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Availability of services in registered retirement villages in Queensland, Australia: a content analysis

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Abstract

Aim: The study investigates and compares the services available in different types of registered retirement villages in Queensland (QLD).

Methods: A content analysis based on official websites of 175 registered villages in QLD, Australia is presented.

Results: This study identifies 82 services, with *activity organization*, *emergency response*, *hairdressing* and *transportation* being most frequently available to residents. The number of services available is associated with the village size and financial type, with residents living in large private villages having access to significantly more services.

Conclusions: The research findings reveal the state of art of current industry practice. They provide useful implications for stakeholders. For instance, residents who prefer to get access to various services should focus more on large private villages. Developers can check their service delivery environment to confirm its balance with residents' competencies. The government can propose innovative initiatives to promote the delivery of appropriate services in villages.

Key words: retirement villages, services, content analysis, Australia

Introduction

Having access to required services is of great importance for older adults to compensate their declined physical, mental and psychological capabilities in later life. The availability of services such as those related to health care helps older people maintain their independence as long as possible [1]. Additionally, access to services, particularly some social services, is an effective way of preventing older adults' social isolation, loneliness and depression [2, 3]. In Australia, government-subsidised aged care services (e.g., the home care packages and commonwealth home support program) are available for older adults to ensure all can receive support and quality care when needed. Though the government has increased the range and quality of services available to older Australians over past decades, it faces various challenges of service provision, such as the increasing number of older people and their rising expectations of the type and flexibility of care [4]. Government policies, programs and regulations need to be redesigned around the willing of older adults to deliver services in ways that are affordable, respect dignity and support independence [4].

Retirement villages, a viable living option for older Australians, are a service-rich environment [5]. For older adults, the availability of services within a village environment to meet their aged needs is a contributor of their relocation [6]. These services include foodservices, room services, maintenance services, security guard services, transport services and visiting medical practitioners [7]. Having access to services can benefit residents in many aspects, such as social interaction, privacy, security and independence [5, 8, 9]. However, a service-rich environment can also be too convenient, in discouraging residents' active life such as social participation [5, 8, 10]. It is suggested that the services provided should be selected in accordance with the residents' competencies to improve their life satisfaction [7, 10].

Services are an essential component of the supportive residential environment of a retirement village. Nevertheless, little evidence to date has been gathered to indicate the specific type and scale of services available in retirement villages. In addition, as there is an extensive service-based

competition between villages [11], it is worth comparing the service availability of different village types. Registered retirement villages are the main players of the retirement village sector in QLD, and the government highly recommends registered retirement villages to prospective residents when they choose their villages. Thus, the study aims to investigate and compare the services available in different types of registered retirement villages in QLD in order to provide useful implications for stakeholders.

Research method

As with previous similar studies [12], content analysis is used in this study to examine the official websites of selected retirement villages. This provides a systematic and objective means to make valid references from data for the purpose of describing and quantifying specific phenomena [13]. It is concerned with meanings, intentions, consequences and context, which is aimed at enhancing inferential quality by associating the research results with the context that produced the data [13]. Data collection and analysis are two important issues in the application of content analysis. Data can be collected from different sources and in different formats (e.g., verbal, visual or written). Based on the research context and aim, data analysis can be conducted in both qualitative and quantitative ways [14, 15].

Currently, there are more than 2,000 retirement villages in Australia [16]. This study focuses on registered retirement villages in QLD because QLD not only has a relatively large number of retirement village residents but also has a relatively high proportion of older people (65+) living there compared with other Australian states/territories [16]. In addition, registered retirement villages were selected and used as these accredited villages are the industry's stamp of quality and are guaranteed to be managed and operated professionally and ethically at all times. Consequently, 303 retirement villages were identified from the website of the QLD Department of Housing and Public Works in August 2015 and the official websites of these villages were accessed with the Google search engine. The service information for each village as well as its financial type (private and not-for-profit), size (small, middle and large) and accommodation type

(villa, apartment, and mix of both) was recorded in a Microsoft Excel spreadsheet to establish a database. As some village websites did not contain detailed service information, this resulted in 175 villages being recorded on the database.

A coding scheme was developed to facilitate the content analysis process. The definition of different services was first confirmed to make sure team members understand and share a common meaning. The collected data were then carefully reviewed and the various services were coded and categorized manually based on their function (e.g., activity organization, hairdressing, laundry, etc.) together with their frequency of occurrence. Services with different names but providing the same function were coded as the same categories. After that, the coded and categorized services were reviewed and double-checked by different team members. This designed coding scheme ensures the validity and reliability of the content analysis. In addition, as the data analysis of this research focuses on the manifest content which is on the surface and easily observable, objectivity is a reasonable expectation with the coding [17]. Moreover, in the manifest content analysis, no theory is needed to guide the design of such an analysis and the coding process does not bring much personal schema into play [17]. Therefore, the coding process provides a pure description of available services in the retirement living business information. All these ensure the validity and reliability of the content analysis.

Statistical analysis was also conducted to compare the number of services provided by private and not-for-profit developers in retirement villages of different sizes and accommodation types. Given that the sample data do not follow a normal distribution, non-parametric statistical tests were adopted. Non-parametric tests, which are also called distribution-free tests, do not make stringent assumptions about the population [18]. The Mann-Whitney U test is used to compare the number of services available in private and not-for-profit villages, and the Kruskal-Wallis H test is used to compare the number of services available in villages of different sizes (small, medium and large) and different accommodation types (villas, apartments and mix of both). Following common practice, $p \leq 0.05$ is taken to denote a significant difference.

Results

The profile of the sample villages is summarized in Table 1. Of 175 villages, the majority (112) were built by private developers. 40% are large villages, having over 100 independent living units on-site. Villas (122) comprise the most popular accommodation type, followed by a mix of villas and apartment (35) and apartments (18).

<Insert Table 1 here>

Overall, 82 village services are identified based on the content analysis, with the 25 most frequently available shown in Table 2 (a full list is provided in Appendix I). Of these, *activity organization* (92%) is most widely available to residents, followed by *emergency response* (74.9%), *hairdressing* (63.4%) and *transportation* (56.6%).

The fee for access to a specific service either is covered in on-going costs or needs to be paid as an extra, depending on the specific arrangements of the village. For instance, some village operators charge residents when they use the village transportation service, while this service fee is covered in on-going costs by others. Usually, personalised services such as hairdressing, meal services and health related services are available at an extra fee. Services that are closely associated with the day-to-day running of a village are often covered in on-going costs.

<Insert Table 2 here>

Table 3 shows the top three services available (by frequency) in different kinds of villages. The two most services available are *activity organization* and *emergency response* for both not-for-profit and private villages, with the third being *transportation* and *hairdressing* respectively. In addition, no matter the village size, the three most available services are *activity organization*, *emergency response* and *hairdressing*. In terms of villages with different accommodation type, all make *activity organization* and *emergency response* most available to residents.

<Insert Table 3 here>

Table 4 shows the results of the statistical analyses. This indicates that private villages provide significantly more services available to residents than the not-for-profit villages ($p=0.003<0.05$). Additionally, there is a statistically significant difference between the number of services available for different size villages ($p=0.000<0.05$). On average, the residents of larger village have significantly more services to access ($9.8>7.2>6.1$). There is no significant difference, however, between the number of services available for villages with different accommodation type ($p=0.075>0.05$), although villages with mixed accommodation type tend to have more services available to residents than villages with a single accommodation type ($8.9>8.6>7.5$).

<Insert Table 4 here>

Table 5 compares the sizes of not-for-profit and private villages based on the Chi-square contingency table analysis. This indicates that not-for-profit villages tend to be smaller than private ones. This difference is highly significant, with $\chi^2_{0.05}(2)=5.99<31.644$.

<Insert Table 5 here>

Discussion

Retirement villages stress the independent living of their residents and having services available makes an important contribution to this [5, 19] - a total of 82 identified in this study – with many residents moving into villages owing to service-related considerations [6]. The village operators should therefore tailor their service delivery environment based on the residents' requirements, while avoiding creating a heavy reliance on a service-rich environment [8] that contains too little stimulation and makes too few demands on residents [10].

The research results indicate that the most frequently services available in different villages are similar, such as *activity organization* and *emergency response*. Older people still expect to be socially connected [3]. Organizing activities and encouraging residents' participation are known to provide effective ways of enhancing residents' social interaction to diminish loneliness and depression [20]. In addition, older adults have a relatively high risk from their declining physical capabilities such as falling at home, which can results in serious outcomes especially when they live alone [21]. The emergency response service, which often relies on assistant techniques such as the 24-7 emergency call system, ensures the security of residents for their peace of mind. This service is an attractive factor contributing potential residents' relocation and improve their life satisfaction [7, 22]. Other services, such as *hairdressing* and *transportation*, are also popular (Table 2). The popularity of the hairdressing service is consistent with the popularity of barbershop facility available on-site [12], which residents state can ease their daily life as they do not have to travel outside the village [7]. In terms of transportation service, village operators often own the village bus for travel outside the village several times each week for such purposes as recreation and shopping [12]. This helps residents connect with their neighbourhood communities, providing a way of promoting social interaction and a sense of community.

The results of the statistical analyses suggest that the number of services available in a retirement village is closely associated with its financial type and size. First, private villages have significantly more services available to residents than not-for-profit ones. Instead of just meeting residents' basic requirements, private villages are usually more supportive such as in having more facilities and services available to enrich and ease the residents' life [11, 12, 23]. Accordingly, living costs in a private village are normally higher than a not-for-profit village [12], as the use of some services is fee-based. Second, significantly more services are available in large villages than medium and small ones. This may be because of the greater diversity of residents as more live in large villages and the operators need to have more services available to satisfy this diversity (e.g., diverse health care needs). In addition, the existence of more residents of large villages also offers the potential for economies of scale for the services available. Consequently, large villages' operators can provide services for a relatively lower cost, allowing more services to be made

available. Furthermore, as large villages provide residents with significantly more facilities than medium and small ones [12], they often have more communal spaces for service delivery.

Although different developers provide different numbers and types of services to residents, all developers need to tailor their service delivery environment to their residents' competencies instead of simply increasing the number of services. This is an important implication for the ecological theory of ageing [10], which avoids a too service-rich or service-poor environment. To achieve this aim, the service-tailoring programs of developers cannot be implemented solely based on their current service numbers. They should also take account factors such as the costs and fees needed, residents' condition (e.g., health-related), residents' service preferences and service use patterns. For instance, developers who only provide health-related services to reduce general service fees can satisfy residents if the residents can live independently and prefer an affordable living environment. The government can also suggest innovative initiatives to guide the provision of appropriate services in retirement villages.

Conclusions

Services comprise an important component of the supportive residential environment of a retirement village and their availability provides a significant positive impact to residents' independence. This study examines the services available in registered 175 retirement villages in QLD, Australia based on content analysis of their official websites to identify 82 different services, of which *activity organization*, *emergency response*, *hairdressing* and *transportation* are the most popularly available. In addition, the study also compares the services available in different types of retirement villages. It was found that the number of services available is also shown to be closely associated with village size and financial type, with more being available in large private large villages.

The research findings reveal the state of the art of current industry practice - leading to a clear understanding of the different categories of accessible services and popularity of these services

in the registered retirement villages in QLD. The research findings also provide stakeholders with an improved knowledge of the relationship between service availability and different types of villages. In addition, the findings of this study provide a number of valuable implications to the industry at present and future research directions. First, the services identified and their frequency of availability provides a benchmark for village operators' service planning. In general, the frequency is likely to reflect their popularity among residents. In addition, if the operators obtain data regarding the cost of provision, delivery fee and the residents' preference, they can determine the value of each service. This can help the operators formulate suitable service delivery strategies. Moreover, the findings of this study can also help the relocation decision-making process of potential residents by examining the type of services available in different village types. External service providers can also obtain business opportunities through working together with developers to meet the residents' service needs, especially developers owning large private villages, as more services are provided there. Further research directions are also suggested. For instance, future studies can investigate the service accessibility of unregistered retirement villages and compare it with registered ones. In addition, the service provision of rural retirement villages also deserves investigation. Future research can also focus on the service preferences of residents, service use patterns of residents, performance assessment of current service delivery strategies and suggestions for service tailoring strategies.

Limitations

This study has several limitations. It is concerned solely with registered retirement villages in QLD, restricting the external generalizability of the findings to the whole industry. Some registered retirement villages are not used, as they do not clearly disclose their service information on their official websites. In addition, the majority of the retirement villages are located in urban areas and villages that are located in rural areas are therefore largely ignored. Moreover, it is possible that some retirement villages may not fully disclose their service information online or the service information may be out of date. In addition, although all the available services are considered,

no attempt has been made to distinguish between services provided by the village operators themselves or those outsourced to external service providers.

Key Points

- The availability of services needed within a village environment positively affects the life quality of residents.
- The most frequently available services are activity organization, emergency response, hairdressing and transportation.
- The number of services available is closely associated to village size and financial type, with residents living in large private villages having access to significantly more services.

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Tables

Table 1: Village profiles

| | Village profile | Number | Frequency (%) |
|--------------------|------------------------------|--------|---------------|
| Financial type | Private | 112 | 64.0 |
| | Not-for-profit | 63 | 36.0 |
| Village size | Small (Less than 50 units) | 54 | 30.9 |
| | Medium (50-100 units) | 51 | 29.1 |
| | Large (More than 100 units) | 70 | 40.0 |
| Accommodation type | Villas | 122 | 69.7 |
| | Apartments | 18 | 10.3 |
| | Mix of villas and apartments | 35 | 20.0 |

Note: The determination of a village size is based on [12].

Table 2: 25 most frequently available services

| Code | Available services | Frequency (%) |
|-------------|--|----------------------|
| 1 | Activity organization | 92.0 |
| 2 | Emergency response | 74.9 |
| 3 | Hairdressing | 63.4 |
| 4 | Transportation | 56.6 |
| 5 | Maintenance of communal areas | 47.4 |
| 6 | Meal services | 44.0 |
| 7 | Visiting health professionals | 40.0 |
| 8 | Laundry | 27.4 |
| 9 | Security service | 26.9 |
| 10 | Cleaning | 25.7 |
| 11 | Podiatry | 23.4 |
| 12 | Church service | 21.1 |
| 13 | Pharmaceutical support and medication management | 18.3 |
| 14 | Physiotherapeutic service | 16.6 |
| 15 | Chemist delivery | 16.6 |
| 16 | Dementia care | 14.9 |
| 17 | Nursing | 14.3 |
| 18 | Internal home maintenance | 13.1 |
| 19 | Allied health care | 10.3 |
| 20 | Respite care | 9.7 |
| 21 | Newspaper delivery | 9.7 |
| 22 | Housekeeping | 9.1 |
| 23 | Shopping | 8.0 |
| 24 | Massage | 7.4 |
| 25 | Showering and personal hygiene | 6.9 |

Table 3: The three most available services in different kinds of villages

| Village profile | | Three most available services |
|------------------------|------------------------------|---|
| Financial type | Private | 1. Activity organization (87.3%); 2. Emergency response (58.7%); 3. Transportation (49.2%); |
| | Not-for-profit | 1. Activity organization (94.6%); 2. Emergency response (83.9%); 3. Hairdressing (72.3%); |
| Village size | Small | 1. Activity organization (87.0%); 2. Emergency response (57.4%); 3. Hairdressing (42.6%); |
| | Medium | 1. Activity organization (92.2%); 2. Hairdressing (74.5%); 3. Emergency response (68.6%); |
| | Large | 1. Activity organization (95.7%); 2. Emergency response (92.9%); 3. Hairdressing (71.4%); |
| Accommodation type | Villas | 1. Activity organization (93.4%); 2. Emergency response (69.7%); 3. Hairdressing (60.7%); |
| | Apartments | 1. Activity organization (83.3%); 2. Emergency response (83.3%); 3. Meal services (77.8%); |
| | Mix of villas and apartments | 1. Activity organization (91.4%); 2. Emergency response (88.6%); 3. Hairdressing (71.4%); |

Table 4: Comparison of the number of services available between different kinds of villages

| Group of retirement villages | | Average number of services | P value |
|---|---------------------------------|-------------------------------|-------------------------------------|
| Villages of different financial type | Private | 8.7 | p=0.003 (Mann- Whitney U test) |
| | Not-for-profit | 6.6 | |
| Villages of different size | Small | 6.1 | p=0.000 (Kruskal- Wallis H test) |
| | Medium | 7.2 | |
| | Large | 9.8 | |
| Villages of different accommodation type | Villas | 7.5 | p=0.075 (Kruskal- Wallis H test) |
| | Apartments | 8.6 | |
| | Mix of villas and apartments | 8.9 | |

Table 5: Relationship between finance type and village size

| Finance type | size | | | Total |
|----------------|---------------|---------------|---------------|-----------------|
| | Small | Medium | Large | |
| Not-for-profit | 33 (52.4%) | 21 (33.3%) | 9 (14.3%) | 63 (100.0%) |
| Private | 21 (18.8%) | 30 (26.8%) | 61 (54.5%) | 112 (100.0%) |
| Total | 54 (30.9%) | 51 (29.1%) | 70 (40.0%) | 175 (100.0%) |

Appendices

Appendix I: The full list of the available services

| Code | Available services | Frequency (%) |
|-------------|--|----------------------|
| 1 | Activity organization | 92.0 |
| 2 | Emergency response | 74.9 |
| 3 | Hairdressing | 63.4 |
| 4 | Transportation | 56.6 |
| 5 | Maintenance of communal areas | 47.4 |
| 6 | Meal services | 44.0 |
| 7 | Visiting health professionals | 40.0 |
| 8 | Laundry | 27.4 |
| 9 | Security service | 26.9 |
| 10 | Cleaning | 25.7 |
| 11 | Podiatry | 23.4 |
| 12 | Church service | 21.1 |
| 13 | Pharmaceutical support and medication management | 18.3 |
| 14 | Physiotherapeutic service | 16.6 |
| 15 | Chemist delivery | 16.6 |
| 16 | Dementia care | 14.9 |
| 17 | Nursing | 14.3 |
| 18 | Internal home maintenance | 13.1 |
| 19 | Allied health care | 10.3 |
| 20 | Respite care | 9.7 |
| 21 | Newspaper delivery | 9.7 |
| 22 | Housekeeping | 9.1 |
| 23 | Shopping | 8.0 |
| 24 | Massage | 7.4 |
| 25 | Showering and personal hygiene | 6.9 |

| | | |
|-----------|--------------------------------------|-----|
| 26 | Garbage removal and waste management | 5.1 |
| 27 | Fruit and vegetable delivery | 5.1 |
| 28 | Pest control | 4.6 |
| 29 | Milk delivery | 4.6 |
| 30 | Speech therapy | 4.0 |
| 31 | Dressing and grooming | 4.0 |
| 32 | Running errands | 3.4 |
| 33 | Electrical maintenance | 3.4 |
| 34 | Plumbing maintenance | 3.4 |
| 35 | Ice Cream delivery | 3.4 |
| 36 | Palliative care | 2.9 |
| 37 | Hearing care | 2.9 |
| 38 | Eye care | 2.9 |
| 39 | Wound and skin care | 2.9 |
| 40 | Fish delivery | 2.9 |
| 41 | Dietetic consultation | 2.9 |
| 42 | Psychological care | 1.7 |
| 43 | Ironing | 1.7 |
| 44 | Mail service | 1.7 |
| 45 | Mobility assistance | 1.7 |
| 46 | Education and wellness programs | 1.7 |
| 47 | Medical equipment loans | 1.1 |
| 48 | Occupational therapy | 1.1 |
| 49 | Blood pressure checks | 1.1 |
| 50 | Making the bed | 1.1 |
| 51 | Social support service | 1.1 |
| 52 | Concierge service | 1.1 |
| 53 | Advice on home modification | 1.1 |

| | | |
|-----------|----------------------------------|-----|
| 54 | Feeding | 1.1 |
| 55 | Special treatment | 1.1 |
| 56 | Nutrition monitoring | 1.1 |
| 57 | Illness prevention | 1.1 |
| 58 | Health monitoring | 1.1 |
| 59 | Regular health check ups | 1.1 |
| 60 | Rehabilitation | 1.1 |
| 61 | Stroke care | 0.6 |
| 62 | Dental care | 0.6 |
| 63 | Catheter care | 0.6 |
| 64 | Injection | 0.6 |
| 65 | Medication assistance | 0.6 |
| 66 | On-site bank service | 0.6 |
| 67 | Toileting | 0.6 |
| 68 | Managing incontinence | 0.6 |
| 69 | Pain management | 0.6 |
| 70 | Austar satellite TV service | 0.6 |
| 71 | Sewing | 0.6 |
| 72 | Regular blood check | 0.6 |
| 73 | Personal message service | 0.6 |
| 74 | Communal internet access | 0.6 |
| 75 | State check | 0.6 |
| 76 | Support to get in and out of bed | 0.6 |
| 77 | Pathology | 0.6 |
| 78 | Medico packing | 0.6 |
| 79 | Emotional support | 0.6 |
| 80 | Diversional therapy | 0.6 |
| 81 | Continence aids | 0.6 |

