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ELDER OR MERELY OLDER?
ENHANCING THE WELLBEING OF OLDER MÄORI IN AN AGEING MÄORI POPULATION

Tahu Kukutai
Department of Sociology
Stanford University

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Family Centre
Social Policy Research Unit
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Family Centre Social Policy Research Unit P.O. Box 31-050 Lower Hutt 5040 New Zealand www.familycentre.org.nz moulton.t@fc.org.nz	Population Studies Centre The University of Waikato Private Bag 3105 Hamilton 3240 New Zealand www.waikato.ac.nz/wfass/populationstudiescentre pscadmin@waikato.ac.nz

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ABSTRACT

In coming decades the Mäori population will undergo a palpable process of ageing. By 2021, one in eight Mäori (57,000) will be aged 65 years or older, compared to a mere one in 33 in 2001 (20,000). Strategies to optimise the wellbeing of a greatly expanded older Mäori population will need to be built on a sound understanding of what it means for older Mäori to be well, and of the pathways and barriers to achieving wellness. With these points in mind, this paper first reviews the diverse literature on wellbeing, from mainstream and Mäori perspectives, and proposes an integrated conceptual framework that reconciles the disparate approaches. Second, it surveys the empirical literature on older Mäori and identifies key issues that will bear upon their wellbeing as population ageing ensues. The material hardship of older Mäori and the shifting capacities of future cohorts to fulfill cultural roles and responsibilities emerge as particular challenges facing policymakers, and the families and communities of which older Mäori are a part.

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Keywords: Mäori population ageing, culturally defined wellbeing, connectedness, whare model

INTRODUCTION

> Kaumätua are taonga of the whänau, hapu, and iwi structures. In their traditional formal role they are the guardians of wisdom, knowledge and traditions… Their role is to nurture the whänau, hapu and iwi with this knowledge. (Ministry of Health 1997:7)

In recent years the volume and scope of New Zealand research on ageing and the aged has expanded appreciably (e.g., Fergusson *et al.* 2001; Ministry of Health 1997; Ng and McCreanor 1999; Pool 2003; Ministry of Social Policy 2001), as has research into the various aspects of wellbeing (Love and Praat 2004; Ministry of Social Development 2005; Spellerberg 2001). Yet the specific nexus of Mäori ageing and wellbeing remains a relatively under-examined area.[1] The need for additional research on the requisites of wellbeing for older Mäori, along with their attitudes towards and experiences of ageing, is made pressing by demographic changes poised to unfold over the next 15 to 50 years. By 2021 it is estimated that one in every 12 persons of Mäori ethnicity will be aged 65 years or more, compared to just one in 33 in 2001. In numeric terms, the number of Mäori at older ages will increase from 20,000 in 2001, to 57,000 in 2021, reaching 160,000 by 2051 (Statistics New Zealand 1998, 2003).[2]

The impending growth of the older Mäori population has significant social, cultural and fiscal implications for the nation. These range from standard policy considerations such as retirement provision, support services, and transfers of wealth, to less tangible aspects such as the quality of intergenerational relations and the cultural vitality of Mäori communities. Recognising this, a central goal of the research project "Enhancing Wellbeing in an Ageing Society" (EWAS hereafter) is to increase knowledge about the factors likely to constrain and facilitate the wellbeing of older Mäori over the next 50 years, and to foreshadow how these factors may be addressed by policy. As one of several EWAS discussion papers on New Zealand's ageing society, this paper has the following objectives:

1) to provide an overview of the various conceptual approaches to wellbeing, and discuss how such approaches may be adapted to capture the diverse realities of older Mäori;
2) to identify key substantive issues in Mäori ageing and the wellbeing of older Mäori;
3) to suggest how these issues might affect the wellbeing of older Mäori in the future.

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[1] While there are several ways to define the Mäori population, this paper uses the term in specific reference to the Mäori Ethnic Group (MEG), consistent with Statistics New Zealand's projections. The MEG includes any person who reports Mäori ethnicity in the census, either alone or in combination with some other ethnic group.

[2] The 2001-2021 figures are from Series 6 of the Mäori population projections which assumes medium fertility, mortality, inter-ethnic mobility and net migration loss of 2,500.

1.1 Turning the focus towards an ageing Mäori population

In planning for the imminent ageing of New Zealand's population, policy-makers have several reasons for focusing on Mäori, beyond their special status as tangata whenua (original peoples) and the country's largest minority ethnic group. One is demographic. Historically higher levels of fertility and mortality mean the Mäori population is considerably younger than the total New Zealand population, even though gains in longevity and reduced fertility are slowly narrowing the gap in median age.[3] Structural ageing will not be as rapid, nor as striking for Mäori as for the total New Zealand population, yet the number of elderly Mäori will grow dramatically as the large birth cohorts from 1945-1965 reach retirement age from 2010.[4] Pool (2003) has argued that this feature of Mäori ageing is critical because, even if the Mäori population remains comparatively youthful, policy-makers and Mäori communities will need to attend to new challenges posed by a substantially greater number of older Mäori.

A second noteworthy feature of Mäori ageing is the material disadvantage of older Mäori compared to non-Mäori, and older Päkehä in particular (New Zealanders of European ethnicity). Older Mäori are more likely, on average, to experience higher levels of hardship than their Päkehä counterparts, and to incur compounded disadvantage from multiple sources (Cunningham *et al.* 2002; Fergusson *et al*. 2001). Reliance on state assistance, lower levels of savings, and falling rates of home ownership are likely to constrain the future capacity of older Mäori to transfer wealth across generations. The implications of this are sobering given that intergenerational transfers contribute significantly to individual wealth and tend to reinforce or amplify existing social cleavages (Xiao and Yany 2002).

Cultural differences in attitudes towards ageing, and its allied roles and responsibilities, also require attention. Culture refers to the customs, practices languages, values and worldviews that define social groups (Ministry of Social Development 2005). In the model or ideal view of Mäori society, ageing is framed as a positive life course transition that augments mana or prestige. To be older is to be an elder or kaumätua with the necessary experience, wisdom and cultural knowledge to fulfill well defined roles and responsibilities (Durie 1999).[5] In this model view, the

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[3] The gap is closing but remains significant. By 2021 the median age for the MEG is expected to be 26.8 years (up from 22.1 years in 2001), compared with 40 years for the total NZ population (Statistics NZ 2003, Series 6). In 2021 persons aged 65 years or more will comprise 8% of the MEG but 22% of the European ethnic group.

[4] Population or structural ageing refers to the increasing proportion of a population that is 65 years or more. Numerical ageing refers to the absolute number of people in a population that is 65 years or more. A population with at least 10 per cent of members aged 65 or more can be considered "old" (Pool 2003). It should be noted that the youthful age structure of the Mäori population is not unique. Some Pacific Island ethnic groups, for example, also have youthful populations.

[5] This paper is concerned with the wellbeing of Mäori aged 60 years or older, only some of whom might be considered to be kaumätua. There are Mäori men and women who, for reasons of cultural competence or necessity, assume the role of kaumätua at a relatively young age, but such persons are beyond the scope of this paper.

whänau or family plays a key role as both recipient and giver of support, consistent with cultural values that emphasize interdependence, reciprocity and the importance of kin relations. Taken together, these elements contrast sharply with the deficit paradigm of ageing that emphasizes the dependency, vulnerability, isolation and limited capacities of older persons (Moody 2002).

However, the extent to which the cultural archetype of "elder when older" reflects the modal or typical experience of older Mäori is unclear. Recent research has pointed to significant socio-economic and cultural diversity between Mäori generally (Chapple 2000; Crothers 2002; Kukutai 2004), and older Mäori specifically (Cunningham *et al.* 2002; Durie 2003). Many older Mäori may not only lack cultural expertise, but also meaningful ties to other Mäori people, organisations, and communities. Nor is whänau support in older age assured. In some urban areas for example, older Mäori occupy beds in residential homes at the same rate as Päkehä (Richmond *et al.* 1995). The potential disjuncture between the model and modal older Mäori therefore needs to be borne in mind when designing policy approaches that seek to enhance the wellbeing of Mäori individuals and groups. This issue will be addressed in more detail later in this paper. First, an overview of the major approaches to conceptualising and measuring wellbeing is undertaken.

2. WELLBEING IN THE CONTEXT OF MÄORI AGEING

2.1 General approaches to the conceptualisation and measurement of wellbeing

The wellbeing of a nation and its citizens is widely accepted as a desirable outcome of social policy. There is less of a consensus however, on the optimal approach for defining, measuring, and enhancing wellbeing, and over the years an enormous literature on wellbeing has amassed. Within the literature, several distinctions may be drawn between objective, subjective, material and non-economic aspects of wellbeing. Objective wellbeing refers to observable factors that are independent of individual subjectivity. Examples include income, physical health, and participation in familial and community activities. Subjective wellbeing refers to feelings and perceptions that people have about self, those around them, their personal circumstances, and broader societal institutions (Kahneman and Krueger 2006). In the literature these two sorts of wellbeing are conceptualised in terms of *domains* that, in turn, are operationalised as *indicators* that enable the monitoring of improvement or deterioration over time. Indicators are usually measured at the level of the individual and aggregated to provide insights into the wellbeing of collectivities such as families, communities, and societies. For the purposes of clarity, the distinction between subjective, objective, material, and social wellbeing are employed.

2.1.1 Material wellbeing

In the past the prosperity of societies was measured through indices of income such as Gross Domestic Product, representing the values of goods and services produced in a nation. Such measures identified boundaries separating more and less developed countries, but did not account for sources of variation in resources within countries. Contemporary measures of wealth, poverty, and economic standards of living (hereafter SoL) have gone some way towards

addressing this gap. Indirect approaches to SoL approximate living standards by measuring one or more of its correlates such as income or expenditure. A direct approach treats living standard as a latent variable that can be captured via observed measures for a range of specified domains. The Ministry of Social Development opted for the latter approach in its recent study of the living standards of older New Zealanders (see Fergusson *et al.,* 2001). A key outcome of the study was the index of material wellbeing, a composite measure based on outcomes across the following domains:

- ownership restrictions
- social participation restrictions
- economising
- serious financial problems
- standard of living
- income adequacy

Focusing solely on the material aspects of wellbeing is limited in the sense that it ignores the potential importance of social and psychological dimensions. It does however, provide a clearly defined scope for policy intervention and insights into the distribution of economic resources across different social groupings (e.g. based on ethnicity, gender, and social class). Subjective assessments of material conditions may also be incorporated into indirect SoL approaches. The MSD study, for example, measured economic restrictions relating to ownership etc., as well as individuals' perceptions of their living standard and adequacy of income.

2.1.2 Social wellbeing

Separate from approaches that only address the material basis of wellbeing are those concerned with the broader rubric of social wellbeing. Social wellbeing is somewhat difficult to circumscribe because it encompasses all aspects of life that are valued within a given society (Ministry of Social Development 2005). Measures of social wellbeing may include economic and non-economic resources, as well as subjective feelings and assessments. The annual Social Report undertaken by MSD identifies ten domains of social wellbeing and a set of targets or desired outcomes for each. The domains are:

- health
- knowledge and skills
- paid work
- economic standard of living
- civil and political rights
- cultural identity
- leisure and recreation
- the physical environment
- safety
- social connectedness.

Social connectedness

The last domain of social connectedness has received much attention in New Zealand over the past decade (King and Waldegrave 2003; Robinson 1997, 1999, 2002; Robinson and Williams 2001; Statistics New Zealand 1997). This reflects

international recognition of the importance of social networks, relationships, norms, and trust for individual wellbeing, group cohesion, and the overall quality of a society (Coleman 1994; Putnam 2000). Many factors have an impact upon individuals' sense of connectedness and belonging in communities, and the extent to which they can co-ordinate and co-operate with other to their mutual benefit. The framework for the measurement of social capital in New Zealand identified four domains that contributed to the development of strong communities (Spellerberg 2001). They were:

- behaviours (e.g., social participation, giving);
- attitudes and values (e.g., trust, attitudes towards others, beliefs about self);
- population groups (e.g., ethnic makeup of a community, household composition);
- organisations (e.g., number, structure, links and networks).

While much of the local research on social connectedness has been undertaken with the general public in mind, there are likely to be specific concerns and issues that arise for older people generally, and for older Mäori in particular. For example, the inclusion or exclusion of older Mäori from community and civic life may be determined by a different set of factors than for older non-Mäori or younger Mäori. Experiences with discrimination at the personal and institutional levels might engender lower levels of trust.[6] The extent to which social connectedness is valued may also vary at different stages of an individual's lifecycle.

From a conceptual standpoint**,** Robinson and Williams (2001) have argued that a model of social capital that focuses on networks created outside the family may fail to capture key differences in how social capital in Mäori communities is structured. From their perspective, there is no clear separation between family and community in Mäori society because "extended family relationships are the basis for all other relationships" (p. 55). Thus, an approach that focuses on institutions has limited relevance for Mäori because relationships may be built more around informal than formal associations.

Satisfaction and happiness

Along with a greater interest in the *quality of society vis-à-vis* social connectedness, policy-makers have also turned their attention to individuals' subjective feelings and assessments about their *quality of life*.[7] The questions most frequently asked in surveys of subjective wellbeing relate to life satisfaction and happiness (Cummins *et al.* 2003; Diener 2000; Diener and Suh 2000; Kahneman and Krueger 2006). In the United States for example, the General Social Survey asks: "Taken all together, how would you say things are these days? Would you say that you are very happy, pretty happy, or not too happy?" The recent Social Wellbeing survey asked similar questions about New Zealanders' overall happiness and

[6] The Social Report 2005 reported much lower levels of generalized trust among Mäori and Pacific peoples compared to peoples from other ethnic groups.

[7] The term "quality of life' (as distinct from quality of society) is often used to denote a broad matrix of emotional, psychological, material, and physical domains (Flanagan 1978). Quality of life may also be used in a more limited sense to describe health status.

satisfaction, along with feelings about trust, isolation, and satisfaction with their work-life balance.

Because life satisfaction and/or happiness are seen as important dimensions of wellbeing, policy-makers are not only interested in overall levels of satisfaction, but also in what it takes to make people satisfied, and whether 'what it takes' varies depending upon socially salient characteristics such as ethnicity and age. Diener (1984) has argued that judgments of life satisfaction are made by combining assessments of positive or negative feelings or emotions in a person's life with an assessment of how well their life measures up to their aspirations and goals. The mediating role of aspirations may help to explain the apparent dissonance between self-reported satisfaction and observed conditions. It is not an uncommon finding that older people give a more positive self-assessment of their health and life satisfaction than would be expected given their observed health status or living standard (Fergusson *et al.* 2001; Reid *et al*. 2003; Moody 2002). One possible interpretation is that satisfaction is achieved at a lower level of health or material wellbeing because older people perceive a certain level of discomfort as natural. Being healthy may also be a matter of feeling good and being able to cope with everyday life, rather than having good health in the biomedical sense.

Because aspirations and assessments are influenced in part by cultural context, we might ask whether the subjective wellbeing of older Mäori depends on satisfaction with the domains generally valued by non-Mäori. Put another way, are the requisites of happiness or satisfaction for older Mäori, on average, different than those for older persons from other ethnic groups? Mäori and Päkehä are often cast as cultures that respectively value people as opposed to possessions, and the collective as opposed to the individual. Taken at face value, this would imply that older Mäori require less wealth and greater interaction with whänau to attain a level of life satisfaction equal to that of older Päkehä.

A dearth of empirical evidence means such questions remain largely unanswered, and the extant evidence is equivocal. The Social Wellbeing survey, for example**,** found no significant ethnic differences in levels of overall life satisfaction, in spite of marked variation in objective indicators. Measurement issues aside, one might surmise from this that Mäori have different criteria and judgments about what constitutes a good life.[8] On the other hand, the MSD study on living standards found that older Mäori and non-Mäori tended to attribute similar levels of importance to a range of essential ownership and social participation items (Cunningham *et al*. 2002). For example, 89 percent of Mäori and non-Mäori ranked participation in family/whänau activities as 'important' or 'very important'. There was however, less agreement about the importance of non-essential items such as owning a dishwasher

[8] Considerable caution is required when interpreting subjective wellbeing measures. Responses to questions about happiness and satisfaction can be affected by situational context, mood, and internal variation in how responses such as 'very happy' are interpreted. Indeed, problems of reliability and instability have fostered concerns about whether satisfaction and happiness are appropriate yardsticks for wellbeing in the context of social policy (see Love and Praat 2004). While there are various strategies for overcoming measurement problems (Kahneman and Krueger 2006), there are still intrinsic limits to using cross-sectional data to posit causal relationships between dimensions of wellbeing (e.g. analysing life satisfaction as the outcome of a set of factors such as income and social connectedness).

and items considered important in Mäori society, such as the ability to contribute koha (e.g. gift giving), were excluded from the survey.

When necessities such as adequate food and shelter are met, happiness and satisfaction would seem to depend on intangible factors such as relationships, a sense of purpose, and the fulfillment of socially defined obligations. However, the specific content of obligations etc., and the extent to which they are valued, may vary across groups.

2.2 Mäori models of wellbeing

Given that most of these mainstream approaches to wellbeing were developed overseas and adapted to the New Zealand context, a recurring question is whether they are relevant for describing and measuring the wellbeing of Mäori (for an in-depth discussion about social wellbeing and Mäori models of wellbeing, see Love and Praat 2004). Concern about cultural appropriateness has seen the development of several Mäori models of wellbeing, mostly from within the health sector.

2.2.1 Whare Tapa Whä

One model of Mäori wellbeing that has been influential in many fields including mental health, public health, youth offending, and counseling is *Whare Tapa Whä* (Durie 1994). In this model, wellbeing is contingent upon a balance of physical (te taha tinana), emotional/psychological (te taha hinengaro), spiritual (te taha wairua), and family/community wellbeing (te taha whänau). The metaphor of a whare or house is rooted in the idea of interdependency of internal and external dimensions. If one side of the house is damaged, the remaining walls, and thus the overall structure is weakened.

The whare model resembles general frameworks of wellbeing in that it treats wellbeing as a property of individuals that can be approximated by subjective and objective indices across four key domains. Its uniqueness stems from its holistic nature that makes inter-domain equilibrium a necessary condition for wellbeing; the use of concepts such as wairua deemed important in Mäori culture; and the assumption that the components of wellbeing are culturally specific for persons of Mäori descent who identify as Mäori. Other Mäori models of wellbeing such as *Te Wheke* (Pere 1988) and *Nga Pou Mana* (Royal Commission on Social Policy 1988), have much in common with the whare model including the emphasis on wairua and whänau. A shared assumption is that through whänau, "health and wellbeing is transformed from an individually located construct to a shared and social phenomenon" (Love and Praat 2004:11).

2.2.2 Individual and collective wellbeing

The emphasis on communality and interdependency in Mäori models underscores the need for an approach to wellbeing that acknowledges the importance of collective wellbeing. The typical approach to building evidence about collective wellbeing is to aggregate individual level data to the sub-population group and to investigate the relationship between variables. The outcome of the target group then becomes the sum of its parts.

This kind of approach can provide useful insights in that individual outcomes (e.g. health status) may be examined within the context of group-level outcomes (e.g. median health status of whänau members). Yet inferring a collective status from aggregated data also has limitations. Wellbeing is not just the sum of individual

experience and attributes, but exists in the quality of concrete relations between individuals and institutions.

There are several ways by which the wellbeing of Mäori institutions may be captured. For example, Durie *et al*. (2003) have suggested that the vibrancy of Mäori communities might be approximated by the number of organisations they comprise (e.g. active marae, sports clubs, Mäori committees), their level of functionality, and the quality of relations between them. Using parent-child dyads, whänau wellbeing may be captured through indicators of the quality of relationships (e.g. how older Mäori are cared for), concrete expressions of solidarity (e.g the presence of a whänau trust); and subjective assessments of whänau wellbeing and support.

A benefit of constructing separate measures of individual and collective Mäori wellbeing is that it enables the relations between them to be empirically examined. If individual and collective wellbeing are tightly coupled, wellbeing at any one level should be reasonably predicted by wellbeing at some other level. By employing multiple levels of observation we might find that whänau wellbeing is strongly associated with the wellbeing of Mäori individuals, but that community wellbeing is insignificant. Insofar as policy is concerned, this would suggest that a more fruitful point of intervention would be at the level of the whänau. To some extent this is already an underlying assumption in social policy. The Government's Mäori Health Strategy *He Korowai Oranga* focuses on whänau wellbeing as the cornerstone of individual and collective Mäori wellbeing (Ministry of Health 2004).

With respect to older Mäori, the model view outlined earlier suggests a strong association between the wellbeing of older Mäori and the communities in which they reside. This is because kaumätua have important functional and symbolic roles with regard to the transmission of tikanga (customs), kaupapa (rules and reasons), and whakapapa (ancestry). Durie has argued that without kaumätua leadership a Mäori community would be "the poorer and, at least in the eyes of other Mäori, unable to function effectively or to fulfil its obligations" (1999:102). If this is the case, and ultimately this is an empirical question, then policies that enhance the wellbeing of older Mäori would have positive effects for the broader community.

Finally, it is worth noting that employing aggregation to derive average outcomes for the average group member often means that inadequate attention is paid to heterogeneity. This is of small consequence when the life circumstances and experiences of group members are reasonably homogeneous (eg. elderly Mäori up to the 1950s), but becomes more important if heterogeneity increases, as has been the case for Mäori generally. If policy is designed to meet the needs of the greatest number of older Mäori, attention to the distribution, as well as the modal values of wellbeing will be necessary.

2.3 Reconciling general and Mäori-specific approaches to wellbeing

A common challenge facing policy-makers is where they should focus their attention, given their limited resources, the needs of different groups, and the multiple dimensions of wellbeing. Because minority ethnic groups are oftentimes one of several target groups for which information is sought, they tend to be subsumed within a general framework that does not allow for the recognition of culturally specific concepts. While a generic approach has the advantage of enabling group comparisons across dimensions of wellbeing that are generally valued by all

members of a society (e.g. health), it often fails to capture those aspects of wellbeing that are valued by a specific group (e.g. access to cultural institutions).

In addressing the inherent tension between generic and culturally specific approaches, Durie *et al.* (2003) make a distinction between participation and achievement *of Mäori* in New Zealand society (te ao whänui) and participation and achievement *as Mäori* in Mäori society (te ao Mäori). They argue that any assessment of Mäori progress (or, in this case, wellbeing) should not only depend on generic indicators of wellbeing (e.g. standard of living), but also measures that indicate the degree to which Mäori "share in the benefits of the Mäori world" (3). Following this, an integrated framework for the conceptualisation and measurement of the wellbeing of older Mäori is shown in Figure 1. It draws on select elements of Durie *et al's* (2003) framework for monitoring Mäori outcomes and the MSD's social wellbeing framework.

[Insert Figure I here]

Several clarifying points can be made with respect to this framework:

- although te ao whänaui and te ao Mäori are distinguished here for conceptual purposes, in reality they are interconnected (not separate) spheres. Because of this, the dimensions of wellbeing in New Zealand society and in Mäori society are likely to be interdependent, as illustrated by the two-way arrow. Outcomes on one side (e.g. high Mäori cultural skills in terms of Mäori language fluency), can be associated with outcomes on the other (e.g. high mainstream knowledge in the form of educational attainment);
- there is no *a priori* judgment about which kind of outcomes and participation are most important. If multiple dimensions are captured across te ao whänui and te ao Mäori, there are many alternatives for investigating the relationship between variables. This facilitates empirical analysis of the circumstances and aspirations of older Mäori, and the extent to which the model of "elder when older" reflects typical Mäori experience;
- rather than subsume all things Mäori under the broad rubric of "cultural identity", three domains are identified: Mäori identity (e.g. self-naming; tribal affiliation), Mäori knowledge and skills (e.g. ability to speak te reo Mäori; knowledge of marae protocol), and Mäori connectedness (e.g. participation in whänau networks). They broadly capture the ideational, behavioural, and relational aspects of Mäori ethnicity;
- while individual wellbeing is the focal point, it is connected to, and interdependent with, collective wellbeing. The latter may be defined in terms of whänau, community, or iwi etc.

3. KEY THEMES ON MÄORI AGEING AND WELLBEING

Having considered the conceptual basis of wellbeing and its relevance for Mäori individuals and collectivities, this section provides a selective review of the recent empirical literature on the wellbeing of older Mäori. Much of the recent evidence comes from two sources: 1) the MSD living standards study which included a survey of 3 060 New Zealanders aged 65 years and older, and a separate survey of 542 Mäori aged 65 to 69 years (see Cunningham *et al.* 2002; Fergusson *et al*. 2001);

and, 2) the 1996 Oranga Kaumätua study of 397 Mäori men and women aged 60 years and older (Te Pümanawa Hauora 1997). The first study contained nationally representative samples. The sample for the second study was drawn using a network sampling method and was biased towards 'model' rather than 'modal' older Mäori. Five broad themes are identified from the literature and discussed in turn. They are:

- demographic dynamics and the implications for policy;
- barriers to service utilisation;
- whänau and intergenerational relations;
- the material disadvantage of older Mäori, and;
- cultural diversity.

3.1 Demographic dynamics and the implications for policy

Demographic dynamics such as population ageing are key drivers of social policy. In New Zealand and in other developed countries, much attention has been paid to the specter of structural ageing, and its economic and social implications. Pool has argued that our national preoccupation with structural over numerical ageing "favours Pakeha and disfavours Mäori" (2003: 35). This is because Mäori population ageing for at least the next 25 years will be driven mostly by numerical change, as the large 1945-1970 birth cohorts reach older ages. When compared to the total New Zealand population, the MEG will remain structurally youthful, even as the number of older Mäori dramatically increases. The difference will be especially evident among the "old old". By mid-century, people aged 85 years and over will make up about a fifth of all New Zealanders aged 65 years or more, but will remain a relatively small proportion of older Mäori aged 65 or over.

Pool predicts that the influx of larger cohorts at older ages will have severe impacts on Mäori communities by 2021, including increased demands on service providers and families. Pressure on services will derive not only from a greater number of older Mäori, but also from their potentially limited financial capacity. By 2021, older Mäori will be among those who were disproportionately affected by the restructuring of the late 1980s/early 1990s, and who later became "discouraged workers"[9]. The capacity to build equity is therefore likely to vary across cohorts. Mäori who were in their early 20s during the 1980s still have time to recoup some of their losses before reaching retirement, but the next two decades will be critical. In short, many Mäori may not take into retirement the amount of equity that most New Zealanders expect to have at old age. Accordingly, Pool concludes that policy will need to be flexible enough to meet the needs of large cohorts at key life-cycle stages, and to roll back provisions once demand ebbs.

While an increase in the number of older, disadvantaged Mäori raises legitimate concerns about service provision and fiscal burden etc., there are also positive impacts to be considered. One is the potential for the sharing of cultural responsibilities in communities where kaumätua have been in short supply. Until relatively recently, the potential for older persons to contribute to family and community wellbeing has barely figured in policy discourse (although this has long been an implicit assumption within Mäori families and communities). The deficit

[9] Discouraged workers are jobless people who are available for work but who are not actively seeking it because they believe they have poor prospects of finding a job. They are not among the measured number of unemployed, who are part of the measured labour force.

view of ageing is slowly changing with the introduction of the Government's Positive Ageing Strategy (Ministry of Social Policy 2001) and other strategies facilitating 'ageing in place' and 'ageing well'. And there is good reason for this paradigmatic shift. Older New Zealanders enjoy an unprecedented quality of health compared to their predecessors, largely due to changes in lifestyles and technology (Ministry of Social Policy 2001). This is important for policy areas such as health expenditure, where it is health status rather than age itself that tends to drive health care demand, albeit that the two are highly correlated (Bryant *et al.* 2004).

Improvements in health and life expectation are certainly positive goals, but they also have implications for the future viability of state-sponsored superannuation – an issue that has been the focus of ongoing debate in many developed countries with ageing populations. It is worth noting that despite these improvements, significant gaps persist in the life expectation of Mäori and non-Mäori at all ages (Statistics NZ 2004). Based on deaths in 2000-2002, a newborn Mäori girl could expect to live 73.2 years and a newborn Mäori boy 69 years. For non-Mäori baby girls and boys, life expectation was 81.9 and 77.2 years respectively. In the context of the superannuation debate, it has been argued that early mortality disadvantages Mäori because it reduces the rate of return by lowering lifetime benefits relative to contributions (i.e. taxes). Increasing the age of entitlement to 70 would compound Mäori disadvantage because even fewer Mäori, particularly Mäori men, would live long enough to reap the benefits.

Gaps notwithstanding, it is somewhat misleading to make an argument for lower returns on the basis of life expectation at birth. Because life expectation varies with age, a more appropriate comparison would be to compare life expectation among those eligible to receive a pension. In 2000-2002, Mäori women and men who survived to the age of 70 could expect to live, on average, an additional 12.3 and 10 years. For non-Mäori women and men it was and 16.2 and 13.3 years respectively. A disparity exists, but one that is markedly smaller than that for life expectation at birth. [10]

In planning for an ageing Mäori society, it has also been noted that the responsibility lies not only with policy-makers and government agencies, but with Mäori themselves through whänau, iwi, and organisations such as tribal rünanga (councils). In some respects these institutions are well placed to deal with the challenges of an ageing population because of historical practices promoting the integration of older Mäori into broader community support structures. One way in which Mäori organisations may contribute to the future wellbeing of their older members is by helping to mediate conflict between work, family, and cultural obligations (Durie 1999). The role of kaumätua requires a high level of commitment and active participation in community affairs such as tangihanga (funerals) and hui. Such commitments can be financially and physically taxing, especially in communities where there is a dearth of suitably qualified men and women. Although cultural obligations and sharing are seen as voluntary acts grounded in norms of reciprocity (Robinson and Williams 2001), this need not preclude remuneration in the form of a stipend or non-cash benefit (e.g. low rent, petrol vouchers). Many communities currently have informal arrangements that assist kaumätua, but a more

[10] At age 65, the average life expectation was 16.9 and 12.7 years for Mäori women and men; and 20.2 and 15.1 years for non-Mäori men and women.

systematic form of compensation may be required in order to make it easier for older Mäori to perform a role that provides broader community benefits.

3.2 Barriers to service utilisation

Related to the issue of service provision is the issue of service utilisation, specifically in the vital area of primary and secondary health care. The evidence on the accessibility, affordability, and cultural appropriateness of existing health care services for Mäori suggest several areas for improvement.

In reviewing health service utilisation among Mäori, Hirini *et al.* (1999) concluded that the "inverse care law" – where those most in need of care were the least likely to receive it – applied to older Mäori. Using data from a nationwide study of the health and service utilisation of older New Zealanders, they found that older Mäori had a higher level of reported health care need than their non-Mäori peers, but reported a lower rate of health service utilisation. The exception was accident and emergency use and hospital admissions. The Oranga Kaumätua study also found a relatively low uptake of disability support among participants, although two thirds reported having a major or minor disability (Te Pümanawa Hauora 1997).

There are several possible explanations for lower Mäori utilisation rates. One is a low level of trust in mainstream health provider institutions. This may derive from unfamiliarity with the formality and rules of bureaucracy (Spellerberg 2001), or a lack of confidence in the ability of formal institutions to provide culturally appropriate care (Hirini *et al.* 1999; Ministry of Health 1997). Feelings of alienation may be more keenly felt by older Mäori, because of negative experiences with a public health sector that pre-dated efforts to institute cultural responsiveness.

A second potential factor is poor information and knowledge about entitlements. Here, social networks are important. Having an abundance of "weak ties" or acquaintances that bridge social networks can facilitate access to new and important sorts of information (Granovetter 1983). These bridges are particularly important in dynamic environments, such as the public health sector, where there are frequent changes in rules and service provision. While the social networks of Mäori have not been well studied, the anecdotal evidence suggests older Mäori are often embedded in constrained, dense networks comprising similar others. Having an abundance of close friends or kin (e.g. "strong ties") works well on occasions when support is required, but reduces the likelihood of garnering new information **(**King and Waldegrave 2003).

It has also been suggested that Mäori prefer informal or alternative forms of care via kinship networks and community-based services (Durie 1994; Hirini *et al.* 1999). Thus, "family, tribal and community networks may take priority over functional contracts with specified agencies such as health, education or welfare" (Robinson and Williams 2001:56). In the Oranga Kaumätua study however, most participants used GP services, and over 70 percent stated no preference for a Mäori over a non-Mäori service provider.

Finally, while Government has expended significant effort in broadening the range of Mäori and community-based health providers, iwi-based health surveys have found that Mäori still have difficulty accessing existing services. Among the perceived barriers are geographical location, lack of financial resources, and unavailability of services (cited in Hirini *et al*. 1999). For older Mäori, accessibility is likely to be very important because they are more likely than young Mäori, and non-Mäori of all ages, to live in rural areas (Te Puni Kökiri 1999). With an

expanding number of older Mäori, sustained efforts will be required to ensure that barriers to service uptake are identified and addressed, and that the services offered are both accessible and affordable.

3.3 Whänau capacities and inter-generational relations

An important implication of an ageing Mäori society is how it will impact upon, and be supported by, inter-generational relations. As distinct from the transfer of wealth, the focus here is on the quality of relationships that offer support in old age. In the mainstream literature, such relations are typically conceived as exchanges or transactions that either enhance solidarity or generate conflict. Research in the solidarity tradition highlights shared values, normative obligations, and enduring familial ties, while the conflict tradition highlights isolation, caregiver stress, and family problems. A third approach underscores the ambivalence that parents and adult offspring may feel towards each other as a consequence of how inter-generational relationships are structured. Specifically, ambivalence may exist between the "desire of parents and (adult) children for help, support, and nurturance; and countervailing pressures for freedom from the parent-child relationship" (Lüscher and Pillemer 1998:11). An adult child who assumes the role of caregiver may feel a sense of closeness to a dependent parent, but also feel resentfulness or stress because of the financial and emotional burden placed upon them. The parent, in turn, may feel ambivalent about receiving care, given the limited scope for reciprocity.

For older Mäori with a high level of cultural capital (eg. tribal knowledge, language expertise etc.), the potential for reciprocity may be greater, because their knowledge and guidance is valued in a way that makes the exchange more equitable. This is especially likely if the parent also provides guidance and support to mokopuna. Indeed, several studies have found that older Mäori contribute in important ways to the family and community. Three quarters of the older Mäori in the Oranga Kaumätua study had provided support for other whänau members, including accommodation, support during illness, and leadership in learning and speaking te reo Mäori. In turn, between one third and one half of participants had received care from whänau when necessary. In the living standards study, two thirds of single older Mäori and nearly half of older Maori couples had received help from their extended whänau in maintaining their car or house, or with simple household chores.

The importance of inter-generational relations is amplified given Mäori population ageing, altered dependency ratios, and the competing demands that may arise when adult children are supporting both an ageing parent and their own children. A relevant issue is whether these dynamics will place additional strains on whänau, or be readily accommodated within existing arrangements. A recent study found the kinds of support given by middle-aged New Zealanders to an ageing parent and an adult child tended to be complementary, rather than competing. Children living in separate households received predominantly financial help from their parent, while elderly parents were much more likely to receive help with daily tasks (Hillcoat-Nallétamby and Dharmalingam 2002). It is unclear however, whether the same dynamics would adhere in cases where all three generations lived in the same household – a scenario that, for reasons of culture, economics, and demographics, is much more likely for Mäori and Pacific peoples, than for other ethnic groups. A future challenge will be to capture the broader networks of kin support beyond

simple parent-child dyads, to see how the interplay of familial relations, including conflicting normative structures, has an impact upon individual and collective wellbeing.

3.4 Material disadvantage

One of the key issues that future policies for the aged will need to address is the comparative economic disadvantage of older Mäori. On average, elderly Mäori experience greater deprivation than older non-Mäori, reflecting the general pattern of disparity between Mäori and non-Mäori at all ages. The living standards study found significant differences in the mean material wellbeing scores of Mäori and non-Mäori, with material hardship three or four times higher amongst older Mäori.[11] An ethnic difference remained after factors such as income, savings, and accommodation costs were taken into account, although these factors explained much of the variation.

That ageing is not a leveler of ethnic disparities reflects the tendency of the aged to carry with them the impacts of earlier policies and experiences. Compared to older non-Mäori, and Päkehä in particular, Mäori generally carry less equity into retirement for reasons that include disrupted work histories, whänau obligations, and lower paying jobs. Most rely on state provision, and face high accommodation costs relative to older Päkehä. The living standards study clearly showed the multi-dimensional nature of Mäori disadvantage. The level of material wellbeing was not contingent on a single factor such as income, but reflected the cumulative effects of factors including current financial circumstances (eg. saving and investment levels, accommodation costs), household composition (eg. marital status), exposure to past and present economic stresses, and socio-demographic background. For some Mäori, there was the additional factor of family formation because raising many children tends to engender economic disadvantage that carries over into old age.[12] The importance of this and other pre-retirement factors highlights the limitations of using cross-sectional data to understand the endpoint of the life cycle.

The risk of financial hardship in old age is especially high for older Mäori women. Elsewhere, researchers have pointed to the effects of 'double jeopardy" – when the additive or interaction effects of ethnicity and gender increase the risk of deprivation (Moody 2002). In New Zealand, the higher age-specific death rates for male Mäori means most Mäori surviving partners are women. For widowed Mäori women, their single status, combined with other social and economic factors (e.g., work history) means they are more likely to be impoverished than either married women generally, or widowed Mäori men. The potential for inequality also arises with regards to caring demands. Older Mäori women often have charge of mokopuna (grandchildren), in addition to being the whänau figurehead if the elder male has died (Ministry of Health 1997). For this sub-group, the prospect of shifting from universal state-sponsored superannuation to a contribution-based system may have especially serious implications given their diminished capacity for self-support.

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[11] The non-Mäori comparison masks some other ethnic differences. Older Pacific Islanders, for example, were disadvantaged relative to Päkehä /Others *and* Mäori.

[12] Although the Total Fertility Rate (TFR) for Mäori has decreased dramatically since 1970, it is still significantly higher than the Päkehä TFR (2.6 versus 1.8).

It should be noted, however, that while ethnic disparities exist within the aged population, older persons still tend to be financially better off in terms of wealth than those in the working age population (Fergusson *et al.* 2001). This might seem counter-intuitive to the popular perception of the elderly as a vulnerable group, but makes sense when one considers that older persons have had more time to acquire resources, and that transfers of wealth tend to flow from older to younger generations, rather than vice versa. For policy-makers, it suggests the need to identify specific ways in which the aged are disadvantaged, and the likely factors underlying differences between, as well as within, groups.

3.5 Cultural diversity of older Mäori

A recurring theme in the literature is that being culturally secure is a valued outcome or end in itself. The Social Report for example, lists the protection and valuing of Mäori culture among the desired outcomes for cultural identity (Ministry of Social Development 2005). Cultural security is also valued as a means to other dimensions of wellbeing. In Mäori and mainstream models, strong cultural identity, cultural competence in terms of knowledge and skills, and cultural connectedness, are framed as resources that enhance personal and collective wellbeing (Gee *et al.* 2003; Ministry of Health 1997; Ministry of Social Development 2005). Although rarely articulated, it is often implied that low cultural competence and a weak cultural identity are barriers to personal wellbeing, either because they serve as a basis for social exclusion from networks etc., and/or engender feelings of inadequacy. Yet there are few empirical studies that have actually investigated the relationship between these different dimensions of wellbeing, and the existing evidence tends to be patchy and sometimes inconsistent.

For example, a recent survey of 825 Mäori aged 30-79 years drew on the framework of whare tapa whä to investigate the relationship between several domains of wellbeing, including life satisfaction, social inclusion, and fluency and satisfaction with te reo Mäori (Gee *et al.* 2003). Controlling for other factors, satisfaction with te reo was found to be positively associated with life satisfaction. Self-reported fluency in te reo was also positively associated with other aspects of cultural involvement (e.g. marae participation). The authors concluded that raising Mäori language fluency may improve life satisfaction.

Although being culturally secure may well have benefits for individuals' personal sense of wellbeing and their relationships, it also seems to be linked with a higher risk of material disadvantage. The living standards study, for example, found a clear trend for a more secure Mäori identity to be associated with reduced material well-being.[13] Older Mäori with a secure cultural identity had greater exposure to a host of adverse factors including low income, limited savings and investments, high accommodation costs, greater exposure to past an present economic stress, and a

[13] The study used a measure of cultural identity developed by researchers from the longitudinal study of Mäori households Te Hoe Nuku Roa. The measure is a weighted aggregate of scores on seven indicators including te reo Mäori, whänau involvement, knowledge of whakapapa (geneaology), and self-identification. Based on their score, individuals are categorised as having either a secure, positive, or notional Mäori cultural identity (Cunningham *et al.* 2002). The notion of cultural identity employed in that study is far broader than the more limited ideational notion of identity used in the Figure 1 framework.

larger number of children (Cunningham *et al.* 2002). Although this was likely to rely, in turn, on historical processes such as poor history of asset accumulation and poor health, it was unclear why this association with cultural identity should exist. This conundrum reflects other research on Mäori generally, that has found negative associations between material wellbeing and indicators of Mäori identity (usually self-reported ethnicity), but no definitive causal mechanisms.

That aspects of wellbeing in te aö Mäori are both positively and negatively associated with other dimensions of social wellbeing (te ao whänui), highlights the challenges that policy-makers face in developing services to meet the varied needs of older Mäori. The extent to which future generations of older Mäori will be integrated into Mäori networks, have knowledge of, or even value Mäori culture, has implications for the sorts of needs they are likely to have, and the policy approaches best suited to meet them. Important here is the disjuncture between the model (traditional) and modal behaviour of older Mäori, and whether the gap will grow or contract.

Given diversity, one of the questions that arises is whether future older Mäori elderly will have the necessary skills or desire to assume kaumätua roles (Durie 1999). While older Mäori tend to have the highest levels of language proficiency, they are also over-represented among those who are disinterested in Mäori language and culture (Gee *et al.* 2003; Te Puni Kökiri 2002a). The next generation of older Mäori may be even less culturally endowed. In the first wave of the longitudinal study of Mäori Households, Te Hoe Nuku Roa, only 13 percent of the cohort aged between forty and sixty years were native speakers, and a third spoke no Mäori at all. Moreover, a third had no contact at all with a marae, compared to just one tenth of over sixty year olds (Durie 2003:159).

Beyond 2030, the cultural profile of older Mäori may change again as it is swelled by those who came of age during the language and cultural initiatives of the so-called Mäori renaissance. A national survey of language use found almost half of young Mäori aged 15-24 had some degree of proficiency in te reo, somewhat higher than those aged 25-34 years (Te Puni Kökiri 2002b). Although language is a marker of Mäori ethnicity, older Mäori who are unable to speak it are not necessarily precluded from participating in Mäori cultural life. In the absence of te reo, however, one would have to maintain strong kin ties, and have some degree of cultural knowledge, to participate as a kaumätua. Information about the extent of social inclusion of older Mäori in Mäori communities, the nature of their participation, and their attitudes towards it, would be useful in planning how to enhance the social wellbeing of older Maori in coming decades.

4. FINAL COMMENTS

This paper has reviewed the conceptual and empirical literature on ageing and wellbeing with three objectives in mind: 1) to identify how the various approaches may be adapted to capture the diverse realities of older Mäori; 2) to identify key substantive issues in Mäori ageing and the wellbeing of older Mäori; 3) to suggest how these issues might affect the circumstances of future older Mäori.

The strategy has been to cast a wide net rather than home in on a specific dimension of welbeing. In reality, however, it is often impracticable for policy-oriented research to address wellbeing in its entirety, and the scope is usually

narrowed to one or two dimensions such as material standard of living or social connectedness. Justifications for these decisions take into account factors such as available resources, population need, policy imperatives, political receptiveness, and the existing knowledge base. This said, the purpose of this paper was not to set the scope of EWAS research, but to provide a comprehensive snapshot of the literature in order to guide future research through focus groups, case studies, and a national survey scheduled for 2006/2007. To assist in this latter task, the following section identifies questions for each of the key areas identified.

4.1 Defining and measuring Mäori wellbeing

There are many different ways to conceptualise and measure wellbeing, both within the mainstream and Mäori literature. This paper has advocated an integrated approach that conceives of wellbeing as constituted of outcomes within New Zealand society broadly, and Mäori society specifically. It recognizes that the relative importance of outcomes in these broad domains will vary between older Mäori. Material, non-economic, subjective, objective, and collective dimensions of wellbeing are all seen as important.

Questions:

- What do older Mäori perceive as requisites to personal wellbeing in retirement?
- What do older Mäori perceive as the barriers to personal and whänau wellbeing?
- What is the strength and nature of the relationship between the wellbeing of individual older Mäori and the wellbeing of groups within which they are embedded (eg. whänau, marae; neighbourhood)?
- What aspirations do older Mäori have for themselves in terms of economic security; social connectedness (both with mainstream and Mäori institutions); whänau life; and culturally defined roles?

4.2 Social connectedness

Social connectedness refers to features of social organisation such as networks, norms, and social trust that facilitate co-ordination and co-operation for mutual benefit. For Mäori, social connectedness comprises formal associations with organisations outside the whänau, and informal associations within kinship networks. The following questions relate to issues of connectivity, reciprocity, discrimination and trust.

Questions:

- What is the extent and quality of informal associations that older Mäori have with other Mäori? (e.g. working in the kitchen of the local marae).
- What is the extent and quality of formal associations that older Mäori have with Mäori organisations? (e.g. marae committee; Mäori health provider); and mainstream organisations? (e.g. voluntary associations, ratepayer associations).
- What are the barriers, either real or perceived, to participation in Mäori and mainstream social networks?
- What are the expectations for reciprocity in terms of sharing time, resources, knowledge etc.?
- What level of trust do older Mäori have in other Mäori people and institutions and in people and institutions that are not Mäori?

- To what extent do older Mäori perceive themselves as having been targets of discrimination, and how are these perceptions related to levels of trust?
- How do older Mäori feel about their level of social connectedness, both to Mäori communities, and to other kinds of social institutions?

4.3 Demographic issues

Numerical ageing, the greater risk of widowhood for Mäori women, over-representation in isolated rural areas, changed dependency ratios, and the diminished capacity of "discouraged workers" are all issues that are likely to bear upon the wellbeing of older Mäori until mid-century. Given historical path dependencies (i.e. where contemporary conditions tend to be the outcome of historical processes), the analysis of Mäori wellbeing may very well call for a cohort approach.

Questions

- To what extent is wellbeing likely to vary across birth cohorts of Mäori?
- What are the implications of cohort differences for the provision of services, both formal and informal?
- What support systems are available to Mäori affected by the restructuring of the 1980s? To what extent have they been able to recover their losses in the decade prior to retirement?
- Given that the majority of Mäori live in urban areas, to what extent do Mäori envisage returning to their rural roots (eg. tribal areas) for retirement? If they do, what are their expectations regarding available support?

4.4 Service utilisation

Given the "inverse care law" (that those most in need of support are the least likely to receive it), concerns about low Maori utlilisation rates of health and other kinds of support services remain. Areas to be addressed include affordability, accessibility, the cultural appropriateness of services, institutional discrimination, and perceived barriers.

Questions:

- How satisfied are Mäori with the quality of service they receive, both in terms of care and cultural sensitivity?
- What are the barriers, real and perceived, to service utilisation among Mäori?
- What kinds of preferences do older Mäori have with regard to primary and secondary health care?
- How do older Maori rate their experiences with mainstream and Maori providers of health care and other kinds of support services?
- What are the key sources of information about entitlement and service availability and how reliable are they?

4.5 Whänau capacity and intergenerational relations

The primacy of whänau in Mäori society, as well as cultural expectations of caring and reciprocity suggests that whänau may be well equipped to deal with the challenges of an ageing Mäori population. However, intergenerational conflicts, diminished whänau capacities and work-caring conflicts (e.g. caring for children and parents) may also create additional stresses in years to come.

Questions:

- What kinds of living arrangements (e.g. multi-generational; own home) do Mäori see as desirable in their retirement?
- What kinds of kin-related support networks beyond the immediate whänau (e.g. beyond siblings, spouse and children) are likely to be available?
- How do older Mäori feel about receiving and providing different kinds of support?
- How do older Mäori see themselves as contributing to the wellbeing of their children, grandchildren etc.?

4.6 Material wellbeing

There is resounding evidence that older Mäori face a higher risk of material hardship than older New Zealanders in general. The nature of Mäori material deprivation tends to be cumulative and multi-dimensional, involving factors such as lower saving and investment levels, higher accommodation costs, a higher risk of being single, and exposure to past and present economic stresses.

Questions:

- How do older Mäori feel about their capacity to cope financially following retirement?
- To what extent is the expectation of labour force participation in older ages a result of choice or necessity?
- What is the relationship between regional or context-specific variation in the wellbeing of Mäori and context-specific factors such as community cohesion?
- How are specific aspects of Mäori culture (e.g. identity; cultural competence; networks) and aspects of material disadvantage related?

4.7 Cultural roles

Recent research has shown considerable cultural diversity between older Mäori. Whether cultural heterogeneity will increase with an expanding number of older Mäori, and how this might impact personal and collective wellbeing, are key issues. While Mäori communities will have larger pools of persons from which to draw kaumätua, it is not known whether there are sufficient midlife Mäori who either possess valued skills, or are prepared to acquire them before they reach käumatua age.

Questions:

- What are the specific structural conditions and individual circumstances that constrain or encourage older Mäori to take on the role of kaumätua?
- What kinds of incentives will be most effective in ensuring that persons with the potential to be kaumätua take on this role?
- To what extent is cultural security in terms of identity, practices, knowledge, and connectedness necessary to ensure older Mäori feel good about themselves?
- How will the cultural profile of older Mäori change over the next 15 to 45 years?
- What do older Mäori perceive to be barriers to achieving cultural security in old age (e.g. to be able to speak Mäori or acquire tribal knowledge)?
- How different is the modal older Maori from the model older Maori? Is this difference likely to grow or contract over the next 15 to 45 years?

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Framework 1: Conceptual framework for the wellbeing of older Mäori