The Aotearoa Aged Care Action Plan

June 2024

New Zealand Council of Christian Social Services

Opening Prayer and Dedication

He hōnore, he korōria ki te Atua
Honour and glory to God
He maungārongo ki te whenua
Peace on Earth
He whakaaro pai ki ngā tāngata katoa
Goodwill to all people
Hangā e te Atua he ngākau hou
Lord, develop a new heart
Ki roto, ki tēnā, ki tēnā o mātou
Inside all of us
Whakatōngia to wairua tapu
Instil in us your sacred spirit
Hei awhina, hei tohutohu i a mātou
Help us, guide us
Hei ako hoki i ngā mahi mō tēnei rā
In all the things we need to learn today
Amine
Amen

This plan is dedicated to our tūpuna.
To those who raised us, those who guided us, who modelled to us compassion and morality, those who taught us to venerate and honour our kaumātua.

It is dedicated to those for whom action has come too slowly, and to those who immediate action can still benefit.

It is dedicated to the founders of our organisation, who came together explicitly to address the challenges facing our communities of older people.

This plan is the direct result of their dedication and forethought.

Contents

Foreword

How a society values its older people says a lot about that society. The New Zealand Council of Christian Social Services originally emerged to advocate for the needs of our kaumātua, and we have held that space for the last five decades. We do not intend to stop now, but it is time for others to join us in taking up the wero and advocating for real change in the way we value, prioritise, and support older people in our country.

This plan outlines the steps we see as critical to right the course of Aged Care in Aotearoa New Zealand. Our members working in communities across the country see the challenges of our current system, and we have collated their insights to produce a series of discrete action points that can be implemented now to improve aged care. These urgent steps will meet the most pressing needs of the sector and deliver immediate results to those who need it most, while also having a future focus.

Our hope is that this plan triggers a shift in political prioritisation, and that future plans for the sector are created in collaboration with governments who care deeply about the welfare of our kaumātua. We offer this plan to government with this deep hope at its core.

Our commitment to our mahi continues. NZCCSS exists to work towards a more just and compassionate society for all in Aotearoa, as an expression of our faith and a commitment to honour the articles of Te Tiriti o Waitangi. We see this plan as a manifestation of this mission, and a commencement of the journey towards world-class Aged Care in Aotearoa New Zealand.

It is our pleasure to share it with you and build this relationship as we move forward.

Signed,

Nikki Hurst

NZCCSS
Kaiwhakahaere Matua

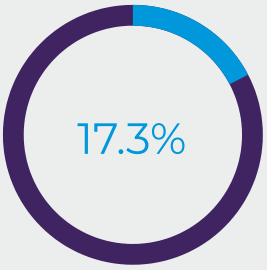
With endorsement by the following members of the sector and beyond

Introduction

Demographics of Older People in New Zealand

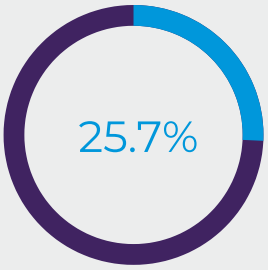
Aotearoa New Zealand has an ageing population, but our infrastructure and support systems are not prepared for this reality.

According to Stats NZ [1] median projections,



2024

Total number of over 65s
897,300

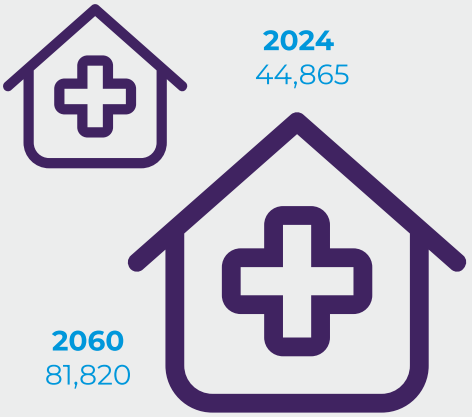


2060

Total number of over 65s
1,636,400

Data suggests that between 4-6% of all over 65s need Aged Residential Care [2].

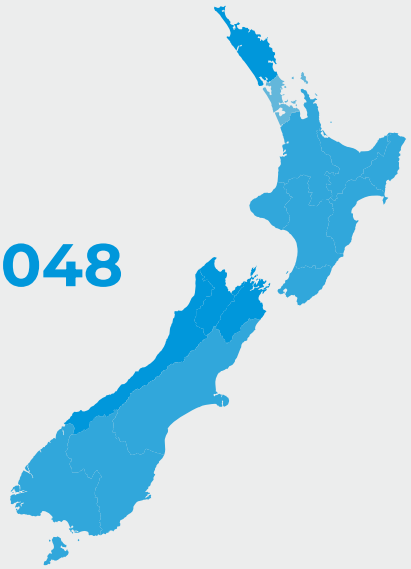
At 5% this yields -



2024
44,865

2060
81,820

2023



2048

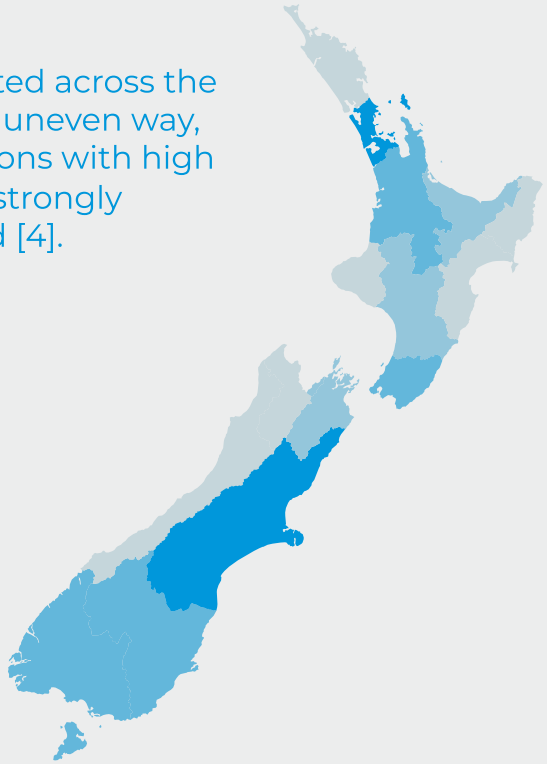
The distribution of older people around the country is also set to change, with some areas more prepared than others for this change [3].

Our Aged Care Sector

Not only is our aged care sector struggling under the weight of its task for today's numbers, there are grim predictions for the future of the sector if current issues continue.

Across the 670 Aged Residential Care homes operating in September 2023, there were 41,063 beds [4].

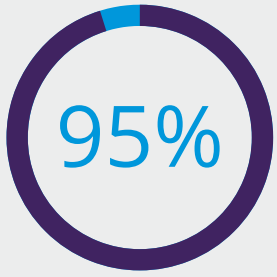
These beds are distrubuted across the country in a shockingly uneven way, with rural areas and regions with high older populations strongly underprovided [4].



Projections [5] suggest that under historic building rates, there will be shortage of almost

12,000

Aged Residential Care beds by 2032.



of Aged Residential Care homes have a premium charge applied to some of their rooms [4]. Lack of Standard beds is a significant inequity issue.

The system is already struggling, with high-needs dementia and psychogeriatric care residents waiting an average of six months for a bed [6].

Aged Care is so much more than Aged Residential Care homes, but even this well-understood part of the continuum cannot survive current funding levels

Vision

An Aotearoa New Zealand where our kaumātua are valued and respected, and the unique services which support them are appropriately prioritised, staffed, funded, and connected.

Goal

To ensure that the Aged Care sector of Aotearoa New Zealand is given a solid foundation to grow.

Principles

This action plan is based on the idea of person-centred care, where consideration for the wellbeing of the individual at the core of the work is at the forefront, and centres their wellbeing in the context of their whānau and community connections.

It also prioritises holistic wellbeing, with particular respect to the spiritual wellbeing of an individual which is often neglected.
Actions are rooted in best practice and good evidence.

How this plan was developed

This plan reflects the most pressing concerns of sector experts.

The NZCCSS Older Persons Policy Group is made up of those who have spent their careers advocating for older people, and work in organisations where they see the impacts of an underfunded, under-prioritised, and directionless sector.

Through our sector relationships, we have brought together diverse perspectives and opinions and synthesised these through workshops and feedback opportunities into a coherent, action-focused plan.

These action points are non-exhaustive, and we anticipate that there will be further iterations of this plan needed in order to fully address the issues in the sector. This action plan is the hopeful springboard for such future work.

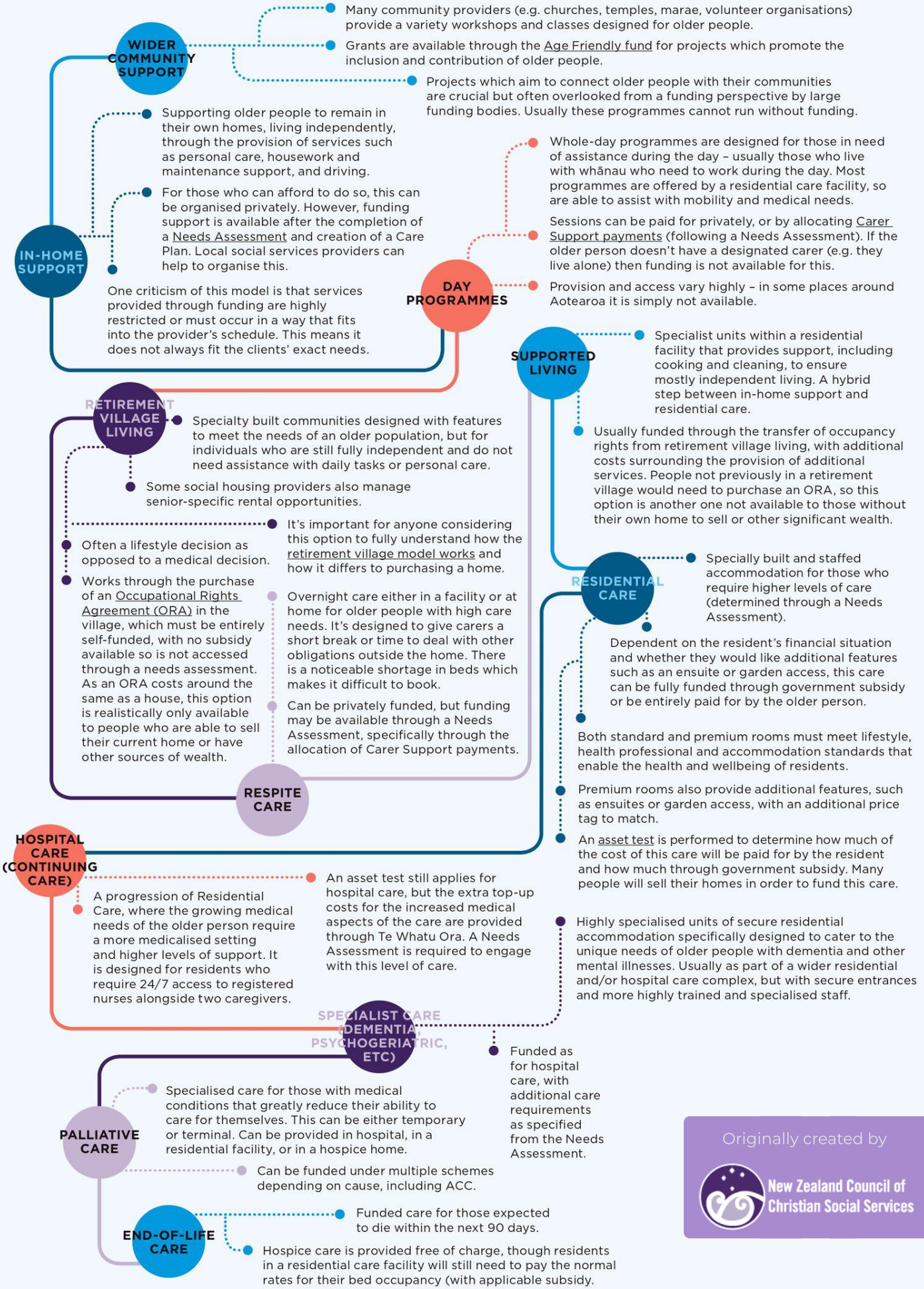
Who this plan is for

This plan is for those who live within our Community and Residential Aged Care sector, and those who care for someone who does. The sector is wide and diverse, and as a result this plan will interact with a great many different individuals across the country. These may be kaimahi, kaimanaaki, professionals, volunteers, and members of whānau. All of these critical individuals are valued, but the core of this plan is the kaumātua themselves.

This plan uses the terminology "kaumātua" to refer to all older people, and reflects the status and respect we afford them in this undertaking.

This plan focuses on only part of the Aged Care Continuum. Aged Care is conducted in many settings, both clinical and community. This plan focuses on the non-clinical aspects of Aged Care, and therefore does not consider the specifics of Aged Care in hospital settings, or within the context of primary care. It also does not discuss optional lifestyle considerations, and as a result does not include discussion on Retirement Village settings.

The Aged Care Continuum



Originally created by

New Zealand Council of Christian Social Services

Glossary of Terms

Aged Care
The system of supports in place to care for individuals as they age, as per the continuum on page 9. This includes clinical, community, and support programmes to meet the varied needs of people. The continuum of this care is available on page 9.

Aged Residential Care (ARC)
Clinical residential homes that cater specifically to support and care for people as they age. In order to access these homes, individuals must be assessed as needing 24 hour support from clinical staff. Individuals who meet asset and income thresholds receive government subsidised care, while those who do not must contribute.

Allied Health Professionals
Individuals who work in professions that sit alongside core clinical staff such as doctors and nurses. They often work in multidisciplinary teams and a variety of healthcare settings. Includes such professions as dental therapy, osteopathy, physiotherapy, music and play therapy, and speech language therapy.

Community Support Programmes
Programmes provided in community venues or in people's homes while they still live in the community. These programmes often have dual goals, providing a skill or support alongside connection. Such programmes might include cooking classes, exercise classes, or cultural programmes.

Needs Assessment Service Coordinator (NASC)
Individuals who perform clinical testing that allows access to support. Individuals must complete an interRAI administered by a NASC in order to receive government-funded home and community support, and to be admitted to an ARC.

Retirement Village
A lifestyle-based community of older people. Often has associated or on-site ARCs, but the village itself is not Aged Care.

The Aotearoa Aged Care Action Plan

The nine objectives of the Aotearoa Aged Care Action Plan (AACAP) are:

1 – Sector-wide decisions are cross-government and long term in nature

2 – Holistic, spiritual care is integrated throughout the sector

3 - Funding for the sector creates options and choice for kaumātua and whānau, while being needs based and equitably provided

4 - Housing options for kaumātua are diverse, accessible, and affordable

5 - Aged Residential Care homes are sustainably funded to maintain and grow Standard beds

6 – Aged Care is funded and supported in a flexible and mana preserving way

7 – Community organisations are seen as and supported to be the core of service provision

8 – Needs Assessments are proactive, timely, and responsive to community and location

9 – Technology is embraced as a critical component of sustainable Aged Care

Each of these objectives are supported by a series of actions, detailed in the next section.

Objective One
Sector-wide decisions are cross government and long term in nature

In our current political structure of three-year parliaments with strong partisan sentiments, we run the risk of all the work of one government being undone by the next. The Aged Care sector, like so many others, cannot afford for the work done by one government to be immediately unravelled by the following.

1.1 - Secure cross-government support for the objectives of this plan to ensure they are independent of the electoral cycle

Securing cross-government support for this work requires leadership from the very top. Whatever form government chooses to accept this plan, the follow up must involve the commitment to support it from all parties. Specific action points in the form of policy lines should be included in all the major party's manifestos moving forward, and a cross-partisan agreement to maintain the vision and objectives of this plan should be the goal of the Minister for Seniors.

1.2 – Reduce the siloing of government departments and support unified funding, allowing the sector to act sector-wide

The sector is fractured along funding lines that cannot be redressed under the current settings. Where there is no capacity for holistic funding because of strict division from funders, there cannot be holistic programmes to meet the diverse, multifaceted needs found in community. Funding structures need to be addressed and overhauled to overcome this obstruction.

Objective Two
Holistic, spiritual care is integrated throughout the sector

Care that is truly holistic in nature involves a strong respect and appreciation for the rich inner spiritual lives of those being cared for. Spirituality in all its forms – religious, non-denominational, cultural, and more – enriches the lives of those who engage with it. Studies have shown positive connections between spirituality and psychological wellbeing [6]. In older adults, it has been found effective in improving psychological wellbeing and helping to mitigate the negative psychological effects of frailty [7]. This critical element is not currently supported outside of palliative care requirements, but we strongly support its expansion.

2.1 – Develop spiritual care guidelines for adoption throughout the care system

There is current research in New Zealand regarding the development and implementation of holistic spiritual care frameworks. While historically most spiritual pastoral care has been focused on those in palliative care, we strongly believe that connection to spirituality is key to wellbeing. This spirituality may, as for our members, take the form of religion and religious engagement and congregation. For others it may be more nuanced and personal.

Spirituality is a deep relationship with one's own ideology, and pastoral care must be as unique to the individual as any clinical or social care they receive. As such, guidelines for the appropriate engagement of pastoral care providers across the Aged Care sector are key to ensure that this can be achieved in a respectful and responsive manner.

2.2 - Ensure access to cultural and spiritual care is available throughout the sector

Spiritual support for individuals is not a current priority in the healthcare sector. Our members have reported difficulty in accessing spiritual and religious support in care settings, and even having such supports purposefully removed in for-profit retirement centres. While many of our members are Christian-established and therefore motivated at a foundational level to provide this support, it is not the case throughout the sector. The guidelines discussed in Action 2.1 must be supported by directives from central government which reinforce the freedom and right of individuals to receive the spiritual and/or religious pastoral care that aligns with their needs and beliefs.

Objective Three

Funding for the sector creates options and choice for kaumātua and whānau while being needs-based and equitably provided

Current funding parameters do not meet the needs of the sector, nor do they allow funds to be directed to the people and the areas which have the most need. To ensure that funding equity is attainable, there needs to be a level of assessment to ensure that those who can pay for their own care, do.

3.1 - Reassess means testing levels so funding is accessed and spent appropriately

Equity in funding requires that individuals be assessed appropriately to determine their ability to provide for their own care. With a rapidly ageing population it is critical that we ensure that resources are distributed in a way that ensures everyone can receive adequate care in their last years. While the threshold for care subsidy is assessed annually, the mechanisms by which the care subsidy is calculated has not been assessed for continued suitability since its introduction. We suggest ensuring that the model used (and therefore the outputs from the calculations) to assess this threshold is evaluated for suitability under the current economic conditions.

3.2 - Funding for day programmes is separated from carer respite payments and is kaumātua-centred

Current funding for day programmes falls under the carer respite budget. This effectively excludes individuals who do not have a carer, or whose carers require the full budget for other needs. These programmes are not intended as “adult day care” – their focus is on the older person attending, with their primary purpose to provide the individual an opportunity to engage with peers, engage in community, and participate in meaningful activities. Attendance at such programmes is associated with improved health, social, psychological, and behavioural outcomes [8]. The programme is intended to benefit the individual themselves, not the person who is caring for them. Due to the number of older people who do not have a full-time carer at home, thus restricting the funding availability, these programmes are often limited in availability and scope, and many individuals miss the benefits that these programmes can provide. There is evidence to suggest that wider uptake of day programmes for those ageing in place reduces the likelihood of being admitted to Aged Residential Care homes [9]. In this way, spending more to fund day programmes in a holistic and person-centred (as opposed to carer-centred) way has the potential to improve individual outcomes, provide cost savings, and reduce demand for ARC beds.

3.3– Provide funding for engagement with allied health professionals

Supporting access to allied health professionals, including fields such as therapeutic recreational therapists, speech language therapists, music/art/dance therapists, oral health therapists, and podiatrists, is known to produce holistically favourable outcomes for individuals and reduce inequity in health outcomes [10]. Providing access to avenues for health and wellness, as well as retaining the autonomy of individuals as health consumers is integral to prolonged wellbeing. Allied health services are also likely to be able to provide more diversity in terms of culturally responsive or traditionally derived services, tailoring their practice to the communities that they serve. Funding access to these services in an equitable, needs based framework is essential for holistic care.

Objective Four
Housing options for kaumātua are diverse, accessible, and affordable

Housing is in crisis across the lifespan, but as we age we require age-specific, accessible housing, making options for older people even more restricted. Housing suitable for older people is already in critical shortage, and with the reduction in homeownership coupled with an ageing population, this deficit is only set to increase. When individuals cannot choose to age in place in their communities, they are forced into Aged Residential Care (ARC) homes to have their needs met. As ARCs are already at capacity, this can result in elders being trapped in unsuitable housing conditions that reduce wellbeing and safety, or in hospital with no safe place to be discharged or transferred to, resulting in bed blocking on wards. The knock-on repercussion of insufficient elder housing impacts us all.

4.1 - Establish an infrastructure fund for the development of accessible, affordable rentals for kaumātua

There is currently no targeted fund for the development of kaumātua-specific affordable rental accommodation. Kāinga Ora's target to ensure that 15% of their new builds met Accessible Design parameters was not achieved in the most recent assessment of stock. It also does not include retrofitting existing properties in the portfolio to meet these parameters [11]. Within the current rental housing crisis, those in need of accessible housing are at particular danger. We need solutions that meet need. Collaborative approaches such as the units at Greenslade Crescent in Northcote, which provide fifty-two fully accessible homes for over sixty-fives through the partnership of Kāinga Ora, Eke Panuku and Haumaru Housing, can provide excellent blueprints for how affordable, accessible renting can be achieved for our kaumātua [12]. Partnership with community is key, but central government must lead with both the vision and the financing.

4.2 - Analyse the most effective way to fund supportive cohousing arrangements

Cohousing is a form of housing where individuals live in purpose-built accommodation with some shared space and facilities [13]. The core principle of these forms of accommodation is that individuals can benefit from having a step in between being in their original homes in communities and at an Aged Residential Care home, and that the support provided by the shared facilities and the presence of peers enables the retention of independence and wellbeing. Denmark and the Netherlands have success with what they term “intentional communities” of older people, falling under the motto “Living together on one’s own.” New Zealand has imported the British model of cohousing, with the successful Abbeyfield not-for-profit homes established throughout the country since 1991 [14]. This model of cohousing provides essential support to wellbeing and independence for individuals who would otherwise need to be moved to an Aged Residential Care home. However, there is little in the way of central government support for projects such as these, requiring communities and individuals to fundraise the estimated $3m to build a home for older people in their communities. With appropriate central funding and support, these cohousing arrangements could provide a buffer for Aged Residential Care homes and allow individuals to retain and regain their independence and sense of community belonging.

4.3 – Support lenders to provide finance to multigenerational and kaumātua-centred housing projects

Financing the building and purchasing of property is a major barrier to home security, and for many people the only way they can achieve home ownership is with multiple generations. However, there is often reluctance from lenders for these kinds of mortgages, due to the high cost for homes appropriate for intergenerational living. Additionally, the expected loss of income from having an older adult as part of the household who is unlikely to maintain income capacity for the up-to-30 year period of the loan is a significant barrier.

Alongside this, not-for-profit organisations have incredible difficulties securing loans and mortgages for housing projects in general, but especially highly specific housing projects such as elder housing. This results in an inability to help a highly vulnerable population.

Direction from central government to lending institutions to support such models of housing finance and support would strongly impact the capacity for these mortgages and projects to get off the ground.

4.4 - Update the National Planning Framework guidelines (RMA) to include specific kaumātua housing provisions

With the repeal of the Natural and Built Environment Act and the Spatial Planning Act in December 2023, there is now an opportunity for the new government to begin the process of refreshing and renewing the Resource Management Act. Within these new guidelines around how to develop new housing and infrastructure, we suggest provisions for minimum numbers of accessible and elder-specific housing in new subdivisions around the nation. Christchurch District Plan includes specific requirements for older person's housing units that allow them to be exempt from some of the usual rules regarding planning but do require an encumbrance to be registered on the certificate of title for the property in question [15]. Utilising existing models such as this, which are being used successfully by organisations in the region to house older people, will provide scaffolding for fast-acting change.

4.5 – Develop a specific joint strategy for addressing homelessness and housing insecurity in the over 65 population

The Homelessness Action Plan (2020-2023) [16] does not mention over 65s at any point. The Office for Seniors was not part of the development of the plan. In addition, over one hundred applicants for Emergency Housing Special Needs Grants every month are over the age of 65 according to MSD monthly data. This does not tell us the number of over 65s in that application, nor any older family members who are listed in other applications. Data gaps at the national level meant that an analysis by the Social Wellbeing agency [17], their housing metric for disadvantage could not include instances of homelessness in this group. It is well understood that housing insecurity and homelessness has significant follow-on effects for health and wellbeing, which can already be compromised in advanced age. We have a responsibility to know how many of our kaumātua are experiencing severe housing insecurity to the point of homelessness and to put an action plan in place to alleviate this.

Objective Five
Aged Residential Care homes are sustainably funded to maintain and grow Standard beds

Standard Beds are the core of Aged Residential Care (ARC) infrastructure, and there simply are not enough of them [18]. Successive governments have failed to provide the support to build and maintain standard beds, leaving the sector in crisis and on the verge of collapse. Decisive and proactive intervention is required immediately to prevent this system from failing altogether.

5.1 – Replace the mechanism for agreeing the Maximum Contribution

The gazetted Maximum Contribution amount has significant impacts for organisations which run on Standard Beds, as this is the amount of money per week they must fit all their costs into. When it remains consistently out of step with actual costs, organisations are forced to reduce service provision or close beds.

While collaboration requirements are laid out in the Residential Care and Disability Support Services Act, the reality is that the fund holder will always have more choices and more power in the relationship than the fund receiver.
The issues are further reinforced by the fact that Aged Care is funded from the wider budget allocated to health as opposed to its own budget line. Increases are negotiated out of step with Budget bids which means that when the increases come into effect they are already swallowed by further increased costs.

In light of this information, we suggest this action comprises four steps -
1) Establish the actual cost of running and maintaining a Standard Bed across the country
2) Immediately commit to the increase of the Maximum Contribution to this amount
3) Create a more proactive and engaged process whereby the provider steering groups can provide cost data and projections to the funders in advance of the upcoming budget
4) Ensure that Aged Residential Care has its own specific Budget Line

5.2 - Establish an infrastructure fund for the development and maintenance of Standard Beds

Reports [19, 20] over the last few years have been strong in noting that we have a critical shortage of Aged Care beds, specifically Standard Beds. A report [20] from 2010 estimated that the cost to build Aged Residential Care homes came to $101,250-$117,000 per standard bed (excluding land acquisition and fit out costs). Inflation alone would equate this to $142,861-$165,084 in 2023, at an average annual inflation rate of 2.68%. Australian architectural guidelines [22] indicate that costs are approximately $180,000 per bed (excluding fit out). Total costs run into the tens of millions to build new homes, and refurbishments of existing homes to meet new guidelines and requirements are into the hundreds of thousands. Homes which are scraping by on the Maximum Contribution have no capacity to generate these sums of money, and private lender loans for these kinds of projects are hard to procure when there is low capacity for not-for-profit providers to repay them based on their business model. To keep these organisations in communities and providing the critical Standard beds that are needed, funding from Central Government is desperately needed.

A dedicated fund to allow the community sector to meet the ongoing needs that Government cannot in this space is critical in ensuring that this partnership can continue. Without Standard Beds, our older people are instead admitted to hospitals, creating a knock-on effect of both scarcity and cost. Continued funding needs to remain available for Standard Bed operators to ensure compliance and maintenance.

Objective Six
Aged Care is funded and supported in a flexible and mana-preserving way

The way in which we fund Aged Care has the potential to empower the individual to take ownership of their own care. Models of person-centred care present the best outcomes in terms of holistic wellbeing [23]. Putting the power back in the hands of the person receiving the care is mana-preserving and needs-responsive. The people who support and facilitate this are also critical to the success of the model and must be supported.

6.1 - Undertake analysis on extending the Individualised Funding (IF) model to Aged Care

Individualised Funding (IF) has been implemented with immense success for our disability sector. First commencing in 2003 the system has responded to input from community, and the current model of Host Providers has been in place across New Zealand since 2010. Reports [24,25] evaluating the practice consistently show that it delivers both in terms of cost-efficacy and individual results when compared to the traditional model of service delivery – the one still being provided to those in aged care.

We suggest undertaking an analysis on the extension of Individualised Funding to the Aged Care sector, considering the many overlaps between disability support and aged care service, and the likelihood of individuals becoming disabled in their later years. Reducing the number of departments managing support would streamline and reduce cost on administration, and utilising consistent resources more effectively for larger groups (such as Needs Assessment Coordination Services who already manage both these populations) should similarly produce cost savings in management. In addition, Individualised Funding allows individuals to cease using services which they no longer require access to, ensuring that their spending is useful and specific to their current need level.

6.2- Family and community carers are supported in their own wellbeing via Mahi Aroha

The Carers Strategy first took shape in 2008, and the most recent iteration – Mahi Aroha [26] – ran from 2019 to 2023. Built with input from Carers at the core, the plan is designed to provide support to those who do the bulk of unpaid care work in whānau and communities. In this way, carers can in turn provide their best support to those they are responsible for. A sector-led review of Mahi Aroha in late 2023 revealed that there were many actions not completed, and some only partially completed. Renewing the Mahi Aroha action plan and bringing its actions to completion will ensure the physical, mental, and financial wellbeing of carers is sufficiently protected to allow them to carry out their care responsibilities.

6.3 – Individuals living with dementia are supported via the Dementia Mate Wareware Plan

The sector celebrated the commencement of funding for the Dementia Mate Wareware plan [27] in the 2022 budget, with contracts commencing July 2023. The funding, however, is for the establishment of a governance ecosystem and a number of four-year initiatives in specific areas. The community of people living with dementia, and alongside loved ones who live with dementia, require much more than this. Significant unmet need exists at a community-based service level, which requires the full and prolonged funding of the Dementia Mate Wareware plan to alleviate.

6.4- Cultural safety training is implemented across the sector

Cultural safety refers to the need for the support people involved with the care of an individual to be aware of their own cultural backgrounds, and the impacts of power, privilege, and bias on their decision-making in relation to the individual they care for. Support people may be healthcare staff, or they may be social or community-based in-home support providers. Each must be equipped with the awareness, attitudes, and skills to function effectively and respectfully in their interactions with the people they support. A comprehensive framework for the development and sustenance of cultural safety must be diffused throughout the sector to ensure that this is possible. Micro-credentials for professional development opportunities would be ideal, produced by relevant Ministries themselves on behalf of the people they represent.

6.5 – Ensure consistent funding for palliative care

The last days of life are a time of significant stress and distress for both the individual and their family. Nobody wants to approach the looming loss of a loved one with questions around funding. Palliative care must be funded in a way that ensures that everyone has access to holistic care in their final days. Issues of hospice availability in regions and rural areas mean that aged residential care is sometimes the only option for people. This must be addressed to preserve equitable access to services across the nation for those needing to access palliative care.

Objective Seven
Community organisations are seen as and supported to be the core of service provision

The communities we belong to are integral to our wellbeing and are a tapestry of organisations and the people that make these organisations run. From social groups to religious organisations to social service providers, each part of our community supports and enhances our wellbeing, but only when it in turn is supported to do its role. Social service providers are core components of a vibrant and resilient community, and deserve to be respected, supported, and funded as such.

7.1 - Ensure that Aged Care providers are renumerated equitably to their hospital counterparts

Pay Parity for nurses and other professionals has been a source of critical concern and contention across the last few years. The inequitable renumeration between those who use their identical skill set and qualifications in different settings causes enormous challenges. It contributes directly to staffing shortages in community providers and aged residential care homes for critical roles. Especially in circumstances where the service contract is provided by government, the pay scale for staff that are involved in that service contract needs to reflect what an equitable peer would receive if working in-house – the pertinent example being nurses working for Te Whatu Ora at the hospital or for a Te Whatu Ora contracted Aged Residential Care home.

7.2 - Reconfigure funding parameters to allow for cross-departmental projects

Social service providers are innovators and leaders in problem-solving for the communities that they serve. This innovation is often hobbled by interdisciplinary solutions being unable to be reconciled into specific funding streams. As a result, these projects are often abandoned due to bureaucratic inflexibility. To meet need for community, we need to ensure that we do not curtail the responsive solutions of those who know the community best, simply because they do not fit into preexisting funding parameters. There needs to be a robust mechanism for applying for cross-stream funding support for such projects, either through the specific creation and maintenance of cross-disciplinary funding opportunities, or through the systematic removal of siloed funding allotments.

7.3 – Community providers are supported to provide non-clinical, wellbeing focused services

Health and the capacity of an individual to deal with health decline as a part of ageing in place is often linked to their connectedness to community. Wellbeing, social connection, culturally appropriate activities, and other programmes with similar non-clinical outcomes are critical to maintaining individuals in communities. Increasing holistic wellbeing in this way converges with reductions in service costs as people have a reduced risk of ARC admission and need to engage with other more expensive services. While some programmes are available at a cost in larger centres, proximity and cost are often barriers to access, especially for those who live rurally and regionally. Providing funding for non-clinical programme support can assist with this inequity issue.

Objective Eight
Needs Assessments are proactive, timely, and responsive to community and location

Our current system of assessment does not meet need, nor does it allow individuals to adjust and tailor their support to their current level of need (and therefore the costs associated with their needs) as they increase or decrease. The system is often considered a one-way conveyor belt to institutionalisation and is not responsive or reactive. Ensuring that assessments can accurately represent the full picture of current need is the first step to creating a system whereby the care supports for an individual meet their actual need, not presumed need based on age or generalisation.

8.1 - Fund the expansion and region-specificity of interRAI as a tool for assessment

The interRAI assessment is the core of all clinical and community assessment in the aged care field in New Zealand. Everything in our healthcare and funded support service sector relies on the score an individual receives on their interRAI. We currently employ the use of six internationally developed interRAI assessments, which take the individual from the community through their Aged Care journey to palliative care [28]. These assessments were created internationally and have not been indigenised to meet the specific needs of the New Zealand population.
interRAI New Zealand, with partners Deloitte, has evaluated a culturally appropriate assessment model to integrate Te Ao Māori into the assessment process [29]. We strongly support the integration of this assessment model, which retains the domains of data from the interRAI assessment while ensuring cultural safety and responsiveness.

We also suggest assessment on which of the other, currently unutilised, interRAI assessments that are available would be of benefit to include into the scope of assessment here in New Zealand. There are currently over twenty assessments in operation, and we employ only six of these. Ensuring our clinicians and community support services have the best, most effective tools for assessment is critical in ensuring that we are getting the data we need.

8.2 - Return assessment authority to providers to increase responsiveness and timeliness

Increasingly, there has been a push for Needs Assessments (that is, interRAI assessments) to be undertaken by Needs Assessment Service Coordinators (NASC). Previously, these individuals would receive the reports performed by others, usually members of community care organisations or GPs, and use the findings to assign eligibility and support services to the individual in question. With their time being taken up by being the contact point for the assessment itself, not just the results, there are incredibly long wait times for individuals to be assessed for care. Our members have reported that there may be as long as 8 weeks lag time between an individual being recommended for assessment and them finally receiving one from a NASC, during which time they have continued to receive no support. In some cases, due to this delay in support, their condition has further deteriorated, resulting in more acute care needed that could have been delayed or avoided with more timely assessment and intervention.

We suggest the return of assessment to the community partners who often know the individual best. With the standardisation of the interRAI tool, and appropriate training modules, there is no reason to assume that decentralising the assessment from NASC back to community will make the data unreliable, but it will make assessments timelier and more effective. It will also allow NASC to return to their core role of coordinating support services, not performing assessments.

8.3 - Increase numbers of NASC to increase assessment processing capacity

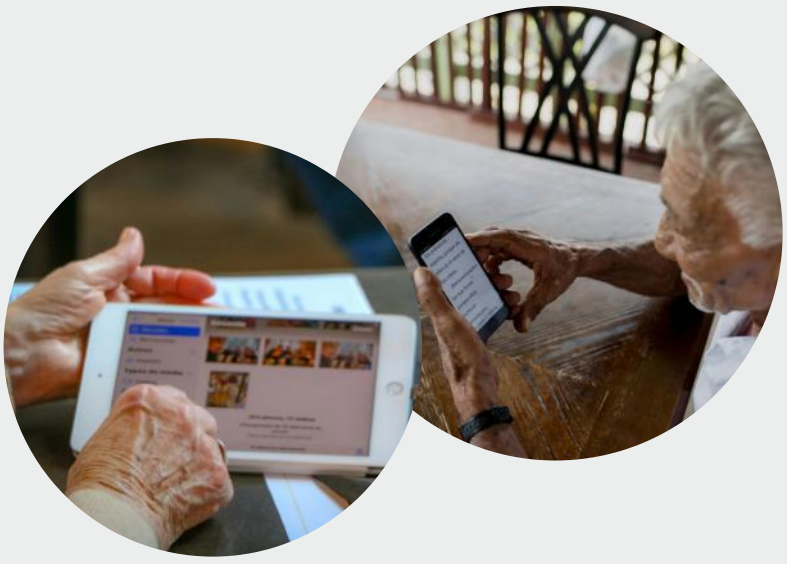
In conjunction with the previous point, we strongly recommend an increase in the number of NASC roles present in each region. While the workload for a NASC would reduce if assessments were returned to community partners, there is still often a delay in receiving support from the processing lag experienced by the bottlenecking at the NASC. Effective supports can only be enabled when they can be distributed and coordinated in an effective manner, not when delayed due to staffing restrictions.

Objective Nine
Technology is embraced as a critical component of sustainable Aged Care

We live in an age of ever evolving technology. The golden years of our elders are now filled with more opportunities, experiences and supports than the elders of their youth could have foreseen. While many still find the invasive inclusion of technology into our daily lives distasteful and concerning, there are so many opportunities for the improvement of wellbeing and independence when the appropriate supports and training are provided. Many parts of our sector can no longer perform without support from technology, and it is time that the sector is supported to fully embrace these realities for a sustainable, future-proofed sector.

9.1 - Support avenues for age-friendly, culturally-safe and accessible training in technology

Education must be tailored to the demographic being taught if it is to be useful and successful. Adult-centred teaching is a distinct skill from child-centred teaching, and education for older adults is often impeded by instances of ageism, especially Elderspeak [30]. Community providers across the country are already engaged in support for older people to connect with technology in a meaningful and useful way, but they lack central government funding. Providing these established organisations with funding to expand their impact on their community will allow many more older people to improve their access to technology and the wellbeing implications of this access.



9.2 - Explore the opportunities for voice-activated technology in service provision and support

Voice activated personal assistants are now commonplace in many homes, and offer automation, independence, and support. With simple voice commands, the user can create routines, set alarms and reminders, look up information, call family members, play music or audiobooks, and much more. Many of these supports can also be automated or adjusted by a support person logged into the household account. Facilitating research into the wellbeing implications of having voice-activated personal assistants is critical to understanding the impacts that this may have on ageing in place and cognitive decline prevention.

9.3 - Utilise data from interRAI to undergo proactive modelling for future service need

Data is powerful, and access to it should be used proactively. With the interRAI data available to the government, it is prudent to use it to create projection models to understand coming service need and make proactive or preventative plans to combat the issues made apparent in such modelling.

Action Overview

Objective One
Sector-wide decisions are bipartisan and long-term in nature
1.1 - Secure cross-government support for the objectives of this plan to ensure they are independent of the electoral cycle
1.2 - Reduce the siloing of government departments and support unified funding, allowing the sector to act sector-wide

Objective Two
Holistic, spiritual care is integrated throughout the sector
2.1 - Develop spiritual care guidelines for adoption throughout the care system
2.2 - Ensure access to cultural and spiritual care is available through the sector

Objective Three
Funding for the sector creates options and choice for kaumātua and whānau, while being needs-based and equitably provided
3.1 - Reassess means testing levels to ensure that available funding is spent appropriately
3.2 - Funding for day programmes is separated from the carer respite programmes and is kaumātua-centred
3.3 - Provide funding for engagement with allied health professionals

Objective Four
Housing Options for kaumātua are diversified, accessible, and affordable
4.1 - Establish an infrastructure fund for the development of accessible, affordable rentals for kaumātua
4.2 - Analyse the most effective way to fund supportive cohousing arrangements
4.3 - Support lenders to provide finance to multigenerational and kaumātua-centred housing projects
4.4 - Update the National Planning Framework guidelines (RMA) to include specific kaumātua housing provisions
4.5 - Develop a specific joint strategy for addressing homelessness and housing insecurity in the over 65 population

Objective Five
Aged Residential Care facilities are sustainably funded to maintain and grow Standard beds
5.1 - Replace the mechanism for agreeing the Maximum Contribution
5.2 - Establish an infrastructure fund for the development and maintenance of Standard Beds

Objective Six
Aged Care is funded and supported in a flexible and mana-preserving way
6.1 - Undertake analysis on extending the Individualised Funding (IF) model to Aged Care
6.2 - Family and community carers are supported in their own wellbeing via Mahi Aroha
6.3 - Individuals living with dementia are supported via the Dementia Mate Wareware Plan
6.4 - Cultural Safety training is implemented across the sector
6.5 - Ensure consistent funding for palliative care

Objective Seven
Community is seen as and supported to be the core of service provision
7.1 - Ensure the Aged Care providers are remunerated equitably to their hospital counterparts
7.2 - Reconfigure funding parameters to allow for cross-departmental projects
7.3 Community providers are supported to provide non-clinical, wellbeing focused services

Objective Eight
Needs Assessments are proactive, timely, and responsive to community and location
8.1 - Fund the expansion and region-specificity of InterRAI as a tool for assessment
8.2 - Return assessment authority to providers to increase responsiveness and timeliness
8.3 - Increase numbers of NASC to increase assessment capacity

Objective Nine
Technology is embraced as a critical component of sustainable Aged Care
9.1 - Support avenues for age-appropriate training in technology
9.2 - Explore the opportunities for voice-activated technology in service provision and support
9.3 - Utilise data from InterRAI to undergo proactive modelling for future service need

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Intersections with Other Work

We acknowledge the wealth of work being done in the sector to support kaumātua and the services that support them. The AACAP is intended to be read alongside other pieces of work including:

Better Later Life - He Oranga Kaumātua 2019-3034
New Zealand Health Strategy 2023, with supplements from:
- Pae Tū: Hauora Māori Strategy
- Te Mana Ola: The Pacific Health Strategy
- Health of Disabled People Strategy

Kaiāwhina Workforce Plan 2020-2025

We support the following plans from within the sector:
- Dementia Mate Wareware Action Plan - Alzheimers New Zealand
- Mahi Aroha Carers Plan - Carers New Zealand and government agencies

We also recommend the following works as supplementary reading:
Amplifying the Voices of Older People Across Aotearoa New Zealand March 2024, Aged Care Commissioner
Older People Experiencing Vulnerability and Multiple Disadvantage 2023, Social Wellbeing Agency
New Zealand Aged Residential Care Financial Performance Study, February 2024, Ansell Strategic
A review of aged care funding and service models - A strategic assessment of aged residential care and home and community support services, January 2024, Sapere

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Hilda Johnson (*Howick Baptist Healthcare*) - Group Convener
Dr Bonnie Robinson, MNZM (*NZCCSS Co-Prte*)
Nicola Turner (*Presbyterian Support Central*)
Carol Barron (*Methodist Alliance*)
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Ko wai tātou

The New Zealand Council of Christian Social Services (NZCCSS) represents the social service arm of Aotearoa New Zealand's six major Christian churches.

Our members,
the Anglican Care Network, Baptist Churches of New Zealand, Catholic Social Services, Presbyterian Support and the Methodist and Salvation Army Churches,
comprise
230 distinct providers
in 55 towns and cities across New Zealand. These phenomenal organisations provide a range of community, health and social support services across Aotearoa, and implement
37 different types of service through 1,024 programmes.
Our members employ over 5,000 full-time staff, 7,000 part-time staff, and coordinate almost 16,000 volunteers.

Their mahi informs our deep understanding of the everyday lives, concerns and priorities of New Zealand communities, and provides our direction as we work towards achieving a just and compassionate society for all. We see this work as an extension of the mission of Jesus Christ, which we seek to fulfil through our commitment to giving priority to the systematically disempowered, and to Te Tiriti o Waitangi.

Our work is focused in three policy areas,
Equity and Inclusion, Children and Families, and Older People.
For each area, we have a specialist working group made up of leaders of service organisations from across the country who provide up-to-date knowledge of experiences and need in their communities. We call these rōpū 'Policy Groups'.
This collaborative knowledge, along with input from the representatives of the Council's six members, informs our mahi of providing research, representation, connection, good practice dissemination, policy advice, information and advocacy services for our members.

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