage of the Project to minimise impacts on local residents and the Campbelltown Hospital Campus community. The following matters will be addressed relevant to the SIA:

- amenity impacts for residents and Campus users
- traffic management, parking and road network impacts
- site safety and management
- dust management and other potential health triggers emanating from the works
- communications and engagement protocols, including complaint mechanisms as outlined in the CoMP, including:
  - provide regular progress updates and forewarning of periods of peak disruption to Campbelltown Council and local study area residents to build awareness and preparedness for potential impacts
  - provide communication channels for local study area residents and Campbelltown Hospital Campus users to seek information or lodge grievances during the construction program
  - establish regular progress meetings involving the contractor, Macarthur Clinical School and Campbelltown Hospital representatives to identify emergent issues and proactively address challenges before they escalate.

7.1.2.1 ADDITIONAL MEASURES

Investigate opportunities to incorporate Indigenous or local cultural artwork onto site hoardings to minimise visual impacts during the construction program.

Investigate incentives or measures to promote the uptake of public transport usage for construction workers to minimise the impacts on parking and the local road network.

Investigate where possible, the utilisation of local tradespeople and suppliers to maximise economic benefit for the region.

Investigate opportunities to partner with local employment agencies, such as Aboriginal Employment Strategy, to maximise employment opportunities for Aboriginal and Torres Strait Islander people.

7.1.3 OPERATIONAL PHASE

Promote the uptake of green travel options, including public transport and cycling, for Lang Walker AO Medical Research Building – Macarthur staff and users to minimise the impacts on parking and the local road network.

Host an open day for surrounding residents to come and view the Lang Walker AO Medical Research Building – Macarthur, build awareness of the spaces, support community cohesion and build goodwill.

Identify opportunities with project partners and key stakeholders such as Campbelltown City Council and the Thurawal Aboriginal Corporation to increase community utilisation of Lang Walker AO Medical Research Building – Macarthur shared spaces.

Investigate, where possible, opportunities to increase access to the Lang Walker AO Medical Research Building – Macarthur facilities for students at UWS and UNSW to improve learning outcomes and student experience.

7.2 SUMMARY OF RESIDUAL IMPACTS

Table 7.1 provides an overview of the potential social impacts, both positive and negative, associated with the Project and the overall significance rating pre-and post-mitigation. The residual risk assessment assumes implementation of the CMP, which incorporates proposed management and mitigation measures adopted from the various other EIS technical studies.

Table 7.1 Summary of social impacts

IMPACT AREA	SOCIAL IMPACT	STAKEHOLDER AFFECTED	PRE-MITIGATION SOCIAL RISK RATING		RESIDUAL SOCIAL RISK RATING
 **Way of life**	Construction activities will reduce amenity for local study area residents and nearby sensitive receptors, affecting how they use and enjoy public and private space.	— Local study area residents — Macarthur Clinical School users — Campbelltown Hospital Campus users — Marsden Park users	Very High – A4	Implement CMP and associated CoMP measures, including: — proactive and ongoing communication with local study area residents to build awareness and preparedness for the construction program — proactive and ongoing communication with the Macarthur Clinical School and Campbelltown Hospital staff to understand potential user impacts and build awareness and preparedness for the construction program. Undertake a comprehensive lesson learnt workshop, including a range of Campbelltown Hospital Redevelopment: Stage Two project stakeholders to proactively identify potential issues and test proposed mitigation measures.	High – A3
 **Community**	An influx of up new workers and visitors to the local study area will alter community composition, affecting cohesion and residents' perceptions of safety.	— Local study area residents	Low – D1		
	The provision of new community meeting spaces would provide opportunities for local gatherings and events to foster community cohesion and local social networks.	— Local study area residents — Campbelltown Hospital Campus users	Medium – C2 (Benefit)	Host an open day for surrounding residents to come and view the Lang Walker AO Medical Research Building – Macarthur, build awareness of the spaces, support community cohesion and build goodwill. Identify opportunities with project partners and key stakeholders such as Campbelltown City Council and the Thurawal Aboriginal Corporation to increase community utilisation of Lang Walker AO Medical Research Building – Macarthur shared spaces.	Medium – C3 (benefit)
Accessibility	The Project results in temporary delays and disruptions and stress for residents and Campus users due to increased construction vehicle movements and traffic management measures.	— Local study area residents — Campbelltown Hospital Campus users	Low – D2		
	Increased traffic associated with the MMRC leads to longer journey times, competition for parking and increased stress for road users.	— Campbelltown Hospital Campus users	Low – D1		
	An increase in the local worker population may increase the utilisation of local community facilities and services, reducing access for existing users.	— Local study area and LGA residents — Campbelltown Hospital Campus users — Future Lang Walker AO Medical Research Building – Macarthur users	Low – D2		
 **Culture**	A culturally inclusive approach to design and operational practices improves cultural awareness for building users and enhances user experience for Indigenous persons.	— Future Lang Walker AO Medical Research Building – Macarthur employees and building users — Aboriginal and/or Torres Strait Islander people	High – B3 (benefit)	Ongoing engagement with local Indigenous community to understand opportunities to maximise the incorporation of Indigenous design principles into the Project. Identify opportunities with project partners and key stakeholders such as Campbelltown City Council and the Thurawal Aboriginal Corporation to increase community utilisation of Lang Walker AO Medical Research Building – Macarthur shared spaces.	High – B3 (benefit)
	Prolonged exposure to disruption and amenity impacts from construction activities results in decreased mental and physical health outcomes.	— Campbelltown Hospital Campus users — Hospital patients — MCS users — Local residents	High – B3	Implement CMP and associated CoMP measures, including: — provide communication channels for local study area residents and Campbelltown Hospital Campus users to seek information or lodge grievances during the construction program	Medium – C3

IMPACT AREA	SOCIAL IMPACT	STAKEHOLDER AFFECTED	PRE-MITIGATION SOCIAL RISK RATING		RESIDUAL SOCIAL RISK RATING
				— establish regular progress meetings involving the contractor, Macarthur Clinical School and Campbelltown Hospital representatives to identify emergent issues and proactively address challenges before they escalate.	
Health and Wellbeing	Research undertaken at the Lang Walker AO Medical Research Building – Macarthur results in improved health outcomes for regional residents, including those in the Indigenous community who are particularly vulnerable to chronic conditions, targeted as part of the Lang Walker AO Medical Research Building – Macarthur research strategy.	— Regional residents — Those afflicted with chronic health conditions across Australia	High – B4 (benefit)		High – B4 (benefit)
Surroundings	Improved connectivity between Marsden Park and the Campus and street-level activation on Parkside Crescent improves user experience and perceptions of safety.	— Campbelltown Hospital Campus users — Future Lang Walker AO Medical Research Building – Macarthur users — Local study area residents — Marsden Park users	High – B3 (benefit)	Investigate design features and landscaping that maximises activation on Parkside Crescent and passive surveillance of Marsden Park. Identify opportunities with project partners and key stakeholders such as Campbelltown City Council and the Thurawal Aboriginal Corporation to increase community utilisation of Lang Walker AO Medical Research Building – Macarthur shared spaces.	
Livelihoods	The Project will result in improved educational outcomes and increased skills capacity for regional residents by providing greater access to purpose built research facilities.	— Future Lang Walker AO Medical Research Building – Macarthur users — UWS and UNSW students	High – B3 (benefit)	Investigate where possible, opportunities to increase access to the Lang Walker AO Medical Research Building – Macarthur facilities for students at UWS and UNSW to improve learning outcomes and student experience.	High – A3 (benefit)
	The Project will improve regional economic outcomes through employment opportunities and improved health outcomes, increasing workforce participation and productivity.	— Regional residents — Future Lang Walker AO Medical Research Building – Macarthur users	High – B3 (benefit)	Investigate where possible, the utilisation of local tradespeople and suppliers to maximise economic benefit for the region. Investigate opportunities to partner with local employment agencies, such as Aboriginal Employment Strategy, to maximise employment opportunities for Aboriginal and Torres Strait Islander people.	High – A3 (benefit)
Decision making systems	While there is generally broad acceptance and support for the Project, some community members feeling disengaged and unsupportive of the Project.	— Regional residents	Low – D2		Low – D2

8 CONCLUSIONS

This Social Impact Assessment has been prepared to support the State Significant Development Application (SSDA) (SSD-17491477) for the Lang Walker AO Medical Research Building – Macarthur. The assessment considered a broad of potential social impacts associated with the Project during the pre-construction, construction and operational phases.

The SIA drew on extensive engagement with a range of stakeholders undertaken by the proponent during the planning and design phase and targeted interviews undertaken by WSP to ground-truth potential impacts.

Overall, the Project will result in a range of positive and negative social impacts, affecting various spatial levels. Negative impacts associated with the Project are primarily confined to the construction phase. They are likely to be experienced most significantly by Campbelltown Hospital Campus users and local residents in the Park Central development. These impacts include:

- temporarily reduced amenity for residents and nearby sensitive receptors, affecting the way people use and enjoy public and private space; and
- reduced mental and physical health outcomes due to prolonged exposure to disruptions and amenity impacts.

While these impacts could seriously affect those in the local area, it is considered that adopting tailored management and mitigation measures would go some way to reduce the overall severity. Proactive and ongoing communication with potentially affected communities will be vital to managing potential negative impacts.

The Lang Walker AO Medical Research Building – Macarthur, once operational, will result in a broad range of benefits for local, LGA and regional communities, which include:

- improved opportunities for local gathering and community connection through the provision of new community meeting space
- enhanced connectivity between Marsden Park and the Campbelltown Hospital Campus, improving user experience and perceptions of safety
- greater cultural awareness and user experience for Aboriginal employees and visitors
- improved regional health outcomes, particularly for vulnerable populations
- local and regional economic benefits associated with employment and improved health outcomes.

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APPENDIX A

SCOPING TABLE

A1 SCOPING TABLE

PROJECT ACTIVITIES	CATEGORIES OF SOCIAL IMPACTS	POTENTIAL IMPACTS ON PEOPLE		ELEMENTS OF IMPACTS – BASED ON PRELIMINARY INVESTIGATION -					ASSESSMENT LEVEL FOR EACH IMPACT
				Extent i.e. number of people potentially affected?	**Duration** of expected impacts? (i.e. construction vs operational phase)	**Intensity** of expected impacts i.e. scale or degree of change?	**Sensitivity** or vulnerability of people potentially affected?	**Level of concern / interest** of people potentially affected?	
Construction activities including earthworks, machinery and vehicle movements	Way of life	Amenity impacts changing the way people use and enjoy space	Negative	No	No	Yes	Yes	Yes	Detailed assessment of the impact
Increased presence of construction workers in the local area	Community	Changes to community composition affecting residents' sense of place	Negative	No	No	No	Yes	Unknown	Standard assessment of the impact
Increased presence of MMRC users in the local area	Community	Changes to community composition affecting residents' sense of place	Negative	No	Yes	No	Yes	Unknown	Detailed assessment of the impact
Increased pressure on the local transport network during both construction and operation	Access	Potential for increased congestion and journey times	Negative	No	Yes	Unknown	Unknown	No	Detailed assessment of the impact
Increased presence of MMRC users in the local area	Access	Increased demand for local services	Negative	No	Yes	No	No	No	Minor assessment of the impact
Construction activities, particularly noise and dust emissions	Health and Wellbeing	Stress, anxiety and potential health complications, particularly for sensitive receptors	Negative	No	No	Yes	Yes	Unknown	Detailed assessment of the impact
Inclusion of community meeting spaces in the design	Community	Increased opportunities for the local community to come together, improving cohesion and connection	Positive	No	Yes	No	Yes	Unknown	Detailed assessment of the impact
Adding a new medical research facility to the SWSLHD	Access	Improved capacity/availability of health services and facilities in the SWSLHD	Positive	Yes	Yes	Yes	Yes	Unknown	Detailed assessment of the impact
Designing with Country	Culture	Increased cultural awareness and strengthened cultural links for Indigenous persons	Positive	No	Yes	Unknown	Yes	Yes	Detailed assessment of the impact
Increased research capacity targeted at regional issues	Health and Wellbeing	Improved health outcomes for vulnerable communities	Positive	Yes	Yes	No	Yes	Unknown	Detailed assessment of the impact
Changes to the local built form and landscape, including activation of the Parkside Crescent aspect	Surroundings	Improved connectivity between Marsden Park and the Campbelltown Hospital	Positive	No	Yes	No	No	Yes	Detailed assessment of the impact
New research facilities in the region	Livelihoods	Greater education and research opportunities proving enhanced skills and employment prospects	Positive	Yes	Yes	No	No	Yes	Detailed assessment of the impact
Construction procurements and employment	Livelihoods	Improved regional economic outcomes as a result of construction	Positive	Yes	No	No	Unknown	No	Standard assessment of the impact
Alignment with regional and local strategic planning policy	Decision-making systems	Delivering on promised health infrastructure	Positive	Yes	No	No	Yes	No	Detailed assessment of the impact

APPENDIX B

DISCUSSION GUIDE

B1 DISCUSSION GUIDE

INTRODUCTORY SCRIPT

The planning for the Macarthur Medical Research Centre is progressing well with the Research Strategy and the Functional Design Brief now completed. Key stakeholders, such as yourself, have played an integral role in informing these items, and your feedback to date has helped to set the future direction and design of the centre.

The Research Centre will respond to local health priority areas of South West Sydney, including Diabetes and Obesity, Mental Health, Paediatrics and Adolescents, Indigenous Health and Addiction Medicine as well as other emerging and existing research areas.

The Research Centre will be a new facility, located at Campbelltown Hospital, and established via a partnership between Western Sydney University, South Western Sydney Local Health District, Ingham Institute for Applied Medical Research and University of New South Wales. The site for the centre is between and will connect into the WSU Macarthur Clinical School building and Campbelltown Hospital Block D building, at the southern end of Parkside Crescent.

With the centre's construction to be completed by late 2023, planning is now moving into the design stages, and an Environmental Impact Assessment is currently underway. As part of the Environmental Impact Assessment, WSP has been engaged to prepare a Social Impact Assessment (SIA) for the Research Centre to consider any potential social impacts of the proposal. These can be both positive and negative and may relate to the construction or operational phase of the project. We are also seeking feedback on potential mitigation measures for negative impacts and enhancement measures for positive impacts.

If you are comfortable, I will record our conversation today for record keeping purposes.

GENERAL QUESTIONS

1. How has your organisation been involved in the planning for the Research Centre to date?
2. What excites you about this project?
3. Do you have any concerns about how the project is progressing?
4. For your organisation, what are the potential effects of the project? (during construction and operational phases)
5. How do you think these changes could be best managed?
6. Are there any areas of the project that you would like particular focus given to?

Table B.1 Stakeholder Interviews – SIA

STAKEHOLDER	FOCUSED QUESTIONS
Traditional Owners **Tharawal Aboriginal Corporation**	— How have you found the process to date? — A key research area for the Centre is Indigenous health; what are the essential considerations for the next steps? — How can the project incorporate Indigenous design to make the centre culturally welcoming? — What is important to Indigenous people when visiting community spaces and health settings?
Campbelltown City Council	— Has Council been receiving any comments or feedback on the project to date? — How does the Research Centre support Council's Reimagining Campbelltown initiative? — Do you have any particular concerns around traffic or road network changes? — Who does Council consider the key community stakeholders impacted by the project?

STAKEHOLDER	FOCUSED QUESTIONS
Western Sydney University	— Are there any concerns you would like to raise concerning the construction of the centre? — How do your staff or students use the site currently? Will it be disruptive at all? — What is essential to you moving forward? — How do you ensure and maintain the collaborative approach to the Research Centre?
University of New South Wales	— Are there any concerns you would like to raise with regard to the construction of the centre? — How do your staff use the site currently? Will it be disruptive at all? — What is important to you moving forward? — How do you ensure and maintain the collaborative approach to the Research Centre?
Ingham Institute of Applied Medical Research	— Are there any concerns you would like to raise with regard to the construction of the centre? — What is important to you moving forward? — How do you ensure and maintain the collaborative approach to the Research Centre?
South Western Sydney Local Health District (SWSLHD)	— Are there any concerns you would like to raise with regard to the construction of the centre? — How do your staff use the site currently? Will it be disruptive at all? — What is important to you moving forward? — How do you ensure and maintain the collaborative approach to the Research Centre?
Health Infrastructure (HI)	— Are there any learnings from other similar health precinct projects that we can take forward on this project?
IRT Macarthur Aged Care	— We appreciate there has been ongoing construction activity nearby the Aged Care facility; what has been your experience? — What has worked well and what has not? — Is there anything the team might do to ensure the construction is less disruptive, such as advice of works activities, giving regular updates, etc?
Macarthur Clinical School	— Being an adjacent neighbour to the new centre, do you foresee any potential issues during the construction of the centre? — Is there any mitigation measures you would propose to manage these issues? — There has been ongoing construction activity on the campus, is there any advice on what has worked well or not worked well during other activities that we could learn from? — The Functional Design Brief has the new Research Centre physically linked to the Clinical School to allow direct connections to relevant spaces; how do you feel this connection will be used and will it improve accessibility for your staff, students or visitors?

STAKEHOLDER	FOCUSED QUESTIONS
Block D	— Being an adjacent neighbour to the new centre, do you foresee any potential issues during the construction of the centre? — Is there any mitigation measures you would propose to manage these issues? — There has been ongoing construction activity on the campus, is there any advice on what has worked well or not worked well during other activities that we could learn from? — The Functional Design Brief has the new Research Centre physically linked to Block D to allow direct connections to relevant spaces. How do you feel this connection will be used and what is important to improve accessibility for your staff, students or visitors?
Community Groups	— The precinct is continually evolving to meet the health needs of residents of South Western Sydney. Have you experienced any concerns with the construction or traffic impacts? — We have identified a site within the precinct that allows for the new centre to be located between two buildings. Do you anticipate that there will be any impacts on the community? — Who do you envisage will use the new centre and the community spaces it provides? — Is it important to you what the building looks like?
Diabetes Australia	— Diabetes research has been identified as a priority research area for the new centre; what would you like to see as a primary outcome of this research? — Have you seen benefits previously from other dedicated research streams? — How will people benefit from targeted research into Diabetes, is the opportunity to participate in the research important?

APPENDIX C

COMMUNITY PROFILE

C1 COMMUNITY PROFILES

POPULATION SUMMARY	LOCAL STUDY AREA	CAMPBELLTOWN LGA	SWSLHD	GREATER SYDNEY %
Total population	1,567	157,006	1,081,070	5,024,923
Total dwellings	807	55,326	370,141	1,855,753
Characteristics (%)				
Males	44.5	49.0	49.2	49.3
Females	55.7	51.0	50.8	50.7
Indigenous population	1.7	3.8	2.1	1.5
Australian-born	58.6	62.0	62.9	57.1
Speaks language other than English at home	68.5	30.3	34.1	35.8
Needs assistance due to age or disability	10.1	5.9	6.0	4.9
Age Structure (%)				
Babies and pre-schoolers (0 to 4)	3.8	7.4	6.9	6.4
Primary schoolers (5 to 11)	4.8	10.1	10.0	8.8
Secondary schoolers (12 to 17)	3.4	8.1	8.3	6.9
Tertiary education/independence (18 to 24)	9.2	10.1	9.1	9.6
Young workforce (25 to 34)	16.8	14.8	13.4	16.1
Parents and homebuilders (35 to 49)	14.5	19.5	20.0	21.1
Older workers & pre-retirees (50 to 59)	9.6	12.7	12.7	12.2
Empty nesters and retirees (60 to 69)	10	10.2	10.2	9.5
Seniors (70 to 84)	20.4	6.1	7.8	7.5
Frail aged (85 and over)	8.4	1.1	1.7	2.0
Household Types (%)				
Couples with children	26.8	38.0	40.2	35.3
Couples without children	12.6	20.1	21.7	22.4
One parent families	6.1	16.2	13.0	10.4
Lone person households	30.1	17.5	15.1	20.4
Group households	2.7	2.2	3.9	4.5

POPULATION SUMMARY	LOCAL STUDY AREA	CAMPBELLTOWN LGA	SWSLHD	GREATER SYDNEY %
Education (%)				
Attending pre-school or primary school	23.27	11.0	11.0	9.9
Attending secondary school	14.37	6.9	7.3	6.3
Attending university or TAFE institution	20.6	6.0	6.0	8.0
Labour Force (%)				
Total labour force	42.1	60.7	59.0	61.6
Not in the labour force	57.9	33.4	35.1	32.3
Employed	93.4	92.1	93.4	94.0
Unemployed	3.2	7.9	6.6	6.0
Dwelling Summary (%)				
Separate houses	28.9	77.2	79.1	55.0
Medium and high density	68.9	22.4	19.8	43.8
Occupied private dwellings	88.5	94.9	93.6	92.5
Unoccupied dwellings	11.5	5.1	6.3	7.3
Housing Tenure (%)				
Owned	26.9	23.2	28.6	27.7
Purchasing	18.1	37.4	37.2	31.5
Renting	38.3	31.6	26.3	32.6
Household Income (%)				
Less than $650 (low)	16.6	16.2	17.5	15.1
$2,500 or more (high)	14.6	18.7	22.1	28.3

Source: ABS 2016 Census of People and Households, Profile.id – the population experts

APPENDIX D

RISK ASSESSMENT FRAMEWORK

D1 RISK ASSESSMENT FRAMEWORK

DEFINING LIKELIHOOD LEVELS OF SOCIAL IMPACTS

LIKELIHOOD LEVEL	MEANING
Almost certain	Definite or almost definitely expected (e.g. has happened on similar projects)
Likely	High probability
Possible	Medium probability
Unlikely	Low probability
Very unlikely	Improbable or remote possibility

Characteristics of Social Impact Magnitude

	CHARACTERISTIC	DETAILS NEEDED TO ENABLE ASSESSMENT
MAGNITUDE	**Extent**	Who specifically is expected to be affected (directly, indirectly, and/or cumulatively), including any potential vulnerable people? Which location(s) and people are affected? (e.g. near neighbours, local, regional).
	Duration	When is the social impact expected to occur? Will it be time-limited (e.g. over particular project phases) or permanent?
	Severity or scale	What is the likely scale or degree of change? (e.g. mild, moderate, severe)
	Sensitivity or importance	How sensitive/vulnerable (or how adaptable/resilient) are affected people to the impact, or (for positive impacts) how important is it to them? This might depend on the value they attach to the matter; whether it is rare/unique or replaceable; the extent to which it is tied to their identity; and their capacity to cope with or adapt to change.
	Level of concern / interest	How concerned/interested are people? Sometimes, concerns may be disproportionate to findings from technical assessments of likelihood, duration and/or severity. Concern itself can lead to negative impacts, while interest can lead to expectations of positive impacts.

Defining Magnitude Levels for Social Impacts

MAGNITUDE LEVEL	MEANING AND EXAMPLES
Transformational	Substantial change experienced in community wellbeing, livelihood, amenity, infrastructure, services, health, and/or heritage values; permanent displacement or addition of at least 20% of a community.
Major	Substantial deterioration/improvement to something that people value highly, either lasting for an indefinite time, or affecting many people in a widespread area.
Moderate	Noticeable deterioration/improvement to something that people value highly, either lasting for an extensive time, or affecting a group of people.
Minor	Mild deterioration/improvement, for a reasonably short time, for a small number of people who are generally adaptable and not vulnerable.
Minimal	No noticeable change experienced by people in the locality.

ABOUT US

WSP is one of the world's leading professional services consulting firms. We are dedicated to our local communities and propelled by international brainpower. We are technical experts and strategic advisors including engineers, technicians, scientists, planners, surveyors and environmental specialists, as well as other design, program and construction management professionals. We design lasting solutions in the Transport & Water, Property & Buildings, Earth & Environment, and Mining & Power sector as well as offering strategic Advisory, Engagement & Digital services. With approximately 6,100 talented people in more than 50 offices in Australia and New Zealand, we engineer future ready projects that will help societies grow for lifetimes to come. www.wsp.com/en-au/.