

Age-specific housing for low to moderate-income older people

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Age-specific housing for low to moderate- income older people

authored by

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for the

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ACRONYMS

ABS	Australian Bureau of Statistics
ACAP	Aged Care Assessment Program
ACAT	Aged Care Assessment Team
ACHA	Assistance with Care and Housing for the Aged
ACSA	Aged and Community Services Australia
AHURI	Australian Housing and Urban Research Institute Ltd
AIHW	Australian Institute for Health and Welfare
ALF	Assisted Living Facility (USA)
APHA	Aged Persons Homes Act
ARC	Australian Research Council
CACP	Community Aged Care Package
CALD	Culturally and Linguistically Diverse
CCRC	Continuing Care Retirement Community
CSHA	Commonwealth-State Housing Agreement
CURF	Confidentialised Unit Record Files
DACS	Disability, Ageing and Carers Survey
DDHCS	Department of Disability, Housing and Community Services (ACT)
DNCB	Domiciliary Nursing Care Benefits
EACH	Extended Aged Care at Home package
EACH-D	Extended Aged Care at Home Dementia package
GDP	Gross Domestic Product
HACC	Home and Community Care
IG II	Intergenerational Report II
ILF	Independent Living Facility (USA)
ILU	Independent Living Unit
LORC	Leisure Orientated Retirement Community
MTAWE	Male Total Average Weekly Earnings
NATSEM	National Centre for Social and Economic Modelling
NRC	National Respite for Carers
OH&S	Occupational Health and Safety
PBLCI	Pensioner and Beneficiary Living Cost Index
RCS	Resident Classification Scale
RVCP	Retirement Villages Care Pilot
SHA	State/Territory Housing Authority

SNF	Skilled Nursing Facility
SPSS	Statistical Package for the Social Sciences
WHO	World Health Organisation

EXECUTIVE SUMMARY

Aims and questions

With larger numbers of older people in Australia living longer and limited social and public funds available to support this ageing population, there is increasing demand for age-appropriate and affordable housing that can adequately encompass the care needs of older people with low to moderate-incomes.

Care services provided by the formal aged care sector can be divided into two broad categories: community or home based care, and care provided in residential aged care facilities. This project investigates a third category of care, provided in a housing environment that is not the private home, and not an institution. 'Age-specific housing' is defined in this project as accommodation or dwellings that have been specifically constructed for, modified for, or allocated to older people. This project focuses on evaluating affordable housing options that allow access to low to moderate-income older people.

The research questions that direct this project are as follows:

- A. What is the nature of the age-specific housing market in Australia at present?
 - A1. What is the range of age-specific housing and care options currently available within the housing market in Australia?
 - A2. What are the financial models associated with the various age-specific housing and care options?
 - A3. What is the likely size of the market at present and in future decades?
 - A4. What are the demographic characteristics of older consumers and to what extent are these variations significant in terms of housing, location, income and care types?
- B. What factors have influenced the provision of particular types of age-specific housing products?
 - B1. What makes age-specific housing options attractive/unattractive to older persons/providers?
 - B2. How do the financial models associated with the various options facilitate or constrain choice among low to moderate-income older people?
 - B3. To what extent do the current legislative and policy frameworks hinder or support the range of age-specific housing options currently available?
- C. What factors are shaping the market growth of particular types of age-specific housing?
 - C1. Should policies and regulations be modified to create more suitable age-specific housing options and, if so, what changes should be made?
 - C2. What impact would these changes have over time?

Methodology

This research project is divided into five stages:

- Stage 1: A literature review and policy review of the Australian age-specific housing market.
- Stage 2: A quantitative profile of the housing market and its consumers.

- Stage 3: A questionnaire survey of age-specific housing providers and older residents of age-specific housing.
- Stage 4: 107 qualitative interviews with older people in age-specific housing, housing providers, and key policy stakeholders.
- Stage 5: Public engagement via a public forum and the publishing of at least one peer reviewed academic article relating to this research.

Stages 1 and 2 comprise the primary content of this Positioning Paper, while Stages 3, 4 and 5 will be reported on in the Final Report.

Demographic profile

ABS Census and DACS data confirms that Australia's population is ageing at a rapid rate, and that, while most older people own their own home and are in a secure housing situation, many of those who are reliant on the Age Pension and live in the private rental market are under considerable housing stress.

The most recent intergenerational report shows that 13.5 per cent of the population were aged 65 or over (Australian Government, 2010). ABS population projections indicate that this percentage will double by 2051 and that the percentage of those aged 85 and over will have increased fourfold. The vast majority—77 per cent—of older households own their own home. Private rental accounts for 8 per cent of older households, while 5.5 per cent live in public rental accommodation. Five per cent of reference persons aged 65 and over live in retirement villages. Close to two-thirds of Australians aged 65 and over had a weekly income of less than \$400 per week, fitting roughly into the definition used in this report for 'low to moderate-income'.

While detailed information on numbers of older people living in age-specific housing types was impossible to glean from the broad categories used in the Census and DACS data, the data confirmed that the prevalence of disability increases with age, with almost half of those aged 85 or older requiring assistance with personal and/or everyday activities. This means that many older people are in need of combined housing and care services to allow them to age in place.

Literature review

The aged housing and care environment in Australia is shaped by two major paradigms: ageing in place; and the need for older people to move to an accommodation type that provides a higher level of care due to increasing support needs in old age. Prior to 2001, older persons' housing in Australia was a relatively limited area of research. Since that time a small but growing body of literature has emerged on aged housing and care, and a number of recurrent themes can be identified:

- The importance of the home for older people and the high level of homeownership in older Australians, leading to security of tenure and a variety of options for alternative housing and care in later life for homeowners.
- The great economic divide that exists between older people who are homeowners and those who are renters in the private market.
- The potential major undersupply of social housing for older people.
- The dynamism of the private sector of aged housing in Australia, particularly the growth in popularity of retirement village options.
- A shift in emphasis from residential aged care to home and community-based care services for older people.

Australian literature on six age-specific housing models is also reviewed: for-profit retirement villages, not-for-profit retirement villages, community housing, mobile home retirement communities, age-specific boarding houses, and assisted living villages. While there are examples of literature that concern particular types of age-specific housing there are no studies that provide an overview of the affordable age-specific housing market more generally as this project seeks to do.

'Age-specific housing' itself means different things in different studies, however, there is a general consensus that age specific housing is accommodation that involves facilities and/or services that are targeted towards the particular care needs of older people, incorporating both accessible physical design and additional care services.

The space between community-based aged care and residential aged care in which age-specific housing fits has been largely uncharted. A knowledge gap exists about how age-specific housing options operate the extent and quality of the care services they provide, and their affordability for lower-income earners. This has also led to a lack of consistency in terminology and a lack of any useable typology of housing models for the sector.

The aged housing and care environments in the United States and the United Kingdom present interesting similarities in context and points of contrast with the situation in Australia. The level of homeownership among older people in the UK is around 70 per cent, lower than in Australia (80%), however, the social housing sector in the UK, while still undergoing transformation, is larger than that in Australia.

The age-specific housing markets in both Australia and the US have emerged within similar environments of limited government regulation. But in the US the private sector is the largest provider of age-specific housing, whereas in Australia church and charity organisations represent the highest proportion of providers.

The economics and affordability of age-specific housing

This project examines whether low to moderate-income older people can access age-specific accommodation and care options. In the Final Report, each of the six housing models will be examined in turn to assess the level of out-of-pocket expenses associated with each option.

The issue of the affordability of age-specific housing comes down to identifying *which* of the identified age-specific housing models are accessible to low to middle-income older Australians and what associated care services can be purchased by those with low to moderate income.

If low to medium income older Australians are unable to afford age-specific accommodation and related care options, but wish to access those options, then an *unmet demand* exists. If they are assessed as requiring such options given their health needs, then an *unmet need* also exists.

The Australian policy context

Policy responsibility for older people's care and housing is shared between the Commonwealth and state/territory governments, and can be divided into three categories of intervention: economic programs, care programs, and housing programs.

- The key Commonwealth economic policy is the Age Pension, which is a crucial source of income for the majority of older people in Australia.
- The formal aged care sector in Australia is characterised by a two-tiered system of residential aged care and community-based care services such as HACC.

- Housing policy for older people has centred on financial support for homeownership and the provision of public housing and subsidisation of community housing.

On a state/territory level, there is great variation in policy depth and coverage of various age-specific housing models, with limited legislative intervention in private commercial providers and a great lack of consistency between states/territories.

While there has been some degree of experimentation in linking HACC services with specific forms of housing, this has not been a major policy emphasis. Policy for housing and care in an ageing Australia has yet to be addressed in an integrated manner across different areas of government and change and innovation in older people's housing has happened within the private housing market, outside the scope of current Commonwealth or state/territory policy intervention.

Policy implications

The policy problem that this project deals explicitly with is: How can an adequate supply of affordable age-specific housing appropriate to the diverse requirements of low to moderate income older people be achieved?

Larger numbers of low-income renters as a corollary of population ageing, reduced social housing provision, and an increasing emphasis on user pays home-based care implies that current age-specific housing solutions may be inadequate in the future. Lower-income, non-home-owners are a minority group amongst older Australians that is projected to grow substantially in the future. Future demand for affordable age-specific housing is likely to stretch the capacity of public, community and market sector providers well beyond their current supply capabilities.

The planning, policy development, allocation of resources, quality management and accountability for the housing and care options available to low to moderate-income older people are undertaken by all levels of government. A lack of clear boundaries and coordination is evident despite some degree of substitutability between residential and community care. The resultant lack of flexibility in both accommodation and care choice is sharpest for those older people on lower incomes.

1 INTRODUCTION

This positioning paper provides the context for a multidisciplinary research project on age-specific housing and care for low to medium-income older people. The research project draws on the collaborative expertise of academic researchers in the social science, health, economics, and architectural fields.

The project seeks to answer the following questions: What age-specific accommodation options are available to older people? What sort of care component do they offer to consumers? To what extent can low to moderate-income earners access these options?

One of the major policy implications to emerge from recent research into older persons' accommodation in Australia has been the importance of facilitating a holistic policy approach to aged housing, providing coordinated housing assistance and care (Faulkner & Bennett, 2002; Bridge et al., 2002, Jones et al., 2008a). This research will fill a significant gap in our understanding of the Australian age-specific housing market, particularly the affordability of the current market for low to moderate-income earners, and will be of benefit to those in policy development and governmental decision-making, service providers and community organisations in the ageing sector, private corporations with housing interests, and to older people themselves and their families.

It builds on a small but growing body of previous AHURI research in this area, such as the work of Jones et al. (2008) on housing, support and care for older people, Quinn et al. (2009) on dwelling, land and neighbourhood use by older home owners, McNelis et al. (2008) on older people and public housing, and Bridge et al. (2009) on reverse mortgages and older people.

The project builds particularly on a recent report by Jones, Howe, Tilse, Bartlett and Stimson, *Service integrated housing for Australians in later life* (2010), which has begun the work of establishing an in-depth profile of the housing and care options available to older people. This research builds upon the profile developed in this report, but reconfigures it within a new paradigm to focus on the needs of low to moderate-income earners, and the particular supply and demand factors associated with the age-specific housing market for this target group. This will have significant implications for the dwelling types examined in this project, concentrating on affordable housing types accessed by low-income older people, such as subsidised community housing, boarding houses, and mobile home communities, and cutting out an analysis of housing types on the higher end of the market. It will also significantly impact the analysis undertaken around unmet need and evaluations of affordability and suitability for the low-income target population.

1.1 Context

It has been well documented through both Australian Bureau of Statistics (ABS) Census data and projections of future trends that the 21st century will be characterised by a dramatic shift in the proportion of the population aged 60 and over. Rapid growth in both the median age of the Australian population and the percentage of people aged 60 and over is occurring, particularly the percentage of people in the population over the age of 85. At the 2006 Census, the proportion of the total population in Australia over the age of 65 was 13.3 per cent and 1.5 per cent were aged 85 and older. However, the latest intergenerational report has modified the projections slightly. For instance, as of June 2010, the proportion of those aged 65 and over in the Australian population is projected to reach 13.5 per cent, up from 8.3

per cent in 1970 (Australian Government, 2010). Of greater concern is the fact that, as of June 2050, around 22.6 per cent of the Australian population is projected to be aged 65 and over. Further, the proportion of the population aged 85 and over is projected to increase most rapidly, rising from 1.8 per cent in 2010 to 5.1 per cent in 2050 (Australian Government, 2010). The need for assistance with personal and everyday activities increases markedly as people move into older age cohorts, particularly the 85 years and over age group (Productivity Commission, 2008), as does the need for a physically accessible built environment.

There is a growing need for housing that can adequately encompass the care requirements of Australia's ageing population. As Jones et al., have observed, 'in the context of housing, as in other fields, it is the absolute magnitude of growth of the older population that will be of most significance' (2007, p. 39). Government policies and service delivery programs are increasingly centered around the principle of 'ageing in place' (Quinn et al., 2009), however, due to the increase in the rate and degree of disability with age, age-specific housing—accommodation options targeted specifically towards the requirements of older people—will be under increasing demand to cater to these support needs. As a result of rising housing costs, lower-income older people are particularly vulnerable in the face of this demand. In June 2008, there were 1 952 686 people in receipt of the age pension with this being broken down into those who receive the full pension (approximately 60%) and with the remainder on a part-pension (ABS, 2008). Thus, almost ten per cent of the total population in Australia, and 73.8 per cent of all people aged 65 or older, rely on government income supplementation.

Older persons with no savings and little or no superannuation to draw on often have minimal capacity to cover any increase in housing and living costs, particularly if they are not outright homeowners (Morris, 2007; 2009b). Homeownership provides security of tenure and allows for the leveraging of equity from the home to offset care or home modification costs if needed (Bridge et al., 2009). While there is a high rate of home ownership among older Australians compared with many other countries (Quinn et al., 2009), just over 20 per cent of Australians 65 years or older do not own (either fully or partially in the case of mortgages) their own home (ABS, 2006a).

Demand for more affordable housing has escalated among low to moderate-income older people due to other social and economic factors over recent years, such as Australia's property price boom and the decline of affordable accommodation in the private rental market. For instance, according to Aged and Community Services Australia (ACSA), many older people face considerable housing stress, and the number of people aged 65 and over in low-income rental households is expected to increase 115 per cent—up from 195 000 in 2001 to 419 000 by 2026 (ACSA 2008). The availability of affordable accommodation and care for older people has also been impacted by:

- A reduction in government investment in social housing over the past couple of decades, limiting its availability and restricting the numbers of those now deemed to be eligible (McNelis et al., 2008; Jones et al., 2007).
- An increase in the number of resort or 'lifestyle' retirement village developments that target upper socio-economic markets, excluding lower-income earners (Towart, 2005b).
- The gentrification of urban areas close to services and networks of support of particular importance to older people, driving them to more isolated neighbourhoods (City of Sydney, 2009).

- The loss of many boarding houses and caravan parks, which had previously been accommodation options for lower-income older people (Shelter SA, 2004; Wensing et al., 2003).

The increasing demand for housing options targeted specifically towards older Australians that will also permit and enable access to lower-income earners presents a series of challenges for Australian policy-makers. An important component of this study is to provide policy recommendations. Policy-makers are currently challenged to find more cost effective means to provide housing, care and financial assistance that maximise autonomy and choice among low to moderate-income older people.

While there is a growing body of academic research in Australia on older people and housing, very little research has been undertaken into age-specific housing in particular. There is a significant gap in our knowledge and understanding of the age-specific housing market in Australia that this research seeks to fill. One of the central purposes of this research project is to investigate what kinds of accommodation options are available currently, and which of these are accessible to low to moderate-income older people. The project will also provide qualitative insights into both providers' and consumers' perceptions of age-specific housing, and the needs, wants and expectations of older people as expressed by older people themselves.

1.2 Aims and research questions

With larger numbers of older people in Australia living longer and limited social and public funds available to support this ageing population, the demand for age-appropriate and affordable housing from older people with low to moderate-incomes is mounting and seems set only to increase substantially over coming decades. This project sits at the intersection of issues of ageing, housing, and compounded disadvantage, and will focus on lower-income older people and their capacity to access required age-specific accommodation within the current structure of the market.

There are three central objectives of this study: 1) to assess the current state of the age-specific housing market in Australia; 2) to understand how providers of age-specific housing perceive the age-specific housing market and what they view as incentives and disincentives to invest within it; and 3) to understand how existing low to moderate-income residents of age-specific housing perceive the market, and what financial access they have to the accommodation options within this market.

These research objectives are focused around two questions concerning specifically lower-income older people:

- What options are currently operating in the Australian age-specific housing market, and how do these housing options enable or suppress care for older people?
- To what extent are low to moderate-income earning older people able to access the age-specific accommodation options available in the Australian market at present?

As well as undertaking descriptive and investigative functions in an analysis of the nature and current state of the age-specific housing market, this project will sit firmly within an economic and policy-based framework to provide relevance to a variety of stakeholders in the ageing and housing sectors. The research incorporates economic modelling around the dynamics of supply, demand and financial access in the age-specific housing market in order to determine whether there is currently an unmet need in the target population of low to moderate-income older people. The project will also situate its research within a policy context in the review of contemporary

Australian housing policy, and provide recommendations to policy decision-makers in the Final Report.

The following three key research questions with a series of sub-questions were developed from the original objectives to inform this research:

- A. What is the nature of the age-specific housing market in Australia at present?
 - A1. What is the range of age-specific housing and care options currently available within the housing market in Australia?
 - A2. What are the financial models associated with the various age-specific housing and care options?
 - A3. What is the likely size of the market at present and in future decades?
 - A4. What are the demographic characteristics of older consumers and to what extent are these variations significant in terms of housing, location, income and care types?
- B. What factors have influenced the provision of particular types of age-specific housing products?
 - B1. What makes age-specific housing options attractive/unattractive to older persons/providers?
 - B2. How do the financial models associated with the various options facilitate or constrain choice among low to moderate-income older people?
 - B3. To what extent do the current legislative and policy frameworks hinder or support the range of age-specific housing options currently available?
- C. What factors are shaping the market growth of particular types of age-specific housing?
 - C1. Should policies and regulations be modified to create more suitable age-specific housing options and, if so, what changes should be made.
 - C2. What impact would these changes have over time?

1.3 Definitions and models

1.3.1 Age-specific housing

In previous AHURI research, housing has been defined broadly and as a first starting point as dwellings or physical structures for human habitation. In the Australian context, this includes mainly free-standing houses, apartments, terrace housing and duplexes, as well as caravans, mobile homes, boats, and informal structures. Settings can include private land or grounds, shared buildings, and cluster housing on shared land, while tenure can range from private ownership or rental, public rental, leasing, to communal ownership (Jones, 2008a).

For this project, 'age-specific housing' is defined as accommodation or dwellings that have been specifically constructed for, modified for, or allocated to older people. A distinction must be noted here between age-specific housing and housing that older people might use in general: the former is targeted specifically towards older people, whereas the latter might include housing conditions such as home ownership and private rental accessible to older people in the mainstream housing market, both of which are outside the scope of this project. This research, however, makes no distinction between 'private dwellings' and 'non-private dwellings'. According to ABS definitions, 'non-private dwellings' are 'establishments that provide communal or transitory type accommodation' (ABS, 2006b), while 'private dwellings' include any

forms of dwelling, such as those mentioned above, used for private accommodation (ABS, 2006b). All dwelling types will be considered if they conform to the criterion set out below.

Due to the complexity of the aged housing sector and to further define the scope of this project, accommodation types for older people have only been included as 'aged-specific housing' in this study if they:

- Include a rental component—care services, policy intervention and financial assistance directed towards older people that do not include a rental accommodation component are therefore outside the scope of this project.
- Are purpose-built, modified for, or allocated to older people—housing options must be specifically geared towards the needs and requirements of older people to be included in this study.
- Are not fully government funded or subsidised.

Models such as aged-care homes¹ that are fully subsidised by government and health services are beyond the scope of this project, which is concerned only with housing types that older people themselves elect to enter.

1.3.2 Older persons

There is no agreed definition for 'older person', and no agreed cut off age ranges. The World Health Organisation (WHO) does not have a standardised definition of ageing that is used across the board. Thus, what defines an 'older person' is contentious and varies according to situation and context.

For the purposes of this project, an 'older person' is defined as a person 60 years of age or older. Another common cut off age is 65, in line with the common retirement age and receipt of the age pension, but this does not capture the experience of many women, for whom the cut off age is 60.² A common distinction made between different groups of older people is to divide them into three cohorts: 65 to 74 years old (sometimes known as 'young-old'), 75–84 years old (middle-old) and over 85 (old-old) (Productivity Commission, 2008). Due to substantial variations in housing and support needs for older people of different age groups and to add depth of analysis to the research conducted in this project, this is further divided into three key age cohorts as follows:

1. 60 to 74 years old
2. 75 to 84 years old
3. 85 years and older.

1.3.3 Low to moderate-income

This project is focused on low to moderate-income older people. A low to moderate-income is defined in this research as up to 120 per cent of the median household income in Australia. The lower limit of this study will represent those people who rely on the maximum rate of the age pension as their only source of income, \$335.95 per week in raw terms. The upper limit will represent those who receive a part pension and/or salary up to 120 per cent of the median individual income, or \$1232.40 per

¹ All aged care homes must provide a specified range of care and services at no additional cost to residents. These requirements vary according to whether the resident has 'low-care' or 'high-care' needs (<http://www.agedcareaustralia.gov.au/internet/agedcare/publishing.nsf/Content/High-level%20care>)

² The qualifying age for the Age Pension for women is now set to rise by six months every two years, reaching 67 by 1 July 2023. (http://www.centrelink.gov.au/internet/internet.nsf/payments/age_eligible.htm)

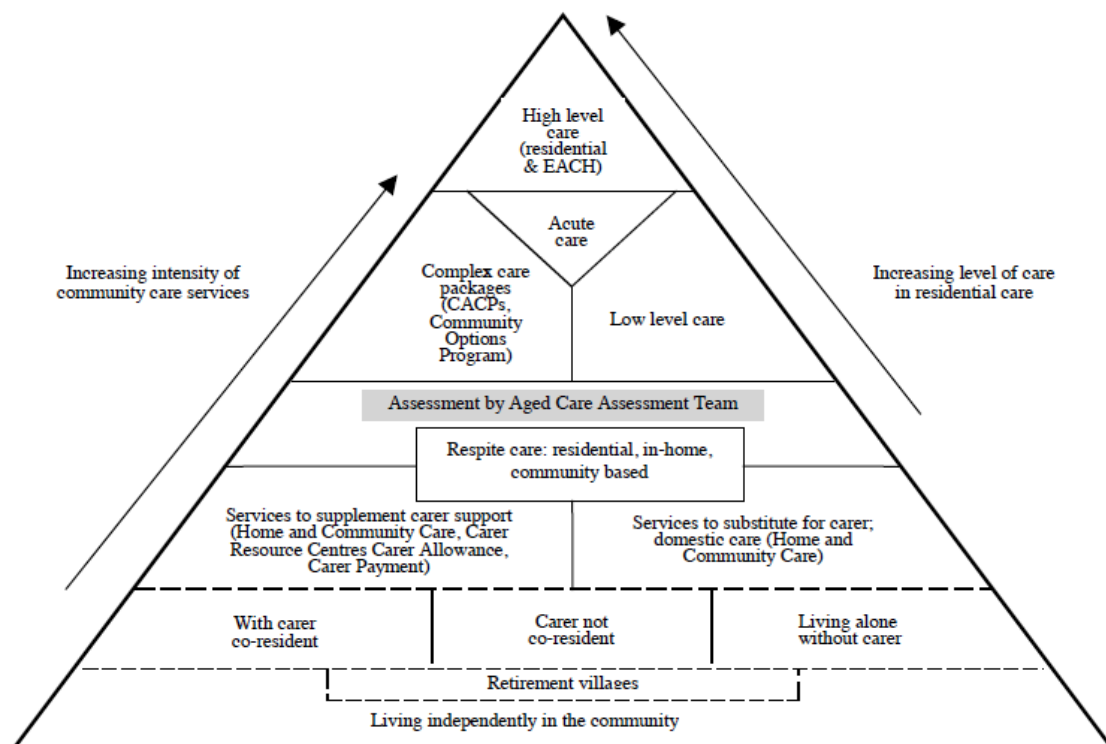
week. To take into account the variations in living standard, lifestyle, and income sources represented within this bracket, this is further divided into the following three cohorts:

1. Less than 50 per cent of median Australian individual income.
2. 50–60 per cent of median Australian individual income.
3. 60–120 per cent of median Australian individual income.

1.3.4 Care systems

Care arrangements for older people are dynamic and changing (Williams, 2001). For instance, informal care (i.e., unpaid care) has become less common, while formal home health care (i.e., paid care) has become more widespread, and self-care, which is a newly evolving conceptual category (Wilson, 1994; Aronson & Neysmith, 1997). Care is typically thought of as being on a continuum of some type with an orderly progression, as is exemplified by the Productivity Commission's (2003) illustration shown in Figure 1 below.

Figure 1: Hierarchy of care intensity



Source: Productivity Commission, 2003, p. 8.

However, this traditionally accepted conception of care does not distinguish between formal and informal or self-care. It also fails to adequately capture care shifts resulting from insecure housing tenure due to lack of homeownership as it does not address the economic burden of purchasing care. For instance, living alone; having a carer who is not a co-resident; and living with a resident carer are arrayed horizontally in this schema, not vertically. Furthermore, the loss of informal care networks inherent in relocating from the community to age-specific accommodation structures is not addressed in this framework. Our final report will attempt to address these inconsistencies and inadequacies with the view to developing a care typology more

appropriate to understanding the circumstance of low to moderate-income older people in age-specific accommodation.

An informal carer is defined in Australia as 'any person, such as a family member, friend or neighbour, who is giving regular, ongoing assistance to another person without payment for the care given' (ABS, 2008). Existing carer definitions, for example for the purposes of establishing eligibility for Domiciliary Nursing Care Benefits (DNCB/Carer Allowance; Carer's Pension/Carer Payment) and those used in ABS Disability, Ageing and Carers Surveys, vary in context and purpose. However, definitions of informal care do have in common the provision of regular and sustained care to someone who is known. Thus, for the purposes of this study, 'informal care' will be taken to be social, physical and economic support provided to older persons by those people they know. Consequently, as these are primarily unpaid reciprocal relations, the economic contributions of informal carers will not be captured. However, 'formal care' which is defined in this report as the funded care provided by government and/or other statutory authorities (including non-government agencies and charitable bodies) will be the focus of our economic investigations. This includes home and community care service, hostels and residential aged care, as well as home-care services and care subsidies.

2 METHODOLOGY

The multi-method research design for this project uses a combination of literature review, quantitative housing data analysis, surveys, and qualitative semi-structured interviews to address the project's aims and research questions. The research methodology is divided into five stages as follows:

- Stage 1—a literature and policy review of the Australian age-specific housing market.
- Stage 2—a quantitative profile of the housing market and its consumers.
- Stage 3—a questionnaire survey of age-specific housing providers and older residents of age-specific housing.
- Stage 4—107 qualitative interviews with older people in age-specific housing, housing providers, and key policy stakeholders.
- Stage 5—public engagement via a public forum and the publishing of articles relating to this research.

Stages 1, 2 and 3 will have a national focus, Australia-wide, while Stages 4 and 5 will focus on New South Wales, Victoria, and Western Australia. Stages 1 and 2 comprise the primary content of this Positioning Paper, while Stages 3, 4 and 5 will be reported on in the project's Final Report.

The project's approach builds upon previous AHURI research by Bridge, Phibbs and Judd (Bridge, Mathews, Phibbs & Adams, 2009; Judd, Kavanagh, Morris & Naidoo, 2004) into ageing and housing, in combining quantitative and qualitative research techniques with economic analysis. This combination of convergent qualitative and quantitative research methods can enable a 'more complete, holistic, and contextual portrayal' of a given phenomenon (Jick, 1979, p. 603), in this case age-specific housing, whereas a single method research design would enable insight into only one aspect of the market. Secondary data analysis combined with quantitative surveys and in-depth interviews will enable a more interpenetrative analysis of the age-specific housing market, examining economic and demographic trends in demand and in the affordability of various housing options for low to moderate-income earners, as well as learning from stakeholders in the sector what the needs and expectations of these housing options are.

2.1 Literature review on the current age-specific housing market in Australia and current policy and legislation relevant to age-specific housing

A review of relevant literature on the age-specific housing market in Australia has been undertaken to provide a contextual background for this research. The key themes of interest in this review are the range of options and typologies currently in existence in the age-specific housing market, the financial models associated with these options, the types of age-specific housing models favoured in an international context, and consumer needs and preferences in relation to age-specific housing.

The methodology used to collect academic articles and other documents of interest for the literature review involved methods similar to the systematic review methodology developed by Bridge and Phibbs for home modification research projects (2003). Systematic reviews use explicit methods to limit bias in identifying and rejecting studies, with a view to reaching conclusions that are more reliable and accurate than a narrative review. A systemic review search frame breaks the research

question down into separate parts or key words that can be searched for within research databases, under the categories of 1) Problem; 2) Intervention; 3) Outcome; and 4) Target population. As the purpose of a systematic review is to obtain a detailed answer to a specific, narrow question (Cook et al., 1997), which was not appropriate for an exploratory review seeking to scope out the breadth and depth of available literature on the age-specific housing market, an initial modified search frame was used based on keywords and synonyms pertaining to: 1) Housing for older people; 2) Care and support services; 3) Economic affordability; and 4) Older people.

The inclusion criteria for this initial search required that material was accessible through the AHURI or University of New South Wales databases or on the World Wide Web; that it was written in English; and that it was published within the past decade (1999–2009). This last criterion was included because the focus of the research is to assess the current nature of the age-specific housing market, and articles needed to be relevant and with a contemporary focus. Once the literature had been collected, strong and/or recurrent themes were identified and collated as a narrative or thematic literature review, with additional material searched for as necessary.

In order to locate and orientate the research within a policy context, a national review of current federal and state policy and legislation concerning private market age-specific housing and care was also conducted. This allows for an accurate basis and timeliness in the recommendations and policy implications discussed both in this Positioning Paper, and in a more extended form later in the Final Report. Material for this review was primarily collected through searches of relevant governmental departments and agencies, as well as the publications of agencies such as the Australian Institute for Health and Welfare (AIHW) and the Australian Government's Productivity Commission. Legislative information was found by using the Australasian Legal Information Institute (AustLii) online databases. The policy review and the literature analysis of age-specific accommodation options comprise the main content of this Positioning Paper.

2.2 Quantitative housing data analysis

An analysis of secondary and other data sets was undertaken to develop a profile of the age-specific housing market and a profile of the market consumers. This quantitative component used a range of demographic techniques to answer the following research questions:

- What is the likely size of the age-specific housing market at present and in future decades?
- What are the demographic characteristics of older consumers of the age-specific housing market and to what extent are these variations significant in terms of housing, location, income and care types?

This chapter of the Positioning Paper draws on data on older Australians from two main Australian Bureau of Statistics (ABS) sources, the 2003 Basic Confidentialised Unit Record File (CURF) for the Disability, Ageing and Carers Survey (DACS 2003) and the 2006 Census of Population and Housing. The CURF Microdata is comprised of individual responses to ABS surveys, and allows for more depth of demographic analysis through complex cross-tabulation of variables. CURF data is confidentialised by the removal of any identifying information such as names or addresses. Although a more recent DACS Survey was undertaken in 2009, this data has yet to be released by the ABS. If it becomes available within the time period of this project, this data will prove a useful basis of comparison and analysis in the Final Report.

Most of the data used in this chapter was extracted using the SPSS function of cross-tabulation, focusing on those categories that detailed the age distribution, income level, housing type and disability status of respondents to the two surveys. The data was used to identify relevant demographic groups for this project and the nature of likely needs and demand for age-specific housing. This data was analysed for each state/territory within Australia, and:

- Disaggregated by variables relevant to finance, care and housing type.
- Reported separately for three cohorts of older persons aged 60 to 74, 75 to 84, and 85 and older.
- Interrogated to assess the likely increase in demand.

2.3 Quantitative surveys

The next stage of research for this project will constitute the distribution, collection and analysis of quantitative surveys of age-specific housing providers and older residents of age-specific housing. A national list of age-specific housing providers will be compiled by the project team, collated through state/territory retirement village directories, government directories of community housing providers, peak organisations and association's membership lists, lists of care service providers, as well as phone directories and online listings. There are a number of age-specific housing associations for each state that will be contacted, including:

- Retirement Villages Associations.
- Caravan and Camping Industry Associations.
- Manufactured Housing Associations.
- Community Housing Associations.
- Housing Choices Australia.
- Jones Lang LaSalle Australia.

The survey questionnaires (see Appendix 1) will be sent to each age-specific housing provider identified in the national list. It will ask questions about what type of age-specific housing they provide, what the eligibility requirements are for older people to enter their housing type, and what policies and regulations encourage or discourage investment in the sector. The survey will also establish what providers perceive to be challenges and ways forward for the age-specific housing market for older people.

Survey questionnaires will also be sent to older people who are residents of each age-specific housing type. Older people will be approached by their housing provider in the first instance to complete the survey. If on the survey they indicate that they would be prepared to be interviewed, we will arrange an interview with them. The survey questionnaire and all written materials made available to older people for this project will also be produced in large print.

After a thorough coding process, the data will be manually entered into and analysed using the software Statistical Package for the Social Sciences (SPSS).

2.4 Qualitative in-depth interviews

Building upon previous AHURI publications that have used in-depth semi-structured interviewing techniques to reach an understanding of consumers' perceptions of older persons' housing (Judd et al., 2004; Morris et al., 2005; Quinn et al., 2009), Stage 4 of the research project will involve qualitative interviews with a range of stakeholders in age-specific housing.

Interviews with residents of age-specific housing: Older people who live in each of the age-specific housing options examined in this study will be recruited following a stratified sample framework. The interview participants will be drawn from each of the age cohorts analysed in the project, a variety of ages 60 plus, who live in various rental housing options. Interview participants will be approached via a letter introducing the project and requesting their involvement. This will provide detailed information about the project, its aims, and the role of interviewees, as well as a consent form and revocation of consent form (see Appendices).

The interviews will establish what older people view as the advantages and disadvantages of their current housing. Other issues, such as what provoked a move to age-specific housing, and whether residents see their accommodation as meeting their present and future needs, will also be explored. A total of 90 residents will be interviewed: 30 from New South Wales, 30 from Victoria, and 30 from Western Australia—the three states that are the focus of this study.

Interviews with key policy stakeholders: 15 national and state key policy stakeholders will be interviewed to determine what drives the current legislative and policy frameworks and what changes are envisaged to cater for future needs.

Interviews with providers: For each of the three states, two key providers of age-specific housing will be identified and interviewed. The interviews will assess what drives providers to operate in the sector, what facilitates and constrains their participation in the sector, and what their future plans are for the sector.

To recognise the time commitment of the low to moderate-income older people who we interview, we will offer a \$20 Coles gift voucher. The housing providers and government stakeholders will not be offered an incentive.

All participants will be given and asked to read carefully the Project Information Sheet included in this application. An opportunity for questions about the project and the nature of the research we are conducting will be given to all participants. If the participant grants written consent, audio from each of the interviews will be recorded, and this data will then be transcribed and coded using NVIVO, a computer software package designed for large volumes of qualitative data analysis such as interview transcriptions. While neither Indigenous or CALD low-moderate-income older people will be explicitly targeted, the policy findings will have general relevance to these groups as well as to the general population. All participants, if they wish, will have the opportunity to be sent a copy of the final report two weeks before its publication.

2.5 Dissemination and engagement strategy

A public forum will be organised in each of the three states to present and discuss the findings to representatives of industry, age-specific peak bodies and policy-makers. Outcomes of these discussions will feed into our policy recommendations, to be reported on in the Final Report. In addition, at least one peer-reviewed article will be published exploring the key findings of this research.

2.6 Research questions, methods and data sources

Table 1 shows the relationship between research questions, data sources, and methods used in this research.

Table 1: Research questions, data and methods

<i>Research question</i>	<i>Data sources</i>	<i>Methodology (including data sources)</i>
<p>A. What is the nature of the age-specific housing market in Australia at present?</p> <p>A1. What is the range of age-specific housing and care options currently available within the housing market in Australia?</p> <p>A2. What are the financial models associated with the various age-specific housing and care options?</p> <p>A3. What is the likely size of the market at present and in future decades?</p> <p>A4. What are the demographic characteristics of older consumers and to what extent are these variations significant in terms of housing, location, income and care types?</p>	<p>A1. Literature review: questionnaire survey of providers.</p> <p>A2. Literature review: questionnaire survey of providers.</p> <p>A3 & A4. Questionnaire survey of providers; 2003 ABS Survey of Disability, Ageing and Carers; the 2006 census; the Housing Expenditure Survey 2005–06.</p>	<p>Analysis of questionnaire data.</p> <p>Analysis of questionnaire data.</p> <p>Analysis of questionnaire data.</p> <p>Analysis of data relating to finance, care and housing type of population 65 and over.</p>
<p>B. What factors have influenced the provision of particular types of age-specific housing products?</p> <p>B1. What makes age-specific housing options attractive or unattractive to older persons/providers?</p> <p>B2. How do the financial models associated with the various options facilitate or constrain choice among low to moderate-income older people?</p> <p>B3. To what extent do the current legislative and policy frameworks hinder or support the range of age-specific housing options currently available?</p>	<p>B1. & B2. Interviews with residents of age-specific housing; questionnaire survey of providers; interviews with providers.</p> <p>B3. Interviews with policy-makers and key providers. Questionnaire survey of providers.</p>	<p>Interviews of residents and providers will be analysed.</p> <p>Analysis of relevant questionnaire data.</p> <p>Interviews of policy-makers and providers will be analysed.</p> <p>Analysis of relevant questionnaire data.</p>
<p>What factors are shaping the market growth of particular types of age-specific housing?</p> <p>C1. Should policies and regulations be modified to create more suitable age-specific housing options and, if so, what changes should be</p>	<p>C1. Questionnaire survey of providers. Interviews with key policy-stakeholders and providers.</p>	<p>Analysis of relevant questionnaire data. Structured in-depth interviews will be coded and analysed.</p>

<i>Research question</i>	<i>Data sources</i>	<i>Methodology (including data sources)</i>
made. C2. What impact would these changes have over time?		

3 QUANTITATIVE HOUSING DATA ANALYSIS

This chapter reviews available data on older Australians from two main ABS sources, the 2003 Basic Confidentialised Unit Record File (CURF) for the Disability, Ageing and Carers Survey (DACS 2003) and the 2006 Census of Population and Housing. Although a more recent DACS Survey was undertaken in 2009, these data are yet to be released by the ABS. It is hoped that this will become available within the study period so that it can be included in the Final Report. Unfortunately, the two data sources are out of phase and the lack of 2009 DACS data makes extrapolation difficult. Also, in both sources, changes in questions between successive survey dates mean that no trend analysis is possible.

3.1 Data sources

The DACS 2003 is the most current dataset that specially focuses on the status and needs of older persons and people with a disability as well as carers of older persons and/or persons with a disability. According to the accompanying information paper to the DACS 2003 (ABS, 2003a), two components comprise the DACS 2003 data—a household component and a cared-accommodation component. Together, these cover residents who live in both private and non-private dwellings as well as people in hospitals, aged-care homes, hotels and other homes. The survey had a total sample size of 41,233.

The CURF is presented as a set of ten files. The ten files are arranged in a hierarchy, from a household level down to a personal level, covering providers and recipients of care, the range of activities that assistance is required, and the severity of their disability. Most of the data used in this positioning paper was extracted using the SPSS function of cross-tabulation. For example, in identifying the number of persons in each income quintile by their age, the variable INCDECPN and AGEPC from the DAC03PER were cross-tabulated using the 'Crosstabs' function. In some cases, multiple files needed to be joined together (using the 'Merge files' function) for the accurate variable to be extracted. For example, in order to extract data regarding the family type and household arrangements of respondents by their age groups, three DACS files (DAC03PER, DAC03FAM and DAC03HH) were joined. In order to ensure data integrity, unique identifiers that identify each record from the three separate files were matched. In the example given above, the three files were matched by the ABSFID (family ID), ABSHID (household ID) and ABSPID (person ID).

In all, cross-tabulations that detail the age distribution, income level, housing type and disability status of respondents were extracted for analysis. The same tables were also extracted from the 2006 Census in order to analyse trends in an ageing population and changes in needs for assistance. Where possible, such as in terms of individual weekly income by age, data was extracted from the Time Series Profile to capture data from both the 2001 and 2006 Censuses. These were done using the subscription-only web application 'TableBuilder'. Questions on a person's need for assistance in performing core activities, however, were not asked in 2001; this was extracted from the Basic Community Profile (Table B17). Other census data, such as a person's housing type by age of the person (this is available at the household level in the basic Census output packages) and the number of persons in each income quintile by age of person, were not available from TableBuilder, CDATA Online, or the purchased data packs. These data were purchased as specially-commissioned tables from the ABS.

Both the DACS series and the Census of Population and Housing are conducted every five years, with the DACS conducted at around the mid-point between

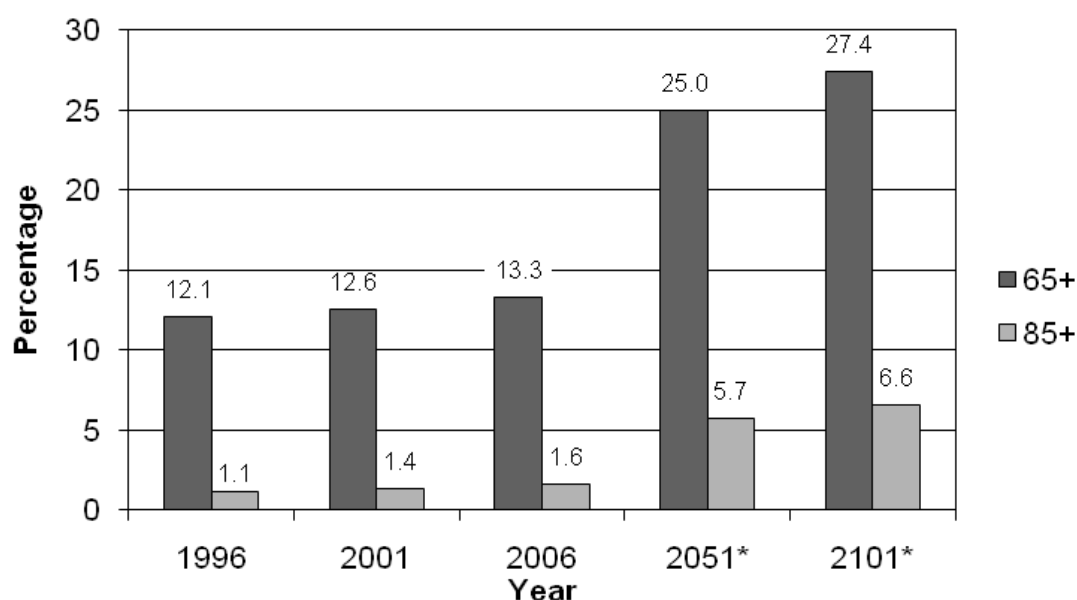
censuses. The data used in this Positioning Paper, for example, was collected in 2003 in the case of the DACS, and 2006 in the case of the Population and Housing Census. This enables the project team to conduct a trend analysis of past trends as well as extrapolate for future changes. The inclusion of the next instalment of the DACS series (the survey was conducted in 2009; there is, however, yet to be a release date announced by the ABS) will further facilitate our extrapolation of future changes.

Housing type by age of person was not available from the ABS's standard packages due to concerns over the integrity of the data. This concern mainly lies with multi-person households, in which case double or multiple counting may result. For example, a couple aged in their 40s living with two teenage children would be counted twice—once in the 40s age groups and again in the teenage age groups. The commissioned tables purchased from the ABS thus refer only to the age of the reference person in the household. In the above example, if the husband was nominated on the census questionnaire as the reference person, then the household would be counted just once, under the 40s age group. This results in under-counting in certain age groups, such as the teenagers in the above example.

3.2 Ageing

Like many other industrialised countries, Australia's population is rapidly ageing fuelled by lower death and fertility rates and the ageing of the baby boom generation. As indicated in Figure 2 at the 2006 Census, 13.3 per cent of the population were aged 65 or over and only 1.5 per cent were aged 85 and older. The highest growth rates will occur in the first half of the 21st century as the baby boomer generation ages, with the rate of growth reducing somewhat in the second half of the century. This rapid growth in the older population has profound implications for economic and social policy including for housing and care services.

Figure 2: People aged 65+ and 75+ as a percentage of population, Australia



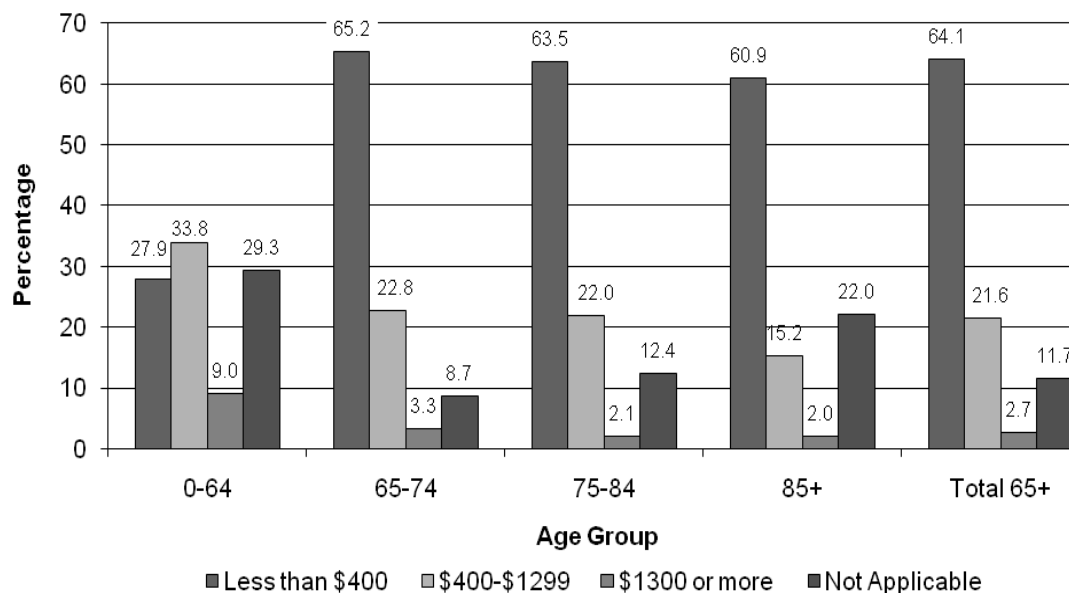
Source: ABS Population Projections (ABS, 2005) * Based on Series B Population Projections.

3.3 Income

This study has accepted a definition of 'low to moderate-income' as up to 120 per cent of median household income—i.e. up to \$1,232.40 per week. Weekly individual

income for older Australians in 2006 is shown in Figure 3. While the income ranges do not exactly represent the definition for ‘low to moderate-income’, they do approximate it. In 2006, close to two-thirds (64.1%) of Australians aged 65 and over had a weekly income of less than \$400 per week and an additional 21.5 per cent between \$400 and \$1,299—a total of 85.7 per cent, or a total of 2,304,990 people. The percentage reduces only slightly over the three older age cohorts. This indicates a very high proportion of older Australians in the low to moderate-income group as defined for this research, and a large number of potential candidates for low-income, age-specific housing.

Figure 3: Income by age, Australia, 2006

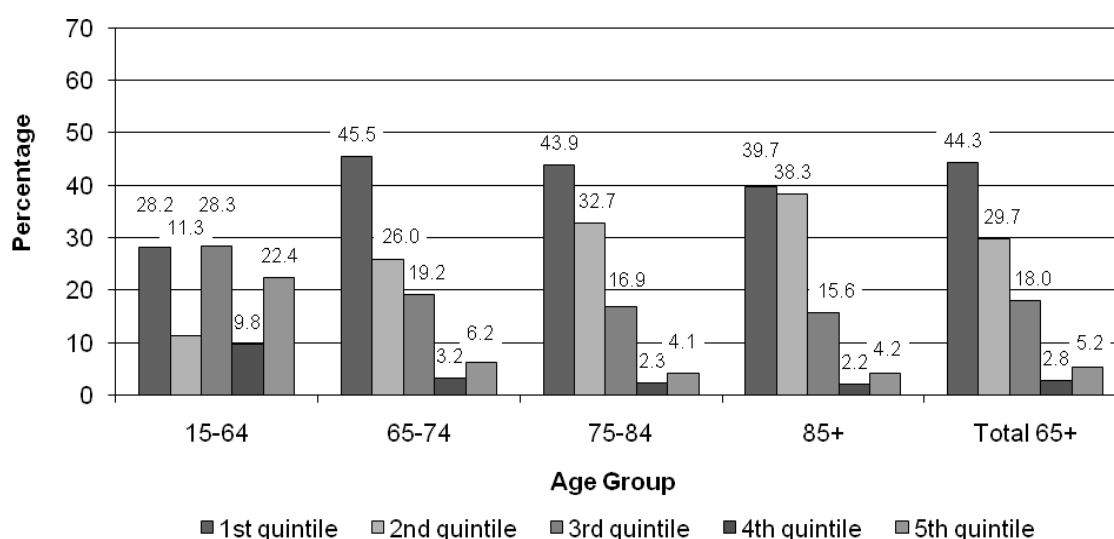


Source: Census Data (ABS 2006a).

Figures 4 and 5 compare income quintiles from the most recent 2006 Census and the 2003 DACS. Despite the difference in the date of the surveys, the difference between the two is substantial. Since the DACS data included a very high percentage of ‘not applicable’ and ‘no source’ responses (29.8, 60.2 & 90.0% respectively for the 65-74, 75-84 and 85+ age groups), it would appear that the remaining sample is too small to accurately reflect income levels in the population at large. The DACS data is therefore an unreliable statistical source on the income of older Australians.

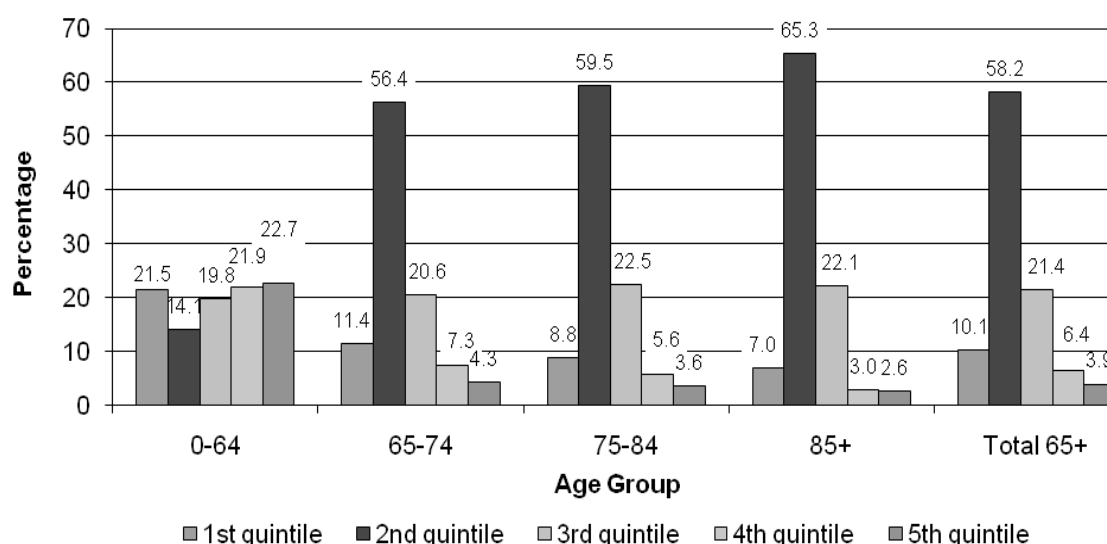
The 2006 Census data shows a substantially higher proportion of older people in the lowest quintile compared to the younger population, however, this declines with age as the percentage in the second quintile increases. Approximately three-quarters of people aged 65 or older are in either the first or second quintile.

Figure 4: Income quintiles by age, Australia, 2006



Source: ABS, 2006a.

Figure 5: Income quintiles for older persons, Australia, 2006

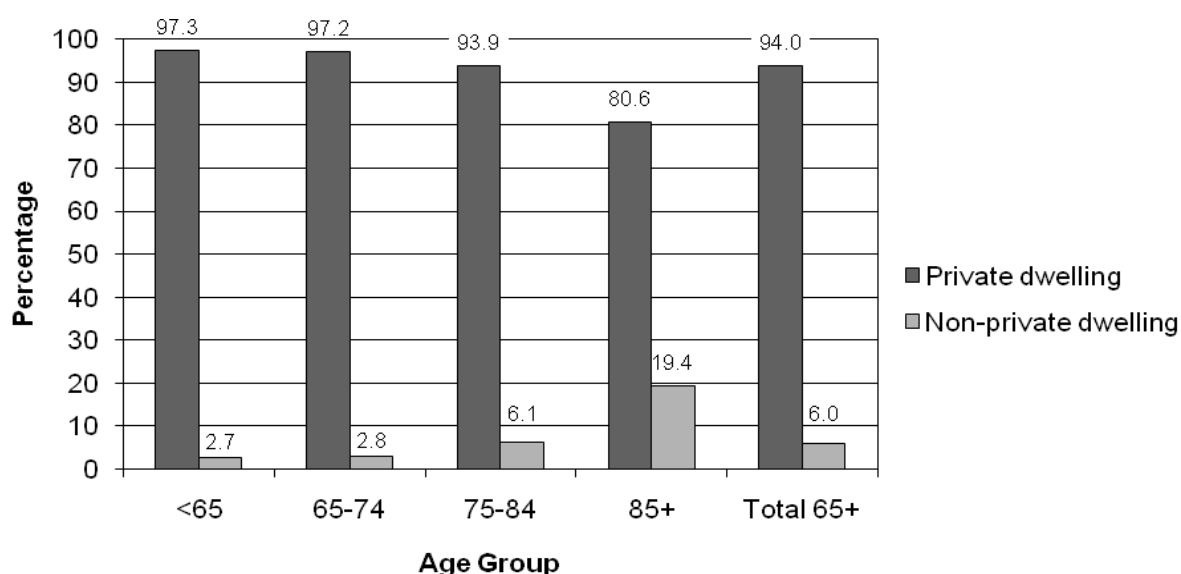


Source: DACS, 2003a.

3.4 Housing types

The vast majority of older Australians live in private dwellings, as opposed to non-private (cared) accommodation, as indicated in Figure 6. However, there is a modest decline with age as those in non-private accommodation (principally in residential aged care) increases from only 2.8 per cent of 65-74 year-olds to 6.1 per cent of 75-84 year-olds and eventually to 19.4 per cent of those aged 85 and older. Despite this, 80.6 per cent of Australians aged 85 and older continue to live in private dwellings.

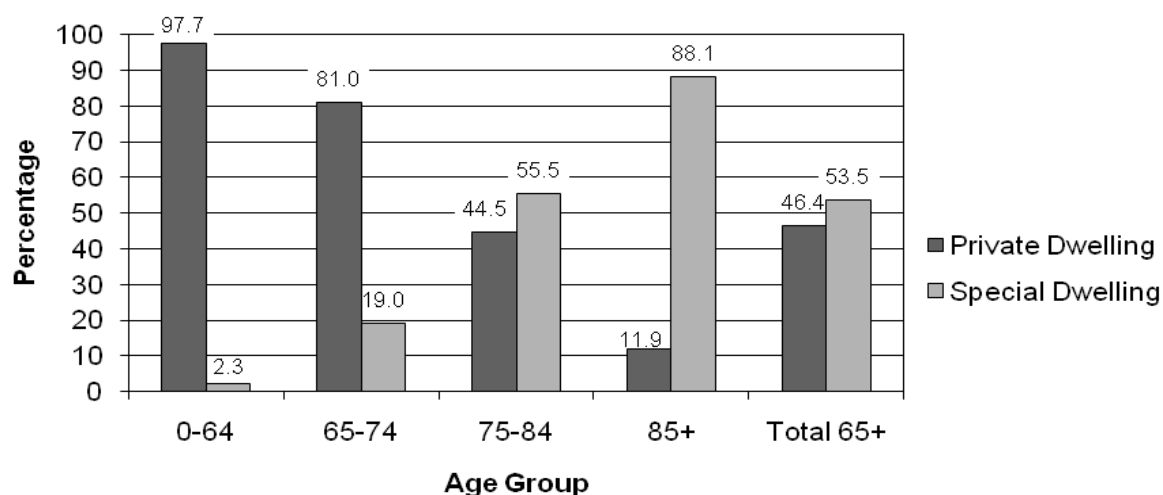
Figure 6: Australians in occupied private and non-private dwellings, 2006



Source: ABS 2006 Census 1% Sample File (ABS, 2006c).

The ABS DACS 2003 survey uses the terms 'private dwellings' and 'special dwellings' rather than 'non-private dwellings'. While the percentage of those younger than 65 years in private dwellings is very similar to that of the ABS Census (97.3%), the percentages for all three older age cohorts are substantially different with private dwellings accounting for 81.0 per cent for 65-74 year-olds, only 44.5 per cent of 75-84 year-olds, and only 11.9 per cent of those aged 85 years or older. Accordingly, the percentage in special dwellings increases from 19 per cent for 65-74 year-olds to more than half (55.5%) of those 75-84 and eventually to 88.1 per cent of those 85 and over. For all aged 65 and over, more respondents (53.5%) lived in special dwellings than in private dwellings (46.4%). When comparing results between Figures 7 and 8 for the older population, the two data sets indicate a significant degree of difference. As Figure 8 is based on a full population census while Figure 7 is a sub-population census, it appears that the population counts within the DACS 2003 may be considered unreliable for the purposes of this study.

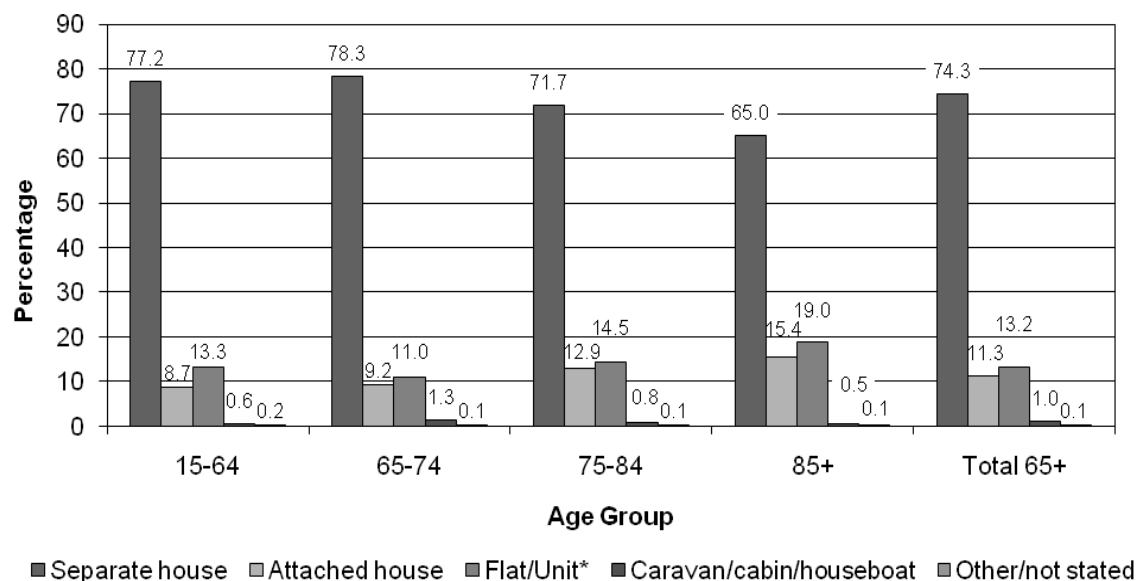
Figure 7: Dwelling type by age group



Source: ABS Survey of Disability, Ageing and Carers, 2003 (ABS, 2003a).

Figure 8 shows the distribution according to dwelling type for reference persons (those who completed the census survey form) compared to those less than 65 years of age. It shows that close to three-quarters (74.3%) of those aged 65 and older lived in freestanding houses. It also shows that the percentage steadily decreases across the three older age cohorts from 78.3 per cent among 65-74 year-olds, to 71.7 per cent of 75-84 year-olds and eventually to 65 per cent of those aged 85 and older. This is accompanied by a modest increase in both attached housing and flat/unit accommodation. Caravans and related accommodation types account for only a very small percentage, peaking within the 65-74 age group, at 1.3 per cent.

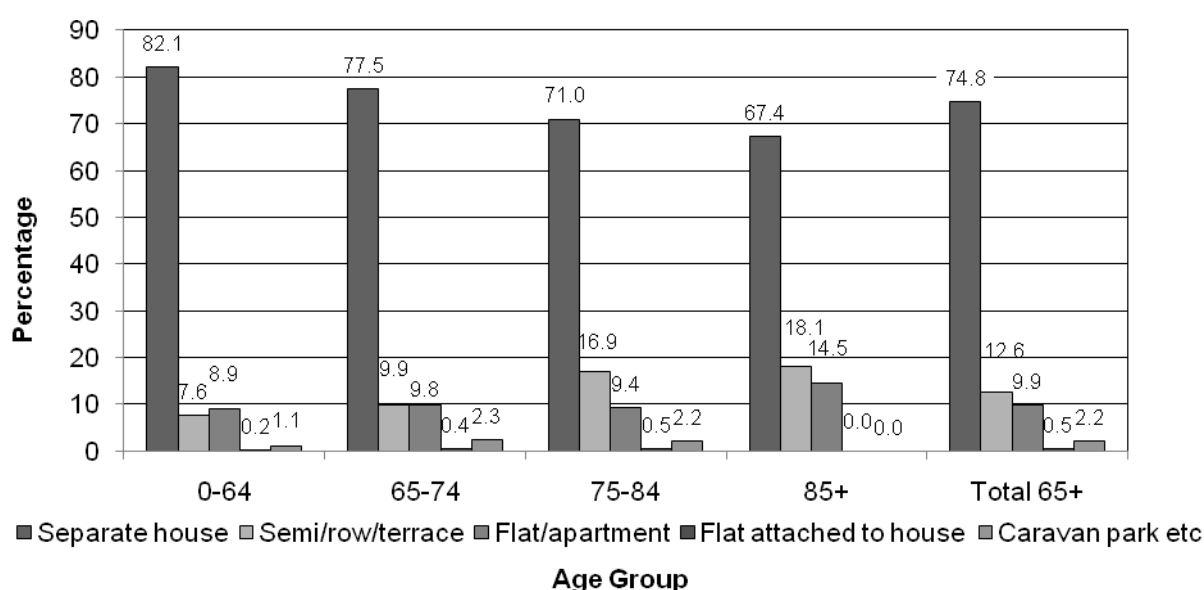
Figure 8: Dwelling structure of reference person, Australia, 2006



Source: ABS 2006 Census Data (ABS, 2006a). *Includes flat unit attached to house, shop or office.

When compared with the ABS DACS 2003 survey data (Figure 9), discrepancies are once again evident, though somewhat less than for income and dwelling type. While the percentage of respondents in separate houses is very similar, the percentage occupying attached houses and flats/apartments is markedly higher for the two older age cohorts in the DACS survey data.

Figure 9: Dwelling structure by age, Australia, 2006³



Source: ABS Survey of Disability, Ageing and Carers, 2003 (ABS, 2003a).

Table 2 below shows the breakdown for types of 'special dwelling' from the ABS Survey of Disability, Ageing and Carers. It can be seen that the most common type of special dwelling is 'home for the aged' increasing from 57.7 to 62.0 per cent over the three older cohorts, Second to this is 'accommodation for the retired or aged' ranging from 12.2 to 22.5 per cent, followed closely by 'hospital general, reducing from 11.3 to 8.6 per cent over the same age groups—presumably because of the increasing percentage in 'home for the aged' and 'accommodation for the retired or aged'. Of interest to this study is the category of 'retired or aged accommodation (self-care)'. It is not clear whether this includes some retirement villages, and therefore raises the issue of whether these may be classified as 'private dwellings' or 'non-private dwellings' depending on the financial/legal model adopted and/or the degree of care that is provided by the operator or available from other service providers.

Table 2: Special dwelling type by age group

<i>Special Dwelling Type</i>	<i>0-64</i>	<i>65-74</i>	<i>75-84</i>	<i>85+</i>	<i>Total 65+</i>
Hospital—general	12.6	11.3	8.4	8.6	8.9
Hospital—other	19.6	3.1	2.9	2.4	2.7
Home for the aged	23.4	57.7	57.6	62.0	59.8
Home—other	13.7	6.9	5.1	3.3	4.4
Accommodation for the retired or aged	4.0	12.2	20.1	22.5	20.4
Hotel, motel, hostel, shelter, refuge	13.4	0.7	0.2	0.0	0.2
Retired or aged accommodation (self-care)	0.5	7.5	5.6	1.1	3.5

³ Our original analysis of the raw unweighted data was cross-checked by the ABS on 28th of May 2010 who suggested weighting the data to provide better comparability. Data reported in Figure 9 was weighted by the variable dweltype (dwelling type) using SPSS. Any difference between the data reported in Figure 9 and already published ABS data should be attributed to sampling variations.

<i>Special Dwelling Type</i>	<i>0-64</i>	<i>65-74</i>	<i>75-84</i>	<i>85+</i>	<i>Total 65+</i>
Religious and educational institution	8.4	0.4	0.2	0.0	0.1
Staff quarters, guest house, boarding house	4.3	0.2	0.0	0.0	0.0
Total	100.0	100.0	100.0	100.0	100.0

Source: ABS Survey of Disability, Ageing and Carers, 2003 (ABS, 2003a).

This possibility is evident also from the introductory notes about the DACS Survey which state:

There were two different components of the survey, the household component and the cared-accommodation component. The household component covered people in private dwellings and non-private dwellings such as hotels, motels, boarding houses, short-term caravan parks and self-care components of retirement villages. The cared-accommodation component covered residents of hospitals, aged-care homes, hostels and other homes (ABS, 2004).

This further questions the reliability of figures from the DACS 2003 Survey in enumerating private and non-private dwellings—the former of which are the primary focus of this study.

In ABS Census data, the 'dwelling location' variable provides some insight into the breakdown of non-typical private dwelling types that are relevant to the low-income older population. The ABS Census Dictionary (ABS, 2006d) describes this variable as follows:

[d]welling Location (DLOD) applies to private dwellings, and describes the location of dwellings other than 'typical' private dwellings. The majority of private dwellings will appear in the 'Other' category (ABS, 2006d).

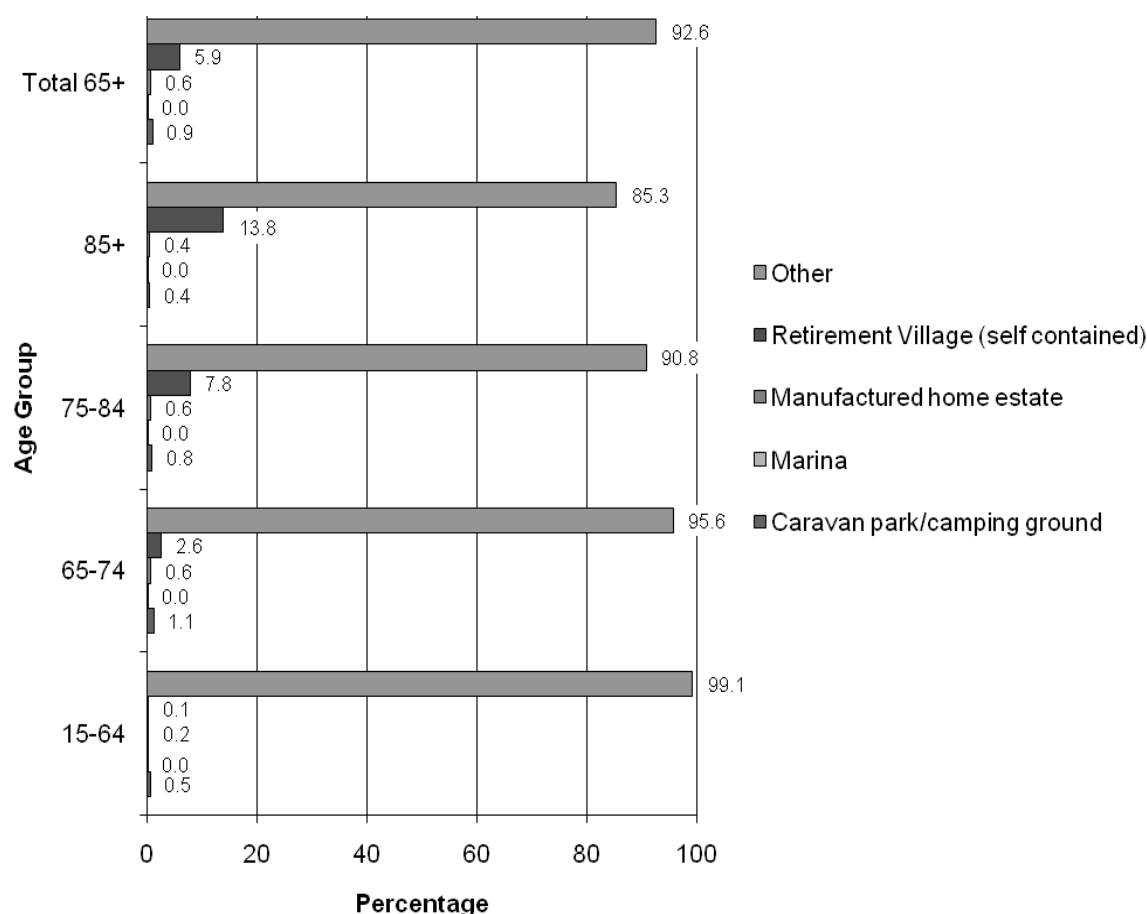
The dwelling location categories apart from 'other' include:

- caravan/residential park or camping ground
- marina; manufactured home estate
- retirement village (self-contained).

Each of these is of interest in this project as low-income housing options for older Australians.

Figure 10 shows that, apart from 'other' (conventional) dwellings, retirement villages account for the largest percentage (5.0% of reference persons 65 and over) or a total of 88,953 households, and increase with age from 2.6 per cent in the 65-74 age group to 7.8 per cent in the 76-84 age group, and finally to 13.8 per cent of those 86 or older. Once again, caravan park/camping ground accommodation represents quite a small proportion of 0.9 per cent (or 13,935 households) with a reference person 65 or older, and not surprisingly peaks in the 65-74 age-group at 1.1 per cent or 8,810 households where 'grey nomads' (older people who travel for extended periods of time in a caravan or campervan) are more likely.

Figure 10: Dwelling location type by age of reference person, Australia, 2006

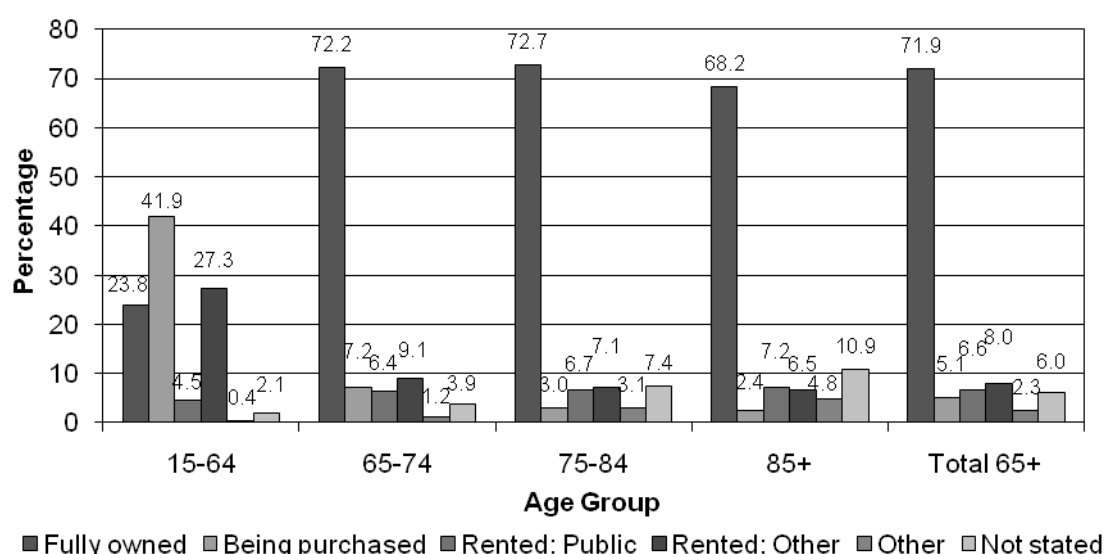


Source: ABS 2006 Census Data (ABS, 2006a).

3.5 Tenure

The tenure profile of older Australian households is shown in Figure 11. A high 71.9 per cent of households with a reference person of 65 or more are owned outright and an additional 5.1 per cent were being purchased—making a total of 77.0 per cent owner occupied. This varies little over the three older age cohorts, and is markedly different to the tenure patterns of younger Australians, less than a quarter of whom (23.3%) own their homes outright and a little less than half (41.9%) of whom are home purchasers. Private renting is also substantially higher (27.3%) than for those aged 65 and over (8%). Only 5.5 per cent of older Australians are in public rental accommodation.

Figure 11: Tenure by age of reference person, Australia, 2006

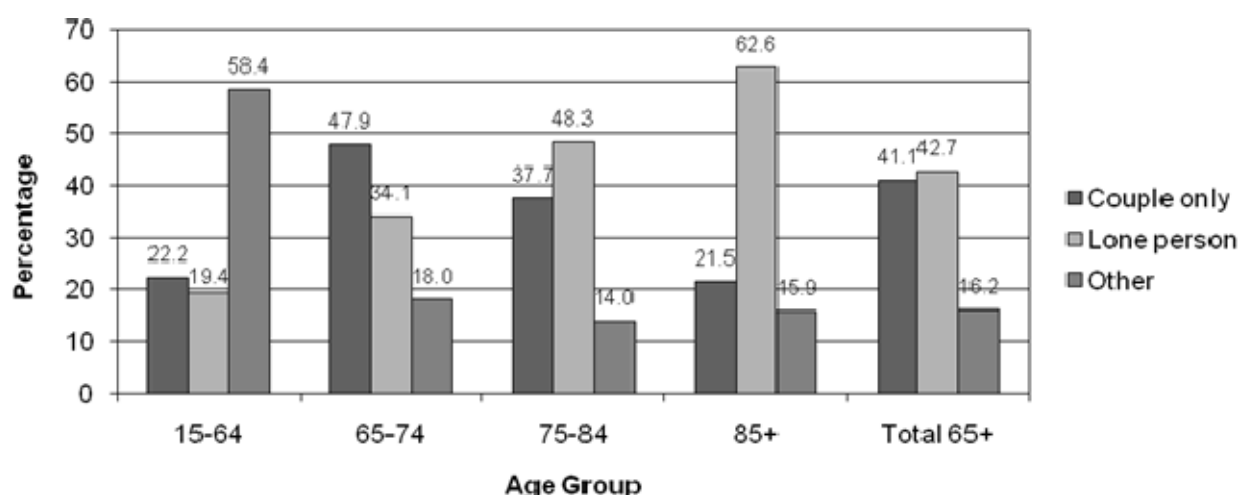


Source: ABS 2006 Census Data (ABS, 2006a).

3.6 Households

The family/household type of older households is shown in Figure 12. While the percentage of couple and lone households are very similar for all reference persons 65 and older, there is a dramatic change throughout the three older cohorts. Among 65-74 year-olds, close to half (47.9%) are couple households and around one-third (34.1%) are lone person households. The situation is reversed somewhat for 75-84 year-olds with only 37.7 per cent couple households and 48.3 per cent lone person households. In the 85 and over age group, couple households decline further to only 21.5 per cent, and lone persons account for 62.6 per cent of households.

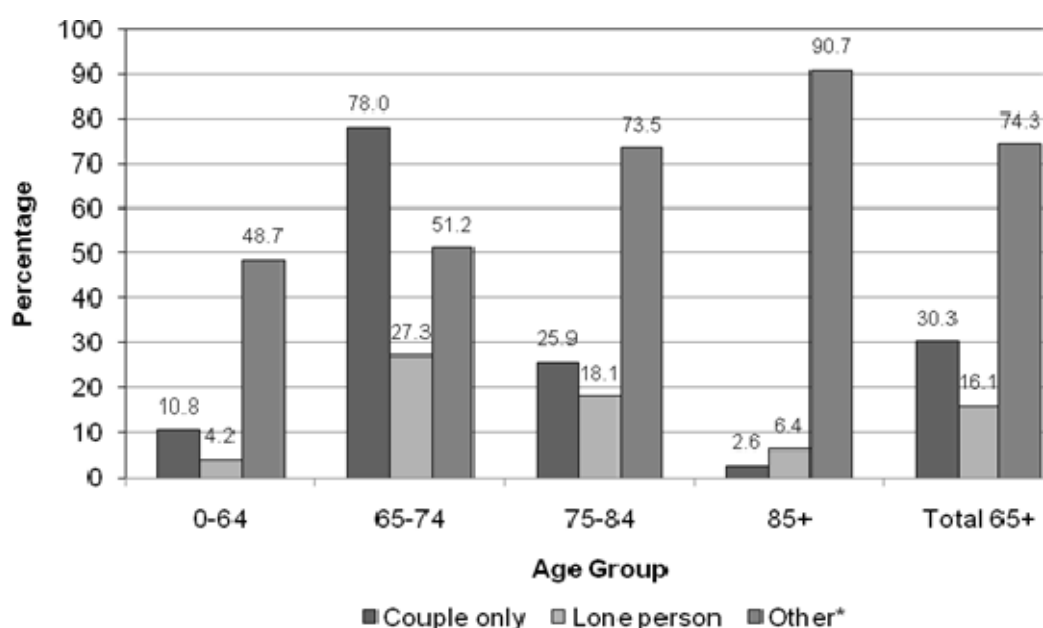
Figure 12: Age of reference person by family/household type



Source: ABS 2006 Census Data (ABS, 2006a).

Comparable data from the ABS DACS 2003 is shown in Figure 13 and, once again reveals the unreliability of this data for enumerating family type, showing substantially different figures in each age and family type category.

Figure 13: Family type by age of persons⁴



Source: ABS Survey of Disability, Ageing and Carers, 2003 (ABS, 2003a).

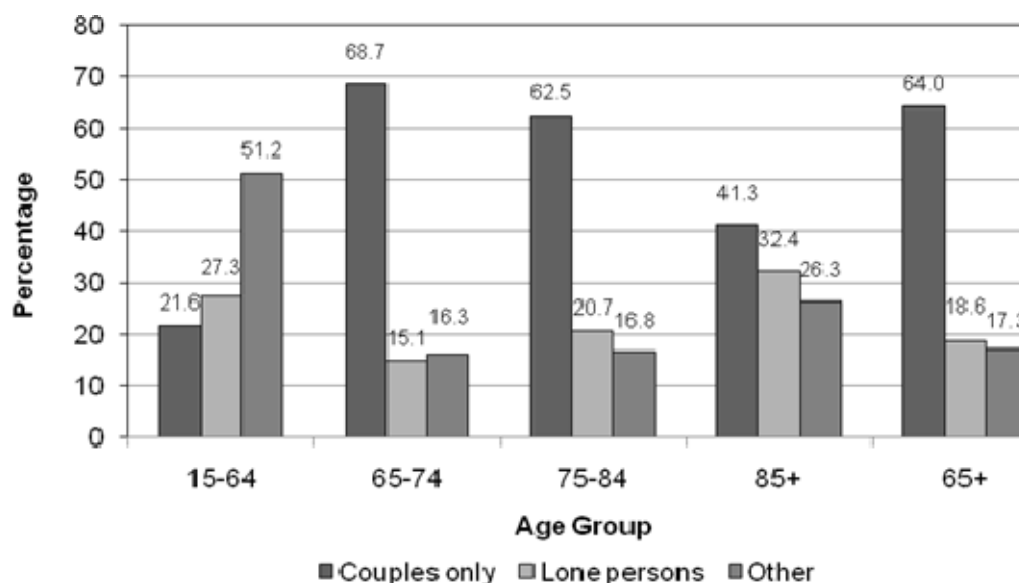
The high number of persons in the 'other' family type, which is a result of the DAC 2003 output files structure, may explain some of this variation. For instance, a lone person in their 70s residing in a self-contained retirement apartment would not have been counted under 'lone person' in the data presented in Figure 13. It is thus difficult to compare this with the 2006 Census data reported in Figure 12. This is complicated further because 'couple only' families are reported under family type in the family level data file while lone persons were reported under household type in the household level data file.

Also, family and household types were only distinguished for persons residing in private dwellings and not 'special dwellings'. For example, the data presented in Figure 13 assumes both couple only families and lone person households are single-family households. All other single-family households (for example, couple families with children) were included in 'other' in the data on family type. In the DAC 2003, the 'special dwelling' category included homes for the aged, hospitals, hotels, self-contained retired or aged accommodation to name a few (see Table 2 in this chapter for full list of special dwelling types). 'Other' family types would thus include lone persons and couple only families living in these 'special dwellings'.

The percentage of low to moderate-income households is indicated in Figure 14 from 2006 Census data, showing that the highest income range is for couple households, 68.7 per cent of whom have an income within the range of \$350-\$119. This is the nearest income band to the moderate-income definition for this project. As expected, the percentage of couples in this category reduces with age to 41.3 per cent over the three age cohorts as single households increase from 16.3 to 26.3 per cent accordingly.

⁴ Our analysis of the data for this figure was also cross-checked by the ABS on 28th of May 2010.

Figure 14: Percentage of low to moderate-income households by age and family type, Australia, 2006

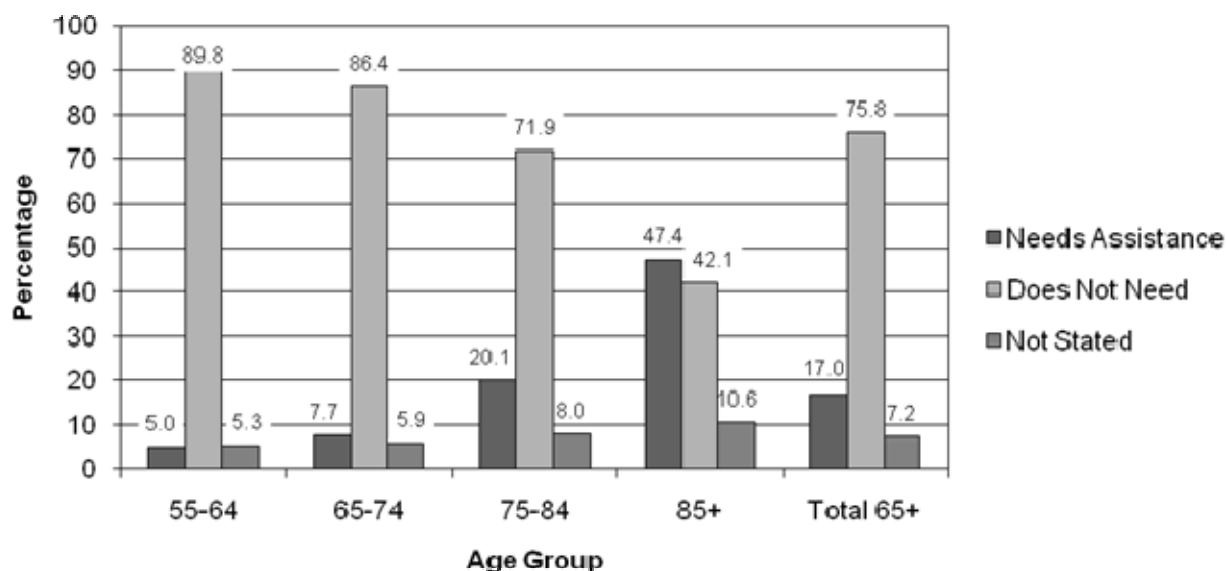


Source: ABS 2006 Census Data (ABS, 2006a).

3.7 Disability and care

The association between ageing and need for assistance is illustrated in Figure 15, increasing dramatically from 7.7 per cent among 65-74 year-olds to 20.1 per cent of 75-84 year-olds and almost half of those aged 85 or more.

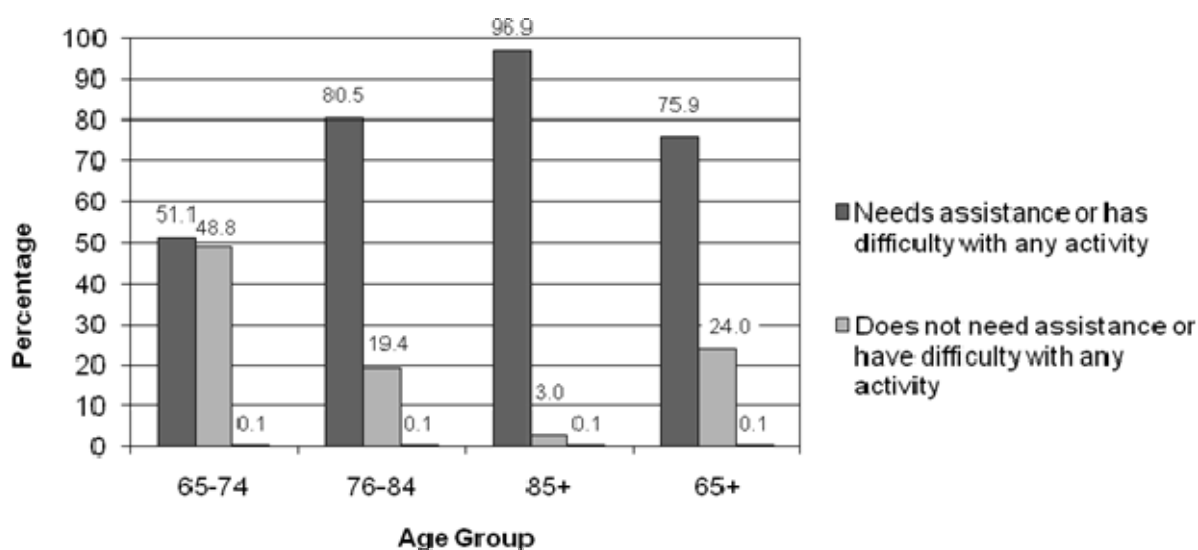
Figure 15: Percentage of persons aged 65 and older requiring assistance by state, 20



Source: ABS 2006 Census Data (ABS, 2006a).

Unfortunately, comparison with the DACS 2003 survey data once again reveals problems for analysing the assistance needs of older people. For example, Figure 16 below indicates that over half (51.1%) of 65-74 year-olds were in need of assistance or were having difficulty with any activity, which is likely to be exaggerated.

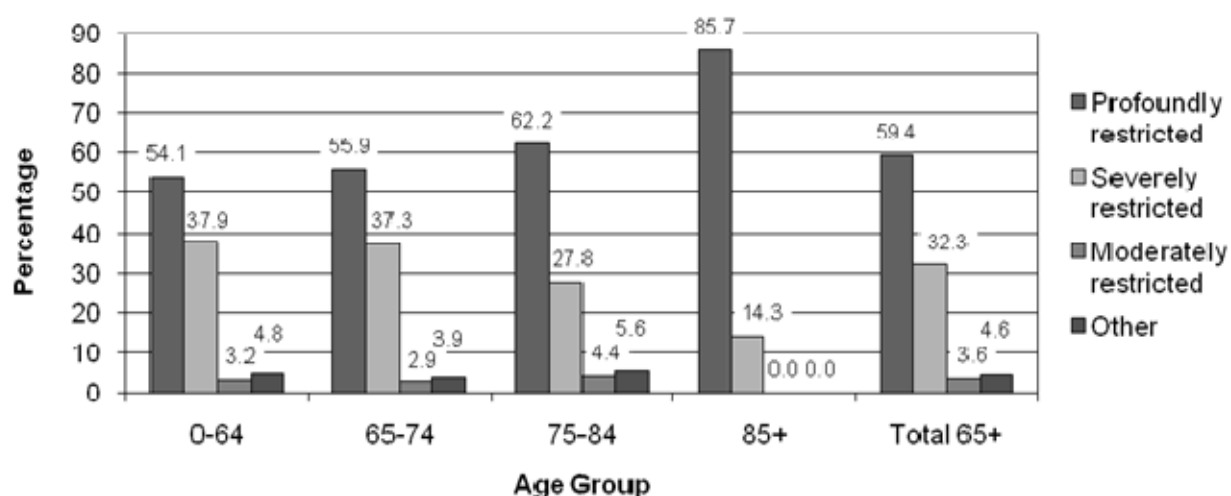
Figure 16: Need for assistance or difficulty with any activity by age



Source: ABS 2003 Survey of Disability, Ageing and Carers (ABS, 2003a).

Likewise, analysis of the DACS data on the degree of restriction with core activities among older people indicates that 59.4 per cent of those aged 65 and older are profoundly restricted and an additional 32.3 per cent severely restricted, which contradicts the Census data (see Figure 17).

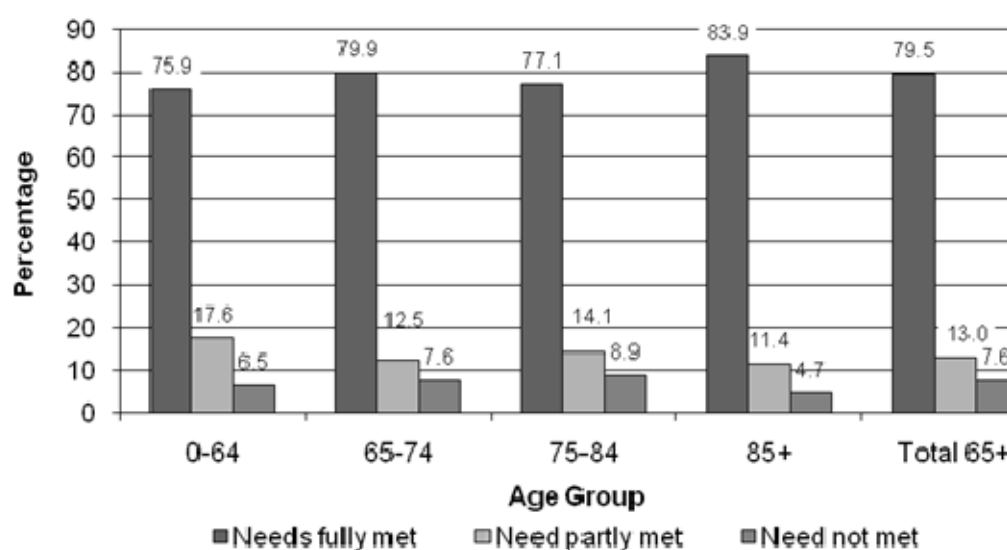
Figure 17: Degree of restriction with core activities



Source: ABS 2003 Survey of Disability, Ageing and Carers (ABS, 2003a).

However, the DACS data does suggest that a high percentage of people with a need for assistance are having their needs fully met (Figure 18).

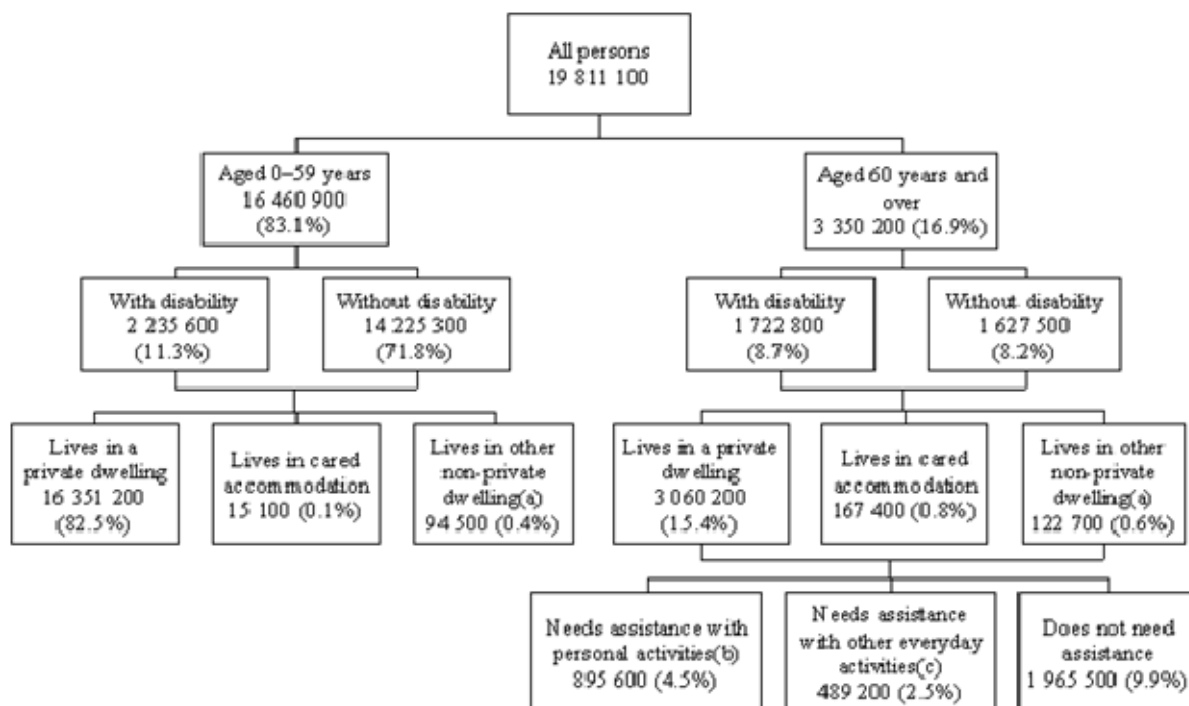
Figure 18: Extent to which needs are met



Source: ABS 2003 Survey of Disability, Ageing and Carers (ABS, 2003a).

A useful summary of ageing, disability and housing statistics based on the DACS data has been published by the ABS (see Figure 19).

Figure 19: Disability among Australians 60 years and over



(a) Other non-private dwellings comprise non-private dwellings apart from cared-accommodation.

(b) Personal activities comprise self care, mobility, communication, cognition or emotion and health care.

(c) Other everyday activities comprise paperwork, transport, housework and property maintenance.

3.8 Conclusion

This chapter has provided a broad overview of older, low-income people and their housing and care needs at a national level as a context for the ongoing research. It has focused on the two following research questions:

- A3. What is the likely size of the market at present and in future decades?
- A4: What are the demographic characteristics of older consumers and to what extent are these variations significant in terms of housing, location, income and care types?

This review of published statistics on ageing, housing and disability has revealed that while some information on ageing, older households and their housing types is available from ABS census sources, detailed data on low-income age specific housing is difficult to obtain. There is uncertainty as to how the various forms of age specific housing are classified in the Census. For example, whether retirement villages are classed as private or non-private dwellings, and if the former, how these can be differentiated from mainstream market-based housing types. Further investigation with carefully defined and commissioned tables will be necessary to explore this further.

The DACS 2003 survey, though no doubt a rich source of data on disability, ageing and care, has not proved very useful in this quest, mostly because of its complex sampling, high 'not applicable' values and, in some tables, relatively small numbers of older respondents. This is evident from comparisons with Census data on the older Australian population. More detailed exploration of the structure and sampling procedures of the DACS 2003 database, and the forthcoming release of the 2009 survey data may be useful.

While information on particular housing types and specific features of the housing market was difficult to glean from these data sources, they did reveal that Australia's population is ageing at a great rate. While most older people own their own home and are in a secure housing situation, many of those who are reliant on the Age Pension and live in the private rental market may be under considerable housing stress. Disability increases with age, and many older people are in need of combined housing and care services to allow them to age in place.

The age-specific housing market, therefore, is likely to become an increasingly important subsector for older consumers and the demand, particularly for options geared towards low-income older people, is likely to increase considerably.

4 LITERATURE REVIEW

In order to investigate the Australian age-specific housing market, its place within the wider aged housing and care environment must also be understood. This chapter reviews the existing literature on older people and age-specific housing and care in both Australia and internationally, to provide a context for this research project and to establish what existing knowledge can inform the approach and research questions. It is divided into five sections as follows:

- aged housing and care
- age-specific housing
- age-specific housing access and affordability
- international models
- implications for further research.

4.1 Aged housing and care

This section reviews relevant literature on aged housing and care in Australia. Bridge and Jones (2009) have stated that, prior to 2001, older persons' housing in Australia was a relatively limited area of research. Since that time, however, the Australian Research Council (ARC) has funded projects into the growing retirement village industry and housing design for older people, the National Centre for Social and Economic Modelling (NATSEM) has undertaken research into housing affordability for older Australians, and AHURI has begun concentrated research into older people's housing (Bridge & Jones, 2009). Together with independent researchers showing increasing interest in the area, this constitutes a small but growing body of literature.

A number of key themes have emerged that have a strong and recurring presence in this literature.

4.1.1 *The home*

A key theme to emerge in literature on aged housing and care is the importance of the home: older people spend much of their time post-retirement in the home, and suitable housing is thus crucial to the health and well-being of the older population (ACSA, 2004; Fiedler, 2008; Leith, 2006). In accordance with their preference, older Australians are living in the community (Stimson & McCrea, 2004; Quinn et al., 2009). Many authors have identified the preference of most older people to 'age in place', (Deans, 2004; Howe, 2003; ACSA, 2004) emphasising that the majority wish to remain in their current home, 'until their changing circumstances necessitate a move' (Quinn et al., 2009, p. 58).

In Australia, the desire and ability to age in place is facilitated in part by the high rate of home ownership in the over 65 age group (Quinn et al., 2009). The proportion of older people who are owner-occupiers has increased dramatically over the last century (Jeffrys & Thane, 1989), and at present about four in every five older Australians are homeowners. Government housing and aged care policy has focused on homeownership leading to a wide range of choices when older people need to move in later life to more care-enriched housing options, as the home can be used as 'a convertible asset' (Fiedler, 2007, p. 3). Homeownership provides security of tenure and allows for the leveraging of equity from the home to offset care or home modification costs if needed (Bridge et al., 2009).

Government decision-making and intervention reflect this trend for homeownership as policies and service delivery programs are increasingly centred on the principle of

'ageing in place' (Quinn et al., 2009). A previous emphasis in aged policy on residential care has shifted to a new emphasis on home-based care, provided through services such as HACC and CACPs (Fiedler, 2007). Government intervention in older persons' housing through the provision of public housing has also strengthened the ability of many older people to age in place. Public housing provides a security of tenure to older tenants that is not readily available in the private rental market, and many older residents of public housing have been living in their homes for many years (Morris, 2009b).

4.1.2 *Vulnerability of low-income earners*

The literature has indicated that the housing situation for older people who are not homeowners or public housing tenants is very different. Older people without savings and/or superannuation earnings have minimal capacity to cover any increase in housing and living costs that may arise from a move to more age-appropriate housing, particularly if they are not homeowners (Morris, 2007; 2009a).

Some commentators have indicated that the high levels of homeownership among older Australians has led to policy neglect of those who are not homeowners and do not have access to the convertible asset of the home (Jones et al., 2008a; Fiedler, 2008). Howe has asserted that 'non homeowners are often marginalised in the debate around older people's housing: the views of older people who do not own a home are rarely heard' (2003, p. 1). For example, many support options such as HACC and CACPs are linked intrinsically to housing, yet are delivered as programs distinct from housing and are not readily available to non-homeowners: 'indeed, they presuppose that the person already has a home' (ACSA, 2004, p. 7). Some authors have also indicated a lack of research into lower income older people who do not own a home and housing choice (Gardner et al., 2005), as many consumer studies have been into the more lucrative higher income earning market.

Housing choice itself is limited for non-homeowners, many of whom are on a fixed low-income such as the Age Pension (ACSA, 2004). Older people who are wholly or primarily reliant on the Age Pension and do not own a house have limited options when increasing age and frailty necessitates a move to more age-specific housing. At January 2010, the maximum single pension rate is \$671.90 per fortnight, and the maximum rate for couples is \$506.50 each per fortnight. The Australian Institute for Health and Welfare's 2009 report on *Australia's Welfare* states:

In June 2008, around 78 per cent of the Australian population over the qualifying age for the Age Pension received this, or a similar means-tested income support payment from the Department of Veteran's Affairs...Over 2 million Australians aged 65 years and over received a full or part Age Pension. More than half (56%) received a full rate pension. (AIHW 2009, p. 95)

Participation in the paid labour force for people aged 65 and over is minimal. In 2007, 85 per cent of people aged 65 and over were retired, and of the 15 per cent who were still working, most of these were in part-time employment (AIHW, 2009). The end of labour force participation invariably leads to a substantial drop in income (Morris, 2009a).

Many commentators have described the great economic divide that exists between older people who are homeowners and those who are renters (Howe, 2003; Jones, Bell, Tilse & Earl, 2004; Judd, Kavanagh, Morris & Naidoo, 2004; Fiedler, 2007). The boom in Australian property prices, particularly in inner-city metropolitan areas, has contributed to this housing crisis (Morris et al., 2005; ACSA, 2004), both for older people looking to purchase housing and those looking for rental options. The affordability and suitability of the rental properties that may be available in the private

market is a key issue. A third of private renters pay more than 40 per cent of their income in rent, leaving little for other expenses (Bridge et al., 2002). Furthermore, many rental properties are unsuitable for the physical needs and requirements of older people, and landlords are reluctant to modify buildings in line with these support needs. Lower-income older people are unlikely to be able to afford the modifications they require, preventing effective 'ageing in place'.

A number of articles have emphasised a hierarchy of need in reference to housing and older people who are not homeowners, placing homeless people and people in marginal housing at the top of this hierarchy (Judd et al., 2004; Wensing et al., 2003; Fiedler, 2008; Lipmann, 2006). In an article on pathways into homelessness for older Australians Morris, Judd and Kavanagh (2005) discuss how many older people on low incomes are unable to find adequate, affordable, and secure housing and face a high risk of homelessness. Structural features that contribute to a risk of homelessness include the inability of many older people to afford private rental; the decreasing supply of social housing in Australia; a lack of family support; and inadequate rent assistance. The decline in the number of boarding houses and caravan parks that had previously been accommodation options for lower-income older people has also contributed to limiting the choices available to older renters (Shelter SA, 2004; Wensing et al., 2003).

The great divide between older homeowners and older renters has been compounded by a reduction in government investment in social housing over the past couple of decades (Jones et al., 2007). In fact, many authors stress that there is a major undersupply of public and community housing in Australia (Jones, Bell, Tilse & Earl, 2004; 2008b; McNelis, 2007). The introduction of new assessment and allocation procedures has limited social housing availability and restricted the numbers of those deemed to be eligible. Only older people assessed as having very high needs for social housing are allocated places, usually older people in the over 85 group who have additional impairment and support needs (McNelis et al., 2008). The NSW Department of Housing website states that clients may be approved for priority housing assistance as an elderly person if they are 'aged 80 years and over, or confirmed to be an Aboriginal person or Torres Strait Islander and aged 55 years and over' (Housing NSW, 2008). What this means is that it is now often not enough to be a low to moderate-income older person while applying for public housing, because the highly competitive places will go to a smaller number of older people with the highest need. A number of authors have suggested that the downsizing of public housing has led to a housing crisis for lower-income earners, and that the changing structure of the housing market and welfare state has contributed to housing marginality (Lipmann, 2006; Morris et al., 2005). An AHURI Research and Policy Bulletin on rental housing for lower-income older Australians concludes that 'the number of people aged 65 years or over in low-income rental households will more than double by 2026. The social housing system, at its current growth rate, will not meet their needs' (Jones et al., 2008b, p. 2). Morris (2007) describes the financial hardship experienced by older people living in unsubsidised private rental in Sydney, arguing that older people who are not homeowners and who do not have access to public housing often experience enormous hardship.

4.1.3 Dynamic private sector

Some stakeholders have stressed the potential of the private sector to transform the aged housing and care environment (ACSA, 2004; McMullen, 2007; Jones et al, 2007). In the 1970s and 1980s, private developers of housing for older people began to enter the picture in greater numbers than ever before, creating what can be called an age-specific housing market (Towart, 2005). The trends towards ageing in place

and to delaying entry into residential care have been supported by a broadening of the 'intermediate' housing options available to older people, many of these emerging from the private for-profit sector (Productivity Commission, 2008).

Retirement villages have been the fastest growing housing model geared towards the needs of older people in Australia for some time and private for-profit retirement communities have been the fastest growing component of this sector (Stimson, 2002; Towart, 2005; Jones et al, 2008a). In addition, a number of new private sector models of aged housing have emerged in Australia in the past few decades that have not existed previously. 'Serviced apartments', 'assisted-living', 'lifestyle villages', 'flexi-units', 'supported living communities', are all terms that have entered the discourse of the aged housing sector within the past twenty or thirty years. Researchers in the aged housing and care arena have been looking with increasing interest at these new housing options:

Another potential source of supply has been through new private sector providers of affordable rental housing for older people. Companies such as SunnyCove have rapidly developed a stock of 'assisted-living, rental villages', and have established a network of older persons' housing throughout the country. This growth is significant because it has been relatively recent (since 1999) and has occurred independently of the public sector and wider public policy frameworks (Jones et al., 2008a, p. 3.).

There are huge variations in the contractual and financial arrangements associated with these models (Office of Fair Trading, 2003), and only some allow access to low to moderate-income earners (Croucher, 2006). There has been a substantial increase in the number of retirement village developments targeting higher-income older people and marketing their products as 'resort' or 'lifestyle' housing options (Towart, 2005). Some new developments, on the other hand, are marketed towards the opposite end of the spectrum as an affordable housing alternative. In Queensland, a new form of accommodation called 'pensioner units' or 'aged accommodation rental units' has emerged directed towards the low to moderate-income older population (Tupicoff, 2001). These and other 'affordable' rental retirement villages target older people wholly or partly dependent on the Age Pension (Jones, 2008a), however, there is very little scholarly literature examining what types of support services exist for these.

Some commentators are looking to the private sector in their analysis of the future of aged housing and care. According to Jones et al. (2007), the limited capacity of the public sector to provide for the anticipated demand for affordable rental housing for lower-income older Australians 'directs attention towards the market sector as a complementary source of supply' (2007, p. 108). An ACSA report suggests that a properly managed mix of public, community and private sector involvement may improve housing options for older people (2004).

The retirement village industry, in particular, is predicted to continue to grow and to shape the aged housing and care environment into the future: 'there are more opportunities for the development of retirement villages in Australia today than ever before' (McMullen, 2007, p. 28). Howe has stated that the retirement village industry has demonstrated a remarkable responsiveness to demand-side factors, delivering a diverse range of products that appeal to a diverse range of consumers of varying financial resources (Howe, 2003). However, a key question that this project seeks to answer is whether low-income households who do not own their own home can afford to enter these retirement villages. Stimson's 2002 study into the retirement village sector proposed three broad types of retirement villages: resort style, modest, and affordable. He also identified a number of probable trends including the rapid expansion of the industry in response to population ageing and increased demand;

ambiguity around for-profit and not-for-profit providers as not-for-profit operators become more corporatised, the development of new distinctive forms of retirement communities as providers seek to differentiate their product, and the exploration of new models in housing and structural design (Stimson, 2002). Jones et al. (2008a) have suggested that since 2002 there has been further differentiation within the sector, including the expansion of both the luxury and affordable retirement village markets, diversification of dwelling types, tenure arrangements, and the range and types of care services offered.

There have been cautionary notes sounded, however, about the lack of government intervention and regulation of the private sector, and the fragmented policy regulation that does occur. Jones et al, for example, refer to the residual and secondary role that public policy plays in the private housing sector (2007). There is a lack of unified legislation for the operation of retirement villages in Australia, as each state/territory has enacted its own specific legislation (Deans, 2004). In reference to the boarding house sector, the literature has highlighted the danger of exploitation, substandard living conditions, and inadequate accommodation resulting from lack of government regulation of providers (Shelter SA, 2004; Tupicoff, 2001; McCullough, 1992).

4.1.4 Older persons' housing needs and preferences

There has been increasing focus in the literature concerning aged housing and care on the importance of giving voice to the needs and preferences of older people themselves. Rather than being a homogenous group, Australia's older population comes from a vast array of social and cultural backgrounds and has a wide range of support needs and economic circumstances (AIHW, 2009; Catholic Health Australia, 2008). While the literature emphasises the diversity of older people's different needs, preferences and expectations in relation to their housing, there have also been attempts to characterise these into key values or attributes that can be applied in a practical sense to housing planning and policy. Consumer studies have suggested that affordability, security of tenure, quality of dwelling and amenities, capacity to facilitate independence, good location, suitability for ageing in place and suitability to needs and interests as key attributes associated with satisfaction with housing for older people (Jones et al., 2008b). A table from Jones, Bell, Tilse and Earl's report on rental housing provision for lower-income older Australians that describes these valued attributes is included below.

Table 3: Key attributes of housing valued by older people

<i>Key attribute</i>	<i>Dimensions</i>
Independence	Living separate from family, having control over daily routines
Privacy and autonomy	Access to and control over private space, freedom from restrictions on lifestyle
Affordability	Concerns about current costs and controlling future costs (e.g. maintenance)
Security of tenure	Staying in a familiar environment. Lack of mobility and low-income can make it difficult to retain old ties if relocated
Safety	Personal safety within the housing unit (e.g. on-call emergency buttons, lockable doors, a village configuration) and feeling safe within the neighbourhood
Adaptability for future care	Appropriate physical environments to compensate for sensory and mobility changes, limited housework, maintenance and gardening
Location	Familiarity and convenience, access to services (health, medical, post offices, recreation, retail, transport), proximity to families or other social and cultural ties, integration with locality
Suitability	Includes life course stage, social and cultural factors, abilities and disabilities, preferred lifestyle
Companionship and avoiding isolation	Sociability and companionship—linked with gender and bereavement, social and recreational opportunities, a sense of community and social participation
Size	Small scale, home like environments are consistently valued
Amenity and space	Good design that meets physical, emotional and social needs and provides for both privacy and social contact. Space for possessions, hobbies and visitors. Personalised spaces-territory

Source: Jones et al., 2004, p. 44.

There has also been great interest in what impact the ageing of the baby boomer population will have on the aged housing and care environment (Towart, 2005), with some authors arguing that the increased lifestyle expectations of baby boomers will require dramatic responses from the market (Drury, 2008; McMullen, 2007). For example, Drury predicts that baby boomers will want a higher level of ownership of their retirement village units (2008). Stimson and McCrea indicate that the ageing population, comprised of primarily ageing baby boomers, will increase demand for a wider range of goods, services, and facilities oriented to meeting the needs and expectations of an increasingly sophisticated and diverse market of retirees (Stimson & McCrea, 2004; Stimson, 2002).

4.1.5 Changing care environment

While most literature on the aged housing and care environment describes a two-tiered care framework of nursing-style or residential care and home or community-based care, some commentators have begun to challenge this understanding. A recent American article by Ziemba et al argues that this conceptual framework creates a 'false dichotomy' between a medical model and a social model that does not reflect the complexity of either the aged care system or older people's care requirements (2009, p. 270). Instead the authors assert that a more appropriate model of care for older people would emphasise the interconnectedness of the care system, and the many relationships and networks that are involved in care provision. Measuring these relationships and the level of interdependence and interconnectedness that older people experience is an important part of evaluating the care that they receive. This project will address this dimension in the in-depth interviews with consumers of age-specific housing, through questions dealing with the level of contact between older people and informal family care-giving networks and formal care providers.

The care needs of older people can be seen as existing on a spectrum. Many older people do not require care. However, the need for assistance with personal and everyday activities tends to increase markedly as people move into older age cohorts, particularly the 85 years and over age group (Productivity Commission, 2008). In 2003, almost half of all Australians aged 65 or older reported as needing assistance with personal or everyday activities such as self-care, communication and mobility (Productivity Commission, 2008). Formal providers, such as state, community or private organisations, as well as informal networks of family and friends provide support and care for older people. The majority of older people with support needs obtain care via their informal networks (AIHW, 2009), but many Australians receive a mixture of formal and informal care and assistance (Jones et al., 2008a). An Australian study by Buys, Miller, and Barnett found that older people living in the community tend to receive most of their assistance from family members, whereas older people living in retirement villages will most often rely on paid assistance from formal services (2006).

The formal aged care sector in Australia encompasses a broad range of services that reflect the different care needs of the individual, their housing situation and economic circumstances, and different funding arrangements. The Commonwealth and state/territory governments regulate key aspects of aged care through: funding services, allocating aged care places to providers, assessing client eligibility, setting prices for services and regulating quality (Productivity Commission, 2008).

Literature on aged housing and care identifies two major paradigms that characterise the formal care environment in Australia: firstly, an emphasis on 'ageing in place'; and secondly, a concern with the need for older people to move to an accommodation type that provides a higher level of care due to increasing support needs in old age (Towart, 2005; Fiedler, 2007; McNelis & Herbert, 2003). Both of these approaches are tied to particular models of housing. The first of these paradigms is associated with community-based care, or care services provided within the home, and the second has been commonly equated with aged-care home accommodation, now known as high-level care within a residential aged care facility. The major emphasis in Australian Governmental policy has been on the first of these paradigms, community-based care, with resources being directed towards programs such as Home and Community Care (HACC) and Community Aged Care Packages (CACPs) and a decrease in the volume of resources allocated to the building of aged care institutions.

According to the Productivity Commission's report on aged care trends (2008), the formal aged care sector has undergone significant changes over the last decade. Due

to the ageing population, there has been an increase in the number of older people requiring subsidised care, both residential and community-based, with the number of subsidised care places rising by 52 per cent between 1998 and 2007. The age of admission to residential aged care has continued to rise over the past decade, and there is now a greater proportion of residents in high-level care as opposed to low-level care: an increase from 58 per cent to 70 per cent between 1998 and 2007. There was also increasing investment from private for-profit providers—their share in residential care beds increased from 29 per cent in 1998 to 32 per cent in 2007 (Productivity Commission, 2008).

However, it is a minority of older people who live in a residential aged care setting (Quinn et al., 2009). In 2006, just 7 per cent of people aged 65 or over lived in residential care. Since the passing of the *Home and Community Care Act* in 1985 the provision of care services to older people to assist them in ‘ageing in place’ in their own homes has been a cornerstone of aged care policy (Jones et al., 2008a). The introduction of HACC in the mid-1980s and CACPs in the early 1990s consolidated a range of health and welfare services for older people and also introduced a range of new home-based care services such as home and garden maintenance, home modifications, community transport, and respite care. These home-based care programs reduce the demand for residential care in an aged-care home setting (McNelis & Herbert, 2003). Other programs introduced in the 1990s include Extended Aged Care at Home (EACH), a program to provide high-level home-based care for older people, Assistance with Care and Housing for the Aged (ACHA), a program that provides combined housing and care services for older people in insecure housing tenures such as private hotels and boarding houses, and National Respite for Carers (NRC), a program to support carers providing assistance to older people within the home. The proportion of community care places under the *Aged Care Act 1997* reflects this trend towards home-based care, rising from 2 per cent to 20 per cent over the period between 1998 and 2007 (Productivity Commission, 2008).

The 2009 AIHW *Australia’s Welfare* report lists a number of care types associated with community-based programs such as HACC, CACP, EACH and EACHD (2009). The Productivity Commission’s *Trends in Aged Care Services* (2008) reports on slightly broader types of assistance and care and divides these into two categories—personal activities and other activities.

Table 4: AIHW care categories

<i>Personal activities</i>	<i>Other activities</i>
Communication	Paperwork
Mobility	Transport
Cognition or emotion	Meal preparation
Self care	Housework
Health care	Property maintenance

Source: Productivity Commission, 2008, p. 15.

The care typologies reported on in the AIHW and Productivity Commission reports have been combined with a care typology developed by Jones et al. (2008a) in an AHURI project on integrated housing, support and care for older people, and included in the table below. These care types have been divided into six categories of support that may be provided to older people in age-specific housing: housing assistance (relating to the physical environment); social support; domestic support with household tasks; everyday living assistance, and health-related care. This care typology will be developed and added to as Stages Four and Five of this research—

surveys of age-specific housing providers and interviews with residents of age-specific housing—are undertaken.

Table 5: Care categories and types in literature

<i>Care category</i>	<i>Care type</i>
Housing	Home modifications
	Home or garden maintenance and repairs
Domestic	Linen service
	Goods and equipment
	Meals preparation at home
	Meals at a centre or restaurant
	Nutrition, food preparation and storage advice
	Cleaning
	Washing and ironing
	Shopping
Social	Activity programs (home or centre-based)
	Recreational facilities
	Friendly visiting, companionship
Everyday living	Transport services
	Communication assistance
	Paperwork
	Counselling
	Service coordination and case management
	Information and advocacy
Personal care	Mobility assistance
	Bathing/showering
	Eating
	Dressing
	Toileting
	Personal grooming
Health	Nursing (at home)
	Nursing (at a centre)
	On call health care (emergency button)
	Allied health/therapy
	Medication assistance

Source: AIHW, 2009, p.120; Productivity Commission, 2008, p. 15; Jones et al., 2008a, p. 16.

A number of commentators have referred to the complexity of the aged care system in Australia, and to the blurring of boundaries between housing and care services (Howe, 2003). The provision of aged care involves many different organisations, governance arrangements, funding instruments, accommodation types and providers, and the costs associated with service provision are highly variable (Productivity Commission, 2008). McNelis and Herbert (2003) discuss the competing approaches between four different key parties in the aged care sector: the Commonwealth Government, the state governments, the not-for-profit sector and the for-profit sector.

The age-specific housing market lies at the centre of these ambiguities. As discussed earlier, services provided by the aged care sector are divided into two broad categories: community or home-based care, and care provided in residential aged care facilities (Productivity Commission, 2008). This project seeks to investigate a third category of care—care provided in a housing environment that is not the private home, like in the case of community-based care, and not in a facility or institution-based setting, such as in the case of residential aged care. The care component that exists in each of the age-specific housing models under consideration will be investigated through the survey questionnaire of age-specific housing providers and interviews with residents of age-specific housing. This will be developed into a comprehensive care typology of the age-specific housing market in the Final Report through which each housing model can be evaluated.

4.2 Age-specific housing

The previous chapter examined the literature on aged housing and care in general, while this section will look at housing targeted towards older people in particular: age-specific housing. The literature review has identified that while there is a growing body of research on older people and housing, particularly home ownership (Quinn et al., 2009; Fiedler, 2007) and, to a lesser extent, private rental (Morris, 2008; Morris et al., 2005; Jones et al., 2004) and public housing (McNelis, 2007), there are certain knowledge gaps in relation to age-specific housing, especially in terms of economic access to the age-specific housing market for low to moderate-income earners. While there are examples of literature that concern particular types of age-specific housing, for example, studies that relate to the retirement village sector (McMullen, 2007; Towart, 2005) and mobile home communities for older people (Beckwith, 1998; Guntermann, 2002), there are none that provide an overview of the age-specific housing market more generally as this project seeks to do. Studies into older people's needs and expectations in relation to age-specific housing tend to focus on the moderate to high-income earning group, or the predicted changes that the influx of the baby boomer generation into the older population will create (Drury, 2008; Towart, 2005) 'Age-specific housing' itself means different things in different studies.

As discussed in the previous section, the need for some form of care and assistance increases markedly as people move into older age cohorts, particularly for those aged 85 years and over (Productivity Commission, 2008). This has necessitated the development of housing models targeted specifically towards older people and their particular housing and care requirements.

In Australia, age-specific housing for lower-income older people has traditionally been provided by churches, charities and state or territory Housing Authorities (SHAs) (McNelis, 2007). Prior to this, most lower-income older people lived with family in private residences, with family members providing care and assistance (Johnson, 1989; Towart, 2005), while others were accommodated in single rooms in rooming houses or boarding houses, state institutions, or cheap private hotels (Kewley, 1973).

In the 1970s and 1980s, however, churches, community organisations and organisations such as the Benevolent Society increased their presence in the aged housing arena. At this time, private developers of housing for older people also began to enter the picture in greater numbers than ever before, creating what can be called an age-specific housing market (Towart, 2005). The attraction of the retirement villages, congregate housing villages, hostels, and other age-specific housing models that these actors developed is that they are built to provide older people with an accommodation type geared towards their care needs and desired lifestyle. Most include some level of care and support appropriate to the requirements of older

people, maintaining independence for residents and removing the onus of responsibility from family and informal support networks (Bridge et al., 2002).

This section of the Positioning Paper will look at the first of the key research questions outlined in the introduction by examining the relevant literature on age-specific housing types:

- What is the nature of the age-specific housing market in Australia at present?
- What is the range of age-specific housing and care options currently available within the housing market in Australia?
- What are the financial models associated with the various age-specific housing and care options?

4.2.1 Definitions of age-specific housing

In housing literature in general, the term 'age-specific housing' presents some ambiguity, meaning different things to different authors. Overall, definitions tend to fall into one of two categories:

1. Housing that is occupied at different stages of people's 'life cycle' or 'housing career' (McFadden, 1994; Banks et al., 2004; Hooimeijer & Schutjens, 1991).
2. Housing that involves facilities and/or services that cater to the requirements of specifically older people (McNelis, 2007; Jones et al., 2004; Hallman & Joseph, 1997; Pastalan, 1997; Kingston, 2001; Leibig, 1993; Bevan, 2009).

Within the literature on aged housing and aged care there is a general consensus on the second definition, that age specific housing is housing that involves facilities and/or services that are targeted towards the care needs of older people. Age-specific housing is defined as voluntary communities of older people living in shared, purpose-built housing (Kingston et al., 2001), which include physical design elements and the provision of services specifically for older people (Pynoos & Nishita, 2005). It involves a level of housing-led 'extra care' that will 'support the everyday lives of older people' (Bevan, 2009, p. 238).

Age-specific housing is usually held as distinct from institutions such as hospitals or aged-care homes. For example, a Canadian study describes age-specific housing as an intermediate form of housing, 'geared to seniors whose ability to remain living in the community is dependent upon limited assistance with tasks of daily living' (Hallman & Joseph, 1997). Age-specific housing is also distinct from aged care services. Pastalan (1997) distinguishes between age-specific housing *facilities*—dwellings that are accessibly designed and constructed to cater to the changing needs of older persons, and the provision of care *services* (home-based community care packages such as HACC or CACPs).

Australian research into age-specific housing as a sector or a market is limited. Those references that do exist can be found in previous AHURI studies into aged housing and care. In *Older persons in public housing: present and future profile*, McNelis defines aged-specific public housing as 'dwelling or stock that has been specifically constructed for and allocated to older people' (2007, p. x). This is contrasted with 'general stock', which is 'allocated to a range of household types'. For Jones et al. (2004, p. 19) in *Rental Housing Provision for Lower Income Older Australians*, age-specific housing 'addresses needs in relation to safety, companionship and assistance with daily living by combining housing with the provision of non health care services'.

The definition of age-specific housing used to inform this research follows on from and elaborates upon these definitions. As was outlined in the introduction, age-specific housing is defined as 'accommodation or dwelling types that have been specifically

constructed for, modified for, or allocated to older people'. The housing models that will be described in this chapter conform to the following five criteria:

- They are purpose-built, modified for, and allocated to older people.
- They include a structural accommodation component.
- They are examples of housing of some description, rather than hospitals or institutions, or services.
- They include a care component.
- They are not fully Commonwealth funded or subsidised (i.e. not high or low care beds).

4.2.2 Age-specific housing models

The aim of this section is to begin a systematic description of the age-specific housing models currently in operation in Australia and the types of care they offer, as documented in the literature. This section draws on academic articles, books and journals, non-government and government policy documents, as well as reports, information sheets and brochures, and advertorials generated by the private sector, in order to investigate the nature of the age-specific housing market in Australia at present.

There is great variety in both the quality and the depth of literature on particular age-specific housing types in Australia. For example, while there is a substantial amount of literature available on retirement villages, much of this is in the form of market research and property development manuals or advertorials (Baynes, 2008; McMullen, 2007; Towart, 2005; Croucher, 2006; Drury, 2008), with only a few examples of academic research into the retirement village sector in Australia (Gardner et al., 2005; Stimson, 2002; Woodbridge, 2003; Kennedy & Coates, 2008). However, in qualitative assessment of retirement villages some significant convergence was found around size/design, management, and social atmosphere as primary determinants of residential satisfaction.

For other housing models, such as age-specific boarding houses, age-specific mobile home communities and some types of community housing, Australian-based academic literature is virtually non-existent. In these cases, information has been drawn from government and housing provider websites and the information sheets and policy documents of seniors' information services and community groups.

There is also very little consensus on what housing types or models constitute age-specific housing. There are no academic studies, Australian-based or international, that provide a comprehensive overview or typology of housing types in the age-specific housing market. The space between community-based aged care and residential aged care has been largely uncharted, leading to a lack of consistency in terminology or typology. Terminology differs from country to country—for example, Australia's 'assisted living' aged housing model is roughly equivalent to what is called 'sheltered housing' in the United Kingdom—but also from sector to sector and within particular housing models. As Stimson (2002) indicates, the term 'retirement village' is used to refer to a huge range of housing and care types for older people, with varying built environments, levels of care, and associated costs, and better ways of classifying retirement villages to reflect their differing objectives and services are needed. Whether or not the aged housing community concerned falls under the jurisdiction of a state/territory Retirement Villages Act or is operated by private for-profit providers or community organisations is largely irrelevant in lexical terms.

The unregulated manner in which private developers have entered the age-specific housing market has led to different terms and labels for age-specific housing models springing ad hoc into discourse by housing providers, information providers, policy-makers and researchers. This confusion is compounded by the tendency for articles on aged housing not to define the housing models and types they are discussing. As Jones et al. have stated:

Outside the clearly delineated aged care system, terminology is highly imprecise and often confusing... Terms such as 'serviced apartments', 'assisted living' and 'flexi-units' have entered the lexicon of the seniors housing industry, but they lack clear and shared meaning. In this context, providers experiment with terms such as 'apartments for life' and 'supported living communities' in order to stress the distinctiveness of their product or to gain market advantage. (2008a, p. 77.)

In order to address this need for both clearer typologies and terminologies in the age-specific housing sector, a comprehensive classification of age-specific housing models will be developed in the Final Report for this project. The groundwork for this overview begins in this section, as it investigates what the literature identifies as age-specific housing, and what age-specific housing models are described in literature on aged housing and care.

The approach to classification taken in this project will be to list different housing models that can be identified as age-specific (targeting specifically older people), then evaluate these according to their built environment and the physical structure of the dwellings, as well as the care component that they provide for older people, or what kind of services and support make them age-specific. This section will also classify the housing provider by whether it is a for-profit or not-for-profit organisation, and examine the financial arrangements associated with each housing model.

In summary, the age-specific housing market in Australia is comprised of a range of different housing options, which can be distinguished according to:

- The type of dwelling provided and its structural characteristics.
- The type of care provided or additional support component.
- The type of organisation providing the housing model.
- The financial arrangements associated with the housing models and whether these facilitate or pose barriers to access for older people with low to moderate incomes.

4.2.3 For-profit retirement villages

Retirement villages are defined in the NSW *Retirement Villages Act 1999* as a 'complex containing residential premises that are predominantly or exclusively occupied, or intended to be predominantly or exclusively occupied, by retired persons who have entered into village contracts with an operator of the complex' (AustLII, 2009). The Acts governing retirement villages in other states possess similar definitions. These Acts cover villages operated by not-for-profit churches, charities and community organisations as well as villages operated by private for-profit providers. However, for the purposes of this project, for-profit and not-for-profit retirement villages will be considered as different models. This is due to the great differences in costing for the two models, the high level of subsidisation from government and charities in the not-for-profit community models, and the resulting different levels of access to each model for low to moderate-income-earning older people.

As mentioned, private for-profit retirement villages represent one of the fastest growing sectors of the age-specific housing market in Australia (Towart, 2005). A retirement village is an age-segregated residential environment restricted to people aged 55 years and over, or couples where at least one partner is aged 55 or over (Baynes, 2008). Villages are comprised of clusters of small, manageable housing, cottages or apartments, designed to meet some of the support needs of older people (Gardner et al., 2005). In terms of physical structure, apartments in a retirement village are similar to medium density housing in the community; however, housing is augmented by communal physical, recreational and social supports. There is great variety in the care component available in Australian private retirement villages, both in the range and depth of services provided (Jones et al., 2008a). This means that the particular facilities offered vary from village to village, however most provide some level of health care or assistance at least in emergencies, assist with general maintenance of housing, provide age-specific social settings, and some level of security (Stimson & McCrea, 2004). Some will also provide on-site management, personal care, cleaning services and meals (Office of Fair Trading, 2003). Retirement villages in the luxury or resort market often offer an extensive range of recreational and social facilities such as a community building, swimming pool, spa, gym, tennis court, café and restaurant, bowling and putting greens, etc (Stimson, 2002). Retirement villages 'offer a setting where older people can remain in a familiar physical and social environment and have a high level of care provided with economies of scale and minimal access costs' (Gardner et al., 2005, p. 188).

There is also great variety in the financial and contractual arrangements implemented in retirement villages (Office of Fair Trading, 2003). Private for-profit retirement villages are resident funded, with residents paying both an upfront accommodation bond upon entry to the village and a weekly rental fee. A contractual process called Lease/License or Loan/License enables the accommodation provider to issue the resident with a registered lease, which licenses their occupation and governs this bond. McNelis and Herbert (2003, p. 20.) identify three forms of ingoing payment commonly used by for-profit retirement village operators:

- purchase of strata-title unit
- purchase of shares in the village company
- upfront lease payment.

Weekly fees cover the day-to-day operations of the village such as staff and maintenance. The fees depend on the level of services provided and can range from around \$50 to \$200 (Baynes, 2008: 12). Most retirement villages will also charge what is known as a departure fee, deferred management fee or exit fee. A key question is how to increase access to the for-profit retirement village sector to people with a range of financial resources (Croucher, 2006: 6). Most retirement village residents gain entry through the capital from selling their home (Bridge et al., 2009), so for lower-income older people who are not homeowners and who are dependent on the Age Pension, for-profit retirement villages are financially inaccessible.

4.2.4 Not-for-profit retirement villages

Not-for-profit retirement villages are owned and operated by not-for-profit community organisations in the aged care sector, and receive a substantial amount of subsidisation from government and charities. This being said, many not-for-profit villages are beginning to restructure their financial and governance arrangements to be closer in line with for-profit retirement villages, and boundaries between the two models are beginning to blur (Baynes, 2008). Major providers of not-for-profit retirement villages include RSL Care; Catholic Church/Southern Cross Homes;

Anglican Care of the Aged; Freemason's Homes; Churches of Christ Care; Baptist Community Service; Presbyterian Aged Care and the Uniting Church (Baynes, 2008: 10). In 2003, not-for-profit retirement villages constituted approximately 27 per cent of social housing for older people, with around 34,700 units in total in Australia (McNelis 2004). However, they have also been called 'the forgotten housing sector' (McNelis, 2004) due to the lack of government policy intervention and management directed towards this housing type.

Housing provided to residents of for-profit retirement villages is similar to that provided in the not-for-profit sector—usually semi-detached apartments or cottages, also known as Independent Living Units (ILUs). ILUs are purpose built dwellings, designed to enable older people to live independently. One-third of the organisations that own and operate not-for-profit retirement villages are also providers of personal care and support services to their residents (Jones et al., 2008a), and many coordinate or facilitate the provision of other care services, such as HACC and CACP. Most of these villages provide an on-site manager or caretaker, a communal meeting room, and an emergency alarm in each unit (McNelis, 2004). Around 80 per cent of providers are also providers of residential aged care, which creates easier linkages for residents of ILUs when they are no longer able to live independently.

ILUs are government subsidised under the *Aged Persons' Homes Act 1954*, and allocated to lower-income older people on a needs basis. As in the for-profit sector, most not-for-profit retirement villages are managed under State Retirement Villages Acts and, in this case, financial arrangements are similar to those in for-profit retirement villages. Residents pay an ingoing upfront financial contribution as well as weekly fees, although this weekly rent is usually calculated as a percentage of the Age Pension (McNelis, 2004). The ingoing payment required of a resident entering a retirement village operated by a not-for-profit provider most commonly takes the form of either a 'donation' to the organisation, or a loan (McNelis & Herbert, 2003). These entry contributions are generally non-refundable, however some organisations may refund a portion or all of the entry contribution if the resident leaves the unit after a short period of time (Seniors Information Service, 2008). As in the case of for-profit retirement villages, residents pay a weekly or monthly charge to meet costs of maintenance, council rates, cleaning, staff and management.

4.2.5 Community housing

Community housing includes congregate housing, housing associations, housing cooperatives, Community Houses and some community aged rental options. The community housing sector is relatively small, but exact numbers of older people living in these housing types are not available. The ABS does not collect data to this level of detail on older people and their living arrangements, and State Housing Authorities do not collate this data either. Community housing types are provided by not-for-profit community organisations that:

- Primarily target households with relatively low incomes and low value assets.
- Have a primary goal of providing good outcomes for residents.
- Provide supportive management and supportive environments for residents.
- Support residents by linking them in with a range of other organisations providing other community and support services (McNelis, 2004).

Community housing types share a common residential but non-institutional environment, with private rooms or apartments and communal dining room, kitchen and laundry facilities. Community housing organisations often have strong links to the aged care sector and can provide residents of community housing with linkages to

HACC and other aged care service providers. The care and support component provided varies between each type and often within each type, but usually involves an on-site housekeeper or support person, maintenance and some communal facilities. Each community housing type is at least in part government subsidised, and they sometimes receive additional contributions from churches and charities.

Community housing schemes are targeted towards lower-income-earning older people (McNelis, 2004), as they allow people to secure housing and care services by pooling their resources collectively (Wilson & Scott, 1995). Eligibility for community housing types vary, but most require tenants to meet applicable government base eligibility criteria as well as any specific eligibility requirements required by the particular community housing organisation (Seniors Information Service, 2008).

Congregate housing

Congregate housing is situated in a residential setting that is non-institutional, but adapted to meet the support needs of older people through accessible design of the physical environment and the provision of some supportive services. Congregate housing may also be called 'enriched housing', 'sheltered housing' (in the United Kingdom) or 'shared housing'. The target group for congregate housing tends to be older people who cannot live independently, but do not require the level of care provided at an aged-care home or residential aged care centre (Jones et al., 2008a). The main model of congregate housing for older people in Australia is the Abbeyfield model. This model includes older persons' houses, disAbility houses, and hostels and more recently some supported accommodation for younger people with mild intellectual disabilities has been established (Abbeyfield Australia Limited, 2009). Nevertheless, the majority are for older people. Of the twenty plus houses established, none are in the Australian Capital Territory, Western Australia or the Northern Territory. The hostels accommodate fifty plus people and the one in the Barossa in South Australia offers eight rental units in addition to 10 funded low care places.

The Abbeyfield affordable accommodation model emerged in the United Kingdom in the 1950s and has existed in Australia since the 1980s (Forsyth, 1992). An international federation of volunteer-based local societies promotes the Abbeyfield model (Hallman & Joseph, 1997). The Abbeyfield concept provides groups of up to ten low-income older people with a home-like supportive environment that includes an on-site housekeeper (Forsyth, 1992; Jones et al., 2008a). The underlying philosophy is to provide groups of older people with a home-like environment in their local area (Jones et al., 2008a). Housing involves private rooms within a house, rooms for guests, and communal lounge area, kitchen, and laundry facilities. Facilities are established within existing communities and eligibility is determined by means testing on similar criteria to public housing, so this housing type is targeted towards lower-income earners. HACC services or CACPs can be organised for residents (Jones et al., 2008a). Each Abbeyfield house conforms to the following description:

- Small scale; family-like atmosphere promoted by having no more than 10 residents.
- A full-time resident housekeeper, assisted by casual housekeepers on weekends and public holidays, who is responsible for general operation of the house, prepares two meals per day, and is available on call for emergencies.
- Private rooms for all residents with bathroom and tea and coffee making facilities in each room. Houses have gardens and blend into the existing streetscape of their community.

- Are not-for-profit and financially self-sustaining (Abbeyfield Australia Limited, 2009; Hallman & Joseph, 1997).

Aged rental options

Rental retirement villages are clusters of housing units—usually around 40 to 100 units in total per village—provided by community and religious organisations. The physical layout of these rental villages is different to that in most other forms of community housing in that the setting is less residential and tenants do not share occupancy of a larger house. Rental retirement villages involve clusters of one or two bedroom units where older people can live semi-independently, and are targeted specifically for older people who do not own their own homes (Seniors Information Service, 2008). AHURI research has estimated that this form of housing has been the fastest growing segment of affordable rental housing for older people since the year 2000 (Jones et al., 2007).

Tenants are provided with at least two meals per day, a cleaning service, and maintenance, and some rental villages will also provide recreational facilities and activities, and on site management. Financial and contractual arrangements differ across the 'not-for-profit' retirement village sector as rental villages are not covered under the State Retirement Villages Acts and so tenants are generally not required to pay an ingoing fee upon entry to the unit. Instead, residents usually pay only a weekly rental rate, which is typically 85 per cent of their income (Fiedler, 2008). However, an assets test may be required for eligibility (Seniors Information Service, 2008).

Housing associations

Housing associations are not-for-profit community organisations that manage long-term affordable rental housing for people with low to moderate incomes (NSW FHA, 2007). There has been little research undertaken in Australia on the experience of older people who are tenants of housing associations. However, key community housing websites indicate that there are a number of associations specifically geared towards managing housing for lower-income older people who are not homeowners (Seniors Information Service, 2008; NSW FHA, 2007; VicDHS, 2009). A board or committee of community volunteers manages housing associations with expertise in accounting, law or housing. Support and care services for tenants who require care are facilitated by housing associations' links with community organisations and local government (NSW FHA, 2007).

Housing associations receive some government subsidisation and are often sponsored by community agencies or groups with religious affiliations. The *Associations Incorporations Act* governs them, though Retirement Villages Acts from relevant states may govern some age-specific housing associations. For instance, housing association tenants must meet financial circumstances and special needs criteria set by both the state government and the individual housing association to be eligible for this housing type.

Housing cooperatives

Housing cooperatives are community organisations in which tenants work collectively to manage and maintain their housing. As is the case with housing associations, there does not seem to have been any in-depth research conducted in Australia into the experiences of older people in housing cooperatives. Key websites developed by the community housing sector indicate that among the special needs groups catered for by housing cooperatives older people are a substantial cohort (VicDHS, 2009; NSW FHA, 2007).

Residents elect a board of directors, which employs a manager and maintenance worker. The manager can assist residents in organising extra services such as health care or meal provision, but these are not offered by the housing cooperative itself (Altus & Matthews, 2002). Members of cooperatives are typically low to moderate-income earners, and eligibility requirements are similar to those applied in housing associations. Resident's pay monthly charges to cover utilities, insurance, taxes, management, maintenance and other services such as transportation, and the amount paid is generally calculated as a percentage of the particular individual's income. Housing cooperatives tend to be substantially subsidised by government funding.

4.2.6 Mobile home communities

Mobile homes include relocatable homes and manufactured housing types such as caravans and campervans (Judd et al., 2003; Bridge et al., 2002). The development of mobile homes as a housing choice for older people has shown significant growth in Australia over the past ten years (Woodbridge, 2003; Consumer Affairs Vic, 2003). Transportable homes need to be located where connections to resources such as electricity and water are readily available, so most residents of transportable homes rent land within a manufactured housing estate or caravan park. Caravan parks generally have a proportion of housing that is offered on holiday leases, and a proportion that is owned by permanent residents (Woodbridge, 2003). Dwelling types owned by permanent residents of mobile home parks vary: some are mobile homes such as caravans and campervans, and others, such as park homes and manufactured homes, can be of considerably higher quality (Morris, 2008). Most mobile homes have private bathrooms within the dwellings, and other residents have access only to the communal facilities of the park (Beckwith, 1998).

Most caravan parks and manufactured housing estates do not involve a care component. However, some manufactured housing estates target specifically older people, providing communal services and facilities in a retirement setting (Consumer Affairs Vic, 2003). The communal amenities available in caravan parks vary greatly, but generally minimally include on-site management and laundry facilities (Wensing et al, 2003). Transportable homes are particularly popular in Queensland and on the NSW South Coast, locations that attract retirees for lifestyle considerations (Wilson & Scott, 1995). Mobile homes can represent an affordable housing option to many lower-income older people (Guntermann, 2002) due to the initial low cost of the home. The cost of mobile homes ranges from around \$40 000 to \$140 000, but this does not include ownership of the land on which the home is located (Woodbridge, 2003). Residents of mobile home communities are required to pay a weekly site rent rental rate for occupancy of a site within the park, as well as ongoing fees for connection to public facilities (Bridge et al., 2002).

4.2.7 Assisted living villages

Assisted living villages, which are known as sheltered housing in the United Kingdom, is a housing model that combines accommodation and some care services. They are owned and operated mostly commonly by private for-profit providers. Major providers in Australia are VillageLife, Sunnycove, Oxford Crest, and No Limit to Life.

The assisted living housing model is comprised of self-contained, furnished rental units or serviced apartments (Jones et al, 2008a). Assisted living villages are targeted towards people who cannot live completely independently, but do not require the level of care provided in aged-care homes or other aged care residential options. One study describes the philosophy of assisted living as 'maximising privacy, dignity, independence, choice, and autonomy for residents...This is accomplished through the

creation of a homelike environment and supportive services. Exactly how this is carried out varies from one assisted living community to the next' (Frank, 2001, p. 7).

Assisted living housing takes the form of serviced apartments: bedsitters or small one-bedroom units, similar to a small hotel apartment. Rooms will usually have an ensuite bathroom and a kitchenette, and residents have access to a communal lounge and dining room, and kitchen and laundry facilities. At least two meals per day and cleaning and laundry facilities are provided, and units are designed for the physical access needs of older people, often fitted with ramps and emergency buttons. Assisted living villages 'charge market prices for a license to occupy' (Seniors Information Service, 2008). Residents pay a weekly rental fee and extra personal and everyday living care services may be purchased at extra cost. The cost to residents is usually set at 85 per cent of the standard single Age Pension plus 100 per cent of rent assistance, however this can differ between providers and any additional subsidisation (Jones et al., 2007).

4.2.8 Age-specific boarding houses/rooming houses/private hotels

Boarding houses, rooming houses and private hotels are housing types that provide low cost accommodation for lower-income people of all ages (Greenhalgh et al, 2004). While a number of publications indicate that there are proportionately high numbers of low-income older people living in boarding houses (Morris et al., 2005; McCullough, 1992; Tupicoff, 2001), there is limited research into boarding houses that specifically target older people.

Historically, most boarding houses have been operated by the private sector, but a proportion of boarding houses are also owned and operated by the community sector (Greenhalgh et al, 2004). Boarding houses, rooming houses and private hotels are located mainly in inner-city areas. Boarders live in a house or apartment complex, with individual or shared bedrooms (shared sometimes with a partner, friend or family member, and sometimes with a stranger), and there are generally shared bathroom, laundry and kitchen facilities (Judd et al., 2003). Most boarding houses have a common entrance. Some rooms in boarding houses are fully self-contained, with an ensuite private bathroom and kitchen or kitchenette, but most are not (Davidson et al., 1997).

Unlike tenants in the private rental market, the Residential Tenancies Acts in most states/territories do not cover the rights and responsibilities of boarders and lodgers (Davidson et al., 1997) In terms of care and services provided to tenants, the proprietor of the boarding house, rooming house or hotel is usually responsible for cleaning and maintenance of both private rooms and communal facilities, and meals may be provided (McCullough, 1992). Linen and electricity or gas is provided, and some boarding houses also provide cleaning for personal rooms (Davidson et al., 1997).

Table 6: Age-specific housing models by structural component, care component and provider type

<i>Age-specific housing model</i>	<i>Housing type</i>	<i>Care type</i>	<i>Provider type</i>	<i>Financial arrangements</i>
For-profit retirement villages	Clusters of apartments or small houses/cottages	Varies. Communal physical, recreational and social facilities. Often someone on call for health-related emergencies. Usually designed/developed with the physical access needs of older people in mind	Private for-profit. Market sector	Bond plus weekly rental
Not-for-profit retirement villages	Clusters of apartments or small houses/cottages (also known as Independent Living Units)	Varies. Often communal recreational and social facilities. Maintenance and on-site management usually provided, often someone on call for health-related emergencies	Private not-for-profit. Community sector, churches	Entry fee plus weekly rental. Partly subsidised by government, churches and charities
Community Housing: includes congregate housing, Housing Cooperatives, Housing Associations, and community aged rental accommodation	Residential, but non-institutional, private rooms (usually with bathroom), communal kitchen, dining room, laundry. Can be self contained cottages or apartments	Varies. Most forms include an on-site housekeeper/support person, some meals and general maintenance provided, some communal facilities, emergency assistance. Often linkages to HACC and aged care services	Private not-for-profit. Community sector	Weekly rental rate, usually a percentage of Age Pension and rent assistance. Partly subsidised by government, churches and charities
Mobile home communities	Varies. Some higher quality dwelling types such as manufactured homes, small cottages or units, but usually transportable dwellings such as caravans and campervans	Can include facilities and services such as a medical centre, on-site shopping, security, and recreational activities	Private for-profit. Market sector	Ownership of mobile home, weekly rental of site, ongoing fees for water and electricity supplies
Boarding houses/Rooming houses/Hostels	Private rooms in large house or apartment block, usually shared bathroom, kitchen and laundry facilities	Varies. Usually some meals provided	Varies	Weekly rental rate

<i>Age-specific housing model</i>	<i>Housing type</i>	<i>Care type</i>	<i>Provider type</i>	<i>Financial arrangements</i>
Assisted living villages	One-bedroom units with bathroom, lounge area and kitchenette, communal dining and laundry facilities	Meals provided, laundry service, on-site management, cleaning services, recreational activities	Private for-profit	Weekly rental plus upfront bond upon entry

4.3 International models

In Australia and in most advanced economies there are two competing approaches to aged housing and care: ageing in place, and an emphasis on the need for older people to move to more care-enriched housing environments to reflect their increasing frailty and care needs. The way these two approaches are manifested and interact with one another differs considerably according to the national context, with very different outcomes for lower-income older people. For example, in the 1960s and 1970s, Sweden and the Netherlands built a great number of specialised housing facilities for older people (Pastalan, 1997), emphasising accessible design and housing modification to facilitate ageing in place (McNelis & Herbert, 2003). This drive towards specialised housing was largely state driven and subsidised. In contrast, in the United States at the same time, particularly in the 1980s when the Reagan government was in power, publicly financed housing schemes for older people ‘virtually disappeared’ (Pastalan, 1997), and it was the private sector that stepped in to provide specialised housing for older people, often to the detriment of low-income households.

The complexity and ambiguity surrounding types of age-specific housing and levels of care is not limited to Australia. One article from the US describes how the emergence of various types of aged-care homes and assisted living facilities—and the blurring of boundaries between these two types—has created substantial tension for consumers, policy-makers and researchers alike (Ziemba et al., 2009: 270). A full review of all international models of age-specific housing models is beyond the scope of this report. Many age-specific housing models are context-specific, and are unlikely to be applicable in the Australian environment. The United States and the United Kingdom are most relevant in terms of similarities in context and applicability to the Australian environment of age-specific housing models, yet also present some interesting contrasts in approach, particularly in relation to the interaction between public, private and community sector aged housing and care provision. Therefore, this chapter aims to make some broad comparisons about the nature of the age-specific housing market in Australia and the United States and the United Kingdom, and identify the main types of age-specific housing in these countries and their similarities and differences in relation to the main forms of age-specific housing in Australia.

4.3.1 United Kingdom

The aged housing and care environment in Australia and the UK is similar in some respects, for example, the rate of homeownership in both countries is quite high: around 70 per cent in the UK compared to 80 per cent in Australia. The rate of growth of homeownership, however, has been very different in the two countries over the past few decades. In the UK, rapid growth in the proportion of households owning their own home occurred from the early 1980s with 57 per cent being owner occupiers in 1981 and this proportion peaking in the early 2000s at 70 per cent. This growth level

was stimulated in part by the Thatcher Government's 'right-to-buy' policy of the 1980s, which targeted low-income households renting council housing. The level of homeownership dropped for the first time in the UK since the 1950s in 2007 and 2008 due to global economic fluctuations. In Australia, on the other hand, the level of homeownership has remained reasonably stable. This historical contrast has had a strong impact on the type of age-specific housing models to be found in both countries. The UK also has a very substantial public housing sector. A similar minority of older people in the UK live in residential/institutional care: 5-6 per cent of the older population (Tinker, 1997). In Australia, this proportion is 7 per cent. A similar emphasis to Australia on 'ageing in place' can be seen in the policy environment of the UK as well as the choices made by older people themselves. In the UK, care packages to enable older people to age in place are administered by local authority social services departments (Tinker, 1997), whereas in Australia state government authorities administer these packages.

The aged housing and care environment in the UK emerged under very different conditions to that of the United States and Australia. This differing context provides an interesting basis for comparison, with the social and public sector in the UK engaging in the development of innovative housing models for older people to a greater extent than in either Australia or the United States. This has been due to a stronger policy framework and a greater level of government investment in age-specific housing, creating what Jones et al. have described as 'a far more uniform and widespread approach to integrated housing, support and care arrangements' (2008a, p3). Local councils and housing associations have developed 'sheltered' and 'very sheltered' housing as part of their general housing responsibilities to the population.

Yet age-specific housing is still a relatively new development in the UK (Croucher, 2006; Bernard et al., 2007). Because of this, it has been noted in the UK as well as Australia that there is very little evidence-based research into age-specific housing models, such as retirement villages, that looks at how they operate, whether they meet the needs and expectations of older people, and whether they effectively cater to older people's housing and care needs (Bernard et al., 2007).

Sheltered housing

The UK age-specific housing model most relevant to this project is sheltered housing, a housing model roughly equivalent to assisted living models in Australia. Sheltered housing is seen as an alternative housing and care option for older people who are unable to age in place in their own homes, and is the major source of age-specific housing in the UK (Croucher, 2006). In 2001, 10.6 per cent of people aged 65 and over in the UK lived in sheltered housing, a proportion that increased to 19 per cent for people aged 85 and over (Age Concern, 2007).

Sheltered housing communities provide independent self-contained housing for older people that may be in the form of small cottages, units, or luxury apartment dwellings (Jones et al., 2008a). Older people rent this form of housing from housing associations or local governments or councils. A monthly charge covers the costs of maintenance, staff and other services. The resident usually purchases additional care services from external service providers. Literature from the UK distinguishes between 'sheltered housing' and 'very sheltered housing'. Very sheltered housing, also known as 'extra care housing', involves a higher level care component than sheltered housing, such as services that provide onsite, on-call staff members, provision of all meals, and assistance with personal care tasks and everyday living tasks (Tinker, 1997; Jones et al., 2008a).

Retirement villages

Although retirement villages are a relatively new phenomenon in the UK, the number of purpose-built retirement communities is growing. Government bodies are promoting retirement villages as 'an alternative to traditional forms of residential-home and nursing-home care' for both 'fit and frail' older people (Bernard et al., 2007. pp. 558-9). Retirement villages are described as catering to the needs and requirements of older people through three key characteristics: 1) a purpose-designed physical dwelling; 2) opportunities for social engagement and community; and 3) care and support services (Croucher, 2006). The first of these provides a barrier free physical environment for older people that enables a higher degree of independence in daily tasks and reduces the need for care services. The second refers to social activities and outings organised by the retirement village managers or members, as well as communal facilities such as meeting rooms. The third characteristic incorporates services such as building maintenance, meal preparation, on site wardens and some assistance with domestic tasks.

Retirement villages in the UK are a combination of private for-profit enterprises and communities operated by not-for-profit community, church or charitable organisations. One report on retirement villages in the UK (Croucher, 2006) describes the economies of scale that are possible in a retirement village community with more than 100 dwellings, where services, amenities, staff and facilities can cater to a critical mass of residents and are therefore more centralised and cost-effective.

4.3.2 United States

Like Australia, in the United States the proportion of older people is rapidly growing and is predicted to increase by 147 per cent between 2000 and 2050. The rate of homeownership for older people is only slightly below that in Australia—just under 80 per cent (US Census Bureau, 2008a). Older people who do not own their own homes can face considerable housing stress. The median yearly income of older households is US\$28,305, and the poverty rate for people aged 65 and over is 9.7 per cent (US Census Bureau, 2008b).

The developments of the age-specific housing markets in the United States and in Australia bear certain key similarities. As previous AHURI reports (Jones et al., 2008a; McNelis, 2004) have identified, age-specific housing models in both countries have emerged within a similar environment of a limited governmental policy framework, and the majority of growth and innovation over the past few decades has been occurring in the private sector. However, unlike in Australia, the private sector is now the largest provider in the United States aged housing market (Jones et al., 2008a).

The literature indicates that the greatest growth in the age-specific housing market in the United States has been in the private sector rather than the not-for-profit community or government sector (Bernard et al., 2007; Leibig, 1993). The social housing sector is extremely small, and age-specific housing options for lower-income older people are very limited (Leibig, 1993; McNelis, 2004). An article comparing policy in Canada and the United States comments:

Increasingly, especially in the United States, commercial developers are entering the market of age-specific housing for healthy and frail elders via continuing care retirement communities (CCRCs) or assisted living residences, primarily for upper income elderly. An even greater reliance has been placed on the not-for-profit sector to own and maintain low-income rental housing for the aged through direct subsidies, grants, and loans from national and/or regional governments (Leibig, 1993, p. 218).

As Jones et al. (2008a) have expressed, the age-specific housing market in the United States is a good example of the diversity of housing models, care types and associated financial arrangements that can emerge in a context of limited government intervention and regulation. Yet many low to moderate-income older people in the United States are struggling to gain access to appropriate and affordable housing (McNelis, 2003) within this free market environment.

Age-specific housing facilities

There are many different age-specific housing models available in the United States, and great variety exists in both the dwelling type and the level of care provided in each. These models are often conceptualised as existing on a continuum of housing and care (Leith, 2006; Jones et al., 2008a). These are summarised in Table 7 below. The table runs from top to bottom, with the highest level of independence and lowest level of care in the first model, leisure-oriented retirement communities, and the lowest level of independence and highest level of care in the last model, skilled nursing facilities.

Table 7: Age-specific housing facilities in the US

<i>Accommodation/care type</i>	<i>Description</i>
Leisure-oriented retirement community (LORC), also known as active adult retirement community	Cluster housing or apartment complexes. A focus on leisure and lifestyle goals; targeted towards older people who can live independently.
Independent living facility (ILF)	Similar to Australian not-for-profit retirement villages in dwelling type and support services provided. Common amenities and age-restricted environment, but limited health or personal care services.
Congregate seniors housing	Similar to independent living facilities, however often subsidised. Dwellings are more likely to be units or apartments with communal kitchen and dining areas, and some additional everyday living assistance provided.
Assisted living facility (ALF)	Greater level of care services: meal provision, personal care, domestic services, medical assistance. Dwellings are either private rooms or apartments. Rooms and bathrooms are sometimes shared.
Skilled nursing facilities (SNFs)	Provide 24-hour health and personal care from trained staff, similar to an aged-care home or residential aged care facility.

Source: Leith, 2006; Altus & Matthews, 2002; Jones et al., 2008a; Frank, 2001.

All of the facilities above are predominately owned and operated by private not-for-profit companies, with the exception of the skilled nursing facilities and some congregate seniors housing facilities. This is in contrast to the Australian context, where most retirement villages and assisted living communities are run by not-for-profit community, church, and charity organisations. In the United States most age-specific housing is based on a user-pays financial model, and is therefore accessible to lower-income earners only to a very limited extent (Leith, 2006). Similar to the UK and Australia, the availability of statistical information on housing providers and numbers of older people living in these types is very limited.

Leisure-oriented retirement communities are geared towards older people who can live independently, and are mainly focused on lifestyle and leisure goals for retirees. LORCs are usually situated within cluster housing or apartment complexes, provide communal recreational activities and facilities, and some provide maintenance, transport, and laundry and linen services (Jones et al., 2008a). Independent living facilities (ILFs) provide the next degree up from LORCs in terms of their care component (Leith, 2006). ILFs are an age-specific housing model similar to retirement village communities in Australia and geared towards older people with minimal care needs (Jones et al., 2008a). Unlike in Australia, where retirement villages are predominately not-for-profit, the majority of ILFs are owned and operated by the private for-profit sector and low to moderate-income earners are usually not able to access these villages.

Congregate seniors housing, on the other hand, is often part of the subsidised housing sector. Congregate facilities can contain up to forty one or two-bedroom apartments, with a common living room, recreation room, and laundry. Residents must be aged 62 or older, and be able to live independently (Altus & Matthews, 2002). Residents pay a monthly fee on a sliding scale based on their income. For an additional fee, management will assist in arranging external service provision for transport services, domestic services and personal care, however, congregate housing operators are not managed so do not offer this (Altus & Matthews, 2002).

Assisted living facilities are perhaps the most widely variable and ambiguous of these categories, and can range from high-quality accommodation and care services to an affluent target population to institutional living with a great lack of privacy (Jones et al., 2008a). Definitions of what assisted-living is differ between individual states and sites. However, most accounts assert that assisted living is an age-specific housing option that provides a combination of both housing and care services, geared towards older people who are no longer able to live independently in their own homes but do not require nursing style care in a residential facility (Frank, 2001). The physical structure of the dwellings in assisted living sites can be highly variable. In some models, rooms and bathrooms are shared, while others include apartments or clusters of cottages. Most provide housing in a residential environment rather than an institutional setting, but in some models the boundaries between assisted living and aged-care home style accommodation is blurring (Jones et al., 2008a). Care services provided in individual assisted living sites range from non-medical assistive services such as meal provision, housekeeping, transport assistance and security, to higher level health-related care services, such as significant personal assistance, health monitoring, and on site nursing staff (Frank, 2001).

Housing cooperatives

Age-specific housing cooperatives in the United States are generally operated by not-for-profit organisations. As such, age-specific housing cooperatives could be seen as an affordable alternative to independent living facilities for lower-income earning older people, as long as the individual does not require a high component of care.

One study reported on a small housing cooperative of about 20 residents, living in private apartments that are designed to be physically accessible for older people, with common facilities such as a recreation room, lounge room, laundry and library (Altus & Matthews, 2002). Residents own a share in the cooperative, the size of which depends on the value of the unit. Residents also pay monthly carrying charges to cover utilities, insurance, taxes, management, maintenance and other services such as transportation. The amount paid each month is a share of the costs of operation and upkeep of the coop. Residents elect a board of directors, which employs a manager and maintenance worker. The manager can assist residents in organising

extra services such as health care or meal provision, but these are not offered by the cooperative (Althus & Matthews, 2002).

Mobile home communities

Perhaps because of the lack of alternative decent accommodation, a greater proportion of lower-income people in the general population live in caravan parks or 'trailer parks' in the United States, age-specific mobile home communities are more highly developed affordable housing options for older Americans than is the case in Australia. According to an American study examining mobile home housing projects for those aged 55 and older, over 6 per cent of the older population in the United States lived in mobile homes in 1991. Guntermann (2002) describes how mobile homes represent a viable affordable housing option for some older households, particularly those who desire to own rather than rent. Middle class, retired older people often own mobile homes as second or seasonal homes, but many lower-income older people have established mobile homes as their primary residence.

Age-specific mobile home communities are 'specifically designed to meet the physical or social needs of older persons' (Guntermann, 2002, p. 10). Mobile home parks specifically targeted to the elderly can include facilities and services such as a medical centre and shopping on site, security gates and patrols, as well as swimming pools and recreation centres. As is the case in Australia, in the United States the caravan or campervan typically is owned while the lot or pad is rented. The property manager maintains centralised control over the project representing the owner's interest. There is also often a homeowners association, which can have significant authority over common areas and other aspects of the subdivision, much like the homeowners associations in attached and other detached residential projects (Guntermann, 2002).

4.4 Housing and care typology implications

The literature review has made clear the boundary blurring and variation across terminology, governance arrangements and accommodation types. Additionally, the trifecta of larger numbers of low-income renters as a corollary of population ageing, reduced social housing provision, and an increasing emphasis on user pays home-based care suggests that current solutions may be inadequate in the future. Further, rapid growth and market innovation without coordinated and coherent national public policy frameworks mean that the risk of homelessness, hospital admissions or aged-care housing transfers are likely to become an increasingly common outcome for low to moderate-income renters when mainstream housing fails and increased levels of care are required.

There are a number of ways of approaching and categorising types of care that will be drawn from this literature review. For example, our research will reflect the three levels or categories of support and care for older people identified as important in previous research. First are the design elements incorporated into the dwelling, building or site, such as lifts, ramps, grab rails and floor coverings and assistive technologies such as voice reminders and remote-control appliances. Second is the access to common facilities such as meetings rooms, recreational facilities, and group activities, which are all crucial elements to facilitate informal care support. And third is the formal support or care services, such as those provided through HACC and CACPs, as well as those provided by user-funded for-profit service providers.

Further, the surveys and interviews to be undertaken in stages Four and Five of this research will reflect standard AIHW definitions and will build on the established research categories outlined in this chapter including: housing assistance (relating to

the physical environment); social support; domestic support with household tasks; everyday living assistance, and health-related care.

4.5 Conclusion

This chapter has investigated the available information from the literature that addresses the following two key research questions:

- A1. What is the range of age-specific housing and care options currently available within the housing market in Australia?
- A2. What are the financial models associated with the various age-specific housing and care options?

The major conclusion of the literature review is that a knowledge gap exists about how age-specific housing options operate the extent and quality of the care services they provide, and their affordability for lower-income earners. The literature review has also provided the contextual background and framed the project team's understanding of what information needs to be gathered during the next stages of research—the national survey of older residents and housing providers, and extensive interviewing of these stakeholders as well as key policy-makers.

5 THE ECONOMICS AND AFFORDABILITY OF AGE-SPECIFIC HOUSING

This chapter examines the issue of the affordability of age-specific accommodation and associated care services for low to moderate-income older Australians. It has four main aims. First, to provide a brief outline of the determinants of the prices charged by providers of age-specific accommodation and the out-of-pocket expenses facing older people wishing to access age-specific accommodation and care options (Section 5.1).

The second aim is to outline how the affordability of age-specific accommodation options for older Australians with low to moderate incomes will be assessed and measured. The affordability of age-specific accommodations options is a function of the out-of-pocket expenses that need to be met by residents (see Section 5.2 below).

Third, the chapter describes the data and information on the prices of various age-specific housing options, government subsidies to consumers and final out-of-pocket expenses, and the underlying forces driving market prices (to be gathered in the study) and how this information will be used to describe the old-age accommodation market and measure the affordability of various old-age accommodation options (Section 5.3).

Finally, in Section 5.4 we provide estimates of the affordability of several of the housing options reviewed in the study.

5.1 The economics of the age-specific housing market

As in all markets, the final price set will reflect the influence of demand and supply forces. The demand for age-specific accommodation is a function of the following elements:

- The price of age-specific accommodation, or more accurately, the post-subsidy price of that form of housing (i.e., the market price of the option less any government net subsidy).
- Other relevant prices, including the post-subsidy price of non-age-specific housing, and the post-subsidy price of any bundled up care options connected to the age-specific housing.
- The number of older people in the relevant geographical area.
- The quality of age-specific accommodation in the relevant geographical area.
- The preferences of older people for age-specific accommodation options.
- The income and asset position of older Australians.

The demand for age-specific housing will be higher the lower the post-subsidy price of age-specific accommodation on offer and the higher the price of non-age-specific housing. An important point to remember is that the age-specific accommodation market is made up of a number of sub-markets. As set out in the previous chapter they include:

- for-profit retirement villages
- not-for-profit retirement villages
- community housing options, including congregate housing, housing associations, and housing cooperatives
- mobile home communities

- assisted living villages
- age-specific boarding houses/Rooming houses/Private hotels.

When considering the demand for any particular age-specific accommodation option, the prices on offer in the remaining options have a critical impact on the demand for the option in question. In other words, demand for a particular age-specific accommodation option will be very sensitive to the prices being set for other age-specific accommodation options.

Also critical in the decision-making process for purchasers of housing is the type, quality and cost of the care options on offer in each of the accommodation options. The demand for any particular housing option reflects not only the housing option itself, but more so the bundle of services provided by the accommodation and the care options that come with it. Of course, not all age-specific accommodation providers will have associated care options available, and many of these care options may be available to older people living in non-age-specific accommodation options.

The income and asset position of the potential purchaser is a critical determinant of the demand for age-specific accommodation. Older purchasers are reliant on their current income and financial assets. Unlike younger purchasers, they will not generally be able to draw further on their human capital stock in terms of future cash flow as they will generally have retired from employment and have a shorter anticipated time horizon until death, and so this limits borrowing options to purchase age-specific dwellings. Older owner-occupiers will be in a relatively strong position to consider age-specific housing options while renters without a strong asset base will be in a much weaker position. There are, however, providers established in the market that specifically target those without a strong asset base who provide low-cost rental options to low to moderate-income older Australians.

The Australian Government caps the fees set by providers and grants sizeable subsidies to residents of aged care homes that provide accommodation and care support for those with needs above particular thresholds (hostels and aged-care homes). However, the same is not true of those in age-specific accommodation options outside the aged care home sector, such as the retirement village sector with a more limited state and territory regulatory structure and zero or limited subsidies.

The key driver on the supply side is the costs of delivering a particular accommodation unit of a given type and quality to the market. The higher the costs, the higher the resulting price in the market. A number of additional supply side factors influence outcomes.

First, the age-specific accommodation market is comprised of a number of different types of providers. These providers have different financial objectives. The profit-driven providers will tend to set higher prices for their accommodation options than not-for-profit organisations. Second, the competitiveness of the market has an important influence on prices. Prices will be higher the less competitive the market and lower the more competitive the market. Third, location to some extent drives prices as proximity to views and amenities drives prices up while isolation and poorer infrastructures drives them down. Fourth, governments can affect prices charged in several ways: they can regulate the market through capping prices or ensure that a minimum number of allocations are available at a lower price for older people on lower incomes or they can provide subsidies to providers.

In summary, prices charged in the market for age-specific accommodation reflect both supply and demand forces. These include the size, quality and amenity value of the accommodation option involved; whether or not the provider is a for-profit provider or

a not-for-profit provider; the level of government financial support to both providers and consumers; the competitiveness of the relevant sub-market; the preferences of older age consumers and their levels of income; and the size of the older age population. Not all purchasers of age-specific housing options will pay the market price for their purchase. Government-provided subsidies targeted to purchasers who meet certain eligibility criteria drive a wedge between prices and final out-of-pocket expenses met by older age consumers. These subsidies may be important in determining the affordability of age-specific housing options.

5.2 The affordability of age-specific housing

The existence of more than one relevant age-specific housing model and the various forms of care services available means that the issue of the affordability of age-specific housing comes down to identifying *which* of the identified age-specific housing models are accessible to low to middle-income older Australians and what associated care services can be purchased by those with low to moderate income.

Whether or not any particular bundle of housing and care services is accessible to low to moderate-income older Australians is determined by the out-of-pocket costs that need to be met by eligible purchasers and whether these expenses can be met by older people on such incomes. It is not only the income of older people that matters from the point of view of affordability of housing options, but asset holdings as well. All other things being equal, owner-occupiers will be in a significantly better position to afford to meet out-of-pocket expenses than older renters.

If low to medium-income older Australians are unable to afford age-specific accommodation and related care options, but wish to access those options, then an *unmet demand* exists. If they are assessed as requiring such options given their health needs, then an *unmet need* also exists.

In this study, we will examine whether low to moderate-income older people are able to access age-specific accommodation and care options and, to the extent they are unable to, the level of unmet demand and unmet need involved. Each of the housing models will be examined in turn to assess the level of out-of-pocket expenses associated with each option. The study will also examine the drivers that lie behind the out-of-pocket expenses facing low to moderate-income older persons for the different housing models being considered in the study.

Measuring affordability

Table 8, taken from the most recent Household Income Survey undertaken by the ABS, shows the income levels for aged households in Australia. The table shows that for couples, the low-median income per week (below the level of the Age Pension) is matched by a very high level of homeownership of over 85 per cent. For single-person households, there is a drop in household income as well as a decrease in the proportion of households who own their home without a mortgage.

Table 8: Income levels and housing circumstances of older households 2007–2008

<i>Household type</i>	<i>Number of households</i>	<i>Average number of employed persons</i>	<i>Proportion with Government pensions as primary income source</i>	<i>Median income per week</i>	<i>Proportion owning a home without a mortgage</i>	<i>% of households in the bottom quintile of Australian incomes</i>	<i>Amount of Age Pension*</i>
Couple only, reference person 65 and over	717.2	0.1	64.5	423	85.6	46.9	507
Lone person 65 and over	737.4	0.1	76.3	323	69.0	68.9	334

Source: Table S4. ABS (2009).

*Note that Centrelink provides Rent Assistance for pensioners living in the private rental sector.

The work of Yates et al. (2007) in the AHURI National Research Venture on Housing Affordability, indicated that a key issue in examining affordability for aged households was the tenure of the aged household—for those living in fully owned properties the couple Age Pension provided a reasonable living standard, while for those living in the private rental market it provided a subsistence income. In a policy sense, it is important to examine the affordability issues for those on the main government retirement scheme, the age pension.

For this reason, when examining the issue of affordability, the study will pay particular attention to the following five groups:

- Those on the full Age Pension (or on a lower income) who are outright owners of property.
- Those living alone versus couples, as many commentators have suggested that older people reliant on the single Age Pension are in a more vulnerable position than couples (Bridge et al, 2010; National Housing Strategy, 1992, pxii; National Shelter, 2009).
- Those on the full Age Pension (or on a lower income) who are not outright owners of property.
- Aged households above age pension incomes with up to 120 per cent of median income who are outright owners.
- Aged households above age pension incomes with up to 120 per cent of median income who are outright owners.

5.3 Data and methods

In the first stage of the analysis, we will gather information from relevant government sources and housing and care providers on the prices and out-of-pocket expenses paid by older people accessing housing and care options identified in our review. As noted previously, prices on offer will be driven by a range of market sources, but may also reflect government regulatory and financial subsidies as well as non-government subsidies. For example, the government may regulate that a certain number of places be set aside for low to moderate-income people and/or provide subsidies to housing and care providers and consumers.

Any wedge between prices on offer and final out-of-pocket expenses will reflect the impact of subsidies and tax rebates provided directly to the purchaser. As previously noted, the Australian Government tightly regulates aged care homes and the daily care fees and accommodation payments residents pay. Residents will pay fees up to some maximum point, depending on their income and asset position. The Australian Government also provides significant funding, amounting to \$7.1 billion annually, in grants to aged care homes to support aged care placements. Outside the aged care home sector, however, regulations and subsidies covering fees are more limited with each state and territory adopting their own regulatory framework.

Residents of non-aged care home retirement and independent living unit facilities generally pay a lump sum entry contribution fee based on the market value of the unit, together with a periodic (weekly, fortnightly or monthly) maintenance fee. Different arrangements apply with respect to the entry contribution fee in terms of the proportion of the fee that the provider retains and how much the resident retains, and whether some proportion of the fee can be deferred, and on what basis a deferred payment option is available. In addition, facilities may subsidise the entry contribution fee based on an assets and or income test. In some cases, residents may rent units.

Information on prices for a range of products and non-government subsidies will be based on enquiries made of major providers in all states and territories. Information on regulations and government subsidies will be obtained through an in-depth web and legislation-based search. More detailed information on providers will be gathered through our age-specific housing providers' survey and in-depth interviews with stakeholders. These latter sources will also be used to get behind the prices set to understand more about how providers establish the prices set in the market.

In the second stage of the analysis, we will examine whether older people on low to moderate incomes can access the housing and care options available given the prices set. This analysis will use information on the income and assets held together with the expenditure patterns of low to moderate-income older Australians.

Information on the income and asset position of low to moderate-income older people will be drawn from the 2009 Survey of Income and Housing, while expenditure data will be drawn from the 2005-06 Housing Expenditure Survey. Having established typical household expenditure patterns for low to moderate-income older people and representative asset positions, we will examine whether low to moderate-income older people living alone or in a couple can afford to access the various age-specific housing options available, including subsidised options.

Third, we will provide a profile of the likely number of low to moderate-income Australians who cannot access various housing and care options on financial grounds and the socio-demographic profile of those who cannot afford to access age-specific housing options.

5.4 Illustrations

While detailed analysis of affordability and access issues will need to wait the detailed analysis described in Section 5.3 above, it is useful at this point to provide rough illustrations of the affordability issues facing low to moderate-income Australians. These illustrations are provided in Table 9.

Table 9: Affordability of age-specific housing options for low to moderate-income households

<i>Age-specific housing model</i>	<i>Affordability issues</i>
For-profit retirement villages	Not suitable for the majority of low and moderate-income renters: Suitable for moderate-income owners
Not-for-profit retirement villages	Not suitable for the majority of low and moderate-income renters: Suitable for moderate-income owners
Community Housing (includes congregate housing, Housing Cooperatives, Housing Associations, Community Houses, and community aged rental accommodation)	Provides access to very low and low-income households using a percentage of income and any rent assistance
Mobile home communities	Suitable for low-income households with some assets to purchase a home (which range in price from \$40 000 to \$140 000)
Boarding houses/Rooming houses/Hostels	Suitable for low-income households
Assisted living villages	Suitable for low-income households

This illustrative analysis shows that the most popular form of age-specific housing in Australia, the retirement village, is not accessible to many low-income households. While some other forms of age-specific housing are available for low-income households, partly through the application of government subsidies, the question remains as to whether they will be able to cope with the levels of demand associated with the large future increases in absolute numbers of aged low-income households in Australia. The analysis also highlights the considerable impact that the previous housing tenure of the aged households has on their age-specific housing options.

In an examination of age-specific housing, the economics of the sector is a key issue. It is important to understand the issues that impact on the supply of and the demand for age-specific housing. Moreover, the ability of households to access appropriate housing is a key aim of any housing system. This chapter has outlined the broad issues that impact on the supply and demand of age-specific housing and has outlined the methods that will be used in this study to examine the issue as the study progresses. It has also provided an illustrative analysis of the affordability barriers to some types of age-specific housing and has highlighted the impact of housing tenure on affordability.

5.5 Conclusion

This chapter has illustrated the key issues around the economics of the age-specific housing market. It has also outlined how further analysis will be approached in the next stages of the project to answer the following key research questions:

- A2. What are the financial models associated with the various age-specific housing and care options?
- B2. How do the financial models associated with the various options facilitate or constrain choice among low to moderate-income older people?

Through information that will be gathered on the out-of-pocket expenses of each age-specific housing option from the survey of older residents, and information on the eligibility requirements and financial models of each option gathered from surveying

the housing providers, the affordability of the age-specific housing and care options will be assessed in the Final Report.

6 THE AUSTRALIAN POLICY CONTEXT

The policy context for this project is the need to ensure an adequate supply of affordable and appropriate housing for older people that caters to their needs and care requirements.

In Australia, policy responsibility for older people's care and housing is shared between the Commonwealth and state/territory governments. How these governmental policies are articulated into programs and administered is a complex process that involves an array of stakeholders. Various departments on the Commonwealth and state levels, local government agencies, community organisations and private corporations play a role. For example, the Commonwealth Government holds responsibility for residential care for older people, the age pension, and HACC services; the state/territories receive 40 per cent of the funding for HACC services and, in turn, devolve responsibility for their implementation. The state/territory governments are responsible for the provision of public housing and health services, with various degrees of program funding and support from the Commonwealth.

The purpose of this chapter is to sketch out the Australian policy context within which age-specific housing markets operate. There have been a number of significant policy initiatives and program and legislative changes implemented in the last few decades. Some of these policies and programs deal explicitly with age-specific housing models, but many of them have had only an indirect influence on the nature and growth of the age-specific housing market. In some cases, it has been a lack of policy intervention in age-specific housing models that has shaped the growth of, and options available in the market, by default, particularly in the private for-profit sector (Howe, 2003; ACSA, 2009). This chapter will focus on key research questions A and B of this project, examining how the policy context has shaped the age-specific housing market in Australia at present and what influence public policy and legislation on both a Commonwealth and state/territory level has had in the provision of particular age-specific housing products.

6.1 The Commonwealth policy context

Commonwealth ageing policy relevant to this research project can be divided into three categories: economic programs; care programs and housing programs.

6.1.1 *Economic policy*

The ageing of the Australian population first emerged as a policy issue during the 1980s and is now firmly established on the national political agenda. Policies have revolved around two key themes: managing the economic impact of an ageing population and containing public expenditure, and the concept of 'positive ageing' and 'ageing well'. For example, the Productivity Commission's research report, *Economic Implications of an Ageing Australia* (2005), analysed the public expenditure implications of housing assistance trends. It highlighted in particular that population ageing will create pressure for greater housing assistance to lower-income, older people who do not own their homes (Productivity Commission, 2005).

The purpose of the Intergenerational Report II (IG II) released in 2007 was to ascertain 'the sustainability of economic growth in light of Australia's ageing population' (Australian Government, 2010, p. v). The report projected that, by 2046-47, government spending will exceed revenue by around 3.5 per cent of GDP, and that spending pressures will be most significant in the areas of health, age pensions and aged care (Australian Government, 2010). Health spending is projected to nearly double as a share of GDP by 2046-47 due to ageing (2010). The IG II also discusses

the various policy measures that have been taken by the government to alleviate these pressures and ensure the wellbeing of future generations (2010). These policy changes include:

- Various changes to superannuation rules to encourage workforce participation in older people and to reduce the proportion of older people dependent on the Age Pension.
- Removal of tax on payment of superannuation benefits to those over 60.
- Tax exempt pension payments.

The key economic policy responsibility the Commonwealth holds in terms of ageing is the provision of the Age Pension. The Age Pension is a major income support program, with government expenditure at around \$25 billion in the 2007–2008 financial year (AIHW, 2009). In June 2008, 78 per cent of people over the qualifying age received the age pension or a similar means-tested income support payment from the Department of Veterans' Affairs (AIHW, 2009). Around 56 per cent of older people over the qualifying age for the Age Pension received a full rate pension and 24.9 per cent a part-pension (AIHW, 2009).

The Age Pension remains the primary source of income for the majority of older people in Australia. As described in the literature review, participation in the paid workforce is minimal for older people, and the end of labour force participation invariably leads to a substantial drop in income (Morris, 2009a). Government pensions were the main source of income for 74 per cent of people in Australia who had been retired for 20 years or longer (AIHW, 2009). The compulsory superannuation guarantee was only introduced in 1992, which means that older people are also much less likely to have superannuation coverage than younger people. In 2007, 87 per cent of people aged 25 to 54 had superannuation coverage, compared to 46 per cent of people aged 65 to 69 and only 21 per cent of people aged 70 years and over (AIHW, 2009). In 2008, the average value of assessable assets was just over \$32 000 for people receiving the full-rate pension, and average private income was \$983 per year. These amounts are higher for older people receiving a part rate pension as their higher income or assets have placed them over the income or asset thresholds for a maximum rate of pension. The average value of assessable assets for part rate pensioners in 2008 was just under \$133 000, and the average income was \$9,988.

There were a number of changes to the financial support arrangements for older people introduced in the 2009–2010 Commonwealth Budget, in response to the 2009 Pension Review. The Review identified a number of key challenges facing the retirement income system in Australia. These included the situation of single pensioners living alone, particularly those dependent on the private rental market who face 'high costs and low outcomes', and the great difference in situation between older people who receive the part pension and those who receive the full rate pension (Harmer & FaHCSIA, 2009). The Review's key findings in relation to the pension rate, rent assistance, and workforce participation included:

- The basic rate of the Age Pension, Disability Support Pension and Carers Payment is largely adequate.
- The specific costs associated with health or disability can be best responded to by targeted services rather than increases in basic pension rates.
- The relativity of the rate of the Age Pension for single people living by themselves to that of couples is too low.

- It would be beneficial to restructure the eligibility thresholds for Rent Assistance to better target those paying higher rents and who have lower income and assets levels.
- The Pension Bonus Scheme—a voluntary scheme in which older people who remain in the workforce and delay receipt of the Age Pension are rewarded with a lump sum once they finished work—is an “inefficient” (Harmer & FaHCSIA, 2009 p xvii) means of promoting workforce participation.
- More effective mechanisms to support age pensioners to work if they choose to are required, i.e. a concessional treatment of low to medium earnings in the pension means test would better improve incentives for employment.
- The pension means test is currently comprised of an assets test and an income test. The report suggested “placing a greater reliance on the income test as the primary mechanism” (Harmer & FaHCSIA p134) of assessing the appropriate rate of pension, with the assets test operating as a supplementary mechanism to address situations where older people may have significant non-financial wealth or assets.

A key policy change introduced as a response to this review was a gradual increase in the age of eligibility for the Age Pension. Eligibility for the Pension in June 2008 was 63.5 years (increasing to 65 by 2014) for women, and 65 years for men, and the 2009 Budget measures include a decision to increase the qualifying age beginning in 2017 to reach age 67 by 2023 (FaHCSIA 2009).

Another important policy change implemented through the Government’s Secure and Sustainable Pension Reform package was the decision to increase the benchmark for the pension rate from 25.0 per cent to 27.7 per cent of the male total average weekly earnings (MTAWE), a measure that aims to lift the adequacy of the pension in relation to community standards. A cost of living index specific to pensioners which reflects increased costs to pensioner households was also introduced, the Pensioner and Beneficiary Living Cost Index (PBLCI). The base pension rate will be adjusted by whichever is the greater of the mainstream Consumer Price Index (CPI) or the new PBLCI.

The 2009-2010 Budget measures were as follows:

2009–2010	<i>get measures</i>
→	The maximum pension rate increased \$32.49 per week for singles and \$10.14 per week. Combined for couples.
→	The Pension Bonus Scheme was closed to new entrants from 20 September 2009.
→	A Pension Supplement was introduced to incorporate the GST pension supplement. Pharmaceutical Allowance, Utilities Allowance and Telephone Allowance.
→	A gradual increase in the qualifying age for the Age Pension was confirmed from 65 in 2017 to 67 by 2023.
→	The qualifying age for the Veterans’ Service Pension remained unchanged at 60.
→	There was tighter targeting of the Age Pension by changing the income test taper.

Source: AIHW, 2009; Productivity Commission, 2008.

The Australia’s Future Tax System Review, also known as the Henry Review, was completed in 2009 and the final report was released in May 2010. Among the documents that have been released to the public is the *Retirement Income Strategic Issues Paper* (Henry 2009). In this report the panel recommended that the three pillars of the retirement income system—the Age Pension, compulsory savings through Superannuation Guarantee and voluntary saving for retirement—should be

retained. It also recommended increasing the retirement age, thereby complementing the Pension Review. An initial increase of the retirement age to 67 years was suggested, with a review to be conducted by 2020 to consider the appropriateness of extending the increases further. The report presented similar concerns with the assets test as identified in the Pension Review, in that the test can result in unequal treatment of pensioners with similar levels of private means. To resolve these issues, the paper included a recommendation for a single means test which would remove the assets test, but extend the scope and range of assets assessed by the income test (Henry, 2009).

6.1.2 Housing policy

The high level of homeownership among older people and the policy emphasis on homeownership historically has been discussed in the literature review. As illustrated, homeownership among older people has been supported through a number of Commonwealth Government policy initiatives, such as the regulation of home lending interest rates, direct government lending, sales of public housing, the exemption of the family home from the age pension asset test, and first owner home grants (Jones et al., 2008a). The second large-scale government policy initiative in housing for older Australians has been public housing provision for low-income older people. Under the Commonwealth-State Housing Agreement (CSHA), older people were identified as a priority group for public rental housing through first the *States Grants (Dwellings for Aged Pensioners) Act 1969* then the Pensioner Housing Program, an older person specific program established in 1978. While older people are no longer formally identified as a priority group in public housing, in 2006 almost 30 per cent of public housing stock was occupied by older people (McNelis, 2007).

As discussed in the literature review, in the 1960s, 1970s and 1980s, under the *Aged Persons Homes Act* (APHA), the Commonwealth Government granted not-for-profit operators recurrent subsidies for providing residential nursing style accommodation to older people. This extended to the building and operation of over 30 000 independent living units within retirement villages during this period of time (McNelis, 2004). The APHA aimed to increase access to age-specific housing to older people who would otherwise be consumers of mainstream public housing.

The independent living units funded through the APHA now operate outside the social housing sector managed through the CSHA, as well as outside the regulated aged care sector (McNelis, 2007). It has been well documented that the current stock of independent living units is ageing and in need of maintenance and modifications, however, not-for-profit retirement villages 'have not been linked to any wider policy goals or systems' for many years and have continued to be largely neglected in terms of government intervention (Jones et al., 2008a).

Although the strategies of support for homeownership and the provision of public housing to older people have been the central features of government aged housing policy, other policy documents and initiatives have also addressed issues of older people's housing. The National Housing Strategy (NHS, 1992) focused attention on housing for lower-income Australians, particularly in the paper 'The Affordability of Australian Housing', in which the term 'housing stress' was first coined. Housing stress was defined by the National Housing Strategy as being experienced by households paying more than 30 per cent of their income on housing who are in the lowest 40 per cent of the income distribution range (NHS, 1992). This definition is now widely used as a standard for assessing housing affordability issues in Australia. Affordable housing, on the other hand, is defined as housing in which costs leave households with sufficient income to cover other basic needs, including food, clothing,

transport, education and medical care, meaning that no more than 25 to 30 per cent of household income should be spent on housing (NHS, 1992).

Established in 2001, the National Strategy for an Ageing Australia called for an integrated government policy approach to the ageing of Australia's population, emphasising the need for policies that address 'the sheer magnitude of the demographic change' to occur. In particular, greater attention was called for housing design that is suitable for older people:

Whether it be housing specifically for older people or housing which meets the changing needs of people as they age. The ability of the structure and design of housing to be adapted to support peoples' varying levels of independence will provide future cohorts of older people with more options to remain in their own homes and communities (Andrews, 2001, p. 27).

The National Strategy for an Ageing Australia asserted that access by all older Australians to safe, secure, affordable, accessible and suitable housing will be a priority as the population ages (Andrews, 2001). This aim was articulated through a number of points within the Strategy relating to housing. For example, Goal 2 of the Strategy stated that public, private and community infrastructure should be made available to support older Australians and their participation in society through the following housing-related objectives:

- Exploring options that enable older people to maintain their accommodation in accord with their needs, or enable them to move to accommodation which better suits their needs.
- Improving consumer and housing, design and building industry awareness of housing options for older people.
- Encouraging innovative housing designs (Andrews, 2001).

Policy for housing in an ageing Australia has yet to be addressed in an integrated manner across different areas of government (Howe, 2003). Outside the CSHA, several Commonwealth departments have an interest in housing provision for older people, including the Department of Family, Housing, Community Services and Indigenous Affairs, the Department of Health and Ageing, the Department of Human Services, and Treasury, and there are a number of unintegrated policy initiatives associated with housing provision, housing finance, and other health and social outcomes for older people. As Jones et al. have stated:

Responsibility for housing of older people is fragmented and policies of all levels of government and many agencies impact, directly and indirectly, on housing outcomes. This means that an integrated policy approach is hindered by institutional barriers. Housing provision for older people is a predominantly private sector activity, and there is a long history of public policy playing a residual, secondary role. (2007, p. 3)

The care environment in Australia is highly structured and regulated by government policy. However, as Anne Howe has observed, the majority of change and innovation in older people's housing has happened within the private housing market, outside the scope of current Commonwealth or state/territory policy intervention (2003). Having identified the increasing number of older people who require support and assistance with daily living as the population ages, the main Australian policy response has been the expansion of home and community care services. Less attention has been paid to forms of housing that make 'deliberate provision for care and support as part of the housing service' for older people (Jones et al., 2008a, p. 19).

6.1.3 Care policy

As discussed in the literature review, the main policy response in Australia to care for older people is the two-tiered system of residential aged care and community care services. The IG II estimated that, under current policy settings, Commonwealth Government expenditure on aged care would increase from 0.8 per cent of GDP in 2006-07 to around 2.0 per cent in 2046-47 (Treasury, 2007). Government expenditure on aged care services for 2007-8 was \$9.2 billion. The largest category in terms of expenditure was residential aged care with a total budget allocation of \$6.2 billion, or 67.2 per cent of the total aged care services budget, followed by community care services with \$3 billion. This was increased in the 2009-2010 Federal Budget to \$9.9 billion, with \$7.1 billion of this funding for residential aged care. This represents an increase of 9.9 per cent over the estimated level of expenditure for 2008-09 (ACSA, 2009).

Care services for older people have been a strong focus of Federal Government ageing policy since the 1950s. The passage of the *Aged Persons Homes Act* (APHA) in 1954 marked the beginning of the residential aged sector in Australia. In the 1960s, not-for-profit and private for-profit providers received recurrent subsidies for providing residential nursing style accommodation to older people and the size of the sector increased dramatically in this period. Small scale home-based care programs also entered the sector at this time as a secondary policy approach to aged care and the beginnings of the community care sector. In the mid-1980s, the Aged Care Reform Strategy was introduced as a new framework for aged care in which an integrated national system of home and community care services was developed, creating the two-pronged policy approach of today (Howe, 1997).

From the 1980s, home and community-based care rapidly expanded, with the number of community-based care places eclipsing residential care places. The *Home and Community Care Act* was introduced in 1984. It consolidated a plethora of care services already in existence and introduced a number of new services, such as community transport, respite care and home modifications. The largest program today in terms of client numbers under this Act is Home and Community Care (HACC) (AIHW, 2009). During the 2007-2008 financial year, HACC agencies provided services to approximately 638,200 people aged 65 and over, with older people comprising 77 per cent of total HACC users (AIHW, 2009). About 60 per cent of HACC services are by the Commonwealth Government and 40 per cent by state/territory governments. The Commonwealth Government provides broad policy direction for HACC while the states/territories are responsible for program implementation and management.

The number of residential aged care users is substantially smaller. On 30 June 2008, there were 175,472 residential aged care places in Australia. Most providers (61%) were part of the not-for-profit sector, for example, community or religious organisations; 28 per cent were private for-profit and 11 per cent were operated by state or local government organisations.

Aged care assessment teams (ACATs) within the Aged Care Assessment Program (ACAP), jointly funded by the Commonwealth and state/territory governments, determine eligibility for residential aged care. Potential aged care users—people aged 70 or over, Indigenous people aged 50 or over, and some younger people with disability—are assessed within five categories of care need: physical, psychological, medical, cultural and social (AIHW, 2009). Completed assessments make a recommendation to the client for either residential aged care or living in the community, with additional recommendations for care services and programs to be implemented in either situation.

Residential aged care was recommended in just under half of ACAT assessments completed in 2006-2007 (AIHW, 2009). However, there have been a number of care program initiatives introduced within the past two decades providing further opportunities for older people to continue living in the community. 'Community Aged Care Packages' (CACPs) were introduced in 1994 as an alternative to low level residential aged care for older people assessed as eligible and who would otherwise enter an institutional setting. At June 30 2008, CACP services were being provided to approximately 37 000 people, 95 per cent of whom were aged 65 or over (AIHW, 2009). In 1998, 'Extended Aged Care at Home' packages (EACH) were introduced, which provide a higher level of care than CACPs and are targeted towards older people who would otherwise be living in a high level residential care. At June 2008, about 4 000 clients were receiving EACH services, but this number has been growing rapidly since the program began (AIHW, 2009). EACH Dementia (EACH-D) provides the highest level of community based care for older people with complex and high support needs, and at June 2008, was providing care services to 1 615 clients. Recent developments in Aged Care policy are listed below.

Recent developments in Aged Care Policy

- *Aged Care Act 1997* amended in 2009-2010 Budget to reset the basic daily care fee from 85 per cent to 84 per cent of the single age pension base rate (this allows benefit of pension increase to flow to aged care residents).
- *Aged Care Act 1997* amended in 2009 to include homeless older people as a special needs group.
- Indigenous Aged Care Plan announced in 2008, which aims to raise the standards of Indigenous and remote aged care services.
- Aged Care Funding Instrument introduced in 2008 to replace the Resident Classification Scale (RCS) as a funding model for the Australian Government care subsidy. The RCS was based on eight categories representing levels of care need, where categories 1 to 4 indicate a high care status and categories 5 to 8 indicate a low care status. In the new instrument, scores are ascribed to assess residents' care needs within three categories: Activities of Daily Living, Behaviour Characteristics and Complex Health Care Needs. These scores are used to determine the level of care required (high, medium or low) and the amount of subsidy to be allocated.

Source: AIHW, 2009.

6.1.4 Linked housing and care policy

While older people who live in age-specific housing types are eligible for HACC, CACP, EACH and other community-based care programs, there are not many policy initiatives that explicitly combine or link housing and care services:

The provision of HACC, CACP and EACH has largely taken place without particular reference to the type of dwelling occupied by an older person, and tenure groups including older people who are owner-occupiers, public and private renters appear to be represented amongst users of HACC services in rough proportion to their distribution in the older population (Jones et al., 2008a, p. 28).

Whether or not this applies to age-specific housing and the models described in the literature review are difficult to discern. Residents of retirement villages, assisted living villages, and other models of age-specific housing are eligible to receive HACC services except when their contract with the housing provider includes these services

already. Statistics are not readily available on the numbers of older people living in age-specific housing who receive Commonwealth-funded care such as HACC, CACPs and EACH. The Productivity Commission has reported on numbers in 2002 of older people living in different living arrangements who receive care; however the categories used derive from ABS data and are very broad: 1) Private dwelling, 2) Accommodation for retired and aged, 3) Residential care, 4) Hospital, and 5) Other (Productivity Commission, 2008).

Assistance with Care for Housing for the Aged (ACHA) is a federally-funded program that began in 1993 for low-income older people with high support needs who are homeless or living in insecure housing tenures, such as private hotels and boarding houses. The program is managed by the Department of Health and Ageing of each state/territory, and funds a number of agencies that assist older people with finding suitable supported accommodation in public or community housing and links clients to other care services. These agencies provide services such as: assistance with establishing and maintaining a tenancy (including help with application forms, relocation, transport and finances); advocacy and referrals to other support services; and assistance with personal care, housework, home maintenance and health care (Judd et al., 2004).

Housing Linked Care Packages, a subset of CACPs, is a policy initiative linking community care with particular housing types. Housing Linked Care Packages have the same eligibility criteria as general care packages, but are designed for low-income older people living in designated rental developments such as congregate housing with high concentrations of aged people, such as boarding houses, or detached public housing spread across a particular suburb.

The Retirement Villages Care Pilot (RVCP) was introduced in the 2002-2004 Federal Budget as an initiative to link aged care and housing services. The RVCP provides CACP and EACH services to residents of retirement villages to facilitate ageing in place and to delay the need for residents to move into residential aged care. The main benefits recorded of the RVCP were in its efficient implementation of care programs: the existing integrated nature of the retirement villages allowed for easy administration of services, more regular care, and more personalised care (Hales et al., 2006).

There has been some degree of experimentation in linking HACC services with specific forms of housing on a Commonwealth level, but this has not been a major policy emphasis. Anne Howe suggests one reason for this lack of policy presence is that the CSHA is 'narrowly confined to the public and community housing sectors' (2003). According to Howe, the states have a stronger influence in housing provision for older people as direct providers of public housing and also key policy and legislative arenas such as consumer protection and urban planning, and regulation of retirement villages and other forms of supported accommodation for older people.

6.2 State/territory age-specific housing policy

There are a number of legislative and policy interventions on a state/territory level that impact on the operation of age-specific housing providers and impact on their suitability and affordability for low to moderate-income older people. Making assessments about the level of legislation in age-specific housing types is a complex undertaking, particularly in relation to low-income older people, because a balance needs to be achieved between ensuring that the rights of vulnerable older people are protected, and preventing providers from increasing prices as a result of regulation. As discussed in Chapter 5, the key factor on the supply side of age-specific housing provision is the costs of delivering accommodation of a given dwelling type, care type,

and quality to the market. Legislative regulation can increase these costs, which will in turn increase the fees and costs required of consumers of age-specific housing.

When considering the policy and legislation that impact upon age-specific housing, it is useful to divide these interventions into three categories: economic regulations, care environment regulations, and built environment regulations.

State and territory economic regulations include tax systems such as land tax, payroll regulations for employees, stamp duties, etc, administered by the applicable Offices of State Revenue or their equivalents in each state/territory. Age-specific housing providers must comply with those taxes and levies that are applicable to their accommodation type, and apply for exemptions when exemptions are applicable. For example, in NSW under the *Land Tax Management Act 1956*, residential aged care facilities and retirement villages are eligible for exemptions from land tax. In most cases, the owners of residential parks for mobile home communities must pay land tax, however, if the residential park is primarily used and occupied by retired people (and is therefore an age-specific mobile home community), then the park owner is eligible for an exemption from this payment.

State pensions and grants to older people also affect the accessibility of various housing options to those eligible. State and territory governments provide certain degrees of subsidisation to both providers and consumers of some age-specific housing options, as identified in the literature review. This subsidisation appears predominately in community housing types, where State Housing Authorities play a key role in the allocation of age-specific community housing places, the determination of eligibility requirements, and the provision of funding and additional linked care services.

As discussed in the Commonwealth section of the policy review, state and territory governments have key responsibilities for the administration, management and delegation of major care programs such as HACC and CACPs. There are additional regulations that apply to some providers of age-specific housing, such as fire and safety regulations, occupational health and safety regulations (OH&S), and the Health Act applicable within each state/territory jurisdiction.

There are also many state/territory built environment regulations that apply to age-specific housing providers. Urban planning requirements affect all new developments, and proposed retirement villages and other age-specific housing types need to be approved by local government. For example, the 'Seniors Living State Environmental Planning Policy (SEPP)' was brought into effect in NSW in March 2004. The aim of the Seniors Living SEPP is to increase the supply and diversity of residences that will:

- Meet the needs of seniors or people with a disability.
- Make efficient use of existing infrastructure and services.
- Be of good design.

The Seniors Living SEPP introduced new controls for development to land zoned as non-urban and urban edge. The development of non-urban land that is also bushfire prone land for retirement villages is severely restricted (Gadens, 2004).

The relationship between the Building Code of Australia and state/territory legislation is often complex. Age-specific housing providers must comply with these Acts and Regulations if the dwelling type of their housing is covered. All housing types classified as residential accommodation must have at least one working smoke alarm, for example, which applies to most of the community housing types examined in this project. The Building Code of Australia applies to relocatable homes, but not to

caravans, while a boarding house can be categorised as either a Class 1b dwelling or a Class 3 dwelling depending on its size and number of residents, with the former, which is much smaller, being governed by less stringent fire safety regulations.

Making assessments about the level of legislation and intervention in age-specific housing types is a complex undertaking, particularly in relation to low-income older people. A balance needs to be achieved between ensuring that the rights of vulnerable older people are protected, and preventing providers from increasing prices as a result of regulation. As discussed in Chapter 5, the key factor on the supply side of age-specific housing provision is the costs of delivering accommodation of a given dwelling type, care type, and quality to the market. Legislative regulation can increase these costs, which will in turn increase the fees and costs required of consumers of age-specific housing.

The following sections scope out the legislative environment of each of the age-specific housing options examined in this research project, focusing on those that deal explicitly with the housing types in question.

6.2.1 For-profit retirement villages

As discussed in the literature review, retirement villages owned and operated by private for-profit providers are the fastest growing sector of aged housing. However, this growth has occurred largely without intentional state support, in what Anne Howe has called an outstanding example of policy by default (2003). As Jones et al. have stated, 'while public policies have certainly impacted on the growth of retirement villages, there have been no explicit policies to promote their growth or shape their character' (2008a, p. 24). The retirement village legislation that does exist in each state and territory addresses issues of consumer protection for residents.

The Retirement Villages Acts from all states and territories require full disclosure in contracts as to what fees and services are involved in individual villages. Residents can rescind contracts if full disclosure by the village has not taken place, and the Acts prevent operators from limiting residents from contracting to external service providers such as HACC (DIPNR, 2004). There are also various consolidated regulations in each state/territory that complement the Retirement Villages Acts, providing additional 'minimum standards of practice' for issues such as:

- Entry arrangements for retirement villages.
- The operation of retirement villages.
- The management of retirement villages.
- The resolution of disputes.

There are different bodies in each state/territory that regulate the retirement village industry. For example, in NSW, the Office of Fair Trading undertakes a compliance program focused on village owners and operators and applies the investigation powers contained in the NSW *Retirement Villages Act*. The Consumer, Trader and Tenancy Tribunal deals with complaints from residents and can refer matters to the Office of Fair Trading. In Queensland, residents are able to take disputes to the Office of Fair Trading's designated Retirement Villages Tribunal. In Victoria, there is no designated body or tribunal for enforcing retirement village-related regulations, but the Victorian Retirement Villages Association and Consumer Affairs Victoria liaise to monitor retirement village providers and investigate complaints.

While these bodies and the state and territory legislation in place provide basic legal protection for residents, there is not extensive intervention in the actual operation of the retirement village industry. For example, in NSW there is no regulated minimum

service level required of the management of retirement villages by the *Retirement Villages Act* (DIPNR, 2004). As was discussed in the literature review, both the incoming bonds, weekly fees and deferred management fees (fees charged upon departure from the retirement village) charged of residents vary greatly, particularly between commercial retirement villages marketed to the luxury market and those marketed as ‘affordable’ alternatives, and these are not mediated to any great extent by economic regulations such as fees capping.

Table 10: For-profit retirement village state/territory legislation

<i>Jurisdiction</i>	<i>Key legislative instruments</i>
NSW	<i>Retirement Villages Act 1999</i> Retirement Villages Regulations
ACT	Retirement Villages Industry Code of Practice
NT	<i>Retirement Villages Act 1995</i> Retirement Villages Regulations
QLD	<i>Retirement Villages Act 1999</i> Retirement Villages Regulations
VIC	<i>Retirement Villages Act 1986</i> Retirement Villages Regulations 1 and 2
WA	<i>Retirement Villages Act 1992</i> Retirement Villages Regulations Fair Trading (Retirement Villages Code) 2009
SA	<i>Retirement Villages Act 1987</i> Retirement Villages Regulations
TAS	<i>Retirement Villages Act 2004</i> Retirement Villages Regulations

6.2.2 Not-for-profit retirement villages

The legislative instruments that apply to not-for-profit retirement villages are often the same as those that apply to commercial retirement villages. In an AHURI project into independent living units, McNelis stated that approximately 72 per cent of independent living unit providers manage some or all of their sites under a Retirement Village Act. About 25 per cent manage their sites primarily under a Residential Tenancies Act, while some providers operate ‘without reference to either Act’ (2004, p. 41).

Villages in the private sector usually operate under leasehold, strata or company title while those in the not-for-profit sector often use a loan-licence arrangement. Strata title gives the purchaser complete title/ownership over the dwelling. With some restrictions based on individual contracts between the owner of the retirement villages and the purchaser, the title deed entitles the purchaser to buy and sell the property as they wish. Strata fees are paid to the village’s management corporation. In a company title, the resident acquires shares in the retirement village corporation, as well as a lease.

As described in the literature review, in a loan and license arrangement, residents pay a fixed up-front interest free loan or ingoing contribution to the operator upon entry to the village, and then regular recurrent fees. The ‘loan’ is often not refundable and, in these cases, is called a donation. The license agreement grants the resident the right

to occupy the premises, but the resident does not own the dwelling. A leasehold title operates similarly to the Loan/License arrangement, although the lease is generally registered with state housing authorities and repayment of the initial deposit is dependent on the re-sale of the unit to a new tenant. Strata title and leasehold contracts are regulated through the Strata Schemes Management Acts and Land Titles offices in the various states/territories, whereas the level of regulation involved in a Loan/License arrangement will be determined by whether the particular retirement village is governed by a Retirement Village Act, a Residential Tenancies Act, or is operated without reference to either.

6.2.3 Community housing

In many ways, community housing is the age-specific housing type examined in this project most regulated by government, as many forms of community housing are the direct product of government policy initiatives. Governments can place caps on the prices charged thereby regulating the market, and regulate the number of allocated places available through funding. Most community housing types rely on some level of government subsidisation as well as funding through charities, church groups and not-for-profit organisations, so governmental decision-making in relation to how many and which providers receive funding also affects the availability of community housing types for low to moderate-income older people. As discussed in Chapter 5, not all consumers of age-specific housing pay market price for their accommodation, and this is particularly true of community housing types. Government provided subsidies can provide a safety net for some low-income older people who meet certain eligibility criteria and allow them to access age-specific community housing they would not be able to afford otherwise.

This being said, South Australia and Victoria are the only states with specific legislation for community housing that covers all of the types examined in this project. The South Australian *Cooperative and Community Housing Act 1991* provides regulations for the registration of providers, their in-house rules and procedures, and the fees and other costs to residents. The Victorian *Housing (Housing Agencies) Act* was passed in 2004. The purpose of this Act was to amend the existing *Housing Act* to provide a regulatory framework for not-for-profit housing agencies renting accommodation to low-income consumers. It covers housing cooperatives, housing associations, and older people-specific rental options, and provides guidelines for complaints procedures and dispute resolution, procedures for provider registration, and performance standards that providers must adhere to. Victoria also has a specific *Cooperatives Housing Societies Act* and Regulations, which prescribe the fees arrangements for cooperative housing providers, the procedures for official registration, and financial accountability measures.

In Queensland and the ACT, there is housing legislation in place that regulates certain aspects of community housing. The Queensland Housing Regulation was consolidated in 2003. It covers allocations for community housing and eligibility requirements, and requires accreditation from community housing providers with over 100 clients. Tenancy disputes and complaints from community housing residents are covered through the *Consumer, Trader and Tenancy Tribunal Act 2001* and the Consumer, Trader and Tenancy Tribunal Regulation 2002. In the Australian Capital Territory, the *Housing Assistance Act 2007* covers some aspects of community housing operation, including tenancy management and tenant rights, as well as governance and organisational management. Tenancy disputes can go to the ACT Residential Tenancies Tribunal.

In other states and territories, legislation is dispersed across various Acts and Regulations. Each state and territory (including SA, Vic, NSW and QLD) has an

Associations Incorporation Act and a *Cooperatives Act* and associated Regulations, which apply to community housing associations and housing cooperatives respectively.

Table 11: Community housing state/territory legislation

<i>Jurisdiction</i>	<i>Key legislative instruments</i>
NSW	<i>Housing Act 2001</i> Housing Regulations 2009 <i>Associations Incorporation Act 1984</i> Associations Incorporation Regulations 1999 <i>Cooperatives Act 1992</i> Cooperatives Regulations 2005 <i>Cooperative Housing and Starr-Bowkett Societies Act 1998</i> Cooperative Housing and Starr-Bowkett Societies Regulations 2005
ACT	<i>Housing Assistance Act 2007</i> <i>Associations Incorporation Act 1991</i> Associations Incorporation Regulations 1991 <i>Cooperatives Act 2002</i> Cooperatives Regulations 2003
NT	<i>Associations Act</i> Associations Regulations <i>Cooperatives Act</i> Cooperatives Regulations
QLD	Housing Regulation 2003 <i>Associations Incorporation Act 1981</i> Associations Incorporation Regulations 1999 <i>Cooperatives Act 1997</i> Cooperatives Regulations 1999
VIC	<i>Housing Act 1983</i> <i>Housing Assistance Act 2007</i> <i>Housing (Housing Agencies) Act 2004</i> <i>Cooperative Housing Societies Act 1958</i> Cooperatives Housing Societies Regulations 2005 <i>Associations Incorporation Act 1981</i> Associations Incorporation Regulations 2009
WA	<i>Associations Incorporation Act 1987</i> Associations Incorporation Regulations 1988 <i>Cooperatives Act 2009</i>
SA	<i>Cooperative and Community Housing Act 1991</i> Cooperative and Community Housing (Housing Associations) Regulations 1996 Cooperative and Community Housing

	(Associated Land Owners) Regulations 2002 Cooperative and Community Housing (General Regulations) 2007 Cooperative and Community Housing (Cooperatives—Investment Shares) Regulations 2007 Cooperative and Community Housing (Electoral Procedures Revocation Procedures) Regulations 2007
TAS	<i>Associations Incorporation Act 1964</i> Associations Incorporation Regulations 2007 <i>Cooperatives Act 1999</i> Cooperatives Regulations 2007

6.2.4 Mobile home communities

Queensland, the state with the highest number of residential parks, has the most comprehensive legislative coverage of mobile homes communities under the *Manufactured Homes (Residential Parks) Act 2003*. This Act covers site agreements, disclosure statements, termination of a lease, payment of park fees, and increases in park fees. It replaced the *Mobile Homes Act 1989*, which was repealed in 2003.

In NSW, the *Residential Parks Act* was passed in 1998, and it covers a number of important regulations for permanent residents of mobile home communities, such as standardised tenancy agreements, rules about the sale of homes on sites, dispute resolution mechanisms, and limits on water and electricity charges. Under this Act, park owners must have reasons for termination and compensation may be payable if residents are required to vacate (Wensing et al., 2003).

In most states/territories, the Residential Tenancies Act does not apply to mobile home communities. For example, the Australian Capital Territory *Residential Tenancies Act* is 'not applicable to certain premises', and specifically excludes manufactured homes and caravans. In Western Australia, security of tenure is covered by the *Residential Tenancy Act*, but only for permanent residents of mobile home communities. South Australia, Tasmania and the Northern Territory do not have specific government legislation that addresses mobile home communities, so security of tenure is left to individual negotiations between residential park owners and residents.

The exceptions to this rule are Victoria, Queensland and Western Australia, where mobile home communities are covered under the Residential Tenancies Acts. In addition to Victoria's *Residential Tenancies Act* there is specific legislation for caravans and re-locatable homes in the Victorian Residential Tenancies (Caravan Parks & Movable Dwellings) Regulations. These cover the rights and responsibilities of park owners and residents, and allow resident's access to the Victorian Civil and Administrative Tribunal. However, the Regulations only apply to residents who have resided in a park for 90 or more consecutive days, and up until this time notices to vacate can be issued without an explicit reason given.

Other states/territories have draft Bills that deal specifically with mobile home communities, but these have not been consolidated as Acts. In those states/territories without specific legislation addressing mobile home communities, the protection available to residents is only as extensive as the individual lease agreements between owners and resident (Wensing et al., 2003).

Table 12: Mobile home communities state/territory legislation

<i>Jurisdiction</i>	<i>Key legislative instruments</i>
NSW	<i>Residential Parks Act 1998</i> <i>Residential Tribunal Act 1998</i>
ACT	No specific legislation
NT	No specific legislation
QLD	<i>Manufactured Homes (Residential Parks) Act 2003</i> <i>Residential Tenancies Act 1994</i>
VIC	<i>Residential Tenancies Act 1997</i> Residential Tenancies (Caravan Parks & Movable Dwellings) Regulations 1999
WA	<i>Residential Parks (Long Stay Tenants) Act 2006</i> <i>Residential Tenancy Act</i> Western Australian Caravan Parks and Camping Grounds Regulations 1997
SA	<i>Residential Parks Act 2007</i> <i>Residential Tenancies Act</i>
TAS	No specific legislation

6.2.5 Age-specific boarding houses/rooming houses/private hotels

There is limited state/territory policy and legislative regulation of boarding houses for older people. Under Local Government Acts for each state/territory, boarding houses can undergo a registration process with local governments. However, while most local government authorities keep a register of boarding houses, registration is not mandatory. The exception exists in the Northern Territory, where boarding houses are governed under the Public Health (Shops, Boarding Houses, Hostels and Hotels) Regulations, which prescribes that the proprietors of boarding houses must register with local government authorities. These regulations also cover 'constructional provisions' or building guidelines, various health and cleanliness related guidelines, and maintenance guidelines. According to Shelter South Australia, 'as many residents are on very low incomes, may have a disability and have few other housing options, the unregulated nature of the boarding house sector can exacerbate exploitation, substandard living conditions and inadequate accommodation' (Shelter SA, 2004).

The level to which boarding houses are governed by key legislative instruments differs in each state/territory. In NSW, residents of boarding houses are not covered by the *Residential Tenancies Act 1987* in the manner that tenants in the private rental market are. The only clause that deals with boarders and lodgers states that 'reasonable notice' must be given to evict a resident, but no clarification or definition is given as to what constitutes reasonable notice. Davidson et al. (1997) state that, in practice, the Residential Tenancies Tribunal tends to base 'reasonable notice' on the period of tariff payment, for example, if the tariff is paid on a weekly basis, then one week would generally constitute reasonable notice. The primary difference between the rights of a rental tenant and those of a boarder or lodger is a legal distinction: a boarder does not have 'exclusive possession' of the room they reside in, the owner of the premises retains possession and control, while the boarder has the right only to enter and temporarily occupy the premises (Davidson et al., 1997). The only other in-depth

reference to boarding houses in NSW legislation is in the Environmental Planning Policy (Affordable Rental Housing) Regulations, which prescribe basic standards for boarding houses, including the provision of adequate bathroom facilities and common rooms, and a restriction on no more than two lodgers in any one room.

The Victorian *Residential Tenancies Act* governs boarding houses, which are known as rooming houses in Victoria. In South Australia, boarding houses are also covered by their *Residential Tenancies Act*, and those that provide personal care to two or more residents are also regulated under the *Supported Residential Facilities Act 1992*. In Queensland, the *Residential Tenancies and Rooming Act* was passed in 2008. This Act provides guidelines for boarding house proprietors and tenants in relation to dispute resolution, ending an accommodation agreement, procedures for payment of rent and bond, etc. However, boarders and lodgers have no legislative protection under the Residential Tenancies Acts in Western Australian, the Northern Territory, Tasmania, or the Australian Capital Territory. Even in those states/territories where boarding houses are covered by the relevant Residential Tenancies Acts, residents do not often seek redress under these legislative instruments, Shelter South Australia explaining that this is due to a fear of losing their accommodation if they do take action, and a lack of awareness and/or understanding about the rights that they do have (Shelter SA, 2004).

Table 13: Boarding houses state/territory legislation

<i>Jurisdiction</i>	<i>Key legislative instruments</i>
NSW	Environmental Planning Policy (Affordable Rental Housing) 2009
ACT	No specific legislation
NT	Public Health (Shops, Boarding Houses, Hostels and Hotels) Regulations
QLD	<i>Residential Tenancies and Rooming Accommodation Act 2008</i> <i>Queensland Residential Services (Accreditation) Act 2002</i>
VIC	<i>Residential Tenancies Act 1997</i> <i>Landlord and Tenant Act 1958</i>
WA	No specific legislation
SA	<i>Residential Tenancies Act 1995</i> <i>Residential Tenancies (Rooming Houses) Act 1999</i>
TAS	No specific legislation

6.2.6 Assisted living villages

Assisted living villages are not regulated by government policy or legislation to nearly the same extent as either community housing providers or retirement village operators. Companies such as Village Life, Sunny Cove and Oxford Crest are private enterprises, and while they target low-income earners through a financial model that involves pensioners paying a proportion of their Age Pension and Rent Assistance Allowance for accommodation, they do not operate with government subsidisation. Many offer short-term leases in a similar manner to the private rental market, and are not governed by State/Territory retirement village legislation or the *Commonwealth Aged Care Act*. As 'seniors' accommodation' rather than retirement villages, they

operate under Residential Tenancy Agreements, which allow residents to be evicted with 60 days notice. It is also unclear whether and to what extent the Residential Tenancies Acts apply to these rental accommodation types. As a very small subsection of the market, assisted living villages are largely under the radar of major forms of state/territory legislation and policy.

There have, however, been some occasions where large-scale governmental intervention has occurred. In 2007, the NSW Office of Fair Trading established a Seniors Housing Task Force when the residents of a number of regional NSW Village Life assisted living villages were facing eviction because of the company's financial position. The SCV Group Limited—also the owners of the Sunny Cove brand of assisted living villages—took over the villages, and residents were not evicted, but no changes to legislation appear to have occurred as a result of this episode. Further investigation into the legislation covering assisted living villages will be undertaken through the survey questionnaire distributed to age-specific housing providers and reported on in the Final Report.

6.3 Conclusion

The purpose of this chapter was to conduct a policy review to provide the background for the investigations to occur in the next stages of research and to begin answering the following key research questions:

- B3. To what extent do the current legislative and policy frameworks hinder or support the range of age-specific housing options currently available?
- C1. Should policies and regulations be modified to create more suitable age-specific housing options and, if so, what changes should be made?

The key findings were that the complexity of the state/territory legislative framework for age-specific housing makes it difficult for both age-specific housing providers and residents to negotiate, and the delegation of policy responsibility across various state/territory and Commonwealth departments, agencies and programs is also complex, fragmented and irregular. There has been very limited policy response to the private sector of the age-specific housing market, with regulatory controls to its operation introduced in an ad hoc, rather than a planned, manner. Limited policy initiatives that combine housing and care services in a comprehensive manner for low to moderate-income older people have been put in place, and there is definite scope for more innovation and service provision in this area.

This policy review will be built upon through the surveys of older residents and housing providers, and the interviews and policy forums conducted with key policy-makers on a national and state/territory level, and reported on in the Final Report.

7 AGE-SPECIFIC HOUSING AND CARE POLICY IMPLICATIONS

The literature, policy and demographic reviews presented in this report raise important issues for policy-makers, older people and the wider community. Helping older people to obtain affordable and beneficial housing solutions requires a consideration of how housing fits in with care networks, and with health and wellbeing outcomes. Lower-income, non-home-owners may be a minority group among older Australians, but they are a minority that is projected to grow substantially in the future. Australia is facing an expanding demand for affordable, age-specific housing over the next two decades, which will stretch the capacity of public, community and market sector providers well beyond their current supply capabilities.

Low to moderate-income older people continue to be a relatively disadvantaged group in terms of housing and care affordability, security and quality. The evidence is that the ageing of the population will substantially heighten the policy challenge of achieving positive housing outcomes for this group of older Australians. The policy problem that this project deals explicitly with is: How can an adequate supply of affordable age-specific housing appropriate to the diverse requirements of this population group be achieved?

Older people without savings and/or superannuation earnings have minimal capacity to cover any increase in housing and living costs and thus suffer compound disadvantage when their care needs increase. Increasing care needs generate additional costs, meaning that while low-income older people are likely to want to remain living in their own home without support, the sole option available to them is aged care housing. As a direct result of population ageing, more carers (both formal and informal) will be necessary; and that in turn will require additional funding to ensure that the needs and requirements of both older people and carers are supported.

7.1 Future supply of affordable age-specific housing

The literature has indicated that there is a need for a more comprehensive safety net of affordable housing options for low to moderate-income earners. This is from the perspective of both older people themselves who desire to age in place, and from the perspective of policy-makers, for whom the other alternative—providing more residential aged care places—has been shown to be a less economically practical solution.

New community and public housing stock could potentially make inroads into increasing the proportion of affordable housing stock with the capacity to accommodate a wider range of people with little or no requirement for modifications, or that could be readily adapted to substitute for some care requirements. For example, a no-step home with a hob-free shower may enable an older person to remain independent longer. The main issue is how far inclusive housing can be made part of the mainstream housing stock, which is limited by two factors. First, a shift in policy towards more universally designed and flexible housing for older people may well benefit the more affluent, who have the capacity to pay a premium for this. Second, there is no incentive for accommodation providers and landlords in the private rental market to provide more universally designed or inclusive accommodation, nor are their incentives for them to modify existing housing stock. This is important, as the majority of affordable rental accommodation was built some time ago and is unlikely to incorporate design elements to facilitate 'ageing in place'.

Greater policy attention could also be paid to the potential of the market sector in terms of both investment and direct provision. Planned market sector investment in and/or provision of affordable rental housing for older people may constitute an important, complementary source of supply to the social housing system. Engagement between public sector authorities and market sector investors and providers is still limited in scale, and there remains no over-arching policy framework to bring the market sector into an integrated strategy to ensure adequate levels of low-cost age-specific housing supply.

7.2 Implications of greater levels of ‘at home’ care

Providing care in the community is a critical component of containing aged care costs. This is because more autonomy and control remains with the older person as a result of preserving established environments, friendships and connections. However, those on low to moderate incomes in rental accommodation suffer compound disadvantage as they often have no secure home base into which to sustain care and have more constrained options regarding relocation (affordability) and modification. As non-homeowners low-income older people need to have their landlords permission for any accessibility-related home modifications they require, and often must also pay to remove any modifications on their departure.

7.3 Future supply of informal and formal care

Over the past two decades, the provision of community care for older Australians and for people with a disability has grown enormously, fuelled by both the cost effectiveness of this form of care and also by the dominant preference of people to remain living in their community wherever possible. This community care system relies on a very significant contribution of care by informal carers, largely family and friends. Drawing on the Intergenerational Report of 2010, the ageing population is the main driver behind the increase in the number of older persons needing care and the smaller increase in the number of people likely to be their carers. The growing shortfall of carers likely to result from this will have economic ramifications and will be critical drivers for housing, health and care demand.

7.4 Housing and care coordination and innovation

The national and international literature and policy review highlighted the need for a multi-faceted approach to housing and care assessment and measurement. Currently, the planning, policy development, allocation of resources, quality management and accountability for the housing and care options available to low to moderate-income older people are undertaken by all levels of government. The responsibilities and accountabilities vary, but often overlap or conflict. The impact on the aged and community care services system of state and a federal government having overlapping roles also creates confusion and increases complexity. As previously identified, age-specific housing sits in an ambiguous space between home and community-based care and residential care, and often also between the public and private sectors, meaning governmental responsibility and intervention in this housing market has additional layers of complexity.

The lack of any clear typology for age-specific housing models and care models also means that this sector is increasingly hard to describe in any clear or accurate manner. As Jones et al. (2008) have stated, ‘Within Australia the lack of clear and agreed terminology to describe and analyse the main models of integrated housing, support and care is a major impediment to policy and service development’ (p77). Available literature on housing choices for older people is clearly still developing (ACSA, 2004).

The blurring of boundaries and lack of coordination between residential and community care, despite their substitutability, is also clearly evident. As Houben (2001) states, co-ordination across housing and care systems depends “on the state of development of the sectors in a [particular] country” (p. 651). For instance, the Commonwealth currently holds responsibility for high and low care accommodation and restricts access via Aged Care Assessment Teams (ACATs). The resultant lack of flexibility in both accommodation and care choice is sharpest for those on the lowest incomes. However, those on the lowest incomes also have more limited location choices and it is regional local governments who are responsible for approving the housing and urban design that constrains what and where age-specific accommodation is constructed. Location determines proximity to both formal and informal care, with people living in regional and rural areas having less access to essential services, and thus location also plays a key role in the economics of care.

Coordination is particularly critical as greater diversification and innovation in accommodation and care models available, combined with a transfer of choice and responsibilities to the older individual and their families, results in difficulty for these individuals to make informed comparisons. This is despite the fact that many of the age-specific accommodation options described in this report are in fact government subsidised at least to some degree, albeit at a distance via funding provided to the non-government community and charitable sectors.

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APPENDICES

Appendix 1: Survey questionnaire for providers

Accommodating low income older Australian renters

Thank you for your interest in assisting the research project 'Age-specific housing for low to moderate income older people'. The purpose of the research is to provide a comprehensive appraisal of housing options available in Australia to older people with low to moderate incomes. The project team is comprised of researchers from the University of New South Wales, the University of Western Sydney, and Murdoch University, and is funded by the Australian Housing and Urban Research Institute (AHURI).

The experience and views of providers of age-specific housing would be of significant benefit to the research project and final report. In this survey we will be asking questions about the dwelling and care services you provide to older people and the financial arrangements associated with your housing type. All the information you provide is confidential and we will not pass your name or address on to any other organisation or individual. The results of the survey may be published in a report, but individuals will not be identified.

Developing more appropriate housing policy will become even more significant as our population ages. The information that you provide in this survey will inform the development of government policy to ensure that the needs of an ageing population can be met appropriately.

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Informed consent

1. The information above provides some background to this project and outlines how the answers you provide will be used, as well as how your confidentiality will be assured. Continuing with the survey indicates that, having read and understood the information you are giving your informed consent to participate.

☐ Yes, I would like to continue with the survey

About your organisation

2. Which of the following best describes your accommodation facility?

Independent accommodation facility	Part of a larger network or system of facilities	Other	If other, please explain
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	

3. Is eligibility to this accommodation based on faith, income, gender or other criteria?

Yes	No	If yes, please specify which
<input type="radio"/>	<input type="radio"/>	

4. In which State(s) or Territory(ies) is your accommodation facility located?

☐ New South Wales

☐ Australian Capital Territory

☐ Queensland

☐ South Australia

☐ Northern Territory

☐ Western Australia

☐ Victoria

☐ Tasmania

5. In what suburb is your accommodation facility located?

Accommodation availability

6. What is the total number of accommodation units provided at your facility?

Number

Total

0

7. How many of the accommodation units you provide are rental-based?

Number

Total

0

8. Do you provide rental accommodation for people with lower incomes?

☒ Yes



No

9. How many low-income households do you rent to?

Singles

Couples

Total

0

10. How many low-income tenants do you have in the following age groups?

Under 60 years	<input type="text"/>	
60 to 74 years	<input type="text"/>	
75 to 84 years	<input type="text"/>	
85 plus years	<input type="text"/>	
Total	0	

11. What accommodation types are available and in what numbers?

Mobile/manufactured home	<input type="text"/>	
Community rental unit/home	<input type="text"/>	
Retirement village	<input type="text"/>	
Assisted living village	<input type="text"/>	
Congregate housing unit/home	<input type="text"/>	
Independent living unit	<input type="text"/>	
Co-operative housing	<input type="text"/>	
Housing Association	<input type="text"/>	
Hostel bed	<input type="text"/>	
Boarding house/Rooming house	<input type="text"/>	
Total	0	

12. What room type(s) are available and in what numbers?

Shared room	<input type="text"/>	
Single room with shared bathroom	<input type="text"/>	
Single room with ensuite	<input type="text"/>	
Bedsit with kitchenette	<input type="text"/>	
Single bedroom unit/home	<input type="text"/>	
Two bedroom unit/home	<input type="text"/>	
Three plus bedroom unit/home	<input type="text"/>	
Total	0	

13. What is the average dwelling size in the accommodation you provide?

- ☐ Small single room (approx. 3 square metres or 3.5 square yards)
- ☐ Single room (approx. 10 square metres or 12 square yards)
- ☐ Studio apartment (approx. 30 square metres or 35 square yards)
- ☐ Single bedroom unit or apartment (approx. 50 square metres or 60 square yards)
- ☐ 2 bedroom unit or apartment (approx. 80 square metres or 95 square yards)
- ☐ Small family home (approx. 100 square metres or 120 square yards)
- ☐ Standard family home (approx. 150 square metres or 180 square yards)
- ☐ Large 3 plus bedroom home (approx. 200 square metres or 240 square yards)
- ☐ If other, please specify

14. What decade was the dwelling constructed in?

- ☐ 1940's
- ☐ 1950's
- ☐ 1960's
- ☐ 1970's
- ☐ 1980's
- ☐ 1990's
- ☐ 2000's
- ☐ 2010's
- ☐ Other

15. Do unrelated (non-family members) older people share a bedroom (i.e. twin beds, bunk beds)?

No

Yes



16. Do unrelated older people share living facilities (i.e. dining room, kitchen, laundry etc.)?

No

Yes



Accommodation Quality

17. Below is a list of design features that may apply to the accommodation you provide. Please indicate to what extent your housing incorporate these design elements.

	Applies to most units/dwellings	Applies to some units/dwellings	Applies to no units/dwellings
Private car-parking space	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Private balcony/garden	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ocean/garden view	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Air conditioning (i.e. heating and/or cooling)	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Home security system	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Laundry facilities	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cooking facilities	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>

18. Below is a list of accessible design features that may apply to the accommodation you provide. Please indicate to what extent your housing incorporate these design elements.

	Applies to most units/dwellings	Applies to some units/dwellings	Applies to no units/dwellings
Ramped or level entry	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Wider doors	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Level throughout	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Hob/step free shower	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Track hoist system	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Emergency Call facility	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Handrails/grabrails	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Carer accommodation	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>

19. Below is a list of amenities and services that may be available onsite. Please indicate to what extent these are available.

	Applies to most units/dwellings	Applies to some units/dwellings	Applies to no units/dwellings
Communal garden	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Community meeting room	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Gym	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Swimming pool	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Communal laundry	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Communal cooking facilities (i.e. BBQ area)	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Library	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Hairdresser/beauty parlour	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
General shop	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ambulance/ bus drop off zone	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>

Care availability

20. What care services are provided or organised by your organisation? Please select any that apply.

- ☐ All care is provided by family or privately purchased
- ☐ Personal care
- ☐ Home care and housekeeping
- ☐ Meals
- ☐ Laundry
- ☐ Transport
- ☐ Dwelling maintenance (i.e. replace lights, tap washers, etc.)
- ☐ Dwelling modification (i.e. structural changes to make dwelling more accessible)
- ☐ Respite and day care
- ☐ Allied health (i.e. physiotherapy or podiatry)
- ☐ Health care (i.e. skilled nursing or medical visits)
- ☐ Other (please specify)

21. If the care required by residents of your housing exceeds the care available onsite, what strategy is in place for getting the residents' care needs met?

22. Who pays for any modifications to the dwellings to accommodate residents' frailty and/or disability?

23. What number of units have been modified?

By you	<input type="text"/>
By others	<input type="text"/>
Total	0

Financial arrangements

24. Is there a bond or other fixed entry fee to enter your housing? Please specify the type of fee and how much it is.

A large, empty rectangular text box with a light beige background and a thin black border. It has a vertical scrollbar on the right side and a horizontal scrollbar at the bottom.

25. Is there an exit fee? If so, please specify how much it is.

A large, empty rectangular text box with a light beige background and a thin black border. It has a vertical scrollbar on the right side and a horizontal scrollbar at the bottom.

26. What is the average weekly rental for your accommodation?

☐ Under \$100

☐ \$100-\$199

☐ \$200-\$299

☐ \$300-399

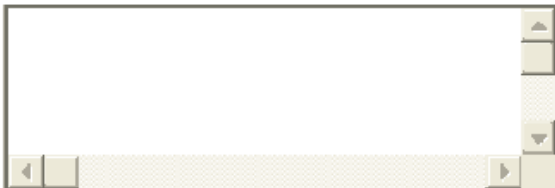
☐ \$400-499

☐ \$500 plus

☐ Other

A small, empty rectangular text input field with a light beige background and a thin black border.

27. Does the rental fee charged for your housing include an administration or management component? If so, please explain what type of fee this is and what is provided.

A large, empty rectangular text box with a light beige background and a thin black border. It has a vertical scrollbar on the right side and a horizontal scrollbar at the bottom.

About you

28. How old are you?

☐ 18-40

☐ 41-65

☐ 66-75

☐ 76 plus

29. What is your gender?

☐ Male

☐ Female

30. What is your position?

☐ Administrator

☐ Accommodation manager

☐ Care manager

☐ If other, please specify

31. What is your highest level of educational attainment?

☐ School leaving certificate or equivalent

☐ High school diploma or equivalent

☐ Undergraduate degree or equivalent

☐ Postgraduate degree or equivalent

☐ Other

32. Would you be willing for us to contact you for a short interview?

☐ Yes

☐ No

33. Would you like a copy of the final report?

☐ Yes

☐ No

34. Please provide your contact details (Confidential - only to be used if you have indicated you are willing to be interviewed and/or would like a copy of the final report):

Name

Postal address

Phone (including area code)

Email

Appendix 2: Survey questionnaire for older residents



My experience of being in seniors housing

Section 1 — About your housing situation

1. What State/Territory do you live in?

2. What suburb/town?

3. Do you live in a capital city?

Yes

☐

No

☐

4. If you do not live in a capital city, what is the closest capital city to where you live? How far away is it by road?

5. What is your living situation?

Live alone

☐

Live with
partner

☐

Live with
relative(s) or
friend(s)

☐

Other
(please
specify)

☐

6. Is it important to you to live with people of similar religion, gender or other characteristics?

Yes

☐

No

☐

If yes, please indicate which

Section 2 – Accommodation availability

7. How difficult was it to find the accommodation you are now in?

Very easy	Easy	Neither	Difficult	Very difficult
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

8. If difficult or very difficult, please explain why:

9. What accommodation type best describes your home?

- | | |
|---|---|
| <input type="checkbox"/> Mobile/manufactured home | <input type="checkbox"/> Retirement village |
| <input type="checkbox"/> Independent living unit | <input type="checkbox"/> Assisted living village |
| <input type="checkbox"/> Community rental unit/home | <input type="checkbox"/> Congregate housing unit/home |
| <input type="checkbox"/> Boarding house/Rooming house | <input type="checkbox"/> Hostel bed |
| <input type="checkbox"/> Cooperative housing | <input type="checkbox"/> Other (please specify) |
| <input type="checkbox"/> Housing Association | |

10. What room type(s) best describe your home?

- | | |
|---|---|
| <input type="checkbox"/> Shared room | <input type="checkbox"/> Single bedroom unit/home |
| <input type="checkbox"/> Bedsit with kitchenette | <input type="checkbox"/> Two bedroom unit/home |
| <input type="checkbox"/> Single room with ensuite | <input type="checkbox"/> Three plus bedroom unit/home |
| <input type="checkbox"/> Single room with shared bathroom | <input type="checkbox"/> Other (please specify) |

11. If you share a room, how do you feel about sharing with someone unrelated to you?

Happy	Neutral	Unhappy	Not sure	Not applicable
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

12. If you share living facilities (i.e. dining room, kitchen, laundry etc.) with people unrelated to you, how do you feel about this?

Happy	Neutral	Unhappy	Not sure	Not applicable
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

13. What is the approximate size of your personal space?

- | | |
|---|--|
| <input type="checkbox"/> Small single room (3 square metres/3.5 square yards) | <input type="checkbox"/> Single room (10 square metres/12 square yards) |
| <input type="checkbox"/> Studio apartment (30 square metres/35 square yards) | <input type="checkbox"/> Single bedroom unit or apartment (50 square metres/60 square yards) |
| <input type="checkbox"/> 2 bedroom unit or apartment (80 square metres/95 square yards) | <input type="checkbox"/> Small family home (100 square metres/120 square yards) |
| <input type="checkbox"/> Standard family home (150 square metres/180 square yards) | <input type="checkbox"/> Large 3+ bedroom home (200 square metres/240 square yards) |

14. Please tick the following defects if they apply to your home:

- | | |
|---|--|
| <input type="checkbox"/> Mould/mildew | <input type="checkbox"/> Wall surfaces damaged |
| <input type="checkbox"/> Leaking taps | <input type="checkbox"/> Ceiling damaged |
| <input type="checkbox"/> Heating/cooling not provided | <input type="checkbox"/> Doors broken |
| <input type="checkbox"/> Noisy | <input type="checkbox"/> Windows broken |
| <input type="checkbox"/> Insulation poor | <input type="checkbox"/> Faulty wiring/electricity |
| <input type="checkbox"/> Floor and/ or carpet surface damaged | <input type="checkbox"/> Other (please specify) |
- _____
- _____

15. Has your home been modified to make it easier for you to get around or do things?

No	Yes	If yes, please specify
<input type="checkbox"/>	<input type="checkbox"/>	_____

Section 3 – Accommodation quality

16. Which, if any, of these design features influenced your housing choice?

- | | |
|---|---|
| <input type="checkbox"/> Private car-parking space | <input type="checkbox"/> Home Security system |
| <input type="checkbox"/> Private balcony/garden | <input type="checkbox"/> Laundry facilities |
| <input type="checkbox"/> Ocean/Garden View | <input type="checkbox"/> Cooking facilities |
| <input type="checkbox"/> Air conditioning (i.e. Heating and/or cooling) | <input type="checkbox"/> Other (please specify) |
| | _____ |
| | _____ |

17. Which, if any, of these services are within 500 metres (550 yards) of your home?

- | | |
|---|--|
| <input type="checkbox"/> Communal garden/park | <input type="checkbox"/> Library |
| <input type="checkbox"/> Community meeting room | <input type="checkbox"/> Hairdresser/beauty parlour |
| <input type="checkbox"/> Gym | <input type="checkbox"/> General shop |
| <input type="checkbox"/> Swimming pool | <input type="checkbox"/> Ambulance/ bus drop off zone |
| <input type="checkbox"/> Communal laundry | <input type="checkbox"/> Communal cooking facilities (i.e. BBQ area) |

18. When selecting your current accommodation how important were each of the following features?

	Very important	Fairly important	Neutral	Unimportant	Very unimportant
Ramped or level entry	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wider doors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hob/step free shower	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Track hoist system	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emergency Call facility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Handrails/grabrails	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Carer accommodation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Section 4 – Care Availability

19. Which of these care services do you need or want?

- | | |
|---|---|
| <input type="checkbox"/> None | <input type="checkbox"/> Transport |
| <input type="checkbox"/> Personal care | <input type="checkbox"/> Dwelling maintenance (i.e. replace lights) |
| <input type="checkbox"/> Home care and housekeeping | <input type="checkbox"/> Dwelling modification (i.e. structural changes) |
| <input type="checkbox"/> Meals | <input type="checkbox"/> Allied health (i.e. physiotherapy or podiatry) |
| <input type="checkbox"/> Laundry | <input type="checkbox"/> Health care (i.e. skilled nursing or medical visits) |
| <input type="checkbox"/> Respite and day care | <input type="checkbox"/> Other (please specify) |

Section 5 – Financial arrangements

20. Were you required to pay a bond or other fixed entry fee?

No

☐

Yes

☐

If yes, please specify the type and cost

21. If you leave your home would an exit fee be payable?

No

☐

Yes

☐

If yes, please specify type and cost

22. Does your rental fee include an administration component?

No

☐

Yes

☐

If yes, please specify

23. What is your weekly rental?

- | | |
|---|---|
| <input type="checkbox"/> Under \$100 | <input type="checkbox"/> \$300-399 |
| <input type="checkbox"/> \$100-\$199 | <input type="checkbox"/> \$400-499 |
| <input type="checkbox"/> \$200-\$299 | <input type="checkbox"/> \$500 plus |
| <input type="checkbox"/> Not applicable | <input type="checkbox"/> Other (please specify) |
- _____

Section 8 – About you**24. If more than one person, what age-band best describes the youngest person in your household?**

- | | |
|---|---|
| <input type="checkbox"/> Not applicable | <input type="checkbox"/> 75-84 years |
| <input type="checkbox"/> 60-74 years | <input type="checkbox"/> 85 plus years |
| <input type="checkbox"/> Under 60 years | <input type="checkbox"/> Other (please specify) |
- _____
- _____

25. If more than one person, what is the age-band of the oldest person in your household?

- | | |
|---|---|
| <input type="checkbox"/> Not applicable | <input type="checkbox"/> 75-84 years |
| <input type="checkbox"/> 60-74 years | <input type="checkbox"/> 85 plus years |
| <input type="checkbox"/> Under 60 years | <input type="checkbox"/> Other (please specify) |
- _____
- _____

26. What is your gender?

Male

☐

Female

☐**27. What is your main source of income?**

- | | |
|---|--|
| <input type="checkbox"/> Self funded superannuation/savings alone | <input type="checkbox"/> Aged pension and part-time or casual employment |
| <input type="checkbox"/> Aged or other pension and superannuation/savings | <input type="checkbox"/> Aged Pension alone |
| <input type="checkbox"/> Other (please specify) | |
- _____
- _____

28. What is your highest level of education attained?

- | | |
|---|---|
| <input type="checkbox"/> Less than school leaving certificate or equivalent | <input type="checkbox"/> Undergraduate degree or equivalent |
| <input type="checkbox"/> School leaving certificate or equivalent | <input type="checkbox"/> Postgraduate degree or equivalent |
| <input type="checkbox"/> High school diploma/ matriculation or equivalent | <input type="checkbox"/> Other (please specify) |
| | _____ |
| | _____ |

29. We will be conducting interviews in New South Wales, Western Australia and Victoria. Would you be willing for us to contact you for a short interview? We would come to you, and it would take up about an hour of your time

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>

30. Would you like a summary of the final report?

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>

31. Your contact details (confidential, only to be used if you have indicated you are willing to be interviewed or would like a copy of the report when published)

Name:

Address:

Phone:

Email (if you have one):

Thank you for your participation in this survey.

Your assistance is much appreciated and will help to inform future housing and care policy for older Australians

Appendix 3: Interview schedules

Interview schedule for older residents of age-specific housing

Good morning/afternoon, my name is [insert name of interviewer] and I am speaking to you on behalf of the University of New South Wales. We are conducting interviews of residents of retirement accommodation. The aim of these interviews is to help us understand what accommodation and care options are available to older people, and what is important to older people in terms of their housing. I will ask some questions about the housing you live in, the financial models associated with it, and the care that you receive. If you agree to participate, the semi-structured interview will take between 30 to 60 minutes of your time.

The project team is made up of researchers from the University of New South Wales, the University of Western Sydney, and Murdoch University (WA) and is funded by the Australian Housing and Urban Research Institute (AHURI).

Your privacy is very important to us, and any information you provide is confidential and we will never give your name or address to any other organisation. Information about the replies you give me may be published in a report, but you as an individual, your name or address will not be identified. You may end this interview at any time and your involvement is entirely voluntary.

Are you willing to take part in this study? [If no, finish recording].

[If yes]

SCREENING QUESTIONS

To begin with, I just need to ask you a few questions about yourself

S1 Your age:

S2 Your housing type:

S3 Your main source of income (pension, super, savings, etc):

RESIDENT INTERVIEW QUESTIONS

1. Can you tell me how you came to be living here?

Prompts: How long have you been living in this accommodation? Was it difficult to find? Where were you living before?

2. Please tell me about your current accommodation.

Prompts: What do you like about it? What don't you like about it? Do you have enough personal space? What is the neighbourhood like? Is there public transport? Has the dwelling been maintained/modified? What kind of interaction do you have with staff and other residents?

3. Could you tell me about the care provided in this accommodation?

Prompts: What services do you receive? Are these adequate for your needs? How much do they cost?)

4. How much does it cost to live in your housing?

Prompts: Incoming fee/bond, weekly charges, outgoing/exit fee, service charges

5. After paying for the costs of your accommodation, do you have enough left over to live adequately?

Prompts: Is there anything that you need or want that you cannot afford?

6. What are your plans for housing in the future?

Prompts: How long do you plan to live here? Do you plan to move?

Interview schedule for housing providers

Good morning/afternoon, my name is [insert name of interviewer] and I am speaking to you on behalf of the University of New South Wales. We are conducting interviews of housing providers on retirement living. This study is investigating the current state of the age-specific housing market in Australia, its popularity and potential growth amongst low to moderate-income older persons. Older adults are functionally, economically, and nutritionally at greater risk and while preferring to age in place, greater frailty can force relocation in order to receive needed care. Thus the demand for care-enriched housing by older adults is significant and increasing.

The project team is made up of researchers from the University of New South Wales, the University of Western Sydney, and Murdoch University (WA) and is funded by the Australian Housing and Urban Research Institute (AHURI).

If you agree to participate, the semi-structured interview will take between 30 to 60 minutes of your time. Your privacy is very important to us, and we must meet strict ethical requirements in safeguarding any information you provide us. The researchers who look at your responses will not have access to any of your identifying details. You may end this interview at any time and your involvement is entirely voluntary.

Are you willing to take part in this research? [If no, finish recording].

[If yes]

PROVIDER INTERVIEW QUESTIONS

1. How do older people usually come to use your accommodation service?

Prompts: What application procedures are involved? Do any eligibility requirements apply? What housing conditions do they come from before entry to your accommodation?

2. What kind of housing do you provide?

Prompts: What type of dwelling? Are there common areas? What kind of environment and neighbourhood is provided?

3. What care services do you provide?

Prompts: What level of care – assistance with everyday activities, personal care, nursing care? General home maintenance? Home modification? How much do these care services cost? What or who are the main sources of care for residents?

4. What are the financial goals of your housing organisation?

Prompts: For profit or not for profit? Role of Board of Directors, management, etc?

5. What impact does government policy and regulation have on the operation and management of your housing?

Prompts: Do you benefit from any government funding, tax exemptions, other forms of policy support? Does legislation such as the Retirement Villages Act, urban planning acts help or hinder the management of your housing?)

6. What are your plans for your housing in the future?

Prompts: Do you intend to expand your service? Upgrade dwellings? Diversify housing or care types?

Interview schedule for policy stakeholders

Good morning/afternoon, my name is [insert name of interviewer] and I am calling on behalf of the University of New South Wales. We are conducting interviews amongst housing providers on retirement living. The Australian Housing and Urban Research Institute fund this research in collaboration with the Universities of New South Wales, Western Sydney and Murdoch. This study is investigating the current state of the age-specific housing market in Australia, its popularity and potential growth amongst low to moderate-income older persons. Older adults are functionally, economically, and nutritionally at greater risk and while preferring to age in place, greater frailty can force relocation in order to receive needed care. Thus the demand for care-enriched housing by older adults is significant and increasing. Associate Professor Catherine Bridge is leading a team of researchers across the participating universities.

Your privacy is very important to us, and we must meet strict ethical requirements in safeguarding any information you provide us. The researchers who look at your responses will not have access to any of your identifying details. You may end this interview at any time and your involvement is entirely voluntary.

If you agree to participate, the semi-structured interview will take between 30 to 60 minutes of your time. Are you willing to take part in this research? [If no, thank respondent and conclude call].

[If yes]

SCREENING QUESTIONS

To begin with, I just need to ask you a few questions about yourself

S1 Your departmental affiliation:

S2 Your policy experience:

S3 Do you want to be named or acknowledged in the final report?

S4 Do you mind having your recording quoted in the final report?

S5 Would you like a copy of the recording for verification purposes?

POLICY STAKEHOLDER INTERVIEW QUESTIONS

1. What policies are you aware of that currently exist or are being formulated that are relevant to low-to-moderate income renters of age-specific housing?

Prompt: Regional, State or National

Probe: What are the strengths and weaknesses inherent in these policies?

2. What kinds of age-specific housing are most appropriate for low-to-moderate income renters?

Prompt: Independent Living Units, Social Housing, Retirement Villages, etc.

Probe: Why do you think this?

3. What barriers are there for low-to-moderate income older people to gain access to secure, appropriate housing?

Prompt: Housing location, housing suitability, housing design, age discrimination etc.

Probe: What data or facts are you aware of that would support your views?

4. How important are budget and financial considerations in the provision of housing for low-to-moderate income older people?

Prompt: Pension adequacy; rental assistance or rental caps

Probe: What data or facts are you aware of that would support your views?

5. What regulation and or policy are you aware of relevant to age-specific housing market that are likely to be implemented in the future?

Prompt: Centrelink deeming rules, Henry Taxation Review, Targeting of Housing Assistance etc.

Probe: What issues will these policy initiatives improve or interact with?

6. What government strategy, if any, do you believe will best address the problem of age-specific housing provision for low-to-moderate income older people into the future?

Prompt: Funding versus regulation versus strategy etc.

Probe: What data or facts are you aware of that would support your views?

Appendix 4: Project information sheets for participants

Information sheet for older residents



Older renters — A national survey

You are invited to participate in a study of age-specific housing markets in Australia. You were selected as a possible participant in this study because you are aged over 60 and live in a form of housing of interest to this research.

What is the survey about?

The aim of the survey is to help us understand what accommodation and care options are available to older people, and what is important to older people in terms of their housing. The survey asks questions about the housing you live in, the financial models associated with it, and the care that you receive.

Who is the project team?

The project team is made up of researchers from the University of New South Wales, the University of Western Sydney, and Murdoch University (WA) and is funded by the Australian Housing and Urban Research Institute (AHURI).

What is my role?

By completing this survey, you will help to inform better housing strategies for older Australians.

Is the survey confidential?

All the information you provide is confidential and we will never give your name or address to any other organisation. The results may be published in a report, but individuals will not be identified.

Questions?

If you require any further information, please contact the Project Officer Laura Davy, University of New South Wales:
l.davy@unsw.edu.au, (02) 9385 5571 or on our freecall number 1800 305 486.

Complaints may be directed to the Ethics Secretariat, the University of New South Wales, Sydney 2052 (ph: 9385 4234, f: 9385 6648, email: ethics.sec@unsw.edu.au)



Older renters — A national survey

You are invited to participate in a study of age-specific housing markets in Australia. You were selected as a possible participant in this study because you are a provider of a form of housing of interest to this research.

What is the project about?

With larger numbers of older people in Australia living longer and limited social and public funds available to support this ageing population, there is increasing demand for age-appropriate and affordable housing that can adequately encompass the care needs of older people with low to moderate-incomes. There are three key objectives of this project: 1) to assess the current age-specific housing market in Australia, 2) to understand how providers and consumers of age-specific housing perceive the market, and 3) to understand what factors have influenced the provision and growth of particular age-specific housing products.

Who is conducting the project?

The project team is comprised of researchers from the University of New South Wales, the University of Western Sydney, and Murdoch University (WA) and is funded by the Australian Housing and Urban Research Institute (AHURI). The project manager for this research is Associate Professor Catherine Bridge of the Faculty of the Built Environment, University of New South Wales

What is my role?

By completing this survey and assisting the residents of your housing to complete their survey, you will help to inform better housing strategies for older Australians.

Is the survey confidential?

All the information you provide is confidential and we will not pass your name or address on to any other organisation or individual. The results of the survey may be published in a report, but individuals will not be identified.

Questions?

If you require any further information, please contact Laura Davy, University of New South Wales: l.davy@unsw.edu.au, (02) 9385 5571 or on our freecall number 1800 305 486.

Complaints may be directed to the Ethics Secretariat, the University of New South Wales, Sydney 2052 (ph: 9385 4234, f: 9385 6648, email: ethics.sec@unsw.edu.au)



Older renters — A national survey

You are invited to participate in a study of age-specific housing markets in Australia. You were selected as a possible participant in this study because you are an Australian policy stakeholder in aged housing and care.

What is the project about?

With larger numbers of older people in Australia living longer and limited social and public funds available to support this ageing population, there is increasing demand for age-appropriate and affordable housing that can adequately encompass the care needs of older people with low to moderate-incomes. There are three key objectives of this project: 1) to assess the current age-specific housing market in Australia, 2) to understand how providers and consumers of age-specific housing perceive the market, and 3) to understand what factors have influenced the provision and growth of particular age-specific housing products.

Who is conducting the project?

The project team is comprised of researchers from the University of New South Wales, the University of Western Sydney, and Murdoch University (WA) and is funded by the Australian Housing and Urban Research Institute (AHURI). The project manager for this research is Associate Professor Catherine Bridge of the Faculty of the Built Environment, University of New South Wales

What is my role?

By participating in a short interview about your views and knowledge of age-specific housing, you will help to inform better housing strategies for older Australians.

Is the interview confidential?

All the information you provide is confidential and we will not pass your name or address on to any other organisation or individual. The interview responses may be published in a report, but individuals will not be identified by name or department unless they have given their explicit permission.

Questions?

If you require any further information, please contact Laura Davy, University of New South Wales: l.davy@unsw.edu.au, (02) 9385 5571 or on our freecall number 1800 305 486.

Complaints may be directed to the Ethics Secretariat, the University of New South Wales, Sydney 2052 (ph: 9385 4234, f: 9385 6648, email: ethics.sec@unsw.edu.au)

Appendix 4: Consent form for all participants

Project consent form

Project Title: Age-specific housing markets for low to moderate income older people

By signing this form, your signature indicates that you have decided to participate.

This consent form will be kept by the researcher to show that you have agreed to be participate in this project.

I consent to being interviewed for this project. I understand that my information will be kept confidential.

.....
Signature of Research Participant

.....
Please PRINT name

.....
Date

AHURI Research Centres

Queensland Research Centre

RMIT Research Centre

Southern Research Centre

Swinburne-Monash Research Centre

UNSW-UWS Research Centre

Western Australia Research Centre



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