



**Regional  
Development**  
*Australia*  
NORTHERN INLAND NSW

**REGIONAL DEVELOPMENT AUSTRALIA-NORTHERN INLAND**

# **TOWN SERVICE AUDIT AND BENCHMARKING STUDY**

Conducted by:  
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With support from:



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## 1. Introduction

This report responds to the Regional Development Australia-Northern Inland (RDA-NI) Committee's requirement of a detailed and current audit of the social, community and business infrastructure provided in each town containing 500 or more residents at the 2006 Census within the RDA-NI region. RDA-NI has identified that such an audit is a crucial part of its overall goal of developing an accurate picture of the region's strengths, weaknesses, opportunities and threats. This audit is a fundamental first step in the planning required for the implementation of the core projects emanating from the Committee's Strategic Plan.

The aims of this report, as agreed with RDA-NI representatives, are to:

- Collate data on service provision in the key areas of education, health and allied services, transport, law and order, and emergency services for the RDA-NI towns of Armidale, Glen Innes, Emmaville, Deepwater, Gunnedah, Curlewis, Carroll, Guyra, Tingha, Bingara, Warialda, Inverell, Ashford, Delungra, Quirindi, Spring Ridge, Wallabadah, Werris Creek, Moree, Mungindi, Boggabilla, Narrabri, Wee Waa, Bellata, Boggabri, Tamworth, Barraba, Manilla, Kootingal, Woolomin, Tenterfield, Deepwater, Uralla, Bundarra and Walcha; and
- Benchmark RDA-NI town services against those in two comparator regions in rural New South Wales and, using well-accepted guidelines, against national and, where relevant, international service level standards.

The remainder of this report is structured as follows. The following section sets out the methodology employed in the collation and data analysis for this report, including an outline of the various data sources used. It also describes the spatial units used to approximate market areas for the various services considered in this report. Section Three forms the main body of the report and contains the results of the analysis of service provision adequacy within the six population clusters of the RDA-NI region and its comparator regions of the Mid-North Coast and Orana. Section Four sets out the major findings and recommendations of the research.

## 2. Methods

It is a long-established fact of settlement geography that there is a very close relationship between a town's position within its regional urban hierarchy and: 1) the range of services it offers; and 2) the number of competing firms providing these services. While many rural areas have experienced substantial changes to the provision of services across a wide spectrum of service types over the past twenty years or so, this general relationship still holds true. Therefore, in order to investigate the adequacy (or otherwise) of service provision levels within the RDA-NI region (also the Northern Statistical Division of New South Wales; see Fig. 2.1) and to compare these with other non-metropolitan regions, it was necessary to group towns into broad population clusters. The analysis focused on towns within the following six population bands:

- 20 000 and over;
- 10 000 to 19 999;
- 7 000 to 9 999;
- 3 000 to 6 999;
- 1 000 to 2 999; and
- 500 to 999.

Fig. 2.1 Regional Development Australia-Northern Inland study area, showing major towns and villages and highways

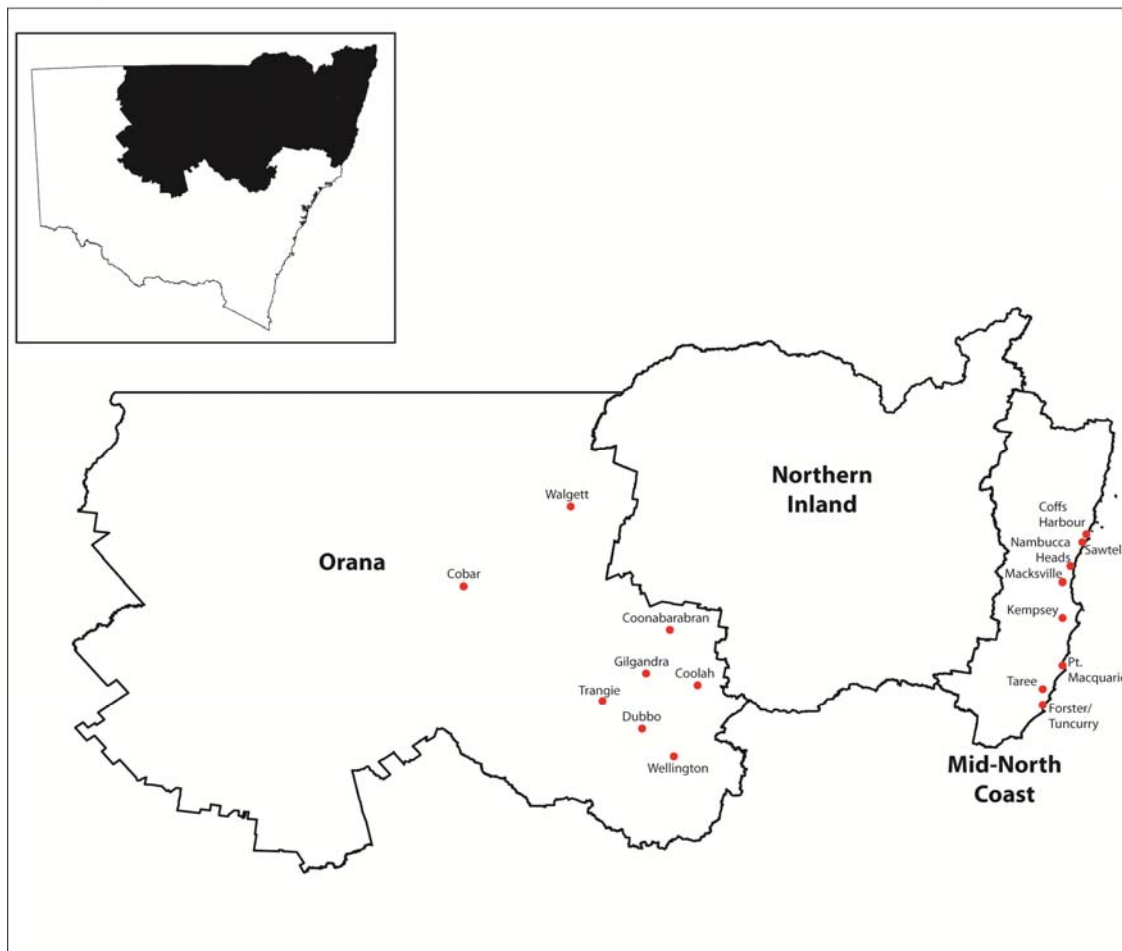


Table 2.1 shows the RDA-NI towns included in this analysis, grouped by population cluster, together with their comparator towns in the two regions of Mid-North Coast and Orana. Fig. 2.2 shows the three regions and the relative location of the major towns within each.

**Table 2.1 Towns included in RDA-NI service provision analysis, NSW Northern Inland, Mid-North Coast and Orana regions**

Popn. cluster	Northern	M-N Coast	Orana
20 000 +	Tamworth	Pt. Macquarie	Dubbo
10 000 to 19 999	Armidale	Foster-Tuncurry, Taree, Sawtell	-
7 000 to 9 999	Inverell, Moree, Gunnedah, Narrabri	Kempsey	-
3 000 to 6 999	Glen Innes, Tenterfield, Quirindi, Walcha, Guyra, Uralla	Nambucca Heads, Wauchope	Cobar, Wellington
1 000 to 2 999	Bingara, Barraba, Boggabri, Manilla, Kootingal, Warialda, Wee Waa, Werris Creek	Gloucester, Macksville	Coonabarabran, Walgett
500 to 999	Bellata, Bundarra, Carroll, Curlewis, Deepwater, Delungra, Emmaville, Mungindi, Spring Ridge, Tingha, Woolomin, Wallabadah	Bowraville	Coolah, Trangie

**Fig. 2.2. Orana, Northern Inland and Mid-North Coast Regional Development Australia regions, and major towns**



### *Independent variables – population and locational variables*

Data on town populations and on important target cohort populations (e.g. school-aged children, retirees and the elderly) were collated from the most recent Census (2006) for all towns. However, the town is not an appropriate market area for any of the services considered in this study and nor is the town population a suitable proxy for their respective target markets. The vast majority of services draw upon and cater for town hinterland populations as well as those of the town and, for some services (e.g. hospitals, ambulances, air rescue services) the market areas can be as vast as whole sub-regions. Therefore, a bespoke set of spatial units was employed for the research; units that would closely approximate the zones of regular contact (say, on a weekly shopping and social interaction basis) between towns and their rural hinterlands. The social catchment methodology developed by Smailes, et al. (2002) and its resultant network of spatial units for south-eastern and western Australia was therefore employed for the research. The aim was to identify spontaneously evolved socially cohesive areas which should be as small as possible, but still large enough to be approximated by combinations of census Collector's Districts (CDs) with as few split CDs as possible. Such areas were defined using a method which has been described in detail elsewhere (Smailes, 1999). For most services, 2006 Census data for each of the social catchments was used, except where agency provider data was readily available. For example, school student numbers were able to be sourced from the 'My School' website and these were used in preference to the population cohort data available for the social catchments. The social catchments for the RDA-NI region are shown in Fig. 2.3.

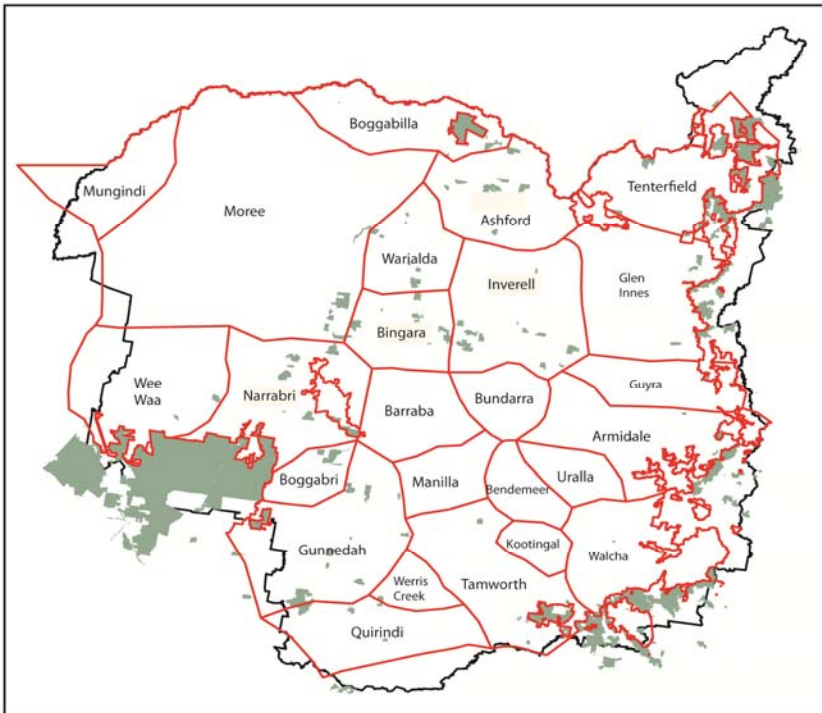
While the use of specially designed social catchment areas overcomes one potential methodological flaw of this project, an important data limitation could not be so easily overcome. As already noted, data from the most recent Census – 2006 – has been used to construct the market and trade area populations of the various RDA-NI towns and their hinterlands. However, as far as possible, service provider data (e.g. nos. of doctors, dentists) are current at the time of writing in October 2011. Meanwhile, the social catchment population data is out of date by at least five years. It needs to be pointed out at this point that this flaw does not apply to school enrolment data as this was sourced from the 'MySchool' website and is current for 2011. In practical terms, this means that the various service provision ratios presented and discussed throughout this report are likely to be conservative estimates of service adequacy where town and hinterland populations are growing (i.e. the ratios likely overestimate the level of service provision) or they underestimate the current level of service provision where populations have declined since 2006.

Options do exist for inferring more or less current populations for Local Government Areas and Statistical Local Areas through the use of Australian Bureau of Statistics' local population estimates but, as already has been noted, neither of these spatial units can be regarded as a reliable surrogate for rural community service usage catchments and there is also concern over the reliability of population estimates five years since the last Census. Further, the social catchments used in this study depend on Collector District-level data, and this is only available from the 5 yearly Censuses. Therefore, it is one of the key findings and recommendations of this report that the following analysis be updated using 2011 Census data, likely to be available in late 2012.

### *Dependent variables – services and provision levels and types*

As stipulated in the tender brief, the project was required to evaluate the availability and level of provision across a range of different basic services, including education, health (physical and mental), emergency services, youth and retirement, law and order, and transport. To that end, data and information on each of these service types was collected and collated from relevant government agency websites, relevant local government websites, and key informants in each region. A summary of the data sources for each major service type is set out in Table 2.2 below.

Fig. 2.3 RDA-NI region, showing social catchments



**Table 2.2 Data sources for service availability and level in NSW Northern Inland, Mid-North Coast and Orana regions**

<b>Service</b>	<b>Data source</b>
<b>Education</b>	
Pre-, primary and high schools (public and private)	'My school' website
School employment	'My school' website
Tertiary education: TAFE, universities	Local government websites, White and Yellow Pages
<b>Health</b>	
General practitioners	Relevant Area Health Service and Division of General Practice contacts
Hospitals (public and private)	Relevant Area Health Service and Division of General Practice contacts
Dentists	Relevant Area Health Service and Division of General Practice contacts
Health specialists (e.g. chiropractors, physiotherapists)	Relevant Area Health Service and Division of General Practice contacts
<b>Mental health</b>	
Psychotherapists, psychiatrists, counsellors	Relevant Area Health Service and Division of General Practice contacts
<b>Disability</b>	
	Relevant Area Health Service contacts
	Local government websites, White and Yellow Pages
<b>Aged care</b>	
Respite care, HACC, nursing homes, etc.	Local government websites, White and Yellow Pages
<b>Emergency services</b>	
Ambulance, firefighting services	Local government websites, White and Yellow Pages, Area Health contacts
<b>Transport</b>	
Rail, community transport, public bus services, etc.	Local government websites, White and Yellow Pages, Regional Transport Co-ordinator's office
<b>Law and order</b>	
	Local government websites and key informants, White and Yellow Pages

### 3. Findings

This section of the report presents the results of the town service audits, described above. Each of the key services are examined, in turn, population cluster by population cluster.

#### 3.1. 20 000 + population cluster

**Table 3.1 Selected characteristics of the 20 000+ popn. cluster**

Town	2006 popn.	1996-2006 popn. change (%)	Town median age 2006	ARIA score	Social catchment popn. 2006
<i>Tamworth</i>	33 475	+5.27	36	1.71	45 118
Dubbo	30 574	+1.73	34	2.40	38 410
Pt. Macquarie	39 219	+17.03	45	1.64	52 565

Source: ABS, 1998, 2007; Department of Health and Aged Care and the National Key Centre for Social Applications of Geographical Information Systems (GISCA) 1999.

Table 3.1 shows selected demographic characteristics of the three major centres of the RDA-NI region and the two comparator regions of the Mid-North Coast and Orana. As is plain from this table, Port Macquarie is the largest centre, with the largest social catchment population but also with the oldest median age of the three. As would be anticipated from its location on the popular Mid-North coastal belt, it is also experiencing the fastest rate of population growth of all three places. The town's position as a major non-metropolitan retirement centre is evidenced by the fact that nearly one-quarter of its population is aged 65 and over. If the social catchment is considered as a whole (i.e. Port Macquarie and its hinterlands) that proportion increases to nearly one-third (32.88%). This age structure has obvious implications for current and future patterns of service demand. By contrast, the Tamworth and Dubbo have much younger age structures.

#### 3.1.1 Education

**Table 3.2 Schools, student and staff numbers of the 20 000+ popn. cluster**

Town	Pre-schools	Primary schools	Secondary schools	Special needs schools	School student/teacher ratio	Tertiary education facilities
<i>Tamworth</i>	4	11	10	2	12.7	yes
Dubbo	7	11	7	2	12.9	yes
Pt. Macquarie	6	9	9	n/a	13.8	yes

Source: ACARA, 2011.

The 2010 Australian Bureau of Statistics report on schools (Cat. No. 4221.0) records mean student/staff ratios for all schools (primary and secondary schools; public and private) of 14.1:1 for New South Wales, and 13.9: 1 for Australia. Based on these figures, all centres have favourable staff/student ratios. Interestingly, despite their position at the pinnacle of their regional urban hierarchy none of these three regional cities is the primary location of a university campus, although all host regional 'outreach' or similar type campus facilities. All three regional cities have TAFE colleges present.

### 3.1.2. Health and allied services

**Table 3.3 Health care service availability measures, 20 000+ popn. cluster**

Town	GPs/1 000 persons	Popn./GP	Dentists/1 000 persons	Popn./Hospital bed
<i>Tamworth</i>	0.98	1025.41	0.36	131.92
Dubbo	1.51	662.24	0.26	141.73
Pt. Macquarie	1.84	730.07	0.33	228.54

Table 3.3 shows some basic measures of health service provision for the three towns. In each case, the population denominator reflects that of the entire social catchment and so is a reasonable indicator of the 'market' for hospital and admissions and dental appointments. As already noted, medical service provider data was sourced from Hunter New England Health and the New England Division of General Practice.

Although Tamworth falls some way short of Dubbo's and Port Macquarie's access to doctors it still comfortably exceeds the current Federal Government benchmark of one GP per 1 400 patients (which equates to a ratio of .7 GPs per 1 000 popn.) and the average for 'inner regional' areas (.82 GPs per 1 000 popn.). In relation to dental services, Tamworth performs slightly better than its comparator centres, though none meet the Australian average of 0.5 dentists per 1 000 head of population. That said, Tamworth and Port Macquarie are close to the national mean for 'inner regional' centres while Dubbo falls some way short of that level (Australian Government Department of Health and Ageing, 2008).

In 2009/10 Australia had a national average of 3.8 hospital beds per 1 000 head of population, and this was near to the OECD mean level of provision of 3.6 beds per 1 000 population. The 2009/10 national figure translates into the ratio of 1 bed per 263 persons (AIHW, 2010). As can be seen in Table 3.3 all three major centres comfortably fall within this recommended level of provision.

Appendix 1 shows that all three centres also provide a wide range of allied health and para-medical specialist services, including radiology, pathology, physiotherapy, obstetrics and psychiatrists/psychologists.

### 3.1.3. Services for the elderly

**Table 3.4 Aged care facilities, 20 000+ popn. cluster**

Town	High care beds	Low care beds	Beds/1 000 persons aged 65 & over
Tamworth	254	218	72.17
Dubbo	274	176	89.39
Pt. Macquarie	281	307	38.28

The current national planning guidelines in relation to aged care aim to provide 88 beds (combined high and low care) per 1 000 population aged over 70 years (Australian Institute of Health and Welfare (AIHW), 2009, 110). While the ratios provided in Table 3.4 are not directly comparable with that measure, they do suggest that Tamworth and particularly Port Macquarie are under-provisioned in relation to aged care beds. Other services pertaining to this rapidly growing segment of the population, such as HACC and Meals on Wheels, are all provided in each of the centres.

### 3.1.4. Services for people with disabilities

Each of the three major regional centres provide accommodation and group home facilities, day programmes, independent living services, respite care, employment and training services, advocacy services and transport services for local people living with disabilities (see Appendix 1).

### 3.1.5. Transport services

As might be expected, all three regional centres are well-served by air and road passenger and freight carriers (see Appendix 1). However, Port Macquarie does not have direct access to the rail network.

### 3.1.6. Law, order and emergency services

All three regional cities are home to 24 hour police services, have local courts, fire brigades, ambulance and SES services. Tamworth is the base for the Westpac rescue helicopter.

## **3.2. 10 000 – 19 999 population cluster**

Table 3.5 provides basic details of the demographic composition of the RDA-NI centre of Armidale, together with the three comparator centres within the Mid-North Coast region: Forster/Tuncurry, Taree and Sawtell. There were no towns in this population category within the Orana region.

**Table 3.5 Selected characteristics of the 10 000-19 999 popn. cluster**

Town	2006 popn.	1996-2006 popn. change (%)	Town median age 2006	ARIA score	Social catchment popn. 2006
<i>Armidale</i>	19 485	-8.67	32	2.12	25 452
Forster/Tuncurry	18 372	+15.23	52	1.87	22 579
Taree	16 517	-1.11	42	1.68	36 386
Sawtell	15 009	+13.36	39	2.22	18 972

Source: ABS, 1998, 2007; Department of Health and Aged Care and the National Key Centre for Social Applications of Geographical Information Systems (GISCA) 1999.

All centres exhibit reasonably high levels of accessibility though here the commonalities between the towns as a group end. As is clear from Table 3.5 these towns share quite contrasting population trajectories, with Armidale experiencing steady population decline over the decade to 2006, Taree seeing very gradual decline, and the other two coastal centres of Forster/Tuncurry and Sawtell growing at over 1 % per annum. As with Port Macquarie, Forster/Tuncurry and Taree are popular retiree destinations, and this migration trend is evident in the very high median ages for both towns. While the median age for Sawtell is above the NSW average of 37 years (at the 2006 Census) the town does generally tend to attract younger migrants. In spite of their declining central town populations, both Taree and Armidale have the most populous social catchments in this cluster, indicating relatively high rural populations.

Armidale is well-renowned as an education centre, hosting the University of New England, a TAFE campus and three private boarding schools as well as a number of public and independent 'day' schools. Not surprisingly, perhaps, it has the lowest student to staff ratios of any town within this cluster. Interestingly, it is the two coastal towns of Forster/Tuncurry and Sawtell that exhibit

student/staff ratios that exceed the national and State means. Taree and Forster/Tuncurry also possess TAFE campuses. While Sawtell seems lacking in this regard it is only a short drive to Coffs Harbour and to the nearby Southern Cross University campus.

### 3.2.1 Education

**Table 3.6 Schools, student and staff numbers of the 10 000-19 999 popn. cluster**

Town	Pre-schools	Primary schools	Secondary schools	Special needs schools	School student/teacher ratio	Tertiary education facilities
<i>Armidale</i>	10	9	6	integrated	12.2	yes
Forster/Tuncurry	5	3	3	integrated	14.4	yes
Taree	7	7	5	integrated	13.4	yes
Sawtell	0	2	0	Nil	14.3	no

Source: ACARA, 2011.

### 3.2.2. Health and allied services

**Table 3.7 Health care service availability measures, 10 000-19 999 popn. cluster**

Town	GPs/1 000 persons	Popn./GP	Dentists/1 000 persons	Popn./Hospital bed
<i>Armidale</i>	1.85	848.39	0.51	295.95
Forster/Tuncurry	0.98	1 264.41	0.21	373.10
Taree	1.82	1 212.86	0.36	219.19
Sawtell	N/A	N/A	N/A	N/A

Table 3.7 shows some basic measures of health service provision for Armidale and the three comparator towns. In each case, the population denominator reflects that of the entire social catchment and so is a reasonable indicator of the 'market' for GP service demand, hospital admissions and dental appointments. As already noted, medical service provider data for Armidale was sourced from Hunter New England Health and the New England Division of General Practice while that for the Mid-North coast towns was accessed via the Mid-North Coast Area Health Service and Division of General Practice.

All towns fall beneath the national threshold of 1 GP per 1 400 head of population (.7 GPs/1 000 popn.), with Armidale particularly well provided for. Similarly, Armidale is at the national average of .5 dentists per 1 000 head of population. In 2009/10 Australia had a national average of 3.8 hospital beds per 1 000 head of population, and this was near to the OECD mean level of provision of 3.6 beds per 1 000 population. The 2009/10 national figure translates into the ratio of 1 bed per 263 persons. Compared to the Mid-North Coast towns, Armidale performs well across all benchmark measures.

Appendix 2 shows that the three centres of Armidale, Forster/Tuncurry and Taree also provide a wide range of allied health and para-medical specialist services, including radiology, pathology, physiotherapy and psychiatrists/psychologists. However, of all four towns obstetric services are only available in Armidale. While Sawtell lacks most medical services it is in very close proximity to the major centre of Coffs Harbour.

The current national planning guidelines in relation to aged care aim to provide 88 beds (combined high and low care) per 1 000 population aged over 70 years (AIHW, 2009, 110). While the ratios

provided in Table 3.8 are not directly comparable with that measure, they do suggest that Armidale and Taree are under-provisioned with aged care beds. Other services pertaining to this rapidly growing segment of the population, such as HACC and Meals on Wheels, are all provided in each of the centres.

### 3.2.3. Services for the elderly

**Table 3.8 Aged care facilities, 10 000-19 999 popn. cluster**

Town	High care beds	Low care beds	Beds/1 000 persons aged 65 & over
<i>Armidale</i>	150	88	77.36
Forster/Tuncurry	185	403	84.93
Taree	205	290	71.80
Sawtell	N/A	N/A	N/A

### 3.2.4. Services for people with disabilities

Armidale, Forster/Tuncurry and Taree provide accommodation and group home facilities, day programmes, independent living services, respite care, employment and training services, advocacy services and transport services for local people living with disabilities. Armidale is especially well provided for with the locally-based Ascent Group facilities.

### 3.2.5. Transport services

Armidale and Taree are reasonably well-served by air, road and rail passenger services (see Appendix 2). Forster/Tuncurry does not have direct access to the air passenger network but is only 30 kilometres from Taree. Sawtell has access to relatively few direct transport services but, as already noted, is within very close proximity to the major regional transport hub of Coffs Harbour.

### 3.2.6. Law, order and emergency services

Armidale, Forster/Tuncurry and Taree all host 24 hour police services, have local courts, fire brigades and ambulance services. Armidale has a local SES service.

## **3.3. 7 000 – 9 999 population cluster**

Table 3.9 displays some key characteristics of the populations of the RDA-NI towns of Inverell, Moree and Gunnedah, and the Mid-North Coast centre of Kempsey. There were no towns in this population category in the Orana region.

**Table 3.9 Selected characteristics of the 7 000-9 999 popn. cluster**

Town	2006 popn.	1996-2006 popn. change (%)	Town median age 2006	ARIA score	Social catchment popn. 2006
<i>Inverell</i>	9 749	+3.94	38	3.08	15 087
<i>Moree</i>	9 730	+5.00	34	4.22	12 999
<i>Gunnedah</i>	8 044	-3.25	40	2.40	11 409
Kempsey	8 137	-5.72	39	2.24	21 226

Source: ABS, 1998, 2007; Department of Health and Aged Care and the National Key Centre for Social Applications of Geographical Information Systems (GISCA) 1999.

This cluster includes towns of mixed demographic fortunes. Perhaps surprisingly, the town experiencing the fastest rate of population loss is the coastal belt location of Kempsey. Kempsey and its hinterlands have suffered from restructuring within the local timber and manufacturing sector, with the loss of many local jobs. Interestingly, Moree's population has grown relatively rapidly even though the broader Shire of Moree Plains has undergone substantial depopulation. Relatively large indigenous populations in Moree are chiefly responsible for that town's comparatively low median age.

### 3.3.1 Education

**Table 3.10 Schools, student and staff numbers of the 7 000-9 999 popn. cluster**

Town	Pre-schools	Primary schools	Secondary schools	Special needs schools	School student/teacher ratio	Tertiary education facilities
<i>Inverell</i>	4	3	3	Yes	14.1	Yes
<i>Moree</i>	2	4	3	Yes	11.8	Yes
<i>Gunnedah</i>	3	4	2	Yes	13.7	Yes
Kempsey	7	6	4	Integrated	12.3	Yes

Source: ACARA, 2011

Inverell has student/staff ratios that exceed the State and national means. Given its population,

### 3.3.2. Health and allied services

**Table 3.11 Health care service availability measures, 7 000-9 999 popn. cluster**

Town	GPs/1 000 persons	Popn./GP	Dentists/1 000 persons	Popn./Hospital bed
<i>Inverell</i>	1.43	1 257.26	0.51	290.14
<i>Moree</i>	1.24	1 444.31	0.37	249.98
<i>Gunnedah</i>	0.93	1 901.42	0.26	237.68
Kempsey	2.83	922.87	0.25	246.81

Table 3.11 shows some basic measures of health service provision for the three RDA-NI towns of Inverell, Moree and Gunnedah and the Mid-North comparator town of Kempsey. In each case, the population denominator reflects that of the entire social catchment and so is a reasonable indicator of GP service demand, the 'market' for hospital admissions and dental appointments. As already noted, medical service provider data for the RDA-NI towns was sourced from Hunter New England Health and the New England Division of General Practice while that for the Mid-North Coast towns was accessed via the Mid-North Coast Area Health Service and Division of General Practice.

All of the RDA-NI towns have GP/population ratios that fall within the national benchmarks, though Gunnedah is very near to falling beneath this target level. This is in stark contrast to the situation in Kempsey which has double the level of GP services of Inverell. In relation to dental care, only Inverell approaches the national average for dentists per 1 000 persons. In 2009/10 Australia had a national average of 3.8 hospital beds per 1 000 head of population, and this was near to the OECD mean level of provision of 3.6 beds per 1 000 population. The 2009/10 national figure translates into the ratio of 1 bed per 263 persons. All towns except Inverell fell below this recommended service level.

Appendix 3 shows that all centres also provide a wide range of allied health and para-medical specialist services, including radiology, pathology, physiotherapy and psychiatrists/psychologists.

### 3.3.3. Services for the elderly

**Table 3.12 Aged care facilities, 7 000-9 999 popn. cluster**

Town	High care beds	Low care beds	Beds/1 000 persons aged 65 & over
<i>Inverell</i>	81	79	61.71
<i>Moree</i>	58	39	60.89
<i>Gunnedah</i>	108	68	92.69
Kempsey	106	134	71.67

The current national planning guidelines in relation to aged care aim for 88 beds (combined high and low care) per 1 000 population aged over 70 years (AIHW, 2009, 110). While the ratios provided in Table 3.12 are not directly comparable with that measure, they do suggest that all RDA-NI towns – barring Gunnedah – in this population band fall well short of the national benchmark. Other services pertaining to this rapidly growing segment of the population, such as HACC and Meals on Wheels, are all provided in each of the centres.

### 3.3.4. Services for people with disabilities

No single town in this population cluster provides the full suite of accommodation and group home facilities, day programmes, independent living services, respite care, employment and training services, advocacy services and transport services for local people living with disabilities. As Appendix 3 reveals, while Inverell provides respite services, it does not offer employment, training or advocacy services for people living with disabilities. By contrast, Moree and Gunnedah do not provide respite services but do provide employment, training or advocacy services. Moree also does not appear to provide accommodation to this group.

### 3.3.5. Transport services

It is at this level of the urban hierarchy that transport services become less uniformly well- provided. For example, only Moree enjoys direct flights to the capital cities of Sydney and Brisbane. Gunnedah residents can access good air transport services to Sydney and Tamworth from Tamworth, though that involves a 150 kilometre round trip, on average. Gunnedah, Moree and Kempsey enjoy daily passenger and freight rail services. Long distance coach services help to link those towns without more direct air and rail connections to the capital cities. All towns operate intra-urban bus services during the working and school week, as well as taxi services.

### 3.3.6. Law, order and emergency services

All towns with the exception of Gunnedah host 24 hour police services, have local courts, fire brigades, SES and ambulance services.

## **3.4. 3 000 – 6 999 population cluster**

Table 3.13 displays some key characteristics of the populations of the RDA-NI towns of Glen Innes, Tenterfield and Narrabri, the Mid-North Coast centres of Nambucca Heads and Wauchope, and the Orana region towns of Cobar and Wellington. All towns, with the notable exception of Wauchope,

experienced population decreases between 1996 and 2006. In addition, all towns, apart from the westernmost centres of Narrabri and Cobar, exhibit ageing populations.

**Table 3.13 Selected characteristics of the 3 000-6 999 popn. cluster**

Town	2006 popn.	1996-2006 popn. change (%)	Town median age 2006	ARIA score	Social catchment popn. 2006
<i>Glen Innes</i>	5 944	-2.46	42	2.68	9 127
<i>Tenterfield</i>	3 127	-1.36	45	3.53	5 003
<i>Narrabri</i>	6 102	-4.88	36	3.66	8 591
Nambucca Heads	8 137	-5.81	51	2.64	9 466
Wauchope	5 503	+17.23	40	1.89	11 052
Cobar	4 128	-8.69	34	9.02	4 128
Wellington	4 660	-5.25	41	2.49	8 118

Source: ABS, 1998, 2007; Department of Health and Aged Care and the National Key Centre for Social Applications of Geographical Information Systems (GISCA) 1999.

### 3.4.1 Education

**Table 3.14 Schools, student and staff numbers of the 3 000-6 999 popn. cluster**

Town	Pre-schools	Primary schools	Secondary schools	Special needs schools	School student/teacher ratio	Tertiary education facilities
<i>Glen Innes</i>	1	3	1	No	16.0	Yes
<i>Tenterfield</i>	1	2	1	No	12.0	Yes
<i>Narrabri</i>	8	3	1	Yes	14.6	Yes
Nambucca Heads	3	2	1	No	12.2	No
Wauchope	7	6	4	Yes	15.9	Yes
Cobar	1	2	1	No	12.1	Yes
Wellington	2	1	3	No	11.9	Yes

Source:ACARA, 2011.

Two RDA-NI towns (Glen Innes and Narrabri) and one Mid-North town (Wauchope) had student /staff ratios well above the State and national averages. All towns had at least some TAFE facilities, with the exception of Nambucca Heads, and a small number (e.g. Glen Innes and Narrabri) host University of New England outreach centres. It is at this level of the urban hierarchy that the availability of more specialist educational services such as special schools for children with intellectual and/or physical disabilities are less likely to be provided.

### 3.4.2. Health and allied services

**Table 3.15 Health care service availability measures, 3 000-6 999 popn. cluster**

Town	GPs/1 000 persons	Popn./GP	Dentists/1 000 persons	Popn./Hospital bed
<i>Glen Innes</i>	0.88	1 140.82	0.22	325.95
<i>Tenterfield</i>	1.20	833.79	0.20	277.93
<i>Narrabri</i>	0.81	1 227.23	0.12	226.07
Nambucca Heads	0.95	1 051.76	0.21	N/A
Wauchope	0.72	1 381.50	0.09	345.38

Cobar	1.21	825.60	0.24	147.43
Wellington	1.36	737.98	0.25	261.86

Table 3.15 shows some basic measures of health service provision for the three RDA-NI towns of Glen Innes, Tenterfield and Narrabri, together with the Mid-North comparator towns of Nambucca Heads and Wauchope, and the Orana comparator towns of Cobar and Wellington. As before, in each case, the population denominator reflects that of the entire social catchment and so is a reasonable indicator of GP service demand, the 'market' for hospital admissions and dental appointments. As already noted, medical service provider data for the RDA-NI towns was sourced from Hunter New England Health and the New England Division of General Practice while that for the Mid-North coast towns was accessed via the Mid-North Coast Area Health Service and Division of General Practice.

All towns exceed the national benchmark for General Practitioner services, though Wauchope is close to being under-provided for. In relation to dental care, no town remotely approaches the national average for dentists per 1 000 persons, with the best provided for towns at only half the recommended level. In 2009/10 Australia had a national average of 3.8 hospital beds per 1 000 head of population, and this was near to the OECD mean level of provision of 3.6 beds per 1 000 population. The 2009/10 national figure translates into the ratio of 1 bed per 263 persons. Glen Innes and Tenterfield in the RDA-NI region, and Wauchope in the Mid-North Coast region, exceeded this benchmark.

Appendix 4 shows that all centres also provide a limited range of allied health and para-medical specialist services, including radiology, pathology and physiotherapy. However, obstetric and mental health and emergency refuge services are not provided in a number of centres, especially the remoter places such as Cobar. RDA-NI centres are serviced comparatively well in this regard.

### 3.4.3. Services for the elderly

**Table 3.16 Aged care facilities, 3 000-6 999 popn. cluster**

Town	High care beds	Low care beds	Beds/1 000 persons aged 65 & over
<i>Glen Innes</i>	70	66	78.25
<i>Tenterfield</i>	46	36	83.61
<i>Narrabri</i>	56	53	85.49
Nambucca Heads	40	40	32.64
Wauchope	55	80	71.32
Cobar	18	15	74.49
Wellington	61	32	61.47

The current national planning guidelines in relation to aged care aim to provide 88 beds (combined high and low care) per 1 000 population aged over 70 years (AIHW, 2009, 110). While the ratios provided in Table 3.16 are not directly comparable with that measure, they do suggest that all RDA-NI towns in this population band fall short of the national benchmark. Surprisingly, the rapidly ageing population of Nambucca Heads appears severely under-provisioned with aged care beds, though the local population has relative ease of access to major centres such as Coffs Harbour where aged care services are more plentiful. Other services pertaining to this rapidly growing segment of the population, such as HACC and Meals on Wheels, are all provided in each of the centres.

### 3.4.4. Services for people with disabilities

No single town in this population cluster provides the full suite of accommodation and group home facilities, day programmes, independent living services, respite care, employment and training services, advocacy services and transport services for local people living with disabilities. Narrabri appears to provide the widest range of services in the RDA-NI region at this population threshold level. Day programmes, employment and advocacy services are not provided in Glen Innes nor Tenterfield.

### 3.4.5. Transport services

At this level of the urban hierarchy only Narrabri and Cobar have a regular air passenger service to Sydney. Narrabri also has direct flights to Brisbane. Most RDA-NI towns within this population cluster do not have direct access to daily passenger and freight rail services. Countrylink coach services link those towns to regional centres where air and rail services are available. Narrabri is quite well connected to Gunnedah (daily coach service) and Tamworth (weekly coach service). The coastal centres enjoy much greater connectivity to larger centres via regular bus services. All towns operate taxi services.

### 3.4.6. Law, order and emergency services

While all RDA-NI towns within this population cluster are provided with police services none are available 24 hours a day. All towns have local rural and municipal fire brigades and ambulance services.

## **3.5. 1 000 – 2 999 population cluster**

Table 4.17 displays some key characteristics of the populations of the RDA-NI towns of Barraba, Bingara, Guyra, Kootingal, Manilla, Quirindi, Walcha, Warialda, Wee Waa and Werris Creek, and the Mid-North Coast centres of Emerald Beach, Macksville and Gloucester, and the Orana region towns of Walgett and Coonabarabran.

**Table 3.17 Selected characteristics of the 1 000-2 999 popn. cluster**

Town	2006 popn.	1996-2006 popn. change (%)	Town median age 2006	ARIA score	Social catchment popn. 2006
<i>Barraba</i>	1 203	-8.29	53	3.90	1 929
<i>Bingara</i>	1 227	-0.74	55	4.33	1 895
<i>Guyra</i>	1 755	-2.06	39	3.01	2 935
<i>Kootingal</i>	1 592	+13.14	38	2.02	3 311
<i>Manilla</i>	2 079	+0.58	46	2.82	3 086
<i>Quirindi</i>	2 611	-2.10	44	2.51	4 669
<i>Uralla</i>	2 269	-7.66	41	2.37	3 579
<i>Walcha</i>	1 624	+0.25	42	2.88	3 157
<i>Warialda</i>	1 206	-5.19	45	4.21	2 272
<i>Wee Waa</i>	1 689	-8.80	35	4.55	3 200
<i>Werris Creek</i>	1 490	+0.34	46	2.30	2 025
Emerald Beach	1 912	+4.08	37	2.15	-
Macksville	2 658	-1.92	46	2.78	9 680
Gloucester	2 445	-6.89	46	2.30	4 945
Walgett	1 735	-11.66	32	7.56	2 597
Coonabarabran	2 609	-13.09	43	4.39	4 391

Source: ABS, 1998, 2007; Department of Health and Aged Care and the National Key Centre for Social Applications of Geographical Information Systems (GISCA) 1999.

Many of those towns that are somewhat remote (e.g. Barraba, Bingara, Wee Waa, Walgett, Coonabarabran) have experienced relatively high rates of population decline over the decade to 2006. However, the obverse is true for those centres within close proximity to major regional centres (e.g. Kootingal and Manilla; Emerald Beach). Due to the processes of structural ageing, where out-migration is dominated by young people seeking their fortunes elsewhere and in-migration is dominated by retirees – frequently from local farms – many of the more remote towns in this cluster also exhibit ‘top heavy’ age structures.

### 3.5.1 Education

**Table 3.18 Schools, student and staff numbers of the 1 000-2 999 popn. cluster**

Town	Pre-schools	Primary schools	Secondary schools	Special needs schools	School student/teacher ratio	Tertiary education facilities
<i>Barraba</i>	1	2	1	No	10.9	No
<i>Bingara</i>	1	1	1	Yes	11.1	Yes
<i>Guyra</i>	2	3	1	No	12.5	Yes
<i>Kootingal</i>	1	1	0	No	17.7	No
<i>Manilla</i>	1	1	1	No	14.1	No
<i>Quirindi</i>	1	2	1	No	13.8	Yes
<i>Uralla</i>	1	3	1	No	12.2	No
<i>Walcha</i>	1	2	1	No	10.6	Yes
<i>Warialda</i>	1	1	1	Yes	13.2	Yes
<i>Wee Waa</i>	2	3	1	No	12.0	Yes
<i>Werris Creek</i>	1	1	0	No	19.5	No
Emerald Beach	0	0	0	No	-	No
Macksville	1	2	1	Yes	14.7	Yes
Gloucester	2	2	1	No	13.8	Yes
Walgett	2	2	1	No	7.9	Yes
Coonabarabran	2	1	2	No	12.7	Yes

Source: ACARA, 2011.

Table 3.18 suggests that Kootingal and Werris Creek have overly high student/staff ratios, being well in excess of the State and national means. Macksville (Mid-North Coast) also has a high student/staff ratio.

### 3.5.2. Health and allied services

**Table 3.19 Health care service availability measures, 1 000-2 999 popn. cluster**

Town	GPs/1 000 persons	Popn./GP	Dentists/1 000 persons	Popn./Hospital bed
<i>Barraba</i>	0.52	1928.75	0.52	87.67
<i>Bingara</i>	1.06	947.63	0.53	90.25
<i>Guyra</i>	0.34	2 394.50	0.12	133.39
<i>Kootingal</i>	0.30	3 311.5	N/A	N/A
<i>Manilla</i>	0.97	1 028.67	N/A	106.41
<i>Quirindi</i>	0.86	1 167.21	0.64	186.75
<i>Uralla</i>	0.84	1 193.00	0.25	261.86
<i>Walcha</i>	0.63	1 578.33	N/A	105.22
<i>Warialda</i>	0.88	1 136.00	N/A	126.22
<i>Wee Waa</i>	0.94	1 066.56	N/A	145.44

<i>Werris Creek</i>	0.99	1 012.34	N/A	184.06
Emerald Beach	N/A	N/A	N/A	N/A
Macksville	0.83	1 210.05	0.10	129.07
Gloucester	1.42	706.45	0.40	247.26
Walgett	0.77	1 298.71	0.38	103.90
Coonabarabran	1.59	627.24	0.23	209.08

Table 3.19 shows some basic measures of health service provision for the eleven RDA-NI towns in this population cluster, together with the Mid-North comparator towns of Emerald Beach, Macksville and Gloucester, and the Orana comparator towns of Walgett and Coonabarabran. As before, in each case, the population denominator reflects that of the entire social catchment and so is a reasonable indicator of GP service demand, the 'market' for hospital admissions and dental appointments. As already noted, medical service provider data for the RDA-NI towns was sourced from Hunter New England Health and the New England Division of General Practice while that for the Mid-North coast towns was accessed via the Mid-North Coast Area Health Service and Division of General Practice.

Almost all towns exceed the national benchmark for General Practitioner services, although Guyra and Kootingal have very low GP/population ratios. Kootingal's close proximity to Tamworth is potentially a mitigating factor. In relation to dental care, many towns have no permanent local dentist and rely instead on visiting services. Of those towns with permanent dentists, Barraba, Bingara and Quirindi exceed the national service benchmarks. However, it must be pointed out that these ratios convey an unrealistic picture of the potential vulnerability of these services. Simply put, both Bingara and Barraba could not afford any reduction in their dentist/population ratio as that would necessarily involve a loss of all local dentistry services, given that both towns are serviced by a single dentist each.

In 2009/10 Australia had a national average of 3.8 hospital beds per 1 000 head of population, and this was near to the OECD mean level of provision of 3.6 beds per 1 000 population. The 2009/10 national figure translates into the ratio of 1 bed per 263 persons. For those towns that do still have local hospital services, at this level of the urban hierarchy population to bed ratios are quite low for many communities (e.g. Barraba and Bingara).

Appendix 5 shows that all centres also provide a limited range of allied health and para-medical specialist services. Many RDA-NI towns in this population cluster lack radiology, pathology, physiotherapy, obstetric and mental health and emergency refuge services and are forced to travel to the nearest town at the next highest tier of the urban hierarchy to access these services. By comparison, comparator towns along the Mid-North Coast and in the Orana region appear to be much better serviced (see Appendix 5).

### **3.5.3. Services for the elderly**

The current national planning guidelines in relation to aged care aim to provide 88 beds (combined high and low care) per 1 000 population aged over 70 years (AIHW, 2009, 110). While the ratios provided in Table 3.20 are not directly comparable with that measure, they do suggest that a number of RDA-NI towns in this population band fall well short of the national benchmark while others (i.e. Kootingal, Quirindi and Walcha) comfortably exceed it. Werris Creek has no aged care services. However, the comparator towns are also under-provisioned, with the possible exception of Coonabarabran. Other services pertaining to this rapidly growing segment of the population, such as

HACC and Meals on Wheels, are all provided in each of the centres, with the exception of Emerald Beach, though in many cases services are provided from the nearest major regional centre.

**Table 3.20 Aged care facilities, 1 000-2 999 popn. cluster**

Town	High care beds	Low care beds	Beds/1 000 persons aged 65 & over
<i>Barraba</i>	16	21	68.90
<i>Bingara</i>	13	27	77.33
<i>Guyra</i>	17	22	81.50
<i>Kootingal</i>	34	53	163.23
<i>Manilla</i>	21	21	33.04
<i>Quirindi</i>	67	63	149.05
<i>Uralla</i>	0	36	67.96
<i>Walcha</i>	15	31	91.09
<i>Warialda</i>	0	20	52.36
<i>Wee Waa</i>	0	30	75.24
<i>Werris Creek</i>	0	0	N/A
Emerald Beach	0	0	N/A
Macksville	51	61	57.85
Gloucester	40	20	54.94
Walgett	8	8	61.60
Coonabarabran	37	37	86.38

#### **3.5.4. Services for people with disabilities**

No single town in this population cluster provides the full suite of accommodation and group home facilities, day programmes, independent living services, respite care, employment and training services, advocacy services and transport services for local people living with disabilities.

Nonetheless, important support programmes are run on a regular basis in some towns (e.g. Barraba, Manilla, Wee Waa) by Challenge Disability Services, based in Armidale, or relevant HACC services. See Appendix 5.

#### **3.5.5. Transport services**

At this level of the urban hierarchy no town has a regular air passenger service to Sydney (or any capital city for that matter). In addition, most RDA-NI towns within this population cluster do not have direct access to daily passenger and freight rail services. Countrylink coach services link those towns to regional centres where air and rail services are available. Bus services operating out of the key RDA-NI regional centres connect many of the towns in this population band with these larger centres on a regular basis (e.g. Manilla, Quirindi and Werris Creek to Tamworth; Uralla to Armidale). The coastal centres enjoy much greater connectivity to larger centres via regular bus services. Only around half of the RDA-NI towns at this level operate taxi services.

#### **3.5.6. Law, order and emergency services**

While most RDA-NI towns within this population cluster are provided with police services none are 24 hour police services. All towns have local rural and municipal fire brigades and ambulance services. Bingara, Warialda and Kootingal have local SES services.

### 3.6. 500 – 999 population cluster

Table 3.21 displays some key characteristics of the populations of the RDA-NI towns at the lowest rungs of the regional urban hierarchy, and their comparator towns in the Mid-North Coast (Bowraville) and the Orana region (Trangie and Coolah).

**Table 3.21 Selected characteristics of the 500-999 popn. cluster**

Town	2006 popn.	1996-2006 popn. change (%)	Town median age 2006	ARIA score	Social catchment popn. 2006
<i>Ashford</i>	514	-4.10	44	3.77	1 223
<i>Bellata</i>	529	N/A*	53	4.74	N/A <sup>‡</sup>
<i>Boggabilla</i>	647	+0.62	27	4.86	1 659
<i>Boggabri</i>	901	+3.09	41	3.37	1 474
<i>Bundarra</i>	331	-3.22	55	3.49	878
<i>Carroll</i>	447	N/A*	39	2.43	N/A <sup>‡</sup>
<i>Curlewis</i>	753	+22.24	38	2.57	N/A <sup>‡</sup>
<i>Deepwater</i>	323	+48.85	46	3.14	N/A <sup>‡</sup>
<i>Delungra</i>	320	-3.90	44	3.63	N/A <sup>‡</sup>
<i>Emmaville</i>	247	-25.83	41	3.33	N/A <sup>‡</sup>
<i>Mungindi</i>	545	-4.43	42	6.66	708
<i>Spring Ridge</i>	437	N/A*	45	2.84	N/A <sup>‡</sup>
<i>Tingha</i>	713	+19.24	35	3.35	N/A <sup>‡</sup>
<i>Woolomin</i>	469	N/A*	46	2.15	N/A <sup>‡</sup>
<i>Wallabadah</i>	746	N/A*	37	2.34	N/A <sup>‡</sup>
Bowraville	976	+4.16	46	2.91	N/A <sup>‡</sup>
Coolah	798	-4.77	46	3.75	1 832
Trangie	866	-8.94	32	4.12	1 311

\*Town population under 200 persons at 1996 Census

<sup>‡</sup>Town does not qualify as an independent centre and so has no social catchment population

Source: ABS, 1998, 2007; Department of Health and Aged Care and the National Key Centre for Social Applications of Geographical Information Systems (GISCA) 1999.

This cluster contains a diverse set of towns, currently borne on an equally diverse range of demographic trajectories. The supposedly universal generalisations about small country towns being caught in an irreversible downward spiral (see Forth, 2000) are confounded in Table 3.21, where even quite small and isolated places have seen substantial population growth over the decade to 2006 (e.g. Deepwater, Curlewis, Tingha). Five centres have emerged as identifiable ‘urban centres and localities’ over the decade to 2006 using the Australian Bureau of Statistics’ thresholds. Others have remained relatively stable, while only Emmaville has undergone substantial depopulation. Median ages also vary widely from place to place. Structural ageing is a key cause of the high median ages in many towns, with many young people moving out to find their fortunes elsewhere, while off-farm retirees have augmented the stocks of the elderly in many towns (e.g. Bundarra, Deepwater, Ashford). Many towns are effectively satellites of major regional centres and so record relatively low remoteness scores, though this is not true for towns such as Mungindi. A number of towns are only ‘moderately accessible’, implying that they face ‘significantly restricted accessibility of goods, services and opportunities for social interaction’ (Department of Health and Aged Care, 1999).

### 3.6.1 Education

It is at this level of the regional urban hierarchy that a number of services become less available, such as pre-schools. All towns have primary schools, but only a handful of RDA-NI towns at this level host secondary schools and almost of these are combined 'central school' services. Student to staff ratios are somewhat variable from town to town, with Curlewis apparently having an unacceptably high ratio. By contrast, many other towns enjoy comparatively low ratios.

**Table 3.22 Schools, student and staff numbers of the 500-999 popn. cluster**

Town	Pre-schools	Primary schools	Secondary schools	Special needs schools	School student/teacher ratio	Tertiary education facilities
<i>Ashford</i>	1	1*	1*	No	9.3	No
<i>Bellata</i>	0	1	0	No	12	No
<i>Boggabilla</i>	1	1	1*	No	8.3	No
<i>Boggabri</i>	1	2	0	No	15.0	No
<i>Bundarra</i>	1	1*	1*	No	10.2	Yes
<i>Carroll</i>	0	1	0	No	3.5	No
<i>Curlewis</i>	1	1	0	No	24.5	No
<i>Deepwater</i>	0	1	0	No	14.5	No
<i>Delungra</i>	0	1	0	No	9.0	No
<i>Emmaville</i>	0	1*	1*	No	9.7	No
<i>Munqindi</i>	2	1	1	No	8.3	Yes
<i>Spring Ridge</i>	1	1	0	No	15.7	No
<i>Tingha</i>	1	1	0	No	13.1	No
<i>Woolomin</i>	0	1	0	No	9.6	No
<i>Wallabadah</i>	0	1	0	No	16.1	No
Bowraville	1	1	1*	No	10.6	No
Coolah	2	1	1*	No	10.9	Yes
Trangie	1	1	1*	No	10.5	No

\*Central school

Source: ACARA, 2011.

### 3.6.2. Health and allied services

**Table 3.23 Health care service availability measures, 500-999 popn. cluster**

Town	GPs/1 000 persons	Popn./GP	Dentists/1 000 persons	Popn./Hospital bed
<i>Ashford</i>	0.82	1 223	N/A	N/A
<i>Bellata</i>	N/A	N/A	N/A	N/A
<i>Boggabilla</i>	0.60	1 659	N/A	N/A
<i>Boggabri</i>	0.68	1 474	N/A	368.38
<i>Bundarra</i>	N/A	N/A	N/A	N/A
<i>Carroll</i>	N/A	N/A	N/A	N/A
<i>Curlewis</i>	N/A	N/A	N/A	N/A
<i>Deepwater</i>	N/A	N/A	N/A	N/A
<i>Delungra</i>	N/A	N/A	N/A	N/A
<i>Emmaville</i>	4.05	247	N/A	14.53
<i>Munqindi</i>	1.41	708	N/A	28.30
<i>Spring Ridge</i>	N/A	N/A	N/A	N/A
<i>Tingha</i>	N/A	N/A	N/A	125.71
<i>Woolomin</i>	N/A	N/A	N/A	N/A

<u>Wallabadah</u>	N/A	N/A	N/A	N/A
Bowraville	1.02	976	1.02	N/A
Coolah	0.55	1 831	0.55	261.64
Trangie	0.76	1 311	N/A	52.45

Source:

Table 3.23 shows some basic measures of health service provision for the fourteen RDA-NI towns in this population cluster, together with the Mid-North comparator town of Bowraville, and the Orana comparator towns of Coolah and Trangie. As before, in each case, the population denominator reflects that of the entire social catchment and so is a reasonable indicator of GP service demand, the 'market' for hospital admissions and dental appointments. As already noted, medical service provider data for the RDA-NI towns was sourced from Hunter New England Health and the New England Division of General Practice while that for the Mid-North coast towns was accessed via the Mid-North Coast Area Health Service and Division of General Practice.

The most obvious aspect of Table 3.23 is the near total lack of general practitioner and dentist services in RDA-NI towns. Only four towns host GP services and two of these – Ashford and Emmaville – share one GP on a rotational basis (3 days/week; 2 days/week in the other). By contrast, the three comparator towns have GP services. In relation to dental care, no RDA-NI town in this population cluster has a local dentist. Residents must therefore travel to the nearest town with a dental service. Bowraville and Trangie both host local dentist clinics.

In 2009/10 Australia had a national average of 3.8 hospital beds per 1 000 head of population, and this was near to the OECD mean level of provision of 3.6 beds per 1 000 population. The 2009/10 national figure translates into the ratio of 1 bed per 263 persons. For those towns that do still have local hospital services, population to bed ratios are quite low except for Boggabri.

Appendix 6 shows that very few centres provide additional allied health and para-medical specialist services, with those towns with multi-purpose facilities (e.g. Tingha, Emmaville) more likely to offer these, and then frequently on a visiting basis. No mental health services are provided in RDA-NI towns at this level. By comparison, comparator towns along the Mid-North Coast and in the Orana region appear to be slightly better serviced (see Appendix 6).

### 3.6.3. Services for the elderly

**Table 3.24 Aged care facilities, 1 000-2 999 popn. cluster**

Town	High care beds	Low care beds	Beds/1 000 persons aged 65 & over
<u>Ashford</u>	0	18	14.72
<u>Bellata</u>	N/A	N/A	N/A
<u>Boggabilla</u>	N/A	N/A	N/A
<u>Boggabri</u>	7	9	59.68
<u>Bundarra</u>	0	11	12.54
<u>Carroll</u>	N/A	N/A	N/A
<u>Curlewis</u>	N/A	N/A	N/A
<u>Deepwater</u>	N/A	N/A	N/A
<u>Delungra</u>	N/A	N/A	N/A
<u>Emmaville</u>	9	4	52.63
<u>Mungindi</u>	?	?	?
<u>Spring Ridge</u>	N/A	N/A	N/A

<i>Tingha</i>	4	4	9.09
<i>Woolomin</i>	N/A	N/A	N/A
<i>Wallabadah</i>	N/A	N/A	N/A
Bowraville	N/A	N/A	N/A
Coolah	10	10	10.92
Trangie	10	8	13.73

Few RDA-NI towns in this population cluster host aged care centres and those that do have only very limited services. The current national planning guidelines in relation to aged care aim to provide 88 beds (combined high and low care) per 1 000 population aged over 70 years (AIHW, 2009, 110). While the ratios provided in Table 3.24 are not directly comparable with that measure, they do suggest that a number of RDA-NI towns in this population band fall well short of the national benchmark. However, the comparator towns are also under-provisioned. Other services pertaining to this rapidly growing segment of the population, such as HACC and Meals on Wheels, are provided in most centres.

#### **3.6.4. Services for people with disabilities**

Few towns in this population cluster provide services to locally disabled people.

#### **3.6.5. Transport services**

At this level of the urban hierarchy few towns have regular long-distance (i.e. to capital cities) air, rail or coach passenger services. Boggabri enjoys a twice daily rail link to Sydney, together with coach service connections to Gunnedah and Narrabri.

#### **3.6.6. Law, order and emergency services**

All towns have local rural fire brigades and ambulance services. Mungindi, Emmaville and Tingha have local SES services.

#### 4. Conclusions/Recommendations

This report has identified a number of service types in which RDA-NI towns appear to be under-provisioned. Overwhelmingly, these involve health and health-related services. In this final section of this report, the key areas of concern are outlined.

- Given the widely-recognised fact of Australia's rapidly ageing population, and the concentrations of elderly that frequently found in both coastal and inland regions, it is concerning that so many RDA-NI centres, regardless of position within the urban hierarchy, are under-provisioned with aged care beds. Tamworth, Armidale, Inverell, Moree, Glen Innes, Barraba, Bingara, Guyra, Manilla, Uralla, Warialda and Wee Waa were all identified as having fewer aged care beds than their population structure warrants. Werris Creek has no aged care services. This is a situation that warrants urgent attention, given that the over 70 year old cohort will be the fastest growing cohort of the RDA-NI population over the next 20 years. While some Mid-North Coast centres are similarly disadvantaged (e.g. Port Macquarie, Taree), it is obvious that the RDA-NI region is suffering from a shortfall in aged care beds.
- Dental services are another area of concern for the RDA-NI region. While residents of the larger centres are reasonably well provided for, the 'middle tier' of towns, such Moree, Gunnedah, Glen Innes, Tenterfield and Narrabri fall well short of the national benchmarks for dental care provision. This is particularly concerning given the general lack of dentists in the smaller towns within these larger towns' sphere of influence. As noted earlier in this report, the vast majority of towns of 3 000 or fewer residents had no local dental services, meaning that dental patients from the small towns and from the remoter parts of the region are forced to wait extended periods for an appointment and travel long distances to the major regional centres for treatment. This is an issue that requires more detailed research.
- Glen Innes and Tenterfield both appear to be under-provisioned with hospital beds. In addition, both towns would appear to lack sufficient disability services given their size.
- Guyra has a low GP/population ratio.

Of course, no town can expect to be able to offer its residents the full suite of services seen in the capital cities, together with a wide range of competing providers. Nonetheless, a basic expectation of citizenship in this country is reasonable access to the key public and private goods and services that sustain an acceptable quality of life. Notwithstanding the caveats made earlier concerning the reliability of data used in the foregoing analysis, this report has highlighted some potential areas that require more concerted research to ascertain the actual and current degree of difficulty faced by local populations in accessing these services. A vital aspect of any such research is an examination of

the adequacy with which transport services allow residents of the smaller, remoter towns and their hinterlands to access key services offered in larger centres in a timely and convenient manner. Therefore, it is the final recommendation of this report that: 1) this analysis be updated with population data from the 2011 Census; and 2) a more substantive research project on the interrelationships between health, education, training and disability services and transport services within the RDA-NI region be conducted.

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