

Social Impact Assessment

Cowra Hospital Redevelopment

64 Liverpool Road, Cowra, NSW
Health Infrastructure NSW



'Gura Bulga'

Liz Belanjee Cameron

'Gura Bulga' – translates to Warm Green Country. Representing New South Wales.

By using the green and blue colours to represent NSW, this painting unites the contrasting landscapes. The use of green symbolises tranquillity and health. The colour cyan, a greenish-blue, sparks feelings of calmness and reminds us of the importance of nature, while various shades of blue hues denote emotions of new beginnings and growth. The use of emerald green in this image speaks of place as a fluid moving topography of rhythmical connection, echoed by densely layered patterning and symbolic shapes which project the hypnotic vibrations of the earth, waterways and skies.

Ethos Urban acknowledges the Traditional Custodians of Country throughout Australia and recognises their continuing connection to land, waters and culture.

We acknowledge the Gadigal people, of the Eora Nation, the Traditional Custodians of the land where this document was prepared, and all peoples and nations from lands affected.

We pay our respects to their Elders past, present and emerging.

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1.0 Introduction

1.1 Overview

This Social Impact Assessment (SIA) report is submitted as part of a Part 5 'REF' (Review of Environmental Factors) for the proposed Cowra Hospital Redevelopment at 64 Liverpool Road, Cowra (the Proposal). The site is located within the Western NSW Local Health District (WNSWLHD), and currently accommodates Cowra Health Service. The applicant is NSW Health Infrastructure.

The Proposal forms part of NSW Health Infrastructure's delivery of infrastructure solutions and services to support the healthcare needs of Cowra and its surrounding districts. The existing Cowra Health Service facilities are approximately 60 years old and have dated, with functional and structural problems that need to be addressed.

The report has consideration to the 'Community Impact/Social Impact' components of the REF and follows the principles set out in the *Social Impact Assessment Guideline for State Significant Projects* (SIA Guideline) released by NSW Department of Planning and Environment in 2021 as a guide, representing best practice assessment for consideration of social impacts in NSW.

For further details on the planning pathway sought, refer to the *Main Works Review of Environmental Factors* (NSW Health Infrastructure 2023).

1.2 Project background

The Cowra Health Service is a district hospital that acts as a hub for specialist services such as maternity, surgery, renal dialysis and chemotherapy within the Western NSW Local Health District. In response to both a growing and ageing population in Cowra, the major redevelopment of the Cowra Health Service has been identified in the *2017 Western NSW LHD Asset Strategic Plan* as a priority for future capital investment.

The NSW Government has since allocated a total of \$110.2 million towards the project to deliver new facilities to improve the health of residents in Cowra and surrounding districts, including Grenfell, Canowindra and Woodstock.

In 2022 an Early Works REF was approved for site preparation works to prepare the northern portion of the site for the new hospital, which is the subject of this Main Works REF.

1.3 Purpose and structure of this report

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

As outlined in the SIA Guideline (NSW DPE, 2021), social impacts vary in their nature and can be positive or negative, tangible or intangible, physically observable, or psychological (fears and aspirations). Social impacts can be quantifiable, partly quantifiable or qualitative. They can also be experienced or perceived differently by different people and groups within a community, or over time.

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

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

- **Way of life:** how people live, get around, work, play and interact with one another on a day-to-day basis
- **Community:** its composition, cohesion, character, how it functions, and sense of place
- **Accessibility:** how people access and use infrastructure, services and facilities
- **Culture:** people's shared beliefs, customs, values and stories, and connections to Country, land, water, places and buildings
- **Health and wellbeing:** people's physical, mental, social and spiritual wellbeing

- **Surroundings:** access to and use of natural and built environment, including ecosystem services, public safety and security, as well as aesthetic value and amenity
- **Livelihoods:** including impacts on employment or business, experience of personal breach or disadvantage, and the distributive equity of impacts and benefits
- **Decision-making systems:** the extent to which people are able to participate in decisions that affect their lives, procedural fairness, and the resources provided for this purpose.

1.4 Assessment methodology

Stages in the preparation of this SIA are as follows:

- Baseline analysis of the existing socio-economic environment, involving:
 - Study area definition, including primary and secondary geographic areas likely to be impacted
 - Demographic and health profile analysis, including socio-economic characteristics of current communities and population forecast
 - Review of relevant background information, along with relevant local, regional, and state-level policies
 - Summary of outcomes of community and stakeholder engagement undertaken by the proponent, including community values, fears, and aspirations.
- Identification of impacts as per the *SIA Guideline* parameters. The social impact assessment ultimately appraises the significance of each identified impact based on its duration, extent and sensitivity of impact “receivers.” This results in a social risk rating for impacts, as per the social impact significance matrix.
- Identification of mitigation strategies to manage impacts and enhance benefits of the development.

2.0 Development context

2.1 Site overview

The Cowra Health Service is located at 64 Liverpool Street, Cowra, in the Cowra Local Government Area. It is the primary provider of hospital services to Cowra and surrounding communities. The site comprises one lot, legally described as Lot 2 DP1169527, and covers approximately 1.43ha. It is bound by Liverpool Street to the south, Brisbane Street to the west, and Ina Drive to the east. Cowra's main street, Kendal Street, is located approximately 240m to the south of the site.



Figure 1 Site location

Source: Maphub/Ethos Urban

2.2 Existing development

The Cowra Health Services site contains a range of healthcare facilities that provide inpatient, outpatient and community clinical services, as well as ancillary structures. The location of these facilities is shown in **Figure 2**.

An 'Early Works' REF was prepared and approved for site preparation works to prepare the northern portion of the site for the new hospital. That REF approved the demolition of the following structures and associated ground floor concrete slabs and footings:

- Staff accommodation building (item 2 in **Figure 2**)
- Stores building (item 5 in **Figure 2**)
- Life skills building (item 6 in **Figure 2**)
- Maintenance sheds (item 7 in **Figure 2**)
- Old boiler house (item 8 in **Figure 2**)
- The vacant building previously used as a nurses' quarter (item 9 in **Figure 2**).

The 'Early Works' REF also included the removal of three (3) trees whose removal was identified as a necessary outcome to facilitate the proposed demolition works.



Figure 2 Site elements

Source: MapHub/EthosUrban



Figure 3 Existing Cowra Health Service

Source: Comber Consultants

2.3 Surrounding development

The site is located at the interface between Cowra's Town Centre to the south and Bellevue Hill to the north. The site's surrounding development is described below:

- **North:** An existing residential dwelling and field is located immediately north of the site. Beyond that, Bellevue Hill is located further north along Scenic Drive.
- **East:** Low density detached dwellings are east of the site until Cowra's TAFE NSW campus, located approximately 500m along Liverpool Street.
- **South:** A mixture of retail and commercial uses are located south of the site along Brisbane Street, which intersects with Cowra's main street – Kendal Street. Cowra Physiotherapy and Health Supplies and the Cowra Services Club Motel are both located immediately to the south across Liverpool Street.
- **West:** Low density detached dwellings are located west of the site across Brisbane Street.

3.0 Proposed development

The Proposal involves construction of a two-storey hospital at the site's rear as well as:

- Staged demolition of the existing hospital and associated structures
- Site preparation and earthworks
- Removal of selected trees to facilitate the proposed works
- Construction of a new car park
- Installation and realignment of selected services
- Installation of ancillary development including, but not limited to, lighting, signage, stormwater management and fencing
- Site-wide landscaping strategy.

It is noted that a separate 'Early Works' REF was prepared and approved for site preparation works to prepare the northern portion of the site for the new hospital.



Figure 4 Proposed demolition plan (Stage 1)

Source: DJRD architects

Figure 5 on the following page shows a site plan, illustrating the proposed scheme following the completion of construction works.



Figure 6 Proposed materials plan

Source: DJRD Architects

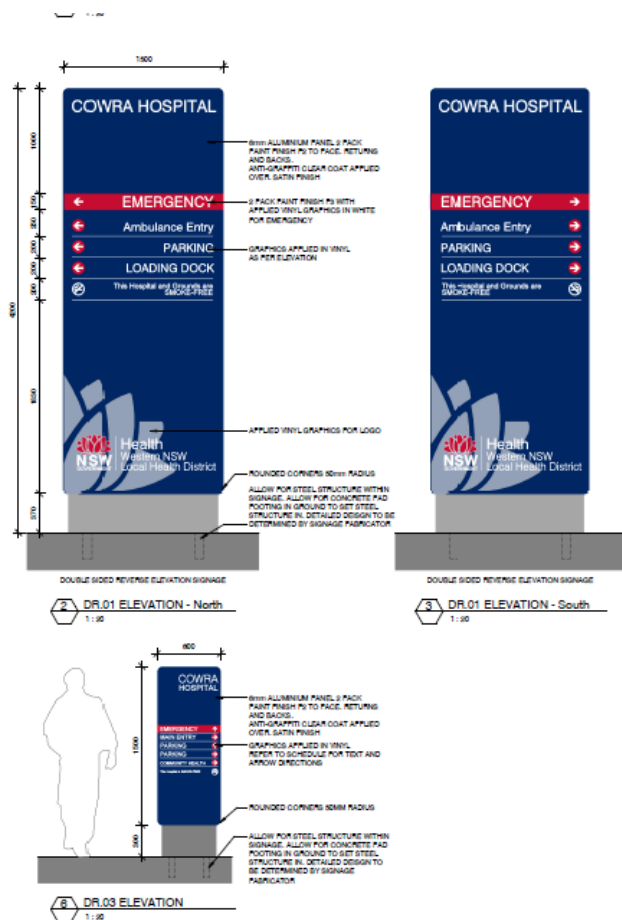


Figure 7 Proposed signage

Source: DJRD Architects



Figure 8 Proposed photomontage

Source: NSW Health

3.1 Objectives

In delivering the above-described works, the Proposal seeks to achieve the following objectives.

- Deliver a new hospital that will replace an outdated facility and:
 - Provide reliable contemporary health care to meet the projected increased demand from an ageing population combined with the increased prevalence of long-term diseases
 - Contribute to NSW Health and District strategic priorities to provide early prevention, early intervention and alternatives to in-hospital treatment
 - Provide safe, reliable, urgent, emergency and acute health care.
 - Deliver integrated care to manage continuity of care across health disciplines and life courses
 - Improve patient experiences, including that of vulnerable communities seeking health care
 - Create opportunities for building community partnerships.
- Minimise environmental and amenity impacts through appropriate mitigation measures, including impacts to the users of the main hospital building while the new hospital is under construction
- Minimise disruption to surrounding uses
- Incorporate Ecologically Sustainable Development (ESD) principles in the Proposal's design and operation
- Provide a source of construction and operational employment at a time of economic recovery.

3.2 Environmentally Sustainable Design (ESD)

The hospital will be constructed to meet Health Infrastructure's Ecologically Sustainable Development (ESD) performance requirements, including:

- Compliance with NCC2022 Section J Energy Efficiency Requirements
- 10% Improvement from the minimum NC2022 Section J Energy Efficiency Requirement
- 4 Star Green Star Design & As Built v1.2 equivalent design. This benchmark demonstrates 'Best Practice Sustainability'.

3.3 Connecting with Country

The proposal has been designed in consideration of Connecting with Country principles, with stakeholder engagement undertaken with the Aboriginal Design Reference Group in 2022 (Connecting with Country, DJRD 2022).

Some of the key directives arising in the report include:

- Language and dual naming being an important part of Connecting with Country
- Maximising views over Country from the hospital's waiting areas
- Maximising light and solar access into spaces
- Providing safe areas throughout the site that allow for refuge, restoration, and relaxation
- Acknowledgement of the Indigenous serviceman and soldiers of Cowra.

The recommendations include a co-design with a Walking on Country day with local indigenous groups. A Cultural Garden and Ceremony space has been designed, located adjacent to the indigenous community room.

The design of the courtyard includes a variety of seating areas and open spaces for gathering and ceremony.

3.4 Development staging

The existing hospital is proposed to remain fully operational during the construction process. The proposal will be staged as per the following:

- **Stage 1** - Demolition works and removal of trees in the site's northern portion to prepare for construction of the new hospital – *this stage has been approved under the Early Works REF.*
- **Stage 2** - Construction of the new hospital and northern car park with 11 parking spaces during which the existing main hospital building will be retained and continue to operate until such time that services can be decanted to the new hospital.
- **Stage 3** – Demolition of the existing main hospital building and other structures within the site's southern portion following the construction of the new hospital.
- **Stage 4**- Construction of the southern car park and landscaping at the front of the site.

4.0 Strategic drivers

4.1 Strategic policy context

This section provides a brief overview of regional and local policy documents relevant to the proposed development. The following documents have been reviewed and key relevant policies and strategies are summarised in **Table 1**:

- State Infrastructure Strategy 2022-2042 (Infrastructure NSW, 2022)
- Draft Greener Places Design Guide (Government Architect NSW, 2020)
- Future Health (NSW Health, 2022)
- NSW Health 20-Year Infrastructure Strategy (NSW Health, 2020)
- Regional Health Plan 2022-2032 (NSW Health, 2022)
- Strategic Plan 2020-2025 (WNSWLHD, 2020)
- Ageing Strategy (WNSWLHD, 2021)
- Cowra Health Service Clinical Services Plan 2020-2030 (WNSWLHD, 2020)
- Improving Aboriginal Health Strategy 2018-2023 (WNSWLHD, 2018)
- Cowra Local Strategic Planning Statement (Cowra Council, 2020)
- Cowra 2036: Community Strategic Plan (Cowra Council, 2022).

Table 1 Strategic policy review

Theme	Implications for proposed development	Relevant documents
Improving health outcomes and access to health services in rural NSW	<ul style="list-style-type: none"> • Communities in rural NSW are more likely to suffer from higher levels of chronic illness and/or health risks than those in urban areas, with higher rates of preventable hospitalisations and difficulties accessing healthcare when needed. It is a priority of the NSW Regional Health Plan to strengthen current access to high-quality healthcare services for rural population and invest in new and updated infrastructure. • NSW's health system is predicted to nearly double by 2031 if today's trends in disease and demand continue. This is due to population growth, increases in mental illness, diabetes, and communicable diseases, changing demographics, and growing complexity of disease. • It is a state and local priority to ensure infrastructure delivery keeps pace with projected population growth and considers demographic change and geographic needs. 	<ul style="list-style-type: none"> • Regional Health Plan 2022-2032 (NSW Health, 2022) • Future Health (NSW Health, 2022) • NSW Health 20-Year Infrastructure Strategy (NSW Health, 2020) • Cowra Local Strategic Planning Statement (Cowra Council, 2020)
The need for additional health infrastructure in WNSWLHD	<ul style="list-style-type: none"> • It is a local priority to "provide facilities, infrastructure and programs for health and wellbeing needs, including disability, mental health and family support services" (Community Strategic Plan, pg. 9). • Challenges facing the WNSWLHD include a high burden of potentially avoidable deaths and hospitalisations, high rates of developmental vulnerability among children, a vastly spread population with uneven growth, an ageing population, financial and workforce limitations, and an Aboriginal life expectancy gap. • Cowra's population is particularly vulnerable in relation to health outcomes, with a lower life expectancy than the rest of NSW (82.6 compared to 83.6), and a higher likelihood of experiencing a chronic condition. There is a need to 'future-proof' the existing Cowra Health Service ensure 	<ul style="list-style-type: none"> • Cowra 2036: Community Strategic Plan (Cowra Council, 2022) • Strategic Plan 2020-2025 (WNSWLHD, 2020) • Cowra Health Service Clinical Services Plan 2020-2030 (WNSWLHD, 2020)

Theme	Implications for proposed development	Relevant documents
	that it can continue to support its service catchment effectively.	
The role of health infrastructure in supporting improved wellbeing	<ul style="list-style-type: none"> • NSW Health is committed to achieving the following outcomes for patients in hospitals: <ul style="list-style-type: none"> - strengthening quality improvement in care by reducing unwarranted clinical variation and low-value care - increasing access to diagnosis and treatment for rural and regional patients (Future Health, pg. 23). • The State Infrastructure Strategy unpacks lessons learnt from the COVID-19 pandemic and emphasises the need for health infrastructure to contain strategic reserve capacity which can be mobilised at short notice. Incorporating access to fresh air ventilation and mechanical air systems that enable negative pressure zones is also important. • Future health infrastructure should be “diverse, agile, and sustainable” (20-Year Infrastructure Strategy, pg. 5). • Projects for new infrastructure that incorporate connection with nature are encouraged. High quality landscaping including access to urban greening and trees has been shown to reduce stress and improve cognitive function and mental health – improving air quality provides significant benefits to human health. 	<ul style="list-style-type: none"> • Future Health (NSW Health, 2022) • NSW Health 20-Year Infrastructure Strategy (NSW Health, 2020) • State Infrastructure Strategy 2022-2042 (Infrastructure NSW, 2022) • Draft Greener Places Design Guide (Government Architect NSW, 2020)
Improving health outcomes for Aboriginal communities and the elderly	<ul style="list-style-type: none"> • The WNSWLHD is home to a high proportion of Aboriginal, accounting for 11% of the total population. The Aboriginal population are overrepresented across all chronic conditions, have a lower life expectancy, and are more likely than non-Indigenous people to have a long-term heart condition, and/or die from kidney disease. • It is a local priority to “partner with and seek advice from the local Indigenous community and Indigenous health care services to improve health outcomes” (Community Strategic Plan, pg. 9). • “Over 50,000 persons aged 65+ live in Western NSW LHD, accounting for almost one in five persons (18%)” (Ageing Strategy, pg. 10). This population is extremely vulnerable and often suffer from poorer health compared to younger people. As the population ages, there is likely to be an increase in demand for health infrastructure in order to meet their needs. 	<ul style="list-style-type: none"> • Improving Aboriginal Health Strategy 2018-2023 (WNSWLHD, 2018) • Cowra 2036: Community Strategic Plan (Cowra Council, 2022) • Ageing Strategy (WNSWLHD, 2021)

5.0 Social baseline: local social context

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

5.1 Study area definition

For the purposes of the Social Impact Assessment, study areas have been chosen taking into consideration the need to factor in both local social impacts and those likely to occur on a broader scale. The study areas have been defined using ABS Statistical Area boundaries (SA1 or Local Government Area boundaries) that best reflect the identified geographical areas.

Primary Study Area (PSA)

For this assessment, a Primary Study Area (PSA) has been defined to represent the local community within the immediate area of the site. This includes residents living within approximately 500m of the Subject Site, that would typically experience localised social impacts the most, for example amenity impacts associated with construction activities.

Longer term impacts, such as increased activity in the area, are also anticipated to occur within close proximity to the proposed development, as well as likely changes to perceptions of safety or community sense of place. For this assessment, Statistical Area One (SA1) boundaries defined by the ABS have been used which best fit the 500m catchment.

Secondary Study Area (SSA)

A Secondary Study Area (SSA) has been considered for the purposes of this study due to the broader impacts and benefits that the proposed development will likely have on the surrounding community. This may include impacts on local business viability and housing supply on account of new workers and visitors to the area that will likely be attracted by the new hospital. The SSA is defined as the Cowra locality.

Tertiary Study Area (TSA)

A Tertiary Study Area (TSA) has also been assessed to capture the impact of the proposal on the broader service catchment of Cowra Health Service. This catchment has been defined by WNSWLHD as the LGAs of Cowra and Weddin, as well as the suburb of Canowindra within the Cabonne LGA. The proposal is likely to have an impact on the health outcomes of residents living across the catchment.

Maps of the defined Study Areas are shown over page at **Figures 9 and 10**.

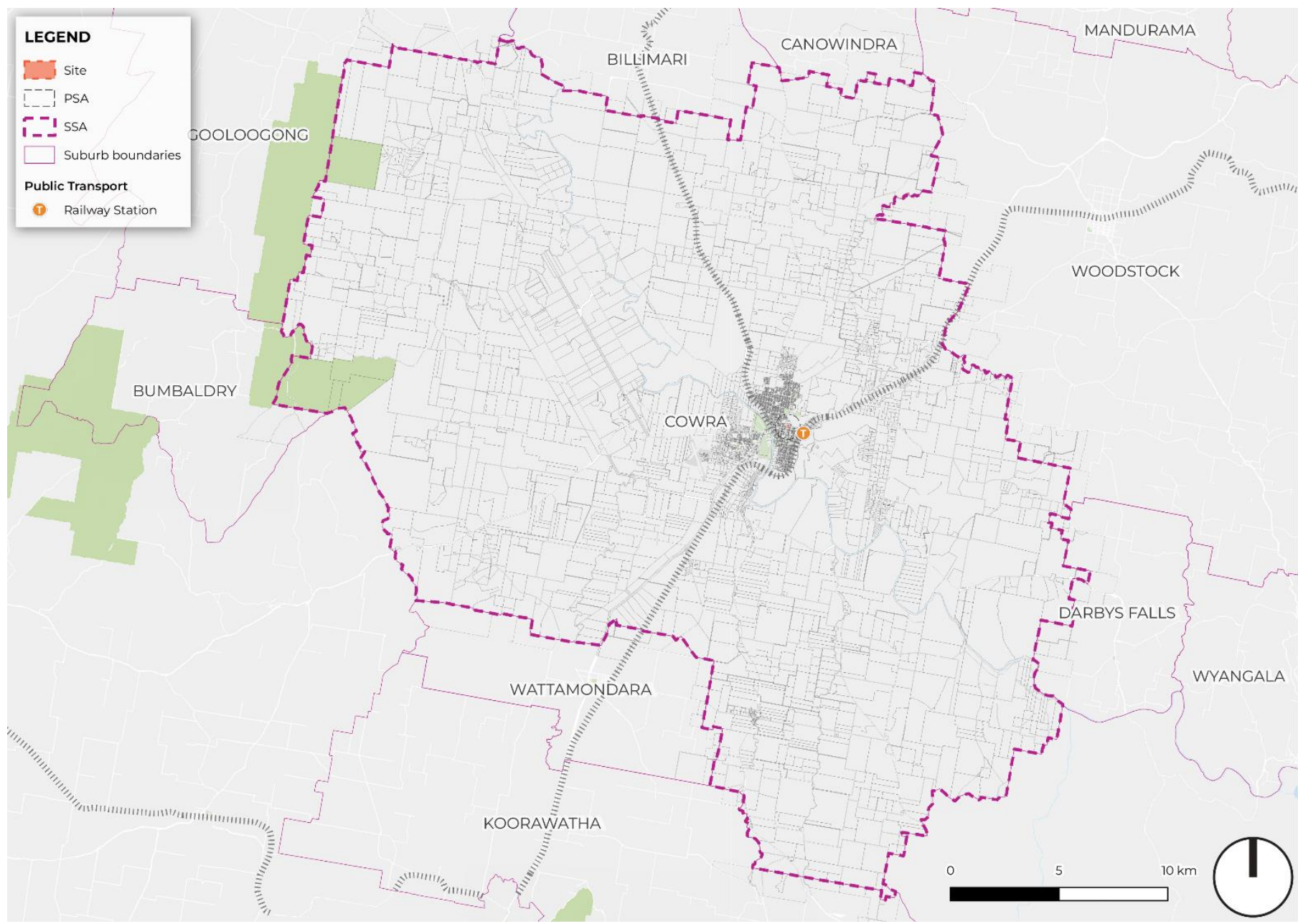


Figure 9 Secondary study area

Source: Ethos Urban

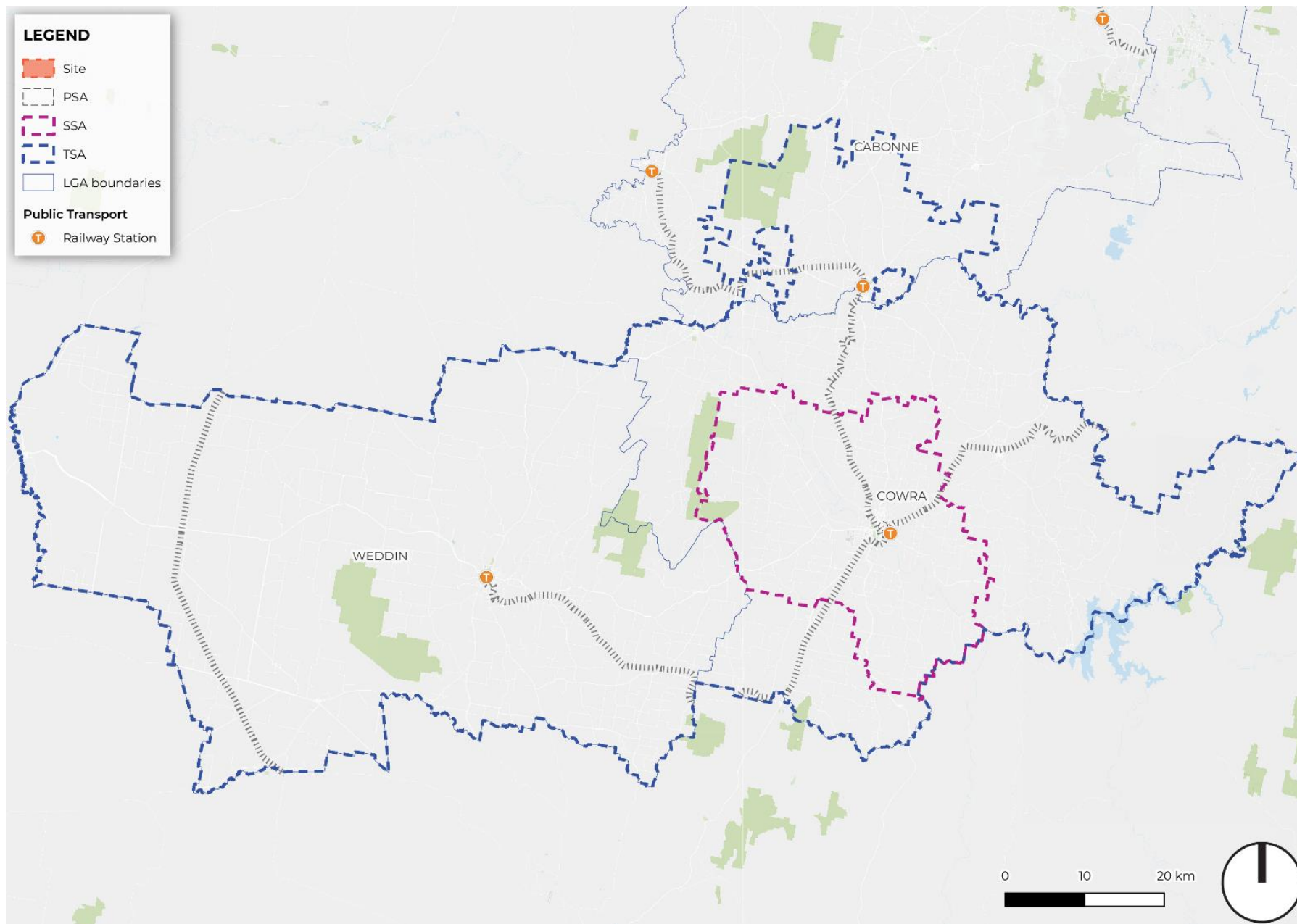


Figure 10 Tertiary study area

Source: Ethos Urban

5.2 Community profile: demographic characteristics

In summary, the study areas are characterised by ageing population of Australian-born background, with higher share of vulnerable and socio-economically disadvantaged populations. Households, on average, earn less than the rest of the region, but homeownership is relatively high. Single dwellings and lone person households are common in the study areas.

5.2.1 Resident demographic characteristics

Based on 2021 ABS Census of Population and Housing data, an overview of the demographic profiles of the identified study areas (**Section 5.1**) are compared to the Regional NSW benchmarks. It is important to note that at the time of preparing this assessment, not all information from the ABS 2021 Census is yet available. Where required, relevant information will be supplemented from the 2016 Census. Key findings in relation to relevant social indicators are highlighted below with detailed demographic tables available in **Appendix A**.



Age structure

The resident population is ageing. The median ages in the PSA and SSA are 46.4 years and 45.5 years, respectively, which are notably higher than the regional NSW median age of 42.4 years. The TSA has the highest median age at 48.0 years. In the PSA and SSA, approximately 19% of residents are aged 70 years and over, representing the largest age group in both areas. The share of this age group is slightly higher in the TSA, comprising 20.2% of total resident population. In comparison, the share of residents aged 70 years and over account for only 15.6% of the total resident population across regional NSW.



Education

There is a higher share of population attending education in the PSA. Of total residents aged 15 years and over, approximately 24.8% are attending education. This rate is slightly higher than the rates for the SSA (19.5%), TSA (18.5%) regional NSW (21.9%). There is also a higher share of residents who have completed Year 12 or equivalent in the PSA, accounting for 50.7% of population aged 15 years and over. This compares to the regional NSW benchmark of 48.4%. The SSA and TSA have slightly lower shares of residents aged 15 years and over who have completed Year 12 or equivalent, comprising 36.9% and 37.7% of the respective study areas.



Median Income

Household median incomes are lower than the regional NSW average. Median household income per annum is \$61,000 in the PSA and \$54,990 in the SSA. Regional NSW households on average earn \$75,280 per annum. The annual median household income varies from the regional NSW average by some -19.0% in the PSA and some -27.0% in the SSA. In the TSA, median income per annum is \$56,200, some -25.% lower than the regional NSW benchmark.



Cultural diversity

There is a high share of Australia-born residents and Aboriginal and Torres Strait Islanders. Residents born in Australia account for more than 92% of the population in all study areas whereas the regional NSW benchmark is 88.5%. The share of residents born in Australia who identify as Aboriginal or Torres Strait Islanders is also high in the study areas, whose Traditional Custodians of the land are the Wiradjuri People. Of total Australia-born residents, Aboriginal population account for 7.4% in the PSA, 11.0% in the SSA and 8.2% in the TSA. Across regional NSW, Aboriginal population account for 7.0%.



Household composition

Lone person household is the most common household type. Lone person households make up 42.5% of total household population in the PSA, which is significantly higher than the share across regional NSW at 28.0%. In the SSA and TSA, lone person household account for 34.9% and 32.7% of total household population, respectively. There is also a lower share of couple family with children households in the study areas, accounting for 19.6% in the PSA, 21.3% in the SSA and 21.8% in the TSA household populations. Regional NSW benchmark for

couple family with children households is 26.6%. The share of one parent family households in the study areas roughly compares to the NSW benchmark of 11.7%.



Dwelling structure

Separate house is the most predominant type of dwelling structure. Of total dwellings in the PSA, 86.7% are separate houses, 8.9% are semi-detached, row, terrace or townhouses and 4.4% are flat, unit or apartments. In the SSA and TSA, there is a slightly higher share of separate houses, accounting for 91.0% of SSA dwellings and 93.4% of TSA dwellings. Across regional NSW, 82.9% are separate houses, 9.9% are semi-detached, row, terrace or townhouses and 6.2% are flat, unit or apartments.



Tenure Type

Majority of dwellings are owned outright. Of total dwellings, the share of dwellings owned outright account for 40.4% in the PSA, 41.9% in the SSA and 47.0% in the TSA. In comparison, regional NSW benchmark for dwellings owned outright is 38.9%. The share of dwellings owned with a mortgage is also notably lower in the study areas (ranging from 21.1-27.0%) compared to the share in regional NSW (32.0%). However, there is a higher share of rented dwellings in the PSA and SSA than in the TSA and regional NSW. Dwellings being rented account for 38.6% of PSA dwellings and 30.4% of SSA dwellings, in comparison to those of TSA (23.5%) and regional NSW (26.9%).

Short Disclaimer

It is our view that interpretation of small area data from the 2021 ABS Census – that is any geography smaller than a State - should have due consideration for potential outcomes arising from the COVID-19 pandemic. For example, at a small area level trend analysis relative to 2011 and 2016 Censuses should be treated with some degree of caution, as potential changes in demographics/behaviour may reflect temporary rather than structural changes as a result of COVID-19.

Socio-economic disparity

The Socio-Economic Indexes for Areas (SEIFA) provides a measure of the relative socio-economic advantage and disadvantage of geographical areas using ABS Census data. Relative socio-economic advantage and disadvantage, as defined by ABS, refers to **“people's access to material and social resources, and their ability to participate in society.”** SEIFA uses socio-economic indicators such as but not limited to income, education, employment, occupation and housing variables. In the context of this social impact assessment, SEIFA provides an indication of the collective socio-economic characteristics of the communities in the study areas and can highlight potential vulnerable communities that may be disproportionately affected by the development.

Based on 2016 Census data, **Figure 11** shows the mapping of state-level SEIFA percentiles on a SA1 (statistical area 1) level for the primary study area and surrounds. A lower percentile (i.e. red and orange tiles on the map) represents a more disadvantaged area. In general, the site is surrounded by areas of greater socio-economic disadvantage. Within the PSA, relative socio-economic disadvantage is high, with most of the areas belonging to second lowest percentile groups while areas surrounding the PSA broadly belong to the lowest percentile. This suggests that communities in close proximity to the site potentially include vulnerable populations and sensitive receivers of potential impacts.

¹ Australian Bureau of Statistics, 2016. Technical paper: Socio-Economic Indexes for Areas (SEIFA), p. 6.

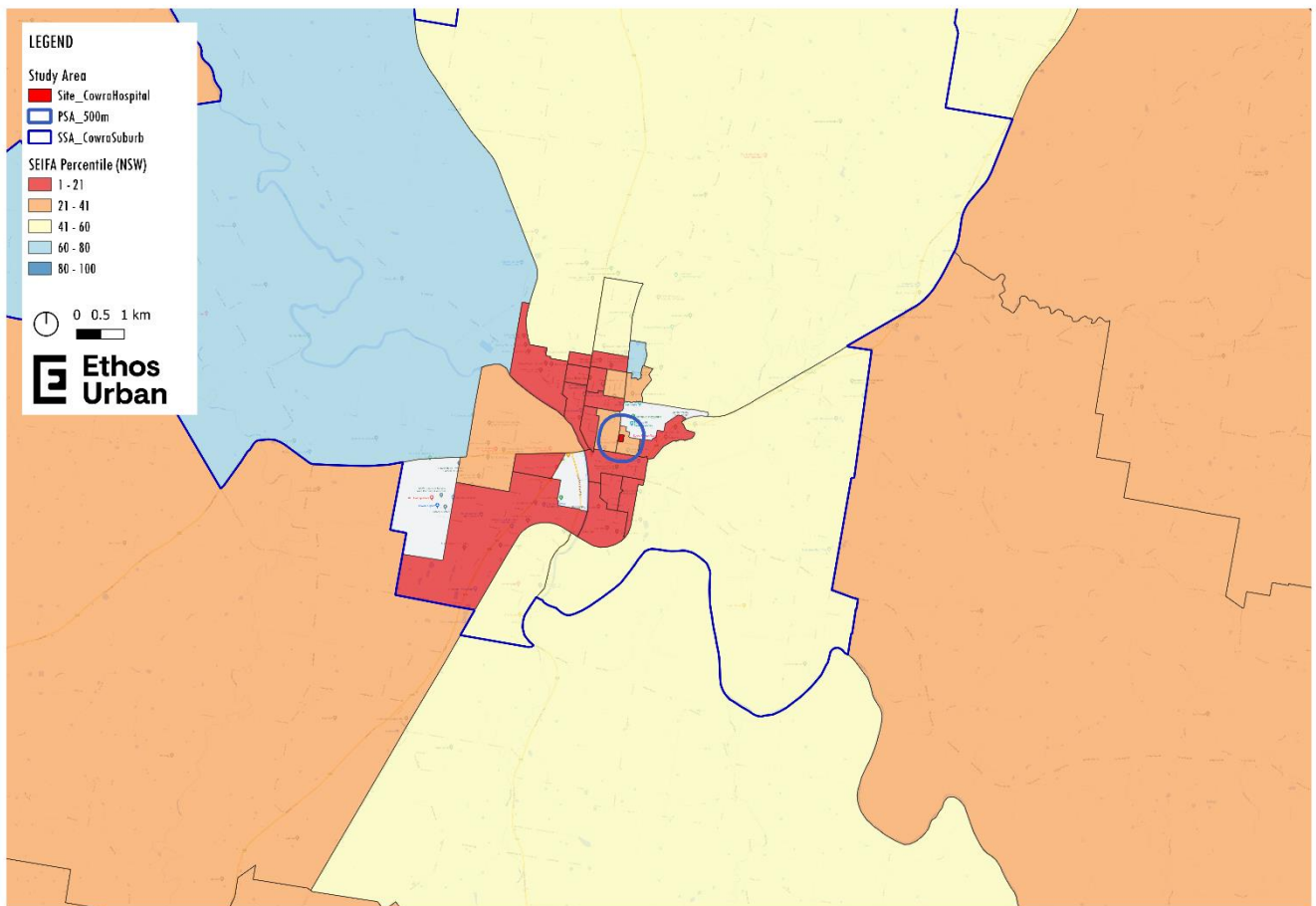


Figure 11 NSW SEIFA percentile (state-level)

Source: ABS

Current Community Snapshot

Cowra locality Secondary study area (SSA)

Demographic trends and patterns provide an indication of the existing economic and social characteristics of the community and useful context for identifying potential impacts.

Statistics are sourced from the Australian Bureau of Statistics, Census of Population and Housing 2021, and TfNSW population projections.

Median household income

\$54,990

Per household per annum

Regional NSW: \$75,280

Note: interpretation of small area data from the 2021 ABS Census should consider potential outcomes from the COVID-19 pandemic.

Population

9,269

Estimated resident population in the SSA in 2021

Population growth rate

0.6%

Projected population growth rate from 2022-2036 in the SSA

Regional NSW: 0.9%

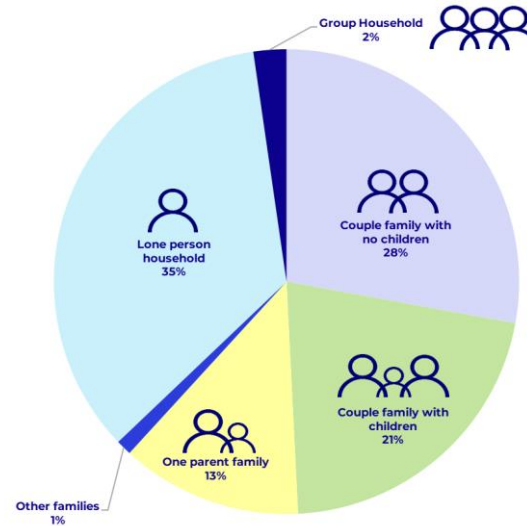
Median age

45.5

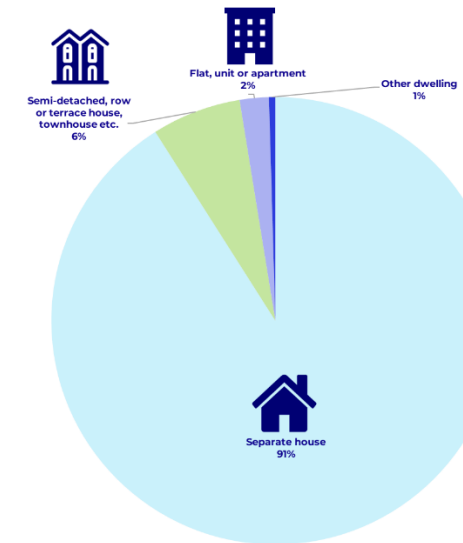
years

Regional NSW: 42.4

Household composition



Dwelling structure



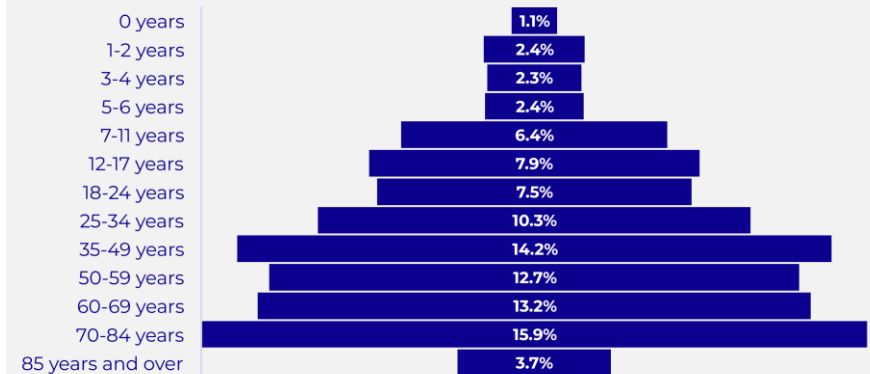
Indigenous population

11.0%

of the SSA population identify as Aboriginal or Torres Strait Islanders

Regional NSW: 7.0%

Age profile



5.3 Population estimates and forecasts

Resident population estimates and forecasts have been prepared for the SSA, TSA (Local Health District) and Regional NSW. Population projections have been sourced with reference to Transport for NSW Population Projections and have been rebased to the latest ABS estimated resident population figure. **Table 2** shows historical and projected population from 2016 to 2036. Projections for the PSA are excluded in the analysis as the area size is insufficient to properly align with the defined Transport Zones for the purposes of population forecasting.

Key findings are as follows:

- Population estimates show that there were 10,200 residents living within the SSA in 2022, with no significant increase from 2016. Population forecasts for the SSA show that there will be an estimated 11,060 residents in 2036, increasing by about +860 residents from 2022. This level of growth represents an average annual increase of +60 residents, at a rate of 0.6% per annum. This is slightly lower than the forecast average annual population growth rate for regional NSW of 0.9% over the 2022-2036 period.
- TSA resident population is estimated 18,940 in 2022, and has grown by 0.2% per year since 2016. SSA population is projected to grow by 0.6% per annum from 2022-2036, with an increase of +1,580 residents over this period. This represents an average increase of +110 residents annually over the projected period. This growth rate is similar to the projected growth in the SSA and is somewhat lower than the rest of regional NSW.

Table 2 Resident population projections in the study areas

	2016	2022	2026	2031	2036	2022 - 2036
Population (no.)						
Secondary Study Area	10,200	10,200	10,500	10,810	11,060	+860
Tertiary Study Area	18,730	18,940	19,490	20,070	20,520	+1,580
Average Annual Growth (no.)		2016 - 2022	2022 - 2026	2026 - 2031	2031 - 2036	2022 - 2036
Secondary Study Area		+0	+80	+60	+50	+60
Tertiary Study Area		+40	+140	+120	+90	+110
Average Annual Growth Rate (%)		2016 - 2022	2022 - 2026	2026 - 2031	2031 - 2036	2022 - 2036
Secondary Study Area		0.0%	0.7%	0.6%	0.5%	0.6%
Tertiary Study Area		0.2%	0.7%	0.6%	0.4%	0.6%
Regional NSW	2,707,940	2,850,820	2,953,500	3,090,460	3,222,500	371,680
Average Annual Growth		+23,813	+25,670	+27,392	+26,408	26,549
Growth Rate		0.9%	0.9%	0.9%	0.8%	0.9%

Source: ABS, TfNSW, Ethos Urban

5.4 Health profile and social determinants of health

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

The following section provides a brief snapshot of the health and wellbeing of the population of the Western NSW Local Health District, where the site is located.

5.4.1 Local health profile

The Western NSW Local Health District (LHD) is characterised by geographically dispersed and diverse communities, with one of the most rural and most vulnerable populations in NSW. The Western NSW population is older, with shorter life expectancy, higher mortality rate, and poorer health compared to people in the rest of NSW.²

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

- 13% identify as Aboriginal or Torres Strait Islander.
- 20% are aged 65 years or older.
- 14% have mental or behavioural conditions.
- 13% of young children are developmentally vulnerable.
- 6 in 100 people have a profound or severe disability.

The following modifiable risk factors are afflicting the Western NSW population

- 12% of adults are current smokers.
- 69% of adults are overweight or obese.
- 43% of adults are not adequately physically active.
- 31% of adults have high blood pressure.
- 33% of adults have high cholesterol.
- 36% of adults drink alcohol at risky levels.

The top diseases that burden the Western NSW LHD include:

- Cardiovascular disease
- Diabetes mellitus
- Chronic obstructive pulmonary disease (COPD)
- Cancer.

The Western NSW Primary Health Network (WNSW PHN) identified the top five community health concerns and community service gaps within the WNSW PHN³

- Community health concerns:
 - Alcohol and drug use
 - Mental health problems
 - Cancer
 - Obesity
 - Diabetes.
- Community service gaps:
 - Medical specialist services
 - GP services
 - Hospital services
 - Transport to medical services
 - Mental health services.

In reference to the identified study areas (see **Section 5.1**), **Figure 12**, **Figure 13** and **Figure 14** illustrate and compare the health indicators for the Secondary and Tertiary Study Areas vis-à-vis the WNSW PHN and NSW benchmarks. Key findings are as follows:

- Aboriginal population is higher in the study areas than the NSW benchmark and indicate a higher proportion of vulnerable population within the local health district.

² Western NSW Local Health District Strategic Plan 2020-2025

³ Western NSW Primary Health Network Health Profile 2021

- The share of single parent families with children aged 0 to 14 years is significantly higher in the study areas than the Western NSW and NSW benchmarks.
- Community strength, measured by volunteer participation rate, is higher in the study areas compared to the rate across Western NSW and the entire state.
- Higher rates of more than one long-term health conditions were reported both for adult and children population in the study areas in comparison to the rates across NSW.
- Arthritis, Asthma and Mental health conditions were the leading long-term health conditions reported by residents within the study areas and across the Western NSW PHN.

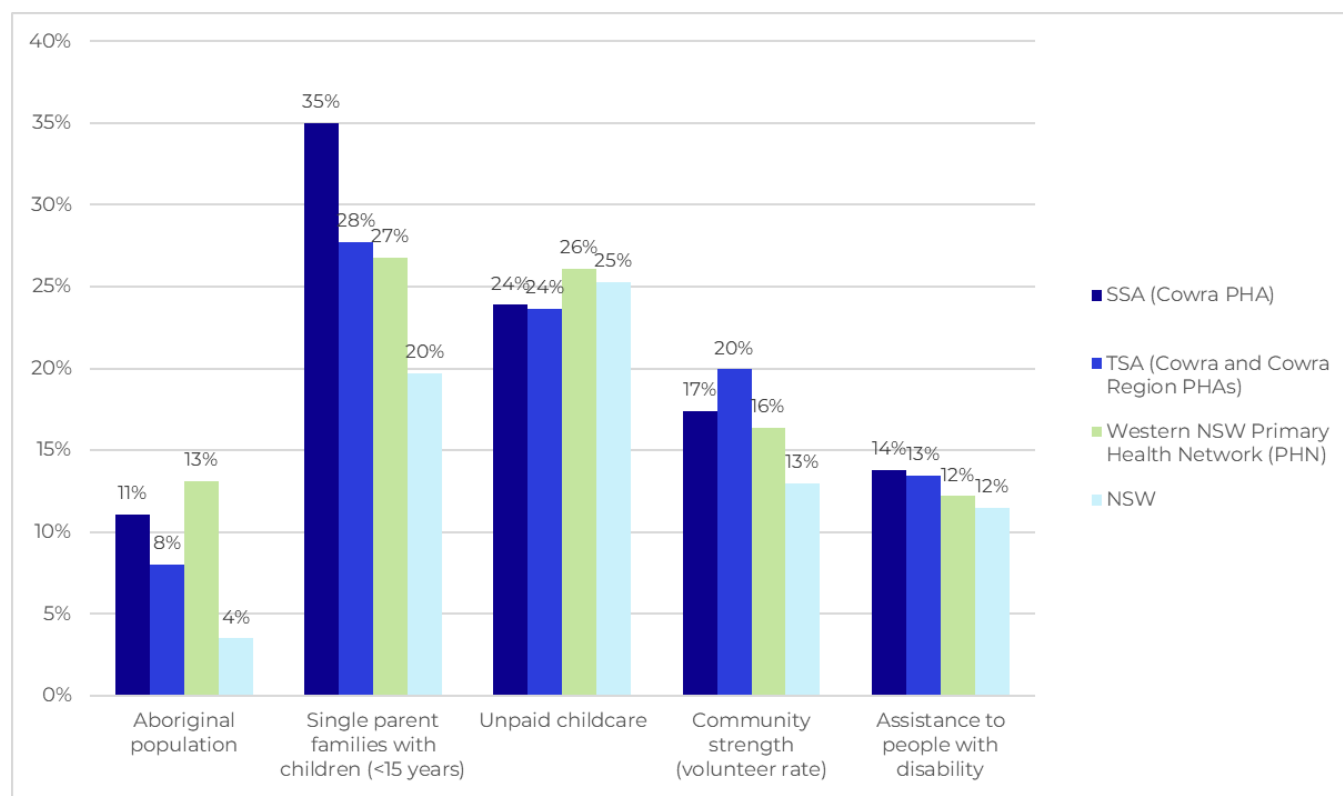


Figure 12 Social Health Indicators

Source: ABS 2021 Census, PHIDU Social Health Atlas 2022

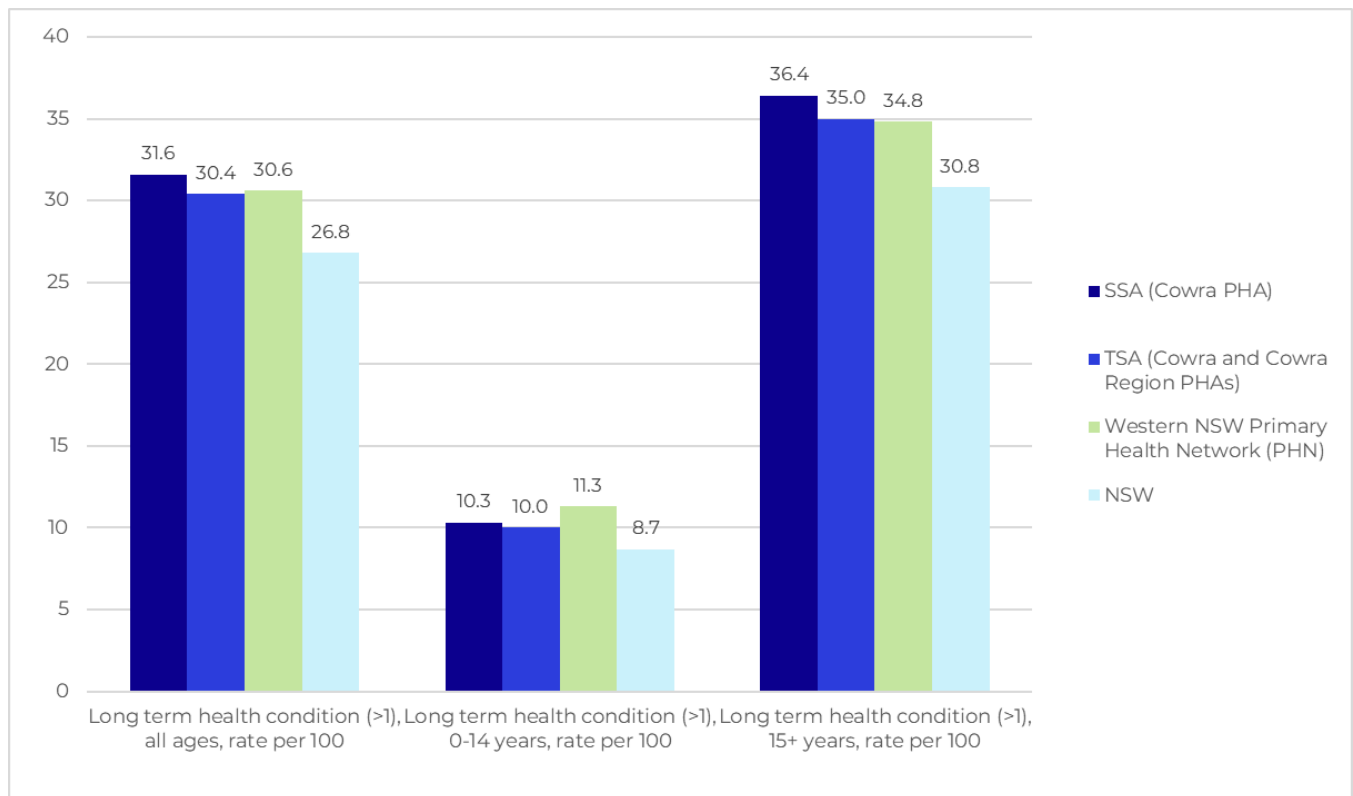


Figure 13 People who reported one or more long-term health conditions

Source: ABS 2021 Census, PHIDU Social Health Atlas 2022

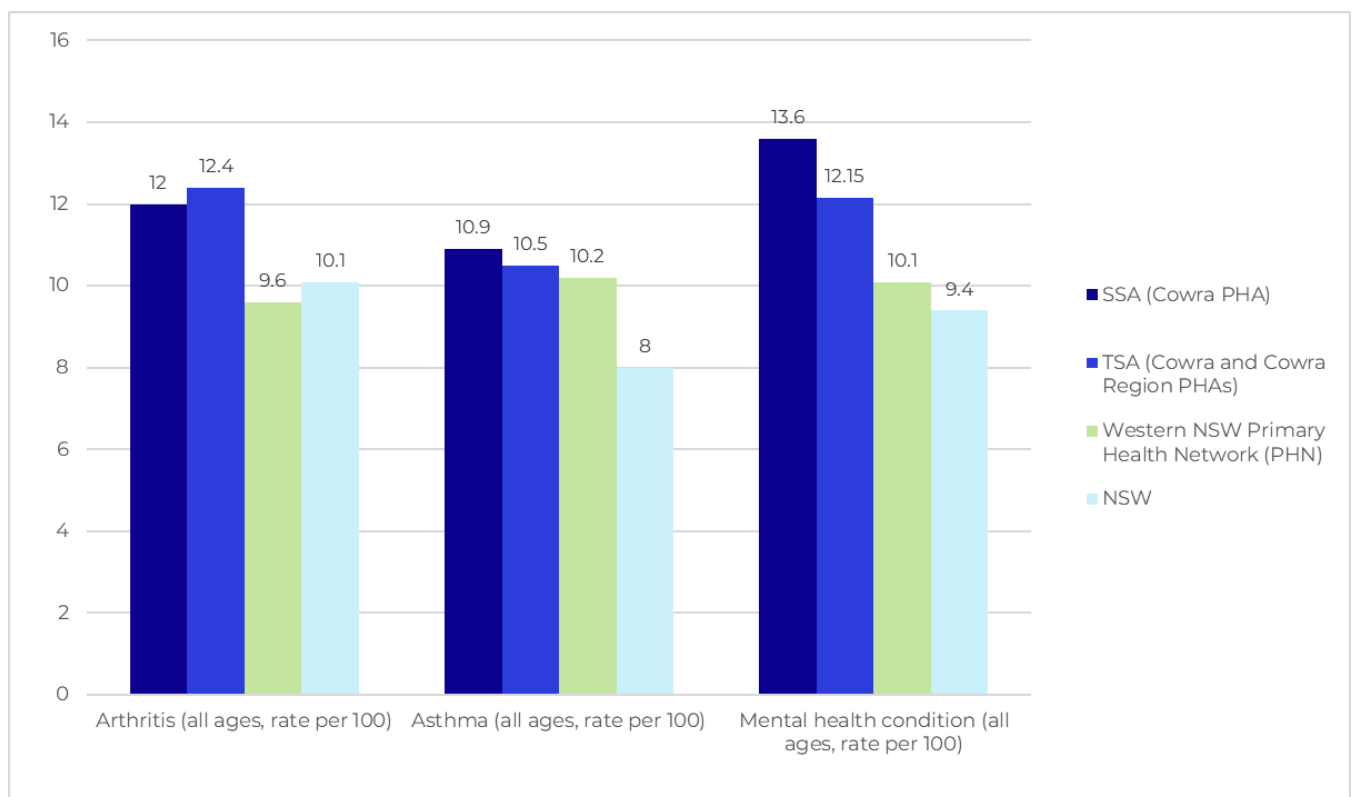


Figure 14 Leading long-term health conditions

Source: ABS 2021 Census, PHIDU Social Health Atlas 2022

5.5 Local social infrastructure context

A review of the local existing social infrastructure has been undertaken, as it is important to consider the provision of key infrastructure relevant to the proposal – such as hospitals, emergency services, schools and other social and health services – the construction and operational workforce on site may place demands on existing infrastructure and services, and any impacts associated with local social infrastructure networks must be identified.

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

- **Open space and recreation:** There is one (1) open space area in the PSA – Adventure Playground
- **Health facilities:** There are three (3) health facilities in the PSA, including Medi spring Medical Centre
- **Education facilities:** There are two (2) schools in the PSA – Cowra Public School and St Raphael's Catholic School
- **Community facilities:** There are three (3) community facilities exist in the PSA including Cowra Civic Centre, Cowra Men's Shed and Cowra Regional Art Gallery.
- **Places of worship:** There are five (5) churches are in the PSA including St John's Anglican Church closest to the site.

A map showing the local social infrastructure is shown over page at **Figure 15**.

5.6 Transport and accessibility

The site is approximately 1km or 15 mins walk to the Cowra train station. There are also four public bus routes operated by Cowra Bus Service – each of the bus routes stop on Brisbane Street near Kendal Street (approximately 250m from the main entry of the hospital). Three services run per day, with no operating services on the weekends or public holidays.

The site is well serviced by safe pedestrian crossing points, including a refuge median island on the northern and eastern leg of the roundabout to the southwest of the site.

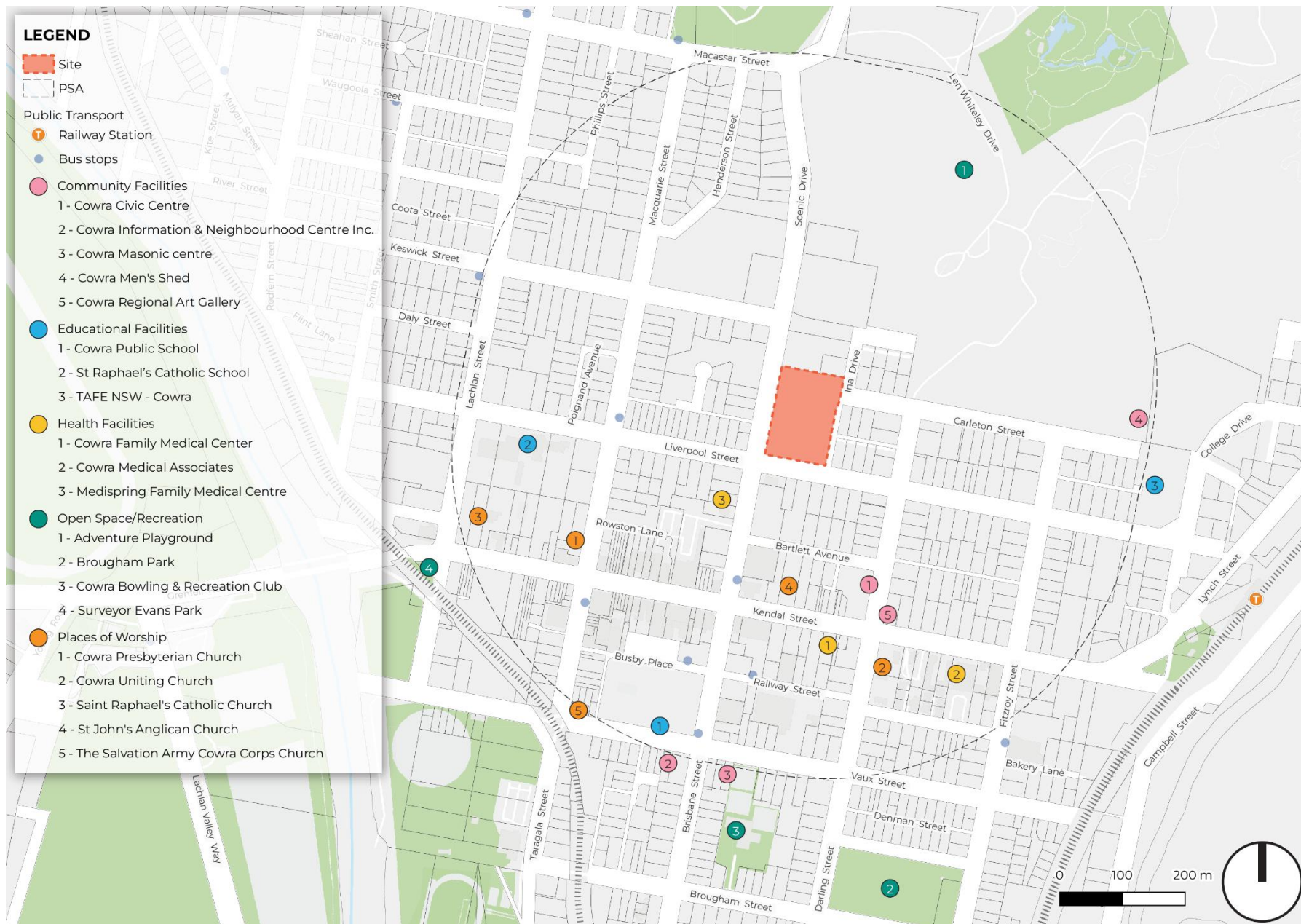


Figure 15 Local social infrastructure context

Source: Ethos Urban

6.0 Community and stakeholder perspectives

The following section provides an overview of the community and stakeholder consultation undertaken to inform the proposed development, including engagement activities and outcomes and has been informed mostly by the following:

- *REF Application Engagement Report (Health Infrastructure, 2023).*

6.1 Engagement to inform the development

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

- **Internal project communication** – monthly ESC and PDC meetings, regular meetings with the project team and executive user group meetings as required. In January 2022 monthly communications working group meetings commenced. Staff noticeboards, online staff presentations, and briefings/drop-in sessions (both concept and master plan) were undertaken in 2021 – 2022.
- **External project communication** – The project team has actively engaged with the various external stakeholders within Cowra and surrounding community throughout the project. The key engagement activities are done in alignment with the various design stages, whilst active project communication has occurred throughout the project through newsletters, websites and community working groups.

Further to the above, Health Infrastructure notified the REF scope of works to the Cowra Shire Council and occupiers of adjoining land for 21 calendar days per the relevant statutory requirements. The notification period commenced on 23 November 2022 and concluded on the 15 December 2022.

6.1.1 External stakeholders

Between 2021 and 2022 external stakeholders including local government, the Aboriginal community and Cowra Youth Council were consulted regarding the project.

The community were also provided with opportunities to review and be informed on the project, including through concept design, master plan and schematic design phases.

In December 2022 neighbours were notified by a door knock/letter box drop as to the early works notification.

6.1.2 Engagement outcomes

Outcomes of the REF notification are detailed in the Engagement Report. The main queries relate to:

- Provision of parking
- Sewer connection being maintained during redevelopment
- Water supply concerns
- Stormwater drainage concerns
- Rainwater harvesting
- Demolition, bulk earthworks, soil and erosion plan – technical details requested.

6.1.3 Future consultation

The Cowra Hospital project will consider and respond to issues raised in the REF submission, continuing to engage with the community, health service staff and relevant agencies during future stages of the planning, development and approvals process.

The project will continue to update project webpages and produce regular content, to keep all stakeholders informed and engaged through the lifecycle of the project.

A Communications and Engagement Plan has been developed and is regularly updated to guide the project's proactive engagement approach during the planning, design, construction and operational commissioning of the project.

7.0 Social Impact Assessment

This SIA has been prepared based on the *Social Impact Assessment Guideline for State Significant Projects* (NSW DPE 2021), recognising this approach as best-practice in NSW.

7.1 Assessment framework and scope

This assessment considers the potential impact on the community and social environment should the social impacts envisaged occur, compared to the baseline scenario of the existing use of the site and social context.

The purpose of this social impact analysis is to:

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

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

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

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

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

7.2 Key affected communities

This assessment covers both the Study Area, which is expected to experience social impacts associated with the temporary construction activities and the future operational impacts, as well as the broader area of social influence as defined in **Chapter 5.0** and further areas that may experience the resulting benefits from the operational phase of the project.

Based on the social baseline analysis undertaken, the key communities to experience social impacts and/or benefits of the project can be grouped as follows:

- Local residents
- Local workers
- Neighbouring businesses
- Users of the surrounding roads
- Existing patients and staff at Cowra Health Service
- Future patients and staff at Cowra Hospital.

7.3 Impact assessment factors and responses

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

7.3.1 Evaluation principles

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

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

The development's impact on **decision-making systems** is considered negligible and has not been assessed.

The evaluation includes a risk assessment of the degree of significance of risk, including the envisaged magnitude (duration, extent, severity, sensitivity), likelihood, and potential to mitigate/enhance and likelihood of each identified impact. The social impact significance matrix provided within the SIA Guidelines Technical Supplement (see **Table 5**).

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

Magnitude of impact generally considers the following dimensions:

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

Table 3 Defining magnitude levels for social impacts

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

Table 4 Defining likelihood levels of social impacts

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

Table 5 Social impact significance matrix

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

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

7.4 Impact assessment and responses by social factor

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

Potential impacts

During construction:

- Potential negative impacts to way of life associated with demolition activities and the establishment of a construction site. This will likely result in dust, noise, and vibration, leading to inconvenience, disruption, and changes to daily living routines. This will likely affect the following groups:
 - Patients, visitors, and staff of Cowra Hospital
 - Surrounding residents
 - Local workers
 - Users of the surrounding roads.

The Construction Noise and Vibration Management Plan indicates that construction noise has the potential to exceed management levels for several receivers, including the hospital's General Wards (Acoustic Logic, 2023).

- Negative impacts to way of life associated with decanting of staff and patients on site to accommodate for construction activities. Due to construction taking place in live hospital environment, there may be impacts to the usual working environment and routine of the staff of the hospital and surrounding buildings (e.g., noise or vibration may be disrupting activities in the Hospital building). This will likely impact on care environments and may lead to additional stress, poor health, and confusion for patients, as well as inconvenience and disruption for staff and visitors.
- Potential negative impacts to traffic, congestion of roads, and parking in the vicinity of the construction site. This may result in increased inconvenience, disruption, changes to daily routines, and extended travel times for patients, staff, visitors, and surrounding residents. However, the Traffic Report (TTW, 2022) notes there is sufficient street parking to accommodate the increased demand, and that that construction is not anticipated to require the closure of roads – thus construction traffic impacts are expected to be minimal.

During operation:

- Improvements to way of life associated with new, high-quality working and care environments. This will likely result in enhanced convenience, improved quality of care, and enhanced staff, patient, and visitor satisfaction.
- Improvements to way of life for residents and healthcare workers within the WNSWLHD due to the increased capacity of existing hospital and associated services. This will likely result in enhanced convenience, improved quality of care, and staff, patient, and visitor satisfaction.

Enhancement / mitigation measures

- Implement mitigation measures recommended within the Construction Noise and Vibration Management Plan, including respite hours, notification of neighbouring receivers, and use of non-tonal reversing beepers (Acoustic Logic, 2023).

Summary

Overall Social Impact Rating	Social impact ratings associated with changes to way of life is considered Medium with following overall ratings: <ul style="list-style-type: none">• Construction: Medium (Possible Moderate) – Negative• Operation: Medium (Possible Minor) – Positive
Duration	Most potential negative impacts will occur during the construction phase. Most potential positive social benefits will occur during the operational phase.
Severity/sensitivity	Moderate due to the proximity of residential uses
Extent	Temporary negative impacts during construction which may affect residents, visitors and businesses in the PSA. Provision of the new hospital once constructed will have impacts to the SSA and beyond.

Potential impacts

Potential to mitigate/ enhance	Moderate potential to mitigate impacts and enhance benefits through implementation of Construction Management Plans and Operational Management Plans.
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7.4.2 Community - including its composition, cohesion, character

Potential impacts

During construction:

- Changes to community size and composition associated with an increased presence of construction workers. This may change perceptions of safety due to an increase of 'strangers' within the community and alter regular community functioning. This impact will depend on the origins of construction workers and may be avoided if they are locally procured.
- Potential negative impact to community associated with construction in the vicinity of a live hospital environment. This may disrupt regular community functioning within the hospital, such as visitation schedules/procedures, and the way that hospital staff and patients interact with each other. For example, construction may place strain on available parking facilities, making it difficult for visitors to access the site.
- Community connection to, and sense of place is likely to be altered due to the establishment of a construction site and hoardings. This is likely to be negative, as community members' usual sense of place will be interrupted.

During operation:

- Delivery of the proposed development may lead to changes in community size and composition, due to increased hospital capacity. People with long-term health issues may be attracted to the area to be in close proximity to the new and improved health facilities.
- Positive impacts to community associated with the delivery of the proposed development, which will include breakout spaces for staff, and areas where patients, staff, and visitors can socialise. This may lead to the generation of new social connections and networks, strengthening broader community cohesion.
- Community connection to, and sense of place is likely to be altered due to the delivery of the proposed development. This may be positive or negative depending on the receiver and their perception of the design. However, it is noted that the articulation of the façade is of a high architectural quality, and the landscape design is considered with Connecting with Country elements

Enhancement / mitigation measures

- Where possible, consider local procurement of contractors employees during both construction and operational phases.

Summary

Overall Social Impact Rating	Social impact ratings associated with the change to the size and composition of the local community is considered High with following overall ratings: <ul style="list-style-type: none"> • Construction: High (Likely Moderate) – Negative • Operation: High (Likely Moderate) - Positive
Duration	Changes to the local community composition would be permanent.
Severity/ sensitivity	The proposal has been designed with extensive community consultation therefore the severity of the impact is considered to be moderate to low.
Extent	The broader SSA may be affected.
Potential to mitigate/ enhance	Potential to mitigate impacts by implementing a strategy to source local goods and employment, and ensuring effective communications channels are available to residents to voice concerns, and information on the progress of the development is shared.

7.4.3 Access to and use of infrastructure, services, and facilities

Potential impacts

During construction:

- Changes to accessibility surrounding the site, associated with the establishment of a construction site and presence of construction vehicles. This may result in adverse traffic impacts, which is likely to increase local travel times, and lead to inconvenience and frustration. Surrounding development includes residential and public recreation uses to the north, and the local town centre to the south. However, 'it is anticipated that the construction of the site will have minimal impact to the road network and surrounding properties' (TTW, 2022). In saying that, the Traffic Report (TTW, 2022) notes that almost 94% journey to work via private vehicle.
- Construction activities may create additional noise, vibration, and dust immediately surrounding the site, which may decrease utilisation of surrounding active transport routes, such as footpaths.
- Negative impacts to accessibility associated with construction activities in the vicinity of a live hospital environment. This may disrupt regular functioning within the hospital, such as visitation schedules/procedures. Staff parking to be unavailable during construction, which may have impacts temporarily on access for staff at the hospital however adequate street parking is noted in the traffic report (TTW, 2022).

During operation:

- Improved accessibility to high-quality health infrastructure associated with the delivery of the proposed development which will deliver a hospital of higher capacity than previously existing on the site, as well as parking facilities. This will improve access to healthcare for residents of Cowra and the WNSWLHD. The proposed new hospital will increase capacity from 30 to 34 beds, 3 treatment chairs and 4 additional dental chairs, as well as 40 new parking spaces. Separate car parking service on the two levels, reducing conflict between public and the staff, ambulances and services, is proposed.
- The proposal includes 2 new access points at Brisbane St and Liverpool St, as well as 2 carparks - a small car park with 11 new car park spaces and a larger carpark with 31 parking spaces. 2 Electric charging vehicle spaces are proposed. The traffic report notes that due to the increased capacity of the hospital, an additional demand of 15 onsite parking spaces is likely to result (TTW 2022). It is not likely that significant demand is resultant on the surrounding road networks as on-street parking is widely available with 375 vacant spaces within 200m of the site (TTW, 2022). The proposal includes an operational policy for carparks, and street parking in Liverpool and Brisbane Streets will be retained.

Enhancement / mitigation measures

- Construction traffic will be managed through diversion of construction vehicles away from local roads (TTW, 2022).
- Consider the implementation of a Green Travel Plan during construction and operation to increase uptake of public and active transport modes by staff and visitors of the hospital. This may assist in alleviating parking constraints during construction.

Summary

Overall Social Impact Rating	Social impact ratings associated with changes related to access and use of infrastructure is considered Low to Medium with following overall ratings: <ul style="list-style-type: none">• Construction: Low (Likely Minor) - Negative• Operation: Medium (Possible Moderate) - Positive
Duration	Increased traffic and potential need for access to daily needs in the local area are long term. Construction impacts are temporary.
Severity/ sensitivity	Moderate due to proximity of residential dwellings and existing hospital access being a priority.
Extent	Visitors to the existing Cowra Hospital, the broader Cowra locality, and users of the local road network.

Potential impacts

Potential to mitigate/ enhance

Construction impacts can be managed through a Construction Traffic Management Plan. Operational impacts can be mitigated by collaborating with relevant stakeholders to ensure sufficient infrastructure provision within the broader precinct e.g. local Council.

7.4.4 Culture - shared beliefs, customs, values and stories, and connections to land, places, buildings

Potential impacts

During construction:

- Potential negative impact to culture associated with changes to/loss of access to sites of Aboriginal cultural significance. Cowra is located on Wiradjuri Country, the largest Aboriginal nation in Australia (Connecting with Country, DJRD 2023). The Aboriginal Archaeological Assessment (Comber 2022) notes that:
 - The site is highly disturbed, and it is 'not expected that any Aboriginal objects will remain within the study area'
 - Subject to recommendations such as consultation with the Cowra Local Aboriginal Land Council, no specific mitigation measures are required.
- While the site does not contain any local or state heritage items, the local area is home to a number of historically and culturally significant sites, including the Erambie Mission. It is noted within the Engagement Report (Health Infrastructure, 2023) that the "Aboriginal Mission and river are key to the area". Construction of the proposed development may result in a negative impact to culture if access to/views of these sites are affected.

During operation:

- Potential positive impact to culture associated with the proposal. There are a number of cultural groups in Cowra including the Wagarnbirra Dance Group and Dhawan's Connection (CwC, DJRD, 2023). One of the key objectives for the Cowra Hospital Redevelopment is to be culturally accessible and welcoming. Culturally safe spaces have been provided to support the passing of knowledge and in particular the significance of key natural features including Galari and Billy Goat Hill (Landscape REF, DJRD, 2022).

Responses / mitigation measures

- Design of internal and external spaces should reflect local history and culture, both Aboriginal and non-Aboriginal. This may include commemorative plaques, historical images, and/or Indigenous plantings.

Summary

Overall Social Impact Rating

Social impact ratings associated with the change to the local **culture** is considered **medium** with following overall ratings:

- **Construction: Medium (Unlikely Moderate) – Negative**
- **Operation: Medium (Possible Minor) – Positive**

Duration

Permanent impact to culture.

Severity/ sensitivity

Low sensitivity due to the existing site comprising a hospital and the likelihood for Aboriginal heritage artefacts on site being low.

Extent

Impacts to culture may affect the broader LGA and health district.

Potential to mitigate/ enhance

Low - ongoing communication with existing residents and the community to minimise disturbance during the transition period.

7.4.5 Health and wellbeing – physical, mental, social and spiritual

Potential impacts

During construction:

- Negative impacts to health and wellbeing associated with the establishment of a construction site (e.g., noise, dust, vibration, traffic), which is in proximity to several sensitive receivers including:
 - Multiple residential receivers to the west on Brisbane St
 - Residential on Liverpool St, across Ina Drive and to the south-east of the project site
 - Residential on Ina Drive to the east of the site
 - Tresillian Family Care Centre adjacent to the site's northern boundary.

The Construction Noise and Vibration Management Plan indicates that construction noise has the potential to exceed management levels for several receivers, including the hospital's General Wards (Acoustic Logic, 2023).

- Potential negative impacts to health and wellbeing for existing staff and patients on-site, associated with construction in the vicinity of a live hospital environment. Construction of the proposed development is likely to cause significant disruption to the existing hospital environment, which may result in decreased health and wellbeing for staff and patients. It should be noted that people undergoing treatment in hospital may be disproportionately sensitive to changes in their environment.

During operation:

- Positive impact to health and wellbeing associated with the delivery of new, high-quality health infrastructure, with purpose-built spaces, which are efficient, flexible, and capable of delivering a high standard of care. This is likely to result in improved health outcomes for people living across the Cowra Health Service Catchment, and improve health and wellbeing for staff and patients due to the hospital's 'biophilic' design.

It is noted within Section 5.4 that higher rates of more than one long-term health conditions were reported both for adult and children population in the study areas, in comparison to the rates across NSW.

- The proposal will provide additional bike parking spaces and pedestrian access points on Brisbane Street and Liverpool Street, which will encourage sustainable transport and likely improve health and wellbeing impacts for visitors and staff at the hospital.

Responses / mitigation measures

- Implement mitigation measures recommended within the Construction Noise and Vibration Management Plan, including respite hours, notification of neighbouring receivers, and use of non-tonal reversing beepers (Acoustic Logic, 2023).
- Construction traffic will be managed through diversion of construction vehicles away from local roads (TTW, 2022).

Summary

Overall Social Impact Rating	Social impact ratings associated with the change to health and wellbeing of local community is considered High with following overall ratings: <ul style="list-style-type: none">• Construction: High (Likely Moderate) - Negative• Operation: High (Likely Moderate) - Positive
Duration	Construction impacts are temporary; however, care should be given to ensure that construction impacts do not deteriorate the health and wellbeing of those in the immediate vicinity of the site.
Severity/sensitivity	Nearby sensitive residential receivers therefore moderate sensitivity.
Extent	Impacts are likely to be experienced predominantly by existing residents and workers within the precinct, and users of surrounding local roads both during construction and operational phases.
Potential to mitigate/enhance	Moderate potential to mitigate impacts and enhance benefits through implementation of Construction Traffic Management Plans and Operational Management Plans. In addition, the

Potential impacts

proposal should incorporate recommendations as per the Construction Noise and Vibration Management Plan such as notification to neighbouring receivers of the anticipated works that month.

7.4.6 Surroundings – impacts to amenity and enjoyment of surroundings

Potential impacts

During construction:

Construction of the proposed development is likely to result in negative impacts to surroundings, associated with the establishment of a construction site. This may generate additional noise, vibration, and dust, which will likely decrease enjoyment of surroundings for residents, workers, and visitors in the immediate vicinity of the site. The Construction Noise and Vibration Management Plan indicates that construction noise has the potential to exceed management levels for several receivers, including the hospital's General Wards (Acoustic Logic, 2023).

- Potential negative impact to surroundings associated with an increased presence of construction workers and vehicles, which may increase traffic and traffic-related noise immediately surrounding the site. This will likely result in a reduction of amenity and enjoyment of surroundings for local residents, workers and visitors.
- Negative impact to surroundings for existing patients and staff on-site, associated with the establishment of a construction site. Construction of the proposed development is likely to cause significant disruption to the existing hospital environment, which may result in discomfort for staff and patients. It should be noted that people undergoing treatment in hospital may be disproportionately sensitive to changes in their environment.
- Changes to surroundings associated with the establishment of a construction site and hoardings. This is likely to negatively impact upon the community's enjoyment of surroundings as a result of decreased amenity. It is noted there are 75 trees on site and on the adjacent surrounding's area.

During operation:

- Changes to surroundings associated with the delivery of the proposed development, which will introduce buildings of a larger bulk and scale than previously existing on-site. This may be positive or negative depending on the receiver and their perception of the design.
 - It is noted that the rose garden courtyard on site holds commemorative significance to the local community, members of which may experience a negative impact associated with its relocation to accommodate new development.
 - The removal of existing trees may also lead to negative impacts associated with changes to surroundings for the local community, however, it is noted that the proposal will result in a net increase of trees on site. Proposed planting includes 89 new trees, 20 of which will be greater than an 8 metre canopy (Final Landscape Design Report, DJRD, 2022).

Responses / mitigation measures

- Implement mitigation measures recommended within the Construction Noise and Vibration Management Plan, including respite hours, notification of neighbouring receivers, and use of non-tonal reversing beepers (Acoustic Logic, 2023).

Summary

Overall Social Impact Rating

Social impact ratings associated with the change to **amenity and surroundings** is considered **Medium to High** with the following overall ratings:

- **Construction: Medium (Possible, Minor) - Negative**
- **Operation: High (Likely, Moderate) – Negative or positive**

Duration

Construction impacts are temporary. Potential for ongoing impacts with the operation of the development.

Potential impacts

Extent	Impacts are likely to be experienced predominantly by existing residents and workers within the precinct, and users of surrounding local roads both during construction and operational phases.
Severity/ sensitivity	High as there are sensitive receivers near to the site.
Potential to mitigate/ enhance	Moderate potential to mitigate impacts and enhance benefits through implementation of Construction Management Plans and Operational Management Plans.

7.4.7 Livelihoods – people's capacity to sustain themselves

Potential impacts

During construction:

- Increased access to employment opportunities within the construction sector during the construction phase. While these jobs will be temporary, project-based work is typical to the sector.
- Potentially increased employment opportunities for Aboriginal people residing in the study areas, associated with Aboriginal participation targets set for the project. It is noted that the GC21 contract specifies a minimum Aboriginal participation of 1.5% of the contract price for Main Works, which is to be provided by the contractor.
- Potential improved viability of businesses in the area associated with trade from additional construction workers. Construction activities may also pose a negative impact to businesses on surrounding roads due to dust, vibration, noise, and higher traffic volumes, which may deter regular and/or prospective customers.

During operation:

- Increased access to employment opportunities within the health and social assistance sector during operation.
- Potential for increased viability of local businesses, associated with attraction of new customers and clientele due to increased hospital capacity.

Enhancement / mitigation measures

- Social procurement measures and principles could be considered to amplify the social impact arising during construction and operation – for example, the inclusion and employment of trainees, people from vulnerable backgrounds and/or underrepresented groups.

Summary

Overall Social Impact Rating The proposed development will have **High to Medium** benefits in respect to **livelihoods**, associated with the delivery of new employment opportunities during construction and operation.

- **Construction: Medium (Likely Moderate) - Positive**
- **Operation: Medium (Likely Minor) - Positive**

Duration Construction impacts are short term, operational impacts are long term.

Severity/ sensitivity Low

Extent Both construction and operational phase are likely to draw workers from the Cowra locality.

Potential to mitigate/ enhance High – benefits to the local community are likely if local and social procurement and staffing principles are applied.

8.0 Summary of social impacts: concluding comments

This report assesses the social impacts from the proposed Cowra Hospital redevelopment located at 64 Liverpool Street, Cowra. The new hospital proposes a health service facility with high-quality, contemporary and accessible care and features, with four (4) additional hospital beds, modern facilities and the hospital's first CT scanner. The SIA supports the Part 5 REF.

Key social benefits of the proposal include a streamlined hospital environment with clinical services and back-of-house services on the first floor, and non-clinical services on ground floor, which will likely have positive impacts to community, health and wellbeing, accessibility and way of life for the PSA, SSA and TSA. The proposal is likely to have ongoing value for the community and will improve and expand the range of available healthcare services available to Cowra and surrounds.

Potential negative impacts during construction include temporary noise, vibration and dust impacts to nearby residents given its proximity to dwellings, as well as existing patients. A Communications and Engagement Plan has been developed and is proposed to be regularly updated to guide the project's proactive engagement approach during the planning, design, construction and operational commissioning of the project. On balance there are not considered to be significant negative social impacts as a result of the proposal, subject to implementation of mitigation methods as recommended within this report and in various technical documents. The proposal will provide extensive landscaping, highly articulated elevations, and has been designed in extensive consultation with the community and stakeholders.

Appendix A Demographic profile

Category	PSA	SSA	TSA	Regional NSW
Income				
Median individual income (annual)	\$40,580	\$32,060	\$31,390	\$37,560
<i>Variation from Regional NSW median</i>	+8.0%	-14.6%	-16.4%	n.a.
Median household income (annual)	\$61,000	\$54,990	\$56,200	\$75,280
<i>Variation from Regional NSW median</i>	-19.0%	-27.0%	-25.3%	n.a.
Individual income				
<i>No income</i>	6.7%	6.8%	7.5%	7.5%
<i>Low</i>	36.9%	45.6%	45.6%	38.5%
<i>Medium</i>	48.4%	42.2%	40.9%	44.1%
<i>High</i>	8.0%	5.4%	6.0%	9.9%
Household income				
<i>No income</i>	1.6%	1.6%	2.4%	1.6%
<i>Low</i>	24.9%	26.1%	24.2%	18.0%
<i>Medium</i>	47.4%	49.7%	49.4%	43.9%
<i>High</i>	26.1%	22.5%	24.1%	36.5%
Age Structure				
0 years	0.5%	1.1%	1.0%	1.0%
1-2 years	2.1%	2.4%	2.3%	2.2%
3-4 years	1.5%	2.3%	1.9%	2.2%
5-6 years	3.8%	2.4%	2.1%	2.4%
7-11 years	5.5%	6.4%	5.8%	6.2%
12-17 years	10.9%	7.9%	7.8%	7.4%
18-24 years	6.4%	7.5%	6.6%	7.5%
25-34 years	10.6%	10.3%	9.5%	11.5%
35-49 years	13.6%	14.2%	14.4%	17.5%
50-59 years	12.1%	12.7%	13.9%	12.9%
60-69 years	13.7%	13.2%	14.7%	13.4%
70-84 years	16.7%	15.9%	17.0%	12.9%
85 years and over	2.6%	3.7%	3.2%	2.7%
Males	48.8%	48.8%	49.6%	49.2%
Females	51.2%	51.2%	50.4%	50.8%
Median Age (years)	46.4	45.5	48.0	42.4
Country of Birth				
Australia	92.9%	93.7%	94.2%	88.5%
<i>Aboriginal and Torres Strait Islanders</i>	7.4%	11.0%	8.2%	7.0%
Other Major English Speaking Countries	1.9%	2.5%	2.9%	5.4%
Other Overseas Born	5.3%	3.7%	2.9%	6.1%
% speak English only at home	95.3%	95.5%	96.8%	93.5%
Household Composition				
<i>Couple family with no children</i>	26.2%	27.9%	31.1%	29.7%
<i>Couple family with children</i>	19.6%	21.3%	21.8%	26.6%

Couple family - Total	45.8%	49.2%	52.9%	56.3%
One parent family	9.1%	12.6%	10.8%	11.7%
Other families	0.0%	1.1%	1.0%	0.8%
Family Households - Total	54.9%	62.9%	64.8%	68.8%
Lone person household	42.5%	34.8%	32.7%	28.0%
Group Household	2.5%	2.3%	2.5%	3.2%
<u>Dwelling Structure (Occupied Private Dwellings)</u>				
Separate house	86.7%	91.0%	93.4%	82.9%
Semi-detached, row or terrace house, townhouse etc.	8.9%	6.4%	4.4%	9.9%
Flat, unit or apartment	4.4%	2.1%	1.9%	6.2%
Other dwelling	0.0%	0.5%	0.4%	1.0%
Occupancy rate	90.5%	90.4%	87.1%	88.8%
Average household size	2.2	2.3	2.3	2.4
<u>Tenure Type (Occupied Private Dwellings)</u>				
Owned outright	40.4%	41.9%	47.0%	38.9%
Owned with a mortgage	21.1%	26.2%	27.0%	32.0%
<u>Rented</u>	<u>38.6%</u>	<u>30.4%</u>	<u>23.5%</u>	<u>26.9%</u>
State or territory housing authority	0.0%	4.2%	2.6%	2.9%
Housing co-operative/community/church group	1.4%	1.2%	0.9%	1.0%
Other	37.1%	25.0%	20.0%	22.9%
Other tenure type	0.0%	1.4%	2.6%	2.2%
<u>Attending Education (% of those attending)</u>				
Pre-school	10.7%	11.8%	9.9%	9.4%
<u>Infants/Primary Total</u>	<u>35.8%</u>	<u>39.7%</u>	<u>38.7%</u>	<u>35.8%</u>
Government	68.4%	76.0%	76.9%	69.4%
Catholic	31.6%	22.3%	22.0%	20.8%
Other	0.0%	1.7%	1.1%	9.9%
<u>Secondary Total</u>	<u>34.6%</u>	<u>30.4%</u>	<u>32.2%</u>	<u>27.6%</u>
Government	70.9%	69.0%	71.7%	62.4%
Catholic	21.8%	24.1%	22.3%	23.1%
Other	7.3%	6.9%	6.0%	14.6%
Technical or Further Educational Institution	13.2%	12.0%	11.4%	11.2%
University or other Tertiary Institution	5.7%	5.2%	6.8%	13.8%
Other type of educational institution	0.0%	0.9%	1.0%	2.2%
% of total population attending education	24.8%	19.5%	18.5%	21.9%
<u>Highest Level of Education Completed (% of population aged 15 years and over)</u>				
Year 12 or equivalent	50.7%	36.9%	37.7%	48.4%
Year 9-11 or equivalent	46.3%	56.0%	55.5%	46.5%
Year 8 or below	3.0%	7.0%	6.7%	4.7%
Did not go to school	0.0%	0.1%	0.1%	0.4%
<u>Employment Status</u>				
Unemployed/ looking for work	4.8%	5.7%	4.8%	4.5%
Labour force participation rate	56.6%	51.2%	51.4%	56.3%
<u>Need for Assistance</u>				

With Need for Assistance	7.8%	9.4%	8.7%	7.3%
No Need for Assistance	92.2%	90.6%	91.3%	92.7%
Top 10 Countries of Birth				
	PSA	SSA	TSA	Regional NSW
1	Australia (92.9%)	Australia (93.7%)	Australia (94.2%)	Australia (88.5%)
2	New Zealand (1.4%)	England (1.4%)	England (1.6%)	England (3.0%)
3	Bangladesh (1.0%)	New Zealand (0.6%)	New Zealand (0.6%)	New Zealand (1.2%)
4	China (1.0%)	India (0.5%)	India (0.4%)	India (0.8%)
5	England (0.5%)	Philippines (0.4%)	Philippines (0.4%)	Philippines (0.5%)
6	India (0.5%)	China (0.2%)	United States of America (0.3%)	Germany (0.3%)
7	Netherlands (0.5%)	South Africa (0.2%)	Germany (0.2%)	South Africa (0.3%)
8	Philippines (0.5%)	Scotland (0.2%)	South Africa (0.2%)	Scotland (0.3%)
9	Canada (0.0%)	Germany (0.2%)	China (0.2%)	China (0.3%)
10				United States of America (0.3%)
	Ireland (0.0%)	Nepal (0.2%)	Netherlands (0.2%)	
Top 10 Languages Spoken at home (other than English)				
	PSA	SSA	TSA	Regional NSW
1	Mandarin (1.0%)	Australian Indigenous (0.4%)	Australian Indigenous (0.3%)	Mandarin (0.4%)
2	Afrikaans (0.5%)	Punjabi (0.3%)	Punjabi (0.2%)	Italian (0.4%)
3	Bengali (0.5%)	Greek (0.2%)	Greek (0.1%)	Punjabi (0.3%)
4	Arabic (0.0%)	Mandarin (0.2%)	Mandarin (0.1%)	Macedonian (0.3%)
5	Australian Indigenous (0.0%)	Filipino (0.2%)	Filipino (0.1%)	Spanish (0.3%)
6	Cantonese (0.0%)	Malayalam (0.2%)	Malayalam (0.1%)	Arabic (0.3%)
7	Chinese - other (0.0%)	Afrikaans (0.1%)	Nepali (0.1%)	Nepali (0.2%)
8	Croatian (0.0%)	Thai (0.1%)	Cantonese (0.1%)	German (0.2%)
9	French (0.0%)	Hindi (0.1%)	Hindi (0.1%)	Malayalam (0.2%)
10	German (0.0%)	Nepali (0.1%)	German (0.1%)	Tagalog (0.2%)
Religion				
Buddhism	1.2%	0.6%	0.4%	0.8%
Christianity	65.7%	69.1%	69.1%	55.7%
Hinduism	0.0%	0.4%	0.3%	0.8%
Islam	0.5%	0.2%	0.1%	0.7%
Judaism	0.0%	0.0%	0.0%	0.1%
Other Religions	0.0%	0.4%	0.4%	0.7%
No religious association	32.6%	29.2%	29.7%	41.2%
Long-term Health Conditions				
Arthritis	10.8%	11.1%	12.2%	10.3%
Asthma	11.1%	8.5%	8.5%	8.5%
Cancer	4.5%	2.9%	2.9%	2.9%
Dementia	0.4%	0.9%	0.8%	0.6%
Diabetes	5.4%	5.1%	5.5%	4.4%
Heart disease	2.9%	4.8%	4.8%	4.2%

Kidney disease	0.0%	0.8%	0.7%	0.7%
Lung condition	1.2%	2.4%	2.6%	2.0%
Mental health condition	7.7%	9.7%	9.3%	9.4%
Stroke	1.3%	0.7%	0.7%	0.7%
Other	6.8%	7.8%	7.4%	7.4%
None	47.9%	45.4%	44.8%	48.8%
<u>Provided Unpaid Childcare</u>				
Females	27%	30%	29%	31%
Males	24%	22%	21%	24%