



A Tale of Two Whānau

The effects of the
Aged Care Crisis



New Zealand Council of
Christian Social Services

Sandra

72 years old

2024

Sandra is a widow who has been renting near her family and church for the last 25 years

She has been receiving in-home support for the last few years through community providers to help her age in place

Space becomes available in a local Not For Profit Aged Residential Care Facility

Following a Needs Assessment, Sandra agrees that it's time to move into an Aged Residential Care facility to get the extra support she needs



Funds are tight in the whānau, so she opts for a Standard room.

This halves her options, but all are in driving distance of her family, if not exactly in her community

Sandra does the income and asset test and qualifies for fully subsidised care at an ARC

Sandra's room is booked at the ARC, and they begin to receive the subsidy payment for her residency.

This covers -
- a furnished room
- all meals
- cleaning and laundry
- maintenance costs

The facilities are nice, and the staff are great, but the facility shares a tele-health Registered Nurse with two other facilities overnight because of staff shortages. HCAs and nursing staff sometimes have to help make the breakfasts and baking because there aren't enough staff in the kitchen

Staffing numbers are low, and turnover is high. If the NFP can't retain more staff then they will need to close beds

Sandra settles into the new facility as best she can, but there's always the whispers about bed closures

She's almost glad when she moves to the continuing care portion of the facility, and has more surety about getting to stay



Remaining staff work with colleagues at other facilities nearby to find beds for the residents.

It's a struggle to house everyone in what beds remain.

Others who would have taken those beds in the near future must now wait for space

The new facility is twice as far away from Sandra's family as the previous one, and it's harder for them to get out and see her when they have their own lives to manage

Sandra misses her friends from the previous facility, too. They all went to new homes wherever there was space

The facility gathers the residents and their families and informs them that they need to close. They cannot meet the staffing or upgrade compliance requirements. The residents will be connected with other facilities and moved



Compliance requirements are updated, but there are no additional funds from the subsidy amount provided for this to happen. The NFP struggles to meet the new standards

Between the compliance issues and low staffing, the facility cannot remain open

Every week it seems like Sandra meets new staff and the previous ones leave. It's hard to build connections. She hears the nurses talking about moving to the hospital because the money is better



The staffing crisis is ongoing, and temporary staff are often used to fill gaps



Sandra settles in nicely and finds some friends among the other residents. She hears them discussing the bed closures that happened last year, and wonders if it might happen again



Helen

78 years old

2024



Helen has been living in a Retirement Village for the last decade



Following a Needs Assessment, Helen accepts she needs a bit more help than the in-home services that the Retirement Village provides

Space becomes available in the ARC wing of the Retirement Village

Helen fails the asset test. Thanks to being mortgage free by retirement and able to purchase an ORA in the Retirement Village, her cash asset amount is above the threshold

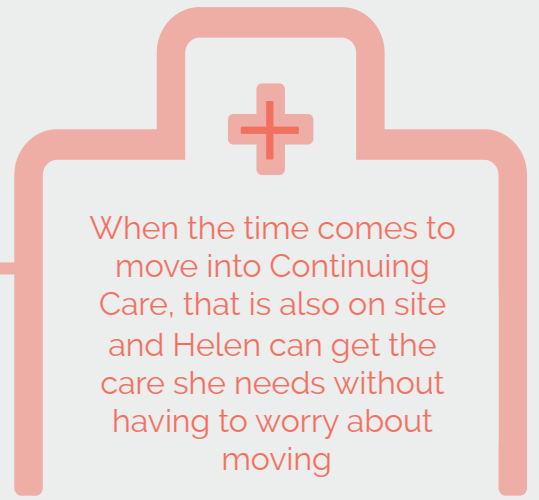


Without the subsidy, Helen will have to pay the full cost of her ARC care herself, which is approximately \$1400 a week. The facility only provides Premium beds, but it's only another \$210 a week

Helen's room payment also covers the same core elements of care, but because all the residents are paying a Premium charge, the facility does not have to ensure all the services fit strictly within the subsidy-provided budget

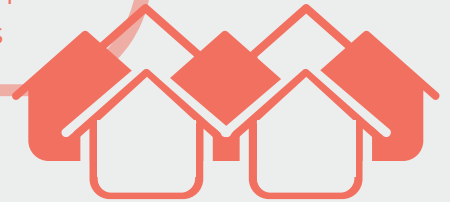
Helen can transfer the ORA from her Retirement Village accommodation to a care suite at the on site ARC facility, keeping her close to her family and friends





Thanks to ongoing profits from the Residential Village part of the business, the provider can afford to build another nearby village and Premium ARC

Helen and the other residents are invited to the opening of another nearby facility by the same operator, and Helen recognises some of her friends



Helen forms good relationships with the long term staff, and her grandchildren can come to visit often.



The ARC is filled with people in the same position as Helen.
Nobody is happy about having to pay for their care, it feels like a punishment for working hard



The facility also has space in the budget for compliance and aesthetic upgrades, additional staff costs, and general improvements

Tina

82 years old

2060

Tina is Sandra's daughter.

Like her mother, she lived in a rental all her life, and has been using community services and family support to remain at home for as long as possible

Many of the NFPs who used to provide the bulk of Standard beds have closed in a similar way to Sandra's original facility

Now that a Needs Assessment has determined she really can't safely stay at home any longer, she applies for ARCs



Wait times for Standard beds are months to years, varying by location

Tina remembers the bed closures and the facility shift when her mother was in an ARC, and has resisted the move

Tina is eligible for the full subsidy based on her asset and income tests, but there aren't many places left that only offer Standard beds. As a result, the NFP near her must offer her a Premium bed at Standard rates until a Standard bed within 10km comes available



Tina moves in to the new facility within the month at a NFP about a twenty minute drive from her whānau

Tina settles in nicely, and enjoys the environment provided. She gets to know some of the other residents and also finds a number of them are waiting for Standard beds in the Premium facilities

The facility has mostly Premium beds, as the funding issues surrounding Standard beds are much the same as they were when Sandra was in care

Through the Premium charges, the NFP is able to afford more maintenance and better staffing to stave off closure altogether, but when Premium beds have to be offered as Standard the NFP loses it's only revenue option

After a year, Tina is notified that there is a Standard bed available at a facility within 10km, and she will be moved in three days

Management are spending a significant portion of their time consulting with other facilities to find Standard beds for the residents that cannot afford the Premium fees

Tina is left frustrated and anxious, and her health deteriorates quickly



Before the Facility can find her another Standard bed, Tina must be moved to Continuing Care from her increased frailty. Thankfully a bed becomes available, as they too are scarce

Tina is advised that the facility has no Standard beds, and they will be consulting with those within 10km to find her somewhere to go, but there is no timeframe given as everywhere is so full



The whānau have another meeting and they cannot afford the increase up to \$55 a day.

She gives the facility notice at her 6-month renewal that she needs to move to a Standard bed

Another few years pass and the facility gives Tina notice that the Premium fees will be increasing



Tina remembers how hard it was to get to Sandra after she moved and is angry and sad

Compliance and staffing cost increases are endless, and the facility needs to increase revenue to stay open

The whānau has an emergency discussion and decides to pool resources to pay the extra for a premium bed upgrade to keep Tina in the room she's in.

It'll be a stretch at \$40 a day, but will keep her close

Kelly

82 years old

2060

Kelly is Helen's daughter.

Like her mother, she moved to a Retirement Village in her late 60s, funded by the sale of her mortgage-free property

Kelly has had a Needs Assessment completed and is ready to move into the adjoining ARC facility

FPOs have been making record profits for years, but now that a smaller portion of the population owns their own home, fewer people can afford an ORA

Premium facilities must be ready to provide beds at Standard rates if there are no Standard beds available within 10kms. All the beds in the facility are full as a result, there is a wait for Kelly, even though she will pay the Premium bed price

FPOs are inevitably impacted by the failures to support the NFP sector by being forced to take on Standard bed residents in Premium accommodation

Her whānau has a discussion about moving her to another facility where there are available beds.

Its a bit further away from them, but they are still able to visit regularly

Kelly has to wait for weeks in hospital for space in Continuing Care.

During her prolonged stay, she catches a virus in hospital that makes her incredibly unwell

Instead of Continuing Care, Kelly now has to be transferred to Palliative Care

Hospital beds are being used as holding areas for people waiting for space in Residential and Continuing Care

People who need to be admitted to hospital are instead receiving care that does not meet their acute needs, either still at home or in facilities

After recovering, she needs to be moved into Continuing Care, but there are no beds left

Kelly gets sick suddenly and needs to be moved to the hospital

The new facility is just as well appointed and well-staffed as the previous, but Kelly is now away from the friends she had made at the Retirement Village, and her family visit less

Premium bed fees are increased annually to keep up with losses on having to provide Standard beds

Shareholders begin to see the impacts of having to stop the gap in the NFP sector as profits slow

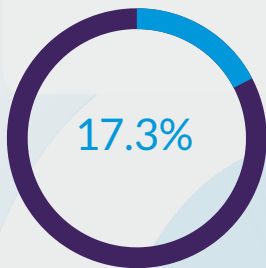


The wāhine in these stories are fictional, but Sandras and Helens exist all over the country, and Tinas and Kellys are in our immediate future if action is not taken

The Aged Residential Care Crisis impacts everyone

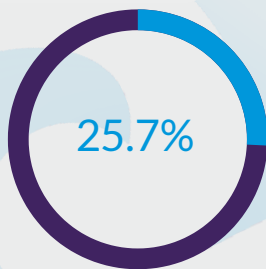
Now is the time to act, to ensure that everyone has appropriate care when they need it, throughout their lives

According to Stats NZ median projections,¹



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

% over 65



% over 65



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 sector cannot keep up under current funding and support levels

1 - <https://nzdotstat.stats.govt.nz/wbos/Index.aspx?DataSetCode=TABLECODE7585>

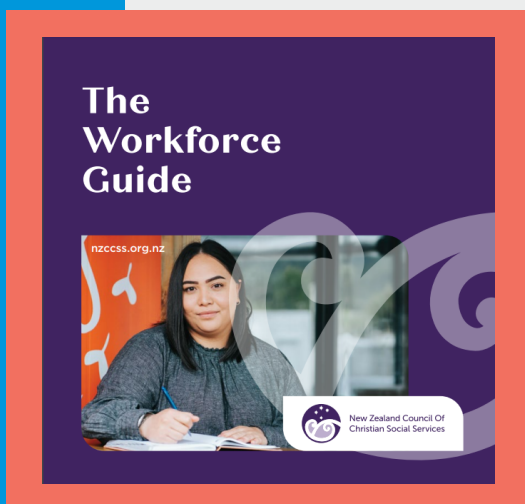
2 - Broad, J.B., Ashton, T., Lumley, T., & Connolly, M.J. (2013) Reports of the Proportion of Older people Living in Long-term Care: A Cautionary Tale from New Zealand. Australian and New Zealand Journal of Public Health 37(3), 203-298

3 - <https://nzdotstat.stats.govt.nz/wbos/Index.aspx#>

What can you do?



Read our report and understand the context of Kaumātua in Aotearoa



Learn about who the critical workforce are in the social sector



Join us as we call for the government to save aged care in our country with a sector-led strategy for success

Ko wai tātou

The New Zealand Council of Christian Social Services (NZCCSS) represents the social service arm of 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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