

EWAS WORKING PAPER SERIES

WELLBEING – SOCIAL CONNECTEDNESS AND ECONOMIC STANDARD OF LIVING AMONG 65-84 YEAR OLDS IN NEW ZEALAND - 2007

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Family Centre
Social Policy Research Unit

WELLINGTON NEW ZEALAND



Population Studies Centre
The University of Waikato

HAMILTON NEW ZEALAND

ENHANCING WELLBEING IN AN AGEING SOCIETY (EWAS)

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**WELLBEING – SOCIAL CONNECTEDNESS AND
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AMONG 65-84 YEAR OLDS IN NEW ZEALAND – 2007**

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ABSTRACT

The Enhancing Wellbeing in an Ageing Society programme (EWAS) funded by FRST is currently undertaking telephone interviews of approximately 1,500 65-84 year-olds and 1,500 40-64 year-olds. This paper was presented at the New Zealand Association of Gerontology Conference, Hamilton 14-16 November 2007 and presents preliminary findings from 832 respondents in the 65+ cohort. The level of Wellbeing is compared with that in other countries, along with some of the explanatory factors of Wellbeing, especially social connectedness and economic standard of living.

INTRODUCTION

Currently, there is an international research interest in assessing levels of “the pursuit of happiness” at the individual and societal level, especially those recognising the impact of ageing processes. Cohorts of ageing individuals are concerned about their personal adaptation to the ageing process, while societal planners are confronted with ageing societies increasingly expecting further resources to cope with such ageing cohorts. The need for research on the determinants of “happiness”, “life satisfaction” or “wellbeing” among older people at the micro-level of individual response has become imperative, as has the need for new policy initiatives.

Such an agenda has confronted several research teams internationally, who have endeavoured to provide indicators of “wellbeing” and “quality of life” in an effort to establish trends in structural factors, intergenerational relationships and transactions, and on how autonomy in the older years can be promoted to enhance Wellbeing (see the international study on Old Age and Autonomy: The Role of Service Systems and Intergenerational Solidarity – OASIS – <http://oasis.haifa.ac.il/>).

In New Zealand, there has been a similar surge of recent interest in the area, although some of the first research dates back to the Royal Commission on Social Policy (1988). At that time, concerns were raised regarding the relative importance of the individual and collective aspects of Wellbeing and their interaction, and how both aspects could be accommodated meaningfully in any definition and subsequent research. Such concerns still exist and have been explored by the research team (as part of the EWAS programme see King, 2007).

More recently the successive World Values Surveys undertaken world-wide and on two occasions in New Zealand (1998 and 2005) have helped to raise awareness of the

importance of establishing a baseline of human happiness among the population, and among various cohorts, as a means of comparing their relative age-related levels of Wellbeing, and as a means of establishing the success (or otherwise) of targeted policies (Rose, Huakau, Sweetsur and Casswell, 2005). Recent Government Reports in New Zealand have also begun to routinely include Wellbeing indicators (see Ministry of Social Development Social Reports 2001-2007), along with reports devoted solely to documenting Wellbeing indicators (e.g. Family Wellbeing Indicators from the 1981-2001 NZ Censuses (Statistics New Zealand 2006), and Positive Ageing Indicators 2007 (Ministry of Social Development 2007)). Other recent Government reports, heavily reliant on Wellbeing indicators, include those covering Living Standards of Older New Zealanders (Ministry of Social Development 2001), Living Standards of Older Maori (Ministry of Social Development 2002), and New Zealand Living Standards (Ministry of Social Development 2002, 2004).

Alongside these policy initiatives has been the development of independent New Zealand social science research on Wellbeing, including, for example, the investment of substantial research funding in the area of transition from work to retirement, and the identification of aspects of health and wellbeing in later midlife that could lay the basis for community participation and health in later life (see: Alpass et al., Health, Work and Retirement Longitudinal Study, <http://hwr.massey.ac.nz/news.htm>). Other New Zealand research on Wellbeing has also included commentary on the various definitions and measurement of Wellbeing (see Smith, 2004, below).

Taking such initiatives into account, this research programme sets out to “*provide the understanding that is essential for policy formulation and the delivery of services for enhancing wellbeing in an ageing New Zealand society*” (FRST contract UOWX0309). To do this, some of the questions that are being considered are: Among the New Zealand population in their Mid-Life or Older years, what is their level of Wellbeing? How does their level of Wellbeing compare with other cohorts historically and with other countries? Thirdly, what are the causative factors of their Wellbeing? And how can this Wellbeing be enhanced? The programme is interested in a consideration of the determinants of Wellbeing among New Zealanders, including those relating to life events and those which might be unique, or inter-related, to the two cohorts being studied. While the programme includes many other issues, the ones cited are those focussed on in this paper.

WELLBEING

The definition of Wellbeing used in this research is that “*Wellbeing is the satisfaction of an individual’s goals and needs through the actualisation of their abilities and lifestyle*” (Hird, 2003:5, adaptation of definition by Emerson 1985:282). The definition endeavours to take into account the various domains of Wellbeing and their measurement through both objective and subjective indicators, thereby acknowledging the societal and individual perspectives, and in so doing recognises that “general Wellbeing is greater than the sum of the parts.”

Ten Domains of Wellbeing – The Ministry of Social Development Model

In 2001 the New Zealand Ministry of Social Development developed a model of Wellbeing, defined as *“those aspects of life that society collectively agrees are important for a person’s happiness, quality of life and welfare”* and, beginning in 2001, has published an annual Social Report documenting the level of Wellbeing among New Zealanders in various areas. Wellbeing is depicted as having ten discrete components, called “desired social outcomes” or “outcome domains”. It is assumed that each of the ten outcome domains has a bearing on the overall Wellbeing, and that the domains are interconnected, so that “doing well or poorly in one domain is often likely to impact upon performance in another outcome domain” (2004:4).

The ten domains of Wellbeing are: health; knowledge and skills; paid work; economic standard of living; civil and political rights; cultural identity; leisure and recreation; physical environment; safety; and social connectedness. Each of these domains is measured by several social indicators, making 40 indicators currently being reported on, although not necessarily every year (2007:7). All the indicators are objective measures, e.g. the domain of “social connectedness” has the measures of: telephone and internet access in the home; regularity of contact with family/friends; trust in others; proportion of the population experiencing loneliness; and contact between young people and their parents. Thus the Social Report model of Wellbeing focuses on those factors that the majority of New Zealanders can be expected to agree are a significant component of Wellbeing – the features that make for the ‘good society’.

Nevertheless, it is important to acknowledge that there will be other factors affecting individual Wellbeing that people do not hold in common, and which are not included in the Social Report. Smith (2004:3) has suggested a need to understand the difference between including a huge array of indicators which cover ALL factors that might have some social value or relationship to individual Wellbeing, as opposed to including only those factors which are of general significance but fewer in number. This view is an acknowledgement that there will always be other factors affecting individual Wellbeing that people do not hold in common, e.g. “culturally specific values” and “individual factors” (Smith, 2004:3).

Conal Smith’s 2004 paper is of further importance to the EWAS study in that it considers the extent to which various indicators of Social Wellbeing can also be seen as independent determinants of Social Wellbeing (Smith, 2004). Thus if outcomes in one domain improve, overall social wellbeing should also improve, holding all other things constant. Smith then makes a case for considering not only “social” variables, but also “individual” variables, ie the macro and the micro, and as well makes the case for the inclusion of data aggregated from subjective indicators (as with self-assessed life satisfaction) as well as from objective indicators. In line with this argument, it should be noted that the EWAS approach includes subjective as well as objective indicators in the measurement of Wellbeing.

METHODS

The EWAS programme includes a variety of methods. These include the qualitative methods of case studies and focus groups, and the quantitative methods of survey research. The quantitative methods include a CORE survey (N=1,500) of each of two

different age-cohorts (40-64 years and 65-84 years) and MODULE surveys exploring areas from the CORE surveys of further interest.

The CORE survey of 1,500 65-84 year olds was drawn from a New Zealand-wide telephone sample. It includes disproportionate stratified sampling for Maori and Pacific Islanders, with the interviews being conducted through Computer Assisted Telephone Interviews (CATI) at The University of Waikato.

This paper provides the first preliminary results from 832 people (of the 1,500 people) in the CORE survey of 65-84 year-olds interviewed between July and October 2007.

Characteristics of the Sample (N= 832)

New Zealand has a population of 438,933 65-84 year-olds according to the 2006 Census, 46.4% being male and 53.6% female (Statistics New Zealand, 2007). The sample of 832 people included 37.5% male and 62.5% female.

Within the 65-84 year-old age group, 33.8% are in the 65-69 year age-group (according to the 2006 Census), 26.6% are in the 70-74 year age-group, 23.1% are in the 75-79 year age-group, and 16.5% in the 80-84 year age-group (Statistics New Zealand, 2007). The breakdown of the sample of 832 compares well with the Census distribution, being 29.8% in the 65-69 year age-group, 26.9% in the 70-74 year age-group, 26.4% in the 75-79 year age-group, and 16.8% in the 80-84 year age-group.

The characteristics of the New Zealand 65-84 year age-group re Marital Status are 4.5% of single status, 9.9% divorced/separated, 25.1% widowed, 60.5% in a relationship (Statistics New Zealand, 2007). In comparison, the sample of 832 people included 4.1% single people, 8.6% divorced/separated people, 32.0% widowed people and 55.2% people in a relationship.

Findings and Discussion

This preliminary report on the findings from a sub-sample (within a sample of 1,500) sets out to describe the distribution and type of Wellbeing of 832 people in comparison with previous studies, along with some initial analyses of the causality of Wellbeing, and in particular that of Social Connectedness and Economic Standard of Living.

Overall Wellbeing

Various indicators of overall Wellbeing have been used in research on Wellbeing internationally. The current research used the indicators of Wellbeing developed by the World Health Organisation (The WHOQOL Group, 1994) and by the World Values Survey (Inglehart, 2003; Esmer and Pettersson, 2007), and found the correlation between the two indices to be very close. As this is only a preliminary report on a sub-sample, it was decided to report on only the World Values Survey indicator here.

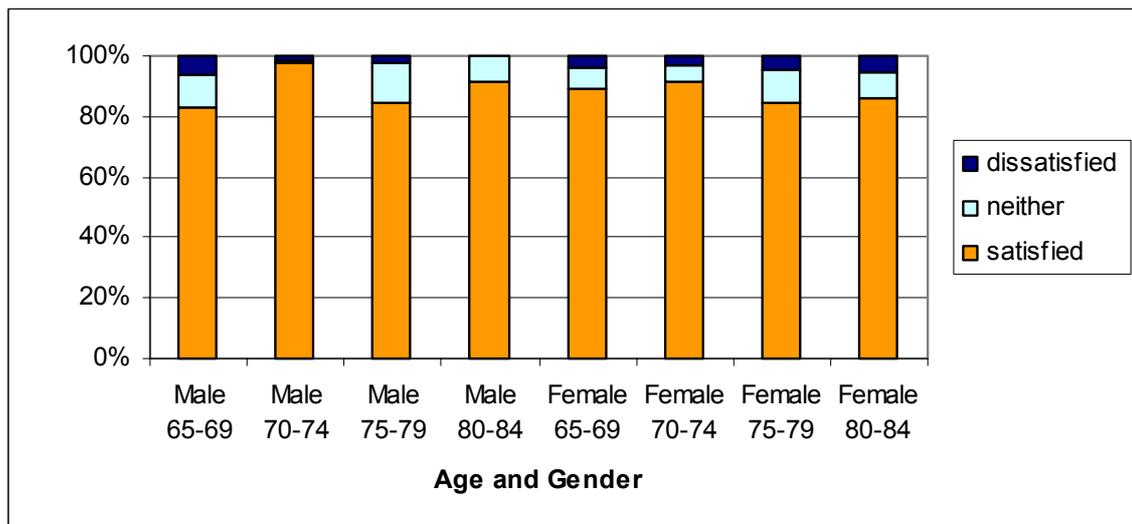
The World Values Survey indicator of Wellbeing is in answer to the question: “All things considered, how satisfied are you with your life as a whole these days?” In this research the response is measured according to a 5 point scale (in contrast with the World Values Survey which uses a 9 point scale), with 5 being “very satisfied”. In New Zealand, in late 2007 and among a sub-sample of 832 65-84 year olds, 88.1% reported being “satisfied”, while 3.8% were “dissatisfied” and 8.1% “neither satisfied nor dissatisfied”.

It would appear that the overall level of Wellbeing among older New Zealanders is relatively high. Possible reasons for this include that:

- this older age cohort, the war generation, was brought up to accept life as it is, and not to complain
- also to feel that they owe the world, rather than the world owes them (as with the baby boomers)
- those less fortunate perhaps (those in a rest home) have been screened out.

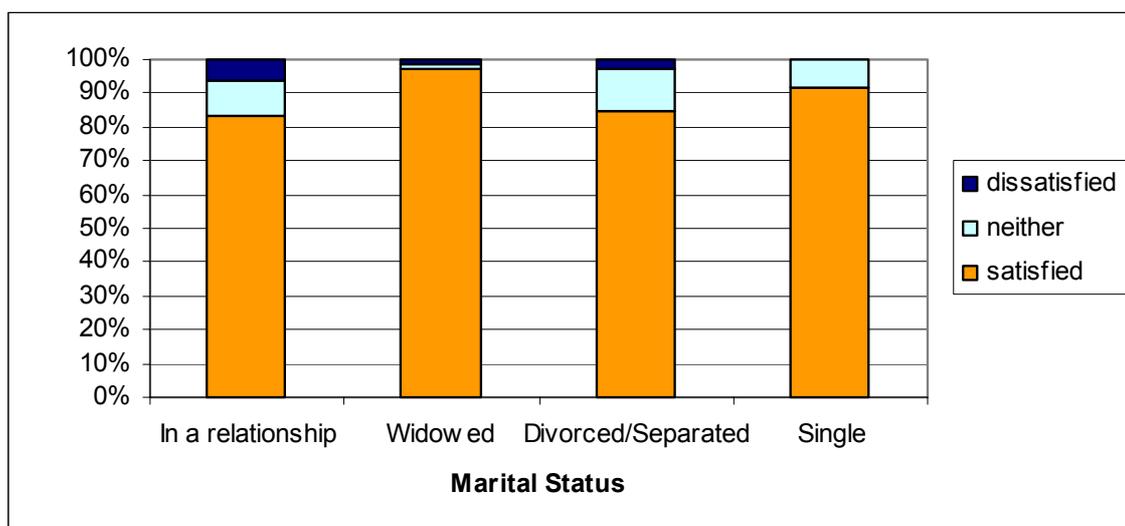
With respect to their level of Wellbeing, age and gender differences however do not appear to be significant (see Figure 1).

Figure I: Overall Wellbeing, by Age and Gender



Marital Status may however have a bearing on Wellbeing, in that those who are single or widowed have the highest level of satisfaction and the lowest level of dissatisfaction, while those in a relationship or who are divorced or separated have the highest level of dissatisfaction, along with the highest level of “uncertainty” (i.e. they responded “neither satisfied or dissatisfied”) (see Figure II).

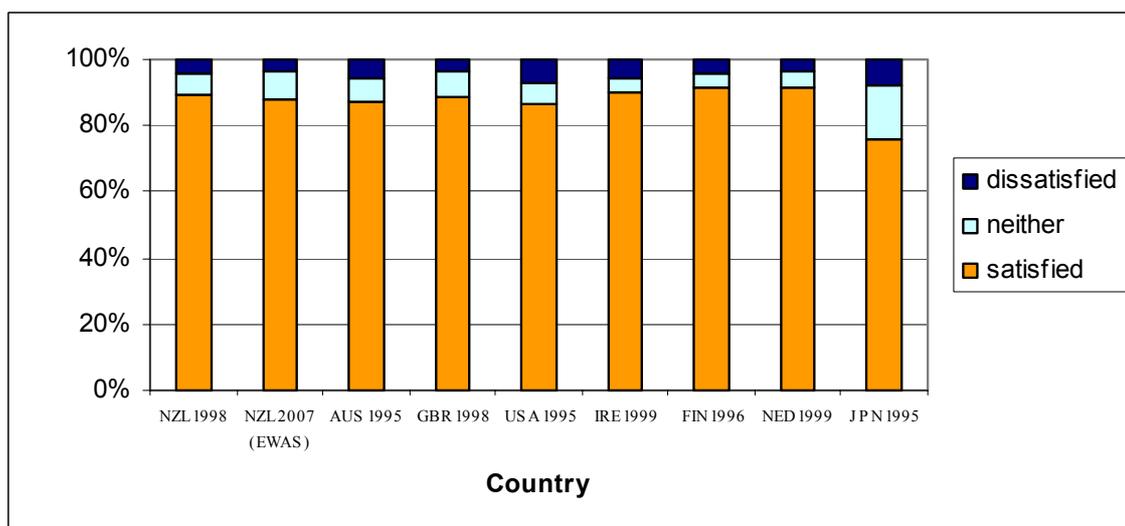
Figure II: Overall Wellbeing, by Marital Status



The level of Wellbeing in New Zealand, and among 65-84 year-olds is undoubtedly very high (88.1%), not only in 2007, but also historically. A World Values Survey undertaken in New Zealand in 1998 revealed an 89.1% level of satisfaction among the Wellbeing of 65-84 year-olds (Inglehart, 2000)..

Such a high level of overall Wellbeing is however in line with that in similar countries (see Figure III).

Figure III: Wellbeing (65-84 year olds): Comparison New Zealand with Other Countries



It is notable that New Zealand’s level of Wellbeing among older people is similar to that in Australia (1995), Great Britain (1998), and the USA (1995), but is lower than that in what might be described as more welfare-oriented societies – Finland (1996) and the Netherlands (1999). On the other hand, New Zealand’s level of Wellbeing is

considerably higher than that in Japan, where there is an absence of many policies for older people.

Ten Domains of Wellbeing – The Ministry of Social Development Model

In its annual Social Reports, though not defining Wellbeing as such, the New Zealand Ministry of Social Development repeatedly refers to a statement of the Royal Commission on Social Policy as a basis for its delineation of Wellbeing:

“[New Zealanders] have said that they need a sound base of material support including housing, health, education and worthwhile work. A good society is one which allows people to be heard, to have a say in their future, and choices in life...[they] value an atmosphere of community responsibility and an environment of security. For them, social wellbeing includes that sense of belonging that affirms their dignity and identity and allows them to function in their everyday roles” (1988, 2: 472).

Beginning in 2001, the Ministry of Social Development has published annual Social Reports setting out ten discrete components of Wellbeing, which the Ministry calls “desired social outcomes”. It is acknowledged that “the outcome domains are interconnected”, and that “doing well or poorly in one domain is often likely to impact on performance in another outcome domain” (2007:4). These ten outcome domains are:

- Health
- Knowledge and Skills
- Paid Work
- Economic Standard of Living
- Civil and Political Rights
- Cultural Identity
- Leisure and recreation
- Physical Environment
- Safety
- Social Connectedness.

While the nine original domains have only been increased to ten (with the addition of “leisure and recreation” in 2004), the measurement of these domains through social indicators has been gradually expanded with each Social Report. All of the social indicators used by the Ministry are defined as objective indicators. Thus the ten domains, the “desired social outcomes”, can be seen as subjectively defined by the Ministry in their “desirability”, while the social indicators measuring these domains are objectively defined.

In the current research, the Ministry’s ten domains of Wellbeing are used, in the interests of building on research in the area, but with the inclusion of subjective indicators of the ten domains as well as objective indicators.

Measuring the level of Wellbeing in the ten Domains

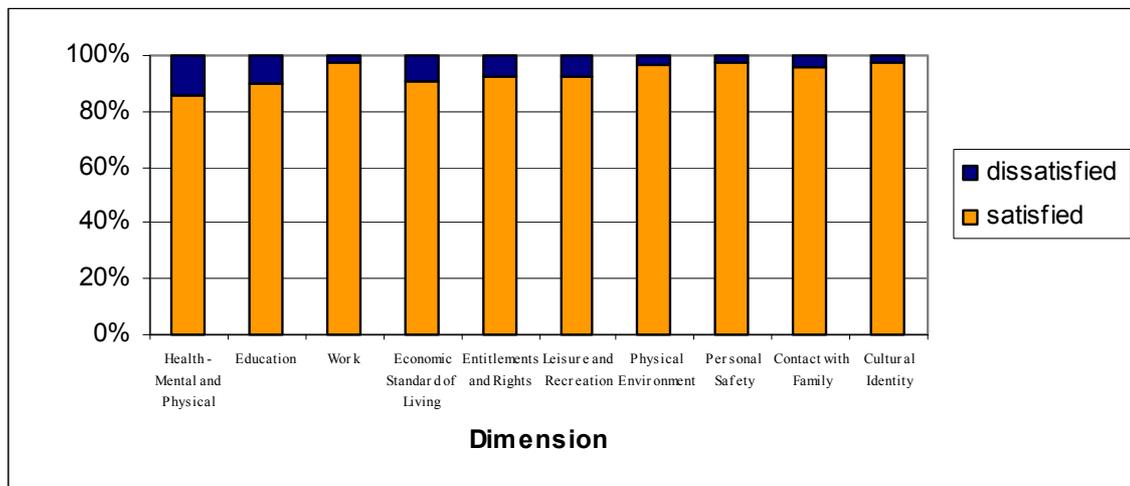
As well as establishing the level of general Wellbeing, in the first instance the research measured the level of Wellbeing on each of the ten domains. This was measured by responses to the question:

“I am going to read you a list of topics to do with your satisfaction with life, or your Wellbeing. Could you tell me whether you are satisfied or dissatisfied with each of them?”

(1=“satisfied”; 2=“dissatisfied”; 3=“don’t know”).

Figure IV shows the level of Wellbeing of New Zealand’s 65-84 year olds with each of the ten domains, as defined by the Ministry of Social Development model. It is notable that the highest satisfaction is to do with the domains of “personal safety” (97.5%), “work” (97.2%), “cultural identity” (97.2%), “physical environment” (96.9%), and “contact with family/social connectedness” (95.6%). Comparatively, the lower domains are “health” (85.9%), “education” (90.2%), “economic standard of living” (90.4%), “leisure and recreation” (92.1%), and “entitlements and rights” (92.2%), although the difference is very small in some cases.

Figure IV: Level of Wellbeing of 65-84 year olds on the Ten Domains of Wellbeing



The two domains of “social connectedness” and “economic standard of living” are now explored in more detail.

Social Connectedness and overall Wellbeing

In the above measurement of Social Connectedness, as one of the ten domains of general Wellbeing, the level of satisfaction was one of the highest levels of Wellbeing, at the 95.6% level.

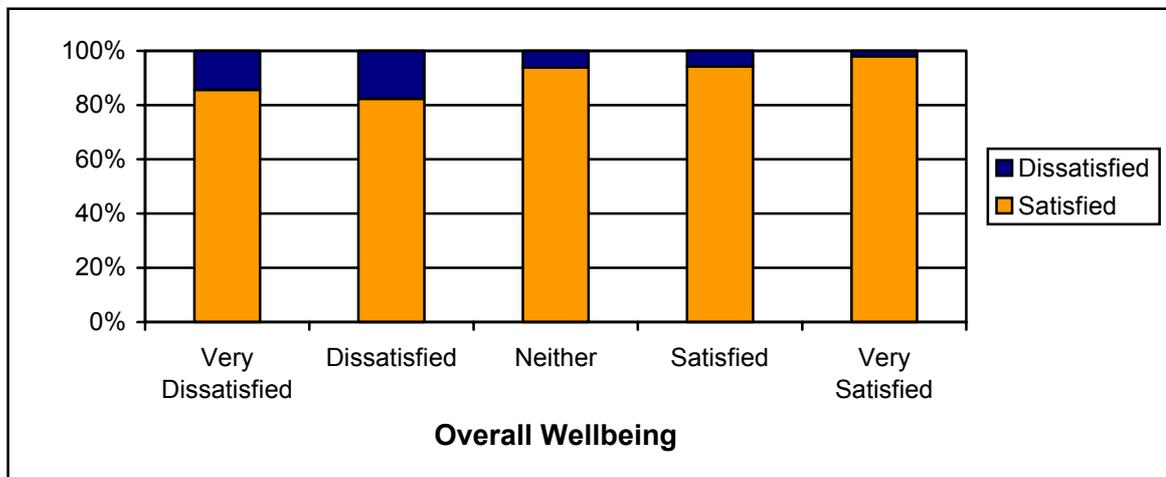
The Ministry of Social Development (MSD) defines Social Connectedness as concerning: “...the relationships people have with others...” (MSD, 2007: 108). The

idea that relationships are important to people, particularly for their Wellbeing, is generally acknowledged. Moreover, that individuals have relationships indicates that they are part of a wider social network. In this respect, Social Connectedness is integral to Wellbeing. In the 2007 Social Report, the Ministry uses five indicators of Social Connectedness, these being:

- telephone and internet access in the home
- contact with family/friends
- trust in others
- loneliness
- contact between young people and their parents.

Together, the five indicators measure the opportunities for and actual levels of connection between people. Research shows that an important aspect of Social Connectedness is the relationship people have with their family, particularly the spouse/partner and children (Litwak and Szelenyi, 1969). As discussed above, this research included a subjective indicator of Social Connectedness, namely “satisfaction with contact with family” which was measured with the question: “Could you tell me whether you are satisfied or dissatisfied with the contact with family”. Respondents answered the question with a response of “satisfied” or “dissatisfied”. Figure V shows the relationship between the satisfaction with family contact (Social Connectedness) and the reported level of overall Wellbeing.

Figure V: Satisfaction with Family Contact/Social Connectedness, by Level of overall Wellbeing



It is evident that the level of satisfaction with family contact/Social Connectedness is closely associated with overall Wellbeing. The relationship suggests that people who are more satisfied with family contact are experiencing a higher level of overall Wellbeing. However, it remains unclear to what extent the satisfaction with family contact is a driver of overall Wellbeing, when compared to the other nine dimensions.

Social Connectedness and its Determinants

The connection between Social Connectedness (as measured by “satisfaction with family contact”) and its determinants was also considered. While the results showed that there is no association between satisfaction with family contact and age, gender,

educational level, or ethnicity, there was a significant association with marital status and with health (see Figures VI and VII).

Figure VI shows that widowed older people are more likely to be satisfied with their level of Social Connectedness, as measured by “satisfaction with family contact”, than those with partners, the divorced or the single. While those who are partnered have a very high level of satisfaction with their Social Connectedness, there is clearly a lower level of satisfaction among those who are divorced or single.

Figure VII shows a high level of social connectedness being associated with a high level of health (“very good”, “excellent”), and alternatively a lower level of Social Connectedness with a lower level of health (“poor” and “fair”). In this respect, the causality between contact with family and health can go both ways: family contact can negatively influence a person’s health; however having a poor health status also influences the opportunities a person has to interact with others.

Figure VI: Satisfaction with Family Contact/Social Connectedness, by Marital Status

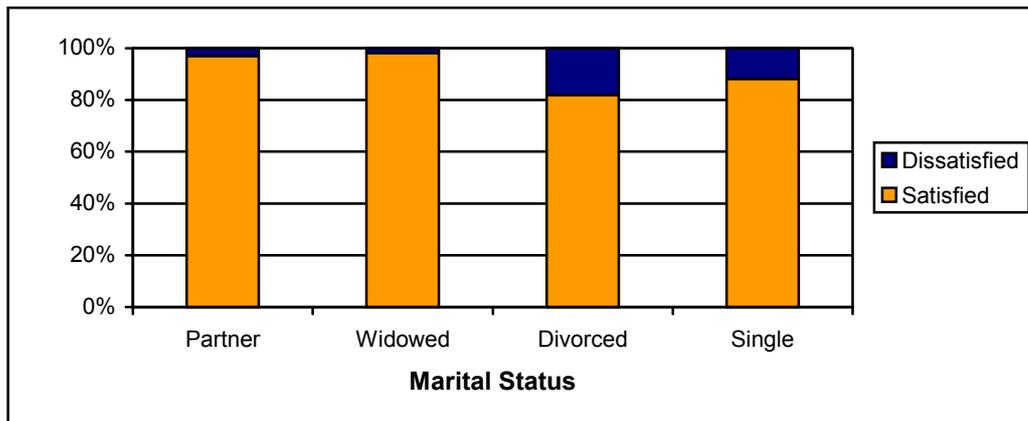
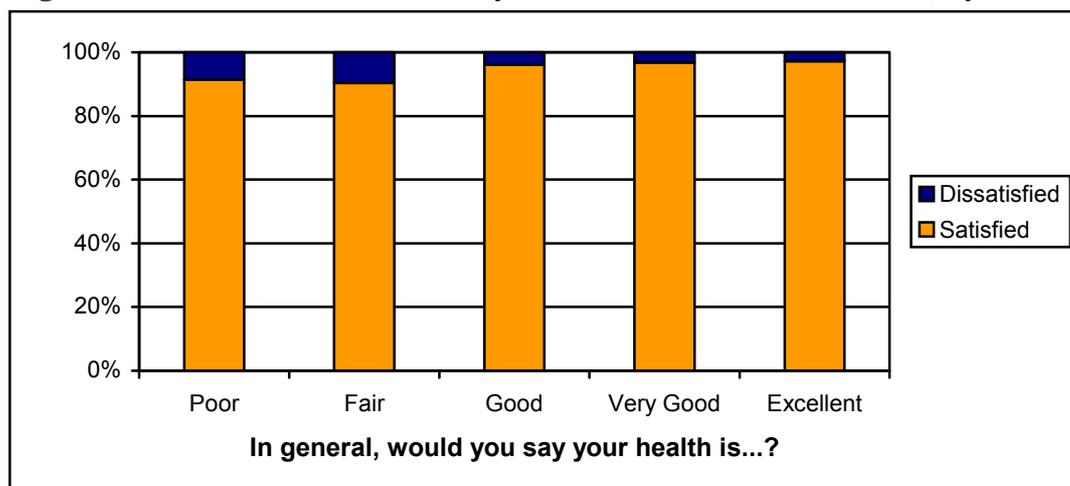


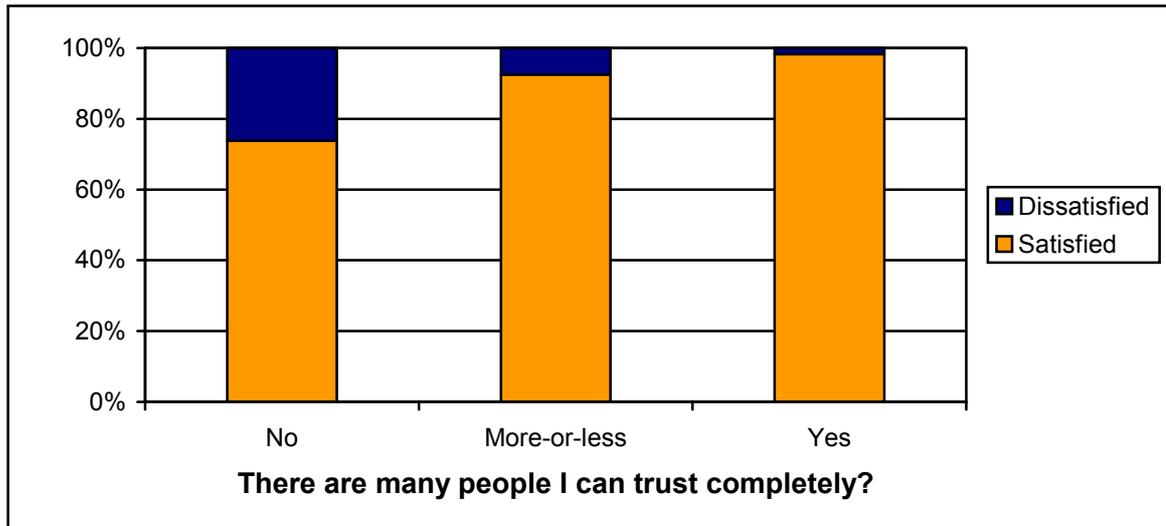
Figure VII: Satisfaction with Family Contact/Social Connectedness, by Health



What Drives Satisfaction with Family Contact/Social Connectedness?

The research reported on here investigated the association between four indicators of Social Connectedness (MSD, 2007): internet access, trust in others, actual contact with family, and level of loneliness. Only the association between “trust in others” and the level of Social Connectedness was found to be significant, which confirms that there is a high level of association between satisfaction with family contact/Social Connectedness and the level of trust one has in others (see Figure VIII).

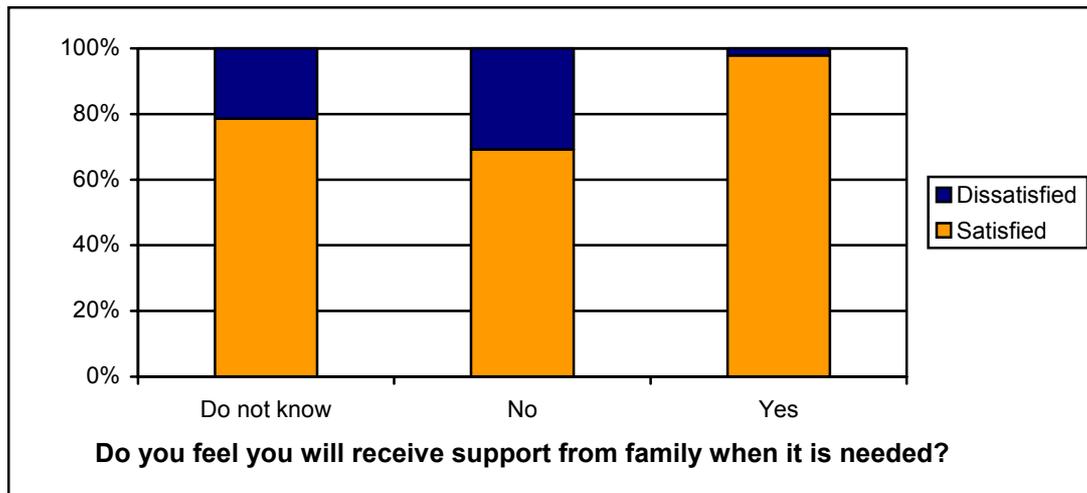
Figure VIII: Satisfaction with Family Contact/Social Connectedness, by Trust in Others



Support from family

Closely related to family contact, which refers to structural aspects of relationships, is “support” which is concerned with the function of relationships. The current research was also interested in subjective indicators of Wellbeing, and therefore included a question relating to the perception of receiving support from the family, i.e. whether the 65-84 year-old believed that they would receive support from their family when it is needed. Figure IX shows clearly that such a perception can lead to a high level of “satisfaction with family support/Social Connectedness” in itself. Thus the level of Social Connectedness may be supported by a belief that there is family support in existence, when in fact this may not be the case. Overseas research has shown that family relationships are not only characterized by mutual support and value consensus, but also family problems and conflict (Van Gaalen & Dykstra, 2006). This has been defined as ambivalence, referring to contradictions in roles and norms on the one side and emotions and motivations on the other side (Lüscher & Pillemer, 1998). Further analysis of the New Zealand data needs to be undertaken to ascertain if the reported perception of family support can also lead to contradictions in family roles as reported in the overseas research.

Figure IX: Satisfaction with Family Contact/Social Connectedness, by Perceived Support from Family



ECONOMIC STANDARD OF LIVING (ESL)

The Ministry of Social Development (MSD) defines Economic Standard of Living as: “...*the physical circumstances in which people live, the goods and services they are able to consume and the economic resources they have access to...*” (MSD, 2007: 54). To measure Economic Standard of Living, MSD uses five objective indicators, these being:

- market income per person
- income inequality
- population with low incomes
- housing affordability
- household crowding.

It is possible to reproduce some of these objective indicators with the data from this research. However, they are only useful at the aggregate level and, with the possible exceptions of housing affordability and household crowding, do not tell us much about the individual Economic Standard of Living of older people. Therefore in this paper we are more concerned with subjective measures of Economic Standard of Living, such as:

- satisfaction with Economic Standard of Living (as one of the ten domains of Wellbeing)
- adequacy of income
- whether the household has gone without basic or essential items of expenditure.

In measuring satisfaction with Economic Standard of Living, as noted previously, respondents could indicate that they were either “satisfied” or “dissatisfied”. Figure X shows the relationship between this measure and respondents’ reported level of overall Wellbeing.

Figure X: Satisfaction with Economic Standard of Living, by Level of Overall Wellbeing

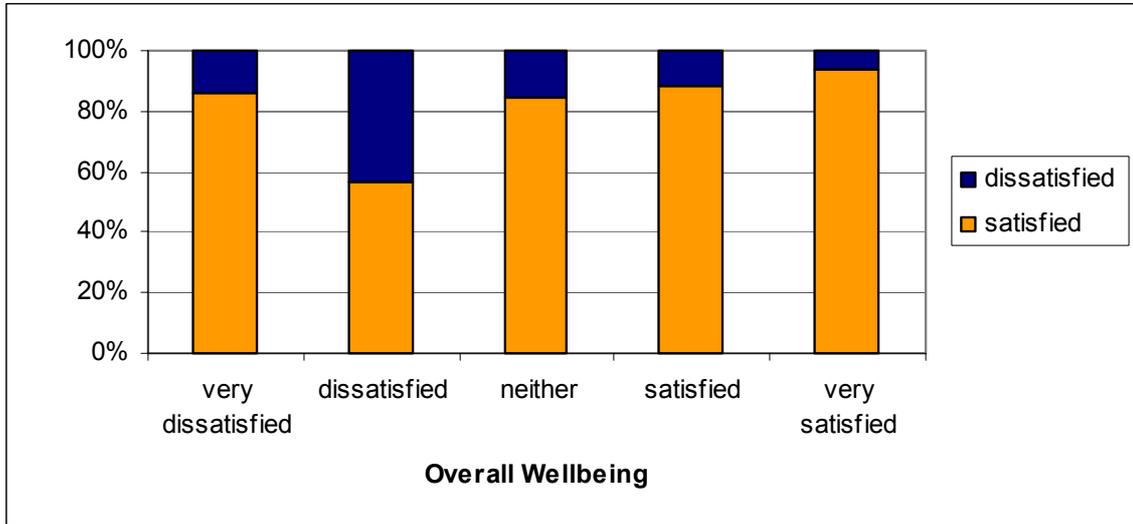


Figure X demonstrates a fairly clear relationship between the level of overall Wellbeing and satisfaction with Economic Standard of Living. In fact, the relationship is highly statistically significant (Fisher’s exact < 0.001), and suggests that people with a higher satisfaction with their Economic Standard of Living are experiencing a higher level of overall Wellbeing. In other words, if older people’s satisfaction with their Economic Standard of Living were to increase, it is likely that their overall Wellbeing would improve. Yet despite this close association between Economic Standard of Living and the level of overall Wellbeing, it is unclear as to what extent satisfaction with Economic Standard of Living is a driver of overall Wellbeing, when compared to the other nine dimensions. This is an important point worthy of future consideration.

Satisfaction with Economic Standard of Living and its Determinants

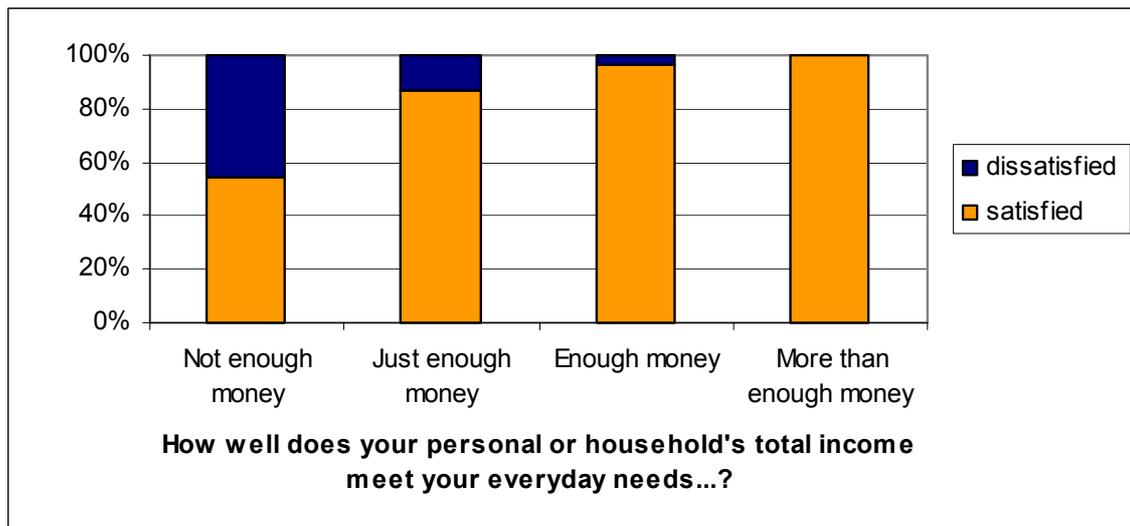
The connection between satisfaction with Economic Standard of Living and its potential determinants was also considered. The analysis showed that there was no statistical association between satisfaction with Economic Standard of Living and age, gender, marital status, or ethnicity.

As noted above, satisfaction with Economic Standard of Living is a subjective measure, and is presumably driven by subjective indicators of income and wealth. Respondents were therefore asked to identify the adequacy of their current income with the question: “How well does your personal or household’s total income meet your everyday needs?” to which they could respond that they had “not enough money”, “just enough money”, “enough money”, or “more than enough money”. This provided a subjective measure of the adequacy of the respondents’ income.

Figure XI shows the relationship between self-reported adequacy of income and satisfaction with Economic Standard of Living. This relationship is also highly

statistically significant (Fisher's exact < 0.001). It seems likely therefore that the satisfaction of older people with their Economic Standard of Living might be improved if the adequacy of their income increased. However, there is no reason to believe that the causality is one way, ie from adequacy of income to Economic Standard of Living. It could well be that older people believe their income to be insufficient when it does not enable them to maintain their 'expected' Economic Standard of Living, such that a lower satisfaction with Economic Standard of Living would result in lower perceived adequacy of income. This is a research question that will need to be considered in future work.

Figure XI: Satisfaction with Economic Standard of Living, by Adequacy of Income

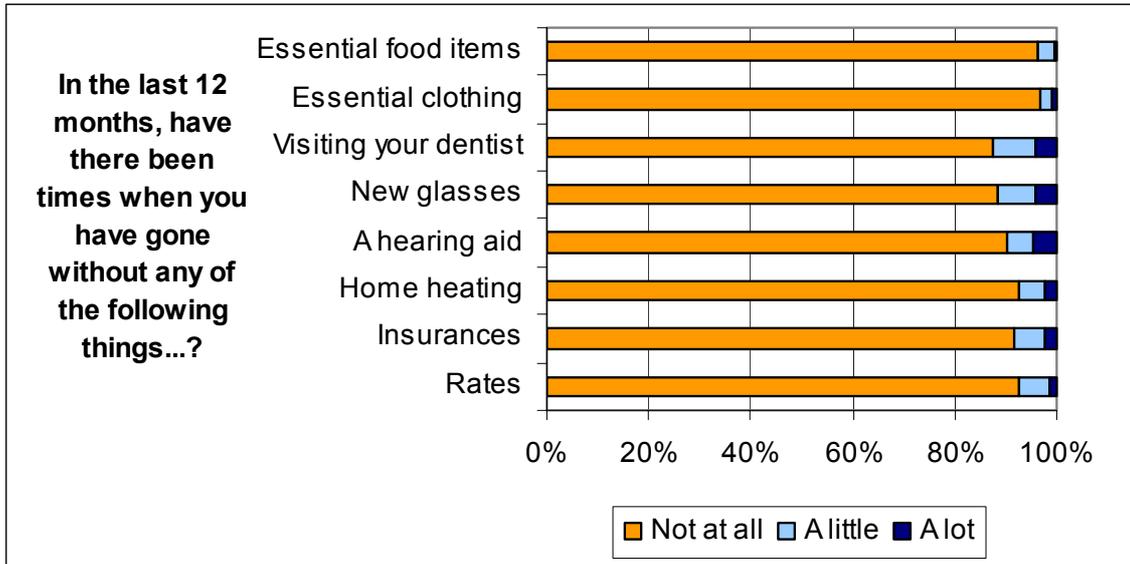


The Consequences of Income Inadequacy

The above analysis shows that it is important to consider how the inadequacy of income might impact on older people, and leads to further questions. For instance, what aspects of their lifestyle are older people most likely to make compromises on when their income is inadequate to meet their needs? Respondents were asked: "In the last 12 months, have there been times when you have gone without any of the following things?" and were asked with respect to eight categories of expenditure, each of which might be seen as important for the lifestyle and wellbeing of older people. The results are presented in Figure XII.

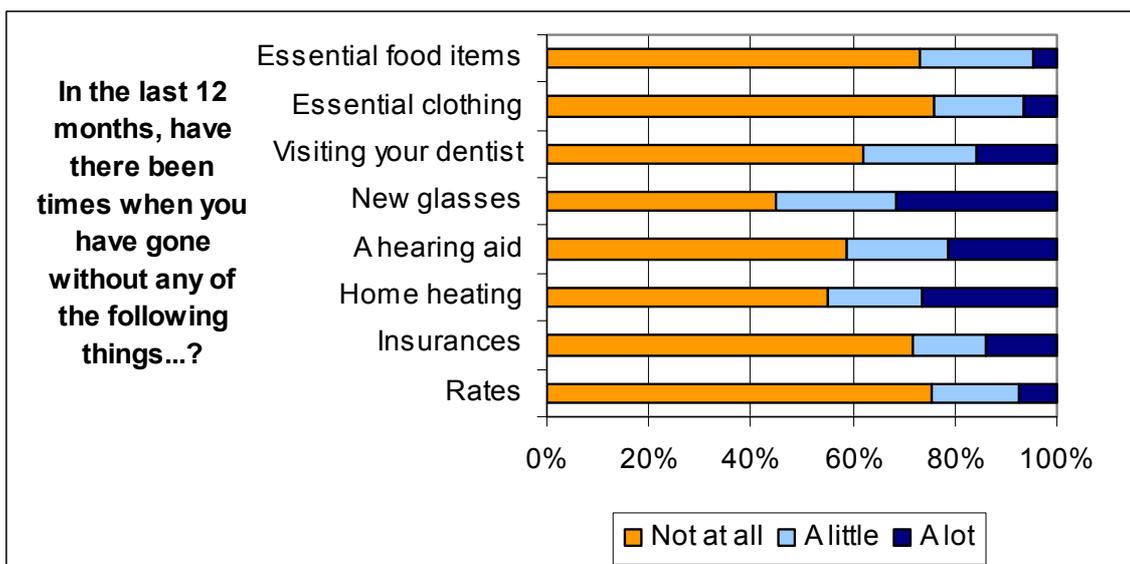
The results demonstrate that, given an inadequate income, older people were most likely to forego health expenditure, such as visits to the dentist, new glasses, or a hearing aid. This may well be a contributing factor to their satisfaction with health being the lowest rated of the dimensions of Wellbeing (see Figure IV).

Figure XII: Consequences of Income Inadequacy



However, when only the behaviour of the ‘poorest’ older people is considered (evaluated subjectively as those having “not enough money”), the picture changes. As shown in Figure XIII, those who self-identified as having inadequate income were still very likely to forego health expenditure, but were also very likely to forego expenditure on home heating. Essential food and clothing expenditure was also much more likely to be foregone relative to other expenditure items, when compared to the sample as a whole.

Figure XIII: Consequences of Income Inadequacy, for those with ‘Not Enough Money’

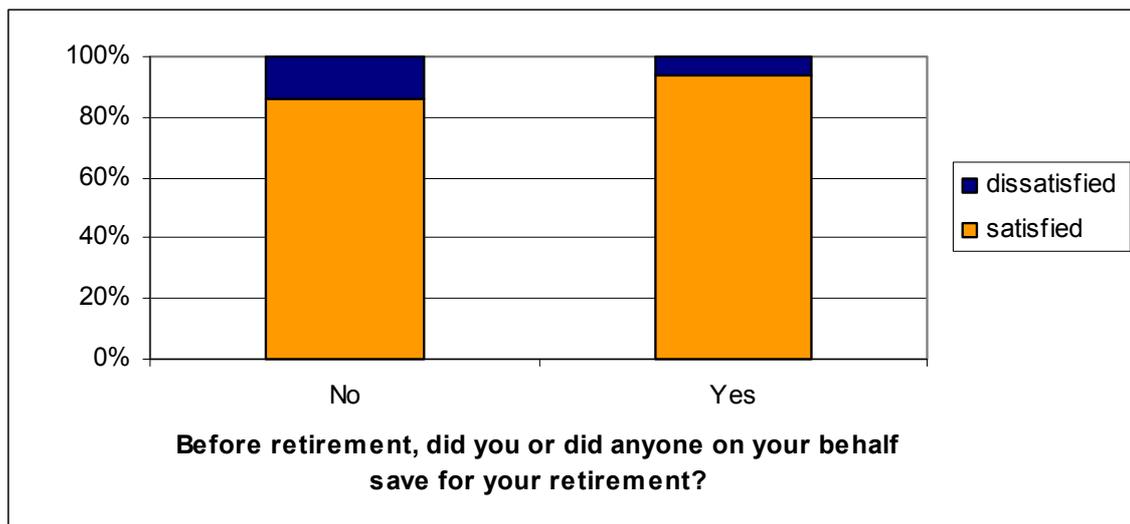


Improving Satisfaction with Economic Standard of Living

Economic Standard of Living would appear to be one area where government policy could have an immediate and sustained impact on wellbeing, provided the objective targets of government policy (income, wealth, savings, etc.) are able to translate into improvements in satisfaction with Economic Standard of Living and hence improvements in overall Wellbeing.

One policy initiative for improving Wellbeing in retirement that has received considerable attention over the last decade has been retirement savings (e.g. see Scholz et al., 2006; Alan et al., 2007). The survey questionnaire includes a number of questions on the impact of retirement savings and subsequent satisfaction with Economic Standard of Living. Among these, respondents were asked: “Before retirement, did you or did anyone on your behalf, save for your retirement?” The results and the association with satisfaction of Economic Standard of Living are presented in Figure XIV.

Figure XIV: Satisfaction with Economic Standard of Living, by Retirement Savings



The results are highly statistically significant (Fishers exact = 0.003). Those who had saved for their retirement were significantly more satisfied with their Economic Standard of Living, compared to those who had not saved for their retirement. This result is perhaps not surprising, but is certainly important in terms of its policy implications. If retirement savings can generate increases in satisfaction with Economic Standard of Living, this could well be a useful avenue for increasing the overall Wellbeing of older people in New Zealand.

WHERE TO FROM HERE?

While the reported findings are only the preliminary results from a sub-sample of 832 respondents aged 65-84 years, and only two aspects of Wellbeing have been considered, already there are some clear indicators of the varying levels of Wellbeing, along with a delineation of the relative importance of some of the determinants being more or less important determinants of this Wellbeing. The research clearly shows

that New Zealand continues to have a high level of Wellbeing among its older people, with a strong positive association between this high level of Wellbeing and their level of Social Connectedness. Economic Standard of Living does not however have such a positive association with Wellbeing, nor is the association so clear. On the other hand, satisfaction with Economic Standard of Living by itself is very closely related to the level of retirement savings.

With respect to Social Connectedness there are also many questions still to be explored, including:

- how important is Social Connectedness as a contributor to overall wellbeing, compared with the other nine dimensions?
- how important are subjective measures (trust, level of loneliness and perception of receiving support) in generating Wellbeing?
- to what extent are subjective measures of Social Connectedness related to objective measures (amount, frequency and type of contact)?

Similarly with respect to the Economic Standard of Living and its association with Wellbeing, further analysis will need to include consideration of:

- how important is Economic Standard of Living as a contributor to overall Wellbeing, compared with the other nine domains?
- how important are retirement savings in generating Wellbeing, and does it matter what form the savings are in?
- to what extent are the subjective measures of Economic Standard of Living related to objective measures? ie. can we improve Wellbeing by increasing incomes, wealth, savings, etc.
- where can programmes be targeted to improve Wellbeing?

At a wider level, further analysis of the ten domains of Wellbeing will be undertaken as separate domains, as well as in relation to other Wellbeing domains. For example, to what extent does each of the ten domains contribute to overall Wellbeing, and have other domains been left out?

Other causal indicators of Wellbeing will also be considered, such as the:

- life history events (past occupation; what they were doing at 40+)
- forms of planning for older years (savings)
- expectations for older years (accommodation)
- extent of Wellbeing explained, and, again, what dimensions of Wellbeing might have been overlooked.

This research programme includes two surveys, that of the 65-84 year-olds (reported on here) and also that of the 40-64 year-olds (yet to be interviewed and reported on). The research plans to compare the two cohorts on all the parameters already mentioned, these being the:

- level of general Wellbeing and dimensions of Wellbeing
- causality of general Wellbeing and dimensions of Wellbeing
- inter-relationships between general Wellbeing and dimensions of Wellbeing re level and causality
- inter-relationships between general and dimensions of Wellbeing, and life history events

- inter-relationships between general and dimensions of Wellbeing, and forms of planning for older years
- inter-relationships between general and dimensions of Wellbeing, and expectations for older years.

Finally, with the data collected and analysed it is hoped to consider the means of enhancing Wellbeing among older people, such as:

- how the Wellbeing of older people is constructed (how they see themselves and their future), and
- how Wellbeing of older people might be enhanced.

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