



Health and Disability Commissioner
Te Toihau Hauora, Hauātanga

Desktop review for Aged Care Commissioner Report 2024 – Amplifying the Voices of Older people

Author: Jane Ferriera, Aged Care Nurse Advisor, Health and Disability
Commissioner

Liability: The views, opinions, findings, and conclusions or recommendations expressed in this review/report are strictly those of the author. They do not necessarily reflect the views of HDC. HDC takes no responsibility for any errors or omissions in, or for the correctness of, the information contained in this review/report.

Project outline:

The mandate of the Aged Care Commissioner for quality improvement includes noting both issues *and* improvements in the aged care sector and health and disability services for older people. The Aged Care Commissioner seeks to document good practices in care for older people in New Zealand as part of her monitoring role.

Aim:

To collate good practices that show improvements in health and disability outcomes and health and disability equity for older people, especially those that focus on:

- Hauora | health and wellbeing of kaumātua | older Māori
- Dementia mate wareware including specialist dementia (psychogeriatric) care
- Aged residential care (ARC) and home and community support services (HCSS)

Goal:

To find peer-reviewed, locally focussed academic research that discusses quality improvement initiatives relating to the care of older people in Aotearoa New Zealand over the previous three years (prior to March 2023).

Methodology:

A desk-top review was completed to explore available articles completed by research teams in Aotearoa New Zealand with a quality improvement focus on (1) older people's access to health care services (2) needs of Māori (3) needs of people living with dementia mate wareware, (4) service equity, (5) health partnerships.

A broad search was conducted across four academic databases: CINAHL, Google Scholar, PubMed, and Sage using a range of search terms aligned to the areas in question.

Discoveries were aligned to inclusion and exclusion criteria. The primary search considered research completed in Aotearoa New Zealand over the last three years. Based on the limited results, a refined secondary search was completed of international academic research, with a focus on improvement criteria in aged care and community-based settings. Credible websites, health journals, organisational material and media information was also reviewed.

Findings:

The literature review provided a limited discovery of work related to the research topic, both nationally and internationally, and has highlighted how the COVID-19 pandemic impacted reliable data collection and research opportunities. There are numerous articles that discuss the pandemic experiences, utilising mediums such as online surveys and virtual focus groups, however these were affected by participant time and competing work priorities. The participant groups generally involved people working in acute and long-term care health roles, rather than people living in aged care or home care settings.

Conclusion:

Selected studies have recommended the application of mixed methodologies in future research to gain an authentic view of the topic. There is a strong drive towards culturally responsive codesign models of research and care, recommending that any quality improvement work in the aged care sector requires consumer-focussed engagement. Approaches to quality improvement require a collaborative rather than consultative approach, aligned to the principles of the Te Tiriti O Waitangi, and as demonstrated in the Aged Care Commissioner's approach to hui through korero and kai.

Introduction

The COVID-19 pandemic presented unimaginable challenges to the healthcare system, its workers, and consumers. Articles reviewed for this project have shown that embracing rapid change amid the reality of caring for high volumes of unwell people has been confronting for health teams across all sectors of practice. Recent studies looking at the impact of COVID-19 on organisational infrastructures have highlighted the importance of pandemic preparedness, particularly for health services that provide care to vulnerable people (Declercq et al, 2020).

In addition to the influences of COVID-19, studies have also exposed chronic issues within the aged care sector, both in Aotearoa New Zealand and globally, that have been exacerbated by the pandemic (Declercq et al, 2020). Primary themes appear to relate to inefficient funding models, staffing levels and practice dilemmas, a lack of equipment or fit-for-purpose environments, and the associated impacts to care delivery (Usher et al, 2021).

Secondary areas of threat appear to relate to organisational pressures and impacts on staff health and wellbeing (Declercq et al, 2020; UNICARE, 2022). The pandemic has exposed healthcare teams to a range of risks, stressors, and morally distressing experiences and further research will be required to understand the sustained effects on health consumers and the health workforce (Phoenix Australia, Centre for Posttraumatic Mental Health and the Canadian Centre of Excellence, PTSD, 2020).

Sector Overview

Overall demand for aged care services in Aotearoa New Zealand is driven by a range of health, social and economic factors, and cultural priorities (Ministry of Health, 2019). The Ministry of Health's strategy for Healthy Ageing provides a vision for older people to "*live well, age well, and have a respectful end of life in age-friendly communities*" (Ministry of Health, 2016). The focus of the strategy is to promote health and wellbeing for older people, whether in ARC or elsewhere, acknowledging the importance of care partnerships between primary care services, the older person and their family/whānau (Ministry of Health, 2016).

Home and Community Support Services (HCSS) are funded by the Ministry of Health and provide support services to enable older people to remain living at home (Ministry of Health, 2018). Aged residential care (ARC) refers to a healthcare model for people aged over 65 years. ARC services provide short and long-term care solutions and services for people who are no longer able to live safely and independently in their own home (NZACA, 2022a). The sector currently provides four levels of service delivery: rest home, hospital, dementia, and specialist dementia (psychogeriatric) care, delivered by a mix of for-profit and non-profit operators who all receive funding, either by the government or by privately paying residents, to provide care (Ministry of Health, 2019; NZACA, 2022a, 2022b).

The ARC and HCSS sectors form part of Aotearoa New Zealand's integrated health system, however both sectors have been significantly impacted by chronic underfunding and workforce shortages which have influenced service expectations, access, and delivery (Hughes et al., 2021; NZACA, 2022a, 2022b).

Sector regulation:

The ARC and HCSS sectors are regulated a range of health acts, sector standards and service responsibilities under Te Tiriti o Waitangi | Treaty of Waitangi, the founding document of Aotearoa New Zealand. The government and health sector have obligations to Te Tiriti o Waitangi to inform health standards, public safety, and service delivery (Ministry of Health, 2020). The health and disability sector is required to work to the fundamental principles of Te Tiriti o Waitangi | Treaty of Waitangi: Mahi tahi (Partnership), Kaitiakitanga (Protection) and Whai wāhi (Participation) which guide our responsibilities to Māori. All service providers are required to recognise the unique needs of Māori and involve Māori in all decisions relating to health and disability services (Ministry of Health, 2020). Sector obligations are monitored by Crown Entities, regulatory bodies who hold a delegated authority from 'Manatū Hauora', the Ministry of Health, to act in its interests (Ministry of Health, 2023). Crown health entity representatives are responsible for ensuring oversight for the safe provision of health standards and service delivery in Aotearoa New Zealand. These agencies are responsible to the Minister of Health under the Crown Health Act 2004 and are key advocates for supporting the Crown in its relationships with Māori under Te Tiriti o Waitangi

(Ministry of Health, 2020; 2021). Examples of Crown Entities and regulatory bodies who work closely with the aged care sector include HealthCERT, the Health and Disability Commission (HDC), the Health Quality and Safety Commission (HQSC), and the Health and Disability Tribunal. These agencies work in partnership with professional bodies, such as the Medical or Nursing Council of New Zealand, whose role is to oversee practice standards and public safety under the Health Practitioners Competence Assurance Act 2003 (Ministry of Health, 2023).

Key themes identified from the literature review:

The focus areas for the Aged Care Commissioner's first monitoring report relate to:

1. Needs of Māori
2. Care for people living with Dementia Mate Wareware
3. ARC and HCSS – a consumer lens, particularly service access and respite care

The literature review has confirmed existing knowledge of the overarching issues currently impacting the aged care sector – workforce availability, funding challenges, the relationship to effective service provision, and the associated barriers to health outcomes for older people (NZACA, 2022a, 2022b). Based on the evidence reviewed, there is little published evidence of recent peer-reviewed, replicable, quality improvement initiatives at this time. A strong theme for further discussion relates to culturally safe and inclusive practice. This is based on identified learnings from the COVID-19 pandemic, highlighting a need for future focus on loneliness and social isolation, service equity and person-centred care.

1. Needs of Māori

Compared to other countries, a large percentage of older adults in Aotearoa New Zealand reside in care homes (Holdaway et al., 2021). Findings from a longitudinal study completed by the University of Auckland has shown that non-Māori aged over 80 years were twice as likely to enter ARC compared to Māori, however indications are this trend may start to change (Atkinson, 2017; Hikaka & Kerse, 2021; Lysnar, 2017). Media articles discuss the impact of escalating housing and living costs, unemployment and tighter financial lending

rules citing a future demand for homes that can accommodate Papakāinga, or intergenerational family living (Atkinson, 2017; Lysnar, 2017).

The resurgence of alternative living options is reportedly a new worldwide post-pandemic trend, however for Māori, Pasifika and other diverse immigrant families living in Aotearoa New Zealand, the extended family model is a traditional generational lifestyle aligned to specific cultural models of community living (Cheung et al, 2022; Hikaka & Kerse, 2021; Holdaway et al., 2021). Ageing in place is important to Māori, Pasifika and other cultural groups, as it allows older people to be surrounded by whānau and respectfully enable the intergenerational transfer of culture, language, knowledge and traditions (Parr-Brownlie et al, 2020). Discussion points have been raised in some studies regarding the risks and benefits of intergenerational living, including the cultural expectations of kaumātua on whānau to provide care, the competing priorities of work and income, carer stress, service access and funding inequities (Hikaka & Kerse, 2021; Holdaway et al., 2021; Synergia, 2022). However, longitudinal studies currently in progress by gerontology researchers are learning about the benefits of ageing in place and the importance of culturally appropriate service delivery on older people's health and wellbeing markers (Parr-Brownlie et al, 2020).

Service providers have sector responsibilities to deliver culturally safe care that is aligned to Health and Disability Sector Service (HDSS) standards, reflects Te Tiriti o Waitangi | Treaty of Waitangi and Tikanga Māori principles, and meets the needs of consumers (Hikaka & Kerse, 2021; Holdaway et al, 2021; Ministry of Health, 2020, 2022; NZACA, 2022). Funding and service equity remains an identified barrier for older Māori health consumers and whānau.

'... So whānau members bear the economic burden of providing care. This constitutes an inequity in allocation. Our findings also show considerable ethnic differences in use of long-term care services for people living with dementia, and the financial impact on those families. This particularly impacts Māori whānau who choose not to use aged residential care (ARC) but do not receive compensatory increase in culturally appropriate community support services of resources which is not in line with Treaty obligations. These findings will help inform future dementia policy and service development for people living with dementia in Aotearoa New Zealand.' (Hikaka & Kerse, 2021).

Hikaka and Kerse explored cultural influences on admission decisions, diversity and equity in service models using a participatory approach to information gathering (Hikaka & Kerse, 2021). This approach has been embraced in community housing studies which have utilised a Kaumātua-led participatory research model exploring improvements to health and social issues (Simpson, 2022). The study identified that Kaumatua are at risk of social isolation, impacting health and wellbeing, and identified a need to develop culturally centred, age-friendly communities. The study highlighted the importance of codesign, respecting culture, whānau, language use and the lived experience of Māori in shaping authentic research outcomes (Simpson, 2022).

Research outputs from the LiLACS (Life and Living in Advanced Age) study on octogenarians in Aotearoa New Zealand, found that Māori were being misdiagnosed with dementia mate wareware because the current assessment process uses standardised tools based on a western population, which raises questions of cultural bias (Dudley, 2020; E-tangata, 2023). Findings indicated that kaumātua were being asked the wrong questions with no cultural context, no mātauranga Māori, or relevance (E-tangata, 2023). The new Māori Assessment of Neuropsychological Abilities (MANA) is a specifically designed cognitive screening tool for identification of dementia mate wareware in Māori. While the tool has retained accepted cognitive and functional assessments, it has been developed within a Māori context and validated for tangata whenua. The new tool asks kaumātua culturally specific questions regarding self-identity and relationships with whānau, people and places and includes a meaningful wairua (spiritual) component (E-tangata, 2023). This Kaupapa Māori assessment tool will be integrated into HealthPathways alongside the Mini-ACE cognitive tool, to provide a culturally sensitive assessment process and rolled out nationally across 2023.

2. Care for people living with Dementia Mate Wareware

In 2017 the World Health Organization (WHO) asked nations to develop and implement national dementia strategies by 2025. Based on forecasting and associated impacts to health and social care, WHO declared dementia a global public health priority in 2021. It is anticipated that by 2050 almost 170,000 people are likely to be living with dementia in

Aotearoa New Zealand, comprising 2.7% of the total population, and 10.8% of those aged 65 and older (Alzheimers NZ et al, 2022; Ma'u et al, 2021). As outlined in the Dementia Economic Impact Report (DEIR) 2020, people currently living with dementia in Aotearoa New Zealand are vulnerable and services are not meeting their needs (Alzheimers NZ et al, 2022; Ma'u et al, 2021).

The Dementia Mate Wareware Action Plan has been driven by Alzheimers New Zealand, Dementia New Zealand, and the New Zealand Dementia Foundation, together with health professionals, service providers, consumers, family and whānau. In partnership with tangata whenua, the Mate Wareware Advisory Rōpū was established to provide insight into the experience, needs and expectations of whānau living with mate wareware, to develop an integrated action plan. The plan has been refined by the Mate Wareware Advisory Rōpū to strengthen kaupapa Māori and equity requirements to align to the recently restructured health system (Alzheimers NZ et al, 2022). The plan has been developed to improve the health, independence and quality of life of people living with dementia mate wareware in a sustainable way, based on best practice, for the next five years. Actions points aim to:

- Reduce the incidence of dementia
- Support people living with dementia and their family/whanau supporters/care partners to live their best possible lives
- Build accepting and understanding communities
- Strengthen leadership and capability across the sector

The DEIR report raises concerns of significant equity issues due to the rapid growth of dementia among Māori and Pasifika communities. Identified concerns include access to support services, inequitable services for Māori, and limited services for specific groups. These are listed as Pasifika, ethnic minorities and refugees, people living alone, people living with younger onset dementia, people with significant sensory impairment, people with learning or developmental disabilities, and people living with long term neurological or mental health illness (Alzheimers et al, 2022; Krishnamurthi et al, 2022; Ma'u et al, 2021).

Discussion points in the DEIR report and Dementia Mate Wareware Action Plan refer to service inconsistencies across the country, particularly for people living in rural areas. Points of note refer to underfunding, varying quality, and insufficiency of services to manage future

needs (Alzheimers et al, 2022; Krishnamurthi et al, 2022; Ma'u et al, 2021). Dementia services are primarily provided by public and private sector organisations, with long-term placements publicly funded by Health Districts (Ministry of Health, 2022a, 2022b). Cost remains a discussion point with residential care currently accounting for around half of the economic cost of dementia borne by government (\$1.21b), however family/whānau provide significant, and unremunerated, contributions to care (Alzheimer's NZ, 2023; Krishnamurthi et al, 2022; Ma'u et al, 2021; Synergia, 2022).

These reports highlight a concern regarding access to prevalence data to inform future healthcare demands, with a particular focus needed on culturally appropriate, specialist dementia (psychogeriatric level) care beds (Cullum et al, 2021; Martinez-Ruiz et al, 2021). Additionally, issues such as geographical location, access to acute care service support, consumer and service equity across population groups (European, Māori, Pacific, Asian) and workforce availability are factors for health leaders to address (Martinez-Ruiz et al, 2021; NZACA, 2021,2022).

Discussion points from the Alzheimer's Conference (March 2023) highlight the urgent need for carer support, home care and respite services, improved GP access and an appropriate funding model to allow people living with dementia to remain at home. There is a need for health education to reduce the risk-factors for dementia, and a need for dedicated health navigators to help coordinate the range of services available to people living with dementia. Anecdotal comments from conference participants discuss a need for a suitably trained health workforce with a collaborative focus and useful tools, particularly for GP services, to guide discussions about diagnosis, timely referral for support and advance care planning. There needs to be a continued drive to promote dementia-friendly services, environments and communities to allow people living with dementia to receive respectful service and support, delivered with kindness, dignity and understanding. Unfortunately, there is little evidence available relating to the needs of older people living in specialist dementia care communities which presents opportunities for further research.

Presentations at the Alzheimer's Conference (March 2023) shared new opportunities in assessment and delivery of meaningful consumer care. Haumanu Whakaohoho Whakāro – Māori | Cognitive Stimulation Therapy (CST) is a newly launched therapy, adapted for Māori kaumātua living with dementia mate wareware. Dr Makarena Dudley (Te Rarawa, Ngāti

Kahu), a researcher at the Centre of Brain Research at Waipapa Taumata Rau, with support from Alzheimers NZ have modified the global CST tool to meet the cultural needs of Māori. CST has shown to improve cognitive functioning and quality of life with people who are in the early to moderate stages of dementia. Haumanu Whakaohoho Whakāro (Māori) | CST (Māori) comprises 15 activity-based sessions held twice weekly for seven weeks with groups of up to eight people. The facilitators must be Māori, speak te reo to deliver the programme, and participants must whakapapa to Māori (E'Tangata, 2023; University of Auckland, 2023). Dr Dudley says, *"...CST can address that gap by providing a platform for whānau to engage in a programme that has the potential to slow down the progress of mate wareware, in an environment that is embedded in tikanga Māori and Te Ao Māori. There is very little support available for whānau living with mate wareware in the community, and it's essential for participants to have fun and enjoy the sessions."* (E'Tangata, 2023; University of Auckland, 2023).

Note: The study is currently unpublished as the tool was launched 1 March 2023.

What does dementia mean for Pacific communities in New Zealand?

It is anticipated statistically that the Pacific population aged 65 plus will increase 2.5 times by 2026, and, in addition to aging, there will be more Pacific matua | older people living with dementia (Martinez-Ruiz et al, 2021; Cheung et al, 2022; Symon et al, 2022). A study completed by Dr Symon and colleagues from University of Otago's Centre for Pacific Health has identified barriers for Pacific people regarding access to health services, knowledge, and understanding of cognitive impairment, communication tools, and ongoing care requirements (Symon et al, 2022). The study shared that English was a second language for many Pacific matua | older people, requiring whānau support to understand medical terminology (Symon et al, 2022). This was echoed by Dr Fuafiva Fa'alau from the University of Auckland at the Alzheimer's Conference March 2023, affirming there are no Pacific terms for dementia, which raises issues with equity of health assessment, service access and appropriate supports.

Findings from a study which considered assessment tools as predictors of dementia and cognitive impairment in Māori and non-Māori octogenarians identified the importance of utilising culturally appropriate and educationally fair cognitive screening tools, in addition to clinical measurements (Zawaly et al, 2021). As discussed in selected studies, Western

cognition tools are inappropriate for assessing the needs of culturally and linguistically diverse people, with an identified need to develop culturally appropriate assessment tools in partnership with health consumers (Dudley, 2020; Martinez-Ruiz et al, 2021; Zawaly et al, 2021). This is evidenced in the development of the new MANA tool (Dudley, 2020; E'Tangata, 2023; University of Auckland, 2023). A similar approach is currently in progress led by Dr Fa'alau to develop a Pacific-responsive screening and assessment tool to assist in the diagnosis of dementia (Health Research Council of New Zealand, 2021). The 36-month study, commenced in 2022, will use community engagement, talanoa, and fa'afaletui research methods to collate narratives, stories, and experiences about Pacific people living with dementia (Health Research Council of New Zealand, 2021).

With respect to quality improvement initiatives, Alzheimer's New Zealand released a new set of resources in February 2023, available in Te Reo Māori and eight Pacific languages, to support people and whānau living with dementia in Aotearoa New Zealand (Alzheimer's New Zealand, 2023).

3. Aged residential Care and Home Care Support Services

The Health Quality and Safety Commission (HQSC) works in partnership with health leaders and clinicians to drive change to improve healthcare outcomes for consumers (HQSC, 2021). The Commission has a specific lens across aged care and works closely with service providers to drive quality improvement in sector-specific initiatives, such as falls prevention and management, infection prevention and control, medication safety, pressure injury prevention and resident deterioration, to reduce the risk of harm events (HQSC, 2021).

A range of small-scale improvement projects have been completed over recent years with a focus on collaborative stakeholder involvement, showcasing the value of qualitative and quantitative measurement. Qualitative methodology includes collating and sharing stories from individuals, teams and organisations about their improvement projects and experiences, including what did or didn't work and wider learnings (HQSC, 2021).

Specific initiatives have focussed on safe management of medications, raising awareness of polypharmacy, deprescribing and reduction of antipsychotic drug usage, antimicrobial stewardship and associated responsibilities to clinical assessment and safe practice.

There appear to a range of system changes implemented in parts of the aged care sector, including electronic medication management systems, incident management systems and resident care records. However, there is no recently published measurable evidence from providers at this stage showcasing quality improvements to service delivery and resident care outcomes, or wider benefits to stakeholders.

As outlined in selected articles, equitable, culturally appropriate care remains an issue for Māori, Pacific, Asian and other communities of older people in Aotearoa New Zealand (Hikaka et al, 2021; NZIER, 2022). Workforce and funding issues, coupled with COVID-19 pandemic restrictions impacted the access to, and delivery of, respite or short stay services and day care programmes, resulting in considerable stress for older people and their family/whānau living in the community setting (NZACA, 2022). Anecdotal feedback from participants at the Alzheimer's Conference (March 2023) described the challenges for people living in the community with life-limiting disease processes, such as access to GP services, acute care appointments, delays with needs assessments or access to mobility equipment and regular homecare support.

The use of appropriate language, or 'linguaging', has been a strong theme for improvement through this review. There is an identified need to introduce strength-based language for older health consumers that is culturally appropriate, person-centred, meaningful, and aligned to their sense of home. This includes the use of age, cultural, disability and gender-inclusive language (Office for Seniors, 2021, 2022; ACQSC, 2022; Digital Government, 2022). Consider terms such as people living with care rather than being cared for, care home rather than facility, community rather than unit, ward, or wing, a resident's room rather than the use of standard or premium terms, and a safe rather than secure environment (ACQSC, 2022; NZIER, 2022; Office for Seniors, 2022). The EveryAGE Counts campaign in Australia has explored contributors to and impacts of ageism. The organisation, in partnership with the Federation of Ethnic Communities' Councils of Australia (FECCA) has published a guide about attitudes, behaviour and appropriate use of language, with a focus on culturally diverse communities (EveryAGE Counts, 2019; Aged Care Guide, 2022).

COVID-19 Pandemic and learnings for the aged care sector

Declercq et al. (2020) raise a poignant question in their report; 'Why, in almost all countries, was care for older people so badly affected by COVID-19?'. Global reports acknowledge that the COVID-19 pandemic lifted the veil on systems and services that care for older people. The pandemic has highlighted the sector's limited resilience and vulnerability, and exposed society's undervaluation of the industry (Declercq et al., 2020; Navarro-Prados et al., 2022; Reynolds et al., 2022).

The European Commission asserts that the lack of government investment is a consequence of ageism, which has influenced regulatory standards and policy development worldwide (Declercq et al., 2020). This opinion is supported in the Australian Nursing and Midwifery (ANMF) submission to the Royal Commission which highlights ongoing sector shortcomings, stating that care of older people needs to be a 'top priority' on political agendas with measurable governance standards (ANMF, 2021; Declercq et al., 2020; Usher et al., 2021; ACQSC, 2022).

Research authors provide comment about a need for improvement, alluding to consideration of human rights and codes of conduct, and for organisations to provide greater reassurance to stakeholders that service delivery is compliant with regulatory requirements (ANMF, 2021; Declercq et al., 2020; Garret et al., 2021; Ludlow et al., 2021; ACQSC, 2022; National Academies of Sciences, Engineering, and Medicine 2022). Suggested approaches include: establishing rigorous aged care specific standards of practice and clinical governance programmes to ensure universal IPC, health and safety standards are met and maintained, and that the needs of all stakeholders are taken into consideration in preparation for future pandemics (ANMF, 2021; Brydon et al., 2021; Giebel et al., 2021; Usher et al., 2021).

The United Nations' Decade of Health Ageing 2021-2030 aims to provide a global focus on ageing well, seeking national and international collaboration between governments, policy and health sector leads, the media, public and private agencies to improve the lives of older people (WHO, 2021). Key focus will be placed on developing age-friendly environments, combatting ageism and improving integrated and long-term care for older people (WHO, 2021). In response to the World Health Organisation's concerns, Loneliness Ministers have

been appointed to Governments in the United Kingdom and Japan to improve policy development and healthcare systems for older people (Prohastka et al, 2020; WHO, 2021).

Loneliness and social isolation

Research has identified links between social isolation and loneliness in older people and impacts to quality of life, physical and mental health and wellbeing (Prohastka et al, 2020; Chen et al, 2022). Studies show the effects of social isolation, emotional and social loneliness can result in poor sleep, diet, exercise and compliance to prescribed medications, or an increased consumption of recreational substances (smoking, drug or alcohol use), contributing to an increased risk of cardiovascular disease, stroke, diabetes, cognitive decline, dementia, depression, anxiety and suicide (Whitehouse, 2019; WHO, 2021). While there appears to be a relationship between loneliness, social isolation and quality of life, studies show they are not the same. (Bogati & Pirret, 2021; Whitehouse, 2019). Loneliness is defined as a subjective, negative experience, an 'emotional or social pain' that potentially influences a person's health and wellbeing (Chen et al, 2022; WHO, 2021). Social isolation has been described as an absence of interaction from a group or community or lacking a sense of belonging (Bogati & Pirret, 2021; Boyd et al, 2020).

The COVID-19 pandemic raised global awareness about older people, loneliness and the importance of social contact. Studies show that pandemic health measures, introduced to keep people safe, exacerbated people's risk of social isolation and loneliness, and influenced health outcomes (Brydon et al., 2022; Cheung et al., 2022; Sweeney et al., 2021).

Interventions such as enforced lockdowns, the use of physical distancing measures and separation from family/whānau, friends and significant others was difficult for older people (Stephens & Breheny, 2022). The requirement for older people to remain isolated in their homes for multiple days had adverse impacts on resident health and wellbeing. Residents living in ARC were observed to become anxious, lonely, and depressed due to unmet social needs. Other studies discussed the effects of sensory deprivation such as a lack of physical contact, companionship, and stimulation on resident mood and behaviour (Brydon et al., 2022; Cheung et al., 2022; Sweeney et al., 2021). Qualitative study participants shared how meaningful communication was hindered by mask use; a barrier for residents with visual and hearing deficits or cognitive impairment, and gowns and gloves were a reminder to stay

away from others (Brydon et al., 2022; Sweeney et al., 2021). Social greetings changed as a handshake, hug or kiss were no longer safe, and the 'elbow bump', wave, nod or 'foot tap' was introduced (Sydney Morning Herald, 2020). Touch deprivation has been another pandemic consequence as some older people had extended periods of time alone without touching or hugging another person (Brydon et al., 2022; Cheung et al., 2022; Sweeney et al., 2021). These studies show human contact is important. People have an emotional desire to hug and greet others, a need to show affection, to seek or provide physical comfort and feel connected.

A key responsibility under the Te Tiriti o Waitangi is the involvement of family/whānau in care (HDC, 2022; Hikaka & Kerse, 2021). Care homes are required to facilitate visits, offer open communication and partnership in care under the HDSS standards, while reflecting respect for ethnicity and diversity (Ludlow et al., 2021; Ministry of Health, 2019; NZACA, 2021). Studies completed on the impacts of the COVID-19 pandemic on resident wellbeing show the effects of social isolation and a lack of visitors significantly impacted resident mood, behaviour, health and wellbeing (Brydon et al., 2022; Sweeney, 2021). This theory is supported by Cheung et al who completed a comparison study looking at variations in psychosocial markers across three ethnic groups in ARC residents during the first lockdown in Aotearoa New Zealand. The study compared resident outcome scores between 2019 and 2020 using nationally collected interRAI data to determine the impacts of isolation on wellbeing (Cheung et al., 2022). Findings from the quantitative study showed lower rates of loneliness in Māori compared to other groups, but higher rates of severe depressive symptoms in New Zealand Europeans residing in ARC at this time. The authors recommend the application of qualitative methodology in future research to authenticate the interRAI data and provide additional rigour to findings (Cheung et al., 2022). There does not appear to be recent evidence of available data relating to the impacts of social isolation amongst community dwelling older people in Aotearoa New Zealand at this time.

Further discussion points relate to the impact of isolation measures on consumer rights and freedoms, highlighting that isolated residents were 'unable to access alternative comfort supports' (ACQSC, 2022; Sweeney et al., 2021). As outlined by the Ombudsman, this intervention raises concerns about transparency in clinical assessment processes, resident

rights, regulatory compliance, and reporting standards (ANMF, 2021; Office of the Ombudsman, 2022). As discussed by Sweeney et al, for future pandemic scenarios, service providers need to consider balancing interventions and restrictions according to the rights and needs of residents (HDC, 2022; Sweeney et al., 2021).

Other features from the literature review discuss resident frailty and unmet needs, such as reduced appetites with signs of dehydration, weight loss, reduced mobility, and compromised skin integrity. Families sampled in two studies described feelings of shock at the deconditioning and unkempt appearances of loved ones when visiting resumed (Giebel et al., 2021; Sweeney et al., 2021). Reported care deficits related to personal grooming, such as hair care, nail care, facial shaving, and oral hygiene, with observations made about increased signs of ageing and frailty. Some families described the immense sadness felt when observing a resident's lack of recognition of loved ones, and others reported feelings of distress and devastation at being unable to be present at their loved one's end of life (Brydon et al., 2022; Giebel et al., 2021). From a trauma perspective, it is unclear from the study outcomes what opportunities were made available to families to debrief, grieve, or share experiences with care home teams to aid learning and healing.

It has been made apparent from the research evidence that outbreak isolation measures negatively impacted older people and their family/whānau. While lockdowns were deemed an essential risk mitigation strategy at the time, research authors concur that health leaders, ARC and HCSS service providers need to recognise the unique benefits of having family provide supplementary caregiving support at times of crisis (Hikaka et al, 2021; Synergia, 2022). Authors call for government and health policymakers to develop aged care-specific guidelines to reduce the risk of care deficits, and to include recommendations to grant access to nominated family members who can provide support in future scenarios.

As discussed by Prohaska et al, there are significant gaps in our understanding of the 'true rates' of loneliness within and across countries, the drivers of loneliness in different populations and sub-groups, impacts on health and wellbeing, and a lack of high-quality evidence on effective solutions (Prohaska et al, 2020). This presents research opportunities from the perspective of older people living in Aotearoa New Zealand. Discussion points

lifted from the literature review for further consideration may include:

- Access to transport or socio-economic resources and impact to older people's wellbeing
- Urban versus rural housing options and availability of community support for older people
- Experiences of loneliness within at-risk social groups, such as ethnic minorities, LGBTQIA, people living with long-term health conditions, physical and learning disabilities, carer experiences, older people in ARC, refugees or other diverse groups
- Strategies to combat the stigma of loneliness

Digitisation:

Adapting to new approaches to communication, service delivery and social supports was challenging for community-based older people during the COVID-19 pandemic, with a new need for digital technology and digital literacy skills to facilitate interaction (Saravanakumar et al, 2021). Familiar social practices changed in favour of virtual gatherings with family/whānau or friends, virtual consultations with health professionals, virtual shopping experiences through online shopping, and a newly visible and traceable public world through the scanning of QR codes to record whereabouts.

In 2022 the Office for Seniors, in partnership with a range of service providers, developed a Digital Inclusion Action Group for Older People. The group will focus on providing technology training and digital literacy skills to older people across Aotearoa New Zealand (Office for Seniors, 2022).

Digital technology use in older adult populations is an emerging field, presenting future research opportunities. Discussion points for future consideration may include:

- The impact of virtual healthcare consultations and older people – social isolation, connectedness and authentic assessment of medical needs (telehealth and consumer experiences)
- The impact of digital connections and communication on older people living with sensory impairment, such as vision or hearing loss; limited education or digital literacy skills

4. Quality Improvement: What we know and next steps

Research articles, white paper reviews and anecdotal evidence has indicated that the aged care sector has been under significant strain related to factors such as COVID-19, funding and workforce concerns. The main focus has been meeting business and care responsibilities therefore widespread improvement initiatives appear to have held an aspirational lens.

Despite this, there are a range of studies in progress in Aotearoa New Zealand which aim to understand the ageing process and wider influences on older people's health and wellbeing (Parr-Brownlie et al, 2020). This presents an opportunity to partner with health service providers and consumers to consider outcomes and develop collaborative, culturally responsive actions to quality improvement.

An important part of improvement practice is through the use of analysis and reflection. Learnings from health and disability complaint themes have highlighted concerns with informed consent, cultural safety, equity and standards of service delivery, and the benefits of early resolution for all parties involved (HDC, 2022). Restorative approaches to practice, and the application of open disclosure, is a relatively new concept in adverse event processes in healthcare (HQSC, 2021; Wailling et al., 2021). The philosophy of restorative practice aligns closely with tikanga Māori and the te ao Māori world view, while using a model of social justice to create purpose, meaning, and learning to seek solutions (Restorative Practices Aotearoa, 2022; Wailling et al., 2021). Restorative approaches provide an opportunity for stakeholders to look at systemic causes of harm rather than focussing on individual responsibilities toward conflict resolution. Partnered with this is the responsibility to make appropriate changes to systems and processes to reduce the risk of future harm events.

Learnings from the COVID-19 pandemic and selected articles for this review have highlighted the importance of focusing on culturally appropriate, consumer-directed approaches to inform quality improvements in health and social systems (ACQSC, 2022). The Australian Aged Care Quality and Safety Commission (ACQSC) published a new resource

in March 2023 titled 'Enriching Life Through Care', which shares quality improvement case studies through the lens of the consumer experience. Articles refer to the development of co-designed, consumer-led models of care which focus on what matters to the residents (ACQSC, 2023). As outlined in the NZACA reports, the aged care sector in Aotearoa New Zealand requires new ways of working and suggests that health leaders consider learnings from Australia's aged care sector to inform local approaches to improvement (ACQSC, 2022; NZACA, 2021, 2022).

Identified areas for future work may include:

- Equity in service access for Māori and Pacific people, and other cultural groups
- Carer support and respite stay
- The role of relationships and delivery of person-centred care
- Raising awareness and support for people living in the community with life-limiting disease processes, cognitive or physical impairment
- Culturally appropriate assessment tools
- Meeting the needs of Culturally and Linguistically Diverse (CALD) communities
- Support for older people in LGBTQIA+ communities (sexual orientation and gender identities)
- Care of older people living in detention – ageing prisoners: future state
- Oral hygiene care – selfcare
- Mental health and suicide prevention services for older people
- Ageism – how to reduce stigma, bias, and barriers to help-seeking or service use
- Encouraging the use of strength-based language

References

Abey-Nesbit, R., Van Doren, S., Ahn, S., Iheme, L., Peel, N., Declercq, A., Hirdes, J., Allore, H., Jaimeson H. (2021). Factors associated with caregiver distress among home care clients in New Zealand: Evidence based on data from interRAI Home Care assessment. *Australasian Journal on Ageing*. 41(2), 237-246. Available at: <https://doi.org/10.1111/ajag.13011>

Aged care guide (2022). What to say and what not to say: A new language guide for combatting ageism. Available at: <https://www.agedcareguide.com.au/talking-aged-care/what-to-say-and-what-not-to-say-a-new-language-guide-for-combatting-ageism>

Aged Care Quality and Safety Commission. (2021). Code of Conduct for Aged Care. Available at: <https://www.agedcarequality.gov.au/sites/default/files/media/code-of-conduct-for-aged-care-provider-guidance.pdf>

Aged Care Quality and Safety Commission. (2021). 'Care that is right for me'. A resource for working with aged care consumers. Available at: https://www.agedcarequality.gov.au/sites/default/files/media/acqsc_working_with_aged_care_consumers_resource.pdf

Aged Care Quality and Safety Commission. (2022). Aged Care Reforms. An Overview. Available at: https://www.agedcarequality.gov.au/sites/default/files/media/aged_care_reforms-an_overview_fact_sheet.pdf

Aged Care Quality and Safety Commission. (2022). Consumer engagement in aged care. Literature review. Available at: <https://www.agedcarequality.gov.au/resources/consumer-engagement-aged-care-literature-review>

Alzheimers New Zealand, Dementia New Zealand, New Zealand Dementia Cooperative. (2022). Improving Dementia Services in New Zealand – Dementia Action Plan 2020-2025. Available at: <https://cdn.alzheimers.org.nz/wp-content/uploads/2021/09/Dementia-Mateware-Action-Plan.pdf>

Atkinson, K. (2017). We need houses for several generations now. The New Zealand Herald.

Available at: <https://www.nzherald.co.nz/nz/kevin-atkinson-we-need-houses-for-several-generations-now/JSUDDMY2P2TBGDHGQJO6VCIXJQ/>

Australian Nursing and Midwifery Federation. (ANMF). (2021). Submission of the Australian

Nursing and Midwifery Federation in relation to the impact of COVID-19 in aged care. Available at: <https://agedcare.royalcommission.gov.au/system/files/2020-08/ANM.0020.0001.0001.pdf>

Bogati, R., & Pirret, A. (2021). Loneliness among older people living in long-term care settings in a metropolitan city in Aotearoa New Zealand. *Nursing Praxis in Aotearoa New Zealand*, 37(2), 24-34. Available at:

<https://doi.org/10.36951/27034542.2021.021>

Brydon, A., Bhar, S., Doyle, C., Batchelor, F., Lovelock, H., Almond, H., Mitchell, L., Nedeljkovic, M., Savvas, S., & Wuthrich, V. (2022). National Survey on the Impact of COVID-19 on the Mental Health of Australian Residential Aged Care Residents and Staff. *Clinical Gerontologist*, 45(1), 58–70. Available at:

<https://doi.org/10.1080/07317115.2021.1985671>

Chen, C., Shannon, K., Napier, S., & Neville, S. (2022). Loneliness among older adults living in aged residential care in Aotearoa New Zealand and Australia: An integrative review.

Nursing Praxis in Aotearoa New Zealand, 38(1), 5-15. Available at:

<https://doi.org.10.36951/27034542.2022.02>

Cheung, G., To, E., Rivera-Rodriguez, C., Ma'u, E., Hai Yan Chan, A., Ryan, B., Cullum, S. (2022). Dementia prevalence estimation among the main ethnic groups in New Zealand: a population-based descriptive study of routinely collected health data.

Available at: <https://bmjopen.bmj.com/content/12/9/e062304>

Cheung, G., Bala, S., Lyndon, M., Ma'u, E., Rivera Rodriguez, C., Waters, D. L., Jamieson, H., Nada-Raja, S., Chan, A. H. Y., Beyene, K., Meehan, B., & Walker, X. (2022). Impact of the first wave of COVID-19 on the health and psychosocial well-being of Māori, Pacific Peoples and New Zealand Europeans living in aged residential

care. *Australasian Journal on Ageing*, 41(2), 293–300. Available at:

<https://doi.org/10.1111/ajag.13025>

Cullum, S., Varghese, C., Yates, S., Kalauta, L., Appleton, J., Knell, R., Prigent, C., Christie, M., Appleton, K., Hadfield, L., Liu, B., Rajay, A., Yeom, B., Oulaghan, B., Whittington, R. & Cheung, G., (2021). Predictors of Aged Residential Care Placement in Patients Newly Diagnosed with Dementia at a New Zealand Memory Service. *Journal of Long-Term Care*, pp.24–32. Available at: <http://doi.org/10.31389/jltc.46>

Declercq, A., de Stampa, M., Geffen, L., Heckman, G., Hirdes, J., Finne-Soveri, H., Lum, T., Millar, N., Morris, J. N., Onder, G., Szczerbińska, K., Topinkova, E. van Hout, H. (2020), Why, in almost all countries, was residential care for older people so badly affected by COVID-19? Covid and aged care. OSE Working Paper Series, Opinion Paper No. 23, Brussels: European Social Observatory, 13 p. Available at: https://www.interrai.co.nz/assets/Declercq_Et_Al_2020_OpinionPaper23-1-002.pdf

Digital Government. (2022). Age-inclusive language and content. Available at: <https://www.digital.govt.nz/standards-and-guidance/design-and-ux/content-design-guidance/inclusive-language/age-inclusive-language/>

Dudley, M. (2020). Māori Assessment of Neuropsychological Abilities (MANA): A cognitive, functional and wellbeing screening tool for dementia in older Māori. Development and validation of cognitive and quality of life assessments for older indigenous peoples internationally. *Alzheimer's & Dementia*. 16(57) Available at: <https://doi.org/10.1002/alz.040110>

E'Tangata. (2023). Makarena Dudley: Bringing te ao Māori to dementia. Available at: <https://e-tangata.co.nz/comment-and-analysis/makarena-dudley-bringing-te-ao-maori-to-dementia/>

EveryAGE counts. (2019). Ageism in Culturally Diverse Communities. Available at: https://d3n8a8pro7vhm.cloudfront.net/benevolent/pages/393/attachments/original/1610327398/Ageism_in_Culturally_Diverse_Communities_-_Final_Report.pdf?1610327398

Giebel, C., Hanna, K., Cannon, J., Shenton, J., Mason, S., Tetlow, H., Marlow, P., Rajagopal, M., & Gabbay, M. (2021). Taking the 'care' out of care homes: The moral dilemma of institutional long-term care provision during COVID-19. *Health & social care in the community*, 10.1111/hsc.13651. Advance online publication. Available at: <https://doi.org/10.1111/hsc.13651>

Health and Disability Commissioner. (2021). Annual Report for the year ended 30 June 2021. Available at: <https://www.hdc.org.nz/media/6046/hdc-annual-report-2021.pdf>

Heath Quality and Safety Commission. (2021). Aged Residential Care. Available at: <https://www.hqsc.govt.nz/our-work/improved-service-delivery/aged-residential-care/>

Hikaka, J., & Kerse, N. (2021). Older Māori and aged residential care in Aotearoa. Available at: <https://www.hqsc.govt.nz/assets/Our-work/Improved-service-delivery/Aged-residential-care/Publications-resources/Older Maori and ARC report Dec2021 final.pdf>

Holdaway, M., Wiles, J., Kerse, N., Wu, Z., Moyes, S., Connolly, M., Menzies, O., Teh R., Muru-Lanning, M., Gott, M., & Broad, J. (2021). Predictive factors for entry to long-term residential care in octogenarian Māori and non-Māori in New Zealand, LiLACS NZcohort. *BMC Public Health* 21 (1),34. Available at: <https://doi.org/10.1186/s12889-020-09786-z>

Krishnamurthi, R. V., Dahiya, E. S., Bala, R., Cheung, G., Yates, S., & Cullum, S. (2022). Lived Experience of Dementia in the New Zealand Indian Community: A Qualitative Study with Family Care Givers and People Living with Dementia. *International Journal of Environmental Research and Public Health*, 19(3), 1432. Available at: <https://doi.org/10.3390/ijerph19031432>

Ludlow, K., Churrua, K., Mumford, V., Ellis, L. A., & Braithwaite, J. (2021). Aged care residents' prioritization of care: A mixed-methods study. *Health expectations: an International Journal of Public Participation in Health Care and Health Policy*, 24(2), 525–536. Available at: <https://doi.org/10.1111/hex.13195>

Lysnar, P. (2017). Multi-generational household needs. Build Magazine New Zealand.
Available at: <http://www.buildmagazine.org.nz/assets/Uploads/Build-158-79-Feature-Changing-Face-Of-New-Zealand-Multi-generational-Household-Needs.pdf>

Martinez-Ruiz, A., Yates, S., Cheung, G., Dudley, Makarena., Krishnamurthi, R., Fa'alau, F., Roberts, M., Taufu, S., Fa'alili-Fidow, J., Rivera-Rodriguez, C., Kautoke, S., Ma'u, E., Kerse, N., Cullum, S. (2021). Living with Dementia in Aotearoa (LiDiA): a cross-sectional feasibility study protocol for a multiethnic dementia prevalence study in Aotearoa/New Zealand. *BMJ Open*. 11 (5). Available at: <https://bmjopen.bmj.com/content/11/5/e046143>

New Zealand Aged Care Association. (2022a). Aged Residential Care (ARC) Industry Profile 2021-22. Available at: <https://nzaca.org.nz/advocacy-and-policy/arc-industry-profile-2021-22/>

New Zealand Aged Care Association. (2022b). Supporting equitable and timely access to aged residential care. Available at: <https://nzaca.org.nz/wp-content/uploads/2022/06/Supporting-equitable-and-timely-access-to-ARC.pdf>

Ma'u, E., Cullum, S., Yates, S., Te Ao, B., Cheung, G., Burholt, V., Dudley, M., Krishnamurthi, R., Kerse N. (2021). Dementia Economic Impact Report 2020. (DEIR). University of Auckland, New Zealand. Available at: <https://cdn.alzheimers.org.nz/wp-content/uploads/2021/09/Dementia-Economic-Impact-Report-2020.pdf>

Ministry of Health. (2016). Healthy Ageing Strategy. Wellington: Ministry of Health.
Available at: <https://www.health.govt.nz/publication/healthy-ageing-strategy>

Ministry of Health. (2018). Support Services for older people. Available at:
<https://www.health.govt.nz/your-health/services-and-support/health-care-services/services-older-people/support-services-older-people>

Ministry of Health. (2019). Healthy Ageing Strategy Priority actions for implementation 2019–22. Available at:

<https://www.health.govt.nz/system/files/documents/pages/ha-ageing-well-dec2019.pdf>

Ministry of Health. (2020). Treaty of Waitangi principles. Wellington: Ministry of Health.

Available at: <https://www.health.govt.nz/our-work/populations/maori-health/he-korowai-oranga/strengthening-he-korowai-oranga/treaty-waitangi-principles>

Ministry of Health. (2022a). Health and Disability Sector Standards. Wellington: Ministry of Health.

Available at: <https://www.health.govt.nz/our-work/regulation-health-and-disability-system/certification-health-care-services/services-standard>

Ministry of Health. (2022b). Health and disability system reforms. Wellington: Ministry of Health.

Available at: <https://www.health.govt.nz/new-zealand-health-system/overview-health-system/health-and-disability-system-reforms>

Ministry of Health. (2023). Crown entities and statutory boards. Wellington: Ministry of Health.

Available at: <https://www.health.govt.nz/new-zealand-health-system/key-health-sector-organisations-and-people/crown-entities-and-statutory-boards>

NZIER. (2022). Assessing the equity issues facing aged residential care over the coming decade. A report for New Zealand Aged Care Association. Available at:

<https://nzaca.org.nz/news/equitable-access-to-arc-report/>

Office for Seniors. (2021). Better Later Life He Oranga Kaumātua Action Plan 2021 to 2024

He Mahere Hohenga 2021 ki 2024. Available at:

<https://officeforseniors.govt.nz/assets/documents/our-work/better-later-life/Action-Plan/Better-Later-Life-Action-Plan-2021-to-2024.pdf>

Office for Seniors. (2022). Better Later Life He Oranga Kaumātua 2019 to 2034 A strategy for

making the future better for New Zealanders as we age. He rautaki kia oranga kaumātua ō rā ki te ao. Available at:

<https://officeforseniors.govt.nz/assets/documents/our-work/better-later-life/Better-Later-Life-Strategy/Better-Later-Life-He-Oranga-Kaumātua-2019-to-2034.pdf>

Office for Seniors. (2022). Digital Inclusion Action Group for Older People. Available at:
<https://officeforseniors.govt.nz/our-work/digital-inclusion/digital-inclusion-action-group-for-older-people/>

Parr-Brownlie, L., Waters, D., Neville, S., Neha, T., Muramatsu, N. (2020). Aging in New Zealand: Ka haere ki te ao pakeketanga, *The Gerontologist*, Volume 60, Issue 5, August 2020, Pages 812–820. Available at: <https://doi.org/10.1093/geront/gnaa032>

Peri, K., & Cheung, G. (2016). CALD Guidelines for Dementia Patients in Aged Residential Care. University of Auckland. Available at:
<https://lexallcare.co.nz/statics/homepage/documents/CALD%20Guidelines%20Dementia.pdf>

Peri, K., & Cheung, G. (2016). CALD Guidelines for Dementia Patients in Aged Residential Care. University of Auckland. Available at:
<https://lexallcare.co.nz/statics/homepage/documents/CALD%20Guidelines%20Dementia.pdf>

Phoenix Australia, Centre for Posttraumatic Mental Health and the Canadian Centre of Excellence, PTSD. (2020) *Moral Stress amongst Healthcare Workers during COVID-19: A Guide to Moral Injury*. Phoenix Australia, Centre for Posttraumatic Mental Health and the Canadian Centre of Excellence, PTSD, ISBN online: 978-0-646-82024-8. Available at: <https://www.phoenixaustralia.org/wp-content/uploads/2020/07/Moral-Stress-Healthcare-Workers-COVID-19-Guide-to-Moral-Injury.pdf>

Prohaska, T., Burholt, V., Burns, A., Golden, J., Hawkley, L., Lawlor, B., Leavey, G., Lubben, J., O’Sullivan, R., Perissinotto, C., van Tilburg, T., Tully, M., Victor, C., Fried, L. (2020). Consensus statement: Loneliness in older adults, the 21st century social determinant of health? Available at: [doi:10.1136/bmjopen-2019-034967](https://doi.org/10.1136/bmjopen-2019-034967)

Restorative Practices Aotearoa. (2022). Working Towards a Restorative Society. Available at:
<https://www.rpa.org.nz/our-services/restorative-practice-for-businesses>

Robinson, T. E., Boyd, M. L., North, D., Wignall, J., Dawe, M., McQueen, J., Frey, R. A., Raphael, D. L., & Kerse, N. (2021). Proactive primary care model for frail older people in New Zealand delays aged-residential care: A quasi-experiment. *Journal of the American Geriatrics Society*, 69(6), 1617–1626. Available at: <https://doi.org/10.1111/jgs.17064>

Saravanakumar, P., Garrett, N., Van Wissen, K., Montayre, J., McBride-Henry, K. (2021). Social connectedness and self-perceived health of older adults in New Zealand. Available at: https://openaccess.wgtn.ac.nz/articles/journal_contribution/Social_connectedness_and_self-perceived_health_of_older_adults_in_New_Zealand/15025881

Shannon, K., Montayre, J., & Neville, S. (2021). Nothing about us Without us: Research Methods Enabling Participation for Aged Care Residents Who Have Dementia. *International Journal of Qualitative Methods*, 20. Available at: <https://doi.org/10.1177/16094069211055938>

Simpson, M. L., Ruru, S., Oetzel, J., Meha, P., Nock, S., Holmes, K., Adams, H., Akapita, N., Clark, M., Ngaia, K., Moses, R., Reddy, R., & Hokowhitu, B. (2022). Adaptation and implementation processes of a culture-centred community-based peer-education programme for older Māori. *Implementation science communications*, 3(1), 123. Available at: <https://doi.org/10.1186/s43058-022-00374-3>

Stephens, C., & Breheny, M. (2022). Diverse experiences among older adults in Aotearoa/New Zealand during COVID-19 lockdown: A qualitative study. *Australasian Journal on Ageing*, 41(1), e23–e31. Available at: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8646691/>

Sweeney, M., Boilson, A., White, C., Nevin, M., Casey, B., Boylan, P., Staines, A. (2022). Experiences of residents, family members and staff in residential care settings for older people during COVID-19: A mixed methods study. *Journal of Nursing Management*. 30. (4), 872-882. Available at: <https://doi.org/10.1111/jonm.13574>

Symon, V., Richards, R., Norris, P., Mapusua, T., & Hale, L. (2021). The needs of Pacific families affected by age-related cognitive impairment in New Zealand: interviews

with providers from health-care organisations. *Journal of Primary Health Care*, 13(4), 317-322.

Synergia. (2022). THE STATE OF CARING IN AOTEAROA. A report for Carers NZ and the Carers Alliance. Available at: <https://cdn.alzheimers.org.nz/wp-content/uploads/2022/08/State-of-Caring-Report-Aug2022.pdf>

UNI Global Union. UNICARE. (2021). The Most Dangerous Job. The Impact of COVID-19 on Long-Term Care Workers in the US, UK, Canada, Ireland, and Australia. Available at: https://uniglobalunion.org/wp-content/uploads/the_impact_of_covid-19_fin.pdf

University of Auckland. (2023). Adapting Cognitive Stimulation therapy for Māori with mate wareware (dementia). Available at: <https://www.auckland.ac.nz/en/news/2023/02/27/expert-launches-ground-breaking-therapy-for-Maori-kaumatua-dementia.html>

Usher, K., Hickman, L., Jackson, D. (2021). Put 'nursing' back into aged care. Nursing care is essential to aged care homes beyond the COVID-19 pandemic. *Contemporary Nurse*, 57 (1-2). Available at: <https://doi.org/10.1080/10376178.2020.1843511>

Wailing, J., Wilkinson, J., & Marshall, C. (2020). Healing after harm: An evaluation of a restorative approach for addressing harm from surgical mesh. *Kia ora te tangata: He arotakenga i te whakahaumanu* (A report for the Ministry of Health). Wellington, New Zealand: The Diana Unwin Chair in Restorative Justice, Victoria University of Wellington. Available at: <https://www.wgtn.ac.nz/restorative-justice/research/health/restorative-practice-and-surgical-mesh/healing-after-harm-evaluation-report-moh-pdf>

Whitehouse, C. (2019). The impact of social relationships on cognitive performance in the older adult: Emotional loneliness is detrimental to cognitive performance. Available at: <https://mro.massey.ac.nz/handle/10179/15488>

World Health Organisation. (2021). Social Isolation and Loneliness among older people: advocacy brief. Available at: <https://www.who.int/teams/social-determinants-of-health/demographic-change-and-healthy-ageing/social-isolation-and-loneliness>

World Health Organisation. (2021). United Nations Decade of Healthy Ageing 2021–2030.
Available at: <https://www.who.int/initiatives/decade-of-healthy-ageing>

Zawaly, K., Moyes, S., Wood, P., Cheung, G., Rolleston, A., Buetow, S., Tippett, L., Kerse, N.
(2019). Diagnostic accuracy of a global cognitive screen for Māori and non-Māori
octogenarians. *Translational Research & Clinical Interventions*. Available at:
<https://doi.org/10.1016/j.trci.2019.08.006>