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Review of Retirement Accommodation in the Northern Territory

Department of Housing

FINAL REPORT

4 April 2016

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Glossary and definitions

ACAR	Aged care approvals round
ACAT	Aged care assessment team
Accommodation services	Residential accommodation targeted to the elderly
ACPR	Aged care planning region
ATSI	Aboriginal and Torres Strait Islander
CAGR	Compound annual growth rate
Care services	Clinical services such as nursing and allied health services
CHSP	Commonwealth Home Support Programme
DSS	Department of Social Services
DVA	Department of Veterans' Affairs
HACC	Home and Community Care
HCP	Home Care Package
MHP	Manufactured Home Park
MPS	Multi-purpose service
NT	Northern Territory
NTG	Northern Territory Government
RAC	Residential aged care
RAD	Residential Accommodation Deposits
RV	Retirement village
Senior	A person aged 65 or over (50 or over for Indigenous persons)
STRC	Short-term restorative care
Support services	Non-clinical support services such as social support, meals, transport, etc.
TCP	Transition Care Program
VHC	Veterans' Home Care

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Executive summary

Executive summary

The Northern Territory (NT), as with the remainder of the Australian population is experiencing an increase in the proportion of seniors. As this occurs, people are seeking new and appropriate housing options to support them as they age.

For the purposes of this study, the term 'seniors' refers to all Indigenous persons aged 50 years and over, and all other persons aged 65 years and over. A review of the NT seniors population and accommodation options available to them indicates large gaps. On the surface, this may be attributed to a shortage of supply, particularly in retirement accommodation solutions that are available elsewhere in Australia, namely retirement villages (RVs), manufactured home parks, rental villages, etc. On a deeper level, other factors come to the fore including a relatively expensive property market, land availability issues and the specific characteristics of the NT seniors population. This indicates that a holistic approach is needed to ensure the development of a seniors accommodation strategy that is responsive to local needs and delivers better outcomes for the NT.

The future directions of aged care must also be considered to ensure that the NT government's strategies are aligned with best practice systems. Options presented for consideration are therefore centred on the following principles:

- Focused development of appropriate housing that allows for effective ageing-in-place utilising home care supports and services;
- Transfer of 'ownership' of seniors housing from the government to the private sector and the consumer; and
- Development of a contestable model of seniors housing provision that encourages innovation and responsiveness to needs.

The NT senior population

Statistics suggest that there are approximately 22,250 seniors currently in the NT. This represents 9.2% of the total population, which is relatively low compared to the national average of 14.7%. This is primarily attributed to a lower median age of death in the NT (60 years as compared to the national average of 81 years) and relatively high proportion of seniors migrating to other states for retirement.

There are several characteristics of the seniors population that are unique to the NT and must be factored into any considerations of seniors housing:

- Over 90% of seniors live in Darwin (57%), Alice Springs (21%) and Katherine (12%). These areas also account for 97% of the seniors aged over 75 years. Despite this concentrated distribution of seniors, only Darwin and Alice Springs have sufficient numbers of seniors that would normally meet commercial operator criteria for development of new supply.
- About 41% of NT seniors aged 55-64 years and 29% of seniors aged 65 years and over are lone persons, which impacts their capacity to live independently even with home care supports.
- About 44% of seniors are Indigenous indicating that any supply should be capable of delivering complex health-related and culturally-appropriate solutions. Indigenous seniors in the NT also are noted to have a higher prevalence for several complex conditions, including:
  - Dementia – 4 times the national average;
  - Diabetes and related conditions – 3 times the national average; and
  - High proportion of population with obesity-related (69%) and tobacco-related (44%) conditions.

  In addition, cultural beliefs and values such as passing away on traditional lands and having family and kin accommodated alongside seniors must be considered.
- Housing affordability and lack of options is an issue for many NT seniors, especially for those who would not normally be eligible for public housing. This is primarily impacted by high property prices, high rental prices and low levels of affordable supply in areas of the NT where there is also greater access to healthcare and other services that seniors need. This is particularly relevant for seniors with complex needs and behaviours.

These factors combine to result in higher proportions of NT seniors needing a range of housing solutions that are affordable, community-based and appropriate for complex care and needs.

Executive summary

Retirement accommodation options for seniors in the NT

For the purposes of this study, retirement accommodation is defined as housing that is specifically-designed for seniors to live independently with access to care and community supports to provide higher quality of life outcomes. This typically includes purpose-built Retirement Villages (RVs), Manufactured Home Parks (MHPs) and Pensioner Villages with the following features:

- **Structural design that is seniors-friendly**, particularly in relation to entryways, bathrooms, kitchens, etc.
- **Community access and proximity** to key amenities such as shops, hospitals, personal services and social support in a close community setting. This may include access to transport services, meal services, domestic assistance, group activities and excursions, etc.
- **Access to care supports and services**, which may be provided on a subsidised or fee-for-service basis. This includes personal care, nursing services, respite services, etc. including capability to manage complex needs and behaviours.

These retirement accommodation options complement Residential Aged Care (RAC) facilities, multi-purpose services and hostels which are designed for those with much higher care needs or those that require end-of-life care.

A review of retirement accommodation options available in the NT shows that there are presently roughly 1,130 housing units specifically designated for NT seniors. However, as over 80% of this housing is provided by the government as public housing, broader access is limited.

Catchment area	Seniors	Retirement accommodation options identified in this review	
		Government provided[1]	Private / NFP provided
Darwin	12,587 seniors 25% Indigenous	61 seniors villages / complexes with 720 housing units (18 units in pipeline).	2 commercial RVs with 153 housing units (includes 12 rental units), and 1 Indigenous rental RV with 10 units.
Alice Springs	4,555 seniors 58% Indigenous	6 seniors villages / complexes with 113 housing units (33 units in pipeline).	1 rental village with 43 housing units.
Katherine	2,717 seniors 67% Indigenous	5 seniors villages / complexes with 67 housing units, plus 2 remote group homes for seniors with 10 rooms (12 units in pipeline).	None identified.
East Arnhem	1,321 seniors 97% Indigenous	None identified.	None identified.
Barkly	1,077 seniors 75% Indigenous	1 seniors complex with 13 units.	None identified.

Comparison of NT options with other jurisdictions in Australia

The NT has a markedly lower supply of RVs, and no MHPs, when compared to other Australian jurisdictions. The current non-government supply is also constrained to Darwin and Alice Springs.

The NT is also characterised by a high share of seniors living in government-provided housing. These seniors villages / complexes are structurally appropriate, but many lack access to community, care supports and services. They are also only accessible to those eligible for public housing.

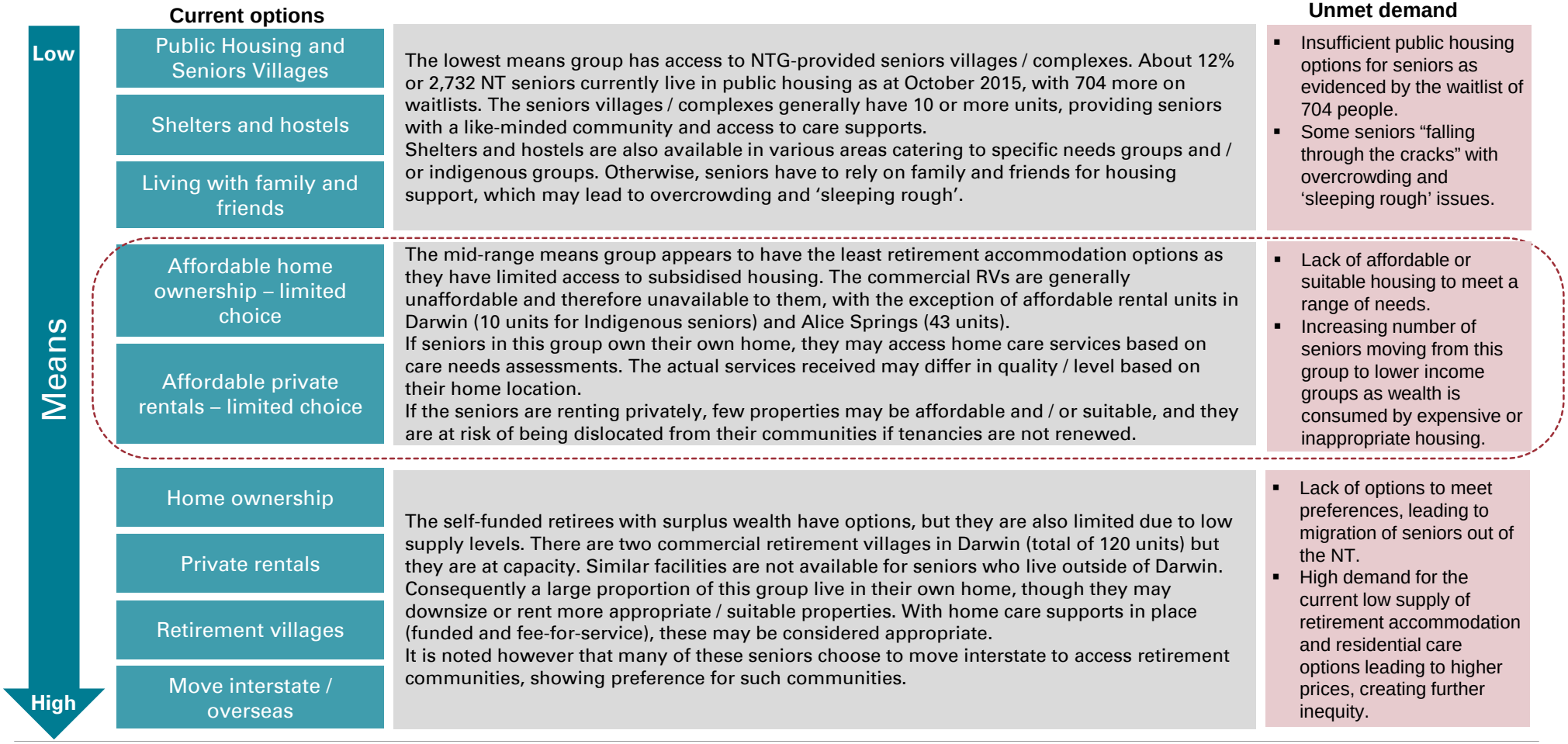
Elsewhere in Australia, the number of RVs and MHPs is growing driven by private sector investment and consumer demand.

[1] *These properties are specifically designated by the NT Department of Housing for seniors aged 55 and over.*

Executive summary (cont.)

Retirement accommodation supply and demand

Following the review of available seniors accommodation options it is apparent that the supply of senior retirement accommodation varies depending on the level of means of potential residents. The diagram below summarises the current supply of retirement accommodation and supports available to NT seniors according to their means (income and household wealth). Across all categories there is unmet demand for retirement accommodation solutions. This gap is widest for the middle-means group i.e. those with wealth tied up in their home and / or net assets of less than $400,000.



Executive summary (cont.)

Issues and barriers to increasing supply and effectiveness of retirement accommodation solutions

The major gaps in retirement accommodation provision are identified below with discussion of contributing factors. Without intervention, this will continue to lead to lower social and economic outcomes for seniors across the NT.

Identified issues	Contributing factors
Limited accessibility to seniors-appropriate housing	■ Seniors housing is generally unavailable due to limited supply of RVs, MHPs, pensioner housing, etc. There are seniors villages / complexes provided by the NT government with 12% of seniors currently accessing it, but this is restricted to those with low means. Those with complex needs are further limited. ■ Supply of new seniors housing is impeded by limited land availability and high construction costs. ■ Accessibility to appropriate housing is an issue due to slow property markets preventing access to private home equity, and limited private rentals available / suitable for seniors, vulnerable and Indigenous groups.
Limited affordability for seniors-appropriate housing	■ Limited access to RVs and RAC facilities due to low levels of supply results in providers favouring residents with higher means and setting high entry prices. There is limited supply of subsidised / affordable seniors housing outside of public housing. ■ General housing affordability is an issue due to high living and rental costs in the NT. In contrast, public housing is much cheaper, driving up demand.
Limited support to make housing appropriate	■ Seniors living in housing that may be inappropriate due to distance, mobility or structural issues have limited access to support to enable them to continue living independently in their own homes.
Limited effectiveness of aged and health care services to allow for supported independent living in home communities	■ Aged care funding mechanisms are not effectively targeted and may be distributed inflexibly across the NT. Providers also face financial viability and staffing challenges, limiting the extent and quality of care provision. ■ Seniors with high / complex care or medical needs are often displaced from their own homes in rural or remote areas to access services only available in city centres. ■ There is limited collaboration between and amongst providers and health care systems resulting in high care costs, lower quality of care outcomes, and also limited options for seniors with complex behaviours and needs.

Outcomes

- High demand for seniors housing that is affordable
- Increasing number of seniors at risk of homelessness
- Barriers to entry / expansion for operators limiting new supply
- Increased burden on hospitals and healthcare systems
- Lower quality of life outcomes for seniors
- Displacement of seniors from their families and home communities
- Movement of seniors from NT to other states

Executive summary (cont.)

The case for change

The findings of this report suggest that without targeted intervention, there will be limited investment from local and interstate providers to increase the supply of retirement accommodation in the NT.

Case for Change

Without intervention, increasing numbers of senior Territorians may be priced out of the private rental market and could become reliant on public housing provision.	Without intervention, barriers will continue to detract new supply of retirement accommodation in the NT.	If seniors with mid-range means continue to have limited access to appropriate retirement accommodation, demand is likely to shift to increased need for RAC facilities and hospital services.	If focussed attention is not given to creating appropriate solutions for seniors with complex needs and behaviours, these individuals will continue to be marginalised with hospitals bearing the cost burden, generating poor social outcomes for the community.

Potential levers available to the NT

A combination of levers can be employed by the NT government to attract commercial development and strengthen local provider and community capabilities to close identified gaps and deliver improved outcomes for seniors across the NT.

Each of the levers discussed below represent strategies employed successfully in other jurisdictions, both nationally and internationally. Any application of levers in the NT will require consultation and flexibility to ensure that they are employed responsively to the NT's unique needs. A strong focus should also be placed on transferring 'ownership' to the private sector and local communities through a contestable process to build capacity and attract innovation.

Potential levers

1	Alternative delivery models for seniors public housing	2	Incentivise new supply in targeted locations	3	Incentivise supported living solutions	4	Incentivise development of self-sustaining community hubs

Executive summary (cont.)

1 Alternative delivery models for seniors public housing

By adopting alternative delivery models for the NTG-provided seniors villages / complexes, the overall supply and cost-effectiveness of such housing may be improved. Specifically this could be achieved by:

- **Tendering properties and tenancy management services to Community Housing Providers (CHPs) through sale or leasing of assets.** Successful CHPs should be able to demonstrate experience in delivering ageing-in-place supports and services, and commitment to improving tenant outcomes.
- **Implementation of an income-related rent subsidy scheme** that eligible seniors may access regardless of whether housing is provided by the government or CHP will also increase supply and allow flexibility to match seniors to appropriate housing. It will also result in a fairer contribution scheme.

Similar strategies have been employed by New Zealand through their Social Housing Reform Programme, with their first round of public housing property transfers in Taurange and Invercargill successful in attracting high quality consortiums that included global and local real estate management, financial asset management, and community housing expertise.

Potential outcomes

- Development of cost-effective retirement and ageing-in-place service delivery models
- Improved quality of life and choices for NT seniors
- Long-term reduction in whole-of government costs, and improved social outcomes
- Economic development of regional and remote service hubs

2 Incentivise new supply in targeted locations

Providers may be attracted to develop commercial retirement accommodation solutions in targeted locations in the NT through the following strategies:

- **Tendering of development-ready land parcels** for retirement accommodation will assist in attracting commercial providers to enter into the NT and develop new supply in targeted locations.
- **Creating package deals** of multiple development sites or land parcels in conjunction with the sale of existing seniors housing stock may assist in providing scale to commercial providers to establish commercial viability.
- **Specifying inclusion of dedicated seniors accommodation in broader housing development projects** could also increase supply of appropriate housing for seniors.

The above strategies were developed based on consultations with major interstate RV and MHP providers who have expanded into regional and remote areas in other jurisdictions across Australia.

Potential outcomes

- Development of cost-effective retirement and ageing-in-place service delivery models
- Improved quality of life and choices for NT seniors
- Long-term reduction in whole-of government costs, and improved social outcomes
- Economic development of regional and remote service hubs

Executive summary (cont.)

3 Incentivise supported living solutions

Innovative supported living solutions such as secure homes that provide 24/7 care for seniors with dementia, indigenous homes with renal care, temporary intensive care homes for people accessing hospital services, etc. may provide a solution for those with more complex needs and behaviours and those who currently 'fall through the cracks'.

New supply of innovative supported living solutions may be incentivised through flexible and contestable funding and incentive schemes which may include:

- **Offering suitable public housing stock for refurbishment / remodelling** into purpose-built homes for seniors to meet identified complex needs and behaviours.
- **Funding to support provider initiatives to create innovative solutions**.

There was positive feedback from stakeholders regarding supported homes built by Golden Glow Nursing and Calvary's Kinship homes (now discontinued). Golden Glow has also demonstrated that the establishment and running of such homes may be both affordable and commercially viable through collaborative use of aged care funding and rent assistance, making this a financially sustainable option that can be tailored based on local needs.

Potential outcomes

- Development of cost-effective retirement and ageing-in-place service delivery models
- Improved quality of life and choices for NT seniors
- Improved access to hospital and healthcare services
- Long-term reduction in whole-of government costs, and improved social outcomes
- Economic development of regional and remote service hubs

4 Incentivise development of self-sustaining community hubs

In areas that are already built-up with a natural high concentration of seniors and where property prices may be a barrier to developing commercial retirement accommodation solutions, the NT government may incentivise local communities and seniors to develop supportive services centralised on socialisation and recreation that will empower the community to become a self-sustaining seniors hub.

The key idea is to provide funds as needed to local community groups and seniors to implement solutions, reducing reliance on commercial or government provided solutions. Supporting strategies include:

- **Collaboration with the Department of Lands and Planning** will ensure town planning and infrastructure will support seniors needs.
- **Collaboration with the Department of Housing** to assist seniors to find housing in such areas through head-leasing appropriate housing, and introducing mixed equity schemes to assist seniors to buy homes.

Similar strategies have been employed in the United States through the Naturally Occurring Retirement Communities Supportive Services Programme (NORC-SSP) and ageing-in-place initiatives. Initial funding for these programmes has been discontinues, however, initiatives continue on a self-funded basis.

Potential outcomes

- Development of cost-effective retirement and ageing-in-place service delivery models
- Improved quality of life and choices for NT seniors
- Long-term reduction in whole-of government costs, and improved social outcomes

Executive summary (cont.)

Combined application of levers

Utilising a combination of levers may offer cross-subsidisation benefits. For example the sale / leasing of public housing stock through levers 1 and 3 (i.e. sale / lease of individual houses and / or entire seniors villages) could potentially provide sufficient inflow of financial resources to fund levers 2, 3 and 4 (i.e. incentives for the development of new supply of retirement accommodation and support services).

On an overall basis the various levers will encourage capability development and innovation from local communities, private providers and not-for-profit providers to develop solutions tailored for the needs of the NT seniors population. This will reduce reliance on the NT Government to provide supports, delivering better economic and social outcomes for the NT.

Potential levers			Financial impact	Level of effort
1	Alternative delivery models for seniors public housing	The sale or leasing of seniors villages / complexes may bring in funds to support other levers, however will require significant effort from the NT government to arrange the transfer of housing stock and manage tenant concerns.	Potential net inflow of funds	Higher effort
2	Incentivise new supply in targeted locations	The creation of land and development packages to attract commercial providers may require financial resources, as well concerted effort from various departments and councils. This may be subsidised through other levers.	Likely net outflow of funds	Higher effort
3	Incentivise supported living solutions	The sale of aged public housing stock may bring in funds to support other initiatives. This will be easier to employ as each funding request or property transfer can be done independently.	Potential net inflow of funds	Lower effort
4	Incentivise development of self-sustaining community hubs	This will require some financial support from the NT government, however will involve less effort when compared to other initiatives.	Net outflow of funds	Lower effort

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Introduction

Project overview

Project background

The Northern Territory (NT), as with the remainder of the Australian population is experiencing an increase in the proportion of people aged 65 and older. As this occurs, people are seeking new and appropriate housing options to support them as they age.

There are a number of distinct features impacting the NT in relation to its ageing population, including:

- The high proportion of Indigenous residents, with a much younger age profile and lower life expectancy;
- The fact that many older non-Indigenous Territorians leave the NT and move interstate; and
- The significant geographical dispersal of the population, particularly in rural and remote areas.

A recent study into the current state of public housing in the NT identified that 29% of public housing stock in the NT is occupied by residents over the age of 55 (considered a senior for the purposes of public housing eligibility), primarily in the urban areas where almost 2,200 of this age cohort are living in public housing. In addition, other issues are coming to the fore such as a growing number of seniors remaining in hospitals for longer terms and increasing homelessness.

It is also understood that regions such as Katherine, Alice Springs, Coomalie and Litchfield are also actively requesting NTG support in enabling provision of retirement accommodation. In this context, the NTG has identified there is a need to undertake a review of the aged care services and accommodation options available to senior Territorians, including the availability and financial sustainability of residential retirement facilities.

Project objectives

The purpose of this study is to investigate the current supply of appropriate housing options for senior Territorians and the degree to which these facilities meet current and future needs. The study also identifies potential mechanisms to address gaps in the provision of such facilities and the financial sustainability of these mechanisms.

Project scope

Specifically, the scope of the project is to:

- Develop a profile of the current and future population of senior Territorians and their accommodation and support needs;
- Investigate the current landscape of delivery of accommodation (including residential retirement facilities), and support and care services for senior Territorians;
- Identify the key issues / barriers / gaps to accessing services; and
- Develop potential service delivery models to address these issues / barriers / gaps.

Our approach

The following diagram presents a high-level snapshot of the approach / methodology followed for this study. As part of this process, stakeholder consultations were undertaken with local and NT government groups, local and interstate aged care and retirement accommodation providers, industry groups and other relevant parties.

1 Catchment and target market

Catchment definition → Target market analysis

This section analyses the current and future population of senior Territorians and their accommodation and support needs. Analysis also considers local geographic areas to understand unique local needs.

2 Supply and demand

Overview of residential retirement models → NT current supply analysis → NT demand analysis

This section provides an overview of current retirement models and care supports in Australia, including best practice integration models to allow for effective ageing-in-place. The current NT landscape for aged care provision and retirement accommodation is then described alongside active providers in this space. This is followed by a demand analysis by catchment area.

3 Gap analysis

Issues and barriers → Identified gaps

Gaps identified from previous analysis are discussed in regards to key contributing factors. Barriers to entry for new retirement accommodation supply are also highlighted. Future demand projections are utilised to assess the current vs. future gaps in the case that no changes are made to present arrangements.

4 Options and future directions

Case for change → Discussion of options → Literature review / case studies

The case for change is discussed highlighting economic, social, community and health benefits associated with closing the gap. Development and assessment of alternative service delivery strategies are discussed, supported by case studies and literature reviews of innovative service models for the delivery of accommodation, support and care services across dispersed geographical populations.

Legislative overview

Commonwealth legislation

The key Commonwealth legislation impacting the provision of accommodation and care and support services to seniors is the *Aged Care Act 1997*. The Aged Care Act comprises Commonwealth Government funded programs / services such as the Commonwealth Home Support Programme (CHSP), Home Care Packages (HCPs), residential aged care (RAC), flexible care and transition care.

Senior Territorians may also be eligible for services under the Department of Veterans' Affairs (DVA) Nursing Program and / or the Veterans' Home Care (VHC) program.

Commonwealth Rent Assistance may also be available to some senior Territorians (who are not already residing in NT public housing).

NT legislation

The key NT legislation impacting the provision of accommodation and care and support services to the elderly are the Retirement Villages Act, NT Seniors Villages / Seniors Housing policy and the Senior, Pensioner and Carer Concession under the Stamp Duty Act.

There also exists other NT legislation and policy which can be applied to senior Territorians, however, is aimed at the broader NT community, including:

- First Home Owners Grant Act;
- Bond and Rent Assistance Loans;
- Public Housing;
- Residential Tenancies Act; and
- Caravan Parks Act.

Shared Commonwealth and NT responsibility

The Commonwealth and NT Governments also jointly administer a number of programs / schemes targeted towards, or able to be accessed by, seniors in the NT such as:

- The NT Pensioner and Carer Concession Scheme (providing rebates, discounts and assistance with key living / property costs such as stamp duty concessions, electricity, rates, water and garbage collection); and
- The National Rental Affordability Scheme (which has now been discontinued).

Together, there appear to be numerous legislative and policy instruments to promote the provision of accommodation and care and support services to senior Territorians. The current effectiveness of these instruments and how they can best be used forms part of this study.

Aged care legislation

In recent years, aged care legislation has been undergoing significant reforms aimed at:

- Improving care outcomes through increased consumer choice and direction, and deregulation of supply;
- Improving financial sustainability by implementing changes in the way in which people contribute to the cost of aged care, ensuring contributions are fair and based on costs of care delivery and ability to pay;
- Attracting innovation in aged care through increased market contestability; and
- Better targeting of care funding focused on wellbeing, reablement, and ageing-in-place initiatives.

The legislation for relevant aged care retirement accommodation types and care supports and services are available for review in **Appendix 1**. Specifically this includes CHSP, HCP, RAC, Flexible Care, Veterans Home Care (VHC), Retirement Villages (RVs), Seniors Villages (provided by the NT Department of Housing), and the NT Pensioner and Carer Concession Scheme.

Aged care future directions

Future directions in aged care

The aged care system is moving towards a future model that is more consumer-driven, market-based and less regulated. The reforms have resulted in a fundamental shift in how service providers deliver aged care accommodation and services. Central to this is the increased focus on home care funding, deregulation of supply and transfer of 'ownership' of Government funding to the individual i.e. an individual will receive a funding allocation (dependent upon their assessed care needs and financial situation) and will then be able to choose which providers it will engage to deliver their desired services.

This is outlined in the major reforms in the home care and residential care provision, which will likely have an impact on aged care provision in the NT.

1. Deregulation of Home Care Packages and Commonwealth Home Support Programme funding and supply

The overall allocation for home care funding has increased in recent years in line with a focus on developing the retirement accommodation sector to deliver solutions to allow seniors to age-in-place in their own homes. Funding for this segment is primarily delivered through Home Care Packages (HCPs) and Commonwealth Home Support Programme (CHSP).

There are currently 27 providers in the NT funded approximately $20.5m annually to deliver HCPs. This supply will be deregulated from 1 February 2017. Service providers will no longer be allocated HCPs and instead consumers will be funded directly to spend on the services (and service providers) of their choice. While allocation of HCPs will no longer be regulated the total availability of funding will be capped.

In June 2018, CHSP funding will be merged into the HCP system, indicating that it will similarly be deregulated.

These reforms are anticipated to result in increased competition, leading to enhanced quality and innovation in service delivery, and reduced regulation and red tape for providers. These changes are a key step in moving to a less regulated, more consumer-driven and market based aged care system.

2. Future reforms in Residential Aged Care

The Commonwealth Government has announced that residential care will also be moving to a Consumer Directed Care model at some point in the future which will empower residents to choose how their funding is expended on their care. This will encourage providers to ensure that their residential care offering is competitive and aligned with consumer demand. No timetable for this transition has been proposed as yet.

There is speculation that the Commonwealth Government may also deregulate the supply of residential beds in coming years, similar to the deregulation announced in HCPs. This will have significant ramifications across the sector as providers will no longer be allocated beds through annual approvals and will be required to compete for residents in an open market. This will require greater consumer focus and innovation by providers resulting in improved value for residents. While allocation of beds would no longer be regulated the total availability of funding would remain capped.

Implications for the NT

The NT government's strategy for seniors housing will benefit from alignment with the aged care reform directions. The central principles are reflected in the Options and Future Directions section of the report, namely outlining a strategy that:

- Focuses on developing appropriate housing that allows for effective ageing-in-place utilising home care supports and services;
- Transfers 'ownership' of seniors housing from the government to the private sector and the consumer; and
- Develops a contestable model of seniors housing provision that encourages innovation and responsiveness to needs.

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Catchment and target market

Catchment areas

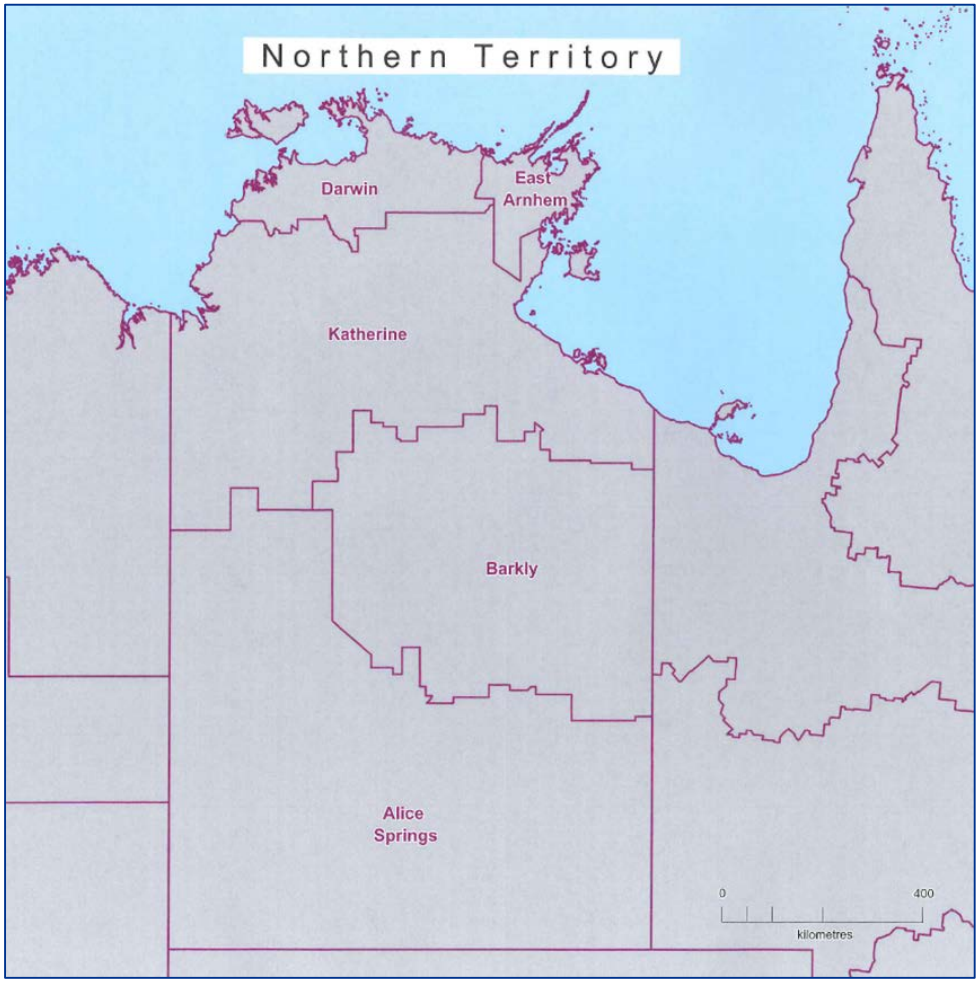
Catchment areas

For the purpose of this study the NT has been broken into five regions aligned to the Department of Social Services (DSS) ACPRs, namely:

- Alice Springs;
- Barkly;
- Darwin;
- East Arnhem; and
- Katherine.

The geographical area covered by each of these planning regions is identified in the adjacent map.

Each of the ACPRs has been broken down into smaller catchment areas for the purpose of comparing supply and demand in this review. A detailed breakdown of the smaller catchment areas considered within this review is provided on the following page.



Catchment and target market
Catchment areas (cont.)

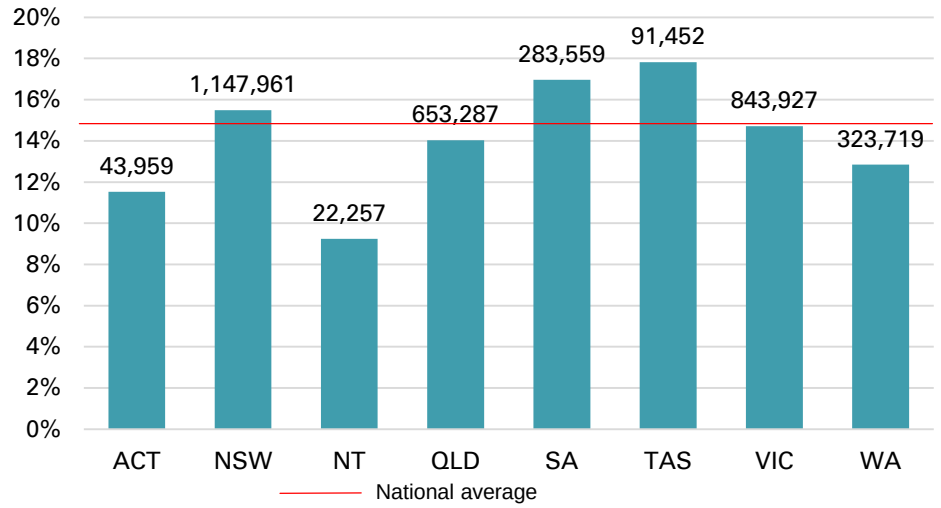
Catchment area definition		
Region	**Area**	**Statistical local area 2 (SA2)**
Alice Springs	Alice Springs	Charles; East side; Flynn (NT); Larapinta; Mount Johns; Petermann – Simpson; Ross; Sandover – Plenty; Tanami; Yuendumu - Anmatjere
Barkly	Barkly	Barkly; Tennant Creek
Darwin	Darwin City	Darwin Airport; Darwin City; East Point; Fannie Bay - The Gardens; Larrakeyah; Ludmilla - The Narrows; Parap; Stuart Park; Woolner - Bayview – Winnellie
	Darwin Suburbs	Alawa; Anula; Berrimah; Brinkin – Nakara; Buffalo Creek; Charles Darwin; Coconut Grove; East Arm; Jingili; Karama; Leanyer; Lyons (NT); Malak – Marrara; Millner; Moil; Nightcliff; Rapid Creek; Tiwi; Wagaman; Wanguri; Wulagi
	Litchfield	Howard Springs; Humpty Doo; Koolpinyah; Virginia; Weddell
	Palmerston	Bakewell; Driver; Durack - Marlow Lagoon; Gray; Moulden; Palmerston – North; Palmerston – South; Rosebery – Bellamack; Woodroffe
	Alligator	Alligator
	Tiwi Islands	Tiwi Islands
	West Arnhem	West Arnhem
East Arnhem	East Arnhem	Anindilyakwa; East Arnhem; Nhulunbuy
Katherine	Katherine	Katherine
	Roper Gulf	Elsey; Gulf
	Victoria Daly	Daly; Thamarrur; Victoria River

Seniors population

NT seniors profile

For the purpose of this study, 'seniors' is the term used to describe all persons aged 65 years and above, or 50 and above for Indigenous populations. In 2015, the NT had a total population of 240,759 including 22,257 seniors. This represents a smaller proportion of its total population relative to other states (9.2% as compared to the national average of 14.7%).

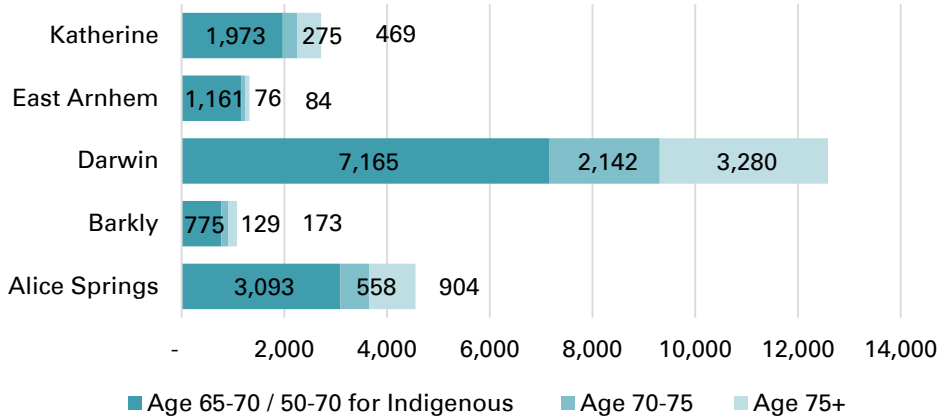
Seniors population as a percentage of total population, 2015[2]



The lower seniors population in the NT is influenced by lower median age at death (60 years as compared to the national average of 81 years[1]) and migration to other states for retirement, resulting in the lowest median age in Australia at just 32 years.[2]

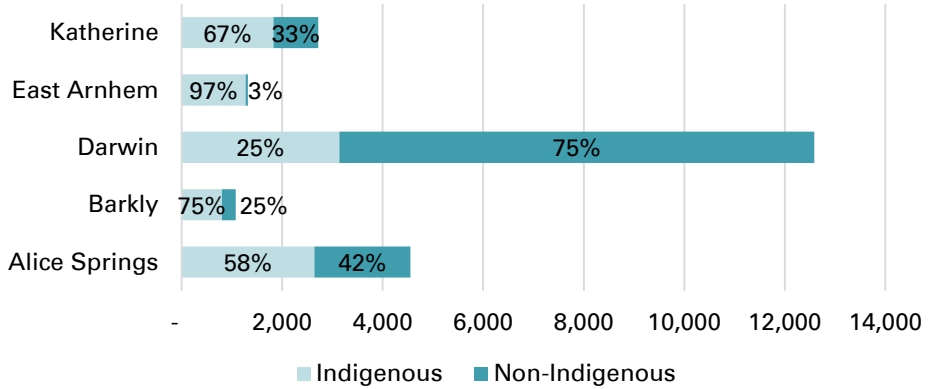
The seniors population is largely residing in Darwin (57%), followed by Alice Springs (21%) and Katherine (12%). These three areas also account for 95% of the seniors aged over 75 years.

Distribution of seniors population by age cohort, 2015[2]



There is a higher proportion of Indigenous seniors in all ACPRs other than Darwin (25% Indigenous). On an overall basis, Indigenous seniors represent 44% of the NT seniors population with East Arnhem and Barkly having the highest proportions at 97% and 75% respectively.

Proportion of Indigenous seniors, 2015[3]



[1, 2] *PHIDU Social Health Atlas of Australia, Northern Territory, June 2015 release.*
[3] *ABS Australian Demographic Statistics, June 2015 (3101.0)*

Catchment and target market
Seniors population (cont.)

NT Indigenous seniors profile

Indigenous seniors represent 44% of the NT's total seniors population. Culture, beliefs and lifestyles play a significant role in determining accommodation, support and care needs and preferences, and must be recognised in service delivery models. Some examples of influencing factors include:

- Higher prevalence of dementia (including younger onset dementia) in Indigenous Territorians - Research by the Australian Institute of Health and Welfare indicates that dementia among the NT Indigenous population aged 45 years and above was 4% in 2011, compared with a 1% rate of occurrence across the NT non-Indigenous population.[1] Dementia rates are also higher in the NT than the general Australian population. This indicates a need for appropriate accommodation, support and care environments that are also culturally appropriate across the region.

- High rate of diabetes amongst Indigenous persons - The 2012-13 Australian Bureau of Statistics (ABS) Healthy Survey found that 11% of Indigenous adults had diabetes, three times the non-Indigenous rate. The study also showed that the likelihood of Indigenous Australians starting dialysis treatment for end-stage kidney disease is over four times as high in remote areas. Facilities that specialise in this care are needed, such as the Alyerre Hostel and the Topsy Smith Hostel in Alice Springs that caters specifically for Indigenous renal clients.

- 44% of Indigenous adults smoke tobacco daily (ABS 2012-2013 statistics) which is noted as a particular challenge for hospitals and RAC facilities when providing accommodation and care to these individuals.

- Indigenous Australians are more likely to be affected by obesity related illnesses with 69% of Indigenous adults classified as overweight or obese. Further, 62% of Indigenous adults were sedentary or engaged in low levels of exercise in 2012.[2] This indicates a need for active lifestyle engagement in care planning and supports.

In addition, there are also cultural factors that influence Indigenous care needs and preferences:

- There are strong beliefs associated with dying on traditional home lands, which should be respected in the delivery of end-of-life care or RAC. Other cultural values to be recognised include respecting preferences to not re-occupy a house or room for a period of time following someone's passing away. This impacts the locations and delivery of RAC and interaction with hospital services.

- The delivery of services can also be affected by cultural rules under complex family structures. Gender issues are an important consideration, under which practitioners may not be able to examine patients of the opposite sex. Other considerations may involve also providing for the care and accommodation of family members (spouses, siblings, children) alongside the client. These complex prescribed family relationships within communities must be respected when planning the delivery of services.

These factors indicate that seniors accommodation and aged care needs in the NT will differ from other Australian states and territories, requiring flexibility in application of models used elsewhere to provide targeted and effective solutions.

[1] Department of Health, Northern Territory, Centre for Remote Health, Flinders University & Charles Darwin University, University of Queensland, Dementia prevalence and incidence among the Indigenous and non-Indigenous populations of the Northern Territory, using a capture-recapture method
[2] Australian Bureau of Statistics. 2014. Australian Aboriginal and Torres Strait Islander Health Survey: Biomedical Results, 2012-13. Report No: 4727.0.55.003, Canberra; Department of Health, Northern Territory, Centre for Remote Health, Flinders University & Charles Darwin University, University of Queensland, Dementia prevalence and incidence among the Indigenous and non-Indigenous populations of the Northern Territory, using a capture-recapture method; Australian Government, Department of the Prime Minister and Cabinet. Closing the Gap Prime Minister's report 2016

Catchment and target market
Housing affordability

Housing affordability profile

On an overall basis, NT residents have the highest cost of living relative to all other states, with on average almost 100% of mean gross income consumed on household expenditure (i.e. no savings). The largest contributors to this is housing costs followed by food expenditure.[1]

This is significant as it impacts on overall home affordability and retirement savings in the NT. A review of tenure by age cohort shows a large proportion of NT seniors aged 55 and over are still paying mortgages or renting privately. The large difference between rental types (i.e. public vs. private) between the 55-64 and 65+ age groups also indicates that many of these seniors are increasingly being pushed into public housing as they exit the workforce and move into retirement (at which time many rely on the aged pension). It should be noted that Indigenous populations generally live in housing owned by communities, Aboriginal housing organisations or entities other than individuals, which may influence the tenure data below. The data also shows a high proportion of NT seniors live in public housing.

Tenure type by age group[1]	NT		Australian average	
	55 - 64	65+	55 - 64	65+
Owner without a mortgage	33.7%	68.6%	50.5%	77.3%
Owner with a mortgage	30.2%	19.2%	31.0%	6.0%
Renter - public housing	5.6%	10.2%	4.0%	5.1%
Renter - private landlord	15.5%	1.3%	11.5%	6.6%
Other	15.0%	0.7%	3.0%	5.0%

As at 31 October 2015, the NT Department of Housing reported 2,732 seniors (aged 55 years and over) living in public housing with 704 more on waiting lists. The combined number of NT seniors living in public housing and on waiting lists represent 12% of the total NT seniors population. Key factors include high rental rates in urban areas, high property prices and lack of appropriate housing for seniors generally. The highest proportion of these seniors are in urban Darwin, followed by Katherine and Alice Springs.

NT public housing by ACPR	Seniors in public housing	% of seniors population	% ATSI	% Aged 75+	Waitlist
Alice Springs	376	8%	32%	25%	95
Barkly	58	5%	71%	16%	30
Darwin	2,043	16%	16%	22%	515
East Arnhem	24	2%	13%	4%	10
Katherine	231	9%	34%	21%	54
Total	**2,732**	**12%**	**21%**	**22%**	**704**

Eligibility for public housing includes the following:

- No ownership or part ownership of a residential property anywhere in Australia;
- Gross weekly income limit of $766 for a single, or $995 for a couple; and
- Household asset limit for new applicants and existing tenants under 55 years of $54,057 for singles, or $77,129 for a couple (or $194,396 for both singles and couples if they are already existing tenants).

The eligibility criteria excludes all seniors who have an ownership share in property, regardless of actual value or saleability. It also excludes any seniors who have greater than $54,057 in household assets (unless they are already a public housing tenant when their wealth increases, for example when they get access to their superannuation funds, in which case the limit is increased to $194,396).

[1] *ABS 65300 Household Expenditure Survey, Australia: Summary of Results, 2009-10 (September 2011)*

Catchment and target market
Housing affordability (cont.)

While public housing is a potential option (subject to eligibility criteria) for those with low means, there are many NT seniors who own houses with or without mortgages who may face affordability issues as their care needs increase. Some may be living in housing that is inappropriate due to distances or structural conditions, but cannot afford to change housing. Private rental is also an unaffordable option for many seniors. The following table shows a snapshot of median rent by ACPR.

Median weekly house / unit rental prices December 2015 [3]		
Rental Area	**Three bedroom *house*, value ($)**	**Two bedroom *unit*, value ($)**
Inner Darwin	637	485
Darwin North Coastal (Nightcliff)	520	400
Darwin North East (Marrara)	540	400
Darwin north (Sanderson)	515	395
Palmerston	495	380
Katherine	450	320
Alice Springs	490	370

The rental affordability challenges for seniors are further demonstrated through an Anglicare 2015 survey[1] which highlights that of the 1,367 private rentals advertised in the NT between the 11-12 of April 2015, only 4 properties were considered affordable and suitable for senior couples accessing the pension. None of these properties would have been affordable for a single pensioner, which is an issue for the NT in consideration that ABS data suggests that 40.7% of NT seniors aged 55-64 years and 29.4% of seniors aged 65 years and over are lone persons.

Housing affordability is also further influenced by high median house / unit prices in the NT. High housing prices also provide a barrier to seniors with low income and assets from entering the market.

Median house / unit sale prices December 2015 [3]		
Sale area	**Three bedroom *house*, value ($)**	**Two bedroom *unit*, value ($)**
Darwin overall	608,750	490,000
Palmerston	540,000	455,000
Katherine	397,000	290,000
Tennant Creek	256.800	n/a
Alice Springs	467,500	333,500

Alternatively, seniors who own an existing home either free from or under a mortgage may have access to a large asset base within the equity of their home. Access to home equity may be necessary for some NT seniors to fund additional care and support as they age. The sale of or downsizing of such housing assets can assist supporting the transition for these NT seniors into retirement facilities and more suitable housing as needed.

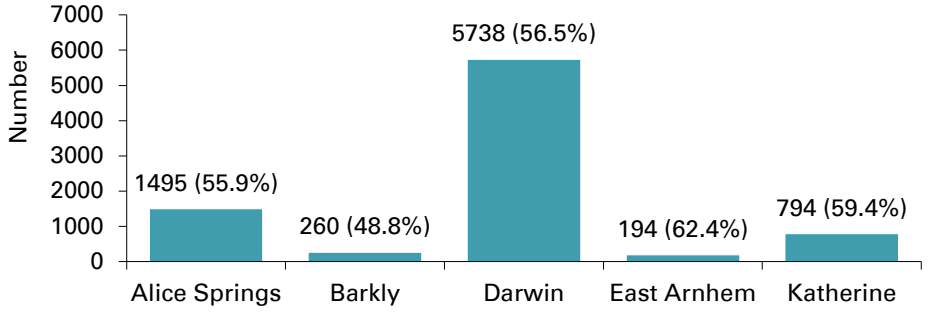
Many seniors with a low income who have large existing assets in the form of a house are unlikely to be eligible to receive assistance from the age pension and may also find it challenging to release the equity in their property assets (e.g. through sale).

[1, 4] Real Estate Institute of Northern Territory (REINT); Northern Territory Government, NT key business statistics, Housing market. (4 March 2016).
[2] 2015 Anglicare Rental Affordability Snapshot

Catchment and target market
Housing affordability (cont.)

The age pension funded by the Commonwealth Government represents the primary income source for many seniors. The current rate is $433.50 per week for singles or $653.50 for a couple.[1] The NT has approximately 8,500 seniors on the pension, representing 56.5% of NT seniors.[2] Indigenous seniors aged 50 – 65 years do not have access to the age pension, though some may have access to the disability pension.

Age pensioners shown by number and proportion by region, 2015[3]



Access to the Commonwealth funded age pension in the NT is reduced by a lower median age of death which means that a lower proportion of seniors will have access to the pension, and for less years than the national average.

The NT median age of death was recorded at 21.9 years lower than the national figure in 2012, with the NT median age of death for males at 59.0 years of age and 62.3 years of age for Females. The median age of death figures for Indigenous persons were also lower in the NT relative to the national Indigenous average, indicating that the majority of the NT Indigenous population would not live long enough to access the age pension.

With the age pension threshold set to increase to 67 years by 2023, accessing the age pension will continue to be out of reach for many seniors living in the NT, potentially requiring NT funding to close the gap, for example through continued public housing provision.

The following table shows a snapshot of median age of death in the NT against national figures as at 2012

Median age of death (2012)	Age (years)
Male (National)	*78.6*
Female (National)	*84.6*
Indigenous Male (National)	*55.0*
Indigenous Female (National)	*61.3*
National Average	**81.7**
Male (NT)	*59.0*
Female (NT)	*62.3*
Indigenous Male (NT)	*49.9*
Indigenous Female (NT)	*52.0*
NT Average	**59.8**

Sources: ABS 3302.0 Deaths, Australia 2012

- *Table 1: Deaths, Summary, States and territories- 2002 to 2012*
  Table 1.7 Deaths, Summary, Northern Territory – 2002-2012
  Table 1.9 Deaths, Summary, Australia, 2002-2012
- *Table 17: Median Age of Death, Indigenous status, Selected States and territories - 2002 to 2012*

[1] *Australian Government Department of Human Services, Age Pension, Eligibility & Payment Rates. (Feb 2016)*
[2] *PHIDU Social Health Atlas of Australia, Northern Territory, June 2015*
[3] *ABS Australian Demographic Statistics, June 2015 (3101.0)*

Target markets

Target markets

For the purpose of this study, seniors in the NT may be categorised within the following target markets. This is broadly based on the following factors.

The following table summarises the delivery mechanisms targeting and / or available to these target market groups.

Target market group	Age	Description	Available care and supports
Group 1	65+ (50+ for Indigenous)	Seniors requiring support services to stay at home (i.e. basic care)	■ Informal supports: Family, friends, local community groups. ■ Formal supports: A range of in-home and centre-based services is available in many populated areas in the NT primarily under Commonwealth Home Support Programme (CHSP), Home Care Packages (HCP Levels 1 - 2), National ATSI Aged Care Programme (NATSIACP). Assessment is required to access funded services. Limited private services available.
Group 2	65+ (50+ for Indigenous)	Seniors requiring care services (and potentially also support services) to stay at home (i.e. low level supported care)	■ Informal supports: Family, friends, local community groups. ■ Formal supports: A range of in-home and centre-based services is available in many populated areas in the NT primarily under CHSP, HCP Levels 1 – 4, Flexible Care, NATSIACP, and Multi-purpose Services (MPS). Residential respite services may also be available in larger towns. Assessment is required to access funded services. Limited private services available.
Group 3	65+ (50+ for Indigenous)	Seniors requiring accommodation	■ Private rental market, public housing, Retirement Villages (limited availability), private housing market, hostels and shelters, family and friends. ■ Limited affordable options, and long waiting lists for public housing. Housing may not be appropriate for seniors.
Group 4	65+ (50+ for Indigenous)	Seniors requiring accommodation and support services	■ Any combination of the above. Primarily available in larger towns and cities.
Group 5	65+ (50+ for Indigenous)	Seniors requiring accommodation and care services (potentially also support services) (i.e. high-level supported care)	■ Residential Aged Care (RAC) facilities, MPS, NATSIACP accommodation, hostels, hospitals. ■ Available only in some areas, and facilities may be at capacity.

KPMG

cutting through complexity

Supply and demand

Supply and demand
Overview of retirement and aged care models

Retirement living models

The following outlines the key retirement living accommodation models available across Australia.

Traditional RV (loan / license model)

Referred to as RVs and operated under RV legislation

Targeted at 55+ age group (villages set entry age); may be affordable or premium villages

Buy-in and / or rent the dwelling, share common facilities and amenities (eg community centre, pool, gardens, workshops)

Resident pays weekly service charge (similar to body corporate fees) and deferred management fees (DMF) on exit

Provide security, support or company for persons who want to remain independent; some villages provide serviced apartments or support and care services to age in place

Example organisations include:

- Lend Lease
- Aveo
- RSL Care

Manufactured home estates (land leasehold)

Referred to as seniors or lifestyle villages and operated under manufactured homes legislation

Targeted at 50+ age group

Villages may be mixed use (e.g. short term holiday and permanent residents) or purpose built for 50+; may be affordable or premium villages

Resident leases the land with pensioners receiving Commonwealth rent assistance; no exit fees

Buy / own the home and share common resort style facilities (e.g. pools, community centre, etc.)

Provide security, support or company for persons who want to maintain their lifestyle and live independently; some villages provide support to age in place

Example organisations include:

- Active Lifestyle Estates
- Palm Lake Resort

Rental villages

Affordable retirement options

Referred to as rental villages or pensioner accommodation

Operated under residential tenancies legislation

Targeted at 55+ age group

Rent the dwelling and share common facilities (eg community centre or pool); rent usually set at a percentage of age pension

Some villages offer support and care services to age in place (e.g. Ingenia Care Assist offering a concierge services in Garden Villages)

Example organisations include:

- Garden Villages
- Ingenia Communities
- Eureka Care Communities

Freehold / strata title

Community facilities managed by a body corporate

Operated under residential tenancies and strata title legislation

Targeted at 55+ age group

Buy-in and / or rent the dwelling and share common facilities and amenities (e.g. pool or gym)

Resident pays body corporate fees

No exit fees

Some body corporate's offer care and support services to age in place

Example organisations include:

- Garden Villages
- Pebble Beach Retirement Community
- Victoria Towers Southport Gold Coast

Supply and demand
Overview of retirement and aged care models (cont.)

Aged care models

The following outlines the key aged care accommodation and care / support models available across Australia.

RAC

Funded Residential Aged Care

Funded residential care for frail older people who are unable to continue living independently at home

Operated under the Aged Care Act; targeted at 65+ age group; residents generally 80+ on admission

Generally provided with a single or shared room with private or shared bathroom and access to communal facilities

Accessed through My Aged Care Gateway and Aged Care Assessment Team (ACAT)

Those with means pay a Refundable Accommodation Deposit or Daily Accommodation Payments and possible Income Tested Fees and those without means are supported by the Commonwealth. Residents receive low to complex care; may also be accessed for respite care

Example organisations include:

- ARRCS
- Regis

Supported Living

Private Aged Care

Supported living communities operate under the RV Act (thus far) and enable persons to live in their own self contained unit and receive care services as an alternative to residential aged care

Targeted at 70+ age group; generally 80+ on admission

Buy the dwelling and share common facilities and amenities (eg community centre, gardens, workshops)

Resident pays weekly service charge (similar to body corporate fees) and deferred management fees (DMF) on exit; DMF usually higher than other villages

Care and support services may be paid on a fee-for-service basis, deferred to be paid on exit, or paid as weekly insurance scheme

Example organisations include:

- Futurecare
- Seasons Private Aged Care

National ATSI Aged Care Program / MPS Program

Flexible Funded Aged Care

National ATSI Aged Care Program supports delivery of funded services to ATSI and very remote groups. Services provided in a flexible manner and cater to the needs of older people in a residential or home care setting who may require a different approach than that provided through mainstream RAC and HCP options.

MPS's provide integrated health and aged care services for small rural and remote communities, allowing services to exist in regions that could not viably support stand-alone hospitals or aged care facilities. Funds are pooled to direct services to highest needs at any time. Services may be delivered at home or in a residential setting (including hospital setting).

Home Care

Funded Home Care

Commonwealth Home Support (CHSP)

Entry level home help programme providing low level assistance including social support, personal care, domestic assistance, transport, home maintenance / modifications and nursing care; not designed to offer complex or high-level care

Veterans Home Care (VHC)

Low level assistance program to assist Veterans to remain living at home; not designed to offer complex or high-level care

Home Care Packages (HCP)

Home Care programme for more complex needs requiring a co-ordinated approach and tailored to individual needs; four levels of packages (L1-L4)

Supply and demand
Overview of retirement and aged care models (cont.)

Integrated accommodation and care / support models

Increasingly, consumers are seeking integrated service delivery. This has led to the development of integrated accommodation and care / support models.

Integrated retirement and aged care sites

A seamless continuum of care between retirement living and aged care services through a mix of accommodation, care and support services on the one site / location

Enables persons to tailor the accommodation and services to their individual needs and preferences and as their needs change; these sites may be offered by one provider or in partnership with one or more providers

Accommodation

Independent living dwellings (RVs, manufactured homes, rental villages), serviced apartments, supported living dwellings, residential aged care

Care and Support Services

Fee for service, CHSP, HCP, TCP, restorative care, dementia care, palliative care, allied health services, 24/7 supervised clinical care, hotel services, meals, laundry, hairdresser/beauty salon, day spa, health clinic, wellness centre, medical centre, pharmacy

Common Amenities

Gardens / grounds, cafe, BBQ areas, dining and lounge rooms, etc.

Other

These sites may also be co-located with hospitals and / or training centres and offer care and services for the wider ageing community

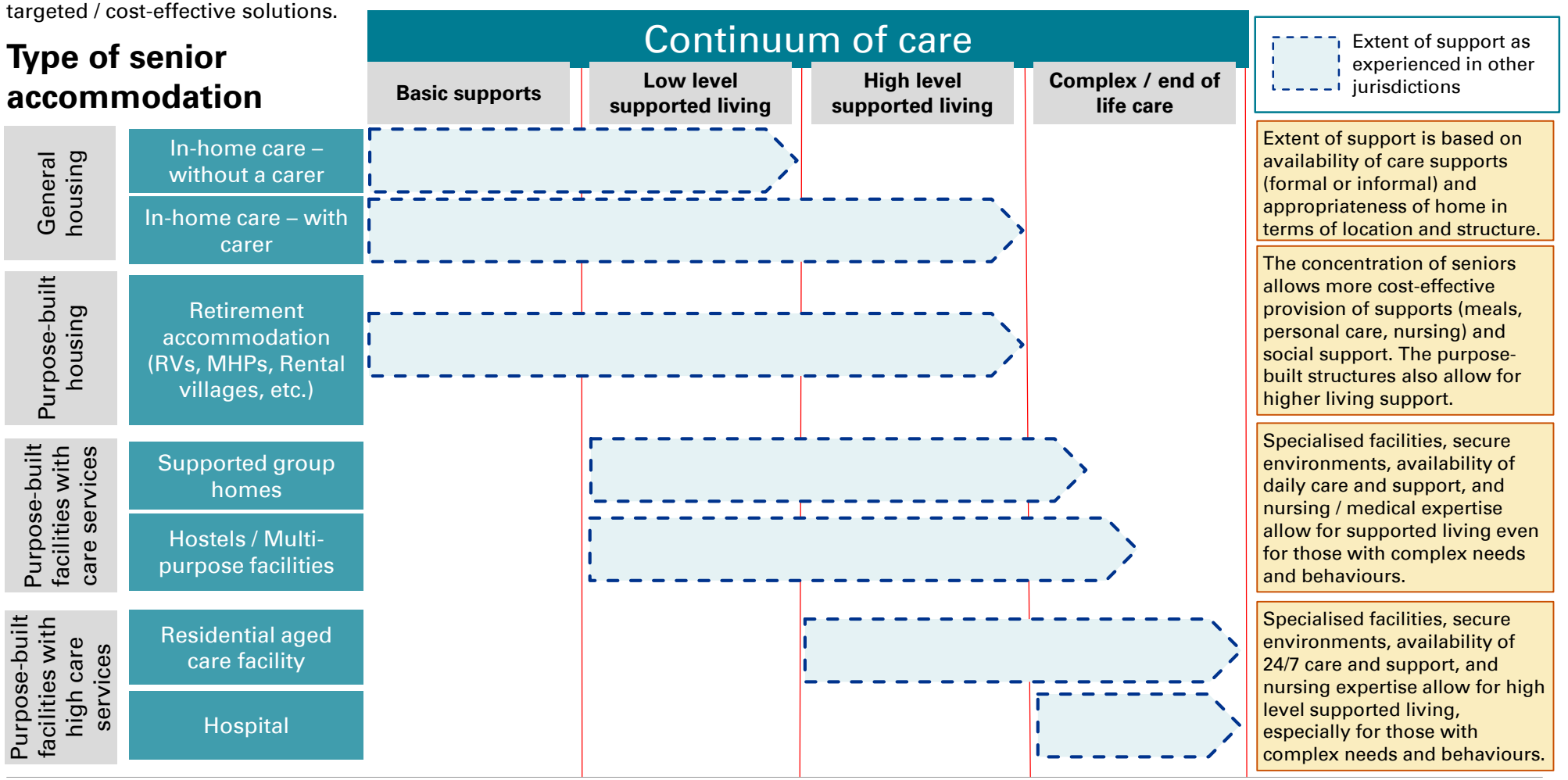
Example organisations include:

- Greater Springfield
- Wesley Mission Brisbane
- Australian Unity
- Aveo
- Ryman Healthcare

Accommodation options and the care continuum

Relationship between accommodation options and the continuum of care

The continuum of care is a concept involving a comprehensive system and array of care and supports spanning all levels and intensity of needs as one ages. The type of accommodation and / or availability of formal and informal care supports influences the extent to which needs can be cared for before the individual may need to move to access higher level supports. Having a full range of accommodation types provides the aged community with choice and targeted / cost-effective solutions.



RVs

In the NT there are only three RV operators with four retirement villages (operated under the RV Act or rental legislation) offering a total of 206 dwellings.

These villages cater to persons aged at least 65 plus and mostly in their 70's and older. This would suggest that approximately 1.5% of the 65 plus population reside in retirement villages (assuming 1.3 residents per dwelling). This is well below the national average of approximately 5.3%. Three of the existing retirement villages are located in Darwin and one in Alice Springs:

- Masonic Home's Tiwi Gardens at Tiwi – a modern village with 76 dwellings of which all are buy-in with the exception of 12 rental units. This village is co-located with the Regis Tiwi Gardens RAC site offering 135 beds plus HCPs.
- Southern Cross Care Pearl Retirement Resort at Fannie Bay – a modern village with 77 dwellings of which all are buy-in. This village is co-located with the Southern Cross Care Pearl Supported Care service operating 65 RAC beds plus HCPs.
- ARRCS Juninga Centre at Coconut Grove – 10 rental units dedicated to the Indigenous population. This village is co-located with the Juninga Centre RAC facility operating 26 beds plus HCPs.
- ARRCS Old Timers Village in Alice Springs – an older village offering 43 rental units. This village is co-located with the Old Timers RAC facility operating 108 beds plus HCPs.

All of the existing RVs offer varying degrees of ageing-in-place through provision of home care services (CHSP and HCP), reducing demand on RAC and hospital admissions. Transition through to co-located RAC facilities is available, as required, for those that either require more complex care needs (that cannot be addressed through HCPs) or are unable to (or chose not to) top-up HCP funding to the level required to remain being cared for appropriately and safely in their RV dwellings.

The following table presents RV supply across the NT catchment areas.

RV supply in the NT

ACPR	Providers	Villages	Dwellings	Dwelling type
Alice Springs	1	1	43	0 Buy-in/43 Rental
Barkly	na	na	na	na
Darwin	3	3	163	141 Buy-in/22 Rental
East Arnhem	na	na	na	na
Katherine	na	na	na	na

Source: O'Hara Wells, 2016

There is one proposed new village for the Darwin region. It was announced in February 2015 that Masonic Homes had formed an agreement with The Heights Durack (a residential development) in the Palmerston area to develop a stand alone 60 dwelling RV. At the time of this report it is unknown if this village will proceed with Masonic Homes, another provider or at all.

Otherwise, at this time there are no other identified plans to expand the supply of RVs in the NT.

It should also be noted that the NT also does not have any manufactured home villages similar to those provided in other states and territories. There is also no legislation specifically relating to such retirement dwelling types.

Supply and demand
RVs (cont.)

As outlined earlier, approximately 1.5% of the 65 plus population across the NT reside in RVs. If the demand for retirement villages was similar to the national average (5.3%), this would suggest there was a current undersupply of around 527 village dwellings increasing to an undersupply of 933 dwellings by 2027, assuming the additional 60 dwellings currently proposed for The Heights Durack are developed within this timeframe.

Statistical demand and supply is not consistent across the NT, as presented in adjacent table.

- The Darwin region is projected to have a current undersupply of up to 341 dwellings increasing to 595 dwellings by 2027, including the proposed development of the 60 dwellings at The Heights Durack. The share of 65+ population living in Darwin City is significantly higher than all other areas across the NT (4.3%). Statistically the highest demand would be in the Darwin Suburbs, Litchfield and Palmerston areas with less concentrated demand to support a new development in the remainder of the catchment areas where there are dispersed populations.
- The Alice Springs region is projected to have a current undersupply of 67 dwellings increasing to 119 dwellings by 2027. Statistically the higher demand would be in the Alice Springs area. It is noted that consultations with the Alice Springs Council advised that there was demand for a retirement village with native title issues and attracting a developer being the major barriers to development.
- The Barkly region does not currently offer any RVs and has a current statistical undersupply of up to 30 dwellings increasing to 59 dwellings by 2027.
- The East Arnhem region does not currently offer any RVs and has a current statistical undersupply of up to 25 dwellings increasing to 48 dwellings by 2027.
- The Katherine region does not currently offer any RVs and has a current statistical undersupply of up to 65 dwellings increasing to 112 dwellings by 2027.

Projected Demand for Retirement or Seniors Dwellings in the NT

ACPR	Dwellings		% Snrs aged 65+	Projected (over)/undersupply at 5.3%				
	Oper	P'line	2016	2016	2019	2022	2025	2027
Alice Springs	**43**	**-**	2.1%	**67**	**78**	**93**	**109**	**119**
Barkly	**-**	**-**	0.0%	**30**	**40**	**48**	**55**	**59**
Darwin								
Darwin City	*77*	*-*	*4.3%*	*17*	*29*	*42*	*55*	*64*
Darwin Suburbs	*86*	*-*	*2.1%*	*131*	*165*	*201*	*236*	*262*
Litchfield	*-*	*-*	*0.0%*	*79*	*88*	*98*	*109*	*118*
Palmerston	*-*	*60*	*0.0%*	*82*	*108*	*67*	*86*	*99*
Aligator	*-*	*-*	*0.0%*	*12*	*11*	*12*	*13*	*14*
Tiwi Islands	*-*	*-*	*0.0%*	*4*	*5*	*5*	*5*	*6*
West Arnhem	*-*	*-*	*0.0%*	*15*	*21*	*25*	*29*	*32*
Subtotal	**163**	**60**	1.7%	**341**	**427**	**451**	**534**	**595**
East Arnhem	**-**	**-**	0.0%	**25**	**31**	**37**	**43**	**48**
Katherine								
Katherine	*-*	*-*	*0.0%*	*27*	*28*	*31*	*34*	*36*
Roper Gulf	*-*	*-*	*0.0%*	*16*	*20*	*24*	*28*	*30*
Victoria Daly	*-*	*-*	*0.0%*	*21*	*28*	*34*	*41*	*45*
Subtotal	**-**	**-**	**0.0%**	**65**	**75**	**89**	**102**	**112**
NT	**206**	**60**	1.5%	**527**	**650**	**718**	**843**	**933**

Source: O'Hara Wells, 2016

Supply and demand
RVs (cont.)

Whilst there is demand (statistically and anecdotally) for village dwellings in the Barkly, Katherine and East Arnhem regions, it is spread across large geographical areas resulting in these being difficult locations to develop villages of sufficient scale and to attract developers.

Other retirement accommodation options

It is important to note that the identified statistical undersupply of RVs in most regions across the NT is being partly met through NT Government public housing targeted to seniors which would typically be addressed through commercial buy-in or rental developments in other areas across Australia.

As outlined previously, the majority of other states and territories have a number of other retirement accommodation options available for their residents, including:

- Manufactured home estates;
- Rental villages;
- Freehold / strata title seniors accommodation; and
- Supported living / private aged care.

None of these options are available in the NT.

Supply and demand
Public housing specifically designated for seniors

Seniors Villages / Complexes (provided by the Department of Housing)

There are currently 76 NTG-provided seniors villages / complexes in Darwin, Alice Springs, Katherine and Tennant Creek providing 923 one-bedroom or two-bedroom homes that are specifically designated for seniors aged 55 and over. In addition there are several houses in both urban and remote areas for seniors. Most of the housing is owned by the government however there are several units head-leased by the Department of Housing. A review of the distribution of housing shows that while 21% of the seniors are Indigenous, it is a relatively smaller proportion of the overall 44% senior Indigenous population.

ACPR[1]	Seniors in public housing	% of senior population	% ATSI	% Aged 75+	Waitlist
Alice Springs	376	8%	32%	25%	95
Barkly (Tennant Creek)	58	5%	71%	16%	30
Darwin	2,043	16%	16%	22%	515
East Arnhem (Nhulunbuy)	24	2%	13%	4%	10
Katherine	231	9%	34%	21%	54
Total	**2,732**	**12%**	**21%**	**22%**	**704**

Public housing is the dominant accommodation option for NT seniors with about 12% (or 2,730 individuals) of the NT senior population living in public housing. Most of the housing (about 85%) is in urban areas. It should be noted that eligibility criteria for this housing results in exclusion of a large proportion of the seniors population, as discussed in the previous section.

The seniors villages or complexes range in size (**Appendix 3** contains detailed information).

- **Large villages with 40 to 66 units:** Four villages in Darwin (including Casuarina and Palmerston);
- **Medium villages with 20 to 34 units**: Two villages in Alice Springs and six in Darwin (including Casuarina and Palmerston);
- **Complexes with 10 to 18 units** (may be part of a larger complex with other tenant types): Three complexes in Alice Springs, sixteen complexes in Darwin, three complexes in Katherine and one complex in Barkly (Tennant Creek); and
- **Small complexes with 2 to 9 units** (often part of a larger complex with other tenant types): One complex in Alice Springs, thirty-four complexes in Darwin, four in Katherine (includes two group homes with four and six rooms respectively in remote Dagaragu and Lajamanu).

ACPR[1]	Senior complexes	Urban units	Remote rooms	Total	Pipeline
Alice Springs	6	113		113	33
Barkly	1	13		13	0
Darwin	62	720		720	18
East Arnhem				0	0
Katherine	7	67	10	77	12
Total	**76**	**913**	**10**	**923**	**63**

Tenancy of these seniors villages / complexes is managed by the Department of Housing, usually with no on-site presence. The department ensures that seniors are connected to care supports and services (e.g. CHSP and HCP funding), but does not provide any services that are normally available at commercial retirement facilities, such as meals, domestic assistance, outings, activities, etc.

A review of seniors living in these urban seniors villages / complexes demonstrate a relatively high proportion of seniors in higher age brackets, indicating that the housing allows for effective ageing-in-place.

Number of seniors by ACPR and age range (urban housing only) [1]	55 - 64	65 - 74	75 - 84	85 - 89	90 - 100
Alice Springs	124	124	75	16	2
Barkly	20	16	8	1	
Darwin	606	636	360	75	16
East Arnhem	9	10	1		
Katherine	71	72	44	5	
Total	**830**	**858**	**488**	**97**	**18**

[1] *Department of Housing, October 31st 2015*

Funded aged care

Funded aged care consists of the following Commonwealth funded aged care programs:

- RAC;
- National ATSI Aged Care Program;
- MPS Program; and
- HCPs.

The DSS planning ratios currently allow for the funded operational supply of 120 total allocations (84 RAC and 36 HCPs) for each 1,000 persons aged 70 years and over. This current strategy is to progressively increase to a funded operational supply of 125 total allocations (80 RAC and 45 HCPs) by 2022. The planning ratios also account for the ATSI population accessing care services from the age of 50.

It is intended that the operation of HCPs in a CDC mode with a re-ablement focus may delay or reduce the need for RAC. Subject to individual need and availability, consumers may be able to choose either RAC or HCPs, however, generally would only access RAC for more complex care requirements or for short term respite purposes.

Allocations under the National ATSI Aged Care Program (targeted at ATSI communities) and MPS Program (targeted at smaller communities) are delivered as pooled funds to address changing needs in the communities where they are delivered.

The table below presents the distribution of allocations by type across the catchments in the NT.

RAC

Across the NT there is a total of 489 operational RAC allocations delivered in the urban centres of only three regions: 284 allocations in the Darwin region, 148 allocations in the Alice Springs region, and 57 allocations in the Katherine region.

There are a further 169 provisional allocations proposed to be developed and 32 off-line allocations with no imminent plans for development. The allocations are primarily in the Darwin region (161) followed by the Alice Springs region (20) and the Katherine region (20). All of the allocations are proposed to be developed as extensions to existing RAC services.

There are no operational, provisional or off-line allocations in the Barkly or East Arnhem regions – these regions are serviced by the National ATSI Aged Care Program, MPS's and HCPs.

Distribution of funded aged care allocations by type and region

ACPR	No. Providers	RAC places				National ATSI Aged Care Program / MPS places			HCPs				
		Oper	Prov	O'line	Total	RAC	HCP	Total	L1	L2	L3	L4	Total
Alice Springs	12	148	20	-	168	59	69	128	6	226	12	29	273
Barkly	3			-	-	25	20	45	-	50	-	5	55
Darwin	16	284	129	32	445	33	12	45	4	295	18	123	440
East Arnhem	6			-	-	15	3	18	-	112	3	11	126
Katherine	9	57	20	-	77	54	47	101	-	78	-	15	93
Total NT	**33**	**489**	**169**	**32**	**690**	**186**	**151**	**337**	**10**	**761**	**33**	**183**	**987**

Source: O'Hara Wells, 2016

Funded aged care (cont.)

National ATSI Aged Care Program / MPS

Across the NT there is a total of 337 National ATSI Aged Care Program and MPS allocations of which 186 are funded as RAC and 151 as HCPs. The largest number of allocations are in the Alice Springs (128) and Katherine (101) regions.

HCPs

Across the NT there is a total of 987 HCPs. All regions have an allocation of HCPs with Darwin (440) and Alice Springs (273) having the largest share of allocations. Lower level packages (L1-L2) account for approximately 78% of all allocations, with higher level packages (L3-L4) representing 22%.

Allocation of places / funding

RAC and HCP allocations have historically been delivered through the Aged Care Approvals Rounds (ACAR) process. From February 2017 HCP allocations will be no longer be subject to the ACAR process and instead will be increased on a regular basis throughout the year. RAC will remain subject to the ACAR process (though the Commonwealth Government has committed itself to deregulating this market segment over time).

ACAR 2015 advertised 65 RAC and 15 HCP allocations as available for competitive tender in the NT.

- There was one RAC application seeking 80 places submitted for NT which was for the Darwin region. This application, by Regis, was successful, however, only received 65 places.
- There were 19 applications seeking 121 HCP allocations with only 15 places allocated. Successful organisations were:
  - Anglicare (three L2 packages for East Arnhem);
  - St Ives (four L2 packages for Alice Springs); and
  - Southern Cross Care (eight L2 packages for Darwin).

  Applications were submitted for all regions with the greater focus being on the Darwin and Alice Springs regions. Successful applicants are existing providers in the NT and already operate in the regions where they were allocated additional HCPs.

The competitive nature of applications for HCPs may suggest there is ongoing interest by providers in increasing HCP services to the NT, however, the greater focus continues to be where there are concentrations of elderly i.e. the Darwin and Alice Springs regions.

There would appear to be less competitive interest in new RAC developments for the NT, particularly outside of Darwin.

Increased supply of National ATSI Aged Care Program or MPS allocations to the NT is delivered through assessment of needs on a regular basis in consultation with providers and DSS.

Funded aged care (cont.)

Over and /or undersupply

The planning ratios suggest that in total there is a current projected oversupply of 633 total allocations as at 2016, decreasing to an oversupply of 179 allocations in the five years to 2021 (including the proposed development of 169 residential aged care allocations). This is projected to change to an undersupply of 320 allocations by 2027, as presented in the table below

Projected (over) / undersupply in allocations by region

Region	RAC			HCP			Total		
	2016	2021	2027	2016	2021	2027	2016	2021	2027
Alice Springs	(81)	(78)	(43)	(288)	(258)	(238)	(369)	(336)	(281)
Barkly	13	37	57	(59)	(40)	(29)	(46)	(4)	28
Darwin	249	363	577	(208)	3	124	42	366	701
East Arnhem	11	29	46	(118)	(104)	(95)	(107)	(76)	(49)
Katherine	(43)	(40)	(8)	(110)	(89)	(71)	(153)	(129)	(79)
Total	**148**	**311**	**629**	**(783)**	**(488)**	**(309)**	**(633)**	**(179)**	**320**

Note: Positive and negative represent an undersupply and oversupply respectively.
Source: O'Hara Wells, 2016

Supply is not consistent across the care types with a current oversupply of 783 HCP allocations and a current undersupply of 148 RAC allocations. The oversupply of HCP allocations is projected to remain through to 2027 and beyond. It is noted the oversupply of HCPs is primarily the result of an oversupply of L2 HCPs. As supply between the care types is not consistent, the projected oversupply of HCPs as at 2027 is for Level 2 packages. There is a projected undersupply of L1, L3 and L4 packages as at 2027. It is considered that the oversupply of HCPs and the undersupply of RAC allocations is largely a result of a limited interest in the development of new RAC facilities as a result of:

- A dispersed population that does not wish to leave local communities to access RAC;
- Inability to access sizeable numbers of RAC allocations at any time – making development unviable;
- An ATSI population that does not wish to access care in the form of RAC; and
- Limited demand for RAC with a high level of home care services available.

Funded aged care (cont.)

Consultations identified that the HCPs either stand alone or with other supports (for example CHSP or other top-up funding; private fee for service top-up funding; carer and consumer respite; informal carer support; community support; etc.) is a consumer preference and has been reasonably successful at reducing demand on RAC in the NT. This is particularly the case for those consumers that are in RVs, public housing, or appropriate private accommodation.

Review of the demand-supply imbalance in each region identifies that there is an oversupply of total allocations in all regions with the exception of the Darwin region. The over and undersupply in each region is discussed below.

Alice Springs

The Alice Springs region has a current statistical oversupply of 369 total allocations reducing to an oversupply 281 allocations in the 11 years to 2027. Supply is not consistent across the care types:

- Current oversupply of 81 RAC places decreasing to an oversupply of 43 by 2027; and
- Current oversupply of 288 HCPs decreasing to an oversupply of 238 by 2027.

The majority of the RAC oversupply is in the Charles SA2 as a result of this location servicing the wider region. The smaller catchment areas of undersupply may be either serviced by the existing RAC services, the National ATSI Aged Care Program or the oversupply of 369 HCPs in the region.

There are two main RAC services within the Alice Springs region: ARRCS Old Timers Village in Alice Springs and ARRCS Hetti Perkins Home in Connellan. There are a further four providers with RAC allocations delivered through the National ATSI Aged Care Program.

Consultations identified that demand for RAC fluctuates with a strong preference for HCPs. There is fluctuating demand for low care HCPs and high demand with long wait times for high care HCPs.

Barkly

The Barkly region has a current statistical oversupply of 46 total allocations changing to an undersupply of 28 allocations by 2027. Supply is not consistent across the care types:

- Current undersupply of 13 RAC places increasing to an undersupply of 57 by 2027; and
- Current oversupply of 59 HCPs decreasing to oversupply of 29 by 2027.

The majority of the RAC undersupply is in the Barkly SA2. Statistically the undersupply is addressed through the oversupply of HCPs.

There is only one provider with RAC allocations in the Barkly region (in Tennant Creek) which is delivered under the National ATSI Aged Care Program.

Consultations identified that the highest unmet demand in the Barkly region was for L4 HCPs and increased National ATSI Aged Care Program funding.

Darwin

The Darwin region has a current statistical undersupply of 42 total allocations increasing to an undersupply of 701 allocations by 2027. Supply is not consistent across the care types:

- Current undersupply of 249 RAC places increasing to an undersupply of 577 by 2027; and
- Current oversupply of 208 HCPs changing to an undersupply of 124 by 2027.

The RAC undersupply is across the region with higher current and projected undersupplies in the Darwin Suburbs area followed by the Litchfield, Darwin City and Palmerston areas. Statistically the undersupply is somewhat addressed through the oversupply of 208 HCPs.

Funded aged care (cont.)

There are four main RAC services within the Darwin region: ARCCS Juninga Centre in Coconut Grove, Southern Cross Care Pearl Supported Care in Fannie Bay, ARRCS Terrace Gardens in Farrar and Regis Tiwi Gardens in Tiwi. There are a further two providers with RAC allocations delivered under the National ATSI Aged Care Program.

Consultations identified that whilst there are around 70 persons waiting for RAC in Darwin (of which around 10 are waiting in hospital), the majority of these persons are not ready to access RAC when a place becomes available. Three of the four RAC services hold funded allocations for extensions to be delivered over the next few years and consultations identified that this will be sufficient to meet demand in the short term. In the longer term further increases will be required.

Consultations also identified that the oversupply of HCPs was meeting some of the RAC demand, however, there was a high need for further high care HCPs which are difficult to access.

East Arnhem

The East Arnhem region has a current statistical oversupply of 107 total allocations decreasing to an oversupply of 49 allocations by 2027. Supply is not consistent across the care types:

- Current undersupply of 11 RAC places increasing to an undersupply of 46 by 2027; and
- Current oversupply of 118 HCPs decreasing to oversupply of 95 by 2027.

The majority of the RAC undersupply is in the East Arnhem SA2. Statistically the undersupply is addressed through the oversupply of 118 HCPs.

There is only one provider with RAC allocations in the East Arnhem region which is delivered through the National ATSI Aged Care Program.

Katherine

The Katherine region has a current statistical oversupply of 153 total allocations decreasing to an oversupply of 79 allocations by 2027. Supply is not consistent across the care types:

- Current oversupply of 43 RAC places decreasing to an oversupply of 8 by 2027; and
- Current oversupply of 110 HCPs decreasing to oversupply of 71 by 2027.

The RAC oversupply is largely a result of the oversupply in the Katherine SA2 as a result of this location servicing the wider region.

There are two main RAC services within the Katherine region: ARRCS Rocky Ridge Aged Care Facility in Katherine and ARRCS Katherine Hostel in Katherine. There are a further 3 providers with RAC allocations delivered under the National ATSI Aged Care Program.

Consultations identified that demand for RAC fluctuates with a strong preference for HCPs. There is fluctuating demand for low care HCPs and high demand with long wait times for high care HCPs.

Stakeholder insights

In brief, consultations identified:

- The regions outside of Darwin need small incremental increases in the existing RAC services to meet slowly increasing demand along with ongoing increases to National ATSI Aged Care Program funding.
- There is an increasing need for further L4 HCPs in all areas of all regions.
- The L4 packages delivered in the areas outside of Darwin are not always able to deliver high care services as a result of range of barriers including: lack of skilled staffing, travel distances, and unique costs such as freight for delivering services.
- Whilst there is demand for L2 packages they do not always maintain high occupancy (in particular in Darwin) as a result of consumers not seeing value in the L2 packages and associated fees. This may addressed from February 2017 when consumers are able to choose their provider from a larger pool of providers.

These and other themes are discussed further in the following Section.

Supply and demand
NT service providers

NT service providers[1]

Across the NT there are currently 32 providers offering retirement housing (excluding NT Government public housing for seniors), RAC, HCP, National Aboriginal and Torres Strait Islanders Aged Care Program (NATSIACP) and Multi-purpose Services (MPS) programs. There is one proposed new provider (Greek Orthodox) that may be seeking to develop RAC in the future.

The seniors accommodation segment is dominated by four service providers, namely ARRCS, Regis, Southern Cross Care and Masonic Homes who between them provide 100% of the RV and traditional RAC accommodation across the NT. The provider with the largest market share is ARRCS offering 53 retirement dwellings (rentals) and 289 traditional RAC places (operational). ARRCS also holds 342 funded flexible (e.g. National ATSI Aged Care Program and MPS Program) and home care allocations. Overall, ARRCS holds more than one third (34%) of the operational retirement and aged care market in the NT.

By comparison to other Australian regions the NT has a large presence of regional councils delivering aged care (including National ATSI Aged Care Program, MPS Program and HCPs) with eight regional councils delivering 374 allocations.

RV providers

The 206 operational RV dwellings are delivered by only three providers: Southern Cross Care (37%), Masonic Homes (37%) and ARRCS (26%). Masonic Homes was the only provider with a proposed increase in RV dwellings (an additional 60 dwellings) which would increase their market share to 51% if all developed.

Masonic Homes and Southern Cross Care offer modern buy-in RV dwellings in Darwin whereas ARRCS offers an older rental RV in Alice Springs and an Indigenous RV in Darwin.

Traditional RAC providers

The 690 RAC allocations (including provisional and off-line allocations) are held by only 3 providers. ARRCS hold 59% of the allocations, followed by Regis with 29% and Southern Cross Care with 12%. All three providers hold provisional or off-line allocations to be developed with ARRCS holding the largest share.

The RAC services are delivered in the major urban centres with the majority being delivered in Darwin. ARRCS is the only RAC provider outside of Darwin.

NATSIACP and MPS providers

The 337 NATSIACP and MPS allocations are delivered by 11 providers of which ARCCS operates the largest share with 44% of the allocations. The remaining 10 providers operate between 6 and 44 allocations each and are predominantly government providers (regional councils and Indigenous councils). This may be the result of the majority of these programs being delivered outside of the urban centres and in the more remote communities.

HCP providers

The 987 HCP allocations are delivered by 27 providers with only 9 of the providers delivering high care HCP allocations (i.e. L3 and L4). The HCP market is dominated by a number of larger providers with ARRCS holding the largest market share at 20% followed by Calvary Community care at 15%, East Arnhem Regional Council at 9% and Golden Glow and Regis both at 7%. These five providers operate 59% of the HCPs in the NT.

Full Continuum Providers

ARRCS and Southern Cross Care are the only providers in the NT offering a full continuum of accommodation and services including low and high HCPs, RV and RAC. Regis delivers low and high HCPs and RAC without RV (although is located next to the Masonic Homes RV in Darwin).

Full details of providers and their services are provided in the table in **Appendix 2**.

[1] *Department of Social Service, Aged Care Service List - Australia - as at 30 June 2015*

Supply and demand
NT service providers (cont.)

Consumer choice in the NT

As previously identified, the provision of accommodation and care services to senior Territorians is dominated by a small number of providers limiting choice for consumers.

This may change for HCPs in February 2017 when the current and future increases in HCPs are pooled and consumers can choose any approved provider operating in their locality. Whilst it is not anticipated that there will be any significant increase in HCP providers to the NT, consumers will be able to choose from any of the existing 27 providers rather than those holding the majority of allocations as is currently the case. This competition may deliver innovation and choice in service delivery.

Other than the potential RAC development by Greek Orthodox at Nightcliff, it is not anticipated that there will be any new RAC providers entering the NT market place through organic growth.

Similarly, at this time it is not anticipated there will be any new RV providers looking to enter the NT.

In addition to the lack of consumer choice in relation to current services, NT seniors also do not have the following options available to them due to no service provision in the NT of:

- Modern manufactured home estates offering a retirement lifestyle as an alternative to retirement villages;
- Modern rental villages; and / or
- Private aged care sites or supported living sites offering an alternative to traditional RAC.

KPMG

cutting through complexity

Gap analysis

Gap analysis
Issues and barriers

Issues and barriers to increasing supply and effectiveness of retirement accommodation solutions

Several issues, barriers and contributing factors were identified through stakeholder consultations and review of research already completed. A summary of these are presented below with a detailed discussion presented on the following pages.

Identified issues	Contributing factors
Limited accessibility to seniors-appropriate housing	■ Seniors housing is generally unavailable due to limited supply of RVs, MHPs, pensioner housing, etc. There are seniors villages / complexes provided by the NT government with 12% of seniors currently accessing it, but this is restricted to those with low means. Those with complex needs are further limited. ■ Supply of new seniors housing is impeded by limited land availability and high construction costs. ■ Accessibility to appropriate housing is an issue due to slow property markets preventing access to private home equity, and limited private rentals available / suitable for seniors, vulnerable and Indigenous groups.
Limited affordability for seniors-appropriate housing	■ Limited access to RVs and RAC facilities due to low levels of supply results in providers favouring residents with higher means and setting high entry prices. There is limited supply of subsidised / affordable seniors housing outside of public housing. ■ General housing affordability is an issue due to high living and rental costs in the NT. In contrast, public housing is much cheaper, driving up demand.
Limited support to make housing appropriate	■ Seniors living in housing that may be inappropriate due to distance, mobility or structural issues have limited access to support to enable them to continue living independently in their own homes.
Limited effectiveness of aged and health care services to allow for supported independent living in home communities	■ Aged care funding mechanisms are not effectively targeted and may be distributed inflexibly across the NT. Providers also face financial viability and staffing challenges, limiting the extent and quality of care provision. ■ Seniors with high / complex care or medical needs are often displaced from their own homes in rural or remote areas to access services only available in city centres. ■ There is limited collaboration between and amongst providers and health care systems resulting in high care costs, lower quality of care outcomes, and also limited options for seniors with complex behaviours and needs.

Outcomes

- High demand for seniors housing that is affordable
- Increasing number of seniors at risk of homelessness
- Barriers to entry / expansion for operators limiting new supply
- Increased burden on hospitals and healthcare systems
- Lower quality of life outcomes for seniors
- Displacement of seniors from their families and home communities
- Movement of seniors from NT to other states

Gap analysis
Issues and barriers (cont.)

Limited accessibility to senior-appropriate housing

Seniors housing is generally unavailable due to limited supply of RVs, MHPs, pensioner housing, etc. There are seniors villages / complexes provided by the NT government with 12% of seniors currently accessing it, but this is restricted to those with low means. Those with complex needs are further limited.

The NT has a limited supply of senior housing that is inconsistent with other states and territories in Australia:

- RVs: There are currently only two traditional RVs across the NT, both located in Darwin with approximately 120 units. There is also a small Indigenous rental village (10 units) in Darwin and a rental village in Alic Springs (43 units) This means only 1.5% of NT seniors can access this type of housing as compared to a national average of 5.3%. Statistically this is an undersupply of 527 RV units.
- NT public housing for seniors: As at October 2015, there were 2,732 seniors living in public housing (aged 55 years and over, of which 21% are Indigenous), with 704 seniors on waiting lists: 515 seniors in Darwin, 95 in Alice Springs, 54 in Katherine, and 40 in Nhulunbuy and Tennant Creek. Most of the housing are in hubs of 6 or more units, the largest having 66 units. These communities provide effective ageing supports, however access is restricted to those with low means and no ownership shares in any property in Australia.
- The only other senior housing models identified in this review were a small number of hostels and supported group homes, but these cater for specific needs.
- RAC places: On an overall basis, there is an average of only 2.73 RAC places per 100 seniors in the NT which is half of the national average of 5.37 places per 100 senior persons. Statistically this indicates a current undersupply of 148 places, which is unevenly distributed resulting in further inaccessibility for seniors (e.g. undersupply of 249 in Darwin and oversupply of 81 places in Alice Springs).
- A further restriction is the limited options for those with complex behaviours and needs (e.g. dementia, acquired brain injuries, complex physical conditions, etc.). These seniors may be able to continue living in the community in appropriate environments where there is access to supports. In the absence of these environments, they may prematurely enter RAC facilities or hospitals. One service provider shared that they have privately purchased / leased larger homes to house seniors informally (i.e. supported group homes) to meet this gap.

"Seniors want to stay in the NT, but they have to move to other states to find retirement facilities" - Peak industry body

"The NT public housing Seniors Villages are great, but they are only accessible if you have low means" – Aged care provider, Darwin

"We have plenty of people who could and would pay for a retirement village in Alice Springs, but a commercial provider won't come in when the land is all under native title" – Local council

[1] *Senior refers to those eligible for aged care funded services, i.e. Indigenous persons aged 50+ years and all other persons aged 65+ years.*

Gap analysis
Issues and barriers (cont.)

Limited accessibility to seniors-appropriate housing

Supply of new seniors housing is impeded by limited land availability and high construction costs.

Stakeholders discussed that in Batchelor and Katherine, the need and desire for retirement villages has historically been identified and progressed. In both cases, this was hindered by native title issues that are as yet unresolved (refer case study on next page). Alice Springs stakeholders also discussed that native title issues have resulted more broadly in limited land available for seniors housing developments. High construction costs in regions outside Darwin were also cited as barriers.

The land availability / cost risk and high construction costs impact commercial viability of creating new supply. Providing scale to interested parties could potentially offset costs to increase viability, but this will be challenging in the NT where populations are smaller and distances between towns are greater.

Stakeholders discussed that the NT government could intervene in proactively preparing development-ready land packages to advertise to providers to offset land issues, and also consider financial incentives to offset construction costs where viability is an issue.

Accessibility to appropriate housing is an issue due to slow property markets preventing access to private home equity, and limited private rentals available / suitable for seniors, vulnerable and Indigenous groups.

Review of existing RAC facilities and RVs indicate that a substantial proportion of places and units are only available at high cost (i.e. high ingoing contribution for RVs or accommodation payments for RAC), largely due to limited supply. In turn, seniors are often required to access the equity in their homes to afford entry into RAC facilities and RVs. The property market, however, is generally slow in the NT, particularly outside Darwin and as such seniors are finding it challenging to sell their homes and access this equity. For example, stakeholders in Batchelor stated that 25% of all properties are currently on the market.

An alternative to RAC facilities and RVs is to privately rent homes that are more appropriate for seniors (i.e. those located near hospitals and healthcare facilities and / or are suitable for those with mobility challenges). Stakeholders that support seniors to find suitable housing have shared that there are too few options that are affordable and suitable for seniors. Owners may also be biased against vulnerable or Indigenous tenants, further exacerbating the issue. This is supported by ABS 2009-10 data indicating that only 1.3% of senior Territorians aged over 65 years access private rentals, as compared to the national average of 6.6%.

"Our council doesn't have the resources to get native title claims extinguished so that we can attract a commercial provider" - Local council

"Over 25% of our Batchelor properties are on the market with no sales – people can't move to be closer to health services, and there are not enough transport services to get to the hospital" - Local council

An Anglicare 2015 survey found that of 1,367 rentals advertised in the NT on 11-12 April 2015, only 4 properties would be suitable for a senior pensioner.

[1] *Senior persons refers to those eligible for aged care funded services, i.e. Indigenous persons aged 50+ years and all other persons aged 65+ years.*

Gap analysis
Issues and barriers (cont.)

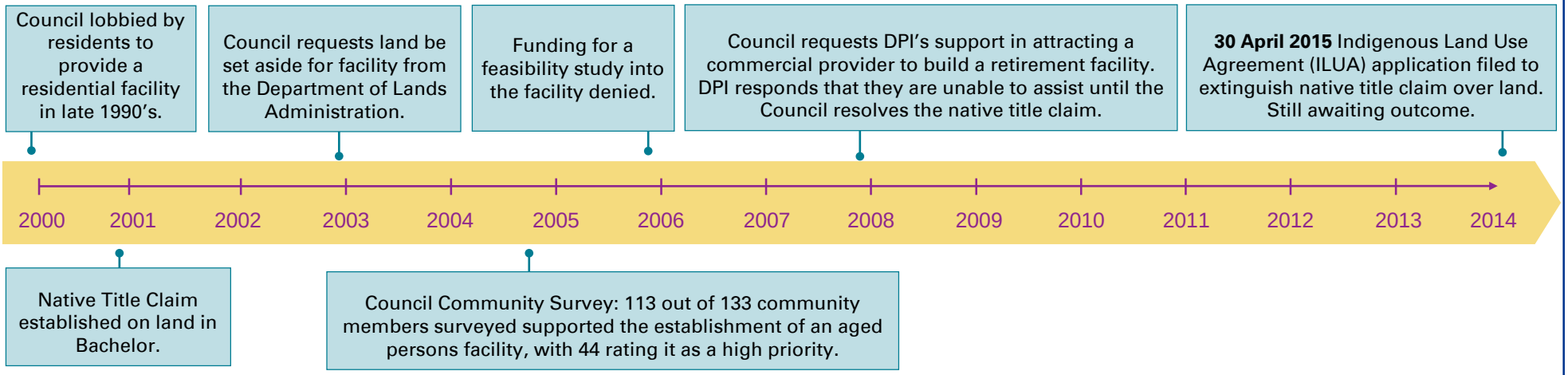
Case study: Limited land accessibility
Proposed Batchelor Retirement Village / Aged care facility[1]

The provision of retirement facilities can be restricted by limited access to suitable land, which in turn forms a barrier to entry for commercial providers. A large portion of land in the NT is subject to native title claims. Navigating native title claims requires appropriate experience, connections and resources to negotiate the release of land under a claim, at risk of extended and costly processes.

An example is the Coomalie Community Government Council's (CCGC) experience of trying to establish a retirement village / aged care facility in Batchelor since 2001 following strong community demand. To date, the council has been unable to present this development opportunity to commercial providers as the land that had been identified as suitable has active native title claims on it. As the council has insufficient resources to extinguish the claims, the matter has been ongoing for 15 years with little progress.

The challenges faced by the council flags an opportunity for support from key NT Government Departments in identifying and preparing suitable land for development of retirement facilities, including facilitating the negotiation of land use that is under a claim. The NT Government, through an appropriate party such as the Department of Planning and Infrastructure (DPI) could provide appropriate support, resources and expertise to advise local councils and organisations.

The timeline below is reflective of the lengthy delays that native title claims can impose on the development of seniors accommodation and aged care infrastructure in the NT.



[1] *Coomalie Community Government Council 2016.*

Gap analysis
Issues and barriers (cont.)

Limited affordability for seniors-appropriate housing

Limited access to RVs and RAC facilities due to low levels of supply results in providers favouring residents with higher means and setting high entry prices. There is no / limited supply of subsidised seniors housing outside of public housing.

As discussed, a substantial proportion of RAC places and RV units are accessible only to those with means to be able to afford it. For example, one of the four RAC facilities in Darwin requires RADs of $550,000 for any senior with more than $150,000 in net assets.

A review of other housing options indicates that there is a very limited supply of affordable housing that is specifically designed and set aside for seniors, resulting in reliance on public housing accessible only to seniors with low means and no ownership shares in any property in Australia. Solutions seen in other states and territories to provide seniors access to subsidised-housing include the now-discontinued National Affordability Rental Scheme (NRAS), pensioner rental villages and manufactured home parks.

General housing affordability is an issue due to high living and rental costs in the NT. In contrast, public housing is much cheaper, driving up demand.

Many stakeholders shared that many seniors are facing affordability issues due to the high cost of living in the NT, and particularly high housing costs. This is leading to increased overcrowding and homelessness, and also by default, high cost burdens on the healthcare system.

A review of the NT population by household expenditure and tenure indicates that there will be an increasing number of seniors needing supported housing driven by the following factors:[1]

- The 2009-10 ABS Household Expenditure survey indicates that the NT has the highest cost of living relative to all other states and territories, with 100% of mean gross income consumed by average household expenditure. This limits retirement savings, resulting in affordability challenges for retirees.
- The NT has the lowest proportion of home owners without mortgages in Australia, almost half the national average. The number of renters is also the highest in Australia with almost 40% of all NT residents renting homes. This is significant because the Real Estate Institute of Northern Territory (REINT) reports that the median rent for a two-bedroom unit in Darwin is $400 per week ($370 in Alice Springs and $320 in Katherine) as at December 2015. This is unaffordable for a high proportion of seniors, particularly age pensioners (age pension rate is currently $433.50 for singles and $653.50 for couples).
- In contrast, the average weekly rent for pensioners in public housing is only $87 per week. This naturally increases demand for more Territory Government delivered seniors villages / public housing in the NT.

"There are many people in the hospital system with complex behaviours who have nowhere to go as the residential facilities and accommodation options cannot accommodate them. Some continue to stay in the hospital for years". – Hospital services, Darwin

"About 50% of our residents pay a $550,000 bond or a mix of a lower bond and daily payments to live in our facility" - Aged care provider, Darwin

"Rent is really expensive in Darwin. Seniors can barely afford to rent a room in a share home, let alone a home that is appropriate". - Homelessness services, Darwin

"The high rent and limited number of seniors-appropriate housing means that more and more seniors are turning towards public housing as a solution" - Various

[1] *Analysis is based on ABS data: Household expenditure all states 65300_detailed tables_2009-10 (most recent data currently available)*

Gap analysis
Issues and barriers (cont.)

Limited support to make housing appropriate

Seniors living in housing that may be inappropriate due to distance, mobility or structural issues have limited access to support to enable them to continue living independently in their own homes.

A review of the NT shows that 88% of its seniors (65+) live in their own homes, with a quarter of them still paying mortgages. The NT reality is that many of these houses are located at a distance from town centres, and in some cases from neighbours. To enable seniors to continue living independently in these homes, support is needed to enable them to access daily living needs and services (e.g. food and household goods, healthcare, social interaction, etc.). Stakeholders suggest that in many of the smaller towns and outlying areas, there is limited provision of these services with seniors relying on goodwill of families and neighbours to have these needs met. A review of areas serviced by funded aged care and support service providers also indicates improvement is needed, perhaps by collaboration amongst existing providers.

Stakeholders also discussed that many houses in the NT are structurally inappropriate for seniors, particularly if they have mobility challenges. This may include elevated entryways, older style bathrooms and kitchens, and other environmental factors. In other states and territories, CHSP funding and consultation services are available for home modifications and assistive technology to make the housing appropriate. Research indicates that this funding is not available in the NT[1].

As previously mentioned, the slow property market also restricts many seniors from being able to sell their homes to access a more appropriate home. This indicates a strong need to increase the breadth and depth of home support services in the communities across the NT.

It is noted that the reforms in home and community care assessments (i.e. introduction of the centralised My Aged Care gateway system and Regional Assessment Teams) have added further complexity. As CHSP funding can now only be offered through the My Aged Care gateway system, NT providers and aged care assessment teams (ACAT) have raised concerns that this may result in access issues for seniors who live outside of Darwin. This is due to limited internet and phone access (and internet usage) across seniors in the NT, and providers not having access to funding to go out into the community and identify individuals who need care and support services (as they can only service clients referred to them from My Aged Care).

These issues will further increase the number of NT seniors not being able to access services and support to enable them to continue living independently in their own homes.

> "Many of the houses in the NT regional areas are located on 2 acre blocks. Providers can service these houses, but the funding of Level 2 HCPs only allows for 2 hours of care per week after consideration of travel costs. This isn't enough to support someone to live in their own home". - Home care providers (multiple locations)

> "Many seniors in the NT live alone without a carer. As a result, as their needs increase, it is much harder for them to continue living independently in their own home. At this point, their only option is to go to a nursing home (if available) or a hospital" - ACAT services, Darwin

[1] *Based on independent search of CHSP home modification services on the My Aged Care website and stakeholder consultations.*

Gap analysis
Issues and barriers (cont.)

Limited effectiveness of aged and health care services to allow for supported independent living in home communities

Aged care funding mechanisms are not effectively targeted and may be distributed inflexibly across the NT. Providers also face financial viability and staffing challenges, limiting the extent and quality of care provision.

The primary Commonwealth funding supports for seniors are the age pension and commonwealth-funded aged care services (i.e. RACs, CHSP, HCPs, etc.). However, the age pension is only available for those aged 65 and over (which is inaccessible to many Territorians where the median age of death is 60 years), and aged care services appear underfunded in the NT. A review of the total aged care funding available to the NT through RACs, HCPs, National ATSI Aged Care Program, Transition Care, Innovative Pool and Multi-Purpose Services indicates that the average funding available per NT senior is the lowest in Australia ($2,480 as compared to the $3,350 national average) [1]. The review identified that a large portion of aged care funding in regional and remote areas is delivered under the National ATSI program and CHSP program which allows providers flexibility in distributing funding across individuals based on needs. This is in contrast with HCPs where a specific amount of funding is assigned to an individual, or RACs which are to cover specific number of individuals with higher level needs. This is resulting in inequities for services delivering care in more remote settings where there are limited other supports. Examples include:

- An ATSI program provider could allocate funds to provide a general outreach health service needed in a community. Another provider with HCPs can only offer supports to those seniors occupying the package allocations, making it difficult to run large group activities.
- A senior on a HCP Level 2 package may only receive 2 hours of care per week in a remote area, but someone in Darwin could get 5 hours with the same funding.
- The administrative burden and financial skills involved in maintaining individualised budgets pose higher challenges for providers in regional and remote areas where staff may have lower computer and numerical literacy.

The review also identifies that the distribution of funding is inconsistent with other states and territories, resulting in disproportionate and inflexible funding:

- **Across the spectrum of care needs:** Higher proportion of aged care funds limited to basic care (i.e. Level 1 – 2 HCPs) relative to other states and territories, resulting in less funds to meet more complex needs or provide accommodation (i.e. Level 3 – 4 HCPs and RAC places). This lends to limited provision of care to seniors with complex needs, which is particularly prevalent for Indigenous seniors.
- **Smaller providers impacting scale efficiencies:** The smaller populations and larger geographical spread in the NT contribute to limited funding or RAC / HCP allocations per provider in the NT. This lack of scale can lead to limited commercial viability to provide the service, and limited incentive to invest in expansion, innovation and quality, or deliver care outside of concentrated population areas. The NT also has the highest proportion of localised, community-based and local government service providers (i.e. those who don't have operations outside of the NT and / or whose core business may not be care service delivery) who do not have the benefit of interstate operations to offset operational costs and invest in continuous improvement.

[1] Senior persons refers to those eligible for aged care funded services, i.e. Indigenous persons aged 50+ years and all other persons aged 65+ years. Analysis is based on 2015 Aged Care Funding information published by the Department of Social Services.

Gap analysis
Issues and barriers (cont.)

Limited effectiveness of aged and health care services to allow for supported independent living in home communities (cont.)

- **Staff attraction and retention issues:** Stakeholders discussed that there is a high turnover of providers, care coordinators and staff across the NT aged care industry. One particular factor discussed was the difficulty in competing with NT Government wages. Providers discussed that many of their competent care workers, nurses and office staff leave to join NT Government hospital and other services where wages may be 30% higher and / or other benefits are provided. Providers are unable to match this level of compensation, leaving them to manage the cost of a high turnover workforce (i.e. cost of training, client dissatisfaction, recruitment, lower quality of care, etc.).

Seniors with high / complex care or medical needs are often displaced from their own homes in rural or remote areas to access services only available in city centres.

Stakeholders discussed that there are limited care services delivered in smaller towns and community areas resulting in seniors with complex health and care needs (e.g. physical, mental and psychogeriatric conditions) being displaced from their homes, families and communities in order to access care in Darwin.

This increases the need for temporary or permanent seniors housing in Darwin within close proximity to the hospital and other services. Stakeholders have suggested the limited supply has led to overcrowding in hostels and houses, high rental rates, and also an increase in homelessness. The inappropriate living conditions and / or higher living costs can lead to early deterioration and increase in hospitalisation. This in turn drives up demand for hospital beds and RAC places.

Stakeholders discussed the need for improved access to services in the smaller towns and communities, and effective care delivery and supports for seniors with dementia and other complex behaviours to remain in their homes.

While it is recognised that there a number of services that provide specialised support (e.g. the Alyerre Hostel and Topsy Smith Hostel in Alice Springs providing long and short term stays to Indigenous renal clients), systems that could be delivered in-home (e.g. in-home dialysis systems, assistive technology that monitors vital signs and behaviours, etc.) would go further in ensuring seniors are not displaced from their communities. It is noted that this may require investment in connectivity / technology infrastructure and education to be practical, but is a future direction that could be considered in future planning.

"Home care provision in the NT is largely related to meals, transport, domestic assistance and some social support. When they get higher packages, they just get more of these services. It's not enough for those with dementia, diabetes, medication management needs, etc.". - ACAT and hospital services (multiple locations)

"The turnover in aged care providers and staff is really high. The more qualified and experienced workers often leave to join NT Government hospital services which pay around 30% more than the providers can. This makes operations difficult and costly". - Aged care providers, ACAT services, local councils (multiple locations)

Gap analysis
Issues and barriers (cont.)

Limited effectiveness of aged and health care services to allow for supported independent living in home communities (cont.)

There is limited collaboration between and amongst providers and health care systems resulting in higher care costs, lower quality of care outcomes, and also limited options for seniors with complex behaviours and needs.

Stakeholders identified that there appears to be higher likelihood for seniors with complex needs and behaviours to become long-term hospital patients.

Early consultations indicate that RAC facilities have difficulties in meeting the needs of complex care seniors due to limited medical support received at the facility from hospitals and local medical services. One RAC facility said that they have no access to GPs outside of working hours. Consequently seniors are frequently transported back to hospital for treatment, resulting in high costs for both the RAC facility and hospital and low quality of care outcomes for seniors.

As previously discussed there are many small providers in the NT region, including many care coordinators employed by councils. This results in limited coordination and oversight to ensure that service delivery is effectively reaching those who need it most. Stakeholders suggest that a review of funding distribution or establishment of a collaborative working group may lead to better outcomes for the NT.

It is noted that technology and / or connectivity may be key to ensure this is effective. There are remote communities in Australia that have benefited from remote care and technology solutions, such as: telehealth; virtual consultations or education sessions with nurses, allied health professionals, doctors and care coordinators; interactive social spaces; etc. This may require the establishment of community hubs that are accessible for seniors living in the community, reducing the need for movement of seniors into city centres where housing will be required.

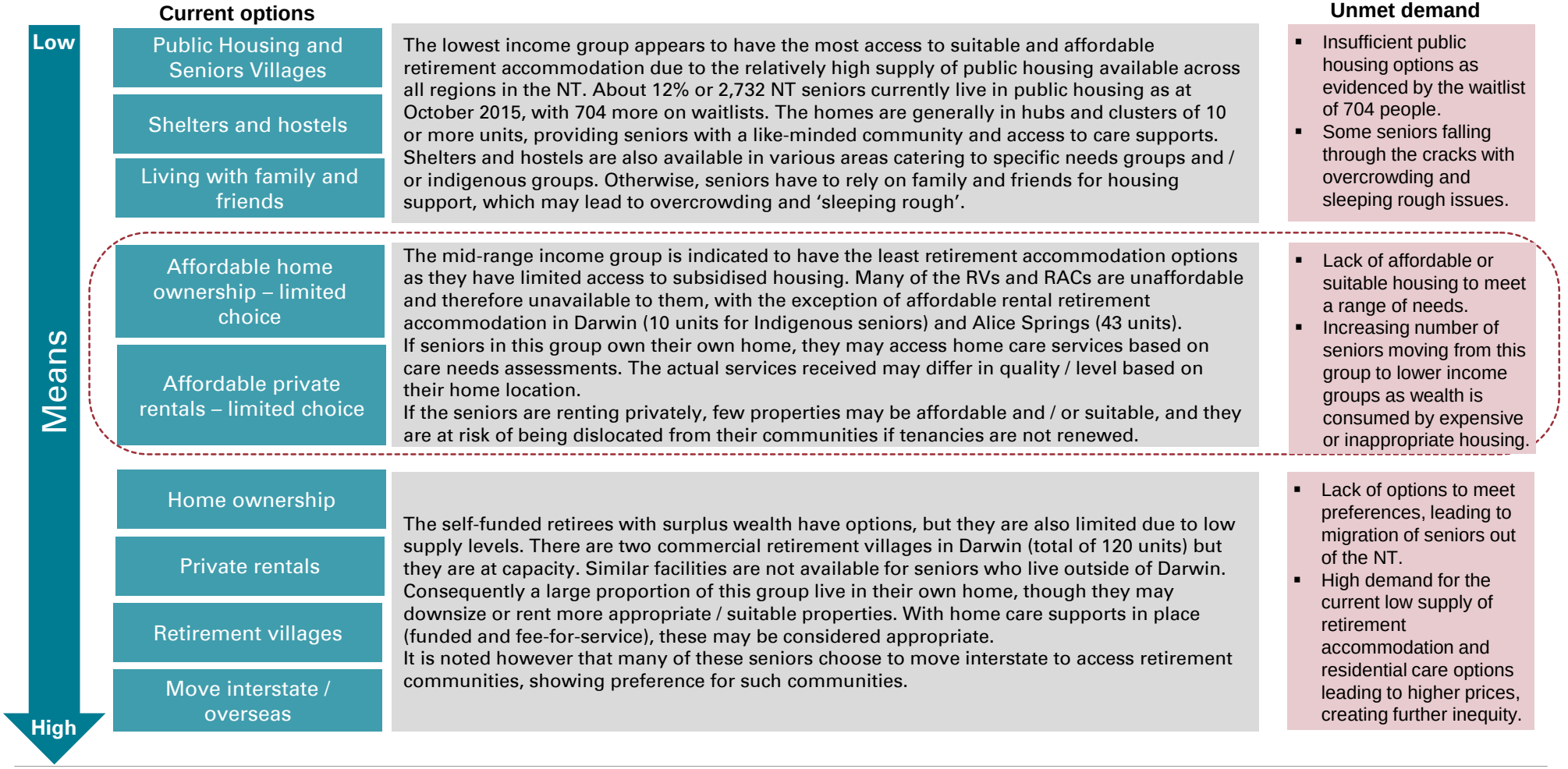
"Residents in nursing homes are often transported to the hospital for appointments and treatments as there are limited medical services that can be provided at the facility itself. This results in higher operating costs, making it difficult for the nursing home to accept residents with complex needs". - Aged care providers, Darwin

"Our nursing home has no access to after hours GP services, which means that if a resident shows signs of distress during the night, we have to send them to the hospital for emergency services" - Aged care provider, Darwin

Gap analysis
NT seniors accommodation continuum

Gaps in supply of residential retirement facilities

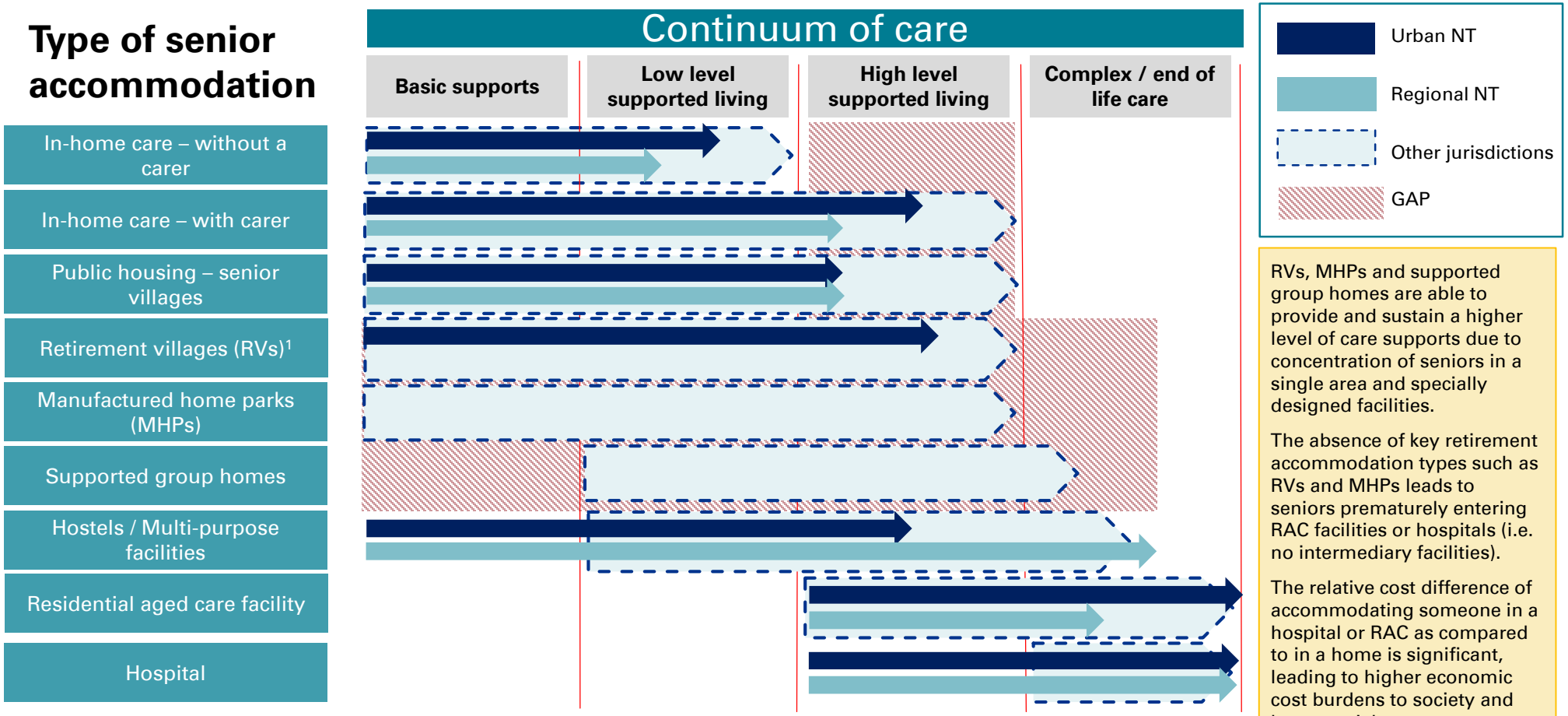
As outlined previously, a resident's means appears to impact on the available seniors accommodation options available. Across all categories there is unmet demand for retirement accommodation solutions. This gap is widest for the middle-means group i.e. those with wealth tied up in their home and / or net assets of less than $400,000.



Gap analysis
Broader seniors accommodation continuum

Impacts of gaps in the retirement accommodation options on the continuum of care

As presented in the following chart there is a gap in seniors accommodation provision in the NT when compared to other jurisdictions. This is reportedly resulting in a high proportion of NT seniors seeking public housing, a higher proportion of NT seniors prematurely entering into RAC facilities or having a high reliance on hospital care (including long-term hospital stays spanning months and years). This leads to higher economic cost burdens and lower social outcomes for the NT.



RVs, MHPs and supported group homes are able to provide and sustain a higher level of care supports due to concentration of seniors in a single area and specially designed facilities.

The absence of key retirement accommodation types such as RVs and MHPs leads to seniors prematurely entering RAC facilities or hospitals (i.e. no intermediary facilities).

The relative cost difference of accommodating someone in a hospital or RAC as compared to in a home is significant, leading to higher economic cost burdens to society and lower social outcomes.

[1] While there are four retirement villages in the NT, the supply is significantly lower than the national average representing a gap.

KPMG

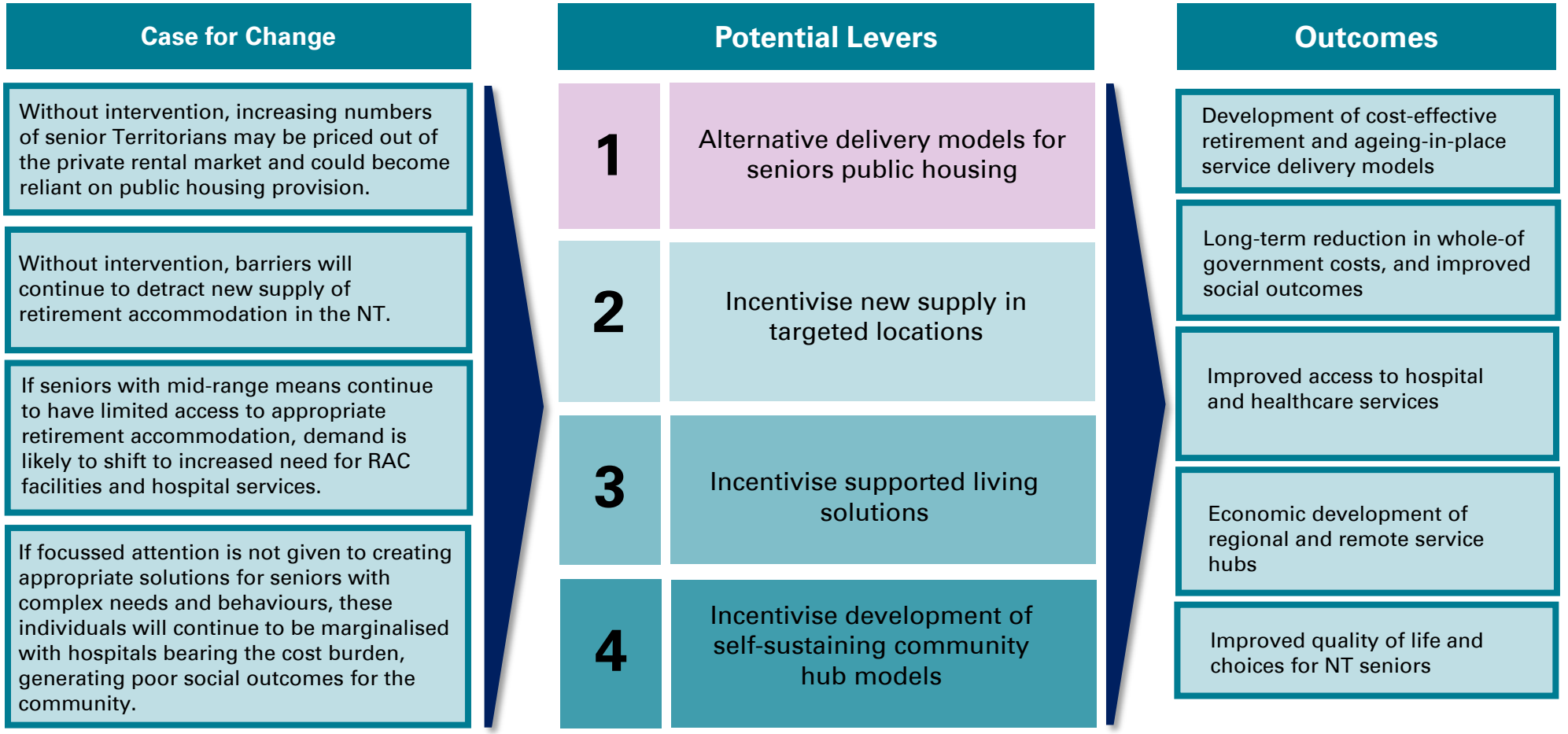
cutting through complexity

Options and future directions

The case for change

The case for change

The findings in the preceding sections of this report suggest that without targeted intervention, there will be limited investment from local and interstate providers to increase the supply of retirement accommodation in the Northern Territory. A combination of levers can be employed by the NT government to attract commercial development and strengthen local provider and community capabilities to close identified gaps and deliver improved outcomes for the NT. Potential levers are discussed in this section with supporting case studies and literature reviews on how they have been applied elsewhere.



Lever 1: Alternative seniors public housing models

The NT already has 76 NTG-provided seniors villages / complexes in Darwin, Alice Springs, Katherine and Tennant Creek providing 923 one-bedroom or two-bedroom homes to eligible seniors. Twelve of these villages are large enough to match commercially-provided models with over 20 units per village. The largest village is based in Darwin with 66 units.

There is high demand for this housing type with 704 seniors on the waiting list as at 31 October 2015. Part of this demand is influenced by how affordable these villages are. The Department of Housing is currently charging the majority of the tenants about $85 per week, which is in contrast to market rental rates of between $350 - $500 per unit.

To meet excess demand, the Department of Housing is head leasing additional units which are senior-appropriate (i.e. renting private units on long-term leases to provide to public housing tenants). There are currently 37 such units in Darwin (Parap, Berrimah and Coconut Grove), with an additional pipeline of 18 units in Fannie Bay and potentially 25 units in Alice Springs. It is noted that the Parap and Berrimah units carry a cost to the Department of $683 and $500 per unit per week respectively.

The seniors public housing villages / complexes are generally managed by the Department's tenancy management services, except for the head leased units in Parap and Berrimah which are managed by on-site property management services (Venture Housing and Halikos). While some tenancy management services take additional steps to connect seniors to care supports and services, there is limited evidence of coordinated delivery of ageing-in-place supports.

Leading practice models

Key features of leading practice seniors retirement accommodation models are:

- Focused development of supportive communities, such as weekly onsite check-ins with tenants, promotion of volunteer visiting teams, transport services, etc.
- Access to a range of services and care supports to allow ageing-in-place, such as meals, domestic assistance, coordination with local medical services, social services, allied health and hospital systems, etc. to ensure targeted support.
- Safe, secure and active living environments with like-minded seniors, including community gardens, organised group outings and exercise sessions, encouragement of hobby clubs, etc.

The above features require coordinated effort, experience and investment to implement and are most commonly offered in commercial RVs, manufactured home estates and seniors rental villages.

Such features, however, could also be achievable as government-provided products if tenancy management is committed to providing the above.

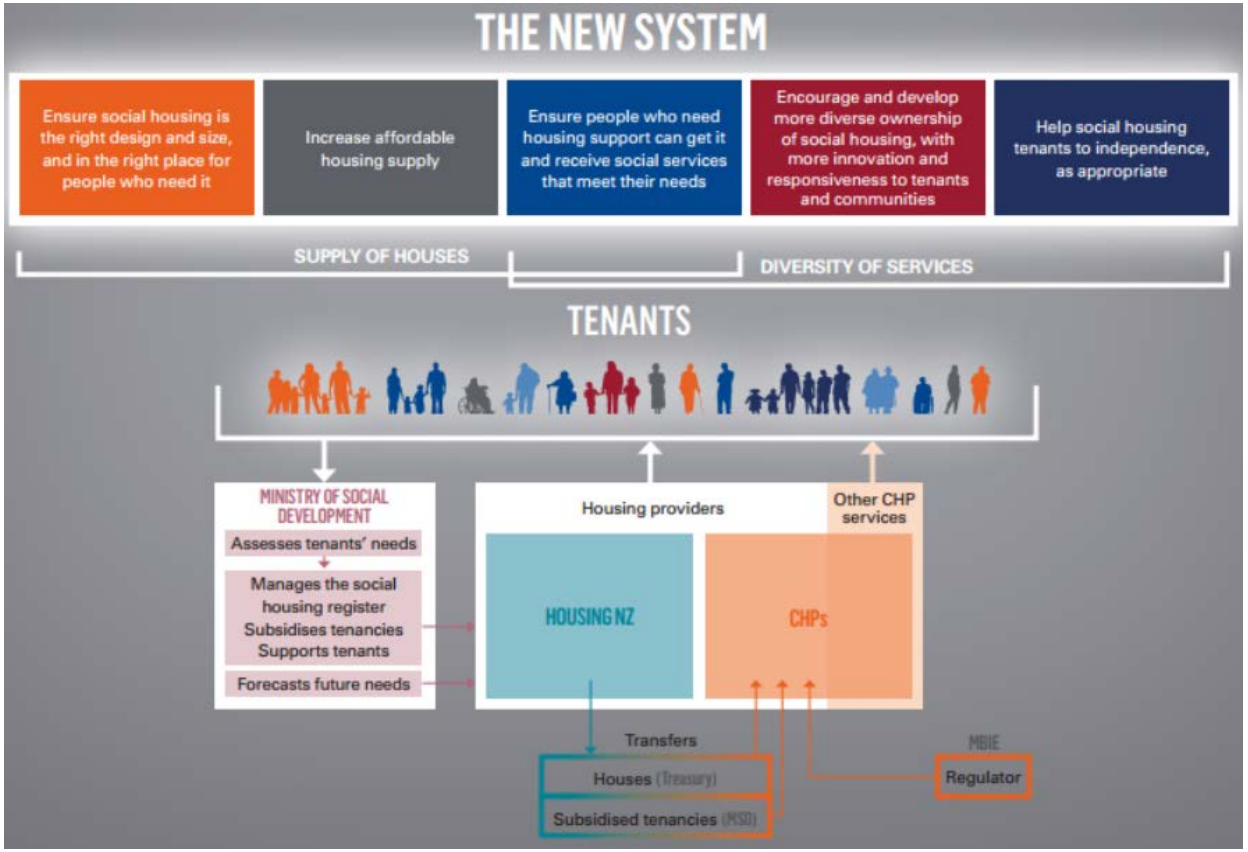
Alternatively, there may be benefits associated with transferring responsibility of management of senior public housing villages to entities experienced and committed to offering support services to seniors.

Another service delivery model to consider relates to how eligible seniors access subsidised housing. Currently these seniors may only access houses owned or head-leased by the Department of Housing. The responsibility for reviewing tenant income profile and collecting rent also rests with the Department. An alternative system is to introduce a rental subsidy scheme that allows the senior to access any property operated by a registered Community Housing Provider (CHP), allowing better matching of properties to needs. The CHP would be responsible for reviewing the tenant's income and collecting income-linked subsidised rent, with the government topping up the difference.

An example for consideration is New Zealand's Social Housing Reform Programme, detailed in the following page.

Case study: New Zealand Social Housing Reform Programme

In 2010, the NZ government commenced the Social Housing Reform Programme based on an agreement that outcomes for social housing tenants could be improved if housing was provided by a wider variety of complementary organisations. A key objective of the reform is to enable community housing providers (CHPs) manage a larger share of the available social housing tenancies, allowing them to grow their capabilities and provide tenancy and related social services to improve tenant outcomes.



In the case of Tauranga where 1,124 properties are on offer – more than one CHP was successful. It is regarded that this contestable model will enable diversity, specialisation and innovation on behalf of particular groups of people (e.g. people with disabilities, or with mental-health issues). In addition, CHPs may also be interested in providing tenancy services alongside their existing services for vulnerable people, increasing overall supply in the region.

On 17 March 2016, the NZ government announced the shortlisting of four registered CHPs for the first round transfers of 1,472 properties and tenancies in Tauranga and Invercargill. It is notable that two CHPs (Hapori Connect Tauranga and Kainga Community Housing Partners) represented consortia that included global and local real estate management, financial asset management, and community housing expertise. In particular, Hapori includes UK Pinnacle Group which is the largest private sector provider of government-owned social housing services with 30,000 homes in the UK, while Kainga includes Compass Housing Service, a NFP provider in NSW and QLD managing 4,000 homes. The shortlisted CHPs were also able to demonstrate experience in meeting local indigenous needs.

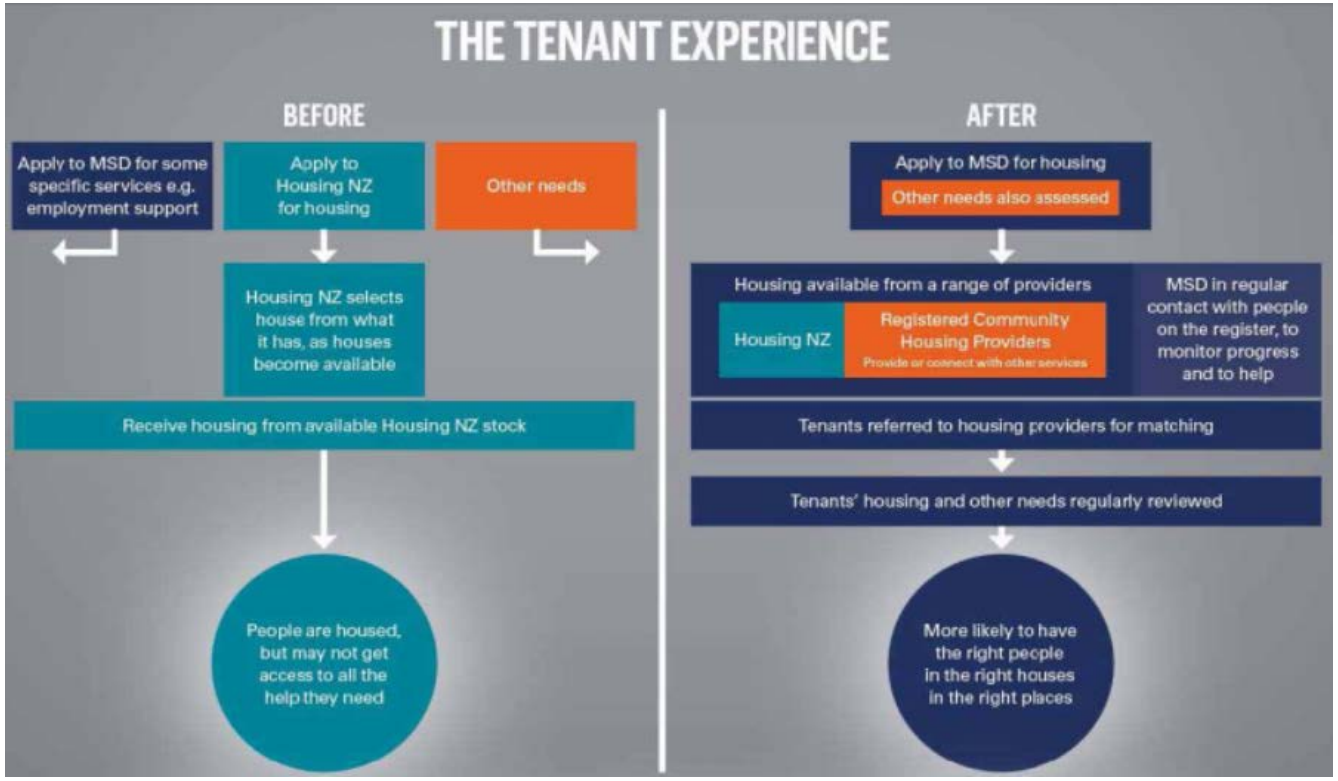
Source: New Zealand Government, Overview of the Government's programme to improve social housing in New Zealand. October 2015; The Treasury, Social Housing Information Release on the Ministry of Social Development Website, December 2015;

Alternative seniors public housing models (cont.)

Case study: New Zealand Social Housing Reform Programme (cont.)

Two alternative structures were offered for CHPs to consider in their proposals to take on the social housing responsibilities, however the NZ government stressed that the focus was on services and improving tenant outcomes, rather than value of housing:

- **Sale with protections** – a sale of land and improvements that includes constraints on future dealings with the land (the nature of which is being considered); and
- **Lease arrangement** – the type of lease under consideration includes a sale of improvements and lease of the land or a standard lease arrangement.



This flexibility in approach allows a wide range of for-profit and not-for-profit CHPs to offer innovative proposals to achieve desired outcomes.

Income-related rent subsidy (IRRS)

As part of the Social Housing Reforms, the NZ government also increased the flexibility of the IRRS scheme in 2013 so that eligible social housing tenants can benefit from the IRRS regardless of whether their landlord is Housing NZ or a CHP. This increases the housing supply that a tenant may access, allowing them to be better matched to a home that suits their needs.

The IRRS scheme allows a CHP to charge tenants no more than 25% of their income to rent social houses, and the government would top up the difference to the market rent of their house. The CHP is responsible for the regular review of tenant needs and management of rent contributions and government subsidies.

Source: New Zealand Government, Overview of the Government's programme to improve social housing in New Zealand. October 2015; Edwin Mitson, NZ NewsUK, BusinessDesk. UK, Canada, & Oz interest bid for social housing transfers. 17 March 2016.

Alternative seniors public housing models (cont.)

Potential application in the NT

The two options demonstrated by the NZ Social Housing Reform case study may be considered by the NT, namely:

- **Transfer of seniors public housing stock or tenancy management** to registered Seniors Community Housing Providers**,** allowing choice of property and tenancy management transfer, or a lease system. The large dedicated seniors villages (30 units and above) in Darwin and Alice Springs may present viable options. Local and interstate retirement accommodation providers and / or any other entities that can demonstrate relevant expertise and experience can be invited to participate in a future tender process. This should be focused on ensuring value and better outcomes for seniors in the NT.
- **Subsidised rent scheme** for social housing tenants to be extended to all registered Senior Community Housing Providers, allowing eligible public housing seniors to access current and future accommodation built by the private or NFP sector (i.e. beyond owned or leased public housing stock).

The combined effect of the above two options may provide incentive for retirement accommodation providers to enter the NT, firstly by allowing them a base to establish operations (e.g. by purchasing an existing seniors public housing village), and secondly to create new supply by ensuring demand and affordability through the government subsidising the rent difference for seniors on public housing waitlists to access services.

The subsidised rent scheme may also be extended to include NT seniors who normally would not be eligible for public housing, but also cannot afford retirement accommodation. This may include seniors who own properties that they are unable to access equity from, or those who fall into the affordability gap.

Case for Change	Potential Levers	Outcomes
Without intervention, barriers will continue to detract new supply of retirement accommodation in the NT.	1 Alternative delivery models for seniors public housing	Development of cost-effective retirement and ageing-in-place service delivery models
If seniors with mid-range means continue to have limited access to appropriate retirement accommodation, demand is likely to shift to increased need for RAC facilities and hospital services.		Improved quality of life and choices for NT seniors
		Long-term reduction in whole-of government costs, and improved social outcomes
		Economic development of regional and remote service hubs

Lever 2: Incentivise new supply in targeted locations

Commercial viability must be demonstrated for providers to enter into the NT and invest in new retirement accommodation supply.

Commercial viability considerations	
Population demographics	Sufficient population size in target location to ensure sufficient demand. Specifically, there appear to be sufficient seniors populations in Darwin and Alice Springs to make these regions attractive.
Median house prices	The median house prices in the area are used as an indicator for achievable price ranges for retirement accommodation units. The median price in a target location should be sufficient to enable the average senior to downsize from their home into the new facility with enough funds remaining to provide for needs.
Legislation	State legislation for the relevant retirement accommodation type should be clear and favourable for commercial operations. As the NT's legislation for some types of retirement accommodation (e.g. manufactured home estates) are as yet undeveloped, this may pose as a risk to providers (i.e. legislative uncertainty).
Land availability	Attractive land should be sizeable enough for about 60 units plus community facilities, and should also be cost-effective, zoned appropriately and well connected to services (e.g. shopping centres, medical facilities, public transport, recreational facilities, etc.). For manufactured home estates attractive natural locations are desired with proximity to tourism options ideal.
Construction costs	Construction costs are regarded to be relatively high in the NT, particularly outside of Darwin. There may be scope for the NT government to consider if there are economic benefits to be realised from incentivising the use of local construction firms (i.e. to generate local jobs and spending). These incentives may offset the higher construction costs.
Operational costs	Operational costs are affected most by staffing attraction and retention. This is regarded by providers as an issue in the NT, given higher wages offered by government services, and should be considered.
Buy-in from local council and community	Positive reception from local councils and the broader community is important when overcoming development challenges and ensuring the finished retirement accommodation is well-received by the community. This may be further incentivised with reduced local service charges, headworks charges and other strategies to assist with achieving commercial viability.
Scale	The above considerations may be sufficient for an existing provider already in the NT to build a new facility. However, for a new provider to enter the NT, building a single village alone may be insufficient to cover the cost of establishing a NT presence. Packaging multiple sites together or offering a combined package (e.g. offering sale of an existing seniors public housing village as a condition of new development) may offset this.

In consideration of the above, there are actions that the NT government can take to incentivise commercial providers to provide new supply in targeted locations that meet the above considerations.

Options and future directions
Incentivise new supply in targeted locations (cont.)

2

In consideration of the commercial viability factors outlined on the previous page, there are actions that the NT government can take to incentivise commercial providers to provide new supply in targeted locations that meet viability requirements. In particular the following could be considered to reduce barriers to entry.

1. **Prepare development-ready land parcels for retirement accommodation** – An existing and / or interstate provider would be easier to engage if there is a defined land opportunity for them to consider. Given the NT Department of Lands, Planning and the Environment (DLP) experience in negotiating native title claims, it would be optimal if they cleared any native title claims on the proposed land parcels, rather than leaving this responsibility to the provider.
2. **Package deals to allow scale** – Consideration should be given to offering a provider two development sites instead of one to provide them with scale. Lever 1 suggested that some of the larger seniors public housing villages could be offered for transfer to providers – this could be sufficient as a way of providing scale to the provider to achieve commercial viability.
3. **Include dedicated seniors accommodation in broader development projects** – New housing development projects may include specifications that a portion of housing be dedicated and / or designed for seniors use to ensure increased supply of appropriate housing through normal channels of commercial development. This could assist in transferring some of the associated costs of developing seniors housing. Developers may also be encouraged to develop consortiums and / or partnerships with retirement accommodation providers to build leading practice solutions.

Case for Change	Potential Levers	Outcomes
Without intervention, increasing numbers of senior Territorians may be priced out of the private rental market and could become reliant on public housing provision.	2 Incentivise new supply in targeted locations	Development of cost-effective retirement and ageing-in-place service delivery models
Without intervention, barriers will continue to detract new supply of retirement accommodation in the NT.		Improved quality of life and choices for NT seniors
		Long-term reduction in whole-of government costs, and improved social outcomes
		Economic development of regional and remote service hubs

Lever 3: Incentivise supported living solutions

It has been identified that hospitals, hostels and homeless shelter services are being challenged with providing accommodation and care services for seniors with complex needs and behaviours in the absence of alternative options available to them. These individuals may be physically mobile and able, but require support for cognitive or mental challenges (i.e. complex behaviours), or have opposite needs of being cognitively sound, but require a high level of personal, nursing and medical care (i.e. complex needs). In the NT, the hospitals appear to currently be caring for the majority of these seniors, with RAC facilities and hostels sharing some of the burden. It is noted that even when these seniors are in RAC, stakeholders have shared that there remains a heavy reliance on hospital services to assist with their care, with affected seniors transported to and from hospital often.

A senior's home environment has a large impact on their physical and emotional wellbeing. In addition, the cost of hospital beds and / or RAC is relatively high, leading to higher cost burdens for society. If focused attention is not given to creating appropriate solutions for seniors with complex needs and behaviours, these individuals will continue to be marginalised with hospitals bearing the cost burden, generating poor social outcomes for the community.

Leading practice models

The disability services industry advocates models where individuals with complex behaviours and needs are supported to live in their home communities. This includes supported group homes with 24/7 care and supports available. Tenants would be matched to ensure harmonious and suitable home environments.

It is important to note that this model focuses on enabling individuals to live independently. In the case of disabilities, assistive supports are put in place to enable independent functioning. In the case of cognitive impairments such as dementia, a safe and secure environment is engineered (e.g. enclosed gardens, calming colour palettes, camouflaged exits) so movement does not need to be restricted or supervised. Other strategies are also employed, each to match specific needs.

The NT already has examples of supported housing models being created for seniors. Some are specifically funded while others have been established by existing providers to address client needs. The first category includes specialised accommodation models such as hostels and shelters to meet specific needs (e.g. the Alyerre Hostel and Topsy Smith Hostel in Alice Springs providing long and short term stays to Indigenous renal clients), while the second includes Calvary's Kindred Homes (since discontinued) and Golden Glow Nursing recently establishing a supported seniors home recently in Darwin.

Case study: Golden Glow Nursing's commercial senior supported housing model

In 2016, Golden Glow Nursing refurbished one of their properties to provide a home to five seniors stranded in long-term hospital stays because they didn't have a place to go to. The seniors rent a room each in this house for about $200 per week which Golden Glow uses to cover the property and utilities costs. Upon entry, each senior was assessed for needs and Golden Glow assisted in arranging rent assistance and care supports for them. In partnership with other providers such as ARRCS and Anglicare, the seniors are supported for a few hours every day to help them with personal care, medication management, hot nutritious meals, and to stay active (funded through CHSP and HCPs).

What is described here is a commercially viable model that optimises the coordination of various funding mechanisms and supports to deliver what these seniors need in the comfort of a supportive home environment in the community.

Source: Golden Glow Nursing, Stakeholder Consultations March 2016.

Application in the NT

The Golden Glow Nursing case study provides an example of how a localised supported living housing model can provide a cost-effective and targeted solution to meet identified needs. The key here is to allow flexibility for providers to meet a range of needs. Options that can be considered for the NT include:

- **Offering of suitable public housing stock to be refurbished / remodelled into purpose-built supported living homes** that meet seniors needs. This may be offered through a tender process whereby providers have the flexibility to review available houses in targeted locations and make proposals on how they might achieve targeted outcomes. Targeted locations could include areas where there is a high concentration of seniors and needs (potentially in or near existing seniors public housing villages), and in smaller towns and outlying suburbs to enable seniors to continue living in their home communities in a supported manner (e.g. Batchelor, Tennant Creek, Katherine, etc.).
- **Providing funding support or other incentives for providers** who wish to provide these supported living housing solutions for identified needs (e.g. for those who already own properties that they would like to remodel / refurbish, or for dedicated property purchases).

Again the focus should be on meeting localised needs and achieving better outcomes for the community, rather than being able to offer highest return for the housing.

Case for Change	Potential Levers	Outcomes
If seniors with mid-range means continue to have limited access to appropriate retirement accommodation, demand is likely to shift to increased need for RAC facilities and hospital services.	3 Incentivise supported living solutions	Development of cost-effective retirement and ageing-in-place service delivery models
If focussed attention is not given to creating appropriate solutions for seniors with complex needs and behaviours, these individuals will continue to be marginalised with hospitals bearing the cost burden, generating poor social outcomes for the community.		Improved quality of life and choices for NT seniors
		Long-term reduction in whole-of government costs, and improved social outcomes
		Improved access to hospital and healthcare services
		Economic development of regional and remote service hubs

Lever 4: Incentivise development of self-sustaining community hub models

The previous levers discussed the enhancement of existing seniors villages; attraction of new supply of retirement accommodation; and incentivising of localised supported housing solutions. The fourth lever available to the NT government is to incentivise development of self-sustaining supportive community models in existing areas where there is a natural high concentration of seniors. This would build local capacity in an area to become a functional retirement community, which stands in contrast with purpose-built retirement accommodation solutions (e.g. RVs, seniors public housing, etc.).

This model is effective in established suburbs / areas where housing is concentrated with higher median prices, and an increasing ageing population. This is illustrated in the following case study.

Case study: Naturally-occurring retirement communities in the United States of America[1]

The National Naturally Occurring Retirement Community (NORC) Ageing in Place initiative was launched in 2002 by the Jewish Federations of North America (JFNA) to assist in improving aged care services around NORCs to allow seniors to remain living at home and in their communities for as long as is safely feasible. NORCs recognise the value in empowering seniors to build a supportive network within their local communities, negating the need for a commercial retirement solution (e.g. a RV) to be created. Specifically this may include seniors forming volunteer teams to support dependent seniors in their community, organising regular active lifestyle activities such as tai chi sessions in the parks, or even advocating for health care services to provide regular check-ups in the community. The key idea is to provide funds as needed to community groups and seniors to implement solutions.

The initiative has operated in various self-identified NORC communities, including concentrated seniors hubs within New York City, Miami, Florida, New Jersey, Minneapolis and Baltimore, where the building of affordable purpose-built retirement accommodation is prohibited by pricing and lack of available land.

NORC initiative funding was tendered to various community groups centralised around both socialisation and recreation for seniors communities, providing for a collaborative hub of NORC Supportive Services Programs (NORC-SSPs).

The aim of NORC-SSPs was to promote active leadership and participation of seniors in the governance of key program elements including health care management, volunteer opportunities, socialisation and recreation activities, assistance and social work services. These support services in turn acted to reduce gaps in services to help create healthy communities in which older adults can live independently, with a higher quality of life. Integration of services across the aged care spectrum also provided benefits of allowing aged care recipients to transition from independent living to dependent living within the same service area.

Evaluation of outcomes delivered by the NORCS-SSPs indicated that:

- NORC seniors showed reduced risk / occurrences of heart diseases, falls and Alzheimer's disease with the supports and social models in place. Post-hospitalisation decline was also reduced.
- NORC seniors demonstrated increased awareness and use of community resources and services.
- NORC seniors also demonstrated increased socialisation and volunteerism within their own communities.

While the national NORC funding model has since ceased, many NORCs continue to operate with mixed funding sources demonstrating support for the effectiveness of this model.

[1] *American Journal of Public Health, Healthy Naturally Occurring Retirement Communities: A Low-Cost Approach to Facilitating Healthy Aging, July 2006, Vol 96, No. 7*
[1] *Rutgers School of Social Work. Emily A. Greenfield, Ph.D: An Overview of Naturally Occurring Retirement Community Supportive Services Programs in New Jersey, January 12, 2011*

Application in the NT

The NORCs model focuses on empowerment of seniors to take charge of building a supportive and active community to allow for seniors to live meaningful, happy and fulfilling lives within their communities. This makes ageing-in-place a supportive and empowering experience rather than an isolating experience, and is self-sustaining rather than dependent on continued government funding and provision of services.

Introducing NORC-SPPs in the NT requires identification of naturally occurring retirement communities. These are usually areas that already have the right infrastructure in place, such as easy access to health care facilities, shopping centres, public transport, etc. Potential examples include Casuarina, Nightcliff, Palmerston and the Alice Springs town centre.

Once areas have been identified, the NT government can promote the development of these areas into self-sustaining community hubs by:

- providing funding support to providers and senior groups to implement supportive services through a contestable process;
- collaborating with the Department of Housing to focus any future head-leasing efforts in these areas so seniors in public housing may benefit in living in these supportive communities;
- collaborating with the DLP to ensure that town and infrastructure planning encourages development of social and commercial facilities that are aligned with needs of ageing communities (e.g. disabled-friendly paths, wellness centres, community centres, etc.); and
- providing financial support to seniors who wish to purchase into these areas through mixed equity schemes. This is where the senior contributes as much as they can towards the property and the government contributes the remainder and retains a corresponding ownership share of the property. When the senior no longer needs the property, the government can sell the property and return the original contribution to the senior or their estate.

Case for Change	Potential Levers	Outcomes
Without intervention, barriers will continue to detract new supply of retirement accommodation in the NT.	4 Incentivise development of self-sustaining community hub models	Development of cost-effective retirement and ageing-in-place service delivery models
If seniors with mid-range means continue to have limited access to appropriate retirement accommodation, demand is likely to shift to increased need for RAC facilities and hospital services.		Improved quality of life and choices for NT seniors
		Long-term reduction in whole-of government costs, and improved social outcomes

Combined application of levers

Combined application of levers

Utilising a combination of levers may offer cross-subsidisation benefits. For example the sale / leasing of public housing stock through levers 1 and 3 (i.e. sale / lease of individual houses and / or entire seniors villages) could potentially provide sufficient inflow of financial resources to fund levers 2, 3 and 4 (i.e. incentives for the development of new supply of retirement accommodation and support services).

On an overall basis the various levers will encourage capability development and innovation from local communities, private providers and not-for-profit providers to develop solutions tailored for the needs of the NT seniors population. This will reduce reliance on the NT Government to provide supports, delivering better economic and social outcomes for the NT.

Potential levers			Financial impact	Level of effort
1	Alternative delivery models for seniors public housing	The sale or leasing of seniors villages / complexes may bring in funds to support other levers, however will require significant effort from the NT government to arrange the transfer of housing stock and manage tenant concerns.	Potential net inflow of funds	Higher effort
2	Incentivise new supply in targeted locations	The creation of land and development packages to attract commercial providers may require financial resources, as well concerted effort from various departments and councils. This may be subsidised through other levers.	Likely net outflow of funds	Higher effort
3	Incentivise supported living solutions	The sale of aged public housing stock may bring in funds to support other initiatives. This will be easier to employ as each funding request or property transfer can be done independently.	Potential net inflow of funds	Lower effort
4	Incentivise development of self-sustaining community hubs	This will require some financial support from the NT government, however will involve less effort when compared to other initiatives.	Net outflow of funds	Lower effort

KPMG

cutting through complexity

Appendix 1: Aged Care Legislative review

Overview

The legislative environment for accommodation and care and support services for the elderly in Australia and in the NT can be complex for governments, service providers and consumers / residents alike.

This section aims to present:

- The key overarching legislative / policy instruments that impact upon the provision of accommodation and care and support services to the elderly in the NT;
- How these instruments interrelate;
- The likely future direction of these instruments; and
- How this may impact accommodation and care and support service provision in the NT.

The diagram on the following page is a representation of the current legislative / policy environment for the provision of accommodation and care and support services to the elderly in the NT.

Commonwealth legislation

As presented in the diagram, the key Commonwealth legislation impacting the provision of accommodation and care and support services to the elderly is the *Aged Care Act 1997*. The Aged Care Act comprises Commonwealth Government funded programs / services such as the Commonwealth Home Support Programme (CHSP), Home Care Packages (HCPs), residential aged care (RAC), flexible care and transition care.

Senior Territorians may also be eligible for services under the Department of Veterans' Affairs (DVA) Nursing Program and or the Veterans' Home Care (VHC) program.

Commonwealth Rent Assistance may also be available to some elderly Territorians.

NT legislation

The key NT legislation impacting the provision of accommodation and care and support services to the elderly are the Retirement Villages Act, NT Seniors Villages / Seniors Housing policy and the Senior, Pensioner and Carer Concession under the Stamp Duty Act.

There also exists other NT legislation and policy which can be applied to senior Territorians, however, is aimed at the broader NT community, including:

- First Home Owners Grant Act;
- Bond and Rent Assistance Loans;
- Public Housing;
- Residential Tenancies Act; and
- Caravan Parks Act.

Shared Commonwealth and NT responsibility

The Commonwealth and NT Governments also jointly administer a number of programs / schemes targeted towards, or able to be accessed by, seniors in the NT such as:

- The NT Pensioner and Carer Concession Scheme (providing rebates, discounts and assistance with key living / property costs such as stamp duty concessions, electricity, rates, water and garbage collection); and
- The National Rental Affordability Scheme.

Together, there appear to be numerous legislative and policy instruments to promote the provision of accommodation and care and support services to elderly Territorians. The current effectiveness of these instruments and how they can best be used forms part of this study.

Legislative environment
Commonwealth Home Support Programme

Legislation / policy	Commonwealth Home Support Programme (CHSP) - Aged Care Act
Jurisdiction	Commonwealth (Department of Health)
Description	Delivery of *entry-level* home support services provided at a low intensity on a short-term or ongoing basis, or high intensity on a short-term or episodic basis. Focus is to enable clients to stay as independently and as long as they can in their own homes. This includes support of the care relationship between CHSP clients and their carers.
Included services	CHSP funded services are extensive and fall under the following categories: ■ *Community and Home Support:* Personal care, domestic assistance, social support, allied health services, meals, transport, assistive technology, nursing care, home maintenance, home modifications, etc. ■ *Care Relationships and Carer Support:* respite, counselling and carer support services, including extended cottage respite, centre-based care, emergency respite, etc. ■ *Assistance with Care and Housing:* support for those at risk of homelessness to find sustainable and suitable housing, including connecting clients to homes, financial aid, legal aid, etc.
Consumer / resident eligibility	Frail, older persons aged 65+ (or 50+ for Aboriginal and Torres Strait Islander (ATSI) groups) that meet eligibility criteria. Assessment is through the centralised My Aged Care system (phone assessment) and/or Regional Assessment Services (in-person assessments), with approval provided for specific service types. For example, Client A is approved for domestic assistance and home maintenance only, while Client B is approved for centre-based respite services only.
Service provider eligibility	Eligible providers are those awarded CHSP contracts through tenders or through arrangements with actual contract holders. Note that CHSP consolidates the former Commonwealth Home and Community Care (HACC) Program, planned respite from the National Respite for Carers Program (NRCP), the Day Therapy Centres Program and the Assistance with Care and Housing for the Aged Program.
Allocation of accommodation / services	There is no set allocation of places for CHSP. Clients are assessed and referred to providers via My Aged Care. Providers are bucket-funded and have flexibility to accept referrals and agree with clients on service frequency and scope. Overall funding for CHSP, however, is capped.

Legislative environment
Commonwealth Home Support Programme (cont.)

Legislation / policy	Commonwealth Home Support Programme (CHSP) - Aged Care Act
Funding (incl. consumer / resident contributions)	CHSP is a block-funded program allocated by ACPR with set target output levels per activity type. Providers are required to report on output delivery and expenditure of funding. Surplus funds may be requested to be returned to government if target outputs are not met. Clients are assessed and approved for specific service types, however the overall level of funded services they may receive is not limited to specific amounts, which is the fundamental difference between CHSP and HCP. For example, a client may be approved for $20,000 worth of home modifications, allied health services and assistive technology under CHSP – higher than the HCP Level 1 and Level 2 funding amounts. Providers are encouraged to charge a contribution fee for services provided. This is at the provider's discretion and may be in the form of charge per hour, annual subscription, gold coin donation, proportion of invoice costs, etc. The contract states that any surplus funds from contributions must be spent on delivery of service or improvements.
Future direction	The CHSP and HCP will merge from 1 July 2018. My Aged Care will be the single entry and assessment point for these services. It is envisioned that the block-funding system will cease, to be replaced by consumers being funded directly to spend on services needed.

Home Care Packages

Legislation / policy	Home Care Packages (HCPs) - Aged Care Act
Jurisdiction	Commonwealth (Department of Health)
Description	Represents funding provided to frail, older Australians who require ongoing care to enable them to continue living at home, from *basic to high care needs*. Funding is provided at four HCP levels (L1, L2, L3, L4), based on the assessed needs of the client. Funds are held by an approved home care provider on behalf of the client, and to be spent based on consumer choice and direction in line with their care needs. Any unspent funds are accumulated for future use. While the flexible and consumer-directed nature of HCPs suggests services should not be considered / compared in terms of strict hours, the following provides a rough indication of service levels under each level of HCP: L1 – 2-3hrs of personal care or 1 allied health / nursing service per week; L2 – 3-4hrs of personal care or 2hrs of personal care plus 1 allied health / nursing service per week; L3 – up to 10hrs of personal care or 5hrs of personal care plus 2 allied health / nursing services per week; and L4 – up to 14hrs of personal care or up to 10hrs of personal care plus 2 allied health / nursing services per week.
Included services	Funding may be spent on any service or item purchase that is clearly aligned to the client's care plan, wellbeing and will allow them to continue living independently in their homes. Approved providers have a responsibility to ensure that funds are spent appropriately to meet the client's care needs, however this must be aligned with consumer choice and direction.
Consumer / resident eligibility	Frail, older persons aged 65+ (or 50+ for ATSI groups) that meet eligibility criteria. Entry and assessment for HCP eligibility is through My Aged Care (same as CHSP) with more comprehensive assessment undertaken by the Aged Care Assessment Team (ACAT). Clients assessed to be from special needs groups (ATSI, LGBTI, financially and socially disadvantaged, CALD, etc.) may receive priority access to vacant packages.
Service provider eligibility	Only approved providers are eligible to apply for HCPs, with status awarded through a competitive application process, and maintained through audits.

Legislative environment
Home Care Packages (cont.)

Legislation / policy	Home Care Packages (HCPs) - Aged Care Act
Allocation of accommodation / services	Allocation of HCPs are currently tightly regulated in terms of quantity and geographic location. Some HCPs may also be specifically allocated for specific Special Needs Groups. This regulation means that if a client moves across geographic boundaries (e.g. from Darwin to Katherine) or if their needs increase (e.g. L2 to L4), they may need to find a provider who has an available package in their new geographic region or a package of an appropriate level. Providers may request for package allocations in the annual Aged Care Approvals Rounds (ACAR). It is noted that there are long waiting lists for higher level packages in many areas.
Funding (incl. consumer / resident contributions)	Each HCP level has a set total amount (per annum values are L1 $7.9k, L2 $14.4k, L3 $31.7k, L4 $48.2k), however income-testing is required to assess the proportion of package funds that the client must contribute. Providers claim subsidy funding on occupied packages. The subsidy funds are held on behalf of clients who are assigned the package, and may only be claimed as income to the provider if services are rendered. Clients are encouraged to keep about 10% contingency funds to cover unexpected needs. Clients may be required to pay an income-tested fee as contribution to their HCP (as discussed above). This does not change the overall value of HCP packages. Income-tested fees have both annual and lifetime caps. The current lifetime cap is $61,755 which applies to both home care and RAC. Providers are encouraged to charge a basic fee to clients who can afford it at a maximum 17.5% of the age pension (approx. $300 per month). This increases the package funds available for services. Clients may also choose to make additional contributions to increase the level of services received.
Future direction	Supply of HCP services will be deregulated from 1 Feb 2017. Currently a client assessed for a HCP can only be serviced by a provider who has an available package at the level assessed in that specific geographic region. After Feb 2017, it is anticipated that clients may choose any approved provider who agrees to manage their package. It is further anticipated that clients may choose to hold their subsidy funds (under a voucher system) and pay for services – this means that they may access multiple providers for their services rather than being limited to the services provided by a single provider. As a result of the deregulation, providers will no longer be required to apply for HCPs through ACAR.

Legislative environment
Residential aged care

Legislation / policy	Residential aged care (RAC) - Aged Care Act
Jurisdiction	Commonwealth (Department of Health)
Description	Delivery of aged care services and accommodation in a residential setting for older people who are unable to continue living independently in their own homes. Ranges from personal care to assist with daily living through to nursing care on a 24-hour basis.
Included services	Residential care includes permanent and temporary residential respite care services (i.e. short term care on a planned or emergency basis). Residents in a RAC facility are to be given access to a full range of personal care through to nursing care 24-hours per day, and all daily living needs (i.e. meals, continence aids, assistive aids, activities, etc.). Some residential facilities offer specialised care or services that meet special needs, such as secure dementia units, Indigenous oriented facilities, Chinese-culture oriented facilities, Islamic-appropriate facilities (halal food, segregated care units, etc.), Italian-speaking facilities, etc. Facilities also differ in terms of extra services offered and/or level of quality in building, amenities, rooms, food, etc. Residents may pay higher fees accordingly.
Consumer / resident eligibility	Frail, older persons aged 65+ (or 50+ for ATSI groups) that meet eligibility criteria, with a primary criteria that they are unable to continue living independently in their home setting. A full comprehensive assessment is required by ACAT.
Service provider eligibility	Only approved providers are eligible to provide government funded RAC, with status awarded through a competitive application process, and maintained through audits.
Allocation of accommodation / services	Allocation of residential beds is currently tightly regulated in terms of the number of beds a specific facility may operate. Providers may request for bed allocations in the annual ACAR. This can be for a proposed new facility to be built or for more bed licenses to expand an existing facility. An approved provider may also acquire new bed licenses through the purchase of bed licenses from another provider (with or without the actual facility). Note that the licenses are tied to an ACPR. Clients assessed as eligible by ACAT may apply for residential places in facilities within their ACPR, however actual entry to a facility is subject to availability of a bed in their preferred facility. Many of the higher repute / quality RAC facilities have long waiting lists.

Legislative environment
Residential aged care (cont.)

Legislation / policy	Residential aged care (RAC) - Aged Care Act
Funding (incl. consumer / resident contributions)	**Care services** Funding for care services in a RAC facility is largely provided by the Commonwealth Government and is determined through the Aged Care Funding Instrument (ACFI), which is a resource allocation instrument that focuses on the main areas that determine care needs among residents. A facility's total care funding is therefore determined by the specific care needs of each resident. It should be noted that it is the provider's responsibility to manage the application of the ACFI, i.e. identifying when needs increase to apply for a corresponding increase in ACFI. **Accommodation services** Residents are required to pay for their accommodation (i.e. their room) either through a Refundable Accommodation Deposit (RAD) and/or Daily Accommodation Payment (DAP). A RAD works like an interest-free loan to an aged care home with the deposit being refunded when the resident is discharged (less any amounts agreed to have been deducted). The DAP works like a rental system, where the resident pays for their accommodation and services on an ongoing basis. A resident may choose to pay a combination of RAD and DAP for their accommodation. Note that each provider may set the RAD and DAP applicable to rooms available in the RAC facility based on perceived market value. A limit of $550k per room applies unless approval is obtained by the Aged Care Funding Commissioner. **Hotel services** Residents are also required to pay a basic daily fee to cover the costs of hotel services such as cleaning, catering and laundry. This fee is a daily fee set at approximately 85% of the aged care pension rate. **Means / income tested fees** Residents may be required to pay a means / income tested care fee towards the cost of their care and / or accommodation. There are annual and lifetime caps in place to limit mean / income tested fees.
Future direction	The Government has announced that residential care will be moving to a consumer-directed-care (CDC) model at some point in the future which will empower residents to choose how their funding is expended on their care. This will encourage providers to ensure that their residential care offering is competitive and aligned with consumer demand. There is also speculation that supply of residential beds may be deregulated in coming years, similar to the deregulation announced in the home care space. This will result in significant impacts for existing providers.

Flexible care

Legislation / policy	Flexible care - Aged Care Act / Aged Care (Transitional Provisions) Act
Jurisdiction	Commonwealth (Department of Health)
Description	Delivery of aged care services flexibly where needs are not aligned with mainstream residential and home care services. This includes short-term, therapy-focused support after an illness, fall, etc. to support an older person continue living at home independently (rather than prematurely entering residential care). This also includes specialised care services to meet specific cultural needs or geographical conditions (e.g. very remote areas).
Included services	Flexible care is intended to be responsive and evolving, with six current sub-types: ■ Transition Care Programme (TCP) and Short-term Restorative Care (STRC) represents funding for short-term (8 weeks), goal-oriented and reablement and restorative focused packages of services to help someone regain their independence following a hospital discharge and/or early intervention to prevent/slow deterioration. May be delivered at home or in residential setting. ■ Multi-purpose Services Programme provides integrated health and aged care services for small rural and remote communities, allowing services to exist in regions that could not viably support stand-alone hospitals or aged care homes. Funds are pooled to directed services to highest need at any time. Services may be delivered at home or in a residential setting (including hospital setting). ■ National ATSI Aged Care Programme and Support Services for Remote and Indigenous Aged Care support delivery of specialised care to ATSI and very remote groups. The services are provided in a flexible manner and cater to the needs of older people in a residential or home care setting who may require a different approach than that provided through mainstream residential and home care options. The programme aims to foster collaboration and innovation in the community. ■ Innovative Care Programme supports the development and testing of flexible models of service delivery where mainstreams services don't fully meet the needs of a location or target group.
Consumer / resident eligibility	(TCP and STRC only) Frail, older persons aged 65+ (or 50+ for ATSI groups) who are not already receiving HCP or residential care (CHSP clients are eligible). Entry is through My Aged Care with assessment by Aged Care Assessment Team (ACAT). TCP clients must be an admitted patient at a public/private hospital and assessed in hospital by ACAT assessment prior to discharge. Note that STRC eligibility is also conditional on not having received two episodes of STRC in 12 months, or TCP in 6 months (i.e. otherwise would require ongoing care in form of HCP or residential care).

Legislative environment
Flexible care (cont.)

Legislation / policy	Flexible care - Aged Care Act / Aged Care (Transitional Provisions) Act
Service provider eligibility	(TCP and STRC only) Only Flexible Care Approved Providers may offer these services (streamlined application process currently being designed for current approved providers of HCPs and residential care). In some states/ territories, the provider would also need to hold allocated flexible care places (awarded through ACAR or by tender).
Allocation of accommodation / services	(TCP and STRC only) Currently there are 4,000 TCP places available nationally with 29 TCP places in the NT. Places are delivered by a number of approved providers based on ability to respond. The STRC program will commence as of July 2016 with 200 places, increasing to a minimum of 2,000 by 2021. Allocation will happen by competitive process which may differ by state / territory.
Funding (incl. consumer / resident contributions)	(TCP and STRC only) Funding amounts and mechanism depends on delivery model used by the state / territory. It also differs based on whether the service is offered in a residential or home setting. Providers claim subsidies on occupied allocated spaces, or by actual services delivered. For services delivered in a residential setting, subsidy is based on the Aged Care (Subsidy, Fees and Payments) Determination 2014 (similar to HCP and residential care). Note for the other programmes (Multi-purpose Service Programme, Innovative Care Programme, etc.) funding is individually considered. There are no means / income testing for Flexible Care. TCP does not require any client fees or contributions. The STRC is proposing a contribution fee framework, however this will be at the provider's discretion.
Future direction	The STRC program is envisioned to be implemented from 1 July 2016, growing from 200 places to 2,000 places within the next 5 years. While there appears to be some duplication between STRC and CHSP, the STRC will eventually cover high-intensity restorative care, while CHSP is positioned more appropriately as entry-level following its merge with the HCP in July 2018.

Legislative environment
Veterans' Home Care

Legislation / policy	Veterans' Home Care
Jurisdiction	Commonwealth (Department of Veterans' Affairs)
Description	Veterans' Home Care (VHC) is a DVA program designed to assist entitled persons who need a small amount of practical help to continue living independently in their own home.
Included services	Services include domestic assistance, personal care, respite care, and safety-related home and garden maintenance. VHC is not designed to meet complex or high-level care needs.
Consumer / resident eligibility	Entitled persons who have a Gold Card or White Card are eligible for an assessment for VHC services. Entitled persons who have eligibility under the Veterans' Entitlements Act 1986 and partners or dependents who have eligibility under the Military Rehabilitation and Compensation Act 2004 are eligible to receive all VHC Services. However, the following entitled persons are only eligible to receive some VHC services: ■ British Commonwealth and Allied veterans with a White Card are eligible for VHC respite care only. ■ Entitled persons who have eligibility under the Australian Participants in British Nuclear Tests (Treatment) Act 2006 may receive residential respite only where it is required due to cancer. ■ Members who have service-related disabilities accepted under the Military Rehabilitation and Compensation Act 2004 and/or the Safety Rehabilitation and Compensation Act 1988 and are eligible to receive: – Some household services but may not receive domestic assistance and/or safety-related home and garden maintenance; and / or – Attendant care but may not receive personal care. Age is not part of the eligibility criteria for VHC, however, the nature of the program results in largely elderly clients.
Service provider eligibility	DVA service providers agree to treat DVA card-holders for a wide range of conditions through a payment arrangement which means the veteran does not pay for those services. An application to become a DVA service provider is made through the Department of Human Services.
Allocation of accommodation / services	There is no set allocation of places for VHC. VHC Assessment Agencies assess the needs of individuals and approve services if appropriate. Where services are approved, the VHC Assessment Agency, in consultation with an individual, will arrange services with a contracted VHC Service Provider. A VHC Care Plan is then agreed with the individual.

Legislative environment
Veterans' Home Care (cont.)

Legislation / policy	Veterans' Home Care
Funding (incl. consumer / resident contributions)	VHC is funded by the Commonwealth Government however the recipients of the care may have to make a co-payment for the services received in some instances. The following co-payments apply: ■ Domestic assistance - $5 per hour with a maximum of $5 per week. ■ Personal care - $5 per hour with a maximum of $10 per week. ■ Home and garden maintenance - $5 per hour with a maximum of $75 per year. ■ Respite care – no co-payment. ■ Social assistance - $5 per hour with a maximum of $5 per week. Individuals may apply for a co-payment waiver if it is determined that they: ■ have one or more dependent children; ■ are receiving the full rate of service pension or the full rate of Centrelink pension or allowance and do not earn an income, including non-pension income and DVA compensation payments (disability pension or war widow/widower pension), of more than $40 a fortnight; ■ are receiving a pension under the DVA pension hardship provisions; or ■ would suffer severe financial hardship if they made the co-payment.
Future direction	There are no known changes presently anticipated in relation to the VHC Program.

Appendix 1: Legislative environment
Retirement villages

Legislation / policy	Retirement Villages Act
Jurisdiction	NT (Consumer Affairs)
Description	An Act regulating the provision of retirement village (RV) accommodation and the operation of RVs.
Included services	RVs are housing developments targeted at people over the age of 55. RVs are attractive to the elderly as they provide security, community facilities and groups and also typically access to emergency nursing (where available) while allowing the elderly to retain their independence. The range of accommodation options, community facilities and activities and additional care and support services ranges widely depending upon the village. Typically, a resident does not technically 'own' a RV dwelling, however, has the right to occupy the dwelling for their lifetime.
Consumer / resident eligibility	A retired person is considered to be a person who is 55 years of age or retired from full-time employment or a person who is a spouse or de facto partner of such a person.
Service provider eligibility	Outside of meeting the requirements under the Act (specifically the code of practice) in the operation of a RV, there are minimal eligibility criteria for a service provider who wants to become a RV operator. The land upon which the RV is developed / operated, however, must be noted in the Territory Land Register as being used as a RV.
Allocation of accommodation / services	Allocation of available residences for the purpose of retirement living is based on market dynamics and the decisions of private entities. There is no government restriction on the supply of RVs.
Funding (incl. consumer / resident contributions)	All RV services are funded by individual contributions. Typically this consists of a premium / ingoing contribution to enter a RV (all of which may or may not be refunded), ongoing contributions to the costs of operating the village such as the village manager and facility maintenance expenses (similar to body corporate fees) and the specific living / property costs of individual dwellings / residents (e.g. utilities, etc.).
Future direction	There are no known changes presently anticipated in relation to RV legislation or policy in the NT. It should be noted, however, that governments in some other States are reviewing RV legislation in conjunction with manufactured home parks legislation (of which there is no dedicated legislation in the NT) to understand if the two sets of legislation can be harmonised.

Appendix 1: Legislative environment
Seniors Villages / Seniors Housing

Legislation / policy	Seniors Villages / Seniors Housing policy
Jurisdiction	NT (Department of Housing)
Description	Government owned residential villages developed specifically for ageing Territorians.
Included services	Residential accommodation
Consumer / resident eligibility	Similar to the eligibility for public housing, seniors housing eligibility is assessed on asset and income tests. Approved prospective residents are then placed on a waiting list before being allocated a dwelling.
Service provider eligibility	Provided by the NT Government.
Allocation of accommodation / services	There are currently about 76 NTG-provided seniors villages / complexes in Darwin, Alice Springs, Katherine and Tennant Creek providing 923 one-bedroom or two-bedroom homes to eligible seniors (data as at 31 October 2015). There are also about 704 seniors currently on a waitlist. Allocation is based eligibility, level of need and availability.
Funding (incl. consumer / resident contributions)	Residents are provided with subsidised rent in line with broader public housing policy and criteria. Public housing rent is based on a proportion of assessable household income (which excludes more than 22 types of social security payments), for example aged pensioners are typically required to pay 18% of assessable income in rent.
Future direction	This study will assist in informing the future direction of this policy.

Appendix 1: Legislative environment
NT Pensioner and Carer Concession Scheme

Legislation / policy	NT Pensioner and Carer Concession Scheme
Jurisdiction	NT (Department of Health)
Description	Financial subsidies to eligible members for a wide range of living expenses, including some property related expenses.
Included services	Eligible members can receive subsidies for the following property related expenses: ■ Electricity / alternate energy; ■ Local council property rates; ■ Water rates; ■ Sewerage rates; ■ Garbage charges; and ■ Stamp Duty.
Consumer / resident eligibility	Permanent residents of the NT who hold a valid concession card, issued by the Commonwealth Department of Human Services (Centrelink), or Commonwealth Department of Veterans' Affairs and Carers who are permanent residents of the NT and are in receipt of the Commonwealth Carers Allowance from Centrelink.
Service provider eligibility	Not applicable.
Allocation of accommodation / services	Not applicable.
Funding (incl. consumer / resident contributions)	Subsidies offered by the NT government with some financial compensation from the Commonwealth government for certain categories of social security payments, in the form of a Special Purpose Payment (SPP). Remaining costs contributed by individuals.
Future direction	There are no known changes presently anticipated in relation to the NT Pensioner and Carer Concession Scheme.

Appendix 1: Legislative environment
Senior, Pensioner and Carer Stamp Duty Concession

Legislation / policy	Senior, Pensioner and Carer Stamp Duty Concession – Stamp Duty Act (under the NTPCCS)
Jurisdiction	NT (Department of Treasury and Finance)
Description	To assist eligible senior citizens, pensioners and carers that are not first home owners acquire a home or land on which to build a home by reducing the stamp duty that would otherwise be payable.
Included services	Stamp duty concession on purchase of home or land.
Consumer / resident eligibility	At least one applicant must: ■ Be at least 60 years of age or the holder of a NT Pensioner and Carer Concession card; and ■ Occupy the home as their principal place of residence for a continuous period of at least six months following taking possession of the dwelling. Purchases of land in excess of $385,000 and homes in excess of $750,000 are not eligible.
Service provider eligibility	Not applicable.
Allocation of accommodation / services	Not applicable.
Funding (incl. consumer / resident contributions)	Concession provided under a NT Government scheme to a value of up to $10,000 (i.e. equivalent to the full stamp duty for a property worth $292,300). Remaining costs contributed by individuals.
Future direction	There are no known changes presently anticipated in relation to the Senior, Pensioner and Carer Stamp Duty Concession.

Future directions

In order to consider the future direction of legislation and policy in relation to the provision of accommodation and care and support services to the elderly in the NT, we have considered the legislation under three categories relevant to the role of government under the legislation / policy:

- Direct support;
- Indirect support; and
- Consumer protection.

Direct support

This category considers the legislation / policy under which government is providing direct support to the provision of accommodation and care and support services to elderly Territorians. This comprises the aged care programs / services that fall within the remit of the Aged Care Act and also the accommodation provided by the NT through public housing, for example Seniors Villages / Seniors Housing.

Aged care

Since the release of the *Caring for Older Australians* report which was released by the Productivity Commission in 2011 there has been a significant shift in aged care policy. In response to the report, the Commonwealth Government announced the Living Longer, Living Better aged care reform package which set a five year reform agenda to build a better, fairer, more sustainable and nationally more consistent aged care system, including reforms which focused on:

- Providing consumers with readily accessible information regarding the aged care system;
- Providing consumers with greater transparency in the costs of entering care;
- Providing consumers with greater choice – in the care they want to receive, how they want to receive it, and how they want to pay for it; and
- Increased sustainability in government funding of aged care and the long term financial viability of aged care service providers.

Specifically, this has resulted in some major changes to how service providers engage with consumers and provide accommodation and care and support services in this sector. Notable changes include:

- Residential care – The removal of the distinction between high and low care; a requirement for RAC service providers to publish their accommodation prices; providing the consumer with the choice of how to pay for their accommodation (i.e. through a lump-sum payment, through daily payments or a combination of both).
- In-home care – The introduction of CDC to promote greater consumer focus, direction, flexibility and choice in the delivery of HCPs; the introduction of individual budgets for consumers; the consolidation of a number of funding programs into the Commonwealth Home Support Programme.
- Other – Establishment of the MyAgedCare gateway as the first point of call for all consumer enquiries and assessments in relation to aged care; increased reporting requirements for service providers.

While the reform to date has resulted in a fundamental shift in how service providers deliver aged care accommodation and services government funding for these activities are still 'tied' to the provider. The focus of the next stage of the reform will be to transfer the 'ownership' of Government funding to the individual i.e. an individual will receive a funding allocation (dependent upon their assessed care needs and financial situation) and will then be able to choose which providers it will engage to deliver their desired services.

At this stage, we envisage this next wave of reform to include:

- The deregulation of HCPs from 1 February 2017 - Service providers will no longer be allocated HCPs and instead consumers will be funded directly to spend on the services (and service providers) of their choice. While allocation of HCPs will no longer be regulated the total availability of funding will be capped.

Future directions (cont.)

- The merging of the CHSP and HCP funding programs into a single in-home care funding program from 1 July 2018 - Under such a program it is envisaged that service providers will no longer receive 'block' funding and instead consumers will be funded directly to spend on the services (and service providers) of their choice as will have been the case for HCPs since 1 July 2017.
- CDC in residential care - The Commonwealth Government has announced that residential care will also be moving to a CDC model at some point in the future which will empower residents to choose how their funding is expended on their care. This will encourage providers to ensure that their residential care offering is competitive and aligned with consumer demand. No timetable for this transition has been proposed as yet.
- Deregulation of aged care bed licences – There is speculation that the Commonwealth Government may also deregulate the supply of residential beds in coming years, similar to the deregulation announced in HCPs. This will have significant ramifications across the sector as providers will no longer be allocated beds through annual approvals and will be required to compete for residents in an open market. This will require greater consumer focus and innovation by providers resulting in improved value for residents. While allocation of beds would no longer be regulated the total availability of funding would remain capped.

Specifically, the future direction of reforms in the aged care sector could likely result in significant changes in the delivery of accommodation and care and support services to older Territorians, including:

- Greater consumer control and choice in receiving accommodation and care and support services;
- Increased market competition, including new entrants, which may result in changes to the mix of service providers operating in the NT; and
- Increased requirements for individuals to contribute to the costs of their accommodation and care and support services (where possible).

Indirect support

This category considers the legislation / policy under which government is providing indirect support to elderly Territorians through subsidies, rebates and concessions to assist with the costs of accommodation and care and support services i.e. the Pensioner and Carer Stamp Duty Concession and the NT Pensioner and Carer Concession Scheme.

At the time of this study, there are no known changes likely to occur in relation to these policies.

Consumer protection

This category considers the legislation / policy under which government is protecting the consumer rights of elderly Territorians in relation to accommodation and care and support services and includes the Retirement Villages Act.

At the time of this study there are no known changes likely to occur in RV legislation or policy in the NT. It should be noted, however, that governments in some other States are reviewing RV legislation in conjunction with manufactured home parks legislation (of which there is no dedicated legislation in the NT) to understand if the two sets of legislation can be harmonised.

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Appendix 2: List of NT RAC and HCP providers

Appendix 2: NT aged care providers
List of NT RAC and HCP providers

NT Providers of RAC and HCPs (ALICE SPRINGS)					
Provider name	**Service name**	**Suburb**	**RAC**	**HCP L1-L2**	**HCP L2-L4**
Alice Springs					
Animparrinpi Yututju Women's Aboriginal Corporation	Animparrinpi Yututju Old People's Program	Mount Liebig	**0**	12	0
ARRCS	ARRCS - Community Care Central	Alice Springs	**0**	52	0
ARRCS	Old Timers Village	Alice Springs	**108**	0	0
ARRCS	Hetti Perkins Home for the Aged	Connellan	**60**	0	0
ARRCS	Tjilpi Pampaku Ngura Flexible Aged Care	Docker River	**19**	22	0
ARRCS	Nganampa Ngura Mutitjulu-nya	Mutitjulu	**18**	45	0
Barkly Regional Council	Ampilatwatja Aged Care	Ampilaatwatja	**0**	5	0
Barkly Regional Council	Urapuntja Aged Care	Utopia	**0**	10	0
Calvary Community Care	Calvary Community Care Alice Springs	Alice Springs	**0**	17	20
Central Desert Regional Council	Laramba Aged Care Service	Laramba	**0**	8	2
Central Desert Regional Council	Nyirripi Community Old Peoples Program	Nyirripi	**0**	8	0
Central Desert Regional Council	Anmatjere Flexible Aged Care Service	Ti Tree	**11**	1	0
Central Desert Regional Council	Yuelamu Community Services	Yuelamu	**0**	3	0
Life Without Barriers	Life Without Barriers Alice Springs	Alice Springs	**0**	4	0
Ltyentye Apurte Arelhe-Ingkerrenyekekenhe Apmere	Ltyentye Apurte Community Care	Santa Teresa	**0**	8	0
MacDonnell Regional Council	Amoonguna Home Care Services	Amoonguna	**0**	6	0
MacDonnell Regional Council	Areyonga (Utju) Home Care Service	Areyonga	**0**	5	0
MacDonnell Regional Council	Haasts Bluff (Ikuntji) Home Care Service	Haasts Bluff	**0**	5	0
MacDonnell Regional Council	Hermannsburg (Ntaria) Home Care Service	Hermannsburg	**0**	7	0
MacDonnell Regional Council	Imanpa Home Care Service	Imanpa	**0**	0	2
MacDonnell Regional Council	Papunya (Warumpi) Home Care Service	Papunya	**0**	5	0
MacDonnell Regional Council	Titjikala Home Care Service	Titjikala	**0**	8	0
Mampu Maninja-Kurlangu Jarlu Patu Ku Aboriginal Corp	Yuendumu Old People's Programme	Yuendumu	**11**	1	0
Marle Ingkherekenhe Arndaritjika Aboriginal Corp	Atitjere Community Aged Care	Atitjere	**0**	5	0
St Ives Group	St Ives Home Care NT (Alice Springs)	Alice Springs	**0**	44	5
Tangentyere Council	Tangentyere Aged and Community Services	Ciccone	**0**	14	0
Sub-Total Alice Springs			227	295	29

Appendix 2: NT aged care providers
List of NT RAC and HCP providers (cont.)

NT Providers of RAC and HCPs (BARKLY)					
Provider name	**Service name**	**Suburb**	**RAC**	**HCP L1-L2**	**HCP L2-L4**
Barkly					
Barkly Regional Council	Ali Curung Aged Care	Ali Curung	0	9	0
Barkly Regional Council	Alpurrurulam Aged Care	Alpurrurulam	0	9	0
Barkly Regional Council	Elliott Aged Care	Elliott	0	6	0
ARRCS	ARRCS - Community Care Barkly	Tennant Creek	0	6	5
ARRCS	Community Care Barkly CDC	Tennant Creek	0	8	0
ARRCS	Pulkapulkka Kari Nursing Home and Hostel	Tennant Creek	25	20	0
Julalikari Council Aboriginal Corporation	Julalikari Council Community Care	Tennant Creek	0	12	0
Subtotal – Barkly			**25**	**70**	**5**

NT Providers of RAC and HCPs (EAST ARNHEM REGION)					
Provider name	**Service name**	**Suburb**	**RAC**	**HCP L1-L2**	**HCP L2-L4**
East Arnhem Reion					
East Arnhem Regional Council	Mungkadinamanja Flexible Aged Care Service	Angurugu	**11**	1	0
Anglicare NT	Anglicare NT	Nhulunbuy	**0**	5	0
East Arnhem Regional Council	East Arnhem Regional Council Cmty Care	Nhulunbuy	**0**	80	11
Laynhapuy Homelands Aboriginal Corporation	Laynhapuy Homelands Aged Care	Yirrkala	**0**	10	0
Marthakal Homeland & Resource Centre	Marthakal Health Service	Elcho Island	**0**	7	0
Roper Gulf Regional Council	Numbulwar Aged Care Service	Numbulwar	**0**	10	0
Top End Association for Mental Health	Gove Multi-Purpose Service	Nhulunbuy	**4**	2	0
Subtotal – East Arnhem Region			**15**	**115**	**11**

Appendix 2: NT aged care providers
List of NT RAC and HCP providers (cont.)

NT Providers of RAC and HCPs (DARWIN)					
Provider name	**Service name**	**Suburb**	**RAC**	**HCP L1-L2**	**HCP L2-L4**
Darwin					
ARRCS	Juninga Centre	Coconut Grove	26	0	0
ARRCS	ARRCS - Community Care Darwin	Darwin	0	73	17
ARRCS	Terrace Gardens	Farrar	134	0	0
Greek Orthodox	Greek Orthodox	Nightcliff	55	0	0
Bawinanga Aboriginal Corporation	Bawinanga Aged Care	Maningrida	0	10	0
Calvary Community Care	Calvary Community Care Darwin	Coconut Grove	0	79	28
Calvary Community Care	Mulakunya Flexible Aged Care Service	Nguiu, Bathurst I.	22	11	0
Golden Glow Nursing Services	Godlen Glow Nursing Services Darwin	Wanguri	0	15	36
Larrakia Nation Aboriginal Corporation	Larrakia Nation Home Care Service	Ludmilla	0	11	0
Malabam Health Services	Malala Flexible Aged Care Service	Maningrida	11	1	0
Regis Aged Care	Regis Tiwi Gardens	Tiwi	200	0	0
Regis Aged Care	Regis HomeCare Darwin	Tiwi	0	33	38
Tiwi Gardens Retirement Village	Tiwi Gardens Retirement Village	Tiwi	0	0	0
Southern Cross Care SA & NT	SCC Home Services	Fannie Bay	0	19	4
Southern Cross Care SA & NT	SCC Pearl Supported Care	Fannie Bay	85	0	0
Top End Association for Mental Health	TEAMhealth Aged Care	Darwin	0	25	0
Victoria Daly Regional Council	Nauiyu Aged Care Service	Daly River	0	10	0
West Arnhem Regional Council	Kakadu Aged Care	Jabiru	0	4	0
West Arnhem Regional Council	Gunbalanya Community Care	Oenpelli	0	12	0
West Daly Regional Council	Peppimenarti Aged Care Service	Peppimenarti	0	4	0
Subtotal – Darwin			**478**	**307**	**123**

Appendix 2: NT aged care providers
List of NT RAC and HCP providers (cont.)

NT Providers of RAC and HCPs (KATHERINE)					
Provider name	**Service name**	**Suburb**	**RAC**	**HCP L1-L2**	**HCP L2-L4**
Katherine					
Alawa Aboriginal Corporation	Minyerri Aged Care	Hodgson Downs	**0**	5	0
ARRCS	ARRCS - Community Care Katherine	Katherine	**0**	30	0
ARRCS	Rocky Ridge Aged Care Facility	Katherine	**47**	0	0
ARRCS	Katherine Hostel	Katherine	**30**	0	0
Australian Red Cross NT	Kalano Flexible Aged Care Service	Katherine	**18**	0	0
Central Desert Regional Council	Lajamanu Women's Centre	Lajamanu	**0**	14	0
West Daly Regional Council	Thamarrurr Flexible Aged Care Service	Wadeye	**24**	20	0
Golden Glow Nursing Services	Golden Glow Nursing Services Katherine	Katherine	**0**	6	15
Mabunji Aboriginal Resource Association	Malandari Flexible Aged Care Service	Borroloola	**12**	7	0
Roper Gulf Regional Council	Ngukurr Aged Care Service	Ngukurr	**0**	5	0
Roper Gulf Regional Council	Nyirranggulung Community Care	Beswick	**0**	10	0
Victoria Daly Regional Council	Kalkarindji Daguragu Flexible Aged Care Service	Kalkarindji	**0**	10	0
Victoria Daly Regional Council	Timber Creek Flexible Aged Care Service	Timber Creek	**0**	10	0
Victoria Daly Regional Council	Yarralin Walangeri Aged Care	Yarralin	**0**	8	0
Subtotal – Katherine			**131**	**125**	**15**

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Appendix 3: Public housing for seniors

Appendix 3: Public housing for seniors
List of Seniors Complexes / Villages

ACPR	Seniors Villages / Complexes	1-bed unit	2-bed unit	3-bed unit	Rooms (group home)	Total units	Pipeline
Alice Springs	Complex 1	17	17			34	
	Complex 2	20	0			20	
	Complex 3	18	0			18	
	Complex 4	0	6			6	
	Complex 5	6	12			18	
	Complex 6	3	14			17	
	Pipeline lease - 1 (2017)						15 leased private properties
	Pipeline lease - 2 (2018)						18 leased private properties
		64	**49**			**113**	**33**
Barkley	Complex 1	10	3			13	
		10	**3**			**13**	
Darwin	Complex 1	12	54			66	
	Complex 2	12				12	
	Complex 3		40			40	
	Complex 4		34			34	
	Complex 5	28				28	
	Complex 6	10				10	
	Complex 7		7			7	
	Complex 8		4			4	
	Complex 9		4			4	
	Complex 10	7	3			10	
	Complex 11	3	4			7	
	Complex 12	6	6			12	
	Complex 13	5	5			10	
	Complex 14		20			20	
	Complex 15	7				7	
	Pipeline lease -Fannie Bay (2016)					0	18 leased private properties
Darwin - Casuarina	Complex 16		5			5	
	Complex 17	8				8	
	Complex 18	9				9	
	Complex 19	12				12	
	Complex 20	7				7	
	Complex 21	9				9	
	Complex 22	12				12	
	Complex 23		24			24	
	Complex 24	18	28			46	
	Complex 25		12			12	
	Complex 26	23				23	

Appendix 3: Public housing for seniors
List of Seniors Complexes / Villages (cont.)

ACPR	Seniors Villages / Complexes	1-bed unit	2-bed unit	3-bed unit	Rooms (group home)	Total units	Pipeline
Darwin - Palmerston	Complex 27	2	9			11	
	Complex 28	3	3			6	
	Complex 29	22				22	
	Complex 30	7				7	
	Complex 31	8				8	
	Complex 32	8	9			17	
	Complex 33	3				3	
	Complex 34	10				10	
	Complex 35	4	6			10	
	Complex 36	1	1			2	
	Complex 37	1	1			2	
	Complex 38		2			2	
	Complex 39		2			2	
	Complex 40	7				7	
	Complex 41		2			2	
	Complex 42	2	1			3	
	Complex 43	2	2			4	
	Complex 44		13			13	
	Complex 45		4			4	
	Complex 46	2	2			4	
	Complex 47	6				6	
	Complex 48	15				15	
	Complex 49	14				14	
	Complex 50	6				6	
	Complex 51	11				11	
	Complex 52	6				6	
	Complex 53	4	4			8	
	Complex 54	3	4			7	
	Complex 55		6			6	
	Complex 56	1	5			6	
	Complex 57	3	3			6	
	Complex 58	4	4			8	
	Complex 59		2			2	
	Complex 60			2		2	
	Complex 61	12	28			40	
		355	**363**	**2**		**720**	**18**

Appendix 3: Public housing for seniors
List of Seniors Complexes / Villages

ACPR	Seniors Villages / Complexes	1-bed unit	2-bed unit	3-bed unit	Rooms (group home)	Total units	Pipeline
Katherine	Complex 1	5	5			10	
	Complex 2	14	2			16	
	Complex 3	16	0			16	
	Complex 4	0	6			6	
	Complex 5	5	4			9	
	Under procurement - construction due to be completed June 2016.						6 x 2-bed units
	Under procurement -construction due to be completed June 2016.						6 x 1-bed units
Katherine - remote	Group home for seniors 1				4	4	
	Group home for seniors 2				6	6	
		40	**17**		**10**	**67**	**12**
		469	**432**	**2**	**10**	**913**	**63**

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