

# POSITIVE AGEING in New Zealand:

*Diversity, participation and change*

**He Oranga Kaumātua i Aotearoa:**

*Te Kanorau, Te Whaiwāhitanga me Te Whanaketanga*

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## Foreword - Minister for Senior Citizens

*In April this year, I was proud to launch the New Zealand Positive Ageing Strategy, a framework for setting the policy direction for, not only today's older New Zealanders, but also for all generations of New Zealanders.*

*The launching of the Strategy with a debate entitled "Positive Ageing begins the day you're born" was to highlight the fact that Positive Ageing is not simply about being positive about older people – it is about being positive about the ageing process as it relates to ourselves. If we are to ensure that we have "communities for all ages" then we must have policies that support participation by older New Zealanders in their communities and a recognition of the value of their ongoing contribution.*

*I made it clear, when I launched the Positive Ageing Strategy, that it would be a practical document, and that it would be accompanied by an action plan. The enthusiasm of government departments to contribute and participate in the Positive Ageing Action Plan has been most pleasing.*

*I was aware, however, that in order to monitor the impact of the initiatives identified in the action plans, there needed to be a comprehensive description of the situation of older people today. Officials in the Ministry of Social Development have provided me with this report, which provides the baseline from which progress can be measured over the next decade and beyond.*

*In August 2002 Cabinet will receive the report on the 2001/02 Action Plan, to be compiled by the Ministry of Social Development. The report will be made publicly available so that people will know the actions that have been taken. Around this time, the next action plan, for the 2002/03 year, will be ready.*

*Many people have contributed to the development of this new direction for positive ageing in New Zealand.*

*It is my privilege to have played a role in establishing this direction with such significant support from my colleagues and, in particular, the Senior Citizens Unit of the Ministry of Social Development.*

A handwritten signature in black ink, appearing to read "Lianne Dalziel". The signature is fluid and cursive, with a long horizontal line extending from the end.

**Hon Lianne Dalziel**  
Minister for Senior Citizens

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# Introduction

*Positive Ageing in New Zealand: He Oranga Kaumātua i Aotearoa* provides a 'snapshot' of positive ageing and the situation of older people in New Zealand in 2001. It follows the launch of the New Zealand Positive Ageing Strategy in April this year, which confirmed Government's commitment to positive ageing and to recognising the value of older people in society. The report brings together information from a range of sources, including official statistics and recent research, and identifies issues requiring government action as well as those already being undertaken.

The content of the report has been developed around the goals and key actions identified in the Positive Ageing Strategy. Its sub-title, *Diversity, Participation and Change: Te Kanorau, Te Whaiwāhitanga me Te Whanaketanga*, reflects the following themes that are recognised throughout the report:

- the diversity of older people
- the continued participation of older people in all aspects of society
- the opportunities provided by the changing population in New Zealand.

This first report provides a baseline for comparing New Zealand's progress in achieving the 10 priority goals identified in the Positive Ageing Strategy. Further reports are planned for regular publication, at approximately three-yearly intervals.

## Positive ageing across government

The Positive Ageing Strategy established a set of principles as a framework for integrating policies and programmes across the government sector. In this way, government can ensure that policies support the aim of improving opportunities for older people to participate in the community.

Policies for positive ageing are co-ordinated across government through the Positive Ageing Action Plan. Each year, Chief Executives of government departments identify and discuss with their Ministers proposed work items that will form their department's contribution to the Positive Ageing Action Plan.

The Action Plan identifies work items to be undertaken and co-ordinated by many government departments, developed in response to issues raised during public consultations. It includes work items identified by departments in their assessments of the changing social environment and the ability of current policies to meet the needs and challenges of an ageing population. Each work item is measured against the project objective and its relevance to the Positive Ageing Strategy, according to key milestones and timeframes. Progress on the specific work items will be monitored and reported in July each year.

The Positive Ageing Strategy and Action Plan are championed and monitored by the Minister for Senior Citizens, Hon Lianne Dalziel. It is the role of the Minister for Senior Citizens to advocate for older people at Cabinet and other government policy forums. The increasing proportion of older people means that issues within the portfolio are becoming more prominent. The scope of the portfolio is broad, incorporating positive ageing, health, retirement income, housing, security, transport and other issues.

PART I

*Setting the Scene*

# 1. New Zealand's older population

The older population will change substantially over the next few decades. It will become much larger, as a result of the entry of the post-war baby boom generation and improving survivorship rates in middle age. Older people will constitute a growing proportion of the total population, and the ethnic and social diversity of the older population will increase. There will be higher proportions of Māori, Pacific peoples and Asian people in the older population, and lower proportions of women and men who have had children or remained in their first marriage. Increasingly, older people will be better educated and have more work options at age 65 than previous generations of older people. Older women will be more likely to have had a long employment history, while older men will have experienced greater diversity in their working lives. For some, however, long periods without full-time employment or support from an employed partner will mean reduced circumstances in older age.

It will become increasingly important to monitor the changing characteristics of this population so that policies for older people can be tailored to enable positive ageing.

## Number and proportion of older people

At 30 June 2000, there were approximately 451,000 people aged 65 years and over living in New Zealand.<sup>1</sup> The rate of growth in the older population (currently just over 1 percent per year) will increase over the next decade, accelerating to over 3 percent per year after 2011 as the oldest members of the post-war baby boom generation begin turning 65. According to Statistics New Zealand's medium population projections, the older population will number 566,000 in 2011, and will reach one million by 2030, levelling off at around 1.2 million towards the middle of the 21st century.

People aged 65 years and over currently make up 12 percent of the total population. This proportion will rise to 18 percent by 2021, and by mid-century older people will make up around 26 percent of all New Zealand residents.

## KEY POINTS

- THE NUMBER OF OLDER PEOPLE IS GROWING FASTEST AMONG THOSE AGED 85 AND OVER.
- MAORI, PACIFIC PEOPLES AND ASIAN PEOPLE ACCOUNT FOR A SMALL BUT GROWING PROPORTION OF OLDER PEOPLE.
- WOMEN MAKE UP THREE-QUARTERS OF OLDER PEOPLE LIVING ALONE.
- EMPLOYMENT IS RISING AMONG PEOPLE IN THEIR EARLY SIXTIES.
- OLDER MAORI ARE MORE LIKELY TO LIVE IN RURAL AREAS THAN OLDER NON-MAORI.

<sup>1</sup> Statistics New Zealand, final age estimates as at 30 June 2000

Older people will also grow as a proportion of all householders, from around 20 percent in 2001 to 26 percent by 2021, and 36 percent by 2041, according to medium household projections.<sup>2</sup>

These changes mean that older people are becoming a more prominent group within the population and the economy.

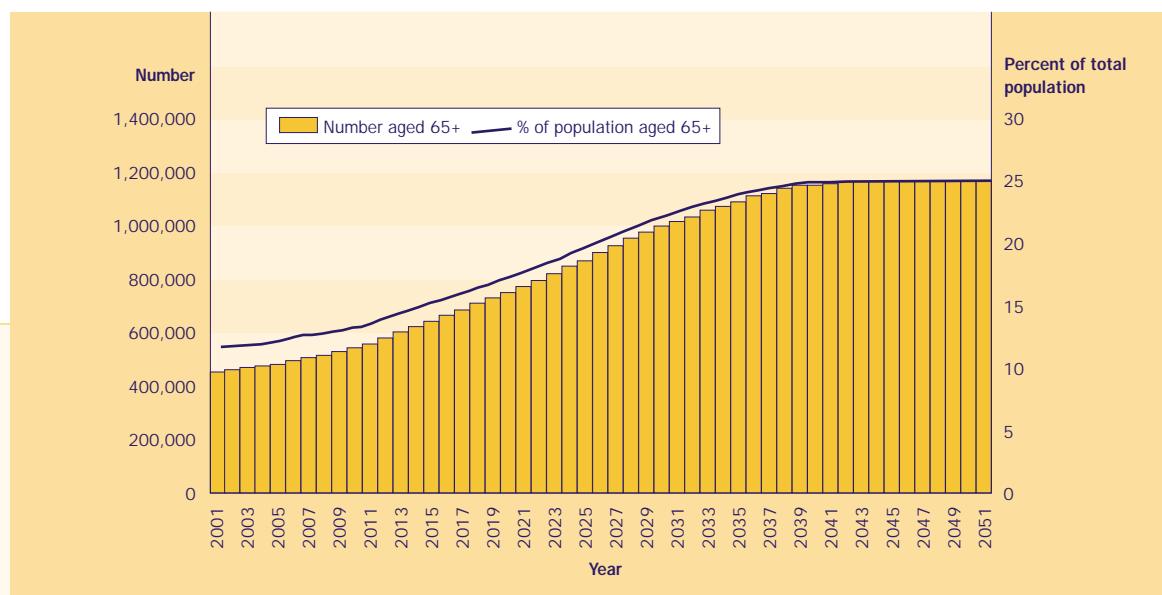
### Age distribution of the older population

Over half (55 percent) of all older people are aged 65–74 years, a third (34 percent) are aged 75–84 years and 11 percent are aged 85 years or older. Numbers in the youngest age group of 65–74 years, which currently contains the small generation born between 1926 and 1935, are not expected to change over the next three years. All of the current growth in the older population is occurring among those aged 75 and over, with the number aged 85 and over increasing the fastest at around 5 percent per year. By 2006, the number of people aged 85 and over will have grown by almost a third, to reach 62,000. By 2011 they will number almost 79,000 and will make up 14 percent of all older people. It is the rapid growth of the very old population that poses the greatest challenge in terms of enhancing independence among older people and enabling them to age in place. In 1996, almost one in four people aged 85 and over lived in a residential home.

As baby boomers reach the age of 65 years, the proportion of older people in the youngest age group of 65–74 years will grow, peaking at 57 percent between 2018 and 2021. Throughout their lives, the baby boom generation born between 1946 and 1965 has differed markedly from earlier generations in their social and demographic behaviour. It is likely that this will continue into old age, changing the face of the older population over the next 30 years.

## PROJECTED NUMBER & PROPORTION OF PEOPLE

AGED 65+, 2001 TO 2051



Source: Statistics New Zealand, 1999-based resident population projections, assuming medium fertility, mortality, and long-term annual net migration gains of 5000 people per year.

### Gender distribution of older people

Because women have longer life expectancy than men, they make up the majority of the older population and their predominance increases with age. At 30 June 2000, while women accounted for 56 percent of all those aged 65 and over, this proportion varied from 52 percent among 65–74 year olds, to 59 percent among 75–84 year olds, and 70 percent among those aged 85 and over. The gender imbalance is projected to lessen at the older ages in future years.

### Ethnic diversity in the older population

The ethnic composition of the older population has been shaped by patterns of migration in past decades as well as ethnic differences in life expectancy. For example, in 1996, almost 1 in 6 (15.7 percent) of people aged 65 and over said they were born in the United Kingdom or Ireland, compared with 7 percent of people aged 15–64 years. This reflects the effect of immigration policy, which gave unrestricted access to British migrants until the mid-1970s. In all, 24.2 percent of older people counted at the 1996 Census were born overseas, compared with 16.7 percent of the population aged under 65.<sup>3</sup>

In the 1996 Census, 95 percent of people aged 65 and over affiliated with European ethnic groups. While ethnic diversity in the older population is relatively low compared to the rest of the population, it will increase over the next few decades. Older Māori accounted for almost 4 percent of all older people in 1996; this proportion is expected to rise to over 6 percent by 2016. Over the same period, Pacific

**AGE DISTRIBUTION  
OF 65+ POPULATION, JUNE 2000 AND  
GENDER DISTRIBUTION  
BY AGE GROUP, JUNE 2000, 2020**

| Age group (years) | Males | Females | Total | % female 2000 | % female 2020 |
|-------------------|-------|---------|-------|---------------|---------------|
| 65–74             | 61    | 51      | 55    | 52            | 52            |
| 75–84             | 32    | 36      | 34    | 59            | 55            |
| 85+               | 7     | 13      | 11    | 70            | 63            |
| Total 65+         | 100   | 100     | 100   | 56            | 54            |

Source: Statistics New Zealand, estimated resident population as at 30 June 2000; 1999-based resident population projections, medium series.

**CHANGING ETHNIC  
COMPOSITION  
OF THE POPULATION AGED 65+**

| Ethnic group      | 1996    | 2001    | 2006    | 2011    | 2016    |
|-------------------|---------|---------|---------|---------|---------|
| <b>Number</b>     |         |         |         |         |         |
| Māori             | 16,410  | 20,900  | 26,610  | 32,310  | 41,220  |
| Pacific peoples   | 6,130   | 7,820   | 10,150  | 12,910  | 17,000  |
| Asian             | 5,470   | 8,320   | 11,870  | 16,860  | 26,970  |
| Total             | 429,940 | 456,290 | 495,910 | 551,690 | 648,590 |
| <b>% of total</b> |         |         |         |         |         |
| Māori             | 3.8     | 4.6     | 5.4     | 5.9     | 6.4     |
| Pacific peoples   | 1.4     | 1.7     | 2.0     | 2.3     | 2.6     |
| Asian             | 1.2     | 1.8     | 2.4     | 3.1     | 4.2     |

Note: The base population has been adjusted for Census undercount and residents temporarily overseas. Source: Statistics New Zealand, 1996-based resident population projections, assuming medium fertility, mortality and migration, inter-ethnic mobility, and long-term annual net migration of: Total population, 5,000; Māori ethnic group, -500; Pacific population, 1,000; and Asian population, 4,000. Māori, Pacific and Asian projections are based on those people who identified with these ethnic groups at the 1996 Census, either solely or with other ethnic groups. There are currently no population projections for European ethnic groups.

people will almost double their representation to 2.6 percent. The number of Asian people aged 65 and over is likely to increase more rapidly, making up 4.2 percent of all older people by 2016. These projections assume medium levels of fertility, mortality and migration.

### Older Māori population

The Māori population aged 65 and over numbered approximately 20,000 at 30 June 2000, and on current medium projections it is projected to grow rapidly (around 5 percent per year), reaching 32,000 by 2011. Older Māori currently account for just 3 percent of the Māori population; this proportion will increase to 5 percent by 2011, and to 10 percent by 2031.

Almost three-quarters of older Māori (72 percent) are aged 65–74 years, a further 23 percent are aged 75–84 and just 5 percent are 85 or older.

### Older Pacific peoples

There were approximately 7,000 Pacific people aged 65 and over in 2000 and, like Māori, they are expected to increase rapidly, to reach almost 13,000 by 2011 (based on medium projections). Older Pacific people currently account for just 3 percent of the total Pacific population; this proportion will increase to 4 percent by 2011, and to 8 percent by 2031. In some circumstances it may be important to consider a lower age bracket for older Pacific people, such as age 50 years, because of the larger proportion of Pacific people over 50.

Older Pacific people have a similar age profile to that of older Māori, with 71 percent aged 65–74, 25 percent aged 75–84, and 4 percent aged 85 plus. The vast majority of older Pacific people migrated to New Zealand; at the 1996 Census, only 8.8 percent were New Zealand born.

### Older Asian population

The Asian population in New Zealand is also relatively young, with just 3 percent aged 65 and over. This reflects the fact that many people in the Asian ethnic groups are recent migrants who have inflated the numbers in the main working ages. According to Statistics New Zealand's medium population projections, the number of older Asian people will more than double in the decade to 2011, when they will number around 17,000.

## Dependency ratios

A dependency ratio compares the size of the working-age population with the size of the populations of younger and older people. It makes the assumption that the non-working-age population is dependent on the working-age population for support.

There are currently 18 people aged 65 and over for every 100 people aged 15–64 years. By 2011, the older dependency ratio is expected to be 21 per 100, rising rapidly thereafter to reach 38 per 100 in 2031. However, declining youth dependency means that the total dependency ratio (youth plus older people) will decline over the next decade from its present level of 53 children and older people per 100 aged 15–64, to 50 per 100 by 2011. This ratio is then expected to rise to 67 per 100 by the year 2031.

The changing ratio of older people to potential carers outside the labour force is an issue that will need to be addressed in the near future. In the past, middle-aged adult daughters have provided such care on an unpaid basis. However, changes in women's labour force participation, delayed childbearing, smaller families and increased geographical mobility among older people have reduced the capacity of daughters to provide such care. There is currently one person aged 75 and over for each person aged 45–64 years who is not in the labour force and could potentially provide support. The ratio will change rapidly from about 2020, and by 2031 there will be almost two people aged 75 and over for each non-labour force person aged 45–64 years. These ratios assume that current labour force participation rates of women and men remain the same.

## Marital status

At the 1996 Census, almost 90 percent of older people were either married or widowed, reflecting the high levels of marriage and marital stability in earlier decades. Just over half (55 percent) were currently married, the proportion being higher at the younger ages and among men. Among those aged 65–74 years, 77 percent of men and 56 percent of women were married. Only 9 percent of men in this age group were widowed, as opposed to 32 percent of women. Over the age of 85 years, 45 percent of men were widowed, compared to 80 percent of women.<sup>4</sup> The difference can be attributed to the longer life expectancy of women, together with the tendency for men to be married to women younger than themselves.

## DEPENDENCY RATIOS

2001 TO 2051

| Year | Per 100 people aged 15–64 |                  |                                    | Per 100 people in labour force |                  |                                    | Older people aged 75+ per person aged 45–64 not in labour force |
|------|---------------------------|------------------|------------------------------------|--------------------------------|------------------|------------------------------------|---|
|      | Children 0–14             | Older people 65+ | Total (children plus older people) | Children 0–14                  | Older people 65+ | Total (children plus older people) |   |
| 2001 | 35                        | 18               | 53                                 | 44                             | 23               | 66                                 | 1.0   |
| 2006 | 32                        | 19               | 51                                 | 40                             | 24               | 64                                 | 1.0   |
| 2011 | 29                        | 21               | 50                                 | 37                             | 26               | 63                                 | 1.0   |
| 2016 | 28                        | 24               | 52                                 | 35                             | 30               | 65                                 | 1.0   |
| 2021 | 27                        | 28               | 55                                 | 35                             | 35               | 69                                 | 1.2   |
| 2031 | 29                        | 38               | 67                                 | 36                             | 47               | 83                                 | 1.8   |
| 2041 | 28                        | 43               | 71                                 | 36                             | 54               | 90                                 | 2.3   |
| 2051 | 27                        | 44               | 71                                 | 35                             | 56               | 91                                 | 2.3   |

Source: Statistics New Zealand, 1999-based resident population projections. 1996-based labour force projections (assuming medium fertility, medium mortality, long-term annual net migration gain of 5,000 people per year; medium labour force participation rates). Household Labour Force Survey.

A significant trend in the marital status of older people is the growth in the number of people who are either divorced or separated. Between 1971 and 1996, the proportion of older people who were separated or divorced increased from 3 to 7 percent among those aged 65–74 years, and from 1 to 2 percent among those aged 85 and over. These proportions can be expected to grow as the generations of New Zealanders affected by higher rates of separation and divorce in recent decades enter the older age groups.

Another emerging trend is the growth of cohabitation among older people. Over the five years to 1996, the number of women and men aged 60–74 who were living in de facto relationships grew by 80 percent.<sup>5</sup> While only 2 percent of this age group were cohabiting, this proportion can be expected to grow.

### **Older people who have had children**

The current older population, which includes the parents of the baby boom generation, are more likely to have had children than older people of the previous generation. A question in the 1981 Census showed that 79 percent of women aged 65 and over had had at least one child; the corresponding proportion in the 1996 Census was 86 percent. Thus, to the extent that children are a source of support in older age, today's older people are relatively favoured in this respect. This will change as generations experiencing lower levels of fertility enter the older ages.

### **Living circumstances of older people**

Most people over the age of 65 years live independently in their own homes, either with a spouse or on their own. Older men are much more likely than older women to live with a spouse or partner and the disparity increases with age. In 1996, the proportion of 65–74-year-olds living as part of a couple was 77 percent for men and 55 percent for women. Almost two-thirds of men aged 75–84 were living with a spouse or partner, compared with 28 percent of women, while for those aged 85 and over, the proportions were 40 percent and 8 percent, respectively.<sup>6</sup>

In 1996, women made up 74 percent of the 120,978 older people living alone. A small number of older people live with relatives. At the time of the Census, 47,220 respondents aged 65 or over (12 percent) said they usually lived with their children, 5,043 (1 percent) lived with siblings, and 23,823 (6 percent) were living with other relatives.

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5 Davey, J, 1998, p181

6 Statistics New Zealand, 1998c, pp41–47

## Education

While the majority of the current older population have no formal qualifications, this is likely to change in the future as younger generations have benefited from higher participation in education and educational reforms that have allowed partial qualifications to be awarded. Gender disparities in the qualifications of older people are also likely to reduce. In 1996, 57 percent of older women and 48 percent of older men had no qualifications, compared with 31 percent of men and 30 percent of women aged 15–64.<sup>7</sup>

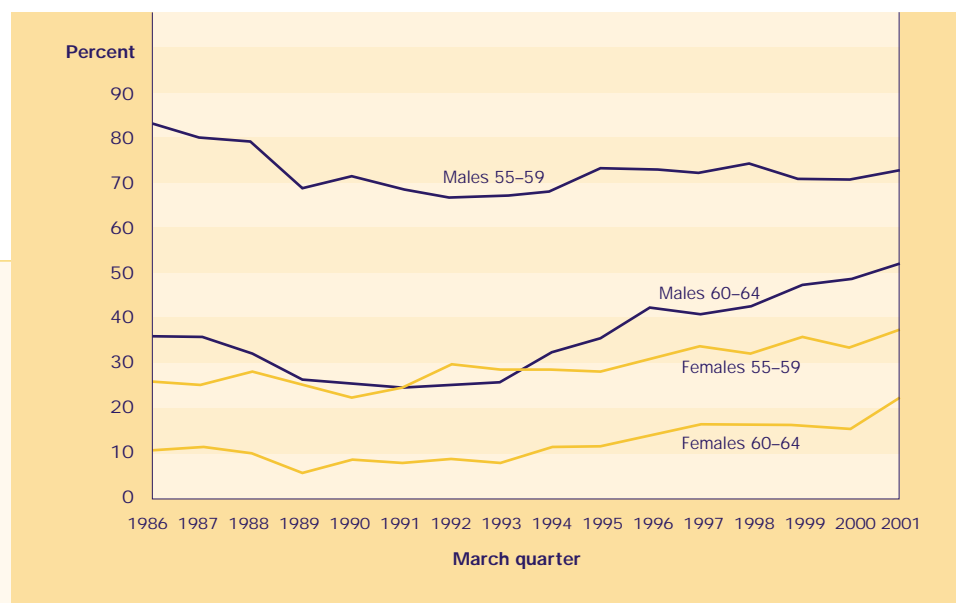
## Employment in the pre-retirement years

Since the age of eligibility for retirement income support began rising in 1992, the number and proportion of people in their early sixties who are employed has more than doubled. Full-time employment has increased more than part-time employment. In March 2001, 52 percent of men aged 60–64 were employed full-time, an increase from 25 percent in March 1992. A further 10 percent of men were employed part-time in 2001, up from 8 percent in 1992.

The proportion of women aged 60–64 years who were employed full-time increased from 8 to 22 percent between March 1992 and March 2001, while the proportion employed part-time rose from 7 to 17 percent. In total, 39 percent of women aged 60–64 were employed either full-time or part-time in March 2001, compared to 61 percent of men.

The full-time employment rate of men in their late fifties has recovered slightly from a low point in 1992–93, but at 72 percent in March 2001 it was still at a lower level than in 1986 (83 percent). For women of this age group, the full-time employment rate has increased from 26 percent in March 1986 to 37 percent in March 2001. As a result of the growth of women's employment, the proportion of all 55–59-year-olds employed full-time has recovered to 1986 levels (55 percent). In March 2001, women made up 34 percent of full-time employed people aged 55–59, an increase from 23 percent in March 1986.

PROPORTION OF 55–64-YEAR-OLDS  
EMPLOYED FULL-TIME  
1986 TO 2001



Source: Statistics New Zealand, Household Labour Force Survey, unpublished data.

7 Statistics New Zealand, 1998c, p26; Social Policy Agency, 1999, Table 5, p31

## Older people in rural areas

Around 10 percent of people aged 65 years and over lived in rural areas in 1996, compared with 15 percent of the population as a whole. At the time of the 1996 Census, just over two-thirds of the older population lived in main urban areas and around a fifth lived in secondary or minor urban areas. The likelihood of living in a rural area was greater among the 65–74 age group than among those aged 85 and over. This may reflect the fact that the very old are more likely to require access to services and amenities available in urban areas.<sup>8</sup>

Older Māori are more likely than older non-Māori to live in rural areas. In 1996, nearly one in four Māori aged 65 and over (24 percent) lived in rural areas, compared with 9 percent of non-Māori of that age.<sup>9</sup> Access to health and other services is therefore likely to be more difficult for older Māori.

## URBAN AND RURAL DISTRIBUTION

OF 65+ POPULATION, 1996 CENSUS

| Area                  | Number  | %    |
|-----------------------|---------|------|
| Main urban areas      | 288,027 | 68.1 |
| Secondary urban areas | 42,570  | 10.1 |
| Minor urban areas     | 48,756  | 11.5 |
| Rural centres         | 10,077  | 2.4  |
| Rural other           | 33,234  | 7.9  |
| Total                 | 422,664 | 100  |

*Main urban areas: populations of 30,000 or more; Secondary urban areas: population 10,000–29,999; Minor urban areas: population 1,000–9,999; Rural centres: population 300–999; Rural other: includes rural areas with populations less than 300 and other places not included in urban areas. Source: Statistics New Zealand, 1998c, Figure 4.4, p34.*

<sup>8</sup> Statistics New Zealand, 1998c, p34

<sup>9</sup> Statistics New Zealand, 1997b

## 2. The current situation in policy

The Positive Ageing Strategy is being developed and implemented in a public policy context that involves the refocusing of social policy generally, and the development of new strategies in several social policy areas. There is a broad alignment between the principles and goals of the Positive Ageing Strategy and new directions being taken in other areas, with opportunities for productive linkages.

### Social development

The Positive Ageing Strategy, by affirming and supporting the contributions of older people in society, anticipated the Government's social development approach. For the Government, the focus of social development is on improving the well-being of all New Zealanders. As the Positive Ageing Strategy asserts, well-being does not arise just from adequate income but from a range of positive contributing factors that include good health, opportunities for learning, safety and security, and the opportunity to express different cultural values. This means that income support policies must be complemented by facilitative initiatives directed towards extending skills, raising confidence and eliminating barriers to participation in the community and workforce. The Government's social development approach is therefore closely aligned with the approach underlying the Positive Ageing Strategy. A crucial foundation for establishing a facilitative and collaborative climate is a general recognition of the contribution and potential of all groups, with a strengthening of links and interactions that give rise to mutual support.

### Developing services to meet a growing range of needs

Another recurrent theme in recent reforms is the need to acknowledge diversity and frame policies that accommodate and capitalise on diversity. Older people are an extraordinarily diverse group. An approach

#### ESTABLISHMENT OF THE MINISTRY OF SOCIAL DEVELOPMENT

To better co-ordinate services, the Government has established the Ministry of Social Development, which will become the Government's primary advisor on strategic and cross-sectoral social policy, while still delivering income support services, Superannuation, supplementary benefits, employment and other social services to the community.

Where people live often influences their circumstances and government support systems need to be responsive to local needs. The Ministry of Social Development has a number of regional commissioners who are empowered to co-ordinate work and income-related initiatives that work best for people in their region.

More flexible regional plans are being developed which incorporate specialised forms of case management, alliances with local businesses and partnerships with community. This means that different programmes can be offered in particular parts of the country or to particular client groups.

based on the assumption that "one size fits all" would be misconceived and ineffective. Older people in New Zealand have a range of skills, knowledge, experience, needs, expectations and lifestyles, and require different types of assistance, and different levels of assistance, to participate in society. Some need only information and opportunity, while others need a wide range of services.

A key challenge being addressed by the Government is to extend opportunities so that no group is excluded from participating in society or is denied the full rights, benefits and responsibilities of citizenship. These rights include the right to fair treatment, the opportunity for everyone to achieve their full potential, and the right to security. People and groups feel excluded when they are unable to participate in and belong to society. This may be because of financial hardship, poor health, crowded and poor housing, unemployment, poor education or negative attitudes.

Importantly, many of these social issues are interconnected. As the recent living standards survey of older people found, a range of social and economic factors acts cumulatively to influence the material well-being of older people, including income, accommodation costs, a history of economic stress and having a low-status occupation.

### Better information and user-friendly assistance

The Government is moving to ensure there is better information and co-ordinated social policy to address the connected problems of exclusion and disadvantage. This requires improved information and research to guide policy decisions.

Information about services and entitlements for older people is being improved. Benefit manuals are now available to advocacy and community groups. New technology is being used to help people establish whether they are eligible for benefits or allowances, and more use may be made of the Internet for information on entitlements and jobs. Further down the track, people may well be able to apply for benefits on-line. Government is rewriting the Social Security Act 1964 to make it more understandable and user friendly.

#### THE SOCIAL REPORT 2001

The Social Report provides information about living conditions and quality of life in New Zealand.<sup>10</sup> The report provides advance information about issues the Government ought to be concerned about or where action is needed, and how New Zealand compares with other countries. In conjunction with the Living Standards survey report, the Social Report provides a context for assessing the well-being of older people in New Zealand. The nine key concerns of the Social Report are:

- health
- knowledge and skills
- safety and security
- paid work
- human rights
- culture and identity
- economic standard of living
- social connectedness
- the environment.

The Social Report is available on the Ministry of Social Development website [www.msd.govt.nz](http://www.msd.govt.nz)

This report, Positive Ageing in New Zealand, is part of the Government's commitment to reporting on social well-being and social services in New Zealand. Making information publicly available through social reporting enhances the ability of government, people and groups to make decisions, set priorities and generally participate in society. The Ministry of Social Policy has recently published results from a survey of living standards of older people, which will help to build a picture of the quality of life of older people in New Zealand. The information from the survey will inform the development of policy directed towards achieving and maintaining adequate living standards for older people.

### **Building partnerships**

The Government is committed to working with communities to ensure services respond to local needs and foster community ownership of solutions. This requires strong working relationships across government departments, community organisations, iwi, local government, rural and urban communities, and the wider society. Effective co-ordination avoids wasteful duplication of effort and shares best practice among partners.

Older New Zealanders benefit when the interactions between these sectors are based on co-operative decision-making, mutual accountability and a climate of trust and respect. This enables older people to participate in the processes that govern and shape their lives.

### **Sustainable policies for future generations**

For the Government, sustainable development is an approach that meets the needs of present generations while allowing future generations the opportunity to meet their own needs. This requires future-focused and sustainable initiatives.

As the life expectancy of the New Zealand population increases, the experience, skills and perspective of older age will enhance New Zealand's competitiveness on the world stage. New generations of older people are expected to be healthier and better educated. An approach to sustainable development requires that future generations of older people will have opportunities to participate in family, community and vocational activities.

The Positive Ageing Strategy identifies a number of long-term factors for ensuring a healthy and active older population. These factors include good health throughout life, financial security in the years leading up to retirement, affordable and accessible housing and transport options, positive attitudes to ageing, and opportunities for education. An approach to sustainable development also considers the impact of changing lifestyles across generations. Today's younger people are likely to experience different retirement lifestyles, developments in health, transport and telecommunications, and an increasing cultural diversity. A focus on lifestyles across ages will ensure that future generations of older people are taken into consideration when planning and co-ordinating services.

The Government is currently assessing the possible development of an integrated New Zealand Sustainable Development Strategy. It is proposed that this strategy would monitor government initiatives for their consideration of the environment, the least advantaged of society, and the needs of future generations.

#### POSITIVE AGEING IN A COLLABORATIVE CONTEXT

The main point to emerge is that Positive Ageing is one strategy amongst several broad initiatives that reflect the Government's redirection of social policies.

The new focus is on collaborative approaches that reinforce autonomy and create greater well-being. These initiatives are broadly aligned and mutually reinforcing.

PART II

*A Framework for Action -  
The Positive Ageing Goals*

# 1. Income

## GOAL:

*Secure and adequate income for older people*

## ACTIONS:

- 1.1 ENACTMENT OF LEGISLATION THAT INCREASES THE SECURITY OF PUBLICLY PROVIDED RETIREMENT INCOME INTO THE FUTURE
- 1.2 REVIEW INCOME SUPPORT PROVISIONS TO ENSURE THEY PROVIDE AN ADEQUATE STANDARD OF LIVING
- 1.3 MONITOR CHANGES IN LIVING STANDARDS FOR ALL PEOPLE

## EMERGING ISSUES:

- POLICIES RESPONDING TO THE AGEING POPULATION NEED TO CONSIDER THE DIFFERENT LIFE HISTORIES OF FUTURE RETIREES
- IMPROVING OUTCOMES FOR YOUNGER MAORI AND PACIFIC PEOPLE IS ESSENTIAL TO PREVENT MATERIAL DISADVANTAGES EXTENDING INTO OLD AGE
- AN IMPORTANT COMPONENT OF SOCIAL POLICY CONCERNED WITH OLDER PEOPLE SHOULD FOCUS ON THE LIKELY CONTRIBUTION OF PRE-RETIREMENT EVENTS AND CIRCUMSTANCES
- INDIVIDUAL SAVING AND INVESTMENT AT YOUNGER AGES WILL BETTER MEET ECONOMIC NEEDS IN OLDER AGE

A stable and secure income is essential for older people to be able to age in a positive and productive way. An inadequate income has negative effects on health and on the ability of older people to remain active participants in society.

There are a number of ways in which older people receive income, including New Zealand Superannuation, private superannuation, benefits and allowances, interest on savings and investments, and earned income. It is important that older people have access to a range of income sources through information about entitlements and retirement savings opportunities, and the choice to work in later life.

The Ministry of Social Policy recently completed a significant study on the living standards of older people, the New Zealand Survey of Older People in 2000. This living standards survey measured and reported on the standard of living that older people are able to achieve by means of their incomes and other resources. The aims of the living standards research were to construct a standard-of-living measure, describe the living standards of older people, compare the living standards of older people with other groups, and examine factors underlying the living standard differences among older people. Results from the study will inform policy, promote informed debate and foster greater understanding of the situation of New Zealanders today, and how we might best prepare for the future.

### Income levels of older people

Reflecting their lower employment levels, older people have lower incomes, on average, than adults in the main working ages of 15–64. In the year prior to the 1996 Census, the median annual income of people over 65 years (from all sources, before tax) was \$12,040, compared to \$15,600 for all adult New Zealanders. Of people aged 65 and over, employed men had the highest median annual incomes and Asian people the lowest. Differences by ethnic group are partly explained by residential requirements

### MEDIAN ANNUAL INCOME

OF OLDER PEOPLE AGED 65+  
YEAR TO MARCH 1996

|  | \$        |
|--|-----------|
| All older people   | 12,040    |
| All older men  | 12,380    |
| All older women  | 11,830    |
| Employed older men   | 18,800    |
| Employed older women   | 14,200    |
| Older Māori  | 10,380    |
| Older Pacific people   | 8,900     |
| Older Asian people   | 8,440     |
| <b>New Zealand Superannuation rates from 1 April 1995 to 31 March 1996</b> |           |
|  | <b>\$</b> |
| Single living alone  | 12,567    |
| Single sharing   | 11,468    |
| Married (each)   | 9,306     |

Sources: Statistics New Zealand, 1998c, pp55–56.

Median means half received more, half received less than this annual income.

#### NEW ZEALAND SUPERANNUATION RATES

New Zealand Superannuation is a universal pension scheme financed out of taxation. The qualifying age is 65 years and over 12 percent of the population receive New Zealand Superannuation. The rates of New Zealand Superannuation are adjusted each year in line with movements in the Consumers Price Index. The New Zealand Superannuation Bill requires the after-tax rate of payment for a married couple to be between 65 and 72.5 percent of the after-tax ordinary time weekly wage.

As at February 2001, 447,006 people were receiving New Zealand Superannuation. The rates as at 1 April 2001 (taxed at M, net rates) are:

- couple (both partners qualify)      \$360.82 per week
- couple (one partner qualifies)      \$344.02 per week
- married person                              \$180.41 per week
- single (living alone)                        \$234.53 per week
- single (sharing)                              \$216.49 per week

for eligibility to New Zealand Superannuation. However, it is noteworthy that older Māori have lower than average take-up of New Zealand Superannuation (only 78 percent reported having received New Zealand Superannuation in the 1996 Census, compared with 91 percent of the rest of the older population).<sup>11</sup> The reasons for this are unclear, although older Māori have identified the importance of making information about income support entitlements more accessible for Māori.

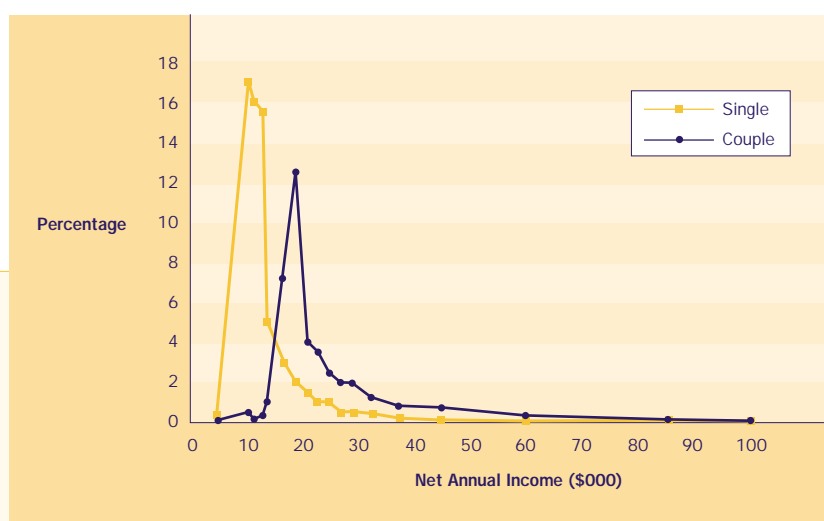
In 2000, the living standards survey found there was a median after-tax annual income of \$12,090 (\$232 per week) for single respondents and \$21,000 (\$403 per week) for couples.

### Income sources

New Zealand Superannuation makes up roughly half of all the income received by older households (defined as households with a single person aged 60 years and over, or a couple where one or both members were aged 60 years and over).<sup>12</sup> However, in recent years, the contribution of New Zealand Superannuation has declined as a proportion of aggregate household income, while the proportion of income received from employment and from other transfer payments has grown. In 1997/98, 42 percent of the aggregate household income of older households came from New Zealand Superannuation, 5 percent from other social welfare benefits, 30 percent from wages or self-employment, and 23 percent from private superannuation provision.<sup>13</sup>

There is a wide variation in the extent to which older people and their households rely on New Zealand Superannuation. The 1997/98 Household Expenditure Survey (the most recent survey) shows that more than 25 percent of superannuitants rely solely on New Zealand Superannuation for their income and in total more than 70 percent of superannuitants have less than \$5000 additional annual income to that of New Zealand Superannuation. Older households in the bottom fifth of the income distribution (the lowest income quintile) received 87 percent of their income from New Zealand Superannuation, while older households in the highest income quintile received just 13 percent of their income from this source.

The contribution of New Zealand Superannuation increases with age. In households where there is a single person aged 70 years and over, or a couple where one or both members were aged 70 or more, New Zealand Superannuation made up 63 percent of aggregate household income in 1997/98.



### DISTRIBUTION OF ESTIMATED TOTAL NET ANNUAL INCOME

FOR 1581 SINGLE RESPONDENTS AND 1416 COUPLES (USING MID-POINT ESTIMATES FROM INCOME BANDS)

Source: Fergusson, D, et al, 2001a

11 Statistics New Zealand, 1998c, p57

12 Krishnan, V, 1997

13 Derived from Statistics New Zealand's Household Economic Survey 1997/1998 by the Ministry of Social Policy

The living standards survey shows that the most common sources of additional income are interest on savings and other investment income, benefit allowances, private superannuation and earned income. For single people, fewer than 10 percent have additional income that exceeds the amount they received from New Zealand Superannuation. For couples, the proportion is less than 20 percent.

### Current living standards of older people

The living standards survey measured and reported on the standard of living that older people are able to achieve by means of their incomes and other resources. This involved collecting a large amount of information on the extent to which people were restricted because of their financial circumstances.

Information on the following factors was obtained:

- ownership restrictions (lack of amenities such as heating in main rooms, warm bedding, washing machine, television, etc.)
- social participation restrictions (not giving presents to family or friends because of the cost, not having a night out at least once a fortnight because of the cost, not having a holiday away from home every year because of the cost, etc.)
- economising activities (postponing doctor visits because of the cost, putting up with being cold, wearing worn-out clothes, etc.)
- serious financial problems (being unable to keep up payments for electricity, gas, water, pawning or selling possessions to meet living costs, etc.)
- self-ratings relating to standard of living and adequacy of income to meet needs.

Extensive statistical analysis shows that these different types of information give a broadly consistent picture of a person's standard of living. People who are not very restricted in what they own describe themselves as having a good standard of living, while people who are significantly restricted in what they own are generally economising significantly. Furthermore, the analysis demonstrates that it is possible to combine all the items together into a single living standard measure that is statistically reliable and valid.<sup>14</sup> The measure makes it possible to calculate a "material well-being score" for each person. The scores range from below 80 to a maximum of 115.

#### RETIREMENT PLANNING FOR WOMEN

The Office of the Retirement Commissioner's public education programme includes information on retirement planning for women. Women's average lifetime earnings are less than men's, partly because their jobs tend to pay less, and partly because their time in the work force is more likely to be interrupted to care for children or older relatives. Yet women live longer and are more likely to be living alone when older. This means that there are retirement issues which affect women more than men. Advice on retirement planning includes the following.

- Take control of and be involved in making retirement plans.
- Be aware of the broader household finances when planning for retirement income.
- If married or in a partnership, discuss what both partners expect from their retirement plans, and planning for different eventualities.

More information on retirement planning for women is available on the Office of the Retirement Commissioner's website: [www.retirement.org.nz](http://www.retirement.org.nz)

14 See Fergusson, D, et al, 2001b, pp65–83

Those in the bottom range (less than 80) are the least well-off older people. They were likely to lack ownership of household items, to report restrictions in areas of social participation, and to economise in several areas. Older people with a living standards score of less than 80 have a 50 percent likelihood of having a serious financial problem and of rating their standard of living as "fairly low" or "low", with two-thirds rating their income as "not enough" to meet their everyday needs. Older people in this category have quite marked material hardship and restrictions.

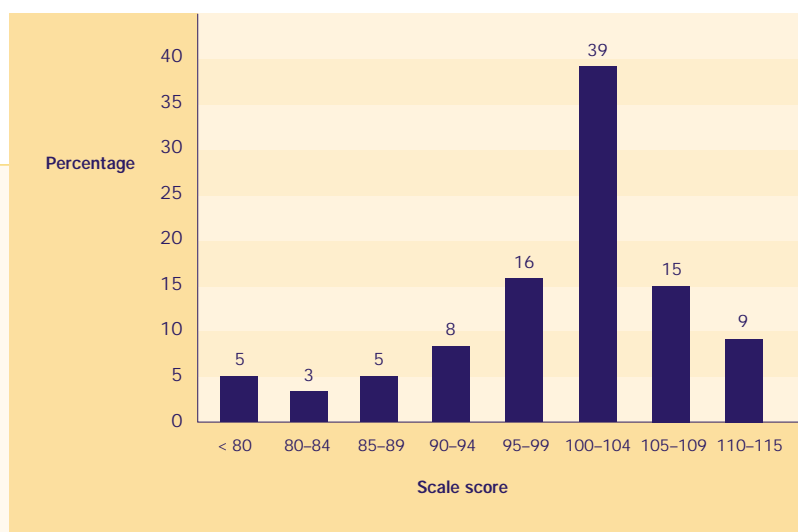
Older people in the next range (80–100) have fewer restrictions and economies but have some material difficulties. Most respondents were in the range of 100–104, and were unlikely to have reported ownership or social participation restrictions. Older people in this category had no serious financial problems, but some are economising a little. They tend to rate their standard of living as medium and their income only as enough or just enough to meet their needs. People in the top range (greater than 109) reported no economies or restrictions.

According to the summary report of the living standards survey, the implication of these results is that the current system of income support for older people has been successful in protecting the great majority of older people from hardship. However, there is a small minority of less than 5 percent of older people who report experiencing quite marked material restrictions and difficulties, with a further 5–10 percent reporting some restrictions.

Further, comparisons with research undertaken by the Department of Social Welfare in 1974 tends to suggest that the current living standards of older people are modestly better than 25 years ago.

### Similar living standards for men and women

The living standards survey results showed that the distribution of well-being for men and women was very similar. This similarity is the outcome of several factors acting in combination. On average, the personal life-time earnings of women are less than those of men. This is mainly because women's pay rates are lower than men's and women have lower rates of paid workforce participation. The latter difference is large for older generations. For example, of people presently aged 60–64 years, the age group immediately below the eligibility age for NZ Superannuation, 52 percent of men are in full-time work (30 hours or more) compared to only 22 percent of women.



DISTRIBUTION OF  
MATERIAL WELL-  
BEING SCORES  
FOR 3013 RESPONDENTS

Source: Fergusson, D, et al, 2001a

For married people, the principal determinants of living standards are the incomes and assets of the couples rather than the personal incomes of each partner. The majority (53 percent) of women aged 65 and over are married, and a high proportion of those not married are widows who would have been beneficiaries of their former spouses' estates. Furthermore, amongst people aged 65 and over, increasing age is associated with a rise in living standard, when other factors are taken into account, and also with a rise in the relative number of women to men. The latter is a consequence of women's greater life expectancy. The combined effect of these factors is the similarity between older men and women in their living standards.

### Living standards of older Māori

The analysis undertaken for the living standards reports provides only limited comparisons between older Māori and older non-Māori. More detailed comparisons will be part of a special analysis project being carried out in conjunction with Māori social researchers. The comparisons currently available indicate a markedly higher prevalence of hardship among older Māori than older non-Māori. Thus 28 percent of older Māori are in the lowest living standard score range (scores less than 80), while only 5 percent of older people as a whole are in this score range. In contrast, less than 3 percent of Māori are in the highest score range (110–115), while 9 percent of older people as a whole are in this score range.

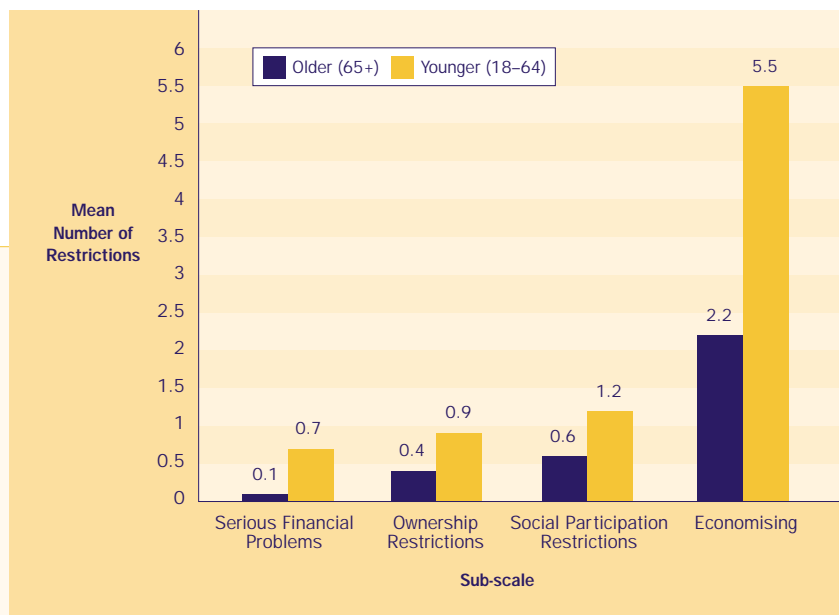
### Living standards of older people compared with the working-age population

The living standards survey involved a separate survey that collected information on restrictions, economising activities and serious financial problems from a sample of younger people (aged 18–64 years). Analysis of that data is still being carried out, but some preliminary comparisons have been made.

There was a consistent pattern of younger people experiencing more hardship on average than older people. Results of a similar exercise for Māori and non-Māori separately showed that for both Māori and non-Māori, there was also a pattern of increased restrictions and hardships for younger compared

### MEAN NUMBER OF RESTRICTIONS/ HARDSHIPS

REPORTED FOR OLDER (AGED 65+) AND YOUNGER PEOPLE (AGED 18–64 YEARS)



Source: Fergusson, D, et al, 2001a

with older sub-groups. The research report cautions that any conclusion at present is tentative, but that the general impression is that relative to younger people (aged 18–64), older people (65+) experienced fewer hardships and restrictions.

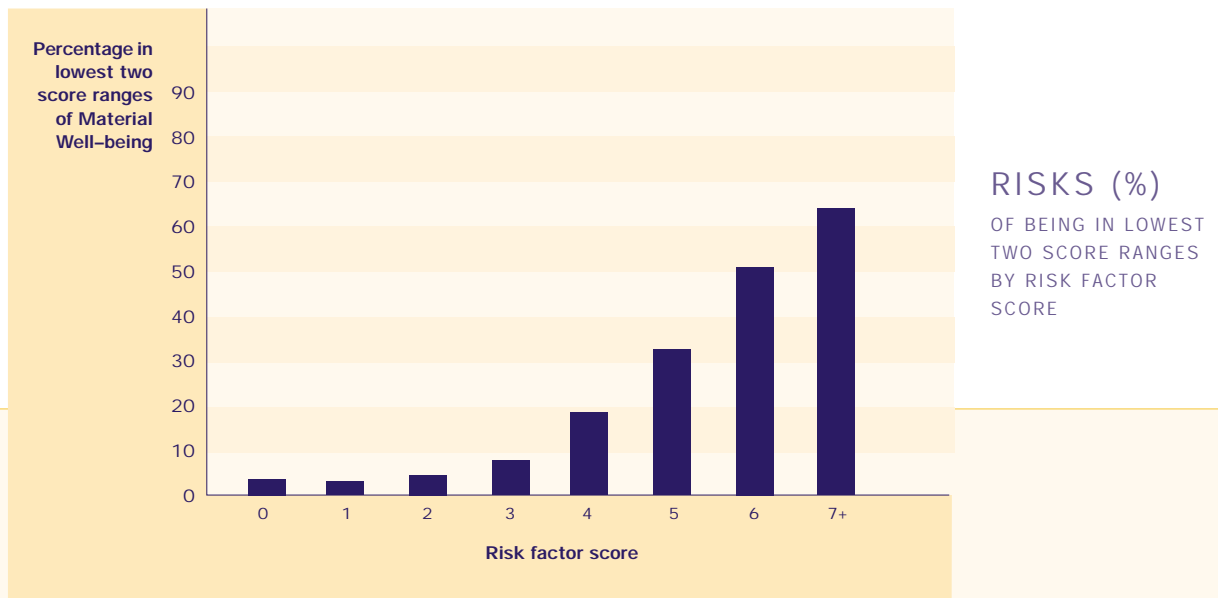
### Factors that influence the living standards of older people

A second major objective of the living standards research was to identify factors that influence older people's living standards. Information was collected from respondents not only about their incomes but also their assets, accommodation tenure, accommodation costs, and such like, together with information on many aspects of their backgrounds, including occupations, redundancy in later life, health status, having children, marriage and divorce.

The living standards research identified a number of factors influencing the overall material well-being of older people. These factors, grouped into three sets, were:

- current economic circumstances, in terms of net annual income, savings and investments, and accommodation costs
- exposure to past and current economic stresses
- social background, in terms of household composition, age, ethnicity and socio-economic status.

Older people most at risk of poor material well-being are likely to have a mix of factors, such as low income, no savings, high accommodation costs, a history of economic stress, being younger, Māori or Pacific ethnicity, and having held a low-status occupation. The living standards survey findings suggest that what determines material well-being in old age is not one single factor, but an accumulation of factors. These factors include the current circumstances of older people as well as their previous life history.



The figure shows that the effect of an additional risk factor tends to increase in accordance with the number of risk factors that apply. In other words, the risks tend to augment each other to produce a combined effect that is greater than would be suggested by their separate influences.

Source: Fergusson, D. et al, 2001b

The analysis of the factors associated with hardship includes the creation of a "risk factor score". This is made by adding up the number of major factors that increase the likelihood of being in the lower score ranges. The results show that the effect of an additional risk factor tends to increase in accordance with the number of risk factors that apply. The risks tend to produce a combined effect that is greater than would be suggested by their separate influences.

### Current adequacy of support available to older people

The findings from the living standards survey suggest that, taken as a whole, the social assistance system, including superannuation, accommodation assistance, and health and disability subsidies, is currently successful in protecting the majority of older people from hardship.

A minority of older people are facing some degree of material and economic hardship. This raises issues about the response for that minority. A number of policy criteria, such as income, savings and investments, and accommodation costs could be used to target supplementary assistance to this group.

A range of assistance programmes and support services is available for people experiencing financial hardship, including older people. This includes an accommodation supplement, access to more heavily subsidised state-owned rental accommodation, special needs grants, a disability allowance and a higher subsidy on medical costs through the Community Services Card. Support services include respite care, mobility aids and district nursing services. In addition, some war veterans who were injured during their service receive a war disablement pension.

The minority of older people facing hardship contains a disproportionate number of Māori and Pacific peoples. There were large and clear ethnic differences, with Māori respondents having material well-being scores markedly lower, on average, than those of European–Pakeha/other respondents. Pacific peoples had average scores that were lower still. The study demonstrates that the material disadvantages experienced by Māori and Pacific peoples extend into old age.

#### DEPARTMENT OF WORK AND INCOME IN THE COMMUNITY

The Department of Work and Income has introduced regional initiatives to take information about superannuation entitlements out into homes and communities.

In the Canterbury region, the Work and Income Super team provides:

- home visits to people aged 80 years and over to ensure that they are receiving their full and correct entitlement and to increase their awareness of organisations that can assist them
- home visits to blind people, house-bound people and recent outpatients
- residential lounge seminars within Christchurch City Council flats
- a fortnightly outreach service at Age Concern
- monthly outreach services to Cheviot, Darfield, Lincoln, Leeston and Akaroa
- basic training for Methodist Mission staff in superannuation entitlements and how to assist older people to apply for them
- a pilot project, Nga Whare Mahana, providing assistance and information on energy-efficient measures in housing to reduce power usage.

In the Wellington region, the Work and Income Super team contacts all superannuitant residents in a particular street and arranges a gathering in one of the homes. These visits aim to reach older people who often miss out through normal contacts and ensure that full entitlements are being received. They increase the residents' knowledge of others who live nearby, making them feel more secure.

## Safe and secure income

Older people benefit from a stable and secure retirement income, and from having protection against financial shocks throughout life. The living standards survey found that financial shocks in the years before retirement, such as the loss of employment, or car and house repairs, had an impact on the quality of life in later years. Savings and insurance provide a buffer against unforeseen costs.

Older people have identified the importance of financial planning during retirement, particularly the importance of Enduring Powers of Attorney. These can allow family members to make decisions that help older people stay at home longer. The Senior Citizens Unit at the Ministry of Social Development intends to review the legislation for Enduring Powers of Attorney in 2002, to ensure older people have opportunities to benefit from adequate financial planning.

## Importance of pre-retirement circumstances and pre-retirement policies

The living standards research indicates that many of the factors influencing a retired person's living standard reflect events and circumstances that occurred before retirement. An important component of social policy concerned with older people should focus on the likely contribution of pre-retirement events and circumstances.

This implies that simply maintaining the social assistance system in its current form may not necessarily produce the same generally positive living standards outcome for future generations of older people. The pre-retirement life-histories of many younger people are likely to be different from those of the present population of older people. Over the next two decades, for example, Māori and Pacific peoples will increasingly form a larger proportion of the working-age population.<sup>15</sup> A disproportionate number of Māori and Pacific people leave schools without qualifications and work in low-skill jobs, which may affect their capacity to save for retirement, or their ability to work in older age if they choose.

The Government can affect future post-retirement living standards through policies directed towards achieving high levels of employment and adequate income levels over the life course before retirement. Encouraging individual saving and investment in younger age is one way to help people meet economic needs in old age.

### FINANCIAL PLANNING ADVICE

The Department of Work and Income's Super team in Canterbury has held seminars for solicitors to clarify policies on the gifting of money and to discuss alternative entitlements as a means of budgeting assistance to older people. These seminars are now being extended to include banking organisations.

## Government action

The New Zealand Superannuation Bill was introduced to Parliament in November 2000. The legislation establishes a fund to provide for the current and future costs of New Zealand Superannuation.

A comprehensive review of income support provisions is being undertaken. The objective is to develop a simple, flexible and more effective system to meet individual needs and enable people to be more involved in their communities. The Ministry of Social Development has undertaken to review the range of entitlements and delivery of supplementary assistance to superannuitants to ensure that they meet the needs of current and future generations of older people.

It is important that people save for themselves if they want to maintain a higher living standard in retirement than can be provided by the pension alone. Many people find their ability to save for their retirement is restricted by poor financial decisions or lack of long-term planning earlier in their working lives. The Retirement Commissioner's new education and information programme is intended to address this. In addition, the Government is currently considering whether tax incentives may be a way to help people in their private savings for retirement.

### RETIREMENT COMMISSIONER'S NEW EDUCATION CAMPAIGN

Government is providing \$1.5 million a year on an ongoing basis for a new campaign by the Retirement Commissioner to improve how New Zealanders manage their money. The new education programme will emphasise the importance of good financial management throughout life. The first stage of the programme will be launched in September 2001.

The campaign will be targeted at school-age and tertiary students, as well as members of the workforce. It will provide advice on:

- setting goals to improve earning capacity and net worth
- financial planning and budgeting
- managing debt
- saving for future needs
- selecting appropriate savings and investment vehicles.

## 2. Health

### GOAL:

*Equitable, timely, affordable and accessible health services for older people*

### ACTIONS:

- 2.1 PROMOTION OF HOLISTIC-BASED WELLNESS THROUGHOUT THE LIFE CYCLE
- 2.2 DEVELOP HEALTH SERVICE OPTIONS THAT ALLOW INTEGRATED PLANNING, FUNDING AND DELIVERY OF PRIMARY, SECONDARY, RESIDENTIAL CARE AND COMMUNITY SUPPORT SERVICES
- 2.3 ENSURE THE AVAILABILITY OF MULTI-DISCIPLINARY COMPREHENSIVE GERIATRIC NEEDS ASSESSMENT THROUGHOUT NEW ZEALAND

### EMERGING ISSUES:

- HEALTHY LIFESTYLES THROUGHOUT THE LIFECYCLE CAN ACHIEVE IMPORTANT HEALTH BENEFITS IN OLDER AGE
- PROVIDING SERVICES THAT IMPROVE THE HEALTH AND WELL-BEING OF OLDER MAORI AND THEIR WHANAU, AND OLDER PACIFIC PEOPLES WILL INCREASE THE LIFE EXPECTANCY OF THESE GROUPS
- A GREATER EMPHASIS ON COMMUNITY AND HOME SUPPORT SERVICES IS REQUIRED TO ASSIST OLDER PEOPLE TO AGE IN PLACE
- THE AGEING POPULATION REQUIRES A WELL-TRAINED WORKFORCE WITH EXPERTISE IN OLDER PEOPLE'S HEALTH AND WELL-BEING

Older people are a diverse population in terms of age, gender, ethnic and socio-economic status, but share common concerns about health and access to health and support services. The Ministry of Health is currently finalising a Health of Older People Strategy to provide a framework for the planning, funding and development of programmes and services for New Zealand's ageing population.

### Health status

Life expectancy at age 65 in New Zealand improved moderately for females, from 14.8 to 16.0 years, between 1950 and 1970, but declined slightly for males from 12.8 to 12.6 years. However, from 1971 to 1996, female life expectancy at age 65 increased dramatically from 16 to 19 years; male life expectancy at age 65 increased from under 13 years to 15.5 years. Over the same period, life expectancy at age 85, which had previously been stable, also increased by more than one year for both genders.<sup>16</sup>

Māori currently make up a much smaller proportion of New Zealand's older population (3.9 percent) than they do of the total population (15.1 percent). Projections to 2051 suggest that if Māori life expectancy continues to improve, and Māori fertility decreases, then Māori aged 65 and over will make up 11.3 percent of the total population and 13 percent of the total Māori population.<sup>17</sup>

In the 1996 census, only 5.9 percent of the population indicated affiliation with a Pacific ethnic group, and of these 1.5 percent indicated they were 65 years and over.<sup>18</sup>

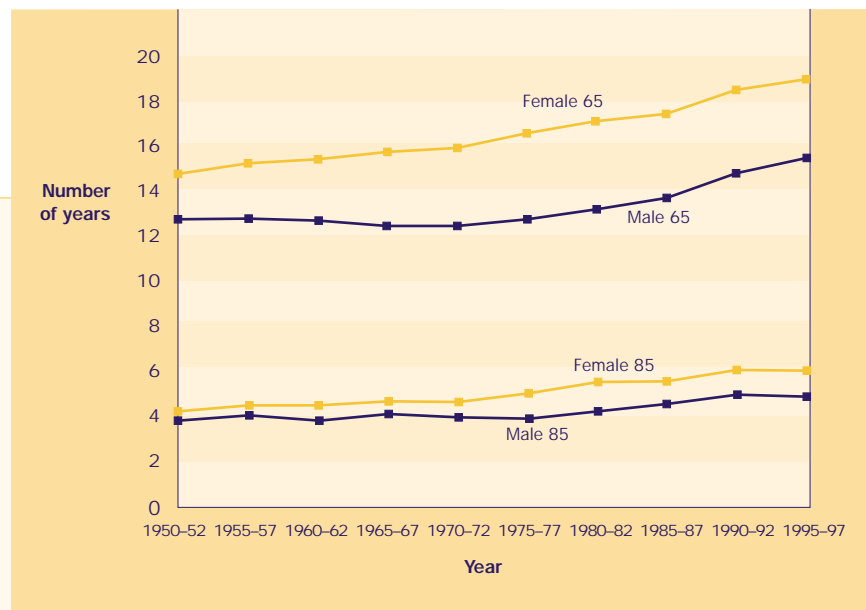
While future trends in life expectancy are difficult to predict, the improvement seen since 1970 is expected to continue, although probably at a slower rate. The resultant narrowing of the gender gap in life expectancy has important policy implications. It means that there will be greater opportunities for partner support, possibly lessening the need for institutional care. Narrowing of ethnic disparities in life expectancy at all older ages is also likely.

There is much debate about whether future increases in life expectancy will be associated with a longer period of chronic illness and disability, or whether disability will be compressed into a shorter period before death.<sup>19</sup>

The future experience of illness and disability will depend on trends in a number of chronic diseases that become more common with increasing age. These include cardiovascular disease (coronary heart disease and stroke), cancers, arthritis, osteoporosis leading to fractures, dementia, and visual and hearing impairments.

### LIFE EXPECTANCY

AT AGES 65 AND 85,  
1950-52 TO 1995-97



16 Ministry of Health, 1999b  
 17 Statistics New Zealand, 1998c  
 18 Statistics New Zealand, 1998c  
 19 Fries, JF, 1980; Murray, CJC, & AD Lopez, 1997; Manton, KG, & G XiLiang, 2001

In New Zealand, two-thirds of people aged 75 and over, and almost half of those aged 65–74 years, live with some degree of disability, compared with a quarter of people aged 45–64 years.<sup>20</sup> Problems with mobility, hearing and vision are by far the most common disabilities reported. Older people over 75 years are more likely to have a disability requiring assistance, and be living in residential care.<sup>21</sup>

### Health service utilisation

Older people are high users of primary and secondary health and disability support services. In 1998/99 General Practitioner (GP) visits averaged around six per year for people aged 65–74 years, and around nine per year for people 85 years and over. This compares with around three per year for people aged 5–64 years. Per capita public health expenditure for people 65–74 years is estimated to be \$3,261, and \$6,144 for people aged 75–84 years. This compares with \$849 for people aged 15 years and under, and \$1,190 for people aged 15–64 years.<sup>22</sup>

The discharge rate from public hospitals, for medical and surgical services, for people over 65 years of age, was 366 per 1,000 in 1999/00, compared with a rate of 135 per 1,000 for the total population. For people aged 75 and over, the public hospital discharge rate was 456 per 1,000 and for those 85 years and older it was 527 per 1,000.<sup>23</sup>

The need for health care and disability support services in future years will depend on trends in disability and mortality at older ages. The average number of years a person of any age can expect to live independently – that is, free from disability requiring assistance – known as independent life expectancy.<sup>24</sup> In the late 1990s, non-Māori females could expect to live 11.9 years independently at age 65, compared to 9.9 years for males. At age 75 years, both genders could expect to live half of their remaining years independently. For Māori, independent life expectancy at both age 65 and age 75 was similar for both genders but lower than corresponding estimates for non-Māori.<sup>25</sup> In relative terms, Māori males could expect to live a similar proportion of their (shorter) lives independently to non-Māori males, while the ratio was less for non-Māori females.

Some international evidence suggests that levels of disability will decline in the future<sup>26</sup> in the 65–74 and ultimately in the 75–84 age groups, and will become increasingly compressed into the 85+ age group. If, at the same time, the rate of improvement in life expectancy slows, a greater proportion of life for both genders and all ethnic groups will be lived independently. This trend, together with services to support older people in their own homes, could reduce pressure on long-term residential care services.

|                  |                             | Non Māori |        | Māori |        |
|------------------|-----------------------------|-----------|--------|-------|--------|
|                  |                             | Male      | Female | Male  | Female |
| <b>At age 65</b> | Life expectancy             | 15.8      | 19.3   | 12.2  | 14.5   |
|                  | Independent life expectancy | 9.9       | 11.9   | 7.4   | 7.5    |
|                  | Ratio (%)*                  | 63        | 62     | 61    | 52     |
| <b>At age 75</b> | Life expectancy             | 9.4       | 11.9   | 7.8   | 9.5    |
|                  | Independent life expectancy | 4.8       | 6.0    | 3.7   | 3.5    |
|                  | Ratio (%)*                  | 51        | 50     | 47    | 37     |

### INDEPENDENT LIFE EXPECTANCY

AGES 65 AND 75, 1997

\* Ratio ILE:LE is the proportion of life expected to be lived independently

Source: HFA and Ministry of Health, 1998

20 Ministry of Health, 1999a

21 Ministry of Health, 1999a

22 Ministry of Health, 2001

23 Ministry of Health, 2001

24 Ministry of Health, 1999b

25 HFA and Ministry of Health, 1998

26 Manton, KG, & G XiLiang, 2001

## Promotion of wellness and disease-prevention programmes

The purpose of wellness promotion and disease-prevention programmes for older people is to increase quality of life rather than to postpone death.<sup>27</sup> Older adults in particular benefit from these programmes because of the greater burden of chronic diseases in this age group.<sup>28</sup> Making lifestyle changes throughout the lifecycle, but especially in the later years of life, can achieve important health benefits.<sup>29</sup>

Coronary heart disease and stroke are leading causes of death and disability in old age. Better assessment and management in primary care of older people's cardiovascular risk factors could achieve a major health gain.

There are many health promotion and disease-prevention activities. There is good evidence for:

- promotion of physical activity to prevent bone loss (osteoporosis), falls, diabetes, heart disease and stroke<sup>31</sup>
- promotion of good nutrition, oral hygiene and dental care to reduce the risk of heart disease, diabetes and some cancers, and enhance recuperation from illness<sup>32</sup>
- cessation of tobacco smoking to lower the risk of heart disease, emphysema and some cancers<sup>33</sup>
- annual influenza vaccination programmes for older people<sup>34</sup>
- education and environmental modification to prevent falls and injuries, including burns<sup>35</sup>
- review of medications to reduce polypharmacy, which contributes to mental confusion, falls and drug interactions<sup>36</sup>
- age-appropriate screening programmes such as screening for cardiovascular risk, certain cancers, memory, hearing and vision problems<sup>37</sup>
- programmes to reduce social isolation, loneliness and depression.<sup>38</sup>

### INFLUENZA VACCINATION

There is good evidence<sup>39</sup> that for people 65 years and over the influenza vaccine prevents illness, hospitalisation and death. Annual vaccination is needed because of the short-term protection provided by the vaccine and changes in the viruses that circulate each year. The vaccination is free for people aged 65 years and over and for others with specific conditions.

### PHYSICAL ACTIVITY PROMOTION

Advice from experts<sup>30</sup> is that people of all ages should try to do 30 minutes of moderate intensity physical activity, such as brisk walking, on all or most days of the week. It is never too late to start being physically active.

#### EXAMPLES OF PHYSICAL ACTIVITY PROGRAMMES

- Hillary Commission: Kiwi Seniors, Green prescriptions, 0800Active, Active in Age
- Te Puni Kokiri: He Oranga Poutama, Ngati Te Whiti Kaumātua, Te Reo Kori
- ACC: Falls prevention projects, maraerobics
- Arthritis Foundation: "Move it or lose it"
- National Heart Foundation: "Stroll, strut, stride"
- Local authorities: Kiwiwalks, pedestrianisation of city centres
- YMCA: Y's walking
- Residential care: Resthome games

27 Jacobzone, S, 1998; Jacobzone, S, 1999; Kendig, H, & C Browning, 1997

28 Kennie, D, 1993; Kendig, H, & C Browning, 1997

29 Richmond, DE, HE McCracken & J Broad, 1996

30 National Health Committee, 1998

31 Bonita, R, & R Beaglehole, 1998; Norton, R, & M Butler, 1997; Robertson, MC, & MM Gardner, 1997; National Health Committee, 1998

32 Ministry of Health, 1996, 1997b

33 Ministry of Health, 1997a

34 Ministry of Health, 1997a

35 Norton, R, & M Butler, 1997; Robertson, MC, & MM Gardner, 1997; National Health Committee, 1998

36 Mannesse, CK, 1997; Richmond, D, 1995

37 Kennie, D, 1993

38 Dwyer, M, et al, 2000

39 Public Health Commission, 1996

## Integrated planning, funding and delivery of health services

The draft Health of Older People Strategy proposes that District Health Boards and the Ministry of Health review and develop a range of service options, including support for caregivers, to enable older people to “age in place”. This will cover options to integrate planning, funding and delivery of primary, secondary, residential care and community support services to provide flexible responses to people's varied and changing needs.<sup>40</sup>

Comprehensive health care for older people is dependent on a closely networked system of services including:<sup>41</sup>

- personal health care (GP services, acute inpatient and outpatient services, day hospitals, residential care, long-term hospital care, hospital-at-home services, and other home health care services, such as district nursing)
- rehabilitation services (assessment services – both in the community and dedicated Assessment Treatment and Rehabilitation teams, equipment services and community therapy, e.g. physiotherapy, occupational therapy, podiatry)
- specialised hospice services
- specialised psychogeriatric services
- respite care, day care, carer support
- a variety of home support services (meals-on-wheels, social support services, personal care and home help, e.g. cleaning, shopping, gardening)
- other health services (information, education, training).

People aged 65 years and over are spending less time in hospital than in the past: the average length of stay has decreased by half, from ten to five days, over the past decade. Following an acute admission to hospital, the majority of older people are now discharged quickly back into the community.<sup>42</sup> Concerns have been expressed by GPs that they do not have adequate information about the ongoing care needs of discharged patients. Carers and home support service providers have identified a need for training to prepare them for the higher level of care required.<sup>43</sup>

### ELDER CARE CANTERBURY: A PROJECT TO INTEGRATE AND IMPROVE HEALTH SERVICES FOR OLDER PEOPLE

Elder Care Canterbury is a patient-focused project that includes involvement of the community and health service providers in Canterbury. Its goal is to integrate and improve health services for older people. It has successfully undertaken a series of projects to deliver specific services for the treatment and rehabilitation of 'broken hip', stroke, and acute confusion. Key to its success is the development of clearly defined guidelines for managing each patient in both the hospital and community settings.

### QUICK RESPONSE TEAMS: AN EXAMPLE OF CO-ORDINATED CARE

Auckland and Christchurch have piloted “quick response teams” to prevent hospital admission, facilitate early discharge from hospital, and manage health crises in home settings. Care at home is provided by visiting nurses, rehabilitation therapists and social workers. A geriatrician provides medical supervision in a shared role with the GP. The programme's commitment is to provide a response to a referral within two hours and the service is available 24 hours daily.

40 Ministry of Health, 2001

41 Richmond, D, et al, 1995

42 Richmond, D, & R Northey, 1997

43 Belgrave, M, & L Brown, 1997

A number of reports in recent years have identified increasing fragmentation in the planning, funding and provision of health and support services for older people.<sup>44</sup> The draft Health of Older People Strategy states that the Ministry of Health and District Health Boards will work with health and support service providers to plan and develop systems for co-ordinating care between community and hospitals. The objective is to develop "integrated/seamless" care with a focus on shared care, rehabilitation and recovery. Improvements in planning and co-ordination between community and hospital-level care will be made through the development and use of shared care plans, discharge plans, linked health information services and best practice guidelines.

### **Improved and integrated services for Māori**

A study on the health and well-being of older Māori<sup>45</sup> describes the current generation of kaumātua and investigates the relationship between health and well-being within a Māori cultural framework.<sup>46</sup>

The main implications of the study for policy and planning were as follows.

- Kaumātua view ageing positively and rate their health and security relatively highly. However, poor health status is experienced earlier than non-Māori and incomes are modest.
- Kaumātua express a preference for a choice of Māori-managed services.
- Contact with whānau is close: most kaumātua provide care for other whānau members and expect reciprocal responsibilities (e.g. accommodation, transport, financial assistance).
- Kaumātua expect improvements in health service delivery, especially in relation to cost, transport and Māori cultural values.
- For kaumātua, older age brings greater independence. Higher standards of health were significantly associated with active marae participation. Kaumātua enjoy their role and are respected by younger marae participants. About 30 percent of kaumātua express concerns at being over burdened.
- Medical doctors were the preferred and frequently used health service and important sources of health information. However, barriers to access (such as cost, transport, location and cultural relevance) were identified.
- Disability support services were reported as not often used by kaumātua and entitlements, to publicly funded services were not well understood.
- The roles of iwi and publicly funded services are seen to be complementary, requiring integrated planning if kaumātua are to both maintain their health and well-being and fulfil their critical cultural role.

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44 National Health Committee, 2000

45 Te Pūmanawa Hauora, 1997

46 Te Pūmanawa Hauora, 1995; Durie, MH, 1994b

The draft Health of Older People Strategy proposes that the Ministry of Health and District Health Boards fund a range of health and support services for older Māori and their whānau to ensure there is a choice of culturally appropriate mainstream or Māori providers. It also proposes to facilitate the development of health advocacy structures for older Māori.

### Ageing in place

To continue to live in one's own home for as long as possible is the preferred choice for most older people. However, this depends on access to support services, both formal (provided by professionals), and informal (provided by family and friends).

Recent research<sup>47</sup> on factors affecting the ability of older people to live independently identifies access to health and disability support services as a major area of concern. For older Māori, this included having access to traditional medicine such as rongoa. Pacific peoples and ethnic peoples also raised concerns about the lack of culturally appropriate services.

Older people identified the need for more funding for field officers, co-ordinators and home visitors, having health equipment available for hire, and having meals-on-wheels available at weekends. Early intervention for cataracts and hip replacements, and help with buying hearing aids were also seen by older people as important.<sup>48</sup>

In order to support ageing in place, the Ministry of Health proposes developing a comprehensive, integrated assessment process for older people with an extended role for primary health care. This will require collaboration and co-operation among providers of social services, and effective co-ordination between primary, secondary, mental health, disability and public health services. These proposed changes should contribute to integrating health and support services for older people.

### Residential care services

The majority of people aged over 65 years live in households, but the proportion of older people living in a rest home or in a long-stay hospital increases with age. In 1997, less than 5 percent of people aged 65–74 years lived in residential care, increasing to 10 percent at age 75–84 and 30 percent at age 85 years.<sup>49</sup> Women made up three in every four of those living in residential homes.<sup>50</sup>

#### HOME CARE OPTIONS PROGRAMME

A home care options study in the Auckland region found no difference in outcomes (activities of daily living, morale, mental status or support needs) between older people discharged from hospital to their own homes or to residential care. Those within the home care group were more satisfied with their living arrangements and their involvement in decision making. However, the stress levels of carers is higher for those living at home than for those in residential care.

The study concluded that home care is a useful option for long-term care in the community. This requires careful assessment, and reassessment of the need for services by specialist teams, and matching services appropriately. Ways are needed to alleviate carer stress.

*Reference: Richmond, D, & Northy, R (1997)*

47 Dwyer, M, et al, 2000

48 Dwyer, M, et al, 2000

49 Ministry of Health, 1999b

50 Statistics New Zealand, 1998c, p47

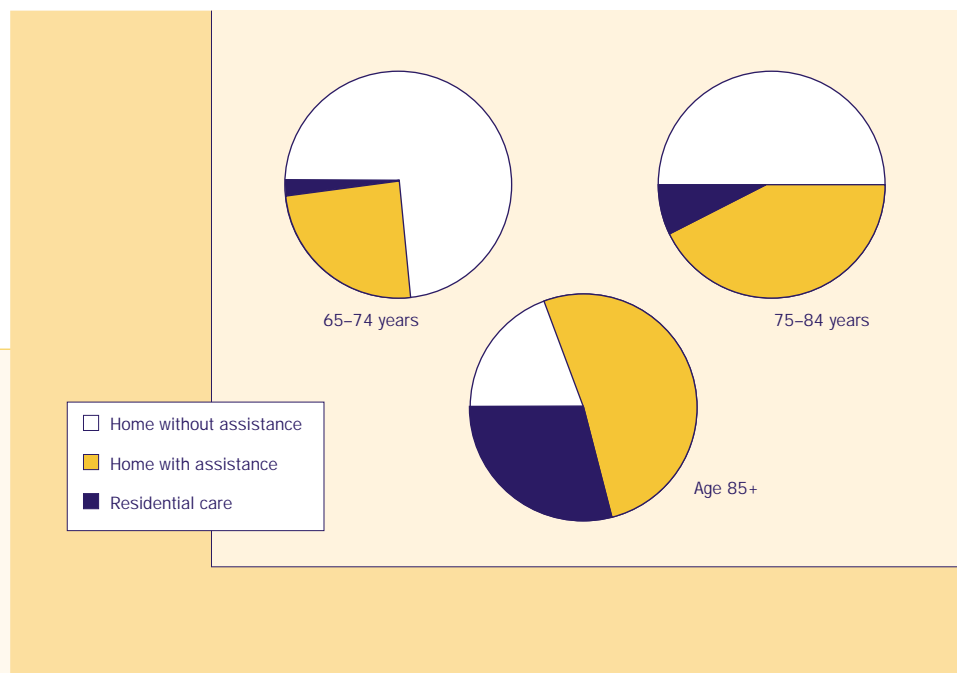
Residential care options are available for older people needing 24-hour care when it is difficult for family members or support services to provide this in the home setting. The decision to move to a rest home or long-stay hospital can be a difficult one for an older person and their family, especially as older people often express a preference for living independently in their own home surroundings.

Older people seeking admission to a rest home are required to have a comprehensive assessment of their functional capacity, undertaken by an assessment team, to determine the level and types of care needed. An assessment of the older person's own resources, the informal care services available, and the capacity of the formal care system are all part of determining the most appropriate care setting for an individual.

Caring for a dependent older person can impose hardship on the family and informal support system. There is often no clear line of distinction between what care can and should be provided in the community, and what is best provided in an institution. Sometimes combinations of services are possible, including respite care, day care, or even care in a day hospital. Evidence suggests that availability of institutional places is a major determinant of use.<sup>51</sup>

The majority of rest home and long-stay hospital beds in New Zealand are provided by religious and welfare and private organisations. These must be licensed by the Ministry of Health, which audits them to ensure they meet legal requirements. If an older person is assessed as requiring residential care and is unable to meet the costs of that care, they may be eligible for a Residential Care Subsidy. This subsidy is currently subject to an income and asset test, although the Government has stated its intention to introduce legislation to remove asset testing for residential care for older people. An interdepartmental working group is currently developing policy and funding options for residential care for older people to effect this policy intention.

**RESIDENTIAL DISTRIBUTION**  
OF OLDER PEOPLE BY LEVEL OF CARE, 1997



Source: Ministry of Health, 1999b

51 Scott, D, 1999; National Health Committee, 2000

In January 2001, there were 540 facilities licensed solely as rest homes in New Zealand, with 16,130 total beds.<sup>52</sup> It is not possible to determine the bed occupancy in rest homes or private hospitals as the Ministry of Health does not collect information on residents who pay privately for their care. In addition, there are a number of facilities licensed as private hospitals that can provide some rest home-level care. However, the Ministry of Health estimates that there are currently about 32,000 older people in residential care facilities in New Zealand.

In 1999/00, the total public expenditure on residential care (including rest homes, dementia and continuing care hospitals), was \$421.7 million (excludes individuals' contributions of New Zealand Superannuation). Funding for residential care has increased over the past few decades, but has not kept up with demand. Research completed by the Health Funding Authority<sup>53</sup> shows that between July 1995 and June 1998, the number of people in subsidised rest home care increased by 3.8 percent. The number of people in subsidised long-stay hospital care increased by 7 percent.

Some providers of residential care are expanding their range of services to include hospital, day care and home support services. A range of options for long-term care, to enable older people to age in place, is proposed in the Government's health strategy for older people.

#### RESIDENTIAL CARE SUBSIDY – ASSET AND INCOME TESTING PROVISIONS

##### Assets

The asset limits for the Residential Care Subsidy vary depending on whether the person receiving care has a spouse, and if the spouse is living in the community or is in long-term care.

- For a single person, the asset limit is \$15,000.
- For a couple, where both spouses are in long-term residential care, the asset limit is \$30,000.
- For a couple, where one spouse is in long-term residential care, and the other spouse lives in the community, the asset limit is \$45,000. In this situation, the family home and car are not included in the asset test.
- Assets counted include cash or savings, investments, shares or stocks, loans made to other people (including family trusts) and house, chattels and car if living alone.
- Assets not counted include houses, chattels or cars if a partner or dependent child still lives at home, personal belongings such as clothing and jewellery, and pre-paid funeral expenses for the applicant or partner of up to \$10,000 each.

##### Income

For older people in long-term residential care whose assets are under the appropriate limit, an income test is applied to determine how much they are required to pay towards the cost of their care.

- Income includes New Zealand Superannuation, any pension or income support payment, overseas government pensions, contributions from relatives, accident insurance payments, earnings from investments or business, and income from a family trust.
- If applicants are receiving New Zealand Superannuation, a Veterans Pension or income support, they are eligible for a personal allowance of \$28.30 a week and a clothing allowance of \$200.44 a year.
- If an applicant's partner receives New Zealand Superannuation, a Veterans Pension or income support, they will get an increase in their payments and a special disability allowance of \$28.30 a week to help with the costs of visiting a partner in residential care.

52 Ministry of Health data, 16/7/2001

53 Scott, D, 1999

## Dementia

Based on international studies it has been estimated that the prevalence of clinical dementia in New Zealand is about 5 to 8 percent of the total population aged over 65 years.<sup>54</sup> All studies agree that the prevalence increases with age to approximately 20 percent of the population over 85 years. In the absence of local data, it is estimated that in New Zealand there may be currently 20–30,000 people with clinical dementia.

The most common dementia is the Alzheimer-type, which accounts for about 60–70 percent of all dementia diagnosed, and is more common in women. Vascular dementia accounts for about 20–30 percent, and is more common in men. Definite risk factors for Alzheimer type dementia include age and family history, whereas stroke, hypertension, diabetes mellitus, alcohol abuse and smoking are known risk factors for vascular dementia. There is increasing evidence that vascular disease may frequently coexist with and contribute to dementia of the Alzheimer type as well. Higher levels of education appear to have a protective effect against Alzheimer-type dementia, possibly by providing a cognitive reserve.<sup>55</sup>

Increased disability in dementia can be caused by depression, falls, malnutrition, delirium and overuse of psychotropic medications. Education plays an important role in informing the general public about factors that can reduce the risk of dementia, such as moderation of alcohol intake, dietary management, control of hypertension and diabetes mellitus, and increasing exercise. Early recognition, through simple screening tests for cognitive function, may help address modifiable risk factors and reduce caregiver stress. Without support, caregivers are at risk of considerable stress and ill-health and, when this occurs, it is a major reason for institutionalisation of the person with dementia.

As the number of people with dementia increases with the ageing of the population, services to support both sufferers and caregivers, such as more respite care, will be necessary. Advances in medical research and prevention strategies provide the potential to reduce the incidence rates.

In the draft Health of Older People Strategy, the Ministry of Health proposes to work with District Health Boards, service providers and older people on developing dementia-specific standards for residential care services and a service development plan for people with dementia.

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54 Ministry of Health, 1997a

55 National Institute on Ageing, 1997; Ministry of Health, 1997a

## Multidisciplinary, comprehensive geriatric needs assessment services

Geriatric assessment is the gateway to health services for older people. It is important that comprehensive assessments are undertaken by a trained multidisciplinary team because of the physical, mental, social and economic considerations that must be taken into account. Research into service delivery for older people has shown there are improved outcomes of care where the assessment, service delivery and follow-up care in the community are integrated.<sup>56</sup> A nationally consistent assessment process to ensure fairness and the effective use of resources is supported by most providers of services for older people. Training in assessment procedures should ensure uniformity of process and outcome.<sup>57</sup>

Assessment, Treatment and Rehabilitation services in New Zealand are designed to provide an integrated system of assessment for access to health and disability support services, treatment of conditions, and rehabilitation to an optimum level of wellness. The three parts of the process are all equally important in enabling older people to age in place.

The growing ageing population will mean an increase in the demand for AT&R services, and this is being addressed as part of the Government's health strategy for older New Zealanders.

## Workforce planning

Achieving the goal of equitable, timely, affordable and accessible health services for older people will require adequate funding and a well-trained workforce. This includes a broad range of workers who contribute to the health of older people. In consultation with other government departments and the Health Workforce Advisory Committee, the Ministry of Health will develop a workforce plan to meet the health and support needs of older people.

The four main areas for planning and action are:

- general upskilling of health professionals whose work includes older people; for example, nurses, therapists, general medical practitioners, pharmacists, public health professionals and social workers
- developing a specialist workforce in older people's health (including specialist physicians and nurses, psychiatrists of old age, allied health professionals), with a greater emphasis on skills needed to work with older people and their families, whānau and caregivers in community and home settings
- upskilling the health care and home support workforce, including the establishment of quality standards and a focus on supporting the older person to maintain or regain functional independence where possible
- monitoring changes in the size, composition and competency levels of the workforce to inform policy decisions, and ensuring that mainstream services are culturally appropriate for the increasing ethnic diversity of older people.

56 Stuck, AE, et al, 1993

57 Richmond, D, et al, 1995

The Ministry is currently undertaking work on:

- options for developing the health aid (health care and home support workers) workforce, which will include providing training options specialising in particular clinical and support settings and a pathway to more advanced training
- development of regulations for nurse prescribing, including nurse practitioners in aged care
- nursing workforce development initiatives.

### **Government action**

The Positive Ageing Strategy identified the Health of Older People Strategy as the key initiative in designing a plan to prepare for New Zealand's ageing population. The Health of Older People Strategy will provide a strategic policy framework for District Health Boards' planning, funding and delivery of health and support services for older people in their regions. A recent Government decision to separate funding and planning for older people's health and support services from that for younger people with disabilities will result in a more integrated approach in the delivery of those services. The first elections for District Health Boards will be held in October 2001, providing an opportunity for local input into the priorities for funding services in the area.

The disparity in life expectancy between Māori and non-Māori is reducing and is expected to reduce further with the implementation of programmes to improve the health and well-being of Māori whānau. The Māori Health Strategy provides a framework for action on Māori health to guide the development of services by District Health Boards.

The Pacific Health and Disability Action Plan identifies the key issues for addressing the accessibility and acceptability of services for Pacific elders. The plan will assist District Health Boards to develop policy and provide culturally appropriate services for Pacific elders and their families. It will also assist in the development of guidelines for the use of traditional remedies.

Other initiatives identified in the Positive Ageing Action Plan include the development of a workforce that will deliver appropriate community and residential health services for older people. This will ensure that client safety is protected and that the skills and expertise of the workforce will meet the health needs of older people in both an institutional and a community environment. The Health and Disability Services (Safety) Bill will provide increased protection through standards for safe care.

## 3. Housing

### GOAL:

*Affordable and appropriate housing options for older people*

### ACTIONS:

- 3.1 MAINTAIN INCOME-RELATED RENTS POLICY FOR STATE HOUSING
- 3.2 PROVIDE ADEQUATE ASSISTANCE TOWARDS THE COST OF LOCAL AUTHORITY RATES
- 3.3 STRENGTHEN LEGAL PROTECTION FOR RETIREMENT VILLAGE RESIDENTS
- 3.4 WORK WITH LOCAL GOVERNMENT TO INCREASE THE SUPPLY OF UNIVERSAL DESIGN AND ENERGY-EFFICIENT LOW-RENTAL HOUSING, INCLUDING SUPPORTED PENSIONER HOUSING COMPLEXES
- 3.5 INVESTIGATE OPTIONS FOR GOVERNMENT ASSISTANCE TO ENABLE LOW-INCOME FAMILIES TO PURCHASE HOMES

### EMERGING ISSUES

- MORE AFFORDABLE SUPPORTED HOUSING OPTIONS ARE REQUIRED TO MEET THE NEEDS OF AN AGEING POPULATION
- POLICY RESPONSE WILL BE REQUIRED IF THE ADVANTAGES OF MORTGAGE-FREE HOME OWNERSHIP IN RETIREMENT ARE NOT AVAILABLE TO FUTURE COHORTS OF OLDER PEOPLE
- TO BE RESPONSIVE TO THE AGEING POPULATION, HOUSING INTERVENTIONS MUST BE DEVELOPED IN CONJUNCTION WITH POLICIES FOR HEALTH AND SOCIAL SERVICES

Adequate, affordable, and suitable housing is essential to positive ageing. Most older New Zealanders "age in place" so housing is critical to their well-being. Older people in New Zealand have a high rate of home ownership, but there are limited options for those who want or need supported housing. As the older population increases in both size and diversity, an increasing range of housing options is required. This provides opportunities and challenges for the private market and government policy.

The majority of older people want to live independently in the community for as long as possible. Maintaining independence often requires a move to a smaller house with good access, and a section that is more easily managed. Research suggests that choice is a key factor in the perception of independence. Older people who want to move but who cannot find appropriate housing feel less independent and less able to cope.<sup>58</sup>

### The living arrangements of older people

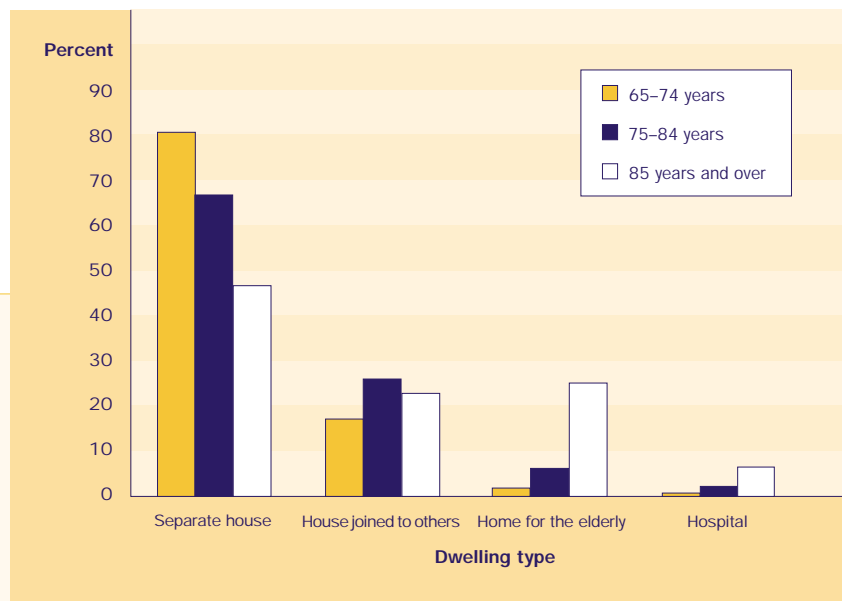
Most older people live independently in the community. Only 6.3 percent live in residential care or permanently with an unrelated caregiver.<sup>59</sup> Despite the fact that New Zealand's population overall is ageing, and that there are more people living to over the age of 85, the proportion of older people living in the community has remained largely the same for the past 10 years.

Slightly over half of all older people (53.9 percent) live with a spouse or partner, and the remainder generally live alone. A very small number live with other relatives. Men are more likely to live with their spouse or partner, and women to live alone. This reflects the different life expectancies of men and women.

Older Māori and older Pacific people are more likely than other ethnic groups to live with relatives. Around one-quarter of older Māori and half of older Pacific people are living with relatives. This trend could alter as traditional patterns of extended family living change. The proportion of older Māori living alone, for example, is slowly increasing.<sup>60</sup>

Seven in every ten older people live in a separate house. This pattern changes as people age. Around four in five older people aged under 75, and two in three people aged 75–84, live in separate houses, compared to 46 percent of those aged 85 years and over. This reveals the importance of flats as a form

### DWELLING TYPE BY AGE GROUP, 1996



Source: Statistics New Zealand, 1998d, p34

58 Dwyer, M, et al, 2000, p34

59 Statistics New Zealand, 1998c, p43

60 Dwyer, M, et al, 2000, p33

of housing for the "older old". One in five older people live in flats, and women and those who are widowed or living alone are more likely than men or married people to live in flats.<sup>61</sup>

Most older people live in urban areas. At the last Census, 68 percent of older people lived in the main urban areas, 21 percent lived in secondary or minor urban areas, and 10 percent lived in rural areas or rural centres.<sup>62</sup> Areas such as Kapiti, Thames/Coromandel, Tauranga, Horowhenua, Waitaki, Timaru and Waimate all have an older population that is above the national average of 12 percent.

## Housing options

Housing options for older people are undergoing a period of change. For example, within the last 10 years there has been a four-fold increase in purpose-built housing for older people, such as retirement villages, within the commercial sector.

The supply of affordable, modern housing is often limited for older people on low to moderate incomes. The price of a modern well-designed home with suitable access may be higher than the value of an older family home. Of those older people who live in their own homes, 62 percent live in a house worth less than \$200,000.<sup>63</sup> The choice for renters and those who would like some form of sheltered housing is even more limited.

While choices are expanding for those on higher incomes, there may not be so many options available for those on lower incomes. For those older people who do not wish to, or are not able to, live in their own home or a rental property, a small range of collective or communal housing is available.

## Home ownership

Most older people live in their own home and, in contrast with younger age groups, the overwhelming majority own their houses mortgage-free. In 1990, older people more likely to live in mortgage-free homes were men, married couples, those who were in excellent or good health, Europeans and those with incomes over \$20,000. Only 40 percent of older people living in a flat owned the property.<sup>64</sup>

While home ownership levels are very high among older people, they decline somewhat with age. In 1996, 88 percent of 65–69-year-olds lived in owner-occupied housing, compared with 85 percent of 75–79-year-olds, and 81 percent of people aged 85 and over. The great majority (over 90 percent) of those who lived in their own homes were mortgage-free.<sup>65</sup>

Owning their own homes provides older people with a sense of security and belonging. Mortgage-free ownership can bring some financial advantages by reducing overall housing costs. However, many older people are asset rich and income poor, with their house representing the most significant or the only

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61 Statistics New Zealand, 1998c, p44

62 Statistics New Zealand, 1998c, p33

63 Living Standards of Older New Zealanders research, unpublished data

64 Colmar Brunton Research, 1990

65 Statistics New Zealand, 1998d, p34

form of saving they have made over their working life. In retirement, older people generally have a low cash income and can find the cost of rates, insurance and maintenance difficult. Rates are particularly problematic because they are levied according to the value of the property, which may have increased over the years while the older person's ability to meet the cost of higher rates is likely to have decreased.

Financial assistance is available to older homeowners who have difficulties in meeting housing costs. To meet the cost of rates, older people may be eligible for the Accommodation Supplement from the Department of Work and Income, or a government rates rebate paid through local authorities. Some local authorities have a rates deferral scheme for older residents, whereby part of the rates is registered against the estate and recovered when the house is sold. The Government is currently working with local authorities to explore options for improving assistance for low income older people to meet the cost of rates.

Some assistance is available from the Department of Work and Income for the cost of major essential repairs, through an advance on New Zealand Superannuation. Assistance for insurance costs may be available through the Accommodation Supplement.

The Ministry of Health provides funding to assist older people with disabilities who need to make essential home alterations such as handrails and ramps. Depending on the level of assistance provided, income and asset tests may apply.

Older people are more likely than other people on low incomes to have accumulated savings and are less likely to increase their earning capacity. At the same time, they are aware that they can face other essential costs, such as whitewear replacement or major car repairs. In addition, older people generally want to have sufficient savings to meet their funeral expenses. These savings can make them ineligible for assistance. Some assistance, such as the advance on New Zealand Superannuation, must be repaid, further reducing lower cash incomes.

A private sector source of funding for homeowners is Home Equity Conversion. This is a reverse mortgage scheme, whereby the homeowner can borrow against the value of the home, but does not have to repay the loan until the home is sold. Currently, few companies in New Zealand provide Home Equity Conversion. While such schemes can offer much-needed income, the compounding interest charged means they are considered expensive lending options, and are not suitable for people who require assistance with a one-off cost, such as the cost of roofing or painting. In addition, many older people are nervous about placing their only asset in the hands of a private company, and would prefer a government-backed scheme.

#### RATES REBATE SCHEME

Low income residential ratepayers can apply to their local authority for a rebate on their annual rates. The applications are assessed against eligibility criteria and the Government reimburses local authorities for approved grants. Households with income over \$7,400 per year are not eligible for assistance.

The maximum rebate available is \$200 per year. Currently about 25 percent of those receiving rates assistance are older people, and the average amount of assistance is \$157 per year.

## Rental accommodation

There is a range of providers of rental accommodation in New Zealand, including Housing New Zealand Corporation, local authorities, social service and community organisations and private landlords, including businesses. Older people are less likely to rent than the rest of the population, with only 10 percent of people aged 65 and over renting. Of those who rent, slightly more than half live in flats and the remainder in houses.

Women are slightly more likely to rent than men, and Māori women are twice as likely to rent as non-Māori women. In 1996, 22 percent of Māori women aged 65 years and over rented their accommodation, compared to 10 percent of all older women.

Rental accommodation varies widely in terms of size, style and location. Housing built specifically for older people has tended to take the form of small groupings of attached or semi-detached one- or two-bedroom flats or bed-sitters. Some pensioner housing, particularly that owned and operated by local authorities, includes the services of a warden or welfare officer, and sometimes assistance with gardening and maintenance is provided. Research suggests that the combination of accommodation and welfare assistance brings a high degree of satisfaction for tenants.<sup>66</sup>

Housing New Zealand Corporation is the biggest provider of rental accommodation for older people, with 12,000 tenants aged over 65 years. Local authorities house some 16,000 older people in pensioner units. A small number of older people (less than 5 percent of renters) live in other renting situations. This demonstrates the importance of central and local government as providers of rental accommodation for older people.

For older people in Housing New Zealand Corporation rental accommodation, previous problems with the affordability of rental housing have largely been resolved by a return to income-related rents. The cost of renting remains a problem for some older people in the private rental market, as they pay higher average rentals than those in other forms of rental housing.<sup>67</sup> Those on low incomes who are renting can access the Accommodation Supplement, which is subject to an income and asset test.

Rental costs are generally based on the size of the house. The Accommodation Supplement is based on the number of people in the household, not the size of the house. In some areas, older tenants face a particular problem due to the shortage of one- and two-bedroom rental accommodation. If older people are not able to access smaller accommodation, they face higher housing costs. Current work to explore potential partnerships between central and local government and community organisations may lead to the development of a better range of affordable and appropriate rental housing for older people.

## AVERAGE WEEKLY RENTS

BY LANDLORD TYPE FOR PERSONS AGED 65 YEARS AND OVER

| Trust   | Family  | Private  | Local body | HNZ*     | Other    |
|---------|---------|----------|------------|----------|----------|
| \$59.24 | \$81.56 | \$143.46 | \$69.19    | \$139.32 | \$127.80 |

Source: Fergusson, D, et al, 2001b

\*Housing New Zealand

66 Robinson, B, 1994, p15

67 Fergusson, D, et al, 2001b

## Retirement villages

Retirement villages are collections of houses or flats within a defined area that usually offer additional services such as communal facilities, social activities, security, maintenance and gardening. Some also have residential care and continuing care facilities on site and offer personal and care services such as meals and laundry.

There has been a 13 percent increase in the number of retirement villages in the past three years, so that they are now the largest single specialist provider for older people's housing. Currently, there are 303 retirement villages, with 21,000 residents. This represents 4.65 percent of the older population.<sup>68</sup> The growth in the number of retirement villages has resulted in the need to provide increased legal protection for residents. The Government is preparing draft legislation to protect residents' rights.

Older people seeking communal housing in a retirement village must be able to meet the cost themselves, and this is a barrier for some. Residents purchase a 'Licence to Occupy' a unit and this can cost between \$150,000 and over \$300,000. In addition, there are weekly or monthly charges for maintenance, and additional charges for use of other services such as laundry or meals. Although research shows that the type of older person most likely to be interested in living in a retirement village is an older woman, living alone, or on a low to moderate income, this group is least likely to have the available income or assets to do so.<sup>69</sup> Given that the primary attractions of retirement villages are companionship and security, New Zealand needs to examine how low-cost housing options that incorporate these services can best be developed.

## Kaumātua flats

There is a limited number of kaumātua flats available as a housing option for older Māori. Most flats were built with funding from the former Department of Māori Affairs and are administered by marae, rūnanga, local authorities and other community organisations.<sup>70</sup> The flats are often situated close to marae or in other places central to iwi or hapū life. While government funding for this type of housing ceased several years ago, the Government is currently exploring whether there should be renewed development of kaumātua housing.

### ACCOMMODATION SUPPLEMENT

The Accommodation Supplement provides financial assistance to low income people who are renting in the private housing market or from a local authority, or who own their own home. To be eligible, applicants must meet a cash assets test, an income test and be a NZ Citizen or permanent resident.

If the applicant or the applicant's partner has a tenancy agreement with Housing New Zealand Corporation, they do not qualify for an Accommodation Supplement. They qualify for an income-related rent instead.

Eligibility is subject to an income and asset test and an assessment of weekly accommodation costs. The amount of Accommodation Supplement paid varies according to the applicant's area of residence, the number of dependent children, and whether the applicant is under or over 18 years of age.

Single people with cash assets above \$8,100, and couples with cash assets above \$16,200 are not eligible. People with assets below these levels receive reduced amounts of assistance if assets are above \$2,700 for single people, and \$5,400 for couples.

Further information on Accommodation Supplement criteria is available on the Ministry of Social Development website: [www.msd.govt.nz](http://www.msd.govt.nz)

68 CBG Research Group, 2001

69 Robinson, B, 1994

70 Dwyer, M, et al, 2000, p36

## Abbeyfield houses

The only other form of communal housing specifically designed for older people is the Abbeyfield concept. The capital costs of building an Abbeyfield house are large and the fundraising required by local communities is significant. Abbeyfield houses are designed to provide supported housing to older people who are reasonably independent, but who prefer some assistance with meals and housework and desire companionship. Abbeyfield houses provide accommodation for about 10 people and have an on-site cook/housekeeper. Tenants pay rent and board for a bedroom and ensuite bathroom. Currently there are two Abbeyfield houses operating, one in Nelson and one in Masterton, and there are plans for five further developments.

## Housing design

Housing design is critical to the ability of older people to age in place. Overseas studies have shown that "well designed, easy to manage, affordable, warm and safe housing is as important to independent living as inputs of care".<sup>71</sup> Most of the homes that older New Zealanders own are designed as family homes, which are not always suitable for older people. Universal design is a concept that recognises that good housing that is energy efficient can benefit all ages.

There is a limited amount of rental housing specifically designed for older people, with most "pensioner" housing provided by local authorities and Housing New Zealand Corporation. Local authorities and Housing New Zealand Corporation provide some housing that has been adapted to meet the needs of people with disabilities, but the quantity is limited and demand significantly outstrips supply. Universal design is a sensible option for public housing.

The design of pensioner flats has not kept pace with changes in family structure, the ethnic mix of the older population, and trends in health service provision. Much of the rental housing that is specifically for older people has one bedroom. One bedroom does not allow family or friends to stay and therefore reduces social interaction. This is particularly important for older Māori and older Pacific people who value the extended family and who often need or wish to have relatives living with them for short or long periods. One bedroom also does not allow for a carer to live in and assist an older person during a period of illness or recuperation. With an increase in the older Māori and older Pacific populations, and the move to day surgery and home care, the need for appropriately sized housing will become increasingly important.

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71 Dwyer, M, et al, 2000, p33

## Energy efficiency

Older people who live in their own homes are often in older houses that are lacking efficient and effective heating and insulation. Houses built prior to 1974 are not legally required to be insulated. New Zealand houses as a whole tend to have inside wintertime temperatures that are lower than that recommended by the World Health Organisation.<sup>72</sup> While colder temperatures might be acceptable for younger fit people, being cold can be dangerous for older people who are frail or suffering from ill health. The worry of high heating costs can also diminish quality of life.

There is a range of products available to increase the warmth and energy efficiency of a house. Ceiling and underfloor insulation, solar heating, draught stopping and hot water cylinder wraps all assist in making a house more comfortable and less costly to heat. The Energy Efficiency and Conservation Authority has some funds for community organisations who provide advice or subsidised assistance to low income households. This assistance is limited and is not available consistently throughout New Zealand. The cost of retrofitting a house for warmth and efficiency can be prohibitive to people on low incomes.

## Government action

The newly formed Housing New Zealand Corporation has been established with an emphasis on partnerships in the community. The organisation is seeking to develop innovative housing solutions, in co-operation with communities, in order to expand on the housing options that are available for older people on lower incomes. Challenges for the future include assisting those older people from different cultural backgrounds who wish to live in an extended family. Developing housing policy through a flexible partnership model will increase the number of options available to both of these groups.

Improvements to existing state housing stock will also improve the housing situation of older tenants. Retrofitting of insulation and other energy-saving measures has improved state houses through creating a warmer, drier and more comfortable environment.

A "whole of government" approach to housing assistance, incorporating health services and the state housing sector, will improve the ability of people to age in place. Housing interventions focusing on a closer relationship between the physical aspects of housing and support services can result in significant savings in health-related costs, by delaying or preventing older people's entry into residential care.

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72 Weinstein, D, 2000, p2

## 4. Transport

### GOAL:

*Affordable and accessible transport options for older people*

### ACTIONS:

- 4.1 REVIEW PUBLIC TRANSPORT OPTIONS SO THAT THEY ARE USER-FRIENDLY IN TERMS OF ROUTES, EGRESS, TIMETABLES AND AFFORDABILITY, AND ARE SAFE FOR ALL AGES
- 4.2 REVIEW DRIVER RE-LICENSING PROVISIONS FOR OLDER DRIVERS TO ENSURE THEY ARE BASED ON ABILITY, NOT AGE
- 4.3 ENSURE LACK OF TRANSPORT IS NOT A BARRIER TO ACCESSING HEALTH SERVICES

### EMERGING ISSUES:

- THE GROWING OLDER POPULATION HIGHLIGHTS THE NEED FOR SPECIFIC ROAD SAFETY STRATEGIES FOR OLDER DRIVERS AND PEDESTRIANS. THE SAFETY 2010 STRATEGY HAS RECOGNISED THIS ISSUE
- THE GROWING OLDER MAORI POPULATION WILL PLACE DEMANDS ON KAUMATUA AND KUIA TRANSPORT SERVICES TO HUI, TANGI AND OTHER LOCAL ACTIVITIES

Mobility is an important factor in enabling older people to remain healthy and active in their communities. In New Zealand, a range of transport options are available for older people. To a significant extent, these options depend on their affordability and accessibility. As the number of older transport users continues to grow, affordable and accessible transport will remain a key to the independence of older people.

## Public transport

Good public transport systems can assist older people to participate in their communities, maintain contact with family and friends, and access facilities and services. For older people, affordability and accessibility are two key requirements of a public transport system.

Central and regional government subsidise the operation of public transport services, particularly for services at off-peak times when many older people travel. Over \$58 million in central government funding through the National Roads Fund, matched by a further \$58 million in regional rates funding, is spent on subsidies each year. The funds that regional councils receive from the Government are provided on a patronage-funding basis – more people using the service means more funding for councils.

Concession fares for older people make public transport services more affordable, although not every regional council provides concessions. The provision of concessions is influenced by the level of passenger transport funding available through the National Roads Fund (funded from road users charges), and by the priorities regional authorities place on the provision of concessions in the way they spend their revenue.

The infrastructure to support public transport, such as bus shelters and bus lanes, is the responsibility of local councils and Transit New Zealand. The type of infrastructure provided by local councils depends on the level of revenue they receive from rates and their priority for spending the revenue. For national roading, Transit New Zealand prioritises funding received from the National Roads Fund.

### FUNDING TRANSPORT SERVICES

At present bus, ferry and rail public transport are funded by regional councils from their rates revenues. Transfund, the Government's transport funding body, provides funding assistance for public transport to all regional councils, particularly those in main urban areas where public transport is more active.

Transfund contributes funding to regional authorities for the Total Mobility Scheme, Operation Mobility, concession fares, and school services.

Transfund has a role in funding pedestrian works where these have a safety function or can be considered as an alternative to roading.

The Government is developing a New Zealand Transport Strategy, which will recognise the impact of an ageing population on the transport system.

Infrequent or absent public transport services, especially in rural areas, have a significant impact on older people, who may have less access to alternative forms of transport. The Total Mobility taxi voucher scheme is funded by central government to provide funding assistance with transport costs for older people with a disability.

### Older drivers

New Zealand is a mobile society, and private cars play an important role in recreation, friendships and access to services for all New Zealanders. According to the 1996 Census, 86 percent of all people residing in private dwellings where all occupants were aged 50 years and over had one or more vehicles. Even in dwellings where all residents are aged 80 years and over, more residents own cars than do not. As New Zealand's population ages, the number of older car owners is likely to increase.

Additional measures are required to address the safety issues associated with older drivers. The accident rate per kilometre driven is higher for drivers aged 70 years and over than for drivers 25–69 years of age.<sup>73</sup> The increased fragility of many older people also means that it is more likely an older motorist will be killed or injured in an accident than will a younger driver.

The likelihood that a driver is at fault in an accident is greatest for drivers under 25 years of age, but it also increases with age among the older population. The incidence of speed-related crashes decreases with age.<sup>74</sup> It is more likely that physical problems such as reduced memory and cognitive skills, loss of body strength and mobility, or visual conditions increase the older driver's risk of being involved in a crash.<sup>75</sup>

#### TOTAL MOBILITY SCHEME

The Total Mobility Scheme is available to people who, because of a disability, have difficulty using buses. The scheme, administered by regional councils, provides clients with vouchers for half-price discount on taxi fares. Eligibility is dependent on assessment by an independent agency.

The scheme also provides funding for wheelchair hoists to approved taxi companies.

#### OPERATION MOBILITY

To assist drivers or passengers with limited mobility, New Zealand CCS operates Operation Mobility, a parking concession scheme for people with physical disabilities.

Obtaining a Mobility Card requires verification by a medical practitioner that the applicant has a relevant physical disability or medical condition. An administration fee of \$20 per year, or \$35 for five years, applies.

People with a temporary disability resulting from an accident or illness are entitled to a temporary card.

73 Land Transport Safety Authority, 1998

74 Land Transport Safety Authority, 1998

75 Austroads, 1999

Initiatives to reduce the risk of accidents involving older drivers include development of guidelines for highway design to improve safety for older drivers, consideration of an alternative system of driver assessment, and the Safe With Age driver education programme. The Land Transport Safety Authority has recently developed a booklet for older drivers, which includes information on road rules and the driver licensing provisions.

## Driver licensing

Loss of a driver licence can have a significant impact on an older person's ability to participate in the community. In 1996, 95 percent of people aged 70 held a driver licence, but this percentage decreased with age, with only 17 percent at age 90 years retaining their licence.<sup>76</sup>

In 1999, a new driver licensing regime was established, including changes to provisions for re-licensing older drivers. Older people have a number of concerns regarding the new regime, including:

- costs of renewing driver licences
- licence renewal fees for younger drivers are subsidised while those for older drivers are not
- negative attitudes of some driver licensing agents towards older people
- the long distances that many rural people need to travel to reach testing agents
- while there are provisions for conditional licences for older people who fail the older driver test, none have been issued.

### SAFE WITH AGE

Safe with Age is a driver education programme developed for older people by the Land Transport Safety Authority. Older people are trained as facilitators and use activities, discussions and a video to present the programme to their peers.

Safe with Age courses involve:

- discussions on how ageing changes can affect driving skills
- updating driving knowledge
- introduction to defensive driving techniques.

### AUSTROADS DRIVER ASSESSMENT PROJECT

Austroads is an association comprising road transport and traffic authorities in Australasia, including the Land Transport Safety Authority in New Zealand. One of the Austroads projects is the Model Licence Re-Assessment Procedure for Older and Disabled Drivers.

The key elements of the project involve:

- use of community referrals with the objective of targeting higher-risk older drivers rather than testing all older drivers
- development of screening instruments for use in non-road-based driving tests
- provision of advice on alternative transport and mobility options if a person is judged to be unfit to drive.

The Land Transport Safety Authority is currently trialling a referral system and screening devices in Wellington and Christchurch. These trials are also being carried out in Australia, and a report on the results is expected in early 2002.

An overall concern with the driver licensing provisions is that they are based on age, not on factors such as competency. Research is currently being undertaken into the effectiveness of an alternative system where drivers could be referred for testing due to concerns of, for example, their doctor, family members, or community organisations.

In August 2001, following completion of an independent review of the costs and management of driver licensing, the Minister of Transport announced changes to the driver licensing system. Proposed changes include reducing the price of a licence for older drivers and offering one free re-test to those who fail their first driving test. Public consultation will be undertaken before the proposed changes, including the level of fees, are confirmed.

These initiatives:

- aim to ensure that older drivers retain their driver's licence as long as practicable, to maintain their independence, mobility and ability to participate in the community
- recognise that older drivers are often less able to absorb price increases compared to the general population
- acknowledge that older drivers are more frequently in contact with the driver licensing system, compared to any other category of drivers, because they have to renew every few years.

The Government plans to improve older drivers' ability to apply for a "conditional licence". Currently, a conditional licence can be applied for after a driver fails the older driver test. However, no conditional licences have been issued. The Government proposal will allow older drivers the choice of either sitting a full older driver test and gaining a licence without restrictions, or undertaking a more straightforward conditional licence test and having a licence with restrictions. These restrictions may include limiting drivers to low-speed zones and driving during the day.

#### DRIVER LICENSING PROVISIONS FOR OLDER DRIVERS

A person renewing their driver licence after their 64th birthday will be issued with a licence that expires on their 75th birthday.

At age 75, a five-year licence will be issued. From the 80th birthday, driver licences must be renewed every two years.

For driver licences to be renewed after the age of 75, drivers must produce a medical certificate, including eyesight test results, to show that they have no health factors that could affect their ability to drive safely.

After the age of 80, drivers must also pass the older driver practical driving test for their licence to be renewed.

Fees for licence renewal periods:

- up to age 64      \$29.50 for 10 years
- at age 75        \$37.50 for 5 years (proposed reduction to about \$18.30)
- from age 80     \$36.00 for 2 years (proposed reduction to about \$18.30).

In addition, the older driver test fee is \$41.00

The cost of the doctor's visit to obtain a medical certificate is paid by the driver, and the certificate cannot be issued more than 60 days before the date of licence renewal.

Some improvements are also being implemented to make the older driver licensing regime more user-friendly. These include more support before and after the practical driving test for older drivers and more education programmes. As well, the auditing of driver testing officers has been improved. This will answer older drivers' concerns that testing officers were being too harsh on older drivers and failing too many in the older driver test.

### Volunteer and community transport

Family, friends and community groups play an important role in enabling older people who do not drive and cannot access public transport to participate in the community. In many centres, organisations such as Age Concern councils, Rotary clubs, Lions clubs and church groups run volunteer transport schemes. Volunteers involved in these schemes drive older people to doctors and other appointments or to local activities.

Currently, many volunteers are older people. Concerns have been raised about the challenges for those volunteers of motorways, high-density traffic and longer country roads.<sup>77</sup> Reimbursement of expenses for volunteer drivers is available for organisations through the Lottery Seniors Committee of the Lottery Grants Board.

### Kaumātua transport

The responsibilities and obligations of kaumātua and kuia require them to travel to hui and tangi. A recent study showed that 63 percent of Māori aged 60 years and over had a driver licence. Of Māori aged 75 years and over, males were twice as likely as females to have a driver licence.<sup>78</sup>

Some iwi and local Māori organisations have transport services for kaumātua. For example, Te Roopu Awhina, a social services organisation in Porirua, Wellington, has two vehicles for transporting local older Māori to marae, and to shops and appointments. The lack of community funding for purchasing vehicles is an issue.

#### LOTTERY SENIORS COMMITTEE

Lottery Seniors is a national committee of the Lottery Grants Board. The Committee consists of up to five older members of the community who are appointed by the Government. Lottery Seniors meets four times a year to consider funding for a range of services, projects and events for not-for-profit groups where at least half of the client base is over the age of 60. In 2001/02 the Committee has \$3.12 million to distribute.

Projects funded by Lottery Seniors include:

- salary funding for field officers and co-ordinators of support and activity programmes
- assistance for administration costs, including venue rental, telephone, power and stationery
- social, recreational and educational activities and events.

77 Dwyer, M, et al, 2000

78 Te Pūmanawa Hauora, 1997, p45

## Transport to health services

Older people may require transport to access health services, including GPs, regional hospitals and specialist services. It is important to ensure that lack of transport is not a barrier to accessing health services. Some District Health Boards fund bus services or transport schemes for outpatients and family members of inpatients. Where these services do not exist, older people rely on public transport, volunteer or their own private transport, or that of family and friends.

There is considerable regional variation in the availability of financial assistance for transport to health services. In many areas, local health services assist with the cost of transport. The Ministry of Health also reimburses transport and accommodation costs to people accessing publicly funded health services, based on criteria of income, distance travelled and frequency of use of health services. Assistance is not provided for transport to primary care services, such as GPs. In certain cases, the Disability Allowance can assist older people with travel costs.

## Older pedestrians

Walking provides an important form of transport or recreational activity for older people. Older people also face particular risks as pedestrians. In 1991, 34 percent of all pedestrians who died following an accident with a motor vehicle were aged 60 years or more.<sup>79</sup> Other dangers for pedestrians include uneven or broken footpaths, bicycles and skateboards ridden on footpaths, poor lighting, and short crossing signal times at intersections. These are often a problem for people aged 80 years and over, who may have poor vision, hearing or balance, and who may be unable to move quickly enough to avoid danger. Twenty seven percent of all short journeys by people at this age are made on foot.<sup>80</sup>

Local authorities have a role in ensuring the safety of older pedestrians through clearly marked road crossings and signs, adequate seating and street lighting, and the maintenance of footpaths. The Christchurch City Council has taken a proactive approach to this responsibility with a pedestrian strategy, designed to integrate pedestrian needs into all projects.

At a national level, Transfund has a role in funding pedestrian works where these have a safety function. The National Road Safety Committee is preparing a Road Safety Strategy for the Government to consider, which will include provisions to improve safety for older pedestrians.

### TRAVEL AND ACCOMMODATION ASSISTANCE POLICY

The Ministry of Health is developing a national Travel and Accommodation Assistance policy. Under this proposal, users of publicly funded specialist health and disability services will be entitled to travel and accommodation assistance under nationally consistent criteria.

Public consultation on the criteria for receiving financial assistance was undertaken in 2000, and work towards establishing the policy continues for possible implementation in 2002/03.

79 Land Transport Safety Authority, 1994

80 AA Driver Education Foundation, 2000

## **Government action**

The Government is currently undertaking significant work in the area of transport, which has implications for positive ageing. Driver licensing changes announced in August 2001 have addressed many concerns expressed by older people. The implementation of the proposed changes is planned following public consultation.

In conjunction with Australian agencies, the Land Transport Safety Authority is investigating options for testing drivers on the basis of factors such as competency, rather than age. Initiatives to improve safety for older drivers include improved highway design and the Safe With Age driver education programme. Safety for older pedestrians is also to be considered within the road Safety Strategy that is being prepared by the National Road Safety Committee.

The Government is reviewing land transport funding and management, including passenger transport funding, and the Total Mobility system. A new approach to funding passenger transport, patronage funding has already helped to improve public transport initiatives.

## 5. Ageing in place

### GOAL

*Older people feel safe and secure and can “age in place”*

### ACTIONS

- 5.1 PROMOTE AND IMPLEMENT SAFETY AWARENESS PROGRAMMES FOR OLDER PEOPLE
- 5.2 DEVELOP A WIDE RANGE OF SERVICES THAT SUPPORT AGEING IN PLACE
- 5.3 DEVELOP POLICY OPTIONS THAT FACILITATE AGEING IN PLACE
- 5.4 IMPROVE DELIVERY OF INFORMATION ABOUT PROVISIONS AND SERVICES THAT ENABLE OLDER PEOPLE TO AGE IN PLACE

### EMERGING ISSUES

- AGEING IN PLACE RELIES ON PEOPLE PLANNING FOR THEIR OWN RETIREMENT
- OLDER PEOPLE NEED TO FEEL SAFE AND SECURE TO AGE IN PLACE SUCCESSFULLY
- ONGOING RESEARCH INTO THE LINKS BETWEEN HOUSING AND HEALTH IS IMPORTANT TO INFORM FUTURE POLICIES FOR PROMOTING INDEPENDENT AND HEALTHY LIVING IN LATER YEARS

Positive ageing is closely aligned with the ability to "age in place", that is, being able to make choices in later life about where to live and to receive the support needed to do so. While the State provides universal superannuation, the range of choices available is determined to a large extent by the financial provisions that people make for their own retirement. Opportunities for older people to remain healthy, independent, safe and secure makes it possible for older people to continue to participate in and contribute to society.

The goal of ageing in place requires a co-ordinated approach across a number of government agencies. Without a co-ordinated approach, governments may face higher costs associated with older people becoming dependent earlier and moving into residential settings prematurely.

## Factors influencing ageing in place

Older people are a diverse population group. Most are in good health, but some have long-term illnesses or disabilities that limit their ability to care for themselves or take part in everyday activities. There is considerable variation in older people's financial resources. Those who own their homes tend to be financially advantaged, as they have fewer accommodation costs. Other differences relate to personal experiences, like education, involvement in the paid workforce, and cultural, political and religious views of the world.

Environmental factors influence the ability of older people to continue living at home. The key environmental factors assisting older people to age in place are adequate housing, access to support services, feeling safe and secure, and being part of the community. Research undertaken during the International Year of Older Persons in 1999 confirmed the importance of these environmental factors, as well as personal factors, in maintaining older people's independence.<sup>81</sup>

The Ministry of Social Development is developing a policy framework for income and social support which will provide options to assist people to age in place. This will enable the range of services supporting ageing in place to be provided in a co-ordinated way.

## Planning for ageing in place

New Zealand is a mobile society, and ageing in place does not necessarily mean staying in one place permanently. As family circumstances change, older people often choose to move into houses more

### PLANNING FOR A MOVE

The choice to retire to a different area requires planning. Age Concern has prepared fact sheets for older people on planning and moving home. Suggestions include:

- looking to move while still able to make new friends, settle in and establish new social networks
- discussing plans with family members when deciding to move close to family, to find out if they are likely to remain in the same place, and what understanding there is for care and support
- checking out what community services and facilities are available in the area
- spending some time in an area, such as a long holiday, to see if it is the right place to move
- making sure a new house is safe, accessible and secure, with handrails where required, non-slip surfaces, a minimum of stairs and steps, and good-quality locks.

Age Concern fact sheets are available at local Age Concern centres, or on the Internet at [www.ageconcern.org.nz](http://www.ageconcern.org.nz)

81 Dwyer, M, et al, 2000

appropriate to their current lifestyle. Older people may, for instance, choose to move into a smaller home with easy access to shops, public transport and recreation activities. Others may choose to move to an area with a better climate, proximity to family or spiritual significance. For older Māori, such areas might be papakainga – ancestral home areas. The Government's Papakainga Lending programme provides access to Housing New Zealand Corporation loan finance for people wanting to build homes on Māori land in multiple ownership.

Older people who successfully age in place maintain close links with family, friends and neighbours. They keep active and are interested in their community and they know where the services are available and how to access these on a day-to-day basis. Family, friends, neighbours and other social groups together provide a network of contact and emotional support for older people.

Community groups, clubs and churches provide opportunities to socialise and to attend meetings or special events. For many kaumātua, ageing in place involves spending more time in their communities, attending hui and other events, and less time at home.

### Living at home

Another key factor for ageing in place is suitable housing. The choice to remain at home is made easier if housing is accessible, safe and secure. Good house design, with non-slip surfaces, a minimum of stairs and steps, and adequate lighting, improves safety at home. Home maintenance and affordable and energy-efficient heating improves comfort in the home.

Many older people do much of their own home maintenance. Over 46 percent of older people interviewed for a recent survey of the living standards of older New Zealanders had conducted home maintenance in the last 12 months.<sup>82</sup> A quarter of the respondents had done some carpentry and a quarter had made car repairs. Some older people receive assistance from their family for maintenance tasks.

Age Concern, Grey Power and other community groups provide advice, social activities and services to support older people to remain at home. These include handyperson services to carry out minor repairs, such as fixing leaking taps, and replacing light bulbs. This is an important service, particularly for older women living alone who may not have these skills.

The living standards survey has indicated that older people are generally happy with the state of their private dwellings. For a small proportion of older people, draughts and cold remain significant factors affecting their health and their ability to remain active at home.

#### NGĀ WHARE MAHANA – WARM HOUSES

The Department of Work and Income in Canterbury is running a pilot project, Ngā Whare Mahana, to provide financial assistance and information on energy efficiency measures, including insulation, for the homes of Ngai Tahu Kaumātua of the Rapaki Pa area. This is to help reduce the costs of power consumption and decrease the number of applications for emergency assistance for heating. It will also have a positive effect on the health and well-being of those assisted.

For some older people, exposure to cold may lead to health risks. Older people become less able to identify changes in temperature as they age and some may be at risk of hypothermia in poorly insulated homes.<sup>83</sup> The Wellington School of Medicine's public health department has carried out a study to determine the health effects of insulating pensioner units in Wellington, looking at the impact of insulation. This has become part of a nationwide study of 1,200 houses, assessing the impact of housing conditions on health.

Currently, there are initiatives that aim to provide more comfortable and cost effective living. At a government level, a draft National Energy Efficiency and Conservation Strategy has been prepared by the Energy Efficiency and Conservation Authority (EECA), in conjunction with the Ministry for the Environment, interest groups, stakeholders and members of the public. One initiative in the strategy is to redesign the EECA's Energy Saver Fund. The Energy Saver Fund has, from 1995 to 2000, invested \$9.4 million in funding assistance to improve home energy efficiency, resulting in \$52.4 million net savings on household energy costs.<sup>84</sup> The redesigned Energy Saver scheme includes two new projects for 2001 and 2002, working with community trusts and Māori service providers.

Other initiatives in the Energy Efficiency and Conservation Strategy include upgrading the New Zealand Building Code to set higher standards for new buildings. The current Code omits some key energy efficiency issues such as window design. Higher standards for new homes could reduce energy consumption in new homes by up to a third, saving \$400 per new home, per year, and will have a positive impact on future generations of older people wishing to age in place.

### Safety and security at home

For many older people, the choice to age in place depends on whether they feel safe and secure at home and in their communities. Security is one factor influencing an older person's decision to move to a retirement village or into pensioner housing.<sup>85</sup> Many older people choose to increase security by installing personal and house alarms, security lights and smoke alarms.

#### SAVING ENERGY AT HOME

As part of its eco-city strategy, Waitakere City Council has produced Sustainable Home Guidelines to advise building professionals and the public on all aspects of sustainable buildings, including energy. This includes advice on:

- ensuring safety against home accidents and security against intruders
- gaining and storing heat from the sun
- increasing comfort in the home and choosing heaters and heating systems
- using hot water efficiently, and buying and utilising appliances
- healthy and comfortable lighting.

The Sustainable Home Guidelines are available on the Internet at [www.waitakere.govt.nz](http://www.waitakere.govt.nz)

83 Howden-Chapman, P, et al, 1999, p18

84 Energy Efficiency and Conservation Authority, 2001

85 Dwyer, M, et al, 2000, p42

There are a number of local initiatives by local councils, New Zealand Police and the New Zealand Fire Service Commission showing older people how they can remain safe in their homes and in their community.

### Rights and well-being

Many groups, including Age Concern and Grey Power, have been active in promoting the rights and well-being of older people. Age Concern has produced a number of fact sheets and booklets advising older people, families and caregivers on legal rights, managing property and money, and protection against elder abuse and neglect.

Together with the Senior Citizens Unit of the Ministry of Social Development, Age Concern has played a significant role in the establishment and ongoing development of elder abuse and neglect services in New Zealand. Age Concern has a role in the provision of some of these services.

The Department of Child, Youth and Family funds 22 services throughout the country to prevent and respond to incidents of elder abuse and neglect. These services were identified in a recent review of family violence prevention services undertaken by the Ministry of Social Policy. A five-year plan of action to improve co-ordination and delivery of all family violence prevention services is being developed.

### Government action

Successful ageing in place results from the efforts of government agencies, local authorities, community organisations, the private sector, families and friends, and older people themselves. As New Zealand's population continues to age, reaching the goal of ageing in place will require closer partnerships and improved co-ordination of services.

#### FIRE SAFETY AT HOME

The New Zealand Fire Service Commission has developed fire safety awareness programmes and promotion campaigns, some of which are specifically designed for older people. Programmes include the following.

- A Fire Service programme tailored to older people and directed to improving fire safety awareness in the home this programme will be implemented in early 2002.
- A winter fire safety programme about the use of heaters, electric blankets, and smoke alarms will be distributed to all at-risk people in the community.
- The Fire Service is involved in a programme in conjunction with New Zealand Police aiming to reduce the incidence of burglary, while promoting general safety in the home. A target group for this programme is older people.
- The "Come on Guys get Firewise" programme and advertising campaign has been particularly well accepted by older people according to an independent audit of the campaign. This campaign targets all age groups but has created significant and measurable fire safety behavioural change among older people.
- The Fire Service is developing standards for the introduction of innovative fire safety systems for residential care facilities for older people. These systems include domestic sprinkler systems and corridor smoke detector systems.

There are a number of initiatives being developed by agencies that support ageing in place. The Ministry of Social Policy has recently worked with Local Government New Zealand to establish partnerships to improve social housing outcomes.<sup>86</sup> Partnerships to improve safety at home have also been initiated. Since 1998, the Accident Compensation Corporation has funded four community-based programmes to prevent falls among older people. The Fire Service runs a fire safety programme for older people, and Police have a number of community partnerships promoting safety awareness and information.

The Retirement Commissioner's education and information programme on the need to save for retirement has the potential to make a significant impact on future generations' ability to age in place. Other important work identified in the Positive Ageing Action Plan includes ensuring that the range of income and social assistance meets the needs of the current and future cohorts of older people.

The Government has a commitment to extending opportunities so that no group is excluded from society or is denied the full rights, benefits and responsibilities of citizenship. A whole of government approach to reducing social exclusion includes providing better information about services, investing in health and education services, and investing in people themselves so that they can play a full part in our economy and society.

## 6. Cultural diversity

### GOAL:

*A range of culturally appropriate services allows for choices for older people*

### ACTIONS:

- 6.1 INCREASE THE NUMBER OF QUALITY SERVICES PROVIDED BY AND FOR MAORI
- 6.2 INCREASE THE NUMBER OF QUALITY SERVICES PROVIDED BY AND FOR PACIFIC PEOPLES
- 6.3 IDENTIFY ISSUES OF SPECIFIC CONCERN TO OLDER PEOPLE FROM ETHNIC COMMUNITIES AND DEVELOP OPTIONS FOR ADDRESSING THESE

# Older Māori

## EMERGING ISSUES

- GOVERNMENT AGENCIES NEED TO INCREASE THEIR UNDERSTANDING OF THE ROLE AND SIGNIFICANCE OF KAUMĀTUA IN TE AO MĀORI
- CONTINUING COMMITMENT TO CAPACITY-BUILDING STRATEGIES IS REQUIRED TO ENSURE THE HEALTH AND WELL-BEING OF TODAY'S OLDER MĀORI AND FUTURE GENERATIONS
- PROVIDING INFORMATION ABOUT INCOME SUPPORT ENTITLEMENTS IS ESSENTIAL TO ASSIST MĀORI TO REMAIN FINANCIALLY SECURE AS THEY AGE

Older Māori today are relatively small in number but important and active members of their whānau and wider community. Many participate on the marae, in churches, workplaces, community groups and in the home. The proportion of older Māori is growing. In 50 years' time, the population of older Māori is expected to be about eight times its present number.<sup>87</sup>

Some older Māori with specific leadership qualities and skills are accorded the status of kaumātua, or respected elder, by their community. Kaumātua today are being looked to more frequently to provide guidance, advice and support on a range of matters relating to the traditional Māori world, *Te Ao Māori*, as well as contemporary issues.

The capacity of older Māori to take up and benefit from the responsibilities that come with old age depends on good health, well-being, and support from the whānau, hapū and iwi. It also depends on having opportunities throughout life to experience and understand Māori traditions and developments.

## Whakanuia te hunga kaumātua – The importance of kuia, koroua and kaumātua

In Māori society, *kuia*, older women, and *koroua*, older men, have many important and distinctive roles to play within their whānau and communities. Kuia, for example, are responsible for the *karanga*, the ceremonial call at hui and tangi, while koroua are responsible for *whaikōrero*, formal speaking. In a survey of 397 Māori over 60 years of age, Te Pūmanawa Hauora found that 33 percent of kuia were

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87 Statistics New Zealand, 1998c, p22

*kaikaranga*, or ceremonial callers, and 53 percent of koroua were *kaikōrero*, speakers.<sup>88</sup> Kuia and koroua complement each other in their knowledge of Te Ao Māori and in upholding the mana of the whānau, hapū and iwi.

The distinctive roles of kuia and koroua are recognised in traditional phrases. Kuia are traditionally spoken of as *he rake toetoe*, which is a cluster of grass sedge with white feathery tops like the white hair of kuia. Kuia are always in demand and move about like toetoe in the wind. Respect for the experience of koroua is recognised in the phrase *taringa huruhuru*, which in translation conveys the importance of wise and experienced listeners.<sup>89</sup>

As Māori become older, more knowledgeable and wiser, they earn the right to become *kaumātua*, respected elders. Kaumātua are chosen with the support of existing elders, whānau, hapū and iwi. This is usually done on the marae, where kaumātua receive an understanding of *tikanga Māori* concepts to prepare them for their responsibilities. In some tribal areas, recognition as kaumātua is given to the oldest male in the whānau and a younger male cannot carry out official *whaikōrero* on the marae or any official Māori function if he has an older brother.

Kaumātua act as representatives of their people, spending more time at their local marae, schools or hospital, and less time at home. In hapū and iwi discussions, kaumātua speak for the whānau. They are looked up to and their advice and direction is accepted, sometimes without question.

Older Māori have stated that the role and significance of kaumātua has not been understood or adequately recognised by government. This signals a need for government agencies to increase their understanding of the role of kaumātua. Kaumātua have treasured and often very specialised areas of expertise that are imparted within a relationship of trust and respect for Māori protocols and practices.

### He taonga tuku iho – the inherited aspects of Māori culture

Older Māori have a significant role in handing *he taonga tuku iho*, the inherited aspects of Māori culture, to younger generations. Such taonga might be *tikanga*, customs, *kaupapa*, rules and reasons, or *whakapapa*, knowledge of ancestry. Nearly 44 percent of respondents to the Māori living standards survey indicated that they could name more than three generations of ancestors. Passing on *whakapapa* to younger generations gives *mokopuna*, grandchildren, and *rangatahi*, young adults, knowledge of their *tūpuna/tūpuna* (ancestors), as well as extending their connections to whānau, hapū and iwi. *Whakapapa* also establishes the status of a kaumātua.

A treasured element of Te Ao Māori is the Māori language, *te reo*. Older Māori are much more likely to speak *te reo*, and there is a great reliance on older Māori in *kōhanga reo* and *kura kaupapa*, Māori pre-schools and language immersion schools.

88 Te Pūmanawa Hauora, 1997, p41

89 Ministry of Justice, 2001, p155, p177

For many older Māori, competency with Māori language and knowledge of Māori land, whānau, hapū and iwi is limited. Links to marae have often been reduced to occasional visits and, for some, active participation in the Māori world is unfamiliar. As a result, their capacity to assume a role as leader within their whānau, hapū, iwi and wider community, at least with respect to the Māori world, is compromised.

The role that many older Māori play also requires them to have an understanding of contemporary developments in Māori health, services, schools and business enterprise, as well as participating in national, regional and local politics. For Māori who have the support and resources to adapt to these responsibilities, old age can be a stimulating and invigorating experience.

### **Whakawhitiwhiti whakaaro ki waenga whakatipuranga – discussing and exchanging ideas with younger generations**

For many older Māori there is a strong feeling that “our rangatahi of today will be our kaumātua of tomorrow.”<sup>90</sup> *Whakawhitiwhiti whakaaro*, discussing and exchanging ideas, is an important way of passing on knowledge. This can be done by organising wānanga, debates and discussions, or involving mokopuna and rangatahi in the day-to-day activities of older Māori.

The kaumātua of Ngati Awa, for example, participate in a range of activities and initiatives, including arranging wānanga for younger Māori that focus on different aspects of their cultural heritage, such as:

- tikanga – customs
- kawa – procedure and protocols
- te reo – the Māori language
- waiata – songs
- karanga – the ceremonial call
- whaikōrero – formal speaking
- karakia – prayer.

#### WĀNANGA FOR URBAN KAUMĀTUA

Hoani Waititi Marae in West Auckland has received a grant from Te Waka Toi, the Māori arts board of Creative New Zealand, to organise a series of wānanga for urban kaumātua. The eight wānanga will offer training in the art of marae *kawa*, protocol, te reo, karanga and waiata. The aim is to empower urban kaumātua who have, in many cases, not had the opportunity to be immersed in Māori community life.

#### COMPUTER TRAINING FOR OLDER MĀORI

Computer training provides older Māori with an opportunity to develop new skills, and provides another way to keep in contact with mokopuna and other younger members of the whānau.

- The 2020 Communications Trust is currently piloting Marae Net at Pipitea Marae in Wellington, with funding from the Wellington City Council. The Marae Net pilot provides local Māori with computer access in a supportive environment, and with training to help build confidence in the use of computers. The Trust has been approached by other marae that are interested in the programme.
- SeniorNet has 77 Learning Centres throughout New Zealand that provide people aged 55 years and over with computer and Internet training.

Interrelationships between the generations occur at whānau, hapū and iwi levels and often involve conflict resolution and the follow up of commitments. These situations are regulated by tribal lore, spiritual beliefs and protocol, which form a stable yet flexible system of kin that is recognised as authoritative.

Younger generations learn from their elders by observing them and participating with them on the marae. People with potential for different roles may be identified at a marae gathering by their humbleness and *manaaki*, their respect and kindness towards other people. Elders may then pass knowledge for a specific role onto these chosen people.

### Hauora – health and well-being

The roles of kuia, koroua and kaumātua are all the more treasured today because many Māori do not live into old age. Māori are less likely to remain healthy in later years and have a lower life expectancy than non-Māori. Life expectancy for Māori, however, has grown at a faster rate than for non-Māori. As a result, the gap in life expectancy between the two groups has narrowed considerably.<sup>91</sup>

The uptake of health services by Māori is a significant issue. Although older Māori have reported greater health care needs, their use of health services is at a lower rate than non-Māori.<sup>92</sup>

A Māori view of health and well-being, *hauora*, balances physical well-being with emotional, psychological and spiritual well-being. Many older Māori, for instance, feel that good health depends on their level of participation on their marae. Most older Māori visit a marae several times a year, but one in five respondents to the living standards survey of 542 Māori aged 65–69 years had not visited a marae at all in the last 12 months.<sup>93</sup> Participation on the marae may depend on the contact older Māori have with their whānau, hapū or iwi, or on their knowledge of te reo, marae protocol and practices. Marae responsibilities can be exhausting, particularly at *tangi* or mourning. Kaumātua on some marae receive visitors during the night as well as during the day.

An important dimension of Māori health and well-being is *whānau ora*, the health and well-being of the immediate and wider family. Whānau ora is the focus of the Ministry of Health's Māori Health Strategy, He Korowai Oranga. Older Māori stand to benefit from whānau health services, which support Māori families to achieve their maximum health and well-being. Three out of four respondents to the Māori living standards survey felt that their whānau played a large or a very large part in their life. Healthy kaumātua promote the health of their whānau through their leadership.

91 Pōmare, E, et al, 1995

92 Hirini, PR, et al, 1999

93 Living Standards of Older New Zealanders, unpublished data

Māori have identified the importance of adequate information about health services, illnesses and treatments. Equally important is cultural awareness when providing health services, and on services being provided by Māori for Māori. Over the last three years, the Government's Māori Provider Development Scheme has improved service delivery to Māori through funding assistance to Māori health providers, as well as making Māori health scholarships available. This scheme has recently been assessed by Te Puni Kōkiri as a step towards positive Māori health outcomes.<sup>94</sup> Māori umbrella organisations, such as Poutiri Trust in the Bay of Plenty, provide local Māori health services with business and service development support.

GPs are the most common medical care contact for older Māori.<sup>95</sup> It is therefore important that mainstream services are culturally appropriate. At the same time, it is important to ensure that kaumātua have the opportunity to access and practise traditional Māori medicine, such as *rongoa* and *mirimiri*, so that knowledge of Māori health concepts can be maintained. There is a concern that family members caring for kuia and koroua may not be aware of the government support available and therefore may not always receive this assistance.

## Pūtea – income and savings

Adequate income is a factor in ensuring the good health of older Māori people. Māori are less likely than non-Māori to reach the age of eligibility for New Zealand Superannuation, and in general have less income than non-Māori. This makes saving for retirement more difficult. Kaumātua encounter additional expenses for koha when attending hui and staying at marae. Those who are made kaumātua at an early age because of their skills in Māori tikanga and kaupapa may experience difficulties meeting the costs of maintaining marae protocol while providing for their whānau.

Providing information about income support entitlements assists Māori to remain financially secure as they age. Information on services for older Māori can be distributed effectively through community networks, such as marae, churches and iwi radio stations.

### COMMUNITY SERVICES AND ACTIVITIES FOR OLDER MĀORI IN TE ARAWA

In Te Arawa, *rūnanga*, local *hapū* councils, provide health clinics for a *koha* or donation, along with transport to these clinics. A mobile health caravan visits different marae for health check-ups, and about six *mirimiri* health clinics assist community kaumātua and older people of all cultures.

Te Arawa provides a number of community activities for older Māori, such as line dancing or computer courses at the local *Wānanga o Aotearoa*. Many older Māori take part in the Te Arawa sports days and a two-day walk. These activities provide older Māori with a feeling of participation and importance in the community, and promote an active and healthy lifestyle.

### KOROUA AND KUIA EARLY INTERVENTION SERVICES

In the Bay of Plenty, Taranaki and Gisborne, the Ministry of Health has contracts with 19 Māori service providers to deliver day programmes for kuia and koroua. Poutiri Trust, based in Te Puke, acts as an umbrella organisation for 10 of these providers.

The day services promote healthier lifestyles for Māori aged 50 years and over in a number of ways, by:

- providing health education and awareness programmes about nutrition, asthma, diabetes, breast and cervical screening and other health issues
- promoting and maintaining fitness and mobility through advice and the Korikori Tinana exercise programmes
- using *mirimiri* – traditional healing services such as massage therapy.

These services provide transport within a 20 km radius to and from day programme facilities, and meals and personal assistance when required.

94 Te Puni Kōkiri, 2000a

95 Hirini, PR, et al, 1999

In Canterbury, the Department of Work and Income is running a project at Ngā Whare Mahana Marae, providing assistance and information on energy-efficient measures in housing to reduce power usage, with the aim of achieving household budget savings.

### Noho kāinga – living at home

Before 1940, Māori were more likely than non-Māori to live in privately, or communally, owned houses.<sup>96</sup> Today, due in part to the urbanisation of many Māori and the costs of urban housing, over 45 percent of Māori live in rental accommodation, although many kuia and koroua still live in their own homes. A survey by Te Pūmanawa Hauora in 1997 found that three-quarters of older Māori lived in their own homes with other people, and that older Māori who did not live in their own home were more likely to report poor health.<sup>97</sup>

One in five older Māori live at home with their extended family, and many Māori live in kaumātua flats in and around the marae. Kaumātua flats allow older Māori to remain active around the marae grounds, in the marae and in meeting houses. Kaumātua watch over each other in this environment and if someone is not well the whānau are advised. Older Māori living away from the whānau may require more support, such as home assistance and kaumātua transport.

Many of today's older Māori homeowners were assisted to buy their homes through the former Department of Māori Affairs' low interest loans. Although these loans are no longer available, assistance for Māori families is currently provided through Housing New Zealand Corporation's Low Deposit Rural Lending Scheme. Within this scheme, local providers offer information and support services and assist Māori families to apply for loans. Providers also help individual families with the planning and consent process for building on multiple-owned land.

Poor housing conditions and overcrowding affect the ability of older Māori to age positively. Special Housing Action Zones have been identified by Housing New Zealand Corporation to address poor housing conditions among Māori in poorer rural areas. For older Māori who rent their homes, the Government's objective is to maintain income-related rents for state housing, and all eligible tenants will be contacted to ensure they are receiving this assistance.

The New Zealand Fire Service Commission is undertaking work to promote home fire safety among Māori. This work includes a specific Ageing Promotion Strategy. Research conducted under the Fire Service Commission Contestable Research Fund and advice from Fire Service iwi liaison officers are informing the development of fire safety strategies.

#### THE LIVING STANDARDS OF OLDER MĀORI

In addition to the living standards survey of 3060 people aged over 65 from the general population, Statistics New Zealand interviewed 542 Māori aged 65–69 years who were living in permanent private dwellings and receiving New Zealand Superannuation. This supplementary survey of Māori included questions about cultural identity and orientation, which were taken from a survey developed by Te Hoe Nuku Roe Research Team at Massey University.

An analysis of information from the survey of older Māori will be undertaken in conjunction with Māori researchers at Massey University. This research is expected to be completed at the end of 2001.

96 Te Puni Kōkiri, 2000a, p31

97 Te Pūmanawa Hauora, 1997

## Government action

The Government is committed to building whānau, hapū, iwi and community capacity through a co-ordinated approach by government agencies. This will enable Māori groups to find their own solutions to local needs. Within the Whānau Development Project, for instance, eight Māori communities are developing local, whānau-focused responses to social needs or opportunities.

The Māori Health Strategy's goal of *whānau ora* considers health initiatives within the whānau as the starting point for Māori health and well-being. The Māori Health Strategy also takes account of the wishes of Māori to improve housing conditions in their local communities. These are significant developments and will positively influence the health and well-being of today's older Māori and future generations of older Māori.

## Older Pacific peoples

### EMERGING ISSUES

- THE GROWTH OF THE OLDER PACIFIC POPULATION WILL INCREASE THE NUMBER OF OLDER PACIFIC PEOPLE LIVING WITH, AND BEING CARED FOR BY, THEIR FAMILIES
- THE INCREASING PROPORTION OF PACIFIC PEOPLE IN THE OLDER POPULATION REQUIRES HEALTH AND SOCIAL SERVICES THAT MEET THEIR NEEDS

Older Pacific people are a small but growing part of the Pacific population and of the older population in New Zealand. It has been projected that the older Pacific population will increase to 11 times its present size in the next 50 years.<sup>98</sup>

Most Pacific people in New Zealand live in urban areas. Two-thirds (65.2 percent) of the Pacific population live in the Auckland region. The rest of the North Island is home to 28.4 percent of Pacific people, with only 6.4 percent living in the South Island.<sup>99</sup>

There is wide ethnic diversity among older Pacific people, and a mix of those who were born in New Zealand and those who were not. Currently, most older Pacific people were born overseas, but in the future the number of New Zealand-born older Pacific people will increase.

### Issues affecting older Pacific peoples

The contributions made by older Pacific people to their communities are significant. They include leadership in families, communities and churches, planning events and fundraising, teaching cultural values and languages, caring for grandchildren, and providing personal support and financial assistance.

There can be tension between generations in Pacific families, when the culturally-based attitudes and values of older Pacific people who were born overseas differ from those of their New Zealand-born children or grandchildren. Misunderstandings or disagreements can arise in the areas of remittance payments, child-rearing practices, respect for older people, and cultural practices and protocols.

#### PACIFIC ETHNIC DIVERSITY

Of the 5,874 Pacific people aged 65 and over living in New Zealand in 1996:

- |                                |                       |
|--------------------------------|-----------------------|
| – 44.3% were Samoan            | – 10.7% were Niuean   |
| – 23.4% were Cook Island Māori | – 4.1% were Fijian    |
| – 15.1% were Tongan            | – 2.4% were Tokelauan |

Source: Statistics New Zealand, 1998a

98 Statistics New Zealand, 1999, p37

99 Statistics New Zealand, 1999, p27

Consultations with older Pacific peoples were undertaken in Christchurch, South Auckland and West Auckland as part of the Positive Ageing Strategy. Participants in the consultations felt that sharing cultural knowledge was an important role of older Pacific people, but also recognised that some practices and ideas were not as appropriate in New Zealand as they might be in their home country. In addition, concerns were raised about income, health and housing. Older Pacific people said they would like more information on the availability and entitlement to services, and information on health issues made available in Pacific languages. They would like to see health professionals and staff of government agencies trained in cultural awareness and sensitivity. There was also a call for an increase in the number of Pacific service providers.

### **Income**

Recent research into the living standards of older New Zealanders indicates that Pacific ethnicity is one of predictors of poor living standards in older age. Other factors include low income, no savings, high accommodation costs, a history of economic stress, and having held a low-status occupation.<sup>100</sup>

Older Pacific people have lower incomes than the rest of the older population. In 1996, the median annual income for Pacific people aged 65 years and over was \$10,800 for those born in New Zealand, and \$8,700 for those born overseas. The median income of all people aged 65 and over in New Zealand was \$12,000.<sup>101</sup> The income of older Pacific people born overseas is lower than that for those born in New Zealand because many do not meet the residential criteria for New Zealand Superannuation.

Problems balancing financial obligations to their families, communities and churches, with meeting their food, housing, health care and other costs of living have been reported by older Pacific people. To fulfil these obligations they sometimes have to forgo medical treatment or other essentials.

Older Pacific people consider that there is a lack of knowledge in Pacific families of the health and other needs of older family members. Concerns have been raised that Pacific family members who provide care to older family members at home do not receive the financial assistance they need. Older Pacific people felt this was important, as they want to be able to live with their families without feeling they are burdening them.

#### RESIDENTIAL CRITERIA FOR NEW ZEALAND SUPERANNUATION

To qualify for New Zealand Superannuation:

- a person must have lived in New Zealand for a total of 10 years since they were 20 years of age; and
- five of those years must have been after their 50th birthday.

People who do not meet the residential criteria for New Zealand Superannuation can receive the Emergency Unemployment Benefit, which is paid at a lower rate.

100 Fergusson, D, et al, 2001a

101 Statistics New Zealand, 1999, p33

Regarding retirement income provisions, the age of eligibility for New Zealand Superannuation was seen by Pacific peoples as too high, because they do not live as long as other New Zealanders. The residential criteria for New Zealand Superannuation were seen by many as too strict. Provisions are in place to allow Pacific people retiring to their country of origin to receive New Zealand Superannuation payments. However, this is not a preferred option, as most prefer to remain close to their families in New Zealand.

As English is their second language, many older Pacific people have trouble understanding information on retirement income entitlements. In response to the Positive Ageing Strategy, the Department of Work and Income will be holding seminars for older Pacific peoples in Auckland to explain superannuation provisions. The Department of Work and Income recently released its Pacific Strategy to ensure effective communication with Pacific peoples. To achieve this, there will be an increasing number of frontline staff who speak Pacific languages and can provide translation or interpretation services. Networks with Pacific communities to disseminate information will be improved.

### **Health**

Pacific peoples have poor health status relative to the general population. An indicator of this is that in 1996–97, the life expectancy at birth for Pacific peoples was 72.7 years, while for the total population it was 76.9 years.<sup>102</sup> The most common causes of hospital admissions and deaths among this group are the effects of diseases such as diabetes, coronary disease and cancer, many of which are related to diet and lifestyle. There is a high prevalence of these diseases among Pacific peoples compared to the population as a whole.<sup>103</sup>

Health professionals need to be aware that older Pacific people often have difficulty understanding the explanations given about medical conditions and treatment. Increasing the number of Pacific health professionals is particularly important for the current generation of older Pacific people, who may have little understanding of English language. This would meet their need for a holistic approach to diagnosis and treatment of medical conditions, which would take into account spiritual, physical, social and psychological aspects, and the well-being of their family.

#### PORTABILITY OF NEW ZEALAND SUPERANNUATION TO PACIFIC COUNTRIES

To be eligible to receive payments of New Zealand Superannuation on retiring to specified Pacific countries, people must be:

- resident and present in New Zealand at the date they apply for payments to be made outside New Zealand
- already receiving, or entitled to receive, New Zealand Superannuation before their departure
- intending to live in the specified Pacific country for 12 months or more.

People who have lived in New Zealand for 20 years or more since age 20, and are retiring to specified Pacific countries, receive the full gross rate of New Zealand Superannuation that would have been paid if they had remained in New Zealand.

People who have lived in New Zealand for between 10 and 20 years since age 20, receive one twentieth of the New Zealand Superannuation rate for each year that they have lived in New Zealand since they were aged 20.

102 Ministry of Health, 1999b, Table 1, p7

103 Ministry of Health, 1997a

The Pacific Health and Disability Action Plan is currently being developed by the Ministry of Health. The aim of this plan is to address many of the specific health needs of Pacific people, including accessibility and acceptability of services, and the use of traditional remedies. The Action Plan will focus on the delivery of health services by Pacific providers whenever possible.

### **Housing**

Nearly half of all Pacific people aged 60–70 years in 1991 lived in extended family households, as did 63 percent of those aged over 75 years. In comparison, 7 percent of New Zealand European/Pakeha people aged 60–70, and only 4 percent of those over 75, lived with extended family.<sup>104</sup>

Overcrowding, with its associated health problems, is a particular issue for people living in extended family situations. Over 55 percent of Pacific people in New Zealand live in rental accommodation. Housing New Zealand Corporation (HNZC)<sup>105</sup> houses are not all designed for the extended family living of Pacific peoples. Initiatives by HNZC to address housing issues raised by Pacific peoples include increasing its stock of houses with four or more bedrooms, and extending some of its smaller properties by adding extensions or “granny flats”. Modernisation and maintenance work is being carried out on many HNZC houses, including energy-efficiency, kitchen and bathroom upgrades. The introduction of income-related rents for HNZC properties has addressed the issue of the affordability of state housing for people with low incomes.

### **Community initiatives**

Some Pacific communities have established organisations to address the issues facing older Pacific people. Treasured Older Adults (TOA) Pacific network in Auckland works to enhance and celebrate the lives and well-being of older Pacific people. The network was established by the Methodist Mission Northern, and is made up of over 50 groups from seven Pacific communities. Activities vary from group to group, and include exercise, outings, weaving, carving and storytelling. The network also supports its member groups with funding applications, and connects them with health educators and advisors on exercise for older people. TOA Pacific has been awarded the first contract to co-ordinate an elder abuse and neglect prevention programme specifically for older Pacific peoples. Similar groups and networks have been set up by Pacific communities around New Zealand.

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104 Ministry of Pacific Island Affairs, 1999

105 HNZC is the new agency created by uniting Housing New Zealand, Community Housing Ltd, the Housing Corporation of New Zealand, and the housing policy unit of the Ministry of Social Policy from 1 July 2001.

Crown Public Health, an organisation delivering health promotion and prevention services to Canterbury and the West Coast, is working with Pacific communities in Christchurch to promote exercise and good nutrition for older people. This involves exercise classes incorporating music and dance from the Pacific, and providing advice on healthy diets appropriate to the income and preferences of members. Crown Public Health staff are also working alongside the Ministry of Health on specific health issues such as influenza vaccinations.

Churches take a central place in the lives of older Pacific people. As well as their spiritual aspects, churches provide social opportunities bringing older people together for singing, embroidery and other social sessions. Churches are a forum for the dissemination of information to assist older people.

### **Government action**

The Ministry of Pacific Island Affairs works to ensure that government policies and initiatives take into account the needs and concerns of older Pacific peoples. It is leading the development and implementation of the Pacific Capacity Building initiative that seeks to strengthen the capabilities and capacity of Pacific peoples, families, organisations and communities to achieve their own aspirations. The process has involved the development of Programmes of Action by eight Pacific communities, in partnership with the Government. The Programmes of Action identify goals, indicators and timelines, and the resources needed to achieve desired outcomes. These actions are expected to have positive effects for older Pacific people.

The Ministry of Health is developing a Pacific Health and Disability Action Plan, which identifies the key issues for addressing accessibility and acceptability of services for older Pacific peoples. Appropriate housing is important for present and future generations of older Pacific peoples. Housing New Zealand Corporation is working on a proposal for home ownership assistance for low and medium income earners, as well as developing local government partnerships to improve social housing outcomes.

# Older people in ethnic communities

## EMERGING ISSUES:

- POLICIES NEED TO TAKE INTO ACCOUNT THE INCREASING ETHNIC DIVERSITY OF THE AGEING POPULATION
- PEOPLE FROM ETHNIC COMMUNITIES FACE UNIQUE CHALLENGES AS THEY AGE
- GREATER UNDERSTANDING OF ISSUES FACING OLDER ETHNIC PEOPLE IS REQUIRED TO INFORM POLICY AND SERVICE DELIVERY

New Zealand's population is made up of Māori, Pacific peoples, the majority New Zealand European group and a number of ethnic communities with diverse needs and experiences. Within these groups, special subgroups based on settlement status, gender, country of origin and socio-economic position require distinct policy and service delivery approaches. Even within these subgroups, it needs to be recognised that there is wide variation. For example, Asian New Zealanders come from a diversity of backgrounds. Another example is the range of religions found among Indian elders.

An ethnic group is one that has a sense of peoplehood or belonging based on shared culture, values, beliefs, religion or symbols such as language, food or dress.<sup>106</sup> In all, more than 200 separate ethnic groups were represented in the 1996 Census, although fewer than 30 had more than 4,000 members each.<sup>107</sup> Immigration rates combined with population growth projections suggest the ethnic sector will continue to grow for the foreseeable future.

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106 Blakemore, K, & M Boneham, 1993

107 Statistics New Zealand, 1998e, p35

Many ethnic groups are represented in New Zealand, and many are growing populations. Asia has replaced the United Kingdom and Ireland as the largest source of new migrants, and in 1996 almost two-thirds of Asian-born migrants came from South Korea, China, Taiwan, Hong Kong and Malaysia.<sup>108</sup> Other significant ethnic communities in New Zealand, in addition to Māori, Pacific and Asian peoples, include Dutch, German, Italian and Eastern European communities. There are many other ethnic communities, and many people identify with more than one ethnicity. In the 1996 Census, 14 percent of older New Zealanders indicated that they belonged to more than one ethnic group.<sup>109</sup>

At present, there are relatively few culturally appropriate services, policies or research initiatives targeting the needs of older ethnic people. Ethnicity influences the many facets of ageing and has an enduring importance in understanding ageing. Although for first-generation migrants cultural traits are most salient, ethnicity does not diminish through generations but presents itself differently throughout life. To ensure the participation and well-being of older people from ethnic communities, there is a need to identify the ethnic dimensions of ageing and address the specific challenges facing older people from diverse ethnic backgrounds.

### Ageing in ethnic communities

Understanding the needs of older ethnic people is complex. Limited New Zealand research on ethnic groups means it is necessary to draw on international literature and New Zealand case studies.

The concept of family is considered especially important for older ethnic people. Generally, the traditional ethnic family is characterised as being based on extended family systems with a strong emphasis on familial duty, cohesion, continuity between the generations, and interdependence of family members.<sup>110</sup>

A common perspective termed “ethnic compensation”<sup>111</sup> suggests that traditional “age-honouring” cultures provide older people with a position of prestige within the family, thereby helping the ageing process. This is in contrast to most Anglo-Saxon or modernised cultures in which the status of older people is reduced because of influences such as urbanisation, technology and education.<sup>112</sup>

Some ethnic communities place greater value on their older people and emphasise obligation or filial duty to older family members.<sup>113</sup> In addition, ethnic families often prefer to care for older family members in their home, have greater informal family and social support networks, and are more likely to live in

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108 Statistics New Zealand, 1998e, p29

109 Statistics New Zealand, 1998c, p22

110 Driedger, L, & N Chappell, 1987

111 Sokolovsky, J, 1997

112 Cowgill, DO, & D Holmes, 1972

113 Driedger, L, & N Chappell, 1987

extended families because of both convenience and cultural values. However, it would be dangerous to assume that these traditional beliefs and practices are homogenous across cultures or easily maintained in contemporary Western societies.

Ethnic families face multiple economic and social realities that did not exist in traditional societies. These include more women entering the paid workforce and increased numbers of nuclear ethnic families. In addition, acculturation or cultural adaptation may challenge traditional cultural values about older people, resulting in intergenerational differences or conflicts.

### **Integration and resettlement**

For some older ethnic people, inadequate resettlement processes or integration may prevent them from participation in their own ethnic group and the wider community. Sometimes integration does not occur, even after decades of residence in a country. Clearly, language or limited English presents a significant obstacle. The lack of accessible English classes, interpreters or translated materials serves to worsen this problem and limit all kinds of everyday activities, such as use of public transport, shopping, and using the phone. Research in Australia shows that a high proportion of older ethnic people are housebound and inactive. These problems are likely to be worse for refugees<sup>114</sup> and women.

Inadequate settlement or acculturation can have a negative impact on mental health. A recent study of older Chinese people in New Zealand found difficulties of language, acculturation, low social support and access to health services were all associated with depressive symptoms.<sup>115</sup>

Some ethnic community groups have developed initiatives to facilitate integration of older ethnic people. For example, the Chinese New Settlers Services Trust has developed a community programme for elders which runs every weekend in four major centres in Auckland. This provides basic English classes for everyday New Zealand life, workshops on New Zealand culture, and social activities such as Tai Chi, Chinese dance and social groups.

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114 Altinkaya, J, & H Omundsen, 1999

115 Abbott, M, et al, 2001

## Culturally appropriate services

In providing services for older ethnic people, there is a need to be cautious of stereotypical notions or generalisations of ethnic families, while also acknowledging the traditional cultural values surrounding the care of older ethnic people. The complexity of the issues indicates that a range of flexible culturally appropriate services should be available for older ethnic people and their families. Research suggests that services that are culturally appropriate are more likely to be used, and to be considered beneficial or satisfactory by older people and their families.<sup>116</sup>

Key factors in culturally appropriate care include the values underlying the delivery of services, catering for specific dietary needs and preferences, the use of bilingual staff, and the due acknowledgement of the role and importance of the family. The need for these services is even more important because responsibilities faced by carers of older ethnic people may be greater because there are fewer alternative culturally appropriate sources of support.

## Health and social services

At present, understanding the health and social service needs of older ethnic people in New Zealand is difficult due to inadequate published statistics. For example, the Ministry of Health report, *Monitoring Ethnic Inequalities in Health* and the Ministry of Social Policy's *Living Standards of Older New Zealanders* report do not include statistics for ethnic groups, due to low sample numbers and statistical unreliability. In some cases, information collected by ethnicity is collated into one category "Other" which gives no indication of the specific issues faced by the heterogeneous groups encompassed in this category.

### EXAMPLES OF CULTURALLY APPROPRIATE CARE

#### **Dutch Community: Home Care Services 'Thuiszorg Inc'**

The Friendly Support Network for Dutch people found that older Dutch people with cognitive impairment were experiencing a language regression, reverting back to their mother tongue although they had good levels of English. Currently, 31 bilingual caregivers provide a range of culturally appropriate home care services including social support.

#### **Shanti Niwas Centre for Indian Senior Citizens**

Shanti Niwas, meaning a place of peace, is a community-based activity centre developed in conjunction with the Methodist Northern Mission and Wesley Care in Auckland. The centre provides a range of activities and social services for older people of Indian origin that includes information on health and welfare services, advocacy, celebration of cultural events and socialising activities.

#### **Deckston Wing, Te Hopai Residential Facility**

Te Hopai Trust Group and the Wellington Jewish Care of the Aged have developed in partnership a Jewish residential care facility called the Deckston wing. This provides a Jewish lifestyle with strictly kosher meals and the celebration of Jewish festivals.

All New Zealanders have the right to access quality health and social services. Some of the priorities outlined in the National Health Strategy 2000 emphasise timely and quality health services and equitable access to services for all New Zealanders, as well as accessibility of information about those services.<sup>117</sup> However, for older ethnic people there may be cultural, structural and economic barriers to using mainstream services in New Zealand.

One of the major structural barriers to health and social service utilisation is the lack of culturally appropriate services. A key feature of a culturally appropriate service is that it addresses language barriers, through multilingual staff, interpreting services and translated materials. Another important factor is the level of cultural awareness or cross-cultural competence of service providers. Other relevant structural barriers include perceived or real discrimination, geographic location of services, and lack of transport to services.

Cultural incompatibilities of world views between older ethnic people and service providers act as barriers to health and social service utilisation. For example, health services in New Zealand are underpinned by Western biomedical health paradigms, which may differ significantly from traditional cultural health ideologies. Incongruities may be based on varying beliefs about the causes and treatments of diseases, roles of the family, and spiritual values. Differences in cross-cultural beliefs about health and mental illness have also been identified as an important issue. Research suggests that there is greater stigma associated with utilising mental health services for some ethnic groups.<sup>118</sup>

A recent survey of Asian health needs reiterated the significance of language as a barrier to services and identified the need for culturally-appropriate respite services and transport for older Asian people.<sup>119</sup>

In response to the needs of Asian people, including older people, and potential barriers to service utilisation, an Asian Health Support Service was established in Waitemata in May 1999. Services provided include:

- cultural support to inpatients and community clients
- information pamphlets in Asian languages on health services
- training in cultural awareness and a booklet on Asian cultural perspectives
- a multilingual health service line
- promotion of Asian healthcare needs to mainstream service providers.

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117 Ministry of Health, 2000

118 Damon-Rodriguez, J, 1998

119 Ngai, M, et al, 2001

In New Zealand, economic barriers to service utilisation have been identified for Māori and Pacific older peoples. Similar issues may exist for some older ethnic people. Clearly, one such factor is the cost of health and social services. In relation to culturally appropriate services, an economic barrier may be lack of funding. At a policy level, current criteria for migrant eligibility for superannuation and other types of government financial support may be an issue. At present, to qualify for New Zealand Superannuation, a person must have lived in New Zealand for a total of 10 years since they were 20 years of age and five of those years must have been after their 50th birthday.

There is a risk that if structural, cultural and economic barriers to health and social service utilisation for older ethnic people are not addressed, there will be long-term social and economic costs for New Zealand as a nation. These issues need to be addressed across government departments and sectors in terms of research, consultation, policy and service delivery.

### **Government action**

To contribute to the Positive Ageing Strategy, the Office of Ethnic Affairs is developing approaches to help identify and respond to the needs of ethnic communities, including older people. The Office is building up a comprehensive picture of the status and needs of older people in ethnic communities in New Zealand and this will be used to provide advice to other government agencies.

The Department of Labour is undertaking a pilot longitudinal survey of new migrants to New Zealand. The main survey, which will include around 7,500 migrants, is planned to begin in early 2003. Respondents to the survey will be interviewed six months after they have taken up residence, again at 18 months and finally three years after they have taken up residence in New Zealand.

The survey will provide information on family and household characteristics, current and previous income, employment, social networks, housing, health status, use of health and other services, English language ability and acquisition, and general satisfaction with New Zealand. It is expected that the survey will increase knowledge of the settlement issues faced by recent migrants of all ethnic groups, including older people.

Statistics New Zealand compiles extensive information on ethnic groups from census data, and is currently undertaking a review of the measurement of ethnicity. Since the last review of ethnic statistics in 1988, there have been changes in New Zealand society, the requirements of users, and the collection of ethnicity data by other agencies. Consequently, there is a need to re-examine both the concepts and classifications of ethnicity. The aim of the review is to produce a measure that is relevant to users and the public as suppliers of this information. As part of the review, Statistics New Zealand will consult with a wide range of stakeholders and the current standard and definition will be updated as required. Completion of the review is expected to be mid-2002.

## 7. Rural

### GOAL:

*Older people living in rural areas are not disadvantaged when accessing services*

### ACTIONS:

- 7.1 PROMOTE AND SUPPORT POLICIES THAT ENCOURAGE OPPORTUNITIES FOR GROWTH AND DEVELOPMENT FOR OLDER PEOPLE LIVING IN RURAL COMMUNITIES
- 7.2 IMPROVE SERVICE DELIVERY TO RURAL AREAS
- 7.3 ENSURE POLICIES ADDRESS THE ADDITIONAL COSTS ASSOCIATED WITH PROVIDING SERVICES TO SPARSELY POPULATED AND RURAL COMMUNITIES
- 7.4 ENSURE EQUITY OF ACCESS TO HEALTH SERVICES FOR PEOPLE IN RURAL AREAS
- 7.5 DEVELOP OPTIONS TO ADDRESS THE TRANSPORT NEEDS OF RURAL OLDER PEOPLE ACCESSING SERVICES AND ACTIVITIES IN URBAN AREAS

### EMERGING ISSUES:

- LOWER POPULATION DENSITIES AND INCREASING PROPORTIONS OF OLDER PEOPLE IN RURAL AREAS MEAN THERE ARE FEWER PEOPLE AVAILABLE TO SUPPORT DEPENDENT OLDER PEOPLE
- INCREASING USE OF INFORMATION AND COMMUNICATION TECHNOLOGIES MEANS THAT ADDRESSING THE ISSUE OF RURAL TELECOMMUNICATIONS INFRASTRUCTURES IS MORE IMPORTANT

The experience of living in a rural area in later life is as varied as anywhere. While positive ageing promotes “ageing in place”, a great deal depends on the place, just as it depends on the people.

The geographic features of New Zealand have significantly shaped its social and economic features. Rural land-use patterns of today reflect changes in agriculture, horticulture, fishing, forestry, mining, energy, tourism, housing and transportation. Communities that grew up to service and support land-based enterprises face threats to their viability when changes in investment occur.

Service delivery patterns have changed with improved transportation and communication systems. This has led to a reduction in the number of services and facilities located in many communities, including towns where the population is growing. While developments such as call centres provide immediate access to information, rural people often need to travel greater distances to access other services and amenities.

### **Older people in rural communities**

Older people in rural communities may stay on in the place they have spent their whole lives or much of their lives, surrounded by old friends, familiar places and supportive families. Many people who retire in rural places move there during their working ages. Equally, they may choose to leave and move to a larger centre to seek a different climate, or to be nearer to friends, family, health services, and cultural or recreational attractions. Conversely, older people may be quite recent residents in rural communities.

Statistics New Zealand has defined a rural centre as an area with a population between 300 and 999 people. Areas with populations of less than 300 people are known as rural areas. According to the 1996 Census, 2 percent of people aged 65 years and over live in rural centres, and 8 percent live in rural areas.<sup>120</sup> Older Māori are more likely than older non-Māori to live in rural areas. In 1996, 24 percent of Māori aged 65 and over lived in rural areas, compared with 11 percent of non-Māori of that age.<sup>121</sup>

Minor urban areas – towns with populations between 1,000 and 9,999 – have a larger proportion of older people than rural areas, rural centres or urban centres.<sup>122</sup> People aged 65 and over make up about 15 percent of the population of minor urban areas, compared with about 11 percent of the population in urban areas and about 7 percent in rural centres.

The older population in rural areas is increasing at a faster rate than in urban and minor urban areas. The population aged 65 years and over increased by more than 20 percent in rural areas between the 1991 and the 1996 censuses, and increased by 17 percent in rural centres. This compares with an increase of less than 10 percent in the urban population 65 years and over, and an increase of 13 percent in minor urban areas. In this period, there was a net movement of just under 35,000 people aged 65–74 from

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120 Statistics New Zealand, 1998c, p33

121 Statistics New Zealand, 1997b

122 Newell, J, 1998

suburban areas to rural areas.<sup>123</sup> Possible reasons for this movement include the appeal of lifestyle blocks in early retirement years, improved access to rural areas, and changes in communication technology.

### Access to services

Given the lower population density of rural areas, the tasks of supporting more dependent family and community members may fall on fewer people. Family caregivers often provide home care for older adults with either short or long-term care needs, ranging from occasional household maintenance to regular shopping or home care. Family caregivers in rural areas with less access to community-based resources face even greater challenges.

The centralising of services to larger urban places increases the difficulty of accessing specialist advice or emergency services for rural people without private transport, and especially those older people who no longer hold a driver licence. The extra costs of delivering many services in rural areas means that population-based funding may not provide reasonable services to rural areas. Population-based funding may need to be weighted with a “rurality” factor to account for these extra costs. Currently, funding for public transport services is based on existing patronage of services.

The Ministry of Health is working to establish a consistent funding formula for District Health Boards which takes into account factors such as age and gender structure, level of deprivation, ethnicity and rurality. The Ministry of Health is also seeking to establish criteria for travel and accommodation assistance for health service users. This will assist health users who have to travel long distances to hospitals and specialist health services.

For GPs in rural areas, the distance to secondary services and longer work hours creates difficulties attracting locums. The Government has recently established a rural GP co-ordinator to manage the provision of locums. In addition, a premium is paid to rural GPs in some areas to offset the extra costs of maintaining a rural health practice.

#### MOBILE MEDICAL SERVICES

A group of New Zealand health professionals has developed a concept of a mobile surgical service, using new technology to provide day surgery in rural towns. In December 2000, the Government announced funding for a mobile surgery bus, provided by Mobile Medical Technology. The mobile service will be staffed by travelling and local nurses and doctors, and will use existing hospital facilities for recovery.

Surgery follow-ups, with the surgeon communicating via video links, and “virtual ward rounds” are being investigated. Day surgery will be reinstated in up to 12 rural hospitals in the first instance, along with staff development for rural health professionals.

The mobile service will create savings in travel costs and time for patients, as well as being more efficient and cost effective for providers. Patients will benefit from day surgery being carried out close to family and informal support, and where general health care follow-up can be readily provided.<sup>124</sup> The mobile surgery service will be introduced by November 2001.

<sup>123</sup> Statistics New Zealand, 1998c, p37

<sup>124</sup> Jamieson, I, 2000

## Identifying local needs

Improving the provision, delivery and access to services for older people in rural areas requires good communication between the public, private and community sectors. Rural communities, researchers and service providers together have a role to play in identifying local needs, and in planning and delivering services to respond to these needs.

One example of partnership between the community, researchers and local providers is in the Wairarapa. In 1994, Massey University worked with the Wairarapa Organisation of Older Persons (WOOPs) to carry out a survey of local residents of all ages. The survey found that the role of clubs and organisations was critical to the involvement of older people in community activities. As well as networking with other local organisations, WOOPs runs a number of services to provide older people with opportunities to get together for social occasions. These include programmes such as the 80 Plus and Safe with Age driving courses, which are important in promoting the independence of older people.<sup>125</sup>

## Heartland Services

Heartland Services is an example of partnership between central government, local government and community groups to improve access to services for people in provincial and rural New Zealand.

The programme consists of two parts. The first part is a service centre from which government services can be delivered through visiting representatives of government departments. These centres will mainly be located in the towns that serve as the administration centres of rural local authorities. However, some isolated towns of significant size, such as Turangi, Murupara and Ruatoria, will also have service centres.

The second part is an outreach service that will involve a number of agencies synchronising visits to remote communities once or twice a month to provide a face-to-face service to rural clients. Older people in rural areas are seen as particularly disadvantaged because of problems with transport to services. The greater availability of government services in rural communities will help to address this issue.

Older people provide voluntary support to a range of agencies in their local communities. The service centre will be available as a base for voluntary organisations, who can share the facilities and resources. This arrangement will not only provide more options for older people who want to contribute to their communities, but will also make volunteering more attractive. There may also be opportunities for older volunteers to work alongside government agencies.

It has been suggested that by including organisations staffed by older volunteers, and those that provide services to older people, there will be increased opportunities for young and old to work together in their communities. The service centre could also be a base or catalyst for setting up intergenerational initiatives, such as homework centres or learning webs.

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125 Isaacs, P. & P Spoonley, 1994

## Rural industries

Fewer than half of the rural population is involved in agriculture. New and traditional agricultural industries as well as tourism and marketing ventures provide a broad economic base for rural communities.<sup>126</sup> Of those involved in agriculture, both men and women may work on the farm as well as having their own non-farm businesses or other employment. Older people have different patterns of employment if they have been engaged in their own business compared to those who were employees. The proportion of people who own their own business is higher in rural New Zealand than in urban New Zealand.<sup>127</sup>

In addition to Heartland Services, the Government has developed further initiatives aimed at less urbanised areas. In May 2000, the Tairāwhiti Taskforce was launched to provide leadership and direction to support the Tairāwhiti community in the eastern Bay of Plenty. In April 2000, the Government endorsed a national wood-processing strategy to co-ordinate forest industry development in new forestry regions, including Tairāwhiti/Hawkes Bay, Northland and the southern North Island.

Specific rural policies are required when people in these areas feel isolated and communities have difficulty with access and communication. It is important that there be adequate connections between rural and urban areas. Good road, rail and port access may also help to attract new industries to isolated areas.

Focusing on education is of key importance to rural areas. Ensuring opportunities for education in isolated regions allows people the opportunity to develop new business ventures and the choice to move to high growth areas for jobs.

Some rural communities are growing as a consequence of new investment and do not always have the infrastructure to manage the growth. Increased demands can lead to strains, from those on water and waste management services through to social services. The retirement decisions of older people, moving from larger urban places or from the open countryside into rural centres and minor urban areas, is contributing to this growth.

## Technology and communication

Innovative uses of information technology can go a long way to counteract the effects of isolation and distance. While the image of the global village linked by telecommunications is attractive, it is important to be realistic about the extent to which different styles of communication (face to face, as compared to telephone, video and the Internet) can accurately address the needs of older people. A particular issue facing rural people is the unreliability of telephone services, which are commonly affected by adverse weather conditions, inadequate fax and Internet access, and a lack of coverage for mobile phones.

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126 Pomeroy, A, 1998a

127 Pomeroy, A, 1998b

The growing number of older people attending SeniorNet computer training in the past few years suggests that older people benefit from increased training in information and communication technologies. The Government has a vision of New Zealand as a “knowledge society.” Part of this involves providing all New Zealanders with the opportunity to use information and communications technology to improve their lives. A digital opportunities strategy is being developed to equip New Zealanders with the access, skills and attitudes that they need to embrace the digital opportunity.

Many older people, particularly those who live in rural areas, experience difficulties with the reliability of the telecommunications infrastructure and with getting high-speed Internet access. As part of its Information Society Initiative, the Government is working on proposals to identify and assess regional telecommunications demand, and to satisfy this demand in a number of ways. This includes a consideration of issues relating to access to bandwidth in New Zealand.

A number of regions are pursuing strategies to increase telecommunications access. The Ministry of Economic Development and Industry New Zealand have funded telecommunications work in the Far North and Otago/Southland.

### Government action

The Rural Affairs unit at the Ministry of Agriculture and Forestry ensures government agencies are informed of the impacts of policies on those living in rural communities, and the extra costs associated with accessing services. Rural Affairs is undertaking work in policy areas including health, telecommunications, digital divide, Heartland Services, ACC, taxation, electricity industry reform and driver licensing.

The Ministry of Health is currently establishing criteria for travel and accommodation assistance for health service users. This will assist health users who have to travel long distances to hospitals and specialist health services. Current initiatives to improve health service delivery in rural areas include a rural GP co-ordinator to manage the provision of locums, a premium for rural GPs in some areas to offset the extra costs of maintaining a rural health practice, and the mobile surgery service, which will be introduced by November 2001.

The Heartland Services programme and initiatives such as the Tairāwhiti Taskforce will provide local rural communities with the support to develop existing social services in their areas. Telecommunications infrastructure is another key area of government concern. As part of its Information Society Initiative, the Government is working on proposals to identify and assess regional telecommunications demand, and to satisfy this demand in a number of ways, and is preparing a strategy to identify digital opportunities.

#### PROJECT ROROHICO

Older Māori have identified computers as a way of keeping in touch with younger members of the whānau who have moved away from rural areas. In a recent survey, rural Māori were found to be more than twice as likely as other New Zealanders to want to access the Internet from a community access centre.<sup>128</sup> Current training initiatives for rural communities include Project Rorohiko in the East Coast, which is being run through the Tairāwhiti Development Taskforce. Project Rorohiko is helping to increase information and communications technology access and training in schools and community sites on the East Coast, which are used by groups such as SeniorNet. Partnerships between government, the community and business are key to the project's success.

## 8. Attitudes

### GOAL:

*People of all ages have positive attitudes to ageing and older people*

### ACTIONS:

- 8.1 ENSURE GOVERNMENT AGENCY ADVERTISING AND PUBLICITY CAMPAIGNS PORTRAY POSITIVE IMAGES OF OLDER PEOPLE
- 8.2 PROMOTE INTERGENERATIONAL PROGRAMMES IN SCHOOLS AND COMMUNITIES
- 8.3 FOSTER COLLABORATIVE RELATIONSHIPS BETWEEN CENTRAL AND LOCAL GOVERNMENT, BUSINESS, NON-GOVERNMENT AND COMMUNITY SECTORS THAT PROMOTE POSITIVE AGEING

### EMERGING ISSUES:

- BABY BOOMERS' APPROACH TO LIFE IN OLDER AGE WILL HAVE A CONSIDERABLE INFLUENCE ON PREVAILING STEREOTYPES AND ON ATTITUDES TO POSITIVE AGEING
- AS THE ETHNIC DIVERSITY OF OUR POPULATION INCREASES, CULTURAL INFLUENCES ON ATTITUDES TO AGEING WILL BECOME MORE APPARENT
- INTERGENERATIONAL PROGRAMMES ARE LIKELY TO HAVE AN INCREASINGLY IMPORTANT ROLE IN FOSTERING POSITIVE ATTITUDES TO AGEING, AS GREATER MOBILITY OF FAMILIES AND CHANGING FAMILY STRUCTURES DECREASE OPPORTUNITIES FOR CONTACT ACROSS THE GENERATIONS
- LOCAL GOVERNMENT POLICIES AND PLANNING ARE LIKELY TO BE INFLUENCED BY CHANGING ATTITUDES TO AGEING

Attitudes to older age and older people vary in New Zealand. On the one hand, older people are valued for their knowledge, wisdom and experience; on the other, their contributions are often invisible and their value to the community unrecognised.

Attitudes are shaped by our personal experiences, beliefs and principles as well as the social meaning and value we give to growing old. Ideas and attitudes about ageing and the role of older people differ across time and across generations.

### Attitudes to our own ageing

There is often ambivalence about older age. While older people may be respected, individuals may be concerned about growing old themselves. Mainstream New Zealand culture places a great deal of importance on being active and independent and these values help to shape attitudes to ageing. The desire to remain independent is very strong.<sup>129</sup> Policies that identify and remove barriers to independence will strengthen positive ageing attitudes and experiences.

Concerns about ageing may be influenced by a stereotype that links older age with ill health, disability and dependency.<sup>130</sup> In fact, while many of those in their oldest years do acquire some form of disability that requires assistance, this does not inevitably result in a loss of independence. Most older people continue to live with minimal support in the community<sup>131</sup> and rate their own health as good to excellent.<sup>132</sup> It appears that fears about disability are often worse than the reality.

Stereotypes can be pervasive, and tend to distort reality and deny individuality and diversity. Increasing opportunities to discuss and examine beliefs and views on ageing are therefore important. As stereotypes reflect widely held attitudes and beliefs, they provide an indication of current values associated with ageing, and act as a baseline against which future changes can be measured.<sup>133</sup>

Contrary to negative stereotypes, older people themselves often express positive views about life in older age. Positive aspects of being older include having more freedom and time to do what one wants rather than what is expected, gaining confidence and self acceptance, and being able to share experience, wisdom and knowledge.<sup>134</sup>

Older people's attitudes to ageing have a powerful influence on younger generations' expectations of life in older age. Older people can be positive role models for ageing.

#### AGEING IS LIVING

An education and training resource on positive ageing, *Ageing is Living*, has been developed by Age Concern New Zealand with funding from the Ministry of Health. The handbook is designed principally for use in community seminars or workshops for those who work with older people. The resource aims to promote positive ageing by:

- exploring issues of ageing in New Zealand society
- identifying the contributions of older people
- challenging attitudes, myths and stereotypes that create barriers to participation
- describing elements of positive ageing
- encouraging an increase in physical, mental and social activity
- promoting preparation for older age.

<sup>129</sup> As expressed by participants at Age Concern focus seminars on successful ageing, 1998

<sup>130</sup> Age Concern New Zealand, 1999

<sup>131</sup> Statistics New Zealand, 1997a

<sup>132</sup> Fergusson, D, et al, 2001a

<sup>133</sup> Ng, S, & T McCreanor, 1999

<sup>134</sup> Age Concern New Zealand & The Body Shop, 1999

## Attitudes across the generations

In July 2000, a mixed-age forum was held in Christchurch at which participants discussed issues around intergenerational communication, interaction and understanding between the generations.<sup>135</sup> A range of both positive and negative views was expressed concerning the attitudes of generations to one another.

The knowledge and experience of older people is not always seen to be relevant to younger generations. Younger people sometimes seem unaware of the actual contributions made by older people. A reason for this may be geographical separation from older family members, resulting in lack of contact and shared experience.

Positive interactions between generations include offers of help, support, and expressions of tolerance and acceptance. Despite significant differences across the generations, the number of shared pleasures can be extensive. Shared experiences shape beliefs and expectations about the behaviour, interests and values of the other generation.

Generations are sometimes portrayed as rivals competing for limited resources and services. However, demands for fairness across generations focus primarily on economic transfer, and often ignore the social, spiritual, and cultural dimensions. The dominant view fails to take into account the co-operation and support, reciprocity and mutual transfer of benefits that occurs across the generations.<sup>136</sup>

Another area of intergenerational contact is the informal caregiving that is provided, mostly by older women, within families.<sup>137</sup> Older adults can be actively caring for grandchildren and adult children may be caring for frail older parents. Such informal care offers both rewards and stresses. Increasing support for informal caregivers can enhance positive intergenerational experiences.

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135 Christchurch City Council, 2000

136 Vincent, J, 1995

137 Bonita, R, 1993

## Attitudes across cultures

In Māori society, older people have traditionally been revered and valued for their contribution. Many older Māori find their responsibilities increase as they grow older. Older Māori who are kaumātua are called on for their knowledge, leadership and responsibility for the well-being of their whānau, hapū and iwi. Positive views of ageing are reported by older Māori, who are active within Māori society and who consider they are highly regarded by their people as kaumātua. Their role affords them respect and assistance.<sup>138</sup>

Some older Māori have reported feeling burdened by the increasing responsibilities as they age. In addition, traditional roles of kaumātua are coming under pressure from increasing demands for participation in other sectors of society. This expansion of traditional roles may influence attitudes in ways that are not yet clear. A further consideration will be the readiness of future older Māori to step into the roles of kaumātua, within the constraints of urbanisation, whānau fragmentation and alienation.<sup>139</sup>

Common to Pacific peoples is a traditional respect for older people. Younger generations are taught to value their elders' knowledge of culture and custom. Traditional customs can conflict with wider New Zealand culture and some feel there is a diminishing respect for elders and an increasing generation gap, particularly between Islands-born and New Zealand-born Pacific people. A separation from traditional values, influences and experiences has an effect on attitudes and roles.<sup>140</sup>

Traditionally, both Māori culture and Pacific cultures have placed emphasis on families caring for older relatives. Urbanisation and emigration, with the resulting separation from extended family networks, may however impact on the ability of families to care for older relatives.

Among Chinese in New Zealand, traditional family values continue to have a strong influence on relationships between the generations. Chinese children are taught to revere, obey and care for their elders. This sense of "filial piety" persists amongst those New Zealand Chinese with a strong sense of either Chinese or New Zealand identity.<sup>141</sup> However, language barriers between Chinese grandparents and their grandchildren limit opportunities for shared communication and experiences and this may impact on attitudes in the future.

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138 Waldon, J, et al, 1999

139 Waldon, J, et al, 1999

140 Reported by Pacific communities representatives attending 1994 Public Health Commission workshops

141 Ng, S & T McCreanor, 1999

## Communicating positive attitudes to ageing

Government agencies are well placed to contribute to positive ageing by ensuring positive images and messages about ageing are used in their promotional material, publications and service information.

Images of older people need to convey the diversity of their interests and activities as well as the diversity of their ethnic backgrounds. A range of images ensures representation of all older age groups, while local sourcing or production of images means they are relevant to New Zealand society. The Hillary Commission for Sport Fitness and Leisure has a photograph library of images of active older New Zealanders, which includes photographs suitable for publications and display.

The pre-testing of design and images with representatives of key target groups is essential for accurate messages and appropriate imagery. Consultation with older people is an important part of both pre-testing and evaluation.

Media portrayals to date have failed to present an accurate picture of older people. Research undertaken by Age Concern New Zealand in 1999 found that older people remain under-represented in the media. When older people do appear, stereotypical images are common.<sup>142</sup>

Strategies to improve the way older people are represented in the media include asking them how they wish to be portrayed, supporting local programmes that show older New Zealanders, and replacing negative stereotypes with realistic images of older people as healthy, productive and creative.

The recently developed public broadcasting charter for Television New Zealand states that TVNZ shall feature programming that serves the interests and informational needs of all age groups within New Zealand society. The charter will be enshrined in law with the passage of new legislation.

### POSITIVE PORTRAYALS OF OLDER PEOPLE

The Children, Young Persons and their Families Agency (now Department of Child Youth and Family) produced a poster promoting the contributions of grandparents as part of its commitment to the International Year of Older Persons 1999. In 2001, the department's booklet on parenting, *Everyday Families*, includes images portraying involvement by older family members.

The 1998 National Health Committee report *Active for Life* includes a range of photos of older people engaged in a variety of physical activities.

The Office of the Retirement Commissioner included positive images of older people interacting with middle-aged and younger family members in a series of pamphlets produced in 1999.

142 Unpublished research on older people in the media, Age Concern New Zealand, 1999

## Promoting intergenerational relationships

An age-integrated society is one that fosters reciprocity and equity between the generations. Increasing opportunities for positive interaction will improve intergenerational understanding.<sup>143</sup>

Intergenerational programmes help to dispel the negative myths about older age and to recognise the contributions older people make to their community. Activities benefit all ages by providing opportunities to:

- promote the exchange of learning and skills between young and older people
- utilise the skills, talents and experiences of older people to meet the needs of younger people, and vice versa
- increase awareness and involvement of both young and older people in their local community.

A wide range of settings can be used to bring generations together, such as sporting activities, schools, churches, clubs, workplaces, and marae. Introducing programmes in schools is a particularly powerful strategy for changing attitudes about ageing. The geographic spread and mobility of families today means that many children do not have grandparents living nearby. Their experiences with older people are important to foster positive attitudes to ageing.

The Senior Citizens Unit of the Ministry of Social Policy distributed *LinkAge*, a handbook for developing and maintaining intergenerational programmes, to all schools in New Zealand during the International Year of Older Persons 1999. Each year, the Senior Citizens Unit promotes October as Greats and Grands Month, whereby schools are encouraged to include older people in their activities, and to promote positive images of ageing.

Activities in schools range from an older person sharing a few hours of their time each week in the classroom, to volunteers providing operational assistance or involvement in special projects, or mentoring programmes that link young and older people together to achieve specified goals. At Frankton School in Hamilton, for example, school kaumātua are involved in school activities and provide support information and advice. Community participation includes assistance with reading, making and maintaining resources, going on class visits and trips, and other activities utilising people's individual strengths.

### INTERGENERATIONAL PROGRAMMES AND RESOURCES

#### *A Wrinkle in Time and Older and Bolder*

Age Concern Hamilton developed these resources for schools to promote increased interaction between older and younger people. The resources, comprising videos, photographs, teaching units and activity sheets, can be used in the classroom or as a multimedia exhibition in community places such as public libraries.

#### *Tu Tangata – 'standing tall'*

Parkway College in Wainuiomata, Wellington, worked with community leaders and parents to develop this successful programme that has since been adopted in other New Zealand schools and in Hawaii. The programme is based on adults working alongside students in the school to monitor their progress and provide individual support and assistance and contribute to the education of students.

<sup>143</sup> Senior Citizens Unit, 1999

## Cross-sector collaboration to promote positive ageing

All people benefit from effective working relationships between government and the community sectors.<sup>144</sup> One of the key outcomes from collaborative relationships developed during the International Year of Older Persons 1999 was an increased willingness to form partnerships and a widening of networks in the community. Collaboration creates enthusiasm and generates goodwill, which benefits future planning and positive ageing initiatives.

Successful partnerships build on existing networks, promote innovation, and have committed partners with defined roles and shared objectives. Building trust in relationships between different sectors is a key element for successful cross-sector collaboration. Good practice suggestions for effective relationships are outlined in Local Government New Zealand's 1999 publication *Good Practice Guide for Local Authorities in the Resourcing and Funding of Community Organisations*.

Collaborative partnerships strengthen communities and provide opportunities for the talents, skills and values of older people to create conditions in which people of all ages can contribute, unrestrained by stereotypes and other barriers.<sup>145</sup> Collaborative processes will need to be flexible enough to encompass the diversity of older people, taking into account the differing experiences of, for example, older men and older women, the active "young old" as well as those who are frail, and cultural and socio-economic groupings. Examples of collaborative partnerships include consultation and involvement with older people throughout planning, implementation and evaluation of projects, the collaborative development of resources, and provision of services or support.

A joint research project undertaken by Victoria University of Wellington and Age Concern New Zealand looked at some of the ways that local government has responded positively to the challenge of maximising the independence and well-being of older people in their local communities. The research report, *Creating Communities for All Ages: Local government and older New Zealanders*, provides ideas on ways to consult with and meet the identified needs of older people, as well as facilitating and recognising older people's participation and contribution.

### LOCAL GOVERNMENT AND OLDER NEW ZEALANDERS

#### *Older Persons Policies - Local Government*

One approach to ensuring that attention is paid to older people as citizens and consumers is for local governments to develop a specific positive ageing policy. To do this, a council agrees to a statement of values and vision relating to older people and work, and projects within each portfolio area are assessed to ensure consistency with the policy.<sup>146</sup>

#### *The Third Age Programme, Christchurch City Council*

This programme encourages informed debate about issues relating to the "third age", to identify options for change and to clarify the policy implications. It is based on a collaborative approach with community groups, service providers, business, and local and central government to promote the continued contribution to society of a substantial and growing proportion of third-agers.

144 Ministry of Social Policy, 2001a

145 Thursz, D, et al, 1995

146 Gee, S, & K Glasgow, 2000, p14

## Government action

The activities undertaken by New Zealanders during the United Nations International Year of Older Persons 1999, with its vision *Towards a Society for All Ages*, raised awareness of older people's contributions to society and achieved a considerable shift in attitudes to ageing.

The Positive Ageing Strategy has built on the successful work begun during the International Year of Older Persons and provides the foundation for informed government policies and programmes to continue to change attitudes so that older people are recognised and appreciated.

Changing attitudes about ageing cannot simply be achieved through media campaigns and one-off activities. Rather, it requires continuing reinforcement that older people are part of family and everyday life, to be valued for their wisdom and experience. This will be the challenge.

New Zealand's human rights legislation will change the expectations that current and future generations have about older age. Demographic changes, increasing the visibility and involvement of more older people in the workplace, in school programmes, and in the community, will have a positive effect.

## 9. Employment

### GOAL:

*Elimination of ageism and the promotion of flexible work options*

### ACTIONS:

- 9.1 IMPLEMENT HUMAN RESOURCES POLICIES IN THE GOVERNMENT SECTOR THAT SUPPORT EMPLOYMENT OF OLDER WORKERS; PROVIDE FAMILY-FRIENDLY WORKPLACES BY RECOGNISING THOSE WITH CARING RESPONSIBILITIES AND ALLOWING FLEXIBLE AND REDUCED HOURS OF WORK; AND ENSURE ENTITLEMENTS FOR TRAINING ARE PROVIDED TO ALL WORKERS, INCLUDING OLDER WORKERS
- 9.2 ENSURE THOSE PROVIDING SERVICES TO OLDER PEOPLE HAVE AN UNDERSTANDING AND AWARENESS OF OLDER PEOPLE'S ISSUES
- 9.3 WORK WITH LOCAL GOVERNMENT AND THE BUSINESS SECTOR TO PROMOTE MENTORING PROGRAMMES THAT HARNESS THE SKILLS AND EXPERIENCE OF OLDER PEOPLE

### EMERGING ISSUES:

- PARTICIPATION IN PAID EMPLOYMENT IS LIKELY TO INCREASE FOR OLDER WORKERS WITH THE ABOLITION OF A COMPULSORY RETIREMENT AGE AND WITH THE RISE IN THE AGE OF ELIGIBILITY FOR UNIVERSAL SUPERANNUATION
- THE GROWING OLDER WORKER POPULATION HIGHLIGHTS THE NEED FOR NEW HUMAN RESOURCES STRATEGIES TO ADDRESS ATTITUDES, RECRUITMENT, RETENTION, PERFORMANCE AND TRAINING ISSUES
- UNEMPLOYMENT WITHIN 10 YEARS OF RETIREMENT SIGNIFICANTLY IMPACTS ON THE QUALITY OF LIFE IN RETIREMENT. THIS INDICATES THE IMPORTANCE OF EMPLOYMENT POLICIES AIMED AT RETAINING OLDER WORKERS

Participation in employment by older workers brings social and financial benefits to society, to industry and business, and to older people themselves. In New Zealand, more older workers are indicating they want to work longer, either because they want to or feel they have to.<sup>147</sup> Employment opportunities for older workers will be influenced by factors such as labour market conditions, the elimination of discrimination, skills development and policy considerations. The caring responsibilities of older people, particularly Māori and Pacific women, will influence the ability of older people to participate in employment. Two strong influences on the continued participation in the labour force in New Zealand are the age of entitlement for New Zealand Superannuation, now 65 years, and the abolition of a compulsory retirement age achieved through the anti-discrimination provisions of the human rights legislation.

### Status of older workers

The “greying” of the labour market is evident in statistical data. The proportion of people aged 65 years and over in the labour force shows only a small increase in the past decade, from 6.7 percent in 1990 to 7.2 percent in 2000. But in the 60–64 years age bracket, 24.4 percent were in the labour market in 1990 and this increased to 44.8 percent in 2000. Those aged 55–59 years increased from 62.7 percent in the labour market in 1990 to 70.8 percent in 2000.<sup>148</sup>

Other statistics show that the older worker will be a key element in the future of the workforce. This will be both as employers, employees and self-employed, and as consumers of products and goods, and users of services. By the year 2021, people over 65 years of age are expected to make up 18 percent of the total population, and by 2041 this will increase to 25 percent.<sup>149</sup>

### Employment of older women

There are clear differences between older men and older women in labour force participation. Some commentators suggest there will be significant changes in employment rates by age group, and in particular that paid work opportunities for men over about 45 years will be reduced.<sup>150</sup> On the other hand, participation in the labour force by those aged 55 years or older has generally increased since 1986 and the increase has been more pronounced for women. The participation rate of women aged 55–59 years rose from 46.2 percent in 1990 to 60.1 percent in 2000.<sup>151</sup> Over the same period, the participation rate of women aged 60–64 years more than doubled, from 15 percent to 31.9 percent.<sup>152</sup> Whether the rise in female labour force participation rates in the last 30 years will plateau, due to the impact of delayed childbirth and increasing dependency of older parents, remains to be seen.

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147 McGregor, J, 2001

148 Statistics New Zealand, 2001a

149 Statistics New Zealand, 1999

150 Thomson, D, 1999

151 Statistics New Zealand, 2001a

152 Statistics New Zealand, 1999

## Employment of older Māori

In 1996, labour force participation among Māori aged 65 and over was similar to that of other older people: 14.5 percent of older Māori men and 8 percent of older Māori women were in the labour force, compared to 14.4 percent of all older men and 5.1 percent of all older women.<sup>153</sup>

However, participation among Māori in their fifties is considerably lower than that of European New Zealanders, suggesting earlier withdrawal from the paid workforce for many. Several factors could explain this pattern. First, the mix of skills demanded by the labour market is changing. There has been a reduction in the number of jobs in manufacturing industries, where proportionally more Māori men and women than non-Māori were employed. Second, family responsibilities also impact on older Māori, with women in particular playing an important role as caregivers for children and other dependants. Thirdly, Māori in their fifties are more likely than non-Māori of that age to have poor health or disabilities, and this could reduce their capacity to remain in paid work.

Māori of all ages receive lower median incomes than non-Māori and therefore may be less likely to have savings to draw upon in retirement. This may make continued participation in the paid workforce beyond the age of qualification for New Zealand Superannuation less financially attractive.

## Attitudes and understanding

Positive attitudes towards older workers can be fostered by the business case argument that promotes older workers as role models, and by eliminating negative stereotypes about older employees. The business case includes the retention of skills and institutional knowledge of older workers. In New Zealand, older workers themselves and employers value older workers for their dependability in the workplace. Both groups, however, hold negative stereotypes about older workers in relation to resistance to change and to technology uptake.<sup>154</sup> An important step in harnessing older worker potential is generating greater understanding that older workers may be just as keen to upskill as younger workers, although they may learn new technologies in different ways and at a different pace.

### MATURE EMPLOYMENT SERVICE

The Mature Employment Services Association (MESA) helps mature job seekers find paid employment. Mature job seekers register for free or a nominal charge with local MESAs situated in cities and larger provincial towns.

MESA helps older job seekers with:

- CV development
- developing interview and presentation skills
- referral for skill development.

MESA helps educate employers about the value of older workers, provides liaison with employers and undertakes advocacy work on employment issues. MESA staff contact employers looking for job applicants and tries to match the jobs with the skills and competencies of registered members.

<sup>153</sup> Statistics New Zealand, 1998c, p52

<sup>154</sup> McGregor, J, 2001

## Employers' attitudes

Employers have positive attitudes about the reliability, loyalty, job commitment and productivity of older workers, although they are less enthusiastic about training issues.<sup>155</sup> For example, many employers say that they cannot recruit employees with the necessary skills, and about a third that consider older workers would be less willing to train.<sup>156</sup>

Flexible work practices are seen as a method of retaining older workers or attracting them back into paid employment. Less than a third of employers indicate they currently offer flexitime and less than 20 percent offer gradual or phased retirement.<sup>157</sup> The number of New Zealanders employed in small and medium enterprises (approximately 60 per cent of total employment) may mean flexible work practices are less likely to be available in this sector.

## Attitudes of older workers

The results of a large survey of New Zealand workers aged 55 years and over showed a difference between actual age and “felt” age, suggesting that mature workers reject ageist labels.<sup>158</sup> Older workers say they feel and act like other workers despite their chronological age. The study showed there was a high level of agreement with the views that older workers were more likely to be reliable, loyal, committed to the job, productive and offered employers a better return on investment. Older workers also disagreed with stereotypes that they might be sick and away from work more often than younger workers, or that they might be more difficult to train or less willing to take up training opportunities. However, 11.6 per cent of the study's 2,137 older worker respondents reported they had suffered some form of disadvantage at work because of their age, many of them citing opportunities and selection for training as examples.<sup>159</sup>

### INFORMATION FOR EMPLOYERS

Information for employers about the employment of older employees and retirement issues has been a focus of publicity by the New Zealand Employers' Federation.

The guide for employers, which is available through regional employers' groups:

- endorses the value of older workers' experience
- suggests gradual retirement
- recommends training methods for technological change
- recommends work assessment procedures.

Other information for employers is available through the Equal Employment Opportunities (EEO) Trust. The EEO Trust's benchmarking report suggests the following:

- flexible work options for older workers
- job-sharing leading up to retirement
- contract work at peak times for a business
- working as a consultant
- training and mentoring more junior employees, thus cutting the cost of external training.

155 Warr, P, 1994

156 McGregor, J, 2001

157 McGregor, J, 2001

158 McGregor, J, 2001

159 McGregor, J, 2001

## Human resource policies and practices

For many mature job seekers, getting a job in the first instance is a challenge. A study of 243 New Zealand managers and recruitment consultants found that age-based discrimination was the most common form of discrimination in the recruitment context.<sup>160</sup> All human resource policies, including recruitment, should be regularly monitored to ensure discriminatory practices have been eliminated. In particular, employment agencies and recruitment consultants need to be told to give equal opportunities to older workers in their selection processes.<sup>161</sup> Advertisements, job descriptions and application forms, interviews, hiring decisions and the terms and conditions offered to the successful applicant should not be discriminatory.<sup>162</sup> The way human resources policies are practised is an expression of company culture. Companies committed to equal opportunities invite participation of older workers and harness their experience, expertise and commitment. The State Services Commission monitors human resource strategies, EEO plans and collective agreements to ensure that public sector employment practices are not ageist.

## Performance appraisal

Work assessment procedures, such as performance appraisal, motivate all workers including older workers. Performance appraisal communicates clear expectations of workers and provides feedback about performance. The process sets goals, monitors performance, controls productivity and identifies training and development needs.

While employment cannot be terminated on the grounds of age, poor work performance provides grounds for termination of employment. An employer must present evidence of declining work performance, show that the poor standard of work was brought to the worker's attention prior to termination, provide guidance and allow time for improvement. The termination needs to be justified and procedurally fair.

### HUMAN RIGHTS ACT 1993

The New Zealand Human Rights Act 1993 makes it illegal to discriminate, either directly or indirectly, on the basis of age in all employment processes from advertising a job to exit from the workplace.

Employment means both work done by employees and work done by independent contractors and includes job applicants and unpaid workers. From 1 February 1994 it became unlawful to force an older worker to retire on the grounds of age. In effect:

- age cannot be a reason for disqualifying an applicant from a position
- age cannot be a reason for offering less favourable terms and conditions of employment in a contract
- a retirement age cannot be included in a contract
- the Human Rights Act makes it illegal to discriminate against older workers in recruitment, promotion, training opportunities and retirement.

There are exceptions in the Human Rights Act which permit different treatment based on age where this is a genuine occupational qualification. The employer must prove that the exception applies. The Human Rights Commission has statutory responsibility for investigating complaints about age discrimination in employment.

<sup>160</sup> Equal Employment Opportunities Trust, 2000

<sup>161</sup> Turner, G, 2000

<sup>162</sup> Trew, S, & JW Sargent, 2000

## Training

Training and development opportunities for older workers are important for maximising the participation and potential of older employees. Important considerations for the training of older workers include:

- employers' attitudes
- cost barriers
- economic returns on investment
- the motivation of older workers to upskilling
- educational levels
- work colleagues' attitudes
- positive managerial/supervisory support
- flexible training methods
- reducing anxiety about upskilling.

Trade unions, employers, older workers themselves and educational institutions all have a role in ensuring that older employees are given the opportunity for training and development and that older workers are motivated to upskill or retrain.

## Government action

The choice to work later in life is important in meeting the challenge of positive ageing, and work towards providing opportunities for older workers is an international effort. The OECD is currently preparing a thematic review of labour market prospects for older workers, in preparation for an inter-country ministerial meeting planned for 2003. A report from New Zealand is expected to contribute to this review.

The ageing population means that employment of older workers is of increasing importance to economic development. The living standards research recently highlighted the negative impact of unemployment in the years leading up to retirement. Current measures against such circumstances include providing opportunities for lifelong learning and retraining, as well as promoting positive attitudes to ageing and older workers. Assessing the impact of these measures will determine what further action is required by the Government to take full advantage of the resource provided by an ageing workforce.

### MATURE JOB SEEKERS EMPLOYMENT INITIATIVE

Three Department of Work and Income regions – East Coast, Nelson and Southern – are now piloting programmes for mature job seekers aged 40–64 years. These pilots were designed to provide mature job seekers with practical assistance, such as job search skills and motivational training, and to facilitate contact with potential employers. In some areas, mature job seekers can make up as much as 40 percent of the total number of job seekers.

Another project in the Christchurch area aims to change employer attitudes to recruiting mature workers. The project is a partnership with the Canterbury Development Corporation, to actively raise awareness and promote the advantages of employing mature workers.

# 10. Opportunities

**GOAL:**

*Increasing opportunities for personal growth and community participation*

**ACTIONS:**

- 10.1 IMPROVE OPPORTUNITIES FOR EDUCATION FOR ALL
- 10.2 IMPLEMENT ADULT EDUCATION AND RETRAINING INITIATIVES
- 10.3 ENCOURAGE UTILISATION OF THE EXPERIENCE AND SKILLS OF OLDER PEOPLE
- 10.4 PROMOTE AND SUPPORT VOLUNTEER ORGANISATIONS

**EMERGING ISSUES:**

- GROWING NUMBERS OF OLDER PEOPLE INCREASE THE IMPORTANCE OF PROVIDING OPPORTUNITIES FOR THEIR SKILLS AND EXPERIENCE TO BE UTILISED
- STRATEGIES TO ENCOURAGE YOUNGER GENERATIONS TO PARTICIPATE IN EDUCATION, PHYSICAL ACTIVITY, OR VOLUNTEER WORK ARE LIKELY TO HAVE ONGOING BENEFITS FOR POSITIVE AGEING
- GREATER ETHNIC DIVERSITY IN THE OLDER POPULATION REQUIRES DIFFERENT OPPORTUNITIES FOR PARTICIPATION

Opportunities for personal growth and community participation may take many forms, including lifelong learning, physical activity, and volunteering. There are many factors that influence whether an older person participates in activities, including income and costs, health and disability, transport, living situation, and attitudes.<sup>163</sup>

### Lifelong learning

Rapid changes in society and technology challenge the traditional view of education as an activity only undertaken by younger people. Lifelong learning is important to all age groups. In 1996, 57 percent of older women and 48 percent of older men had no qualifications, compared with 31 percent of men and 30 percent of women aged 15–64.<sup>164</sup> Learning provides opportunities for personal enjoyment, and maintains and develops skills and ability. Skills are a key factor in employment, and work-related learning and retraining needs to be available for older workers as well as younger workers. Learning also has a wide range of non-economic benefits. Benefits experienced by learners in adult education programmes include greater confidence, a sense of achievement, and the development of new skills. Other benefits are improved performance at work and better health.<sup>165</sup>

The 1996 Census showed that 1 in 20 people over the age of 40 were studying, compared with 1 in 5 people aged 15 to 39 years. One percent of these mature students were over the age of 75. Tertiary institutions in New Zealand have adapted to cater for segments of the population beyond the traditional school-leaver.<sup>166</sup> The older student has moved from a curiosity to a significant money earner for institutions. At 31 July 2000, 17.2 percent of the 264,000 students enrolled in formal programmes of study at tertiary education providers, private or public, were over 40; 8.4 percent of the 154,000 full-time students were over 40, and nearly 30 percent of the 110,212 part-time students were over 40.<sup>167</sup> In total, 25 percent of all students who participated in tertiary education in 2000 were over 40. Two recent studies, however, indicate that access to work training decreases with age,<sup>168</sup> and that participation rates for mature students may be falling slightly.<sup>169</sup>

Education for older learners requires adaptations not only in marketing, but also in how education is provided. Mature students often balance study with work and family commitments, and may have different learning preferences. Institutions are now providing courses to equip educators to work with older learners. A disproportionate number of Māori and Pacific people leave schools without qualifications and work in low-skill jobs.<sup>170</sup> It is important that older Māori have the opportunity to upskill through such learning institutions.

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163 See, for example, Gray, IA, 1994

164 Statistics New Zealand, 1998c

165 Lavender, PAF, 2000

166 Tobias, R, 2000

167 Ministry of Education data

168 Gee, S, 2000

169 Davey, J, 2001a

170 Treasury, 1999

An effective adult and community education sector is a key part of the strategy to provide all New Zealanders with accessible opportunities for lifelong learning. This contributes to personal and skills development and reduces social exclusion. The Adult Education and Community Learning Working Group was appointed to provide advice to the Associate Minister of Education on a new policy and funding framework for this sector, and to provide advice on how the sector will work with others to achieve government objectives. The working group also looked at strengthening the wider contribution of the adult learning sector to communities.

The working group report was presented to Cabinet in August, to be made publicly available in September 2001. Following Cabinet decisions, changes to adult and community education will be made progressively over the next few years.

Non-formal adult and community education is an important way to learn in later life. Programmes outside the compulsory school system and the formal processes of tertiary education are provided to more than 250,000 learners each year. At its best, adult and community education is responsive to individual or group learning needs, and provides benefits to individuals and communities. It tends to be learner- or community-driven, with a short duration. A wide range of providers, tertiary education institutions, private training establishments, schools, community groups, Rural Education Activities Programmes (REAPs), SeniorNet, University of the Third Age (U3A), Probus, Māori Women's Welfare League and church-based groups offer learning opportunities which are easily accessible and open to all.

#### ADULT LEARNERS' WEEK: HE TANGATA MATAURANGA <sup>171</sup>

This is an annual event in early September which aims to:

- celebrate the efforts, achievements and contributions of adult learners, educators, and providers
- foster networks amongst those with an interest in adult learning
- promote the importance of adult learning to the wider community
- encourage more adults to access learning opportunities.

In 2001, the fourth United Nations Week of Adult Learning was celebrated from 2 to 8 September. The week was supported by the New Zealand Commission for UNESCO, the Adult and Community Education Association Aotearoa New Zealand, the National Resource Centre for Adult Education and Community Learning, and Skill New Zealand, with The Warehouse as a corporate sponsor.

A wide range of awards for outstanding adult learners, exceptional adult educators and innovative providers was presented, and a range of celebrations and events was held at centres throughout the country.

Not all older people want to learn in an organised group. Some people prefer to learn independently, and public libraries and access to the Internet can be valuable resources. Older people use public libraries more than many other age groups.<sup>173</sup> Local public libraries provide information, a setting for socialisation and education, an outreach to those in residential care or people who are housebound, and a source of access to the Internet.<sup>174</sup>

The New Zealand Government has a vision in which all New Zealanders are able to access and use information technologies. Older people may be disadvantaged in information and communication technology access and skills. They are less likely to have or want access to the Internet,<sup>175</sup> along with low-income, Māori and Pacific people. However, while the participation rate for older people on the Internet may be low, it is increasing rapidly. One AC Nielsen poll estimated that the number of New Zealanders over the age of 65 using the Internet grew from 38,000 in March 2000 to 60,000 in January 2001.<sup>176</sup>

#### RURAL EDUCATION ACTIVITIES PROGRAMME

The Rural Education Activities Programme (REAP) is a community-based educational resource that provides learning opportunities for rural communities, from young children to older learners. Thirteen REAP initiatives are funded by the Ministry of Education to provide educational programmes that complement the activities of other rural education facilities. People in rural communities consider that REAP improves their ability to access high-quality educational opportunities.<sup>172</sup>

#### UNIVERSITY OF THE THIRD AGE (U3A)

Opportunities for informal learning are provided by the University of the Third Age (U3A) groups around the country. Each U3A group is autonomous and decides on its own structure and venue, which is usually the homes of members. Members are both pupils and tutors, drawing on their own skills and knowledge to teach their peers. There are no course fees or educational prerequisites and the groups set their own curriculum.

#### SENIORNET

SeniorNet, which is supported by Telecom, aims to "make it easier and more enjoyable for people over 55 to participate in the technology age." SeniorNet gives older adults an opportunity to learn computer and Internet skills from other older adults. Currently, there are 77 SeniorNet groups (Learning Centres) throughout New Zealand, with a total membership of 30,000. Each Learning Centre is established and run by an independent committee, which organises its own premises, classes and funding.

172 Anderson, D, 1997

173 Williamson, K, 1999; Library Services to Aging Population Committee, 1999

174 Gee, S, & K Glasgow, 2000

175 Preliminary results of living standards research reported in Labour Market Policy Group, 2000

176 Elderly Residents take to the net, Dominion, 8 March 2001; see also Scott, H, 1999

## Physical activity

People of all ages benefit from regular physical activity. It can help reduce their risk of heart disease, osteoporosis and other diseases, reduce anxiety and depression, prevent injury and falls, and maintain mobility and physical strength. Social aspects of group activity can be just as important.<sup>177</sup>

The majority of New Zealand adults are physically active. People aged 65–74 are among the most likely of any age group to be active. Around two-thirds of people aged 65–74 take part in at least 2.5 hours of leisure-time physical activity a week. Around half of those aged 75 have 2.5 hours of physical activity a week.<sup>178</sup>

Older people are less likely to undertake vigorous physical exercise, with walking and gardening being the most popular forms of activity.<sup>179</sup> Walking is beneficial, safe, convenient and inexpensive. Local government can encourage walking by ensuring that the environment is pedestrian friendly, creating suitable routes and, in partnership with the Hillary Commission, supporting walking groups. Concessionary prices at facilities such as recreation and aquatic centres help to reduce cost barriers, while organised and targeted programmes help to overcome inertia and introduce a social element.

The Hillary Commission was established by the Government to promote and develop sport, fitness and leisure.<sup>180</sup> The Commission is one of the funders of Regional Sports Trusts, which employ co-ordinators for programmes encouraging people over the age of 50 to be more active. The 50s Forward, KiwiSeniors, and Active-in-Age programmes provide activities such as walking, line dancing, aqua exercise, tai chi, gentle exercise and dancing.

## Volunteering

Older people play a significant role in the volunteer sector. Unpaid work for the benefit of others may be formal volunteering through an organisation, or informal helping for family, friends or neighbours.

### HILLARY COMMISSION PROGRAMMES

The Hillary Commission, 70 local government councils, the Department of Conservation and regional sports trusts joined together to create KiwiWalks. KiwiWalks are a series of 450 free walks throughout NZ, each taking less than an hour, and they are suitable for most ages and fitness levels.

In its Green Prescription programme, GPs and practice nurses provide a written prescription for physical activity to patients who may benefit from it. The recipients have access to advice and support via a free-phone line. More than half of New Zealand's GPs are involved in the programme.

The Hillary Commission financially supports the annual Masters' Games. These games are the single biggest multiple sport event in New Zealand, with up to 8,000 participants. In most sports the competitors are over the age of 30, and compete in five-year age groups. Many sports have both competitive and social grades.

177 National Health Committee, 1998; Minister of Sport, Fitness and Leisure and Minister of Health, 1999

178 Ministry of Health, 1999c

179 Ministry of Health, 1999c

180 Hillary Commission, 2000

181 Davey, J, in press

182 Statistics New Zealand and Ministry of Women's Affairs, 2001, p47

Twenty percent of people over the age of 74 undertake unpaid work outside their own household each month. This compares with 42 percent of those aged 60–74, and half of those aged 20–59.<sup>181</sup> While fewer older people than younger people help outside their own households, older volunteers donate more of their time. The amount of time spent on formal volunteer work increases until the mid-70s for both men and women.<sup>182</sup>

The 1996 Census showed that some women spent long hours in unpaid voluntary work. Of those doing such work, 10 percent spent 15–29 hours a week, and 5 percent spent 60 hours a week. Older Māori women work slightly longer hours than non-Māori women in voluntary activities, with 14 percent of those undertaking voluntary work doing more than 30 hours per week.<sup>183</sup>

Being a volunteer is a social and enjoyable activity that contributes to well-being.<sup>184</sup> Older volunteers report that volunteering is an opportunity to use their skills, to learn and develop, and to have fun and socialise.<sup>185</sup> Volunteers provide social support and assistance, education, consumer safety and protection, and disability and health services. They are vital to many leisure, recreation and membership groups, which in turn provide opportunities for participation and activity. Volunteer opportunities can enable older people to make use of their skills and experience for the benefit of themselves and society.

Participation rates vary between New Zealand's main ethnic groups. Among the four ethnic groups identified in published data from the Census, Māori were the most likely to report that they had undertaken unpaid work, and Asian respondents the least likely. Volunteering opportunities need to be developed to reflect the diversity of the population.<sup>186</sup>

## Support for volunteers

The Community Development Group of the Department of Internal Affairs supports community groups through a number of initiatives, including the CommunityNet Aotearoa website, resource kits and funding. The Community Organisation Grants Scheme (COGS) distributes \$10 million annually to community organisations, especially organisations targeting disadvantaged groups. Forty locally elected committees around the country decide COGS grants.

### BUSINESS MENTOR PROGRAMME

This free service, run by Business in the Community Ltd, matches small businesses with the skills and experience of a volunteer mentor who has proven business skills. The client and mentor are matched according to the expertise sought, and then meet to discuss the client's challenges and difficulties. The scheme currently operates in 20 locations and has a database of over 1,000 mentors, many of whom have retired from the paid workforce.

### SUPERGRANS

The Supergrans organisation aims to help younger people or families develop domestic skills, including budgeting. As the name implies, Supergrans relies on the voluntary contribution of mature people to offer this practical help. Currently, Supergrans operates in nine locations, with another two areas considering the programme.

183 Ministry of Women's Affairs, 1999, p7

184 Baldock, CV, 1999; Wheeler, JA, et al, 1998

185 Winter, M, 1998; Gee, S, 2001

186 Warbuton, J, et al, 1998

The New Zealand Lottery Grants Board distributes the profits from state lotteries, through grants for a wide range of ventures and activities that benefit the community. Lottery Seniors grants are targeted at projects that enhance the well-being of older people, especially by helping them to remain active in their own communities. Any community group which provides a service to people who are mainly over the age of 60 is eligible to apply for Lottery Seniors grants. In the 2001/02 year, Lottery Seniors was allocated \$3.12 million for distribution.

Budget 2001 provided funding for the six main volunteer centres in Auckland, Hamilton, Wellington, Nelson, Christchurch and Dunedin, and additional grants for some smaller centres in other areas. Funding was also provided for national co-ordination of these centres. Other support includes funding for the development of on-line volunteering services and for conferences as part of the Government's contribution to the International Year of Volunteers.

### Citizenship

Older people are often active citizens. They spend more time in religious, civic and cultural participation than younger people.<sup>187</sup> This may reflect the values of today's older people, the time they have available, and the emphasis they place on social duty. A range of initiatives have been developed by local and central government to promote active citizenship and to facilitate older people's input into policy and decision-making.<sup>188</sup>

Older people's organisations are an important source of advocacy, social interaction and support. There are many active community organisations across New Zealand representing the interests of older people. These include, but are not limited to, Age Concern, Grey Power, Mature Employment Service Association, Māori Women's Welfare League, Pacific Older People's Auckland Network, Retired Persons Association, Widows and Widowers Association, the Alzheimer's Association of New Zealand and other organisations supporting people with specific diseases and their carers.

#### INTERNATIONAL YEAR OF VOLUNTEERS

The United Nations designated 2001 as the International Year of Volunteers. The aim is to increase appreciation of the contribution of volunteers, and to strengthen community services through partnerships between the Government and the voluntary and community sector. A National Reference Group has been appointed by the Minister of Internal Affairs to co-ordinate the programme for the Year, in conjunction with the Department of Internal Affairs.

#### VOLUNTEER COMMUNITY CO-ORDINATORS (VCCS)

This national network of volunteers was initially set up to work with the Senior Citizens Unit of the Ministry of Social Policy to promote the International Year of Older Persons (IYOP) in 1999. Following the success of IYOP, the Government provided ongoing funding to enable the 36 regional VCCs to continue to facilitate communication and partnership between local communities and central government. The Senior Citizens Unit co-ordinates the programme, provides support, and meets the co-ordinators' expenses.

187 Statistics New Zealand and Ministry of Women's Affairs, 2001

188 Gee, S, & K Glasgow, 2000

## Creative activities

Many older people are involved in arts and cultural activities. In 1999, Creative New Zealand found that 93 percent of those over the age of 60 had participated in the arts, predominantly as a hobby, in the last year. The most common forms of participation were passive – reading or listening to recorded music. As with younger age groups, enjoyment was the main reason older people participated in the arts. Other reasons were for satisfaction, personal growth and development, and as a means of expression. For Pacific adults, participation in Pacific arts was highest among the over 60 age group.<sup>189</sup>

Local government administers a Creative Communities Scheme to fund community-based projects. The scheme aims to increase community participation in and access to the arts, and to enhance the local arts sector. Funding for the scheme is provided by Creative New Zealand, which in turn receives most of its funding from the Lottery Grants Board, and the balance directly from the Government.

Many older Māori are valued for their skills in contemporary arts and traditional and marae-based arts. Te Waka Toi, the Māori arts board of Creative New Zealand, makes annual awards to kaumātua in recognition of their contribution to strengthening Māori culture through their support of nga toi Māori, the Māori arts.

## Government action

Older people are important members of society. They have skills, knowledge and experience to contribute to their communities. The expected growth in the proportion of older people during the coming decades will provide New Zealand with a valuable resource. Continued participation in older age has benefits for the individual, the community and the country as a whole. It is in everyone's interest that older people remain active participants in society for as long as possible. There must be more opportunities for their skills and experience to be utilised, and the Positive Ageing Action Plan identifies projects to allow this to happen.

A new policy and funding framework for the adult and community education sector will address the Government's commitment to ensuring that all New Zealanders have access to lifelong learning. Another key strategy identified in the Positive Ageing Action Plan is the Adult Literacy Strategy, which will improve participation and achievement in adult literacy programmes and raise literacy levels overall.

The International Year of Volunteers will raise the profile of volunteers and their importance to New Zealand society. Increased recognition of volunteering aims to encourage people across all age groups to participate in their communities.

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189 Creative New Zealand, 1999

# Glossary of Māori terms

|                    |  |
|--------------------|--|
| Hauora             | Health, well-being, wellness   |
| Hapū               | Sub-tribe  |
| He taonga tuku iho | The inherited aspects of Māori culture                                 |
| Iwi                | Tribe  |
| Kaikaranga         | Ceremonial callers   |
| Kaikōrero          | Speakers   |
| Karakia            | Incantation, prayer, ritual  |
| Karanga            | The ceremonial call at hui and tangi                                   |
| Kaumātua           | Respected elders   |
| Kaupapa            | Rules, norms, reasons, themes  |
| Kawa               | Procedure/protocols  |
| Kāwai tīpuna       | Lineage  |
| Koha               | Donation   |
| Kōhanga reo        | Māori language pre-schools   |
| Koroua             | Older man/men  |
| Kuia               | Older woman/women  |
| Kura kaupapa       | Māori language immersion schools                                       |
| Mana               | Prestige, power, authority   |
| Manaaki            | Show respect or kindness to  |
| Mirimiri           | Massage, rub   |
| Mokopuna           | Grandchild, descendant   |
| Ngā whare mahana   | Warm houses, places where you are made to feel welcome and comfortable |

# GLO

|                             |  |
|-----------------------------|--|
| Ngā toi Māori               | The Māori arts   |
| Pūtea                       | Income, savings  |
| Rangatahi                   | Young adult(s)   |
| Rongoa                      | Medicine, healing, drug, antidote, tonic   |
| Rorohiko                    | Computer   |
| Rūnanga                     | Council, institute, assembly   |
| Tangi                       | Weep, cry, salute, funeral   |
| Te Ao Māori                 | The Māori world  |
| Te reo Māori                | The Māori language   |
| Tikanga                     | Customs  |
| Tipuna/Tipuna               | Ancestor(s)  |
| Waiata                      | Song/sing  |
| Wānanga                     | Debate, discuss  |
| Wānanga o Aotearoa          | Tertiary education institutions that deliver educational programmes within a Māori environment |
| Whaikōrero                  | Make an oration, speak in a formal way   |
| Whakanuia te hunga kaumātua | To recognise the importance and distinctive role of kuia, koroua and kaumātua                  |
| Whakapapa                   | Lineage, genealogy, to layer   |
| Whakawhitiwhiti whakaaro    | Discussing and exchanging ideas  |
| Whānau                      | Extended family  |
| Whānau ora                  | Health and well-being of the immediate and wider family  |

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## Contributors

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