Retirement village design and service models: positioning for care
Recent theories of successful ageing have undergone a major shift in emphasis away from the traditional passive approach to ageing that typecast ageing as a process of gradual disengagement from social roles.

The focus is now much more on the promotion of activity and active participation in society in order to maximize the physical and emotional wellbeing of people as they age.
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The factors that older people value;

- Their own health
- Independence
- Social contacts
- Religion /spirituality
- Leisure activities
- Their relationships with family
- friends.
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High tea!
Client-Centred Models of Care

Client or person centered care was originally developed in the US and Canada. It is rapidly becoming the universally accepted benchmark for quality standards in all aspects of care including community, residential and acute response aged care.

It is important to note that for retirement villages this concept will be expected to be embedded in any care or support services you provide.
Service Models

Support services may include emergency response, domestic services, meals, informal support provided by village management, and transport.

Care services include hospital funded transition care, community care and a raft of education and management through the Medicare Local networks.

Funded community care includes respite, HACC, low care – high care funding.

Self funded private care arrangements with care providers or individuals.
The main challenges

- Meeting consumer expectations and needs - the marketing message.
- Management systems, policies and procedures - has a direct impact on operating costs.
- Risk management - how to safely care for frail elderly residents.
- The additional operating costs - how to manage additional wages and associated costs.
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- Average entrance age of a Retirement Village resident needing care is 84 years - 70% of residents are female
- Three major motivational factors exist for entrance to a Retirement village/Assisted Living community:
  - Health 70%
  - Loneliness / Security 20%
  - Forward Thinkers 10%
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fully integrating nursing care

First steps;

1. Market analysis
2. Marketing message
3. DMF Structure
4. PID-Range of services you are prepared to offer
domestic support—serviced apartment style

• Home delivery of meals
• Apartment cleaning or maintenance
• Personal laundry and ironing, bed linen change
• Shopping, bill paying assistance,
• Pharmaceutical pick-up and delivery
• Courtesy bus or assisted transport to appointments
• Organized activities and outings
• Emergency response
personal care—low care

Assistance with daily tasks such as;
- Bathing, dressing and grooming
- Assistance at meal times
- Daily status checks
- Arranging doctor and medical appointments
- Help with suitable diets and eating
- Nurse Call emergency response
- In-home monitoring
24/7 nursing care in your own home

- wound and skin care
- dementia management
- injections
- catheter care
- special treatment regimes
- palliative in-home care
- nutrition monitoring
- pharmaceutical support
- Medication management
Purpose built environments for growth and learning and physical activity and creativity should be within the reach of all of us.

Designing for an ageing population is not just about designing for older people. It is designing for the future – for young and old alike.

So we need design that fits the way we choose to live regardless of age.

We should be creating places that people regardless of ability can use, live and take delight in, connected to natural elements and others in the community.
Design models

• The concepts of ‘adaptive’ or ‘universal’ housing have great potential. Adaptive housing is designed so it can be adapted over time to suit the changing needs of the occupant.

• Adaptive housing has become a popular concept in northern Europe and is based on the principle that better housing design for older people is better housing design for everyone. (The Australian standards for Adaptable Housing)
Adaptable housing key design features;

1. Direct access
2. Wide front doors
3. Wide internal doors
4. Wide corridors
5. Main features on the ground level
6. Circulation space in the living room
7. Space in the bedroom
8. Bathroom designed for easy and independent access
9. Enough space in the kitchen
10. Enough space in the laundry
11. Low window sills
Design is important

Wheel Chair access

Circulation node
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**IT monitoring**
- Village perimeter electronic beam
- GPS tracking

**Sensors for:**
- Falls
- Spills
- Stove, fridge, washing machine usage
- Movement
- Ambient lighting
- Access
- 24/7 nurse call hands free communication
Design is important
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Pinn Village
California
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Hale Barns
Manchester
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Beth Protea
Israel
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Richfield
Victoria
International view
Universally facilities at the upmarket end usually include a restaurant, gym, swimming pool, library, hairdresser, fitness classes and lectures.

England; 0.5% of elderly people live in a retirement village. In a typical retirement village, houses are grouped around country-club-style facilities at a mansion house, with doctors and nurses on call and a night porter.

USA; 6% of elderly Americans (12% in some areas) The first-ever retirement community was Sun City in Arizona, built in 1960 and now home to 42,000 people. Design models embrace all aspects of interest and need.

New Zealand 5.5% of older New Zealanders live in a retirement village.
• "The whole sector is still evolving however retirement villages "will be the biggest thing in housing for the next 25 years." - Nick Sanderson, CEO of Audley, who also chairs industry body the Association of Retirement Village Operators UK