



SOCIAL IMPACT ASSESSMENT

Temora Health Service
Redevelopment

Wiradjuri Country

Prepared for
**HEALTH INFRASTRUCTURE NSW C/O CAPITAL
INSIGHT**
10 SEPTEMBER 2024



URBIS STAFF RESPONSIBLE FOR THIS REPORT WERE:

Director	Les Hems
Associate Director	Sarah Braund
Senior Consultant	Amanda Micallef
Consultant	Tate Crofts
Project Code	P0043940
Report Number	Final v3

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We acknowledge, in each of our offices, the Traditional Owners on whose land we stand.

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CONTENTS

Executive Summary.....	1
Report purpose and scope	1
Methodology	1
Site context.....	1
Potential positive and negative social impacts.....	2
Proposed mitigation, enhancement and recommendations.....	3
1. Introduction	4
1.1. Report purpose and scope	4
1.2. SIA guidelines and requirement.....	5
1.3. Proposal overview.....	5
1.3.1. Proposal staging.....	7
1.3.2. Proposed service provision	9
1.4. Authorship and SIA declaration	10
1.4.1. Authors	10
1.4.2. Declaration	11
1.5. SIA Guideline review questions and responses	12
1.6. Structure of this report	14
2. Methodology	15
2.1. Defining the social locality	15
2.2. Assessment methodology.....	15
2.3. Approach to assessing social impacts.....	16
3. Social Baseline	17
3.1. Site location	17
3.1.1. Local context	17
3.1.2. Regional context.....	20
3.2. Social locality	21
3.3. Policy context.....	22
3.4. Demographic profile.....	24
3.4.1. Population and age.....	24
3.4.2. Culture and diversity.....	24
3.4.3. Education and qualifications.....	24
3.4.4. Workforce and employment	25
3.4.5. Housing and income.....	25
3.4.6. Health and wellbeing	26
3.4.7. Crime and safety	26
3.4.8. Vulnerable groups	27
4. SIA Field Study	28
4.1. In-depth interviews summary of findings	29
4.2. Door knock summary of findings	35
4.3. Community survey summary of findings.....	37
4.4. Summary of SIA field study findings	38
5. Community values, strengths and vulnerabilities	40
6. Social Impact Assessment.....	41
Mitigation and enhancement measures.....	42
SIA recommendations.....	42
6.1. Way of life	43
6.1.1. Availability of temporary worker accommodation during construction – Unmitigated	43
6.1.2. Availability of temporary worker accommodation during construction – Mitigated	43
6.1.3. Availability of key worker housing during operation – Unmitigated.....	44

6.1.4.	Availability of key worker housing – Mitigated.....	45
6.2.	Community.....	46
6.2.1.	Quality workplace contributing to staff attraction and retention – Unenhanced	46
6.2.2.	Quality workplace contributing to staff attraction and retention – Enhanced	47
6.3.	Accessibility	48
6.3.1.	Disruption to health service provision and workflow during construction – Unmitigated	49
6.3.2.	Disruption to health service provision and workflow during construction – Mitigated	50
6.3.3.	Improved safety and security for staff, health services users, and visitors – Unenhanced	51
6.3.4.	Improved safety and security for staff, health service users, and visitors – Enhanced	51
6.3.5.	Loss of rear access for neighbouring facility – Unmitigated.....	52
6.3.6.	Loss of rear access for neighbouring facility – Mitigated	52
6.4.	Culture	53
6.4.1.	Loss of historical and heritage value of the existing hospital – Unmitigated.....	53
6.4.2.	Loss of historical and heritage value of the existing hospital– Mitigated	54
6.4.3.	Potential impact to Aboriginal sites and culture – Unmitigated	54
6.4.4.	Potential impact to Aboriginal sites and culture – Enhanced	55
6.5.	Health and wellbeing.....	56
6.5.1.	Enhanced quality of health services supporting health outcomes – Unenhanced	56
6.5.2.	Enhanced quality of health services supporting health outcomes– Enhanced	57
6.6.	Surroundings.....	58
6.6.1.	Amenity impacts during operation and construction – Unmitigated	58
6.6.2.	Amenity impacts during operation and construction – Mitigated.....	59
6.7.	Livelihoods	60
6.7.1.	Supporting local training and employment opportunities in health – Unenhanced	60
6.7.2.	Supporting local training and employment opportunities in health – Enhanced	61
6.7.3.	Local employment and training opportunities during construction – Unenhanced	61
6.7.4.	Local employment and training opportunities during construction – Enhanced	61
6.8.	Decision-making systems	62
6.9.	Cumulative impacts.....	62
7.	Mitigation, enhancement and management	63
7.1.	Summary of proposed mitigation, enhancement and management of social impacts	64
7.2.	SIA recommendations.....	69
	Acronyms	70
	References	71
8.	Disclaimer	73

APPENDIX A SIA CONSULTATION MATERIALS

FIGURES

Figure 1 Social elements/ SIA impact categories	4
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Figure 2 Proposed Ground Floor Plan.....	6
Figure 3 Proposed Site Plan.....	6
Figure 4 Visualisation of the proposal	7
Figure 5 Part A staging overview, approximately 25 months duration	8
Figure 6 Part B staging overview, approximately 11 months duration	8
Figure 7 Site context map.....	18
Figure 8 Site photos.....	19
Figure 9 Local and regional setting	20
Figure 10 Social locality – immediate social locality.....	21
Figure 11 Social locality – local and regional social locality	22
Figure 12 November 2023 Project Update Newsletter letterbox distribution and door knock area	36
Figure 13 Anticipated social impacts (positive, negative or both) by survey respondents	37
Figure 14 Temora Health Service Project Update Newsletter Nov 2023	77
Figure 15 SIA survey	79

PICTURES

Picture 1 Front entrance to the Hospital on Loftus Street	19
Picture 2 View of South-facing ED entrance to building.....	19
Picture 3 North-facing side of health service	19
Picture 4 Current staff accommodation on the South-West portion of the site	19
Picture 5 Rear of health service building	19
Picture 6 View of rear/Eastern boundary of hospital site from Bundawarrah Road	19

TABLES

Table 1 Temora Health Service Redevelopment clinical service profile	10
Table 2 SIA Guideline review questions and responses	12
Table 3 Methodology overview	15
Table 4 Key social themes from policy review	23
Table 5 Summary of SIA field study activities	28
Table 6 Summary of door knock findings	36
Table 7 Summary of community survey findings.....	37
Table 8 Community identified potential positive impacts, negative impacts, and opportunities.....	38
Table 9 Community identified values, strengths, and vulnerabilities.....	40
Table 10 Significance matrix	41
Table 11 Likelihood levels	41
Table 12 Magnitude levels.....	41
Table 13 Dimensions of social impact magnitude	42
Table 14 Summary of proposed mitigation, enhancement and management of social impacts and benefits	64

EXECUTIVE SUMMARY

Urbis Ltd (Urbis) was engaged by Health Infrastructure NSW (HINSW) (the proponent) to prepare a Social Impact Assessment (SIA) for the Temora Hospital Redevelopment (the proposal) located at 169-189 Loftus Street, Temora, NSW, legally described as Lot 2, DP 572392 (the site). The site is on the traditional land of the Wiradjuri people.

The SIA has been developed to support a Part 5 – Development without Consent environmental assessment process to update and provide a range of new clinical and non-clinical facilities to improve the provision of services at Temora Health Service. This SIA has been prepared to meet the requirement of the Health Infrastructure Review of Environmental Factors guidelines which require consideration of social impacts.

The proposal includes the demolition of the existing hospital and associated outbuildings (including the nurses accommodation building). It is proposed to construct a single-storey hospital building on the location of the demolished building.

REPORT PURPOSE AND SCOPE

A SIA is an independent and objective study which identifies and analyses the potential positive and negative social impacts associated with a proposed development. It involves a detailed study to scope potential positive and negative social impacts, identify appropriate mitigation and enhancement measures and provide recommendations aligned with professional standards and statutory obligations.

Social impacts can be understood as the consequences that people experience when a new project brings change. 'People' can be individuals, households, groups, communities, businesses or organisations. A SIA considers physical and intangible impacts, direct and indirect impacts, short term (construction) and long term (operational) impacts.

The NSW Department of Planning, Housing and Infrastructure's (DPHI) Social Impact Assessment Guideline (2023) states that a SIA should consider the likely changes to the following social elements of value to people: way of life, community, accessibility, culture, health and wellbeing, surroundings, livelihoods and decision-making systems.

METHODOLOGY

The following provides a summary of the stages involved in the preparation of this SIA:

- Stage 1 – Inception and social baseline
- Stage 2 – SIA field study
- Stage 3 – Impact scoping
- Stage 4 – Assessment and reporting.

A detailed methodology, including the individual tasks associated with each stage is included in Section 2. This methodology was informed by the guidance contained within the SIA Guideline and Technical Supplement (DPHI 2023).

The potential social impacts of the proposal are assessed by comparing the magnitude of impact (minimal to transformational) against the likelihood of the impact occurring (very unlikely to almost certain). This risk assessment methodology has been applied from the DPHI SIA Guideline: Technical Supplement (2023) and is outlined in Section 6 of this report.

SITE CONTEXT

The site is located at 169-189 Loftus Street, Temora within the Temora Local Government Area (LGA) in the Riverina region of NSW. The site is legally described as Lot 2, DP 572392. The site is on the traditional land of the Wiradjuri people.

The site is currently occupied by the existing Temora Hospital which is a rural community hospital providing 28 inpatient beds (22 general and six maternity), an emergency department, community health services, clinical/non-clinical support services. A separate staff accommodation building is located behind the main hospital building. The hospital currently operates 24 hours a day, 365 days per year.

Temora LGA covers approximately 2,802km², located in the Riverina region of NSW, 423km southwest of Sydney and 80km north of Wagga Wagga. The population is 6,034 residents (2021). The population comprises the town of Temora, villages of Ariaiah Park and Springdale, and rural settlement on farming properties and small localities.

POTENTIAL POSITIVE AND NEGATIVE SOCIAL IMPACTS

A summary of the potential positive and negative social impacts that have been identified are provided in the table below, presented by impact significance. The full assessment is provided in Section 6.

Impact category	Impact description	Recommendations provided	
Positive social impacts		Enhanced assessment	
Health and wellbeing	Enhanced quality of health services supporting health outcomes	Very high positive for Temora Health Service users.	Yes. Refer to Section 7.2
Community	Quality workplace contributing to staff attraction and retention	High positive for current and future health service staff (primary affected stakeholders) and health service users (secondary affected stakeholders).	No.
Accessibility	Improved safety and security for staff, health services users, and visitors	High positive for Temora Health Service staff and users.	No.
Livelihoods	Local employment and training opportunities during construction	Medium positive for local future construction workers and people undertaking trades and apprenticeships in the short term during construction	No.
Livelihoods	Supporting local training and employment opportunities in health	Low positive for current and prospective health service staff, students in the regional social locality undertaking health service-related study	Yes. Refer to Section 7.2
Culture	Potential impact to Aboriginal sites and culture	Low positive for the Local Aboriginal community.	Yes. Refer to Section 7.2
Negative social impacts		Mitigated assessment	
Accessibility	Loss of rear access for neighbouring facility	High negative for Whiddon Temora Greenstone Lodge Aged Care facility staff	No.

Impact category	Impact description		Recommendations provided
Way of life	Availability of temporary worker accommodation during construction	Medium negative for future construction workers and existing and future people renting in the short term during construction.	Yes. Refer to Section 7.2
Surroundings	Amenity impacts during operation and construction	Low negative during construction and operation for external receivers for nearby residents and neighbours. Medium negative during construction for health service staff and users.	No.
Culture	Loss of historical and heritage value of the existing hospital	Medium negative for Temora Health Service staff and users. However, it is anticipated that the magnitude and likelihood of this impact on the community will gradually decrease over time as the community adapts to the change.	Yes. Refer to Section 7.2
Way of life	Availability of key worker housing	Low negative for health service users (primary affected stakeholders) and current and future health service staff (secondary affected stakeholders).	Yes. Refer to Section 7.2
Accessibility	Disruption to health service provision and workflow during construction	Low negative for staff and health service users in the short term during construction.	No.
Cumulative social impacts			
A discussion on cumulative social impacts is outlined in Section 6.9. This includes the following cumulative social impacts: <ul style="list-style-type: none"> ▪ Availability of housing for workers during construction and operation. ▪ Cumulative noise and traffic impacts during construction 			Yes. Refer to Section 7.2

PROPOSED MITIGATION, ENHANCEMENT AND RECOMMENDATIONS

A consolidated list of measures to enhance positive social impacts and mitigate negative social impacts identified throughout this report and summarised above is provided in Section 7 of this report. Additional SIA recommendations to further enhance positive impacts and mitigate negative impacts are also provided in Section 7 of the report.

1. INTRODUCTION

Urbis Ltd (Urbis) was engaged by Health Infrastructure NSW (HINSW) (the proponent) to prepare a Social Impact Assessment (SIA) for the Temora Health Service Redevelopment (the site). The SIA has been developed to support a Part 5 – Development without Consent environmental assessment process to update and provide a range of new clinical and non-clinical facilities to support capacity issues and improve the provision of services available at the Temora Health Service.

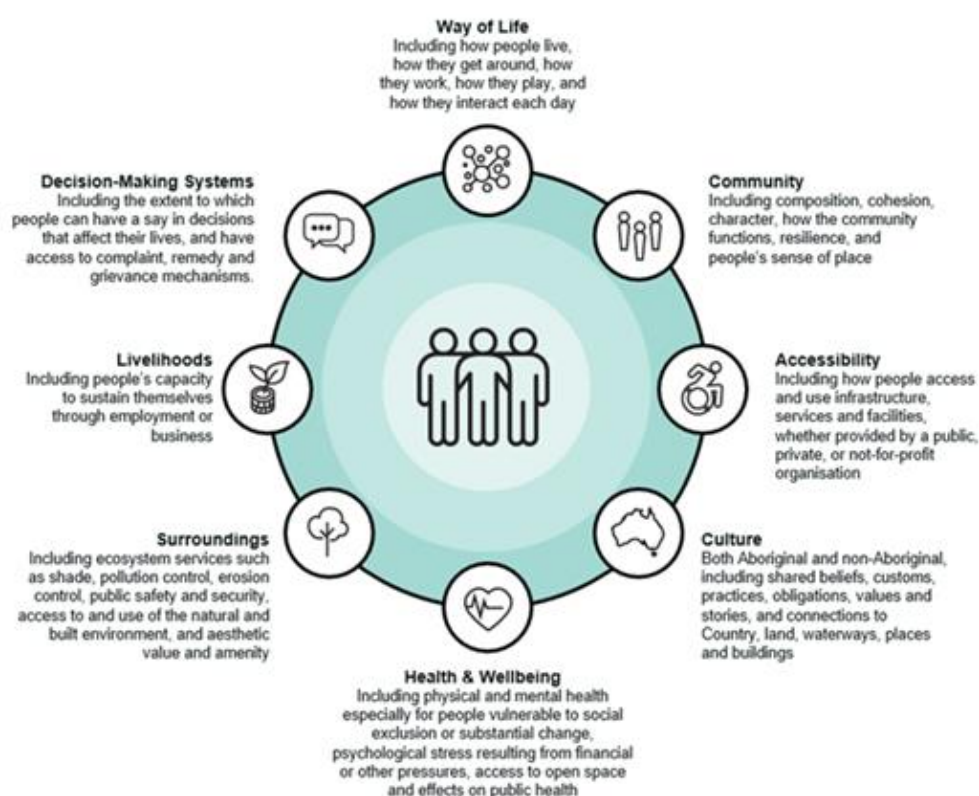
1.1. REPORT PURPOSE AND SCOPE

A SIA is an independent and objective study which identifies and analyses the potential positive and negative social impacts associated with a proposed development. It involves a detailed study to scope potential positive and negative social impacts, identify appropriate mitigation and enhancement measures and provide recommendations aligned with professional standards and statutory obligations.

Social impacts can be understood as the consequences that people experience when a new project brings change. 'People' can be individuals, households, groups, communities, businesses or organisations. A SIA considers physical and intangible impacts, direct and indirect impacts, short term (construction) and long term (operational) impacts.

The NSW Department of Planning, Housing and Infrastructure's (DPHI) Social Impact Assessment Guideline (2023) states that a SIA should consider the likely changes to the following social elements of value to people.

Figure 1 Social elements/ SIA impact categories



Source: SIA Guideline (DPHI 2023, p. 19)

1.2. GUIDELINES AND REQUIREMENT

Under Section 5.5 of the *Environmental Planning and Assessment Act 1979*, determining authorities are required to examine and take into account to the fullest extent possible all matters affecting or likely to affect the environment by reason of that activity. This includes potential social impacts.

This SIA has been prepared to meet the requirement of the Health Infrastructure Review of Environmental Factors (REF) guidelines which require consideration of social impacts. It has also been prepared in accordance with the best practice methods outlined in the DPHI's SIA Guideline (2023).

The DPHI SIA Guideline (2023) provides a framework to identify, predict and evaluate likely social impacts and helps to provide greater clarity and certainty for proponents and the community.

1.3. PROPOSAL OVERVIEW

The Temora Hospital is a Role Delineation Level (RDL) 2-3 hospital which provides healthcare services to the Temora LGA and surrounding area. Its current services include 28 inpatient beds (22 inpatient beds for general medical patients, 6 maternity beds), a level 2 emergency department, surgical services (typically day only), specialist outpatient services, community health services, clinical/non-clinical support services, and staff accommodation. It is one of a cluster of rural facilities that operate in a tiered model linked to Wagga Wagga Base Hospital, which is located approximately 100km south of Temora.

The existing hospital was constructed in 1939, and while there have been some improvements throughout its time of operation, the existing Temora Hospital has been assessed as poor in terms of condition, compliance and functionality. As such, the NSW Government has committed a total of \$95 million (comprising \$80 million in November 2021, and a further \$15 million in the 2024/25 NSW budget) to redevelop the Temora Hospital as part of the broader \$500 million rural health boost.

Following extensive analysis and consultation with user groups, the adaptive re-use of the existing buildings, including the hospital and existing staff accommodation building, was determined not to be feasible due to the extent of essential service upgrades required to achieve a standard capable of delivering contemporary models of health care.

The chosen location for the new building on the footprint of the existing hospital maximises the site's topography, occupying the existing flat area and providing access to views. It also maintains the existing quality of the arboretum and landscape setting.

The proposal comprises the demolition of the existing hospital and associated outbuildings (including the nurses accommodation building). It includes construction of a single-storey hospital building on the location of the demolished building. Key worker accommodation is a desired inclusion but is subject to affordability and the delivery solution is not confirmed. As such, key worker accommodation is not considered as part of the scope of the REF at the time of preparation of this report.

[illegible]

Figure 3 Proposed Site Plan



6 INTRODUCTION

Figure 4 Visualisation of the proposal



Source: HDR 2024

1.3.1. Proposal staging

Staged construction is required to maintain continuous operation of the hospital. The proposal will be constructed in two parts:

- Part A requires demolition of the eastern portion of the existing hospital and the day centre to create the footprint for the first stage of construction, during which time the western portion of the building must remain operational for approximately 25 months (see Figure 5).
- Upon completion of the first part of hospital construction, Part B requires services to be decanted into the new building and the western portion of the existing building to be demolished to make way for the second part of construction, which is estimated to take approximately 11 months (see Figure 6). At the completion of Part B, the staff accommodation building will be demolished.

Figure 5 Part A staging overview, approximately 25 months duration



Source: HDR 2024

Figure 6 Part B staging overview, approximately 11 months duration



Source: HDR 2024

The following outlines the proposed staging plan for the works.

Stage 1

Stage 1 includes enabling activities required to vacate the eastern portion of the existing hospital and the day centre to enable the clearing of the eastern footprint for Part 1 building construction. It includes:

- Refurbish the existing staff accommodation building for temporary decant accommodation.
- Decant ambulatory care / allied health / mental health / administration (as required) to temporary decant building.
- Minor refurbishments to western wing on levels 1 to accommodate relocated inpatient beds.
- Decant eastern wing of existing hospital into western wing.

Stage 2 (Part A of the main works)

- Establish engineering services to support Part 1 construction, while facilitating 'separation' of the eastern and western portions of the hospital. Decommission eastern portion services while supporting ongoing services to western portion.
- Demolish eastern wing of hospital and day care building.
- Construct the eastern portion (Part 1 new build) of the hospital building containing the front of house, emergency department (ED) in patient department (IPU), Maternity, Perioperative and support services.
- New roads, car parking and landscaping to Part 1 main works.
- Decant of western wing into new building and operational commissioning.

Stage 3 (Part B of the main works)

- Decommission and demolish western portion of hospital and remaining outbuildings.
- Construct remaining ambulant care, allied health, mental health and administrative services (Part 2 new build).
- New roads, car parking and landscaping to Part 2 main works.
- Decant and operational commissioning of ambulatory / allied health / mental health / administration from temporary demountable building.

Stage 4

- Decommission and demolish staff accommodation building.
- Defects Liability Periods (various timeframes).
- Staging for provision of new key worker accommodation will be initiated subject to affordability.

1.3.2. Proposed service provision

The Temora Health Service Plan (Version 2.5 February 2023) outlines the proposed service profile to meet the local community's current and future healthcare needs for the effective, efficient and sustainable delivery of appropriate healthcare services.

Temora Health Service will provide a RDL 3 ED service as well as the current GP COG 19(2) service and Mental Health Emergency Consultation Service (MHECS), enhancement of virtual care modalities, support spaces (e.g., staff amenities, interview/meeting room, education space for nurse/midwifery educators), and ambulatory care centre.

Informed by the Temora Health Service Plan, the proposed clinical scope of the proposal compared to the current points of care is provided in below table:

Table 1 Temora Health Service Redevelopment clinical service profile

Department name	Current points of care	Health Service Plan proposed points of care, 2036 projection	Proposal scope
Emergency Dept	3	1 Resus 2 Enclosed acute (iso + paed) 1 Open acute 1 ED treatment 1 Low Stimulus	1 Resus 1 Enclosed acute (iso + paed) 1 Open acute 1 ED treatment 1 Low Stimulus
Inpatient Unit	28 beds	20 beds 4 Rehabilitation beds	24 beds
Maternity/ Birthing	2	1 Birthing 1 Assessment 2 Cots (+1 resuscitaire)	1 Birthing 1 Assessment 2 Cots (+1 resuscitaire)
Perioperative Unit	1 OR 5 patient bays	1 Operating Theatre 1 Procedure Room 4 Stage 1 6/4 Stage 2/3	1 Operating Theatre 1 Procedure Room 4 Stage 1 6/4 Stage 2/3
Medical Imaging	1 x-ray	1 X-ray 1 OPG 1 Ultrasound 1 CT 2 x Mobile X-Ray	1 X-ray 1 OPG 1 Ultrasound 1 CT 2 x Mobile X-Ray
Ambulatory Care	2 Interview + offices + 1 dental	14 Consult/ Interview / Treatment / Virtual Care 1 Phlebotomy /Specimen Collection 1 Dental Chair	10 Consult/ Interview / Treatment / Virtual Care 1 Phlebotomy /Specimen Collection

1.4. AUTHORSHIP AND SIA DECLARATION

The authorship SIA Declarations for this report are provided in the following sections.

1.4.1. Authors

This report has been prepared by a suitably qualified and experienced lead author and reviewed and approved by a suitably qualified and experienced co-author, who hold appropriate qualifications and have relevant experience to carry out the SIA for this proposal. The following introduces each author:

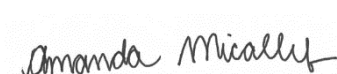
Les Hems	Quality assurance
Position	Director
Qualifications	Master of Business Administration, Bachelor of Arts (Honours) Human Geography, University College of Wales
Affiliations	Member, Australian Evaluation Society

Experience	Founding Member, Social Impact Measurement Network of Australia Experience of reviewing and quality assurance of SIA reports in the context of the NSW SIA Guideline and best practice in social research, evaluation, and social impact measurement.
Sarah Braund	Review
Position	Associate Director
Qualifications	Master of Policy Studies, University of New South Wales Bachelor of Landscape Architecture, University of New South Wales
Affiliations	Full Member, Planning Institute of Australia
Experience	Experience in writing SIA reports for health service projects in the context of the SIA Guideline (DPHI 2023) and best practice social research, evaluation and impact assessment.
Amanda Micallef	Lead author
Position	Senior Consultant
Qualifications	Master of Development Practice, University of Queensland Bachelor of Arts (International Development), University of Guelph
Experience	Experience in writing SIA reports for health service projects in the context of the SIA Guideline (DPHI 2023) and best practice social research, evaluation and impact assessment.
Tate Crofts	Co-author
Position	Consultant
Qualifications	Bachelor of Arts, University of Queensland Bachelor of Social Science, University of Queensland
Affiliations	Graduate Member, Planning Institute of Australia
Experience	Experience in writing SIA reports for health service projects in the context of the SIA Guideline (DPHI 2023) and best practice social research, evaluation and impact assessment.

1.4.2. Declaration

The authors declare that this SIA report:

- Was completed on 10 September 2024
- Has been prepared in accordance with the EIA process under the EP&A Act
- Has been prepared in alignment with the DPHI's (2023) SIA Guideline
- Contains all reasonably available proposal information relevant to the SIA
- As far as Urbis is aware, contains information that is neither false nor misleading.



Amanda Micallef
Senior Consultant
10 September 2024



Les Hems
Director
10 September 2024

1.5. SIA GUIDELINE REVIEW QUESTIONS AND RESPONSES

The review questions outlined by the SIA Guideline (2023) are designed to confirm that the requirements of the SIA Guideline have been fulfilled when considering the scale of social impacts associated with the proposed development. Table 2 below outlines these review questions and indicates how they have been addressed in this SIA.

Table 2 SIA Guideline review questions and responses

SIA Review questions	Addressed by report (yes/no), relevant section
Does the lead author meet the qualification and experience requirements?	Yes, see Section 1.4
Has the lead author provided a signed declaration?	Yes, see Section 1.4
Would a reasonable person judge the SIA report to be impartial, transparent and suitably rigorous given the nature of the project?	Yes, see Section 1.4
Project's social locality and social baseline	
Does the SIA report identify and describe all the different social groups that may be affected by the project?	Yes, see Section 3
Does the SIA report identify and describe all the built or natural features that have value or importance for people, and explain why people value those features?	Yes, see Section 3
Does the SIA report identify and describe historical, current, and expected social trends or social changes for people in the locality, including their experiences with this project and other major development projects?	Yes, see Section 3
Does the social baseline study include appropriate justification for each element, and provide evidence that the elements reflect both relevant literature and the diversity of view and likely experiences?	Yes, see Section 3
Does the social baseline study demonstrate social-science research methods and explain any significant methodological data or limitations?	Yes, see Section 2 and 3
Identification and description of social impacts	
Does the SIA report adequately describe likely social impacts from the perspectives of how people may experience them, and explain the research used to identify them? When undertaken as a part of SIA scoping and initial assessment, has the plan for the SIA report been detailed?	Yes, see Section 6 SIA report not undertaken for scoping
Does the SIA report apply the precautionary principle to identifying social impacts, and consider how they may be experienced differently by different people and groups?	Yes, see Section 6
Does the SIA report describe how the preliminary analysis influenced project design and EIS engagement strategy?	Yes, see Section 6 and 7 for recommendations on project design and implementation

SIA Review questions	Addressed by report (yes/no), relevant section
Community engagement	
Were the extent and nature of engagement activities appropriate and sufficient or canvass all relevant views, including those of vulnerable or marginalised groups?	Yes, see Section 4
How have the views, concerns and insights of affected and interested people influenced both the project design and each element of the SIA report?	Yes, see Section 3 – 7
Predicting and analysing social impacts	
Does the SIA report impartially focus on the most important social impacts to people at all stages of the project, without any omissions or misrepresentations?	Yes, see Section 6
Does the SIA report analyse the distribution of both positive and negative social impacts, and identify who will benefit and who will lose from the project?	Yes, see Section 6
Does the SIA report identify its assumptions, and include sensitivity analysis and alternate scenarios? (including 'worst-case' and 'no project' scenarios where relevant?)	<p>The SIA considers alternative site scenarios from the perspective of the 'worst case' scenario (i.e., no technical mitigations), in alignment with the REF.</p> <p>We note that consideration of alternative site options (e.g., no development, different types of development) have been considered separately as part of the business case process, which has informed the REF, and upon which the SIA has drawn. It is the role of the SIA, however, to assess the chosen development scenario at hand – not other alternative scenarios considered at the business case stage.</p> <p>This evidence is clearly assessed as part of the SIA tables at Section 6.</p>
Evaluating significance	

SIA Review questions	Addressed by report (yes/no), relevant section
Do the evaluations of significance of social impacts impartially represent how people in each identified social group can expect to experience the project, including any cumulative effects?	Yes, see Section 6
Are the evaluations of significance disaggregated to consider the likely different experiences for different people or groups, especially vulnerable groups?	Yes, see Section 6
Responses, monitoring and management	
Does the SIA report propose responses that are tangible, deliverable, likely to be durably effective, directly related to the respective impact(s) and adequately delegated and resourced?	Yes, see Section 7
Does the SIA report demonstrate how people can be confident that social impacts will be monitored and reported in ways that are reliable, effective and trustworthy?	Yes, see Section 7
Does the SIA report demonstrated how the proponent will adaptively manage social impacts and respond to unanticipated events, breaches, grievances and non-compliance?	Yes, see Section 7

1.6. STRUCTURE OF THIS REPORT

This SIA has seven chapters as summarised below:

- **Chapter 1** (this chapter) introduces the proposal, purpose and scope of this report.
- **Chapter 2** outlines the legislative requirements and methodology applied to complete this SIA.
- **Chapter 3** provides a social baseline of the study area including the site's locality, social and demographic characteristics, policy context and consultation outcomes.
- **Chapter 4** provides an overview of the field study undertaken to inform the SIA, including an overview of the key findings.
- **Chapter 5** provides a summary of the community identified values, strengths, and vulnerabilities which emerged through sections 3 and 4.
- **Chapter 6** assesses the positive and negative social impacts of the proposal, including with and without mitigation and enhancement measures.
- **Chapter 7** outlines the mitigation, enhancement, and management measures of the assessed impacts.

2. METHODOLOGY

This section outlines the methodology to prepare this assessment, with reference to the relevant legislative requirements and guidelines. The scope of this SIA has been developed in accordance with the:

- Requirements of the Health Infrastructure REF guidelines
- SIA Guideline (DPHI 2023)
- The social characteristics and community values of the local area and Temora Shire.

2.1. DEFINING THE SOCIAL LOCALITY

This SIA addresses the social impacts of the proposal to the local area, the region, and to the State. It considers whether the proposal causes direct impacts on local communities and services, as well as whether the proposal may increase the demand for regional community infrastructure and services, therefore also contributing to indirect impacts across a broader area.

This SIA, including the determination of the social locality, has been prepared in accordance with the SIA Guideline (DPHI 2023). The social locality is described in Section 3.2.

In identifying the social locality, several factors pertaining to the scale and nature of the proposal, nearby built and/or natural features, relevant social trends in the local area, history and background of the proposal, and potentially affected communities were considered. Factors considered in defining potentially affected communities include:

- Proximity of properties and communities to the proposal and its access routes
- Vulnerabilities that increase risk, and/or magnitude of potential impacts on communities or groups
- The role, culture and identity of communities in the region
- Interests of Aboriginal and/or Torres Strait Islander groups
- Availability and capacity of housing and other social infrastructure to attract and support the proposal
- Availability of skilled workforce and experienced personnel, or ability of residents to gain the skills required to fulfil employment offerings
- Nearby service providers, including education institutions
- Likelihood of social impacts and benefits for the local and regional communities.

2.2. ASSESSMENT METHODOLOGY

The methodology undertaken to prepare this SIA is outlined in Table 3. As noted, the methodology was informed by guidance contained within the SIA Guideline and Technical Supplement (DPHI 2023).

Table 3 Methodology overview

Stage	Activities
1. Social baseline	<ul style="list-style-type: none">▪ Site visit to surrounding land uses and the proposal site.▪ Review of relevant state and local policies and strategies to understand potential social implications.▪ Analysis of relevant data sets to understand the existing community profile and community values, strengths and vulnerabilities.▪ Identification of the proposal's social locality and likely impacted groups.▪ Early identification of potential social impacts (positive and negative) based on research tasks undertaken.

Stage	Activities
2. SIA field study	<ul style="list-style-type: none"> As specified in the DPHI Guideline, SIAs require community and stakeholder engagement to be undertaken to develop an understanding of impacts on communities and people as a result of a proposal. Community and stakeholder engagement also provides the opportunity for potentially impacted people and groups to provide feedback and input into a proposal. To achieve this, the following engagement activities were conducted: Engagement with the local community through letterbox drop and door knock, and online survey. Consultation with key stakeholders via in-depth interviews (face to face, videoconference and phone) including representatives of Temora Shire Council, Murrumbidgee Local Health District, Murrumbidgee Primary Health Network, TAFE NSW Temora, Temora High School, Whiddon Temora (Residential Aged Care), Temora Local Health Advisory Committee, Temora Preschool and OOSH, Temora Health Service staff, and local residents. Analysis of field study data and identification of key themes.
3. Impact scoping	<ul style="list-style-type: none"> Review of social baseline and SIA field study outcomes. Review of proposal plans, proposal documentation and relevant technical assessments. Identification and scoping of potential social impacts (positive and negative). Identification of potential opportunities for additional measures to be incorporated into the proposal.
4. Assessment and reporting	<ul style="list-style-type: none"> Assessment of social impacts (positive and negative) considering with and without mitigation and enhancement measures. Provision of recommendations to further minimise negative social impacts and enhance positive social impacts. Preparation of draft and final SIA reports.

2.3. APPROACH TO ASSESSING SOCIAL IMPACTS

The assessment of social impacts can be approached in several ways. The Technical Supplement of DPHI's SIA Guideline highlights a risk assessment methodology, whereby the significance of potential impacts is assessed by comparing the magnitude of an impact against the likelihood of the impact occurring.

The DPHI's risk assessment methodology has been applied in this SIA and is outlined in Section 6.

3. SOCIAL BASELINE

This chapter provides a social baseline of the study area including the site's locality, social context, demographic characteristics, community values, strengths and vulnerabilities and the defined social locality.

3.1. SITE LOCATION

3.1.1. Local context

The site is located at 169-189 Loftus Street, Temora within the Temora Local Government Area (LGA) in the Riverina region of NSW. The site is legally described as Lot 2, DP 572392. The site is on the traditional land of the Wiradjuri people (refer Figure 7 for site map and Figure 8 for site photos on the following pages).

The site is occupied by the existing Temora Hospital which is a rural community hospital providing 28 inpatient beds (22 general and six maternity), an emergency department, community health services, clinical/non-clinical support services. A separate staff accommodation building is located behind the main hospital building. The hospital currently operates 24 hours a day, 365 days per year.

The main hospital building, staff accommodation building and arboretum are collectively a heritage item of local significance I108 under TLEP 2010. A Heritage Assessment, undertaken to support the master planning process, found that the existing hospital building is of moderate heritage value as a representative example of its type, the staff accommodation building is of little significance, and the landscaped arboretum is of high heritage significance.

The site is located on the corner of Loftus Street and Gloucester Street, Temora. The surrounding locality is described below.

North: Temora TAFE adjoins the site. Temora High School is located north-west of the site.

East: A seniors' housing development.

South: The land uses are predominantly low density residential.

West: Whiddon Temora Residential Care and beyond this is Gloucester Park, a local open space with playground facilities.

The main access point is via Loftus Street, a local road which directly connects the site to the B94 Major Arterial Road ('Burley Griffin Way'). There is an additional exit only to Gloucester Street. A minor service entrance provides access to the eastern side of the site from an unsealed road. Temora Railway Station is located approximately 2.5km west of the site. It is not served by passenger routes but retains a function as signalling facility and a stop on the Lachlan Valley tourist railway.

Figure 7 Site context map



 Site boundary

Source: Nearmap (2023) and Urbis (2024)

Figure 8 Site photos



Picture 1 Front entrance to the Hospital on Loftus Street



Picture 2 View of South-facing ED entrance to building



Picture 3 North-facing side of health service



Picture 4 Current staff accommodation on the South-West portion of the site



Picture 5 Rear of health service building

Source: Urbis 2023



Picture 6 View of rear/Eastern boundary of hospital site from Bundawarrah Road

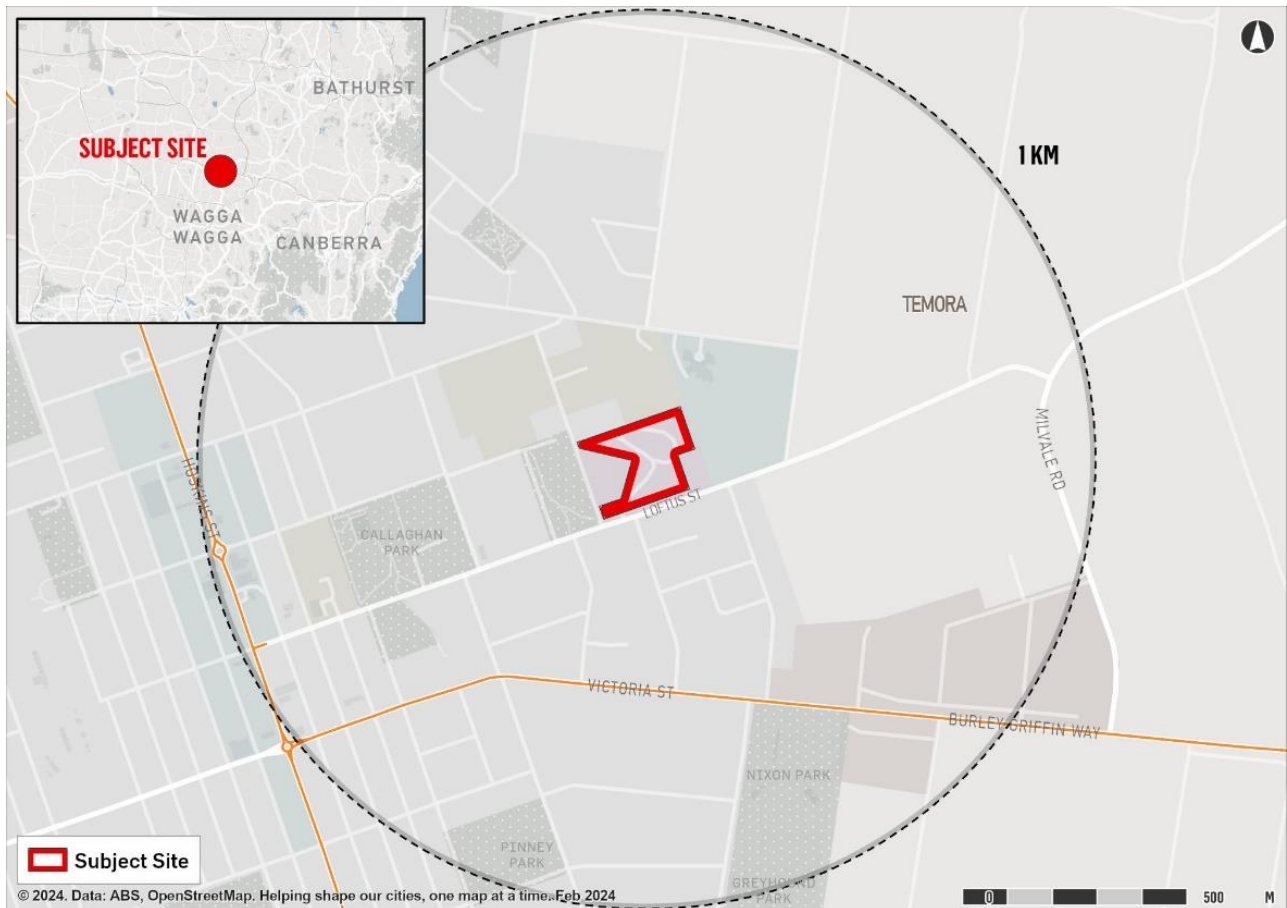
3.1.2. Regional context

Temora LGA covers approximately 2,802km², located in the Riverina region of NSW, 423km southwest of Sydney and 80km north of Wagga Wagga. The population is 6,034 residents (2021). The population comprises the town of Temora, villages of Aria Park and Springdale, rural settlements and small localities.

Temora's main employment sector is agriculture, followed by retail trade, health care and social assistance, education and training, accommodation, food services and construction.

A map of the regional setting is provided in Figure 9 below.

Figure 9 Local and regional setting



Source: Urbis, 2024

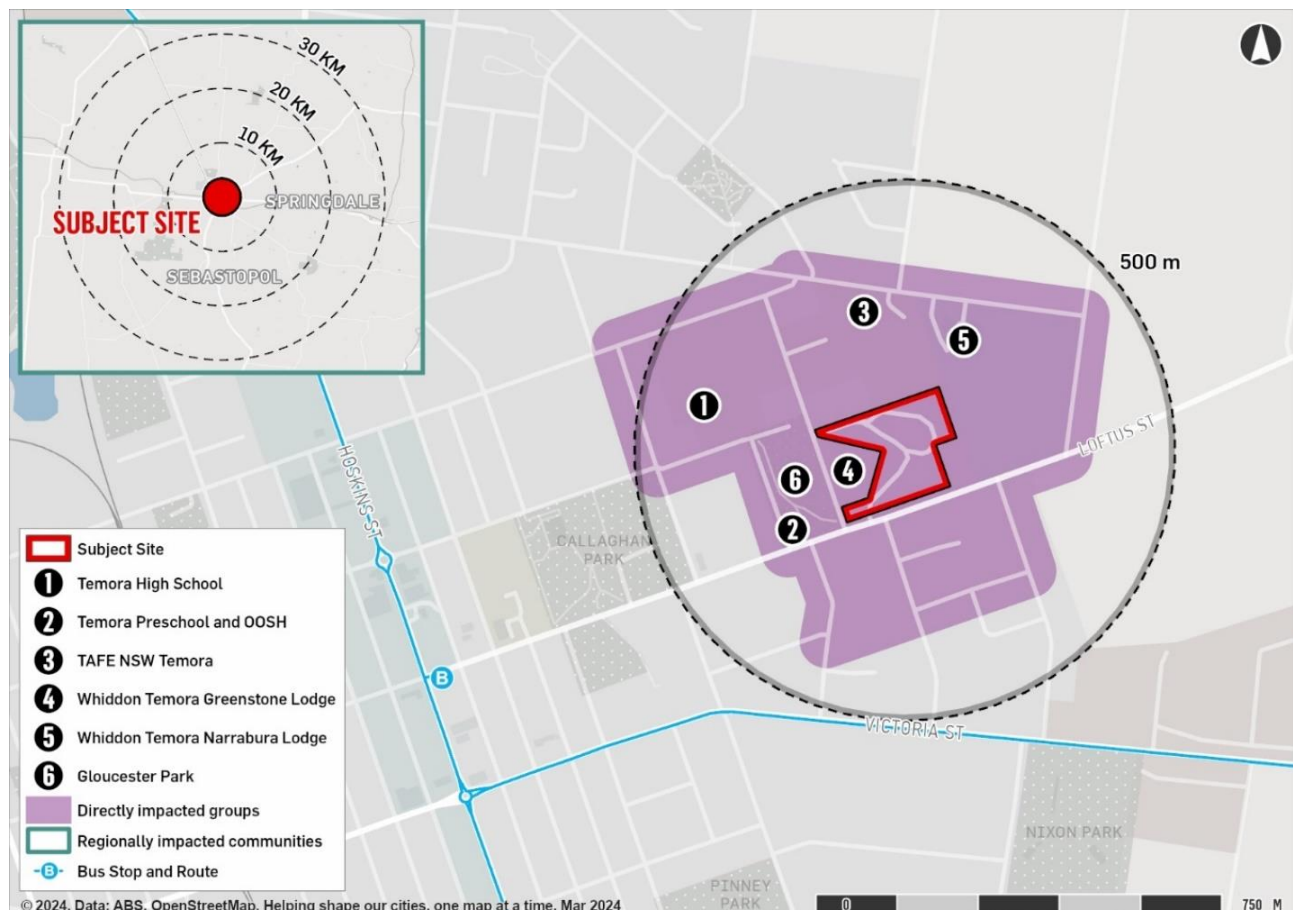
3.2. SOCIAL LOCALITY

Defining a proposal's social locality helps to identify the scale and nature of the proposal's likely social impacts, as well as the likely impacted groups.

This proposal's social locality, shown in Figure 10 (immediate social locality) and Figure 11 (local and regional social locality) was determined based on a review of the proposal within its sounding context and consideration of SIA field study outcomes (refer Section 4). The social locality considers three key areas, along with likely impacted groups. These include:

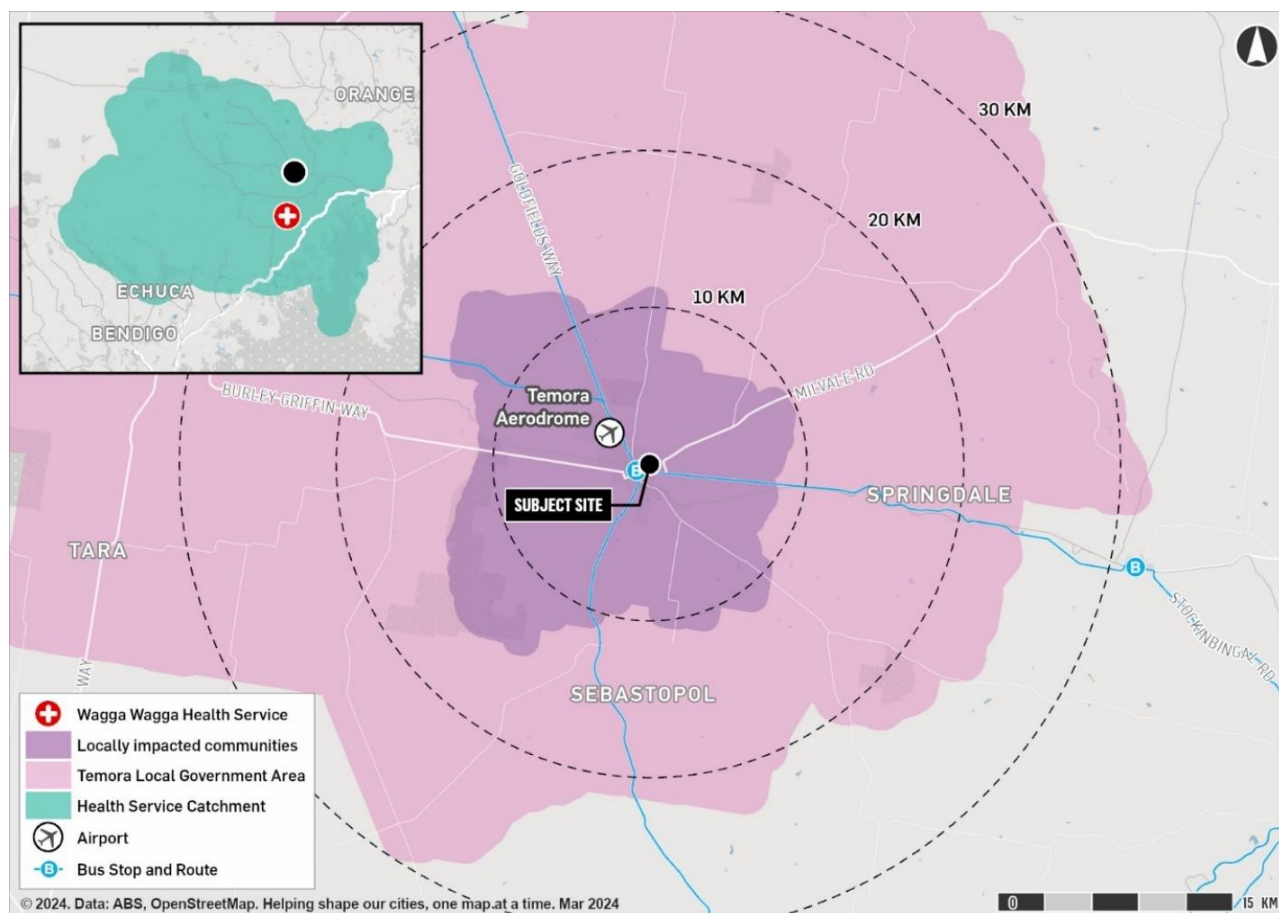
- **Immediate social locality:** This area includes communities that may be directly impacted by the proposal, including local residents within approximately 500m of the site, businesses, and workers. There are also several services within the immediate social locality which may be directly impacted by the proposal, including Whiddon Temora (Residential Aged Care), TAFE NSW Temora, Temora Preschool & OOSH, and Temora High School.
- **Local social locality:** Some direct impacts may also be experienced across the suburb of Temora, referred to as the local area, including impacts relating to access to services, infrastructure and facilities, community character and cohesion, demand for housing and accommodation, and public safety.
- **Regional social locality:** Due to the nature and scale of the proposal, there will also be positive and negative impacts felt more broadly across the Temora Shire (Temora LGA – the regional area) and the Murrumbidgee Local Health District, including those related to supply chains, health demands, transport networks, and employment opportunities.

Figure 10 Social locality – immediate social locality



Source: Urbis, 2024

Figure 11 Social locality – local and regional social locality



Source: Urbis, 2024

3.3. POLICY CONTEXT

A review of relevant state and local policies was undertaken to understand the strategic context of the proposed development and any potential impacts (positive and negative). This included:

State

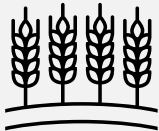
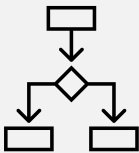


- Riverina Murray Regional Plan 2041
- Murrumbidgee LHD Strategic Plan 2021-2026
- Murrumbidgee LHD Clinical Governance Framework 2023-2027
- Murrumbidgee LHD Our People Our Future: Cultural Strategy 2021
- South West Slopes Regional Economic Development Strategy – 2023 Update

Local

- Temora Shire Local Strategic Planning Statement (2020)
- Community Strategic Plan: Temora Tomorrow – Towards 2035 (2022)
- Temora Health Service Plan (2022)
- Temora Local Environmental Plan (2010)
- Temora Shire Development Control Plan (2012)

The key social themes from the policy review are summarised in Table 4 below.

Table 4 Key social themes from policy review

Theme	Summary of findings
<p>A strong agricultural industry</p> 	<p>Temora has a deep farming history and strong agricultural values, which are reflected by the priorities of the Local Strategic Planning Statement (LSPS) to protect the region's diverse and productive agricultural land, and to promote and grow the agribusiness sectors. Much of Temora's industry has an agricultural base, including grain and wool storage and brokerage, agricultural equipment supplies and servicing, chemical and fertiliser supplies and transport. Yet, this reliance on an agriculturally based economy brings unique challenges for Temora, such as economic strength dependant on the seasons experienced by the farming community.</p>
<p>A desire to diversify</p> 	<p>Recognising the challenges facing Temora, including an ageing population, decreasing population, and reliance on an agriculture-based economy, the LSPS and Community Strategic Plan: Temora Tomorrow – Towards 2035 (CSP) prioritise the community's desire to diversify the economy. This includes promoting activities in industrial and commercial areas, supporting growth in the health and aged care sectors, and expanding education and training opportunities. This is reflected by the 20-year Vision for Temora, which envisages Temora Shire residents having '<i>access to housing choice, business and employment opportunities, social connectivity and the widest possible range of services and facilities.</i>'</p>
<p>Preparing for an ageing population</p> 	<p>The CSP highlights the community's aspirations for the future of Temora, with suggestions including an expanded Whiddon Temora facility, increased options for elderly people in Arian Park, a revamped hospital, and a greater range of aged home care options. These sentiments are reflected by the Temora Health Service Plan, which states that the largest demand for inpatient services over the next 10 years will be for people aged 70 and over. These anticipated demographic changes will likely result in increased demand for primary health and health education services, chronic disease management, acute/sub-acute care, and aged care services.</p>
<p>A strong health network</p> 	<p>The Riverina Murray Regional Plan highlights several of the region's major industries including healthcare, social services and education sectors, which account for 22% of jobs across the region. This includes the Wagga Wagga Health and Knowledge Precinct, which supports more than 300,000 people through the Wagga Wagga Rural Referral Hospital, a private hospital, the NSW and Notre Dame Universities, and the largest number of medical specialists in any single location in regional Australia. However, many LGAs like Temora face the challenge of sustaining a skilled workforce, which has driven one of the Regional Plan's core objectives to strategically plan for health and education precincts. The South West Slopes Regional Economic Development Strategy – 2023 Update similarly highlights the need to focus on attracting and retaining a skilled workforce for key sectors, including health. Further, the Temora Health Service Plan highlights experiences from the Temora community regarding a lack of access to healthcare services due to a variety of challenges such as the need for more GPs, poor staff retention, lack of mental health support facilities, and a gap in after hours and weekend service options.</p>

3.4. DEMOGRAPHIC PROFILE

A demographic profile identifies the demographic and social characteristics of a proposal's likely area of social influence. This is an important tool in understanding how a community currently lives and the potential extent of that community's ability to adapt to changes arising from a proposal.

A demographic profile has been developed for Temora (suburb/the local area) based on demographic data from the 2021 Australian Bureau of Statistics (ABS) Census of Population and Housing and DPPI Population Projections (2019). The demographic characteristics of Temora Shire (Temora LGA/regional area) and NSW have been used, where relevant, to provide a comparison.

3.4.1. Population and age



In 2021, there were **4,706 people living in Temora**, representing 78.0% of the residents in the Temora LGA.

The local area has a significantly **larger proportion of people aged 65 years and above (28.2%)** compared to the proportion across NSW (17.7%). Temora's proportion of elderly people is similar to the proportion across the Temora LGA (27.2%), indicating a regional demand for specific health and infrastructure needs to suit this older demographic.

Temora's **median age (48 years)** is also notably higher than the median age of NSW at 39 years.

In the next 20 years, the Temora LGA is anticipated to be home to an additional 600 people, bringing the LGAs total population to 6,891 in 2041. This represents relatively low annual population growth.

3.4.2. Culture and diversity



Temora has a **marginally higher proportion of Aboriginal and/or Torres Strait Islander people (3.9%)** compared to both Temora LGA (3.4%) and NSW (3.2%).

Both the local and the regional areas have **low cultural and linguistic diversity** compared to NSW. The proportion of people born outside of Australia is 11.4% in Temora, 11.2% in Temora LGA, compared to 34.6% across NSW. Similarly, Temora (3.9%) and Temora LGA (3.9%) have a very low proportion of people who speak a language other than English at home, compared to NSW (29.5%).

3.4.3. Education and qualifications



Populations residing in the local and regional areas have **lower levels of high educational attainment** than across the state, with 10.9% of Temora and 11.5% of Temora LGA residents holding a Bachelor degree or above, compared to 27.8% across NSW. Further, 11.1% of Temora residents and 11% of Temora LGA residents have completed year 12, compared to 14.9% across NSW.

A similar proportion of Temora residents have completed a Cert III (17.7%) and Cert IV (3.2%) to those in Temora LGA (Cert III at 17.8%, Cert IV at 3.3%), reflective of the Cert IV qualifications across NSW (3.3%), but notably higher than Cert III qualifications across NSW (11.7%).

Of the Temora residents who completed a non-school qualification (i.e., tertiary), the most common fields of study were Management and Commerce (20.1%), Engineering and Related Technologies (17.2%), and Health (12.6%).

There is a **smaller proportion of professionals** in the local area (15.4%) and regional area (14.7%) compared to NSW 25.6%.

The level of managers in Temora (14.2%) is similar to that of NSW (14.6%), while there is a **high proportion of managers residing in the Temora LGA** (20.5%).

3.4.4. Workforce and employment



There are slightly **lower levels of participation in the labour force** in the local area (54.0%) and regional area (56.0%), compared to across NSW (58.7%). The local area (3.1%) and regional area (2.9%), experience relatively low levels of unemployment compared to NSW (4.9%).

The **top industry of employment in Temora is Supermarket and Grocery Stores** (4.3%), closely followed by **Aged Care Residential Services** (4.2%) and **Local Government Administration** (4.0%).

Across the Temora LGA, the **top industries of employment are Grain-sheep or Grain-beef Cattle Farming** (5.2%) and **Other Grain Growing** (5.8%), reflecting the region's strong agricultural economy. The third top industry of employment across Temora LGA is **Aged Care Residential Services** (3.6%), aligning with the second top industry of employment in Temora.

3.4.5. Housing and income



The **median weekly personal income in the local area (\$645/week) and regional area (\$656/week) are significantly lower** than the median across NSW (\$813/week). This is also reflected by household median income, with households in Temora earning median incomes of \$1,165/week and households in Temora LGA earning median incomes of \$1,203/week, compared to NSW at \$1,829/week.

These lower levels of income correlate with significantly **lower median rent and mortgage payments** in the local and regional areas. The median weekly rent in Temora is \$240/week, similar to Temora LGA at \$230/week, and notably lower than across NSW at \$420/week. Similarly, the median monthly mortgage in the local and regional area are \$1,183/month and \$1,100/month respectively, compared to NSW at \$2,167/month.

The **majority of Temora residents (90.7%) reside in separate houses**, similar to across the Temora LGA (92.1%). These proportions are significantly higher than that of NSW (65.6%), reflecting the rural context. Only 7.1% of Temora's residents reside in semi-detached, row or terraced houses, and only 0.7% live in apartments.

There is a notably **higher level of home ownership** in Temora (46.3%) and Temora LGA (47.6%) compared to NSW (31.5%). Correspondingly, there is a **lower proportion of residents who are renters** in Temora (24.8%) and Temora LGA (22.6%) compared to NSW (32.6%).

Over the past 2 years, Temora's vacancy rate has not surpassed 2.5% (April 2023) reflecting a **notably low proportion of available rental properties**. A

vacancy rate of 3% is considered healthy as it reflects a market balance between tenants and owners. According to SQM Research, in March 2024 Temora (postcode 2666) experienced a low vacancy rate of 1.4%, with only 7 rental vacancies available.

3.4.6. Health and wellbeing



There is a **high proportion of people living with a long-term health condition** in Temora (64.8%) and Temora LGA (63.8%), compared to the proportion of people across NSW (48.0%). This could be reflective of the local and regional area's higher proportion of older people.

There are **several categories of long-term health conditions which are more prominently experienced by people in Temora and Temora LGA than those across NSW**, including **arthritis** (13.2% and 13.1%, NSW at 8.4%), **asthma** (11.4% and 11.4%, NSW at 7.8%), and **diabetes** (6.3% and 5.9%, NSW at 4.8%).

In 2021, 11.0% of the Temora LGA population aged **15 years and older reported having a mental health condition**, which is consistent with the Murrumbidgee PHN (11%) but **higher compared to NSW** (9.4%) (MPHN, 2022). The proportion of **people aged 0-14 with a reported a mental health condition is also higher in Temora LGA** (2.8%) compared to Murrumbidgee PHN (2.4%) and NSW (1.9%). Furthermore, Murrumbidgee PHN has a significantly **higher suicide rate** compared to NSW (MLHD, 2024). The **hospitalisation rate for self-harm in persons all ages was significantly higher in Murrumbidgee LHD** than NSW in 2021/22 with the highest rates in those aged 15-24 years, contributed to by the significantly higher rate in females, rates for males were not different from NSW (MLHD, 2024).

Alcohol consumption posing long-term risk to health is higher in Murrumbidgee PHN (36.1%) compared to NSW (31.5%). **Alcohol attributable hospitalisations are also higher** in Murrumbidgee PHN for males (781.1 per 100,000 population) compared to NSW (719.6 per 100,000 population) (MPHN, 2024).

3.4.7. Crime and safety

As part of the demographic profile, data from the NSW Bureau of Crime Statistics and Research was also analysed to understand the crime and safety context around the site. This data is accurate as of 29 September 2023. Crime data from the BOSCAR indicates that Temora experiences **generally lower rates of crime** compared to Temora LGA and NSW averages. However, there were some crime types where Temora had **higher rates of crime per 100,000 people** than the LGA and NSW averages, including:

- Non-domestic assault: 405.5 (compared to 365.9 in LGA, 400.2 in NSW)
- Manslaughter: 21.3 (compared to 16.6 in LGA, 0.1 in NSW).
- Robbery without a weapon: 42.7 (compared to 33.3 in LGA, 13.3 in NSW).
- Sexual assault: 192.1 (compared to 149.7 in LGA, 94.4 in NSW).
- Break and enter dwelling: 320.2 (compared to 316.0 in LGA, 235.7 in NSW).
- Break and enter non-dwelling: 234.8 (compared to 266.1 in LGA, 99.2 in NSW).
- Steal from dwelling: 298.8 (compared to 282.8 in LGA, 189.1 in NSW).

- Deal/traffic other drugs: 21.3 (compared to 16.6 in LGA, 5.3 in NSW).

As such, this crime profile indicates that Temora may be more susceptible to opportunistic and theft crimes.

3.4.8. Vulnerable groups

There are numerous vulnerable groups within the study area community including socio-economically disadvantaged groups, elderly people and people with a disability (need for assistance), as well as people who are homeless or insufficiently housed.

3.4.8.1. SEIFA

According to Socio-Economic Indexes for Areas (SEIFA) data (ABS, 2021), there is some variation in terms of socio-economic advantage and disadvantage between communities within the local area and regional area:

- The suburb of Temora experiences **high levels of socio-economic disadvantage**, as it ranks in the bottom 30% of suburbs across all four indices¹. This indicates that the area may face disproportionately low levels of access to economic resources, such as many households with low incomes, and many people with no qualifications or who work in low skill occupations compared to suburbs across Australia.
- The Temora LGA experiences **average levels of socio-economic advantage and disadvantage compared to LGAs across NSW**, ranking in the bottom 50% of LGAs in the Index of Relative Socio-economic Disadvantage (IRSD), the Index of Economic Resources (IER), and in the bottom 40% in the Index of Relative Socio-economic Advantage and Disadvantage (IRSAD) and the Index of Education and Occupation (IEO). This suggests that the area has a range of people with high and low incomes, and skilled and unskilled occupations.

3.4.8.2. Disability

- Within Temora, **377 people (8.0% of the local population) identified as having a need for assistance** due to disability, old age, or long-term health condition/s.
- **513 people (13.2% of the local population) in Temora provided unpaid assistance to someone with an identified need for assistance.** This proportion is similar to that of Temora LGA (13.9%), and higher than across NSW (11.5%).

3.4.8.3. Homelessness

Data on the estimated levels of homelessness according to the ABS 2021 Estimating Homelessness: Census is only available at a regional level, and has been gathered for Temora LGA.

- In 2021, there were **4 people** in the Temora LGA regional area staying temporarily with other households. This reflects a rate of 6.6 per 10,000 people, which is significantly lower than the rate across NSW at 50.6 per 10,000 people.
- There were no people who identified as living in improvised dwellings, tents, or sleeping out, or who were living in supported accommodation for the homeless.

¹ The four SEIFA indices comprise:

- The Index of Relative Socio-Economic Disadvantage (IRSD) which focuses on socio-economic disadvantage.
- The Index of Relative Advantage and Disadvantage (IRSAD) which focuses on both socio-economic advantage and disadvantage.
- The Index of Education and Occupation which focuses on relative education and occupation advantage and disadvantage.
- The Index of Economic Resources (IER) which focuses on economic advantage and disadvantage.

4. SIA FIELD STUDY

As specified in the SIA Guideline (DPHI 2023), SIAs require community and stakeholder engagement to be undertaken to develop an understanding of potential impacts on communities and people. Community and stakeholder engagement also provides the opportunity for potentially impacted people and groups to provide feedback and input into a proposal.

In-depth interviews, a door knock, and a community survey were used to engage and consult the community and key stakeholders regarding the proposal and to inform the SIA. The methods of engagement and consultation with community and key stakeholders and details of participation for the SIA field study are provided in Table 5.

Table 5 Summary of SIA field study activities

Method	Administered	Timeframes	Invited	Participated
In-depth interviews	Face-to-face, online, phone	15 November 2023 to 13 December 2023	12 stakeholders (18 representatives in total) including key service providers and community representatives within Temora	Nine interviews conducted (with 15 total representatives)
Community survey	Online	30 October 2023 to 15 December 2023	Temora residents, businesses, services and workers	16 survey responses
Neighbour door knock and letterbox drop	In-person	15 November 2023	60 residences included in the newsletter distribution and door knock area identified in Figure 12	November 2023 Project Update Newsletter distributed to 60 properties, with seven residents providing direct feedback in-person

Additional communication and activities were also conducted by the Temora Health Service Redevelopment Project Team. This SIA is also informed by the outcomes of these activities conducted from June 2022 to date of writing this report, including outcomes documented in the following reports:

- Temora Hospital Redevelopment Vision Workshop Outcomes (February 2023)
- Temora Health Service Redevelopment Master Plan Community Engagement Report (July 2023)
- Temora Health Service Redevelopment Consultation Outcomes Report: Concept Design (February 2024)

Details of these engagement activities and outcomes are available in the Engagement Outcomes Report as part of the REF.

4.1. IN-DEPTH INTERVIEWS SUMMARY OF FINDINGS

As part of this SIA, in-depth interviews (face-to-face, online and phone) were conducted by Urbis Social Planning representatives with representatives from the following agencies and organisations:

- Temora Shire Council (face-to-face, 3 representatives)
- Murrumbidgee Primary Health Network (PHN) (online, 2 representatives)
- Murrumbidgee Local Health District (LHD) (online, 2 representatives)
- Murrumbidgee LHD Security Manager (face-to-face, 1 representative)
- Temora Local Health Advisory Committee (LHAC) (online, 1 representative)
- Temora High School (face-to-face, 2 representatives)
- Temora Preschool & OOSH (Out of School Hours) (phone call, 1 representative)
- TAFE NSW Temora (face-to-face, 1 representative)
- Whiddon Temora (online, 2 representatives).

In-depth interviews were also offered to Temora Medical Complex, Victoria Street Surgery and Southern Cross Care Temora Village but were not accepted.

The purpose of these discussions was to understand the local context and characteristics of the community and any potential positive or negative social impacts associated with the proposal. Prior to the interviews, stakeholders were provided a November 2023 Project Update Newsletter containing an overview of the proposal, links to additional information, and a QR code and link to the community survey.

A summary of the consultation, as relevant to this SIA, is provided below.

Stakeholder group	Summary of findings
Temora Shire Council representatives	<p>Local context and social characteristics</p> <ul style="list-style-type: none"> ▪ Strong community cohesion (i.e., close-knit community), high levels of trust, good relationship between Council and the community. Known as ‘the Friendly Shire’. ▪ Largely conservative values across the community. ▪ Council is exploring opportunities to enhance diversity and inclusion within the area through migration programs and multicultural programs. ▪ Strong values related to heritage and the local environment, including an active Heritage Committee. ▪ Existing staff shortages are affecting all industries. A key vulnerability is workforce attraction and housing (in particular related to rental housing). ▪ Climate is a potential vulnerability as drought is a significant concern, particularly as agriculture is the predominant industry. ▪ There is a heavy reliance and significant demand on local GPs. ▪ There are existing mental health issues within the community. ▪ Temora is about to experience an ‘economic boom’ with several large-scale projects being constructed concurrently (Inland Rail, Aged Care Facility, solar farms, seasonal workforce to assist with harvest). ▪ Potential social impacts (positive and negative) ▪ Key benefit of the proposal is for the staff (i.e., working in a modern, fit-for-purpose facility). ▪ Access to modern clinical and non-clinical services for the community.

Stakeholder group	Summary of findings
	<ul style="list-style-type: none"> ▪ Potential benefits associated with staff attraction and retention, including career pathways for young people to encourage them to stay in Temora. ▪ Loss of heritage value due to demolition of the existing Temora Hospital building. ▪ Need to ensure continuity of service during the construction phase of the proposal, in particular ensuring that additional demand and burden is not placed on local GPs. ▪ Potential amenity impacts, e.g., noise impacts for neighbours. ▪ Strengthening the facility's role as a regional health facility. ▪ Provision of key worker accommodation will be an important inclusion. ▪ Accommodation of construction workforce is a key concern due to the unavailability of rental housing and developers typically waiting until close to construction to source accommodation which does not provide adequate lead time. <p>Potential enhancement and mitigation measures</p> <ul style="list-style-type: none"> ▪ Integrating aspects related to the heritage of Temora Hospital in the proposal. Recommended retaining some architectural elements, and paying homage to the old building. ▪ Opportunity to continue to enhance partnerships between the proposal and training/education providers to increase capacity to provide local qualification and training programs (e.g., nursing). ▪ Potential to utilise caravan parks to accommodate the construction workforce. ▪ Opportunity to install temporary worker accommodation on the existing land of Stage 2 of Highfields Estate (future housing development next to the proposal site). Council is interested in working with developers to set up one temporary accommodation site that can be used across multiple projects. ▪ Some hotel operators are interested in providing cabins on their land. There could be an opportunity for the proponent, construction contractor, Council and hotel operators to work together on a solution/ initiative to house workers.
Murrumbidgee PHN representatives	<p>Local context and social characteristics</p> <ul style="list-style-type: none"> ▪ The Temora community is supportive and generally works together to address issues. ▪ Temora is one of the larger towns in the region and acts as a hub, with smaller towns relying on facilities and services in Temora. ▪ The population is fairly stable, but it is an ageing population. ▪ Increasingly, younger families return to this area to raise children or care for ageing parents; returning from time away pursuing study or work. ▪ Recently, there has been a reduction in local GPs, resulting in increased demand on existing GPs. This results in people attending hospital when they require care or not presenting to health services at all, resulting in worsened health impacts. ▪ Chronic disease management is a challenge. The preparation of mental health and chronic disease management plans for patients require significant time and resources.

Stakeholder group	Summary of findings
	<ul style="list-style-type: none"> ▪ Rental housing is difficult to find. Availability of housing and accommodation is important to attract and recruit potential healthcare staff, for example prospective students or registrars. ▪ Temora and the region is characterised by lower socio-economic status. ▪ There are increasing mental health issues in the area, but also more programs available and more people presenting, in particular older males in the agricultural industry. <p>Potential social impacts (positive and negative)</p> <ul style="list-style-type: none"> ▪ Provision of a modern health facility while retaining and building on health service offerings. ▪ Potential attraction and retention of health service professionals and staff, including allied health professionals through provision of a modern facility/workplace. ▪ Securing adequate staff is difficult. It is important to be realistic about staffing requirements and ensure there is sufficient staff to operate the health service. ▪ Potential impacts during construction and staging related to operation of services, in particular on staff. <p>Potential enhancement and mitigation measures</p> <ul style="list-style-type: none"> ▪ It will be important the community is kept adequately informed about the proposal and that any changes are actively communicated, e.g., access arrangements during construction and the type or extent of services to be provided. ▪ There is an opportunity for the health service to have its own staff medical officer (i.e., own GP operating from the hospital) to manage pressures placed on private GPs.
Murrumbidgee LHD representatives	<p>Local context and social characteristics</p> <ul style="list-style-type: none"> ▪ Temora is a community that comes together to support each other. It is a generational community with interconnected histories. ▪ Temora has an ageing population. Young people tend to leave Temora to study, but often return once they start having children. In addition, more younger families with children and people moving to the area from metropolitan areas to seek more affordable housing. ▪ Key health issues include chronic disease, ageing, cancers. ▪ Men's mental health is an issue, which is typically common in farming communities. <p>Potential social impacts (positive and negative)</p> <ul style="list-style-type: none"> ▪ Enhanced and increased health services (e.g., theatre services and medical imaging). This will improve the quality of health services available in Temora but will also reduce the need for travel to Wagga Wagga for health services, supporting the community to remain in the area. ▪ Enhanced workflow and collaboration between staff, as well as enhanced security and safety for staff once operational. ▪ Attracting health professionals and supporting staff retention. ▪ Enhanced clinical safety. ▪ Potential interruptions and changes to workflow during construction.

Stakeholder group	Summary of findings
	<p>Potential enhancement and mitigation measures</p> <ul style="list-style-type: none"> ▪ It will be important to set expectations early, most importantly staff expectations relating to construction staging and service decanting. Consider opportunities to implement team-building exercises prior to staging. ▪ Utilise housing leased by Murrumbidgee LHD in Temora to accommodate healthcare staff as required. ▪ Explore opportunities for funding and grants to provide on-site key worker accommodation in future. ▪ Explore opportunities to support additional school-based trainees and post-graduate students.
Murrumbidgee LHD Security Manager	<p>Local context and social characteristics</p> <ul style="list-style-type: none"> ▪ There are no consistent or excessive crime and safety issues associated with the hospital. However, issues relating to substance abuse and theft (e.g., of vehicle licence plates) occur occasionally. ▪ Like in many regional towns, the hospital acts as a key hub or focal point in Temora and the community feel a sense of ownership and connection to the site. <p>Potential social impacts (positive and negative)</p> <ul style="list-style-type: none"> ▪ Enhanced wayfinding will be achieved by the provision of a central foyer and singular main entry point, which will provide optimal passive surveillance and good separation of spaces. The foyer could act as a natural extension of a visitor's treatment and experience (e.g., separate areas for those needing emergency treatment and those waiting for community health services). ▪ The heritage aspects of the building holds significant importance to the community, therefore the demolition of the building may impact some people. ▪ The proposal will provide enhanced staff amenities and improve staff safety. <p>Potential enhancement and mitigation measures</p> <ul style="list-style-type: none"> ▪ The provision of hospital fit pack (syringe) dispensers in select areas is recommended. These areas should be lit in accordance with Australian Standards, covered by CCTV footage, clearly signed, and have very good passive surveillance (pedestrians and/or vehicles). ▪ The new building should incorporate design features which pay homage to the history of the site and encourage a sense of community ownership. This could include preservation of key architectural features (with consideration given to potentially exhibiting these in the Temora Rural Museum) or incorporation of a historical component in the new building, such as a pictured wallpaper with photos and a timeline. ▪ The carpark and external areas should be well lit in accordance with Australian Standards, incorporate clear signage delineating the public and staff carparking areas, and include CCTV surveillance. ▪ Clear signage and environmental cues, such as changes to landscaping or pavement materials, should be incorporated to delineate staff parking from public parking areas. ▪ Gardens should be regularly maintained and monitored to maintain clear sightlines and minimise opportunities for concealment and entrapment.

Stakeholder group	Summary of findings
<p>Temora Local Health Advisory Committee representative</p>	<ul style="list-style-type: none"> ▪ The existing pathway from the main entrance to the building should be well-lit and maintained to reduce risk of falls and trips. <p>Local context and social characteristics</p> <ul style="list-style-type: none"> ▪ Temora is a supportive, strong and united community. ▪ It is primarily a rural, agricultural community. Agriculture businesses are becoming fewer in number, due to a transition to larger land holdings, but it remains a key industry in Temora. ▪ Aged care is also a key industry in Temora, with notable employment in this sector. ▪ Temora has a well-established Heritage Committee. The committee has a focus on reflecting and acknowledging the area's history. ▪ The community generally is conservative in terms of social values. ▪ Housing supply and availability is a current issue, however there are new housing estates in development. ▪ Some businesses find it difficult to attract and retain employees. ▪ There is a high demand for local GPs. ▪ Historically volunteering has been a prominent activity, however this is in decline, due in part to an ageing population and growing numbers of households with two adults/parents that work. <p>Potential social impacts (positive and negative)</p> <ul style="list-style-type: none"> ▪ Staff (clinical and non-clinical) attraction, retention and recruitment associated with an improved, modern facility. ▪ Potential procurement and services provided by local businesses for construction and operation. ▪ Local employment during construction. ▪ Concerns relating to securing adequate staffing to deliver services. ▪ Loss of heritage value due to demolition of the existing hospital building. ▪ Continuity of services and ensuring public safety during construction. <p>Potential enhancement and mitigation measures</p> <ul style="list-style-type: none"> ▪ Ongoing and proactive communication with the local community. ▪ Reflecting the history of the hospital site, local area and community through design features and artwork (through the Arts Working Group).
<p>Temora High School representatives</p>	<p>Local context and social characteristics</p> <ul style="list-style-type: none"> ▪ 83% of Temora High School students are in the lowest socio-economic bands, and the school as a whole is within the bottom 20% of socio-economic bands across NSW. This includes students with complex backgrounds, family issues and needs. There has also been an increase in the complexity of issues, that is not necessarily reflected in the data. Domestic and family violence is a key issue. ▪ Mental health issues amongst students and young people is another notable issue. ▪ Historically, Temora has had a dominant agricultural industry. However the prominence of farming is gradually decreasing, due to reduction in family farms and increase in large agricultural corporations in the region. ▪ Retirees are attracted to Temora.

Stakeholder group	Summary of findings
	<ul style="list-style-type: none"> ▪ If pursuing university, students tend to leave Temora but return to raise children. ▪ Professionals in Temora are generally in the fields of teaching, health, and local government. ▪ Approximately half of students do not finish Year 12 (especially males), and instead pursue a trade after Year 10 as there are several trade-based employment opportunities in and around Temora. ▪ Temora is about to experience an 'economic boom', as a result of the Inland Rail, Aged Care expansion and other projects. ▪ There are challenges for the school to access community services. Most youth services are outreach services that are not available every day. Referrals to Wagga Wagga are required for some services (e.g., alcohol and drug counselling). ▪ There are some challenges with provision of TAFE courses, as these courses do not run if student number thresholds are not achieved. <p>Social impacts (positive and negative)</p> <ul style="list-style-type: none"> ▪ Reduced need for travel to Wagga Wagga with enhanced and additional health service provision. ▪ Improved wayfinding and accessibility in the facility which could encourage better engagement with services. ▪ Local employment and training during construction, in particular employing local young people and apprentices. ▪ Potential noise impacts during construction, in particular during exam and HSC periods. ▪ Potential access impacts related to trucks during construction. <p>Potential enhancement and mitigation measures</p> <ul style="list-style-type: none"> ▪ Integrating a youth mental health services hub (i.e., where outreach services can use interviews rooms, etc). This would be particularly beneficial due to the close proximity to Temora High School, therefore accessible to young people. ▪ Partnership and collaboration with the future university hub in Temora and TAFE, particularly as more students are becoming interested in the health sector. ▪ Partnership and collaboration with the defence/aviation industry (e.g., training for flying doctors service). ▪ Opportunity to integrate hospital history into the Temora Rural Museum.
TAFE NSW Temora representative	<p>Local context and social characteristics</p> <ul style="list-style-type: none"> ▪ In addition to agriculture, Health is also a key industry of employment in the area. ▪ Temora is an inclusive and supportive community. ▪ The community value the history and heritage of the area. ▪ There are significant opportunities to participate in sport. ▪ There is a need to travel to Wagga Wagga to access specialist medical services that are not available locally. ▪ There is a lack of health training facilities locally. Students have to go to Wagga Wagga to study and practice nursing.

Stakeholder group	Summary of findings
	<ul style="list-style-type: none"> ▪ Demand for training in aged care is increasing. ▪ Many young people prefer to commence an apprenticeship at Year 10 rather than completing Year 12. <p>Potential social impacts (positive and negative)</p> <ul style="list-style-type: none"> ▪ Utilising local workers and businesses to service the proposal. ▪ Creating a 'health hub' and bringing people together in one inclusive space. <p>Potential enhancement and mitigation measures</p> <ul style="list-style-type: none"> ▪ Opportunity to collaborate with TAFE pre-construction to identify required qualifications so that TAFE can provide these courses and training locally. ▪ Opportunity to partner with Temora Health Service to deliver the TAFE Youth Engagement Strategy (YES) program. ▪ Potential for a partnership between TAFE and Temora Health Service to deliver a health service training facility. ▪ Opportunity to use the TAFE campus for students completing university degrees in health.
Whiddon Temora representatives	<p>Local context and social characteristics</p> <ul style="list-style-type: none"> ▪ Temora is largely a farming community. ▪ Temora is an ageing community, and there is significant demand for aged care services. ▪ Young people tend to move away for university or employment, but often return to raise young families. ▪ The shortage of rental housing is a significant challenge. <p>Potential social impacts (positive and negative)</p> <ul style="list-style-type: none"> ▪ Provision of a new, up-to-date health facility. ▪ Potential benefits of attraction and retention of health service staff related to provision of a modern facility. ▪ Improved amenities for health service staff. ▪ Improved facility access, including the proposed car park. ▪ Impacted access to Whiddon Temora. Based on the current plans, Whiddon Temora will no longer be able to access the rear of their facility, including the back door, bus port and bin area, through the hospital site. <p>Potential enhancement and mitigation measures</p> <ul style="list-style-type: none"> ▪ Ongoing communication and consultation with Whiddon Temora to explore access options and/or provide support to assist in changes to operational procedures related to access affected by the proposal.

4.2. DOOR KNOCK SUMMARY OF FINDINGS

Urbis Social Planning representatives conducted a door knock and Letter box drop (of the November 2023 Project Update Newsletter) to surrounding land-uses on 15 November 2023 between 3pm and 5pm. The newsletter also included a QR code for a community survey (see Section 4.3) to collect feedback on potential positive and negative social impacts. Urbis representatives undertook the door knock and letterbox drop to 60 properties and spoke with 7 residents who provided direct feedback in person. The distribution area is shown in yellow in Figure 12 below. A copy of the newsletter is included in Appendix A of this SIA.

The purpose of this activity was to provide updated information about the proposal and provide an opportunity for businesses and residents to raise concerns related to the proposal.

Figure 12 November 2023 Project Update Newsletter letterbox distribution and door knock area



Source: Google 2023

A summary of the discussions undertaken during the door knock, as relevant to this SIA, is provided below.

Table 6 Summary of door knock findings

Theme	Summary of findings
Better access to health services	All seven residents expressed that the proposal would provide enhanced access to health services in Temora, including providing modern equipment and potentially reducing the need to travel to Wagga Wagga to access some services.
The Temora Hospital has important historical value	Two residents commented on the historical aspect of the existing hospital building. One resident stated: 'I was born there, my daughter was born there' and another stating 'the history is quite important', but recognised the existing facility is not adequate to provide modern health services.
Potential amenity impacts during construction	Two residents commented that there may be potential impacts from dust and noise during construction, but that they did not have significant concerns.
Adequate staffing	One resident raised concerns about whether the service will be adequately staffed to enable delivery of the planned services.
Facility accessibility	One resident expressed that the current hospital has some accessibility challenges, including confusing hallways, stairs and a lack of ramps to meet the needs of ageing residents.

4.3. COMMUNITY SURVEY SUMMARY OF FINDINGS

The community survey was distributed via the November 2023 Project Update Newsletter, and sent directly to stakeholders interviewed throughout November 2023 as part of the SIA field study. These stakeholders were encouraged to share the survey with their networks and local residents. The November 2023 Project Update Newsletter was also uploaded to the Temora Health Service Redevelopment webpage. The survey was available online from 30 October 2023 to 15 December 2023.

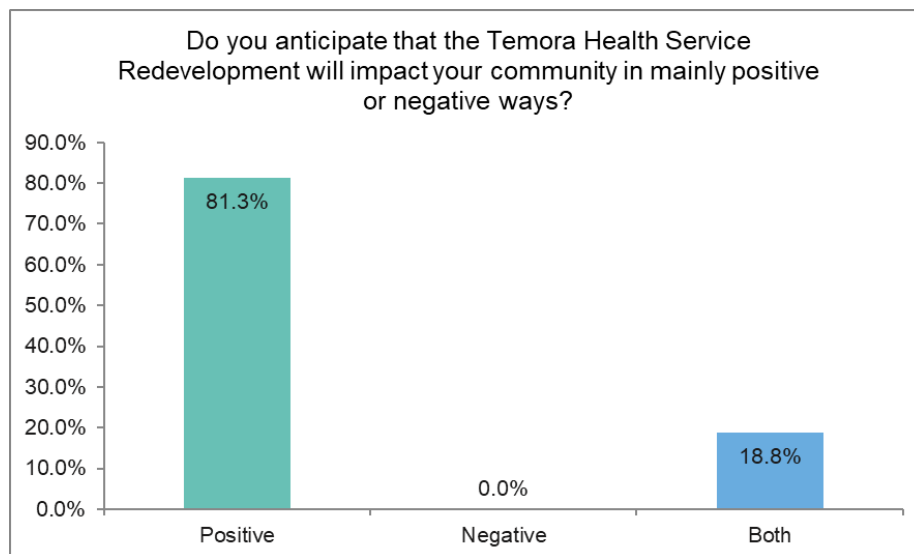
Sixteen responses to the community survey were received. Survey respondents were asked if they would like to be contacted by the Urbis team to further discuss the proposal and social impacts. One survey respondent selected 'Yes' to this offer. An Urbis representative contacted the survey respondent via phone call.

A summary of the community survey outcomes, as relevant to this SIA, is provided below.

Of the survey respondents, five identified themselves as Temora Health Service staff, 10 identified themselves as members of the community, and one identified themselves as 'other' (NSW Ambulance paramedic). Of the 16 survey respondents, 15 identified that they were familiar with the proposal. Seven respondents noted they had previously been consulted or engaged by the Temora Health Service Redevelopment Project Team about the proposal, while nine respondents noted they had not been previously consulted.

Of the 16 survey respondents, 13 respondents anticipated that the proposal will impact the community in mainly positive ways and three respondents anticipated the proposal will impact the community in both positive and negative ways. No respondents anticipated the proposal will only result in negative impacts.

Figure 13 Anticipated social impacts (positive, negative or both) by survey respondents



A summary of key findings is provided in Table 7 below.

Table 7 Summary of community survey findings

Theme	Summary of findings
Health service disruption during construction	<ul style="list-style-type: none">Six survey respondents raised concerns about access and accessibility of health services during construction, relating to space constraints and limited storage and impact on hospital service functions.

	<ul style="list-style-type: none"> One participant noted that as a nurse at the current hospital, 'not having clear planning on where the wards/ED will be operating will make it difficult for the hospital to run business as usual'. Another participant identified the need for 'large doorways, ease of access to beds, [it's] amazing how little room there is currently to manoeuvre [hospital] bed/ambulance stretcher. One participant identified that privacy of patients will need be considered during the construction and decanting process.
Enhanced physical and mental health services	<ul style="list-style-type: none"> Ten survey respondents identified improved access to, and quality of health services as a key positive impact for both staff and users. Participants identified several potential benefits including better equipment and facilities, improved access and reduced need for travel for services, improved workflow, additional services (as identified in the Temora Health Services Plan), improved mental health services and better patient outcomes.
Staff attraction and retention	<ul style="list-style-type: none"> Two survey respondents raised concerns about ensuring adequate staffing for the facility. One participant stated 'shortage of medical staff will only be made more difficult by increased demand from upgrading hospital facilities'. One survey respondent noted that the proposal could bring new staff and agency staff to the area.
Local employment opportunities	<ul style="list-style-type: none"> Two survey participants identified opportunities for local employment during construction and operation as potential benefits.
Amenity impacts during construction	<ul style="list-style-type: none"> Four survey participants identified potential impacts relating to noise during the construction phase

4.4. SUMMARY OF SIA FIELD STUDY FINDINGS

The following table provides a summary of the key potential social impacts identified by participations of the SIA field study and previous engagement. The table also summarises potential mitigation and enhancement opportunities identified by participants.

Table 8 Community identified potential positive impacts, negative impacts, and opportunities

Positive impacts	Negative impacts	Mitigation and enhancement opportunities
<ul style="list-style-type: none"> Enhanced access to and quality of health services provided through the Temora Health Service once fully operational. 	<ul style="list-style-type: none"> Loss of key worker accommodation and exacerbation of demand for local rental accommodation, in 	<ul style="list-style-type: none"> Development of a 'training hub' whereby students pursuing study in health and health-related fields can access relevant training and programs

Positive impacts	Negative impacts	Mitigation and enhancement opportunities
<ul style="list-style-type: none"> Improved health service facilities and workplace contributing to enhanced staff attraction and retention. Improved safety and security for both staff and health service users. Improved physical access and wayfinding within the site and facility. Local employment and training during construction and operation. 	<ul style="list-style-type: none"> particular for health service staff. Impact to historical connections and values as a result of the demolition of the existing hospital building. Demand for construction worker accommodation; a potential cumulative impact with several large-scale projects being constructed in the area concurrently. Noise impacts affecting nearby neighbours during construction. Potential disruption to health service provision and workflow during construction. Access impacts to neighbouring facilities during construction and operation. 	<ul style="list-style-type: none"> locally in Temora, without the need to travel elsewhere. Reflecting the history and heritage of the site and existing building. Enhance partnerships between the Temora Health Service Redevelopment and training/education providers to increase capacity to provide local qualifications and training programs (e.g., in nursing). Work with Council and private developers and businesses to explore temporary accommodation options for construction workers. Explore funding and grant opportunities to provide on-site key worker accommodation in future.

5. COMMUNITY VALUES, STRENGTHS AND VULNERABILITIES

The following table outlines the values, strengths, and vulnerabilities experienced in the local and regional areas, as identified through the social baseline research and SIA field study.

Table 9 Community identified values, strengths, and vulnerabilities

Values	Strengths	Vulnerabilities
<ul style="list-style-type: none"> ▪ Rural area, with prominent agricultural history and uses ▪ Heritage and history of the area and community ▪ Supportive and ‘close-knit’ community, known as ‘the Friendly Shire’ ▪ Active community participation (e.g., volunteering, committees) 	<ul style="list-style-type: none"> ▪ Strong agricultural industry and economy ▪ High level of home ownership ▪ High quality and high availability of sporting facilities and recreation spaces ▪ High level of volunteering (engagement with Council activities) ▪ Housing affordability and availability (related to ownership) ▪ Proximity to Wagga Wagga regional centre 	<ul style="list-style-type: none"> ▪ Higher proportion of elderly people and ageing population ▪ High proportion of people with long term health conditions ▪ Mental health vulnerabilities, particularly amongst young people and men ▪ High levels of socio-economic disadvantage ▪ Low levels of personal and household income ▪ Low availability of rental housing, including to house new workers ▪ Demand on GPs locally and associated challenges attracting and retaining local GPs ▪ Difficulties attracting and retaining a health workforce

6. SOCIAL IMPACT ASSESSMENT

This chapter provides a ranking of the identified social impacts of the proposal. It is structured by the social impact categories outlined in the SIA Guideline (DPHI 2023).

Each impact is assessed in accordance with the risk assessment methodology applied in the SIA Guideline Technical Supplement, whereby the significance of potential social impact is assessed by comparing the magnitude of the impact against the likelihood of the impact occurring. This methodology is outlined below.

Table 10 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	Medium	Medium	High	High
D	Unlikely	Low	Low	Medium	Medium	High
E	Very unlikely	Low	Low	Low	Medium	Medium

Source: DPHI, 2023, SIA Guideline: Technical Supplement, p. 13

Table 11 Likelihood levels

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

Source: SIA Guideline: Technical Supplement (DPHI 2023, p. 12)

Table 12 Magnitude levels

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.

Magnitude level	Meaning
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: SIA Guideline: Technical Supplement (DPHI 2023, p. 13)

Table 13 Dimensions of social impact magnitude

Dimension	Explanation
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?
Intensity or scale	What is the likely scale or degree of change? (e.g., mild, moderate, severe)
Sensitivity 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: SIA Guideline: Technical Supplement (DPHI 2023, p. 12)

Mitigation and enhancement measures

Social impacts are assessed before and after the implementation of mitigation measures (for negative social impacts) and enhancement measures (for positive social impacts). These measures can take different forms and may be incorporated in the design, planning, construction, or operational stage of the proposed development. Mitigation measures, enhancement measures, and SIA recommendations are summarised in Section 7.1.

SIA recommendations

SIA recommendations are proposed throughout the impact assessment to further enhance positive social impacts and mitigate negative social impacts. These measures have not been included in the assessment of mitigated or enhanced impacts, but have been recommended as additional measures for consideration by the proponent to enhance the social outcomes of the proposal. Mitigation and enhancement measures which are committed to and have informed the assessment of mitigated and enhanced social impacts are detailed in the 'mitigated' and 'enhanced' sections of each social impact throughout this section and summarised in Section 7.1. SIA recommendations are identified separately from the mitigated and enhanced assessment for each impact and are summarised in Section 7.2.

6.1. WAY OF LIFE

This section provides a detailed assessment, unmitigated and mitigated and unenhanced and enhanced, of the matters that significantly impact way of life as a consequence of the proposal.

6.1.1. Availability of temporary worker accommodation during construction – Unmitigated

Affected stakeholders: Future construction workers located within the local and regional social locality and existing and future people renting within the local and regional social locality	Duration: Construction
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The availability of temporary worker accommodation during construction is a key consideration for ensuring that the construction workforce is housed appropriately and are able to maintain their desired way of life. In order to complete the construction works associated with the proposal, the Temora Hospital Redevelopment is estimated to support approximately 150 direct jobs during construction jobs (advice from HINSW personnel preparing the Cost Benefit Analysis).

Temporary worker accommodation is also a crucial element of ensuring that a project does not exacerbate an existing issue affecting the local community. According to SQM Research, the vacancy rate for Postcode 2666 (postcode for Temora) is 1.4% as of December 2023. The vacancy rate has been below 2.5% since November 2019 (rising to 2.5% once in this timeframe in April 2023). This demonstrates very low vacancy rates, with industry standards noting anything under 2.5% is tight and shows a low availability of rental properties that are empty and available for lease.

During consultation several stakeholders raised housing and accommodation as a key concern given the existing struggle to source housing within Temora, and Wagga Wagga more broadly, particularly for temporary workers. One of the main contributors to this housing pressure was identified as the influx of large-scale projects (and their workforces) being constructed concurrently, including the nearby Inland Rail, solar farms, as well as the existing seasonal/transient workforce. Further, some believed that it was the fault of the principal developers of these projects waiting too long before looking into accommodation solutions for their workforces. It was also noted that some members of the community are reluctant to rent out their homes to people whom they do not know, leaving some homes unoccupied but excluded from the rental market.

Stakeholders also expressed a clear preference for the incoming construction workforce to reside in, or near, Temora in order to maximise the flow on economic benefits to local services and facilities (rather than utilising FIFO/DIDO workers). Suggestions which emerged during consultation included:

- Potential use of the caravan parks in the area;
- Opportunity for Council to work with proponents across several projects to set up temporary accommodation on-site at a nearby residential development, for use by multiple projects;
- Possibility for some hotels to put cabins on their land.

Given the extent of the existing pressure on the housing and rental markets, the size of the incoming construction workforce, and the desire to accommodate these workers within Temora or nearby suburbs, this impact is assessed as **high negative**, given the almost certain likelihood and moderate magnitude.

6.1.2. Availability of temporary worker accommodation during construction – Mitigated

To ensure the availability of temporary worker accommodation during construction, and to mitigate the flow on effects felt by the local community, a construction workforce accommodation strategy will be developed in conjunction with the successful Contractor. Strategies of relevance are likely to include:

- Use of local trades where possible, to minimise the volume of workforce who are working remotely from their usual place of residence and need to be accommodated.

- Rental of suitable dwellings in Temora and surrounds (e.g. Junee, Cootamundra, Ariah Park, West Wyalong, Wagga Wagga etc) to accommodate fly-in workforce.
- Standing agreement with local motel providers to accommodate fly-in workforce.
- Formal car-pooling arrangements for trades attending from Wagga Wagga and other outlying areas.

Workforce accommodation on the hospital site is not included within the proposal.

HINSW and Murrumbidgee LHD have advised that they will work with Council and the construction contractor to investigate utilising caravan parks to accommodate the construction workforce as required.

In line with the strategies identified for inclusion in the construction workforce accommodation strategy, the extent of this impact is dependent on the adoption of the measures outlined above. Assuming their full incorporation, the likelihood of this impact would be reduced to possible, and the magnitude reduced to minor, with the residual impact assessed as **medium negative**.

This impact could be further mitigated through the following recommended measures.

SIA recommendation/s

- Consider working with Council and the construction contractor to investigate additional options for temporary worker accommodation, as feasible according to project commencement, duration, accommodation need, and market availability.

6.1.3. Availability of key worker housing during operation – Unmitigated

<p>Primary affected stakeholders: Health service users in the local and regional social locality</p> <p>Secondary affected stakeholders: Current and future health service staff</p>	<p>Duration: Operation</p>
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Access to suitable housing close to work is essential to support the needs of key workers in any setting. It is particularly important in rural and regional areas, such as Temora, where there is also a need to attract, support and retain health staff to support the operation of a health service.

The Temora Health Service Plan (Murrumbidgee LHD 2022) identifies that one of the biggest issues affecting the current workforce is a lack of staff accommodation, which has a major impact on the health service's ability to attract and retain staff.

Several stakeholders expressed that there is already a significant shortage of available rental housing within Temora to accommodate any incoming potential residents and workers. Stakeholders emphasised that the scarcity of available rental housing may be a barrier to attracting and retaining health service staff, which could impact the delivery of services and ultimately service users. With regard to potential staff recruits, stakeholders consistently conveyed that access to housing significantly influences decisions to accept positions in the region. During in-depth interviews, representatives from Murrumbidgee PHN explained that the lack of available rental housing poses a challenge when engaging with prospective students or registrars, who, when considering work opportunities in the area, require suitable living arrangements to sustain positions in Temora, particularly if they are required to relocate. The lack of available long-term rental housing options in turn affects attraction and retention of health service staff within the Temora area.

As evidenced in the Community Strategic Plan: Temora Tomorrow – Towards 2035 (Temora Shire Council 2022), residents identified rental scarcity and the need for rental solutions as key issues within the community. Furthermore, according to SQM Research (2023), the vacancy rate for Postcode 2666 (postcode for Temora), is 1.4% as of December 2023. The vacancy rate has been below 2.5% since November 2019 (rising to 2.5% once in this timeframe in April 2023). This demonstrates very low vacancy rates, as industry standards indicates anything under 2.5% indicates a low availability of rental properties that are empty and available for lease. This data highlights the severity of the rental housing shortage and serves as a quantitative validation of community and stakeholder concerns, emphasising the need to address the accommodation issue to ensure the success and sustainability of the proposal.

During in-depth interviews, several stakeholders identified the provision of onsite key worker accommodation to support staff as a key component in the attraction and retention of health service staff, and effective delivery of health services to meet demand. Currently there is staff accommodation provided on the Temora Hospital site with potential to accommodate nine staff members on the ground floor (including the one-bedroom flat). However, the Temora Health Service Plan (Murrumbidgee LHD 2022) notes that the existing accommodation is dated and does not meet current standards, with only 5 of the 10-bed capacity suitable for use. Current occupancy of the five available beds is 100% most of the time, indicating a high level of demand and use (Murrumbidgee LHD 2022). The accommodation supports students, agency staff, recently employed staff (up to three months) and shift workers staying overnight. However, with local rental housing being not readily available in Temora, a Murrumbidgee LHD representative reported that some staff have had to stay longer in the accommodation.

The proposal will involve removal of the existing staff accommodation. Key worker accommodation is a desired inclusion, but is subject to affordability and the delivery solution is not confirmed. As such, key worker accommodation is not considered as part of the scope of the REF at the time of preparation of this report. The impact of the removal of this accommodation may also be affected by a slight workforce increase. Workforce data provided by Murrumbidgee LHD for Temora Health Service indicates a total increase of 1.5 FTE positions by FY 2030/2031.

The Murrumbidgee Local Health District (LHD) also has existing offsite accommodation in Temora. Murrumbidgee LHD currently rents one 3-bedroom property in Temora which is intended for short-term agency nurse usage and currently accommodates two agency staff members. There is a second home available through Temora Shire Council which is typically used for student doctors (however the current capacity is not confirmed).

With consideration of the importance of providing adequate, affordable housing to support health service staff and in turn attract and retain a workforce to support the successful operation and provision of health services for the community, the removal of the current onsite staff accommodation and the existing scarcity of housing in Temora, the unmitigated impact is assessed as **high negative**, given an almost certain likelihood and moderate magnitude.

6.1.4. Availability of key worker housing during operation – Mitigated

Murrumbidgee LHD advised that they are committed to sourcing additional rental housing to accommodate staff in Temora, in addition to the one 3-bedroom house the agency currently rents for staff. It is recommended that the Murrumbidgee LHD conducts a detailed assessment of staffing accommodation needs for the Temora Health Service Redevelopment to understand specific additional housing that will be required to meet demand following the demolition of the existing on-site staff accommodation and anticipated future staffing needs. This assessment should be subject to discussion and subsequent confirmation, ensuring a thorough and collaborative decision-making process.

As described in the Temora Health Service Workforce Plan (Murrumbidgee LHD 2023), Murrumbidgee LHD commenced a concierge program in June 2023 and is in the process of recruiting three additional concierge officers to support district wide. Concierge officers onboard new staff and support them in establishing themselves in a new area and community. The aim is to ensure an employee feels valued and supported and alleviates uncertainty which can be experienced when relocating to a new location. Supports include:

- Assisting with accommodation arrangements (short and long term)
- Transport (noting some LHD acquired accommodation is not within walking distance of the facility)
- General welcome on arrival and provision of welcome pack of essentials when arrival is anticipated to be after hours or on weekends
- Supporting general living needs including banking, accessing services and amenities
- Supporting family needs, such as access to local schools and child-care services
- Linking with community groups/activities to assist the employee to connect and feel a sense of belonging.

The role is also supported by the active Temora Local Health Advisory Committee, which is comprised of local community representatives and operates under Murrumbidgee LHD to provide a link between the local community and health services, including through identifying local needs, advocating for services and providing feedback.

Within the context of the proposal, it is important to acknowledge the expectations of the local community and key stakeholders (e.g., Temora Shire Council, the Temora LHAC, and Temora Health Service staff) regarding the provision of key worker accommodation. In light of this, HINSW and Murrumbidgee LHD will continue to communicate any future provision of key worker accommodation onsite as part of the Temora Health Service Redevelopment to the community. This communication will provide updates as well as insights into the rationale behind it and the strategies proposed for its effective management.

Assuming these measures are implemented, in particular the sourcing of additional rental accommodation and the provision of transport and other staff supports, the mitigated impact is assessed as **low negative**, given the unlikely likelihood and minimal magnitude.

This impact could be further mitigated through the implementation of the following recommended measures.

SIA recommendation/s

- The opportunity to provide onsite key worker accommodation in the future will be investigated, subject to affordability, noting that delivery of the hospital is the priority. The master plan includes a site for potential key worker accommodation, however off-site provision will also be investigated. This proactive approach aligns with the overarching goal of sustaining and enhancing accommodation options for key workers, thereby contributing to the efficiency and effectiveness of the healthcare infrastructure and addressing current rental shortages in Temora.
- Development of a staffing accommodation strategy, informed by an assessment of accommodation needs (e.g. number of beds/rooms, duration, locational requirements etc. This should include ongoing monitoring and review to ensure accommodation provided remains adequate and aligned to staff needs.

6.2. COMMUNITY

This section provides a detailed assessment, unmitigated and mitigated and unenhanced and enhanced, of the matters that significantly impact the community as a consequence of the proposal.

6.2.1. Quality workplace contributing to staff attraction and retention – Unenhanced

<p>Primary affected stakeholders: Current and future health service staff in the local and regional social locality</p> <p>Secondary affected stakeholders: Health service users in the local and regional social locality</p>	<p>Duration: Operation</p>
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A high-quality and safe work environment is crucial for staff wellbeing, satisfaction, and retention, particularly in the health sector.

Staff safety and wellbeing is a key contributor to attraction and retention. Research demonstrates that violence in emergency healthcare is a persistent and concerning problem, with violence globally estimated to affect 95 per cent of healthcare workers. Furthermore, living in a rural setting can impact on the experience of violence in healthcare due to increasing incidents within regional hospitals (JCU, 2022). Safety and security is discussed further in Section 6.3.3.

Regional and local policies have also identified challenges in attracting and retaining skilled workers, including in the health industry. As discussed in Policy context (Section 3.3), the Riverina Murray Regional Plan 2041 and the South West Slopes Regional Economic Development Strategy – 2023 both emphasise the need for strategic planning to attract and retain a skilled workforce in key sectors like health. Further, the Community Strategic Plan: Temora Tomorrow – Towards 2035 (Temora Shire Council 2022) highlights the need for more GPs and poor staff retention as impacting access to healthcare. Furthermore, the Temora Health Service Plan (Murrumbidgee LHD 2022) explains that contemporary models of care and appropriate infrastructure impact on staff recruitment and retention.

During the SIA field study, some stakeholders expressed concerns about staff recruitment, attraction and retention to service the proposal during operation to ensure ongoing and adequate provision of health services. The need to attract and retain highly skilled staff is fundamental to the sustainability of the Temora Health Service, and the development of a modern facility is expected to be a key component in achieving this – investing in up-to-date infrastructure is essential not only for current needs but also for future plans to sustain the workforce and develop the community.

During the SIA field study, stakeholders highlighted the key role that modern, safe and functional healthcare facilities play in attracting and retaining healthcare professionals, in addition to improving workplace practices and productivity. Stakeholders also noted that this is important for students and staff studying and training in health-related fields as a contemporary health facility and attractive work environment could potentially encourage trainees to continue working at a facility, and living within the local area, after they graduate.

The safety of staff was raised as a key concern raised during consultation by the Murrumbidgee LHD Security Manager, with regard to the low levels of access control across the facility, as well as staff safety at nighttime.

Broad engagement with current Temora Hospital staff was conducted by Murrumbidgee LHD representatives and HINSW to inform the planning and design of the proposal to ensure that the needs of hospital staff were captured and integrated. The Temora Health Service Redevelopment Change Management Strategy 2022-2026 aims to create a pleasant workplace that values the workforce and promotes a collaborative and efficient working environment and contributes to recruitment, attraction and retention of skilled staff.

The proposal aims to improve clinical operations by arranging departments closely to streamline workflow and meet workforce needs. This will help connect services, boost safety, and create a work environment that satisfies staff and community expectations. The design of clinical and operational units will also aim to reduce unnecessary staff movement and travel.

The design includes high-quality amenities to support staff wellbeing and performance. Staff will have a safe, access-controlled private area separate from patient zones for relaxation and meals. This staff room will be centrally located to encourage teamwork and service integration. It will feature various seating options, a kitchen, natural light, outdoor access, and technology like Wi-Fi, TVs, device charging, and lockers. In addition to these staff specific amenities, staff will have access to all public amenities within the hospital.

Several stakeholders who participated in in-depth interviews and the community survey, including the Temora Health Advisory Committee, Temora Shire Council, Murrumbidgee LHD, Murrumbidgee PHN, TAFE NSW Temora, Whiddon Temora, and current Temora Hospital staff, expressed that the proposal would provide an enhanced workplace environment through provision of fit-for-purpose modern spaces and equipment, improved staff areas and amenities, and enhanced workflow through improved layout enabling better connections and flow between services, spaces, and collaboration amongst staff.

In addition to the provision of enhanced staff amenities, the design of the new facility provides significantly improved safety and security for staff, through a functional layout and access control.

As detailed in the Architectural Plans (HDR 2024), these design features include the single-story layout with better functional relationships between services, the strict access controls across the facility including the 24hr and 12hr sections, and the provision staff-only areas including the staff circulation corridor and back entrance linking to the staff parking. Ultimately, these design features will contribute to a safer and more secure working environment for existing and future staff, hence contributing to the attraction and retention of staff.

With consideration the proposal will provide a contemporary facility that presents an improved workplace, that will in turn contribute to attracting and retaining staff and the successful operation of health services, the unenhanced impact is assessed as **medium positive**, given the possible likelihood and moderate magnitude.

6.2.2. Quality workplace contributing to staff attraction and retention – Enhanced

Although several stakeholders believed the proposal would enhance the quality of the physical workplace, they also raised concerns that just upgrading facilities might not be enough to address staff retention issues. Stakeholders stressed the need for active staff retention initiatives alongside infrastructure improvements, emphasising the importance of measures to engage staff, support their professional development, and

enhance overall job satisfaction. They noted that a comprehensive approach is required to support the long-term success of the health service.

HINSW and Murrumbidgee LHD have actively involved current Temora Hospital staff in the planning and design of the proposal to ensure the design and operation of the facility meets the needs of both staff and patients. Issues relating to recruitment and retention will also be addressed through the implementation of robust organisational strategies. The Murrumbidgee LHD Attraction and Retention Strategy 2021-2023 outlines several retention strategies related to improved brand awareness, recruitment and talent search, professional development, employee engagement, and workforce pipelines.

Murrumbidgee LHD has also developed the Temora Hospital Workforce Plan (Murrumbidgee LHD 2023); a targeted plan aimed at addressing unique local challenges and opportunities of local healthcare professionals. Some of the key attraction and retention strategies and provisions currently available or in development and as captured in the Plan include, but are not limited to:

- Harmonious Workplace Framework
- Safety, Health and Wellbeing Management Framework
- Inclusion and Belonging Action Plan
- A Rural Health Workforce Incentive Scheme in addition to standard employment entitlements, which comprises an incentives package available for some NSW Health jobs in regional and rural locations across NSW
- Post graduate qualification allowance
- Staff Engagement Survey
- Staff wellbeing initiatives
- Concierge and accommodation supports (as outlined in Section 6.1.4).

Understanding that a quality work environment greatly impacts healthcare professionals' career choices, Murrumbidgee LHD is focusing on professional development, a positive work culture, and competitive benefits. These factors, along with the proposed facility redevelopment for modern care models and appropriate infrastructure, aim to enhance staff satisfaction and retention. This strategic approach ensures that the Temora Hospital Workforce Plan is not a generic solution but a customised framework that considers the intricacies of staffing requirements and skill retention, ultimately fostering an environment where healthcare professionals are more inclined to establish long-term careers.

As part of the broader facility development, Murrumbidgee LHD is also committed to integrating ambitious Environmentally Sustainable Design (ESD) targets and environmentally sustainable design features as evidenced in the Concept Design Report and Design Development Report, such as windows providing daylighting and creation of green linkages through the site (HDR 2023, HDR 2024), which will further contribute to a pleasant and comfortable working environment.

The multifaceted strategies employed by Murrumbidgee LHD not only address the immediate challenges related to staffing but also aim to create an environment that is inherently attractive to healthcare professionals. By acknowledging and responding to the nuanced factors influencing workforce decisions, Murrumbidgee LHD is positioning itself to not only attract new talent but also foster the retention of healthcare professionals, thereby contributing to the sustainability and success of the healthcare facility within the local community.

Assuming the above enhancement measures are implemented, the enhanced impact is assessed as **high positive**, given a likely likelihood and moderate magnitude.

SIA recommendation/s

- No further recommendations are provided at this time.

6.3. ACCESSIBILITY

This section provides a detailed assessment, unmitigated and mitigated and unenhanced and enhanced, of the matters that significantly impact the accessibility as a consequence of the proposal.

6.3.1. Disruption to health service provision and workflow during construction – Unmitigated

Affected stakeholders: Staff and health service users in the local and regional social locality	Duration: Construction
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The proposal will be constructed on the site occupied by the existing hospital, presenting the potential for significant interruption to health service delivery during the construction period, impacting staff and health service users.

The Temora Hospital is a RDL 2-3 hospital which provides healthcare services to the Temora LGA and surrounding area. Its current services include 28 inpatient beds (22 inpatient beds for general medical patients, 6 maternity beds), a level 2 emergency department, surgical services (typically day only), specialist outpatient services, community health services, clinical/non-clinical support services, and staff accommodation. It is one of a cluster of rural facilities that operate in a tiered model linked to Wagga Wagga Base Hospital, which is located approximately 100km south of Temora. Wagga Wagga Base Hospital is the most comprehensive hospital nearby Temora. Other hospitals surrounding Temora include:

- Cootamundra Health Service (health service with 24-hour accident and emergency. Services include a 30-bed hospital with 27 hospital beds, 3 maternity beds, allied health, and GP services) – about 53km from Temora.
- Junee Multipurpose Service (provides a 24-hour accident and emergency and is a 38-bed facility with 8 acute care beds and 30 residential aged care beds) – about 56km from Temora.
- Coolamon-Ganmain Multipurpose Service (services include a 24-hour accident and emergency, 14-bed facility with 2 hospital care beds and 12 residential aged care beds) – about 62km from Temora.
- West Wyalong Health Service (provides 24-hour accident and emergency and includes a 22-bed hospital facility along with a range of community health services) – about 70km from Temora.

Potential disruption to the provision and accessibility of health services and workflow during construction was raised as a key concern by stakeholders during in-depth interviews, the community survey and the door knock. Almost all stakeholders who participated in the SIA field study raised concerns about continuity of health services and potential impacts to staff and the community. Feedback related to potential impacts to staff during construction included disruption to workflow caused by relocation of staff and units, and ensuring adequate and effective spaces for services. From a staff perspective, stakeholder feedback focused on maintaining continuity of service, emphasising the need for seamless and safe construction to safeguard the well-being of staff and patients. Several stakeholders identified potential impacts during construction, such as limited storage, space constraints, and changes in access and accessibility, as key challenges to ensuring continuity of services. Additionally, concerns were raised about construction noise, potential service disruptions, and the privacy of patients.

Representatives from Murrumbidgee LHD also explained that staff members will be required to adapt to changes in their working dynamics during construction, shifting from segregated spaces to more collaborative efforts in temporary environments with different teams. This adjustment, different from their usual work routines, poses a challenge for staff which could affect the efficiency and cohesion of healthcare teams. Hospital staff who completed the community survey emphasised the importance of clear planning regarding the operation of wards and the Emergency Department, and that the order in which departments are moved during the construction phase becomes crucial in determining how the hospital functions.

Community members raised concerns about the ability to continue to access hospital services. They highlighted the need for clear communication and regular updates to alleviate concerns in relation to relocation, availability and hours of access. Temora Shire Council representatives also noted the high demand and pressures on local General Practitioners (GPs) in Temora, and the importance of ensuring that continuity of hospital health services are ensured so that local GPs are not overburdened with additional presentations due to perceived or actual unavailability of hospital health services.

In addition to concerns relating to the continuation of access to services, the safety of patients and users throughout construction was raised as a key community concern. In particular, this was raised by the Temora High School in relation to the potential disruption of student's access to the school and around the site, and

by Temora Preschool & OOSH relating to the increased traffic during construction given the close proximity of the Temora Preschool and potential overlap with drop-off and pickup times.

While the above mentioned concerns were raised during the engagement process, there was also recognition expressed by many community members and stakeholders for the need for flexibility and resilience to achieve a fit-for-purpose and contemporary health service facility.

With consideration of the above concerns in relation to the interruption of health services and the potential for this to significantly impact staff and health services users, the unmitigated impact is assessed as **medium negative**, given a possible likelihood and moderate magnitude.

6.3.2. Disruption to health service provision and workflow during construction – Mitigated

A comprehensive decanting and staging strategy has been developed to enable clinical services to continue to be safely provided on-site throughout the construction period.

Construction main works will consist of two stages:

- Part A – demolition of the eastern portion of the existing hospital, the staff accommodation building and the day centre to create the footprint for the first stage of construction. During this time the western portion of the building will remain operational for approximately 25 months.
- Part B – following completion of the first part of hospital construction, services will be decanted into the new building. The western portion of the existing building will be demolished to make way for the second part of construction, which is estimated to take approximately 11 months.

To address potential impacts related to staffing operations and service provision during construction, Murrumbidgee LHD and HINSW conduct regular risk reviews with Temora Hospital staff to identify potential risks and related strategies to implement to ensure suitable facility operation and service provision during the construction period, and to confirm that all risks are identified and the management measures to address these risks are suitable.

HINSW has prepared the Temora Hospital Redevelopment Staging Strategy, which outlines the staging and decanting logic and activities required to support the delivery of the new hospital. Four distinct stages are anticipated, comprising:

1. Stage 1 – Enabling Works to Vacate the Eastern Footprint for Hospital Construction
2. Stage 2 – Demolish and Build East Wing (Part A of the main works)
3. Stage 3 – Demolish and Build West Wing (Part B of the main works)
4. Stage 4 – Closing Out

Further staging details are provided in Section 1.3.1.

The Strategy encompasses a change management strategy that supports both temporary and permanent alterations in business operations. Providing this structured framework for managing change aims to identify and mitigate any adverse impacts on workflow and accessibility of services.

Furthermore, to address the challenges associated with changes in collaborative dynamics, HINSW and Murrumbidgee LHD will facilitate open communication between healthcare teams and staff. Open lines of communication support a smooth transition to new temporary environments, promoting effective teamwork and minimising disruptions. This approach recognises the importance of clear and transparent communication in navigating the complexities of altered workspaces and team structures during the construction phase. MLHD has advised that the MLHD Change Manager will work with staff to prepare and provide support during the construction and early operational phases.

HINSW has advised that they will continue to communicate with the local community through established communication channels to provide up-to-date information during the construction phase (as identified by stakeholders as a need in Section 6.3.1). The community will also be kept informed about alternative service provision arrangements that may be applicable during the construction period.

With regard to public safety during construction, the Traffic Impact Assessment (TIA) notes that efforts will be made throughout the construction period to minimise the interaction between hospital traffic and construction traffic. Further, the Preliminary Construction Management Plan prepared by HINSW (2024) provides an

overview of safety, health, traffic and environmental considerations for the construction of the proposal. This includes site access control, maintaining clear signage and wayfinding during the construction phase.

A detailed Construction Management Plan (CMP) will be prepared prior to the issuing of the construction certificate. The CMP should consider amenity impacts associated with construction, such as changes to noise (as well as air quality and the pedestrian environment) and public safety. It will also include HINSW's construction Engagement Strategy, including details of proposed ongoing communication with affected residents and complaints mechanisms.

The implementation of the detailed and proactive measures outlined, including comprehensive staging, decant and change management strategies, and effective communication with staff and the community will assist to reduce disruptions to health service provision during the construction phase. Assuming these mitigation measures are implemented, the mitigated impact is assessed as **low negative**, given the unlikely likelihood and minimal magnitude.

This impact could be reduced through the implementation of the following recommended measures.

SIA recommendation/s

- No further recommendation is proposed at this time.

6.3.3. Improved safety and security for staff, health services users, and visitors – Unenhanced

Affected stakeholders: Temora Health Service staff and users in the local and regional social locality	Duration: Operation
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The proposal presents an opportunity to create a safe and secure workplace for staff and health service facility for users and visitors.

As demonstrated by the Social Baseline (Section 3.4.7), crime data from BOSCAR indicates that Temora experiences generally lower rates of crime compared to the Temora LGA and NSW averages. However, the safety and security for patients and visitors at the current hospital was raised during consultation as a key concern, particularly regarding poor wayfinding, access control, and operational use (see also Section 6.2.1). These issues are particularly relevant to vulnerable groups such as older people, injured people, people with disability, who may be more likely to visit the health service. Further, safety and security are particularly important in a hospital setting when people are more likely to be in a vulnerable or heightened state which may impact the safety of staff, other patients and visitors.

Feedback from the Murrumbidgee LHD Security Manager revealed that navigation and wayfinding in the existing building are poor, particularly around the main entrance and waiting room, and as a result of the building being across multiple storeys. In addition, the Murrumbidgee Security Manager raised the lack of access controls within the facility, including open/unlocked doors and lack of restricted access. Drug use was also raised as an issue in Temora, accompanied by the recommendation that the new facility provide a Hospital fit pack dispenser (for syringes) in an appropriate environment. The Murrumbidgee Security Manager also provided recommendations to improve these conditions, including enhanced wayfinding via design features such as a central foyer and singular main entry point, clear signage and environmental cues around the staff parking, regular maintenance of the gardens, and good lighting along the existing front pathway. These are detailed further in Section 4.1.

Noting the process through which the design has undergone in order to maximise safety and security, and the CPTED's assessment of improved conditions for existing and future users, this unmitigated impact is assessed as **high positive**, given the likely likelihood and moderate magnitude.

6.3.4. Improved safety and security for staff, health service users, and visitors – Enhanced

The CPTED Report (Urbis, 2024) outlines the design aspects of the proposal which align with CPTED principles and will enhance safety and security. To further enhance the safety and security of patients and users via better physical access and wayfinding, the CPTED outlines recommendations relating to each of

the four key principles: surveillance, access control, territorial reinforcement, and stakeholder management. Overall, it suggests that the proposal will greatly increase the safety for staff and users compared to the current environment, assuming that the CPTED recommendations are implemented. Further detail can be found in Section 6 of the CPTED Report.

Assuming the CPTED recommendations are implemented, the mitigated impact is assessed as **high positive**, given the almost certain likelihood and moderate magnitude.

SIA recommendation/s

- No additional recommendations are proposed.

6.3.5. Loss of rear access for neighbouring facility – Unmitigated

Affected stakeholders: Whiddon Temora Greenstone Lodge Aged Care facility staff (immediate social locality)	Duration: Construction and operation
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Whiddon Temora Greenstone Lodge (Whiddon Temora), a residential aged care service which provides 24 hour care and support to residents, is located immediately west of the proposal site. This facility plays an important role in servicing the ageing population of Temora (as reflected in the Demographic Profile, Section 3.4), particularly as demand for aged health care is anticipated to increase (as identified by the Policy Context, Section 3.3).

Due to the design and layout, the proposal will result in a permanent loss of back of house access for Whiddon Temora, from commencement of the construction period (approximately Q4 2024). More specifically, during consultation representatives of Whiddon Temora explained that the proposed plans will result in the loss of Whiddon Temora's access to its back of house area, including the back door access area, rear bus port, and current bin location. The loss of access to this back of house area will result in some logistical challenges and the requirement for Whiddon Temora to change their current practices, including necessity to relocate large bins that service the entirety of the facility, relocating the bus port, staff entry procedures, and changing delivery protocols. Further, this entrance is used by staff and for deliveries to the facility, meaning that changed access will impact the ability to maintain the separation of staffing activities and resident activities where required.

It is noted that Whiddon Temora has existing on-site parking and street frontage to Gloucester Street, which may provide options for revised operational arrangements. However, the relocation of the bins and bus port would also ripple into the facility's parking area for staff, as Whiddon Temora representatives expressed this is the only space available to move these items.

Whiddon Temora holds a current lease with Murrumbidgee LHD for the land on which the facility operates, which expires in 2025, and currently accesses the back of house area via the current Temora Hospital carpark. However, Murrumbidgee LHD Property Management advised that they are not aware of any existing documented or historical arrangements for right of way access.

While there is reported to be no formal agreement for right of access by Whiddon Temora, the organisation has been utilising this point of access for a considerable time, its loss will impact the functioning of the facility. Given this facility plays an important role in supporting older people in Temora, the unmitigated impact is assessed as **high negative**, given an almost certain likelihood and moderate magnitude.

6.3.6. Loss of rear access for neighbouring facility – Mitigated

Whiddon Temora have been engaged by HINSW and Murrumbidgee LHD to advise of the proposed changes to access to their facility and discuss potential access options.

Whiddon Temora also advised they have submitted an application for government aged care funding, which involves construction of a new facility on another site. The potential relocation of the facility presents a potential mitigation of this impact in the long term, however as this is not confirmed at this time it cannot be factored in as a mitigation measure at this stage and there is still likely to be a period of time that access will be impacted due to timing of the proposal.

HINSW and Murrumbidgee LHD have advised that they will continue discussions with Whiddon Temora to advise of the details of access changes (timing, extent) to enable Whiddon Temora to undertake required planning and implementation of access change procedures.

Due to the uncertain nature of Whiddon Temora's funding application for construction of a new facility and the almost certain likelihood of this potential impact, the assessment remains **high negative**.

This impact could be reduced through the implementation of the following recommended measures.

SIA recommendation/s

- No further recommendation is proposed at this time.

6.4. CULTURE

This section provides a detailed assessment, unmitigated and mitigated and unenhanced and enhanced, of the matters that significantly impact culture as a consequence of the proposal.

6.4.1. Loss of historical and heritage value of the existing hospital – Unmitigated

Affected stakeholders: Temora Health Service staff and users in the local and regional social locality	Duration: Construction and operation
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The proposed new health service building will be constructed on the same footprint as the existing hospital building, which will therefore be demolished as a result of the proposal. Additionally, the modified nurses' quarters (staff accommodation) building will be removed. This will potentially impact staff and health service users, particularly those with strong emotional and personal attachments and connections to these buildings and the existing site in its current form.

The Statement of Heritage Impact (SOHI) prepared by NGH (2023) confirms that the Temora Hospital site is listed as a local heritage item. The Temora Hospital, as assessed by the SOHI, is a significant historical site. Since the early 20th century, it has been the main health service location in Temora. This is evident in the 1930s hospital building, the existing memorial and landscaping, and the remaining auxiliary buildings, including the nurses' quarters. The hospital also has aesthetic and technical value as a purpose-built regional hospital from the 1930s, featuring design elements that are both functional and aesthetically pleasing.

The SOHI also explains that the Temora Hospital has social significance as the main location for local health services (for patients and healthcare practitioners/staff) for more than a century, including hospital services in the hospital building for more than eighty years. It notes that many citizens of Temora and district worked in, were born at, or otherwise have close associations with the hospital.

During the SIA field study, several stakeholders expressed the immense community value placed on the heritage and history of the building and its gardens. Representatives from Temora Shire Council explained that the Temora community highly values their history and heritage, and there is an active Temora Heritage Committee involved in preserving and celebrating the culture and history of Temora. Temora Shire Council and a representative of the Local Health Advisory committee also explained that the existing Temora Hospital has a strong historical value in the community, as it represents generations of people being born and living in Temora. These sentiments were also expressed during engagement activities conducted by the proponent and project team (and are captured in the Engagement outcomes report as part of the REF).

Due to the loss of the existing hospital building which provides a physical representation linked to the history of the community and the corresponding high social and historical value, the unmitigated impact related to loss of historical and heritage value of the existing hospital is assessed as **high negative**, given an almost certain likelihood and moderate magnitude.

6.4.2. Loss of historical and heritage value of the existing hospital– Mitigated

During the SIA field study, stakeholders provided several recommendations for potential opportunities for the new building and infrastructure to acknowledge the heritage value of the site, pay homage to the history of the site, and encourage a sense of community ownership (see Section 4).

HINSW and Murrumbidgee LHD are aware of the significant historical value of the existing Temora Hospital and grounds, and are working with staff and the community to identify and implement actions to capture historical values in the new design.

An Arts Working Group has been established to consider both the heritage and art opportunities for the Temora Health Service Redevelopment including community and staff representatives. HINSW and Murrumbidgee LHD have been exploring potential design features both within the proposed Temora Health Service facility and on the health service grounds with the Temora Health Service Redevelopment Arts Working Group to incorporate historical acknowledgement and celebration into the design. Examples discussed include a photo wall or art mural in the main foyer/waiting reflecting the sites history and developing a hospital timeline through the gardens. The potential to develop a QR code system to provide a virtual history with additional historical information available online is also being explored.

Murrumbidgee LHD is also liaising and working with Temora Shire Council and the Temora Heritage Committee to explore opportunities to acknowledge and celebrate the history of the Temora Hospital – this includes taking photos of all rooms within the hospital and outside of the building to formally document the building and its history. HINSW and Murrumbidgee LHD will continue to work closely with Temora Shire Council, the Arts Working Group, and the Temora Heritage Committee regarding features that appropriately capture the historical value of the Temora Hospital in the Temora Health Service Redevelopment.

The round section that was the old hospital staff room will be retained and become part of the staff outdoor area, referencing the site history and heritage (HINSW 2024).

The SOHI recommends several mitigation measures which have been adopted, including prioritising preservation of the historic garden setting, consideration of the site's history and context in the new building design, and an unexpected heritage finds procedure. The SOHI concludes that the proponent has engaged in a thorough master planning process that has considered the heritage values of the place and has considered various options to avoid or minimise any heritage impacts from the proposal.

Connection with Country design principles will also be incorporated into the design of the facility and landscape to acknowledge and integrate Aboriginal histories and cultural heritage (HDR 2023).

Although the proposed mitigation measures are expected to reduce the likelihood and magnitude of the potential impact related to the loss of the historical and heritage value of the current hospital, some community members may still experience impacts as a result of the demolition and permanent loss of the existing buildings. Therefore, the mitigated impact is assessed as **medium negative**, given the possible likelihood and minimal magnitude. However, it is anticipated that the magnitude and likelihood of this impact on the community will gradually decrease over time as the community adapts to the change. There is also an opportunity to further mitigate the potential impact if the recommendations below are followed.

SIA recommendation/s

- Explore potential to remember items of heritage and social interest for exhibit in the Temora Rural Museum as feasible, in consultation with Temora Shire Council and the Temora Heritage Committee.

6.4.3. Potential impact to Aboriginal sites and culture – Unmitigated

Affected stakeholders: Local Aboriginal community in the local and regional social locality	Duration: Construction and operation
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Any new development or redevelopment should consider impacts on Aboriginal culture. Developments may impact on Aboriginal objects, the landscape or landform, or the spiritual connection Aboriginal people have with Country.

The Aboriginal Cultural Heritage Assessment Report (ACHAR) prepared by GML Heritage (2024) explains that the proposal area is situated within the traditional lands of the Wiradjuri people. An archaeological survey was undertaken on 11 September 2023, and included all areas within the Temora Hospital, and included an inspection internally for the purpose of viewing some recent Aboriginal artwork which hangs inside the main hospital building. The survey did not identify any physical Aboriginal objects but classified the study area into two categories: disturbed with no archaeological sensitivity for Aboriginal objects; and sensitive zones (SZ) with a level of archaeological potential. Much of the study area was found to be disturbed because of the construction of buildings, roadways and carparks, which were frequently benched into the sloping landform of the study area, resulting in truncation and/or displacement of soils. However, during the survey, portions of the study area were identified as likely to retain archaeological sensitivity for subsurface artefact deposits. In these locations, impacts associated with historical and modern land use were considered to be lower, with soil profiles retaining good condition and integrity. These areas have been described as Sensitive Zones (SZ).

The ACHAR (GML Heritage, 2024) found that the study area holds high social value for the Wiradjuri community. This is manifest through the traditional connections to the regional and local cultural. The ability to understand and read places of importance from the high point inside Temora Hospital is of importance. Movement corridors through the local landscape were also described as important and an element which combined with the view corridor to the west.

The ACHAR (GML Heritage, 2024) has assessed the study area as possessing a high level of social value to the Wiradjuri community, manifest through the community's connections to the landscape and study area as a place that possesses intangible and potential tangible (i.e., archaeological deposits) evidence of past Wiradjuri occupation of the region. Archaeologically sensitive zones may exhibit a moderate level of scientific value. The assessment of Aboriginal heritage has identified archaeologically sensitive zones, local and regional view corridors and a traditional Aboriginal walking route in connection with the study area. The aesthetic value of the view to the Weddin Mountains is of high value, and the native vegetation and local views is considered to have moderate aesthetic value. The study area is assessed as having no historical value for the local Aboriginal community. These values may be impacted by the proposal, including partial loss of social, scientific, and aesthetic value.

As such, the unmitigated impact is assessed as **medium negative**, given the possible likelihood and moderate magnitude.

6.4.4. Potential impact to Aboriginal sites and culture – Enhanced

As identified in Section 3.4, Temora has a marginally higher proportion of Aboriginal and/or Torres Strait Islander people compared to both Temora LGA and NSW.

The ACHAR (GML Heritage, 2024) recommends several mitigation measures which will be adopted for the proposal, including consideration of cultural heritage values within the Masterplan and landscape design in consultation with Young Local Aboriginal Land Council (LALC), establishment of no further work zones and impact avoidance zones, unexpected finds procedure, heritage induction for construction workers, and artefact management strategy.

The Design Development Report (HDR, 2024), informed by the Connecting with Country Framework report prepared by Yerrabingin (2023), identifies several opportunities to Connect to Country within the proposal. These include:

- Use of familiar textures and structures to accompany all paths.
- Leading each main corridor journey towards a view of country, under familiar textures and rhythm of structures.
- Developing the planting strategy from Connecting with Country principles, including additional indigenous tree species to complement the existing arboretum on site.
- Incorporation of artworks to install a sense of place across the public spaces.

The implementation of Designing with Country elements represents a positive contribution of the proposal towards recognising and reflecting Aboriginal culture and heritage. The enhanced impact is therefore assessed as a **low positive**, given the possible likelihood and moderate magnitude.

SIA recommendation/s

- Inclusion of Aboriginal art is under consideration as part of the Art Strategy. A range of local artists should be approached, including Aboriginal artists, as part of the Expression of Interest process. Acknowledgement of Country signage should be included.

6.5. HEALTH AND WELLBEING

This section provides a detailed assessment, unmitigated and mitigated and unenhanced and enhanced, of the matters that significantly impact health and wellbeing as a consequence of the proposal.

6.5.1. Enhanced quality of health services supporting health outcomes – Unenhanced

Affected stakeholders: Temora Health Service users in the local and regional social locality	Duration: Operation
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The proposal involves replacement of existing ageing infrastructure with a contemporary facility to better support delivery of health services and improved health outcomes.

Improved need for improved health facilities and services is particularly prominent in the Temora LGA. As identified in the demographic profile (refer Section 3.4) there is a high proportion of people living with a long-term health condition in Temora and Temora LGA, compared to the proportion of people across NSW. Temora and the Temora LGA also have a significantly higher proportion of people aged 65 years and above compared to the proportion across NSW, indicating a specific demand for health services and facilities to cater to the typically higher needs of an older demographic. During the SIA field study, several stakeholders also identified mental health as a key issue in the area, in particular related to young people and men. As discussed in Section 3.4, a higher proportion of the Temora LGA population aged 15 years and older reported having a mental health condition compared to NSW. The proportion of people aged 0-14 with a reported a mental health condition is also higher in Temora LGA compared to Murrumbidgee PHN and NSW (MPHN, 2022). Furthermore, Murrumbidgee PHN has a significantly higher suicide rate compared to NSW (MLHD, 2024).

In addition, during the SIA field study, several stakeholders explained that they currently have to travel a notable distance to the larger regional centre of Wagga Wagga to access some health services, such as medical imaging services beyond x-rays that are not currently available at Temora Hospital.

The existing Temora Hospital facility has been identified to be of poor condition, non-compliant, unsuitable for adaptive reuse and not capable of supporting the health needs of the population and delivery of Murrumbidgee LHD priorities.

The proposal involves an \$95million investment in a contemporary health facility to support health services planned to meet community needs. The proposal will comprise a fit-for-purpose healthcare facility with improved spaces, amenities, equipment and technology, including the following clinical and non-clinical inclusions:

Clinical	Non-Clinical
<ul style="list-style-type: none">▪ Ambulatory Care Services: Allied Health, chronic disease programs, mental health and drug & alcohol, community health, child and family, aged care, pathology specimen collection.▪ Adult and paediatric inpatient services▪ Maternity services▪ Emergency Department▪ Perioperative services▪ Medical Imaging	<ul style="list-style-type: none">▪ Front of House / Reception / Admissions▪ Food services▪ Linen services▪ Waste management▪ Supply▪ Engineering and maintenance▪ Clinical Information Management▪ Body Hold▪ Parking

Source: Murrumbidgee LHD 2023

The proposed clinical scope compared to the current points of care is provided in Section 1.3.2.

During the SIA field study, several stakeholders identified better access to specialists and services, enhanced equipment, and modern facilities as benefits of the proposal. Enhanced inpatient services, potential specialist offerings, and additional service provision, including theatre services and medical imaging, were raised as particular benefits.

Improved local access to medical services also ensures that individuals can receive timely interventions for both physical and mental health concerns and reduces the need for patients to travel long distances, promoting early intervention and preventive care. Stakeholders felt that the upgraded and expanded services would reduce the need for travel to Wagga Wagga to access health care services and could contribute to increased and earlier presentation at hospital when required due to improved accessibility, ultimately leading to better patient outcomes.

The proposal emphasises the implementation of integrated care models which involves the provision of care that reflects the whole of a person's health needs. This includes access to both clinical and non-clinical services, access to both physical and mental health services, and communication and connectivity between primary, hospital and community health care providers. Specific improvements include:

- Establishment of new services able to be delivered locally (ultrasound and CT)
- Enhancement of existing procedural services.
- Consolidation of ambulatory care services into single facility to promote service integration
- Contemporary inpatient facilities more suited to the needs of patient cohorts
- Improved access to virtual care services to the burden of travel to other facilities and optimise healthcare delivery.

This holistic approach facilitates better collaboration between different specialties, leading to more comprehensive and coordinated healthcare plans for patients (Murrumbidgee LHD 2023).

The proposal also considers the specific health service needs of Temora's ageing population. As identified in the Temora Health Service Plan (Murrumbidgee LHD 2022), the largest growth in inpatient demand will be for people aged 70 and over. Geriatric models of care which combine inpatient services for acute care needs and optimising the shift to off-site care will be established to provide services across inpatient and community settings that allow older people to manage their health in or close to their place of residence rather than being forced to travel long distances for healthcare.

In addition, the proposed facility will also deliver an improved environment to support patient wellbeing and healing. The Design Development Report (HDR 2024) identifies that the proposed design embraces the existing gardens and arboretum and utilises the green outlook for staff and patient wellbeing. This includes integrating the landscape within the building by providing cut-outs or courtyards to connect to the landscape and provide natural light to all key spaces of the building and ensuring that main circulation spaces are adjacent to and terminate with an external outlook.

The above proposal inclusions are expected to enhance healthcare accessibility, health outcomes and patient experience for Temora Health Service users. By upgrading infrastructure, improving service access, implementing integrated care models, engaging communities, and encouraging those in need to seek medical care, the proposal will boost both physical and mental health outcomes. These initiatives collectively create a more robust healthcare system that addresses the diverse health needs of the local community and regional area.

Based on the above, the unenhanced impact is assessed as **very high positive**, given a likely likelihood and transformational magnitude.

6.5.2. Enhanced quality of health services supporting health outcomes – Enhanced

As discussed in Section 3.4, in the next 20 years, the Temora LGA is anticipated to be home to an additional 600 people, bringing the LGAs total population to 6,891 in 2041. Future expansion zones for service enhancement have been identified and included in the design and service planning for the Temora Health Service Redevelopment. This will ensure that as the population of the Temora community and surrounding areas grows and changes, there is the ability to expand service offerings to meet the changing needs of the population, ensuring comprehensive and accessible healthcare for residents of all ages.

The proposal also incorporates measures to enhance and improve the delivery of mental health services. Temora Health Service currently has a specialist community mental health drug and alcohol team located on site, including child and adolescent mental health (CAMHS), and farming community counsellor. As shown in the Architectural Plans (HDR 2024), the proposal will include locating mental health services in the western wing of the facility, and includes a discrete egress point to exit the facility to enhance comfortability for patients. Modernised facilities contribute to a more conducive environment for mental health treatment as well-designed spaces can help reduce the stigma associated with mental health care and provide a more comfortable setting for patients. When hospitals are designed to prioritise mental health needs, individuals may feel more comfortable seeking help, leading to earlier intervention and improved outcomes. The integration of mental health services within the broader healthcare infrastructure also reinforces the notion that mental health is an integral component of overall well-being (NSW Health 2023).

As such, the enhanced impact is assessed as **very high positive**, given an almost certain likelihood and transformational magnitude.

SIA recommendation/s

- While hosting of external mental health service providers is outside of the project scope, opportunities for partnering with youth mental health service providers can be explored, subject to local service arrangements and available capacity within the new hospital.

6.6. SURROUNDINGS

This section provides a detailed assessment, unmitigated and mitigated and unenhanced and enhanced, of the matters that significantly impact the surroundings as a consequence of the proposal.

6.6.1. Amenity impacts during operation and construction – Unmitigated

Affected stakeholders: Nearby neighbours (immediate social locality), health service staff and users in the local and regional social locality	Duration: Construction
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Amenity impacts commonly associated with construction projects, such as noise disturbance or visual change, can cause negative impacts to residents, visitors, workers, or users of the surroundings spaces.

During the SIA field study, key concerns were raised about construction noise impacts on close neighbours, students at Temora High School (especially during exam periods and HSC), Whiddon Temora, and the Temora Preschool and OOSH. General sentiments reflected an understanding that some level of construction noise is expected and necessary for development. One respondent noted, ‘I live behind the new building. It may be noisy as new constructions are, but will be worth it in the long run’, while another similarly responded, ‘I live near the facility. But I am aware and I’m 100% all for the redevelopment’.

The Noise and Vibration Impact Assessment (NVIA) (GHD, 2024) assesses the anticipated traffic noise levels, construction vibration levels for both humans and for structural damage to standard and heritage structure, as well as the impact of any noise or vibration on sensitive scientific and medical equipment. The NVIA identified the following sensitive receivers within its assessment:

- Temora TAFE College (north of the Project)
- Residential receivers located along Loftus Road (south of the Project), George Street (west of the Project), Gloucester Street (north of the Project), and along Kitchener Road (north of the Project)
- Temora High School (north-west of the Project)
- Community facilities located along Gloucester Street (west of the Project)
- Commercial premises located along Gloucester Street (west of the Project), and Kitchener Road (north of the Project)

With regard to external nearby receivers, the NVIA, predictive noise modelling indicates that some receivers within the study area are expected to be below noise management levels, however many receivers are expected to exceed NML during construction. Due to this predicted exceedance, the NVIA states that mitigation strategies will be necessary to manage noise impacts. The NVIA also found that no external sensitive receivers were identified within the safe working distances for vibratory intensive work. As such, the anticipated noise and vibration disturbance and amenity impacts for surrounding sensitive receivers during construction would be an almost certain likelihood and a minor magnitude, resulting in a **medium negative** impact.

With regard to external nearby receivers, the assessment identified that the predicted noise levels during operation are anticipated to be compliant at all sensitive receivers during the daytime period, however will exceed the recommended noise level at COMME 01 (119 Loftus Street, Temora NSW 2666) and at R19 (26 Bundawarra Rd, Temora NSW 2666). The receiver at COMME 01 is Whiddon Temora Aged Care, located directly adjacent to the Temora Hospital, with a predicted exceedance of 1 dB considered negligible as its source was from cars entering and existing the site via Gloucester Street which the receiver would already be exposed to. The receiver at R19 is predicted to experience a 'marginal exceedance' of the NPI trigger level by 3dB, mainly due to the heat pumps proposed in the new open plan area at the north-eastern corner of the site. Noting the limited extent of anticipated operational noise impact, but the certainty of noise impact on receivers COMME01 and R19, the amenity impacts from operational noise would be an almost certain likelihood and a minor magnitude, resulting in a **medium negative** impact.

With regard to internal receivers (staff and users), the NVIA found that works may occur within the safe working distance at the hospital building directly adjacent to where works are occurring. As a result, human comfort impacts related to vibration may be experienced within the hospital itself. It is noted that the NVIA has not assessed potential noise impacts to internal receivers, however it is assumed that impacts would be experienced during construction. Given this anticipated disruption to the amenity of staff, patients, and visitors in the hospital building located directly adjacent to where works are occurring, and the community concern regarding disruption to hospital operations, the impact on these groups would be an almost certain likelihood and a moderate magnitude, resulting in a **high negative** impact.

6.6.2. Amenity impacts during operation and construction – Mitigated

To mitigate any potential amenity impacts during construction for external receivers, the proposal will follow staging as outlined in Section 1.3. Further, the NVIA outlines construction mitigation measures, as well as the requirements for a Construction Noise and Vibration Management Plan (CNVMP) to be prepared after the construction contractor has been engaged and a detailed construction method has been developed. This CNVMP will include details of the construction methodology, mitigation measures to be implemented, updated noise predictions at sensitive receivers, and noise monitoring procedure and program for the duration of works, and a community consultation plan to liaise with noise affected receivers regarding notification of works and a procedure for complains, as well as a review of sensitive equipment within the hospital. Assuming the measures outlined by the NVIA will be adopted and the CNVMP is prepared and implemented, the noise impacts on surrounding sensitive receivers is predicted to reduce to a likely likelihood and minimal magnitude, resulting in a **low negative** impact.

To mitigate the operational noise impacts at R19, the NVIA recommends a further assessment of NPI noise trigger level compliance should be undertaken as the design and selection is finalised, with consideration of:

- Selection of quieter units where possible.
- Use of acoustic louvres/attenuators.
- Increase height of plant area wall.

Noting these specific mitigation measures designed to reduce the potential operational noise impact to R19, assuming these measures are implemented, this impact would reduce to a possible likelihood and minimal magnitude, resulting in a **low negative** impact.

In order to mitigate the potential impact to human comfort as a result of vibration on internal receivers, the NVIA recommends that where works occur within the safe working distance of 73 metres, smaller equipment should be used where possible to minimise vibration impacts, and that a detailed assessment of vibration impacts should be conducted as part of the CNVMP. As identified in the Preliminary Construction Management Plan (HINSW 2024), demolition and excavation works shall comply with Australian Standard 2436-1981. As part of the noise mitigation strategy for the project, all trucks, excavating equipment and machinery will be inspected for defective or operationally noisy exhaust systems. Prior to commencement to

works, liaison will take place with occupants from neighbouring residences and occupants of the hospital. Assuming these measures are implemented and the CNVMP is prepared and adopted, but considering CNVMP measures are unknown at this stage, the impact to hospital staff and users related to vibration is predicted to be reduced to likely likelihood and minor magnitude, resulting in a **medium negative** impact.

SIA recommendation/s

- No further recommendations are proposed.

6.7. LIVELIHOODS

This section provides a detailed assessment, unmitigated and mitigated and unenhanced and enhanced, of the matters that significantly impact the livelihoods as a consequence of the proposal.

6.7.1. Supporting local training and employment opportunities in health – Unenhanced

Affected stakeholders: Current and prospective health service staff, students in the regional social locality undertaking health service-related study	Duration: Operation
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The proposal presents an opportunity to provide local training opportunities and employment opportunities for health service students and workers within the region. According to workforce data provided by Murrumbidgee LHD for Temora Health Service, the actual fulltime equivalent (FTE) workforce total was 67.8 for the 2022/2023 financial year, and is budgeted to increase to 75.5 by the 2030/2031 financial year, representing a total increase of 1.5 FTE positions, including budgeted positions for Nursing & Midwifery, Allied Health, Other Prof & Para Professionals and Support Staff, Scientific and Technical Clinical Support Staff, Corporate Services and Hospital Support, and Maintenance and Trades. There are currently no Medical, Oral Health, and Other Staff positions budgeted to 2030/2031.

As identified in Section 3.4, Health is the third top field of study amongst residents who completed a non-school qualification in both Temora and Temora LGA. During in-depth interviews, a representative from TAFE NSW Temora identified that demand in training for health and aged care is increasing. However, there is a lack of local health training facilities, with prospective and current students required to travel to access training and study (e.g. students generally have to travel to Wagga Wagga to study nursing). Representatives from Temora High School also identified challenges associated with TAFE courses locally, as courses are not offered if registration thresholds are not met (i.e. minimum number of students).

Representatives from Murrumbidgee LHD identified that the Temora Health Service currently supports some TAFE students and school-based trainees in Year 11 and 12. Additionally, Murrumbidgee LHD supports three university post-graduates at Temora Health Service per year. Representatives from Murrumbidgee LHD noted that additional study and training opportunities could be offered based on interest and demand.

Expansion of local training and employment opportunities in health and health-related fields within Temora and surrounding areas through the proposal was raised by several stakeholders during the SIA field study as a key opportunity.

Murrumbidgee LHD representatives advised they will continue their partnerships and collaboration with Murrumbidgee PHN and TAFE Temora to support students pursuing health and health-related fields of study, including identification of additional practical study and training positions which could be completed at Temora Health Service. TAFE Temora has also advised that they are committed to ongoing liaison with Temora High School to understand interest/demand to deliver training and certification locally.

Further, as discussed in relation to the attraction and retention of a skilled workforce via quality workplace (Section 6.2.1), the proposal will bring some additional employment opportunities and incentives for healthcare professionals once operational. The workforce data for Temora indicates that there will be a slight increase in positions required to staff the redeveloped facility, including approximately three nurses, three allied health and one paramedic staff member, among other staffing changes.

Based on the above, the unenhanced impact is assessed as **low positive**, given a possible likelihood and minimal magnitude.

6.7.2. Supporting local training and employment opportunities in health – Enhanced

No additional enhancement measures are proposed, therefore the enhanced impact remains **low positive**.

However, the following recommendations are proposed to further enhance the impact of the proposal.

SIA recommendation/s

- Consider partnership between TAFE Temora NSW, Temora Health Service, and Temora High School to include the Temora Health Service in the TAFE Youth Engagement Strategy (YES) program, which includes 5-week blocks where students engagement with various careers to understand what they might like to study and pursue. This would require further investigation to determine if suitable.
- Consider exploring collaboration with TAFE Temora to enable students completing university degrees in health to use the TAFE Temora campus. Murrumbidgee LHD will discuss the opportunity and investigate how a benefit to both parties may be achieved.
- Consider exploring a partnership between TAFE Temora and the Temora Health Service to deliver a health service training facility. A representative from TAFE Temora identified that they have resources available to construct a training facility for use by Temora Health Service, however this requires additional investigation in collaboration with the Temora Health Service to determine if this is viable.

6.7.3. Local employment and training opportunities during construction – Unenhanced

Affected stakeholders: Future construction workers and people undertaking trades and apprenticeships within the local and regional social locality	Duration: Construction
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The proposal is anticipated to support approximately 150 direct jobs (advice from HINSW consultant preparing the Cost Benefit Analysis). This provision of employment opportunities could directly benefit construction workers residing in the local and regional area, as well as any people undertaking apprenticeships or trades training in relevant disciplines.

During consultation, stakeholders mentioned that a significant proportion of students do not finish Year 12, but instead pursue a trade after Year 10, indicating a strong trend towards a future workforce in these industries in the local and regional locality. A similar proportion of Temora residents have completed a Cert III and Cert IV compared to those in Temora Shire, reflective of the Cert IV qualifications across NSW, but notably higher than Cert III qualifications across NSW.

Although the proposal provides the opportunity for the provision of 150 direct jobs during construction and the opportunity for further indirect employment opportunities, opportunities for local employment are not guaranteed and external workforce may be required. As such, this impact is predicted to be a possible likelihood and minimal magnitude, resulting in a **low positive** impact.

6.7.4. Local employment and training opportunities during construction – Enhanced

In addition to the provision of employment opportunities, there are also opportunities to provide training as part of the proposal. During discussion with TAFE, the opportunity for providing specific training courses (such as specific Certifications) to prepare locals for the construction employment opportunities was raised. HINSW has advised that they will communicate with TAFE's strategic partnerships division regarding the nature and timing of the proposal. The tender process will also encourage contractors to prioritise use of local suppliers and contractors.

Assuming the implementation of the above enhancement measures, the enhanced impact is assessed as **medium positive**, given a possible likelihood and minor magnitude.

SIA recommendation/s

- No further recommendation is proposed at this time.

6.8. DECISION-MAKING SYSTEMS

Based on the current information available and stage of development, social impacts in relation to decision-making systems were not identified as part of the impact scoping for the proposal.

6.9. CUMULATIVE IMPACTS

Cumulative impacts are the result of incremental, sustained and combined effects of human action and natural variations over time, and can be both positive and negative (DPHI 2022, p.4). They can be caused by compounding effects of a single project or multiple projects in an area, and by the accumulation of effects from past, current, and future activities as they arise (ibid, p.4).

There are several other confirmed or possible developments near the Temora area, including Inland Rail, Maxwell Downs Solar Farm, Wagga Wagga Lithium Ion Battery Recycling Facility, and Belhaven Battery Energy Storage System.

The key cumulative impact expected from the proposal is the impact on the availability of housing in the area, within the construction period, but also during project operation. These impacts are detailed in Section 6.1. Recommendations to mitigate this impact, that may also be relevant and effective in addressing impacts from other projects in the area are provided in Section 6.2.

There is also the possibility for some additional cumulative social impacts associated with construction works, including impacts from increased noise and construction traffic. Once the construction contractor is appointed, it is recommended that both the contractor and the proponent consult with surrounding future developments to understand expected construction timelines and activities. This should then be reflected in the detailed CMP.

7. MITIGATION, ENHANCEMENT AND MANAGEMENT

This section provides a summary of:

- Identified social impacts and benefits
- Corresponding unmitigated risk rankings, and
- Mitigated risk rankings.

To inform the implementation of the proposed mitigation and enhancement strategies, key potential stakeholder and/or partners have been identified. The involvement and participation of these key stakeholders and/or partners in the monitoring and management of social impacts and social benefits will improve the outcomes of the proposed mitigation and management strategies.

Not all potential impacts will be the responsibility of the proponent to mitigate or manage. In some cases, their role may be to cooperate or inform the mitigation, provide data and information to future tenants. In other cases, they may have direct responsibility for mitigation and management of the identified potential social impacts and benefits and the opportunity for partnerships.

A summary of the identified social impacts and benefits, risk ratings and proposed mitigation, enhancement and management strategies is provided in

A summary of the identified social impacts and benefits, risk ratings and proposed mitigation, enhancement, and management strategies is provided below in Table 14 below. The below table provides a basis for the development of a SIMP to manage and monitor potential social impacts as a result of the proposal.

7.1. SUMMARY OF PROPOSED MITIGATION, ENHANCEMENT AND MANAGEMENT OF SOCIAL IMPACTS

A summary of the identified social impacts and benefits, risk ratings and proposed mitigation, enhancement, and management strategies is provided below in Table 14 below. The below table provides a basis for the development of a SIMP to manage and monitor potential social impacts as a result of the proposal.

Table 14 Summary of proposed mitigation, enhancement and management of social impacts and benefits

Theme	Matter	Unmitigated/ Unenhanced	Mitigated/ Enhanced	Proposed mitigation, enhancement and management	Responsibility	Potential partners
Way of life	Availability of temporary worker accommodation during construction	High negative	Medium negative	<p>A construction workforce accommodation strategy will be developed in conjunction with the successful Contractor. Strategies of relevance are likely to include:</p> <ul style="list-style-type: none">▪ Use of local trades where possible, to minimise the volume of workforce who are working remotely from their usual place of residence and need to be accommodated.▪ Rental of suitable dwellings in Temora and surrounds (e.g. Junee, Cootamundra, Aria Park, West Wyalong, Wagga Wagga etc) to accommodate fly-in workforce.▪ Standing agreement with local motel providers to accommodate fly-in workforce.▪ Formal car-pooling arrangements for trades attending from Wagga Wagga and other outlying areas. <p>HINSW and Murrumbidgee LHD have advised that they will work with Council and the construction contractor to investigate utilising caravan parks to accommodate the construction workforce as required.</p>	Construction contractor HINSW Murrumbidgee LHD	Temora Shire Council Local accommodation providers
Way of life	Availability of key worker housing	High negative	Low negative	<p>Murrumbidgee LHD advised that they are committed to sourcing additional rental housing to accommodate staff in Temora, in addition to the one 3-bedroom house the agency currently rents for staff.</p> <p>Murrumbidgee LHD commenced a concierge program in June 2023 and is in the process of recruiting three additional concierge officers to support District wide. Concierge officers onboard new staff and support them in establishing themselves in a new area and community. Supports include:</p> <ul style="list-style-type: none">▪ Assisting with accommodation arrangements (short and long term)▪ Transport (noting some LHD acquired accommodation is not within walking distance of the facility)▪ General welcome on arrival and provision of welcome pack of essentials when arrival is anticipated to be after hours or on weekends▪ Supporting general living needs including banking, accessing services and amenities▪ Supporting family needs, such as access to local schools and child-care services▪ Linking with community groups/activities to assist the employee to connect and feel a sense of belonging. <p>HINSW and Murrumbidgee LHD will continue to communicate any future provision of key worker accommodation onsite as part of the Temora Health Service Redevelopment to the community.</p>	HINSW Murrumbidgee LHD	Temora Local Health Advisory Committee Local housing providers
Community	Quality workplace contributing to	Medium positive	High positive	<p>HINSW and Murrumbidgee LHD have actively involved current Temora Hospital staff in the planning and design of the proposal to ensure</p>	HINSW Murrumbidgee LHD	Temora Health Service staff

Theme	Matter	Unmitigated/ Unenhanced	Mitigated/ Enhanced	Proposed mitigation, enhancement and management	Responsibility	Potential partners
	staff attraction and retention			<p>the design and operation of the facility meets the needs of both staff and patients.</p> <p>The Murrumbidgee LHD Attraction and Retention Strategy 2021-2023 outlines several retention strategies related to improved brand awareness, recruitment and talent search, professional development, employee engagement, and workforce pipelines.</p> <p>Murrumbidgee LHD has also developed the Temora Hospital Workforce Plan (Murrumbidgee LHD 2023); a targeted plan aimed at addressing unique local challenges and opportunities of local healthcare professionals. This includes key attraction and retention strategies and provisions currently available or in development, including:</p> <ul style="list-style-type: none"> ▪ Harmonious Workplace Framework ▪ Safety, Health and Wellbeing Management Framework ▪ Inclusion and Belonging Action Plan ▪ A Rural Health Workforce Incentive Scheme in addition to standard employment entitlements, which comprises an incentives package available for some NSW Health jobs in regional and rural locations across NSW ▪ Post graduate qualification allowance ▪ Staff Engagement Survey ▪ Staff wellbeing initiatives ▪ Concierge and accommodation supports <p>Understanding that a quality work environment greatly impacts healthcare professionals' career choices, Murrumbidgee LHD is focusing on professional development, a positive work culture, and competitive benefits.</p> <p>As part of the broader facility development, Murrumbidgee LHD is also committed to integrating ambitious Environmentally Sustainable Design (ESD) targets and environmentally sustainable design features which will further contribute to a pleasant and comfortable working environment.</p>		
Accessibility	Disruption to health service provision and workflow during construction	Medium negative	Low negative	<p>A comprehensive decanting and staging strategy has been developed to enable clinical services to continue to be safely provided on-site throughout the construction period.</p> <p>To address potential impacts related to staffing operations and service provision during construction, Murrumbidgee LHD and HINSW conduct regular risk reviews with Temora Hospital staff to confirm that all risks are identified and the management measures to address these risks are suitable.</p> <p>HINSW has prepared the Temora Hospital Redevelopment Staging Strategy, which outlines the staging and decanting logic and activities required to support the delivery of the new hospital.</p> <p>HINSW and Murrumbidgee LHD will facilitate open communication between healthcare teams and staff. MLHD has advised that the MLHD Change Manager will work with staff to prepare and provide support during the construction and early operational phases.</p>	<p>HINSW</p> <p>Construction contractor</p> <p>Murrumbidgee LHD</p> <p>Project manager</p>	<p>Project architect</p> <p>Traffic consultant</p> <p>Noise consultant</p>

Theme	Matter	Unmitigated/ Unenhanced	Mitigated/ Enhanced	Proposed mitigation, enhancement and management	Responsibility	Potential partners
				<p>HINSW has advised that they will continue to communicate with the local community through established communication channels to provide up-to-date information during the construction phase. The community will also be kept informed about alternative service provision arrangements that may be applicable during the construction period.</p> <p>A detailed Construction Management Plan (CMP) will be prepared prior to the issuing of the construction certificate and will consider amenity impacts associated with construction, such as changes to noise (as well as air quality and the pedestrian environment) and public safety. It will also include details of proposed ongoing communication with affected residents and complaints mechanisms.</p>		
Accessibility	Improved safety and security for staff, health services users, and visitors	High positive	High positive	The CPTED Report (Urbis, 2024) outlines the design aspects of the proposal which align with CPTED principles and will enhance safety and security. Overall, it suggests that the proposal will greatly increase the safety for staff and users compared to the current environment, assuming that the CPTED recommendations are implemented.	HINSW Murrumbidgee LHD	Consultant team
Accessibility	Loss of rear access for neighbouring facility	High negative	High negative	<p>Whiddon Temora have been engaged by HINSW and Murrumbidgee LHD to advise of the proposed changes to access to their facility and discuss potential access options.</p> <p>HINSW and Murrumbidgee LHD have advised that they will continue discussions with Whiddon Temora to advise of the details of access changes (timing, extent) to enable Whiddon Temora to undertake required planning and implementation of access change procedures.</p>	HINSW Murrumbidgee LHD	Whiddon Temora
Culture	Loss of historical and heritage value of the existing hospital	High negative	Medium negative	<p>An Arts Working Group has been established to consider both the heritage and art opportunities for the Temora Health Service Redevelopment including community and staff representatives.</p> <p>HINSW and Murrumbidgee LHD will continue to work closely with Temora Shire Council, the Arts Working Group, and the Temora Heritage Committee regarding features that appropriately capture the historical value of the Temora Hospital in the Temora Health Service Redevelopment.</p> <p>The round section that was the old hospital staff room will be retained and become part of the staff outdoor area, referencing the site history and heritage.</p> <p>The SOHI recommends several mitigation measures which have been adopted, including prioritising preservation of the historic garden setting, consideration of the site's history and context in the new building design, and an unexpected heritage finds procedure.</p> <p>Connection with Country design principles will also be incorporated into the design of the facility and landscape to acknowledge and integrate Aboriginal histories and cultural heritage.</p>	HINSW Murrumbidgee LHD	<p>Temora Shire Council</p> <p>Temora Heritage Committee</p> <p>Arts Working Group</p> <p>Temora Rural Museum</p>
Culture	Potential impact to Aboriginal sites and culture	Medium negative	Low positive	The ACHAR (GML Heritage, 2024) recommends several mitigation measures which will be adopted for the proposal, including consideration of cultural heritage values within the Masterplan and landscape design in consultation with	HINSW Murrumbidgee LHD	Young Local Aboriginal Land Council

Theme	Matter	Unmitigated/ Unenhanced	Mitigated/ Enhanced	Proposed mitigation, enhancement and management	Responsibility	Potential partners
				<p>Young Local Aboriginal Land Council (LALC), establishment of no further work zones and impact avoidance zones, unexpected finds procedure, heritage induction for construction workers, and artefact management strategy.</p> <p>The Design Development Report (HDR, 2024), informed by the Connecting with Country Framework report prepared by Yerrabingin (2023), identifies several opportunities to Connect to Country within the proposal. These include:</p> <ul style="list-style-type: none"> Use of familiar textures and structures to accompany all paths. Leading each main corridor journey towards a view of country, under familiar textures and rhythm of structures. Developing the planting strategy from Connecting with Country principles, including additional indigenous tree species to complement the existing arboretum on site. Incorporation of artworks to install a sense of place across the public spaces. 		<p>Arts Working Group</p> <p>Project landscape architect</p> <p>Project architect</p>
Health and wellbeing	Enhanced quality of health services supporting health outcomes	Very high positive	Very high positive	<p>Future expansion zones for service enhancement have been identified and included in the design and service planning for the Temora Health Service Redevelopment.</p> <p>As shown in the Architectural Plans (HDR 2024), the proposal will include locating mental health services in the western wing of the facility, and includes a discrete egress point to exit the facility to enhance comfortability for patients.</p> <p>Modernised facilities also contribute to a more conducive environment for mental health treatment as well-designed spaces can help reduce the stigma associated with mental health care and provide a more comfortable setting for patients.</p>	<p>HINSW</p> <p>Murrumbidgee LHD</p>	Allied and mental health service providers
Surroundings	Amenity impacts during operation and construction	<p>Medium negative during construction for external receivers (nearby residents and neighbours)</p> <p>Medium negative during operation for external receivers</p> <p>High negative during construction for internal receivers (staff and users)</p>	<p>Low negative during construction for external receivers</p> <p>Low negative during operation for external receivers</p> <p>Medium negative during construction for internal receivers</p>	<p>To mitigate impacts during construction for external receivers, the proposal will follow staging plans. Further, the NVIA outlines construction mitigation measures, as well as the requirements for a Construction Noise and Vibration Management Plan (CNVMP) to be prepared after the construction contractor has been engaged and a detailed construction method has been developed.</p> <p>To mitigate the operational noise impacts at R19, the NVIA recommends a further assessment of NPI noise trigger level compliance should be undertaken as the design and selection is finalised, with consideration of selection of quieter units where possible, use of acoustic louvres/attenuators, and increase height of plant area wall.</p> <p>To mitigate the potential impact to human comfort as a result of vibration on internal receivers, the NVIA recommends that where works occur within the safe working distance of 73 metres, smaller equipment should be used where possible to minimise vibration impacts, and that a detailed assessment of vibration impacts should be conducted as part of the CNVMP. As identified in the Preliminary Construction Management Plan (HINSW 2024),</p>	<p>Construction contractor</p> <p>HINSW</p> <p>Murrumbidgee LHD</p>	Noise and vibration consultant

Theme	Matter	Unmitigated/ Unenhanced	Mitigated/ Enhanced	Proposed mitigation, enhancement and management	Responsibility	Potential partners
				<p>demolition and excavation works shall comply with Australian Standard 2436-1981.</p> <p>All trucks, excavating equipment and machinery will be inspected for defective or operationally noisy exhaust systems. Communication will also take place with occupants from neighbouring residences and occupants of the hospital.</p>		
Livelihoods	Supporting local training and employment opportunities in health	Low positive	Low positive	The proposal presents an opportunity to provide local training and employment opportunities for health service students and workers within the region. Temora Health Service currently supports some TAFE students and school-based trainees in Year 11 and 12. Additionally, Murrumbidgee LHD supports three university post-graduates at Temora Health Service per year. Additional study and training opportunities could be offered based on interest and demand.	HINSW Murrumbidgee LHD	TAFE Temora Temora High School Local universities
Livelihoods	Local employment and training opportunities during construction	Low positive	Medium positive	HINSW has advised that they will communicate with TAFE's strategic partnerships division regarding the nature and timing of the proposal. The tender process will also encourage contractors to prioritise use of local suppliers and contractors.	HINSW Murrumbidgee LHD	TAFE Temora Local suppliers

7.2. SIA RECOMMENDATIONS

The following provides a summary of the recommendations proposed to further enhance positive impacts and mitigate negative impacts as previously identified in Section 6. These measures have not been included in the assessment of mitigated or enhanced impacts, but have been identified as additional measures for consideration by the proponent to enhance the social outcomes of the proposal. Mitigation and enhancement measures which are committed to and have informed the assessment of mitigated and enhanced social impacts are summarised in Section 7.1 above.

Design

- Inclusion of Aboriginal art is under consideration as part of the Art Strategy. A range of local artists should be approached, including Aboriginal artists, as part of the Expression of Interest process. Acknowledgement of Country signage should be included.

Construction management

- Consider working with Council and the construction contractor to investigate additional options for temporary worker accommodation, as feasible according to project commencement, duration, accommodation need, and market availability.
- Once the construction contractor is appointed, it is recommended that both the contractor and the proponent consult with surrounding future developments to understand expected construction timelines and activities. This should then be reflected in the detailed CMP.

Operation management

- The opportunity to provide onsite key worker accommodation in the future will be investigated, subject to affordability, noting that delivery of the hospital is the priority. The master plan includes a site for potential key worker accommodation, however off-site provision will also be investigated. This proactive approach aligns with the overarching goal of sustaining and enhancing accommodation options for key workers, thereby contributing to the efficiency and effectiveness of the healthcare infrastructure and addressing current rental shortages in Temora.
- Development of a staffing accommodation strategy, informed by an assessment of accommodation needs (e.g. number of beds/rooms, duration, locational requirements etc.). This should include ongoing monitoring and review to ensure accommodation provided remains adequate and aligned to staff needs.
- Explore potential to remember items of heritage and social interest for exhibit in the Temora Rural Museum as feasible, in consultation with Temora Shire Council and the Temora Heritage Committee.
- While hosting of external mental health service providers is outside of the project scope, opportunities for partnering with youth mental health service providers can be explored, subject to local service arrangements and available capacity within the new hospital.
- Consider partnership between TAFE Temora NSW, Temora Health Service, and Temora High School to include the Temora Health Service in the TAFE Youth Engagement Strategy (YES) program, which includes 5-week blocks where students engagement with various careers to understand what they might like to study and pursue. This would require further investigation to determine if suitable.
- Consider exploring collaboration with TAFE Temora to enable students completing university degrees in health to use the TAFE Temora campus. MLHD will discuss the opportunity and investigate how a benefit to both parties may be achieved.
- Consider exploring a partnership between TAFE Temora and the Temora Health Service to deliver a health service training facility. A representative from TAFE Temora identified that they have resources available to construct a training facility for use by Temora Health Service, however this requires additional investigation in collaboration with the Temora Health Service to determine if this is viable.

ACRONYMS

Acronym	Term
ABS	Australian Bureau of Statistics
ACHAR	Aboriginal Cultural Heritage Assessment Report
BOCSAR	NSW Bureau of Crime Statistics and Research
CAMHS	Child and Adolescent Mental Health
CPTED	Crime Prevention through Environmental Design
CMP	Construction Management Plan
CNVMP	Construction Noise and Vibration Management Plan
CT	Computed Tomography
DA	Development Application
DPHI	NSW Department of Planning, Housing and Infrastructure
EIS	Environmental Impact Assessment
GP COG	General Practitioner Assessment of Cognition
HINSW	Health Infrastructure NSW
LALC	Local Aboriginal Land Council
LGA	Local Government Area
LHAC	Local Health Advisory Committee
LHD	Local Health District
MHECS	Mental Health Emergency Consultation Service
NVIA	Noise and Vibration Impact Assessment
OOSH	Out of School Hours
OPG	Orthopantomography
PHN	Primary Health Network
RDL	Role Delineation Level
REF	Review of Environmental Factors
SEIFA	Socio-Economic Indexes for Areas
SIA	Social Impact Assessment
SOHI	Statement of Heritage Impact
SSC	State Suburbs
SZ	Sensitive Zones

REFERENCES

This SIA has been informed by a range of data sources, information and technical studies. The following data sources have been used:

Demographic, crime and health data

Australian Bureau of Statistics, Census of Population and Housing, 2021, New South Wales, Temora LGA and Temora SAL data.

Murrumbidgee LHD, 2024, MLHD at a Glance – Population and Health Indicator Data 2024.

Murrumbidgee PHN, 2022, Temora LHA Databook, MPHNS Health Needs Assessment 2022-2025.

Murrumbidgee PHN, 2024, Murrumbidgee Mental Health, Suicide Prevention and Alcohol and Other Drugs Regional Plan 2021-2024.

NSW Bureau of Crime Statistics and Research, Temora SAL, Temora LGA and NSW hotspot maps and crime rates.

NSW Department of Planning, Housing and Infrastructure, 2022, NSW population projections.

SQM Research, 2024, Residential Vacancy Rates Postcode 2666.

Policy documents

NSW Department of Planning, Housing and Infrastructure, 2021, Social Impact Assessment Guideline for State Significant Projects.

NSW Government, 2023, Riverina Murray Regional Plan.

South West Slopes Regional Economic Development Strategy – 2023 Update.

Murrumbidgee Local Health District, 2022, Temora Health Service Plan.

Murrumbidgee Local Health District, 2022, MLHD Strategic Plan 2021-2026.

Murrumbidgee Local Health District, 2022, MLHD Clinical Governance Framework 2023-2027.

Murrumbidgee Local Health District, 2022, MLHD Our People Our Future: Cultural Strategy 2021.

Temora Shire Council, 2020, Local Strategic Planning Statement.

Temora Shire Council, 2022, Community Strategic Plan: Temora Tomorrow – Towards 2035.

Temora Shire Council, 2022, Temora Health Service Plan.

Temora Shire Council, 2010, Temora Local Environmental Plan.

Temora Shire Council, 2012, Temora Shire Development Control Plan.

Technical studies prepared for this proposal

GHD, 2024, Temora Hospital Noise and Vibration Impact Assessment report.

GML Heritage, 2023, Aboriginal Cultural Heritage Assessment Report.

HDR, 2023, Temora Hospital Redevelopment Concept Design Report.

HDR, 2024, Temora Hospital Redevelopment Schematic Design Report and Plans.

HDR, 2024, Temora Hospital Design Development Report.

HINSW, 2024, Temora Hospital Redevelopment Preliminary Construction Management Plan.

HINSW, 2024, Temora Health Service Redevelopment Engagement Outcomes Report.

NGH, 2023, Statement of Heritage Impact.

Urbis, 2024, Crime Prevention through Environmental Design Assessment report.

Yerrabingin, 2023, Connecting with Country Framework Report.

Other

HINSW, 2023, Functional Brief Temora Hospital – Whole of Hospital Operational Policies.

HINSW, 2024, Temora Hospital Redevelopment Decanting Strategy.

James Cook University (JCU), 2022, Study finds Emergency Department nurses routinely abused, facing violence, <https://www.jcu.edu.au/news/releases/2022/march/study-finds-emergency-department-nurses-routinely-abused-facing-violence>

Murrumbidgee Local Health District, 2023, Temora Health Service Workforce Plan.

Murrumbidgee Local Health District, 2023, Temora Health Service Redevelopment Change Management Strategy 2022 to 2026.

Murrumbidgee Local Health District, n.d., Attraction and Retention Strategy 2021-23.

NSW Department of Planning, Housing and Infrastructure, 2023, Social Impact Assessment Guideline and Technical Supplement.

NSW Department of Planning, Housing and Infrastructure, 2022, Cumulative Impact Assessment Guidelines for State Significant Projects.

NSW Health, 2023, What is Integrated Care?, <https://www.health.nsw.gov.au/integratedcare/Pages/what-is-integrated-care.aspx#:~:text=Integrated%20Care%20involves%20the%20provision,%2C%20carers%2C%20and%20family%20members.>

8. DISCLAIMER

This report is dated 10 September 2024 and incorporates information and events up to that date only and excludes any information arising, or event occurring, after that date which may affect the validity of Urbis Ltd (**Urbis**) opinion in this report. Urbis prepared this report on the instructions, and for the benefit only, of Health Infrastructure NSW c/o Capital Insight Pty Limited (**Instructing Party**) for the purpose of Social Impact Assessment (**Purpose**) and not for any other purpose or use. To the extent permitted by applicable law, Urbis expressly disclaims all liability, whether direct or indirect, to the Instructing Party which relies or purports to rely on this report for any purpose other than the Purpose, and to any other person which relies or purports to rely on this report for any purpose whatsoever (including the Purpose).

In preparing this report, Urbis was required to make judgements which may be affected by unforeseen future events, the likelihood and effects of which are not capable of precise assessment.

All surveys, forecasts, projections and recommendations contained in or associated with this report are made in good faith and on the basis of information supplied to Urbis at the date of this report, and upon which Urbis relied. Achievement of the projections and budgets set out in this report will depend, among other things, on the actions of others over which Urbis has no control.

In preparing this report, Urbis may rely on or refer to documents in a language other than English, which Urbis may arrange to be translated. Urbis is not responsible for the accuracy or completeness of such translations and disclaims any liability for any statement or opinion made in this report being inaccurate or incomplete arising from such translations.

Whilst Urbis has made all reasonable inquiries it believes necessary in preparing this report, it is not responsible for determining the completeness or accuracy of information provided to it. Urbis (including its officers and personnel) is not liable for any errors or omissions, including in information provided by the Instructing Party or another person or upon which Urbis relies, provided that such errors or omissions are not made by Urbis recklessly or in bad faith.

This report has been prepared with due care and diligence by Urbis and the statements and opinions given by Urbis in this report are given in good faith and in the reasonable belief that they are correct and not misleading, subject to the limitations above.

APPENDIX A

SIA CONSULTATION MATERIALS

Figure 14 Temora Health Service Project Update Newsletter Nov 2023



Caring for the Temora community now and into the future

Progress Update

The NSW Government has committed \$80 million to build a high quality, contemporary and consumer friendly health care service to support the needs of the Temora community.

The project is progressing with the concept design to be released in the coming months.

During the design process, the project team is consulting with Project User Groups (PUGs) on various aspects of the building's design. Participation from user groups is important in developing the design to ensure the design meets the needs of clinicians and other staff including nurses and hospital managers, as well as patients and the community.

Engagement will continue with the local community, stakeholders and staff to ensure the hospital design is a safe and welcoming environment for all who visit.

Services will continue at Temora Health Service during construction. Every effort will be made to minimise disruption. Staff and the community will be informed of any planned change.

Project Timeline



Redevelopment at LHAC Open Day

The Project Team ran an information stall at the Temora LHAC Open Day on Friday 22 September.

Held on the lawns of the facility in glorious sunshine, the Project Team spent time answering questions and chatting with community and staff about the planning and design work currently underway for the project.



PROJECT DIRECTOR, KATRINA WALSH (LEFT) WITH COMMUNITY MEMBERS



MLHD CHANGE MANAGER DAVID HARDIMAN MET WITH COMMUNITY MEMBERS AT THE OPEN DAY

Arts Working Group kicks off

The first Arts Working Group for the redevelopment was held on 18 October, which included an introduction to the project, examples of arts in health across the state and the opportunities to integrate heritage and arts into the new facility. A big thanks from the Project Team to the community representatives Anthony Irvine, Libby Hanlon, Sarah Heinjus, Stewart James and Robert Brabin who have volunteered their time to be a part of the committee.

Connecting with Country

Design workshops were held in October with the local Aboriginal community and project design team to explore how First Nations cultures and values can be incorporated, elevated and celebrated through the Redevelopment project.

An Aboriginal Cultural Heritage Assessment is also underway as part of the project's State Significant Development Application and will be submitted to the Department of Planning and Environment.



TEMORA HIGH SCHOOL STUDENTS AT A DESIGN WORKSHOP HELD AT THE SCHOOL'S YARNING CIRCLE

Social Impact Assessment

A Social Impact Assessment (SIA) will be undertaken as part of the project planning process. All residents and stakeholders are invited to complete the SIA survey. The survey is open until 15 December 2023.



Scan the QR code with your phone or access the survey here:

<https://www.surveymonkey.com/r/TemoraSIA>

From mid-November, representatives from consulting group Urbis will also drop in to speak with residents living around the Hospital who may be interested to provide their feedback in-person. Please contact the Project Team on **(02) 9978 5412** if you have any questions.

Read more about the redevelopment including newsletters and frequently asked questions on the project website: mlhd.health.nsw.gov.au/temora-redevelopment

FOR MORE INFORMATION:

Email: MLHD-Temora-Redevelopment@health.nsw.gov.au

Phone: **(02) 9978 5412**

Web: mlhd.health.nsw.gov.au/about-us/our-building-projects

Social Impact Survey for the Temora Health Service Redevelopment

Urbis has been engaged by Health Infrastructure to undertake a Social Impact Assessment (SIA) for the State Significant Development Application (SSDA) for the Temora Health Service Redevelopment (the project).

The Temora Health Service currently provides healthcare services to the Temora Shire local government area and surrounding area. Current services and capacity include 28 inpatient beds (for general medical patients, and maternity), an emergency department, surgical services, specialist outpatient services, community health services, clinical/non-clinical support services, and staff accommodation.

The NSW Government has committed \$80 million to build a high quality, contemporary and consumer friendly health care service to support the needs of the Temora community. The Redevelopment will offer patients and consumers a contemporary model of health care which integrates services from the acute and non-hospital settings under one roof. For further information please visit: mlhd.health.nsw.gov.au/temora-redevelopment

This Social Impact Survey is designed to gather insights from key stakeholders (such as staff, users, and the general community) about how this project may impact you and your community in both positive and negative ways. Your responses will be used to inform our assessment of likely social impacts, as well as any related recommended mitigation, enhancement, and management measures.

This Social Impact Assessment will be available for public viewing during the Exhibition period, during which it will be open to receive submissions via the NSW Major Projects website: <https://www.planningportal.nsw.gov.au/major-projects>

Though this survey does aim to understand how any changes in health services will impact you, we are not seeking comments on the provision of specific health services. This research has been previously conducted and is available in the Temora Health Services Plan.

The survey should take approximately 5 minutes to complete, and all responses will be kept anonymous. This survey will be open until **15th December 2023**.

Thankyou in advance for your contribution.

This Social Impact Survey will be analysed according to 8 key elements of social value, as outlined by the NSW DPE SIA Guideline (2023). These elements include:

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

When completing this survey, please consider how each of these elements may be impacted for you or your community.

1. Are you familiar with the Temora Health Service Redevelopment?

☐ Yes

☐ No

2. Please select which best describes you:

☐ Temora Health Service staff

☐ Member of the community

Other (please specify)

3. Have you been previously consulted or engaged by the Redevelopment Project Team about the Temora Health Service Redevelopment project?

☐ Yes

☐ No

4. Do you anticipate that the Temora Health Service Redevelopment will impact your community in mainly positive or negative ways?

☐ Positive

☐ Negative

☐ Both

5. Please describe any **negative** impacts which you are most aware and/or concerned about, and how they could be mitigated:

6. Please describe any **positive** impacts which you are most aware and/or concerned about, and how they might be enhanced:

7. On a scale of 1 (not at all) to 10 (very much), please indicate to what extent you anticipate that you will be impacted by construction works associated with this project?

Not very significant Neutral Very significant

☐

8. If you answered 6 or above to Question 7 (above), please describe how the construction may impact you:

9. Would you like to be contacted by the Urbis team to further discuss the project and social impacts?

☐ Yes

☐ No

10. If yes, please include your preferred contact details:

Thankyou for your participation.

