

15 January 2025

General Manager
Fairfield City Council
86 Avoca Road
Wakeley NSW 2176

Dear Sir/Madam,

**138-150 The Horsley Drive, Carramar NSW 2163, Lot 916 DP 855880
Fairfield Integrated Child and Family Hub**

1. This report responds to a request from Angel Manchut Pty Ltd Architects for a parking impact assessment of the proposed Fairfield Integrated Child and Family Hub (FICFH), to be located at the Karitane site. Karitane is a not-for-profit organisation and registered charity that provides expert parental support, education, and advice.

Site location and transportation

2. The location of the site is illustrated in **Figure 1**.
3. Regarding public transport, the site is situated within a 1.0 km (13-minute) walk from Carramar train station. Additionally, there are two nearby bus stops on Mitchell Street, serving routes 904 and S4, as shown in **Figure 2**.
4. The existing Karitane facility has 57 car parking spaces, as shown in **Figure 3**.
 - a) The existing Karitane car park comprises several lots constructed and rearranged over time, with its current formal configuration established in 2006 to comply with the Condition of Consent for DA 422/2006. The total number of car parking spaces provided at that time was 59 (refer to **Figure 4**).
 - b) The parking requirements in 2006 were determined based on information presented in the Traffic and Parking Impacts Report (TPIR2006) and the Statement of Environmental Effects (SEE2006). These documents relied on specific assumptions regarding the use of Karitane facilities, as well as staff and visitor numbers at the time.
 - c) Since 2006, Karitane's activities, mode of operation, staffing, and visitor attendance patterns have evolved, and the current operations differ from the assumptions made 18 years ago. Details of the existing Karitane activities are provided later in this report (page 6).
 - d) Minor modifications to the car park layout have been made, primarily to improve comfort for visitors with prams and people with disabilities, as well as to enhance staff security. These changes resulted in a slight reduction in parking capacity, from 59 to 57 spaces.
5. Unrestricted on-street parking is available in the surrounding streets, with an estimated spare capacity of approximately 50 spaces within convenient walking distance during weekdays.
 - a) Council has proposed introducing 2-hour parking restrictions for around 12 kerb-side spaces on the northern side of Mitchell Street near Karitane. If these restrictions are approved, the spaces will still be accessible to patients attending short appointments with Karitane specialists. However, the need for on-street parking is not anticipated.

Redevelopment proposal

6. The proposed FICFH involves a partial internal redevelopment of the existing Karitane facility. The current building envelope will largely be retained, with a minor extension. The total Gross Floor Area (GFA) of the building will remain at 2,545 m².
7. The Karitane facility is classified under the group term definition of a "health services facility" under the Fairfield Local Environmental Plan (LEP) 2013, with the subset definition of "community facility".

TRAFFIC & PARKING STUDIES
AND MANAGEMENT

TRAFFIC IMPACT
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TRAFFIC ACCIDENT
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EXPERT WITNESSES

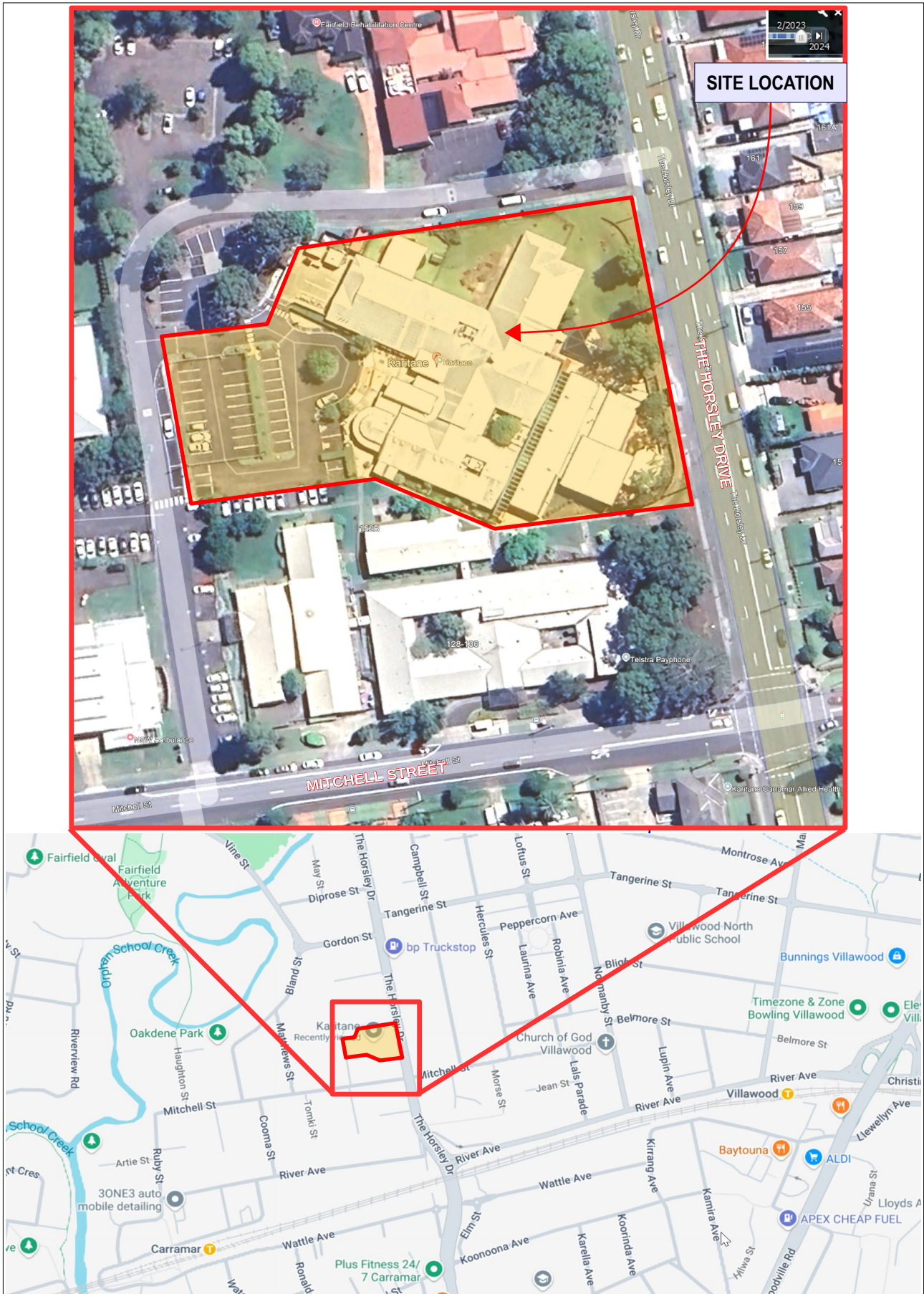


Figure 1. Site location (map source: maps.six and Google Maps).

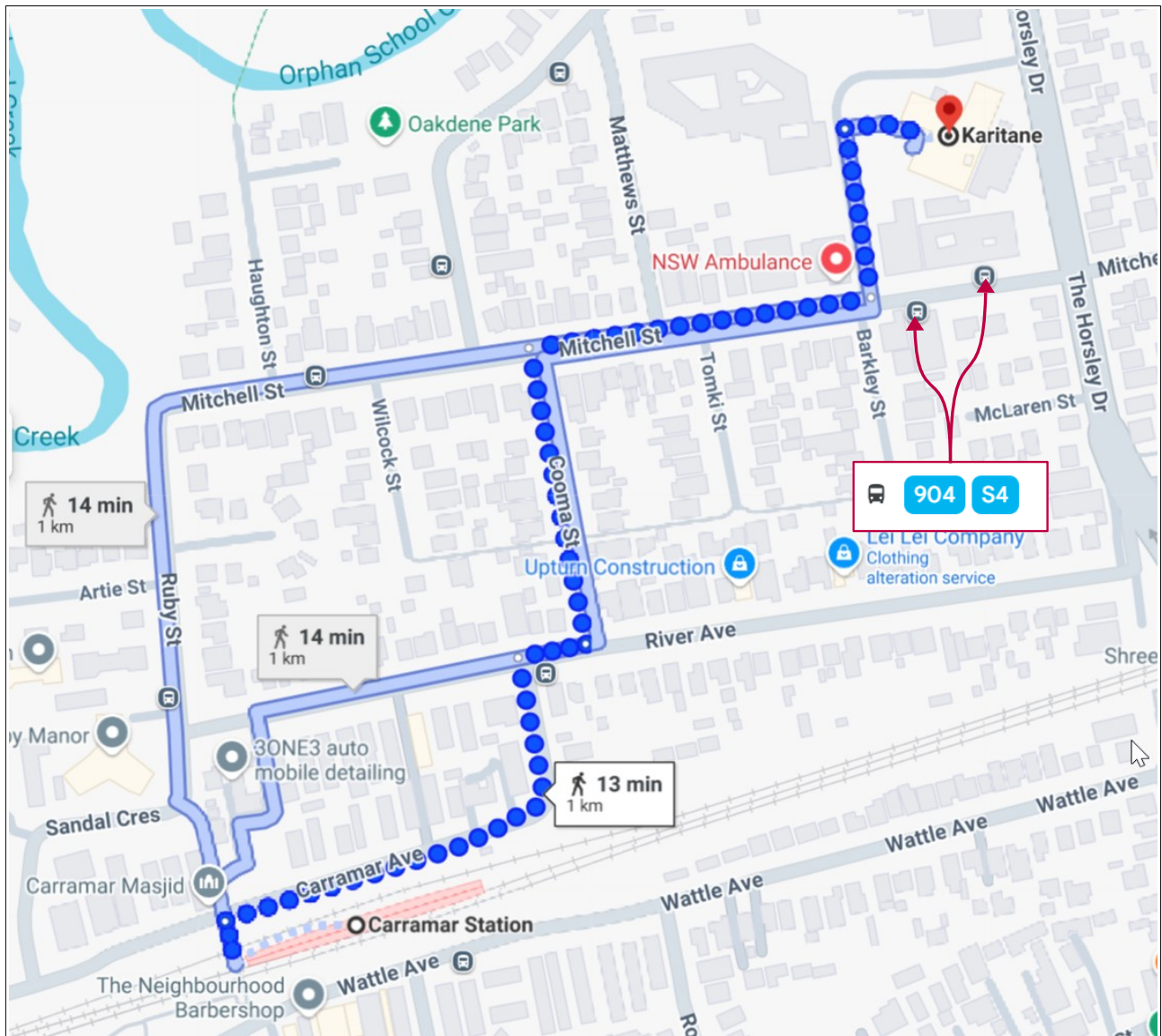


Figure 2. Public transport (map source: Google Maps).



Figure 3. Existing car parking provision (map source: maps.six).

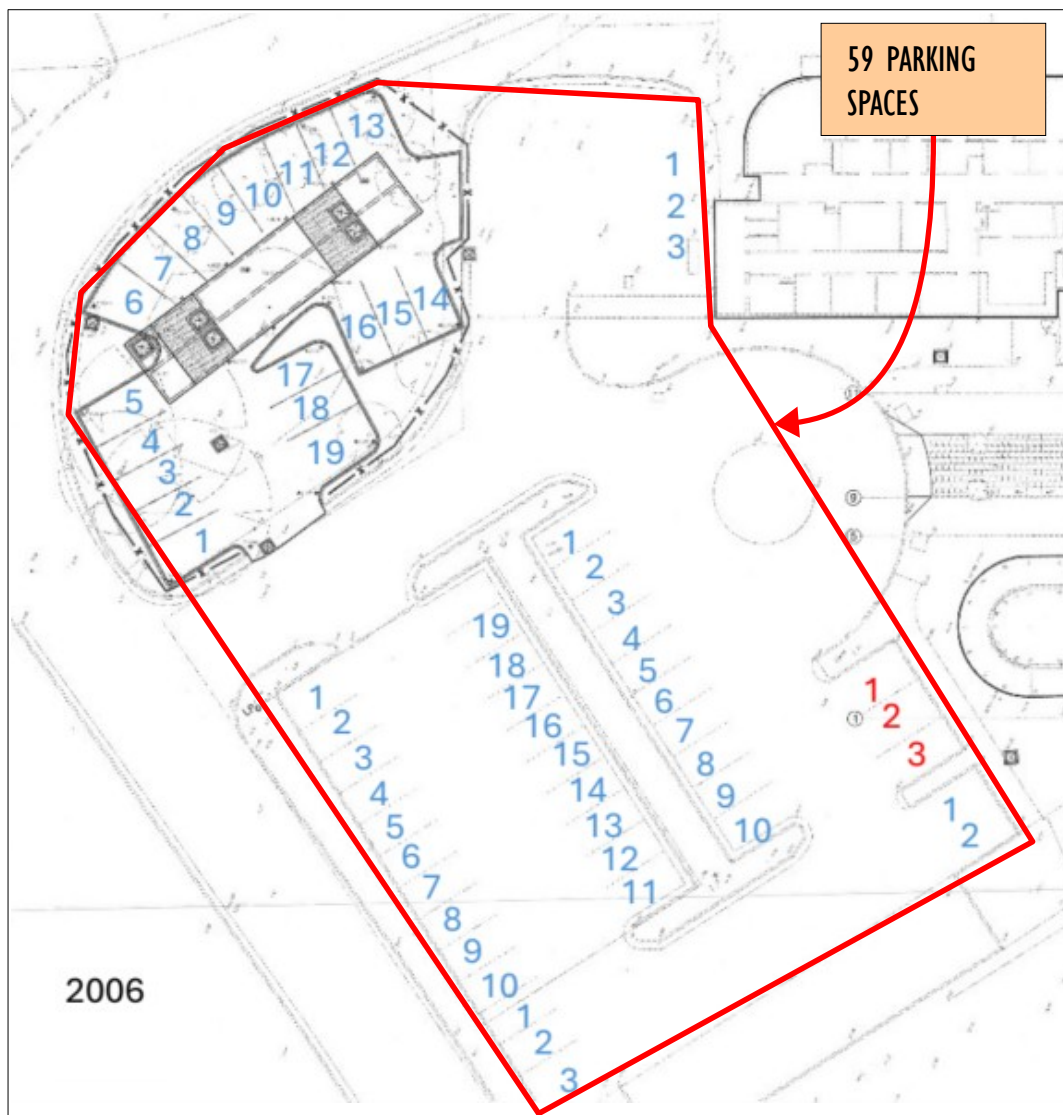


Figure 4. Karitane car park as built in 2006.

8. The current Karitane facility offers a variety of health care services in parental support, education, and advice, including both face-to-face individual and group therapy sessions, as well as virtual care models.
9. The proposal aims to further integrate services, creating an upgraded facility that functions as a one-stop shop where families can access a range of support services. These services will focus on enhancing child development, as well as family health and well-being, from pregnancy through to early school years.
10. Whilst no change of land use is proposed for the Karitane facility overall, some areas of the existing building will be reconfigured internally, resulting in certain changes to site activities.

Car parking requirements

11. There are no specific car parking rates for health services facilities or community health facility in the DCP or the TfNSW (RMS) (2002) Guide to Traffic Generating Developments (GTGD), as this term encompasses several uses with varying requirements.
12. To estimate and compare car parking demand requirements for the existing and proposed combinations of activities along with their respective floor areas, the site was divided into components whose activities are analogous to certain land uses identified in Fairfield LEP, DCP¹, and GTGD. Car parking rates from the DCP and GTGD were then used as reference rates to estimate the car parking requirements, where feasible.
13. As previously noted, the current Karitane facility offers a variety of health care services.
 - a) The existing face-to-face services can be best described as a mix of hospital-like services (mostly overnight stays with some day stays) and services similar to those of a medical centre (consulting rooms). The building also contains staff rooms/staff offices space and multi-function/multi-purpose rooms.
 - b) There are ancillary areas that do not directly generate parking demand or traffic, including storage, laundry, bathrooms, courtyard, waiting areas, and utility rooms. Additionally, breastfeeding, baby change, and virtual pod rooms are used by visitors already on-site for other services.
 - c) The details of the existing land uses are as follows.
 - The “hospital” component has a Gross Floor Area (GFA) of approximately 1,047 m² and includes 11 in-patient bedrooms (for both day and overnight stays) and 11 staff members (all roles combined) during the busiest morning shift.
 - Note that this “hospital” component has recently been relocated to another facility in preparation for Karitane’s redevelopment and is not currently operational.
 - Ancillary areas such as laundry, storage, and bathrooms are excluded from the GFA calculation.
 - The “medical centre” component has a Gross Leasable Floor Area (GLFA) of 281.7 m², comprising consulting, therapy and observation rooms, administrative offices, and reception.
 - The office component has a GFA of 1,571 m² and includes staff offices, research areas and multi-function rooms.
14. The existing Karitane facility components are illustrated in **Figure 5**.
15. The proposed FICFH involves a partial internal redevelopment with some changes to the facility’s components/activities, as also outlined in **Figure 5**.
16. The following components/activities will remain on site, with some changes to their respective floor areas:
 - The “medical centre” component will be increased to 353.1 m² of GLFA.
 - The office component will be reduced to 917.1 m² of GLFA.
17. The most significant change will involve replacing the “hospital” component with new areas/activities, including:
 - a) A multiplay hub, enabling family groups to allow their children to play and interact in a relaxed environment, while a medical specialist observes the activities and provides on-the-spot advice as needed. This facility will include an adjacent sensory-friendly room, equipped for developing sensory skills, and quiet rooms.
 - b) A group room, designed for group counselling and parent teaching purposes.
18. The existing ancillary areas will be expanded to provide additional storage and enhanced services, such as breastfeeding rooms, baby change facilities, and toilets, for the patients using other services within the building.

¹ Chapter 12, “Car Parking, Vehicle and Access Management” of the Fairfield City Wide Development Control Plan 2024 (DCP),

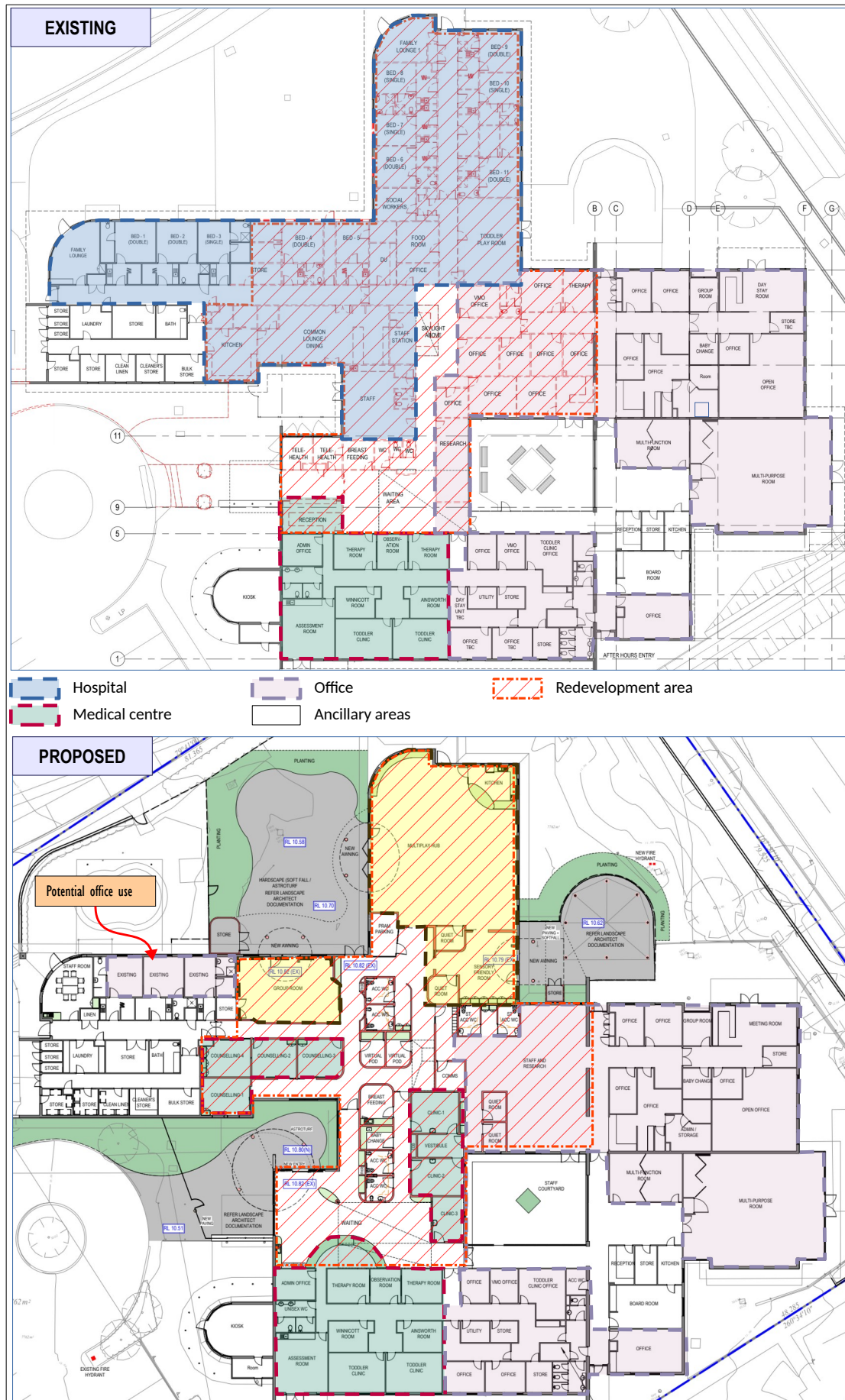


Figure 5. Proposed alterations and changes to the activity components.

19. Chapter 12, "Car Parking, Vehicle and Access Management" of the Fairfield City Wide Development Control Plan 2024 (DCP), offers guidance regarding developments involving changes in land use. In the case of Karitane, this guidance can be applied to the internal changes of activities. It is therefore prudent to compare the car parking requirements for the existing and proposed components and activities along with their floor areas.

12.1.2 Car Parking "Credits"

When determining how many car spaces your development may require it is important to remember that you may be eligible for parking "credits".

A parking credit is available when you are developing a site already occupied by a building.

Provided your development retains the structure of the existing building you will be exempted from the parking requirements for the existing floor space.

Alternatively, if you are changing the use of the existing building and the new use requires more parking than the old use, your "credit" is for the original use, even though the floor space may not be increasing. For example, converting a warehouse with no parking into a shop, with no increase in floor space would still be required to provide extra parking but this will be for the shop requirement minus the warehouse requirement.

20. Car parking rates listed in Table 1 of Chapter 12 address the requirements for certain land uses, as replicated in Table 1 of this report.

Table 1. DCP car parking rates.

Use/Activity		Minimum Number of Car Spaces Required
Health Services Facility	Health Consulting Rooms	3 spaces per consulting room or per health care professional, whichever is the greater plus the parking rate for any residential component.
	Hospital	Determined by Parking Survey of a hospital of a similar scale.
	Medical Centre	3 spaces per consulting room or per health care professional, whichever is the greater.
Commercial Premises (Excluding Commercial Premises within the Cabramatta Town Centre and Fairfield Town Centre)	Retail Premises, Business Premises and Office Premises Elsewhere in the city and not defined elsewhere in this chapter Includes Bonnyrigg Town Centre, Prairiewood Town Centre (Stocklands) and Neighbourhood Shops	1 space per 40sqm gross leasable area

21. There is no specific parking rate for "health services facility" or "community health facility" in either the DCP or the GTGD.
22. Parking requirements for offices are addressed in Table 1 of the DCP and have been utilised accordingly.
23. With regard to the DCP parking rate for medical centres, we submit that this rate should not be used for the assessment and the GTGD rate should be applied instead, for the following reasons.
- Apart from the additional parking requirement for attached dwellings with health consulting rooms, the DCP does not differentiate between health consulting rooms and medical centres in terms of parking provision. However, these two uses differ significantly in their operational characteristics and, consequently, their parking demands.

 - The LEP definitions for the above two land uses are as follows;

"**health consulting rooms** means premises comprising one or more rooms within (or within the curtilage of) a dwelling house used by not more than 3 health care professionals at any one time."

"**medical centre** means premises that are used for the purpose of providing health services (including preventative care, diagnosis, medical or surgical treatment, counselling or alternative

therapies) to out-patients only, where such services are principally provided by health care professionals. It may include the ancillary provision of other health services.”

- b) The TfNSW (RMS) (2002) Guide to Traffic Generating Developments (GTGD) defines these two land uses as follows.

“5.12.1 Professional Consulting Rooms

Definition

The term professional consulting rooms refers to a room or a number of rooms forming either the whole or part of, attached to or within the cartilage of a dwelling house used by not more than three legally qualified medical practitioners, or by not more than three health care professionals, who practise medicine, dentistry or health care on the premises. Also, more than one of these professionals must practise in partnership, and must employ not more than three employees in connection with that practice.

Parking

The RTA has no data on the parking demand for professional consulting rooms. As a guide, three spaces per surgery has been found to be adequate in several local government areas.”

“5.12.2 Extended hours medical centres

Definition

A medical centre is an establishment which is used by health care personnel for professional purposes, but does not comply with the definition professional consulting rooms as outlined in Section 5.12.1. Extended hours medical centres are those centres with hours of operation extending beyond normal business hours.

Parking

The minimum number of parking spaces required by medical centres is 4 per 100 m² gross floor area, based on the RTA's survey conducted 1991.

This rate is based on Sunday and Monday parking figures and reflects the mean peak parking demand surveyed on those days. For reference, the 85 percent demand produced a rate of 5 spaces per 100 m² gross floor area.”

24. It is noted that while the GTGD definitions are similar to those in the LEP, the GTGD parking requirements for medical centres differ from those in the DCP, due to several factors:
- a) The GTGD parking rate is based on surveys conducted at 20 medical centres. The surveys found that floor area was the best predictor of peak parking demand. The recommended parking rates are 4 to 5 spaces per 100 m² gross floor area.
 - b) Health consulting rooms attached to a dwelling typically have one or more medical practitioners operating full-time or for most of the working week.
 - c) In medical centres, practitioners often operate across two or three different locations, attending each practice on certain days. This results in some consulting rooms being unused on certain days (as confirmed by Karitane's management for their medical centre component).
25. Applying the DCP parking rate to the “medical centre” component would result in a significant over-provision of car parking. Therefore, the GTGD parking rate for medical centres has been adopted for this assessment.
26. The “hospital” component, the multiplay hub and the group room are not provided with parking rates in the DCP. For land uses not covered in Table 1 of the DCP, further guidance is provided within the DCP itself.

Controls

- a) The car parking rate for development types are outlined in Table 1.
- b) Development types not listed in the Table 1 would be subject to a merit based assessment based on the provisions set out in the Roads and Traffic Authority – Guide to Traffic Generating Developments. Council may require a detailed Parking Study to be prepared for such development types.

27. The GTGD includes a formula for calculating parking requirements for hospitals, based on the number of beds and average weekday staff per shift. However, the formula is derived from survey data collected at hospitals with 30 to 99 beds. The existing “hospital” component is significantly smaller, and applying the GTGD formula yielded a negative parking requirement. Therefore, parking requirements for the hospital component were calculated from first principles:
- a) Karitane advised that there are 11 staff members on average during the day shift on a typical busy weekday, including all staff categories (nursing, medical specialists, catering, and cleaning). The car mode

share for staff commuting is estimated to be 80%, based on ABS 2021 data, which shows a 74% car mode share after excluding “did not go to work” and “worked from home” figures.

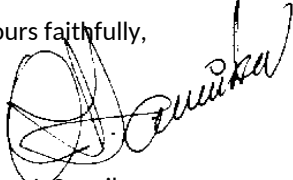
- b) Unlike a typical hospital, where inpatients generally do not drive, at Karitane the patients are children under observation, accompanied by one or both parents. Some parents park on-site. For the worst-case scenario, it is assumed that 70% of families did drive and park on-site.
- 28. The first principles method was also applied to the new multiplay hub and group room uses. These uses are not included in either the DCP or the GTGD.
- 29. The multiplay hub, with its sensory friendly and quiet rooms, is designed to accommodate five families at a time, with one medical specialist present.
 - a) The car mode share for the Journey to Work for staff is estimated at 80%.
 - b) It is assumed that all 5 families will drive to the site.
- 30. The group room is designed for group counselling or training sessions, hosting 6-8 families at a time, with one medical specialist present. These group sessions are expected to occur once per day for 1.5 to 2 hours. However, for the purpose of this assessment, it was assumed that these sessions would take place during peak parking demand for the entire site.
 - a) The car mode share for staff commuting is estimated at 80%.
 - b) It is assumed that all 5 families will drive to the site.
- 31. The results of the parking requirement assessment for both the existing and proposed facilities are presented in **Table 2** overleaf.
- 32. The assessment indicates that the proposed redevelopment will reduce the overall parking demand from 70 to 55 car parking spaces. This reduction is attributed to several factors:.
- 33. Change in activity from “hospital” to the new multiplay hub, which provides large areas for children's play activities.
- 34. Increase in ancillary areas, which do not generate parking demand. The enlarged and enhanced ancillary areas were requested to address current inadequacies.
- 35. The existing Karitane facility has 57 off-street car parking spaces, as shown in **Figure 3**. It is not proposed to change the existing parking provision.

Conclusions

- 36. The proposed development does not increase the GFA of the building.
- 37. The current parking requirement of 70 spaces exceeds the available provision of 57 spaces, resulting in a deficit of 13 spaces. The proposed redevelopment, with the requirement for 55 spaces, will be within the existing car parking provision, a significant improvement.
- 38. Traffic generation is also expected to decrease proportionally with the reduction in parking demand, representing a positive outcome.
- 39. The proposed redevelopment is therefore supportable on both traffic and parking grounds.

Please do not hesitate to contact the undersigned should you require further information.

Yours faithfully,



Oleg I. Sannikov
 Director
 MEngSc (Traffic Engineering)
 MIEAust PEng
 Fellow & Past President, NSW & ACT AITPM
 Member, CE-001 Committee (development of parking Standards), Standards Australia
 Member, Road Safety Panel, IPWEA

Table 2. Car parking requirements.

Existing

Hospital	Unit	Rate		Required parking
Staff	11	0.8	space(s) per 1 Staff	8.8 spaces
Beds	11	0.7	space(s) per 1 Bed	7.7 spaces
			Sub-total	16.5 spaces
Medical centre	Area	Rate		Required parking
	281.7	5	space(s) per 100 sqm	14.1 spaces
Office	Area	Rate		Required parking
	1,571.4	1	space(s) per 40 sqm	39.3 spaces
			Total	69.9 spaces
			Rounded	70.0 spaces
			Provided	57.0 spaces
			Surplus/Deficit	-13.0 spaces

Proposed

Multi-play hub and quiet room	Unit	Rate		Required parking
Staff	1	0.8	space(s) per 1 Staff	0.8 spaces
Family groups	5	1	space(s) per 1 Family group	5.0 spaces
			Sub-total	5.8 spaces
Group room	Unit	Rate		Required parking
Staff	1	0.8	space(s) per 1 Staff	0.8 spaces
Family groups	8	1	space(s) per 1 Family group	8.0 spaces
			Sub-total	8.8 spaces
Medical centre	Area	Rate		Required parking
	353.1	5	space(s) per 100 sqm	17.7 spaces
Office	Area	Rate		Required parking
	917.1	1	space(s) per 40 sqm	22.9 spaces
			Total	55.2 spaces
			Rounded	55.0 spaces
			Provided	57.0 spaces
			Surplus/Deficit	2.0 spaces