Social Impact Assessment

Wollongong Private Hospital Expansion

AA Crown Holdings Pty Ltd

Prepared by:

SLR Consulting Australia Pty Ltd

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Basis of Report

This report has been prepared by SLR Consulting Australia Pty Ltd (SLR) with all reasonable skill, care and diligence, and taking account of the timescale and resources allocated to it by agreement with AA Crown Holdings Pty Ltd (the Client). Information reported herein is based on the interpretation of data collected, which has been accepted in good faith as being accurate and valid.

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Executive Summary

Project Overview

AA Crown Holdings Pty Ltd proposes to expand Wollongong Private Hospital through a State Significant Development comprising a new 12-storey wing, four basement levels, and retention of a heritage building at 366 Crown Street for dedicated use by Illawarra Aboriginal Medical Service (IAMS). The expansion will increase capacity from 171 to approximately 400+ beds, introduce a 24/7 Emergency Department, deliver radiation oncology and expanded specialist services, provide medical accommodation, and increase parking from 301 to 583 spaces. Construction is expected to occur over ~24 months with a peak workforce of 220 FTE.

Assessment Approach

This Social Impact Assessment has been prepared in accordance with Modified SEARs (10 November 2025) and the NSW SIA Guideline for State Significant Projects (July 2025). The assessment examines impacts across eight social categories: way of life, community, accessibility, culture, health and wellbeing, surroundings, livelihoods, and decision-making systems.

Social Locality and Baseline

The social locality comprises a Local Study Area of 1,199 residents within 200m of the site (characterised by elevated elderly population, high lone-person households, significant rental and social housing tenure), Wollongong LGA (218,557 population, primary service catchment), and the broader Illawarra-Shoalhaven region (423,000 population, strategic health context).

The local community demonstrates elevated vulnerability to construction impacts through demographic characteristics including 32.9% aged 65+ (versus 18.6% LGA), 40.8% lone-person households, 60.4% rental tenure, and lower community cohesion indicators.

Consultation and Engagement

The assessment draws on three interconnected consultation phases: 2022 SSDA feedback informing design refinement, Draft Wollongong Health Precinct Strategy consultation (2023-2024) establishing strategic context, and targeted 2024-2025 engagement with neighbours, Aboriginal community, agencies and institutions.

This integrated approach demonstrates project evolution responding to community concerns, particularly heritage building retention, traffic management, and delivery of genuine community benefit through the IAMS partnership model.

Construction Phase Impacts

Construction phase impacts are localised and temporary. Following mitigation, two Medium Negative impacts remain: construction disruption to daily routines (WOL-1) and construction health stressors (HW-1) affecting immediate residents over ~24 months.

Six impacts reduce to Low significance: parking pressure, accessibility disruption, amenity and character impacts, business disruption, and community perception of precinct transformation. Two impacts achieve Negligible significance: dwelling displacement and consultation fatigue.

These residual impacts reflect the unavoidable consequences of major urban construction but will be actively managed through technical measures detailed in specialist assessments and through proactive community engagement.

Operational Phase Impacts

The single operational negative impact, changed visual amenity, privacy and built form (SUR-2), is assessed as Low significance, moderated by the site's existing hospital use, permissive SP2 zoning, design refinement through SDRP process, and alignment with strategic health precinct transformation.

Operational benefits are substantial and transformative. Three Very High Positive impacts deliver: expanded health service capacity addressing projected regional demand growth of 25,000 additional admissions and 39,000 ED presentations by 2031 (HW-2); enhanced Aboriginal health equity through community-controlled IAMS facilities providing culturally safe maternal and primary care under 99-year lease (HW-3); and Aboriginal cultural connection and self-determination through purpose-designed cultural elements including pathway, bush-tucker garden, and meeting circle under Aboriginal governance.

Three High Positive impacts provide: improved accessibility through 583-space parking and dedicated ED access (ACC-2); ongoing employment creation of 200-300+ permanent FTE including Aboriginal health workforce development (LIV-3); and Aboriginal cultural empowerment through visible integration within major health institution (CUL-1). Construction phase employment delivers Medium Positive impacts (220 direct FTE plus 590 indirect jobs over 24 months).

Aboriginal Health Equity and Cultural Outcomes

The IAMS partnership represents a transformational health equity intervention responding directly to known barriers in mainstream healthcare access and addressing health inequities affecting 18,000+ Aboriginal people in ISLHD. The partnership model, developed through SDRP advice and proactive proponent engagement, transforms heritage building retention from planning compliance into generational community benefit under Aboriginal community control.

Mitigation and Monitoring

Mitigation follows the avoid-minimise-mitigate hierarchy, drawing primarily from technical assessments (acoustic hoarding, construction traffic management, access design, landscape integration) supplemented by SIA-specific measures. The Construction Communications and Engagement Strategy establishes protocols for pre-construction notification, regular updates during high-intensity phases, accessible contact mechanisms, community information sessions, and responsive engagement. This strategy ensures technical mitigation translates into effective social outcomes and builds community resilience to temporary construction disruption.

Monitoring programs track mitigation effectiveness through construction phase measures (real-time noise monitoring, worker parking observations, complaint register with 24-hour response, monthly community review) and operational phase verification (parking occupancy, operational noise, Green Travel Plan targets, health service utilisation, IAMS governance). Findings inform adaptive management where impacts exceed predictions.

Conclusion

This assessment concludes the project is justified from a social impact perspective. Operational benefits addressing critical regional healthcare needs, health equity, and cultural self-determination are substantial, permanent, and regionally significant. While construction activities will generate temporary impacts, the residual risk is considered low to moderate with implementation of enhanced mitigation measures developed from learnings during the 2013 construction phase. The project demonstrates substantive responsiveness to community feedback through design evolution and the IAMS partnership model. The balance between temporary construction disruption and permanent healthcare transformation strongly supports project outcome, subject to implementation of recommended mitigation and monitoring measures.

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Acronyms and Abbreviations

Acronym / Abbreviation	Definition
ABS	Australian Bureau of Statistics
ACHAR	Aboriginal Cultural Heritage Assessment Report
CALD	Culturally and Linguistically Diverse
CCSEP	Construction Community and Stakeholder Engagement Plan
CEMP	Construction Environmental Management Plan
CNVMP	Construction Noise and Vibration Management Plan
COVID	Coronavirus Disease
CTMP	Construction Traffic Management Plan
DCP	Development Control Plan
DPHI	NSW Department of Planning, Housing and Infrastructure
ED	Emergency Department
EIS	Environmental Impact Statement
ERI	Environmental Resources and Infrastructure
FSR	Floor Space Ratio
FTE	Full Time Equivalent
GFA	Gross Floor Area
GP	General Practitioner
GST	Goods and Services Tax
GTP	Green Travel Plan
IAMS	Illawarra Aboriginal Medical Service
ICU	Intensive Care Unit
IRT	Aged Care Provider and owner of the Diment Towers facility
ISLHD	Illawarra Shoalhaven Local Health District
LGA	Local Government Area
LHD	Local Health District
NSW	New South Wales
NVIA	Noise and Vibration Impact Assessment
RAPs	Registered Aboriginal Parties
RNP	Registered Nurse Practitioner
SDRP	State Design Review Panel
SEARs	Secretary's Environmental Assessment Requirements
SEIFA	Socio-Economic Indexes for Areas
SIA	Social Impact Assessment

Acronym / Abbreviation	Definition
SLR	SLR Consulting Australia Pty Ltd
SSD	State Significant Development
SSDA	State Significant Development Application
TAFE	Technical and Further Education
TIA	Traffic Impact Assessment
TTPP	The Transport Planning Partnership
VIA	Visual Impact Assessment
WLEP	Wollongong Local Environmental Plan
WPH	Wollongong Private Hospital

1.0 Introduction

AA Crown Holdings Pty Ltd (the Proponent engaged SLR Consulting Australia Pty Ltd (SLR) to prepare this Social Impact Assessment (SIA) for the proposed expansion of the Wollongong Private Hospital (WPH) at Nos. 15, 17, 19, 21, and 23 Urunga Parade & 360-364, 366 and 368 Crown Street, Wollongong.

1.1 Purpose of the SIA

The SIA has been prepared in accordance with the Modified Planning Secretary's Environmental Assessment Requirements (SEARs) issued on 10 November 2025 for the Wollongong Private Hospital Expansion (SSD-84096206). The SIA has been prepared in accordance with the NSW Social Impact Assessment Guideline for State Significant Projects (July 2025) (The SIA Guideline) and the associated Technical Supplement.

The SIA examines how the project may affect people, communities and social environments across the eight social impact categories:

- Way of life
- Community
- Accessibility
- Culture
- Health and wellbeing
- Surroundings
- Livelihoods
- Decision-making systems.

It identifies both positive and negative social impacts, assesses impact significance, proposes mitigation and enhancement measures, and evaluates residual impacts post-mitigation.

1.2 Objectives

This SIA aims to:

- Describe the project's social setting and identify communities and groups who may be affected.
- Assess the significance of social impacts during construction and operation using the Guideline's magnitude + sensitivity + likelihood framework.
- Identify how vulnerable or at-risk groups may be affected and propose tailored measures to protect or improve social outcomes.
- Integrate findings from technical assessments including transport, noise and vibration, visual impact, Aboriginal cultural heritage and economic assessment.
- Document and demonstrate how community and stakeholder feedback has informed the assessment.
- Recommend practical and measurable mitigation, enhancement and monitoring measures.

1.3 Project Context and Description

WPH is located within the Wollongong Health Precinct, a strategically important health, education and research cluster anchored by Wollongong Public Hospital, Wollongong Day Surgery and specialist health providers. The Illawarra-Shoalhaven region is experiencing strong population growth and rising demand for emergency, inpatient and specialist services. The *Draft Wollongong Health Precinct Strategy* (2025) identifies this precinct as a priority location for hospital expansion, enhanced health infrastructure and improved public domain.

Figure 1 Site location

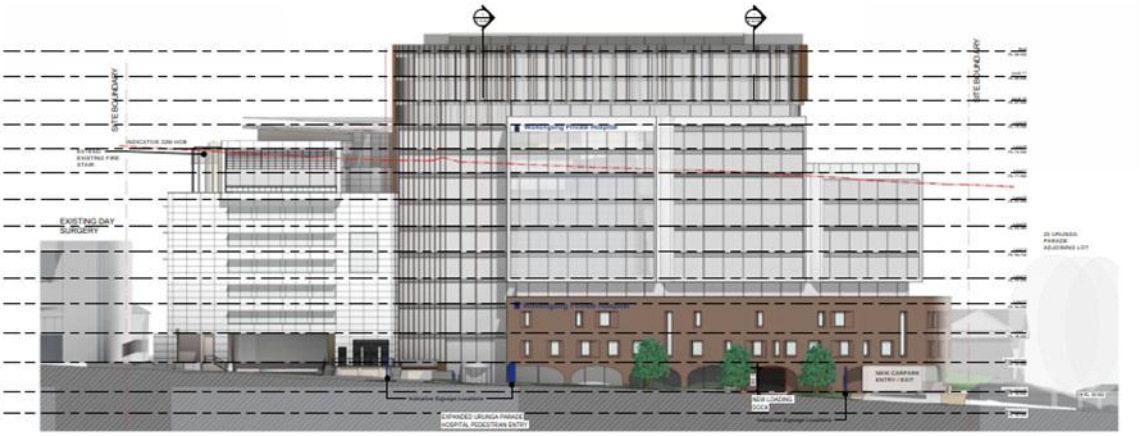
WPH is located at 15-23 Urunga Parade and 360-368 Crown Street, within the designated Wollongong Health Precinct. The hospital currently provides:

- 171 inpatient beds
- 10 operating theatres
- Intensive Care Unit (ICU)
- Day surgery and oncology services
- Cardiac catheterisation and vascular labs
- Radiology, pharmacy, and specialist suites
- Three basement levels of parking (301 spaces)

- The hospital operates 24/7, but does not currently provide an Emergency Department, requiring emergency presentations to be directed to Wollongong Public Hospital.
- The existing facility is eight storeys above three basement levels and is accessed from Crown Street (main entry) and Urunga Parade (service entry).

1.3.1 Overview of the proposed expansion

This application seeks consent for lot consolidation, demolition of five dwellings, excavation, construction of a new twelve (12) storey western wing to the existing hospital, extension of the existing basement levels and an additional three (3) basement levels for parking and a new radiation oncology, and retention of two existing buildings, including the existing heritage item on the site, to be leased to the Illawarra Aboriginal Medical Service (IAMS) for medical use.



North Elevation (Source: CM+)

South Elevation (Source: CM+)

Figure 2 North and south elevation of the proposed development

The extension will consist of a new emergency department, satellite imaging, radiation oncology, additional patient units, expanded intensive care unit, operating theatres, recovery and central sterile supply department, meeting-conference spaces, tenancies with waiting rooms and amenities, offices and administration areas, plant and servicing areas. Furthermore, the proposal will provide medical accommodation at the upper levels of the expansion.

The proposal will largely retain the form and internal layout of the existing hospital building including an existing radiology, pharmacy, café, kitchen and store, day surgery, oncology, in-patient units, cath lab, tenancies's, administration and plant room.

The proposal will also provide new vehicular access from Urunga Parade with one entry lane and two exit lanes off each street. Existing access from Crown Street will be maintained and lead to the ground level consisting of an ambulance bay, doctors parking and a public emergency drop off area exclusively for the Emergency Department only near the main entry lobby, which is to be retained as existing. The access from Urunga Parade will lead to the basement parking levels with drop off area for hospital patients and visitors and doctors parking and loading dock with turntable.

The proposal will also provide considerable landscaping across the site and provide opportunities for public artwork.

Notably, the heritage building at No. 366 Crown Street and the existing building at No. 368 Crown Street will both be retained and existing uses as medical tenancies', maintained and leased to IAMS. Specifically, it is understood that the tenancy at No. 366 will be utilised as a birthing centre for expecting mothers of the Indigenous community whilst the tenancy at No. 368 will be utilised as a general medical centre for the Indigenous community, whereby both tenancies' s will refer patients to the hospital where necessary. No changes are proposed to the existing buildings, however, landscaping and parking design will be enhanced which will improve upon the existing arrangements and ensure the sites are well-integrated with the hospital development..

1.3.2 Construction Methodology

Construction of the WPH expansion will be undertaken in stages to minimise disruption to the surrounding locality and to ensure the existing hospital can continue to operate throughout the works. A detailed construction program and sequencing will be finalised by the appointed Contractor closer to commencement; however, the Construction Traffic Management Plan (CTMP) (The Transport Planning Partnership, 2025) identifies four main stages, with some overlap between them:

- Stage 1: Demolition: removal of existing structures and site preparation within the development footprint.
- Stage 2: Excavation: bulk excavation, including removal of spoil and associated truck movements.
- Stage 3: Structure: construction of the building structure.
- Stage 4: Fitout and finish: internal fit-out and final building works.

To maintain ongoing hospital operations during construction, the new vehicle access from Urunga Parade and the extended basement car park will be constructed first. Once these are operational, the existing hospital basement access will be temporarily closed to enable integration of the two basement car park areas. This will cause a temporary reduction in available parking spaces, followed by an overall increase in on-site parking capacity once the integrated basement is complete.

Construction work hours will be consistent with the hours assessed in the Construction Noise and Vibration Assessment:

- 7:00 am - 6:00 pm Monday to Friday and
- 8:00 am - 1:00 pm Saturdays
- no works on Sundays or public holidays.

More detailed staging (including final sequence, overlaps between activities, and contractor-specific methods) will be documented in the Contractor's Construction Environmental Management Plan (CEMP) once a Contractor is engaged.

1.3.3 Operational profile

The expanded facility will accommodate:

- +391 direct ongoing operational staff (in shifts)
- Expanded inpatient, theatre and ICU capacity
- New Emergency Department, 24/7
- New specialist services including radiation oncology
- Medical accommodation for multi-day patient support
- Increased service vehicle, staff and visitor movements
- Improved and consolidated parking
- Increased ambulance arrivals associated with new ED
- Redistribution of traffic flows to Urunga Parade for basement access
- Reduced pressure on Crown Street through separation of emergency/public traffic

Once complete, access arrangements will be as follows:

- Crown Street:
  - Retains main public hospital entry
  - Dedicated ED drop-off zone and ambulance bays
  - Doctors' parking and short-stay emergency parking
- Urunga Parade:
  - Primary vehicle access: one entry lane, two exit lanes
  - Access to all basement parking levels
  - Loading dock with turntable
  - Patient/visitor drop-off areas
- Pedestrian Access:
  - Maintained through Crown Street main entry
  - Secondary entries and pedestrian paths along Urunga Parade
  - Improved accessibility as part of landscaping works.

Landscaping and Public Domain

The completed WPH will include extensive new landscape treatments to both street frontages including integration of the heritage building and other crown street buildings the form the IAMs facility.

1.4 Strategic context

The WPH expansion aligns with strategic planning at state, regional, and local levels, responding to identified healthcare needs and supporting Wollongong Health Precinct transformation.

Table 1 shows how the Project aligns with relevant policies.

Table 1 Strategic Alignment Summary

Planning Document	Key Direction	Project Response
Illawarra Shoalhaven Regional Plan 2041	• Transform health precinct into nationally significant hub • Meet needs of growing population (36% growth by 2041)	• Expands health precinct capacity • Delivers emergency, specialist, and Aboriginal health services
Draft Wollongong Health Precinct Strategy	• "Big Move 2: Diverse services delivering integrated, high-quality healthcare"	• Provides ED, inpatient, specialist services • IAMS integration for culturally appropriate care
Wollongong Community Strategic Plan 2032	• Goal 3: "Access to health services when we need them"	• Increases healthcare capacity • 391 operational jobs • Addresses community-identified priorities
NSW State Health Plan / Illawarra Shoalhaven Local Health District (ISLHD)	• Meet growing/aging population needs • Improve emergency capacity • Culturally appropriate care	• Increased emergency capacity • Complements public hospital • IAMS facility

1.5 Project History and Design Evolution

1.5.1 Previous SSDA (2022)

On 19 July 2022, a State Significant Development Application (SSD-30230120) was lodged for an earlier iteration of the Wollongong Private Hospital expansion. During the assessment process, various issues were raised with the 2022 proposal:

- Height and FSR non-compliances: Concerns about building height and floor space ratio exceeding WLEP 2009 controls
- Heritage impact: Proposed demolition of local heritage item at 366 Crown Street
- Traffic and parking: Adequacy of parking provision and traffic impacts
- Design: Building bulk, scale, and interface with residential areas

- Public domain: Quality of landscaping and public spaces.

On 25 May 2023, the application commenced Class 1 proceedings in the Land and Environment Court relating to deemed refusal of the SSDA. The appeal was discontinued by the applicant on 23 October 2023 to allow for design refinement in response to issues raised.

Following discontinuation of the 2022 SSDA, the proposal underwent detailed design review to address issues raised. The current proposal (subject of this SIA) includes the following key changes shows in Table 2.

Table 2 Design Evolution - Key Changes

Aspect	2022 Proposal	Current Proposal	Outcome
Heritage Item Retention	Demolition of 366 Crown St	Retention for IAMS birthing centre	Addresses heritage concerns and delivers community benefit through Aboriginal healthcare facility
Building Height and Scale	9 storeys	12 storeys	Increased height allows for rationalised building footprint, improved floor layouts, and greater spatial separation from residential boundaries while delivering required capacity
Basement Parking	Three basement levels (extension of existing)	Three new	Additional basement level accommodates radiation oncology facility and provides adequate parking to minimise impact on street parking (community concern)
IAMS	Not included	366 & 368 Crown St for Aboriginal healthcare	Responds to community expectations for Aboriginal health services, aligns with Draft Health Precinct Strategy emphasis on First Nations recognition, addresses health equity
Traffic and Access	New access from Urunga Parade and modified Crown Street access	Refined access arrangements with dedicated Emergency Department drop-off at Crown Street, primary vehicle access from Urunga Parade to basement parking	Separates emergency and general traffic flows, improves traffic management
Public Domain	Standard landscaping	Enhanced public domain with landscaping integration around IAMS heritage building, through-site pedestrian links, improved street frontage treatments	Responds to community desire for improved public spaces in health precinct

The current proposal represents a refined design that:

- Responds to community and agency feedback from 2022 SSDA process
- Retains heritage building and delivers community benefit through IAMS integration
- Provides increased healthcare capacity to meet projected population growth
- Addresses strategic planning priorities for health precinct transformation
- Balances scale of development with community amenity considerations
- Delivers adequate on-site parking to minimise street parking impacts.

2.0 Methodology

The methodology for this SIA is informed by the extensive project history and the substantial evidence base available through recent strategic planning for the Wollongong Health Precinct, which provided a detailed understanding of existing conditions and community sensitivities upfront. These inputs, along with established impact patterns from comparable NSW hospital SIAs, enabled efficient and proportionate scoping focused on the social impacts most likely to be material.

The SIA was developed in four stages outlined below.

2.1.1 Scoping

- Reviewed the Scoping Report, Modified SEARs, Draft Wollongong Health Precinct Strategy, and relevant statutory context.
- Identified the social locality and potentially affected communities.
- Developed an initial long list of potential social impacts guided by the eight social impact categories (way of life, community, accessibility, culture, health and wellbeing, surroundings, livelihoods, decision-making systems).
- Scoped this down to a project-specific impact list, focusing only on impacts with a clear pathway and evidence base.

2.1.2 Baseline and Locality Analysis

- Collated quantitative data (ABS Census 2021, ISLHD health data, Council strategies) and qualitative information from previous and current engagement.
- Analysed demographic, health, housing, transport and land-use characteristics to understand sensitivity and vulnerability in the Local Study Area, Wollongong LGA and the Illawarra-Shoalhaven region.
- Linked baseline conditions to each scoped impact category.

2.1.3 Impact Assessment

- Defined impact pathways using the following process:
- Project activity: What activity of change may result in a social change? → Change process: What social change may occur? → Affected people: Who is likely to be affected by this change? → Social consequence: what is the possible social impact to these people?
- Assessed each impact using the NSW SIA significance framework with consideration of:
    - Magnitude (extent, duration, intensity, reversibility)

- Sensitivity (vulnerability, adaptive capacity, dependency, community concern)
- Likelihood (very unlikely to almost certain).

- Determined pre-mitigation significance using the Guideline's rating scale as shown in Figure 3.

	Magnitude level				
	1	2	3	4	5
Likelihood level	Minimal	Minor	Moderate	Major	Transformational
A Almost certain	Low	Medium	High	Very high	Very high
B Likely	Low	Medium	High	High	Very high
C Possible	Low	Low	Medium	High	High
D Unlikely	Negligible	Low	Low	Medium	High
E Very unlikely	Negligible	Negligible	Low	Medium	Medium

Figure 3 Social impact significance matrix

- Considered cumulative effects within the Wollongong Health Precinct and health system context.

2.1.4 Responses, Mitigation and Residual Assessment

- Developed impact-specific mitigation and enhancement measures following the mitigation hierarchy (avoid, minimise, remedy, offset, enhance).
- Integrated and, where necessary, strengthened measures proposed in the CTMP, CNVMP, VIA, heritage and other technical studies.
- Reassessed each impact to determine residual significance after mitigation.
- Identified monitoring indicators and reporting arrangements for key impacts.

2.2 Engagement in the SIA Process

Primary and third-party engagement outcomes were used to:

- Validate the scoped impact list.
- Identify community values, concerns and expectations.
- Understand sensitivities of particular groups (e.g. elderly residents, lone-person households, shift workers).
- Inform the design and prioritisation of mitigation and communication measures.

2.3 Data Sources and Inputs

Key inputs to the assessment included:

- Project documentation – architectural drawings, staging plans, CTMP, Traffic Impact Assessment (TIA), Visual Impact Assessment (VIA), Aboriginal Cultural Heritage

Assessment Report (ACHAR), Noise and Vibration Impact Assessment (NVIA) acoustic reports and the *Draft Wollongong Health Precinct Strategy*.

- Policy and planning context – EP&A Act 1979, WLEP 2009, regional and local strategic plans, and the Modified SEARs.
- Socio-demographic and health data – ABS Census 2021, Profile.ID, ISLHD health statistics and Council social planning data.
- Engagement inputs – May 2025 SIA engagement, plus validated findings from the 2022 SSDA and Health Precinct Strategy consultation.
- Professional judgement – based on experience with comparable NSW hospital redevelopments and urban health-precinct projects.

2.4 Limitations

The SIA has the following limitations:

- Quantitative data is primarily based on the 2021 Census, which may not capture very recent demographic change. The Census occurred during the peak of the 2021 COVID-19 pandemic and associated management controls in Australia which may have affected data quality.
- The detailed construction methodology was not available at the time of writing. Assumptions were made based on similar projects.

These limitations are not expected to materially change the overall findings but should be considered when interpreting the results.

3.0 Social Locality

This section defines the geographic areas used to understand who may be affected by the project and to assess the extent of social change. The social locality has been scaled to reflect the project's construction footprint, operational catchment, and the sensitivity of nearby communities.

The social locality comprises three nested geographic scales:

1 Local Study Area: directly affected residents and businesses

2 Wollongong Local Government Area (LGA): primary service catchment

3 ISLHD: broader strategic health catchment.

This tiered structure ensures that impacts are assessed proportionately to where they occur and to whom they matter. The social locality is shown in Figure 4 SIA Study Area.

Local Study Area

The Local Study Area is defined as the two Statistical Area 1 (SA1) units immediately surrounding the site:

- 10704154911 (North of Crown Street, encompassing a mix of uses including residential along Urunga Parade, Dudley Street and associated side streets).
- 10704154902 (South of Crown Street, encompassing a mix of uses including residential including Staff Street through to Rowland Avenue.

This area extends approximately 200 metres around the project site and reflects the zone in which construction-related amenity impacts (noise, vibration, truck movements, temporary access changes, visual impacts) will be most directly experienced.

The Local Study Area includes 1,199 residents (2021 Census), across 628 dwellings.

Wollongong LGA

The Wollongong LGA (population 218,557, 2021) comprises the primary catchment for ongoing operational impacts and benefits of the expanded hospital. The LGA scale is appropriate for assessing:

- Long-term service benefits
- Changes to regional patient flows
- Workforce impacts
- Economic and social value of increased specialised health services
- Access to healthcare for vulnerable or disadvantaged groups.

ISLHD

The broader region (approx. 423,000 residents) provides the strategic context for:

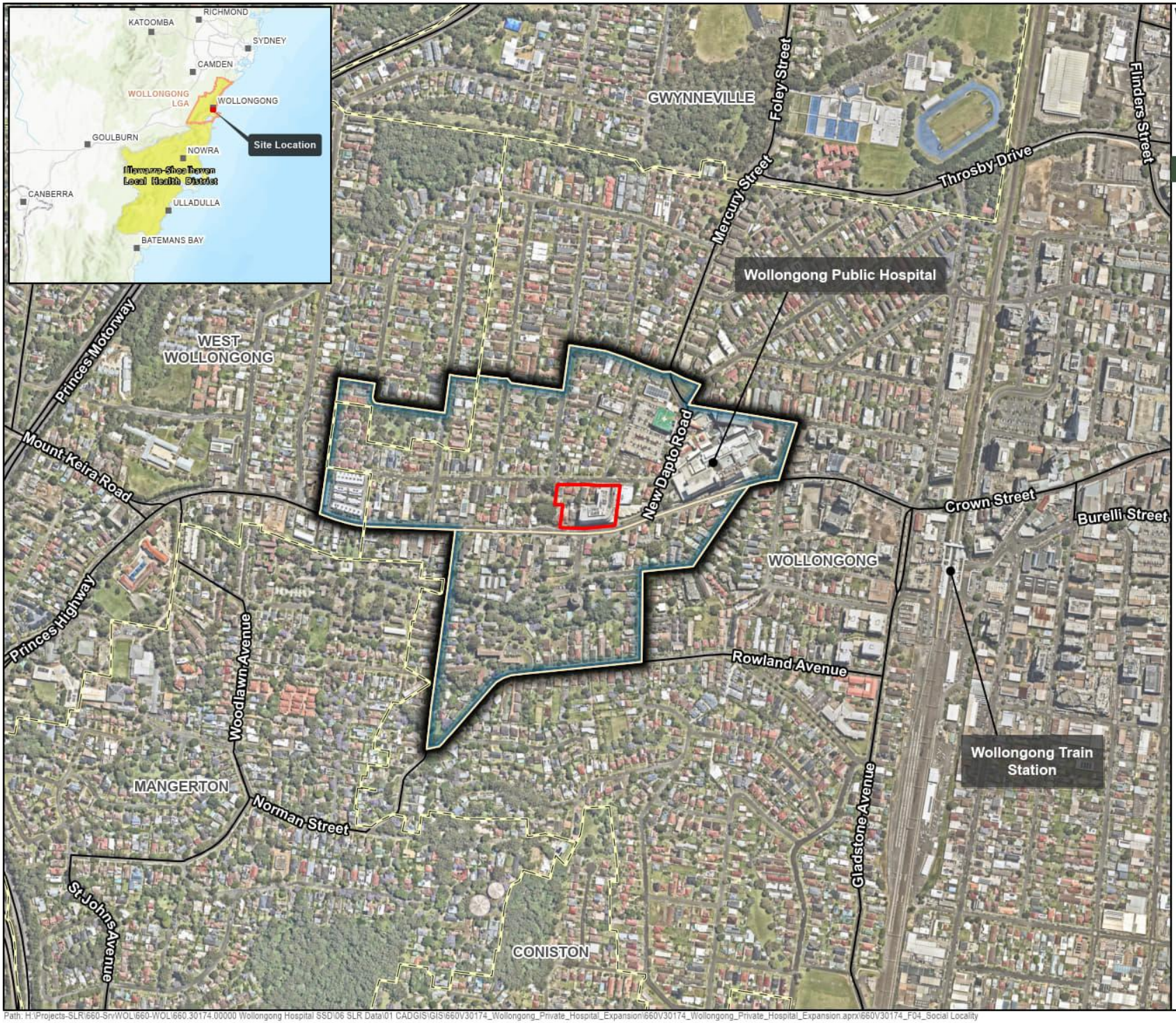
- Regional health system demand
- Projected population and demographic change
- Existing pressure on emergency and inpatient services
- Travel patterns for specialist care
- Regional Aboriginal health outcomes.

The ISLHD includes more than 18,000 Aboriginal residents, with known health inequities. This regional context is critical to assessing the significance of the IAMS facilities and the expanded emergency and specialist capacity of the hospital.

WOLLONGONG PRIVATE HOSPITAL EXPANSION

SOCIAL LOCALITY

FIGURE 4



LEGEND

- Site Boundary
- Local Study Area
- Suburb
- Local Government Area
- Illawarra-Shoalhaven Local Health District
- Major Road

Data Sources:
NSW SS
Aerial imagery: Nearmap (November 2025)
Australian Bureau of Statistics (2021)

DISCLAIMER: All information within this document may be based on external sources. SLR Consulting Pty Ltd makes no warranty regarding the data's accuracy or reliability for any purpose.

0 200 400 m

Coordinate System:	GDA2020 MGA Zone 56
Scale:	1:10,000 at A4
Project Number:	660.V30174
Date Drawn:	02-Dec-2025
Drawn by:	JH

SLR

Path: H:\Projects-SLR\660-SrvWOL\660-WOL\660.30174.00000 Wollongong Hospital SSD\06 SLR Data\01 CADGIS\GIS\660V30174_Wollongong_Private_Hospital_Expansion\660V30174_Wollongong_Private_Hospital_Expansion.aprx\660V30174_F04_Social Locality

4.0 Social Baseline

This section summarises existing social conditions within the social locality that shape how people may experience social change resulting from the project. Unless indicated, all census data is sources from the Profile.ID Social Atlas and Community Profile for the Wollongong LGA. Where analysis in this table is not directly linked to a table in the body of the report, the supporting data can be found in Appendix A.

Census Data Limitations

The 2021 Census data presented in this baseline requires cautious interpretation, particularly regarding elderly population and lone person households in the local study area. Diment Towers, a 102-unit aged care facility located on Staff Street south of Crown Street, closed for refurbishment in 2025 and relocated all residents to other IRT facilities. This closure occurred after the 2021 Census and likely significantly reduced both elderly residents and lone person households currently present in the local study area. The facility is scheduled for completion in early 2027, at which time existing residents are expected to return, though major refurbishments of older high-rise buildings commonly experience delays. The baseline analysis therefore presents 2021 Census data while acknowledging it may overstate current elderly and lone person household populations but likely represents future conditions once Diment Towers reopens and residents return.

4.1 Community

The local study area has a population of 1,199 across 552 households (2021). Approximately 257 dwellings are located within 200 m north via Urunga Parade, and 375 dwellings within 200 m south of Crown Street. Non-residential receptors include existing WPH patients and staff, Wollongong Public Hospital and Wollongong Day Surgery patients and staff and a range of other ancillary commercial and health precinct uses.

Household Composition

Table 3 shows that household composition in the local study area contrast significantly to that of the LGA, with lone person households comprising 40.8% of households, nearly double the LGA average. The highest proportion of those lone person households (74.6%) is concentrated south of Crown Street, with nearly half aged 65+.

Table 3 Household Composition

Type	Local Study Area	Wollongong LGA
Couples with children	13.9%	29.0%
Couples without children	15.6%	27.0%
One parent families	9.1%	11.9%
Lone person	40.8%	22.6%
Group households	11.2%	9.6%

Age Profile

Table 4 shows that the significantly higher elderly population (32.9% versus 22.2% LGA) has implications for construction impact sensitivity, as elderly people are more likely to be at home during construction hours and may have existing health conditions exacerbated by stress or sleep disruption.

Table 4 Age Profile

Age Group	Local Study Area	Wollongong LGA	Sensitivity to Construction
0-4 years	3.0%	5.6%	High (sleep disruption, development)
5-11 years	4.8%	8.3%	Medium-High (schooling, sleep)
12-17 years	4.1%	7.1%	Low (adaptable)
18-24 years	16.2%	10.0%	Low (transient, adaptable)
25-54 years	40.8%	35.3%	Medium (work from home impacts)
55-64 years	9.6%	13.5%	Medium-High (health considerations)
65+ years	32.9%	22.2%	High (health, limited mobility, at home more)

Housing Tenure

Table 5 shows that there is a high rental tenure (60.4% combined) and significant social housing (19.6%) which may indicate a population with limited control over their residential environment. Additionally, 51.2% of local residents changed address in the five years between censuses, compared to 41.0% in the LGA, showing higher population mobility and potentially lower community stability amongst certain cohorts.

Table 5 Housing Tenure

Tenure	Local Study Area	Wollongong LGA
Owned outright	16.3%	35.5%
Owned with mortgage	11.2%	33.4%
Rented (Private)	40.8%	31.0%
Rented (Social)	19.6%	6.8%

Community Cohesion

Lower volunteering rates (10.2% versus 16.1% LGA), higher turnover (51.2% changed address in five years versus 41.0% LGA), and higher rental tenure suggest a fragmented community with potentially weaker social bonds amongst some cohorts.

4.1.1 Cultural Diversity

In the local study area, 63.4% of people were born in Australia compared with 74.9% LGA. Of those born overseas, 28.9% arrived in the five years between censuses. Approximately 7.1% are not fluent in English (significantly higher than 2.5% LGA and 4.5% NSW). The most common languages other than English are Chinese (5.8%) and Arabic (3.0%) dialects.

Community Identity and Values

Previous consultation through the *Draft Health Precinct Strategy* identified key community priorities: parking and transport (key issue), public and community open space (valued, desire for improvements), key worker employment and housing (support for healthcare jobs), public safety (poor perceptions in some precinct areas), and health and community services (strong support for expansion of services). Further information on the outcomes of this engagement has been incorporated into section 5.0.

4.2 Accessibility

4.2.1 Road Network

The site is bounded by Crown Street/Princes Highway (major two-way state road, two lanes each direction, mixed parking restrictions, 50 - 60 km/h) and local roads including Urunga Parade (two-way, restricted parking), Dudley Street (one-way southbound, time-restricted parking), New Dapto Road, Staff Street, and Loftus Street (all 50 km/h with various parking controls).

All modelled intersections currently operate satisfactorily during peak periods (Traffic Impact Assessment, 2025). However, the Crown Street site access operates near capacity due to through-traffic priority. Peak hour volumes reach 1,717 vehicles (AM) and 2,085 vehicles (PM) at Crown Street, compared to 174 (AM) and 229 (PM) on Urunga Parade.

4.2.2 Public Transport

Figure 5 shows the public transport network connected to the project site. Thirteen bus routes operate from stops 120 - 300 m from hospital with frequencies of 10 - 60 minutes. Wollongong Station is 850 m east, providing South Coast Line service (~90 minutes to Bondi Junction). The free Gong Shuttle connects the hospital precinct to the station.

Figure 5 Public Transport Map with the project site identified with the red X mark (Source: Premier Illawarra Wollongong and Shellharbour bus network map 2025)

4.2.3 Pedestrian and Cycling Infrastructure

Footpaths are present on both sides of Crown Street and one side of Urunga Parade, with variable coverage in residential streets. Signalised crossings are provided at New Dapto Road/Crown Street and Staff Street/Crown Street intersections. Cycling infrastructure is limited to shared paths. Pedestrian activity is high around the hospital during business hours and moderate in residential areas.

4.2.4 Road Safety and Vulnerable Users

Between 2020 and 2024, nine motor vehicle accidents occurred in the local study area, with five resulting in moderate injuries to six people (NSW Centre for Road Safety, 2025). No dominant pattern of crash cause or road type was identified.

Vulnerable network users include elderly residents (32.9% aged 65+ versus 18.6% LGA average, concentrated south of Crown Street), people with disability (11.5% needing assistance with core activities versus 6.7% LGA), and hospital patients with mobility impairments.

4.2.5 Journey to Work

Table 6 shows that there is high car dependence at LGA level (68% drive to work) indicating that parking provision is critical at employment locations. The local study area shows higher pedestrian and work-from-home rates, potentially inflated by COVID-19 influences during the 2021 Census.

Table 6 Transport Mode to Work (Census 2021)

Mode	Local Study Area	Wollongong LGA
Car (driver)	43.9%	67.8%
Car (passenger)	4.3%	5.1%
Public transport	4.0%	4.2%
Walked only	8.8%	3.8%
Bicycle	0.0%	0.7%
Worked from home	22.3%	7.5%

4.3 Health and Wellbeing

4.3.1 Vulnerable Groups for Construction Impacts

Key vulnerable groups include elderly residents (32.9%), young children (3.0% aged 0 - 4), people with existing health conditions (hospital patients, residents with respiratory/mental health/cardiovascular conditions), and people working from home (22.5%).

4.3.2 Operational Phase Context

This section summarises emergent health trends in the ISLHD using a range of findings from the *Illawarra Shoalhaven Local Health District Strategic Delivery Plan 2023-2028* and the *Illawarra Shoalhaven Local Health District (ISLHD) Aboriginal Health and Workforce Action Plan 2025 – 2028*.

Wollongong Public Hospital recorded 74,600 ED presentations, 56,000 inpatient admissions, and 15,000 surgeries in 2023-24. Wollongong Private Hospital currently has 171 beds and 10 operating theatres with no emergency department. Projected demand by 2031 includes an additional 25,000 admissions and 39,000 ED presentations across the region.

Population Growth and Demand

Wollongong LGA is projected to grow by 77,160 persons between 2021-2046 (35.95% growth at 1.24% annual change). Age structure changes between 2021-2031 include increases of 7.4% under working age, 22.6% retirement age, and 9.3% working age. The Illawarra Shoalhaven LHD is projected to grow from 404,000 (2021) to 470,000 (2031).

The *ISLHD Strategic Delivery Plan 2023-2028* identifies that nearly one in five people live in areas more disadvantaged than 95% of NSW. Key health indicators include 63.6% overweight or obese, 32.6% with one or more health conditions, 2.7% with formally diagnosed mental health conditions, and 10.4% of children vulnerable to future health risks.

Aboriginal Health Context

The *(ISLHD) Aboriginal Health and Workforce Action Plan 2025 – 2028* notes that over 18,000 Aboriginal people live in ISLHD (4.4% of population), representing significant growth from 7,100 (2.1%) in 2001. The population has a younger age profile with 7% aged 65+ versus 22% non-Aboriginal. Health equity issues include 40.5% with one or more long-term health conditions, 17.5% with diagnosed mental health conditions, 10.6% of hospitalisations potentially preventable (2017 - 2018 to 2021 - 2022), and 51.3% of deaths aged 0-74 potentially avoidable (2018-2022). Barriers to mainstream healthcare include cultural safety concerns.

4.4 Surroundings

Built Character

The site occupies a transitional position between the institutional health precinct (east and south) and traditional low-density residential character (north and west). The site is particularly pronounced from the north and west due to the landscape gradient sloping down from the existing hospital site.

The immediate context includes the existing WPH (8 storeys), Wollongong Public Hospital (taller), residential dwellings (1 - 2 storeys), and medical suites (2 - 3 storeys). Crown Street features mixed health/commercial character with buildings 2 - 8 storeys, while Urunga Parade and surrounding streets comprise carpark space and predominantly 1 - 2 storey dwellings in garden settings.

Strategic Context

The *Draft Wollongong Health Precinct Strategy* (public feedback April - June 2025) envisions transformation of significant sections of the local study area. As seen in the structure plan in Figure 6, the area currently bounded by Urunga Parade, Sperry Street, Matthews Street and New Dapto Road is earmarked for possible the largest transformation. The existing low density residential area, and multi-story Wollongong Public Hospital carpark are likely to be rezoned to provide for intensification of housing and greenspace, the closure of Dudley Street, expansion of health facilities along Urunga Parade, and the reimagining Urunga Parade as pedestrian-focused road. The structure plan also includes retention of heritage asset at 366 Crown Street with surrounding public open space which is planned the for IAMS facility.

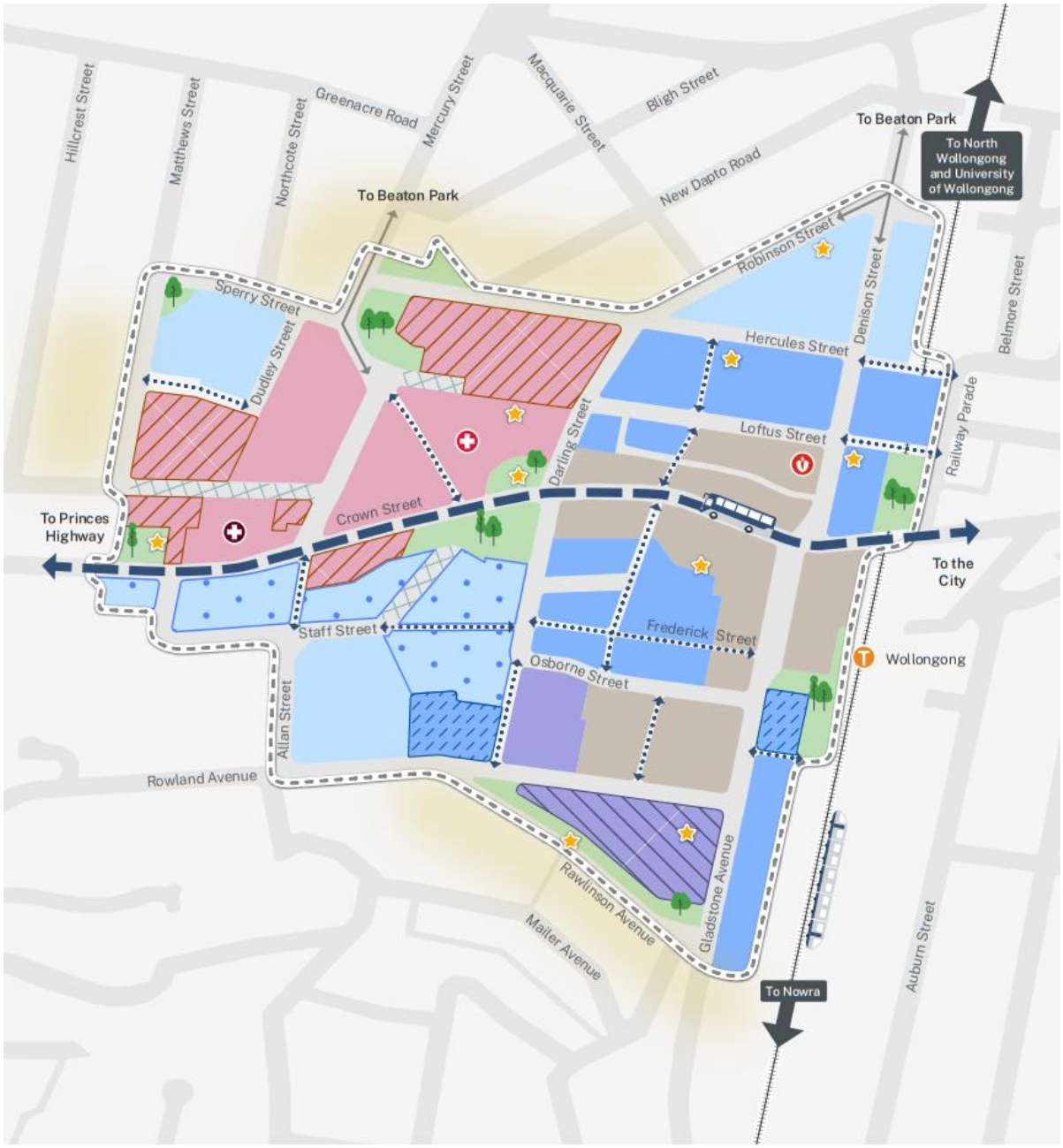


Figure 6 Wollongong Health Precinct structure plan

4.5 Way of Life

4.5.1 Education and Work Patterns

Labour force participation is 50.8% in the local study area versus 58.3% LGA, associated with the larger retirement age population. Work from home rates reach 22.5% (likely inflated by COVID-19 arrangements during 2021 Census).

Of those that travelled to work, 33.5% travelled less than 2.5 km (LGA: 12.5%) and a further 29.1% travelled less that 10 km (LGA: 30.7%). Overall, nearly two thirds of employed people work within 10 km of home, demonstrating potentially shorter commute times and lower vulnerability to network changes.

Primary and secondary school children represent 8.9% of the population which is well below the LGA (15.4%). However, there were significantly high proportions of people undertaking university study (12.5% vs LGA 5.9%). School aged students and their parents may be susceptible to changes to local transport networks that may affect school journeys. Whereas university students are more agile in their timetables though may face challenges studying at home during daytime hours if amenity is affected.

Community Connection

Volunteering rates are significantly lower in the local study area (10.2% versus 16.1% LGA). Combined with higher population mobility and rental tenure, this indicates potentially weaker community ties and limited collective capacity to organise responses to construction issues.

4.6 Livelihoods

Employment Profile

Table 7 Healthcare is the dominant employer, representing nearly one in five jobs across the LGA. Construction sector employment of 9,045 (9.2%) indicates regional capacity for construction workforce.

Table 7 LGA employment profile

Industry	Employment	% of Total	% NSW
Health Care and Social Assistance	16,950	17.3%	14.4%
Education and Training	10,985	11.2%	8.7%
Construction	9,045	9.2%	8.6%
Retail Trade	8,369	8.5%	9.0%
Public Administration and Safety	7,032	7.2%	6.1%
Other industries	45,650	46.6%	53.3%
Total employed	98,031	100%	100%

Labor Force and Income

The unemployment rate is 5.8% (LGA, June Quarter 2025) versus 4.0% NSW, with 7,625 JobSeeker recipients (6.3% of local labour force). Overall, the LGA income profile is closely aligned with the NSW average:

- Median household income is $1,682/week versus $1,829/week NSW.
- Low income households (<$650/week) represent 18.6% versus 16.3% NSW.
- high income households (>$3,000/week) represent 23.8% versus 26.9% NSW.

4.7 Culture

4.7.1 Aboriginal Cultural Heritage

The Illawarra area is Dharawal country. The Aboriginal Cultural Heritage Assessment Report (Artefact Heritage, 2024) found no Aboriginal sites or objects on the site, reflecting historical disturbance rather than absence of original Aboriginal occupation. The absence of visible archaeological evidence on this disturbed site does not diminish the broader cultural significance of the Illawarra landscape to Aboriginal people.

4.7.2 European Heritage

The dwelling at 366 Crown Street is a heritage item under WLEP 2009. Its proposed demolition was opposed during 2022 SSDA consultation. The current proposal's retention and adaptive reuse for IAMS services responds directly to this community concern.

4.8 Decision-Making

The project is SSD under the *Environmental Planning and Assessment Act 1979*, with the consent authority being the Minister or delegate, and members of the public will be able to provide comment of the final EIS.

The much larger *Wollongong Health Precinct Strategy* consultation program also ran over a 2023/24 and included people from the local area. This program of engagement operated between the original WPH expansion consultation program which occurred in 2022, and this program occurring in 2025. Subsequently, there may be a level of fatigue that occurred in the community, being approached for consultation on development matters within the same precinct and area.

4.9 Baseline Summary: Key Implication for Impact Assessment

High Vulnerability Context

The local study area demonstrates elevated sensitivity to construction impacts. The elderly population, combined with high rental tenure and significant social housing, creates a population with potentially limited capacity to relocate or influence their environment during construction. Young children, people working from home, and existing hospital patients represent additional vulnerable receptors with extended exposure to construction activities. However, the temporary closure of Diment Towers means current elderly population may be lower than 2021 Census data suggest.

Transport Dependency and Constraints

High car dependence and near-capacity operation of the Crown Street site access establish parking and traffic management as critical impact pathways. Vulnerable network users including elderly residents and people with disability rely on accessible transport infrastructure. Public transport exists but remains underutilised.

Community Fragmentation and Engagement

Lower volunteering rates, high population mobility, and rental dominance indicate weaker community cohesion. This limits collective capacity to organise responses to construction issues but also suggests lower place attachment. Previous consultation through the 2022 SSDA and Draft Health Precinct Strategy processes may contribute to consultation fatigue, requiring engagement approaches that acknowledge prior participation and demonstrate responsiveness to previous feedback.

Strategic Transformation Context

The Draft Wollongong Health Precinct Strategy establishes community expectations for significant precinct transformation, including intensification surrounding the project site. The existing 8-storey WPH and broader strategic vision moderate sensitivity to built form changes. Heritage building retention at 366 Crown Street responds to demonstrated local values.

Regional Healthcare Need

Projected population growth and existing service gaps establish strong justification for operational phase benefits. Current capacity constraints and projected additional demand demonstrate regional healthcare system pressure. Aboriginal health equity issues underscore the significance of culturally appropriate IAMS facility integration.

Employment and Economic Context

Healthcare dominance as employer means operational employment represents meaningful sector contribution. Higher unemployment indicates employment opportunities will be valued. Construction sector presence suggests regional workforce capacity to support development.

5.0 Consultation

This SIA draws on consultation undertaken across **three** interconnected phases:

- 2022 SSDA Consultation (SSD-30230120): The earlier application generated substantial feedback on height, heritage, traffic, parking, design quality, and amenity impacts. This feedback informed design refinement and remains relevant to understanding community sensitivities.
- Wollongong Health Precinct Strategy Consultation (2023–2024): NSW DPHI undertook extensive engagement (December 2023–February 2024) with over 80 participants through workshops, sessions, surveys, and submissions. This precinct-scale consultation provides context for community values and concerns regarding health infrastructure development.
- Current SSDA Consultation (2024–present): Targeted engagement with near neighbours, Aboriginal stakeholders, government agencies, and institutional stakeholders. Engagement served dual EIS/SIA purposes, except for neighbour engagement which focused on localised social impacts.

This integrated approach demonstrates project evolution in response to feedback, avoids consultation fatigue, and acknowledges persistent stakeholder concerns.

Key stakeholder groups engaged included:

- Near neighbours (immediately adjoining properties)
- Local residents (broader consultation catchment)
- Aboriginal community (Illawarra Aboriginal Medical Service)
- Government agencies (health, planning, transport, emergency services)
- Elected representatives (all levels of government)
- Institutional stakeholders (Council, ISLHD, Ramsay Health Care).

5.1 Key Themes from Consultation

Table 8 summarises the key concerns and interests raised throughout the consultation programs as relevant to the SIA.

Table 8 Consultation themes

Theme	Concerns or Interests Raised	Stakeholder/s
Traffic, Parking and Access	Concerns about parking capacity given existing on-street constraints; construction traffic impacts on narrow residential streets; safety at Crown Street/Urunga Parade intersection and emergency vehicle conflicts; poor public and active transport connectivity to Wollongong Station and westward.	Near neighbours, local residents, community survey respondents, Transport for NSW
Construction Amenity	Apprehension based on previous construction experience; prolonged noise including early morning work and equipment testing; dust from excavation; access disruption from construction vehicles; construction worker behaviour and site management; construction fatigue given duration of previous works.	Near neighbours (particularly Matthews Street and Crown Street residents)
Visual Amenity and Built Form	Building height and bulk relative to residential character; overshadowing of neighbouring properties; overlooking and privacy loss; heritage impact concerns (particularly regarding 366 Crown Street in 2022 application).	Near neighbours, local residents, community survey respondents
Health Services and Community Benefit	Strong support for expanded inpatient capacity, Emergency Department, ICU, and specialist services; need to attract and retain healthcare workers; barriers to healthcare access for CALD communities; ageing population and end-of-life care needs; questions about private/public health system integration.	Health Precinct consultation participants, community survey respondents, ISLHD
Aboriginal Health and Cultural Safety	Need for culturally safe maternal and child health services; accessible walk-in primary care to reduce ED pressure; requirement for Aboriginal community-controlled health infrastructure; integration of traditional healing knowledge with contemporary care; existing facilities insufficient to meet community needs.	Illawarra Aboriginal Medical Service (IAMS)
Connection to Country and	Importance of expressing cultural narratives through design; water as symbol of life, renewal and healing;	IAMS, NSW State Design Review Panel

Theme	Concerns or Interests Raised	Stakeholder/s
Cultural Expression	traditional medicine plants and healing practices; meeting places where culture and medicine unite; heritage buildings serving genuine community purposes.	
Public Domain and Safety	Need for improved public and community open space; better landscaping, trees, shaded areas and pedestrian connections; improved lighting, footpaths and entrance design for safety; wayfinding and legibility improvements; Crown Street pedestrian amenity.	Health Precinct consultation participants, community survey respondents
Precinct Character and Services	Value placed on cultural heritage (Aboriginal and non-Aboriginal) and view corridors; lack of retail and community services to support 24-hour operation; difficulty navigating the precinct.	Health Precinct consultation participants
Sustainability	Importance of sustainable building design including natural heating/cooling and waste minimisation; concerns about drainage and flood risk; desire for green infrastructure integration.	Health Precinct consultation participants, community survey respondents

5.2 How Feedback Influenced Project Outcomes

Consultation feedback directly influenced key project design elements and approaches:

Heritage Building Activation: SDRP advice that the heritage building at 366 Crown Street should deliver genuine community value rather than commercial tenancies led to engagement with IAMS and development of the partnership model. The 99-year peppercorn lease to IAMS enables Aboriginal community-controlled health services while conserving heritage buildings.

Aboriginal Health Services: IAMS consultation identified service gaps that informed dedication of heritage buildings to Mum's and Bubs Clinic and walk-in health clinic, directly addressing identified barriers to culturally safe healthcare access.

Connection to Country Integration: IAMS guidance on cultural narratives informed integration of water symbolism, traditional medicine plants, and meeting place concepts into landscape design and public art, creating cultural pathways linking heritage buildings to the hospital.

Building Design: Concerns from 2022 application regarding height non-compliance informed revised design with building form deleted and/or height reduced with with increased setbacks at the western portion of an expanded site area to improve compliance with planning controls and reduce visual impact on residential neighbours.

Heritage Retention: Strong objections to demolition of 366 Crown Street in 2022 application led to retention and adaptive reuse of the heritage building in current proposal.

Access Strategy: Transport for NSW, Ambulance NSW and community feedback on traffic impacts informed location of primary new access on Urunga Parade rather than Princes Highway, reducing demand on the state road network and directing traffic away from the most constrained residential streets.

Construction Management Approach: Near neighbour feedback regarding previous construction impacts has informed commitment to robust construction environmental management planning, including management of noise, dust, access, and community communication protocols.

Public Domain Enhancement: Health Precinct consultation feedback on need for improved landscaping, pedestrian connectivity, and public space quality informed public domain design approach including the cultural pathway connecting heritage buildings to hospital.

Service Integration: ISLHD consultation regarding complementarity between private and public health planning informed understanding of how expanded private capacity supports broader Illawarra health system capacity.

The iterative engagement process across multiple consultation phases demonstrates how community, Aboriginal stakeholder, and agency feedback has shaped substantive project elements, particularly the IAMS partnership which responds directly to SDRP advice while addressing identified Aboriginal health service gaps and delivering enhanced cultural outcomes.

6.0 Impact Assessment

6.1 Way of life

6.1.1 Construction

WOL-1: Construction disruption to daily routines, mobility and safety

Project Activity: Demolition, excavation, structural construction over ~24 months. Jackhammers, excavators, concrete pours, truck movements, tower crane. Temporary parking removal on Urunga Parade, traffic control, heavy vehicle movements adjacent to residential streets.

Impact Description: Residents experience disrupted daily patterns through construction noise (7 am starts), dust, visual intrusion, traffic delays on Crown St and Urunga Parade, and safety concerns from heavy vehicles. This can affect the way people use and enjoy private space and move to and from their homes.

Affected Groups: Residents in the local study area, particularly those north west of the project site, with disproportionate effects on retirees, and those that work from home.

Likelihood: Almost Certain.

Magnitude: Moderate.

- Extent: Localised generally to the local study area.
- Duration: Temporary but sustained (24 months). Intensity varies - demolition/excavation most intense (approximately 6 - 9 months), structural/fit out sustained but lower.
- Intensity/Scale: Moderate. Noise modelling predicts exceedances at nearest receivers. TIA concludes traffic manageable (LoS B - C maintained) but community perception strongly negative. Standard construction hours may limit intensity for some.
- Reversibility: Reversible after completion, though psychological impacts may persist in a cumulative nature as precinct further develops.
- Sensitivity/Vulnerability: High - elderly sensitive to noise/sleep disruption and traffic safety. Disability 11.5%. Children 4.8%. Previous 2013 construction trauma creates low tolerance.

Significance: High Negative.

WOL-2: Construction parking pressure

Project Activity: No on-site construction worker parking. Peak workforce encouraged to use public transport, but some vehicle parking required.

Impact Description: Increased competition for on-street parking in residential streets already experiencing hospital spillover. Residents lose convenient home access, visitors unable to park. Increased usage of adjacent paid parking for Wollongong Public Hospital, which may cause capacity constraints.

Affected Groups: Primarily residents and home-based businesses along Urunga Parade, Matthews Street, Hillcrest and Rosemont Street, which all have no parking restrictions and are most likely to experience overflow effects.

Likelihood: Likely.

Magnitude: Minor.

- Extent: Very localised (<500 m).
- Duration: ~24 months, potentially reducing once new basement provides worker parking.
- Intensity/Scale: Low-Moderate, assuming use of public transport for some workers, coupled with early start times (requiring pre-7am arrival) which will have workers looking for parking outside of times residents are. There may be incremental worsening of existing spillover.
- Reversibility: Reversible.
- Sensitivity/Vulnerability: Low - Affects convenience not critical function, though cumulatively may contribute to WOL1.

Significance: Medium Negative

6.2 Community

6.2.1 Construction

COM-1: Dwelling displacement

Project Activity: Acquisition and demolition of dwellings at 15 through to 23 Urunga Parade.

Impact Description: Displacement of approximately eight households across four standalone dwellings and four units requiring relocation, disrupting established neighbourhood connections. However, dwellings were progressively purchased and vacated through voluntary acquisition with market compensation.

Affected Groups: Household occupants of dwellings and immediate neighbours.

Likelihood: Almost Certain.

Magnitude: Low.

- Extent: Very localised.
- Duration: Permanent displacement, finite adjustment period.
- Intensity/Scale: Low – while multiple dwellings acquired, process was through progressive voluntary acquisition with market compensation provided. Minimal cohesion disruption.

- Reversibility: Irreversible dwelling loss.
- Sensitivity/Vulnerability: Moderate - Established residents experience disruption, but compensated, and voluntary in nature.

Significance: Low Negative.

6.2.2 Operation

COM-2: Precinct transformation trajectory and community identity change

Project Activity: WPH expansion as first/early major project under Draft Wollongong Health Precinct Strategy, signalling catalyst for broader precinct transformation including future hospital expansions, health-related facilities, potential rezoning, infrastructure upgrades, and intensified development across ~20 ha precinct over 10 - 20+ year timeframe.

Impact Description: There is potential for the project to generate anticipatory anxiety about cumulative future development, with some residents viewing it as the first step in a broader precinct transformation rather than a standalone proposal. This may lead to concern about how multiple future projects could compound traffic, parking, noise and construction fatigue over an extended period, and about the gradual shift from a predominantly residential neighbourhood to a more intensive health precinct. These perceptions may also reduce residents' sense of control over the area's long-term direction. At the same time, other community members may see the transformation as positive, offering improved health services, employment opportunities and regional economic benefits.

Affected Groups: Residents in the local study area. Particularly those along Urunga Parade, Dudley Street and Matthew Street.

Likelihood: Possible.

Magnitude: Moderate.

- Extent**:** Local with broader change occurring across the entire ~20 ha precinct area, psychological impact on those perceiving neighbourhood trajectory shift).
- Duration: Long-term anticipatory (10 - 20+ year transformation timeframe), with ongoing uncertainty about timing, scale, cumulative impacts of future projects.
- Intensity/Scale: The project may contribute to a heightened sense of change in the neighbourhood, with some residents perceiving it as the beginning of a broader shift toward a more intensive health-precinct character. This can create anxiety about long-term cumulative impacts, such as extended periods of construction, increased activity, and gradual character change, and may leave some community members feeling a reduced sense of control over the area's future.
- Reversibility: Largely irreversible once transformation pathway established (though future projects not certain).
- Sensitivity/Vulnerability: Low – Vulnerability and sensitivity to these perceptions is moderated by uncertainties around future development, opportunities for community input, and the potential benefits associated with improved services and employment, noting that community views range from concern to acceptance. The high rates or renters and migration levels means many residents are generally fluid. Homeowners are also likely to benefit from upticks in home prices associated with improved zoning and development opportunities.

Significance: Medium Negative and Positive depending on stakeholder perspective.

6.3 Accessibility

6.3.1 Construction

ACC-1: Construction accessibility disruption

Project Activity: Footpath closures/diversions, heavy vehicles, construction traffic, parking removal (Urunga Parade), potential Crown St/Urunga Parade intersection delays during peak construction vehicle movements.

Impact Description: Construction will temporarily disrupt how people move around the precinct, with pedestrian and cyclist diversions, hoarding lines and increased heavy-vehicle activity reducing sight lines and creating perceived and actual safety risks. Temporary parking removal on Urunga Parade and minor peak-period delays at the Crown Street/Urunga Parade intersection further reduce ease of access for residents and visitors.

Affected Groups: Local study are pedestrians and people trying to access the still functional WPH. These changes particularly affect older people, children and people with disability, who may find diverted routes and mobility barriers more challenging.

Likelihood: Possible.

Magnitude: Moderate.

- Extent: Very localised (Proximal to Crown St/Urunga Parade frontage).
- Duration: During construction, likely scaled according to the level of exterior works underway.
- Intensity/Scale: Moderate - Footpath closures force diversions, heavy vehicles create safety concerns, sight line reductions in an area that is already noted as not pedestrian friendly. Though CTMP mitigates through traffic control, pedestrian management, but baseline disruption inevitable. Intensity moderated by standard construction hours, limited closure extent.
- Reversibility: Reversible after construction.
- Sensitivity/Vulnerability: High – Many hospital users face mobility issues. Crown St/Urunga Parade already busy arterial, construction compounds baseline challenges.

Significance: Medium Negative.

6.3.2 Operation

ACC-2: Operational accessibility enhancement (parking and ED)

Project Activity: Increased 583-space basement parking (staff/public), ED with dedicated ambulance access from Crown St, new Urunga Parade primary access, street-level entries from Crown St and Urunga Parade.

Impact Description: The project will improve access arrangements and on-site parking capacity, reducing spillover parking on surrounding residential streets and addressing existing concerns about difficult access. Enhanced pedestrian and cyclist connections along the Crown Street frontage will further support safer active-transport access to the precinct.

Affected Groups: Hospital visitors, outpatients, ED patients/families including elderly visitors and people with mobility constraints. Residents in surrounding streets.

Likelihood: Almost Certain.

Magnitude: Moderate.

- Extent: Local-Regional (primary Wollongong LGA, visitors from broader ISLHD)
- Duration: Permanent.
- Intensity/Scale: Moderate - 538 spaces substantial improvement over current undersupply. ED access life-critical for emergency presentations.
- Reversibility: Irreversible positive infrastructure.
- Sensitivity/Vulnerability: Moderate - Elderly and people with mobility issues particularly benefit from proximate parking. Lower-income households benefit from reduced competition for on-street parking. ED access universally valued.
- Significance: High Positive.

6.4 Health and wellbeing

6.4.1 Construction

HW-1: Construction health stressors

Project Activity: Demolition, excavation, structural construction over ~24 months. Jackhammers, excavators, concrete pours, truck movements (avg 80/day), dust, extended construction hours (7 am starts).

Impact Description: Prolonged construction activity is expected to cause intermittent noise, early-morning disturbance and dust, contributing to stress, frustration and potentially reduced sleep quality for nearby residents.

Affected Groups: Immediate residents (<100 m): Crown St, Urunga Parade, Matthews St, Dudley St and WPH users. These effects can be more pronounced for vulnerable groups such as hospital users, older people, individuals with existing mental-health conditions, and those with respiratory sensitivities.

Likelihood: Likely.

Magnitude: Moderate.

- Extent: Localised with primary impact <100 m.
- Duration: Extended (~24 months), intensity highest during demolition/excavation.
- Intensity/Scale: Moderate – The NVIA notes there may be intermittent exceedances at some residential receivers. While standard hours, dust suppression and compliance with noise limits will moderate impacts, the cumulative exposure over the two-year period is still likely to affect wellbeing for some residents.
- Reversibility: Reversible after construction, though psychological impacts (stress, anxiety, trauma) may persist in some individuals as cumulative burden.
- Sensitivity/Vulnerability: High – Potentially significant elderly population. Community feedback highlights concern about a repeat of the 2013 construction period, which some residents found traumatic and have limited tolerance to experience again indicating cumulative sensitivity.

Significance: High Negative.

6.4.2 Operation

HW-2: Operational health service improvements

Project Activity: New Emergency Department with ambulance bays, expanded ICU (additional beds), additional operating theatres, radiation oncology (LINAC), medical accommodation.

Impact Description: The project will deliver significant community health benefits, including expanded surgical capacity, cancer treatment services, and new patient recovery accommodation.

Affected Groups: ISLHD residents. People with chronic conditions, acute episodes, trauma, cancer patients, Private health insurance holders gaining choice; public system benefiting from reduced pressure.

Likelihood: Almost Certain.

Magnitude: Major

- Extent: Regional (ISLHD 400,000+, primary Wollongong LGA 214,564).
- Duration: Permanent (30 - 50+ year facility life).
- Intensity/Scale: High - A 24/7 private Emergency Department will provide timely emergency care and reduce pressure on the public system. These additions help address the region's growing demand for hospital beds driven by an ageing population and create an integrated acute-care pathway, from ED through ICU, theatres and recovery, improving access to life-saving treatment for the community.
- Reversibility: Irreversible positive health system capacity unless hospital ceases to operate.

Significance: Very High Positive.

HW-3: Aboriginal health equity through IAMS

Project Activity: IAMS birthing centre (366 Crown St) and walk-in general clinic (368 Crown St) under Aboriginal community control, integrated with hospital via cultural pathway, traditional medicine plants, meeting circle mural.

Impact Description: The project strengthens Aboriginal health outcomes by providing culturally safe, community-controlled care that removes common barriers such as discrimination, cultural misunderstanding and limited trust in mainstream services.

Affected Groups: Aboriginal community Wollongong LGA/ISLHD, particularly Aboriginal mothers and infants, and Aboriginal people with chronic conditions requiring ongoing management.

Likelihood: Almost Certain.

Magnitude: Major.

- Extent: Local-Regional (Aboriginal community Wollongong/ISLHD), benefit extends through improved community health, systemic outcomes
- Duration: Permanent (99-year lease, generational impact)
- Intensity/Scale: Transformative - A dedicated birthing centre, led by Aboriginal midwives and grounded in cultural protocols, family involvement and connection to Country, supports safer maternal and infant care. The walk-in clinic offers an accessible entry point for primary care, chronic-disease management and timely

referral into hospital services, ensuring continuity while maintaining cultural safety. Together, these facilities provide a trusted pathway into the broader health system and respond directly to the significant health inequities experienced by Aboriginal people in the region.

- Reversibility: Irreversible positive health equity infrastructure

Significance: Very High Positive.

6.5 Surroundings

6.5.1 Construction

SUR-1: Large construction activity affects local character and liveability

Project Activity: Demolition, excavation, structural construction over ~24 months. Jackhammers, excavators, concrete pours, truck movements (avg 80/day), tower crane, hoarding.

Impact Description: Construction works have the potential to noticeably alter the visual and neighbourhood character of the area, with cranes, hoarding, demolition activity and heavy machinery becoming prominent features in local streetscapes. These temporary changes may reduce the perceived attractiveness of nearby properties, potentially affecting residents' ability to rent or sell during peak construction periods.

Affected Groups: Immediate residents (<50 m): Crown St, Urunga Parade, Matthews St, Dudley St - highest amenity impact, Broader residential area (666 properties, <1 km) - decreasing intensity with distance

Likelihood: Possible.

Magnitude: Moderate.

- Extent: Localised (primary impact <50 m, secondary 666 properties <1 km).
- Duration: Extended across construction with intensity highest during demolition/excavation and major structure delivery.
- Intensity/Scale: Moderate - Noise, dust and general construction activity can reinforce perceptions of disruption, contributing to a less desirable living environment. While mitigation measures and standard construction hours would moderate these effects, the cumulative visual and amenity impacts may still influence how the neighbourhood is viewed by prospective tenants or buyers.
- Sensitivity/Vulnerability: Low. Currently housing market conditions have likely mitigate any potential impacts as demand is high.

Significance: Medium Negative.

6.5.2 Operation

SUR-2: Operational amenity impacts (outlook, privacy, overshadowing, character)

Project Activity: 12-storey hospital building with reduced setbacks on several frontages.

Impact Description: The scale and form of the new hospital will change the surrounding residential character, with a 12-storey building introducing a level of visual bulk and enclosure not typical of the predominantly low-rise area. Nearby residents may experience

reduced privacy from hospital rooms and balconies overlooking their properties, alongside changes to outlook where existing views are replaced by the hospital façade.

Affected Groups: Immediate neighbours: eastern boundary - Matthews St, Dudley St properties experiencing closest bulk/overlooking, Southern neighbours (Hillcrest St, Sperry St, Staff St) - potential overshadowing concerns, Urunga Parade residents - reduced setback and closer building.

Likelihood: Possible.

Magnitude: Moderate.

- Extent: Very localised, generally those residents along Urunga Parade, Dudley Street and Matthews Street within 50-100m of the Project.
- Duration: Permanent.
- Intensity/Scale: Moderate - While overshadowing analysis indicates minimal additional shadowing, concerns about visual dominance, privacy loss and character change were recurring themes in community feedback. However, the site's existing hospital use, permissive zoning and design refinements through the SDRP process help moderate these effects, and the precinct is expected to evolve over time in line with broader health-precinct planning.
- Reversibility: Irreversible built form.
- Sensitivity/Vulnerability: Low - Residents value privacy, outlook, residential character. However, established long-term residents adapted to existing neighbourhood design, and future planning instruments are likely to result in transformative change to the local area that the new development will align with.

Significance: Medium Negative.

6.6 Culture

6.6.1 Operation

CUL-1: Aboriginal cultural connection and empowerment

Project Activity: IAMS birthing centre (366 Crown St) and walk-in general clinic (368 Crown St) under Aboriginal community control (99-year lease), integrated with hospital via cultural pathway, traditional medicine plants (bush tucker garden), meeting circle mural (Elders, community stories).

Impact Description: The project delivers a culturally significant milestone for the Aboriginal community by establishing an Aboriginal-controlled health facility on Dharawal Country, enabling genuine cultural self-determination.

Affected Groups: Aboriginal community Wollongong LGA/ISLHD, including Aboriginal health workers, Elders and Aboriginal youth seeing cultural pride, role models, representation, Broader community through cultural education, reconciliation, understanding of Dharawal Country.

Likelihood: Likely.

Magnitude: Major.

- Extent: Local-Regional (Aboriginal community Wollongong/ISLHD), cultural significance extends to broader Aboriginal community, Dharawal Nation.

- Duration: Permanent (99-year lease), multi-generational cultural impact.
- Intensity/Scale: Transformative - Purpose-designed cultural elements, such as the pathway, bush-tucker garden and meeting-circle mural, visibly embed Aboriginal presence and stories within the Health Precinct. Community control through the long-term lease ensures ongoing decision-making power, Aboriginal employment and culturally governed care. This integration with the hospital is unprecedented locally, helping address the legacy of discrimination in healthcare, improving trust, and fostering reconciliation by visibly validating Aboriginal culture within a major health institution.
- Reversibility: Irreversible positive cultural infrastructure, subject to government policy and funding streams.

Significance: High Positive.

6.7 Livelihoods

6.7.1 Construction

LIV-1: Construction employment

Project Activity: Construction over assumed 24-month period with peak workforce of 220 FTE.

Impact Description: Employment uplift supports household incomes, strengthens local businesses and contributes to broader economic activity during the construction period, improving livelihoods for workers and communities connected to the project.

Affected Groups: Construction workers (trades, labourers, supervisors); local businesses supplying construction; retail/hospitality serving construction workforce.

Likelihood: Almost Certain.

Magnitude: Minor.

- Extent: Regional (construction workers from Wollongong/broader Illawarra).
- Duration: Short-term (24-month construction).
- Intensity/Scale: Construction activity will generate substantial short-term employment, creating around 220 direct jobs per year across construction trades and a further flow-on of approximately 590 indirect and consumption-related jobs in manufacturing, professional services, transport, retail and local services.
- Reversibility: Employment opportunity by nature temporary.
- Sensitivity/Vulnerability: Moderate - Benefits construction workers, businesses, families.
- Significance: Medium Positive.

LIV-2: Surrounding business disruption

Project Activity: Construction noise, parking pressure, traffic, visual intrusion over 24 months.

Impact Description: Nearby businesses, including many home based businesses, may experience reduced patronage during construction due to parking constraints, noise impacts

and perceptions of inconvenience. These disruptions can affect income and create a more challenging work environment and affect general business viability.

Affected Groups: Home-based business operators in surrounding streets, commercial and health services operating in surrounding premises and the WPH.

Likelihood: Possible.

Magnitude: Moderate.

- Extent: Very localised (Businesses <200 m radius)
- Duration: Temporary and intermittent over approximately 24 months, though intensity more likely in early stages.
- Intensity/Scale: Low-Moderate - Client deterrence real but not complete business destruction. While many businesses can adopt mitigation strategies, such as adjusted scheduling or remote service delivery where feasible, the construction period is still expected to place temporary financial and operational pressure on local operators.
- Reversibility: Reversible after construction and may experience an improvement associated with improved access in the local area.
- Sensitivity/Vulnerability: Minor-Moderate. Affects will be felt differently across business types and depending on phase and proximity.
- Significance: Medium Negative.

6.7.2 Operation

LIV-3: Operational employment

Project Activity: Expanded hospital operations including ED (24/7), ICU, additional operating theatres, radiation oncology, medical accommodation. IAMS birthing centre and walk-in clinic.

Impact Description: The new hospital expansion and IAMS will generate long-term, stable employment across clinical, allied health, administrative and support roles, strengthening household livelihoods and economic security within the region. By expanding the local health workforce, the project helps retain skilled workers in the region, fosters community resilience and stimulates the local economy through increased household spending.

Affected Groups: Healthcare professionals seeking employment (regional and beyond for specialised roles), Aboriginal health workers, allied health professionals, administrative staff, support services.

Likelihood: Almost Certain.

Magnitude: Moderate.

- Extent: Regional (employees from Wollongong/Illawarra, with potentially specialised roles from broader NSW).
- Duration: Permanent (ongoing employment for facility lifetime).
- Intensity/Scale: Moderate - Estimated 200-300+ additional permanent FTE substantial for regional labour market. round-the-clock services such as the ED and ICU provide reliable shift-work pathways suited to a diverse workforce, while specialist areas create opportunities for skill development and professional advancement. Importantly, the IAMS establishes culturally appropriate employment

for Aboriginal health workers, midwives, nurses and GPs, supporting local Aboriginal careers, income stability and representation within the health system.

- Reversibility: Employment by nature ongoing.
- Sensitivity/Vulnerability: Moderate-High - Healthcare employment highly valued (stable, professional, community service). Aboriginal employment in IAMS particularly important (workforce development, cultural capacity building, role modelling, economic participation). Regional unemployment context enhances value.

Significance: High Positive.

6.8 Decision-making

6.8.1 Construction

DM-1: Consultation fatigue and distrust

Project Activity: Current engagement following 2022 SSDA withdrawal/redesign, concurrent with Draft Wollongong Health Precinct Strategy consultation, and current project engagement.

Impact Description: There is potential for the community to experience consultation fatigue, particularly as engagement processes are repeated or overlap with other local initiatives. This may lead to reduced participation, scepticism about whether feedback will influence decisions, and concerns about the credibility or neutrality of the process.

Affected Groups: Local study area residents.

Likelihood: Possible.

Magnitude: Minor.

- Extent: Local.
- Duration: Ongoing - fatigue/distrust accumulate over time. May improve if process demonstrably responsive or worsen if perceived as repeat.
- Intensity/Scale: Moderate - Limited survey uptake could reflect this fatigue, with some residents indicating that previous rounds of consultation did not result in visible change. The legacy of the withdrawn 2022 SSDA may also shape expectations, creating hope that concerns might be addressed, but also a risk of ongoing doubt about the responsiveness of the process.
- Reversibility: Reversible through genuine responsiveness.
- Sensitivity/Vulnerability: Minor – Fatigue is possible, but the development of the Wollongong Health Precinct Strategy in the intervening years between developments may have tempered expectations of what the future looks like in the local area.

Significance: Low Negative.

7.0 Management, Mitigation and Enhancement

This section outlines management and mitigation measures for negative social impacts and enhancement measures for positive impacts. Measures follow the avoid-minimise-mitigate hierarchy and draw primarily from specialist technical assessments, supplemented by SIA-specific communication and engagement protocols.

7.1 Mitigation Approach

For negative impacts, measures follow the hierarchy:

- **Avoid** through project design refinements
- **Minimise** through construction planning and operational protocols
- **Mitigate** residual impacts through technical controls and community engagement.

For positive impacts, measures focus on:

- **Securing** benefits through operational commitments and design features
- **Enhancing** outcomes through targeted programs that deliver wellbeing gains.

7.2 Integration with Technical Studies

Most social impacts are managed primarily through design refinements and measures identified in specialist technical assessments, including:

- Noise & Vibration Assessment: 2.4 m acoustic hoarding, real-time monitoring, standard construction hours.
- Construction Traffic Management Plan: traffic controllers, truck movement restrictions, pedestrian maintenance.
- Traffic Impact Assessment: access design, 583-space basement parking.
- Green Travel Plan: mode shift targets, bike facilities, sustainable transport promotion.
- Visual Impact Assessment: design articulation, materiality, landscaping.

Many of these measures, particularly those related to amenity and environmental contamination such and noise and dust, will be implemented through the project Construction Environmental Management Plan, including specialist sub-plans such as the Construction Noise and Vibration Management Plan, which will be finalised by the construction contractor during detailed planning.

7.3 SIA Specific Measures

The primary SIA management measure is the development and implementation of a Construction Communications and Engagement Strategy to maintain ongoing dialogue with surrounding residents, workers, patients, carers and visitors throughout the construction period. This strategy ensures all stakeholders are informed about the timing and likely impacts of construction activities, with clear channels for feedback and questions.

Effective communication is essential to managing the social dimensions of construction impacts identified in this assessment. While technical mitigation measures address the physical sources of disruption, noise, traffic, dust, visual intrusion, the SIA-specific measures address how people experience and respond to these changes. As with any major construction project, some level of disruption is anticipated. However, proactive and transparent communication enables affected stakeholders to prepare for impacts, builds community resilience, and allows emergent issues to be identified and addressed before they escalate.

The Communications and Engagement Strategy should include:

- Pre-construction notifications: Information provided to residents, businesses and community facilities at least 14 days prior to works commencing, detailing the nature of works, expected impacts, duration, and site manager contact details.

- Regular construction updates: Monthly updates to adjacent residents during high-intensity construction phases (demolition, structural works), with project information available on the hospital website.
- Accessible contact mechanisms: Site manager contact details displayed on the site gate and provided in all communications, with a 24-hour complaint response protocol ensuring concerns are investigated and responded to within 24 hours.
- Community information session: Pre-construction session explaining the construction program, impact management measures, and complaint procedures, with particular acknowledgment of community concerns arising from past construction experiences.
- Responsive engagement: Ongoing availability of the site manager to address stakeholder concerns and make operational adjustments where impacts prove more acute than predicted.

These measures complement the technical mitigation in specialist assessments and construction management plans, ensuring that management strategies translate into effective social outcomes. The strategy recognises that communities experiencing well-managed communication and engagement processes demonstrate greater tolerance for temporary construction disruption and are more likely to view the project positively over its lifecycle.

7.4 Mitigation and Enhancement Measures

Table 9 shows the Management and Mitigation Framework with Residual Impact Assessment.

Table 9 Management and Mitigation Framework with Residual Impact Assessment

Impact	Evaluated	Measures from specialist studies or the project	SIA-specific mitigation measures	Residual impact significance
Construction Phase				

WOL-1: Construction disruption to daily routines, mobility and safety - Construction noise, dust, traffic delays and heavy vehicle movements disrupt daily routines, mobility and safety	Almost certain + Moderate = High	• Implementation of project CEMP, including particularly the NVIA:
		  ○ Real-time noise monitoring
		  ○ Works cease when criteria exceeded
		  ○ Construction hours: Mon-Fri 7am - 6pm, Sat 8am - 1pm, no Sunday work
		• Implementation of the CTMP
			Implementation of CCSEP, particularly:
			• Construction notifications 14 days prior: nature, expected impacts, duration, site manager contact
			• Site manager contact on gate
			• 24-hour complaint response
			• Monthly updates to adjacent residents during demolition/structural phases
				Almost certain + Minor = Medium (negative)

WOL-2: Construction parking pressure - Construction workers increase competition for on-street parking in surrounding streets	Likely + Minor = Medium	• Implementation of the CTMP including incentivising active and public transport uses.
		• Investigate opportunities to progressively release new parking to support construction vehicles
			• Implementation of CCSEP, particularly:
			  ○ Pre-construction notification to Uranga Parade, Matthews Street, Hillcrest and Rosemont Street residents
			  ○ Site manager contact for parking concerns
			• Investigate opportunities for offsite parking provision within walking distance or shuttle bus transfers if local situation deteriorates
				Possible + Minimal = Low (negative)

Impact	Evaluated	Measures from specialist studies or the project	SIA-specific mitigation measures	Residual impact significance
COM-1: Dwelling displacement: Displacement of ~8 households (15-23 Urunga Parade) disrupts neighbourhood connections	Almost certain + Minor = Low		Not Required	Almost certain + Minor = Low
ACC-1: Construction accessibility disruption: Footpath closures, heavy vehicles and parking removal temporarily disrupt precinct movement	Possible + Moderate = Medium	Implementation of CTMP	Ensure signage and wayfinding treatments are clear and accessible for those with mobility issues including the elderly, vision and hearing impaired	Possible + Minor = Low (negative)

HW-1: Construction health stressors: Prolonged construction noise, early-morning disturbance and dust contribute to stress, frustration and reduced sleep quality	Likely + Moderate = High	• Implementation of project CEMP, including particularly the NVIA.	• Implementation of CCSEP, particularly:
			  ○ 24-hour complaint response with investigation
			  ○ Monthly updates during high-intensity phases
			• Monitor the status of the Diment Towers redevelopment for potential overlap of high activity phases with reopening of the facility
				Likely + Minor = Medium (negative)

SUR-1: Construction affects character and liveability: Construction works, cranes, hoarding and machinery noticeably alter visual and amenity character, potentially affecting property desirability	Possible + Moderate = Medium	Implementation of project CEMP	• Investigate opportunities for adaptive design treatments for the site hoardings to minimise visual impacts • Ensure CEMP includes contractor requirements to maintain street scape amenity cleanliness	Possible + Minor = Low (negative)
LIV-2: Surrounding business disruption: Home-based and nearby	Possible + Moderate = Medium	• Implementation of project CEMP, including particularly the NVIA:	• Implementation of CCSEP, particularly:	Possible + Minor = Low (negative)

Impact	Evaluated	Measures from specialist studies or the project	SIA-specific mitigation measures	Residual impact significance
businesses experience reduced patronage or disrupted operations		○ Real-time noise monitoring ○ Works cease when criteria exceeded ○ Construction hours: Mon-Fri 7am - 6pm, Sat 8am - 1pm, no Sunday work Implementation of the CTMP	○ Pre-construction notification to businesses <200 m explains impacts and duration ○ 24-hour complaint response with investigation	
DM-1: Consultation fatigue and distrust - Repeated engagement (post-2022 withdrawal, overlapping with Health Precinct Strategy) may create fatigue and scepticism	Possible + Minor = Low	Design refinements and adaptive reuse of heritage assets	Not required	Possible + Minor = Low
Operational Phase				
COM-2: Precinct transformation trajectory: Project signals broader precinct transformation, creating anticipatory anxiety for some, optimism for others	Possible + Moderate = Medium	• Design consistent with precinct vision • Heritage buildings retained for IAMS • Landscaping and accessibility treatments enhance public realm	Work with relevant Government stakeholders to integrate messaging about how project is one component of broader precinct planning process.	Possible + Moderate = Medium
ACC-2: Operational accessibility enhancement: Expanded 583-space basement parking, ED with dedicated ambulance access, new Urunga Parade primary access improve accessibility	Almost certain + Moderate = High	Benefits secured through: • 583 basement spaces address undersupply • Separate ED ambulance access from Crown Street Street-level entries from Crown Street and Urunga Parade • Enhanced pedestrian/cyclist connections		Almost certain + Moderate = High (positive)

Impact	Evaluated	Measures from specialist studies or the project	SIA-specific mitigation measures	Residual impact significance
HW-2: Operational health service improvements: New ED, expanded ICU, additional operating theatres, radiation oncology, medical accommodation deliver significant community health benefits	Almost certain + Major = Very High	Benefits secured through: • Operational commitment to maintain expanded services Clinical service planning addresses identified gaps ED access design facilitates rapid emergency care		Almost certain + Major = Very High (positive)
HW-3: Aboriginal health equity through IAMS: IAMS birthing centre and walk-in clinic under Aboriginal community control provide culturally safe care, removing barriers to healthcare	Almost certain + Major = Very High	Benefits secured through: • 99-year lease ensures long-term IAMS control • Birthing centre led by Aboriginal midwives with cultural protocols • Walk-in clinic offers accessible primary care entry point • Integration with hospital and adjacent to Wollongong Public Hospital creates care pathway		Almost certain + Major = Very High (positive)
SUR-2: Operational amenity impacts - 12-storey building introduces visual bulk, reduces privacy and changes outlook for adjacent properties	Possible + Moderate = Medium	Design treatments and refinements undertaken through iterative process with SDRP: • Design articulation breaks up building mass • Materiality/colours consistent with hospital character • Landscaping along boundaries • Window placement considers privacy • Overshadowing analysis shows minimal additional impact	Distribute tailored communications and offer meetings with concerned neighbours to provide detailed information of design treatments that reduce potential impacts.	Possible + Minor = Low (negative)

Impact	Evaluated	Measures from specialist studies or the project	SIA-specific mitigation measures	Residual impact significance
CUL-1: Aboriginal cultural connection and empowerment: IAMS on Dharawal Country under Aboriginal control enables genuine cultural self-determination	Likely + Major = High	Benefits secured through: • 99-year lease ensures community control • Purpose-designed cultural elements: pathway, bush-tucker garden, meeting-circle mural • Aboriginal decision-making power maintained • Aboriginal employment opportunities		Likely + Major = High (positive)
LIV-1: Construction employment - ~220 FTE peak construction workforce plus indirect jobs support household incomes and local economy	Almost certain + Minor = Medium	Benefits secured through: • Construction contracts require local workforce participation where feasible • Range of skill levels required	Enhancement measures: • Employment opportunities advertised through local channels • Aboriginal employment strategy for construction • Seek local business procurement opportunities	Almost certain + Minor = Medium (positive)
LIV-3: Operational employment - Expanded hospital and IAMS generate 200 - 300+ permanent FTE across clinical, allied health, administrative and support roles	Almost certain + Moderate = High	Increased long term demand for health care professionals in the region		Almost certain + Moderate = High (positive)

7.5 Residual Impact Summary

Following mitigation and enhancement implementation, residual significance ratings:

Construction Phase (Negative):

- 2 Medium impacts (WOL-1 daily routine disruption, HW-1 health stressors)
- 6 Low impacts (WOL-2 parking, ACC-1 accessibility, SUR-1 character, LIV-2 business, COM-2 precinct transformation)
- 2 Negligible impacts (COM-1 dwelling displacement, DM-1 consultation fatigue).

Operational Phase (Negative):

- 1 Low impact (SUR-1 amenity/privacy/bulk).

Operational Phase (Positive):

- 3 Very High impacts (HW-2 health service improvements, HW-3 Aboriginal health equity through IAMS)
- 3 High impacts (ACC-2 accessibility enhancement, LIV-3 operational employment, CUL-1 Aboriginal cultural connection)
- 1 Medium impact (LIV-1 construction employment).

The mitigation hierarchy successfully reduces construction impacts from High to Medium or Low significance. Operational negative impacts are minimal and manageable. Positive impacts are enhanced through specific measures that translate project outputs into tangible community wellbeing outcomes.

7.6 Monitoring and Adaptive Management

Monitoring ensures mitigation effectiveness and enables adaptive management:

Construction Phase:

- Real-time noise monitoring at R2 and H1 with alert system (continuous)
- Worker parking behaviour observations (monthly)
- Complaint register maintained with 24-hour response protocol (continuous)
- Construction impacts reviewed monthly with adjacent residents during high-intensity phases
- Site manager availability for immediate concerns (continuous).

Operational Phase:

- Operational noise monitoring in first 6 months to verify criteria compliance
- GTP monitoring annually: mode share surveys, bike parking utilisation, target achievement
- Complaint register maintained with investigation protocol (continuous)
- Health service utilisation data tracks accessibility improvements (annual review).

Monitoring findings inform adaptive management responses where impacts exceed predictions or mitigation proves insufficient.

8.0 Conclusion

The Wollongong Private Hospital expansion will deliver substantial long-term benefits to the Illawarra-Shoalhaven region while generating manageable and temporary construction impacts on the immediate local community.

The assessment identifies three Very High Positive operational impacts: expanded health service capacity meeting projected regional demand, enhanced Aboriginal health equity through the IAMS partnership, and improved cultural connection and self-determination for the Aboriginal community. Additional High Positive impacts include enhanced local accessibility through expanded parking and emergency department provision, and meaningful ongoing employment creation of 200 - 300+ permanent FTE.

Construction phase impacts are localised and temporary. Two Medium Negative residual impacts: construction disruption to daily routines and construction health stressors, will affect immediate residents over 24 months. These unavoidable impacts will be actively managed through technical mitigation measures and proactive community engagement outlined in the Construction Communications and Engagement Strategy. Other construction impacts reduce to Low or Negligible significance following mitigation. The single operational negative impact, changed visual amenity, privacy and built form, is assessed as Low significance.

The project demonstrates substantive responsiveness to community feedback through design evolution from the 2022 SSDA and the IAMS partnership model, which transforms heritage building retention into a generational health equity intervention under Aboriginal community control.

This SIA concludes the project is justified from a social impact perspective, particularly in the context of recent precinct planning initiatives. Operational benefits are substantial, regionally significant, and address demonstrated healthcare system needs and health inequities, particularly for Aboriginal community members. While construction activities will generate temporary impacts, the residual risk is considered low to moderate with implementation of enhanced mitigation measures developed from learnings during the 2013 construction phase. The balance between temporary construction disruption and permanent healthcare transformation strongly supports positive project outcomes, subject to implementation of recommended mitigation and monitoring measures.

Statement of qualification

This SIA was prepared by Roland Short, who holds a Bachelor Urban and Regional Planning (Honours) and a Graduate Diploma in Law, and has approximately ten years' professional experience undertaking SIA. Roland is a professional member of the Environment Institute of Australia and New Zealand (EIANZ). This SIA was completed in December 2025. The lead author confirms that the assessment contains all relevant information available at the time of preparation, has been undertaken in accordance with applicable legal and ethical obligations, and that, to the best of their knowledge, the information presented is not false or misleading.

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Appendix A Community Profile

Social Impact Assessment

Wollongong Private Hospital Expansion

AA Crown Holdings Pty Ltd

SLR Project No.: 660.v30174.00001

5 February 2026

A.1 Local Study Area Community Profile

Table A-1 Local Study Area Community Profile

Wollongong City Council, Population density, 2021, Usual residence, Persons, Persons per square km			
SA1	Density	Population	Square km
10704154911	2395.7	551	0.23
10704154902	4894.3	648	0.13
		1199	0.36
Wollongong City Council, People who moved address in the last 5 years, 2021, Usual residence, Persons			
SA1	Number (People)	Percent (%)	Total people
10704154911	281	52.3%	537
10704154902	313	50.2%	624
	594	51.2%	1161
Median age, 2021			
Area	Median age (years)		
10704154911	29		
10704154902	41		
People aged 0 to 4 years, 2021			
SA1	Number	Percent (%)	Total people
10704154911	18	3.3	551
10704154902	18	2.8	648
	36	3%	1199
People aged 5 to 11 years, 2021			
SA1	Number	Percent (%)	Total people
10704154911	37	6.7	551
10704154902	21	3.2	648
	58	4.8%	1199
People aged 12 to 17 years, 2021			
SA1	Number	Percent (%)	Total people
10704154911	35	6.4	551
10704154902	14	2.2	648
	49	4.1%	1199
People aged 18 to 24 years, 2021			
SA1	Number	Percent (%)	Total people
10704154911	103	18.7	551
10704154902	91	14	648

	194	16.2%	1199
People aged 25 to 34 years, 2021			
SA1	Number	Percent (%)	Total people
10704154911	125	22.7	551
10704154902	135	20.8	648
	260	21.7%	1199
People aged 35 to 54 years, 2021			
SA1	Number	Percent (%)	Total people
10704154911	110	20	551
10704154902	119	18.4	648
	229	19.1%	1199
People aged 55 to 64 years, 2021			
SA1	Number	Percent (%)	Total people
10704154911	48	8.7	551
10704154902	67	10.3	648
	115	9.6%	1199
People aged 65 to 79 years, 2021			
SA1	Number	Percent (%)	Total people
10704154911	43	7.8	551
10704154902	112	17.3	64
	155	25.2%	615
People aged 80 years and over, 2021			
SA1	Number	Percent (%)	Total people
10704154911	26	4.7	551
10704154902	66	10.2	648
	92	7.7%	1199
Couple families with children, 2021			
SA1	Number	Percent (%)	Households
10704154911	43	18.4	234
10704154902	33	10.4	318
	76	13.8%	552
One parent families with children, 2021			
SA1	Number	Percent (%)	Households
10704154911	33	14.1	234
10704154902	17	5.3	318
	50	9.1%	552
Lone person households, 2021			

SA1	Number	Percent (%)	Households
10704154911	57	24.4	234
10704154902	168	52.8	318
	225	40.8%	552
Group households, 2021			
SA1	Number	Percent (%)	Households
10704154911	31	13.2	234
10704154902	31	9.7	318
	62	11.2%	552
Couple families without children, 2021			
SA1	Number	Percent (%)	Households
10704154911	44	18.8	234
10704154902	42	13.2	318
	86	15.6%	552
Older lone person households (aged 65 years and over), 2021			
SA1	Number	Percent (%)	Households
10704154911	17	7.3	234
10704154902	80	25.2	318
	97	17.6%	552
SA1	People/hh		
10704154911	2.46		
10704154902	1.77		
People of Aboriginal or Torres Strait Islander origin, 2021			
SA1	Number	Percent (%)	Total people
10704154911	18	1.8	1,022
10704154902	18	2.9	625
	36	2.2%	1647
People born overseas, 2021			
SA1	Number	Percent (%)	Total people
10704154911	223	39.5	565
10704154902	223	34	655
	446	36.6%	1220
People not fluent in English, 2021			
SA1	Number	Percent (%)	Total people
10704154911	43	7.8	551
10704154902	42	6.5	648
	85	7.1%	1199

People speaking Arabic at home, 2021			
SA1	Number	Percent (%)	Total people
10704154911	31	5.6	551
10704154902	5	0.8	648
	36	3.0%	1199
People speaking Chinese languages at home, 2021			
SA1	Number	Percent (%)	Total people
10704154911	35	6.4	551
10704154902	35	5.4	648
	70	5.8%	1199
Low income households (less than $800 per week), 2021			
SA1	Number	Percent (%)	Households
10704154911	42	20.1	209
10704154902	144	45	320
	186	35.2%	529
High income households (more than $3,000 per week), 2021			
SA1	Number	Percent (%)	Households
10704154911	39	18.7	209
10704154902	19	5.9	320
	58	11.0%	529
People in need of assistance due to disability, 2021			
SA1	Number	Percent (%)	Total people
10704154911	44	8	551
10704154902	94	14.5	648
	138	11.5%	1199
Index of Relative Socio-economic Advantage and Disadvantage, 2021			
SA1	SEIFA index	Total pop	
10704154911	987	551	
10704154902	888	648	
Long-term health conditions, 2021			
SA1	Number	Percent (%)	Total people
10704154911	165	29.6	557
10704154902	292	45.3	644
	457	38.1%	1201
mental health condition, 2021			
SA1	Number	Percent (%)	Total people
10704154911	57	10.3	551

10704154902	118	18.2	648
	175	14.6%	1199
People with asthma, 2021			
SA1	Number	Percent (%)	Total people
10704154911	28	5.1	551
10704154902	70	10.8	648
	98	8.2%	1199
People attending university, 2021			
SA1	Number	Percent (%)	Total people
10704154911	80	14.5	551
10704154902	70	10.8	648
	150	12.5%	1199
Attending TAFE/Vocational, 2021			
SA1	Number	Percent (%)	Total people
10704154911	22	4	551
10704154902	22	3.4	648
	44	3.7%	1199
People with university qualifications, 2021			
SA1	Number	Percent (%)	Total people aged 15+
10704154911	156	32.3	483
10704154902	125	21	596
	281	26.0%	1079
People with trade qualifications (Certificate), 2021			
SA1	Number	Percent (%)	Total people aged 15+
10704154911	88	18.2	483
10704154902	95	15.9	596
	183	17.0%	1079
People who travelled to work on public transport, 2021			
SA1	Number	Percent (%)	Total employed
10704154911	3	1.1	263
10704154902	17	7.1	238
	20	4.0%	501
People who travelled to work by car, 2021			
SA1	Number	Percent (%)	Total employed
10704154911	126	47.9	263
10704154902	94	39.5	238
	220	43.9%	501

People who walked to work, 2021			
SA1	Number	Percent (%)	Total employed
10704154911	25	9.5	263
10704154902	19	8	238
	44	8.8%	501
People who worked from home, 2021			
SA1	Number	Percent (%)	Total people
10704154911	59	22.4	263
10704154902	53	22.3	238
	112	22.4%	501
Home owners (households who fully own their dwelling), 2021			
SA1	Number	Percent (%)	Households
10704154911	53	22.6	234
10704154902	37	11.6	318
	90	16.3%	552
Households with a mortgage, 2021			
SA1	Number	Percent (%)	Households
10704154911	29	12.4	234
10704154902	33	10.4	318
	62	11.2%	552
Households renting privately, 2021			
SA1	Number	Percent (%)	Households
10704154911	125	53.4	234
10704154902	100	31.4	318
	225	40.8%	552
Households renting social housing, 2021			
SA1	Number	Percent (%)	Households
10704154911	0	0	234
10704154902	108	34	318
	108	19.6%	552
Separate houses, 2021			
SA1	Number	Percent (%)	Total dwellings
10704154911	92	35.8	257
10704154902	53	14.1	375
	145	22.9%	632
Medium density dwellings, 2021			
SA1	Number	Percent (%)	Total dwellings

10704154911	156	60.7	257
10704154902	84	22.4	375
	240	38.0%	632
High density housing, 2021			
SA1	Number	Percent (%)	Total dwellings
10704154911	9	3.5	257
10704154902	238	63.5	375
	247	39.1%	632
Labour force participation rate, 2021			
SA1	Number	Percent (%)	Total people aged 15+
10704154911	290	58.9	492
10704154902	263	44.1	596
	553	50.8%	1088
People employed as Managers or Professionals, 2021			
SA1	Number	Percent (%)	Total employed
10704154911	110	40.1	274
10704154902	73	30.3	241
	183	35.5%	515

A.2 Wollongong LGA Community Profile

Table A-2 Wollongong LGA Community Profile

Population summary	Wollongong LGA
Total population	214,564
Total dwellings	89,329
Total families	57,143
Males	49.2
Females	50.8
Aboriginal and/or Torres Strait Islander	3.2
Australian-born	74.9
Households where a non-English language is used	19.3
Has one or more long-term health condition(s)	30.9
0-4 years	5.6
5-9 years	5.9
10-14 years	6.0
15-19 years	6.1
20-24 years	7.4

Population summary	Wollongong LGA
25-29 years	6.7
30-34 years	6.5
35-39 years	6.3
40-44 years	6.1
45-49 years	6.4
50-54 years	6.1
55-59 years	6.2
60-64 years	6.0
65-69 years	5.1
70-74 years	4.6
75-79 years	3.5
80-84 years	2.7
85+ years	2.7
Highest level of educational attainment (most common)	Bachelors Degree level or higher
Couple family without children	38.3
Couple family with children	43.3
One parent family	16.8
Other family	1.5
Occupied private dwellings	93.7
Unoccupied private dwellings	6.3
Separate house	68.4
Semi-detached, row or terrace house, townhouse etc	12.2
Flat or apartment	18.5
Other dwelling	0.7
Family households	69.2
Single (or lone) person households	26.4
Group households	4.5
Owned	66.2
Rented	31.0
Other tenure type	1.6
Less than $650 total household weekly income (low)	18.6
$3,000 or more total household weekly income (high)	23.8

Appendix B Technical Assessment Outcomes

Social Impact Assessment

Wollongong Private Hospital Expansion

AA Crown Holdings Pty Ltd

SLR Project No.: 660.v30174.00001

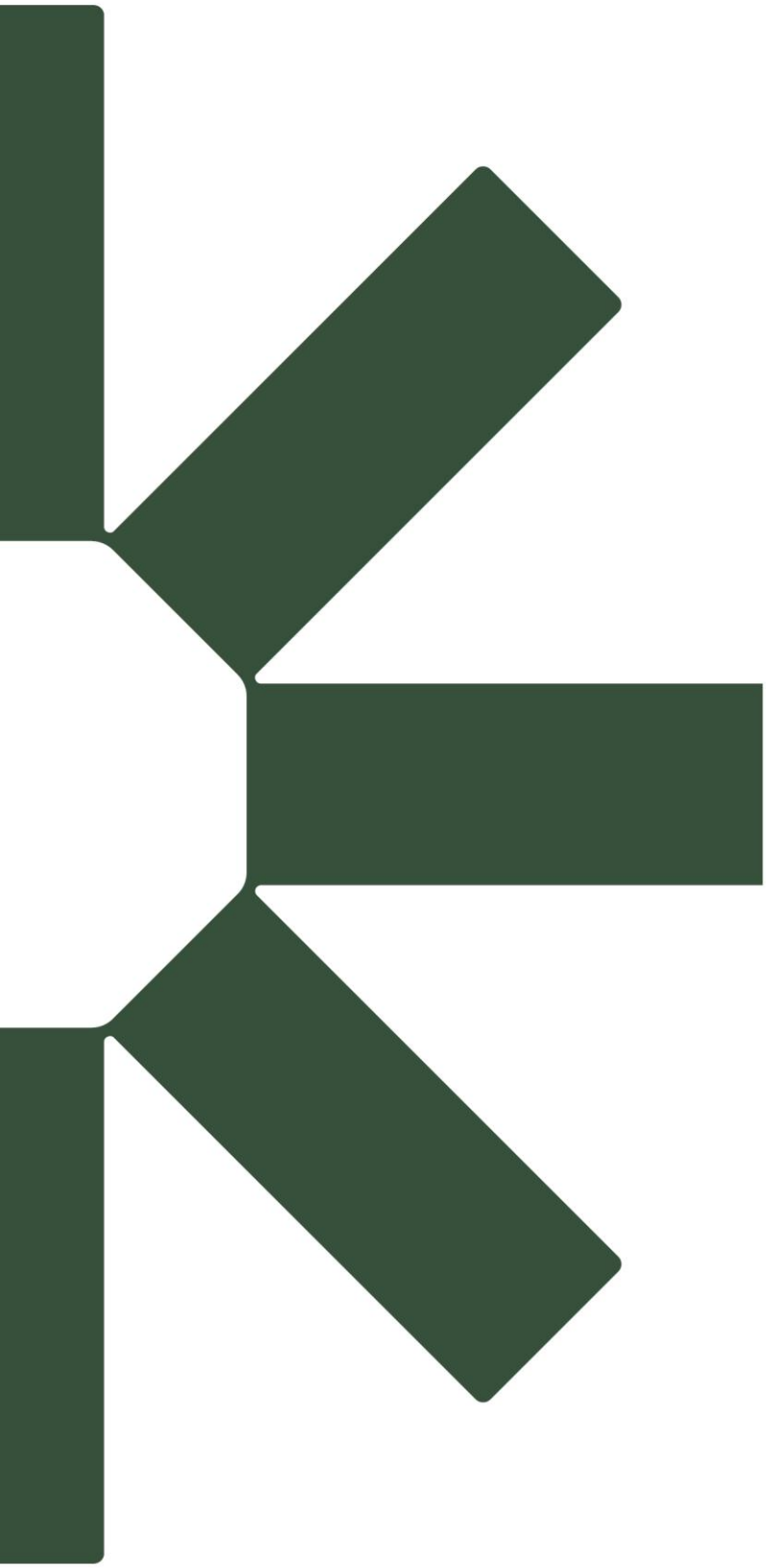
5 February 2026

Table B-3 Outcomes of other EIS technical assessments as relevant to the SIA

Technical Assessment	Key Outcomes	SIA Relevance
Traffic & Transport Impact Assessment	• Net increase of 135 vehicle trips in AM peak, 124 in PM peak • All intersections operate at satisfactory Level of Service (LoS B or better AM; LoS C or better PM) • Parking increased from 301 to 583 spaces (adequate per DCP) • Access reconfigured: ambulance via Crown St, general access via Urunga Parade • No significant adverse impacts on local road network	Impacts way of life (access, mobility), community cohesion, amenity. Traffic generation is manageable but community concerns remain about congestion and parking spillover.
Noise & Vibration Assessment	Construction: • Without mitigation: exceedances of Highly Noise Affected criteria (75dBA) at R1, R2, H1 • With mitigation (2.4m acoustic barrier): compliant except at H1 (up to 24dB exceedance) • Real-time monitoring proposed at R2 and H1 Operation: • Mechanical plant: expected to comply with criteria with standard mitigation Traffic noise: vehicle movements will comply with 2.1m acoustic barrier at Urunga Parade • Traffic generation: <2dB increase (insignificant per RNP) • Helicopter noise from WBH: not expected to cause adverse impacts	Impacts health & wellbeing, surroundings, way of life. Construction noise is significant concern for adjacent residents, particularly given negative past experiences. Operational noise manageable with mitigation.
Visual Impact Assessment	9 viewpoints assessed: • High/Moderate impact: VP2 (Dudley St), VP4 (Matthews St) – close residential views • Moderate impact: VP3 (Matthews St), VP5 (Urunga Parade) Moderate/Low: VP6 (Mangerton Rd) • Low or None: VP1, VP7, VP8, VP9 • Generally consistent with existing hospital scale and character • Limited public views due to screening by landscape and existing buildings	Impacts surroundings (visual amenity), way of life, sense of place. Most significant impacts at close-range residential viewpoints. Proposal integrates with existing hospital character, reinforces health precinct identity.
Aboriginal Cultural Heritage Assessment (ACHAR)	• No Aboriginal sites or objects identified in study area • Study area assessed as disturbed with nil-low potential for Aboriginal objects	Impacts culture (Aboriginal heritage). No impacts identified. Standard unexpected finds procedures recommended. Opportunity

Technical Assessment	Key Outcomes	SIA Relevance
	• No specific social, cultural, aesthetic or historical significance identified by RAPs • Recommendations: no further assessment required; unexpected finds protocol in place	for cultural expression through IAMS facility integration.
Construction Traffic Management Plan (CTMP)	• Average 80 truck movements per day (~16 per peak hour) • Construction access via Urunga Parade • Works zone on Urunga Parade frontage (temporary removal of on-street parking) • No on-site construction worker parking; encouraged to use public transport Traffic controllers at site access • Truck movements minimised during peak hours and school times • Pedestrian, cyclist, traffic and bus services maintained at all times • Nominated haulage routes established • Weekly monitoring and daily inspections • Traffic Guidance Scheme compliant with TfNSW standards	Impacts way of life (access, mobility, daily activities), surroundings, community cohesion. Truck movements relatively low but temporary parking removal and construction activity will affect residential amenity and local access.
Green Travel Plan (GTP)	Objectives: • Facilitate modal shift to sustainable transport • Reduce car ownership • Mode Share Targets (5-year): • Car driver: reduce from 82% to 64% (-18%) • Public transport: increase from 3% to 10% (+7%) • Walking: increase from 6% to 8% (+2%) • Cycling: increase from 1% to 2% (+1%) • Work from home: increase from 2% to 10% (+8%) Measures: • 52 secure bike spaces + end-of-trip facilities • Transport Access Guide for all staff/visitors • Car share vehicles on-site • Walking/cycling groups • Carpooling forum • Travel Plan Coordinator appointed • Regular monitoring and travel surveys	Impacts way of life (travel choices, accessibility), health & wellbeing (active transport), surroundings (reduced vehicle emissions). Positive initiative to reduce single-occupancy vehicle trips and promote sustainable transport, addressing community concerns about traffic and parking. Aligns with regional transport policy objectives.
Economic Impact Assessment	Construction Phase (2 years): • Capital investment: $190.6M (excl. GST) • 220 direct FTE jobs p.a. in construction	Impacts livelihoods (employment generation, business opportunities), community (economic

Technical Assessment	Key Outcomes	SIA Relevance
	• 280 production induced indirect FTE jobs p.a. • 310 consumption induced indirect FTE jobs p.a. • Total: ~810 direct & indirect FTE jobs p.a. Operational Phase (ongoing): • 390 direct FTE jobs on-site (180 hospital + 210 commercial space) • 70 production induced indirect FTE jobs • 320 consumption induced indirect FTE jobs • Total: ~780 direct & indirect FTE jobs • Annual IVA: $38.5M direct; $119.6M total Other Benefits: • Addresses projected shortfall of private hospital beds in ISLHD • Supports ageing demographic and private health insurance growth • Improves employment self-containment (currently 16.2% in Wollongong-West SA2) • Educational/vocational training platform • Economic aggregation and industry partnership opportunities	diversification, industry strengthening), health & wellbeing (improved health service provision), accessibility (reduced need to travel to Sydney for treatment). Significant positive economic and social benefits for local and regional economy, particularly through employment generation and healthcare service enhancement.



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