

Ageing in Place – Making it Real

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Ageing in Place – Making it Real

EXECUTIVE SUMMARY

Background

Ageing in place or Positive Ageing have become popular concepts within older people's policy and service provision over the past decade. In New Zealand the Government, through the Positive Ageing Strategy and the Older People's Health Strategy, has made a commitment to both.

What does Ageing in Place mean?

Ageing in place is generally understood to mean being able to age 'where you are'. This is commonly perceived to mean ageing 'in your own place'. Other understandings of the term assert that as a person ages, they will be able to stay living in an environment of their choice, but not necessarily their current residence. A consistent feature of ageing in place is that the type of care and the place of care are separated, so an older person does not necessarily have to move to receive care.

What are the benefits of ageing in place?

Older people have affirmed ageing in place because they want to continue to have autonomy and choice. Ageing in place recognises the increasing diversity of the ageing population, as care and support 'in the place of your choice', by definition means care and support designed to fit and respect a diversity of lifestyles, cultures and socio/economic circumstances.

Governments and service providers have, within New Zealand and internationally, embraced ageing in place, because it is what their older citizens have requested, and also because of its potential to more appropriately, and cost effectively, meet the care and support demands of an ageing population. In particular there is interest in whether and how ageing in place services can avoid or delay entry into residential care amongst older people who have health, disability and support needs.

In New Zealand research about the effectiveness of ageing in place services has been limited. The most significant study to date, The Assessment of Services Promoting Independence and Recovery in Elders (ASPIRE) evaluated three ageing in place support services. The research found that all three services reduced the risk of mortality and risk of entry into residential care compared with usual services. The Community First initiative (now called Enliven) showed an improvement in the independence levels of older people.

The ASPIRE clients generally had high and complex needs. In New Zealand the benefits, in terms of maintaining independence and well being and delaying entry into residential care, of providing lower level care and support for people with lower levels of need, has not been fully explored. International evidence however notes that the provision of care at this lower level can be very successful in delaying entry into residential care or hospital.

What assists ageing in place?

Whether an older person requires care and support or not, the following factors assist them to remain independent; physical activity and fitness, good social, emotional and mental health, income which is sufficient to promote choice, positive attitudes and perceptions to ageing, strong social networks, appropriate housing, access to information and advice and suitable transport.

If older people have care and support needs, the following factors assist them to age in place; family support, preventative programmes, access to housing that is flexible and adapts to changing needs, well co-ordinated services, access to individualized and responsive health and home based services.

The ASPRIE study suggested that services most likely to support older people to remain living at home are older people centered, have an individualized support plan, provide flexible and responsive packages of care, have a care manager for high and complex need cases, and support families and carers.

What hinders ageing in place?

For older people, the absence of one or more of the above factors will influence whether or not they can age in place. In particular lack of an income that allows for choice, lack of appropriate affordable housing, poor health and social isolation make ageing in place less likely for an older person.

In terms of use of residential care or hospital services, research suggests that an older person is more likely to require this care if the older person has functional decline that is not addressed in a timely manner, social isolation, reports negative moods, has inadequate meals or suffers dehydration, lacks medication review, has previous acute hospital admissions, lacks family assistance, and there is inadequate co-ordination between services and service providers. Modeling suggests that these factors increase the likelihood of residential care use by between 1.5% and 11% (depending on which factor is present).

What are the challenges to ageing in place?

The Positive Ageing Report 2007 suggests that overall most older people in New Zealand “are well equipped to participate positively in society.” The basis for and the commitment to ageing in place is present and there is some momentum. There are however a number of important operational and policy issues that require attention.

a) Lack of affordable flexible housing options

There currently exists a significant gap between policy objectives and the delivery of an appropriate spectrum of housing options. There is a significant lack of housing options for older people with high care needs, or who require significant social support, (but who do not want to or are not eligible for residential care) and for those with low incomes, who rent or own a low value home.

Housing policy and health policy currently work largely in isolation and the funding is siloed, with little real on the ground connection. The private sector currently operates a model based on property development, with care and support as a marketing tool rather than the focus of the business. Universal design has not been adopted by the building industry making the cost of adapting for disability more expensive and disability friendly housing largely unavailable. Health care funders, public and private, are generally reluctant to become involved in housing initiatives.

b) Greater emphasis on preventative and restorative services required

Although the Health of Older People Strategy and the Positive Ageing Strategy promote a continuum of care, service provision is largely focused at the higher needs end of the spectrum. Provision of preventative and restorative services is patchy and dependent both on DHB funding priorities and the willingness of Not for Profits to provide these services.

- c) Workforce planning: improve status, training and pay to attract and retain staff

On average the age of staff involved in home care is over 40 years – the workforce is ageing along with the client base. Care giving jobs have low status and are low paid, resulting in a high turnover of staff, which is costly to providers and lowers the standard of care. It is too early to tell whether the recent injection of funds by DHBs into homecare for wages will make a significant sustained difference to this problem.

- d) Inconsistency across DHBs regarding what is being funded

A significant problem is the lack of consistency regarding the funding of the transition from a model of care largely focused on residential care and maintenance of current health status to rehabilitative home based services. Some DHBs are moving as quickly as funding will allow to more restorative models of care, while others have made little progress and are maintaining the status quo. This inconsistency can prohibit economies of scale for providers if they provide services across DHB boundaries.

What needs to happen for Ageing in Place to be a positive reality for more older New Zealanders?

For ageing in place to be a reality for all older New Zealanders, including low income older people, then the challenges noted above need to be addressed. In particular the following require a commitment to policy development, planning and funding:

- a) Planning for and funding the transition to restorative models of care

Evidence from longitudinal studies internationally show that when measured over a life span period, services that support people through key life transition points and work to restore self reliance and resilience do make a significant impact. A long term commitment is required to improve planning, co-ordination and funding to ensure that the potential gains of moving to ageing in place focused services can be realized.

- b) Improving the Status of the Key Support Worker/Caregiver

Ageing in place is highly dependent on the continued development of the professional caregiver workforce. Recent initiatives around training and wage increases need to be developed to ensure that professional caregivers do not slip behind other competing service industries. In particular, work needs to be done to raise the status of the caregiver role, so that it is viewed as a positive employment choice.

- e) The development of accessible, affordable, and flexible housing options

Ageing in place cannot succeed unless older people have access to a physical place that is suitable. Co-ordination in planning, funding and delivery are required between those sectors involved in housing and those involved in health and disability care. Government should also examine in what ways it can encourage the private sector to step up and provide affordable housing options for middle and low income older people.

If these three key policy and operational factors are addressed, more older New Zealanders will be assured of the support they need to positively age in place.

Ageing in Place – Making it Real

The purpose of this paper

The purpose of this paper is to outline the importance of making ageing in place a reality for older people in New Zealand if older people, and New Zealand society as a whole, are to positively manage the challenges of an ageing population. The paper explores what action is required to make ageing in place a reality for all older New Zealanders.

Background

Ageing in place or Positive Ageing have become popular concepts within older people's policy and service provision over the past decade. As New Zealand and other OCED nations have examined how best to meet the needs of an ageing population, and as older people themselves have begun to demand a new approach to care and support, the concept of approaching old age positively, and matching policy and services to this philosophy has gained momentum.

In New Zealand the Positive Ageing Strategy commits government to positive ageing. Goal Five of the Positive Aging Strategy is for "older people to feel safe and secure and [be able to] age in place." A Positive Ageing report measures progress against key criteria each year. The Older People's Health Strategy also commits Government to ageing in place and the delivery of services that assist older people to positively age.

What does Ageing in Place mean?

Ageing in place is generally understood to mean being able to age 'where you are'. This is commonly perceived to mean ageing 'in your own place',¹ Other understandings of the term, including that contained in the New Zealand Government's Positive Ageing Strategy, interpret ageing in place to mean that as a person ages, they are able to stay living in an environment of their choice, but not necessarily the same place that they are currently living. Whatever interpretation is used, it is an accepted feature of ageing in place that the type of care and the place of care are separated, so that an older person does not necessarily have to move in order to receive care.²

What are the benefits of ageing in place?

Older people have affirmed ageing in place because they want to continue to have autonomy and choice, even if they are living with increasing disability or ill health. Ageing in place recognises the increasing diversity of the ageing population, in terms of health, disability, marital status, and ethnicity. Care and support 'in the place of your choice', by definition means care and support designed to fit and respect a diversity of lifestyles, cultures and socio/economic circumstances.

Governments and service providers have, within New Zealand and internationally, embraced ageing in place, because it is what their older citizens have requested, and also because of its potential to more appropriately, and cost effectively, meet the

¹ Lazonby Annette, (2007) The Changing face of the Aged Care Sector in New Zealand, University of Auckland Retirement Policy and Research Centre Working Paper p. 29

² Lazonby (2007) p 29

care and support demands of an ageing population. In particular there is interest in whether and how ageing in place services can avoid or delay entry into residential care or the need for intensive hospital level interventions amongst older people who have health, disability and support needs. Reducing the need for residential care and tertiary medical care has potential cost savings in the context of an ageing population, especially an increasing 80+ population.

In New Zealand research about the effectiveness of ageing in place services has been limited. The most significant study to date, The Assessment of Services Promoting Independence and Recovery in Elders (ASPIRE) evaluated three ageing in place support service programmes. The research found:

- All three services reduced the risk of mortality compared with usual services.
- All three services reduced the risk of residential care in comparison with usual care.
- The Community First initiative (now called Enliven) showed an improvement in the independence levels of older people.
- All three services increased the time spent living in the community by decreasing the time spent in residential care and increasing length of life.
- Older people interviewed for the study identified the ability to make their own decisions as being vital to their well being.
- Older people in residential care interviewed for the study were 'sad' or 'very sad' about the decision to enter this care. Older people living at home were 'happy' or 'very happy', with their place of residence.
- The study found that family tended to make the decision about an older person entering residential care, rather than the older person themselves.³

The economic benefits of ageing in place support services were less clear from this study, with all three services costing more per client per 12 month period than usual services. However, the Ministry of Health in assessing the findings of the study noted the services studied were providing high-level care and support for people with high and complex needs, which may explain the higher costs involved. In New Zealand the benefits, in terms of "maintaining independence and well being and delaying entry into residential care, of providing lower level care and support for people with lower levels of need, has not been fully explored."⁴ International evidence however notes that the provision of care at this lower level can be very successful in delaying entry into residential care or hospital.⁵

What assists ageing in place?

If ageing in place is what people want and also has potential benefits in terms of delaying mortality, entry into residential care and intensive tertiary hospital care usage, what works to achieve ageing in place?

³ Ministry of Health (2007), Care and Support in the Community: Ageing in Place in New Zealand – Draft Issues Paper p 11 and 12

⁴ Ministry of Health (2007), p 13

⁵ Ministry of Health (2007), p13

Factors that assist older people to remain independent

For all older people, whether requiring care and support or not, the following factors assist them to remain independent:

- Physical activity and fitness
- Good social, emotional and mental health.
- Income which is sufficient to promote choice
- Positive attitudes to and perceptions of ageing (both individual and societal)
- Strong social networks
- Appropriate, affordable housing
- Access to information and advice
- Transport⁶

If older people have a disability, ill health or care and support needs, the following factors assist them to age in place:

- Family Support and Care
- Preventative programmes (e.g. exercise programmes to prevent falls)
- Access to housing that is flexible and adapts to changing needs
- Well co-ordinated services
- Access to appropriate and individualised health and home based services that are responsive to changing needs⁷

The ASPRIE study suggested that services most likely to support older people to remain living at home will have the following characteristics:

- The service is older person centered
- There is a single point of entry to health and disability services
- Comprehensive needs assessment is available
- An individualised support plan is developed
- Flexible and responsive packages of care are provided
- For older people with high and complex needs a care manager co-ordinates the care package
- Support services are available for family and carers⁸

What hinders ageing in place?

For older people, the absence of one or more of the above factors will determine how positively they age and whether or not they can age in place. In particular lack of an income that allows for choice, lack of appropriate affordable housing, poor health and social isolation make ageing in place less likely for an older person.

In terms of use of residential care or hospital services, research suggests that an older person is more likely to require this care if the older person has:

- Functional decline that is not addressed in a timely manner
- Social isolation
- Reports a negative mood

⁶ see Robinson, B. (2000), Key Indicators for Ageing In Place, NZCCSS and Ministry of Health, (2007)

⁷ *ibid.*

⁸ Ministry of Health, (2007) p 24

- Inadequate meals or dehydration
- A lack of medication review
- Been previously acutely admitted to hospital
- Lacks family or other informal assistance/care giver
- Inadequate co-ordination between services and service providers⁹

Modeling suggests that these factors increase the likelihood of residential care use by between 1.5% and 11% (depending on which factor is present).¹⁰

Residential Care and Ageing in Place

Although ageing in place is often expressed as an alternative to residential care, this is not in fact the real place of residential care within a positive ageing framework. Given the ageing population, particularly the rise in the number of those living beyond 85 years, the need for residential care for a percentage of the population is likely to continue into the future. The nature of the physical residence, the type of care provided and the length of time a person resides in residential care may change, but residential care is likely to remain part of the continuum of care, and needs to do so, if New Zealand is to provide both choice, and safe care, to its older population. Residential Care should be viewed not as failure, but as a choice older people can make.

What are the challenges to ageing in place?

The Positive Ageing Report 2007 suggests that overall most older people in New Zealand “are well equipped to participate positively in society”, and have adequate incomes, housing and access to services¹¹. The report also notes a trend for an increasing proportion of older people 85+ to be living at home.

There are also, in many DHB areas, a range of new developments in home care, many of which aim to enable older people to age in place.¹²

The basis for and the commitment to ageing in place is present and there is some momentum. There are however a number of important operational and policy issues that require attention, if the ageing in place is to be a reality for more older New Zealanders.

f) Lack of affordable flexible housing options

Current government policies (Positive Ageing Strategy, Health of Older People Strategy and the New Zealand Housing Strategy) recognise that the provision of housing strongly impacts on the health and social outcomes of older people. However there currently exists a gap between the policy objectives and the delivery of an appropriate spectrum of housing options. There is a lack of housing options for older people with high care needs, or who require social support, but who do not want to or are not eligible to enter residential care. This gap is most significant for low income older people, especially those in rental accommodation or who have low value homes, who do not have the personal resources to either adapt their current housing to meet their care needs, or move to more suitable housing.

⁹ Ministry of Health (2007) p 11 and Robinson, B (2000) p 3

¹⁰ *ibid* p 11

¹¹ Ministry of Social Development Positive Ageing Indicators 2007 p 113

¹² Ministry of Health (2007) p15

Housing policy and health policy currently work largely in isolation and the funding is siloed, with little real on the ground connection. The private sector currently operates a model based on property development with care and support as a marketing tool rather than the focus of the business. Universal design has not been adopted by the building industry making the cost of adapting for disability more expensive and disability friendly housing generally unavailable. Health care funders, public and private, are generally reluctant to become involved in housing initiatives.¹³

With 70% of current housing stock likely to still be in existence in 25 years time, and the likelihood that more older people in the future will be renters, there is an urgent need for integrated planning regarding housing, health and disability support service provision.

g) Greater emphasis on preventative and restorative services required

Although the Health of Older People Strategy and the Positive Ageing Strategy promote a continuum of care, service provision is largely focused at the higher needs end of the spectrum. Provision of preventative services is patchy and dependent both on DHB funding priorities and the willingness of Not for Profit providers to provide these services.

Although there is an increased emphasis on homecare, the focus of most home care remains personal care/housework, which at most maintains the older person in their current state of health. A positive ageing approach however requires a greater emphasis on rehabilitation and restoration – improving an older person’s health, functioning and well-being as much as possible, rather than accepting declining health and disability as inevitable. Only a small number of DHBs are funding a model of home care that includes a restorative approach.

c) Workforce planning – improve status, training and pay in order to attract and retain required workforce.

The Ministry of Health and service providers have identified workforce issues as critical to the continued provision and improvement of services for older people. On average the age of staff involved in home care or residential care is over 40 years of age – the workforce is ageing along with the client base. Care giving jobs have low status and are low paid, resulting in a high turnover of staff, which is costly to providers and lowers the standard of care.

It is too early to tell whether the recent injection of funds by DHBs into homecare for wages will make a significant sustained difference to these problems.

h) Inconsistency across DHBs regarding what is being funded

Within a range of guidelines DHBs have been given the responsibility for determining service priorities in their areas. While this is positive in terms of potential responsiveness to community need, it also means that there is considerable inconsistency in terms of the services available to older people, particularly the services available to support older people at home. Some DHBs are moving as quickly as funding will allow to more restorative models of care, while others have made little progress and are essentially maintaining the status quo. This

¹³ NZCCSS, (22006), Rising to the Challenge: The Role of Christian Social Services in matching older people’s housing with support needs. NZCCSS, Wellington, November 2006.

inconsistency can prohibit economies of scale for providers if they provide across DHB boundaries.

A significant issue is the lack of funding to meet the transition from a model of care largely focused on residential care options and maintenance of current health status. The shift of resources from residential care to home based options, if it occurs (due to ageing population 85+), will take time, and depends on home based options being truly viable alternatives. The transition to ageing in place requires investment.

i) Inconsistent approach by Local Authorities to the needs of older people

Ageing in place not just about keeping older people living in their own house, but also about living positively in the community. In order to age in place, older people need to be able to access services, and participate in community activities of their choice. Issues such as accessible public transport, physically safe environments, and the accessibility of public buildings, impact on the suitability of a community for older people, especially older people with disabilities. Currently there is considerable inconsistency between LTAs regarding attention to these issues, with some communities very accessible and others less so.

What needs to happen for Ageing in Place to be a positive reality for more older New Zealanders?

For ageing in place to be a reality for all older New Zealanders, including low income older people, then the challenges noted above need to be addressed.

In particular the following need a commitment to policy development, planning and funding:

a) Planning for and funding the transition to restorative models of care

As noted above, the planning of and funding for a transition from a focus on residential care and maintenance level home care, to a model that rehabilitates and restores older people is currently inconsistent and insufficient.

Evidence from longitudinal studies internationally show that when measured over a life span period, services that support people through key life transition points and work to restore self reliance and resilience do make a significant impact. A long term commitment is required to improve planning, co-ordination and funding to ensure that the potential gains of moving to ageing in place focused services can be realized.

b) Improving the status of the Key Support Worker/Caregiver

Ageing in place is highly dependent on the continued development of the professional caregiver workforce. Recent initiatives around training and wage increases need to be developed to ensure that professional caregivers do not slip behind other competing service industries. In particular, work needs to be done to raise the status of the caregiver role, so that it is viewed as a positive employment choice.

c) The development of accessible, affordable, and flexible housing options

Ageing in place cannot succeed unless older people have access to a physical place that is suitable. Co-ordination in planning, funding and delivery are required between those sectors involved in housing and those involved in health and disability care.

Government should also examine in what ways it can encourage the private sector to step up and provide affordable housing options for middle and low income older people.

d) Encouraging Local Authorities to plan for ageing in place

Local Authorities need to be encouraged to plan for the needs of older people in the design of public transport and public spaces. Requirement to do so may need to be built in to LTA governing legislation.

Conclusion:

New Zealand has developed a sound policy framework for ageing in place, and there is widespread support amongst older people, service providers and government for positive ageing. New Zealand is also some way down the road in terms of the practical delivery of services that support ageing in place. If this momentum is to continue however, especially in the face of and in time for the peak of our ageing population, more needs to be done to ensure that the infrastructure and services are available that will really ensure that all older New Zealanders have the choice to age in place.

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