

OLDER PEOPLE'S HEALTH & HOUSING

Health and Disability Sector NGO Working Group paper

Background

In mid-2012, the Health and Disability NGO Working Group explored the area of older people's health to identify key issues and the current role of the non-profit sector.

This was in response to the perceived prominence of rest-home care in discussions about older people's health, and concerns about the increased commercial focus of this and home care services. People who are ageing seemed starved of real choice and alternatives because cost-effective business models are not renowned as the spawning ground of innovation, flexible options and person-centeredness. The NGO Working Group saw a need to stop pathologising ageing and promote a wider choice of alternative pathways.

The Working Group's initial perception was that non-profits were becoming less involved in the provision of health and disability services for this growing population.

What we discovered was a significant amount of research and exploration of the key issues and different models of support – especially related to social housing. There is also a range of NGOs still active as significant providers to older people in the community (e.g. the Salvation Army, Presbyterian Support, etc.)

The kaupapa or purpose of the NGO Working Group is to strengthen relationships between non-profit health and disability organisations and the Ministry of Health and DHBs.

One way we can do this is to help facilitate NGO involvement in exploring alternative options for older people. NGOs whose 'core business' is older people or social housing are clearly already part of these discussions, but the NGO Working Group hopes that by sharing what we have learnt, some others may see an opportunity to get more involved in areas where they could contribute.

This summary is not intended to be a complete comprehensive collection of all that is going on. It is for those NGOs and others who do not currently have significant expertise and knowledge of older people's health issues, but whose services or skills may be extended to contribute to this growing area of need.

We encourage you to look further and make contact with others mentioned in this report.

We welcome feedback and opportunities to help the broader NGO sector engage constructively on this important topic.

Health and Disability NGO Working Group

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Context

There are nearly 600,000 older people in NZ – numbers are set to increase significantly as the first of the baby boomers are just turning 65. Recent population projections suggest one in five (or 1.1 million) New Zealanders will be aged 65+ by 2030.

The ageing population is often described as a demographic time-bomb. As a society, we often view ageing as a ‘problem’ that must be ‘managed’ – how to cope with the pressure on national health services of growing numbers of older people, the cost of sustaining them with pensions and social care, and the effect on families and housing needs.

This approach can set generations against each other as older people are portrayed as a burden – especially in the health system via terms such as ‘bed blockers’ and ‘frequent flyers’. An ageing population is only a problem if societies don’t have the right policies to deal with it and adapt. New Zealand could build on the [Coming of Age report](#) produced by Demos in the UK and identify policies that will help to promote a positive picture of an ageing society.

The New Zealand Government has made clear statements in support of prevention strategies and people ‘ageing-in-place’ (see Appendix 1), however many providers of older people’s healthcare continue to promote models focused around residential care in institutions. The aged care sector is increasingly dominated by private enterprise providers, so NGOs may need to redefine their roles to make future innovative contributions.

In fact, only about 48,000 people are receiving care in over 700 aged residential care facilities in this country, with a further 75,000 elderly people receiving some level of state support to enable them to remain in their own homes.

The Ministry of Health’s *Operational Policy Framework 2010/11* required DHBs to work towards implementing a restorative care model. This aims to maximise independence by focusing on individual’s needs, personal goals and ongoing assessment of progress. The [InteRAI assessment project](#) is providing greater consistency across DHB regions to identify support needs. It is more flexible and sets goals for people, rather than simply funding services.

In August 2012, Retirement Commissioner, Diana Crossan told the *Sunday-Star Times* that housing affordability and home ownership are pressing issues for elderly people.

“If we look long term, we know that the people currently in hardship in old age are mostly renters. We need to do something or that will grow.¹”

Between one half and two thirds of retired people live on NZ Super plus up to \$5,000, which means they often cannot afford to buy into a retirement village. This places great importance on good community housing and support – presenting a potential opportunity for the non-profit sector to play a greater role.

Previous research has identified a need for *“public, private and voluntary sector agency partnerships to develop a range of alternative housing options to meet the special needs of older people (whether these be care needs, social or cultural preferences). These should*

¹ *Sunday Star-Times*, 12 August 2012 – Sunday Business insert: *Housing a top issue for elderly*, page D8.

target older people who lack the personal and financial resources to ensure adequate and appropriate housing without external assistance.²

Several Councils are significant providers of social housing (e.g. Wellington, Christchurch) and have about 75% of the market, but many are moving away from being landlords and looking to sell off housing stock (e.g. Porirua).

There is a window of opportunity now with a growing number of voices calling for action on social housing and additional support for older people. This movement may gain momentum from Government's recent announcement of a further \$104.1m in the Social Housing Fund (SHF) over the next three years to support the growth of non-government housing providers.

There is a need to focus energies and work together to make demonstrable change on a major scale. Potentially, this could build on other recent activity.

Some recent activities and future opportunities

- **Alternative housing options for older people**

Various non-profit examples include Kaumatua flats on marae, [Rangiura Charitable Trust](#) delivering Eden's Green House model of services, the Abbeyfield approach, Tongan Methodist's intergenerational models in Auckland, Wesleyhaven's rental units in Naenae, the Pacific model in Wellington's Constable Street, the Kaumatua communal home due to open in Flaxmere in a year, and the Sisters of Compassion, who bought the [Upper Hutt Council's pensioner units](#) and now rent them out.

These initiatives rely on unique funding approaches and social entrepreneurship. Lessons may also be learnt from areas such as Nelson, Tauranga, Gisborne and Kapiti, where different approaches are used.

NZCCSS's 2006 *Rising to the Challenge* report profiled case studies such as the Sisters of Mercy McAuley apartments – developed on the site of a former children's home in Upper Hutt; Tamahere Eventide in Hamilton, which was built with Housing Innovation Fund help and Waiapu House in Napier. This report makes interesting reading, but the real challenge is taking the findings to the next level and sourcing capital for expansion of these innovative ideas – that is the hard, but most valuable, part.

- **Social housing forums**

In June 2012, Professor Philippa Howden-Chapman of the University of Otago organised a forum involving 100 experts in finance, economics, community development, iwi relations, local governance, architecture, design, building and public health. The focus aimed to move beyond all the evidence many people have gathered showing the social and economic advantages of affordable housing, to seeing more action taken on the ground for older people. (See Appendix 3.)

In mid-2012, [Community Housing Aotearoa](#) announced plans to host five regional workshops in late 2012 (in Northland, Auckland, Waikato/Bay of Plenty, Wellington and Christchurch), with a final wrap up workshop in Wellington. Watch for details soon.

² [Accommodation Options for Older People in Aotearoa/New Zealand](#) – NZ Institute for Research on Ageing & Berl. Judith Davey, Virginia de Joux, Ganesh Nana and Mathew Arcus, June 2004.

- **[Good Homes Repairs and Maintenance Assessment and Solutions tool](#)**

Based on the experiences of older people throughout the country, the Good Homes team developed a room-by-room checklist Tool that helps householders and support agencies assess the house, work out what repairs need to be done and who is the best person to do it.

“We live in a culture that has the idea that old people shouldn’t be in their own homes... that it’s too much for them. The Good Homes Tools aim to change that thinking by helping people keep on top of repairs and maintenance and stay in their own homes for as long as they want.”

– Kay Saville-Smith, Good Homes programme leader

The 59-page tool is currently available online, so support with printing and distribution would help broaden its use. Adding a link to it from your website would also help. Making this tool widely available could help a greater number of older people to stay in their homes longer. This would buy our communities some time to develop innovative supported housing alternatives and additional home support options.

- **[New Home and Community Support Standard](#) improving service consistency**

NZS 8158 supports nationally consistent quality expectations across the health and disability sector by aligning with the *Health and disability services Standards* (NZS 8134) where this is appropriate. It applies to organisations and service providers who are either publicly or privately contracted to provide home and community support. It covers people receiving home and community services for long-term support (such as people with disabilities or chronic health conditions, or frail older people), short-term support (such as people recently discharged from hospital), and palliative care.

- **Positive Ageing Indicators website**

The [Positive Ageing Indicators website](#) shows what central and local government agencies are doing to support the goals of the *Positive Ageing Strategy*. NGOs could also report on their activities to give more prominence to NGO contributions and show the breadth of their work. This would help raise awareness of alternative approaches and non-profit examples, and make any future gap analysis easier.

- **[Eldernet](#)**

This website includes a nationwide database directory and information about community groups and organisations, home help services, respite care and short term options, rest homes, retirement villages and living, residential care, private hospitals, dementia care, public hospitals and other third age services for seniors. Five regionally-focused companion ‘*Where from here*’ handbooks are also available to assist older people in deciding their futures. Topics covered include: how to access services, retirement options, help at home, residential care, financial assistance and much more.

Additional research opportunities

Appendix 4 lists several excellent research reports that identify key issues and challenges. While there is clearly a need for action, rather than another report, researchers might want to consider these topics.

- **[Age Concern's March 2012 Research Wish List](#)**

The [Wish List](#) identifies topics relevant to the wellbeing of older people in New Zealand now and in the future. These priorities have been distilled from a much longer list of topics suggested by Age Concerns throughout the country.

The Social Isolation category includes:

- Social programmes in residential care facilities
Such programmes (perhaps in a defined geographical area) could first be “mapped” to outline their nature and extent and to clarify their objectives. Of particular interest is their role in combating loneliness and social isolation.
 - Are such programmes effective in providing quality social interactions and relationships for the residents?
 - Do the programmes support residents to maintain meaningful connections with the outside world?
- Social programmes for older people living in the community
 - What programmes are available (in specified areas) and what are their objectives?
 - What types of loneliness are being addressed – acute, chronic, etc.?
 - Which programmes are most effective in reducing loneliness (bearing in mind the different types of loneliness)?
- Community living for older people
Community living includes retirement villages, rest homes, social housing, e.g. council pensioner flats, Abbeyfield houses. A set of linked projects could look at each category, asking similar questions:
 - What factors in ‘community living’ are important in promoting social connectedness for older people and the avoidance of social isolation?
 - Is community living helpful to older people in maintaining and promoting their ability to socialise?
 - Can social isolation still be a problem in the context of community living?
 - What features of community living are most beneficial for older people?
 - What guidelines should be recommended for community living projects?
- This research might also draw on overseas research and initiatives, such as the UK’s [Campaign to End Loneliness](#) or the [Ageing Well programme](#).

- **Stocktake and gap analysis of alternatives to rest-home care**

A regional stocktake and gap analysis could focus on options available to low income older people who rent. This could look at what government is funding, what local authorities provide, what innovative models exist, how DHB support is helping to keep people out of hospital, and what people want.

- **Research on intergenerational support**

This could explore the 'relationship contract' between older people and young people and the impact community sector organisations can have on this (e.g. how to develop services, programmes and initiatives that support such interaction and how to assist with matching). New Zealand examples might include the Salvation Army, Supergrans, etc.

Significant European research has shown mutual benefits for both age groups, such as help with cooking, reading, texting, etc that maximise older people's skills and don't isolate them. Sizes and locations of housing impact on the potential for intergenerational interaction.

- **Research on funding methodologies, market analysis or best practice**

The [IRIS Ltd](#) concept paper (see Appendix 4) on Integrated Housing suggests more detailed work on these topics to better inform the development and feasibility testing of innovative concepts and models.

- **Research on isolated, low density areas**

This could explore areas that are underserved by transport services and how neighbourhoods can support people in these areas. It could look at how to bring people together and what calls are made on family, the community etc, and how to encourage additional support services without replacing or pushing out the informal support that already occurs.

- **Research to gain a better understanding of what keeps people in their homes**

This could explore streetscapes and the way neighbourhoods work to support people, as well as look at what private services don't do and what is not funded.

Appendix 1: Key positioning documents

- [NZ Positive Ageing Strategy](#)

This Strategy (developed in April 2001) provides a framework to guide policies and services for older people across central and local government.

Two of the 10 goals in the Strategy have direct relevance to older people's health:

- Health – equitable, timely, affordable and accessible health services for older people
- Ageing in the Community – older people feel safe and secure and can age in the community.

- [Health of Older People Strategy](#)

Published in 2002 to implement the objectives of the *Positive Ageing Strategy*.

The Strategy's vision is that "older people participate to their fullest ability in decisions about their health and wellbeing and in family, whanau and community life. They are supported in this by co-ordinated and responsive health and disability support programmes."

In a July 2011 report³, the Auditor-General noted that "DHBs are receiving mixed messages from the Ministry about the status of the Strategy and what they ought to be doing."

- Ministry of Health [Briefing to Incoming Minister of Health 2011](#) states:

While people are living longer in full health, many are entering older age with multiple long-term health conditions such as cardiovascular diseases (CVDs) or cancer. More people are living beyond 85 and need the support of the health and disability system. The prevalence of dementia is increasing.

Further improvement is likely to come from a system that is predominantly based around better community and primary care.

The health and disability sector is already evolving towards a system that is more focused on community and primary care. This focus can assist people and their families to better manage their own health, in their own home. A more integrated system would better coordinate care within an expanded model of primary care, and connect services across the system, for example, by specialist services being delivered in community settings as well as hospitals.

Options for achieving the Government's aims [include]:

- *Meeting the diversity of needs within the population – responding to demographic change, particularly the ageing and increasingly diverse population. For example, providing home-based, wraparound services for older people with multiple long-term conditions [and] delaying the onset of long-term conditions through prevention, earlier intervention and more effective management.*
- *Integrating services to better meet people's needs.*

³ [Home-based support services for older people: Performance audit report](#), Controller and Auditor-General, July 2011.

New models of care for older people may mean shifting the care setting from residential care to supported home living, developing the skills of the aged care workforce to move from task-orientated to people-centred care, and introducing IT to allow older people to remain independent in their own homes for longer.

- Ministry of Social Development's [Briefing to Incoming Minister of Senior Citizens 2011](#) states:

As people age their need for health care increases, but the effects of population ageing on health spending have been relatively modest in recent decades. It has accounted for no more than 10–15 per cent of the real increase in spending per person since 1970.

Based on current funding formulas and population trends, the Ministry of Health estimates that \$4.678 billion, or 35.8 per cent, of health spending goes to services for people over the age of 65.

Investing in prevention can reduce the need for costly health care services. New Zealand and international research clearly shows that some low-level investments in the health and wellbeing of older people can significantly delay future healthcare costs. A Ministry of Social Development analysis of international literature reveals two potentially beneficial 'clusters' of preventative/proactive interventions that merit further examination:

- *health assessment, screening and advisory home visit programmes*
- *multi-dimensional general wellbeing home visit programmes.*

Interventions that improve functional capacity and reduce disability rates over time can decrease lifetime healthcare costs, easing pressure on health expenditure.

Appendix 2: Key organisations with specialist knowledge and expertise

Many organisations have an active interest and detailed knowledge of older people's health and well-being issues. These include, but are not limited to, the following:

- [Abbeyfield NZ](#)

The Abbeyfield method of operation is to promote and establish local community-based and volunteer-led Abbeyfield Societies. They, in turn, create and manage local Abbeyfield Houses, which provide lonely older people with a dignified way of life at a weekly housekeeping charge that is affordable from state-sourced welfare payments or the equivalent.

Abbeyfield is part of a consortium (including NZ Housing Foundation, Housing Plus Charitable Foundation and The Salvation Army) that [got agreement in June 2012](#) to purchase council land to create more social housing in Christchurch.

Contact: JB Munro, Chairman.

- [Age Concern NZ](#)

Advocacy group with a policy arm and regional branches. Recent AGM/Conference explored '*What Matters to Older People*' (27-28 March). Has compiled [a wish list of suggested research](#). Is concerned about the lack of housing options for older people.

Also offers a befriending programme, with volunteers helping to combat social isolation.

Contact: Lisbeth Gronbaek, Policy & Operations Manager.

- [Community Housing Aotearoa](#)

Representative body for New Zealand's not-for-profit community housing sector, with strong knowledge of social housing. Planning to host five regional workshops (in Northland, Auckland, Waikato/Bay of Plenty, Wellington and Christchurch) and a final wrap up workshop in Wellington at the time of their AGM in November 2012.

Contact: Alan Johnson (Chair) as Exec role is vacant.

- [CRESA – Centre for Research Evaluation and Social Assessment](#)

Has led key research on housing needs, including the [Ageing in Place programme](#), which developed the *Good Homes Repairs and Maintenance Assessment and Solutions* tool. Released on 30 June 2012, this helps older people assess the standard of their current accommodation. With this project coming to an end, CRESA has applied for research funding to explore resilience of older people, particularly following adverse events such as floods, storms, cold etc.

Contact: Kay Saville-Smith or Ruth Fraser.

- [District Health Board Shared Services](#)

District Health Boards, the Ministry of Health, other central agencies, service providers, and consumer groups collaborate in a Joint Work Programme, to improve the delivery of health and disability services to older New Zealanders.

Contact: Jon Shapleski (Manager, National Services) or Susan Noseworthy (Health of Older People Joint Work Programme).

- [Elder Family Matters](#)
A Wellington based provider of home care and support services for older people, which is advocating for sector improvements. [Made a media release in response to the May 2012 release](#) of the Human Rights Commission *Caring Counts* report on equal employment issues in the aged care workforce (See Appendix 4).
Contact: Lawrie Stewart, General Manager.
- [Grey Power NZ](#)
One of the eight aims of this advocacy group is “to strive for a provision of a quality health care to all New Zealand residents regardless of income and location”. Identifies three key health concerns: Failing sight caused by cataracts; onset of diminution in hearing and the high cost of hearing aids; lack of mobility due to deterioration of hip, knee and ankle joints. Worked with Labour and the Greens on [a 2010 inquiry into the standard of aged care](#).
- [He Kainga Oranga/Housing and Health Research Programme, University of Otago](#)
University of Otago researchers joined with researchers from [Motu Economic and Public Policy Research](#) and elsewhere to evaluate initial impacts of the [Warm Up New Zealand: Heat Smart programme](#), which is designed to promote installation of retrofitted insulation and healthy heating options in over 188,000 houses over 2009-2013. Results from this initial evaluation are presented in the context of the broader healthy housing research programme.
Contact: Professor Philippa Howden-Chapman (Also see Appendix 3.)
- [IRIS Ltd](#)
IRIS Ltd is a social enterprise with charitable status, owned by the Cerebral Palsy Society. IRIS Ltd provides a diverse range of community based services to people with a disability, injury or health concern. It developed a concept paper on *Integrated Housing and Support for the Physically Disabled and Frail Elderly* in May 2011.
Contact: John Wade, CEO.
- [Lifemark™](#)
Lifemark is an independent seal of approval awarded to homes that have been designed and built to achieve specific quality design standards that prove they are easy and safe to live in – for a lifetime (e.g. have wider doorways, easy one-level access, lever taps, lower door handles and light switches etc.) Somerset retirement villages have adopted a sustainable housing approach based on Lifemark.
Contact: Andrew Olsen, General Manager.
- [Ministry of Social Development](#)
Has Senior Services and Older People’s policy teams looking at future needs of older people. Contact: Sacha O’Dea, Older People’s Policy General Manager.
- [Ministry of Health](#)
The Older Peoples Health Team is working on various projects including Improving assessment and service co-ordination for older people and improving care and support in the community. The team also has an interest in models of care in supported accommodation and has been collecting material on international examples.
Contact: Pam Fletcher (Principal Policy Analyst) or Anne Foley (Senior Adviser).

- [NZ Aged Care Association](#)
 In conjunction with DHBs, the Association commissioned the *Grant Thornton Aged Residential Care Service Review* report in September 2010. (Focused on costs of rest home care.)
 Their 2012 Conference (10-12 Sept in Rotorua) will focus on the broad directions for aged care providers for the years to come, going 'deeper' and 'wider'.
 Contact: Martin Taylor, Chief Executive.

Going deeper means focusing on doing what is being done now but working towards more efficient operations through changes in existing service mixes, size and management practices, such as premium charging and implementing quality improvements systems and introducing IT solutions, such as interRAI.

Going wider, means focusing on providing more services in the health market, such as operating a local health cluster, and/or developing standalone rehabilitation, step down care, acute care, or community support services, such as meals, remote monitoring, personal care and emergency care. Wider also refers to developing new services, such as ORAs or other mechanisms to release capital through deposit, or payment in advance schemes.
- [NZ Council of Christian Social Services](#)
 NZCCSS has a wealth of contacts and knowledge in this field. This NGO umbrella body organised the [Services for Older People Conference](#) (29-30 March 2012).
 Contact: Paul Barber, Policy Advisor.
- [NZ Home Health Association](#)
 Their 2011 paper calls for mandatory standards for service providers, minimum training requirements, standardisation of service specifications and purchasing frameworks, better support for workers dealing with complex care needs, more realistic payment for services, integration of service providers in strategic planning, research to measure the economic contribution of home support services, analysis of projected future needs.
 Contact: Julie Haggie, CEO.
- [Office for Disability Issues](#)
 Involved in a sustainable housing project with the Department of Building and Housing, ACC, Housing NZ and Lifetime Design (established by CCS Disability Action).
 Contact: Jan Scowan, Director.
- [Office for Senior Citizens](#)
 Central and local government agencies report to the Office for Senior Citizens on a [range of Positive Ageing initiatives](#) aimed at improving the wellbeing of older New Zealanders. Activities are searchable by goal, region and agency.
 Contact: Natalie Lavery, Director.
- [Presbyterian Support's Enliven Positive Ageing Services](#)
 One of the key NGOs still involved in residential aged care and home-based support, which is increasingly being provided by for-profit businesses. Enliven focuses on supporting older people to do more of what they want to do, rather than focusing care around what they can't do.
 Contact: Dr Rod Watts, CEO, Presbyterian Support Northern.

- [Salvation Army](#)
This NGO sold its rest-homes and put the money into pensioner units and home support services. The Salvation Army provides supportive accommodation for people with a range of needs, including for adults with intellectual disabilities, hospice care, seniors and those in residential substance abuse programmes.
Contact: Major Campbell Roberts, Director of Social Policy.
- [Social Housing Unit within the Department of Building and Housing](#)
The SHU is in its first year of operation. It aims to increase the supply of social and affordable housing for New Zealanders. It works with organisations that provide social and affordable housing, including not-for-profit, iwi, and private sector providers.

SHU held a series of forums during October/November 2011 to engage with social housing providers and discuss its work. Also held six Regional Forums in June 2012 to get stakeholder feedback on the Social Housing Fund process and to engage with the sector on the Interim Social Housing Investment Plan.
Contact: 0800 337 846 or info@socialhousingunit.govt.nz

Appendix 3: Social housing forum media release

30 June 2012 – Otago University release

Generating momentum for more affordable and social housing

The need for partnerships to take action on the shortage of affordable and social housing in New Zealand was the driving force for a unique workshop held in Wellington this week (held on Thursday 28 June at Wellington Hospital).

A feature of the workshop was its practical focus on developing on-the-spot recommendations for identified parcels of land available for housing developments in Auckland, Wellington and Christchurch

Workshop organiser, Professor Philippa Howden-Chapman of the University of Otago, Wellington, said the workshop highlighted the potential for more collaboration between central and local government, community housing groups and private developers to respond to a growing shortage of affordable, but good quality housing in New Zealand.

“A large part of the motivation for holding this workshop was a sense of frustration: we need to move beyond all the evidence many people have gathered showing the social and economic advantages of affordable housing to seeing more action taken on the ground,” said Howden-Chapman.

“We can’t just sit back and wring our hands; it’s time to act. It’s a simple equation – if we don’t get traction on this and if we don’t develop some large scale exemplars of sustainable affordable housing for the future, then many people will continue to struggle with poor, cold housing, at a huge cost to our health system and community wellbeing.”

“Most builders in New Zealand only build one house per year. Several ideas were raised for creative and innovative examples of attractive, affordable housing, which could be manufactured at scale, off-site, to high energy efficient standards, and assembled rapidly.”

The gathering of over 100 experts in finance, economics, community development, iwi relations, local governance, architecture, design, building and public health worked together to explore development opportunities for parcels of land that were figuratively put on the block in Auckland, Wellington and Christchurch. Government agencies and city councils helped identify the possible sites.

Solid cases were made that these sites could work as locations for exemplars of up-scaled affordable and social housing. Viable partnerships between government, community agencies and the private sector could overcome the real or perceived barriers, for instance building consents or funding and enhance the assets of the local community.

Another feature of the workshop was a series of on-the-spot electronic polls about key issues. Those polls indicated majority support for an exemplary housing development in Christchurch to be treated as a priority. There was also majority support for mandating a proportion of affordable and mixed tenure types of housing within all new housing developments.

ENDS

Appendix 4: Selected suggested reading

- [*A Report into Aged Care: What Does the Future Hold for Older New Zealanders?*](#) – the NZ Labour Party and the Green Party in conjunction with Grey Power NZ, Oct 2010.
- [*Accommodation Options for Older People in Aotearoa/New Zealand*](#)
– NZ Institute for Research on Ageing and Berl. Judith Davey, Virginia de Joux, Ganesh Nana and Mathew Arcus, June 2004.
A report prepared for the Centre for Housing Research Aotearoa/New Zealand (CHRANZ). Although several years old, the issues identified in this report are still relevant. It suggests the two key challenges are firstly, to maintain and upgrade the living conditions of older people in mainstream housing so that ‘ageing in place’ remains viable and becomes increasingly so. Secondly, to develop a range of housing options to meet special needs, whether these be care needs, social or cultural preferences. These measures should target older people who lack the personal and financial resources to ensure adequate and appropriate housing without external assistance.
- [*Aged Care Workforce Review: Workforce for the Care of Older People*](#) was published by Health Workforce NZ in the Ministry of Health in 2011.
- [*Aged Residential Care Service Review*](#) – Grant Thornton NZ, Sept 2010.
A comprehensive review of challenges related to increasing provision of residential aged care facilities. Overseen by a Steering Group including representatives from District Health Boards and Aged Residential Care providers, co-sponsored by New Zealand Aged Care Association and the 20 District Health Boards of New Zealand.
- [*Ageing in Place: Empowering housing decisions as we age*](#) – CRESA.
Funded by the Ministry of Science and Innovation, this research programme explores how older people’s houses can be better maintained so people have more choices about their housing as they get older. In addition to other research reports, this project developed and launched the Good Homes checklist in June 2012.
- [*Ageing New Zealand: The growing reliance on migrant caregivers*](#) – Institute of Policy Studies. Juthika Badkar, Paul Callister and Robert Didham, Aug 2009.
- [*Briefing to Incoming Minister of Senior Citizens: NZers Getting Older Doing More*](#) – Ministry of Social Development, Dec 2011.
- [*Briefing to the Incoming Minister of Health*](#) – Ministry of Health, Dec 2011.
- [*Caring Counts Tautiaki tika*](#) – Judy McGregor, Human Rights Commission, May 2012.
The report of the inquiry into equal employment issues in the aged care workforce. The main finding concerns the inequity in pay rates that sees care workers in the community, funded by District Health Boards through providers, often paid \$3 to \$5 an hour less than the caring staff directly employed by the DHB.
[Also see Gordon Cambell’s editorial on the report’s findings](#)
- [*Choice Not Chance for Older New Zealanders*](#) – discussion paper by Jo Goodhew of the National Party, 2007.

- [Coming of Age: Ageing is not a policy problem to be solved](#) – Demos, Louise Bazagette, John Holden, Philip Tew, Nick Hubble and Jago Morrison, United Kingdom, 2011. The experience of ageing is changing, so that most people who are now reaching retirement do not identify themselves as old. One-size-fits-all policy approaches that treat older people as if they are all alike are alienating and inappropriate. Instead, older people need inclusive policy approaches that enable them to live their lives on their own terms. To ensure that older people are actively engaged, policy makers should stop emphasising the costs posed by an ageing population and start building on the many positive contributions that older people already make to society.
- [Green House Model of Aged Care](#) – USA. This de-institutionalisation effort is designed to restore individuals to a home in the community by combining small homes with the full range of personal care and clinical services expected in high-quality nursing homes.
- [Home-based Support Services for Older People](#) – Office of the Auditor-General, July 2011. This follow-up report explores the combination of increased demand, more complex support needs, and financial pressures that presents a significant risk to the future delivery of home-based support services. It recommends that DHBs will need to work collaboratively with providers to ensure that providers will continue to have the staff they need to deliver services. Stronger contract management by DHBs would also help ensure that quality standards are met.
- *Integrated Housing and Support for the Physically Disabled and Frail Elderly with High and Complex Needs*, a concept paper from [Iris Ltd](#), May 2011.
- [Making the Most of Home Support Services](#) – NZ Home Health Association Inc., March 2011.
- Ministry of Health links:
 - [Health of older people publications](#)
 - [Older people's health data and stats](#)
 - [Health of older people projects](#)
- [Older People's Housing Futures in 2050: Three Scenarios for an Ageing Society](#) – Prepared by CRESA/Public Policy and Research for the Centre for Housing Research Aotearoa/NZ, Kay Saville-Smith, Bev James, and Julie Warren with Andrew Coleman, Oct 2009. Identifies patterns of likely housing futures for people 65 years and older, to help improve New Zealand's ability to plan for and respond to the changing housing demands over the next 40 years.
- [Services available to General Practice Teams for Older People in the Community](#) This one-pager from the Canterbury Community Pharmacy Group is an excellent overview of the support and health services GPs can help older people to access. Perhaps your region has a similar summary or maybe your NGO can see an opportunity to become part of a health pathway for older people in Canterbury.

- [*The Changing Face of the Aged Care Sector in New Zealand*](#), Retirement Policy and Research Centre, University of Auckland, 2007.
In the wake of a rash of closures of charitable aged care providers, constant calls to raise the Residential Care Subsidy, and frequent strikes amongst nurses and informal carers due to poor pay and conditions; this working paper investigates the 'Aged Residential Care' market – examining its origins, present structure, and the issues it faces, such as those arising from the ageing population.
- [*The Future Demand for Paid Caregivers in a Rapidly Ageing Society*](#) – Workforce 2020 report from the Department of Labour, 2009.
Report shows within the 65+ age group, growth is the strongest in the older age groups, mainly 75-84 and 85 years and over. These are the main age groups that will require care in New Zealand. It estimates that 48,200 paid aged-caregivers are needed in 2036 in order to care for older disabled people requiring a high level of support. However, if the status quo is maintained, there will only be 21,400 aged-care workers available in 2036.
- [*The Impact of Retrofitted Insulation and New Heaters on Health Services Utilisation and Costs, Pharmaceutical Costs and Mortality: Evaluation of Warm Up New Zealand: Heat Smart*](#), Lucy Telfar-Barnard, Nicholas Preval, Philippa Howden-Chapman, Richard Arnold, Chris Young, Arthur Grimes, and Tim Denne, 2012.
This report to the Ministry of Economic Development is an evaluation of changes in the incidence and costs of health services, pharmaceutical usage and mortality in the first 46,655 houses retrofitted under the *Warm Up New Zealand: Heat Smart* programme (WUNZ:HS), introduced in July 2009. Previous clinical and public health research, including the results of two community trials, the Housing, Insulation and Health Study and the Housing, Heating and Health Study have shown that both respiratory and circulatory symptoms are affected by indoor temperature and relative humidity.
- [*The Role of Local Government in the Provision of Affordable Housing*](#)
– A report prepared for Local Government NZ, Dunedin, Wellington and North Shore City Councils and New Plymouth and Western Bay of Plenty District Councils by McKinlay Douglas Ltd, Jan 2004.

Credits

This paper was researched and written on behalf of the Health and Disability NGO Working Group by Grant Aldridge in the NGO Secretariat. Our thanks go to all those who took time out of their busy schedules to share their knowledge and insights. You are welcome to reproduce this content under a [Creative Commons Attribution-NonCommercial-ShareAlike 3.0 New Zealand License](#), 2012.

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