Ministry of Social Development Long-Term Insights Breifing

New Zealand Council Of Christian Social Services

Current and future disadvantage for Older New Zealanders October 2024

Tirohanga Whānui | Overview

The New Zealand Council of Christian Social Services (NZCCSS) welcomes the opportunity to provide feedback on this Long-Term Insights Briefing. We welcome the focus on Older New Zealanders, especially those experiencing disadvantage.

Our main points are:

Item One – Limiting the definition of 'older people' to over 65s impacts the visibility of vulnerable populations.
Age-related disadvantage begins much earlier for Māori and Pacific populations, as well as tangata whaikaha|disabled people. Limiting this report to over 65s limits the visibility and consideration of these groups.

Item Two – Assessment of the patterns of disadvantage without including regional differences leaves rural communities unaccounted for in decision making.
Rural and urban communities have different needs and access, and failing to factor the differences in access to care and support in a rural communities ensures that these differences persist.

Item Three – Focusing on 'retirement' masks the unpaid labour that older people do in community through family care and volunteer roles.
Economic contribution is not the only valuable form of contribution. Focusing on this over all forms of contribution and engagement eliminates a vital sector of older people's community engagement.

Item Four – Historic lack of trust in central government from minority groups will make engaging with these communities both a priority and a sensitivity issue for this work.
To engage with communities with historically valid reasons to have lowered trust in government (Māori, Pacific, Rainbow, etc) engagement must be authentic and methods co-created alongside these populations to ensure that the information is representative, accurate, and respectful.

Item Five – Declining home ownership has knock on effects for support as people age.
Housing insecurity makes it harder for people to receive support and care, as well as making it more likely that they will be eligible for fully subsidised aged residential care, of which there is declining availability.

Item Six – Social wellbeing cannot be unlinked from health and these two systems must work in tandem to support older people.
The social determinants of health are fundamentally linked to social wellbeing and disadvantage. Without our health and social support sectors working together on this important work, meaningful progress cannot be made.

Item Seven – Meaningful data creation and use is critical to success.
Information about older people is sparse, and often homogenised into 'those over 65'. We need better data with age banding that reflects the variety with in the over 65 cohort and clearly demonstrates the scope of experiences.

Item Eight – Ageism exists throughout our government and will impact support to older people.
Our current system does not value, prioritise, or even consider older people. Without this changing, the most vulnerable older people will continue to experience intersecting and systemic disadvantage.

Taunakitanga | Recommendations

We raise the following points and recommendations for consideration:

Item One – Limiting the definition of 'older people' to over 65s impacts the visibility of vulnerable populations.
The generally accepted definition of what makes someone an 'older person' has little to do with their physical or mental capacity and is instead linked with eligibility to receive superannuation. This places the border of becoming 'older' at 65 in Aotearoa. We know that the physical and mental conditions that tend to accompany ageing are found much earlier in the lifespan in certain populations. Māori and Pacific people have reduced average lifespans in comparison to the wider population, as do tangata whaikaha|disabled people. While there is a wide scope to how much the individual is impacted by these demographic averages, it is widely considered that the limit of 'older' be reduced to at least 55 for these populations. By drawing a line at 65 when considering what supports are required for 'older people', these populations will be further disadvantaged in their supports. Nuance needs to be applied to who is considered an 'older person' to ensure this does not happen.
Recommendation 1: We suggest ensuring that the definition of 'older people' is constructed to ensure that population nuances are captured.

Item Two – Assessment of the patterns of disadvantage without including regional differences leaves rural communities unaccounted for in decision making.

The availability and sufficiency of support is highly impacted by location. Not only do individuals living in cities experience a 'postcode lottery' regarding their eligibility for service, but also those who live rurally or in regions outside our major centres often must travel significant distances to obtain the supports they need. Funding must acknowledge these disparities to ensure that there is equitable access to supports regardless of where somewhere lives in Aotearoa. Failing to account for regional variation in need and support only ensures that the existing disparities are cemented into place under a new system.

Recommendation 2: We suggest ensuring regional disparities in support are accounted for in decision making to ensure equitable access to support.

Item Three – Focusing on 'retirement' masks the unpaid labour that older people do in community through family care and volunteer roles.

As mentioned in Item One, our concept of what makes an 'older person' is linked almost exclusively to our concept of retirement. We expect that when a person reaches 65, they will retire from the workforce. Not only is this increasingly untrue, but it also shifts the focus on a person's contribution to one based only on income. When a person retires from paid work, they do not retire from community, from volunteering, or from their family responsibilities. The unpaid labour of older people keeps our communities functioning. By focusing only on the age of retirement, and both the positive and negative aspects of the expectation to end paid work, the true contribution of older people is lost.

Recommendation 3: We suggest ensuring contribution is considered more holistically than only engagement in paid work, and that the unpaid labour of older people in community is supported to the same extent as prolonged work life.

Item Four – Historic lack of trust in central government from minority groups will make engaging with these communities both a priority and a sensitivity issue for this work.

With good reason, older people from minority groups have lowered trust in the functions of government. These groups are also some of the most critical to support to counteract the systemic disadvantage that has resulted in this loss of trust. To do this successfully, both in the consultation and implementation phases of support, communities must be engaged within their own contexts. Cultural contexts, both drawn from ethnic groups such as tikanga for kaumātua Māori and socially constructed groups such as Rainbow Elders, must be respected and integrated into the consultation process to ensure the safety of the consultation participants and end-users of the services that come from them.

Recommendation 4: We suggest ensuring that groups that have experienced systemic disadvantage and low trust in government are engaged in culturally respectful and receptive ways to ensure that support can be tailored to their needs, not just the homogeneity of older people.

Item Five – Declining home ownership has knock on effects for support as people age.

Housing is a core social determinant of health. The impacts of housing insecurity and long-term tenancy under the current tenant-adverse system is well documented. Not only is a lack of home ownership a strong indicator of poor health later in life, but it also creates the strongest barrier to wealth acquisition which has similarly strong correlations with poor health. Additionally, without wealth an individual is more likely to meet the financial requirements for fully subsidised aged care in their later years. There is currently the largest cohort of non-homeowners approaching the need for aged residential care that Aotearoa New Zealand has ever experienced, as well as increasing rates of housing insecurity in our older population. In June 2024, 26% of the Public Housing Register had lead applicants over the age of 55. In March 2024, 12.6% of all Emergency Housing Special Needs Grants were issued to individuals over the age of 55. Calculations from the New Zealand Aged Care Association in April 2024 indicated that the nation is approximately 12,000 care beds short of need by 2032, with an estimated 10% increase in the number of hospital level beds required in aged residential care homes across the country. This does not account for the massive additional financial burden of those who will, by virtue of never obtaining home ownership, be statistically more likely to require higher levels of medical support as they age in beds that will be fully subsidised by the government due to their lack of wealth acquisition. The housing crisis will have massive and prolonged impacts across the social wellbeing spectrum. The implications for aged care from the vast inequities we see in housing will have unprecedented cost for the government.

Recommendation 5: We suggest investing heavily in housing supports and home ownership to mitigate both the health and financial impacts of reducing home ownership.

Item Six – Social wellbeing cannot be unlinked from health and these two systems must work in tandem to support older people.

To age is to need support. To be supported holistically requires input from many different sources, many of which bridge the gap between social and health. To provide the support older people require, these two systems must therefore be able to work in tandem to effectively and sustainably support these services in communities. Current funding parameters limit the capacity of organisations to produce supports that meet multiple needs in an effective and holistic manner. To obtain best return on investment in these programmes, the way they are funded must be analysed.

Recommendation 6: We suggest constructing effective cross-ministry funding streams to ensure that services that span the gap between health and social services can function in community.

Item Seven – Meaningful data creation and use is critical to success.

That which is not measured cannot be improved. We lack insight into the context of older people in many ways through insufficient and impacted data collection and visibility. A clear example of this is age banding, where all those over the age of 65 are often homogenised in data sets. We know that there is incredible variability in those over the age of 65. It would be incomprehensible if everyone from the ages of 0-35 was put into the same data set and findings from that data held up as reliable. It is the same as putting everyone aged 65-90 in the same cohort. Even below 65, we often receive data with 45-65 age banding, which makes it difficult to pull out the over 55s for the populations mentioned in Item One. It cannot be assumed that older people are a homogeneous group and that services for one cohort will work for another. We need better data to make better decisions, and the variability of older people must be respected and accounted for in this data to use it effectively.

Recommendation 7: We suggest reassessing data acquisition and reporting on older people in all their nuances to allow the data to be used more effectively in decision making.

Item Eight – Ageism exists throughout our government and will impact support to older people.

Ageism is a bias against people based only on their age. It occurs at multiple levels, from internalised ageism that the individual reflects upon themselves, to interpersonal, through to structural. When considering Structural Ageism, it is not only the presence of policies that cause harm to an age group that are an issue, but it is also the absence of consideration for an age group and their specific needs that creates problems. In a recent assessment, the New Zealand Council of Christian Social Services used different forms of departmental documentation to assess the visibility of consideration for older people in our current government structure. Of the 35 government entities determined to be of the most relevance to older people, only four had mentions of older people their strategic documentation. Nineteen did not mention older people in their strategic documentation at all. Without committing to considering the needs of older people in every area, it is hard to believe that key areas of support will suddenly reduce the disadvantage experienced by older people in Aotearoa. The current state of Structural Ageism in our country suggests that this is not possible.

Recommendation Proposal 3: We suggest supporting all government departments to assess their contribution to ageism and leading the change within government to address Systemic Ageism.

Ā Mātou Pūrongorongo | Our Report

We invite you to read the Aotearoa Aged Care Action Plan, a sector-sourced and sector-endorsed plan published by the New Zealand Council of Christian Social Services in July of 2024. The plan focuses on direct action to improve the lives of the most vulnerable older people in Aotearoa and grew from the issues our members observed in their communities. The identified objectives can shed additional light on where community providers feel action should be directed.

Ko wai tātou | Who we are.

NZCCSS has six foundation members; the Anglican Care Network, Baptist Churches of New Zealand, Catholic Social Services, Presbyterian Support and the Methodist and Salvation Army Churches.

Through this membership, NZCCSS represents over 230 organisations providing a range of social support services across Aotearoa. We believe in working to achieve a just and compassionate society for all, through our commitment to our faith and Te Tiriti o Waitangi. Further details on NZCCSS can be found on our website www.nzccss.org.nz.

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