DISCUSSION PAPER
OLDER PEOPLE
(55 YEARS +)

PREPARED BY COMMUNITY PLANNING TEAM, COMMUNITY AND RECREATION SERVICES
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OLDER PEOPLE (55 years plus)

OVERVIEW

NSW South Wales Local Government Social and Community Planning Guidelines (2002) define ‘Older People’ as those who are aged 55 years and over and 45 years and over for Indigenous people. The Maitland local government area has 17,128 people aged 55 years and older, approximately 28% of the total population of 61883 (ABS Census 2006). There were approximately 246 Aboriginal or Torres Strait Islander people over 45 years of age equating to 15% of the Aboriginal and Torres Strait Islander population (ABS Census 2006). With the average life expectancy in NSW as 76.4 years for men and 81.9 years for women and with advances in health care, older people are living longer and are often healthy for their age. This is in contrast to Aboriginal and Torres Strait Islander people who have an average life expectancy of 60 years for men and 65.1 years for women (NSW Aboriginal Affairs 2008).

In the Lower Hunter the population in projected between 2006 and 2031 to increase by 160,000 (Lower Hunter Regional Strategy 2006). The Maitland LGA is projected to have a population growth of approximately 2%-3% with an estimated population in 2020 of between 80,700 and 92,500 (Maitland Urban Settlement Strategy 2009). The population is also ageing with estimated numbers in 2022 in Maitland to be 16,897 (Jackson, N.O.2004). Communities need to plan for changes of an ageing population (Australian Local Government Association 2004). These include the implications for health and community services, employment, housing and community infrastructure (Baum and Jackson 2004).

Community attitudes also need to be supportive in recognising ageing as an active and positive part of life (NSW Ministerial Advisory Committee on Ageing 2007 and 1999, World Health Organisation 2002). Older people bring wisdom, knowledge, pride and culture and history to the Maitland community. They are active in their families and communities, often as volunteers (Maitland Social Compass 07/08) and make valuable contributions to society and the economy.
Older people participate in a wide variety of groups such as service clubs, voluntary organisations, church groups, local history groups, hobby groups, sporting groups, vocational programs and Senior Citizens Association. They enjoy using a range of recreational and shopping facilities within Maitland (Maitland Social Compass 07/08).

Local community consultation was conducted to ensure that older people had a say in what is important to them. Community consultation was in the form of focus groups, interviews, collages and a survey with specific groups, including those in Residential Aged Care facilities. A number of strengths were identified in the community such as community transport, Heritage Mall, shopping, East Maitland library, access to services and businesses and the geographical location of Maitland (Maitland Social Compass 07/08).

Community consultation highlighted a number of issues for older people including; transport, dementia, health issues, GPs, traffic, home maintenance (lawns & gardens), podiatry, crime and safety, home modifications (occupational therapists), equipment and aides, council responsiveness, physical access, infrastructure (transport & roads), activities for older people, aged care accommodation, accessible and affordable housing, falls prevention, oral and dental health and mental health (Maitland Social Compass 2007/2008; NCOSS 2007, NSW ADHC 2007).

The demographics for the Maitland LGA also highlight a high proportion of young people (0-25 years) 38% compared to the Hunter average 34.1% (Census 2006). Therefore, capacity in the community is needed to support positive intergenerational relationships. As Maitland’s population increases and ages, it is important that the community celebrates the strengths of older people, as well as support their needs to enable them to maximise their quality of life which benefits not only the individual but the whole community.
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POTENTIAL PARTNERS

Federal:

Department of Veterans Affairs, Department of Health and Ageing, Department of Families, Housing, Community Services and Indigenous Affairs, Alzheimer's Australia, Carers Australia.

State:

Department Transport and Infrastructure, Department of Human Services: Ageing, Disability and Home Care, Housing, Community Services, Juvenile Justice, Aboriginal Affairs, Department of Health: Hunter New England Health, Department of Police and Emergency Services NSW, Department Premier and Cabinet, Department of Justice and Attorney General, NSW Carers Association,

Local/Regional:

Maitland City Council, PASH (Positive Ageing Strategies Hunter), Maitland HACC Forum, Hunter Valley Buses, Rover Coaches, Maitland Taxis, private charter and mini bus hire services, courtesy transport providers, local health services (e.g. occupational therapists, optometrists, podiatrists, dentists etc), local HACC services, Hunter Valley HACC Development Project, GP Access, General Practitioners, Aged Care Assessment Team, Maitland Hospital, Maitland Private Hospital, Awabakul Aboriginal Health Services, Maitland Community Care Services Inc, Tender Loving Care Inc., Aged Care Facilities in Maitland, Community Options Project, Community Dementia Unit, community support groups and programs, Dementia Advisory Service, Lower Hunter Dementia Options, Home Maintenance service, local caravan parks, developers, building industry, local Elders, Mindaribba Local Aboriginal Land Council, Clubs, Ethnic Communities Council Hunter, Maitland Senior Citizens Association, local seniors groups, community event organisers, local sporting and fitness groups, Scouts, Girl Guides, youth groups, local church groups, local nurseries, local community groups, Service Clubs, Newcastle and Hunter Homelessness Interagency Network, Maitland Crime Prevention Partnership, Maitland Domestic Violence Committee, Maitland Community Drug and Alcohol Team, Maitland Liquor Accord
SUMMARY OF IDENTIFIED PRIORITIES (NOT RANKED)

1. Transport

2. Health care

3. Housing: affordable/accessible/adaptable

4. Dementia

5. Home maintenance and modifications

6. Crime and Safety

7. Recreation, Culture, Heritage and Lifelong Learning
1. TRANSPORT

“I would like on the odd occasion to be able to go to the evening college to do some things. I cannot get there, I cannot get home. I’m stuck. And I mean you can’t rely on someone else who’s doing the course to give you a lift.”

Community Consultation Focus Group - Older People
7 December 2007

Access to affordable, accessible, reliable and regular transport enables an individual to fully participate in their community. For an ageing population there can be a range of transport options. These can include public transport, driving qualifications, community transport and family and community volunteers. Barriers to transport can result in social isolation, loneliness and depression (The NSW Committee on Ageing 2000). For older persons there is the added risk of deterioration in well being and health when there are no transport options to medical and health services.

As a person ages, their access to transport is particularly impacted when they can no longer hold a driver’s licence for a range of reasons such as disability, loss of confidence, no access to a vehicle and high costs associated with running a vehicle. Access to transport is further limited when an individual is reluctant to ask a family member or friend to drive them in order to maintain independence or a concern to not be an inconvenience (The NSW Committee on Ageing 2000).

For older people there needs to be a range of transport options, especially public transport. Extensive local community consultation was conducted via discrete focus groups, interviews and surveys with older people in the community (Maitland Social Compass 07/08, NCOSS 2007, Lower Hunter Community Care Network 2007, NSW ADHC 2007 and NSW Ministerial Advisory Committee on Ageing 2004). Older people identified they would like to utilise public transport more but the public transport in Maitland is inadequate. Specifically, public transport was stated to be unreliable, particularly for things that they need to be on time for such as medical appointments or classes.
“Bus service is hopeless. I can’t rely on it. Sometimes it’s late or doesn’t come at all. We need more buses. I’ve been left at the railway station more than once...” (Maitland Social Compass Community Consultation 2007).

It should be noted that there may be other reasons that public transport is not used. It may be a lack of confidence or they have access and mobility issues or they may not know how to access, read or understand the timetable. From the consultation, there were a number of suggestions to improve public transport in Maitland. These included a reliable service, accessible buses and taxis, locating bus stops near services and businesses, provide accessible and undercover bus shelters and seats and the bus timetable. Community education and promotion programs can assist older people in gaining the knowledge and confidence they require to utilise what transport services are already in place.

Fear for physical safety can also inhibit use. This can be addressed by community safety measures to include crime prevention by design principles (CPTED) for transport infrastructure, community safety education and public transport options to community events that also promote inclusion and intergenerational positive relationships. Examples of these include Steamfest and NAIDOC Week Family Fun Day.

The use of public transport is encouraged especially as community consultation also highlighted the issue of traffic problems in Maitland.

“Traffic is your biggest problem for all of Maitland. Like if you were going from here to Newcastle it’s impossible to get around them roundabouts. Traffic is so much, but the roads aren’t big enough. If you built a by-pass here and got all of them trucks off then it will be better. (Maitland Social Compass Community Consultation 2007)

“Well that’s the trouble; Maitland is too big for the roads…yes. Until they get that F3, that will solve all the problems. (Maitland Social Compass Community Consultation 2007)
The option of Community Transport provides transport to the frail, elderly, people with disabilities and carers in the Maitland local government area. Community Transport is funded by Home and Community Care (HACC) and the NSW Community Transport Program and relies on volunteers who are reimbursed for fuel costs. Locally the service is unable to meet the demand, including requests at short notice and those high need clients requiring a carer to assist. The service also does not operate after hours or on weekends (Maitland HACC Forum Planning Grid 08/09).

The Ethnic Communities Council Hunter also provides a Neighbour Aid Program in assisting older people with transport to shopping and medical appointments. The program relies on volunteers of which numbers are now low (Maitland Social Compass 08/09). Another option is the use of an accessible and affordable taxi service. However, the service is limited due to the small number of accessible taxis available locally and the competing demands with other population groups in the community with special needs and limited mobility (Maitland HACC Forum Planning Grid 08/09). A Taxi Voucher system is available for people who are severely and permanently disabled, however usage is limited due to the requirements that the person is able to pay half of the fare and that the total fare is no greater than $50 (Maitland HACC Forum Planning Grid 08/09).

Older persons in Maitland have highlighted the need to improve public transport and minimize the barriers for an ageing population (Maitland Social Compass Community Consultation 07/08). Increasing the safe use of public transport by older persons will also assist in alleviating the demand on transport options such as Community Transport, accessible Taxis and the expectation of maintaining a driver’s licence and private vehicle.

Transport strategies should be implemented to provide a range of appropriate and safe options for older people in Maitland to enable them to retain their independence and maximise their well being and health. It will also enable them to contribute and participate in the wider community which in turn, benefits all.
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DIRECTIONS: key strategies

1.1 Participate in implementing the Lower Hunter Transport Strategy.

1.2 Increase the number and frequency of older people using public transport.

1.3 Provide safe, accessible and sheltered bus stops and rail stations.

1.4 Promote and provide accessible and relevant community education on transport options for an ageing population.

1.5 Review transport options within the Maitland LGA to ensure the needs are met for an ageing population.

1.6 Provide more accessible Taxis to meet current demands for older people in the Maitland LGA.

1.7 Promote and recruit volunteers to community transport programs for older people.

1.8 Promote a range of accessible and affordable transport options to community events and activities to ensure older people are able to participate in community life.
2. HEALTH CARE

People today are living longer and experience many health conditions directly related to ageing. A broad range of services need to be available and coordinated to meet these needs. Local community consultation (Maitland Social Compass 07/08) identified that older people want to ensure they have access to adequate and affordable health services. They want information on the range of health and community services available to enable them to make informed decisions for their health.

Local community consultation with older people (Maitland Social Compass 07/08) indicated three main services to be addressed: hospital services, access to a general practitioner and access to a podiatrist.

Hospitals
Maitland has one public hospital and a private hospital. However, local community consultation (Maitland Social Compass 07/08) identified long waiting times in emergency department as well as a perceived lack of nursing staff to provide appropriate services.

As Maitland's population of approximately 61,880 people (ABS Census 2006) experiences growth, acute health services will need to ensure they are planned and able to ensure appropriate services for an increasing and ageing population.

General Practitioners (GPs)
Maitland is experiencing an extreme shortage of general practitioners to the population numbers (Hunter GP Access 09). According to GP Access, the ideal benchmark ratio of GPs to population is 1:1200. The Maitland area is currently 1:2016 compared to other Hunter areas, West Newcastle 1:1829 and Westlakes 1:1872.

Further, the GP workforce is ageing at a rate faster than new graduate numbers with 56% of the GP workforce aged over 50 years and 21% over 60 years old (GP Access 2007-2008).

Limited access to a GP impacts the whole community, especially older people who experience a range of health conditions requiring timely medical assessment and
monitoring. When access to a GP is not an option, this puts a high demand on hospital services for cases not requiring acute treatment or cases that have unnecessarily become acute.

**Podiatry Services**
Podiatry services are an important service to older people to enable them to minimise pain and discomfort and remain active.

Local community consultation (Maitland Social Compass 07/08) highlighted the need for more podiatry services. The Maitland Home and Community Care (HACC) Forum Planning Grid 08/09 identified that the target group of frail aged are only receiving podiatry services three times a year, with foot care and education clinics having a 12 week waiting period. Currently, there are two podiatrist businesses and one foot care clinic based in Maitland. There is an unmet demand for these services and with an increasing and ageing population for Maitland, the demand will increase, especially as new Residential Aged Care facilities are established in the area.

The Maitland Home and Community Care Forum has also identified a range of gaps and unmet need in the community. The HACC Forum comprises of government and non government health and community services and community representatives and provides networking and advocacy services in the area to the target group of frail aged and younger people with moderate to severe disability. The gaps identified include therapy services, aides such as incontinence pads and feeding sets, community nursing and dietetics (HACC Planning Grid 08/09).

The Maitland HACC forum also identified new funding for 2008/09 and included:
* Red Cross Tenant Connect Program to support Department of Housing residents who are 80 years plus, culturally and linguistically diverse clients over 65 and Aboriginal and Torres Strait Islander clients over 55 with a daily telephone call.
* ComPack’s Packages (156) Maitland City Council- Community Options Project. The packages provide short term case management to eligible clients upon discharge from hospital.
* Transitional Aged Care Program (TACP) now available from Maitland Hospital
* Purchase of a car by Maitland Community Care Services to assist with individual client transport to Gardenia Grove funded day care
* Additional dietician by Hunter New England Area Health funded by NSW Ageing Disability and Home Care to service Maitland, Port Stephens and Coalfields
* Newcastle / Lake Macquarie Community Options Project case management to the Hunter local government areas.

Research has also identified the following health care issues for older people.

**Equipment aids**
For older people, aids and equipment assist independence, quality of life and safety. However, they can be expensive and often repairs take time and money. Systems are in place to assist some older people with the cost of equipment aids. However, as the aged population increases demand on these systems will increase.

**Falls Prevention**
Falls among older people is a major public health problem in Australia and has been recognised as a priority by the NSW Department of Health. Falls in older people can result in hospitalisation, loss of mobility and death. Hunter New England Area Health (2009) state that in 2007-2008 approximately 146 people aged 65 years and older were hospitalised due to a fall in Maitland.

Falls can be prevented with appropriate community awareness and the safe design of private and public physical environments. The promotion of physical activity by older persons can also reduce the risk of falls.

**Oral and Dental Health**
Oral and dental health is fundamental to overall health, wellbeing and quality of life. The Australian Government currently recognises oral and dental health as a priority by implementing a number of strategies (Australian Government Responding to the Australia 2020 Summit; NCAHS 2007). For older people, oral health is particularly important as periodontal diseases and oral cancers are more prevalent as well as dental maintenance is required on an ongoing basis. Access to good nutrition by an older
person also relies on good dental health. For older people there is a need to access affordable, preventative dental care.

**Mental health**

Poor mental health and illness can affect various ages. For many individuals as they age, symptoms that have gone undetected or treated, intensify or become problematic in enabling the individual to maintain independence or function. Also, there are many changes that occur with ageing (e.g. socially, physically and cognitively) that require adjustment and coping skills. Communities and mental health services need to be aware that mental health is important for older people as well as other age groups and provide support and assist in reducing the stigma associated with mental illness. The community also has an important role in celebrating and acknowledging the strengths and experiences of older persons as well as provide for community activities and events that include older people.

**Aboriginal and Torres Strait Islanders**

For the Aboriginal and Torres Strait Islander population, health is “not just the physical well being of the individual but the social, emotional and cultural well being of the whole community. This is a whole of life view and it also includes the cyclical concept of life-death-life” (Department of Health and Ageing 2004). Therefore, a holistic approach is needed to be able to respond to the specific health needs of elders. Improvement in health outcomes for Aboriginal people is contingent upon effective action in all of the domains influencing health and well being, including employment, housing and education (NSW Health 2005).

The following statistics highlight the poor health status and outcomes for the Indigenous population. In NSW, Aboriginal males have average life expectancy of 60 years, 16.4 years less than all NSW males and Aboriginal females in NSW have an average life expectancy of 65.1 years, 16.8 years less than all NSW females (NSW DAA 2007).

Mainstream primary health care services are under-utilised for a complex range of reasons, including lack of bulk billing, transport issues and discrimination. As a consequence many Aboriginal people are presenting to health services late in the
course of their diseases resulting in significantly higher rates of preventable complications and death (NSW Health 2005).

Culturally and Linguistically Diverse residents
Maitland is a diverse community with at least 34 countries represented (Census 2006). There are 3,029 residents from another country who arrived prior to 1991, and are part of Maitland’s ageing community (Census 2006). The Ethnic Communities Council of Hunter sponsors ethno-specific friendship groups in the Maitland areas for the frail aged, younger people with a disability and their carers through the Home & Community Care & the National Respite for Carers Program. They have identified that many of the elderly are reverting back to their native or country of origin language as they age and that more support is required for ethno specific groups. For many cultures there are also specific protocols and beliefs in regards to health and the appropriate treatments. The Maitland Home and Community Care (HACC) Forum has also identified the need to ensure culturally appropriate services and case management.

Maitland’s community is expected to increase (Maitland Urban Settlement Strategy 2009) with more cultural diversity, thus services need to continually review systems and practices that provide access and culturally appropriate health and community services for older people.

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DIRECTION: key strategies

2.1 Develop and implement health and community services across the continuum of care (promotion, prevention, primary, acute, rehabilitation, palliative) to meet the needs of a diverse ageing population in Maitland LGA.

2.2 Advocate for funding to address gaps and ensure sustainability for health services that meet the needs of an ageing population in the Maitland LGA.

2.3 Support initiatives to attract and retain General Practitioners to the Maitland LGA to enable older people timely access to medical services.

2.4 Design safe, private and public physical environments that promote physical activity for older people.

2.5 Ensure development approval processes enforce adequate access to and availability of health services for older people.

2.6 Implement community programs that provide awareness and support for mental health issues experienced by older people.

2.7 Develop and implement programs that promote physical activity and good nutrition for older people.

2.8 Improve quality of life and access to culturally appropriate health services for all cultures including Aboriginal and Torres Strait Islander people.
3. HOUSING : accessible/ affordable/ adaptable

Accessible, affordable and adaptable housing plays an important role in allowing older people to age in place and maintain independence, promoting quality of life and self esteem.

PASH (Positive Ageing Strategies Hunter) is a working group facilitated by the NSW Ageing Disability and Home Care (ADHC). PASH has identified accessible and affordable housing to be a priority issue for older people in the Hunter. The 1992 National Housing Strategy also clearly identified that affordable and appropriate housing is a crucial component in ensuring the health and well being of older people (Woodbridge 2003).

Accessible housing requires residences to be designed or modified to provide for a range of mobility and physical abilities. For example, according to The Royal Australian Institute of Architects (2005), Australian residences need to be modified as a person ages because many homes have at least one step at the front door, doorways, hallways and passages are too narrow for walking frames and bathrooms lack circulation space. As a person ages, residences can become unsafe and not appropriate. Accessible housing is also important when an older person wishes to receive Home and Community Care (HACC) Services as the staff need to work in a safe environment when providing personal care. HACC services can assist with the provision of home modification, however funding is limited and clients need to meet eligibility criteria (NSW Ageing, Disability and Home Care 2007).

When a current residence can not be modified to be accessible or the choice is to down size, it is important that there are affordable housing options (Housing NSW 2008). Affordable housing is a significant problem for older people in Maitland, according to Housing NSW (2008). This is evident with a significant proportion of the population experiencing housing stress on the aged pension and the number of older people living in caravan accommodation (Housing NSW 2008).

It is also essential that housing for older people is close to services, public transport and public facilities to promote health and wellbeing and active community participation.
Another housing option for an ageing community is adaptable housing which will assist in easing pressure on the need for accessible housing. Adaptable housing is ‘housing for life’ and means that during the development, redevelopment or extension of a house, the designs can be easily modified when the circumstances of the owner changes (http://www.mba.org.au).

Maitland City Council in partnership with Hunter New England Area Health is piloting a project for the Lochinvar precinct in designing liveable communities. Outcomes of this project could include policies on affordable, accessible and adaptable housing.

As the Maitland population is projected to increase (MUSS 2009) and age, there is a priority for the community to provide for a range of appropriate housing options.

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**DIRECTION: key strategies**

3.1 Provide a range of accessible, affordable and adaptable housing options to promote ageing in place.

3.2 Ensure housing developments for older people provide access to available services, transport and community facilities.

3.3 Implement programs to assist the independence of older people in making changes and choices in regards to housing.
4. DEMENTIA

Dementia is a term used to describe a group of diseases that affect the brain and cause a progressive decline in the ability to think, remember and learn thus resulting in a decreased ability to conduct everyday activities (Australian Institute of Health and Welfare 2007).

Dementia is currently the second largest cause of disability burden in Australia with 227,300 people with dementia in Australia in 2008 (www.alzheimers.org.au). The average rate of moderate to severe dementia amongst Australians is approximately 1 in 15 (aged 65 years plus), 1 in 9 (aged 80 to 84) and 1 in 4 (aged 85 plus). In 2009 there are 891 reported cases of dementia in Maitland and this is expected to increase to 5,291 by 2050 which is an increase of 493.9% and will rank Maitland as the 7th highest locality in regional New South Wales with dementia cases in 2050 (Access Economics 2009).

Dementia is already impacting the Maitland community with local services unable to meet demand and for some services there is a 6 to 8 week waiting list (HACC Planning Grid 08/09). The range of dementia specific services include respite, assessment, case management and social and recreational activity programs. Maitland Gardenia Grove has a dementia specific day program that operates one day a week for approximately 12 people per day. There are also 7 Extended Aged Care at Home Package Dementia (EACH D) available through Integrated Living for the Maitland area. There are also a number of other services available that are not dementia specific that could be utilised by people with dementia.

Local community consultation (Maitland Social Compass 2007-2008, Lower Hunter Community Care Network 2007 and NSW ADHC 2007), via focus groups and interviews, all highlighted dementia awareness and support as a priority.

People with dementia require specialist care and understanding to maintain their independence and a good quality of life. Often people with dementia will act in a way that is considered a ‘behavior’. In the past, these ‘behaviors’ were treated as symptoms. However, these ‘behaviors’ often are a result of the person showing they have an unmeet need (www.healthinaging.org). It is for this reason that appropriate programs
need to be developed to meet these needs and ensure quality of life and a sense of social inclusion and acceptance for people with dementia (Dept of Health and Ageing 2007). Community programs and events need to plan support and strategies to include those with dementia.

The community also needs to acknowledge and support carers who play an important role in the lives of people with dementia. It is predicted nationally 153,000 extra paid and family carers will be needed to provide dementia care by 2030 as a result of the rapid growth of cases (ABC 12/5/09). It is also reported that there is a current shortage of community and aged care workers in Australia (Rees 2005).

Caring for a person with dementia can be physically and emotionally challenging. Often carers will have other family members they are responsible for, as well as trying to maintain employment and social activities for themselves. This can result in fatigue and mental exhaustion. Programs need to be developed to ensure that carers have information, support and advice needed to continue the vital role they play in the community.

Access to regular respite options is also needed. The Maitland HACC Forum (08/09) has identified the need for an expansion of respite options as well as more nursing home respite beds available for the frail aged. Community programs and events also need to plan support and strategies to include carers.

Ideally, the majority of people with dementia should be able, and have the choice, to age in their home, if they are given the appropriate home care to meet their needs. For this to happen more Home Care packages will be needed to meet the increase in demand. Currently, around half of individuals with moderate to severe dementia live in the community either in their own homes, or in the home with their carer (www.alzheimers.org.au). Thus there is a need for adequate quality home care services to be available now and to meet future demand. Maitland has available approximately 650 Home Care packages with approximately 397 domestic assistance, 230 personal care and 21 respite.
Further, it is essential that residential aged care facilities are dementia friendly. Currently 60% of older people in high care and 30% of low care aged care facilities have dementia (www.alzheimers.org.au). Proposed and existing aged care facilities will need to ensure that either the number of dementia beds is adequate to meet the rising needs or that the whole facility can be suitable for people with dementia. Currently there are currently six low and high care aged care facilities located in Maitland with approximately 235 low care beds and 180 high care beds, and approximately 35 low care beds are dementia specific.

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DIRECTION: key strategies

4.1 Establish a range of dementia services to meet the current and future demands of the Maitland LGA.

4.2 Develop and implement community education programs to increase awareness and improve services for dementia.

4.3 Ensure an adequate supply of quality dementia accommodation in the Maitland LGA.

4.4 Increase dementia respite services in the Maitland LGA.

4.5 Promote vocational pathways in Aged Care Services to ensure a well resourced and sustained sector.

4.6 Provide support for those with dementia and carers to participate in community programs and events.
5. HOME MAINTENANCE AND MODIFICATIONS

Home maintenance and modification services play an important function enabling ageing individuals to remain in their home. These services, specifically lawns and gardens, were consistently highlighted in community consultation with older people (Maitland Social Compass 08/09 and NSW Ministerial Advisory Committee on Ageing 2004).

Home maintenance and modification services can be provided privately or by Home and Community Care (HACC) Services for eligible individuals. Maitland currently has an unmet demand for these services for clients currently accessing Home and Community Care Services (Maitland HACC Planning Grid 08/09).

Home and Community Care services play a fundamental role in allowing older people to stay in their homes and age in place. Without such basic services older people would find it difficult to maintain their independence and safety in their own homes. Access to home modification services provided by HACC Services or Department of Veteran Affairs requires an eligibility assessment then an assessment by an occupational therapist. Currently there is unmet need and waiting lists in the Maitland LGA for occupational therapist assessments (Maitland HACC Forum Planning Grid 08/09).

HACC Home Modification and Maintenance Services are prioritised and offer limited services such as lawn mowing with no regular weeding program. Community consultation (NSW Ministerial Advisory Committee on Ageing 2004) highlighted the concern and frustration older people have who are not HACC eligible clients in not being able to access an affordable service that enables their home and gardens to be maintained.

If an older person has no other activities or looks out at a poorly maintained garden they can feel depressed or risk falls and injury in trying to maintain the garden themselves. If they do engage a private provider the cost is often prohibitive as there is no appropriate discounted rate. This can result in an older person foregoing food and medication to pay for this expense. Often minimal service hours are required, again placing barriers for older people in utilising these services.
REFERENCES

Andrew Jones, Desleigh de Jonge and Rhonda Phillips (2008). The role of home maintenance and modification services in achieving health, community care and housing outcomes in later life


Department of Veteran Affairs (2009) www.dva.gov.au

Lower Hunter Community Care Network (2007). Lower Hunter Community Care Network Consultation

Maitland City Council (2007 /08). Maitland Social Compass Community Consultations


NSW Ministerial Advisory Committee on Ageing (2004). Consultation with Older People: On Mobility, Location and Financial Security

DIRECTION: key strategies

5.1 Promote business opportunities for home maintenance and modification in the Maitland area that supports an ageing population.

5.2 Advocate for increased Home and Community Care (HACC) funding for home maintenance and modifications in the Maitland LGA.

5.3 Engage community groups, clubs and churches to provide free or subsidised home maintenance services for older persons.
5.4 Provide community education on the installation of low maintenance gardens for a diverse ageing population.
6. CRIME AND SAFETY

“I think all people are looking for safety. As you get older I think you all want to feel safe don’t you”
Community Consultation Focus Group - Older People
7 December 2007

For older people a safe and crime free community is important to their overall health and wellbeing. Achieving a safe community is more than solving and reducing crime; it’s about reducing the public fear of crime (Vicsafe, Department of Justice Victoria 1998).

In the Maitland local government area a Crime Prevention Partnership (2009), has been developed through NSW Police. It has developed a community plan to address crime in the area that targets three crime categories; steal from motor vehicles, non-domestic related violence and malicious damage (CPP 2009; NSW BOSCAR 2007). Crime statistics are not publically available in a breakdown of ages for the perpetrator or victim. However, research indicates that older people are far less likely to be victims of crime than people in other age groups (Attorney-General’s Department, Canberra 2003).

Local community consultation highlighted older people concerns of stealing, violence and graffiti.

“at the moment it’s quite a problem there with graffiti too and young ones around.”
(Maitland Social Compass 07/08).

Creating environments that address not only the occurrence of crime but also the fear of crime can include home security measures as well as Crime Prevention Through Design Principles (CPTD) (NSW Police 2001) in homes and public spaces. Free community education and audit resources are available to individuals in the community by NSW Police. Also, Maitland City Council and NSW Police have established a CPTD protocol as part of development processes.

One hidden crime for older people is abuse that can be physical, psychological, emotional, sexual, financial and/or neglect (NSW Gov 2007). This abuse occurs in their home or in a care situation. It is a form of abuse that often does not get as much
attention as other population groups. Maitland services and the community identified incidences of this occurring (Maitland Social Compass). Reports by victims are few, who are often compromised to advocate for their rights because of the lack of options for their care. A lack of access to respite also compounds the problem. One particular case highlighted the social isolation of the individual and a lack of awareness of their rights and care options. There is a need for the community to become aware of the signs in identifying abuse and how to report it. However, it is important that the community provides services and support to older people and their carers, in private homes and residential facilities, to create supportive and quality care environments that minimise abuse.

Safety, both in the home and in public spaces, is also a concern for older people especially as their health and mobility fluctuates and/or deteriorates. One major risk for older persons is trips and falls. Hunter New England Area Health (2009) state that in 2007-2008 approximately 146 people aged 65 years and older were hospitalized due to a fall. No other single injury cause, including road trauma, costs the health system more than fall injury and this is set to increase dramatically as the population ages (Hunter New England Health 2007, 2009).

There are resources and checklists available to assist in ensuring a home has minimal safety risks. Public spaces should also be designed, built and maintained to minimize the risk of falls and other safety risks to an ageing population (James et al 2003; Woodbridge 2003). Public spaces and community events should also encourage participation from a range of mobilities, cultures and ages to minimize fear between groups and generations and build positive relationships (Intergenerational Bowls community consultation Maitland Social Compass 2008).

Older people have a right to be and feel safe in their community. The more older people feel safe in their community, the more likely they will continue to participate and contribute to the community, minimising fear and the risk of social isolation and loneliness.
REFERENCES


James, M., Graycar, A and Mayhew, P. (2003). A Safe and Secure Environment for Older Australians


Maitland City Council (2007/08). Maitland Social Compass Community Consultations


**DIRECTION: key strategies**

6.1 Support Maitland Crime Prevention Partnership initiatives that address ageing and intergenerational issues.

6.2 Develop programs to raise awareness and prevention of abuse to older people.

6.3 Ensure Crime Prevention Through Design principles are implemented for developments and facilities to provide safe environments for older people.

6.4 Develop and implement community programs to address home, road and community safety for an ageing population.

6.5 Promote safe and accessible intergenerational community events and activities.
7. RECREATION, CULTURE, HERITAGE AND LIFE LONG LEARNING

28% of Maitland’s population is currently aged 55 years old or more (ABS Census 2006) and as the population ages the representation of this age group in the community will increase (Jackson 2004). For Maitland it will be important that individuals and the community view ageing as a positive experience with many positive outcomes for the health and well being of individuals as they age, as well as the positive economic and social outcomes that older people bring to communities (World Health Organisation 2002; Department of Health and Ageing 2002; NSW ADHC 2003).

The activities, opportunities and environments that local communities provide will be crucial for their residents to maintain and enhance good health and well being and continue to participate in, and contribute to community life and not be socially excluded or isolated (NSW Ministerial Advisory Committee on Ageing 2007; World Health Organisation 2002, PCAL 2008).

Community consultation (Maitland Social Compass Active Seniors Survey 2008; Womens Café 2008) identified that older people place importance on public spaces such as the Mall, shopping centres, libraries, art gallery, community halls, pools, playgrounds and sporting facilities. Facilities should be planned and maintained to be accessible for all abilities, safe and affordable and thus allow the ageing community to remain active and continue to participate and contribute to the community. Good road and public transport networks were also seen as crucial for an active ageing population (Maitland Social Compass Community Consultation Focus Groups 2007/8).

The community also identified the amount and quality of open space and natural environments had an impact on passive recreation opportunities and therefore the health and well being of the Maitland community and that City planning and development processes should provide for this (Maitland Social Compass Womens Café 2008).

The range of recreational activities for older people include not only opportunities for physical activity and sport but include art, hobbies and special interests, entertainment, music, drama and social events and networking. The Maitland Community Directory lists of a range of services and groups across the City providing free web based
administration to a group. However, given the use of modern technology for the Directory and community consultation feedback (Womens Café 2008), there is a need for activities and groups to be promoted in a range of formats to an ageing and culturally diverse population.

An active ageing population also needs opportunities to participate in cultural and heritage activities that provide for the inclusion and well being of individuals and build community pride, identity and the social, cultural and economic assets of the community (Hawkes 2001; NSW Local Government 2004). The cultural diversity of Maitland was highlighted in community events and projects such as Womens Café 2008; Time Capture; Living Library; Swamp Stomp; International Day for People with a Disability.

“The diversity, a surprise and exhilarating”
Maitland Social Compass, Womens Café 2008

Demographics from Census 2006 (ABS) also highlight the diversity within the Maitland local government area. E.g. 7% of Maitland’s population was born overseas with 35 countries represented (ABS Census 2006). As Maitland’s population continues to grow (Maitland Urban Settlement Strategy 2009), the population will continue to diversify.

The cultures and heritage of a community need to be acknowledged, celebrated and preserved for future generations. Initiatives such as “Maitland Poles” (1983); Maitland Heritage Society; Local Studies Collection, City Libraries and Time Capture (2009); Mindaribba Local Aboriginal Land Council Henry Bolt Museum will be important to capture the wisdom and heritage of the City’s older people.

Quality of life encompasses life long learning, that is formal, non formal and informal learning throughout life (European Commission 2001 and Delors 1996 cited in Darebin City Council 2004; Karmel and Woods 2004).

Learning opportunities for an ageing population:-
1. contribute to the health and well being of individuals and communities;
2. contribute to social cohesion, citizenship and democratic participation;
3. generate social capital;
4. increase labour force participation and labour force productivity rates.
5. increase volunteering and
6. promote intergenerational cohesion and learning (Karmel and Woods 2004; Falk, Balatti and Golding).

Intergenerational cohesion and learning is important for Maitland, as demographics highlight the high proportion of young people under the age of 25 years, 38% (ABS Census 2006), compared to older people over 55, 28%, and an estimated population growth based on affordable housing and employment opportunities (Maitland Urban Settlement Strategy 2009). Programs and activities should therefore provide for intergenerational learning and mentoring (e.g. Maitland Social Compass Intergenerational Bowls 2007; Aboriginal Elder talks to schools, Youth Week Planning Committee, Swamp Stomp Planning Committee).

Learning opportunities for a diverse ageing population includes not only a range of interesting and relevant programs and courses offered by formal learning institutions and organisations but also learning that informally occurs as people participate in community activities and events (Dareton City Council 2004). Therefore, the Maitland community needs to provide and promote a range of accessible and affordable learning opportunities, formal, non formal and informal, for older people.

Learning opportunities also provide choices for older people to participate in the workforce of the community, paid and unpaid. The impact of an ageing population has already been recognised as having implications on labour force participation and productivity rates. Studies (Karmel and Woods 2004) indicate that older people who have undertaken training are more likely to retain their employment status relative to their peers not receiving training. Results also indicated that “qualifications acquired later in life have as good, and in some cases, better, pay off to employment-to-population rates for older age groups as do qualifications obtained at a young age” (Karmel and Woods 2004). The provision of ongoing training by employers to their ageing workforce should therefore be viewed as an investment, especially in light of skill shortages, and as the age of retirement and access to a pension increases.

Likewise, training opportunities and programs, formal and informal, enable older people to update, diversify and learn new skills that enable them to participate in a volunteer
capacity to the community (Karmel and Woods 2004; Darebin City Council 2004; Falk, Balatti and Golding). People over 55 contribute the most hours of volunteer work, contributing an estimated $75 billion per annum in unpaid caring and volunteering activities with more than half of this being contributed by people over 65 years (Minister for Ageing 2008). Therefore, both paid and unpaid work should be valued and supported by the community.

REFERENCES


Darebin City Council (2004). Lifelong Learning Policy.


Maitland City Council (2007/08). Maitland Social Compass Consultations

Maitland Polish Association (1983). Maitland Poles

DIRECTIONS: key strategies

7.1 Provide a range of affordable and accessible recreational services and programs for an ageing population.

7.2 Enhance and develop safe and accessible recreational facilities and public spaces that provide for an ageing population.

7.3 Enhance and maintain safe and accessible green spaces and natural environments for older people.

7.4 Provide a range of accessible and affordable learning hubs and learning programs that provide for the interests of older people.

7.5 Provide affordable and accessible cultural and art programs and cultural expression opportunities for a diverse ageing population.

7.6 Provide accessible information on community groups, services, networks, events and activities in a range of formats for an ageing population.

7.7 Provide opportunities and programs for the community to acknowledge the experiences and history of Maitland residents.
OLDER PEOPLE

SUMMARY OF INFORMATION:

This is a summary of a comprehensive planning toolkit completed for older people in Maitland and can be accessed by contacting the Community Planning team, Maitland City Council. Demographic information can be accessed from Maitland Community Profiles www.maitland.nsw.gov.au

SNAPSHOT OF THE DEMOGRAPHICS

Maitland total population

Estimate at June 2008 67,621
Change over previous year 1,053 % change 1.6 Source: ABS April 2009

Older People population

- Older People are aged 55 years and over and 45 years and over for Indigenous people.
- In 2006 the Maitland local government area had 17,128 people aged 55 years and older, this equated to 28% of the total population.
- Of the 1,625 people who identified themselves as being Indigenous 246 are 45 years plus equating to 15% of the Indigenous population.

*These statistics indicate that Maitland has slightly less older people than the Hunter average of 33.6% of the total Hunter population aged over 55 years.*
Location of residency with the Maitland LGA for Older People

Statistics from ABS 2006 data

Location of Older People 55 years and over in the Maitland LGA

55 years plus: Highest number living in East Maitland 3,376

Lowest number living in Louth 31

To note:
Population numbers are also influenced by the location of ‘senior living’ and aged care accommodation.
In 2006, there were 7390 females aged 55 years and over representing 12% of the total population and 6339 males representing 10% of total population. This compares with the Hunter, 15% of the total female population is aged 55 years and 13% of the total male population is aged over 55 years.
**COMMUNITY CONSULTATIONS**

*Consultation arranged by Maitland City Council*

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<tr>
<td>Collages of Maitland / Focus Group</td>
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**Consultation completed by organisations other than Maitland City Council**

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<td>Department of Ageing, Disability and Home Care - Lower Hunter Service Provider Consultation</td>
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<td>Positive Ageing Strategy Hunter (PASH) - Maitland Senior Citizens &amp; Pensioners/Seniors Week Committee Focus Group</td>
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<tr>
<td>Lower Hunter Community Care Network- Consultation Results</td>
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KEY SERVICE MAPPING POINTS

Current Services for Older People

- Senior Citizens Association
- Community Groups
- Social Groups
- Self Care Units
- Health Services
- Active/Leisure services.

Current Services available for Older People with a moderate to severe disability

- Community Options Project
- Home Care
- Home and Community Care (HACC)
- Food Services
- Home Nursing
- Respite Care
- Community Transport
- Home Maintenance
- Community Aged Care Packages
- Equipment aids services
- Department of Veteran Affairs
- Carer Support
- Nursing homes
- Hostels
- Aged Care Assessment Team
- Day Care Programs

A listing of the services and facilities in each of these categories are available on the Maitland Community Directory (www.maitland.nsw.gov.au) and planning toolkit (Contact Community Planning team Maitland City Council). In addition to the services that are listed, there are a number of recreation and social needs that are met in the community by recreation facilities and venues such as shopping centres and cafes. There is a potential for more leisure, education and recreation facilities for older people to maintain a high quality of life.
GOVERNMENT AGENCIES

FEDERAL
Department of Health and Ageing
Centrelink
Department of Veteran Affairs

STATE
Dept of Transport and Infrastructure
NSW Human Services, Ageing, Disability and Home Care, Community Services,
Aboriginal Affairs, Housing
NSW Communities: Arts Sport and Recreation
NSW Police
NSW Health and Hunter New England Area Health;
NSW Education and Training

LOCAL GOVERNMENT: MAITLAND CITY COUNCIL
Social planning; open space and recreation planning; community halls and facilities,
sports grounds; auspicing projects e.g. Time Capture; City Library Services: meeting
place, resources, Living Library, grant programs, city strategic planning, development
and regulation service, environmental planning and programs assets and infrastructure.

NON GOVERNMENT ORGANISATIONS
Maitland Neighbourhood Centre
Maitland Community Care Service
Woodberry Family Centre
Kurri Homework
Rural Ethnic Neighbour Aid
Dementia Advisory Service
Gardenia Grove Day Care

Comments:
The majority of non government organisations are funded by NSW Human Services,
Ageing, Disability and Home Care to provide Home and Community Care services to
‘frail aged’ population.
KEY GRANT PROGRAMS
Community Builders; CDSE (Service clubs) scheme; Maitland City Council Community Grants Program; Senior Citizens Week, Community Services Grant Program (CSGP) Community Services

LOCAL INTERAGENCIES/NETWORKS/CONSORTIUMS
Maitland Home and Community Care (HACC) Forum
Chamber of Business
Crime Prevention Partnerships
Community Drug and Action Team (CDAT)
Maitland Liquor Accord
Maitland Suicide Prevention Network
Woodberry Beresfield Tarro Thornton Interagency
Mental Health Interagency
Hunter Rural Multicultural Service Network
Hunter Social Planners Network
Hunter Region of Councils (HREOC)

KEY POLICIES AND FRAMEWORKS

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<td>Working Together: Policy on Ageing and Disability (2005)</td>
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