



St George Private Hospital

Social Impact Assessment

Final

October 2025

St George Private Hospital

Social Impact Assessment

Final

Prepared by
Umwelt (Australia) Pty Limited

On behalf of
Ramsay Health Care

Project Director: Dr Sheridan Coakes
Project Manager: Carmel Dowling
Report No.: 31995 / R01
Date: October 2025



This report was prepared using
Umwelt's ISO 9001 certified
Quality Management System.

Acknowledgement of Country

Umwelt acknowledges the Traditional Owners of Country throughout Australia and their continuing values, culture and connection to the land, waters and sky.

We pay our respects to Elders past and present.

The below image is from the artwork *Yapung Maryiyang* (Pathway Forward) by Saretta Fielding.



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Document Status

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V1	Dr Sheridan Coakes	10/09/2025	Carmel Dowling	10/09/2025
V2	Dr Sheridan Coakes	28/10/2025	Carmel Dowling	28/10/2025

Author Declaration

As outlined in Appendix B of the SIA Guideline, (DPHI, 2025), suitably qualified and experienced practitioner/s should be involved in the preparation of the SIA scoping report and the SIA report. A suitably qualified person must have:

- Suitable qualifications in a relevant social science discipline.
- Proven experience over multiple years and substantial competence in social science research methods and SIA practices.

This SIA has been prepared by Carmel Dowling (the SIA Project Manager) under the guidance and review Dr Sheridan Coakes (the SIA Project Director).

We declare that this SIA, completed on 28 October 2025.

- Was prepared by a team that has suitable qualifications, proven experience and competence in SIA practice, and relevant professional memberships as outlined in **Table 1.1**.
- That the authors understand their legal and ethical obligations in the preparation of the SIA.
- That none of the information included in the SIA is false or misleading.
- That the SIA contains all relevant information available at the time of preparation.

We declare that, through the development of this SIA, the authors have adhered to:

- The SIA principles outlined in Table 2 of the SIA Guideline (DPHI, 2025).
- The IAIA Professional Code of Conduct and Ethical Responsibilities (IAIA, 2009).
- The EIANZ Code of Ethics and Professional Conduct (EIANZ, 2021).

SIA Project Director Dr Sheridan Coakes	SIA Project Manager Carmel Dowling
	

AD Table 1 Author Qualifications

Requirement	SIA Project Manager: Carmel Dowling	SIA Project Director: Dr Sheridan Coakes
Suitable qualifications	• Master of International Studies (with Distinction), Simon Fraser University, Canada • Bachelor of Arts (History and Politics), The University of Glasgow, UK • International Association for Impact Assessment (IAIA) Certificate in Social Impact Assessment	• Doctor of Philosophy (Psychology), Curtin University, WA • BSc (Hons) Psychology, Curtin University WA

Requirement	SIA Project Manager: Carmel Dowling	SIA Project Director: Dr Sheridan Coakes
Proven experience in SIA practice Professional memberships	• 2 years	• 30+ years • Long standing Member, International Association for Impact Assessment (IAIA) • Full Member, Environment Institute of Australia and New Zealand (EIANZ) • Convenor SIA Community of Practice, EIANZ • Chair, SIA Strategic Advisory Committee, Certified Environmental Practitioners Scheme

Executive Summary

This Social Impact Assessment (SIA) report has been prepared on behalf of Akalan Projects Pty Ltd in support of a State Significant Development Application (SSDA) submitted to the Department of Planning, Housing and Infrastructure (DPHI) under Part 4 of the *Environmental Planning and Assessment Act 1979* (EP&A Act 1979).

The SSDA seeks approval for the expansion of the St George Private Hospital (the project). Specifically, the SSDA seeks consent for two components: the first being the erection of a health services facility (hospital), and the second relating to upgrades to the main hospital campus, including a new emergency department.

This report provides an assessment of the Project's social impacts to address the requirements of the NSW Department of Planning, Housing and Infrastructure (DPHI) Social Impact Assessment Guideline for State Significant Projects (2025) (the SIA Guideline), Undertaking Engagement Guidelines for State Significant Projects (2024) and responds to the Secretary's Environmental Assessment Requirements (SEARs) issued by DPHI on 30 June 2025 in relation to the project.

Methodology

This SIA has involved the following key methodological steps:

- Definition of the social locality.
- Stakeholder analysis and mapping to ascertain those likely most impacted by the Project.
- Development of a social baseline profile, including compilation of community characteristics, and analysis of existing social conditions and trends, including relevant opportunities and challenges across the social locality.
- Community and stakeholder consultation to ensure participatory social assessment methods.
- Social impact identification and evaluation
- Social impact management

Social Baseline Summary

Project sites are located in the Georges River Local Government Area (LGA), within the Kogarah town centre. The sites are approximately 1.7 km from Brighton Le Sands Beach, and approximately 3.5 km from Sydney Airport. Kogarah town centre is a high-density health and education precinct with a diverse urban environment that includes social infrastructure, commercial businesses, educational institutions, a mix of low- and high-density residential housing, emergency and health service providers, and the SG Public Hospital campus. The community has strengths in healthcare services, education, cultural diversity, and strong social infrastructure. Challenges faced by the community include meeting the needs of an ageing and growing population.

Community and Stakeholder Engagement

The consultation process involved a multi-faceted engagement approach targeting a broad range of stakeholders, including adjacent and proximal residents, businesses, health services, education providers, emergency services, community groups, and local government representatives.

Approximately 1,600 project information sheets were distributed to nearby residents, complemented by an online community survey completed by 46 participants representing diverse groups such as hospital employees, residents, and community organisations. Additionally, intercept surveys were conducted with over 150 users of the Princes Highway footbridge and hospital staff and visitors. Eight in-depth stakeholder interviews with key representatives including hospital executives and local council representatives were also undertaken.

Outcomes of Assessment

The SIA has identified and assessed social impacts of the Project, with consideration of engagement outputs, the baseline social context, and review of other primary and secondary data sources including other relevant social studies and research, as well as the outcomes of other technical studies undertaken for the Project.

- Positive social impacts identified as being of very high, high and medium significance include:
- Improved access to private health care services
- Improved access to public hospital service due to reduced demand
- Livelihood benefits to local businesses due to the temporary construction workforce spend in the locality
- Improved access to the site through the provision of additional car parking
- Improvement to pedestrian amenity through ground floor place activation
- Sustainable design of the building facilitates improved health and wellbeing, resilience, adaptability and enhanced education
- Increased sense of place and community cohesion due to place activation and enhanced visual amenity
- Impact to First Nations values and connection to Country through the incorporation of connecting with country outcomes in the building design
- Enhanced livelihood outcomes for businesses/services due to increased public access

Negative social impacts identified as being of high to medium significance include:

- Reduced social amenity due to dust, noise, and vibration associated with Project construction activity
- Disruption to student learning given noise and vibration associated with construction activity
- Reduced access and privacy for users the Drug and Alcohol Unit
- Diminished public safety associated with construction activity and altered traffic conditions

Social Impact Management Planning

In addition to the Project design refinement, the SIA proposes a Social Impact Management Framework that includes mitigation and enhancement measures related to Construction and Traffic Management Plans, Community and Stakeholder Engagement, Interface Plan between the SG Public and Private Hospitals, Placemaking and Activation and a Local Employment and Procurement Plan.

Abbreviations

Abbreviation	Description
ABS	Australian Bureau of Statistics
ACHA	Aboriginal Cultural Heritage Assessment
AIHW	Australian Institute of Health and Welfare
AO	Officer of the Order of Australia
ASGS	Australian Statistical Geography Standard
CALD	Culturally and Linguistically Diverse
CEO	Chief Executive Officer
CMP	Preliminary Construction and Traffic Management Plan
CPTED	Crime Prevention Through Environmental Design
CSEP	Community and Stakeholder Engagement Plan
DPE	Department of Planning and Environment
DPHI	Department of Planning, Housing and Infrastructure
EIS	Environmental Impact Statement
EP&A	Environmental Planning and Assessment
FTE	Full time equivalent
GSC	Greater Sydney Commission
ICU	Intensive Care Unit
IAIA	International Association for Impact Assessment
IEO	Index of Occupation and Education
IRSAD	Index of Relative Socio-economic Advantage and Disadvantage
kgCO₂e/m²	Kilograms of carbon dioxide equivalent per square metre
km	Kilometre
LALC	Local Aboriginal Land Council
LGA	Local Government Area
LSPS	Local Strategic Planning Statement
m	Metre
NAIDOC	National Aborigines and Islanders Day Observance Committee
NSP	Needle and Syringe Program
NSW	New South Wales
OHCA	Out of hospital cardiac arrest
SA	Statistical Area
SAL	Suburbs and Localities

Abbreviation	Description
SEARs	Secretary's Environmental Assessment Requirements
SG	St George
SIA	Social Impact Assessment
SESLHD	South Eastern Sydney Local Health District
SPL	Skills Priority List
sqm	Square metre
SSD	State Significant Development
SSDA	State Significant Development Application

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Appendix A Social Baseline

Appendix B Community and Stakeholder Engagement Plan

1.0 Introduction

1.1 Purpose of this Report

This Social Impact Assessment (SIA) report has been prepared on behalf of Akalan Projects Pty Ltd in support of a State Significant Development Application (SSDA) submitted to the Department of Planning, Housing and Infrastructure (DPHI) under Part 4 of the *Environmental Planning and Assessment Act 1979* (EP&A Act 1979).

The SSDA seeks approval for the expansion of the St George Private Hospital (the project). Specifically, the SSDA seeks consent for two components: the first being the erection of a health services facility (hospital), and the second relating to upgrades to the main hospital campus, including a new emergency department.

For reporting purposes, the site subject to the new health services facility (hospital) is referred to herein as the ‘clinical tower site’ and the main hospital campus is referred to as such.

This report provides an assessment of the Project’s social impacts to address the requirements of the NSW Department of Planning, Housing and Infrastructure (DPHI) Social Impact Assessment Guideline for State Significant Projects (2025) (the SIA Guideline), Undertaking Engagement Guidelines for State Significant Projects (2024) and responds to the Secretary’s Environmental Assessment Requirements (SEARs) issued by DPHI on 30 June 2025 in relation to the project.

1.2 Site Location and Context

The Project sites are located in the Georges River Local Government Area (LGA), within the Kogarah town centre. The sites are approximately 1.7 km from Brighton Le Sands Beach, and approximately 3.5 km from Sydney Airport. Refer to **Figure 1.1** and **Figure 1.2** for a site context map.

The clinical tower site is adjoined to the south by an existing multi-storey health services facility, which forms part of the St George Private Hospital campus. South Street separates this facility from the main hospital campus, though a connecting sky-bridge which provides pedestrian access between the buildings. Further west is the St George Public Hospital, with other surrounding development comprising a mix of commercial premises (typically at ground floor) and medium and high-density residential premises.

On the opposite (eastern) side of Princes Highway is a mix of educational premises including Moorfield Girls High School, James Cook Boys Technology High School, St George High School, and a TAFE NSW campus. Surrounding development on this side of the Highway primarily constitutes low density residential premises.

Kogarah Train Station is south-west of the site, approximately 500 m away. There is a pedestrian bridge that extends from Hogben Street over the Princes Highway, which provides direct access to the eastern side of the highway.

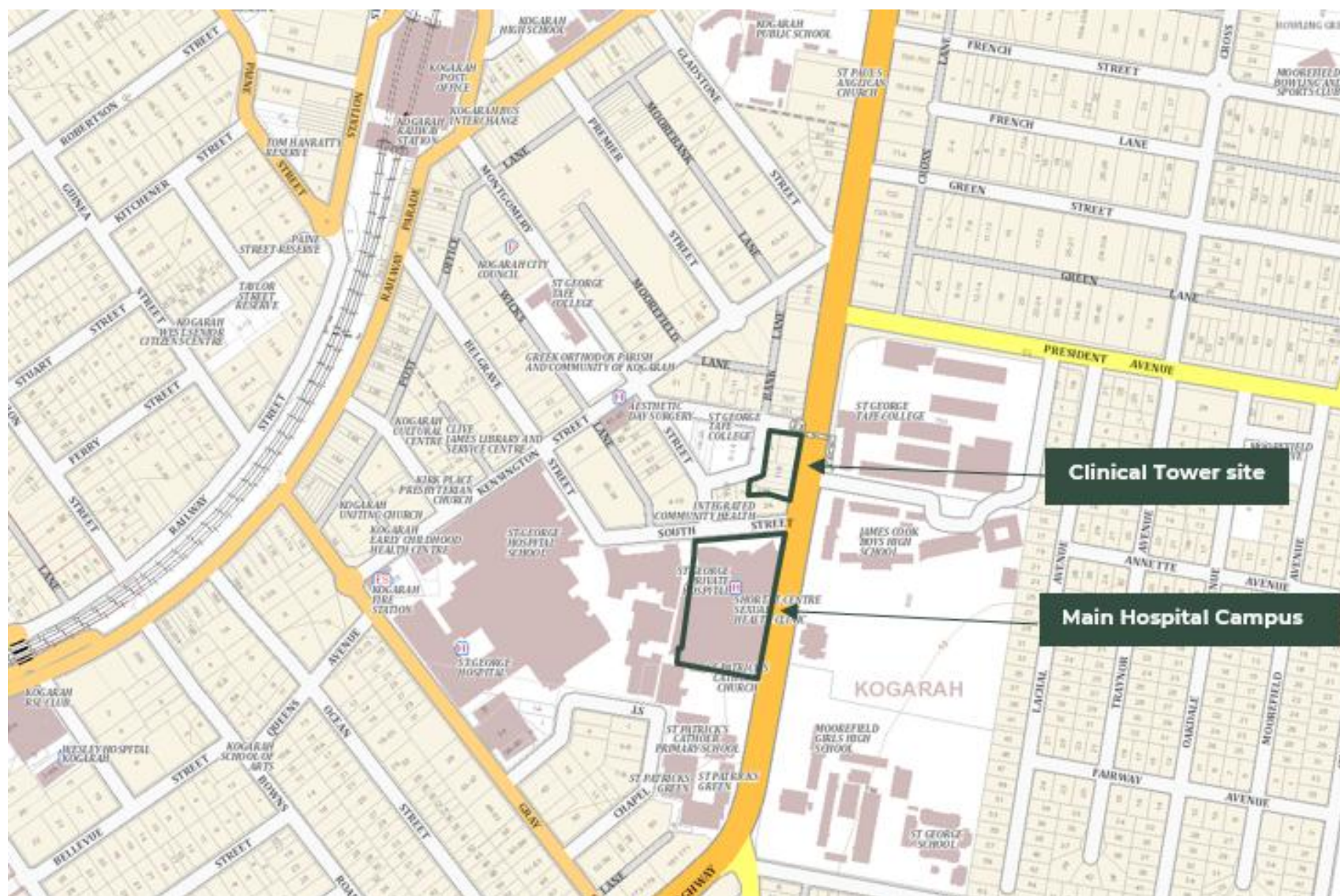


Figure 1.1 Site Context Map

Source: Six Maps, 2025



View of Site A from South Street



Site A: Existing Entrance and Forecourt to St George Private Hospital



View of Site B from Hogben Street



View of Site B from Bank Lane

Figure 1.2 Site Locations

Source: Umwelt, 2025; adapted from (Fitzpatrick & Partners, 2025)

1.3 Site Description

Clinical Tower Site

The proposed new health services facility (hospital) will be located on land that is bound by three road frontages, being Princes Highway to the east (a classified road), Hogben Street to the north, and Bank Lane to the west. This site comprises eight adjoining allotments of land, known as 119–29 Princes Highway, Kogarah, and 2 Hogben Street, Kogarah.

The site currently accommodates a hard-stand parking lot, providing approximately 76 car parking spaces and a two-storey commercial premises (subject to separate demolition), which is attached to the existing multi-storey health services facility at 2 South Street, Kogarah.

Refer to **Figure 1.3** for a site aerial excerpt.



Figure 1.3 Site Aerial Extract

Source: Metro Map, modified by Patch

Main Hospital Campus

The existing hospital is located at 1 South Street, Kogarah which is also known as 1A South Street, Kogarah. This site is bound by two road frontages, being South Street to the north and Princes Highway (a classified road) to the east.

The site accommodates the St George Private Hospital's main campus, with vehicular access provided off South Street. Refer to **Figure 1.4** for a site aerial excerpt.



Figure 1.4 Main Hospital Site Aerial Extract

Source: Metro Map, modified by Patch

1.4 Overview of Proposed Development

The SSDA seeks approval for the expansion of the St George Private Hospital. Specifically, the SSDA seeks consent for two components: the first, the erection of a health services facility (hospital), and the second relating to upgrades to the main hospital campus, including a new emergency department.

In summary, approval for the following is sought for the clinical tower site:

- Site preparation works and bulk earthworks, including tree clearing;
- Construction of a seven (7) storey health services facility (hospital) equating to a total GFA of 9,952 sqm;
- Construction of a five (5) level basement carpark including a radiation oncology unit, providing a total of 241 parking spaces;
- Ancillary office, amenities, and loading dock provisions;
- Basement storage and a substation; and
- Landscaping works.

The proposed development is depicted in the figure below, with full architectural details provided within the EIS, of which this report also forms an Appendix.



Figure 1.5 Proposed Render- Clinical Tower

In addition, approval for the following is sought for the main hospital campus:

- Construction of an emergency department at the northern end of the existing hospital, to be operated 24 hours a day, seven days a week.
- Alterations to the South Street frontage, to facilitate ambulance bays and access requirements; and
- Associated internal re-configurations.

The proposed development is depicted in the figure below, with full architectural details provided within the EIS, of which this report also forms an Appendix.



Figure 1.6 Proposed Render- Main Hospital Campus

1.5 SEARs Relevant to this Report

This SIA report has been prepared to respond to the SEARs issued for the St George Private Hospital Expansion project. The SEARs that are relevant to this SIA, and where they are addressed within this report, are detailed below.

Table 1.1 SEAR for the SIA and Engagement

Issue and Assessment Requirements	Documentation	Response
Item 21. Social Impact Assessment	Provide a Social Impact Assessment that: - is prepared in accordance with the <i>Social Impact Assessment Guidelines for State Significant Projects</i>. - is targeted and proportionate to the project's context and likely impacts.	Addressed in this SIA report
Item 27. Engagement	Detail engagement undertaken and demonstrate how it was consistent with the <i>Undertaking Engagement Guidelines for State Significant Projects</i> . Detail how issues raised and feedback provided have been considered and responded to in the Project. In particular, applicants must consult with: - the relevant Department assessment team. - any relevant local councils. - any relevant agencies.	Addressed in: Section 2.4 Section 4.0 Section 5.0 Section 6.0 Appendix B

Issue and Assessment Requirements	Documentation	Response
	the community. If the development would have required an approval or authorisation under another Act but for the application of s 4.41 of the EP&A Act or requires an approval or authorisation under another Act to be applied consistently by s 4.42 of the EP&A Act, the agency relevant to that approval or authorisation.	

Source: Umwelt, 2025; DPHI, 2025

1.6 SIA Objectives and Report Structure

This report documents the process and outcomes of the Social Impact Assessment (SIA) undertaken by Umwelt for the Project in accordance with the NSW Department of Planning, Housing and Infrastructure (DPHI) *Social Impact Assessment Guideline for State Significant Projects* (DPHI, 2025) (the SIA Guideline).

In accordance with the objectives of the SIA Guideline (DPHI, 2025), the purpose of the SIA report is to:

- Assess and evaluate the direct and indirect social impacts (positive and negative) of the Project on different stakeholders, to be informed by engagement.
- Identify strategies to address social impacts identified as of moderate to high significance, including consideration of potential Project design refinements, mitigation and enhancement measures; and
- Outline arrangements to monitor and manage any residual social impacts over the life of the Project.

1.7 Legislative and Strategic Planning Context

The following section identifies the project's relevance to the strategic priorities of the local area, based on a review of the key state and local planning policies and strategies. The following key documents have been reviewed:

- Georges River LSPS 2040: Local Strategic Planning Statement (LSPS) (Georges River Council, 2020);
- Georges River Community Strategic Plan 2018-2028 (Georges River Council, 2018);
- Bayside Local Strategic Planning Statement (Bayside Council, 2020);
- Community Infrastructure Needs Assessment and Acquisition Area Strategy (Georges River Council, 2023);
- Bayside 2032: Community Strategic Plan 2018 – 2032 (Bayside Council, 2018);
- Greater Sydney Region Plan: A Metropolis of Three Cities (Greater Sydney Commission, 2017);
- NSW State Health Future: Guiding the next decade of health care in NSW 2022-2032 (NSW Health, 2022);

- Our Greater Sydney 2056 South District Plan (Greater Sydney Commission, 2017) (Greater Sydney Commission, 2017);
- South Eastern Sydney Local Health District Health Care Services Plan 2023-2033 (SESLHD, 2023); and
- Building Momentum: State Infrastructure Strategy 2018-2038 (Infrastructure NSW, 2018).
- A summary of the key strategic priorities identified in the documents and their relevance to the Project identified in **Table 1.2**.

Table 1.2 State and Local Strategic Priorities Relevant to the Project

Strategic Priority	Project Relevance	Policies and Strategies
Improving access to services in the SESLHD to respond to demand, particularly for vulnerable populations	- It is anticipated that there will be a continued increase in the demand for health services in the SESLHD due to the cumulative effects of rapid population growth, an ageing population, the increasing prevalence of chronic disease and an increase in the proportion of the population with multi-morbidities. - By 2027, it's expected that there will be a 50% increase in Emergency Department visits, 20% more acute hospital admissions, and a need for 480 more acute care beds. - Community feedback in the Georges River LGA has highlighted the need for more aged care and health services. To effectively support the community, this infrastructure must be in place before the expected population growth occurs, with the population over 65 expected to account for 45% of health activity by 2031. Additionally, growing complexity is anticipated, with one in four people expected to have two or more chronic conditions by 2031. - Across the SESLHD there exists a significant disparity in access to health services and in health outcomes. Providing health services to those that can afford it may help make public services more accessible to more vulnerable groups such as those on low incomes.	- NSW State Health Future Health - SESLHD Health Care Services Plan - Australia's Primary Health Care 10 Year Plan - Georges River Community Strategic Plan - Georges River LSPS 2040 - Georges River Community Infrastructure Needs Assessment - Building Momentum: State Infrastructure Strategy - Bayside 2032: Community Strategic Plan 2018–2032
Deliver collaborative, coordinated health services service	- Growing complexity of care is anticipated, with one in four people expected to have two or more chronic conditions by 2031 - The partnership between the Public and Private hospital aligns with the vision to develop an integrated health system that responds to the needs of the community. - Ensuring a skilled healthcare workforce is critical to meeting the anticipated demand for services. - Georges River LSPS and Community Plan call for co-located services that integrate health, education, and social supports.	- NSW State Health Future Health - SESLHD Health Care Services Plan - Georges River Community Strategic Plan - Georges River Community Infrastructure Needs Assessment - Georges River LSPS 2040Australia's Primary Health Care 10 Year Plan 2022–2032

Strategic Priority	Project Relevance	Policies and Strategies
Shift towards prevention, early intervention and addressing the social determinants of health.	• It is a priority of NSW Health to “keep people healthy, out of hospital and connected to community-based care wherever possible” • By taking pressure off the public services, there can be more focus on proactive care and early risk-based intervention, in turn relieving pressure on the system • Improving access to health services can enable the promotion of positive health behaviours, early risk-based interventions, and support people to manage chronic conditions and be responsible for their own health.	• NSW State Health Future Health • SESLHD Health Care Services Plan • Australia’s Primary Health Care 10 Year Plan
Develop sustainable, future focused infrastructure	• Approximately 40% of NSW Health’s built infrastructure is over 50 years old, necessitating major investment into upgrades and new infrastructure. • The Project contributes to the development of infrastructure that can adapt to accommodate the transformation in service delivery that will meet consumer needs now and into the future • Georges River LGA’s population is expected to increase from 159,000 in 2018 to 185,346 in 2036, with most of this growth to be experienced in Hurstville and Kogarah. To support this growth, the development of green open space, social and physical infrastructure is required, with Kogarah recognised as a strategic centre • Bayside LGAs population is also expected to grow to 228,000 by 2036. To support this growth, a key focus of development is the provision of more open space and social and physical infrastructure, particularly in Rockdale, a neighbouring SAL to Kogarah. • The Greater Sydney District Planning , Greater Sydney Region Plan outlines a vision of a “30-minute city”, in which jobs, services and other quality public spaces are accessible within 30-minutes of people’s homes. • Recognise the role of digital health technologies in improving service delivery to enhance patient care and operational efficiency.	• Greater Sydney Region Plan • Our Greater Sydney 2056 South District Plan • Building Momentum: State Infrastructure Strategy • Georges River Community Strategic Plan • Georges River Community Infrastructure Needs Assessment • Georges River LSPS 2040 • Future Bayside: Local Strategic Planning Statement 2020

Strategic Priority	Project Relevance	Policies and Strategies
Promoting health precincts as hubs of economic development	- The Greater Sydney District Planning highlighted the importance of health and education precincts in driving economic growth and productivity. - Engagement with Georges River Council identified Kogarah as a key strategic centre and future priority area in Council's long-term planning vision. The vision focuses on developing accessible and inclusive public spaces and infrastructure that meet both current community needs and anticipated future growth and maximises Kogarah's strong economic opportunities. - The Bayside LSPS outlines contributing to the growth of the health and education precinct in Kogarah as a key priority, through collaboration with Georges River Council.	- Greater Sydney Region Plan - Our Greater Sydney 2056 South District Plan - Building Momentum: State Infrastructure Strategy - Georges River Community Strategic Plan - Georges River Community Infrastructure Needs Assessment - Georges River LSPS 2040 - Future Bayside: Local Strategic Planning Statement 2020

Source: (Bayside Council, 2018; Bayside Council, 2020; Georges River Council, 2018; Georges River Council, 2023; Georges River Council, 2020; Greater Sydney Commission, 2017; Greater Sydney Commission, 2017; SESLHD, 2023; Infrastructure NSW, 2018)

2.0 Methodology

SIA is an approach to predicting and assessing the likely social consequences of a proposed action and developing options and opportunities to improve outcomes for people. This section provides an overview of the requirements for SIA and the methodology that has been adopted for the assessment.

2.1 SIA Requirements

The SIA approach adopted, addresses the SIA Guideline (DPHI, 2025) and the Undertaking Engagement Guidelines for State Significant Projects (DPHI, 2024) with this process illustrated in **Figure 2.1**.

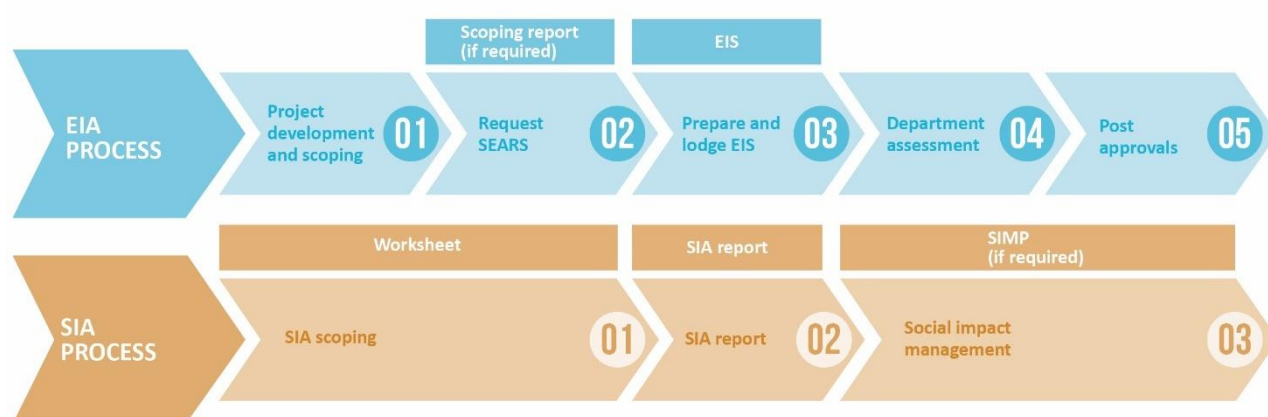


Figure 2.1 SIA and EIA Process

Source: (DPHI, 2025)

The SIA has been completed to address the SEARS for the Project (as issued by DPHI) with relevant requirements including an assessment of the social impacts or benefits of the Project for the region and the State as a whole in accordance with the Social Impact Assessment Guideline, including consideration of any increase in demand for community infrastructure services, and consideration of construction workforce accommodation (DPHI, 2025).

Best practice SIA is participatory and involves understanding impacts from the perspectives of those involved in a personal, community, social or cultural sense, to provide a complete picture of potential impacts, their context and implications (Ross, 1992). A SIA, informed by community and stakeholder engagement, affords opportunities to effectively identify, evaluate and address social impacts within the detailed Project planning, design and assessment phase as outlined in **Section 5.0**.

According to the SIA Guideline, and as outlined in **Figure 2.2**, social impacts can be grouped according to several categories and may involve changes to people's way of life, community, accessibility, culture, health and wellbeing, surroundings, livelihoods, and decision-making systems.



Figure 2.2 Social Impact Categories

Source: Umwelt, 2023; Derived from DPHI, 2025

While some social impacts may directly occur because of the Project, others may be indirectly caused by changes in the biophysical environment and biophysical impacts, as outlined in **Figure 2.3**. Social impacts may also manifest as tangible impacts, these being impacts that may have a clear material outcome on the lives of individuals and communities, and more intangible impacts, such as justified fears or aspirations associated with a project due to concerns about changes to the existing environment:

‘Social impacts may be physically observable or may manifest as rational or justified fears or aspirations; may be experienced positively and negatively by different stakeholders; and may be tangible or more tangible’ (DPHI, 2025).

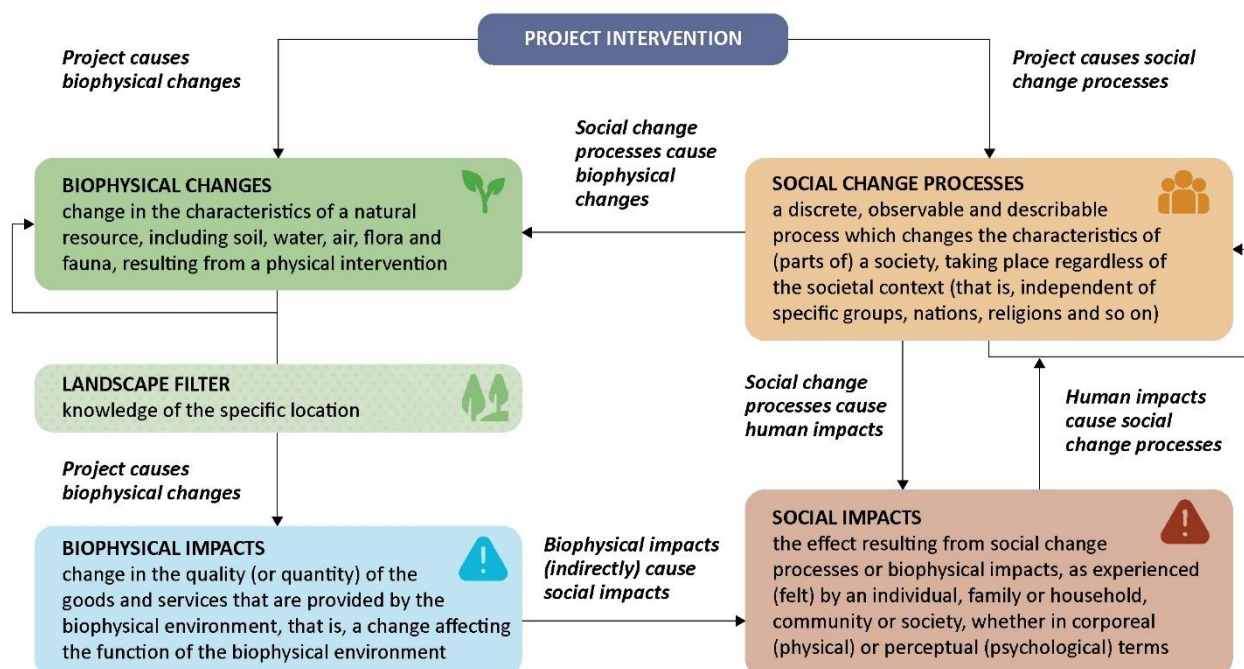


Figure 2.3 Direct and Indirect Social Impacts

Source: Umwelt, 2023, Adapted from Slootweg et al 2013 (p.78)

As is the case with any type of change brought about by a project, some individuals or groups within the community may benefit, while others may experience negative impacts. If negative impacts are predicted, it is the role of the SIA to determine if such impacts may be addressed effectively through Project design or management measures to reduce the degree of disruption to those affected. If positive impacts are predicted, the aim of the SIA is to identify how benefits and opportunities might be further enhanced and realised.

2.2 Social Baseline

To better understand the communities of interest and relevance to the Project (referred to as the social area of influence or social locality) and to evaluate the resilience and adaptive capacity of stakeholders and relevant localities/communities to change, the Social Framework for Projects has been adopted (Smyth & Vanclay, 2017).

In this framework, people’s wellbeing is at the core of the analysis. Well-being is understood broadly to encompass basic needs, health, personal fulfillment, social connectedness, and life satisfaction; with the Social Framework approach drawing on eight key social and environmental categories (the living environment, land and natural resources, livelihoods, people, culture, community, infrastructure and housing) as a fundamental basis to ensure all key issues are considered. Elements of each category are further outlined in **Figure 2.4**.



Figure 2.4 Social Wellbeing Indicators

Source: Umwelt 2025, Adapted from (Smyth & Vanclay, 2017)

2.3 Defining the Social Locality

The social baseline gathers knowledge from both secondary and primary data sources to understand the existing social locality in which a Project is proposed, including involvement of potentially affected communities and stakeholders.

The social baseline is a foundational component of SIA, as it provides a basis for assessing and predicting the social impacts that may result due to a Project's development and operation.

The SIA Guideline (DPHI, 2025) outlines the key components that should be considered in developing a social baseline, that includes:

- the scale and nature of the Project.
- who may be affected, including consideration of any vulnerable or marginalised groups.
- any built or natural features on the Project site, or near to the Project.
- relevant social, cultural, and demographic trends and other change processes; and
- the history of the proposed Project and/or development in the area, including community response to previous change.

In defining the social locality for the Project, statistical areas prescribed by the Australian Bureau of Statistics (ABS), as well as local health districts and patient catchment areas have also been considered. **Table 2.1** outlines the key aspects of the social locality and the considerations that have contributed to locality definition (refer to **Figure 2.5**, **Figure 2.6** and **Figure 2.7**).

Table 2.1 Key Stakeholders and Potential Social Impacts

Stakeholder Group	Stakeholders / Geographic Feature or Community ¹	Location	Reasons for inclusion / Likely social impact
SGPH Operator	Ramsay Health Care		Ramsay are the owner and operator of the SG Private Hospital.
Project sites (Figure 1.2)	- Main hospital campus - SG Private Hospital Employee Car Park	119–129 Princes Highway, 2 Hogben Street and 1 South Street	- The clinical tower site forms the SG Private Hospital employee car park and former site of the Fardoulis Chocolates shop. - Employees of the SG Private Hospital may experience reduced access to parking during the construction phase.
Adjacent residents, businesses and services (adjacent to the sites)	- Residents (in apartments) - Businesses: Papandreas Rajani & Co Chartered Accountants, Vision Personal Training, Inlife wellness, Yuri barber, Colin Daily Quinn, Reborn Massage Therapy, Top Consulting Group - Health services: Colon Care Centr, Kogarah Family Practice, Kids Feeding Specialist, Academic Gastroenterology - Business and services who operate out of 2/4 Hogben St, including Medistay - Residents (apartments) - Businesses, including those adjacent to the sites: mpk Accountants, Citywide Civil Engineering, Amore Café, Montgomery St Café, Global Education Academy	- Hogben Street - South Street - Montgomery Street	- Adjacent residents, customers, employees and service users will likely be affected by social amenity and visual impacts during the Project's construction and operation. - Construction traffic impacts including road closures and reduced parking etc. may reduce customer and resident access, public safety and foot traffic for business/services. - The Project will likely increase access to parking and the availability of residential street parking once operational. - Some businesses may benefit from increased trade from construction workers. - Edith Reserve is an open space with picnic benches and tree cover, that may provide respite for hospital users and local community residents.

Stakeholder Group	Stakeholders / Geographic Feature or Community ¹	Location	Reasons for inclusion / Likely social impact
	- Health Services, including those adjacent to the sites: Disability, Mobility and Services, St George Anaesthetic Group, Premier Orthopaedics and Sports Massage, Equilibrium Physiotherapy, Life Fertility Clinic, Chebo Clinic. - Wilsons Parking- TAFE Kogarah - Edith Blake Reserve - Residents (apartments) - Health Service providers in SG Private Hospital suites: Bayview Cardiology, Prime Neurosurgery, Prof Sam Adie.	Princes Hwy	
Users of the footpath bridge over the A1 Princes Highway	- TAFE students and employees - Students at the James Cook Boys Technology High School, Moorefield Girls High School and St George Martial Arts Academy - Local residents - Visitors to the area	Hogben Street	Users of the footpath bridge over the A1 Princes Highway may experience access and public safety impacts during the Project's construction phase.
Education Providers	- Little Lion Early Learning - TAFE NSW St George - TAFE Early Learning Centre - TAFE NSW – St George Campus - James Cook Boys Technology High School - Moorefield Girls High School	- Hogben Street - Montgomery Street - Princes Highway	- As vulnerable groups, children will likely be disproportionately impacted by the Project. - These institutions will likely be affected by social amenity and access impacts during Project construction which could impact on students' ability to learn.

Stakeholder Group	Stakeholders / Geographic Feature or Community ¹	Location	Reasons for inclusion / Likely social impact
	- Lorikeet Early Learning Centre - St Patricks Catholic Primary School	Chapel Street	In addition, construction traffic impacts could exacerbate congestion during school pick up/drop off times and reduce public safety of road users.
	United Church Early Learning Centre	Kensington Street	The footpath bridge over Princes Highway connects Hogben street to the schools. Access to the footpath may be impacted during construction.
	KU Kogarah Childcare	Premier Street	There are potential partnerships with the TAFE to provide local employment and procurement opportunities.
Users of the local road network	Users of the local road network, including: - South Street - Princes Highway - Montgomery Street - Bank Lane - Hogben Street - Kensington Street		- Regular users of the local road network could be affected by traffic and road safety related impacts temporarily during Project construction. - Regular users may be impacted by increased traffic during the Project's operation.
Proximal Health Service	- SG Private Hospital - SG Public Hospital and affiliated services including the St George Drug and Alcohol Service - Southeastern Sydney Local Health District (SESLHD)	- South Street - Chapel Street - Bank Lane - Hospital Wy - Short Street	- The Project is located in the South eastern Sydney Local Health District. - The SG Private Hospital is an existing 276-bed medical, obstetrics and advanced surgical hospital. It opened in 1991 after the merger of three (3) existing private hospitals: Pacific, Bexley and Kogarah. - SG Public Hospital is located West of the Project and occupies a 5.17-hectare site that includes approximately 500 beds and 2200+ employees. It provides care to around 50,000 patients admitted to hospital every year. - It is an accredited, principal teaching hospital of the University of New South Wales.

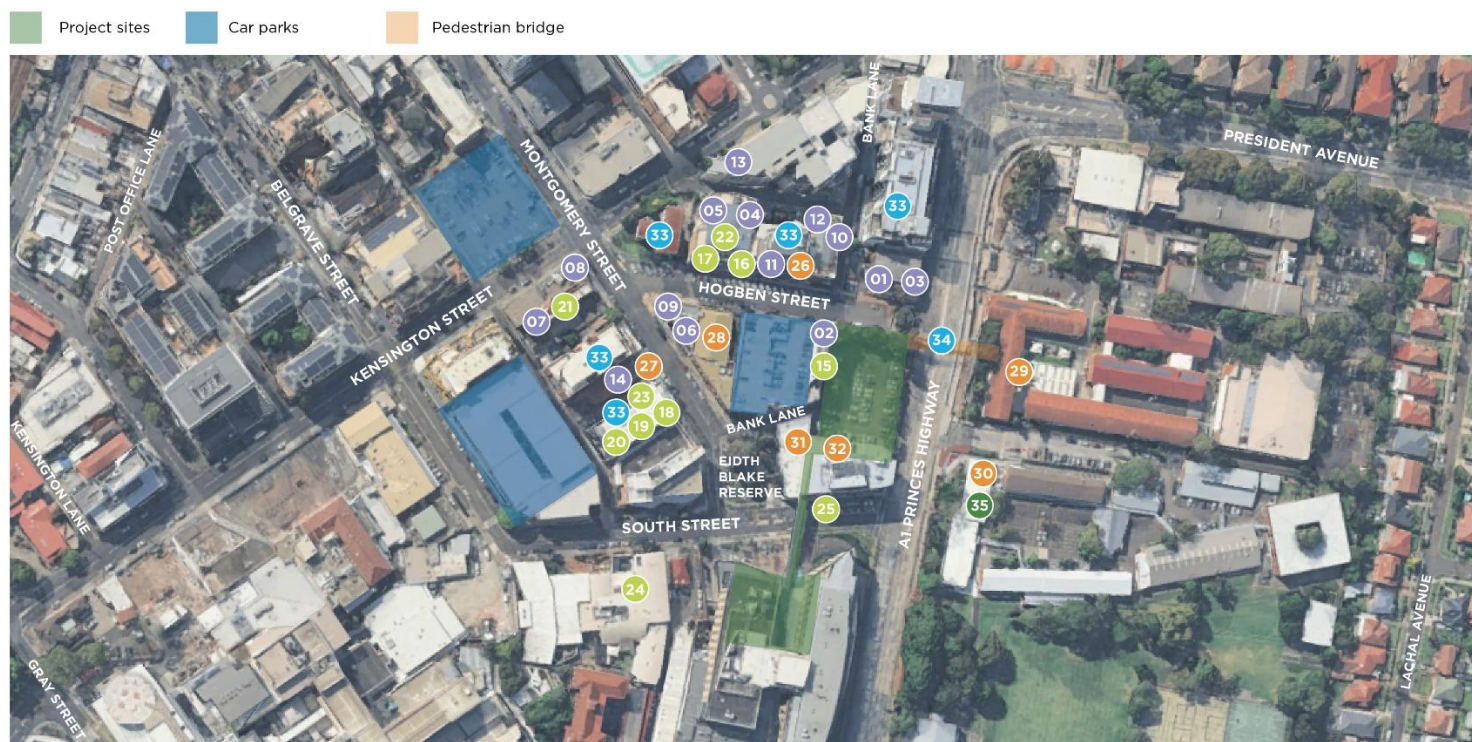
Stakeholder Group	Stakeholders / Geographic Feature or Community ¹	Location	Reasons for inclusion / Likely social impact
Patients/visitors	SG Private and Public Hospital patients / visitors from: • SESLHD • Sydney Southern Suburbs (St George, Hurstville, Rockdale and Sutherland shires) • Sydney Inner West • Western Sydney • Greater Sydney • Regional NSW		• It is the leading centre for trauma and emergency management in the State and is the Medical Retrieval Service Coordination Centre for NSW. • There are multiple health services providers within the immediate area of the hospitals ranging from allied health to specialist services such as dermatology, neurology and cardiology. They also include residential services such as Bezzina House which is a community cancer care lodge. • Patients accessing the main hospital campus during construction may be affected by increased traffic, longer travel times, reduced parking availability, and a temporary decline in the overall comfort and accessibility of the hospital environment. • During operation, public services may experience reduced pressure on services, particularly in non-urgent or elective care. • Once operational, patients attending the private hospital may benefit from improved facilities, enhanced comfort, and access to a wider range of services and specialised departments. • Patients at nearby public hospitals may experience reduced wait times and improved access to care, as some demand shifts to the redeveloped private facility. • Those who access and work on the existing main hospital campus may be impacted during Project construction, including due to increased traffic and travel time, reduced parking and social amenity impacts. • During operation, private hospital employees may benefit from improved facilities and expanded services/departments.
Employees, contractors of the SG Private Hospital			

Stakeholder Group	Stakeholders / Geographic Feature or Community ¹	Location	Reasons for inclusion / Likely social impact
Employees, contractors and students of the SG Public Hospital and its associated services	- University of NSW students - SESLHD employees and contractors		- SG Public is an accredited teaching hospital of the University of NSW - Those who access, work and study at the SG Public Hospital and its affiliated services may be impacted during Project construction, including due to increased traffic and travel time, reduced parking and social amenity impacts.
Proximal residents, businesses and services		- Kensington Street - Wicks Lane - Moorefield Lane - South Street - Chaple Street - Princes Highway - Gary Street - Ocean Street - Marshall Street - Queens Avenue - Belgrave Street - Gladstone Street - Premier Street	- Residents, businesses and service providers may experience some construction impacts e.g. traffic-related disruptions, changes to service availability, changes to social amenity. - They may also experience visual impacts during the Project's operation. - Local businesses/services may experience livelihood and economic benefits from the presence of the Project workforce during construction and operation.
Local Community	- Kogarah SA Level 2 - Kogarah Train Station - Kogarah Town Centre		- The local community may experience traffic impacts during construction. - They are likely to benefit from improved access to health care services. - The Project is located 500m south of Kogarah Town Centre and the Kogarah Train Station.

Stakeholder Group	Stakeholders / Geographic Feature or Community ¹	Location	Reasons for inclusion / Likely social impact
Broader community	- Bayside LGA - Georges River LGA		- The Project is located in the Georges River LGA, on the border with the Bayside LGA - The communities of these LGAs may have interest in the Project given they are likely to use either the public or private hospital - Residents may experience livelihood benefits from the Project through employment opportunities
Local Government Representatives	- Bayside Council - Georges River Council		Government representatives of the social locality. The Councils provide long-term planning goals for their respective LGAs, advocate for their local communities, and work to meet community needs and aspirations.
Community and Special Interest Groups	- St George Martial Arts Academy - Kogarah Bay Progress Association Inc. - Kogarah Historical Society - St George Historical Society		Community groups will have an interest in areas or activities of high value to local communities that may be impacted by Project construction or operation activities.
Emergency service providers	- Fire and Rescue NSW Kogarah Fire Station - St George Police Station - Kogarah Ambulance Station	- Kensington Street - Montgomery Street - Rocky Point Road	Emergency services could experience reduced access and/or increased emergency response times due to traffic related impacts of the Project during construction and operation.
First Nations Stakeholders	- Metropolitan LALC - RAPs		As Aboriginal Community representatives, the LALC may be interested in or impacted by impacts to tangible and intangible cultural heritage as well as targeted opportunities for Aboriginal and/or Torres Strait Islander stakeholders.
Vulnerable Groups	- School students - Kindergarten children - Patients - St George Drug and Alcohol service users		These groups are more vulnerable and therefore may be disproportionately impacted by the Project, particularly during the construction phase.

Stakeholder Group	Stakeholders / Geographic Feature or Community ¹	Location	Reasons for inclusion / Likely social impact
	• People with disability • Elderly people • Children • Pregnant women • Parents of young children • Those with limited mobility/housebound • Those with low English language proficiency		

Source: Umwelt, 2025



- | | | | |
|---|---|--|--|
| BUSINESSES
<ul style="list-style-type: none"> 01 Fardoulis Chocolates 02 MediStay 03 Papandreas Rajani & Co. 04 Reborn Massage Therapy 05 Top Consulting 06 Disability, Mobility & Services 07 Mpk Accountants 08 Amore Café 09 Montgomery St Café 10 Inlife Wellness 11 Vision Personal Training 12 Yuri Barber 13 Colin Daily Quinn 14 Global Education Academy | HEALTH SERVICES
<ul style="list-style-type: none"> 15 Academic Gastroenterology 16 Kogarah Family Practice 17 Family Feeding Specialists 18 St George Anesthetic Group 19 Chebo Clinic 20 Premier Orthopedics and Sports Medicine Citywide Civil 21 Equilibrium Physiotherapy 22 Colon Care Centre 23 Life Fertility Clinic 24 St George Public Hospital 25 St George Private Hospital | EDUCATION PROVIDERS
<ul style="list-style-type: none"> 26 Little Lion Early Learning 27 TAFE Early Learning Centre 28 TAFE NSW - St George 29 TAFE NSW - St George 30 James Cook Boys Technology High School 31 Drug and Alcohol Service 32 Health service providers in St George PH suites | LOCAL COMMUNITY
<ul style="list-style-type: none"> 33 Residents 34 Pedestrian bridge users |
| COMMUNITY GROUP
<ul style="list-style-type: none"> 35 St George Martial Arts Academy | | | |

Figure 2.5 Social Locality- Location of Proximal Stakeholders

Source: Umwelt, 2025

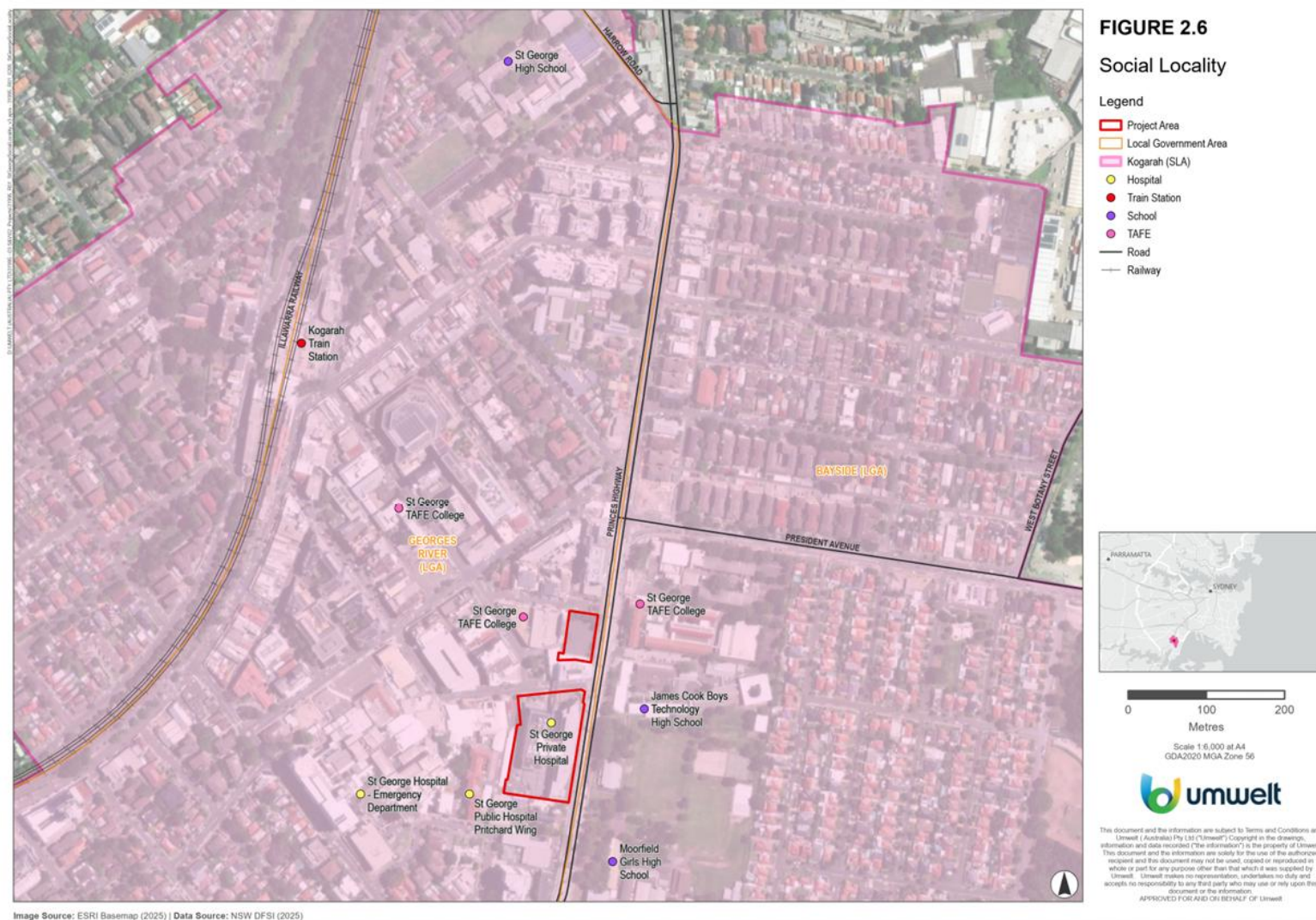


Figure 2.6 Social Locality- Zoomed in

Source: Umwelt, 2025

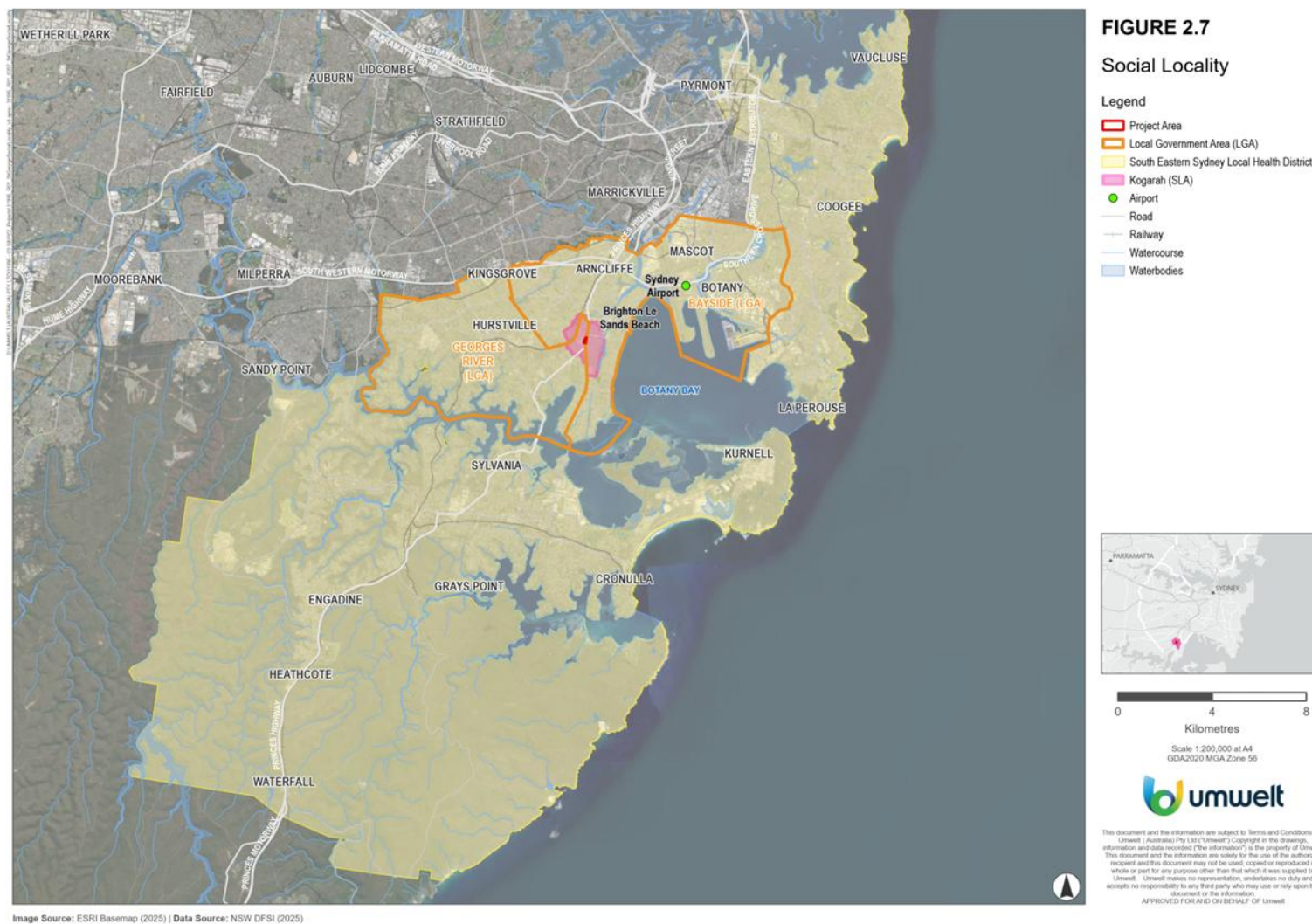


Figure 2.7 Social Locality

Source: Umwelt, 2025

2.3.1 Data Sources

The social baseline draws on of a range of data sources and indicators to understand the socio-economic, cultural, and demographic characteristics of the communities within the social locality and is used to determine how the Project may affect different stakeholders and their way of life.

Data to inform the social baseline has been gathered and summarised from publicly available secondary datasets, including the most recent Australian Census (ABS, 2021), as well as through a review of local, regional, and State government plans and strategies relevant to the social locality; and has also been informed by community engagement. The social indicators and their respective sources are provided in **Appendix A**. The approach and process of primary data collection through community engagement is outlined in the next section.

2.4 Community and Stakeholder Engagement

The Undertaking Engagement Guidelines for State Significant Projects (NSW Department of Planning and Environment, 2022) notes that SSD projects require the proponent to engage with community, relevant councils, and government agencies during the development of the EIS. The Guideline (2022) also states that the proponent will need to demonstrate how engagement outcomes have been responded to and incorporated into the Project design.

Community engagement is an important component of SIA practice and is guided by a number of key principles (as outlined in the DPHI SIA Guidance, 2025). Undertaking engagement as part of the SIA contributes to an improved understanding of stakeholder and community perspectives of the Project and its potential impacts.

The views and concerns of key stakeholders have been represented in the discussion of social impacts contained within this Report. In addition, design changes have been progressed in response to stakeholder feedback.

Appendix B outlines the Engagement Plan that was developed to guide SIA specific engagement activities through the assessment, as well as the broader community and stakeholder engagement undertaken as part of the EIS.

2.4.1 Stakeholder Identification

SIA involves the participation and collaboration of people who have an interest in, or those that may be affected by a project. As Burdge (Burdge, The Concepts, Process and Methods of Social Impact Assessment, 2004) outlines, stakeholders to be involved in SIA and engagement may be affected groups or individuals that:

- Live, work or recreate near the Project.
- Have an interest in the proposed action or change.
- Use or value a resource associated with the Project.
- Are affected (directly or indirectly) by the Project.
- Stakeholders of relevance to the Project were identified through development of the social baseline and in the early planning phase of the Project assessment. Key stakeholder groups of relevance to the Project are outlined in **Figure 2.8**. Key stakeholders contacted, consulted or engaged during the preparation of the assessment by the Umwelt Project team have been italicised. Should the Project be approved, it is anticipated that engagement will continue throughout the construction and operational phases of the Project.

Key Stakeholder Groups



Figure 2.8 Identified Stakeholders

Source: Umwelt, 2025

2.4.2 Engagement Mechanisms

Consultation activities undertaken to inform the SIA have focused on providing information on the Project and planning process, understanding the social context within which the Project is being proposed, identifying the social impacts of the proposed Project (positive and negative), and gathering community feedback on potential management measures to address social impacts.

Table 2.2 provides a description of the engagement mechanisms used to inform this SIA, with **Table 2.3** outlining the mechanisms used to engage different stakeholder groups. **Table 2.4** provides a breakdown of the number of stakeholders contacted and who participated in the assessment.

Table 2.2 Engagement Mechanisms

Mechanism	Description/Purpose	Timing
Project Information Sheets	An information sheet was developed to provide an overview of the Project and the assessment process and to provide a link to the SIA online survey. The information sheet was also included in interview and survey email requests and made available at the hospital main campus reception.	Project Information Sheets Letterbox drop distribution: 7 July 2025
Key Stakeholder Interviews	Semi-structured interviews conducted either in person or by telephone and video call. Interviewees were provided with background Project information, with discussions directed by an interview guide addressing the following topics: • Local community needs and values. • Current service capacity/ demand. • Potential Project impacts. • Mitigation and enhancement measures to reduce impacts and enhance community benefits.	July–September 2025
Intercept Survey	Intercept surveys were undertaken to understand public use of and access to the footbridge over Princes Hwy and the SG Public Hospital main campus and SG Private Hospital main campus.	22 July 2025
Online Community SIA Survey	Online community survey developed and distributed via the Project Information Sheet and by emailing/calling priority stakeholders. The survey facilitated key stakeholder and community input, including obtaining specific information about community values and needs, sentiment towards the Project, potential impacts / opportunities for the Project, suggestions for mitigation measures and engagement preferences.	The survey was open for four weeks between 07 July 2025 – 03 August 2025.

Source: Umwelt, 2025

Table 2.3 Engagement Mechanism by Stakeholder Group

STAKEHOLDER GROUP		PROJECT INFORMATION SHEET	ONLINE COMMUNITY SURVEY	INTERCEPT SURVEYS	STAKEHOLDER INTERVIEW
	Closest residents, businesses and health services as defined in Section 2.3				
	Proximal Education Providers				
	Users of the footbridge over Princes Highway				
	Local Government Representatives				
	First Nations Stakeholders				
	Proximal residents, businesses and health services as defined in Section 2.3				
	Health service employees, contractors, patients and visitors				
	Emergency service providers				
	Community groups				
	Religious institutions				
	Local community				
	Broader community				

Source: Umwelt, 2025

Table 2.4 Engagement Statistics

Engagement Mechanism	Target Stakeholder Groups	Number Contacted	Number Engaged
Project Information Sheet	All groups as defined in the Table 2.3	Approximately 1,600 information sheets (#1) distributed to adjacent and proximal residents, businesses and health services as defined in Section 2.4.	1600 distributed
Online Community Survey	- Adjacent residents, businesses and health services - Proximal Education Providers - Proximal residents, businesses and health services as defined in Section 2.3 - Health service employees, contractors, patients and visitors - Emergency service providers - Community groups - Religious institutions - Local community - Broader community	Through targeted engagement and interviews, stakeholders were provided the opportunity to participate in the survey via the information sheet, with 32 of the Adjacent residents, businesses, health service providers and emergency service providers, emailed the survey directly.	In total 46 community members/stakeholders completed the survey: - Adjacent and proximal residents: five (5) - Local and broader community: four (4) - Community and Special Interest Groups: two (2) - Local business employee/owner: five (5) - Emergency Service Providers: one (1) - SG Public Employees: three (3) - SG Private Hospital Employees: 25 - Education Providers: one (1)

Engagement Mechanism	Target Stakeholder Groups	Number Contacted	Number Engaged
Intercept Surveys	- Users of the footbridge over Princes Highway - Health service employees, contractors, patients and visitors		111 users of the footbridge 42 employees, contractors, patients and visitors of the St George Public and Private Hospitals.
Stakeholder Interview	- Adjacent residents, businesses and health services - Proximal Education Providers - Local Government Representatives - First Nations Stakeholders - St George Private Hospital representative - St George Public Hospital representative - Emergency service providers - Community groups	12	Eight (8) interviews were undertaken with the following stakeholders: - CEO of St George Private Hospital - Georges River Council - Bayside Council - St George Hospital Drug and Alcohol Service - SG Public Executive Team - Owner of the MediStay - Kogarah Progress Association - Kogarah Historical Society In addition, a site visit was undertaken with two (2) Registered Aboriginal Parties (RAPs) on 10/09/2025.

Source: Umwelt, 202

2.5 Social Impact Evaluation

The evaluation of social impacts associated with the Project has been undertaken using defined dimensions of magnitude and likelihood, as outlined in the SIA Guideline (DPHI, 2025) and in **Table 2.5** below. Such evaluation also considers the project component likely to result in impacts, consideration of whether previous investigation of the impact has been undertaken, the potential for cumulative impacts, and includes identification of mitigation and/or enhancement measures to reduce negative impacts and enhance positive impacts.

Table 2.5 Dimensions of Social Magnitude

Dimensions		Details needed to enable assessment
Magnitude	Extent	Who specifically is expected to be affected (directly, indirectly, and/or cumulatively), including any vulnerable people? Which location(s) and people are affected? (e.g. near neighbours, local, regional, future generations).
	Duration	When is the social impact expected to occur? Will it be time-limited (e.g. over particular project phases) or permanent?
	Severity or scale	What is the likely scale or degree of change? (e.g. mild, moderate, severe)
	Intensity or importance	How sensitive/vulnerable (or how adaptable/resilient) are affected people to the impact, or (for positive impacts) how important is it to them? This might depend on the value they attach to the matter; whether it is rare/unique or replaceable; the extent to which it is tied to their identity; and their capacity to cope with or adapt to change.
	Level of concern/interest	How concerned/interested are people? Sometimes, concerns may be disproportionate to findings from technical assessments of likelihood, duration and/or intensity.

Source: (DPHI, 2025)

Stakeholder perception of risk/impact have also been considered and assessed based on outcomes of engagement. The integration of the outcomes of technical ranking (extent/severity/scale) with stakeholder perceived ranking of impacts (intensity or importance), thus affords a true integration of expert and local knowledge in SIA and enables both types of risk to be addressed in the development of impact mitigation, amelioration, and enhancement strategies. Such an approach is acknowledged in the SIA guidelines in relation to estimating material effects. Such strategies may also include proposed changes to Project design, as well as strategies identified to reduce and/or enhance impacts.

As outlined in **Section 4.0**, a number of social impacts have been identified in relation to the Project that require evaluation. The impacts identified within each of the social impact categories are assessed as part of the overarching risk-based framework in the following subsections. It should also be noted that social impacts are often not mutually exclusive and may relate to several different social impact categories, with higher order impacts such as population change resulting in second order impacts such as impacts on sense of community and service provision.



Figure 2.9 Social Impact Evaluation Process

Source: Umwelt, 2025

The social risk matrix (refer to **Table 2.6**) considers both the magnitude of the potential social impact (minimal, minor, moderate, major and transformational) and the likelihood of the impact occurring (very unlikely, unlikely, possible, likely and almost certain) to determine an overall risk assessment of the social impact as 'low', 'medium', 'high' or 'very high'. **Table 2.7** and **Table 2.8** outline the parameters for defining the magnitude and likelihood level for use in the significance rating process.

Table 2.6 Social Impact Significance Matrix

	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

Source: (DPHI, 2025)

Table 2.7 Defining Magnitude Levels for Social Impacts

Magnitude level	Meaning
Transformational	Substantial change experienced in community wellbeing, livelihood, infrastructure, services, health, and/or heritage values; permanent displacement or addition of at least 20% of a community.
Major	Substantial deterioration/improvement to something that people value highly, either lasting for an indefinite time, or affecting many people in a widespread area.
Moderate	Noticeable deterioration/improvement to something that people value highly, either lasting for an extensive time, or affecting a group of people.
Minor	Mild deterioration/improvement, for a reasonably short time, for a small number of people who are generally adaptable and not vulnerable.
Minimal	Little noticeable change experienced by people in the locality.

Source: (DPHI, 2025)

Table 2.8 Defining Likelihood Levels of Social Impacts

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

Source: (DPHI, 2025)

2.6 Assumptions and Limitations

The following assessment limitation are noted:

- The views of the community represented throughout the report are based on the sample of community members and stakeholders consulted as outlined, and do not represent the views of the entire community.
- The SIA has been informed by information collected from secondary data sources and community consultation. It is assumed that secondary data sources contain valid, representative data and have not been misconstrued.

3.0 Social Baseline Profile

This Section provides a summary of key findings from the social baseline. The complete social baseline study is provided in **Appendix A**.

3.1 Development Context

The project is located within a high-density health and education precinct in the Kogarah local centre which is a diverse urban environment that includes social infrastructure, commercial businesses, educational institutions, a mix of low- and high-density residential housing, emergency and health service providers, and the SG Public Hospital campus.

As outlined in **Table 1.2**, both Georges River and Bayside Councils and the Greater Sydney District Planning recognise the Kogarah Health and Education Precinct as a key strategic centre and significant drivers of economic growth.

Ongoing investment and development in the precinct is aimed at supporting a long-term vision for developing accessible, inclusive, and sustainable public spaces and infrastructure that to meets both current community needs and anticipated future growth. Key development priorities therefore include sustainable health infrastructure, the provision of green open space and improved transport accessibility.

The following sections provide insight into other projects currently underway within the locality and community perspectives relating to development within the locality more broadly.

3.1.1 Precinct Development - Cumulative Impacts

Table 3.1 outlines several projects currently underway within the social locality that have the potential to contribute to cumulative impacts for local residents and stakeholders, particularly should construction timeframes align with the St George Private Hospital development. As the table illustrates, while three key projects are in the assessment phase, these are located some distance from the proposed Project sites.

The St George Public Hospital Redevelopment Stage 3 is currently in construction, with main works anticipated to be complete by the end of 2025.

Table 3.1 Proximal Development Project

Project	Location	Approximate Distance to Project ²	Status	Description	Cumulative Impact
St George Hospital Redevelopment Stage 3	16 Kensington Street, Kogarah	<1 km	Under Construction	Involves the construction of a new Ambulatory Care Building and the refurbishment of existing facilities at SG Public, creating 740 new full-time equivalent (FTE) jobs during construction and 361 new FTE roles in operation. Main works are scheduled for completion in 2025, with final refurbishment, demolition, and forecourt works finishing in late 2026.	Accessibility – way finding, traffic volume increase, potential increased travel time for emergency service providers, potential competition for health service employees while in operation. Surroundings - potential disruption to social amenity due to noise and dust.
1A Hill Street and 105 Forest Road, Hurstville	Hurstville, Georges River	3 km	Preparing EIS	Two housing developments comprising a 19 and 10 storey tower.	Livelihoods - potential competition for construction workforce
Discovery Point – Building 14	Discovery Point Place, Wolli Creek	5.2 km	Prepare EIS	Detailed design and construction of Building 14 for the purpose of a nine storey co-living housing development with ground floor retail uses	Accessibility – additional pressure on transport corridors shared with St George/Kogarah area Surroundings – potential urban density increase contributing to service demand (health, transport, open space).
Kogarah Golf Course Redevelopment – Concept & Stage 1 Works	13–19A Marsh St, Arncliffe	5.6 km	Prepare EIS	The Proposal comprises a Concept Masterplan for a logistics focused precinct that leverages the Site’s strategic location adjacent to Sydney Airport to facilitate a world-class multi-level logistics hub with supporting uses.	Accessibility – potential cumulative impact on road networks.

Source: Umwelt, 2025

3.1.2 Community Perspectives on Previous Development in the Locality

Table 3.2 outlines the key community feedback identified through interviews with Council and other key stakeholders and previous community engagement undertaken for proximal projects such as the St George Hospital Redevelopment Stage 3 through review of relevant planning applications.

Such context provides important insight into key community considerations and concerns to inform potential social impacts of the current Project and identification of mitigation and enhancement measures.

Table 3.2 Community Feedback Relating to Recent Development within the Locality

Theme	Community Feedback
Environment and Green Open Spaces	• Need for more public green space and park amenities • Preference for merging indoor and outdoor spaces with high-quality green areas • Prioritise sustainable development
Well-Planned Development with Quality Design	• Mixed views on development (some support suburban character, others accept growth) • Emphasis on place-based, community-informed planning • Need for infrastructure and public transport to support growth • Support for increased low-cost parking options • Need to balance safety with privacy in public and communal areas • New space should be light and airy with plenty of outdoor visibility/access • Frustration with extended construction timeframes associated with project developments • Concerns relating to illegal development/planning that does not comply with Development Application requirements
Active and Accessible Communities	• Improve public transport reliability and coverage • Increase parking availability • Clearer wayfinding at the SG Public Campus • Address road conditions and congestion • Upgrade footpaths and expand cycleways • Improve disability access and street lighting
Economic Concerns	• Low confidence in housing affordability • Concerns about local employment and economic opportunities • Livelihood impacts to businesses impacted during construction • Desire for better promotion of tourism and support for local businesses
Social Infrastructure and Community Life	• Support for clean, safe, attractive and peaceful public spaces • Emphasis on peaceful, family-friendly, multicultural environment • Need for more aged care, youth and health services, schools, libraries, and public art • Support for services for vulnerable groups
First Nations Involvement	• Importance of continued consultation with Aboriginal and Torres Strait Islander communities • Strong support for a Connecting with Country approach in landscaping, public art, façades, and place names.

Source: (Geroges River Council, 2018; Umwelt, 2025; NSW Government, 2022)

3.2 Social Baseline

As noted in **Section 2.2**, to better understand the social context in which the Project is located, the Social Framework for Projects (Smyth & Vanclay, 2017) has been adopted; and includes analysis of primary and secondary data relating to eight community wellbeing categories across the social locality.

Using the Social Framework Model, **Table 3.3** identifies the key challenges and strengths experienced across the social locality in relation to the eight wellbeing themes. This analysis has been informed by a review of relevant social indicator datasets and through community consultation. Insights from community consultation have been italicised. A complete social baseline analysis is included at **Appendix A**.

Table 3.3 Social Baseline Summary

Challenges	Wellbeing Category	Strengths
- Despite the average air quality in Kogarah being generally good, sensitive groups may experience minor symptoms from long-term exposure. <i>The provision of more public green space was noted as a key community need during engagement by both the local council and community members.</i> - The median personal weekly income in the Georges River LGA is lower than the State. The LGA also has the highest percentage of low-income earners in the SESLHD. - Kogarah ranks in the 5th decile on the Index of Relative Socio-economic Disadvantage, indicating a moderate level of socioeconomic disadvantage. - Although less pronounced in Sydney, across NSW and Australia there is a skills shortage in the health care sector, specifically in certain specialities such as general practice, mental health and Registered Nurse occupations. Projected demand for healthcare services may also exacerbate shortages. - Kogarah has comparatively few in the population holding certificate or diploma-level qualifications. - The population of the SESLHD is expected to grow to 1,087,360 by 2036 (an additional +98,480 residents) - The population of the SESLHD is also rapidly ageing, with around 41% of the projected growth being in the 70 years or older cohort.	The Living Environment	Opportunity to incorporate Principles of Ecologically Sustainable Development in the Project design and place activation.
	Land and Natural Resources	Edith Blake Reserve is a small ‘pocket-park’ located adjacent to the project and is regularly used by health service employees’, patients, and visitors.
	Livelihoods	- Health Care & Social Assistance is the largest employment sector in both LGAs, with Hospitals being the top industry of employment. - Unemployment rate is below the NSW average for Kogarah and the two LGAs. - There are a high number of Professionals, Clerical and Administrative Workers, Managers in Kogarah and both LGAs. - The median personal weekly income in Kogarah and Bayside LGA is higher than the State average. - Both LGAs have comparatively lower levels of disadvantage.
- Within the SESLHD, long-term health conditions affect over a third of the population with an over-representation of Aboriginal and culturally and linguistically diverse patients (CALD). - In the SESLHD, 100,350 people were living with a disability as of 2015, including 30,000 residents with a profound or severe disability. - Some of the SESLHD LGAs post significantly higher rates of premature mortality from cancers, respiratory disease, circulatory diseases, diabetes and external causes (incl suicide) compared to the NSW average. - Approximately 10% of SESLHD’s population over the age of 15 are carers, with 60% of carers being women, and 75% of carers aged between 50 and 69. - Around 9,000 people, or 1% of the SESLHD population, identify as Aboriginal and face significant disadvantage, being 29% more likely to be hospitalised and accounting for 11% of the region’s homeless population. - Due to increased demand and population growth, the SESLHD anticipates that by 2027 there will be 112,500 (50%) more Emergency Department presentations, 21,685 (20%) more acute admissions and a need for 480 additional acute beds. - Five percent (5%) of women in SESLHD require assistance with core activities. LGAs with the greatest number of women requiring assistance with core activities are Bayside and Georges River. <i>Some community members noted equitable and timely access to health care and specialist services is a key need.</i>	People	- Kogarah and both LGAs have relatively high levels of educational attainment and occupational status. Of the total population currently attending education, the communities had a higher share of students attending University or other Tertiary Institutions, compared to those within the SESLHD, Greater Sydney and across the State. - The number of people identifying as Aboriginal in SESLHD increased by 24% between the 2016 and 2021 census from 8,377 to 10,350 people
	Health and Wellbeing	- Both LGAs report lower-than-average rates of long-term health conditions. - Patients of the SESLHD rate their overall patient experience as meeting or exceeding expectations. - The Kogarah health precinct has a range of public and private health service providers and specialists. <i>During engagement, community members also expressed pride in being a key educational and health district for Sydney.</i>

Challenges	Wellbeing Category	Strengths
Across the social locality, First Nations cultural heritage has been impacted by the effects of colonisation.	Culture	- The area is home to a culturally and linguistically diverse community, with 48% of residents in Georges River LGA and 51% in Bayside LGA born overseas. - A significant proportion of residents in both LGAs speak a language other than English at home—56% in Georges River and 55% in Bayside. In Georges River LGA, the most commonly spoken languages other than English are Mandarin and Cantonese. <i>During engagement it was noted that the local community values its inclusive and multicultural nature.</i>
- The social locality have less of the population that have lived at the same address for a number of years than the State. <i>Although the crime rates are relatively low, during engagement it was raised by some community members that the Kogarah health precinct can feel unsafe at night.</i> <i>It was also noted that traffic congestion, parking, pedestrian safety and a lack of green space are key challenges.</i>	Community	- The social locality has higher proportions of family households than the SESLHD and the State but is almost on par with the Greater Sydney average. - Crime rates in the social locality are generally lower than the NSW average. - Both LGAs have a relatively high level of advantage and a lower level of disadvantage. <i>The heritage value of the area – “the old-world charm mixed with the newer buildings” was identified as a key strength by the Kogarah Progress Association.</i> <i>Community members, business owners and health workers expressed a strong sense of community, collegiality and social cohesion.</i> <i>Some stakeholders also raised that the social locality is an active community, with community members coming together to form the Party which is a registered local political party focused on representing community interests and advocating for fairness, equity, and transparency on Georges River Council.</i>
- There is growing strain and demand on local healthcare services due to the cumulative effects of rapid population growth, an ageing population, the increasing prevalence of chronic disease and morbidities. - There is a need for additional aged care and mental health services. - Parking, congestion and improving pedestrian and disability access are key issues. - The SESLHD did not meet all of its service delivery targets due to high demand for services and employees shortages. <i>During engagement, it was noted that the removal of the Kogarah Express Train has impacted transport accessibility and effectiveness.</i>	Infrastructure	- The area has strong social infrastructure, with multiple health services, schools, places of worship and community centres. - Both the public and private hospital are known for their excellent services and prestige, particularly for surgery. - Kogarah has good public transportation connectivity to the city and major town centres in the area was highlighted during engagement as a key strength, and while driving remains the most common mode of commuting in the locality, it is notably less common than the State average. The majority of those people who accessed the SG Private and Public Hospitals who participated in the intercept surveys travelled by car. - Both hospitals offer a range of specialist services, with the surgical expertise having a reputation for being the best in the State. - The Public hospital is in undergoing a \$385 million redevelopment which will increase accessibility and the provision of services. - Kogarah is considered an educational district, with 7 schools including a TAFE. <i>Engagement findings highlight that the proximity of social infrastructure is highly valued by hospital users.</i>
- The median house price and median weekly rent is higher in the social locality than Greater Sydney and significantly higher than the State average. - The proportion of renter in the social locality is higher than the compared to those of SESLHD, Greater Sydney and the State. - The proportion of homeowners in mortgage stress is higher in the social locality than the State.	Housing	The primary household type within the social locality is flat, unit or apartment, accounting for 65% of all occupied dwellings.

Source: Provided in **Appendix A**

4.0 Social Impact Analysis and Evaluation

This section provides assessment and evaluation of the social impacts identified in relation to the Project. Secondary and primary insights have been compiled to contextualise, benchmark and qualify the matters raised to inform the evaluation of each social impact.

It is also important to note that, unlike in the context of other technical studies completed as a part of the environmental impact assessment, there are no 'technical'/quantitative thresholds in SIA, with the identification of possible consequences largely made qualitatively. Therefore, the assessment of social significance is informed by consideration of the baseline context of the Project, outcomes of relevant literature and research studies, identification of social impacts in other similar projects, outcomes of engagement, and findings of technical studies; with a conservative approach taken in assigning social significance ratings.

In line with the process defined in **Section 2.5**, the following sections assess impacts in relation to the positive and negative consequences that may be experienced by people due to anticipated impacts/changes associated with the Project, as categorised in the SIA Guideline (DPHI, 2025). This section also considers cumulative and combined social impacts.

The proposed mitigation, enhancement and management measures are presented and outlined throughout this section in line with the discussion and evaluation of the corresponding impact, with proposed management strategies to address residual or enduring social impacts further discussed in **Section 6.0** through a Preliminary Social Impact Management Planning Framework. It should be noted that the residual significance ratings represent the risk/opportunity post-implementation of mitigation and enhancement measures as outlined in **Section 6.2**.

4.1 Social Impacts Identified Through the Engagement Program

A number of social impacts (positive and negative) were identified during community engagement. **Figure 4.1** summarise the frequency of social impacts identified through the engagement program.

When considering the positive impacts of the Project, stakeholders most frequently raised improved access to private health care services resulting in improved health and wellbeing outcomes. The development of the private hospital was also seen to have the benefit of absorbing some of the demand on the public hospital system, as well as resulting in additional car parking (particularly for employees) and improved pedestrian and hospital user amenity through ground floor place activation.

When considering the negative impacts of the Project, stakeholders most frequently raised potential impacts relating to the Project's construction phase, including reduced access to street and car parking and residential property, increased travel times associated with altered traffic conditions, reduced public safety due to changed traffic conditions and reduced social amenity due to dust, noise and vibration from construction activities. Impacts on local businesses were also noted from a livelihood perspective, as was potential disruption to the existing private hospital services. Other impacts noted, related to reduced privacy and amenity due to changes to street scape

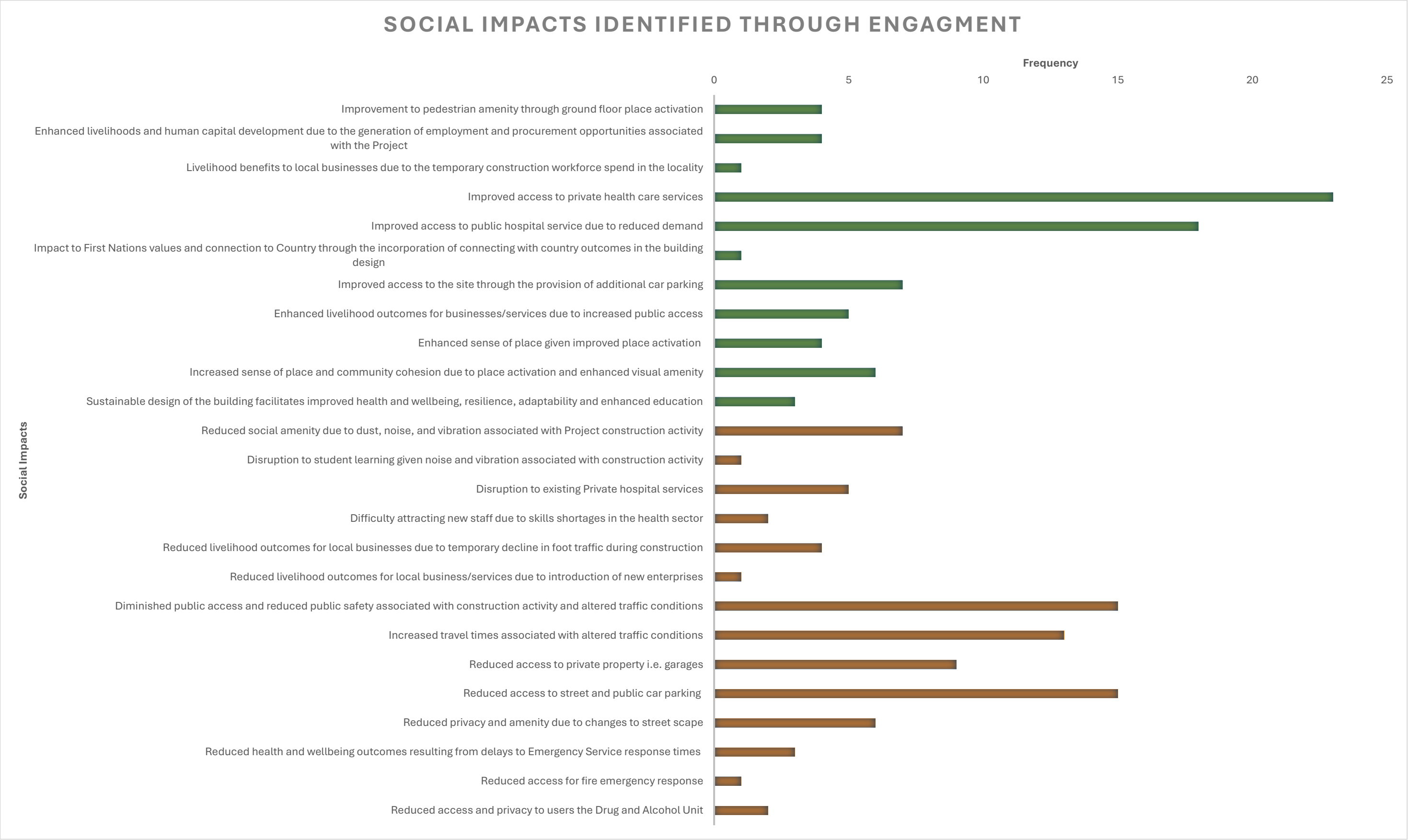


Figure 4.1 Social Impacts identified through Engagement

Source: (Umwelt, 2025); n=29

4.2 Social Impact Evaluation

Table 4.1 provides a summary of the predicted social impacts identified in relation to the Project and how each impact corresponds to the relevant social impact categories outlined in the SIA Guideline (DPHI, 2025).

Table 4.1 Social Impact Category Matrix

Potential Social Impact	Way of Life	Community	Accessibility	Culture	Health and Wellbeing	Surroundings	Livelihoods	Decision-making Systems
Positive Impacts								
Improvement to pedestrian amenity through ground floor place activation	✓	✓			✓	✓		
Enhanced livelihoods and human capital development due to the generation of employment and procurement opportunities associated with the Project	✓	✓					✓	
Livelihood benefits to local businesses due to the temporary construction workforce spend in the locality	✓	✓					✓	
Improved access to private health care services	✓	✓	✓		✓			
Improved access to public hospital service due to reduced demand	✓	✓	✓		✓			✓
Impact to First Nations Values and Connection to Country through the incorporation of connecting with country outcomes in the building design	✓			✓				
Improved access to the Site through the provision of additional car parking			✓			✓		
Enhanced livelihood outcomes for businesses/services due to increased public access	✓		✓				✓	

Potential Social Impact	Way of Life	Community	Accessibility	Culture	Health and Wellbeing	Surroundings	Livelihoods	Decision-making Systems
Increased sense of place and community cohesion due to place activation and enhanced visual amenity	✓	✓	✓		✓	✓		
Sustainable design of the building facilitates improved health and wellbeing, resilience, adaptability and enhanced education	✓	✓	✓		✓	✓		✓
Negative Impacts								
Reduced social amenity due to dust, noise, and vibration associated with Project construction activity	✓	✓			✓	✓		
Disruption to student learning given noise and vibration associated with construction activity	✓		✓		✓	✓		
Disruption to existing Private hospital services	✓		✓		✓			
Difficulty attracting new employees due to skills shortages in the health sector			✓		✓		✓	
Reduced livelihood outcomes for local businesses due to temporary decline in foot traffic during construction	✓	✓					✓	
Reduced livelihood outcomes for local business/services due to introduction of new enterprises	✓	✓					✓	

Potential Social Impact	Way of Life	Community	Accessibility	Culture	Health and Wellbeing	Surroundings	Livelihoods	Decision-making Systems
Diminished public safety associated with construction activity and altered traffic conditions	✓	✓			✓	✓		
Reduced public access associated with construction activity and altered traffic conditions	✓	✓	✓		✓	✓		
Increased travel times for road users associated with altered traffic conditions	✓		✓			✓		
Reduced access to private property i.e. garages	✓		✓			✓		
Reduced access to street and public car parking	✓		✓			✓		
Reduced privacy and amenity due to changes to street scape	✓				✓	✓		
Reduced health and wellbeing outcomes resulting from delays to Emergency Service response times			✓		✓	✓		
Reduced access for fire emergency response	✓				✓	✓		
Reduced access and privacy to users the Drug and Alcohol Unit	✓		✓		✓			
Impacts to First nations cultural heritage	✓	✓		✓	✓			✓

Source: Umwelt, 2025

The following subsections describe and analyse each potential social impact in turn, assigning levels of significance in accordance with the social significance matrix used to evaluate social impacts outlined in the SIA Guideline – Technical Supplement (DPHI, 2025) and presented in **Section 2.5**.

As many of the impacts relate to the construction phase of the Project and potential disruption associated with temporary construction activities, impacts have been grouped by Project phase – Construction, Operations or both – with relevant positive and negative impacts classified accordingly.

4.2.1 Construction Phase

4.2.1.1 Livelihood benefits to local businesses due to the temporary construction workforce spend in the locality

It is established that hosting local construction workforces can create economic flow-on effects for communities as workers spend money at local businesses (Livingston, 2024). The presence of a construction workforce is expected to total a peak of 365 FTE workers per day during the construction period, which may generate increased demand for retail, food and beverage services in the local area, in turn generating an improved likelihood of benefits for local businesses through increased sales and patronage.

Strategies that have been implemented in other projects to facilitate benefits at the local community level and for local businesses specifically, including implementing ‘buy-local’ programs and facilitating workforce participation at a local community level.

4.2.1.2 Disruptions to social amenity due to dust, noise, and vibration

Construction activities are likely to generate dust, noise and vibration, which may result in temporary decreased social amenity for:

- Adjacent residents, businesses and health services
- Users of the Drug and Alcohol Clinic
- Proximal residents, businesses and health services
- Users of the footbridge
- SG Private Hospital employees, contractors, patients and visitors; and
- Employees and students attending proximal education providers

The planned demolition works at the main hospital campus are likely to result in disruptions to patients and visitors who may already be experiencing illness, disability, or emotional distress, making them particularly susceptible to this impact.

Similarly, residents with existing vulnerabilities and those who primarily spend time in their home are also likely to be disproportionately impacted and may have limited options to leave their place of residence during the day. Such groups include the elderly/ those with limited mobility, those who sleep outside of regular working hours such as shift workers and households with infants or young children and their carers or those that may work from home.

Adjacent residents, businesses/health service employees/customers are likely to be the most impacted due to their proximity and prolonged exposure. Prolonged disruption to social amenity can have adverse physiological and psychological effects, including sleep disturbance, increased stress, and heightened frustration.

The clinical tower site is located proximal to Hogden Street which consists of several apartment buildings with ground-floor commercial tenants (**Figure 4.2**). If there are elevated dust levels during construction, this may deter residents from using their balconies or keeping windows open, leading to reduced natural ventilation and amenity, particularly during the warmer summer months when outdoor space and airflow are most valued.

While existing traffic noise from the Princes Highway contributes to an elevated baseline noise level on Hogben Street, stakeholders reported during engagement that noise is exacerbated by the surrounding building density, which contributes to acoustic reflections and reverberation. Adjacent residents outlined that these effects were particularly evident during the 2016 construction of the SG Private Hospital multi-storey car park.



Figure 4.2 Residential Buildings and Businesses on Hogben Street

Source: Umwelt, 2025

The owner of the Medistay Hotel (2/4 Hogben St) also raised concerns that anticipated disruption and the potential for sleep disturbance may deter guests from choosing to stay at the hotel, potentially resulting in adverse livelihood impacts. Similarly, local businesses such as the massage parlour, hairdresser, and café rely on customers seeking relaxation or leisure experiences.

Disruption to social amenity could therefore negatively affect the customer experience, potentially discouraging repeat patronage, reducing foot traffic, and impacting commercial viability. The potential for reduced livelihood outcomes for local businesses will be further examined in **Section 4.2.3.5**

In addition, during engagement with proximal education providers, the concern was raised that **noise and vibration could disrupt student learning**. As noted by the principal of a local school:

“Children cannot learn with sustained interruptions- dust, traffic, building noise during construction”

Research undertaken on the impact of noise on learning in children and adolescents has found that environmental and classroom noise significantly impair cognitive functions like attention, memory, comprehension, and students' overall academic performance, with particularly strong effects in children aged six (6) to 12 years (Swargiary, 2023; Massonnié, 2020). Moreover, intermittent and sporadic construction noise is found to be more disruptive than constant ambient noise.

Although there are 11 education providers and early learning centres within a 600 m radius of the proposed project, it is anticipated that the Little Lions Early learning centre located on Hogben street and St Patricks Catholic Primary School located on Chapel Street will be the most impacted, as the St George TAFE, James Cook Boys Technology High School and Moorefield Girls High School are located across the Princes Highway so therefore already experience base noise from traffic on the Highway (**Table 4.2**).

Table 4.2 Nearby Educational Facilities

Educational Facility	Distance to Project
Little Lion Early Learning	80 m from Clinical Tower
St George TAFE Building H	80 m from Clinical Tower
St George TAFE Main Building	150 m from Clinical Tower
James Cook Boys Technology High School	100 m from Clinical Tower
Kogarah Public School	400 m from Clinical Tower
St Pauls Children Centre	400 m from Clinical Tower
Kogarah High School	550 m from Clinical Tower
St Patricks Catholic Primary School	150 m from the Main Hospital Campus
Moorefield Girls High School	250 m from the Main Hospital Campus
Lorikeet Early Learning Centre	300 m from the Main Hospital Campus
United Early Learning	350 m from the Main Hospital Campus

Source: Umwelt, 2025

Noise modelling undertaken as part of the Noise and Vibration Impact Assessment indicated that construction noise levels are expected to exceed the established Noise Management Levels for receivers in close proximity to the site (RWDI Australia Pty Ltd, 2025). It is therefore likely that adjacent residents, business and services on Hogben Street, Princess Highway, Montgomery Street, will be impacted, in addition to users of the Drug and Alcohol Clinic and students/ staff at the following education providers: Little Lion Early Learning, St George TAFE and James Cook Boys Technology High School (**Table 4.3**).

Table 4.3 Surrounding Sensitive Receivers

Receiver ID	Address	Receiver Type
R1	1-21 Hogben Street, Kogarah	Residential
R2	89-99 Princes Highway, Kogarah	Residential
C1	52 Montgomery Street, Kogarah	Commercial
C2	111 Princes Highway, Kogarah	Commercial
E1	19 Montgomery Street, Kogarah	Educational

Receiver ID	Address	Receiver Type
E2	750 Princes Highway, Kogarah	Educational
E3	800 Princes Highway, Kogarah	Educational
Rec1	2A Marshall Street, Kogarah	Active Recreation
MU1	4 Hogben Street, Kogarah	Mixed Use

Source: (RWDI Australia Pty Ltd, 2025)

Mitigation measures recommend for inclusion in a Construction Noise and Vibration Management Plan include undertaking regular noise monitoring to determine the impact of operating plant on sensitive receivers and to ensure that additional adaptive management measures are implemented as necessary (RWDI Australia Pty Ltd, 2025). In addition, the assessment recommends that, where possible, works should be completed during the standard daytime construction hours of Monday to Friday 7.00 am to 7.00 pm and Saturday 8.00 am to 1.00 pm.

Diminished public safety and reduced public access associated with construction activity and altered traffic conditions

The following social impacts relate specifically to accessibility and public safety concerns associated with construction activity and altered traffic conditions which were frequently raised during community engagement. These impacts are likely to disproportionately affect:

- Users of the footbridge;
- Adjacent residents, businesses and health services located on Hogben Street, South Street, Montgomery Street, Princes Hwy;
- Proximal residents, businesses and health services located on Kensington Street, Wicks Lane, Moorefield Lane, Chaple Street, Hospital Wy, Short Street;
- SG Private Hospital and Public Hospital employees, contractors, patients and visitors; and
- Vulnerable groups.

The project is likely to result in diminished public access and reduced public safety due to:

- The altered traffic conditions and reduced pedestrian amenity; and
- Construction-related traffic flows including truck movements on the streets surrounding both sites.

The following sections outline how each stakeholder group may be impacted.

Users of the footbridge

There is a high level of pedestrian and vehicle activity in the area around the clinical tower site due to the presence of the footbridge over Princes Highway at the end of Hogben Street (**Figure 4.3**).



Figure 4.3 Footbridge Access on Hogben St and View from Princes Hwy

Source: Umwelt, 2025

As outlined in **Section 2.4**, intercept surveys were conducted with users of the footbridge to determine usage patterns. Surveys were carried out between 8:00–9:30am during a weekday to capture peak usage.

The survey found that James Cook Boys Technology High School students and TAFE NSW – St George Campus were the highest users of the footbridge representing 62%, with a further 34% students or employees of the TAFE (**Figure 4.4**). The remainder of intercept interview respondents were employees of local services or business, with other employees commuting by foot to their workplace.

USER OF THE FOOTBRIDGE- DESTINATION

■ TAFE ■ Local service/business ■ Commute- home or work ■ School

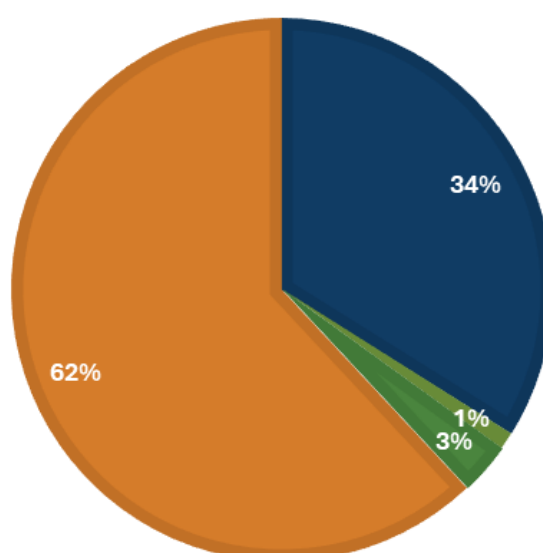


Figure 4.4 Users of the footbridge

Source: (Umwelt, 2025)

When asked to outline the frequency and time of usage, the majority of respondents stated that they accessed the footbridge more than once a week, in both the AM and PM. Combined with the assumption that the school students will also use the footbridge in the morning and afternoon every school day, it can be determined that there will likely be a high volume of users during weekdays when construction activity is likely to occur.

Table 4.4 Intercept Survey – Frequency

Usage Frequency	Total	% Total
>1 day per week	107	96%
> 1 day per month	4	4%

Source: (Umwelt, 2025)

Table 4.5 Intercept Survey – Time of day

Time of Day	Total	% Total
AM and PM	101	91%
AM	9	8%
PM	1	1%

Source: (Umwelt, 2025)

While the TAFE- St George Campus students/employees used the footbridge as a short cut from the train and carpark, the majority of school students from James Cook Boys Technology High School were dropped off by car on Hogben Street. Combined with other residential, business and health service usage in the area, there is the potential for access and public safety impacts on Hogben Street, if there are altered traffic conditions or if construction vehicles use or park on the street. As a local resident noted:

“It will concentrate a lot of traffic in the area, particularly in school zones. Pedestrian and vehicle traffic is significant in that end of Hogben St and it gets very congested. The overpass for pedestrians is already used by a high concentration of people who pick up their children in morning and afternoon.”

Adjacent and proximal residents and patients/customers/employees of health services and businesses

Adjacent and proximal residents and health service/business employees raised during engagement that construction activity could result in **reduced access to their private property i.e. garages**. The commercial building 2/4 Hogben Street has garages that are accessed on Bank Lane (**Figure 4.5**), directly opposite where the Clinical Tower entrance and Passenger Loading Bay are proposed.



Figure 4.5 2/4 Building

Source: Umwelt, 2025

There are also several residential buildings that access their underground carpark further up Bank Lane that are not adjacent to the clinical tower site that will likely be impacted by the altered traffic flow in the area. Residents expressed concerns in this regard:

“Residents off Bank Lane need a safe and easy way to exit our parking garages. Increasing traffic will be a huge hinderance.”

The Traffic Impact Assessment states the access to adjoining properties will be unaffected for the existing site upgrades on South Street and the proposed site on Hogben Street.

SG Private Hospital employees, contractors, patients and visitors

South Street is the main access for cars entering/exiting Princes Highway to get to the SG Private Hospital and the Public Hospital. Construction activity and altered traffic conditions along that road may result in diminished public access to the existing SG Private Hospital. This would likely disproportionately impact SG Private Hospital employees, contractors, patients and visitors who walk from the SH Private Hospital main campus and cross South Street and the heavily utilised passenger loading bay at the main campus to reach the multi-story carpark on Bank Lane (**Figure 4.6**). Bank Lane is a narrow one-way street that has a tight bend and no footpath or public lighting which poses a risk to pedestrian safety.



Figure 4.6 Access to the Multi-Story Carpark Access on Bank Lane

Source: Umwelt, 2025

In addition, when asked if they currently experience any challenges or issues accessing the SG Private Hospital main campus site, several survey respondents mentioned pedestrian safety crossing South Street and Bank Lane due to existing high traffic volumes:

“The non pedestrian crossing on south street at times can be dangerous and the lights and pedestrian crossing on south on this road mean a detour of the most direct route from the carpark.”

Vulnerable groups may be disproportionately impacted by diminished public access and safety. For example, elderly people are more vulnerable to vehicle-related safety risks due to factors such as reduced physical mobility, impaired vision, and hearing. Altered traffic conditions could exacerbate this if unmanaged.

The Traffic Impact Assessment states pedestrian sight triangles at egress points can be provided in accordance with the requirements.

4.2.1.3 Preliminary Construction and Traffic Management Plan

In response to community concern in relation to social amenity and public access/safety, the Preliminary Construction and Traffic Management Plan includes the following mitigation measures:

- Access for residents and users of Bank Lane and Hogben Street to be maintained at all times.
- Roads and access points must remain clear of materials, vehicles, or skips.
- No double parking or use of public parking by construction vehicles.
- Traffic control measures to manage construction vehicle entry/exit.
- Accredited Traffic Controllers to manage vehicle movements at site interfaces.
- No temporary road closures anticipated; resident access maintained.
- No placement of equipment or materials on public footpaths, roads, parks, or verges without Council approval.
- Minimum 14-day notice to nearby property owners before traffic changes.

- Safe, well-lit site perimeter maintained.
- Detours and signage provided if pedestrian paths are affected.
- Heavy vehicle routes will be planned to minimise disruption near sensitive land uses (schools, hospitals)
- Queuing/marshalling of heavy vehicles on public roads will be prohibited
- Pedestrians always have right-of-way; construction vehicles must wait for safe gaps.

The Plan also states that staging and wayfinding strategies to be confirmed with Council. It is recommended that additional signage indicating construction zones and garage access is implemented to afford residents with continued access, and to manage vehicle and pedestrian flow during busy times. It is also recommended that additional engagement is undertaken with most impacted stakeholder to provide clear communication regarding the anticipated impacts and access. The Proponent could work with other key stakeholders to generate educational materials for pedestrians regarding any changes to road conditions associated with the Project.

4.2.1.4 Reduced livelihood outcomes for local businesses/services due to temporary decline in foot traffic during construction

Disruption to social amenity and concerns regarding impacts to public access and safety may result in reduced livelihood outcomes for local businesses due to temporary decline in foot traffic. As a local business owner stated:

“Increased traffic on Hogben Street will undoubtedly affect our clients’ ability to access parking. As you are likely aware, parking in Kogarah, particularly on Hogben Street is already limited. We have had clients cancel memberships & also decline to join due to the existing parking difficulties. If this situation worsens, we can only anticipate a more significant impact on our business.”

Concerns about access and safety may deter regular customers. While an increase in business associated with the nearby construction workforce may balance out this impact, regular patrons could develop alternative routines and may not return when the construction period ends. During engagement with Bayside Council this was noted as an impact, with several business’ not being able to stay open during upgrade to the M6. Council raised that increasing signage to indicate that access for customers is maintained and promoting businesses on social media helped to mitigate this impact. A local business owner also raised that the proponent could explore networking or partnership opportunities with local business to bring mutual benefit for both parties. In this regard, an example provided of a successful partnership, was that between a local business and the Public Hospital in supporting seminars on exercise.

In response to adjacent and proximal businesses concerns about parking accessibility for customers, construction vehicles will not be permitted to idle/park on Hogben Street. Additional suggested mitigation measures raised during engagement by local businesses that could be considered include the provision fuel cards and/or free or subsidised designated parking spaces for customer/clients in the existing SG Private Hospital multistorey carpark.

4.2.1.5 Increased travel times associated with altered traffic conditions

The altered traffic conditions could also contribute to increased travel times for impacted stakeholders. Traffic congestion and delays in regular travel time has been shown to have physical and mental health impacts on commuters, causing stress and at times encouraging reckless or unsafe driving practices (Li, Lai, Sui, & Li, 2020).

Traffic congestion is significant existing issue in the area due to limited capacity of the existing road network and the high density of residential buildings, health services, education providers and businesses within the precinct. This was raised during engagement and observed whilst undertaking the letter box drop for the Project Information Sheet (**Figure 4.7**).

Altered traffic conditions and increased travel time has also occurred since 2023 because of the SG Public Hospital Stage 3 Redevelopment, resulting in additional congestion and partial road closures. While some stakeholders during engagement acknowledge that congestion was expected in a high-density precinct, others expressed construction fatigue with education providers in particular expressing frustration with congestion at school drop off times. Although the SG Public Hospital Stage 3 Redevelopment is expected to be complete in 2026, if this is extended there will likely to cumulative impacts on traffic conditions arising from both projects.



Figure 4.7 Example of Existing Congestion and SG Public Hospital Redevelopment Construction

Source: Umwelt, 2025

The Traffic Impact Assessment results indicate all assessed intersections continue to operate at satisfactory Levels of Service (A–B) in both peaks, with only marginal changes to delay, degree of saturation, and queuing. As a result, the road network has sufficient capacity to accommodate the development without noticeable impacts on performance.

In addition, a Green Travel Plan has been developed which outlines sustainable transport modes and strategies to achieve the targets to encourage both visitors and employees to prioritise sustainable transportation options such as walking, cycling and public transport.

For emergency service providers specifically, during engagement it was raised that the increased travel times may contribute to **delays to Emergency Service response times resulting in reduced health and wellbeing outcomes.**

As outlined in **Section 2.3**, the SG Private Hospital is in close proximity to a number of emergency service providers:

- St George Police Station, 13 Montgomery St – 400 m from the SG Private Hospital;
- Fire and Rescue NSW Kogarah Fire Station, 26 Gray Street – 500 m from the SG Private Hospital; and
- St George Hospital Emergency Dept, 28a Gray St – 600 m from the SG Private Hospital.

During engagement, the NSW Fire Rescue identified that the service faces existing challenges in relation to congestion and access to properties and raised the concern that the Project could exacerbate these challenges.

Although data on Fire Service response times are not publicly available for individual stations, across NSW, the response time (for 90% of instances) was 12 minutes, (FRNSW, 2025). Response times have shown a slight but sustained upwards trend in recent years. Both components of response time – mobilisation time and road travel time – have been determined to have contributed to the overall increase in response time, with the latter being impacted by increased road traffic volumes. Research shows that faster response translates directly into reduced human and financial loss (Ali Sahebi, 2025)

In terms of ambulance services, the Kogarah – Rockdale SA3 region saw an increase in response times for emergency cases, with the average response time rising to 11.9 minutes in Q4 2024, up 0.5 minutes from Q4 2023. However, for life-threatening cases, the response time improved slightly to 7.5 minutes, a decrease of 0.2 minutes compared to the previous year. For urgent cases, the response time decreased significantly to 30.9 minutes, a reduction of 5.3 minutes from Q4 2023 (Bureau of Health Information, 2024). Rapid ambulance response times are correlated with higher survival rates from conditions such as out of hospital cardiac arrest (OHCA) and have a positive impact on overall patient outcomes. (Bürger, et al., 2018).

Given the extent of the construction activity, it is possible but unlikely that there will be a significant enough altered traffic conditions/congestion to impact emergency response times. Moreover, during operation, the introduction of an Emergency Department will improve access to emergency treatment for private hospital patients.

4.2.1.6 Disruption to existing Private hospital services

Although engagement with the SG Private Hospital revealed that delays will be minimal, disruption to services was raised by some SG Private Hospital employees. It is recommended that through the CSEP, the proponent establishes regular communication and updates employees throughout the construction period.

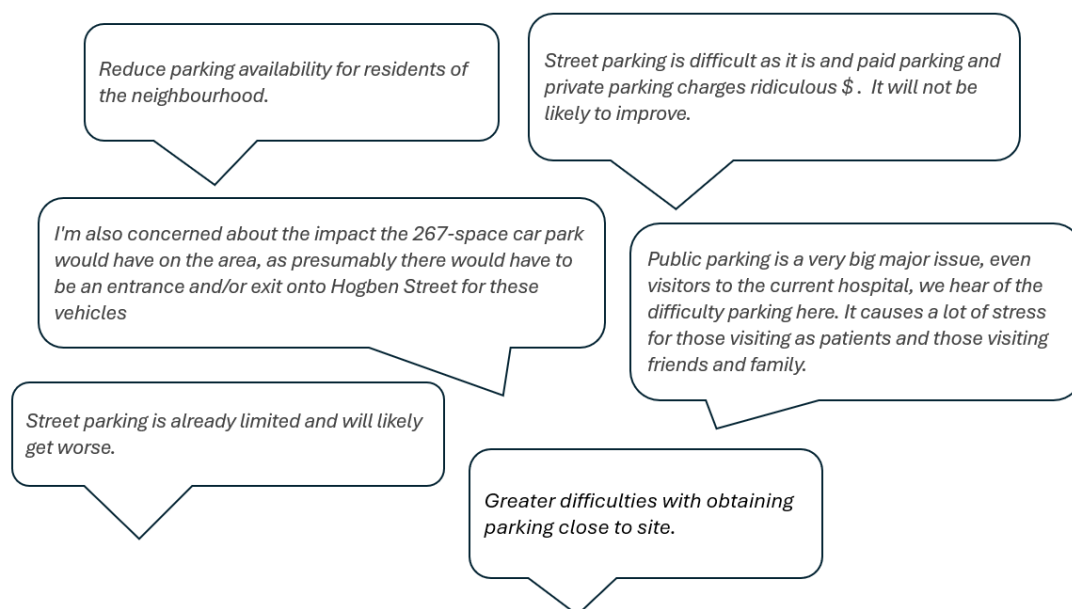
4.2.2 Construction and Operation Phase

4.2.2.1 Reduced access to street and public car parking

An existing issue raised by residents and proximal business owners was the use, by visitors and patients of both the Public and the Private hospital, of street and public car parking to avoid having to pay for parking, despite residential parking permits and two-hour restrictions being in force.

Several patients and visitors who participated in the intercept survey noted the high cost of the surrounding multistorey car parks. This issue could also be exacerbated during Project's construction phase if there is reduced access to street and public parking and in the operation phases with the increased number of patients and visitors accessing the clinical tower and hospital sites.

Due to the communities existing parking grievances, the potential for the Project to reduce access to street and public car parking was the most frequently cited negative social impact raised during engagement:



Moreover, SG Private Hospital employees also cited limited employee parking:

"Parking is a major issue, as an employee member I have to park 10–15 minutes away from the hospital due to the 5 year wait list for car parking, despite there being numerous empty employees parking places in new Hogben street."

The SG Public Hospital Executive team also stated concerns about parking, noting that the Public multistorey carparks are always at capacity. In addition, adjacent business owners expressed concern about the secondary impact of reduced access to street and public car parking on their livelihoods:

"The parking situation has already been responsible for cancelled memberships and has caused people to decline joining due to parking chaos."

The Traffic Impact Assessment states that the peak net additional staff parking demand is assessed at 156 spaces and a visitor demand of 46 spaces.

In order to address parking issues, particularly during construction, potential mitigation measures identified by proximal residents included the provision of subsidised parking at the existing SG Private Hospital multistorey carpark. The Bayside Council also recommended that designated parking areas and clear signage was effective for the recent M6 upgrades development where a similar impact was experienced. In response to community concern, the Proponent will also provide an additional two (2) storeys of parking on the existing multistorey car park to help mitigate the parking issue.

During the operational phase, the addition of five (5) levels of below ground car parking comprising 241 additional car park spaces will help alleviate the local parking burden. The additional 241 spaces exceeds the calculated net demand by approximately 39 spaces providing a buffer to accommodate operational fluctuation. The provision of additional parking will likely result in **improved access to the Site**. As one resident noted:

“Parking is a premium thing in Kogarah- five (5) levels of underground parking is a great start.”

4.2.2.2 Enhanced livelihoods and human capital development due to the generation of employment and procurement opportunities associated with the Project

The Project has the potential to enhance livelihoods and human capital development by generating new employment and procurement opportunities during construction and operation for:

- construction workers;
- specialists, clinicians and surgeons;
- nurses and allied health workers;
- support, administration and cleaning employees;
- researchers and academics; and
- hospitality and retail employees.

The Project is expected to generate approximately 355 additional jobs (direct and indirect) during construction and around 234 FTEs additional jobs (direct and indirect) during operations.

Ramsay health care (the owner/operator of the SG Private Hospital) has a Global Diversity and Inclusion Policy that sets out organisation’s strategy and measurable objectives to facilitate greater diversity in management and leadership roles and retain a workforce whose composition reflects a diversity of backgrounds, knowledge, experience and perspectives, aligned with the diversity of its patients (Ramsay Health care, 2023).

As outlined in **Section 3.0** and **Appendix A**, the social locality is culturally diverse. The proportion of households that speak only English at home in Kogarah SA2 (32.3%) and who were born in Australia (38.1%) is significantly lower than the NSW average (67.6% and 65.4% respectively) (ABS, 2021). This level of diversity is also pronounced when compared with other metropolitan areas such as the Sydney City and Inner South region, where 45.3% of residents are Australian born. Initiatives centred on local and diverse employment could enhance community benefits within the social locality and contribute to improved distributive equity of Project impacts.

As will be outlined in detail in **Section 6.0**, it is recommended that strategies are implemented to enhance the opportunity to maximise local employment. This includes supporting training, up-skilling and capacity building, in collaboration with local stakeholders and training providers, to improve job-readiness in the pre-construction phase of the Project and the development of local employment and procurement commitments in collaboration with relevant stakeholders.

4.2.2.3 Reduced access and privacy for users the Drug and Alcohol Unit

Service users of the SG Public Hospital Drug and Alcohol Unit will likely experience **reduced access and privacy during both the construction and operational phases of the Project**. The SG Public Hospital Drug and Alcohol Unit is located between the clinical tower siter and the hospital main campus adjacent to Edith Blake Reserve, with access via South Street and Bank Lane. To maintain user confidentiality and reduce stigma, the facility is intentionally discreet and unmarked.

The Unit operates 365 days a year, providing specialised services to individuals experiencing substance dependency. These include methadone therapy, counselling, withdrawal management, case management, and secondary supply of safe needle and syringe programs (NSP) for the general public. The Unit is open from 7:30 am to 4:30 pm on weekdays, and from 7:30 am to 11:30 am on weekends, with the highest service demand occurring during weekday hours. The Unit supports approximately 320 registered users, in addition to walk-in clients.

During engagement, employees at the Drug and Alcohol Unit expressed significant concern that construction activity may adversely affect access to the facility. These concerns include:

- Disruption during construction (e.g. road closures, reduced parking);
- Altered traffic and pedestrian patterns in the area during the Project operational phase;
- Loss of convenient access, particularly for short-stay parking used by clients picking up medication and for deliveries during both Project construction and operation; and
- Shifting toward a more visibly private healthcare population could heightened contrast between public health service users and private hospital patients which could inadvertently intensify stigma. The Unit noted that its operations can attract public scrutiny and occasional negative media attention.

Service users often face multiple barriers to accessing support, including stigma, physical and mental health challenges, and addiction-related behaviours. Anonymity and ease of access are therefore critical. Employees emphasised that any increase in access barriers may result in service users disengaging from treatment with potentially serious health and wellbeing consequences.

Employees also raised concerns about current limitations at the facility that exacerbate access challenges, including:

- Inadequate disability access (e.g. uneven steps, no ramps).
- A lack of indoor/ sheltered outdoor waiting areas, resulting in clients often waiting outside the building; and
- Insufficient internal space to meet current and future service demands.

Furthermore, in the event of a fire, the designated emergency exit is located at the rear of the building on Bank Lane. Employees expressed concern that the Project has the potential to **reduce access for fire emergency response** which is a significant health and safety risk. The Proponent has advised that access to this fire exist will be maintained throughout the construction period.

It is therefore critical that the needs of marginalised and vulnerable populations are considered throughout the planning and delivery of the Project and that ongoing accessibility and functionality of the Drug and Alcohol Unit is not impacted, both as a health priority and a matter of social equity.

During engagement SG Public Hospital Executive Team proposed several practical mitigation strategies to preserve and potentially enhance service accessibility. These included relocating the Unit and the other services in the building to another available building. If this is not practical, other measures raised by Unit employees included maintaining access with a focus on wayfinding and minimal disruption to parking, improving physical accessibility by levelling steps and installing ramps and introducing discounted parking for employees. In addition, regular communication between the proponent and Unit employees was advised throughout the construction period to provide advance notice of any works likely to impact access. It was also suggested that the Proponent could appoint a liaison officer to act as a point of contact for the Unit to raise any concerns.

A key opportunity presented by employees of the Unit was the potential to upgrade Edith Blake Reserve, which is currently used by patients as an informal waiting area and occasionally by employees for informal outreach (e.g. coffee mornings). Given the location of the reserve between the clinical tower site and the hospital main campus, it was noted that an enhanced, welcoming green space would provide a more comfortable and less intimidating environment for service users.

4.2.3 Operational Phase

4.2.3.1 Improved access to private health care services

The most frequently cited positive impact of the project raised during engagement was the potential to improve access to private health care services resulting in improved health and wellbeing outcomes.

The SG Private Hospital serves approximately 35,000 patients a year, making it one of Sydney's largest and most comprehensive private hospitals. Current facilities include multiple operating theatres and procedure rooms, ICU, Coronary Care Unit, Cardiac Catheter Lab, a dedicated Oncology Ward, Obstetric Unit and a 20 bed Day surgery as well as a wide range of diagnostic and support services.

The proposed project expansion will provide an additional:

- 155 In-patient rooms;
- Emergency Department operated 24 hours a day, seven days a week.
- Radiation Oncology Centre; and
- Medical Imaging Expansion.

Together, these provisions will likely improve access, particularly to specialist private health care services such as orthoptics, neurosurgery, cardiology, which will likely result in improved health and wellbeing outcomes for patients and reduced wait times.

The SG Private Hospital operates at high occupancy year-round and routinely reaches capacity during the winter months due to seasonal increases in acute medical presentations. In addition to addressing current service demand, analysis of projected trends in hospital utilisation across the SESLHD indicates a growing need for expanded inpatient and acute care capacity to meet future population health needs.

From 2013–14 to 2022–23, the rate of hospital admissions per 100,000 people across the SESLHD increased from 32,872.00 to 33,997.90, representing a 3.4% increase over the decade. There was a notable decline in 2019–20, followed by a spike in 2020–21, likely coinciding with increased hospitalisations associated with the COVID-19 pandemic. Admission rates then fell and remained relatively steady through 2021–22 and 2022–23 (**Figure 4.8**). It is anticipated that by 2027, there will be 20% more acute hospital admissions, and a need for 480 more acute care beds across the SESLHD.

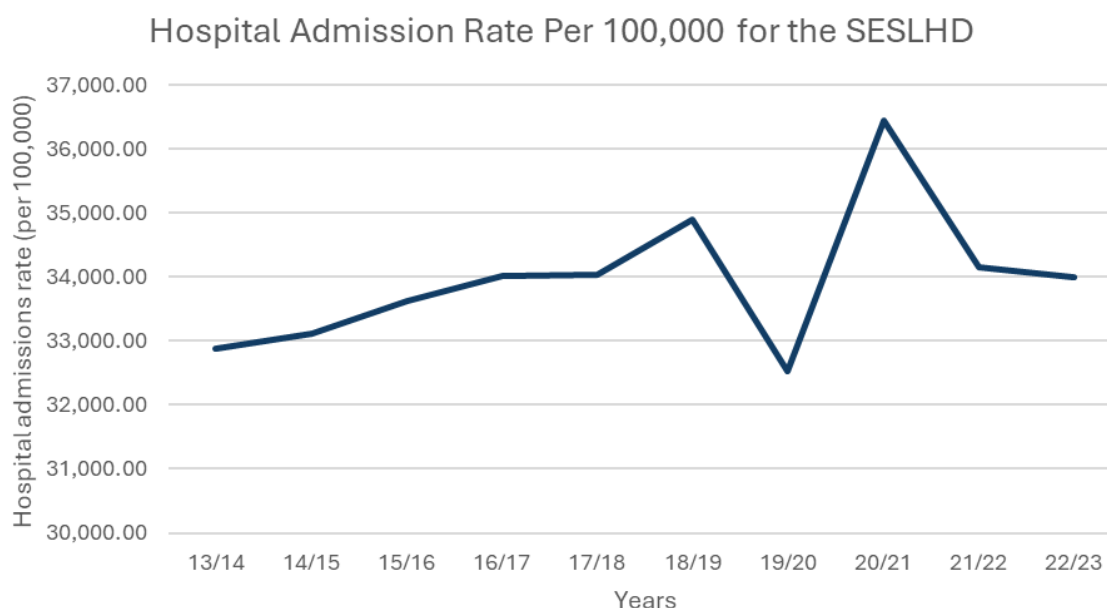


Figure 4.8 Hospital Admission Rate (per 100,000) for the Sydney Local Health District, 2013/14 – 2022/23

Source: (HealthStats NSW, 2025)

The rate of Emergency Department Presentations (Unplanned) per 100,000 people in SESLHD has also increased. From 2014–15 to 2022–23 presentations increased from 25,713.1 to 28,153.8, representing a 9.5% increase over the period (**Figure 4.9**), demonstrating a need for the proposed emergency service department. The Executive Team of SG Public Hospital expressed strong support for the inclusion of an Emergency Services Department to accommodate privately insured patients presenting at the hospital. They welcomed the opportunity to collaborate and assist in establishing effective referral pathways.

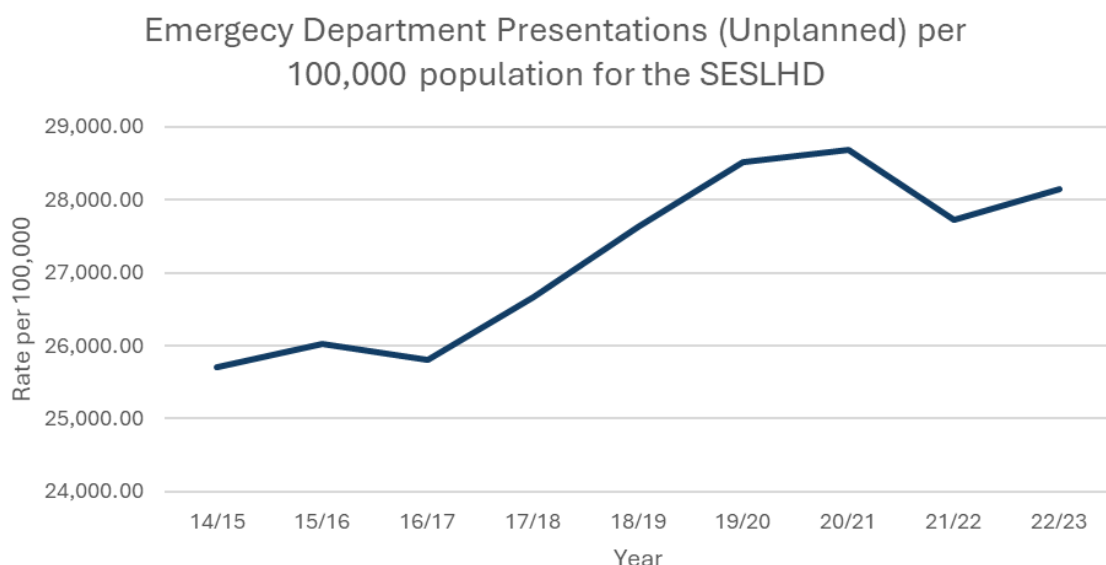


Figure 4.9 Emergency Department Presentations (Unplanned) Rate (per 100,000) for the SESLHD, 2014/15 – 2022/23

Source: (HealthStats NSW, 2025)

The reason for the increased demand in hospital and emergency service provision is due to the cumulative effects of demographic health trends that are being experienced across NSW and the SESLHD, which are outlined in **Table 4.6**.

Table 4.6 SESLHD Health Trends

Trend	Description
Rapid population growth	Expected to grow by 124,883 across the SESLHD by 2041 (Figure 4.10)
Ageing population	The proportion of the district's population aged 65 years and over has increased by 14% between 2016 and 2021 compared with a 2% increase for people below 65 years. The population over 65 expected to account for 45% of health activity by 2031.
Increasing prevalence of chronic disease	As the life expectancy of the population increases, so does the proportion of people live with chronic conditions. One in four people expected to have two or more chronic conditions by 2031.
Increasing multi-morbidity	In SESLHD, the rate of multi-morbidity rises with age and reaches 30% among people aged 45 to 64 years, 65% among those aged 65 to 84 and 82% among SESLHD residents aged 85+.

Source: (SESLHD, 2024; HealthStats NSW, 2025)

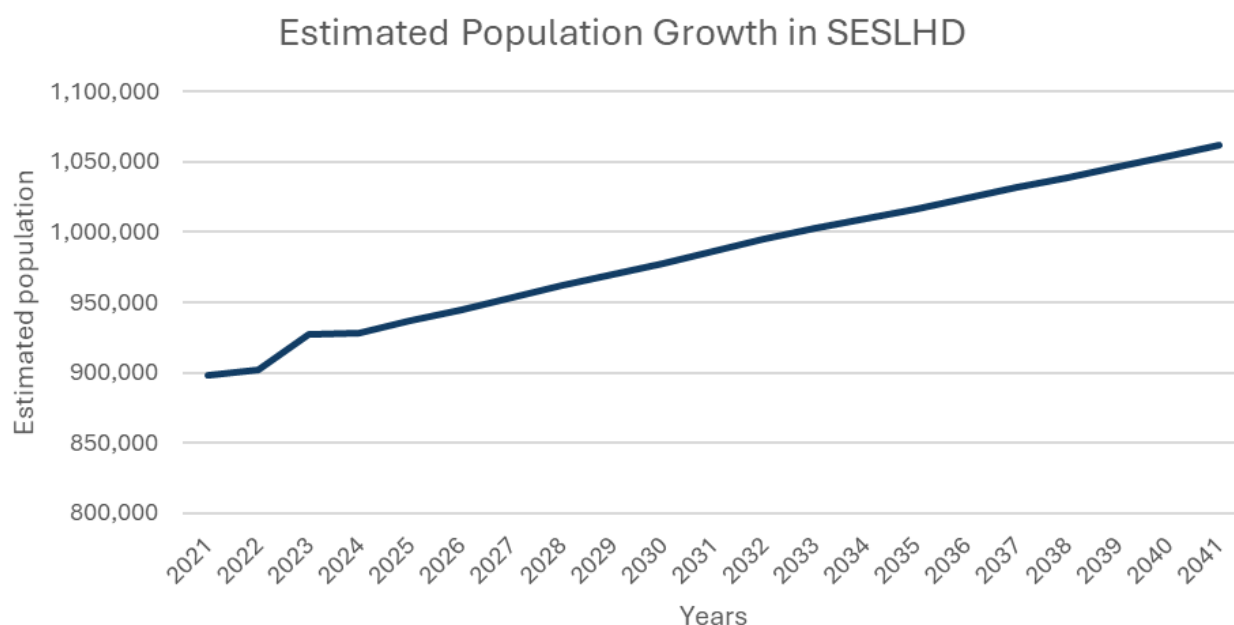


Figure 4.10 Estimated Population growth in SESLHD

Source: (SESLHD, 2024; HealthStats NSW, 2025).

During engagement, the benefit of increased access to private health care services on health and wellbeing outcomes was specifically linked with these emerging trends and areas of community need:



A number of respondents also commented that the benefits of improved access will extend beyond the health and wellbeing of the local community:

“If the proposed project comes to a reality, it will cater not only for the health needs of the community but also other nearby communities.”

Although the hospital’s patient catchment area is predominantly from Sydney’s southern and eastern suburbs, patients also travel from the Greater Sydney Area and as far south as Wollongong. The hospital also receives patients from regional NSW, including Dubbo and Orange, where access to specialists is more limited. Patients are drawn to both the SG Private and Public Hospitals due to their strong reputation for surgical capabilities.

A likely consequence of **improved access to private health services is improved access to public hospital service due to reduced demand.**

This was raised during engagement, with several stakeholders outlining the opportunity to “reduce the public health burden” by reducing private patient demand for public beds:

“All families will not be able to afford private health system, but to have it offered takes the pressure off the public facilities”

The Executive Team at SG Public Hospital highlighted the high demand for public services, particularly during the winter months, and emphasised the importance of prioritising safe clinical conditions. They emphasised the benefits the proposed extension would bring, particularly by freeing up space and appointments currently occupied by privately insured patients. The initiative was described as both significant and highly welcomed.

SG Public Hospital is a renowned facility specialising in cancer care, critical care, cardiothoracic surgery, mental health services, and women's and children's healthcare. According to the SESLHD Annual Safety & Quality Account Report (2023), the overall patient experience at St George Public Hospital is positive, with adult admitted patients rating their care at 8.8/10 and emergency department patients at 8.74/10—both exceeding the target score of 8.7/10.

Community and Council engagement also identified equitable and inclusive access to healthcare as a key local priority. The SESLHD Care Services Plan 2023–2033 highlights significant disparities in both access to health services and health outcomes, driven by social and economic disadvantage (SESLHD, 2023):

- **10,000 people are experiencing long-term unemployment**
- **20,000** children live in low-income households
- **6,000** individuals are homeless on any given night
- **50,000** adults report food insecurity at least once annually
- **67,000** adults report high levels of psychological distress.

Furthermore, disparities exist across sub-populations. People from culturally and linguistically diverse (CALD) backgrounds are overrepresented among those with long-term health conditions, while Aboriginal residents in the SESLHD are 29% more likely to be hospitalised than non-Aboriginal counterparts.

By treating more privately insured patients, the Project has the potential to enable greater access to those who are more socially and economically disadvantaged. In taking pressure off public services, there is a potential to place more focus on proactive care and early risk-based intervention, in turn relieving more pressure on the system. This aligns with the State and Local Strategic Planning vision to develop an integrated proactive health system that responds to the needs of the community through the promotion of positive health behaviours, early risk-based interventions, and supporting people to manage chronic conditions, and being responsible for their own health, as noted in **Section 1.4**.

To enhance the potential for the project to reduce demand on the public sector and support more targeted, equity-focused health planning and service delivery, there are clear opportunities to strengthen the relationship between SG Private and Public Hospitals. Collaboration between the Public and Private Hospital was raised as a priority by both Executive teams during engagement. One proposal discussed was constructing a link bridge between the public and private hospitals to enable safe and accessible patient transfers. This opportunity is particularly timely, given the demolition works currently underway at the public hospital, which could free up space for such a connection. A relevant precedent is the enclosed bridge at Northern Hospital in Victoria.

This collaboration would build on the existing partnership between St George Public and Private Hospitals. For example, when public funding is available, patients on the SG Public Hospital waitlist are referred to the SG Private Hospital for treatment, helping to reduce wait times. Currently, an average of five patients per day from the emergency department receive care at the private hospital, with peaks reaching 15 to 20 patients daily. Expanding this partnership presents a valuable opportunity to further alleviate demand pressures on public services, ultimately contributing to improved health and wellbeing outcomes.

A potential negative consequence of increasing access to health services is **difficulty attracting new employees due to skills shortages in the sector**. This was highlighted by SG Private Hospital employees during engagement:

“Increasing wards, OTs and Cath labs means more skilled employees will be required, of which there is already a shortage in NSW.”

Across Australia, the Skills Priority List (SPL) 2023 report shows that more than 4 in 5 health professional occupations (82%) were in shortage in 2023. Moreover, hospital nurses and doctors at both the SG Public and Private Hospitals have recently participated in statewide industrial action in April 2025 striking for better pay, working conditions and better patient-employee ratios (Packer, 2025).

Bayside LGA has a high rate of registered nurses per 100,000 residents, at 1,535.6 compared with 1,112.3 for NSW and 511.9 for St George LGA, likely due to the existing hospital infrastructure within the LGA (PHIDU, 2025). While the St George rate is comparably low, it should be noted that many of the surrounding regions such as Sydney (2799.8) and Randwick (2712.2) also boast high rates of registered nurses with similar outcomes found for non-specialised hospital practitioners.

Furthermore, the SESLHD has experienced steady growth of approximately 8.8% total health workforce FTE roles from June 2019 to June 2024 (Thompson, 2024). While this growth is marginally slower than the metropolitan total during that period (11.5%), the rate was steadier when compared with other metropolitan health districts, and amongst the highest increases in the most recent reporting period of 2023–24. This suggests that while there may be employees shortages across the broader health sector, these impacts are less pronounced in metropolitan areas such as Sydney and the SG Private Hospital is well positioned to benefit from strong local and neighbouring workforces.

Moreover, the situation will likely improve over the long term, with the NSW government implementing a variety of incentives/recruitment measures and workforce resilience planning through strategic frameworks such as the NSW Health Workforce Plan 2022–2032. It was also raised during engagement that the Project presents an opportunity to upskill employees with more training opportunities.

4.2.3.2 Improvement to pedestrian amenity through ground floor place activation

The Project has been designed to improve pedestrian amenity in the surrounding area through ground floor place activation, responding to engagement outcomes and comments from the Local councils and the State Design Review Panel around the interface between Bank Lane and the development. As outlined earlier, Bank Lane is a narrow one-way street that has a tight bend and no footpath or public lighting which poses a risk to pedestrian safety. The project design elements include:

- Provision of a new pedestrian footpath along Bank Lane to enable safe pedestrian flow between the existing multistorey carpark, the clinical tower and the existing SG Private Hospital building, as illustrated in **Figure 4.11**. This includes pedestrian crossing on Bank Lane and South Street to reduce public pedestrian safety risk;
- **Enhanced public safety through implementation of CPTED outcomes**
- Three (3)m setback from the Bank Lane boundary to improve permeability and pedestrian experience in and around the Project;

- An internal connection to the existing footbridge at the existing multi-storey health facility to provide a safe, convenient, and weather-protected connection for patients, employees, and visitors.
- A dedicated passenger loading bay is proposed to enhance pedestrian amenity and convenience along Bank Lane. Observations during the intercept survey revealed that the existing passenger loading bay at the main hospital campus is heavily utilised, primarily due to its convenience for picking up elderly or sick patients and because parking facilities are located away from the site. Of the 30 patients, visitors, and employees of the SG Private Hospital who participated in the intercept survey, only one (1) person walked there and three (3) arrived by train, with the rest arriving by private cars or taxis.
- Provision of small, shaded seating area at the passenger loading bay provide a resting place for those waiting to be picked up; and
- Provision of additional lighting to assist way finding since the hospital will be a 24-hour facility

These improvements to the walkable environments surrounding the clinical tower site will likely generate safer and greater pedestrian accessibility.

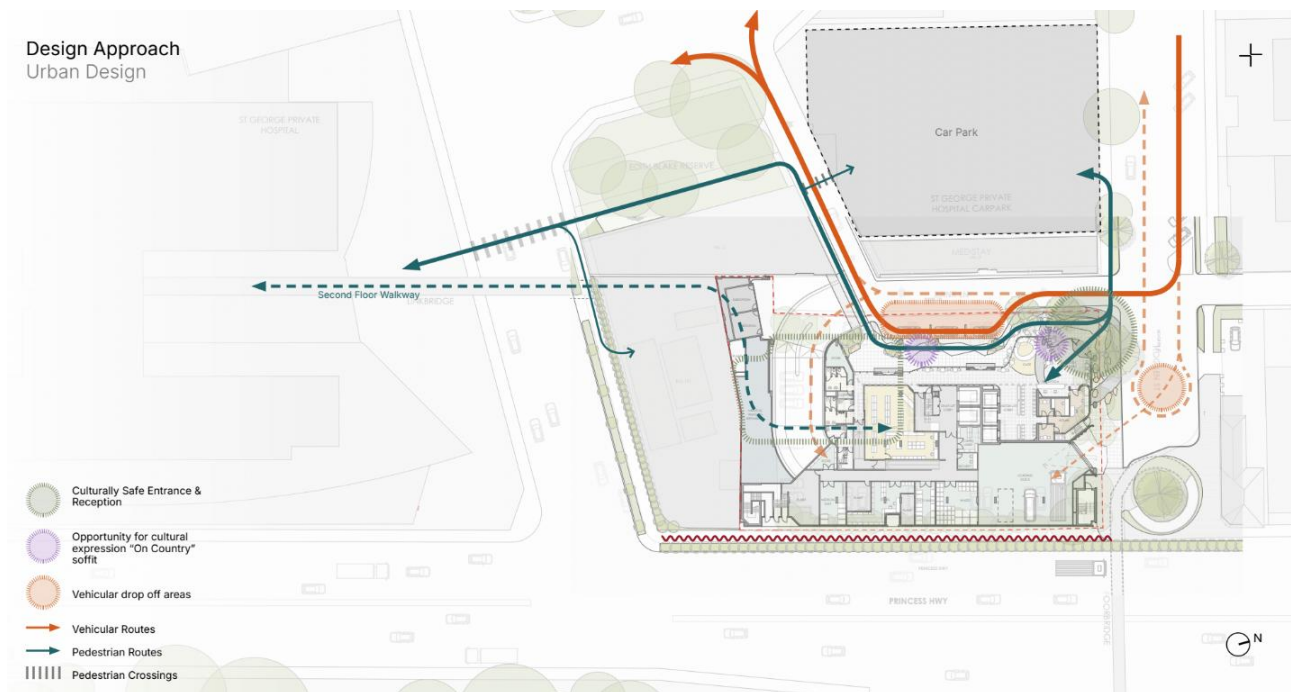


Figure 4.11 Clinical Tower Site Design

Source: (Fitzpatrick & Partners, 2025)

4.2.3.3 Sustainable design of the building facilitates improves health and wellbeing, resilience, adaptability and enhanced education

An additional positive impact of the Project relates to the sustainable design of the building which will improve health and wellbeing, resilience, adaptability and enhanced education. Ramsay has set a target to be a net zero emissions business across its global value chain by 2040 (**Figure 4.12**) (Ramsay, 2025).

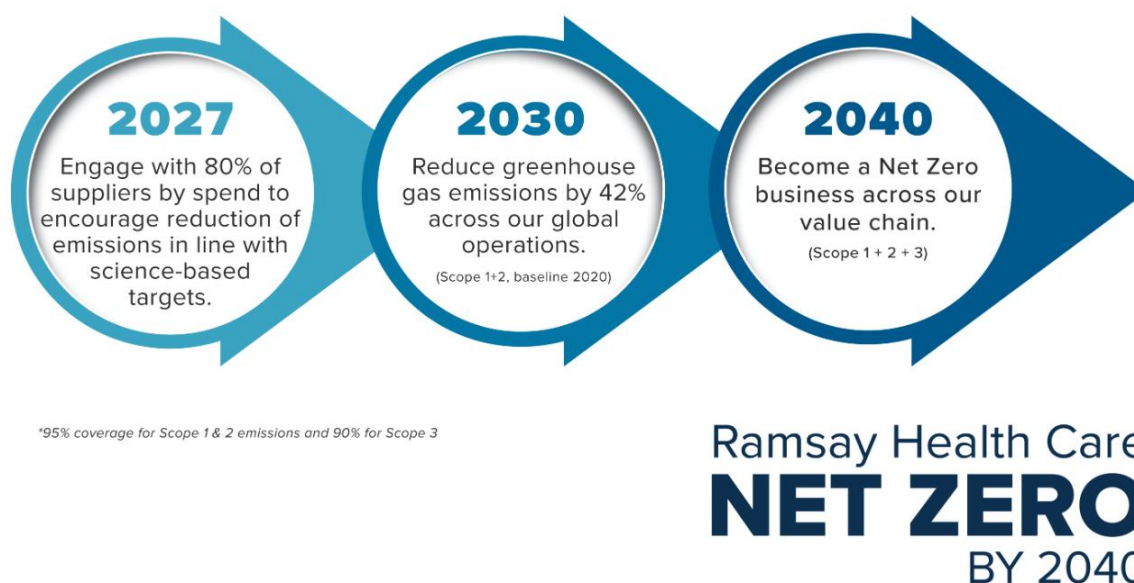


Figure 4.12 Ramsay Health Care Net Zero Targets

Source: (Ramsay, 2025)

The design of the Clinical Tower Building has included several measures to reduce the embodied carbon, as illustrated in **Figure 4.13**.

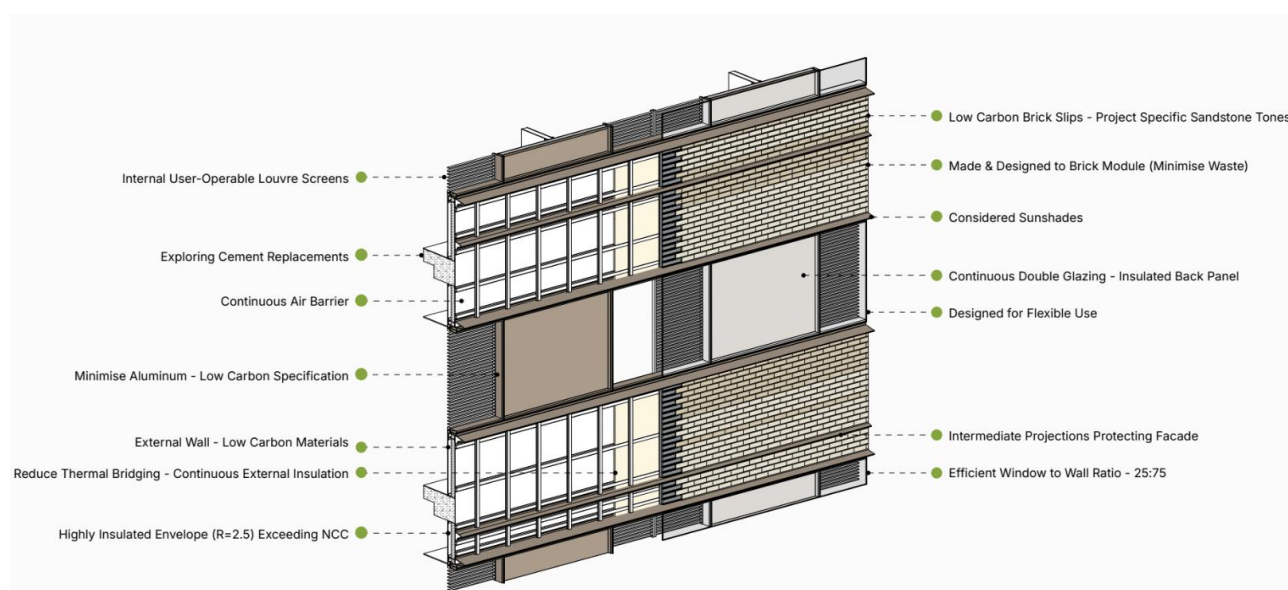


Figure 4.13 Sustainable Façade Design

Source: (Fitzpatrick & Partners, 2025)

Combined, this has allowed the building façade to have an embodied carbon (A1–A3) of 98.5 kgCO₂e/m² compared to 306.5 kgCO₂e/m² for a typical hospital construction. In addition, to reduce the building's lifetime carbon footprint, solar panels and energy efficient fixtures and lighting have been incorporated.

Sustainable infrastructure delivers significant positive impacts on health and wellbeing. Key design elements such as access to natural light, integration of green spaces, and reduced noise pollution contribute to a calming environment that can help alleviate stress, anxiety, and depression. Additionally, improved air quality lowers the risk of respiratory conditions, an especially important benefit in high-density urban precincts such as Kogarah.

In the longer term, sustainable infrastructure supports the development of more resilient communities. By enhancing adaptability to climate and social change, it helps reduce vulnerability and supports ongoing community wellbeing. This resilience also minimises health risks associated with extreme weather events, such as heatwaves, floods, and storms, by creating safer and more sustainable living environments.

Finally, by showcasing leadership in sustainable design and environmental stewardship, the Project has the potential to educate both local and broader communities through raising awareness of the health and wellbeing benefits of sustainable living, inspire everyday actions to reduce carbon footprints, and highlight the importance of embedding sustainability into future development.

4.2.3.4 Increased sense of place and community cohesion due to place activation and enhanced visual amenity

Another potential positive impact of enhanced place activation is increased community cohesion and inclusivity. As outlined in **Section 3.1.1**, community feedback received on previous developments in the area highlights community support for clean, safe, attractive and peaceful public spaces and family-friendly, multicultural environments. This was consistent with the feedback received for this Project. As an employee at the SG Private Hospital stated during engagement:

“Services developed should take into consideration existing functions that currently enhance patients visits. Patients and visitors love the grand foyer, coffee shop and ease of retail pharmacy and dispensary services. It provides somewhere to go when waiting for loved one’s that’s warm and inviting.”

Placemaking can be successfully applied even to small or transitory spaces such as the clinical tower site. One successful example is in Cremorne, Melbourne: An underpass beneath the Eastern Freeway near the Yarra River has been transformed by a collaboration between Co Create Cremorne and RMIT into a pocket-sized pop-up market, with small light-up trees, a mural and signage informing visitors about Indigenous culture and native wildlife in the area. Despite occupying only a small space, the placemaking project has activated what was previously an unremarkable, road-dominated underpass area into a vibrant community gathering hub and celebration of Indigenous history (Novacevski, 2018). Research suggests that the most successful placemaking strategies are those which are focused on “small and micro-local” scales (Hes, Mateo-Babiano, & Lee, 2020).

One of the key Project design principles is for the development to be an intuitive and welcoming public space, with clearly defined entries, thoughtfully lit spaces, breakout areas, and a sunlit café with outdoor seating to encourage moments of pause and connection. In response to community engagement, a focus has also been placed on biophilic design and incorporating green space

particularly for the interface between Bank Lane and the Clinical Tower. Studies have demonstrated that views of nature, natural materials, and exposure to daylight significantly benefit patients, with access to nature or green spaces assists patients to recover faster and feel less stressed (Totaforti, 2018).

As outlined in **Figure 4.14** **Ground Floor Landscape Plan**

Source: the ground floor layout of the clinical tower site includes landscaping that serves as an informal meeting place framed by native trees that provide shade and enclosure and promotes social connection. The planting is inspired by the existing Casuarinas on site and the broader regional landscape. The entry to the clinical tower building has also been framed by green planting areas with a feature tree enhancing the connection between built and natural elements. The café has an outdoor seating area that has been strategically positioned to benefit from northern sunlight to enhance mental health and wellbeing.



Figure 4.14 **Ground Floor Landscape Plan**

Source: (Fitzpatrick & Partners, 2025)

In addition, level 2 of the Clinical Tower has a podium medicinal planting garden that incorporates native planting, layered green spacing and seating areas for patient, visitors and employees to socialise and relax, encouraging social engagement and interaction. The design also includes an accessible wheelchair friendly path to ensure inclusive access. The indoor patient lounge on level 2 will have views of Botany Bay to create a tranquil setting and to promote the locality's coastal connection and create a peaceful environment.



Figure 4.15 Level 2 Landscape Plan

Source: (Fitzpatrick & Partners, 2025)

Regarding the building façade, visual amenity has been built into the design through the allegory of Sandstone Cliffs, with Princes Highway representing the sea level and the layered materials of the façade representing the cliff face.

The importance of the building design reflecting the character of the area was raised as being of particular importance by the Community and Special Interest groups interviewed during engagement, including the Kogarah Progress Association and the Kogarah Historical Society. The building reflection of the local environment contributes to community pride and enhanced sense of place.

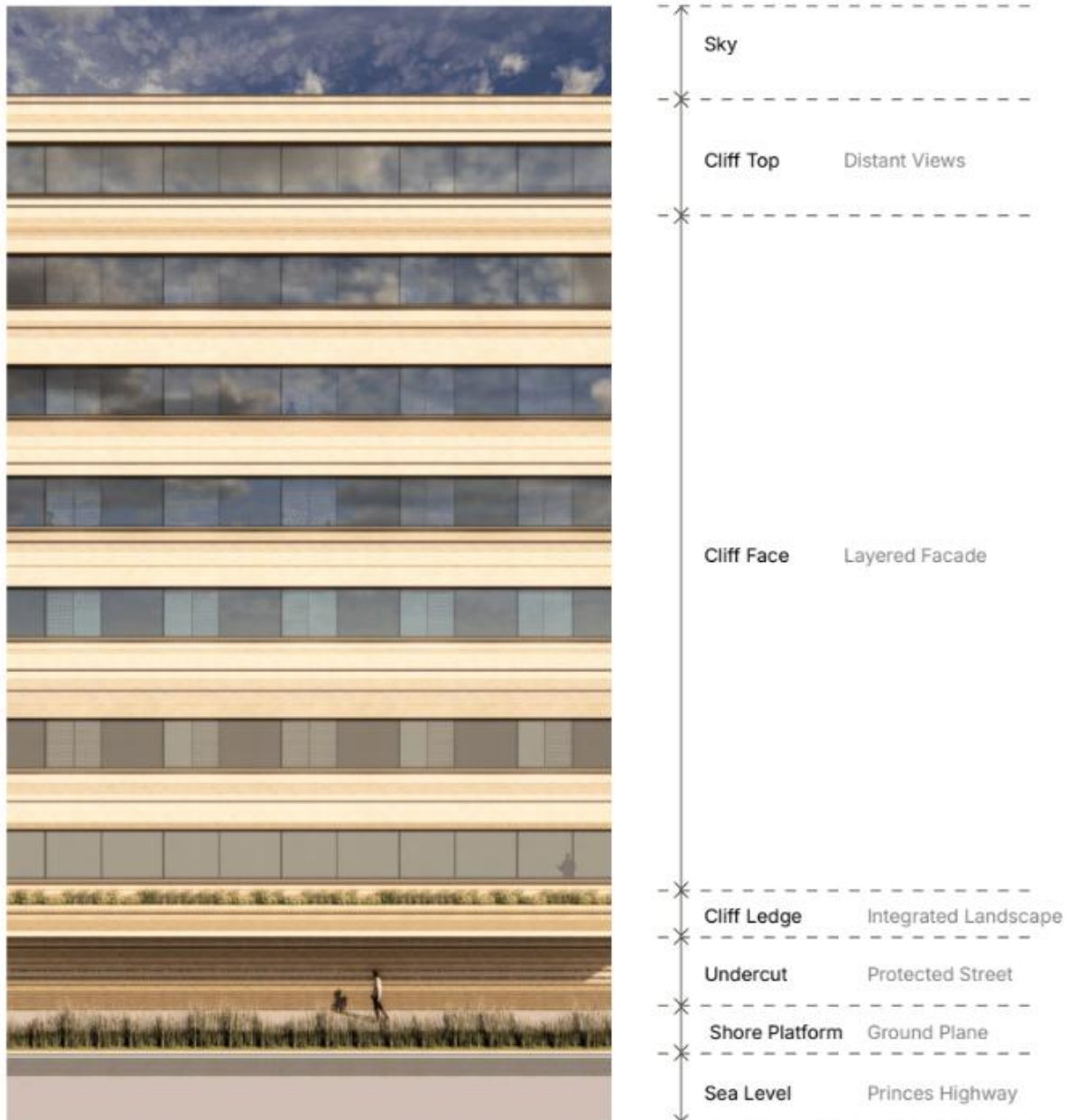


Figure 4.16 Clinical Tower Façade

Source: (Fitzpatrick & Partners, 2025)

In addition to these design features, the building also includes a Pharmacy, Café and Back of House accommodation, enhancing accessibility and convenience for both patients and visitors.

4.2.3.5 Impact to First Nations cultural heritage

Several past writers and other sources have identified the Kameygal, also spelt Gameygal or Gamayngal, as the Aboriginal group residing across the northern parts of Botany Bay. Many of these sources further identify the Kameygal (Gameygal) as being part of the Dharug language group.

The assessment of social impacts relating to First Nations values and cultural heritage is informed by engagement activities undertaken to inform the SIA, the Aboriginal Cultural Heritage Assessment Report (ACHA) and the Connecting with Country process (Balarinji Studio, 2025).

The ACHA (Umwelt, 2025), notes that in consultation with RAP representatives, the broader region surrounding the Project Area represents high Aboriginal cultural heritage significance. This is due to:

1. the abundant resources and amenable landscapes for habitation prior to European colonisation; and
2. the region's importance in the Aboriginal experience from the post-contact expansion of European colonies.

The survey of the Project Area identified an entirely modified landscape and no new Aboriginal sites were identified. While the Project is likely to further disrupt the land, the impact on first nations cultural heritage is therefore likely to be low. During engagement with the RAPs it was raised that to ensure spiritual wellbeing of the environment, it would be preferable for soils and sediments excavated as part of ground disturbance in the construction of the clinical tower to be reused locally, rather than being permanently removed off-site. This mitigation measure has been included in the ACHA.

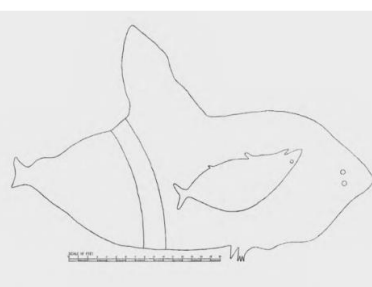
The Project is likely to positively impact **First Nations values and connection to Country through the incorporation of connecting with country outcomes in the building design**. This has occurred through the Connecting with Country process, whereby the Architect has collaborated with First Nations groups to incorporate Aboriginal cultural references into the Project design, as outlined in **Figure 4.17**.



Telling of History

Kamay – Pemulwuy's birthplace. A place of resistance – colonial counter narrative.

Design narratives of reconciliation and truth-telling – re-authoring of history.
Art – signage – education.



Dreaming

Burri Burri – Cycles of life
The migration of the whale – Non-human kin connection

Design: Evoking dreaming stories.
Moments of connection with dreaming –
Architectural orientation of spaces/window/
views



Indigenous/endemic medicinal plants

Thousands of years of traditional healing from Country and being with Country.

Design: An exterior pharmacy of plants that contribute to healthy lives and attract non-human kin.

Figure 4.17 Project Design Cultural References

Source: (Fitzpatrick & Partners, 2025)

During Connecting with Country consultation, it was raised by First Nations Stakeholders that the design should be grounded in place and story:

*“The story of this place is in the sand, the sea, the people – you can’t separate them.
The design should speak to that rhythm.”*

First Nation Stakeholders also emphasised the importance of healing spaces being cultural, emotional, and spiritual safe and an inclusive environment that incorporate truth telling and cultural visibility:

*“If you want this place to heal, it has to hold the whole story – the hard parts too.
Don’t make us invisible. Let the walls speak.”*

The importance of truth telling and cultural and environmental respect was also raised during engagement with the RAPs. Recommendations on how to incorporate this into the design included having native trees and plants with cultural significance and elements that Honor Traditional Owners’ relationships with the land and animals.

Table 4.7 summarises how the Architect has used the engagement outcomes to develop the design themes and how these themes have been reflected in the elements of the Clinical Tower design.

Table 4.7 Connecting with Country Design Themes

Design Themes		
Building Form of Place	A Landscape of Memory & Healing	Cultural Learnings & Truth Telling
		
Design Element		
- Colours, materials and forms of the built fabric derived from country, conceptually tell a story of the land and its patterns of use. - Warm and Natural palette, invoking comfort and ease. - Entries defined as meeting places – amenity, light, protection, warmth, with public spaces and corridors provide continual links to country through colour, texture, story telling and views out of the building. - Windows placed to consider privacy and outlook over Country with patient lounges framed views over Country and higher up to the coast	Using endemic landscape plantings which also relate to the building zones and functions: - Meeting spaces - Private healing spaces - Integrating landscape edges as part of the building form - Utilising traditional totems and endemic landscape abstracts to identify spaces throughout the building	The ground floor walls and a commissioned ceiling artwork tell the story of the La Perouse settlement of the traditional landowners—embedding truth-telling and cultural healing at the heart of the hospital experience

Design Themes

Materiality



Casuarina Tree



Planting



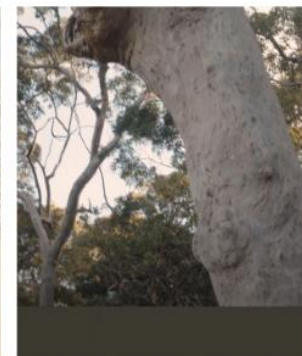
Casuarina Needles



Sandstone



River Sandbank



Angophora Tree

Source: (Fitzpatrick & Partners, 2025)

The Project also has the potential to support First Nations values and connection to Country through expanding the Hospital's current capacity to provide culturally safe and responsive care. During engagement with the RAPs, the SG Public hospital's dedicated space for First Nations patients and family members was praised for creating a welcoming and safe environment, especially those traveling from afar. Having a dedicated space was raised as potential opportunity for the proponent to consider.

During engagement, it was also raised that many First Nations people may feel intimidated by hospital environments and may feel pressured to agree without understanding and stressed the importance of providing culturally safe care. The SG Private Hospital has an Aboriginal Liaison Officer who plays a key role in supporting Aboriginal and Torres Strait Islander patients throughout their healthcare journey. Many health risks facing First Nations peoples are preventable with culturally appropriate care (AIHW, 2022), highlighting the importance of this approach in improving health outcomes. The officer also promotes cultural awareness across the hospital, including through charitable initiatives and employee's education. The hospital celebrates events such as NAIDOC Week to reinforce respect for Indigenous culture and connection to Country. The RAPs recommended fostering and maintaining ongoing communication and collaboration with First Nations communities.

4.2.3.6 Enhanced livelihood outcomes for businesses/services due to increased public access

The increase in patients, visitors and employees accessing the SG Private Hospital during operation will also likely contribute to enhanced livelihood outcomes for adjacent and proximal businesses and health services through increased demand for accommodation, services, retail, food and beverage services in the local area.

Strategies to enhance this positive impact could include providing clear signage and wayfinding directing people to nearby businesses and joint marketing campaigns such as partnering with businesses for promotions, discounts, or loyalty programs.

4.2.3.7 Reduced livelihood outcomes for local business/services due to introduction of new enterprises

In contrast, a concern raised during engagement with local business owners was that the introduction of new enterprises within the hospital could increase competition for services which may result in reduced livelihood outcomes. The Clinical Tower is proposed to include a Kitchen, Café and Back of House accommodation.³ As noted by a local business owner, the provision of additional facilities on-site of the hospital could saturate the market:

"While we obviously will have a degree of bias towards this decision including a new cafe, we do strongly believe that within the suburb of Kogarah, the number of cafes is extensive, when compared to other suburbs of similar composition, such as Liverpool which also has a major public hospital and private hospital, the number of cafes in the area is greatly lower when compared to Kogarah."

³ The pharmacy will be relocated from the main hospital campus.

To address this potential impact, a local business suggested prioritising existing local businesses for possible leasing opportunities. This could be incorporated as part of enhancing local employment and procurement opportunities, as is discussed in more detail in **Section 6.3.5**.

4.2.3.8 Reduced privacy and amenity due to changes to street scape

Changes to street scape caused by the Clinical Tower are expected to have an impact on adjacent residential and commercial buildings, particularly those on Hogben Street. During community and stakeholder engagement, some adjacent residents highlighted reduced amenity associated with the bulk, scale and height of the building as a key concern:

“The apartment blocks lining the eastern side of Hogben street all face towards the proposed development which would be very imposing and oppressive and would negatively affect the outlook from my property”

The commercial suite building located at 2/4 Hogben St which includes the Medistay hotel is likely to be most impacted since the building will directly face the Clinical Tower.

The Visual Impact Assessment (VIA) has assessed all viewpoint as low or negligible due to the proposal height aligning with surrounding built forms, and the viewpoints already being strongly characterised by large-scale development associated with the greater St George Hospital complex. However, the viewpoint from Princes Highway & President Avenue Intersection (Figure 4.18) is rated as moderate due to the high viewer access and sensitivity rating which will disproportionately impact those travelling along Princes Highway, students/employees of the TAFE- St George Campus and James Cook Boys Technology High School and residents on Hogben Street.



Figure 4.18 Princes Highway & President Avenue Intersection Viewpoint

Source: (terras, 2025)

Facade treatments incorporated into the design will assist in reducing the visual impacts associated with the Project. These include limiting the number of windows facing the 2/4 Hogben St building and incorporating angled window louvers/shade devices to obscure direct sightlines towards Hogben Street to maintain privacy as demonstrated in **Figure 4.19** and the varied treatment and use of recessive colours to the facade to reduce its perceived mass and encourage integration into the existing landscape. In addition, the VIA recommends ensuring use of non-reflective surfaces.



Figure 4.19 Clinical Tower- Angled Window

Source: (Fitzpatrick & Partners, 2025)

5.0 Social Impact Evaluation Summary

Table 5.1 provides a summary of the predicted impacts associated with the Project. The likelihood and magnitude of each social impact occurring has also been considered, utilising impact likelihood and magnitude dimensions as outlined in the SIA Guideline.

In addition, stakeholders perceived concern regarding Project impacts is also considered and is determined through analysis of engagement outcomes, including any potential impact on marginalised or vulnerable groups/communities in the social locality.

Proposed project refinements and/or management measures to reduce social impact (residual social impact significance) are also outlined.

Table 5.1 Social Impact Evaluation

Potential Social Impact on People	Nature	Affected Stakeholder Group	Perceived Impact Significance	Likelihood	Magnitude	Preliminary Impact Significance	Project Design and Refinements / Management Measures	Residual Impact Significance
Construction Phase								
Reduced social amenity due to dust, noise, and vibration associated with Project construction activity	Negative	- Adjacent residents, businesses and health services located on Hogben Street, Princess Highway and Montgomery Street - Users of the Drug and Alcohol Clinic - Students/ staff at the Little Lion Early Learning, St George TAFE and James Cook Boys Technology High School	High	Likely	Moderate	High	- Preliminary Construction and Traffic Management Plan - Construction Noise and Vibration Management Plan - CSEP - Grievance mechanism	Medium
		- Proximal residents, businesses and health services located on Kensington Street, Wicks Lane, Moorefield Lane, Chaple Street, Hospital Wy, Short Street - Users of the footbridge - SG Private Hospital employees, contractors, patients and visitors	Medium	Likely	Minor	Medium		Low
Disruption to student learning given noise and vibration associated with construction activity	Negative	Students attending the Little Lion Early Learning, St George TAFE and James Cook Boys Technology High School	High	Likely	Moderate	High	CSEP- advising the relevant schools on the construction schedule and monitoring impact experience	Medium
Livelihood benefits to local businesses due to the temporary construction workforce spend in the locality	Positive	Adjacent businesses and health services located on South Street, Hogben Street, Montgomery Street, Princes Hwy	Medium	Likely	Minor	Medium	'Buy-local' programs - Local and Diversity, Equity and Inclusion strategies/ targets	Medium
Reduced livelihood outcomes for local businesses/services due to temporary decline in foot traffic during construction	Negative	Adjacent businesses and health services located on South Street, Hogben Street, Montgomery Street, Princes Hwy	High	Likely	Minor	Medium	- CSEP - Preliminary Construction and Traffic Management Plan - Local partnerships	Low
Disruption to existing private hospital services	Negative	SG Private Hospital employees, patients and visitors	Low	Very unlikely	Minor	Negligible	CSEP	Negligible
Diminished public safety associated with construction activity and altered traffic conditions	Negative	Adjacent residents, businesses and health services located on Hogben Street, South Street, Montgomery Street, Princes Hwy	High	Possible	Minor	Low	- Preliminary Construction and Traffic Management Plan - CSEP	Low
		Proximal residents, businesses and health services located on Kensington Street, Wicks Lane, Moorefield Lane, Chaple Street, Hospital Wy, Short Street	Medium	Unlikely	Minor	Low		Low
		SG Private Hospital employees, patients and visitors	High	Unlikely	Moderate	Low		Low
		Users of the footbridge	High	Possible	Moderate	Medium		Low
		Users of the Drug and Alcohol Unit e.g. patients	High	Likely	Moderate	High		Medium
		Drug and Alcohol Unit employees						

Potential Social Impact on People	Nature	Affected Stakeholder Group	Perceived Impact Significance	Likelihood	Magnitude	Preliminary Impact Significance	Project Design and Refinements / Management Measures	Residual Impact Significance
Reduced access to private property i.e. garages	Negative	Adjacent residents, businesses and health services located on Bank Lane, Hogben Street and South Street	High	Possible	Minor	Low	- Preliminary Construction and Traffic Management Plan - Temporary alternative parking arrangements	Low
Reduced access for fire emergency response	Negative	- Users of the Drug and Alcohol Unit e.g. patients - Drug and Alcohol Unit employees	High	Possible	Moderate	Medium	- Emergency response plan - Preliminary Construction and Traffic Management Plan - CSEP	Low
Increased travel times associated with altered traffic conditions	Negative	- User of South Street - Adjacent residents, businesses and health services located on Hogben Street, South Street, Montgomery Street, Princes Hwy - Students, parents and employees of proximal education providers - Emergency service providers - SG Private and Public hospital employees - SG Public and Private hospital patients and visitor	High	Possible	Moderate	Medium	- Green Travel Plan - CSEP- collaboration between Transport for NSW, the Georges River Council and the SG Public Hospital and monitoring impact experience - Preliminary Construction and Traffic Management Plan	Low
		Proximal residents, businesses and health services located on Kensington Street, Wicks Lane, Moorefield Lane, Chaple Street Hospital Wy, Short Street	Medium	Possible	Minor	Low		Low
Reduced health and wellbeing outcomes resulting from delays to Emergency Service response times	Negative	- Emergency Service Providers - Patients in the local and broader community	Medium	Unlikely	Moderate	Low	- Emergency Response Plan - Preliminary Construction and Traffic Management Plan - CSEP	Low
Construction and Operation Phases								
Enhanced livelihoods and human capital development due to the generation of employment and procurement opportunities associated with the Project	Positive	- Local and broader community - Vulnerable groups	High	Likely	Minor	Medium	Local and Diversity, Equity and Inclusion strategies/ targets	Medium
Reduced access to street and public car parking- construction	Negative	Adjacent residents, businesses and health services located on Hogben Street, South Street, Montgomery Street, Princes Hwy	High	Likely	Minor	Medium	Provision of an additional two (2) floors of parking on the existing multi-story carpark (separate DA)	Low
		Proximal residents, businesses and health services located on Kensington Street, Wicks Lane, Moorefield Lane, Chaple Street Bank Lane, Hospital Wy, Short Street	Medium	Possible	Minor	Low	Preliminary Construction and Traffic Management Plan	Low
Reduced access to street and public car parking- operation	Negative	Adjacent residents, businesses and health services located on Hogben Street, South Street, Montgomery Street, Princes Hwy	Medium	Possible	Minor	Low	- Increased capacity of underground parking- 5 floors - Green Travel Plan	Low

Potential Social Impact on People	Nature	Affected Stakeholder Group	Perceived Impact Significance	Likelihood	Magnitude	Preliminary Impact Significance	Project Design and Refinements / Management Measures	Residual Impact Significance
Reduced access and privacy for users the Drug and Alcohol Unit	Negative	- Users of the Drug and Alcohol Unit e.g. patients - Drug and Alcohol Unit employees	High	Likely	Moderate	High	- CSEP - Preliminary Construction and Traffic Management Plan - Ground floor accessibility upgrades	Medium
Operation Phase								
Improved access to private health care services	Positive	Private patients	High	Almost certain	Major	Very high	- Additional Inpatient Rooms - Emergency Department operated 24 hours a day, seven days a week - Radiation Oncology Centre - Medical Imaging Expansion	Very High
Improved access to public hospital service due to reduced demand	Positive	All	Medium	Likely	Moderate	High	Collaboration between the SG Private and Public Hospitals	High
Difficulty attracting new employees due to skills shortages in the health sector	Negative	SG Private Hospital employees, patients and visitors	Low	Possible	Minor	Low	Training opportunities to upskill employees	Low
Improved access to the site through the provision of additional car parking	Positive	St George Private Hospital employees, contractors, patients and visitors	Medium	Likely	Moderate	High	- Increased capacity of underground parking- 5 floors - Provision of an additional two (2) floors of parking on the existing multi-story carpark (separate DA)	High
Improvement to pedestrian amenity through ground floor place activation	Positive	SG Private Hospital users e.g. patients, visitors and employees	Medium	Likely	Moderate	High	- Footpaths - Footbridge - Passenger loading bay - Shaded seating areas - Ground floor landscaping - Street lighting	High
Sustainable design of the building facilitates improved health and wellbeing, resilience, adaptability and enhanced education	Positive	- SG Private Hospital users e.g. patients, visitors and employees - Local and broader community	Low	Likely	Moderate	High	- Façade design - Rooftop solar - Energy efficient services, fixtures, lighting	High
Increased sense of place and community cohesion due to place activation and enhanced visual amenity	Positive	SG Private Hospital users e.g. patients, visitors and employees	High	Likely	Moderate	High	- Biophilic design elements - Ground floor place activation and landscaping - Podium medicinal planting garden - Patient lounge and socialising areas - Onsite café and pharmacy - Façade design	High
Impact to First Nations values and connection to Country through the incorporation of connecting with	Positive	- First Nations groups - First Nations patients, visitors and employees of the SG Private hospital	Medium	Likely	Moderate	High	- Incorporation of Connecting with Country outcomes in Design Themes - Aboriginal Liaison Officer - Charitable and educational initiatives	High

Potential Social Impact on People	Nature	Affected Stakeholder Group	Perceived Impact Significance	Likelihood	Magnitude	Preliminary Impact Significance	Project Design and Refinements / Management Measures	Residual Impact Significance
country outcomes in the building design								
Impact to First Nations cultural heritage	Negative	First Nations groups	Low	Possible	Minimal	Low	<i>Incorporation of Connecting with Country outcomes in Design Themes</i>	Low
Enhanced livelihood outcomes for businesses/services due to increased public access	Positive	- Adjacent businesses and health services located on South Street, Hogben Street, Montgomery Street, Princes Hwy - Proximal businesses and health services located on Kensington Street, Wicks Lane, Moorefield Lane, Chaple Street Bank Lane, Hospital Wy, Short Street	Medium	Possible	Moderate	Medium	Clear signage and wayfinding	Medium
Reduced livelihood outcomes for local business/services due to introduction of new enterprises	Negative	Adjacent and proximal cafes and accommodation providers	Low	Possible	Minor	Low	Commercial leasing opportunities	Low
Reduced privacy and amenity due to changes to street scape	Positive	Adjacent residents and businesses on Hogben Street, Princes Hwy	Medium	Likely	Minor	Medium	<i>Window placement and design</i> <i>The varied treatment and use of recessive colours to the façade</i> <i>The use of non-reflective surfaces.</i>	Low

6.0 Social Impact Management

This section provides further detail on the proposed strategies to be implemented in response to the predicted social impacts associated with the Project and relates to those impacts (both positive and negative) that have been evaluated as of moderate to high significance.

Social impact management planning is a key consideration of SIA and ensures that the impacts identified through the SIA process, and through community consultation activities, are managed effectively across the life cycle of the development (Franks & Vanclay, 2013).

The selection of strategies has considered those proposed by the community and identified through consultation; industry benchmarking; strategies proposed in the environmental technical studies; and through the social team's experience and expertise in undertaking SIAs for similar projects across Australia.

6.1 Design Refinements

A summary of design considerations and refinements in response to community engagement and stakeholder feedback is outlined in **Table 6.1**.

The NSW State Design Review Panel provides independent, expert, and consistent design quality advice on projects of state significance. The panel consists of qualified design professionals with diverse expertise in architecture, landscape architecture, urban design, sustainability, and Aboriginal and European culture and heritage. The SDRP process helps to raise critical issues early in the development process of a project, aiding proponents in making informed decisions about design development.

Table 6.1 Design Responses to Stakeholder Feedback

Stakeholder Group	Feedback or Concerns	Design Considerations/Refinements
Adjacent and Proximal Residents	- Impacts on privacy and sightlines due to the bulk and scale of development. - Disruption to social amenity. - Limited access to private property and street parking. Concern about increased congestion.	- Five-level basement car park (241 spaces) - Awning to reduce disruption to social amenity. - Tower height below the limit and façade design to reduce bulk
Adjacent Businesses, and Health Services	- Potential reduction in parking availability for customers and staff. - Concern about increased congestion. - Disruption to social amenity leading to reduced livelihood impacts. - Support for improved disability access and street lighting.	- Five-level basement car park (241 spaces) - Window design angled to preserve privacy - Three-metre setback from Bank Lane boundary - Wheelchair-friendly infrastructure for inclusive access - Enhanced lighting and wayfinding on Bank Lane
Local Government	- Concern about increased congestion and limited parking access. - Need for improved pedestrian amenity along Bank Lane. - Preference for merging indoor and outdoor spaces with high-quality green areas. Support for sustainable building design.	- Five-level basement car park (241 spaces) - Low-carbon façade and rooftop solar - Ground floor landscaping and medicinal garden - Inclusive, wheelchair-accessible design - Indoor lounge with Botany Bay views - Café and outdoor seating - Provision of footpath along Bank Lane. - Three-metre setback from Bank Lane boundary. The passenger loading bay/drop off area will facilitate a pedestrian pathway through which promotes safe pedestrian access and movement. - Dedicated passenger loading bay. - Additional lighting for wayfinding.

Stakeholder Group	Feedback or Concerns	Design Considerations/Refinements
St George Private Hospital – Staff, Patients, Visitors	- Concern about increased congestion. - Support for sustainable building design. - Access to parking during construction and operation. Need for appropriate building materials for clinical settings. Desire for enhanced safety and street lighting on Bank Lane.	- Five-level basement car park - Enhanced lighting and wayfinding on Bank Lane - Clinical-grade materials selection
SG Public Hospital- Staff, Patients, Visitors including the Drug and Alcohol Unit	- Public and Private Hospital Collaboration - Support for link bridge between hospitals to enable safe patient transfers. - Need for safe pedestrian access and improved traffic flow. - Concern about congestion and parking. - Relocation of Drug and Alcohol Unit due to patient and delivery access concerns.	- Provision of footpath along Bank Lane. - Three-metre setback from Bank Lane boundary. The passenger loading bay/drop off area will facilitate a pedestrian pathway through which promotes safe pedestrian access and movement. - Additional lighting for wayfinding.
First Nations Stakeholders	- Design should reflect Country, place, and cultural storytelling. - Healing spaces must be culturally, spiritually, and emotionally safe. - Retain and replace soil carefully during construction to support land healing and respect for the site.	"Connecting with Country" design themes integrated

Stakeholder Group	Feedback or Concerns	Design Considerations/Refinements
Community and Special Interest Groups	• Building should reflect local character and enhance sense of place. • Need for green space and outdoor access. • Concerns about congestion and pedestrian safety. • Desire for cultural visibility and peaceful public areas.	• Five-level basement car park (241 spaces) • Façade inspired by sandstone cliffs • "Connecting with Country" design themes integrated • Ground floor landscaping and medicinal garden • Indoor lounge with Botany Bay views • Café and outdoor seating • Provision of footpath along Bank Lane. • Three-metre setback from Bank Lane boundary. • Dedicated passenger loading bay. • Additional lighting for wayfinding.
Proximal Education Providers	• Concern about traffic congestion during school drop-off times. • Disruption to student learning due to reduced social amenity.	• Five-level basement car park (241 spaces) • Awning to reduce disruption to social amenity.
State Design Review Panel	• Outlined in Appendix B of the SSDA Architectural Design Report (Fitzpatrick & Partners, 2025).	• Outlined in Appendix B of the SSDA Architectural Design Report (Fitzpatrick & Partners, 2025).

Source: (Fitzpatrick & Partners, 2025; Umwelt, 2025)

6.2 Preliminary Social Impact Management Framework

In addition to the Project refinements outlined above, a framework to guide social impact management for the Project, to be developed before construction commences, is presented in **Figure 6.1**.

Guiding principles and key components of the social impact management strategies to be developed are outlined in the following sections to manage the social impacts associated with the Project.

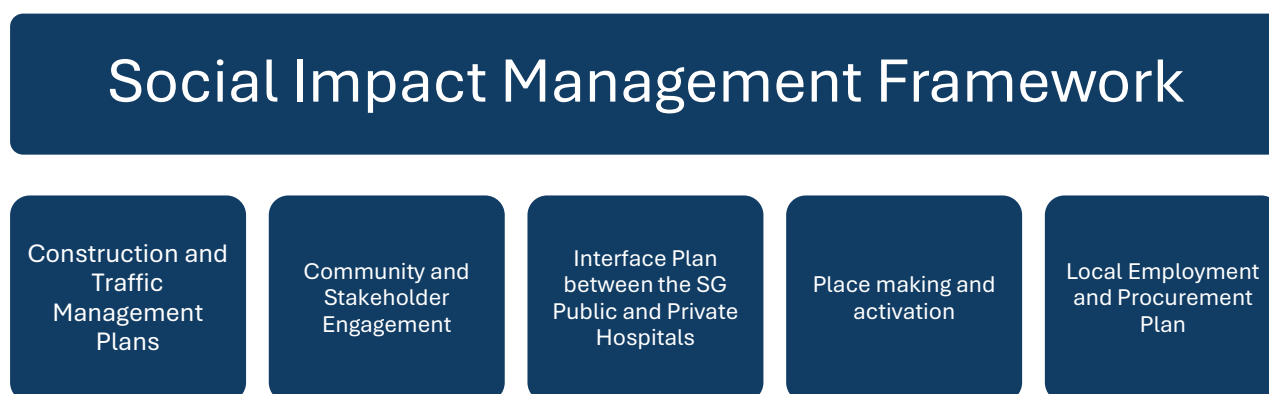


Figure 6.1 Social Impact Management Framework

Source: Umwelt, 2025

6.2.1 Construction and Traffic Management Plan

A Preliminary Construction and Traffic Management Plan has been developed for the Project. Mitigation measures included in this Plan are:

- Access for residents and users of Bank Lane and Hogben Street will be maintained at all times.
- Roads and access points must remain clear of materials, vehicles, or skips.
- No double parking or use of public parking by construction vehicles.
- Traffic control measures to manage construction vehicle entry/exit.
- Accredited Traffic Controllers to manage vehicle movements at site interfaces.
- No temporary road closures anticipated; resident access maintained.
- No placement of equipment or materials on public footpaths, roads, parks, or verges without Council approval.
- Minimum 14-day notice to nearby property owners before traffic changes.
- Safe, well-lit site perimeter maintained.
- Detours and signage provided if pedestrian paths are affected.
- Heavy vehicle routes will be planned to minimise disruption near sensitive land uses (schools, hospitals)
- Queuing/marshalling of heavy vehicles on public roads will be prohibited
- Pedestrians always have right-of-way; construction vehicles must wait for safe gaps.

Based on the outcomes of community engagement, there are opportunities to integrate additional targeted mitigation measures within Construction and Traffic Management Plans to anticipate, identify and address community concerns. Suggested mitigations could include:

- **Establish a pre-construction agreement with Georges River Council** to determine expected construction, work activities and restoration timing. Pre-construction agreements should also be made with any residents or services where property disturbance is anticipated and/or restoration will be required.
- **Provision of signage and education materials** indicating construction zones and garage access to enable safe and convenient access and manage vehicle and pedestrian flow during busy times. Outline priority right of way for pedestrians at the entryway to the sites, to minimise confusion and disagreements between road users. Work with other key stakeholders to generate information materials for pedestrian regarding any changes to road conditions associated with the Project.
- **Undertake noise and vibration monitoring** to identify, assess and manage noise and vibration impacts and to facilitate clear lines of communications and outline grievance mechanisms for potentially impacted residents, business and health services and proximal education providers. It is recommended that ongoing monitoring of the disruption to student learning occurs throughout the construction period to understand the extent of the impact and to identify trends so that additional adaptive management measures can be implemented as necessary.
- **Develop detailed community and stakeholder engagement mechanisms** specific for this phase of Project implementation and include the provision of consistent and up to date information about the Project regarding the anticipated impacts and mitigation measures to be implemented through website updates, letterbox drop and mailing lists.
- **Establish a clear line of communication** for enquiries during construction activities, with community liaison officers identified within the on-site construction and Project team. This will ensure that residents and business owners/employees have someone that they can speak to prior and during the construction activities to talk through their concerns/experience of impacts.
- **Establish grievance mechanism** for potentially impacted community members and stakeholders to raise concerns and seek resolution or remedy.
- **Develop an Emergency Response Plan** that establishes clear communication channels with Transport for NSW, the Georges River Council and the SG Public Hospital to ensure a co-ordinated and collaborative approach to managing cumulative traffic impacts in the locality.
- **Ensure construction scheduling is informed by community and stakeholder engagement**, with specific consideration given to local traffic patterns.
- **Where feasible, schedule construction activities during the day** to avoid impacts of sleep disturbance. Where night works are required ensure that appropriate mitigation measures are undertaken and advance warning with clear communication is provided to adjacent and proximal residents and the Medistay.
- **Encourage local procurement of food and beverages and other needs** through the development of a local directory to be provided to construction workers or development of a Buy-Local Program for the construction period.

6.2.2 Community and Stakeholder Engagement Plan

It is recommended that throughout construction and operational phases of the Project, Ramsay continue to prioritise the implementation the CSEP, comprising a Project-specific stakeholder analysis, mechanisms to be utilised, responsibilities for implementation, as well as the development of a monitoring and evaluation framework.

Ramsay should continue to commit to the following measures to further enhance ongoing engagement with key stakeholders:

- **Regularly evaluate whether the plan is meeting its objectives** and to identify any new key stakeholders within the community that may need to be involved as the Project progresses as per the evaluation process outlined in the CSEP.
- **Continue to engage regularly** with Project adjacent and proximal residents, health service providers, businesses and proximal education providers regarding design changes, development timelines and any pre-construction or construction works. Recommended methods for engagement include pulse surveys prior to and mid-construction activities to monitor mitigation measures and inform adaptive management measures to be implemented later in the construction timeline.
- **Continue to engage with First Nations stakeholders** on how to integrate First Nation's cultural knowledge and perspectives into the Project and to develop culturally appropriate communication material.
- **Further consider how Ramsay can work with Council, services and community** to participate, support and / or facilitate community events to enhance sense of place and sense of community in line with community values, needs and aspirations.

6.2.3 Interface Plan between the SG Public and Private Hospitals

To maximise the Project's potential in reducing demand on the public sector and supporting targeted, equity-focused health planning and service delivery, fostering further collaboration between the SG Public and Private Hospital is essential. It is recommended that an Interface Plan be developed that will:

- **Define the scope and purpose** of collaboration including strategic priorities and the remit the interface will cover
- **Establish a joint working group** or liaison team from both hospitals to oversee the collaboration. It is recommended that the group will meet regularly and that insights are gathered through community engagement to ensure that the community and staff, patients and visitors' perspectives are considered and incorporated.
- **Explore additional connection infrastructure opportunities** including constructing a link bridge between the two hospital sites to facilitate safe and accessible patient transfers. This initiative is particularly timely, as the ongoing demolition works at the public hospital may free up the necessary space to accommodate such a connection. A relevant precedent for this approach is the enclosed bridge linking facilities at Northern Hospital in Victoria. Further discussions regarding the potential relocation of the Drug and Alcohol Unit, or the development of alternative measures if relocation is not feasible, should also be progressed prior to the construction period.
- **Quality and Performance Monitoring** including setting agreed indicators and benchmarks, joint audits and review processes and feedback mechanisms from patients and staff.

- **Define processes** such as Communication and Information Sharing, Patient Referral and Transfer Protocols, Legal and Financial Framework etc.
- **Explore training and development opportunities** such as shared training programs for clinical and administrative staff to promote knowledge exchange and continuous professional development.

6.2.4 Placemaking and activation

It is recommended that Ramsay continue to explore opportunities to improve local visual and pedestrian amenity and social gathering spaces through Project place making and activation. Place activation built into the design include:

- **Informal meeting that promotes social connection** has been built into the ground floor layout of the clinical tower site. The café has an outdoor seating area that has been strategically positioned to benefit from northern sunlight to enhance mental health and wellbeing. In addition, level 2 of has a podium medicinal planting garden that incorporates native planting, layered green spacing and seating areas for patient, visitors and employees to socialise and relax, encouraging social engagement and interaction.
- **Incorporating local characteristics into the design** such as the indoor patient lounge on level 2 having views of Botany Bay to create a tranquil setting and to promote the locality's coastal connection.

6.2.5 Enhancing local employment and procurement opportunities

As outlined, the Project has the potential to generate local economic benefits for residents and businesses within the social locality through:

- **Implementation of strategies and actions to maximise local employment and sourcing from local communities** such as through supporting training, up-skilling and capacity building, in collaboration with local stakeholders and training providers, to improve job-readiness in the pre-construction phase of the Project.
- **Development of local employment and procurement targets/commitments** in collaboration with relevant stakeholders.
- **Ensure procurement and employment opportunities for women, First Nations people and people with disabilities** through initiatives such as appropriate target setting and developing preferred supplier panel for First nations owned businesses (prequalification).

7.0 Conclusion

The SIA has included the compilation of a social baseline profile for the Project as a basis from which social impacts may be predicted and has consolidated outcomes of engagement with key stakeholders and community members to inform the assessment and evaluation of Project-related social impacts and opportunities, including recommendations regarding social impact management planning.

The social impact evaluation has been undertaken to inform and support the refinement of Project design and planning, to reduce negative project impacts, and achieve greater positive benefits and social outcomes for key stakeholders within the social locality.

A social impact management planning framework has also been outlined with proposed strategies for implementation and monitoring.

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Appendix A

Social Baseline



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1.0 Social Baseline Profile– Social Framework for Projects

1.1 Demographic Analysis and Collection

A key component in the development of the social baseline profile for the SIA has been the collation, interpretation and analysis of demographic data. Analyses undertaken relate to:

Social Indicator identification and selection to afford appropriate assessment of social impacts relating to the Project.

Comparative analysis across the different localities identified as being relevant to the Project including Georges River and Bayside LGAs, the Southeastern Sydney Local Health District (SESLHD) and NSW State.

Socio-economic characteristics of the relevant localities are largely based on SESLDH, suburbs and localities (SAL) and LGA levels of analysis and informed by data available from ABS Census data and other social indicator data sources as relevant. **Table 1.1** provides a summary list of data sets that have been used to inform this section.

Table 1.1 Data Sources

Source	Content
Australian Bureau of Statistics (ABS)	2021 General Community Profile data for: Kogarah SA2 Georges River LGA Bayside LGA
.idprofile	Community profile data for: Georges River LGA Bayside LGA
REMPAN	Economy profile data for: Georges River LGA Bayside LGA
SALM	December Quarter
SEIFA	Index of Relative Socio-economic Disadvantage Index of Education and Occupation
The Public Health Information Development Unit (PHIDU), Torrens University Australia	April 2025 release of public health data through the Social Health Atlas (New South Wales). Data within the Social Health Atlas is collated from a range of sources which can be accessed at http://phidu.torrens.edu.au/social-health-atlases .
Local and State Government Reports	NSW Government Workforce Profile Report NSW Population Projections Georges River LSPS 2040: Local Strategic Planning Statement (LSPS) ; Georges River Community Strategic Plan 2018-2028 ;

Source	Content
	Bayside Local Strategic Planning Statement (Bayside Council, 2020); Community Infrastructure Needs Assessment and Acquisition Area Strategy (Geroges River Council, 2023); Bayside 2032: Community Strategic Plan 2018 – 2032 (Bayside Council, 2018); Greater Sydney Region Plan: A Metropolis of Three Cities (Greater Sydney Commission, 2017); NSW State Health Future: Guiding the next decade of health care in NSW 2022-2032 (NSW Health, 2022); Our Greater Sydney 2056 South District Plan (Greater Sydney Commission, 2017) (Greater Sydney Commission, 2017); South Eastern Sydney Local Health District Health Care Services Plan 2023-2033 (SESLHD, 2023); and Building Momentum: State Infrastructure Strategy 2018-2038
Australian Institute of Health and Welfare	Community health and wellbeing data
NSW Electoral Commission	State election participation rate Local Government election participation rate

It should also be noted that the ABS demographic data may be skewed for smaller populations. The ABS quotes that ‘small random adjustments have been made to all cell values to protect the confidentiality of data, which may cause the sum of rows or columns to differ by small amounts from the table totals’. In small populations, each person greatly impacts the area's data making it more difficult to undertake comparisons.

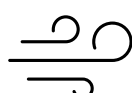
1.2 Social Framework Data Summary

Using the Social Framework, the following sections outline the social baseline for the social locality.

1.3 The Living Environment

The living environment refers to the quality and stability of the natural surroundings that support community wellbeing. Clean air, water and a healthy environment are essential for physical and mental health, while project-related impacts such as noise, dust, pollution, traffic and visual changes can negatively affect quality of life and peoples’ sense of place (Smyth & Vanclay, 2017).

The following section is summary of the key highlights from a living environment perspective:



The average air quality in Kogarah is generally good. The air quality is generally acceptable for most individuals, though sensitive groups may experience minor symptoms from long-term exposure (IQAir, 2025).



In Kogarah, the summers are warm and partly cloudy and the winters are short, cool, and mostly clear. Over the course of the year, the temperature



typically varies from 8°C to 27°C and is rarely below 5°C or above 32°C (Weather Spark, 2025).

In the Sydney Water January – March Quarter, drinking water quality in Kogarah was generally considered good (Sydney Water, 2025).

Source: Umwelt, 2025; (IQAir, 2025) (Weather Spark, 2025) (Sydney Water, 2025)

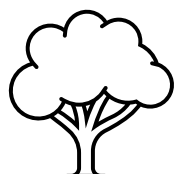
1.4 Land and Natural Resources

Land and natural resources refer to the land and natural resources that are governed and valued by the community for their wellbeing that may be impacted by a project. This includes land tenure, and access to land, water bodies, forests and other natural resources (Smyth & Vanclay, 2017).

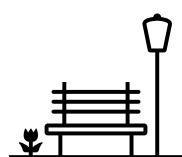
The following section is a summary of the key highlights from an environment and land perspective:



The project is situated in a high density health precinct surrounded by a diverse urban context, including public recreation, low and high density residential housing and local centres zones to the east across the Princes Highway.



Edith Blake Reserve is a small ‘pocket-park’ located adjacent to the proposed tower site for the Project and is a well tree-shaded area containing two picnic tables and four benches which are regularly used by hospital staff, patients and visitors. The Reserve was named by Georges River Council’s Community and Culture Committee, with the support of Kogarah Historical Society, after Edith Blake - the only Australian nurse to die in World War I as a direct result of enemy action (Gainsord, 2019). There are also various other active and passive recreational spaces such as parks, dog parks and reserves within 1 km of the Project including Scarborough Park and Civic Avenue Reserve to the east, Fry’s Reserve and Hogben Park to the northwest, and Jubilee Stadium to the south.



Green space was noted a key community need during engagement by both the local council and community members:

We need open public spaces for parks and playgrounds. – staff member of the St George Private Hospital

Early consultation for the master plan highlights a need for passive open-space/parks/green space – Local Government

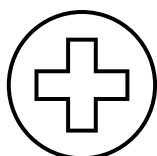
Source: Umwelt, 2025; (NSW Government, 2025); (Gainsord, 2019)

1.5 Livelihoods

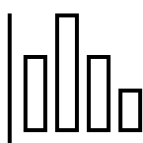
Livelihoods assets and activities refer to the range of activities and resources that households rely on to sustain their wellbeing. Examining a community’s livelihood factors include a consideration of several indicators, including industry and employment distribution, workforce participation and

unemployment, income levels and cost of living pressures, such as weekly rent or mortgage repayments (Smyth & Vanclay, 2017).

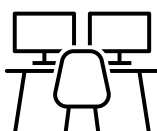
The following section is a summary of the key highlights from a livelihood's perspective:



Health Care & Social Assistance is the largest employment sector in Georges River, supporting approximately 13,272 jobs and accounting for 17.8% of the local labour force. This sector generates \$2.372 million in economic output, representing 13.6% of the total economy in Georges River (REMPAN, 2025). In Bayside LGA, Health Care & Social Assistance is also the largest employment sector, though to a lesser extent, with an estimated 6,626 jobs making up 7.3% of the labour force. The sector contributes \$1.111 million to Bayside's economic output, equivalent to 9.3% of the local economy (REMPAN, 2025).



As of December 2024, the unemployment rate in Kogarah SA2 was 1.8%, lower than the wider Georges River LGA at 2.6% and Bayside LGA at 3.2%. However all are below the NSW average of 3.9% (SALM, 2024).



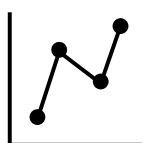
The top occupations in Kogarah SA2 are Professionals (31%), Clerical and Administrative Workers (12.8%), and Community and Personal Service Workers (11.2%). In comparison, Georges River's workforce is composed of 28% Professionals, 14.9% Clerical and Administrative Workers, and 13.1% Managers. Similarly, Bayside LGA reports 26.8% Professionals, 14.4% Clerical and Administrative Workers, and 13.2% Managers. The higher proportion of Community and Personal Service Workers in Kogarah reflects the concentration of health services within the area. **Section 1.5.1** further explores the diversity of skills in the health industry.



Hospitals (excluding Psychiatric Hospitals) are the top industry of employment in both Georges River and Bayside LGAs, as well as in Kogarah SA2. In Kogarah SA2, employment in hospitals accounts for 8.3% of the workforce, followed by Computer System Design and Related Services (5.1%) and Aged Care Residential Services (4.3%). In Georges River, hospitals employ 4.2% of workers, with Aged Care Residential Services at 3.6% and Banking at 3.2%. Similarly, in Bayside, hospitals make up 4% of employment, alongside Cafes and Restaurants (2.8%) and Computer System Design (2.8%).



The median personal weekly income in Kogarah SA2 is \$905, exceeding the NSW average of \$813. This higher income level is also reflected in Bayside LGA, with a median of \$872 per week. In contrast, the wider Georges River LGA records a lower median personal weekly income of \$792.



The Index of Relative Socio-economic Disadvantage (IRSD) is a general socio-economic index that summarises a range of information about the economic and social conditions of people and households within an area. Kogarah SA2 ranks in the 5th decile on the IRSD, indicating a moderate level of socioeconomic disadvantage. In contrast, Georges River LGA is positioned in the 8th decile, and Bayside LGA in the 7th decile, reflecting comparatively lower levels of disadvantage in these broader areas.



Bayside LGA has a high rate of registered nurses per 100,000 residents, at 1,535.6 compared with 1,112.3 for NSW and 511.9 for St George LGA, likely due to the existing hospital infrastructure within the LGA (PHIDU, 2025). While the St George rate is comparably low, it should be noted that many of the surrounding regions such as Sydney (2799.8) and Randwick (2712.2) also boast high rates of registered nurses with similar outcomes found for non-specialised hospital practitioners. Furthermore, the SESLHD has experienced steady growth of approximately 8.8% total health workforce FTE roles from June 2019 to June 2024 (Thompson, 2024). While this growth is marginally slower than the metropolitan total during that period (11.5%), the rate was steadier when compared with other metropolitan health districts and amongst the highest increases in the most recent reporting period of 2023-24. This suggests that while there may be employees shortages across the broader health sector, these impacts are less pronounced in metropolitan areas such as Sydney and SG Private Hospital is well positioned to benefit from strong local and neighbouring workforces.



In 2024, the NSW health service employed 138,327 FTE, which represents an increase of 3.7% from 2023. The main contributors of this growth were through additional nurses, medical practitioners and ambulance officers (NSW Government, 2024).

Source: (ABS, 2021) (.idcommunity, 2024) (NSW Government, 2024) (REMPPLAN, 2025) (SALM, 2024) (AIHW, 2024)

1.5.1 Skills in Health Industry

Of the 1,999 Professionals in Kogarah SA2, 555 (27.7%) are Health Professionals. **Table 1.2** below breaks down the specific skills / occupations of those Health Professionals whose place of enumeration was Kogarah SA2 in the 2021 Census.

Table 1.2 Health Professionals in Kogarah SA2

Occupation	Number in Kogarah SA2
General Practitioners and Resident Medical Officers	70
Anaesthetists	7
Surgeons	5
Intensive Care Specialist	5
Neurologist	3
Midwifery and Nursing Professionals	364
Dental Practitioners	14
Occupational Therapists	9
Physiotherapists	10
Audiologists and Speech Pathologists \ Therapists	8
Nutrition Professionals	3
Medical Imaging Professionals	6
Optometrists and Orthoptists	6
Pharmacists	14
Total	524

Source: (ABS Tablebuilder, 2021)

1.6 People

People's capabilities, abilities and freedoms to achieve their goals refers to the fundamental human rights and needs such as health, nutrition, education and skills that enable individuals and households to engage in livelihood activities and achieve a basic standard of living (Smyth & Vanclay, 2017).

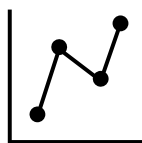
The following section presents a summary of the key highlights from a people perspective:



The median age in Kogarah SA2 is 35 years, compared to 38 years in Georges River, 35 years in Bayside, and 39 years across NSW. This indicates a slightly younger population in these areas relative to the state average.



In Kogarah SA2, a higher proportion of residents have attained a bachelor's degree or higher as their highest level of education (39.6%) compared to the NSW average of 27.8%. Correspondingly, rates of certificate or diploma-level qualifications are lower in Kogarah. This trend is similarly observed across the wider LGAs, with 34.1% of residents in Georges River and 33.7% in Bayside holding a bachelor's degree or above.



The Index of Education and Occupation (IEO) is a Socio-Economic Index for Areas (SEIFA) used by the ABS to understand educational attainment, those undertaking further education, occupation and associated workforce skill level amongst resident populations. IEO scores provide a weighted value where higher values indicate higher levels of education and occupation skills, while lower values indicate lower levels of education and occupation skills. The Index of Education and Occupation (IEO) ranks Kogarah SA2 in the 8th decile, indicating relatively high levels of educational attainment and occupational status compared to other areas. Both Bayside and Georges River LGAs are positioned in the 9th decile, reflecting even higher levels of education and professional occupations. These rankings suggest that the populations in these areas generally have strong educational backgrounds and are likely employed in skilled or managerial roles, which can influence local economic conditions and community needs.

Source: Umwelt, 2025; (ABS, 2021) (.idcommunity, 2021)

1.6.1 Population Projections

In 2021, the population of Kogarah SA2 was 13,051, with Georges River LGA and Bayside LGA recording populations of 152,274 and 175,184, respectively. By 2041, Georges River is projected to grow to 175,962, reflecting an annual growth rate of 0.7% (NSW Government, 2025). Bayside is expected to increase to 233,268, with an annual growth rate of 1.4%, while Kogarah SA2 is projected to reach 17,911, growing at 1.6% per year (NSW Government, 2025). Compared to NSW's projected annual growth rate of 1.1%, Bayside and Kogarah are identified as key areas of population growth (see **Figure 1.1**) (NSW Government, 2025). The SESLHD is also expected to grow significantly by 2041, as represented in **Figure 1.3**.

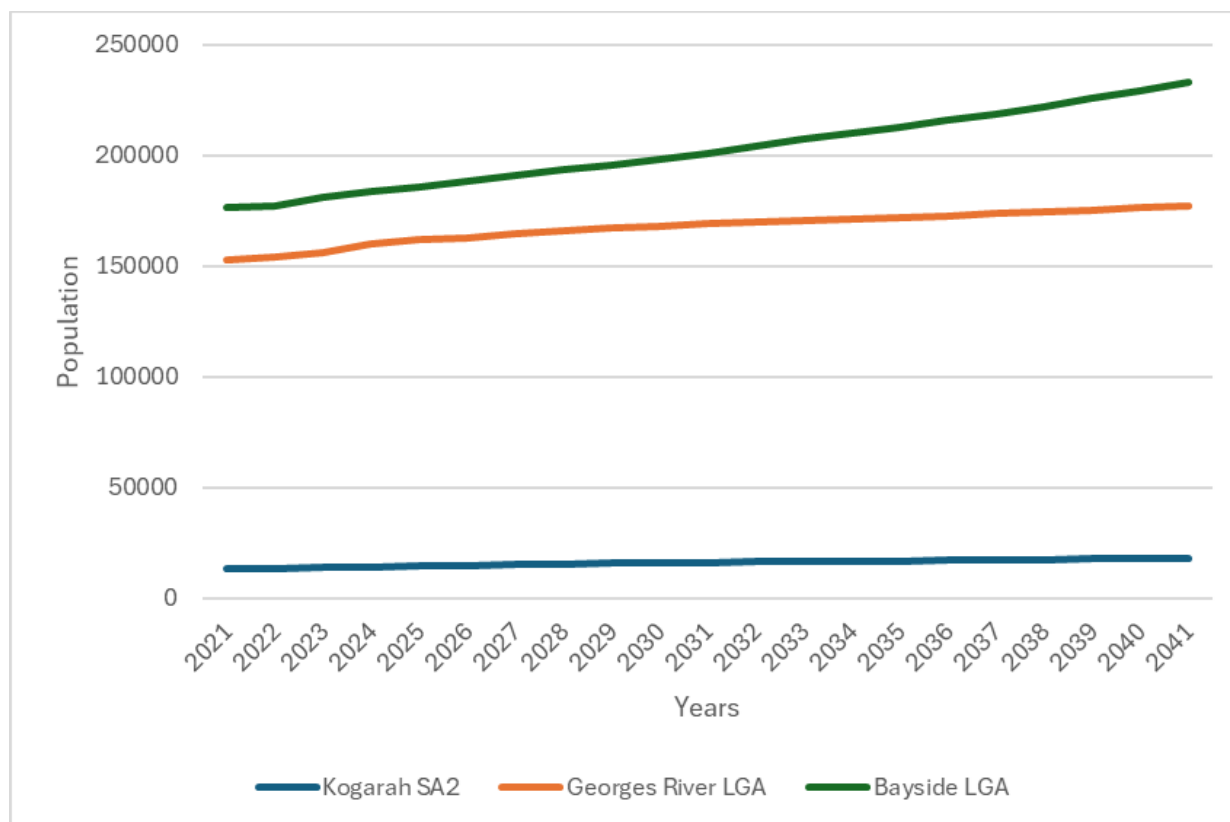


Figure 1.1 Population Projections Across the Social Locality

Source: Umwelt, 2025; (NSW Government, 2025)

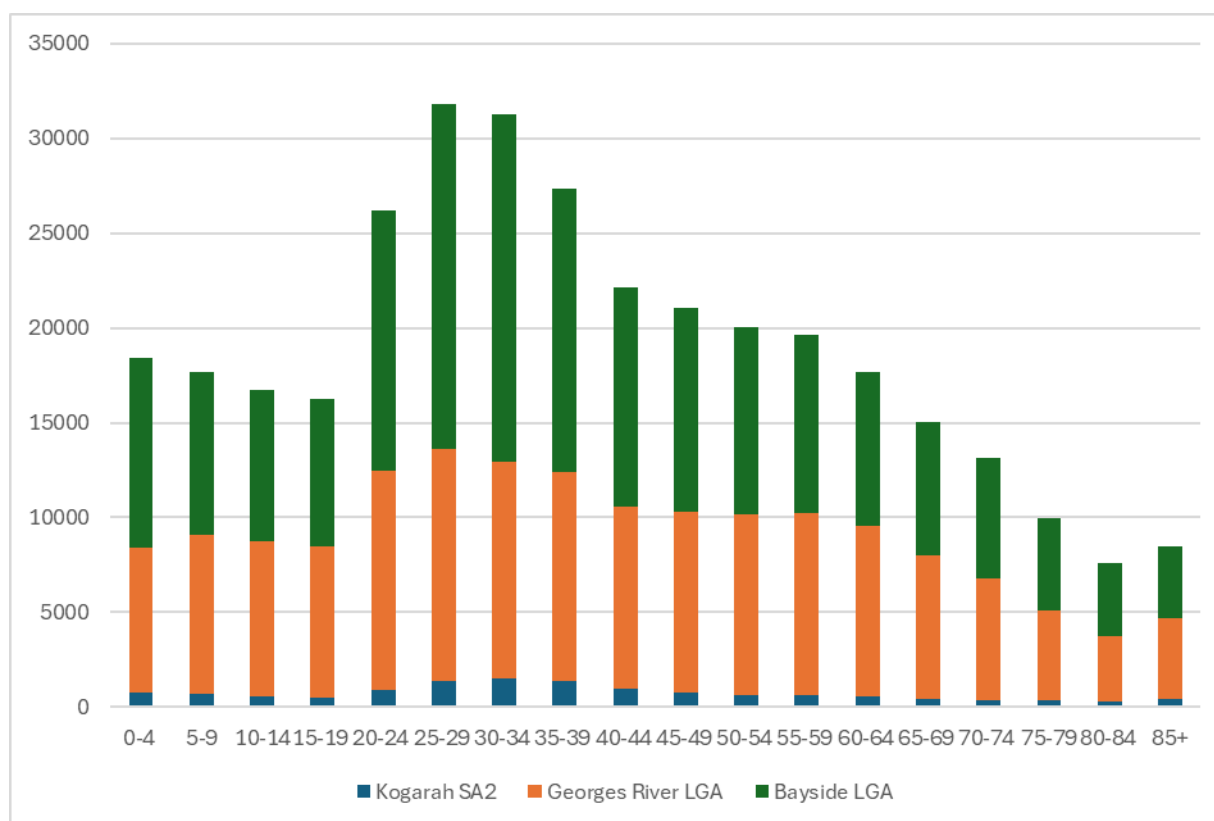


Figure 1.2 Population by Age Group Across the Social Locality

Source: Umwelt, 2025; (ABS, 2021)

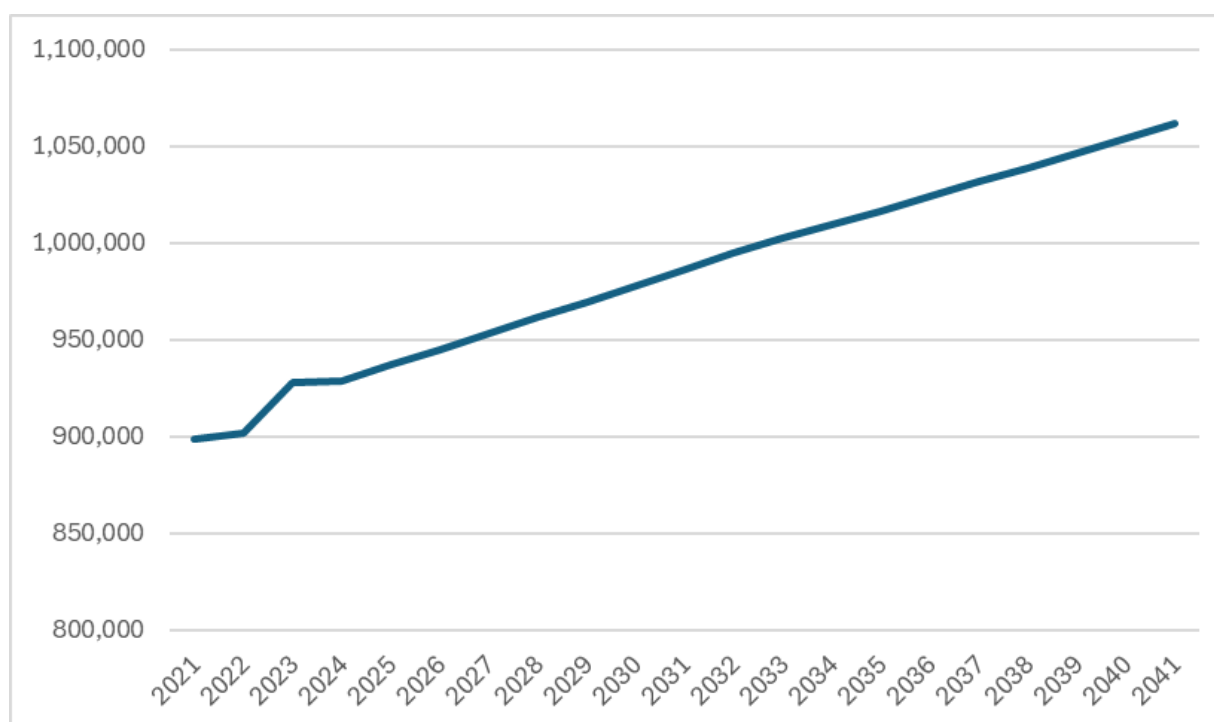


Figure 1.3 Population Projection in the SESLHD

Source: Umwelt, 2025; (HealthStats NSW, 2025)

1.6.2 Health and Wellbeing

As outlined in **Table 1.3**, both Georges River and Bayside LGAs report lower-than-average rates of long-term health conditions including compared to NSW, including mental health conditions, indicating a healthier population overall. When compared to other metropolitan areas such as Sydney City and Inner South, Georges River and Bayside continue to largely demonstrate a more favourable health profile.

Table 1.3 Health Conditions in the LGAs

Metric	Georges River LGA	Bayside LGA	Sydney City and Inner South	NSW
No long-term health conditions	68.7%	68.2%	66.9%	61%
Three or more long-term health conditions	2%	1.9%	1.3%	3%
Mental health conditions	4.9%	5.4%	8.7%	8%

Source: Umwelt, 2025; (ABS, 2021)

1.6.2.1 Chronic Health Conditions

Chronic conditions like diabetes and cardiovascular diseases have seen an increase in the recent years. Based on AIHW's report on Chronic condition multimorbidity (AIHW, 2024), 47% of Australians had one or more chronic conditions in 2017-18, which is a substantial increase from 42% in 2007-08. The recent Chronic conditions require continuous management with regular hospital visits and treatments.

Within the SESLHD, which serves over 980,000 people (including those in Georges River and Bayside), long-term health conditions affect 37% of the population (SESLHD, 2018). Over the past decade, the prevalence of overweight and obesity—a key driver of diabetes, cardiovascular disease, musculoskeletal conditions, and some cancers—has increased by about 5% in the District (SESLHD, 2018).

1.6.2.2 Vulnerable and At-Risk Populations

Communities facing barriers (sometimes called 'vulnerable communities') are typically defined as groups of people at a higher risk of experiencing social, economic, or health-related challenges than the general population (Petrović, 2023). In 2021, 8,137 people (or 5.3% of the population) in Georges River Council area reported needing help in their day-to-day lives due to disability (.idcommunity, 2021). For Bayside Council area, this number was 8,844 people (or 0.5% of the population).

In SESLHD, 100,350 people were living with a disability as of 2015, including 30,000 residents with a profound or severe disability. While all people with profound disabilities reportedly receive the assistance they need, 45% of those with less severe disabilities are not receiving the required support (SESLHD, 2016).

Carers also represent an important and often vulnerable group within SESLHD. Approximately 10% of the District's population over age 15 are carers, with 60% being women and 75% aged between 50 and 69 years. Carers' wellbeing is significantly lower than that of the general Australian population, as they face unique challenges including financial hardship and limited life opportunities, in addition to managing the needs of those they care for (SESLHD, 2016).

1.6.2.3 Ageing Population

The Australian Institute of Health and Welfare (AIHW) reports that the percentage of older Australians rose from 12.6% in 2001 to 16.2% in 2021, and it's expected to reach 18.4% by 2041. This shift in age demographics is increasing the need for healthcare services, especially those focused on chronic conditions and elderly care (AIHW, 2024).

In SESLHD, the growing and ageing population further drives healthcare needs, with the prevalence of long-term health conditions often increasing with age (SESLHD, 2018).

1.6.3 Social Determinants of Health

A person's health is closely linked to the conditions in which they live, work, grow and play – known as the “social determinants of health”. Socioeconomic position, educational attainment, lifestyle behaviours can affect the health of individuals and communities. Health issues such as multiple morbidities and long-term conditions have found to be more prevalent in disadvantaged areas

Whilst the health of the LHD as a whole compares favourably with other parts of NSW, there are substantial differences in access to services and health outcomes for different groups, and localities. The South Eastern Sydney Local Health District Equity Strategy (2015) notes that a large number of people living in the SESLHD may be experiencing significant levels health risks and inequities:

- 10,000 people have been unemployed long-term
- 20,000 children live in low-income families
- 6,000 people are homeless on any night
- 50,000 adults run out of food at least once a year and cannot afford to buy more
- 67,000 adults report high psychological distress.

Each of these inequities signify substantial barriers which may prevent people from accessing and benefitting from health services within the SESLHD.

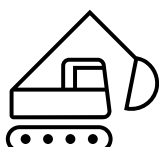
There is also marked variation between subgroup populations. There is over-representation of Aboriginal and culturally and linguistically diverse patients (CALD) with long terms health conditions (SESLHD, 2016).

- About 9,000 residents or ~1% of the SESLHD population identify as Aboriginal. The Aboriginal and Torres Strait Islander population experience significant disadvantage as they are 29% more likely to be hospitalised than non-Aboriginal people in SESLHD and contribute to 11% of the SESLHD's homeless population.
- 395,000 people speak a language other than English at home. 37,000 residents do not speak English well or at all. While the majority of overseas-born migrants to Australia enjoy good health, increased risks exist in specific population groups (such as refugees). People from non-English speaking backgrounds may also be less likely to report medical conditions or have difficulty accessing health services due to language barriers and are a priority population group.

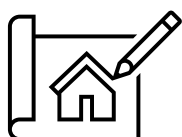
1.7 Culture

Culture and religion refer to the shared values, traditions, and religious practices that shape community identity, social cohesion and psychological security. These systems influence how households interact, support one another and interpret the world around them. Project's must consider both tangible and intangible cultural heritage such as sites, shrines and archaeological location, and language, oral traditions, music, dance and art (Smyth & Vanclay, 2017).

The following section is a summary of the key highlights from a culture perspective:



The Public Hospital was constructed in 1894, and was opened as a “Cottage Hospital”, designed to give fairly limited first aid to those seriously ill or suffering from bodily injuries. By 1914, the St George Cottage Hospital had grown to become a District Hospital in 1924.



There are 2 heritage listed sites close to the Project; the Kogarah Fire Station and the Kogarah Presbyterian Church and Hall. The Kogarah Fire Station is historically significant for marking the growth of the Kogarah Town Centre by 1910 and is a rare example of Federation Arts and Crafts architecture. The former Kogarah Presbyterian Church and Hall reflect the area's progressive development, with buildings from c.1890 and 1928 demonstrating both community growth and the church's social importance by the 1930s.



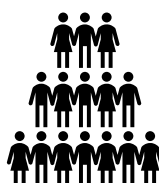
Several past writers and other sources have identified the Kameygal, also spelt Gameygal or Gamayngal, as the Aboriginal group residing across the northern parts of Botany Bay. Many of these sources further identify the Kameygal (Gameygal) as being part of the Dharug language group. Kogarah is derived from an Aboriginal word meaning rushes or place of reeds.



The proportion of households that speak only English at home in Kogarah SA2 is significantly lower than the NSW average, at 32.3% compared to 67.6%. The most common languages spoken at home other than English include Nepali (8.8%), Mandarin (7.9%), Greek (5.6%), Cantonese (4.8%), and Spanish (2.6%). This linguistic diversity is also reflected in the wider LGAs, with Arabic also featuring prominently at 3.7% in Georges River and 5.4% in Bayside.



The proportion of residents born in Australia in Kogarah SA2 is significantly lower than the NSW average, at 38.1% compared to 65.4%. This level of diversity is also pronounced when compared with other metropolitan areas such as the Sydney City and Inner South region, where 45.3% of residents are Australian-born. The most common countries of birth, aside from Australia, are Nepal (8.4%), China (excluding SARs and Taiwan) (7.9%), India (6.6%), the Philippines (4.2%), and Greece (2.5%). This diverse pattern is also evident in the broader LGAs, with the addition of Hong Kong as a notable country of birth in Georges River (2.4%).



The proportion of Aboriginal and Torres Strait Islander people in Kogarah SA2 is significantly lower than the NSW average, at 0.4% compared to 3.4%. In the broader LGAs, representation remains below the state average, though slightly higher than in Kogarah SA2, with 0.7% in Georges River and 1.1% in Bayside.

Source: Umwelt, 2025; (ABS, 2021) (St George Historical Society, n.d.; Urbis, 2012)

1.8 Community

Community, social supports and political context refers to the networks, institutions, and power dynamics that influence how households and communities access land, housing and livelihoods resources. Social and political systems are shaped by family ties, traditional structures and formal governance. Patterns of in and out migration can affect social cohesion, while perceptions of safety, freedom of speech and media openness can influence the ability to engage in meaningful consultation (Smyth & Vanclay, 2017).



The rate of volunteering in Kogarah SA2 and the surrounding LGAs is lower than the NSW average. In Kogarah SA2, 7.6% of the population reported volunteering, compared to 9.9% in Georges River, 8.3% in Bayside, and 13% across NSW.



Responses from the community during engagement indicate that the diversity/inclusiveness of the area, as well as transport links, access to public facilities and healthcare are all key strengths of the community, with one respondent stating:

The closeness of residents and workers within the area. People genuinely respect each other it is always pleasant to see everyone come together in the community. – Local business owner

In terms of key needs, the community noted traffic congestion, parking, safe accessibility (particularly for pedestrians) a lack of green space and more effective services / infrastructure as key challenges.



The voter participation rate in NSW is 90.1%. In the 2024 local government elections, the average participation rate across wards was lower in both Georges River (86%) and Bayside (82.4%) LGAs, indicating slightly reduced electoral engagement at the local level compared to the state average.



In Kogarah SA2, 69% of people reported having the same usual address one year prior to the 2021 Census, compared to 79.3% in NSW, 81% in Georges River, and 75.3% in Bayside. When looking at address stability over a five-year period, the figures decline significantly across all areas: 41.1% in Kogarah SA2, 57.6% in Georges River, 49.4% in Bayside, and 53.8% in NSW. Across both one-year and five-year measures, the population in Georges River LGA appears to be more stable than the state average.



Single-person and group households are more common in Kogarah SA2 compared to NSW. Single-person households make up 26.7% in Kogarah SA2, compared to 25% in NSW, while group households account for 5.9%, compared to 3.8% in NSW. This trend is not reflected in the broader Georges River LGA, where family households are more prevalent (74.9% compared to 71.2% in NSW). However, Bayside LGA also shows a relatively high proportion of single-person (25.2%) and group households (6.5%).



Crime rates in the Georges River and Bayside LGAs are generally lower than the NSW average. However, certain major offences show higher rates locally. In Bayside LGA, the rate of murder is slightly higher at 1.6 per 100,000 people, compared to the NSW average of 0.9. Similarly, retail store theft in Georges River LGA is reported at a higher rate of 361.3 per 100,000, compared to 345 across NSW.

The Index of Relative Socio-economic Advantage and Disadvantage (IRSAD) simultaneously represents both advantage and disadvantage. IRSAD has been used as it reflects indicators that contribute to socio-economic advantage and disadvantage, providing a snapshot of socio-economic status. Unlike other indicators, such as the Index of Relative Socio-economic Disadvantage (IRSD), IRSAD considers both strengths and weakness within areas. Both the Georges River and Bayside LGA rank in the 9th decile, indicating a higher level of advantage and a lower level of disadvantage in the area.

Source: Umwelt, 2025; (ABS, 2021) (BOCSAR, 2024) (NSW Electoral Commission, 2024) (.idcommunity, 2021)

1.8.1 Local Health District

The Project is located in the South Eastern Sydney Local Health District (SESLHD) which covers an area of 468 square kilometres from Sydney's CBD in the north to the Royal National Park in the south. Dharawal, Gadigal, Wangai, Gweagal and Bidjigal peoples are the traditional owners of the land across this district. SESLHD is made up of eight public hospitals, including St George Hospital, and the services provided across the district include in-hospital care, outpatient services, population health programs and services, primary health care, community health / home-based services, imaging and pathology, among others. SESLHD also provides a key role in assisting residents of Lord Howe Island with access to hospital and health services, including state-wide services (NSW Health, 2025).

1.8.2 Local Government

The Project is located within the jurisdiction of the Georges River Council and closely neighbours the Bayside Council. The Georges River Council is divided into five wards, of which the Project is located in the Kogarah Bay Ward. The Kogarah Bay Ward is currently governed by councillors Thomas Gao, Sam Stratikopoulos and Mayor Elise Borg. Mayor Elise Borg is currently serving her second term as Georges River Council Mayor, with Nancy Liu as Deputy Mayor. Both were elected unopposed, indicating stable local leadership. Councillor Stratikopoulos has previously participated in a fundraising event donated to St George Public Hospital, indicating some support for medical services in the local area (Sam Stratikopoulos - Georges River Councillor, 2023).

Bayside Council is also divided into five wards, which are all led by Mayor Ed McDougall and Deputy Mayor Heidi Lee Douglas.

1.8.3 State Government

The Project is located within the boundaries of the Legislative Assembly District (LAD) of Kogarah, which occupies an area of 22 square kilometres from Blakehurst in the south to Beverly Hills in the north. The Kogarah LAD has been represented by Australian Labour Party Member Chris Minns since 2015. In March 2025, Chris Minns announced the banning of privatisation models for core hospital services in response to public concern for care under a public-private partnerships model. While Chris Minns has publicly supported the growth of the NSW health system, he has also faced some public scrutiny in his approach (Chris Minns, 2024) (Chris Minns, 2025).

1.8.4 Federal Government

The Project Area is located within the Barton Federal Electoral Division (FED) which is represented by Australian Labour Party Member Ash Ambihapahar since May 2025. Ash Ambihapahar succeeds Linda Burney who represented Barton FED from 2016–2024 and retired prior to the 2025 election. As a member of the St Vincent de Paul Society NSW, Ash Ambihapahar has been actively involved in helping people to access affordable and quality healthcare (Australian Labour Party, 2025).

1.8.5 Native Title, Local Aboriginal Land Councils and Traditional Owners

The Project is located within the Metropolitan Local Aboriginal Land Council (LALC) boundary. The Metropolitan LALC boundary is bounded to the north by Walkers Ridge Forest Road and Murrays Forest Road, to the south by Barrenjoey Head and the South Pacific Ocean, to the east by the Pacific Ocean, and to the west by the road from Wollombi to Martinville via Laguna, following Back Arm and Wantagan Creek (Metropolitan LALC, 2025). The Metropolitan LALC are self-appointed caretakers of this area of NSW Australia. They do not claim to be the traditional owners of the area in which they reside. As discussed in **Section 1.6.2.3**, the traditional owners of the area in which the Project is located, are the Bidjigal people of the Eora Nation.

1.8.6 Political Activity and Participation

Recent political activity in the Kogarah community has involved a range of social and local issues. In 2023, about 1,200 residents participated in the Georges River Council No Domestic Violence Walk to raise awareness and unite against domestic violence after three women on St George lost their life to domestic violence (Gainsford, Hundreds march through Kogarah against domestic violence, 2023). In 2024, hundreds marched again (Gainsford, Hundreds rally for Georges River Council's No Domestic Violence Walk, 2024). Of particular relevance to the Project, healthcare workers in Kogarah have also been active, with St George Private Hospital and other private hospital nurses striking for better pay and staffing ratios at NSW private hospitals (Kolimar, 2024), and doctors in Kogarah participating strikes for improved working conditions and pay (Packer, 2025). St George Public Hospital staff have also previously gone on strike for improved staffing ratios and working conditions (The Lamp, 2022).

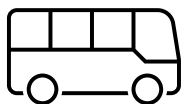
Additionally, in terms of development and planning, the community has also engaged in protests opposing Kogarah council's decision to demolish an old art-deco style building due to the loss of character and heritage (McCowen, 2012), and against a proposed Woolworths development in Ramsgate due to fears of traffic congestion and overdevelopment (The Daily Telegraph, 2024). Almost 100 residents have also rallied against plans to build a security fence around Beverly Park Golf Course due to the long-term damage it would create for the amenity of the suburb and access to public green space (Kogarah Bay Progress Association, 2020). The community has also voiced political opinions on national and international issues, including pro-Palestinian protests (Roe, 2023).

These events showcase a strong level of activism within the community on both local and global concerns.

1.9 Infrastructure

Infrastructure and services refer to the availability and quality of essential services such as healthcare, water and sanitation, energy and social welfare, which are critical to physical and mental wellbeing. Both the physical condition of infrastructure and the quality of human resources delivery services are key considerations (Smyth & Vanclay, 2017).

The following section is a summary of the key highlights from an infrastructure perspective:

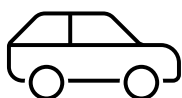


The Project is well-served by public transport, with access to Kogarah Train Station, multiple bus routes, and several key bus stops. The area is connected by the 446 bus from St George Hospital to Roselands, the 958 and 947 buses linking Kogarah to Hurstville via Carss Park and Dolls Point, respectively, and the 455 bus traveling from Kingsgrove to St George Hospital. Additional proximal bus stops are located on Bowns Road, Princes Highway, Kensington Street, Montgomery Street, Railway Parade, and various locations at Kogarah Train Station.

However, during engagement with Georges River Council, it was indicated that the removal of the Kogarah Express Train has been a community concern and has impacted transport accessibility and effectiveness.



Kogarah's walk score is 84, meaning most errands can be accomplished on foot in Kogarah (Walk Score, 2025). This finding was supported during engagement, with various stakeholders including Georges River Council and Kogarah Historical Society emphasising the high volume of pedestrian traffic and congestion in the area.



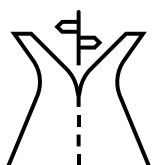
The most common method of travel to work in Kogarah SA2 is by car, as a driver (28.1%). This pattern is also seen in the broader areas of Georges River (29.9%) and Bayside (33.5%). While driving remains the most common mode of commuting in these localities, it is notably less common compared to the New South Wales (NSW) average, where 43% of people commute by car as a driver. Despite the lower-than-average number of drivers, engagement outcomes indicate road traffic and parking to be a significant issue in the area.

Majority of hospital staff who responded to the community survey indicated they use a car to drive to work, and in response to being asked how the Project might impact service delivery, staff members noted the following:

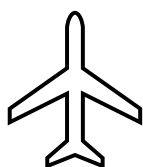
Should improve healthcare but greatly impact traffic and parking. – staff member of St George Private Hospital

Healthcare service enhanced, parking difficulties increase. - staff member of St George Private Hospital.

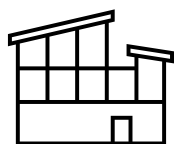
Local council also noted the misalignment of reporting on parking sufficiency, and community feedback.



The Project is located on Princes Highway, a major transport route which extends from Sydney via Melbourne to Adelaide through the states of New South Wales, Victoria and South Australia. The Australian and NSW governments have recently committed \$1.96 billion in funding to upgrade the Princes Highway corridor, with major construction under way on the Jervis Bay Road and Princes Highway intersection upgrade while planning continues on projects such as the Nowra bypass, Jervis Bay to Hawken Road upgrade, Hawken Road to Sussex Inlet Road upgrade, Milton Ulladulla bypass, Narooma Bridge and transport improvements, and safety and efficiency projects along the length of the corridor (Transport for NSW, 2025).



Sydney Kingsford Smith Airport is located in Mascot, about 5 km / a 15 minute drive from the Project site. Sydney Airport provides both International and Domestic flights, with terminals operating 24/7.



Clive James Kogarah Library and Service Centre is located within 400m of the existing hospital site, engagement findings highlight that this close proximity is highly valued by hospital users, making it essential to preserve convenient access. Other social infrastructure within 400m of the site are outlined in Table 1.4.

Source: Umwelt, 2025; (ABS, 2021) (Transport for NSW, 2025)

1.9.1 Access to Social Infrastructure

Engagement findings highlight that the close proximity of social infrastructure is highly valued by hospital users, making it essential to preserve convenient access. **Table 1.4** outlines all of the social infrastructure in close proximity to the Project.

Table 1.4 Social Infrastructure within 400 m of the Project

Facility	Location
Community Facilities	St George Community Centre Kogarah Neighbourhood Centre
Libraries	Clive James Kogarah Library and Service Centre
Places of Worship	Grace Chinese Christian Church Greek Orthodox Parish and Church St Paul's Anglican Church Kogarah St Patrick's Catholic Church

Source: Umwelt, 2025

1.9.2 Access to healthcare

1.9.2.1 Medical Practitioners

In 2023, both Georges River LGA and Bayside LGA recorded lower access to GPs per 100,000 people compared to the State average of 96.8 as outlined in **Table 1.5**. Notably, Bayside LGA had significantly greater access to specialists compared to Georges River LGA and the State.

Table 1.5 Provision of Medical Practitioners

Indicator	Georges River LGA	Bayside LGA	NSW
Provision of GPs (per 100,000)	68.3	67.2	96.8
Provision of Specialist Practitioners (per 100,00)	60.7	263.4	168.8

Source: (PHIDU, 2024)

1.9.2.2 Quality of Access

Despite lower access to medical practitioners, the SESLHD Annual Safety & Quality Account Report (2023) indicates that the overall patient experience is meeting and exceeding expectations, with adult admitted patients scoring 8.8 and emergency department scoring 8.74, which both exceed the target of 8.7. However, in terms of service delivery, several areas fall short of their targets, which is indicative of the lack of staff resourcing. In 2022/23, only 24.8% of patients were treated within four hours, missing the 50% target. For mental health presentations in the emergency department, the target was to have 0 patients stay for more than 24 hours, but in 2022/23, there were 15 such cases. Additionally, SESLHD did not meet its triage time goals, with only 72.7% of patients being seen within 10 minutes (target: 95%) and 63.8% within 30 minutes (target: 85%). Elective surgery also fell short of its targets, with just 56.12% of category 2 patients treated on time (target: 97%) and 52.13% of patients treated on time for all categories (target: 97%).

According to Medibank hospital experience scores, the patient experience at St George Private Hospital performs similarly to other hospitals of a similar size in terms of care, communication and discharge, and better than other similar size hospitals in terms of quietness (Medibank, 2021). Overall, 94% of Medibank patients would 'probably' or 'definitely' recommend the hospital to family and friends, and the hospital received an overall experience rating of 8.9/10. This indicates that the quietness of the hospital is a key performance factor for the hospital, and may be impacted by construction of the Project.

In terms of ambulance service, the Kogarah – Rockdale SA3 region saw an increase in response times for emergency cases, with the average response time rising to 11.9 minutes in Q4 2024, up 0.5 minutes from Q4 2023. However, for life-threatening cases, the response time improved slightly to 7.5 minutes, a decrease of 0.2 minutes compared to the previous year. For urgent cases, the response time decreased significantly to 30.9 minutes, a reduction of 5.3 minutes from Q4 2023 (Bureau of Health Information, 2024).

1.9.2.3 Health Infrastructure and Services

The SESLHD is served by major health infrastructure endowments. **Table 1.6** outlines the various health facilities located within the SESLHD, and **Table 1.7** outlines the facilities / speciality services available in the Project area. St George Public Hospital is located most proximal to the Project.

Table 1.6 Health Facilities in the SESLHD

Facility	Suburb	Drive Distance to Project
Calvary Healthcare	Kogarah	1.2 km
Gower Wilson Hospital	Lord Howe Island	NA
Prince of Wales Hospital	Randwick	16.3 km
Royal Hospital for Women	Randwick	16.3 km
St George Hospital	Kogarah	450 m
Sutherland Hospital	Caringbah	9 km
Sydney & Eye Hospital	Sydney	17.5 km
Uniting War Memorial Hospital	Waverley	17.9 km
Garrawarra Centre	Waterfall	31.4 km

Source: SESLHD, 2025

Table 1.7 Services Available in Kogarah Hospitals

Hospital	Facilities/Specialities Available	
St George Private Hospital	Bariatric surgery	Physiotherapy
	Cancer care	Plastic surgery
	Cardiac services	Pharmacy
	Clinical services	Robotic surgery
	Ear, nose and throat surgery	Sleep studies
	Gynaecology services	Upper gastrointestinal surgery
	Intensive care unit	Urology services
	Orthopaedic services	Vascular surgery
St George Hospital	Nutrition and dietetics	Neurology Department
	Occupational therapy	Labour and Birth
	Psychology	Immunology Department
	Social Work	Infectious Diseases Department
	Speech pathology	Medical Oncology
	Dermatology	Haematology
	Surgery	Heart Support Service
	Mental health services	Hospital in The Home
	Scans, pathology and other diagnostic procedures	Emergency Department
	Gynaecology services	Department of Endocrinology
	Maternity services	Day Medical & Infusion Centre
	Paediatrics	Clinical Genetics
	HIV services	Chest Clinic
	Level 1 Trauma Centre	Drug and Alcohol Rehabilitation Services
	Supportive Care Service	Chaplaincy and Pastoral Care
	Radiation Oncology	Cardiology Department
	Renal Department	Aged Care Department
	Respiratory and Sleep Department	Antibiotic Allergy

Source: (St George Hospital, 2025); (St George Private Hospital, 2025)

1.9.2.4 Hospital Access

The rate of emergency department presentations per 100,000 people is 40,156.3 in the Bayside LGA and 36,057 in the Georges River LGA, both slightly below the NSW average of 41,590.4. This suggests that hospitals in these LGAs may be experiencing slightly lower emergency department demand compared to the broader state. However, the rate of admissions to public hospitals per 100,000 people is 25,508.8 in the Bayside LGA and 24,625.4 in the Georges River LGA, both of which are higher than the NSW average of 20,978.8. For private hospitals, the admission rate is 23,008.1 in Georges River, 19,840.8 in NSW, and 18,676.4 in Bayside. These figures indicate that public hospitals in both LGAs experience higher demand compared to the state average, and that private hospitals in Georges River (where the proposed Project is located) are also operating at a relatively higher capacity.

There is a growing strain on healthcare services within the District due to:

- Population growth - an additional 120,000 residents is expected to live in the District by 2036 (a 14% growth over the 2019 figures). The SESLHD anticipates that by 2027 there will be 112,500 (50%) more Emergency Department presentations, 21,685 (20%) more acute admissions and a need for 480 additional acute beds in the SESLHD.

- An ageing population - while increases in the population are expected in all age groups, the greatest growth will be among the older age groups, in particular those aged over 70 years.
- 37% of SESLHD residents experience long term health conditions. As the population is growing and ageing, this creates significant driver for health care needs since the number of long-term health conditions often increases with age.
- Health issues such as multiple morbidities and long-term conditions have found to be more prevalent in disadvantaged areas. Whilst the health of the LHD as a whole compares favourably with other parts of NSW, there are substantial differences in access to services and health outcomes for different groups, and localities. The South Eastern Sydney Local Health District Equity Strategy (2015) notes that a large number of people living in the LHD may be experiencing significant levels health risks and inequities.

In 2020, the NSW government announced \$385 million to fund St George Hospital Stage 3. This is the third major stage in the redevelopment of St George Hospital and includes the construction of a new Ambulatory Care Precinct, providing an important boost to healthcare services for the local community. Construction is currently underway and is expected to be complete in 2026 (SESLHD, n.d.).

1.9.3 Access to Education

Kogarah is considered an educational district, with Georges River Council investing in the Kogarah Health and Education Innovation Precinct (HEIP) (Georges River Council, 2019). The goal is to become a nationally recognised precinct for health, education and innovation, by leveraging Kogarah's demographic and locational opportunities and building upon the areas existing health and education activity.

As in **Table 1.8** below, there are a number of schools and early learning facilities in close proximity to the Project.

Table 1.8 Nearby Educational Facilities

Educational Facility	Distance to Project
Little Lion Early Learning	80 m from Clinical Tower
St George TAFE Building H	80 m from Clinical Tower
St George TAFE Main Building	150 m from Clinical Tower
James Cook Boys Technology High School	100 m from Clinical Tower
Kogarah Public School	400 m from Clinical Tower
St Pauls Children Centre	400 m from Clinical Tower
Kogarah High School	550 m from Clinical Tower
St Patricks Catholic Primary School	150 m from the Main Hospital Campus
Moorefield Girls High School	250 m from the Main Hospital Campus
Lorikeet Early Learning Centre	300 m from the Main Hospital Campus
United Early Learning	350 m from the Main Hospital Campus

Source: Umwelt, 2025

1.10 Housing

Housing and business structures refer to the physical dwellings and buildings that households rely on for shelter, wellbeing, and economic activity. Adequate housing a fundamental need, while the quality and condition of homes can significantly influence health and comfort. Business premises are also essential for sustaining livelihoods.

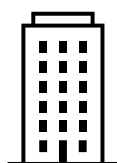
This section is a summary of the key highlights from a housing perspective:



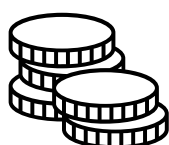
The median house price in Georges River at the December quarter 2024 was \$1.875 million, compared to \$1.480 million in Greater Sydney. (housing id)



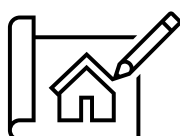
The median weekly rent in Georges River is \$830, which is higher than the Greater Sydney median of \$780. This suggests increased housing demand or pressure in the area, potentially impacting affordability for renters.



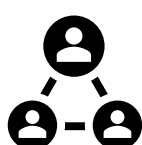
The primary household type within the social locality is flat, unit or apartment, accounting for 65% of all occupied dwellings. This share is significantly higher than the SESLHD and Greater Sydney average of 46% and 28% respectively. There is a smaller share of separate houses (28%) in the PSA, which is notably lower than the 39% in the SESLHD and 57% in the Greater Sydney area. Semi-detached, row or terrace houses, and townhouses form only 6% of the PSA dwellings, which is notably lower than common in the rest of the SESLHD (15%) and Greater Sydney (28%) (Ethos Urban, 2022).



In Kogarah, the proportion of households earning less than \$650 per week is lower than the NSW average, at 13.4% compared to 16.3%. However, the share of households with incomes exceeding \$3,000 per week is also below the NSW average, at 24.6% versus 26.9%. In contrast, Georges River has a higher proportion of high-income households, with 29.5% earning more than \$3,000 per week. This trend is similarly observed in Bayside LGA, where 27.7% of households fall into this higher income bracket.



The rate of unoccupied dwellings is lower in Georges River (7.2%) and Bayside (9.1%) compared to the NSW average of 9.4%. However, Kogarah SA2 has a higher rate of unoccupied dwellings at 10.9%.



In Kogarah SA2, the proportion of renters is notably higher at 46.2% compared to 32.6% across NSW. In the wider Georges River area, the rental rate is closer to the state average but still slightly elevated at 33.3%. Similarly, Bayside exhibits a high rate of renting at 42.1%.



Across the social locality, rates of rental stress (defined as households paying more than 30% of their income on rent) are relatively low, affecting 29.9% of households in Kogarah, 33.9% in Georges River LGA and 35.9% in Bayside LGA compared to 35.5% in NSW. However, mortgage stress, where households spend over 30% of their income on mortgage repayments, is notably higher, affecting 22.3% of households in Kogarah, 23.9% in Georges River, and 23.1% in Bayside. These figures exceed the NSW average of 17.3%.



Short-term accommodation near St George Private Hospital and the proposed extension site is limited to MediStay and Bezzina House, which is utilised only by cancer patients undergoing outpatient or inpatient treatment at the St. George Hospital. This lack of accommodation was noted during engagement as a key issue in the area for hospital users in the broader health district.

Source: Umwelt, 2025; (.idcommunity, 2024) (ABS, 2021)

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Appendix B

Community and Stakeholder Engagement Plan

1.0 Engagement Strategy - St George Private Hospital Development

The Engagement Strategy (hereafter referred to as the Strategy) has been developed to guide engagement activities in relation to the SIA phase of the St George Private Hospital Development Project.

1.1 Engagement Objectives

In line with the *Undertaking Engagement Guidelines for State Significant Projects* (DPHI, 2024) and the *Social Impact Assessment Guideline* (DPIE, 2023), the Strategy has the following key objectives:

- To provide key stakeholders with information relating to the Project
- To ensure key stakeholders have a 'voice' in the assessment process
- To identify social impacts (positive and negative) relating to the Project
- To inform project design and identify management and enhancement measures to address social impacts of moderate to very high significance.

1.2 Stakeholder Identification

Table 1.1 outlines the key stakeholders to be engaged in the assessment phase and provides a justification for their inclusion in the engagement program.

Table 1.1 Stakeholder Identification

Stakeholder Group	Stakeholder	Justification
Closest residents, businesses and services	Located on: • Bank Lane • Hogben Street • Montgomery Street • Health services / businesses in the adjacent consulting suites	• Closest stakeholders to the Project • Likely to experience impacts during construction and operational phase: ◦ Surroundings - social amenity impacts – visual, noise, traffic, public safety ◦ Accessibility and Livelihoods - restricted access, benefit from increased trade from construction workers
Education Providers	• Little Lion Early Learning • TAFE NSW – St George Campus • James Cook Boys Technology High School • St George Martial Arts Academy • Moorefield Girls High School	• Located on Hogben St • Likely to experience impacts during construction and operational phase: ◦ Surroundings - social amenity impacts – visual, noise, traffic, public safety ◦ Accessibility and Livelihoods - restricted access • Students may use the footbridge over Princes Highway to get to school may experience impacts during construction and operational phase: ◦ Surroundings - social amenity impacts – visual and public safety ◦ Accessibility - restricted access ◦ Livelihoods - potential partnerships to provide training, and local employment opportunities.
Users of the footbridge over Princes Highway	• Local residents • School children	• Likely to experience impacts during construction and operational phase: ◦ Surroundings - social amenity impacts – public safety ◦ Accessibility - restricted access
Local Government Representatives	• Georges River Council • Bayside Council	• The Councils provide long-term planning goals for their respective LGAs, advocate for their local communities, and work to meet community needs and aspirations.

Stakeholder Group	Stakeholder	Justification
First Nations Stakeholders	Pending outcome of stakeholder mapping undertaken for the ACHA and by Balarinji studio	- May experience impacts during construction and operational phase: - Culture - impacts to tangible and intangible cultural heritage and building design.
Health Services	- St George Private Hospital - St George Public Hospital - Health services located on Bank Lane, Hogben Street, Montgomery Street and South Street - Employees and contractors - Patients and visitors	- Likely to experience impacts during construction and operational phase: - St George Private Hospital Employees and contractors, patients and visitors - Accessibility - may benefit from improved facilities and expanded services - Surroundings - social amenity impacts – visual, noise, traffic, public safety - Accessibility and Livelihoods - restricted access - St George Public Hospital and other proximal health services - Accessibility - reduced pressure on services, which could reduce wait time - Employees, contractors, patient and visitors - Surroundings - social amenity impacts – visual, noise, traffic, public safety - Accessibility - restricted access, parking - Health and wellbeing - reduced demand, improved facilities and expanded services/departments
Proximal residents, businesses and h services	Located on Kensington Street, Wicks Lane, Moorefield Lane, South Street, Chaple Street, Hospital Wy, Short Street, Princes Lane, Gary Street, Ocean Street, Queens Avenue, Belgrave Street.	- Likely to experience impacts during construction and operational phase: - Surroundings - social amenity impacts –visual, traffic related disruptions, public safety - Livelihoods - increased trade from construction workers

Stakeholder Group	Stakeholder	Justification
Emergency Service	- Fire & Rescue NSW Kogarah Fire Station - St George Police Station	- Located on Kensington St and Montgomery St - Likely to experience impacts during construction and operational phase: - Surroundings - traffic related disruptions - Health and wellbeing - emergency response times
Religious Institutions	St Patricks Catholic Church	- Likely to experience impacts during construction and operation: - Culture – impacts to heritage - Surroundings – social amenity impacts
Community Groups	- Kogarah Bay Progress Association Inc. - Kogarah Historical Society - St George Historical Society	May have an interest in the Project as representatives of the local community
Local Community	Kogarah SAL	- Likely to experience impacts during construction and operational phase: - Accessibility - potential increased access to local health services and specialists during operation, traffic-related disruptions - Livelihoods - benefits through employment opportunities
Broader Community	- Georges River LGA - Bayside LGA - South-East Sydney	
Vulnerable Groups	- Little Lion Early Learning centre - St. George Drug and Alcohol Service clients - Vulnerable patients accessing both hospitals and other local health services - School children - Elderly people - Those with limited mobility/housebound - Pregnant women	These groups are more vulnerable and therefore may be disproportionately and differently impacted by the Project, particularly during the construction phase.

Source: Umwelt, 2025

1.3 Engagement Mechanisms

Table 1.2 outlines the proposed key engagement mechanisms and activities to be implemented in the assessment phase for the Project.

Table 1.2 Key Engagement Activities

Priority	Stakeholder Group	Project information sheet	Online Community Survey	Intercept surveys	Personal/ Phone interview	Pop up
A	Closest residents, businesses and health services on Bank Lane, Hogben Street, Montgomery Street	X	X		X	X
	Proximal Education Providers	X			X	
	Users of the footbridge over Princes Highway	X		X		
	Local Government Representatives	X			X	
	First Nations Stakeholders	X			X	
	St George Private Hospital	X			X	
	St George Public Hospital	X			X	
B	Proximal residents, businesses and health services on Kensington Street, Wicks Lane, Moorefield Lane, South Street, Chaple Street, Hospital Wy, Short Street, Princes Lane, Gary Street, Ocean Street, Queens Avenue, Belgrave Street.	X	X			X
	Health service employees and contractors	X		X		X
	Patients and visitors	X	X	X		X
	Emergency service providers	X			X	
	Community groups	X			X	
	Religious Institutions	X				
	Local community – Kogarah SAL	X				
C	Broader community – Georges River LGA, Bayside LGA, South-East Sydney	X				

Source: Umwelt, 2025

1.4 Engagement Implementation

Table 1.3 outlines the purpose of the engagement proposed and who is responsible for each stage of engagement implementation. The decision as to which engagement mechanism to utilise in the second round of engagement will be based on the level of interest/concern from the community and stakeholder expressed in the first round.

Table 1.3 Engagement Implementation

Round of Engagement	Status	Mechanism	Description / Purpose	Responsibilities
Round 1	Required	Project Information Sheet #1	- To provide an overview of the proposed Project and assessment process - To provide a link to the SIA online survey	- Umwelt to develop content - Akalan/Ramsay to provide design guidelines, input, review and approve - Umwelt to graphically design - Umwelt to organise printing and distribution
	Required	Key Stakeholder Interviews	To gather information to inform the assessment of social impacts and discuss potential mitigation and enhancement measures	- Umwelt to develop interview guides - Akalan/Ramsay to review and approve - Umwelt to conduct interviews and analyse outcomes
	Required	Intercept Survey	To gather information to inform the assessment of social impacts and discuss potential mitigation and enhancement measures	- Umwelt to develop - Akalan/Ramsay to review and approve - Umwelt to undertake and analyse outcomes
	Required	Online Community SIA Survey	- To provide an opportunity for the community to provide input in the assessment phase of the Project - To understand community values, needs, interests and potential impacts / opportunities for the Project	- Umwelt to develop - Akalan/Ramsay to review and approve - Umwelt to host and analyse outcomes

Round of Engagement	Status	Mechanism	Description / Purpose	Responsibilities
Round 2	Engagement mechanism to be confirmed, may include:	Pop Up/Community Information Session	To provide an overview of the technical assessment outcomes for the Project and offer an opportunity for community feedback and engagement.	- Umwelt to develop poster content - Akalan/Ramsay to provide input, review and approve - Umwelt to graphically design poster - Umwelt to organise printing of poster - Umwelt to organise session venue and timing
		Project Information Sheet #2	To provide an overview of the technical assessment outcomes for the Project, including social impact outcomes	- Umwelt to develop content - Akalan/Ramsay to provide design guidelines, input, review and approve - Umwelt to graphically design - Umwelt to organise printing and distribution

Source: Umwelt, 2025

Draft materials to support the engagement e.g. online survey instrument and interview/discussion guide will be provided for review by the Project team.

Appendix 1 Draft Survey Instrument

Thank you for your interest in completing this survey about the proposed St George Private Hospital Extension Project. The survey should take around 5-10 minutes to complete.

Project Overview

St George Private Hospital is an existing 276-bed medical and advanced surgical hospital, located in Kogarah, in southern Sydney, NSW within the Georges River Local Government Area. The hospital belongs to the Ramsay Health Care Group. The Ramsay Health Care Group is proposing an expansion to the existing facilities which will include the provision of a new Clinical Tower, together with the creation of an Emergency Department on the main campus for the St George Private Hospital and Hogben Street Sites. The St George Private Hospital Expansion Project is anticipated to include the following components:

- below ground car parking;
- Radiation Oncology Centre;
- Medical Imaging Expansion;
- Lobby and Drop off Zone;
- Kitchen, Pharmacy, Pathology, Café and Back of House accommodation;
- Link Connection to Hospital Campus via Specialist Suites Building;
- Hospital Administration accommodation and Shell Space for Future Ward;
- 132 Inpatient Rooms over 4 levels; and
- Shell Space for Consulting Suites.

The project is considered a State Significant Development (SSD) and will require development consent under the NSW Environmental Planning and Assessment Act (EP&A Act) and State Environmental Planning Policy 2021. The SSD application process requires Ramsay Health Care to prepare an Environmental Impact Statement (EIS) to be submitted to the NSW Department of Planning, Housing and Infrastructure (DPHI). The development assessment is being managed by Akalan Projects Pty Ltd (Akan Projects), an Australian company headquartered in Sydney that specialises in the delivery of healthcare, medical fit-out and construction projects.

Survey Purpose

Umwelt Australia Pty Ltd (Umwelt) has been engaged by Akalan Projects Pty Ltd and Ramsay Health Care to undertake a Social Impact Assessment (SIA) for the Project.

As part of the SIA, we are seeking your feedback on the potential social impacts (positive and negative) in relation to the Project. Your responses will also help us to inform project design and identify appropriate measures to address project impacts and enhance project benefits.

Privacy Statement

Umwelt is committed to protecting your privacy and complying with all applicable personal data protection laws and regulations. Information collected via this survey will be used to inform the SIA. All information and written data will be retained by Umwelt and will be reported in de-identified form in the SIA Report. The information you provide will be used to compile aggregated information for public reporting and no specific details on individuals or family groups will be reported publicly. Information recorded will not be used for any other purpose.

Involvement in this survey is voluntary, and you are not required to answer any questions that you do not feel comfortable doing so. Your name and any personal information that you choose to provide will be stored only to facilitate feedback or future correspondence in regard to the Project.

Should you wish to withdraw your feedback, this can be done at any time. Additionally, you can request a copy of outcomes of the engagement for your further validation and revision.

Contact Details:

Full Name
Phone Number
Email
Address
Organisation (if applicable)
Role (if applicable)

1. I am a.... (please select all the affiliations that most correctly define your interest in the Project):
 - ☐ Local resident of Hogben Street or Montgomery Street
 - ☐ Local resident of Kensington Street, Wicks Lane, Moorefield Lane, South Street, Chaple Street, Hospital Wy, Short Street, Princes Lane, Gary Street, Ocean Street, Queens Avenue or Belgrave Street
 - ☐ Local resident living in the broader local government areas of Georges River or Bayside
 - ☐ Local business owner
 - ☐ Local business employee
 - ☐ Education service provider
 - ☐ First Nations representative
 - ☐ Health and ambulance service provider
 - ☐ Emergency service provider e.g. fire, police
 - ☐ A staff member of the St George Private Hospital
 - ☐ A staff member of the St George Public Hospital
 - ☐ Patient/visitor of the St George Private Hospital
 - ☐ Patient/visitor of the St George Public Hospital

- A member of a local community group – please specify _____
- Other, please specify _____

Demographic information

2. To which of the following age groups do you belong?
 - Under 18
 - 18-24
 - 25-34
 - 35-44
 - 45-64
 - 65-74
 - 75-84
 - 85 years and over

3. Do you identify as Aboriginal and/or Torres Strait Islander?
 - Yes, Aboriginal
 - Yes, Torres Strait Islander
 - Yes, both
 - No
 - Prefer not to say

4. Which gender do you identify with?
 - Female
 - Male
 - Non-binary
 - Prefer not to say

5. What is your current home address suburb?

6. How long have you lived in that suburb?
_____years

Community Values and Needs

7. What aspects do you value most about your community and local area?
8. Thinking about your local area, what are the key needs in your community? Please specify?
9. What do you see as the key health needs in the community?

Impacts and Benefits

10. What do you see as some of the potential negative impacts of the Project?
11. Is there anything you would like Ramsay Healthcare to do to address these potential impacts?
12. What do you see as some of the potential positive impacts of the Project?
13. Is there anything you would like Ramsay Healthcare to do to enhance these positive impacts?
14. How would you rate your overall level of concern in relation to the St George Private Hospital Extension Project, where one (1) is a Low level of concern and ten (10) is a High level of concern.

1	2	3	4	5	6	7	8	9	10
Low Concern									High Concern

Comments on rating provided (if any): _____

15. At this stage of the Project, how accepting are you of the St George Private Hospital Extension Project, where one (1) is a low level of acceptance and ten (10) is a high level of acceptance.

1	2	3	4	5	6	7	8	9	10
Low Acceptance									High Acceptance

Comments on rating provided (if any): _____

Access and Use

16. Where do you and your family currently access the following health services:

Service / Facility	Primary location you access this service (please include suburb name)	Secondary location you access this service (please include suburb name)
General healthcare (GPs)		
Private Hospital care (non-emergency)		
Public Hospital care (non-emergency)		
Emergency hospital care		
Specialist Medical Services (e.g. Psychiatrist, paediatric, obstetrician, neurologist)		
Allied Health Services (e.g. physiotherapy, occupational therapy, speech pathology)		

17. Have you accessed the St George Private Hospital in the last 12 months?

- ☐ Yes, as a patient through a pre-booked surgery or treatment
- ☐ Yes, for emergency treatment
- ☐ Yes, to attend a specialist appointment
- ☐ Yes, to drop-off/ pick-up/ accompany a patient
- ☐ Yes, to visit a patient
- ☐ Yes, as a staff member/ contractor
- ☐ Yes, for other purposes
- ☐ No, I have not accessed the Hospital in the last 12 months

18. Do you believe the proposed development will change your access to the Hospital site?

- ☐ Yes
- ☐ No
- ☐ Please describe why / why not _____

19. Do you currently experience any challenges or issues accessing the St George Private Hospital site, if so please describe?

- ☐ Yes
- ☐ No
- ☐ Please describe why / why not _____

20. Have you accessed the St George Public Hospital in the last 12 months?

- ☐ Yes, as a patient through a pre-booked surgery or treatment
- ☐ Yes, for emergency treatment
- ☐ Yes, to attend a specialist appointment
- ☐ Yes, to drop-off/ pick-up/ accompany a patient
- ☐ Yes, to visit a patient
- ☐ Yes, as a staff member/ contractor
- ☐ Yes, for other purposes
- ☐ No, I have not accessed the Hospital in the last 12 months

21. When accessing either of the hospitals, what method of transport would you usually use?

- ☐ Walking
- ☐ Bicycle
- ☐ Driver of a private vehicle
- ☐ Passenger of a private vehicle
- ☐ Public Bus Service
- ☐ Community transport service
- ☐ Taxi/rideshare Service
- ☐ Other, _____

22. How well do you feel that the St George Private Hospital Extension Project will assist in addressing health needs within the community, where one (1) is no improvement, and ten (10) is a high level of improvement?

1		2		3		4		5		6		7		8		9		10
No improvement High improvement																		

Comments on rating provided (if any): _____

Engagement Methods

23. Would you be interested in receiving further information about the Project?

- ☐ Yes
- ☐ No

24. Is there any particular information that you would like to receive?

25. What are some of the better ways for the project team to engage with you as part of this Project?

- Newsletter
- Community meeting
- Personal meeting
- Email
- Personal calls
- Other, _____

26. Do you have anything else to add?

Appendix 2 Stakeholder Interview Guide

Project Overview

Copied from above.

Full Name
Phone Number
Email
Address
Organisation (if applicable)
Role (if applicable)

General Questions

1. What aspects do you value most about your community and local area?
2. Thinking about your local area, what are the key needs in your community? Please specify
3. How well do you feel that the St George Private Hospital Extension Project will assist in addressing health needs within the community, where one (1) is no improvement, and ten (10) is a high level of improvement?

1	2	3	4	5	6	7	8	9	10
No improvement									High improvement

4. What do you see as some of the potential negative impacts of the Project?
5. Is there anything you would like Ramsay Healthcare to do to address these potential impacts?
6. What do you see as some of the potential positive impacts of the Project?
7. Is there anything you would like Ramsay Healthcare to do to enhance these positive impacts?

8. How would you rate your overall level of concern in relation to the St George Private Hospital Extension Project, where one (1) is a Low level of concern and ten (10) is a High level of concern.

1	2	3	4	5	6	7	8	9	10
Low Concern								High Concern	

Comments on rating provided (if any): _____

9. At this stage of the Project, how accepting are you of the St George Private Hospital Extension, where one (1) is a low level of acceptance and ten (10) is a high level of acceptance.

1	2	3	4	5	6	7	8	9	10
Low Acceptance								High Acceptance	

Comments on rating provided (if any): _____

Additional Questions for key stakeholder groups:

Local Government

- What are the Council's strategic areas of focus and challenge?
- What do you see as local community needs and challenges?
- What has been the sentiment of local communities in the LGA to previous new developments?
- What do you see as the key health needs in the community?
- How well do you feel that the St George Private Hospital Extension Project will assist in addressing health needs within the community, where one (1) is no improvement, and ten (10) is a high level of improvement?

1	2	3	4	5	6	7	8	9	10
No improvement									High improvement

- Do you see any opportunities for your organisation and Ramsay Healthcare to work together in relation to the Project?

Community Groups

- Please provide an overview of your organisation (including year established and membership)
- What is the main purpose or objective/s of your group?
- What types of services / interest does your organisation provide to the community?

Education Providers

- Please tell us about your school and its role in the local community. What types of educational programs and services do you provide? How long has your school been operating in this area?
- Are there particular student groups or community populations that your school primarily serves?
- Would you like your school to be involved in any way with the Project? If yes, what role would you see for your school?

Emergency Service Provider

- What type of service do you provide and how long has the service been operating in the area?
- Is there a specific catchment or area that you service?
- What challenges does your service experience or issues that you are currently facing?
- What would you say are your highest needs or priorities?

Health Service Providers

- What type of service do you provide and how long has the service been operating in the area?
- Is there a specific catchment or area that you service?
- What challenges does your service experience or issues that you are currently facing?
- What would you say are your highest needs or priorities?
- What do you see as the key health needs in the community?
- How well do you feel that the St George Private Hospital Extension Project will assist in addressing health needs within the community, where one (1) is no improvement, and ten (10) is a high level of improvement?

1	2	3	4	5	6	7	8	9	10
No improvement									High improvement

Businesses

- What type of service/products do you provide and how long has the business been operating?
- When are your busiest operating periods?
- How do you think the Project will impact your business operations? (during construction and during operation)

First Nations Stakeholders

- Please describe, to the extent that you feel comfortable to do so, known cultural values including heritage, stories, landscape features, and interconnections related to the Project site and its context?
- Do you see any impacts of the Project on tangible and intangible cultural heritage?
- Do you have any suggestion for how the Project could promote or enhance the landscape features or cultural values discussed?

Appendix 3 Intercept Surveys

Users of the footbridge

- How often do you use this footbridge?
- When do you predominantly use it (time of day)? (morning, afternoon, evening)
- Where are you heading to today - what is your destination?

For health service employees and contractors

- Which health service do you work for?
- Do you currently experience any challenges or issues accessing the site?
- What method of transport did you use to get here?
- How do you expect the hospital extension to affect healthcare service delivery in the community?

For patients and visitors

- Which health service are you visiting?
- Do you currently experience any challenges or issues accessing the site?
- What method of transport did you use to get here?
- Do you believe the proposed development will change your use and access to local health services in the area?

St George Private Hospital Extension Project

Project Information Sheet #1
July 2025

Overview

This information sheet introduces the proposed St George Private Hospital Extension Project (the Project), an extension to the existing private hospital facilities located on Princes Highway in Kogarah within the Georges River Local Government Area (LGA), NSW. St George Private Hospital is part of the Ramsay Health Care Group.

This information sheet provides information about the proposed Project and outlines the State Significant Development (SSD) process. It also identifies ways in which key stakeholders and the community can be involved in providing input on the Project.

Who is Ramsay Health Care?

Ramsay was founded by Paul Ramsay AO in 1964 and has always focused on maintaining the highest standards of quality and safety; being an employer of choice; and operating the business with a philosophy based on “People Caring for People”. Ramsay Health Care’s global network of healthcare services extends across 10 countries, with over eight million admissions/patient visits to its facilities in over 532 locations.

The Project

St George Private Hospital is an existing 276-bed medical, obstetrics and advanced surgical hospital. Current facilities include multiple operating theatres and procedure rooms, ICU, Coronary Care Unit, Cardiac Catheter Lab, a dedicated Oncology Ward, Obstetric Unit and a 20 bed Day surgery as well as a wide range of diagnostic and support services. Since its opening in 1995, the Hospital has undergone multiple developments to increase its healthcare service offering and meet evolving community needs.

Ramsay Health Care is proposing an expansion to the existing facilities which will include the provision of a new Clinical Tower, together with the creation of an Emergency Department on the main campus of the St George Private Hospital and Hogben Street Sites. The St George Private Hospital Expansion Project is anticipated to include the following components:

- 132 Inpatient Rooms;
- Emergency Department;
- Below ground car parking;
- Radiation Oncology Centre;
- Medical Imaging Expansion;
- Lobby and Drop off Zone;
- Kitchen, Pharmacy, Pathology, Café and Back of House accommodation;
- Hospital Administration accommodation;
- Consulting Suites.

The images below are intended to provide an illustration of the scale of the development. The detailed design is still to be developed.



Planning Process

The Project is considered a State Significant Development (SSD) and will require development consent under the NSW Environmental Planning and Assessment Act (EP&A Act) and State Environmental Planning Policy 2021. The development assessment is being managed by Akalan Projects Pty Ltd (Akalán Projects), an Australian company headquartered in Sydney that specialises in the delivery of healthcare, medical fit-out and construction projects.

The SSD application process requires Ramsay Health Care to prepare an Environmental Impact Statement (EIS) to be submitted to the NSW Department of Planning, Housing and Infrastructure (DPHI). The EIS will include a detailed assessment of technical consultant studies relating to the proposed building design such as visual impact, traffic, flooding, heritage, groundwater, and sustainability. A detailed Social Impact Assessment (SIA) will also be prepared as part of the EIS in line with the NSW Government's Social Impact Assessment Guideline for State Significant Projects (DPHI, 2023). The EIS is planned to be submitted to the Department in Q4 of this year, for their assessment.

How can I be involved?

Umwelt, Environmental and Social Consultants have been engaged by Ramsay Healthcare to prepare the SIA for the Project, to assess the impacts (both positive and negative) of the Project on the surrounding community.

As part of the SIA, the Project team will also be contacting key stakeholders, including local government, relevant agencies, neighbouring residents and local businesses, to obtain community views and perspectives on the Project.

Akalán and Umwelt have also developed an online community survey which provides a mechanism for the community to have their say and provide feedback on the Project. This survey will assist the Project team, in identifying any perceived impacts (both positive and negative) associated with the development. You are invited to share your feedback by completing the short 5-10 minute survey by 3rd of August 2025.

Please scan the QR code to access the survey or via the link below.



www.research.net/r/StGeorgePrivateHospitalExtension

If you would like to receive more information about the Project, please contact the team on the contact details below.

We look forward to your participation and involvement.

Further Information

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RUBY RODRIGUES

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1 SEARS ISSUED

Secretary's Environmental Assessment Requirements (SEARs) for the SSDA issued

2 EIS AND SIA PREPARATION

Community and other public authority engagement, as well as preparation of detailed technical studies to inform the EIS and SIA. Lodgement of DA supported by the EIS including SIA

3 PUBLIC EXHIBITION

Public exhibition for agency and community comment

4 RESPONSE TO SUBMISSIONS

Addressing comments and issues raised from both community and Government agencies about the SSD application in a Response to Submissions report

5 ASSESSMENT

NSW Department of Planning, Housing and Infrastructure assesses the Project and provides its findings to the consent authority

6 DETERMINATION

Consent authority decides whether to approve or refuse the Project, including conditions of consent if approved

St George Private Hospital

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People caring for people.



**St George
Private Hospital**
Part of Ramsay Health Care



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