



An investigation of the IRT retirement community landscape: A pilot study

October 2014



This report has been prepared for IRT by Professor Hal Kendig^{1,4}, Dr Dimity Crisp^{2,3}, Dr Cathy Gong^{1,4}, Emily Conway^{1,4} and Barbara Squires⁵.

¹Centre for Research on Ageing, Health and Wellbeing, The Australian National University

² National Institute for Mental Health Research, The Australian National University

³Centre for Applied Psychology, University of Canberra, Canberra, A.C.T.

⁴ARC Centre of Excellence in Population Ageing Research

⁵IRT Group, Wollongong, N.S.W.

PREFACE

The research team wishes to acknowledge the generous support for this project provided by IRT CEO Nieves Murray and her Executive team; Barbara Squires and other IRT staff for their guidance and research collaboration; and the IRT residents for their thoughtful views of their experiences of IRT living. Dimity Crisp managed the project, edited the report, led the questionnaire design and analyses; and wrote the overview, summary, and the resident relocation and benefits chapters; Emily Conway conducted the survey fieldwork and wrote the literature review, and Cathy Gong wrote the chapters on the spatial and organisational statistics. Hal Kendig with Barbara Squires provided oversight, editorial support and wrote the chapter on policy issues and research directions.

TABLE OF CONTENTS

Executive Summary	4
CHAPTER 1: AN OVERVIEW OF IRT	6
HISTORY AND DEVELOPMENT OF IRT	6
IRT LIFESTYLE AND CARE	6
LIFESTYLE COMMUNITIES.....	6
CARE CENTRES	6
IN-HOME CARE	7
WELLNESS PROGRAMS.....	7
IRT CATERING.....	7
SUPPORTING RESEARCH AND EDUCATION.....	7
IRT FOUNDATION.....	7
IRT COLLEGE	8
IRT COMMUNITIES FOR PILOT STUDY	8
IRT MACARTHUR	8
IRT KANGARA WATERS	8
Chapter 2: Retirement communities in Australia: A Review of the Current Literature	9
2.1 Retirement communities in Australia	9
2.2 Who lives in retirement communities?.....	10
2.3 Perceptions of retirement communities	11
2.4 Integration with wider community	12
2.5 Assessing age friendliness of environments.....	13
2.6 Factors influencing relocation to a retirement community.....	13
2.7 Benefits and effects of relocation	15
2.8 Alternative Accommodation	16
2.9 Ageing in Place and Retirement Communities.....	17
Conclusion	19
Chapter 3: Village Locations: A Spatial Analysis of IRT Macarthur and IRT Kangara Waters	21
Demographic Characteristics: Growth of The older population	21
Socio-economic Characteristics: Distribution of advantaged and disadvantaged older people	23
Assistance Needs (Assistance with Daily Activities)	24
In Summary.....	25
Chapter 4: Relocation into a retirement Community: An investigation of resident experiences	26

Residents' self-reported experiences of life in the retirement village.....	27
Improvements in quality and satisfaction with life	30
Resident satisfaction with the home and village environment	30
The social engagement of residents.....	31
Perception and satisfaction with access and quality of care services	32
In summary:	32
Chapter 5: Accessing Aged Care Services.....	34
In Summary:.....	36
Chapter 6: Conclusions, Policy Implications and Future Directions	37
Policy Overview and Context.....	37
Conclusions from the pilot study.....	39
Research directions	40
Conclusion	43
References	44

EXECUTIVE SUMMARY

This report provides an analysis and evaluation of the current available literature on retirement communities and housing for older adults; and examines the communities and areas in which IRT villages are located, and the experiences of residents. The strategic purpose of the report is to:

- 1) Contribute to public and industry knowledge of the evidence base for retirement communities as a positive housing option for older adults;
- 2) Provide input into directions for the ongoing improvement of the retirement living industry, and
- 3) Demonstrate the feasibility of and need for further research in the area.

As they have evolved, retirement community models have adapted to the demands of older people. Local and international research has supported that, compared to the wider community, retirement community residents report an overall a better quality of life, and specifically an increase in social relationships. More significantly, evidence indicates that a retirement community model which incorporates accommodation with care, may reduce both hospital and nursing home admissions (Kneale, 2011). Reducing or delaying hospital and nursing home admissions could potentially reduce aged care expenditure, which rose to \$12.5 billion during 2011-2012 (Department of Social Services, 2013). However, further research is required to confirm these findings and it has not yet been established whether there are factors specific to retirement communities that may drive the benefits of retirement community living and impact the incidence of hospital and nursing home admissions.

For the purpose of a pilot investigation into this area, two IRT communities were used as exemplar locations: IRT Macarthur (Campbelltown, NSW) and IRT Kangara Waters (Belconnen, ACT). The study used a multi-method approach. In addition to a review of the currently available literature, the study draws upon general population statistics, an analysis of organisation-specific statistics collected within IRT databases, and direct reports obtained from current IRT retirement community residents.

Results of the data analyses indicated a higher level of projected growth in people 65 plus in the Campbelltown area and 80 plus in the ACT, over the next ten years compared to the average growth in NSW and Australia, indicating a high potential demand for retirement housing in these areas. However, a relatively higher proportion of disadvantaged older people in the Campbelltown area may indicate a potential demand for low cost retirement housing in this area.

Examination of the experiences of the retirement community residents found that the majority of residents reported improved quality of life since moving and found the environment easy to move around. Residents reported the greatest benefits of moving were a reduction in the cleaning and maintenance they were required to do and the increased social contact, feeling of community and social activities available to residents. A minority of residents reported having experienced any difficulties following relocation.

On average, our study found that individuals living in IRT lifestyle communities started to access both community care services and residential aged care at a relatively later age than residents from the wider community. Those starting community care services in the retirement communities were two years older than their peers in the wider community in

2010, although this difference reduced to 0.7 years in 2014. For admission to residential aged care, living in lifestyle villages added an extra four years of independence on average in 2010, which then increased to five years in 2014.

These findings have important implications for ageing in place service provision and the aged care sector as a whole. Understanding the experience of living in the retirement community from the perspective of the residents is important to ensure the needs and expectations of both current residents and older adults seeking retirement housing are met. The benefits observed in maintaining the independence of older adults compared to general community living may also translate into cost savings for Federal and State government health and aged care programs. Identifying projected population growth in different areas can help inform discussions regarding the locations for future IRT investment and the kinds of provision that could be most appropriate in individual areas. However, further research is required across the IRT landscape to provide a more comprehensive picture of the impact of retirement communities on ageing well.

CHAPTER 1: AN OVERVIEW OF IRT

IRT is one of Australia's largest community-based seniors' lifestyle and care providers operating in over 30 locations across Queensland (three locations), NSW (31 locations) and the Australian Capital Territory (one location). IRT's Mission Statement is *to create communities where seniors achieve their optimum quality of life*. The organisation has three core values: *integrity* - we are open and honest; *respect* - we value each individual; and *trust* - we deliver on our promises.

IRT's core business is its lifestyle and care operations, including Lifestyle Communities, In-Home Care services, Care Centres and Wellness Programs. IRT currently employs over 2000 staff to support more than 9000 older Australians across the ACT, NSW and Queensland. IRT is also involved in supporting research (IRT Foundation Research Program), education (IRT College) and provides catering services through IRT Catering.

HISTORY AND DEVELOPMENT OF IRT

IRT evolved from the vision of pioneer Dr Max Diment, to create communities where seniors achieve their optimum quality of life. An IRT Committee was formed in 1968 to commence planning for IRT's first seniors' living development in the Illawarra, NSW. IRT was officially incorporated as a company on November 14 1969. In the same year, Wollongong City Council donated land for IRT Diment Towers, which became Wollongong's first seniors' living high-rise development in 1971, combining both lifestyle living and care services.

IRT's growth continued over the next 40 years. In 1975 IRT's first NSW South Coast community, Daisy St Lodge, opened. IRT Peakhurst opened in Sydney in 1992 and IRT Kangara Waters, in the ACT, received its first residents in mid-2009. In 2012, IRT expanded into Queensland.

IRT LIFESTYLE AND CARE

IRT's core business is lifestyle and care options and services for older people. These include IRT Lifestyle Communities, In-Home Care, Care Centres and Wellness Programs.

LIFESTYLE COMMUNITIES

IRT's Lifestyle Communities provide retirement living accommodation with the availability of additional care services. The Lifestyle Communities consist of apartments or villas within a community of seniors. Personal services provided through IRT's In-Home Care or government-funded Home Care Packages may assist older people to continue to live independently. Some Lifestyle Communities are co-located with an IRT Care Centre.

In line with State government regulation, the Lifestyle Communities are restricted to people aged 55 and over or who have retired from full-time employment.

CARE CENTRES

IRT has 15 Care Centres across the ACT and NSW. Also referred to as residential aged care, IRT's Care Centres are fully accredited by the Commonwealth Government. Government regulation requires an older person to undergo assessment by an Aged Care Assessment Team (ACAT) to determine an individual's care needs prior to entry. Many of

the Care Centres are co-located with Lifestyle Communities and, where possible, (due to availability and government assessment) priority access is given to current IRT Lifestyle Community residents.

IN-HOME CARE

IRT offers individualised In-Home Care services to encourage independence and ageing in place. In-Home Care, also known as community care, may include assistance with house work, meals, personal care and transport. In-Home services may be government funded through Home Care Packages, which require an ACAT assessment, or privately funded by the older person. Depending on income level, an older person may still be required to contribute financially to the provision of Home Care Packages.

WELLNESS PROGRAMS

IRT offers three different services through the Wellness Programs. Wellness Centres provide access to facilities and services within the Lifestyle Community such as swimming pools, gyms, and therapy rooms. These Centres are only available in certain IRT Communities. Day Wellness Programs offer day respite care and activities to clients. This program is available in the Illawarra and Eurobodalla. Day Therapy Centres provide physiotherapy and other associated services to residents and clients. This program is available in the Illawarra, Shoalhaven and Eurobodalla.

IRT CATERING

IRT Catering provides 40,000 meals a week to Care Centres and external clients and is accredited by the NSW Food Authority and the Australian and New Zealand Food Authority. IRT Catering was one of the first organisations in Australia to introduce cook/chill food technology into resident meal production.

SUPPORTING RESEARCH AND EDUCATION

IRT has a strong interest in supporting research focused on improving the minds, mobility and lifestyles of older Australians (IRT Foundation Research Program), and the specialist training of aged care professionals (IRT College).

IRT FOUNDATION

IRT Foundation Research Program funds research projects that aim to contribute to the understanding of ageing, aged care and the wellbeing of older people. The Foundation funds researchers through an annual competitive grants round.

Since its establishment in 2009, the Research Program has committed over \$1.4 million in grants to leading Australian researchers.

The Research Program also offers support to research projects through promotion and, in some cases, the volunteer participation of IRT residents and staff.

IRT COLLEGE

IRT College has been a Registered Training Organisation since 1997 and was established in response to a need for employee development provided by aged care industry experts. Courses include certificates or diplomas in aged, home and community care, first aid and frontline management. IRT also offers traineeships in areas such as care work, business administration and hospitality.

IRT COMMUNITIES FOR PILOT STUDY

Two IRT communities, IRT Macarthur (located in Campbelltown, NSW) and IRT Kangara Waters (located in Belconnen, ACT), were selected as the focus of the pilot study. These communities were chosen, because while they are diverse in location, they represent two of the newer IRT communities and have similar structural compositions in terms of residences and recreational facilities. Below is a brief outline of both the participating IRT sites.

IRT MACARTHUR

IRT Macarthur comprises 262 two- and three-bedroom apartments, located in three-storey buildings with lifts, all with secure car spaces. Onsite facilities include two community rooms, recreational facilities including a barbecue area, heated pool, workshop and gardens. A free bus service is available to the shopping centre. The community is located in close proximity (0.5km) to public transport, shops, cafés and restaurants. In addition, the site has a 60 room Care Centre which includes dementia specific accommodation.

IRT KANGARA WATERS

IRT Kangara Waters comprises 150 residences, including 94 two- and three-bedroom apartments, located in four-storey buildings with lifts, and 56 two- and three-bedroom single-floor villas, all with garage and parking spaces. Onsite facilities include a community room, recreational facilities including a barbecue area, wellness centre including a hydrotherapy pool and gym, outdoor pool, café and hairdresser. The community is located close to public transport and shops (1km). In addition, the site has a 100 room Care Centre which includes dementia specific accommodation.

CHAPTER 2: RETIREMENT COMMUNITIES IN AUSTRALIA: A REVIEW OF THE CURRENT LITERATURE

Population ageing and urbanisation are recognised by both the United Nations and the World Health Organisation as two of the most significant forces shaping communities in the twenty first century. Dr Alexander Kalache, an international champion of active ageing and an age friendly society, has recently visited Australia and advised on positive strategies to address what he terms as the ‘Longevity’ revolution (Kalache, 2013). His recommendations are underpinned by the four pillars of the World Health Organisation’s (WHO) Active Ageing Framework (2002) - health, participation, security, and life-long learning – to which he has recently added the overarching principals of ‘the right to ageing well’, ‘governance and policy’, and ‘research – a social science perspective’. Among the different housing models for older people, retirement communities are increasingly recognised and accepted as suitable age specific housing options.

There are over 2,200 retirement communities across Australia which provide accommodation to over 170 000 Australians over the age of 55 (McCrinkle, 2013). The organisations which own and operate retirement communities are usually non-government organisations, both for profit and not for profit. There also is provision of public housing models around Australia owned by State governments (DSS, 2014b).

This literature overview presents responses to key questions relevant to achieving active ageing and ageing well in retirement communities, including:

1. What is a retirement community?
2. Who lives in retirement communities?
3. How do retirement communities integrate with the wider community?
4. What determines an “age friendly” community?
5. What are the perceptions of retirement communities?
6. What factors influence relocation to a retirement community?
7. What are the effects of relocating to a retirement community?
8. What other housing options are there for the ageing population?
9. What is the relationship between ageing in place and retirement communities?

Importantly, the following review of the literature seeks to highlight areas in which further research is required.

This document provides an overview of relevant literature (peer-reviewed and “grey literature”) published in English after the year 2000. It is not a comprehensive review of all available literature. The review focused on Australian content; however, some pertinent international research has been incorporated.

2.1 RETIREMENT COMMUNITIES IN AUSTRALIA

Various terms are used in Australia to describe retirement communities. These include retirement village, self-care unit, independent living unit, seniors’ housing and lifestyle village (Jones, Howe, Tilse, Bartlett & Stimson, 2010). The terms relating to retirement communities have at times been incorrectly associated with other housing options that provide formal

care, such as nursing homes, which creates confusion (Howe, Jones & Tilse, 2013; Jones et al, 2010).

Retirement communities are a housing option typically aimed at people 55 years and older (Stimson, 2002). Key characteristics of modern day retirement communities include common areas which promote social interaction and the option of supportive and in-home services (Stimson, 2002). Retirement communities aim to “balance the need for physical, social and emotional security with the need for challenge, growth and variety of experience” (p189) in order to achieve a good person-environment fit (Gardner, Browning & Kendig, 2005).

Retirement community models have evolved in response to the demands of older people as well as to incentives and constraints for providers. They are likely to continue to adapt further as the baby boomer generation drives change in the industry (Beer & Faulkner, 2009). The vast majority of baby boomers are asset rich, income poor, and home owners (Kendig & Bridge, 2007); however, home ownership rates are decreasing. There is a growing proportion of non-homeowner baby boomers who will be disadvantaged by having to rely on private rental markets due to the lack of suitable public housing (Productivity Commission *Caring for Older Australians* Report 2011; Beer & Faulkner, 2009). This trend is likely to continue for Generation X and Y as they age, due to decreasing home ownership rates (Beer & Faulkner, 2009; Yates, Kendig et al, 2008).

Retirement communities are subject to state based legislation that primarily addresses consumer protection (Productivity Commission, 2011). The Productivity Commission (2011) recommended that the regulation of retirement communities remain the responsibility of state and territory governments; remain separate to the regulation of aged care services; and that nationally consistent retirement community legislation under the aegis of Council of Australian Governments (COAG) be developed. To prepare for future housing needs, long-term planning and government policy at all levels must facilitate the provision of adequate housing to allow people to age in place and support their well-being, living standards, affordability and convenience (Kendig & Bridge, 2007).

2.2 WHO LIVES IN RETIREMENT COMMUNITIES?

The question of who considers relocation to a retirement community has been the subject of only limited research in Australia. The findings may help to identify those who may potentially relocate and drive future housing demand. Australian researchers Crisp et al (2013b) found that retirees, those who believe they have adequate finances, who have poorer physical health and are aged 55-64 were more likely to have considered future relocation. Older adults who consider their neighbourhood to lack cohesion are also more likely to consider relocation (Crisp et al, 2013b). International research supports these findings, noting that women, those younger than 80 years of age (Weeks, Keefe & MacDonald, 2012) and those concerned about household maintenance and future health needs (Erickson, Krout, Ewen, & Robison, 2006) are more likely to consider relocation than those who do not fall into these categories or have these concerns.

Beyond the research noted above, there is limited research that has examined the broad characteristics of the Australian retirement community population and compared this population with those older adults remaining in the community. While Australian Bureau of Statistics (ABS) data can be used to provide insight into the characteristics of retirement

community residents, this data has limitations. For example, Towart (2013) has estimated that approximately 30% of all operational retirement communities were not recorded as retirement villages by the 2011 ABS Census.

ABS data indicates that two thirds of retirement community residents are women (ABS, 2013). The average age of residents is 78.7 years old; however, the older the retirement community, the older the average age of residents (Towart, 2013). Towart (2013) suggests that this is because once the community is completed residents tend to age in place.

Across 1069 retirement communities identified in the 2011 Census, Towart (2013) found that the majority of residents (57%) had income levels that suggested they were full or part pensioners. Only a small proportion were self-funded retirees as indicated by their having income above the cut off point for receiving the full age pension. However, this generalisation differed greatly between communities (Towart, 2013). For example, ACT retirees and ACT retirement community residents in general have more economic resources than those living elsewhere in Australia (ABS, 2013) possibly due to the greater prevalence of retired public servants eligible for attractive superannuation packages (Towart, 2013).

Residents in retirement communities are on average less likely to need assistance with core activities than people aged 65 and above in the general community (ABS, 2013). However, there is significant variation across Australian states.

Retirement community residents are also more likely to participate in volunteering activities than those in the wider community (Towart, 2013). However, whether they engaged in volunteering prior to relocation is unclear. While this may support the notion that retirement communities encourage social interaction (Towart, 2013), there is considerable variation: 85 communities across Australia had no residents engaged in volunteering and there were 35 where more than 50% of the residents engaged in volunteering (Towart, 2013).

2.3 PERCEPTIONS OF RETIREMENT COMMUNITIES

Traditionally, moving to a retirement community has been seen as a step in the progression to an aged care facility (McLaughlin & Mills, 2008). Nationally and internationally there is confusion between retirement communities and nursing homes (Howe et al, 2013; Ayalon & Green, 2012) partly because the retirement community label has been applied to a variety of housing options including those that provide formal care (Howe et al, 2013). This confusion may contribute to negative perceptions, associations and fears of retirement communities in the general community.

Negative perceptions identified throughout the literature include a fear that retirement communities put risk at both privacy and independence (Crisp et al, 2013a); and that they are a place only 'old' people live (Bohle, Rawlings-Way, Finn, Ang & Kennedy, 2014). Peterson and Warburton (2012) claim that retirement communities reinforce Australia's history of age segregation and sustain stereotypes of older people as either ageless or dependent.

Community perceptions may be shaped by media and news reports. The retirement community industry occasionally receives negative commentary with regard to financial arrangements (Kohler, 2014). Inequitable financial terms and conditions and non-transparent

contracts are also referred to by the Productivity Commission (2011) as issues that need to be addressed by the retirement community industry.

Positive perceptions are also reported in the community. Retirement communities are thought to provide a sense of security; opportunities to socialise (Crisp et al, 2013a); opportunities for a change of lifestyle (Stimson & McCrea, 2004); and a place to spend one's 'golden years' (Stimson, 2002). International literature, including Bernard, Bartlam, Sim & Biggs (UK) (2007) and Hollinger-Smith, Brod, Brecht & Leary (US) (2012), support these findings, noting that retirement communities are perceived as safe, low maintenance housing options that offer opportunities for social activities and ageing in place.

Residents living in retirement communities generally have positive perceptions of their communities. Australian research has found that residents perceive retirement communities to have a greater sense of community, security and independence than the general community (Bohle et al, 2014). Furthermore, Bohle et al (2014) found retirement community residents felt that because all residents are of a similar age, they do not feel 'old'.

2.4 INTEGRATION WITH WIDER COMMUNITY

Housing location is an important consideration for older people, who generally prefer to be close to their local communities, families and friends (McCrinkle, 2013; Stimson, 2002). However, international literature highlights the challenge for developers of finding appropriate and suitable locations, noting that the increasing price of land and complexity of planning regulations may push developments to the fringes of suburbs (Evans, 2008).

It has been argued that some retirement communities create divisions within communities by erecting physical barriers which alter street connectivity and permeability (Burke & Sebal, 2001) and are disruptive to other people's sense of community (Low, 2003). In the extreme case, an Australian study looking at retirement communities in Sydney highlighted the concern that the spatial separation present in some "gated" communities could eliminate the need for interaction with non-residents (Quintal & Thompson, 2007). If so, this may work against government policies for general communities that aim to enhance social cohesion and linkages between neighbours by encouraging higher densities of development; higher quality urban design; the provision of community facilities and open space; increased pedestrian safety; and opportunities for the development of a sense of place, character and community (Grant, Greene & Maxwell, 2004, p. 83).

However, these benefits potentially can be fostered within retirement communities as well as through fostering residents' contributions and social connections to the wider community. This raises questions about the impact of separation from the wider community, particularly when residents grow older and become less mobile. Furthermore, relocation can be stressful and dislocate a person from their social networks, familiar environment and established medical and support services (Judd, 2011). Bernoth, Dietsch & Davies (2012) found that older people experienced a feeling of loneliness and isolation when they had to relocate away from their rural communities, which drastically lowered their life expectancy. However, a move to an age-concentrated community may also encourage older people to engage in social activities (Heisler, Evans & Moen, 2004) and participate in their new community. Participation in community is an important part of the lives of many older people and the desire for this is often related to the decision to relocate (Judd, 2011).

This highlights the need to create sustainable communities for older people that provide enabling environments, opportunities for social interaction and promote integration with local communities. Appropriately integrated retirement communities can have positive impacts for both residents and the wider community. In Australia, Nathan, Wood and Giles-Corti (2013) found that locating retirement communities in neighbourhoods having local destinations such as shopping centres promotes walking. This reinforces the need to integrate retirement communities into the surrounding community to encourage healthy, active ageing.

2.5 ASSESSING AGE FRIENDLINESS OF ENVIRONMENTS

Population ageing poses a number of challenges to urban design. Australian research indicates that wellbeing in later life is related to the built, natural and social environments in which people live (Black, Wilson, O'Loughlin, Noone, Kendig & Butcher, 2012; Ozanne, Biggs & Kurowski, 2014). The importance of developing age-friendly communities is highlighted in the Productivity Commission's *Caring for Older Australians* Report (2011). Generally age friendly communities incorporate social and physical structures that support healthy ageing (Lui, Everingham, Warburton, Cuthill & Bartlett, 2009). This includes consideration of outdoor spaces, transportation, appropriate housing and public attitudes that encourage healthy ageing (Liu et al, 2009).

Various assessments are available to help determine the level of age friendliness of communities and environments, for example, a recent report on Canberra (Kendig et al, forthcoming). However, none of these relate specifically to retirement communities. The WHO Global Research Project, launched in 2005 in 33 cities internationally, aimed to identify indicators of an age friendly city, and produced an 'Age-Friendly City Guide' (WHO, 2007; Plouffe & Kalache, 2010). Participating Australian sites were in Western Australia and Victoria (WHO, 2007). Focus groups with older people, carers and service providers identified age friendly features such as parks, walkways, shopping centres and adequate lighting (WHO, 2007). Barriers included poorly designed and maintained footpaths, lack of outdoor shelter and seating and unclean public spaces (WHO, 2007).

Australian researchers Bridge, Nuygen and Plume (2010) used technology to understand the way in which older people perceive their environment. Concerns raised by using an iPad application included footpaths with steep gradients, narrow walkways, uneven surfaces and lack of hand rails and rubbish bins (Bridge et al, 2010). Positive aspects of the environment identified included pedestrian crossings, wide footpaths, pedestrian refuges, ramps, tactile surface indicators, kerb rails, public telephones, benches and trees (Bridge et al, 2010). This is clearly an area for further investigation.

2.6 FACTORS INFLUENCING RELOCATION TO A RETIREMENT COMMUNITY

A wide range of socio-demographic, community and social factors have the potential to influence housing choices of older adults.

Retirement communities impose age restrictions as per state legislation. This legislation heavily influences a person's ability to relocate to a retirement community (Stimson, 2002). This age segregation also attracts older people seeking some age homogeneity (Stimson, 2002) and the benefits that it offers, such as a greater sense of community and belonging (Bohle et al, 2014).

Generally, the decision to relocate occurs in response to actual or potential changes in personal autonomy and independence (Stimson & McCrea, 2004). These changes include actual or potential healthcare needs and the inability to meet house maintenance demands (Crisp et al, 2013a; Stimson & McCrea, 2004). Consistent with these primary motives for relocation, residents of retirement communities report that important features of a retirement community relate to fundamental needs including access to health care and assisted living facilities (Crisp et al, 2013a) and call bells for safety and security (Judd, Liu, Easthope, Davy & Bridge, 2014). Retirement communities located in NSW, Victoria, SA and NSW all have a lower proportion of residents who require some form of assistance when compared to the national average (Towart, 2013). Towart (2013) suggests that a perceived "insurance" factor may influence the choice to move to a retirement community with the perception that assistance, if needed, may be more readily accessed.

The need for social connection, sense of community, support, leisure and quality of life offered by engaging with the community, represents another major motive for relocation (Bohle et al, 2014; Gardner, 1996; Sergeant & Ekerdt, 2008). Specifically, Mutchler and Burr (2003) found that marital status influences relocation, as being married has a stabilising influence on household transitions, resulting in much lower levels of relocation. Stimson and McCrea (2004) also found that those who are widowed are more likely to relocate. Crisp et al (2013a) suggests that this may be to reduce feelings of loneliness and isolation.

Financial status may inhibit one's ability to relocate, especially for those without savings or minimal superannuation as they have a reduced capacity to cover costs that may arise from a move to more age-appropriate housing (Bridge, Davy, Judd, Flatau, Morris & Phibbs, 2011). Adding to financial stressors is the perception that retirement communities have complex tenure and leasing arrangements (Bridge et al 2011).

Financial disincentives also arise from the Government's pension asset testing and stamp duty. Excluding the principal home from the pension asset test deters residential mobility (Sane & Piggot, 2009) and inhibits access to equity from the home to assist with care costs or moving to appropriate housing (Ong, Jeferson, Wood, Haffner & Austen, 2013). The 2008 Senate inquiry on affordable housing suggested state and territory governments consider exemptions for older Australians who are downsizing (Senate Select Committee on Housing Affordability in Australia, 2008). The NSW Government eliminated stamp duty in the 2010 budget until July 2012 for those over 65 years old in an effort to encourage them to trade down to smaller homes without having to pay stamp duty (NSW Treasury, 2009), but stamp duty has since been reinstated. The case for asset testing, now being strengthened by Government for income support and aged care, has been recognised for some years as being relevant for baby boomers who have high home ownership rates and an increasing proportion of whom will have superannuation benefits (Kendig & Bridge, 2007).

Perceptions about retirement communities, as outlined in Section 3 above, also influence older people's decision to relocate (Crisp et al, 2013a). International research indicates that these views may inhibit retirees from moving earlier than they do (Grant, 2007) and that these perceptions are influenced by personal or a relative's experience of retirement communities (Hollinger-Smith et al, 2012). Hollinger-Smith et al (2012) found that a person's experience with their parent's retirement community influenced their perceptions about retirement communities, with services, reputation, value for fees paid and management of the facility seen as very important.

The baby boomer cohort is likely to drive new models of retirement communities, especially as they may make several housing transitions from the age of 55 (Beer & Faulkner, 2009). Crisp et al (2013b) found that generally luxury facilities such as a heated swimming pool and gym facilities are not considered essential by older age groups in their Canberra sample. However, Beer and Faulkner (2009) report that relatively younger movers to villages can be motivated by life style factors including luxury facilities. Crisp et al (2013a) also found that baby boomers had differing values compared to other older adults, noting that adults aged 55 – 64 were most likely to report being allowed pets, 'space to get out and walk around' and gym facilities as important in influencing their decision to relocate to a retirement community. This same age group was most likely to identify 'family doesn't have to look after you' and 'assistance in the case of declining health' as potentially encouraging relocation (Crisp et al 2013a).

A number of other factors are said to contribute to relocation. Stimson and McCrea (2004) identified factors such as the general built environment, affordability of the community, location of the community, potential to maintain existing lifestyle, and familiarity offered by the community as important. Renters are more likely than home owners to relocate (Robinson & Moen, 2000). Those who do not drive are also less likely to consider relocation (Weeks et al, 2012). An early qualitative study found that many people who had moved to retirement communities wished they had done so earlier when they had relatively more health and social resources to enable the transition (Davison, Kendig, Stephens & Merrill, 1993).

2.7 BENEFITS AND EFFECTS OF RELOCATION

Relocation to a retirement community can affect older people, their families and the wider community in a number of ways.

In comparison to comparable older people in the wider community, retirement community residents report a higher quality of life (Gardner et al., 2005). Those who consider relocation but do not relocate are more likely to say that their quality of life is the same or worse since considering relocation (Gardner et al, 2005). This may be attributable to aspects of retirement communities including opportunities to socialise, take part in physical activity and access to support services (Crisp et al, 2013a). Satisfaction with life also increases as older people feel less of a burden on their family and are able to focus more on familial relationships than living arrangements (Buys, Miller & Barnett, 2006). A study of age-concentrated public housing found significant benefits for vulnerable older people living alone, notably social interaction and mutual aid for older women and secure accommodation for older men (Brooke Davison, Kendig & Reynolds, 1998; Davidson, Brooke & Kendig, 2003).

International research has also identified benefits of relocation, including feelings of being valued members of a secure and supportive community which contribute to developing a genuine sense of belonging and enhancing one's identity (Grant, 2007). Residents also experience an increase in satisfaction with friendships after relocation (Graham & Tuffin, 2004). The loss of close social relationships during relocation may also encourage older people to seek out and develop social networks (Heisler, Evans & Moen, 2004; Graham & Tuffin, 2004).

As people age, the risk of requiring admission to a hospital or long term admission to an aged care facility increases (Karmel, Hales & Lloyd, 2007). Provision of community care is considered to be critical given constraints on access to hospital and residential care (Howe, Doyle & Wells, 2006, cited in a report by the Australian Institute of Health and Welfare, 2011). A report published by the Independent Longevity Centre of the United Kingdom found that a retirement community model which incorporates accommodation with home care reduced both hospital and nursing home admissions (Kneale, 2011). Home care reduces rates of hospitalisations and admission to nursing homes, a finding further highlighted by the Australian Institute of Health Welfare (Hales, Ross & Ryan, 2006). What is unclear through the literature is whether there are factors which could be facilitated by retirement communities, such as access to information, that impact the incidence of hospitalisations and nursing home admissions. Reducing or delaying hospitalisations and nursing home admissions could potentially reduce aged care expenditure, which rose to \$12.5 billion during 2011-2012 (DSS, 2013).

Relocation potentially can be a negative experience particularly in the early stages of adjustment. Negative outcomes may be associated with the financial arrangements and unforeseen or escalating fees or the lack of capital gain inherent in the loan/lease model (Judd et al, 2014). Phillips, Bernard, Biggs, and Kingston (2001) reported that retirement communities may deny certain elements of freedom and choice due to expectations and pressure to conform to the appropriate norms of the community.

It is unclear from the literature whether specific factors may influence the apparent benefits of retirement communities. More also needs to be known about the subgroups of older people who may be relatively more or less advantaged by retirement community living. These topics require further research specifically in the Australian context.

2.8 ALTERNATIVE ACCOMMODATION

Most older people live in private housing, such as their family home or a rental property (Pynoos, et al, 2006; ABS, 2013). The 2011 Australian Census data indicates that 94% of older Australians, or 2.7 million people, lived in private houses, the majority of which (78%) were separate houses (ABS, 2013). This type of housing was most common for those aged 65–74 years (81%) and as age increased, the percentage in separate housing decreased. However, as the gap between housing price and household income continues to increase, housing in general will become increasingly unaffordable for low to moderate income earners (Yates, Kendig, Phillips, Milligan & Tanton, 2008).

As people age in the community, Naturally Occurring Retirement Communities (NORCs) may evolve. NORCs evolve as the occupants of neighbourhoods or buildings age and result in a large proportion of older people within that location (Pynoos, et al, 2006). Similarly, older adults may choose to formally or informally co-house with other older adults in the community. Cohousing and NORCS may offer similar social benefits to those found in purpose built retirement communities, such age homogeneity, a sense of community and social interaction (Streib, 2002). They may also support older people to age in place within their own home (Kloseck, Crilly & Gutman, 2010) and provide an age-friendly environment that supports healthy, productive and successful ageing (Streib, 2002).

A response by some older people in areas with a large proportion of older people that could be considered NORCS has been to create “virtual retirement communities”. The best known of these is in Beacon Hill, Boston, US, which offers membership subscriptions and volunteer opportunities in return for information services, social activities and help with transport and shopping.

Older people also live in caravan or mobile home parks. The 2011 Census indicated that around 22,800 older people lived in a caravan, cabin or houseboat (ABS, 2013). These people tended to be younger – almost two thirds were in the 65–74 years age group, and 59% of people in this group were men (ABS, 2013).

Home care packages and home modifications are available to eligible older people living in various types of accommodation. These government funded initiatives aim to enable older people to live in their chosen form of housing as their health deteriorates or home maintenance becomes an issue (Judd et al, 2014; Stimson & McCrea, 2004). Eligibility for home care packages is determined by an Aged Care Assessment Team (ACAT) which assesses general health, health conditions and ability to attend to activities of daily living (DSS, 2014c). Assistance with home modifications can enable continued independence for people experiencing mobility and other limitations as they grow older (Carnemolla & Bridge, 2011)

2.9 AGEING IN PLACE AND RETIREMENT COMMUNITIES

Australian researchers Horner and Boldy (2008) describe ageing in place as a positive approach to meeting the needs of the older person, supporting them to live independently or with minimal assistance, for as long as possible. The concept typically refers to ageing in a familiar place, of which the preference for older people is generally the family home (Glass & Skinner, 2013; Horner & Boldy, 2008; Pynoos, et al., 2006). Boldy Grenade, Lewin, Karol & Burton (2011) reported that housing, locality, and support are key ‘push’ and ‘pull’ factors influencing older people’s decision to relocate. They expressed concern that some older people are ageing in place for too long. They found that just 17% of 3000 older Australians aged 55 and over were considering relocation in the following 12 months and called for a distinction between ‘ageing in place’ and ‘staying put’. They add that an older person’s place of residence requires ongoing assessment for suitability for ageing in place as a viable option to enable and maximise self-fulfilment in a preferred lifestyle, either in familiar surrounds or elsewhere. Horner and Boldy (2008) highlighted the burden that ageing in place (or ‘staying put’) can put on informal carers and wider family networks.

US researchers have noted that ‘ageing in place’ solutions for older people can emerge from ‘groupthink’ responses that are not always in their best interests, particularly for those rendered vulnerable by poor health and low income living in unsupportive housing or neighbourhoods (Golant, 2009; Pynoos & Cicero, 2009). The declines in housing values there (but not in Australia) limited the capacity of many to move when they would wish to do so.

There are a number of factors that influence an older person’s ability to age in place. These include household income, age and marital status (Paganini-Hill, 2013); health status and care requirements (Paganini-Hill, 2013; Boldy et al, 2011); and the desire for a change in lifestyle (Boldy et al, 2011). A person’s ability to age in place is also related to the suitability

of their physical environment (Jones, Jonge & Phillips, 2008). These factors are similar to those that influence the decision to relocate, as outlined in Section 2.6.

The Australian Institute of Health and Welfare (AIHW, 2013) has recently reported on the 'desire to age in place' among the vast majority of older Australians. Intentions to stay in current accommodation were highest among public tenants and home owners and lowest among private renters. Very few, for the most part public or private renters, wanted to move in the near future. Earlier work by Olsberg and Winters (2005) found that this desire was related more to staying in their familiar locations than necessarily remaining in their same home. They also reported high satisfaction with housing and low moving rates, especially among older owners. They added that much of the desire to age in place related to emotional and social attachment to the locale rather than to their dwellings. The ways in which older people move or stay as they progress through later life has been examined in a series of articles based on the Melbourne Longitudinal Surveys of Healthy Ageing (MELSHA) conducted from 1994 to 2010. Of the older people who had died during this period, most either died at home or in hospital; the minority who had entered residential care generally did so at advanced ages and for relatively short durations prior to death (Kendig, Pedlow, Browning, Wells & Thomas, 2010). Entry to residential care was predicted primarily by health factors but life style and social factors were important predisposing influences.

Kendig, Gong, and Browning (under review) used the Melbourne-based MELSHA data set to examine longitudinal predictors of older people's ageing in place from 1994 to 2010. In the baseline interview respondents were asked what they thought older people in general preferred when they were no longer able to maintain independence. The responses were 75% for staying in their own homes with outside help and 15% for retirement homes. Less than 4% preferred nursing homes and similarly less than 4% preferred living with children. However, the majority of those who had moved to residential care had not preferred it at baseline. Advancing age and limited abilities with daily living tasks were found to be the main predictors for older people later moving from their homes. While women had a stronger preference than men for staying at home, they had a relatively lower probability of ageing in place compared to men. Private renters were less likely to age in place than either owners or public tenants. Public tenants were more likely than owners to use residential care when they left their homes.

Research from the National Seniors Australia (NSA) Productive Ageing Centre (2012) found that two in three people aged over 50 intended to remain in their current home as they aged, yet only one in three (38%) had plans in place to prepare for getting older and becoming frailer. The report suggested that there is a significant disconnect between the stated desire of many Australians to age in their own home and their ability to do so (NSA, 2012).

Baby boomers are likely to drive changes in the understanding of ageing in place, as well as retirement community models. Olsberg and Winters (2005) found that, unlike the majority of older people at the time, baby boomers were particularly comfortable with the notion of moving house in the future and that this group had an attachment to the general location or suburb rather than the family home. More than half expected to relocate in order to release finances tied up in the family home (Olsberg & Winters, 2005).

Extending the discussion on ageing in place to the concept of 'ageing well', a recent article by Kendig, Browning, Thomas and Wells (2014) drew on Australian data from the MELSHA

data set to identify longitudinal predictors for enabling older people to continue to live well as long as possible. 'Ageing well' was conceptualised on the basis of qualitative research on life outcomes that older Australians themselves value: continuing to live as long as possible in the community with independence in daily living along with good self-rated health and psychological well-being. The findings indicated that healthy lifestyles, including social support and physical activity, significantly increase the chances of ageing well through later life.

Australian and international research is providing an evidence base for action in line with the World Health Organization's (WHO) (2007) 'age-friendly communities' initiative which aims to encourage: '...active ageing by optimizing opportunities for health, participation and security in order to enhance the quality of life as people age' (Kendig & Phillipson, 2014). There are significant opportunities for action on ageing and the built environment. The strengths of an environmental approach to ageing well are considerable (Wahl & Oswald, 2010). Maintaining independence is a key priority among older people (NSA, 2012). If people can maintain independence in supportive environments, there is less need for service responses that can reduce autonomy and dignity and which may prove costly for the individual or the public purse. The alternative of having insufficient support can also limit coping and precipitate premature moves to restrictive and expensive care settings.

A recent review of the international literature on the importance of neighbourhoods for older adults has identified that perceptions of social cohesion, social networks, safety, physical disorder, and other aspects of neighbourhood quality are associated with physical and mental health (Pearson, Windsor, Crisp, Butterworth & Anstey, 2012). Drawing on their partnership with National Seniors Australia and IRT, these researchers from the Australian National University conducted a survey in Canberra finding high levels of neighbourhood satisfaction and well-being. However, more negative neighbourhood perceptions and life outcomes were reported among those who were disadvantaged by living alone, poor health, not driving, and not having family nearby. Positive perceptions of the physical environment were mostly associated with physical and mental health, while perceptions of social cohesion were associated with social networks/support and loneliness, as well as physical and mental health. The report concluded that policy actions enhancing neighbourhood quality can contribute to broader strategies to enable older Australians to age well in place (.).

CONCLUSION

The above literature review (conducted in mid-2014) highlights the wide range of research findings relevant to the development and delivery of age friendly retirement communities in Australia. However, while significant findings are available for Australia, notably work from the Australian Housing and Urban Research Institute (AHURI), further research is required and it may be particularly valuable to retirement community providers to have this type of information updated on an ongoing basis. Further, it has been many years since the substantial body of work on retirement communities was completed by Stimson and colleagues (2002/2004). This work, especially in the rapidly changing policy environment, needs to be updated.

Following are some important topics for which the research evidence at present appears to be limited:

- Understanding the future needs and preferences for more age appropriate accommodation as the Australian population ages, taking particular account of the baby boomer cohort.
- The extent to which retirement communities integrate with and benefit the wider community, such as by the provision of community halls or medical centres.
- Identifying the barriers to integration with the wider community, such as the cost of land and its effects on the affordability of retirement communities.
- Investigating the extent to which retirement community living can support the values associated with ageing in place by enabling healthy, active ageing in an appropriate and supportive environment. To what extent do residents benefit from the opportunity to access effective social support, improved lifestyle, enhanced health and security of tenure?
- Further research into the experiences and perceptions of residents could provide a deeper understanding of if and how the potential benefits of relocating impact on residents at an individual level. Comparing the perceptions conveyed through the retirement community industry and organisations with the actual experiences of residents may also assist to improve the design and management of a retirement community to best serve the needs of older people.
- Clarifying the meaning of ageing in place to older people is also important. Research identifies varying ideas associated with the term; however the exact location in which ageing in place is to occur could be explored further. Considering “place” at wider levels than just the home, for example the community level, could provide further insight.
- Gathering reliable Australian population-wide data on retirement community residents in comparison to other older Australians could shed further light on who has access to retirement communities.
- Examining the related issues of service use is a priority that could provide insight into the general characteristics of those living in retirement communities compared to other older Australians.
- Currently, there is limited research on the age friendliness of retirement communities. There is a clear need for future research relating to the factors which influence relocation, which may highlight physical and sociological considerations for retirement community design.
- Notwithstanding the importance of financial aspects of retirement community living, there is surprisingly little research on this topic.

In summary, further research can help to identify how residents are using existing retirement communities and be of benefit to strategic decision makers, planners, property developers and community operators.

CHAPTER 3: VILLAGE LOCATIONS: A SPATIAL ANALYSIS OF IRT MACARTHUR AND IRT KANGARA WATERS

Chapter 2 identified location as one of the most important factors influencing an older person's decision to move (or not) to a retirement community (Stimson & McCrea, 2004; Beer & Faulkner, 2009). The scope for choosing changes of location, including moves to retirement communities, is especially important for those in the baby boomer cohort who have accumulated considerable wealth in their homes, superannuation, and other investments. In general, older people are more likely to choose retirement villages which are close to their local communities, families and friends (McCrindle, 2013). Location can also be an important factor underlying the affordability and availability of land for the site, local services and facilities available in a retirement community.

The analysis of locational patterns in population growth and economic wellbeing among older Australians can provide information for two main purposes concerning IRT communities. First, understanding the economic resources of local populations of older people is a key factor in marketing that takes account of the lifestyles of potential residents as well as their capacities to afford the prices. Second, economic resources are central to identifying populations in financial need, given the importance of retirement communities in supplying relatively less expensive accommodation for those experiencing higher levels of financial need. For both marketing and needs-based planning, capacities with daily living are central to the planning and delivery of the supportiveness of accommodation design as well as the delivery of services. Projected changes in the age profiles and financial capacities of older residents is essential for planning given the long time frame of decades or more for considering the returns and costs from capital investment in retirement communities.

Chapter 3 provides a preliminary analysis of the demographic and socio-economic characteristics of the older people in the Local Government Areas (LGAs) where the IRT villages of Macarthur and Kangara Waters are located, namely Campbelltown, NSW and the ACT. It also compares the population and housing characteristics of the older residents in these areas to those for all older people in NSW and Australia. As was explained in chapter 1, the villages in these areas reflect some variation in terms of location and illustrate the kinds of analyses that could be conducted in a full investigation of the locations of all IRT communities.

The geographical level of Local Government Areas (LGA) is chosen for this analysis because LGA is the lowest tier of government in Australia administered under the states and territories.

DEMOGRAPHIC CHARACTERISTICS: GROWTH OF THE OLDER POPULATION

Table 1 examines the age concentration of older people aged 65-79 years and 80 plus, using ABS Census data 2006 and 2011. The proportion of older people is relatively lower in ACT and Campbelltown when compared to the average levels of NSW and Australia. However, the concentration rate of older people increased significantly from 2006 to 2011 for all the areas due to an ageing population.

Table 1. Concentration of old people, 2006 to 2011

	Total population		% aged 65-79		% aged 80+	
	2006	2011	2006	2011	2006	2011
ACT	324,034	357,218	7.20%	7.91%	2.54%	2.77%
Campbelltown	143,075	145,969	5.72%	7.27%	1.69%	2.05%
NSW	6,549,174	6,917,656	9.98%	10.52%	3.85%	4.20%
AUSTRALIA	19,855,287	21,507,719	9.66%	10.10%	3.66%	3.90%

Source: ABS (2006); ABS (2011).

An examination of population growth statistics, presented by the Australian Bureau of Statistics, in the areas targeted by the pilot study demonstrates a clear increase in the older adult population within these locations. Seen in Table 2, the population growth of older people aged over 65 years from 2006 to 2011 was relatively higher in ACT and Campbelltown than the average of NSW and Australia.

Table 2. Projected population growth of older people from 2006 to 2011

Population	65-79			80+		
	2006	2011	growth	2006	2011	growth
ACT	23,334	28,255	21.1%	8,233	9,910	20.4%
Campbelltown	8,190	10,618	29.7%	2,418	2,987	23.5%
NSW	653,425	727,719	11.4%	252,360	290,463	15.1%
AUSTRALIA	1,917,038	2,172,670	13.3%	727,330	839,624	15.4%

Source: ABS (2006); ABS (2011).

Population projections for 2015 and 2025 published in the Social Health Atlas of Australia 2010 by the Public Health Information Development Unit at the University of Adelaide indicate a continued growth of older Australians in these areas. The projected population growth of residents aged 65+ for the target areas is presented in Table 3. It indicates that the projected growth of older people aged both 65-79 and 80+ in Campbelltown is much higher than the average growth of NSW and Australia, as is the projected growth of 80+ year olds in the ACT.

Table 3. Projected growth of older people aged 65-79 and 80+

Population	65-79			80+		
	2015	2025	growth	2015	2025	growth
ACT	36,379	49,404	35.8%	11,244	17,034	51.5%
Campbelltown	14,172	20,890	47.4%	3,560	5,675	59.4%
NSW	876,217	1,154,794	31.8%	322,344	428,409	32.9%
AUSTRALIA	2,679,505	3,638,205	35.8%	946,449	1,303,734	37.8%

Source: Public Health Information Development Unit (2010)

SOCIO-ECONOMIC CHARACTERISTICS: DISTRIBUTION OF ADVANTAGED AND DISADVANTAGED OLDER PEOPLE

An examination of the socio-economic characteristics of areas in which retirement communities are located is important in considering the perceived affordability of housing options.

As the residents in retirement communities are currently restricted to people aged 55 and over or who have retired from full-time employment, we examined the economic wellbeing of older people aged 55 years and above. Because older Australians have relatively low incomes but high home ownership, we analysed economic wellbeing for older people beyond income alone by incorporating home ownership and dependence on government benefits (also see Gong, Kendig, Harding, Miranti & McNamara, in press).

The relative economic advantage of older people aged 55 plus is identified based on whether they are in the top two income quintiles, own their home outright (or have no mortgage) and have their main income from a private income source. Deep economic disadvantage among older people aged 55 plus is identified according to whether they are in the bottom income quintile, public or private renter and with main income from government benefits.

The analysis of economic advantage within our target areas is presented in Table 4. It shows that the ACT (Kangara Waters) has a much higher proportion (33.9%) of advantaged older people who are both within the top two income quintiles and outright home owners, compared to Campbelltown (Macarthur), wider NSW and Australia. This indicates that residents in the ACT may have less concern over affordability issues associated with moving into a retirement village.

Table 4. Distribution of relative economic advantage among older people aged 55+

	People aged 55+	% in Top two income quintiles	% Outright home owners	% Top income and outright home owners	% Relatively economic advantage
ACT	58,509	48.4	69.4	33.9	33.6
Campbelltown	23,158	29.5	58.5	17.0	16.9
NSW	1,450,212	28.4	73.7	20.0	19.8
AUSTRALIA	4,256,813	27.7	73.1	19.1	19.0

Source: Gong, McNamara, Vidyattama, Miranti, Tanton, Harding, & Kendig, (2012); ABS (2006).

The analysis of deep economic disadvantage among people aged 55 and over is presented in Table 5. Campbelltown (Macarthur) has relatively higher proportion (11.9%) of disadvantaged older people who are in the bottom income quintile and renters than ACT (Kangara Waters), NSW and Australia. This may indicate a higher potential demand for affordable retirement housing in this area.

Table 5. Distribution of deep economic disadvantage among older people aged 55+

	People aged 55+	% in Bottom income quintile	% Private renters	% Public renters	% Bottom income and renters	% Deep economic disadvantage
ACT	58,509	19.5	5.7	8.9	7.3	6.7
Campbelltown	23,158	31.4	8.1	13.3	11.9	10.8
NSW	1,450,212	33.3	8.5	4.6	6.9	6.3
AUSTRALIA	4,256,813	33.2	8.3	4.1	6.6	6.1

Source: Gong, et al (2012); ABS (2006).

ASSISTANCE NEEDS (ASSISTANCE WITH DAILY ACTIVITIES)

An examination of the number of people requiring assistance in daily activities from 2006 to 2011 indicates a significant disparity in the rate of growth across the target locations. At only 8.8% growth in the number of people needing assistance amongst 65-79 year olds and 13.4% for those aged 80 and over, across the 5 year period, the ACT was considerably lower than the average of NSW and Australia. The corresponding growth is extremely high at Campbelltown, 43.0% for 65-79 year olds and 23.4% for those aged 80 and over.

Table 6. Number and proportion of older people who need assistance in daily activities (2006 and 2011).

	65-79			80+		
	2006	2011	growth	2006	2011	growth
ACT	2,151	2,341	8.8%	3,107	3,523	13.4%
Campbelltown	1,132	1,619	43.0%	1,137	1,403	23.4%
NSW	66,039	79,424	20.3%	91,214	107,319	17.7%
AUSTRALIA	188,738	230,077	21.9%	260,547	307,204	17.9%

Data source: ABS (2006); ABS (2011).

The projected growth of older people needing assistance in daily activities from 2015 to 2025 was then predicted using the growth of population in Tables 2 and 3 and the growth of need assistance in daily activities in Table 6. The following formula was used: $(1 + \text{need assistance growth (Table 6)} / \text{population growth (Table 2)}) * \text{population growth (Table 3)}$. The predicted growth in the need for assistance is presented in Table 7. The analysis indicates that the potential growth in those needing assistance across both age groups is extremely strong at Campbelltown, but comparatively weak in the ACT. This is a potential indicator of stronger future demand for both community care services and residential aged care in Campbelltown.

Table 7. Predicted growth of need for assistance in daily activities

	65-79	80+
	Growth from 2015 to 2025	Growth from 2015 to 2025
ACT	15.00%	33.85%
Campbelltown	68.79%	59.06%
NSW	56.68%	38.48%
AUSTRALIA	58.77%	43.78%

IN SUMMARY

This chapter has provided an indication of the information that could be available on the people and accommodation in each of the areas where IRT villages are currently located as well as projections for population changes in these areas. The preliminary results of the study have indicated a higher level of projected growth in people 65 years and over in the Campbelltown area and 80 years and over in the ACT over the next 10 years, compared to the average growth in NSW and Australia, indicating a high potential demand for retirement housing in these areas. The relatively higher proportion of disadvantaged older people in the Campbelltown area may indicate a potential demand for affordable retirement housing in this area. However, in considering the implications of these findings it should be noted that predictions such as those above are based on the assumption that population characteristics in these areas will not change over time.

CHAPTER 4: RELOCATION INTO A RETIREMENT COMMUNITY: AN INVESTIGATION OF RESIDENT EXPERIENCES

As discussed in Chapter 2, previous research has indicated that there may be a number of benefits to retirement community living, including a reportedly better quality of life in comparison to the wider community (Gardner et al, 2005). Complementary to the analysis of area demographics and organisational statistics presented in the earlier chapters, Chapter 4 provides an examination of the experience of living in a retirement community from the perspective of the residents. IRT Kangara Waters (ACT) and IRT Macarthur (Campbelltown, NSW) again served as exemplar locations for this section of the pilot study.

The following questions of interest are addressed:

- 1) What characterises the experience of residents of the retirement community? What do residents perceive as the benefits of moving? What difficulties have they encountered?
- 2) Do residents perceive there to be improvements in their overall quality and satisfaction with life following relocation into the village?
- 3) Are residents satisfied with the home and neighbourhood/village environment?
- 4) Do residents continue to maintain good social networks following relocation? Is social engagement of residents improved?
- 5) To what extent do residents use care services (e.g. for cooking or cleaning) and are they satisfied with the quality of these services?

This pilot study comprised 136 residents across the two villages who responded to the survey on resident experiences conducted from June to July 2014. Respondents were aged 59 to 95 years and had lived in the villages from between approximately two months to nine years (average of 4.5 years). The majority of respondents were female, married, held a current drivers licence, and reported themselves as being in good health. Table 8 presents a detailed description of the respondent characteristics across each village. For the purposes of this report, given the restriction to two villages and the need to protect the anonymity of participants, resident responses are not presented separately by village in further analyses.

Table 8. Characteristics of respondents.

	ACT (n = 71)	Campbelltown (n = 65)	Total (n = 136)
Age, M (SD)	78.23 (7.65)	77.63 (6.90)	77.94 (7.28)
Gender, %			
Females	60.0	63.1	62.5
Males	38.0	35.4	36.8
Marital status, %			
Married / de-facto	54.9	49.2	52.2
Separated/divorced	9.9	7.7	8.8
Widowed	31.0	40.0	35.3
Never married	4.2	1.5	2.9
Time in village, M (SD)	4.02 (1.65)	5.09 (2.44)	4.54 (2.14)
Property type, %			
Townhouse/villa	29.6	3.1	16.9
Unit/apartment	70.4	95.4	82.4
Current Drivers, %	85.9	84.6	85.3
Self-rated general health, %			
Excellent	5.6	4.6	5.1
Very good	38.0	35.4	36.8
Good	42.3	38.5	40.4
Fair	12.7	20.0	16.2
Poor		1.5	0.7

RESIDENTS' SELF-REPORTED EXPERIENCES OF LIFE IN THE RETIREMENT VILLAGE.

In order to gain an understanding of the experience of living in a retirement village, current residents were first asked to report on both the benefits and difficulties associated with living in the village.

When asked about the benefits of living in the village, 93% of respondents reported at least one advantage. Consistent with past research, increased social contact, a feeling of community and the social activities available to residents were the most frequently cited benefit of retirement community living amongst respondents (see Figure 1). For example, residents reported “increased sense of community spirit”, “lots of friendly people”, and “many activities to choose from”. One resident reported “It is delightful to be part of a social group and to have new friends”. This was closely followed by the advantage of not having to worry about gardening and maintenance issues.

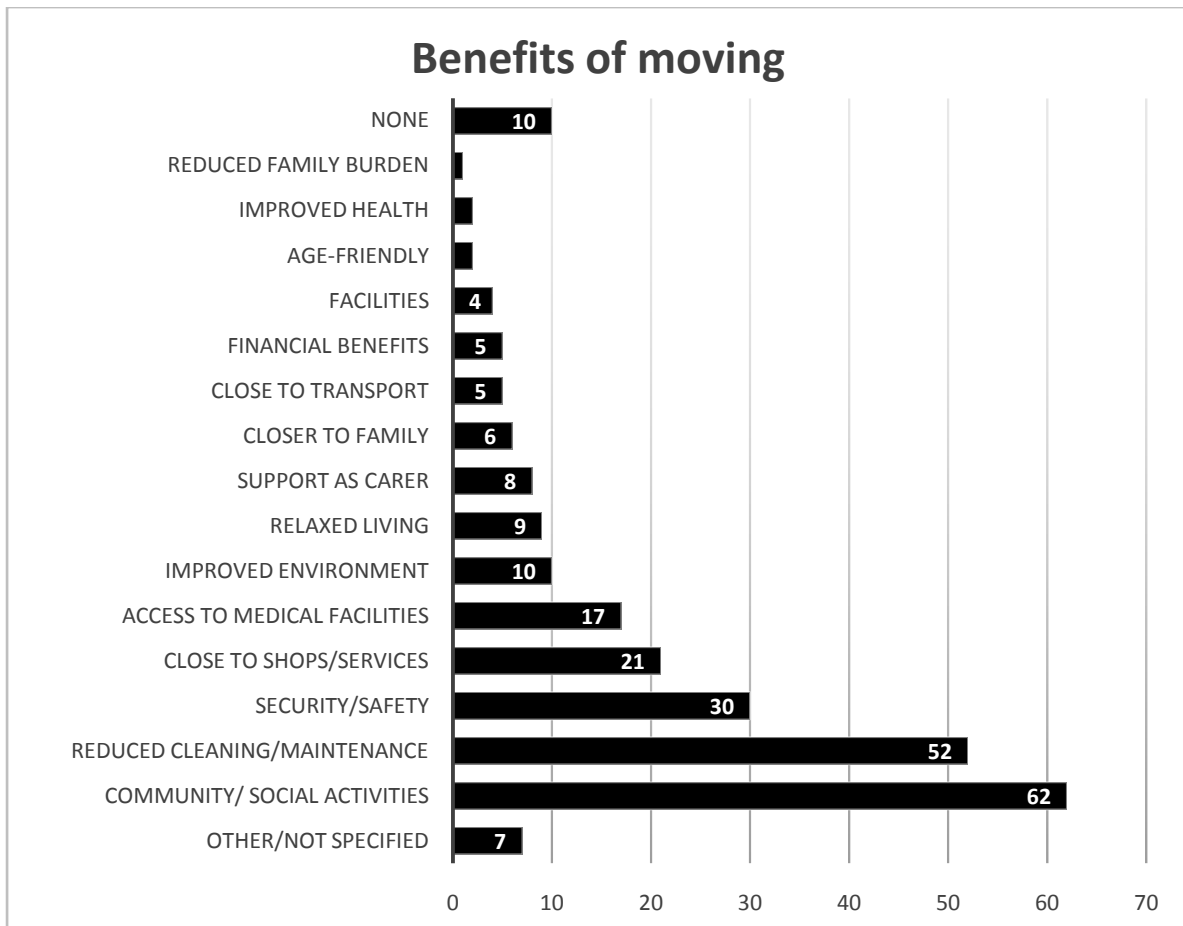


Figure 1. Summary of benefits of living in the retirement community (as reported by residents)

Note: Respondents may have reported more than one benefit.

Having considered the benefits of living in the retirement community, residents were asked to indicate the greatest benefit. Reduced cleaning and maintenance was endorsed most frequently (see Figure 2).

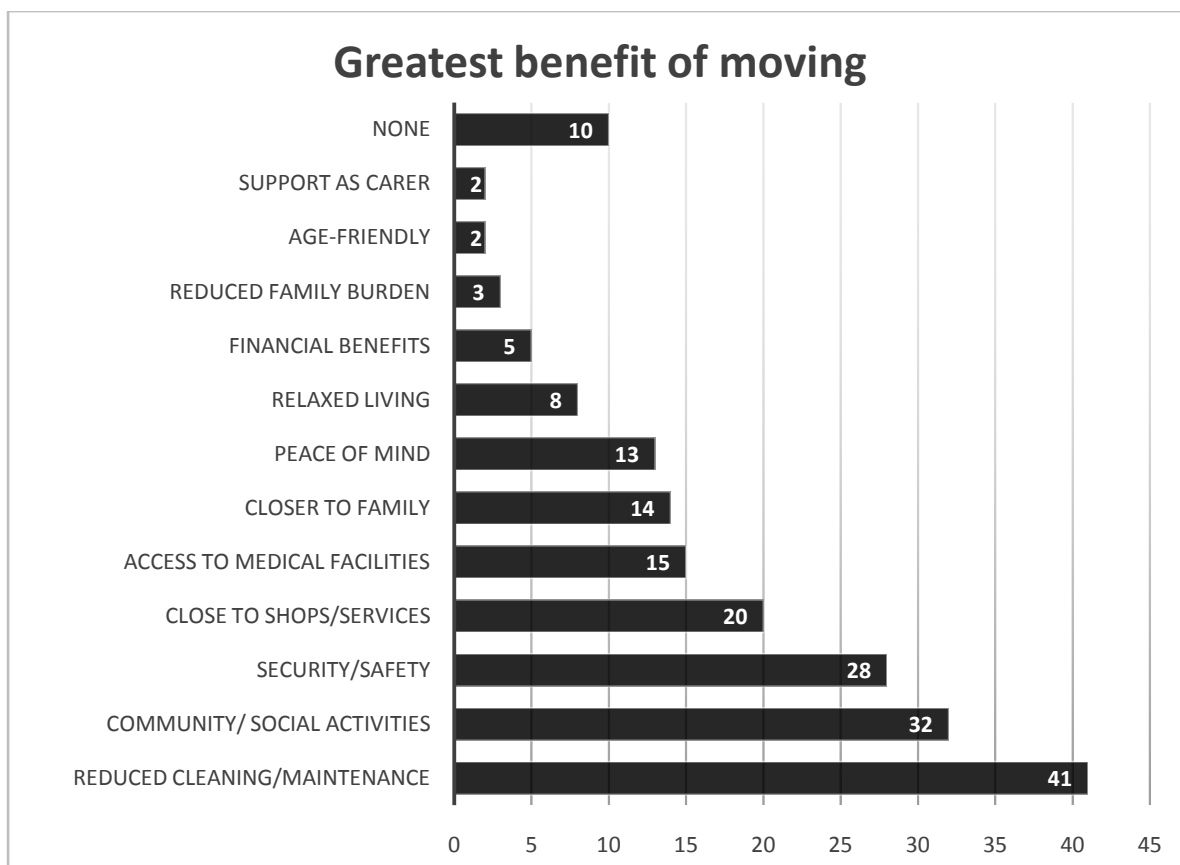


Figure 2. Greatest benefits of living in the retirement community (as reported by residents)

Note: respondents may have reported more than one benefit.

In considering any difficulties associated with living in the retirement community, only 25% of residents reported a problem. While a range of difficulties was noted by residents, the most frequent related to maintenance issues (e.g. ‘poor hot water’ or ‘having to wait for repairs’), issues with other residents, parking, or minor general problems associated with initial adjustment such as learning to use new appliances. It is important to emphasise that given the number of survey respondents these problems were reported by a very small number of residents. However, they are important to consider in the context of future plans for the wider investigation of resident experiences. Figure 3 presents the summary of results.

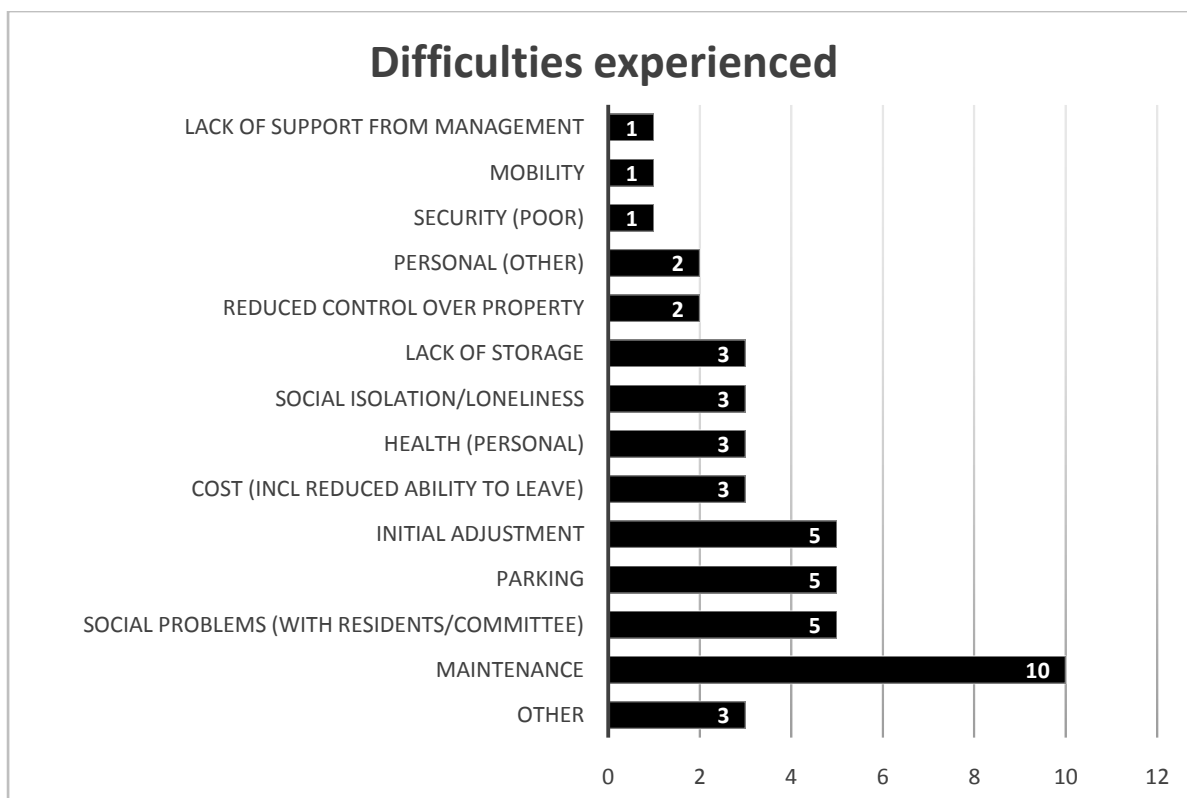


Figure 3. Summary of difficulties experienced by residents living in the retirement community

Note: respondents may have reported more than one difficulty.

IMPROVEMENTS IN QUALITY AND SATISFACTION WITH LIFE

As highlighted in our review of the existing literature, it has been noted that, in comparison to the wider community, retirement community residents report a higher quality of life (Gardner et al, 2005). While further research is required to establish the benefits of retirement community living in regards to improved quality and satisfaction with life, our initial pilot investigation of IRT residents supported the overall positive experience of the majority of residents. When asked if they felt there had been an overall improvement in their quality of life since moving into the village, 55% of respondents indicated “yes, definitely” (51% of Kangara residents, 60% of Macarthur residents; a further 36% indicated some improvement (41% of Kangara residents, 31% of Macarthur residents).

RESIDENT SATISFACTION WITH THE HOME AND VILLAGE ENVIRONMENT

Along with changes in physical health and functioning, the suitability of the home environment is one of the most commonly cited motives driving decisions to relocate in later life. Therefore, an important extension to indicators of satisfaction within the context of relocating to the retirement village is the evaluation of specific satisfaction with the new home environment and the wider village neighbourhood environment. Table 9 presents a summary of responses, specifically the percentage of people indicating ‘not at all’ or ‘extremely’ to each of the questions presented.

Given issues of mobility that may be of specific concern to prospective residents, it is important to note that approximately 77% of respondents indicated that the grounds of the village were extremely easy to move around in.

Table 9. Resident satisfaction with the home and village environment.

	% respondents reporting 'not at all' vs 'extremely'	
How much does your current home (the village) feel like part of a neighbourhood?	3.8	52.7
How easy is it to manage your monthly expenses here?	8.3	56.8
How appealing do you find the layout, for example, size, view, and atmosphere of your current home?	0.8	60.2
How "homey" does this place feel?	1.5	60.6
How much does it feel that your long-term expenses are predictable here?	3.1	39.1
How attractive do you find the grounds and outside appearance of your current home to be?	1.5	44.7
How much does this setting offer many of the things you like to do?	3.8	31.8
How affordable do you find this place to be?	0.8	31.6
How clean and quiet do you find this place to be?	0.0	61.7
How likely is it that you could stay here even if your health declined?	0.8	54.5
How easy do you find it move around the grounds of the village?	3.8	77.4

Note: a proportion of responses lie between these two extremes.

THE SOCIAL ENGAGEMENT OF RESIDENTS

The loss of social support systems as individuals experience the loss of a partner or the relocation of friends and neighbours represents another major motive for relocation (Gardner, 1996; Sergeant & Ekerdt, 2008). Perceived social isolation accompanying changes to one's social network in later life, and the contrasting community friendly design of many retirement villages, represent important factors influencing residential location.

Our pilot investigation found evidence for social engagement as being a significant component to this style of housing. Not only was the general social environment described as a significant benefit by the residents (as noted above), but residents also reported having substantial social networks consisting of neighbours, friends and family; and only very low levels of perceived loneliness (average score of 1.3 on a scale of 1 to 3, a higher score indicating greater perceived loneliness).

At least 78% of respondents had at least three relatives they saw at least once a month; and 90% had at least three neighbours they saw at least once per month (70% had at least five neighbours they saw at least once per month). Importantly 68% of respondents reported having at least three relatives and/or neighbours that they felt close to, such that they could call on them for help. When asked if they had maintained social ties with friends and neighbours they had prior to moving into the village, 91% of respondents indicated they had

(94% of Kangara residents, 85% of Macarthur residents); 78% of respondents reported at least three friends outside the village that they saw at least once a month.

PERCEPTION AND SATISFACTION WITH ACCESS AND QUALITY OF CARE SERVICES

A final aim of our pilot investigation of the experiences of residents was to examine the extent to which residents engaged the use of care services (e.g. for cooking or cleaning) and if they were satisfied with the quality of these services. Approximately 36% (N = 49) of respondents across the two villages indicated that they were receiving at least one form of in-home support service from either IRT, an outside provider or from family (25 Kangara residents, 21 Macarthur residents).

The number of people receiving each type of service, by provider, are set out below (Table 9). When asked about their overall satisfaction with the quality of these services, the response was positive.

Other services listed included apartment maintenance, day care for a spouse, and nurse visits (reported by only a couple of people). In order to maintain the anonymity of participants, data is not identified here by village. However, a similar pattern is displayed across the two villages and more detailed investigation of services received by residents would be of interest in future investigation.

Table 9. Summary of care services received by provider type and overall satisfaction rating

Service Received:	Received from:			% rated 'Satisfied' – 'Very Satisfied'*
	IRT	Outside provider	Family	
Cleaning	9	44	1	93
Gardening	14	2	0	73
Washing & ironing	1	1	4	100
Cooking	0	1	4	100
Shopping	5	5	5	92
Showering & dressing	2	2	0	100
Supervision of medication	0	1	3	100
Transport	4	6	5	94

* Proportion of those responding to the item

IN SUMMARY:

Chapter 4 has provided important information about the experience of living in a retirement community from the perspective of the residents. The majority of residents reported improved quality of life as a function of living in the IRT community, finding it an environment in which it was easy to move around. The greatest benefits of living in the retirement village were reported as the reduction in home cleaning and maintenance and the increased social

contact, feeling of community and social activities available to residents. Few residents reported having experienced difficulties as a function of living in the retirement community.

CHAPTER 5: ACCESSING AGED CARE SERVICES

A major question for retirement communities concerns their effects in enabling residents to delay or avoid accessing aged care services as a result of the range of benefits identified in the international and national literature and in the preliminary survey findings (Chapter 4). These potential benefits could include the supportiveness of the purpose-built, age friendly accommodation and village environment, a sense of security should needs escalate, mutual support from age peers, and the close availability of services on site or by off-site providers.

Examining age of entry to service use provides an objective indicator of the value of retirement communities within the overall health and aged care system. If residents access services at relatively older ages, this would indicate that the accommodation and support they receive in villages provide alternatives to support that otherwise would have to be provided and paid for by the health and aged care system.

Pioneering work by IRT (Nieves Murray) across three occasions (2005, 2010 and 2014) indicated that IRT village residents may in fact commence care at relatively older ages than comparable older people living in the community. IRT databases have provided a basis for the pilot analyses reported here to examine this proposition in more depth. In interpreting the results, it is important to appreciate that the outcomes for village residents can reflect other factors as well as the specific effects of living in a village. For example, it is possible that those who live in villages are a selective group in terms of other influences on the outcomes. For example, they could be more proactive in seeking care, have better initial health, and/or have higher socio-economic resources.

Figure 5 provides a summary of the average age at commencement of IRT in-home care (community) services and entering IRT residential aged care, for both IRT residents and older adults residing in the general community using IRT community services. To obtain the estimates for IRT residents, 2014 data are extracted from the organisational data of the two exemplar IRT villages (Macarthur, NSW and Kangara Waters, ACT). The 2010 data are for all IRT villages. The results presented here should be treated with caution and taken as potentially indicative only, as the analysis is based on only a small sample (less than 10 individuals). Due to the required sample size, an analysis by specific village is not possible.

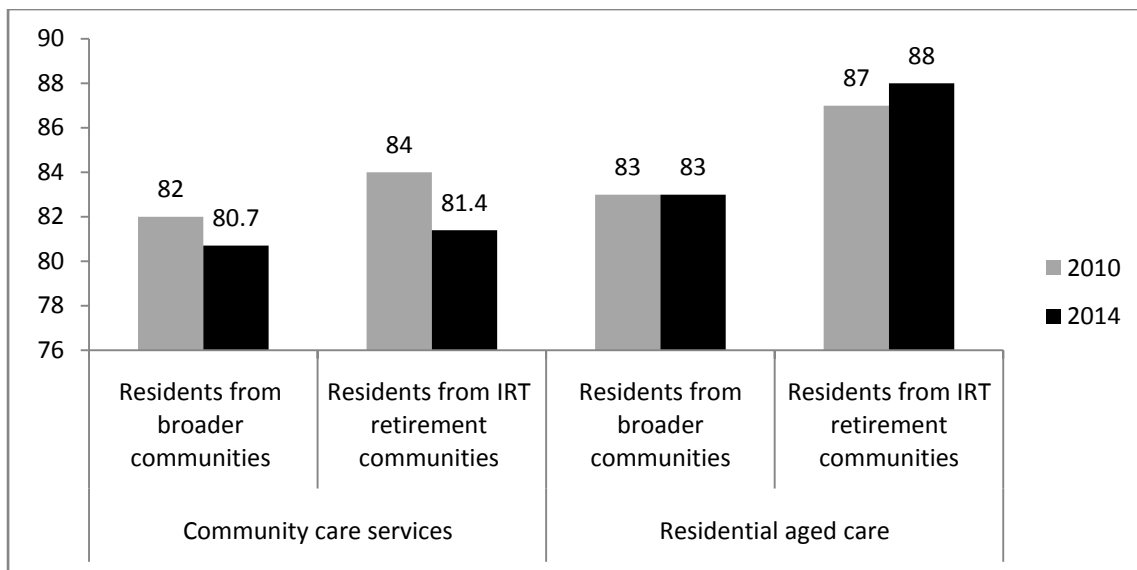


Figure 5. Age at commencement of aged care services

Our analysis indicated that on average, people living in IRT retirement communities accessed both forms of aged care (community care and residential aged care) at a relatively later age. Retirement community residents utilising community care services were two years older than their peers in the wider community in 2010, which reduced to 0.7 months in 2014; while for admission to residential aged care, living in the retirement community added an extra four years of independence on average in 2010 and it increased to five years in 2014.

Our comparison of 2010 and 2014 results shows that the age of starting to use community care services has become younger for both residents in IRT retirement communities and the wider community. This may reflect an increase in awareness and the use of community care services. The age at which older adults enter residential aged care was the same for residents from the wider community in 2010 and 2014, but increased by one year for residents from IRT retirement communities, providing further indication that living in IRT lifestyle villages may increase the independent living years of the residents. See Figure 6.

The behaviour of people living in IRT retirement communities is different from those living in broader communities. It is clear that the IRT residents are accessing community care services later but using them for longer (more years) before entering into residential care. This may be attributed to a greater knowledge of the services available through living in a community of older people and the positive impact on independence of the use of community care services.

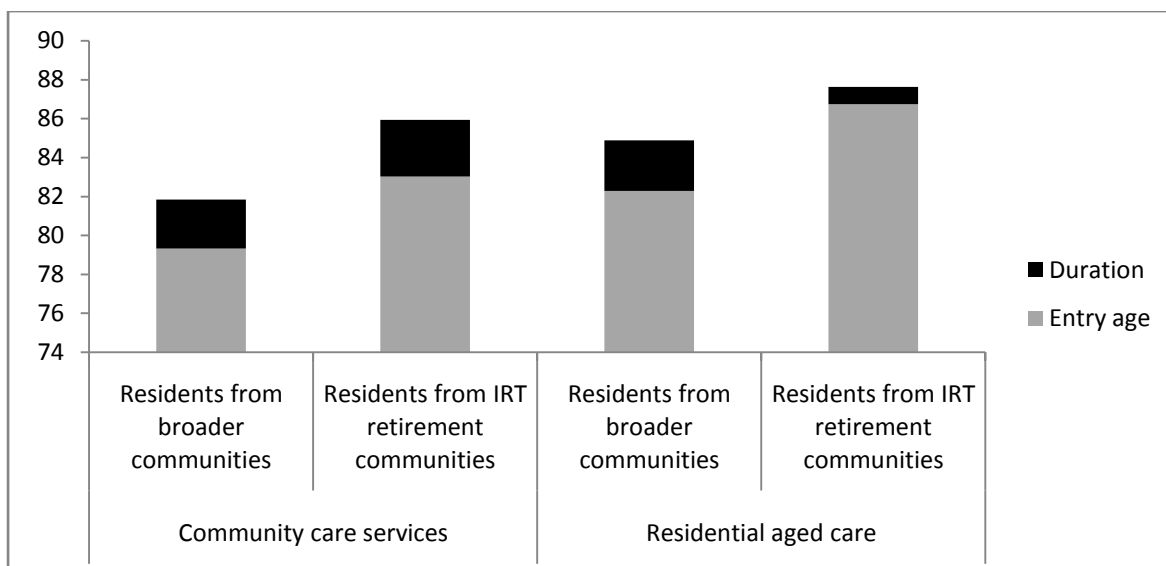


Figure 6. Age at commencement of aged care services and duration

IN SUMMARY:

These pilot findings suggest that commencement of community and residential care could be delayed to older ages in retirement communities, relative to the general community of older people. Our study found that those requiring community care services in the retirement communities were two years older than their peers in the wider community in 2010, although this difference reduced to 0.7 years in 2014. For admission to residential aged care, living in a retirement community added an extra four years of independence on average in 2010, which then increased to five years in 2014. However, as noted above, the results presented here should be treated with caution as the analysis is based on only a small sample of individuals. Therefore, further research is required to establish support for the proposition that retirement community residents may remain independent for longer and commence care at relatively older ages than comparable older people living in the community.

CHAPTER 6: CONCLUSIONS, POLICY IMPLICATIONS AND FUTURE DIRECTIONS

This concluding chapter has two primary purposes. First, it considers policy issues having a bearing on retirement communities and approaches to better understand their role in housing and care systems. Second, building on the pilot investigation in this report, it outlines research options that could fill priority gaps in knowledge on ways to enhance the quality and supportiveness of retirement communities for residents, including access and affordability, as well as inform village planning, management, and policy engagement. Understanding the place of retirement villages in ‘whole of government’ and ‘whole of society’ actions is needed to guide constructive responses to population ageing (Kendig, Elias, Matwijiw & Anstey, in press).¹

The major opportunity with retirement communities is to facilitate choice and respond to diversity among older people. As an option for retirement living, the communities can add value by providing purpose-built, age-friendly built environments inclusive of home maintenance and gardening services as well as community and leisure facilities. They can facilitate meaningful activities, social life, self-care, and mutual support; enhance security and emergency responses; supply options for financing housing; and serve as a base for the efficient delivery of services. Villages can provide broader public benefits by reducing pressure on public expenditure and by freeing established housing and making better use of urban infrastructure. The more than 2000 villages across Australia now provide for more than six percent of older people and the number of residents will increase along with population ageing.

In assessing market and policy directions, it is important to appreciate that non-profit and for profit retirement communities relate closely to (but at present are not directly part of) government funded housing and care. They operate under state consumer protection regulations that oversee a variety of housing and service models from independent living through to serviced apartments; a range of leasehold, rental, loan/license or purchase occupancy arrangements; and an equally wide range of costs that can include entry payments, ongoing service and maintenance charges, and deferred management fees (Lane & Whittaker, 2014). Villages can be contracted by public funders to provide community services to their own residents, as well as to others in the nearby community. In turn, residents can have services delivered by the village or to the village by outside private or community providers. After having made the move to a village, the supportive living available in villages offers prospects for extended ageing in place.

POLICY OVERVIEW AND CONTEXT

Retirement communities are affected by a number of Commonwealth, State, and local policies but they attract little policy attention. Further work is needed to clarify these complex policy connections that extend to matters of income support, financial regulation, and housing and care provision. The purpose here is to outline some ways in which policies can

¹ See the Ageing, Disability and Home Care (ADHC) (2012) NSW Ageing Strategy. Available from http://www.adhc.nsw.gov.au/about_us/strategies/nsw_ageing_strategy

influence the capacities of retirement communities to provide viable options for individuals and couples who choose them as they enter and move through later life. In turn, it is important to consider the ways in which retirement communities can contribute to the overall performance of housing and care systems.

The broad policy context within which retirement communities are developing is set primarily by the Commonwealth Government. The Government's series of Intergenerational Reports (IGRs) (2010) have underscored the significance of demographic change for long term fiscal sustainability. The Productivity Commission (PC) (2013) outlined the magnitude of the challenges ahead, for individuals' own futures as well as governments, with the ageing of the large baby boomer cohort and increasing longevity. The Commission recommended that '... using some of the annual growth in the housing equity of older people could help ensure higher quality options for aged care services and lower fiscal costs' (p2).

The National Commission of Audit (2014), in advising the then new Government, noted that the aged pension and aged care are among the fastest growing expenditure programs, concluding that continued budget deficits would place a significant burden on future generations. The independent Grattan Institute has concluded that 'without tough decisions', raising taxes or cutting expenditure, budget deficits could exceed 4% of GDP within ten years (Daley, McGannon & Hunter, 2014).

The 2014 Budget implemented tighter means testing across a range of programs, focusing expenditure on the most disadvantaged (Hockey, May 2014). While the Government did not implement the Commission's recommendation to include the family home in the pension asset test, it did slow growth of expenditure on the age pension, the Home Support program, and a range of grants to State governments (DSS, 2014b). Funding was discontinued for the National Rental Affordability Scheme that had funded community housing for people on modest incomes (DSS, 2014a).

Living Longer, Living Better (LLLB) reforms of aged care were legislated in 2013 and are now being implemented. The reforms for the most part follow recommendations from the influential 2011 report Caring for Older Australians by the Productivity Commission to increase choice, flexibility, and quality in accommodation and care services. Some key directions include the following:

- Consumer directed care initiatives mark new directions in community and residential care.
- The developing My Aged Care website² aims to inform consumer choice while the policy framework has been strengthened with the Aged Care Quality Agency³ and the Aged Care Financing Authority⁴.
- Needs for care continue to be determined by local Aged Care Assessment while Centrelink administers means testing.
- Since July 2014 user charges have increased, for both community and residential care, with more account being taken in means tests of the value of owner occupied housing.

² See website: <http://www.myagedcare.gov.au/about-us>

³ See website: <https://www.aacqa.gov.au/>

⁴ See website: <http://www.health.gov.au/internet/main/publishing.nsf/Content/ageing-aged-care-acfa>

State government influence in the ageing field consists mainly of the provision of public and community housing programs, land use regulations, and fair trading regulations. State and local government influence has been reduced by the Commonwealth now having full responsibility for aged care; mechanisms for integration with the health sector remain unclear with the transition from Medicare Locals to the Primary Health Networks now being established. State governments face reductions in growth of block and specific grants while the outlook is limited for federal revenue sharing and their own revenue sources. Consumer regulation of retirement communities remains variable across States. The Commonwealth has just announced plans for a White Paper on the Reform of the Federation that could in the longer term fundamentally restructure responsibilities and funding arrangements with the States⁵.

Directions for the future could include renegotiation of what to date has been a longer term trend in substantial growth of government provision combining with self-care, paid help, and family as the mainstays for support for older people (Kendig & Lucas, 2014). Older people, including those with substantial limitations in daily living, continue to overwhelmingly wish to remain as independent as possible in their own home, and they increasingly do so with only a minority ever entering residential care before death. Services are demonstrating that they can proactively support independence and re-enablement assistance as well as ongoing home support (Lewin & Vandermeulen, 2010; ACH, 2011). Support of caregivers has improved substantially over time while caregiving relationships continue to require close attention to the shared (and in some cases divergent) interests of both parties (Chomik & MacLennan, 2014a,b).

Future needs for housing and support in later life will increase substantially. Full superannuation coverage of older people is not expected for another decade (Chomik & MacLennan, 2014a); the decline in home ownership and continuing hardship for private tenants has been projected (Yates, Kendig et al 2008); and the availability of informal caregivers is projected to decline (Nepal, et al., 2011); a range of studies indicate that the baby boomer cohort will bring increased expectations for independent living as well as increasing diversity in terms of life styles and housing careers for later life (Beer & Faulkner, 2009).

CONCLUSIONS FROM THE PILOT STUDY

The preliminary results of the pilot study presented in this report have indicated a higher level of projected growth in people 65 years and over in the Campbelltown area and 80 years and over in the ACT, over the next 10 years compared to the average growth in NSW and Australia, indicating a high potential demand for retirement housing in these areas. However, a relatively higher proportion of disadvantaged older people in the Campbelltown area may indicate a potential demand for affordable retirement housing this area. Extending this analysis of projected population growth into each of the areas where IRT villages are currently located as well as other areas of interest may help to inform discussions regarding the locations for future IRT investment and the kinds of provision that could be most appropriate in different areas.

⁵ See website: <http://www.pm.gov.au/media/2014-06-28/white-paper-reform-federation>

Examination of the experiences of the retirement community residents found that the majority of residents reported improved quality of life as a result of living in the IRT community and found it an environment in which it was easy to move around. While further research needs to make comparisons with older adults residing in the general community, the present study found that the retirement community residents reported significant social networks consisting of neighbours, friends and family and very low levels of perceived loneliness. Residents reported the greatest benefits of moving were a reduction in the cleaning and maintenance they needed to do and the increased social contact, feeling of community and social activities available to residents. Few residents reported difficulties associated with the retirement community life. An understanding of the experience of living in the retirement community from the perspective of the residents is important to ensure the needs and expectations of both current residents and older adults seeking residential accommodation are met. Further extending this component of the study would allow for a more comprehensive examination of the factors driving the benefits seen in retirement community living.

Our pilot research extended initial work by IRT which had indicated that retirement community residents may commence care at relatively older ages than comparable older people living in the community. We found that individuals living in IRT retirement communities commenced use of both community care services and residential aged care at a relatively later age compared to residents from the wider community. Further continuation of this work through the proposed full investigation would address important policy questions concerning the wellbeing of the residents and potential cost savings for government accommodation and care programs.

RESEARCH DIRECTIONS

The following section outlines some options for applied research that could better inform the further development of retirement villages as part of housing and care systems. The encouraging findings from this pilot study, as reported above, in the Executive Summary and earlier chapters, are at best preliminary as they have been based only on two villages from one provider. The methodology and fieldwork, however, have demonstrated the feasibility of a comprehensive research program that would address knowledge gaps identified in the literature and policy reviews.

In conducting the pilot study with IRT - and in consultation with other providers and the Retirement Living Council – a range of options for further research are outlined below:

Research Question 1: Does residence in a village delay the uptake of services and entry to residential care?

The preliminary results from IRT records in Chapter 5 identified trends in this direction but they need to be confirmed with a larger sample of villages, across a longer period of time, preferably augmented by additional providers in other regional and state contexts. The policy implications of this question, if the preliminary findings are confirmed with additional evidence, have broader significance as how retirement communities enable ageing well effectively and equitably across housing and care systems.

More specifically:

- Provider information systems could be strengthened and analysed to economically and rigorously identify ongoing variation and change in service outcomes.

Research Question 2: How do the combinations of self-care, privately paid help, and home care services vary between village residents and comparable people?

More specifically:

- A comprehensive survey of residents - with comparisons to community samples – including community users of IRT services - could indicate key elements in the supportiveness of village living.

Research Question 3: Does retirement community living facilitate improved life outcomes in terms of social participation, healthier life styles, and quality of life?

Specifically:

- A comprehensive survey could identify variation and determinants of life outcomes and variations across residents with different resources and vulnerabilities, and across villages with different characteristics.
- A survey could examine the changes experienced by those who had recently moved into villages, investigating why some residents do better (or worse) after moving.
- In-depth case studies can identify residents' qualitative experience of village living and the moving process; what are their suggestions for improvements?
- Residents' views could be further examined in focus group interviews – which would enable the articulation of divergent as well as shared views and the development of views together.

Research Question 4: Which social (socio-economic and special needs) groups have access to retirement communities nationally and in local areas?

Australian Bureau of Statistics (ABS) census data 2011 identified older people living in retirement communities (self-contained), although there appears to be 30% under-enumeration (Towart, 2013). The data provide a basis to compare retirement community residents to older adults in the broader community.

Available data on the people include age, gender, country of birth, education, total personal income, indigenous status, language spoken at home, year of arrival in Australia, and core activity needs for assistance.

Available data on dwelling and households includes structure, tenure type, number of bedrooms, number of persons usually living in the dwelling, type of internet connection, number of motor vehicles, unpaid assistance to a person with disability, hours of unpaid domestic work, and voluntary work.

The research team has access to the as yet unanalysed 'unit record' files from the recently released 2011 Census data.

Research Question 5: Where are retirement villages located relative to population growth and need, economically advantaged and disadvantaged older people, and aged care places?

While providers use spatial data for planning and marketing, more in-depth analyses could relate areas of provision to areas of need and the community resources and amenities, taking account of shifting local clienteles.

Research Question 6: What are provider perspectives and views on retirement community living?

This complement to resident views could provide a basis for contributions including policy development and advocacy. Research options here could include:

- The RLC regularly gathers information from members that can be analysed and/or supplemented, for example the RLC recently sought member organisations' views on obstacles and barriers in the supply of land.
- At annual meetings members could participate in focus groups targeting emergent and critical issues.
- In-depth consultations can be conducted with a purposefully identified range of villages – including Managers, Life Style Coordinators, and internal (and external) service providers – identifying and then disseminating innovations and best practice.
- Augmented consumer protection and quality assurance procedures, parallel to those in aged care and financial products for retirement – could be carried out on ways to improve performance and demonstrate the industry's priorities.

Research Question 7: Integrative Analyses and Scenarios

With Government strategies heavily focused on the fiscal costs of population ageing, as per the next IGR report due early next year, new economic models could bring retirement communities into a more balanced social and policy discussion.

More specifically:

- Findings from the administrative records, census data, and surveys could form the basis for cost/benefit analyses and/or economic modelling examining the impacts of retirement communities on use of government funded housing, health and aged care in conjunction with access to retirement communities and their impacts on indicators of quality of life.
- Projections and scenarios could estimate the part that retirement communities could have for older people and policies under different assumptions for economic, demographic, and policy change.
- The research team have expertise in this area.

Major issues of social equity and government effectiveness could be addressed. For example, do retirement communities save governments money by providing housing at private rather than public cost? Or do privately funded retirement communities provide the more affluent older people with privileged access to supportive accommodation and services? Could public subsidies through mechanisms such as Rent Assistance provide a basis for access to villages by less advantaged older people? How much would delayed entry to residential care save on public expenditure?

Policy and Literature reviews

The reviews conducted in mid-2014 for this pilot study have covered a wide range of research findings and issues relevant to the development and delivery of age friendly retirement communities in Australia. The work could be stored in a data base available to the industry, updated through an ongoing Current Awareness Service. Important questions for consideration could include:

- How much can we learn for developing the Australian industry by monitoring and interpreting national and overseas research findings?
- How can innovations and new research in Australia be disseminated quickly to key organisations for their consideration?

CONCLUSION

The pilot study presented in this report has employed a multi-method approach to investigate the complex and multi-faceted area of retirement community living, provide indicative findings on the benefits of retirement communities for residents and raise policy issues that can inform the development and improvement of the industry. In addition to a review of the currently available literature, the study draws upon general population statistics from the Census, an analysis of organisation-specific statistics collected within IRT databases and direct reports from a survey of IRT retirement community residents. Focus is placed on two current IRT locations, IRT Macarthur (Campbelltown) and IRT Kangara Waters (ACT). With further research required, the pilot study demonstrates the feasibility and benefits to be gained from further applied research in this area.

Taken together, the findings from the pilot study have interesting and important implications for ageing in place service provision and the aged care sector as a whole. Retirement communities support older people to live longer in a familiar place independently or with some assistance. This appears to promote not only individual benefits but also may reduce the burden of residential aged care on the Australian Government. Despite the preference for staying at home among the majority of older people, baby boomers are more likely to accept the value of ageing in place when provision is made for their desired levels of flexibility, independence, consumer and lifestyle choices. This will lead to a changing market, with growing demand for community care services and purpose built environments.

It is proposed that this research be extended more broadly across the IRT and retirement community landscape to provide valuable knowledge concerning the impact of retirement housing on ageing well. IRT has an important role in the future development of this research to ensure applicability and translation into the ongoing improvement of the retirement living industry.

REFERENCES

- Australian Bureau of Statistics (ABS) (2013). *Where Do Australia's Older People Live?* Available from <http://www.abs.gov.au/ausstats/abs@.nsf/Lookup/2071.0main+features602012-2013>
- ABS (2006). *2006 Census Data*. Available from <http://abs.gov.au/websitedbs/censushome.nsf/home/historicaldata2006>
- ACH Group (2011). *Good Lives for Older people: Annual Report 2010/2011*, Aged Care & Housing Group Inc., South Australia.
- Ageing, Disability and Home Care (ADHC) (2012). *NSW Ageing Strategy*. Department of Family and Community Services, Office for Ageing. Available from http://www.adhc.nsw.gov.au/about_us/strategies/nsw_ageing_strategy
- Australian Institute of Health and Welfare (AIHW) (2013). *The desire to age in place among older Australians*. Bulletin no. 114. Cat. no. AUS 169. Canberra: AIHW. Available from <http://www.aihw.gov.au/publication-detail/?id=60129543093>
- Australian Institute of Health and Welfare (2011). Pathways in aged care: do people follow recommendations? Bulletin no. 88. Cat. no. AUS 137. Canberra: AIHW.
- Ayalon, L. & Green, V. (2012). Grief in the initial adjustment process to the continuing care retirement community. *Journal of Aging Studies*, 26(4), 394-400.
- Ball, M., Blanchette, R., Nanda, A., Wyatt, P. & Yeh, J. (2011). *Housing markets and independence in old age: Expanding the opportunities*. University of Reading. Available from <http://www.henley.reading.ac.uk/web/FILES/REP/HousingMarketsinOldAge.pdf>.
- Beer, A. & Faulkner, D. (2009). *21st Century Housing Careers and Australia's Housing Future*. AHURI Final Report No. 128. Melbourne: Australian Housing and Urban Research Institute.
- Bernard, M, Bartlam, B., Simm, J. & Biggs, S. (2007). Housing and care for older people: Life in an English purpose built retirement village. *Ageing and Society*, 27(4), 555 - 8.
- Bernoth, M., Dietsch, E. & Davies, C. (2012). Forced into exile: The traumatising impact of rural aged care service inaccessibility. *Rural and Remote Health*, 12, 1924.
- Black, D., Wilson, L., O'Loughlin, K., Noone, J., Kendig, H. & Butcher, J. (2012). Housing type, location of residence and health status in Australian baby boomers: Results from the Australian Baby Boomer (ABBA) Study. *Australian Journal on Ageing*, doi: 10.1111/ajag.12119.
- Bohle, P., Rawlings-Way, O., Finn, J., Ang, J. & Kennedy, D. (2014). Housing Choice in Retirement: Community versus Separation. *Housing Studies*, 29(1), 108-127.
- Boldy, D., Grenade, L., Lewin, G., Karol E. & Burton E. (2011). Older people's decisions regarding 'ageing in place': A Western Australian case study. *Australasian Journal on Ageing*, 30(3), 136-142

- Bridge, C. Nuygen, T. & Plume, J. (2010). *Virtual environments for access design: Bringing together multidisciplinary teaching and learning for real world outcomes*. Proceedings of CONNECTED 2010 International Conference on Design Education, University of New South Wales, Sydney, Australia. 190-194.
- Bridge, C., Davy, L., Judd, B., Flatau, P., Morris, A. & Phibbs, P. (2011). *Age-specific housing and care for low to moderate income older people*. AHURI Final Report No. 174. Melbourne: Australian Housing and Urban Research Institute.
- Brooke, L., Davison, S., Kendig, H. & Reynolds, A. (1998) *The Support Needs of Older People in High Rise Public Housing*. Victoria: Aged, Community and Mental Health, Human Services, Victoria.
- Burke, M. & Sebaly, C. (2001). Locking in the pedestrian? The privatised streets of gated communities. *World Transportation Policy and Practice*, 7(2), 67-74.
- Buys, L., Miller, E. & Barnett, K. (2006). The personal, practical and policy implications of older Australians' residential choice. *Journal of Housing for the Elderly*, 20(1-2), 31-46.
- Carnemolla, P. & Bridge, C. (2011). *Home Modifications and their impact on waged care substitution* 1st ed. Sydney: Home Modification Information Clearinghouse, University of New South Wales. Available from www.homemods.info
- Chomik, R. & MacLennan, M. (2014a). Aged Care in Australia: Part I – Policy, demand and funding. CEPAR RESEARCH BRIEF 2014/1. Available from <http://www.cepar.edu.au/research-briefs.aspx>
- Chomik, R. & MacLennan, M. (2014b). Aged Care in Australia: Part II – Industry and Practice. CEPAR RESEARCH BRIEF 2014/2. Available from <http://www.cepar.edu.au/research-briefs.aspx>.
- Crisp, D. A., Windsor, T. D., Anstey, K. J., & Butterworth, P. (2013a). What are older adults seeking? Factors encouraging or discouraging retirement village living. *Australasian Journal on Ageing*, 32(3), 163-170.
- Crisp, D. A., Windsor, T. D., Anstey, K. J., & Butterworth, P. (2013b). Considering relocation to a retirement village: Predictors from a community sample. *Australasian Journal on Ageing*, 32(2), 97-102.
- Davidson, S., Brooke, E. & Kendig, H. (2003) Age-segregated housing and friendship interaction for older people. *Journal of Housing for the Elderly*, 14(1-2):123-135.
- Davison, B., Kendig, H., Stephens, F. & Merrill, V. (1993). *"It's my place", older people talk about their homes*. Canberra: Australian Government Publishing Service.
- Daley, J., McGannon, C., & Hunter, A., (2014). *Budget pressures on Australian governments*, 2014 edition, Grattan Institute. ISBN: 978-1-925015-57-7.
- Department of Social Services (2014a). *National Rental Affordability Scheme (NRAS) Questions and Answers Outcome of applications for incentives through NRAS Round 5*. Available from <http://www.dss.gov.au/our-responsibilities/housing-support/programs->

[services/national-rental-affordability-scheme/national-rental-affordability-scheme-nras-questions-and-answers-outcome-of-applications-for-incentives-through-nras-round-5](http://www.dss.gov.au/our-responsibilities/ageing-and-aged-care/aged-care-reform/whats-new/commonwealth-home-support-programme/discussion-paper-key-directions-for-the-commonwealth-home-support-programme)

Department of Social Services (2014b). Key Directions for the Commonwealth Home Support Program, Discussion Paper. Available from <http://www.dss.gov.au/our-responsibilities/ageing-and-aged-care/aged-care-reform/whats-new/commonwealth-home-support-programme/discussion-paper-key-directions-for-the-commonwealth-home-support-programme>

Department of Social Services (2014c). Aged Care Reform. Available from <http://www.dss.gov.au/our-responsibilities/ageing-and-aged-care/aged-care-reform>

Department of Social Services (2014). *My Aged Care*. Available from <http://www.myagedcare.gov.au/about-us>

Department of Social Services (DSS) (2013). *2012–13 Report on the Operation of the Aged Care Act 1997*. Canberra: Australian Government.

Erickson, M. A., Krout, J., Ewen, H., & Robinson, J. (2006). Should I stay or should I go? Moving plans of older adults. *Journal of Housing for the Elderly*, 20, 5-22.

Evans, S. (2008). *Integrating retirement villages with the local community in Painswick*. Housing Learning and Improvement Network Case Study No. 41. Available from http://www.housinglin.org.uk/library/Resources/Housing/Practice_examples/Housing_LIN_case_studies/Case_Study_41.pdf

Gardner, I. L. (1996). Why people move to retirement villages: Home owners and non-home owners. *Australian Journal on Ageing*, 13(1), 36-40.

Gardner, I. L., Browning, C. & Kendig, H. (2005). Accommodation options in later life: Retirement village or community living?. *Australasian Journal on Ageing*, 24(4), 188–195.

Glass, A. & Skinner, J. (2013). Retirement communities: We know what they are ... or do we? *Journal of Housing for the Elderly*, 27(1-2), 61-88.

Golant, S. (2009). Aging in place solutions for older Americans: Groupthink responses not always in their best interests. *Public Policy and Ageing Report*, 19(1).

Gong, C., Kendig, H., Harding A., Miranti, R. & McNamara, J. (in press). Economic Advantage and Disadvantage among Older Australians: Producing National and Small Area Profiles, *Australasian Journal of Regional Studies*, accepted 10 June 2014.

Gong, H., McNamara, J., Vidyattama, Y., Miranti, R., Tanton, R., Harding, A. & Kendig, H. (2012). Developing spatial microsimulation estimates of small area advantage and disadvantage among older Australians. *Journal of Population, Space and Place*, 18(5): 551–565. DOI: 10.1002/psp.692.

Graham, V. & Tuffin, K. (2004). Retirement villages: companionship, privacy and security. *Australasian Journal on Ageing*, 23(4), 184–188.

- Grant, B. C. (2007). Retirement villages: More than enclaves for the aged. *Activities, Adaptation & Aging*, 31(2) 37-55.
- Grant, J., Greene, K. & Maxwell, K. (2004). The planning and policy implications of gated communities. *Canadian Journal of Urban Research*, 13(1), 70-88 .
- Hales C, Ross L & Ryan, C. (2006). National evaluation of the Retirement Villages Care Pilot: final report. Aged Care Series no. 11. AIHW cat. No. AGE 49. Canberra: AIHW.
- Heisler, E., Evans, G. W. & Moen, P. (2004). Health and social outcomes of moving to a Continuing Care Retirement Community. *Journal of Housing for the Elderly*, 18(1), 5-23.
- Hockey, J. (May, 2014). *Budget Speech 2014/15*. Available from <http://www.budget.gov.au/2014-15/content/speech/html/speech.htm>.
- Hollinger-Smith, L., Brod, K., Brecht, S., & Leary, M. (2012). Adult children of CCRC residents: Their perceptions, insights, and implications for shaping the future CCRC. *Seniors Housing & Care Journal*, 20(1), 3-20.
- Horner, B. & Boldy, D. (2008). The benefit and burden of "ageing-in-place" in an aged care community. *Australian Health Review*, 32(2), 356-365.
- Howe, A., Jones, A. & Tilse, C. (2013). What's in a name? Similarities and differences in international terms and meanings for older peoples' housing with services. *Ageing and Society*, 3(4), 547-578.
- Howe, A., Doyle, C., & Wells, Y. (2006). *Targeting in community care: a review of recent literature and analysis of the Aged Care Assessment Program Minimum Data Set*. Unpublished report to the Australian Department of Health and Ageing, Canberra.
- Jones, A., Howe, A., Tilse, C., Bartlett, H. P., & Stimson, R. (2010). *Service integrated housing for Australians in later life*. AHURI final report no. 141. Melbourne: Australian Housing and Urban Research Institute, Queensland Research Centre.
- Jones, A., Jonge, D. & Phillips, R. (2008). *The role of home maintenance and modification services in achieving health, community care and housing outcomes in later*. AHURI Final Report No. 123. Melbourne: Australian Housing and Urban Research Institute.
- Judd, B. (2011). *Enclave or engage? Mixity and housing choices in an ageing society*. Enhr Conference 2011. Available from http://www.enhr2011.com/sites/default/files/Paper-Judd%20Final_WS15.pdf.
- Judd, B. Liu, E., Easthope, H., Davy, L. & Bridge C. (2014). *Downsizing Amongst Older Australians*. AHURI Final Report No.214. Melbourne: Australian Housing and Urban Research Institute.
- Kalache, A. (2013). *The Longevity Revolution*. Department of the Premier and Cabinet, Government of South Australia. Available from <http://www.thinkers.sa.gov.au/KalacheReport/>
- Kalache, A. (2009). Towards age-friendly societies: from research to policy, from policy to society. *International Journal of Integrated Care*, 9(22).

- Karmel, R., Hales, C. & Lloyd, J. (2007). *Older Australians in hospital*. AIHW bulletin no. 53. Cat. no. AUS 92. Canberra: AIHW. Available from <http://www.aihw.gov.au/publication-detail/?id=6442468020>.
- Kendig, H. & Bridge, C. (2007). *Housing Policy for a Long-Lived Society*. In A. Borowski, Encel, S. & Ozanne, E. (Eds), *Longevity and Social Change in Australia* (pp219 - 238). Sydney: University of New South Wales Press Ltd.
- Kendig, H., Browning, C., Thomas, S. & Wells, Y. (2014). Health, lifestyle, and gender influences on aging well: an Australian longitudinal analysis to guide health promotion. *Frontiers in Public Health*, 2. doi: 10.3389/fpubh.2014.00070.
- Kendig, H., Elias, A.M., Matwijiw, P. & Anstey, K. (in press). Developing age friendly cities in Australia. *Journal of Ageing and Health*, accepted 10 September 2013.
- Kendig, Gong, & Browning (under review). Ageing in Place in Australia: Longitudinal predictors and policy influences.
- Kendig H, & Phillipson, C. (2014). *Building age friendly cities: new approaches and evidence*. In N. Denison & L. Newby (Eds.), "If you could do one thing..." Nine local actions to reduce health inequalities, British Academy Policy Centre, pp 102-111 http://www.britac.ac.uk/policy/Health_Inequalities.cfm
- Kendig, H. L., Pedlow, R., Browning, C. Wells, Y. & Thomas, S. (2010). Health, social and lifestyle factors in entry to residential aged care: an Australian longitudinal analysis. *Age and Ageing*, 39, 342-34.
- Kendig, H., & Lucas, N. (2013). *Individuals, families and the state: Changing responsibilities in an ageing Australia*. ARC Centre of Excellence in Population Ageing Research, working paper 2013/14.
- Kloseck, M., Crilly, R. & Gutman, G. (2010). Naturally occurring retirement communities: Untapped resources to enable optimal aging at home. *Journal of housing for the Elderly*, 24(3-4), 392-412.
- Kneale, D. (2011). *Establishing the Extra in Extra care*. London: International Longevity Centre UK.
- Kohler, A. (2014, June). *Retirement village rorts: the booming scandal*. Available from <http://www.abc.net.au/news/2014-07-10/kohler-retirement-village-rorts-the-booming-national-scandal/5584412>.
- Lane, R. & Whittaker, N. (2014). *Aged Care Who Cares?* Australia: Noel Whitaker Holdings Pty Ltd. 2014.
- Lewin, G. & Vandermeulen, S. (2010). A non-randomised controlled trial of the Home Independence Program, an Australian restorative programme for older home care clients. *Health and Social Care in the Community*, 18(1): 91-96.
- Low, S. (2003). *Behind the Gates: Life, security, and the pursuit of happiness in Fortress America*. New York: Routelage.

- Lui, C. W., Everingham, J. A., Warburton, J., Cuthill, M. & Bartlett, H. (2009). What makes a community age-friendly: A review of international literature. *Australasian Journal on Ageing*, 28(3), 116–121.
- McCrinkle (2013). *McCrinkle Baynes Villages Census Report*. Available from <http://www.mccrinkle.com.au/ResearchSummaries/2013/McCrindle-Baynes-Villages-Census-Report-2013-Executive-Summary.pdf>.
- McLaughlin, T. & Mills, A. (2008). Where will we live when we get older? *Quality in Ageing*, 9(3), 15-21.
- Mutchler, J. E., Burr, J. A. (2003). Living arrangements among older persons, a multilevel analysis of housing market effects. *Research on Aging*, 25, 531–558.
- Nathan, A., Wood, L. & Giles-Corti, B. (2013). Examining correlates of self-reported and objectively measured physical activity among retirement village residents. *Australasian Journal on Ageing*, DOI: 10.1111/ajag.12055.
- National Commission of Audit (2014). *Towards Responsible Government*. Australia: Australian Government. Available from <http://www.ncoa.gov.au/report/index.html>
- National Seniors Australia (2013). *Retirement village contract more transparent*. Available from <http://nationalseniors.com.au/be-informed/news-articles/retirement-village-contract-more-transparent>
- National Seniors Australia, (2012). *Where Will I Live as I Age?: Senior Australians' Needs and Concerns about Future Housing and Living Arrangements*. Available from <http://nationalseniors.com.au/be-informed/research/national-seniors-research-reports>
- Nepal, B., Brown, L., Kelly, S., Percival, R., Anderson, P., Hancock R. & Ranmuthugala, G. (2011). Projecting the need for formal and informal aged care in Australia: A dynamic microsimulation approach. NATSEM Working Paper 11/07. Available from <http://www.natsem.canberra.edu.au/publications/?publication=projecting-the-need-for-formal-and-informal-aged-care-in-australia-a-dynamic-microsimulation-approach>
- NSW Treasury (2009). Budget Paper No. 2. Retrieved from http://www.treasury.nsw.gov.au/budget_papers/budget_papers_2010-11/bp2/2010-11_budget_paper_2
- Olsberg, D. & Winters, M. (2005). *Ageing in Place Intergenerational and Intrafamilial Housing Transfers and Shifts in Later Life*. AHURI Final Report No. 88. Melbourne: Australian Housing and Urban Research Institute.
- Ong, R., Jefferson, T. M., Wood, G., Haffner, M. & Austen, S. (2013). *Housing equity withdrawal: Uses, risks, and barriers to alternative mechanisms in later life*. AHURI Final Report Series 217. Melbourne: Australian Housing and Urban Research Institute.
- Ozanne E, Biggs S, Kurowski W. (2014). Competing frameworks in planning for the aged in the growth corridors of Melbourne. *Journal of Aging and Social Policy*, 26(1-2), 147-65.
- Paganini-Hill, A. (2013). Aging in Place in a Retirement Community: 90+ Year Olds. *Journal of Housing For the Elderly*, 27(1-2), 191-205.

- Peterson, M. & Warburton, J. (2012). Residential complexes in Queensland, Australia: A space of segregation and ageism?. *Ageing and Society*, 32, 60-84. doi:10.1017/S0144686X10001534.
- Pearson, E., Windsor, T.D., Crisp, D.A., Butterworth, P., & Anstey, K.J. (2012). Neighbourhood characteristics: Shaping the wellbeing of older Australians. NSPAC Research Monograph 2, National Seniors Productive Ageing Centre: Canberra. Available from: <http://www.productiveageing.com.au/userfiles/file/NeighbourhoodCharacteristics.pdf>
- Phillips, J., Bernard, M. Biggs, S. & Kingston, J. (2001). *Retirement communities in Britain: A 'third way' for the third age*. In S. Peace and C. Holland (eds.) *Inclusive Housing in an Ageing Society* Policy Press, Bristol (pp.185–204).
- Plouffe, L. & Kalache, A. (2010). Towards global age-friendly cities: Determining urban features that promote active aging. *Journal of Urban Health*, 87(5).
- Prime Minister of Australia (2014). *White Paper on Reform of the Federation*. Available from <http://www.pm.gov.au/media/2014-06-28/white-paper-reform-federation>
- Productivity Commission (2011). *Caring for Older Australians*. Canberra: Australian Government.
- Productivity Commission (2013). *An Ageing Australia: Preparing for the Future*. Commission Research Paper, Canberra.
- Pynoos J., Nishita, C.M., & Kendig, H. (2006). *Housing*. In *Encyclopedia of Gerontology* (2nd ed), 709-719. Oxford: Elsevier.
- Pynoos, J. & Cicero, C. (2009). New approaches to housing and aging in place. *Public Policy & Ageing Report*, 19(1).
- Quintal, D., & Thompson, S. (2007). *Gated Communities: The Search for Security State of Australian Cities Conference*. Adelaide, 28-30 November.
- Robison, J. T., & Moen, P. (2000). A life-course perspective on housing expectations and shifts in late midlife. *Research on Aging*, 22(5), 499-532.
- Sane, R. & Piggot, J. (2009). *Does the exemption of the owner-occupied home from the pension test affect trade downs? Evidence from Australia*. Available from <http://wwwdocs.fce.unsw.edu.au/fce/Research/ResearchMicrosites/CPS/2009/papers/Sane.pdf>
- Senate Select Committee on Housing Affordability in Australia (2008). *A good house is hard to find: Housing affordability in Australia*. Canberra: SCHAA. Available at http://www.aph.gov.au/Parliamentary_Business/Committees/Senate/Former_Committees/hsaf/report/index

- Sergeant, J. F., & Ekerdt, D. J. (2008). Motives for residential mobility in later life: Post-move perspectives of elders and family members. *International Journal of Aging and Human Development*, 66(2), 131-154.
- Public Health Information Development Unit (2010). *Social Health Atlas of Australia*. Adelaide: The University of Adelaide. Available from <http://www.adelaide.edu.au/phidu/help-info/about-our-data/indicators-notes/sha-aust/>
- Stimson, R. (2002). *The Retirement Village Industry in Australia: Evolution, Prospects, Challenges*. Brisbane: University of Queensland Press, pp. 251.
- Stimson, R. J. & McCrea R. (2004). A push – pull framework for modelling the relocation of retirees to a retirement village: The Australian experience. *Environment and Planning A*, 36(8), 1451 – 1470.
- Streib, G. F. (2002). An introduction to retirement communities. *Research on Aging*, 24, 3–9.
- The Department of Health (2014). *Aged Care Financing Authority*. Available from <http://www.health.gov.au/internet/main/publishing.nsf/Content/ageing-aged-care-acfa>
- The Treasury (2010). *The 2010 Intergenerational Report*. Available from www.archive.treasury.gov.au/igr/
- Towart, L. (2013). *Who lives in retirement villages; Are they wealthy enclaves, ghettos or connected communities?*. Available from <http://www.stantonsresearch.com.au/pdffiles/nov13.pdf>
- Wahl, H. & Oswald, F. (2010). *Environmental perspectives on ageing* (Eds). In Dannefer, D. & Phillipson, C. *The SAGE Handbook of Social Gerontology*, 111–124. Sage: London, UK.
- Weeks, L., Keefe, J. & MacDonald, D. (2012). Factors predicting relocation among older adults. *Journal of Housing for the Elderly*, 26, 355 - 371.
- World Health Organisation (2007). *Global Age-friendly Cities: A Guide*. Geneva: Who Press.
- World Health Organisation (2002). *Active ageing: a policy framework*. Available from <http://www.who.int/ageing/publications/active/en/>
- Yates, J., Kendig, H., Phillips, B., Milligan, V. & Tanton, R. (2008). *Sustaining fair shares: the Australian housing system and intergenerational sustainability*. AHURI Final Report, vol.111, pp. 1-112.