

The Head, The Heart & The House: Health, Care and Quality of Life



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IDEAS FOR A FAIR AUSTRALIA

Emily Millane

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Table of Contents

Acknowledgements	4
Acronyms.....	5
Executive Summary	6
Introduction.....	8
Health and the Home	10
The Head and the Heart of Housing	12
Downsizing: A Case Study in the Head and the Heart of Housing.....	14
Adapting the Homes We Have Now	16
Building the Homes We Need	22
Conclusion.....	25
Appendix A	26
Endnotes	27

"You should be the boss of your own life with your own front door... You should decide what is important to you, even if means being drunk at a bar every day or only eating brown beans."

- Dr Hans Becker, CEO Humanitas

"The very word home, derived from the old Norse, heima, describes a state of being as well as a physical place."

- Ilse Crawford, Design Academy Eindhoven

About the Author

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About Per Capita

Per Capita is an independent progressive think tank which generates and promotes transformational ideas for Australia. Our research is rigorous, evidence-based and long-term in its outlook, considering the national challenges of the next decade rather than the next election cycle. We seek to ask fresh questions and offer fresh answers, drawing on new thinking in science, economics and public policy. Our audience is the interested public, not just experts and practitioners.

Acronyms

ABS	Australian Bureau of Statistics
ACOSS	Australian Council of Social Services
ACSA	Aged and Community Services Australia
AHURI	Australian Housing and Urban Research Institute
AIHW	Australian Institute of Health and Welfare
APRA	Australian Prudential Regulation Authority
ASQA	Australian Skills Quality Authority
CDC	Consumer Directed Care
COTA	Council on the Ageing
DSS	Department of Social Services
EBAs	Enterprise Bargaining Agreements
EU E	uropean Union
HACC	Home and Community Care
HCPs	Home Care Packages
ICT	Information and Communications Technology
ILC-UK	International Longevity Centre - UK
NHSC	National Housing Supply Council
NRAS	National Rental Affordability Scheme
OECD	Organisation for Economic Co-operation and Development

Executive Summary

This is a paper about older Australians and their homes. Homes are bricks and mortar and more. What they are and what they represent is not sufficiently captured by the labels “primary residence” or “owner-occupied dwellings.” It is only when we understand this that we can develop policies around housing for later life.

The starting point is to let go of the idea that rational policies and financial incentives are the only way to influence older people about where and how to live. This approach has not worked.

In a kind of rational policy nirvana older people might all downsize and ‘free up’ housing for younger generations. However the reality is that many people, particularly current older cohorts, will choose to age in their current homes for a variety of reasons.

We therefore need a policy mix that adapts the current housing stock to longer lives while also developing new housing, particularly for the vulnerable aged.

Per Capita recommends a government reimbursement scheme for home retrofits. Based on our research on the psychology around housing, and lessons we have learned from behavioural economics, we recommend that the government assists people to plan for later life housing ('Living Plans'). The government should also invest in a review of previous initiatives such as the Housing Help for Seniors Pilot Scheme with a set of questions on the psychological impediments to uptake.

In the area of technology, the government should invest in research about the ways that technological innovations can be promoted, marketed and implemented so people can live better at home. We also recommend that the new Home Care Packages (HCPs) be evaluated to include a qualitative assessment of technology people have taken up as part of the scheme.

Wealthier Australians should contribute more to their own care through the use of home equity. We recommend a modification to the Pension Loans Scheme for this purpose, whereby people with wealth over a certain threshold make a greater contribution to their care via a loan against their property. We also recommend that people working in the aged care field have mandated higher training and education levels, and better pay conditions. All aged care workers should have to undertake a minimum level of education such as the

Certificate III in Aged Care, with compulsory units in gerontology and dementia built into that course.

Finally, it is self-evident that the home cannot be a place which gives you any quality of life if you don't have one. Anglicare research has shown that only 6% of Australian rentals are affordable and appropriate for couples on the age pension; this goes down to 1.5% for single pensioners. We propose that housing bonds be used to develop affordable renting housing stock, designed using the Liveable Housing Design Guidelines. We also recommend socially inclusive planning schemes and a review of the adequacy of Commonwealth Rent Assistance for the vulnerable aged. These recommendations relate to current older cohorts but are also very relevant for future generations of older Australians, given the declining rates of home ownership.

Introduction

Around 2.8 million Australians tuned in to Channel 9 in mid-October 2014 to watch the auction of *The Block*, the most recent instalment of the hit property renovation show. The highest-rating reality TV show in Australia documented in painful detail the shock and dismay of the Block participants as their apartments were sold at auction.

We are a nation mesmerised by housing and home improvement. Australians yearn for their own private dominion.

The home also has pride of place in the Australian economy and in our national policy architecture. This is supported through the capital gains tax exemption for the family home, government grants for people to buy their first home, and tax deductions for people who negatively gear to buy a second one. Policies directed towards funding the latter part of people's lives, notably superannuation and the age pension, are modelled around home ownership and struggle to adequately accommodate those who don't own their homes outright, or those who rent.

The health and quality of life of older Australians is another area of national policy in which the home is central.

When we think of the concepts of 'health' and 'quality of life' in the context of ageing and longevity, our minds tend to go straight to the more obvious subject areas such as chronic physical disease, anxiety, depression and dementia. In the realm of public policy, we think of traditional areas of health policy dealing with hospital admissions and waiting times, pain management and residential aged care.

However, a person's health and quality of life is determined by much more than the areas covered by traditional health policy and the subjects of 'classic' research, valuable as they are. Physical space impacts on health: a person's home and the broader environment of their street, their neighbours and their local community are the building blocks of physical and mental health. Care received in the home, can help to procure a good quality of life across a longer life course.

From a public policy perspective, housing and aged care represent two live and complex national policy issues that Australia is wrestling with. Australia does not have an adequate and affordable housing stock nor a plan to 'retrofit' existing housing stock, to meet the needs of its changing demographic. It has struggled to anticipate and respond to the financial and emotional impediments which inhibit

people from downsizing or shifting to more desirable and appropriate housing as lifestyles and needs change.

Australians who own homes, and particularly homes of significant value, are not required to use that equity either for income or care expenses as they age. The Pension Loans Scheme, with its limited application¹, is the only public reverse mortgage scheme which exists and it is optional. People who rent in the private market are a growing proportion of older Australians; they have considerably less choice when it comes to housing in later life. Around 30% of under-65s rent, the impact of which began to be seen among older cohorts as early as 1991 (Milligan et al, 2014: 9).

In the area of aged care, the Gillard Government substantially increased the number of care packages for care in the home. Despite this, the community's needs are still not being met. If the finite amount of care packages is not sufficient to cover the demand in the community, how do we afford a system that provides care on the basis of need, especially with a growing older population? Is this fiscally feasible?

In terms of the labour required to meet that need, Australia does not have enough aged care workers and this workforce is not equipped with the skills to deal with the multiplicity of complex health issues experienced by older Australians. The government is undertaking an aged care workforce review, including a consideration of the development of a "sufficient and appropriately skilled workforce." However the real test will be the policy decisions taken at the end of the review, given that the government abolished the one limited initiative to boost the aged care workforce – the Aged Care Workforce Supplement.

Lastly, the landmark reforms in Australia over recent years – including, but not limited to, the *Living Longer, Living Better* reforms, the Seniors Downsizing Pilot Program and the National Rental Affordability Scheme – have only provided partial solutions to the issues outlined above. As a result, there is a policy gap that needs to be addressed.

There is a set of issues which are closely related to the subject matter of this report but which are beyond its scope to consider. The need for affordable housing, adapted to a longer life course, reflects a broader need for affordable housing in the community, especially for young people. The taxation arrangements around housing, notably the ability to deduct negatively geared property, are also relevant to the supply of housing and affordability. In the area of aged care, the contribution of unpaid carers and their needs is a vital policy issue.

Finally, housing is one element of a broader environment, including transport and urban design, which affects the health and quality of life of residents. The broader environmental issues were considered in Per Capita's *Blueprint for an Ageing Australia* and will form the subject of future work undertaken in our Longevity and Positive Ageing project.

¹ As reported by the Productivity Commission (*Productivity Commission 2011, p 110*), only around 700 Pensioner Loans have been taken up.

Health and the Home

Increasing life expectancy is often pointed to as an example of Australia's progress in the area of health². However extended years of life are only one indicator that a person has experienced good health and quality of life. While it is true to say that those who are healthiest and have the best quality of life tend to be the people who live longest, it doesn't follow that everyone who lives for a long time has had a good quality of life, especially in their final years. This report considers the way that the home can better promote the health and wellbeing of older Australians. We will build on this work in the next Per Capita report in this series which considers participation in society through the broader lived environment.

Growing numbers of older Australians live in outer metropolitan areas. The number of people aged over 65 in Australia's outer suburbs quadrupled between 1971 and 1991; it more than doubled again by 2011 (Hugo, 2014: 32). Living in a detached dwelling in an outer ring of the city is one thing if you are living with a partner, and you own the home. What about if you are widowed? Or what about if you spend so much of your income on rent that you can't afford to run a car? Visiting the doctor becomes more difficult, and the possibility of something happening to you at home without anyone knowing becomes more likely. This situation is even worse if you live in regional or remote Australia. Accessible, affordable and quality care in the home becomes very important.

It is well established that one's physical environment affects one's health. Roger S. Ulrich's ten-year study of recovery surgery patients in Pennsylvania was seminal in this regard. It found that postoperative patients who had windows to 'natural scenes' had shorter postoperative stays, received fewer negative evaluative comments in nurses' notes and took fewer potent analgesics than patients with rooms facing brick walls (Ulrich, 1984).

The wider spatial environment also informs a person's psychological and emotional health. Living in an isolated environment means that the world outside your home becomes that much further away. The likelihood of participating in the world outside the home is diminished, whether it is economic or social participation. As demographer Graeme Hugo noted, at all spatial levels – from housing, streets, neighbourhoods and infrastructure

² See ABS Measures of Australia's Progress, cat. no. 1370.0.55.001.

provision, up to the overall structure of cities – it is rare for the mental health and the quality of people's lived experience to be sufficiently taken into account (Hugo, 2010: 92).

The interaction between people and place also works in the opposite direction so that the psychological informs the spatial. One example of this is downsizing, where attachment to the home, combined with a set of reasons such as using spare rooms for grandchildren staying or for work activities, produces a lack of interest in smaller housing. This doesn't mean that downsizing shouldn't be part of a basket of policy tools directed at accommodating older people in the 'right' housing, however it does mean that policy must have regard to the full gamut of reasons why people make decisions on where and how to live. Given the attachment which the current cohort of older Australians have to their existing homes, it also means that retrofitting and adapting the current housing stock to older residents must figure in any policy mix.

A final layer which public policy must grapple with is anticipating and adapting to the housing and care needs of future generations. While outright home ownership is high among over 65s presently, at 82%, greater numbers of the future aged will be in mortgage debt or renting. As a result, there will be more demand for affordable housing and for social housing. Increasing longevity will create need for lifelong-appropriate housing, using creative design that is also affordable.

The Head and the Heart of Housing

The decision about where to live and what style of home to live in is as much an emotional one as it is a financial one. The psychology of different age cohorts and groups within age cohorts needs to be understood, as do changes within those cohorts over time. Public policy needs to grasp these complexities, rather than focusing solely on the utility of Australia's housing, whether older people are seen to be 'under-occupying' their houses or making an 'efficient use of housing stock' (Treasury, 2008).

In the context of later life, the home means a myriad of things. Over a lifetime it comes to mean much more than a place to lay your head. The home is a physical space of privacy and refuge, but also a repository of history and memories. In taking care of the home people often feel like they are the caretaker of the family's history and family memories (Luborsky et al, 2011: 249).

As people age, the home is also a way of feeling in control of life and of managing uncertainty (Pannell et al, 2012: 8). It has been observed, for example, that many older people regard the home as the last bulwark of independence and that independence can have a positive effect on the health of the individual (Woodbridge, 2003: 9).

Another psychological issue which comes into play, and which public policy must grapple with, is denial (Judd, 2014). People just don't want to think about the prospect of not being able to get up the stairs, of being unable to look after the garden, or having to move. Crudely put, thinking about this part of life means thinking about the end of life. This can make it hard to develop policy which is intended to encourage people to plan ahead for their housing and care needs later in life. It is further complicated by the fact that it can be difficult to anticipate what those needs will be.

It is therefore unhelpful when public policy is based on the presumption of good information, clear preferences and rational decision-making, prioritising the efficient use of housing stock above other considerations. As the National Housing Supply has noted,

while it is appropriate to consider how more efficient use of housing stock could be encouraged to contemplate enablers and incentives to facilitate and promote downsizing, it is also important not to assume that the aged are more inclined than other cohorts to make financially efficient or rational housing choices rather than respond to the non-financial attributes of neighbourhoods and homes" (NHSC, 2013a: xii).

So common is it for people to make decisions for a set of ‘non-rational’ reasons that behavioural economics has developed categories of ‘predictably irrational’ behaviour. ‘Exposure effect’ is one example, referring to the tendency of people to like things just because they are familiar with them. To some extent this explains people’s reluctance to move home on account of the unfamiliarity of a new home and the familiarity of the old.

Another example is ‘loss aversion’ where there is a tendency to fear losses more than gains of equal or greater size. This tells us why people may be disinclined to downsize, even when downsizing will represent a financial gain.

Previous Per Capita research argues that policymakers in all sectors should learn about these inherent biases to design the contexts in which people make decisions and ways to shape these contexts. Two examples of context design are presenting information and designing spaces. The first means organising information in a clear and useful way, often by drawing out nuances or ‘hidden information’; the latter refers to designing physical environments to promote good choices and, ultimately, to promote health (Fuller, 2009: 9). We have borne these considerations in mind in the development of our recommendations.



DOWNSIZING: A CASE STUDY OF THE HEAD AND THE HARD OF HOUSING

It is in this psychological context that policies concerning the lived environment of older people should be developed.

Recent analysis of the housing intentions and decisions by current cohorts aged over 65 reflects the attachment which older Australians have to home and community, and the prioritization of these factors over financial ones. National Seniors has found that the most important factor people cite as their 'main' reason discouraging them from downsizing was that it would take too much effort – 29% of respondents expressed this view. The financial impact of downsizing, such stamp duty and impact on the age pension, was a factor but not the main discouraging factor for most people (Adair et al, 2014: v). Research by AHURI has shown that the main obstacle people encountered when considering or undergoing the process of downsizing was housing availability and the appropriateness of the housing options available (Judd et al, 2014: 156).

No one in the Council on the Ageing (**COTA**) focus group which Per Capita held in the preparation of this paper (**the Focus Group**)³ expressed a concern about the potential for the sale of the home to impact on the age pension. Nearly all members of the Focus Group received the age pension. However one participant had downsized, primarily for reasons related to the upkeep of the property. A common response in the Focus Group was the attachment people have to their home, their garden and, importantly, the network of people in their area – their neighbours and the people in their wider community.

What does this tell us? These findings suggest that policies directed at downsizing need to take full consideration of the psychological attachment to place and to home. They also need to explain, in very clear terms, the reasons why a move is beneficial – financial benefits, lifestyle benefits, and less-obvious benefits such as meeting new people and linking in with new communities. The changing preferences and needs of different cohorts of the 'aged age' also needs to be taken into account. For example it has been argued that the Baby Boomers (the first tranche of which turned 65 in 2011) have less attachment to the home and is more open to housing mobility (Olsberg & Winters, 2005: 80).

The Housing Help for Seniors Pilot Scheme, which protected the age pension for people who sold their home to downsize, did not have high community uptake. The short duration of the Pilot (which was announced in the 2013 Budget and abolished in the 2014 Budget) precludes a full assessment of its efficacy, however early indications show there was a muted community response. At least in part, this outcome may be linked to the relatively low priority that people attach to the financial benefits of downsizing. In addition, National Seniors has noted that the low numbers of people responding to their survey questions on the Pilot (58%) indicate that the Scheme may have been somewhat confusing to people (Adair et al, 2014: 18). The Scheme was also poorly promoted. Finally, John Piggott and others have suggested that people move or trade down only when their pension status remains unchanged (Piggott et al, 2008: 9). This finding would need to be tested and overcome if any downsizing scheme like this is introduced in the future.

³ The Focus Group questions we posed appear in Appendix A.



A departmental review should as a matter of course examine the Pilot Scheme to assess why it was not popular among older people, including an assessment of the psychological impediments to uptake.

When people do move to downsize, they tend to move to a home which has at least two or three bedrooms, with less than ten per cent of downsizers moving to a home of one bedroom (Judd et al, 2014: 75). This suggests that the policy discussion around downsizing is in fact a bit misleading; moving house in later age is about finding the right property for one's lifestyle needs – which may include having grandchildren over to stay, having a room for study or work or just an extra living space. Another common observation is that lack of advice and information to assist people in their decisions about moving discourages people moving (Adair et al, 2014: 7). If there was more advice available, with the right regulations in place to protect older movers, these housing advice services could assist people to plan ahead and consider their future needs. Most people tend to move house 'too late', when they are less physically and mentally able to cope with the move.

Living Plans for later life

One way to counteract the tendency to move in distressed situations is to plan ahead, by having a later-life plan. These could be provided by local councils and could be known as Living Plans. Employing some of the guiding psychology outlined earlier in this paper, the plans would interrogate the denial which is part of people not making decisions about how they will live later in their lives. The plans would explain the benefits, financial and social, of different housing options, and could also foreseeably factor in aged care options. An explicit role of the Living Plans would be to look at ways to preserve mental and physical health through a person's lived environment.

As one respondent to an AHURI survey in his 80s noted:

"I think we should have downsized about 10 years ago but now, having got to this stage with both of us in our late eighties, comfortable here and coping modestly well but with supportive family and so on ... I think it's common sense that I've ignored. (Judd et al, 2014: 117)."'

The Living Plans could take into account more than just living arrangements. They could also encompass retirement income needs by getting people who are still in the workforce to consider their likely financial requirements after they finish work. They could also engage employers and employees to work on 'cameo' or 'bridging careers' for older workers, to encourage attachment to the workforce as people age.

A final element in the downsizing – or 'rightsizing' – discussion is where people move to. Without sufficient affordable, and desirable, housing options there is little point encouraging people to move. As Per Capita observed in the Blueprint for Ageing, at least part of the answer to this is developing housing stock which is suitable to the needs of older Australians. Some of this needs to be rental stock to account for the growing numbers of older renters: our recommendation for developing this stock is on pages 24-25.

Adapting the Homes We Have Now

Adapting the Physical Space

Moving house is not a viable option in many circumstances, often related to the lack of affordable and suitable options in communities well connected to transport and health services. Further, as the psychology of housing tells us, sometimes people don't wish to move. As one respondent to the Focus Group reflected, at the age of 82 he just does not want to move. This respondent said that greater housing choice and financial incentives would not encourage him to change his mind.

These are just some of the reasons why it is necessary to further develop measures for adapting the current housing stock for longer lives.

Research by AHURI has found that older people place a high value on home maintenance and modification services, which tends to fall into four broad areas: structural modifications, non-structural modifications, repairs and improvements, and ongoing maintenance (Jones et al, 2008: 12). People who have had these sorts of modifications report that they feel more independent, and safer, in their homes (Jones et al, 2008: 4). This in turn improves health and quality of life.

Assistive technology is one way to adapt the current housing stock to age in place *well*. Examples include sensors to monitor movements in the home, monitoring medicine intake via web reporting, and robotics to assist with tasks like folding washing. Smart technologies can assist older people to better-manage and understand various health conditions, potentially improving quality of life and reducing stress (Morris et al, 2014: 142, 150). Technology has an important, and growing, role in assisting people with dementia to retain independence. For example electronic devices can track people's movements in the event that they 'wander' far from home. However it has been noted that people living with dementia tend to become reluctant to use technology as their condition worsens (Gabriel, 2014: 14).

We emphasise that assistive technology in the home is only one among a number of ways in which the home can be modified for independent living as people age. Other modifications including railings along outside walkways, chair lifts and easy-to-use door handles. Technology is not a silver bullet solution, and there is a need to strike a balance between getting caught up in the hype around technology on the one hand and being averse to experimentation on the other (European Commission, 2010: 3). It was

observed during Per Capita's consultations for the Blueprint for Ageing that often it is not technology per se, but the rapid changes in technology which preclude older people from engaging with it. In the same way, technology needs to be evaluated constantly to assess whether and how it is improving quality of life in the home.

Barriers to the uptake of technology can be broadly split into economic, regulatory and social barriers, and they have been well documented (Tegart et al, 2014: 12). As such this paper does not intend to trawl through the obstacles in detail. We do, however, note three prominent barriers. Firstly, the real and perceived cost of technology acts as a barrier to uptake. From the policy perspective, the regulatory framework is incoherent, with no cross-departmental strategy over health, technology and housing to assist in piloting innovation. A final barrier is the design and marketing of technologies as being for "old" people; this inhibits the uptake of technologies when people don't regard themselves as "old" (Roberts, 2010: 5).

One way to foster the development and uptake of technologies to improve quality of life in the home is for older people themselves to be involved in the design and evaluation process. In our Focus Group two participants expressed their concern about technologies like home sensors which are perceived as invading privacy by monitoring a resident's movements in their home. One respondent said that a friend who participated in a trial of this technology was glad when it was removed because she did not like the feeling of outsiders keeping tabs on her. Interactive technology, where a resident "clocks" their movements rather than being monitored by sensors is one way to build in the need for ongoing independence. One participant remarked that his interactive machine, which reminded him to take medication at certain times, was good because, "It talks to me and tells me when I haven't done things."

However all Focus Group participants agreed that sensor technology is useful, for example where there is no detected movement for long periods of time which may indicate that the person needs medical help.

In respect of Internet use, the ILC-UK has argued that, "more people could use the Internet more often if they were motivated enough to do so, or could be convinced enough to be motivated" (Mason et al, 2012: 34). The obvious issue with this argument is the implication that,

'if you explain it, people will come.' However it does touch on the point which we made earlier in this paper that policies need to be explained in a clear manner, with evidence of the benefits of uptake relative to the "do nothing" scenario, for seniors to overcome some of the mental barriers to going online. As recommended by the Blueprint for Ageing, the extension of the Broadband for Seniors Kiosk program is one way in which this could be achieved.

DOMOTICS

'Domotics' refers to technology in the home that enables people to continue to live independently for longer including things like sensors, lighting and assistance with self-medication.

In 2010 the European Commission prepared a report on the uptake of information and communications technology (ICT) in EU countries, including analysis of the countries which had best overcome barriers to uptake. The report noted with approval the Netherlands' 'domotics' reimbursement scheme, initiated by the Ministry of Housing, Spatial Planning and the Environment and the Ministry of Health, Welfare and Sport. This supports the uptake of technology which enables people to live independently in the home for longer – also a feature of the Living Longer, Living Better reforms in Australia.

Supporting legislation stated that housing corporations would have a responsibility to invest in this technology. Beyond this, the Ministry of Health, Welfare and Sport Studies funded studies on the impact of domotics specifically geared towards the needs of people requiring a great deal of care such as people suffering from dementia.

According to the European Commission, "Jointly, these policy efforts triggered a large amount of experimental activities concerning the introduction of smart home solutions and ICT enabled service delivery into the homes of older people across the country. Throughout this experimental phase a great deal of experience was gained by the various actor groupings involved, e.g. housing organisations, care services and technology providers." (European Commission, 2010: 100).

Bearing these examples in mind, how can the health and quality of life of Australian seniors in the home be improved through adapting their existing homes?

We recommend a government reimbursement scheme for home retrofits. This could be modeled on the domotics reimbursement scheme in the Netherlands, but would give older people greater choice about the purpose for which the reimbursement is made, not just limited to home technology. Examples of retrofits could include modifications and extensions to provide flexible group/multigenerational living environments with increased density, or outdoor modifications to make gardening and maintenance easier by, for example, removing steps and replacing them with ramps.

The Departments of Health and Social Services should invest in research about the ways in which innovations can be promoted, marketed and implemented for the benefit of older people living in their homes (Morris et al, 2014: 150). In a report for the then Department of Health and Ageing, Connell et al found that very little research has been undertaken into assistive technology in Australia (2008: 7). This research should be undertaken with particular regard to improving health and quality of life among people living at home.

Presently, the government's evaluation of the new home care packages (HCPs) under the federal aged care reforms, due in April 2015, will consider whether consumer-directed care has supported increased access to digital technology by consumers and providers. This evaluation should also cover the qualitative impact of any increased access. Did it lead to improved health, and improved quality of life for people using that technology?

Adapting the Human Element: care in the home

Thus far we have discussed the physical elements of the home: its size, its design, the features within it that can add to health or diminish it. The other aspect of the home is the human element, and it is to this aspect that we turn in this section of the report.

Specifically, this paper considers paid aged care in the home, also known as 'community care.' This is distinguishable from care received in residential facilities, or what we commonly understand as the traditional nursing home. It is also distinguishable from the informal, unpaid care provided by friends and relatives despite interacting with that type of care.

Why have we chosen community care? Paid care in the community is growing over time. As the Productivity Commission notes, the policy shift towards community-based care over the last decade has meant that this element of aged care is an increasingly important part of the aged care system (Productivity Commission, 2014: 11). Encouraging people to "age in place" is also a priority for most OECD countries both because older people themselves wish to stay at home for as long as possible, and also because of the high cost of residential aged care (Chomik & MacLennan, 2014: 5).

Systemic Issues with Care

The *Living Longer, Living Better* aged care reforms are only part-way through implementation. The reform package provides \$3.7 billion over five years from 2012-17, with approximately 25% of that for measures connected to care in the home.

However the substantial increase in Home Care Packages does not occur until 2015-16 when 18,212 packages will be advertised, compared with the current annual average of 4,500 packages (Aged and Community Services Australia (ACSA), 2012: 9). It is welcome that the government brought forward the release of some Home Care Packages from 2017-18 to 2015-16, but it is still not until 2018 that the increase will be fully in place.

Given this, it has not been possible to undertake a comprehensive assessment of whether the reforms have responded adequately to community need for this paper. We therefore conducted a series of expert interviews and undertook primary and secondary research to present high-level findings on how care in the community is tracking. We have found that there are a number of features of in-home care which need to be addressed for it to substantially improve the quality of life of older people at home.

The first feature, and it is a fundamental one, is that care is still rationed on the basis of a fixed number of packages rather than allocated on the basis of need. As ACSA has said, the introduction of four levels of community care packages based on the principle of consumer-directed care (CDC) falls short of an entitlement system, although “the new levels are nevertheless an improvement, *especially if they are viewed as a transition measure*”⁴ (ACSA, 2012: 9). However, there has been no public indication by the current government that it regards the four levels of CDC care, ranging from Level 1 (basic needs) through to Level 4 (high level care needs), as a transitory phase towards needs-based care.

A weakness of community care raised in our expert interviews was that people are sometimes reluctant to raise issues about their care for fear of being seen as ungrateful. This supports anecdotal evidence in the aged care field that people are accepting lower level care packages due to supply restraints, even though they may need higher level care (Held, 2014).

From the perspective of people receiving care, it remains unclear whether the price points for the Home Care Packages are appropriate (Yates, 2014). Pricing for home care packages will need to be monitored closely to determine whether they are precluding people from seeking the level of aged care package they need, or taking up aged care services at all. It is vital that the Australian Institute of Health and Welfare’s Aged Care Data Clearinghouse receives ongoing funding so that longitudinal data can be assembled on, among other things, the cost of home care services.

Given the budget forecasts for growth in total aged care expenditure as a result of an ageing and longer living society, governments are presented with two choices: allocate more spending to aged care, or seek sources of non-government funding to pay for aged care. There is considerable merit in the idea that government should facilitate home equity release for the purposes of funding aged care. This is a policy with current and future application. As this paper has documented, the numbers of older renters is going to rise substantially, but the number of older people forecast to own their homes is still significant. In 2030 older Australians are expected to own 47 per cent of household wealth while making up 19 per cent of the population (Chomik & MacLennan, 2014: 16).

Any scheme the government adopts should be based on the principle that Australians with large asset wealth should use that wealth to meet a relatively greater portion of their own aged care needs. As the Council on the Ageing (COTA) has noted of the current cohorts of older people, ‘older people are homeowners and many have considerable assets tied up in their principal place of residence. It seems reasonable and equitable that some of this wealth should be used to help finance support and care.’ (COTA, 2012).

The mechanism to achieve this can be either through the development of the private equity release market or through a public scheme like the Aged Care Home Credit Scheme which has been recommended by the Productivity Commission (Productivity Commission, 2011: 113-14). This is where the government offers people the ability to access the equity in their home by means of a government loan or line of credit. In so doing, it can alleviate pressure on public funding for aged care by requiring relatively wealthier Australians to contribute more to the cost of their own care. On this basis we regard the proposal to establish a public scheme as a sensible one.

⁴ Our emphasis

Community care and the aged care workforce

Aged care workers across community and residential care are paid poorly for their work and their training doesn't necessarily equip them for the multiple and complex issues associated with caring for the aged.

Aged care workers will not attract higher wages, or wages which progress up a pay scale, without a mandatory minimum standard of education and further levels of training through which people can progress. As the Productivity Commission noted, refining the appeal of the aged care sector will involve, among other things, "improving access to high quality education and training (and) developing well-articulated career paths" (Productivity Commission, 2011: XLI).

Presently people can become qualified in aged care through completion of a traineeship or a Certificate in Aged Care. The Certificate III in Aged Care is the most common aged care qualification for aged care workers in the community but there is no compulsory minimum education required: 10% of personal care workers in the community have only reached Year 10 or below (King, 2013: 81). A report for the Australian Skills Quality Authority (ASQA) found that the majority (87.7%) of training organisations offering aged care courses were non-compliant with at least one of the training standards built into the Certificate III and that there was an emphasis on fast-tracked, minimalist aged care courses (ASQA, 2013: ix). Another report, for the Department of Health and Ageing⁵, found that the majority of community care workers (79%) were not engaged in further study and, among those who were, the largest percentage (39.6%) were doing study in areas other than aged care, health or management (King, 2013: 83).

All aged care workers should have to undertake a minimum level of education such as the Certificate III or IV in Aged Care. This should be a national requirement, applied as a minimum standard for aged care providers to employ staff and supported through a training organisations that focus on fully preparing students for their work. To this end, the aged care certificates should be fortified, so that gerontology and dementia training form compulsory units. The development of a nationally consistent aged care qualification should also include the articulation of career paths such as further study to become a registered nurse or other professional roles in health, education or social work.

Aged care workers currently earn an average of \$34,000 per annum (ABS, 2012). The majority (61%) of aged care workers are under industry-wide enterprise bargaining agreements (EBAs), with the next highest proportion (19%) governed by the award (ABS, 2012). However the figures concerning the method of setting pay also take into account health care and social assistance workers so they should be treated with some caution. Our proposal

outlined above in respect of education could be used to mandate higher minimum conditions for aged care workers in the award, which has flow-on effects for EBAs which legally cannot provide lower standards than that of an award. This would be paid for by increasing the cost of care in the home for those who can afford it.

The way we pay for care in the home

As at 30 June 2014 there were 66,149 operational home care places – that is, places either taken or available to be taken (DSS, 2014). The Productivity Commission estimates that 1,448,000 people will be receiving home care by 2046-47 (Productivity Commission, 2008: 38). The government's spending on home care packages in 2013-14 was \$1.3 billion, and is increasing over time. Governments will therefore be looking for ways to limit the public cost of increasing demand on aged care services. Home equity release is one way to do this.

A modification to the existing Pension Loans Scheme is a way to establish a public equity release program. The current Scheme, which has had limited uptake, allows people who are ineligible for the age pension, on account of their wealth, to take the full pension as a loan against their home. The Australia Institute has pointed out that this effectively means the government is supporting wealthier Australians to boost their retirement incomes (Denniss & Swann, 2014). However this does not hold true if there is a requirement for wealthier Australians to use some of their equity to pay for services, like aged care.

Our proposal is that asset-rich Australians are obliged to use their equity to fund a portion of their aged care in the home. They would do so by means of a loan, or a line of credit, secured against the family home and payable once the home is sold (i.e. once all people leave the household, thereby protecting people who are left at home alone after a partner moves – for example to residential aged care or palliative care, or when they die).

This proposal would mean taking into account the principal residence, irrespective of whether there is a 'protected person' in the house or not, and raising the current cap of \$144,500. The cap in place presently means that the value of the home is artificially limited to \$144,500 for the purposes of the assets test for people in residential care. People with assets above a certain threshold, for example double the value of the median metropolitan house value, with a discount for rural and regional house values, would be required to make a higher contribution to their aged care through lifting annual caps on part-pensioners and self-funded retirees. We note that the Commission of Audit recommended including the value of the family home in aged care means testing and that the government investigate an equity release program for aged care of the type recommended by the Productivity Commission (Commonwealth of Australia, 2014: xlvi).

⁵ As it then was.

This idea is based on the New Zealand Residential Care Loan Scheme where people who are assessed as requiring aged care, and whose assets are above a certain threshold, may take out a government loan to pay for their aged care services. The Australian scheme would be different to the New Zealand scheme in that it would include the value of the home in the means test assessment. This is also a departure from the current means test arrangements for home care in the home, which only looks at a recipient's income.

While it is beyond the scope of this report to consider funding for residential aged care, a variant of this model could be considered so that asset-rich care recipients pay a portion of their care costs if they receive care out of the home.

Building the Housing We Need

For many older Australians, their health and quality of life is not determined by whether or not to downsize or what assistive technologies they can use in the home, but whether they can afford to have a roof over their head at all. This group of people can be broadly divided into three groups: those who are homeless, those who live in social housing and those who are in the private rental market. Of course, these categorizations are to some extent porous.

For the purposes of this paper we have looked specifically at the situation of older Australians in the private rental market. This is not to discount the very valid policy issues concerning homelessness and social housing – approximately 10% of over 65s were considered homeless at the time of the last Census, another 4% of over 65s are in social housing (ABS 2011, COTA, 2013: 3). Rather, it is a reflection of the growing numbers of older Australians requiring affordable rental housing.

This growth has numerous drivers, including high house prices and a chronically underfunded public housing system under severe strain (Milligan et al, 2014: 9). As the Australian Institute of Health and Welfare has noted, ‘Because housing supply has not kept up with demand, there has been a tightening of eligibility criteria for public and community housing towards those most in need, leading to many older people not meeting the required threshold for social housing.’ (AIHW, 2013: 107).

Approximately 15% of Australians aged over 65 are renting (with 5% of this group in social or public housing) (AIHW, 2013: 245). The number of people aged over 65 living in low-income rental households is projected to increase by 115% to 419,000 between 2001 and 2026, with the greatest growth among those aged 85 and over (Jones et al, 2007: viii).

Older renters in the private rental market are of particular concern because they spend the highest proportion of income on housing costs compared with households of any age group or tenure type – around 33% of their gross income (AIHW, 2007: 15). Out of this group, single women are a particularly vulnerable cohort on account of their lower average private savings. As a result, women are more likely to be dependent on the age pension, making them very vulnerable to changes in rent.

Affordability and accessibility in the private rental market have declined in recent years due to reduced supply of low cost rental housing caused, among other things, by inner-city redevelopment, high land values and tourism (Jones et al, 2007: 46). The National Housing Supply Council (NHSC) reported last year that Australia's social housing system is unlikely to adequately respond to the demand among older renters because of the lack of growth in the sector and competing claims of other population groups (NHSC, 2013: 58). Future demand for affordable age-specific housing is likely to stretch the capacity of all sectors – public, community and market – well beyond their current supply capabilities (Bridge et al, 2011: 14).

What does the future hold? AHURI has noted that, 'It appears likely that a greater proportion of 65 plus households will be in private rental in one to two decades time than is currently the case, and one could then expect that the rate of home ownership which has been stable for so long to decline. This is important since over 65s typically have lower incomes as they withdraw from the workforce, and may face difficulties affording private rents' (Stone et al, 2013: 15).

Social changes are also contributing to lower home ownership over time, for example former homeowners who cannot sustain home ownership following relationship breakdown (AIHW, 2013: 35).

Renting in older age has numerous implications for health and quality of life. It presents issues for all ages, but renting poses particular difficulties for certain groups of older people including those with dementia, those with disabilities and the frail older aged. Couch surfing, something seniors do in parts of Australia due to insufficient affordable housing options (O'Keeffe, 2014), is one thing when your body is 21; it is another thing when you are 85. Insecure housing also has a well-documented link with higher levels of anxiety and depression (Olsberg and Winters, 2005).

Another implication is precariousness of tenure. A 2005 study for AHURI found that 70% of older Australians who are in the private renting market anticipate moving house in the future (Olsberg et al, 2015: 42). The vulnerability of older renters is attributable to their limited tenancy rights and their invisibility as a group requiring protection. Older private renters are physically scattered in rental properties and, as such, have very little visibility or scope for organisation (Morris, 2011: 17). While residential tenancy legislation protects certain rights of renters generally, the state-based schemes do not consider older renters or discrimination against mature renters (Gerbert et al, 2014: 5). Some schemes, for example the *Residential Tenancies Act Vic 1997*, protect other groups like children.

The final implication of renting in older age, as detailed in Per Capita's paper *The Entitlement of Age*, is financial stress. This paper added to a growing body of work that demonstrates that older people dependent on public benefits and in the private rental market are at risk of poverty (ACOSS, 2014: 19). Older people who are wholly or primarily reliant on the age pension and do not own a house have limited options when increasing age, frailty or disability necessitates a move to more age-specific housing (Bridge et al, 2011: 1). Dependence on the private rental market can also be the key factor precipitating homelessness among older people (Morris, 2007: 8).

Looking ahead, issues concerning the health and quality of life of older renters are going to become more prevalent as younger cohorts unable to purchase housing move into older age groups. As Kelly has observed, since the 1980s and 1990s home ownership rates have fallen for all but the oldest households (2013:10). With Australia's population continuing to age over the first half of the 21st century, there will be a growing proportion of seniors reliant on the rental system. The supply of decent, affordable rental housing is of particular import.

OLDER WOMEN AT RISK

An established body of work has shown that single older women who do not own their home are at particular risk of homelessness⁶. Women have lower retirement incomes to finance rents – especially private rents - on account of lower average earnings across their working lives and time out of the workforce to have children. Domestic violence is another factor which leads to housing dislocation and disproportionately affects women.

Recent research has shown that the largest proportion of older Australian women considered at risk of homelessness have led 'conventional' lives. A study by Petersen & Parsell found that, 'the largest proportion of older women presenting with housing crisis in Australia have led conventional lives, and rented whilst working and raising a family' (Petersen & Parsell, 2014: 2).

⁶ A good survey of these can be found in McFerran, 2010.

One way to increase the supply of affordable rental housing is to build a pool of capital for investment in the development of this type of housing. This was a recommendation made in the Blueprint for Ageing: to develop a Commonwealth wholesale housing bond program on international markets to facilitate greater investment in affordable rental property which is suitable for older Australians.

Specifically, Per Capita proposed that through the Australian Office of Financial Management, the Commonwealth Government would tender sets of 10-year wholesale bonds, the proceeds of which would be explicitly quarantined for investment in affordable housing. This investment would be undertaken through a combination of direct construction of social housing under agreements with the states, and tied loans to private developers to build this housing. The bonds would be sold to institutional investors rather than retail savers.

The rental returns on the social housing, and the interest payments from private developers, would be used to fund the Commonwealth's coupon payments on the bonds and the repayments of principal.

It is possible that a bonds model could be commenced at state level, trialled, and rolled out nationally.

The design of housing financed through these bonds should be required to integrate age-friendly residential design principles based on the Liveable Housing Design Guidelines (Liveable Housing Design, 2012). While this will increase the cost of developments, there is little point developing a stock of affordable housing that is not also appropriate to the needs of an older demographic.

Making the Investment Stack Up

We considered the merits of superannuation funds as investors in this form of housing. These funds are a sensible source of investment given the large pool of capital they manage which continues to grow with mandatory contributions.

However a number of factors can make it difficult for funds to invest in affordable housing through the housing bonds model. Funds have strict liquidity requirements mandated by APRA which are often not compatible with significant investment in housing, a long-term investment. Under the 'sole purpose test' set out under governing legislation, fund trustees must put the financial interests of their members first, which involves maximising investments and managing risk. This duty is difficult to reconcile with investment in low-return government bonds on experimental property developments.

On the public-side of the equation, governments are presently reluctant to take on more debt, however we note that the low long-term interest rate on bonds currently is favourable to governments (Martin, 2015).

At least one of these constraints would have to be dealt with before superannuation could be a viable source of investment in the bonds model. We are aware of other models of direct investment by government and superannuation funds which overcome some of these constraints, for example with the government offering land at a low rent with an option to purchase. Ultimately, what is required is to have governments, investors, developers and deliverers of affordable housing come together to create a model which is feasible for all parties.

Other Considerations

There are further layers to the problem of developing an affordable housing stock for the vulnerable aged. The first of these is land, which represents a high cost for any new housing development. Land is one way that governments can invest in affordable housing, through the grant of long-term, low-cost rents and the possibility of title transfer at the expiration of the lease.

A second layer is the state-based urban planning regimes, for example those which permit local councils to prevent all but a small proportion of medium-density housing developments going ahead. It is reasonable that state governments mandate that a percentage of all new housing stock is affordable for low-income groups.

Another layer is the financial means of tenants. With further rounds of the NRAS not proceeding, it is incumbent on governments to look at the adequacy of the Commonwealth Rent Assistance scheme together with the age pension so that vulnerable groups can actually afford to live in the stock of housing built through any bond scheme.

Finally, with increasing numbers of older renters in the future, it is imperative that state-based tenancy legislation fortifies the rights of tenants. This could be achieved by legislating for longer leaseholds and specifying older people as a group of tenants requiring particular protection.

Conclusion

This report has considered the health and quality of life of older Australians through the prism of the home. The home can be a place which improves health and quality of life as people age, or a place in which health deteriorates and quality of life diminishes.

The first argument this report makes is that public policy has failed to grasp the non-rational elements of decision-making around housing, especially for the aged. Financial incentives and rational arguments alone will not encourage people to downsize and make more 'efficient' use of housing stock. The psychology of housing must be taken into account. People should be encouraged to think ahead about where and how they want to be living in 5, 10, 20 years time.

The second argument is that policymakers must consider creative ways in which to make the current housing stock more livable, more adaptive to the needs of ageing bodies. This is especially so considering that official aged care policy is to encourage people to live at home for as long as possible.

The third argument is that care in the home needs to be provided by people who are adequately qualified and well paid. Nationally consistent, minimum education requirements are one part of this equation. The other is a mechanism to fund a higher pay level for aged care workers. We recommend a public scheme for home equity release, specifically to release the home equity of wealthier Australians, for this purpose.

Finally, this report has considered the growing numbers of older Australians who have the least ability to derive a good quality of life from their home: those in private rental accommodation. We observe that one of the most pressing issues is developing new housing stock in which to house older people without their own home. We recommend a public bond offer to raise capital for the development of affordable rental housing which is also designed with the needs of older people in mind. State based planning schemes and the adequacy of public rental support also need to be borne in mind.

Australia has an opportunity to incorporate the best in design, technology and social investment to develop a housing stock adapted to the needs of the aged. Our next report in this series will take this argument one step further, by looking at the space beyond the home – a person's street, neighbourhood and community.

Appendix A

COTA Focus Group Questions

Housing

1. If you have considered moving house, or have moved house, since retiring what are the features of the property and the area you are have considered moving to? (E.g. is the house larger/smaller/same size? Is it near where you live now? Is the place of greater or lesser value?)
2. If you own your home, what are the most significant factors that would stop you selling your house and moving? (E.g. the possible effect on your age pension? Or stamp duty? Or other reasons like the difficulty of moving or the attachment you have to your home?)
3. Has the lack of choice in housing been a reason why you haven't moved in the past?
4. If you haven't moved house, and are not intending to move house in the near future, would you be more interested in moving if the right advice and services were available to help you plan your move and make the move?
5. Do you use any technology in the home – for example telehealth?
6. Thinking about your home, what kinds of things would assist/are assisting you to live better in that space? (E.g. Railings, technology)

Aged Care

1. In your experience, is the cost of home care prohibitive? For example, is the cost of home care something that has prevented you, or people you know, from taking up a home care package?
2. In your experience, do people who register for home care wait for a long time before receiving that care? How long is that?
3. If you, or people you know, are receiving home care, is it the amount (hours) of care needed? Is it the type of care needed?
4. If you, or people you know, are receiving home care, do you think aged care workers are sufficiently qualified and trained to deal with specific care needs?

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