

CONTACT

Allison Heller Director aheller@ethosurban.com

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This document has been prepared by:

This document has been reviewed by:



Amy-Grace Douglas, Chloe Brownson

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Allison Heller

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Ethos Urban Pty Ltd
ABN 13 615 087 931.
www.ethosurban.com
173 Sussex Street, Sydney
NSW 2000 t 61 2 9956 6952

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1 Introduction

1.1 Overview and project background

This Social Impact Assessment report is submitted as part of a State Significant Development Application (SSDA) for the proposed Shoalhaven Hospital redevelopment (reference SSD-35999468) at land identified as 2 Scenic Drive, Nowra, NSW. The applicant is NSW Health Infrastructure.

The proposal is for the detailed design and construction of the redevelopment of the Shoalhaven District Memorial Hospital (referred to as Shoalhaven Hospital hereafter). The redevelopment seeks to provide additional services, including a new Emergency Department and Emergency short-stay unit, Intensive Care Unit, and operating theatres.

This report addresses the requirement for a Social Impact Assessment (SIA) specified in the Department of Planning, Industry and Environment's Secretary's Environmental Assessment Requirements (SEARs) for the project, issued on 23 February 2022 as set out in **Section 1.2** below. It follows the principles set out in the *Social Impact Assessment Guideline for State Significant Projects* (SIA Guideline) released by NSW DPE in July 2021.

1.2 Secretary's Environmental Assessment Requirements

The NSW Department of Planning, Industry and Environment (DPE) issued Secretary's Environmental Assessment Requirements (SEARs) to the applicant on 23 February 2022 for the preparation of an Environmental Impact Statement (EIS) for the proposed development, in accordance with section 4.39 of the EP&A Act. The SEARS outlines the following requirements (see **Table 1**).

Table 1 SEARs specifications and report references

SEARs
21. Social impacts
<ul style="list-style-type: none"> Provide a Social Impact Assessment prepared in accordance with the <i>Social Impact Assessment Guidelines for State Significant Projects</i>.

1.3 Purpose and structure of this report

The purpose of this report is to analyse the potential social impacts that may arise from the development, having regard to social trends and issues affecting the local and broader surrounding areas.

This report includes the following components:

- Project summary and site context
- Baseline analysis of the designated area of social influence of the development, including current and forecast population profile, and existing social infrastructure networks
- Strategic policy context, including relevant state and local government drivers.
- Social issues and trends relevant to the proposed development.
- Community and stakeholder perspectives of relevance to the proposed development.
- Predicted social impacts of the proposed development at this location, along with recommended mitigation and enhancement measures.

2 Objectives and scope of the assessment

Social Impact Assessment (SIA) involves the analysis of social changes and impacts on communities that are likely to occur as a result of a particular development. The purpose of SIA is to assess the impacts of the development, both positive and negative, for all stages of the project lifecycle for key stakeholders and the broader affected community.

2.1 Social Impact Assessment Guideline requirements

The assessment of social impacts in this report has been based on the *Social Impact Assessment Guideline* (NSW DPE 2021), applicable to all State-significant projects and developments, published by the NSW Department of Planning, Industry and Environment (DPE) in 2021.

As outlined in the SIA Guideline, social impacts vary in their nature and can be positive or negative, tangible or intangible, physically observable, or psychological (fears and aspirations). Social impacts can be quantifiable, partly quantifiable or qualitative. They can also be experienced or perceived differently by different people and groups within a community, or over time.

The assessment involves a number of steps, including a baseline analysis of the existing socio-economic environment of a defined study area or areas; identifying list of stakeholders and considering their views; scoping of relevant issues; identification and assessment of potential impacts against the specified suite of factors set out in the SIA Guideline; determination of the significance of the impacts, and identification of measures to manage or mitigate the project's potential negative impacts and enhance potential benefits.

The methodology employed in preparing this SIA is designed to ensure that the social environment of communities potentially impacted by a project is properly accounted for and recorded, and anticipated impacts are adequately considered and assessed.

2.2 Social factors for assessment

The SIA Guideline classifies social impacts in the following way, which forms the core basis of this assessment:

- **Way of life:** *how people live, get around, work, play and interact with one another on a day-to-day basis*
- **Community:** *its composition, cohesion, character, how it functions, and sense of place*
- **Accessibility:** *how people access and use infrastructure, services and facilities*
- **Culture:** *people's shared beliefs, customs, values and stories, and connections to Country, land, water, places and buildings*
- **Health and wellbeing:** *people's physical, mental, social and spiritual wellbeing*
- **Surroundings:** *access to and use of natural and built environment, including ecosystem services, public safety and security, as well as aesthetic value and amenity*
- **Livelihoods:** *including impacts on employment or business, experience of personal breach or disadvantage, and the distributive equity of impacts and benefits*
- **Decision-making systems:** *the extent to which people are able to participate in decisions that affect their lives, procedural fairness, and the resources provided for this purpose.*

Each of these categories should be assessed based both on the tangible observable impacts, as well as considering fears and aspirations of communities impacted.

2.3 Assessment methodology

Stages in the preparation of this Social Impact Assessment are as follows:

- Baseline analysis of the existing socio-economic environment, involving:
 - Study area definition, including primary and secondary geographic areas likely to be impacted (see **Section 6.1** of this report)
 - Demographic analysis, including socio-economic characteristics of current communities and population forecast (see **Section 6.2**)
 - Review of relevant background information, along with relevant local and state policy frameworks (see **Sections 5.0** and **Section 6.0**)
- Stakeholder and community engagement: Findings of stakeholder and community consultation undertaken by Health Infrastructure have been reviewed to identify community and stakeholder aspirations and values. (see **Section 7.0**).
- Scoping of issues: Analysis of potential impacts during and post-construction, with each of the directly affected communities and other stakeholders identified in relation to the way they may be affected. Both positive and negative potential issues are identified. An SIA Scoping Checklist has been prepared at the outset of this assessment, in line with the specifications of the NSW DPIE *SIA Guideline* (2021). This is attached at **Appendix A**. This scoping process has underpinned the Social Impact Assessment in **Section 9.0**.
- Identification of impacts as per the *SIA Guideline* parameters. The social impact assessment ultimately appraises the significance of each identified impact based on its duration, extent and sensitivity of impact “receivers.” This results in a social risk rating for impacts, as per the social impact significance matrix shown in **Section 8.0**.
- Identification of mitigation strategies to manage impacts and enhance benefits of the development. The mitigation strategies are outlined in **Section 8.0**.

2.4 Information sources and assumptions

Following are the key data sources and policy documents used to prepare this SIA (ordered by title):

- *ABS Census of Population and Housing 2016* (Australian Bureau of Statistics, 2016)
- *Better placed: An integrated design policy for the built environment of New South Wales*
- *Draft Greener Places Design Guide*
- *Future Transport Strategy 2056*
- *Health Care Services Plan 2020-2030* (ISLHD, 2020)
- *Illawarra Shoalhaven Integrated Care Strategy* (ISLHD, 2018)
- *Illawarra-Shoalhaven Regional Plan* (NSW DPE, 2021)
- *NSW Rural Health Plan* (NSW Health, 2014)
- *NSW Infrastructure Strategy 2018-2038* (NSW Government, 2018)
- *NSW State Health Plan: Towards 2021* (NSW Health, 2019)
- *NSW Health Strategic Priorities 2019-20* (NSW Health, 2019)
- *Shoalhaven 2027 Community Strategy Plan* (Shellharbour City Council, 2018)
- *Shoalhaven 2040 Local Strategic Planning Statement* (Shellharbour City Council, 2020)
- *Strategic Directions for Illawarra Shoalhaven Local Health District* (ISLHD, 2017)
- *Social Impact Assessment Guideline for State Significant Projects* (NSW DPE, 2021)

Assumptions applied to complete this SIA include:

- The key findings of the background studies and technical reports are accurate.
- Socio-economic data for each study area accurately reflects the community demographic profile.
- Outcomes of the community consultation and engagement undertaken to date accurately reflect community views.
- All potential social impacts to the local community and special interest groups that can reasonably be identified have been included in this report.

A note on COVID-19: *COVID-19 is an unprecedented global health crisis and economic event that is rapidly evolving. At the current time, the research and analysis of economic and population data – such as forecasts of population or employment growth and so on – reflects a return to “business as usual” scenario, while also noting the potential impacts that may be associated with the COVID-19 virus, travel and border restrictions impacting on migration numbers, and the anticipated return to growth in economic or population indicators.*

3 Development context

3.1 Site location

The site is located at 2 Scenic Drive, Nowra, NSW within the Local Government Area (LGA) of Shoalhaven City Council. It has a frontage to Scenic Drive to the north and west, Shoalhaven Street to the east, and North Street to the south.

The Shoalhaven Region is located on the South Coast of NSW, which spans from Berry and Kangaroo Valley to the north, to North Durras in the South, and west across the Morton National Park. The regional city of Nowra is the major population hub of the Shoalhaven Region and the gateway to a large number of South Coast towns and hamlets, including Ulladulla and Milton.

The site shape is defined by Shoalhaven River to the north and west, with predominantly low-density residential land to the south and east. The site's location in the context of its surroundings is shown in Figure 1 below.



Figure 1 Location of the site in its surrounding context

Source: Shoalhaven Hospital Concept Design Traffic Report, TTW 01 November 2021

3.2 Site description

The site is irregular in shape, with direct frontages to Scenic Drive to the north and west, Shoalhaven Street to the east, and North Street to the south. It comprises a total of five lots including the following, which are legally described as follows:

- Lot 373 in DP 755952 (main/original hospital site);
- Lot 1 in DP 1043088 (at-grade and multi-deck car park off Scenic Drive);
- Lot 1031 in DP 1208730 (GP Super Clinic);
- Lot 1032 in DP 1208730 (Cancer Care Centre and part multi-deck car park);
- Lot 102 in DP 1165533 (frontage to Scenic Drive);
- Lot 104 in DP 1165533 (existing Nowra Recreation Park); and
- Lot 7034 in DP 1031852 (existing Shoalhaven Community Pre-School).

An aerial image illustrating the extent of the site is provided in **Figure 2**.



3.3 Existing development on the site

Existing development on the site comprises the Shoalhaven District Memorial Hospital (Shoalhaven Hospital), which is the main acute care hospital for the Shoalhaven region, comprising Emergency Services, an Intensive Care Unit and a Children's and Maternity Unit. The hospital is currently operational 24 hours per day and presently provides a total of 206 beds in specialties and health services.

The existing hospital buildings vary in age, but date back to 1951 (the original building addressing Shoalhaven Street). Newer buildings include Mental Health (2014) to the north-east of the campus and the Cancer Care Centre (2013) and the GP Super Clinic (2015) each of which sit south of the original hospital along Scenic Drive.

The development parcel has frontage to Shoalhaven Street to the east and North Street to the south. There are a large number of vehicle access points into the site, generally associated with entrances into hospital units, including access from Scenic Drive to a multi-storey car park which was completed in 2020. Various smaller car parks for specialised medical services exist toward the north of Scenic Drive, including access to the staff car park.

Refer **Figure 3** below for the existing site layout.

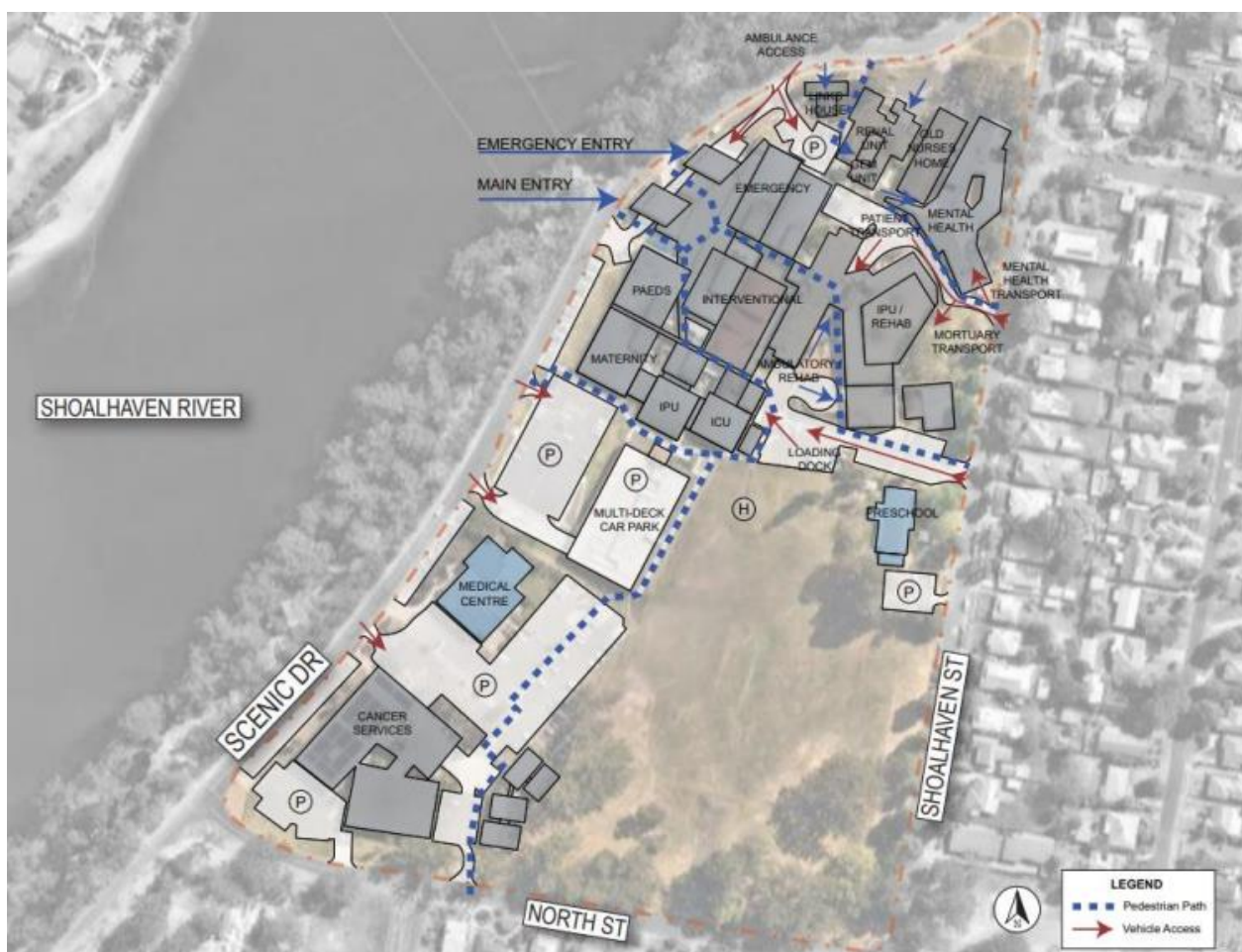


Figure 3 Existing Shoalhaven District Memorial Hospital

Source: Conrad Gargett

3.4 Surrounding development

The locality around the hospital includes the escarpment and bushland to the west of Scenic Drive, the extent of Nowra Park to the south, low-rise separate dwellings along Shoalhaven Street opposite the hospital and along North Street opposite Nowra Park to the south, and the existing Shoalhaven Community Pre-School. Scenic Drive and the hospital sit above and in part overlooking the Shoalhaven River. The site is generally flat in a north-south direction with a gentle slope to the north.

Nowra town centre is approximately 800m away and the site is served by infrequent bus routes with stops at Scenic Drive and Shoalhaven Street.

The site and surrounding context are shown in images below.



Figure 4 Nowra Park looking south west from Shoalhaven Street

Source: Shoalhaven Hospital Scoping Report - _planning Pty Ltd



Figure 5 Residential properties on Shoalhaven Street opposite the hospital

Source: Shoalhaven Hospital Scoping Report - _planning Pty Ltd



Figure 6 Existing Shoalhaven Community Pre-School

Source: Shoalhaven Hospital Scoping Report - _planning Pty Ltd

3.5 Transport and access

On-site parking

The existing health campus has an estimated total parking capacity of 693 car parking spaces, 5 ambulance parking spaces, plus 19 spaces at the Pre School site. The multi storey car park currently provides 230 spaces across 3.5 storeys (7 split deck levels from Level 1 to Level 5).¹

The multi-storey car park has been 'future-proofed' to allow additional 2 storeys (4 split deck levels) to be constructed, which would provide an estimated 136 additional spaces (subject to detailed design).²

Street parking

There are 265 on-street parking spaces available within 400 metres of the site for hospital staff, patients and visitors.³

Public transport

The Shoalhaven Hospital site has two bus stops, located on Scenic Drive and Shoalhaven Street, providing connections to rail services and the surrounding suburbs and regions. There are four bus operators providing services to the site. Refer to **Figure 7**.

The only train station in the vicinity of the Hospital site is Bomaderry train station – connecting to the Intercity Trains South Coast Line and connecting Kiama and Bomaderry. The site is approximately 3km by road from the Bomaderry train station. Various bus routes connect the hospital to the station.

¹ Shoalhaven Hospital Redevelopment Transport and Accessibility Impact Report, 2022 (Taylor Thomson Whitting 2022)

² Ibid.

³ Ibid.



Figure 7 Bus stop locations

Source: Shoalhaven Hospital Concept Design Traffic Report, TTW 01 November 2021

Road network

Princes Highway is the major road providing a connection between the northern side of Shoalhaven River with the southern side. In addition, Transport for NSW is providing a new bridge over the Shoalhaven River on the Princes Highway at Nowra.

Another major transport route includes the Princes Highway upgrade between Berry and Bomaderry, just north of Nowra. These works are anticipated to finish within 2022.

4 Proposed development

4.1 Development description

The proposal includes refurbishment and construction of additional buildings at the Shoalhaven District Memorial Hospital ('Shoalhaven Hospital'). The proposal is subject to a SEARS (SSD-3599994868) issued on 23 February 2022.

The redevelopment will deliver new services including a new Emergency Department and Emergency short-stay unit, Intensive Care Unit, and operating theatres.

The scope includes a new 7-level building of approximately 31,000sqm GFA, with rooftop plant and helipad. The new building is proposed to be constructed in an existing area of open space and will comprise mortuary, emergency department, medical imaging, coronary care unit, intensive care unit and 279 new beds and treatment spaces across a range of departments, 8 new operating theatres and 2 new endoscopy theatres.

The proposal also includes a new ambulance entry from Shoalhaven Street, new public and servicing accessway off North Street and separate loading dock entry and mortuary parking off Shoalhaven Street.

The internal road layout and existing site access is intended to be largely maintained. However proposed access roads along North Street and Shoalhaven Street are to be part of the development.

Selected proposed plans and renders are at **Figures 8-10**.



Figure 8 Render of northern courtyard

Source: Conrad Gargett 2022



Figure 9 Plan of the proposed works

Source: Conrad Gargett 2022



Figure 10 Proposed landscape plan

Source: Conrad Gargett 2022

Construction staging

Nowra Park and the Shoalhaven Community Pre-school were previously Crown Land and Crown Reserves. To facilitate the overall Shoalhaven Hospital redevelopment and based on the need to re-locate the existing pre-school, a separate DA has been made to Shoalhaven City Council for the pre-school relocation to the southern portion of Lot 104 where it addresses North Street.

The proposed Shoalhaven Hospital redevelopment under this SSD relates solely to the development of a new hospital building and its ancillary works - other works, including relocating of Shoalhaven Community Pre-school (part of the broader Master Plan for the site) are subject to a separate DA. Refurbishment works outside of this SSD process across the existing parts of the hospital are proposed in Block A, Block B, Mental Health (Block R) and in the Renal Dialysis Unit (Block D) once the new building has been completed.

The preschool is anticipated to be constructed by early 2023. As the preschool will need to be operational prior to the commencement of works in relation to the Shoalhaven Hospital Redevelopment, a separate approval process is necessitated as the preschool relocation cannot form part of the proposed SSD application.

To maintain a suitably operational hospital campus, a number of campus-related works, in this instance focused on in-ground infrastructure within and outside the campus will be required. One such activity includes the relocation of an existing water main running through Nowra Park on the eastern edge of Lot 104. This will be relocated in advance of SSD-related works to avoid the new building's footprint. Similar gas supply works are also proposed.

4.2 Design elements

The following section identifies the principles that have informed the development of the design for the redevelopment of Shoalhaven Hospital.

Development objectives

The Preliminary Business Case Executive Summary v0.7 notes that:

“The Shoalhaven Hospital is the regional health care hub for the Shoalhaven Region, providing services at role delineation up to level 5 as clinically appropriate, providing a self-sustaining service for the local community”

A number of overarching objectives have guided the built form and design of the proposed development, based on consultation with the ISLHD stakeholders and aligning with the ISLHD Health Care Services Plan (2020-2030).

The principles and objectives used to inform design and planning discussions and decision making are below:

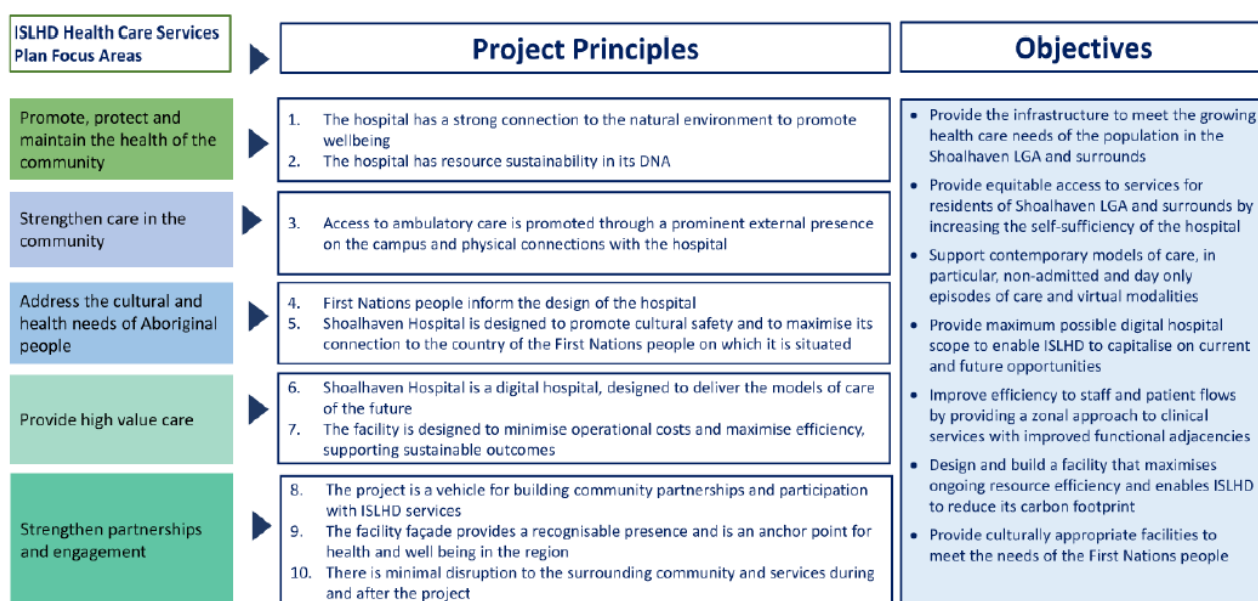


Figure 11 Shoalhaven Hospital Redevelopment Project Principles and Objectives

Source: Preliminary Business Case – Johnstaff Projects Version 0.7 (7 April 2022)

5 Strategic drivers

This section sets out the key drivers for the development from a state and local government policy perspective, as well as in relation to macro and local social issues and trends.

5.1 Strategic policy context

This section provides a brief overview of regional and local policy documents relevant to the proposed development. The following documents have been reviewed:

- *NSW Rural Health Plan (NSW Health, 2014),*
- *NSW Aboriginal Health Plan (NSW Health, 2013),*
- *Building Momentum: State Infrastructure Strategy 2018-2038 (Infrastructure NSW, 2018),*
- *NSW State Health Plan: Towards 2021: Towards 2021 (NSW Health, 2017),*
- *NSW Health Strategic Priorities 2019-20 (NSW Health, 2019),*
- *Health Care Services Plan 2020-2030 (ISLHD, 2020),*
- *Strategic Directions for Illawarra Shoalhaven Local Health District (ISLHD, 2017),*
- *Illawarra Shoalhaven Integrated Care Strategy (ISLHD, 2018),*
- *Illawarra-Shoalhaven Regional Plan (NSW DPE, 2021),*
- *Shoalhaven 2040 Local Strategic Planning Statement (Shellharbour City Council, 2020),*
- *Shoalhaven 2027 Community Strategic Plan (Shellharbour City Council, 2018).*
- *Better placed: An integrated design policy for the built environment of New South Wales (Government Architect, 2017)*
- *Draft Greener Places Design Guide (Government Architect NSW 2020)*
- *Future Transport Strategy 2056 (NSW Government, 2016).*

A detailed review of these documents can be found at **Table 2** below.

Table 2 Strategic policy review

Policy theme	Implications for proposed development	Relevant documents
Population growth and change	<ul style="list-style-type: none"> • In Regional NSW, provision of health infrastructure upgrades are recommended to align with settlement patterns and population in growing regions. • Transport infrastructure and services will need to reflect the local character and the movement needs of the local community – responding to the broader challenges facing metropolitan and regional areas, such as adapting to a changing climate, changing demographics, population growth and supporting health lifestyles and social interaction. • The population of Shoalhaven LGA is forecasted to increase by 23,000 by 2041. The fastest growing age groups are older workers and pre-retirees (50-59), empty nesters and retirees (60-69), and seniors (70-84). • 19% of the ISLHD population is over the age of 65. This ageing demographic will result in demand for additional health care and targeted support. • 3.4% of the population identify as Aboriginal or Torres Strait Islander. There is currently “an unacceptable difference in health between population groups, 	<ul style="list-style-type: none"> • Shoalhaven 2040 Local Strategic Planning Statement (Shellharbour City Council, 2020) • Health Care Services Plan 2020-2030 (ISLHD, 2020) • Strategic Directions for Illawarra Shoalhaven Local Health District (ISLHD, 2017) • Building Momentum: State Infrastructure Strategy 2018-2038 (Infrastructure NSW, 2018) • Future Transport Strategy 2056 (NSW Government, 2016) • Building Momentum, NSW Infrastructure Strategy 2018-2038 (NSW Government 2018)

Policy theme	Implications for proposed development	Relevant documents
	<p>particularly Aboriginal and non-Aboriginal people" (Health Care Services Plan, pg. 8). Achieving equity in healthcare is a district priority.</p> <ul style="list-style-type: none"> Over the next 20 years it is expected that demand for healthcare will grow by over 50% in NSW, compared to a population growth of 28%. This is largely due to the increase in 70–84-year-olds who are the predominant users of healthcare services. The state requires "disruptive innovation" in healthcare to cope with increasing demand and deliver long-term solutions for population health (State Infrastructure Strategy, p. 168). 	
The role of health infrastructure in supporting improved wellbeing	<ul style="list-style-type: none"> It is a priority of NSW Health to "keep people healthy, out of hospital and connected to community-based care wherever possible" (State Health Plan, p. 28). To meet evolving healthcare needs, NSW Health aims to invest in new healthcare facilities, establish healthcare precincts with public and private services, and redesign clinical service in order to meet the evolving healthcare needs of the state. Approximately 40% of NSW Health's built infrastructure is over 50 years old, necessitating major investment into upgrades and new infrastructure to cope with increasing demand. Future investment will focus on infrastructure which will improve integration between hospital and primary care and prevent unnecessary hospital readmissions and Emergency Department attendances. NSW Health identifies investment into health infrastructure as a key step toward a "21st century health system that will be sustainable, purposeful and, most importantly, deliver positive health outcomes for the people of NSW" (State Health Plan, p. 31). Projects for new health infrastructure that incorporate connection with nature are encouraged. High quality landscaping including access to urban greening and trees has been shown to reduce stress and improve cognitive function and mental health – improving air quality provides significant benefits to human health. 	<ul style="list-style-type: none"> Building Momentum: State Infrastructure Strategy 2018-2038 (Infrastructure NSW, 2018) NSW State Health Plan: Towards 2021 (NSW Health, 2017) NSW Health Strategic Priorities 2019-20 (NSW Health, 2019) Draft Greener Places Design Guide
Demand for additional health services in ISLHD and the Illawarra-Shoalhaven region	<ul style="list-style-type: none"> It is a regional priority to grow and activate the Nowra City Centre by leveraging the redevelopment of Shoalhaven Hospital and collaborating with the NSW Government. This is likely to attract further investment and economic growth. Community engagement has identified demand for improved health care, particularly for the elderly. It is a goal of the Shoalhaven Community Strategic Plan to "support active, healthy, liveable communities" (pg. 15). The health of ISLHD residents is poorer on average compared to NSW as a whole, particularly in the categories of risky drinking, psychological distress, and self-harm. Priority areas for the ISLHD include "care coordination for people with chronic and complex health conditions, developing integrated models of care, enhanced transfer of care", and "improved Aboriginal health" (Integrated Care Strategy, pg. 7). 	<ul style="list-style-type: none"> Illawarra Shoalhaven Integrated Care Strategy (ISLHD, 2018) Illawarra-Shoalhaven Regional Plan (NSW DPE, 2021) Shoalhaven 2027 Community Strategic Plan (Shellharbour City Council, 2018)
Specific needs of rural and Aboriginal communities	<ul style="list-style-type: none"> Communities in rural NSW are more likely to suffer from higher levels of chronic illness and/or health risks than those in urban areas, with higher rates of preventable hospitalisations and difficulties accessing healthcare when needed. It is a priority of the NSW Rural Health Plan to strengthen current access to high- 	<ul style="list-style-type: none"> NSW Rural Health Plan (NSW Health, 2014) NSW Aboriginal Health Plan (NSW Health, 2013)

Policy theme	Implications for proposed development	Relevant documents
	<p>quality healthcare services for rural population and invest in new and updated infrastructure. NSW Health is committed to improving the health of rural communities, developing inclusive and innovative service models, and exploring opportunities to integrate health services with other sectors such as education.</p> <ul style="list-style-type: none"> There are several socioeconomic and intergenerational factors that contribute to the poorer health of Aboriginal people compared to non-Aboriginal people. It is a state priority to design and deliver health policies, programs, and services “in ways that take account of the socioeconomic disadvantage experienced by many Aboriginal people, and specifically address potential barriers to access” (Aboriginal Health Plan, pg. 7). 	

5.2 Social issues and trends

The following section provides an overview of the local and macro social issues and trends relevant to the proposed development.

Growing complexity of population health characteristics

According to the Australian Institute of Health and Welfare, Australian’s have higher life expectancies than ever before, yet approximately half of the population lives with at least one chronic health condition:

“Chronic conditions are an ongoing cause of substantial ill health, disability and premature death, making them an important global, national and individual health concern... Many people with chronic conditions do not have a single, predominant condition, but rather they experience multimorbidity—the presence of 2 or more chronic conditions in a person at the same time. People living with multimorbidity often have complex health needs and report poorer overall quality of life... This places a heavy demand on Australia’s health care system and requires substantial economic investment.”⁴

The prevalence of complex diseases is also increasing, this includes diseases which are multifactorial and can be attributed to multiple environmental or socioeconomic characteristics. Complex diseases or illnesses can also arise through the interaction of multiple genes with external factors. As Australia’s demography and disease patterns change, the population ages and the burden of chronic illness grows, the healthcare system will inevitably come under increasing pressure⁵.

There is a need to transform the Australian healthcare system in order to provide better care for chronic and complex health conditions, as well as better end-of-life care. The Australian Government intends to reform the national health system by increasing funding in all states and territories from \$100 billion between 2015-2020 to an estimated \$131 billion between 2021-2025. This will fund specialist hospital services, including cancer treatment, rural health, hospital infrastructure, drug and alcohol treatment, preventative, primary and chronic disease management, and mental health, in order to reduce pressure on hospitals and reduce avoidable hospitalisations.

Demand for regional, rural, and remote health infrastructure

It is widely documented that populations living in regional, rural, and remote locations in Australia often suffer from poorer health due to their geographic isolation and low socioeconomic conditions, which creates barriers to accessing high-quality healthcare. The Australian Institute of Health and Welfare (AIHW) has recorded that people living in these locations suffer from “higher rates of hospitalisations, mortality, injury, and poorer access to, and use of, primary health care services, compared with those living in metropolitan areas”. This is due to numerous factors, such as:

⁴ <https://www.aihw.gov.au/reports/australias-health/chronic-conditions-and-multimorbidity>

⁵ <https://www.mja.com.au/journal/2007/187/9/challenges-health-and-health-care-australia>

*“Challenges in accessing health care or health professionals, such as specialists, social determinants such as income, education and employment opportunities, higher rates of risky behaviours such as tobacco smoking and alcohol use, higher rates of occupational and physical risk, for example from farming or mining work and transport-related accidents”.*⁶

The COVID-19 pandemic has further exacerbated this disparity, as lower vaccination rates significantly increase the risk of infection in rural communities. Health infrastructure and services in these locations are already operating on a limited capacity compared to metropolitan areas, meaning that they have limited resources to cope with an outbreak, particularly when patients require intensive care:

*“Covid-19 has the potential to lead to those very high levels of acute and complex care. Unfortunately, the other side to that is that they can appear in high numbers. Those two factors combined, health services can get overwhelmed, but rural and remote areas are that much more at risk, and essentially don’t have the same degree of depth as metropolitan services”.*⁷

Increasing the quantity and capacity of rural healthcare services will continue to be a pressing issue in light of the COVID-19 pandemic.

The effect of COVID-19 on global health systems

In 2021, the World Health Organization (WHO) reported there was an excess mortality of approximately 3.3 million due to COVID-19 when combining deaths which were directly and indirectly attributable to COVID-19. This number captures deaths which can be attributed to the overall conditions caused by the pandemic, including inadequate or under-resourced healthcare and information systems, and disruption of regular healthcare delivery and vaccinations⁸.

In Australia, public health experts and researchers have seen the pandemic as an opportunity to transform the national healthcare system, and have identified the following issues with the current system: “disconnected and competing health systems; for example, the arbitrary split between the funding of general practice and hospitals, and the lack of a coordinated response to the aged care sector; the weighting of services toward acute illness rather than prevention or wellness promotion”; and, “the monumental wastage and inefficiency of utilising health care resources in the Australian health care system”.

Health specialists say that the Australian health model must evolve into an integrated and coherent system which is both sustainable and equitable. This will involve the implementation of strong early intervention and detection measures which take into account socioeconomic and geographic risk factors⁹, as well as investment in infrastructure and service capacity. There is a need for stronger connection between general practice and public hospitals which can be fuelled by appropriate funding. Further, funding should increase to allow sufficient capacity and growth in public hospitals where needed in order to reduce overcrowding, waiting times, and avoidable complications.¹⁰

Improving patient and staff wellbeing through the design of health infrastructure

As the knowledge and technology regarding healthcare continues to transform at a rapid pace, it is important that healthcare facilities continue to be resilient to this progression. Healthcare facilities, especially hospitals, occupy an integral position in the health and welfare systems of cities and regions, as well as overall population health and wellbeing.

A number of scholars have outlined the effect of the built environment on patient and staff wellbeing in hospitals (Brambilla, Rebecchi, & Capolongo 2019; Ulrich et al. 2008), in particular, the design of audio and visual environments, safety enhancement, wayfinding systems, patient rooms, family support spaces and staff support spaces. It can be evidenced that the design of these aspects of hospitals can positively or negatively affect the outcomes of patients, families, physicians, staff, as well as the hospital organisation.

⁶ AIHW 2019, Rural & Remote Health, <https://www.aihw.gov.au/reports/rural-health/rural-remote-health/contents/rural-health>

⁷ May, N. 2021, ‘Australian health experts worried as rural Covid vaccination rates lag metro areas’, <https://www.theguardian.com/australia-news/2021/sep/18/australian-health-experts-worried-as-rural-covid-vaccination-rates-lag-metro-areas>

⁸ WHO 2021, ‘The impact of COVID-19 on global health goals’, <https://www.who.int/news-room/spotlight/the-impact-of-covid-19-on-global-health-goals>

⁹ Blecher, G., Blashki, G. & Judkins, S. 2020, ‘Crisis as an opportunity: how COVID-19 can reshape the Australian health system’, <https://www.mja.com.au/journal/2020/213/5/crisis-opportunity-how-covid-19-can-reshape-australian-health-system>

¹⁰ Australian Medical Association 2021, ‘Vision for Australia’s Health’, <https://ama.com.au/sites/default/files/2021-06/ama-vision-for-aus-health.pdf>

The audio and visual environment of hospitals, consisting of noise, lighting, the orientation of windows, and the presence of gardens, art, or other aesthetic components, is considered to be impactful of patient and staff's mental wellbeing, along with visitor satisfaction. Nejati (et al. 2016) found that the "restorative qualities of indoor break spaces increase progressively with higher levels of access to nature, daylight, and outdoor environments", signalling a correlation between direct access to nature and stress relief in staff. Design features which improve connection to nature could include indoor plants, nature-related artwork, access to communal gardens, and windows or balconies with nature in view.

Enhancing the restorative qualities of staff break spaces also has potential carry-over effects to patients, by allowing staff to provide better care to patients (Nejati et al. 2016). Ulrich (2002) finds further evidence for the incorporation of gardens within hospitals, evidencing that garden scenes have been able to alleviate patient anxieties within as little as 5 minutes, heighten patient and family satisfaction with the health provider, increase staff satisfaction within the workplace, and foster improvement of clinical outcomes, for example, "reducing pain medication intake and shortening hospital stays".

In relation to the environments of patients in their rooms, Schreuder, Lebesque, & Bottenheft (2016) have identified privacy, autonomy, and spatial, sensory, and social comfort as factors in determining the wellbeing of patients. A lack of privacy, both visual and auditory, is connected to feelings of discomfort and dissatisfaction among patients, while "the possibility to control the environment such as opening a window, adjusting lighting and temperature settings, closing the door, and shutting lines of sight" have been shown to decrease patient dependence on staff and decrease feelings of stress or depression. Design features which allow for greater patient control over their healing environments are thus interconnected with positive wellbeing.

The layout of patients' rooms has also been found to affect patient satisfaction, specifically regarding quality of sleep and one's sense of privacy. Moving patients from a multi-bed style room to private sleeping quarters revealed a significant improvement in their quality of sleep as the impact of environmental stimuli on sleep quality was mitigated (Pyrke et al. 2017). Other than minimizing the impact of noise, light, and other environmental stimuli, the design of hospitals to feature private rooms offers a greater sense of privacy for patients and their families. Allowing patients to have a greater sense of privacy, especially to rest and/or spend time with family or other visitors, is also likely to "produce more favourable physical and psychological conditions for restorative sleep".

6 Social baseline: local social context

This section provides an overview of the site and the existing social context surrounding the site. It analyses the existing social characteristics of the community within the identified study areas to better understand the potential characteristics and context of the existing community that may be impacted by the proposed development.

6.1 Study area definition

For the purposes of the Social Impact Assessment, study areas have been chosen taking into consideration the need to factor in both local social impacts and those likely to occur on a broader scale. The study areas have been defined using ABS Statistical Area boundaries (SA1¹¹ or Local Government Area boundaries) that best reflect the identified geographical areas.

Primary Study Area (PSA)

For this assessment, a Primary Study Area (PSA) has been defined to represent the local community within the immediate area of the site (shown on **Figure 13**). This includes residents living within 400m of the Subject Site, that would typically experience localised social impacts the most, for example amenity impacts associated with construction activities. Longer term impacts, such as increased activity in the area, are also anticipated to occur within close proximity to the proposed development, as well as likely changes to perceptions of safety or community sense of place.

Due to the limitation of using Statistical Area One (SA1) boundaries defined by the ABS, SA1s that intersect with the 400m radius from the Subject Site have been included throughout this analysis. This is to ensure that all residents living within 400m are captured, however due to the sizes of the SA1s selected, this also includes some residents living beyond the 400m radius. The data still provides a strong indication of the local resident profile and characteristic within PSA.

Secondary Study Areas (SSA)

A Secondary Study Area (SSA) has also been considered necessary for the purposes of this study due to the broader impacts and benefits that the proposed development will likely have on the surrounding community.

Consideration has also been given to the social profile of residents living within Shoalhaven LGA more broadly, as the core catchment of the proposed hospital.

The Study Areas have been mapped at **Figure 12** over page.

¹¹ The ABS Statistical Areas Level 1 (SA1s) are designed to maximise the spatial detail available for Census data. Most SA1s have a population of between 200 to 800 persons with an average population of approximately 400 persons. This is to optimise the balance between spatial detail and the ability to cross classify Census variables without the resulting counts becoming too small for use. SA1s aim to separate out areas with different geographic characteristics within Suburb and Locality boundaries.

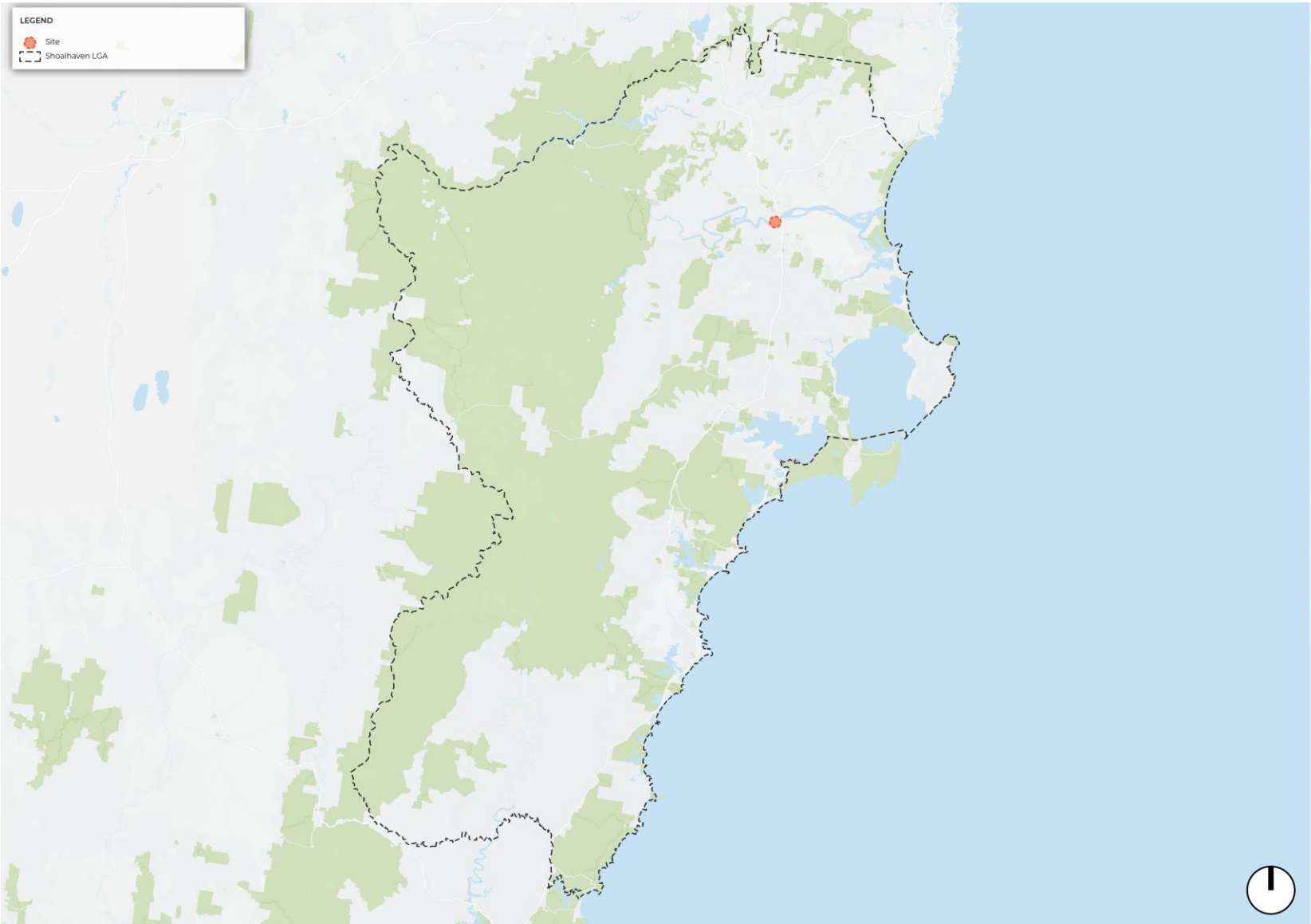


Figure 12 Map of Secondary Study Area

Source: Ethos Urban

6.2 Community profile: demographic characteristics

An overview of the demographic profile of the PSA (400m radius surrounding the subject site) and SSA (Shoalhaven LGA) residents is compared to the 'Rest of NSW' benchmark (excluding Greater Sydney) and is based on 2016 ABS Census of Population and Housing data. Key findings are highlighted below:

- **Study Area residents have slightly lower income**, with the annual individual income estimated at \$28,690 in the PSA, which is 5.7% lower than that of NSW. Annual household median income in the SSA is lower again at \$26,670, 12.3% lower than the NSW average. Roughly one quarter of residents over 15 in the PSA and SSA earn \$1000 per week or more.
- **The Study Areas have a relatively older population**, 46 in the PSA and 48 in the SSA, compared to 43 in NSW. The PSA has a slightly higher share of elderly residents, where residents 85 years and over, account for 5% of the population, compared to NSW at just 3% of the population.
- **The majority of dwellings in the PSA are rented** (41.4%), with 34.5% owned outright and 22.7% owned with a mortgage. This is higher than the PSA and NSW where 25.8% and 28.9% of dwellings are rented.
- **There is an average level of educational attainment among residents within the Study Areas**, with 51.5% of the PSA and 46.3% of the SSA having non-school qualifications. This is on par with the NSW benchmark of 46.1%. The Study Areas are also on par with NSW in regard to the proportion of residents currently attending education.
- **Family households are the most common household composition type in the PSA**, accounting for 58.7% of households. Within the PSA, there is also a significant proportion of lone person households, accounting for 38.2% of all households. This differs from the SSA in which 68.8% of households are occupied by families, and 28.6% of households are occupied by lone persons. The SSA is in line with the NSW benchmark.
- **Most occupied private dwellings in the Study Areas are separate houses**, accounting for 82.7% of total occupied dwellings in the PSA and 88.0% in the SSA. This is on par with the NSW benchmark of 82.9%. The PSA also contains a small share of semi-detached dwellings (15.9%), more than the SSA (6.8%) or the NSW benchmark (9.2%).
- **Need for assistance is lower in the PSA but higher in the SSA than the NSW benchmark**, with 1.4% of the PSA and 7.7% of the SSA requiring assistance with daily life. This is compared to 6.6% in NSW.
- **The Study Areas are culturally and linguistically uniform**, with over 90% of the PSA and SSA born in Australia or other English-speaking countries. The same can be said for the rest of NSW. Refer to **Table 3** for a breakdown of cultural diversity.

Table 3 Cultural diversity

Source: ABS 2016 Census of Population and Housing

Top 10 Countries of Birth	PSA	SSA	Rest of NSW
1	Australia (87.9%)	Australia (86.1%)	Australia (89.3%)
2	England (4.2%)	England (5.1%)	England (3.1%)
3	India (1.9%)	New Zealand (1.3%)	New Zealand (1.2%)
4	Philippines (0.8%)	Germany (0.6%)	India (0.5%)
5	New Zealand (0.7%)	Scotland (0.6%)	Philippines (0.4%)
6	China (0.5%)	Netherlands (0.4%)	Germany (0.4%)
7	Germany (0.4%)	Philippines (0.4%)	Scotland (0.4%)
8	Indonesia (0.4%)	United States of America (0.3%)	China (0.4%)
9	United States of America (0.3%)	Italy (0.3%)	Italy (0.3%)
10	Scotland (0.3%)	India (0.3%)	South Africa (0.3%)

7.3 Population estimates and forecasts

Population estimates and forecasts have been prepared for the PSA, SSA and the Greater Sydney area taking into considerations forecasts prepared by Transport for NSW, DPIE and ABS 2020 population estimates.

Population estimates show that in 2022 the PSA had an estimated resident population of 1,210. Projections indicate that the resident population of PSA is forecast to increase to 1,390 in 2036, increasing at an average annual rate of 1.0% over the period, which is higher than the NSW forecast average of 0.4% each year. Overall, the PSA population is expected to grow by only +180 by 2036, compared to +440 in the SSA (Shoalhaven LGA), and +179,760 across NSW.

Population estimates are shown below in

Table 4.

Table 4 Population forecast, Greater Sydney age profile 2022-2036

Population	2016	2022	2026	2031	2036	2022 to 2036
PSA	1,090	1,210	1,270	1,330	1,390	+180
SSA	1,040	6,250	6,430	6,590	6,690	+440
Rest of NSW	2,707,940	2,835,660	2,899,260	2,967,630	3,015,420	+179,760
Greater Sydney	5,024,920	5,584,500	5,992,660	6,463,600	6,923,120	+1,338,620
Annual Growth						
PSA		+20	+20	+10	+10	+10
SSA		+870	+50	+30	+20	+30
Rest of NSW		+21,290	+15,900	+13,670	+9,560	+12,840
Greater Sydney		+93,260	+102,040	+94,190	+91,900	+95,620
Annual Growth Rate						
PSA		1.8%	1.2%	0.9%	0.9%	1.0%
SSA		34.8%	0.7%	0.5%	0.3%	0.5%
Rest of NSW		0.8%	0.6%	0.5%	0.3%	0.4%
Greater Sydney		1.8%	1.8%	1.5%	1.4%	1.5%

6.3 Health profile and social determinants of health

According to the World Health Organisations Europe¹², a person's health is closely linked to the conditions in which they live, work, grow and play – known as the “social determinants of health”. Socioeconomic position, educational attainment, lifestyle behaviours can affect the health of individuals and communities. Health issues such as multiple morbidities and long-term conditions have found to be more prevalent in disadvantaged areas. Although there is no single definition of the social determinants of health, there are common usages across government and non-government organisations. Other commonly accepted social determinants of health include housing and the living environment, health services and disability.

The following section provides a brief snapshot of the health and wellbeing of the population of the ISLHD, where the site is located.

Local health profile

The ISLHD is characterised by differing levels of advantage and disadvantage across the region, with 20% of the ISLHD living among the most advantaged in NSW, and 22% living among the most disadvantaged in NSW.

Nowra is particularly disadvantaged when compared to the rest of NSW. Nowra contains the most disadvantaged 5% of NSW, specifically for the rate of mental health related admissions, ED presentations for infectious diseases, and ED presentations for mental and behavioural disorders, among others. Nowra also contains some of the highest rates in NSW for modifiable risk factors including smoking, obesity, physical inactivity, and high blood pressure.¹³

At risk population groups

The following population groups in the ISLHD are at risk of poorer health:

- 3.4% identify as Aboriginal or Torres Strait Islander,
- 19% are aged 65 years or older,
- 14% have mental or behavioural conditions,
- 9% were born in a predominantly non-English speaking country,
- 10% of young children are developmentally vulnerable,
- 7% have a profound or severe disability,
- 9% live alone and are susceptible to social isolation,
- 1 in 6 women aged 15+ have experienced violence by a current or former partner.

Modifiable risk factors

The following modifiable risk factors are afflicting the ISLHD population:

- 12% of adults are current smokers,
- 60% of adults are overweight or obese,
- 30% are not adequately physically active,
- 30% have high blood pressure,
- 10% have diabetes or high blood glucose levels.

¹³ Illawarra Shoalhaven Local Health District Community Needs Assessment 2021

Primary diseases

The top eight diseases burdening the ISLHD health system are:

- Cancer
- Heart and vascular diseases
- Mental health conditions and substance abuse
- Muscle and bone conditions
- Injuries
- Respiratory diseases
- Digestive diseases
- Neurological conditions.¹⁴

6.4 Local social infrastructure context

A review of the existing local social infrastructure has been undertaken to inform the Social Impact Assessment and establish a baseline for the assessment of existing facilities. An overview of the local social infrastructure context is provided below, identifying key social infrastructure within a local 400m catchment of the site. A map illustrating the approximate area is shown in **Figure 13** over page.

The following categories of social infrastructure relevant to the project are identified as being within walking distance of the site:

- **Medical centres/GPs:** There are two medical centres/GPs located within 400m of the site: Burke C J and Grand Pacific Health Centre.
 - **Community facilities:** There are two community facilities located within 400m of the site: Nowra Men's Shed and Shoalhaven Homeless Hub.
 - **Open space:** There are four open spaces located within 400m of the site: Nowra Recreation Park, Nowra Dog Park, Greys Beach, and Moorhouse Park.
 - **Places of worship:** There are two places of worship located within 400m of the site: Greenwich Presbyterian Church, and The Church of Jesus Christ of Latter Day Saints.
 - **Educational facilities:** There is one educational facility located within 400m of the site: St Michael's Catholic Parish Primary School.
- Childcare:** There is one childcare facility located within 400m of the site: Shoalhaven Community Preschool.
- **Sport/recreational facilities:** There is one sports/recreational facility located within 400m of the site: Nowra Aquatic Park.

¹⁴ [Final Health Care Services Plan 2020-2030.pdf \(nsw.gov.au\)](#)

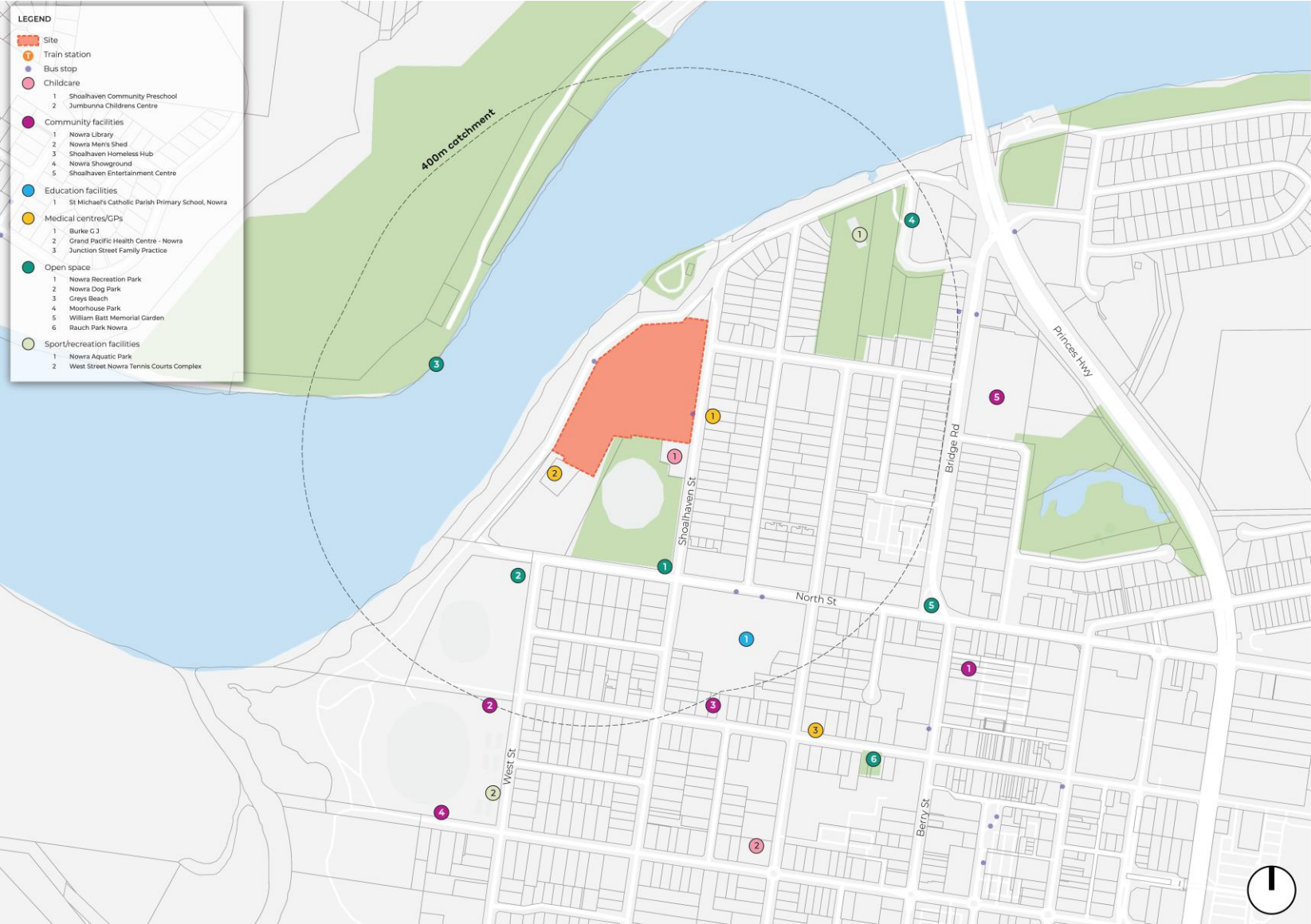


Figure 13 Local social infrastructure context and 400m Primary Study Area

Source: Ethos Urban

7 Community and stakeholder perspectives

The following section provides an overview of the community and stakeholder consultation undertaken to inform the proposed development, including engagement activities and outcomes. The purpose of this section is to highlight key user and community values and aspirations relevant to the proposed development.

7.1 Stakeholder and community engagement undertaken to inform this SSDA

This section outlines how the Shoalhaven Hospital Redevelopment project has strategically and proactively engaged the community and key stakeholders including staff, health providers, Government agencies, patients, neighbours and surrounding communities. A SSDA Engagement Report was prepared by Health Infrastructure NSW and a summary of this report is provided below.

Engagement has involved the following stakeholders:

- Shoalhaven City Council
- NSW Government Architect/State Design Review Panel
- User and client groups (hospital community)
- Local community – Aboriginal and non-Aboriginal
- Transport for NSW
- Shoalhaven Water
- Jemena.

Internal stakeholder engagement

Meetings with internal hospital stakeholders have been led by the Shoalhaven Hospital Redevelopment Lead Design team and are attended by hospital and LHD staff. Where relevant, they have also included community representation.

External stakeholder engagement

External stakeholders have also been engaged within the Shoalhaven region to ensure we are building a facility that meets their health needs and requirements, in alignment with various stages. Engagement (below, in order since 2021) included the following stakeholders, however this is just a snapshot – further information is available in the full Engagement Report.

- General community – media release (Announce project)
- Aboriginal community – face-to-face workshop (Design Jam Workshop)
- Stakeholder letters – email letter
- Immediate neighbours – letterbox drop
- All stakeholders – media release (inform about upcoming engagement sessions)
- Clinicians and hospital staff (Staff BBQ and info session)
- Immediate neighbours (information session) – to update the plans and seek feedback prior to lodging a SSDA.

Community engagement

Local community members highlighted the following ideas of importance/concerns regarding the project:

- Parking (overflow to surrounding streets is major issue)
- Traffic (on Shoalhaven St, garbage trucks, location of new driveway)

- Public transport limited in the area
- Nowra Park loss of area and trees
- Pre-School relocation
- Wayfinding and signage
- Location of the new hospital (should be further south on a bigger site. The site should be sold off for residential.)
- Hospital services – (concern on wait times, sub-acute mental health facilities understanding, staff shortages.)
- Miscellaneous:
 - Positive feedback
 - Consultation process
 - Stormwater runoff, relocation of demountable, other hospital upgrades, helipad relocation, concern that new doctors and healthcare workers who move to the area cannot afford to buy/rent in the area.

7.2 Consideration of engagement outcomes and further planned engagement

The Engagement Report by Health Infrastructure details how the project team have responded the concerns listed above. It further notes:

- The Shoalhaven Hospital Redevelopment team will consider and respond to any issues raised with this submission and continue to engage with the community, health service staff and relevant agencies during future stages of the planning, development, and approvals process.
- The project team will also actively engage with our stakeholders after the SSD approvals phase through to the delivery and operational commissioning phases.
- The Shoalhaven Hospital Redevelopment team will continue to update project webpages and produce regular content to keep all stakeholders informed and engaged throughout the lifecycle of the project. A Communications and Engagement Plan has been developed and is regularly updated to guide the project's proactive engagement approach during the planning, design, construction and operational commissioning of the project.

7.3 Data considerations for this assessment

We note that the community and stakeholder perspectives are primarily based on engagement activities that require an active interest to participate. This may lead to over-representation of the voices of certain community or stakeholder groups (e.g., older people are more likely to have time and interest to participate in community meetings) and underrepresentation of others. Hence, engagement findings may not represent the diversity of view across the community. The ongoing disruptions to public life as a result of the COVID-19 pandemic may have also hindered participation in face-to-face engagement activities, particularly in vulnerable groups who may be wary of contracting COVID.

8.4 LGA-wide community consultation that provides additional insights

The following section provides an overview of LGA-wide community engagement that also provides insights of relevance to the preparation of this SIA.

Shoalhaven Community Satisfaction Survey (IRIS Research, 2020)

Shoalhaven Council regularly conducts a survey of its residents in order to ascertain levels of satisfaction and happiness, and to assist in resource planning for the region. In 2020, IRIS Research was commissioned by Council to undertake this process. Key findings of the engagement include:

- *Forty-four percent (44%) of residents are satisfied overall with the performance of Council as an organisation over the past 12 months,*
- *The average satisfaction rating is 3.34 out of 5. This is a medium-level satisfaction score and is statistically in-line with the result from 2018 (3.30),*

- *Council's strengths lie in the Resilient, safe, and inclusive communities' category and include services such as library services, operation of sewerage and quality water service and solid waste and recycling collection – wheelie bin service,*
- *Services related to roads, planning, and development are generally lower performing.*

In relation to health, it was identified that 80% of residents surveyed were satisfied with their health, with those aged between 18-34 presenting more positive sentiments about health than those aged over 65. 12% of residents surveyed were neutral and 7% were unsatisfied with their health.

Shoalhaven Growth Management Strategy Community Engagement (Shoalhaven City Council, 2019)

In preparation of the updated Growth Management Strategy, Shoalhaven Council undertook community engagement from November 2018 to January 2019 in order to ascertain community aspirations and priorities for the future of Shoalhaven.

The following community aspirations and desires were identified, which are of relevance to this project:

- *Manage development pressure in our historic and coastal towns and villages,*
- *Require development proposals to respect and enhance local character,*
- *Improve our development controls to enhance the quality of new buildings,*
- *Creating jobs for young people,*
- *Increasing education and training opportunities to upskill the workforce,*
- *Attracting skilled workers and their families to Shoalhaven*
- *Advocate for improved funding and delivery of major infrastructure,*
- *Review and respond to the infrastructure needs of our growing community,*
- *Provide community infrastructure to support new residential development,*
- *Prioritise planning for an ageing population,*
- *Improve accessibility and mobility for all residents in new developments, public places and between town and village centres.*

8 Social Impact Assessment

8.1 Assessment framework and scope

As the proposed development classifies as a State Significant Development, this SIA has been prepared based on the *SIA Guideline* (NSW DPE 2021), as per the Secretary's Environmental Assessment Requirements (SEARs). This assessment considers the potential impact on the community and social environment should the social impacts envisaged occur, compared to the baseline scenario of the existing use of the site and social context.

The purpose of this social impact analysis is to:

- Identify, analyse and assess any likely social impacts, whether positive or negative, that people may experience at any stage of the project lifecycle, as a result of the project
- Investigate whether any group in the community may disproportionately benefit or experience negative impacts and proposes commensurate responses consistent with socially equitable outcomes
- Develop social impact mitigation and enhancement options for any identified significant social impacts.

Ultimately, there can be two main types of social impacts that may arise as a result of the proposed development. First, direct impacts can be caused by the project which may cause changes to the existing community, as measured using social indicators, such as population, health and employment. Secondly, indirect impacts that are generally less tangible and more commonly related to matters such as community values, identity and sense of place. Both physically observable as well as psychological impacts need to be considered.

This study identifies the following key social factors relevant to the assessment of social impacts of the project:

- Way of life
- Health and wellbeing
- Accessibility
- Community
- Culture
- Surroundings
- Livelihoods

Impacts on decision-making systems were identified as negligible as part of the SIA Scoping stage and have therefore not been assessed in detail in this report.

8.2 Key affected communities

This assessment covers both the Primary Study Area (PSA), which is expected to experience social impacts associated with the temporary construction activities and some of the future operational impacts, as well as the broader social localities (Secondary Study Area/SSA) that are likely to experience the resulting benefits from the operational phase of the project. These study areas are shown in **Section 6.0**.

Key communities to experience social impacts and/ or benefits of the project can be grouped as follows:

- Hospital communities (staff, volunteers, suppliers etc)
- Patients attending the health facilities within the hospital precinct, their carers and visitors
- Neighbouring residents, including aged care living residents
- Neighbouring businesses
- Neighbouring preschool parents and students
- Local area workers
- Visitors to other institutions and businesses within walking distance of the area

- Temporary construction workers in the area.

8.3 Impact assessment factors and responses

The following section sets out the assessment of social impacts arising from the proposed development and recommended responses, including measures to enhance social benefits and mitigate potentially negative impacts, across the suite of factors set out in the DPIE SIA Guideline. The assessment has been based on the information available to date, and is primarily a desktop study, informed by a review and analysis of publicly available documents relevant to the precinct.

Assessment factors

The SIA Guideline classifies social impacts in the following way, which forms the core basis of this assessment:

- **Way of life:** how people live, get around, work, play and interact with one another each day.
- **Community:** its composition, cohesion, character, how it functions, resilience, and people's sense of place.
- **Accessibility:** how people access and use infrastructure, services and facilities (private, public, or not-for-profit).
- **Culture:** both Aboriginal and non-Aboriginal – people's shared beliefs, customs, practices, obligations, values and stories, and connections to Country, land, waterways, places and buildings.
- **Health and wellbeing:** people's physical, mental, social and spiritual wellbeing – especially for people vulnerable to social exclusion or substantial change, psychological stress (from financial or other pressures), access to open space and effects on public health.
- **Surroundings:** access to and use of natural and built environment, including ecosystem services (Shade, pollution control, erosion control), public safety and security, as well as aesthetic value and amenity.
- **Livelihoods:** including people's capacity to sustain themselves through employment or business.
- **Decision-making systems:** the extent to which people can have a say in decisions that affect their lives, and have access to complaint, remedy and grievance mechanisms.

The evaluation includes a risk assessment of the degree of significance of risk, including the envisaged magnitude (duration, extent, severity/ sensitivity), likelihood, and potential to mitigate/enhance and likelihood of each identified impact. The social impact significance matrix provided within the SIA Guidelines Technical Supplement (see **Table 7**) has been adapted for the purposes of undertaking this social and impact assessment.

Each impact has been assessed and assigned an overall risk that considers both the likelihood of the impact occurring and the consequences should the impact occur. The assessment also sets out recommended mitigation, management and monitoring measures for each identified matter.

Magnitude of impact generally considers the following dimensions:

- **Extent** – *Who specifically is expected to be affected (directly, indirectly, and/or cumulatively), including any vulnerable people? Which location(s) and people are affected? (e.g. near neighbours, local, regional, future generations).*
- **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)*
- **Intensity 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 intensity.*

Table 5 Defining magnitude levels for social impacts

Magnitude level	Meaning
Transformational	<ul style="list-style-type: none"> Substantial change experienced in community wellbeing, livelihood, infrastructure, services, health, and/or heritage values; permanent displacement or addition of at least 20% of a community.
Major	<ul style="list-style-type: none"> Substantial deterioration/improvement to something that people value highly, either lasting for an indefinite time, or affecting many people in a widespread area.
Moderate	<ul style="list-style-type: none"> Noticeable deterioration/ improvement to something that people value highly, either lasting for an extensive time, or affecting a group of people.
Minor	<ul style="list-style-type: none"> Mild deterioration/ improvement, for a reasonably short time, for a small number of people who are generally adaptable and not vulnerable.
Minimal	<ul style="list-style-type: none"> Little noticeable change experienced by people in the locality.

Table 6 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 probability

Table 7 Social impact significance matrix

Likelihood	Magnitude				
	Minimal	Minor	Moderate	Major	Transformational
Very unlikely	Low	Low	Low	Medium	Medium
Unlikely	Low	Low	Medium	Medium	High
Possible	Low	Medium	Medium	High	High
Likely	Low	Medium	High	High	Very high
Almost certain	Low	Medium	High	Very high	Very high

Source: NSW DPE, 2021, *Technical Supplement - Social Impact Assessment Guideline for State Significant Projects*

8.4 Impact assessment factors and responses

8.4.1 Way of life – how people live, get around, work, play and interact with one another each day

Potential impacts

During construction:

- Temporary negative impacts to way of life associated with the noise, dust and vibration caused by the construction activity at the site, which may result in disruption for the Shoalhaven Hospital community, patients, visitors, and local residents, as well as other workers and visitors in the immediate vicinity. The impacts may disproportionately impact following groups:
 - Workers at Shoalhaven Hospital due to construction taking place in "live" hospital environment. There may be impacts to the usual working environment and routine of the staff of the hospital and surrounding buildings (e.g., noise or vibration may be disrupting activities in the existing facilities).
 - Visitors to the hospital, including patients and their carers who may be experiencing illness or distress. They may be more sensitive to way of life impacts associated with the construction phase as a result.
 - Residents living close to the construction site may be disrupted by construction noise, vibration and dust. It is noted there are low-density residential dwellings in the vicinity that may be impacted, to the east of the site.
 - Visitors and workers of the pre-school facility - it is noted that a separate DA for the new preschool is underway, which will be built by early 2023 and staff and students will be relocated to the new facility prior to demolishing the existing preschool, to make way for the new hospital.
- Potential way of life impacts for the hospital community well as surrounding residents, associated with traffic changes during construction at the site, including:
 - Disruption and changes to way of life associated with increased traffic, reduced onsite parking, pressure on parking from construction workers accessing site, and truck movements associated with the construction activity on the site, which may result in increased inconvenience or road safety issues in the area.
 - Cumulative impacts of construction works including refurbishment works outside of the SSD process to other blocks in the hospital and the separate DA for the relocation of the Shoalhaven Pre-School. This may result in 'construction fatigue' for nearby residents, workers and visitors.
 - It is noted that overflow parking to surrounding streets and limited public transport is a major existing issue for the site, which may be enhanced during construction.
- Potential way of life impacts associated with changes to daily work and care environments of the Shoalhaven Hospital and pre-school, leading to inconvenience, disruption, and/or changes to routines.
- Potential way of life impacts associated with changes to wayfinding within the Shoalhaven Hospital Campus and surrounding roads due to the establishment of the construction site, which may result in inconvenience and disruption to staff, patients and visitors moving around the precinct. This may be disproportionately felt by patients and their carers accessing hospital services, who may not be familiar with the neighbourhood or may be experiencing illness or disability, or limited mobility.

During operation:

- Impacts on way of life due to changes in the access to the site. The proposed redevelopment will result in modifications to the existing on-site and on-street parking, due to the introduction of new driveways along Shoalhaven Street and North Street. The new main entry for public vehicles (both general drop off and Emergency Department drop off) would be accessed from North Street, on the southern boundary of the site. Ambulance access and loading dock access would be facilitated with new driveways from Shoalhaven Street on the eastern boundary of the site.
- Potential negative impacts on way of life as a result of reduced on-site parking (loss of 39 spaces to the north of the proposed building, but addition of 11 short-term spaces adjacent to drop off facility).¹⁵
- Improvements to way of life and daily routines for staff and visitors of Shoalhaven Hospital associated with delivery of the new and improved hospital facilities. Delivery of staff amenities and other clinical and non-clinical support spaces is likely to improve way of life with enhanced comfort and convenience, staff and visitor satisfaction.

¹⁵ Shoalhaven Hospital Redevelopment Transport and Accessibility Impact Report (Taylor Thomson Whitting, 2022)

Potential impacts

- Delivery of public domain improvements and open space will have positive impacts in terms of improved daily living routines as a result of increased proximity to amenity and spaces for social interaction.
- The increased capacity of the existing hospital and associated services will have potential positive impacts in terms of enhanced convenience, potential improved quality of care, staff and visitor satisfaction in the context of the broader redevelopment. The project staffing increase is 228 FTE (incremental to the Base Case) in 2026/27 (*Preliminary Business Case Executive Summary V0.7, 7 April 2022*).
- Delivery of the new facilities are likely to have improved wayfinding, traffic movement, and parking capacity benefits for the Shoalhaven Hospital community and surrounding residents subject to further assessment. Careful management of the additional capacity through various traffic reporting and technical studies should be undertaken.

Responses / mitigation measures

During construction:

- Implement recommendations as per various technical reports to mitigate impacts to staff, patients, carers, visitors, surrounding residents, local workers as a result in construction demolition activities resulting in dust, vibration, noise.
- Prepare a detailed Construction Traffic Management Plan (CTMP) outlining mitigation measures (e.g., designated construction worker access, to avoid patient and hospital worker disruptions, as well as a full time traffic controller to prevent congestion). A preliminary CTMP has been prepared. The Transport and Accessibility Impact Report notes (pg 59) 'construction workers will not park on the local roads surrounding the hospital and will not park in existing on-site parking spaces except with specific authorisation'. Implementation of the recommendations in this report would mitigate impacts.
- Develop a Communications and Engagement strategy, to communicate with surrounding residents, workers, patients and carers, students, parents of pre-schoolers and visitors to ensure that all stakeholders are made aware of the timing and likely impact of the construction period. Opportunities for feedback and to ask questions should also be provided, during construction.

During operation:

- Ongoing communications with Shoalhaven City Council including prior to implementation of the new driveways which will result in a loss of on-street parking, and to monitor on-street parking under future use.
- Provision of sufficient capacity of on-site car parking as recommended within a Traffic and Accessibility Impact Assessment, and/or as required by a separate Car Parking Demand study.
- Consider opportunities to enhance pedestrian connections to the surrounding neighbourhood (e.g., ensure adequate wayfinding and pedestrian connections to bus stops along River Road, ensuring surrounding walking/cycle paths are level and well-maintained, safe, and well-sign posted).
- Ensure pedestrian connections between the site and surrounding health facilities are accessible to people experiencing reduced mobility (e.g., ensuring surrounding walking paths are level and well-maintained, there are frequent resting places).
- Develop an operational Plan of Management to monitor the impact of the expanded hospital operations on staff and other stakeholders
- Prepare a Green Travel Plan and explore opportunities to support and promote active transport and sustainable travel to the new facility.
- Liaise with Transport for NSW and Council to improve bus routes and surrounding public transport.

Summary:

Overall Social Impact Significance Rating	Overall improved access to high quality health care facilities at the Shoalhaven Hospital site would have a significant positive benefit to way of life. The redevelopment of the site, if impacts associated with construction are well mitigated, will ensure positive social outcomes for the community. Long term positive impacts associated with improved hospital facility and capacity are expected to be almost certain. Existing constraints for the hospital operations have been identified and the proposal is consistent with the strategic ISLHD vision and objectives. Negative social impacts associated with way
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Potential impacts	
	<p>of life are medium during construction, and positive social impacts associated with way of life are high during operation:</p> <ul style="list-style-type: none"> • Construction: Medium (likely minor) – Negative • Operation: High (likely moderate) – Positive
Duration	Operational benefits are long term, construction impacts are temporary.
Severity/ sensitivity	High sensitivity to impacts - due to construction taking place in "live" hospital environment and presence of people likely to be experiencing illness, disability, distress including children attending the pre-school.
Extent	The impact is likely to be experienced differently by individuals and groups. Local residents, workers and visitors may be impacted, likely through traffic and construction impacts. These impacts may disrupt daily routines, amenity and access of surrounding residents.
Potential to mitigate/ enhance	The potential to mitigate impacts is high, as construction management and effective engagement can be utilised to address and manage any concerns that stakeholders may have. Construction impacts would need to be proactively mitigated due to the sensitivity of users of the site and communities directly affected. Ongoing contact and engagement will be crucial to ensure stakeholders are informed about all changes that may impact them throughout the project. During operation, there is a high ability for workers, patients and visitors to adapt to new facilities on the site, due to their proposed quality and design.

8.4.2 Community, including its composition, cohesion, character, how it functions, and sense of place

Potential impacts

During construction:

- Temporary disruption to the existing composition of the local community surrounding the site, including an increased number of construction workers in the area. However, it is noted there are already a high proportion of visitors to the site on a regular basis, as a hospital.
- As a result of the establishment of the construction site there may be potential changes to wayfinding and/or the appearance of the site (e.g. hoardings, site offices, construction vehicles, construction activities). This may lead to disruption to daily living routines and staff, patient and local communities.
- Cumulative impacts of construction may be experienced by those in the primary study area (PSA). It is noted that this project forms part of the larger redevelopment of the Shoalhaven Hospital, including the relocation of the Shoalhaven Preschool, so there is considerable change occurring in the area. The impact of this change is dependent on the receiver (either positive or negative).

During operation:

- Potential changes to the sense of place in the community due to the construction of the new building, which is in two parts, with building massing to integrate a sense of the park within the new hospital. The building is proposed to be located on the site of the existing Shoalhaven Community Pre-school (which will be separately relocated) and part of the former Nowra Park. A number of selected trees will require removal however other significant trees will be retained and protected.¹⁶
- Potential changes to the community composition of Shoalhaven Hospital associated with the increased capacity of the hospital, which would increase the number of staff, patients, visitors and volunteers accessing the site. However, the expansion is consistent with the ISLHD strategic drivers including the NSW State and Premier's Priorities, NSW State Infrastructure Strategy, Future Transport Strategy 2056 and the Illawarra Shoalhaven Regional Plan. Some people will experience this change negatively, and other positively.
- Potential changes to the community profile associated with delivery of new employment opportunities and expansion of the workforce at this site – increased number of staff, residents, visitors as a result of new 'state of the art medical care' including new emergency department, medical units, dedicated Mental Health unit, cardiology units and double the number of surgical services and operating theatres.
- Potential benefits to community cohesion and functioning for the staff, patients and visitors of Shoalhaven Hospital Campus with the delivery of the new public domain and open space improvements. Positive aspects of the proposal including replacement tree planting at a minimum rate of 1:1 and additional access arrangements (*Shoalhaven Hospital Scoping Report, _planning Pty Ltd, 2022*).
- Increased opportunities for employment at the Shoalhaven Hospital, benefiting the broader ISLHD (projected FTE staff increase incremental to the base case is 228 FTE in 2026/27).

Responses / mitigation measures

During construction:

- Mitigation measures set out in the Construction Management Plan to be implemented to reduce the impacts associated with disruption to the Shoalhaven Hospital and surrounding residents.
- Ensure retained trees are adequately protected during construction as recommended by the Arborist Report.
- Positive social impacts and community acceptance of the project can be amplified by employing local residents in construction phase.
- Develop a communications and engagement strategy to communicate with surrounding residents, workers, patients and carers and visitors to ensure that all stakeholders are made aware of the timing and likely impact of the construction period. Opportunities for feedback and to ask questions should also be provided. Ensuring that community and all stakeholders are made aware of the timing and likely impact of the construction period is critical.

¹⁶ Shoalhaven Hospital Redevelopment SSD DA Executive Summary (Conrad Gargett, 2022)

Potential impacts

During operation:

- Ensure the relocation of the preschool is undertaken in consultation with the community and stakeholders (separate DA) to minimise impacts to staff students and surrounding community.
- Ensure tree protection measures and recommendations are carried out as per an Arborist Report, and replacement plantings are proposed and undertaken by qualified landscaping professionals. Ongoing maintenance of landscaping to be undertaken.
- Collaborate with Shoalhaven City Council and other community stakeholders to maximise benefits of shared and/or public uses of the site.
- Provide high quality internal and external gathering spaces, breakout spaces and other design elements to support worker wellbeing within the proposed development.
- Ensure high quality materials and landscaping is proposed to reduce visual impact on the community, noting that upgraded landscaping is proposed to the existing public parkland at the south end of the site.

Summary:

Overall Social Impact Significance Rating	<p>Overall improved high quality health care facilities at Shoalhaven Hospital would have a significant positive benefit to community. The refurbishment and expansion of the site, if impacts associated with construction are well mitigated, will ensure positive social outcomes for the broader community. Any negative social impacts on the community composition and cohesion are medium during construction, but low during operation:</p> <ul style="list-style-type: none"> • Construction: Medium (possible minor) – Negative • Operation: Low (unlikely minimal) – Negative or Positive, depending on the perspective of the residents of the SSA
Duration	Operational benefits are long term. Construction impacts are short term.
Severity/ sensitivity	High sensitivity to impacts, as changes to the site would impact visitors to the hospital who may be experiencing illness, disability or distress.
Extent	Construction impacts would likely impact worker profile in the PSA. Operational phase may benefit the broader local community within the SSA.
Potential to mitigate/ enhance	Construction impacts would need to be proactively mitigated due to the sensitivity of users of the site and communities directly affected. During operation, there is a high ability for workers, patients and visitors to adapt to new facilities on the site, due to their proposed quality and design.

8.4.3 Accessibility – access to and use of infrastructure, services and facilities

Potential impacts

During construction:

- Potential negative impacts because of changes to wayfinding within the Shoalhaven Hospital campus buildings, and potentially impacts to access to public transport, which may result in increased disruption and inconvenience. Key considerations include:
 - Establishment of hoarding and changes to the streetscape associated with the construction phase may affect wayfinding and access for health care workers, hospital users and visitors.
 - Reduced or temporarily relocated car parking and truck movements associated with the construction activity, which may impact accessibility across the site.
 - Some hospital consumers (including patients, their families, visitors and volunteers) are likely to experience illness, disability or distress, and may therefore disproportionately impacted by accessibility issues.
- Potential reduced accessibility and inconvenience associated with construction-related traffic flows, increased traffic, reduced parking, truck movements on the streets surrounding the site. Cumulative impacts because of other traffic works in the area including the Berry to Bomaderry Upgrade Project Extent may arise.

During operation:

- Increased patient and staff capacity on the site, including emergency vehicles, may increase the number of traffic movements. It is noted Traffic Modelling is yet to be undertaken however the Transport and Accessibility Impact Report (21 July 2022) notes that “the proposed development is deemed suitable on consideration of the traffic and transport elements of the site and surrounds and the transport strategy proposed for its management” (pg 64).
- Potential impacts to traffic in surrounding streets due to the proposed change to access arrangements, including new accesses from North Street and Shoalhaven Street, and reduction in onsite carparking overall.
- Potential impacts as a result of reduced onsite parking for cars (existing 693 parking bays being reduced to 665). The proposed redevelopment will provide 11 additional parking spaces but the acute services building footprint proposes removal of 39 parking spaces to the north of the proposed building.
- Increased capacity and quality of health infrastructure at the site, and public domain improvements, would improve the accessibility to high quality health services for the ISLHD. Pedestrian access directly northwards from the open parkland space, into the hospital is maintained.

Responses / mitigation measures

During construction:

- Implement recommendations set out in the Transport and Accessibility Impact Report, including:
 - Future traffic and parking studies undertaken at 18 and 36 months after opening to determine any further actions required to address traffic and parking impacts into the future
 - Further development of the preliminary Green Travel Plan and preliminary Construction Traffic Management Plan.
 - It is noted Traffic Modelling is yet to be undertaken however the Transport and Accessibility Impact Report (21 July 2022) notes that “the proposed development is deemed suitable on consideration of the traffic and transport elements of the site and surrounds and the transport strategy proposed for its management” (pg 64).
- Implement the Staging Plan developed for the project to minimise disruption to the access and impact to hospital activities.
- Liaise with TfNSW to avoid conflicts and additional disruption with the proposed bridge works over the Shoalhaven River project (on Princes Highway).
- Develop a communications and engagement strategy for the Project ensuring that all stakeholders (including surrounding residents, workers, patients, carers, visitors, and other stakeholders) are made aware of the timing and likely impact of the construction period. Opportunities for feedback and to ask questions should also be provided.
- Continue consultation with Council and TfNSW to determine potential issues and access arrangements.

Potential impacts

During operation:

- Ensure well planned integration and connectivity between the buildings on the site. Ensure pedestrian connections between the site and surrounding health facilities are accessible to people experiencing reduced mobility (e.g., ensuring surrounding walking paths are level and well-maintained, there are frequent resting places). Encourage use of pedestrian connections to bus stops and public transport routes - consider improvements to existing pedestrian facilities including missing footpaths within the local network (i.e. one side of the road on Shoalhaven Street).
- Internal and external wayfinding strategies should be implemented to ensure that the hospital site and surroundings are legible and walkable for users of the site during both construction and operation. The *Shoalhaven Hospital Schematic Design Report* notes that "the wayfinding system will be made up of the combined impact of architecture, landscaping, interior design, lighting, art, signs, people, printed and digital information".
- Management measures and sustainable transport initiatives will assist in managing the increase in parking demand and seek to reduce private vehicle volumes travelling to and from the site. Adequate provision of bicycle parking and end of trip facilities is recommended.
- To reduce dependency on private vehicles and reduce forecast parking demands, implement the recommendations in the *Transport and Accessibility Impact Report* (Draft 21 July 2022) including:
 - improved active transport infrastructure (new footpaths, bicycle storage and end-of-trip facilities)
 - improve public transport services
 - supporting WFH for eligible staff
 - promote carpooling
- Future traffic and parking studies undertaken at 18 and 36 months after opening to determine any further actions required to address traffic and parking impacts into the future.
- Further development of the preliminary Green Travel Plan and preliminary Construction Traffic Management Plan.
- Continue to collaborate with Shoalhaven City Council, Ambulance NSW, and TfNSW to identify opportunities to enhance positive impacts on accessibility.
- Ensure changes to on-street parking are undertaken with consultation with the community. Liaise with Council to ensure on-street parking is monitored under any future use.

Summary:

Overall impact	<p>Overall improved access to high quality health facilities at the site would have a significant positive benefit to accessibility. Negative social impacts associated with accessibility are medium during construction, but low during operation:</p> <ul style="list-style-type: none"> • Construction: Medium (possible moderate) – Negative • Operation: High (likely moderate) – both Positive and Negative
Duration	Operational benefits are long term. Construction impacts are temporary.
Severity/ sensitivity	Moderate to high sensitivity to impacts - due to construction taking place in "live" hospital environment and presence of people likely to be experiencing illness, disability, distress.
Extent	Construction impacts to access would likely primarily impact workers, patients, visitors and residents in the PSA. The proposal is likely to have significant positive contributions in terms of access to high quality social infrastructure for the surrounding community and the region in the long term.
Potential to mitigate/ enhance	Construction impacts would need to be proactively mitigated due to the sensitivity of users of the site and communities directly affected. It is important to ensure regular communication and engagement with stakeholders to manage the community awareness and understanding of the Project during the construction and operation phase. During operation, there is a high ability for workers, patients and visitors to adapt to new facilities on the site, due to their proposed quality and design.

8.4.4 Culture: shared beliefs, customs, values and stories, and connections to land, places, buildings

Potential impacts

During construction:

- Potential negative changes to the community's connection to place associated with the construction period, because of changes to the appearance and the functionality of the site. This may disrupt place narratives. The site is adjacent to a heritage item "Nowra Showground and Sportsground Complex".
- Potential negative impacts to sense of place associated with Aboriginal cultural heritage through the loss of Aboriginal cultural connection to Country, noting that consultation with the Aboriginal community has occurred.

During operation:

- Positive impacts to connection to place associated with the delivery of improved clinical and non-clinical spaces of a high technical and architectural quality.
- Positive benefits to culture associated with incorporating Aboriginal design elements within the proposed development, which would assist in maintaining connection to Aboriginal culture and heritage. Landscaping principles are highlighted as including identification of Aboriginal knowledge holders and contributors early in the project. Key outcomes include:
 - An Aboriginal meeting and ceremonial space is proposed close to the main entry, that overlooks the parkland. The naming will be decided by the local Aboriginal community. Refer **Figure 10**.
 - Retention of the Blackbutt tree, which is identified as a key issue as part of the Design Jam. The need to minimise construction and pedestrian activity below the canopy has been identified by the Arborist. An accessible winding space is proposed to connect the Emergency colonnade to the outside perimeter of the tree canopy. Investigation is being undertaken into the collection of seed from the blackbutt tree for future propagation and planting.¹⁷
- Potential loss of connection to Country due to the proposed location over Nowra Park. Engagement with the Aboriginal community has been undertaken with the Yerrabingin Design Jam raising ideas and suggestions for the development.
- Increased activation of the site due to the increased capacity and re-design. This may result in new place narratives and improved connection to place.

Responses / mitigation measures

During construction:

- Ensure wayfinding and signage will be complimentary to the precinct theme and be multi-functional as recommended in the landscaping report.
- Ensure recommendations during construction from the Arborist Report are implementation to properly protect street trees and on-site trees for retention.
- Identify opportunities for public art on hoardings or other placemaking opportunities in consultation with Shoalhaven Council, to reduce visual impact of construction activity and catalyse improved connection to place at the site.
- Preservation of the area of moderate archaeological potential within the vegetated bushland, towards the eastern boundary of the site, as per the methodology and research design for sub-surface archaeological testing. Findings of the testing undertaken under the methodology should be incorporated into the interpretation plan and the ACHMP and be used to inform the mitigation measures during construction and ongoing management of the Aboriginal Cultural Heritage at the site.
- Implement recommendations as per Aboriginal Cultural Heritage Assessment Report, which includes implementation of a heritage induction for early demolition and construction workers before works commence.

During operation:

- Positive social impacts and community acceptance of the proposal can be amplified by employing local residents during the construction and operational phases of the development.

¹⁷ Shoalhaven SSDA Executive Summary – Conrad Gargett May 2022 Rev B

Potential impacts

- Though it is noted 'no direct impacts from the project on Aboriginal cultural heritage have been identified' (ACHA) it is important to implement recommendations as per the *Aboriginal Cultural Heritage Assessment (ACHA) Report* (Ecological 2022):
 - Additional investigations required if proposed excavated areas are located beyond the defined assessment boundary (and an addendum ACHA prepared, with consultation with RAPs);
 - Heritage induction for early demolition and construction workers to be undertaken
 - Unexpected finds – to be dealt with as per NPW Act
 - Submit ACHA to AHIMS within 3 months of completion.
- Ongoing engagement is recommended as the project develops including the naming of the existing green space (landscape) to be decided by the local Aboriginal community.

Summary:

Overall impact	Provision of high-quality contemporary health care facilities at this location would have a positive benefit to culture subject to cultural needs of the worker, patient and carer community being taken into account and executed in the hospital design and operation. Negative social impacts associated with culture are low during construction and operation: <ul style="list-style-type: none"> • Construction: Low (unlikely minor) – Negative • Operation: Low (unlikely minimal) – Negative
Likelihood	Positive impacts of the proposed development are likely, and negative impacts are minor during construction.
Duration	Operational benefits are long term, construction impacts are temporary.
Severity/ sensitivity	High sensitivity to impacts, as changes to the site would impact visitors to the hospital who may be experiencing illness, disability or distress.
Extent	Construction impacts would likely impact stakeholders within the PSA. Operational benefits have the potential to enhance connection to culture for visitors, staff and patients from across the SSA and beyond.
Potential to mitigate/ enhance	Construction impacts would need to be proactively mitigated due to the sensitivity of users of the site and communities directly affected. During operation, there is a high ability for workers, patients and visitors to adapt to new facilities on the site, due to their proposed quality and design.

8.4.5 Health and wellbeing – including physical, mental, social and spiritual – and especially for vulnerable people; access to open space and effects on public health

Potential impacts

During construction:

- Potential negative impacts to wellbeing of residents, hospital staff, and other workers at Shoalhaven Hospital, as well as residents and visitors in the area, associated with construction dust, noise and vibration. Many visitors to the hospital (i.e., hospital patients and their carers) are likely to be experiencing illness, disability or distress, and may be therefore disproportionately impacted by construction impacts (e.g., visitors with existing respiratory conditions).
- Potential temporary changes/disruption to the accessibility of the health infrastructure at this site due to construction taking place in "live" hospital environment. There may be changes to work and care environments, which should be further detailed in the Staging Plan.
- Decanting of staff and patients to accommodate demolition and construction activities may result in changes to/potential disruption to accessibility of health infrastructure, including disrupted access to surrounding health infrastructure.

During operation:

- Positive impacts associated with improved access to health facilities on this site, and in particular, the proposed 279 additional beds and services from the new hospital.¹⁸ The proposal is consistent with the Shoalhaven Hospital Clinical Services Plan (CSP) November 2020 prepared by the ISLHD, which identified that redevelopment of the hospital was necessary to grow and adjust services to meet changing health needs within the region.¹⁹
- Positive health and wellbeing benefits associated with the delivery of new high quality staff amenities, and other clinical and non-clinical support spaces leading to more opportunities for social interaction, staff, patients and carers with the improved amenity of the hospital environment.
- Cumulative benefits during operation as a result of the delivery of the new facilities comprising new beds, treatment spaces, 8 new operating theatres and 2 new endoscopy theatres.

Responses / mitigation measures

During construction:

- Mitigation measures set out in the Construction Management Plan (CMP) should be implemented to reduce the impacts associated with noise and vibration and visual amenity during the construction phase.
- Implement a Staging Plan developed for the proposed development to minimise disruption to the hospital activities.
- Implement noise mitigation measures. Recommendations within the Noise Management Plan (Acoustic Logic, 2022) conclude that the proposed noise and vibration impacts from the development will comply with the acoustic requirements of various legislation including the NSW EPA Interim Construction Noise Guideline. A Construction Noise Management Plan should be prepared to ensure sensitive receivers are properly mitigated from noise.
- Develop a communications and engagement strategy to communicate with surrounding residents, workers, patients, carers, visitors, and other stakeholders to ensure that all stakeholders are made aware of the timing and likely impact of the construction period. Opportunities for feedback and to ask questions should also be provided.

During operation:

- Implement a Transition Plan to assess impacts from the current working environment to the future working environment delivered by the proposed development.
- Consider opportunities to enhance accessible pedestrian connections to neighbouring green and recreational spaces that are within walking distance to support health and wellbeing. Implement recommendations in the detailed Green Travel Plan for the site.
- Explore opportunities to incorporate staff and consumer feedback and priorities into the design of the project's non-clinical spaces and landscaped areas.

¹⁸ Shoalhaven Hospital Scoping Report Part A Final - _planning Pty Ltd

¹⁹ ibid

Potential impacts

- Consider further opportunities to enhance staff and patient access to green space and fresh air to improve health and wellbeing of precinct consumers and staff.

Summary:

Overall Social Impact Significance Rating	<p>Overall, the new facilities at the Shoalhaven Hospital site would have a significant positive benefit to health and wellbeing of residents, patients, and the community. The redevelopment of the site, if impacts associated with construction are well mitigated, will ensure positive health and wellbeing outcomes for the community. Negative social impacts associated with health and wellbeing are medium during construction, but low during operation:</p> <ul style="list-style-type: none"> Construction: Medium (possible moderate) – Negative Operation: Very high (almost certain major) – Positive
Likelihood	Impacts of the proposed development during construction are likely. Positive impacts of the proposed development are highly likely during operation, both locally and to a district/ regional extent.
Duration	Operational benefits are long term. Construction impacts are temporary.
Severity/ sensitivity	High sensitivity to impacts due to construction taking place in "live" hospital environment and presence of people (visitors and patients) likely to be experiencing illness, disability, and/or distress.
Extent	The proposal is likely to have significant positive contributions to health and wellbeing for the surrounding community and the region in the long term. However, construction impacts would likely impact residents and workers in the PSA. Access to improved health care facilities and associated amenity would impact the resident community and the hospital staff living across the broader SSA and beyond.
Potential to mitigate/ enhance	<p>The potential to mitigate impacts is high, as construction management and effective engagement can be utilised to address and manage any concerns that stakeholders may have. Construction impacts would need to be proactively mitigated due to the sensitivity of users of the site and communities directly affected. Ongoing contact and engagement will be crucial to ensure stakeholders are informed about all changes that may impact them throughout the project.</p> <p>During operation, there is a high ability for workers, patients and visitors to adapt to new facilities on the site, due to their proposed quality and design. The project will deliver significant health and wellbeing benefits for the local community and district and regional communities.</p>

8.4.6 Surroundings – amenity (access to and use of natural and built environment, including ecosystem services, public safety and security as well as aesthetic value and amenity)

Potential impacts

During construction:

- Temporary negative changes to the streetscape and appearance of the site associated with construction activity. The establishment of hoarding and changes to the streetscape associated with the construction phase may have an adverse effect on:
 - Visual and aesthetic value of the area associated with changes to views in the area associated with construction activity, particularly for local residents, workers and visitors to the area.
 - Perceptions of night-time safety in the area – for the health-care staff working night-time shifts in the hospital as well as patients and carers needing to access the site (e.g. for emergencies) during the night.
 - Potential changes to wayfinding around and inside the hospital which may cause inconvenience and disruption to patients, visitors and staff working on this site.
- Decanting of staff and patients on site, around construction activities, may have an impact on amenity and enjoyment of surroundings due to disruption to usual work and care routines.
- Potential changes to sightlines, and therefore perceptions of safety to staff, visitors, patients, carers and residents as a result of construction.
- Negative impacts on the amenity of the area associated with dust, noise, and vibration due to construction activity. It is noted that the construction is taking place in a "live" hospital environment and patients and visitors are considered as sensitive receivers. The patients and carers visiting the facilities may be experiencing disabilities, illness and/or distress that may be particularly sensitive to construction-related disruption.

During operation:

- Positive permanent changes to the streetscape, surroundings and appearance of the site associated with the delivery of the new buildings and landscaping component of the project. The proposal has been subject to stakeholder input including State Design Review Panel throughout 2021
- Enhanced quality of architectural design on the site will lead to improved amenity and design due to utilisation and enhancement of various aspects within the design scheme. A new children's playground is to be provided for the community with access close to North St. Play equipment will contain accessible components. More informal, sculptural elements will be located in the park for public interaction.²⁰
- Additional activation of the site resulting in improved perceptions of safety associated with increased activation of the site associated with an increased number of patients and workers on the site, accessing the site and other services in the area. This may be valuable for hospital staff who may be working shift hours and need to access and move around the site during late night hours.

Responses / mitigation measures

During construction:

- Mitigation measures set out in the Construction Management Plan will be implemented to reduce the impacts associated with visual amenity during the construction phase.
- Implement a Communications and Consultation Plan for the Project ensuring that all stakeholders (incl. surrounding residents, workers, patients, carers, visitors, and other stakeholders) are made aware of the timing and likely impact of the construction period. Opportunities for feedback and to ask questions should also be provided.

During operation:

- Implement recommendations of various technical reports into final design including Arborist Reports, lighting, landscaping and visual impact assessment, to ensure the retention of the landscape setting achieves a high-quality design outcome in terms of amenity.

²⁰ Shoalhaven Hospital Redevelopment Architectural Design Statement – May 2022 Rev B (Conrad Gargett)

Potential impacts

- Explore opportunities to incorporate staff and consumer feedback and priorities into the design of the projects non-clinical spaces and landscaping.
- Encourage use of pedestrian connections between the site and surrounding current and future facilities to encourage active transport and improve perceptions of safety in the areas surrounding the development (e.g. wayfinding, lighting, adequate shade, public art).
- Develop an operational plan of management to monitor the impact of the expanded hospital operations on surrounding residents and other users.

Summary:

Overall Social Impact Significance Rating	Provision of high-quality health facilities at this location would have a significant positive benefit to surroundings. Negative social impacts associated with surroundings are medium during construction, but low during operation: <ul style="list-style-type: none"> • Construction: Medium (likely minor) – Negative • Operation: Low (unlikely minimal) – Positive
Duration	Operational benefits are long term, construction impacts are temporary.
Severity/ sensitivity	Moderate to high sensitivity to impacts - due to construction taking place in "live" hospital environment and presence of people likely to be experiencing illness, disability, distress.
Extent	Construction impacts would likely impact workers, patients, carers, residents and visitors in the PSA, improved surroundings and amenity would affect users of the site and workers and visitors from the broader SSA to the site.
Potential to mitigate/ enhance	Construction impacts would need to be proactively mitigated due to the sensitivity of users of the site. During operation, there is a high ability for workers, patients and visitors to adapt to new facilities on the site, due to their proposed quality and design.

8.4.7 Livelihoods: including impacts on employment or business, experience of personal breach or disadvantage, and the distribution equity of impacts and benefits

Potential impacts

During construction:

- Increased access to employment opportunities within the construction sector during the construction phase. While these jobs will be temporary, project based work is typical to the sector. It is estimated that approximately 546 FTE jobs will be required for construction of the proposed development (*Genus Advisory*).
- Potential improved viability of businesses in the area associated with trade from increased number of workers (construction) in the vicinity (for example, cafes, services and shops in the local area).

During operation:

- Positive benefits to livelihoods with the provision of employment opportunities as a result of the expanded capacity of the hospital, generating an additional 228 FTE in 2026/27.
- Potential improved viability of other businesses in the area associated with concentration of employment uses and increased number of workers and visitors to the area.

Responses / mitigation measures

During construction:

- Positive social impacts and community acceptance of the project can be amplified and have flow-on benefits in other aspects of contractor life by using social employment and procurement practices and hiring locally. Explore opportunities to engage, train and employ local residents, and utilise the skills and services of local businesses during construction. This can be formalised through a Social Procurement Plan.
- Develop a Communications and Engagement strategy to communicate with surrounding residents, workers, patients and carers and visitors to ensure that all stakeholders are made aware of the timing and likely impact of the construction period. Opportunities for feedback and to ask questions should also be provided.

During operation:

- Explore opportunities for socially sustainable procurement methods which prioritise employment of local residents in Shoalhaven City Council LGA. The inclusion of social clauses into tenders and contracts can also assist.

Summary:

Overall Social Impact Significance Rating	<p>Provision of new contemporary health care facilities at this location would have a significant positive benefit to livelihoods, subject to the needs and cultural sensitivities of a diversity of future patients and visitors is taken into account and well-executed in the design. The operation of the facilities will provide employment opportunities both indirect and direct. Negative social impacts associated with livelihoods are low during construction and operation.</p> <ul style="list-style-type: none"> Construction: Medium (possible moderate) – Positive Operation: Medium (likely minor) – Positive
Duration	Operational benefits are long term, construction impacts are temporary.
Severity/ sensitivity	Moderate sensitivity to impacts - due to construction taking place in "live" hospital environment and presence of people likely to be experiencing illness, disability, distress
Extent	Construction impacts would likely mostly impact the construction sector and provide jobs within the PSA. Whilst it is a vision of both state and local governments to provide employment opportunities closer to home, the number of jobs provided within the new health care facilities and supporting businesses would likely impact workers further across the SSA.
Potential to mitigate/enhance	Benefits to livelihoods can be amplified by exploring opportunities to employ local residents during the construction and operational phases.

8.5 Monitoring and management framework

To monitor and measure the ongoing impact of the proposed development on relevant stakeholders and the surrounding community, the following framework is recommended:

During construction

- Undertake the development in stages as outlined in the documentation, to permit the existing Hospital activities to continue to function throughout the construction process.
- Development of a Construction Management Plan that includes complaints handling procedure for identifying and responding to community issues related to construction impacts.
- Develop a detailed Construction Traffic Management Plan (CTMP) and implement recommendations in preliminary CTMP including the use of traffic controllers, monitoring truck movements, staggering of construction vehicle movements outside peak hours to ensure pedestrian safety.
- Ongoing consultation to ensure that key stakeholders are advised and consulted about major changes and disruptions, and the process for providing feedback and further consultation during the Project.

During operation

- Ongoing consultation with relevant stakeholders, as identified by Health Infrastructure, to identify emerging social issues and trends, relevant to the hospital's operation, as they arise.
- Development and implementation of an Operational Plan of Management that mandates data collection (e.g. complaints register, user surveys) to enable ongoing monitoring of the performance of the proposed facilities over time.
- Ongoing monitoring of the Hospital's performance across a range of metrics, including patient and visitor feedback, community engagement, and community benefits. This could be achieved through the development of a framework of outcomes and KPIs with measurement approaches, such as school community and broader community surveys undertaken at, for example, five-year intervals.

9 Summary of social impacts: concluding comments

An assessment of the social impact categories, as defined within the *Social Impact Assessment Guideline* (DPE, 2021) has been undertaken with consideration to the issues identified through the baseline analysis. Each category of impact outlined in the SIA Guideline is appraised with a significance of the impact based on the likelihood and magnitude of the change experienced by the community.

Overall, the level of impacts associated with the proposed development (both positive and negative) have been assessed to range from being Low to Very High, with no major significant negative impacts identified in relation to the proposal. The proposal is likely to have positive impacts in terms of its high quality design of services, and contribution to the social infrastructure of the area and broader surroundings.

The most significant positive social impacts of the proposal relate to:

- **Ongoing benefits health and wellbeing of staff, visitors and patients** of Shoalhaven Hospital and the broader SSA, associated with the provision of the new building to meet contemporary healthcare needs of a growing and ageing population of the region. In addition, the proposal will take pressure off hospitals in Wollongong and Sydney, where currently patients to the Shoalhaven Hospital have been required to travel to, to receive additional specialist care.
- **Ongoing benefits to way of life, daily routines, and health and wellbeing** associated with the delivery of the improved capacity of health facilities on the site and the integrated, contemporary healthcare campus and community infrastructure the project aims to achieve. The proposal is consistent with the ISLHD Health Care Services Plan (2020-2030) and the Shoalhaven Hospital Clinical Service Plan (CSP) which indicates a need for the hospital to enhance its infrastructure to support the introduction of contemporary models of care.
- **Ongoing benefits to livelihoods** associated with increased employment opportunities, including during the construction phase and operational phase. Benefits to the broader Shoalhaven region – and to local businesses, residents and visitors, will likely arise.

Key negative social impacts identified with the proposed development at Shoalhaven Hospital relate to:

- **Temporary impacts on the surroundings and amenity** of the PSA associated with the proposed construction phase and potential associated traffic impacts, dust, noise, and/or vibration, with the proposed development to occur in a 'live' hospital environment. Patients and carers visiting the current facilities may be experiencing illness, disabilities and/or distress, and may be particularly sensitive to construction-related disruption.
- **Temporary negative impacts to way of life** associated with changes to wayfinding and pedestrian and vehicle access routes associated with construction activities may also be experienced. To minimise disruption, implementation of the Staging Plan is recommended. In addition, the impacts should be managed through a Construction Management Plan, and more broadly, compliance with relevant legislation and regulation.
- Due to the proposed increased capacity of the hospital (and additional onsite carparking, and various changes to the accessibility of the site) there may be ongoing **traffic impacts to the Shoalhaven Hospital visitors, patients, residents and hospital workers**. However, appropriate recommendations as per the Traffic Impact Assessment, if implemented correctly, should mitigate impacts accordingly. Ongoing monitoring will be required.

Key to the success of the proposal will be ensuring traffic impacts are minimised which can be undertaken through implementation of recommendations within the Traffic Impact Assessment accordingly, including a Green Travel Plan and detailed Construction Traffic Management Plan.

Overall, the development will support various community priorities identified in local strategic documents, such as improved community health, public realm, amenity and streetscape, and access to health and community services. The development also has the potential to support community accessibility and inclusiveness with proposed landscaped activity areas, to facilitate social interactions and connections.

Appendix A. Community Profile

Category	PSA	SSA	Rest of NSW
<u>Income</u>	-	-	-
Median individual income (annual)	\$28,690	\$26,670	\$30,420
Variation from Rest of NSW median	-5.7%	-12.3%	na
% of persons (15 years or older) earning \$1,000pw or more	23.5%	22.4%	27.3%
Median household income (annual)	\$0	\$51,770	\$61,200
Variation from Rest of NSW median	-100.0%	-15.4%	na
% of Households earning \$2,500pw or more	8.8%	11.3%	16.2%
Individual income			
<i>No income</i>	6.5%	7.2%	8.0%
<i>Low</i>	49.9%	52.7%	46.3%
<i>Medium</i>	39.0%	35.8%	39.6%
<i>High</i>	4.6%	4.3%	6.1%
Household income			
<i>No income</i>	0.8%	1.4%	1.1%
<i>Low</i>	29.0%	26.5%	23.1%
<i>Medium</i>	53.7%	52.8%	49.5%
<i>High</i>	16.4%	19.4%	26.3%
<u>Age Structure</u>	-	-	-
0 years	1.5%	0.9%	1.1%
1-2 years	1.6%	2.0%	2.3%
3-4 years	1.6%	2.2%	2.5%
5-6 years	2.0%	2.2%	2.5%
7-11 years	6.6%	5.7%	6.4%
12-17 years	4.2%	6.7%	7.4%
18-24 years	6.6%	6.6%	7.9%
25-34 years	10.8%	9.3%	10.9%
35-49 years	18.4%	15.9%	18.0%
50-59 years	14.2%	14.1%	14.0%
60-69 years	12.9%	16.2%	13.2%
70-84 years	14.8%	14.9%	11.2%
85 years and over	4.7%	3.2%	2.6%
Males	49.2%	49.5%	49.2%
Females	50.8%	50.5%	50.8%
Total persons	1,060	99,650	2,643,700
Median Age (years)	0.0	48.0	43.0
<u>Country of Birth</u>			
Australia	87.9%	86.1%	89.3%
<i>Aboriginal and Torres Strait Islanders</i>	5.4%	5.5%	5.5%
Other Major English Speaking Countries	5.5%	8.2%	5.5%
Other Overseas Born	6.6%	5.8%	5.2%
<i>% speak English only at home</i>	92.8%	95.6%	94.5%
<u>Previous Address</u>	-	-	-
Same address as 1 year ago	82.9%	84.5%	84.7%
Different address 1 year ago	17.1%	15.2%	15.1%

Same address as 5 year ago	59.6%	58.2%	59.8%
Different address 5 year ago	40.4%	41.1%	39.7%
<u>Household Composition</u>	-	-	-
<i>Couple family with no children</i>	24.8%	33.4%	29.2%
<i>Couple family with children</i>	20.8%	23.2%	27.4%
Couple family - Total	45.5%	56.6%	56.6%
One parent family	12.3%	11.4%	11.9%
Other families	0.9%	0.8%	0.8%
Family Households - Total	58.7%	68.8%	69.2%
Lone person household	38.2%	28.6%	27.6%
Group Household	3.1%	2.6%	3.2%
<u>Dwelling Structure (Occupied Private Dwellings)</u>	-	-	-
Separate house	82.7%	88.0%	82.9%
Semi-detached, row or terrace house, townhouse etc.	15.9%	6.8%	9.2%
Flat, unit or apartment	1.4%	2.5%	6.4%
Other dwelling	0.0%	2.6%	1.4%
<i>Occupancy rate</i>	87.8%	73.9%	86.8%
Average household size	2.2	2.3	2.4
<u>Tenure Type (Occupied Private Dwellings)</u>	-	-	-
Owned outright	34.5%	45.2%	38.7%
Owned with a mortgage	22.7%	27.7%	31.6%
Rented	41.4%	25.8%	28.9%
<i>State or territory housing authority</i>	8.1%	3.4%	3.8%
<i>Housing co-operative/community/church group</i>	2.3%	0.8%	0.6%
Other tenure type	1.4%	1.2%	0.8%
<u>Attending Education (% of those attending)</u>	-	-	-
Pre-school	12.4%	9.7%	8.4%
Infants/Primary Total	40.3%	39.4%	37.8%
<i>Government</i>	63.2%	82.8%	70.6%
<i>Catholic</i>	36.8%	9.5%	20.8%
<i>Other</i>	0.0%	7.8%	8.7%
Secondary Total	22.6%	29.4%	28.6%
<i>Government</i>	100.0%	72.6%	64.4%
<i>Catholic</i>	0.0%	16.0%	23.0%
<i>Other</i>	0.0%	11.4%	12.7%
Technical or Further Educational Institution	11.8%	8.9%	8.9%
University or other Tertiary Institution	11.3%	10.0%	14.3%
Other type of educational institution	1.6%	2.6%	2.0%
<i>% of total population attending education</i>	17.5%	18.5%	21.5%
<u>Highest Level of Education Completed (% of population aged 15 years and over)</u>	-	-	-
Year 12 or equivalent	43.5%	39.2%	43.7%
Year 9-11 or equivalent	48.4%	54.3%	49.8%
Year 8 or below	7.4%	6.2%	6.1%
Did not go to school	0.8%	0.3%	0.4%
<u>Highest Level of Non-School Qualification</u>	-	-	-
Postgraduate degree	7.9%	4.6%	5.5%
Graduate diploma or certificate	4.6%	3.4%	3.2%

Bachelor degree	20.7%	18.1%	22.4%
Advanced diploma or diploma	20.7%	18.3%	17.7%
Certificate	46.2%	55.6%	51.1%
% of persons with non-school qualifications (persons 15 years and above) - excludes not-stated and inadequately described	51.4%	46.3%	46.1%

<u>Employment Status</u>	-	-	-
Unemployed/ looking for work	7.6%	6.7%	6.6%
Labour force participation rate	51.8%	50.5%	59.1%

<u>Need for Assistance</u>			
With Need for Assistance	1.4%	7.7%	6.3%
No Need for Assistance	92.5%	84.2%	85.9%
Need not stated	6.1%	8.1%	7.8%

<u>Top 10 Countries of Birth</u>	<u>PSA</u>	<u>SSA</u>	<u>Rest of NSW</u>
1	Australia (87.9%)	Australia (86.1%)	Australia (89.3%)
2	England (4.2%)	England (5.1%)	England (3.1%)
3	India (1.9%)	New Zealand (1.3%)	New Zealand (1.2%)
4	Philippines (0.8%)	Germany (0.6%)	India (0.5%)
5	New Zealand (0.7%)	Scotland (0.6%)	Philippines (0.4%)
6	China (0.5%)	Netherlands (0.4%)	Germany (0.4%)
7	Germany (0.4%)	Philippines (0.4%)	Scotland (0.4%)
8	Indonesia (0.4%)	United States of America (0.3%)	China (0.4%)
9	United States of America (0.3%)	Italy (0.3%)	Italy (0.3%)
10	Scotland (0.3%)	India (0.3%)	South Africa (0.3%)

<u>Top 10 Languages Spoken at Home</u>	<u>PSA</u>	<u>SSA</u>	<u>Rest of NSW</u>
1	English (92.8%)	English (95.6%)	English (94.5%)
2	Hindi (0.9%)	Italian (0.4%)	Italian (0.5%)
3	Korean (0.7%)	Greek (0.3%)	Mandarin (0.4%)
4	Arabic (0.6%)	German (0.3%)	Macedonian (0.4%)
5	Dutch (0.6%)	Spanish (0.2%)	Arabic (0.2%)
6	Cantonese (0.4%)	Mandarin (0.2%)	German (0.2%)
7	Italian (0.4%)	Croatian (0.2%)	Spanish (0.2%)
8	Filipino (0.4%)	Tagalog (0.2%)	Punjabi (0.2%)
9	Mandarin (0.3%)	Cantonese (0.2%)	Greek (0.2%)
10	French (0.3%)	Thai (0.1%)	Cantonese (0.2%)

Appendix B. Scoping Checklist

Surroundings: access to and use of natural and built environment, including ecosystem services, public safety and security, a								Characteristics						
		Project elements that may have impacts (e.g. drilling, delivery of new amenity/ housing etc, road upgrades, etc)					Severity/ scale (low/moderate/high) (e.g. based on how many people impacted)	Experience (positive/ negative)	Sensitivity (People affected vulnerable or more sensitive to change? (E.g. children, older people, low SES, disabilities etc) (low/ mod./ high)		Level of significance (Yes/No/Unkn)	Lever or assessment required (Detailed/ Standard/ Desktop integration/ No further as.ment)	SIA Methods to assess (above standard assessment process recommended in SIA Guideline)	Project refinement recommendations
Social factor	Phase of development		Potential impacts	Assessed in other reports?	Extent (geographic area of influence)	Duration (time period)				Stakeholders affected				
Surroundings	Construction	Changes to the streetscape due to establishment of construction site	Amenity impacts, visual impacts, particularly to heritage aspects on the site	Visual impact assessment, urban design analysis	Within 400m of the construction site	Short term - construction (X years)	Moderate - due to construction taking place in "live" hospital environment	Negative	High due to presence of people likely to be experiencing illness, disability, distress (i.e. hospital patients, medical centre customers), and presence of young children at nearby childcare centres	Staff, patients, carers, visitors, surrounding residents, local workers, users of surrounding roads	Yes	Standard	Review of technical reports	
Surroundings	Construction	Decanting of staff and patients on site around construction activities	Impacts to amenity and enjoyment of surroundings associated with decanting activities and disruption to usual work and care routines.	Construction staging	The site	Short term - construction (X years)	Moderate - due to construction taking place in "live" hospital environment	Negative	High due to presence of people likely to be experiencing illness, disability, distress (i.e. hospital patients, medical centre customers), and presence of young children at nearby childcare centres	Staff, patients, carers, visitors	Yes	Standard	Review of technical reports	
Surroundings	Construction	Changes to sightlines	Potential impacts to perceptions of safety	Unknown	Within 400m of the construction site	Short term - construction (X years)	Moderate - due to construction taking place in "live" hospital environment	Negative	High due to presence of people likely to be experiencing illness, disability, distress (i.e. hospital patients, medical centre customers), and presence of young children at nearby childcare centres	Staff, patients, carers, visitors, surrounding residents, local workers, users of surrounding roads	Yes	Standard	Review of technical reports	
Surroundings	Construction	Dust, vibration, noise, truck movements	Reduced amenity and enjoyment of surroundings	Air quality assessment; Noise assessment; Traffic and transport assessment	Within 400m of the construction site	Short term - construction (X years)	Moderate - due to construction taking place in "live" hospital environment	Negative	High due to presence of people likely to be experiencing illness, disability, distress (i.e. hospital patients, medical centre customers), and presence of young children at nearby childcare centres	Staff, patients, carers, visitors, surrounding residents, local workers, users of surrounding roads	Yes	Standard	Review of technical reports	
Surroundings	Operation	Changes to the streetscape through new build at the site	Improved amenity and design due to utilisation and enhancement of heritage aspects within design scheme	Architectural and design plans	The site	Long term	Low	Unknown	High due to presence of people experiencing illness, distress, disability	Staff, patients, carers, visitors, surrounding residents	Yes	Standard	Review of technical reports, architectural plans	
Surroundings	Operation	Delivery of public domain improvements and open space	Improved amenity and enjoyment of surroundings due to provision of high quality public domain	No	The site	Long term	Moderate	Positive	High due to presence of people experiencing illness, distress, disability	Staff, patients, carers, visitors	Yes	Standard	Review of engagement outcomes	
Surroundings	Operation	Enhanced quality of architectural design on the site	Improved amenity and design due to utilisation and enhancement of heritage aspects within design scheme	Architectural and design plans	The site	Long term	Moderate	Unknown	High due to presence of people experiencing illness, distress, disability	Staff, patients, carers, visitors, surrounding residents	Yes	Standard	Review of technical reports	
Surroundings	Operation	Increased activation of the site due to increased capacity and re-design	Improved perceptions of safety	CPTED	Within 400m of the construction site	Long term	Low	Positive	High due to presence of people experiencing illness, distress, disability	Staff, patients, carers, visitors, surrounding residents	Yes	Standard	Review of technical reports	