

CATHOLIC AGED CARE 10 YEARS AHEAD-WHERE WILL IT BE?

Traditionally Catholic aged care was developed, with few exceptions by congregations of religious women, some of whom were invited to New Zealand to offer care to those who were poor or in need.

Over the past 150 years services have moved from caring for women and children in particular to include care of the elderly for many of the congregations.

Our Christian heritage is a vital part of who we are today. It has provided us with the foundation on which our services have been built and developed.

Like many other Christian foundations Catholic health & Aged care developed not from a dependence on a funder or benefactor, but from a position of faith & belief that it was Gods call.

So as we look forward to operating in a changing landscape we need to look at drawing strength and encouragement from that faith and look to our future by renewing our faith & belief that we are building on that heritage.

In Aotearoa New Zealand today Catholic aged care operates from within several religious congregations, with little or no collaboration or unification between them. Recent changes with the four autonomous Mercy Congregations has seen the emergence of a new congregation- Nga Whaea Atawhai o Aotearoa- Sisters of Mercy New Zealand This new grouping has the potential to ensure that Mercy aged care services work together to strengthen, focus and share resources and skills.

An attempt to form a National Catholic Healthcare group in the late 1990s did not succeed. We need to think about how we work together to ensure Catholic Aged Care remains as a definable service in the care of older people, especially those who are marginalised.

Catholic aged care has, like many other R&W services relied on residential services to provide care for our older population.

In recent years Catholic congregations and organisations have begun to make changes to meet the changing landscape.

Examples include:

- Little Sisters of the Poor in Auckland demolishing an original old complex and building a resthome of 39 beds, and a wing of 19 rental units to accommodate frail elderly.
- Compassion Sisters closing a hospital in Wellington and refurbishing it into a rest, retreat & accommodation centre. While the Compassion sisters retain facilities in Heretonga and Wanganui, where they are changing the split of resthome & hospital beds to more hospital level beds; they in general see that they no longer have a major focus in residential aged care; rather their focus is becoming more community focused and are developing community chaplaincy roles, and a commitment to work with third parties to meet the needs of migrants and refugees.
- Many of their buildings are now leased to third parties, to provide services across all sectors and all ages. They also have a keen financial interest in assisting other lobbyists, including NZCCSS to meet service needs across the sectors.
- Mercy congregations provide a range of health & aged care services across New Zealand- ranging from dual resthomes and hospitals in Hamilton and Auckland, to closing a resthome in Upper Hutt and refurbishing it into 10 rental apartments in 2004. This added to 31 rental units already developed on the site.
- The Compassion sisters have also moved into owning rental units focusing on our older population, when they purchased some 95 council flats across several sites in the Hutt for a good price. These units were in many instances refurbished from bed-sits into 1 bedroom flats. A nurse is contracted to provide assistance to people living in the flats. In both the flats owned by the compassion Sisters and the flats at Mercy Villas the emphasis is to keep rental below market rates, with a specific aim to meet those most in need financially.
- The sisters of St Joseph of Nazareth built a purpose built complex Quinlan Court in Wanganui in the late 1990s. This is a sheltered group of units catering for elderly people. These units are all under one roof with central communal facilities. While this facility strives to meet rentals at below market, cost of servicing mortgages

means that costs in some instances need to be supplemented by the congregation.

- The Wellington Catholic Homes Trust operates a retirement village in Waikanae and a dual resthome & hospital in Berempore

CHALLENGES IN A CHANGING LANDSCAPE

As with other faith based groups, Catholic healthcare faces three major challenges over the next decade

- Reduce reliance on government funding by diversifying services offered while still sticking to core business- meeting the needs of frail elderly-Developing partnerships with third parties to provide services for the poor and disadvantaged, without losing sight of our core beliefs and mission. This could include further links with capital funders, such as the New Zealand Housing Initiative funding, to develop below market rental accommodation & associated social support for the poor and marginalised. Consideration should be given to developing intergenerational services.
- Residential services that continue to be provided will be for those who “fail” in community support settings-a very high proportion of those will be people with advanced stage of dementia, or those with complex medical conditions at the end of life/acuity will be much higher than the cross section of frail elderly that we currently serve in residential settings.
- Ensuring that we have a appropriately paid and well trained and educated workforce to provide care and social services across a wide range of care and support settings from home based support in sheltered/serviced housing to end of life care in a smaller number of high level care facilities. A key challenge for congregations, who support the concept of social justice, is to ensure that they pay a just wage to aged care workers –a challenge for all service providers who are funded via fixed price contracts. Time is long gone when we can expect people to be paid poorly for faith based work.
- However, Visionary Stewardship will be one of our greatest challenges over the next 10 years. To ensure that we meet our various missions and objectives we need clear vision, strong

leadership and prudent governance to give clarity to the particular aspects of care & services for older people.

Visionary stewardship will ensure that the services that we provide meet the segment of the market we are here to serve-the poor and marginalised. Solicitation & prudent allocation of financial resources to achieve our mission and to continue to find ways to differentiate ourselves from the general pool of providers and property developers will be required.

- As faith based providers we need to clearly define what business we wish to remain involved in, why we need to be there and what relationships we need to forge to stay there.
- Failure to do this will see not only our missions eroded, but see the needs of the growing number of poor in our society without discernable levels of appropriate high quality of care and social services available to them