

Social Impacts Assessment

**concerning proposed
Health Services Centre
At 31-33 Smith St Charlestown**

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**Revised Report
November, 2022**

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1. Overview

Methods used

Methods used for this Social Impacts Assessment included:

- inspection of the site and surrounding streets
- review of relevant government strategic and policy documents, research reports and demographic data
- community consultation, specifically:
 - face-to-face invitation to 100 nearby businesses to comment, with a brief questionnaire provided for guidance
 - face-to-face door-knock survey of 61 close residential households, plus letterboxed questionnaires for the closest 20 homes.

Findings

There are background factors acknowledged by government that affect demand for health services across all of NSW. These include:

- increased and increasing population
- increased ageing of the population as the post war “baby boomers” population bulge moves through their last phase of life
- increased range of treatment options that both extend life-expectancy and increase the number of medical interventions per person.

The population of the Lower Hunter Region is growing and ageing particularly fast and the populations of Lake Macquarie LGA and Charlestown in particular are in keeping with that trend.

Charlestown is not in general socio-economically disadvantaged, but the 2021 Census showed that Charlestown has higher rates of various chronic health conditions than NSW overall and a higher proportion of people with multiple chronic conditions. Charlestown is typical of inner regional locations which, in comparison with major cities, are characterised by:

- higher prevalence of health risk factors
- higher rates of chronic health conditions
- shorter life expectancy and higher death rates
- lower density of health professionals in relation to population.

Across NSW, there is government reliance on the private sector to fill gaps in health services provision in regional areas and this is particularly so in the Hunter-New England Local Health District, as stated explicitly in the NSW Rural Health Plan: Towards 2021.

The site location is appropriate, being within the commercial district, close to other health services and close to public transport.

There are a number of existing primary health and ancillary health service providers in Charlestown, as well as two private hospitals. However, many residents reported difficulty in accessing the health services they need when they need them.

Survey respondents complained of

- long waiting times to get an appointment with their regular GP
- difficulty establishing a relationship with a local GP, some therefore travelling to Belmont or Newcastle instead
- difficulty getting medical help in an emergency
- gaps in local specialist health services.

The new Health Services Centre will be:

- welcomed by most Charlestown residents
- welcomed by most surrounding businesses, particularly health-related businesses
- and welcomed by the school across Smith Street.

The main positive social impacts anticipated are:

- improved access to a range of health services for the surrounding community
- improved referral networks amongst local health services.

The main negative social impacts anticipated by some residents and nearby businesses are:

- increased pressure on limited on-street parking spaces, particularly in Smith St at school student arrival and departure times
- increased traffic to the vicinity, particularly at school arrival and departure times
- noise, dust and vibration during construction.

Conclusions and recommendations

Overall, the social impacts of the proposed development will be strongly positive.

There is clear need for more health services in Charlestown, both primary health care general practice and various ancillary and specialist services. The proposed Health Services Centre will therefore have strongly positive social impacts for the residents of Charlestown.

The proposed development will also be beneficial for existing health services in the area, by providing an enhanced referral network. Significant impacts on other nearby businesses are unlikely.

Parents of children attending the school have a legitimate concern that increased traffic and on-street parking in Smith St could make student drop off and pick up times more difficult or more dangerous.

These potential traffic issues should therefore be addressed by an appropriately qualified expert. In particular:

- Will on-site parking spaces be sufficient to meet all staff and patient needs?
- Should on-street car parking in Smith St near the school be reserved for student drop-off and pick-up at the relevant times?
- Should the speed limit in Smith St be changed from 60 kph to 40 kph during school student arrival and departure periods?
- Will traffic movements past the school increase enough to cause problems? If so, how can they be minimised generally or at student arrival and departure times?

Ways to minimise noise, vibration and dust during construction should also be addressed by an appropriately qualified expert.

2. Introduction

The proposal is to build a multi-level Health Services Centre on the site at 31-33 Smith Street, Charlestown. The development will include:

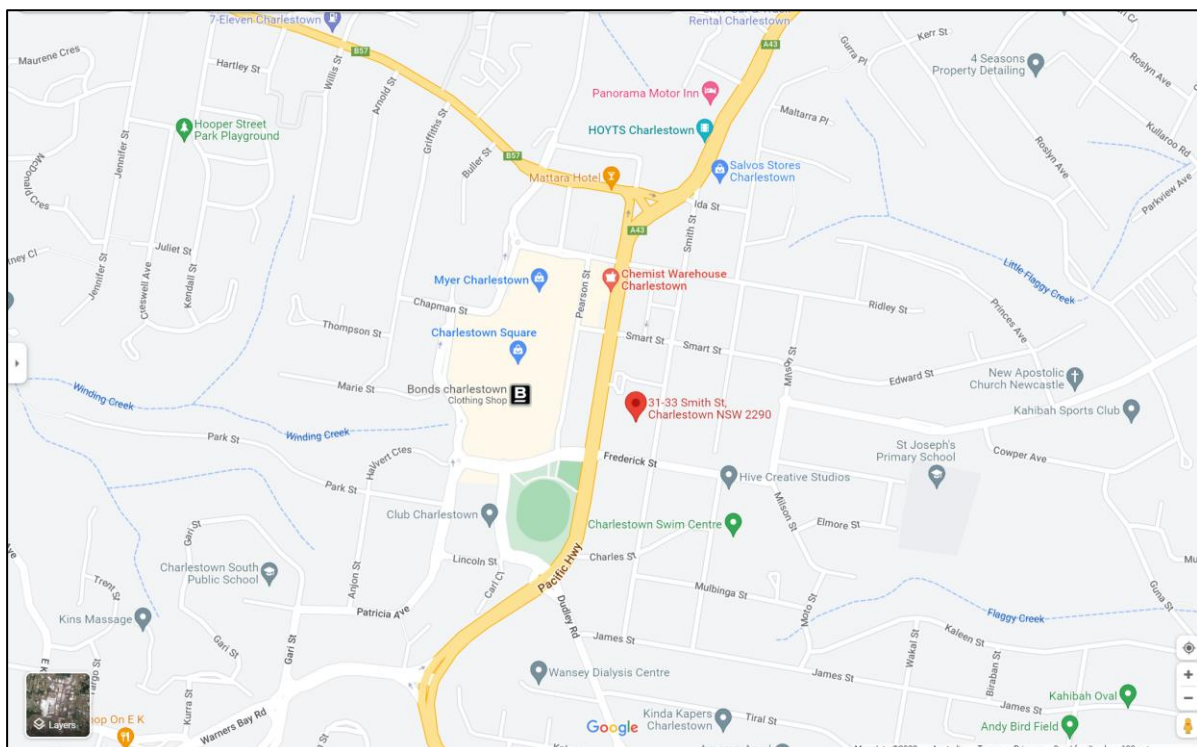
- at the lowest level, primary health care services including a general practice medical centre, pharmacy, diagnostic imaging, pathology and skin cancer clinic, plus 100 car parking spaces accessible from Smith Street
- on the next two levels, medical and general consulting tenancies, plus 118 car parking spaces accessible from Frederick Street
- above that will be another medical facility which is not included in the present development application, but may include operating theatres and hospital beds.

This is a Regionally Significant Development (RSD), due to the substantial investment involved.

The site, partly zoned B3 (Commercial Core) and partly zoned B4 (Mixed Use), is in the south-eastern corner of the Charlestown business district and close to the main shopping centre, Charlestown Square.

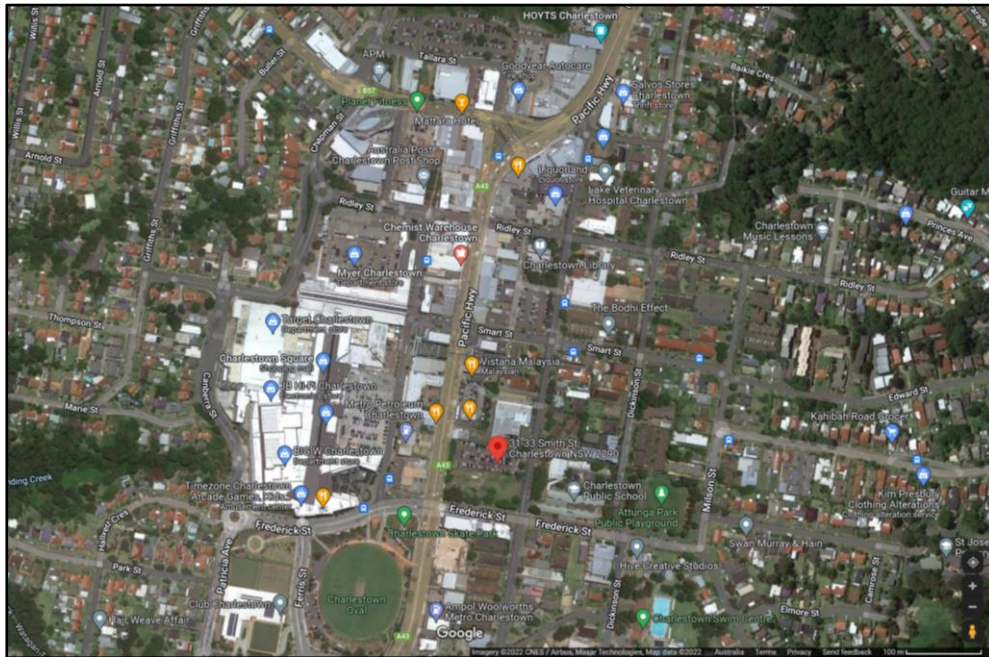
Surrounding land uses are professional or commercial. The site is bounded by the Pacific Highway to the west, Frederick Street to the south, Smith Street to the east and adjacent commercial and professional uses to the north.

Figure 1: Map showing the site and surrounds



Source: Google maps

Figure 2: Aerial view of the site and surrounds



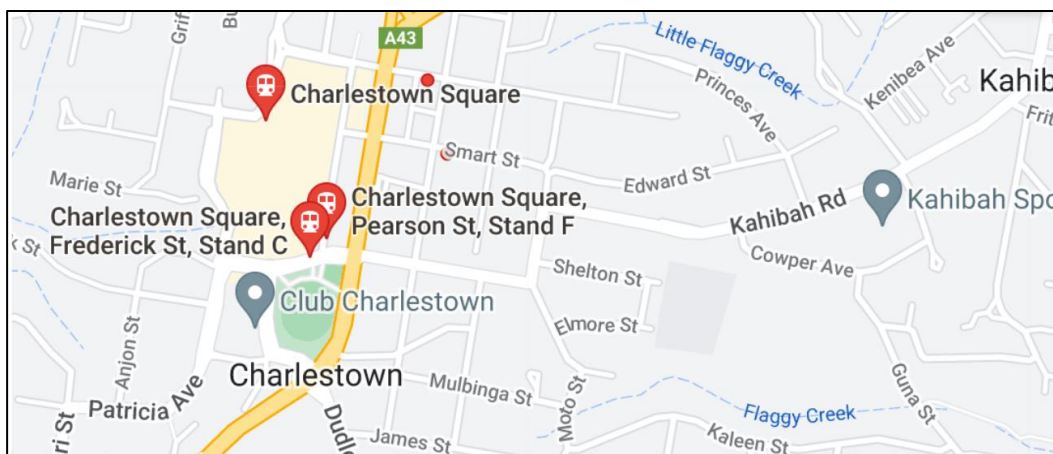
Source: Google maps

Immediate neighbours include:

- the Charlestown Public School across Smith Street to the east, and north of that a family medicine general practice
- a dermatology and laser clinic and a hair stylist across Frederick Street to the south
- various health-related services diagonally opposite, between Smith and Frederick Streets, including Chinese massage, podiatry and orthopaedics
- legal and other professional offices and a McDonalds restaurant to the north
- a petrol station, with car servicing and trailer hire and fast-food businesses across the Pacific Highway, plus a skate park and sports oval south-west and a scrap metal dealer north-west.

There is a bus stop in Frederick Street, adjacent to Charlestown Square, which is the main shopping complex and a short block away to the west, across Pearson Street.

Figure 3: Bus stops near the site

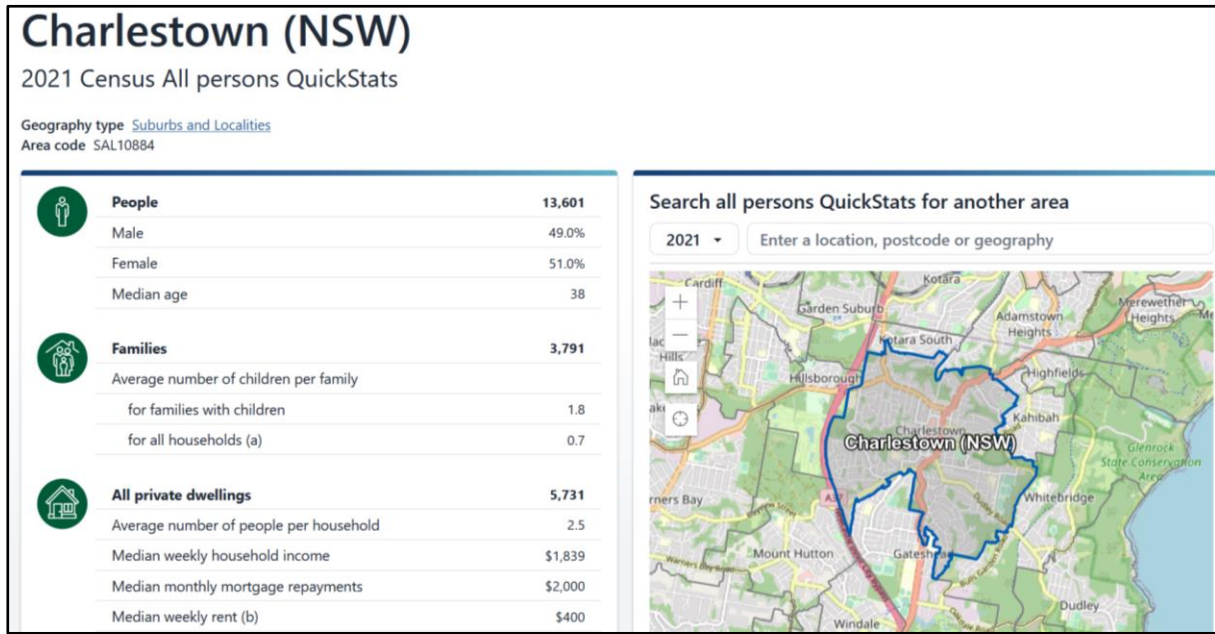


Source: Google maps

3. The population of Charlestown

Charlestown is a major centre in the Lake Macquarie LGA. At the 2021 Census, Charlestown had a population of 13,601 people, with slightly more women (51%) than men (49%). The median age (38 years) was slightly younger than that for NSW overall (39 years), but the proportion aged over 65 years (18.3%) was slightly greater than that for NSW (17.7%).

Figure 4: Charlestown population



Source: Australian Bureau of Statistics Census 2021

Table 1: Age and gender of Charlestown population

People	Charlestown (NSW)	%	New South Wales	%	Australia	%
<i>All people</i>						
Male	6,666	49.0	3,984,166	49.4	12,545,154	49.3
Female	6,935	51.0	4,087,995	50.6	12,877,635	50.7
Median age	38	N/A	39	N/A	38	N/A
0-4 years	866	6.4	468,056	5.8	1,463,817	5.8
5-9 years	861	6.3	500,810	6.2	1,586,138	6.2
10-14 years	805	5.9	501,135	6.2	1,588,051	6.2
15-19 years	680	5.0	457,896	5.7	1,457,812	5.7
20-24 years	824	6.1	496,185	6.1	1,579,539	6.2
25-29 years	984	7.2	555,967	6.9	1,771,676	7.0
30-34 years	1,016	7.5	586,057	7.3	1,853,085	7.3
35-39 years	1,043	7.7	580,185	7.2	1,838,822	7.2
40-44 years	952	7.0	522,984	6.5	1,648,843	6.5
45-49 years	811	6.0	516,915	6.4	1,635,963	6.4
50-54 years	794	5.8	500,027	6.2	1,610,944	6.3
55-59 years	750	5.5	490,155	6.1	1,541,911	6.1
60-64 years	727	5.3	471,628	5.8	1,468,097	5.8
65-69 years	633	4.7	416,493	5.2	1,298,460	5.1
70-74 years	586	4.3	372,234	4.6	1,160,768	4.6
75-79 years	483	3.5	268,110	3.3	821,920	3.2
80-84 years	367	2.7	183,409	2.3	554,598	2.2
85 years and over	427	3.1	183,895	2.3	542,342	2.1

Source: Australian Bureau of Statistics 2021 Census

Families made up the majority of all households (70%); one quarter were people living alone (26%) and a small minority (4%) lived in group households.

Of family households, most were couples with children (43%) or couples without children (39%), but a significant minority (17.6%) were sole parent families and most of these (78%) were female parent households.

Table 2: Household composition in Charlestown

Household composition <i>Occupied private dwellings (excl. visitor only and other non-classifiable households)</i>	Charlestown (NSW)	%	New South Wales	%	Australia	%
Family households	3,709	70.0	2,065,107	71.2	6,542,648	70.5
Single (or lone) person households	1,383	26.1	723,716	25.0	2,370,742	25.6
Group households	208	3.9	111,646	3.8	361,822	3.9
Family composition <i>All families</i>	Charlestown (NSW)	%	New South Wales	%	Australia	%
Couple family without children	1,481	39.1	809,586	37.9	2,608,834	38.8
Couple family with children	1,614	42.6	954,588	44.7	2,944,140	43.7
One parent family	666	17.6	337,729	15.8	1,068,268	15.9
Other family	37	1.0	34,061	1.6	108,941	1.6
Single (or lone) parents <i>Proportion of the total single (or lone) parent population</i>	Charlestown (NSW)	%	New South Wales	%	Australia	%
Male	N/A	21.8	N/A	19.0	N/A	19.6
Female	N/A	78.1	N/A	81.0	N/A	80.4

Source: Australian Bureau of Statistics 2021 Census

The population of Charlestown was less ethno-culturally diverse than NSW overall, with 84% being born in Australia (vs 65% for NSW) and English being the only language spoken at home in 88% of households (vs 67.6% for NSW). The First Nations (Aboriginal and Torres Strait Islander) community was small (3.8%), but slightly larger than average for NSW (3.4%).

Table 3: Socio-cultural diversity of Charlestown

Country of birth, top responses <i>All people</i>	Charlestown (NSW)	%	New South Wales	%	Australia	%
Australia	11,447	84.2	5,277,497	65.4	17,019,815	66.9
<i>Other top responses:</i>						
England	290	2.1	231,385	2.9	927,490	3.6
New Zealand	138	1.0	118,527	1.5	530,492	2.1
China (excludes SARs and Taiwan)	128	0.9	247,595	3.1	549,618	2.2
India	101	0.7	208,962	2.6	673,352	2.6
Philippines	73	0.5	106,930	1.3	293,892	1.2
Ancestry, top responses <i>All people</i>	Charlestown (NSW)	%	New South Wales	%	Australia	%
English	5,735	42.2	2,404,990	29.8	8,385,928	33.0
Australian	5,422	39.9	2,307,549	28.6	7,596,753	29.9
Scottish	1,765	13.0	620,363	7.7	2,176,777	8.6
Irish	1,698	12.5	735,340	9.1	2,410,833	9.5
German	610	4.5	242,546	3.0	1,026,138	4.0
English only used at home	11,991	88.2	5,457,982	67.6	18,303,662	72.0
Households where a non-English language is used	603	11.4	856,911	29.5	2,295,688	24.8
Aboriginal and/or Torres Strait Islander	518	3.8	278,043	3.4	812,728	3.2

Source: Australian Bureau of Statistics

At the 2021 Census, the educational attainment of the population of Charlestown was close to average for NSW (26.2% had a tertiary degree vs 27.8% for NSW; 22% had less than Year 12 vs 22.3% for NSW). A similar proportion were professionals (26.6% vs 25.8% for NSW) and a higher proportion were technicians or trades workers (15% vs 12% for NSW). The most common industries of employment were hospitals, other social assistance services and secondary education.

Median weekly incomes were slightly higher than average for NSW at personal (\$880 vs \$813 for NSW), family (\$2,255 vs \$2,185 for NSW) and household (\$1,839 vs \$1,829 for NSW) levels. A smaller proportion of households had weekly incomes below \$650 (14.5% vs 16.3% for NSW), but also a smaller proportion had weekly incomes above \$3,000 (24.7% vs 26.9% for NSW).

Table 4: Education, occupation and income in Charlestown

Level of highest educational attainment <i>People aged 15 years and over</i>	Charlestown (NSW)	%	New South Wales	%	Australia	%
Bachelor Degree level and above	2,898	26.2	1,838,502	27.8	5,464,631	26.3
Advanced Diploma and Diploma level	1,132	10.2	616,322	9.3	1,946,738	9.4
Certificate level IV	516	4.7	216,768	3.3	719,425	3.5
Certificate level III	1,765	16.0	771,009	11.7	2,617,766	12.6
Year 12	1,441	13.0	954,987	14.5	3,104,116	14.9
Year 11	315	2.8	212,538	3.2	958,803	4.6
Year 10	1,300	11.7	698,390	10.6	2,086,306	10.0
Certificate level II	7	0.1	4,703	0.1	13,687	0.1
Certificate level I	0	0.0	764	0.0	2,614	0.0
Year 9 or below	784	7.1	487,855	7.4	1,490,444	7.2
Inadequately described	340	3.1	184,252	2.8	506,259	2.4
No educational attainment	29	0.3	64,827	1.0	175,844	0.8
Not stated	525	4.7	549,965	8.3	1,694,773	8.2
Occupation, top responses <i>Employed people aged 15 years and over</i>	Charlestown (NSW)	%	New South Wales	%	Australia	%
Professionals	1,869	26.6	952,131	25.8	2,886,921	24.0
Technicians and Trades Workers	1,055	15.0	436,589	11.9	1,554,313	12.9
Clerical and Administrative Workers	967	13.8	480,612	13.0	1,525,311	12.7
Community and Personal Service Workers	884	12.6	390,779	10.6	1,382,205	11.5
Managers	750	10.7	536,820	14.6	1,645,769	13.7
Sales Workers	581	8.3	294,889	8.0	986,433	8.2
Labourers	518	7.4	300,966	8.2	1,086,120	9.0
Machinery Operators and Drivers	303	4.3	222,186	6.0	755,863	6.3
Industry of employment, top responses <i>Employed people aged 15 years and over</i>	Charlestown (NSW)	%	New South Wales	%	Australia	%
Hospitals (except Psychiatric Hospitals)	413	5.9	153,159	4.2	545,158	4.5
Other Social Assistance Services	272	3.9	87,430	2.4	278,221	2.3
Secondary Education	209	3.0	64,612	1.8	205,360	1.7
Cafes and Restaurants	178	2.5	72,942	2.0	268,005	2.2
Aged Care Residential Services	178	2.5	80,859	2.2	258,274	2.1
Median weekly incomes (a) <i>People aged 15 years and over</i>	Charlestown (NSW)	%	New South Wales	%	Australia	%
Personal (b)	\$880	N/A	\$813	N/A	\$805	N/A
Family (c)	\$2,255	N/A	\$2,185	N/A	\$2,120	N/A
Household (d)	\$1,839	N/A	\$1,829	N/A	\$1,746	N/A
Household income <i>Occupied private dwellings (excl. visitor only and other non-classifiable households)</i>	Charlestown (NSW)	%	New South Wales	%	Australia	%
Less than \$650 total household weekly income (a)	N/A	14.5	N/A	16.3	N/A	16.5
More than \$3,000 total household weekly income (a)	N/A	24.7	N/A	26.9	N/A	24.3

Source: Australian Bureau of Statistics from 2021 Census

Residents of Charlestown were more likely than average for NSW to live in a separate house (76% vs 65.6% for NSW) or in a semi-detached or terrace house (15% vs 12% for NSW) and less likely to be living in a flat or apartment (9% vs 22% for NSW). They were more likely to own their homes outright (34.6% vs 31.5% for NSW), more likely to be paying off a mortgage (37.4% vs 32.5%) and less likely to be renting (26.2% vs 32.6% for NSW).

Median mortgage repayments were lower than average for NSW (\$2,000 vs \$2,167 for NSW) and so were weekly rents (\$400 per week vs \$420 for NSW). Charlestown residents were less likely to be in housing stress, that is spending 30% or more of their income on housing, whether they were renting (33.7% vs 35.5% for NSW) or paying off a mortgage (10.4% vs 17.3%).

Table 5: Housing tenure and housing stress in Charlestown

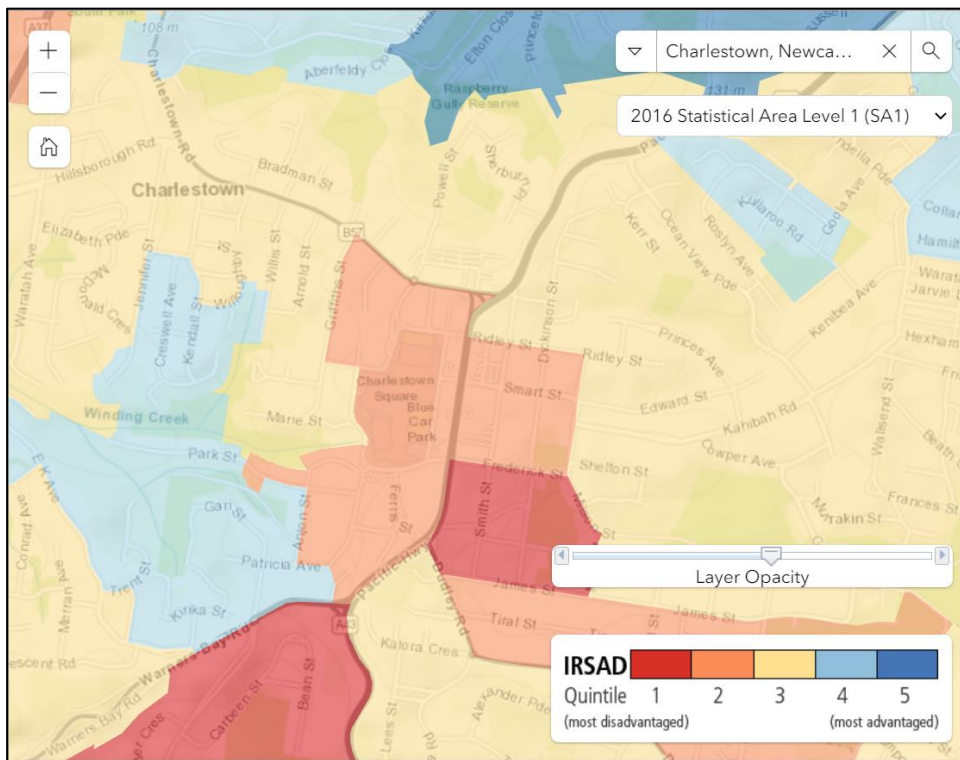
Dwelling structure	Charlestown (NSW)		New South Wales		Australia	
<i>Occupied private dwellings (excl. visitor only and other non-classifiable households)</i>						
Separate house	4,031	76.0	1,902,734	65.6	6,710,582	72.3
Semi-detached, row or terrace house, townhouse etc	789	14.9	340,582	11.7	1,168,860	12.6
Flat or apartment	470	8.9	630,030	21.7	1,319,095	14.2
Other dwelling	0	0.0	19,374	0.7	54,711	0.6
Tenure type	Charlestown (NSW)		New South Wales		Australia	
<i>Occupied private dwellings (excl. visitor only and other non-classifiable households)</i>						
Owned outright	1,832	34.6	914,537	31.5	2,872,331	31.0
Owned with a mortgage (a)	1,981	37.4	942,804	32.5	3,242,449	35.0
Rented (b)	1,387	26.2	944,585	32.6	2,842,378	30.6
Other tenure type (c)	38	0.7	55,931	1.9	181,518	2.0
Rent weekly payments	Charlestown (NSW)		New South Wales		Australia	
<i>Occupied private dwellings (excl. visitor only and other non-classifiable households) being rented</i>						
Median rent (a)	400	N/A	420	N/A	375	N/A
Renter households where rent payments are less than or equal to 30% of household income (b)	788	56.8	529,731	56.1	1,667,080	58.7
Renter households with rent payments greater than 30% of household income (b)	468	33.7	335,404	35.5	915,317	32.2
Unable to determine (c)	137	9.9	79,448	8.4	259,992	9.1
Mortgage monthly repayments	Charlestown (NSW)		New South Wales		Australia	
<i>Occupied private dwellings (excl. visitor only and other non-classifiable households) owned with a mortgage or purchased under a shared equity scheme</i>						
Median mortgage repayments	2,000	N/A	2,167	N/A	1,863	N/A
Owner with mortgage households where mortgage repayments are less than or equal to 30% of household income (a)	1,585	80.0	677,486	71.9	2,398,902	74.0
Owner with mortgage households with mortgage repayments greater than 30% of household income (a)	207	10.4	163,060	17.3	468,817	14.5
Unable to determine (b)	188	9.5	102,255	10.8	374,734	11.6

Source: Australian Bureau of Statistics from 2021 Census

The Australian Bureau of Statistics (ABS) Socio-Economic Indexes for Areas (SEIFA) are constructed using different combinations of relevant Census variables. To date, SEIFA maps have not been updated to reflect 2021 Census figures, but broad socio-economic ranking is unlikely to have changed markedly since the 2016 Census.

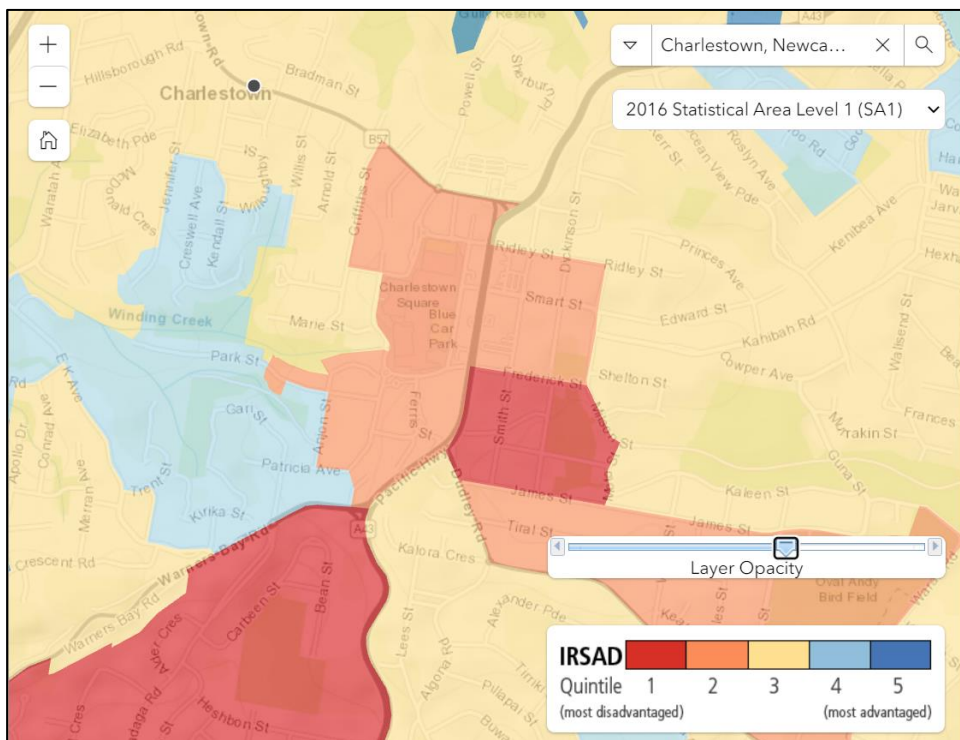
While the immediate vicinity of the site appears quite disadvantaged in the SEIFA maps shown below, there are in fact very few people living so close to the site. Most Charlestown residential streets are in the middle pentile on all SEIFA scales and some areas are quite advantaged. The site is in the centre of the following SEIFA maps.

Figure 5: Locality ranking on Relative Socio-Economic Advantage and Disadvantage



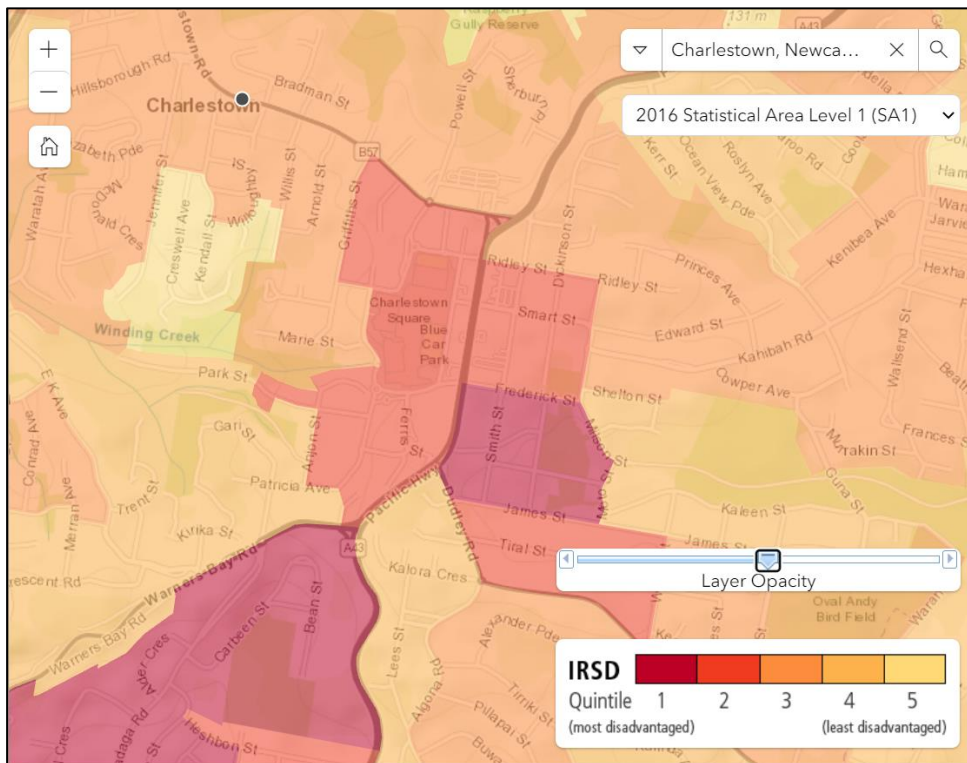
Source: Australian Bureau of Statistics from 2016 Census

Figure 6: Locality ranking on Education and Occupation



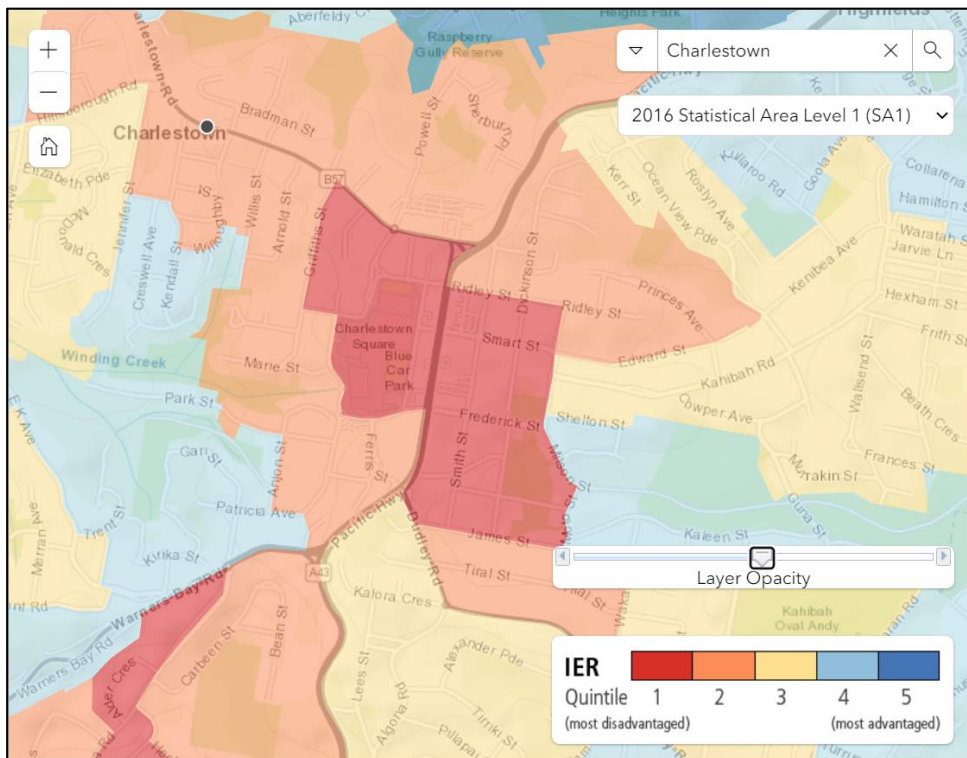
Source: Australian Bureau of Statistics from 2016 Census

Figure 7: Locality ranking on Relative Socio-Economic Disadvantage



Source: Australian Bureau of Statistics from 2016 Census

Figure 8: Locality ranking on Economic Resources



Source: Australian Bureau of Statistics from 2016 Census

4. Need for more health services

Increasing need across all of NSW

In 2005, the Australian Government Productivity Commission released a report called Economic Implications of an Ageing Australia. Amongst other findings were the following:

Australia faces a pronounced ageing of its population over the next forty years. One quarter of Australians will be aged 65 years or more by 2044–45, roughly double the present proportion. The proportion of the 'oldest old' will increase even more.

- In itself, population ageing should not be seen as a problem, but it will give rise to economic and fiscal impacts that pose significant policy challenges.
- The major source of budgetary pressure is health care costs, which are projected to rise by about 4.5 percentage points of GDP by 2044–45, with ageing accounting for nearly one-half of this.
- More cost-effective service provision, especially in health care, would alleviate a major source of fiscal pressure at its source.

Figure 9: Excerpt 1 from Economic Implications of an Ageing Australia

Key points

- Australia's population is rapidly ageing. The share of the population aged over 65 years is projected to rise from 13.0 to 24.5 per cent from 2003-04 to 2044-45. An even bigger relative change is anticipated for the oldest old — those over 85 years. Their share increases from 1.5 to 5.0 per cent over this period.
- The main factors underlying population ageing in Australia are increases in life expectancy and, to a lesser extent, reduced fertility rates. The post-war baby-boom, often credited as a major source of ageing, has actually delayed ageing in Australia, although making its onset more pronounced.
- There is limited scope to moderate population ageing through demographic policies.
 - Much of ageing is testimony to successful attempts to prolong life through technology and public health initiatives — a process few would like to see reversed.
 - Feasible fertility increases can slow the ageing of the population, but not by much.
 - Despite popular thinking to the contrary, immigration policy is also not a feasible countermeasure. It affects population numbers more than the age structure. For example, stabilisation of the existing age structure would require annual migration rates of 3.1 per cent of the population, resulting in an Australian population of 85 million by 2044-45 and annual net migrant intake at that time of 2.5 million.

Source: Productivity Commission

Figure 10: Excerpt 2 from Economic Implications of an Ageing Australia

Table 2.1 **Ageing of the Australian population**

2003-04 to 2044-45

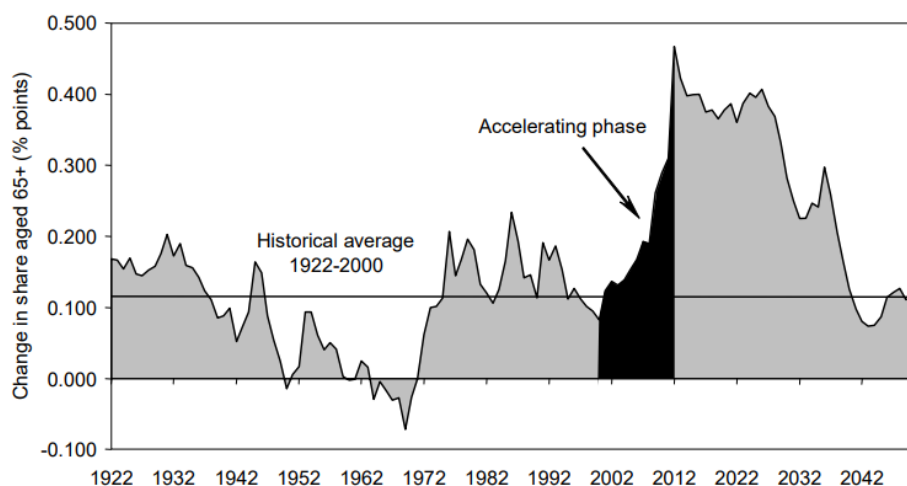
Age	Increase in numbers	Percentage change
	People	%
0 to 14	549 053	13.8
15 to 64	3 325 141	24.6
65 plus	4 318 162	165.8
65 to 74	1 664 505	121.4
75 to 89	2 133 957	189.1
90 to 99	474 166	471.8
100 plus	45 534	1051.8
All ages	8 192 356	40.7

Source: PC-M series.

As a consequence, the *share* of the population that is old will rise significantly. Indeed, by 2018-19 the share of the population aged 65 years or more will exceed those aged less than 15 years. While population ageing occurs in each year of the next four decades, the extent of ageing accelerates from now to 2012 (figure 2.1).

Figure 2.1 **Ageing, 1922 to 2051^a**

Yearly change in the share of the aged



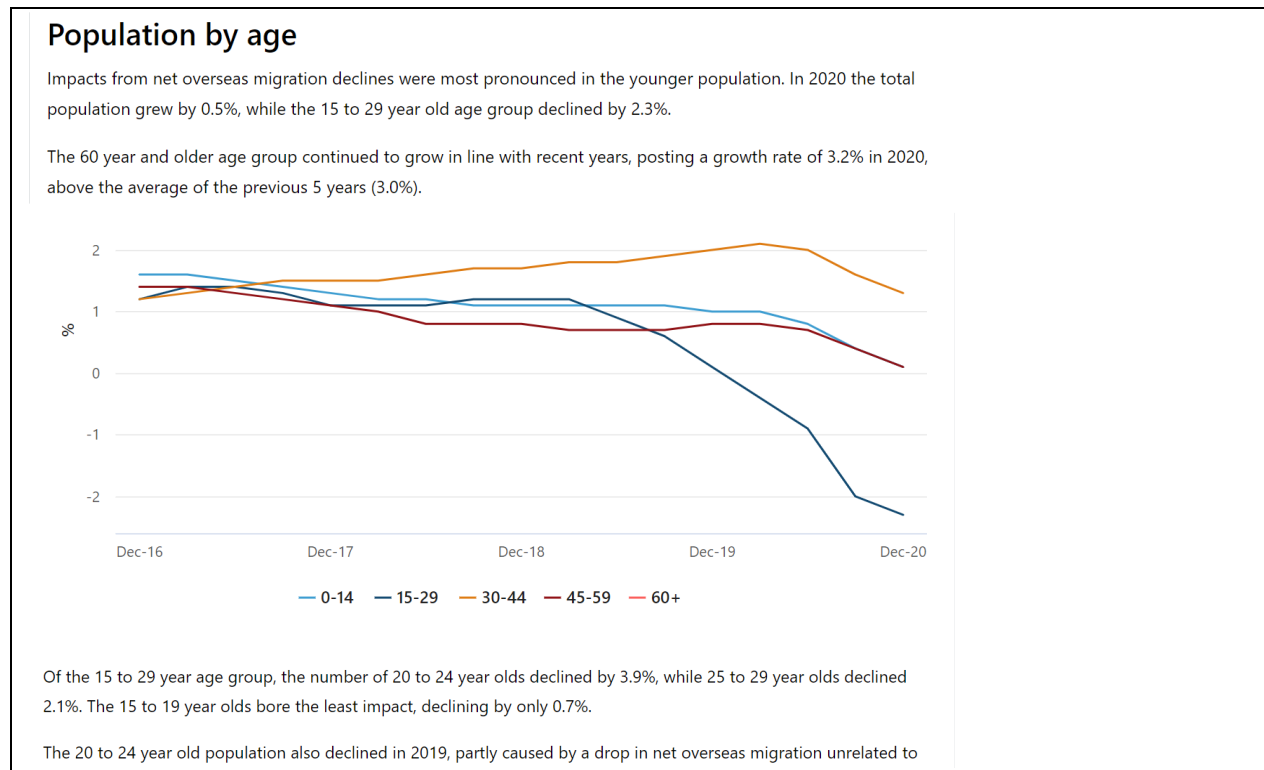
^a All years in which the change is positive represent an ageing population. Where the change is growing, ageing is accelerating.

Data sources: Based on yearly change in the population share of 65+ year olds estimated using data from Commonwealth Bureau of Census and Statistics (*Australian Demographic Bulletins*, 1921-1970); ABS (*Australian Historical Population Statistics*, Cat. No. 3105.0.65.001), table 19, 1971-2003); and PC-M series projections 2005 onwards. All data are end June.

Source: Productivity Commission

More recent figures from the Australian Bureau of Statistics (ABS) confirm that the population segment made up by people aged over 60 years is growing faster than younger age groups.

Figure 11: Australian population growth rate by age



Source: Australian Bureau of Statistics

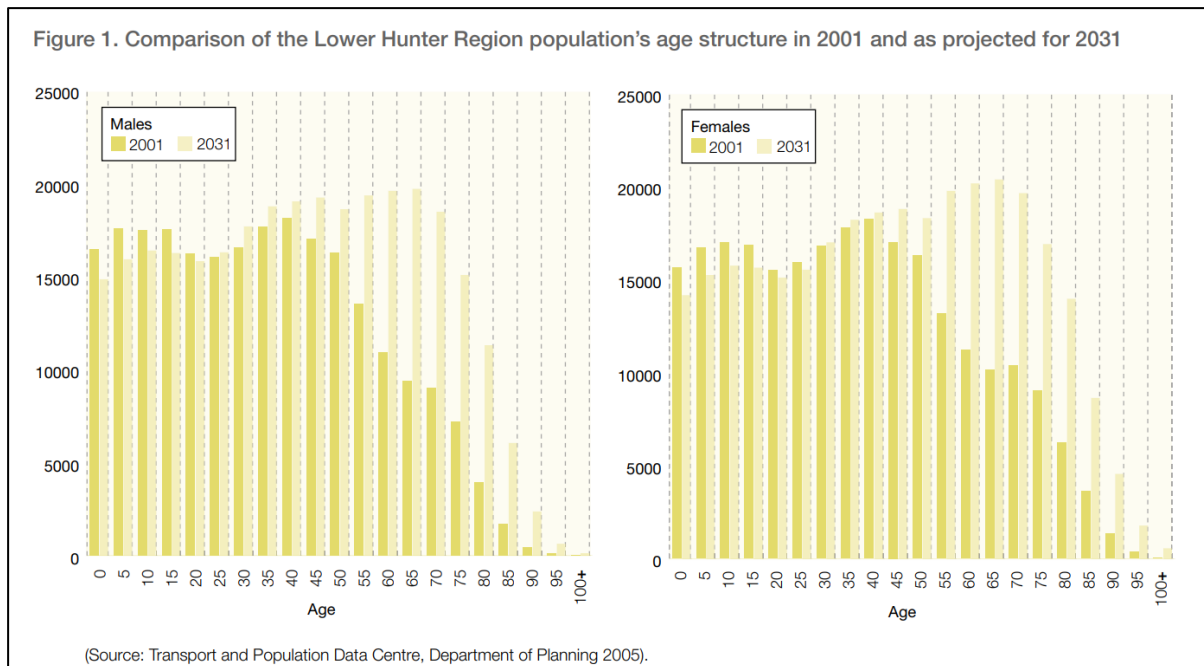
The Lower Hunter is a region of particularly rapid population growth and pronounced ageing. The NSW Department of Planning Lower Hunter Regional Strategy 2006-2031, while primarily concerned with provision of land to meet housing and employment needs, acknowledges the growing and ageing population of the region and the impact this will have on the need for health services, which also provide employment opportunities.

Figure 12: Population growth and ageing in the Lower Hunter Region

<p>POPULATION AND HOUSING</p> <p>Population growth in the Lower Hunter has been strong, averaging one per cent per annum (or approximately 4400 persons per year) in the period 1991–2001 and increasing more recently to more than 6200 people in 2004–05</p>	<p>The Lower Hunter is characterised by a population which is older than, and continuing to age at a rate faster than, the NSW average. Despite strong growth in its population a high level of out-migration by young people continues, projections suggest that a much greater proportion of the population will be aged 65 and over in the future. This has implications for the Region's social diversity and future infrastructure</p>	<p>and servicing needs, including health, education and transport needs. Significantly, the ageing of the population will also require a different approach to the provision of housing as smaller and easier to maintain dwellings will be necessary. The ageing of the population also presents particular challenges for the economic growth potential of the Region and for maintaining a strong and diverse workforce.</p>
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Source: Lower Hunter Regional Strategy 2006-2031 Pages 7-8

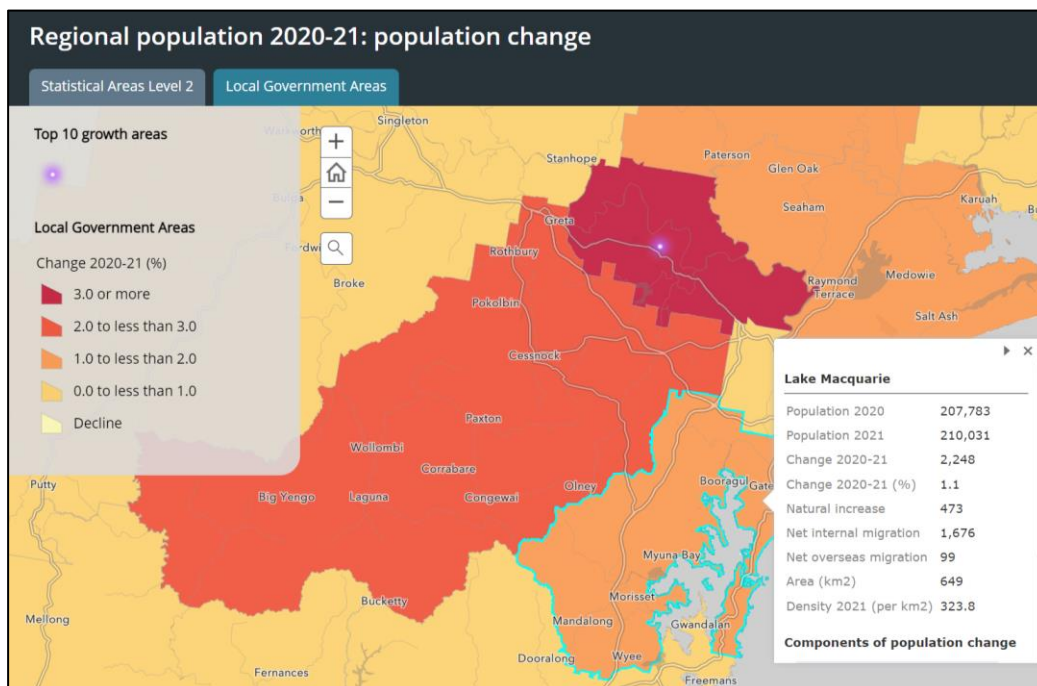
Figure 13: Ageing of the Lower Hunter population from 2001 to 2031



Source: Lower Hunter Regional Strategy 2006-2031 Page 8

In one year alone, the population of Lake Macquarie LGA grew by 2,248 people from 207,783 in 2020 to 210,031 in 2021. Most of this growth (1,676), was due to migration within Australia, with some contribution from natural increase (473), but very little from immigration (99).

Figure 14: Recent population growth in Lake Macquarie and surrounding LGAs



Source: Australian Bureau of Statistics

Health service needs in Charlestown

Figures from the 2021 Census show that Charlestown has higher rates of chronic health conditions than is average for NSW. These include:

- arthritis (9.5% vs 8.4% for NSW)
- asthma (8.7% vs 7.8% for NSW)
- cancer (3.1% vs 2.8% for NSW)
- heart disease (4.6% vs 3.9% for NSW)
- mental health conditions (10.9% vs 8% for NSW)
- and slightly higher rates of dementia, kidney disease, stroke and some other conditions.

At the 2021 Census, higher proportions of Charlestown residents had:

- one chronic health condition (21.3% vs 18.3% for NSW)
- two chronic health conditions (6.4% vs 5.7% for NSW)
- three or more chronic health conditions (3.4% vs 3% for NSW).

Table 6: Long term health conditions in Charlestown

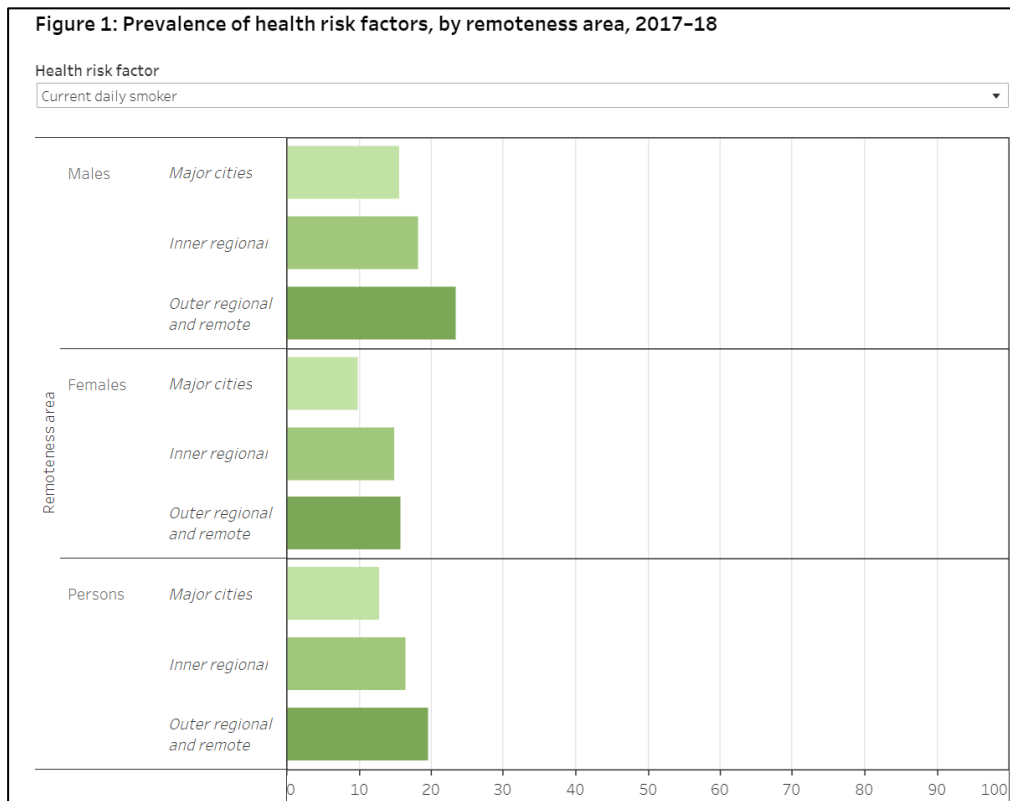
Type of long-term health condition	Charlestown (NSW)	%	New South Wales	%	Australia	%
<i>All people</i>						
Arthritis	1,292	9.5	679,359	8.4	2,150,396	8.5
Asthma	1,181	8.7	625,835	7.8	2,068,020	8.1
Cancer (including remission)	415	3.1	227,981	2.8	732,152	2.9
Dementia (including Alzheimer's)	125	0.9	62,706	0.8	189,162	0.7
Diabetes (excluding gestational diabetes)	576	4.2	388,747	4.8	1,198,721	4.7
Heart disease (including heart attack or angina)	621	4.6	316,840	3.9	999,096	3.9
Kidney disease	156	1.1	77,272	1.0	231,777	0.9
Lung condition (including COPD or emphysema)	230	1.7	135,909	1.7	441,109	1.7
Mental health condition (including depression or anxiety)	1,480	10.9	646,412	8.0	2,231,543	8.8
Stroke	133	1.0	73,269	0.9	234,609	0.9
Any other long-term health condition(s)	1,219	9.0	626,827	7.8	2,041,929	8.0
No long-term health condition(s)	7,998	58.8	4,925,422	61.0	15,292,718	60.2
Count of selected long-term health conditions						
<i>All people</i>						
None of the selected conditions	8,589	63.1	5,240,109	64.9	16,302,537	64.1
One condition	2,892	21.3	1,480,498	18.3	4,791,516	18.8
Two conditions	875	6.4	456,604	5.7	1,490,344	5.9
Three or more conditions	463	3.4	240,117	3.0	772,142	3.0

Source: Australian Bureau of Statistics from 2021 Census

Charlestown is an inner regional town. According to the Australian Institute of Health and Welfare (AIHW), inner regional locations tend to have:

- higher prevalence of health risk factors in comparison with major cities, but lower than those of outer regional and remote locations
- higher rates of chronic conditions in comparison with major cities, but lower than those of outer regional and remote locations
- shorter life expectancy and higher death rates in comparison with major cities, but longer and lower than those of outer regional and remote locations.
- lower density of health professionals per 100,000 population in comparison with major cities, but higher than that in outer regional and remote locations.

Figure 15: Prevalence of health risk factors



Source: Australian Institute of Health and Welfare

Figure 16: Prevalence of chronic conditions



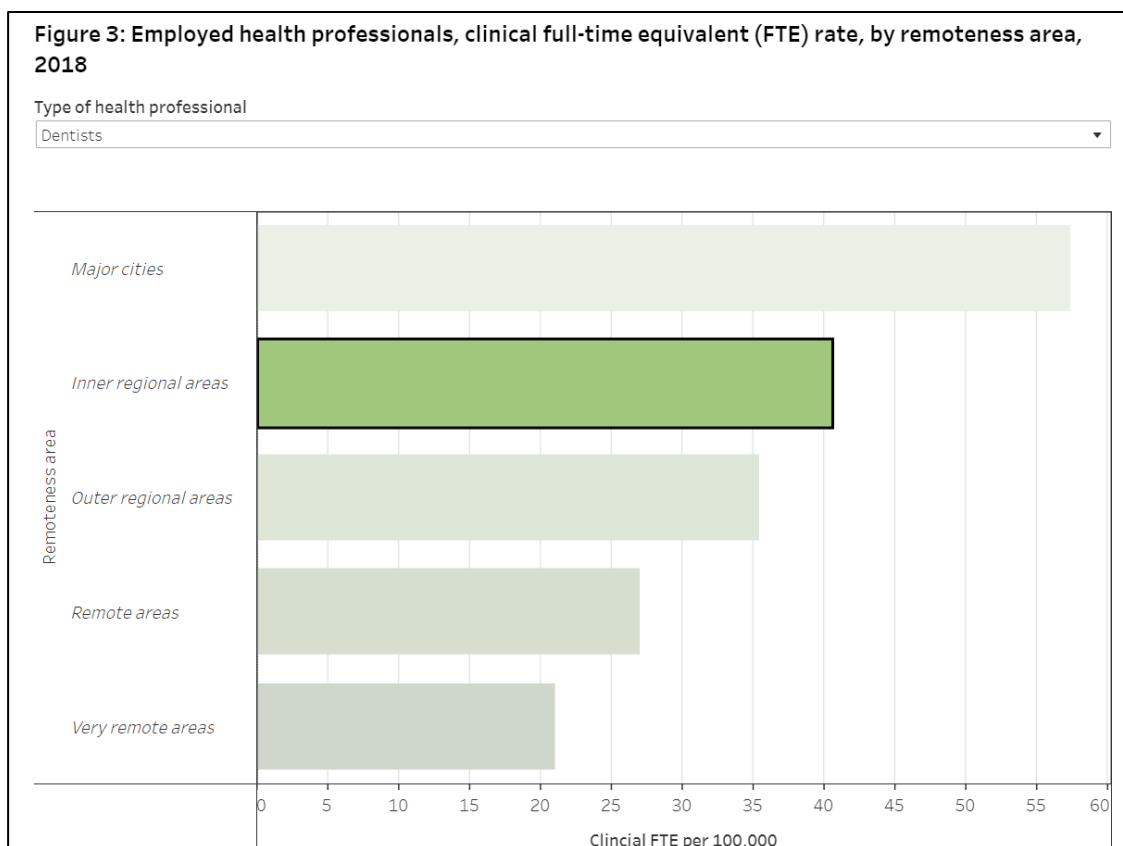
Source: Australian Institute of Health and Welfare

Figure 17: Life expectancy and mortality rate

	Major cities	Inner regional	Outer regional	Remote	Very remote
Median age at death (years) (Males)	79	78	76	73	68
Age-standardised rate (deaths per 100,000) (Males)	567	648	696	729	834
Rate ratio (Males)	1.0	1.1	1.2	1.3	1.5
Median age at death (years) (Females)	85	84	83	80	70
Age-standardised rate (deaths per 100,000) (Females)	405	463	467	488	680
Rate ratio (Females)	1.0	1.1	1.2	1.2	1.7

Source: Australian Institute of Health and Welfare

Figure 18: Density of health professionals per 100,000 population



Source: Australian Institute of Health and Welfare

Health services currently in the Charlestown area

There is a range of primary health care services (general practice and ancillary healthcare), as well as complementary health service practitioners in Charlestown, as shown on the map below.

Figure 19: Locality map showing various health-related services



Source: Google maps

There is no public hospital in Charlestown. The closest public hospitals are

- John Hunter Hospital at New Lambton (13 minutes away by car)
- Calvary Mater Hospital at Waratah (18 minutes away)
- Belmont Hospital (18 minutes away)
- New Maitland Hospital (40 minutes away)
- Cessnock Hospital (50 minutes away)
- Kurri Kurri Hospital (50 minutes away).

There is one private hospital in Charlestown (250 Pacific Highway, 3 minutes away by car), another at Lake Macquarie (5 minutes away by car) and Newcastle Private Hospital is 17 minutes away by car.

Figure 20: Public hospitals in the Hunter-New England Local Health District



Source: Hunter-New England Local Health District

5. Community consultation

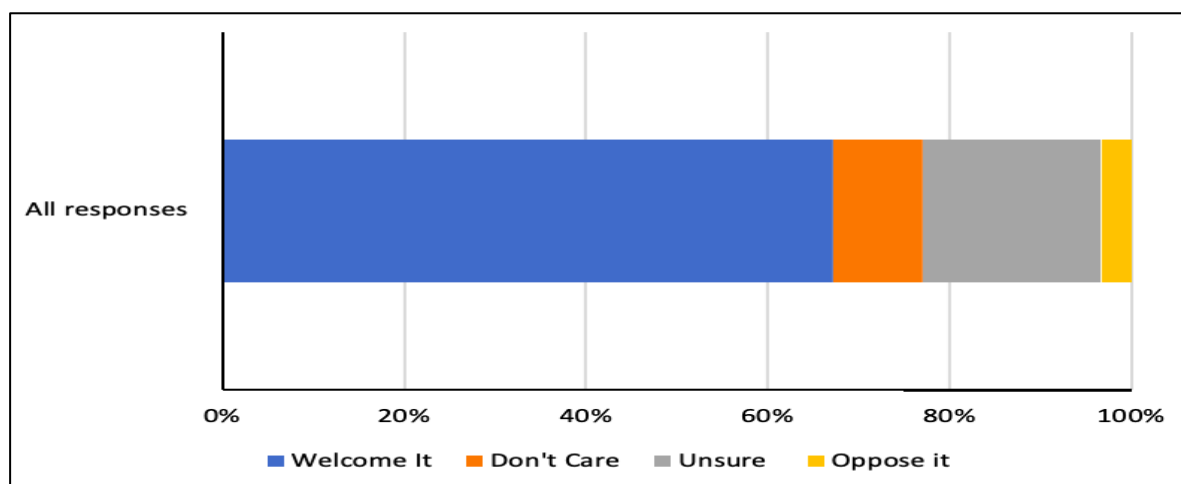
Resident responses

There are very few residential properties close to the site, but a survey form including a brief explanation of the proposed health services centre and a brief questionnaire on the other side (see Appendix) was hand-delivered to the closest 20 letterboxes. These households were invited to send their responses by email or SMS text message using a scan or phone photo. A postal address was also provided. No responses were received, which at least suggests there is no strong opposition from the closest households evident.

Households in surrounding residential streets were consulted by door-knocking. After a brief spoken introduction, residents were offered a \$10 gift card in exchange for their time spent participating in a quick survey. Some chose to complete the brief questionnaire themselves, while others preferred to answer questions read aloud. In total, 61 households participated.

The majority (67%) of these households welcomed a new Health Services Centre; some were unsure (20%) and others said they didn't care (10%). Only two respondents were opposed to the proposed development.

Figure 21: Overall attitude of all residential respondents.



There was no significant gender difference in attitude, but older age groups were more likely to welcome the development than the youngest, who were more often unsure.

Table 4: Attitude of residents to the proposed Health Services Centre by gender

	Welcome it	Don't Care	Unsure	Oppose it	Total
Female	23 (66%)	4 (11%)	7 (20%)	1 (3%)	35
Male	18 (69%)	2 (8%)	5 (19%)	1 (4%)	26
All	41 (67%)	6 (10%)	12 (20%)	2 (3%)	61

Figure 22: Attitude of residents to the proposed Health Services Centre by gender

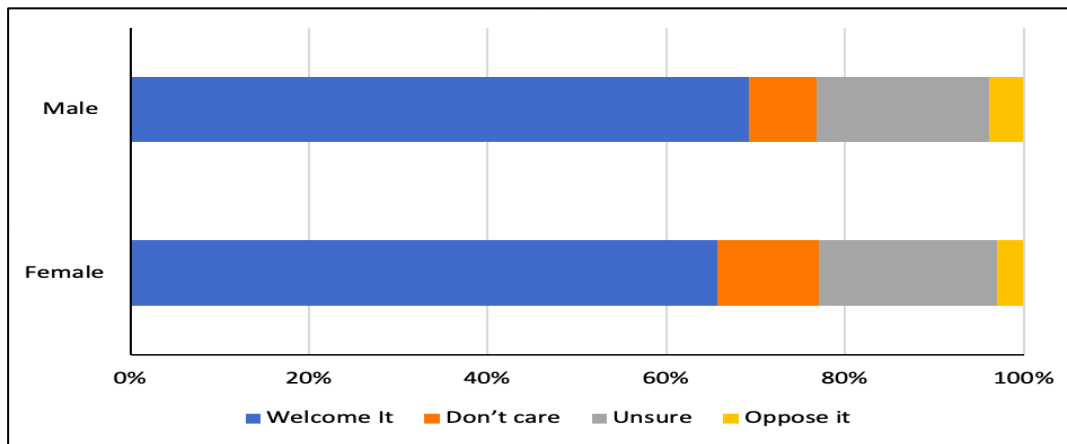
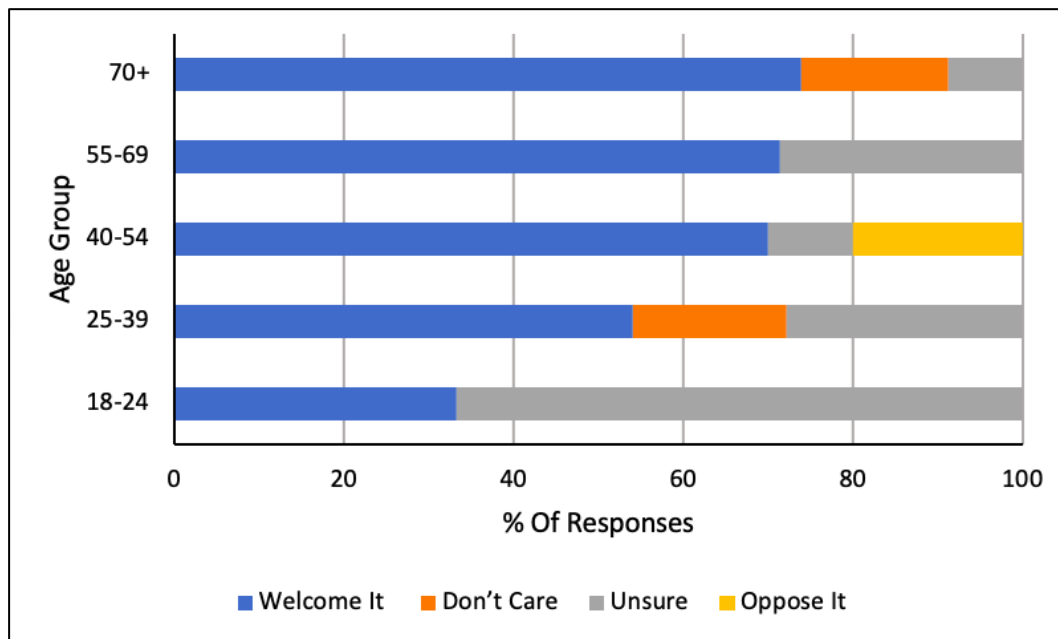


Table 5: Attitude of residents to the proposed Health Services Centre by age

	Welcome it	Don't Care	Unsure	Oppose it	Total
18-24	1 (33%)	0 (0%)	2 (67%)	0 (%)	3
25-39	6 (55%)	2 (18%)	3 (27%)	0 (%)	11
40-54	7 (70%)	0 (0%)	1 (10%)	2 (%)	10
55-69	10 (71%)	0 (0%)	4 (29%)	0 (%)	14
70 +	17 (74%)	4 (17%)	2 (9%)	0 (%)	23
All	41 (67%)	6 (10%)	12 (20%)	2 (%)	61

Figure 23:Attitude of residents to the proposed Health Services Centre by age



Most residents thought that more health services were needed in the area definitely (56%) or possibly (16%). Some (16%) were unsure, but only a small minority (11%) thought there was no need for more health services. More than half thought there was specific need for:

- more primary health care services/GPs (56%)
- and for more medical specialist services (54%).
- A substantial minority also saw need for more hospital capacity (43%).

Table 2: Resident perceptions of need for more health services in the area

More services are needed	Maybe more are needed	Unsure	No more needed	Total
34 (56%)	10 (16%)	10 (16%)	7 (12%)	61

Figure 24: Resident perceptions of need for more health services in the area

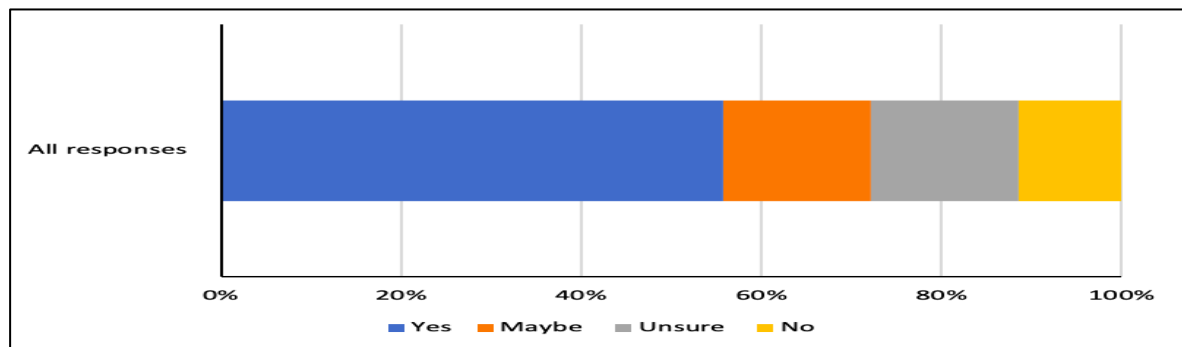
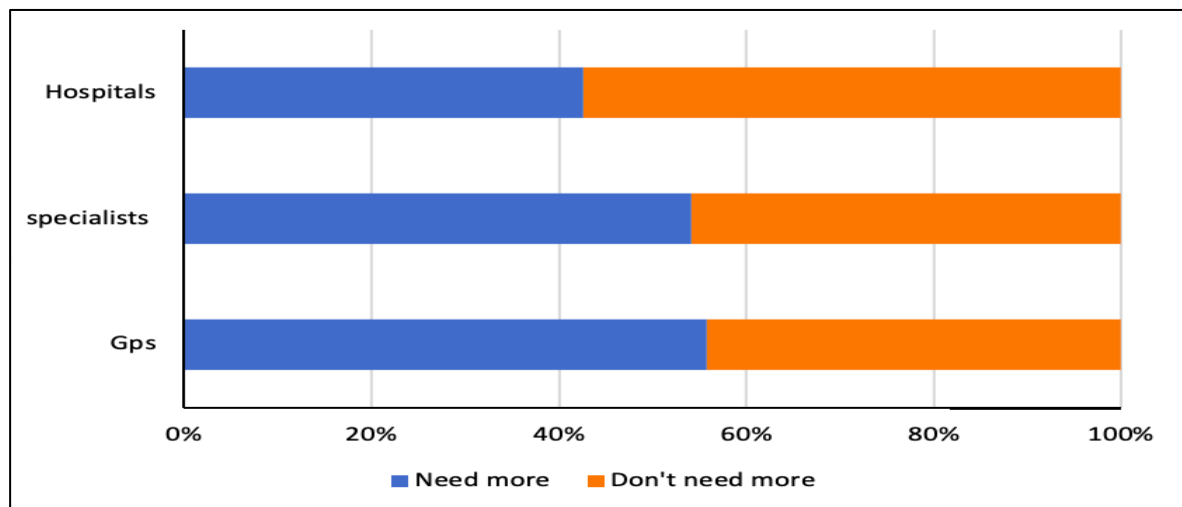


Table 7: Residential perceptions of need for specific health services

	Need more	Don't need more	Total
Primary Health Care, GPs	34 (56%)	27 (44%)	61
Medical Specialists	33 (54%)	28 (46%)	61
Hospitals	26 (43%)	35 (57%)	61

Figure 25: Residential perceptions of need for specific health services

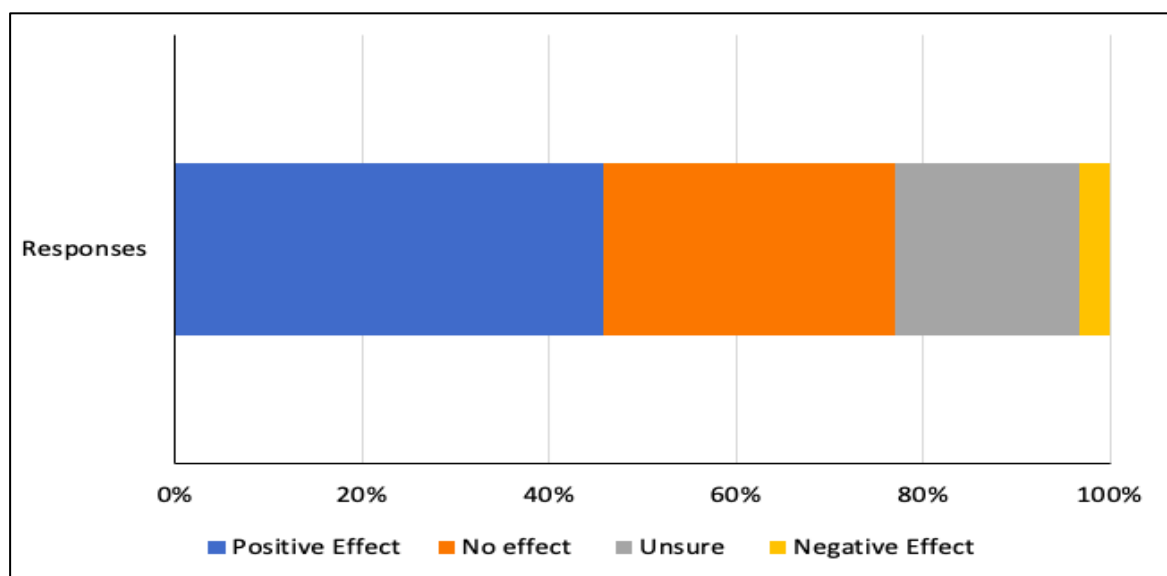


Almost half (46%) of residents thought the new Health Services Centre would have a positive impact for themselves or for members of their family; about half (51%) thought it would have no personal effect or were unsure how it might affect them personally.

Table 8: Personal impact expected by residents

Positive Effect	No Effect	Unsure	Negative Effect	Total
28 (%)	19 (%)	12 (%)	2 (%)	61

Table 9: Personal impact expected by residents



As noted above, two respondents anticipated a negative impact. They were concerned about increased traffic in Smith Street, anticipating difficulty finding a short-term parking space when dropping off and picking up children attending the school.

"Dropping children off will be more difficult; more school spaces are needed as the area is already overcrowded"
(Male resident, 40-54)

Anticipated advantages

The most frequently mentioned advantage was improved access to primary health care general practitioners (GPs). Some complained of long waiting times to get an appointment, inability to join the patient list of a local practice or inability to get help in an emergency.

"10 day wait to get in to Drs, so more are welcome."
(Female resident, 70+)

"You have to wait so long to see a doctor or get into the hospital."
(Male resident, 70+)

“Queues for local doctors could be bypassed.”
(Female resident, 70+)

“I had a two weeks old child with super-high temperature and I couldn’t get in anywhere. I only needed a GP, but you can’t get an appointment. I had to go to a hospital.”
(Female resident, 25-39 years)

“It’s a fantastic idea. I can’t get in to local doctors and I need a blood test”
(Female resident, 70+)

“We’ve a young family and we need more GPs in the area.”
(Male resident, 40-54)

“I struggle to get an appointment with my GP currently”
(Female resident, 70+)

“Never enough Drs.”
(Female resident, 55-69)

“I just moved here. More doctors would be helpful.”
(Female resident, 55-69)

Less need to travel was seen as an important advantage, especially for elderly people. Some said they currently travel to Belmont or Newcastle to see their GP. A few noted that the area has a growing and/or ageing population, so need for health services is growing.

“It would be convenient for growing population, especially if it served a large area”
(Male resident, 70+)

“Convenient for local residents. A hospital there is pretty good. You can never get in to see a GP, so more is good. We’ve got an ageing population, so we need it.”
(Female resident, 25-39 years)

“Convenient with aging population ...Easily accessible.”
(Female resident, 55-59)

“Seems a fair idea. Good to have services nearby. There’s not enough services locally.”
(Male resident, 70+)

“People won’t have to travel to access health services. I go to Belmont.”
(Male resident, 70+)

Some thought co-location of a range of health services in the one centre was a good idea.

“The ease of an all-in-one service is welcome. Also, booking and parking will be easier with young children”
(Female resident, 40-54)

“Everything in one place.”
(Female resident, 25-39)

“All in one place.”
(Female resident, 40-54)

Some were particularly pleased that more specialist or ancillary services might become available locally, both a wider range and in greater quantity.

“I’m bipolar, so a nearby clinic and specialist would be great for my mental health.”
(Female resident, 40-54)

“A mental health service would be useful. My daughter is bipolar and it’s hard to get an appointment when she really needs one.”
(Female resident, 25-39)

“Wider range of specialists.”
(Male resident, 55-69)

“Nearby specialists/hospital available... More local health services.”
(Female resident, 40-54)

One noted that a private hospital would make more beds available in public hospitals.

“The centre will help relieve pressure on public hospitals”
(Female resident, 55-69)

Some thought a new health services centre might bring them more employment opportunity.

“I’m a nurse, and I could potentially work there”
(Female resident, 55-69)

“I can attain employment as a theatre nurse.”
(Female resident, 40-54)

Anticipated disadvantages

Most respondents said they saw no disadvantages in the proposed Health Services Centre.

As noted earlier, some were concerned about impacts of increased traffic, decreased availability of on-street parking and in one case noise during construction.

“Only if there’s not enough parking.”
(Female resident, 25-39 years)

“Foot/car traffic is already congested. Children won’t walk to school if it gets any worse. Pickup/dropoff is already ridiculous.”
(Female resident, 40-54)

“It’s a good idea on the whole, but I’m worried about an increase in traffic.”
(Male resident, 55-69)

“I’m concerned about a lack of parking, noise pollution from construction, and the possibility of another ugly building.”

(Female resident, 55-69)

“Lack of parking.”

(Female resident, 25-39)

“More accessible health services, but increase in traffic.”

(Male resident, 18-24)

“The centre would be easy to use, especially as I’m getting older. I only worry about an increase in traffic.”

(Male resident, 55-69)

Some didn’t think more health services were needed in Charlestown or thought the centre should only provide new services, not replicate existing services; but others thought increased choice would be good. A few said they didn’t care because they already had a regular GP in Charlestown or they currently have good health and don’t expect to need the other services.

“There are too many centres here already. Build it somewhere else where it’s needed more.”

(Female resident, 55-69)

“Closer to home (but) two in same area. I already go to a different medical centre.”

(Male resident, 18-24)

“Doctors are very busy, so more would be helpful, but the space could be used for a park instead, and we already have a medical centre nearby.”

(Female resident, 25-39)

“Add to the already busy area. Don’t need any more services at this stage, but that may change.”

(Female resident, 25-39)

“There are enough centres/highrises in Charlestown already, but overall I’m not too bothered.”

(Female resident, 25-39)

“More GP access (but I) already have GP + in good health.”

(Male resident, 70+)

“I already have a GP, so I won’t be using the centre.”

(Female resident, 55-69)

“The centre should be complementary to existing services, not competitive. It would be very positive if additional services are present.”

(Male resident, 55-69)

“More choice is always better”

(Male resident, 40-54)

Business responses

Of 100 businesses invited to comment, only 14 responded. Given that all received a visit with an on-the-spot explanation, a very brief questionnaire to guide responses, including information about the proposed health services centre and several easy ways to respond, it is fair to assume that the 86 businesses that did not respond have no pressing concerns about the project.

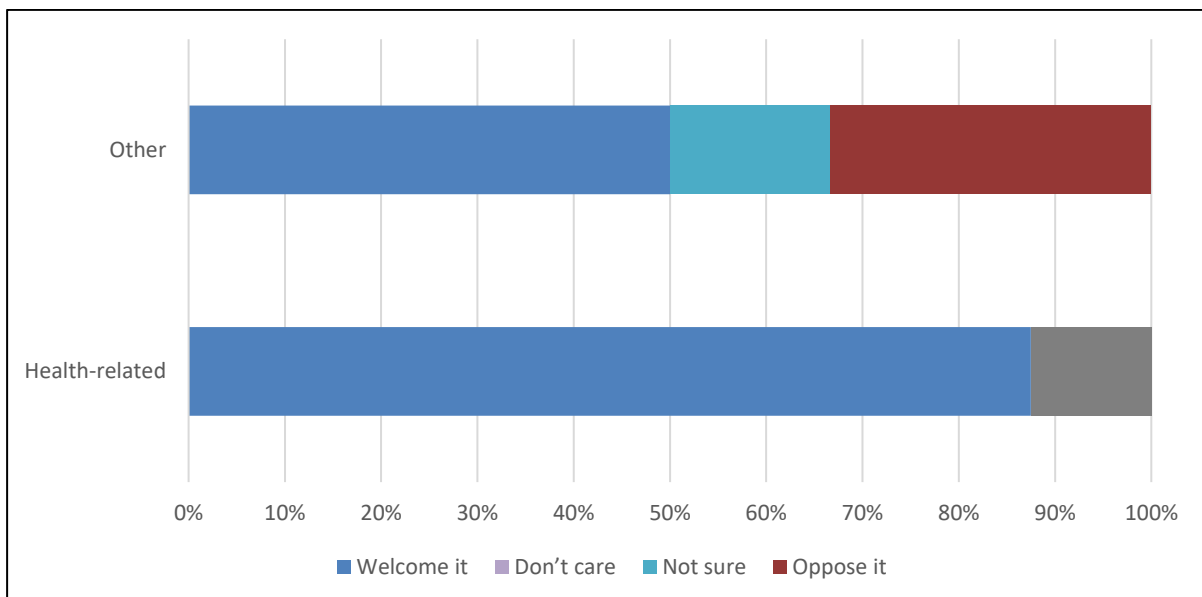
Most of the businesses that responded were health-related. All but one of these said that they welcomed the proposed health services centre. The other just said they didn't care.

More than half of the businesses unrelated to health also welcomed the proposed health services centre, while one was unsure and two were opposed.

Table 10: Attitudes of health-related and other business neighbours to the project

	Welcome it	Don't care	Not sure	Oppose it	Total
Health-related businesses	7 (87.5%)	1 (12.5%)	0 (%)	0 (%)	8
Other businesses	4 (57%)	0 (0%)	1 (14%)	2 (29%)	7
All businesses	11 (73%)	1 (7%)	1 (7%)	2 (13%)	15

Figure 26: Attitudes of health-related and other business neighbours to the project



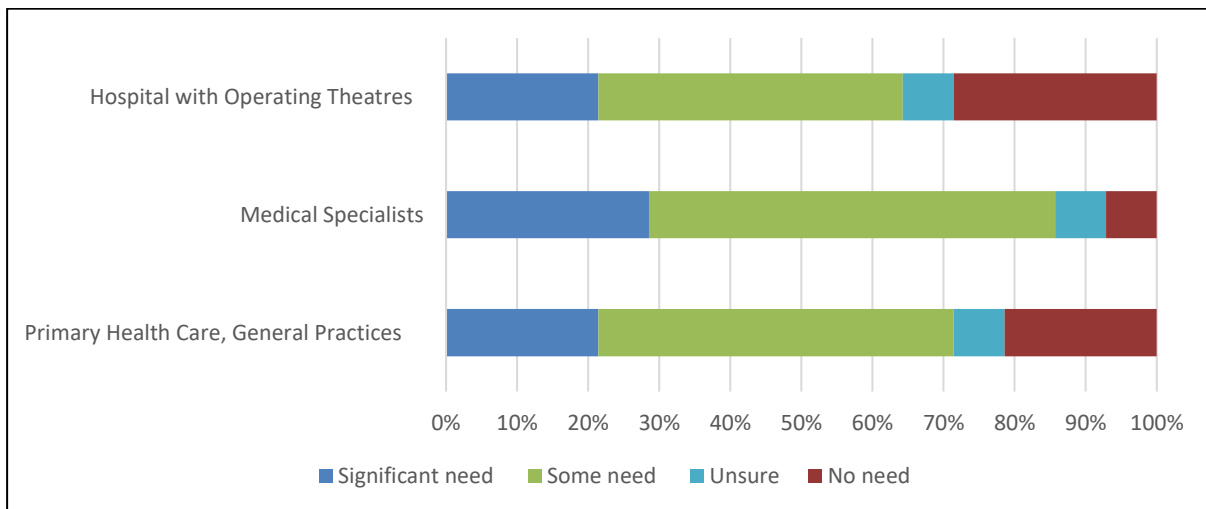
Most responding businesses saw at least some need for:

- More primary health care services (71%)
- More medical specialists (86%)
- More hospital capacity with operating facilities (64%).

Table 11: Nearby business perceptions of need for more health services

	Significant need	Some need	Unsure	No need	Total
Primary Health Care, General Practices	4 (38%)	7 (47%)	1 (7%)	3 (20%)	15
Medical Specialists	4 (27%)	9 (60%)	1 (7%)	1 (7%)	15
Hospital with Operating Theatres	3 (20%)	7 (47%)	1 (7%)	4 (27%)	15

Figure 27: Nearby business perceptions of need for more health services



Advantages and disadvantages anticipated by business neighbours

The main advantages anticipated were:

- increased access to health services for the community
- improved referral pathways between services
- convenient co-location of health-related services.

“It will increase the availability of nearby health services, and fill in unsightly vacant land.”
(Professional business)

“Charlestown becomes a medical hub of Newcastle. This could make additional patient access to health care and increase our referral base... Day surgery availability would be great.”
(Women’s health centre)

“The location is central to many suburbs... Increases our availability for referrals.”
(Local clinic)

“This could complement our services and increase referrals. We’re happy for this plan to go ahead.”
(Psychological services)

——BB Professional Services——

Some thought there were sufficient health services of some kinds in the area already and some were wary of potential competition with their own service.

“As a psychology clinic, this would complement our services greatly. However there are already a number of established GPs and clinics in the area. Don’t want to oversaturate.”
(Psychological services)

“Access for health services besides the shopping centre for local streets is good, but the shopping centre already has pharmacy and GP services.”
(Food and beverage business)

“Convenient location, but many other health services are already in the area.”
(Financial and taxation advice business)

“There’s already a concentration of health services in Charlestown/ Charlestown Square.”
(In-the-home care and support service)

“Convenience, but heavy traffic and potential competition.”
(Pathology service)

“There could be competition, but some competition is healthy and we have a strong following.”
(Women’s health centre)

Disadvantages anticipated by some were increased traffic and increased pressure on limited parking spaces, though one thought the planned car parking would be helpful.

“Bringing extra people to the area, which is a positive. The only concern is parking, as there is already not enough.”
(Health and beauty business)

“There may be a lack of parking for us and an increase in traffic... Traffic congestion and parking is already a major problem. Ensure minimum parking requirements are met.”
(Professional business)

“The centre may further limit parking.”
(In-the-home care and support service)

“I see no advantages. Location on a major highway is unsuitable, and car parking access will affect traffic on local streets.”
(Retail business)

“Parking spaces are good for long stays and the wider community.”
(Food and beverage business)

A tattoo business was concerned that specific health services might attract “unsavoury characters” to the area.

“Easy access to health services, but certain clinics, (methadone), can bring some unsavoury characters - violence etc. We really don’t want to deal with methadone patients again.”
(Tattooing business)

The School

The Charlestown Public School is the most significant neighbour to the site, being immediately across Smith Street for the full length of the development.

The school anticipates positive impacts, including increased and close access to medical services, particularly if they include the specialised services needed by enrolled students with special needs.

“Potential positives: close access to the services will be great, fantastic. We have some students with special needs and currently it’s challenging for their parents because the services they need are not available in Charlestown.”

The school also anticipates some negative impacts, including

- increased car movements outside the school
- noise, vibration and dust during construction.

“There are some potential negatives. Car movements outside the school are a concern. Increased traffic is a negative. Construction noise, vibration and dust pollution during construction.”

The school will be glad to see the site, which has stood vacant for many years, used to serve a useful purpose.

“Overall, we’ll be glad to have the site used. The school used to occupy that site as well, but it was sold by the government some 15 to 18 years ago and at times it has been used as a place to dump rubbish and as an unofficial car park, with cars coming and going at all hours.”

It should be noted that only a few parents of children attending the school were included in the community survey reported above, possibly because they were away from home on the door-knocking data collection day or because they live beyond the area canvassed.

However, parents of children attending Charlestown Public School will clearly all have interest in:

- the availability of short-term parking in Smith St being sufficient to meet their needs at school student drop-off and pick-up times
- traffic flow in Smith St not creating risk for students as they arrive at or depart from the school grounds.

6. References

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7. Appendix: questionnaire used to consult nearby businesses



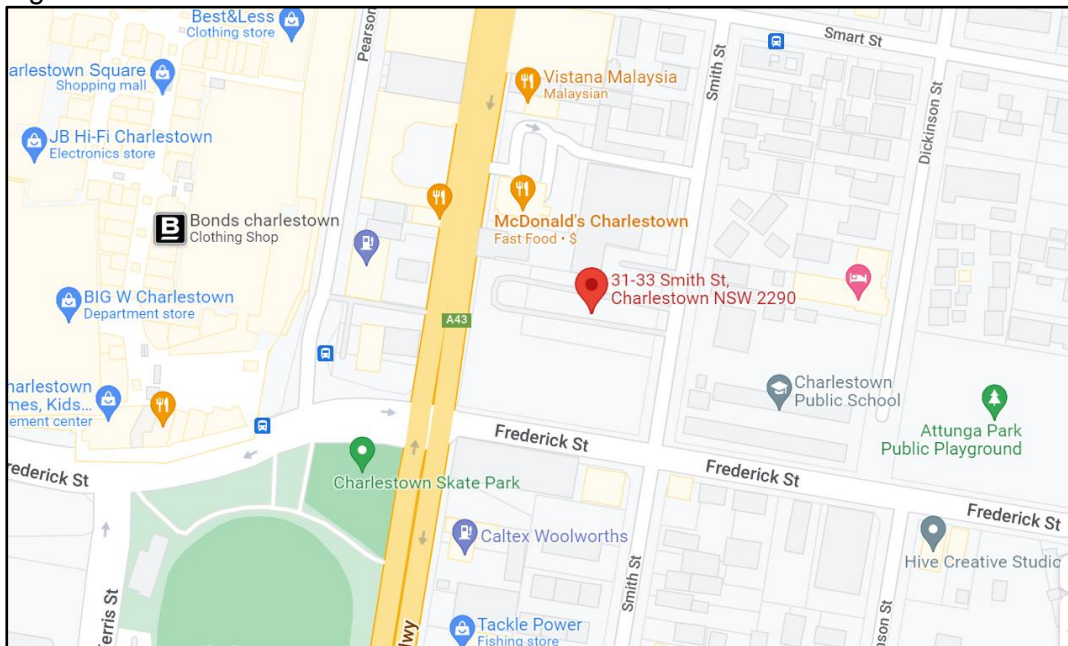
COMMUNITY CONSULTATION

There is a proposal to build a multi-level health services centre on the site at 31-33 Smith Street, Charlestown. This is just south of McDonald's fast-food restaurant, across Smith St from the Charlestown Public School, with Frederick Street to the south and the Pacific Highway to the west, as shown on the map below.

The proposed health services centre will include:

- a general practice medical centre, pharmacy, diagnostic imaging, pathology and skin cancer clinic, plus 100 car parking spaces accessible from Smith Street at the lowest level
- medical and general consulting tenancies on the next two levels, plus 118 car parking spaces accessible from Frederick Street
- a 23-bed private hospital with two operating theatres above that.*

Figure: The site and surrounds



Source: Google maps

Nearby businesses are invited to comment as part of a Social Impacts Assessment. Please complete the brief questionnaire on the other side and return it to Dr Rigmor Berg, Principal of BB Professional Services by emailing a scan or phone snap to: **rigmor@bbps.com.au**

* This reflects understanding at the time of community consultation, yet to be confirmed.

BUSINESS COMMUNITY CONSULTATION

Please give us your opinions.

Circle answers that are true for you and write in the spaces provided.

- 1 A multi-storey health services centre is proposed for 31-33 Smith St, Charlestown.
How do you feel about this development?

1 Welcome it 2 Oppose it 3 Not sure 4 Don't care

- 2 What advantages do you see in having a health services centre in this location?

- 3 What disadvantages do you see in having a health services centre in this location?

- 4 What type of business operates from your premises?

- 5 What impact do you think this development will have on your business?

1 Positive impact 2 No impact 3 Negative impact 4 Not sure

Please explain _____

- 6 Do you think there is need for further health services in this area?

1 Yes 2 Maybe 3 No

- 7 For each of these health services, how much need do you see for more?

a) Primary health care general practice	1 No need	2 Some	3 A lot
b) Medical specialists	1 No need	2 Some	3 A lot
c) Hospital with operating theatres	1 No need	2 Some	3 A lot

- 8 Are there any other comments you want to make?

Please return your answers by phone photo or scan to rigmor@bbps.com.au

Thank you very much for giving your views

8. Appendix: questionnaire used to consult Charlestown residents



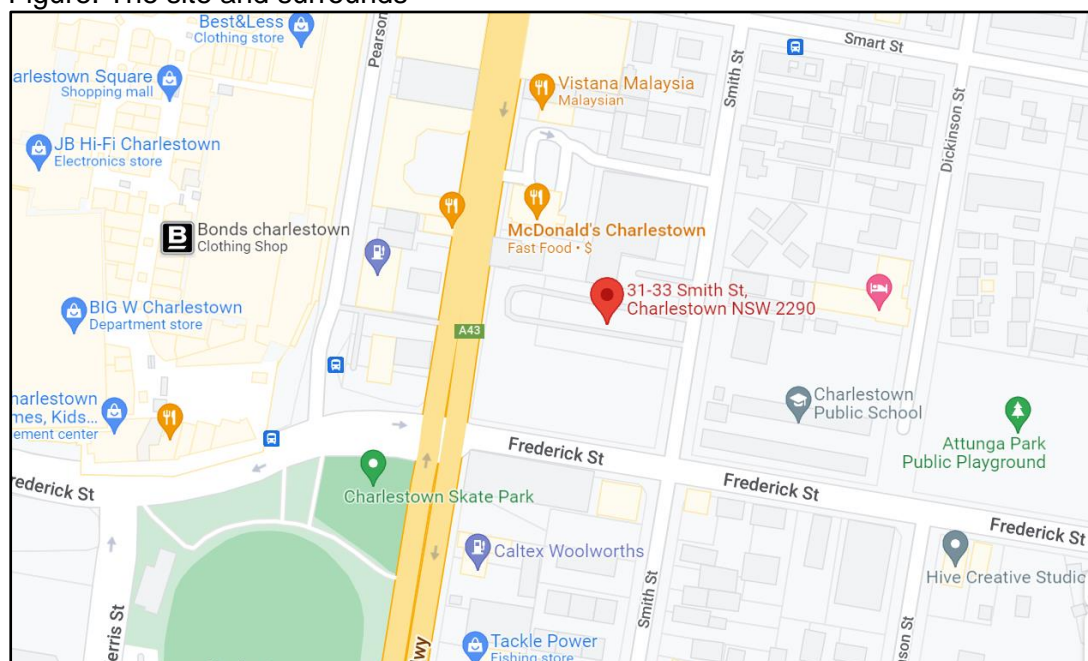
COMMUNITY CONSULTATION

There is a proposal to build a multi-level health services centre on the site at 31-33 Smith Street, Charlestown. This is just south of McDonald's fast-food restaurant, across Smith St from the Charlestown Public School, with Frederick Street to the south and the Pacific Highway to the west, as shown on the map below.

The proposed health services centre will include:

- a general practice medical centre, pharmacy, diagnostic imaging, pathology and skin cancer clinic, plus 100 car parking spaces accessible from Smith Street at the lowest level
- medical and general consulting tenancies on the next two levels, plus 118 car parking spaces accessible from Frederick Street
- a 23-bed private hospital with two operating theatres above that.*

Figure: The site and surrounds



Source: Google maps

Residents of Charlestown and surrounds are invited to contribute to a Social Impacts Assessment. Please answer questions overleaf to receive a \$10 gift card.

* This reflects understanding at the time of community consultation, yet to be confirmed.

RESIDENTIAL COMMUNITY CONSULTATION

Please give us your opinions.

Circle answers that are true for you and write in the spaces provided.

- 1 A multi-storey health services centre is proposed for 31-33 Smith St, Charlestown. How do you feel about this development?
1. I welcome it 2. I oppose it 3. I'm not sure 4. I don't care
- 2 What advantages do you see in having a health services centre in this place?

- 3 What disadvantages do you see in having a health services centre in this place?

- 4 What effect will this have on you or members of your family?
1 Positive effect 2 No effect 3 Negative effect 4 Not sure
- Please explain how or why _____

- 5 Do you think we need more health services in this area?
1 Yes 2 Maybe 3 No 4 I don't know
- 6 Which of these do you think we need more of?
1. GPs 2. Medical specialists 3. Hospitals 4. All of these 5. None of these
- 7 Are you a local?
1. I live in Charlestown 2. I work in Charlestown 3. I live and work here
4. I live and work elsewhere in the Hunter. (Where?) _____
- 8 Which age group are you in?
1. 18-24 2. 25-39 3. 40-54 4. 55-69 5. 70 and over
- 9 What is your gender
1 Female 2 Male 3 Other
- 10 Are there any other comments you'd like to make? _____

Thank you very much for giving your views

9. Dr Rigmor Berg

Dr Rigmor Berg, Principal of BB Professional Services, aims to provide research that is enlightening, constructive, balanced and strategically useful, with clear conclusions and actionable recommendations, well supported by evidence. She has BSc(Hons) PhD qualifications in Psychology and is experienced in pure and evaluative research, using both qualitative and quantitative methods. She has an Associate Professional Certificate in Expert Evidence and has provided social impacts expert evidence to the Land and Environment Court, the Independent Liquor and Gaming Authority and the NSW Civil and Administrative Tribunal.

Rigmor has worked with a range of populations with special needs including people with disabilities, seniors, youth, homeless and unemployed people, tenants, people with HIV, people from culturally and linguistically diverse backgrounds, First Nations, lesbians, gay men and transgender people, prisoners, injecting drug users and sex workers.

Rigmor was Senior Researcher at the Independent Commission Against Corruption (ICAC), Evaluation Officer at TAFE Drug Education Program, AIDS Education Co-ordinator at Centre for Education and Information on Drugs and Alcohol. She has taught Psychology and Women's Studies at Melbourne University, Bio-ethics at University of NSW and Marketing Research at the University of Technology Sydney, each over several years. She has worked as an independent research consultant to all levels of government, community-based organisations, international organisations and the private sector and has held period contracts with the Australian Federation of AIDS Organisations, the National Relay Service and Centrelink Social Marketing Research Panel.

Australian Federal Government clients have included Australia Council, Centrelink, the Department of Health & Family/Human Services/Aged Care, Department of Immigration & Indigenous Affairs, Department of Social Security, Health Insurance Commission, National Centre in HIV Epidemiology and Clinical Research, Department of Family and Community Services and the Department of Education, Employment, Training and Youth Affairs.

State Government clients have included the NSW Departments of Health, Corrective Services, Community Services, Juvenile Justice, Education and Training and Attorney General; North Sydney and Central Coast, South Eastern Sydney and Illawarra, Western Sydney and Central Sydney Area Health Services and Communicable Diseases Branch of Queensland Health. Local government clients have included Gosford City and Hornsby Shire Councils. Other clients include Sydney University, World Health Organisation and Wellcome Australia.

Non-government organisation clients have included Seniors Rights Service, NSW Tenants Union, Maternity Action UK, Cancer Council of NSW, Diabetes Australia, Family Planning Association, the Australian Federation of AIDS Organisations, ACON, Queensland AIDS Council, Queensland Association for Healthy Communities, NSW Users and AIDS Association, NSW Association for Mental Health, Australian Arabic Welfare Council, the Gender Centre and the Inspire Foundation.

While most of her work has been undertaken as the sole or principal consultant, she has also collaborated with or been sub-contracted by other social research, social marketing or

strategic planning organisations, including T Issues, Quay Connection, Urbis Keys Young, University of New England, Australian Centre for Health Promotion, C,W,F,S, Cultural Partners Australia.

Dr Rigmor Berg was the sole or principal consultant for all projects listed in the following pages, except those marked by *, for which she was a sub-contracted consultant.

Social impact research and expert evidence

- Gwynne Thompson: Expert evidence presented to the NSW Civil and Administrative Tribunal concerning an ILGA judgement concerning a bottle shop at The Entrance
- Wilson Planning / Health Rehabilitation Centre: Social Impacts Assessment for proposed residential drug rehabilitation centre in Tumby Umbi
- RCI Group; Social Impacts Assessment for proposed redevelopment of Melaleuca Caravan Park in Port Macquarie to a car park, petrol station and fast food restaurant
- PRJM Pty Ltd ATF: Social Impact Assessment concerning proposed caravan park in Glossodia
- EDH Group Trust: Social Impact Assessment concerning proposed residential park development at Lake Munmorah
- Gwynne Thompson: Social Impact Assessment concerning proposed expansion of Wentworth Hotel in Homebush Bay
- Gwynne Thompson: Community Impact Statement concerning proposed IGA bottle shop in Marulan
- Doug Sneddon: Social Impacts Assessment concerning proposed student accommodation at Niagara Park
- Michael Mantei / DeBattista: Social Impacts Assessment concerning proposed housing development in St Georges Basin
- ST Traiden P/L: Social Impacts Assessment concerning proposed redevelopment of Wyoming Caravan Park
- Gwynne Thompson: Community Impacts Assessment concerning proposed bottle shop at The Entrance
- NSW Tenants Union: Social impacts evidence concerning eviction of elderly long-term tenants in relation to the proposed Badgerys Creek airport
- Hornsby Council/Storey & Gough: Social impact expert evidence for Land and Environment Court Proceeding No 10030 of 2006 (proposed childcare centre)
- Gosford City Council/PJ Donnellan & Co:
 - Social Impact Assessment re redevelopment of Tingari Residential Park for Land & Environment Court (LEC GCC vs Baker)
 - Social Impact Assessment re Erina Gardens and Karalta Court Residential Parks (LEC GCC vs Craig)
 - Social impact opinion regarding proposed redevelopment of land at Mt White
- Longhill Planning/Hawkins Consortium: Social impacts assessment of a proposed vertical village and seniors living complex at Umina Beach
- Longhill Planning/QCare Australia P/L: Social impacts assessment of a proposed integrated seniors housing and aged care facility at Empire Bay
- Cameron & Myers: Social Impact Assessment of Proposed *Corea Bay Village* Residential Park at South Woy Woy

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- The Stevens Group: Social Impact Statement concerning the redevelopment of Melaleuca Caravan park at Port Macquarie
- De Cue Pty Ltd /Comino Prassas: Social impact expert evidence for Land and Environment Court class 4 proceedings No 40301 of 2006
- The Cellar Group/Gwynne Thompson: Community Impacts of proposed Dan Murphy's in Byron Bay
- Entasil: Social Impacts Statement concerning proposed bottle shop in Rozelle
- SJH Planning/Glynatsis: Social impacts assessment concerning Bella Café and Small Bar in Terrigal (Central Coast Council DA: 52739/2017)
- Longhill Planning/ Cameron & Myers: Social impact survey and expert evidence for Land and Environment Court case 975/2004 - Tommy Doran's Irish Pub, Wallarah Rd, Kanwal
- Phillip Brand/ Cameron & Myers: Social Impact study and expert evidence for Liquor Administration Board related to Union Hotel Gosford
- Cameron & Myers/Gwynne Thompson: Review of literature addressing potential social impacts of proposed Killarney Vale bottle shop on the Central Coast of NSW
- Poonsup/Storey & Gough: Social impacts of a proposed brothel in Gordon

Needs assessment, program review and evaluation of services

- NSW Drug and Alcohol Directorate: Strategic Assessment of all Alcohol and Other Drug Services for Young People throughout NSW
- Sydney University College of Health Sciences: Strategic Review of All International Health Activities of Faculties and Institutes within the College
- UnitingChurch Burnside/Division of General Practice/NSW Department of Community Services (with T Issues Consultancy): Evaluation strategy for RAPT AOD Project (Reconnecting Adolescents and Parents Team) AOD Project; Year 1 Review of RAPT AOD Project; Final Evaluation of RAPT AOD Project
- NSW Health/Department of Health, Housing and Community Services: Evaluation of Innovative Health Services for Homeless Youth Program in NSW (10 youth health services)
- Family Planning Association/Juvenile Justice Department: Evaluation instruments for *Thinking Through Adolescent Sexuality* workshop
- Mental Health Branch, Department of Human Services and Health/ Inspire Foundation: Evaluation of *Reach Out!* national youth suicide prevention project
- WestWood Spice/National Relay Service Outreach:
 - National User Survey 2008, 2009, 2010, 2011, 2012, 2013
 - qualitative research concerning Indigenous Australians with hearing impairment
 - Needs assessment for promotion of the NRS to older men with hearing impairment
 - Needs Assessment for Indigenous Users
 - Research concerning awareness of NRS amongst professional intermediaries
 - Needs assessment for and testing of responsive website design for mobile devices
 - User Experience Consultation concerning NRS App
 - TTY Users Project, including survey of Speak & Read users and focus groups with Type & Read users
- NSW Users and AIDS Association:
 - Review of User's News (with Julie Bates)

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- Evaluation of Goulburn Koories Tribes Project
- The Aged-care Rights Service (TARS):
 - Review of Client Intake, Flow and Support Processes
 - Quality Assurance Study for Retirement Villages Legal Service
 - Rebranding consultations with staff and potential clients
- Australian Federation of AIDS Organisations: Evaluation of Education Program 2012-2014, including intellectual leadership and capacity development components, plus
 - *Ending HIV* national campaign
 - *The Drama Downunder* national campaign
 - *Time to Test* national campaign
 - *Your Body Blueprint* website
 - *Condoman* website
 - *Our Team* booklet
 - *Taking a Look* booklet
 - *Us Mob and HIV* booklet
 - *Our Destiny Haz Arrived* print resources.
- Australian Federation of AIDS Organisations:
 - Assessment of Information Needs of People with HIV from Culturally and Linguistically Diverse Backgrounds;
 - Evaluation of Reflexive Practice Workshop;
 - Evaluation of Gay Educators' Conference;
 - Review of AFAO/NAPWA Education Steering and Education Strategies Groups
 - PLWHIV community consultation concerning health promotion needs in relation to a proposed website addressing preventable illness
- Australian Federation of AIDS Organisations: Process and Outcome Evaluation of Gay Education Strategies Program, including:
 - *Withdrawal* campaign,
 - *Relationships* campaign,
 - *Oral Sex* campaign,
 - *Negotiated Safety* campaign,
 - *One Community* campaign,
 - *Getting in Focus* campaign,
 - *Living in the Epidemic* campaign,
 - *Asian Gay Proud* campaign,
 - *Gay Youth* campaign,
 - NTAC *Mensline*,
 - AACACT referral cards,
 - TasCARD *Bass Strait is Not a Barrier* campaign,
 - conferences, workshops, manuals and other resources
- AIDS Council of NSW / ACON:
 - Evaluation of Trashy Queens Tribes Project;
 - Evaluation of NSW Deaf Communities HIV Project;
 - Fun and Esteem Gay Youth HIV Project Evaluation data analysis;
 - HIV Education Needs Assessment data analysis;
 - Evaluation of The Luncheon Club (health promotion for HIV+ people)
- Queensland Health Communicable Diseases Branch HIV/AIDS, Hepatitis C and Sexual Health Program: Sex Workers Assessment of Needs 2008 (with Julie Bates), followed by establishment support for a community-based organisation to deliver a health promotion program for sex workers, including community workshops, development of policies and procedures, strategic, operational and implementation plans and evaluation strategy using a Hierarchy of Outcomes framework

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- Queensland Association for Healthy Communities:
 - Evaluation of HIV, HCV and STIs Program for Gay and other Men who have Sex with Men (including Two Spirits Indigenous Program), including development of conceptual diagram, stakeholder consultations, community focus groups and audit against national benchmarks
 - Review of Best Practice in Group Work with Gay Men
- HIV and Related Programs (HARP) Unit of South Eastern Sydney and Illawarra Health Region: Gap Analysis of Services for Sex Workers At Risk (with Julie Bates and Christine Harcourt)
- NSW Department of Corrective Services Prison AIDS Project/Commonwealth Department of Health, Housing and Community Services: Evaluation of National AIDS in Prisons Information Clearing House (NAIPIC)
- AIDS and Infectious Diseases Branch, NSW Dept Health:
 - Impact evaluation of CEIDA HIV/AIDS Training Program for drug treatment and needle exchange workers;
 - Evaluation of Needle and Syringe Vending Machine Strategy;
 - Evaluation of HIV/AIDS Education Arabic Speaking Community Project
- Health Insurance Commission/ Keys Young*: Strategies for Improved Aboriginal Access to Medicare and Pharmaceutical Benefits telephone survey of Aboriginal Health Services
- Office of Aboriginal and Torres Strait Islander Health Services/ Keys Young*: Mid-term Review of National Indigenous Australians Sexual Health Strategy
- Department of Health and Family Services/Keys Young*: Evaluation Strategy for Aboriginal and Torres Strait Islander Mental Health Action Plan
- ATSIC/Keys Young*: Evaluation of ATSIC Service Charter and Complaints Management
- ACON Sex Workers Outreach Project (SWOP): Review of All Information Resources (with Julie Bates)
- Western Sydney Area Health Service: Assessment of HIV/STD education needs of young people in Western Sydney
- Qld EPA /*T Issues: evaluation tool design and data analysis for Waste Education Strategic Review
- Department of Community Services: Review of Services for Vulnerable Youth throughout NSW in relation to Youth Services Database Pilot Project
- Commonwealth Department of Health, Housing and Human Services/ Sydney Sexual Health Centre: Process and Impact Evaluation of National HIV Contact Tracing Seminar
- Gender Centre/NSW Health: Evaluation of Health Service Providers Training
- NSW Department of Health/Cultural Partners: Evaluation of Play Now Act Now Youth Alcohol Film Project
- Department of Community Services/urbis keys young* Family Access to Prisoners
- Department of Education, Employment, Training and Youth Affairs/ Keys Young*: Strategies for Disadvantaged Job Seekers telephone survey of key informants
- Department of Education, Employment, Training and Youth Affairs/ Centrelink/Keys Young*: Post Implementation Review of Jobs Network Access
- Australia Council/Quay Connection*: Community Cultural Development Fund National Models Project Evaluation

Concept testing and evaluation of campaigns and information resources

- Cellblock Youth Health Centre/NSW Department of Health: Concept testing and evaluation of *Health Information Project for Homeless Youth (HIP comics)*; Concept testing and evaluation of *Youth Alcohol Project (YAP comics)*
- Drug and Alcohol Directorate/Centre for Education and Information on Drugs and Alcohol:
 - Concept testing, evaluation of Amphetamines Campaign (*Speed Wise Speed Safe*)
 - Concept testing of minor tranquillisers information brochure for women
 - Drink Drunk Campaign: Concept testing of alcohol and violence comic
- NSW Association for Mental Health: Evaluation of the Mental Health Information for Regional and Remote Australia (MHIRRA) service
- Social Change Media/Mental Health Branch, Department of Human Services and Health: concept testing and evaluation of *Parenting* booklets and materials for radio
- MedAct /Maternity Action (UK):
 - Concept testing of *Reaching Out Project: Maternity Access and Advocacy Pack*
 - Evaluation strategy and instruments for *Maternity Rights at Work* Project
 - Evaluation strategy for *Maternity Rights* website for service providers
- AIDS Council of NSW: Evaluation of Social Marketing Program 2001-2002, including
 - *Safe Summer campaigns*;
 - *Consider This*;
 - *When You're Hot, You're Hot* (SOPV booklets);
 - *On Any Street* (Anti-Violence Project),
 - *Relationships* magazine;
 - *15%* campaign
- Australian Federation of AIDS Organisations/National Association of People With HIV/AIDS: Concept testing / impact evaluation of:
 - *Indigenous Sistergirl* posters
 - Indigenous gay men and sistergirl life stories project for radio
 - *Everyday Pleasures* campaign
 - *Parties* campaign
 - *Overseas Travel* campaign
 - *Regional Travel* campaign
 - *Young Gay Men* campaign
 - *Standards of Care* booklet for people with HIV
 - *HIV+ Gay Sex* booklet
 - *Unprotected Anal Intercourse/ Clinical Markers* campaign
 - *HIV Survival Guide; HIV Treatments Breaks* Campaign
 - *Sexually Transmissible Infections* poster
 - *Sex In Queer Places* interactive website
 - booklet for people newly diagnosed with HIV
 - *Having a Life* resource for HIV positive people
 - *Side Effects* resource for positive people
- AIDS Council of NSW: Concept testing of
 - *Summer 2002* materials
 - *Relationships* magazine
 - *Post-Exposure Prophylaxis* posters
- National Relay Service Outreach/ WestWood Spice:
 - Concept testing of information resources and advertisements targeting older men and their families

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- concept testing of general promotional brochure
- testing of new website design
- testing of viral promotional video
- testing of responsive version of website for small screen mobile devices.
- Central Sydney Area Health Service: STIGMA HIV/STI testing interactive website and campaign print materials
- Centrelink/FaCS:
 - Customer consultation concerning sole parent review process;
 - Evaluation of new format *Age Pension News*;
 - Focus testing of *You and Your Family* December, 1997 and March, 1998;
 - Market testing of SA316 (residential aged care fee subsidy application form and booklet)
 - Focus testing of Commonwealth Seniors Health card claim form and brochure
- Department of Social Security (with Juliet London):
 - Concept testing of *TeleService* promotional materials
 - Concept testing of information resources concerning changes to Age Pension eligibility age
 - Concept testing of change of Age Pension eligibility (extended deeming) information resources
 - Concept testing of Age Pension *All you need to know* booklet
 - Concept testing of Age Pension *Investing money: Your choices* booklet
 - Concept testing of *Moving House: Your choices* booklet
- Wellcome Australia/C,W,F,S: HIV Early Treatments Information Campaign: concept testing and benchmark research.

Other research services

- Department of Ageing, Disability and Home Care/Sydney University: Facilitation of action research to define best practice in systemic conferencing with clinicians
- Matthew Myers:
 - research towards paper addressing ways to improve access to Family Dispute Resolution Services for First Nations people
 - preparation of paper addressing the evidence of children and of expert witnesses in cases before the Family and Federal Magistrates Courts involving allegations of child sexual abuse.
- World Health Organisation Global Program on AIDS: Multi-centred Sex Industry Research Project guidelines and Australian component of field work (with Julie Bates)
- National Centre in HIV Epidemiology and Clinical Research: HIV Related Malignancy Study questionnaire design
- UTS School of Marketing*/ Goodman Fielder: Attitudes to Gelatine in the Asia Pacific
- World Health Organisation/*Australian Centre for Health Promotion: Assessment of Needs for a Tobacco Control Workshop for the Asia Pacific Region (interviews with Health Senior Executives in Asia Pacific Nations including China, India, Indonesia, Korea, Japan, Malaysia, Papua New Guinea, Tuvalu, Solomon Islands, Tonga, Samoa, Thailand, Vietnam, Micronesia, Taiwan, Fiji, Vanuatu)
- Health Insurance Commission/Cultural Partners: project management, questionnaire design and data analysis for Overseas Drug Diversion Program Second Evaluation
- Queensland Health/University of Queensland: Data collection from Torres Strait Islander gay men/sistergirls to inform health promotion programs

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- Diabetes Australia/Quay Connection*: Facilitated round table discussions to identify priorities for a Diabetes Public Awareness Strategy
- Cancer Council NSW: Preparation of scientific paper for submission to Standards Australia, *Measurement and Reporting of Broad Spectrum Capability in Sunscreens*
- School of Public Health, Sydney University: Preparation of research brief for independent marketing research tender

Strategic Planning

- ANET (Australian Federation of AIDS Organisations – National Association of People with AIDS Education Team): Membership consultation and development of 2011-2015 Five Year Strategic Plan (with Ross Duffin)
- Communicable Diseases Branch, Queensland Health / Respect Inc: Mentoring assistance with development of first 3 year strategic plan, operational plan and agency implementation plans for Year 1; Design of program logic conceptual diagram, evaluation strategies and tools
- Seniors' Rights Service: development of 2015-2020 Strategic Plan
- NTARF (Northern Territory Aboriginal Health Forum): facilitation of strategic planning day
- Araluen Cultural Precinct, Alice Springs: Facilitation of strategic planning day.

Training/Manuals/Workshops

- NSW Department of Corrective Services: Drug and Alcohol Harm Reduction Education Manual (and later adaptation for Indigenous Inmates)
- NSW Department of Corrective Services/ University of New England, Northern Rivers*: Prison Officer HIV Training Program design
- Central Coast Area Health Service: Consultant trainer in HIV prevention, HIV support, HIV legal and ethical issues over three years for diverse human services professionals
- ASP Plastics *Fitpack Disposa-Safe*: Consumer Stakeholders facilitated workshop addressing safe disposal of injecting equipment
- NSW Association for Adolescent Health: Best Practice in Youth Health Services (facilitated two day workshop, followed by production of best practice manual)
- NSW Attorney General's Department: Manual of Policies and Procedures for Youth Drug Court Pilot Program
- NACAIDS: HIV Counselling Manual for Telephone Counsellors; HIV Counselling Manual for Campus Counsellors
- Network of Alcohol and Drug Agencies: HIV Education, Counselling and Support Manual
- 5th National AIDS Conference: HIV training of venue staff and community liaison
- University of Technology Sydney: Lecturer in Marketing Research, School of Marketing for 3 years
- University of NSW: Lecturer in Bioethics, School of Medical Education; Lecturer in Medical Ethics and Health Law, School of Community Medicine for 4 years.