

# EWAS WORKING PAPER SERIES

## RESEARCH ON AGEING IN NEW ZEALAND PROGRESS, GAPS, AND THE POTENTIAL CONTRIBUTION OF EWAS RESEARCH

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### **ENHANCING WELLBEING IN AN AGEING SOCIETY (EWAS)**

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**ABSTRACT**

This commissioned paper has three aims. Firstly, the paper reviews research on ageing in New Zealand, with a primary emphasis on the last ten years (1996-2005). Secondly, the paper identifies gaps in research on ageing in New Zealand; and, thirdly, the paper explores how research proposed under the EWAS project could help to fill the identified gaps. The review paper includes research in the social sciences, including economics, and health services research, but does not cover bio-medical literature on ageing and geriatric medicine.

**Keywords:** Ageing Research, Literature Review, New Zealand

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## 1. INTRODUCTION

The New Zealand Institute for Research on Ageing (NZiRA) was asked to produce a review paper to assist EWAS in its five-year programme of research. The objectives of this paper are, firstly, to compile a review of research on ageing in New Zealand, with a primary emphasis on the last ten years (1996 -2005); secondly, to identify gaps in research on ageing in New Zealand; and thirdly, to explore how the proposed EWAS research could help to fill the identified gaps.

“Ageing” relates to change in the age structure of the New Zealand population (producing a higher median age, a higher proportion aged 65 plus and larger numbers of people in the older age groups) and the social and economic implications of this change. The review paper includes research in the social sciences, including economics, and health services research, but does not cover bio-medical literature on ageing and geriatric medicine.

The emphasis is primarily on the period 1996 to 2005, so that extensive reference is made to the two bibliographies of research on ageing in New Zealand, published by NZiRA (Gee and Davey 2002, Davey and Wilton 2005).<sup>1</sup> In addition, a comprehensive search of available databases, including university and government agency library catalogues, contents of journals, and lists of completed theses has been undertaken. There have also been enquiries among relevant public, private and voluntary sector organisations which are likely to be engaged in research on ageing. The review encompasses published material, including books, research papers and reports, theses, articles in academic and professional journals (but not popular and news media), government publications and those of other policy-making bodies (such as the Retirement Commission).

Gaps in research coverage have been identified by comparing what is available in New Zealand with research priorities identified by national and international bodies. In New Zealand these include the 1998 Royal Society Research Strategy (*The Intergenerational Impacts of Ageing*), the *Positive Ageing Strategy* documents and the proceedings of the Ministry of Social Development’s round table meeting on 25th February 2005 (a table summarising these documents is included as Appendix 2). The United Nations’ and International Association of Gerontology’s Research agenda on ageing for the 21st century are the main international sources.

Following the aims of the review, subsequent sections examine the scope of research on ageing in New Zealand over the last decade; identify gaps in coverage, as compared to stated priorities; and then relate the findings to the EWAS project, exploring how research proposed under that project could help to fill the identified gaps.

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<sup>1</sup> Full references to publications arising from this research can be found in *Aotearoa Ageing 2005* (Davey and Wilton 2005) using the names of authors mentioned in the text.

## 2. RESEARCH ON AGEING IN NEW ZEALAND 1995-2005

### 2.1 University Sector

At present, significant research in geriatric medicine is being carried out through the Otago and Auckland Medical Schools. This type of research is not covered in the review.

A group in the Faculty of Medical and Health Science, University of Auckland has an extensive research programme on health and related services for older people, as well as preventive interventions, such as falls research (for example *PILS – Promoting Independent Living Study*, Matthew Parsons and Ngaire Kerse). Some of the research involves older people in residential care and their caregivers. For example, there has been work on exercise programmes, cultural issues in caring and being cared for in rest homes, and on gerontological education for care-givers.

One large-scale programme is ASPIRE (Assessment of Services Promoting Independence and Recovery in Elders), supported by the Ministry of Health, and carried out through the Clinical Trials Research Unit. This project is a randomised controlled trial to evaluate several different services that use a common model of care aimed at assisting older people to live at home (<http://www.ctr.u.auckland.ac.nz/research/aspire/> [16/6/05]).<sup>2</sup>

This relates to the “ageing-in-place” objectives of the Positive Ageing Strategy and the Health of Older People Strategy. Community-based initiatives are being evaluated in Hamilton, Wellington and Christchurch. The primary objective of ASPIRE is to test the hypothesis that, compared to usual care in the community, the ageing in place initiatives now being developed throughout the country will improve survival and reduce admission to permanent residential care. The project also aims to determine the effects of ageing in place initiatives on physical function, independence and health-related quality of life of older people; the effects on the health and mental wellbeing of informal caregivers and on the job satisfaction and work environment of health professionals and home care workers involved in community care of older persons.

In Christchurch, there is a Health Care of the Elderly Group (based at Princess Margaret Hospital) at the Christchurch School of Medicine, University of Otago. Medical researchers (Tim Wilkinson and Roger Sainsbury) have been involved in projects on eldercare services, older people’s health and gerontological education. Sally Keeling is a social anthropologist in this group and has researched social networks, social support and informal care of older people as well as service development and the anthropology of ageing. She is a past President of the New Zealand Association of Gerontology, which has several branches throughout the country and is very supportive of a wide range of research.

As noted in the introduction, the present paper was commissioned by the FRST-funded EWAS programme based at Waikato University (Population Studies Centre), jointly with the Family Centre Social Policy Research Unit in Lower Hutt.

In the School of Psychology at Massey University Palmerston North, there is a group working on retirement. They are interested in developing a research centre around retirement, ageing and health (Fiona Alpass and Helen Pennington) and have secured

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<sup>2</sup> The CTRU investigators are Matthew Parsons, Craig Anderson, Stephen Jacobs, Ngaire Kerse, Mike Law, Xenia Chen and Hugh Senior.

funding from the Health Research Council for a longitudinal study in this area. Research has also been carried out on contract to Veterans' Affairs New Zealand.

Te Pumanawa Hauora (Research Centre for Māori Health and Development) at Massey University, Wellington, has interests in research on the health of kaumatua and kuia, linked to the longitudinal Te Hoe Nuku Roa study, led by Professors Mason Durie and Chris Cunningham.

The New Zealand Institute for Research on Ageing (NZiRA) has been established at Victoria University of Wellington since 2000, dedicated to research on the social and economic implications of population ageing. NZiRA was conceived out of a FRST project on Positive Ageing in the School of Psychology at Victoria (see below). It ran informally for a year, supported by Sik Hung Ng, Susan Gee and Judith Davey. NZiRA was given the status of an Applied Research Centre (ARC) at Victoria University in 2001. Judith Davey was appointed as Director on a part-time basis. NZiRA has carried out research contracts for a range of clients, mainly public sector agencies, including the Ministries of Health, Transport, Social Development (and Office for Senior Citizens), the Retirement Commission, the Families Commission, ACC and also for the Department of Labour (Future of Work Fund) and CHRANZ (Centre for Housing Research).<sup>3</sup> NZiRA moved from the School of Social and Cultural Studies to the School of Government at Victoria University in February 2006 and it is expected that a new Director will be appointed from the beginning of 2007 to succeed Judith Davey.

There are other individuals and small groups of researchers with interests in ageing-related issues (such as Bevan Grant, Sport and Leisure Studies, University of Waikato and Susan St John, Auckland University Business School).<sup>4</sup> But overall the capacity is thin in relation to the importance of the topic. In 2003 and 2005, NZiRA ran symposia for postgraduate students using social science methods to carry out research on ageing in New Zealand. The response showed that such students are spread through a variety of institutions, schools and disciplinary bases, for example psychology, sociology, anthropology, economics, public policy, management studies, nursing, health science, education, social work, women's' studies, Māori studies and Pacific studies. The programmes of the symposia are listed in Appendix 3.

## **2.2 Major New Zealand funders of research**

### *2.2.1 Foundation for Research, Science and Technology (FRST)*

Between 1995 and 2004, FRST funded several university-based programmes of social research related to ageing, two at Victoria, three at Waikato and one at Massey.

At Victoria, *Intergenerational Communication & Stereotypes of the Elderly* ran from 1995 to 1998 and *Intergenerational Relations and Positive Ageing* from 1998 to 2001. Both programmes were based in the School of Psychology and included strong multi-cultural approaches. The first investigated behaviour and attitudes towards older people among

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<sup>3</sup> NZiRA research output is included in the NZiRA bibliographies, 2001 and 2005, under the names Davey and Gee.

<sup>4</sup> Bevan Grant runs an internet-based distance education course entitled *Ageing and Society* which is one of the few university courses in New Zealand concerned with the social aspects of ageing.

younger Chinese and European New Zealanders. The second had three themes – social cohesion between older and younger generations, life transitions in middle and later adulthood, and the wellbeing and contributions of older adults. This included data gathered from European, Chinese, and Māori New Zealanders, published as the *40+ Project-30 Tau Neke Atu*. The survey included questions on retirement intentions and workforce participation. As well as numerous publications, both academic and popular (see the NZiRA bibliographies, under Gee and Ng), the programme outputs included conferences in 1996 and 1997<sup>5</sup> and helped to establish the New Zealand Institute of Research on Ageing. The second three-year programme had a wider scope than the first and made an input into the Positive Age Strategy process in 2000 and 2001.

The FRST-funded programmes at the University of Waikato have largely adopted a demographic approach. In 1996 and 1997, *Transactions - Mid-Life Families and Society* assessed inter-and intra-generational exchanges and interdependencies of mid-life individuals and their immediate and extended families. The research included a nationwide sample of New Zealanders aged between 40 and 54 years of age in 1997. A monograph of the findings was published by the Population Association of New Zealand (Koopman-Boyden et al. 2000). In the same two years the *New Demographic Directions Programme* examined a range of population issues: the family; ageing; skilled labour; population and environment; and migration. This research adopted strategies to transfer demographic information to policy makers and contributed to the Population Conference in November 1998.

More recently, the Population Studies Centre at Waikato University, jointly with the Family Centre Social Policy Research Unit were awarded funding for *Enhancing wellbeing in an ageing society and Resources for the future: transitions to older age* (EWAS), commencing in 2004. This programme resulted from a specific call for proposals for research in this area, showing some priority given to it by FRST.

The only other FRST-funded research related to human ageing was *Employment of the Older Worker*, at Massey University (1998-1999). The objective of this programme was to develop a profile of the labour market participation of older workers in New Zealand and to evaluate the attitudes, expectations, needs and experiences of older workers and their employers in designated industrial sectors. The survey of 2137 older workers and 1000 businesses highlighted implications for the design and management of work. It also focussed on workers remaining in jobs longer, and identified the urgent need for attitudinal change. Publications from this programme are mainly in the names of Judy McGregor and Lance Gray.

### 2.2.2 Health Research Council (HRC)

The stated priorities of the HRC include research on “Conditions or Diseases of Special Relevance to Older Adults”,<sup>6</sup> interventions to improve the health of older adults, approaches to care-giving, health promotion and rehabilitation. They also mention

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<sup>5</sup> *Ages Ahead: Promoting Inter-generational Relationships* (Victoria University Press) recorded the proceedings of the 1996 conference.

<sup>6</sup> Stroke, cancers of the prostate, breast, bowel, dementia and neurodegenerative diseases, mental illness, sensory loss, joint diseases, arthritis, osteoporosis.

assessment of service provision, in particular the effectiveness of different mixes of services and what works best to adequately support older people to remain in their homes.

Despite this, HRC recent reports record very few projects relating specifically to older people or ageing. The 2004 Annual Report lists research on the specified conditions – dementia, stroke, falls, but little beyond this, except for some work on housing (Philippa Howden-Chapman) and care-giving (Robin Kearns).

### *2.2.3 The Marsden Fund*

The Marsden Fund, to support “excellent fundamental research” was set in 1994 and is administered by the Royal Society of New Zealand. The research supported by the Marsden Fund is intended to increase the level of knowledge and research skills in New Zealand rather than being driven by commercial outcomes or immediate government priorities. Scrutiny of topics funded by Marsden from 1998 to 2004 did not reveal any social science research related to ageing. It is not known how many applications have been made in this area.

### *2.2.4 The Future of Work Fund (Department of Labour)*

Since its establishment in 2002, the fund has invested in two projects concerning older workers and ageing<sup>7</sup>. In 2003, it funded *Combining Work and Care - Older Workers, Eldercare and the Work-Life Balance* (Judith Davey and Sally Keeling). This project documented the nature and extent of eldercare responsibilities among the workforces of Wellington and Christchurch City Councils and the ways in which these employees combine work and care. Its findings show how unpaid eldercare could be recognised and accommodated while maintaining efficiency and effectiveness in the workforce.

The project *Learning Information Technologies in the Workplace: Māori and Older Workers in the Pulp and Paper industry* was undertaken by Workbase (The National Centre for Workplace Literacy and Language) in the same year. This was a case study of the nature of workplace learning and the use of new workplace technology by older Māori employees in the pulp and paper manufacturing sector.<sup>8</sup>

## **2.3 Government Agencies**

The main central government agencies with interests in ageing are the Office for Senior Citizens and the Ministry of Social Development, Treasury, the Ministry of Health and the Retirement Commission. Many of these agencies contract out research to universities and research companies and much of the work is not publicly available. Exceptions include *Living Standards of Older New Zealanders* (Ferguson et al. 2001) and working papers published by Treasury (many co-authored, including Scobie, Gibson, Trinh and Le, [www.treasury.govt.nz](http://www.treasury.govt.nz)). Reports from the Ministry of Health can be found at [www.moh.govt.nz](http://www.moh.govt.nz) (for example Davey and Cornwall 2003); from the Retirement Commission at [www.retirement.org.nz](http://www.retirement.org.nz); and from the Centre for Housing Research Aotearoa/New Zealand at [www.chranz.co.nz](http://www.chranz.co.nz). Others are included in the *Aotearoa Ageing 2005* bibliography (Davey and Wilton 2005).

The Retirement Commission have recently compiled a list of retirement income research planned or underway in New Zealand, as well as recently completed projects. This

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<sup>7</sup> There were no calls for proposals to this fund in 2005 and 2006.

<sup>8</sup> No publications arising from this research have been identified.

includes work in government agencies and universities and is available at [www.retirement.org.nz/forthcoming-research.html#incomes](http://www.retirement.org.nz/forthcoming-research.html#incomes). This list will be updated on a regular basis and provides a useful resource for ongoing research.

The largest programmes of in-house research are being conducted in the Ministry of Health and the Ministry of Social Development. The former are concerned about the impact of ageing on health and disability services and the implementation of the Health of Older People Strategy ([www.moh.govt.nz](http://www.moh.govt.nz)). The latter have a current programme which includes updating of the *Living Standards* survey; work on ageing in place; a literature review on elder abuse; evaluation of initiatives for older workers (Jobs Jolt) and work on benefits and retirement income (personal communication Alicia Wright 11/5/05).

#### **2.4 Bibliographies of Research on Ageing**

Five bibliographies of New Zealand research on ageing have been produced covering over 30 years –

- *Ageing and care of the aged: a preliminary bibliography of New Zealand* (Creswell and Wade 1971), Department of Social Administration and Sociology, Victoria University.
- *Elderly People in View* (Wither and Hodges 1987), covering 1971 to 1985, Ministry of Health.
- *Older people in New Zealand* (Gilling and Gilling 1997), covering 1986 to 1996, BERL, the New Zealand Association of Gerontology and Age Concern New Zealand.
- *Aotearoa Ageing* (Gee and Davey 2002), covering 1997-2001, New Zealand Institute of Ageing (NZiRA).
- *Aotearoa Ageing 2005* (Davey and Wilton 2005), covering 2001-2005, New Zealand Institute of Ageing (NZiRA), funded by the Ministry of Social Development.

The last two bibliographies, along with other information in this review, have been used to assess gaps in research coverage. They are also the basis for the next section, which highlights recent research findings which are especially relevant for ongoing research on the wellbeing of older people.

#### **2.5 Summary of significant research findings**

The body of research on ageing in New Zealand, reported in the two latest NZiRA bibliographies, can be categorised, at a high level, as that dealing with the macro and that dealing with the micro aspects. At the macro level, a great deal of attention has been given to the demographics and to the economic and fiscal implications of ageing.

##### *2.5.1 Exploration of Ageing Trends and their Implications*

Work by Statistics New Zealand (SNZ) gives us a clear picture of how the ageing trend has developed in the New Zealand population, with volumes on older people, the baby boom generation and retirement (SNZ 1997; SNZ 1998a; SNZ 1998b; SNZ 2004). Pool and Zodgekar explore the implications of demographic change and structural ageing in their recent papers (Pool 2003; Zodgekar 2005).

Statistics New Zealand produces a range of population projections, with age, gender and ethnicity breakdowns, which are essential background to any forward-looking research ([www.snz.govt.nz](http://www.snz.govt.nz)). There are also labour force projections, extensively quoted in analysis of the impacts of ageing (Drake International 2005; Hudson Report 2004).

The economic and fiscal impacts of an ageing population have been explored through numerous Treasury working papers (Cook and Savage 1995; Stephenson and Scobie 2002). Stephenson and Scobie point out that we know little about how business will adjust as population ageing accelerates. A Treasury report to the Periodic Report Group (PRG 2003) asked whether New Zealanders are saving enough for their retirement. It concluded with a qualified yes, but commented that the answer depended on the definition of ‘adequate income’, which is a complex task.

Research associated with the Periodic Report Group (PRG 1997) in 1997 and in 2003 throws light on the future of New Zealand Superannuation (NZS), concluding that it is sustainable, given favourable economic circumstances, and the potential for private provision through savings. This research includes a range of useful papers, including those by Preston (1999a, 1999b, 2001), St. John (2003) and Callister (2001). Richard Hawke (2005) gives a recent and alternative view of retirement income policies.

Turning to the macro aspects of health and health policy, the Ministry of Health (MOH 2002) produced a statistical profile which outlines the socio-demographic characteristics and health status of the current and future older population. It includes data on health and disability services. Several scoping studies on planning health and disability support services build on this statistical base and government health strategies (Midcentral District Health Board 2004; Otago District Health Board 2004). A background paper prepared for the Ministry of Health, *The Impact of Population Ageing in New Zealand on the Demand for Health Services* (Cornwall and Davey 2004) points out that while mortality, morbidity and disability rates are important, other less well-researched factors are significant for the future of health services for older people.

One of these factors is the supply of health care workers. A nationwide survey of the health-related workforce in 2004 concluded that it was itself ageing (Parsons et al. 2004). A report to the Health Workforce Advisory Committee (Easterbrook-Smith 2003) emphasised the importance of the availability of an appropriately trained workforce, in order for health strategies, such as the Health of Older People Strategy, to succeed (see also NZIER 2004).

### 2.5.2

The following sections examine the main areas which contribute to the wellbeing of older people at the community, family and individual levels (as identified in the Positive Ageing Strategy).

#### Income and Living Standards

A key piece of work in this area is *Living Standards of Older New Zealanders* (Fergusson et al. 2001).<sup>9</sup> Living standards were measured through a Material Wellbeing Scale using five elements (ownership restrictions, social participation restrictions, economising, severe financial problems and self-assessment). The study found that the majority of older people had relatively few material and financial restrictions, although 5 percent experienced marked material hardship and 5-10 percent had some material difficulties. The study identified three sets of factors that operated cumulatively to influence material wellbeing –

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<sup>9</sup> The “consent” database, available to researchers, has information on daily activities, restrictions etc.

- current economic circumstances: annual income, value of saving and investments and accommodation costs;
- exposure to past and current economic stresses;
- social background: household composition, age, ethnicity, socio-economic status.

The individuals most at risk of poor material wellbeing were characterised by a mix of low income, lack of savings, high accommodation costs, a history of economic stress, Māori or Pacific ethnicity and having a low-status occupation. The research made it clear that pre-retirement circumstances influence wellbeing in later life. This throws attention on the financial circumstances, employment conditions and retirement intentions, personal and family situations of people in mid-life.

A subsequent study focused on the living standards of older Māori (Cunningham et al. 2002). Using the Material Wellbeing Scale, the research found that 20 percent of older Māori were experiencing severe financial difficulties and 15 percent some financial difficulties. The group most at risk of poor living standards was characterised by relying solely on NZS for income, having no savings or assets, paying rent or a mortgage, experiencing financial stress in the last year, experiencing any economic adversity when aged 50-59, and having raised eight children or more.

The Household Saving Survey (SNZ 2002) provides overall information on wealth (see also Scobie et al. 2005), but studies of retirement provision have also been made among Māori and Pacific people. Māori households are over-represented in low-income work and benefit dependency, have larger numbers of dependants, and experience higher mortality and morbidity rates, all of which contribute to a lack of private provision for retirement income (PHP Consulting Ltd. 2003).

Private provision for superannuation is also rare among Pacific peoples (Teuila Consultancy 2003). Many have experienced periods of unemployment, reducing their ability to save. Cultural attitudes can also intervene, as individual incomes are often combined within a household and used to meet the costs of living expenses, church and family commitments. A further study explored the ability of women to save for their retirement, and identified similar barriers, such as insecure or intermittent participation in paid labour, combined with lower income resulting in a lack of disposable income to save (Susan Kell Associates 2003).

## Health

Recent research on the health of older people in New Zealand mostly concerns specific health issues, such as falls, hip fractures, strokes and mental health or specific treatments and medication. There is less information on the social and lifestyle influences on health, especially from the point of view of the older people themselves. For example, out of 12 items on nutrition in the 2002 bibliography, there was only one on food choice (Taptiklis 1999). Improved health outcomes largely depend on the adoption of healthy lifestyles and preventive measures at all ages. Research on nutrition, exercise and falls prevention, listed in the NZiRA bibliographies, is therefore valuable.

Two studies illustrate the inter-relationship between health and wellbeing. In a study of more than 400 older Māori, Waldon found that those with lower self-reported health scores were less likely to be active marae participants compared with older Māori

experiencing high health status (Waldon 2004:175). And the 40+ Project/30 Tau Neke Atū found that older people regard physical health as more important than money, regardless of age and ethnicity (Gee, Davey and Duke 2001).

There has been considerable research on residential care from the service provision angle, but some is now beginning to explore qualitative aspects, such as Marian Bland's thesis *All the Comforts of Home? A Critical Ethnography of Residential Aged Care* (Bland 2003) and work by Smith, Kerse and Parsons (2005).

Home based care services are crucial to the success of ageing in place. As noted earlier, the Clinical Trials Research Unit of Auckland University has been evaluating several services aimed at assisting older people to live at home, under the title ASPIRE – *Assessment of Services Promoting Independence and Recovery in Elders*.

## Housing

Housing plays an important part in the wellbeing of older people, but it cannot be separated from other aspect of life, such as care services and transport. It also links with health as shown in the work of Howden-Chapman et al. (1999). The CHRANZ report (Davey et al. 2004) concludes that the link between housing and service provision must be central in the design and location of appropriate accommodation for older people, especially vulnerable groups.

The CHRANZ report provides basic data on the current housing situation, with breakdowns by gender, ethnicity, housing tenure and income, and projections for the future. The report has sections on the housing needs and preferences of older Māori and Pacific people and people living in rural areas. It concludes that a variety of responses is required to meet the housing needs of older people. The CHRANZ report also points out that, in the future, large numbers of very old people with significant disabilities are likely to be living in the community. At present special "sheltered" or "intermediate" housing is very scarce. The use of assistive technology, including 'smart' homes could be investigated to support ageing in place. Safety for very old people, especially those living alone, is also of paramount concern.

Retirement villages provide an alternative housing option for older people with adequate means. They are preferred for the lifestyle, security, more easily managed houses and sections and because help and care services are available on-site. Local research suggests that levels of satisfaction among residents are very high (Bell et al 2003; Bowen 2003; Wilde 2001).

Older homeowners have the ability to release funds tied up in mortgage-free housing. One of the ways that this can be done is through commercial equity release schemes, which have experienced strong growth in New Zealand recently (Davey 2005). If larger numbers of 'asset rich and income poor' older people use such schemes to release lump sums of money and/or regular income, then the relative position of renters could worsen as renters do not have this opportunity to supplement their incomes.

## Transport

Transport, as an aspect of the wellbeing of older people, has been neglected in ageing research until recently. In the first NZiRA bibliography, all five transport entries were on older drivers (Gee and Davey 2002:60-61). But now several broader studies have been published.

A report for the Ministry of Transport (Gray 2002) aimed to develop indicators of accessibility, examining transport factors affecting access to economic and social services. It covered the total population, but identified older people as one of the groups for whom lack of access to a car is of concern.

The *Older People and Transport Scoping Paper* (Davey and Nimmo 2003) examined transport patterns and issues related to meeting transport needs. It demonstrated the centrality of private transport and the serious impact on wellbeing when access to it is lost. Although public transport is frequently put forward as an alternative for older people, it is clearly not a favoured option. Nor does it figure highly in statistics on travel patterns. The transport requirements of older people are ad hoc and sporadic, rather than regular like the journey to work or to school. A second part of this research (Davey and Fraser 2003) reviewed the international literature on innovative ways of achieving transport mobility for older people.

In *Coping without a car* (Davey 2004) the needs of people without access to private transport were addressed. The findings suggest that public transport should be more accessible, taxis more affordable and community transport services should be fostered. Such initiatives would assist older people not only to meet their 'serious' transport needs, but also to enjoy discretionary travel, to enhance their quality of life and social networks.

## Work – paid and unpaid

Participation in paid employment has increased for older people, as a result of policy changes and emerging labour shortages, and this trend is likely to continue (Davey and Cornwall 2003). McGregor and Gray (2001) outlined the characteristics of older workers and the challenges which they face. They emphasised that older job seekers are not a homogenous group. They have been affected by changing employment patterns, retirement and superannuation entitlements; the decline of manufacturing industries and the rise of the information and technology sector; redundancy, particularly for men, and female re-entry into the labour market. This diversity means that one policy model for older job seekers will not meet all their needs.

Commentators suggest that maximising the potential of older workers and enhancing their workforce capabilities would have benefits at the individual, business and national levels (Davey and Cornwall 2003). Barriers based on employers' stereotypes (and sometimes mirrored in the attitudes of the workers themselves) are outlined in several research reports (Litmus 2002; McNeill 2002, 2003; Lin 2002). New HR strategies to address attitudes, recruitment, retention, performance and training issues in an ageing workforce are beginning to emerge (Hudson Report 2004; Drake International 2005).

An examination of how retirement is changing, and the implications of these changes is needed to inform policies. McGregor and Gray's (2003) study of retirement intentions

concluded that older workers strongly favour free choice about retirement. *Life after 40: work and retirement plans* (Gee et al 2002) supported this conclusion.

Society benefits significantly from the skills and experiences of older people through their unpaid work in a wide range of areas. Although it is difficult to measure levels of participation, the *40+ Project* estimated that 15 percent of all voluntary work is done by older people (Gee 2001). Prolonging workforce participation may constitute a threat to the supply of volunteer workers. The relationship between paid and unpaid work for older people needs exploration (including caring work, such as that provided by grandparents).

## Education

Despite increases in participation levels and a rise in the average age of tertiary students, older people are still highly under-represented in education and training. To enhance workforce opportunities, support voluntary work, improve lifestyle and health and promote community involvement, older people need ongoing access to education, in ways which suit their needs (Davey 2002a). This will include improving access to ICT. To date, adult education initiatives have been mainly focused on adult literacy and English language proficiency.

Information from the *Education in Mid and Later Life* project showed the benefits of university-level study for older people and its potential to enhance quality of life, identity and personal development (Davey 2003c). It demonstrated the importance of work-related motives for study and outlined implications for policy (Davey 2002b; Davey 2003a). A collection of studies arising from this project (Davey, Neale and Morris Matthews 2003) illustrated the educational experiences of selected groups of older students, including people aged 60 plus, Māori, men studying full-time, and professionals seeking up upgrade and cope with “credentialism” in the labour market.

Community education, such as U3A, and wānanga are more common sources of educational involvement for older people (Swindell 1999). Computer use is an emerging area of adult education. Fenton and Malcolm (2001) show how members of SeniorNet are using computers and developing internet skills. Hawthorn (2002) reported on interface design for older computer users. And a study by Richardson et al. (2002) identified older peoples’ perceptions of computer use. The research found that participants overcame initial barriers of fear and frustration to become extremely positive and enthusiastic computer users.

## Social Aspects and Intergenerational Issues

Diversity in the lives and social experiences of older people is illustrated in *Life at 85* (Davey and Gee 2002); *Two Decades of Change in New Zealand* (Davey 2003b) and *Ageing in a Diverse New Zealand/Aotearoa* (Gee 2002). A chapter recognising diversity along older New Zealanders is included in a book on lifespan development (Gee and Davey 2005).

The NZiRA bibliographies contains numerous studies on the social and psychological wellbeing of older people, including work on the wellbeing of older men (Neville and Alpass 1999; Alpass et al. 2000); the lives of older women (Hasan 1998); intergenerational linkages and communication (Liu et al. 2000; Ng et al. 2000); life stories

(Maclean 2000; Tenquist 1999) and grandparenting (Missen 2002; Worrall 2001; Hillcoat-Nalletamby and Dharmalingam 2002; Pitama et al. 2002).

Of special policy significance is Dwyer, Gray and Renwick's (2000) report on factors affecting the ability of older people to live independently. This highlights social networks and family relationships and environmental factors such as housing, transport and local amenities. Keeling (1999, 2003) has used anthropological perspectives in examining ageing and later life, drawing on a longitudinal study of Mosgiel. Although the special needs of older people in rural areas are acknowledged in the Positive Ageing Strategy, very little specific action has been undertaken, with the exception of Keeling's work and a study by Chalmers and Joseph (1998) in the Waikato.

The increasing ethnic diversity of New Zealand has led researchers to examine ageing in different cultural communities. Several publications focus on the Asian and specifically Chinese communities (Abbott 2003; Liu et al. 2003; Zhang et al. 2002; and Xie 2003).

Significant research on older Māori has been undertaken at Te Pumanawa Hauora, Massey University (Durie et al. 1996; Durie 1999). The original research involved a sample of 400 Māori kaumātua with a more conservative profile and subsequent research includes both a conservative group and a group of older Māori (aged 55 plus) with a more mainstream profile, more similar to their Pakeha counterparts. The research covers the identity, health, wellbeing, material circumstances and expectations of these older Māori. Much of the work on older Māori has been associated with health issues.

Intergenerational issues of relevance to the wellbeing of older people include patterns of care and support of various kinds and the protection of vulnerable older people. Informal family care has been examined by Kirkman (2005b) whose case study focuses on people with dementia. A study of working carers employed by Wellington and Christchurch City Councils was published in 2004 (Davey and Keeling 2004). Respondents in this study describe how they juggled work and care and emphasises the need for sympathetic employers. The number of older workers with eldercare responsibilities is likely to increase, especially given policies which encourage ageing in place. People with eldercare responsibilities need flexibility to adjust their hours of work and job roles to balance family and work responsibilities. They also need support, information and training to ensure the quality of informal care.

The incidence of elder abuse and neglect (EAN) in New Zealand is unknown, but if estimates from overseas apply, 2-5 percent of older New Zealanders would be experiencing it. A Ministry of Health study on interpersonal family violence and the response of the medical profession identified elder abuse as an area that practitioners need to consider when assessing older people (Fanslow and Glasgow 2001). Information from EAN services was reported by Davey and Gee (2002) and the services were evaluated in 1998 (Williams et al. 1998). It appears that people 85 and over and women are over-represented in EAN cases. The most common types of abuse are psychological and financial, but clients may experience multiple types of abuse. Another area of personal safety relates to Enduring Powers of Attorney (EPA). The New Zealand Law Commission report (2001) cites an Age Concern Auckland study which demonstrated that, out of 130 cases of elder abuse, 40 were attributed to misuse of EPA.

## 2.6 Comment on current research activity and capacity

In a paper presented to the Ministry of Social Development's forum on research on ageing in February 2005, *Research on Ageing – Capabilities, Structures and Priorities: How can we ensure that research capacity will be sufficient and appropriate to meet the challenges of an ageing population?*, Judith Davey commented on current research activity and capacity. The following is based on the relevant sections of that paper.

The complexity of ageing and its implications calls for multi-disciplinary approaches to research and policy-making. Bio-medical research on ageing is very important, but needs to be linked to social research with extensive interchange and collaboration and a full appreciation of the social and economic implications of medical interventions and service provision.

Social research on ageing shares the characteristics of all social research in New Zealand. It is under-funded and fragmented. Only recently have multi-disciplinary approaches been seriously adopted and has team research developed. There are no equivalents in the social sciences to the CRI network. Most of the social science research capacity is concentrated in the universities and somewhat hampered by disciplinary and administrative boundaries.<sup>10</sup>

The situation of research on ageing is affected by the dispersal of researchers over a wide variety of disciplinary areas, university departments and faculties (see the reference to NZiRA's Postgraduate Symposia above). This diversity makes it more difficult for researchers to collaborate and network and also for research capacity to be mapped and fostered.

Another current issue is the relatively unattractiveness of ageing as an area for research among young researchers (flowing through into difficulties of recruitment in aged care professions). Contributors to the NZiRA Postgraduate Symposia tend to be women in mid-career, most with work experience in social or health services, rather than young graduates. This is likely to be typical of research on ageing in general in New Zealand and must be taken into account in efforts to increase capacity in this area, for example through the provision and design of scholarships and research grants.

Current researchers in the field of ageing (like the academic workforce as a whole) have a high average age, which raises the question who will be available for research on ageing in, say, ten years time, when the baby boom generation will be entering old age and when ageing will surely be a much more salient policy issue than it is now?

Consideration of these points and information on current research activity, outlined above, suggests the need for a national focus for research on ageing. The functions of such a centre would be to network, foster and coordinate the supply of and demand for research on ageing in New Zealand, but this would require base funding and support from as many organisations with an interest in ageing as possible as well as from a wide range of researchers. At present only NZiRA begins to address this need but there are issues about the sustainability of the institute as it currently stands.

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<sup>10</sup> A promising recent initiative, however, is the establishment of *Building Research Capability in the Social Sciences* (BRCSS), which is a network of social science researchers across the eight universities and the Family Centre Social Policy Research Unit.

### 3. RESEARCH PRIORITIES

#### 3.1 International Statements

The United Nations *Research Agenda on Ageing for the 21<sup>st</sup> Century* supports the implementation of the International Plan for Action on Ageing, adopted by the Second World Assembly on Ageing (April 2002, Madrid, Spain) (United Nations 2002). The Agenda was developed by the United Nations Programme on Ageing together with the International Association of Gerontology<sup>11</sup> in a series of expert and regional consultations.<sup>12</sup> The Agenda identifies priorities for policy-related research and data collection. Full information on the priority areas is included in Appendix 1 and summarised here.

- **Relationships between population ageing and socio-economic development**, including the contributions made by older people to social, cultural, spiritual and economic capital.
- **Current practices and options for maintaining material security in old age**, the dynamics of labour force participation, household patterns of savings and expenditure, public sector pension schemes and other elements of wealth accumulation.
- **Changing family structures, intergenerational transfer systems and emergent patterns of family and institutional dynamics**, including the role of older people in contributing to family and community life.
- **Determinants of healthy living**. The maintenance of health status and functioning is a critical factor impacting on many aspects of the lives of older people; the interrelations of individual behaviours and environmental conditions and the efficacy of interventions.
- **Basic biological mechanisms and age related diseases**. Recent developments in the understanding of basic life processes have the potential to reveal complex relationships between the fundamental mechanisms of ageing and the emergence of age-associated disease.
- **Quality of life and ageing in diverse cultural, socio-economic and environmental situations**. The determinants of quality of life in old age, recognising that these vary according to social, cultural, economic and traditional contexts.

Research needed to implement the Madrid International Plan of Action on Ageing is listed in ten “critical research arenas” (see Appendix 1 for more details):

- **Social Participation and Integration** - meaningful participation and integration of older people in all spheres of life. The factors that influence this include: intergenerational relationships; ageism and images of ageing; psychosocial determinants; measures to enable older people’s participation in and contribution

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<sup>11</sup> Support was also provided by the Novartis Foundation for Gerontology and the Government of the Federal Republic of Germany.

<sup>12</sup> <http://www.valenciaforum.com/una.html> [10/5/05]

to society, including political participation; human rights; elder abuse, neglect, violence and exploitation.

- **Economic Security** - linked to wellbeing and health for all ages. This covers labour force participation; patterns of resource availability; wealth over the life course; intergenerational transfers; private and state pensions; poverty and poverty-related issues; continuing education and re-training; preparation for retirement.
- **Macro-societal Change and Development** - reciprocal relationships between societal change and population and individual ageing. Older people may have fewer resources to enable them to adjust to change, including technological change and economic development.
- **Healthy Ageing** - ensuring that the years added to life are healthy, active and productive and that there is significant compression of disability in later years; social, economic and environmental determinants of healthy ageing; individual behaviour and choices, including self-care; intervention strategies; nutritional status; mental health and ageing.
- **Biomedical** - an improved understanding of the basic mechanisms of ageing and determinants of longevity and age associated diseases.
- **Physical and Mental Functioning** - the product of lifelong interactions between individuals and their social and physical environments.
- **Quality of Life** - conceptualisation of this should take account of the views of older people; determinants of quality of life at different life stages; cultural and other variations in the meaning of quality in later life.
- **Care Systems** - integration of informal and formal care is crucial to supporting older people; long term care services that are appropriate and economically and culturally sustainable; effective public-private mixes of care delivery; integration of health and social care systems; models of continuum of care; sufficient and adequate human resources at appropriate care levels; older persons as care givers.
- **Changing Structures and Functions of Families, Kin and Community** and the implications for older people, including family care giving and interventions to promote informal support.
- **Policy Process and Evaluation** - effective models for linking research, policy and practice; levels and effectiveness of government expenditure directed towards older persons; adequate baseline data on health status, wellbeing, and the socio-economic situation of older people; data to support policy development and implementation; documentation of examples of good practice.

### 3.2 Australian Statements

The federal government's National Strategy for an Ageing Australia (2001) identified the need for Australian research to inform policy decisions. The Australian Ageing Research Agenda was developed by the Building Ageing Research Capacities (BARC) Project to

meet this need.<sup>13</sup> There are two categories of issues in this agenda, strategic priorities for building ageing research capacity and strategic ageing research themes.

The research themes are:

- Maintaining economic growth in the face of an ageing workforce and reduction in the supply of younger workers;
- Achieving adequate and sustainable retirement income over lengthening periods of retirement;
- Developing positive images of ageing and supporting continued social participation;
- Developing an age-friendly infrastructure and built environment;
- Achieving healthy ageing to maintain health and independence;
- Providing accessible, appropriate, high quality health and aged care.<sup>14</sup>

The items are very broad compared to the UN list. They do not reflect awareness of differences between older people, such as differences by ethnicity, gender or socio-economic status and how these affect health, wellbeing and security.

In 2003, the Prime Minister's Science, Engineering and Innovation Council (PMSEIC) produced a report *Promoting Healthy Ageing in Australia* which argued that a large and comprehensive national study was needed to investigate the many outcomes of ageing. It recommended that an Australian Longitudinal Study of Older People (ALSOP) be established, and suggested that the study should give priority to areas important for the health, functioning and wellbeing of older people, where there was potential for improvement. This statement was produced in 2004 as *The Longitudinal Studies of Ageing: Implications for Future Studies*. In the conclusion it states –

future decisions about the adoption of longitudinal research strategies to address ageing issues need to be made with reference to and awareness of what has gone before, and take account of the particular benefits, issues and costs associated with longitudinal studies. This report takes the first step in mapping and documenting existing longitudinal studies in Australia, and provides a basis for future consideration of the need for a national strategy on the future of longitudinal studies of ageing in Australia that meets the needs of the scientific, government, health and community sectors (<http://www.aihw.gov.au/publications/age/lisa/lisa.pdf> [12/6/06]).

### 3.3 New Zealand Statements

In 1999, the Royal Society of New Zealand prepared a research strategy – *The Intergenerational Impacts of Ageing*, for the Ministry of Research, Science and Technology. This report concluded that the ageing population structure requires changes to policy, and that effective research and information is needed to assist policy analysis. A major priority is lack of knowledge on the intergenerational impacts of ageing, and the

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<sup>13</sup> The Australian Research Council (ARC) and National Health and Medical Research Council (NHMRC) Ageing Well website is a good example of recent initiatives, <http://www.ageingwell.edu.au>

<sup>14</sup> The Australian Ageing Research Agenda has been incorporated into the Ageing Research Online (ARO) web site that helps support and focus further capacity-building efforts [http://www.aro.gov.au/WebStreamer?page\\_id=33](http://www.aro.gov.au/WebStreamer?page_id=33) [12/6/06]

report identified serious gaps in information in many policy-relevant areas. It identified four broad topic areas for research:

**1. Capacity and ability in older age**

- What factors contribute to the ability of older people to remain independent, secure and able to contribute to the wellbeing of their families, the wider society and the workforce?
- What services or interventions can be demonstrated to maintain and/or prolong this capacity?
- What policy changes would enhance this situation and reduce the requirement for support by other cohorts?

**2. Changing patterns of family dependence:**

- What are the existing flows of resources, services and support activities between family members of different generations?
- What changes have been occurring over time in these patterns?
- What policy changes or interventions, if any, can be demonstrated to improve outcomes from these patterns and trends?

**3. Changing retirement outcomes for different cohorts**

- What have been the different experiences, in terms of social and economic wellbeing, of successive cohorts entering retirement and during the period of retirement?
- What outcomes can be expected for future cohorts, including the differential situation of New Zealand European, Māori, Pacific and Asian ethnic groups?
- What policy changes would improve outcomes for those entering retirement and facing adverse circumstances and what intergenerational issues arise?

**4. Relative responsibilities of individuals, family, community and state**

- What changes have been occurring over time in the relative responsibilities of individuals, families, communities and the state in relation to the wellbeing of older people?
- What impact has this had on patterns of wellbeing for older people and other generations?
- What policy changes would improve outcome for those for whom they are adverse?

The RSNZ report notes that ageing research is currently dominated by studies in the health field but there is a need to look more widely at people's entire lives to assess cumulative health effects. It suggests there may be a need to shift from quantitative methods to include qualitative research that actively involves older people and makes their perceptions and views explicit – a point also stressed by the UN. The RSNZ report mentions gender, socio-economic and geographical differences in terms of retirement experiences in the body of the report, but not specifically in research priorities, where only ethnicity is highlighted.

The RSNZ report is very policy-oriented in its approach, but despite this, and despite providing a valuable statement of research priorities for New Zealand, the report does not appear to have been explicitly followed up and is also not well known among local researchers.

The Positive Ageing Strategy principles and goals relate to the UN/IAG Research Agenda, although there is no explicit link in the policy document. The strategy centres on ten “goals” for older people:

1. Income - Secure and adequate income
2. Health - Equitable, timely affordable and accessible health services
3. Housing - affordable and appropriate housing options
4. Transport - affordable and accessible transport options
5. Ageing in Place - Older people feel safe and secure and can “age in place”
6. Cultural Diversity - A range of culturally appropriate services allows for choices
7. Rural - Older people living in rural areas are not disadvantaged when accessing services
8. Attitudes - People of all ages have positive attitudes to ageing and older people
9. Employment - Elimination of ageism and promotion of flexible work options
10. Opportunities - Increasing opportunities for personal growth and community participation

The table in Appendix 2 attempts to align the various statements of research priorities and policy goals.

The Ministry of Social Development (MSD) organised a *Research on Ageing Forum* in February 2005 on future priorities and capabilities. In a paper commissioned by MSD, Paul Callister suggested that, given some recent unique characteristics New Zealand that have relevance for ageing – strong labour market, skill shortages, no mandatory retirement age, migration – we are “ahead” of other countries in terms of using the labour force skills of older people. These and similar factors question whether we can rely on overseas research and how much more needs to be done by local researchers because of these unique characteristics.

Using the themes of the Positive Ageing Strategy, several areas for future research can be identified here:

### **1. Income**

- a. demographic issues: monitoring, age-structural change, labour force participation by older people, living standards in retirement;
- b. private provision issues: employment-based superannuation, trends in household wealth and debt, asset depletion, financial market development and regulation, taxation and saving products, financial literacy, housing and accommodation, income of older people;
- c. public provision issues: beneficiaries and retirement saving; use of supplementary benefits by superannuitants; international migration and New Zealand Superannuation (NZS); performance of publicly controlled retirement investment funds; NZS rate structure.

### **2. Health**

- a. support workforce in relation to ageing in place;
- b. on-going evaluation of health service delivery and its cultural appropriateness;
- c. elder abuse and neglect;
- d. older workers and the ACC, workplace safety;
- e. social/cultural aspects of diseases that lead to premature mortality such as obesity, diabetes, smoking.

### **3. Housing**

- a. home ownership, housing affordability and housing quality;
- b. options to facilitate ageing in place such as safety audits, health monitoring, equity release and other financing options for renovating existing housing;
- c. changes in housing stock to meet the needs of an ageing population.

### **4. Transport**

- a. impaired mobility (not necessarily age specific);
- b. identifying those disadvantaged in relation to transport;
- c. reasons why older people give up driving, driving tests and role of GPs in this process.

### **5. Ageing in Place**

- a. no specifics, except that gender and cultural issues need to be considered.

### **6. Cultural Diversity**

- a. how cultural norms and attitudes, such as caring for older people in an extended household, may be changing.

### **7. Rural**

- a. nothing specific, except that rural aspects are important in research on ageing.

### **8. Attitudes**

- a. linked to why people make particular choices, research is needed on decision-making within households, such as when to retire;
- b. there is little understanding what goes on within households in terms of income sharing and across household in terms of elder care;
- c. understanding how attitudes can be influenced, such as encouraging retirement saving.

### **9. Employment**

- a. reasons why older people are working;
- b. employer attitudes towards older people;
- c. workplaces changes needed to accommodate older workers;
- d. interlinkages between employment and retirement income;
- e. transitions in and out of paid work across the lifecycle and implications for retirement income;
- f. unpaid work such as volunteering.

### **10. Opportunities**

- a. ongoing lifelong learning needs and barriers.

In addition to the gaps identified above, there is an overarching issue around the broad concept of 'social connectedness', which includes: social isolation for those living alone; transitions out of paid work and into a potentially more isolated household situation; geographic separation of family members.

Four broad themes, cutting across the Positive Ageing Strategy goals, require more research. These are:

- demographic drivers and the changing characteristics of future cohorts of older people;
- the impact of population ageing on New Zealand's economic and social development;
- understanding the diversity of older people now and into the future;
- research across a wide range of fields on the determinants of healthy ageing.

These echo the UN statement of research priorities. In her paper to the MSD meeting Judith Davey (reference above) identified three broad sets of priorities, which establish another framework for research:

- **Mid-life issues and workforce transitions**
  - Individual: how do people make decisions about workforce transitions; what options do people have for flexible and gradual changes; what are the work-life balance implications; how do experiences in mid-life impinge on and influence wellbeing in later life?
  - Business: how can businesses maximise the potential of older workers?
  - Society and economy: policy implications of an ageing workforce and the movement of the baby boom generation through mid-life and into later life.
- **Late-life issues**
  - What do very old people consider works best to enable them to remain safely and comfortably in their own homes?
  - Successful planning and implementation of health and care service provision, including preventive services;
  - Appropriate housing, transport options, community participation, social and family contact, spiritual, sexual and cultural expression for the very old;
  - Diversity among very old people in terms of gender, ethnicity, location and socio-economic status;
  - The views of the very old on these issues.
- **Intergenerational issues**
  - Demographic issues and how changes in population structure relate to dependency, allocation of responsibility for care and service provision;
  - Family dynamics as social norms and practices change, role of grandparents;
  - Informal care within families and how this relates to formal provision;
  - Inheritance patterns and inter-generational wealth transmission;
  - Cultural maintenance and transmission;
  - The status of older people in families and in communities.

This discussion of international and local statements of research priorities have many similarities but also have many differences, as illustrated in Appendix 2. Four key areas emerge in comparing the statements - material security, family and community participation, healthy living, and quality of life and diversity. In the following section these are addressed in turn to pinpoint gaps in New Zealand research on ageing.

## 4. IDENTIFYING GAPS IN RESEARCH COVERAGE IN NEW ZEALAND

### 4.1 Material Security

Material security for older people is a theme identified by all the research priority statements examined above and by the Positive Ageing Strategy (PAS), in terms of a secure and adequate income.

New Zealand research in this area mainly relates to savings patterns, household wealth accumulation, sustainability of public pension provision, private pension provision, annuities, equity release schemes and the living standards of older people, that is, largely a macro-level approach. Research has also been done on the saving behaviour and retirement provisions of different cohorts, which addresses issues of sustainability. A small amount of research has included disaggregation by gender and ethnicity, although more needs to be done in this area, given the very different experiences of men and women, both with respect to labour force participation and life expectancy. These differences mean that many women are disadvantaged in saving for their retirement, while, on average, having a longer period of retirement to fund. There are also significant differences between average incomes by ethnicity, making it harder for Māori and Pacific people to save and accumulate assets (although average life expectancy is lower in these groups). These differences have been highlighted in the *Living Standards* surveys (Cunningham et al. 2002) and in the *Net Worth of New Zealanders* survey (Statistics New Zealand 2002).

An area identified in the UN and Australian statements, but absent in PAS, is the impact of an ageing workforce on economic growth, which is linked to material security at the national level, as well as having implications for business and for individuals. Some initial research has been conducted in New Zealand particularly in relation to projected skills shortages and the need to retain older workers. Publications from the *Employment of the Older Worker* programme (McGregor and Gray 2001) have been followed by *Maximising the Potential of Older Workers* (Davey and Cornwall 2003), reports from Future of Work Fund projects and from leading human resources and business consultancy firms (Hudson 2004, Drake 2005). Retaining older workers and their skills in the labour force involves creating the right conditions, such as flexible working hours, particularly in relation to the emerging issue of elder care responsibilities (Davey and Keeling 2004).<sup>15</sup> The latter will increase in importance with the ageing population and the underlying “ageing in place” goal of the PAS.

More New Zealand research in these areas is needed to uncover how economic security at a macro-societal level can be achieved with an increasingly ageing workforce and emerging skills and labour shortages; how business and employers can respond; and the impact on material security for individuals, in mid-life and as they age. Issues surrounding the transition of older workers into retirement remain severely under-researched, a key question being how individuals make decisions about workforce participation in an environment where there is no external trigger provided by a compulsory retirement age. Until recently in New Zealand, it has been assumed that material security in old age would come through state retirement income support. We need an investigation of the role which

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<sup>15</sup> The extension of this research into different types and sectors of employment is necessary as a crucial inter-generational issue, linking workforce participation and eldercare. There are also workforce supply issues around health care services and home based services for older people.

paid work can play in later life and of older people as workers and tax payers (with a link to goals on participation and contribution to society).

Some of the research priorities statements mention education under economic security, whereas the PAS sees it as part of “opportunities” for older people. Education for older people is a much neglected area in New Zealand. Government reports on adult education focus especially on literacy, English as a second language and hobby classes (Adult Education and Community Learning Working Party 2001). Educational research also has tended to ignore older people (with the exception of Davey, Neale and Morris Matthews 2003). The potential of education to contribute to positive ageing has many aspects: retraining and upskilling for the workforce; preparation for retirement; knowledge to assist adjustment to ageing and new roles, including volunteering and productive hobbies; use of new technology; and mental stimulation, which has been proved to assist in delaying the onset of symptoms of dementia. All these aspects require research in the New Zealand context and/or adaptation of overseas work.

PAS identifies housing as a key contributor to the material security of older people, but other statements lack this explicit link. The PAS goal/principle states that housing should be affordable, and appropriate options should be available for older people. The NZiRA/BERL report in 2004, commissioned by CHRANZ, focused on housing options for older people and the relationship between appropriate housing and health (Davey et al. 2004). This has useful future projections, disaggregation by gender and ethnicity and reviews of approaches used overseas. Research on retirement villages has become a topic for thesis work in the last four years, but could usefully be drawn together to give a national picture that looks to the future. Homeownership has been identified in several research and policy reports as an indicator of financial wellbeing for older people. The *Living Standards of Older New Zealanders* report (Ferguson et al. 2001) showed how renters are over-represented in the group with low material wellbeing scores. Reducing levels of homeownership will have an impact on the financial security of future cohorts of older people and this requires further research (especially given challenges to the conclusion that ownership rates are indeed falling – Michael Littlewood, personal communication).

#### **4.2 Family and Community Participation**

The UN and RSNZ priority statements identify changing family structures and functions and the impact of these on older people as a priority research area. PAS mentions the importance and impact of family in relation to Māori only, particularly in relation to social integration and the transmission of cultural knowledge, skills and experiences. Some research into this area has been conducted, but it needs to be explored in the context of other social and cultural groups.

The UN statement links family with economic security for older people. In the New Zealand context this is less likely to imply financial support moving up the generations, indeed the evidence is mainly of movement in the opposite direction. However, there are important intergenerational issues which are relevant here. In material terms these relate to asset transfers and inheritance. A recent CHRANZ report (Arcus and Nana 2005) only begins to explore this area, which is also relevant to the growing interest in home equity release. However, economic transfers are not the only intergenerational issue. Of probably greater significance is family and informal care for older people, especially given policies to encourage ageing in place. The current and future potential and desirability of family

care has taken second place in research efforts to work on professional community care and residential care, as evidenced by the number of entries in the NZiRA bibliographies. Important issues for research include working carers of frail older people; older people as carers, the changing role of grandparents; and the effects of social change and changing cultural practices on how family responsibilities are perceived and carried out. From a policy perspective, we need to ask what role informal care will play in the future and how it will inter-relate with formal and institutional systems?

Social integration and community participation is identified by the UN statement, appears in the PAS goals/principles and is given prominence in the Social Development Approach developed by the current New Zealand government (Ministry of Social Policy 2001). In PAS, social participation and social integration for older people link to economic activity, especially labour force participation. However, social participation and integration can have a much wider meaning and this may differ between social groups and indeed between individuals. Little New Zealand research is available on aspects of participation and contribution other than paid work. These include voluntary and caring work, grandparenting, mentoring and “work” relating to cultural transmission and generativity. There is a major gap in information on the views and perspectives of older people themselves - how do they define integration, participation and contribution? What barriers do they confront and what opportunities do they see (or would like to see)?

### **4.3 Healthy Living**

Being in good health and the ability to access services to promote and maintain good health are identified as key indicators of wellbeing and independence for older people in most of the priority statements. The ability to remain independent reflects the “ageing in place” goal of the PAS - for older people to make choices that enable them to lead healthy lives – and is central to the concept of Positive Ageing itself. In relation to New Zealand research (evidenced by entries in the NZiRA bibliographies), health is the largest topic area, mainly focused on age-related illness and degeneration (strokes, dementia, arthritis); assessment, treatment, management and preventive measures; health care services, home-based services, the integrated continuum of care and workforce issues. Much of this has been commissioned assuming higher health costs associated with an ageing population, and related policy implications.

Much less research focuses on how the social context influences the health of older people and their ability to age positively, except for some references in housing work and some sociological/anthropological work by writers such as Sally Keeling (2003). As mentioned above, little is known about the views of older people themselves, despite calls for them to be involved in research processes. How do very old people perceive the factors which either assist or hinder them to age positively and healthily? What does “healthy” mean for a person in their eighties, nineties and beyond? How can we develop a holistic view of health in the context of rapid growth in numbers of very old people and ever-extending life expectancy? Proposals for longitudinal studies which might address some of these issues have, as yet, found no substantial support in this country (compared to the situation in Australia – see above).

Linked to health in the widest sense, and also to several aspects of security, is the issue of elder abuse and neglect, which features in the UN priorities. Work in this area is beginning in New Zealand, with some service and policy development. However, there is a case for elder abuse to be dealt with and researched separately from family violence in general.

This is because older people are especially vulnerable to financial abuse and exploitation and the psychological aspects of elder abuse have special dimensions (for example it may be perpetrated by younger people who have earlier been abused by their elders). Abuse in an institutional setting is another important aspect.

#### **4.4 Quality of Life and Diversity**

The importance of quality of life for older people and their inherent diversity are both acknowledged as priority research areas in all the statements examined. The Australian statement is the only one which explicitly mentions that promoting quality of life implies developing age-friendly infrastructures and built environments. This highlights supply or response factors to population ageing. Little research in New Zealand has been conducted in these areas, although reviews of housing and transport initiatives overseas (Davey et al. 2004, Davey and Nimmo 2003) point to options which could well be trialled, adapted and evaluated in this country, such as universal design of housing and the use of assistive technology. Such research needs to be developed with explicit attention to social factors and contexts and to the views and preferences of older people themselves.

Enhancing quality of life for older people is reflected in various PAS goals – on housing, transport, opportunities, and in terms of cultural expression and geographical location – rural living should not impact upon the ability of older people to access appropriate services. Research on housing and transport is cited in the NZiRA bibliographies, but requires extension in ways cited in the reports themselves. There are, however, significant gaps in knowledge of how work (paid and unpaid) and educational opportunities could enhance quality of life for older people. Quality of life, as a concept, has been much examined and measured in overseas research (Bowling et al. 2003) and from a range of disciplinary perspectives. While, as reviewed earlier, there has been work on developing an indicator of material wellbeing for older people in New Zealand (Ferguson et al. 2001), less has been achieving to conceptualise quality of life in the specifically local context. How is it perceived by older people themselves? What makes their lives better or worse? How do factors contributing to quality of life differ between groups in society – by age, gender ethnicity and socio-economic level? What is quality of life for very old people, living with serious mental and physical disabilities? Commentators have questioned the concept of positive ageing as marginalising older people who are not able to “participate” and “contribute”.

Other neglected areas in the research priority statement and in recent New Zealand research, directly impacting on quality of life, are spirituality (except for some references to Māori) and sexuality. Sexuality, in its widest definition, as a part of the adult life cycle and later life is overlooked and under-researched, as is the acknowledgement of differences in sexual orientation (Kirkman 2005a).

The priority statements vary in the extent to which they acknowledge diversity among the older population. The PAS emphasises cultural diversity and the RSNZ report acknowledges that the experiences of older age will differ for different cohorts. The ethnic and cultural diversity of New Zealand is recognised as an important variable in research on material security and social integration, for example there was a special *Living Standards Survey* for older Māori (Cunningham et al. 2002) and the situation and needs of Māori and Pacific peoples are highlighted in much health and health service research. The *Intergenerational Relations* research programme at Victoria University (and some theses) also focuses on older Chinese people in this country. This research needs to be expanded

upon and developed to include other forms of diversity; to explore the situation of older people in other ethnic groupings and in migrant and refugee populations; to ensure that gender analysis is undertaken (even in areas where it might not be considered relevant, such as in technology take-up); and to acknowledge the effects of poverty and deprivation throughout the lifecycle.

Through acknowledgement of diversity and of the rights of older people to have their voices heard, research efforts can help to address the negative effects of ageism and age stereotypes.

## **5. THE POTENTIAL CONTRIBUTION OF THE EWAS RESEARCH**

The EWAS research programme has considerable potential to contribute to the filling of gaps in research on ageing in New Zealand, as identified above. In addition to the items noted in this section, other research topics will undoubtedly be developed by the research team, arising from their experience and from other issues discussed in this report.

### **5.1 Voice for Older People**

Statements of research on ageing priorities call for the empowerment of older people and for their involvement in decision-making about matters concerning their wellbeing. However, the quest for scientific objectivity, epitomised in the double blind randomised controlled trial methodology, often results in the administration of structured “tests” in data collection. The dominance of bio-medical research on ageing contributes to this. Rarely are the voices and subjective opinions of older people heard. Qualitative approaches tend to be viewed with suspicion by researchers favouring quantitative representative sample research, although there is increasing recognition that good quantitative and qualitative research can complement each other well.

EWAS, with its survey-based approach, and the use of focus groups and case studies, has the opportunity to allow the views, attitudes and experiences of older people to be heard, and their stories to be told, illustrating their life experiences within real-world social contexts. These can then be set against quantitative measures (for example, internationally validated measures of wellbeing) and incorporated into policy oriented recommendations. This will allow older people to be not only the objects of research and the recipients of services, but also active contributors in policy and service development.

### **5.2 Diversity**

Diversity increases with age as life experiences diverge and become more complex. Several dimensions of diversity have been noted in this report. Firstly, it is important to disaggregate within the 65 plus age group – which is likely to cover over 40 years and two generations! Diversity based on the differing life experiences of cohorts will become apparent as the baby boom generation reaches old age, especially with respect to labour force participation, partnering, educational achievement, knowledge of technology and consumer attitudes. It cannot be assumed that the “new old” will share the characteristics of the old of today.

Gender differences are evident in many spheres of life – in incomes, living arrangements, social networks and life expectancy, to name but a few. This calls for systematic gender analysis on all issues. As mentioned, New Zealand research provides some information on

Māori and Chinese older people, but little on other groups especially Pacific peoples and other Asian minorities. Thus diversity based on culture, socio-economic status, health and disability status and other dimensions needs to be acknowledged, given the dangers of generalisation.

EWAS is in a position to highlight social, economic and cultural differences, in terms of the planned case studies and survey design. These dimensions will also inform work on future scenarios and projections.

### **5.3 Life Course and Transitions**

A broad view of ageing – as a process affecting the whole population – acknowledges change in the traditional life course stages of childhood – education – work and family – retirement. Rather than a linear model, the human life course can now be depicted as a cyclical spiral, in which work, education, care giving and recreation are interspersed throughout life, and life transitions – even movement into retirement – can be reversible. This is a model which could usefully be adopted by EWAS.

At stages of transition, individuals face both risks and opportunities which influence quality of life and future choices. They may require support, formal or informal, to help them achieve favourable outcomes. Relevant transitions in mid and later life include exit from the workforce (redundancy, voluntary retirement, phased retirement); movement out of family homes to pensioner or intermediate housing, retirement villages or residential care; loss of a spouse; and the onset of serious health problems or disabilities.

Research planned for the EWAS programme does not at present contain a longitudinal dimension, although the planned national survey includes retrospective questions on life events. Quasi-longitudinal work could be incorporated into scenario building and modelling. Consideration could be given to extending the research to focus on specific transitions. A valuable approach would be to study the range and nature (diversity) of pathways through employment in mid and later life, in order to develop proactive strategies to facilitate positive transitions. As mentioned above, this topic has relevance at individual, business and macro levels as we look to the future in an ageing society.

### **5.4 Intergenerational and Family Issues**

The structure of the proposed EWAS surveys offers significant opportunities to throw light on intergenerational issues, including transfers of income, wealth, services and support. The material will also illustrate shifting family patterns, arising from demographic and social change. This aligns with research priorities outlined above. Significant intergenerational issues to be examined include –

- The quality of intergenerational relationships (especially the role of grandparents) and how these are affected by marital and family discord, geographical separation and economic setbacks;
- The provision of informal care – how this is negotiated within families and how eldercare is combined with paid work;
- The expectations which public sector agencies might have of family support and how realistic these are;
- The accumulation and disposition of assets (inheritance) and the potential mobilisation of home equity;
- Inter-generational financial transfers (social, economic and legal aspects).

So far, comments in this section on the potential contribution of the EWAS project have mainly concerned how it might contribute to addressing policy-related issues. It may also play a part in advancing methodological and theoretical aspects of ageing and wellbeing.

### **5.5 Methodology**

The inter-generational design of the EWAS survey is innovative, possibly unique in the New Zealand context, and deserves attention in itself. Using CATI technology facilitates large-scale random surveys. It also will allow the identification of individuals from sub-groups of special interest (representing the bases for disaggregation mentioned above). Members of such groups can be identified and their willingness to participate in further research, such as face-to-face interviews, explored. This will allow in-depth research, probably using qualitative methods, to identify and focus on specific groups, enhancing the value of quantitative data and addressing gaps in research identified above.

There may be potential for researchers outside the current EWAS team to draw on this valuable database. Of special interest would be to focus on people undergoing life transitions (see above) and on groups whose wellbeing may be at risk. There is also potential to contribute methodological insights through the multi-ethnic design of EWAS and through the modelling and scenario techniques which are proposed.

### **5.6 Operationalising concepts related to wellbeing and positive ageing**

Both the policy literature and academic writing explore abstract concepts relating to positive ageing and wellbeing in an ageing society. The academic literature takes a more critical and analytical view, however. Given rather more time and resources than is available in directly policy-related research, the EWAS project could explore the meanings and applications of these concept and how they could be operationalised.

A central concept is the meaning of “positive ageing” itself and its variants – “active”, “productive”, “successful”, “healthy ageing” and so on. Debate on what these terms mean is linked with theories of ageing, the need for greater examination of the meaning and the role of older age, and how social conditions impact on people as they age (Koopman Boyden 1992). Does an emphasis on “positive” ageing undervalue older people who cannot participate and contribute because of their poor health and disabilities and hence does such a construct expose them to social exclusion (Opie 1995)?<sup>16</sup> Is such an emphasis blinkered to inevitable decline in capacity in extreme old age? Whose responsibility is it to ensure that people “age positively”?

The Positive Ageing Strategy and related documents emphasise concepts such as “independence”, “contribution”, “productivity”, “participation” and “ageing in place” as almost synonymous.<sup>17</sup> What do they mean in practice and how can they be measured, if they are cited in policy objectives? Should we be aiming for independence or interdependence (possibly an intergenerational concept), as the 1997 Taskforce suggested (PMTA 1997)?

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<sup>16</sup> The Social Development approach (MSD 2001) aims to reduce social exclusion, defined as reduced opportunity to participate in and contribute to society.

<sup>17</sup>The 1999 Dwyer et al report defined independence as remaining active and contributing to the community.

The findings of EWAS may also be able to throw light on debates about intergenerational equity, intergenerational contracts, and intergenerational solidarity, contributed to by local and overseas academics (Thomson 1991, Walker 1996). What part is likely to be played by the “Third Way” ethic of mutual responsibility and reciprocity?

### **5.7 Looking to the future in an ageing New Zealand**

The EWAS research programme has the potential to take a forward-looking viewpoint. This can be achieved through the planned simulation and scenario work, and also through an analysis of lifecycle change and cohort differences. If such a perspective is maintained, the project will contribute significantly to enhancing wellbeing in an ageing society and to addressing uninformed speculation which has often led to negative and unhelpful attitudes towards ageing and older people.

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## Appendix 1

### Statements of Priorities for Research on Ageing

#### United Nations

The six main priorities of the United Nations Research Agenda on Ageing for the 21<sup>st</sup> Century (United Nations, 2002) are –

- **Relationships between population ageing and socio-economic development**  
The interrelationships of rapid population ageing and socio-economic development have been overlooked in national development planning. Research is needed to identify the contributions made by older people to the social, cultural, spiritual and economic capital of all nations. This productive contribution of older people should be better measured and monitored along with a clearer definition of the complex reciprocal social and economic exchanges that occur in all societies.
- **Current practices and options for maintaining material security in old age**  
This area is highly relevant in the developed world in relation to the long-term sustainability of many national income security systems. However, it is also critical area for developing countries as many have only a rudimentary or no systems in place or planned for the immediate future. Therefore, research is needed into the dynamics of labour force participation, household patterns of savings and expenditure, public sector schemes and other elements of wealth accumulation, pensions and choices made. Other aspects of monetary and non-monetary support need further research.
- **Changing family structures, intergenerational transfer systems and emergent patterns of family and institutional dynamics**  
The nature of family and traditional attitudes and behaviours between generations is changing in most regions therefore studies are needed that can track these changes and identify the economic and social impacts on individuals, communities and society. The role of older people in contributing to family and community life requires greater clarification.
- **Determinants of healthy living**  
As health is a central issue associated with the increase in longevity and population ageing, the maintenance of health status and functioning is a critical factor impacting on many aspects of the lives of older people, their families and communities. More research is needed into basis aspects of measuring and monitoring physical and mental functioning and age-associated disabilities and the potential for preventing these. In addition, the interrelations of individual behaviours, general social, economic, cultural and environmental conditions and the efficacy of preventive, curative and rehabilitative modes of intervention are not fully understood and require further research.
- **Basic biological mechanisms and age related diseases**  
Recent developments in the understanding of basic biological genetic, molecular and cellular aspects of life processes have the potential to reveal the complex relationships between the fundamental mechanisms of ageing and the emergence of age-associated disease and therefore this area requires research.

- **Quality of life and ageing in diverse cultural, socio-economic and environmental situations**

There is a need for better understanding of the fundamental variations in ageing and life experience and the determinants of quality of life in old age, recognising that these vary according to the social, cultural, economic and traditional context in which they are examined. Comparative research in settings of social, economic development and cultural diversity is required.

These broad priorities are viewed as the most promising priorities for policy-related research on ageing to promote the implementation of the Madrid International Plan of Action on Ageing and could be seen as broad directions for research rather than actual specifics. The specifics of research needed to implement the Action Plan are contained in ten critical research arenas.

- **Social Participation and Integration**

This priority focuses on the extent of meaningful participation and integration of older people in all spheres of life and the factors that facilitate their integration in society with a focus on:

- intergenerational relationships;
- ageism in different societies;
- images of ageing, the convergence between younger and older people's views on ageing and older people;
- demographic factors such as rapid urbanisation and migration and its affects on social participation and integration;
- gender, ethnic, racial and other differences;
- psychosocial determinants of social participation and integration;
- strategies to promote integration;
- measures to enable older people's participation in and contribution to society;
- active ageing, its determinants and repercussions at different levels (individual, family, community), measuring of this;
- social, economic and other contributions of older people;
- political participation of older people;
- isolation in rural areas and measures to promote integration;
- violation of human rights and age discrimination factors, the socio-economic, structural, attitudinal factors which influence social participation and integration in different societies;
- elder abuse, neglect, violence and exploitation;
- displacement of older persons in emergency situations, such as man-made and natural disasters.

- **Economic Security**

This is directly linked to wellbeing and health for all ages therefore research is needed on behaviour, self-provision and programmes to maximise economic security across the life span in the following areas:

- labour force participation of older persons and family members in economic development, and its psychosocial, health and policy determinants;
- patterns of resource availability, use and exchange by older persons;

- measurement of wealth over the life course;
  - patterns and complexities of intergenerational transfers;
  - alternative strategies for providing formal economic security, such private and state pensions;
  - the informal economy and income security in old age;
  - poverty and poverty-related issues in old age, age-relevant poverty indicators;
  - continuing education and re-training;
  - preparation for retirement – individual, family, community and macro-societal level.
- **Macro-societal Change and Development**
- Research is needed on the reciprocal relationships between major forces of societal change and population and individual ageing. It should document, monitor and project the effects of these forces on older people as a group in society who may have fewer resources to enable them to adjust to change, and especially recover from adverse change, such as major natural disasters and civil unrest, including:
- future scenarios of development of ageing societies;
  - globalisation and ageing;
  - reciprocity of ageing and development;
  - implications of, and adjustment to, the changing age structure;
  - population and individual ageing in international and national developmental policies and programmes;
  - dynamics of wealth re/distribution across the life span and of younger and older people in rural and urban environments;
  - impact of development phases and programmes on the economic and health status of older persons;
  - needs of older people arising from technological change and economic development.
- **Healthy Ageing**
- Life expectancy is increasing world-wide. A new challenge for research is to ensure that the years added to life are healthy, active and productive and that there is significant compression of disability in later years. Topic areas include:
- defining and delimiting the scope of the concept;
  - social, economic and environmental determinants of healthy ageing;
  - variations in healthy life expectancy within and between countries;
  - causes of premature death and shortening of longevity in developing countries and countries with economies in transition;
  - healthy ageing considered as individual behaviour and choices, including self-care. Psychosocial determinants of healthy ageing;
  - socioeconomic status and other environmental determinants of health related behaviours;
  - interactions among genetic-biological markers, the environment and health behaviour;
  - intervention strategies for health promotion, including strategies for improved dissemination of information;
  - nutritional status and interventions for its improvement;
  - mental health and ageing.

○ **Biomedical**

An improved understanding of the basic mechanisms of ageing and determinants of longevity and age associated diseases is fundamental. Topics include:

- underlying mechanisms of ageing, ageing-related diseases, co-morbidity, secondary conditions and disability;
- identifying biomarkers of human ageing;
- interaction of biomedical, social and economic determinants and implications of life extension such as studies of centenarians;
- trajectories of major diseases of ageing; their epidemiology and implications for population ageing in different settings;
- strategies for prevention and effective interventions for various disease conditions of older persons (particularly the oldest old) in different locations and socio-economic conditions, occupations;
- international programme on evaluations of efficacy and safety of pharmacological interventions;
- inclusion of older people in trials of treatment or services from which they might benefit.

○ **Physical and Mental Functioning**

Level of functioning is an important determinant of quality of life. Physical and mental functioning is the product of lifelong interactions between individuals and their social and physical environments. Research is needed on:

- biomedical, social, psychological and economic determinants of disability throughout the life course;
- methodological research on defining and measuring disability at different ages;
- prevention of disability and maximizing of physical, mental and social functioning of older persons following inter-current illnesses;
- treatment and intervention strategies aimed at reducing and/or managing physical and mental disability through adjustments, at environmental and societal level;
- prevention and rehabilitation of disability in older persons and development of their capacities for optimal physical and psychological functioning;
- comparative studies of strategies in the prevention, management and rehabilitation of disability.

○ **Quality of Life**

Quality needs to be added along with years in life. Researchers should ensure that the conceptualisation takes account of the views of older people. Topics include:

- internationally harmonized measures of quality of life;
- determinants of quality of life at different life stages. Impact of life-course transitions on quality of life;
- the factors that determine differences in quality of life in old age;
- cultural and other variations in the meaning of quality in later life;
- relationships between development and quality of life;
- “meaning of life” for older people;
- wellbeing, quality of life and health;
- disability and quality of life throughout life course.

○ **Care Systems**

The integration of informal and formal care is crucial to supporting older people whose level of functioning is compromised. Research topics include:

- mapping of available care systems in different cultures and settings taking into account demographic trends;
- development of care systems, including long-term care services, that are appropriate and economically and culturally sustainable;
- effective public-private mixes of care delivery systems in different settings;
- integration of health and social care systems;
- facilitating transitions between care settings, models of continuum of care;
- training needs and training strategies with regard to generating sufficient and adequate human resources at appropriate care levels;
- older persons as care givers, older women in care giving and impact of HIV/AIDS epidemics.

○ **Changing Structures and Functions of Families, Kin and Community**

Changing family structures and the implications for older people require research in the following areas:

- diverse family structures and functions and their evolution;
- changes in living arrangements, especially co-residence and independent living;
- the nature and challenges of family care giving;
- structures and processes of adaptation and coping strategies of people without family resources;
- interventions to promote other informal bases of support;
- mechanisms of provision and receipt of support, including emotional, physical, economic and in kind;
- variation in family arrangements, living arrangements and multi-generational relations.

○ **Policy Process and Evaluation**

Monitoring and evaluation of international policy documents and processes is needed. Policies that impact upon older people should be informed by them. Topics requiring research:

- effective models for linking research, policy and practice, and their evaluation;
- levels of government expenditure directed towards older persons and factors influencing this;
- age-specific impacts of mainstream health and welfare programs;
- evaluation of results of expenditure, especially with respect to poverty and improving health and well-being of older persons;
- adequate baseline data on health status, wellbeing, and socio-economic situation of older people;
- qualitative and quantitative assessment of the contribution of older persons to society;
- interaction of multidisciplinary national and international scientific communities;
- data to support policy development and implementation;
- indicators to monitor and evaluate policies and programmes on ageing;
- age-specific socio-economic indicators;

- documentation of examples of good practice in different settings such as those involving older people in the policy process and in evaluating policy impact.

During 2003, the United Nations Programme on Ageing and the International Association of Gerontology convened a series of expert group meetings, designed to highlight regional research priorities in Africa, the European region, Latin America/Caribbean and Asia/Oceania. Specific issues for each region were identified, for example in Africa the HIV/AIDS epidemic was identified have having an impact on older people in several ways, one of which was the impact of care giving to adult child and grandchildren infected by HIV/AIDS.

The research priorities of the Asian/Oceania region were:

- o identification of key indicators and criteria to assess whether ageing is mainstreamed in development policies;
- o provision of a reliable knowledge base to inform the process of development of policy on sustainable income security, including involvement of formal and informal sectors;
- o examination of the current public perception of older people and ageing, including analysis of the factors that impact on employment and retention of older workers;
- o identification and evaluation of approaches to reduce discrimination against women of different ages in such areas as labour force participation, income security, access to health care and family care giving;
- o identification of the factors that trigger need and demand (including financial factors) for long term care service, taking account of cultural, urban/rural differences and the impacts upon families;
- o study of the emerging constraints on traditional family structure (filial piety) and function and how governmental and community policies to relieve these constrains can be developed;
- o enunciation of the measures required for strengthening the traditional community based support for older persons;
- o analysis of options and use of age-friendly architectural designs introduced at local level, including such parameters as adaptability;
- o study of the impact of economic development, culture, change in social roles, and family planning policies (including one-child policies) on care giving roles in the family (IAG, 2004).

## Appendix 2

### Table Comparing Statements of Research Priorities

UN Priorities	UN Critical research arenas	Australia	RSNZ Report	Positive Ageing Strategy goals/principles
<b>Ageing and socio-economic development</b>	Social Participation and Integration Macro-societal Change and Development	Maintaining economic growth in the face of an ageing workforce and reduction in the supply of younger workers		
<b>Maintaining material security in old age</b>	Economic Security Macro-societal Change and Development	Achieving adequate, sustainable retirement income over lengthening periods of retirement		Income - Secure and adequate income Housing - affordable and appropriate housing options Employment - Elimination of ageism and promotion of flexible work options
	Care Systems	Providing accessible, appropriate, high quality health and aged care		
<b>Changing family structures, intergenerational transfers, patterns of family and institutional dynamics</b>	Social Participation and Integration Economic Security Changing Structures and Functions of Families, Kin and Community		Changing patterns of family dependence. Capacity and ability in older age Relative responsibilities of individuals, family, community and state	
<b>Determinants of healthy living</b>	Healthy Ageing Physical and Mental Functioning	Achieving healthy ageing to maintain health and independence		Equitable, timely affordable and accessible health services. Empower older people to make choices that enable them to live a satisfying life and lead a healthy lifestyle
<b>Biological mechanisms and age related diseases.</b>	Biomedical			

<b>Quality of life and ageing in diverse situations</b>	Macro-societal Change and Development Quality of Life	Developing age-friendly infrastructure and built environment Capacity and ability in older age	Changing retirement outcomes for different cohorts	Transport - affordable and accessible transport options Ageing in Place - Older people feel safe and secure Cultural Diversity - culturally appropriate services allows for choices. Affirm the values and strengthen the capabilities of older Māori, Pacific people, diversity of cultural identity. Rural - not disadvantaged when accessing services Opportunities-Increasing opportunities for personal growth and community participation. Enable older people to take responsibility for their personal growth and development through changing circumstances
	Policy Process and Evaluation			
			Capacity and ability in older age	
		Developing positive images of ageing and supporting continued social participation		Attitudes - People have positive attitudes to ageing and older people Employment - Elimination of ageism

## Appendix 3

### NZiRA Symposia for Postgraduate Students

#### *Emerging Researchers*

#### **Symposia for Postgraduate Thesis Students working on topics relevant to Ageing in New Zealand**

The symposia reach out to postgraduate students working on, or having recently completed, theses related to ageing and the well-being of older people, especially students adopting social science perspectives and methodologies. Such students are spread through a variety of institutions, schools and disciplinary bases, for example psychology, sociology, anthropology, economics, public policy, management studies, nursing, health science, education, social work, women's studies, Māori studies and Pacific studies. The range of the subjects under study is illustrated by the titles of papers listed below. The programmes also indicate topics of current research interest to supplement records of published material in the NZiRA bibliographies.

The symposia are intended to produce a range of beneficial outcomes, to –

- help build capacity for policy-related research on ageing;
- expose participants to multi-disciplinary approaches to research on ageing;
- provide a platform for postgraduate students to present their work in a supportive context and to receive constructive feedback;
- allow them to network among themselves and make cross-disciplinary contacts;
- encourage and support graduate students working on ageing-related topics;
- encourage other graduates to consider research in these areas;
- expand NZiRA's knowledge of research on ageing now in progress and allow the institute to disseminate the information widely;
- give NZiRA an opportunity to spot talent and initiatives worthy support and encouragement.

The October 2003 symposium was held at Victoria University of Wellington. It was supported financially by SPEaR (Social Policy Evaluation and Research, Ministry of Social Development), the HOPE Foundation, the New Zealand Association of Gerontology and the Postgraduate School of Nursing and Midwifery at Victoria University.

#### **Programme October 2003 symposium**

##### **Session 1 – Housing for Older People**

Mary Simpson, Management School, University of Waikato  
**Constructing images to sell retirement village living**

Lorraine Leonard, Sociology Department, University of Canterbury  
**Village as home: Why Retirement Villages are a Housing Choice for Older People**

Max Reid, School of Social and Cultural Studies, Victoria University

**From research to reality: Documenting the development of a pilot project providing supported independent accommodation for older people**

**Session 2 – Older People with high care needs**

Tess Della-Giacoma, Graduate School of Nursing and Midwifery, Victoria University

**The rest home: public hospital relationship. Deteriorating rest home residents needing hospitalization**

Marian Bland, University of Newcastle, NSW

**Old dogs and new tricks: Perspective on nursing home care in NZ**

Sylvia Roeters, School of Health Science, Massey University, Palmerston North

**Registered health professionals' assessment of older adults in care facilities**

**Session 3 – Views of Ageing**

Rana Sobh, Marketing Department, University of Auckland

**The role of possible selves in motivating behaviour: An application to women's concern with physical signs of ageing.**

Lorraine H Ritchie, Health Sciences, University of Otago

**Representing Ageing: An interdisciplinary approach using New Zealand Literature in Nurse Education.**

Irene Ryan, Departments of Management & Employment Relations/Sport & Exercise Science  
University of Auckland

**'Aged by Culture': the plight of master's sportswomen.**

**Session 4 – Activity and Roles for Older People**

Lucia Franca, Psychology Department, University of Auckland

**What do you think your life will be like during retirement years? A cross-cultural study between Brazilian and New Zealand executives**

Michelle Girvan, Department of Sociology and Anthropology, University of Canterbury  
**Skills, Credentials and Social Networks: Older Multiple Job Holders in the Christchurch Labour Market**

Stephen Jacobs, University of Auckland

**Developing an outcome report card for community providers of health and support services for older people using a balanced scorecard approach**

Carole Gordon, Social Science, University of Waikato

**A Transport Tragedy: Driving elders off the road by rules and regulations**

Margaret Richardson, Management School, University of Waikato

**Lifting the Lid on the Black Box: Senior Net Practices Revealed**

Lesley Read, Sociology, Social Policy & Social Work, Massey University, Palmerston North

**Enquiring into Grandparenting: reflections for social work.**

## Session 6 – Vulnerability in Old Age

Beatrice Hale, Anthropology Department University of Otago  
**'It's Not My Home anymore' An examination of the meaning of 'home' as it becomes a place of care**

Tony Lawson, Nursing, University of Auckland.  
**Discharge of Older People from the Emergency Department**

Penny Maher, Department of Social Work, University of Canterbury  
**Social work intervention in cases of elder abuse and neglect: how practitioners develop expertise and practice wisdom**

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The June 2005 symposium was also held at Victoria University of Wellington. It was supported financially sponsored by the Ministry of Social Development, the Office for Senior Citizens and the NZ Association of Gerontology.

## Programme June 2005 symposium

### Session 1 – Aspects of Wellbeing and Dependency

Diane Jorgensen, School of Population Health, University of Auckland  
**Factors and decisions surrounding entry into residential care**

Marisa Finn, Department of Psychology, University of Auckland  
**Adjustment following stroke experiences: understanding the psychological processes of recovery**

Lorraine Ritchie, Christchurch School of Medicine and Health Sciences, University of Otago  
**A narrative approach to comprehensive geriatric assessment**

### Session 2 – Housing for Older People

Mary Simpson, Management School, University of Waikato  
**Retirement Villages' Communication: Constraining or liberating our ideas of retirement?**

Max Reid, School of Social and Cultural Studies, Victoria University  
**Emerging Trends in supported independent accommodation for older New Zealanders**

Sally Greenbrook, School of Geography and Environmental Science, University of Auckland  
**Village People: The changing role of retirement villages in New Zealand's ageing society**

### Session 3 – Social Contexts

Valerie Wright-St Clair, School of Population Health, University of Auckland  
**Researching the relationship between older people's everyday participation and well-being**

Alex McAllum, Christchurch School of Medicine, University of Otago

**The impact of institutionalisation on family relationships of older people in a long-term hospital facility**

**Session 4 – The Wellbeing of Older People (1) Residential Care**

Graham Webber, School of Medicine, Flinders University

**The use of complementary therapies in South Australian Nursing Homes**

Marian Bland, School of Nursing, UCOL, Palmerston North

**An ordinary life? Residential aged care in New Zealand**

Liz Kiata, University of Auckland

**Everyday worlds of older people living in residential care facilities**

**Session 5 – The Wellbeing of Older People (2) Living in the community**

Rose Carr, Institute of Food, Nutrition and Human Health, Massey University

**Comparative food choice and consumption patterns of New Zealanders over 75 years**

Penny Hambleton, Health Care of the Elderly, Christchurch School of Medicine and Health Sciences, University of Otago

**Ageing in Place and Quality of Life**

Sarah Walters-Puttick, University of Auckland

**Home as Prison**

**Session 6 – Retirement, Work and the Babyboomers**

Kathy Glasgow, School of Social and Cultural Studies, Victoria University of Wellington

**Developing policy to reflect the needs of the babyboomers – how well will be “new old” age?**

Doreen Davy, School of Psychology, Massey University, Auckland

**The impact of involuntary redundancy on mature female clerical workers**

Nina Reid, School of Psychology, Massey University, Palmerston North

**Retirement Climate in Organisations? Its relationship to intended retirement age**

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