



Aged Care in a Changing World: good, better, best

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M.Claire Dale¹

The aim of this paper

This preliminary report on one small section of a large investigation into stakeholder perspectives on aged care contributes to the conversation whilst the team develops a more formal journal publication. I offer huge thanks to my co-researchers and hope they enjoy this short summary.

The project

A small trans-disciplinary team was assembled in 2022 for the research project: "Aged Care in a Changing World". A trans-disciplinary team brings a rich range of approaches and perspectives. This team included a geriatrician, an economist, a sociologist and two research associates. After achieving Ethics Approval from the University of Auckland, the first stage of the project was interviewing stakeholders in the aged care sector in Aotearoa New Zealand. Ethics Approval included protection of participants' identities and thus ensured their ability to speak freely during the interviews. Participants were sector thought leaders, clinical managers, operational managers, CEOs and owners of residential care homes, private providers of in-home care, health funding portfolio managers, entity governors, and kaiawhina and community health leaders.² Interviews were conducted by zoom or telephone or face to face, depending on COVID 19 restrictions and participant choice.³

We sought to capture the experience and knowledge of people providing aged care or associated in some way with that provision in order to inform guidelines around how care should be organised, funded and delivered now and in the future to ensure that 'care' assists older people to flourish.

¹ Dr M.Claire Dale is Honorary Research Fellow in the Pensions and Intergenerational Equity Hub, Economic Policy Centre. Waipapa Taumata Rau University of Auckland co-researchers on this project were Prof. Ngaire Kerse, Dr Tamika Simpson, Tuakana August, Lalson Joseph. Thanks to Dr Simpson for reviewing this paper.

² Māori research staff approached Māori participants using appropriate tikanga. Māori stakeholders were interviewed by Māori and Māori data was analysed by Māori. The results of this study are reported separately.

³ Note: Transcripts were de-identified prior to analysis and discussion by the researchers, and audio recordings and transcripts of interviews are securely stored at the University of Auckland.

The definition of 'flourishing' draws on Lee and Mayor:⁴

Human flourishing is a complete state of well-being, comprised of essential elements that are universally valued across cultures as ends in themselves rather than as means to ends. Understanding the ontological interconnectedness of individual and communal flourishing has important implications for health. A narrow view of health has been framed in biomedical—and frequently physical—terms as the absence of disease or impairment. But broader and more holistic understandings derived from long-standing wisdom in the humanities are increasingly being used in tandem with the allopathic⁵ approach, thereby offering a relational understanding of health that transcends a focus on physical infirmity and locates the individual in social, ecological, and spiritual contexts.

Project aims

The project's primary aims were firstly to develop a clear definition of 'good' aged care, and secondly, to develop a clear understanding of the drivers and barriers to consistent high-quality availability and delivery of in-home and residential aged care. In this phase of the project, we aimed to understand what 'good care' and 'good outcomes' are from the perspective of stakeholders such as aged residential care and in-home service providers and their staff. Voices of stakeholders are key to understanding the aged care sector, including in-home and residential care.

In addition to generating an agreed description of 'good' aged care, the study will be used to fully understand policy drivers for the organisation and delivery of aged care. While those in particular parts of the system may understand their own drivers, a system-wide understanding will be generated by the research. Māori specific findings and recommendations will be generated.

There are and will be many more older people in Aotearoa New Zealand now and in the future than in past times, but the best ways to provide support and aroha (love) is not really known. The population of older people needing care is large. In March 2020, of the 790,000 people aged 65 or more in Aotearoa, around 75,000 were receiving in-home care and around 35,000 were in aged residential care (ARC). Demographic change means the absolute numbers in care are expected to increase by 72% for non-Māori and over 120% for Māori from now until 2031, providing that the facilities and support providers are available to meet that demand.

The research method

*Inductive analysis*⁶ is commonly used in health and social science research and evaluation. This method allows research findings to emerge from the frequent, dominant, or significant themes inherent in the raw data, without the restraints imposed by structured methodologies.

The general inductive approach provides an easily used and systematic set of procedures for analyzing qualitative data that can produce reliable and valid findings. Although the general inductive approach is not as strong as some other analytic strategies for theory or model development, it does provide a simple, straightforward approach for deriving findings in the context of focused evaluation questions. The purposes for using an inductive approach are to (a) condense raw

⁴ See: Lee, M.T., Mayor, I. (2023). *Health and Flourishing: An Interdisciplinary Synthesis*. In: Las Heras, M., Grau Grau, M., Rofcanin, Y. (eds) *Human Flourishing*. Springer, Cham. https://doi.org/10.1007/978-3-031-09786-7_4.

⁵ Allopathy is a system of medical practice that emphasizes diagnosing and treating disease and the use of conventional, evidence-based therapeutic measures such as drugs or surgery.

⁶ *Deductive analysis* refers to data analyses that set out to test whether data are consistent with prior assumptions, theories, or hypotheses identified or constructed by an investigator.

*textual data into a brief, summary format; (b) establish clear links between the evaluation or research objectives and the summary findings derived from the raw data; and (c) develop a framework of the underlying structure of experiences or processes that are evident in the raw data.*⁷

The interviewees' responses to the focused evaluation questions were recorded, transcribed, then 'coded' in NVivo by the interviewer, and checked by the other team members. The *codes* or *issue categories* were developed and revised during the process. The next phase of analysis was to weight the codes to determine the strongest and weakest impacts or effects on the flourishing of older people.

As populations around the world are ageing, concern regarding the quality of aged care is increasingly international, as is the search to determine the elements and practices of aged care that enable the flourishing of those receiving care. For example, the University of Applied Sciences and Arts of Southern Switzerland's Centre of Competence on Ageing, Department of Business Economics, Health and Social Care, is advertising internationally for a researcher with a social or nursing science background to collaborate on a project entitled National Implementation Programme: Strengthening quality of care in partnership with residential long-term care facilities for older people. The primary objective of that 4-year project, funded by the Federal Quality Commission, was the improvement of the quality of care delivered in long-term care facilities for older people in Switzerland.⁸

This project, *Aged Care in a Changing World*, interviewed 25 stakeholders in the aged care sector in Aotearoa New Zealand. The interviewees organise and deliver care for older people as either ARC, in-home care, support services in the community, or through other oversight and information organisations. The purpose of the interviews was to determine, from a provider or stakeholder perspective and experience, the best ways for older people to flourish in care.

A secondary aim was to investigate supply and demand issues on the availability of care. We sought to capture the experience and knowledge of people involved in the sector in order to help make decisions about how care should be organised, funded and delivered now and in the future to ensure that care assists older people to flourish. For example, a lack of cultural congruence between caregivers and care receivers can lead to misunderstandings that reduce wellbeing.

A definition of good aged care will provide an objective standard to assess the quality of service delivery. The balance of influencing factors to high-quality care has not been fully explored in the Aotearoa New Zealand context. Changes in out-of-pocket payments for care including premiums on beds, lease to occupy arrangements and increasing mixed use beds (high or low level care) have changed the pathways people take to care.

In the community, packages of care, bulk funding and whānau payments for care and restructuring of social care services have impacted the way things are done. Providers and stakeholders who have instigated change and been in place throughout these changes hold a wealth of knowledge. Their perspectives will increase awareness of culture of care, staff qualities, perverse incentives, and other as yet unknown factors relevant to care organisation, quality, policy and delivery.

⁷ David R. Thomas, *A General Inductive Approach for Analyzing Qualitative Evaluation Data*, University of Auckland https://www.researchgate.net/profile/David-Thomas-57/publication/228620846_A_General_Inductive_Approach_for_Qualitative_Data_Analysis/links/0f31753b32a98e30f9000000/A-General-Inductive-Approach-for-Qualitative-Data-Analysis.pdf.

⁸ See https://www.supsi.ch/home_en/supsi/lavora-con-noi/2023-03-05-bando1221.html.

Preliminary research results:

Assuming that adequate food, shelter and safety are a given, focus here is on the question to participants: "If you were to list 3 essentials for the best aged care in which older people can flourish, what would they be?" Thematic analysis revealed a consensus on the essentials for flourishing in aged care. The predominating essentials were shown to be: adequate funding to ensure quality care is affordable; high quality health care; caring 'with' more than caring 'for'; listening to the older person's story; and ensuring the environment reflects the residents. Discussions of the essentials are provided below.

Adequate funding to ensure quality care is affordable:

About 59% of aged care facilities are run by small operators or charities who can't cross-subsidise with property developments. Struggling to survive financially, providers have closed 21 facilities throughout the country since January 2021, a loss of 969 beds. In 10 years, there have been no new affordable 'standard beds' ie without an additional 'premium' charge. It is important to note that older people typically move into aged care after an incident/illness requiring hospitalisation. If no beds are available in the community, it means longer waits for discharge; and that means blocked up emergency departments and surgery delays. A 2022 independent report released by Aged Care Matters⁹ found Government spending on aged care is low compared to other OECD countries: cost for a day in aged residential hospital-level care: \$258; cost for a day in a public hospital: \$1,592. Therefore, adequate aged residential care bed numbers could save \$7.2 billion annually.

High quality health care:

Quality-of-life-based health care is respectful of and responsive to individual patient preferences, needs, and values; it is client-driven; it ensures patient values guide all clinical decisions; it minimizes wait times and harmful delays for those who receive and those who provide care; it ensures patient safety; it is consistent, effective, patient-centred, timely, efficient, and equitable. All staff are well-trained and staffing levels are adequate.

Caring 'with' more than caring 'for':

Some direct quotes from the interviews: "That's the 'use it or lose it' of aged care, if we take too much care people start losing their mobility." "The important thing for a person's health is staying active, physically and cognitively staying active." "The residents need to be able to embrace the journey they're on, so that they connect, and they are connected." "Staff need enough time to provide appropriate care, time to support residents' dressing themselves well and with dignity."

Listening to the older person's story:

More direct quotes from interviews: "It's all about giving people independence as long as possible, and dignity and respect. And the only way you can get that is by listening to them, and getting their feedback so you can build what you're building, collectively, together. So that, given their environment, they're able to do the things they want to do." "Kindness and compassion kind of go together, and listening. Because older people want to be heard. And sometimes people don't listen that well." "Personal interactions and the vibrancy that comes through connections with others are important for mental well-being."

Ensuring the environment reflects the residents:

⁹ See <https://www.stuff.co.nz/business/129441867/report-calls-for-review-of-underfunded-aged-care-sector>.

A direct quote from an interview, as the provider puts themselves in the position of a receiver of care: "If I'm going to spend the rest of my life, which is probably measured in months rather than years, I want some-where which is comfortable and convenient to live in. I want to be able to move around it real easily. I want to be able to make it look like my place." Another quote: "There must be availability to make the environment how they want it to be, so they can create experiences that they want." Providers need to ensure the environment reflects the residents, is client and whanau driven. The facility has to be more homelike than institutional: a safe, recognisable environment.

Research relevance

Demographic change means the number of older people in our communities is increasing by about 80 people a day and is likely to reach 1 million people within six years. More than one in five people in NZ will be aged over 65 by 2031. Currently, there are around 25 people aged 65+ for every 100 people aged 15–64 years. By 2028 there could be 30 people aged 65+ for every 100 people aged 15–64 years.

While 48.4% of older people are in employment/contributing to the economy in 2023, greater numbers of older people requiring doctor and hospital visits will add pressure on an already struggling health system. Housing and infrastructure will also need to adapt, and retirement villages and residential aged-care facilities will need to expand to accommodate the added numbers. Recruitment of staff, training them well, respecting the work they do, and paying them appropriately, is a matter of urgency.

But there is little official or formal recognition of our ageing population. For example, The Health & Disability System Review Panel & Māori Equity Advisory group used evidence emerging from the Health System Review 2018-2020 for their report: "*Areas the next elected government should be focusing on*"

1. Hold new leadership to account for delivering on culture and behaviour change.
2. Strengthen primary health care.
3. Integrate health and social care more effectively.
4. Implement the health workforce strategy.
5. Monitor & report on population health outcomes through fairness lens.
6. Strengthen and sustain Māori leadership.

Those are all admirable goals, but a more pressing need is: attending to the ageing population. Fortunately, a Te Whatu Ora spokesperson said reviewing the aged care, home and community support services models was one of the actions in the [Interim New Zealand Health Plan](#). Our hope is that Plan, like so much else, hasn't died as the months have passed.

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Comments or questions to:

Dr M.Claire Dale m.dale@auckland.ac.nz