Improving the retirement village to residential aged care transition

Julianne Cheek, Alison Ballantyne, Loretta Byers and James Quan

Abstract

Older Australians living in retirement villages are an increasing community segment. These people make choices both about the place at which they live and the support needed at that place to optimise health and wellbeing. However, for some, unmet support needs in the retirement village may result in a transition to a residential aged care facility. This qualitative study explored how and why this transition occurs; how it might be avoided; and, when the move is unavoidable, how the process can be improved. Implications of these findings for the retirement village and aged care sectors are discussed.

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What is known about the topic?

Despite the growing number of older Australians requiring care and support services, little is known about why and how older Australians living in retirement villages move to residential aged care.

What does this paper add?

This study is the first to combine perspectives of older people, their families and key stakeholders in the retirement village and aged care industry on the move from retirement villages to residential aged care facilities. It highlights the lack of clarity regarding retirement villages which can lead to unmet expectations of residents and retirement village managers/proprietors.

What are the implications for practitioners?

The authors suggest a need to clarify retirement village services; ensure greater assistance in information navigation; create social and physical environments within the retirement villages to promote and maintain health and independence for the older person; streamline assessment; and develop a rehabilitation focus in the provision of services to older people. ◆

AS AUSTRALIA'S POPULATION ages there will be an increase in the percentage of older people making a lifestyle choice to live in a retirement village.[1] Although the term "retirement village" is commonly used, a precise definition of retirement village is not clear and there can be wide variation between the types of facilities classed as retirement villages. Some retirement villages are collocated with residential aged care facilities, while others provide significant direct care provision at full cost recovery. Many not-for-profit retirement village operators also provide Community Aged Care Packages or Health and Community Care services, while other operators provide very little in the way of health and care services. Furthermore, retirement villages in each Australian state and territory are governed by state-based legislation,[2] with differing definitions and interpretations. In this paper, a retirement village is defined as a form of housing governed by the relevant Retirement Villages Act in the Australian state or territory in which the retirement village is located. During the course of this study, government reviews were conducted of retirement villages, including the South Australian review of the *Retirement Villages Act 1987* (SA),[3] the Retirement Villages Care Pilot (an Australian Government pilot program for the

Julianne Cheek, PhD, BEd, DipT, Director
Alison Ballantyne, RN, MEdAdmin, BEd, DipT, Senior Lecturer, School of Nursing and Midwifery
James Quan, BPsych, Research Assistant
Centre for Research into Sustainable Health Care, School of Health Sciences, University of South Australia, Adelaide, SA.

Loretta Byers, RN, Managing Director
Village Care Ltd, Adelaide, SA.

Correspondence: Professor Julianne Cheek, Centre for Research into Sustainable Health Care, School of Health Sciences, University of South Australia, City East Campus North Terrace, Adelaide, SA 5000.
julianne.cheek@unisa.edu.au

provision of community care in retirement villages)[4] and the Commonwealth review of the community care sector.[5]

There is debate among providers and other stakeholders as to whether retirement villages are a form of accommodation or a form of service provision for older people. Therefore, not surprisingly, individual retirement villages vary significantly in their physical buildings and environs and the services and support provided for residents. Yet older people often move into retirement villages based on the expectation that they will have services and support provided as they need it.[6] As older people age, increasing frailty and reduced independence with concomitant changing care needs[7] may dictate a move from a retirement village to a residential aged care facility. However, older people, their families and the community in general often have a negative view of residential aged care.[8] Hence transition to a residential aged care facility is not an easy decision for older people, nor do family members find it easy to make decisions in favour of residential aged care.[9] Decisions to enter residential aged care are often unplanned and are made as a result of an acute medical crisis, when the move has to be made, and made quickly.[10]

The "last resort"[10] nature of such decisions often means that the older person has little choice in either the timing of the move or the residential facility. It is not surprising then that older people often experience feelings of guilt, anger and helplessness as a result of the move. Further, their carers/families often report feeling guilty and stressed after the transition.[11-17] Reducing such negative consequences is important. Nolan et al[15] suggest that factors such as the amount of time available for making a decision, the availability of information, and the involvement of family members and the older person in the decision-making process can potentially ameliorate the negative consequences of transition to residential aged care.

Although there is an increasing body of research on the transition into residential aged care generally, not much is known about the transition from retirement village to residential aged care. Knowing why and how older people living in retirement villages decide to enter residential care can enable services/systems to be developed to enable older people to age-in-place in retirement villages or, when necessary, improve the process of moving to a residential aged care facility.

Approach

To obtain a comprehensive description of the issues that influence the move of older people from retirement villages to residential aged care, in-depth interviews were conducted with older people and their families, and nominal groups were conducted with organisational stakeholders drawn from the aged care and retirement village industries, government, health professionals and consumer groups. A National Project Advisory Panel (NPAP) comprising representatives from aged care and retirement village peak bodies and associations, Australian and state governments, and health professional associations provided a national perspective to the research. Furthermore, wide consultation with other researchers in Australia and internationally was undertaken to ensure national variations and initiatives were included.

Sampling strategy

A small sample of participants was purposefully selected using maximum variation sampling, which "aims at capturing and describing the central themes that cut across a great deal of variation."[18] (p.235) With maximum variation sampling, common patterns that emerge from variation within small samples capture the "core experiences and central, shared dimensions of a setting or phenomenon."[18] This sampling strategy was appropriate in this study given the wide variation in retirement villages, the residents, and the circumstances in which they make the transition from retirement village to residential aged care.

Participants

There were three groups of participants — older people, their families/significant others, and organisational stakeholders. Older people were recruited from residential aged care facilities in South Australia and Queensland where there were relatively high numbers of older people. Participating residential aged care facilities initially identified had residential aged care facilities on multiple sites. Subsequent facilities were identified using a mini-snowball technique.[18] The criteria for inclusion in the study were that the resident had to be 65 years of age or over and have moved from a retirement village into the residential aged care facility within the last 90 days before interview. The 90-day period was chosen, based on an earlier study,[10] to ensure that "accurate retrospective descriptions of the decision process were captured".[19] To ensure residents' privacy, potential participants were approached directly by the Director of Care or Director of Nursing of the residential aged care facility. Only those wishing to participate in the study had their details released to the investigators. The participants were asked to nominate a family member or significant other involved in their move into a residential aged care facility to be interviewed. In cases where the older person could not participate in the interview, such as in cases of cognitive impairment, facility staff were asked to nominate a family member. All participants provided written consent. In all, 33 residents and 49 family members were interviewed. Participants were encouraged to describe their personal experience of the issues influencing the choice, and the effects of the move into a residential aged care facility.

Staff from participating residential aged care facilities and retirement villages where the participants had formerly lived were invited to participate in the nominal group. A mini-snowball technique[18] was used to identify further participants for the nominal group, including health professionals, community advisers, and others involved in the provision of services to older people. Three nominal groups were held in SA and three in QLD. In addition, a key stakeholders nominal group was conducted to ensure that issues affecting the move of older people from retirement villages to residential aged care were also discussed at a policy level. Participants for this nominal group were drawn from aged care industry associations, retirement village and residential aged care facility associations, and Australian and state governments. Nominal group participants were asked to consider issues surrounding, or factors that influence, the move of older people from retirement villages into residential aged care facilities.

Data analysis

All data were audiotaped and transcribed verbatim. Interviews were between 45 and 90 minutes duration. Nominal groups were between 2 and 3 hours duration. Qualitative analysis of interview and nominal group data involved four phases iteratively applied over the duration of the data collection and analysis:[20]

- the material collected was studied to give a sense of the whole;
- themes and categories relating to issues and factors were identified;
- recurrent patterns were identified;
- summative groupings of issues and factors were identified.

Throughout the analysis, we remained open to alternative ideas and possibilities as data were successively analysed. Transcripts were re-examined to test the emergent ideas and themes throughout the process to ensure that "a conclusion [read theme] is actually rooted in the data".[21] Data that did not appear to fit the developed categories were studied to further test and refine the categories.[18] Two members of the research team independently reviewed each transcript to ensure consistency of the findings.[22,23] Reviews were exchanged and any disagreements were discussed and resolved by consensus.[24,25] Seven cluster groups of issues influencing the move of older people from retirement villages to residential aged care emerged from the analysis of the interview and nominal group data. A summary of each issue follows.

Issues influencing the move of older people from retirement villages to residential aged care

Declining health status

A decline in any or all of the physical, mental or social dimensions of the health of the older person often resulted in a change in their overall ability to cope in a retirement village and, concomitantly, the degree of support required. This often meant that although the older person wished to remain in their retirement village home they simply could not, precipitating a move to residential aged care.

Unmet expectations about retirement villages

There was often a lack of clarity and understanding on the part of older people, and/or their families, and/or health professionals including general practitioners, about the support available in a retirement village. Many older people and their family members assumed their changing support and care needs would be met by the retirement village. Realisation that this was not the case often resulted in anxiety and stress for both the older person and their family members. It also created difficulties for retirement village owners and managers, in that the retirement village was not equipped, or was unwilling to make provision, for the changing needs of particular residents.

Timely provision of services

Timely community services were essential for the older person to enjoy optimum health and remain in the retirement village for as long as possible. However, long waiting lists for services often meant that the older person's health status had further declined by the time services became available, thus precipitating the move to residential aged care. Conversely, the timing of the move could be too late in cases where available services were insufficient to support the needs of the older person. In these cases, older people were living in less than optimal conditions in the retirement village fearing a move into residential aged care, when in reality a better quality of life would be possible.

Some older people and their family members reported the older person rejecting available support services while in the retirement village due to the belief that accepting help is akin to losing independence: "She needed a carer on a daily basis and she wouldn't have accepted that." Participants indicated that both the timing and the process of assessment by the Aged Care Assessment Team influence the older person's move from a retirement village to residential aged care. Delay in assessment could result in lack of appropriate service provision. Conversely, premature assessment, for instance while in hospital after an acute event, could lead to premature admission to residential aged care, without allowing for the possibility of rehabilitation of the older person and a subsequent return to their retirement village home.

Influence of others

Older people in the study were influenced by others, both when deciding whether to move from a retirement village to a residential aged care facility, and during the move itself. These others were identified as including family, GPs, other residents in the retirement village, and acute care-based health professionals. Such influence ranged from encouraging the older person to move, to actually making the choice for the older person. For instance, one older person felt that he had no choice in the matter at all:

> [I have] no say. I have to do as I am told . . . I was disappointed. I didn't want to come here. I wanted to stay home with the wife . . . I would get out tomorrow if they let me, but it is not possible.

The GP was consistently cited as a key influence on the older person and choices related to their support and ongoing health care. In some cases the advice of the GP was taken over that of family members.

The importance of information

Older people, their families and even health professionals had difficulty in knowing how to

go about getting up-to-date information regarding care and support options. Some older people and their families reported having "inside connections" or chance meetings with someone who "knew the ropes" to find the relevant information. In addition, participants identified that difficulties often centred on information exchange at the interfaces of the acute care hospital, GP, retirement village, and residential aged care facility. For instance, one family member reported not being accurately informed of the health status of the older person by hospital staff: "I was told at all times that my mother was as capable now as what she was previously, which was untrue." The consequence of poor information sharing could result in inadequate discharge planning, monitoring and follow-up of the older person following an acute event.

The degree of urgency for the move

In some cases, older people and their families recognised that it was time to move and planned ahead — "I knew it was time to leave the villa. I had no qualms whatsoever. I was looking forward to coming." Their move from retirement village to residential aged care was not characterised by a sense of urgency. This meant that they were in a position to make choices without too much pressure and were more likely to be able to enter the residential aged care facility of their choice. They were also more likely to feel positive about the move. For others, though, either denying the move was necessary or having a crisis such as an acute event precipitate the need to move led to a pressured and stressful experience with little preparation for the move.

Desirable aspects of a residential aged care facility

For older people and their families, the move from a retirement village to residential aged care was also influenced by whether the residential aged care facility seemed to be able to provide a suitable and desirable environment for the older person.

Managing the transition from retirement village to residential aged care

The implications for managing the transition of older people from a retirement village to residential aged care derived from this study have been grouped into five key areas.

Clarification of retirement villages

There are differing views among retirement village providers as to whether retirement villages are providers of accommodation only or providers of both accommodation and services. This leads to confusion on the part of older people and their families with respect to retirement village services. It is essential that the diversity of service provision in retirement villages is acknowledged and made explicit. Providing community education about retirement villages can assist in this. Consistent and accurate information about retirement villages could be provided to consumers by GP clinics, government agencies, retirement villages and residential aged care facilities.

Older people often cite the provision of health care and support as one of the main reasons for moving into a retirement village.[6] Although some states, such as New South Wales and Queensland, require retirement villages to disclose the extra services they provide, the findings of this study suggest that some older people and their families continue to have inaccurate expectations. Accurate marketing and promotion of retirement villages can help ensure that residents are aware of the services available, and, importantly, *not* available, in a particular retirement village. In addition policy makers and service providers need to be aware of the levels of support offered in retirement villages to ensure appropriate planning of services.

It is important that retirement village residents are not disadvantaged in comparison to the general community because of assumptions about support being available when it is not. The Retirement Villages Care Pilot projects,[4] which aim to assist older people living in

retirement villages to remain there as long as possible through the provision of extra aged care services, are a positive move in this regard.

Assistance in information navigation

There is currently a multitude of information available regarding services provided to older people. However, such information is not easily accessed and/or navigated by older people and their families[26] and older people and their families often remain confused or unaware of exactly what services or support are available.[13,20,27] The onus is on the aged care industry, service providers and Australian, state and local governments to work in partnership to ensure that consumers can easily navigate available information. This could be facilitated by the promotion of information services such as Commonwealth Carelink; ongoing education of the public about the best way to use such information services; and ensuring the exchange of up-to-date information among information providers, service providers and consumers. Onsite education in retirement villages about services available to promote and maintain health and to assist older people in planning and, if necessary, moving to residential aged care would be beneficial. Problems identified by participants in using Commonwealth Carelink point to the need for an independent, ongoing evaluation of the effectiveness of Commonwealth Carelink involving both providers and consumers.

General practitioners are an important source of information and advice for older people regarding their ongoing and changing health and care needs.[28] However, participants revealed that GPs are often unaware of the services available to older people that may assist them to remain in their retirement village. This requires exploration of ways to inform GPs about services available to older people. For instance, practice nurses or a staff member specialising in aged care could be employed across a number of practices to inform and advise both patients and GPs regarding available services. The diversity and complexity of information makes it unreasonable to expect any individual GP to be aware of every service and support option available, but it is important to know how to get the information.

Creating a social and physical environment to promote and maintain health and independence

It is important to focus on health promotion and maintenance for older people in retirement villages. Although initiatives exist in some retirement villages, promoting and maintaining health to support independence for residents should be a focus of the retirement village industry. This might be achieved by facilitating and encouraging active lifestyles, for example, walking groups, aerobics, bowls, and other physical/social activities, or by facilitating education sessions designed to promote health, such as falls prevention programs.

Despite the congregated living arrangement of retirement villages, social isolation of some residents was identified as an issue. Building greater links between retirement villages and the wider community, particularly with younger people, will reduce the sense of an isolated "older" community. The facilitation of transport for residents, particularly those with special needs, can also assist in reducing a sense of isolation from the community. Retirement villages can also promote social activities or introduce community visitors. Such visitors might be community volunteers or more active retirement village residents. Retirement village residents are under no obligation to provide support for other residents, even though this study revealed this is increasingly happening.

Streamlining assessment

Multiple assessments currently exist for older people, such as the Enhanced Primary Care Medicare Item – Health Assessments for people age 75 and over and the Aged Care Assessment Team (ACAT) assessment. Reviewing the purpose of these assessments and how they relate to promoting the health and wellbeing of older people, access to services and, importantly, each

other is a matter of urgent priority. Such a review should focus on developing holistic health assessment to be able to plan for both current and future needs of older people. Such an assessment should:

- have a primary health care focus;
- be comprehensive and include assessment of health (both physical and social), living arrangements, and the ability to cope;
- where possible and appropriate, include family/significant others in the assessment process to ensure a comprehensive picture and understanding of the older person's situation;
- emphasise future planning;
- promote a positive image of residential aged care.

In line with developing a holistic health assessment, a review of the assessment process should explore who is most appropriate to conduct such an assessment, such as nurse practitioners, geriatricians, GPs, nurses with expertise in specialised areas, or some other professional group. Part of the purpose of assessment is to acquire information and relay that information to appropriate persons for timely, effective care provision, but state privacy and anti-discrimination laws in some instances may work against the provision of optimum care and services for older people in retirement villages.

The Aged Care Assessment Team was originally established to assess residential aged care placement, but its role has expanded to include assessment for access to Community Aged Care Packages and Extended Aged Care at Home packages. This raises the question of whether further expansion of the role of ACAT is possible or, indeed, appropriate. It also questions whether the name "ACAT" is appropriate. A formal review of the role and function of ACAT in terms of what it does and what it should do is urgently required.

The issue of assessment has been identified in two Australian Government reports, the *Review of pricing arrangements for residential aged care*[29] and *A new strategy for community care – the way forward, 2004.*[30] Contrary to the suggestions of this paper, both these reports recommend the continuation of ACAT to assess for residential aged care, Community Aged Care Packages and Extended Care At Home Packages. However, at the time of writing of this paper, the Australian Government is still negotiating the future role of ACATs with state and territory governments as part of the community care reform process.

Development of a rehabilitation focus

The move from a retirement village to a residential aged care facility is often viewed as a one-way move with little scope for rehabilitation. Retirement villages and residential aged care facilities, working in partnerships with other service providers and government, are well placed to explore mechanisms for both preventing premature admission to residential aged care as well as adopting a rehabilitation focus in care provision. As Young et al[31] contend, more community-based rehabilitation services are required. A flexible system with a greater emphasis on rehabilitation would allow older people to move "back" along the continuum of care; for example, from residential aged care back to the retirement village. However, this will require a review of, and more flexible approach in, both retirement village and residential aged care facility financial arrangements so that such movement is facilitated.

The aged care sector should encourage and reinforce government initiatives, both present and future, that promote and support rehabilitative approaches following a health-related crisis and ensure a rehabilitation focus underpins the provision of services related to care for older people. The financial drivers within the Resident Classification Scale (RCS) scheme have historically worked against the incentive to rehabilitate older people in residential aged care. Given the concerns with the RCS, a review of the scale was conducted in 2003. As a result of this review a new funding model, the Aged Care Funding Instrument, has been proposed and trialled.[32]

Conclusion

Older Australians often move into retirement villages with the expectation that their care needs will be met, or facilitated, by the retirement village operator. Such expectations are exacerbated as older people remain in retirement villages for longer periods. With Commonwealth and state policy currently underpinned by a philosophy of ageing-in-place designed to help older people to remain in the community, retirement villages will increasingly confront the tension between retirement village as accommodation and retirement village as providing, or at least facilitating, service provision.

While not advocating that all retirement villages should be the same, this study certainly highlights the need for clarification about what retirement villages provide or see as their remit in terms of the provision of services and support for the residents. We are not suggesting that the health and wellbeing of older people in retirement villages is the prime responsibility of the operators of those villages, although retirement villages certainly have a role in optimising the health and wellbeing of the residents. Nor should all retirement villages provide health and care services to their residents. We pose a challenge to the retirement village industry to respond to a changing population of residents that are ageing-in-place. How will the industry position itself in light of this? Is the term "retirement village" too generic for the myriad forms of accommodation that have evolved, and continue to evolve, under this mantra? In the past, retirement villages have been overlooked, or they have been viewed as outside mainstream aged care or service provision. To some extent, this mirrors the ambivalence about where a retirement village "fits" in the accommodation/care continuum.

This study explored the issues influencing the move of older people from retirement villages to residential aged care and by necessity focused on older people with declining health status and increasing frailty. Older people living in retirement villages are as diverse as the retirement villages in which they reside. Many retirement village residents will never move into residential aged care. However, for the older Australian living in a retirement village, insights from this study can assist them to enjoy better quality of life longer in their retirement village home and, if and when they do move, make the transition less stressful.

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Competing interests

The authors declare that they have no competing interests.

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