



# Valuing Lives, Living Well

The distinctive role of faith-based organisations  
in aged care in New Zealand

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# Contents

Foreword 4

Acknowledgements 5

Executive summary 6

Our findings 6

Social value 7

The central message 8

Introduction 9

Ageing and aged care in New Zealand 10

The Health of Older People and Positive Ageing  
Strategy 11

Central terms 12

The role of faith-based organisations in  
promoting wellbeing 13

Methods – the strength of the story 15

What makes faith-based aged care  
providers effective? 18

Mission 18

Spirituality 19

The role of chaplain 21

A spiritual space 23

Leadership 23

Organisational culture 24

In-house accountability 26

Inclusiveness 27

Holistic care and support 28

Flexibility and innovation 28

Personal autonomy and choice 34

Networks 35

Volunteerism 38

The concept of social value 42

Community development 43

Social inclusion 45

The extra mile 46

Challenges facing older people and  
aged care in New Zealand 48

Workforce 48

Stigma 48

Moving forward 50

Ageing in place 50

Increasing inequality and  
socio-economic disadvantage 51

Conclusion 53

Bibliography 55

# Foreword

Social Services in New Zealand have a long tradition of working with vulnerable people dating back to the early years of this country, when there was little or no provision for those who lacked financial or family resources. As a nation we have been rightly proud of being one of the first to provide universal pensions, and access to long term support and care services, enabling most older people to have a secure old age.

As with all advances in society however, without attention, it can be eroded. Living well in older age is about more than not being poor or homeless, it is about more than having a shower twice a week or a meal delivered daily. Living well requires attention to those aspects of life that are harder to measure – companionship, meaningful participation, and the opportunity to continue to grow as a person even in the face of the physical challenges of aging. To live well, older people need services that do not just maintain existence, but that support them to live life fully.

This report details how New Zealand Council of Christian Social Services (NZCCSS) member organisations are providing services that add social value and enable older people to live well. This social value is revealed as the glue that makes the current formal system of support work for many older people and their families

The intangibles that create a life worth living for older people do not fit well into current contractual and policy frameworks of rationed and price restricted inputs, transactional relationships, numeric outcomes and reliance on the market. Yet without these intangibles, we risk slipping back in the status of our older population, to one where those with resources do well while those without live marginal lives. This report shows that we need a broader view of services for older people, one that accepts the complexity and supports organisations and services to embrace this so that older people from all walks of life can continue to live life well.

*Bonnie Robinson, Convenor, NZCCSS Services for Older People Policy Group*

# Acknowledgements

This research would not have been possible without the help of the many participants who gave up their time to speak openly and honestly about aged care in New Zealand, including those working in aged care, of older people receiving support across a spectrum of services, their family and loved ones. Aged care workers from Auckland to Dunedin repeatedly voiced the privilege they felt of being welcomed into the homes and lives of our older people, whether that is in the community or in residential care settings. During the course of this research this was a privilege I too was able to experience, and for that I am grateful.

To all participants, I thank you for your time, and to aged care workers, for your continued dedication and compassion in supporting our older people. I would also like to thank Trevor McGlinchey and Paul Barber of NZCCSS for their continued support, and also a special thank you to Dr Judith Davey for her invaluable guidance and feedback throughout the project.

*Brent Neilson, Researcher*

# Executive summary

It is a significant social achievement of our generation that people are living longer than human beings have ever lived before. Accompanying the gift of longer life, we face challenges of growing inequality in income and health, and substantial pressures on health and social services, perceived by some as too costly and inefficient. Preparing for and supporting an ageing population should not, however, be viewed as a burden. Instead, support for older people must be appreciative of their long-lived experience as citizens, their contribution to society, and the inherent value of their wellbeing.

Oscar Wilde famously warns us of those cynics who know the ‘the price of everything and the value of nothing’. It is this concern for authentic value that has inspired two recent NZCCSS projects aimed at exploring the ‘added value’ of community based social services. *Valuing Lives, Living Well* explores the role of New Zealand’s faith-based organisations in providing services for older people across the continuum of care; from day programs in the community which encourage active lifestyles and social inclusion, through to hospital and palliative care. This study celebrates the history and continued work of these agencies through the unpacking of the unique contribution they make to the health and wellbeing of older people, their families, and the communities in which they live. This contribution lies in the ability of faith-based organisations to enhance the lives of those they serve through a combination of attributes and modes of operating. Social value, or the collective social benefits an organisation creates, results from this unique combination of characteristics and defines the real value of these organisations in society.

## Our findings

Through an analysis of the organisational-specific capital of faith-based organisations, or their distinctive combination of processes and characteristics, this study illustrates the ways these agencies are able to provide compassionate and effective care for older people, while generating social value above and beyond contracted objectives. This study therefore stresses the need to understand ‘value’ in not only the economic sense, but the social; stressing the often intangible and innumerable value faith-based organisations create; the value of the aged care workforce, and the value of our older people.

Participants in this research revealed thirteen interrelated attributes of faith-based organisations which together create their ‘organisational specific capital’:

- **Organisational mission:** The importance of mission statements and values-based philosophies were expressed both as a defining attribute but also part of the process of effective and compassionate service provision.
- **Spirituality:** An ever-present element, expressed across a continuum including individual quests for meaning, a spiritual understanding of care and compassion, and more formal religious association and practice.

*Social value, or the collective social benefits an organisation creates, results from this unique combination of characteristics and defines the real value of these organisations in society.*

- **Role of chaplaincy:** The pastoral support and community engagement facilitated by those in chaplaincy roles came through as essential and distinctive value that faith-based organisations bring.
- **Leadership:** Values-driven and people-focused leadership emerged as a favoured style for leadership. Values are shown through effective leadership which promotes mission “in practice”.
- **Organisational culture:** Connecting organisational values with a supportive working environment and a focus on providing comfort and quality care for clients and residents.
- **In-house accountability:** Going beyond the formal external accountability and reporting requirements to include some innovative forms of in-house accountability emerged as another distinctive element.
- **Inclusiveness:** Accepting everyone and embracing difference, providing a wide range of services from community support, housing and aged residential care.
- **Holistic care and support:** The importance of a holistic approach to care that is mission-driven and extends beyond the physical needs of the individual and beyond the provision of the primary services to encompass wellbeing, respect and compassion.
- **Comfort:** Creating a sense of ‘normality’, privacy, dignity and general wellbeing in situations that are challenging with much change for the older people involved.
- **Flexibility, innovation and use of time:** The capacity and ability to work flexibly and innovatively with regards to the use of time, resources and care which results from the relative independence and control of faith-based organisations.
- **Personal autonomy and choice:** Avoiding restrictive routines as far as possible and promoting ways for individuals to express their personhood in control and decisions about their daily lives.
- **Networks:** The long established social service agencies some with histories going back 150 years, provide deep and supportive networks that are a base from which new innovations can emerge.
- **Volunteerism:** The combination of the social, personal and economic benefits of volunteerism underpins the distinctive culture of the agencies both large and small participating in this study.



## Social value

‘Social value’, or the collective social benefits an organisation creates, results from the unique combination of characteristics – the organisational-specific capital – which defines the real value of faith-based organisations in society. This study found that the combination of community perception, community development, social

inclusion and the willingness to go the extra mile were the defining characteristics of the distinctive social value these agencies create:

- **Community perception:** Community perception results from the level of care provided by agencies, their reputation in the community, their non-profit status, their unique combination of organisational-specific capital, and ultimately the social value produced as a result.
- **Community development:** The sense of togetherness and capacity for community development fostered and encouraged by the agencies was often celebrated by the local community, furthering support for aged care providers and both contributing to and resulting from the positive community perception of faith-based organisations.
- **Social inclusion:** Innovative strategies were employed by participating agencies in combating social isolation and exclusion, particularly in rural community-based support where faith-based organisations are often the only formal entities addressing the issue of social inclusion.
- **Willingness to go the 'extra mile':** The participating organisations took a 'holistic' approach to their care by providing further formal and informal support and assistance beyond the organisations' primary role. Further support and assistance comes in the form of extra time spent with residents by staff, and the many extra services and contact time volunteers and chaplains contribute on a daily basis. Extra support also often takes the form of signposting or 'navigating' for service users, directing them to other agencies or services and working with clients and families outside of regular working hours.

## The central message

*Valuing Lives, Living Well* stresses the need to celebrate the difference faith-based organisations make in the lives of older people, and to better understand how these agencies' distinctive attributes create social value. This work is a call to all in the aged care sector – those in policy, funding, management and governance – to recognise the 'bigger picture' and the wider social value that is present in the web of our communities. This social value must be given higher priority in the debate about the future shape of an aged care 'market'. In recognising the social value created by faith-based organisations, we recognise that the value of our older people, and those who work with them and their communities, goes beyond dollars and cents.



# Introduction

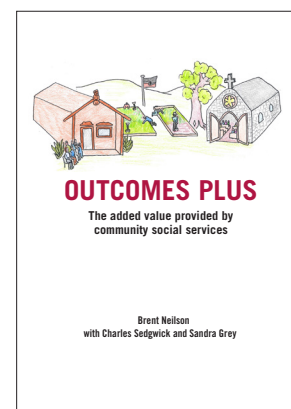
Christian churches and affiliated faith-based organisations have long been involved in addressing and responding to social needs in Aotearoa New Zealand. This tradition of practical engagement with social and material deprivation, traces back to the 19<sup>th</sup> century, and the formation of city missions in New Zealand's larger metropolitan areas.

New Zealand's early city missions developed in response to a lack of statutory welfare provision and a growing number of vulnerable individuals in the nation's city centres. Assistance in these early years sought to address needs presented by widows, orphaned children, the unemployed and those injured in industrial accidents. Since this time, the work of faith-based organisations has evolved and extended, as has the nature and structure of the organisations, and the environment in which they operate. Time has informed a shift in the nature of the voluntary welfare activity of faith-based organisations, from one of charity, to social justice and community development. The permanence of social service provision offered by these organisations suggests both a willingness and dedication to provide for society's most vulnerable.

*Outcomes Plus: The added value provided by community social services* (Neilson et al. 2015) unpacked the nature of the contribution of community and voluntary sector providers in New Zealand and assessed the importance their unique contribution should play in government decisions about purchasing of social services. *Outcomes Plus* outlined the value delivered by the community and voluntary sector, and the unique and innovative ways in which organisations within the sector operate. This value which goes well beyond what community and voluntary organisations are contracted to do by government was shown as being the result of a long history of service provision and accumulated expertise.

Following on from this study *Valuing Lives, Living Well* provides a means of better understanding the role of faith-based organisations in the provision of aged care in Aotearoa New Zealand, and explores their distinctive attributes that promote the wellbeing of older people. Christian social service organisations have a history of valuing the lives of those they support and through this contribute to their older clients living well. These organisations work across the continuum of care for older people, from day programmes and home based support through to residential and palliative care. Through their distinctive role in providing aged care in New Zealand, faith-based organisations create social value as an indirect result of what they deliver to service users, and the processes they use as an organisation.

*Outcomes Plus* (2015) found that community and voluntary sector organisations share some common principles – in particular attributed to the sector are the principles of manaakitanga, generosity, empathy, kindness, altruism, solidarity, whānaungatanga, the building of strong relationships, and social responsibility. The study also, however, expressed the difficulties in accurately showing the contribution of the community and voluntary sector without resorting to taken-for-granted assumptions and generalisations (Neilson et al. 2015). Similarly, the agencies participating in *Valuing Lives, Living Well* shared many of the same



*Through their distinctive role in providing aged care in New Zealand, faith-based organisations create social value as an indirect result of what they deliver to service users, and the processes they use as an organisation.*

values and principles. However, care must be taken to avoid the assumption that the aged care sector is a homogenous space of similarly structured and operated organisations. Where there are similarities in the alignment of principles related to care, compassion, and social justice within New Zealand's faith-based organisations, there are also substantial differences in operational capacity, scope of services and acknowledgment of the continued meaning of the organisations' faith-based foundation in an increasingly secularised society. As such, the agencies participating in this study are indicative of not only New Zealand Council of Christian Social Services (NZCCSS) membership, but also of the spectrum of Christian social services operating in the country, and the involvement of such organisations in aged care and social service provision across New Zealand.

New Zealand's *Home and Community Support Sector Standard* establishes the minimum requirements that should be attained by providers of home and community support services (NZS 8158:2012, MOH, 2012). The *Health and Disability Sector Standards* (NZS 8134: 2008, MOH, 2008) outline relevant staffing responsibilities including guidelines for resident/staff ratios in residential care facilities. This research found not only do the participating faith-based organisations go 'above and beyond' minimum mandated requirements, but their distinctive forms of organisational-specific capital, and the ways they value people, contribute directly to social value. The result is increased quality of life for the service users. This organisational-specific capital, and resulting social value, is in keeping with aims put forth by New Zealand's *Health of Older People Strategy* currently under review (MOH, 2002; 2016a), particularly its emphasis on recognising the social determinants of health, and its desired 'inclusive' and 'person-centred' approach to aged care.

## Ageing and aged care in New Zealand

Responding to New Zealand's ageing population is a key policy challenge facing society. In approaching this challenge, care must be made not to problematise ageing, and the ageing process. While we are all involved in the process of ageing, old age itself is a social construct, rather than one defined by biological age.

The process of ageing is often associated with growth, experience, maturation and personal and spiritual discovery, yet too often, ageing and the elderly are considered only with regard to the challenges an ageing population faces socially, economically, and culturally. Recent public health perspectives, including New Zealand's *Health of Older People Strategy* (MOH, 2002; 2016a) emphasise a more constructive approach to health.

'Health', rather than being simply the absence of disease or disability, is largely socially determined. It is important that social and economic policy recognises that certain vulnerabilities are inherent in the ageing process and others are more of a social construct, determined by social attitudes towards ageing. Aged care providers must be equipped and provided with the capacity to meet the needs of our older population, while acknowledging their diversity, and the continued contribution they make to their communities and to society.

*'Health', rather than being simply the absence of disease or disability, is largely socially determined.*

## The Health of Older People and Positive Ageing Strategy

The *Health of Older People Strategy's* 'Emerging Strategic Approach for 2016–2025' (MOH, 2016) is aligned with New Zealand's *Positive Ageing Strategy* (MOH, 2001), which states,

*“Our vision is for a society where people can age positively and where older people are highly valued and recognised as an integral part of families and communities. New Zealand will be a positive place to age when older people can say that they live in a society that values them, acknowledges their contributions and encourages their participation” (cited in MOH, 2016a: 5)*

Although not yet finalised, the consultation process in developing the revised *Health of Older People Strategy 2016–2025* has adopted an 'inclusive' and 'person-centred' approach, permitting a comprehensive outlook of ageing in New Zealand. This inclusive approach stresses the multidimensional nature of ageing as well as of any strategy or measures designed to address the complex nature of the health of older people. As such, it places emphasis on the relationship and distinction between healthy ageing and wellbeing, between health conditions which are age-related and those which are not, and the importance of end of life care.

The *Health of Older People Strategy's* 'Emerging Strategic Approach' also stresses the social determinants of health and the complexity of ageing by advocating increased focus on 'a broad view of what and who contributes to health outcomes' (MOH, 2016a: 4). The strategy also asserts that 'more is needed, including meeting the needs of an increasingly diverse population' (2016a:6). NZCCSS holds these matters central to ageing in New Zealand while outlining the distinctive role faith-based organisations play in addressing these issues.

# Central terms

## Value

Holden (2004, cited in Westall, 2009: 8) argues narrow interpretations of value in the context of the community and voluntary sector limit a broader understanding of the term to ‘politically desired social outcomes.’ The real value of community and voluntary organisations, Holden argues, lies in their ability to create work which enhances peoples’ lives. The value of that work is shaped by the interaction between the individual and the experience. This study therefore stresses the need to understand ‘value’ in not only the economic sense, but the social; stressing the often intangible and innumerable value faith-based organisations create; the value of the aged care workforce, and the value of our older people.

## Wellbeing

The wellbeing and quality of life of citizens is a primary goal of social and economic policy. While the concept of wellbeing is widely used in work related to social and economic policy, it is rarely defined. The *New Zealand Productivity Commission* (2015) stated their aim as providing ‘insightful, well-informed and accessible advice that leads to the best possible improvement in the *wellbeing* of New Zealanders’ (italics added). Similarly, the Ministry of Health, in its revision of New Zealand’s Health of Older People Strategy asserts ‘healthy ageing and *wellbeing*, aged-related health conditions, the relationship between ageing and other health conditions, and end of life care’ (Italics added: MOH, 2016a: 1), as part of its broad ‘inclusive approach’ to health (MOH, 2016a: 1). It is clear from both documents that use of the term ‘wellbeing’ serves as a net cast expansively; approximating a broad sense of wellness.

This research adopts the term ‘wellbeing’ simply to denote both the service users’ subjective evaluation of life experiences, and the objective evaluation articulated by family, and staff.

## Continuum of care

The ‘continuum of care’ referred to in the community and voluntary sector, refers to services provided throughout the life-course. In the context of aged care provided by faith-based organisations, this continuum stretches from respite care and day programmes designed to promote active and socially connected living, supported living and home-based support, through to residential and palliative care. The continuum of care recognises that older people are not a homogenous population, nor are the organisations involved in this research a homogenous group of agencies with identical services and operating capacities.

Within any population, each individual’s social and economic situation is a combination of factors that require intervention strategies adapted to meet both personal demands, and wider social concerns. For some individuals, particularly

*wellbeing as a concept still the subject of continued academic inquiry, this research adopts the term simply to denote both the individual’s subjective evaluation of life experiences, expressed here by services users, and the objective evaluation of experiences and material resources articulated by family, and staff*

those who have been unable to accumulate sufficient assets over their working lives, or to save funds necessary to see them living comfortably into their later years, old age can bring serious risks of poverty and associated illness. The inclusive nature of faith-based organisations means many participants spoke of serving people with fewer social and economic resources at their disposal, alongside more affluent older people.

Offering service across the continuum of care acknowledges age as a process, accommodates for a diverse population with diverse needs, promotes equity of access in service provision, and reflects the role of community and voluntary groups in identifying and addressing needs in the community.

## The role of faith-based organisations in promoting wellbeing

The agencies included in this study are part of the wider network of faith-based social services that make up the formal membership of the New Zealand Council of Christian Social Services (NZCCSS). NZCCSS has six foundation members: the Anglican Care Network, Baptist Union of New Zealand, Catholic Social Services, Methodist Church of New Zealand, Presbyterian Support New Zealand Inc. and the Salvation Army. Nationally, NZCCSS membership includes more than two hundred service providers delivering more than 1,000 specific programmes located in towns and cities throughout New Zealand. Those agencies deliver a wide range of services that cover such areas as child and family services, services for older people, food-bank and emergency services, housing, budgeting, disability, addiction support, community development and employment services.

In addition to formal membership, NZCCSS networks with a wide range of community-based organisations and initiatives that have varying levels of connection with and affiliation to the churches in New Zealand. The collective impact of social services covered by NZCCSS networks is therefore difficult to quantify, but NZCCSS members have income of almost \$700million, employ nearly 12,000 staff as well as almost 16,000 volunteers.

NZCCSS members are part of the wider community and voluntary sector consisting of more than 114,000 not-for-profit organisations. When volunteer input is included, this sector makes up 4.4% of New Zealand's economy ( i.e. Gross Domestic Product GDP) based on most recent figures from 2013 (Statistic New Zealand, 2016). Health and social services are among the largest contributors to this with income in excess of \$4,400 million and employing around 60,000 people and an estimated 160,000 volunteers

*NZCCSS members have income of almost \$700million, employ nearly 12,000 staff as well as almost 16,000 volunteers*

### Faith based agencies provide a full continuum of care and support

NZCCSS agencies work right across the full spectrum of care and support for older people from community programmes, social support through more formal day programmes, home based support services, retirement housing and aged residential care services. This means that NZCCSS networks are uniquely positioned to give real insight into the full experience of older people in New Zealand's communities.

Across the continuum of care offered by faith-based organisations participating in this research, were services provided to those with high and low level needs

and those with high and low levels of autonomy. They include day-programmes for service users based in the community, where attendees may have very high cognitive and physical capacity, through to hospital and palliative care at end-of-life. As the 'continuum' suggests, there are also many other services provided to meet the demands of service users at varying times during their later years.

*NZCCSS networks are uniquely positioned to give real insight into the full experience of older people in New Zealand's communities*

### Respite care, day programmes and support for carers

Respite care provided by participating organisations takes the form of both planned and emergency temporary support at aged care facilities or in the home for families, spouses and carers of elderly individuals who may be physically or cognitively impaired. While respite care provides temporary, short-term relief to primary caregivers, the service is also designed by faith-based organisations to provide a positive and beneficial experience to the service user in care.

Day programmes are another form of respite for carers as well as support for individual older people. NZCCSS estimates that its networks provide a very large proportion of the government-funded day programmes for older people. A NZCCSS (2015) survey found of 25 day programme providers representing 13 of 20 District Health Boards (DHBs) that the intent of these programmes is primarily to offer social support to the aged recipient and relief for their carer.

### Home based support services

Some 72,000 older people receive home based care in New Zealand and the government spent around \$295 million on funding these services in the year ended June 2014.

Home based support services include support for people with personal care difficulties such as bathing and dressing as well as support with daily life such as cooking and cleaning. These services help older people to continue to live independently in the community. NZCCSS agencies such as Presbyterian Support Enliven, LifeWise and Salvation Army HomeCare make up a significant proportion of the providers of home-based care around New Zealand.

### Aged residential care

There are around 31,000 people living in aged residential care facilities and the government spent just under \$1 billion (\$939 million) in this area in the year ended June 2014.

Aged residential care includes rest home, hospital level and dementia care for older people who can no longer live independently in the community. NZCCSS member agencies, including The Selwyn Foundation, Presbyterian Support agencies, the Sisters of Mercy, make up an estimated one fifth of total residential aged care provision in New Zealand.



### Retirement housing

NZCCSS agencies are also involved in providing both rental housing and license-to-occupy retirement village-style housing for older people. For example,

The Salvation Army is one of New Zealand's largest community housing providers and The Selwyn Foundation recently entered into an agreement to partner with Auckland Council to run its more than 1400 pensioner housing units.

## Methods – the strength of the story

Older New Zealander's receiving support across the continuum of care bring with them a life time of personal experiences, and unique ways of being and understanding in the world. Crucially, in order to determine the unique ways in which faith-based organisations contribute to older people living well, the perspectives and stories told by elderly care recipients must be considered alongside those provided by management, staff, volunteers and family. The strength of perspectives provided by service users and residents lies in their ability to express both the everyday and the intangible.

This research uses qualitative methods to analyse the role of New Zealand's faith-based organisations in supporting older people and the difference these organisations make to the lives of not only individual service users, but their friends, whānau and the wider community.

At the heart of this research are three questions:

- 1) What are the attributes of faith-based organisations that promote wellbeing of older people?
- 2) What makes faith-based organisations distinctive?
- 3) How do these attributes promote wellbeing?

Following the method of inquiry used in *Outcomes Plus* (2015), the current research sought to understand the contribution of New Zealand's faith-based organisations in aged care through interviews and focus groups with five groups: those in management and senior leadership positions, care workers or kaiāwhina, allied health workers, service users/family members, and volunteers. Where possible, focus groups were held as a means of encouraging participants to speak freely and to collaboratively construct a picture of both aged care as a whole and the unique role of each respective organisations participating in this study. At other times, interviews were held with participants out of necessity.

Individual interviews and focus groups took place in Dunedin, Christchurch, Wellington and Auckland, with representatives of rural service provision from the wider South Island and Lower North Island regions. In all, 107 participants took part with 10 one-on-one interviews with management/those in senior leadership positions, and focus groups with 29 clients and family members, 26 allied health workers, 15 volunteers and 9 senior leaders. Focus groups varied in size from 2 participants to 7. Smaller groups, while not strictly meeting the definition of a traditional focus group, still followed a focus group schedule, and the discussion was able to flow in much the same the manner.

The data collected, in the form of narrative expressed by participants, comes from those whose lives have been shaped by the work of faith-based organisations and those committed to aged care in New Zealand. Faith-based, non-profit member organisations of NZCCSS involved with this research operate in New Zealand's four largest cities, but extend their services beyond urban centres, and into rural areas, and where possible this research has attempted to show this.

*107 participants took part with 10 one-on-one interviews with management/those in senior leadership positions, and focus groups with 29 clients and family members, 26 allied health workers, 15 volunteers and 9 senior leaders*

Limitations arose regarding rural service provision and the health of older Māori. The *Health of Older People Strategy's* 'Emerging Strategic Approach' 2016–2025 currently (MOH, 2016a: 6) notes the need for 'responding to access issues of older people living in rural communities'. While representatives of faith-based organisations providing services in rural communities participated in this research, and where possible rural service provision was explored, the issue of access to services for older people living in rural communities is a matter which requires further attention.

NZCCSS has a strategic partnership with Te Kahui Atawhai o Te Motu (TKAM), a national collective of Iwi Māori social service providers. TKAM has 180 member organisations located throughout Aotearoa with a focus on servicing their communities to support and address whānau, hapu and Iwi needs. While some TKAM members are involved in service provision with kaumatua and kuia, their agencies were not part of this study. Issues related to the health of older Māori were discussed with participants over the course of this study, however more information is needed to draw meaningful conclusions. Future research on ageing in New Zealand should therefore look to further understandings of the health of older Māori.

Having completed and transcribed the interview and focus group data, a thematic analysis was carried out to determine and develop emerging common elements. This thematic analysis revealed thirteen interrelated themes illustrative of New Zealand's faith-based aged care providers. They are:

- **Organisational mission:** The importance of mission statements and values-based philosophies were expressed both as a defining attribute but also part of the process of effective and compassionate service provision.
- **Spirituality:** An ever-present element, expressed across a continuum including individual quests for meaning, a spiritual understanding of care and compassion, and more formal religious association and practice.
- **Role of chaplaincy:** The pastoral support and community engagement facilitated by those in chaplaincy roles came through as essential and distinctive value that faith-based organisations bring.
- **Leadership:** Values-driven and people-focused leadership emerged as a favoured style for leadership. Values are shown through effective leadership which promotes mission "in practice".
- **Organisational culture:** Connecting organisational values with a supportive working environment and a focus on providing comfort and quality care for clients and residents.
- **In-house accountability:** Going beyond the formal external accountability and reporting requirements to include some innovative forms of in-house accountability emerged as another distinctive element.
- **Inclusiveness:** Accepting everyone and embracing difference, providing a wide range of services from community support, housing and aged residential care.
- **Holistic care and support:** The importance of a holistic approach to care that is mission-driven and extends beyond the physical needs of the individual and beyond the provision of the primary services to encompass wellbeing, respect and compassion.
- **Comfort:** Creating a sense of 'normality', privacy, dignity and general wellbeing in situations that are challenging with much change for the older people involved.



- ***Flexibility, innovation and use of time:*** The capacity and ability to work flexibly and innovatively with regards to the use of time, resources and care which results from the relative independence and control of faith-based organisations.
- ***Personal autonomy and choice:*** Avoiding restrictive routines as far as possible and promoting ways for individuals to express their personhood in control and decisions about their daily lives.
- ***Networks:*** The long established social service agencies some with histories going back 150 years, provide deep and supportive networks that are a base from which new innovations can emerge.
- ***Volunteerism:*** The combination of the social, personal and economic benefits of volunteerism underpins the distinctive culture of the agencies both large and small participating in this study.

Through these attributes, or ‘organisational-specific capital’, this study illustrates how faith-based organisations create social value well beyond primary care objectives. The social value which results through this dynamic combination of their organisational-specific capital are:

- Community perception
- Community development
- Social inclusion
- The willingness to go the ‘extra mile’

While many of the themes discussed in this study may be apparent in other organisations, the social value that emerges is understood here as being distinctive to the work of faith-based, non-profit providers of aged care in New Zealand, as it results from a unique combination of organisational structures and processes.

# What makes faith-based aged care providers effective?

## Organisational-specific capital

*Outcomes Plus* (2015) examined those attributes which comprise the *organisational-specific capital* of community and voluntary organisations. The term was adopted from a New Zealand Treasury report which stated ‘The motivations and values of people working for social service providers are an important feature of the market. The aspects of voluntarism (sic) and ‘doing the work for the better good’ are not easily measured or tangible, but offer an important element that is different from the corporate market’ (2013:16). It went further to note:

*“Providers of service compete through non-price differentiation, for example demonstrating ‘best fit’ for a contract. In the main, ‘best fit’ is linked to the community the organisation supplies, or the skills it has built up supplying similar services. In economic literature, this can be referred to as organisational specific capital” (Treasury 2013:13. Italics added).*

*Outcomes Plus* illustrated how ‘organisational-specific capital’ – the unique characteristics and infrastructures of the community and voluntary sector – ‘combine to build the community value of the sector and allow it to meet not only the contract requirements set by government, but a range of individual, family, whānau, and community needs’ (2015: 17).

In keeping with this framework, *Valuing Lives, Living Well* sets about exploring this organisational-specific capital with a focus on faith-based organisations operating in aged care. Through an analysis of this organisational-specific capital, ‘social value’ emerges as the indirect and often underappreciated result of the process value of their modes of operating. Social value is here understood as not only resulting from the individual elements of organisational-specific capital, but as the sum total of these elements, and the processes through which they are realised. Therefore, while many of the themes discussed in this study may be apparent in other organisations, the social value that emerges is understood here as being distinctive to the work of faith-based, non-profit providers of aged care in New Zealand, as they result from unique organisational structures and processes.

*Social value is here understood as not only resulting from the individual elements of organisational-specific capital, but as the sum total of these elements, and the processes through which they are realised*

## Mission

One component of organisational-specific capital, or value, which distinguishes faith-based organisations, is the ethos and philosophical values the organisations promote. These values are captured by the organisations’ mission statements, which emphasise a focus on caring, compassion and justice rooted in the Christian tradition.

*It's about providing a Christian, family environment...it's also about caring and supporting staff and residents, and trying to involve the staff and family.*

*So if every person that works here, because they have the orientation about 'I'm here to care, and I'm committed to the mission', if everyone does those things every day, then that makes a difference.*

While mission statements varied between participating agencies, similarities centred on the needs of individuals, families, and the wider community, with a particular focus on person-centred and inclusive support. Addressing aged care in particular, participating aged care providers emphasised a commitment to the security and safety of individuals, but also stressed a focus on a broader understanding of quality of life and wellbeing, with reference to independence, dignity, privacy, respect and the associated professionalism of the organisation itself.

While participating organisations did not incorporate religious content into all aspects of service provision, it may be assumed that faith-based agencies will convey religion or some form of spirituality through nonverbal acts of care and compassion (Sider and Unruh, 2004).

*While we are a Christian organisation, with roots in the church, we're actually a professional service delivery agency, so we don't require staff to necessarily have any sort of a faith, but what we've tried to find is common ground between professional service delivery, Christian values, and Christian ideas around spirituality.*

The importance of organisational mission was a recurring theme throughout this study. Mission statements and values-based philosophies were expressed by participants as a defining attribute of what the organisation did, but also of the processes which allow for effective and compassionate service provision. The integrity of the organisations' respective values was understood as extremely important as faith-based aged care providers recognise, first and foremost, their responsibilities in providing for vulnerable groups in society. As such, mission statements and the accompanying philosophy act as a constant rubric through which the aims, objectives and practices of the organisation are continually defined and measured.

## Spirituality

*It's about respecting people's faith, traditions, being open to the conversation and making it a natural one. Their spiritual needs are extremely important in terms of what's comforting for them.*

A growing body of literature expresses the importance of spirituality in aged care. In light of this research, and the cultural significance of spirituality, the current New Zealand Health of Older People Strategy (Ministry of Health, 2002) requires health professionals and service providers to take a broad approach to aged care, including consideration of the physical, mental, social, emotional and spiritual needs of older people.

In keeping with their faith-based origins, and commitment to offering holistic care and support; representatives of the organisations participating in this research provided both person-centred and communal forms of spiritual care, while ensuring religious practice was inclusive and accessible to all,

*We work holistically with clients and we understand that every client has spiritual needs, as they define it, and we will support that in our talking to people and talking about advanced care planning, and how they find meaning in their lives. So, there is a spiritual component to our work, because it is about meaning and emotional health and what's important to people.*

*In residential care prayers are led by residents. We have chaplains that come in regularly. We also have other denominations for residents of other religions that we organise to come in to see individuals specifically. But I think it underpins everything we do. More in residential care, it comes through on the care side of things, but also the relationships and how we treat our residents.*

While the organisations involved in this research were faith-based and owed their origins and values-base to the church and the Christian tradition; participants made clear distinctions between spirituality and religious practice,

*You can't confuse spirituality with religion. Spirituality is about what gives people meaning in their life, and what's precious to them. You don't necessarily need someone of any religious persuasion to support someone around their spiritual needs, but you do need that caring and compassion that an environment and an organisation like ours creates.*

This understanding is in keeping with the literature around this topic, which increasingly uses the terms 'religion' and 'spirituality' in clearly distinct ways. For the purposes of this research 'religious belief' is understood as formal and doctrinal, while 'spirituality' refers to personal and subjective experience. While the two terms are not mutually exclusive, the term 'spirituality' was preferred by participants of this research as it is viewed as being in keeping with the inclusive nature of today's faith-based organisations operating in New Zealand, is person-centred, and also acknowledges requirements mandated by New Zealand's Ministry of Health,

*It's in the contract that we provide spiritual care, but it depends on your definition of spirituality. I want to see it as a very wide thing, but I think because we're a church-based organisation we have a legitimacy to also provide a Christian understanding of spirituality, so the fact that we have Hindu and Muslim staff, and people in care who have come from Orthodox backgrounds, or people who have come from atheistic backgrounds or no faith are welcome...*

Three positions were generally indicative of the broader role and impact of spirituality within the organisations approached for this study, as understood by staff and service users,

*It's important to me that this is a Christian organisation... We are inclusive of all believers and non-believers, but that history and involvement with the church is important to me as a Christian and an individual. It informs what we do around here, and how we do it, as it's tied to our mission and values, but it doesn't need to be explicit. The care, compassion, dignity, and respect will always come first, and you don't need to be Christian to give or receive that.*

*I was bought up within Christianity, but I'm not a believer. I was told by a friend that I have the morals of a Christian, so I'll always be a Christian. And to me that's what this organisation offers; the morals as a way of life. The giving, the listening, the caring: that is here, rather than the religion itself.*

*It's not important to me that this is a Christian organisation. I think it's good, because like I say, I am a Christian; but I think it's great what we are doing. But no, I don't see it as necessary. The Christianity is brought in by the clients, but it's not made a big thing by the organisation. It's up to them.*

Where religiosity was concerned, it was felt by participants that a more implicit form had taken shape in today's secularised society, whereby the religious foundation of the organisation is acknowledged and expressed practically through interpersonal relationships and a commitment to serving those in need.

*So I think the underpinning ethos gives the staff and prospective residents a confidence that the Christian values that we espouse are made real in practice as well. So a lot of our people, and I'm talking about staff, residents, volunteers, extended family, whānau, will talk about the sense of being family, and the importance of that...so we bring the Christian family in, and it's about accepting each other with all our differences, welcoming people with any faith, or none, which we hope the church does too. So, in a lot of ways it's faith in action.*

Understandings of spirituality were expressed by participants of this study as operating across a spectrum, from individual quests for meaning throughout the ageing process, a spiritual understanding of care and compassion, to a relationship with a higher power traditionally associated with religious association and practice. Studies around spirituality and ageing suggest the importance of 'integrity, humanistic concern, changing relationships with others and concern for younger generations, relationship with a transcendent being or power, self-transcendence, and coming to terms with death' (Dalby, 2006: 11). It was these qualities which were viewed by aged care workers, volunteers, service users and families as being important to the spiritual wellbeing, and quality of life of older people.

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## The role of chaplain

*Our chaplain is actively involved...She is our chairperson for the resident and whānau meetings we have every two months, and is also a chairperson for our quality committee. She also helps run the recreation programme as well, so is actively involved in that, and also open as someone to talk to...*

The role of chaplain within participating agencies varied between the organisations involved in this research. For some organisations, the chaplain was employed part-time with the agency, for others the role of chaplain was rotated regularly in cooperation with different church denominations. The availability of a chaplain is a mandated feature of aged care in New Zealand outlined by the Ministry of Health standards (NZ 8134.1.1: 2008, MOH, 2008). However this study found what was broadly understood by many participants as a greater allowance for the role of chaplain in New Zealand's faith-based residential care facilities. This allowance saw the accessibility and services provided by chaplains as extending well beyond the mandated requirement that the religious and spiritual needs of clients are met.

Again, assumptions regarding a greater capacity for spirituality were evident in this study. In the role of chaplain, however, more concrete forms of pastoral and spiritual care were evident. This role included more contact time with chaplains of all Christian denominations, and reaching out to communities of other faiths, chaplains acting as another staff member assisting alongside volunteers and

involving themselves with day-to-day activities, supporting family members, and acting as advocate on behalf of service users and family.

The role of chaplain, in terms regular contact, visibility and availability, was widely regarded as an important point of difference within faith-based organisations in the care of older people. For religious residents and service users, the chaplain offers care essential to their spiritual wellbeing, and continuity with their faith community. The chaplain was also widely regarded as an essential advocate for not only the spiritual needs of both staff and service users, but also as another point of contact for both staff and residents in an environment where the ability to simply stop and listen is understood as essential to wellbeing.

*Our chaplains aren't just about church services, and it's not just a week from each denomination on a rotation basis. It's about having a pastoral presence, who's here to walk alongside people for an extended period of time. They'll often say they want to be 'strategically present', so they're at social events to be with residents who may never have had conversations about end of life, who may have unresolved issues, and making sense of life in the later years.*

*The chaplain has an active role in caring for people, aside from coordinating religious activities. So he'll take people to appointments if someone has taken a fall and is in hospital, he'll go and visit people. He visits everyone when they first move in. He works well with staff, and they'll communicate between one another where the resident is concerned.*

The role of chaplain in faith-based organisations was stressed as being more than simply a nod to mandated requirements. Regular visits from a chaplain or other faith-representatives offered the ongoing support crucial to the wellbeing agencies pursue for those in their care,

*Sometimes it's through a year of relationship building before those conversations can be had, but that's what a chaplain can achieve where visiting clergy can't. That's why that is really important to us. We're looking after the whole person, and that takes time.*

*The chaplain is very good at picking up on the concerns of people. He came to me the other day and said, because we had some changes over the year, and one of the residents was actually quite anxious, and he alerted me to that. So he keeps a look out for that, and is extremely perceptive in that way. If he just came in to take services, I think his role and impact here would be very different. Having him here, on site and employed with us makes a huge difference.*

Participants stressed the importance of chaplains in not only providing faith-based support, but in maintaining a more general and inclusive understanding of spirituality,

*I think it makes a difference we have a chaplain on staff that works part time. So his job is to provide pastoral care to people. And some of it is being able to have those conversations about people's own individual needs, and for that to be a natural conversation, and allow people to say 'actually I'm Buddhist, or Hindu' and we will then ensure they connect up to the community that's most important to them.*

Importantly, chaplains provided a range of services and support beyond the provision of formal religious activities,

*The role of chaplain, in terms regular contact, visibility and availability, was widely regarded as an important point of difference within faith-based organisations in the care of older people*

*We have a chaplain employed by (the organisation) and I think that's a real plus. He does a lot. What that means for us is he runs services for the residents, he runs groups, brings in like-minded people from the community, themed speakers, he does that from other services around the area. He goes and visits all our residents who end up in hospital both from our village and rest home. That's big for us because it means our staff can continue with care in our facilities, but we maintain a connection through him. For some that don't have relatives, he'll do other things like bring them their washing, any of those links that need to be there.*

## A spiritual space

All the agencies participating in this research provided an onsite chapel or similar area for quiet spiritual contemplation in their residential care facilities. Where some did not have a formal place of worship, the positioning of their residential care facilities close to a church of the organisations' Christian denomination, in some cases next door, offered an even greater availability of community and spiritual care.

*A lot of our staff will go and see the chaplain also, and use our chapel. That's what I love about this place, is that we have a chapel onsite. That is a lot of what actually drives people to be here. We have a lot of people from different denominations who come here and the first thing they see is the chapel, and they love that. Family members love it because their loved one won't have to go far to continue that spiritual connection of going to church. We have families who will come in and use the chapel just to sit and pray, and have some quiet time.*

Onsite chapels and spaces which fulfil residents' spiritual needs not only met with mandated requirements imposed by the Ministry of Health, but also provided a space for residents to come together, socialise, and create and maintain lasting connections with one another.

With a growing body of literature expressing the importance of spirituality in aged care; faith-based organisations, with their connection to faith communities of all denominations and holistic understanding of the needs of their clients, offer a distinctive form of spiritual care that goes beyond mandated requirements set by the Ministry of Health. The respective missions of these agencies acknowledge spirituality and their Christian foundation, creating a culture which sees spirituality expressed through practice and through relationships established between carer, client and family, and also between staff.

## Leadership

The role of strong, purposeful and value-driven leadership emerged as a recurring theme throughout this study. Effective leadership is essential to the distinctive needs and requirements of successfully operating in aged care, but more particularly, operating in the sector as a non-profit, faith-based organisation.

*It's people focused and that's the big difference. People care about people here, and that comes from the top.*

A recent study by Cartwright et al. (2013: 315) found eight domains of performance required by leaders in aged care faith-based organisations; (1) professionalism;

(2) collaboration and teamwork; (3) judgement and decision making; (4) communication; (5) scholarship and teaching; (6) management; (7) advocacy; and (8) leadership, or influencing one or more individuals with the aim of accomplishing an organisational objective. These emerged as themes in discussions around leadership in this study. What also became evident through this study was the top-down role of leadership in instilling and reinforcing organisational values, and promoting mission ‘in practice’,

*One thing I also love about (the organisation) is the support we get through the chaplain, the CEO and our board. Our board member comes every week to support us in the church service, so even though we're based out here and everyone else is in town, we never feel disconnected because of the support we get from our board member, the board and our and chaplain. They're our link and we get involved in the fundraising activities as well.*

*Our focus is on wellbeing of the person, which is a direct result of our mission. And it comes from the top, from (the CEO). (The CEO) has a major influence on how it all comes from services throughout the continuum of care we offer, to our residential facility. So I think (the CEO) is a real driver of that: A role model.*

Strong leadership and the role of senior staff in maintaining the organisations' values-base and high quality service was repeatedly noted by participants as being integral to the everyday operating of the respective aged care provider. Interestingly, while values were explained as being inculcated through a top-down form of leadership, and the professional nature of aged care requires a hierarchical structure, it was often a ‘horizontal’ form of leadership-by-example that was valued by staff and appreciated by service users.

*We promote staff and residents as being one family. It's not staff versus residents, or residents versus staff. And we see that same support between our staff and in the relationship between management and staff.*

There has been much work on the leadership and organisational resilience of non-government organisations. Effective leaders build trust with their staff through leading by example, but also by promoting decision making by staff through horizontal forms of leadership (Resilience Organisation, 2013). Participants of this research felt that this horizontal form of leadership resulted from a generally less stratified working environment - a characteristic attributed to non-government organisations - and was supported by an organisational culture which was mission and social justice driven. Leadership that is ‘mission-driven’ and an organisational ethos centred around care, compassion and social justice were also identified by participating agencies as crucial in combating ‘mission drift’, and in continually providing the level of care faith-based organisations are appreciated for.

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## Organisational culture

*Even for myself, when I came for the interview, it was the feel of the place. It's not just how the place looks, it's how people approach each other and how they talk to each other, and it's about our respect and our dignity, which is part of our values.*

Closely related to the mission of faith-based organisations, and maintained through effective leadership, is the resulting ‘organisational culture’. Participants of this



research noted many contributing organisational elements to this culture including their faith-based and non-profit status, leadership, the supportive environment, and importantly, the nature of the work itself.

*There's a love for the job, and not just the money. I honestly believe that, because our funding is pretty poor, and I do believe that for our carers and RNs (Registered Nurses) that choose a career in aged care, it is for the want of a betterment of life for residents. I don't necessarily think it's about the pay packet. It has to be a commitment. There's an absolute commitment there to make older people's lives better.*

*The impression I get (from staff)... is really a sense of their personal values. When I talk to them, what comes across for me is compassion, understanding, empathy; just the way they communicate. And you get a feel of the type of person that they are. And if you're a family member, or a spouse looking for someone that's going to help their loved one, then you're going to think 'these people are going to help'.*



This organisational culture was viewed by participants as an integral part of creating a supportive working environment for both the service user and staff. The innovative measures participating agencies adopt in providing comfort and quality of care for service users also contribute to a working environment in which staff feel supported, while also giving their work further meaning,

*I think (our innovative measures) make the job of staff more meaningful. Because, look, cleaning someone's floor and toilet is not that exciting, but if as part of that you see yourselves as a part of a team that's creating a really full life for someone, and the fact that your chatting while you're cleaning is not just you being you, but part of a whole thing, and you're part of a team. I think it's a whole lot more meaningful for staff to know that that everything we do here, our focus and our practice, informed by our mission, is making a whole life for someone... so hopefully people enjoy their jobs more, and I've had feedback from many staff members that they enjoy their work, and that's better for residents too.*

The organisational culture of faith-based organisations is the result of many structural and interpersonal components. Participants of this research emphasised the importance of hiring those whose personal values align with that of the organisation. While being a Christian was not a prerequisite of employment, pre-employment interviews, in-house accountability measures and effective leadership through example were noted as being crucial to the maintenance of this culture,

*It comes down to pre-employment. We talk about the philosophy and if you can't fit into that then this isn't the place for you. We need to earn a living, but we also love the job we're doing and the people we work with.*

*They often say when they come to the interview, 'I'd much rather work for you guys because I know you're all about caring and I'm really into that too. Yes, I want to be paid, and I wish it paid more, but one of my personal motivations is caring and I've come to you guys because I know that's what drives you'. And I think you get*

*a critical mass of people who for them that's their real driver, and that makes a difference to what residents experience.*

Accountability measures, both internal and external also play a key role in maintaining this organisational culture and ensure high levels of service quality across the continuum of care.

## In-house accountability

Closely related to this leadership-by-example and organisational culture, is the emphasis on in-house accountability evident in all the agencies participating in this study. While the importance of external measures, such as the government mandated *interRAI* needs assessment tool, was repeatedly stressed, the evaluative measures that are in place internally provide a constant means of maintaining the mission of the organisation, sound and effective practice, and most importantly quality care. This in-house accountability was expressed by management and staff as working both formally and informally through often innovative means.

Participants spoke of the importance of external accountability measures mandated by government, including the *interRAI* tool, particularly within residential care settings. However, innovation was also evident in those in-house measures which monitored the quality of service, and wellbeing of service users in the community, where measuring outcomes may not be as straight forward.

*We think that values framework (mission) fits really nicely and supports what we do externally, and we try to recreate that internally. So we as an organisation, we measure our success in terms of being an employer and managing a workforce, we measure them against those things. So that creates a structure, or organisational model that is congruent with our mission. So the things that are important in the relationships with our clients, and how we expect our staff to operate in the community, we expect that the internal climate of the organisation will reflect that. So effectively our physical structures, and the things we have, have to work within that model.*

*Our strong ethic is that we are really outcomes-focused, so we want to measure the effect of what we do. The only people who can tell us how effective we are at what we do are the people we work for, the clients. So we have a system where clients give us direct feedback on a regular basis on how the relationship between the worker and the client is working, from the client's point of view, and what needs to be changed or altered.*

*Our job is to be open, friendly and client-directed. If things are not changing for the clients, as in if the outcomes are not coming because of how we're working, then we need to change how we're working so the people do get the outcomes they want.*

In residential care settings, participants spoke of the importance of communication, of effective leadership and the maintenance of organisational mission in developing in-house accountability measures,

*You do need ongoing assessment. You can't just assume they're (care staff) ok to be doing this stuff by themselves. The information has to be fed through everyone in this building. It's not just a nursing responsibility. We have loads of meetings where we talk about this. The cleaners, the launders; we're all responsible for assessing our*

*residents. Whatever you see, we expect you to come back and tell us, because we need as much data as we can to plan the appropriate care.*

By ensuring this in-house accountability is maintained alongside mandated external measures, faith-based organisations continually gauge the effectiveness of their services. These measures ensure that while political, policy-driven outcomes are pursued, organisationally-determined outcomes which acknowledge the agencies' mission and the comfort and general wellbeing of service users are also attained.

## Inclusiveness

Representatives of all participating agencies stressed the inclusive nature of the facilities and services they provide, and of the organisation itself. This was seen as particularly important in terms of their being faith-based, and their long involvement with the church,

*It's about accepting each other with all our differences, welcoming people with any faith, or none...*

*Even our caregivers that aren't necessarily Christian have a similar outlook, and that's about valuing the lives of the people we work with, and respecting their dignity. You don't have to be Christian to have that ethos, and you don't have to be of faith to use our services.*

New Zealand's faith-based organisations are well suited to provide for a diverse population of elderly people, of all socio-economic statuses, and throughout the ageing process. Through the provision of affordable accommodation and continued support in the community, exemplified by the 'continuum of care' they provide, they offer an inclusive approach which recognises diversity and the quality of life of the individual and their families across the life course. This inclusiveness was expressed by participants as being mission and social-justice driven and taking the form of a diverse work force and community of service users, but also in the agencies' willingness to provide for older people refused service by more financially driven organisations.

*One thing that we see happening is when someone is referred to us where for-profit organisations have turned them down for care. We take all comers, we work it out. We'll take people on no matter what has gone on before.*

*On a regular basis, I'll get a call from the DHB (District Health Board) asking us to help them with a situation. It may be about someone who no one will provide service for, because perhaps that person is just too difficult, or for the provider it's just too much of a hassle when you can take someone whose needs are relatively straight forward. So we tend to get people coming to our homes where other providers have said 'no'...it can't be particularly nice for that person, with no one wanting them...*

*We've taken on some very challenging people who have likely been living on their own for some time, in quite neglectful situations and just not coping. Our staff take it as a challenge. They take pride in seeing the process. And I think that's a*

*New Zealand's faith-based organisations are well suited to provide for a diverse population of elderly people, of all socio-economic statuses, and throughout the ageing process*



*difference. Because in our training, we train our staff that every person is important, no matter how they come or what situation they come from...*

The inclusive nature of faith-based organisations, in an increasingly diverse society, and with increasing vulnerabilities identified within an ageing population was not only a repeatedly expressed strength within the sector, but was also viewed as a necessity if aged care in New Zealand is to moving forward.

## Holistic care and support

There is a growing body of evidence that suggests that there are both social and psychological determinants of how individuals age, and that such determinants effect the individual's ability to live a long, functionally healthy life (Sing & Misra, 2009). The New Zealand *Health of Older People Strategy* (Ministry of Health, 2002), currently under review, requires health professionals and service providers to take a broad approach to aged care, 'including consideration of physical, mental health, social, emotional and (the) spiritual needs of older people'. With these components of care mandated by the Ministry of Health, the agencies participating in this study expressed the need for this approach to care to be considered 'holistically', rather than compartmentally as a 'box-ticking' exercise.

Faith-based organisations, through their inclusive nature, attentive and compassionate support and accumulated organisational-specific capital provide services across the continuum of care that address all aspects of older peoples' health and wellbeing. Aged care management and staff expressed the need for a holistic approach to care that was mission-driven and extended beyond the physical needs of the individual, and beyond the provision of primary services,

*What is holistic support? Spirituality, their values, their beliefs, their cultural background... We also consider all their external supports, like their family and whānau. It all stems from our individualised care plan, and what we need to know to make them feel safe and happy and well supported, both residents and family.*

*It's about providing holistic care, and that really applies to all our services, not just aged care. It's about treating the individual as a whole person. People aren't defined by their limitations, or by their illness. Our residents and clients have rich stories and come to us with a family and a life of experience. It's about unpacking that and finding what's important to their wellbeing holistically, on all fronts.*

Holistic care, in this sense, not only addresses the primary needs of service users and residents of aged care facilities, but broader objectives related to a more all-encompassing understanding of wellbeing, respect and compassion.

## Flexibility and innovation

*Outcomes Plus* found flexibility to be a key form of organisational-specific capital inherent in the operations of the community and voluntary sector,

*"Flexibility and time was also important to participants as it impacted on their ability to develop relationships and networks, to undertake professional development, to meet with funders, and to develop new programmes and methods of support as changing needs are identified within the community" (2015: 25)*

*Faith-based organisations, through their inclusive nature, attentive and compassionate support and accumulated organisational-specific capital provide services across the continuum of care that address all aspects of older peoples' health and wellbeing*

This research found further evidence of these factors; however, in the context of aged care, flexibility was most often expressed in terms of agencies' use of time, innovation and the relative autonomy and control of the organisations have as non-government entities.

## Use of time

Participating staff, clients, and volunteers expressed the importance of spending time to build trust and maintain social relations across the continuum of care. Where 'time' may relate in the community to home support workers allowing more time to stop and provide company to an older person, in hospital and palliative care 'time' was understood as important in providing comfort to both residents and family members. Those in residential care repeatedly voiced appreciation, and even amazement that care workers and nurses are allowed the time to stop and speak with them casually and informally; further normalising the experiences of older people in aged care. Importantly, this allowance for time is encouraged by management and those in leadership positions, in keeping with the values expressed by faith-based organisations.

*They all just seemed to go that extra mile, and they were just amazing people. The thing was, they never rushed and they always just stayed as long as they needed. It was a very flexible arrangement I think, according to the person's needs, which varied depending on the week...*

*It's the little ways we care that make a difference. It's not the big stuff, because people expect you to get the big stuff right...it's the little things like staff taking the time to paint someone's nails, have a laugh, just going that extra mile for someone. It's all those little things that family, residents and staff feel make a difference.*

Structural, cultural and leadership factors all contributed to the allocation of time and allowance for staff to 'go the extra mile' for someone. Resident/staff ratios in faith-based residential care facilities, which were comparatively strong, were cited as a key difference and contributing factor of this source of flexibility. Importantly, all residents and service users participating in this study were happy with the contact they received from nursing and care staff, and were understandable of periods throughout the day when time may be scarce.

The allowance for time here is also in keeping with the continued deinstitutionalisation of aged care in New Zealand. Baker (1978 cited in Baker, 1983) coined the term 'routine geriatric style' to describe the systematic, depersonalised care that was once provided in residential aged care facilities. This emphasis on completing tasks, or 'getting done' was described by several nurses and members of management as being in contrast to operations today, where the individual preferences of residents are acknowledged.

*We needed to change our attitude and our use of time. Traditionally in aged care facilities there was this real emphasis on getting everyone 'done' by 1030am, by morning tea. So everyone up, everyone showered, dressed 'done' by 1030. So you'd have staff who kind of just zoomed through that, and we've kind of gone 'where is it written that everyone must be 'done' by 1030am?' If people want to sleep until midday, they're welcome to, and we'll just have to go back...so it's kind of saying 'let's use our time more efficiently by being more flexible'. More flexible sounds less efficient, but it's often more efficient...*

*Those in residential care repeatedly voiced appreciation, and even amazement that care workers and nurses are allowed the time to stop and speak with them casually and informally; further normalising the experiences of older people in aged care*

This deinstitutionalisation of aged care facilities was regarded by participants as being essential to the comfort experienced by residents, but was also evident in the more informal environment of day-programme facilities, and the independence enjoyed by those in supported and independent living arrangements. Crucial to the continued deinstitutionalisation of aged care services, particularly residential care, are the innovative measures adopted by faith-based organisations to create environments conducive to holistic and comforting care.

## Innovation

An innovation adopted by several agencies participating in this study is known as the 'Eden Alternative'. 'The Eden Alternative' is both an international nonprofit organisation, and a set of principles and practices aimed at promoting quality of life for older people and their care support (Eden Alternative, 2016). The Eden Alternative aims to change the culture of aged care and acknowledges that 'loneliness, helplessness, and boredom account for the bulk of suffering' among the elderly (Eden Alternative, 2016). The principles and practices therefore aim to alleviate these issues through creating a stimulating and comforting environment.

While not all faith-based organisations adopted the Eden Alternative, it was widely understood that the popularity of the programme was indicative of a broader shift in paradigm. All agencies participating in this research had in some way adopted 'Eden-esque' measures to ensure the comfort of service users in day-programmes and residents of aged care facilities, including the continued contact with plants, animals and children.

*It's about the emphasis and philosophy of making it more like home. We've taken some of the 'Eden' principles and adapted them for our own. We have our own philosophy which Eden has contributed to, and we've done many things under that umbrella to push a change in culture.*

Other participating organisations were leading the way in formally adopting the Eden Alternative as another means of accountability,

*That's where I think 'Eden' is really good. It's the structure, the accountability, and permission which is hard to get. So it's a culture change really, and it's hard to get a culture change without the structure to hang on to, and that's what it's given us really: Structure and accountability.*

Outcomes Plus found that,

*'The local and institutional knowledge held by community and voluntary organisations collectively creates the flexibility to allow them to respond innovatively and appropriately to needs identified within the community' (2005: 25).*

While the adoption of internationally regarded programmes such as the Eden Alternative is not unique to faith-based organisations, a point stressed by several participants; many qualities unique to them, such as their capacity to encourage community involvement through their extensive networks, and their emphasis on holistic care, were providing the conditions to further this paradigm shift.

The nonprofit status of the participating organisations was also viewed as being essential to an allowance for innovation,

*I think that when you don't have to distribute funds to shareholders, that does give you a greater degree of freedom when it comes to innovation. I need to make a profit, there's no doubt about it, otherwise the organisation will go backwards and we can't invest in the future, but that profit goes back into service delivery and a large part of that is creating the capacity to be innovative and flexible. So I can make a different set of decisions, whereas if I have a shareholder or an owner needing a return on their investment in a cash sense; it's just a different driver.*

Flexibility in this regard was viewed as crucial for creating innovative responses to needs identified in the community and responding to 'gaps' in provision. Within both community and residential care, the capacity for flexibility and innovation was again expressed as being the result of the relative autonomy and control of faith-based organisations as non-government, non-profit organisations.

### Organisational independence and control

Participants of this study from across the continuum of care often spoke of the willingness, supported by their organisation, to undertake flexible and innovative responses to the needs of older people. These responses not only ensure the comfort of service users, but also work toward the achievement of desired outcomes, which were both internally and externally measured. These initiatives were regarded by some as a 'measured risk', differentiated from what would be considered 'risky behavior'. In this sense, the measured risks taken by faith-based organisations are not only supported by those in leadership positions, but by the values held by the organisation itself.

*Our approach has definitely had to change, and we're still in the realm of educating people: 'don't run after them. Don't run after them if you see them walking. Don't do too much for our residents, because that's how they can often deteriorate. We come from a culture where your elders, you show respect for your elders. That's how we were brought up. We're trying to instill in our staff that it's not disrespectful. You're actually helping them. You're empowering them.*

In residential care settings, the relative autonomy and control that faith-based organisations have can lead to a deepening of personal relationships with residents, providing comfort and physical support, while maintaining professional boundaries,

*When I go to see a resident, if they say they're unwell, I might ask if they mind that I sit on the bed with them, and they don't have a problem with that. You know, a lot of places you're not allowed to sit on the bed. You're not allowed to touch the residents. I've worked for a company where you had to keep your distance and weren't allowed to 'invade' their personal space, whereas here, they thrive on a little hug or just a little physical contact in the appropriate way.*

In the community, this autonomy and control was explained as allowing for the development of trust, lasting relationships and personal independence in older people where achieving outcomes requires innovation and empowerment of the service user,

*We can work with some really challenging people, and me going in and saying 'I want you to acknowledge that they're the organiser of their own life', even though*

*they're making some hideous decisions, we still have to do that because we know without that we don't get any traction.*

*If things are not changing for the clients, as in, if the outcomes are not coming because of how we're working, then we need to change how we're working so the people do get the outcomes they want...when we're working in a client led way, how far do we allow that independence to go? We would like self-determination as far as it can possibly go until it rubs up against (the) imminent health and safety concerns of the client.*

Measured risks taken faith-based organisations in the delivery of aged care were voiced through this study as being entirely dependent on context, and the wellbeing of the client. Through effective leadership, ongoing assessment and accountability measures, the safety and appropriateness of these approaches were constantly monitored, and considered against the desired personal goals of the individual. Innovative measures such as these were evident across the continuum of care provided by participating agencies, and were expressed as being a result of structural characteristics of non-profit organisations, an ethos of compassion and a commitment to community development.

## Comfort

Linked to the notion of holistic care and support provided by faith-based organisations, their flexible nature, and organisational culture, is the resulting comfort experienced by service users and family. 'Comfort' in this context can be understood on multiple levels. These relate to the mental, physical, spiritual, and cultural care offered, but also extend to friends and whānau. This study found that residents' perceptions of comfort were understandably idiosyncratic and subjective, however, common themes of comfort emerged.

Evident in resident, service users, staff and families' stories was an emphasis on the importance of physical comfort, relationships with staff and other residents and service users, the continued connection to and availability of family members, and the individuals' safety, dignity, privacy, trust, relative independence and control. These factors, together with innovative and creative measures aimed at fashioning a generally reassuring and supportive physical environment, contributed to the overall comfort of service users across the continuum of care. This was particularly true in the case of residential care,

*We want to make a home for residents. It's not a hospital where we do surgery. This is where residents live their lives. It's not a care-based, clinically driven environment. Residents participate in everyday living here. They feed the animals and water the garden, they hang the washing; just normal, everyday things.*

*It's a very different angle where we're coming from. It's not clinically driven. It's driven by the fact that this is their home, and we're guests in their home.*

*We tell them 'this is your garden, not mine. We've just been given this office to use, and we're privileged to have a little place in your home, but it's your lounge, and it's your facility, so we're just here to do a job in your home'. So it's a different concept...*

*autonomy and control was explained as allowing for the development of trust, lasting relationships and personal independence in older people where achieving outcomes requires innovation and empowerment of the service user*



*You can go to these flash new places that look very new and modern, but what we're trying to provide is an environment people feel comfortable in. Most people that come here and stay with us comment on the 'feel' of the place...*

*It's a continuation of home...*

In the absence of a spouse, adult children and extended whānau are often the main resources in helping their elderly parents and whānau make their way through the senior years. By extending pastoral care beyond the staff member-service user relationship and incorporating family and whānau into events and activities across the continuum of care, faith-based organisations work to maintain social connections in the community, and create continuity in residential care settings. Again, the relationships and trust formed through these measures was recognised as a contributing factor to the comfort of service users,

*The family is often just as important as the older person, because they are the ones that are making decisions about their life.*

*What you have to recognise is that for someone to actually listen, they have to respect you and respect the relationship. So that's key.*

*The thing is to listen to what they say. If you stop to listen to what they are saying... their voice comes to the table when we're consulting, not just the worker's voice.*

*If we engage, and that means people at the beginning, feel engaged by using this process, then outcomes are likely to increase.*

Another component of this comfort was the semblance of 'normality' strived for by the organisations, and the creation of continuity at a time when much changes for the elderly,

*You get to know the clients when they come in, you know, how they are.... I had a gentleman a couple of weeks ago who was quite new, and he was very quiet, and the next week I heard him say to a friend he had made 'I think I'm going to like it here. They're quite good,' and I thought, well, everything we're doing must be*



*making a difference because these people have been at home most of the time, also we're a support unit for them aren't we?*

*I was at Pak n Save and one of the ladies was there, and I think they're actually quite glad to see you in a different environment. And I chatted to her for a couple of minutes, and you know, it was good. So, if you can meet them in their everyday space, not just within here, but if you see them, of course you'll talk to them, and I think that makes their day. It normalises things a bit...*

Outcomes Plus found that the 'knowledge, accessibility, networking, innovation and expertise' of community and voluntary organisations 'allow organisations to tailor services to meet individual and community-specific needs, creating highly personalised services' (2015: 28). In faith-based organisations the creation of a person-centred, comforting and supportive environment for service users across the continuum of care results from this innovation and knowledge, mission-driven mode of operating and strong, effective leadership. The level of comfort experienced by service users in the community and residents of aged care facilities is supported by in-house accountability measures, but would not be made possible without the allowance for flexibility and innovation which characterise non-profit, faith-based organisations.

*Staff expressed the importance of independence, control and associated factors as also being the key to promoting an ongoing sense of continuity and normality at a time of often considerable change and personal crisis for rest home residents and aged care service users*

## Personal autonomy and choice

Bruhn and Rebach (2014: 71) assert that the primary objective of a caregiver should be to 'convey to the recipient of care that they have input into decisions that affect their lives'. Research which supports this assertion has found that the loss of autonomy, choice and control associated with aspects of ageing have negative effects on the individual both physically and mentally, leading to a loss in overall wellbeing (Bruhn & Rebach, 2014).

Empowerment through the promotion of independence, autonomy, choice, control and shared decision-making is a crucial component of positive ageing experiences, aged care and the ongoing work of faith-based organisations both in the community and in residential care facilities. This research found that even in circumstances where 'care' is minimal – provided to those with low-level - needs, recipients of aged care value the ability to have input into decisions regarding their care, their environment, and their personal approach to ageing. As one nurse put it,

*The activities aren't just so that they look good on paper. We try to individualise them. It's geared towards different personalities, different needs and different interests.*

Staff expressed the importance of independence, control and associated factors as also being the key to promoting an ongoing sense of continuity and normality at a time of often considerable change and personal crisis for rest home residents and aged care service users. This continuity was viewed as important in maintaining individuality and personhood in terms of the life that preceded the individual being admitted to residential care, or requiring other support.

*It's about supporting the dignity of older people. Everything we do, from independent living to residential care, it's about supporting and empowering them. What we don't want to do, when they come to us, is take away their independence.*

In the past, routinisation stemming from the once institutionalised setting of residential care led to a loss of independence and control on the part of the resident. However, through innovative measures, agencies implement new modes of operating which promote person-centred, deinstitutionalised care,

*We (the organisation) changed our attitude...It's not just about getting them up, dressed and into the lounge. So we've introduced things like the buffet breakfast where people can get up between 7-9am, and have their breakfast, rather than being given a tray at 7am.*

Allowing for this personal autonomy and choice at a time when aged residents and service users often experience drastic losses in autonomy is further promotion of not only a holistic model of care, but of the dignity and respect for New Zealand's older people.

## Networks

Another component of organisational specific capital – a key area which also emerged in *Outcomes Plus* – is the utility of existing networks between faith-based organisations and within the wider community they serve. These networks operate at the local and national level and are the result of over 150 years of faith-based community and voluntary work in New Zealand. These partnerships with government and statutory agencies, other community groups and the people they serve could not be possible without the collective and individual expertise of both staff members and volunteers.

Comprehensive networks between faith-based organisations, faith communities, NGOs, statutory agencies and the wider community are not only effective in meeting the needs of clients and in providing services across the continuum of care, they also allow for innovation and effective problem solving within the sector. Participants expressed the ability of faith-based organisations to refer clients to other services, to help them 'navigate' through the often confusing web of services and agencies they may encounter, to 'plug gaps' in service provision, and their ability to foster involvement from the wider community, most notably through volunteerism.

*Outcomes Plus* asserted the importance of networks in the effective delivery of services by community and voluntary organisations,

*"extensive and effective networking based on community and institutional knowledge and reciprocal trust between organisations and agencies results in immediacy of support for those in need, and eases the pressures of increasing demand and complexity. When dealing with the increasing complexity of issues within the communities in which they work, holistic services that make use of extensive networks and the problem solving that result from networked activity are often crucial to effective service provision. These networks are comprised of individuals and organisations that have accumulated local knowledge of the community and governmental policies. As such, a network can be thought of as the sum total of relationships known and used by community and voluntary organisations and constitute spheres of influence, expertise, sources of help, support and knowledge accumulated over time" (Neilson et al. 2015: 24).*

Individuals are crucial to networking and collaboration as a result of their long standing in the community they serve, their expertise, and the local and institutional knowledge they bring to an organisation. Similarly, institutional knowledge gained through long careers in aged care, and the reputations of the leaders of organisations participating in this study, was continually expressed as being a major strength. Management and staff have been a part of the sector for a number of years and have formed lasting professional and personal relationships across the sector and community. These networks - the result of relationships and accumulated institutional knowledge - promote best practice, shared innovation, address specific needs in the community, and furthers the understanding of issues related to aged care across the sector,

*I take networking extremely seriously as part of my role here. It allows me to take noises into the wider sector. And it's not just that when we decide to do something new I want to keep it here; I want to see it as part of what becomes best practice in the sector so that elderly people can benefit everywhere.*

*It's also about knowing where I can suggest they go for best advice and help in a particular circumstance. So that's part of me staying connected to the larger older peoples' house...it's accumulated knowledge.*

*I've been able to suggest strategies adopted by (our organisation) abroad around certain issues and have been able to point out what has been working, and say we need funding around 'this', but we'll save around 'that', and bring my knowledge back after having met with colleagues abroad, through being part of their networks, and I can share that knowledge back into the local sector and give them another perspective on what might work locally.*

Practically, the strength of the networks of faith-based organisations develop also allows for the provision of wrap-around services which address increasing complexity in the community,

*We will advocate and support the person who has quite advanced dementia to live safely in the community, because they don't want to leave their house. Even though their ability to articulate that concern is deteriorating over time, we know in the context of the trust we have built with them over time, that we have an understanding of what they want. So we work really hard to maintain that for as long as possible by using our interagency and collaboration powers to bring more and more services in to support that person in a stronger and stronger way.*

*There are other groups that come in, Plunket and SPCA, singing groups, play groups, new mothers groups, so there are volunteers that are connected to other organisations. We are deliberately trying to grow that aspect to ensure that our homes are more connected to the community in which they reside. It's part of our strategic, organisational goals. It's community development in a broad sense, but it's how you can integrate the (residential care) community with the wider community.*

Effective networking was also identified as being crucial for the ability of organisations to refer older people and families to other services,

*It's not necessarily us that provide all those supports, but we certainly need to make those supports available. I think that in the world we live in now, the professional role is becoming more about engaging in the most complex situations, but also*

*Effective networking was also identified as being crucial for the ability of organisations to refer older people and families to other services*

*making sure that access to the right range of services is provided through our networks, and doing that brokering, coordinating and navigation.*

The networks developed and maintained by faith-based organisations over time were appreciated by management and senior staff as being critical to a host of services provided across the continuum of care. Whether referring service users on to other service providers, advocating on behalf of older people and the aged care sector, or providing wrap-around services, the long history of faith-based service provision, and reputation within the community, combined with the knowledge and expertise of aged care management and staff, results in timely and effective services for older people.

## Church-based networks

A form of networking available to faith-based organisations, unique in use and scale, is their involvement with denominational church-based communities, or parish networks. These networks provide faith-based organisations with many benefits, from charitable donations to informal and formal volunteerism.

*We have volunteers from the church who, twice a week, every week, come rain, hail or snow, take a handful of residents to mass. And they're not 'our' volunteers, they come from the church.*

Faith-based social service providers have a long history of promoting volunteerism in the community, and the church provides a 'ready-made' community to promote participation, social connectedness, and community space through church-owned assets such as the church itself and community halls.

*The first pool of volunteers (historically) was from the church, but it's expanded well beyond that. But they may be the first port of call if there's something we particularly want.*

*Our connection with the parishes is a real advantage as we're really quite connected to the church. The church is actually looking for different ways to engage with the community and provide pastoral care, and we engage with them and support them. So they've got church halls, and all kinds of things that are actually quite empty and (our organisation) is using those centres for older people, for connecting communities again.*

Church-based networks provide faith-based organisations a source of volunteerism, for both residential care and community support. Volunteers, however, were not motivated solely by religion and a sense of duty, but also by humanistic concerns and a sense of community. While religious based activities such as prayer, or the singing of hymns were sometimes requested by service users, these activities were understood as being apart from the primary activities and goals of the organisation,

*I'm a Christian and am part of a singing group that comes here, and have been for 3-4 years once a week. We usually sing a bit of a mixture with some religious songs in there, and last year we started having a prayer at the end, which was requested by some of the clients. And you have to be careful with that, because obviously not everyone's Christian and not everyone wants it, but we had a request. But the feedback we got from that was really good, and most people actually are taking part. But again, you don't know anything about whether these people are Christian or non-Christian, so we are very mindful of that.*

## Volunteerism

*They do know we're volunteers, they know we don't have to be here, and I think that matters to them, that they know we do care.*

Volunteerism was a factor repeatedly voiced by participants of this study as a defining point of pride and difference distinctive in the work of faith-based organisations in New Zealand. Indicative of the often marked difference between the services, approaches, sizes, scales and capacities offered and represented by NZCCSS member organisations; volunteerism played a greater or lesser degree between the organisations approached for this research. Volunteerism, for some agencies, was central to many of the services offered, often with volunteers outnumbering paid staff. Smaller organisations, on the other hand, were actively involved in recruiting and building capacity to allow for further volunteer involvement.

Another difference between participating organisations was the make-up of those who chose to volunteer, from young mothers and small children, to teenagers volunteering through school time, adults volunteering as beauty therapists, and older adults donating their time to provide transport. Common across all the organisations was the appreciation of the role of volunteers in aged care across the continuum of care.

*We get volunteers because we want to help on the day-programme van, or the meal preparation, or for outings. So that's the practical involvement of volunteers, but the wider volunteering purpose is that it creates different sets of social relationships and those relationships often extend to friendship...so you're building social capital and creating much greater social cohesion through the volunteer network. So we think that's a significant way of increasing community capability, just by engaging people on a voluntary basis in our different services*

Volunteerism provides benefits for both society at large and individual volunteers by promoting trust, generational solidarity and reciprocity among citizens. Furthermore, while altruism or 'giving back' and compassion remain an obvious motivation, this research provided a means for volunteers to express the benefits of their participation in terms of personal growth, social interaction and inclusion.

Gidron (1978) provides three ways in which individuals benefit through their volunteerism: 1) volunteers benefit 'socially' through rewarding interpersonal relationships; 2) 'personally', through deriving self-fulfillment and; 3) in 'indirectly economic' ways such as work experience or achieving qualifications (in Payne, 2002: 146). This research also recognises the 'directly economic' effects of volunteerism on organisations in an operating environment where the resources and funding of faith-based nonprofit organisation is under considerable strain.



In keeping with broader trends in volunteerism, many participants of this research were recent retirees who valued their role as volunteer as it provided rewarding interpersonal relationships between volunteers, staff, service users and residents. Part of this social benefit relates to the deficit the recently retired experience as they end their careers. In this sense, the company and social connectedness in the volunteer-client relationship is reciprocal, with volunteers often expressing they feel they gain as much from the experience as the service user.

*It's really only been a short time since I went into retirement, as such, and even for the likes of myself, personally, I find from being full time employment, working for myself for years, to go from that to being retired was quite a big change. I'll be quite honest in saying I was never prepared for it, mainly because I didn't intend on retiring when I did. The circumstances brought that upon me, and it's the type of thing that catches up on most of us. And even the like of the older folks we work with, for them themselves to all of a sudden find they just can't do what they used to do. I think there's a big change there.*

For younger volunteers, often with strong, extensive social networks, volunteering provides an opportunity to overcome misconceptions about ageing and aged care. Spending time with older people and sharing stories and experiences was explained by volunteer coordinators as being an important step in promoting a sense of community, empathy and generational solidarity that is vital to combating negative perceptions around ageing and aged care.

*It's important for young people to come into residential care settings and spend time with our older people. A lot of people still have a very institutionalised view of what it means to be older and to be in residential care. Our younger volunteers come in and they learn from our older people, and learn that life doesn't end as we age. The residents here still have so much to give back.*

Promoting this appreciation for altruism and generativity that results from interpersonal relationships developed through volunteerism was expressed as being a key function of faith-based organisations operating in aged care. Importantly, these social benefits created through volunteerism and essential to wellbeing are shared between volunteers, service users, residents, families and staff alike.

*It's quite important with our philosophy that the volunteers are not just about giving, giving, giving. Sometimes it's about receiving from residents.*

The personal benefits afforded through volunteerism are many. Participants of this study spoke not only of the increased social interaction gained through volunteering, but the importance of 'giving back' and what this meant to them personally. Owing to the ethos and mission of the participating agencies, volunteers expressed their appreciation of the mutual support and caring that is central to the organisation's culture. All participating volunteers in this research expressed their having benefited in some way through their contact with service users, staff and volunteers,

*My kids don't understand why I volunteer. They say 'but you're not getting paid for it'. And to me that's quite sad. I volunteer for so many other reasons.*

*I really enjoy it, and have done for 11 years. I come back for the smiles on the faces of the residents. You get to know them, and they get to know you. It's like coming into another home.*

Altruism, reciprocity and generativity were common themes which arose during discussions on the personal benefits of volunteerism,

*It's essential for human beings to not only receive care, but to give back. That's why you get out of bed every morning, because you give to people, or you have some purpose. It's amazing actually, to see these residents absolutely puff up in knowing that they're in some way needed, and their contribution is useful and appreciated.*

*I think that makes the residents feel great too, the fact that they have outside people coming in who aren't paid staff. It makes them feel that they're important enough for a volunteer to come in and spend time with them, and help them to live a good life.*

Representatives of participating organisations spoke of the importance of matching volunteers to service users, and ensuring each volunteer was suited to the role they would be taking,

*We've had volunteers who have come from overseas and their English isn't that good, and then we've looked at the skill sets of our residents. So we had a lady in our facility that was an English teacher and we asked her whether she would help this volunteer in improving their English, and she was more than happy.*

Matching volunteers with service users and residents to address specific needs and interests is an important source of community development and the creation of social capital. Social capital is shared through reciprocal, mutually beneficial personal relationships, which can then be shared in the community and other social settings.

Individuals, their communities and wider society also gain in indirectly economic ways through their volunteerism. All volunteers associated with agencies participating in this study received training in some form, and undoubtedly picked up new practical and interpersonal skills. Many of the agencies also expressed a greater capacity and willingness to offer formal opportunities for students and those seeking work-experience,

*We have a large number of young volunteers: university and polytech students. Either they want to, or it's a requirement that they do 'x' amount of hours, or they see it as added value to what they are doing. And sometimes we have them for a year, or three years, and then they move on and the next wave comes in.*

Supporting students and young people in the workplace was important to participating agencies on several levels. Assisting and encouraging the next generation of volunteers and health professionals was understood as being tied to the overall mission of the organisation. This was understood in terms of the agency as both a health provider, and an organisation whose function and purpose is rooted in care, compassion, community and social justice. Supporting students also had the added benefit of providing fresh faces and new ideas and services. Importantly, participants also felt residents and service users benefited from interaction with student carers and nurses and that this allowed for the forging of new relationships.

Through purposefully creating opportunities for volunteer participation, aged care providers not only promote social, personal, and indirectly economic benefits for volunteers, staff and service users, but the organisation itself also benefits in directly economic ways through their ability to enhance the services they provide.



*I think it's important to note that the use of volunteers is about enhancing what we do, rather than replacing paid staff. So it's not about reducing paid staff, but about what more we can do for older people with the resources we have.*

*If we didn't have volunteers helping, that would take away a lot. We would still do everything we do, but their involvement brings a lot of diversity into so many aspects of the lives of the people who use our services, and really adds to that quality of care.*

Enhancing services through volunteerism increases quality of care and operational capacity in a number of ways: Quality of care increases as staff-to-resident ratios effectively increase and more one-on-one time can be spent with residents and service users. Similarly, operational capacity increases as paid staff can focus more on their professional duties in an environment of increased complexity and acute health issues,

*If you have a staff member and a volunteer who go out on a van ride, then that means another activity staff member can be back at the home with other people. If you didn't have the volunteer, then two staff members would have to go. It allows us to use our staff in different ways*

*We have a group of volunteers from the church who accompany our residents to appointments. They're a good link because we can spend hours with them otherwise. We can ask relatives to take them, but in this day and age with so many of them working it's really difficult for them to get time off to make appointments. So we call upon our volunteers and they accompany them, and they'll stay with them for hours while they're being seen at the hospital.*

Volunteerism comes with its own costs for faith-based organisations. From police checks, training, coordination and supervision; there are a number of expenses that agencies must cover. Yet the use of volunteers was repeatedly emphasised as significant and distinctive attribute of the organisations participating in this research.

While the social, personal, and economic benefits of volunteerism emerged as important themes of this study, research shows that the most likely determinants of volunteer satisfaction and ongoing commitment reflect the organisation the volunteer serves (Wilson, 2012). The strength of volunteerism in faith-based organisations can therefore be understood as reflecting the work and culture of the agencies providing capacity for volunteer work. Given these findings, and the multidimensional importance of volunteerism in society, the role of volunteerism within faith-based aged care in New Zealand must be valued and enhanced through supportive policy if it is to continue to shape and enhance the lives of our older people, and our communities.

# The concept of social value

The components of organisational-specific capital identified in this study lead to what is labelled in Third Sector literature from the UK as 'social value' – what *Outcomes Plus* called 'community value'.

Social value 'refers to the added and collective social benefits a service or organisation may generate. Social value is often the indirect impact of activities and includes the effect an activity has on communities, the environment and not solely on individual participants' (Arvidson & Kara 2013:8). The resulting value stems from 'indirect outcomes in the sense that they occur as an effect of the nature of the organisation and the way a service is delivered, rather than being strictly related to intervention, per se' (Arvidson & Kara 2013:8).

Many of the 'indirect outcomes' referred to here as 'social value' relate to various forms of *social capital*. For the purposes of this research, 'social capital' is understood as 'the social resource that is embodied in the relations between people. It resides in and stems from contact, communication, sharing, cooperation and trust that are inherent in ongoing relationships (Spellerberg, 2001: 104).

Social value, or the collective social benefits an organisation creates, results from this unique combination of characteristics, processes, and dynamic interacting factors – the organisational-specific capital - which define the real value of faith-based organisations in society. In this sense, social capital and the collective social value results from both the agencies' organisational-specific capital, and the processes through which this capital is realised. This social value is not only in keeping with the mission statements and core principles of faith-based organisations operating within New Zealand's aged care sector, but also with any health care strategies that aim to be person-centred, inclusive, or more understanding of a social and 'holistic' conception of health and wellbeing.

## Community perception

*We ride on our reputation. It's about quality of care. A new person will comment on how every member stops to greet them when they first arrive and are looking at rooms, and that's one of the reasons they've decided to live with us. That's important. Those experiences leave these walls, and spread through the community.*

Resulting from the unique operating characteristics and organisational-specific capital of faith-based organisations, their mission, and their longstanding in the community, is how they are perceived by New Zealand's communities. As previously mentioned, the history of New Zealand's faith-based organisations delivering social support stretches back to the 19<sup>th</sup> century.

*(We are) a faith-based organisation that was one of the earliest missions in New Zealand. We were, right from the get-go when we first started working in the country 150 years ago, we were working very strongly in partnership with iwi and hapu. So we have a long history of trying to live the Treaty and work in partnership with Māori, so that's one of our strong tenets.*

*Social value, or the collective social benefits an organisation creates, results from this unique combination of characteristics, processes, and dynamic interacting factors – the organisational-specific capital - which define the real value of faith-based organisations in society*

This longevity contributes to not only the reputation and perception of individual faith-based organisations operating in aged care, but also to the perception of these agencies and the NGO sector as a whole. Participants often cited their organisation's history, both locally and nationally, as a contributing factor to their effectiveness in service provision, and in developing long, trusting relationships with the wider public.

With their organisational mission and long history of service provision, participants of this study felt their faith-based ethos and not-for-profit status provided a notable difference in focus in terms of overall purpose. While each agency stressed the importance of sound strategic approaches, particularly where financial matters are concerned; it was widely felt that the status of organisations as non-profit directed focus toward the needs and wellbeing of service users and the wider community.

*(Families) want value for money, but value doesn't necessarily come in a materialistic form. Value can be in the time taken that people spend with their mother or father, or how much they're mother or father are listened to, or that they are in fact listened to, and the time taken just with that. Not necessarily the ensuite and the chandelier.*

*I think out there in 'public world' there are people who don't care (about our non-profit status), but certainly it is something we hear, that people like the fact that money is going back into delivering good service. People do resent having to pay for their residential care. I don't know why. I think there's a sense that 'I've paid my taxes all my life, and now I have to pay for this', and also the reality is that no one really wants to be in residential care...for some people they resent it less if they get the sense that, you know, the money is going back into good things...*

This community perception was stressed by participants as a key factor for the comfort and wellbeing of those families and individuals seeking and receiving aged care. Community perception results from the level of care provided by agencies, their reputation in the community, their non-profit status, their unique combination of organisational-specific capital, and ultimately the social value produced as a result. This perception is a component of social value created by faith-based agencies which puts families and older people at ease, while furthering the organisations' broader objectives of social justice through increased community solidarity and support.

## Community development

*I think there is a free flow between us and the community...it's like there is an open door between us and the larger community.*

Without exception, the agencies participating in this study strove to be whole community endeavours. This was pursued through the continuum of care they offer, but also in terms of their encouragement of involvement with other community organisations, inter-church workings, their use of volunteers and their involvement with the wider community through the array of social services they offer which extend beyond aged care. Coupled with the support they receive through donations from the local community and philanthropic trusts, this encompassing involvement indicates the potential faith-based organisations have to build capacity across

communities, particularly in terms of addressing identified needs and promoting community development.

While community development is often cited as an objective of community and voluntary organisations, in the case of faith-based aged care providers, community development is often the indirect effect of activities, the ways in which they operate and the unique sum of their organisational specific capital. Social value of this nature has number of positive impacts within the community.

Where possible, many of the organisations participating in this study opted to employ workers from the communities they serve. Doing so was understood as creating both capacity in the community, and continuity, comfort and normality for residents and service users,

*The focus is really looking after residents from the area, plus employing people from the area too, because they matter to the organisation.*

*All our staff are from (the local area). We don't employ people out of this area because we want to give back to the community. The other reason we want to employ people locally is because most of our residents are from (the area) also, and a lot of them know each other, or know our residents. So at the moment we have staff with aunts in here, uncles, both our mothers live here. It's a real community thing here. A lot of the residents know each other. We used to have the couple that owned the local vege store down the road, the lady who ran the local dairy – she came here – and I had the honor of working with her because she was really good to us as kids. She used to give us free ice-creams so it was a real honor for me to be able to care for her. Our representative, I grew up with her kids, so I feel honoured to be able to care for them in their last years. My mum used to work here in the laundry, and I remember coming here as a kid.*

Upholding existing social networks and connections, and using them for the benefit of the local community, and ultimately increasing quality of care through an increased sense of community all contribute to the overall wellbeing of staff, aged care residents, and communities in which they live and work. Through strengthened communities, faith-based organisations are also able to call on the increased capacity of community to participate in community activities such as volunteerism.

Volunteerism was expressed by participants as being a strong driver of social capital and community development. Participation gives volunteers social, personal and indirectly-economic benefits, but also creates a sense of solidarity and action in the development and maintenance of community.

*There are certain things in the community that if you don't get in and do them they don't get done. I see needs, so I go out and meet the needs, and if someone is making a way that you can go out and do that, so much the better. Use it.*

*Life's not just about receiving, but reciprocating. So if you're receiving a benefit, perhaps you can give back as a volunteer. If you're receiving help from a foodbank, perhaps you can volunteer at a school. So you're giving people much more in the way of self-esteem, and the encouragement to use the skills they have got to give back.*

The sense of togetherness and capacity for community development fostered and encouraged by the agencies was often celebrated by the local community, furthering support for aged care providers and both contributing and resulting from the positive community perception of faith-based organisations,

*Upholding existing social networks and connections, and using them for the benefit of the local community, and ultimately increasing quality of care through an increased sense of community all contribute to the overall wellbeing of staff, aged care residents, and communities in which they live and work*

*If we have a function at our (residential care) home, the place is bursting. We get a huge turnout of staff and community. Staff come in on their days off. There's a real sense of community...*

## Social inclusion

*It's about encouraging their independence, but also their connectedness to the community and encouraging participation.*

As essentially social beings, we are gregarious by nature, building a network of social relations throughout our lives. Research has shown that the wellbeing of older people will be reflected, in part, through the degree of social connections across communities maintained through friends, families and neighbours (Hillcoat-Nalletamby, 2006). With social connectedness understood as integral to wellbeing, a position held in broader social policy strategies (Ministry of Social Policy, 2001); the role and focus of faith-based aged care providers in creating connectedness and social inclusion should be of considerable interest to policy makers.

*We don't just view the individual in isolation to their carers. We have services which provide small group day-activity programmes in private homes, and in church halls that are focused on giving people a chance to connect with others in their neighbourhood and to form different networks that are locally based.*

Social inclusion, both in the community and in residential care was a stated objective of all the organisations participating in this study. Explicitly, social inclusion was expressed as being sought across the continuum of care through the many programmes and services they provide, but was also shown as being a component of social value which results through the unique combination of organizational-specific capital explored in this study. Innovative strategies were employed by participating agencies in combating social isolation and exclusion, particularly in rural community-based support where faith-based organisations are often the only formal entities addressing the issue of social inclusion,

*Part of our mission statement is to respond locally to emerging needs, or to gaps. That's often what our return on investments are used for. So our home-share, for example, which is where we have groups of people meeting in private homes for activities and companionship, that's an innovation that we developed because we could see in rural areas there was no day-activity programmes and there were a lot of older people that were quite isolated. So we developed home-share as a gap filler, as a response for that particular need, particularly in residential rural areas, and that's been very successful and very effective, and that applies equally well in a city environment.*

Formal programmes which address social isolation also created capacity for community development and wider social networks, particularly in rural areas and small communities where support became truly ongoing through daily contact between older service users, staff and volunteers,

*A lot of them (residents) haven't got contact with their families, although they ring them up and have that kind of contact, but some of them don't have that face-to-face contact. I think that the regularity of contact with them (through volunteerism) is what makes what we do successful*

*One of the things I found was funny, if I see one of the older people outside; 'Hi, I work at the (day programme)', 'oh, you do too', and I was volunteering one day and one of the ladies said to another, 'there goes Emma, do you know, she speaks to me outside.' And I thought well what an unusual thing to say. Do people not speak to one another anymore? I found that really odd. (Name changed)*

*One lady, she calls me 'eagle-eyes', because she's always trying to walk without her walker, and she'll see me out in the community and say 'oh, here goes eagle-eyes', because we're still aware of their needs when we see them in the community.*

The provision of day programmes in the community was identified as an integral part of combating loneliness and social isolation among older people. Greater social inclusion and connectedness was also explained as resulting from extensive use of volunteers and the networks created and maintained by faith-based organisations. Innovative measures taken in care and support of older people, the mission and culture of the organisation, and ultimately, the effective leadership of faith-based organisations which hold the wellbeing of older people as central, all contribute further to strengthening the support for older people to live well in their communities.

*Greater social inclusion and connectedness was also explained as resulting from extensive use of volunteers and the networks created and maintained by faith-based organisations*

## The extra mile

*Because we are an NGO we have the flexibility to go where the need is, which is always outside of the contract, right? The contractor knows, the funders know, that we will go beyond the boundaries of our contract in order to support people.*

In addressing the needs of older people and their family in the community and in residential care settings, each of the participating organisations took a 'holistic' approach to their care by providing further formal and informal support and assistance beyond the organisations' primary role. As has been shown, further support and assistance comes in the form of extra time spent with residents by staff, and the many extra services and contact time volunteers and chaplains contribute on a daily basis. Extra support also often takes the form of signposting or 'navigating' for service users, directing them to other agencies or services and working with clients and families outside of regular working hours.

Both chaplain and formal resident advocate positions within residential care were viewed as being a key part of services faith-based organisations provide which make them distinctive in the sector. Of a resident advocate, one nursing manager explained,

*She actually might not see how valuable she is, but she truly is. She's the person to go to for whatever you need. She takes residents shopping...if there's no advocacy needed then she involves herself in activities. She takes them to doctor's appointments; she'll sit for hours with residents. I've known her to come in on the weekend when there's a problem that needs sorted. We're lucky that the organisation has allowed that role, and the residents are extremely lucky, and appreciate her work.*



*Resident advocates, and chaplains were understood as providing care above and beyond what their position required*

While the role of resident advocate is a paid position, employment in this area speaks to the agencies' concerns for the welfare and dignity of aged care residents. Resident advocates, and chaplains were understood as providing care above and beyond what their position required, both formally and in keeping with the general attitude of aged care workers and management.

A frequently cited way in which faith-based organisations go the 'extra mile' was by setting staffing numbers above the Ministry of Health's staffing guidelines for residential care facilities (NZS 8134: 2008, MOH, 2008). This often caused financial issues for the organisation, but was understood as being critical for quality care, and for the wellbeing of both residents and staff members

*It's a challenge for us, because we know that we spend a lot more revenue on wages than a for-profit organisation. So in terms of making our business work, on one level that's great because it means we can have higher staff ratios, but on another level, in terms of making the business work, it becomes an increasing challenge.*

Support extended to students, trainees, volunteers and employees seeking further training and education was also cited by participating agencies as an important component in going the extra mile for older people, staff, the community, and aged and healthcare more broadly,

*We have quite an involvement with training health professionals. So we have OTs (occupational therapists) and physio students, medical, dietetic...I think at one level we believe we have an obligation to help train future health professionals, but it also adds value to the work that we do. Residents will comment on how they enjoy their interaction with the young ones.*

Importantly, for families, staff and the older people they serve, it was the everyday ways in which staff members take time and go the extra mile that was most frequently expressed as how care workers are supported by management in going above and beyond in their care and support of service users and residents,

*We actually have two staff members that also volunteer, over and above their work hours. It's not just about the job, but a commitment to the people that live here.*

*We had a resident whose family member was getting married (in a rural area). It's some distance away. A staff member took him down and stayed with him and got him ready, got him to reception, and he was able to get up and do a speech at his son's wedding, which no one thought he would be able to do. So it's about involving family, enabling people and going that extra mile to ensure that they're still a part of family life.*

# Challenges facing older people and aged care in New Zealand

This research has highlighted several challenges facing the aged care sector in New Zealand. Two challenges stand out relating to ongoing staffing and employment issues and the stigma surrounding ageing and aged care.

## Workforce

Staff from all the participating agencies noted an organisational culture that fostered a supportive workplace environment. Of note were both formal and informal support structures, union-friendly management and an acknowledgement from all staff of the importance of the aged care workforce.

In keeping with the findings of the New Zealand Human Rights Commission's (HRC) *Caring Counts* published in 2012, there were, however, concerns regarding the undervaluing of aged care work. The HRC inquiry was driven by two significant concerns. The first concern raised in *Caring Counts* relates to the undervaluing of thousands of New Zealanders' work for one of the country's most vulnerable groups, the elderly. This undervaluing manifests itself both in the generally lower pay of aged care employees and in a stigma attached to working in aged care. The second concern relates to the negative relationship, which results between this undervaluing, and the dignity and respect of older people (2012: 7).

Both concerns outlined in *Caring Counts* (2012) emerged in discussions with aged care workers during the course of researching for *Valuing People, Living Well*, and therefore remain as significant issues to this day. Following from the work of the Human Rights Commission (2012) this study also found that a priority for many carers was to be respected, appreciated and *valued* for the essential work they performed on a daily basis. Participants spoke of the support they enjoyed, understood here as being the result of a faith-based and nonprofit organisational culture. However, it was widely agreed by management, care staff, residents and families that this support was not matched by a pay fitting of the value of the work itself.

## Stigma

Participants in management positions, nurses, kaiāwhina or care workers, volunteers and even services users spoke of a perceived stigma attached to ageing, to residential aged care facilities and to working in the aged care sector. Participants felt various aspects of the operations of faith-based organisations can help combat this negative perception, particularly community and voluntary involvement, and through breaking the barrier between aged care facilities and 'the rest' of the community,

*Challenging the negative perception and stigma attached to ageing and the aged care workforce, and instead valuing older people and their carers was centre to many concerns of the participants approached for this study*



Volunteer coordinators explained the change they saw, particularly in younger people, as they interacted with older residents and service users, and how this may potentially contribute to changing more broadly held perceptions in the community.

*By bringing children and people from the community into facilities...it's not a frightening experience, it's not a nasty place, it's none of those things. So it's about starting with the younger generations while remembering there is still a lot of ageism and stigma coming from the adults too.*

Professionally, the stigma attached to working in aged care also begins early in the careers of aged care workers. Often beginning in training or pre-employment, and maintained by generally lower pay across the sector, the negative perception of working in aged care, and the undervaluing of the aged care workforce was expressed by participants as being a factor which may lead to the undervaluing of older people in the community and in residential facilities,

*There's an awful stigma about it at polytech when you're training...*

*The perception is that it's not real nursing and you can get stuck in it. People in general have a real stigma about older people, and that this is the 'dead end' of nursing. Like they sort of get popped in rest homes by their family and sort of left there, which is not the case at all.*

At every turn, this stigma was challenged by members of all participant groups, through their care and compassion, and from residents and service users, through their wellbeing and appreciation of the aged care workforce.

*I think one of the funny things if I say I work for (the organisation), is 'why would you want to be spending time with old people?', and I think 'why not do it? We're all getting old', and I don't understand why people don't do it. We're all heading in that direction.*

*I think it takes a certain person to work in aged care, and I think that if you love it, or have a passion for it, you get hooked.*

Challenging the negative perception and stigma attached to ageing and the aged care workforce, and instead valuing older people and their carers was centre to many concerns of the participants approached for this study. Through valuing the lives of our older people and those that care for them, faith-based organisations promote wellbeing and living well.

The issues raised in *Caring Counts* (2012) remain issues across the aged care sector, and more must be done to acknowledge the work of the aged care workforce. Participants of this study nevertheless spoke often of the supportive workplace culture their agencies create, which was understood as resulting from their mission, non-profit orientation, and the care and compassion instilled in workers through top-down and horizontal forms of leadership.

# Moving forward

Looking to the future of aged care in New Zealand, three important trends will present further challenges to the aged care sector: ageing in place, decreasing homeownership, and increasing inequality.

## Ageing in place

The *Health of Older People Strategy* (2002) and *The New Zealand Positive Ageing Strategy* (2001) support ageing in place. The vision of the Health of Older People Strategy (2002) has been that older people participate to their fullest ability in decisions related to their health and quality of life and that they are supported in doing so by responsive health and disability related services. A primary objective of this strategy is that New Zealand's older people, through timely access to effective primary and community health services, are supported in their choice to remain in their homes later in life.

The ageing in place strategy was supported by all staff members who participated in this research. Although faith-based organisations aim to make residential aged care as 'homely' and comfortable an environment as possible, the difficulty of adjusting to residential care and other lesser forms of assisted living was widely acknowledged, as too was the basic understanding of people's attachment to *home*,

*No one really wants to be here (in residential care). They would much rather be at home. Wouldn't you?*

However, representatives from each organisation voiced mounting concern for the unintended effects ageing in place has had for New Zealand's older people, and for the aged care sector,

*The change that I see now is that they're becoming more and more ill, and more dependent. Now they're often really unwell, with ageing in place which keeps people in home longer, and then when we get them they're often really unwell because they've lived longer at home with support. And then often they're dehydrated and malnourished, and they have pressure injuries...*

*There's a big push to keep people in their homes, but often it doesn't really seem to be benefiting people. They're lonely and they're depressed, and pain is not being managed, and they have UTIs, and are often living in squalor. And also there's not always RN input in the community – it's more health care assisted level – so some of those things go unnoticed, and by the time we get them they're really unwell, and some of them have very short stays. Even in the rest homes you get them a lot later than you would have... So there's a whole shift. People are generally older when they come.*

The agencies participating in this research cited the 'continuum of care' they offered the country's older people, which includes home-based and community support as essential to any strategy that promotes ageing in place, while also calling for greater acknowledgment of the increasing complexity of issues older people face later in life, generally, and as they enter residential and hospital level care.

*greater acknowledgment of the increasing complexity of issues older people face later in life*

## Increasing inequality and socio-economic disadvantage

There is a strong link between being below the poverty threshold and experiencing a reduction in physical and mental health and general quality of life. In a recent study (Waldegrave, 2014), low incomes and low accumulation of assets were shown as being consistently associated with low levels of quality of life, and physical and mental health. Increasing inequality and declining homeownership together will create new challenges for aged care providers, but more importantly for New Zealand's increasing older population. This was an area of concern voiced by several participants of this research,

*I think moving forward we're going to see an even greater divide between rich and poor. So that's an issue which is just going to flow through to our older people, where if you have plenty of money you will say 'this is what I want and I'm happy to pay for it', whereas you'll also have a whole lot of people who will hit retirement and old age with not a lot, and they're going to be stuck with whatever falls out that the for-profits don't want to deliver.*

*With the for-profits becoming predominant, it's quickly evolving into a situation where if you have the money you can pretty much purchase what you need. There are a few gaps, but basically if you've got the money and you're older, you can purchase what you need to create the kind of life you want at this stage in your life. If you don't have the money, your choices are way more limited, and the services available to you are way more limited.*

Until recently New Zealand has enjoyed a high level of home ownership; allowing the vast majority of older people to live in mortgage-free houses. However, there are mounting concerns from policy analysts and those involved in aged care about what declining rates of home ownership will mean for New Zealand's older people moving forward.

Participants of this research suggested declining homeownership rates and lower levels of savings will be major areas of concern for an ageing population,

*It's not immediate, but with rates of divorce post 50 (years of age), with rates of redundancy post 50 where people haven't been able to get back into employment, or not at the level that they had, with people not being able to get into homeownership, or at least not in time to be mortgage-free. All those things are going to conspire against future generations of older people being able to be as well off the current generation is.*

New Zealand's well documented ageing population, together with declining rates of homeownership is likely to contribute to increased demand for residential care, as resources are already stretched and competitive measures see many providers, particularly non-profits not beholden to stakeholders in the monetary sense, increasingly pushed out of the sector. This study found that participating faith-based organisations often shunned the provision of premium services, such as premium rooms, and were generally more inclusive of economically disadvantaged elderly people. Moving forward, the importance of such organisations – those willing to support and provide services to an increasingly vulnerable population of older people – cannot be understated.

*Increasing inequality and declining homeownership together will create new challenges for aged care providers, but more importantly for New Zealand's increasing older population*

New Zealand's faith-based organisations are well suited to provide for a diverse population of older people, of all socio-economic statuses, and throughout the ageing process. Through the provision of affordable accommodation and continued support in the community, exemplified by their 'continuum of care', these organisations offer an inclusive approach, which recognises diversity and the wellbeing of the individual across the life course. The unique combination of organisational-specific capital attributed to faith-based organisations and outlined in this study also creates social value which must not be undermined or undervalued in determining who and what organisations will be caring for New Zealand's growing older population into the future.

# Conclusion

The strengths of faith-based organisations outlined in this report stand against purely market principles which may disregard the vulnerabilities of older people and emphasise economic over social value

Advances in medicine, care and technology continue to lengthen our lives. It is an unprecedented social achievement that people are living longer than ever before. Policy responses must aim to ensure that wellbeing accompanies longevity. Preparing for and supporting an ageing population should not be viewed as a burden, nor simply one social priority among many. Policies must recognise the long-lived experience of older citizens, their contribution to society, and the inherent value of their wellbeing.

In this context, it is crucial that government policy and the allocation of funding for social services acknowledge the unique role faith-based aged care providers play in creating social value and inclusiveness essential to wellbeing of older people. The strengths of faith-based organisations outlined in this report stand against purely market principles which may disregard the vulnerabilities of older people and emphasise economic over social value. The work of faith-based organisations shows that these values are not mutually exclusive. Through their unique combination of distinctive attributes, which have been outlined above, faith-based organisations show how policy-driven outcomes, mindful of efficiency and delivery, can incorporate social objectives which promote long-term change through the creation of social value.

New Zealand's ageing population and the negative perception of ageing and aged care poses some difficult social, economic and cultural challenges. The undervaluing of aged care work undermines the valuing and dignity of older people in general. An increasing emphasis on ageing in place requires building capacity and trust in the community, while also increasing the capacity of organisations to provide ongoing support across the continuum of care. Declining homeownership rates and increasing inequality will also place considerable strain on systems to support older people.

*This generation that is currently in residential care is not quite that demanding yet because I think they still have a sense of social hierarchy where doctors know best, and nurses, and they're sort of a bit more passive in that space. And that (attitude) is leaving. Instead what's coming is a generation that is going to be demand-full, and we're going to demand autonomy, and demand privacy, and we're going to demand to live as much as we always have lived, but with increasing support to do so...*

Through their organisational-specific capital – defined in this study as arising from organisational mission, spirituality, the role of chaplaincy, leadership, organisational culture, in-house accountability, inclusiveness, holistic care and support, comfort,

*The undervaluing of aged care work undermines the valuing and dignity of older people in general. An increasing emphasis on ageing in place requires building capacity and trust in the community, while also increasing the capacity of organisations to provide ongoing support across the continuum of care*

flexibility, organisational independence and control, networks and volunteerism; faith-based organisations create social value beyond primary care objectives, and beyond minimum mandated levels of care. This social value can engender the community perception of aged care providers and a positive perception of ageing; community development, social inclusion and a willingness to go above and beyond mandated requirements of care. It is this social value, the result of the unique combination of attributes and processes attributed to faith-based organisations that must be fundamental to any strategy that holds the wellbeing of older people central.

The continued undervaluing of the role of faith-based organisations in creating social value essential to living well risks adversely affecting the wellbeing of those whose needs social policy looks to address. Funding and policy decisions in the current environment regularly disregard the social, and instead focus on economic considerations around efficiency of delivery. Government processes for purchasing social and health services for New Zealand's older people must take into account the social value generated by these agencies as a result of their distinctive attributes, processes and modes of operating. While some of the individual components of what faith-based organisations do may be present in other bodies operating in the sector, the unique sum of organisational-specific capital outlined in this study is distinctive to faith-based aged care providers.

If we are to meet the challenges posed by an ageing population, and ensure that our older people not only live long, but live well; procurement models for purchasing of services for older people must take into account not only the efficiency and narrowly defined economic value of services, but broader social values. This 'added value' is inherent in and results from meeting government-specified outcomes, but also from a unique combination of organisational characteristics. Together, this combination addresses the immediate needs of our older people, but also promotes capacity for support in the community, and affirms the value we must place on the lives of our older people, and their living well.

*Funding and policy decisions in the current environment regularly disregard the social, and instead focus on economic considerations around efficiency of delivery*

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