

Community Need  
Abadi Gaia Adult Residential Village  
Goodna, Queensland

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Prepared by O'Hara Wells,  
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# Key Insights and Conclusion

## The Development

It is understood PGS Invest Pty Ltd is seeking to develop a contemporary retirement and aged care site at 107 Bertha Street, Goodna, in the Ipswich City Council area of Queensland.

The proposed development seeks to deliver the following:

- Retirement Village with 189 dwellings across villas, houses and apartments
- Specialist Disability Accommodation with 15 apartments
- Residential Aged Care offering 81 beds, including 27 dedicated dementia beds, and all built in a 'small house' style
- A range of communal amenity, programs and services.

Further, through the above, it is understood the proposed development is seeking to deliver a contemporary continuum of care model that includes quality retirement living options, integrated with support and care, non-institutional residential aged care, and a large range of social, lifestyle and wellbeing spaces and services, as a new housing and care choice for older Australians in the Ipswich City Council area.

The model is aimed at enabling older Australians (including couples) to age well, access a choice of contemporary accommodation options designed for ageing, and remain in the same village that is able to meet their support and care needs as they change over time, in a sustainable manner that benefits both older Australians and Government.

Importantly, the village will offer the last move for all residents 'a home for life' through access to appropriate design and structured care and support services with an enablement and restorative focus, to support resident's independence and health for as long as possible and enable ageing in place in their local community in a contemporary option to traditional villages and residential aged care if it is needed

## The Catchment Area

The primary catchment area is the Ipswich City Council area plus the neighbouring Wacol statistical area level 2. The inner catchment area includes the SA2s where the suburbs within are no more than around 7 km drive from the proposed Abadi Gaia site. This includes the immediate Goodna SA2 and surrounding Wacol, Collingwood Park-Redbank, Carole Park, Camira, Springfield, Bellbird Park-Brookwater, and Redbank Plains SA2s.

## A Significant Community Need for the Development

This review identifies a significant community need for the proposed development, based on the following:

### *Ageing Population*

The primary catchment area has a large and increasing ageing population. The Ipswich City Council area has a projected 65 plus population of 31,501 persons at 2022, projected to increase by 184%, or 57,807 persons, over the 19 years to 2041.

Review of the age cohorts over 65 years, identifies the retiree cohort has the largest projected population as at 2022 (18,446 persons) in the Ipswich City Council area, followed by seniors (9,714 persons) and then elderly (3,341 persons). However, review of growth over the 19 years to 2041 indicates:

- The retiree (65-74 years) population is projected to increase by 137%.
- The senior (75-84 years) population is projected to more than double (222%).
- The elderly (85 plus) population is projected to more than triple (328%)

Whilst the retiree population may be the largest cohort with the largest growth in terms of actual numbers, the target populations (over 75 years) for the development are expected to double and triple in size – this is consistent in the inner catchment area.

The projected population indicates an increased need for services to all age cohorts, including:

- Services to retirees (65 to 74 years) include strata title retirement communities, land lease lifestyle communities, retirement villages, health and wellbeing services including low level home support with episodic care support, virtual villages, and share economy products.
- Services to seniors (75 to 84 years) include the same housing options as retirees with a larger focus on care and support services, plus seniors' villages with care services, dedicated assisted living, modern home care coupled with technology, and virtual villages and health hubs, and guaranteed access to funded aged care including the level of residential aged care as needed.



# Key Insights and Conclusion

- The increased demand for services to elderly (the residential aged care cohort) is likely to see:
  - An increase in access to higher and complex care such as dementia care or short term care such as respite care.
  - Ongoing change in the demand for the type of product accessible to elderly, that is, a shift away from or refining of the traditional residential aged care and in-home care product, for example an increase in demand for suitably designed housing with ageing services and increased and more efficient home care coupled with technology.

This presents a significant planning consideration for the Ipswich City Council area to ensure the appropriate services are in place to meet the significant projected increase in need (both population increase and changing preferences for ageing), in particular as there is a shortage of services as at 2022 and there is very limited proposed new development.

## *Increasing Shortfall in Retirement Villages*

There is a current and increasing shortfall in retirement villages. In the inner catchment area, there is only one existing village, Oak Tree Goodna offering 63 dwellings, indicating a penetration of around 2.0% of the 65 plus population as at 2022. Without any further supply this would decrease to 1.2% by 2031 or 0.9% by 2041.

There is a proposed increase of 324 dwellings across 2 new villages (Abadi Gaia and Bethany Christian Care). If all proposed 324 new dwellings were to proceed, this would result in the current 2.0% penetration increasing to 4.3% by 2031 and then reducing to 3.1% by 2041. However, it is unknown if the Abadi Gaia and Bethany Christian Care developments will proceed.

The existing and projected penetration is very low by comparison to neighbouring Brisbane and Redlands area at 5.4% projected to increase to 7% by 2031 (if all pipeline dwellings proceed). If the inner catchment area was to deliver to at least a 5% penetration for independent living in Retirement Villages (including the exiting supply), this would require:

- The immediate opening of 255 dwellings at 2022;
- The opening of a further 201 dwellings between 2022 and 2031; and
- The opening of a further 205 dwellings between 2031 and 2041.

Based on a 5% penetration, the proposed Abadi Gaia village would only meet 74% of the current shortfall, 41% of the shortfall at 2031 or 29% of the shortfall at 2041 in the inner catchment area. The 5% penetration is still considered a very low penetration both now and increasingly in the future, as people seek to accessing structured housing and care outside of traditional residential aged care.

There is also a shortfall within the Ipswich City Council area. In the Ipswich City Council area, there are 10 retirement villages operating with a total of 723 dwellings available, indicating a penetration of around 2.8% of the 65 plus population as at 2022 and without further supply this would decrease to 1.6% by 2031 or 1.0% by 2041.

There is a proposed increase of 1,032 dwellings across 3 new villages (including the proposed Abadi Gaia) and extensions to 4 existing villages. If all proposed 1,032 new dwellings were to proceed, this would result in the current 2.8% penetration increasing to 3.9% by 2031 and then reducing to 2.5% by 2041.

As with the inner catchment area, the existing and projected penetration is very low in comparison to Brisbane and Redlands at 5.4% projected to increase to 7% by 2031 if all pipeline dwellings proceed.

Of the 1,032 dwellings, only 624 dwellings are confirmed to proceed over time. The remaining 408 dwellings are either deferred indefinitely or do not have a proposed timeframe for development. The details are provided below:

- *Seeking approval:*
  - Abadi Gaia, 189 dwellings, is seeking approval
- *Deferred indefinitely:*
  - Bethany Christian Care, 135 dwellings, is deferred indefinitely
  - Carinity Elim Estate, 32 dwellings, deferred indefinitely
  - Bolton Clarke Milford Grange, 3 dwellings, deferred indefinitely
  - Aspire Silkstone, 49 dwellings, deferred indefinitely



# Key Insights and Conclusion

- Staged construction:
  - Aveo Springfield Lakes, 576 dwellings, staged construction
  - Cascade Gardens, 48 dwellings, staged construction

If only 624 dwellings are developed, this would result in the current 2.8% penetration increasing only slightly to 3% by 2031 and then reducing to 1.9% by 2041. This indicates a very low opportunity for seniors to access retirement villages in the Ipswich City Council area. In particular, this will limit access to contemporary villages designed for ageing in place for a new generation of older Australians.

## *Increasing Shortfall in Residential Aged Care*

There is an existing and increasing shortfall of residential aged care. Based on operational supply and proposed supply that is confirmed to be developed, the following shortfalls exist:

- Inner catchment area: a shortfall of 415 places projected to increase to a shortfall of 1,049 by 2041.
- Ipswich City Council area: a shortfall of 625 places projected to increase to a shortfall of 4,118 by 2041.
- Ipswich SA4: a shortfall of 1,103 places projected to increase to a shortfall of at least 4,580 places by 2041.

Even if all proposed developments were to proceed, there would remain significant shortfalls in inner catchment area, Ipswich City Council area and wider Ipswich SA4.

The proposed increase of 81 places at the Abadi Gaia site would only meet:

- 19.5% of the projected unmet need in the Inner catchment area at 2022 or 7.7% at 2041.
- 13.0% of the projected unmet need in the Ipswich City Council area at 2022 or 2.0% at 2041.
- 7.3% of the projected unmet need in the Ipswich SA4 at 2022 or 1.4% at 2041.

In addition:

- The Abadi Gai site would need to assist in servicing beyond the inner catchment area and support persons in need of residential aged care in the wider Ipswich City Council area; and
- The Abadi Gaia independent living designed to enable ageing in place will support persons to reduce or avoid reliance on residential aged care - this will be particularly important where access is limited.

## *A New and Important Housing Choice*

In addition to the low supply of both retirement and aged care in the inner catchment area and the Ipswich City Council area:

- With the exception of Aveo Springfield Lakes, the majority of villages are older and more traditional villages (most dwellings built prior to 2000) with most offering broad acre sites with single storey dwellings and smaller and more traditional communal amenity. These villages were not designed for ageing to high levels or for the new generation of older Australians and their expectations around ageing in place.
- The proposed Abadi Gaia would offer one of only 2 possible care contemporary care continuum sites enabling a choice in accommodation and guaranteed ageing in place to higher levels in independent living due to design and programs, and seamless delivery by the one provider.



# Key Insights and Conclusion

## *Benefits to Community and Government*

Abadi Gaia, if developed as proposed (including scale), provides significant benefits to both the community and Government as outlined in detail in this report. In brief, this includes:

- Assisting in addressing the significant projected shortfall of appropriate housing options for retirees, seniors and elderly in the Ipswich City Council area.
- A contemporary housing and care choice (not currently available) that provides, and guarantees, a consumer directed continuum of care for older Australians as their needs changing enabling a 'home for life'. This includes a range of accommodation and more efficient and affordable care options for differing needs and preferences and ensuring persons can be catered to as their needs or preferences change.
- Offering older Australians, the ability to make a proactive move to ensure care needs are met as they increase and not react in a time of crisis and forced to make a choice that may not be desirable, including premature entry into residential aged care. This includes accessing independent living as a result of knowing quality non-institutional care is available through home care into the independent living and through the small 'houses' in the aged care. Persons accessing independent living with care on the site can avoid or delay access to residential aged care.
- The proposal plays a significantly important role in enabling social cohesion, inclusion and interaction for our older Australians, and promoting and delivering active and healthy ageing, which in turn has significant benefits for health and wellbeing, improving life satisfaction and reducing health and aged care costs for all levels of Government. The promotion of, and access to, active and healthy ageing programs in villages, both maintains independence for longer and reduces reliance on Government funded support.
- The design and activities of the village reduce reliance on Government funded support through: reducing reliance on residential aged care and hospital presentations; both reduction in use of, and efficient use of funded home care; replacement of many funded supports provided to older Australians through village programs, activities and the onsite community support.

## **Conclusion**

In Conclusion, it is considered the proposed Abadi Gaia Adult Residential Village will be well received by the community having:

- Addressed dwelling variation requirements;
- Provides a wide range of age-appropriate services and recreational activities;
- Provides the platform to achieve effective social wellness objectives;
- Achieves "Economies of Scale" needed to achieve long term economic sustainability minimising the risk of future reductions in services or standards and importantly mitigates resident ongoing financial concerns. This includes cross-subsidisation of services to ensure financial sustainable delivery of efficient and affordable private and funded home care and residential aged care;
- Services genuine underlying and future "Need" for such a proposal;
- Reduces burden on government and public purse by way of services and costs;
- Appropriately addresses the needs of mobility impaired residents; and
- Addresses criteria outlined by the Aged Care Commission and the resulting ageing policy direction set out by the Commonwealth Government.

Without developments such as Abadi Gaia, the Ipswich City Council area will not be prepared to cater appropriate to the the significant increase in ageing population, the future direction of ageing policy, or the changing expectations of the community around how they are able to age well in their local communities.

The scale is required to meet the increasing need of the ageing population, and to ensure the village is able to efficiently and sustainably offer all the proposed benefits to the community of the care continuum model. Reduced scale will significantly hinder the ability of the village to offer the proposed benefits to the community and Government.

# The Over 65s Market

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# Over 65s Age Cohorts and Products

## Age Cohorts

The over 65's population, the primary target of varying retirement housing and service products across Australia, can be broadly divided by age, based on characteristics of need and desire by age group for housing, lifestyle, support, and care products:

- Retirees – 65 to 74 years;
- Seniors – 75 to 84 years; and
- Elderly – 85 years and over.

## Retirement Community Products

There are a wide range of housing and support products targeting the above cohorts, including:

### A) Retirement communities (including primary products only):

- Freehold retirement communities, targeting 55 years and over (primarily the Retirees and Seniors cohorts). This type of village is not commonly developed as a modern offering in Queensland at this time.
- Land lease villages, targeting 55 years and over (primarily the Retirees and Seniors cohorts). A Manufactured Home survey (2013) prepared by the Department of Housing and Public Works in Queensland, identified:
  - an average age of around 72 years with 88% of residents being over 65 years; and
  - people are attracted to the idea of lower in-going costs, lack of exit fees, greater sense of independence and control, and higher degree of home ownership compared to other retirement living options.
- Retirement villages, targeting 75 years and over (primarily the Seniors and Elderly cohorts). The Property Council Retirement Census identifies an average entry age of around 75 years and an average resident age of 81 years in Retirement Villages. Further, as the financial model works on turnover of dwellings and collection of the exit fee (Deferred Management Fee), providers typically target residents to be older on entry.

- Assisted living villages, targeting 80 years (Seniors and Elderly cohorts) and offering either serviced apartments (linen, laundry and meals) or care apartments (offering a complete accommodation, care and financial package as a direct alternative to residential aged care typically for both pensioners and self-funded retirees) operated in Seniors Villages.

### B) Commonwealth Government Subsidised Services

In addition to, and often supporting retirement community products are aged care services - an aged care or related service which is partially or wholly subsidised by the Commonwealth Government. Access to these services may have specific eligibility requirements (such as age) and be subject to standardised fee arrangements.

The three mainstream types of Commonwealth Government subsidised services are:

- Residential aged care provides accommodation and care at a facility on a permanent or respite (temporary) basis. Permanent care is intended for those who can no longer live at home due to increased care needs, while respite provides a break from normal living arrangements.
- Home support (Commonwealth Home Support Programme) provides entry-level support at home for people as well as their carers. Services available through home support include domestic assistance, personal care, social support, allied health and respite services.
- Home care (Home Care Packages Program) provides different levels of aged care services for people in their own homes. It is targeted towards people with needs that go beyond what home support can provide. Ongoing services are available to keep people well and independent (such as nursing care), stay in their home (through help with cleaning, cooking and home maintenance) and remain connected to their community through transport and social support.





# Over 65s Age Cohorts and Products

## Retirement Community Residents

For the purpose of understanding the characteristics of populations attracted to the varying modern purpose-built retirement community products, the retirement community market can be broadly broken into the following two categories upon entry:

- *Active and Independent*, primarily including the Empty Nesters and Retirees (sub-75 years cohorts) and a proportion of active and independent seniors and less elderly (over 75 years cohorts); and
- *Support and Care*, including the Retirees and Elderly (over 75 years cohorts) seeking access to both structured support and low to high care programs for immediate or future needs.

### *Active and Independent Cohort*

The “Active and Independent Cohort” are like any of their counterparts in the broader residential eco-system around them. By way of explanation, the characteristics, needs and preferences of this cohort seeking retirement communities has been outlined at a high level herein.

- In general, the primary characteristics of this cohort upon entry to a retirement community are:
  - Be a part of a like-minded community.
  - Physically active without any severe mobility restrictions.
  - Independent (possibly with some assistance to be independent) – able to make informed choices about their life and future, some are tech-savvy, financially independent (including pensioners and self-funded), typically holding valid licence and vehicle, may still be active explorers and travelling, able to independently undertake activities of daily living (although may need or choose to access low level support from time to time, as needed).

- Some may be either still active in the workforce or transitioning out of the workforce into part-time employment (including paid employment, board roles, mentoring, small business, volunteering, etc) or full retirement.
- In general, the primary focus of this cohort is to:
  - Maintain physical body and mind to remain active and independent.
  - Maintain or increase opportunities for lifestyle activities and social connection and civic engagement.
  - Remain active and engaged through the workforce, volunteering, learning opportunities, and/or other civic participation opportunities.
  - Downsizing their home for the purpose of home maintenance (no longer wishing to maintain large grounds, etc), affordability (due to transitioning out of the workforce, seeking to improve lifestyle spend, etc ), freeing up capital, or independence to travel.
- In general, the needs and preferences of this cohort include:
  - Downsizing may not be seen as their last move in life and therefore still seek to reside in reasonable sized homes that are fully self-contained and enable independence in activities of daily living.
  - Some seeking to be able to reside in a community where they can house caravans and campervans enabling them to lock and leave for travel.
  - Seek to access communities, communal facilities, and structured programs that enable active wellbeing opportunities (exercise for body and mind) and varied social engagement.
  - Seek to access communities that are home to other active and independent retirees and seniors.



# Over 65s Age Cohorts and Products

- Whilst this cohort may have health episodes, they are not heavy users of care and support, however, accept this may be progressively in their future. The average entry age to funded home care packages is 80.3 years for men and 81 years for women with only 4.5% of the over 70 population in receipt of such; and 82 years for men and 84.5 years for women for residential aged care with access by only 1 in 5 over the age of 85 years. However, CHSP is accessed from an earlier age. Whilst care may not be a focus, for some, consideration of access to care in the future is important.

As such, the retirement community products that best meet the needs of the “Active and Independent Cohort” are those with a primary focus on fully self-contained homes, an active and independent like-minded community, communal facilities and programs that focus on mind, body and social engagement, simplified fee structures without exit fees (or offering other fee options, enabling further moves) and enabling admission to the sub 75 years cohort on entry. This includes:

- Contemporary land lease communities.
- Contemporary freehold retirement communities.
- Less likely to access retirement villages unless closer to 75 years of age or the village offers a financial structure and options, accommodation or service that is appealing to them.

## *Support and Care Cohort*

In contrast, when seeking a retirement community, the “Support and Care cohort” primarily has the following needs and preferences:

- Typically an immediate or imminent (in the near future) need for support or care and seeking a ‘home or life’. Increasingly seen as the last move, where possible, in particular for those being proactive about their future needs.
- Access to structured ageing in place programs enabling both funded and private care and support.

- In addition to access to care, this cohort also seeks to:
  - Maintain physical body and mind to remain active and independent through access to structured health and wellbeing activities including a focus on enablement and restorative support; and
  - Maintain or increase opportunities for lifestyle activities, social connection and civic engagement with support to do so at their capacity.
- Seeking private dwellings that are manageable and communal facilities that are centred around lifestyle, social connection, health and wellbeing, and ageing in place needs.
- Seeking communities that provide solutions for their changing needs at this stage of life in a structured, transparent and efficient manner.
- Seeking communities within the local neighbourhoods where:
  - the services of the local area (food, health, lifestyle, and essential services) are familiar and known to them ensuring continuity in lifestyle, care and support; and
  - they are able to remain close to health, social and support networks.

The retirement community products that best meet the needs of this cohort are contemporary freehold, land lease or retirement villages that offer structured ageing in place programs.

For some, the structured ageing in place programs, may include in-home care and a range of community-based support and interventions / strategies / programs, and for others this may include onsite residential aged care or dedicated assisted living (depending on care need, and personal and financial circumstances and preferences).

It is understood that whilst the proposed Abadi Gaia village may attract the independent and active cohort, it may attract a higher proportion of the support and care cohort due to the overall product offering meeting the needs described above.



# A New Aged Care System

## Changing Ageing Policy

In May 2021, the Government released the following documents: Federal Budget 2020-2021 outlining a 5 pillar-5-year plan for aged care; Response to the Royal Commission into Aged Care Quality and Safety Recommendations; and Department of Health fact sheets based on the above documents. Review of the combined documents identifies the Government has a 5 year, 5 pillar program (outlined briefly below) for the reform of the aged care system that is no longer considered to meet need or community expectations.

Pillar 1 Home Care	Pillar 2 Residential Aged Care Services and Sustainability	Pillar 3 Residential Care Quality & Safety	Pillar 4 Workforce	Pillar 5 Governance
<p>\$7.5B supporting older Australians to remain in their home:</p> <ul style="list-style-type: none"> <li>An additional 80,000 HCPS over 2 years - 40,000 in 2021-22 and 40,000 in 2022-23, totalling 275,598 packages by June 2023</li> <li>Design and plan a Care at Home Program replacing CHSP and HCP</li> <li>Increase support to the 1.6 million informal carers, including increase funding and access to additional respite services for 8,400 seniors annually, access to reablement services and more targeted support for dementia.</li> <li>Improve access and navigation through: new dedicated face to face systems; and establishing regional offices.</li> <li>CHSP providers to be paid in arrears (and for actual delivery) from 1/7/2022 rather than in advance as a block amount.</li> </ul>	<p>\$7.8B towards improving and simplifying residential aged care and to ensure seniors can access value for money services:</p> <ul style="list-style-type: none"> <li>Mandate minimum staffing hours, an average of 200 minutes/day including 40 minutes with RN from 1/10/2023. Provider's report and publish care staffing minutes/facility from 1/7/2022 + report to residents and families on care delivered.</li> <li>From 1/7/2024 discontinue ACAR (effective 2021) with 'bed licenses' ceasing to exist. Instead care packages will be assigned to consumers not providers – consumers will have more choice and encourages providers to deliver better services</li> <li>Reform residential aged care design and planning to better meet the needs of senior Australians, particularly those living with dementia.</li> <li>Additional funding of \$10 prpd + interim funding for RAC from 1/7/2021 whilst continuing 30% increase in the homelessness and viability supplements</li> <li>Introduce new case-mix funding in line with Australian Aged Care Classification Funding Model from October 2022. Independent Hospital Pricing Authority to ensure funding directly related to cost of care</li> <li>Funding to support rural and remote providers.</li> </ul>	<p>\$942M to drive systemic improvements in quality and safety, including:</p> <ul style="list-style-type: none"> <li>Introduce a new star rating system.</li> <li>Improve access to primary care, including the transition between aged care and health care setting and improved medication management.</li> <li>Ensure the ACQSC is well-equipped to safeguard the quality, safety and integrity of aged care services, and can effectively address failures in care</li> <li>Additional resources to build capacity for the care of persons with dementia</li> <li>Funding for the Dementia Behaviour Management Advisory Service and the Severe Behaviour Response Teams to further reduce reliance on physical and chemical restraint.</li> </ul>	<p>\$652.1M to grow a skilled, professional and compassionate aged care workforce, which will be the powerhouse of the Government's reform agenda, including:</p> <ul style="list-style-type: none"> <li>A single assessment workforce improving and simplifying the assessment experience on entry and progression through the Aged Care System</li> <li>Provide eligible RNs with financial support of \$3,700 for FT workers and \$2,700 for PT workers.</li> <li>Extend the national recruitment campaign, and to help increase the skilled and dedicated aged care workforce.</li> <li>Upskill the existing workforce and providing training for thousands of new aged care workers, including 33,800 subsidised Vocational Education and Training places through JobTrainer. Training of 13,000 new home care workers.</li> <li>National worker screening, register and code of conduct.</li> </ul>	<p>\$698.3M to improve the governance and embed respect, care and dignity at the heart of the system, guaranteeing better choice, high quality and safe care for senior Australians, including:</p> <ul style="list-style-type: none"> <li>A new Aged Care Act by mid 2023.</li> <li>New governance and advisory bodies: National Aged Care Advisory Council; Council of Elders; new Inspector-General of Aged Care.</li> <li>Improve access for regional, rural and remote areas for First Nations backgrounds and special needs groups.</li> <li>Improve rural and regional stewardship with DoH aged care officers embedded in 8 of the 31 Primary Health Network regions.</li> </ul>



# A New Aged Care System

With the change in Government in May 2022, the new Government has continued with aged care reform, however, now refers to the reform as a Generational Plan for Aged Care and is continuing to work through the reform agenda with further detail to come.

Some key commitments were the introduction of an RN on site in each aged care facility 24 hours a day, 7 days a week; every resident to receive 215 minutes of care per day; pay rise for aged care workers; better food for aged care residents; providers being accountable; and caps on home care fees and charges.

## Impact on Residential Aged Care

Whilst there are a range of operational and governance impacts on residential aged care, the main consideration in this review is the Governments stated intention to improve choice in residential aged care. With respect to improving choice in residential aged care, the aged care reform noted the following:

- The current system limits choice for senior Australians and restricts the ability for providers to grow and innovate.
- Deregulation of 'bed licences' will strengthen the residential aged care market, with providers having greater incentives to develop high quality and innovative models of care and accommodation that best meet the preferences of senior Australians.
- Senior Australians who are considering residential aged care or changing their provider will benefit from increased competition in the sector which will positively impact quality and choice.
- This will be a radical transformation of the competitive marketplace for residential aged care services.

The proposed Abadi Gaia development will provide a significantly improved choice in residential aged care through the delivery of small self-contained 'houses' for residents (including 2 'houses' for persons that require access to dedicate dementia care) connected to a wider community as part of a continuum of care village enabling persons to remain engaged in a larger community and continue to remain with their partner and friends.

Further, the continuum of care in the village provides options to traditional residential aged care through access to increased home care in independent living onsite and reducing or removing the need for residential aged care for many.

The proposed development is aligned to the Government's intention to 'strengthen the residential aged care market, with providers having greater incentives to develop high quality and innovative models of care and accommodation that best meet the preferences of senior Australians'.

## Impact on Retirement Villages

In brief, the new system as it relates to retirement villages, may result in the following outcomes for the community.

Care in the home, including in the retirement community home, will be more accessible through:

- An increased focus on care in the home as a preference for older Australians.
- Increasing home care packages to address the waitlist and support persons to remain at home if they choose to do so.
- A new Care at Home Program combining the existing home care programs and based on assessed need with older Australians able to choose their providers.
- Improving assessment for services, access and navigation enabling more streamlined and simplified access to home care aligned to changing individual needs.
- Support for informal carers to continue to support loved ones in the community.



# A New Aged Care System

- Campaigns, training and support to increase the home care workforce to enable access to ageing in place in individual homes.

Older Australians and their families will be better informed through single streamlined assessments and increased and local support to assist people to understand what is available and what may best suit their needs.

There will be improved choice for accessing care at the level of residential aged care. The removal of 'bed licenses' and ACAR and instead the care package being assigned to the person will result in the older person being able to make better choices about what best meets their individual needs. This will also encourage providers to innovate and deliver new products for those needing higher level care and whilst the details are not yet known, this may include differing built environments that comply with the proposed new design guidelines.

The introduction of case-mix funding, revision of clinical care standards aligning to health sector standards, and the mandated increase in staff hours alongside an increase in home care may result in an increase in higher care and shorter lengths of stay in residential aged care – and resulting in more care, and higher levels of care accessible in the community, including in retirement villages.

As a result of the aged care reforms and changing expectations, proposed new villages opening over the next few years will operate in a very different aged care environment and as a result, older Australians will have increasingly different expectations.

Retirement villages will play an increasingly important role in housing and ageing in place and cater for residents for a longer period of time. The shift to the new aged care system may have the following impact on retirement villages:

- As the entry age and care needs in village residents increases, retirement villages will need to be located close to or within the communities in which residents have resided over time - which will assist with their living, family and social needs. Rather than has been the case in the past, where people have had to move to access appropriate housing that also meets their ageing needs.

- Increasingly more care and support, in a more flexible manner, will be available to be delivered in the community, including retirement villages. Further, messaging and marketing from the Commonwealth, home care providers, assessment and referral services will promote the ability to remain in the community (including retirement villages) and access services – the ability to do so will be enhanced with quality housing options.
- Village residents will seek to access higher levels of care and support in their independent living unit to enable them to age in place, with only the need for higher care or more complex care being delivered in a residential aged care environment. However, the care and support will be chosen to suit their needs and in their location and by the provider they choose.
- Persons entering seniors' villages will seek to access total solutions for their current and future ageing needs, including efficient design and structured care and support services to ensure they can continue to be cared for as their needs change and delay or completely avoid the need for a move to residential aged care. At the age of 75 plus, persons will be seeking a home for the rest of their life through appropriate design and access to care and support services that meet their changing needs in their chosen environment.
- The ability to access modern environments designed for ageing in place with built in services and technology provides for efficiency in delivering services and reduces overall costs to residents and the Government.

## Aligned to Ageing Policy and Changing Preferences

As outlined throughout this report, the proposed development offers a contemporary choice for older Australians and their families. The development seeks to deliver a superior ageing experience with the individual's full choice and preferences enabled in a future focussed manner, responding to:

- Changing preferences and expectations of current and future older Australians and their families, including the Baby Boomers seeking increased access to quality accommodation and tailored choices. The coming Baby Boomer population have different expectations around ageing and are not accepting of the traditional products they are experienced through the process of caring for their own parents.



# A New Aged Care System

- Access to accommodation choices and care options for a wide range of care needs from independent to palliative care and that enables couples and friends to remain together (even where they require different levels of care).

The proposed development will enable access to a range of accommodation and care options including private home care, any increased access to funded home care, or a combination of both, and residential aged care (respite, acute episodes and permanent) when required.

Importantly, the development will enable a more efficient and streamlined level of care and service that ensures persons can access full value from village environment, their private home care (if unable to or whilst waiting to access funded home care) and their home care package to ensure avoidance of or reduction in the need for higher levels of traditional residential aged care. Ultimately this offers significant value for the Government by maximising both private and funded home care and reducing the need for more expensive forms of care.

- A new type of non-institutional built environment in the catchment area supporting innovation and the right to exercise both accommodation and care choices that is different to the more traditional and mostly stand-alone (siloed) environments currently available.
- A range of accommodation options to support choices, including larger fully self-contained spaces more akin to a normal home, thereby promoting independence and dignified living.
- Enhanced social spaces to promote and enjoy the right to social participation, living an active and meaningful life, the right to social spaces and activities accessible to members of society generally, promotes and fosters relationships with the family and friends in a nice environment for relaxing and socialising, and more normal social spaces and environments promoting positive community attitudes about aged care.
- The new Aged Care Quality Standards and the intended future changes to increase choice and consumer directed care.

- The Australian Government's aged care reform agenda, including:
  - The Governments response to the Final Report of the Royal Commission into Aged Care Quality and Safety.
  - The 2021-2022 Federal Budget documentation.
  - A Generational Plan for Aged Care.
  - Improving Choice in Residential Aged Care
  - The key principles proposed for the New Aged Care Act to be developed in consultation with older Australians.
  - Increased access to care in the home.

In my opinion, the proposal responds directly to the above aged care reform agenda. It does this by maintaining and promoting independence, social connection, and consumer directed care for a wide range of care needs of older Australians by offering a choice in different forms of accommodation, including accommodation that is more like a normal home. This is not always provided for in the typical stand-alone and traditional retirement village or traditional residential aged care facility that offers accommodation that may not be suitable or desirable for a large proportion of the population needing care outside of the typical home care offering.



# Benefits to Community and Government

## Benefits to the Community and Government

The proposed Abadi Gaia continuum of care would provide significant and wide-ranging benefits to both older Australians and all levels of Government.

### *Benefits to Older Australians*

The benefits to older Australians and the community are summarised as follows:

- A desirable place to live with quality contemporary accommodation choices and services designed for all ageing needs.
- Residents will be able to choose the accommodation type that best suits their needs, personal circumstances, finances, and preferences with a choice of 4 main accommodation types and 2 types of care (home care or residential aged care), including:
  - Independent living offering 13 x 3 bedroom villas with RV/Caravan parking, 19 x 3 bedroom houses, 157 x 2 bedroom apartments or 15 x 2 bedroom specialist disability accommodation apartments and a corresponding range of price points (including rental options) – enabling persons to downsize chores and concerns, and upscale access to social connection and care without severely compromising on living space or quality of accommodation.
  - Non-traditional residential aged care offering small self-contained ‘houses’ of 13 to 14 residents per house and including two ‘houses’ for those that require dedicated dementia accommodation.
- Residents across the village will be able to choose how to pay for their care based on their personal circumstances, preferences and access to varying levels of Government funding. This may include:
  - Use of Government funded Home Support or Home Care Packages;
  - Use of Case-Mix funding for residential aged care;
  - Privately funded aged care package; or
  - A combination of the above.

- The ability to access structured and guaranteed care in a village environment without relying on individual relationships with family or external providers remains innovative and unique in the Ipswich City Council area.
- Peace of mind guarantees that protect the resident and ensure they are able to access the care they need in their choice of environment as their needs change, without having to leave the village with the resultant upheaval, grief and disconnection that causes. This includes couples being able to remain living together in the same accommodation or on the same site (per their needs and always as per their choice) and remain connected.
- More affordable and available care through access to onsite staff 24 hours a day, including nursing and clinical staff, that can be delivered in small increments of time without travel and without minimum hours per visit required. This assists in maximising care packages and care affordability to ensure accommodation preferences are maintained as care increases.
- Offering older Australians the ability to make a proactive move to ensure care needs are met as they increase and not react in a time of crisis and forced to make a choice that may not be desirable, including premature entry into residential aged care. This includes accessing independent living as a result of knowing quality non-institutional care is available through home care into the independent living and through the small ‘houses’ in the aged care. Persons accessing independent living with care on the site can avoid or delay access to residential aged care. This includes a proactive move from persons that may be:
  - Lonely or isolated at home.
  - Currently living in a residential home that is not desirable or appropriate for their level of need.
  - Unable to access sufficient care from their home care support in their current environment.





# Benefits to Community and Government

- Avoiding seeking assistance for fear of being placed in traditional residential aged care accommodation.
- Couples with different or similar care needs that wish to remain living together in a more normal home environment.
- Seeking a more normal self-contained accommodation environment that enables and encourages independence whilst maintaining control and choice of their daily living as their needs increase. This may include accessing the right level of care for their need to avoid or delay the need for higher care in a more traditional residential aged care environment through access to support, lifestyle, care and medical services.
- A combination of any of the above.
- Enables persons to retain existing social, lifestyle and civic connections through ongoing access to the community (through access to a village in their local area) and enables access to improved lifestyles, social interaction and health and wellbeing opportunities through:
  - A program of activities in collaboration with the residents and enabled through the size of the resident community combined with access to large scale and varied recreation, communal and wellbeing spaces.
  - The larger community on site of around 340 plus persons will enable access to an increased level of services in the village to suit varying preferences including:
    - Cost effective services for residents as the cost is shared among a larger number of residents. Scale is important in enabling the access to guaranteed care and support.
    - Increased diversity of choice, for example: increased range of social opportunities and groups with similar interests; increased access to resident volunteers to drive social programs; and enables a range of visiting specialists or programs.
    - A large community that support each other.

## Improving Social Connection and Wellbeing

Villages, such as that proposed, with active social and wellbeing spaces and programs also offer significant benefits in social connection and health and wellbeing of residents.

It is well documented that social connection is essential for health and wellbeing at all ages and becomes increasingly important for promoting health in later life. The Australian Institute of Health and Welfare estimates that one in five older Australians suffer from social isolation. Specific benefits of social interaction in older adults include reduced risk of many diseases and reduced risk for mental health issues such as depression. Further:

- A Swedish study (Lifestyle, social factors, and survival after aged 75: population based study, 2012) of 1810 people aged 75 plus, sought to identify modifiable factors associated with longevity among adults aged 75 years and older. The study found that even after the age of 75, lifestyle behaviours (including for example not smoking, physical and leisure activity and social networks) are associated with longer survival. A low risk profile (healthy lifestyle behaviours, participation in at least one leisure activity, and a rich or moderate social network) can add 5 years to women's lives and 6 years to men.
- A Rush University Medical Centre study (2011; including 54 older adults with a mean age of 82) has shown that people who are more socially active are less likely to become disabled, that is less likely to need help with daily activities or mobility. Lead researcher Bryan James, PhD, postdoctoral fellow in the epidemiology of aged and dementia in the Rush Alzheimer's Disease Centre stated "Social activity has long been recognized as an essential component of healthy ageing, but now we have strong evidence that it is also related to better everyday functioning and less disability in old age". "The findings are exciting because social activity is potentially a risk factor that can be modified to help older adults avoid the burdens of disability."



# Benefits to Community and Government

- The Beyond Blue publication (2018) titled, Connections Matter (Helping older people stay socially active) identifies:
  - As people get older, the risk factors for experiencing loneliness increase.
  - Research identifies, lonely people are more likely to experience anxiety and depression, are admitted to hospital more frequently, have double the risk of obesity, and greater risk of heart attack.
  - Older people who remain connected are more likely to report better quality of life and satisfaction with their life, have delayed progression of dementia and mental decline, and need less domestic support and enjoy greater independence.
  - Having meaningful contact with other people and being part of a community can help you feel more positive and avoid loneliness.

Importantly, whereas declines in physical, sensory, and cognitive function are common with advancing age, social functioning remains malleable and responsive to intervention throughout life (source: US National Library of Medicine, National Institutes of Health).

Life in a continuum of care village is specifically designed to counter social isolation, and instead foster a sense of belonging and community. Residents have many opportunities to connect with each other through social infrastructure on site, a range of social activities and events and being neighbours with people at a similar life stage – all having a positive effect on social connection and individual health and wellbeing, as identified above.

It is well documented that remaining physically active and accessing opportunities for health and wellbeing are important factors for ageing well.

In addition to the significant benefits of remaining socially active, Active Ageing Australia, identifies that remaining physically active is the most important thing older adults can do to stay fit and independent, and this helps to:

- Stay socially connected;

- Remain independent;
- Improve balance and prevent falls;
- Feel happier and more relaxed;
- Prevent or control chronic conditions like type 2 Diabetes and heart disease;
- Maintain strong muscles and bones; and
- Keep your brain active and improve memory.

Villages, such as that proposed, are designed to provide and encourage a whole range of health and wellbeing activities and in a structured manner that are not necessarily as easy to access in a residential home.

In summary, villages such as that proposed, play a significantly important role in enabling social cohesion, inclusion and interaction for our older Australians, and promoting and delivering active and healthy ageing, which in turn has significant benefits for health and wellbeing, improving life satisfaction and reducing health and aged care costs for all levels of Government.

The promotion of, and access to, active and healthy ageing programs in villages, both maintains independence for longer and reduces reliance on Government funded support.

Further, a McCrindle Baynes study of over 5,000 retirement village residents shows that after moving into a village, 46% report their mental wellbeing improved, 68% reported their confidence and security increased and 59% stated their happiness and life satisfaction had improved, and 32% stated their physical health had improved.

## Benefits to Government

The benefits to all levels of Government include:

- Delivers a new choice in seniors housing that enables access to a home for the rest of their life regardless of their needs changing, encouraging older persons to make the move. This reduces the number of persons remaining isolated at home, frees up local housing, and prevents a loss of residents out of the local catchment whom are seeking access to contemporary seniors housing choices that ensures a continuum of care for their changing needs.



# Benefits to Community and Government

- Scale enables onsite care and support with more efficient delivery of home care (and Government funds) through onsite support, nursing and clinical services that enable ongoing 24/7 connection to and oversight of residents (not achieved in residential homes and many retirement villages), removing the cost of travel, and enabling smaller increments of service delivery (not minimum of 30 minutes to 2 hours as in the community), and reduction in ambulance calls and hospital visits due to staff on site.
- Reduces reliance on Government funded care, for example:
  - Many of the social and wellbeing activities provided as part of Abadi Gaia would otherwise be funded activities accessed through aged care programs such as Commonwealth Home Support Programs or Home Care Packages – thus providing significant savings to the Government and therefore taxpayers. Villages such as that proposed are able to reduce reliance on some of the most common types of services used in home support, for example:
    - Home modifications (homes are designed for ageing)
    - Meals (available on site)
    - Transport (through activities on site, village bus, and onsite community reducing the need to travel and supporting when there is a need to travel)
    - Social support groups and individual support (onsite programs and activities and community)
    - Home maintenance (provided by the village)
    - Care (provided through onsite services)
  - The development of friendships within the community itself provides a range of informal supports (social, transport, meals, etc) that does not place reliance on family and / or access to the Government funded programs such as the Commonwealth Home Support Program and lower level Home Care Packages.
  - The social infrastructure and activity available through the village enables access to ongoing social interaction and reduces social isolation – combatting social isolation and reducing reliance on Government funded programs.

- The activities available ensure people remain active and independent for longer assisting in keeping persons in their homes and reducing reliance on Government services.
- Keeping people in the village home (independent living designed for ageing) through community programs, onsite care programs, and the onsite community support, reduces the need for a move to more expensive forms of care such as residential aged care and hospital admissions.
- Both the preventive health activities and the onsite nursing and clinical care with 24-hour immediate access reduces reliance on health services and limits ambulance calls and hospital presentations.

At a Government cost of \$23.6 billion on aged care in 2020-2021 (source: AIHW) and projected to increase significantly with the increase in older Australians, all efforts at maintaining independence and reducing financial and physical strain on the aged care system are an increasingly important contribution. Further, of the \$23.6 billion, \$14.3 billion was spent on residential aged care, double the amount spent on home care – therefore, efforts to reduce reliance on residential aged care, such as in the proposed village are important contributions in reducing overall costs to Government.

The lack of aged care funding and the financial struggle of aged care providers is well documented through the Royal Commission into Aged Care and industry bodies and stakeholders. A village offering a continuum of care model offsets some of the residential aged care costs against the wider operation including shared facilities, care staff, property maintenance, and operational expenses and assists in long term financial sustainability with lower reliance on Government funding due to a wider range of services that are not Government funded.

# Demand for the Abadi Gaia Adult Residential Village

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# The Development

It is understood PGS Invest Pty Ltd is seeking to develop a contemporary retirement and aged care site at 107 Bertha Street, Goodna, in the Ipswich City Council area of Queensland.

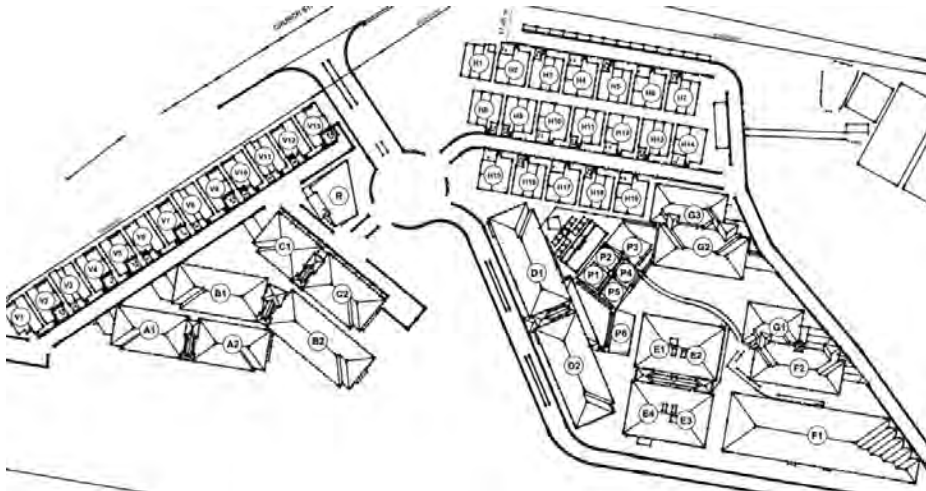
The proposed development is referred to as the 'Abadi Gaia Adult Residential Village' (herein referred to as Abadi Gaia) and seeks to deliver the following:

- Retirement Village with 189 dwellings
- Specialist Disability Accommodation with 15 dwellings
- Residential Aged Care offering 81 beds, including 27 dedicated dementia beds
- A range of communal amenity, programs and services.

Further, through the above, it is understood the proposed development is seeking to deliver a contemporary continuum of care model that includes quality retirement living options, integrated with support and care, non-institutional residential aged care, and a large range of social, lifestyle and wellbeing spaces and services, as a new housing and care choice for older Australians in the Ipswich City Council area.

The model is aimed at enabling older Australians (including couples) to age well, access a choice of contemporary accommodation options designed for ageing, and remain in the same village that is able to meet their support and care needs as they change over time, in a sustainable manner that benefits both older Australians and Government.

The village is proposed to be developed in multiple buildings from 2 to 3 storeys in height over undercroft parking. The proposed layout of the buildings across the site, as supplied in the plans, is visually identified in the image below.



My understanding of the proposed development is that it will offer the following:

- Independent living operated under the Retirement Villages Act delivering 189 fully self-contained independent living dwellings and offer a wide range of choice in accommodation to suit varying need and preferences, including:
  - 13 villas (V1 to V13 on plan) with a choice of 3 types, all offering 3 bedrooms, kitchen, dining, lounge, laundry, alfresco, built-in desk area, powder room, 2 car garage (options of double, tandem, and tandem with high ceiling for RV or caravan). All offer options of either 3 ensuites or 1 ensuite, 1 bath and a media room.
  - 19 Houses (H1 to H19 on plan) with a choice of 2 types offering 2 bedrooms, kitchen, dining, lounge, laundry, alfresco, built-in desk area, 1 ensuite, 1 bathroom, 1 powder room, 2 car garage (double or tandem).
  - 157 Apartments (buildings A, B, D, D, E, and G on plan) with a choice of:
    - 94 premium units: 2 bed, kitchen, dining, lounge, laundry, balcony, built-in desk area, 1 ensuite and 1 bathroom, and basement parking.
    - 63 standard units: 2 bed, kitchen, dining, lounge, laundry, balcony, built-in desk area, 1 bathroom and 1 powder room, and basement parking.
  - Onsite support and care services including nursing and clinical care enabling access to structured and efficient delivery of a full range of support and care available 24 hours a day, 7 days a week in the village accommodation. Services to be delivered on either a fee for service basis or as an Approved Provider of funded aged care services enabling the needs of all residents to be met from low level support services to higher frail aged care in the home and accommodating a range of preferences and financial capacities.
- Residential Aged Care (building F1 on the plan) for 81 persons at any time (including 27 specifically for persons with dementia) offering:
  - Six smaller discreet 'houses' each offering between 13 and 14 private ensuited rooms for individual accommodation, plus shared spaces for the 13 to 14 residents including communal spaces such as a kitchen and pantry, dining room, lounge area, and outdoor space.



# The Development

- In addition to the shared spaces in each of the 'houses', residents access a large range of communal spaces available to all residents in the main recreation area and hub across the site.
- The smaller 'houses' enable:
  - A more normal living environment that closer resembles normal life and aligned to the Royal Commission into Aged Care Quality and Safety and consumer expectations for the less institutional environments for ageing.
  - A more flexible approach to focus on clusters of specific needs of the community at any time, including catering to dementia care in both dedicated dementia 'houses' and all smaller house environments. A high proportion of need for residential aged care continues to be for dementia care – the Australian Institute of Health and Welfare (AIHW) identifies that 45.3% of the people using permanent residential aged care at 30 June 2021 in the West Moreton region (where the proposed site is located) had a diagnosis of dementia.
  - The self-contained 'houses' enable staff to maintain and develop regular relationships with residents and improve care outcomes, and also enable isolation / cohorting and segregation of staff as needed for infection control during a pandemic.
- Specialist Disability Accommodation (building F2 on the plan) offering 15 fully self-contained 2 bedroom apartments.
- All residents in all accommodation across the site have access to the wide range of social, lifestyle and wellbeing spaces and programs that enable the resident to age well, including:

The Hub (Building D 1/2, P1, P2, P3, P4, P5 and P6) – indoor and outdoor spaces including:

- Lobby, wine bar, restaurant with indoor and outdoor seating
- Outdoor pool and spa area with gazebo and seating/lounging area
- Gymnasium
- Aerobics, dance and yoga studio
- Massage room
- Games and activities space
- Library, office, billiards and beauty salon
- Landscaped outdoor spaces and courtyards
- Day spa with steam room, sauna, spa and treatment rooms.

Recreation Building (building R n the plan):

- Indoor heated lap pool and bath house (steam room, plunge pool, and sauna) and gym.
- Café with indoor and outdoor dining, function room, and consulting room.
- Peace of Mind Guarantees. It is understood Abadi Gaia will also offer peace of mind guarantees that are designed to provide transparency and certainty around the future, regardless of how the needs of an individual or couple may change over time. This includes varied financial options for accommodation (including rental options) and services, transparency around fees, seamless transition through the village, and guaranteed access to care in your choice of accommodation as it is needed, including access to residential aged care onsite as needed.
- Importantly, the village will offer the last move for all residents 'a home for life' through access to appropriate design and structured care and support services with an enablement and restorative focus, to support resident's independence, wellbeing and health for as long as possible and enable ageing in place in their local community in a contemporary option to traditional villages, and residential aged care if it is needed.





# The Catchment Area

## Ipswich Statistical Area

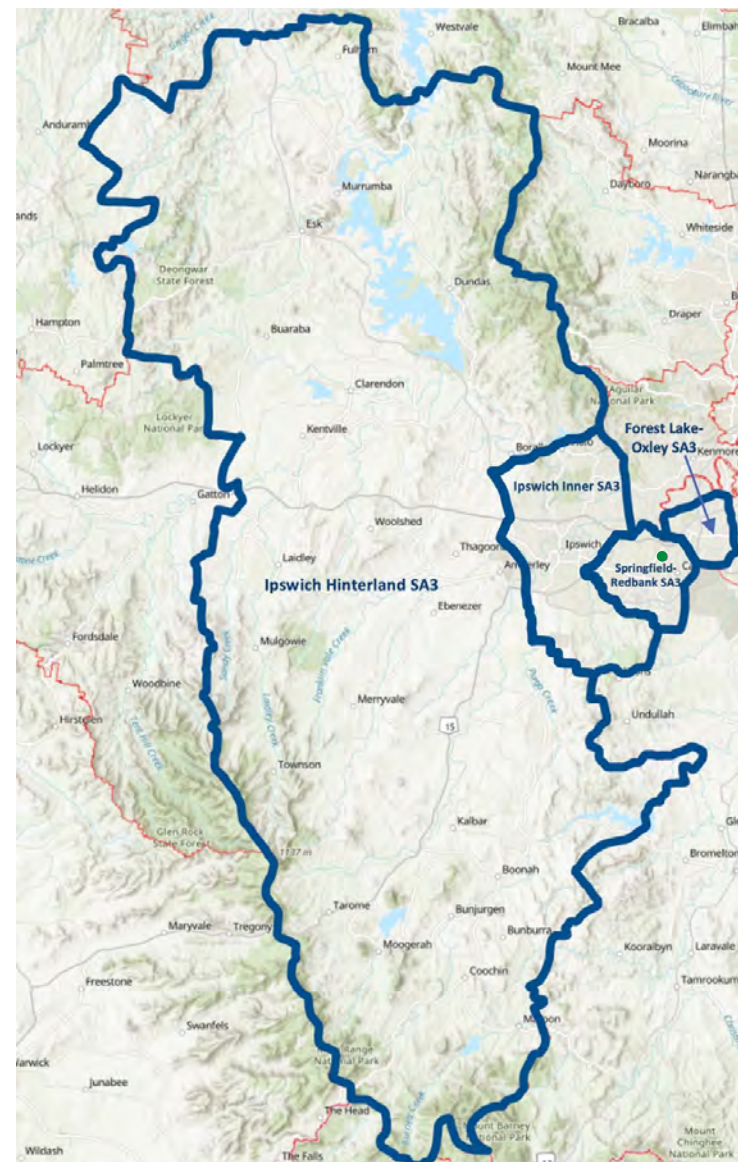
Statistically, the proposed Abadi Gaia site is located within the Goonda statistical local area level (SA2) within the Springfield-Redbank SA3 in the Ipswich SA4. The Ipswich SA4 is home to around 34 SA2s across 4 SA3s, including:

- The Springfield-Redbank SA3 covering the urban area in the east of the Ipswich City Council area.
- Forest Lake – Oxley covering the neighbouring urban area in the Brisbane South area of the Brisbane City Council area.
- Ipswich Inner covering the primary metropolitan area of Ipswich City and Ripley to the south all within the Ipswich City Council area with the exception of the Karana Downs SA2 (in the north) located within the Brisbane City Council area.
- Ipswich Hinterland covering the small towns and villages and surrounding large rural and semi-rural areas to the west, north-west and south-west around Ipswich and forming part of the Ipswich, Somerset, Lockyer Valley and Scenic Rim council areas. Major towns include Rosewood (Ipswich City Council), Lowood and Esk (Somerset Council), Laidley (Lockyer Valley Council), and Boonah (Scenic Rim Council).

The location of the proposed Abadi Gaia site (green dot) and the Springfield-Redbank, Forest Lake-Oxley, Ipswich Inner, and Ipswich Hinterland SA3s are shown on the map to the right, with the SA2s within each SA3, listed in the table below.

Smaller areas (SA2s and SA3s) in the Ipswich SA4 and the approximate Kilometres from Abadi Gaia

Springfield-Redbank SA3		Forest Lake-Oxley SA3		Ipswich Inner SA3		Ipswich Hinterland SA3	
Bellbird Park-B'water	2.8 to 5.9	Darra-Sumner	10.9	Brassall	21.1	Boonah	63.5
Camira-Gailes	3.2	Durack	13.2	Bundamba	12	Esk	77.5
Carole Park	7.2	Forest Lake-Doolandella	11.8 to 12.1	Churchill Yamanto	18 to 19.3	Lake M'chester-England Creek	34.7 to 45
Collingwood P-Redbank	4.7 to 6.9	Inala-Richlands	9.8 to 10.4	Ipswich-Central	19.6	Lockyer Valley - East	83.8
Goodna	2.4	Oxley (Qld)	13.2	Ipswich-East		Lowood	42.9
New Chum	9.2	Wacol	5.7	Ipswich-North		Rosewood	38
Redbank Plains	6.9			Karalee-Barellan Point	17.7 to 20.8		
Springfield	6.9			Karana Downs	20		
Springfield Lakes	10			Leichhardt-One Mile	20.2		
				North Ipswich-Tivoli	16.8 to 18.8		
				Raceview	15.7		
				Ripley	16.2		
				Riverview	6.7		







# The Catchment Area

Through review of retirement and aged care populations, it is noted, the older a person is, the less likely they are to relocate substantial distances. For example, in general terms (and this can vary dependent on location and product), someone in their 60s may travel up to 15 kilometers around their current location when looking to downsize to a retirement product that enables them to maintain or improve their lifestyle and social connections. For persons in their 70s this may generally be around 8 to 10 kilometers to access retirement villages in familiar locations. Persons in their 80s typically travel shorter distances of around 5 kilometers in instances where there are villages and facilities that meet their needs and preferences.

Generally, unless seeking a tree or sea change or lifestyle location earlier in retirement, older Australians typically seek to access accommodation in their local neighborhood where:

- the services of the local area (food, health, lifestyle, and essential services) are familiar and known to them ensuring continuity in lifestyle, care and support; and
- they are able to remain close to social and support networks.

The removal of seniors from their local neighborhoods often results in a disconnection from their networks and may result in reduced civic participation, social isolation and a decline in wellbeing – in particular, when a partner dies.

However, it is also important to note that older persons may:

- Travel further distances to access a contemporary or unique product or service that meets their individual needs if it is not available in their local area.
- Persons may relocate to be closer to family.

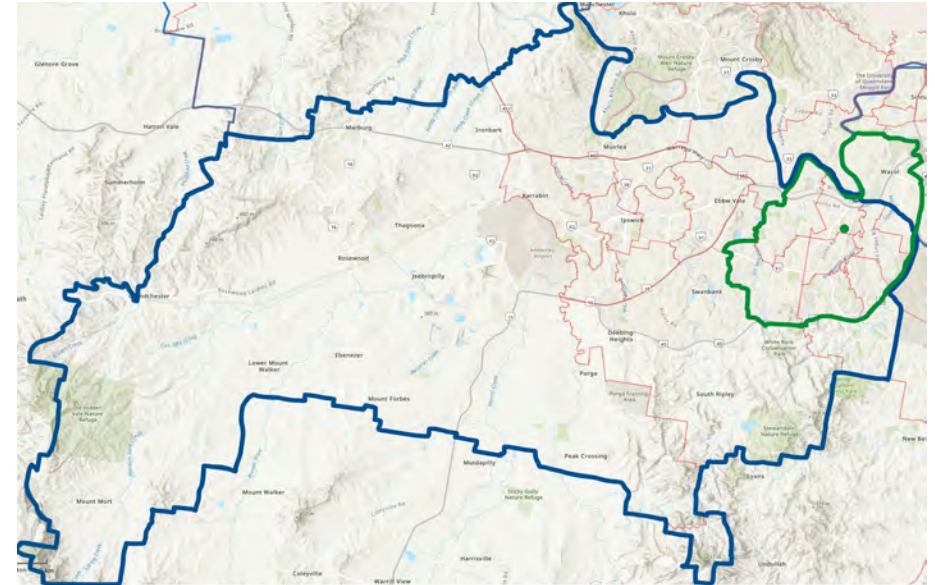
In this instance, as a result of a lack of quality contemporary retirement villages and importantly those offering a continuum of care in a consumer directed mode, residents may come from all over the Ipswich City Council area and the wider Ipswich statistical area.

## The Primary Catchment Area

In consideration of the distances persons typically travel to access retirement and aged care and the options available in the wider area, the primary catchment area is considered to be the Ipswich City Council area plus the neighbouring Wacol SA2.

The inner catchment area includes the SA2s where the suburbs within are no more than around 7 km drive from the proposed Abadi Gaia site. This includes the immediate Goodna SA2 and surrounding Wacol, Collingwood Park-Redbank, Carole Park, Camira, Springfield, Bellbird Park-Brookwater, and Redbank Plains SA2s. Where there is a higher entry age (75 plus) the majority of future residents are likely to currently reside in the inner catchment area.

The image below identifies the location of Abadi Gaia (green dot), the inner catchment area (green outline) and the wider Ipswich City Council area (blue outline) and the table below lists the SA2s in the catchment area.



Inner Catchment		Balance of Ipswich City Council	
SA2	Approximate Kms	SA2	Approximate Kms
Goodna	2.4	New Chum	9.2
Bellbird Park-Brookwater	2.8 to 5.9	Riverview	6.7
Camira - Gables	3.2	Springfield Lakes	10
Carole Park	7.2	Bundamba	12
Collingwood Park-Redbank	4.7 to 6.9	Raceview	15.7
Redbank Plains	6.9	Ripley	16.2
Springfield	6.9	Karalee-Barellan Point	17.7 to 20.8
Wacol	5.7	North Ipswich-Tivoli	16.8 to 18.8
		Churchill-Yamanto	18 to 19.3
		Ipswich-Central, East and North	19.6
		Leichhardt-One Mile	20.2
		Brassall	21.1
		Rosewood	38

This review has considered the supply and demand in the primary catchment area, plus the wider Ipswich statistical area to understand any impact on the Abadi Gaia location.



## Target Population

### Use of Retirement Villages by Older Australians

Whilst retirement villages are generally stated as housing for persons over 55 years or over 65 years, over the past ten years the average entry age and usage age of residents accessing and residing in retirement villages across Australia has been increasing. The Australian Property Council Retirement Census for 2021 identified that whilst persons enter from the age of 65 years, the average resident age on entry to a village is 75 years and the average resident age is 81 years.

Whilst there are no formal age statistics identifying the average entry age into assisted living apartments, experience with providers identifies that persons are over 75 years and closer to 80 years on entry to assisted living apartments.

### Use of Aged Care by Older Australians

Whilst older Australians may commence interaction with the aged care system (either in home, community, or residential aged care) from the age of 70 years (70 plus) and over as per the Department of Health and Ageing planning benchmark, the type and level of care and consideration of an appropriate built environment for ageing typically increases with age.

Data from the Department of Health and Ageing (DoHA) and the Australian Institute of Health and Welfare (AIHW) identifies the following:

- As at 30 June 2020, around 36.3% of the 70 plus population and 80.5% of the 85 plus population were accessing Commonwealth funded aged care. Access varied across aged care types and programs:
  - Home Support (low or entry level support in the home or community) was accessed by 25.8% of 70 plus which increased to 48.3% of the 85 plus population.
  - Home Care Packages (structured packages of low to high level support) was accessed by 4.6% of the 70 plus population which increased to 11.3% of the 85 plus population.

- Residential aged care was accessed by 5.9% of the 70 plus population which increased to 20.8% of the 85 plus population.
- As indicated by the percentage of 70 plus and 85 plus using various programs, entry and average ages increase with the type of aged care program as outlined below:
  - Home Support – persons typically commence accessing Home Support in their late 70's with the average usage age in 2019-2020 being 79.1 years. In Queensland, AIHW data identifies in the 2020-2021 year 73% of Home Support clients were aged 75 plus and 50% aged 80 plus.
  - Home Care Packages – the average entry age is 80 for men and 81 for women and the average usage age in 2019-2020 being 82.5 years. In Queensland, AIHW data identifies as at 30 June 2021, 80% of Home Care Package clients were aged 75 plus and 63% aged 80 plus.
  - Residential Aged Care – the average entry age is 82 for men and 85 for women and the average usage age in 2019-2020 being 84.9 years. In Queensland, AIHW data identifies as at 30 June 2021, 86% of Residential Aged Care clients were aged 75 plus and 74% aged 80 plus.

The above review of ages accessing varying service types indicates a need to deliver appropriate ageing environments and services for persons from the age of 70 years (or earlier for a smaller percent of the population) with increasing need for access to higher levels of care and support (including care and support coupled with appropriate accommodation for ageing) from around the age of 75 years. There is also a need to cater to couples of varying ages with varying needs.



## Abadi Gaia Target Population

The above analysis, experience in analysing retirement and aged care populations using services, and review of the proposed development, indicates that entry to the various housing types on the proposed Abadi Gaia site may be as follows:

- Retirement Village villas, houses and apartments – persons may enter from around the age of 65 years, however, may be more likely to be closer to 75 years and over.
- Persons may commence accessing home support and home care from around the age of 70 years, however, are more likely to be closer to 75 years and over.
- Residential Aged Care – Persons may enter from around the age of 70 years, however, are more likely to be over 80 years and closer to 85 years and over.

With consideration of the above, the primary target for the proposed development is likely to be persons aged 65 years and over with the overwhelming majority more likely to be 75 years and over. This review has considered the 65 plus and 75 plus population and broken into the following age cohorts:

- Retirees aged 65 to 74 years (entry to retirement villages for a smaller portion of the population);
- Seniors aged 75 to 84 years (the primary entry age to retirement villages, home support and home care packages); and
- Elderly aged 85 years and over (the primary usage age for residential aged care).

Further, the following age cohorts have been used for comparison of benchmarks.

- 65 plus - utilised to determine penetration or retirement village accommodation types;
- 70 plus - utilised by the Department of Health and Ageing to determine planning ratios for residential aged care and home care and the age for increased levels of structured housing, care and support delivered to older Australians; and

## Ageing Population Projections

As there are no population projections based on Census 2021, to understand the size of the target market, this review has accessed the Queensland Government projections 'Projected population data by five-year age group and sex, for the state of Queensland', last reviewed in 2019.



# Ageing Population

## Retiree, Seniors and Elderly Population

### Ipswich City Council Area

The Ipswich City Council area has a projected 65 plus population of 31,501 persons at 2022, projected to increase by 184%, or 57,807 persons, over the 19 years to 2041. Around 44% of the increase is projected to occur in the 9 years to 2031 and 56% in the ten years from 2031 to 2041.

The Ipswich City Council area represents 58% of the 65 plus population at 2022 and 78% of the projected growth to 2041 in the Ipswich SA4.

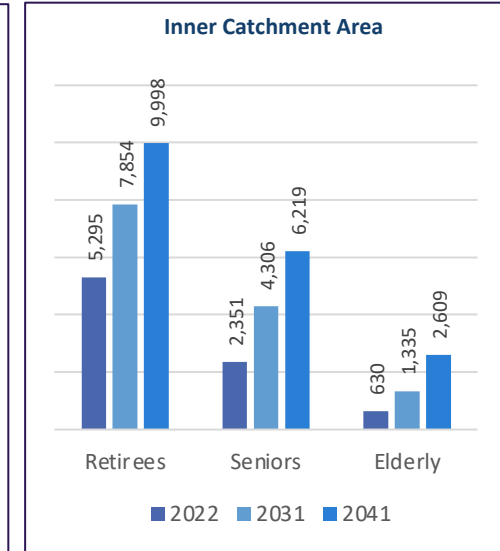
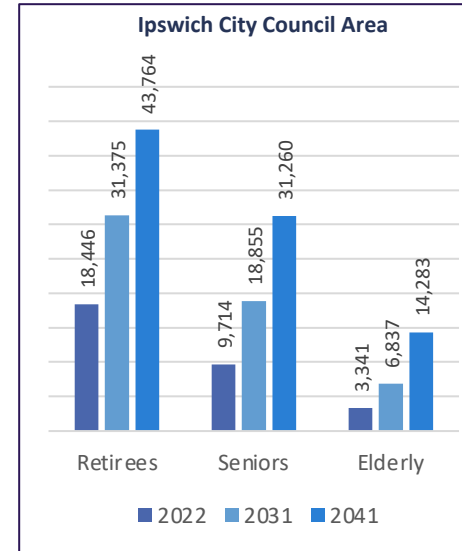
On review of the age cohorts over 65 years, as identified in the figure to the right (and the table in the following pages), the retiree cohort has the largest projected population as at 2022 (18,446 persons) in the Ipswich City Council area, followed by seniors (9,714 persons) and then elderly (3,341 persons).

Review of the growth in the individual cohorts between 2022 and 2041, identifies:

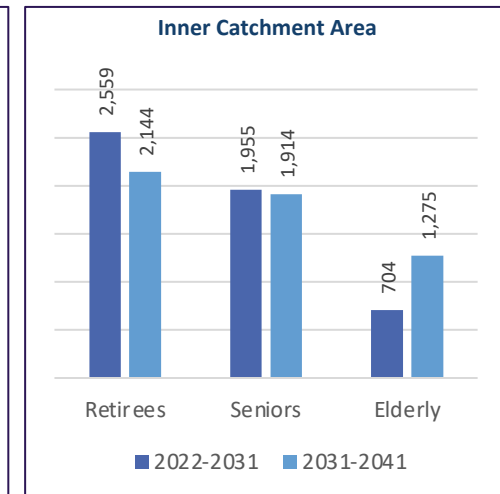
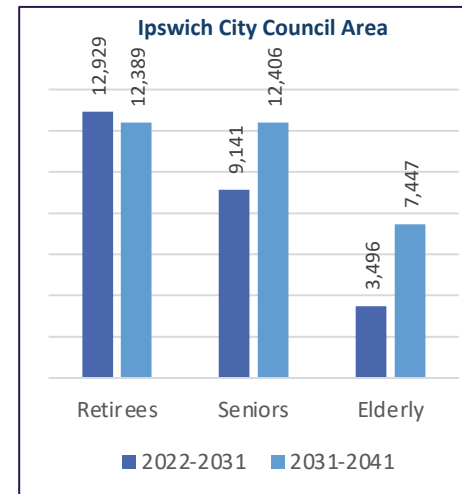
- The retiree population is projected to increase by 137%, or 25,318 persons, over the 19 years to 2041 and represent 44% of the projected 65 plus growth. The growth in the 9 years to 2031 is only slightly larger than the projected growth between 2031 and 2041.
- The senior population is projected to increase significantly by 222%, or 21,546 persons, over the 19 years to 2041 and represent 37% of the projected 65 plus growth. Around 58% of the growth is projected to occur in the ten years from 2031 to 2041 when there is an increase in baby boomers entering this age cohort.
- The elderly population is projected to increase significantly by 328%, or 10,943 persons, over the 19 years to 2041 and represent 19% of the projected 65 plus growth. Around 32% is projected to occur by 2031 and 68% between 2031 and 2041 when there is a significant increase in baby boomers entering this age cohort.

Whilst the retiree population may be the largest cohort with the largest growth in terms of actual numbers, the senior population is projected to more than double in size and the elderly population is projected to more than triple in size over the 19 years to 2041.

## Projected Population by Age Cohort as at 2022, 2021, and 2041



## Projected Increase in Population by Age Cohort between 2022-2031 and 2031-2041





## Inner Catchment Area

Around 26% of the projected 65 plus population as at 2022 and 18% of the projected increase to 2041 is in the inner catchment area.

The inner catchment area has a projected 65 plus population of 8,276 persons at 2022, projected to increase by 127%, or 10,551 persons, over the 19 years to 2041. Around half of the increase is projected to occur in the 9 years to 2031 and half in the ten years from 2031 to 2041.

On review of the age cohorts over 65 years, as identified in the figures on the previous page (and the table overleaf), the retiree cohort has the largest projected population as at 2022 (5,295 persons), followed by seniors (2,351 persons) and then elderly (630 persons).

Review of the growth in the individual cohorts between 2022 and 2041, identifies:

- The retiree population is projected to increase by 89%, or 4,703 persons, over the 19 years to 2041 and represent 45% of the projected 65 plus growth. The growth in the 9 years to 2031 is only slightly larger than the projected growth between 2031 and 2041.
- The senior population is projected to increase significantly by 165%, or 3,869 persons, over the 19 years to 2041 and represent 37% of the projected 65 plus growth. Around half of the growth is projected to occur in the ten years from 2031.
- The elderly population is projected to increase significantly by 314%, or 1,979 persons, over the 19 years to 2041 and represent 19% of the projected 65 plus growth. Around 36% is projected to occur by 2031 and 64% between 2031 and 2041 when there is a significant increase in baby boomers entering this age cohort.

Consistent with the Ipswich City Council area, whilst the retiree population may be the largest cohort with the largest growth in terms of actual numbers, the senior population is projected to almost double in size and the elderly population is projected to more than triple in size over the 19 years to 2041. This presents a significant planning consideration for the Ipswich City Council area to ensure the appropriate services are in place to meet the significant projected increase in need.

The projected population indicates an increased need for services to all age cohorts, including:

- Services to retirees (65 to 74 years) include strata title retirement communities, land lease lifestyle communities, retirement villages, health and wellbeing services including low level home support with episodic care support, virtual villages, and share economy products.
- Services to seniors (75 to 84 years) include the same housing options as retirees with a larger focus on care and support services, plus seniors' villages with care services, dedicated assisted living, modern home care coupled with technology, and virtual villages and health hubs, and guaranteed access to funded aged care including the level of residential aged care as needed.
- The increased demand for services to elderly (the residential aged care cohort) is likely to see:
  - An increase in access to higher and complex care such as dementia care or short term care such as respite care.
  - Ongoing change in the demand for the type of product accessible to elderly, that is, a shift away from or refining of the traditional residential aged care and in-home care product, for example an increase in demand for suitably designed housing with ageing services and increased and more efficient home care coupled with technology.



# Ageing Population

## 75 Plus Population

As previously noted, the primary target for the proposed development, by nature of use of retirement villages and aged care, is persons from the age of 65 years and more likely to be persons over 75 years of age.

In the Ipswich City Council area there is a 75 plus population of 13,055 persons projected to increase significantly by 249%, or 32,489 persons over the 19 years to 2041. Around 39% of the increase is projected to occur in the 9 years to 2031 and the balance between 2031 and 2041.

Around 23% of the existing 75 plus population and 18% of the increase to 2041 is projected to reside in the inner catchment area.

In the inner catchment area, there is a 75 plus population of 2,981 persons projected to almost double (an increase of 196%) over the 19 years to 2041 with 45% of the increase projected to occur in the 9 years to 2031 and the balance between 2031 and 2041. The smaller populations of seniors and elderly in the inner catchment area compared to the wider Ipswich City Council area, in addition to being a smaller area within the council area, also reflects the lack of access to any existing seniors or elderly villages in the inner catchment.

## In summary:

The review of the population projections indicates that to maintain the significant projected increase in all age cohorts of persons aged 65 and over in their local communities, in both the inner catchment area and wider Ipswich City Council area, there is:

- A current and increasing need to develop suitable housing and support products for retirees that maintain or likely improve lifestyle, social connections and health and wellbeing.
- A current and significant increasing need to develop suitable housing and integrated lifestyle, social and care and support services and products for seniors that enable a 'home for life'.
- A need to offer contemporary forms of housing coupled with aged care services for persons seeking contemporary forms of residential aged care, those seeking more complex care, and for those needing an alternative to traditional low to high residential aged care. This need will increase significantly over the 19 years to 2041, and in particular post 2031 when baby boomers seek to access residential aged care level of services.

Further detail of the projected age cohorts is provided in the table below.

Projected Ageing Population by Age Cohort

Catchment Area	Projected Population as at 2022					Projected Increase by Age Cohort										Projected Increase 2022-2041				
						Projected Increase 2022-2031					Projected Increase 2031-2041									
	Retirees 65-74	Seniors 75-84	Elderly 85+	Target 65+	Target 75+	Retirees 65-74	Seniors 75-84	Elderly 85+	Target 65+	Target 75+	Retirees 65-74	Seniors 75-84	Elderly 85+	Target 65+	Target 75+	Retirees 65-74	Seniors 75-84	Elderly 85+	Target 65+	Target 75+
Goodna	800	448	105	1,353	553	133	182	78	393	260	100	131	90	321	221	233	313	168	714	481
Bellbird Park - Brookwater	1,093	446	106	1,644	552	1,294	725	245	2,265	970	1,262	871	473	2,606	1,344	2,556	1,596	718	4,870	2,314
Camira - Gales	875	380	90	1,345	470	126	162	66	354	228	(2)	82	86	166	168	124	244	152	520	396
Carole Park	-	-	-	-	-	-	-	-	-	-	2	-	-	2	-	2	-	-	2	-
Collingwood Park - Redbank	705	346	120	1,170	465	327	273	103	703	375	234	313	218	764	531	561	586	320	1,467	906
Redbank Plains	1,181	423	120	1,724	543	492	427	110	1,029	537	329	298	218	845	516	821	725	328	1,874	1,052
Springfield	377	174	53	604	227	153	138	64	355	202	192	186	136	515	322	345	324	200	869	524
Wacol	264	135	37	436	171	34	48	39	121	87	27	34	53	114	87	60	82	92	234	174
Inner Catchment	5,295	2,351	630	8,276	2,981	2,559	1,955	704	5,219	2,660	2,144	1,914	1,275	5,332	3,188	4,703	3,869	1,979	10,551	5,848
Outer Catchment	13,151	7,363	2,711	23,225	10,074	10,370	7,185	2,792	20,347	9,977	10,245	10,492	6,172	26,909	16,664	20,615	17,678	8,964	47,256	26,641
Ipswich City Council	18,446	9,714	3,341	31,501	13,055	12,929	9,141	3,496	25,566	12,636	12,389	12,406	7,447	32,241	19,853	25,318	21,546	10,943	57,807	32,489
Balance of Ipswich SA4	13,112	7,152	2,386	22,650	9,538	3,243	3,131	1,383	7,756	4,513	2,510	3,318	2,464	8,292	5,782	5,753	6,448	3,847	16,048	10,295
Ipswich SA4	31,557	16,866	5,727	54,150	22,593	16,172	12,271	4,878	33,321	17,150	14,899	15,723	9,911	40,533	25,634	31,070	27,995	14,789	73,855	42,784





# Access to Residential Aged Care

## Residential Aged Care Planning

For the purpose of planning aged care, the Commonwealth Department of Health and Ageing (DoHA), as the Department with responsibility for aged care, utilises aged care planning ratios to control supply and distribute Commonwealth funded residential aged care 'bed licences' to Approved Providers of aged care.

The planning ratios seek to provide 125 aged care places per 1,000 people aged 70 years and over, including targets of 78 residential care places, 2 short term restorative care places, and 45 home care packages.

Under the current planning system, older Australians can only access funded residential aged care through Approved Providers holding 'bed licences' in Commonwealth approved buildings (built to 9C classification). Approved Providers can only access 'bed licences' through:

- Application in the DoHAs highly competitive Aged Care Approvals Round (ACAR) tender process theoretically held annually – this is the most common method; or
- Acquire operational allocations through the acquisition of an operating residential aged care site – with approval from the DoHA: or
- Acquire unused allocations held by other Providers and seek approval from the DoHA to transfer to a proposed development.

The aged care planning ratio, recognised as the formal benchmark for residential aged care, has been utilised as the benchmark within this review. Historically as a "benchmark" it is a useful guide in a quantitative sense, but a qualitative analysis of supply and demand is necessary in each case to assess particular community needs.

This review also refers to the following terminology regarding 'bed licences':

- Operational 'bed licences': in operation and available to the community.
- Unused 'bed licences': provisional licences awarded and not yet operational; and off-line licences previously operational and no longer in use.

- An oversupply of 'bed licences' refers to there being more operational licences than required, at that point in time, as per the planning ratios.
- An undersupply of 'bed licences' refers to there being less operational licences than required, at that point in time, as per the planning ratios.

## Planned Deregulation of 'Bed Licences'

In May 2021, the previous Government released the following documents:

- Federal Budget 2020-2021 outlining a 5 pillar-5-year plan for aged care.
- Response to the Royal Commission into Aged Care Quality and Safety Recommendations.
- Department of Health fact sheets including Ageing and Aged Care for Providers – 'improving choice in residential aged care'.

Review of the combined documents identified the following:

- From 1 July 2024 'bed licences' will be deregulated:
  - 'Bed licences' will not be held by Approved Providers and will cease to exist. ACAR will legislatively cease on 1 July 2024, however, the recent ACAR 2020-2021 (closed in March) will officially be the last with the DoH not intending to conduct any further rounds.
  - Persons seeking residential aged care will be assigned a package of care and be able to choose a residential aged care provider that best meets their needs / preferences.
  - It is intended the deregulation of 'bed licences' will provide an incentive for providers to develop higher quality and more innovative aged care housing and models of care to better meet older Australian's needs and preferences.





# Access to Residential Aged Care

- Between now and 30 June 2024, Approved Providers will continue to hold 'bed licences' and persons seeking residential aged care will need to access those providers holding and delivering operational 'bed licences'.
- Between now and 30 June 2024, Approved Providers will continue to hold 'bed licences' and persons seeking residential aged care will need to access those providers holding and delivering operational 'bed licences'.
- The current planning ratios will continue until at least 30 June 2024 – how the planning ratios will be calculated post 2024 is unknown, however, it is anticipated a rationed funding system will continue with more flexibility on choice between home care and residential aged care and in the older persons preferred location / form of accommodation.

The current Government has continued with deregulation under their 'A Generational Plan for Aged Care'. As a result of this significant shift in bed licences, this review has considered all proposed new residential aged care development regardless of whether the provider holds funded residential aged care allocations.

## Residential Aged Care Supply

### Ipswich City Council Area

At the current time there are 10 active sites delivering 1,044 Commonwealth funded residential aged care allocations in the Ipswich City Council area.

Application of the Department's planning benchmarks indicates there was an undersupply of around 625 residential aged care allocations as at 2022. However, as a result of the projected increase in older populations, and without any further supply, this is projected to increase to an undersupply of:

- 2,077 places over the 9 years to 2031; or
- 4,118 places over the 19 years to 2041.

This would require the development and opening of around 216 new places each year – that is, around 2.6 times the size of the proposed Abadi Gaia residential aged care site.

Research identified there is a proposed increase of only around 653 new aged care places in the Ipswich City Council area, including:

- 408 new places that are holding funded allocations; and
- 245 new places that are not holding funded allocations and are able to develop and attract aged care residents from July 2024 in a 'deregulated' aged care market (or before with DoHA approval).

The existing and proposed residential aged care sites in the Ipswich City Council area are listed in the table below.

Operating and Proposed Residential Aged Care Sites in the Ipswich City Council

Service Name	Location	Residential Aged Care Supply			Part of Care Continuum
		Holding Allocations		Not Total	
		Used	Unused	Holding Allocations	
Abadi Gaia Residential Village	Goodna			81	81
Bethany Redbank Plains	Redbank Plains		100		100
Inner Catchment		-	100	81	181
Aged Care Plus, Riverview Gardens	Riverview	167	80		247
AVEO Wellness Way	Springfield Central		108	136	244
Blue Care Nowlanvil	Flinders View	116			116
SCC, St Mary's Hostel	Raceview	73			73
Bundaleer Lodge	North Ipswich	171			171
Carinity Aged Care Colthup	Ipswich	71			71
Inifinite Care Ipswich	Ipswich	99			99
Blue Care Lauriston	Eastern Heights		86		86
Bolton Clarke Milford Grange	Eastern Heights	94	34		128
Catholic Healthcare Eastern Heights	Eastern Heights	100			100
Blue Care Brassall Village	Brassall	82			82
Cabanda Aged Care	Rosewood	71		28	99
Outer Catchment		1,044	308	164	1,516
Ipswich City Council		1,044	408	245	1,697



# Access to Residential Aged Care

If all 653 proposed new places were developed and operational by 2031, this would indicate the current undersupply of 625 places may change to:

- An undersupply of 1,424 places over the 9 years to 2031; or
- An undersupply of 3,465 places over the 15 years to 2041.

That is a significant shortfall in access to an important service for elderly in the catchment area.

Further detail is provided in the table below.

## Projected (Over) or Under Supply of Residential Aged Care

Catchment Area	Residential Aged Care Supply			Total	Projected (Over)/Undersupply				
	Holding Allocations		Not Holding Allocations		Excluding Pipeline			Including Pipeline	
	Used	Unused	Pipeline		2021	2031	2041	2031	2041
Goodna			81	81	73	99	120	18	39
Bellbird Park-B'water					80	200	351	200	351
Camira - Gables					67	89	104	89	104
Carole Park					-	-	0	-	0
C'wood Park-Redbank					61	103	154	103	154
Redbank Plains		100		100	80	144	195	44	95
Springfield					31	51	85	51	85
Wacol					23	31	39	31	39
Inner Catchment	-	100	81	181	415	716	1,049	535	868
Outer Catchment	1,044	308	164	1,516	210	1,361	3,069	889	2,597
Ipswich City Council	1,044	408	245	1,697	625	2,077	4,118	1,424	3,465
Bal of Ipswich SA4	739	281	111	1,131	478	950	1,507	558	1,115
Ipswich SA4	1,783	689	356	2,828	1,103	3,028	5,625	1,983	4,580

Further, of the proposed 653 new places, it is unknown if all, or any, will proceed and in a timeframe that assists in meeting the increasingly lack of supply for the community.

Of the 653 places, with the exception of Abadi Gaia seeking approval for development, all are either deferred indefinitely or do not have an established timeframe for approval or development, as noted in the table to the right.

## Proposed Increase in Residential Aged Care Supply in the Ipswich City Council

Service Name	Proposed	Development Stage
Abadi Gaia Residential Village, Goodna	81	DA submitted, seeking approval
Bethany Redbank Plains	100	Approved – deferred indefinitely
Aged Care Plus, Riverview Gardens	80	Future planning - no timeframe
AVEO Wellness Way, Springfield Central	244	Approved – no timeframe and unknown if will proceed as Aveo sold aged care business in 2022.
Blue Care Lauriston, Eastern Heights	86	Future planning – no timeframe
Bolton Clarke Milford Grange, Eastern Heights	34	Approved – no timeframe
Cabanda Aged Care, Rosewood	28	Approved – deferred indefinitely
Ipswich City Council	653	

As such, the projected undersupply of 2,077 places over the 9 years to 2031 or the projected undersupply of 4,118 places over the 19 years to 2041 may remain without a commitment to new development.

In addition, there would be an undersupply in the wider Ipswich SA4. The Ipswich SA4 has an undersupply of 1,103 places projected to increase to an undersupply of 1,983 by 2031 or an undersupply of 4,580 places by 2041 if all proposed places (1,045 proposed places) and no existing services close. In recent years there has been the closure of a Blue Care site and Villa Maria Catholic Healthcare - noting, as expectations for access to contemporary products increases sharply, further older and traditional styles of services may close and further restrict access to aged care and an increase in places.

To meet the statistical shortfall, all services within the Ipswich SA4 would need to support the unmet need (regardless of geographic location), as is the case currently.



# Access to Residential Aged Care

## Inner Catchment Area

At the current time there are no active sites delivering Commonwealth funded residential aged care allocations in the inner catchment area. This would indicate an undersupply of around 415 residential aged care allocations as at 2022 projected to increase to an undersupply of 716 places by 2031 or 1,049 places by 2041.

Research identified there is a proposed increase of around 181 new aged care places across two sites:

- 81 places for Abadi Gaia; and
- 100 places for Bethany Redbank Plains.

If both sites were developed, this would result in the current undersupply of 415 places at 2022 changing to an undersupply of 535 places by 2031 or 868 places by 2041.

However, it is unknown if these sites will be developed to meet the increase shortfall, as Abadi Gaia is seeking approval and Bethany Redbank Plains has been reported as being deferred indefinitely.

## In summary:

There is an existing and increasing shortfall of residential aged care. Based on operational supply and proposed supply that is confirmed to be developed, the following shortfalls exist:

- Inner catchment area: a shortfall of 415 places projected to increase to a shortfall of 1,049 by 2041.
- Ipswich City Council area: a shortfall of 625 places projected to increase to a shortfall of 4,118 by 2041.
- Ipswich SA4: a shortfall of 1,103 places projected to increase to a shortfall of at least 4,580 places by 2041.

Even if all proposed developments were to proceed, there would remain significant shortfalls in inner catchment area, Ipswich City Council area and wider Ipswich SA4.

The proposed increase of 81 places at the Abadi Gaia site would only meet:

- 19.5% of the projected unmet need in the Inner catchment area at 2022 or 7.7% at 2041.
- 13.0% of the projected unmet need in the Ipswich City Council area at 2022 or 2.0% at 2041.
- 7.3% of the projected unmet need in the Ipswich SA4 at 2022 or 1.4% at 2041.

In addition:

- The Abadai Gai site would need to assist in servicing beyond the inner catchment area and support persons in need of residential aged care in the wider Ipswich City Council area; and
- The Abadi Gaia independent living designed to enable ageing in place will support persons to reduce or avoid reliance on residential aged care - this will be particularly important where access is limited.



# Access to Retirement Villages

## Retirement Village Supply

This review has considered the supply of retirement villages in the catchment area.

### Ipswich City Council Area

In the Ipswich City Council area, there are 10 retirement villages operating with a total of 723 dwellings available:

- Oak Tree Goodna – 63 dwellings
- Seasons Aged Care – 80 dwellings
- Riverview Gardens – 26 dwellings
- Aveo Springfield Lakes – 152 dwellings
- Carinity Elim Estate – 38 dwellings
- Cascade Gardens Riverview – 98 dwellings
- Bolton Clarke Milford Grange – 58 dwellings
- Blue Care Brassall Village – 59 dwellings
- Suncare Lakes – 108 dwellings
- Cabanda Care – 41 dwellings.

Based on an average of 1.3 persons per dwelling in independent living and 1 person per dwelling in serviced apartments and assisted living, there is a penetration of around 2.8% of the 65 plus population as at 2022. Without any further supply this would decrease to 1.6% by 2031 or 1.0% by 2041.

There is a proposed increase of 1,032 dwellings across 3 new villages (including the proposed Abadi Gaia) and extensions to 4 existing villages.

- *New developments:*
  - Abadi Gaia – 189 dwellings
  - Bethany Christian Care – 135 dwellings
  - Aspire Silkstone – 49 dwellings.
- *Extensions to existing developments:*
  - Aveo Springfield Lakes – 576 dwellings
  - Carinity Elim Estate – 32 dwellings
  - Cascade Gardens – 48 dwellings
  - Bolton Clarke Milford Grange – 3 dwellings

If all proposed 1,032 new dwellings were to proceed, this would result in the current 2.8% penetration increasing to 3.9% by 2031 and then reducing to 2.5% by 2041.

The existing and projected penetration is very low in comparison to Brisbane and Redlands at 5.4% projected to increase to 7.0% by 2031 if all pipeline dwellings proceed.

Further, of the 1,032 dwellings, only 624 dwellings are confirmed to proceed over time. The remaining 408 dwellings are either deferred indefinitely or do not have a proposed timeframe for development. The details are provided below:

- *Seeking approval:*
  - Abadi Gaia, 189 dwellings, is seeking approval
- *Deferred indefinitely:*
  - Bethany Christian Care, 135 dwellings, is deferred indefinitely
  - Carinity Elim Estate, 32 dwellings, deferred indefinitely
  - Bolton Clarke Milford Grange, 3 dwellings, deferred indefinitely
  - Aspire Silkstone, 49 dwellings, deferred indefinitely
- *Staged construction:*
  - Aveo Springfield Lakes, 576 dwellings, staged construction
  - Cascade Gardens, 48 dwellings, staged construction

If only 624 dwellings are developed, this would result in the current 2.8% penetration increasing only slightly to 3% by 2031 and then reducing to 1.9% by 2041. This indicates a very low opportunity for seniors to access retirement villages in the Ipswich City Council area. In particular, this will limit access to contemporary villages designed for ageing in place for a new generation of older Australians.

In addition to the low supply in the Ipswich City Council area:

- With the exception of Aveo Springfield Lakes, the majority of villages are older and more traditional villages (most dwellings built prior to 2000) with most offering broad acre sites with single storey dwellings and smaller and more traditional communal amenity. These villages were not designed for ageing to high levels or for the new generation of older Australians and their expectations around ageing in place.



# Access to Retirement Villages

- Aveo Springfield Lakes is the only contemporary village offering apartment living.
- The majority of villages state they offer home care, however, there is no guaranteed access and primarily relies on the resident being able to access a home care package or the provider holding Home Support funding. As such, access to care and support in an efficient manner for all persons and to high levels is not guaranteed.
- There are 4 existing villages offering colocated retirement and aged care sites, however, they are older and more traditional villages as noted above, and not necessarily offering guaranteed ageing in place to higher levels in the independent living accommodation. There are three proposed villages to offer a contemporary continuum of care:
  - Aveo offering contemporary apartment living proposed to offer aged care onsite, however, if it does proceed it is likely to be by a third-party provider and may not deliver the same seamless ageing in place experience able to be offered by the one provider.
  - Bethany Christian Care proposed to offer contemporary retirement and aged care, however, the project is deferred indefinitely.

## Inner Catchment Area

In the inner catchment area, there is only one existing village, Oak Tree Goodna offering 63 dwellings, indicating a penetration of around 2.0% of the 65 plus population as at 2022. Without any further supply this would decrease to 1.2% by 2031 or 0.9% by 2041.

There is a proposed increase of 324 dwellings across 2 new villages (Abadi Gaia and Bethany Christian Care). If all proposed 324 new dwellings were to proceed, this would result in the current 2.0% penetration increasing to 4.3% by 2031 and then reducing to 3.1% by 2041. However, as previously stated, it is unknown if the Abadi Gaia and Bethany Christian Care developments will proceed.

The existing and projected penetration is very low by comparison to neighbouring Brisbane and Redlands area at 5.4% projected to increase to 7.0% by 2031 (if all pipeline dwellings proceed). If the inner catchment area was to deliver to at least a 5% penetration for independent living in Retirement Villages (including the exiting supply), this would require:

- The immediate opening of 255 dwellings at 2022;
- The opening of a further 201 dwellings between 2022 and 2031; and
- The opening of a further 205 dwellings between 2031 and 2041.

Based on a 5% penetration, the proposed Abadi Gaia village would only meet 74% of the current shortfall, 41% of the shortfall at 2031 or 29% of the shortfall at 2041 in the inner catchment area.

Further detail is provided in the table below.

Projected Penetration of Retirement Villages at the Age of 65 Plus

	Retiree, Seniors and Frail Aged Accommodation Supply						Projected 65 Plus Population			Projected Percent of 65 Plus Residing in Villages											
	Independent Living		Serviced Living		Assisted Living		Total			Independent Living			Serviced Living			Assisted Living			Total		
	Operating	Proposed	Operating	Proposed	Operating	Proposed	Operating	Proposed		2022	2031	2041	2021	2031	2041	2021	2031	2041	2021	2031	2041
Goodna	63	189					63	189		1,353	1,746	2,067	6.1%	18.8%	15.8%	0.0%	0.0%	0.0%	6.1%	18.8%	15.8%
Bellbird Park-Brookwater							-	-		1,644	3,909	6,514	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Camira-Gailes							-	-		1,345	1,699	1,865	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Carole Park							-	-		-	-	2	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Collingwood Park-Redbank							-	-		1,170	1,873	2,637	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Redbank Plains		135			80		80	135		1,724	2,752	3,597	0.0%	6.4%	4.9%	0.0%	2.9%	2.2%	4.6%	9.3%	7.1%
Springfield							-	-		604	959	1,473	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Wacol							-	-		436	556	670	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Inner Catchment	63	324	0	0	80	0	143	324		8,276	13,494	18,827	1.0%	3.7%	2.7%	0.0%	0.6%	0.4%	2.0%	4.3%	3.1%
Outer Catchment	502	659	30	0	48	49	580	708		23,225	43,572	70,481	2.8%	3.5%	2.1%	0.1%	0.2%	0.1%	3.1%	3.8%	2.3%
Ipswich City Council	565	983	30	0	128	49	723	1,032		31,501	57,066	89,308	2.3%	3.5%	2.3%	0.1%	0.3%	0.2%	2.8%	3.9%	2.5%
Balance of Ipswich SA4	888	255	118	38	0	0	1,006	293		22,650	30,406	38,697	5.1%	4.9%	3.8%	0.5%	0.0%	0.0%	5.6%	5.4%	4.2%
Ipswich SA4	1,453	1,238	148	38	128	49	1,729	1,325		54,150	87,472	128,005	3.5%	4.0%	2.7%	0.3%	0.2%	0.1%	4.0%	4.4%	3.0%



Further details of the existing and proposed retirement villages in the Ipswich City Council area are provided in the table below.

Existing and Proposed Retirement Villages in the Ipswich City Council Area										
Village Provider	Village Name	Retirement Villages						Comments	Aged Care Onsite	Development Stage
		Independent Operating	Independent Proposed	Serviced Operating	Serviced Proposed	Assisted Operating	Assisted Proposed	Total Dwellings		
Oak Tree	Oak Tree Goodna	63		-				63		Built 2006; traditional; broad acre; 1 & 2 bed single storey; small scale communal amenity; no home care provided
PGS Invest Pty Ltd	Abadi Gaia Residential Village		189					- 189	Proposed	DA submitted - seeking approval
Bethany Christian Care	Bethany Redbank Plains		135					- 135	Proposed	Approved - deferred Indefinitely
Seasons Aged Care	Seasons Redbank Plains					80		80		Older; 1 bed units; serviced/home care; rental
Inner Catchment		63	324	-		80		143 324		
Aged Care Plus	Riverview Gardens, Riverview	26						26	Yes	Built 1981; traditional; broad acre; 2 bed single storey; small scale communal amenity; home care provided.
Aveo	AVEO Wellness Way, Springfield Central	104	576			48		152 576	Proposed	Started 2016; vertical; 1,2,3 bed apartments; larger scale communal amenity; home care provided.
Carinity	Carinity Lifestyle Elim, Raceview	38	32	-				38 32		Built 1998; broad acre; 2 bed single storey; small scale communal amenity; home care provided.
Cascade Gardens	Cascade Gardens, Raceview	98	48					98 48		Older and newer; traditional; 2 bed single storey units; small scale communal amenity; no home care provided
Bolton Clarke	Milford Grange, Eastern Heights	58	3					58 3	Yes	Built 2004; broad acre; traditional; 2 bed single storey units; home care provided
Aspire Aged Care	Aspire Silkstone, Silkstone					49		- 49		Approved - deferred Indefinitely
Blue Care	Brassall Village, Brassall	29		30				59	Yes	Built 1971: older and traditional; broad acre studio, 1 and 2 bed single storey units; older communal amenity; home care provided.
Suncare Lakes	Suncare Lakes, Brassall	108		-				108		Traditional; broad acre; single storey homes; no home care provided. Not under RV Act.
Cabanda Care	Cabanda Aged Care, Rosewood	41		-				41	Yes	Built 1987; traditional; 2 and 3 bed single storey units; small scale communal; home care provided.
Outer Catchment		502	659	30		48	49	580 708		
Ipswich City Council		565	983	30		128	49	723 1,032		

