Access to Aged Care in Land-Lease Communities in Australia

Bruce Judd CFRC Seminar 14 April 2023



City Futures Research Centre





Scope & Methods

ARC Discovery Project

 The Financialisation of Older Persons' Residential Parks and Rental Villages (with Hal Pawson, Kath Hulse, Chris Martin, Edgar Liu & Piret Veeroja)

Why compare Land Lease Communities and Retirement Villages?

- RVs a more established form of retirement housing
- LLCs emerging as an important affordable retirement housing option
- How do they compare in access to aged care services?

Literature, policy and legislative review

- Aged care reforms and their implications for access to aged care in LLCs and RVs
- State/Territory legislative provisions for access to aged care in LLCs and RVs
- Academic and grey literature on access to aged care in LLCs and RVs
- 2021 Census data analysis on age profiles of LLCs and RVs





Retirement Villages in Australia



Lifestyle Choices Retirement Village Glenhaven (Nearmap, 2022)



- Age restricted to 55+
- Self-contained attached or apartments
- Urban, suburban & regional locations
- Mostly Loan-Lease or Loan-Licence
- For-profit & Not-for-profit operators
- Common facilities & personal services
- Some co-located with residential care
- State/Territory legislation





Land-Lease Communities in Australia



Dahlsford Grove Lifestyle Village, Port Macquarie, NSW (Nearmap, 2022)

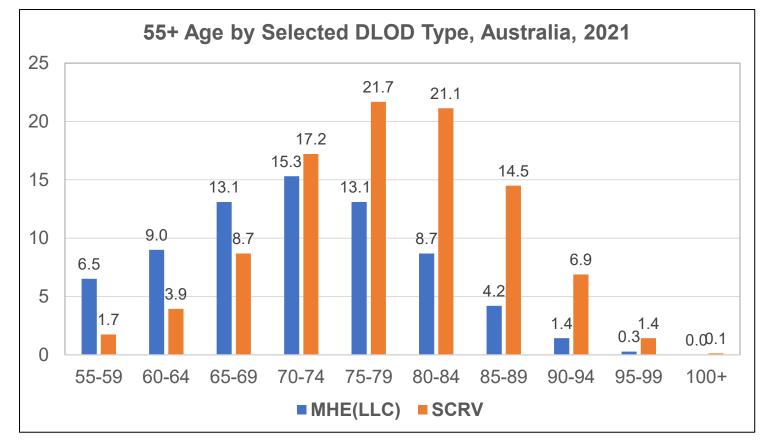


- A more affordable option than RVs
- Some age restricted 50+ or 55+
- Manufactured relocatable homes
- Houses owned, sites leased
- Some common facilities
- For-profit owner-operators
- Under State/Territory legislation
- Commonwealth Rent Assistance





Profile of LLC & RV residents



Australians aged 65+

 95.8% in Private Dwellings (includes LLCs and RVs)

Aged 65+ x Dwelling Location

- **5.2%** in Self-contained RVs
- 0.2% in Manufactured Home Estates (MHEs = LLCs)

Residents in SCRVs

• 91.7% aged 65+

Residents in MHEs (LLCs)*

- 56.1% aged 65+, 75.9% 50+
 Need of Assistance
- 15.7% aged 65+, 21% 75+
 Suitability for ageing in place?
 Access to aged care services?

(ABS 2021 Census Data, place of enumeration, dwelling location (DLOD)

* Does not capture all LLCs due to misclassification in ABS Address Register and field officer confirmation (Towart, 2022)





Aged care policy drivers in Australia

- Population ageing:
 - 2000-2050: Percentage aged 65+ to almost double and 85+ to almost quadruple
- Escalating cost to government of health and aged care
 - Home care seen as a more cost-effective option than residential care
- Changing dependency ratios
 - Increased burden on younger working aged people
- Changing attitudes and values of older people
 - Desire to remain active, independent and age in place (particularly baby boomers)
- Rising housing costs
 - Increasing demand for affordable housing options such as LLCs
- Reducing homeownership and mortgage-free retirees
 - Amongst pre-retirement (55-64) and retired age (65-74) cohorts





Home care policy reforms

- 1985: Home and Community Care (HACC) Act and Program aimed at shifting the balance of care from residential to home care (joint Federal & State/Territory funding)
- 1987: Community Options Program (COP), sub-program of HACC providing higher-level case-managed brokerage services at home (Federal funding only)
- 1991: Community Aged Care Packages (CACP) providing equivalent to low-level residential care in the home
- 1997: Aged Care Act increased private sector providers and means tested co-payments
- 1998: Extended Aged Care at Home (EACH) and EACH-Dementia equivalent to highlevel residential and dementia care in the home, via ACAT assessment
- 2011: Productivity Commission Report, Caring for Older Australians identified problems and inequities advocated individualised Consumer-Directed Care (CDC) to provide choice and control by 'consumers' and clearing of the 100,000 plus waiting list.
- 2013: Living Longer Living Better (LLLB) Act & Programs





Current home care programs

- 2013: Home Care Programs under LLLB reforms (remain in place today)
 - Commonwealth Home Support Program (CHSP): entry-level services like HACC
 - Home Care Packages (HCP): more comprehensive services with four levels of care: Basic, Low, Intermediate, and High – ACAT assessed
 - Respite Care: For frail older people and their carers
 - Flexible Care: incorporating a number of smaller alternative programs for specific groups including remote indigenous Australians
- 2014: Income testing to all new home care packages
- 2018: Income testing to all new and existing home care packages
- 2018: Royal Commission into Aged Care Quality and Safety
- 2019: Royal Commission Interim Report: damning of the home care system "cruel", "discriminatory", "unsafe practice", "neglect", "a lottery". Recommended new Aged Care Act, single Support at Home program, clearing the waiting list, quicker allocations, extending acceptance times (Royal Commission, 2019)





Future reforms to home care

- 2022: Proposed new Support and Home program (currently under consultation with stakeholders)
 - Single integrated assessment tool
 - Short-term support for goods, equipment, assistive technologies and home modifications
 - Ongoing individualised support plans
 - Self-management of care
 - Choice of single or multiple providers
 - Flexibility to adjust service mix at any time within budget
 - A Care Partner to provide advice and ensure the care plan meets needs
 - Client contributions set according to ability to pay
 - Regular easy to read reports on services delivered and budget (DoHAC 2022)
- 2024: New Aged Care Act
 - Implementation of a new Support at Home Program





Key policy shifts over time

- Change in the balance of care:
 - from residential to home care (ageing in place)
- Increasing levels of home care service provision:
 - including to equivalent of high-level residential and dementia care
- Increasing marketisation of care:
 - through for-profit providers and competition via consumer-directed care.
- Increasing user-pays:
 - via means-testing and co-payments
- Individualisation of care:
 - greater choice and control for recipients via Consumer Directed Care
- Access of RVs and LLC residents to home care services:
 - Same as residents of private dwellings in the general community, subject to same application, assessment, means-testing, co-payments and CDC





Aged care in RV & LLC legislation

Retirement Villages	Land-Lease Communities
Specific Retirement Village legislation in all 8	Specific legislation in 5/8 jurisdictions
State/Territory jurisdictions	Under Tenancy Legislation in 3/8 jurisdictions
Consistent terminology	Inconsistent terminology ¹
Inconsistent reference to aged care	Little reference to aged care (2/8 jurisdictions)
 Inquiry, information & disclosure documents: re	 Provide access for emergency & home care
access to on-site residential care (4/8 jurisdictions)	personnel with signage and map (2/8 jurisdictions)
 Contracts: details of costs & terms of personal	 Written notice of charges payable for services
services available (5/8 jurisdictions)	available (1/8 jurisdictions – not specifically care)
 Equipment & modifications: provision of emergency buttons/bracelets on request (1/8 jurisdictions) 	
 Relocation, departure & termination: payment of RAC bond from exit entitlement (4/8 jurisdictions) 	

¹Land-Lease Communities (NSW), Manufactured Home Estates (QLD), Residential Parks (ACT, SA, WA), Moveable Dwellings (VIC)





Reasons for moving to RV or LLC

Retirement Villages ¹	Land-Lease Communities ²
 Previous garden too big (53%) 	 Liked the location (18.2%)
 Previous home difficult to maintain (37%) 	 Ease of maintenance (17.6%)
 Change in lifestyle (35%) 	 Better security (14.7%)
 Health or require more assistance (35%) 	 Smaller home (14.2%)
 Not safe in previous home (31%) 	 Financially advantageous (12.3%)
 People of similar background (30%) 	 Increased retirement income (5.9%)
 Wanted more free time (29%) 	 Only home available (5.3%)
 Closer to family & friends (23%) 	 Better home than previous (5.3%)
 Death of spouse or other (20%) 	 Other (3.7%)

¹Stimpson & McCrea, 2004 (Australia - important reasons)

²Bunce & Reid, 2021 (SA – multiple response)





Aged care & other services available

Retirement Villages	Land-Lease Communities
AGED CARE SERVICES ¹	AGED CARE SERVICES
Operator an accredited care provider (45%)	None ³
Co-located with Residential Care (28%)	Rare ⁴ (few up-market lifestyle villages)
OTHER SERVICES ² (6 most common)	OTHER SERVICES & FACILITIES ^{5,6}
Activity organization (92%)	Community centre/library/theatre
Emergency response (75%)	Social club & activities
Hairdressing (63%)	Swimming pool
Transportation (57%)	Tennis court
Meal services (44%)	Bowling green
Visiting health professionals (40%)	BBQ area
¹ PwC (2021) retirement census, Aust. ² Hu et al (2017a) (Queensland RVs)	³ Bosman (2014), ⁴ Woodbridge (2003), ⁵ PRD Nationwic (2019) QLD, ⁶ Colliers International (2014)



LLCS as NORCS (Naturally Occurring Retirement Communities)

- Definition: "...geographically defined areas with high concentrations of older adults" (Tremoulet, 2010, p. 336) with the "critical mass" varying from 25%-65% and a threshold age from 50-65 years and older.
- An Australian definition: "Communities with 45% or more members of households aged 65 years and older" (E et al, 2021: p. 4).
- Many LLCs would qualify as NORCs: 56% aged 65+ & 76% aged 50+ (ABS, 2021).
- Focused provision of health and aged care services: "organised by the community itself, other agencies, government or a combination of these" (E et al, 2021) e.g. NORC Social Service Programs in the USA (Tremoulet, 2010).
- LLCs as NORCs: Residents may benefit from a more community approach to provision of aged care services through residents' collective action or proprietors partnering with aged care providers.
- Could this be an option under a new Aged Care Act and Support at Home program?





Some conclusions

- LLCs are an important affordable housing option for older Australians to age in place
- LLC and RV residents have similar rights of access to formal home care services
- However compared to RVs:
 - There is virtually no recognition of aged care needs in State/Territory LLC legislation
 - LLCs are more often located in rural/coastal areas with more limited choice of aged care provider and less access to transport, retail and medical services
 - While there are often social and recreational facilities in LLCs, there is a lack of other supportive personal services for older people provided by owner/operators
 - Co-location with residential aged care is very rare in LLCs
 - LLC residents are more vulnerable to tenure insecurity due to redevelopment and exit arrangements to alternative LLCs or residential aged care is more difficult
 - Manufactured homes are generally less accessible, mostly elevated and not subject to the BCA and its accessibility standards for Class 1A and 2 dwellings





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