

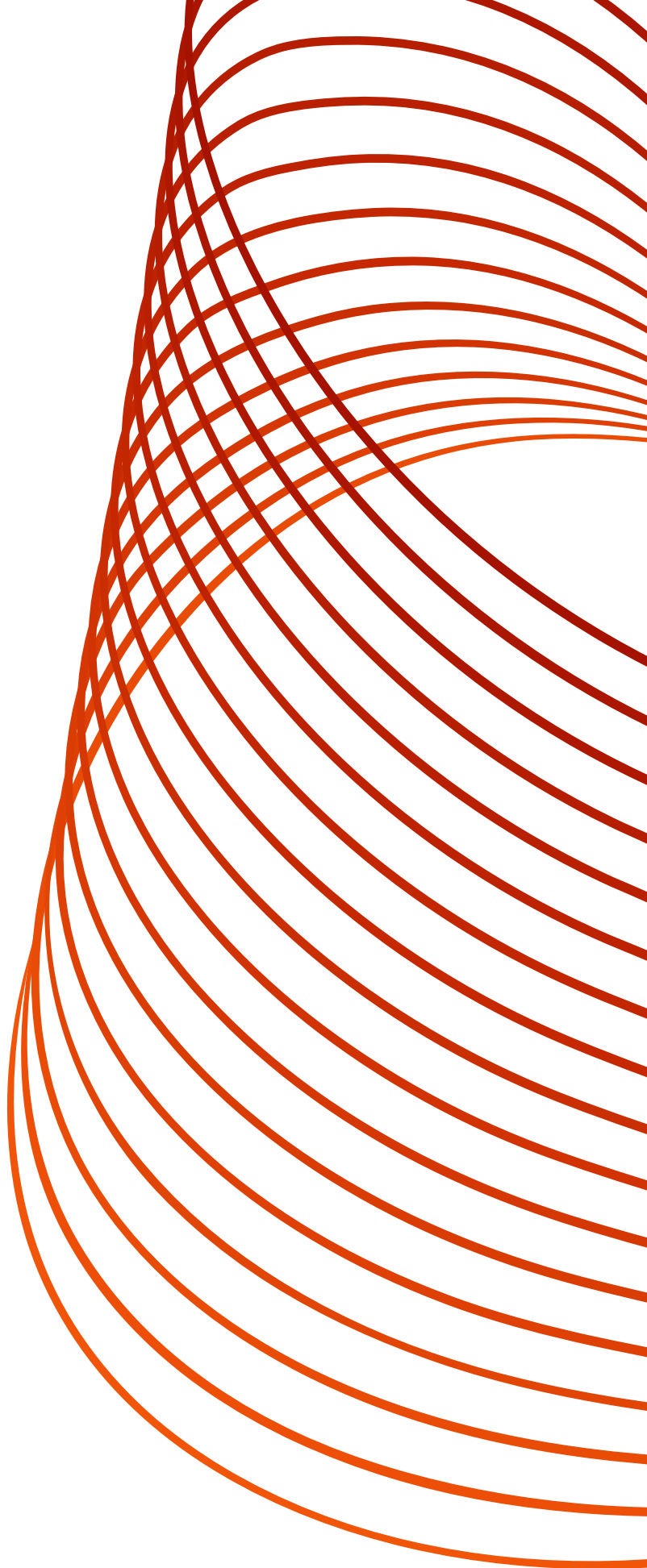
VERSO

Older Persons Services and Accommodation

Prepared for Rural
Councils Victoria

30 August 2019

Turn to us for innovative solutions



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Executive Summary

Overview

With the objective of assisting older people to remain in their communities, this project has provided an opportunity to examine the age friendly efforts of rural councils and to identify concrete opportunities for development of services and accommodation; both as a necessary support for older people and as economic development initiatives to benefit the whole community. The project has led to the identification and initiation of investment pathways and put in place the building blocks for future promotional campaigns.

Objectives and Activities

Objectives

Rural Councils Victoria (RCV) seeks *“the development of an Older Persons Services and Accommodation Program. The program will support the capacity for rural communities to attract and retain older people... Many older people would be able to remain in their current community if there was greater availability of appropriate housing and relevant services. Retaining such people retains the demand for goods and services they require as well as the knowledge and experience they can provide to the community.”*

Thus the objective is to attract and retain older people to rural communities and to achieve economic benefit. It reflects an RCV Workstream which seeks to *“assist rural councils to influence population attraction and retention, stimulate local and regional economic development, and improve liveability.”*

The conceptual framework used for this objective proposes that the best opportunity to enable older people to remain in (or move to) their current community arises when four key ‘planks’ are in place. These are:

1. Age friendly communities - well developed and maintained
2. Housing for older people - suitable and accessible
3. Care at home - readily available
4. Residential aged care - locally available in appropriate facilities

Additionally, adequate health services and transport arrangements are also influential in decisions to leave or join a rural community.

Key activities

In respect of age friendly planning by rural councils, consultations were undertaken with the Municipal Association of Victoria (MAV) Positive Ageing Adviser, and Dr Kathleen Brasher, Principal Lead Age Friendly North East Victoria. The Victorian Government's age friendly communities grant program was examined. Web searches were undertaken on local government activity and academic commentary was reviewed.

To gauge the status of older persons accommodation, questions on local age specific housing were included in an online council survey, published reports and studies were reviewed and the Victorian Register of Retirement Villages was obtained. Formulas used to quantify potential demand were considered and combined with age specific demographic data projections to produce global estimates.

In relation to services, research was undertaken covering: changes to Commonwealth aged care programs since 2011, transfer of the Home and Community Care Program (HACC) to the Commonwealth Home Support Program (CHSP), Aged Care Financing Authority publications, quarterly Department of Health Home Care Data Reports, Aged Care Financial Performance Survey reports, Commonwealth Aged Care Services Lists, the Aged Care Guide and Aged Care Approvals Round residential bed allocations.

The council survey revealed continuing involvement of most rural councils in CHSP provision and a pattern in smaller local government areas (LGAs) where most CHSP appeared to be delivered between the council and public health service.

In respect of the Home Care Packages program, work was undertaken based on Commonwealth funding/provision ratios and demographic projections to establish likely global levels of funding/package availability into the future (to 2031) for each rural LGA. Current supply of residential aged care (RAC) beds was documented, and combined with information on the Commonwealth planning/funding ratios and demographic projections, enabled a robust estimate of a growing gap in RAC provision.

Specific age group related demographic data from the 2016 ABS census and Victorian government population projections were obtained and analysed. Aged Care Assessment Services were interviewed to obtain insights into possible issues around older persons service delivery in rural areas and housing.

Research was undertaken on the economic impact of aged services provision, building construction and local migration effects. Suitable measures of multiplier effects and local construction effects were sought. Data and evidence were combined to analyse the social and economic impacts of activity in the areas of age friendly communities, age specific housing, care at home and residential aged care.

Approaches were made to peak bodies and major non-profit providers to ascertain receptiveness to promotion of investment needs in services or housing. Factors likely to assist with successful promotion were canvassed and pathways opened for future engagement. Promotional materials (collateral) were developed as model prospectuses for both housing and services to be utilised by councils in combination with data and analysis from this report.

Summary and Recommendations

Age friendly communities

Rural councils have substantial reasons to embed aged ongoing friendly strategies/plans. Retention and attraction of the older population with consequent economic benefits can be greatly enhanced by maximising opportunities for older people in a range of key areas. A community in which older people can experience a high level of engagement across the key age friendly domains will optimise their contribution to the social capital of the area.

There is still a level of uncertainty in some councils about the proper implementation of age friendly communities and, in some cases, a readiness to accept further guidance. Some are concerned that embarking on an age friendly program may strain limited resources. It is important that councils are supported to understand that this does not have to be the case and that age friendly communities can be implemented through simplified, stepped processes that progressively address different age friendly domains without relying heavily on council resources.

Recommendations

1. Future state government support for age friendly initiatives should place emphasis on developing and embedding ongoing age friendly plans or strategies as specific outcomes

2. Age friendly plans or strategies should embody ongoing consultation and engagement with older people as well as periodic monitoring of impact
3. Age friendly plans or strategies should link to council budgeting processes so that age friendly priorities can be considered as part of the normal budget cycle, including in minor works provision
4. Effort should be made to “demystify” age friendly planning and offer simplified strategies for smaller councils, e.g. appointment of ambassadors to lead consultations with clear guidelines and develop straightforward plans which can progressively deal with nominated priorities year by year
5. Increase efforts to engage senior levels of council on the economic, health and social benefits of an engaged older population
6. Follow up with councils who indicated an interest in more information or guidance on age friendly promotion

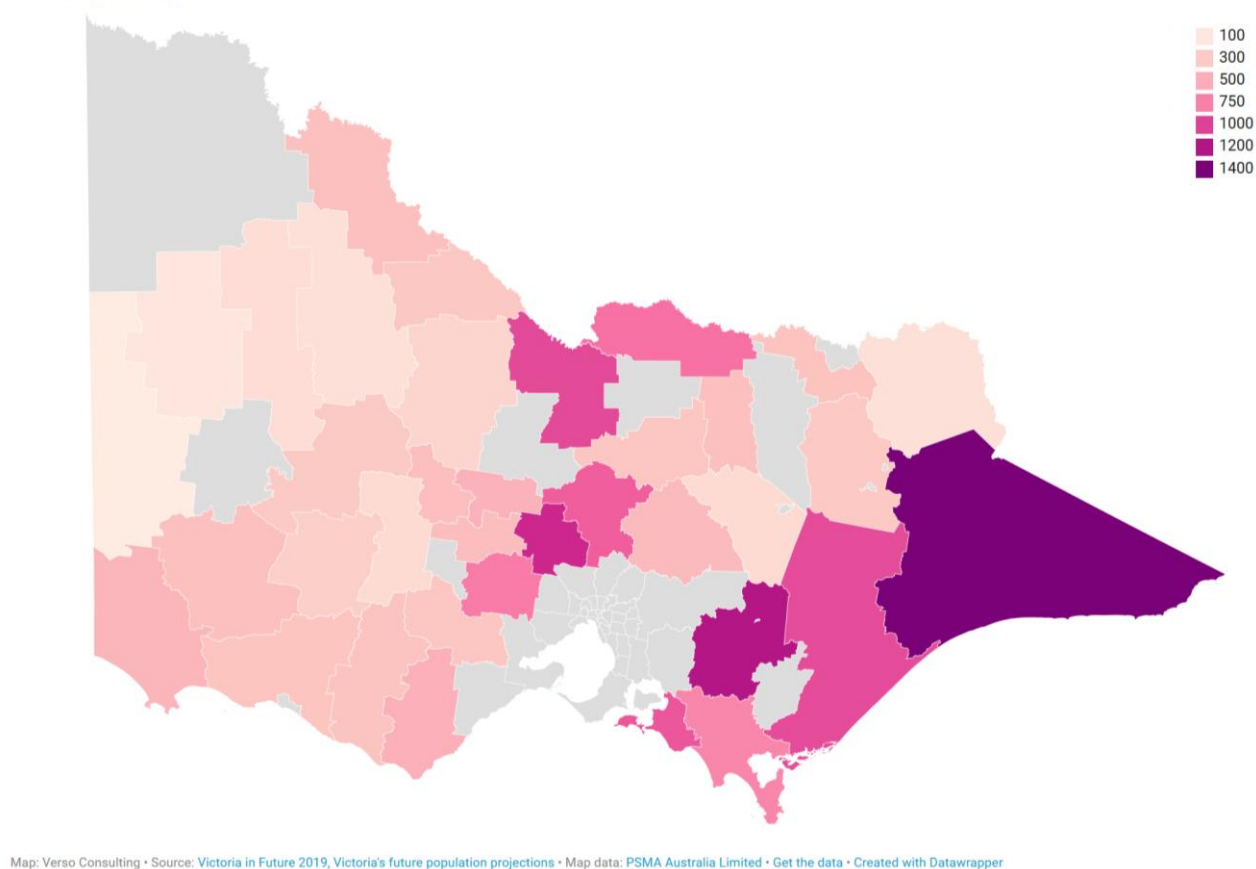
Housing

There is substantial demographic and demand analysis data to suggest a growing shortfall of age specific housing in rural LGAs (Table 3). This is supported by anecdotal evidence from survey respondents and ACAS consultations. Recent research shows that there is particular demand for housing from those who do not currently own their own property, many of whom are older women with few financial reserves.

The map below shows an estimate of overall age specific dwelling demand predicted by 2031 in RCV councils.

2031 Gross Housing Demand Estimates

Global Demand Estimate



Recommendations

1. Councils should identify local age specific housing so that a calculation can be made of likely net housing demand using the global estimates at Table 3 to inform investment promotion initiatives
2. Councils should confer internally to identify suitably located potential sites to be included in promotion efforts
3. Councils should consider offering some or all of the facilitation items identified in the council survey¹ to potential investors to encourage investment
4. Encourage nearby councils to join together to aggregate possible sites and potential demand as a more attractive investment offering
5. Rural Councils Victoria and government should consider assisting interested councils in the above activities and in facilitating approaches to housing providers
6. Further explore housing using a place based approach for the best path forward, taking into account various housing entry options (rental and ownership), as well as the exploration of a range of building types

Services - Care at home

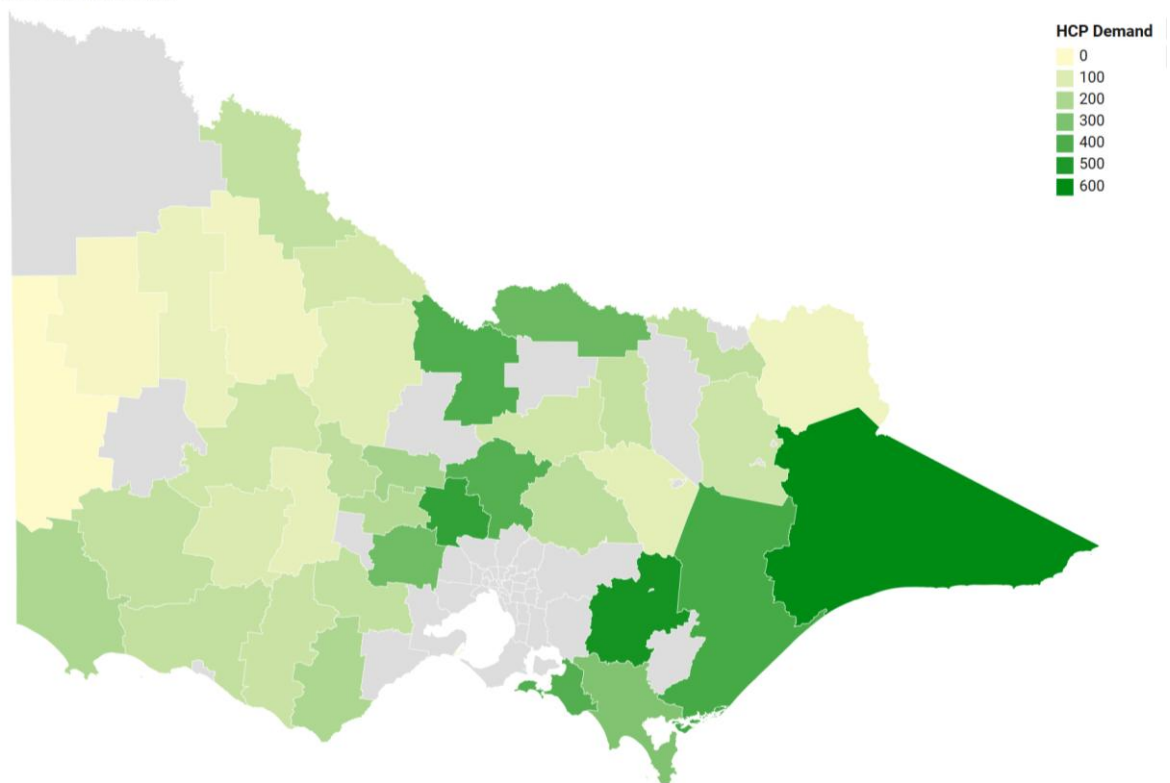
Demand for care at home is likely to increase substantially for almost all RCV member councils based on demographic projections. All LGAs will experience at least some level of increased demand for Home Care Packages. While increasing demand will occur for Commonwealth Home Support Program services, there is likely to be an accelerated increase in demand/supply of Home Care Packages due to the scheduled phasing-in of higher provision ratios by the Commonwealth.

High rural growth of home care - nearly 130% - is predicted by 2031. At an average \$22,000 p.a. subsidy for 4,200 additional packages, a \$92.4m recurrent economic and employment boost will come from meeting demand.

¹ E.g. support with zoning/planning processes, community engagement, headworks

2031 Home Care Package Demand Estimates

Total Home Care Package Allocation



Map: Verso Consulting • Source: [Victoria in Future 2019, Victoria's future population projections](#) • Map data: [PSMA Australia Limited](#) • Created with [Datawrapper](#)

Recommendations

1. Efforts should be made by rural councils to raise community awareness (especially among Commonwealth Home Support Program clients) of Home Care Packages as a real alternative to residential care
2. Councils should endeavour to assist older people to navigate the My Aged Care website where possible
3. Councils should liaise with local Home Care Package providers or attend regional peak body meetings of providers to ensure they are aware of the significant potential demand for home care within their communities
4. Councils should consider facilitation of local provider presence through offers of office space (if possible) or other incentives to selected providers in return for commitment to local operation and wide service coverage
5. If councils are reviewing their future role in CHSP delivery, a major consideration should be to ensure continuity of delivery if divestment is to occur

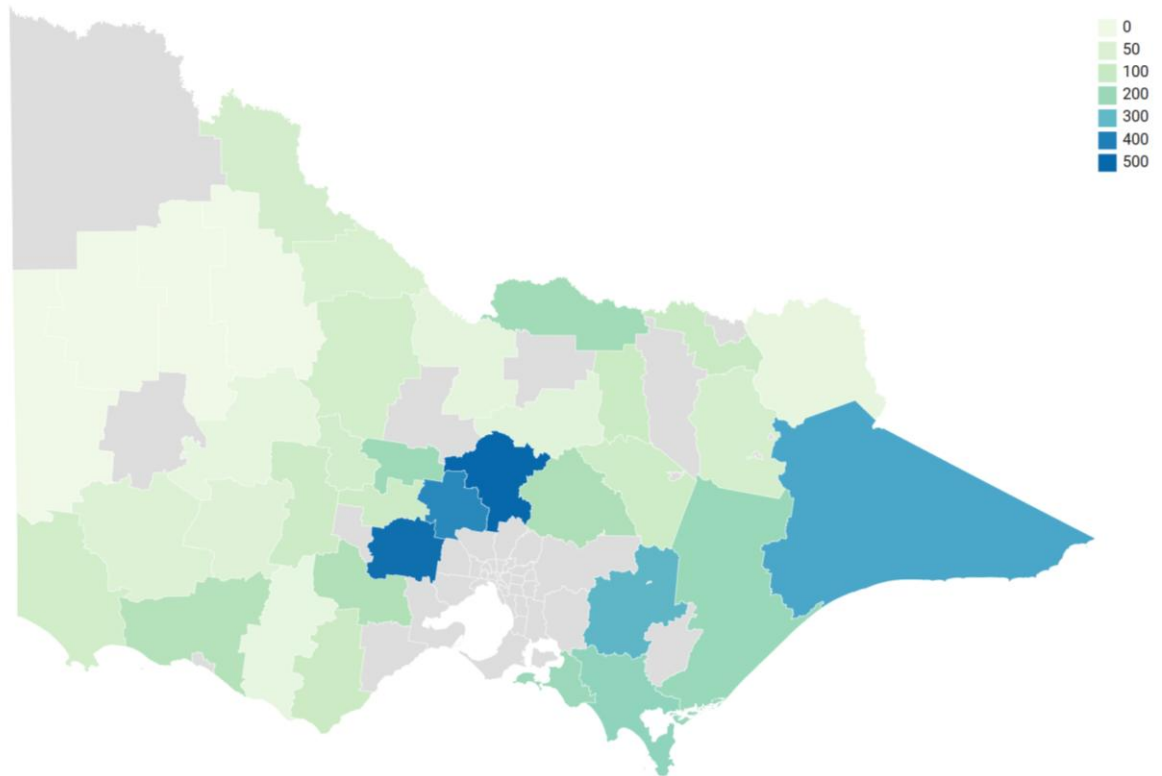
Services – Residential aged care

Increasing demand and likely funding approval for residential aged care can be predicted for rural Victorian LGAs. Likely investment requirements and employment potential is quite substantial in a number of shires - large (60+ beds) in more than half and very large (100+beds) in 11 LGAs. The overall scale of additional Victorian rural demand amounts to around 3,600 beds by 2031.

The map below shows the likely shortfall in beds in RCV councils by 2021 following Commonwealth planning ratios net of current beds and allocated beds.

2031 Residential Aged Care Bed Demand Estimates

New Beds Required



Map: Verso Consulting • Source: [Victoria in Future 2019, Victoria's future population projections](#) • Map data: [PSMA Australia Limited](#) • Created with [Datawrapper](#)

The likely demand growth and operational funding is predictable due to the Commonwealth's bed provision ratio and long term patterns of provision. The demand is likely to occur both short term (by 2026) and into the future (beyond 2031). The challenge is to attract the investment and in some cases that will include supporting approaches to the state government where they are the principle or only provider within an LGA.

Recommendations

1. Where there is a likely demand for up to 50 additional beds by 2031, councils should use the guidance and materials available from this project to approach local residential care providers to alert them to the demographic demand analysis above and offer any practical assistance available to encourage investment in expanded facility capacity
2. Where there is likely demand above 50 additional beds by 2031, (as a natural extension of this project) councils should be further assisted to meet with Leading Age Services Australia peak body members and major providers of residential care to discuss the predicted demand evidence and discuss ways in which investment can be facilitated
3. Facilitation of investment by councils could include some of the matters relevant to housing development such as site identification, zoning/planning advice and community engagement
4. Approaches should be made to the state government via local members, through departmental channels (to the Victorian Department of Health and Human Services and Regional Development) to alert them to the evidence of pending unmet demand and seeking dialogue on appropriate responses

Promotional program

The research and analysis undertaken for this project demonstrate that clear social and economic benefits are available by focusing on requirements for older residents so that they remain in or are attracted to a rural community. Older people are a growing resource in virtually all rural LGAs and services which they are likely to require provide very significant economic and local employment opportunities.

Pathways to investment and service improvement have been identified. The potential scale of opportunity has been estimated for age-specific housing, care in the home and residential care. Facilitation approaches which can be offered by local government have been explored and identified.

To support promotional activities, two forms of model prospectus have been provided; one for promotion of aged residential or home services and another for promotion of older persons housing opportunities.

Recommendations

1. Councils should specifically note the enormous social and economic benefits available for most LGAs in meeting projected demand for residential aged care and care in the home
2. Individual councils or groups should take immediate action to carry forward a communication and promotion campaign regarding the growing need for investment in residential facilities
3. Pathways should be utilised through the provider peak body (LASA) and to government as a provider
4. Promotional templates made available through this project should be used to develop tailored local prospectuses
5. Every rural council should also consider the housing demand potential outlined and estimate the likely scale of gaps by comparing with local supply
6. A housing investment campaign should be initiated if there is a likelihood of real demand gaps, sites available and facilitation on offer
7. Identified pathways to potential investors via LASA and the Property Council of Australia's Victorian branch should be utilised
8. The state government should be alerted to the very large and concrete regional development potential offered through investment in residential aged facilities and a scheme of support proposed to promote it including through a state program modelled on the former Commonwealth Aged Persons Homes Act

1 Background

1.1 Project Requirements

Rural Councils Victoria (RCV) is seeking, *“the development of an Older Persons Services and Accommodation Program. The program will support the capacity for rural communities to attract and retain older people.”* RCV's brief for this project states that it believes: *“Many older people would be able to remain in their current community if there was greater availability of appropriate housing and relevant services. Retaining such people retains the demand for goods and services they require as well as the knowledge and experience they can provide to the community.”*

The Project Activities and Deliverables included requirements to:

1. Conduct a **needs analysis** – including liveability “through an “age friendly lens”
2. **Identify private and/or public landholdings/site in rural LGAs** that could be used for the development of housing and/or aged care accommodation and expedite access for potential investors (including economic impact of development)
3. **Develop and implement a campaign** (including the development of relevant collateral) for the promotion of opportunities **for private sector investment** in:
 - a. Delivery of services
 - b. Development of housing stock that is more appropriate for the needs of older people
4. **Develop and implement a campaign to facilitate the entry of not-for-profit enterprises** in the development and operation of aged care accommodation and/or other relevant services
5. **Prepare a final report** including key findings and recommendations

N.B. The distinction between private and not-for-profit enterprises in housing and aged services provision is not clear in practice. The two groups are active in both areas with similar decision making approaches and no distinction is drawn by funding bodies. Thus the promotion campaign “targets” really merge. However the distinction between housing and aged care promotion is very real and points to a need for distinction in campaign content.

A Project Action List communicating activities and target timelines was established at the commencement of the project under the broad headings of:

1. Demand/gap needs analysis - including policy & funding review, compilation of key demographic & service provision data, service availability/demand analysis, assessment of potential demand for housing and status of Age friendly community planning at LGA level
2. Identification of potential landholdings/sites via a council survey and identification of likely economic impact
3. Promotion of non-profit and private sector opportunities – including direct approaches to aged care and retirement housing peak bodies and some major individual non-profit service and housing providers

4. Draft and final report

Increasing the attraction of rural communities

The conceptual framework used in this project is one which proposes that the best opportunity to enable older people to remain in (or move to) their current community arises when four key “planks” are in place. These are:

- Age friendly communities - well developed and maintained
- Housing for older people - suitable and accessible
- Care at home is readily available
- Residential aged care is locally available in appropriate facilities

Adequate health services and transport arrangements are also influential in decisions to leave or join a rural community.

Since this project is ultimately a regional sustainability/ development initiative, economic analysis was applied to both potential housing and aged services investments.

1.2 Methodology

Council survey

RCV member councils were requested to respond to an online survey which canvassed the status of issues relating to age friendly communities, housing, transport, formal home and residential based care and support, health services, housing site identification and development facilitation support which councils were prepared to consider. A response rate of just under 50% was obtained.

The survey was designed to elicit local information to flesh out some of the above topics and others for which there is no ready data source. The full content of the survey is contained at Appendix 1.

The survey approach to information gathering proved to be sub-optimal. The responses provided a representative sample but yielded less than hoped for. Whilst some survey responses were fairly complete, it is clear that many councils struggled to supply much of the information requested. This was particularly evident in relation to responses regarding some older persons' services, available housing (villages/ILUs) and potential sites for new housing.

Nevertheless the responses which were received added to researches in other areas and provided a good snapshot in areas such as planning for age friendly communities (Appendix 2).

Age friendly status

The WHO age friendly framework proposes consideration of a number of “domains” in local community planning². These domains include housing and health/care services but they are also specifically nominated in the framework above because they feature at critical points in decisions made by older people to stay in their community or come to a community. The project brief also requires that these areas be given particular focus.

Consultations were undertaken with the Municipal Association of Victoria's Positive Ageing Adviser, Jan Bruce, and Dr Kathleen Brasher, Principal Lead Age Friendly North East Victoria. State government age friendly community grant

² AFC domains – outdoor spaces, support & health services, communication & information, civic participation/employment, social participation, housing, transport, respect & inclusion

program terms and activities were examined. Web searches were undertaken to gauge activity by local governments in this area and academic commentary reviewed.

The project brief required analysis through an age friendly lens. The existence of age friendly plans or strategies developed and maintained with community engagement is a measure of a council's advancement on this issue. Community engagement was highlighted in Dr Brasher's and Dr Rachel Winterton's critique of early Victorian activities in this area³.

"A key element of the WHO age-friendly framework is its bottom up, participatory approach...The key mechanism for ensuring the establishment of genuine partnerships is the creation and composition of a steering or advisory committee to achieve the vision of an age friendly community, whether at national, state or local level. The WHO Guidelines... view the involvement of older residents of community as essential to the development of AFCC. This involvement moves beyond consultation to include 'participation in all established processes to set priorities, propose solutions and monitor implementation.'" (World Health Organisation 2014)

Accordingly, questions relating to age friendly planning and community engagement were included in the survey of RCV member councils. A range of questions regarding rural councils' understanding and commitment to age friendly communities were included in the council survey and additional information was obtained via council websites.

Desktop research revealed significant work undertaken by East Gippsland Shire, including a scoping paper for the town of Orbost on promotion of an age friendly town as an economic development strategy.

Age specific housing

Sources used for information included questions on local age specific housing in the online council survey, published reports and studies and the Victorian Register of Retirement Villages. The latter was only obtained late in the project after special approaches were made to Consumer Affairs Victoria. This will be a useful resource in making demand/supply estimations for specific promotion campaigns.

Enquiries with peak bodies did not produce any consolidated listing of independent living units (ILUs) by location. The *DPS Guide to Aged Care* was reviewed but only contained quite incomplete listings of housing. RCV member councils were requested to provide information on available ILUs or retirement living in the survey. Unfortunately, very little data was provided by respondents.

In the absence of definitive data for each local government area, anecdotal evidence was sought from councils and Aged Care Assessment Services as to perceived shortfalls of older persons housing. Demographic data was also applied to demand modelling to provide estimates of local needs, and this was utilised on a local level to assess potential scope for needed development.

Research revealed that housing occupied by older people can take a number of forms. The most common is the family home either owned outright or under mortgage. Then there are ILUs and Retirement Village residences specifically intended for older people as well as social housing and private rental. Some older people also live in residential parks and caravan parks.

In its June 2016 submission to the Inquiry into the Retirement Housing Sector by a committee of the Victorian Legislative Council, the Housing for the Aged Action Group (HAAG) identified the main types of retirement housing utilised in Victoria:

³ Brasher K., Winterton R. (2016) Whose Responsibility? Challenges to Creating an Age-Friendly Victoria in the Wider Australian Policy Context. In: Moulaert T., Garon S. (eds) Age-Friendly Cities and Communities in International Comparison. International Perspectives on Aging. Springer, Cham

Main types of retirement housing

- Caravan Parks – regulated by the Residential Tenancies Act 1997 (RTA)
- Residential Parks/Villages – purpose built villages with sites leased for owners moveable housing (RTA)
- Independent Living Units/NFP Retirement Villages – most originated from the Commonwealth Aged Persons Homes Act 1954 – non-profit entities funded to build 9,000 homes in Victoria over 30 years
- Rental Villages – private supported housing option – 85% pension charged for meals and communal facilities

The HAAG submission noted that since the Aged Persons Homes Act funding ceased around 1986, private operators have become more prominent (with a different financial model). It also noted a mix of operational arrangement, with those under the Retirement Villages Act 1986 known as villages, and those under the RTA known as ILUs. This report has a focus on ILUs and Retirement Villages, since the project requires estimation of potential for older persons housing investment and these are the most orthodox forms.

As this report was being finalised, a significant report was released by the Australian Housing and Urban Research Institute (AHURI), providing data and commentary on housing aspirations and accommodation patterns of older Australians.

Care services

Research was undertaken covering changes to Commonwealth aged care programs since 2011, transfer of the former State-administered HACC to Commonwealth CHSP, publications of the Aged Care Financing Authority, quarterly Home Care Data Reports from the Department of Health, Aged Care Financial Performance Survey reports from accountant Stewart Brown, Commonwealth Aged Care Services Lists, the *DPS Guide to Aged Care* and Aged Care Approvals Round residential bed allocations.

Subsidised Care at Home

The Commonwealth Home Support Program (CHSP) and Home Care Packages Program provide the major forms of Australian Government subsidised aged care at home. There are other Commonwealth programs for older recipients such as Short-Term Restorative Care and Transition Care but they are not operated at the same scale.

Home Care places data is available by Commonwealth Aged Care Planning Region via the quarterly Department of Health data reports. However, data is no longer available below this level and, as there are only five non-metropolitan Commonwealth regions in Victoria which incorporate major regional LGAs not included in this project, it is not very useful to determine local demand/supply shortfalls in small rural LGAs since current supply is not recorded at LGA level.

The Commonwealth target provision ratio for home care of 45 places per 1,000 people 70+ from 2021/22 means the Australian Government has committed to funding this proportion of Home Care places across Australia. However, funded packages are now allocated to individuals via a national priority system, with data only available at regional level. Although LGA-level gap analysis factoring in current supply is not possible, local estimated supply can be calculated using the target ratio and demographic projections.

There is a very large group of older people in Australia (nearly 850,000) accessing basic, “entry level” supports through the CHSP program. This system has recently transferred from State to Commonwealth control but with a transitional period of several further years in place wherein little change to its operation is likely to be made. Selected providers have been historically funded to service a target volume of clients for closely defined services – this includes many local government providers of domestic assistance and personal care service types in Victoria.

New providers have been awarded growth funding in recent years and there is a possibility that at the end of the extended transition period there may be a “spill” of current contracts and a re-tendering process.

Unfortunately, since being transferred from State to Federal government management, regional/local data on numbers of persons accessing CHSP are no longer available. Anecdotal evidence of supply/demand shortfalls for care at home was sought from Aged Care Assessment Services and from councils through the survey. Given that many councils are providers of CHSP, their views on this carry weight, as do those of the Aged Care Assessment Services, which are typically based within health services and draw on multiple sources of information about service accessibility.

Residential Aged Care

Residential aged care supply data is relatively transparent, with several sources providing reliable information. The first is the comprehensive listing of services by LGA in the *DPS Guide to Aged Care* (hard copy and website). This has been used as the primary source of demand/supply analysis due to its accessible, fine grained local data. In addition the Commonwealth releases an age care Services List in the second half of each year (latest available to 30 June 2018). This was complemented by examination of the results from the most recent 2018/19 Aged Care Approvals round, which showed new places allocated in early 2019.

Additional data is available in the annual (to end June) Aged Care Stocktake published on the Commonwealth GEN data website.

The most relevant factor in estimating demand/supply for residential aged care is the Commonwealth aged care provision ratio as the key reference point when seeking funding approval for new beds. This ratio is in the final phase of a transition and is set to become 78 places (beds) per 1,000 persons aged 70+ years by 2021/22. Because there is accessible data about residential aged care bed numbers at LGA level, the provision ratio can be combined with 70+ population data and projections to establish local demand/gap levels and what the Commonwealth is likely to fund.

Anecdotal evidence of residential aged care supply/demand issues also emerged from the council survey and consultations with Aged Care Assessment Services.

Program Level Review

The federal government is now the policy setter and funder for almost all aged care. The Commonwealth government document review included relevant program guidelines and a range of aged care reform publications and statements following from and including the 2011 Living Longer Living Better reforms. These reforms were focused on residential aged care and Home Care Packages but not CHSP. The CHSP program is formally intended to be subject to consolidation with the Home Care Packages program but that challenging process has been deferred several times.

There is currently a trial being let for a new funding instrument for care subsidies in residential care to replace the Aged Care Funding Instrument (ACFI). The new method, called the Australian National Aged Care Classification tool (AN-ACC), proposes to separate subsidies for underlying residential facility operation from subsidies for care requirements of the residents.

Health services

The Victorian Department of Health and Human Services (DHHS) website was utilised to understand the functions of rural services. It contains a full listing of rural health services, with navigation to details of their individual service offerings. Many public health services in rural Victoria provide aged care as a principle service of their operations. With one or two exceptions, there is a public provider of aged care in all smaller rural LGAs.

This is particularly significant in some LGAs where the public sector is the only provider of residential aged care. In such cases, evidence of potential supply gaps (provided below) can be used to make the case for investment to government rather than non-government providers.

The Victorian Government policy position on rural health and aged care was also examined. The public expression of policy is contained in *Health 2040* and the *Statewide Design, Service and Infrastructure Plan for Victoria's Health*

System 2017-37. These documents do not directly address the situation of rural residential aged services. Although there are statements about matching service infrastructure to population needs, most emphasis is placed on health rather than aged care and regional centres rather than rural locations.

However, a DHHS Regional Health Infrastructure Fund has been through 3 rounds of grants (round 3 closed in July 2019) and may be a future source of grant funding for aged facility expansion or refurbishment. The grant criteria seem to encourage that view, as it notes that:

"Priority will be given to applications that address:

- *demand pressures from increasing population and/or changing age profile*
- *need for buildings to be fit for purpose - moving from low-care to high-care residential aged services*
- *need for major refurbishment / repairs / replacement of ageing buildings and equipment*
- *safety and quality of services including compliance with regulatory requirements and reduction of clinical risk."*

The survey to councils also asked key questions about the perceived adequacy of local health care, including GP and pharmacy availability and identification of service gaps (e.g. allied health, diagnostic services). This provided useful supplementary feedback on the practical issues and gaps for those LGAs which responded.

Aged Care Assessment Services consultations

Verso conducted telephone interviews with all the relevant regional Aged Care Assessment Services and followed a standard questionnaire format to obtain a regional overview, which also identified some LGA-level issues (Consultation Summary - Appendix 3). This information was combined with available data on aged services and responses from council survey returns to establish a more complete view of formal support and care services.

Commonwealth Aged Care Assessment Services are ministerially appointed to undertake eligibility assessments of older people for higher level aged care. This care may be residential care, home care or flexible care. They are often based at public health services but are not part of the health service.

Aged Care Assessment Services normally have a broad understanding of the aged care services available in their area, shortfalls in supply and general issues around how older people access necessary services. They generally have connections with Regional Assessment Services, which provide CHSP assessments (typically operated by councils in Victoria), increasing their insight into the local landscape of support and care services.

Economic impacts

Economic impacts were examined in relation to both housing investment and the benefits in employment and economic activity in provision of services for older people.

A literature/research scan was undertaken to identify the most relevant descriptions and measurement of investment in both these areas. Local and international reports were identified as well as a relevant measure of the "multiplier" effect of investment in construction. Longer term employment and economic effects of service provision were examined from an existing knowledge base of employment requirements in residential and home care.

Demographic analysis

Selected Australian Bureau of Statistics (ABS) population and survey data were obtained and the most current Victoria age specific population projections accessed (Victoria in Future). Analysis focused on three selected age cohorts, namely 55+, 70+, 79+ and 85+ 2016 census populations and VIF projections for 2021, 2026 and 2031.

The demographic projections form the basis of commentary on the scale of likely growth of older resident populations in each LGA and estimation of likely service supply/demand gaps.

Promotion of investment and service opportunities

Investment in accommodation and service promotion need to be targeted for best effect. Housing investment pathways were identified through meeting with LASA Victoria and the Retirement Living Council per the Victorian division of the Property Council of Australia. Meetings were also held with several major industry charitable providers. These opportunities were used as a means of understanding factors which may influence investment decisions and what councils may be able to do to facilitate investment.

A scan was undertaken which identified current promotional materials used by other local governments and contact made with consultancies undertaking complementary promotional projects for RCV.

Aged service promotion pathways were discussed with LASA and the Victorian Property Council to ascertain suitable avenues into its membership of approved aged care providers and retirement living investors to highlight service and housing opportunities which emerge from this project.

1.3 Demographic Information Sources

Demographic data

The examination of demographic data provides insight into potential demand for housing, services and facilities relevant to the needs of older people in rural Victoria. Age group population data available from ABS 2016 census reports and other data from reports commissioned by RCV were examined e.g. *Population Growth in Rural Victoria* (July 2018). However, this project required more tailored data related to certain age cohorts as well as projections to estimate future demand.

Since the ABS has not yet produced age group population projections from the 2016 census, the most recent Victoria in Future (VIF) age group projections were used (2016 ABS Estimated Resident Population (ERP) base year). The VIF data was used in the preceding RCV report, *Population Attraction and Retention Strategies for Victorian Rural Communities* (July 2017).

The VIF projection methodology includes estimates of migration flows between regions. It must be noted that the VIF projections appear to yield somewhat conservative numbers for rural shires. For example, its earlier projections for the 2016 ERP older age cohort populations were frequently below 2016 Census actual data.

The selected age cohorts and their rationale are:

- Persons aged 55 years and older (55+) and aged 79 years and older (79+) – relevant to target groups for age friendly community planning and retirement housing.
- Persons aged 70 years and older (70+) – the Australian Government, as funder of formal (subsidised) aged care, bases its planning and funding of aged care places on this cohort (home care and residential care).
- Persons aged 79 years and older (79+) – for estimation of potential older persons housing demand
- Persons aged 85 years and older (85+) – 50% or more of this age group require substantial support in daily living activities or to manage disabilities.⁴ The proportion of people aged 85+ using home care and residential care is

⁴ CEPAR Research Brief 2014/01 Table 4B

more than three times that of people aged 70+. This is a good predictor of actual demand for formal aged services.

These are the most relevant population data on which to base estimates of possible demand for retirement housing, the likelihood of Commonwealth funding for aged care in a given location and likely manifest demand for a significant level of formal care.

1.4 Policy & Funding Context

Age friendly communities

There have been three rounds of substantial funding by the Victorian government under the age friendly communities banner, and it appears that 12 of the RCV member councils subject to this project have benefited from these grants. The grant guidelines emphasise “projects” rather than forming an ongoing, consultative plan or strategy, although one selection criterion is to “to embed age-friendly practices beyond the project”.

The Victorian Department of Health and Human Services also funds a dedicated Positive Ageing Adviser at the Municipal Association of Victoria to support local government in this area.

Consultations on this topic revealed that, despite generous funding, there was some unease that the Victorian government did not have a settled framework or philosophy around age friendly communities, leadership was not clear and consistent and that models of state government support elsewhere have been more effective.

In May 2016, a joint declaration was issued by the Minister for Housing, Disability and Ageing and the President of the Municipal Association of Victoria articulating a vision for better state and local planning for age friendly communities (Appendix 4). This declaration is notable in endorsing an approach “*informed by the World Health Organization’s Age-friendly Cities framework, and the experience of councils’ use of World Health Organization’s information and tools.*”

World Health Organization age friendly definition

“An age-friendly world enables people of all ages to actively participate in community activities and treats everyone with respect, regardless of their age. It is a place that makes it easy for older people to stay connected to people that are important to them. And it helps people stay healthy and active even at the oldest ages and provides appropriate support to those who can no longer look after themselves.”

The World Health Organization focus domains for age friendly action are:

- Outdoor spaces and buildings
- Transportation
- Housing
- Social participation
- Respect and social inclusion
- Civic participation and employment
- Communication and information
- Community support and health services

In fulfilling this project's objectives, local age friendly community planning status has been looked at as a whole but emphasis has also been given to the more "concrete" domains of housing and formal support and health services to ground the required promotional campaigns in these areas. These domains are also considered (based on previous wide community consultations) to be highly determinative in decisions to leave or join a local community.

Research found a ready availability of guides (and guidance) to assist councils in the process of developing and implementing age friendly community planning and strategies. However, the issue of resourcing to initiate and maintain the strategic effort appears to present an obstacle for some councils.

Older Persons Housing

Research revealed no specific government policy or funding support in this area apart from general social and community housing schemes. This contrasts with the period from 1953 to 1986 when the Commonwealth subsidised non profit organisations for up to 50% of capital cost of older persons housing under the former Aged Persons Homes Act. Most current ILUs were built under this scheme but are now reaching end of life.

Retirement living arrangements featuring ingoing payments and deferred management fees are governed by the Retirement Villages Act 1986 and Regulations. Simpler tenancy arrangements around ILUs are only required to comply with the Residential Tenancies Act 1997, but a number also operate under the Retirement Villages Act.

In the absence of government schemes for older persons housing, initial capital investment is typically provided by private or non-profit housing bodies or housing cooperatives. Some public health services own and operate ILUs, as do some residential aged care providers.

The project has revealed some confusion exists at local level between aged persons housing and residential aged care accommodation. There are very distinct differences. Residential aged care is only available for assessed residents and supplied by government approved providers who must comply with all the requirements of the federal Aged Care Act 1997, including quality care standards. The confusion possibly arises because some residential aged care facilities (including government facilities) also have housing for older people co-located or operated under the same service name. The older term "hostel" commonly referred to a low care residential facility but the distinction between high and low care has now been removed.

Aged persons housing should be suitably located relative to services, retail, health support and social activities and with suitable design features to cater for residents who may have a level of physical or health support needs which can be met by care in the home. A variety of tenure arrangements is desirable, including simple rental.

Subsidised aged care

The Commonwealth Government is the policy maker, standards setter and funder of subsidised aged care programs. It provides funding for:

- The **Commonwealth Home Support Program** by paying providers to deliver an agreed volume of designated service types to approved clients (e.g. domestic support, personal care, home nursing). CHSP is defined as an "entry level" program with an average subsidy per person (2016/17) of \$2,832.
- **Home Care Packages** by making (greater) funding available to approved care recipients for an individual package of services which is developed between the recipient and their chosen provider. Packages are funded at four assessed levels. The average subsidy per person (2016/17) was \$21,775.
- **Residential aged care** for assessed residents on a per bed-day basis at a level determined by applying a funding tool (ACFI) to reflect the person's care needs and an accommodation subsidy for older people of low means. The average subsidy per person (2016/17) was \$50,471.

- **Short-Term Restorative Care (STRC)**, a relatively small-scale program which aims to help recipients regain functional capacity over eight weeks and obviate the need for immediate ongoing care. This may be delivered in a home or facility setting, and thus falls within the category of flexible care.

The per person average subsidy estimates above are based on the July 2019 Report of the Aged Care Financing Authority, where the relative numbers of care recipients and Commonwealth expenditure in the main programs during 2017/18 were shown as:

- Commonwealth Home Support Program – 847,534 people supported and expenditure of \$2.4 billion
- Home Care Packages – 116,843 people supported and expenditure of \$2 billion
- Residential aged care – 241,723 people supported and expenditure of \$12.2 billion

Over the 2017/18 financial year, the number of people receiving CHSP increased by 8%, Home Care Packages increased by 20% but residential aged care places only increased by 1%. CHSP is clearly the largest and most broadly accessed program and its design is based on the principle that early low level assistance, sometimes for a limited time, will result in better overall outcomes for the older person.

All programs nominally require a recipient contribution. The amount is assessed against income and/or assets for residential care and Home Care Packages. The level for CHSP is relatively modest, as is the amount payable for the other programs for full pensioners. There is capacity to waive contributions on the basis of financial incapacity.

Shift towards care at home

Commonwealth policy in respect to aged care programs is evolving. Apart from increasing emphasis on consumer control, this is particularly evident in the planning for the amount of subsidised higher aged care (in other words, services other than CHSP).

Prior to the 2012 Living Longer Living Better reforms, the Commonwealth held regular Aged Care Approvals Rounds where approved providers made application (tendered) for additional funded places for both Home Care Packages and residential aged care places. At that point, the target provision ratios for places was 88 per 1,000 people aged 70+ in a Commonwealth Aged Care Planning Region for residential care and 25 for home care places – totalling 113 places per 1,000 70+.

Following the reforms, the relative proportions are changing significantly; by 2021/22 the provision targets reduce from 88 to 78 for residential care, and increase from 25 to 45 for home care. With an additional 2 places funded for Short-Term Restorative Care, there is an increased total of 125 places per 1,000 people 70+.

The shift to support/care at home is confirmed in the Aged Care Financing Authority data above which showed an increase in numbers in CHSP of 8% and in Home Care Packages of 20%, compared with an increase of only 1% in residential care during 2017/18.

Another major outcome of the reforms has been the shift from assigning Home Care Packages to providers, to allocation directly to assessed care recipients from a national “priority” queue, with choice of provider. There is a stated intention to merge the two programs of support/care in the home (CHSP and Home Care Packages). However, the difficulty in combining the different service models and delivery arrangements is indicated by the timeline to achieve this being let out several times (currently July 2022).

Finally, there is now great focus on the suitability of the current residential care model due to the constantly rising care level requirements of residents. This is partly due to advancing ages for entry to care, with the average age being 84.5 for women and 82 for men in 2015/16. The proportion of people needing complex health care rose from 12.7% in 2009 to 55% in 2017. The current Royal Commission on Aged Care may well lead to recommendations for a substantial change in the model and related funding.

2 Research and Analysis

2.1 Age Friendly Communities

Victorian government approach

Key characteristics of the Victorian government approach to age friendly communities have been generous funding to selected councils, an emphasis on local initiatives or projects and, more recently, appointment of age friendly community ambassadors. Whilst the stated intention is to embed “age friendly practices”, it is not clear that the program is well designed to make age friendly planning an integral part of council processes in all councils.

Fourteen rural councils have signed off on the Victorian Government-MAV Age Friendly Declaration (Appendix 4) and this group and a number of others are undertaking age friendly planning. MAV is well resourced to support planning and strategy initiatives and they can provide resources such as an Information Kit for Councillors and Senior Management.

Demographics

The following population data and projections portray the number of people aged 55+ currently living in each LGA, and numbers estimated to reside in future. This gives an indication of the scale and importance of this cohort in local communities. Almost all of these residents would benefit from plans and strategies to support them in playing an active, healthy and rewarding role in their community. The contribution of this age cohort is vital to the life and economic viability of each community.

Embedding an ongoing age friendly program in a community is likely to lead to better overall retention of older people and greater likelihood of attracting those from the same cohort to move into a community. Features such as lifestyle, open spaces, lower housing costs, suitable services and transport were cited as influential in regional migration patterns in Regional Development Victoria research. As outlined in Section 3, any level of population retention or attraction has a clear cut economic benefit for the whole LGA.

Consideration of this age group is also important from the point of view of potential demand for retirement housing. Whilst the method adopted for housing demand estimation later in this report utilises the 79+ age group, from the age of 55 people are eligible to consider retirement village offerings and some may wish to consider other forms of “re-housing” for later years, perhaps after children have left home.

Table 1: Current and Estimated 55+ Growth and Proportion of Total Population

Area	2016 Census	% of total popn.	2021 VIF Projections	% of total popn.	2026 VIF Projections	% of total popn.	2031 VIF Projections	% of total popn.
Alpine (S)	5,165	41.9%	5,246	44.5%	5,528	46.6%	5,702	47.7%
Ararat (RC)	4,457	38.4%	4,238	39.6%	4,340	40.9%	4,404	41.5%
Bass Coast (S)	14,292	43.6%	14,541	39.3%	16,043	39.2%	17,600	39.3%

Area	2016 Census	% of total popn.	2021 VIF Projections	% of total popn.	2026 VIF Projections	% of total popn.	2031 VIF Projections	% of total popn.
Baw Baw (S)	16,487	34.0%	18,444	34.0%	21,356	34.8%	23,806	35.1%
Benalla (RC)	5,875	42.4%	5,739	43.3%	5,971	44.8%	6,082	45.3%
Buloke (S)	2,780	44.8%	2,498	45.3%	2,496	47.9%	2,371	48.1%
Campaspe (S)	13,824	37.3%	14,606	39.1%	15,781	41.5%	16,548	42.7%
Central Goldfields (S)	5,713	44.0%	5,916	46.5%	6,275	48.6%	6,543	50.0%
Colac-Otway (S)	7,700	36.7%	7,656	38.4%	8,114	40.7%	8,441	42.3%
Corangamite (S)	6,036	37.6%	5,911	39.2%	6,207	42.4%	6,232	43.8%
East Gippsland (S)	19,905	44.2%	20,653	43.8%	22,274	44.9%	23,594	45.2%
Gannawarra (S)	4,525	42.9%	4,470	47.1%	4,577	50.2%	4,546	51.8%
Glenelg (S)	7,508	38.4%	7,656	40.9%	8,148	44.1%	8,419	46.1%
Golden Plains (S)	5,822	26.8%	6,587	27.9%	7,676	29.2%	8,610	29.7%
Hepburn (S)	6,559	42.8%	6,787	44.4%	7,433	46.8%	7,975	48.4%
Hindmarsh (S)	2,484	43.4%	2,176	42.4%	2,155	44.1%	2,084	44.9%
Indigo (S)	5,930	37.2%	6,296	40.1%	6,769	42.4%	7,105	43.5%
Loddon (S)	3,364	44.8%	3,486	49.3%	3,623	52.8%	3,699	55.1%
Macedon Ranges (S)	14,228	30.9%	16,265	32.8%	18,856	35.3%	21,166	36.8%
Mansfield (S)	3,488	40.6%	3,389	38.9%	3,599	39.4%	3,775	39.3%
Mitchell (S)	10,876	26.6%	13,206	28.1%	16,512	26.3%	20,308	24.9%
Moirā (S)	11,504	39.5%	12,321	41.2%	13,374	43.2%	14,238	44.4%
Moorabool (S)	9,092	28.6%	11,131	30.8%	13,569	33.1%	15,773	34.2%
Mount Alexander (S)	7,768	41.4%	8,170	43.6%	8,903	46.1%	9,534	47.7%
Moyne (S)	5,546	33.6%	6,062	36.5%	6,659	39.1%	7,088	40.7%
Murrindindi (S)	5,632	41.0%	5,920	41.4%	6,530	43.7%	6,985	44.7%
Northern Grampians (S)	4,675	40.9%	4,850	43.6%	5,080	46.5%	5,195	48.0%
Pyrenees (S)	3,122	43.1%	3,196	45.4%	3,456	47.8%	3,661	49.3%
Queenscliffe (B)	1,655	58.0%	1,634	54.6%	1,723	57.0%	1,776	58.0%
South Gippsland (S)	11,337	39.5%	11,287	39.6%	12,008	40.6%	12,597	41.1%
Southern Grampians (S)	6,153	38.6%	6,124	39.9%	6,373	42.3%	6,417	43.3%
Strathbogie (S)	4,761	46.3%	4,768	46.7%	5,069	48.2%	5,265	48.6%
Swan Hill (RC)	6,655	32.3%	6,489	31.8%	6,735	32.8%	6,839	33.0%

Area	2016 Census	% of total popn.	2021 VIF Projections	% of total popn.	2026 VIF Projections	% of total popn.	2031 VIF Projections	% of total popn.
Towong (S)	2,577	43.1%	2,485	43.9%	2,567	46.0%	2,566	46.6%
Wellington (S)	15,169	35.3%	15,638	36.6%	16,547	37.7%	17,140	38.0%
West Wimmera (S)	1,564	40.1%	1,479	42.6%	1,425	44.4%	1,336	44.7%
Yarriambiack (S)	2,915	43.7%	2,944	47.1%	2,912	49.1%	2,788	49.6%
Victoria Total	1,600,050	27.0%	1,607,575	26.6%	1,827,783	27.7%	2,061,799	28.8%
RCV Member Total	267,149	37.3%	280,267	38.2%	306,662	39.3%	328,208	39.6%

Most LGAs are expected to either maintain or increase populations in this age cohort. Some (e.g. Mitchell, Macedon Ranges, Moorabool) are projected to have quite large increases. An overall increase of nearly 23% in this cohort (267,149 to 328,208) in RCV councils in the next 12 years is very significant and points to a real need to maximise the effect of this group on community life and the local economy.

Survey responses

Feedback was received from survey respondents (see Appendix 2) on their age friendly community activities. The majority of respondents had plans/strategies in place or in development. A number of councils which had not yet developed an age friendly plan/strategy stated that they would welcome more information or support in establishing one.

Some approaches appeared to lack full community engagement in their development, ongoing monitoring of progress/activities or other aspects of best practice age friendly planning. For example, one respondent referred to their general Municipal Health and Wellbeing Plan as incorporating an age friendly strategy. On examination, the plan was not found to contain a properly formed strategy. Another respondent commented in a way which suggested they perhaps saw age friendly planning as a service “influenced by funding”.

Consultations

Discussion and exchanges with Dr. Kathleen Brasher were very helpful in gauging progress on age friendly communities in rural Victoria. Dr. Brasher is the Principal Lead for the Victorian government's Age-Friendly Rural Communities initiative. She is a foundation member of the Strategic Advisory Group for the WHO Global Age Friendly Cities and Communities Network and provides advice to state and local governments, businesses and other organisations across Australia and internationally on the creation of age-friendly environments.

In discussion, Dr Brasher offered the following views:

- There is a need to grow understanding of the contribution older people make in communities– volunteering, social infrastructure, etc.
- Dr Brasher's project with the Victorian Government is working to re-position older people as contributors
- There is a tendency for some local governments to view older people as service recipients (councils are often support providers)
- In respect of rural “liveability” indicators, matters are complex in small communities – not a lot of existing liveability measures work very well
- Dr Brasher observed that an indicator relating to “being in touch with nature” is important

- Dr Brasher views the Western Australian government's approach to age friendly communities as more effective (and cost efficient) than the Victorian method, with particular advantages including:
 - An emphasis on collaboration - all councils in West Australia were supported through resources and guidance to undertake their consultation with community and to develop their plans. Also, the WA Local Government Association worked effectively with state government and local governments and civil society through a steering committee to embed age friendly communities with some good champions for the work
 - Provision of resources, including guidance on conducting community consultations and ongoing support consistent with the WHO approach
 - Clear leadership by the state government
 - Addressing the work on a strategic level - engaging senior council staff and counsellors rather than those employed at lower levels

Municipal Association of Victoria's Positive Ageing Adviser, Jan Bruce, provided the following information:

- The Municipal Association of Victoria is funded for Jan's role by DHHS and has been engaged from an early stage in the WHO initiative as a member of its global age friendly communities network
- She believes most councils have awareness of and/or some form of age friendly activity and many have received funding
- The state government has funded the promotion program well but at bureaucratic level there is still not consensus on the approach
- Jan sees a greater need for clear policy and consistent direction and greater interdepartmental connection on certain age friendly domains (e.g. transport, housing)
- She also has concerns about the level of leadership at council level among councillors and senior executives
- There are good age friendly community models to be found in Victorian rural councils

2.2 Housing

Supply

Determining the current supply of suitable older persons housing in each RCV LGA will require further work. Only a small number of respondents to the council survey were able to convey some information about local supply, and additional research did not uncover any consolidated record. This is likely because of variable regulation of this type of housing and the fact that it can take different forms with quite distinctive history and management. Other than privately owned dwellings, older people may live in retirement villages, ILUs, social housing, mobile communities or be in private rental. The two most identifiable forms of age related housing are retirement villages and ILUs.

Retirement villages

A public register of Victorian retirement villages is held by the Business Licencing Authority (BLA) as a legislative requirement. The BLA is now part of Consumer Affairs Victoria and its website allows for a search by single location or name but does not contain a full listing.

Approaches were made to the BLA seeking provision of a consolidated listing (which could then be examined for villages in a relevant rural LGA) but these requests were initially declined. However, toward the end of the project a

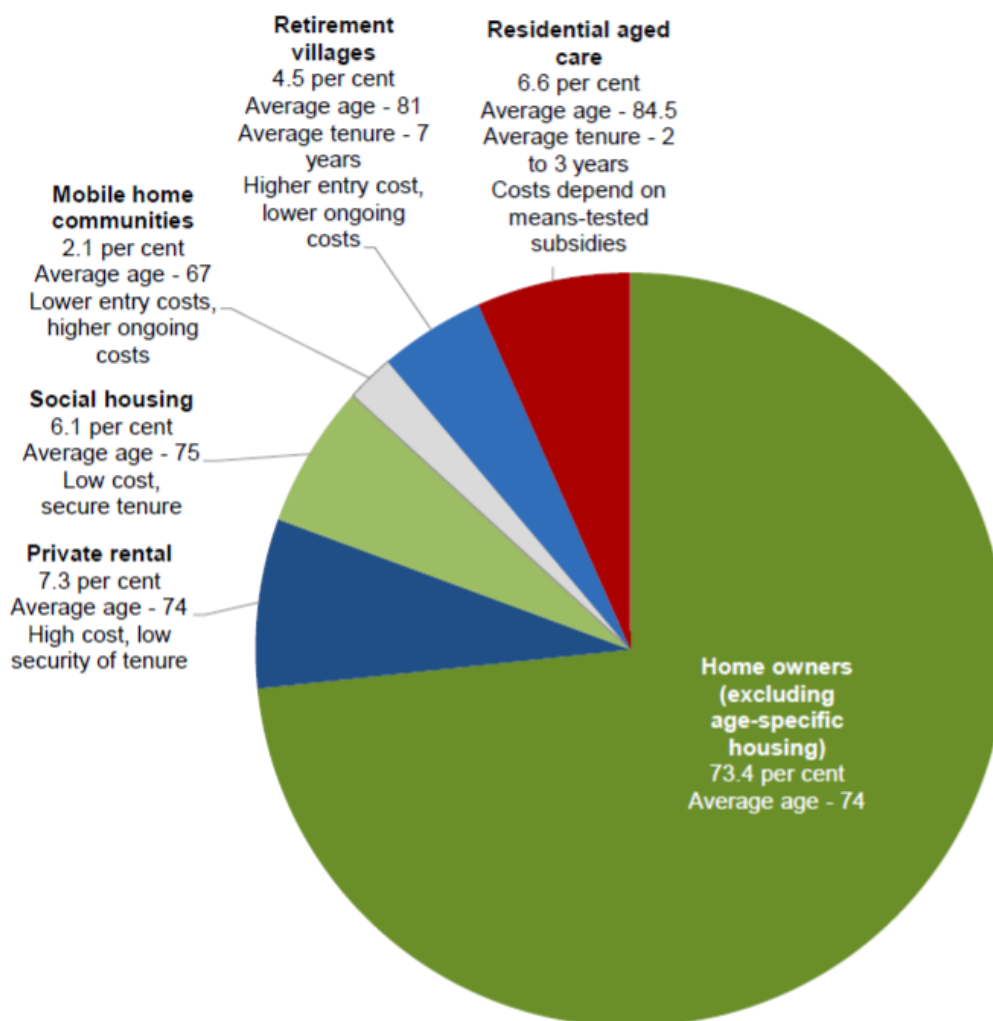
spreadsheet record of all registered retirement villages was obtained. This will be a valuable resource for establishing demand/supply gaps at council level when a promotional campaign is undertaken.

Independent living units

There is no consolidated public record of this type of dwelling. A minority of survey respondents provided some information but overall it was not possible to build a picture of current supply. The complexities involved in establishing a central record of current suitable supply (e.g. including configuration of dwelling, suitability of design, age, tenure arrangements) mean that future assessment of supply for investment promotion will have to be undertaken on a case by case basis when a promotional initiative is being developed.

Demand estimation

The Australian Government Productivity Commission examined the pattern of housing for older people based on the ABS Census of Population and Housing 2011 in the report "*Where do older Australians live – Proportion of population aged 65+ in 2011*". The following is the overall pattern identified for age specific housing:



^a Due to data limitations, rates for home ownership, private rental and social housing at the individual person level have been imputed by applying population-weighted, household-level home ownership and rental rates from the 2011-12 Survey of Income and Housing to persons enumerated in private dwellings in the 2011 Census, for a given age cohort. ^b Average age and tenure figures refer to 2013-14.

Sources: Productivity Commission estimates based on ABS (*Census of Population and Housing*, 2011, Cat. no. 2037.0.30.001; *Survey of Income and Housing*, Australia, 2011-12 Basic CURF, Cat. no. 6541.0.30.001); Productivity Commission estimates based on HILDA release 13.1, wave 13; AIHW (2015); PwC (2015).

This graphic represents an Australia-wide pattern, but it can be drawn upon as a guide to likely patterns to be found in rural settings. The total proportion of people living other than in accommodation other than their own home or residential aged care was 19.6% of the 65% population.

Estimation Approaches

Research on estimation of likely demand for housing from older people identified three published approaches:

Associate Professor Earl

Dr George Earl, Head of Construction Management & Real Estate at the University of New South Wales, detailed a planning ratio (demand calculation) in his conference presentation, *Retirement Villages in Australia: Evolution*,

*Prospects, Challenges.*⁵ This stepped demand estimate is somewhat complex to calculate. Dr Earl estimates retirement living housing demand as follows:

- 0.2% aged 55 to 64 years
- 2.0% aged 65 to 74 years
- 4.0% aged 75 to 84 years
- 7.0% aged 85+

The estimate method can be simplified. The formula above aggregates to 1.9% of the 55+ population when weighted by a typical profile of numbers in each age group.

Retirement Living Council

A report developed by the Retirement Living Council proposes alternative estimates of demand for retirement living of between 4% and 5% of the 55+ population. The basis of this calculation is not clear and it tends to provide high estimates.

Verso's research

In a 2010 Verso study, consultations were undertaken with 122 older people who identified their current housing arrangement, and any other housing arrangements over the previous thirteen years. This study is important as it is not focused on aspirations but actual behaviour. The average age of participants was 79. It is notable that this age profile is consistent with that shown in the Productivity Commission research for retirement villages and older persons social housing.

Table 2: Results of Verso Housing Research ©

Housing Type	1997	Intermediate Move	Current (2010)
Own/Family Home	103	12	38
Flat/Unit	13	14	11
ILU	6	-	43
Retirement Unit	-	2	5
Aged Care Facility	-	6	25
Total	122	34	122

Source: Verso Consulting Aged Housing Research

Analysis of this "real world" behaviour shows that 32.25% of people (average age 79) were living in independent living units. Making the assumption that 50% of units are singly occupied and 50% couple occupied (1.5 person average), the proportion of people living in this housing type comes to around 24%. The use of this estimation method has generally yielded results closer to the Earl method than that of the Retirement Living Council, which were consistently higher.

This analysis was undertaken in metropolitan Melbourne and on the rural fringe. When translating these dynamics into rural Victoria, it should be observed that the state of the local housing and rental market will affect the options and the ability of older people to exercise their choices. While it is probable that the same drivers will cause older

⁵ George Earl. "Retirement villages in Australia: Evolution, prospects, challenges" Tenth Pacific Rim Real Estate Society (PRRES) conference (2004)

people to seek options that can keep them independent and in the community of their choice, local capacity and the ability to sell existing homes will be a factor in realised demand.

The Verso demand methodology is used for this report since it is grounded in actual behaviour. It provides an 'envelope' of demand estimation from which existing supply has to be deducted and local factors considered. It can be used for land assembly plans but a conservative approach should be taken when making investment decisions.

The current and projected Verso estimates of total demand for age specific housing are as follows:

Table 3: Housing Total Demand Estimates (24% of age 79+ pop. using VIF derived projections)

Area	2016 Census based 79+ population	2016 Demand Estimate	2026 Demand Estimate	2031 Demand Estimate	2016-2031 Change % (+/-)
Alpine (S)	861	203	229	280	37.7%
Ararat (RC)	777	188	210	248	31.9%
Bass Coast (S)	2,477	593	670	838	41.5%
Baw Baw (S)	2,542	602	820	1,074	78.5%
Benalla (RC)	1,089	260	269	334	28.2%
Buloke (S)	627	150	123	138	-7.6%
Campaspe (S)	2,577	616	731	875	42.1%
Central Goldfields (S)	1,021	242	294	354	46.4%
Colac-Otway (S)	1,305	307	357	442	44.0%
Corangamite (S)	1,113	261	279	308	17.7%
East Gippsland (S)	3,279	775	1,001	1,258	62.3%
Gannawarra (S)	857	202	252	286	41.6%
Glenelg (S)	1,228	286	308	397	38.6%
Golden Plains (S)	545	125	185	289	130.3%
Hepburn (S)	995	235	252	354	50.3%
Hindmarsh (S)	558	131	90	101	-23.0%
Indigo (S)	800	187	224	313	67.4%
Loddon (S)	589	139	159	202	45.5%
Macedon Ranges (S)	1,796	421	673	985	133.7%
Mansfield (S)	475	111	120	170	52.9%
Mitchell (S)	1,380	331	551	810	144.6%
Moirra (S)	2,177	516	592	741	43.7%
Moorabool (S)	1,102	260	485	698	168.5%
Mount Alexander (S)	1,218	284	326	429	51.0%
Moyne (S)	810	190	244	309	62.4%

Area	2016 Census based 79+ population	2016 Demand Estimate	2026 Demand Estimate	2031 Demand Estimate	2016-2031 Change % (+/-)
Murrindindi (S)	722	169	280	380	125.3%
Northern Grampians (S)	832	196	217	278	42.4%
Pyrenees (S)	391	91	127	170	86.6%
Queenscliffe (B)	363	86	85	104	20.9%
South Gippsland (S)	1,804	427	496	645	51.0%
Southern Grampians (S)	1,187	282	292	343	21.6%
Strathbogie (S)	832	198	247	297	50.0%
Swan Hill (RC)	1,246	293	295	338	15.5%
Towong (S)	425	100	108	135	34.4%
Wellington (S)	2,306	542	663	873	61.2%
West Wimmera (S)	284	67	69	68	1.3%
Yarriambiack (S)	641	152	144	157	3.6%
RCV Member Total	43,231	10,220	12,469	16,023	56.8%

Source: Base Data - The base year for the calculation of VIF2016 projections is 2015 (30 June), the most recent year for which the ABS has published the Estimated Resident Population (ERP) for both Victoria and LGAs. The percentage difference between Age 79+ and age 80+ for 2011 and 2016 for each LGA was calculated and the average added to the 80+ actual data to calculate the estimated 79+ VIF projection data used here.

Demand estimates - a starting point

The total demand estimations above are the starting point to estimate unmet demand. The following local factors need to be applied to arrive at an estimation of what is likely to manifest as real demand:

- Existing supply and condition of age-specific or available social housing
- Known plans for new age-specific housing
- Average house prices and socio economic data (inform viable build cost and tenancy type)
- Average local rents and availability
- The number of older residents of caravan parks (to determine insecure tenancy)
- Wait lists for current housing
- Any other local evidence of unmet demand or unsuitable housing

Site availability & design requirements

Sites need to be suitable for any proposed older persons housing development. The main factors include location- with easy access to health and other supportive services, as well as proximity to retail precinct and social opportunities- transport access, topography of site and surrounds and general "walkability" to enable mobility.

Housing needs to be suitably built to enable continued occupation by people with reduced mobility or other restrictive conditions arise and to facilitate delivery of support or care services into the home. Design should be

according to Australian Liveable Housing Design Guidelines⁶ which reflect many of the features of the Australian Standard for Adaptable Housing⁷.

Affordability a major factor

In many country areas, the form of new build housing also has to be considered in the context of what is affordable for the bulk of older people living locally. The design features need to be incorporated but this does not need to be costly if included as key design features from the outset. Affordability includes the land/construction costs and also the form of tenure available (buy/rent/lease for life).

For future purposes of assessing investment promotion opportunities, Appendix 5 shows recent data on house prices and rents by LGA and the prevalence of lower incomes of older people.

Consultations with peak bodies

In order to establish pathways for investment promotion and to gain insights into the factors which may be obstacles or incentives for older persons housing development, contacts were made with the Property Council of Victoria (which includes the Retirement Living Council) and with Leading Age Services Australia's Victorian branch, which represents providers of aged care and housing. Discussions were also held with two large non-profit providers of aged care and housing.

The consultations resulted in the following messages:

- Housing providers would consider proposals in rural areas which made financial sense
- Councils could make development decisions easier with facilitation of a range of zoning, planning, or other approval processes⁸
- Assistance with local community engagement about proposals would be welcome
- Site development assistance would also be a favourable factor in decision making
- Provision of potential demand data would also assist
- Scale of development potential is also a factor

Both peak organisations said they could provide access to meetings of their members for councils to present and discuss potential housing investment opportunities.

As noted above, information yielded about local supply from the survey was only fragmentary. Therefore, calculation of likely net demand has not been possible. The estimates in Table 3 can be used in future to derive net demand estimates in particular cases by utilising local knowledge and consultations. If an appetite exists to identify and pursue opportunities for new housing, the global estimates provided can inform promotional efforts.

AHURI older persons housing aspirations research

The Australian Housing and Urban Research Institute issued a report in August 2019 which described the results of a national Australian Housing Aspirations (AHA) survey, interviews and focus groups, supplemented with ABS data. The Report examined the housing aspirations of older Australians (defined as households over the age of 55).

There are a number of key points in the report of particular interest to smaller rural communities:

⁶ Liveable Housing Design Guidelines Second edition – Liveable Housing Australia 2012

⁷ Adaptable Housing Standard AS4299

⁸ Councils could assist through – assistance with zoning/site use requirements or development planning, support with local community engagement, preparation of headworks or other physical preparation activities

- Older Australians aspire to live in a variety of different locations, with the most popular choices being the middle to outer suburbs of capital cities (around 35%) and small regional towns (around 20%).
- Aspirations are driven by a desire for long-term, stable housing. While the number of bedrooms, building quality and dwelling type are important, safety and security and having somewhere that feels like home are critical for older Australians.
- There is unmet demand, or a housing aspiration gap, for dwellings in small regional towns, separate houses, two and three-bedroom dwellings and home ownership.
- The housing aspirations gap is larger for renters, private and social, than for home owners.

One of the four policy innovations identified includes: *"Housing assistance to develop alternative home ownership options to improve security of tenure and facilitate ageing in place."*

The Executive Summary noted that: *"The housing aspiration gap which does exist is being experienced by specific groups. The table below provides a summary of the gap analysis highlighting the areas where the aspirations gap is greatest."* (Table extract below)

Table 4: AHURI older persons housing aspiration gaps

Age	55-64 years	65-74 years	75+ years
Location	Small unmet demand for small regional towns (9%)	Small unmet demand for small regional towns (8%)	Small unmet demand for small
Tenure	Home owner	Private renters	Social housing renters
Location	Small unmet demand for small towns (7%) and larger regional centres (2%)	Medium demand for small towns (13%)	Medium demand for small towns (13%) and remote communities (6%)

Whilst sometimes described as "small", the gaps are nevertheless significant in being 7% to 13% of older age cohorts and also significant as they point to unmet demand over current supply.

Housing to facilitate support and care

A logical and increasingly attractive housing model is that which combines well designed housing "clusters" which facilitates efficient delivery of support/care to the home. This model is very attractive for the smallest rural communities where formal residential aged care is not viable but makes sense in any location since it meets both a potential housing need the overwhelming preference for older people to receive care in their home.

The model is being adopted in rural settings and also within larger developments as part of an integrated service model combined with nearby residential care. The model holds real potential for future provision of care largely equivalent to residential care in smaller communities with no growth profile, when existing facilities are at end of life and building new facilities would not be viable with small bed numbers.

2.3 Services Profile & Projections

Aged services - care in the home

Commonwealth Home Support Program

As noted earlier, this is the most widely accessed form of funded support for older people living at home. Assessment is undertaken by Regional Assessment Services and in Victoria, by agreement with DHHS, councils

often carry out this role. Many Victorian councils also provide the most common types of CHSP services, including domestic support and delivered meals. Other providers frequently involved in CHSP delivery include health services to provide nursing and allied health service types, specialised nursing services and allied health agencies.

Even though there were around 850,000 older Australians receiving a CHSP service in 2017/18, there are unfortunately no longer published data on where and what type of services were provided by the 1,547 providers nationwide. Thus it is not possible to gauge the adequacy of supply through a numerical analysis.

Accordingly, reliance has been placed on the council survey and consultations with Aged Care Assessment Services to obtain feedback on perceived local shortfalls. Responses from councils included a majority who identified as providers of CHSP.

Council feedback

Most survey respondents indicated they were not aware of service gaps with respect to CHSP service provision in their Local Government Area. However, a small number of councils identified the following:

- A waitlist for home maintenance services (Corangamite)
- Some delays to service access from Alpine Health (Indigo council's CHSP recently transferred to Alpine Health)
- Potential gap in nursing and remote location issues (Mt. Alexander)
- Lack of access by Aboriginal groups (South Gippsland)

Several responses also noted workforce issues and the difficulties older persons have with navigating the My Aged Care website.

Aged Care Assessment Services feedback (covering both CHSP & Home Care Packages)

Servicing difficulties at remote locations were cited within:

- | | |
|--------------------------|-----------------------|
| • Jamieson & Woods Point | • Parts of Surf Coast |
| • King Valley and Towong | • Baw Baw |
| • West Grampians | • Bass Coast |
| • Yarriambiack | • South Gippsland |
| • Hindmarsh | • East Gippsland |
| • Campaspe | • Strathbogie |
| • Macedon | • Moira |
| • Buloke | |

Delivery of meals to rural properties was commonly noted as problematic as was the longstanding issue of overprovision of CHSP services to some clients while others experience long waits.

Additionally, Aged Care Assessment Services noted “waitlists across the board” for CHSP services, often for gardening, domestic assistance, home maintenance, transport and personal care. Some regions were mentioned as not providing gardening or home maintenance service types at all. A lack of options for respite was noted in Campaspe and Macedon. An overall lack of flexibility in service provision was cited-for example, good availability of personal care but no domestic services or rigid application of OH&S rules which limit what can be provided within a service type.

CHSP service issues

- Remote service provision is a widespread difficulty
- Some Aged Care Assessment Services see undersupply as common (waitlists)
- Specific service type shortfalls are evident
- Inflexible service delivery is a problem
- Respite availability is an issue in several areas

Home Care Packages

Subsidies for this form of coordinated care and services delivered in-home (designed for older persons whose needs can no longer be met with “basic supports”) are available to assessed recipients after assignment from a national priority waitlist (also known as the national queue). Delays can occur in waiting for the initial Aged Care Assessment Services assessment and in awaiting allocation of the Home Care Package. For the higher level care packages (Levels 3 and 4), delays are typically 12 months or more, although sometimes a lower level package is offered as an interim measure or the person continues their CHSP services. The older person directs their funding entitlement to a chosen provider and a service agreement is signed off.

Home Care Packages can only be offered by a provider approved under the Commonwealth Aged Care Act and subject to the same quality standards as those providing residential care. Approved providers can sub-contract the whole or part of the services but remain responsible for compliance with standards and legislative requirements.

An overarching issue with the Home Care Packages program is that, because of the overwhelming preference for people to receive complex care in their home (thus delaying or avoiding entry into a residential facility), there is a great excess of demand and the large national waitlist has grown very long. This is despite additional funds being provided recently.

Available data from the Department of Health quarterly data report shows that in each Victorian country region, there were over 1,000 assessed people waiting for any level of Home Care Package assignment at the end of 2018. This should be kept in mind when considering feedback from Aged Care Assessment Services below.

The four levels of funding for this program as at July 2019 range from around \$8,800 p.a. (Level 1) to \$51,000 p.a. (Level 4). Further supplements are payable for dementia/cognition care, oxygen and enteral feeding care. These care subsidies are broadly in line with those paid for care in a residential setting for comparable levels of care. Therefore care in the home with packaged care can be provided as a realistic alternative to residential care.

Whilst the Commonwealth has established planning ratios for provision of Home Care Package subsidies (with a target of 45 places per 1,000 people 70+ by 2021/22), data on current package supply is only available at a regional level. Thus, like CHSP, it is not possible to numerically assess adequacy of supply at LGA level. However, the table below shows the approximate number of people in each LGA who *should be* in receipt of a Home Care Package as planning ratios are met. This data could be useful in talking to approved providers in attracting them to commit to a local presence where there is currently little or no choice available.

Table 5: Estimated Demand and Growth in Home Care Package (HCP) Recipients

Area	Estimated HCP consumer numbers based on VIF ERP 70+ Population Projections and DHS ratios				Additional Demand in HCP numbers
	2016 (est. ratio 30.8*:1000)	2021/22 (planned ratio 45:1000)	2026 (planned ratio 45:1000)	2031 (planned ratio 45:1000)	(+/-) 2016-2031
Alpine (S)	63	102	118	135	72
Ararat (RC)	57	90	100	106	49

Area	Estimated HCP consumer numbers based on VIF ERP 70+ Population Projections and DHS ratios				Additional Demand in HCP numbers
	2016 (est. ratio 30.8*:1000)	2021/22 (planned ratio 45:1000)	2026 (planned ratio 45:1000)	2031 (planned ratio 45:1000)	(+/-) 2016-2031
Bass Coast (S)	189	298	343	388	199
Baw Baw (S)	202	350	429	518	316
Benalla (RC)	76	116	132	151	75
Buloke (S)	39	53	55	59	21
Campaspe (S)	185	302	346	394	209
Central Goldfields (S)	79	130	145	161	82
Colac-Otway (S)	95	155	178	199	104
Corangamite (S)	78	118	127	140	62
East Gippsland (S)	262	437	500	562	300
Gannawarra (S)	63	102	111	118	54
Glenelg (S)	89	143	172	198	109
Golden Plains (S)	52	99	128	157	105
Hepburn (S)	75	124	157	183	108
Hindmarsh (S)	35	43	45	48	13
Indigo (S)	64	113	136	160	96
Loddon (S)	41	73	83	93	52
Macedon Ranges (S)	152	295	375	458	306
Mansfield (S)	40	62	73	86	46
Mitchell (S)	114	236	302	385	271
Moirā (S)	156	258	297	338	183
Moorabool (S)	95	194	260	325	230
Mount Alexander (S)	92	154	186	217	124
Moyne (S)	61	109	131	153	92
Murrindindi (S)	64	121	144	166	102
Northern Grampians (S)	60	98	114	127	67
Pyrenees (S)	35	62	73	82	47
Queenscliffe (B)	26	39	43	47	21
South Gippsland (S)	137	226	260	293	156
Southern Grampians (S)	80	125	141	155	75
Strathbogie (S)	61	103	117	128	67
Swan Hill (RC)	84	126	142	157	73

Area	Estimated HCP consumer numbers based on VIF ERP 70+ Population Projections and DHS ratios				Additional Demand in HCP numbers
	2016 (est. ratio 30.8*:1000)	2021/22 (planned ratio 45:1000)	2026 (planned ratio 45:1000)	2031 (planned ratio 45:1000)	(+/-) 2016-2031
Towong (S)	32	50	56	61	29
Wellington (S)	174	302	361	415	241
West Wimmera (S)	20	29	29	31	10
Yarriambiack (S)	41	61	65	72	31
Victoria Total	19,441	34,478	41,010	48,326	28,886
RCV Member Total	3,265	5,496	6,476	7,464	4,199

Social and economic dividends

The scale of demand for Home Care Packages is very significant and continuing to grow. Servicing the demand is vital for retaining older people locally and creating employment.

With an increasing proportion of higher level packages now being released, it is likely that average government subsidies will shortly reach \$22,000 per person p.a. - the bulk of which will be spent on local employment or services. 50 Home Care Packages could yield over \$1 million of recurrent local economic activity.

With two exceptions (Mansfield and Northern Grampians), survey respondents did not identify as providers of Home Care Packages. Those councils did not point to any specific shortfalls in availability apart from delays in access due to the national queue.

Much of the Aged Care Assessment Services feedback on CHSP applies also to Home Care Packages. The following comments were made specifically on the topic of Home Care Packages:

Aged Care Assessment Services feedback – Home Care Packages

- Servicing clients living in remote areas is problematic, with travel time/costs reducing care hours
- Locations with declining populations struggle to provide a workforce
- Wait times occur for assessment before getting to national queue
- Some providers say they service a region but have no one physically based there
- Metro/interstate providers using subcontractors – “can get messy”
- Multiple competing providers mean “thin” presence of some
- Big providers aggressively advertise without local staff
- My Aged Care access - site is beyond online skills of many older people
- Hoarding/squalor on old farms creates OH&S issues
- Upkeep of rural properties becomes too much

- Unsuitable/unsafe living arrangements including steep blocks
- Access to transport is a major issue

Identified Home Care delivery issues

- Care delivery to remote clients can be unviable
- Excess provider competition can mean “stretched” resources (lack of individual scale)
- Subcontractor arrangements are often sub-optimal
- Unsafe/unsuitable home situations can inhibit service delivery
- Transport needs are not well met
- There is a need for simplified/supported access to the aged care system

Aged services – residential aged care

Care for older people in residential aged care facilities is undertaken by Commonwealth government-approved providers. These providers can be non-profit, commercial or government organisations and there is sometimes a mix of these in rural Victorian LGAs. With one or two exceptions, there is a State government residential facility in all LGAs relevant to this project, and in some locations they are the only provider of residential aged care. The government facilities are often operated in conjunction with a health service, forming the service's largest operational component in rural areas.

Current providers of residential aged care are shown for each LGA in Appendix 6.

The table below shows the current available residential places in rural Victoria apart from those in larger regional centres not subject to this project. The most recent allocation of new places from the 2018/19 Aged Care Approvals Round (ACAR) is also shown (wherein providers apply for new residential care places in a competitive process). The planned ratios are beds which the Commonwealth sees as likely to be needed and which it is prepared to fund for a successful applicant/s through the ACAR process.

The table calculates the estimated number of residential places required to meet Commonwealth provision ratios based on the projected 70+ population net of beds approved in the 2018/19 ACAR..

Table 6: Actual Residential Places and Projected Residential Places 2016 -2026

Area	Actual Residential Places		Required Residential Places Based on VIF ERP 70+ Population Projections and DHS ratios			Net Shortfall / Surplus of Places
	2016	2018/19 ACAR Allocations	2021 (est. ratio 78:1000)	2026 (est. ratio 78:1000)	2031 (est. ratio 78:1000)	(+/-) 2019-2031
Alpine (S)	169	0	176	205	234	-65
Ararat (RC)	141	0	156	173	183	-42
Bass Coast (S)	474	0	517	594	672	-198
Baw Baw (S)	591	144	606	744	898	-163
Benalla (RC)	172	0	200	229	262	-90
Buloke (S)	118	5	92	96	103	20
Campaspe (S)	653	2	523	600	682	-27

Area	Actual Residential Places		Required Residential Places Based on VIF ERP 70+ Population Projections and DHS ratios			Net Shortfall / Surplus of Places
	2016	2018/19 ACAR Allocations	2021 (est. ratio 78:1000)	2026 (est. ratio 78:1000)	2031 (est. ratio 78:1000)	(+/-) 2019-2031
Central Goldfields (S)	204	24	225	251	278	-50
Colac-Otway (S)	256	0	268	308	345	-89
Corangamite (S)	221	0	204	220	243	-22
East Gippsland (S)	637	0	757	867	974	-337
Gannawarra (S)	147	0	177	193	204	-57
Glenelg (S)	268	0	248	299	343	-75
Golden Plains (S)	120	0	171	222	273	-153
Hepburn (S)	232	1	215	272	317	-84
Hindmarsh (S)	121	0	75	77	83	38
Indigo (S)	182	0	196	237	277	-95
Loddon (S)	90	0	126	144	162	-72
Macedon Ranges (S)	408	173	511	650	794	-213
Mansfield (S)	66	0	108	126	149	-83
Mitchell (S)	233	85	409	524	668	-350
Moirā (S)	400	100	448	515	587	-87
Moorabool (S)	139	0	336	450	564	-425
Mount Alexander (S)	185	213	267	322	376	22
Moyne (S)	122	0	189	228	264	-142
Murrindindi (S)	126	0	210	250	287	-161
Northern Grampians (S)	193	0	169	197	219	-26
Pyrenees (S)	57	0	107	127	142	-85
Queenscliffe (B)	90	0	67	75	81	9
South Gippsland (S)	287	64	392	451	508	-157
Southern Grampians (S)	221	4	217	244	269	-44
Strathbogie (S)	186	0	178	203	222	-36
Swan Hill (RC)	204	0	219	246	272	-68
Towong (S)	85	0	87	97	106	-21
Wellington (S)	517	5	523	627	719	-197
West Wimmera (S)	61	0	51	51	53	8
Yarriambiack (S)	142	0	106	112	124	18

Area	Actual Residential Places		Required Residential Places Based on VIF ERP 70+ Population Projections and DHS ratios			Net Shortfall / Surplus of Places
	2016	2018/19 ACAR Allocations	2021 (est. ratio 78:1000)	2026 (est. ratio 78:1000)	2031 (est. ratio 78:1000)	(+/-) 2019-2031
Victoria Total	51,587	1,521	59,762	71,084	83,766	-30,658
RCV Member Total	8,528	820	9,527	11,226	12,938	-3,590

It can be seen that most LGAs will need additional residential care places in just over a decade. The typical steps required to make new places operational include:

- Prepare business case
- Obtain and prepare site
- Design facility to meet modern care standards
- Secure finance
- Land use and build planning processes
- Apply for additional beds
- Commission construction work
- Obtain occupancy approvals
- Recruit workforce and accept residents

This necessary sequence results in a typical lead time to occupancy of 5 years or more. Therefore, the outer 2031 estimates included in the above table are relevant to ensure bed capacity is in place by the time it is needed at a level which can meet growing demand.

Of the shires which are shown as needing additional places, the fewest numbers are 21 for Towong and 22 in Corangamite, with some others in the 20 to 50 range. At this scale, the most obvious response would be expansion of existing facilities. This may also be the case for higher predicted shortfalls since there is reluctance by operators (commercial or non-profit) to undertake construction of a new facility capable of housing less than 100 persons.

However, 11 shires are predicted to need more than 100 new places by 2031, with the smallest estimate well over that figure (Moyne -142). A number are showing very large shortfalls by 2031, including all the Gippsland shires as well as the Bass Coast, Murrindindi, Macedon Ranges, Moorabool and Golden Plains shires.

The demographic data above provides a solid basis to promote investment in residential aged care facilities in most of RCV member shires. The experience of this report's authors is that many providers do not typically undertake demographic research and analysis of this nature. It would be a valuable component of an investment promotion campaign by local government when combined with other forms of facilitation which councils may be able to offer to encourage investment.

For the western shires of Buloke, Yarriambiack, Hindmarsh and West Wimmera, the data indicates no long term growth in residential aged care places will be needed. Notional over-capacity may manifest in reducing occupancy, but in the period to 2031, some facilities/wings may reach "end of life" in any event. It is also possible that demand for residential aged care may continue at proportionately higher levels due to difficulties in providing care at home in these sparsely populated areas.

Challenge and opportunity

With an aggregate additional demand estimate of 3,590 new beds RCV LGAs show a potential proportionate growth requirement approaching 12% of the total Victorian growth for Residential Aged Care. This reflects the relatively high older cohort demographic growth in rural areas and presents both a challenge and an economic growth opportunity.

3 Economic Considerations

3.1 Housing Investment

Local economic benefits from investment in new older persons housing arise from the immediate construction phase, multiplier effects and the effects of increased likelihood of retention of the older person as a productive community member. There are also lesser but important ongoing economic effects from servicing and maintaining the premises.

There is something of a void in Australian research publications on the economic impacts of building construction at a local level. Most research papers and studies tend to analyse the impact of the whole housing construction sector on the economy, on economy wide employment or social impact effects of social or affordable housing or some other defined issue.

Local benefits – USA formulation

An April 2015 publication by the American National Association of Home Builders (NAHB) - *The Economic Impact of Home Building in a Typical Local Area* - contains a formulation which gives useful guidance in assessing the local economic and employment effects of such investment. The formulation appears to be robust since it has been cited and used in many local housing investment studies in regional America since its development in 1996.

Because the formulation is based on simple, transparent and universal concepts, there is every reason to think it should broadly apply in Australia with allowance for different local taxes and charges in the local government revenue estimates. However, some discounting of “local” effect is probably needed in application of the estimates due to the smaller population size of rural local governments in Victoria compared with typical American counties.

The publication makes the point that, *“a local area must be large enough to include the places where construction workers live and spend their money, as well as the places where the new home occupants are likely to work, shop, and go for recreation.”* This may mean that the economic effects are more widely spread beyond a particular LGA and the “local” effects may be spread across a regional level in the Victorian rural context.

The formulation proposes the following local effects for construction of 100 single dwelling houses of an average value of \$378,000 (US).

“The estimated one-year impacts of building 100 single-family homes in a typical local area include

- *\$28.7 million in local income,*
- *\$3.6 million in taxes and other revenue for local governments, and*
- *394 local jobs.*

These are local impacts, representing income and jobs for residents of an average metropolitan area or nonmetropolitan county, and other sources of revenue, including permit fees) for all local jurisdictions within the local area. They are also one-year impacts that include both the direct and indirect impact of the construction

activity itself, and the impact of local residents who earn money from the construction activity spending part of it within the local area.

Local jobs are measured in full time equivalents—i.e., one reported job represents enough work to keep one worker employed full-time for a year, based on average hours worked per week by full-time employees in the industry.”

Most construction benefits accrue locally

In other words, for a capital outlay of \$37.8 million (\$378,000 x 100) immediate local benefits aggregate to \$32.3 million. This represents around 85% of the outlay. Much of this would be in the local employment effects cited, which are not unreasonable since they amount to 3.94 jobs per dwelling.

Clearly, there may be factors in Victorian rural residential construction which may modify the effects modelled in this estimation method; however it does provide very useful guidance on the order of potential local economic benefits. The advantage of this formulation is that it is “scaleable”. If there is only scope for, say, 30 new dwellings of average value of \$350,000 – total \$10.5m – then around 85% of that investment (\$8.925m) should benefit the local economy.

The NAHB formulation also considers ongoing economic impacts, namely:

“The additional, annually recurring impacts of building 100 single-family homes in a typical local area include

- *\$4.1 million in local income,*
- *\$1.0 million in taxes and other revenue for local governments, and*
- *69 local jobs.*

These are ongoing, annual local impacts that result from the new homes becoming occupied, and the occupants paying taxes and otherwise participating in the local economy year after year. The ongoing impacts also include the effect of increased property taxes, based on the difference between the value of raw land and the value of a completed housing unit on a finished lot, assuming that raw land would be taxed at the same rate as the completed housing unit.”

This estimation formula would need modification for use outside America since it factors in the typical regime of local taxes and cost of permits etc. in that country. However it does point to the likely ongoing economic benefits which would occur and it is only a matter of the scale rather than existence of these benefits.

Age specific housing development costs

Research conducted for this project has yielded the following estimations of typical current construction and a cost breakdown for three form of accommodation.

A. Retirement Villages and Independent Living Units (ILUS), (1 – 2 Bedrooms), < 120 m²

Breakdown of Costs (excluding land, council fees) \$420,000 - \$480,000

Percentage	Category
45% - 50%	Materials - concrete floor, framing, fit out etc.
35% - 35%	Labour
10% - 15%	Site Management/Supervision/Profit
10%	Profit

B. Granny Flat Style Unit < 60m2 Internal Space (2-Bedrooms)

Breakdown of Costs (excluding land): \$135,000 (excluding services and Council fees)

Percentage	Category
40% - 56%	Materials – as above except concrete sheet (outer), kitchen/bathroom units pre-fabricated
36% - 40%	Labour Site preparation; fabrication; fit-out; painting
8% - 10%	Management/Profit

C. Transportable Home: Movable Site < 80m2 Internal Space (1 – 2 Bedrooms)

Breakdown of Costs (excluding land but including services): \$162,000 - \$183,000 (excluding Council fees)

Percentage	Category
30%	Materials
28%	In-factory labour
8%	Labour/services (on-site)
8%	Transport to site
6%	Services on-site
10%	Fit-out (painting, flooring)
10%	Management
8%	Profit

ABS construction sector “multiplier” calculation

The Australian Bureau of Statistics (ABS) has previously considered the economic “multiplier” effects of building construction and provided the following calculation in its 2005 Yearbook:

“The industry's flow-on effects to other economic activity

Over and above the direct contribution of construction activity to the economy, it has 'flow-on' impacts on the activities of other industries. The possible size of these impacts can be illustrated using multipliers based on inter-industry flows in input-output tables. For the construction industry the multipliers can be characterised as follows:

- *the initial effect - an initial \$1m of extra output of the construction industry, and related employment in the industry to produce that output;*
- *a production induced effect - the combination of:*
 - *the first round effect - the amount of output and employment required from all industries that supply goods and services to the construction industry in order for that industry to produce the initial \$1m of extra output;*
 - *an industrial support effect - the induced extra output and employment from all industries to support the production of the first round effect;*

- a consumption induced effect - the subsequent inducement for extra output and employment due to increased spending by the wage and salary earners across all industries arising from the compensation received for their labour as part of the other effects above.

[The table below] summarises the multipliers for output and employment in the construction industry. They show that, for every \$1m spent on construction output (houses, non-residential buildings, etc.) - - - a possible \$2.9m in output would be generated in the economy as a whole, giving rise to 9 jobs in the construction industry (the initial employment effect), and 37 jobs in the economy as a whole from all effects.

These flow-on effects are made up as follows. The initial effect of the additional construction is \$1m. The first round effect for this additional construction would be the increased value of activity of around \$0.5m in those businesses manufacturing the materials needed for the additional construction, such as concrete and steel frames. The businesses supplying and servicing the concrete and steel frame businesses, such as aggregate quarrying and raw steel production, experience an increased demand for their products and services. This industrial support effect is estimated to be an additional \$0.4m. As activity has increased in the construction industry, as well as in the suppliers to that industry and the suppliers to the suppliers, there is an increase in wages and salaries to employees in this chain. The spending of these wages and salaries induces a further round of consumption effects in other areas of the economy totalling an additional \$1m.

CONSTRUCTION INDUSTRY MULTIPLIERS FOR \$1M OF OUTPUT(a)

	Initial effects (1)	First round effects (2)	Industrial support effects (3)	Production induced effects (4 = 2 + 3)	Consumption induced effects (5)	Total Multiplier (6 = 1 + 4 + 5)
Output (\$m)	1.000	0.466	0.438	0.904	0.962	2.866
Employment (no.)	9	3	4	7	21	37

(a) Direct Allocation of Imports method.

Source: Australian National Accounts: Input-Output Tables.

Care is needed in interpreting multiplier effects; their theoretical basis produces estimates which somewhat overstate the actual impacts in terms of output and employment. Nevertheless, the estimates illustrate the high flow-on effects of construction activity to the rest of the economy. Clearly, through its multipliers, construction activity has a high impact on the economy."

Broader economic effects will flow

The ABS considers that, during the construction phase, a multiplier of almost 3 can be applied to calculate the full economic benefit of construction investment. When applied to the estimated potential demand for housing construction contained in the analysis section above, there is clearly significant potential benefit available for rural communities if efforts are made to secure the investment.

Applying the theory

In the analysis contained in Section 2 (Table 3), global estimations were made of potential demand for older persons housing in each LGA. Very limited information has emerged on existing supply so the estimations contained are only a starting point and local supply information (including remaining useful life of existing stock) will have to be determined before reliable estimates of unmet demand can be made.

Example

Potential demand estimates for some shires are very large and the rate of likely demand growth also substantial. For example, Baw Baw Shire shows as having a current global demand estimate of 602 older persons dwellings rising to an estimate of 1,074 by 2031. So even if the current estimated demand of 602 dwellings is being met, there is a potential need for 472 additional units by 2031.

The investment potential for such a scale of building is very significant indeed. Using a relatively conservative construction cost of \$350,000 for a two bedroom unit with the scale and features older people usually look for, even half of that potential demand would require investment of \$82.6 million.

Major economic stimulus and employment potential

When applying the formulas identified above for local economic and employment effects and meeting just half of the estimated growth needs to 2031 for Baw Baw Shire (236 units) building construction would generate over \$70 million in direct local economic benefit (85% of \$82.6m) rising to over \$200 million when the ABS economic multiplier is applied. Also implied is the creation of 930 local jobs during construction and continuing economic benefit of a lesser scale.

Apart from shires showing high levels of potential demand, most areas show some level of likely growth need and there may be already existing unmet demand in all shires. Where there is a small scale of current of potential unmet demand, the way forward to attract investment is most likely to be successful if several shires collaborate to create a larger aggregate potential.

3.2 Care Services Investment

Residential care

Construction

The current cost of construction of a residential aged care facility is up towards \$300,000 per bed. Cost for expansion of existing facilities may be less per bed if central services such as kitchen or laundry are adequate to cater for more residents.

The economic effects of construction investment per resident are therefore somewhat below that for people living independently but much of what has been discussed above around housing investment effects can be applied at a discounted scale.

RAC construction investment has comparable local economic benefits

With some allowance for specialised fit out items sourced elsewhere, construction of new or expanded facilities will result in major local economic benefits. \$10 million of investment in RAC construction would have comparable economic effects as the same level of investment in residential dwellings, including those for employment and the multiplier effect on the wider local economy.

The scale of potential investment required for adequate supply of residential aged care is more certain than that for older persons housing because the likely needs and available subsidies for beds are able to be predicted. The analysis in Section 2 (Table 6) shows that, across the shires involved in this project, another 3,590 beds would attract care subsidies from the Commonwealth by 2031 using the government's planned provision ratios and demographic projections.

Assuming a construction cost investment for a mix of expanded and new facilities of \$250,000 per bed, this implies a very large potential direct investment of around \$900 million across Victorian rural councils. The multiplier effect is likely to create an even larger impact.

Employment

Beyond the immediate economic effects of construction investment, the most enduring effect of providing a residential care service is the very large employment demand it creates. For every 10 beds (staffed 24/7) around the same number or slightly more EFT of employment is created. A fifty bed facility creates at least fifty secure jobs with predictable employment prospects.

For employment in country areas, the mix of staff needed is very appropriate to maximise opportunities. A proper proportion of tertiary trained nurses and other professional health staff are required but the majority of staff are certificate qualified enrolled nurses or care workers with more accessible vocational training pathways available. Most staff are of mature age but there is also a good career pathway available for younger people where early vocational qualifications can be articulated up to professional level over time.

Over 3,500 new jobs

Based on actual bed numbers in 2016, more than 8,500 people would be currently employed in residential aged care in rural Victoria. With expected older population growth this would need to expand by an additional 3,500 new jobs by 2031 to meet expected demand for care in residential facilities.

Care at home

Employment

A similar but different picture presents with care at home. As noted in Section 1.4, the older persons receiving care at home, particularly through CHSP, vastly outnumber those in residential aged care facilities. However, because it is delivered through episodes of care and not 24/7, the staffing demand ratio is smaller. For the higher/more complex needs Home Care Packages program, the estimate is around 1 EFT for every 5 to 6 clients, but for CHSP it would be less because the hours of service are generally less per client. Nevertheless, the sheer client numbers involved between the two programs (964,000 compared with 242,000 in residential care), and the fact that most employees are part time, mean that many people are employed.

Because consumer preference is to be cared for at home, the Commonwealth is expanding the Home Care Packages program very significantly, with funding rising to 45 places per 1000 people 70+ by 2021/22. This accelerates the expansion beyond the predicted demographic growth, so the numbers of predicted places is to grow more significantly than residential care.

Additional care at home funding and jobs

The additional 4,200 rural Home Care Packages expected by 2031 (Table 5) are likely to create 700 or 800 more EFT jobs and a comparable increase may well occur for CHSP given the demographic imperatives. Each Home Care Package attracts average funding of about \$20,000 p.a. so additional funding of up \$84m could be injected into rural economies through employment in this program.

The CHSP program will also expand, but less predictably. Given its scale and predicted demographic growth, it can be assumed hundreds of additional employment opportunities will also open up under this program.

The same comments apply as to accessibility of jobs in this home based support/care area, in that the staff mix requires some clinical professionals and case managers, but most staff are certificate level qualified through accessible vocational training. It is responsible and relatively independent work in the client's home, in group settings or in transport and social support roles and many people find it attractive for these reasons.

3.3 Better Jobs Impact in Smaller Communities

In 2018, RCV commissioned a report from consultancy Crowe Horwath to provide an Economic Impact Assessment on the creation and retention of rural jobs. The resulting January 2019 report concluded that:

"Smaller towns have significantly greater economic impact for jobs created and lost when compared with larger towns or regional cities.

On average, the economic impact for towns under 1,000 people is:

- *31.72 times greater than regional cities of 100,000 people, for each job created or lost;*
- *12.82 times greater than regional cities of 50,000 people, for each job created or lost;*
- *3.82 times greater than towns of 5,001 to 50,000 people, for each job created or lost; and*
- *2.49 times greater than towns of 1,000 to 5,000 people, for each job created or lost.*

On average, the economic impact for towns 1,000 to 5,000 people is:

- *12.75 times greater than regional cities of 100,000 people, for each job created or lost;*
- *5.15 times greater than regional cities of 50,000 people, for each job created or lost; and*
- *1.54 times greater than towns of 5,001 to 50,000 people, for each job created or lost.*

On average, the economic impact for towns 5,001 to 50,000 people is:

- *8.29 times greater than regional cities of 100,000 people, for each job created or lost; and*
- *3.35 times greater than regional cities of 50,000 people, for each job created or lost."*

Crowe Horwath state that these findings are consistent with other research undertaken. They also note that: *"There are a number of economic impacts that arise from changes in employment including the levels of consumer spending, health outcomes, economic growth, available capital and the local multiplier effect. Employment and unemployment are the driving forces behind economic growth and stagnation."*

Extra boost for smaller shires

These findings are very significant for smaller shires. It means that while the potential for absolute employment increases from aged care growth may be less, the effect will be many times greater on their local economy than in a more populated setting.

3.4 Attracting/Retaining Older Residents

East Gippsland Shire, with joint funding from Regional Development Victoria, commissioned particularly relevant work in relation to an Economic Plan for Orbost⁹, followed by a Scoping Paper¹⁰ on the prospect of making Orbost an age friendly town. This work was undertaken by Geografica in 2013-14 and is the most relevant that has been identified.

Orbost Economic Plan

In the context of a relatively stable (but ageing) population, the East Gippsland town of Orbost was experiencing a net inward migration of working age people. This was attributed in a significant degree to growth in the health and social services sector (which includes aged care). After noting (p7) that: *"Between 2006 and 2011 the total number of employed Orbost SLA residents increased by a net figure of 149"*, the plan stated that, in relation to the health and social services sector: *"An ageing population and increasing care expectations are the drivers of this growth and it reflects a trend across Australia more generally... the sector added around 130 local jobs between 2006 and 2011."*

In specifying the major macro-level economic drivers for the Orbost area (p14), the plan lists as its first item: *"An ageing population and forecast growth in the health care sector. This sector will be the main driver of employment in Victoria in the coming decades."*

The Economic Plan also notes the area's high employment self-containment as reflective of its spatial isolation and that it is a positive feature, commenting that: *"Higher employment self-containment ratios are generally associated with lower levels of economic leakage, all other factors being equal. In other words, local residents would be less likely to purchase goods and services from outside because they are less likely to commute to outside areas for employment."* ("High employment self-containment" essentially means employed work is mostly carried out within the locality.)

Good news for isolated areas

The prospect of high employment self-containment is good news for more isolated locations. If efforts are made to ensure retention of older people in the community by maximising aged care services leading to increased employment, then most economic benefits are likely to stay within the area.

In modelling four potential economic interventions, the Orbost Economic Plan also provided an estimation of the multiplier, total economic and population effects of additional employment in aged care.

Table 7: Modelling of Orbost Aged Care Economic Intervention

Project	Change in Full Time Equivalent (FTE)	Total Impact (FTEs)	Total Impact (GRP)	Total Impact (Residents)
Aged Care Enterprise	+10	+13	+\$750,000	+14

Orbost Age Friendly Scoping Paper

The Scoping Paper notes that: *"Attracting older adults to the Orbost area was identified as a potential strategy to promote economic development during preparation of the Advancing Orbost 2020 Plan. This paper details the economic benefits and risks associated with this... The paper helps to clarify whether an 'age friendly town strategy' warrants further investigation and resource commitment."*

⁹ Advancing Orbost 2020 Plan – December 2013

¹⁰ Scoping Paper: Orbost Age Friendly Town - February 2014

The paper cites Regional Development Victoria work on the drivers of migration to Victoria's regional areas¹¹. After noting that, *"research generally identifies a "slowing down" market segment - those seeking a change in lifestyle in later years of their life"*, its findings included:

- **Key drivers:** Simpler and quieter lifestyle, safety, preference for green and open spaces, relaxed lifestyle. Lower cost of housing is a particularly significant driver for residents moving to inland areas.
- **Barriers:** Logistics and costs of moving, lack of suitable facilities (particularly health), proximity to friends and relatives
- **Location Preferences:** Country towns or rural areas rather than regional cities

After noting that there are few examples in Australia of towns seeking to attract older residents as an economic development strategy, the paper identifies more advanced efforts and research in USA and UK.

Attracting retirees promotes local economy in US

Since the 1980s, when there was substantial rural decline across parts of the United States, towns that attracted retirees have outperformed other towns in terms of income and employment. Various studies report that growth in retiree populations in rural towns has been economically and socially sustainable over the longer-term. Consequently, since the mid-1990s, it has received attention from economic development practitioners and government. Attracting a retiree to an area is reported to have a similar economic multiplier as attracting a new business.

In UK studies, a variety of lessons have been gained. These include:

- Physical environments are frequently cited as a major driver of migration of older residents to rural towns in the United Kingdom. Areas with flat topography, good walking surfaces and safe environments appear to influence migration patterns.
- Perceptions about the cleanliness, peacefulness, and other amenity attributes are a key consideration in migration decisions
- The presence of health and social services relevant to older people is a critical driver of migration to more isolated towns
- Opportunities to participate and make a contribution to the local community influence migration decisions. The prospect of joining a more close-knit community is relevant for some, but not all, urban to rural migrants.

A number of observations relevant to this report are made in the Orbost Scoping Paper.

- While economic development often prioritises the development of 'export industries' in rural Australia, the reality is that up to 80% of employment is actually 'population servicing'. That is, jobs generated by services provided to the local population (such as retail, health services, education, and local professional services). Promoting population growth can be a central economic growth strategy in rural Victoria.
- The ageing of the population has been the key driver of growth in the health and social services sector. Between 2005 and 2010 this sector added the greatest number of jobs in Victoria. The primacy of the industry as a job generator in Victoria is expected to continue.
- The health and social services sector is naturally labour intensive. In other words, for every dollar spent in the sector, the employment generation is high. In addition, a notable proportion of employment in the industry has

¹¹ ShopScience (2011) Attitudes and Target Profiling; Ascet (2009) Relocated Residents Survey

low to medium skill requirements. Relative to other industries, there are a large number of jobs available for lower-skilled and entry level workers.

- The macro-economic context for generating employment growth through the attraction of older residents is positive. It would suggest that expanding this age cohort could generate substantial economic benefit, especially for lower-skilled workers.

Older people contribute to the economy

The Orbost Scoping Paper explores particular options and priority areas if it was decided to pursue attraction of older people by promotion as an age friendly town. It estimated that every 50 additional residents it could attract would stimulate around 6.8 FTE jobs and increase gross regional product by around \$930,000. By implication, retaining older people avoids the loss of comparable benefits.

3.5 Links with Tourism

Rural tourism offers a form of sustainable development thinking in terms of strengthening linkages to visitors to rural communities. The potential to retain visitors to live in rural communities with which they have familiarity and pleasant memorable experiences is significant. In many parts of Australia, the UK and Canada, rural tourism has effectively replaced agriculture as the sustainable economic sector.

Much can be achieved in rural areas by regarding rural resources and rural attractions as Rural Tourism Capital. It involves defining the various rural attractions and vistas as forms of capital assets (a concept drawn from ecological economics). Rural communities can rely on the use of the tourism assets within their surroundings, provided the assets are well maintained on a sustainable basis. The long-term sustainability of the tourism assets can be achieved with the linking of the initial tourist experience to the return of visitors to seek a continuity of the prior enjoyment, by deciding to relocate to live in the area (on a full-time or part-time basis).

What is increasingly important for rural communities is to recognise that an integral part of the satisfying tourism experience (after returning home) is the identification/awareness of the availability of a range of health care and retirement living opportunities. It is this knowledge, which allows retired/senior couples and individuals to consider a future return to a specific rural destination in their full retirement and retreat from former urban living.

The linkages between a favourable initial tourism experience and repeat visitation, leading to more permanent living, are strong. Interviews with residents of transportable homes, and retirement villages in north eastern Victoria, northern NSW, and the northern fringes of the Gold Coast indicate that positive initial visitor experiences led to a relocation from the urban centres of Melbourne and Sydney. Initially, most of those who had relocated were 'grey nomads', in the 60 to 70-year age bracket.

At the time of the 2016 census the ABS has reported that there were 44,200 older people touring Australia at that point. Tourism Australia has estimated that older tourists spent 2.95 nights in Victoria with an average stay in the state of 9 weeks.

Reasons given for reverting from the style of the 'grey nomads' to permanent rural residents were:

- Fatigue associated with touring large caravans and driving large Winnebagos;
- Disinterest in further towing, with unsatisfactory road experiences;
- Desire to relocate from Sydney and benefit from sale of property and 'downsizing' to a smaller transportable/permanent home; and

- Benefits to be gained from more extensive medical care, particularly more comprehensive bulk billing and ease of obtaining medical appointments (particularly for a specialist).

In summary, rural councils can benefit significantly from identifying and promoting, in various marketing forms, the range and quality of medical facilities and health-related services available in specific tourism destinations. The concept of rural retirement, in the knowledge that aged care, medical facilities and services exist, can be a powerful destination marketing tool for many councils already enjoying the economic benefits of rural tourism.

4 Promotional Campaign

The research and analysis undertaken for this project demonstrate that clear social and economic benefits are available by focusing on requirements for older residents so that they remain in or are attracted to a rural community. Older people are a growing resource in virtually all rural LGAs and services which they are likely to require provide very significant economic and local employment opportunities.

Pathways to investment and service improvement have been identified and the potential scale of opportunity has been estimated for age-specific housing, care in the home and residential care. Facilitation approaches which can be offered by local government have been explored and identified.

The original project terms distinguished between potential non-profit investment in care services and commercial investors in housing. However, there is considerable overlap of the two in both these areas such that the distinction has no practical purpose. The peak body pathways to potential investment audiences are the same and investment decision making criteria are essentially the same. Commonwealth funding parameters for aged services make no distinction.

Thus a consolidated approach has been adopted but with the necessary distinction in the campaign materials and audiences between services and accommodation.

4.1 Promotional Plan

A draft Investment Promotional Plan (Appendix 7) and related Activities Schedule were provided to the Project Working Group in April 2019 and subsequently adopted. They offer a practical roadmap to build upon the evidence base provided in this report and significant parts of the plan and activities have already been implemented as follows.

Market research/analysis and identification of opportunities

Section 2 of this report contains demographic projections and analysis and estimates of:

- Potential global demand for age-specific housing
- Likely demand for care at home based on Commonwealth aged planning ratios and
- Likely approval and funding numbers for residential aged care beds on the same planning ratio basis

These are provided for each LGA and are projected to 2031 to provide a degree of certainty in investment decisions. This is extremely valuable evidence of impending service gaps to ground approaches to existing or potential service providers. Existing residential aged care services have been identified (Appendix 7) as well as their current allocated bed numbers.

At this stage there is a shortage of information about possible sites for housing development or building of residential facilities. However this is a matter that can be readily explored at local level as individual councils or groups begin their promotional initiatives.

Preliminary engagement of potential audiences

Two key conduits to service and housing providers were identified as Leading Aged Services Australia (LASA - Victorian branch) and the Retirement Living Council/Property Council of Victoria. These bodies respectively represent home and residential aged care providers and retirement village operators. It is noteworthy that there is an overlap of membership between these two bodies since a number of larger aged service providers (non-profit and commercial) also operate older persons housing.

Both bodies were approached. They welcomed the interest and offered views on steps which councils could take to facilitate favourable decisions in respect of services and accommodation. This initial engagement opens the way to further, more specific promotion of opportunities by individual councils or groups. LASA noted that it conducts regular regional forums and indicated that presentations to these could be arranged.

In addition approaches were made to several large non-profit providers to gauge their views. Their responses were similar to the peak bodies – they would welcome approaches if the evidence supported positive service or investment decisions. The process would be aided by local support and practical council assistance in respect of development of residential care facilities or housing.

Supporting documentation (collateral)

To support promotional activities, two forms of model documentation have been made available as a project outcome:

- A prospectus for promotion of aged residential or home services
- A prospectus for promotion of older persons housing opportunities

Information will be presented for both these model forms of prospectus in an attractive format and laid out to cover:

- Positive general information about the shire/location
- Value placed on older residents and age friendly initiatives
- Particular features which will be attractive to older residents (e.g. environmental, social, transport, health and social support)
- Demographic projections and service/housing gap analysis
- Site availability and features
- Design/concept ideas
- Practical council/other support available for development

The prospectus templates are based on a “hypothetical” rural LGA. It is proposed that the prospectus templates be distributed to RCV member councils for them to develop with content particular to their situation.

By using the model prospectus examples and key demographic and service gap evidence contained in this report, as well as drawing on local knowledge of sites and of features and attractions of the area it should be quite practical for councils to develop persuasive materials. It may be that councils would benefit from further assistance in developing and refining this material and in using the prepared promotional pathways to execute an investment campaign. If particular councils or groups have a good case for local service or housing initiatives, it would be a very worthwhile outlay to ensure the best chance of success.

Major dividends justify government support

The path forward has been prepared. However, government funding support to carry forward the many clear opportunities presented would increase prospects of success and would be highly justified. It is difficult to envisage a more direct way to productive investment in rural development with such potentially major economic, employment and social dividends.

5 Findings and Recommendations

5.1 Age Friendly Communities

Rural councils have strong reasons to embed aged ongoing friendly strategies/plans. Retention and attraction of the older population with consequent economic benefits can be greatly enhanced by maximising opportunities for older people in a range of key areas. A community in which older people can experience a high level of engagement across the key age friendly domains will optimise their contribution to the social capital of the area.

Findings

Age friendly community ambassadors a positive step

The initiative of appointing age friendly community ambassadors is a very positive one. The role of the ambassadors is normally to provide councils with feedback and to operate as a resource for councils by enacting a community consultative role in the development of age friendly strategies and initiatives. They can thereby create a strong basis for age friendly planning and identify the most effective initiatives, especially those which resonate with the community. The consultative process itself can open up opportunities for the older community to be engaged and contribute their wealth of skills and experience.

Age friendly community ambassadors can add to a council's resource capacity by taking on a role analogous to a dedicated project officer.

Some uncertainty remains

It is apparent from the survey responses that there is still a level of uncertainty in some councils about the proper implementation of age friendly communities and in some cases a readiness to accept further guidance is confirmed. There is also an apprehension that embarking on an age friendly program may strain limited resources.

To some extent, survey responses conveyed a sense that the age friendly planning process is demanding and complicated. It is important that councils are supported to understand that this does not have to be the case and that age friendly communities can be implemented through simplified, stepped processes that progressively address different age friendly domains without relying heavily on council resources.

Ongoing consultation arrangements with the older community, conducted or assisted by older people themselves, can establish priorities. A regular pattern of inclusion of (possibly small) initiatives in council budgeting processes can address these priorities.

State level and council support

While there has been substantial Victorian government support financially, consultations indicated that the approach has limited the enduring effect of the funding, e.g. choosing selected councils for support, placing an emphasis on 'headline' projects or activities and no strict requirement to embed ongoing planning and consultation regimes.

The need to achieve 'buy-in' from senior levels of councils is also very important to embed age friendly thinking and practice. The fundamental fact is that older people are a community asset and economically important to smaller communities. Overt recognition of this fact, manifest by an active and engaged older community, will increase prospects of others being attracted to the area as will retention of existing residents.

The absence of interdepartmental connections is a constraint. For example, the utilisation of school buses by older people may effectively address some transport gaps but require department level approvals to enact.

Economic benefits

The positive economic benefits of attracting (and equally in retaining) older people for a community were estimated in the Orbest Age Friendly Scoping Paper. Business opportunities arise in relation to personal services, recreation and leisure, food services and home and garden maintenance. Findings in Regional Development Victoria studies indicate that the lifestyle of a community is influential in decisions to migrate in.

Recommendations

1. Future state government support for age friendly initiatives should place emphasis on developing and embedding ongoing age friendly plans or strategies as specific outcomes
2. Age friendly plans or strategies should embody ongoing consultation and engagement with older people as well as periodic monitoring of impact
3. Age friendly plans or strategies should link to council budgeting processes so that age friendly priorities can be considered as part of the normal budget cycle, including in minor works provision
4. Effort could be made to 'demystify' age friendly planning and offer simplified strategies for smaller councils, e.g. appointment of ambassadors to lead consultations with clear guidelines and develop straightforward plans which can progressively deal with nominated priorities year by year
5. Increase efforts to engage senior levels of council on the economic, health and social benefits of an engaged older population
6. Follow up with councils who indicated an interest in more information or guidance on age friendly promotion

5.2 Housing

The opportunities examined relate to potential for housing which is both suitable and financially accessible for older people. Factors such as location, flexible tenure options and housing design are important. The accommodation referred to here is not that provided in a residential aged care facility.

The demand for such accommodation typically arises in rural areas when current housing is no longer suitable due to issues of tenure, upkeep, location, habitability or suitability for support or care provision. Common constraints in transition to suitably built alternative housing is a low market value for existing properties or farm assets which may be part of a family holding or current reliance on rental housing.

Recent research shows that there is a particular demand for housing from those who do not currently own their own property, many of whom are older women with few financial reserves.

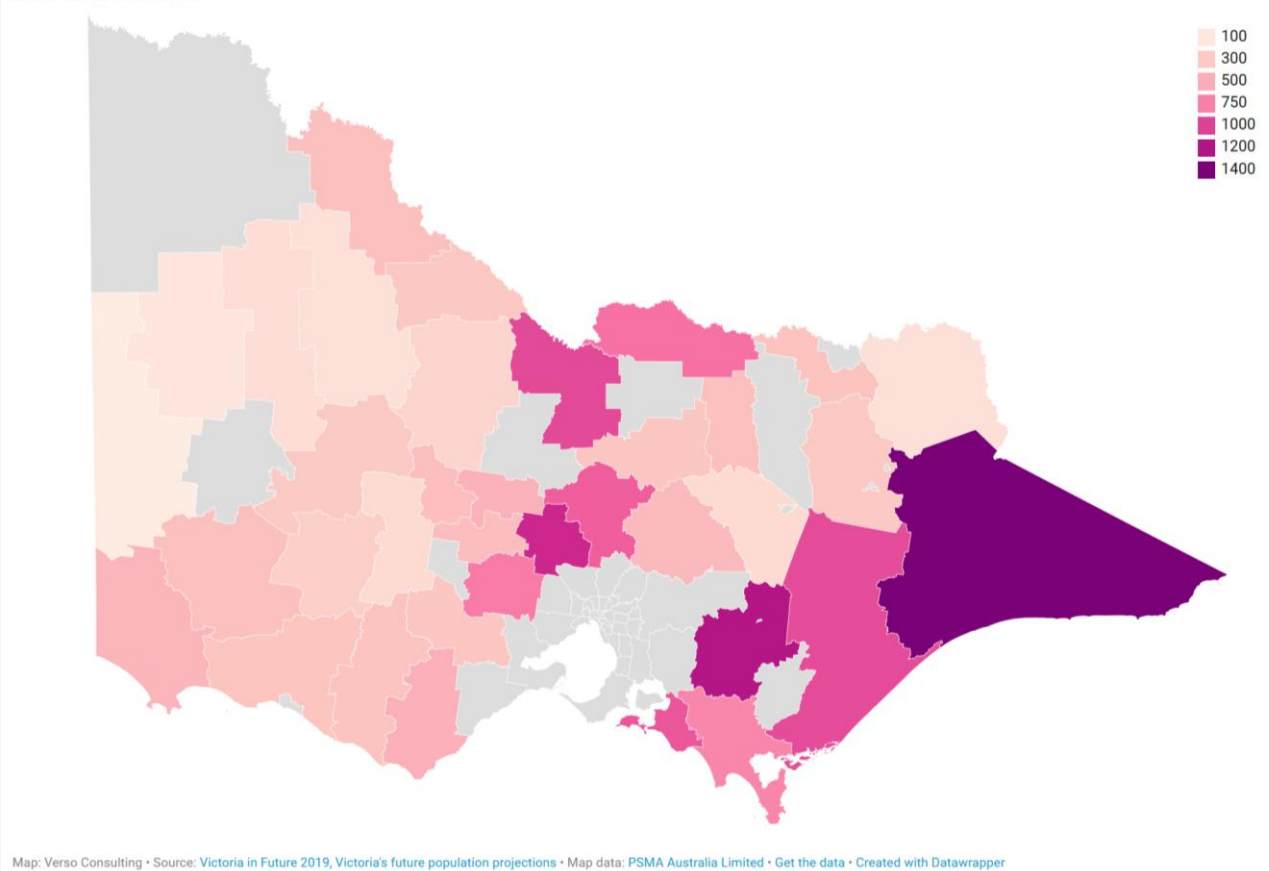
Findings

Potential demand

There is substantial demographic and demand analysis data to suggest growing shortfall of age specific housing in rural LGAs (Table 3). This is supported by some anecdotal evidence from survey respondents and Aged Care Assessment Services consultations. The map below shows an estimate of overall age specific dwelling demand predicted by 2031 in RCV councils.

2031 Gross Housing Demand Estimates

Global Demand Estimate



The absence of data concerning existing supply has constrained the immediate ability to initiate a campaign of promotion. However this gap can be readily addressed by local research and firming up unmet demand estimates and development of supporting materials specific to the location. Further prosecution of local housing investment promotion can then occur.

Promotional initiatives

Age specific housing peak bodies have indicated a willingness to facilitate presentations to member meetings and some specific providers have similarly responded, thus providing pathways for promotion of housing investment opportunities. These stakeholders have offered insights on facilitation steps which councils may further research to assist in decision making.

When local net demand estimates are identified and council facilitation measures defined, individual councils or groupings will have clear pathways to proceed with promotion of opportunities. There is significant scope for promotion of specific older persons housing investment activity in most rural shires and very large scope in some.

Available sites

As previously noted, only two councils nominated potential sites for housing development (Northern Grampians and Strathbogie). When these were examined further, neither were seen as suitable for promotion - the first because an existing provider in the same location had advanced plans to build a further 21 units which would have likely accounted for current unmet demand, and the second because the local health service, which had the site, was likely to be able to finance the building of 12 units and two other entities had signalled intentions to build retirement living at some scale in the area.

In following up a suggestion by the CEO of Northern Grampians, contact was made with the Southern Grampians who advised that the council had a subdivision in Hamilton which would be suitable for older persons housing. The concept of combining with nearby LGAs to aggregate the potential demand was discussed. The Southern Grampians CEO indicated a willingness to work with nearby councils to achieve this aggregation. Based on dialogue with housing providers, this step is likely to make an investment proposition more attractive based on scale.

It is very likely that further enquiry would show existence of potential sites which were not identified in survey responses (noting also that only 50% of RCV member councils responded to the survey). Identification of such sites may not be definitive but is critical for a campaign for housing investment.

Economic benefits

Section 3.1 above provides a well grounded method to estimate the immediate local economic effects of a nominated level of housing investment as well as a means to calculate ongoing economic impacts. Beyond the immediate effects the ABS has offered a “multiplier” calculation which indicates that the flow on effects throughout the local economy would be nearly three times the initial investment effect.

Recommendations

1. Councils should identify local age specific housing so that a calculation can be made of likely net housing demand (using the global estimates in Table 3) to inform investment promotion initiatives
2. Councils should confer internally to identify suitably located potential sites to be included in promotion efforts
3. Councils should consider offering some or all of the facilitation items identified in the council survey¹² to potential investors to encourage investment
4. Encourage nearby councils to join together to aggregate possible sites and potential demand as a more attractive investment offering
5. RCV and government should consider providing assistance to interested councils in the above activities and in facilitating approaches to housing providers
6. Further explore housing using a place based approach for best path forward, taking into account various housing entry options (rental and ownership), as well as the exploration of a range of building types

5.3 Services – Care at Home

Demand for care at home is likely to increase substantially for almost all RCV member councils based on demographic projections. All LGAs will experience at least some level of increased demand for Home Care Packages.

While increasing demand will occur for Commonwealth Home Support Program services, there is likely to be an accelerated increase in demand/supply of the Home Care Packages due to the scheduled phasing-in of higher provision ratios by the Commonwealth. In many rural locations, home support is provided between the council and the public health service on the basis of contracts with government. This program area is not very open to influence in respect of supply due to the nature of the contracts, the terms of which (including target volumes) are largely in the hands of the Commonwealth.

However, Home Care Packages are more transparent in relation to expected supply, even if data is only available at regional level. Given the program is designed to be funded at an identified rate per 1,000 population aged 70+, the

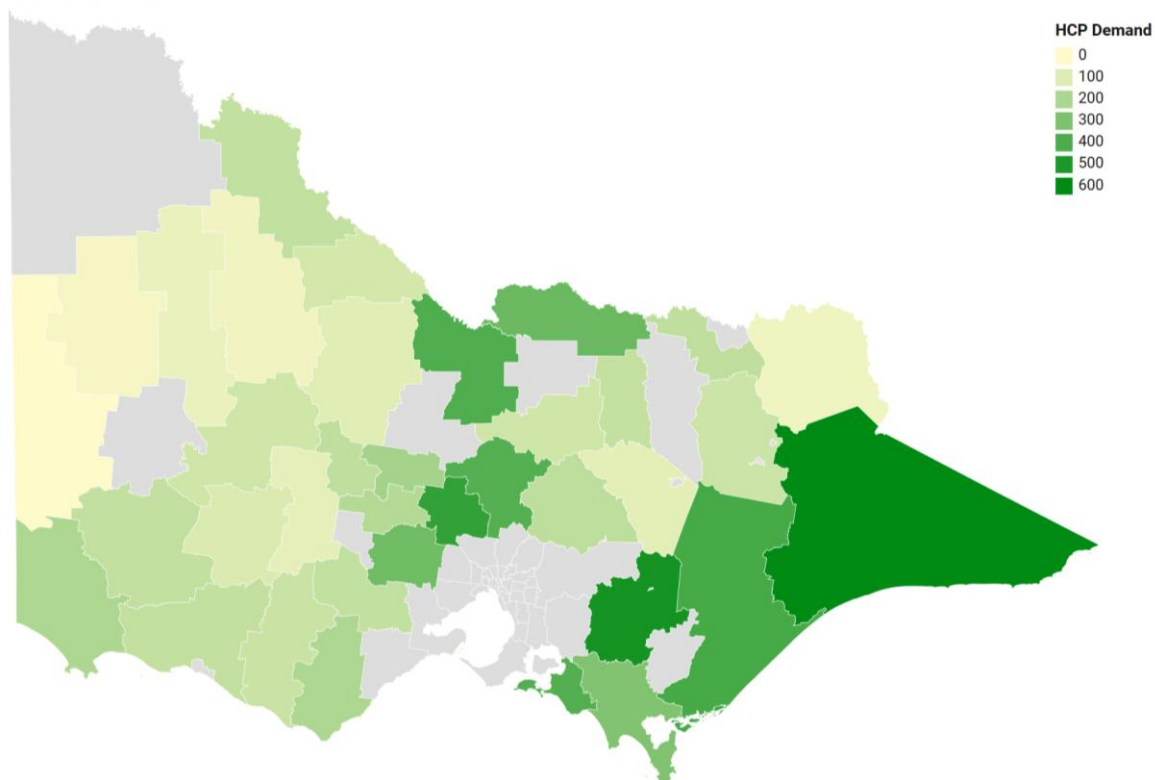
¹² E.g. support with zoning/planning processes, community engagement, headworks

current and projected notional supply can be calculated as per Table 4. Ensuring this most preferred form of aged care is available is critical to enabling older people to remain in their communities and also provides significant economic activity and potential for local employment.

The map below shows total likely Home Care Package places by 2031 in RCV councils based on Commonwealth planning ratios.

2031 Home Care Package Demand Estimates

Total Home Care Package Allocation



Map: Verso Consulting • Source: [Victoria in Future 2019, Victoria's future population projections](#) • Map data: [PSMA Australia Limited](#) • Created with [Datawrapper](#)

Feedback indicated some issues with service delivery due to providers' reluctance to commit to local operations or confusion in published material around those who have a real local presence or in-house capacity (rather than reliance on subcontractors). Access to services from more remote locations was also identified as an issue.

Economic benefits

Apart from the unquantified but real benefits (economic and social) of retaining older people in a community, there will be direct employment increase by catering for the growing demand for government subsidised care at home. That employment increase is predicted to be at the level of many hundreds of new jobs in aged care at home across rural Victorian LGAs to cater for 4,200 additional Home Care Package recipients and many more CHSP clients.

Findings

- The required provision of Home Care Packages is readily estimated
- Comparable increase in scale of the Commonwealth Home Support Program is likely
- High rural growth (nearly 130%) of Home Care Packages is predicted by 2031 in Victoria
- At an average of \$22,000 p.a. funded for packages, a substantial \$92.4m economic and employment boost will come from meeting demand for Home Care Packages alone

- CHSP growth is also likely to be substantial with comparable effects on rural income and employment
- Apart from economic and employment benefits, the ability for older people to remain in their communities greatly strengthens the whole community

Recommendations

1. Efforts should be made by rural councils to raise community awareness (especially among CHSP clients) of Home Care Packages as a real alternative to residential care
2. Councils should endeavour to assist older people to navigate the My Aged Care website where possible
3. Councils should liaise with local Home Care Package providers or attend regional peak body meetings of providers to ensure they are aware of the significant potential demand
4. Councils should consider facilitation of local provider presence through offers of office space (if possible) or other incentives to selected providers in return for commitment to local operation and wide service coverage
5. If councils are reviewing their future role in CHSP delivery a major consideration should be to ensure continuity of delivery if divestment is to occur

5.4 Services – Residential Aged Care

Residential aged care serves the needs of those with complex care requirements often coupled with significant mobility issues and/or advanced dementia and housing needs. Care in the home through the Commonwealth Home Support Program and Home Care Packages serves a much greater number of older people, but accommodation and care in a facility remains a vital part of the suite of subsidised Commonwealth programs.

Its relative prominence is being somewhat reduced in terms of planned provision, but increasing age profiles in most communities mean significant forecast demand growth for people requiring residential care (refer Table 6). However the overall scale of additional Victorian rural demand amounts to around 3,600 beds by 2031.

Increasing demand and likely funding approval for residential aged care can be predicted for rural Victorian LGAs. Likely investment requirements and employment potential is substantial in a number of shires; large (60+ beds) in more than half and very large (100+ beds) in 11 LGAs. The map below shows the likely shortfall in beds in RCV councils by 2021 following Commonwealth planning ratios net of current beds and allocated beds.

Expansion of existing facilities is likely to be the main solution to meet growing demand for locations needing up to 70 or 80 new places. When larger numbers of new places are predicted as needed, there is a strong possibility of new providers or facilities being established.

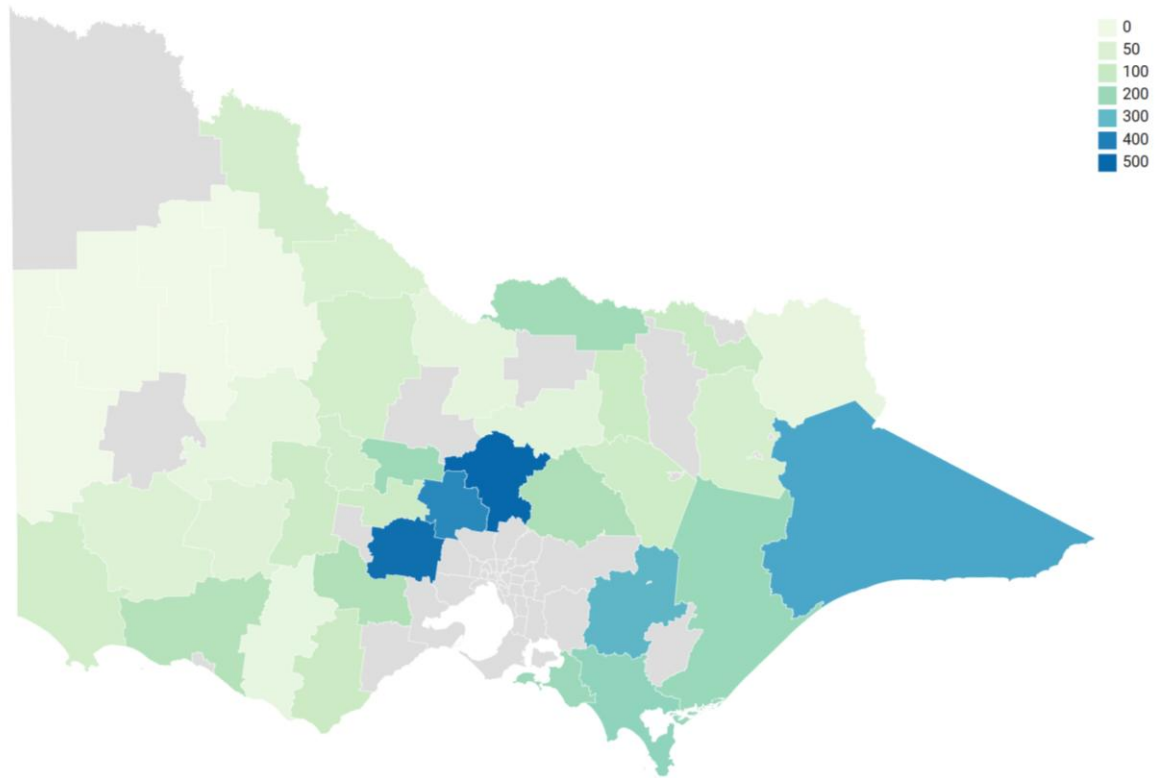
Economic benefits

The potential economic benefits of residential aged facility growth are on a scale which appears to be beyond any other Victorian rural enterprise sector. 3,600 additional beds imply capital investment in the order of \$1 billion across rural LGAs and 3,600 or more ongoing FTE jobs. The likely demand growth and operational funding is predictable due to the Commonwealth's bed provision ratio and long term patterns of provision. The demand is likely to occur in both the short term (by 2026) and long term (beyond 2031). The challenge is to attract the investment and in some cases that will include supporting approaches to the state government where they are the principle or only provider.

It is important to note that the capital funding of residential facilities essentially derives from upfront or progressive accommodation payments made by residents. The model has been robust and relatively low risk for providers. Periodic protests by providers about residential age care funding are essentially about recurrent care subsidies - not capital funding.

2031 Residential Aged Care Bed Demand Estimates

New Beds Required



Map: Verso Consulting • Source: [Victoria in Future 2019, Victoria's future population projections](#) • Map data: [PSMA Australia Limited](#) • Created with [Datawrapper](#)

Findings

- Most rural Victorian LGAs will need additional residential aged care places within 10-12 years
- Lead times for development and approval mean that planning should commence immediately in most cases
- The scale and urgency of the requirement in some cases is quite marked, e.g. 9 shires will already need 100 extra beds or more by 2026
- 3 shires (East Gippsland, Mitchell and Moorabool) have predicted unmet demand for around 200 beds by 2026
- Across rural Victoria, approximately 3,600 additional beds will need to be provided above those currently allocated by 2031
- Of the 3,600, nearly 2,700 will need to be built and staffed by 2026 if recently allocated beds are included
- There is significant scope for promotion of residential aged care investment activity in most rural shires and very large scope (150+ beds by 2031) in 10 of them
- The likely economic impact of meeting the increasing demand for beds (both in construction and in ongoing employment) is potentially without parallel in any other rural sector

Recommendations

1. Where there is a likely demand for up to 50 additional beds by 2031, councils should use the guidance and materials available from this project to approach local residential care providers to alert them to the demographic demand analysis above and offer any practical assistance available to encourage investment in expanded facility capacity
2. Where there is likely demand above 50 additional beds by 2031, as a natural extension of this project, councils should be further assisted to meet with LASA peak body members and major providers of residential care to discuss the predicted demand evidence and discuss ways in which investment can be facilitated
3. Facilitation of investment by councils could include some of the matters relevant to housing development such as site identification, zoning/planning advice and community engagement
4. Approaches be made to the state government via local members, through departmental channels (to DHHS and Regional Development) to alert them to the evidence of pending unmet demand and seeking dialogue on appropriate responses

5.5 Promotional Program

Findings – Services

- Great potential for initial and ongoing benefits lies in growing demand for residential aged care
- Providers are most likely to respond to clear demographic evidence in the context of local facilitation and support
- Pathways are identified and available to conduct a promotional program for local investment
- The state government as provider may be the target audience in some localities
- The scale of the potential economic benefits is worth sustained effort
- Meeting increased home care demand offers equivalent though smaller benefits of ongoing employment and economic stimulus
- Meeting aged services demand means working with the Commonwealth and its major subsidy regime to support older people remain in their communities

Findings – Accommodation

- The potential demand envelope for age specific housing is large, at up to 16,000 dwellings
- Current local supply of suitable dwellings has to be subtracted from this figure
- It was not possible to obtain sufficient information on local supply to estimate unmet demand
- Local factors such as the housing market and socio-economic profile will influence final demand
- Housing providers would be more interested in approaches which provided evidence of unmet demand and local development facilitation was offered, including identification of suitable sites

- The economic benefits of dwelling construction would mostly be gained at a local level with higher economic multipliers in smaller communities
- Aggregation of sites across LGAs to achieve attractive scale is recommended as an option
- Affordable/accessible housing should be a priority for older people most in need (those in insecure tenure)
- Sector-informed ongoing support for councils in executing promotional initiatives would be of great advantage

Recommendations

Services

1. Councils should specifically note the enormous social and economic benefits available for most LGAs in meeting projected demand for residential aged care and home care
2. Individual councils or groups should take immediate action to carry forward a communication and promotion campaign regarding the growing need for investment in residential facilities
3. Pathways should be utilised through the provider peak body (LASA) and to government as a provider
4. The state government should be alerted to the very large identified regional development potential offered through investment in residential aged facilities and RCV should develop a scheme to support councils to promote opportunities including through a state program modelled on the former Commonwealth Aged Persons Homes Act

Housing

5. Every rural council should also consider the housing demand potential outlined and estimate the likely scale of gaps by comparing with local supply
6. A housing investment campaign should be initiated if there is a likelihood of real demand gaps, sites available and facilitation on offer
7. Identified pathways to potential investors via LASA and the Victorian division of the Property Council of Australia should be utilised

Promotion tools

8. Promotional templates made available through this project should be used to develop tailored local prospectuses for both services and housing

Appendix 1: Council Survey Content

Liveability

1. Age Friendly Communities

- Does your council have a current age friendly plan or strategy?

Yes ()

No ()

- If “yes”
 - Was the plan/strategy developed in consultation with older citizens - Y/No
 - Does the plan reflect the WHO's 8 age friendly domains (see end note) – Y/No
 - Does plan/strategy have clear action lines & identified responsibilities – Y/No
 - Is there an established budget process to fund the plan's activities or minor works – Y/No
 - Are there regular progress reports to council or oversight group - Y/No
 - What are the current focus areas of plan - - - -
- Has council established an older persons consultative group with a regular meeting schedule – Y/No
- Would your council benefit from more information/guidance about age friendly planning – Y/No
- What are the main older persons “liveability” features of your LGA - - - (e.g. community connection, living environment, affordable housing, health services, transport, retail, support services, safety, walkability)
- When/if older people leave your area what can you suggest may be the main reasons - - - -

2. Accommodation/housing

- What is the availability of specific suitably designed older persons housing in your LGA

Name/location - - - Number of units () Multi bedroom - no. () Proprietor/manager - - - -

Name/location - - - Number of units () Multi bedroom - no. () Proprietor/manager - - - -

etc.

- Of those listed please nominate any which may be near “end of life” or of poor design/location
- Is there a choice of housing type/cost e.g. demountable/affordable/premium
- Are you aware of any planned older persons housing development in your LGA
- Are you aware of shortfalls in appropriate* older persons housing (e.g. accessible design, good location, affordability) – Y/No
- If “yes”
 - How have you formed this view (e.g. large waiting lists for current housing) - - - -
 - Do you have any sense of the scale of current unmet need - less than 5 units ()
 - 5 – 10 units ()
 - 10 – 20 units ()
 - 20+ units ()

Services

1. Transport

- What forms of public transport services are available - (a) within LGA? (b) to large regional/metro centres?

- What community/council/volunteer transport is available?
- Are there taxi/ride sharing services in the main population centres? Y/No
- Is there a community bus available for use by groups? Y/No
- Can you identify shortfalls in available transport for older people?
- Are there any initiatives you can suggest to address shortfalls?

2. Home Support (CHSP – formerly HACC)

- Who are the principle providers of CHSP services in your LGA for:
 - Domestic assistance/personal care?
 - Nursing?
 - Allied health?
 - Transport?
 - Meals?
 - Centre based activities?
- Are you aware of any shortfalls or difficulty of access for CHSP services? Please nominate:
- If your council provides CHSP services, is it inclined to seek continuation after June 2020? Y/No

3. Home Care

- Who are the main providers of Home Care active in your LGA?
- Are you aware of gaps in availability of Home Care (apart from long wait times for assignment)? Y/No
 - If “yes” is there any pattern to this shortfall (e.g. location, service type)/ Please nominate:

Questions re both forms of care at home

- Is the My Aged Care gateway to aged services well understood in your community? Y/No
- Is there a local information hub for aged support/care service access? Y/No
 - If “yes” please identify:

4. Health Services

- Is there a local GP clinic/practice? Y/No
- Even if “yes” above are there any issues with GP accessibility? Please specify:
- Are pharmacy services available across the LGA? Y/No
 - If “no” please specify issues:
- Are there any major gaps in available services for older people from your local health service (e.g. pathology, dental)? Please specify:
- Are there any other notable gaps/issues in local health services? Please specify:

5. Residential Care

- Are you aware of any apparent shortfalls in available residential care places (beds) in your area? Y/No
 - If “yes” how has this awareness arisen (e.g. know of long wait times):
- Is there a sufficient availability of secure dementia care? Y/No/Don't know
- Are you aware of instances when older people need to leave their community to obtain suitable residential care? Y/No
- Is respite care readily available? Y/No/Don't know
- Are you aware of any plans by local residential care providers to expand their facility? Y/No
 - If “yes please” nominate facility:
- Any other comments regarding local residential care facilities:

Accommodation/Housing Opportunities

If you think there may be a need for more age appropriate accommodation/housing in your area we need to assess current availability and sites/landholdings which may be suggested to investors for possible development as part of a targeted promotional program. In suggesting locations suitability of location, zoning, congruence with council's strategic development goals, access to utilities and scale of required site preparation are important factors to consider.

- Please provide the address/location of sites within your LGA which may be suitable for development of older persons housing:
 - Address:
 - Ownership: Council owned/managed [] Crown land [] Private owned by []
 - Approximate size:
 - Features:
- Would council be prepared to contemplate incentives for investment in older persons housing e.g.:
 - Assistance with zoning or other site use parameters - Y/No
 - Support to ensure convergence with development planning requirements - Y/No
 - Support with local community engagement – Y/No
 - Support with headworks or other physical preparation activities – Y/No
 - Other potential support – please specify:
 - Would council consider partnerships or its own initiative around alternative housing models such as setting up a “park home” (pre-fabricated housing) estate to provide suitable low cost alternative housing

Re-purposing of current facilities

There may be existing community facilities which are currently under or not utilised which may be suitable for re-use to support older people in the community (including as shared use).

Please identify such facilities:

Appendix 2: Survey Key Responses

Council	Age friendly plan/strategy	Housing issue	Transport issue	Home care gaps	Health service gaps	Residential Care gaps	Housing sites identified	Assist with development	Alternative housing?
Alpine	No. Would welcome further guidance.	A detailed range of units listed. Adequate supply.	Limited bus service to Wangaratta connecting to Melbourne train. Comm. bus M'ford. Taxi 3 main towns. V limited public t'port in Shire.	Alpine Health main provider CHSP & HC. Council not a provider. Not aware gaps in service.	GPs & pharmacy available. No access issue. Local health care limited – travel for complex care.	No known shortage RAC. Unsure re respite & secure dementia. Land acquired in Bright for 100 bed RAC.	No	Support for planning & zoning and community eng'ment.	No
Benalla	No resp. but search shows active initiatives - with DHHS funds.	No response.	No response.	No response.	No response.	No response.	No	No	No
Buloke	In devt. New consul'tve. arrg'mnts in train. Looking for advice on low demand approach.	No tailored housing. Private dwelling the norm.	Bus to reg. centre. 5 places have volunteer comm. transport & 2 have comm. bus. No taxis. Mallee comm. transport forum seeking options	C'cil & h'lth services provide CHSP. No gaps identified. Council future unsure. H'lth service for HC. No known gaps but Gateway difficult. Shire provides info "hub".	GPs in LGA. W'end access issues. Pharmacist. No major regional services – distance to service an issue.	Limited RAC supply but also demand. Dementia & respite care available. Some people leave for care. Expansion plans cited but no details.	No	No but offer of zoning, site assist'nce & support w comm. eng'ment.	Alternate model possible but not able to contrib'te resources

Council	Age friendly plan/strategy	Housing issue	Transport issue	Home care gaps	Health service gaps	Residential Care gaps	Housing sites identified	Assist with development	Alternative housing?
Corangamite	Not stand alone but cited MPH & W Plan has minimal reference.	DHHS units in 3 towns only options. Not sure if issue.	Bus & SW line rail. Taxi. Transport for CHSP clients. Suggest access to school buses. V limited outside main centres.	Shire & health services for CHSP. Home maint'n. wait list. Shire likely to seek contin'tion. After 2020. Cobden DH & Lyndoch for HC. Not aware gaps. MAC not understood & no info. hub.	GP & pharmacy avail. - not aware of gaps.	Not aware gaps. Secure dementia OK. Unsure re respite. Not aware people leaving for care.	No	Assistance with zoning or site use.	Corangamite
Gannawarra	Yes - per WHO model.	Private & Dept. Housing units listed.	Train & buses. within & out of LGA. Taxis to all main towns. Several community bus options. Member Mallee T'port Forum.	Shire & health services provide CHSP. Shire HC – not aware gaps. MAC understood	3 GP clinics but struggle to retain doctors. Pharmacies in 2 towns. No major health service gaps but cld. use more allied health.	No RAC shortfall. Dementia high care units-yes. Respite – yes. Some leave area for care to be near family.	No	Would help with comm.. engag'ment	Gannawarra
Glenelg	No but w'd accept more info.	C'cil has plans for ret. village. Private housing low cost	Town bus & V/Line to W'bool. Shopping & comm. buses. Taxis. No general public transport.	Council & health services for CHSP plus Baptcare, Lyndoch. Council has information hub role.	GP & pharmacies - no access issues. No gaps in hlth services noted.	Multiple RACS noted still assert shortages. Retirees moving into region due housing prices.	No	Yes. Zoning/site use & comm.. engagement.	Unsure

Council	Age friendly plan/strategy	Housing issue	Transport issue	Home care gaps	Health service gaps	Residential Care gaps	Housing sites identified	Assist with development	Alternative housing?
Hindmarsh	Yes - per WHO model incl. community consult'n	Health services provide?	V/Line overland plus taxis in Dimboola & Nhill. Some local buses but need more public transport.	CHSP per council & hlth. Services. Workforce issues. C'cil discussing continuation. C'cil also provides HC – not aware any gaps. Planning expo to inform re access.	GP services but waits can be long. Pharmacy available & no known gaps in hlth. services	Not aware of RAC gaps or if secure dementia available.	No	No	Hindmarsh
Indigo	Yes (Ageing Well Strategy) WHO domains + Dedicated officer.	Housing listed. Seeking grant for research on needs.	No public t'port in towns but public can use school buses, V/Line train/bus regional centres & metro. Taxis in 3 towns, rideshare plans.	Alpine Health all CHSP services. Some delays in service access. HC per Hlth. services. Main issue lower package allocn. MAC used by some, no hub.	GPs in 4 towns, no bulk billing. Some delays. 6 towns w pharmacies or access. Dental too costly.	Sometimes excess beds, sometimes waits. Leaving for care not major issue. Respite when available at hlth. service.	Comm. consult. on issue. More detail should result.	Yes to many forms of potential support. Would welcome approaches	Indigo
Mansfield	In devt. Community eng'ment nearly complete. A/ Friendly Amb'dors.	2/3 retirement villages listed- 1 of near end life. Shortfall noted & is big issue.	V/Line bus. Community shopping bus & volunteer buses. Limited taxi service. Costs & limited Vline schedule & drop off	Shire for CHSP & health service nursing & limited allied health. Workforce an issue. Shire main HC provider &	GPs & pharmacy available. Not aware gaps apart from specialists.	RAC access issues - few beds. Unsure re secure dementia access but some available. People leaving due RAC gap.	No	No	Mansfield

Council	Age friendly plan/strategy	Housing issue	Transport issue	Home care gaps	Health service gaps	Residential Care gaps	Housing sites identified	Assist with development	Alternative housing?
			points. More tailored comm.. transp't needed.	info.hub. MAC access problematic.		2 respite beds.			
Mitchell	In devt. as part broad "life stages" strategy. No comm. consultns. But have "Ageing Ambassdrs" giving feedback. W'd accept more info.	2/3 ret. villages but difficult siting & t'port. Some public housing but little aff'dbl. & this is a known issue.	V/Line but station locations poor/limited local bus, comm. bus. Limited taxis. Bus available for groups - bus safety certif'n needed.	Nexus Primary & Seymour hlth. services main CHSP & HC - c'cil only social inclusion & program del'vry. No gaps cited. C'cil likely to continue CHSP. No info. hub.	Local Gp clinics & pharmacy. No access issues. Limited pathology & local availability.	Multiple RACS & no shortfalls but most in Kilmore. Another under dev't. Wallan.	No	Support offered for zoning, planning & comm. eng'ment.	Willing to consider alternative models.
Moir	Yes - per WHO model incl. consult've group & budget process.	LGA has a no. of retirement villages.					No	No	No
Mount Alexander	No	May be some but little/no low cost. Low vacancy rates.	Train,taxi, comm. bus but issues w medical appts.	Council/hosp CHSP but dist. nurses pulling back. Council future after 2020 unsure. HC from Uniting AW & hosp. Remote service issue.	Accessing GPs an issue. Subsidised dental & allied h'lth gaps.	Only RAC in hospital w wait lists-no growth plans. Little/no secure dementia or respite. People leaving.	No	No	No

Council	Age friendly plan/strategy	Housing issue	Transport issue	Home care gaps	Health service gaps	Residential Care gaps	Housing sites identified	Assist with development	Alternative housing?
Murrindindi	Yes	No response.	No response.	No response.	No response.	No response.	No	No	Murrindindi
Northern Grampians	In devt. No need for consult. group! Would benefit more info.	None cited. Shortage noted.	Town bus but minimal t'port connections ex LGA. Taxi & commun. bus. Hlth service volunteer. program but older drivers struggle w travel to Melb. Strategies needed.	Shire & health services for CHSP. MAC clunky & onerous but no service gaps cited. Shire main HC provider. No gaps noted. Council acts as hub.	GPs & pharmacy. Wait times & cost issues. No. of health services gaps noted.	Variable availability. Secure dementia an issue. Some older people leaving for care. Respite limited. One provider planning expansion.	Yes – 20 acres council land & 54 private in Stawell – both s'divided.	Yes to headworks or other physical prep. But comment <i>"Service connections make project pretty much unviable."</i> ???	Northern Grampians
Queenscliffe	No but w'd accept more info.	16 units cited but at end life. Gap exists.	Bus & taxis available with limits. CHSP transport. No comm. bus.	CHSP & HC per council & comm. h'lth service. Not aware of gaps. C'cil subsidises.	GP & pharmacies - major OT gap. GPs in high demand.	No RAC in LGA - no respite or dementia care. Older people leave for RAC.	No land avail'ble	No	Yes
South Gippsland	Yes – per WHO model.	Housing listed. Plans for expansion noted. No clear shortfalls.	Before & after school buses Leongatha, 8 V/Line bus services Yarram to Melb. 3 buses p/d to Latrobe Valley. C'cil & comm. run. Taxis & intra town t'port scant.	Mecwa, health services & council (RAS only) for CHSP. Mecwa for HC. Some Abor. groups don't access. RAS is source of "system" guidance for older people.	GP clinics – no lack of access. Pharmacies & no clear gaps apart from some access to specialists in other LGAs.	No RAC access issues and secure dementia OK. Limited respite beds. Known expansion plans for next few years.	No	Yes – across multiple areas	No

Council	Age friendly plan/strategy	Housing issue	Transport issue	Home care gaps	Health service gaps	Residential Care gaps	Housing sites identified	Assist with development	Alternative housing?
Southern Grampians	No. But comments re more info. imply AF planning seen as a service.						No	No	No
Strathbogie	No	Housing listed. Some evidence of unmet demand.	Mainline trains incl. to Melbourne, bus to Shepparton, taxis Euroa & Nagambie. Some informal comm. transport but buses for health service clients only. Need E-W transport & affordable in satellite towns. Use of school buses?	Health services provide care at home (not council). MAC navigation difficult for older people.	GP clinics in 3 main towns plus pharmacies in 4. GP wait times can occur. Lack allied health & central hub for info.	Some sense of RAC shortfall. Secure dementia available but adequate? Some people leave area for care or family. Respite? No known plans for RAC expansion.	Yes. 1 ha site in Vale St. Joint C'cil Hlth. Service asset.	Devt. support possible w zoning, planning & comm. eng'ment.	Would consider alternative housing models
Towong	No. Would welcome more info.	Details provided of 1 h'lth serv. Ret. Vill'g w 8 units	Comm. vehicles & drivers coord. by Corryong Health.	Not aware of care at home shortfalls (low awareness altogether)	Not aware any GP or health serv. Gaps.	Not aware any shortage RAC. Respite available but no local secure dementia.	No	No	No
Wellington	Yes – per WHO model. Only “no”- budget process. Need	Housing listed. Possible shortfall but not major	Some public t'port incl. V/Line. Taxis available. Red Cross, Patient	Only aware of two public hlth. services providing care at home. No	Multiple GP clinics but access issues for more rural popn.	Not really aware of status of RAC.	Current devt. may allocate some for older housing.	Devt. support possible w zoning, planning & comm.	Yes

Council	Age friendly plan/strategy	Housing issue	Transport issue	Home care gaps	Health service gaps	Residential Care gaps	Housing sites identified	Assist with development	Alternative housing?
	perm. resourcing.	issue.	Transport, Comm'ty bus connections. Once weekly inadequate. Seeking grant to get older people using non-car transport.	info. hub – only from providers.	Pharmacy available. Unsure of gaps in health services.			eng'ment.	

Appendix 3: ACAS Consultation Summary

N.B. Individual response records for each region available on request

Are you aware of any regions within the catchment where there can be issues with getting home support or care locally or access to residential care? How are these problems usually addressed?

- With homecare you try to be creative and find local providers and negotiate with service providers but clients often choose the names they have seen advertised who may not be able to provide appropriate services in a cost effective manner for the client.
- We can go through Carer Support to cover support services and respite, and we can access support for Australian Home Services to get extra assistance although this has limited effectiveness and a degree of robbing Peter to pay Paul.
- We are able to refer/approve people who may be adversely affected by distance for level 1 packages or we can upgrade peoples packages so they get L3 funding when they only need L2 services because CHSP has no money for travel and no people on the ground in the regions.
- In regions where there are only a few residential facilities there can be long delays finding a suitable place. "You have to wait for a person to die or move the person to a different town and hope you can move them back again when a place becomes available. Not optimal for most clients."
- Many problems can be resolved by enlisting family assistance but that can create other issues.
- In some regions these issues cannot be addressed and clients go without services or end up in residential care earlier than needed.
- Waitlists are usually managed by addressing greatest need.
- There is a need to employ people from these little local communities so there is more money for the actual services.

Are there issues with assigned Home Care clients having a choice of provider?

- Although there can be multiple providers in the region, not all of them are based in the region. Providers are becoming centralised to reduce costs and are now unable to service outlying clients due to no staff members on the ground in the smaller towns. For example some are managed from interstate using subcontractors and that can all get very messy. Also although there may be multiple providers across the region, not all places in the region have access to all the providers. ("It is a thin market for providers to cover the entire region") Colac was mentioned as having a couple of providers who manage the area better than others with staff on the ground and collaborations with other services.
- The big service providers can advertise quite aggressively and will pick up clients and not be able to provide the best value for money for clients. There is limited help for consumers who are often unaware of the options available.
- Privatised providers often have excessive fees but clients don't know how or where to access any other providers (anecdotal evidence suggests nearly 50% of packages eaten up in fees).

- Once again it can be limited due to difficulties getting workers and the revenue available does not support significant travel. In our region (Bendigo) travel times can be as much as 90 minutes one way.
- There is still a need for assistance finding out how to access services at all. My Aged Care assumes a level of computer literacy that is just not there.

Are there instances of client's living arrangements being a barrier to services?

- Large family properties away from town where clients must become heavily reliant on neighbours, particularly if they are far out from town or provider hub.
- Old family farms can have hoarding or squalor and attendance can be prevented due to rigorous OHS requirements. Standard services have limited capacity and little impact to help with squalor; they can only refer to local clean up services.
- There are instances of widows alone on properties where the upkeep has got away from them.
- Poverty due to climate circumstances Eg- Farm and driveway were significantly damaged in fires 10 years ago. House got repaired but owner cannot afford to have driveway fixed. He navigates it in a tractor. Even 4wd have trouble. Client attends hospital in town to receive services.
- Small communities with large transport costs
- On the Surf Coast where properties along the Great Ocean Road are on steep blocks. People become housebound as they develop functional decline. Can no longer walk to shops or in some instances, the front gate. Its expensive realestate and they are reluctant to relinquish their independence after holding on to the house while they were waiting to retire.
- Instances of sea changers moving to remote locations with no ready access to services.
- Regions mentioned:- West Grampians, Yarriambiack, Hindmarsh; Campaspe, Macedon, Buloke; Colac and Surf Coast; Venus Bay, Coronet Bay, Buchan, Cann River.

Are there particular issue with CHSP clients and/or access to suitable services?

- There are some instances where the RAS assessment is run from a service provider and can be perceived as a conflict of interest.
- CHSP can be over utilised to the detriment of others waiting for services.
- Waitlists for personal care due to workforce issues.
- There can be big gaps between what they are funded to provide and what the client wants
- Remote locations struggle to offer services.
- One respondent mentioned they have a lot of people coming in who are not eligible for services.
- Workforce is a problem- poor quality of service provided and some workers not able to do what is wanted due to OHS issues.
- Some difficulties for providers to access training for current staff, lack of qualified or suitable staff
- Clients need help navigating the system.

- Rural clients are often unable to sell property to be able to get into a smaller home and it all gets too much, so they get a care package so they can have someone to visit them and transport for appointments.

Are there issues with a particular CHSP service type and where?

- There are waitlists for services across the board. They can be quite significant; can be months. Usually for gardening, domestic assistance, home maintenance and transport and in some instances personal care.
- Due to workforce issues.
- Some regions do not provide gardening or maintenance.
- There is a lack of flexibility- eg there can be heaps of personal care but no home services available.
- Campaspe and Macedon clients need more options for respite

Are there locations in your catchment where residential care is undersupplied or nonexistent?

- There are usually facilities across the region although tiny communities are not so well covered."You can find beds across the region but sometimes they are not in locations wanted by the clients.
- There can be a couple of popular places where you may have to wait but others are ok.
- Some regions have fewer places offering secure dementia or respite and if the facility is smaller it is less able to provide specialised care.

Are there places in your catchment that might benefit from easier to service, age appropriate housing?

- There are some ILUs attached to residential aged care but all regions could do with housing to assist people to stay in town. There is nothing in any of the regions and it is a missing step for a lot of people; a need to remain independent but close to shops and services with other people around you.
- Surf Coast does not have a lot of independent living units, in particular for financially disadvantaged clients.
- The biggest problem can be people with farms that have a family interest and are reluctant to move into residential care due to the costs involved. It is common for them to keep requesting respite extensions.
- In Wangaratta the one SRS in the region closed and those people probably ended up in residential care well before it was necessary.

Other thoughts

- The population is changing in Nhill. A large Karen community have established business there and are thriving. The old population is dwindling and it will be difficult to service packages in the future in the area
- Transition care can be difficult to access in some regions eg 6 beds in Horsham and some in Stawell. In Geelong/Surf Coast it is only offered in Geelong and often when people access it, the living arrangements of other family members must change as well. The same applies to STRC.
- Many smaller and declining LGAs have too few resources to provide separate assessment and support. There can be a blurring of the lines that does not work to the best interests of the clients.

- Many clients do not understand the mechanics of packaged care. Indeed we have had instances of clients thinking that unspent money from a package can be willed to family members so they actively try not to spend it.
- Access to transport is a major issue for rural clients with small communities not having access to public transport and no taxi service.
- It is my feeling that older people are moving away to aged care outside the region so they can be closer to their family that has already moved away.
- Costs can be prohibitive when accessing care and support. A package can supplement income or a pension.

Appendix 4: Municipal Association of Victoria/Victorian Government Age Friendly Declaration

See attachment

Vision

The vision of the Victorian Government and the Municipal Association of Victoria in signing this Declaration is for better state and local planning for the creation of age-friendly communities. This is the focus of our shared activities on common goals and directions.

Population ageing is a world-wide phenomenon as a consequence of increasing life expectancy. In Victoria, people are living longer and many of today's young Victorians will live beyond 90, even 100, years. We need to create communities that respond to this significant social change and better support people as they age.

It is vital that governments focus on the opportunities as well as the challenges of an ageing population. While older people contribute significantly to our communities, there is more to be done to support and develop the roles and contributions of older people. Ageing populations require actions that promote quality of life and wellbeing, value the contributions that older people make to their communities, remove barriers to participation, and enable people to 'age in place' and maintain local connections and community belonging.

Age-friendly communities encourage active ageing and optimise opportunities for good health, social and economic participation and personal security. They recognise the great diversity of our older population, promote inclusion of older people and respect their decisions and lifestyle choices. They involve service providers, businesses, community leaders and older people in planning to meet ageing-related needs. They enhance quality of life for people as they age, and benefit the whole community.

Local government plays a key role in planning and establishing age-friendly communities and has been assisted in this by the Victorian Government in collaboration with the Municipal Association of Victoria. The Victorian approach is informed by the World Health Organization's *Age-friendly Cities* framework, and the experience of councils' use of World Health Organization's information and tools.

Experience shows that the best way to strengthen the age-friendly capacity of local communities is through partnerships between seniors, governments, communities, businesses, services and support agencies. In partnership with the Municipal Association of Victoria, the Victorian Government has been supporting local government since 2006 with initiatives aimed at improving their capacity to plan for and support seniors, and to create communities that better accommodate their ageing populations.

This partnership approach has raised the awareness of ageing across both levels of government, improved knowledge and understanding of international age-friendly cities and communities, and created local age-friendly initiatives. This Declaration builds on these strengths and furthers the partnership between state and local government to continue to support and assist Victorian councils to create age-friendly communities.

Commitment

Martin Foley MP

Minister for Housing, Disability and Ageing

Date: 14 April 2016

Cr Bill McArthur President, Municipal Association of Victoria



The Victorian Government and the Municipal Association of Victoria will build the age-friendly capacity of local communities by:

1. **promoting an age-friendly Victoria** through the role and achievements of local government in creating age-friendly communities and providing leadership to encourage local councils and stakeholders to develop the principles of the age-friendly cities and community directions
2. **supporting** state and local planning processes to create age-friendly communities and using the knowledge, information and tools available through the World Health Organization's Global Network of Age-friendly Cities
3. **providing** local councils with leading advice, expertise, access to networks, policy information and other support to encourage local age-friendly initiatives
4. **empowering seniors'** involvement in local age-friendly initiatives by assisting councils to develop active engagement structures and models of localised seniors community input
5. **encouraging** seniors to get involved in areas they see as important such as local community transport, volunteering, community participation, diversity of housing options, seniors safety, technology access and lifelong learning
6. **addressing** the built environment, transport, housing, social participation, respect and social inclusion, civic participation and employment, communication, and community support and health services for age-friendly communities as listed in the 2008 World Health Organization's *Age-friendly Cities: A Guide*
7. **valuing** stakeholder engagement and working together to promote and strengthen partnerships with peak bodies, community organisations, businesses, retailers and council-run facilities.

The undersigned council endorses and supports the intention and commitments of this Declaration.

Mayor

Council

Date

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Appendix 5: House Prices/Rents and Lower Income Data

House Prices and Rents

LGAs	Median House Prices	Median Weekly Rents
Alpine (S) Median	\$436,929	\$327
Ararat (S) Median	\$208,500	\$270
Bass Coast (S) Median	\$458,188	\$328
Baw Baw (S) Median	\$375,250	\$343
Benalla (RC) Median	\$293,750	\$290
Buloke (S) Median	\$116,250	\$200
Campaspe (S) Median	\$303,750	\$287
Central Goldfields (S) Median	\$209,750	\$250
Colac-Otway (S) Median	\$410,500	\$310
Corangamite (S) Median	\$235,000	\$258
East Gippsland (S) Median	\$249,000	\$280
Gannawarra (S) Median	\$179,250	\$210
Glenelg (S) Median	\$196,000	\$243
Golden Plains (S) Median	\$569,718	\$400
Hepburn (S) Median	\$462,100	\$340
Hindmarsh (S) Median	\$122,650	\$186
Indigo (S) Median	\$391,000	\$326
Loddon (S) Median	\$176,667	no data
Macedon Ranges (S)	\$655,691	\$440
Mansfield (S) Median	\$449,167	\$380
Mitchell (S) Median	\$383,218	\$327
Moirā (S) Median	\$262,125	\$280
Moorabool (S) Median	\$497,000	\$355
Mount Alexander (S) Median	\$399,938	\$323
Moyne (S) Median	\$269,400	\$292
Murrindindi (S) Median	\$353,125	\$298
Northern Grampians (S) Median	\$199,500	\$240

LGAs	Median House Prices	Median Weekly Rents
Pyrenees (S) Median	\$228,375	\$275
Queenscliffe (B) Median	\$875,000	\$450
South Gippsland (S) Median	\$309,950	\$283
Southern Grampians (S) Median	\$232,500	\$260
Strathbogie (S) Median	\$303,125	\$312
Swan Hill (RC) Median	\$255,000	\$285
Towong (S) Median	\$201,500	\$255
Wellington (S) Median	\$264,607	\$270
West Wimmera (S) Median	\$151,500	no data
Yarriambiack (S) Median	\$96,500	\$183

Source: <https://www.realestate.com.au/neighbourhoods>

Prevalence of income below \$500 p/w

LGA	Age 70+ Populations income below \$500 p/w		Age 85+ Populations income below \$500 p/w	
	#	%	#	%
Alpine (S)	1,201	58.7%	212	54.9%
Ararat (RC)	1,006	54.6%	181	51.3%
Bass Coast (S)	3,501	56.9%	625	54.8%
Baw Baw (S)	3,807	58.0%	606	54.5%
Benalla (RC)	1,380	56.2%	278	52.5%
Buloke (S)	734	58.3%	175	52.1%
Campaspe (S)	3,440	57.4%	595	51.0%
Central Goldfields (S)	1,656	64.9%	270	60.3%
Colac-Otway (S)	1,777	57.5%	361	61.4%
Corangamite (S)	1,392	55.0%	248	52.8%
East Gippsland (S)	4,769	56.1%	672	48.3%
Gannawarra (S)	1,232	59.8%	230	60.5%
Glenelg (S)	1,669	57.9%	329	59.7%
Golden Plains (S)	1,017	60.1%	110	48.7%
Hepburn (S)	1,382	57.1%	242	51.7%
Hindmarsh (S)	701	62.0%	167	57.4%
Indigo (S)	1,167	56.6%	204	58.3%

LGA	Age 70+ Populations income below \$500 p/w		Age 85+ Populations income below \$500 p/w	
	#	%	#	%
Loddon (S)	809	60.3%	139	54.1%
Macedon Ranges (S)	2,556	51.9%	378	46.6%
Mansfield (S)	751	57.6%	112	54.1%
Mitchell (S)	2,078	56.3%	320	54.9%
Moira (S)	2,917	57.8%	491	52.6%
Moorabool (S)	1,860	60.1%	250	51.3%
Mount Alexander (S)	1,652	55.0%	286	50.8%
Moyne (S)	1,054	53.4%	196	52.8%
Murrindindi (S)	1,162	56.2%	172	54.6%
Northern Grampians (S)	1,158	59.9%	244	61.3%
Pyrenees (S)	673	59.0%	104	58.4%
Queenscliffe (B)	315	37.9%	58	39.2%
South Gippsland (S)	2,531	56.9%	433	53.3%
Southern Grampians (S)	1,466	56.1%	290	50.1%
Strathbogie (S)	1,056	53.2%	160	42.0%
Swan Hill (RC)	1,493	55.0%	298	52.7%
Towong (S)	606	58.4%	114	57.6%
Wellington (S)	3,236	57.4%	578	56.0%
West Wimmera (S)	362	54.6%	71	54.2%
Yarriambiack (S)	789	59.7%	182	55.0%

Appendix 6: Current Residential Aged Care Providers

LGA	Council HQ	Cwlth. Region	Residential Care	Beds	# HCP provider listed*	Retirement Living¥
Alpine Shire (S)	Bright	Hume	Alpine MPS (Bright Hawthorn Village, Mt Beauty Kiewa Valley House) Barwidgee Lodge Myrtleford Lodge (both Myrtleford)	40 20 28 81	20	
Ararat (RC)	Ararat	Grampians	70 Lowe St. (prev. John Pickford) Gorrinn Hse Hostel Garden View Crt Hostel Willaura HC – Parkland House	45 60 24 12	23	Gorrinn ILUs (1)
Bass Coast (S)	Wonthaggi	Gippsland	Kirrak Hse (Bass Coast Hlth. - prev. Grabham Wing) Rose Lodge Opal Seahaven (Invloch) Banfields (Cowes) Grossard Crt (ditto) Maleleuca (ditto) Griffiths Pt Lodge (San Remo – Bass Coast Health))	30 98 110 90 80 37 29	24	
Baw Baw (S)	Warragul	Gippsland	Abbey (prev. Alysium) Gardens Cooinda Lodge (W Gipps Health) Fairview Lyrebird Village (Drouin) Amberlea (Drouin)	123 60 68 115 91	27	Dalkeith (Benetas) Encore Fairview Latrobe Village Margery Cole (5)

			Andrews House (Trafalgar WG Hlth))	51		
			Tarago (Neerim S)	25		
			Hillview (Bunyip)	58		
Benalla (RC)	Benalla	Hume	Estia	60	27	Cooinda
			Cooinda	82		St. Johns
			Morrie Evans Wing (public)	30		(2)
Buloke (S)	Wyche-proof	Loddon-Mallee	Grandview Lodge	30	22	
			Birchip NH (E Wimm HS)	10		
			Charlton Aged Care (EWHS)	13		
			Riverview (Donald - EWHS)	12		
			Goodwin Vill (ditto)	33		
			Malley Track Hlth (Sea Lake)	20		
Campaspe (S)	Echuca	Loddon-Mallee	BUPA Echuca	120	24	Deakin
			Glanville Village (Echuca Reg Hlth)	59		Memorial Drive
			Wharparilla Lodge (Prev.Englebert L)	92		St. Aloysius (S. Cross)
			Murrayvale (Moama)	50		Iloura
			Sthn Cross (ditto) ¹³	56		Wharparilla
			Sheridan (Kyabram)	42		(5)
			Warramunda Villge Hostel (ditto)	60		
			Rochester HS	60		
			Waranga (Rushwth)	42		
			McHale Hostel (Tongala)	42		
			Koraleigh (ditto)	30		
Central Goldfields (S)	Mary-borough	Loddon-Mallee	Wattle Rise (public)	45	21	Vincentian
			Havilah on Palmerston & Havilah Hostel	140		(1)
			Dunnolly NH (M'borough HS)	19		
Colac Otway (S)	Colac	Barwon-SW	Barongarook Gdns	60	26	Barongarook
			Corangamah (public)	68		Mercy Place
			Mercy Place	170		(2)

¹³ This RAC facility and previous in NSW but probably serves Campaspe residents too

			Otway Hlth (Apollo) Bay	21		
Corangamite (S)	Camper-down	Barwon-SW	Sunnyside Hse	40	20	
			Merindah (public)	36		
			Cobden Dist Hlth. (prev. Heytesbury Lodge)	60		
			Beaufort & Skipton HS (Skipton)	26		
			May Noonan (Terang)	40		
			Mount View (ditto)	15		
			Timboon Dist HS (MPS)	4		
East Gippsland (S)	Bairnsdale	Gippsland	Opal Bairnsdale	90	25	
			Maddocks Gds (Bairnsdale Reg Hlth)	90		
			Jacaranda Hse. (ditto)	41		
			Sutherland Lodge (ditto)	32		
			Opal Paynesville	100		
			BUPA Eastwood	91		
			Lakes Entrance (Japara)	66		
			Opal Lakeview (Lks Ent)	76		
			Omeo Dist Hlth	14		
			Lochiel House (Orbost MPS)	20		
			Waratah Lodge (ditto)	17		
Gannawarra (S)	Kerang	Loddon-Mallee	Glenarm (public)	30	22	
			Baptcare – Northaven	56		
			Cohuna Comm NH	16		
			Cohuna Village	45		
Glenelg (S)	Portland	Barwon-SW	BUPA	120	19	Edgarley – Castlemaine (1)
			Harbourside Lodge (P'land Dist Hlth)	30		
			Edgarley (Casterton)	43		
			Glenelg House (Casterton Mem Hosp)	30		
			Heywood Rural Hlth	45		
Golden Plains (S)	Bannockburn	Grampians	Estia	120	22	
			Plus multiple listed on MAC in Geelong			
Hepburn (S)	D'lesford	Grampians	Lumeah (Hepb'n HS)	12?	23	

			Daylesford NH (ditto)	30		
			Hepburn House	60		
			Creswick Aged Care (Hepburn HS)	30		
			John Curtin (Creswick)	65		
			Trentham NH (prev. Bush Nursing)	35		
Hindmarsh	Nhill	Grampians	Avonlea Hostel (WWHS)	45	19	
			Iona Digby Harris Home (WWHS)	30		
			Tullyvea Jeparit(WWHS)	15		
			Weeah & Bowhaven Rainbow (WWHS)	20		
			Archie Gray & Kaniva Cottages (WWHS)	11 +?		
Indigo (S)	Beechworth	Hume	Beechworth Hlth. (incl. cottages)	60+15	22	PAC Corowa Karinya Wodonga Gd Glenview Park Hall St. Johns (5 + 7 NSW)
			Glenview RAC (Rutherglen)	40		
			Yackandandah Hlth.	67		
Loddon (S)	Wedderburn	Loddon-Mallee	Boort Dist. Hlth.	32	24	4 x Bendigo
			Inglewood & Districts Hlth.	35		
			Pyramid Hill Home	23		
Macedon Ranges (S)	Kyneton	Loddon-Mallee	RM Begg	90	21	Warrina (New Gisb.) (1)
			BUPA	90		
			BUPA (Woodend)	107		
			Gisborne Oaks	75		
			Warrina Lodge (New Gisborne)	46		
Mansfield (S)	Mansfield	Hume	Bindaree	42	27	
			Buckland Hse. (Mansfield DH)	24		
Mitchell (S)	Broadford	Hume	Blue Cross Willowmeade (Kilmore)	80	24	Aveo Sunb. (1)
			Kilmore & Dist Hospital	63		
			Karingal (Seymour)	60		
			Barrabill Hse (Seymour HS))	30		

Moira (S)	Cobram	Hume	Irvin House (Cobram DH) Ottrey Homes Banawah Hse (Nathalia DH) Barwo Homestead (Nathalia) Karinya (Numurkah DH) Numurkah Pioneers (ditto) Yarrawonga Health x3 sites Woods Point Aged Care (Yarrawonga)	30 48 20 20 30 36 28+30+28 130	25	Harmony Vill - Shepparton Shepparton ILUs Goulburn Ct. - M'roopna (3)
Moorabool (S)	Bacchus Marsh	Grampians	Grant Lodge (B Marsh public Djerriwarhh) Villa Maria (B Marsh) Ballan Hostel (Ballan DH) Ballan NH (ditto)	30 58 30 21	23	Providence Village (1)
Mount Alexander (S)	C'stlemaine	Loddon-Mallee	Castlemaine Health Maldon Hospital	157 28	20	
Moyne (S)	Port Fairy	Barwon- SW	Moyne Health x2 sites Abbeyfield Hse (Mortlake)	30+52 40	19	
Murrindindi (S)	Alexandra	Hume	Kellock Lodge Darlingford (Eildon) Yea & District Mem Hosp	50 51 25	21	Advent Care Warburton (1) + many Nthn. Melb.
Northern Grampians (S)	Stawell	Grampians	Eventide Homes Macpherson Smith RAC Stawell RH) Coates Home (St Arnaud) Kara Court (ditto)	100 36 27 30	23	Corrinn Ararat (1)
Pyrenees (S)	Beaufort	Grampians	Beaufort & Skipton HS (sites at both) Avoca NH & Hostel (Maryborough DH)	27 30	20	
Queenscliffe (B)	Qu'nscliff	Barwon-SW	Arcare Point Lonsdale	90	26	
South Gippsland (S)	Leongatha	Gippsland	Koorooman Hse (GSHS) Woorayl Lodge Prom Country Aged Care (Foster) Alchera Hse (Korumburra - GSHS)	36 40 60 20	28	Dalkeith – Traralgon Encore – Trafalgar Margerey Cole – Trar. Woorayl –

			Hillside Lodge (ditto)	30		Leongatha (4)
			Carinya Lodge (Korumb)	41		
			Strzelecki Hse (M'boo N)	60		
Southern Grampians (S)	Hamilton	Grampians	Eventide Lutheran	59	18	Eventide – Hamilton (1)
			Grange RC (WDHS)	50		
			The Birches (WDHS)	44		
			Valley View (Coleraine WDHS)	12		
			Wannon Hostel (ditto)	39		
			WDHS Penshurst x2 sites	17		
Strathbogrie (S)	Euroa	Hume	Granite Hill (Euroa Hlth)	75	21	Cooinda - Benalla
			Nagambie HealthCare	47		
			Honeysuckle Violet Town (Bush Nursing)	64		
Swan Hill (S)	Swan Hill	Loddon- Mallee	Alcheringa	75	20	Swan Hill Village Murray Gdn. (2)
			Logan Lodge (SHDH)	45		
			Robinvale DHS x2	30+14		
			Manangatang MPS	10		
			Jacaranda Lodge (Nyah West SHDH)	30		
Towong (S)	Tallan-gatta	Hume	Bolga Court (T'gatta HS)	36	20	
			Lakeview (ditto)	15		
			Corryong Health Resid. Aged Care	34		
Wellington (S)	Sale	Gippsland	Ashleigh Hse	75	2	Latrobe Vill. - Moe
			Opal	65		
			Royal Freemasons	144		
			Wilson Lodge (CGHS)	50		
			Crossley Hse (Yarram & DHS)	30		
			St Elmo's (ditto)	30		
			Laurina Lodge (CGHS Heyfield)	51		
			Maffra Hosp McDonald Wing (CGHS)	30		
			Stretton Park (CGHS Maffra)	42		
West Wimmera (S)	Edenhope	Grampians	Edenhope & Dist Mem'l Hospital	40	19	Edenhope & Dist. Hosp.

			Archie Gray NH (WWHS Kaniva)	11		(1)
			Arthur Vivian Close (ditto)	10		
Yarriambiak (S)	Warrackna-beal	Grampians	Yarriambiak Lodge (Rural NW Hlth)	59	19	Dunmunkel – Minyip (1)
			RNWH Hopetoun	24		
			Dunmunkle Lodge (Minyip)	36		
			Rupanyup Hosp & NH	23		

* Home Care providers *claiming* to service area on MAC website

¥ Partial listing only

Appendix 7: Promotional Plan

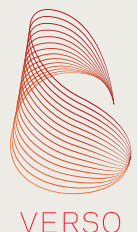
See attachment (marked draft but also final form)

Older Persons Services and Housing Project



Draft Investment Promotion Plan

April 2019



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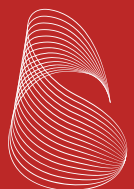
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VERSO



SUMMARY OF THE PLAN



Market research and analysis including identification of promotional opportunities

- Demographic analysis of older population projections for each LGA
- Researching of service gaps for aged support & care
- Survey of councils to identify possible housing sites & characteristics
- Filtering of sites to identify appropriate and marketable opportunities



Preliminary engagement of the potential audience

- Consultations with identified retirement living peak bodies
- Questionnaire to identify opportunities for councils to facilitate housing investment
- Consultation with aged care peak body to explore potential communication channels



Promotional objectives and strategy

- The promotion plan is to support attraction and retention of older people in communities with consequent economic and social benefits
- The rationale includes the view that many older people would be able to remain in their community if there was greater availability of housing and relevant services
- The strategy to achieve this is to identify gaps & opportunities, to formulate them in an attractive way, and to promote the filling of service gaps and investment in housing
- Part of the promotional strategy is to consider the potential benefits of council alliances and ways in which councils could provide incentives for investment



Promotional mix and communication channels

- The promotional mix will include targeted face to face communications with identified audiences as a significant initial component
- Efforts will be made to establish links with potential investors/service providers to enable continuing dialogue
- This approach would be complemented by a scheme of ongoing activity by councils to promote opportunities to attract older cohorts to live in their area



Action plans including liaison with parallel RCV promotional projects

- A more detailed action plan to prosecute a promotional program will be informed by initial activities
- The plan activities will need to include liaison with project leads on several other concurrent RCV initiatives, namely Project 3, Rural Investment Attraction Program and Program 7, Rural Promotion Program



Campaign contingency responses

- Flexibility will be exercised in the campaign roll-out based on an Action Learning stance
- Those effecting the campaign will be alert to evidence that there may be a need for fine tuning or even re-direction of effort



Campaign effectiveness measures

- Identification of valid community, service and housing investment opportunities to support older people
- Consolidation and use of identified promotional channels
- Initial responses by local and external agencies
- Buy in by councils to ongoing campaign activities
- Identifiable initiatives in the focus areas (long term measure)



Supporting documentation (collateral)

- Draft 'prospectus' re housing for use by individual councils
- Draft presentation materials for council engagement with aged service providers and peak bodies
- Materials suitable for posting on websites





ACTIVITIES SCHEDULE



Market Research and Analysis

- Download & analyse ABS population and other data for each LGA
- Apply data to available service reports & Commonwealth aged planning ratios
- Consult with Aged Care Assessment Services (ACAS)
- Identify current and projected gaps in service
- Issue survey to LGAs to identify age friendly profile, potential housing needs, service shortfalls and investment opportunities
- Collect & analyse survey returns & follow up to clarify where needed
- Document major age friendly gaps, service shortfalls & investment opportunities



Engagement of potential audiences

- Identify relevant audiences for future engagement
- Undertake consultations to test scope for positive collaborations – including locally on aged friendly initiatives
- Develop & obtain response to questionnaire identifying avenues for councils to facilitate housing investment
- Explore possible communication channels for dialogue & promotion with peak body members



Promotional objectives and strategy

- Define the promotional objectives through data, survey and consultation analysis and articulate service gaps and investment opportunities based on clear evidence
- Complement gap and opportunity identification with statements of actions which councils can take to facilitate positive responses (especially re housing investment)
- Develop strategies to equip councils with ongoing capacity to promote opportunities
- Identify potential local partners for age friendly activities



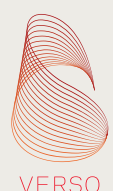
Promotional mix and communication channels

- Identify potential media available and most likely to be effective and sustainable – e.g. printed materials, direct and targeted communications, websites
- Confirm, consolidate and utilise direct channels established to regional service providers and housing groups through earlier consultations
- Prepare relevant materials to include prospectus templates and model website content



Action plan and liaison

- Use this Activities Schedule as initial Action Plan and update as matters progress
- Advance initial contacts with leads of RCV Projects 3 & 7 to coordinate and share materials as necessary



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Contingency responses

- Undertake scheduled reviews of progress and identify unproductive activities
- Devise alternative approaches



Effectiveness measures

- Clear service gap conclusions from older population and population growth data
- Identified aged friendly community gaps by LGA
- Clear 'triage' of housing sites for suitability and quantify projected deficits in residential care
- Monitor use and effectiveness of targeted communication channels via peak bodies
- Monitor engagement by councils through follow up consultations
- Successful use of identified promotion channels and materials

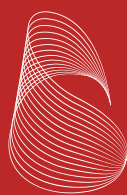


Supporting documentation

- Verso to prepare 'prospectus' model for housing investment, including graphic design
- Develop model sets of materials to promote services to include: presentation format for evidence of need, the physical features of service requirements and any facilitative arrangement which can be offered to encourage better services
- Explore potential for use of 'central' rural promotion website being established under RCV Project 7
- Prepare model website content for use by individual councils

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