

Baby Boomers Expectations of Residential Aged Care

**Final Report – August 2009
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1. Introduction

The study 'Baby Boomers Expectations of Residential Aged Care' was undertaken to examine a wide variety of residential aged care options and determine their desirability to 2843 individuals born between 1946 and 1964 representing a convenience sample of the baby boomer generation.

While significant amounts of social commentary is available highlighting the expected future impact of the baby boomer generation on Australia's ability to provide aged care services, little research has been undertaken to explore exactly what level of service will be expected and how much this generation of Australians will expect to pay for these services.

To assist participants to complete the questionnaire, the following information was included to provide context and relevant background:

Basic Daily Care Fee – the basic fee paid by all residents entering an Australian residential aged care facility. The fee is currently \$32.95 per day. The daily basic care fee goes towards paying for staff, food, laundry, basic activities, nursing and medical care and your accommodation. The federal government currently funds residential aged care in Australia with resident fees subsidised up to \$160 per day depending on the level of care required. In addition to the basic daily fee, some part pensioners and self funded retirees may be required to pay additional fees based upon their assets and income (income tested fee and accommodation charge).

Extra Service Fee – the additional daily fee paid by residents entering an extra service residential aged care facility. The extra service fee pays for the enhanced accommodation and services available in these facilities. Extra service fees range from \$10 per day to more than \$100 per day depending on the care facility. The commonwealth government regulates the amount charged for extra service fees.

Extra Service Facilities – a small percentage of residential aged care facilities are approved by the commonwealth government to provide extra services. Extra services include a higher standard of environment, a higher standard and variety of food and dining and a wider range of services. Additional staffing is not currently an element of extra service.

Accommodation Bond – the accommodation bond is an amount payable in low care (hostel) and extra service facilities and currently ranges from less than \$100,000 to more than \$1,000,000 in some facilities. The bond is largely refundable with the aged care provider taking a set amount (the retention) and all interest earned from the bond. The current retention amount is approximately \$17,500 in total deducted over 5 years. Accommodation bonds are not counted as assets in the determining of pensions in Australia. The commonwealth government does not regulate the level of bonds charged.

Registered Nurse – A nurse who has completed 3 years training at either a hospital or university and is licensed by the Nurses and Midwives Board of NSW. High care facilities (Nursing homes) in NSW are required to have at least 1 Registered Nurse on duty 24 hours per day. Low care facilities (hostels) do not have to meet this requirement. As a generalisation, you could normally expect one registered nurse per 25 to 40 residents in a high care facility.

Personal Care Assistant - (otherwise commonly known as a personal carer, PCA, Assistant Nurse or AIN) a nurse who may have completed training to the level of certificate 3 at TAFE or through a training provider but this is not a current requirement. This level of staff generally provides the majority of care and personal services in residential aged care. As a generalisation, you could normally expect one care assistant per 8 to 10 residents in high care facilities (nursing homes). Low care facilities (hostels) have significantly less staff than a nursing home.

High Care (Nursing Home) – a long term care facility providing 24 hour care and services to residents requiring extensive staff assistance to complete activities of daily living. In NSW a nursing home must have a Registered Nurse on duty at all times. Nursing homes may provide single room accommodation with ensuite bathroom but can have more than 4 people sharing the one room. Shared bathrooms (similar to a public toilet layout) may be provided.

Low Care (Hostel) – a long term care facility usually providing 24 hour care and services (although at night this may be by an 'on call' position) to resident requiring a lower level of care. Generally, hostel residents are able to complete some activities of daily living independently or only with

minimal assistance from staff. Accommodation is usually single rooms with ensuite bathroom although some facilities with shared bathrooms remain.

Activities of Daily Living (ADL's) – showering, dressing, toileting, feeding, social/recreational activities etc

Food Types:

- (a) Cooked on site – either chef or cook prepare meals in an onsite kitchen at the facility
- (b) Cook Chill – meals are prepared at a bulk kitchen off site and are transported and reheated at the facility before serving. Cook chill meals are commonly served in NSW Public Hospitals and are becoming more common in residential aged care services

It is expected that this research will articulate:

- The services that are regarded as highly desirable
- The services that are regarded as essential or basic entry level
- The services that are viewed as having little value
- Views with regard to "user pays" and extra service residential aged care
- The amount deemed acceptable to pay for these services
- The amount of accommodation bond deemed appropriate

The study was approved by the Human Research Ethics Committee of St Vincent's Hospital Darlinghurst in line with National Health & Medical Research Council guidelines and undertaken between November 2008 and March 2009 through the completion of a questionnaire and analysis of gathered data.

The researcher would like to acknowledge and thank the following organisations and aged care facilities for their contribution to and assistance with this research project:

Aged & Community Services NSW/ACT
Anglican Care
Baby Boomers of New Zealand and Australia
Catholic Care of the Aged Port Macquarie
Catholic Healthcare
Commonwealth Respite and Carelink Centre Community Services Orana
Cooinda Aged People's Homes
Illawarra Retirement Trust
Lithgow District Aged Peoples Homes Association
Mid Richmond Residents Village
Presbyterian Aged Care
Senior Agency Australia
St Basils Homes – Sr Dorothea Village
St Vincents Hospital, Darlinghurst – Research Office
Stroud Community Lodge Inc
Tanderra Lithgow Inc
The Department of Health & Ageing – Policy and Evaluation Branch
Timbreebongie House Association
United Protestant Association - Community Care
UnitingCare Ageing NSW/ACT – Mayflower Village
University of the 3rd Age (NSW)

2. Method

The study was based on a questionnaire developed by the researcher exploring a range of residential aged care options, financial indicators and demographic data. The questionnaire was promoted by Aged and Community Services (NSW & ACT), three 'baby boomer' community groups / websites and by the researcher through industry and employment contacts. Both for profit and not for profit aged care facilities and peak bodies were invited to participate. It is noted that all the large for profit providers invited (including their peak body) either declined to respond or chose not to participate.

Individual participants were provided with questionnaires and consent forms following initial contact with the researcher.

The questionnaire included over 300 possible residential aged care options covering staffing, environment, recreational activities, financial arrangements, food and dining and required participants to:

- (a) Rank each option from 1 to 5 (least desirable to most desirable);
- (b) Determine whether each option was deemed to be basic (for all residents at no additional cost), extra service (for only those who paid additional fees) or unacceptable (or completely undesirable)
- (c) Answer a number of demographic questions

Eligibility criteria included:

- All participants were required to give informed consent
- No participants could be currently receiving care from Catholic Healthcare
- No participants could be directly supervised by the principal researcher
- All participants must have been born between 1946 and 1964
- All participants must be residents of New South Wales
- All questionnaires were required to be accompanied by a signed consent form

3. Results - Demographic Data

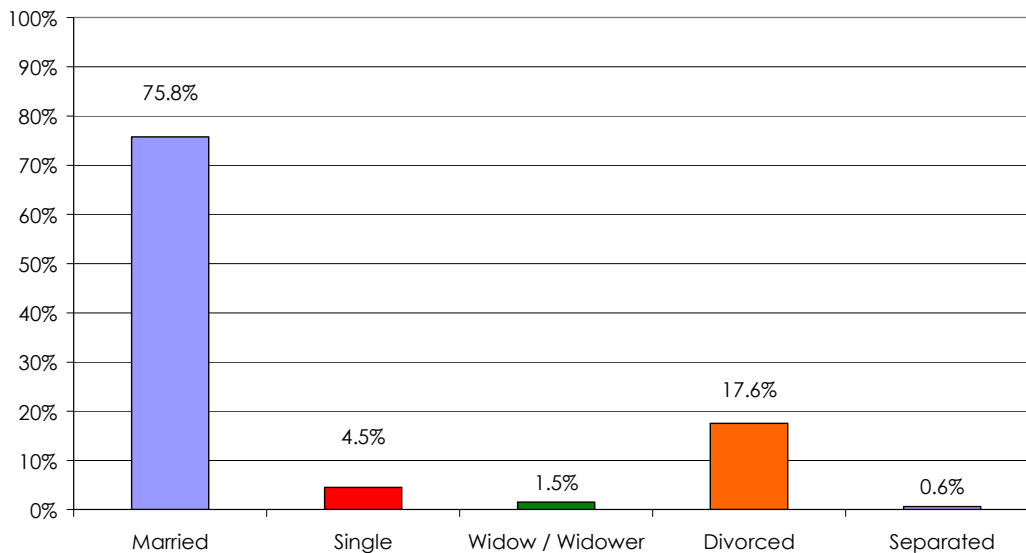
Two thousand eight hundred and forty three baby boomers participated in the study with all participants being born between 1948 and 1964. Each participant was a resident of New South Wales and while a number of questionnaires were returned by individuals living outside the state, these were not included in the data. The geographic spread of participants covered all area health service regions across NSW.

The data revealed:

- Two thousand one hundred and one participants were female (74%) while the remaining seven hundred and forty two were male (26%)
- Each of the birth years between 1948 and 1964 were represented
- The majority were still employed in a full time capacity (65%)
- Most owned their own home (85%)
- Over 40% were contributing privately to superannuation although 44% reported less than \$50,000 in super
- All major world geographic areas were represented in terms of region of birth but 62% of participants identified as being born in Australia
- Sixteen different religious denominations were identified although 74.5% of participants identified as either Catholic, Anglican or Presbyterian

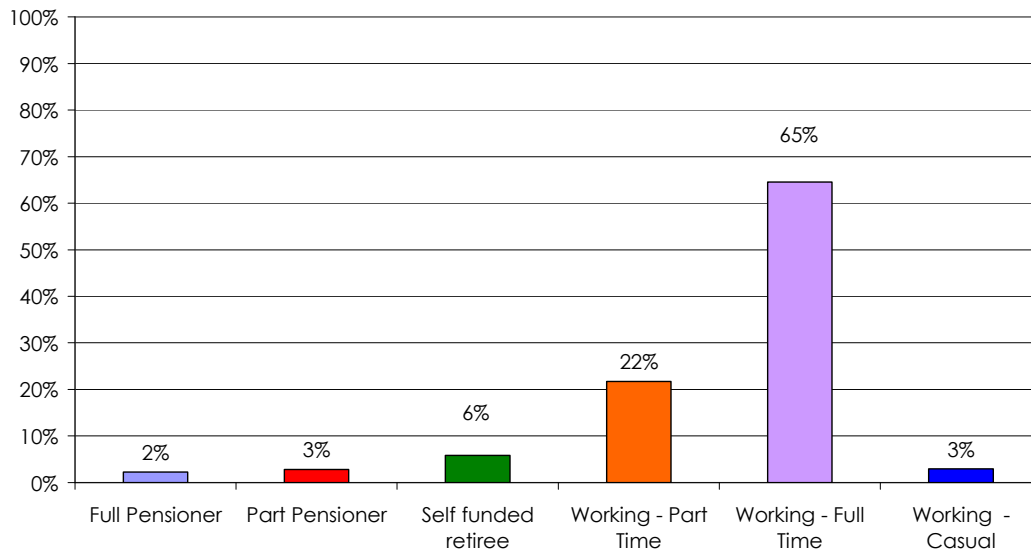
3 (a) Marital Status	No. of Responses (n=2843)
Married	2154
Single	129
Widow / Widower	43
Divorced	499
Separated	18

Marital Status



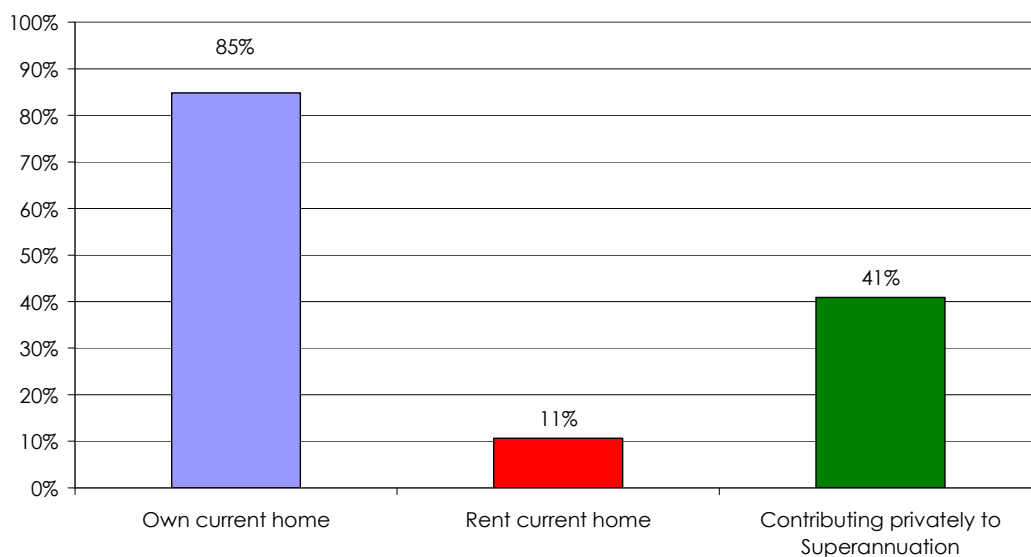
3 (b) Employment Status	No. of Responses (n=2843)
Full Pensioner	63
Part Pensioner	80
Self Funded Retiree	165
Working - Part Time	618
Working - Full Time	1835
Working - Casual	82

Employment Status



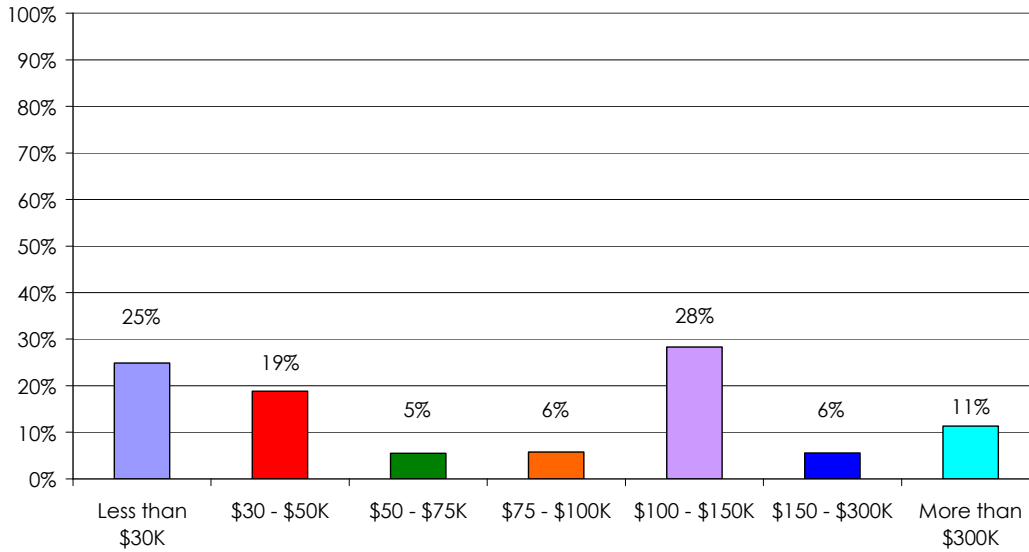
3 (c) Assets	No. of Responses (n=2843)
Own current home	2412
Rent current home	302
Contributing privately to superannuation	1163

Assets



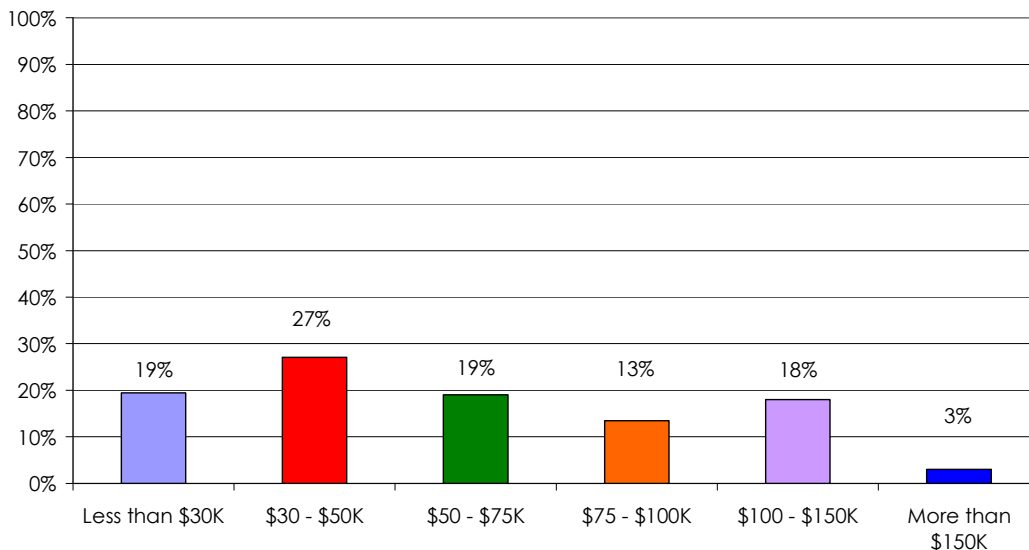
3 (d) Superannuation	No. of Responses (n=2843)
Less than \$30K	707
\$30 - \$50K	534
\$50 - \$75K	155
\$75 - \$100K	163
\$100 - \$150K	806
\$150 - \$300K	157
More than \$300K	321

Superannuation



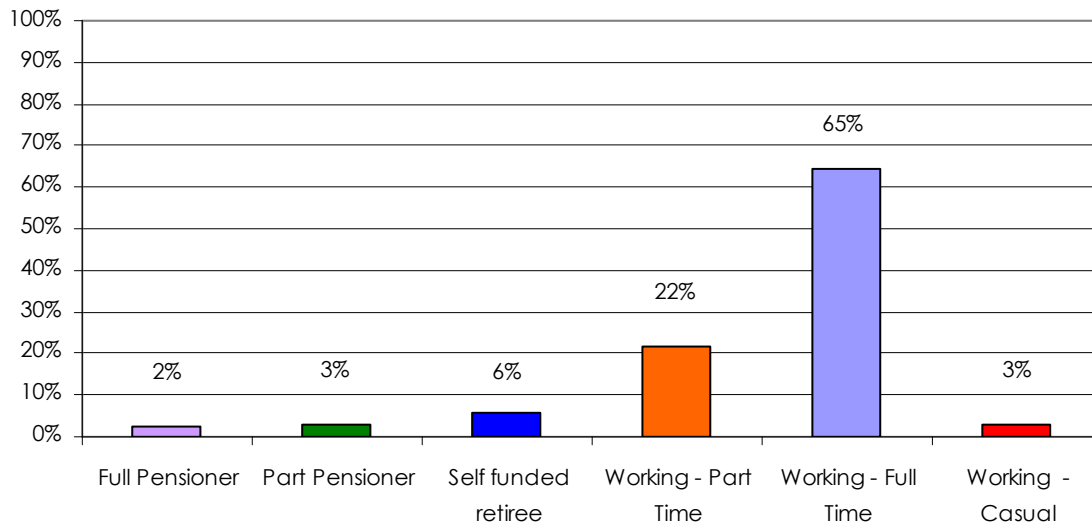
3 (e) Gross Annual Income	No. of Responses (n=2843)
Less than \$30K	552
\$30 - \$50K	770
\$50 - \$75K	541
\$75 - \$100K	382
\$100 - \$150K	512
More than \$150K	86

Gross Annual Income



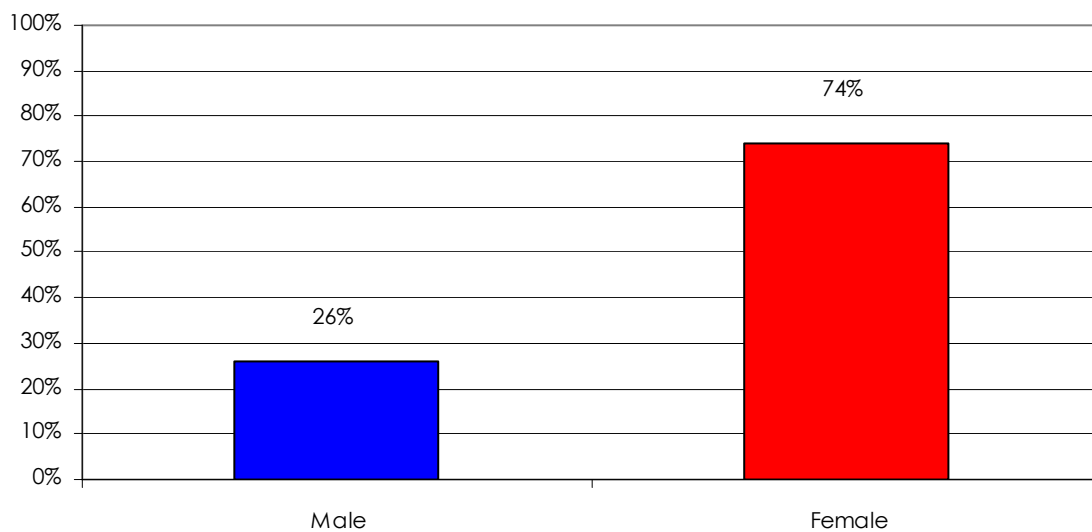
3 (f) Employment Status	No. of Responses (n=2843)
Aged Pension	61
Veterans Affairs Pension	82
Full Pensioner	63
Part Pensioner	80
Self funded retiree	165
Working - Part Time	618
Working - Full Time	1835
Working - Casual	82

Employment Status



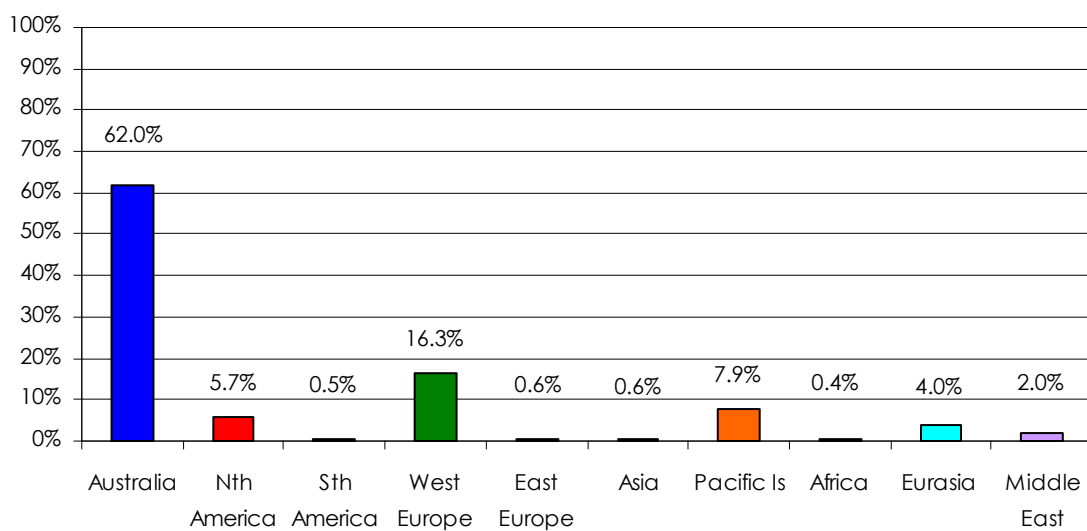
3 (g) Gender	No. of Responses (n=2843)
Male	742
Female	2101

Gender



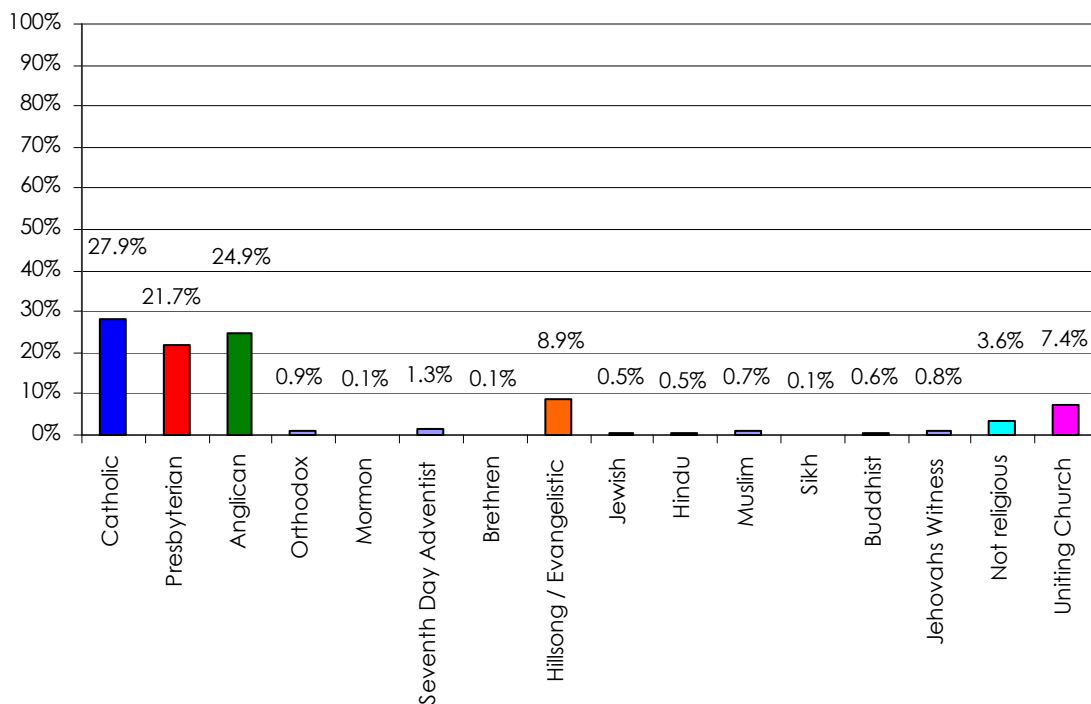
3 (h) Region of Birth	No. of Responses (n=2843)
Australia	1763
North America	161
South America	14
Western Europe	462
Eastern Europe	18
Asia	16
Pacific Islands (including New Zealand)	225
Africa	12
Eurasia (India/Pakistan/Sri Lanka etc)	114
Middle East	58

Region of Birth



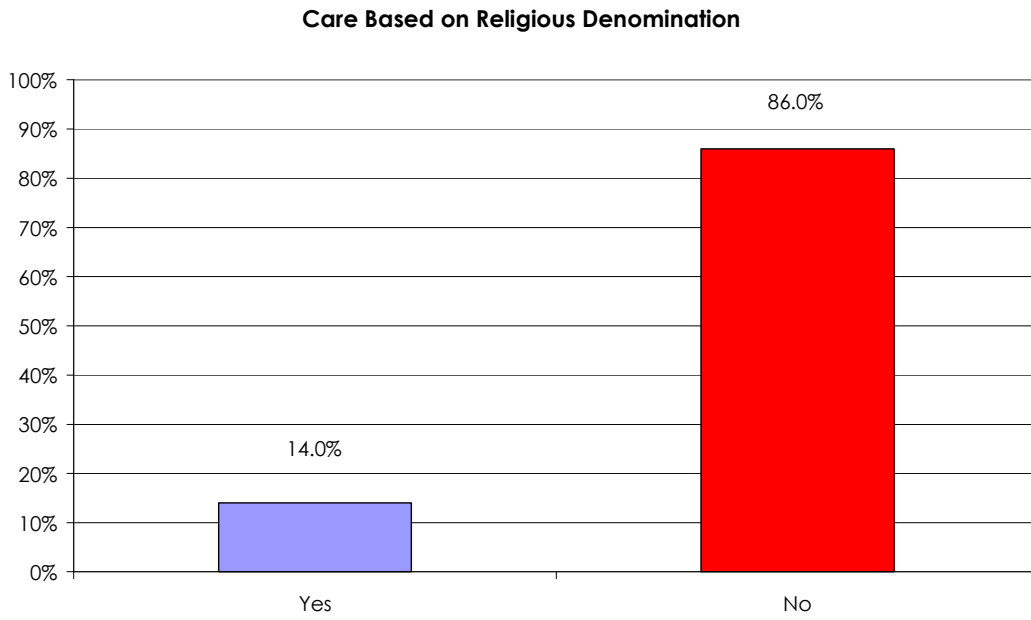
3 (i) Religious Denomination	No. of Responses (n=2843)
Catholic	794
Presbyterian	616
Anglican	707
Orthodox	27
Mormon	4
Seventh Day Adventist	36
Brethren	3
Hillsong / Evangelistic	254
Jewish	13
Hindu	13
Muslim	21
Sikh	3
Buddhist	17
Jehovah's Witness	23
Not Religious	103
Uniting Church	209

Religious Denomination



3 (j) Would you prefer to enter a residential aged care service linked to your religious denomination?

	Response Total
Yes	398
No	2445



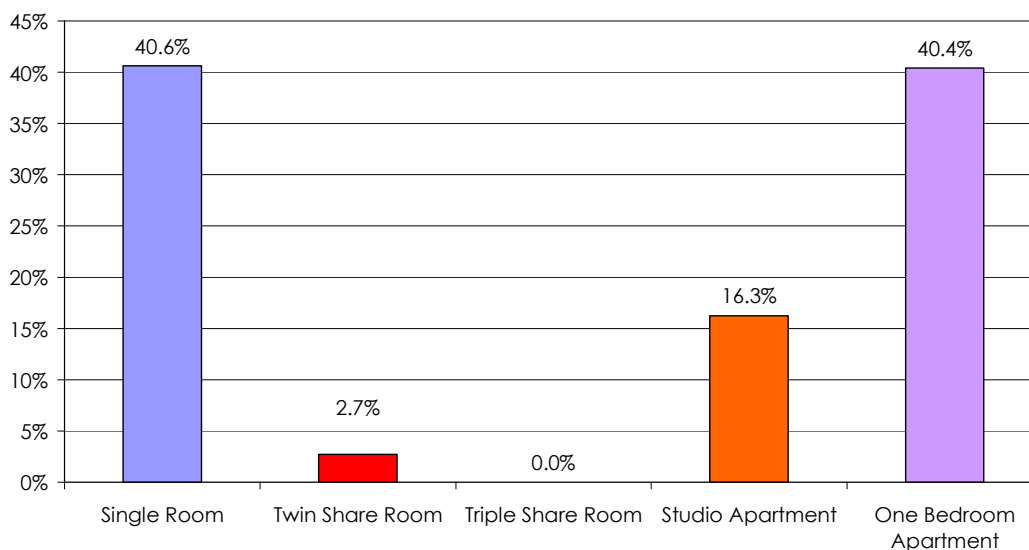
4. Results – Accommodation

The participants were evenly split between their preference for a single room or one bedroom apartment but readily articulated their preferences when it came to identifying what was considered basic (89.2% indicated a single room) and what was not acceptable (94.6% indicated a triple share room / 70% indicated a twin share room).

Analysis of the desirability data revealed that the accommodation options ranked consistently highly desirable (58% on average ranked the options either very desired or most desired) indicating that quality accommodation was important to this cohort.

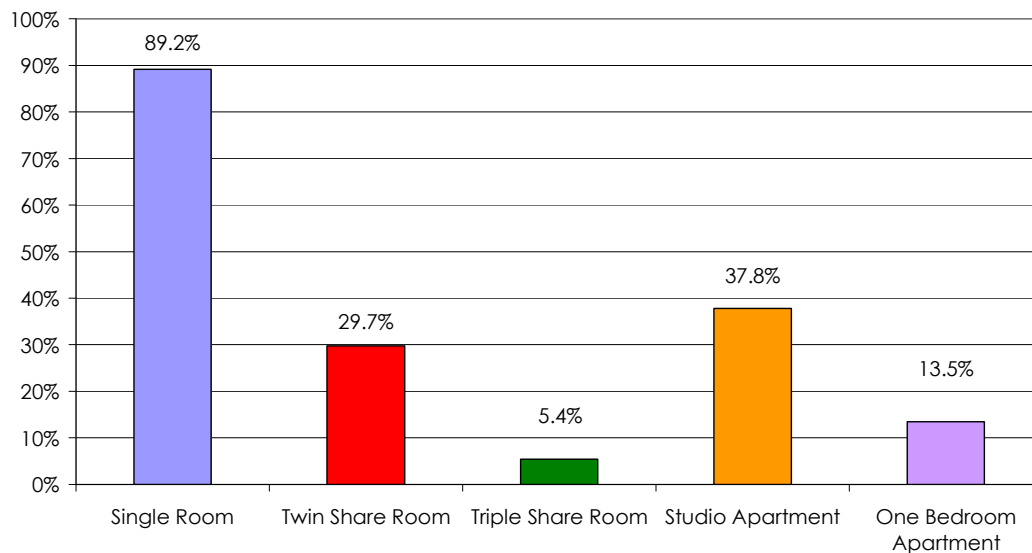
4 (a) Room Type - Preference	No. of Responses (n=2843)
Single Room	1155
Twin Share Room	77
Triple Share Room	0
Studio Apartment	462
One Bedroom Apartment	1149

Room Type - Preference

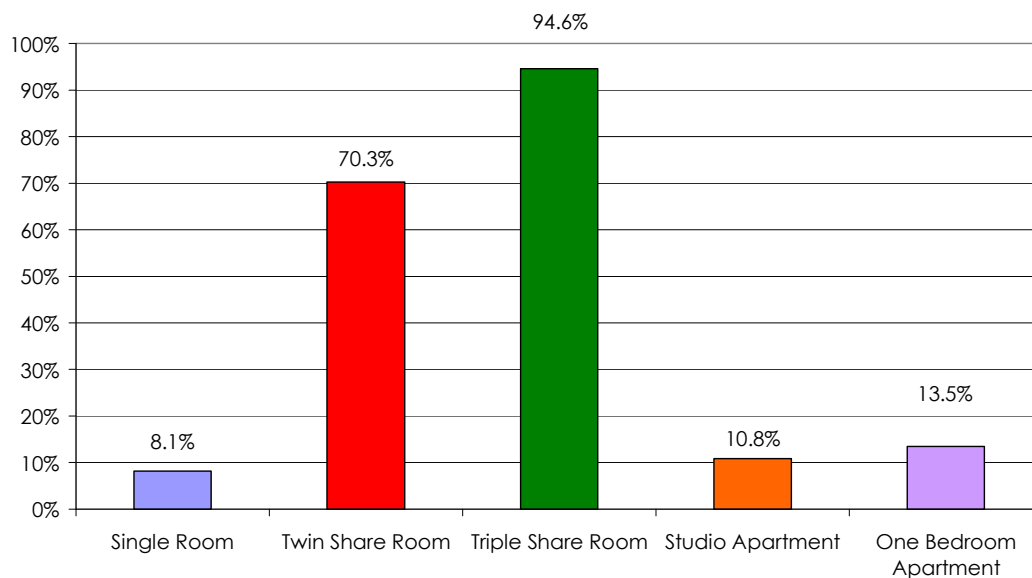


4 (b) Room Type – Basic / Extra Service / Not Acceptable	Basic	Extra Service	Not Acceptable
Single Room	2535	77	231
Twin Share Room	845	0	1998
Triple Share Room	154	0	2689
Studio Apartment	1076	1460	307
One Bedroom Apartment	384	2075	384

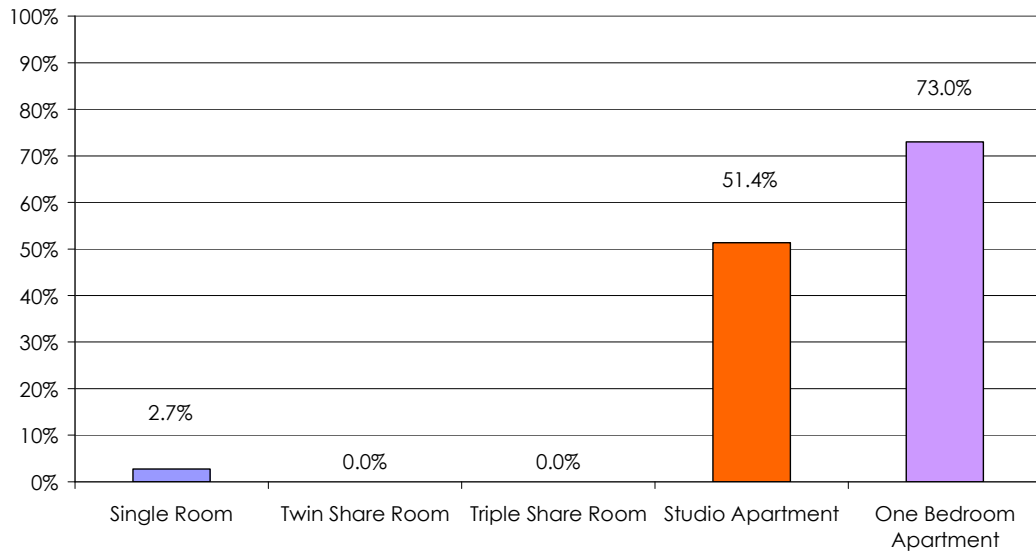
Room Type - Basic



Room Type - Not Acceptable



Room Type - Extra Service



4 (c) Accommodation Options - Desirability	Least Desired	Slightly Desired	Moderately Desirable	Very Desirable	Most Desirable
Inter - connecting rooms for couples	5.4%	2.7%	13.5%	29.7%	48.6%
Ensuite bathroom	0.0%	0.0%	2.7%	18.9%	78.4%
Shared bathroom	81.1%	8.1%	10.8%	0.0%	0.0%
Kitchenette	8.1%	13.5%	21.6%	29.7%	27.0%
Lounge area in room	2.7%	8.1%	8.1%	45.9%	35.1%
Air conditioning - reverse cycle	0.0%	0.0%	5.4%	29.7%	64.9%
Heating only	43.2%	8.1%	29.7%	10.8%	8.1%
Ceiling fans only	40.5%	5.4%	37.8%	10.8%	5.4%
Carpet in room	10.8%	16.2%	24.3%	21.6%	27.0%
Carpet throughout care facility	16.2%	16.2%	43.2%	5.4%	18.9%
Vinyl flooring	8.1%	8.1%	48.6%	24.3%	10.8%
Library	0.0%	0.0%	29.7%	21.6%	48.6%
Computer room	5.4%	5.4%	21.6%	40.5%	27.0%
Movie theatre	8.1%	10.8%	35.1%	35.1%	10.8%
Chapel / Church / Sacred Space	2.7%	10.8%	21.6%	29.7%	35.1%
Communal lounge room	2.7%	0.0%	21.6%	27.0%	48.6%
Communal dining room	2.7%	0.0%	21.6%	35.1%	40.5%
Private dining room for entertaining / guests	8.1%	18.9%	24.3%	27.0%	21.6%
Quiet Room / Relaxation area	0.0%	0.0%	13.5%	35.1%	51.4%
Swimming pool - outdoor	27.0%	16.2%	29.7%	13.5%	13.5%
Swimming pool - indoor	5.4%	16.2%	27.0%	24.3%	27.0%
Games Room (snooker table / card table)	0.0%	0.0%	27.0%	48.6%	24.3%
Televisions in room	0.0%	0.0%	8.1%	24.3%	67.6%
DVD player in room	2.7%	2.7%	24.3%	18.9%	51.4%
Computer / Internet access in room	8.1%	5.4%	24.3%	10.8%	51.4%
Telephone in room	2.7%	0.0%	2.7%	13.5%	81.1%
Normal bath available	8.1%	16.2%	32.4%	21.6%	21.6%
Spa bath available	13.5%	21.6%	45.9%	13.5%	5.4%
Recliner chairs in room	2.7%	0.0%	21.6%	29.7%	45.9%
Electric bed	5.4%	10.8%	16.2%	37.8%	29.7%
Single bed	45.9%	13.5%	21.6%	5.4%	13.5%
King single bed	24.3%	24.3%	24.3%	13.5%	13.5%
Double bed	29.7%	10.8%	24.3%	18.9%	16.2%
Queen bed	18.9%	16.2%	24.3%	8.1%	32.4%
Eco-friendly environment	0.0%	5.4%	10.8%	40.5%	43.2%

	Least Desired	%	Slightly Desired	%	Moderately Desired	%	Very Desired	%	Most Desired	%
Mode	0	0%	0	0%	667	23.5%	845	32%	768	27%
Median	154	5.4%	231	8.3%	692	24.3%	692	26%	768	27%
Mean	358	12.6%	237	8.1%	650	22.9%	667	26%	931	32%

(d) Accommodation Options – Basic / Extra Service / Not Acceptable	Basic	Extra Service	Not Acceptable
Inter-connecting rooms for couples	72.7%	27.3%	0.0%
Ensuite bathroom	84.8%	15.2%	0.0%
Shared bathroom	36.4%	0.0%	63.6%
Kitchenette	54.5%	42.4%	3.0%
Lounge area in room	63.6%	36.4%	0.0%
Air conditioning - reverse cycle	84.8%	15.2%	0.0%
Heating only	54.5%	6.1%	39.4%
Ceiling fans only	72.7%	0.0%	27.3%
Carpet in room	84.8%	9.1%	6.1%
Carpet throughout care facility	69.7%	12.1%	18.2%
Vinyl flooring	90.9%	0.0%	9.1%
Library	87.9%	12.1%	0.0%
Computer room	60.6%	39.4%	0.0%
Movie theatre	33.3%	66.7%	0.0%
Chapel / Church / Sacred Space	93.9%	6.1%	0.0%
Communal lounge room	100.0%	0.0%	0.0%
Communal dining room	93.9%	6.1%	0.0%
Private dining room for entertaining / guests	45.5%	48.5%	6.1%
Quiet Room / Relaxation area	97.0%	3.0%	0.0%
Swimming pool - outdoor	21.2%	60.6%	18.2%
Swimming pool - indoor	30.3%	69.7%	0.0%
Games Room (snooker table / card table)	87.9%	12.1%	0.0%
Televisions in room	84.8%	15.2%	0.0%
DVD player in room	66.7%	33.3%	0.0%
Computer / Internet access in room	48.5%	51.5%	0.0%
Telephone in room	97.0%	3.0%	0.0%
Normal bath available	72.7%	24.2%	3.0%
Spa bath available	18.2%	78.8%	3.0%
Recliner chairs in room	72.7%	27.3%	0.0%
Electric bed	57.6%	42.4%	0.0%
Single bed	75.8%	3.0%	21.2%
King single bed	57.6%	27.3%	15.2%
Double bed	39.4%	51.5%	9.1%
Queen bed	30.3%	63.6%	6.1%
Eco-friendly environment	93.9%	6.1%	0.0%

	Basic	%	Extra Service	%	Not Acceptable	%
Mode	2068	72.7%	0	0%	0	0%
Median	2068	72.7%	431	15.2%	0	0%
Mean	1898	66.8%	743	26.1%	202	7.1%

5. Results - Staffing

Expectations surrounding the levels and type of staffing were in generally elevated in terms of standard high and low care but considerably elevated in the area of extra service (discussed further in section x)

Expectation in terms of Registered Nurses matched current legislation in NSW for high care (Registered Nurse on duty 24 hours per day) although expectation in terms of ratio was deemed high with 70.3% of participants wanting 1 Registered Nurse for 20 or less residents.

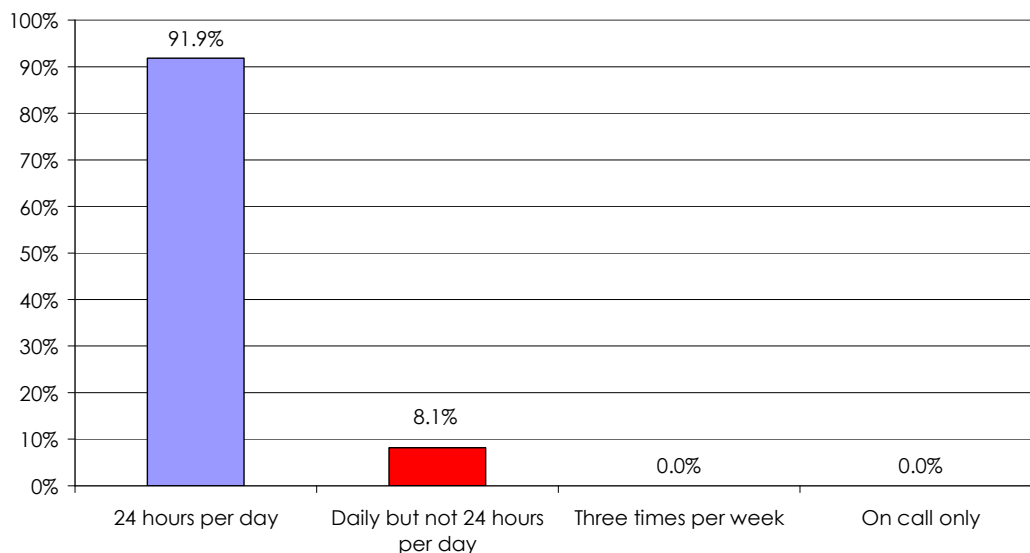
Low care Registered Nurse expectations were considerably lower with 86.5% of participants stating a Registered Nurse less than 24 hours per day was acceptable although even this is well beyond the current levels of attendance for many low care services.

Care attendant expectations were much more closely aligned to current industry norms with 81.4% of participants considering one Care Attendant to between 5 and 10 residents in high care acceptable and 55% of participants considering one Care Attendant to between 30 and 40 residents in low care acceptable.

Analysis of the desirability data revealed that the staffing options ranked consistently highly desirable (89.2% on average ranked the options as moderately desirable or higher) indicating that access to a breadth of specialist staff was important to this cohort. It is also noted that on average 58.5% of participants found specialist care services a basic level for residential aged care.

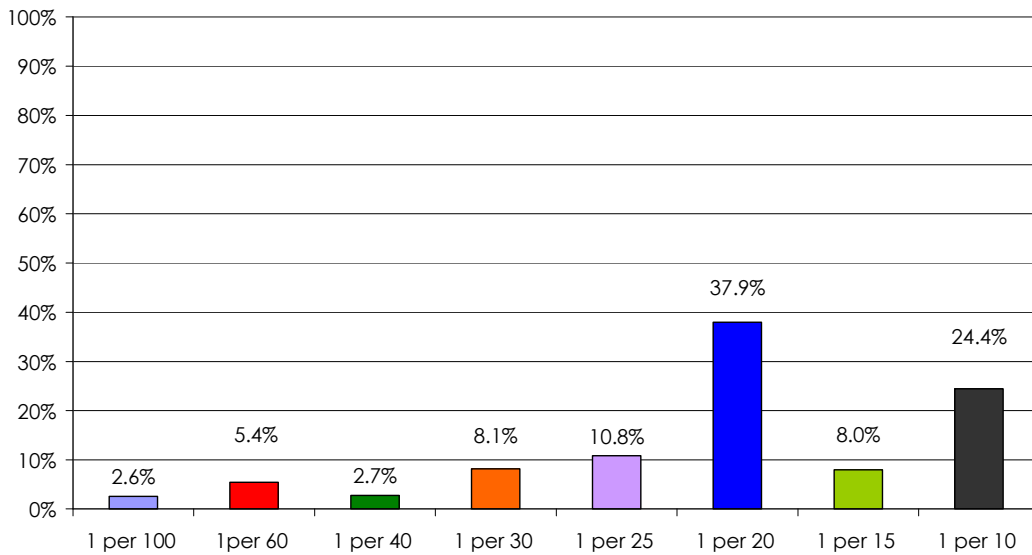
5 (a) Registered Nurses (RN) – High Care - Frequency	No. of Responses (n=2843)
24 hours per day	2612
Daily but not 24 hours per day	231
Three times per week	0
On call only	0

Registered Nursing Options - High Care



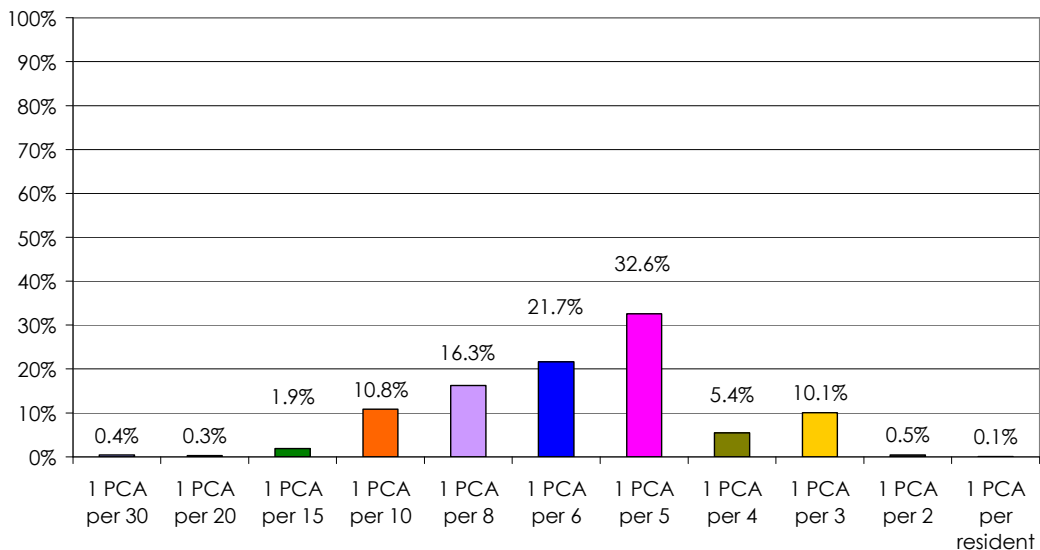
5 (b) Registered Nurse (RN) – High Care - Quantity	No. of Responses (n=2843)
1 RN per 100 residents	73
1 RN per 60 residents	154
1 RN per 40 residents	78
1 RN per 30 residents	231
1 RN per 25 residents	307
1 RN per 20 residents	1078
1 RN per 15 residents	227
1 RN per 10 residents	695

Registered Nurse - High Care



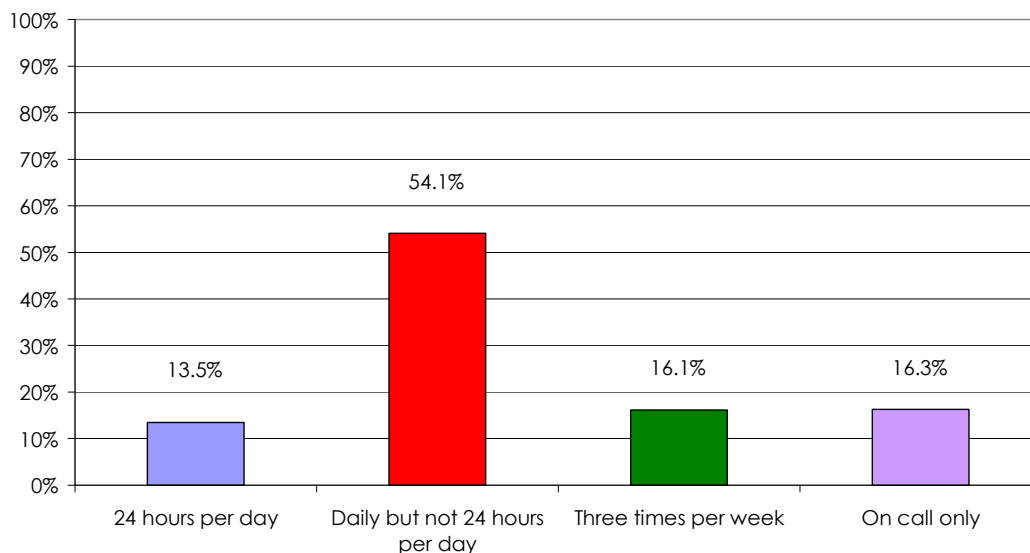
5 (c) Care Assistants / Attendants / AIN / PCA – High Care	No. of Responses (n=2843)	No. of Responses (n=2843)	
1 per 30 residents	11	1 per 6 residents	616
1 per 20 residents	9	1 per 5 residents	927
1 per 15 residents	55	1 per 4 residents	154
1 per 10 residents	308	1 per 3 residents	286
1 per 8 residents	462	1 per 2 residents	13
		1 for every resident	2

Care Attendant - High Care



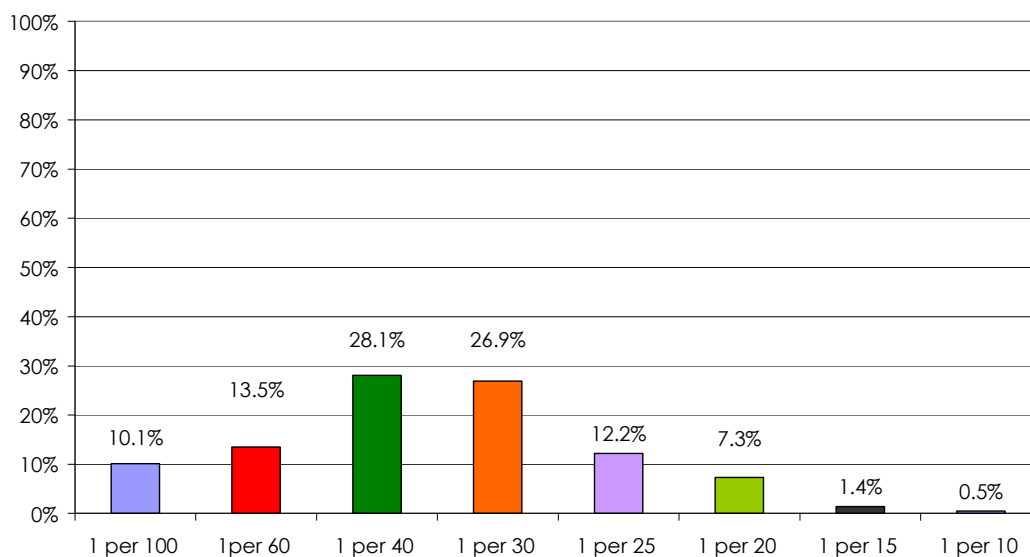
5 (d) Registered Nurses – Low Care - Frequency	No. of Responses (n=2843)
24 hours per day	384
Daily but not 24 hours per day	1537
Three times per week	459
On call only	463

Registered Nurse - Low Care



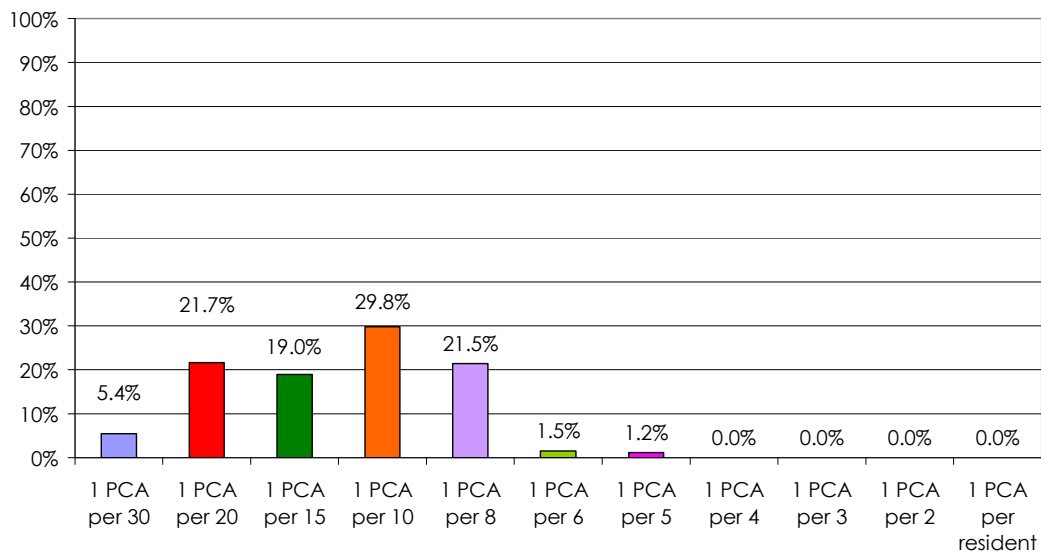
5 (e) Registered Nurses – Low Care - Quantity	No. of Responses (n=2843)	No. of Responses (n=2843)	
1 RN per 100 residents	286	1 RN per 25 residents	347
1 RN per 60 residents	385	1 RN per 20 residents	208
1 RN per 40 residents	798	1 RN per 15 residents	41
1 RN per 30 residents	766	1 RN per 10 residents	12

Registered Nurse - Low Care



5 (f) Care Assistants / Attendants / AIN / PCA – Low Care - Quantity	No. of Responses (n=2843)		No. of Responses (n=2843)
1 PCA per 30 residents	154	1 PCA per 5 residents	33
1 PCA per 20 residents	616	1 PCA per 4 residents	0
1 PCA per 15 residents	539	1 PCA per 3 residents	0
1 PCA per 10 residents	847	1 PCA per 2 residents	0
1 PCA per 8 residents	610	1 PCA per resident	0
1 PCA per 6 residents	44		

Care Attendant - Low Care



5 (g) Staffing Options - Desirability

	Least Desired	Slightly Desired	Moderately Desired	Very Desired	Most Desired
Dementia Care specialist nurse available	0.0%	2.7%	10.8%	35.1%	51.4%
Palliative / End of Life Care specialist nurse available	0.0%	0.0%	8.1%	32.4%	59.5%
Physical Therapy / Rehabilitation specialist nurse available	2.7%	0.0%	18.9%	32.4%	45.9%
Mental Health specialist nurse available	2.7%	2.7%	27.0%	37.8%	29.7%
Dietitian & Nutrition Support	0.0%	2.7%	29.7%	40.5%	27.0%
Speech Pathology	0.0%	16.2%	43.2%	27.0%	13.5%
Massage Therapy	0.0%	13.5%	48.6%	24.3%	13.5%
Aromatherapy	16.2%	16.2%	37.8%	21.6%	8.1%
Chiropractic	10.8%	8.1%	43.2%	29.7%	8.1%
Complementary Therapies (e.g. Naturopath / Acupuncture)	16.2%	21.6%	40.5%	8.1%	13.5%
Dental Services	5.4%	2.7%	16.2%	32.4%	43.2%
Diversional Therapy	0.0%	2.7%	16.2%	37.8%	43.2%
Occupational Therapy	0.0%	2.7%	32.4%	35.1%	29.7%
Physiotherapy	0.0%	2.7%	13.5%	45.9%	37.8%
Podiatry	0.0%	0.0%	21.6%	37.8%	40.5%
X-Ray Services	10.8%	8.1%	24.3%	16.2%	40.5%
Pathology Services (e.g. blood tests)	8.1%	8.1%	24.3%	27.0%	32.4%

	Least Desired	%	Slightly Desired	%	Moderately Desired	%	Very Desired	%	Most Desired	%
Mode	0	0.0%	77	2.7%	1229	43.2%	922	32.4%	384	13.5%
Median	0	0.0%	77	2.7%	692	24.3%	922	32.4%	922	32.4%
Mean	122	4.3%	185	6.5%	764	26.9%	872	30.7%	899	31.6%

5 (h) Staffing Options – Basic / Extra Service	Basic	Extra Service	Not Acceptable
Dementia Care specialist nurse available	93.8%	6.3%	0.0%
Palliative / End of Life Care specialist nurse available	93.8%	6.3%	0.0%
Physical Therapy / Rehabilitation specialist nurse available	84.4%	15.6%	0.0%
Mental Health specialist nurse available	75.0%	25.0%	0.0%
Dietitian & Nutrition Support	75.0%	25.0%	0.0%
Speech Pathology	46.9%	53.1%	0.0%
Massage Therapy	34.4%	62.5%	3.1%
Aromatherapy	25.0%	62.5%	12.5%
Chiropractic	15.6%	71.9%	12.5%
Complementary Therapies (e.g. Naturopath / Acupuncture)	15.6%	78.1%	6.3%
Dental Services	53.1%	46.9%	0.0%
Diversional Therapy	87.5%	12.5%	0.0%
Occupational Therapy	71.9%	28.1%	0.0%
Physiotherapy	71.9%	28.1%	0.0%
Podiatry	59.4%	40.6%	0.0%
X-Ray Services	34.4%	59.4%	6.3%
Pathology Services (e.g. blood tests)	56.3%	40.6%	3.1%

	Basic	%	Extra Service	%	Not Acceptable	%
Mode	2665	93.8%	178	6.3%	0	0.0%
Median	1688	59.4%	1155	40.6%	0	0.0%
Mean	1662	58.5%	1108	39%	73	2.6%

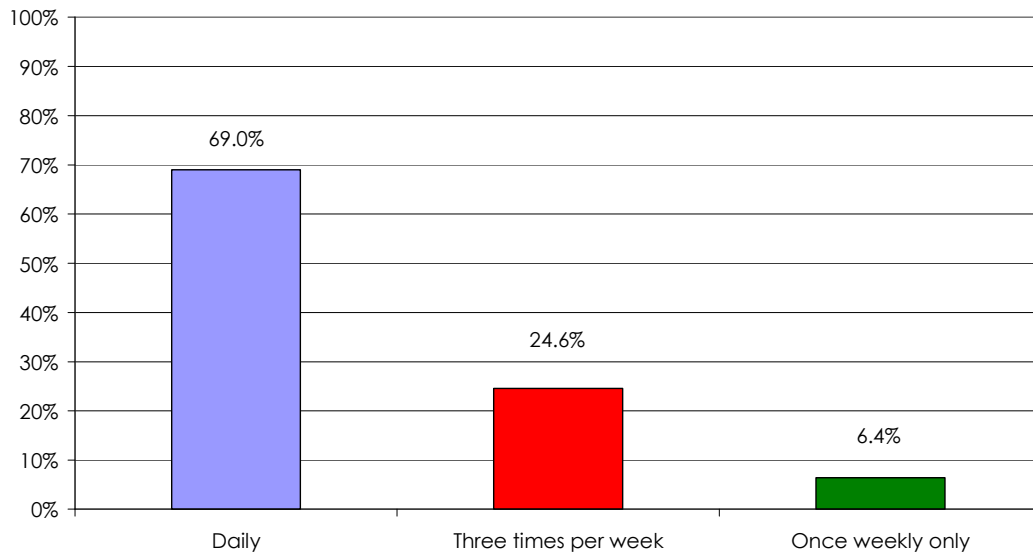
6. Results – Recreational Activities

Responses regarding recreational and leisure activities for high and low care were almost identical with the majority of participants stating daily activities were an expectation (69% and 69.5% respectively for high and low care)

Analysis of the desirability data revealed that the recreational activities options ranked consistently highly desirable (88.4% on average ranked the options as moderately desirable or higher) indicating that access to a breadth of recreational activities was important to this cohort. It is also noted that on average 63% of participants found the listed recreational activities a basic level for residential aged care.

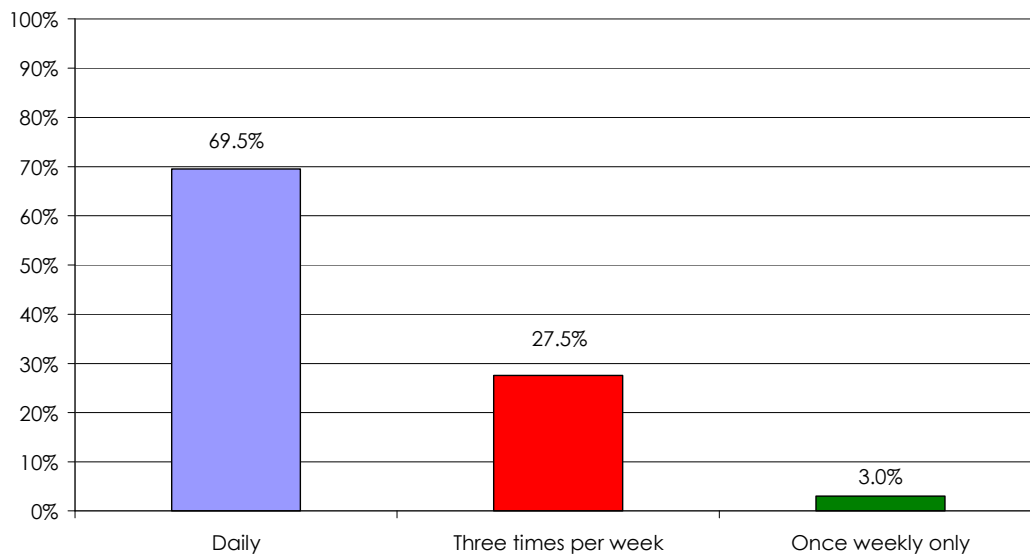
6 (a) Activities Options – High Care / Nursing Home	No. of Responses (n=2843)
Daily	1961
Three times per week	698
Once weekly only	184

Activity Options - High Care



6 (b) Activities Options – Low Care / Hostel	No. of Responses (n=2843)
Daily	1975
Three times per week	783
Once weekly only	85

Activity Options - Low Care



6 (c) Recreational Activity Options - Desirability	Least Desired	Slightly Desired	Moderately Desired	Very Desired	Most Desired
Alcohol / Happy Hour / Cocktail Party	10.8%	16.2%	24.3%	37.8%	10.8%
Art - painting, sculpture, pottery, etc	5.4%	10.8%	24.3%	37.8%	21.6%
Beautician / manicurist	8.1%	2.7%	29.7%	37.8%	21.6%
Bingo	8.1%	13.5%	21.6%	27.0%	29.7%
Bus trips weekly	0.0%	5.4%	16.2%	29.7%	48.6%
Shopping trips	0.0%	0.0%	18.9%	40.5%	40.5%
Visits to galleries or museums	2.7%	8.1%	37.8%	32.4%	18.9%
Bus trips monthly	27.0%	13.5%	10.8%	27.0%	21.6%
Cafe on site	5.4%	5.4%	24.3%	40.5%	24.3%
Cards / table games	2.7%	5.4%	21.6%	32.4%	37.8%
Carpet Bowls	5.4%	13.5%	18.9%	35.1%	27.0%
Community groups - chess, photography, cards, bridge, mah-jong etc	2.7%	5.4%	18.9%	51.4%	21.6%
Community groups - Rotary, Probus, Toastmasters etc	8.1%	18.9%	29.7%	35.1%	8.1%
Computers and internet in bedroom	5.4%	10.8%	13.5%	32.4%	37.8%
Computers and internet in library area	5.4%	0.0%	27.0%	32.4%	35.1%
Craft group	0.0%	8.1%	27.0%	43.2%	21.6%
DVD / Video in bedroom	0.0%	2.7%	18.9%	43.2%	35.1%
DVD / Video in lounge areas	0.0%	2.7%	13.5%	43.2%	40.5%
Gardening	0.0%	5.4%	24.3%	32.4%	37.8%
Gym / Physiotherapy equipment	2.7%	5.4%	29.7%	48.6%	13.5%
Hairdressing salon on site	2.7%	8.1%	13.5%	40.5%	35.1%
Heated Swimming Pool	2.7%	10.8%	21.6%	37.8%	27.0%
Outdoor non-heated swimming pool	16.2%	16.2%	43.2%	18.9%	5.4%
Holidays away from care facility	8.1%	5.4%	32.4%	21.6%	32.4%
Library	0.0%	2.7%	16.2%	16.2%	64.9%
Live Entertainment	0.0%	8.1%	27.0%	37.8%	27.0%
Men's Club	16.2%	8.1%	24.3%	29.7%	21.6%
Daily newspapers and magazines	0.0%	2.7%	8.1%	40.5%	48.6%
Outings to local cafe or restaurants	0.0%	0.0%	29.7%	45.9%	24.3%
Outings to sporting events	0.0%	2.7%	37.8%	37.8%	21.6%
Pool / Snooker	0.0%	10.8%	54.1%	21.6%	13.5%
Chapel / Religious Services	2.7%	5.4%	24.3%	37.8%	29.7%
Television in bedroom	0.0%	0.0%	0.0%	35.1%	64.9%
Television in communal lounge room only	0.0%	0.0%	5.4%	43.2%	51.4%
Work shed	0.0%	16.2%	43.2%	27.0%	13.5%
Wireless internet	2.7%	5.4%	13.5%	37.8%	40.5%
Internet connections in bedroom	0.0%	5.4%	13.5%	35.1%	45.9%
Cable TV (Foxtel/Austar etc)	2.7%	5.4%	35.1%	27.0%	29.7%
Movie Theatre on site	5.4%	24.3%	35.1%	18.9%	16.2%

	Least Desired	%	Slightly Desired	%	Moderately Desired	%	Very Desired	%	Most Desired	%
Mode	0	4.1%	154	5.4%	692	24.36%	1076	37.8%	615	21.6%
Median	77	2.7%	154	5.4%	692	24.3%	999	35.1%	768	27%
Mean	116	0.0%	213	7.5%	678	23.8%	985	34.7%	851	29.9%

6 (d) Recreational Activity Options – Basic / Extra Service / Not Acceptable	Basic	Extra Service	Not Acceptable
Alcohol / Happy Hour / Cocktail Party	58.8%	35.3%	5.9%
Art - painting, sculpture, pottery, etc	64.7%	32.4%	2.9%
Beautician / manicurist	41.2%	55.9%	2.9%
Bingo	88.2%	11.8%	0.0%
Bus trips weekly	76.5%	23.5%	0.0%
Shopping trips	82.4%	17.6%	0.0%
Visits to galleries or museums	35.3%	61.8%	2.9%
Bus trips monthly	64.7%	14.7%	20.6%
Cafe on site	47.1%	50.0%	2.9%
Cards / table games	100.0%	0.0%	0.0%
Carpet Bowls	91.2%	8.8%	0.0%
Community groups - chess, photography, cards, bridge, mah-jong etc	91.2%	8.8%	0.0%
Community groups - Rotary, Probus, Toastmasters etc	50.0%	47.1%	2.9%
Computers and internet in bedroom	38.2%	61.8%	0.0%
Computers and internet in library area	82.4%	14.7%	2.9%
Craft group	91.2%	8.8%	0.0%
DVD / Video in bedroom	70.6%	29.4%	0.0%
DVD / Video in lounge areas	94.1%	2.9%	2.9%
Gardening	100.0%	0.0%	0.0%
Gym / Physiotherapy equipment	55.9%	44.1%	0.0%
Hairdressing salon on site	44.1%	55.9%	0.0%
Heated Swimming Pool	47.1%	52.9%	0.0%
Outdoor non-heated swimming pool	32.4%	52.9%	14.7%
Holidays away from care facility	20.6%	70.6%	8.8%
Library	88.2%	11.8%	0.0%
Live Entertainment	47.1%	52.9%	0.0%
Men's Club	70.6%	20.6%	8.8%
Daily newspapers and magazines	58.8%	41.2%	0.0%
Outings to local cafe or restaurants	35.3%	64.7%	0.0%
Outings to sporting events	26.5%	73.5%	0.0%
Pool / Snooker	85.3%	14.7%	0.0%
Chapel / Religious Services	97.1%	2.9%	0.0%
Television in bedroom	94.1%	5.9%	0.0%
Television in communal lounge room only	100.0%	0.0%	0.0%
Work shed	55.9%	41.2%	2.9%
Wireless internet	44.1%	52.9%	2.9%
Internet connections in bedroom	55.9%	44.1%	0.0%
Cable TV (Foxtel/Austar etc)	11.8%	88.2%	0.0%
Movie Theatre on site	17.6%	76.5%	5.9%

	Basic	%	Extra Service	%	Not Acceptable	%
Mode	1338	47.1%	1505	52.9%	0	0.0%
Median	1672	58.8%	1003	35.3%	0	0.0%
Mean	1790	63.0%	986	34.7%	66	2.3%

7. Results - Food Services

Food service expectations were considered to be the furthest from current trends with aged care (and healthcare in general) moving towards the widespread use of cook chill meals. The results of this study are particularly significant to the not for profit aged care sector which not only widely uses cook chill meals but also represents some of the largest providers of this type of food service in NSW.

An overwhelming 99.2% of participants indicated an expectation that meals would be prepared fresh onsite by either a qualified chef (33.1%) or a cook (66.1%). Only 23 participants (0.8%) indicated cook chill meals were their preferred food service model.

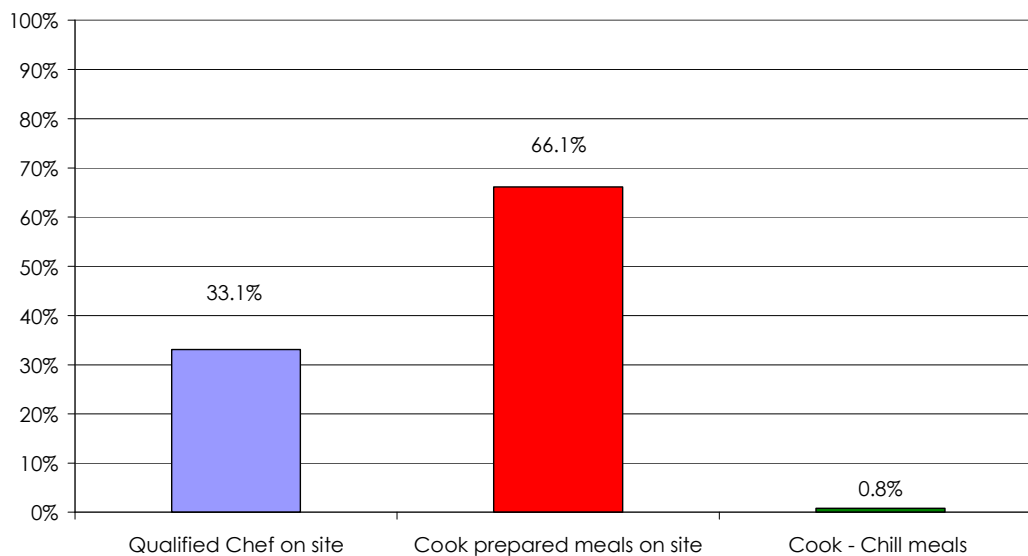
Analysis of the desirability data revealed that 67.6% of participants rated cook chill meals as least desirable. In terms of basic, extra service or unacceptable, cook chill meals were rated unacceptable by 58.8% of participants.

Analysis of the 39 food options indicated that there was a much more even distribution of desirability from least desired to most desired reflecting the varied tastes of the participant group.

It is also noted however that on average 68.7% of participants found the listed food options to be a basic level for residential aged care (modal response 91.4%). This is of significance as a number of the options are currently included in the commonwealth's extra service application form reflecting a view that they are not considered basic options.

7 (a) Meal Preparation Options	No. of Responses (n=2843)
Qualified Chef on site	941
Cook prepared meals on site	1879
Cook - Chill meals	23

Food Service Options



7 (b) Meal Service Options - Desirability	Least Desired	Slightly Desired	Moderately Desired	Very Desired	Most Desired
Alcohol with meals - beer and wine	13.5%	24.3%	21.6%	21.6%	18.9%
24 hour room service available	18.9%	27.0%	21.6%	16.2%	16.2%
Hot breakfast daily	24.3%	16.2%	21.6%	16.2%	21.6%
Hot breakfast three times per week	27.0%	16.2%	35.1%	16.2%	5.4%
Hot breakfast weekly	27.0%	18.9%	16.2%	16.2%	21.6%
Continental breakfast	24.3%	5.4%	13.5%	21.6%	35.1%
Smorgasbord or multiple options for Breakfast	16.2%	5.4%	37.8%	16.2%	24.3%
Room service breakfast	32.4%	10.8%	18.9%	13.5%	24.3%
Hot meal for midday meal	10.8%	8.1%	27.0%	13.5%	40.5%
Sandwiches for midday meal	18.9%	16.2%	29.7%	24.3%	10.8%
Smorgasbord or multiple options for midday meal	13.5%	8.1%	13.5%	32.4%	32.4%
Dessert with midday meal	16.2%	8.1%	21.6%	21.6%	32.4%
Hot meal for evening midday meal	2.7%	18.9%	21.6%	29.7%	27.0%
Smorgasbord or multiple options for evening meal	21.6%	5.4%	10.8%	27.0%	35.1%
Soup with evening meal	21.6%	16.2%	18.9%	21.6%	21.6%
Sandwiches for evening meal	35.1%	24.3%	5.4%	18.9%	16.2%
Dessert with evening meal	8.1%	13.5%	37.8%	21.6%	18.9%
Vegetarian options	10.8%	13.5%	27.0%	18.9%	29.7%
Vegan options	16.2%	18.9%	21.6%	16.2%	27.0%
Low fat options	5.4%	8.1%	16.2%	27.0%	43.2%
Medical diets (e.g. diabetic / low salt / high fibre)	0.0%	5.4%	5.4%	21.6%	67.6%
Cultural diets (Kosher / Halal etc)	18.9%	8.1%	27.0%	16.2%	29.7%
Cordial	24.3%	18.9%	35.1%	8.1%	13.5%
Chilled Water	0.0%	0.0%	13.5%	32.4%	54.1%
Fruit Juice or Vegetable Juice	0.0%	0.0%	21.6%	27.0%	51.4%
Soft Drink	13.5%	13.5%	43.2%	13.5%	16.2%
Mixed drinks (e.g. lemon lime & bitters etc)	5.4%	18.9%	45.9%	16.2%	13.5%
Red Wine, White Wine, Beer	8.1%	21.6%	29.7%	24.3%	16.2%
Spirits (e.g. Scotch Whisky / Bourbon / Vodka etc)	18.9%	27.0%	27.0%	10.8%	16.2%
Freshly prepared cakes for morning / afternoon tea	8.1%	10.8%	21.6%	43.2%	16.2%
Savoury / Sweet biscuits for morning / afternoon tea	2.7%	16.2%	29.7%	24.3%	27.0%
Sandwiches for morning / afternoon tea	27.0%	29.7%	16.2%	18.9%	8.1%
Special event catering available (birthday, anniversary celebration etc)	2.7%	2.7%	18.9%	35.1%	40.5%
Fresh fruit available 24 hours	0.0%	0.0%	8.1%	32.4%	59.5%
Qualified chef onsite to prepare meals	5.4%	27.0%	16.2%	18.9%	32.4%
Cook onsite to prepare meals	2.7%	2.7%	16.2%	45.9%	32.4%
Cook-Chill meals (prepared off site and reheated onsite)	67.6%	16.2%	10.8%	2.7%	2.7%

	Least Desired	%	Slightly Desired	%	Moderately Desired	%	Very Desired	%	Most Desired	%
Mode	538	18.9%	461	16.2%	615	21.6%	461	16.2%	461	16.2%
Median	384	13.5%	384	13.5%	615	21.6%	615	21.6%	692	24.3%
Mean	438	15.4%	386	13.6%	633	22.3%	617	21.7%	768	27.0%

7 (c) Meal Service Options – Basic / Extra Service / Not Acceptable	Basic	Extra Service	Not Acceptable
Alcohol with meals - beer and wine	35.3%	58.8%	5.9%
24 hour room service available	8.8%	79.4%	11.8%
Hot breakfast daily	64.7%	35.3%	0.0%
Hot breakfast three times per week	64.7%	20.6%	14.7%
Hot breakfast weekly	70.6%	2.9%	26.5%
Continental breakfast	79.4%	2.9%	17.6%
Smorgasbord or multiple options for Breakfast	52.9%	29.4%	17.6%
Room service breakfast	44.1%	41.2%	14.7%
Hot meal for midday meal	94.1%	2.9%	2.9%
Sandwiches for midday meal	82.4%	0.0%	17.6%
Smorgasbord or multiple options for midday meal	44.1%	50.0%	5.9%
Dessert with midday meal	88.2%	8.8%	2.9%
Hot meal for evening midday meal	88.2%	8.8%	2.9%
Smorgasbord or multiple options for evening meal	41.2%	44.1%	14.7%
Soup with evening meal	85.3%	8.8%	5.9%
Sandwiches for evening meal	73.5%	2.9%	23.5%
Dessert with evening meal	88.2%	11.8%	0.0%
Vegetarian options	91.2%	8.8%	0.0%
Vegan options	85.3%	14.7%	0.0%
Low fat options	97.1%	2.9%	0.0%
Medical diets (e.g. diabetic / low salt / high fibre)	94.1%	5.9%	0.0%
Cultural diets (Kosher / Halal etc)	76.5%	14.7%	8.8%
Cordial	85.3%	5.9%	8.8%
Chilled Water	97.1%	2.9%	0.0%
Fruit Juice or Vegetable Juice	94.1%	5.9%	0.0%
Soft Drink	73.5%	17.6%	8.8%
Mixed drinks (e.g. lemon lime & bitters etc)	50.0%	47.1%	2.9%
Red Wine, White Wine, Beer	29.4%	64.7%	5.9%
Spirits (e.g. Scotch Whisky / Bourbon / Vodka etc)	5.9%	82.4%	11.8%
Freshly prepared cakes for morning / afternoon tea	82.4%	17.6%	0.0%
Savoury / Sweet biscuits for morning / afternoon tea	91.2%	8.8%	0.0%
Sandwiches for morning / afternoon tea	52.9%	32.4%	14.7%
Special event catering available (birthday, anniversary celebration etc)	55.9%	41.2%	2.9%
Fresh fruit available 24 hours	94.1%	5.9%	0.0%
Qualified chef onsite to prepare meals	41.2%	55.9%	2.9%
Cook onsite to prepare meals	97.1%	2.9%	0.0%
Cook-Chill meals (prepared off site and reheated onsite)	41.2%	0.0%	58.8%

	Basic	%	Extra Service	%	Not Acceptable	%
Mode	2676	94.1%	84	2.9%	0	0.0%
Median	2174	76.5%	334	11.8%	167	5.9%
Mean	1953	68.7%	651	22.9%	240	8.4%

8. Results – Dining Options

8 (a) Dining Options - Desirability	Least Desired	Slightly Desired	Moderately Desired	Very Desired	Most Desired
Meals served in a central dining room	2.7%	5.4%	24.3%	45.9%	21.6%
Meals available in room	2.7%	8.1%	29.7%	27.0%	32.4%
Alfresco dining available	13.5%	16.2%	16.2%	27.0%	27.0%
Special event menus available (birthdays etc)	5.4%	10.8%	16.2%	29.7%	37.8%
Cultural menus available	10.8%	5.4%	18.9%	40.5%	24.3%
Set Menu available	10.8%	5.4%	40.5%	21.6%	21.6%
A la carte menu (selection from multiple items)	10.8%	8.1%	13.5%	35.1%	32.4%
Menu selection the day before dining	2.7%	13.5%	21.6%	29.7%	32.4%
Restaurant style atmosphere / ambience	5.4%	13.5%	21.6%	29.7%	29.7%
Background music during dining	8.1%	21.6%	24.3%	21.6%	24.3%
Waiter service	16.2%	27.0%	21.6%	16.2%	18.9%
Self service smorgasbord style dining	21.6%	13.5%	24.3%	27.0%	13.5%
Fine china and glassware	10.8%	24.3%	29.7%	21.6%	13.5%
Linen tablecloths	13.5%	10.8%	35.1%	21.6%	18.9%
Paper tablecloths	45.9%	10.8%	29.7%	5.4%	8.1%
Standard crockery and glassware	5.4%	8.1%	32.4%	32.4%	21.6%
Room service available breakfast	10.8%	13.5%	29.7%	18.9%	27.0%
Room service available midday meal	10.8%	16.2%	35.1%	13.5%	24.3%
Room service available evening meal	8.1%	18.9%	29.7%	13.5%	29.7%
Room service available 24 hours per day	27.0%	27.0%	32.4%	0.0%	13.5%
Private dining available for small groups / guests	2.7%	16.2%	43.2%	16.2%	21.6%
Takeaway meals available (Chinese / pizza etc)	8.1%	16.2%	37.8%	24.3%	13.5%
Cafe available on site	8.1%	16.2%	21.6%	24.3%	29.7%
Linen serviettes	10.8%	32.4%	21.6%	21.6%	13.5%
Paper serviettes	10.8%	8.1%	32.4%	29.7%	18.9%
Themed menu days (Christmas in July etc)	2.7%	2.7%	13.5%	37.8%	43.2%
Traditional Christmas Day lunch	0.0%	8.1%	10.8%	32.4%	48.6%

	Least Desired	%	Slightly Desired	%	Moderately Desired	%	Very Desired	%	Most Desired	%
Mode	307	10.8%	231	8.1%	845	29.7%	615	21.6%	384	13.5%
Median	307	10.8%	384	13.5%	692	24.3%	692	24.3%	692	24.3%
Mean	302	10.6%	398	14.0%	746	26.2%	700	24.6%	697	24.5%

8 (b) Dining Options – Basic / Extra Service / Not Applicable	Basic	Extra Service	Not Acceptable
Meals served in a central dining room	97.1%	0.0%	2.9%
Meals available in room	67.6%	32.4%	0.0%
Alfresco dining available	58.8%	32.4%	8.8%
Special event menus available (birthdays etc)	58.8%	38.2%	2.9%
Cultural menus available	76.5%	23.5%	0.0%
Set Menu available	94.1%	0.0%	5.9%
A la carte menu (selection from multiple items)	41.2%	47.1%	11.8%
Menu selection the day before dining	88.2%	2.9%	8.8%
Restaurant style atmosphere / ambience	52.9%	41.2%	5.9%
Background music during dining	82.4%	11.8%	5.9%
Waiter service	32.4%	52.9%	14.7%
Self service smorgasbord style dining	64.7%	17.6%	17.6%
Fine china and glassware	41.2%	52.9%	5.9%
Linen tablecloths	64.7%	32.4%	2.9%
Paper tablecloths	55.9%	2.9%	41.2%
Standard crockery and glassware	100.0%	0.0%	0.0%
Room service available breakfast	50.0%	44.1%	5.9%
Room service available midday meal	38.2%	55.9%	5.9%
Room service available evening meal	41.2%	52.9%	5.9%
Room service available 24 hours per day	11.8%	73.5%	14.7%
Private dining available for small groups / guests	17.6%	79.4%	2.9%
Takeaway meals available (Chinese / pizza etc)	29.4%	67.6%	2.9%
Cafe available on site	41.2%	55.9%	2.9%
Linen serviettes	41.2%	52.9%	5.9%
Paper serviettes	91.2%	2.9%	5.9%
Themed menu days(Christmas in July etc)	85.3%	14.7%	0.0%
Traditional Christmas Day lunch	91.2%	2.9%	5.9%

	Basic	%	Extra Service	%	Not Acceptable	%
Mode	1171	41.2%	84	2.9%	167	5.9%
Median	1672	58.8%	920	32.4%	167	5.9%
Mean	1700	59.8%	938	33.0%	204	7.2%

9. Results – Fee Options

The results indicate that while there may be a concentration of expectation at the lower levels of fees, there is also a spread of participants willing to pay at all fee levels to varying degrees.

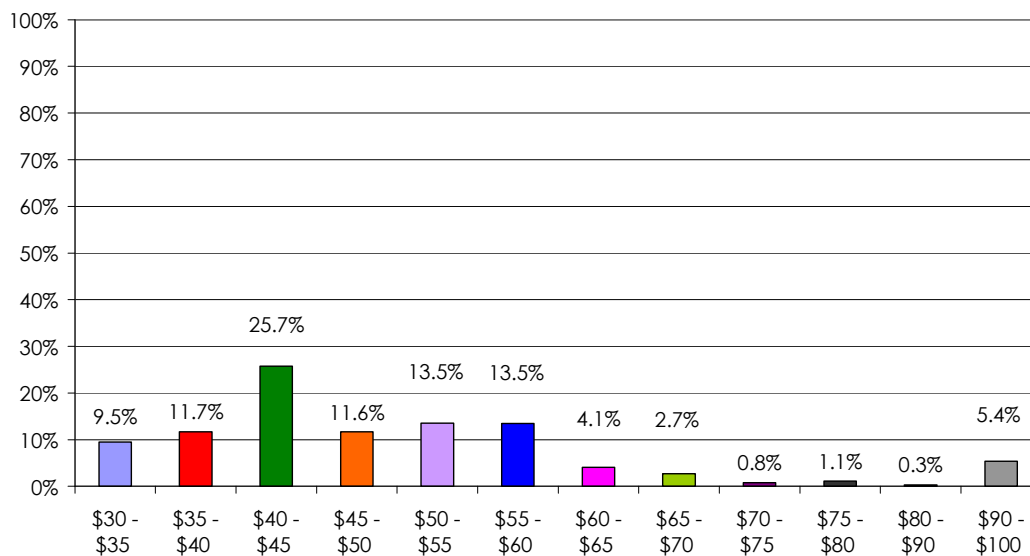
Similarly with accommodation bonds, participant responses were spread across all levels from below \$100,000 up to \$1,000,000. This result should provide some comfort to aged care providers planning on expanding into the aged care arenas where accommodation bonds are permitted.

Expectations surrounding government contributions were in line with current practice with 71% of participants citing an expected government contribution of between 50% and 70% of total costs.

70% of participants stated they would consider paying a higher accommodation bond if they would then receive the aged pension and similarly 71% of participants stated they would consider paying a higher bond if the daily fees were lowered. Only 38% of participants stated they would prefer a higher daily fee in lieu of no accommodation bond.

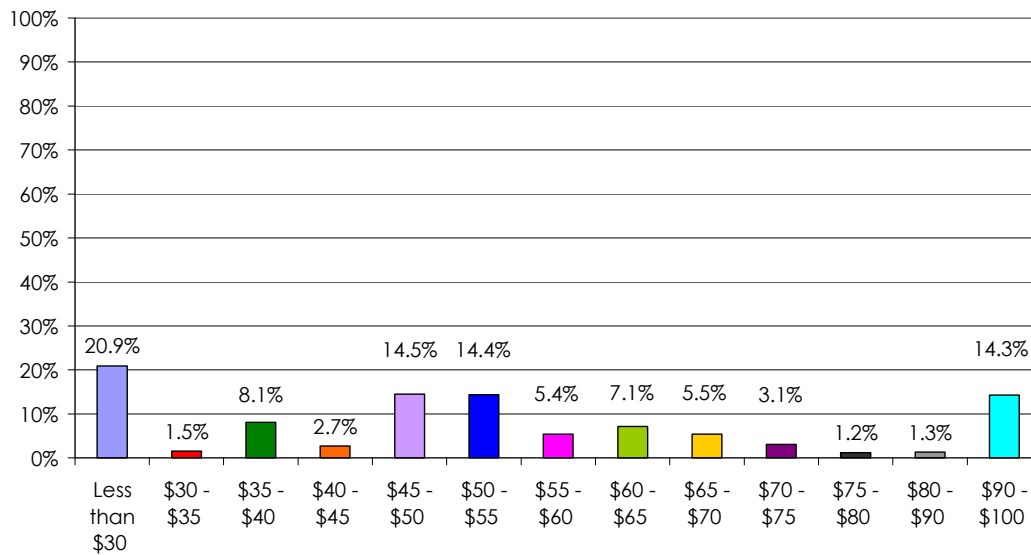
9 (a) Maximum Daily Care Fee	No. of Responses (n=2843)
\$30 - \$35	270
\$35 - \$40	332
\$40 - \$45	732
\$45 - \$50	331
\$50 - \$55	385
\$55 - \$60	384
\$60 - \$65	116
\$65 - \$70	77
\$70 - \$75	23
\$75 - \$80	31
\$80 - \$90	9
\$90 - \$100	153

Maximum Daily Care Fee



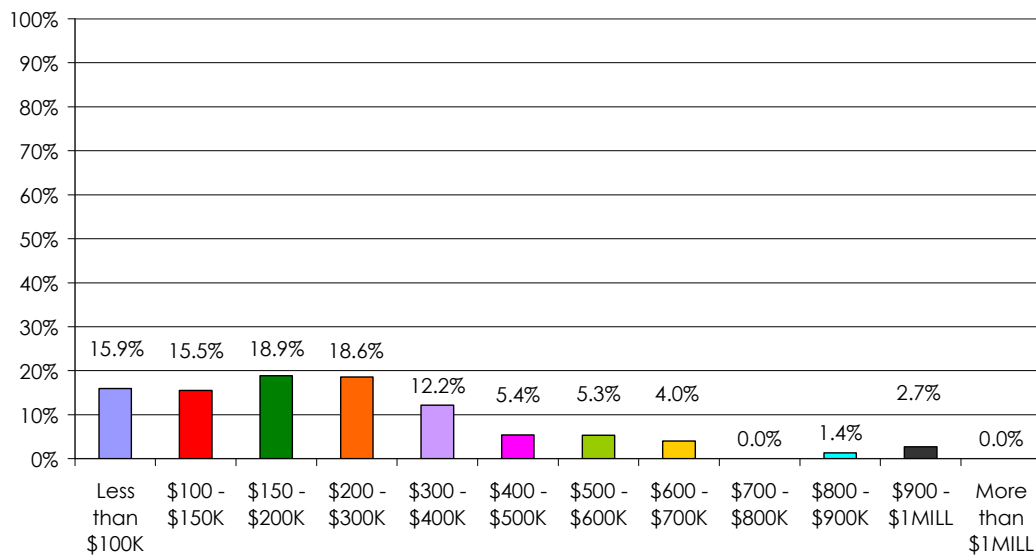
9 (b) Maximum Extra Service	No. of Responses (n=2843)
Less than \$30	595
\$30 - \$35	44
\$35 - \$40	231
\$40 - \$45	77
\$45 - \$50	412
\$50 - \$55	408
\$55 - \$60	154
\$60 - \$65	203
\$65 - \$70	155
\$70 - \$75	87
\$75 - \$80	33
\$80 - \$90	38
\$90 - \$100	406

Maximum Extra Service Fee



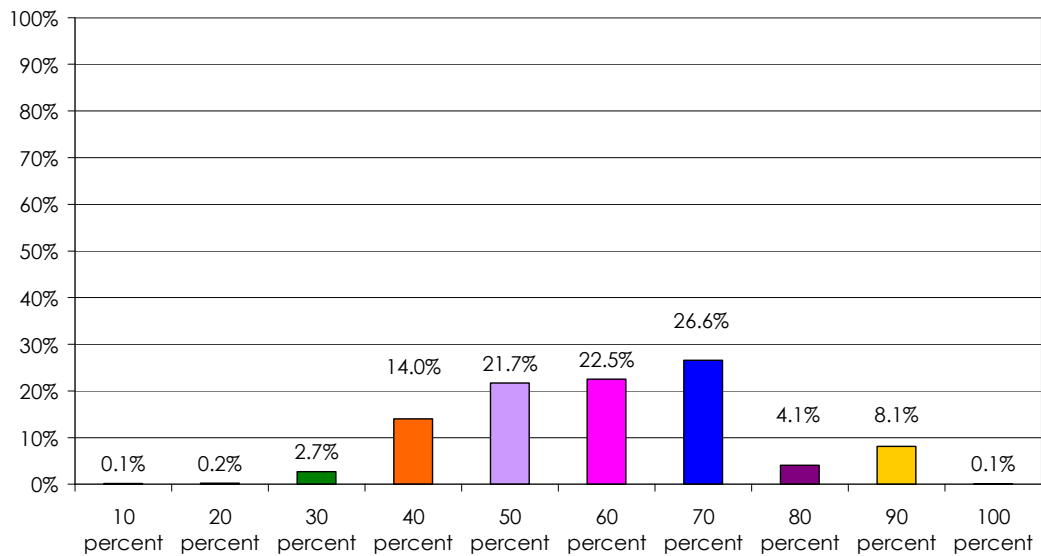
9 (c) Accommodation Bond - Maximum	No. of Responses (n=2843)
Less than \$100K	453
\$100 - \$150K	442
\$150 - \$200K	537
\$200 - \$300K	528
\$300 - \$400K	346
\$400 - \$500K	154
\$500 - \$600K	152
\$600 - \$700K	115
\$700 - \$800K	0
\$800 - \$900K	39
\$900 - \$1MILL	77
More than \$1MILL	0

Maximum Accommodation Bond



9 (d) Commonwealth Funding	No. of Responses (n=2843)
10%	3
20%	5
30%	77
40%	399
50%	616
60%	639
70%	755
80%	116
90%	231
100%	2

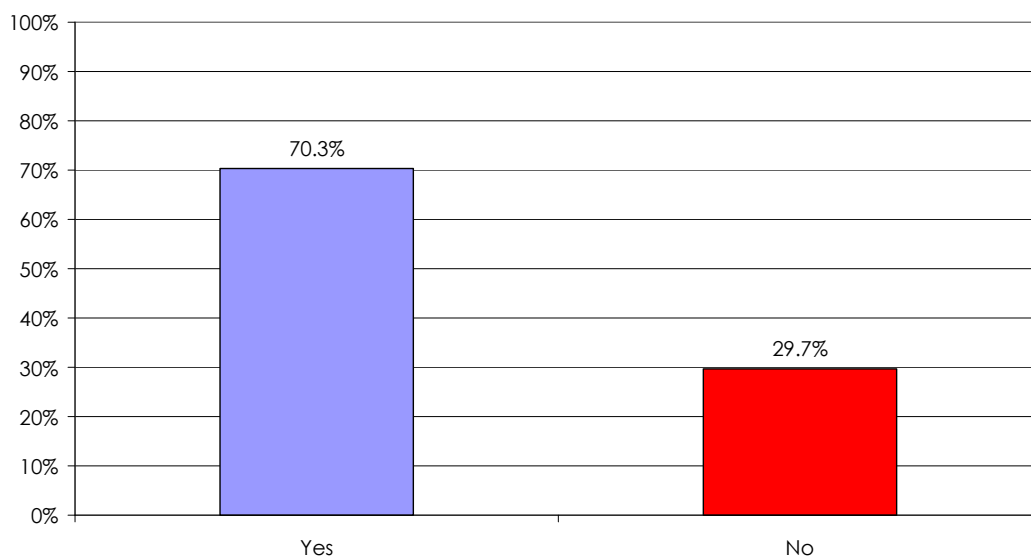
Expected Commonwealth Contribution



9 (e) Would you consider paying a higher accommodation bond amount if you were then able to receive the aged pension?

	No. of Responses (n=2843)
Yes	1999
No	844

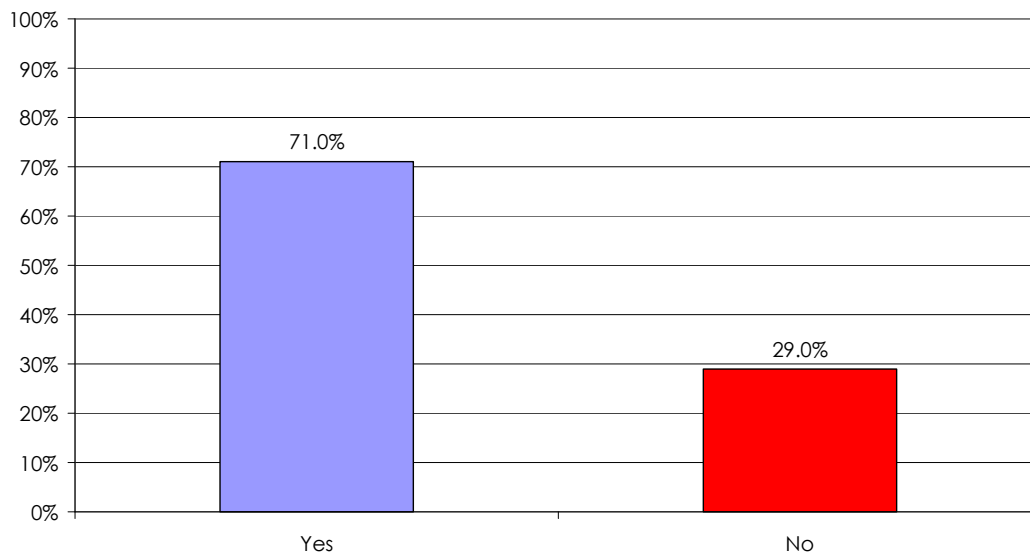
Higher Bond = Pension



9 (f) Would you pay a higher accommodation bond amount if you were able to lower your daily fees?

	No. of Responses (n=2843)
Yes	2019
No	824

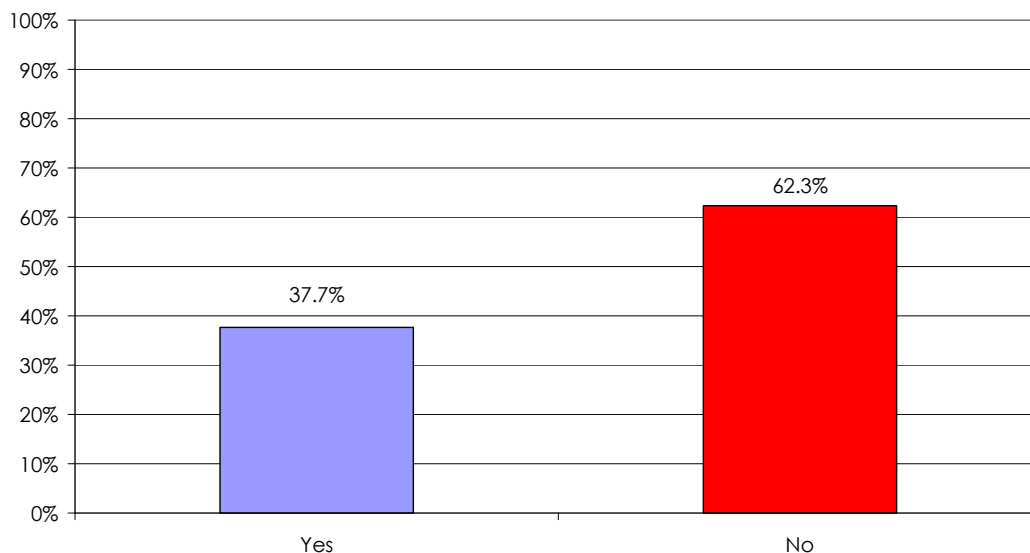
Higher Accommodation Bond = Lower Fees



9 (g) Would you prefer to pay higher daily fees and not pay a lump sum accommodation bond?

	No. of Responses (n=2843)
Yes	1071
No	1772

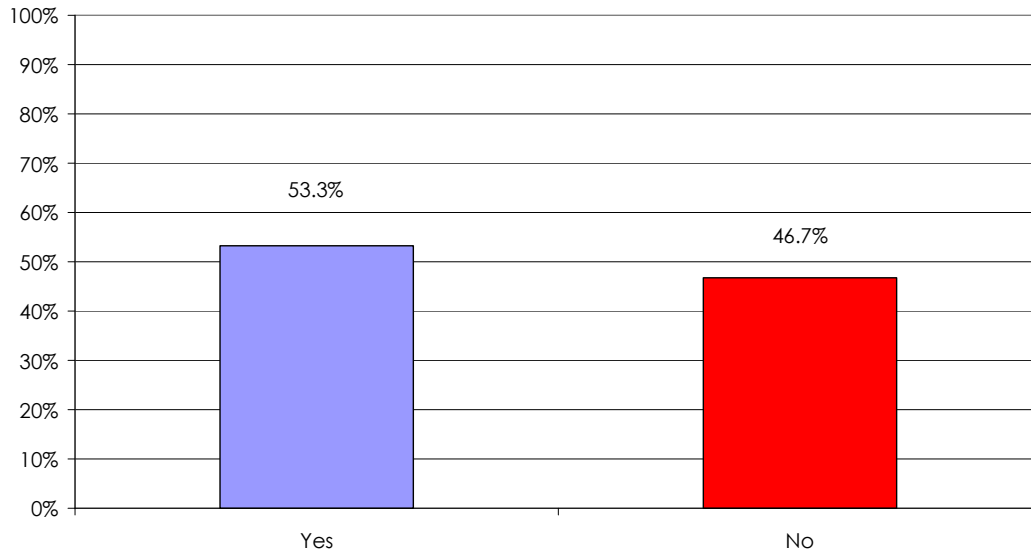
Higher Daily Fees = No Accommodation Bond



10. Results – Extra Service

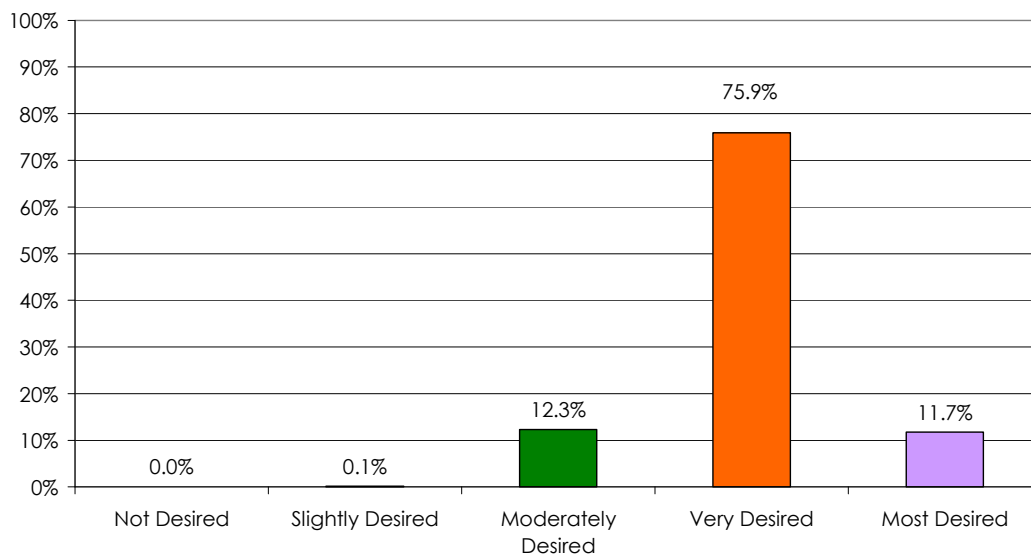
10 (a) Extra Service or Standard?	No. of Responses (n=2843)
Would you consider extra service aged care instead of standard aged care?	
Yes	1514
No	1329

Would Consider Extra Service



10 (b) Extra Service – Additional Staffing Desirability	No. of Responses (n=2843)
Additional levels of staffing are NOT currently a feature of a feature of extra service facilities - how much do you value additional levels of staffing?	
Not Desired	0
Slightly Desired	4
Moderately Desired	349
Very Desired	2157
Most Desired	333

Extra Service = Extra Staff

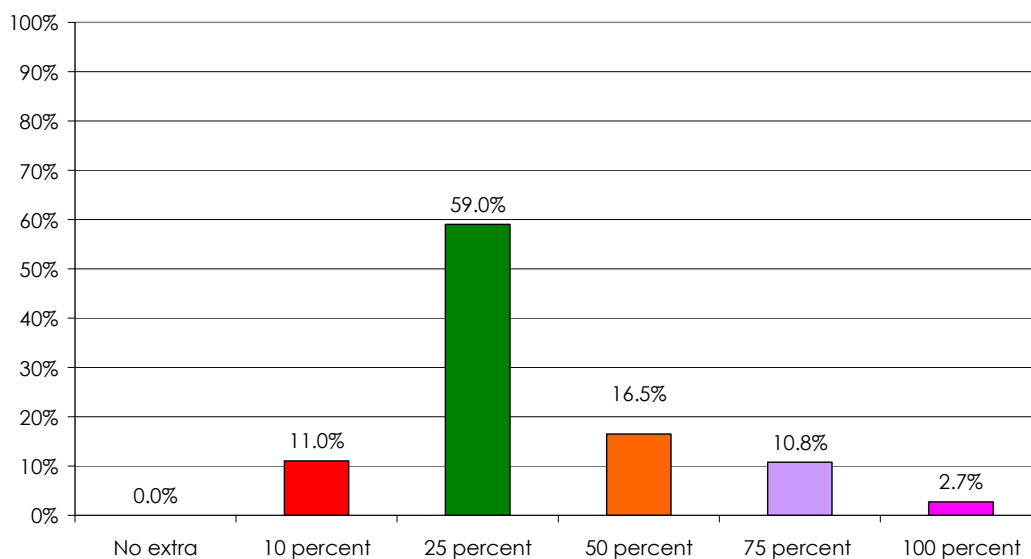


10 (c) Extra Service – Additional Staff Quantity

No. of Responses (n=2843)

What percentage would reflect the amount of additional staff you would expect in an extra service facility?	No. of Responses (n=2843)
No extra	0
10%	314
25%	1677
50%	468
75%	307
100%	77

Extra Service = Extra Staff



10 (d) Most Popular Extra Service Options	Response Rate
Additional Staff	99.9%
Cable TV (Foxtel/Austar etc)	88.2%
Spirits (e.g. Scotch Whisky / Bourbon / Vodka etc)	82.4%
24 hour room service available	79.4%
Private dining available for small groups / guests	79.4%
Spa bath available	78.8%
Complementary Therapies (e.g. Naturopath / Acupuncture)	78.1%
Movie Theatre on site	76.5%
Outings to sporting events	73.5%
Room service available 24 hours per day	73.5%
One bedroom Apartment	73.0%
Chiropractic	71.9%
Holidays away from care facility	70.6%
Swimming pool - indoor	69.7%
Takeaway meals available (Chinese / pizza etc)	67.6%
Movie theatre	66.7%
Outings to local cafe or restaurants	64.7%
Red Wine, White Wine, Beer	64.7%
Queen bed	63.6%
Massage Therapy	62.5%
Aromatherapy	62.5%
Visits to galleries or museums	61.8%
Computers and internet in bedroom	61.8%
Swimming pool - outdoor	60.6%
X-Ray Services	59.4%
Alcohol with meals - beer and wine	58.8%
Beautician / manicurist	55.9%
Hairdressing salon on site	55.9%
Qualified chef onsite to prepare meals	55.9%
Room service available midday meal	55.9%
Cafe available on site	55.9%
Speech Pathology	53.1%
Heated Swimming Pool	52.9%
Outdoor non-heated swimming pool	52.9%
Live Entertainment	52.9%
Wireless internet	52.9%
Waiter service	52.9%
Fine china and glassware	52.9%
Room service available evening meal	52.9%
Linen serviettes	52.9%
Computer / Internet access in room	51.5%
Double bed	51.5%
Studio Apartment	51.4%
Cafe on site	50.0%
Smorgasbord or multiple options for midday meal	50.0%

11. Results – Most Desirable Options (Top 50)

Telephone in room	81.1%
Ensuite bathroom	78.4%
Medical diets (e.g. diabetic / low salt / high fibre)	67.6%
Televisions in room	67.6%
Air conditioning - reverse cycle	64.9%
Library	64.9%
Television in bedroom	64.9%
Fresh fruit available 24 hours	59.5%
Palliative / End of Life Care specialist nurse available	59.5%
Chilled Water	54.1%
Fruit Juice or Vegetable Juice	51.4%
Quiet Room / Relaxation area	51.4%
DVD player in room	51.4%
Computer / Internet access in room	51.4%
Dementia Care specialist nurse available	51.4%
Television in communal lounge room only	51.4%
Traditional Christmas Day lunch	48.6%
Inter-connecting rooms for couples	48.6%
Library	48.6%
Communal lounge room	48.6%
Bus trips weekly	48.6%
Daily newspapers and magazines	48.6%
Recliner chairs in room	45.9%
Physical Therapy / Rehabilitation specialist nurse available	45.9%
Internet connections in bedroom	45.9%
Low fat options	43.2%
Themed menu days(Christmas in July etc)	43.2%
Eco-friendly environment	43.2%
Dental Services	43.2%
Diversional Therapy	43.2%
Hot meal for midday meal	40.5%
Special event catering available (birthday, anniversary celebration etc)	40.5%
Communal dining room	40.5%
Podiatry	40.5%
X-Ray Services	40.5%
Shopping trips	40.5%
DVD / Video in lounge areas	40.5%
Wireless internet	40.5%
Special event menus available (birthdays etc)	37.8%
Physiotherapy	37.8%
Cards / table games	37.8%
Computers and internet in bedroom	37.8%
Gardening	37.8%
Continental breakfast	35.1%
Smorgasbord or multiple options for evening meal	35.1%
Lounge area in room	35.1%
Chapel / Church / Sacred Space	35.1%
Computers and internet in library area	35.1%
DVD / Video in bedroom	35.1%
Hairdressing salon on site	35.1%

12. Results – Least Desirable Options (Top 50)

Shared bathroom	81.1%
Cook-Chill meals (prepared off site and reheated onsite)	67.6%
Paper tablecloths	45.9%
Single bed	45.9%
Heating only	43.2%
Ceiling fans only	40.5%
Sandwiches for evening meal	35.1%
Room service breakfast	32.4%
Double bed	29.7%
Hot breakfast three times per week	27.0%
Hot breakfast weekly	27.0%
Sandwiches for morning / afternoon tea	27.0%
Room service available 24 hours per day	27.0%
Swimming pool - outdoor	27.0%
Bus trips monthly	27.0%
Hot breakfast daily	24.3%
Continental breakfast	24.3%
Cordial	24.3%
King single bed	24.3%
Smorgasbord or multiple options for evening meal	21.6%
Soup with evening meal	21.6%
Self service smorgasbord style dining	21.6%
24 hour room service available	18.9%
Sandwiches for midday meal	18.9%
Cultural diets (Kosher / Halal etc)	18.9%
Spirits (e.g. Scotch Whisky / Bourbon / Vodka etc)	18.9%
Queen bed	18.9%
Smorgasbord or multiple options for Breakfast	16.2%
Dessert with midday meal	16.2%
Vegan options	16.2%
Waiter service	16.2%
Carpet throughout care facility	16.2%
Aromatherapy	16.2%
Complementary Therapies (e.g. Naturopath / Acupuncture)	16.2%
Outdoor non-heated swimming pool	16.2%
Men's Club	16.2%
Alcohol with meals - beer and wine	13.5%
Smorgasbord or multiple options for midday meal	13.5%
Soft Drink	13.5%
Alfresco dining available	13.5%
Linen tablecloths	13.5%
Spa bath available	13.5%
Hot meal for midday meal	10.8%
Vegetarian options	10.8%
Cultural menus available	10.8%
Set Menu available	10.8%
A la carte menu (selection from multiple items)	10.8%
Fine china and glassware	10.8%
Room service available breakfast	10.8%
Room service available midday meal	10.8%

13. Conclusions

Baby boomers will represent the most articulate and discerning aged care consumers ever experienced by the aged care sector. This is already being felt by aged care providers through the involvement of the baby boomer children of current residents. This impact will only increase as more baby boomers become direct consumers of aged care services.

To simply say that baby boomers will not access residential aged care services is erroneous and unachievable – very few people actively plan for admission to an aged care facility and fewer still actually want to be there. In terms of supply, the commonwealth government and aged care providers need to start planning now for the increase in numbers from this generational group. Even if the current trends of aged care admissions continue without rise (currently approximately 12% of the 70 year + population enter residential aged care – approx 226,500 people in 2008 - both respite and permanent) the resultant residential aged care admission pressure will exceed 480,000 in 2022.

The participants of this study were able to effectively identify the desirability of over 300 options and provided clear data representing their expectations of residential aged care. An important point for the not for profit sector was the move away from the religious denomination loyalty shown by current aged care consumers to a loyalty based upon cost, options available and value for money.

The participants articulated a willingness to pay for their aged care services although their ability to pay may be questioned given the meagre savings accumulated in superannuation by many of the participants. This disparity will need to be acknowledged and addressed by both the generation themselves and the commonwealth government.

Similarly with accommodation bonds, participant responses were spread across all levels from below \$100,000 up to \$1,000,000. This result should provide some comfort to aged care providers planning on expanding into the aged care arenas where accommodation bonds are permitted such as extra service.

Expectations surrounding government contributions were in line with current practice with 71% of participants citing an expected government contribution of between 50% and 70% of total costs.

70% of participants stated they would consider paying a higher accommodation bond if they would then receive the aged pension and similarly 71% of participants stated they would consider paying a higher bond if the daily fees were lowered. Only 38% of participants stated they would prefer a higher daily fee in lieu of paying no accommodation bond.

While many of the expected options are already in place within the aged care sector, a number of areas of expectation clearly exceeded the current standards, particularly in the area of staffing levels. Additional staffing as a demonstrative option of extra service aged care was clearly an expectation with 99.9% of participants indicating additional staff was moderately desirable, very desirable or their most desirable option. The most commonly selected percentage of additional staff was 25% with almost 60% of participants selecting this level of extra staff. Additional staffing was only explored as an extra service option to determine whether the current extra service format provided by the Department of Health & Ageing accurately reflected consumer demand. Additional staffing in standard residential aged care was not examined due to the lack of consistency across the industry and the absence of comparable data. It is expected that similar expectations would have been highlighted if additional staffing in standard residential aged care had been examined.

This disparity in expectation needs to be addressed through education by both the commonwealth government, aged care providers and peak bodies to ensure that future residents clearly understand the financial and workforce constraints of the sector and the resultant restriction on staffing levels. If community education is not successful and this level of expectation continues, a major review of funding will be required to meet the staffing expectations of this generational group.

Both mandatory staffing levels set by the Department of Health and Ageing or public benchmarking of staffing levels should be considered to provide the general public and Aged Care Standards and Accreditation Agency with greater transparency and a context within which to accurately assess 'appropriate' staffing levels.

Mandatory staffing levels and/or ratios have long been discussed across the industry with the common perception being that this will never become a reality due to the reluctance of the Department of Health and Ageing (i.e. commonwealth government) to fund higher (appropriate) levels of staff. The current accreditation standards fail to appropriately assess whether staffing in a facility is adequate due to the subjectivity of the accreditation process, a lack of an objective standard and no available evidence based staffing ratios.

The matching of staffing levels to resident care need and the matching of funding levels directly related to the real cost of staffing must be addressed as a priority to ensure appropriate levels and mix of staffing are provided and the staffing expectations of this generation can be effectively managed in a context of providing world class aged care. A number of aged care providers use their own internally developed staffing ratios and tools but the accuracy and effectiveness of such tools cannot be assessed and are inconsistent across providers.

For the not for profit religious sector, two major findings were highlighted that may have a future negative impact on this particular group of providers:

- The reluctance of this generational group to choose aged care based upon religious denomination or affiliation. This differs significantly from the current generation of aged care residents who are overtly drawn towards a provider because of a long standing religious affiliation. 86% of participants indicated they would not choose a care provider based upon religious denomination.
- The overwhelming rejection of cook-chill meals. As the not for profit sector is both a large scale producer and consumer of this type of food service, this may have a significant negative impact on services choosing to continue cook-chill meal service to this generational group. A considerable shift in public opinion needs to be achieved through education and an increase in food quality if this type of food service is to continue. This is not assisted by the linkages to perceptions of public hospital food services which have a notoriously negative reputation with the general public.

A final conclusion drawn from the completion of this study is related to the aged care industry's willingness (or absence of) to openly embrace research as a tool to explore emerging trends, build evidence based practice and thus improve the lives of residents and the performance of individual facilities. The residential aged care organisations that chose to participate represented less than 10% of those invited, with some individual homes choosing to participate when the organisation had declined thus making research participation dependant on individual managers of services with no priority assigned by the overarching organisation. Without robust examination of practices and evidence based exploration of new ideas, the aged care sector will fail to meet the needs and expectations of our stakeholders and continue to feature predominately in the negative perceptions of the general public.

The researcher would like to again thank the participating organisations and more importantly the 2,843 baby boomers that most generously gave their time and provided their opinions and expectations.

It is hoped that this research will provide valuable data to aged care providers and the Department of Health and Ageing for strategic planning processes and policy development. Further widespread research and discussion is required to ensure the aged care sector, in partnership with the Department of Health and Ageing, is able to move to meet the needs and expectations of the baby boomer generation in Australia in a planned and evidence based manner.