
Health Impact Assessment Report 2006



Greater Granville Regeneration Strategy
Stage 1 Consultants Report

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Abbreviations

HIA	Health Impact Assessment
PCC	Parramatta City Council
DOH	Department of Housing
SWAHS	Sydney West Area Health Service
CPH	Centre for Population Health
GGRS	Greater Granville Regeneration Strategy
CHETRE	Centre for Health Equity Training and Research and Evaluation
RDS	Residential Development Strategy
RM	Regeneration Methodology
DCP	Development Control Plan
SES	Socio-economic status
WSROC	Western Sydney Regional Organisation of Councils
MOU	Memorandum of Understanding
CALD	Culturally and Linguistically Diverse
OOSH	Out of School Hours

Section 1: Granville HIA Recommendations

The HIA recommendations are based on the available collected evidence and guidance of the Steering Committee.

Theme 1 - Transport, traffic & parking, pedestrian

- Health, Housing and Council to establish a new way of advocating improved transport options for local communities with Department of Transport.
- That the above includes advocacy for improved transport to Granville Industrial areas to facilitate access to local employment.
- Parramatta City Council to alert other partners of transport issues.
- Transport related evidence should inform Council's Traffic and Transport Management Strategy.
- NSW Housing to continue to assess applicants and match client need to transport need (including not reducing access to public transport).
- SWAHS Multicultural Health Service and Granville Multicultural Centre should be consulted about ways to enhance the culturally and linguistically diverse (CALD) community's use of public transport.
- That the Granville Town Centre Plan provides good pedestrian connectivity & safety between destinations.
- That initiatives related to traffic and parking as outlined in Consultant's Report for Stage 1 of the Regeneration Strategy (Ideas for Improvement) be incorporated into the Granville Town Centre Plan and be implemented as stated.
- That all Council Plans (which impact on pedestrians and cyclists) aim to increase pedestrian and cycling activity, with particular consideration for seating, shade, safety, connectivity and bicycle storage.

Theme 2 - Business, Industry & Neighbourhood node

As evidence confirms that increasing local employment improves the health of the community, it is recommended that:

- PCC & NSW Housing actively engage job network agencies to assist locals in gaining employment.
- PCC encourages Granville business forums, such as the Chamber of Commerce, to invite health representatives to present to their members information on the health impact of business and industry and its importance to community well being.
- PCC identify approaches to promote/encourage diverse food outlets in the nodes, in particular land use planning that supports increasing access to fresh fruit and vegetables and the establishment of community gardens where feasible.

- PCC incorporate the “Ideas for Improvement” into the Residential Development Strategy and other development controls applicable to Granville and South Granville.
- PCC, when planning public spaces such as shopping strips, consider the needs of young people and CALD groups who like to meet and mix in public spaces (refer to Theme 3 evidence).

Theme 3 - Community facilities, medical services, child care & schools

- That Council and other stakeholders explore funding opportunities for staffing that supports extending the opening hours of Granville Youth and Recreation Centre.
- That Council considers supporting expanded community transport options for Granville.
- That SWAHS establish the feasibility of an Aboriginal Outreach Health Service for the Aboriginal community of Granville.
- That SWAHS Community Health Services based at Auburn, Parramatta and Merrylands identify an appropriate communication medium for Granville residents, to facilitate improved access to and greater awareness of local health services.
- That pre-schools, early childhood services and Out of School Hours Services (OOSH) in Granville are examined by PCC and DOCS to determine any gaps, especially for children from low SES groups (7.9% of Granville’s population is under 5).
- That PCC explore feasibility of expanding Granville Library and other available facilities so as to increase community access to meeting places and venues.
- That PCC review community facilities in Granville and South Granville, including location, availability to community and funding, so as to provide a rationale for the provision and funding of additional community facilities.

Theme 4 - Landscape, Parks, Recreation, Access to Duck Creek

- That pedestrian connectivity becomes a key principle in all Council plans including Residential Development Strategies (RDS), transport & traffic plans and the Open Space Strategy.
- That Section 94 contributions are allocated to address all ideas for infrastructure improvements for Granville including Duck River (an Aboriginal heritage site).
- That Council considers strategies to improve disadvantaged community member’s access to Granville swimming pool.
- That opportunities for more recreational facilities are explored which take into account the needs of Aboriginal and CALD groups living in Granville and South Granville.

Theme 5 - Housing & Urban Design

That the Department of Housing:

- will implement a Maintenance Reform Program which will bring all properties up to an agreed standard of maintenance and upgrading;
- will through its Portfolio Strategy continue to redevelop older properties that have reached the end of their economic lives with smaller dwellings to cater for the ageing population;
- will continue to assess applicants for housing and tenants for rehousing based on their individual needs;
- will continue to work with Parramatta City Council and other major service providers in relation to the general physical amenities and service provision in South Granville;
- will communicate the principles of the Health Impact Assessment in Granville to the Divisional Executive and the local Client Service Team and work in partnership with Government and community service providers and local residents in supporting and implementing relevant strategies.

Section 2: Executive Summary

Urban Regeneration

Urban regeneration is a complex, multifaceted process which has the potential to transform Granville, a relatively disadvantaged suburb located close to the centre of Sydney in the local government area of Parramatta. For the community of Granville it raises concerns of increased densification, and creates expectations of improvements for this historic suburb.

Parramatta City Council and NSW Department of Housing have formed a formal partnership to facilitate a collaborative approach to urban renewal. The regeneration of Granville was a project initiated under this partnership agreement. Sydney West Area Health Service (SWAHS) became involved for the purpose of conducting a Health Impact Assessment (HIA) on the urban regeneration strategy and to participate in a whole of government and whole of community context.

What HIA Offers

Health Impact Assessment is a methodology that presents an opportunity for agencies and local communities to work together using a whole of government, private sector, non-government and community approach. The Granville Health Impact Assessment followed the recommended HIA method and established a governance structure to address the health impact assessment using a step-by-step process in a community based collaborative partnership framework.

Granville Regeneration HIA

The HIA was based on the Consultant's Report for Stage 1 of the Greater Granville Regeneration Plan. This report flagged a number of ideas for improvement grouped under five themes:

- Transport, Traffic and Parking, and Pedestrian
- Business, Industry and Neighbourhood Node
- Community facilities, Medical Services, Childcare and Schools
- Landscape, Parks and Recreation
- Housing and Urban Design

These five themes from the 'Ideas for Improvement' formed the focus of the HIA.

Granville HIA Governance

Two groups were established to manage the HIA:

- A steering group, consisting of major stakeholders and other representatives of the local community including the local Aboriginal community, Parramatta City Council, NSW Housing, SWAHS, NSW Health and Granville Multicultural Centre.
- A small project team formed from the steering group, with representatives from NSW Housing (Greater Western Sydney Division), Parramatta City Council and SWAHS Centre for Population Health. This group monitored the progress of the HIA and related tasks including literature review, evidence tables (Appendix 1), policy review (Appendix 2) and review of community and stakeholder consultation reports (Appendix 3).

Granville HIA Key Points

- *Sharing of adequate resources and ensuring commitment to conduct the Granville HIA.* Each key organisation (SWAHS, Parramatta City Council and Department of Housing) nominated an appropriate representative to attend the HIA training and conduct the HIA. SWAHS allocated time and a nominated staff member to lead the process. Granville HIA was also fortunate to have additional resources of two NSW Health, Senior Policy Officers as participant observers who actively participated in the HIA process and tasks.
- *Use of appropriate qualitative and quantitative data to formulate evidence.* Granville HIA utilised:
 - contents of the 'Consultants Report for Stage 1 of the Greater Granville Regeneration Plan';
 - five community and stakeholder consultation reports based on major community consultations conducted by an external consultant engaged by Parramatta City Council and Department of Housing;
 - consultation with the HIA Steering Group based on the social determinants of health and consultation with the local Aboriginal Community;
 - local demographic data and community profile;
 - an extensive literature review including existing policy context and
 - identification of potential health impacts.
- *Stakeholder representation on the Steering Group.* Diverse stakeholder representation was vital and had significant influence on the overall outcomes of the Granville HIA. In particular, representatives such as the Deputy Lord Mayor of Parramatta and representatives of the local Aboriginal Community and local Multicultural Centre provided important links to their communities.

- *Flexibility.* During scoping for the HIA, the Granville HIA had a major policy change driven by political concerns and subsequent media coverage relating to changes in housing densities. The HIA Team shifted their original recommendation plans for feeding into future stages of the regeneration strategy to the major policy drivers, including the Parramatta City Council Residential Development Strategy and the Department of Housing location-based Regeneration Methodologies.
- *Implementing and monitoring recommendations.* The Granville HIA developed formal partnership agreements with key stakeholders to progress the implementation and monitoring of recommendations. In addition, results of the HIA will be fed into the local Regional Senior Officer's Group through the SWAHS representative.

Granville HIA Outcomes

- A set of recommendations has been agreed on by key stakeholders for progressing actions to improve health outcomes resulting from the Granville Regeneration Plan.
- Representation of the Aboriginal community on the NSW Housing Tenants Committee as a direct result of their participation in the Steering Committee.
- Exploratory discussions between CHETRE and NSW Department of Housing concerning the feasibility of including HIA as a tool for broader policy application at the development phase of regeneration.
- SWAHS and advocacy group partners met with the NSW Department of Transport, resulting in significant changes to new bus timetables based on community need and access to local destinations.

Granville HIA Future Directions

- Stakeholder organisations have agreed to progress the recommendations through their respective internal mechanisms and existing partnership agreements.
- An evaluation on the HIA will be conducted on two levels:
 - Process evaluation of the governance and project management of the HIA, to be conducted by SWAHS Centre for Population Health.
 - Impact evaluation based on the uptake of the recommendations of each stakeholder organisation. This will be managed by the internal evaluative mechanisms of each organisation and supported by a Memorandum of Understanding between PCC and SWAHS and PCC and DOH.

Section 3: HIA Report

Introduction

The Granville Health Impact Assessment was conducted over a period of one year. The project utilised the Greater Granville Regeneration Projects 'Consultants Report for Stage 1 of the Greater Granville Regeneration Plan' for the basis of the HIA (for a report summary see below and appendix 1). The HIA project was led by SWAHS Centre for Population Health. Tasks were completed by the HIA Project Team, which included NSW Housing (Greater Western Sydney Division), Parramatta City Council and SWAHS. The Project was a developmental site for the NSW HIA Project conducted by the Centre for Health Equity Training and Research and Evaluation (CHETRE) and funded by NSW Health in order to develop capacity in NSW to undertake HIA. Granville HIA was overseen by a Steering Committee consisting of key community representatives and key stakeholders including the Deputy Lord Mayor of Parramatta. A number of recommendations have been developed to improve health outcomes following the analysis of qualitative and quantitative data available to the project team and an extensive literature search and examination of the policy context.

Summary of the Granville Regeneration Plan Proposal

The 'Consultants Report for Stage 1 of the Greater Granville Regeneration Plan' is the first stage of the Greater Granville Regeneration Project. It is descriptive in nature and contains a detailed outline of the characteristics of Granville and South Granville that together make up the Greater Granville area.

The proposal also included a section based on proposing 'Ideas for Improvements and enhancements to Greater Granville', based on the following five themes:

- Transport, Traffic and Parking, and Pedestrian
- Business, Industry and Neighbourhood Node
- Community Facilities, Medical Services, Childcare & Schools
- Landscape, Parks, Recreation Access to Duck Creek
- Housing and Urban Design

Ideas for Improvements

Within the five themes above, key improvements and ideas for future stages of the regeneration strategy included:

- The preparation of a Traffic and Transport Management Strategy, including the implementation of the Pedestrian Access and Management Plan and Council's Bike Plan;
- Identification and resourcing of additional community facilities such as medical services, community and activity centres;
- Implementation of Council's Open Space Strategy and Natural Areas Plan of Management;

- Researching and implementation of a Heritage and Nature Trail;
- Revising housing design DCPs to suit neighbourhood character;
- Improving and maintaining water and sewage infrastructure;
- Creating a bus interchange on northern side of railway station;
- Redeveloping the existing bus interchange on the southern side of station;
- Forming a Granville Chamber of Commerce to represent the interests of local businesses in the regeneration process;
- Upgrading of the public library;
- Various landscaping improvements along rail line, local streets and Duck Creek
- Increasing housing densities around town centre;
- Numerous other urban design improvements such as public square and footpath improvements. (A more detailed overview of the Regeneration Plan proposal is contained in Appendix 1).

Health Impact Assessment Description

A Health Impact Assessment (HIA) is a practical and structured process that follows six steps:

- Screening (determining if a HIA is necessary or appropriate)
- Scoping (setting the parameters of the HIA if it proceeds)
- Identification of health impacts
- Assessment of health impacts
- Negotiation and decision making (based on formulation of recommendations)
- Evaluation and monitoring

Health Impact Assessment (HIA) may take a strong equity focus when it seeks to determine the distribution of health impacts on a population, and whether these distributional impacts are equitable or not. An equity focus within a HIA is an approach that may encompass the social determinants of health such as transport, education and housing.

The importance of HIAs as an intervention to reduce health inequities was recognised by NSW Health in the NSW Health and Equity Statement, which called on the Department to build capacity to conduct HIAs in NSW. This led to the creation of the NSW HIA project, run by CHETRE and funded by NSW Health. The Granville HIA was one of a number of HIAs undertaken in NSW as part of this work.

The following section of the report details the rationale for conducting the Granville HIA, and the process and outcome of each HIA step.

Granville Health Impact Assessment Description

Rationale

Urban regeneration is a complex, multifaceted process, which can have an impact on the well-being of communities through changes in housing availability and access to community facilities. These changes can be positive for a community, especially if it results in increased housing affordability and availability.

Equity and health inequalities are strongly linked with urban regeneration through the convergence of public policy that relates changes in the broad environment of a particular area to the social determinants of health. Thomson et al (2006) advocates for assessing the impacts on the original residents of target areas to confirm if the potential of urban regeneration initiatives can improve health and reduce health inequalities. This acknowledges that there is a relationship between urban regeneration and health, though as Thomson et al states, stronger impact evaluations are required to confirm the actual health outcomes of urban regeneration initiatives.

The NSW Health and Equity Statement (NSW Health 2004) outlines the factors that underpin poverty and poor health. The most disadvantaged groups in our society suffer from the worst health, and many of these disadvantaged groups, such as people of Aboriginal origin and people on low incomes, reside in public housing estates, a setting for urban regeneration initiatives.

Urban regeneration initiatives therefore have the potential to address inequity because these initiatives generally deal with the wider social determinants of health, such as housing, open space etc, that have an impact on people's physical and mental health and well being.

Housing is a social determinant of health and well-being in part because it provides people with opportunities not just for accommodation but also for safety, security, privacy, social connections and a base to pursue work and educational and training opportunities. It is impossible to find work if you don't have a home as a base and almost impossible to rent in the private market if you don't have a job (Shelter, 2005).

For the community of Granville, urban regeneration raises concerns of increased densification, and creates expectations of improvements for this historic suburb of Sydney. Primarily, urban regeneration in Granville is about a slow transformation in a relatively disadvantaged area located close to the centre of Sydney in the local government area of Parramatta.

For Parramatta City Council and NSW Department of Housing, the regeneration of Granville was an initiative of their strategic alliance, a formal partnership agreement established to facilitate a collaborative approach to urban renewal. For Sydney West Area Health Service (SWAHS), the regeneration of Granville was an opportunity to apply the methods of Health Impact Assessment (HIA) to an urban regeneration strategy while working in a whole of government and whole of community context.

Equity was an important issue both for the HIA and the urban regeneration plans in the Granville area as a whole. The regeneration proposal contained a range of initiatives (termed 'Ideas for Improvement' in the Stage 1 Consultants report) in Greater Granville, the most disadvantaged area of the Parramatta LGA. The Consultant's Report also articulated the need for a review of public housing in Greater Granville, which would impact on over 1500 tenants living in public housing, including approximately 300 Aboriginal people residing in public housing in Greater Granville.

Screening

Process

The Consultant's Report for Greater Granville Regeneration Plan—Stage 1 was reviewed to establish if there was need for a HIA. The Ideas for Improvement were carefully examined to establish the extent of regeneration proposed in this Stage 1 Plan. In particular, information was sought via an examination of the report on the relationship of the proposal to equity populations living in Granville. In addition, discussions were held with key agencies involved in regeneration planning to ascertain if a commitment to amend future stages of regeneration plans, based on any outcomes from a possible HIA, was possible. At this point up to 10 stages of regeneration plans were under consideration for Granville.

To assist the screening process, the Welsh HIA Guidelines (2004) were used as a basis for screening. Two tools from these guidelines, Identifying Vulnerable Populations or sub populations, and a Health and Well Being Checklist, were used to cross match with the Ideas for Improvement in the Stage 1 Consultant's Report. The Equity-Focused Health Impact Assessment Framework also informed all stages of the HIA

Outcomes

- The report review established a definite impact of the proposal on the public housing tenants of Greater Granville and the general community of Greater Granville through major structural changes flagged as Ideas for Improvement.
- Identifying Vulnerable Populations tool (Welsh HIA guidelines 2004) identified age-related groups and income-related groups as likely to be impacted on by regeneration planning.
- The report review revealed a gap in data concerning other populations at risk of inequity in Granville.

- Meetings with PCC and DOH established a readiness to incorporate HIA recommendations into future regeneration planning.
- As no information was available from the Stage 1 Report relating to groups who experience discrimination or other social disadvantage and people with a mental illness, the possible impact of regeneration planning on these groups was unknown.
- The Health and Well Being Checklist (Welsh HIA Guidelines), a broad framework based on the social health determinants, when cross matched with the Stage 1 Regeneration Plan, revealed that various components of the Stage 1 plan would have a major impact on the community of Greater Granville.
- A Policy Review of the major stakeholders' relevant policies was conducted as part of the screening step. This review identified the potential links with the Regeneration Plan Proposal and identified the NSW Health and Equity Statement as the only relevant policy context for a HIA with an equity focus.

Based on all the above, the possibility of positive and negative health impacts occurring as a result of the plan was recognised and a HIA recommended.

A Change of Policy

The Greater Granville HIA was originally intended to feed its recommendations into future stages of the regeneration strategy. Stage 2 of the regeneration plan would have become the next step for the regeneration of Granville, which is a long-term planning process expected to have numerous stages and extend over a ten-year period (with planning commencing from 2002). However, after the HIA development site application was submitted there was a policy change between the two key stakeholders and strategic alliance partners, Parramatta City Council (PCC) and the Department of Housing (DOH).

A meeting of the strategic alliance team from PCC and DOH was held in September 2005, and it was decided that the regeneration of Granville would proceed as planned but the major policy drivers would be different to those envisaged at the beginning of regeneration planning in 2002.

The major policy driver for Parramatta City Council was the Residential Development Strategy and for the Department of Housing, the development of location-based regeneration methodologies. Both of these new policy frameworks would become the target for the recommendations of the Granville HIA. This would enable the recommendations to contribute to the broader reach of these policies, as their applicability was across NSW (for DOH) and all of the Parramatta LGA (for PCC). The transferability of the recommendations to all residential development in Parramatta LGA, and the development of a methodology around regeneration for DOH, has the potential to extend the value of the HIA beyond the original regeneration strategy. It was within this broader context that the Granville HIA Project Team expanded the scope of the HIA.

Governance

Governance for the HIA was established as an element of the screening process due to previous extensive collaborative planning with the community and major stakeholders as part of the proposal development.

Two structures were established to support the HIA. They were:

- A Project Team with representatives from the major stakeholders, including Parramatta City Council, Department of Housing and SWAHS Centre for Population Health. The Project Team was responsible for attending HIA training as a team, acting on advice of the steering committee, meeting regularly to progress HIA technical tasks associated with impact identification and assessment, ongoing liaison with their own organisation on the progress of the HIA and all operational functions associated with the HIA.
- A Steering Committee comprising key stakeholder and community representatives (see Table 1). The role and responsibility of the Steering Group was based on agreed terms of reference, to provide advice and guidance to the Granville Health Impact Assessment Project Team on the conduct of the HIA, in particular:
 - identification and engagement of other stakeholders;
 - establishing the scope of the HIA including definitions, levels of evidence, principles, processes for negotiation and decision making;
 - development of the draft Health Impact Statement;
 - framing of the recommendations arising from the results of the HIA;
 - undertaking the process evaluation of the HIA;
 - endorsing a set of responsibilities for all members and
 - developing mechanisms for dealing with issues which may arise between meetings and conflict resolution procedures.

Table 1: The Granville HIA Steering Group

Organisation	Representative
Parramatta City Council	<ul style="list-style-type: none"> • Deputy Lord Mayor • Outcomes & Place Project Officer • Place Manager - Woodville
Department of Housing- Greater Western Sydney Division	<ul style="list-style-type: none"> • Manager Community Renewal Projects • Manager Community Renewal Partnerships • A/ Senior Project Officer - Resource Planning
Community Representation	<ul style="list-style-type: none"> • Two Aboriginal community representatives • A local community representative • A local resident who is also a school principal
Non Government Sector	<ul style="list-style-type: none"> • Manager of Granville Multicultural Centre
NSW Health	<ul style="list-style-type: none"> • Two participant observers (a HIA leadership development role allocated by CHETRE to a specific HIA)
SWAHS	<ul style="list-style-type: none"> • An Epidemiologist from Centre for EIRE • Transition Manager – Health Promotion - Centre for Population Health • Manager Healthier Environments Program – Centre for Population Health • An Aboriginal Environmental Health Trainee • A/Manager Auburn Community Health Centre (which covers Granville & Sth. Granville)

Scoping

Scoping is planning the HIA to run effectively and to ensure the HIA encompasses the breadth of tasks required to identify all health impacts and the nature of those impacts.

Process

The Project Team developed a project plan that outlined the scope of the HIA. This plan was presented to the Steering Committee for further input. The plan outlined what the HIA would do. This involved:

- Holding a further six meetings of the Steering Committee resourced by the project team to guide the HIA towards completion;
- Developing a search strategy and literature review focussing on the five themes of the regeneration plan;
- Reviewing all community consultation material produced as part of the regeneration planning and cross-match this with the five themes of the regeneration plan;
- Reviewing major policies of key stakeholders and

- Gathering data for Greater Granville including identification of possible data gaps and ways to address gaps where possible.

Outcome

The scoping plan was endorsed by the steering committee and the project team proceeded to implement all tasks in the next stages of the HIA.

Identification of Health Impacts

Identification of health impacts involves the collection of information to assess health impacts. For the Granville HIA, identification took four approaches:

1. Reviewing peer reviewed literature;
2. Reviewing relevant policy documents;
3. Reviewing the consultations undertaken as part of the proposal development process and
4. Developing a community profile using Census data and health status material produced by the SWAHS Epidemiology Unit.

1. Literature Review

A literature review was conducted to assist in identifying health impacts. This review focused on the relevant components of the regeneration strategy 'Ideas for Improvement'. The project team developed a search strategy and the review tasks were shared amongst the team. Key search terms, including urban regeneration, urban renewal, health impact and socioeconomic disadvantage, were linked to the five major HIA themes. The following databases were searched using this strategy:

Health Impact Assessment Databases (identified through CHETRE HIA Training):

- HIA Gateway
- International HIA consortium
- CHETRE site
- London's health site
- Public Health Electronic Library
- World Health Organisation website
- University of London

Other general databases also searched:

- APAIS (Australian Public Affairs and Health)
- ATRI (Australian Transport Index)
- Australian Family & Society Abstracts
- HEAPS – Health Education Promotion System
- Health and Society Database
- Sociofile – sociological abstracts

The literature was refined and synthesised into a set of evidence summary tables with draft recommendations (Appendix 2).

2. Policy Review

The policies were reviewed to identify potential links with the Regeneration Plan Proposal (Appendix 3 contains a list of the policies reviewed). The result of the review identified that the only link was the NSW Health and Equity Statement, which provides a policy context for a HIA with an equity focus.

3. Review of Community Consultations

A review of the community consultations conducted by the urban planning consultants was also carried out. The consultations were conducted by external consultants and PCC and DOH to support the community consultation process for the development of a Regeneration Plan Proposal. These consultations included:

- *Through a Child's Eye – 'Week with a Camera' at Granville*-October 2004. This report was prepared by Hassall, urban design consultants, to document a consultation activity with a group of local school children. The activity, 'a week with a camera' facilitated the gathering of information from the children that related to their positive and negative views of Granville.
- *Stakeholders Workshop*, July 2004. This major stakeholder consultation forum was aimed at encouraging expression by stakeholder representatives of what was valued in Granville and to identify gaps in services and facilities.
- *Greater Granville Expo - a drop in style interactive exhibition*, August 2004. This process, conducted in a large tent in a local park, provided a strong visual focus on the regeneration proposal and was aimed at engaging residents in the regeneration planning process and to build enthusiasm for local initiatives.
- *Granville Aboriginal Public Housing Tenants Consultation*, December 2005. A focus group was conducted by PCC and DOH to identify the needs of the local Aboriginal community in relation to public housing concerns.
- *Granville Youth Consultation and Workshop*, September 2004. This workshop sought to gain the views of young people in relation to their perceptions of Granville and what was needed to improve the area from the young person's viewpoint.
- *Greater Granville Health Impact Assessment Steering Committee Consultation Workshop on Social Determinants of Health*, November 2005. This workshop engaged the steering committee members in examining the social determinants of health and their relationship to Granville and the main themes of the proposal.

Following analysis, the relevant information was synthesized into a set of tables and included as part of the evidence tables (Appendix 2).

4. Data Gathering

A community profile was produced based on a summary of material from the Greater Granville Regeneration Proposal (see Appendix 1). Further relevant data was provided by SWAHS as indicated by the summary below and used to inform the HIA recommendations.

Summary of Health Status Information

The availability of health status data at the Granville suburb level was problematic. The NSW Health survey collects selected information based on local government area boundaries. Hospital admission data is also reported at local government level. Survey numbers reduced to suburb level are small, rendering analysis and data comparisons invalid for most suburbs. The following key points and table (see table 2) were derived from the available Parramatta Local Government Area data (Granville lies in the LGA of Parramatta). Within any local government area, pockets of disadvantage may exist. These pockets of disadvantage may have a worse health status than the local government area as a whole. Unfortunately, due to time constraints and limited financial resources, local level data was not obtained and instead the available LGA health data was used.

Parramatta residents were significantly above the NSW average for:

- premature death rates (2000-2003)
- male suicide hospitalisations (1999/00-2003)
- motor vehicle accident hospitalisations (1999/00-2003/4)
- female breast cancer rates (1999-2003)
- mental health admissions to hospital for the day or overnight (2000-2003)

Parramatta residents were likely to be:

- More overweight or obese than the NSW average (2002-03)
- Feel more mental distress than the NSW average (2002-03)

Community Health Service Data was provided to the HIA Team relating to service provision to residents residing in Granville. Unfortunately analysis of the available data was not possible due to:

- Lack of clarity relating to data collection methodology.
- The inability to identify individuals within the data resulting in possible multiple entries of same client.
- Lack of information regarding client screening for service eligibility.
- Difficulty in accurately ascertaining the client's reason for accessing the service.

SWAHS Community Health Services are moving towards adopting a new data management system. This should improve access to more accurate and consistent community health data that will overcome existing limitations.

Table 2: Parramatta LGA Health Data

Issue	Data Description	Parramatta	SWAHS	NSW	Above/ Below SWAHS Average	Above/ Below NSW Average
Deaths	All causes premature death rate standardised rate 2000-2003	307.5	287.1	283.3	↑	↑
Injury Deaths	All injury standardised death rates (persons), 2000-2003	37.0	32.9	37.5	↑	↓
Hospital Admissions						
All Causes	Standardised rate of all causes of hospital admission (per 100,000), 2000/2001 – 2002/2003	28,749	31,018	30,488	↓	↓
Ischaemic Heart Disease (IHD)	Standardised rate of IHD hospital admission (per 100,000), 2000/2001 – 2002/2003	725	850	814	↓	↓
Acute Myocardial Infarction (AMI)	Standardised rate of AMI hospital admission (per 100,000), 2000/2001 – 2002/2003	182	222	280	↓	↓
Cerebro-vascular Disease	Standardised rate of Cerebrovascular Disease hospital admission (per 100,000), 2000/2001 – 2002/2003	165	201	211	↓	↓
Cancer	Standardised rate of all cancer hospital admission (per 100,000), 2000/2001 – 2002/2003	1,149	1,299	1,441	↓	↓
Diabetes	Standardised rate of diabetes hospital admission (per 100,000), 2000/2001 – 2002/2003	198	234	203	↓	↓
Asthma	Standardised rate of asthma hospital admission (per 100,000), 2000/2001 – 2002/2003	234	270	224	↓	↑ (not significant)
Injuries	Standardised rate of all injury hospital admission (per 100,000), 2000/2001 – 2002/2003	3,387	3,743	3,473	↓	↓
Mental Health						
Mental Health Admission to hospital	Standardised separation (day only & overnight) rate per 100,000 due to mental illness (excluding D&A, dementia, mental retardation and disorders of psychological development) for SWAHS residents 2001/02 to 2003/04	1471	1178	1015	↑	↑

Issue	Data Description	Parramatta	SWAHS	NSW	Above/ Below SWAHS Average	Above/ Below NSW Average
	Standardised separation (day only excluded) rate per 100,000 due to mental illness (excluding D&A, dementia, mental retardation and disorders of psychological development) for SWAHS residents 2001/02 to 2003/04	543	476	551	↑	↓
Health Risk Factors						
Smoking	NSW Health Survey 2002-03 self reported % of people who smoke	21.4	22.9	21.9	↓	↓
Overweight / Obese	NSW Health Survey 2002-03 self reported % of people overweight & obese	49.5	49.9	47.3	↓	↑
Mental Distress	NSW Health Survey 2002-03 self reported % of people who feel high or very high distress	14.6	13.0	11.7	↑	↑
Alcohol	NSW Health Survey 2002-03 self reported % of people who drink to a high risk level	9.0	8.3	14.5	↑	↓
Adequate Physical Activity	NSW Health Survey 2001 self reported % of people who have adequate levels of physical activity	41.6%	40%	45.8%	↑	↓
Recommended Daily Vegetable Intake	NSW Continuous Health Survey 2002 and 2003, HOIST	*16.6%	13.5%	17.6%	↑	↓
Recommended Daily Fruit Intake	NSW Continuous Health Survey 2002 and 2003, HOIST	*44.8%	44.2%	45.8% (Urban NSW)	↑	↓

* LGA proportions presented here are based on small numbers. Care should be taken in interpreting and reporting (SWAHS Social and Health Atlas 2005)

All available data as described above was summarised and then included where relevant as points in the Evidence Tables (Appendix 2) and used to inform the HIA recommendations.

Assessment of Health Impacts

The assessment stage of HIA critically assesses and makes explicit judgements concerning the information collected during the identification stage.

Process for Assessing Health Impacts

This stage was undertaken by the Project Team. The method used to determine the health impacts was based on a synthesis of all evidence including community consultations. The community consultations were weighted equally with the issue and intervention evidence. The EFHIA Framework tool was used to assist in this process. The information was then presented to the steering committee and other stakeholders along with prioritised impacts and draft recommendations.

Outcome

The table below summarises the health impacts based on the five major themes from the Regeneration Strategy. The assessment of health impacts is based on all available evidence (see Appendix 2 for complete set of evidence tables). The information is presented in three categories indicating the likelihood of health impact (definite, probable and unlikely) and also identifies relative size and type of health impact (large, medium or small and positive or negative).

Table 3: Health Impacts

Main HIA Themes	Likelihood of Health Impact	Relative Size & Type of Health Impact
Transport, traffic, parking, pedestrian and cycle	Definite positive impact and probable negative impact	<ul style="list-style-type: none">• Large positive impacts if transport services and pedestrian connectivity is improved.• Large negative impacts if there is decreased access to services & reduced pedestrian connectivity.
Business, Industry and neighbourhood node	Probable positive health impact	<ul style="list-style-type: none">• Medium positive impact if ideas for improvement from this theme are implemented as stated in Consultant's Stage 1 Report, especially if node development improves access to fresh fruit and vegetables, creates multiple destinations for walking and cycling and increases local employment opportunities.
Community facilities, medical services, child care, schools	Definite-positive and negative health impacts	<ul style="list-style-type: none">• Large positive impact on all community, especially on young people, when community meeting places are more widely available & more accessible.• Large negative impact on a small number of children who may be required to change schools, if housing relocation prevents continuing attendance at current school.

Main HIA Themes	Likelihood of Health Impact	Relative Size & Type of Health Impact
		<ul style="list-style-type: none"> • Large negative impact on low SES community if access to medical/health services is reduced for any reason eg, decline in public transport availability.
Landscape, parks, recreation, access to Duck Creek	Definite-positive health impact	<ul style="list-style-type: none"> • Large positive impact on all community as proposals for aesthetic improvements and council planning policies are activity friendly. • Large positive impact on Aboriginal community of Granville when Duck River Aboriginal heritage is restored.
Urban design & housing	Definite, both positive and negative health impacts	<ul style="list-style-type: none"> • Large positive impact for community if population densities are increased. • Large positive and negative health impact on public housing tenants dependent on a range of factors. Factors that support positive health impact are related to: <ul style="list-style-type: none"> - degree of control individuals have over re-housing process; - having access to medical priority housing, as it alleviates mental illness and depression; - having an increased range and quality of residential accommodation.

Negotiation and Decision Making Process

The assessment stage flowed directly into the negotiation and decision-making stage of the project. The recommendations, based on the assessment, were framed to feed into relevant agencies' organisational contexts including policy frameworks, culture and language.

The following recommendations were developed in collaboration with the major stakeholders. This was done through project team meetings, where draft recommendations were reviewed and revised. The project team also worked closely with decision-makers within their respective organisations to ensure the recommendations were aligned with relevant policies. Further negotiations will occur between the major stakeholders, especially in the context of the Memorandum of Understanding (MOU) between SWAHS Population Health Services and PCC. As DOH also has an MOU with PCC, the endorsement of the HIA recommendations is well supported by these partnership frameworks. Additionally, the stakeholder-endorsed recommendations were ratified at the final meeting of the Granville HIA Steering Committee.

Health Impact Assessment Outcomes/Recommendations

Based on the major themes of the Granville Regeneration Stage 1 Report, the following recommendations have been grouped and presented under each key theme below.

Transport, traffic & parking, pedestrian:

- That Health, Housing and Council establish a new way of working to advocate with Dept. of Transport for improved transport options for local communities.
- That the above includes advocacy for improved transport to Granville Industrial areas so as to facilitate access to local employment.
- That PCC alert other partners of transport issues.
- That transport-related evidence informs Council's Traffic and Transport Management Strategy.
- That NSW Housing continues to assess applicants and match client need to transport need (including not reducing access to public transport).
- That SWAHS Multicultural Health Service and Granville Multicultural Centre be consulted about ways to enhance CALD community use of public transport.
- That the Granville Town Centre Plan provides good pedestrian connectivity & safety between destinations.
- That initiatives related to traffic and parking as outlined in Consultant's Report for Stage 1 of the Regeneration Strategy (Ideas for Improvement) be incorporated into the Granville Town Centre Plan and implemented as stated.
- That all Council Plans (which impact on pedestrians and cyclists) aim to increase pedestrian and cycling activity, with particular consideration for seating, shade, safety, connectivity and bicycle storage.

Business, Industry & Neighbourhood node:

As evidence states, increasing local employment improves the health of the community. It is therefore recommended that:

- PCC & NSW Housing actively engage job network agencies to assist locals in gaining employment.
- Granville business forums such as the Chamber of Commerce, when formed, invite health representatives to present to their members' information on the health impact of business and industry and its importance to community well being.
- That PCC identify approaches to promote/encourage diverse food outlets in the nodes, in particular land use planning that supports increasing access to fresh fruit and vegetables and the establishment of community gardens where feasible.
- That PCC incorporate the 'Ideas for Improvement', as above, in the Residential Development Strategy and other development controls applicable to Granville and South Granville.

- That PCC, when planning public spaces such as shopping strips, consider the needs of young people and CALD groups who like to meet and mix in public spaces (refer to Theme 3 evidence).

Community facilities, medical services, child care & schools:

- That Council and other stakeholders explore funding opportunities for staffing that supports extending the opening hours of Granville Youth and Recreation Centre.
- That Council considers supporting expanded community transport options for Granville.
- That SWAHS establish the feasibility of an Aboriginal Outreach Health Service for the Aboriginal community of Granville
- That SWAHS Community Health Services based at Auburn, Parramatta and Merrylands identify an appropriate communication medium for Granville residents, to facilitate improved access to and greater awareness of local health services.
- That pre-schools, early childhood services and OOSH Services in Granville are examined by PCC and DOCS to determine any gaps, especially for children from low SES groups (7.9% of Granville's population is under 5).
- That PCC explore the feasibility of expanding Granville Library and other available facilities so as to increase community access to meeting places and venues.
- That PCC review community facilities in Granville/Sth.Granville including location, availability and funding, so as to provide a rationale for the provision and funding of additional community facilities.

Landscape, Parks, Recreation, Access to Duck Creek

- That pedestrian connectivity becomes a key principle in all Council plans including RDS, transport & traffic plans & Open Space Strategy
- That Section 94 contributions are allocated to address all ideas for infrastructure improvements for Granville, including Duck River (an Aboriginal heritage site)
- That Council considers strategies to improve disadvantaged community members' access to Granville swimming pool.
- That opportunities for more recreational facilities are explored which take into account the needs of Aboriginal and CALD groups living in Granville and Sth. Granville.

Housing & Urban Design

That the Department of Housing will:

- implement a Maintenance Reform Program which will bring all properties up to an agreed standard of maintenance and upgrading.
- through its Portfolio Strategy continue to redevelop older properties that have reached the end of their economic lives, with smaller dwellings to cater for the ageing population.
- continue to assess applicants for housing and tenants for rehousing based on their individual needs.
- continue to work with Parramatta City Council and other major service providers in relation to the general physical amenities and service provision in South Granville.
- communicate the principles of the Health Impact Assessment in South Granville to the Divisional Executive and the local Client Service Team and work in partnership with Government and community service providers and local residents in supporting and implementing relevant strategies.

Monitoring & Evaluation

Monitoring and evaluation assess the effectiveness of the HIA process and provide an ongoing mechanism to determine whether the recommendations of the HIA are implemented as stated.

Monitoring and Evaluation Process

Granville HIA will be monitored and evaluated formally through the partnership agreement between SWAHS Population Health Services and Parramatta City Council. NSW Department of Housing has committed to incorporating relevant recommendations into their organisational frameworks and policies. A project brief will be written in 2007 to address the HIA impact evaluation for the PCC recommendations. Evaluation of DOH and SWAHS recommendations will require the collaborative development of an impact evaluation plan. Process evaluation has occurred in part, at the last meeting of the steering committee. At this meeting both PCC and DOH provided comments on the functional aspects of the HIA. Reporting of the progress of the HIA will also occur through the SWAHS representative to the Regional Senior Officers Group.

Monitoring and Evaluation Outcomes

Process Evaluation

At the final Granville HIA Steering Committee Meeting a brief process evaluation was conducted. Comments included:

- “Constructive and informative learning experience”
- “Everyone listened to everyone”
- “Time was sometimes an issue, not always enough time to discuss in depth”
- “Material was circulated in a timely way for people to read”
- “I want to do more community work”
- “The food was great!”

Other outcomes included:

- A closer relationship has been established between NSW Housing and the Aboriginal community of Granville. Since meeting through the HIA steering committee an Aboriginal community member has been invited to join a Department of Housing committee which looks at tenant's issues in Granville/South Granville.
- The Aboriginal community HIA representatives have joined a relatively new local Aboriginal association, Wargon and Burra (meaning "Crow and Eel") to maintain their community development work following on from the HIA. The Aboriginal community members stated that they felt more confident about speaking up in groups after coming to the HIA meetings and have increased their advocacy skills.

- Subsequent to the increased contact, which has occurred between Housing and the local Aboriginal community, Housing is now trying to find suitable accommodation for Wargon and Burra.
- NSW Housing, as a direct result of the Granville HIA, are exploring with CHETRE how to incorporate HIA principles and evidence into their regeneration work in other parts of NSW. NSW Housing also wishes to establish if HIA can be applied when a proposal is in the development phase to prevent inadvertent negative health impacts and identify and strengthen any positive health impacts. Discussions have occurred and currently this initiative is still evolving.
- The HIA took much longer than anticipated to complete, mostly due to the time invested in engaging the diverse range of partners required for steering committee representation, which was a vital and necessary component of this HIA.

Further evaluation of the HIA process will occur with the distribution of the final report in early 2007.

Impact Evaluation

It is too early for any impact evaluation, but the recently signed MOU between SWAHS and PCC has included the HIA evaluation as one of the Scopes of Work projects that sit under the MOU. It is also anticipated that the HIA impact evaluation will be supported through the PCC and DOH MOU.

Conclusion

The Granville HIA has demonstrated that HIA is an excellent tool to use in determining the relationships between health and urban regeneration, with a particular focus on equity groups. The HIA governance structures provided a model of collaboration between major stakeholders and the local community that reflected HIA values of equality and democracy in a public policy development process. Results of the Granville HIA provide key stakeholders in the regeneration of Greater Granville a set of recommendations that underpin improvements in health. The MOUs between PCC and SWAHS provide an overarching strategic partnership framework for the HIA. This report outlines a method for monitoring and evaluating the project. The overall project has provided the project team with a valuable experience for conducting future HIAs. The Granville HIA is a demonstration of healthy public policy in action.

Report References

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Mahoney M, Simpson, S., Harris, E., Aldrich, R., Stewart Williams, J. *Equity Focused Health Impact Assessment Framework: the Australasian Collaboration for Health Equity Impact Assessment (ACHEIA)*, 2004.

Thomson, H. Atkinson, R. Petticrew, M. Kearns, A. *Do urban regeneration programmes improve public health and reduce health inequalities? A synthesis of the evidence from UK policy and practice (1980-2004)*. *Epidemiology Community Health* 2006; 60:108-115.

Wales Centre for Health. *Improving Health and Reducing Inequalities: A Practical Guide to Health Impact Assessment*, 2004.

Web Addresses for HIA databases searched as part of the literature review

- www.publichealth.nice.org.uk/hiagateway
- www.ihia.org.uk
- chetre.med.unsw.edu.au/hia
- www.londonhealth.gov.uk
- www.phel.nice.org.uk
- www.who.int/en www.who.int/bulletin/volumes/81/6/en/
- www.geog.qmul.ac.uk/health/research/healthaction/

Appendix 1 - Summary of Greater Granville Regeneration Proposal

Proposal Description

The 'Consultants Report for Stage 1 of the Greater Granville Regeneration Plan' is the first stage of the Greater Granville Regeneration Project. The report was developed on behalf of the Parramatta City Council and the Department of Housing by urban planning consultants. It is descriptive in nature and contains a detailed outline of the physical characteristics of Granville and South Granville that together make up the Greater Granville area. Examples of the physical characteristics explored in the report include open space, public housing, parking, cycleways, heritage etc. Demographic data is also provided in the report and contains public housing data for South Granville.

Results of extensive community consultation are contained within the report. These consultations were conducted in relation to the development of the Regeneration Plan.

Ideas for Improvements

The proposal also included a section based on proposing 'Ideas for Improvements and enhancements to Greater Granville'. These were based on the following five themes:

- Transport, Traffic and Parking and Pedestrian
- Business, Industry and Neighbourhood Node
- Community Facilities, Medical Services, Child Care & Schools
- Landscape, Parks, Recreation Access to Duck Creek
- Housing and Urban Design

Key improvements and ideas for future stages of the regeneration strategy included:

- The preparation of a Traffic and Transport Management Strategy, including the implementation of the Pedestrian Access and Management Plan and Council's Bike Plan;
- Identification and resourcing of additional community facilities such as medical services, community and activity centres;
- Implementation of Council's Open Space Strategy and Natural Areas Plan of Management;
- Researching and implementation of a Heritage and Nature Trail;
- Revising housing design DCPs to suit neighbourhood character;
- Improving and maintaining water and sewage infrastructure;
- Creating a bus interchange on northern side of railway station;
- Redeveloping the existing bus interchange on the southern side of station;
- Forming a Granville Chamber of Commerce to represent the interests of local businesses in the regeneration process;
- Upgrading of the public library;
- Various landscaping improvements along rail line, local streets and Duck River;
- Increasing housing densities around town centre, up to 6 stories;

- Numerous other urban design improvements such as public square and footpath improvements.

Context of Proposal

The Greater Granville Regeneration Plan is an initiative of the strategic alliance between Parramatta City Council and the Department of Housing. Regeneration project planning between Parramatta City Council and NSW Department of Housing began in early 2004. For the purposes of this report, regeneration is defined as an integrated set of actions, in partnership with the local community, designed to develop short, medium and long term physical, social, economic and environmental outcomes (Parramatta City Council, 2004).

The parameters of the regeneration area are bounded by Parramatta Road to the north, Duck River to the east, Sydney Water Supply Pipeline to the south and Woodville Road to the west. There are conflicting definitions of suburb boundaries within and around the regeneration area. Throughout this report the term 'Greater Granville' was used to refer to the entirety of the regeneration area, though parts of this area may be known elsewhere as Guildford, South Granville, or Merrylands.

Proposal Aim

The aim of the Regeneration Plan Stage 1 is to:

- define a framework for the regeneration of Greater Granville and
- establish key priorities for moving forward in accordance with the stated aims and address key issues resulting from the community and stakeholder consultations and analysis (Stage 1 Report, 2005).

Proposal Objectives

- Involve the community
- Develop a shared understanding of the long term vision of the area
- Provide a framework for:
 - A high quality natural and built environment, particularly the improvement of public spaces
 - Diverse housing needs
 - Additional community facilities and services
- The identification of opportunities for cultural development
- The identification of opportunities for economic development and employment generation
- Later stages of the Greater Granville Regeneration Strategy will address coordinated development, investment, infrastructure and services provision

Proposal Components

- The proposal components included:
 - A detailed descriptive analysis of the physical characteristics of the regeneration area covering zonings, public transport, open space, community resources, public housing and heritage etc.
 - Basic demographic information, primarily drawn from Census data (2001).
 - Background on other regeneration and urban renewal projects in Australia and overseas.
 - An outline of the extensive community consultation processes which occurred at the beginning of the regeneration process.
 - Aims and concept of the future stages of the Greater Granville Regeneration Strategy.

Proposal Target Population / Priority Population Groups

The target population was identified as the community of Granville, including the public housing tenants currently residing in DOH properties. The NSW Department of Housing states that it manages 1,079 dwellings and 1,530 tenants within the regeneration area. The 2001 Census showed that 30% of the dwellings within South Granville are public housing, compared to 6% in Granville.

No specific priority populations are identified in the proposal, however some key population characteristics were outlined:

- Greater Granville has a higher proportion of older residents, single person households and large families with a very diverse background.
- High unemployment and an average low median personal income are common characteristics.
- Based on Census data (2001) the Stage 1 proposal also states that the population of Greater Granville is generally aged 34 yrs or under, with a high proportion of residents aged less than 15 years.
- There is also a smaller but significant proportion of people aged over 50 years residing in the regeneration area, primarily in the southern section.
- A high proportion of Greater Granville residents were born overseas, mostly in Lebanon and China.
- There are also significant proportions of residents who were born in the Philippines, Vietnam and Turkey.

Extensive community consultation occurred as a part of the development of the proposal. This included a youth specific community consultation. There was no consultation conducted with other age specific or cultural groups such as the Aboriginal community in Granville (which may have specific needs). It is stated that “much of the information that has come out of the broad consultation process is too detailed for this stage of the regeneration project. It is imperative, however, that this information is utilised at future stages” (GGRS Stage 1, July 2005).

Assumptions of Proposal

Underpinning the proposal are a number of assumptions:

- That community consultation is beneficial and will deliver better outcomes for the community
- That changes to housing are an improvement
- Urban regeneration is good public policy

Proposal Principles

There are no principles articulated as such in the Stage 1 report, however some concepts are outlined which relate to principles. These concepts convey the importance of social capital, community consultation, coordination across government and non government agencies and the private sector and place-based design.

Community Profile

The proposal contains a community profile of the Greater Granville area developed from extractions of the 2001 Census data. The following points have been summarised from this profile.

- Granville is an area of low socio-economic status with indicators demonstrating pockets of particular disadvantage.
- The unemployment rate is 14%, three times the national average (ABS, 2001).
- There are over 1,500 people living in approximately 1,000 public housing residential accommodation including over 300 Aboriginal people (DOH, PCC, 2005)
- The greater Granville population is generally under 35 years, with a high proportion of residents aged less than 15 years.
- There is a small but significant proportion of people over 50 years residing in the area proposed for renewal, focused primarily in the south.
- A high proportion of residents were born overseas, predominately originating from Lebanon and China. There are also significant proportions of residents who were born in the Philippines, Vietnam and Turkey. This cultural diversity has resulted in a distinctive multi-cultural character for Greater Granville.
- There are a high proportion of home owners in Guildford and Clyde/Granville (62% and 55% respectively). The lowest proportion of home ownership was in Granville/Merrylands (37.9%), which corresponds with the large number of DOH stock in the suburb. South Granville had the highest proportion of residents who were at the same address in 1996 (63%) but a lower percentage of home ownership (49.4%).
- The majority of residents travel to work by car, with the highest proportion from South Granville (56%). This suburb is located in the south of the study area and is therefore the furthest from the railway station or the bus interchange. Suburbs closest to the railway station and the bus interchange had higher proportions of residents using public transport to get to work (Clyde/Granville 27.7% and Granville/Merrylands 26%).

Appendix 2 - Evidence Summary Tables & Recommendations

Information Sources for Themes 1 - 5 inclusive

- Evidence describing the issue – from literature review, see references
- Evidence about intervention strategies- from literature review, see references
- Granville community and stakeholders requests: from Council & Consultant Community Consultation Reports x 5 and Granville HIA Steering Committee Social Determinants of Health Workshop
- Granville issues- from small area census data supplied by Parramatta City Council, health status data from SWAHS Epidemiology Unit & anecdotal data from Granville HIA Steering Committee members
- Ideas for improvement- from Consultants Report for Granville Regeneration Strategy - Stage 1
- Recommendations – Granville HIA Project Team and Granville HIA Steering Committee

Theme 1 – Transport, traffic & parking, pedestrian & cycling

Summary of Key Points from Evidence

There is a strong interconnectedness between transport and good health (physical activity and social cohesion are particularly important here).

Consideration needs to be given to:

- *Reliable and responsive public transport options*
- *Ensuring public transport helps in the accessibility of facilities including medical, shops, community and recreational services, transport to wider area*
- *Reducing negative impact of the traffic environment and improving safety*
- *Making public transport a real alternative to the car/private transport*

1.1 Transport	1.2 Traffic & Parking	1.3 Pedestrian & cycling
Evidence describing the issue	Evidence describing the issue	Evidence describing the issue
<ul style="list-style-type: none"> • Low income and minority groups often have to rely more on public transport, and walking to and from public transport services can increase physical activity levels. Good access to services helps individuals maintain an active lifestyle (Besser & Dannenberg, 2005). • Increasing urban densities require increased attention to transport systems (Johnson, 2005). • Lack of access to transport has a negative effect on access to health care. A study in the UK found that those without a car were much more likely to experience difficulties travelling to their local hospital and to have missed, turned down, or chosen not to seek medical help 	<ul style="list-style-type: none"> • In its widest sense the impact of transport on health includes traffic injury, air-pollution related health effects from transport emissions and noise related health effects from transport activity (Watkiss et al, 2000). • Traffic speed has important indirect impacts on health because when the traffic environment is perceived as dangerous, walking and cycling is discouraged (Crombie, 2002). • One of the constraints to social connectedness is perception of road danger, e.g. from speeding drivers, because this discourages walking and cycling activities and results in cutting people off from everyday facilities. 	<ul style="list-style-type: none"> • Having access to recreational facilities, foot paths and cycle paths influences the amount of physical activity undertaken (Health Education Authority, 1997). • Safety, convenience of location and being within walking distance of home also promote higher levels of activity among children (Health Education Authority, 1997). • Low income and minority groups often have to rely more on public transport, and walking to and from public transport services can increase physical activity levels and good access to services helps individuals maintain an active lifestyle (Besser & Dannenberg, 2005).

1.1 Transport	1.2 Traffic & Parking	1.3 Pedestrian & cycling
<p>because of transport problems (Social Exclusion Unit, 2003).</p> <ul style="list-style-type: none"> Problems with public transport and accessibility helps cut individuals off from jobs, education and training which in turn prolong poverty, social exclusion and health inequalities and make it less likely that communities are able to attract economic investment (Social Exclusion Unit, 2003). Public transport access and walkable neighbourhoods are factors in choice of home purchase (Giles-Corti, 2006). 	<p>This in turn affects quality of life, and can result in increased stress, particularly among older people (Crombie, 2002).</p> <ul style="list-style-type: none"> People living in disadvantaged communities have limited access to shops offering healthy and affordable food and are more likely to experience the effects of road traffic through pollution and pedestrian injury, particularly among children (Social Exclusion Unit, 2003). 	<ul style="list-style-type: none"> However, those living in public housing may be significantly more sedentary than those in owner occupied housing (Coggins, Swanston & Crombie, 1999). Health benefits from physical activity such as cycling and walking can help achieve community connectedness and overcome mental health issues and inequality effects (Watkiss et al, 2000).
Evidence about intervention strategies	Evidence about intervention strategies	Evidence about intervention strategies
<ul style="list-style-type: none"> Consider: <ul style="list-style-type: none"> Reliable and responsive public transport options. Ensure public transport helps in the accessibility of facilities including medical, shops, community and recreational services & transport to wider area. Making public transport a real alternative to the car/private transport. (Johnson, 2005) Encouraging local use of public transport through: <ul style="list-style-type: none"> more reliable buses enjoying more road space; 	<ul style="list-style-type: none"> Need to reduce negative impact of the traffic environment and improve safety. Constraints to physical activity include distance, traffic density and steep hills and lack of social support (Troped et al, 2001; Neville, Furber et al, 2004). 	<ul style="list-style-type: none"> Local authorities should give particular consideration to: <ul style="list-style-type: none"> walking and cycling as a means of commuting and personal travel making neighbourhoods and communities more “activity friendly” and pleasant and safe for walking and cycling promoting physical activity when developing new buildings, streets, housing developments and schools (DOT, 2004). the health benefits from physical activity such as cycling and walking, which can help achieve community connectedness and overcome mental health issues and inequality effects

1.1 Transport	1.2 Traffic & Parking	1.3 Pedestrian & cycling
<ul style="list-style-type: none"> - responsive bus services that provide accessibility in areas that cannot support conventional services; - looking at ways to make services more accessible so people have a real choice about when and how they travel; - promoting the use of school travel plans, workplace travel plans and personalised journey planning to encourage people to consider alternatives to using their cars (UK Dept. of Transport, 2004). 		<p>(Watkiss et al, 2000).</p> <ul style="list-style-type: none"> • creating a culture and improved quality of local environment so that cycling and walking are seen as an attractive alternative to car travel for short journeys, particularly for children (DOT, 2004).
What Granville community and stakeholders request	What Granville community and stakeholders request	What Granville community and stakeholders request
<ul style="list-style-type: none"> • Improved public transport needed, bus stops with shade and bus linking Granville Town Centre with other shopping centres, parks, open spaces and more east/west access by bus to Auburn Hospital and Auburn Community Health • Safer public transport access through Granville, Sth. Granville, Merrylands, Guilford and Granville Railway Station. 	<ul style="list-style-type: none"> • Improved management of car spaces and parking around town centre, and a reduction of car usage. 	<ul style="list-style-type: none"> • Local community wishes to have greatly improved bike and pedestrian tracks, with cycleways and walkways well connected to all community facilities. • Footpath improvements necessary and more street lights needed. • Bike access to Botanic gardens and BBQ areas from Granville side. • Access to Campbell Hill Reserve by public transport, BBQ shelter at Campbell Hill. • Improved access to transport through buses - in areas at distance from rail stations. • Current sharing of cycleways with car parking isn't working, specific locations re local areas e.g. Duck Creek seen as priority.

1.1 Transport	1.2 Traffic & Parking	1.3 Pedestrian & cycling
<p>Granville Issues</p> <ul style="list-style-type: none"> • 19.9% of Granville residents do not own a car, (PCC, 2001 Census data). • Dependency on public transport. • Lack of bus transport in East/West direction. • Change of bus route has affected transport to community health centres, hospitals, Centrelink. • Public safety threats of crime at Granville, Merrylands & Guildford Railway stations and around Granville and Sth. Granville. 	<p>Granville Issues</p> <ul style="list-style-type: none"> • Many existing streets are very wide. 	<p>Granville Issues</p> <ul style="list-style-type: none"> • 1.4% Granville residents walked or cycled to work (PCC 2001, Census).
<p>Ideas for Improvement: from Stage 1 Regeneration Consultant's Report</p>	<p>Ideas for Improvement: from Stage 1 Regeneration Report</p>	<p>Ideas for Improvement: from Stage 1 Regeneration Report</p>
<ul style="list-style-type: none"> • Prepare a Traffic and Transport Management Strategy (T&TMS) to look at ways to alleviate congestion and improve parking. Areas of particular concern are: • congestion along Blaxcell Street, Clyde Street, Ferndell Street and Wellington Street and at several major intersections along Rawson Rd. • Parking adjacent to public spaces and the TAFE and in the town centre. • Undertake streetscape improvements such as street planting and lighting, prioritising the major roads and green links identified in the Concept Plan. • Improve vehicular bridges over Duck River. • Create east –west connections to improve the bus network. 	<ul style="list-style-type: none"> • Address the significant parking shortage in the town centre by identifying an appropriate location for a structured car park. • Create an efficient bus interchange on the northern side of the station to activate that area with a coordinated approach to public transport, pedestrian movements, active frontages to public streets and plenty of passive surveillance. • Upgrade the station to reflect the desired character for the town centre. 	<ul style="list-style-type: none"> • Implement Council's Pedestrian Access and Management Plan (PAMP). • Implement Council's Bike Plan, as reviewed from time to time.

1.1 Transport	1.2 Traffic & Parking	1.3 Pedestrian & cycling
Recommendations	Recommendations	Recommendations
<ul style="list-style-type: none"> • That Health, Housing and Council establish a new way of working to advocate with Department of Transport for improved transport options for local communities. • That the above includes advocacy for improved transport to Granville Industrial areas so as to facilitate access to local employment • That PCC alert other partners of transport issues. • That transport related evidence informs Council's Traffic and Transport Management Strategy. • That NSW Housing, continue to assess applicants and match client need to transport need (including not reducing access to public transport) • That SWAHS Multicultural Health Service and Granville Multicultural Centre be consulted about ways to enhance CALD community use of public transport 	<ul style="list-style-type: none"> • That the Granville Town Centre Plan provides good pedestrian connectivity & safety between destinations. • That initiatives related to traffic and parking as outlined in Consultant's Report for Stage 1 of the Regeneration Strategy (Ideas for Improvement) be incorporated into the Granville Town Centre Plan and implemented as stated 	<ul style="list-style-type: none"> • That all Council Plans (which impact on pedestrians and cyclists) aim to increase pedestrian and cycling activity, with particular consideration for seating, shade, safety, connectivity and bicycle storage.

Theme 2 - Business, Industry and Neighbourhood Node

Summary of Key Points from Evidence

Cities and towns are designed and built around assumptions about the use of private vehicles for routine travel and those who do not have access to a car are disadvantaged. Individuals who do not have access to a car are more likely to find looking for a job, keeping a job, studying and accessing local and regional services including retail services considerably more difficult. This in turn contributes to urban centres with a low skill base and high levels of unemployment. The dominance of private car travel negatively impacts on individual health and the environment. Neighbourhood nodes can create local destinations by assisting people without private transport to access goods and services.

Organisations concerned with regeneration should focus more on the needs of local businesses and appropriate commercial property development in order to assist community life and improve local services and employment.

2.1 Business and Industry	2.2 Neighbourhood Node
Evidence describing the issue	Evidence describing the issue
<ul style="list-style-type: none"> Well designed and managed public space can have a significant economic impact by attracting investment and acting as a marketing tool to attract residents, customers and services (Commission for Architecture and the Built Environment, 2004a). An overseas study found that jobseekers often report lack of transport as a barrier to getting a job and the cost of transport as a problem getting to interviews. Young people experience difficulty with the cost of transport for study purposes and may not participate in training or further education because of transport problems (Social Exclusion Unit, 2003). 	<ul style="list-style-type: none"> The use of and need for cars varies between social groups and residential areas depending on the supply of alternative transport, private resources and individual attitudes towards public and private travel (Hjorthol, 2002). As car traffic creates serious environmental problems in many urban areas, and noise, pollution, barrier effects and use of land reduce life quality and have negative impacts on people's health, it is critical for travel patterns and transport options to be addressed. An overseas study found that not having a car made access to supermarkets substantially more difficult (Social Exclusion Unit, 2003). Studies exploring the relationship between environment and health tend to focus on the way in which residential concentration may promote a sense of community among ethnic minority groups and consequently may be protective of health ("ethnic density effect").

2.1 Business and Industry	2.2 Neighbourhood Node
	<ul style="list-style-type: none"> • However, the findings of this study suggest that there is no ethnic density effect on self-assessed health for ethnic minority groups (Karlsen, Nazroo & Stephenson, 2002).
Evidence about intervention strategies	Evidence about intervention strategies
<ul style="list-style-type: none"> • No specific intervention evidence found. 	<ul style="list-style-type: none"> • No specific intervention evidence found.
What Granville community and stakeholders request	What Granville community and stakeholders request
<ul style="list-style-type: none"> • More outdoor cafes, more modern shops –incl. Shop top residences and small businesses on strips • More local employment • More mixed business use in 2 storey shops • Committed volunteers - where are the paid jobs which improve community/family viability? • Increase learning and pathways into local jobs • Jobs for young people in area including P/T work at Woolworths, seen to help in preventing drug and alcohol problems 	<ul style="list-style-type: none"> • Skill young people to obtain employment. They have low incomes and are poor • Improvements needed re underemployment and impacts on physical and mental health • Granville needs targeted programs for unemployment to upskill and build community capacity • Access to variety of healthy food choices • More options for shops, e.g. can't buy shoes in area, more affordable clothing shops • Quality and health/safety of food for sale in corner shop • Retail spaces for food purchases and as an opportunity to socialise with friends are valued by young people
Granville Issues	Granville Issues
<ul style="list-style-type: none"> • Granville unemployment rate is 15.1% (PCC 2001 Census data). 	<ul style="list-style-type: none"> • Community concerns re upzoning (leading to higher housing densities) in areas of Granville, published in local media in 2005.
Ideas for Improvement from Stage 1 Regeneration Consultant's Report	Ideas for Improvement from Stage 1 Regeneration Consultant's Report
<ul style="list-style-type: none"> • Form a Granville Chamber of Commerce to represent the interests of local businesses in the regeneration processes. 	<ul style="list-style-type: none"> • Ensure major nodes and neighbourhood nodes are the focus for all new businesses

2.1 Business and Industry	2.2 Neighbourhood Node
<p>Recommendations</p>	<p>Recommendations</p>
<ul style="list-style-type: none"> • As evidence states that increasing local employment improves the health of the community, it is recommended that: • PCC & NSW Housing actively engage job network agencies to assist locals in gaining employment. • Granville business forums eg Chamber of Commerce when formed, invite health representatives to present to their members information on the health impact of business and industry and its importance to community well being. 	<ul style="list-style-type: none"> • That PCC identify approaches to promote/encourage diverse food outlets in the nodes, in particular land use planning that supports increasing access to fresh fruit and vegetables and the establishment of community gardens where feasible • That PCC incorporate the “Ideas for Improvement” as above in the Residential Development Strategy and other development controls applicable to Granville and South Granville • That PCC, when planning public spaces such as shopping strips, consider the needs of young people and CALD groups who like to meet and mix in public spaces (refer to Theme 3 evidence)

Theme 3 - Community Facilities, Medical Services, Child Care, Schools

Summary of Key Points from Evidence

Poor health is associated with social and economic disadvantage. Within any disadvantaged population there are vulnerable groups – the elderly, the young, the disabled and cultural minorities – these groups have their own particular needs but also share common needs. The provision of amenities and services for vulnerable groups is associated with better health outcomes through increased physical activity, social interactions, access to good food, schools and medical services. Cutbacks, or lack of access to these services and amenities negatively impacts on health and reduces quality of life.

3.1 Community Facilities, Medical Services, Child Care, Schools

Evidence describing the issue

- The literature on young people and urban renewal points to the need for all involved to recognise the importance of youth-friendly public spaces and urban development and for directly involving diverse groups of young people in planning and implementation (Crane & Dee, 2001; White, 2001).
- Local government, planning bodies and wider communities can benefit from the enthusiasm, imagination and insight that young people bring to initiatives in planning and managing the spaces that they use (Commission for Architecture and the Built Environment, 2004b).
- Urban developments that fail to incorporate community facilities and public transport options contribute to the isolation and alienation of young people – and discourage active lifestyles (Thomson, Kearns & Petticrew, 2003).
- Access to transport, particularly at night, is a major constraint for young people while the provision of safe and convenient local parks and outdoor facilities is especially important for young people because of their relatively poor mobility (Health Education Authority, 1997).
- White (1998) argues that the rights of young people in public spaces not only need to be the strategic base for improving existing relationships, but must also become concrete measures at a practical level.
- Young people are particularly affected by the increasing privatisation of public space management through the use of private security guards, by the location of semi-public facilities in privately owned spaces, and the ‘cleaning up’ of public spaces, described in this report as a risk management approach aimed at controlling the movement and segregation of some groups, including young people (National Crime Prevention, 1999; Crane & Dee, 2001).

3.1 Community Facilities, Medical Services, Child Care, Schools

- Evidence suggests that in recent years the importance of involving young people in urban design and planning has been recognised. However, despite attempts to address the needs of young people by including them in a variety of regeneration initiatives through participation in partnership boards and youth forums, an overseas report found that they were still largely excluded from key decision-making processes and had only marginal input into specific programs and projects (Hastings, Kintrea & Fitzpatrick, 1998).
- Cutbacks to services, amenities and agencies, including libraries, parks, churches, community health centres, healthy food and public transport has a negative effect on people's health and quality of life (Raphael, Steinmetz et al, 1999).
- Overseas research suggests that the experiences of older people living in disadvantaged neighbourhoods tend to be overlooked and that many older people feel marginalised and not valued. Some of their main concerns are fear of crime, the need for better upkeep of the local area, better transport and locally provided health services (Abbott & Sapsford, 2005).

Evidence about intervention strategies

- The provision of a diverse range of options for young people; the provision of youth outreach services; the provision of youth-oriented public transport systems; the provision of spaces and facilities which take into account the social differences between young people; the need to adopt a range of communication strategies; the guaranteeing of safe, confidential methods of consultation; allowing for both informal and formal means of partnership; the development of competencies; the development of clear guidelines; the provision of space for exclusive use by young people; and the undertaking of proactive campaigns which attempt to breakdown stereotypes and barriers.

Housing:

- Health outcomes have been shown to improve when people who are homeless or living with a mental illness are provided with housing, particularly when they lack social and economic support (Blunden & Johnston, 2005).
- There is a strong relationship between poorer health and living in public housing or being a low-income private renter. In part this is due to diet, exercise and age, but also because those with a physical disability or mental illness are prioritised in the allocation of housing (Blunden & Johnston, 2005).

Council:

- The provision of common meeting places, away from residential and commercial settings, that are regarded as safe and agreeable encourages the development of social relationships, neighbourliness and mutual support and the development of social capital such as civic participation and trust (Cullen & Whiteford, 2001; Neville, Furber et al, 2004).
- Two options that can help ensure public space is available for young people are to adopt a multi-level and multi-dimensional approach and developing multiple uses for under-used urban spaces (Crane & Dee, 2001; White, 2001).
- Good design and management of public space and parks can help overcome concerns about the threat of theft or assault for children and young people that often mean they are not allowed to use local parks and open spaces (Commission for Architecture and the Built Environment, 2004a).

3.1 Community Facilities, Medical Services, Child Care, Schools

- Positive health outcomes for families can be achieved through initiatives that go beyond traditional health care provider models and link the environment, the economy, and community health through urban brownfield redevelopment and sustainable land-use planning (McAvoy, Driscoll & Gramling, 2004).

Health Services:

- Public health professionals can help strengthen community capacity by increasing access to accurate information; building strong relationships between communities and local health departments, and supporting community involvement in decision-making (Freudenberg, 2004).

What Granville community and stakeholders request

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| <ul style="list-style-type: none"> • More Art, music and theatre. • Community interaction is a high priority. • Cross-cultural family inclusive events and youth music events would assist with cultural expression and harmony. • Proper sporting facilities needed. • Movies, indoor basketball and soccer are seen as good indoor activities. • Community gardens for food growing, increase fertile land. • More police walking/riding the beat-not only in the CBD's of Granville and Guilford. • More hospitality services, more facilities for meeting. • Amphitheatre for cultural festivals. • Better utilisation of existing cultural facilities. • Facilities for all age groups. • Places for live entertainment. • Local health/leisure centres to work with Council/Health Department • Community access to holistic and preventative health education. • Access to medical services improved. • Knowledge is power. How do communities get their information about services, health issues, options? • Improve access to services-including public transport and health services. • Drug use and waste disposal are an issue. • No access to dentists for many people. | <ul style="list-style-type: none"> • Town hall building valued as a landmark community building by children. • Doctor's surgery and Multicultural Centre valued because of the positive contribution to community and neighbourhood environment. • Familiar places such as Schools are important. • Promoting interaction by street parties, evening classes at Youth and Recreational Centre, YMCA type activities for young people. • More school holiday activities for children from a young age could assist in preventing drug use and drinking. • More youth recreational spaces needed during evening. Bus shelter is only space currently available. • After school hours care for children. • Improved standard of schools in the area, better computers and facilities. • Entry cost to local swimming pool too high for many people. • Access to Youth Centre on weekends • Long working hours, parents emphasis on healthy children's activity at own health cost. • Improved car parking around schools. • Improved carer networks and respite care • Quality and range of services available is poor. • Not enough Aboriginal support re housing, education, employment. • Better mix of ethnic groups. |
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3.1 Community Facilities, Medical Services, Child Care, Schools

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| <ul style="list-style-type: none"> • The Police Station seen by children as an important element in community health and safety. • Churches valued not only for religious affiliation but also for contribution to streetscape. | <ul style="list-style-type: none"> • More opportunities for different cultural groups to come together and build relationships (counter racism). • Appropriate venues or facilities to support cultural practices etc. • More family support services for single parents and parents with children under 7 years • Ability to communicate e.g. language issues, access to information in various languages. |
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Granville Issues	Ideas for Improvements from Stage 1 Regeneration Report
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| <p>According to PCC 2001 Census data for Granville:</p> <ul style="list-style-type: none"> • 32.4% of Granville's population is aged between 5-24 yrs • 39% is 25-54 yrs • 20.7% is over 55 yrs • Granville has 4 long day care centres and 4 pre-schools | <ul style="list-style-type: none"> • As part of the development of Council's strategic plan to 2025, identify additional community facilities, including their location, funding and resourcing. This may include: <ul style="list-style-type: none"> - community halls and activity centres - medical services - meeting places for young people - other specialist services - Re-use Chateau Blanc for a community use that is open to the public. - Upgrade the Public Library |
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Recommendations

- That Council and other stakeholders explore funding opportunities for staffing that support extending opening hours of Granville Youth & Recreation Centre.
- That Council considers supporting expanded community transport options for Granville.
- That SWAHS establish the feasibility of an Aboriginal Outreach Health Service for the Aboriginal community of Granville. That SWAHS Community Health Services based at Auburn, Parramatta and Merrylands identify an appropriate communication medium for Granville residents to facilitate improved access to and greater awareness of local health services.
- That pre-schools, early childhood services and OOSH Services in Granville are examined by PCC and DOCS to determine any gaps, especially for children from low SES groups (7.9% of Granville's population is under 5).
- That PCC explore the feasibility of expanding Granville Library and other available facilities so as to increase community access to meeting places and venues
- That PCC review community facilities in Granville/Sth. Granville including location, availability to community and funding, so as to provide a rationale for the provision and funding of additional community facilities

Theme 4 - Landscape, Parks, Recreation, Access to Duck Creek

Summary of Key Points from Evidence

Access to attractive, well designed and well maintained outdoor space is strongly associated with lower levels of stress and depression and higher levels of physical activity and social cohesion.

4.1 Landscape, Parks, Recreation, Access to Duck Creek	
Evidence describing the issue	Evidence about intervention strategies
<ul style="list-style-type: none"> • Access to attractive, well designed and well maintained outdoor space is associated with lower levels of stress and depression and higher levels of physical activity and social cohesion. • Time spent in parks and green open space has also been found to reduce stress levels while access to good quality, well-maintained public space encourages physical activity which in turn has a positive impact on mental health (Commission for Architecture and the Built Environment, 2004a). • Overseas research shows that the number of children being driven to school has doubled since the 1980s, and this has contributed to childhood obesity, leading to the development of an action plan that addresses school travel patterns, traffic congestion and pollution, and encourages more pupils to take regular exercise (Social Exclusion Unit, 2003). 	<ul style="list-style-type: none"> • The accessibility and availability of recreational facilities are important factors in determining physical activity levels, which ranks as the second most important factor in disease prevention in Australia (Neville, Furber et al, 2004). Access to swimming pools is associated with relief of stress and isolation, improved health and wellbeing and improved social contact and mental health (Thomson, Kearns & Petticrew, 2003). • In the promotion and planning for walkable neighbourhoods the key issues to address are health, transport, equity and sustainable communities. The main challenges are planning policies and practices that help achieve a better physical environment for walkers, support the choice to walk and improve the institutional framework (DOT, 2003).
What the Granville community and stakeholders requests	
<ul style="list-style-type: none"> • Duck Creek, though polluted, was seen as a potentially positive community space • Trees valued individually, rather than location of tree • Granville War Memorial and Granville Train Disaster Memorial understood as representing significant historical events, and their importance in the local community 	<ul style="list-style-type: none"> • Safe paths through parks • More street and park furniture • Skate parks and basketball courts • Shaded outdoor picnic & seating areas • Clean waterways for fishing • Clean well maintained toilets, unlocked

4.1 Landscape, Parks, Recreation, Access to Duck Creek	
<ul style="list-style-type: none"> • Safe open space that encourages wildlife and recreation, family oriented, can be used with pets • A place to relax for all age groups to ensure security and understanding • Restoration of natural areas, increase access & safety of use for members of the public • Improved facilities needed in parks • More rubbish bins • Users need to be considered more when new paths built • Parks need shaded areas, BBQs, ponds with fish, garden, trees • Basketball courts, skate park, football fields, sport in parks such as volleyball, softball, swings, slides - there is nowhere to play sport • Pool parlours would be good • Amphitheatre like Parramatta would be good, a public eating area • Sporting competitions • Cultural events to learn about other cultures • Outdoor activities and child safety? community perceptions • Pollution, rubbish, graffiti seen as having a negative impact, esp; graffiti's impact on streetscape • Granville pool costs too much, no BBQ, no space to place. Prefer Parramatta for slides, shades, grass • No place to sit and meet beside Duck Creek 	<ul style="list-style-type: none"> • Covered & paved areas in public areas • Connect open space to public transport and green spaces and river • Spaces for toddlers, and activities such as tai chi, exercises, chess, plus sandpits, bike paths • Parks need rugby posts and soccer posts • Smaller parks in the area with tree shade, with creative playspace using natural environment rather plastic playground sets • Having the right tree height in street so as not to impede lighting • Access to affordable, appropriate recreation facilities • Open space important to children as recreational space and for socialising with friends. • Children felt that clean and well kept open space equated to a happy & healthy community • Children were concerned about anti social behaviour associated with graffiti • The importance of night lighting for security was observed by a number of children • Places that encourage physical activity incl. children's play areas • Child safety in public areas • Duck Creek important part of the local Aboriginal community heritage, currently access is poor. • Granville issues: Nil other than the above mentioned matters raised by community and stakeholders
Ideas for Improvement from Stage 1 Regeneration Report	Recommendations
<ul style="list-style-type: none"> • Implement Council's Open Space Strategy in the study area. • Undertake a connected open space and improvements program along Duck Creek and threading into the neighbourhoods. This should include the identification of additional open space opportunities, as recommended in the Open Space Strategy. 	<ul style="list-style-type: none"> • That pedestrian connectivity becomes a key principle in all Council plans including Residential Development Strategy, Transport & Traffic Plans & the Open Space Strategy • That Section 94 contributions are allocated to address all ideas for infrastructure improvements for Granville including Duck River

4.1 Landscape, Parks, Recreation, Access to Duck Creek

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| <ul style="list-style-type: none">• Implement the recommendations of Council's Natural Areas Plan of Management in relation to Duck River.• Support the ongoing rehabilitation works at Duck River by Council and bushcare groups.• Research and implement a Granville heritage and nature trail that encompasses all significant open space and heritage structures. | <p>(an Aboriginal heritage site)</p> <ul style="list-style-type: none">• That Council considers strategies to improve disadvantaged community member's access to Granville swimming pool• That opportunities for more recreational facilities are explored which take into account the needs of Aboriginal and CALD groups living in Granville and Sth. Granville. |
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Theme 5 - Housing & Urban Design

Summary of Key Points from Evidence

Urban regeneration offers the opportunity to improve housing stock, increase service provision, improve the aesthetics of the environment and stimulate employment. It can also help reduce injury, alleviate problems with noise and improve transport and traffic problems.

5.1 Urban Design & Housing

Evidence describing the issue

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| <ul style="list-style-type: none"> • Perceptions that the physical environment is aesthetically appealing and safe encourages physical activity levels (Carnegie et al, 2002) and social interaction (Baum & Palmer, 2002) which in turn impacts positively on health while perceptions of an unsafe environment lead to lower levels of physical activity (Centre for Disease Control & Prevention, 1999). • Neighbourhood dissatisfaction is closely associated with housing satisfaction, neighbourhood appearance and to a lesser extent with perceptions of noise, friendliness, community spirit, schools and crime (Parkes, Kearns & Atkinson, 2002). • Because road traffic speed is a major contributor to crashes and injury severity, it has a direct impact on health (Crombie, 2002). • Economic and social disadvantage are major risk factors for all types of injury (Jolly, Moller & Volkmer, 1993). • Coronial records from England & Wales show that between 1973 and 1976 children above the first floor were 57 times more likely to be killed by falling than children on the first and ground floors (Best, 1995; Cave, et al, 2001). • People living in high rise buildings are more prone to serious accidents, such as falling from windows and balconies and have less chance of escaping in a fire (Cave et al, 2001). | <ul style="list-style-type: none"> • Research into social connectedness in communities with public housing has shown mixed results. Some studies have appeared to show greater community connectedness in public housing developments than among communities with a mix of public and private housing tenures (Mullins & Western, 2001). This may due to the fact that public housing is often built in estate developments and, together with the low economic resources and average age of residents, creates a 'localising' effect. In contrast, a study of sole parent public housing tenants showed a lack of social connectedness (Burke & Hulse, 2002). • Research into the needs of young people in public spaces indicates that they would prefer to share public space with other people rather than be isolated from them and that their needs are similar to other community members (DUAP, 1999). • Urban regeneration activity can provide an opportunity to address mental health issues and achieve better mental health outcomes among tenants in both private and publicly funded housing redevelopments, particularly those that are associated with personal psychosocial risk factors including conflict, unemployment, bereavement and depression (Thomas, Evans, Huxley, Gately & Rogers, 2005). |
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5.1 Urban Design & Housing	
	<ul style="list-style-type: none"> • High density living may be damaging for mental health of women (Gabe and Williams, 1993). • Re-housing can improve health and welfare and it is also possible that staying put can be as bad for your health as moving (Smith et al, 1997).
Evidence for intervention strategies	Evidence on health impacts of housing change
<ul style="list-style-type: none"> • Health priorities of any Urban Planning Strategy (Barton & Tsourou, 2000) are: <ul style="list-style-type: none"> – To enhance accessibility by foot and bike and thus to promote healthy exercise and a sense of local community, increasing equity in the access to services for people with poor access to transport. – To enhance the viability of public transport as a means of increasing travel options and cutting reliance on car use, hence reducing traffic related injury, car pollution and CO 2 emissions. – To increase the choices open to all sectors of the population - especially people who do not use cars - for access to employment, education, health, shopping and leisure activities. – To increase the range and quality of residential accommodation which will facilitate households finding housing to suit their needs and income. – To foster the economic buoyancy of settlements, increasing the range of job opportunities and creating the resources to both regenerate urban areas and provide services. • Considerations should be given to achieving reductions in road traffic speed through engineering, education and enforcement initiatives such as engineering changes to the built environment, including traffic calming and safer routes to school schemes, which encourage walking and cycling (Crombie, 2002). 	<ul style="list-style-type: none"> • Degree of control individuals have over re-housing process is important. • Medical priority housing alleviated mental illness and depression (Smith et al, 1999). • Different experiences of re-housing (either positive or negative) were dependent on the amount of control people wished to have, and managed to exert, over the refurbishment process (Allen, 2000). • Tenants should be involved as much as possible in the renewal process (Allen, 2000). • Financial assistance with moving, redecorating and furnishing new homes are seen as helpful (Collard, 1997). • High levels of mobility had detrimental effects on families' access to primary health care and education (Collard, 1997). • Where re-housing has brought an improvement in services to the area, a reduction of mental illness and increased social support was found [a longitudinal 10 year follow up of 503 residents in a suburb of Oslo, Sweden] (Dalgard & Tambs, 1997). • Housing renewal aspects such as improvements to windows and bathrooms, fencing of semi-private space, closing alleyways, traffic calming and improved children's play facilities has been shown (in a longitudinal study before and after renewal) to reduce anxiety, improve self esteem, reduce fear of crime, increase perceived "friendliness" of area and reduce concern about safety risks (Halpern, 1995).

5.1 Urban Design & Housing	
<ul style="list-style-type: none"> • Regarding re-housing, evidence states that: <ul style="list-style-type: none"> – Re-housing can precipitate mental illness and cause stress, especially for people on fixed incomes (such as unemployment benefit)(Smith et al, 1997). – Mental illness and depression can improve with re-housing (Dalgard & Tambs, 1997) 	<ul style="list-style-type: none"> • Sense of community and neighbourhood satisfaction can be supported by neighbourhood policies that address a broad range of goals based on residents' own assessments of local conditions (Parkes, Kearns & Atkinson, 2002).
What Granville community & stakeholders request	
<ul style="list-style-type: none"> • High rise not favoured, compromise if town centre was higher density, then other areas could be lower density. • Department of Housing needs to develop mechanisms to ensure their policies around safe asbestos removal during refurbishment are followed by their contractors. • Flats two storeys high. • Variety of housing to suit different people. • High quality residential. • Safety a concern, better lighting would help. • More trees and native vegetation needed. • More shade would improve pedestrian activity, making a more pleasant environment. • Community interest in local heritage buildings and PCC plans for same. • Request to keep trees in any new developments. • More modern appearance needed for Granville, cleaner streets, more greenery, more recycling, special bins for smoking butts and needles. • Medium density housing around nodes of large areas - not just corner shop! • Children's homes, friends' places, backyards identified as important. • Family home is an icon for family being together. • Department of Housing need to maintain their houses to a higher standard • Ageing population - need to plan for aged facilities. 	<ul style="list-style-type: none"> • Clean air. • Less concrete, more trees. • Much of housing is low cost construction. • Feeling of safety lacking. • Need better utilisation of open space through improved safety by design measures. • A traffic-free place to express art. • Everything within walking distance. • A centre or place to meet, shop, eat, with cost free options. • More community meeting spaces needed. • More trees/greenery and landscaping around railway station and commercial areas. • Mixed urban form (shops, parks, cafes, pedestrian access using wide footpaths as walkways). • Connect facilities to enable walking without traffic. • Library embellishment. • Renew shops in town centre. • More Town centre community usage e.g. markets. • Put high rise and low rise housing in own areas. • Strong connection between children, family members and historical events or places specific to the family.

5.1 Urban Design & Housing

- Develop north side of railway line.
- Improve footpaths, including new paving and widening at appropriate locations to facilitate alfresco dining opportunities for restaurants/café's.
- Refurbish shopfronts and façades, including awnings and signage.
- Ensure a sensitive design response to heritage façades.

- Confinement of children to homes for safety. (ie this is a problem)
- More space in housing.
- Disabled access in streets-ramps, laybacks for motor wheelchairs.

Granville Issues

- The NSW Department of Housing (DoH) advises that it manages 1,079 dwellings and 1,530 tenants within the study area. The 2001 Census showed that 30% of the dwellings within South Granville are public housing, compared to 6.0% in Granville.
- The Department's housing stock is mainly from the post-war era nearing the end of its life, with 69% of the stock more than 30 years old.
- The majority of tenants (approx 50%) have been DoH tenants for less than five years, 18.5% of tenants have resided in DoH housing for more than 15 years and 51% live alone (single person households).
- The Department's stock comprises a mix of cottages (46.3%) and units (43%), with most of them located in Guildford and South Granville.
- Anecdotal evidence from the DoH and also from site appraisal indicates that much of the stock is insufficient for the tenants needs. For example, there is an increasing need for one and two bedroom dwellings rather than three and four bedrooms. Also, there is an increasing need for adaptable and flexible aged housing (Consultant's report, 2005).

Sth. Granville Housing

- A profile of public housing in **South Granville** (as at Dec 2003).*
- The DoH housing stock in South Granville comprises 575 dwellings, most of which are 2 or 3 bedroom cottages or bedsit units. There are less than 40 townhouses and villas. Most housing is more than 30 years old with only 10% built within the last 10 years.
 - Mobility is high and the median length of tenure is 5 years with 70% of tenants having lived in South Granville for 10 years or less. About 60% of households have one tenant with over one third comprising single female occupants. Over half of the household heads are 45+ years and nearly 10% are over 80 years of age. There are only 7 households known to have Aboriginal tenants, but there is missing data over indigenous status for over 40% of households. (NB: PCC indicates that their most recent data has 311 Aboriginal people residing in Granville/Sth. Granville).
 - The majority of tenants receive a pension (35% disability pension) or government allowance and more than half receive an income of less than \$300 per week. There are very few children and young people living in public housing in the suburb with only 94 households containing children, most of whom (n=65) are under 13 years of age.
 - As waiting lists for public housing are extensive, there is a need to ensure improvements do not reduce overall number of properties.

5.1 Urban Design & Housing	
Ideas for Improvement from Stage 1 Regeneration Report	Recommendations
<ul style="list-style-type: none"> • Develop desired future character statements for the major nodes, neighbourhood nodes and neighbourhoods. • Revise development controls to ensure that housing is appropriately scaled and in character with neighbourhoods. • Increase housing density around the major nodes. • Undertake a comprehensive audit of public housing stock with regard to not only its suitability to tenants' needs but also the condition of the house, resulting in an evaluation of its suitability for adaptation, refurbishment and/or redevelopment. • Identify the staging of refurbishment and/or redevelopment of public housing. • Increase housing density around the town centre, potentially up to six (6) storeys. • Redevelop the existing bus interchange site on the southern side of the rail line with retail, commercial and residential uses. • Upgrade the town centre on the northern side of the station to attract active retail uses and provide an appealing destination. • Create a public square to address the community need for an open gathering space. 	<p>That the Department of Housing:</p> <ul style="list-style-type: none"> • will implement a Maintenance Reform Program which will bring all properties up to an agreed standard of maintenance and upgrading. • will through its Portfolio Strategy continue to redevelop older properties that have reached the end of their economic lives with smaller dwellings to cater for the ageing population. • will continue to assess applicants for housing and tenants for rehousing based on their individual needs. • will continue to work with Parramatta City Council and other major service providers in relation to the general physical amenities and service provision in South Granville. • will communicate the principles of the Health Impact Assessment in South Granville to the Divisional Executive and the local Client Service Team and work in partnership with Government and community service providers and local residents in supporting and implementing relevant strategies.

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Appendix 3 - Granville HIA Policy Review

The following key documents were reviewed as part of the screening step for identifying the potential links with the GGGRS proposal:

- **Healthy People 2006 (Draft)** - The document forms the basis of population health directions for NSW until the end of 2006. It provides a strategic context for action addressing the social determinants of health, and acknowledges that most of the improvements in health occur outside the health system. It also views urban environments as an emerging area of action for health improvement.
- **In All Fairness - Increasing Equity in Health Across NSW** - This statement recognises that not everyone shares the same level of health, or the same level of resources to improve health. It is also important to respond to people with different needs in different ways.
- **NSW Aboriginal Health Impact Statement** - These guidelines are a blueprint for addressing the health needs and interests of Aboriginal people, and ensuring that health workers accommodate the needs of Aboriginal people in any major program or initiative.
- **SWAHS Health Promotion Statement of Strategic Intent (Draft)** - This document outlines a set of principles and a strategic context for the work of the SWAHS Centre for Population Health, Health Promotion Team.
- **Parramatta Council's Draft Residential Developmental Strategy (RDS)** - This policy provides the zonings (which relate to land usage such as housing density) and open space requirements for the whole of the Parramatta LGA. All future residential development in the LGA will require alignment with the RDS, including future stages of the Greater Granville Regeneration Strategy.
- **Department of Housing - Regeneration Methodology** - The Department of Housing owns a high proportion of housing in some areas of the Parramatta LGA, including parts of Greater Granville. The redevelopment of these properties will therefore have a significant impact on these areas (DOH Draft Regeneration Methodology Project Brief, 2004). A regeneration methodology provides a framework for redevelopment, in a context of holistic renewal planning, which integrates and improves urban design and produces improved social, cultural, economic and environmental outcomes (DOH Draft RM Project Brief 2004). The GGGRS proposal was developed as an example of urban regeneration methodology best practice. It is anticipated that the regeneration methodology as developed and implemented in Greater Granville will inform not only future stages of this regeneration project, but also planning for other DOH regeneration proposals in other parts of NSW. It is important to note that, from the perspective of DOH, at this stage there is no one regeneration methodology - each regeneration area is treated as a discrete setting and specific methodologies are tailored for local areas and communities as required.

Appendix 4 - Community Consultation

Granville HIA – Community Consultation Information aligned with key themes of the HIA. The following tables summarise the key points from the six Community Consultation Reports that link to the five themes of the HIA.

The Community Consultation Reports listed below were conducted by external consultants and PCC and DOH to support community consultation for regeneration planning.

- **Report 1**- *Through a Child's Eye - "Week with a Camera" at Granville - October 2004*
- **Report 2** – *The Greater Granville Regeneration Plan Report on the Stakeholders Workshop – July 2004*
- **Report 3** – *Greater Granville Regeneration Plan Report on the Greater Granville Expo - a drop in style interactive exhibition - August 2004*
- **Report 4** – *Granville Aboriginal Public Housing Tenants Consultation - December 2005*
- **Report 5** – *Granville Youth Consultation and Workshop - September 2004*
- **Report 6**- *Greater Granville Health Impact Assessment Steering Committee Workshop on Social Determinants of Health - November 2005*

Themes	Report 1 – Through a Child's Eye- "Week with a Camera" <ul style="list-style-type: none"> – Based on an exercise with two primary schools. – Total participants n = 51(5.98% of total enrolment of 2 schools & 2.08% of total Granville primary school enrolment) – Total 2004 enrolment in those 2 schools n=852. – Total 2004 pupil enrolment in all Granville primary schools n=2443, total primary schools n=7 	Report 2 – The Greater Granville Regeneration Plan Report on the Stakeholders Workshop <ul style="list-style-type: none"> – This was an all day workshop with Council, NSW Housing and community nominated stakeholders. – Stakeholders represented n=21 organisations
Transport, Parking, Traffic, Pedestrian & Cycle	<ul style="list-style-type: none"> • Pedestrian access & public transport important to children • Children suggested locations of future pedestrian crossings and bus shelters 	<ul style="list-style-type: none"> • Improved management of car spaces and parking around town centre • Reduction of car usage • Public transport from all suburbs & areas, incl. connecting buses and trains • Greatly improved bike and pedestrian tracks, well connected to all community facilities

Themes	Report 1 – Through a Child’s Eye- “Week with a Camera” <ul style="list-style-type: none"> – Based on an exercise with two primary schools. – Total participants n = 51 (5.98% of total enrolment of 2 schools & 2.08% of total Granville primary school enrolment) – Total 2004 enrolment in those 2 schools n=852. – Total 2004 pupil enrolment in all Granville primary schools n=2443, total primary schools n=7 	Report 2 – The Greater Granville Regeneration Plan Report on the Stakeholders Workshop <ul style="list-style-type: none"> – This was an all day workshop with Council, NSW Housing and community nominated stakeholders. – Stakeholders represented n=21 organisations
Business, Industry & Neighbourhood Node		<ul style="list-style-type: none"> • More outdoor cafes, more modern shops – incl. shoptop residences and small businesses on strips • More local employment • More mixed business use in 2 storey shops • Access to variety of healthy food choices
Community Facilities, Medical Services, Child Care, Schools	<ul style="list-style-type: none"> • The Police Station seen as an important element in community health and safety • Churches valued not only for child’s religious affiliation but also for contribution to streetscape • Town hall building valued as a landmark community building • Doctors surgery and Multicultural Centre valued because of the positive contribution to community and neighbourhood environment • Familiar places such as Schools important 	<ul style="list-style-type: none"> • More Art, music and theatre • Amphitheatre for cultural festivals • Facilities for all age groups • Community gardens for food growing, increase fertile land • Places for live entertainment
Landscape, Parks, Recreation, Access to Duck Creek	<ul style="list-style-type: none"> • Open space important to children as recreational space and for socialising with friends. • Duck Creek, though polluted, was seen as a potentially positive community space. • Children felt that clean and well kept open space equated to a happy & healthy community • Trees valued individually, rather than location of tree • Granville War Memorial and Granville Train Disaster Memorial understood as representing significant historical events, and their importance in the local community 	<ul style="list-style-type: none"> • Places that encourage physical activity incl. children’s play areas • Safe open space that encourages wildlife and recreation, family oriented, can be used with pets • Safe paths through parks • More street and park furniture • Skate parks and basketball courts • Shaded outdoor picnic & seating areas • Clean waterways for fishing • Clean well maintained toilets, unlocked

Themes	Report 1 – Through a Child’s Eye- “Week with a Camera” <ul style="list-style-type: none"> – Based on an exercise with two primary schools. – Total participants n = 51 (5.98% of total enrolment of 2 schools & 2.08% of total Granville primary school enrolment) – Total 2004 enrolment in those 2 schools n=852. – Total 2004 pupil enrolment in all Granville primary schools n=2443, total primary schools n=7 	Report 2 – The Greater Granville Regeneration Plan Report on the Stakeholders Workshop <ul style="list-style-type: none"> – This was an all day workshop with Council, NSW Housing and community nominated stakeholders. – Stakeholders represented n=21 organisations
	<ul style="list-style-type: none"> • Pollution, rubbish, graffiti seen as having a negative impact, esp; graffiti’s impact on streetscape. Children were concerned about anti social behaviour associated with graffiti • The importance of night lighting for security was observed by a number of children 	<ul style="list-style-type: none"> • Covered & paved areas in public areas • Connect open space to public transport and green spaces & river • Spaces for toddlers, & activities such as tai chi, exercises, chess, plus sandpits, bike paths
Housing, Urban Design,	<ul style="list-style-type: none"> • Child’s home, friends’ places, backyards identified as important • Family home is an icon for family being together • Strong connection between children, family members and historical events or places specific to their family 	<ul style="list-style-type: none"> • A centre or place to meet, shop, eat with cost-free options • A place to express art, traffic free • More trees/greenery & landscaping around railway station, commercial areas • Mixed urban form (shops, parks, cafes, pedestrian access using wide footpaths as walkways • Connect facilities to enable walking without traffic • Library embellishment • Renew shops in town centre, • More Town centre community usage, eg markets • Everything within walking distance • Put high rise and low rise housing in own areas • Develop north side of railway line • Flats two storeys high • Variety of housing to suit different people • High quality residential

Themes	Report 3 – Greater Granville Regeneration Plan Report on the Greater Granville Expo <ul style="list-style-type: none"> – This Expo was an open community engagement event, held in a large tent in a local park on a Saturday afternoon. – The tent had a display of the plans for Granville, and the community was invited, as they walked through the tent, to make written comments. – The attendance estimate was 300-350, with 175 local people registering for further information. 	Report 4 – Granville Aboriginal Public Housing Tenants Consultation Report <p>This information has come from two sources:</p> <ul style="list-style-type: none"> – A focus group, facilitated by PCC, with 8 members of the Aboriginal community of Granville, and; – From the two Granville Aboriginal community representatives (n=2) on the HIA Steering Committee. Latest PCC data has Aboriginal people from Woodville ward n= 311.
Transport, Parking, Traffic, Pedestrian & Cycle	<ul style="list-style-type: none"> • Footpath improvements necessary • Numerous requests for cycleways and walkways • Current sharing of cycleways with car parking wasn't working, specific locations re local areas eg Duck Creek seen as priority • Improved public transport needed, bus stops with shade and bus linking Granville Town Centre with other shopping centres, parks, open spaces 	<ul style="list-style-type: none"> • More east/west access by bus to Auburn Hospital, shops etc
Business, Industry & Neighbourhood Node	<ul style="list-style-type: none"> • Jobs for young people in area incl, P/T work at Woolworths, seen to help in preventing drug and alcohol problems 	
Community Facilities, Medical Services, Child Care, Schools	<ul style="list-style-type: none"> • Community interaction high priority • Promoting interaction by street parties, evening classes at Youth and Recreational Centre, YMCA type activities for young people • More school holiday activities for children from a young age could assist in preventing drug use and drinking • Schools not up to standard in the area, with lack of computers and facilities 	<ul style="list-style-type: none"> • Entry cost to local swimming pool too high for many people

Themes	Report 3 – Greater Granville Regeneration Plan Report on the Greater Granville Expo <ul style="list-style-type: none"> – This Expo was an open community engagement event, held in a large tent in a local park on a Saturday afternoon. – The tent had a display of the plans for Granville, and the community was invited, as they walked through the tent, to make written comments. – The attendance estimate was 300-350, with 175 local people registering for further information. 	Report 4 – Granville Aboriginal Public Housing Tenants Consultation Report <p>This information has come from two sources:</p> <ul style="list-style-type: none"> – A focus group, facilitated by PCC, with 8 members of the Aboriginal community of Granville, and; – From the two Granville Aboriginal community representatives (n=2) on the HIA Steering Committee. Latest PCC data has Aboriginal people from Woodville ward n= 311.
Urban Design, Housing Density	<ul style="list-style-type: none"> • More community meeting spaces needed • Safety a concern, better lighting would help • More trees and native vegetation needed • More shade would improve pedestrian activity, making a more pleasant environment • Community interest in local heritage buildings and PCC plans for same • Department of Housing needs to maintain their houses to a higher standard • High rise not favoured, compromise if town centre was higher density then other areas could be lower density • Request to keep trees in any new developments 	<ul style="list-style-type: none"> • Department of Housing need to develop mechanisms to ensure their policies around safe asbestos removal during refurbishment are followed by their contractors

Themes	Report 5 – Granville Youth Consultation and Music Workshop Report <ul style="list-style-type: none"> – The Youth Consultation and Music Workshop was attended by 9 young people. – The cultural groups present were Polynesian, Polish, Indian and Anglo Saxon 	Report 6 – GG HIA Steering Committee Social Determinants of Health Workshop Report - what could be improved in Granville? <ul style="list-style-type: none"> – The Granville HIA Steering Community consists of 19 community and stakeholder representatives. – Workshop attendance was n=15. – The Dalgren and Whitehead SDH diagram (1998) was used a framework for asking two questions about Granville - what was good and what could be improved? – The responses below were transcribed into the key HIA themes.
Transport, Parking, Traffic, Pedestrian & Cycle	<ul style="list-style-type: none"> • Train station is a meeting place and central connection place, but was unclean, cramped, ugly and unsafe, which reflected badly on the area. • It needs more lights, youth friendly staff, community art would improve appearance • Ramp at station is too steep, steps need to be wider • Poverty/crime cycle affects transport, through more robberies at train station • Transport a big issue, can't get home safely at night from youth centre, shops • More street lights and street patrols needed • Sexual assaults are happening in area • Strangers to area are vulnerable, don't know which areas are safe to walk 	<ul style="list-style-type: none"> • More transport services that connect to where people want to go • No bike access to Botanic Gardens and BBQ areas from Granville side • Bike paths that are connected and lead to community venues • No access to Campbell Hill Reserve by public transport, lack of BBQ shelter at Campbell Hill • Improved access to transport through buses - in areas at distance from rail stations • Air pollution an issue • Access to all services need improving • Access to reliable transport, including east/west transport to access Auburn Hospital and Auburn Community Health Services • Safety in public transport access through Granville, Sth. Granville, Merrylands, Guilford • Better access to Auburn Hospital

Themes	Report 5 – Granville Youth Consultation and Music Workshop Report <ul style="list-style-type: none"> – The Youth Consultation and Music Workshop was attended by 9 young people. – The cultural groups present were Polynesian, Polish, Indian and Anglo Saxon 	Report 6 – GG HIA Steering Committee Social Determinants of Health Workshop Report - what could be improved in Granville? <ul style="list-style-type: none"> – The Granville HIA Steering Community consists of 19 community and stakeholder representatives. – Workshop attendance was n=15. – The Dalgren and Whitehead SDH diagram (1998) was used a framework for asking two questions about Granville - what was good and what could be improved? – The responses below were transcribed into the key HIA themes.
		<ul style="list-style-type: none"> • Improve access to services-including public transport and health services
Business, Industry & Neighbourhood Node	<ul style="list-style-type: none"> • More options for shops, eg can't buy shoes in area, more affordable clothing shops • Skill the youth to obtain employment, they have low incomes and are poor 	<ul style="list-style-type: none"> • Committed volunteers - where are the paid jobs that improve community/family viability? • Sedentary lifestyles in workplace and home a problem • Targeted programs for unemployment to upskill and build community capacity • Increase learning and pathways into local jobs • Underemployment for physical and mental health • Quality and health/safety of food for sale in corner shops
Community Facilities, Medical Services, Child Care, Schools	<ul style="list-style-type: none"> • Cross cultural family inclusive events and youth music events would assist with cultural expression and harmony • Proper sporting facilities needed • More youth recreational spaces needed during evening. Bus shelter is only space currently available • Movies, indoor basketball and soccer are seen as good indoor activities • Access to Youth Centre on weekend non-existent 	<ul style="list-style-type: none"> • Not enough Aboriginal support re housing, education, employment • Better utilisation of existing cultural facilities • Drug use and waste disposal an issue • Improve access to services - including public transport and health services • After school hours care for children • Lack of Carer networks and respite care

Themes	Report 5 – Granville Youth Consultation and Music Workshop Report <ul style="list-style-type: none"> – The Youth Consultation and Music Workshop was attended by 9 young people. – The cultural groups present were Polynesian, Polish, Indian and Anglo Saxon 	Report 6 – GG HIA Steering Committee Social Determinants of Health Workshop Report - what could be improved in Granville? <ul style="list-style-type: none"> – The Granville HIA Steering Community consists of 19 community and stakeholder representatives. – Workshop attendance was n=15. – The Dalgren and Whitehead SDH diagram (1998) was used a framework for asking two questions about Granville - what was good and what could be improved? – The responses below were transcribed into the key HIA themes.
		<ul style="list-style-type: none"> • Local health/leisure centres to work with Council/Health Department • Quality and range of services available poor • More police walking/riding the beat-not only CBD of Granville and Guilford • Long working hours, Parents emphasis on healthy children’s activity at own health cost • Limited car parking around schools • Lack of community access to holistic and preventative health education • Access to medical services could be improved • Knowledge is power. How do communities get their information about services, health issues, options? • Better mix of ethnic groups • More opportunities for different cultural groups to come together & build relationships (counter racism) • Appropriate venues or facilities to support cultural practices, etc • More family support services for single parents and parents with children under 7 yrs

Themes	Report 5 – Granville Youth Consultation and Music Workshop Report <ul style="list-style-type: none"> – The Youth Consultation and Music Workshop was attended by 9 young people. – The cultural groups present were Polynesian, Polish, Indian and Anglo Saxon 	Report 6 – GG HIA Steering Committee Social Determinants of Health Workshop Report - what could be improved in Granville? <ul style="list-style-type: none"> – The Granville HIA Steering Community consists of 19 community and stakeholder representatives. – Workshop attendance was n=15. – The Dalgren and Whitehead SDH diagram (1998) was used a framework for asking two questions about Granville - what was good and what could be improved? – The responses below were transcribed into the key HIA themes.
		<ul style="list-style-type: none"> • Loneliness and isolation - need for more hospitality services, more facilities for meeting • Ability to communicate, e.g. language issues, access to information in various languages • No access to dentists for many people
Landscape, Parks, Recreation, Access to Duck Creek	<ul style="list-style-type: none"> • Parks need shaded areas, BBQs, ponds with fish, garden, trees • Basketball courts, skate park, football fields, sport in parks such as volleyball, softball, swings, slides - there is nowhere to play sport • Pool parlours would be good • Amphitheatre like Parramatta would be good, with a public eating area • Sporting competitions • Cultural events to learn about other cultures • Parks need rugby posts and soccer posts • A place to relax for all age groups to ensure security and understanding 	<ul style="list-style-type: none"> • Granville pool costs too much \$, no BBQ, no space to place. Prefer Parramatta for slides, shades, grass • Smaller parks in the area with tree shade, with creative playspace using natural environment rather plastic playground sets • No place to sit and meet beside Duck Creek • Restoration of natural areas, increase access & safety of use for members of the public • Child safety in public areas • Having the right tree height in street so as to not impede lighting • Access to affordable, appropriate recreation facilities • Outdoor activities and child safety? community perceptions

Themes	Report 5 – Granville Youth Consultation and Music Workshop Report <ul style="list-style-type: none"> – The Youth Consultation and Music Workshop was attended by 9 young people. – The cultural groups present were Polynesian, Polish, Indian and Anglo Saxon 	Report 6 – GG HIA Steering Committee Social Determinants of Health Workshop Report - what could be improved in Granville? <ul style="list-style-type: none"> – The Granville HIA Steering Community consists of 19 community and stakeholder representatives. – Workshop attendance was n=15. – The Dalgren and Whitehead SDH diagram (1998) was used a framework for asking two questions about Granville - what was good and what could be improved? – The responses below were transcribed into the key HIA themes.
Housing, Urban Design	<ul style="list-style-type: none"> • More modern appearance needed for Granville, cleaner streets, more greenery, more recycling, special bins for cigarette butts and needles • Clean air • Less concrete more trees. 	<ul style="list-style-type: none"> • Much of housing is low cost construction • Lack of space in housing • Feeling of safety lacking • Confinement of children to homes for safety • Need better utilisation of open space through improved safety by design measures • Medium density housing around nodes of large areas - not just corner shop! • Disabled access in streets - ramps, laybacks for motor wheelchairs • Aging population - need to plan for aged facilities

