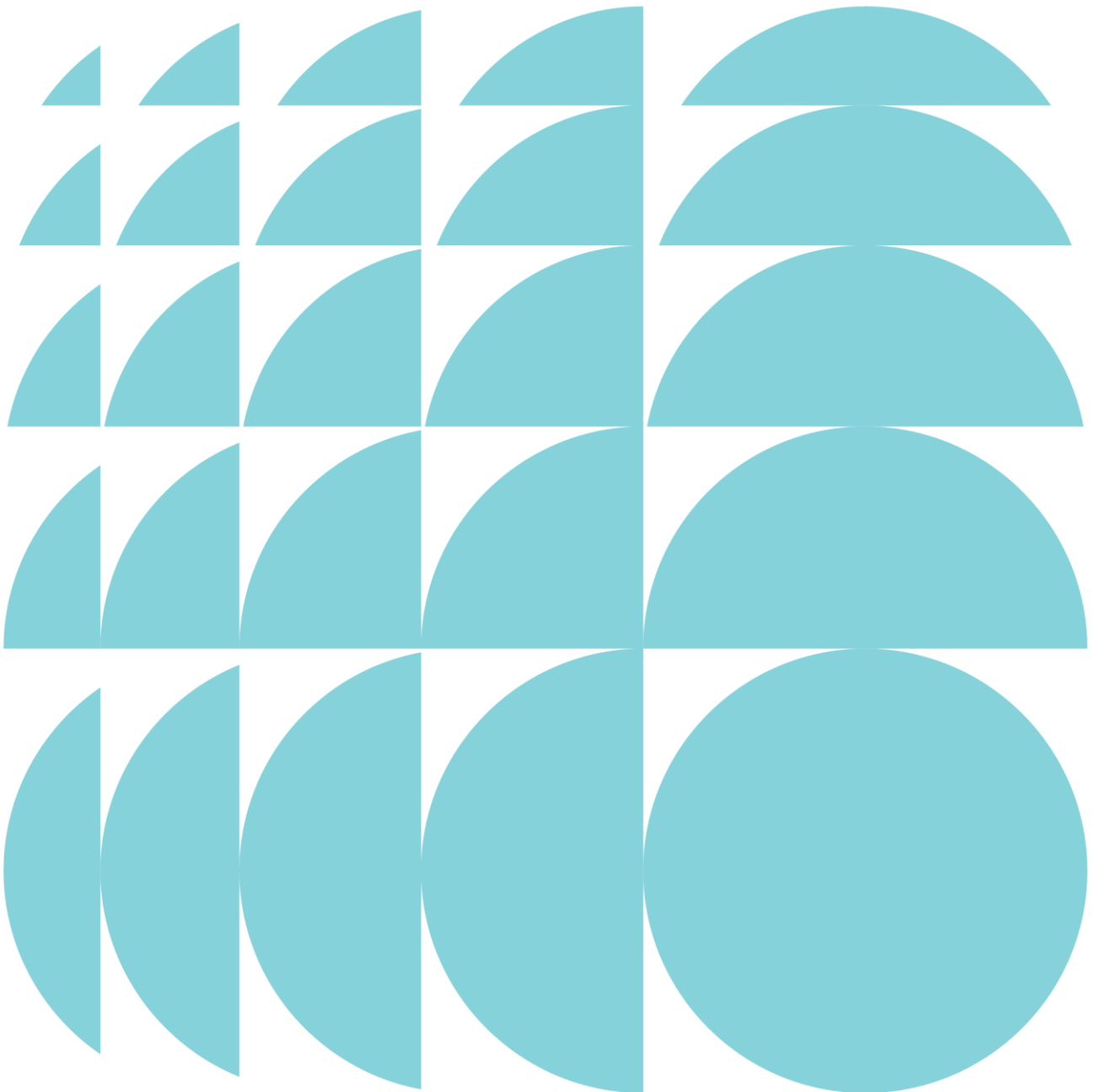


Ryde Hospital Redevelopment - SSDA  
Concept and Stage 1  
1 Denistone Road, Denistone

Prepared for HI NSW

20 July 2022 | 2210219



**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.

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## 1.0 Introduction

### 1.1 Overview

This Social Impact Assessment report supports a State Significant Development Application (SSDA) for the proposed Ryde Hospital Redevelopment (Concept Stage 1). The Ryde Hospital Redevelopment is being delivered by Health Infrastructure and the Northern Sydney Local Health District (NSLHD), on behalf of the NSW Government.

The Ryde Hospital site is located at 1 Denistone Road, Denistone and comprises Lots 10-11 DP 1183279 and Lots A-B DP 323458. It has an area of approximately 7.69Ha and currently accommodates the existing Ryde Hospital Campus.

This report accompanies a State Significant Development Application that seeks approval for the establishment of a maximum building envelope and gross floor area for the future new hospital buildings, and physical Stage 1 Early Works to prepare the site for the future development. *For a detailed project description, refer to the Environmental Impact Statement prepared by Ethos Urban.*

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 addresses the requirement for a Social Impact Assessment (SIA) specified in the Department of Planning and Environment's Secretary's Environmental Assessment Requirements (SEARs) for the project – as set out in **Section 1.2** below. It follows the principles set out in the *Social Impact Assessment Guideline for State Significant Projects* (NSW DPE 2021).

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, population health 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 perspectives of relevance to the proposed development
- Predicted social impacts of the proposed development at this location, along with recommended mitigation and enhancement measures.

A suggested social impact monitoring and measurement plan has also been provided – as per the NSW DPE SIA Guideline 2021.

### 1.2 Assessment scope and specification – SEARs

The Department of Planning, Industry and Environment issued a project-specific Secretary's Environmental Assessment Requirements (SEARs) to the applicant on 14 March 2022 for the preparation of an Environmental Impact Statement for the proposed development. The SEARs outlines the following requirements:

ITEM	SEARs Requirement	Relevant Section of Report
19	<b>Social Impact</b> <ul style="list-style-type: none"> <li>Provide a Social Impact Assessment prepared in accordance with the <i>Social Impact Assessment Guidelines for State Significant Projects</i>.</li> </ul>	<b>Section 8.0</b>

### 1.3 Background

The Hospital, which opened in May 1934 with 56 beds, was originally known as The Ryde District Soldiers' Memorial Hospital. The long-standing heritage of the hospital will be respected in the development.

It is currently a 194-bed district general hospital located in Denistone on the western border of the Northern Sydney Local Health District. Patients can access emergency care, intensive care, speciality rehabilitation services and a variety of outpatient services. Other services provided at Ryde Hospital include general medical, elective surgery, midwifery care, orthopaedics, aged care and rehabilitation, and community health services including child and family, drug and alcohol and mental health.

The purpose built Graythwaite Rehabilitation Centre is co-located on the hospital campus and has been designed to meet the general inpatient medical rehabilitation needs of patients in the community as well as providing specialist burns services.

In 2019, the NSW Government announced a \$479 million investment in the redevelopment of Ryde Hospital. The proposed new development, which is defined a 'health services facility' will enable the Ryde area to have a hospital of the future, meeting the long-term needs of the local community.

The project is now seeking approval for a State Significant Development Application (SSDA). This application, SSDA 1, is the first of two anticipated SSDAs and will seek approval for a Concept/building envelope and Stage 1 Early Works. SSDA 2 will seek approval for the main works.

The Ryde Hospital Redevelopment is in the planning phase. A site assessment was recently undertaken to identify the most suitable location for a new hospital, and the existing Ryde Hospital campus (rather than Macquarie University's North Ryde campus) was chosen for the redevelopment. The Macquarie site was considered due to its access to major road networks, bus networks, and the Sydney Metro. The assessment was informed by clinical requirements, independent technical assessments and feedback from the community, health service staff and consumers.

A preliminary scope has been developed following a series of workshops, noting the final Clinical Services Plan is yet to be endorsed by the Ministry of Health. The site was announced by the NSW Government, with the project's scope approved in late 2021.

Applicants for the SSDA, Health Infrastructure, seek to deliver a new health services facility. It is expected that the development will comprise a range of related and ancillary uses such as office spaces, retail facilities, car parking, landscaping, and the like.

In January 2022, Ethos Urban was engaged by TSA to provide an SIA to accompany the Concept and Stage 1 SSDA for the Ryde Hospital Redevelopment. It serves to assess the potential social impacts that may arise from the development in seeking approval for the future new hospital buildings.

Pending approval, construction for the redevelopment of the Ryde Hospital is expected to commence Q1 2023.

### 1.4 Project assumptions

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 reasonable be identified have been included in this report.

## 2.0 Objectives and scope of the assessment

### 2.1 Assessment framework and methodology

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, planning scheme, or government policy decision. The purpose of Social Impact Assessment 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.

#### 2.1.1 Social Impact Assessment

The assessment of social impacts in this report has been based on the SIA Guideline (NSW DPE 2021), applicable to all State-significant projects and developments. As the proposed development classifies as State Significant Development, the DPE Guideline has been followed as the primary basis for assessment, for the purposes of this report.

As outlined in the SIA Guideline (NSW DPE 2021), 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 NSW DPE 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.

#### 2.1.2 Social factors for assessment

The SIA Guideline (NSW DPE 2021) 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.



### 2.1.3 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 6.2** of this report)
  - Demographic analysis, including socio-economic characteristics of current communities and population forecast (see **Section 6.0**)
  - 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. A further stakeholder interview was also conducted with Health Infrastructure and NSLHD regarding the objectives of the project (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 DPE *SIA Guideline* (2021). This scoping process has underpinned the social impact assessment in **Section 8.0**.
- 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.

### 2.1.4 Information sources and assumptions

The following information sources have been referenced in this document:

- 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)
- Greater Sydney Region Plan: A Metropolis of Three Cities (Greater Sydney Commission, 2018)
- North District Plan (Greater Sydney Commission, 2018)
- NSLHD Strategic Plan (NSLHD, 2017)
- Sydney North Health Network Strategic Plan (SNHN, 2018)
- Planning Ryde: Local Strategic Planning Statement (City of Ryde, 2020),
- Ryde Community Strategic Plan (City of Ryde, 2018),
- Ryde Resilience Plan (City of Ryde, 2020),
- Northern Sydney Mental Health, Suicide Prevention and Alcohol and Other Drugs Regional Plan (NSPHN & NSLHD 2021),
- NSLHD Clinical Services Plan (NSLHD, 2019)

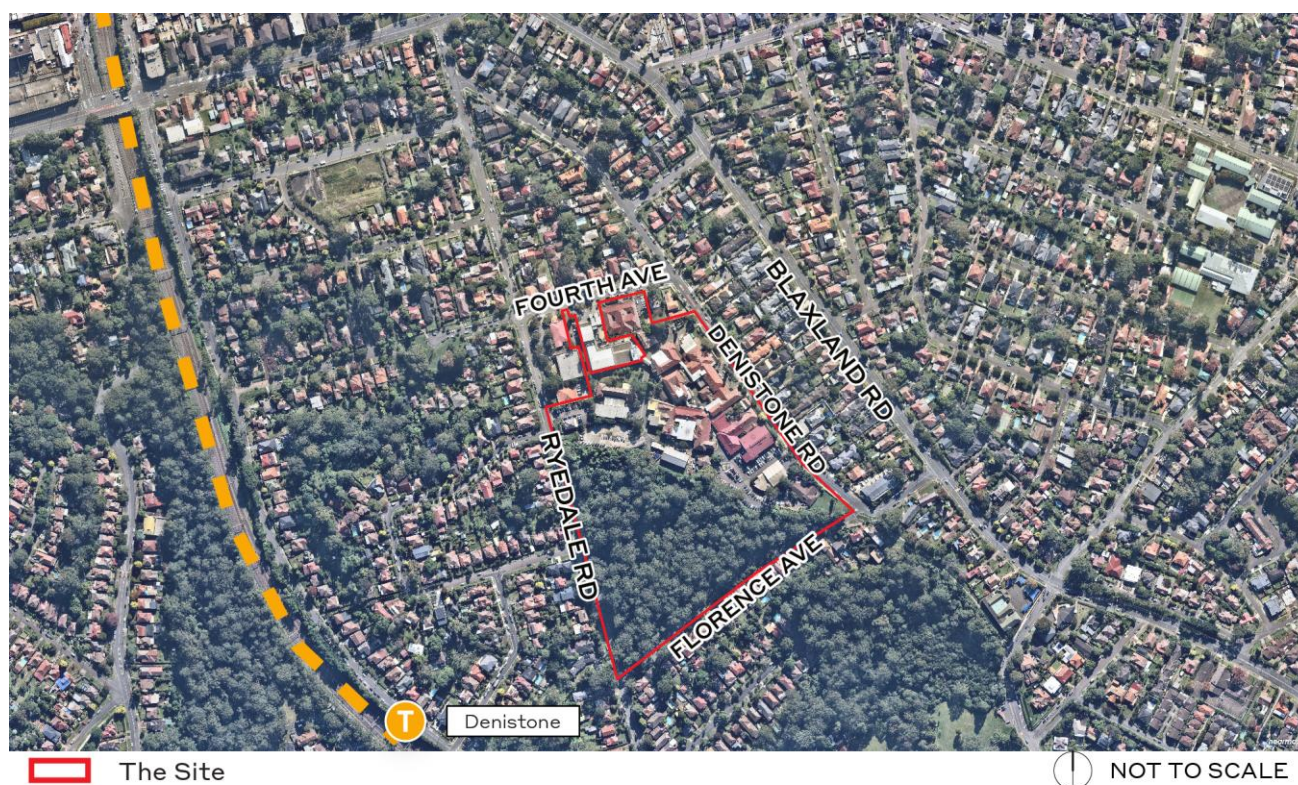
## 3.0 Site analysis

### 3.1 Site location and context

Ryde Hospital is situated upon the lands of the Wallumedegal people of the Darug Nation. The site is located at the interface between the suburbs of Denistone and Eastwood, which are characterised by low density residential dwellings. The hospital is strategically positioned 200m south of Blaxland Road, which is a main arterial road between Epping and Ryde, and 500m north-east of Denistone Railway Station. The site also has good pedestrian interface, with footpaths being provided along the site boundary and within the vicinity of the site.

It is envisaged that the area immediately surrounding the site will be retained for low density residential dwellings. The Eastwood Town Centre (located approximately 1km north-west of the site) has been earmarked as a compact, mixed-use centre with a range of employment opportunities and medium to high density residential development.

A site aerial is provided in **Figure 1** below.



**Figure 1 Aerial Map of Ryde Hospital**

Source: Nearmap, Ethos Urban

### 3.2 Existing development

The Ryde Hospital Campus accommodates several one and two storey buildings that are connected and built on the site in an ad-hoc manner. The buildings accommodate a range of health and medical uses, including an emergency department, cardiology unit, rehabilitation centre and several administrative uses.

A map of the buildings currently on site is shown in **Figure 2** below.



**Figure 2 Existing layout of Ryde Hospital**

Source: Northern Sydney Local Health District

### 3.3 Surrounding development

The area surrounding the site predominantly comprises low density residential development. Specifically:

- **North:** Directly to the north of the site is the low-density residential suburb of Denistone, which is characterised by one to two storey, detached residential dwellings. Beyond this is Blaxland Road, which is a main road connecting Ryde and Eastwood. Further north is the suburb of Eastwood and Eastwood Town Centre.
- **East:** The low density residential suburbs of Denistone and Denistone East are located to the east of the site.
- **South:** To the south of the site is Denistone Park, a heritage listed park under the Ryde Local Environmental Plan 2014. Beyond this is the T9 Train Line and Denistone Train Station. West Ryde Town Centre is located to the south of Ryde Hospital.
- **West:** The site slopes significantly down towards the west, and backs onto low density residential and the T9 Train Line. Further west are the suburbs of Denistone West, Ermington, and Rydalmere.



## 4.0 Proposed development

### 4.1 Project area

The project area comprises the area shown at **Figure 1**. The primary focus of the redevelopment is the mid-portion of the site, as reflected by the indicative development footprint shown in **Figure 4**.

Whilst some of the other buildings in site are not included in the scope of this project, minor works may be necessary to upgrade and separate shared building services, decouple operational functions, improve integration between service functions and increase efficiency. Similarly, minor works will be undertaken in the southern portion of the site.

The lots comprising the project area are listed in **Section 3.0**. Where necessary, the EIS will also consider interfaces and related works/activities required to achieve suitable project interfaces to adjacent land outside of the site boundary controlled by Transport for NSW, City of Ryde Council, and the owners of residential dwellings.

#### 4.1.1 Main uses and activities

The purpose of the proposal is to provide for the redevelopment of Ryde Hospital, which is defined as a 'health services facility'. It is expected that the development will also comprise a range of related and ancillary uses such as office spaces, retail facilities, car parking, landscaping, and the like. The current preliminary scope includes increased services for the:

- Emergency Department,
- ICU,
- Operating Theatres/Procedure Rooms,
- Day Surgery Unit,
- Adult Medical/Surgical IPU,
- Paediatric Short Stay,
- Ambulatory Services,
- Clinical Support Services (Medical Imaging, Pharmacy, Pathology, SSD),
- Non-Clinical Support Services,

The preliminary scope currently also includes retention of the Graythwaite Rehabilitation (burns unit) facility.

### 4.2 Conceptual layout and design

This Concept SSDA seeks approval for a maximum building envelope for the future hospital buildings, which has been informed by a concept design. The Concept SSDA will facilitate the future delivery of the construction of multiple new buildings in the mid-portion of the site for hospital services and a multi-storey above ground car park. Refurbishment works will also be undertaken within existing buildings to be retained on site.

A site map showing the proposed building envelope is shown at **Figure 4**.



**Figure 3 Artists' impression of the future development**

Source: NSW Health Infrastructure

#### 4.2.1 Stage 1 physical works

It is envisaged that the SSDA will seek consent for the Concept Proposal and Stage 1 Early Works (physical works). These works are to enable the future redevelopment and ongoing operation of the hospital. The Stage 1 Early Works may involve demolition, infrastructure and utility services relocation/upgrades, bulk earthworks, and establishment of the internal road network.

#### 4.2.2 Design principles

The following design principles have been conceptualised:

1. Connection to community – Maintain identity of Ryde Hospital, Accessible hospital,
2. Connection to Country – Cultural, Environmental and Heritage,
3. Place making principles – of its place, respecting unique qualities of each location, built form response to context,
4. Wellbeing
  - a. Access to daylight – built form orientation, overshadowing,
  - b. Access to green spaces – create high value public domain areas,
5. Longevity and resilience – sustainable, adaptable, and durable: buildings, spaces, and systems,
6. Ensuring continuity of functional hospital – Facilitate positive staging decanting solutions,
7. Future Proofing – Provide efficient growth opportunities.

### 4.2.3 Analysis of alternatives

Four options are available to Health Infrastructure NSW in responding to the identified need for the redevelopment of Ryde Hospital.

#### Option 1 – Do Nothing

Under the ‘do nothing’ scenario, the existing infrastructure at Ryde Hospital and the NSLHD would continue to provide services to cater for the increasing health needs of the region. This would not adequately respond to strong population growth in the region and would potentially lead to a decline in health outcomes. Not undertaking the work would be an inappropriate outcome for a project of this nature, which will facilitate much needed health infrastructure in the region.

#### Option 2 – Alternative Designs

Health Infrastructure have explored a number of different options for managing the increased growth of health needs and resultant infrastructure response needed within Ryde Hospital. 6 design options were considered to respond to the siting of the proposed building envelope in relation to existing development car parking arrangements, and site features.

The designs were assessed against key criteria which included enabling business continuity, opportunities for direct access to existing clinical services, integration into or use of existing and proposed infrastructure, and opportunities for future expansion. In addition, each design considered the existing environmental constraints on site including a sloping topography, endangered fauna, bushfire impacts and heritage.

Considering all of the analysis undertaken, the preferred proposal is believed to have mitigated any associated implications that may arise under another redevelopment scenario, and the proposed development is the most effective proposal to meet the objectives of the project.

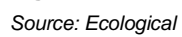
#### Option 3 – Alternative Site

Alternative sites were considered, including a new off-site location for the construction of a new hospital facility at Macquarie University. After expert technical analysis and consideration of a project assessment criteria based on the objectives of the project, the redevelopment of the existing hospital site was preferred.

#### Option 4 – The Proposal

The proposed design involves undertaking the proposed redevelopment as outlined in this SSD application. The proposed building envelope responds to the precinct layout, as well as the objectives and is consistent with the established Design Principles (**Section 4.2.2**). The proposal will facilitate the efficient construction of a high quality design that responds to the strategic need identified above. Importantly, the proposal supports the growth and expansion of Ryde Hospital in line with NSW Health and NSW State Government budget allocation.

The siting of the proposal provides excellent proximity and direct access to existing clinical services and the Graythwaite Building. The design responds to existing topography and provides an opportunity for potential future expansion to the east. It protects and celebrates the heritage significance of the site and will protect the Blue Gum High Forest to the south.





## 5.0 Strategic policy context

The following section identifies the key social drivers for this site, based on a review of the key state and local policies and strategies. The following key documents have been reviewed:

- 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),
- Greater Sydney Region Plan: A Metropolis of Three Cities (Greater Sydney Commission, 2018),
- North District Plan (Greater Sydney Commission, 2018),
- NSLHD Strategic Plan (NSLHD, 2017),
- NSLHD Clinical Services Plan (NSLHD, 2019),
- Sydney North Health Network Strategic Plan (SNHN, 2018),
- Planning Ryde: Local Strategic Planning Statement (City of Ryde, 2020),
- Ryde Community Strategic Plan (City of Ryde, 2018),
- Ryde Resilience Plan (City of Ryde, 2020).

A summary of the key themes of these documents are identified in **Table 1** below.

**Table 1 Strategic policy review**

Policy themes	Implications for Social Impact Assessment	Relevant documents
Improving health outcomes and access to health services for the NSLHD and Sydney North Health Network (SNHN)	<ul style="list-style-type: none"> <li>• It is a priority of the NSLHD to improve the health of their population by “delivering whole system, culturally appropriate responses to health outcome disparities”, “developing strategies to respond to local health priorities”, and “collaborating with the Sydney North Health Network to improve the coordination of care” (NSLHD Plan, pg. 16).</li> <li>• The SNHN (part of the NSLHD) is committed to investment in primary care, ensuring that services are delivered in the right place, at the right time, building community support networks, and fostering positive health habits. It is a SNHN priority to improve the coordination and integration of health services in North Sydney.</li> <li>• “The Ryde Hunters Hill sector stands out as the area with highest overall population growth, greatest housing change, a high proportion of older residents, the greatest proportion of residents from non-English speaking backgrounds, a lower socioeconomic profile than the rest of NSLHD, more public housing and greatest support needs in terms of people requiring assistance and people with disability” (Clinical Services Plan, pg. 14)</li> <li>• Specific directions for Ryde Hospital include strengthening services such as emergency medicine, intensive care, geriatric medicine, general and orthopaedic surgery, stroke care, and rehabilitation.</li> </ul>	<ul style="list-style-type: none"> <li>• NSLHD Strategic Plan (NSLHD, 2017)</li> <li>• Sydney North Health Network Strategic Plan (SNHN, 2018)</li> <li>• NSLHD Clinical Services Plan (NSLHD, 2019)</li> </ul>
The role of health infrastructure in supporting improved wellbeing	<ul style="list-style-type: none"> <li>• 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.</li> <li>• 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.</li> <li>• NSW Health identifies investment into health infrastructure as a key step toward a “21<sup>st</sup> century health system that will be sustainable, purposeful</li> </ul>	<ul style="list-style-type: none"> <li>• Building Momentum: State Infrastructure Strategy 2018-2038 (Infrastructure NSW, 2018)</li> <li>• NSW State Health Plan: Towards 2021 (NSW Health, 2017)</li> <li>• NSW Health Strategic Priorities 2019-20 (NSW Health, 2019)</li> </ul>



Policy themes	Implications for Social Impact Assessment	Relevant documents
	and, most importantly, deliver positive health outcomes for the people of NSW" (State Health Plan, p. 31).	
Supporting liveability, community health and wellbeing in Ryde LGA	<ul style="list-style-type: none"> <li>The population of Ryde LGA is forecasted to grow from 116,302 in 2016 to 160,000 in 2031, with the largest growth occurring within the suburbs of Macquarie Park, Ryde South, Meadowbank, and Top Ryde. It is a local priority to ensure that infrastructure provision keeps pace with projected population growth and subsequent demand for services.</li> <li>Action IN1.6 of the Ryde LSPS to "advocate for public transport, schools, and hospitals to be accessible to residential development" (pg. 37).</li> <li>The Ryde Community Strategic Plan identifies that 5,347 people living in Ryde LGA (4.6% of the population) are currently living with a disability and require assistance with core activities. This represents a strong demand for high-quality and accessible health infrastructure and services.</li> <li>In order to increase resiliency in Ryde LGA, it is a Council priority to connect the community with "services that meet their diverse physical and mental health needs... addressing service gaps and barriers, and ensuring affordability and accessibility..." (Resilience Plan, pg. 68).</li> </ul>	<ul style="list-style-type: none"> <li>Planning Ryde: Local Strategic Planning Statement (City of Ryde, 2020)</li> <li>Ryde Community Strategic Plan (City of Ryde, 2018)</li> <li>Ryde Resilience Plan (City of Ryde, 2020)</li> </ul>
Delivering on the vision of a 30-minute city	<ul style="list-style-type: none"> <li>The Greater Sydney Commission's (GSC) Greater Sydney Region Plan outlines a vision of a "30-minute city", in which jobs, services and other quality public spaces are accessible within 30-minutes of people's homes.</li> </ul>	<ul style="list-style-type: none"> <li>Greater Sydney Region Plan: A Metropolis of Three Cities (Greater Sydney Commission, 2018)</li> </ul>
Supporting population growth and change with investment in infrastructure	<ul style="list-style-type: none"> <li>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).</li> <li>The population of Sydney's Northern District is expected to grow to 1,082,900 by 2036 from 886,550 in 2016, with 65-84 year olds making up 47% of total growth. The GSC has stated that "integrated and targeted delivery of services and infrastructure is needed to support growth and respond to the different needs of population groups", including "accessible local health services and regional health infrastructure" (North District Plan, pg. 26)</li> </ul>	<ul style="list-style-type: none"> <li>Building Momentum: State Infrastructure Strategy 2018-2038 (Infrastructure NSW, 2018)</li> <li>North District Plan (Greater Sydney Commission, 2018)</li> </ul>

## 6.0 Local social context

### 6.1 Introduction

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 (including a Primary Study Area or PSA, and a Secondary Study Area or SSA) to better understand the potential characteristics and context of the existing community that may be impacted by the proposed development.

#### Key community characteristics

A review of the demographic profile of the local area (sourced from the ABS Census of Population and Housing 2016), has highlighted the following key community characteristics:

- The study area population is growing but also ageing, with the SSA forecasted to accommodate for an additional 137,620 people by 2036. The largest growth will be seen within the 35-49, 75-84, and 50-59 age brackets,
- The median age of those living with the PSA and SSA are relative to the Greater Sydney benchmark at 36.0 and 39.0,
- There is a relatively low proportion of Aboriginal and Torres Strait Islander people residing within the PSA (0.1% of population) and SSA (0.4% of population), compared to Greater Sydney (1.4% of population),
- There is a relatively higher proportion of people requiring assistance with daily life residing within the PSA (6.2% of population) than in Greater Sydney (4.9% of population),
- Family households are the predominant household type within the PSA (78.3%) and SSA (73.9%), which is a slightly higher proportion than that in Greater Sydney (73.7%),
- Both the PSA and SSA are characterised by a higher median annual household income (\$96,490, \$114,140) than Greater Sydney (\$92,000),
- Both the PSA and SSA are characterised by higher educational attainment (60.3% and 63.0% having completed non-school qualifications) than Greater Sydney (52.7%),
- The proportion of residents born overseas is significantly higher in the PSA (53.6%) than in the SSA (38.6%) and Greater Sydney (38.1%).

### 6.2 Study area definition: area of social influence

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 One (SA1) and LGA boundaries as necessary that best reflect the identified geographical areas.

#### 6.2.1 Primary Study Area (PSA)

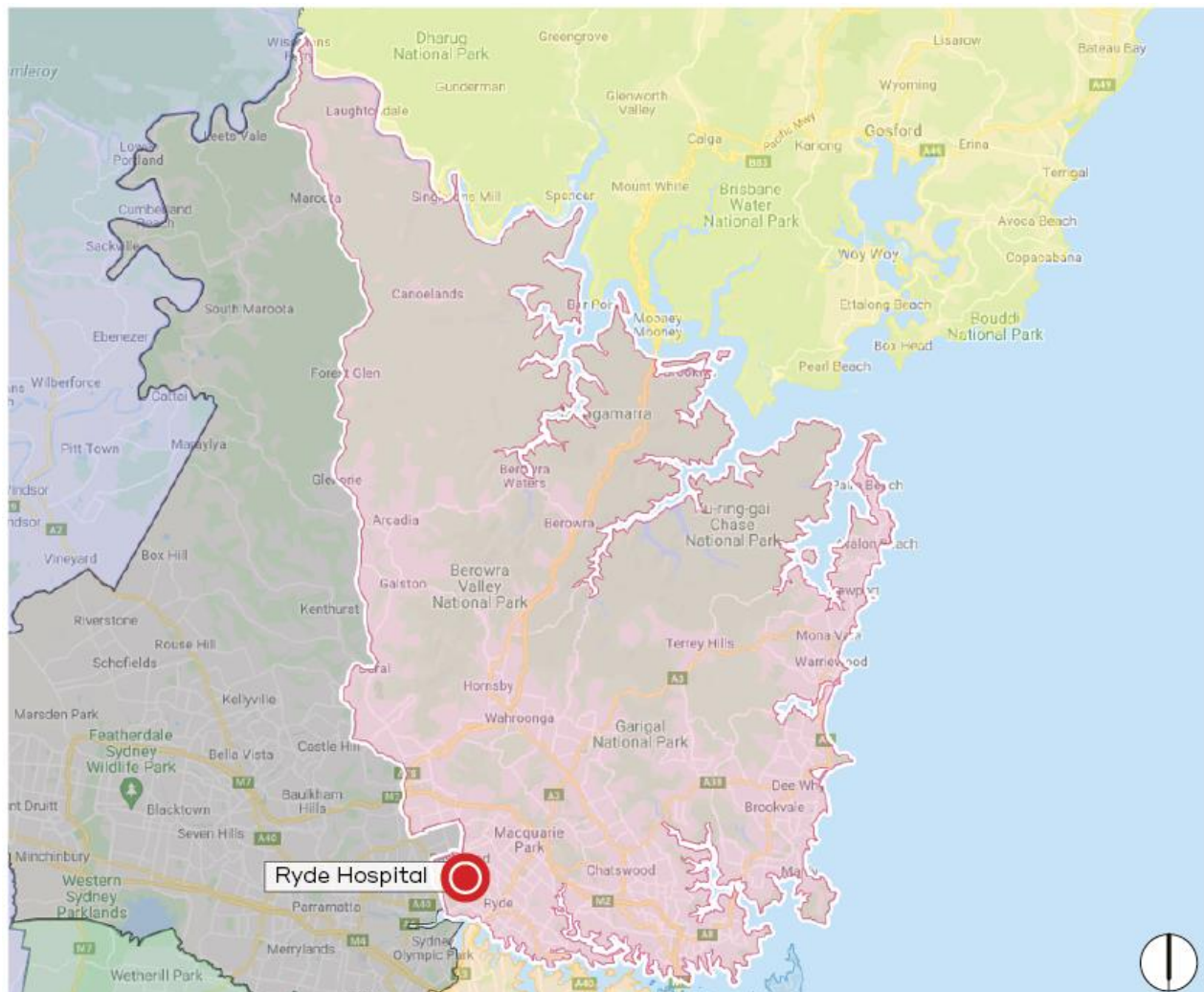
For this assessment, a PSA has been defined to represent the local community within the immediate area of the site. This study considers the residents within 800m of the subject site for the purposes of the PSA analysis (See **Figure 7** at **Section 6.6** for PSA).


There are likely to be localised social impacts relating to the immediate surrounds of the site, for example impacts associated with the demolition of the existing dwellings and construction of the new buildings (i.e., amenity values, access, noise, air quality etc). Longer term impacts such as increased activity in the area are also anticipated to occur within the close proximity to the proposed development, as well as likely changes to perceptions of safety or community sense of place.

### 6.2.2 Secondary Study Areas (SSA)

An 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 regional community. This includes residents living within the NSLHD as the core patient catchment for the hospital.

A map illustrating the SSA is shown in **Figure 5** over page.



 Ryde Hospital       North Sydney Local Health District (NSLHD)

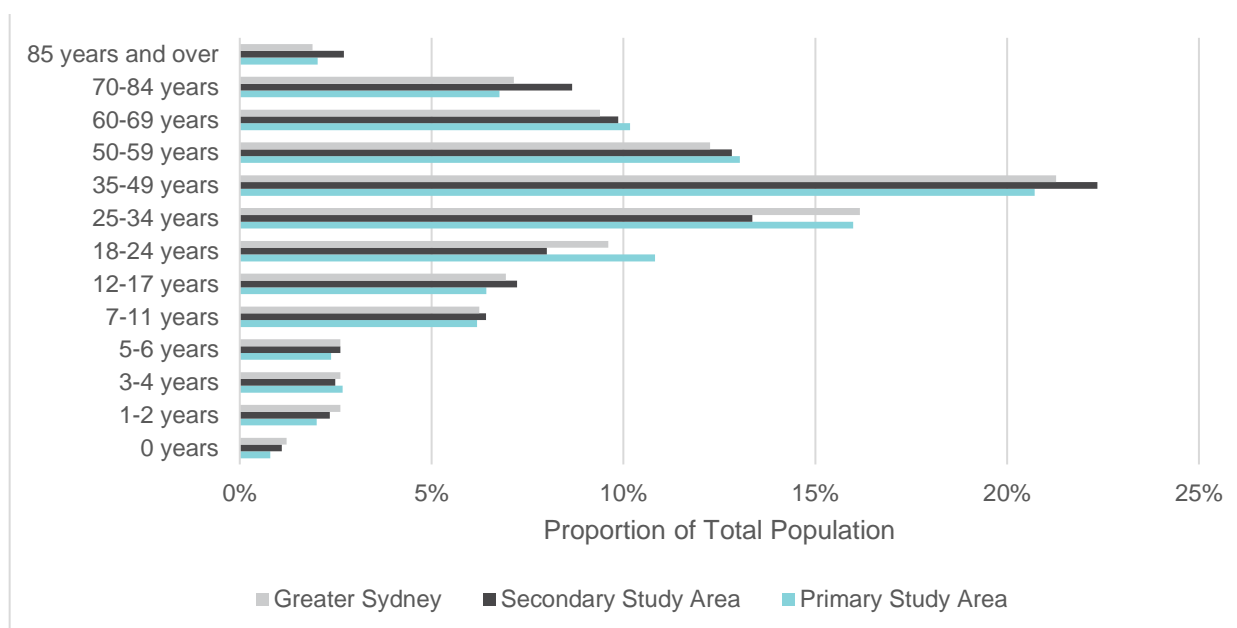
### Figure 5 Northern Sydney Local Health District

Source: NSW Health

### 6.3 Community profile: demographic characteristics

An overview of the demographic and social economic profile of PSA and SSA residents is compared to the Greater Sydney benchmark in **Appendix B** and is based on ABS 2016 Census of Population and Housing data and latest 2020 Estimated Resident Population (ERP) figures. The key findings for the PSA are highlighted below:

- **Population:** In 2020, the PSA had an Estimated Resident Population (ERP) of 7,537, an increase of +750 residents since 2011. In the same year, the Northern Sydney LHD was home to 929,858 residents overall.
- **Age profile:** The PSA had a median age of 36.0, which is relative to the Greater Sydney median, but lower than the SSA at 39.0. Of note, PSA residents aged 60 years and over account for 19.0% of the population, while children below 12 years of age represent 14.0% of the population. The largest age cohort in the PSA is represented by persons aged 35-49 years at 20.7%. These age breakdowns are relatively similar to the Greater Sydney benchmarks as shown in **Figure 6** below.
- **Aboriginal and Torres Strait Island residents:** Just 0.1% of the PSA and 0.4 % of SSA residents identify as being of Aboriginal and/or Torres Strait Island descent, lower than the Greater Sydney benchmark of 1.4%.
- **Need for assistance:** Some 6.2% of PSA residents identify as living with need for assistance. This is proportionally higher than the 4.9% of Greater Sydney residents that require assistance, and 3.8% of SSA residents that require assistance.
- **Household composition:** Family households are the predominant household type within the PSA, accounting for 78.3% of total occupied dwellings, slightly higher than the SSA at 73.9% and Greater Sydney at 73.7%. Of family households in the PSA, 52.2% are couple or single families with children, while this figure is slightly lower in the SSA at 47.0%. The share of PSA lone persons households at 16.2% is lower than the Greater Sydney benchmark of 21.7%, reflecting that the PSA is typically an attractive place for families to reside.
- **Income:** PSA residents earn a median annual household income of \$96,490, some 4.7% higher than the Greater Sydney median of \$92,200 each year. More broadly, SSA residents earn a high median annual household income of \$114,140.
- **Educational attainment:** Generally, PSA and SSA residents are well educated, with 60.3% and 63.0% of the resident population having completed non-school qualifications. This is higher than the 52.7% of Greater Sydney residents that have non-school qualifications.
- **Cultural and linguistic diversity:** Some 53.5% of PSA residents are overseas born, significantly higher than the share of overseas born residents in the SSA (38.6%) and in Greater Sydney overall (38.1%). Accordingly, the PSA is culturally and linguistically diverse, where 20.0% of PSA residents were born in China, and 9.1% in South Korea. Of note, only 42.4% of PSA residents speak English at home, while residents that speak either Mandarin, Cantonese and Korean collectively accounting for 43.6% of languages spoken at home. More broadly, the SSA has a higher proportion of Australian born residents (61.4%) which is relative to Greater Sydney at 61.9%. A breakdown of countries of birth and languages spoken at home in the Study Areas is presented in **Table 2**.



**Figure 6 Age profile**

Source: ABS 2016 Census of Population and Housing

**Table 2 Cultural and linguistic diversity**

<u>Top 5 Countries of Birth</u>	<u>Primary Study Area</u>	<u>Secondary Study Area</u>
1	Australia (46.5%)	Australia (61.4%)
2	China (20.0%)	China (5.9%)
3	Korea South (9.1%)	England (5.8%)
4	Hong Kong (4.1%)	India (2.2%)
5	India (2.2%)	New Zealand (2.1%)
<u>Top 5 Languages Spoken at Home</u>		
1	English (42.4%)	English (71.3%)
2	Mandarin (20.6%)	Mandarin (6.5%)
3	Cantonese (12.4%)	Cantonese (3.8%)
4	Korean (10.6%)	Korean (2.0%)
5	Tamil (1.5%)	Italian (1.2%)

Source: ABS 2016 Census of Population and Housing

## 6.4 Population forecasts

Population estimates and forecasts for the NSLHD and Greater Sydney area have been prepared using projections from Transport for NSW and rebased to the latest ABS ERP for the year 2020. A summary of the population projections are shown in

**Table 3**; age projections for the NSLHD are shown in **Table 4**. Summary as follows:

- The resident population of the SSA is estimated at 943,150 in 2021, an increase of +10,850 residents each year since 2016.
- Population projections for the SSA indicate that the overall resident population is forecast to increase to 1,080,770 by 2036, an increase of +137,620 residents over a 15 year period. This level of growth equates to an average annual increase of +0.9%, or an additional +9,170 residents per year.
- More broadly, the total Greater Sydney population is estimated to increase by +1,436,250 residents by 2036, reaching a total resident population of 6,923,130. This is upwards of the 2021 population of 5,486,870.
- A breakdown of population projections by age in the SSA shows a significant increase in residents aged 60 years and over, including an increase of the 75-84 years aged bracket by +22,970, and 60-69 years by +21,080. In total, the population aged 60 years and over is forecast to increase by +67,060, representing an increase in this age cohort of +25.6%.
- The 35- 49 years age group represents the fastest growing age group, increasing by +23,870 over 15 years.

Overall, the NSLHD shows ongoing population growth, including significant ageing of residents aged 60 years and over. This ageing population will increase demand pressures on the health system, particularly as elderly cohorts require greater and more frequent health care by comparison to younger age groups. This is primarily due elderly persons greater susceptibility to chronic diseases or disorders.

**Table 3 Population projections – SSA**

<u>Population</u>	<b>2016</b>	<b>2021</b>	<b>2036</b>	<b>Change (2021 to 2036)</b>
NSLHD	888,900	943,150	1,080,770	+137,620
Greater Sydney	5,024,920	5,486,870	6,923,120	+1,436,250
<u>Annual Growth (No.)</u>	<b>2016-21</b>		<b>2031-36</b>	<b>Change (2021 to 2036)</b>
NSLHD	+10,850		+7,840	+9,170
Greater Sydney	+92,390		+91,900	+95,750
<u>Annual Growth Rate (%)</u>	<b>2016-21</b>		<b>2031-36</b>	<b>Change (2021 to 2036)</b>
NSLHD	1.2%		0.7%	0.9%
Greater Sydney	1.8%		1.4%	1.6%

Source (above and below): Transport for NSW, ABS 2020

**Table 4 Age projections – SSA**

<b>SSA</b>	<b>2016</b>	<b>2021</b>	<b>2036</b>	<b>2021 to 2036</b>
0-4 years	55,820	60,500	61,500	+1,000
5-9 years	59,360	59,940	65,820	+5,880
10-14 years	53,280	60,390	66,270	+5,880
15-19 years	50,920	53,790	64,100	+10,310
20-34 years	179,300	182,260	184,250	+1,990
35-49 years	199,200	211,670	235,540	+23,870
50-59 years	113,500	119,590	141,240	+21,650
60-69 years	86,960	91,090	112,170	+21,080
70-74 years	32,520	37,790	46,770	+8,980
75-84 years	40,760	48,220	71,190	+22,970
85 years and over	17,290	17,900	31,930	+14,030
<b>Total</b>	<b>888,910</b>	<b>943,140</b>	<b>1,080,780</b>	<b>+137,640</b>



## 6.5 Health profile and social determinants of health

According to the World Health Organisations Europe<sup>1</sup>, 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 Northern Sydney Local Health District (NSLHD), where the site is located.

### 6.5.1 Local health profile

The NSLHD serves 943,908 people that live in the district, representing 11.7% of the total population of NSW. The following health trends can be identified within the District:

- NSLHD residents generally experience better health than the rest of NSW, with the nation's highest life expectancy, lower premature mortality, and highest infant and maternal health scores,
- Risk factors such as smoking, lack of physical activity, smoking, fruit and vegetable intake, and obesity are less prevalent in the District than in NSW as a whole, with only risky drinking comparing with the state average,
- While immunisation rates equal the state average, the District is falling behind on immunisation rates for children aged five years. Immunisation rates among Aboriginal people are higher than the District as a whole,
- NSLHD residents fall below the national average for breast and bowel cancer screening, but above the national average for cervical cancer screening<sup>2</sup>.

Analysis by the Northern Sydney Primary Health Network (NSPHN) and the NSLHD also points to a number of mental health issues afflicting the population of the broader North Sydney Region:

- As of 2019, approximately 40% of the North Sydney Region suffer from some degree of mental health issues, with 3.1% suffering from severe mental health issues. 8.9% of the region have reported high or very high psychological distress, and 16.6% of those aged over 18 engage in high risk drinking. Further, 2,474 per 100,000 hospitalisations are attributed to mental health, much higher than the NSW rate (1,909 per 100,000).
- There is a higher rate of hospitalisations for intentional self-harm among those aged 15-24 (241 per 100,000), as well as females (112 per 100,000), and Aboriginal people (411 per 100,000).
- People most at risk of poorer health in the North Sydney Region include:
  - Complex and severe alcohol and other drugs users,
  - People with serious physical and mental health co-morbidities,
  - Those experiencing social isolation or homelessness,
  - Children, young people, adolescents, and their families,
  - Older people,
  - Women, particularly those aged 39-65,
  - Aboriginal and Torres Strait Islander People,
  - LGBTQIA+,
  - Culturally and linguistically diverse people,
  - Men who live alone.<sup>3</sup>

<sup>2</sup> NSLHD\_Clinical\_Services\_r1\_DIGITAL.PDF (nsw.gov.au)

<sup>3</sup> Northern-Sydney-Regional-Plan-final.pdf (sydneynorthhealthnetwork.org.au)

## 6.6 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 800m catchment of the site (a distance equivalent to a 10-15 minute walk). A map illustrating the approximate area is shown in **Figure 7** over page.

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

- **Health/aged care facilities:** There seven health facilities located within 800m of the site, including Ryde Family Medical Centre, 561 Medical Practice, Royale Eastwood Medical Centre, and Dr Kang Medical Centre. There are no aged care facilities located within 800m of the site.
- **Community facilities:** There are two community facilities located within 800m of the site: Disciples Community Hall Inc, and West Ryde Community Hall.
- **Childcare facilities:** There are six childcare facilities located within 800m of the site, including Teddy Bear Early Learning Centre Denistone East, Red Robin Kindergarten, and KU Eastwood Preschool.
- **Open spaces:** There are thirteen open spaces located within walking distance of the site, including Denistone Park, Kings Park Denistone, Community Park, and Jacaranda Reserve.
- **Sport and recreational facilities:** There are two sport and recreational facilities located within 800m of the site: King's Park – AJH Sports, and Denistone Sports Club.
- **Places of worship:** There are four places of worship located within 800m of the site: The Church of Jesus Christ of Latter-day Saints, Christ Evangelical Centre of Australia, Saint Therese's Catholic Church, and Eastwood Community Baptist Church.
- **Educational facilities:** There are two educational facilities located within walking distance of the site: Denistone East Public School, and St Therese's Catholic Primary School.

## 6.7 Transport and accessibility

Entry to the site is provided off Denistone Road, which provides access to car parking for staff, patients and visitors, front-of-house and emergency department drop off areas, ambulance bays, and the loading dock and waste collection areas. Additional access is provided off Fourth Avenue and Ryedale Road.

The site is approximately 300 metres from the Denistone Railway Station which is serviced by the T9 Northern line. The site is also accessible to a number of local and district bus routes via bus stops on Denistone Road and Fourth Avenue, including:

- 515 Eastwood to City Circular Quay,
- City Town Hall to Eastwood,
- 715W James Ruse High School to Ryde Shops.



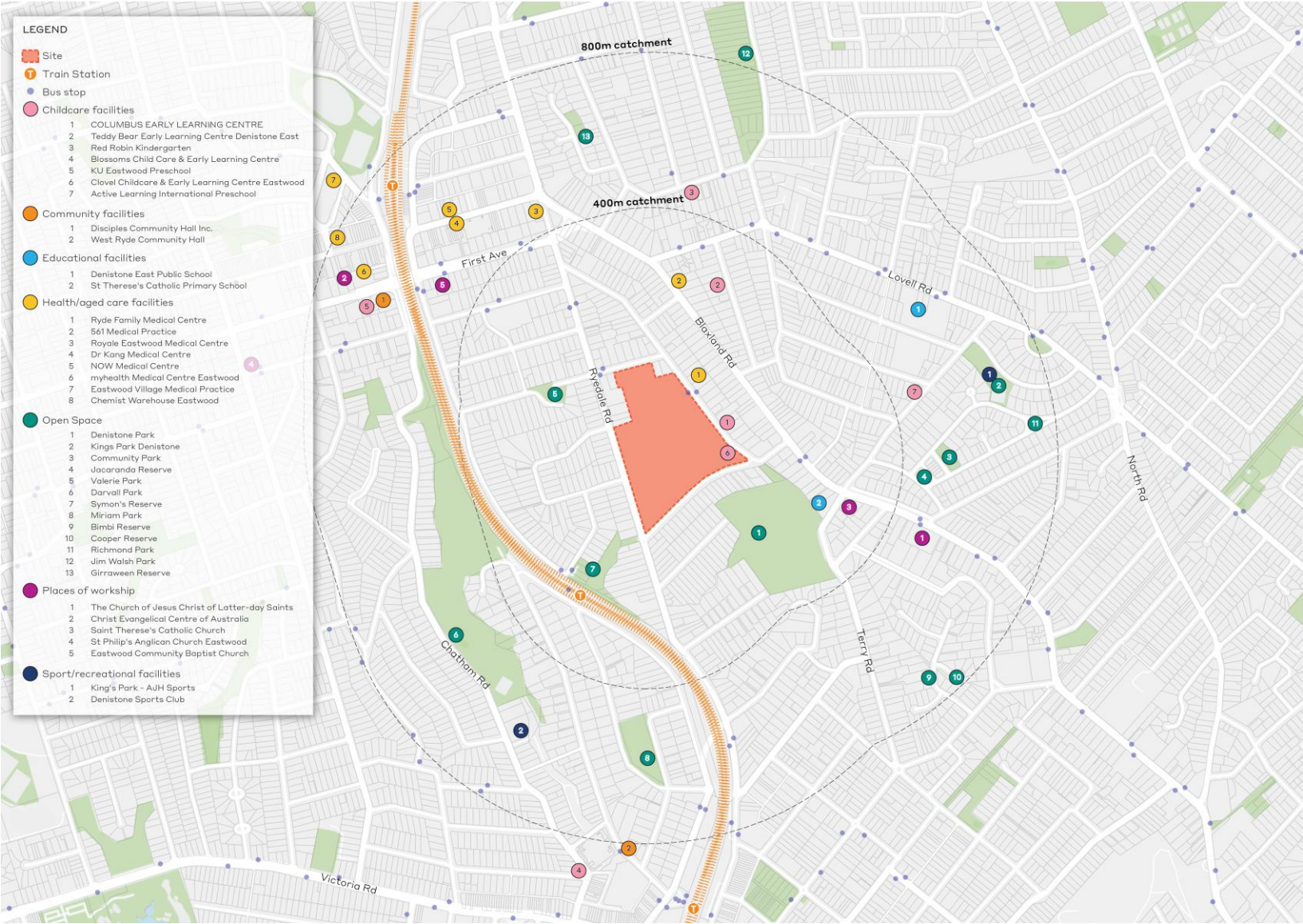


Figure 7 Social infrastructure context

Source: Ethos Urban

## 6.8 Local social issues and trends

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

### 6.8.1 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.”<sup>4</sup>*

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 pressure<sup>5</sup>.

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.

### 6.8.2 Demand for additional health facilities in the NSLHD

The site is located within the NSLHD, which is one of 19 Local Health Districts and Speciality Health Networks in NSW. The NSLHD manages nine hospitals including Hornsby Ku-ring-gai Hospital, Macquarie Hospital, Manly Adolescent and Young Adult Hospice, Northern Beaches Hospital, Royal North Shore Hospital, Ryde Hospital, as well as several Community Health Centres.

There is a growing strain on healthcare services within the District, specifically in the Ryde Hunters Hill sector, due to:

- A growing and ageing population – “The Ryde Hunters Hill sector stands out as the area with highest overall population growth, greatest housing change, a high proportion of older residents, the greatest proportion of residents from non-English speaking backgrounds, a lower socioeconomic profile than the rest of NSLHD, more public housing and greatest support needs in terms of people requiring assistance and people with disability. Ryde Hunters Hill can also look forward to continued population growth at faster than the rate for the rest of NSLHD for most age groups but particularly for 0-17 year olds. While the health status of NSLHD residents is high, areas for attention include immunisation for children aged five years and cancer screening”,
- Demand for preventative and equitable healthcare – “While NSLHD residents have the highest average life expectancy and good health outcomes there are vulnerable communities that need special attention and tailored approaches if they are to achieve similar or equitable health outcomes. An increasing number of older people are experiencing chronic health conditions, comorbidities and frailty; at the other end of the age spectrum, a focus on care for the younger population will have lasting impacts on demand for health care later in life”,
- Growing rate of emergency department presentations – “At the current rate of growth of 3.2 per cent per annum (which is more than twice the underlying rate of population growth), by 2022 emergency department activity

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

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

across NSLHD will have increased by the equivalent of another Ryde Hospital emergency department and RNS Hospital will have exceeded 100,000 presentations per annum”,

- High concentration of private health cover – “NSLHD residents have a very high level of private health insurance and the highest concentration of private hospital beds in NSW... NSLHD is subject to the health of the private health care market with any changes potentially resulting in rapid shifts of activity into the public system and placing pressure on both infrastructure and costs. Services most likely to be affected by significant changes in the private health care market include elective surgery, maternity, renal dialysis, rehabilitation and mental health”.

To meet these growing health needs, NSLHD requires additional infrastructure and funding for capital developments in order to ensure population health into the future, and to counteract health inequities<sup>6</sup>.

### 6.8.3 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.

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”.

<sup>6</sup> NSLHD 2019, ‘Clinical Services Plan’, NSLHD Clinical Services r1 DIGITAL.PDF (nsw.gov.au).



## 7.0 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 user values and aspirations relevant to the proposed development.

### 7.1 Key findings

The site selection consultation outcomes report conducted on behalf of Health Infrastructure details staff and community feedback captured during June 2021 resulted in majority support (72% community members and 90% staff survey respondents) for Ryde Hospital remaining at its current site. Additionally, broader community consultation via surveys conducted in 2018 by Ryde City Council demonstrated both hospital staff and community residents have strong preference for Ryde Hospital to remain at its existing location.

### 7.2 Engagement to inform this SSDA

The following outlines the process and outcomes of community and stakeholder engagement undertaken to inform and guide this SSDA.

#### Engagement activities undertaken by Health Infrastructure

The Ryde Hospital Redevelopment Communications & Engagement Plan provides the strategic framework for undertaking internal and external communications and engagement for the project. The plan will be updated to support the project as it progresses through the design, planning and construction phases. This strategy sets out the overarching approach to the redevelopment and separate plans, such as the Communications and Engagement Strategy (CEP) for the site options analysis phase was prepared by the Communications Working Group (CWG) in November 2021 and endorsed by the Planning and Development Committee (PDC). The CEP details the communication and engagement activities to support the site identification and selection process for the project.

#### Key Stakeholders

The CEP details the stakeholder analysis undertaken during the site evaluation phase to identify key stakeholder groups including (but not limited to):

- Hospital stakeholders (e.g., staff, service delivery partners, clinical networks, staff councils)
- Project partners (e.g., NSLHD Board, MU, Health Infrastructure (HI))
- Patients, consumers, carers, volunteers
- Local Government (e.g., Ryde, Parramatta City, Hornsby, Ku-ring-gai and Hunters Hill Councils)
- State Government representatives (Members for Ryde, Lane Cove, Epping and Minister for Health)
- Local residents
- Community health and medical centres and clinics
- Community groups, including Aboriginal and Torres Strait Islander groups
- Utilities and State Government agencies (e.g., Department of Planning Industry and Environment (DPE), Transport for NSW (TfNSW), Sydney Water etc.).

#### Staff and community consultation

The communication and engagement activities detailed within the CEP for the site evaluation phase were undertaken by the project's external communications consultant, RPS Group. To engage with both staff and the community, RPS:

- Managed the release of a staff and community survey
- Hosted eight drop-in sessions in various locations

- Sent out a community update to a one-kilometre radius around Ryde Hospital and a one-kilometre radius around the MU campus
- Staff and Community Surveys
- Surveys for both the community and the staff at Ryde Hospital were created to capture feedback on the proposal to relocate Ryde Hospital to the MU campus. Other feedback sought included:
  - Non-clinical amenities the IPT should consider
  - Likes and dislikes associated with the current Ryde Hospital
  - What hospital services / facilities are valued or should be considered by the IPT in the redevelopment process.

### **Engagement outcomes to date**

The survey results demonstrated a strong preference for the hospital to remain at its existing location with the results showing:

- 72% of community survey respondents prefer Ryde Hospital remaining at its current site.
- 90% of staff survey respondents prefer Ryde Hospital remaining at its current site.

Throughout the consultation other issues of concern to both staff and the community were voiced, including:

- Locality and proximity of the current site.
- Lack of / want for free parking
- Access to public transport
- Upgrading services / facilities
- Design of the current site
- Green spaces.

### **Engagement statistics by Health Infrastructure**

- Hosted eight drop in sessions with a total attendance of 207 people (held at Ryde Hospital and three major shopping centres in the local area – Macquarie Shopping Centre, Top Ryde Shopping Centre and Eastwood Shopping Centre).
- Received 1,223 community survey responses and 271 staff survey responses of around 900 staff.
- Community surveys were produced in other languages; both simplified Chinese and Korean.
- 13 interactions about the project through the project email and project hotline.

It is noted that further engagement activities have been planned by Health Infrastructure to align with further stages of the development.

## **7.3 Outcomes of broader LGA-wide consultation undertaken by City of Ryde Council**

### **Ryde Community Strategic Plan (City of Ryde Council, 2018)**

In preparation of the Community Strategic Plan, Council undertook community consultation in 2017, during which 2,774 community members presented their input. The consultation process included both online and telephone surveys, face-to-face workshops, focus groups, interviews, and creative competitions. The following priorities were identified:

- Traffic and congestion is a considerable issue within the LGA, including lack of parking,
- The community values the local character and does not wish for it to be destroyed by unrestricted development. Instead, there should be a focus on protections for green open spaces and street trees,

- The community is concerned about the future of housing affordability and accessibility,
- The community values the LGA's green spaces and abundant access to services and facilities. They would like to see investment in infrastructure match the pace of population growth to ensure centres remain vibrant,
- Council services, including health, should be maintained, and improved upon.

### **Social Plan and Creativity Strategy – Engagement Outcomes Report (Cred Consulting, 2019)**

In preparation of the Ryde Social Plan and Creativity Strategy, Cred Consulting was engaged to undertake community consultation activities in 2019. This process included both online and telephone surveys, intercept surveys, face-to-face workshops, and forums with local community organisations. The following priorities were identified:

- Building connections to make the City of Ryde a stronger community and place – Community engagement participants identified that challenges to community connections in Ryde include a rapidly growing and changing population, including a high number of transient and newly arrived community members, increasing cultural diversity, and increasing high density living. Limited public transport connections and barriers formed by major arterial roads were also seen as impacting on community connectivity, including for the aging population and for young people.
- Maintaining a sense of community and place as our population grows and we live in higher density – Community engagement participants said that there is already a limited sense of identity and community within the Ryde LGA, and some think that establishing a sense of place and belonging will be an even greater challenge in new and high density communities. The community emphasized that development should provide opportunities for community connections, including quality social infrastructure and open space.
- Services and programs in the City of Ryde and facing increasing demand and decreasing funding – Service providers identified a number of trends in service delivery including a shift towards co-located service hubs that provide wrap-around services and a shift towards the provision of outreach programs. Service providers would like to see more opportunities for collaboration and partnership between services to address needs and think Council could play a role in facilitating this.
- Community spaces and places are critical for social wellbeing and community connection – The community thinks that development offers opportunities to deliver new social infrastructure and would like to see public spaces and parks continue to facilitate community connections. In particular, service providers indicated a need for spaces for young people to gather. Some highlighted a need for any new facilities to be located in convenient locations, co-located with green space, and be designed in collaboration with community and service.

### **7.4 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 women are more likely to have time and interest to participate in community meetings) and underrepresentation of others, and may hence be biased to an extent.

However, the Council and Health Infrastructure approaches appear well considered and engagement activities broad enough to gauge and represent a range of community views to adequately inform the Social Impact Assessment.

## 8.0 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 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.

#### 8.1.1 Evaluation principles

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



**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 DPIE, 2021, *Technical Supplement - Social Impact Assessment Guideline for State Significant Projects*.

## 8.2 Key affected communities

This assessment covers both the PSA, which is expected to experience social impacts associated with the temporary construction activities and some of the future impacts of the concept design, as well as the broader social localities (SSA) that are likely to experience the resulting benefits from the concept design 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
- 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

### 8.3.1 Way of life

#### Potential impacts

##### During construction:

- Potential negative impacts to way of life associated with demolition activities and the establishment of a construction site. This will likely result in dust, noise, and vibration, leading to inconvenience, disruption, and changes to daily living routines. This will likely affect the following groups:
  - Patients, visitors, and staff,
  - Surrounding residents,
  - Local workers,
  - Users of the surrounding roads.
- Negative impacts to way of life associated with decanting of staff and patients on site to accommodate for construction activities. 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 Hospital building). This will likely impact on care environments and may lead to additional stress, poor health, and confusion for patients, as well as inconvenience and disruption for staff and visitors.
  - It is noted that consultation activities with staff, patients, and the wider community indicates a strong preference for Ryde Hospital to remain at its current location after redevelopment,
  - It is also noted that strategic directions from state, health district, and local authorities support increased capacity on the site – as such, construction activities on site are necessary to achieve this.
- Potential negative impacts to way of life associated with changes to wayfinding in and around the hospital site. This may lead to changes in work and care routines, as well as extended travel times for patients, staff, visitors, and surrounding residents.
- Potential negative impacts to traffic, congestion of roads, and parking in the vicinity of the construction site. This may result in increased inconvenience, disruption, changes to daily routines, and extended travel times for patients, staff, visitors, and surrounding residents.

##### Hospital redevelopment:

- Improvements to way of life associated with new, high-quality working and care environments. This will likely result in enhanced convenience, improved quality of care, and enhanced staff, patient, and visitor satisfaction.
- Improvements to way of life associated with the delivery of staff amenities and other clinical and non-clinical support spaces. This will enhance comfort, convenience, and staff, patient, and visitor satisfaction.
- Improvements to way of life associated with the delivery of public domain improvements, including public open space. This will likely result in improved daily living routines for staff, patients, and visitors due to increased proximity to amenity and space for social interaction.
- Improvements to way of life for residents and healthcare workers within the NSLHD due to the increased capacity of existing hospital and associated services. This will likely result in enhanced convenience, improved quality of care, and staff, patient, and visitor satisfaction.

#### Responses / mitigation measures

##### During construction:

- Implement a Construction Management Plan to reduce the impacts associated with noise and vibration and visual amenity during the construction phase.
- Implement a staging plan for the project to minimise disruption to the hospital activities.

## Potential impacts

- 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.

### Hospital redevelopment:

- Explore opportunities to incorporate staff and consumer feedback and priorities into the design of the projects non-clinical spaces and public domain.
- Implement a Change Management Plan for the Project to support the transition from the current working environment to the future working environment delivered by the proposed development.
- Consider opportunities for new accessways and connection points to the site to be designed to enhance the connectivity to the surrounding neighbourhood (e.g., ensure adequate wayfinding and pedestrian connections to bus stops along Denistone Road and Fourth Ave).
- 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.

## Summary:

<b>Overall impact</b>	<p>Overall improved access to high quality health care facilities at Ryde Hospital 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.</p> <p>Negative social impacts associated with way of life are medium during construction, but low during operation:</p> <ul style="list-style-type: none"> <li><b>Construction: Medium (possible moderate) – negative</b></li> <li><b>Operation: Low (unlikely minimal) – positive</b></li> </ul>
<b>Likelihood</b>	Short term construction impacts with longer term positive impacts associated with improved contemporary health care facilities on this site.
<b>Duration</b>	Operational benefits are long term
<b>Severity/ sensitivity</b>	High sensitivity to impacts - due to construction taking place in live hospital environment and presence of people likely to be experiencing illness, disability, distress.
<b>Extent</b>	Construction impacts would likely impact workers, patients, residents, and visitors in the PSA. Provision of improved health care facilities would impact residents of and workers living across the SSA and beyond.
<b>Potential to mitigate/ enhance</b>	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.

### 8.3.2 Health and wellbeing

#### Potential impacts

##### During construction:

- Potential temporary changes to the use of the health infrastructure at this site due to construction activities and associated decanting taking place in a live hospital environment. This may have adverse impacts on the physical or mental health and wellbeing of patients and staff, particularly due to the presence of people experiencing illness.
  - It is noted that consultation activities with staff, patients, and the wider community indicates a strong preference for Ryde Hospital to remain at its current location after redevelopment,
  - It is also noted that strategic directions from state, health district, and local authorities support increased capacity on the site – as such, construction activities on site are necessary to achieve this.
- Potential wellbeing impacts for residents, hospital staff, and other workers, residents, and visitors in the area, associated with construction dust, noise and vibration. Many visitors to Ryde 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 impacts to health and wellbeing associated with changes to wayfinding in and around the hospital due to construction activities. This may disrupt the accessibility of health infrastructure on the site, resulting in poorer health and wellbeing.

##### Hospital redevelopment:

- Positive impacts to health and wellbeing associated with improved access to health facilities on this site. The proposed project will deliver increased capacity at Ryde Hospital, leading to improved health and care outcomes for residents and healthcare workers of the NSLHD.
- Positive benefits to wellbeing associated with improvements to work environments on this site, due to the delivery of contemporary and high-quality new and refurbished clinical and non-clinical spaces, which would enable improved quality of care for patients at Ryde Hospital.
- Improvements to health and wellbeing associated with the delivery of public domain improvements, including public open space. This will likely improve the health and wellbeing of patients, staff, and visitors to the hospital by providing high-quality outdoor spaces for mental restoration and social interaction.

#### Responses / mitigation measures

##### During construction:

- Implement a Construction Management Plan to reduce the impacts associated with noise and vibration and visual amenity during the construction phase.
- Implement a Staging Plan for the development to minimise disruption to the hospital activities.
- Implement a Communications and Consultation Plan 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.

##### Hospital redevelopment:

- Implement a Change Management Plan for the Project to support the transition from the current working environment to the future working environment delivered by the proposed development.
- Encouraging better use of pedestrian connections between the site and surrounding current and future facilities to encourage active transport to and from Ryde Hospital.
- Explore opportunities to incorporate staff and consumer feedback and priorities into the design of the projects non-clinical spaces and the public domain. As many components of the proposed development are clinical spaces, the proposed development needs to conform to regulatory standards for health facilities.
- 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.

Potential impacts	
Summary:	
<b>Overall impact</b>	<p>Overall improved health facilities at Ryde Hospital would have a significant positive benefit to health and wellbeing. 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"> <li>• <b>Construction: Medium (possible moderate) – negative</b></li> <li>• <b>Operation: Medium (possible moderate) – positive</b></li> </ul>
<b>Likelihood</b>	Positive impacts of the proposed development are highly likely.
<b>Duration</b>	Operational benefits are long term.
<b>Severity/ sensitivity</b>	High sensitivity to impacts - due to construction taking place in live hospital environment and presence of people likely to be experiencing illness, disability, distress.
<b>Extent</b>	Construction impacts would likely impact residents and workers in the PSA, as well as Ryde Hospital patients and carers. Access to improved health care facilities and associated amenity would impact the resident community and the hospital staff living across the SSA and beyond.
<b>Potential to mitigate/ enhance</b>	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.

### 8.3.3 Accessibility

Potential impacts	
<u>During construction:</u>	
<ul style="list-style-type: none"> <li>• Impacts to accessibility associated with the establishment of a construction site. This may result in changes to wayfinding within Ryde Hospital and surrounding areas, leading to increased disruption, inconvenience, and potentially extended travel times. This is likely to affect the following groups: <ul style="list-style-type: none"> <li>– Patients, visitors, and staff,</li> <li>– Surrounding residents,</li> <li>– Local workers,</li> <li>– Users of the surrounding roads.</li> </ul> </li> <li>• Impacts to accessibility associated with decanting of staff and patients on site to accommodate for construction activities. This may lead to decreased accessibility of existing health services and facilities due to changes in work and care routines. Due to construction taking place in a live hospital environment, there will be increased sensitivity due to the presence of people experiencing illness. <ul style="list-style-type: none"> <li>– It is noted that consultation activities with staff, patients, and the wider community indicates a strong preference for Ryde Hospital to remain at its current location after redevelopment,</li> <li>– It is also noted that strategic directions from state, health district, and local authorities support increased capacity on the site – as such, construction activities on site are necessary to achieve this.</li> </ul> </li> <li>• Impacts to accessibility associated with increased traffic and truck movements, with potential changes to parking. This may result in increased travel times, inconvenience, and frustration for hospital patients, staff, visitors, local residents and workers, and users of the surrounding roads.</li> </ul>	
<u>Hospital redevelopment:</u>	

## Potential impacts

- Impacts to accessibility associated with the delivery of new facilities with increased capacity. This will likely result in improved access to high quality health infrastructure for people living within the NSLHD and the North Sydney region.
- Impacts to accessibility associated with the delivery of public domain improvements including open space. This will result in increased accessibility to high-quality open spaces for social interaction and mental restoration.

## Responses / mitigation measures

### During construction:

- Implement a Construction Management Plan to reduce the impacts associated with noise and vibration and visual amenity during the construction phase.
- Implement a Change Management Strategy and Staging Plan developed for the project to minimise disruption to the hospital activities.
- Implement a Communications and Consultation Plan developed 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.

### Hospital redevelopment:

- 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.
- Encourage use of and enhance pedestrian connections to bus stops along the Denistone Road and Fourth Ave.
- 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).
- Continue to collaborate with Ryde Council and TfNSW to identify opportunities to enhance positive benefits to accessibility. Consider the need for increased public transport routes servicing the site.

## Summary:

<b>Overall impact</b>	Overall improved access to high quality health facilities at Ryde Hospital would have a significant positive benefit to accessibility. Negative social impacts associated with accessibility are medium during construction, but low during operation: <ul style="list-style-type: none"> <li><b>Construction: Medium (possible minor) – negative</b></li> <li><b>Construction: Medium (possible minor) – positive</b></li> </ul>
<b>Likelihood</b>	Positive impacts of the proposed development are highly likely.
<b>Duration</b>	Operational benefits are long term.
<b>Severity/ sensitivity</b>	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.
<b>Extent</b>	Construction impacts would likely primarily impact workers, patients, visitors and residents in the PSA, access to improved health facilities would benefit patients, carers, and workers across the SSA.
<b>Potential to mitigate/ enhance</b>	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.

### 8.3.4 Livelihoods

#### Potential impacts

##### Construction phase:

- 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 312 jobs will be required for completion of the construction period (Genus Advisory, 2022).**
- Potential improved viability of businesses in the area associated with trade from additional construction workers (for example, for cafes and shops in Denistone, Eastwood etc.). Construction activities may also pose a negative impact to businesses on surrounding roads due to dust, vibration, noise, and higher traffic volumes, which may deter regular and/or prospective customers.
- Possible negative property impacts to residential properties close to the site, due to ongoing construction activity in the area.

##### Hospital redevelopment:

- Positive benefits to livelihoods associated with delivery of new employment opportunities at Ryde Hospital. It is expected that the proposed development would generate an additional 657 full-time equivalent jobs by 2032/33.
- Provision of employment opportunities at this site would also support the Greater Sydney Commission's vision for a "30-minute city" where jobs and services are provided close to housing.
- Potential improved viability of other businesses in the area associated with concentration of employment uses and increased number of patients and visitors at this site, including flow on positive impacts for businesses located along surrounding roads.

#### Responses / mitigation measures

##### During construction:

- Implement a Construction Management Plan to reduce the impacts to local businesses associated with disruption during the 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.

##### Hospital redevelopment:

- Explore opportunities for socially sustainable procurement methods which prioritise employment of local residents in Ryde LGA.

#### Summary:

<b>Overall impact</b>	<p>Provision of new contemporary health care facilities at this location would have a significant positive benefit to livelihoods. The redevelopment of the site, if impacts associated with construction are well mitigated, will ensure positive social outcomes in terms of increased employment opportunities and improved viability of local businesses. Negative social impacts associated with livelihoods are low, both during construction and operation:</p> <ul style="list-style-type: none"> <li><b>Construction: Medium (possible minor) – positive</b></li> <li><b>Operation: High (likely moderate) – positive</b></li> </ul>
<b>Likelihood</b>	Positive impacts of the proposed development are highly likely.
<b>Duration</b>	Operational benefits are long term, construction impacts are temporary.
<b>Severity/ sensitivity</b>	Moderate sensitivity to impacts - due to construction taking place in live hospital environment and presence of people likely to be experiencing illness, disability, distress.

Potential impacts	
<b>Extent</b>	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.
<b>Potential to mitigate/enhance</b>	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.

### 8.3.5 Community, including its composition, cohesion, character

Potential impacts
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#### During construction:

- The construction period may disrupt the existing local community surrounding the site, including:
  - Impacts to composition:
    - Changes to the composition of the local community may be experienced during construction, with an increased number of construction workers in the local area. **The construction period is forecast to generate 312 jobs (Genus Advisory, 2022).** This may have a negative impact on community cohesion and perceptions of safety due to an increased presence of strangers.
    - No change to the composition of the local resident population during construction, as the site currently functions as a hospital, and therefore has no resident population.
  - Potential impacts to how the community functions associated with the establishment of a major construction site which may impact daily routines and networks of Ryde Hospital staff, patients, visitors, volunteers, local residents and any businesses in the area.

#### Hospital redevelopment:

- Potential changes to the community composition of Ryde Hospital associated with the increased capacity of the hospital, which would increase the number of staff, patients, visitors, and volunteers accessing the site, leading to changes in the composition of the community of the site. However, it is noted that the expansion of Ryde Hospital is aligned with strategic drivers for the future of the area.
- Potential changes to the community profile associated with delivery of new employment opportunities and expansion of the workforce at this site. It is expected that the proposed development would generate an additional 657 full-time equivalent jobs by 2032/33.
- Potential benefits to community cohesion and functioning for the staff, patients and visitors of Ryde Hospital community associated with the delivery of high quality clinical and non-clinical spaces and staff amenities that reflect contemporary standards to support worker, patient, and carer wellbeing.
- Potential benefits to community cohesion associated with the delivery of public domain improvements including open space. This has the potential to improve community cohesion by providing space for social interaction.

Responses / mitigation measures
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#### During construction:

- Implement a Construction Management Plan to reduce the impacts associated with disruption to Ryde Hospital during the construction period.
- 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.



## Potential impacts

### Hospital redevelopment:

- Ensure the design includes outdoor gathering spaces that are welcoming to all community members, to provide a transition from interior to exterior use of public space, can facilitate casual social interaction enhancing community cohesion.
- Explore opportunities to include high quality internal and external gathering spaces, breakout spaces and other design elements to support worker wellbeing within the proposed development. However, it is acknowledged that other elements of the proposed development (clinical spaces) are subject to regulatory standards that may restrict flexibility of the design.

### Summary:

<b>Overall impact</b>	Overall improved high quality health care facilities at Ryde 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: <ul style="list-style-type: none"> <li>• <b>Construction: Low (possible minor) – negative</b></li> <li>• <b>Operation: Low (unlikely minimal) – positive</b></li> </ul>
<b>Likelihood</b>	Short term construction impacts with longer term positive impacts associated with improved health care facilities and public space at this site.
<b>Duration</b>	Operational benefits are long term.
<b>Severity/ sensitivity</b>	High sensitivity to impacts, as changes to the site would impact visitors to the hospital who may be experiencing illness, disability, or distress.
<b>Extent</b>	Construction impacts would likely impact worker profile in the PSA. Improved public domain may benefit the local community within the PSA.
<b>Potential to mitigate/ enhance</b>	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.

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

## Potential impacts

### Construction phase:

- Potential changes to the community's connection to place associated with the construction period, which would result in changes to the appearance and functionality of the site and may disrupt place narratives associated with the site. This is particularly relevant due to the presence of heritage buildings on the site. While some structures will be retained (Denistone House and the Stables), others will be demolished as a result of the redevelopment (Trigg House, Buildings 11, 17 and 18, and Original and Early Hospital Buildings). It is noted that the removal of certain heritage buildings will facilitate an improved setting and connection for the original Denistone Estate buildings, enabling a positive heritage impact (Heritage Impact Assessment, Urbis 2022).
- Potential changes to access of sites of Aboriginal heritage and significance, resulting in damage to culture and connection to Country. It is noted that the Country on which Ryde Hospital currently stands is home to a historical place of ceremony for many Aboriginal peoples of Sydney. A comprehensive outline of these impacts can be found within the Bangawarra Connecting with Country Strategy for Ryde Hospital Redevelopment (Bangawarra, 2022), for which Indigenous Cultural Intellectual Property has not been transferred. The statutory ACHA process is has been undertaken for the project.

### Hospital redevelopment:

## Potential impacts

- Potential impacts to connections to place associated with refurbishment and extension of the existing Ryde Hospital site. Denistone House and the Stables, which are considered to be of exceptional heritage significance, will be conserved and retained for the Hospital's future operations (Heritage Impact Assessment, 2022). This is likely to facilitate improved connection to place and buildings for the local community.
- Positive benefits to connection to place associated with the delivery of improved clinical and non-clinical spaces of a high technical and architectural quality. However, it is noted that some spaces within the proposed development would generally be accessible only to staff and therefore impacts to sense of place would be limited to staff.
- Impacts to culture associated with increased activation of the site due to increased capacity and re-design. This may lead to new place narratives and improved connection to place.
- Potential benefits to culture and Connection with Country associated with initiatives outlined within the Bangawarra Connecting with Country Strategy for Ryde Hospital Redevelopment (Bangawarra, 2022).

## Responses / mitigation measures

### During construction:

- Identify opportunities for public art on hoardings or other placemaking opportunities in consultation with Ryde Council to reduce visual impact of construction activity and catalyse improved connection to place at the site.

### Hospital redevelopment:

- Consider the incorporation of Aboriginal and Torres Strait Islander cultural heritage into the design of indoor and outdoor spaces.

## Summary:

<b>Overall impact</b>	<p>Provision of high quality contemporary health care facilities at this location would have a positive benefit to culture. However, it is noted that the proposed development is delivering improved spaces that will mostly be accessible only to staff and patients therefore impacts to sense of place would be limited to staff and patients.</p> <p>Negative social impacts associated with culture are low during construction and operation:</p> <ul style="list-style-type: none"> <li>• <b>Construction: Low (unlikely minor) – negative</b></li> <li>• <b>Operation: Low (unlikely minimal) – positive</b></li> </ul>
<b>Likelihood</b>	Positive impacts of the proposed development are likely, and negative impacts are minor during construction.
<b>Duration</b>	Operational benefits are long term, construction impacts are temporary.
<b>Severity/ sensitivity</b>	<p>High sensitivity to impacts, as changes to the site would impact visitors to the hospital who may be experiencing illness, disability or distress.</p> <p>The site has been determined to have moderate potential for Aboriginal modified trees, and nil-low potential for all other Aboriginal objects (ACHAR, Urbis 2022).</p>
<b>Extent</b>	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.
<b>Potential to mitigate/ enhance</b>	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.

### 8.3.7 Surroundings – amenity

#### Potential impacts

##### During construction:

- Impacts on the amenity of the area associated with dust, noise, 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.
- Changes to the streetscape, sightlines, 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.
  - 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, that may cause inconvenience and disruption to patients, visitors and staff working on this site.
- Changes to work and care environments due to construction taking place in live hospital environment, and the decanting of existing patients and staff.
- Potential impacts to natural environments on the site associated with indirect construction impacts such as inadvertent destruction of vegetation, transport of weeds and pathogens, trampling of threatened species, and overall reduced viability of habitats. It should be noted that the Blue Gum High Forest zone present on the site will be preserved throughout construction activities in order to protect existing natural environments and biodiversity (EcoLogical, 2022).
- Impacts to amenity associated with the removal of several heritage buildings on the site. This may decrease amenity for patients, workers, visitors to the hospital, and local residents due to the removal of significant buildings, as well as the works associated with removal. It is noted, however, that the removal of such buildings is necessary to increase the view of Denistone House and the Stables, which are being conserved (Heritage Impact Assessment, Urbis 2022).

##### Hospital redevelopment:

- Improvements to work and care environments on this site, associated with provision of contemporary and high-quality new and refurbished clinical and non-clinical spaces.
- Permanent changes to the surroundings and appearance of the site associated with the delivery of the new build component of the project. This will likely foster improved amenity due to enhanced quality of architectural design, as well as the utilisation and enhancement of heritage structures.
- Impacts to amenity associated with the delivery of improved public domain, including open space. This will likely improve amenity and enjoyment of surroundings through the provision of high-quality public domain for social interaction and mental restoration.
- Impacts to surroundings associated with the increased capacity of the site, including increased noise, traffic and pedestrian movements associated with expanded hospital operations at this site.
- Potential improved perceptions of safety associated with increased activation of the site due to 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.
- It should be noted that the Blue Gum High Forest zone present on the site will be preserved throughout future operation in order to protect existing natural environments and biodiversity.
- Improved amenity associated with the conservation and retention of Denistone House and the Stables. The completion of this work will result in an enhanced public space, including green space, which opens onto Denistone Road and increases the prominence of the heritage structures. This will likely lead to improved amenity for the local community (Heritage Impact Assessment, Urbis 2022).

#### Responses / mitigation measures

##### During construction:

## Potential impacts

- Implement a Construction Management Plan to reduce the impacts associated with noise and vibration and visual amenity during the construction phase.
- Implement a Change Management Strategy and Communications and Consultation Plan developed 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.
- Time works to avoid critical life cycle events, such as breeding, instigate clearing protocols, and train staff of environmental features to be protected in order to minimise the effect of construction on natural environments. A comprehensive outline of mitigation measures for environmental protection can be found within the Ryde Hospital Redevelopment Biodiversity Assessment Report (EcoLogical, 2022).

## Hospital redevelopment:

- Explore opportunities to incorporate staff and consumer feedback and priorities into the design of the projects non-clinical spaces.
- 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:

<b>Overall impact</b>	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"> <li>• <b>Construction: Medium (possible moderate) – negative</b></li> <li>• <b>Operation: Low (unlikely minimal) – positive</b></li> </ul>
<b>Likelihood</b>	Positive impacts of the proposed development are highly likely, if strategic and design briefs are executed well, and negative impacts are mitigated during construction (e.g., staging plan to minimise disruption).
<b>Duration</b>	Operational benefits are long term, construction impacts are temporary.
<b>Severity/ sensitivity</b>	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.
<b>Extent</b>	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.
<b>Potential to mitigate/ enhance</b>	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 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**

- Development of a Construction Management Plan that includes complaints handling procedure for identifying and responding to community issues related to construction impacts.
- Implementation of the Change Management Strategy and Communications and Consultation Plan developed for the Project that detail the processes and communication strategies 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**

- Continued consultation with relevant stakeholders, as identified by Health Infrastructure, to identify emerging social issues and trends.
- Development and implementation of an operational plan of management that mandates data collection (e.g. user surveys) to enable ongoing monitoring of the performance of the proposed facilities over time.

## 9.0 Concluding comments

An assessment of the social impact categories, as defined within the Social Impact Assessment Guideline (NSW 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.

Key challenges identified with the proposed development relate to:

- Impacts on the surroundings and amenity of the PSA associated with dust, noise, vibration due to construction activity along Denistone Road and Fourth Avenue.
- Potential impacts on accessibility associated with increased traffic and decreased parking due to construction activities. This is likely to be short-term only.
- Potential improved perceptions of safety associated with increased activation of the site during demolition and construction works associated with an increased number of patients and workers on the site.
- Temporary negative impacts to way of life associated with changes to wayfinding and pedestrian and vehicle access routes associated construction activities.
- Temporary impacts to accessibility associated with decanting of staff and patients on site to accommodate for construction activities, potentially leading to decreased accessibility of existing health services and facilities due to changes in work and care routines.
- It is noted that the Country on which Ryde Hospital currently stands is home to a historical place of ceremony for many Aboriginal peoples of Sydney. Potential changes to access of sites of Aboriginal heritage and significance, resulting in damage to culture and connection to Country and related issues are recommendations for mitigation are included in the Bangawarra Galumban Gabami Connecting With Country Strategy Ryde Hospital Redevelopment, 2021.
- Potential impacts to natural environments on the site associated with indirect construction impacts, noting that the Blue Gum High Forest zone will be preserved throughout construction activities in order to protect existing natural environments and biodiversity.
- Mitigating impacts to local sensitive receivers – e.g., increased sensitivity due to the presence of hospital patients and visitors experiencing illness during construction.
- The redevelopment will deliver important community wellbeing and health benefits at a district and regional scale, as well as a local scale, including:
  - Health and wellbeing benefits directly associated with the provision of upgraded health infrastructure of this scale to fulfil NSW Government objectives in “keeping people health, out of hospital and connected to community-based care wherever possible”.
  - Mitigate pressures on the healthcare system to meet infrastructure demands of a growing population within the context of Ryde Hunters Hill sector with highest overall population growth (increasing high population of older residents, public housing residents and people with complex needs).
  - Benefits to the social and economic development of the City of Ryde, through this significant infrastructure investment which will provide long term benefits.
  - Local community benefits – particularly for vulnerable groups with complex health needs – likely to use the proposed health facilities.
  - Support local community values in retaining the hospital at the current site based on extensive consultations and engagement.
  - The redevelopment will enable Ryde to have a technologically advanced facility, using technology to enhance the delivery of healthcare.
  - The project will strengthen key academic relationships with Macquarie University and others to bring about a range of opportunities including clinical placements, teaching and research.

Overall, it is considered that the potential negative amenity and way of life impacts arising from the operation of the facility in the immediate locality can be well managed and mitigated. The refurbishment and expansion of the site, if impacts associated with construction are well mitigated, will ensure positive social outcomes for the broader community. Broader benefits of the investment in this significant new regional scale health facility and associated community infrastructure will be widespread, significant and long term.



Appendix A. SIA Scoping Checklist

## Appendix B. Community Profile

Category	Primary Study Area	Secondary Study Area	Greater Sydney
<b><u>Income</u></b>			
Median household income (annual)	\$96,490	\$114,140	\$92,200
Variation from Greater Sydney median	4.7%	23.8%	na
% of Households earning \$2,500pw or more	33.4%	43.1%	31.8%
<b><u>Age Structure</u></b>			
Median Age (years)	36.0	39.0	36.0
<b><u>Country of Birth</u></b>			
Australia	46.5%	61.4%	61.9%
<i>Aboriginal and Torres Strait Islanders</i>	0.1%	0.4%	1.4%
Other Major English Speaking Countries	4.2%	12.1%	7.6%
Other Overseas Born	49.3%	26.5%	30.5%
<i>% speak English only at home</i>	42.4%	71.3%	62.5%
<b><u>Household Composition</u></b>			
<i>Couple family with no children</i>	24.2%	25.8%	23.8%
<i>Couple family with children</i>	44.2%	38.7%	37.5%
Couple family - Total	68.4%	64.5%	61.3%
One parent family	8.0%	8.3%	11.1%
Other families	1.9%	1.1%	1.
Family Households - Total	78.3%	73.9%	73.7%
Lone person household	16.2%	22.3%	21.7%
Group Household	5.5%	3.7%	4.6%
<b><u>Dwelling Structure (Occupied Private Dwellings)</u></b>			
Separate house	58.2%	53.8%	57.2%
Semi-detached, row or terrace house, townhouse etc.	17.9%	9.8%	14.0%
Flat, unit or apartment	23.1%	36.1%	28.2%
Other dwelling	0.9%	0.3%	0.5%
<i>Occupancy rate</i>	94.1%	91.6%	92.3%
Average household size	2.9	2.7	2.8
<b><u>Tenure Type (Occupied Private Dwellings)</u></b>			
Owned outright	37.0%	34.4%	30.0%
Owned with a mortgage	29.7%	33.7%	34.2%
Rented	33.1%	30.6%	35.1%
Other tenure type	0.1%	1.3%	0.7%
<b><u>Attending Education (% of those attending)</u></b>			
Pre-school	5.1%	7.4%	6.9%
Infants/Primary Total	28.4%	33.1%	32.2%
Secondary Total	21.1%	26.3%	25.0%
Technical or Further Educational Institution	9.7%	6.1%	7.6%
University or other Tertiary Institution	31.2%	24.0%	24.2%
Other type of educational institution	4.5%	3.0%	4.0%
<i>% of total population attending education</i>	28.4%	26.0%	25.2%
<b><u>Highest Level of Education Completed (% of population aged 15 years and over)</u></b>			
Year 12 or equivalent	82.5%	79.4%	67.5%
Year 9-11 or equivalent	13.8%	18.1%	26.7%
Year 8 or below	2.3%	1.9%	4.4%
Did not go to school	1.4%	0.6%	1.5%
<b><u>Highest Level of Non-School Qualification</u></b>			
Postgraduate degree	21.4%	17.9%	13.9%
Graduate diploma or certificate	4.2%	4.3%	3.4%
Bachelor degree	43.3%	42.8%	36.4%
Advanced diploma or diploma	15.7%	16.4%	17.7%
Certificate	15.4%	18.5%	28.6%
% of persons with non-school qualifications (persons 15 years and above) - excludes not-stated and inadequately described	60.3%	63.0%	52.7%
<b><u>Need for Assistance</u></b>			
With Need for Assistance	6.2%	3.8%	4.9%
No Need for Assistance	85.9%	91.2%	88.7%
Need not stated	7.9%	5.1%	6.4%