



AGED RESIDENTIAL CARE SECTOR PROFILE 2024



**Aged Care
Association**
NEW ZEALAND

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We are a powerful advocate, making sure the aged care sector gets the support it needs to provide excellent care for older New Zealanders.

We represent over 90 percent of New Zealand's aged residential care sector. The services our members provide include rest home, hospital, dementia and psychogeriatric care, as well as short-term care.

This report presents a profile of the aged residential care sector as it stands in late 2023, combining information drawn chiefly from two surveys - the October 2023 Aged Care Association member survey and the September 2023 Te Whatu Ora ARC provider quarterly reporting survey.

Where other data sources are used, these are cited in the report.

This volume continues a series of reports by the ACA that began in 2005. While there is discontinuity in the time series (no comprehensive member profiling surveys were carried out in 2015 and 2016), the ACA member survey allows for long-term trend analysis.

This report marks the 14th time that ACA has carried out a comprehensive survey of its members, spanning a 16-year period.

Responses to the 2023 survey provide data on ARC facilities covering just over half of all ACA member beds and half of all beds provided by the sector.

THE SECTOR AT A GLANCE

ACA SHARE OF ARC SECTOR BEDS



OWNERSHIP



Major group

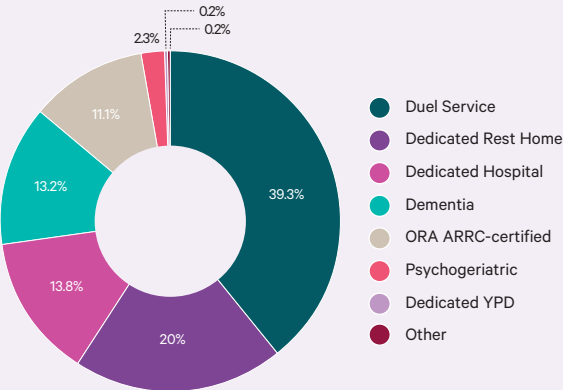
34.6% Publicly listed
22% Private
8% Charitable



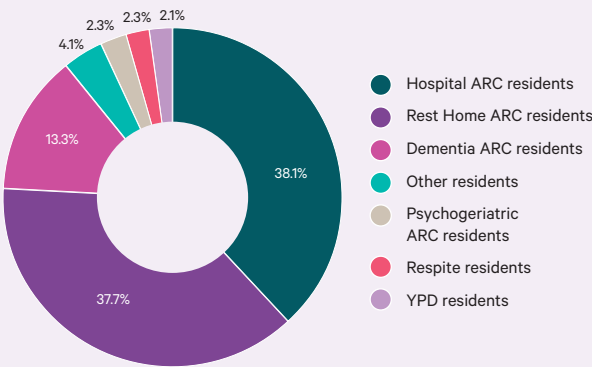
Individual/minor group

24.6% Private
10.8% Charitable

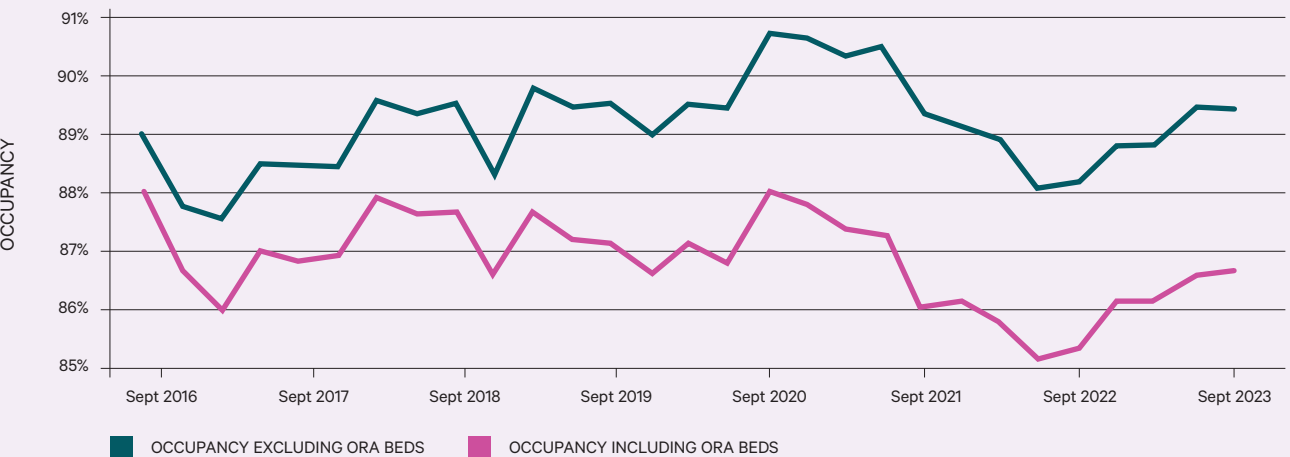
BEDS



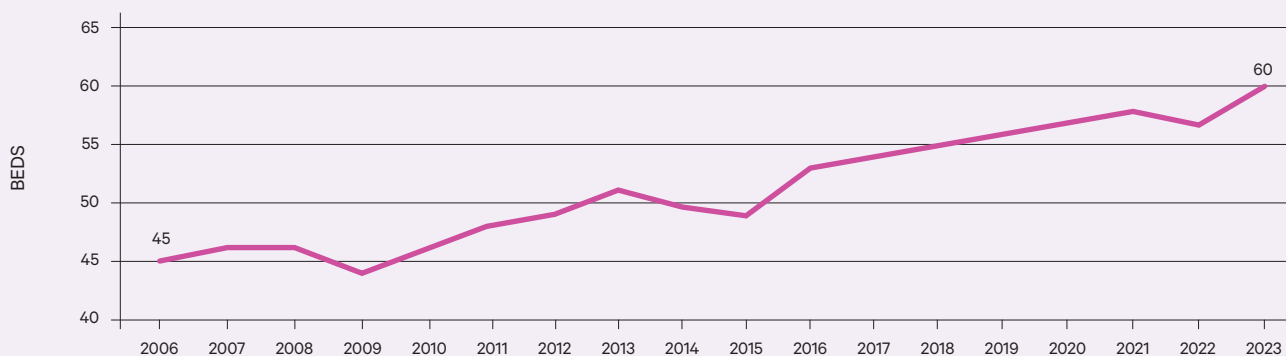
RESIDENTS



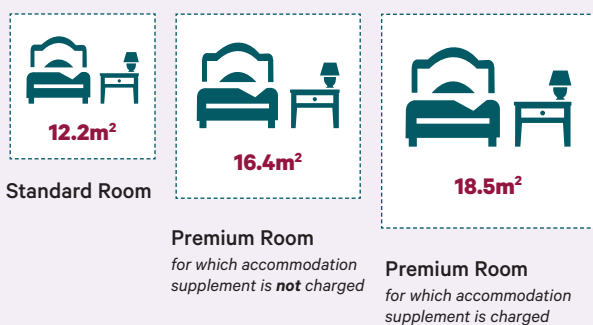
OCCUPANCY



MEDIAN FACILITY SIZE (NUMBER OF BEDS)

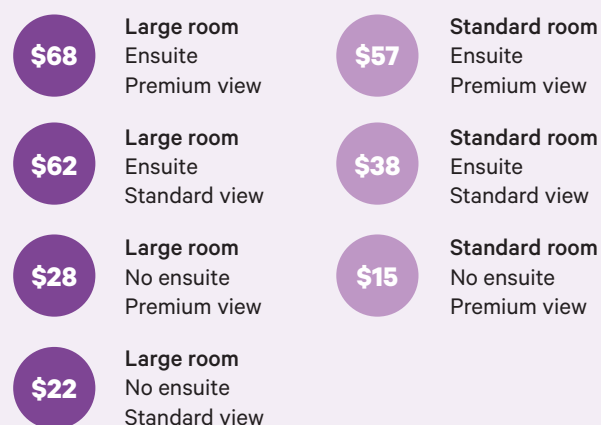


MEDIAN SIZE OF ROOM



MEDIAN ACCOMMODATION SUPPLEMENTS

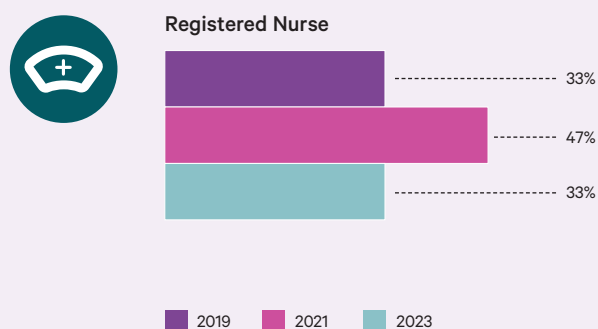
\$ per day



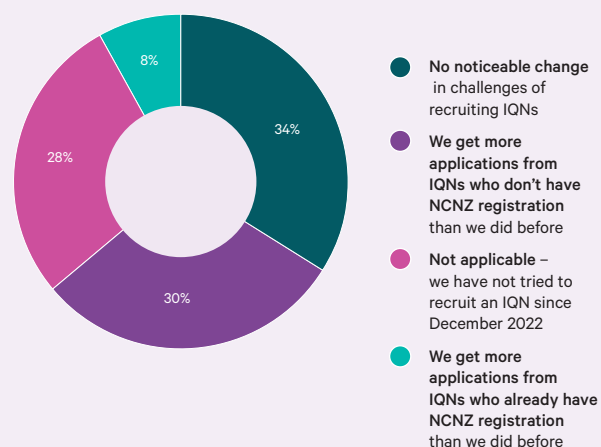
STAFF ON VISAS



TURNOVER



PERCEIVED CHANGES IN IQN RECRUITMENT



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Report outline

1. Data sources and representation

2. ARC ownership

Relative contribution to the ARC sector in terms of facilities and beds by care homes in various types of ownership.

3. Beds

Trends in service provision and care facility size, current service mix of beds, trends in supply of ORA beds, and comparisons across Te Whatu Ora Districts.

4. Residents

Current split by care level and trends in this, comparisons across Te Whatu Ora Districts, trends in split between subsidised and private paying residents.

5. Occupancy

Long-term trend in occupancy, trends in percentage of care facilities at full occupancy, and comparisons across Te Whatu Ora Districts.

6. Workforce

Split of staff between care and non-care categories, vacancy and turnover rates, together with changes in this by staff category.

7. Immigration

Percentage of staff on work visas, length of employment of staff on visas, country of origin.

8. Remuneration

Average hourly rates, data on split between caregivers and activities coordinators by pay band L0–L4, non-pay incentives and benefits.

9. Premium room services and Occupation Rights Agreements (ORAs)

Percentage of care facilities offering premium rooms, median accommodation supplements, trends in the supply of premium vs standard rooms, size of rooms, and provision of ORA beds.

10. Topical issues

Demand for ARC, care facility renovation and upgrade, size and age of care facilities.

1. Data sources and representation

Te Whatu Ora ARC provider reporting survey, 30 September 2023

Te Whatu Ora's Health Analytics, Service Improvement and Innovation unit collects and processes bed, resident and occupancy information from all ARC facilities at the end of each quarter. It is a contractual requirement, under the ARRC Services Agreement, for ARC providers to report their bed and resident numbers to Te Whatu Ora. The collection began in September 2013. Bed and resident numbers are collected as at 10pm on the last day of the March, June, September, and December quarters. The September quarter 2023 data, which is primarily used in this report, was collected based on care facility status as at 10pm on 30 September 2023.

ACA member survey

The ACA member survey began in 2005, and until 2014 was carried out annually. There was a hiatus in 2015 and 2016 when it was replaced by surveys which gathered information on employment and caregiver hours required to inform pay equity modelling and negotiations. The survey was again delivered in December 2017, 2019, 2021, and 2023.

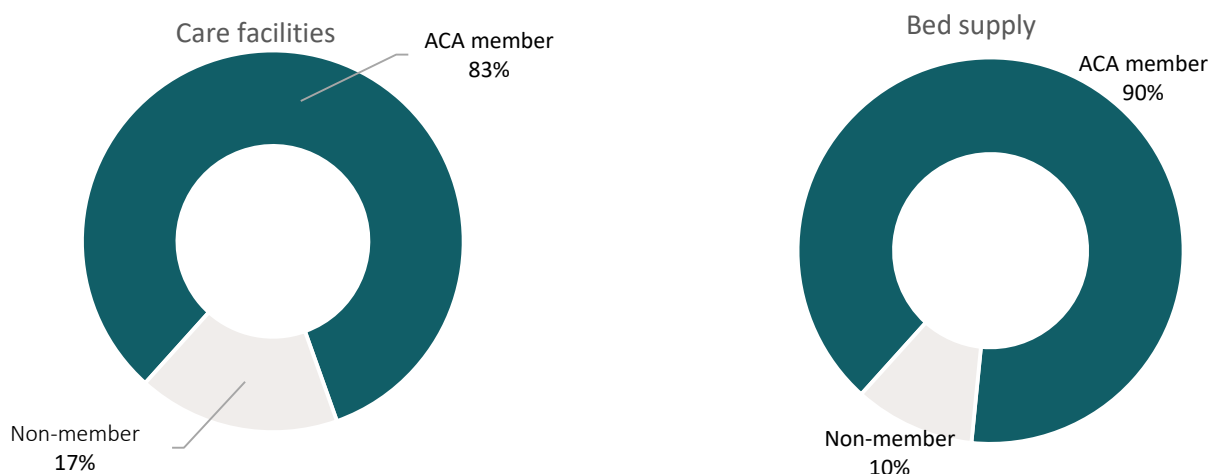
The questions asked vary between years, depending on the information required to support the ACA's current policy and advocacy work, while keeping the burden on respondents within bounds. In 2023, topical questions focused on future demand for ARC, required facility renovations or upgrades and the barriers to implementing these, and the physical size and age of facilities.

As in the 2021 ACA member survey, the questions required to calculate care hours per resident per day were not included. Based on previous surveys we know these coefficients are reasonably stable over time. December 2017 data on care hours can be viewed in the 2019/20 ARC Industry Profile.

Member representation

The ACA's members' share of total ARC facilities and bed supply is illustrated in Figure 1.1.

Figure 1.1 ACA share of the aged residential care sector, September 2023



Source: Te Whatu Ora Quarterly Report September 2023 and ACA member database

In December 2023, 202 eligible ACA members were invited to participate in the member survey. A total of 92 organisations covering 347 facilities responded.

Table 1.1 shows responses to the survey covered 62 percent of member facilities, and 52 percent of all aged residential care facilities in New Zealand. The 2024 sector profile provides a reliable snapshot of the sector as it stands in late 2023, with responses covering 55 percent of the ACA membership bed supply and 50 percent of the total ARC bed supply.

Table 1.1 2023 survey responses compared to ACA membership and the sector

| | Survey response | ACA members | Percentage of members (percent) | Sector total | Percentage of sector (percent) |
|------------|-----------------|-------------|---------------------------------|--------------|--------------------------------|
| Facilities | 347 | 560 | 62 | 670 | 52 |
| Beds | 20,387 | 37,106 | 55 | 41,063 | 50 |

Source: Te Whatu Ora Quarterly Report September 2023/ ACA member survey, October 2023

Eighty percent of the care facilities that responded to the survey were part of a major group of care facilities, with the remaining 20 percent individual or minor groups. The major groups provided 83 percent of the beds covered by the survey. A detailed breakdown of the segmentation of ARC facilities by ownership type follows in the following section.

2. Care facility segmentation by ownership type

The ACA has compiled bed number and ownership details on all ARC facilities in New Zealand.

Information on ACA member facilities, collected in the Te Whatu Ora ARC quarterly reporting survey and the ACA member survey, has been supplemented by publicly available information on non-member facilities from the Ministry of Health Certified rest home providers spreadsheet¹ and ownership information in the NZ Companies Register and Charities Register.

Fifty-two percent of the 670 ARC facilities included are operated by major groups of care facilities (for the purpose of this report, a major group is one with over 300 beds). These major groups provide 65 percent of ARC beds. Forty-eight percent of ARC facilities are operated by individuals or are part of a minor group and these provide 35 percent of beds. Another way of segmenting ARC facilities is on the basis of their ownership by either a commercial entity or a charitable trust.

We have developed a five-way ownership segmentation of ARC facilities that combines these approaches:

- Major group - publicly listed
- Major group - private
- Major group - charitable
- Individual or minor group - private
- Individual or minor group - charitable.

Size of ownership segments

Figure 2.1 shows the percentage of ARC facilities in these ownership segments.

Figure 2.2 shows the breakdown of the ARC bed supply. Care facilities in the major group/publicly listed segment make the largest contribution to the ARC bed supply at 35 percent, while those in the major group/private segment provide 22 percent. The major group/charitable segment rounds out the larger groups with 8 percent of beds. Individual or minor group/private facilities provide 25 percent of beds, while individual or minor group/charitable facilities provide 8 percent.

¹ <https://www.health.govt.nz/your-health/certified-providers/aged-care>

Figure 2.1 Percentage of ARC facilities in each ownership segment, September 2023

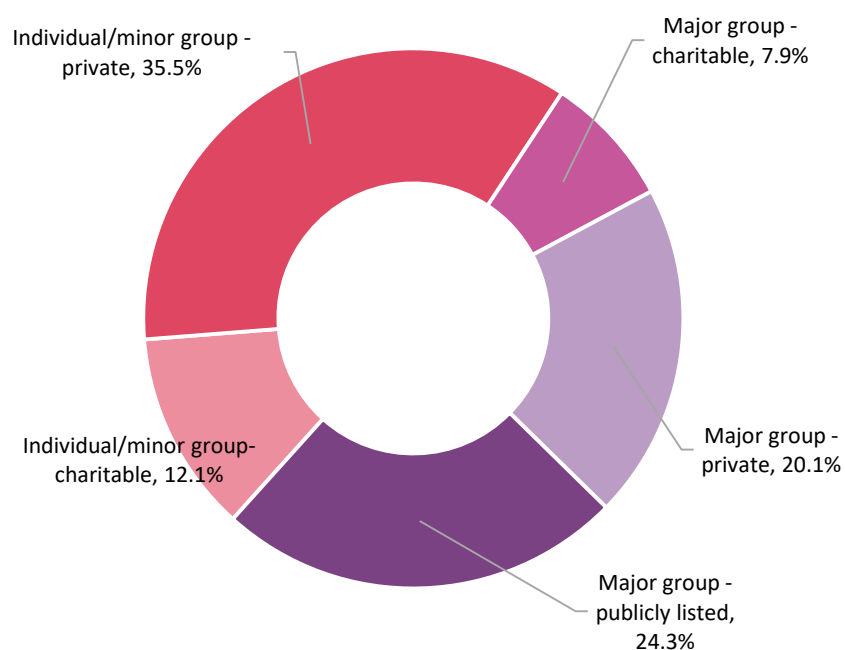
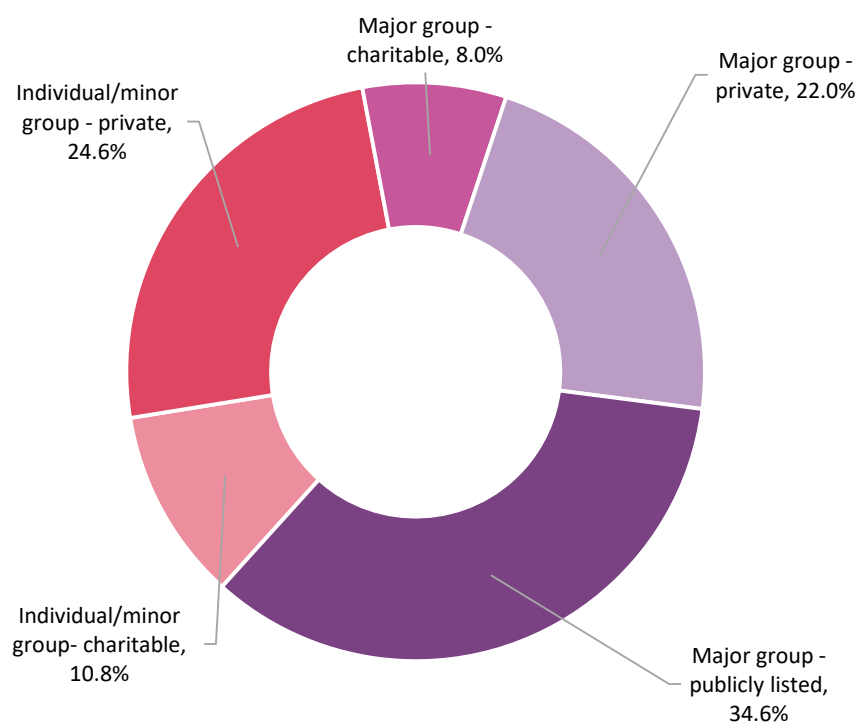


Figure 2.2 Percentage of bed supply in each ownership segment, September 2023

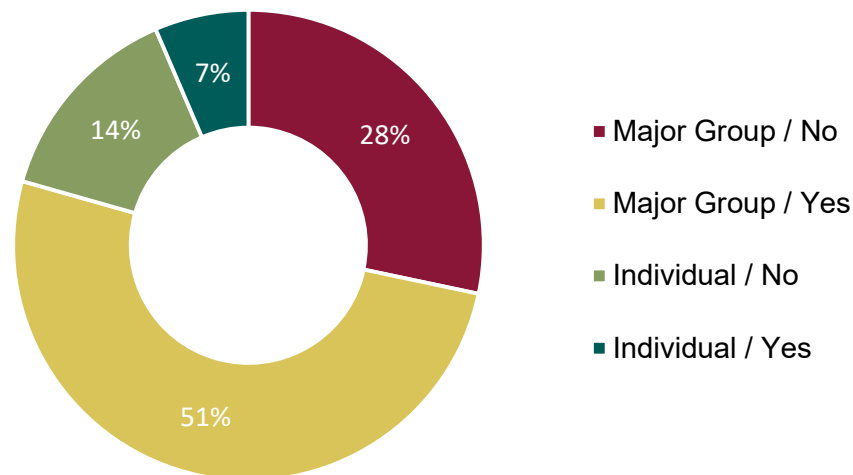


Sources: For ACA members: Te Whatu Ora ARC Quarterly Reporting Survey, 30 September 2023. For non-members: Ministry of Health Certified Rest home providers spreadsheet downloaded 3/10/2023.

Co-locations

Over half (58 percent) of care facility respondents to the ACA Survey were co-located with retirement villages (Figure 2.3). The majority of these were part of a major group (51 percent), with a smaller number (seven percent) being an individual facility.

Figure 2.3 Number of care facilities co-located with retirement village, October 2023



Source: ACA member survey, October 2023

3. Beds

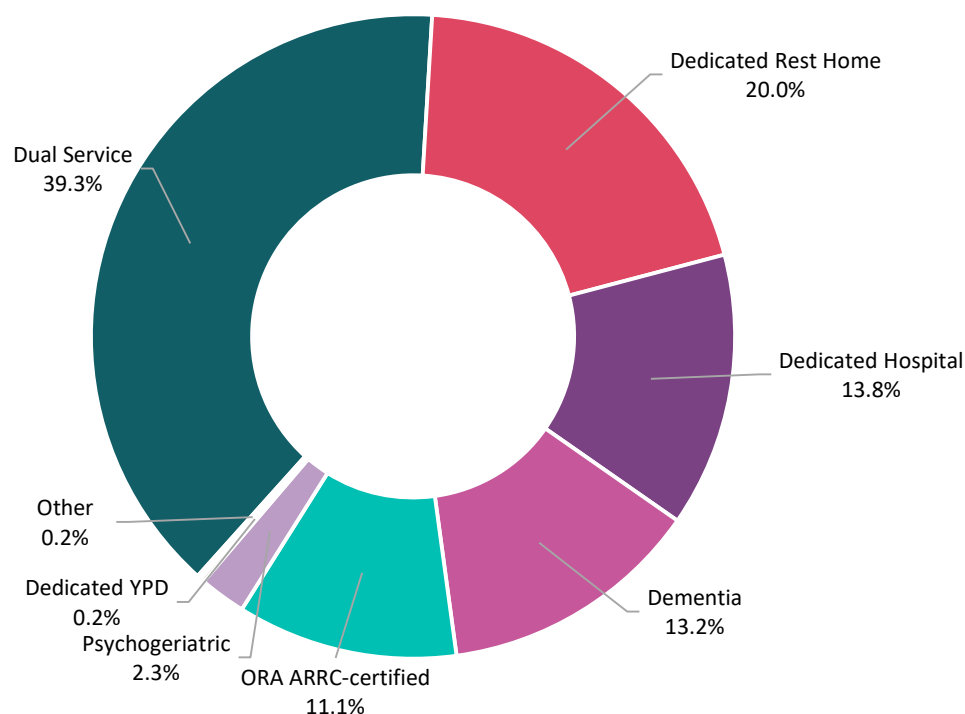
For those aged over 65 years who are assessed as being no longer able to live safely and independently in their own home, aged residential care provides support through long-term and short-term care beds. These beds operate across four levels of care: rest home (entry level of care), hospital, dementia and psychogeriatric. An increasing number of beds are occupied under an Occupational Rights Agreement, referred to here as ORA beds, and often marketed under the term “care suites” or similar.

The data in this chapter is from the two sources. Information for the years 2005 to 2013 is sourced from ACA member surveys carried out in the respective years. For 2014 to 2023 the information is sourced from Te Whatu Ora’s ARC provider quarterly reporting survey data for 30 September in each year (unless another quarter is specified).

Total beds

A total of 41,063 ARC beds were operated by the 670 ARC facilities who provided quarterly reporting data on 30 September 2023. Dual service beds are the largest bed category in New Zealand,² at 39.3 percent (Figure 3.1). Dedicated rest home beds constitute 20.0 percent of the supply, and dedicated hospital beds make up 13.8 percent. ORA ARRC-certified beds are the fastest growing category in aged residential care, and account for 11.1 percent of all beds.

Figure 3.1 Breakdown of ARC beds in New Zealand



² Dual service beds are beds certified to provide both rest home and hospital level care, dependent on the type of care required by the resident.

The two smallest bed categories are 'Other' beds (0.2 percent) and dedicated Young People with Disabilities (YPD) beds (both 0.2 percent). YPD residents are those under 65 who require support with self-care, mobility and/or communication. The number of dedicated YPD beds is not representative of the total number of YPD residents (754 nationwide in September 2023), many of whom occupy other bed types. "Other" beds include any that do not fit into another category including respite/short stay.

Table 3.1 presents data on the number of beds by service and Te Whatu Ora District.

Table 3.1 Number of beds by Te Whatu Ora District and service on 30 September 2023

| Te Whatu Ora District | Dedic. Rest Home | Dedic. Hospital | Dual Service | ORA | Dementia | Psychogeriatric | Dedic. YPD | Other | Total |
|-----------------------|------------------|-----------------|--------------|-------|----------|-----------------|------------|-------|--------|
| Northland | 375 | 325 | 372 | 30 | 199 | 20 | 14 | 1 | 1,336 |
| Waitemata | 572 | 537 | 1,839 | 451 | 622 | 128 | 10 | 1 | 4,160 |
| Auckland | 678 | 771 | 1,743 | 401 | 409 | 48 | 18 | 1 | 4,069 |
| Counties Manukau | 395 | 475 | 1,403 | 191 | 241 | 49 | 0 | 4 | 2,758 |
| Waikato | 746 | 589 | 1,277 | 410 | 566 | 63 | 2 | 15 | 3,668 |
| Lakes | 250 | 88 | 371 | 53 | 86 | 19 | 0 | 0 | 867 |
| Bay of Plenty | 326 | 281 | 951 | 298 | 261 | 30 | 0 | 0 | 2,147 |
| Tairāwhiti | 50 | 27 | 234 | 30 | 67 | 0 | 1 | 2 | 411 |
| Taranaki | 392 | 82 | 628 | 174 | 215 | 18 | 0 | 9 | 1,518 |
| Hawke's Bay | 363 | 118 | 545 | 105 | 199 | 45 | 13 | 14 | 1,402 |
| MidCentral | 525 | 273 | 681 | 129 | 246 | 26 | 5 | 5 | 1,890 |
| Whanganui | 161 | 105 | 212 | 32 | 83 | 10 | 0 | 0 | 603 |
| Capital and Coast | 443 | 391 | 708 | 274 | 243 | 88 | 0 | 6 | 2,153 |
| Hutt Valley | 263 | 148 | 383 | 176 | 160 | 42 | 3 | 10 | 1,185 |
| Wairarapa | 105 | 29 | 263 | 42 | 80 | 0 | 4 | 1 | 524 |
| Nelson Marlborough | 240 | 73 | 667 | 437 | 233 | 36 | 0 | 0 | 1,686 |
| West Coast | 29 | 30 | 152 | 0 | 32 | 0 | 0 | 0 | 243 |
| Canterbury | 1,065 | 662 | 2,331 | 1,163 | 1,004 | 245 | 4 | 5 | 6,479 |
| South Canterbury | 211 | 94 | 202 | 10 | 60 | 20 | 9 | 7 | 613 |
| Southern | 1,010 | 555 | 1,166 | 140 | 404 | 73 | 1 | 2 | 3,351 |
| National | 8,199 | 5,653 | 16,128 | 4,546 | 5,410 | 960 | 84 | 83 | 41,063 |

Source: Te Whatu Ora ARC Quarterly Reporting Survey, September 2023

Trend in percentage of beds within each service

Table 3.2 shows the proportion of beds within each service type over the past five years.

There is trend to towards dual service beds, and an accompanying decline in supply of dedicated rest home and hospital beds.

Dual service beds as a percentage of total supply increased from 32.1 percent to 39.3 percent over the five years to September 2023. The proportion of dedicated rest home beds over this five-year period decreased significantly, from 26.3 percent to 20.0 percent. The share of hospital beds across the supply has also decreased, from 19.4 percent to 13.8 percent. ORA ARRC-certified beds as a percentage of supply increased from 7.4 percent to 11.1 percent.

Table 3.2 Five-year trend of the percentage of beds by service type

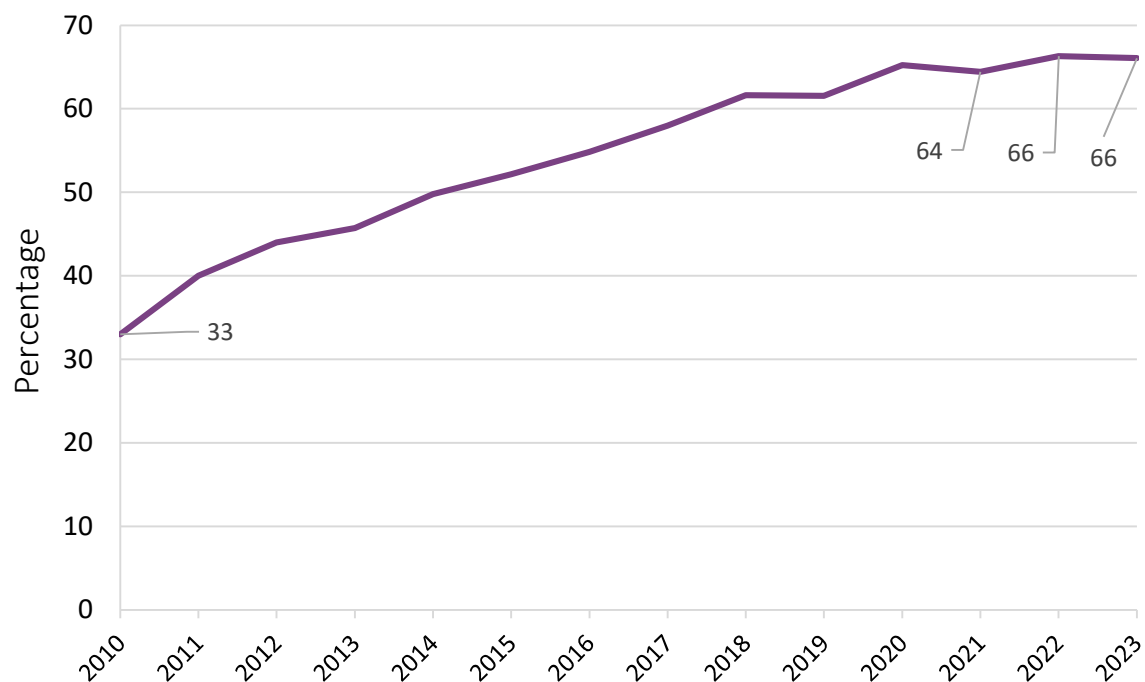
| | 2018 (percent) | 2019 (percent) | 2020 (percent) | 2021 (percent) | 2022 (percent) | 2023 (percent) |
|---------------------|-------------------|-------------------|-------------------|-------------------|-------------------|-------------------|
| Dedicated Rest Home | 26.3 | 24.5 | 23.1 | 21.3 | 20.7 | 20.0 |
| Dedicated Hospital | 19.4 | 16.9 | 16.3 | 14.2 | 14.3 | 13.8 |
| Dual Service | 32.1 | 35.2 | 36.3 | 38.8 | 38.8 | 39.3 |
| ORA ARRC-certified | 7.4 | 8.4 | 9.2 | 10.5 | 10.7 | 11.1 |
| Dementia | 11.9 | 12.1 | 12.2 | 12.4 | 12.6 | 13.2 |
| Psychogeriatric | 2.5 | 2.4 | 2.4 | 2.4 | 2.4 | 2.3 |
| Dedicated YPD | 0.1 | 0.2 | 0.2 | 0.2 | 0.2 | 0.2 |
| Other | 0.3 | 0.3 | 0.3 | 0.3 | 0.3 | 0.2 |
| Total | 100.0 | 100.0 | 100.0 | 100.0 | 100.0 | 100.0 |

Source: Te Whatu Ora ARC Quarterly Reporting Survey, September of each year

Long-term increase in provision of dual service beds

Figure 3.2 illustrates the long-term trend in the percentage of care facilities that operate dual service beds. This has doubled from 33 percent to 66 percent over the thirteen-year period from 2010 to 2021.

Figure 3.2 Change in the percentage of NZACA member facilities operating dual service beds between 2010-2021



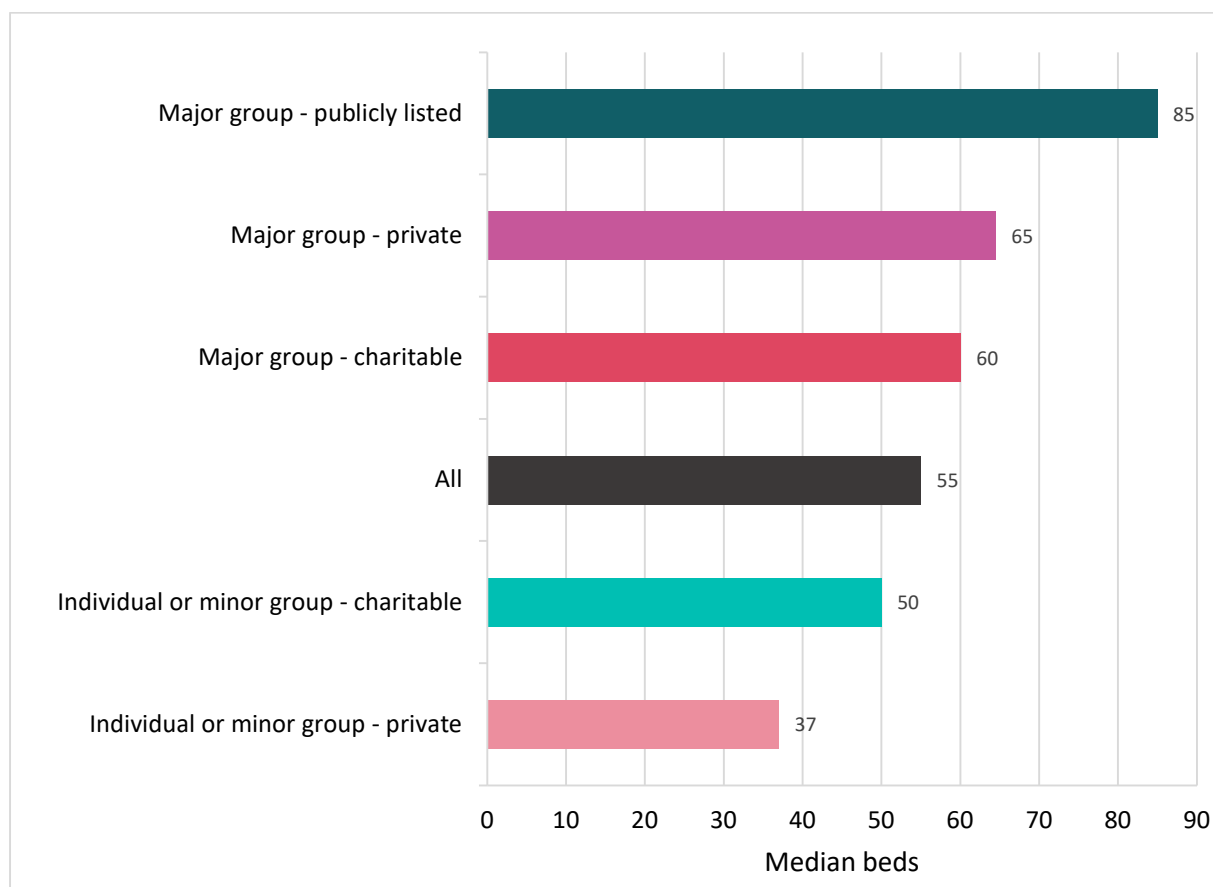
Source: Te Whatu Ora ARC Quarterly Reporting Survey, September of each year since 2013. Includes both ORA and non-ORA Dual Service beds.

Median facility size by segment

The median size of an ARC facility across the sector is 55 beds; among ACA member facilities the median is 60 beds.

Figure 3. 3 below shows how median facility size varies between the ownership segments defined in Section 2. The median size of a publicly listed provider has increased slightly to 85 beds. This is more twice the size of the average individual/minor group, privately owned care facility (37 beds).

Figure 3. 3 Median number of beds per ARC facility in each segment



Sources: for ACA members: Te Whatu Ora ARC Quarterly Reporting Survey, 30 September 2023, for non-members: Ministry of Health Certified Rest home providers spreadsheet downloaded 3/10/2023.

Comparison of facility size by location

Figure 3.4 below compares median size of ARC facility by location. Overall, the median size of ARC facilities major urban areas is 59 beds, in provincial urban areas the median size is 56 beds and 45 in rural areas.

Figure 3.4 also shows how median facility size varies between the ownership segments in each location. The smallest facilities tend to be individual/minor group facilities in rural areas; among these the median of both private business and charitable facilities is 37 beds.

Within the major group – private ownership segment there a range in median size between location - 72 beds in major urban areas, 61 in provincial urban areas, and 57 in rural areas. For the major group – publicly listed facilities the range is more marked, from a median of 91 in major urban areas, to only 60 in rural areas.

A 2024 report by Ansell Strategic³ found that financial losses made by smaller ARC facilities (less than 60 beds) are more severe than those experienced by larger facilities. Because facilities in rural areas typically smaller than those in other location, this alone puts rural facilities at greater risk of closure than those in major urban areas.

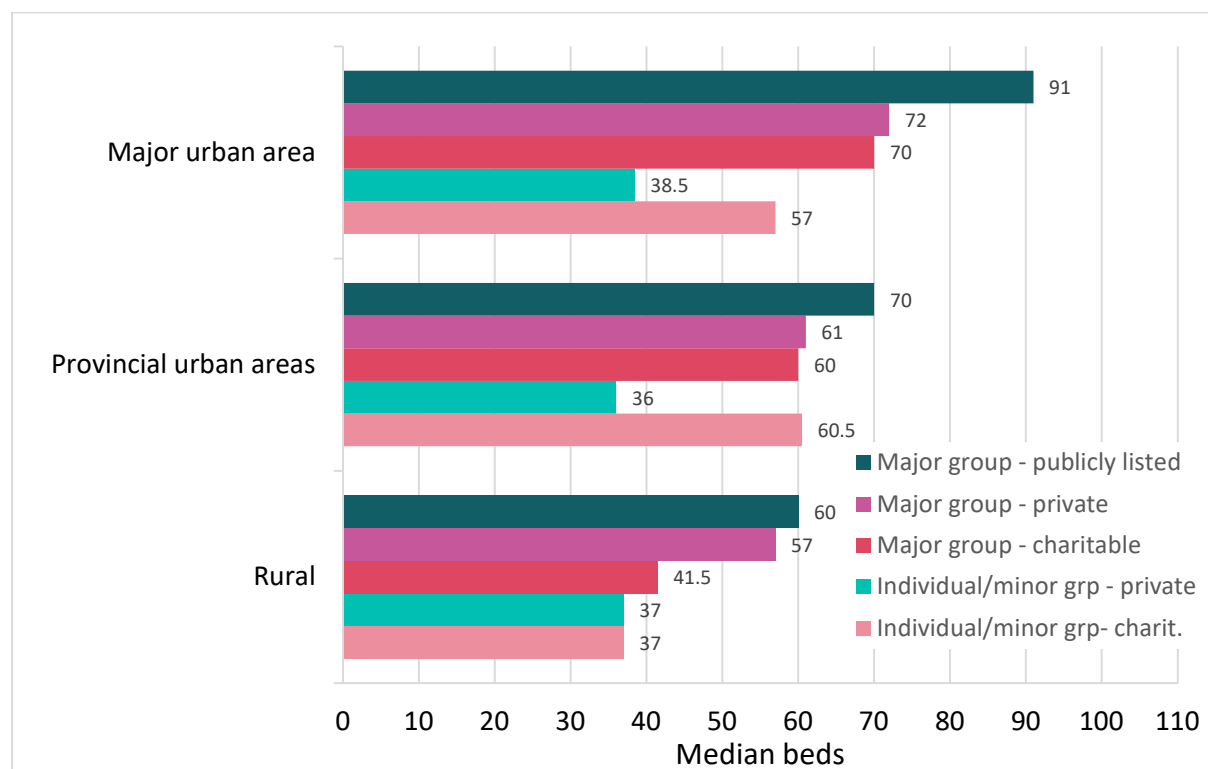
Some 49 percent of ARC facilities are in major urban areas, 31 percent in provincial urban areas, and 20 percent in rural areas. It appears that rural areas are at more risk of closure than those in major urban areas. This is because ARC facilities in rural areas tend to:

- Be smaller, so less able to enjoy economies of scale.
- Older, with smaller rooms so unable to apply premium accommodation charges while facing significant maintenance and upgrade costs.
- More likely to be independent and standalone i.e. less likely to have an associated retirement village or be part of a group to provide financial support.
- Experience challenges in recruiting and retaining staff that are not experienced by urban facilities. For example, members report migrant nurses and caregivers move to major urban areas at the earliest opportunity, due to preference for urban living and/or job opportunities for themselves or their partners.
- Experience higher costs for goods and services, including costs to obtain medical services for residents.

³ New Zealand Aged Residential Care Financial Performance. Ansell Strategic February 2024

<https://www.ansellstrategic.com.au/new-zealand-aged-residential-care-financial-performance-study/>

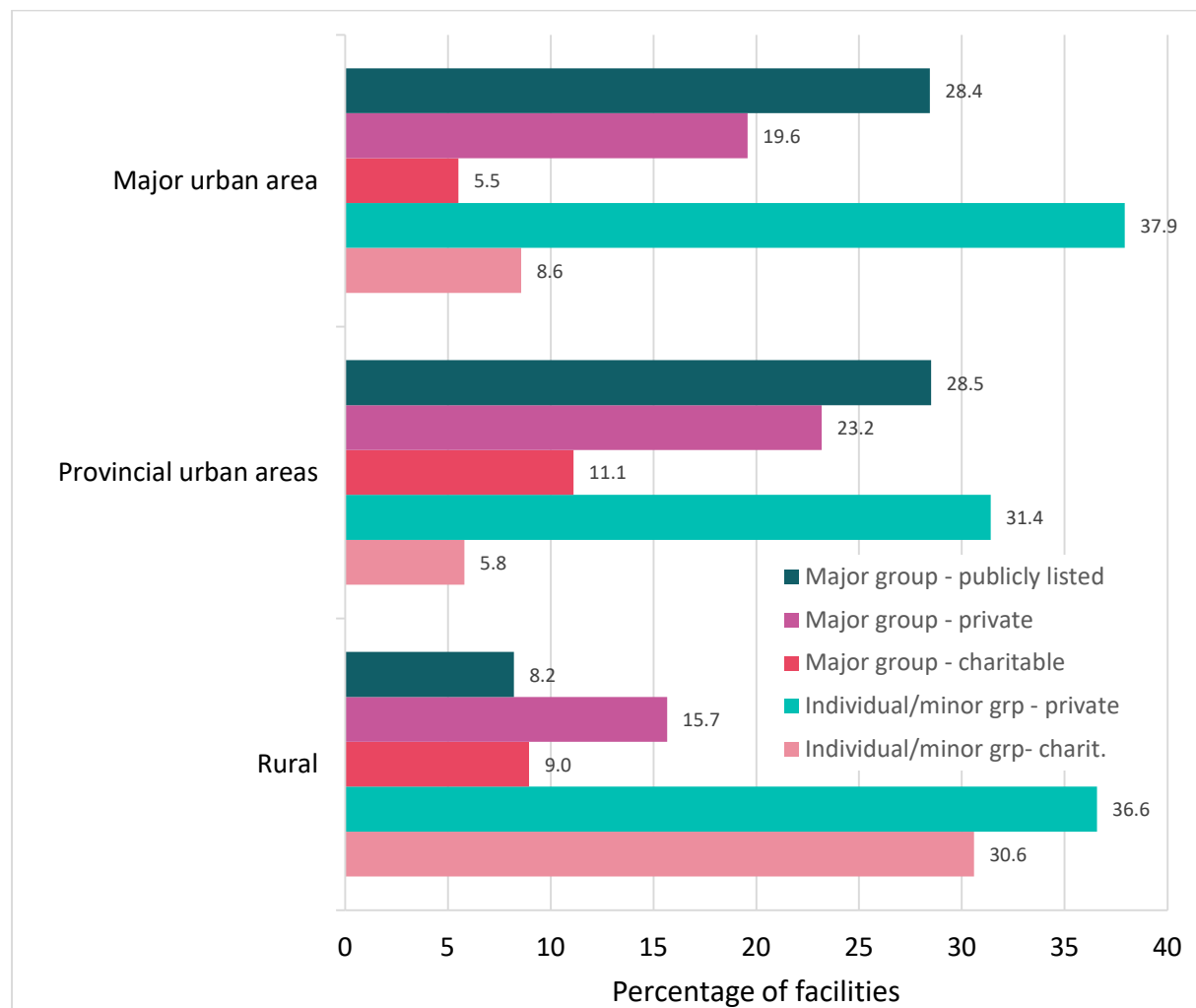
Figure 3.4 Median number of beds per facility by location and segment



Sources: for ACA members: Te Whatu Ora ARC Quarterly Reporting Survey, 30 September 2023, for non-members: Ministry of Health Certified Rest home providers spreadsheet downloaded 3/10/2023.

Figure 3.5 shows that 67 percent of ARC facilities in rural areas are in individual ownership (31 percent charitable, 36 percent private). In contrast, this percentage is 47 percent in major urban areas (9 percent charitable, 38 percent private). Without the potential financial support that ownership by major groups provides, this another factor which puts rural facilities at greater risks of closure than those in major urban areas.

Figure 3.5 Shares of facility ownership by location



Sources: for ACA members: Te Whatu Ora ARC Quarterly Reporting Survey, 30 September 2023, for non-members: Ministry of Health Certified Rest home providers spreadsheet downloaded 3/10/2023.

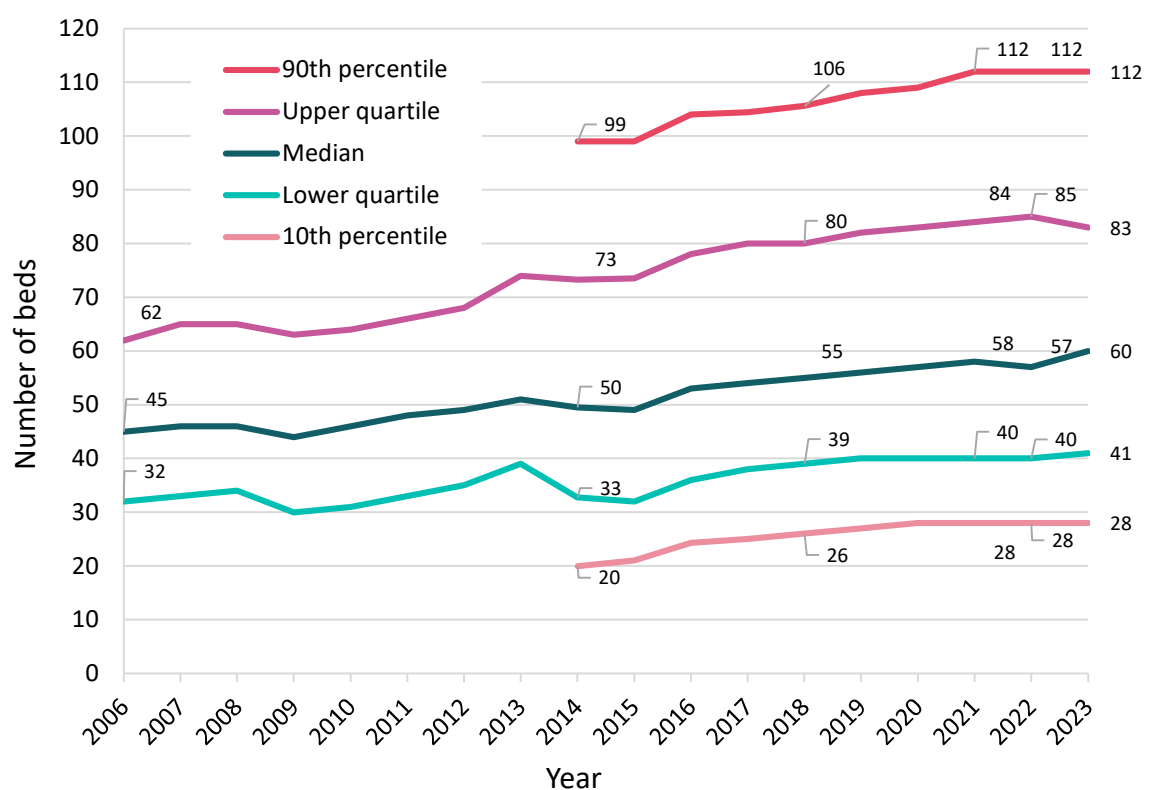
Trends in ACA member care facility size

Care facility size, as determined by total beds supplied, has been increasing steadily. Almost all new ARC facilities are developed by major groups alongside a retirement village (RV). Most closures are of older and smaller facilities.

The overall average size of ACA member care facilities is gradually rising. The median number of beds, an indicator of the size of the 'typical' ACA member care facility, is now 60 beds, up from 55, five years ago (2018). The middle fifty percent (interquartile range between the 25th and 75th percentiles) of all care facilities has between 40 and 83 beds (Figure 3.6), relatively steady over the past five years. The largest 10 percent of care facilities provided 99 or more beds in 2014, but this has increased to 112 or more in 2023, an indicator that new care facilities are larger than older ones. The 10th percentile has increase from 20 to 28 since to 2014, as a consequence of smaller care facilities closing.

The chart shows the 90th percentile has not risen over the last two years. The trend towards larger care facilities is likely to be at an end. Major listed retirement village providers have announced they will scale down the number of ARC beds in the care facilities associated with their future retirement village developments, due to poor returns on investment in ARC.

Figure 3.6 Fifteen-year trend on the range of ACA member care facility sizes

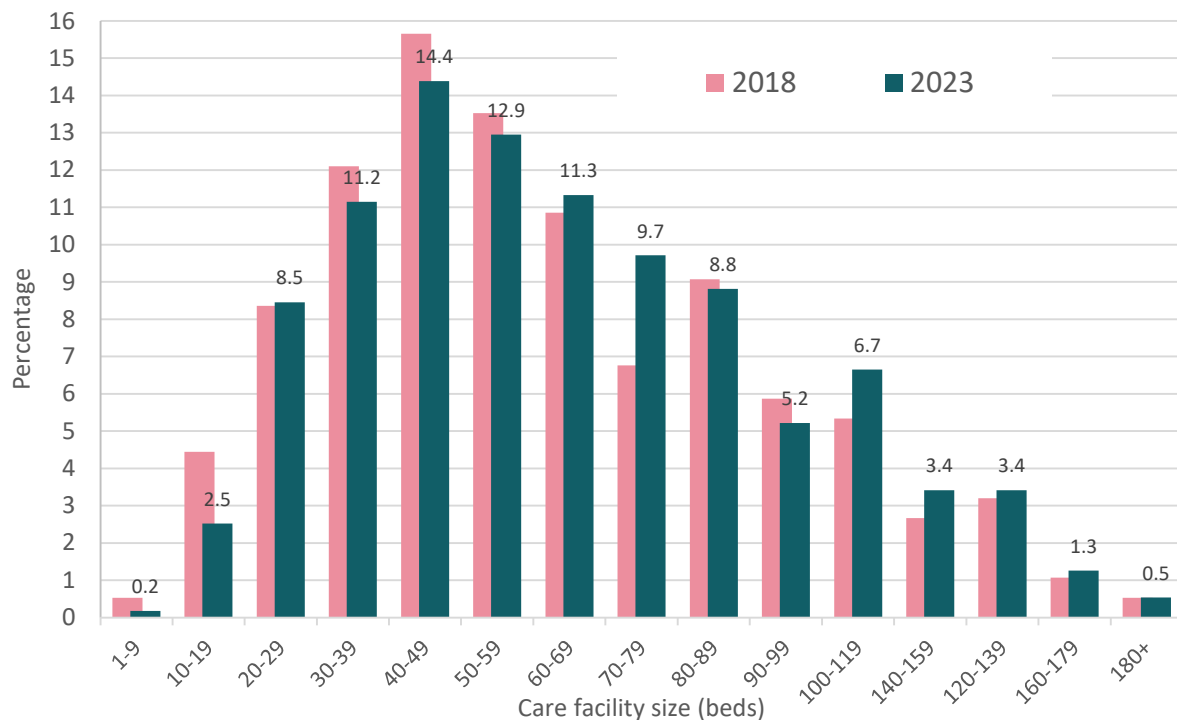


Source: Te Whatu Ora ARC Quarterly Reporting Survey and historic ACA member surveys

Care facility sizes within band widths

This upward shift of the size of ARC facilities is also illustrated in Figure 3.7. Over the five years from 2018 to 2023, There was either a decrease or no change in the number of facilities with less than 30 beds between 2020 and 2021. Further up the size scale, care facilities in the 70-79 bed range rose from 6.8 to 9.7 percent of all care facilities and those in the 100–119 bed range went from 5.3 percent to 6.7 percent.

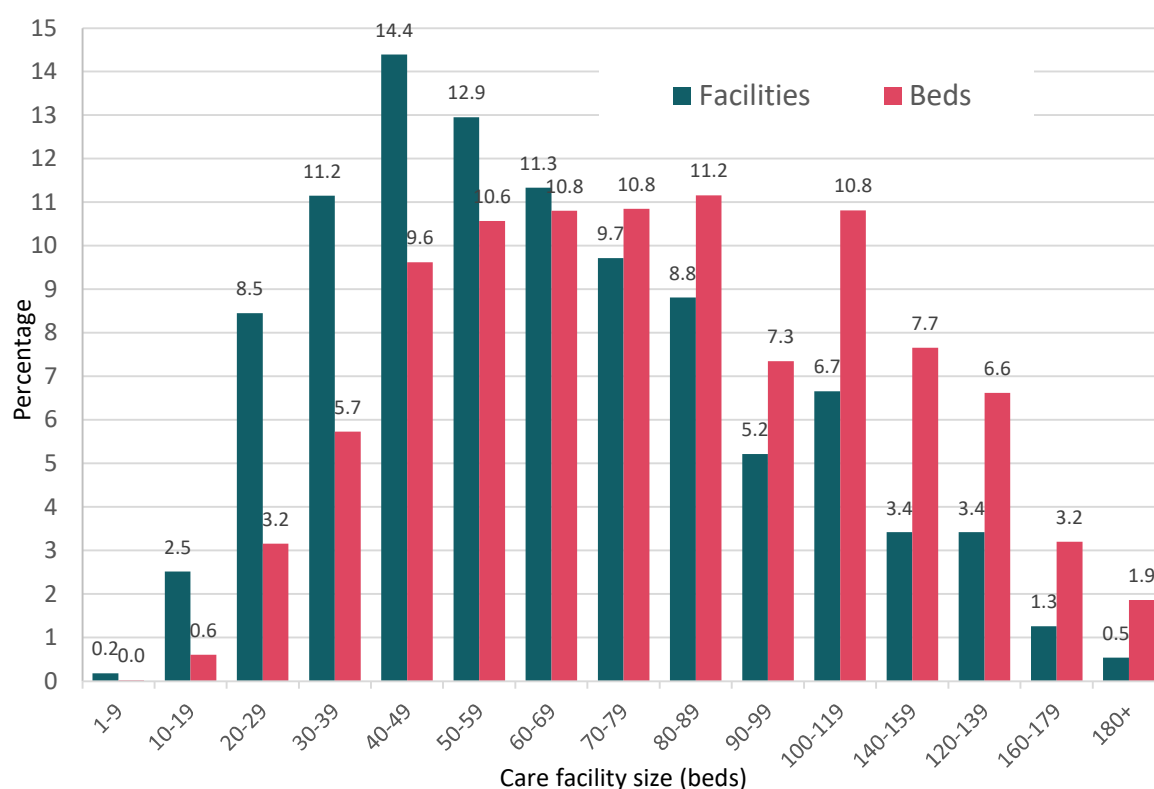
Figure 3.7 Percentage of ACA member care facilities in each bed size band, 2018 & 2023



Source: Te Whatu Ora ARC Quarterly Reporting Survey

A comparison of number of facilities and beds supplied by size band is shown in Figure 3.8. Care facilities of up to 39 beds constitute 22 percent of facilities and provide 10 percent of ARC beds. In the case of large facilities, some 37 percent ARC facilities with 100 or more beds constitute 15 percent of care facilities but provide 30 percent of beds.

Figure 3.8 ACA member care facilities in, and beds supplied by, each bed size band, 2023



Source: Te Whatu Ora ARC Quarterly Reporting Survey

Service mix of beds

The mix of services offered by member care facilities is analysed in detail in Table 3.3.

The most common service make-up of a care facility is a combination of rest home and hospital beds; these constitute 43.8 percent of member care facilities and supply 42.0 percent of beds.

The second most common service make-up of a care facility is those that also provide dementia beds alongside rest home and hospital services (25.9 percent of member facilities supplying 37.0 percent of beds). The average size of member care facilities offering these three services is considerably larger than those offering only rest home and hospital services (95 vs 64 beds).

Facilities offering only rest home care constitute 14.9 percent of all member facilities and, because of their small average size (33 beds), supply only 7.5 percent of beds.

Dementia specialist care facilities constitute 3.2 percent of member facilities and, again, because of their small average size (35 beds), supply only 1.7 percent of members' beds.

Care facilities offering a mix of rest home and dementia beds constitute 3.6 percent of member care facilities and supply 2.6 percent of beds.

Care facilities providing the 'top five' mix of services constitute a total of 90 percent of care facilities and provide 92 percent of beds. Refer to Table 3.3 for the contribution of the less common mixes of services provided by care facilities.

Table 3.3 Mix of long-term services offered by ACA member care homes, September 2023

| Combination of services | Facilities (percent) | Beds (percent) | Average Beds (no.) |
|--|-------------------------|-------------------|-----------------------|
| Rest Home and Hospital | 43.8 | 42.0 | 64 |
| Rest Home and Hospital and Dementia | 25.9 | 37.0 | 95 |
| Rest Home | 14.9 | 7.5 | 33 |
| All Services | 2.0 | 2.9 | 96 |
| Rest Home and Dementia | 3.6 | 2.6 | 47 |
| Dementia | 3.2 | 1.7 | 35 |
| Hospital | 1.8 | 1.5 | 56 |
| Hospital and Psychogeriatric | 0.9 | 1.4 | 100 |
| Hospital and Dementia | 1.3 | 1.0 | 55 |
| Rest Home and Hospital and Psychogeriatric | 0.7 | 1.0 | 93 |
| Dementia and Psychogeriatric | 0.5 | 0.5 | 60 |
| Hospital and Dementia and Psychogeriatric | 0.4 | 0.4 | 71 |
| Psychogeriatric | 0.7 | 0.4 | 34 |
| Other Mixed | 0.4 | 0.2 | 38 |
| Total | 100.0 | 100.0 | 66 |

Source: Te Whatu Ora ARC Quarterly Reporting Survey, September 2023

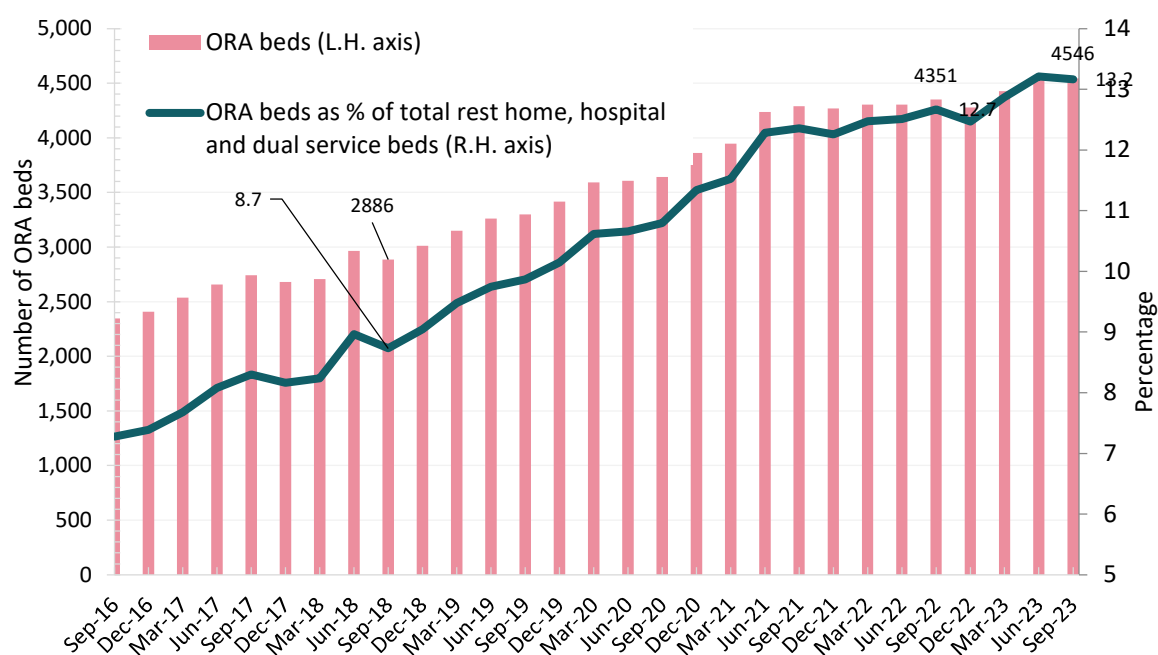
Supply of Occupational Rights Agreement (ORA) beds

ORA ARRC-certified rest home, hospital, and dual service beds are continuing to increase, both in absolute terms and as a percentage of the total supply of said beds. This is illustrated in Figure 3.9.

In September 2023, ORA beds constituted 13.2 percent of total rest home, hospital, and dual service beds, up from 8.7 percent of these beds five years ago, in September 2018

However, the rate of development of ORA beds has slowed significantly. In the year to September 2023, the supply of ORA beds increased by 195 (4.5 percent), to 4546. This is considerably down from the number of ORA beds added in the year to September 2021, in which 647 ORA beds were added (a 17.8 percent increase).

Figure 3.9 National ORA bed supply September 2016-2023



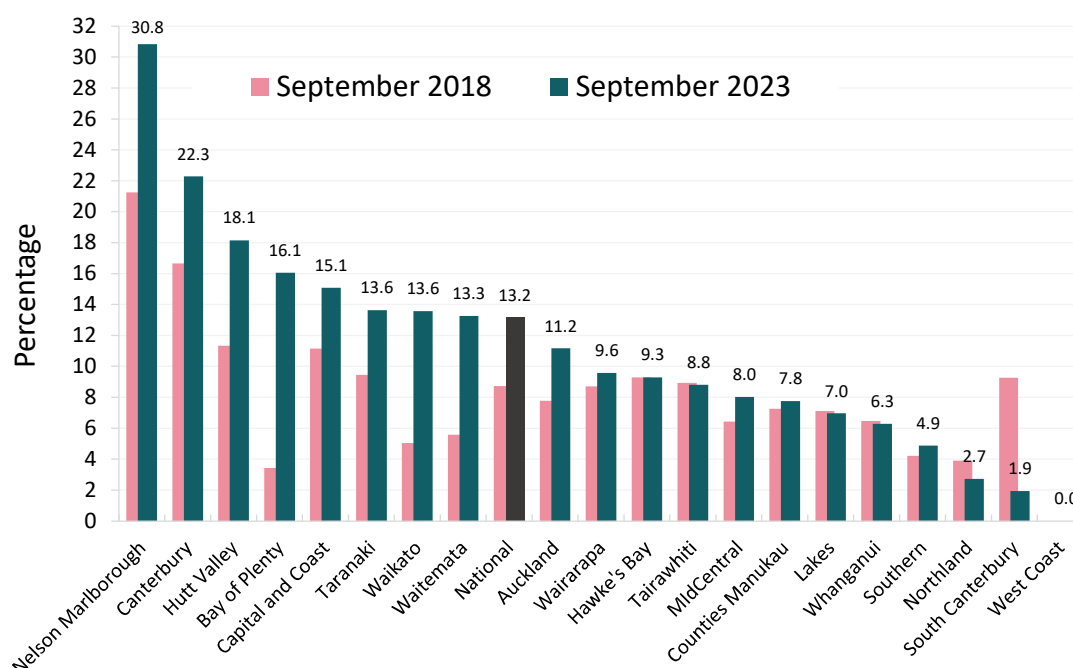
Source: Te Whatu Ora ARC Quarterly Reporting Survey

The regional variation of ORA beds as a percentage of total supply of rest home, hospital and dual service beds in September 2023 is illustrated in Figure 3.10, together with the percentages in September 2018 to illustrate the shifts over time.

Nelson Marlborough is the Te Whatu Ora district with the highest percentage of ORA beds, at 31 percent. This is a result of intensive development of retirement villages in the region in recent years; their associated ARC facilities provide many care suites which require an ORA.

Canterbury district also has a high supply (22 percent). In absolute number terms, it is the district with the greatest supply of ORA beds (1161).

Figure 3.10 ORA beds as percentage of total rest home, hospital and dual service beds by Te Whatu Ora district (former DHBs)



Source: Te Whatu Ora ARC Quarterly Reporting Survey

Changes in non-ORA bed numbers by Te Whatu Ora District

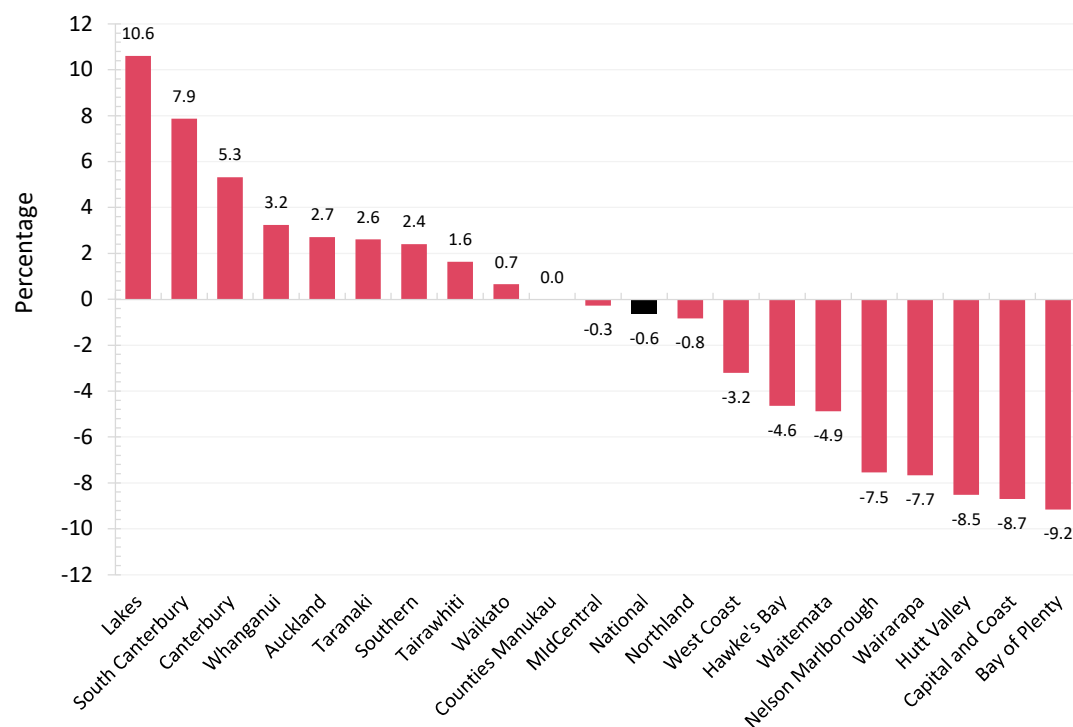
While ORA bed numbers have grown in almost all Te Whatu Ora districts over the last five years, the same is not the case for non-ORA Rest Home, Hospital and Dual Service beds.

There has been growth in these non-ORA beds in some Te Whatu Ora districts, such as Lakes (up 10.6 percent), South Canterbury (up 7.9 percent), and Canterbury (up 5.3 percent), as shown in Figure 3.11.

However, at the national levels, the supply of non-ORA Rest Home, Hospital and Dual Service beds slipped over the last five years, with a net loss of 189 beds (-0.6 percent) over the period. The district with the largest fall in non-ORA supply is Bay of Plenty (down 9.2 percent), followed by Capital and Coast (down 8.7 percent), and Hutt Valley (down 8.7 percent), and Nelson Marlborough (down 7.7 percent).

The shift to many, or most, new beds in some regions requiring purchase of an ORA raises equity in access issues. Rooms carrying ORAs are most accessible for older people who are transitioning from being in independent living apartments at a retirement village – they can transfer their existing ORA to a room in an ARC facility at the same village. As mentioned, major retirement village providers have announced they are downsizing the number of ARC beds in future developments and will cater only to their existing RV residents as their needs increase. This raises the likelihood of increasing waiting times for care beds for older people who have opted not to move into a retirement village – or have been unable to afford to do so.

Figure 3.11 Change in non-ORA rest home, hospital and dual service beds by Te Whatu Ora District, September 2018 - September 2023



Source: Te Whatu Ora ARC Quarterly Reporting Survey

4. Residents

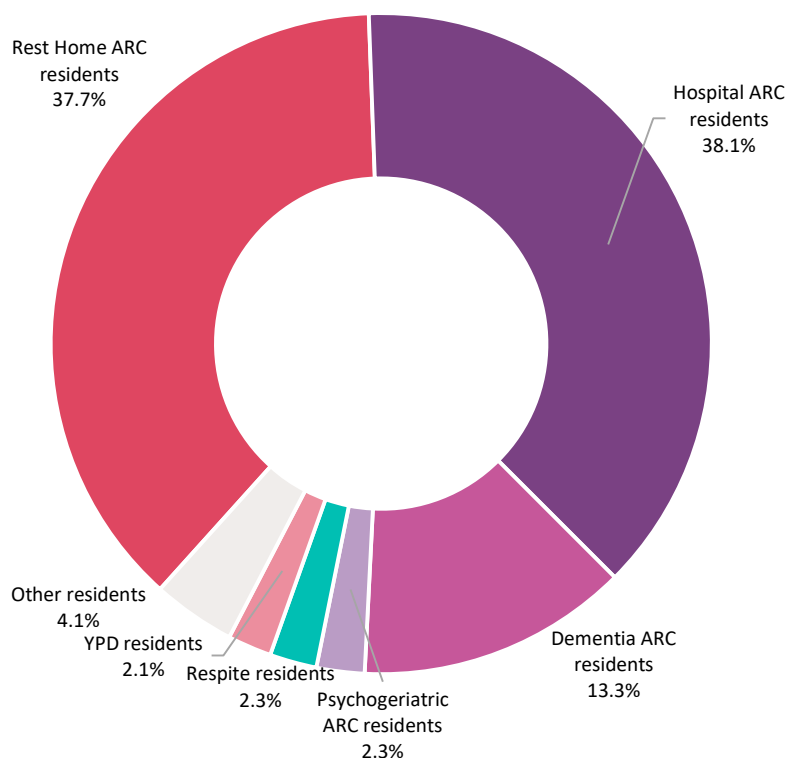
Aged residential care is available in New Zealand for people aged over 65 years who are assessed as being no longer able to live safely and independently in their own home. They receive different services of care over the long or short term, depending on their care requirements. Aged residential care facilities also care for some people with disabilities who are aged less than 65. These residents are funded under “Young Person Disability” or ACC contracts. Most of these younger residents occupy rest home or hospital care beds, but a minority occupy dedicated YPD beds.

This section discusses residents of ARC facilities up to 30 September 2023.

Residents by type

A total of 35,591 residents were receiving care at ARC facilities on 30 September 2023. Of these residents, 38.1 percent were long-term ARC residents in hospital level care, 37.7 percent long-term ARC residents in long-term rest home level care, 13.3 percent long-term ARC residents in dementia care and 2.3 percent long-term ARC residents in psychogeriatric care (Figure 4.1). Some 2.3 percent of residents were respite residents, 2.1 percent YPD residents while another 4.1 percent were other residents (including those receiving care under ACC contracts).

Figure 4.1 Percentage of residents of each type of care on 30 September 2023

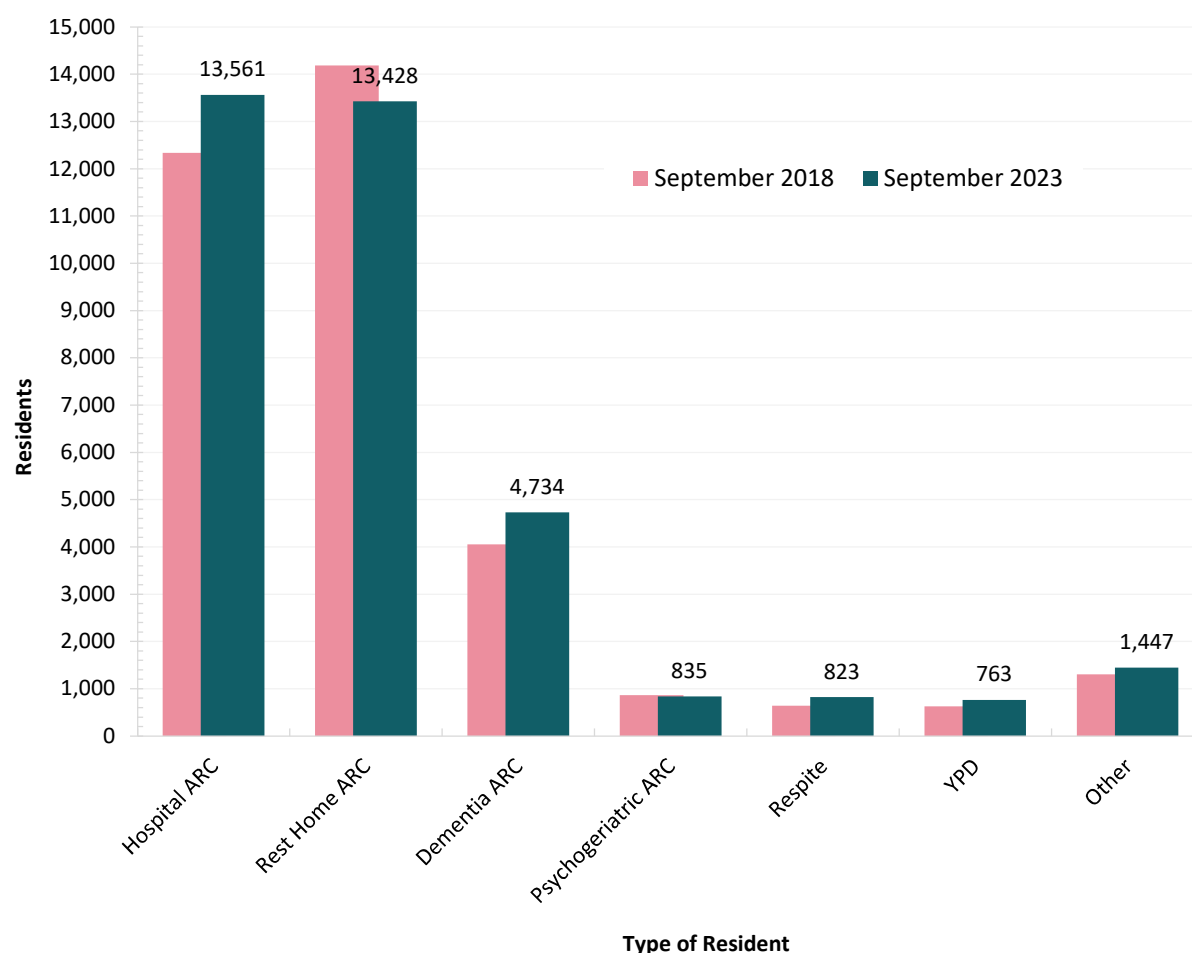


Source: Te Whatu Ora ARC Quarterly Reporting Survey

Figure 4.2 shows the absolute numbers of residents receiving each level care in September 2023, and together with the 2018 figures to illustrate the shifts over time. There are now slightly more residents receiving hospital level care than rest home level care (13,561 vs 13,428). This is a significant change

from five years ago, when residents at rest home level care exceeded those at hospital level. Over this period residents receiving hospital care increased 10 percent, but those receiving rest home level care declined by 5.3 percent. Dementia residents increased by 17 percent over the five-year period.

Figure 4.2 Residents receiving each type of care 2018 and 2023



Source: Te Whatu Ora ARC Quarterly Reporting Survey

Rest home and hospital residents

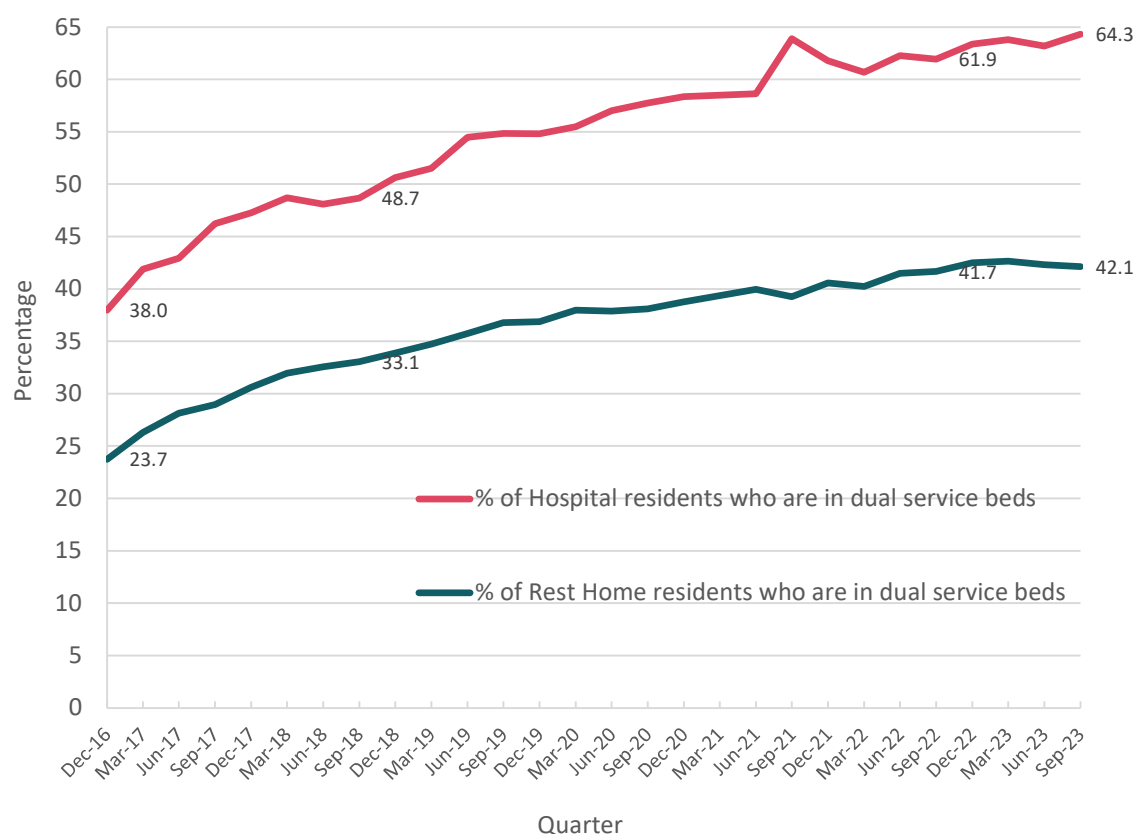
Of the 13,428 residents receiving rest home level care in September 2023, 51 percent were residents occupying dedicated rest home beds, 38 percent were receiving rest home level care in a dual service bed, 4 percent were residents who received rest home level care into a rest home-only ORA unit, and 7 percent were residents receiving rest home level care into a dual service ORA unit .

Of the 13,561 residents receiving hospital level care, 35 percent occupied dedicated hospital beds 59 percent were receiving hospital level care in a (non-ORA) dual service bed, and 6 percent were receiving hospital level care into a dual service ORA unit.

Figure 4.3 illustrates the increasing role of dual service beds for both rest home and hospital residents. In September 2018, only 33 percent of rest home residents were in a dual service bed (normal or ORA), but in September 2023 this percentage had risen to 42 percent. In the case of

hospital residents, in September 2018, 49 percent were in a dual service bed (normal or ORA), by September 2023 this had risen to 64 percent.

Figure 4.3 Percentage of rest home and hospital residents who are in dual service beds (ORA or non-ORA)



Source: Te Whatu Ora ARC Quarterly Reporting Survey

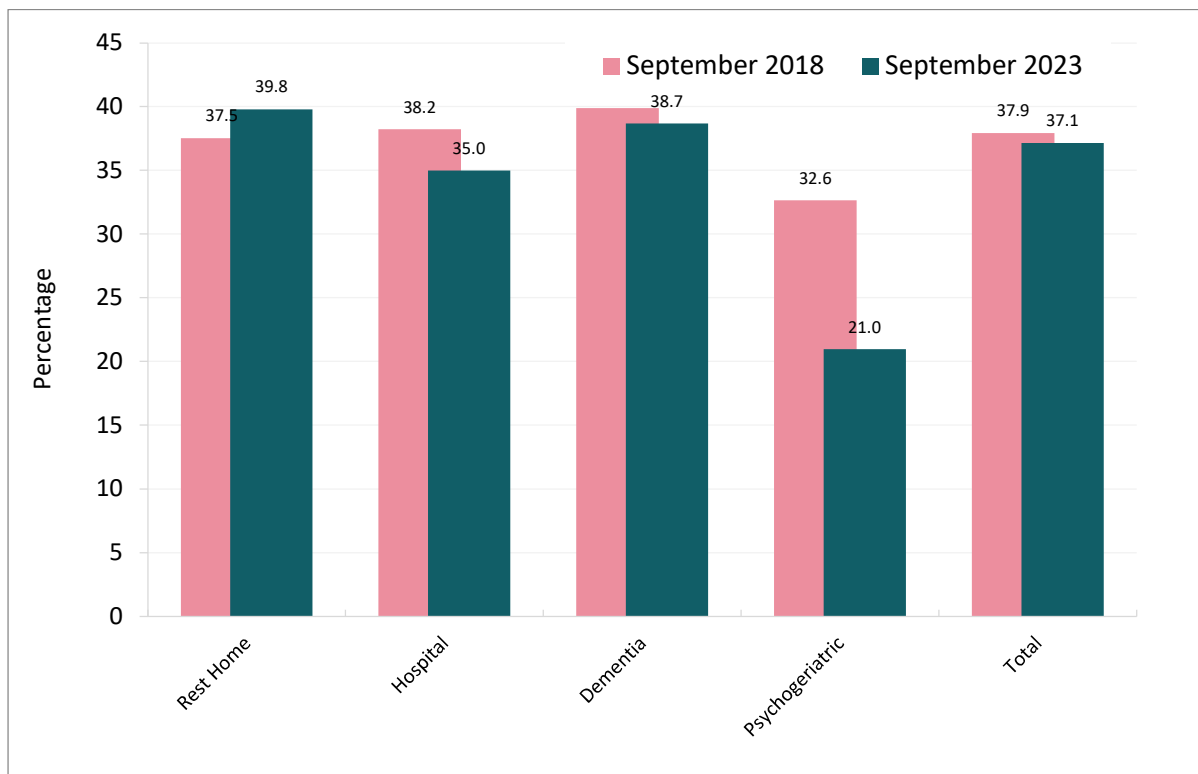
Subsidised and maximum contributor residents

On 30 September 2023, 63 percent of long-term ARC residents were receiving a Residential Care Subsidy (RCS) for their care. This is similar to the 62 percent in September 2018.

Figure 4.4 compares the maximum contributor⁴ percentage of long-term ARC residents across the care levels. This ranges from 39.8 percent of rest home residents (up from 37.5 percent in September 2018), to only 21 percent of psychogeriatric residents (down from 32.6 percent in September 2018). Of those in hospital care in September 2023, 35.0 percent were maximum contributors and of those in Dementia care, 38.7 percent are maximum contributors.

⁴ The term “maximum contributors” is preferred to “unsubsidised residents” because maximum contributors are subsidised if they are receiving hospital, dementia, or psychogeriatric level care. As a maximum, residents contribute the contracted rest home care level bed-day price. The difference between the rest-home and hospital (or dementia) bed-day price is always paid by the Government as a “top-up” subsidy.

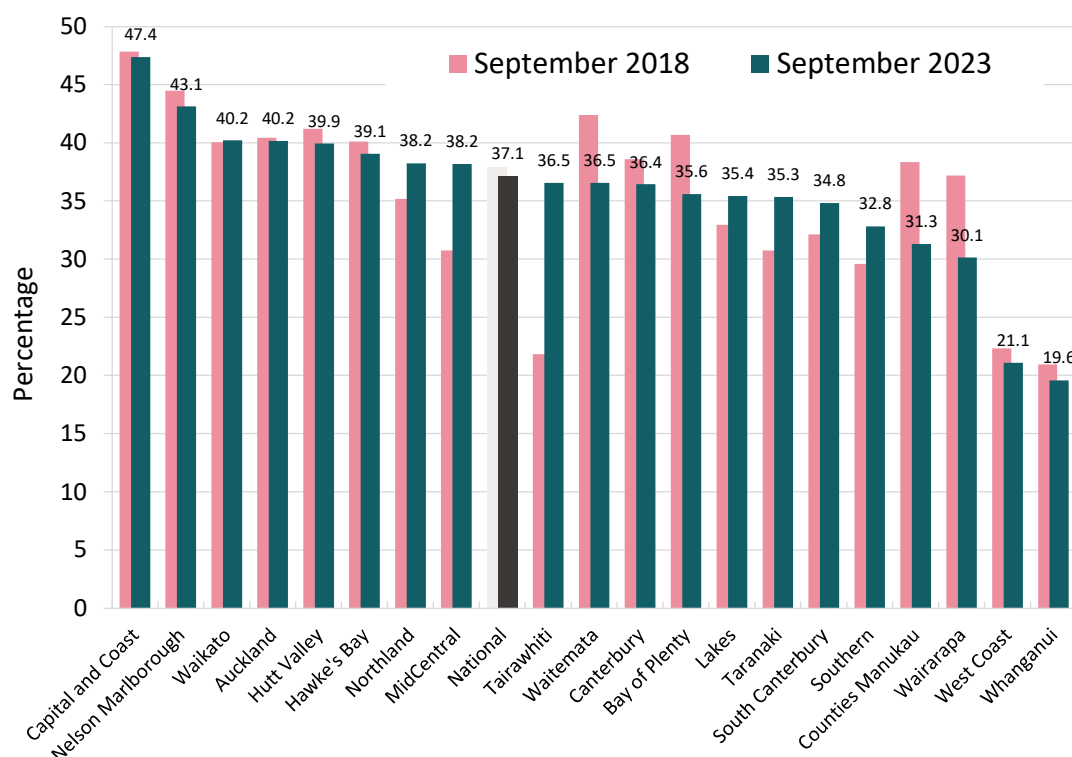
Figure 4.4 Percentage of long-term ARC residents who are maximum contributors, by care level



Source: Te Whatu Ora ARC Quarterly Reporting Survey

Figure 4.5 shows the percentage of long-term ARC residents (all care levels) who are maximum contributors across Te Whatu Ora's districts. This percentage is highest in the high property value/high income Districts of Capital and Coast (47.4 percent), Nelson Marlborough (43.1 percent). At the other extreme, the maximum contributor percentage is lowest in Whanganui (19.6 percent) and West Coast (21.1 percent).

Figure 4.5 Percentage of long-term ARC residents who are maximum contributors by Te Whatu Ora District.



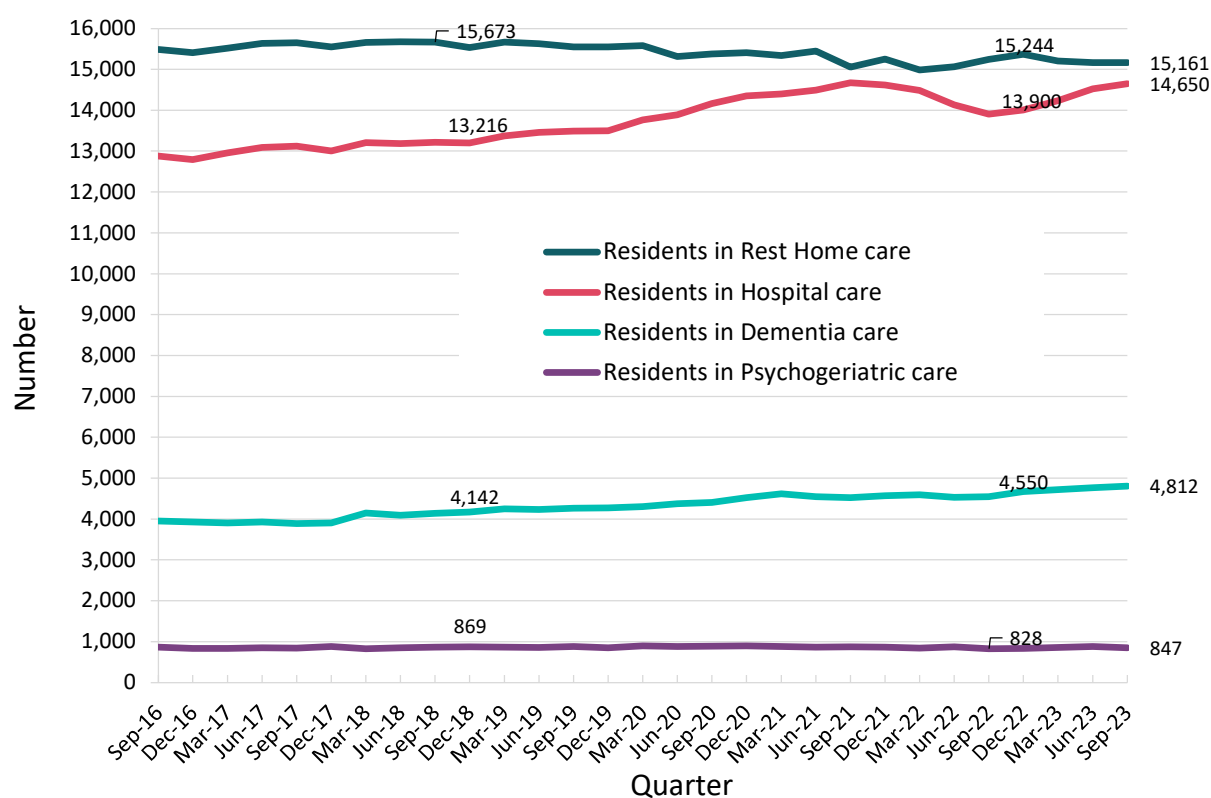
Source: Te Whatu Ora ARC Quarterly Reporting Survey

Trends in care levels

Figure 4.6 below shows trends in residents receiving each care level. In September 2023 there were 15,161 residents receiving rest home care; this comprises the 13,561 long-term ARC residents together with 1,733 YPD, Respite, and Other residents. These residents slightly outnumber the 14,650 residents those receiving Hospital level care. The trends of decreasing numbers of residents at Rest Home care level and increasing numbers of residents receiving Hospital and Dementia care illustrated in the Figure 4.6.

There is a notable dip in Hospital residents in late 2022 to early 2023. This is when there was when the shortage of nurses in ARC was most acute. The dip is most likely due to providers deferring or declining Hospital level admissions as staff shortages meant they could not provide safe care for new Hospital level residents. As safe rest home care requires fewer RN hours that safe hospital level care rest home admissions were affected less.

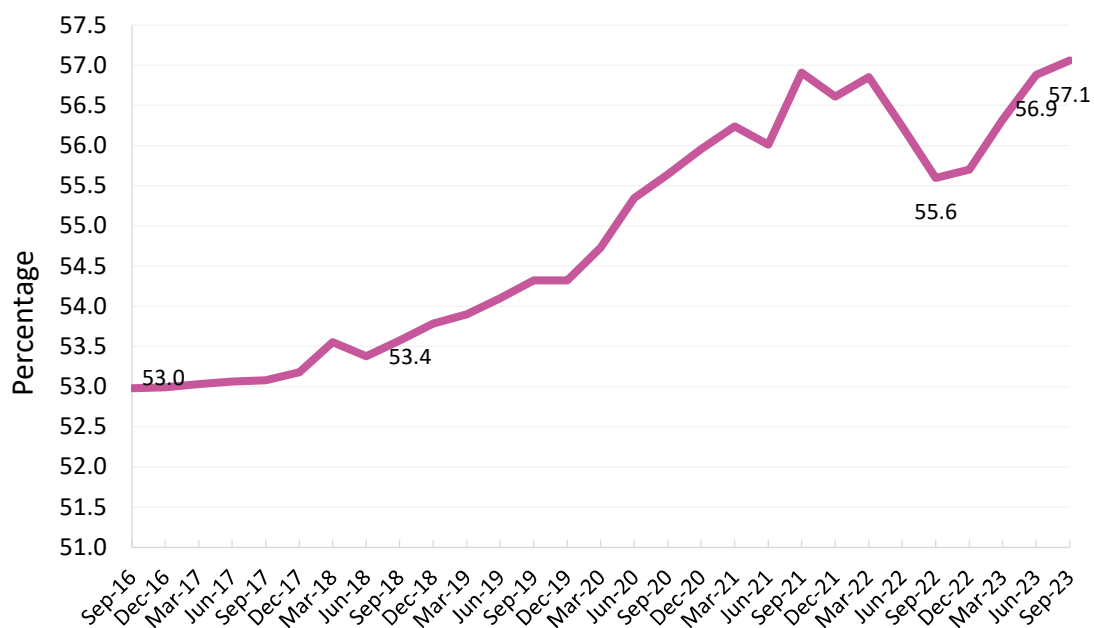
Figure 4.6 ARC residents by care level 2016–2023



Source: Te Whatu Ora ARC Quarterly Reporting Survey

Figure 4.7 illustrates the trend towards higher care levels (i.e. Hospital, Dementia, Psychogeriatric care). In September 2018 those at the higher care levels combined were 53.4 percent of total residents. In September 2021 (Figure 4.6) this had grown to 57.1 of total residents.

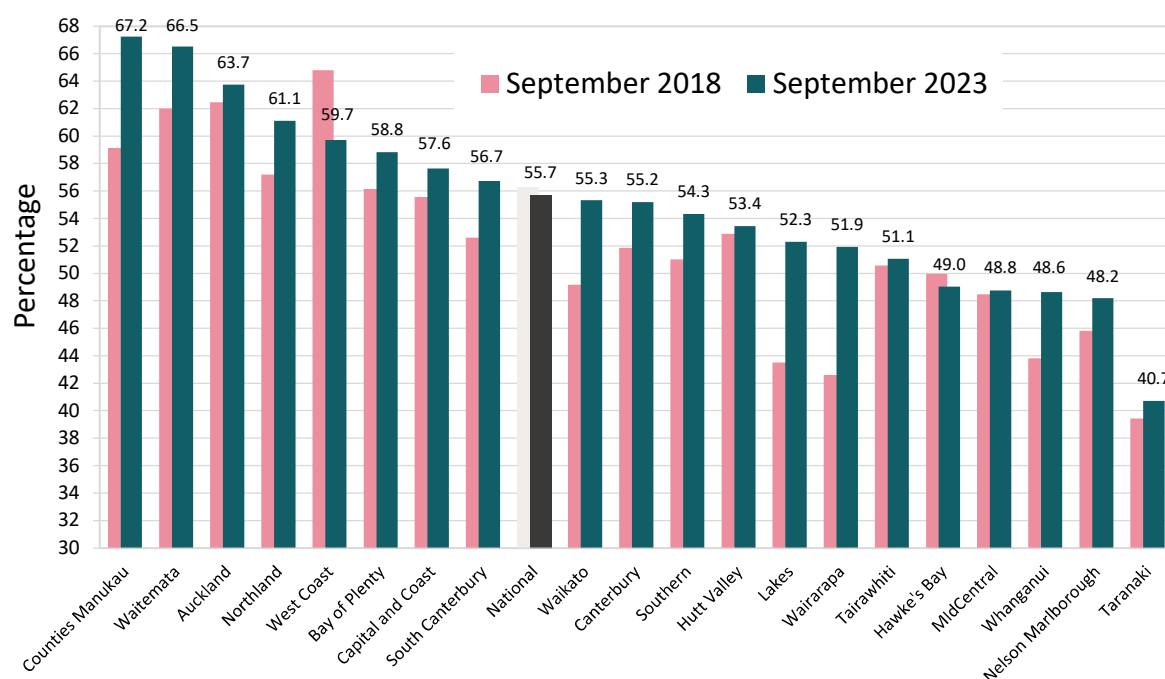
Figure 4.7 Hospital, Dementia, Psychogeriatric Residents as percent of total residents



Source: Te Whatu Ora ARC Quarterly Reporting Survey

Contrasts across the Te Whatu Ora Districts in the percentage of residents at the higher care levels are shown in Figure 4.8. There is a much higher percentage of residents at the higher care levels in some districts than others. At the high end are the Counties Manukau (67.2 percent), Waitemata (66.5 percent) and Auckland (63.7 percent) districts. In contrast are Taranaki (40.7 percent), Nelson Marlborough (48.2 percent) and Whanganui (48.6 percent) districts. This raises questions over whether residents in some regions are receiving the level of care they need. This question is examined in more detail in the ACA's 2018 report *Supporting equitable and timely access to aged residential care* (2022), available here: <https://nzaca.org.nz/news/equitable-access-to-arc-report/>

Figure 4.8 Hospital, dementia, and psychogeriatric residents as a percentage of total residents by district.



Source: Te Whatu Ora ARC Quarterly Reporting Survey

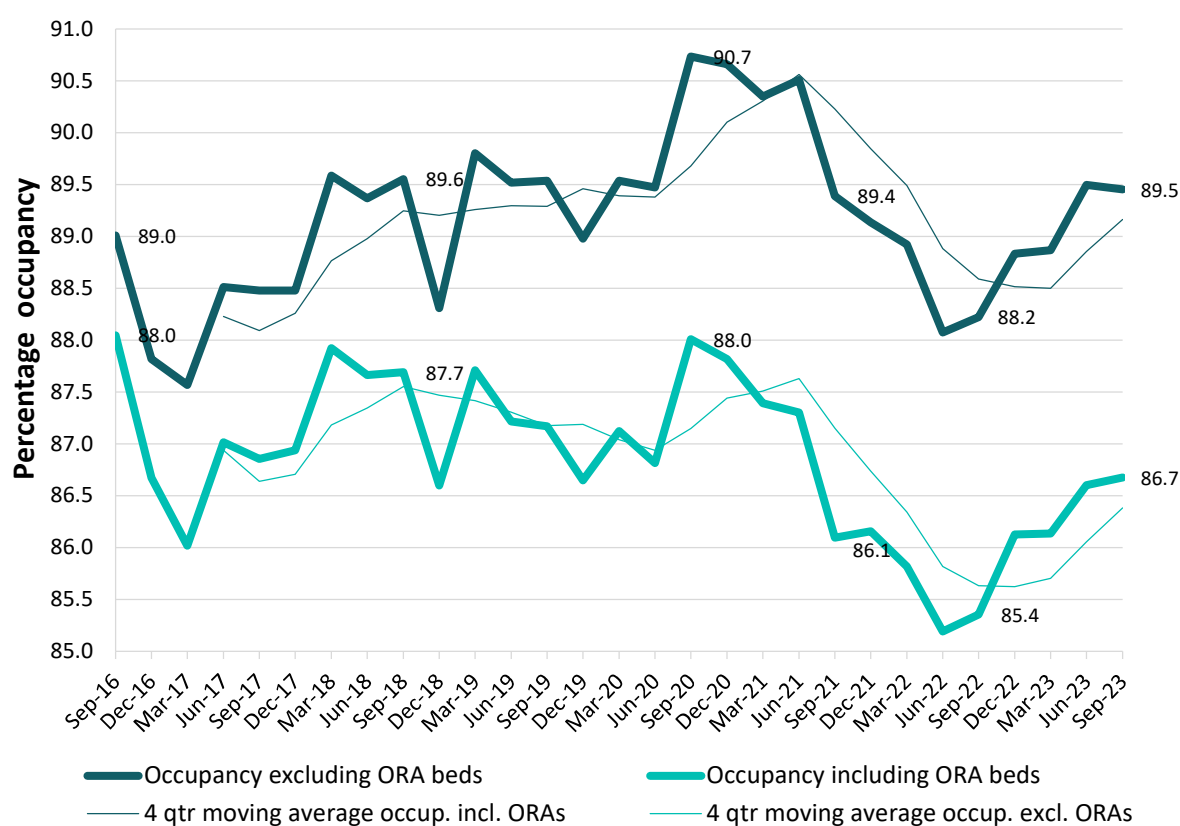
5. Occupancy

Occupancy at a national and Te Whatu Ora District level is investigated in this chapter. Occupancy information from 2014 to 2021 is sourced from the Te Whatu Ora ARC Quarterly Reporting Survey. Historical data from NZACA member surveys supports analysis of trends over the long term.

Overall occupancy

The national occupancy figure on 30 September 2023 is 86.7 percent, down from 87.3 percent in June 2021 (Figure 5.1). This occupancy is up from 85.4 percent in September quarter 2022 but is below the 87.7 percent occupancy of five years ago in September 2023. The low occupancy of September 2022 may be due to potential admissions being deferred or declined due to staff shortages⁵.

Figure 5.1 Occupancy rate with and without ORA ARRC beds and residents



Source: Te Whatu Ora ARC Quarterly Reporting Survey

The Quarterly Reporting data allows the ORA ARRC-certified beds and their residents to be excluded from occupancy calculations. ORA beds tend to have lower occupancy by ARC residents than non-

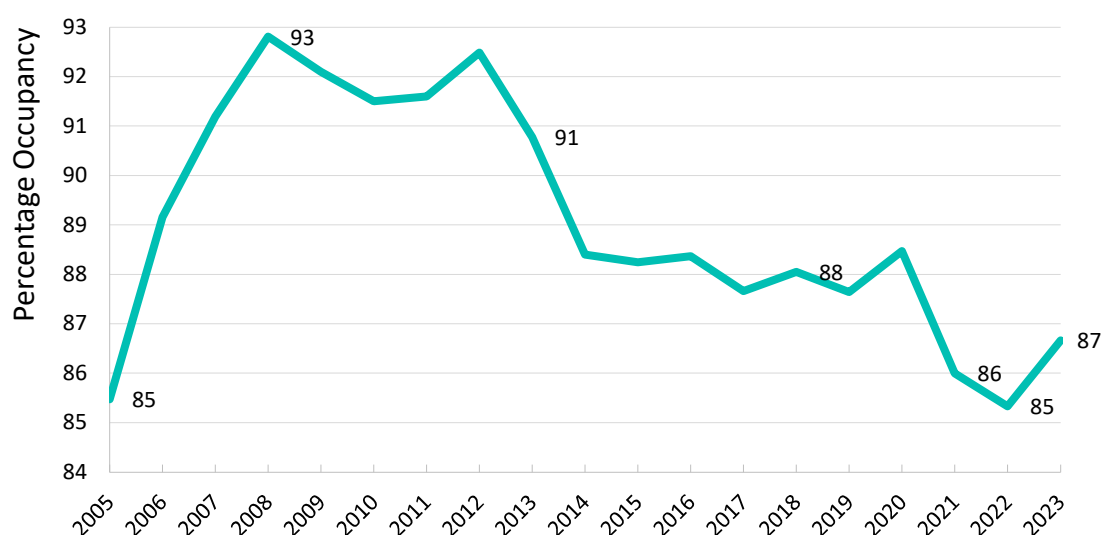
⁵ The Te Whatu Ora Quarterly Report Survey does not record if beds are temporarily “closed” to new admissions due to staff shortages. Therefore, the measured number of beds can be higher than the effective supply of beds, and the calculated occupancy rate can be lower than the effective occupancy rate.

ORA beds. As the majority of ARC facilities do not provide ORA beds, the occupancy rate excluding ORAS is more meaningful to most ARC providers for benchmarking purposes.

Figure 5.1 shows the trend occupancy rate with ORA ARRC-certified bed and residents excluded. This stands at 89.5 percent, up from 88.2 percent in September 2022. Non-ORA occupancy is now close to where it was five years ago, in September 2018, when it stood at 89.6 percent. However, it is below the peak of 90.7 percent recorded in September 2020. Figure 5.1 also includes four-quarter moving average occupancy lines that smooth out the seasonal dip in occupancy that occurs in the December quarter to help reveal underlying trends.

Figure 5.2 illustrates changes in occupancy over the long term, including the 2005-2012 period before the current ARC Quarterly Reporting survey began. The data suggests that occupancy peaked at 93 percent in 2008, which approaches nominal full occupancy (95 percent). However, occupancy has been below 90 percent since the current Quarterly Reporting survey began in September 2013.

Figure 5.2 Long-term trend in overall occupancy (all beds including ORAs).

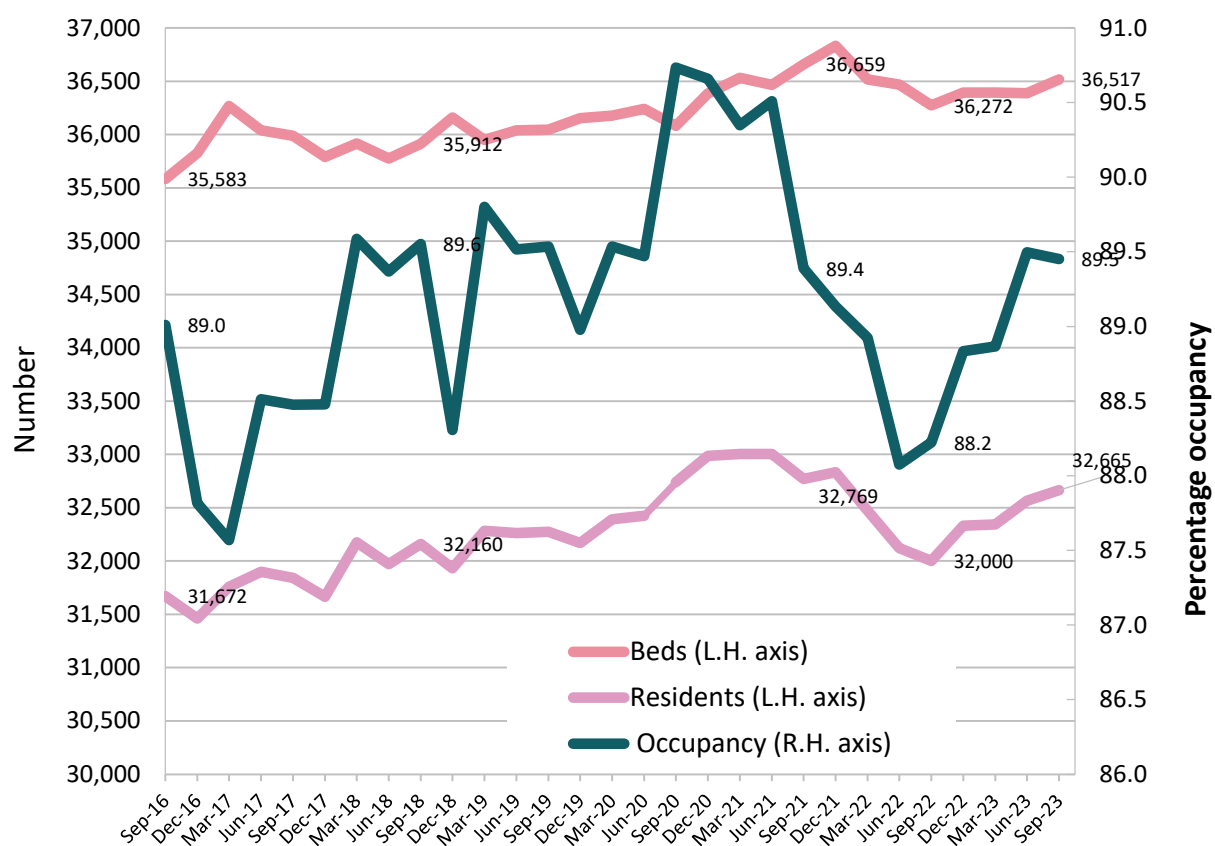


Source: 2005-12 NZACA Member Profiling Surveys, since 2013 Te Whatu Ora ARC Quarterly Reporting Survey.

The growth in bed and resident numbers since September 2016 is shown in Figure 5.3 together with the occupancy rate. Non-ORA ARC beds have been essentially stagnant over the last five years. Net growth in non-ORA beds and their residents have increased by only 1.6 percent so non-ORA occupancy in September 2023 was about the same as in September 2018.

Short term dips in resident numbers (particularly notable in December quarters) cause falls in the occupancy rate when accompanied by opening of new capacity, but the dip in occupancy in mid – 2022 is likely due to staff shortages and consequent temporary closure of beds.

Figure 5.3 Trends in beds, residents, and occupancy, excluding ORAs



Source: Te Whatu Ora ARC Quarterly Reporting Survey

Occupancies across the service types for each Te Whatu Ora District are shown in Table 5.1.

Table 5.1 Occupancy across each District for bed types excluding ORAs, September 2023

| Te Whatu Ora District | Dedicated rest home beds (percent) | Dedicated hospital beds (percent) | Dual service beds (percent) | Dementia beds (percent) | Psychogeriatric beds (percent) | Dedicated YPD beds (percent) | Other beds (percent) | Overall Occupancy excl. ORAs (percent) |
|-----------------------|------------------------------------|-----------------------------------|-----------------------------|-------------------------|--------------------------------|------------------------------|----------------------|--|
| Northland | 93.6 | 96.0 | 91.1 | 94.5 | 60.0 | 100.0 | 100.0 | 93.2 |
| Waitemata | 89.2 | 96.8 | 91.8 | 85.4 | 89.1 | 90.0 | n/a | 90.9 |
| Auckland | 92.0 | 95.5 | 89.4 | 87.3 | 58.3 | 38.9 | n/a | 90.3 |
| Counties Manukau | 90.4 | 97.5 | 93.9 | 96.7 | 91.8 | n/a | 100.0 | 94.2 |
| Waikato | 94.0 | 91.3 | 90.2 | 88.3 | 93.7 | 100.0 | 73.3 | 90.9 |
| Lakes | 94.4 | 97.7 | 73.6 | 95.3 | 94.7 | n/a | n/a | 85.4 |
| Bay of Plenty | 89.6 | 94.3 | 92.6 | 94.3 | 96.7 | n/a | n/a | 92.6 |
| Tairāwhiti | 100.0 | 96.3 | 90.2 | 92.5 | n/a | 100.0 | n/a | 91.9 |
| Taranaki | 92.9 | 53.7 | 82.5 | 79.5 | 72.2 | n/a | 88.9 | 83.2 |
| Hawke's Bay | 94.5 | 82.2 | 87.7 | 85.9 | 91.1 | 100.0 | 71.4 | 88.9 |
| MidCentral | 84.6 | 87.9 | 79.1 | 94.3 | 88.5 | n/a | n/a | 83.9 |
| Whanganui | 85.1 | 97.1 | 93.9 | 95.2 | 100.0 | n/a | n/a | 92.3 |
| Capital and Coast | 93.9 | 93.4 | 86.9 | 94.7 | 97.7 | n/a | 100.0 | 91.4 |
| Hutt Valley | 95.1 | 96.6 | 87.5 | 97.5 | 97.6 | 100.0 | 90.0 | 92.9 |
| Wairarapa | 90.5 | 96.6 | 90.5 | 81.3 | n/a | 100.0 | n/a | 89.2 |
| Nelson Marlborough | 91.3 | 93.2 | 93.4 | 92.3 | 86.1 | n/a | n/a | 92.6 |
| West Coast | 93.1 | 90.0 | 82.9 | 96.9 | n/a | n/a | n/a | 86.8 |
| Canterbury | 86.8 | 90.0 | 84.4 | 81.9 | 87.8 | 100.0 | 100.0 | 85.3 |
| South Canterbury | 90.5 | 94.7 | 92.1 | 100.0 | 95.0 | 77.8 | n/a | 91.5 |
| Southern | 88.4 | 85.8 | 85.4 | 94.3 | 86.3 | 100.0 | 100.0 | 87.6 |
| National | 90.5 | 92.4 | 88.3 | 88.9 | 88.2 | 77.4 | 67.5 | 89.5 |

Source: Te Whatu Ora ARC Quarterly Reporting Survey

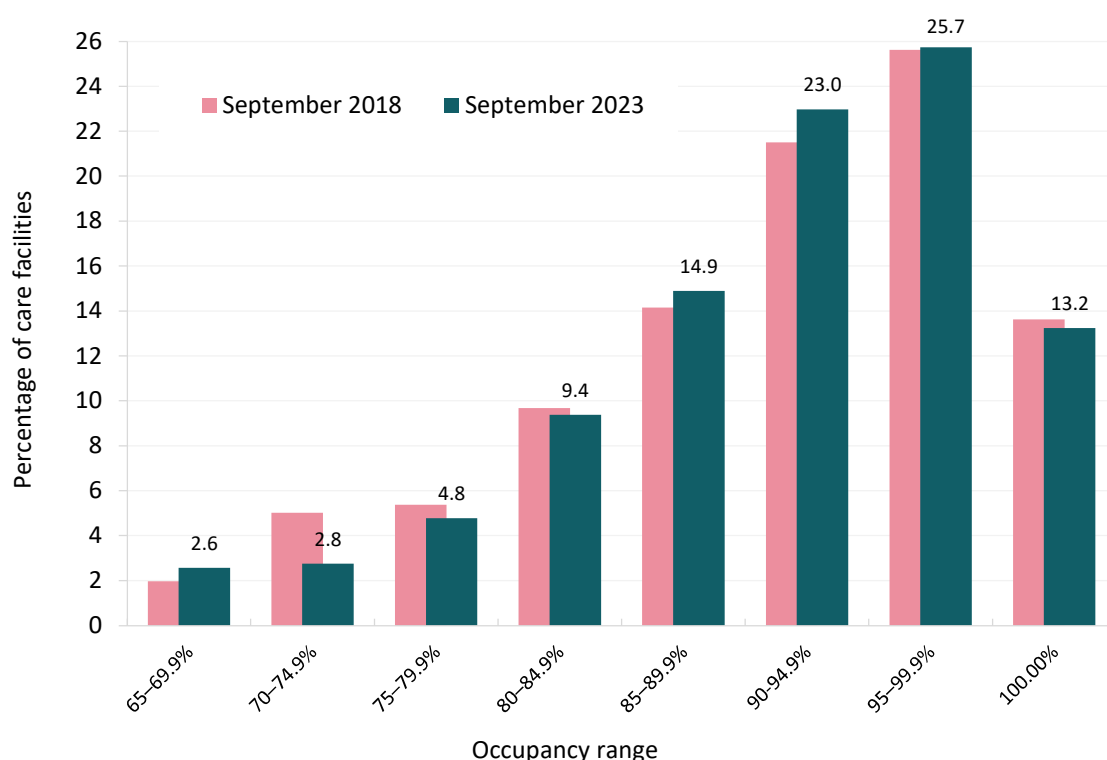
Care facility occupancy ranges

Thirty nine percent of care facilities were at “full” occupancy (95 percent or higher) of non-ORA beds in September 2022 (Figure 5.4). This includes the 13 percent of care facilities that have 100 percent occupancy. These figures are similar to where they stood five years ago.

There has been an increase in the percentage of facilities in the moderately high occupancy rate range of 90-94.9 percent, from 21.5 percent in September 2018 to 23 percent in September 2023.

At the low occupancy ranges there has been a fall in the percentage of facilities with low occupancy. In September 2013, 13.8 percent of facilities had non-ORA bed occupancy of less than 80 percent, down from 15.4 percent in September 2018.

Figure 5.4 Percentage of ACA member care facilities within each occupancy band of non-ORA beds



Source: Te Whatu Ora ARC Quarterly Reporting Survey

6. ARC workforce

The ACA member survey analysed 16 staff categories of the ARC workforce. These 16 categories are split into two broad groups: care and non-care staff.

- Care staff refers to employees working directly with residents and their care needs. This includes clinical nurse managers (CNM), registered nurses (RN), enrolled nurses (EN), caregivers, activities coordinators (AC), occupational therapists, and physiotherapists and assistant physiotherapists.
- Non-care staff refers to employees who do not have direct contact with residents and their care needs, including facility managers, office administration staff, chefs, cooks, kitchen hands, garden and maintenance staff, and cleaning and laundry staff.

Composition and annual turnover of the ARC workforce

Table 6.1 shows number of staff, vacancies and departures in respondent's facilities. Also shown are estimated weighted vacancy rates and annual turnover rates. Vacancies and departures are estimated for individual/minor group and major group segments separately, then a sector total is estimated based on the contribution to sector ARC beds provided by each of the two segments.

Table 6.1 Workforce in respondents' care facilities, October 2023

| Staff Category | | Number of staff | Number of current vacancies | Number of departures in past 12 months | Weighted ¹ vacancy rate (percent) | Weighted ² annual turnover rate (percent) |
|--------------------|-----------------------------|-----------------|-----------------------------|--|--|--|
| Care Staff | Clinical Manager | 337 | 34 | 55 | 12 | 24 |
| | Registered Nurse | 1,894 | 234 | 445 | 15 | 33 |
| | Enrolled Nurse | 40 | 4 | 11 | 6 | 17 |
| | Caregiver | 7,917 | 221 | 1,813 | 4 | 31 |
| | Activities Coordinator | 534 | 35 | 150 | 6 | 31 |
| | Occupational Therapist | 8 | 1 | 2 | 14 | 33 |
| | Physiotherapist | 14 | 2 | 3 | 18 | 20 |
| | Assistant Physiotherapist | 47 | 1 | 19 | 4 | 37 |
| | Total Care Staff | 10,791 | 532 | 2,498 | 6 | 31 |
| Non-Care Staff | Facility Manager | 139 | 7 | 30 | 4 | 23 |
| | Office Administration | 424 | 21 | 115 | 5 | 25 |
| | Chef (qualified) | 213 | 23 | 74 | 9 | 29 |
| | Cook (unqualified) | 282 | 11 | 63 | 4 | 26 |
| | Kitchen Hand | 558 | 40 | 222 | 7 | 41 |
| | Gardening/Maintenance | 438 | 25 | 92 | 5 | 21 |
| | Cleaning Staff | 934 | 40 | 343 | 5 | 39 |
| | Laundry Staff | 318 | 8 | 89 | 3 | 27 |
| | Total Non-Care Staff | 3,306 | 175 | 1,028 | 5 | 32 |
| Total Staff | | 14,096 | 707 | 3,526 | 6 | 31 |

Source: ACA member survey, October 2023

¹ Vacancy rates differ, in some staff categories, between individual/minor group and major group respondents to the survey. E.g., the RN vacancy for individual/minor group providers is 23 percent, and for major groups is 12 percent. A weighted average of these is presented in Table 6.1.

² Similarly, annual turnover rates vary between individual/minor group and major group respondents to the survey. For example, annual turnover of RNs for individual/minor group providers is 52 percent, and for major groups is 25 percent.

The annual turnover of RNs over the year to October 2023 is estimated to be 33 percent in 2023 (Table 6.1). This is down from 48 percent in 2021. Increases in RN pay, arising from “reducing pay disparities” funding from Te Whatu Ora started 1 April 2023, appears to have contributed to this reduction in RN turnover. There has been a similar reduction in turnover of CNMs (who also benefited from pay increases), now estimated to be 24 percent per annum compared to 33 percent in 2021.

Turnover of caregivers is estimated to be 31 percent in 2023, up from 26 percent in 2021. Turnover of activities coordinators is estimated to be 31 percent in 2023.

The estimated weighted vacancy rate for RNs is estimated to be 15 percent at the time of the member survey (October 2023). Respondents were asked for their vacancies prior to pay increases facilitated by Te Whatu Ora “reducing pay disparities” funding on 1 April 2023. The RN vacancy rate estimated at that time is estimated to be 20 percent.

CNMs, ENs, and RNs are predominantly employed in full-time positions, while caregivers and ACs are spread across full- and part-time work status (Table 6.2).

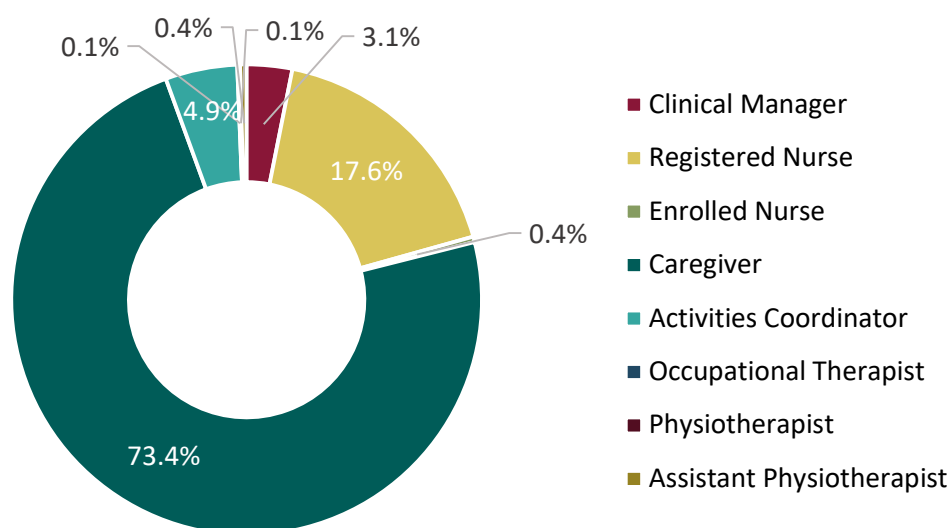
Table 6.2 Nursing and caregiving workforce in respondents' care facilities by work status, October 2023

| Employment Status | Number employed | Percentage by employment status | Departures over last year | Working out notice |
|--------------------------------|-----------------|---------------------------------|---------------------------|--------------------|
| Clinical Nurse Managers | | | | |
| Full Time | 306 | 91 | 51 | 6 |
| Part Time | 31 | 9 | 4 | 0 |
| Total | 337 | 100 | 55 | 6 |
| Registered Nurses | | | | |
| Full Time | 1,479 | 78 | 348 | 13 |
| Part Time | 415 | 22 | 97 | 2 |
| Total | 1,894 | 100 | 445 | 15 |
| Enrolled Nurses | | | | |
| Full Time | 28 | 70 | 9 | 2 |
| Part Time | 12 | 30 | 2 | 0 |
| Total | 40 | 100 | 11 | 2 |
| Caregivers | | | | |
| Full Time | 4,925 | 62 | 1,090 | 25 |
| Part Time | 2,992 | 38 | 723 | 10 |
| Total | 7,917 | 100 | 1,813 | 35 |
| Activities Coordinators | | | | |
| Full Time | 337 | 63 | 80 | 4 |
| Part Time | 197 | 37 | 70 | 0 |
| Total | 534 | 100 | 150 | 4 |

Source: ACA member survey, October 2023

Caregivers accounted for the largest proportion of the care workforce in 2023 at 73.4 percent (Figure 6.1), an increase from 68.9 percent in 2021. RNs made up 17.6 percent of the workforce, followed by ACs at 4.9 percent, and CNMs at 3.1 percent. Other roles each made up less than one percent of the workforce (ENs 0.4 percent, assistant physiotherapist 0.4 percent, and physiotherapist and occupational therapist, both 0.1 percent).

Figure 6.1 Composition of the care staff workforce, October 2023

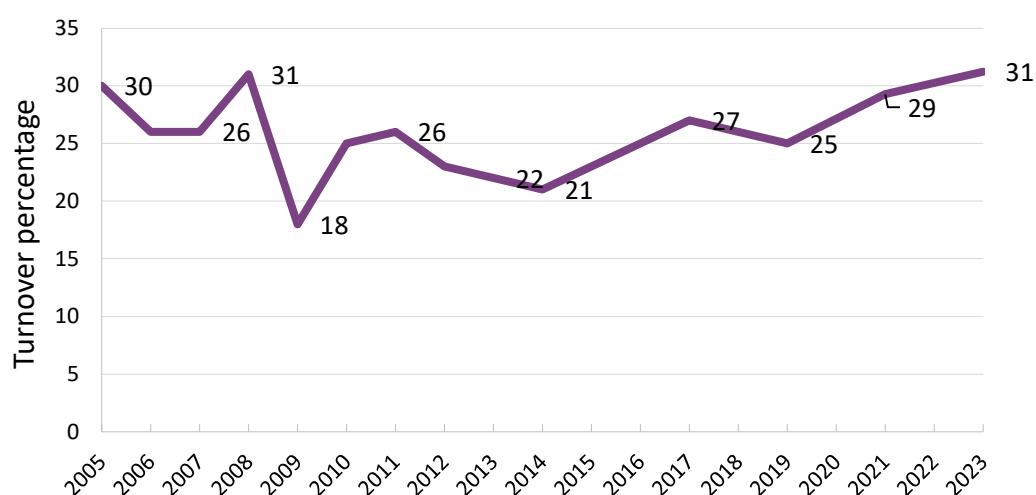


Source: ACA member survey, October 2023

Annual turnover trends

The overall annual turnover of the ARC workforce has fluctuated widely over the past 14 years (Figure 6.2). The annual turnover of all staff categories reached high rates of turnover in 2023 and 2008 (31 percent), 2005 (30 percent), and 2021 (29 percent).

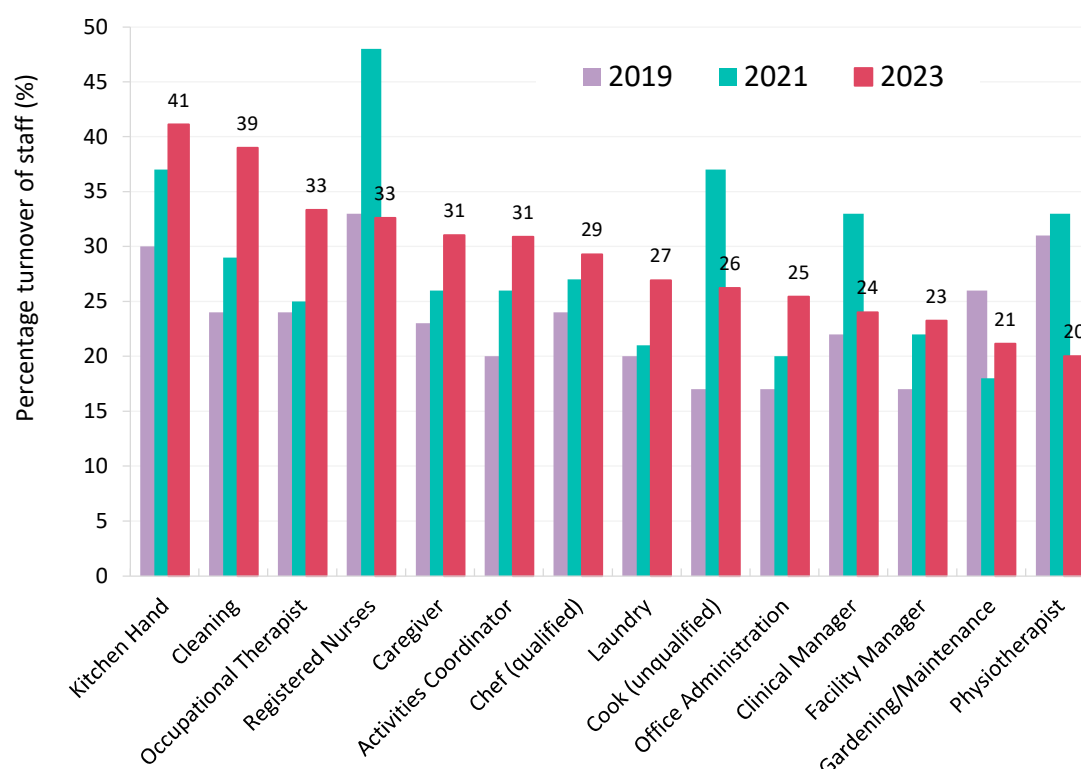
Figure 6.2 Annual turnover trend, 2005 to 2023



Source: ACA member survey, October 2023

Annual turnover by staff category is shown in Figure 6.3, in descending order of 2023 turnover. The figure includes 2019 and 2021 results to show how turnover shifted over the three time periods. Some staff categories have increased in annual turnover rates since the December 2021 survey, while others have returned to lower 2019 rates.

Figure 6.3 Annual turnover by staff category in 2023 compared with 2019 and 2021



Source: ACA member survey, October 2023

Table 6.3 shows where departing staff went, including RNs and ENs, caregivers and health care assistants (HCAs), and ACs and diversional therapists (DTs). As with previous surveys, this information can indicate whether a departure is a net loss to the ARC sector, therefore supporting sector workforce planning.

For situations where the destination was known, most departing RNs and ENs stayed within the health sector and moved to Te Whatu Ora hospitals (35.5 percent), less than the 46.4 percent who went to a Te Whatu Ora hospital in 2021. A larger number of staff left the paid workforce in 2023 (14.5 percent) than in 2021 (three percent), but fewer went to other health sector related roles (7.9 percent in 2023 compared to 12.2 percent in 2021). Transition to other ARC providers was 11.4 percent (14.3 percent in 2021).

Three quarters of caregiver and HCA destinations are unknown, an increase from 46.3 percent in 2021. Meanwhile, 64.1 percent of AC and DT destinations are unknown. This is a potential indicator that these workers could be leaving the sector.

Table 6.3 Where ex-employees went, October 2023

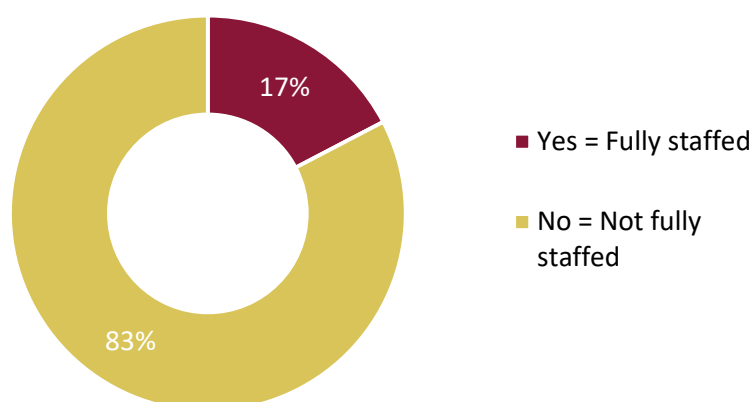
| Where they went | RNs/ENs (percent) | Caregivers/ HCAs (percent) | ACs/DTs (percent) |
|---|----------------------|----------------------------------|----------------------|
| To another ARC provider | 11.4 | 5.1 | 5.8 |
| To a Te Whatu Ora Hospital | 35.5 | 4.4 | 3.9 |
| To another non-aged care NZ health sector employer | 7.9 | 4.4 | 5.8 |
| Moved location (within NZ) | 16.2 | | |
| Moved location (out of NZ) | 8.8 | | |
| Overseas due to visa expiry (internationals) | | 0.2 | 0.0 |
| Overseas for other reasons (internationals) | | 0.8 | 1.0 |
| Overseas (NZers) | | 2.2 | 0.0 |
| Out of the paid workforce | 14.5 | 7.2 | 19.4 |
| Retired | 5.7 | | |
| Don't know where they went | | 75.9 | 64.1 |
| Total caregivers leaving of which destination known | 94.3 | 24.1 | 35.9 |
| Estimated total leaving the ARC sector (counts) | 456 | 1,813 | 150 |

Source: ACA member survey, October 2023

Care facilities fully staffed with registered nurses

The majority (83 percent) of care facilities were not fully staffed with RNs (Figure 6.4). Just 17 percent of respondents said their care facility had their full RN complement.

Figure 6.4 Percentage of care facilities fully staffed with RNs, October 2023

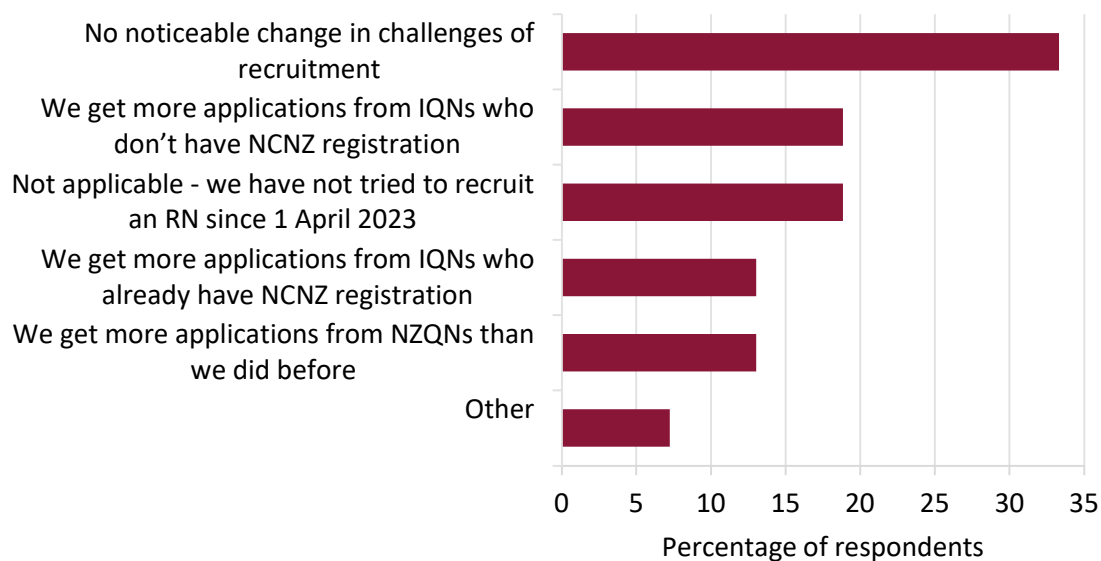


Source: ACA member survey, October 2023

Changes in recruitment of registered nurses

Respondents were asked what changes, if any, they have noticed in recruitment of RNs at their care facilities since the “reducing pay disparities” funding from Te Whatu Ora started 1 April 2023 (Figure 6.5). One third said there was no noticeable difference in their recruitment challenges, while 18.8 percent said they received more applications from International Qualified Nurses (IQNs) without Nursing Council of New Zealand (NCNZ) registration. This was the same figure as those who hadn’t tried to recruit an RN since 1 April 2023.

Figure 6.5 Percentage of respondents on changes noticed in recruiting RNs, October 2023

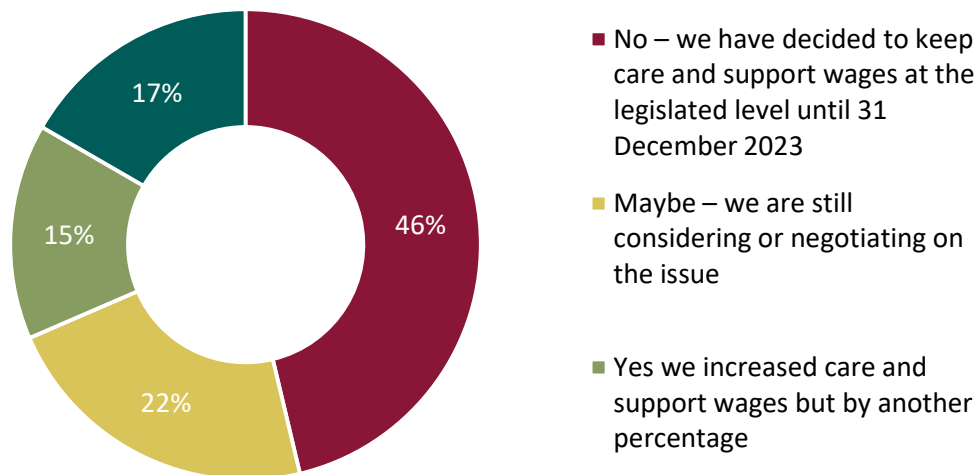


Source: ACA member survey, October 2023

Increase to care and support wages in 2023

Respondents were asked if their organisation had chosen to increase their care and support wages for the current 2023/24 financial year (Figure 6.6). Just under half had not increased their wages (46 percent), while 32 percent had. The remaining 22 percent were considering or negotiating on the issue.

Figure 6.6 Percentage of respondents on increasing care and support wages, December 2023

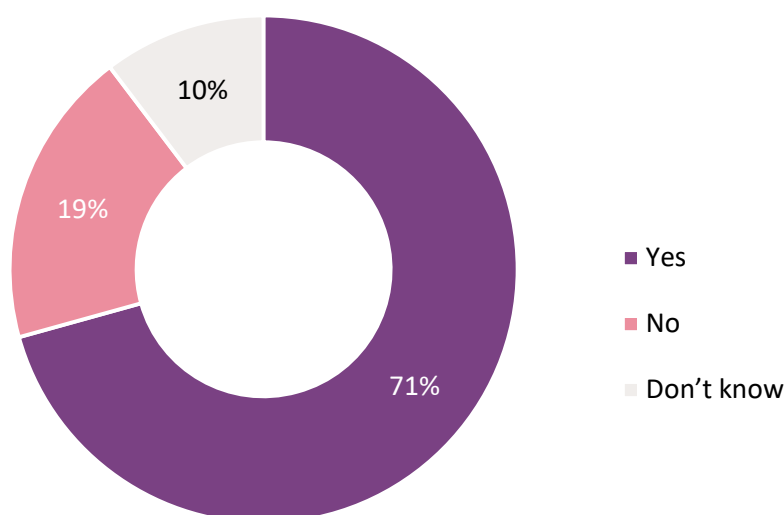


Source: ACA member survey, October 2023

7. Immigration

This section presents the results of questions from the 2023 ACA Member Survey on the contribution migrant staff make to the aged residential care sector. The majority of respondents had migrant staff on a range of visas that permit work (Figure 7.1).

Figure 7.1 Percentage of respondents with staff on visas, October 2023



Source: ACA member survey, October 2023

Registered nurses, clinical and facility managers on visas

Across the survey respondents, a total of 458 RNs, 10 CNMs, and five facility managers (FMs) were reported to be on visas. For RNs, 36 percent were on skilled migrant category residence visas or similar visas, while 64 percent were on other visa categories (Table 7.1). CNMs on visas comprise three percent of the workforce, while FMs on visas comprise four percent of the workforce.

Table 7.1 Percentage of RNs, CNMs, and FMs by visa type, October 2023

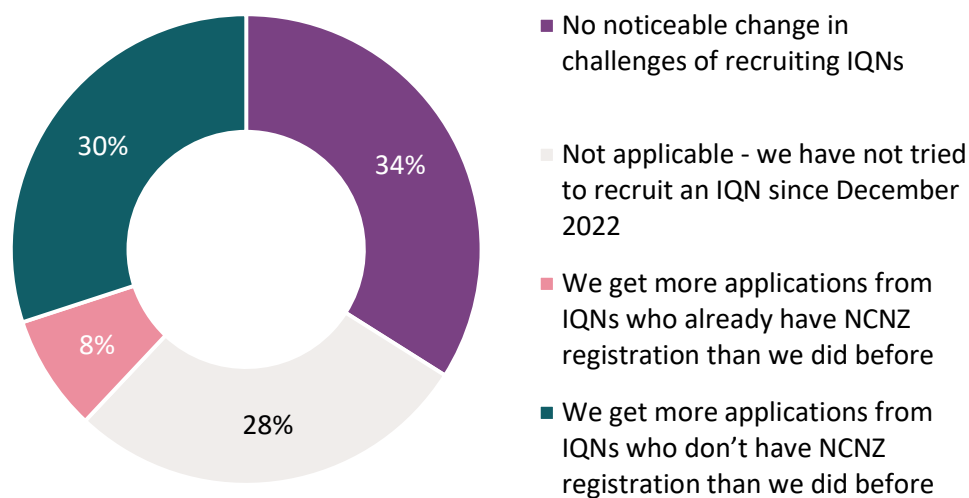
| Visa type | RNs (percent) | CNMs (percent) | Facility Managers (percent) |
|--|------------------|-------------------|-----------------------------------|
| Skilled Migrant Category Residence Visa or similar | 36 | 50 | 40 |
| Other Visa Categories | 64 | 50 | 60 |
| Total on visas | 100 | 100 | 100 |

Source: ACA member survey, October 2023

Changes in IQN recruitment since added to “Green List”

Respondents were asked about what changes, if any, they have noticed in the recruitment of International Qualified Nurses (IQNs) at their care facilities since nurses were moved on to the “Green List” immediate residency pathway in December 2022 (Figure 7.2). One third had not noticed any changes to challenges in recruiting IQNs (34 percent). Thirty eight percent were receiving more IQN applications than previously, most of whom already had NCNZ registration (30 percent), although some did not (eight percent).

Figure 7.2 Percentage of respondents on changes in IQN recruitment, October 2023



Source: ACA member survey, October 2023

Length of employment of staff on visas

Table 7.2 presents findings on the length of RNs' employment at ARC facilities, how this duration relates to experience, and whether they are New Zealand (NZQN) or internationally qualified nurses (IQNs). The average length of employment for NZQN graduates is around 1.5 years, longer than the one-year median tenure of 2021, but six months less than in 2019. The median length of employment for NZQNs with around one to four years' experience has remained at around two years, consistent with 2019 and 2021. NZQNs with more than five years of experience have a median tenure of three years, less than the median in 2021 (3.5 years of tenure).

This is the same length of time as IQNs with New Zealand registration had when they were recruited, although IQNs with new New Zealand registration had a median length of employment higher than NZQN graduates at 1.5 years.

Table 7.2 Length of RN employment at respondents' care facilities, October 2023

| | Average (years) | Median (years) |
|---|-----------------|----------------|
| NZ Qualified, graduates | 1.5 | 1.0 |
| NZ Qualified, 1-4 years' experience | 2.0 | 2.0 |
| NZ Qualified, 5+ years' experience | 3.8 | 3.0 |
| IQNs with new NZ registration who worked for you as HCA prior to registration (time of post-registration work only) | 2.3 | 1.5 |
| IQNs you recruited who already had NZ registration when you recruited them | 2.7 | 2.0 |
| Other | 1.9 | 1.8 |

Source: ACA member survey, October 2023

Country of origin

The distribution of the country of origin of care facility workers who are on visas is shown in Table 7.3.

India is the most common country of origin for RNs (28 percent down from 37.2 percent in 2021), and the second most common for caregivers/HCAs (20.4 percent down from 40.2 percent). The Philippines is the most common country of origin for caregivers (22.2 percent down from 34.8 percent), and the second most common for RNs (26.2 percent down from 39.3 percent). The number of RNs and caregivers/HCAs on visas from “other Asia” countries (3.9 and 8.7 percent respectively) has increased from 2021 (0.7 and 1.7 percent respectively). Notably, the country of origin for 31.6 percent of RNs and 34.1 percent of caregivers/HCAs is unknown. This is an increase from 2021, when these figures were 20 percent and 13.6 percent respectively.

Table 7.3 Country of origin of workers on visas, October 2023

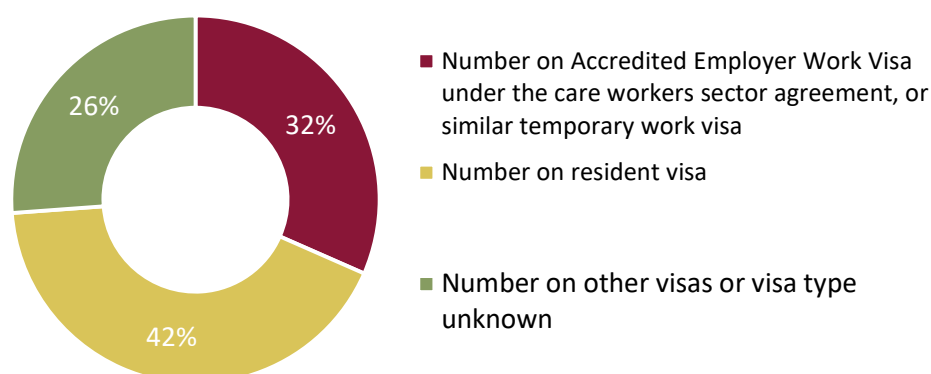
| Country of origin | RNs (percent) | Caregivers / HCAs (percent) | Other roles (percent) |
|-----------------------------------|------------------|--------------------------------|--------------------------|
| Philippines | 26.2 | 22.2 | 15.8 |
| India | 28.0 | 20.4 | 11.1 |
| Malaysia | 0.2 | 0.0 | 0.1 |
| Indonesia | 0.0 | 0.3 | 1.4 |
| United Arab Emirates | 0.2 | 0.0 | 0.0 |
| China | 0.9 | 1.5 | 2.6 |
| Other Asia | 3.9 | 8.7 | 8.1 |
| Pacific Islands | 3.7 | 7.6 | 5.4 |
| United Kingdom and Irish Republic | 0.7 | 0.2 | 2.5 |
| Rest of Europe | 0.4 | 0.2 | 1.8 |
| South Africa | 2.6 | 0.8 | 5.3 |
| North America | 0.4 | 0.1 | 0.6 |
| South America | 0.0 | 0.5 | 1.0 |
| Unknown | 31.6 | 34.1 | 43.6 |
| Other | 1.1 | 3.4 | 0.7 |
| Total | 100.0 | 100.0 | 100.0 |

Source: ACA member survey, October 2023

Caregivers and activities coordinators on visas

A total of 3,766 caregivers/HCAs and AC/DTs were on visas, which comprises 45 percent of the workforce covered by the survey respondents. As shown in Figure 7.3, 42 percent of these workers are on a resident visa, while a further 32 percent of the caregivers/HCAs and AC/DTs are on an accredited employer work visa or a similar temporary work visa. Compared to registered nurses, a much higher proportion of these caregivers are working in New Zealand on a visa (24 percent for RNs compared to 45 percent for caregivers).

Figure 7.3 Percentage of HCAs and AC/DTs by visa type, October 2023



Source: ACA member survey, October 2023

Initiatives to recruit and retain New Zealanders

Respondents were asked about the initiatives they have in place, or are developing, to recruit and/or retain more New Zealand citizens in nursing, caregiving, and other roles. There were only 77 initiatives in place and seven in development at the time of the survey (Table 7.4). This is considerably fewer initiatives than in 2021 when 158 were current and 32 were in development. Nearly one half of the initiatives in place or in development were for RNs. There were also a number in place for caregiver/HCAs and ENs.

Table 7.4 Number of initiatives currently in place or in development, October 2023

| Staff roles effected by initiatives | Current | In development |
|-------------------------------------|---------|----------------|
| Registered Nurse | 33 | 4 |
| Enrolled Nurse | 16 | 1 |
| Caregiver/HCA | 20 | 1 |
| Other | 8 | 1 |
| Total | 77 | 7 |

Source: ACA member survey, October 2023

Comment on initiatives to recruit and retain New Zealanders

Responses to this section were frequently about the challenges they faced in recruiting and retaining New Zealanders, rather than about the initiatives that they had in place or were developing.

Respondents felt that the challenge with attracting New Zealanders to work in the ACA sector persisted despite various efforts and incentives.

Where initiatives were mentioned by individual facilities, they were more likely to be related to remuneration, and pay parity, in particular. For example, some individual facilities tried to match the pay rates offered by Te Whatu Ora to their hospital staff, as they considered discrepancies in pay rates between hospitals and care facilities contributed to staff leaving. Individual facilities noted that the competition with larger or group facilities offering remuneration incentives, such as weekend allowances and overtime pay, posed a challenge in retaining New Zealand nurses.

Some rural care facilities, both group and individual, tried to appeal to local workers, including offering flexible hours to parents. Other facilities were focusing on improving their work environment and culture.

There were a number of comments about the lack of interest from New Zealanders with comments from individual and group facilities including, “New Zealand graduates are not interested in aged care as a generalisation”, “we struggle to employ New Zealanders in aged care”, and “very few interested in working in aged residential care”. Another said that the expectations of potential New Zealand employees were very hard to meet, “e.g., preferred rostering options, hours of employment, access to unpaid leave, and pay rates not reflective of the standard sector rates”.

8. Remuneration

Average hourly rate

The average hourly wage rates of ARC employees across 14 categories are shown in Table 8.1 (excluding caregivers/HCAs, and ACs/DTs, whose rates are legislated under the Support Workers (Pay Equity) Settlements Act 2017). Lower and upper quartile, and median hourly rates are also given. For comparison, the minimum hourly wage was \$22.70 in December 2023,⁶ and the median hourly rate was \$31.61.⁷

Table 8.1 Average hourly wage rates by staff category, October 2023

| Staff Category | Average hourly rate | Lower Quartile | Median hourly rate | Upper Quartile |
|-----------------------------|---------------------|----------------|--------------------|----------------|
| Clinical Nurse Manager | \$53.9 | \$50.0 | \$53.2 | \$58.1 |
| Registered Nurse | \$44.0 | \$43.1 | \$44.8 | \$46.2 |
| Enrolled Nurse | \$34.2 | \$33.1 | \$33.9 | \$35.3 |
| Occupational Therapist | \$30.1 | \$28.0 | \$28.3 | \$31.0 |
| Physiotherapist | \$38.2 | \$35.6 | \$43.0 | \$47.8 |
| Assistant Physiotherapist | \$27.8 | \$27.5 | \$27.5 | \$28.3 |
| Facility Manager | \$50.3 | \$46.0 | \$50.2 | \$58.0 |
| Office Administration Staff | \$27.7 | \$26.0 | \$27.4 | \$28.1 |
| Chef (qualified) | \$29.6 | \$27.7 | \$30.6 | \$30.6 |
| Cook (unqualified) | \$25.3 | \$24.4 | \$24.4 | \$26.0 |
| Kitchen Hand | \$23.4 | \$23.3 | \$23.5 | \$23.7 |
| Gardening/Maintenance Staff | \$28.6 | \$27.1 | \$28.0 | \$30.1 |
| Cleaning Staff | \$23.7 | \$23.2 | \$23.7 | \$23.7 |
| Laundry Staff | \$24.1 | \$23.2 | \$24.6 | \$24.6 |

Source: ACA member survey, October 2023

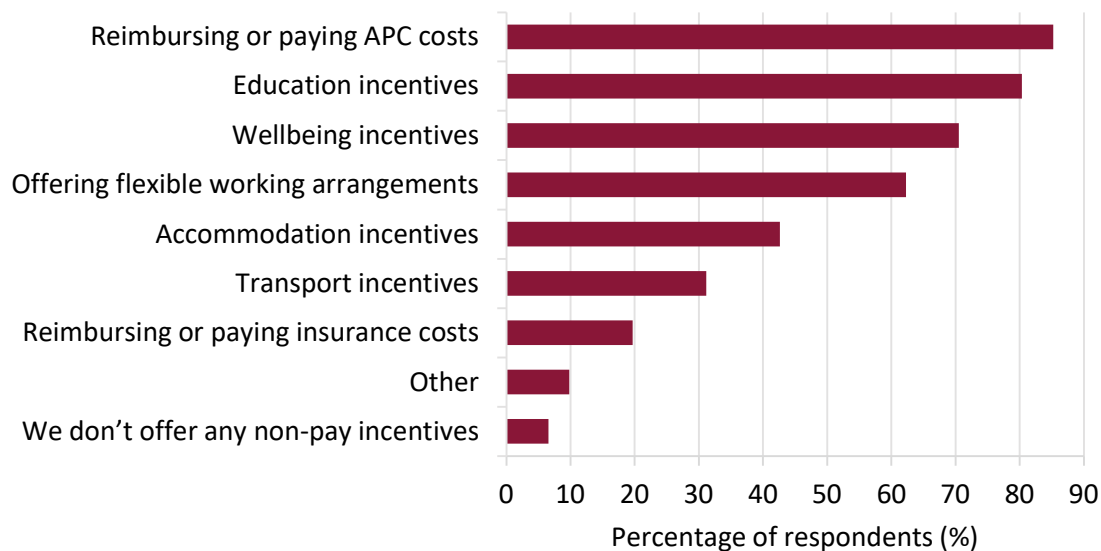
The median hourly rate for CNMs was \$53.20, while the lower quartile was \$50.00 and upper quartile \$58.10. For RNs, the median hourly rate was \$44.80, while the lower quartile was \$43.10, and the upper quartile was \$46.20.

⁶ <https://www.employment.govt.nz/hours-and-wages/pay/minimum-wage/minimum-wage-rates/>

⁷ <https://www.stats.govt.nz/information-releases/labour-market-statistics-income-june-2023-quarter>

Non-pay incentives or benefits

Figure 8.1 Non-pay incentives or benefits for RNs and ENs at respondents' care facilities, October 2023



Source: ACA member survey, October 2023

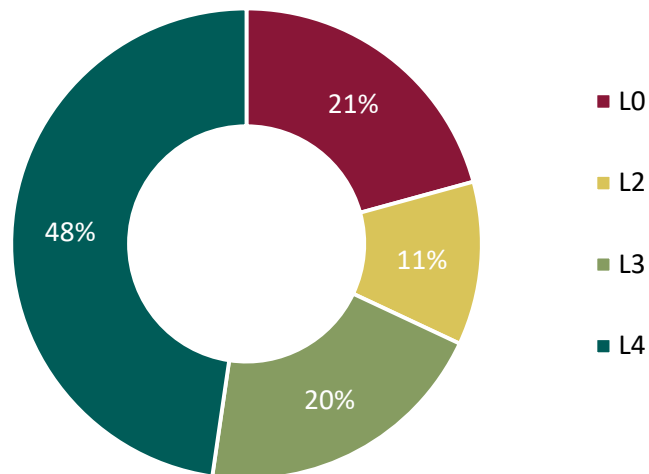
Education incentives, such as providing or paying for education or offering study leave, were offered by 80.3 percent of respondents as a way of recruiting and/or retaining their RN and EN workforce (Figure 8.1). The majority reimbursed or paid for Annual Practising Certificate (APC) costs (85.2 percent, up from 75 percent in 2021), while 70.5 percent offered wellbeing incentives. Wellbeing incentives included providing meals or snacks during shifts, providing access to an Employee Assistance Programme (EAP), offering wellness programmes, subsidised social events, and acknowledging birthdays.

Accommodation incentives (e.g., assistance with finding accommodation, accommodation allowance) were offered by 42.6 percent of respondents, up over 10 percentage points on 2021. Flexible working arrangements increased slightly to 62.3 percent, while transport incentives (e.g. free car parking, travel allowance, providing transport) remained at around 30 percent of respondents.

Caregiver/Healthcare assistant pay bands

Figure 8.2 represents the caregiver/HCA workforce of respondents' care facilities as at October 2023. Nearly half of the caregivers/HCAs were at Level 4 (48 percent), with 20 percent at Level 3.

Figure 8.2 Numbers of caregivers/HCAs at each pay band, October 2023



Source: ACA member survey, October 2023

9. Services offered

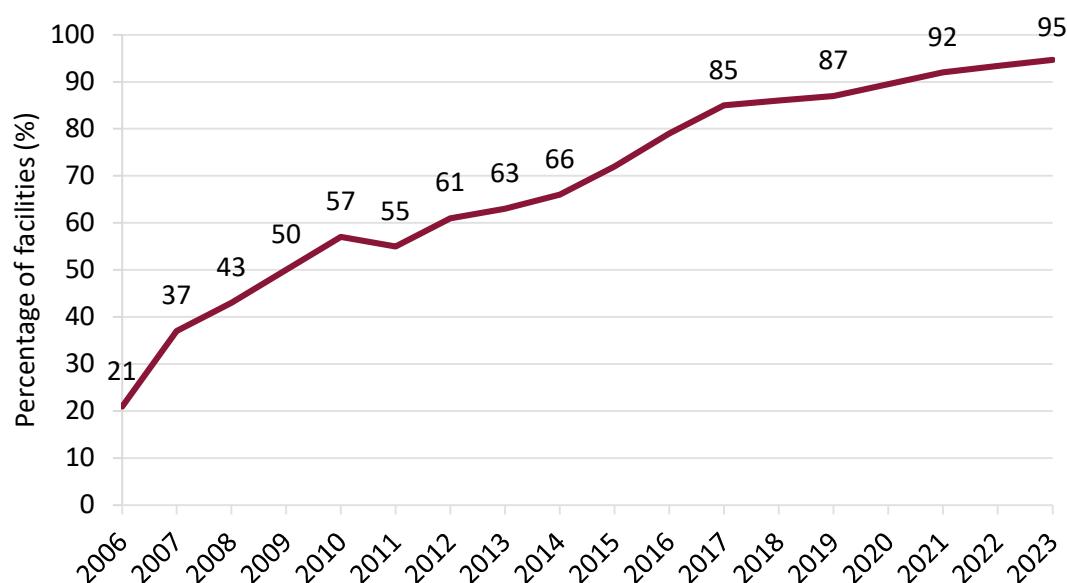
Accommodation supplements

ARC facilities are funded under the ARRC (Age-Related Residential Care) Services Agreement with Te Whatu Ora, to provide specified age-related residential care services. Increasingly, people entering care facilities are willing to pay an accommodation supplement to purchase premium room services.

Respondents to the ACA member survey 2023 were asked about agreements with their residents to pay an accommodation supplement for premium room services. Accommodation supplements can be charged for rooms with services that are not included as part of the ARRC. For example, such rooms may include an ensuite, be larger, and/or have views.

In 2023, 95 percent of respondents' care facilities had agreements with some or all of their residents to pay accommodation supplements for premium room services (Figure 9.1). This rate is an increase of three percent from 2021 and is a continuation of the trend of the past few years.

Figure 9.1 Percentage of respondent facilities with accommodation supplement for premium room services, 2006 to 2023*



Source: ACA member survey, October 2023

* Where a data label is not shown, no survey was carried out that year.

One hundred percent of respondent's care facilities that were owned by publicly listed major groups or charitable major groups had rooms for which accommodation supplements were charged. The majority of privately owned major groups also charged accommodation supplements (98 percent).

In contrast, 63 percent of individually owned charitable care facilities and 80 percent of individually owned private facilities charged accommodation supplements. The percentage of individually owned charitable care facilities has decreased from 2021 (15 percentage points), while the percentage of individually owned private facilities has increased from 2021 (29 percentage points).

Median accommodation supplements

Survey respondents were asked to provide their typical accommodation supplements for specified types of premium rooms. Results are shown in Table 9.1.

The most common type of premium room was a larger room with an ensuite bathroom/toilet and a standard view. The median accommodation supplement for this was \$62.00/day. In 2021, the supplement for this type of room was \$59.00/day, so the dramatic increase from 2019 to 2021 where the supplement more than doubled, has slowed considerably.

Most of these rooms have a daily charge of \$62.00, which makes that charge both the median and upper quartile for that room type. The median supplement for larger rooms with ensuite and premium views experienced an increase from \$65.00 in 2021 to \$68.00 in 2023, which was also the lower and upper quartile. This same situation where the lower and upper quartiles match the median, also applies to standard sized rooms without ensuites (premium view) and larger rooms without ensuites (premium view).⁸

The second most common type of premium room was a standard sized room with an ensuite and standard view, and the median accommodation supplement for this was \$38.00/day. This daily figure has nearly doubled since 2021, after a \$1.00 increase between 2019 and 2021.

Table 9.1 Median accommodation supplements by room type, December 2023

| Premium room type | Lower Quartile | Median | Upper Quartile | Number of rooms |
|---|----------------|---------|----------------|-----------------|
| Standard sized room with ensuite, standard view | \$20.00 | \$38.00 | \$38.00 | 1,286 |
| Standard sized room with ensuite, premium view | \$57.00 | \$57.00 | \$57.00 | 1,059 |
| Standard sized room without ensuite, premium view | \$15.00 | \$15.00 | \$25.00 | 33 |
| Larger room with ensuite, standard view | \$15.87 | \$62.00 | \$62.00 | 2,245 |
| Larger room with ensuite, premium view | \$68.00 | \$68.00 | \$68.00 | 916 |
| Larger room without ensuite, standard view | \$8.00 | \$22.00 | \$22.00 | 92 |
| Larger room without ensuite, premium view | \$28.00 | \$28.00 | \$28.00 | 69 |

Source: ACA member survey, October 2023

⁸ Larger groups of facilities tend to have large numbers of rooms of particular types at the same rate across all their care facilities, and this is noticeable in the results.

Reasons for not charging accommodation supplements

The 13 care facilities that did not have agreements with residents to pay accommodation supplements for premium room services were asked the reason for this.

The most frequently cited reason across all ownership types for not charging accommodation supplements was the social-economic status of clientele/residents (67 percent, up from 24 percent in 2021). The age and/or design of the care facility was also given as a reason by 42 percent of respondents, along with opposition from governance/management to such charges given by 25 percent of respondents.

Comments on policy/practice for accommodation supplements

Several respondents expressed regret at having to charge accommodation supplements, with one commenting that, “we cannot survive without on charging for our larger rooms and ensuite rooms”. Another respondent noted that while they do consider charging an accommodation supplement, “they struggle to charge a supplement as most of our residents can't afford it”.

It was a common theme that, even when an accommodation supplement is set, the resident’s financial situation was considered by facility management:

- “Ideally, we want to fill our premium rooms with someone who is prepared to pay the premium rate, but we never turn anyone away if they can’t afford the premium rates”
- “We will only charge premium when there is an ensuite”
- “When the occupancy is low, we offer rooms without premium to fill beds”
- “Only five rooms at one facility we can charge for, and no rooms at our other facility where this is an option”.

Several respondents mentioned that accommodation supplements are reviewed only when there is a change of resident, so a person’s charges are not increased while in residency.

Premium and standard rooms

A standard room is described as a room up to 11m² where the resident is not required to pay an accommodation supplement. Respondents were asked about the average size of three types of room (Table 9.2):

- Standard rooms - the median size of room that respondents classify as standard has increased slightly from 12m² in 2021 to 12.17m²
- Premium rooms for which accommodation supplements are charged are increasingly the most common type of room available. The median size of these has increased from 15m² in 2021 to 18.5m², similar to 18m² in 2019
- Premium for which accommodation supplements are not charged has increased to 16.4m² from 15.25m² in 2021.

Table 9.2 Number and size of rooms by room type, October 2023

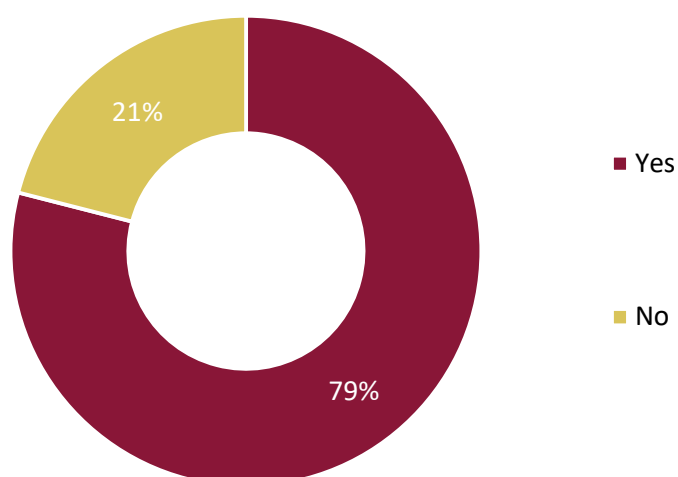
| Room type | Size of rooms (square metres) | | | Number of rooms |
|--|-------------------------------|--------|----------------|-----------------|
| | Lower Quartile | Median | Upper Quartile | |
| Standard Room | 11.50 | 12.17 | 12.20 | 3,709 |
| Premium Room for which an Accommodation Supplement is (normally) charged | 13.60 | 18.50 | 18.50 | 4,080 |
| Premium Room for which an Accommodation Supplement is NOT (normally) charged | 16.40 | 16.40 | 16.40 | 1,059 |

Source: ACA member survey, October 2023

Independent living units

Most respondents provided independent living units at their care facilities in 2023 (Figure 9.2). One fifth of care facilities did not have independent living units.

Figure 9.2 Percentage of respondents' care facilities offering independent living, October 2023

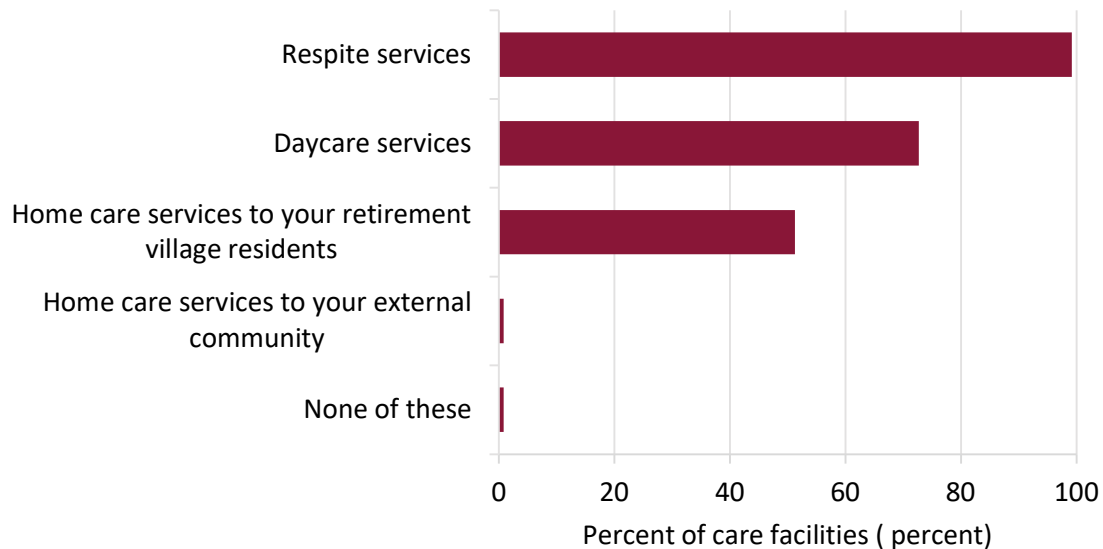


Source: ACA member survey, October 2023

Services offered

The list of additional services offered by respondents' care facilities is presented in Figure 9.3.

Figure 9.3 Percentage of care facilities offering additional services, October 2023



Source: ACA member survey, October 2023

Respite services

Nearly all care facilities offered respite services (99 percent), doubling since 2021 (49 percent), and returning to the 2019 percentage.

Day care services

Seventy three percent of care facilities offered day care services, up from 35 percent in 2021, also closer to the 2019 figure.

Homecare services

Of the ACA members responding to the October 2023 survey, half offered homecare services to retirement village residents (51 percent) or people within their site or in their local community (one percent).

10. Topical

The October 2023 ACA member survey gathered information on a range of topical issues of interest to the ARC sector.

Demand for ARC

Twenty eight percent of respondents intend to add more rooms over the next five years, while a further 24 percent may add more rooms, and 15 percent don't know if they will add more rooms over the next five years. Those respondents who will or may add more rooms over the next five years were asked what type of additional rooms they may add (Table 10.1), and how many beds they would potentially add over the next five years. In total the 52 percent of respondents who will, or may, add additional rooms, would potentially add 351 beds, or around 21 beds per respondent.

Table 10.1 Types of additional rooms that may be added, October 2023

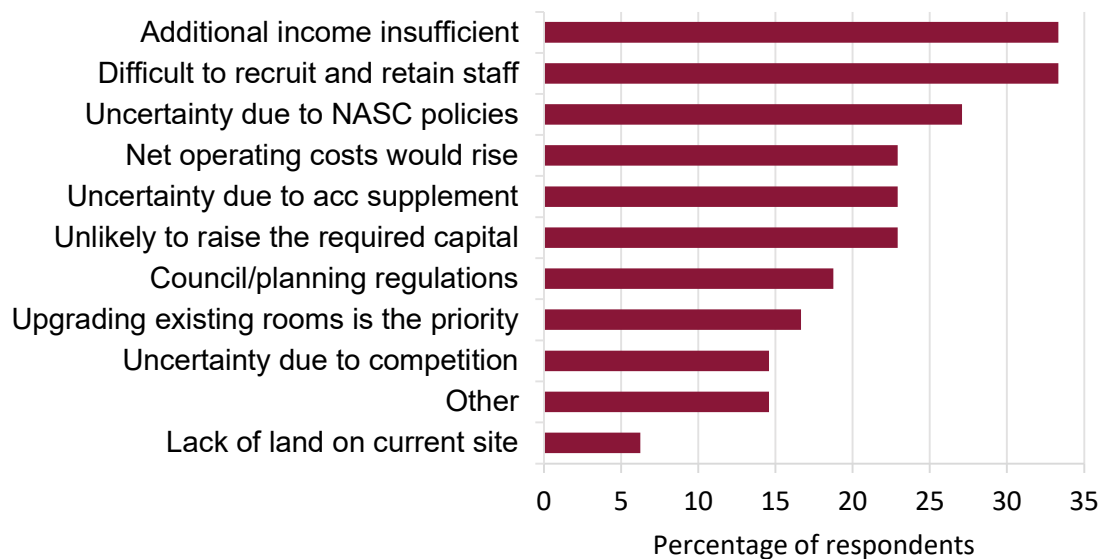
| Type of rooms that may added | Percentage share of rooms |
|--|---------------------------|
| Add standard rooms (no accommodation supplement) - Rest home | 3.7 |
| Add standard rooms (no accommodation supplement) - Hospital | 7.4 |
| Add standard rooms (no accommodation supplement) - Dual Service | 3.7 |
| Add standard rooms (no accommodation supplement) - Dementia | 11.1 |
| Add standard rooms (no accommodation supplement) - Psychogeriatric | 7.4 |
| Add rooms that carry accommodation supplements - Rest home | 29.6 |
| Add rooms that carry accommodation supplements - Hospital | 33.3 |
| Add rooms that carry accommodation supplements - Dual Service | 14.8 |
| Add rooms that carry accommodation supplements - Dementia | 7.4 |
| Add rooms that carry accommodation supplements - Type not known | 3.7 |
| Add ORA rooms/care suites - Rest home | 18.5 |
| Add ORA rooms/care suites - Hospital | 14.8 |
| Add ORA rooms/care suites - Dual Service | 18.5 |
| Add ORA rooms/care suites - Dementia | 3.7 |
| Add ORA rooms/care suites - Type not known | 3.7 |

Source: ACA member survey, October 2023

For those respondents who are planning to add rooms, there is a wide range of room types being considered (Table 10.1). Rooms with accommodation supplements are the most common type, in particular hospital rooms (33.3 percent) and rest home rooms (29.6 percent). Dual service ORA rooms or care suites and rest home ORA rooms or care suites were both planned by 18.5 percent of respondents.

Thirty three percent are not planning to add additional rooms. These respondents were asked about the barriers to extending their care facilities (Figure 10.1). Insufficient income to justify the cost and difficulties in recruiting and retaining staff were cited as reasons by a third of respondents. A further 27.1 percent named uncertainty over occupancy due to NASC policies as a factor.

Figure 10.1 Barriers to extending respondents' care facilities, October 2023



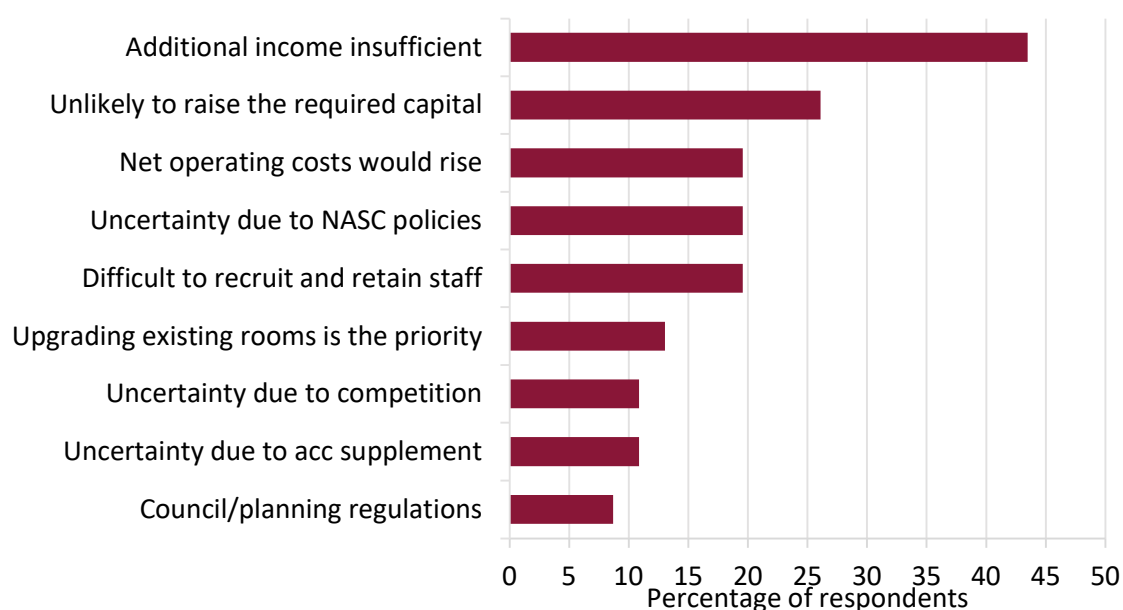
Source: ACA member survey, October 2023

Care facility renovation and upgrade

Eighty one percent of respondents felt that their care facility would benefit from an upgrade. Of these, 64 percent said they needed renovations but are not currently able to implement the upgrades necessary for their facilities, while 36 percent are in the process of, or planning to implement, upgrades. This is in stark contrast to 2021, when 60 percent were in the process of implementing upgrades, and 37 percent were unable to implement upgrades.

For these care facilities, as with adding additional rooms, the additional income is insufficient to justify the cost with 43.5 percent citing this factor (Figure 10.2). Cost is also an issue for other respondents, including the inability to raise the capital needed (26.1 percent).

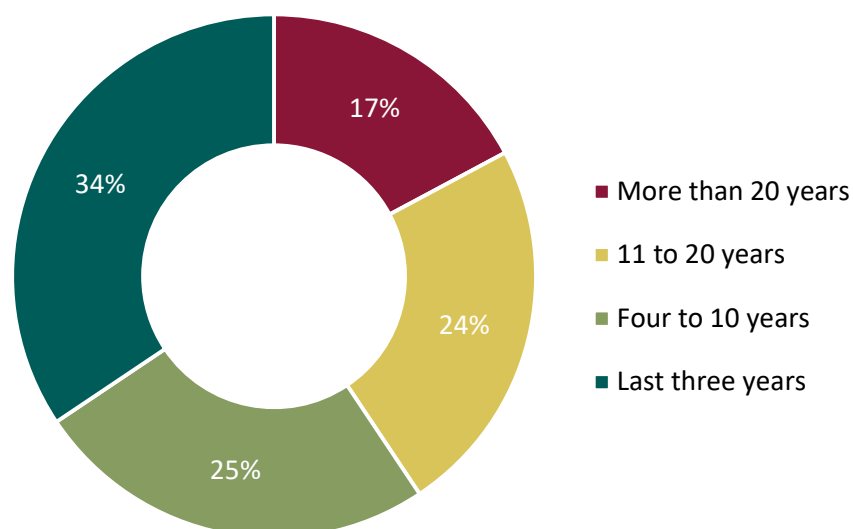
Figure 10.2 Barriers to implementing an upgrade of facilities, October 2023



Source: ACA member survey, October 2023

Nearly half of respondents stated that their care facilities have undergone a major renovation or renovation since opening (47 percent). Just over one third of these facilities which have undergone a major renovation had their renovation in the last three years (Figure 10.3).

Figure 10.3 Percentage of care facilities by time since last renovation, October 2023



Source: ACA member survey, October 2023

Size and age of care facilities

Most care facilities are one storey (79 percent), while 16 percent are two storeys, and the remaining five percent are three storeys.

For the total floor area of care facilities, the median and average stand at 2,245 m² and 2,995 m², respectively, across 95 facilities (Table 10.2). For the 69 ARC facilities within joint facilities a similar pattern emerges with median and average sizes of 2,245 m² and 2,762 m², respectively. However, for the total land area of ARC facilities, the median and average diverge more significantly, reaching 6,932 m² and 11,035 m², respectively, across 108 facilities. The valuation of land areas further demonstrates this discrepancy, with a median value of \$3.67 million and an average of \$6.45 million assessed across 106 facilities.

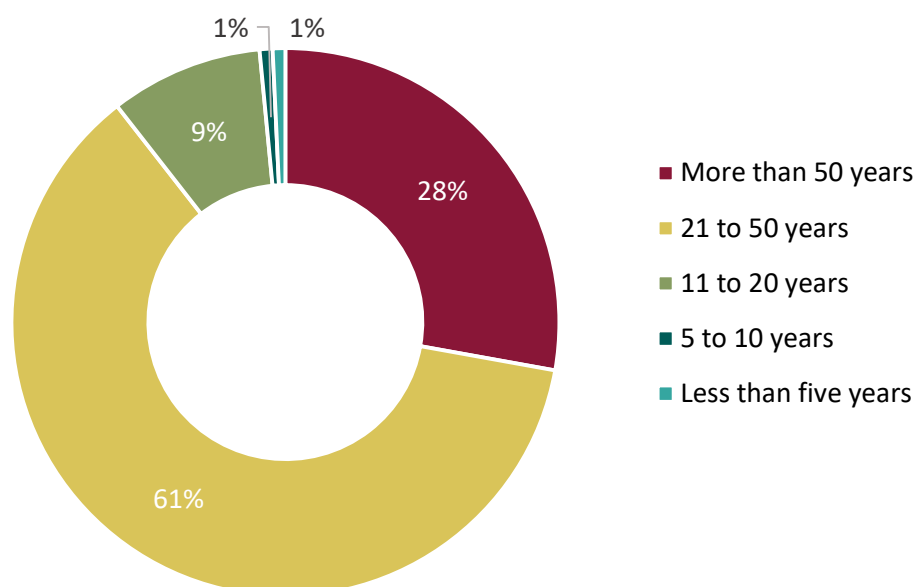
Table 10.2 Size and value of care facilities, October 2023

| | Median | Average | Number of facilities |
|---|--------|---------|----------------------|
| Total floor area of facility (m ²) | 2,245 | 2,995 | 95 |
| Size of the ARC facility only for those with joint facilities (m ²) | 2,245 | 2,762 | 69 |
| Total land area of the ARC facility (m ²) | 6,932 | 11,035 | 108 |
| Total value of the land area (\$m) | 3.67 | 6.45 | 106 |

Source: ACA member survey, October 2023

Over a quarter of care facilities were built more than 50 years ago, with the majority built between 21 and 50 years ago (Figure 10.4). Just two percent are less than ten years old.

Figure 10.4 Age of care facilities, October 2023



Source: ACA member survey, October 2023

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