Social Impact Assessment

Cessnock Hospital Redevelopment

24 View Street, Cessnock

Submitted to the Department of Planning, Housing and Infrastructure on behalf of Health Infrastructure

Ethos Urban

'Gura Bulga'
Liz Belanjee Cameron

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

'Dagura Buumarri'
Liz Belanjee Cameron

'Dagura Buumarri' – translates to Cold Brown Country. Representing Victoria.

'Gadalung Djarri'
Liz Belanjee Cameron

'Gadalung Djarri' – translates to Hot Red Country. Representing Queensland.

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

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

In supporting the Uluru Statement from the Heart, we walk with Aboriginal and Torres Strait Islander people in a movement of the Australian people for a better future.

Contents

Figures

Tables

1.0   Introduction

This Social Impact Assessment (SIA) has been prepared in relation to the redevelopment of Cessnock Hospital (the 'proposal') at 24 View Street, Cessnock. The applicant is NSW Health Infrastructure (HI) ('the proponent').

1.1   Purpose

The proposal is being pursued via the 'development permitted without consent' pathway under Part 5 of the EP&A Act, which requires a Review of Environmental Factors (REF). An SIA has been requested to accompany a REF that seeks approval for the construction and operation of a new two-storey clinical services building. This SIA has been prepared in accordance with the NSW Government's Social Impact Assessment Guideline (Feb 2023).

1.2   Qualifications of Report Authors

The SIA Guideline requires authors are 'suitably qualified persons' who hold appropriate qualifications and have relevant experience in social science or related areas. The lead author's qualifications, experience and demonstrated understanding of social impacts is outlined below.

Name: Erin Henshaw-Hill, Associate Director

Qualifications, expertise, and professional memberships *MURP, BA Government and International Relations and English Literature*

Date the SIA was completed: 19 September 2024

I confirm the SIA contains all relevant information, and understand my legal and ethical obligations, and that none of the information in the SIA is false or misleading.

Signed:

Table 1 SIA Authors' Qualifications

Author	Expertise/Qualifications
Erin Henshaw-Hill Associate Director, Social Strategy and Engagement	*MURP, BA Government and International Relations and English Literature* Erin is an experienced social planner who is passionate about creating healthy, liveable communities. Specialising in social strategy, Erin's expertise includes social impact, social and cultural infrastructure planning, strategy development and community needs assessment. Erin has experience leading social impact projects across NSW.
Isabelle Best Principal, Social Strategy	*BCPlan, Grad Cert Social Impact (current), MPIA, SIMNA* Isabelle has 8+ years' experience in the social and urban planning profession. She has led many social impact assessments for various projects across NSW, and is highly experienced in identifying social impacts, crafting social impact mitigation measures, and undertaking targeted social impact engagement activities.
Solomon Charles Senior Urbanist, Social Strategy	*BA-Hons (Human Geography)* Solomon has 2 years of experience in social science research focusing on urban social sustainability and has worked on numerous SIAs for SSDA projects.

2.0　Methodology

This SIA has been prepared in accordance with the NSW SIA Guideline (2023).

Social impacts generally refer to the consequences that people experience when a new project brings change. The SIA aims to identify, predict and evaluate likely social impacts arising from a project and propose responses to the predicted impacts.

2.1　Assessment Objectives

This SIA seeks to identify how people will be impacted by the proposal, through:

- Identifying, analysing and assessing any likely social impacts, whether positive or negative, that people may experience at any stage of the proposal lifecycle, as a result of the proposal
- Investigating whether any group in the community may disproportionately benefit or experience negative impacts and proposing commensurate responses consistent with socially equitable outcomes
- Developing social impact mitigation and enhancement options for any identified significant social impacts.

2.2　Social Factors for Assessment

The SIA Guideline classifies social impacts using a suite of social factors, which forms the core basis of this assessment:

Way of life

How people live, get around, work, play and interact with one another each day

Community

Its composition, cohesion, character, how it functions, resilience, and people's sense of place

Accessibility

How people access and use infrastructure, services and facilities (private, public, or not-for-profit)

Culture

Both Aboriginal and non-Aboriginal - people's shared beliefs, customs, practices, obligations, values and stories, and connections to Country, land, waterways, places and buildings

Health and wellbeing

People's physical, mental, social and spiritual wellbeing – especially for people vulnerable to social exclusion or substantial change, psychological stress (from financial or other pressures), access to open space and effects on public health

Surroundings

Access to and use of natural and built environment, including ecosystem services (shade, pollution control, erosion control), public safety and security, as well as aesthetic value and amenity
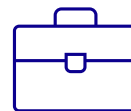
Livelihoods

Including people's capacity to sustain themselves through employment or business

Decision-making systems

The extent to which people can have a say in decisions that affect their lives, and have access to complaint, remedy and grievance mechanisms.

2.3　Social Significance Rating Approach

The report includes an assessment of the **social significance** of each impact across the suite of factors, including the **likelihood** of each identified impact, along with the envisaged **duration, extent, and potential to mitigate/enhance**.

Magnitude of impact generally considers the following dimensions:

- Extent – Who specifically is expected to be affected (directly, indirectly, and/or cumulatively), including any vulnerable people? Which location(s) and people are affected? (e.g., near neighbours, local, regional, future generations)?

- Duration – When is the social impact expected to occur? Will it be time-limited (e.g., over particular proposal phases) or permanent?

- Severity or scale – What is the likely scale or degree of change? (e.g., mild, moderate, severe)?

- Intensity or importance – How sensitive/vulnerable (or how adaptable/resilient) are affected people to the impact, or (for positive impacts) how important is it to them? This might depend on the value they attach to the matter; whether it is rare/unique or replaceable; the extent to which it is tied to their identity; and their capacity to cope with or adapt to change?

- Level of concern/interest – How concerned/interested are people? Sometimes, concerns may be disproportionate to findings from technical assessments of likelihood, duration and/or intensity.

Each impact has ultimately been assessed and assigned an overall **significance rating**, which considers both the **likelihood** of the impact occurring and the **consequences** should the impact occur. The assessment also sets out recommended **mitigation, management and monitoring measures** for the identified impacts.

The social impact significance matrix specified in the SIA Guideline has been adapted for the purposes of undertaking this social and impact assessment.

Table 2 Defining Magnitude Levels for Social Impacts

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

Source: NSW DPE, 2023 Technical Supplement - Social Impact Assessment Guideline for State Significant Projects

Table 3 Defining Likelihood Levels of Social Impacts

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

Source: NSW DPE, 2023, Technical Supplement - Social Impact Assessment Guideline for State Significant Projects.

Table 4 Social Impact Significance Matrix

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

Source: NSW DPE, 2023, Technical Supplement - Social Impact Assessment Guideline for State Significant Projects.

2.4   Information Sources

Following are the key data sources and policy documents used to prepare this SIA (ordered by title):

- Hunter New England Local Health District Strategic Plan (HNELHD) 2021 to 2026 (Health Hunter New England Local Health District)
- Future Health: Guiding the next decade of care in NSW 2022-2032, (NSW Health, 2022)
- Hunter Regional Plan 2041, (NSW Department of Planning, Housing and Infrastructure)
- Building Momentum: State Infrastructure Strategy 2018-2038, (Infrastructure NSW, 2018)
- Staying Ahead: State Infrastructure Strategy 2022-2042 (Infrastructure NSW, 2022)

Technical reports used to inform the SIA include:

- Aboriginal Cultural Heritage Assessment ACHA (Biosis, 2024)
- Noise & Vibration Impact Assessment for REF 2024 (JHA Services, 2024)
- Review of Environmental Effects Transport Impact Assessment (Stantec, 2024)
- Engagement Outcomes Report (NSW Health, 2024)

2.5   Assumptions

Assumptions applied to complete this SIA include:

- The key findings of the background studies and technical reports are accurate.
- Socio-economic data for each study area accurately reflects the community demographic profile.
- Outcomes of the community consultation and engagement undertaken to date accurately reflect community views.
- All potential social impacts to the local community and special interest groups that can reasonably be identified have been included in this report.

3.0   Site Context and Proposed Development

3.1   The site

The site is located at 24 View Street, Cessnock, in the Cessnock Local Government Area. It is occupied by Cessnock Hospital health service, a district-level hospital in the Hunter New England Local Health District (HNELHD). The site comprises the following lots:

- Lot 2 DP1173784
- Lot 7 DP13203
- Lot 8 DP13203
- Lot 1 DP103663
- Lot 10 DP5442

- Lot B DP103664
- Lot 2 Section 20 DP5442
- Lot 1 DP254743
- Lot 11 DP882585.

An aerial image of the site is shown in **Figure 1** below.

Figure 1 Site Aerial

Source: Nearmap

3.2   Current Cessnock Hospital Operations

Cessnock Hospital is a Level 3 District Hospital providing services primarily to the population residing in the Cessnock Local Government Area (LGA). As a Level 3 District Hospital it provides low acuity medical and subacute services, with Cessnock LGA residents continuing to access higher acuity services within a network of hospitals at Maitland Hospital and John Hunter Hospital[1].

Current hospital operations offer:

- Emergency department

---

[1] Cessnock Clinical Services Plan, Johnstaff, 2022

- Medical imaging
- Inpatient beds
- Day surgery
- Allied health,
- Outpatients
- Community health, pathology and support services

3.3   Surrounding context

Cessnock Hospital is located approximately 1km to the north-west of the Cessnock town centre. It is in a predominantly residential area, with single dwelling houses along View Street to the east, west and south of the hospital. To the north, on the opposite side of Jurd Street are also single residential dwelling houses and the Mountain View Lodge Hostel, a residential aged care provider.

Cessnock town centre to the south provides a concentration of large and small format retail, food and beverage retailers and other essential services.

3.4   Project background

Clinical Services Plan 2022

A Clinical Services Plan (CSP) was prepared by Johnstaff for HNELHD in 2022 to inform the development of the Business Case which is currently being prepared.

As noted in the CSP it is projected that by 2031 Cessnock Hospital will see 6,000 inpatient separations, 18,000 inpatient bed services, 25,000 emergency department presentations and 16,000 in-person non-admitted occasions of service. This will further increase to 7,000 inpatient separations, 20,000 in-patient bed days, 29,000 emergency department presentations and 18,000 in-person non-admitted occasions of service by 2036.

3.5   The Proposal

The REF seeks approval for the construction and operation of a new two-storey clinical services building works including:

- Demolition of select existing structures.
- Construction of a new hospital building on the site's northern portion.
- Realignment of internal roads and a new primary vehicular and pedestrian entrance to the hospital campus from Jurd Street.
- New kerb, gutter and road resurfacing on Jurd Street.
- Refurbishment of the existing at-grade car park.
- Installation and realignment of selected services.
- Installation of ancillary development including, but not limited to, lighting and signage.
- Landscaping.

Error! Reference source not found. on the following page shows the proposed site plan. Error! Reference source not found. and **Figure 4** show a photomontage of the proposed front building façade.

Figure 2 Redevelopment Site Plan

Source NSW Health Infrastructure

Figure 3 View form Jurd Street Looking Southwest

Source: Fitzpatrick + Partners

Figure 4 View from Over Existing Hospital Looking Northeast

Source: Fitzpatrick + Partners

4.0   Social Localities

This section provides an overview of the subject site and its current social context, in relation to a defined social locality or 'area/s of social influence,' reflecting geographies of primary and secondary social impact. The baseline analysis assesses the existing social characteristics of the community within the identified study area/s to better understand the potential community characteristics and specific communities that may experience impacts as a result of construction and operation of the proposal.

It describes the following:

- Community profiles – key demographic characteristics including age, income, employment, cultural and linguistic diversity, household structure, relative levels of advantage and disadvantage, and transport and access, including journey to work travel patterns.
- Community assets – social infrastructure and services in the site's vicinity which may be impacted by development.

4.1   Social Locality Definition: Areas of Social Influence

For the purposes of the SIA, social localities have been defined, taking into consideration the need to factor in both local social impacts and those likely to occur on a broader scale. The areas of social influence have been determined for the proposal based on the consideration of:

- The construction activities and operational uses of the proposal.
- The likely scale and extent of potential direct and indirect impacts and benefits of the proposal on the social factors identified in the SIA Guideline. This includes indirect impacts that are generally less tangible and more commonly relate to matters such as community values, identity and sense of connection to place.
- Cumulative impacts that may impact affected communities as a result of other transport, construction and major urban renewal processes underway within or proximate to the corridor or localities.
- The potentially affected built or natural features that have social value or importance located on or near the construction sites, and the social characteristics of the areas likely to be affected by the proposal, as informed by the social baseline study and other technical assessments that inform the REF.
- The community and stakeholder groups that would be most likely affected by the direct and indirect impacts, based on stakeholder and community engagement activities, and other available information sources.

Based on the above, this assessment has considered the following 'areas of social influence' as shown in **Table 5**.

Table 5 Social Locality Definition

| Study Area	Relevance to SIA	Definition in this SIA
Primary social locality (PSL)	• Likely to be localised social impacts relating to the immediate surrounds of the site, for example impacts associated with the construction of new buildings (i.e., amenity values, access, noise, air quality). • Longer term impacts such as potential noise, light, traffic and/or increased activity in the area may occur within the close proximity to the proposed development.	• The Primary Social Locality (PSL) is defined by an area of roughly 250m surrounding the site (**Figure 5**). This is the area likely to be most impacted by construction of the proposal, as well as any direct impacts such as traffic, noise and changes to views. • The size of the PSL is proportional to the anticipated scope of development and is defined by urban special features (such as roads, railways, waterways).
Secondary social locality (SSL)	• Understand the broader impacts and benefits that the proposed development will likely have on the surrounding community.	• The secondary social locality is the HNELHD (**Figure 6**). This represents the healthcare subdivision in which the proposal is located and will provide social benefits to.
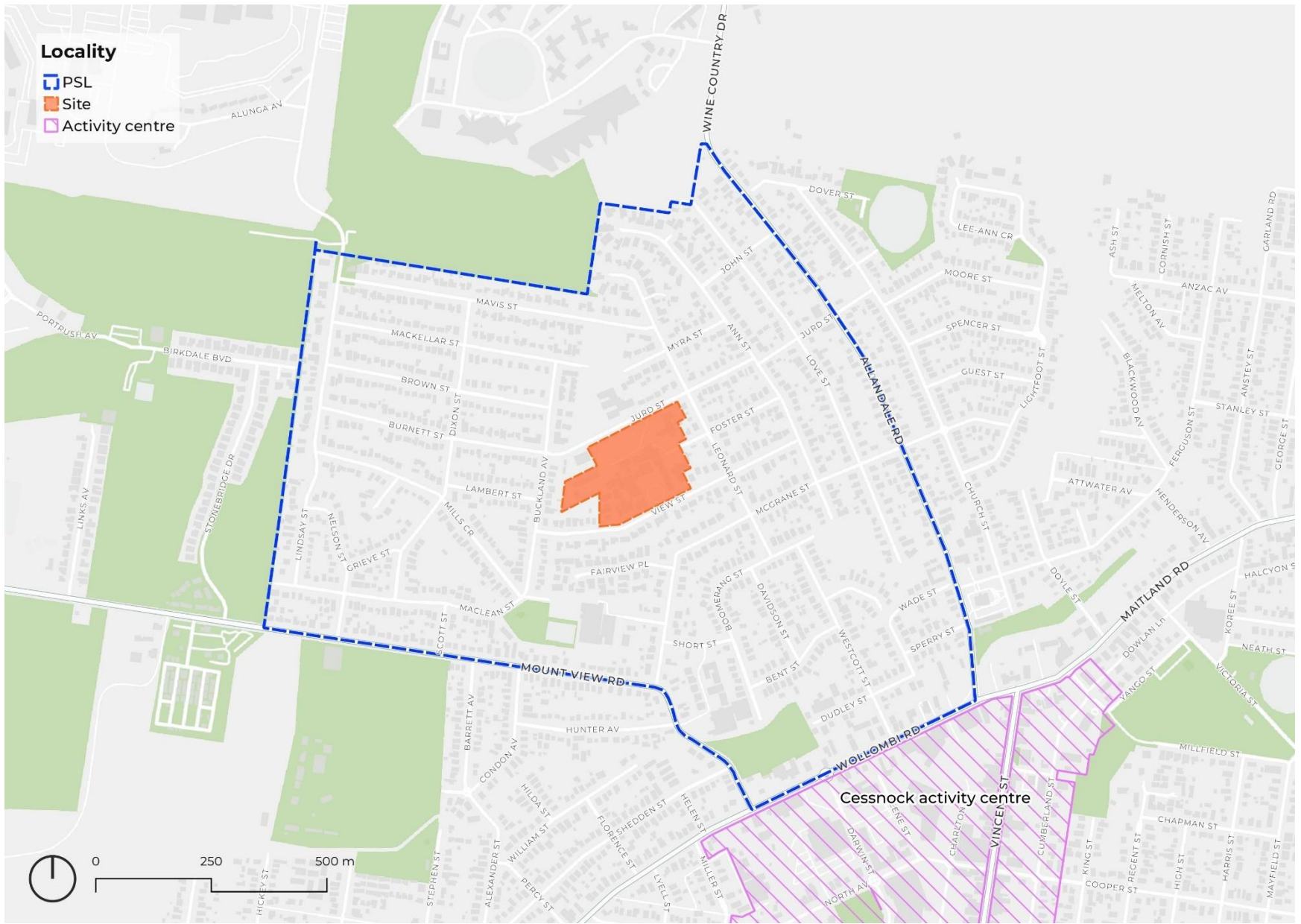
Figure 5 Primary social locality

Source: Ethos Urban

Figure 6 Secondary social locality (Hunter New England Health District)

Source: Ethos Urban

5.0 Social and Strategic Baseline

This baseline describes the project's existing social and strategic context. This is an important tool to understand how a community currently lives, the level of potential need, and that community's capacity to adapt to changes arising from a proposal.

To understand the social baseline within the PSL and SSL, a range of data sources were reviewed including:

- Strategic local and state government policy
- Socioeconomic, demographic and health data
- Relevant academic literature.

Section summary

- This section demonstrates potential health and wellbeing vulnerabilities associated with a lower socioeconomic profile, ageing population, and below average health outcomes. These trends highlight potential increase in demand and upgrades for health care facilities.
- The project aligns with the strategic and policy directions at a state and local level
- The PSL has a higher-than-average median age with below average household income.
- The HNELHD has a growing yet aging population with below average health outcomes.

5.1 Policy context

The following section identifies the key social drivers for this site, based on a review of the key state and local policies and strategies and shows how the project aligns with local and state needs.

Table 6 Policy review findings

Policy theme	Key implications for impact assessment	Source

Delivering better health outcomes for HNELHD	• The HNELHD strategic plan seeks to:
	  - Improve outpatient and community care by reducing preventable hospital visits
	  - Improve service levels in hospital by improving the number of triage patients commencing treatment on time
	  - Reduce the rate of suicide deaths.
	• The HNELHD strategic priorities are:
	  - To invest in the wellness of the community by providing high quality services, using a model of care that prioritises patient needs and delivering care out of hospital
	  - To provide world class, evidence-based health services to the people of Hunter New England. People will be able to access care, in the right place, at the right time, and as close to home as possible.
	  - To minimise unwarranted clinical variation and seek continuous, measurable improvement of our health services to provide safe, high quality and high value care.
	  - Resources will continue to be used in the most efficient way to meet the health needs of our community.
	  - Align to the NSW Health vision of a sustainable health system that delivers outcomes that matter to patients and the community, is personalised, invests in wellness and is digitally enabled.
		• HNELHD Strategic Plan 2020-2025 (NSW Health, 2020)

The role of health infrastructure in supporting improved wellbeing	• The six strategic outcomes identified in the Future Health strategy highlight the importance of health infrastructure to support improved wellbeing. These include (Future Health, p.10):
	  - Patients and carers have positive experiences and outcomes that matter
	  - Safe care is delivered across all settings
	  - People are healthy and well
	  - Our staff are engaged and well supported
	  - Research and innovation, and digital advances inform service delivery
		• Future Health: Guiding the next decade of care in NSW 2022-2032 (NSW Health, 2022)

Policy theme	Key implications for impact assessment	Source
	- The health system is managed sustainably. • Future Health also highlights continued investment in "keeping people healthy to prevent ill health and tackle health inequality in our communities" is needed to address future health needs across NSW (p.13). • Future Health (p.29) notes the need to strengthen equitable outcomes and access for care for rural, regional and priority populations.	
Supporting liveability, community health, and wellbeing in Cessnock LGA	• Is it an objective of Cessnock City Council to: - Improve availability of and access to hospitals and health services in the local government area - To have regional standard health services, facilities, and health professionals.	• Cessnock CSP (Cessnock City Council, 2022)
A strong, resilient, and supported workforce	• Future Health (p.13) notes staff wellbeing needs to be supported, with the plan aiming for "staff to be supported to deliver safe, reliable person-centred care driving the best outcomes and experiences". • Future Health (p.36) notes that it is essential to engage with those in professional health roles and responsibilities to create strategies to protect and enhance community health. Increasing funding is also important, helping to increase the workforce. This will improve current workforce mental health and wellbeing through lower workloads, and a less stressful environment.	• Future Health: Guiding the next decade of care in NSW 2022-2032 (NSW Health, 2022)

5.2 Community demographic profile

Based on *2021 ABS Census of Population and Housing* data, an overview of the demographic profile of the identified study areas is compared to Regional NSW benchmarks. Key findings in relation to relevant social indicators are highlighted below with detailed demographic tables available in **Table 7**.

Table 7 Key community demographic characteristics

Charateristics	Profile
Age structure	**The median age in the PSL is 45 years**, higher than the SSL (41 years) and Regional NSW baseline (42 years). The PSL has a larger age cohort of people aged over 85 years (6.1%), compared to the SSL (2.5%) and baseline (2.7%).
Socioeconomic status	**The PSL median household income is $62,480, substantially lower than the baseline (-17%).** However, the SSL has a slightly higher (+3.1%) median household incomes of $77,650. The baseline median household income is $75,280. ABS 2021 SIEFA[2] data reflects this trend, showing high levels of socioeconomic disadvantage in the PSL and surrounding area.
Cultural diversity	**The PSL and SSL are characterised by low levels of cultural diversity.** Most people were born in Australia in the PSL (92%), SSL (90.4%), and Regional NSW (88.5%). The top three languages other than English spoken at home in the PSL are Nepali (0.7%), Thai (0.6%), and Mandarin (0.5%). However, a higher proportion of PSL residents are Aboriginal or Torres Strait Islander (9.2%), compared to SSL (7.9%) and baseline (7%)
Household composition	**The proportion of households with children in the PSL** (37.6%) is similar to the SSL (39.3%) and Regional NSW baseline (38.3%). Although, there is a higher proportion of single parent households in the PSL (17.7%) compared to the SSL (12.1%) and baseline (11.7%).
Tenure Type	**More dwellings are rented in the PSL** (32.8%) compared to the SSL (27.9%) and baseline (26.9%). There is also a large proportion of social housing in the PSL (8.1%), higher than the SSL (3.0%) and baseline (2.9%).

Disclaimer regarding COVID-19 Pandemic

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

---

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

5.2.1 Community health profile

Social and health indicators point to the potential benefits of expanding healthcare facilities. These indicators also highlight underlying vulnerabilities that may affect how social impacts are experienced and responded to by the community surrounding the redevelopment site. The following heath statistics were drawn from HeathStats NSW, comparing the HNELHD and the NSW averages.

- **Respiratory disease deaths have been declining within the HNELDH**, from a high in 2002-2004 of 60 per 100,000, to 46 per 100,000 deaths in 2019-2021. However, the respiratory disease death rates are higher than the NSW average of 41.5 per 100,000 in 2019-2021.
- **Overweight and obesity attributable hospitalisations are substantially higher across the HNELHD** at 915 per 100,000 in 2019-2021, compared to the NSW average of 675.8 per 100,000 people during the same period.
- **Alcohol attributed hospitalisations occur more frequently in the HNELHD**, at a rate of 500 per 100,000 people between 2019-2021. The NSW average is slightly lower at 446 per 100,000 people (2019-2021).
- **Cardiovascular disease hospitalisation occurs at a slightly lower rate in the HNELDH** at 1,452 per 100,000 people, compared to the NSW average of 1,522 per 100,000 people (2019-2021).

According to the ABS census 2021, Cessnock experiences high levels of socioeconomic disadvantage. High levels of disadvantage correspond with an above average prevalence of long-term health conditions and assistance requirements:

- **A higher proportion of residents require assistance** in the PSL (14.5%), compared to the Regional NSW average (7.3%).
- **More residents have long term heath conditions in the PSL** (85.3%) than the regional NSW Baseline (52.2%). Asthma is the most prevalent condition (20.4%), followed by Stroke (19.8%), and cancer (14.3%) in the PSL.

5.3   Population Forecast

The PSL population is expected to increase between 2024-2041, though at a slowing rate of 0.7% per annum than the Regional NSW baseline, which is anticipated to grow at 1.1% per annum. The PSL and SSL populations will experience aging, with substantial growth in over 85 age cohorts.

Figure 7 below shows population growth by age cohort between 2024-2041 (percentage change per annum). It shows a substantial increase in the 85+ aged cohort, indicating an ageing population in both the PSL and SSL.
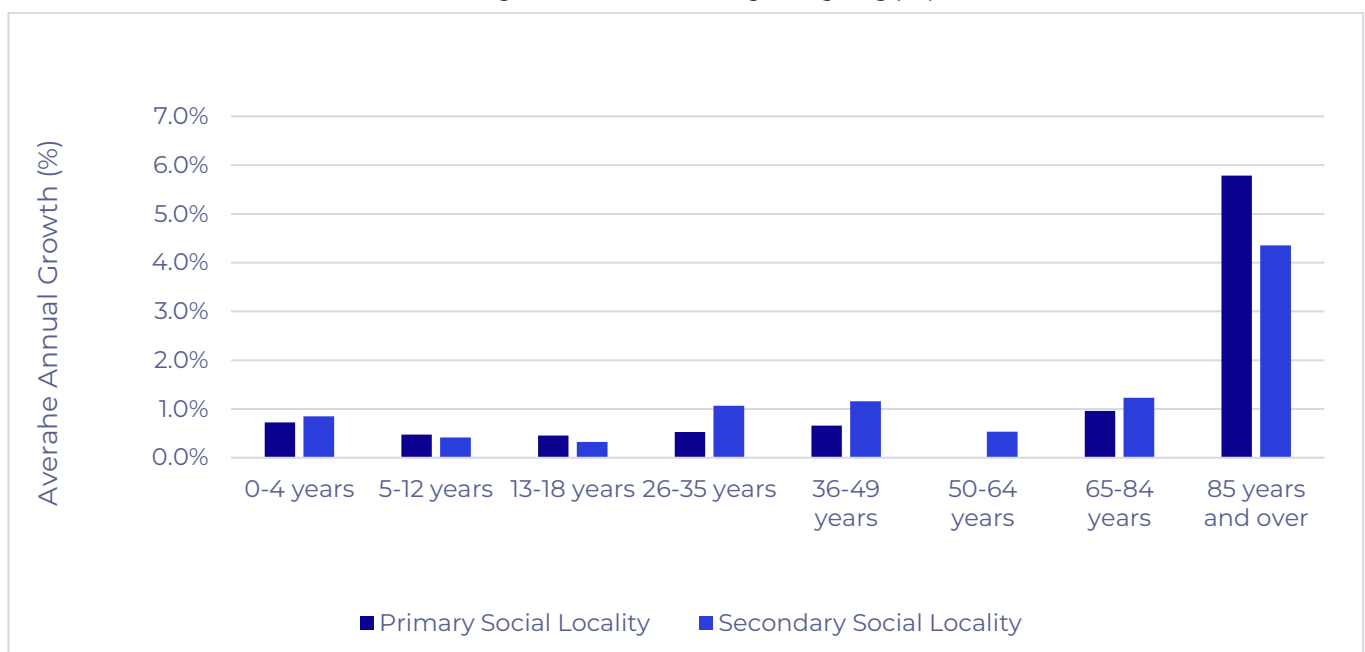
Figure 7 Population changes per annum by age cohort 2024-2041

Source: ABS, TfNSW

5.4   Social Infrastructure Context

It is important to consider the potential impacts of the project on local social infrastructure and transport networks. Social infrastructure, such as open space, recreation, education, health, and community facilities, are key assets that support communities and could experience additional demands or disruptions due to the proposal.

The proposal may impact users of social infrastructure facilities and transport services, including:

- Bus users accessing public transport or the site via bus stop View St opposite Cessnock Hospital which services several routes (S880, S881, S882, S908, S911 and S912).
- Construction related impacts for residents living in the co-located age care and health services at Cessnock Hospital including Cessnock Ambulance Station, Cessnock Community Health Centre, and the Hunter Valley Cluster Transitional Aged Care Service.

A detailed view of the PSL and surrounding area's social infrastructure context is provided below in **Figure 8.**
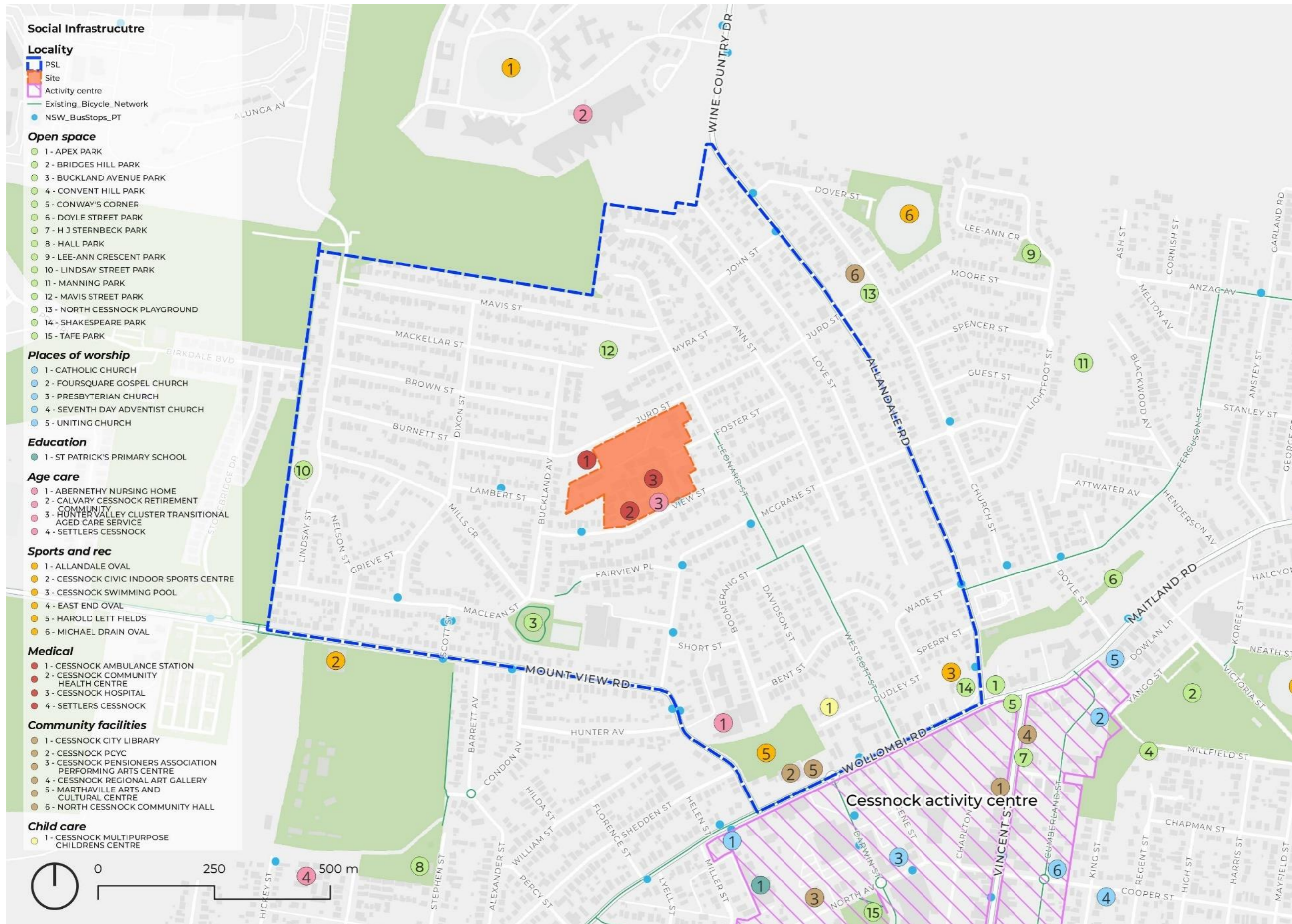
Figure 8 Social infrastructure map

Source: NSW Government POI Data Set, Ethos Urban

5.5 Social Issues and Trends

This section identifies key social issues and trends relevant to the consideration of social impacts for the Cessnock Hospital redevelopment proposal. This desktop research informs an understanding of the macro social context of the proposed development, including:

- Considerations to support healthy ageing for an older population
- Healthcare for low-income communities
- Decanting and management of construction impacts on hospitals
- Improving patient and staff wellbeing through the design of health infrastructure
- The growing complexity of population health characteristics.

5.5.1 Considerations to support healthy ageing for an older population

The HNELDH has an ageing population that reflects a broader trend of population ageing in Australia. The Australian Institute of Health and Welfare (AIHW) estimates that by 2057, 8.8 million, or 22% of Australians, will be aged 65 years and over.[3]

Older populations tend to be characterised by higher rates of long-term health conditions and disability and have a greater need for healthcare. For example, the AIHW found that older people accounted 16% of the population but 22% of emergency department visits, and three in four palliative care hospitalisations[4] .

The UN *Decade of Healthy Ageing: Plan of Action 2021-2030* provides four areas of action to support healthy ageing[5]:

- **Changing how we think, feel, and act towards age and ageing**
- **Ensuring that communities foster the abilities of older people**
- **Delivering person-centred integrated care and primary health services responsive to older people**
- **Providing access to long-term care for older people who need it.**

Figure 9 Supporting healthy ageing
Source: Wolters Kluwer

5.5.2 Healthcare for low-income communities

The Socio-Economic Index for Areas (SEIFA) indicates that the Cessnock population experiences relative disadvantage compared to the Australian average.

People from low socio-economic backgrounds tend to have poorer health outcomes, with higher rates of disability, illness, and death, and a lower life expectancy. Poor health can then lead to even poorer socio-economic outcomes, as it can reduce the ability to work and gain income.

Australian research has found that those from a lower socio-economic background are[6]:

- 1.6 times as likely to be obese, 1.3 as likely to be insufficiently active, and 1.2 times as likely to have uncontrolled high blood pressure.
- 3.6 times as likely to smoke daily, and at similar lifetime risk of harm from drinking alcohol

---

[3] Pond, D & Regan, C 2019, *Improving the delivery of primary care for older people,* https://www.mja.com.au/journal/2019/211/2/improving-delivery-primary-care-older-people.
[4] Australian Institute of Health and Welfare 2023, https://www.aihw.gov.au/reports/older-people/older-australians/contents/health/health-care-gps-specialists/
[5] United Nations 2021, *UN Decade of Healthy Ageing: Plan of Action 2021-2030,* https://cdn.who.int/media/docs/default-source/decade-of-healthy-ageing/decade-proposal-final-apr2020-en.pdf?sfvrsn=b4b75ebc_28.
[6] Australian Institute of Health and Welfare 2022, *Health across socioeconomic groups,* https://www.aihw.gov.au/reports/australias-health/health-across-socioeconomic-groups.

- 2.4 times as high for type 2 diabetes, 2.2 times as high for lung cancer, 2.0 times as high for coronary heart disease, 1.6 times as high for stroke, and 1.2 times as high for dementia.

Australia's Long Term National Health Plan identifies four pillars to provide healthcare focused on patients' multifaceted needs. The *Plan* emphasises affordable and accessible medical care for all Australians. These pillars are[7]:

- Guaranteeing Medicare
- Supporting our public and private hospitals, including improvements to private health insurance
- Mental health and preventative health
- Medical research to save lives and boost our economy.[8]

5.5.3 Decanting and management of construction impacts on hospitals

There is a current shift in the provision of healthcare in Australia. Many hospitals are currently undergoing major redevelopments to keep up with the latest healthcare methods and technology, as well as models of care, increasing bed numbers, and patient privacy needs. As a result, understanding how decanting works and mitigating construction impacts on the operation of hospitals is critical to making sure that a patient's healthcare experience remains optimal and of a high quality.

Research conducted by Fengzhi et al found that an understanding of the relocation plan across all staff is critical to reducing anxiety and uncertainty.[9] Regularly scheduled information sessions with a well-known and open channel for feedback are identified as key mitigations. A dedicated team, change champions, and a clear communication strategy are important structures recommended for hospitals going through change. Involving staff in developing new working processes is an effective strategy to prepare staff for the change. Inadequate preparation can result in a decrease in patient care and health outcomes.

---

[7] Department of Health 2019, *Australia's Long Term National Health Plan,* https://www.health.gov.au/sites/default/files/australia-s-long-term-national-health-plan_0.pdf.

[8] Department of Health 2019, *Australia's Long Term National Health Plan,* https://www.health.gov.au/sites/default/files/australia-s-long-term-national-health-plan_0.pdf.

[9] Fengzhi, F, Foster, M, Chaboyer, W & Marshall, A 2015, *Relocating an intensive care unit: An exploratory qualitative study,* https://research-repository.griffith.edu.au/handle/10072/141575.

6.0 Community and Stakeholder Perspectives

The following section provides an overview of the community and stakeholder consultation undertaken to inform the SIA. The purpose of this section is to highlight user values and aspirations relevant to the proposed development. This section has been informed by community engagement conducted by the proponent. Further detail is provided in the Engagement Outcomes Report (Health NSW, 2024).

Community engagement undertaken by Health NSW to support this projects REF consisted of the following:

- Project information and consultation sessions
- A project newsletter and email
- A media release
- Door knocking (Jurd St neighbours)
- Concept design display boards.

Targeted engagement activities were also undertaken with other key stakeholder groups, including staff, local Aboriginal stakeholders, and an art working group.

Table 8 Community key comments/questions raised

Themes	Stakeholder comments/questions
Emergency Department	The community inquired about the future capacity of the hospital, specifically focusing on the number of hospital beds, surgical beds, and doctors. Other capacity comments related to future parking at the emergency department.
The decanting plan	There were community questions relating to the continued operations of the hospital throughout the construction phase, specifically seeking clarification on the areas of the hospital which will need to be vacated to commence construction. This was linked to concerns about temporary disruption to hospital services.
Access and connection	There were enquires into plans for car parking improvements, pedestrian connections between buildings and outdoor courtyards/spaces for staff, patients and visitors. There were also inquiries about a future café or potential retail option as a part of the redevelopment proposal.
Future demand	There were concerns about growing future demand for healthcare services, with community members enquiring about the "future proofing" of the hospital redevelopment.

7.0   Social Impact Assessment

This assessment is a preliminary desktop study that has been based on information available. It was informed by a review and analysis of available documents relevant to the proposal. The assessment of social impacts is shown below in **Table 9**.

Considering the outcomes of the social baseline, within the social locality, the following individuals and communities are likely to be impacted by the proposal:

- Residents immediately surrounding the site
- Hunter Valley Cluster Transitional Health Service
- Residents of Cessnock
- Residents of the HNELHD
- Workers at Cessnock Hospital (medical and administrative)
- Patients treated at Cessnock Hospital
- Patient visitors
- People accessing Cessnock Community Heath Centre
- Construction workers in Cessnock and the surrounding Hunter region
- Healthcare and administrative workers in Cessnock and the surrounding Hunter region
- Aboriginal communities across the Hunter Vally Regions (Wonnarua Country).

Table 9 Summary of preliminary impacts

Summary	Significance
Improved community health through the delivery of new and improved hospital services that responds to community need	**High / Positive**
Improved livelihoods through local employment opportunities	**Medium / Positive**
Decreased enjoyment of surroundings during construction from impacts such as noise, dust, and vibration as well as potential changes to parking availability	**Medium / Negative**
Potential disruption to existing patients and staff due to decanting of some health services during the construction phase	**Medium / Negative**
Accessibility impacts caused by reduced parking and changes in wayfinding and building format during construction	**Medium / Negative**
Risk of damaging Aboriginal cultural artefacts	**Low / Neutral**

Table 10 Social Impact Assessment

Impact	Key supporting evidence – social baseline and other assessments	Importance and level of concern to community and stakeholders	Impact Dimensions			Potential Impact (with standard mitigation techniques)		Avoidance, minimisation or enhancement approach	Residual social impact after mitigation or enhancement
			Period	Duration	Extent	Social Significance Rating	Experience		
Improved community health through the delivery of new and improved hospital services that responds to community need. Delivering increased capacity and new acute services at Cessnock Hospital. This will improve healthcare outcomes for residents and healthcare workers of the HNELHD. *Social factors: Accessibility, health and wellbeing*	• The PSL and SSL will experience significant population aging by 2041, increasing demand for healthcare services • Provision of 2 x 28 bed Impatient Unities • A new acute services building	• Residents of Cessnock • Residents of the HNELH • Workers at Cessnock Hospital (medical and clerical) • Patients treated at Cessnock Hospital • Patient visitors	Operations	Ongoing	SSL	**Almost Certain, Moderate** **High**	**Positive**	• Inclusion of emotional design brief for ED waiting room - Waiting area will have outdoor waiting space that is culturally and clinically appropriate. • Upstairs independent patient use (IPU) shared gathering room intended to make use of the view to the north. Each IPU also has a family room with an enclosed balcony.	• Improved community health outcomes are likely to be delivered. This will be complimented by secondary benefits relating to culturally sensitive design and patient and visitor wellbeing.
Improved livelihoods through local employment opportunities for construction workers during the construction phase and healthcare and ancillary workers during operation of the hospital. Cessnock Hospital Redevelopment is estimated to support 200 direct full time equivalent jobs, with potential to support hundreds of indirect jobs over the life of the project. *Social factors: Livelihood*	• Clinical Services Plan • Future Business Case	• Construction workers in Cessnock and the surrounding Hunter region • Healthcare workers in Cessnock and the surrounding Hunter region • Healthcare and administrative workers in Cessnock and the surrounding Hunter region	Construction / operations	Temporary / ongoing	Hunter region	**Almost Certain, Minor** **Medium**	**Positive**	• Implement local construction worker procurement plan to employ workers from the Lower Hunter Region (Cessnock, Maitland, Port Stephens, Newcastle, Lake Macquarie). • Prioritise employing medical staff and ancillary / administrative workers from the Lower Hunter Area where feasible. • Workforce Plan prepared by Local Health District to ensure operational staffing is appropriate.	• Increase in short-term construction jobs and long-term operational jobs as well as indirect jobs over the life of the project that will benefit the local community. • Local workforce procurement practices will concentrate employment benefits to local community across the Lower Hunter Region.
Decreased enjoyment of surroundings during construction from impacts such as noise, dust, and vibration and potential changes to parking availability. This may have an impact on patients and staff within the hospital during the construction phase. Impacts could include higher stress levels, poorer health outcomes, disrupted ability to properly recuperate, and decreased enjoyment of outdoor spaces. It is noted that Cessnock is a semi-rural township which would typically experience lower levels of construction disruption than major metropolitan areas. Construction impacts may be experienced more severely due to lower tolerances amongst surrounding residents who may be used to the locality's current character. *Social factor: Health and wellbeing, way of life, accessibility, surroundings*	• Residents of the PSL are older than the regional NSW baseline and may be more susceptible to construction impacts • Long term health conditions are substantially more prevalent in the PSL. who could be more susceptible to construction impacts • If noise and vibration impacts associated with the proposed development are managed, then compliance with the recommended criteria receivers should be achieved (JHA 2024).	• Residents immediately surrounding the site • Patients treated at Cessnock Hospital • Patient visitors • Hunter Valley Cluster Transitional Health Service • People accessing Cessnock Community Heath Cantre	Construction	Temporary	PSL	**Possible, Moderate** **Medium**	**Negative**	• Implement a Construction Management Plan to reduce the impacts associated with noise and vibration impacts during the construction phase. • Implement a Communications and Consultation Plan for the Project ensuring that all stakeholders (including surrounding residents, workers, patients, carers, visitors, and other stakeholders) are made aware of the timing and likely impact of construction.	• Construction impacts will remain, decreasing enjoyment of the surroundings. However, ongoing project communication will reduce the severity of impacts as the surrounding community and hospital users will be aware of construction timeframes and disruption.

Impact	Key supporting evidence – social baseline and other assessments	Importance and level of concern to community and stakeholders	Impact Dimensions			Potential Impact (with standard mitigation techniques)		Avoidance, minimisation or enhancement approach	Residual social impact after mitigation or enhancement
			Period	Duration	Extent	Social Significance Rating	Experience		
Potential disruption to back of house services as a result of decanting during the construction phase. This could impact staff wellbeing by causing temporary delays (or fear of temporary delays) to health treatment. *Social factors: Health and wellbeing, way of life, accessibility*	• Community engagement outcomes showed concern regarding the decanting process (Health NSW).	• Workers at Cessnock Hospital (medical and administrative)	Construction	Temporary	On site	**Likely, Minor** **Medium**	**Negative**	• Implement a plan for the development during decanting and construction to minimise disruption to the back of house services such as temporary spaces.	• Regular operation of back of house services will continue throughout the construction period, with very little disruption due to implementation of a decanting plan.
Accessibility impacts caused by reduced parking and changes in wayfinding during construction. Construction may temporarily decrease access to parking and wayfinding within and around the site. This may impact patient, visitor and staff access. People living with a long-term health condition and / or living with disability may be more sensitive to these impacts. *Social factors: Health and wellbeing, way of life, accessibility*	• Refurbishment of the existing on-grade car park is a component of the project scope • Construction of a new primary vehicle and pedestrian entrance to the hospital campus • A higher proportion of PSL residents live with long term health condition and assistance requirements • Several opportunities exist to provide Cessnock staff and visitors with incentives to consider alternative modes of travel to and from site (Stantec 2024).	• Workers at Cessnock Hospital (medical and administrative) • Patient visitors • Patients treated at Cessnock Hospital • People accessing Cessnock Community Heath Cantre	Construction	Temporary	On site	**Likely, Minor** **Medium**	**Negative**	• Implement a Communications and Consultation Plan for the Project ensuring that all stakeholders are made aware of the timing and likely impact to changes to wayfinding and parking availability during the construction period. • Ensure pedestrian connections between the site and surrounding health facilities are accessible to people with reduced mobility.	• Minimal impacts to accessibility will occur because of the construction, due to the implementation of wayfinding plans, retention of pedestrian accessibility across the site, and communications regarding impacts on parking availability.
Risk of damaging Aboriginal cultural artefacts. Demolition and construction have the potential to disturb or destroy Aboriginal cultural artefacts. If artefacts are uncovered during earth works and are damaged or destroyed, the local Aboriginal community will be negatively impacted due to potentially diminished connection to cultural histories. *Social factors: Culture, Community*	• The study area would have been utilised by Aboriginal people prior to European occupation and was likely utilised for resource gathering. There are 113 Aboriginal cultural heritage sites within a 5km radius, centred on the study area (Biosis 2024). • The PSL population has a larger cohort of Aboriginal and Torres Strait Isander people than average. • It is noted by the ACHA (Biosis 2024) the archaeological significance of the site has been assessed as low due to the historic clearing of land to develop Cessnock Hospital. • The ACHA did not identify evidence of aboriginal cultural artefact onsite during the archaeological dig (Biosis 2024).	• Aboriginal communities across the Hunter Vally Regions (Wonnarua Country)	Construction	Temporary	On site	**Very Unlikely, Moderate** **Low**	**Neutral**	• Heritage inductions for all site workers and contractors should be undertaken to prevent any unintentional harm to Aboriginal sites located within the study area and its surrounds (Biosis 2024) • If an unanticipated Aboriginal objects be encountered during works associated with this proposal, works must cease in the vicinity and the find should not be moved until assessed by a qualified archaeologist (Biosis 2024).	• Risk of damage to Aboriginal artefacts will remain, however the likelihood of damage is low due to the implementation of protocols to stop site works if unanticipated objects are encountered.

8.0   Conclusion

8.1   Statement of Significance

Based on the identification of potential impacts and an assessment of the nature and extent of the impacts of the proposed development, it is determined that:

- The extent and nature of potential benefits will improve health outcomes across the localities, which have lower-than average health outcomes.
- Potential impacts identified in this SIA can be appropriately mitigated or managed to ensure there is minimal effect on the locality and community

8.2   Mitigation Measures

The following recommendations are provided to further manage the potential negative social impacts, arising from the proposal.

Project Stage *Design (D)* *Construction (C)* *Operation (O)*	Mitigation Measure	Relevant Section of Report
C	• Implement local construction worker procurement plan to employ workers from the Lower Hunter Region (Cessnock, Maitland, Port Stephens, Newcastle, Lake Macquarie).	**Table 10**
O	• Prioritise employing local medical staff and ancillary / administrative workers from the Lower Hunter area where feasible.	**Table 10**
C	• Implement a Construction Management Plan to reduce the impacts associated with noise and vibration impacts during the construction phase.	**Table 10**
C	• Implement a Communications and Consultation Plan for the Project ensuring that all stakeholders (including surrounding residents, workers, patients, carers, visitors, and other stakeholders) are made aware of the timing and likely impact of construction, changes to wayfinding and parking availability during the construction period.	**Table 10**
C	• Implement a plan for the development during decanting and construction to minimise disruption to the back of house services such as temporary spaces.	**Table 10**
C and O	• Ensure pedestrian connections between the site and surrounding health facilities are accessible to people with reduced mobility.	**Table 10**
C	• Heritage inductions for all site workers and contractors should be undertaken to prevent any unintentional harm to Aboriginal sites located within the study area and its surrounds (Biosis 2024)	**Table 10**
C	• If an unanticipated Aboriginal objects be encountered during works associated with this proposal, works must cease in the vicinity and the find should not be moved until assessed by a qualified archaeologist(Biosis 2024).	**Table 10**

Appendix A Demographic Profile

Table 11 Residential population projections

Population (no.)	2024	2026	2036	2041	2024 - 2041
PSL	3,120	3,170	3,400	3,490	+370
SSL	989,930	1,011,640	1,115,080	1,165,280	+175,350
Average Annual Growth (no.)	**2016 - 2024**	**2024 - 2026**	**2026 - 2036**	**2036 - 2041**	**2024 - 2041**
PSL	+10	+30	+20	+20	+20
SSL	+10,090	+10,860	+10,340	+10,040	+10,310
Average Annual Growth (%)	**2016 - 2024**	**2024 - 2026**	**2026 - 2036**	**2036 - 2041**	**2024 - 2041**
PSL	0.2%	0.8%	0.7%	0.5%	0.7%
SSL	1.1%	1.1%	1.0%	0.9%	1.0%
Benchmark	**2024**	**2026**	**2036**	**2041**	**2024 - 2041**
Greater Sydney	5,438,970	5,578,580	6,255,940	6,600,740	+1,161,770
Average Annual Growth	+51,756	+69,805	+67,736	+68,960	+68,340
Growth Rate	1.0%	1.3%	1.2%	1.1%	1.1%

Source: ABS, TfNSW

Table 12 GCP Census Demographic Profile 2021

Category	PSA	SSA (LGA)	Regional NSW
Income			
Median individual income (annual)	$30,340	$38,040	$37,560
Variation from Regional NSW median	*-19.2%*	*+1.3%*	*n.a.*
Median household income (annual)	$62,480	$77,650	$75,280
Variation from Regional NSW median	*-17.0%*	*+3.1%*	*n.a.*
Individual income			
No income	7.2%	7.6%	7.5%
Low	47.0%	38.0%	38.5%
Medium	39.3%	43.9%	44.1%
High	6.4%	10.5%	9.9%
Household income			
No income	0.5%	1.6%	1.6%
Low	22.8%	17.3%	18.0%
Medium	48.3%	43.1%	43.9%
High	28.4%	38.0%	36.5%
Age Structure			
0 years	0.9%	1.1%	1.0%
1-2 years	2.5%	2.2%	2.2%
3-4 years	2.2%	2.3%	2.2%
5-6 years	2.6%	2.4%	2.4%
7-11 years	5.7%	6.4%	6.2%
12-17 years	5.9%	7.4%	7.4%
18-24 years	6.9%	8.1%	7.5%
25-34 years	12.1%	12.3%	11.5%
35-49 years	15.5%	17.8%	17.5%
50-59 years	12.9%	12.6%	12.9%
60-69 years	13.3%	12.6%	13.4%
70-84 years	13.3%	12.3%	12.9%
85 years and over	6.1%	2.5%	2.7%

Males	47.4%	49.2%	49.2%
Females	52.6%	50.8%	50.8%
Median Age (years)	45.2	41.1	42.4

Country of Birth

Australia	92.2%	90.4%	88.5%
Aboriginal and Torres Strait Islanders	9.2%	7.9%	7.0%
Other Major English Speaking Countries	4.5%	4.7%	5.4%
Other Overseas Born	3.4%	5.0%	6.1%
% speak English only at home	96.3%	94.7%	93.5%

Household Composition

Couple family with no children	28.6%	29.2%	29.7%
Couple family with children	19.9%	27.2%	26.6%
Couple family - Total	48.5%	56.4%	56.3%
One parent family	17.7%	12.1%	11.7%
Other families	1.0%	0.9%	0.8%
Family Households - Total	67.2%	69.4%	68.8%
Lone person household	30.1%	27.3%	28.0%
Group Household	2.8%	3.4%	3.2%

Dwelling Structure (Occupied Private Dwellings)

Separate house	87.2%	366.0%	82.9%
Semi-detached, row or terrace house, townhouse etc.	10.6%	10.3%	9.9%
Flat, unit or apartment	2.2%	5.3%	6.2%
Other dwelling	0.0%	0.7%	1.0%
Occupancy rate	92.7%	90.1%	88.8%
Average household size	2.4	2.4	2.4

Tenure Type (Occupied Private Dwellings)

Owned outright	34.5%	36.7%	38.9%
Owned with a mortgage	32.4%	33.2%	32.0%
Rented	32.8%	27.9%	26.9%
State or territory housing authority	8.1%	3.0%	2.9%
Housing co-operative/community/church group	1.9%	1.0%	1.0%
Other	22.7%	23.9%	22.9%
Other tenure type	0.3%	2.2%	2.2%

Attending Education (% of those attending)

Pre-school	6.8%	9.4%	9.4%
Infants/Primary Total	37.5%	35.3%	35.8%
Government	73.4%	71.1%	69.4%
Catholic	16.3%	18.8%	20.8%
Other	10.3%	10.1%	9.9%
Secondary Total	31.2%	26.7%	27.6%
Government	71.0%	66.7%	62.4%
Catholic	14.8%	18.3%	23.1%
Other	14.2%	15.0%	14.6%
Technical or Further Educational Institution	13.1%	10.9%	11.2%
University or other Tertiary Institution	9.2%	15.5%	13.8%
Other type of educational institution	2.0%	2.2%	2.2%
% of total population attending education	*#DIV/0!*	*#DIV/0!*	*21.9%*

Highest Level of Education Completed (% of population aged 15 years and over)

Year 12 or equivalent	30.7%	47.2%	48.4%
Year 9-11 or equivalent	60.7%	48.0%	46.5%
Year 8 or below	8.4%	4.4%	4.7%

Did not go to school	0.2%	0.3%	0.4%

Non-school Qualifications (Employed persons aged 15 years and over)

Postgraduate degree	3.4%	6.9%	7.1%
Graduate diploma or certificate	2.4%	3.4%	3.7%
Bachelor degree	14.9%	23.6%	24.1%
Advanced diploma or diploma	15.6%	16.8%	17.2%
Certificate	63.7%	49.3%	47.9%

Employment Status

Unemployed/ looking for work	6.5%	4.8%	4.5%
Labour force participation rate	46.5%	57.5%	56.3%

Need for Assistance

With Need for Assistance	14.5%	7.4%	7.3%
No Need for Assistance	85.5%	92.6%	92.7%

Top 10 Countries of Birth	**PSA**	**SSA (LGA)**	**Regional NSW**
1	Australia (92.2%)	Australia (90.4%)	Australia (88.5%)
2	England (2.7%)	England (2.4%)	England (3.0%)
3	New Zealand (0.9%)	New Zealand (1.1%)	New Zealand (1.2%)
4	Nepal (0.7%)	India (0.6%)	India (0.8%)
5	Thailand (0.6%)	Philippines (0.5%)	Philippines (0.5%)
6	Philippines (0.5%)	South Africa (0.3%)	Germany (0.3%)
7	Germany (0.4%)	China (0.3%)	South Africa (0.3%)
8	Scotland (0.4%)	Scotland (0.3%)	Scotland (0.3%)
9	India (0.4%)	Germany (0.3%)	China (0.3%)
10	United States of America (0.3%)	United States of America (0.2%)	United States of America (0.3%)

Top 10 Languages Spoken at home (other than English)	**PSA**	**SSA (LGA)**	**Regional NSW**
1	Nepali (0.7%)	Mandarin (0.4%)	Mandarin (0.4%)
2	Thai (0.6%)	Nepali (0.2%)	Italian (0.4%)
3	Mandarin (0.5%)	Arabic (0.2%)	Punjabi (0.3%)
4	Hindi (0.3%)	Spanish (0.2%)	Macedonian (0.3%)
5	Punjabi (0.3%)	Vietnamese (0.2%)	Spanish (0.3%)
6	Tagalog (0.3%)	Tagalog (0.2%)	Arabic (0.3%)
7	German (0.2%)	Malayalam (0.2%)	Nepali (0.2%)
8	Urdu (0.1%)	Punjabi (0.2%)	German (0.2%)
9	Portuguese (0.1%)	Macedonian (0.2%)	Malayalam (0.2%)
10	Cantonese (0.1%)	Cantonese (0.2%)	Tagalog (0.2%)

Religion

Buddhism	0.9%	0.7%	0.8%
Christianity	57.9%	55.5%	55.7%
Hinduism	0.8%	0.6%	0.8%
Islam	0.4%	0.6%	0.7%
Judaism	0.0%	0.0%	0.1%
Other Religions	0.2%	0.5%	0.7%
No religious association	39.8%	42.0%	41.2%

Long-term Health Conditions

Asthma	20.4%	19.4%	8.5%
Cancer	14.3%	17.0%	2.9%
Dementia	3.5%	5.3%	0.6%
Diabetes	3.3%	1.2%	4.4%
Heart disease	8.5%	8.7%	4.2%
Kidney disease	8.4%	8.1%	0.7%
Lung condition	1.4%	1.4%	2.0%
Mental health condition	3.5%	3.5%	9.4%
Stroke	19.8%	19.4%	0.7%
Other	2.3%	1.4%	7.4%

None	14.7%	14.5%	48.8%
Provided Unpaid Childcare			
Females	28%	32%	31%
Males	21%	25%	24%