

Te Kōrero mō ngā Kaumātua

Exploring the context
of older people in
Aotearoa New Zealand



New Zealand Council Of
Christian Social Services

nzccss.org.nz



Inoi me te whakatapu

Kia tau ngā manaakitanga
a te mea ngaro
ki runga ki tēnā, ki tēnā o tātou
Kia mahea te hua mākihikihi
kia toi te kupu, toi te mana,
toi te aroha, toi te Reo Māori
kia tūturu, ka whakamaua
kia tīna! Tīna!
Hui e, Tāiki e!

Let the strength and life force
of our ancestors
Be with each and every one of us
Freeing our path from obstruction
So that our words, spiritual power,
love, and language are upheld;
Permanently fixed, established
and understood!
Forward together!

This guide is dedicated to our tūpuna - those who raised us, those who guided us, those who taught us to venerate and honour our kaumātua.

It is dedicated to those who came before us, whose shoulders we stand on as we present this iti pounamu | little treasure to the world.

It is dedicated to the founders of our organisation, who came together explicitly to address the challenges facing our communities of older people. Challenges we continue to face today.

Ko wai tātou | Who we are

The New Zealand Council of Christian Social Services (NZCCSS) represents more than 230 member organisations providing a range of community, health and social support services across Aotearoa. These organisations include some of the most recognised and highly regarded names in social service provision, and all are world famous in their in own rohe.

Their mahi informs our deep understanding of the everyday lives of New Zealand communities as we work towards achieving a just and compassionate society for all. We see this work as an extension of the mission of Jesus Christ, which we seek to fulfil through our commitment to giving priority to the systematically disempowered, and to Te Tiriti o Waitangi.

NZCCSS comprises six members: the Anglican Care Network, Baptist Churches of New Zealand, Catholic Social Services, Presbyterian Support and the Methodist and Salvation Army Churches. Nationally, the range and scope of our member networks is extensive. Around 230 separate providers in 55 towns and cities throughout New Zealand deliver 37 types of services through 1,024 programmes. Members employ over 5,000 full-time staff, 7,000 part-time staff, and co-ordinate almost 16,000 volunteers.

Our work is focused in three policy areas – Equity and Inclusion, Children and Families, and Older People. For each area, we have a specialist working group made up of leaders of service organisations from across the country who provide up-to-date knowledge of experiences and need in their communities. We call these groups ‘Policy Groups’.

This knowledge, along with input from the representatives of Council’s six members, informs our mahi of providing research, representation, connection, good practice dissemination, policy advice / information and advocacy services for our members.

We have researched and consulted widely in compiling this guide to provide a picture of the context of older people in Aotearoa. In sharing this information, our aim has been to provide a resource that will allow people a start place from which they then continue to build upon.

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Te Kōrero mō ngā Kaumātua: Exploring the context of older people in Aotearoa New Zealand

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Kupu whakataki mai i ngā Rangatira | Introduction from our leaders

Kia ū ki tōu kāwai tūpuna, kia mātauria ai,
i ahu mai koe i hea, e anga ana koe ko hea.

Trace out your ancestral stem, so that it may
be known where you come from and where
you are going.

How a society values its older people, says a lot about the society. Across the last five decades, the New Zealand Council of Christian Social Services (NZCCSS) has taken up the wero of reminding our society to value all older people. We remain keenly aware that originally NZCCSS emerged to advocate for the needs of older New Zealanders. As the whakataukī above highlights, we know where we have come from, and this guide supports knowing where we are going.

The context of older people has always been relevant, but with changing demographics, a deeper understanding is becoming increasingly urgent. This guide was commissioned to provide readers with an accessible way to gain that understanding, as a guidepost to current knowledge and to highlight the persistent challenges faced by our older people, and those that serve them.

NZCCSS exists to work towards a more just and compassionate society for all across Aotearoa. We do so as an expression of our faith, as an extension of the mission of Jesus Christ, and our commitment to honour the articles of Te Tiriti o Waitangi. On behalf of NZCCSS, it is our pleasure to share this guide with you. We hope that you find it useful.

Bonnie Robinson

Co-President
MNZM

Renee Rewi

Co-President
Ngāti Whare, Ngāti Manawa, Ngāti Whakaue,
Ngāti Rangiwewehi, Tūwharetoa, Tainui, Ngāpuhi
LLM, LLB Waikato
Barrister and Solicitor of the High Court of NZ
Justice of the Peace (JP)

Horopaki mai i tō mātōu Kaiwhakahaere | Context from our Kaiwhakahaere Matua

Wisdom is with the aged, and
understanding in length of days.

Job 12:12

When you think of an older person, who do you see in your mind? Is it a family member? A neighbour? Someone in your community?

Do they have value to you? Do you respect them? What is their place in your world? What is their place in our society?

As the proportion of our society that is older grows, it is crucial that we all have a good understanding of the context of ageing in Aotearoa.



This context needs to be reviewed through a holistic lens, and at a societal and community level. Although we have known that our societal demographics were changing, we seem to have done little of the mahi to be ready for it.

It is common for those advocating for older people to talk about the contributions those at this life stage have and continue to make. These include through the workforce, volunteerism, with knowledge, through taxes, community work, and many more examples. These contributions are held up as a foil to being seen as a burden, no longer useful or as a cost to the state. But surely as a community and as a society this contribution should not matter? People have inherent value, and that value should not have to be quantified in order to ensure that basic human rights and needs are met. For those who have empathy, this will not be a foreign idea, and nor will it be new thinking for many who have faith, cultural expectations around ageing or who are naturally generous.

And yet our shared value of care doesn't seem to translate into action. Treasury's first major report into our national wellbeing **Te Tai Waiora**¹ was published in 2022, and many headlines made a point of saying "most" older New Zealanders were doing very well. However, it also made the clear point, that those without home ownership were increasingly facing material hardship – particularly those with low incomes and low wealth. In June 2023, the Minister for Seniors advised a select committee² that 40% of older New Zealanders did not own their own home, and that this was expected to rise to 50% over the coming 10 years. I'll leave the reader to connect the two.

Further, loneliness remains a huge challenge for older New Zealanders. As our society changes how we interact, particularly in relation to technology, we actively

need to consider the impacts on all people. Older New Zealanders deserve to be treated as taonga, loneliness is the last battle that we would wish anyone to fight as they age. We need to consciously battle this as individuals and communities, but we also need to commit to this structurally. How we design our public spaces and housing, our legislation and policy, the funding we allocate and the energy we put into initiatives are all ways to actively combat loneliness, and show value for our older citizens.

This guide offers a start point to readers, to gain a good grounding in the strengths, knowledge, issues and challenges that exist in relation to older people. On the one hand, we have wonderful research, clear legislation and innovative practices. On the other, infrastructure, workforce and funding are in crisis. The issues faced in relation to supporting older New Zealanders are the same faced across the health, community and social services, irrespective of the age of the cohort. But are compounded by a lack of urgency, profile and action. These issues are largely out of alignment with how New Zealanders like to see themselves, or what we perceive are our values in relation to caring for our older people.

We need urgent action to challenge the structural issues facing our older people. The time is now.

Ngā mihi nui,

Nikki Hurst

Kaiwhakahaere Matua Executive Officer

¹ <https://www.treasury.govt.nz/publications/wellbeing-report/te-tai-waiora-2022>

² https://www.parliament.nz/resource/en-NZ/53SCSS_EVI_c8ae4ce6-862f-46f6-da4c-08db57de42b0_SS7133/c96db9ebd92a9fb56e6aa7972dfffc8da51c231

How to use this guide

This guide exists to support readers to gain a general overview of the context of older people in Aotearoa. It is in no way a definitive guide, rather it was created to share a good overview of the world of older New Zealanders, and the systems and structures that exist.

It's a beginner's guide to everything available (and not available) for older people in New Zealand. While readers can sit down and read from cover to cover, the intention was to summarise and direct readers on to other information – sometimes more detailed, sometimes more specific.

It provides easy-to-read information with links to more in-depth information if people want to explore more - it is designed to be dipped in and out of.

The information itself is presented into chapters around the four principles of Te Whāriki:

Whakamana | Empowerment

Rights, legislation, government departments, advocates, key strategies and approaches.

Kotahitanga | Holistic development

Holistic approaches, therapies and practices, research and resources.

Whānau Tangata | Family, whānau and community

Place in society and ageism, place in communities, aged care continuum, place in whānau.

Ngā Hononga | Relationships

Social issues, workforce, education and training.

Within these chapters we direct readers to what we know, where to find more or where we have found information. We have also made note of where we see gaps, challenges and coming issues. These gaps are summarised at the back of this report, to support clarity and highlight our hope for change. We close this guide with what we as an organisation plan to do next - and how to be involved.

Te Whāriki

As humans we love to sort and arrange things, and frameworks are a useful tool to allow us to do this. They help us arrange complex ideas and information into more accessible formats.

They ask us to consider the connections between things, and why we are sorting things the way that we are. They can be general or specific, and the best frameworks can be utilised in a range of ways, across a range of settings.

Te Whāriki has been designed for and applied to our pēpē | babies and tamariki | children since its inception, and yet the kaupapa of the principles and strands are universal.

There is no point at which people - or communities for that matter - grow out of a need for empowerment, or for consideration to be given to belonging. We all require holistic development to grow, and our quality of relationships deeply impact our wellbeing.

Woven across these foundational principles are the strands, which could also be understood as needs - our general wellbeing, to contribute, to belong, to communicate and to explore our worlds.

Here at NZCCSS, we know that the work we do aspires to support each of these principles and strands. And more importantly, we know that the work our member organisations are grounded in these kaupapa. We also know that having a common language, with a strong evidence base, is a useful resource for shared progress.

Te Whāriki me ngā Kaumātua | Te Whāriki and Older People

Holistic approaches allow us to consider all aspects of a person. They require us to have a good understanding of the different domains of personhood, and how they impact on wellbeing.

Holistic approaches can be applied at a personal, community or even social level, and are key to how community, health and social development is practiced in Aotearoa.

However, there is no clear or specific framework, tool or approach that is regularly applied to working with older people. There are many theories and practices that relate to specific aspects of older people's lives. There are also many holistic models that are useful (some common examples include Whare Tapa Whā, Te Vaka, the Meihana model).

In considering the most appropriate way to frame this report, we wanted a way to ensure that we considered all aspects of a person but were also able to do so at a range of levels. We wanted to be able to share things that work in specific contexts, but also talk about community and local level initiatives. We wanted to share systems, structures and national initiatives, legislation and policy. Crucially, we wanted to be able to cross-check this information against the impact on a person.

We decided that Te Whāriki – while previously used with younger New Zealanders – would allow us a strong, evidence-based and deeply New Zealand framework

to shape our report. By its nature it requires high level thinking but allows for a range of uses depending on the information. It has allowed us to group concepts, and ensure we have good coverage of all aspects relevant to our kaupapa. And it will give us a language through which to discuss what we find.

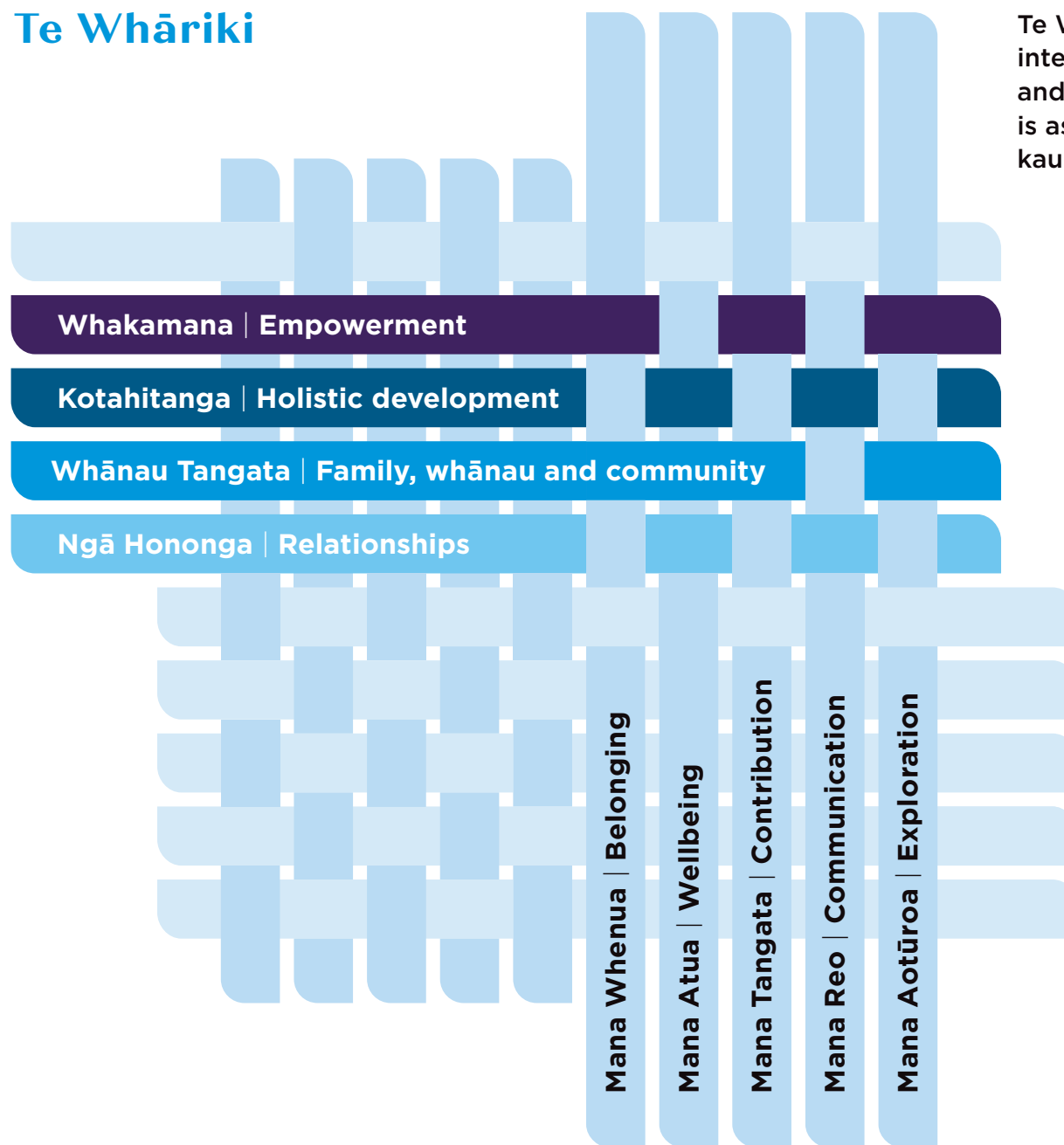
We think that Te Whāriki gives us the chance to make it clear that the health and wellbeing of our older people relies on the strength of weave. Sadly, there are many gaps in the weave that urgently need strengthening. However, there are also many areas that could create healthy tension and deeper strength, as well as achieve better outcomes for our kaumātua across the motu.

As such, we have chosen to use Te Whāriki as a device to help us share with you the context of older people in Aotearoa. In using Te Whāriki, we have a confidence that we are addressing all aspects relevant to, and impacting on the lives of older people. We have a framework that ensures nothing is missed, and we are also able to rely on it having been widely understood and accessible to a range of audiences. We also think it would make a powerful assessment and evaluative tool, but will save that kōrero for another day.

Te tautuhi i Te Whāriki | Defining Te Whāriki

Developed by the early childhood education sector over twenty years ago, Te Whāriki is highly practical, highly researched framework designed to ensure holistic practice.

Te Whāriki



Te Whāriki (the woven mat) operates as a set of interlocking principles and strands. These principles and strands combine to provide a framework which is aspirational, specific, reflective and unique to the kaupapa / area in which it is applied.

‘The 4 broad principles of Te Whāriki are:

Whakamana | Empowerment – [people] will be empowered to learn and grow.

Kotahitanga | Holistic development – [people] learn and grow in a holistic way. Their intellectual, social, cultural, physical, emotional and spiritual learning is interwoven across all their experiences.

Whānau tangata | Family, whānau and community – [people’s] family, whānau and community are recognised as part of their... experience.

Ngā hononga | Relationships – [people] learn through positive relationships with people, places and things.

While the Five strands are:

Mana atua – wellbeing

Mana tangata – contribution

Mana whenua – belonging

Mana reo – communication

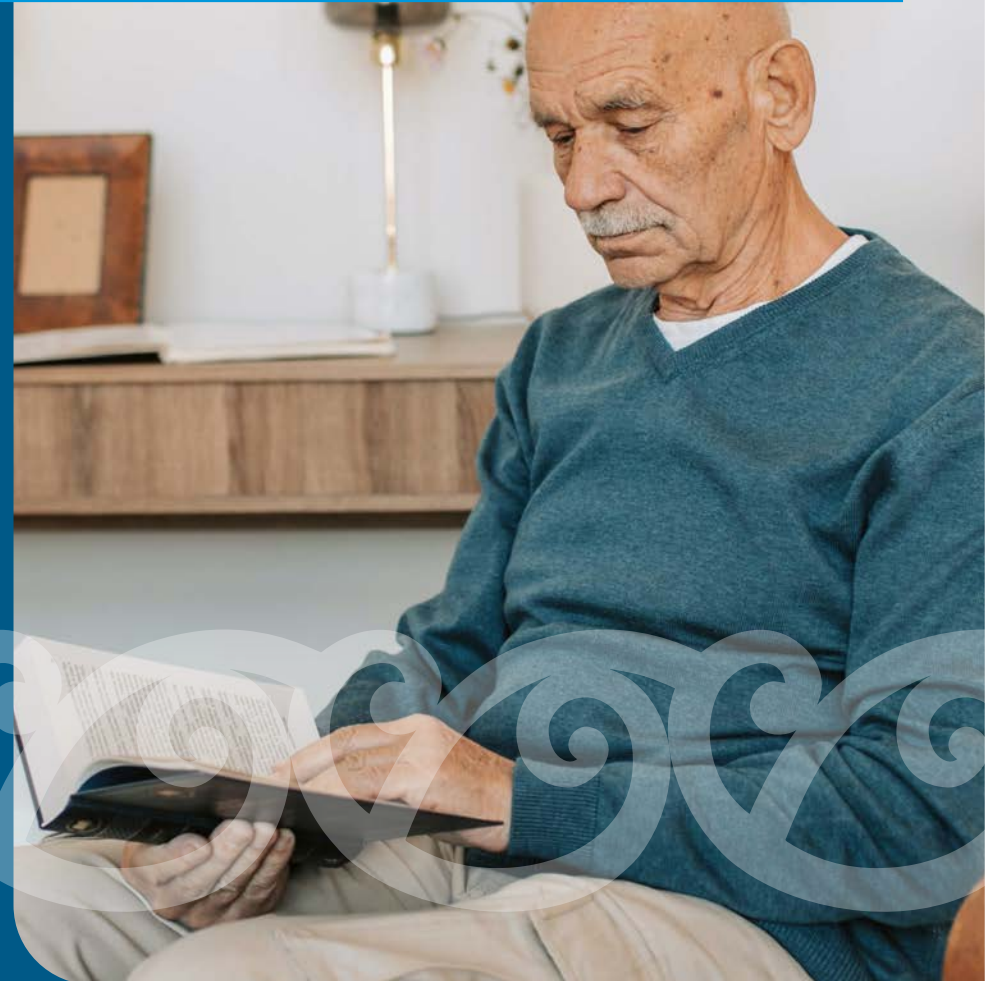
Mana aotūroa – exploration

(Ministry of Education, 2022).

Ko wai ō mātou kaumātua? | Who are our older people?

Internationally, there are many ways to define who are our older people. It can be linked to chronological age, health status, or capacity to contribute to the community.

The United Nations defines Older Persons as those aged 60 and over, internationally that encompasses approximately 670 million people, approximately 12% of the global population.



Gerontologists - those that study the varied components that make up ageing - often break the category of “old age” down into further subcategories to reflect the changes in physical, psychological, and cognitive wellbeing that occur as someone ages.

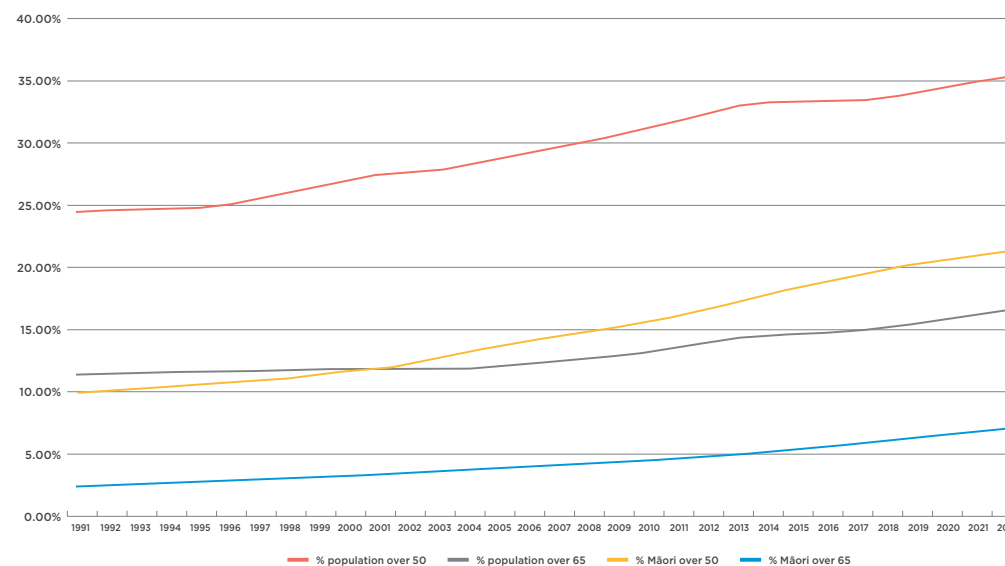
Although the categories are not universally set, the common concepts are that of a “young-old” category of about 60 to 70-75, a “middle-old” category of about 70-75 to 80-85, and an “old-old” category for all those above the middle-old bracket.

Here in Aotearoa, we largely define older age as beginning when an individual turns 65, as it is linked to our superannuation eligibility.

Health inequalities stemming from colonisation and systemic racism have resulted in Māori having a reduced life expectancy of approximately seven years, as well as higher incidence of earlier disability. These factors have combined to adjust the threshold for classifying Māori as “old” to 55 instead, although this is not reflected in their eligibility for superannuation. Based on statistics from the end of 2022, 35.2% of the overall population was over 50, and 16.54% was over 65, reflecting a reduction of approximately half between these age cohorts. In Māori, 21.3% were over 50, while only 7.09% were over 65, reflecting a reduction of two thirds.

This graph shows how the total population percentage of people aged 50+ and 65+ has changed over the past 30 years.

Percentage of Population in Older Cohorts from 1991 onwards

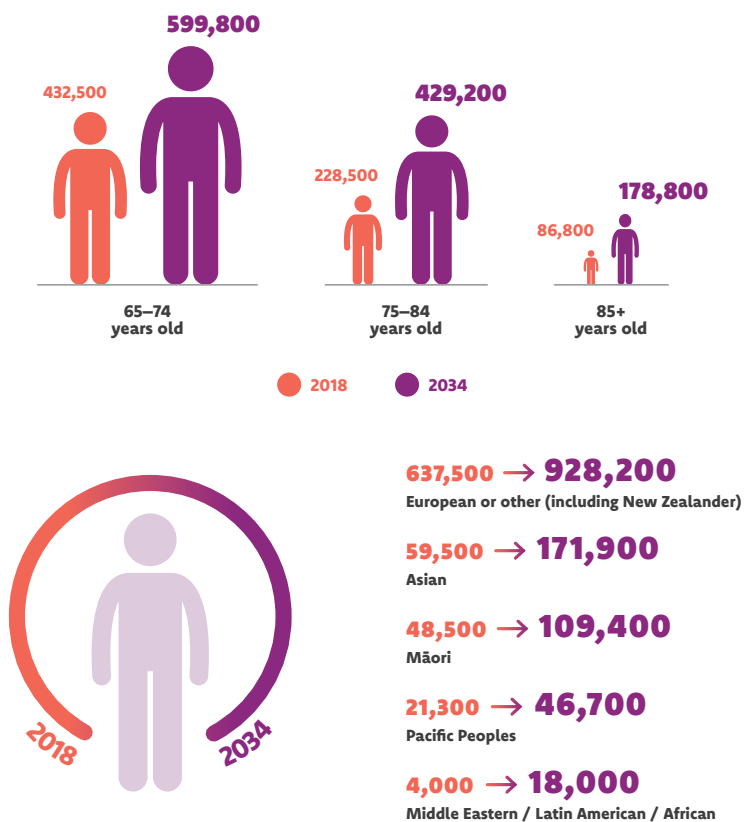


It is also worth noting that most demographic data for this age group focuses on the most recent census (2018), and projections. A major reason for this was the small sample size of the 2018 census, but also that with an ageing population we are deeply interested in what might come next.

With that in mind, below are current and projected estimates for common demographic groupings. We think that this forward-thinking approach is crucial, and these images really help support people to understand a key point of this report – we need to take more action, now, to support our increasing numbers of older New Zealanders.

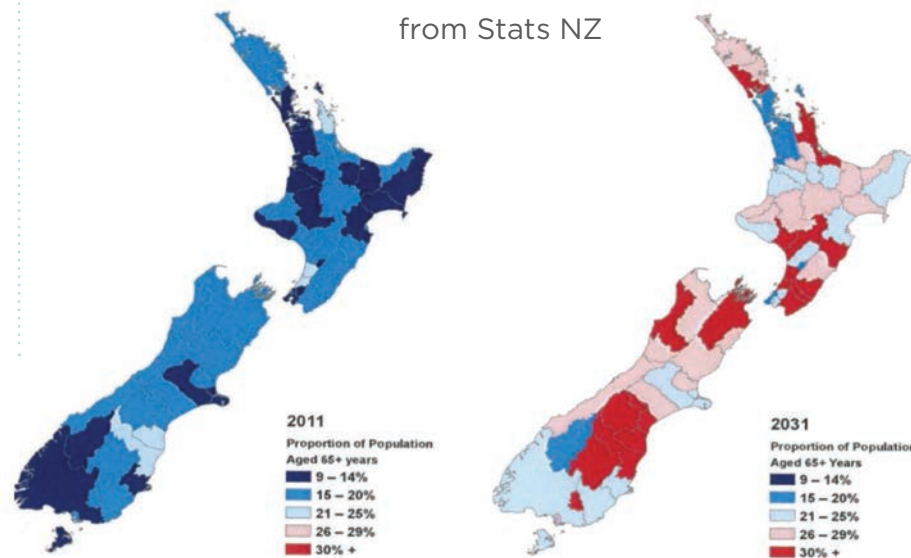
Gender and Ethnicity projections

from the Ministry of Social Development's Better Later Life Strategy



Geographic Spread projections

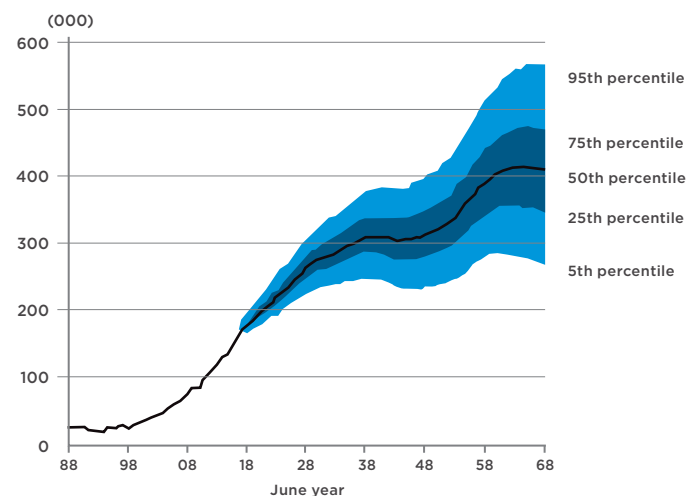
from Stats NZ



Older People in Work projections

from Stats NZ

Labour force aged 65+ years (1988-2068)



Whakamana | Empowerment

The first principle is Whakamana | Empowerment.

In this country there are several rights, laws, government agencies, advocacy groups and frameworks which work toward upholding the wellbeing and mana of older people, ensuring that they are empowered and protected.



Rights

As well as universal human rights, which all people have, there are several global understandings of the rights of older people, indigenous people and disabled people. In New Zealand, Te Tiriti o Waitangi also applies.

Te Tiriti o Waitangi

Te Tiriti o Waitangi is New Zealand's founding document, a legally binding covenant, and crucial to understand and apply in relation to older people, particularly Kaumātua Māori.

Articles One and Two of Te Tiriti sets out that Māori have the right to govern their own affairs, as well as their lands and taonga such as fisheries, te reo Māori and cultural traditions. Article Three upholds that Māori have full and equal rights as citizens, whilst Article Four assures the right to freedom of expression of faith. Honouring and upholding Te Tiriti requires that the aims of these articles are met, however in many ways, the ongoing impacts of colonisation result in a failure to do so, (e.g. Māori lower life expectancy, greater poverty rates, worse health outcomes) with a significant impact on Kaumātua Māori.

Although there was also a version of Te Tiriti written in English, we look to the Māori version. There is an agreed principle in law that where there is any ambiguity within a binding document that decisions should be made against the party which drafted it (in this case, the

British Crown, now represented by the NZ Government). Further testing of this law has shown where there are versions of an agreement in more than one language, that the indigenous language text takes precedence.

– [Read more about Te Tiriti o Waitangi.](#)

The UN Principles for Older Persons

The United Nations (UN) Principles for Older Persons outlines a set of 18 principles that aim to promote the rights and wellbeing of older people. The principles are intended to guide policies and practices related to ageing. They are:

- Independence
- Care
- Dignity
- Autonomy
- Employment
- Intergenerational solidarity
- Social protection
- Housing
- Elimination of age discrimination
- Participation
- Self-fulfilment
- Respect
- Full citizenship
- Education
- Adequate standard of living
- Health
- Family
- Access to information and communication.

These principles promote the idea that older people have the right to live with independence, dignity, and respect, and that they should be able to participate fully in all aspects of society. The principles emphasise the importance of providing care, social protection, access

to education, health care and housing, and call for the elimination of age discrimination. They also highlight the importance of intergenerational solidarity and the need to promote understanding and communication between generations. [Read more about them here.](#)

In addition, 2021 to 2030 is the UN's Decade of Healthy Ageing. During this time, the UN and the World Health Organisation (WHO) are working together to encourage governments, organisations and individuals to improve the lives of older people, their families and their communities. This will be done by focussing on four areas: Age-Friendly Environments, Combatting Ageism, Integrated Care and Long-term Care.

— [Read more about this here.](#)

It is possible that a full convention for the rights of older people will be adopted in the coming years. Adoption of the principles was an important step in this journey, and if it is determined that these are not enough to protect the rights of older people then a convention may be decided upon. New Zealand, along with most countries in the world, are members of the United Nations which means that we **should** follow any Declarations and/or Principles as guidance and we **must** follow any Conventions as international law. A convention is therefore stronger than the issued principles but also takes longer to introduce.

UN Convention on the Rights of Persons with Disability

The UN Convention on the Rights of Persons with Disability also applies – for the group of older people who have been disabled throughout their lives as well as the many people who become disabled as they grow older. This convention clearly sets out their rights as citizens, including accessibility, living independently and as part of the community, personal mobility and health.

— [Read more about this here.](#)

UN Declaration on the Rights of Indigenous People

Aotearoa is also a signatory of the UN Declaration on the Rights of Indigenous People which aligns with much of what was agreed in Te Tiriti, as well as outlining other rights for indigenous people. The declaration aims to promote the well-being, dignity, and rights of indigenous peoples and foster a framework for reconciliation and cooperation between indigenous peoples and countries.

— [Read more about this here.](#)

Legislation (Laws)

In New Zealand, there are several pieces of legislation that are specifically relevant to older people.

These laws provide legal protections and rights to older people and aim to ensure that they are treated fairly and with dignity.

New Zealand Bill of Rights Act 1990

This act affirms the right to be free from discrimination on the grounds of age, among other characteristics, and guarantees the right to life, liberty, and security of the person. [Read it here.](#)

Human Rights Act 1993

This act prohibits discrimination on the grounds of age in areas such as employment, education, and the provision of goods and services. [Read it here.](#)

Protection of Personal and Property Rights Act 1988

This act provides legal protections for older people who may be vulnerable to abuse or neglect by others, including financial exploitation or misuse of their property. [Read it here.](#)

- This law allows for Enduring Powers of Attorney (EPA), which is a legal document where an individual appoints someone to be able to make decisions on their behalf should they become mentally incapable of making decisions for themselves. One person can be appointed to make decisions about welfare and one to make decisions about finances and property. It's important to note that these appointments must be made while someone has the mental capacity to do so as they cannot be made after this.

Residential Tenancies Act 1986

This act sets out the rights and responsibilities of landlords and tenants, including older people who are renting. [Read it here.](#)

Retirement Villages Act 2003

This act outlines obligations for retirement village operators, and the rights of residents and anyone considering becoming a resident. It is due for review in 2023. [Read it here.](#)

Residential Care and Disability Support Services Act 2018

This act sets out the regulatory framework for aged care services in New Zealand, including residential care, home-based care, and hospital-level care. [Read it here.](#)

Privacy Act 2020

This act outlines how agencies collect, use, disclose, store and give access to personal information, and provides greater protection and control for individuals over their personal information. [Read it here.](#)

New Zealand Superannuation and Retirement Income Act 2001

This act sets out the eligibility criteria, entitlements and administration of the universal pension scheme for people aged 65 and over. [Read it here.](#)

Pae Ora (Healthy Futures) Act 2022

This act centralised New Zealand's health services (previously across several district health boards) into two main agencies, Te Whatu Ora (Health NZ) and Te Aka Whai Ora (Māori Health Authority). It also established Te Pou Hauora Tūmatanui (Public Health Agency) within the Ministry of Health and Whaikaha (Ministry for Disabled People). [Read it here.](#)

End of Life Choice Act 2019

This act allows terminally ill adults to request medical assistance to end their life. It provides a legal framework and safeguards for assisted dying, ensuring voluntary and well-informed decisions with protections against abuse. [Read it here.](#)

NOTICEABLE GAPS

Although discriminating against someone because of their age is illegal and there is evidence to suggest this happens in New Zealand workplaces (both for existing employees and when hiring), complaints are not often raised with the Human Rights Commission (109 over the past five years).

There also doesn't appear to be many cases within the Employment Relations Authority. This could be due to it being difficult to prove that the discrimination has occurred, or because of the societal reticence of New Zealander to "make a fuss".

Many people are not setting up Enduring Powers of Attorney (EPAs) in time, which can then lead to difficulties when loved ones need to try to make decisions for someone no longer able to do so. One of the reasons is lack of public awareness of the importance of having an EPA in place and the process for doing so. Another reason is that they are expensive to set up - although the fee may be affordable to many, for others it is not possible to allocate money to this instead of paying for the basic needs of life.

Ministries

Ministries are government departments responsible for specific areas of policy or service delivery. They develop and implement policy, administer programs, and provide advice to the government on matters related to the area they focus on (their portfolio).

A Ministry is overseen by a Minister, who is an elected MP (Member of Parliament) and is appointed to a Ministry by the Prime Minister. Dependent on the size of the Ministry, they may have other Ministries and agencies operating within them. There are over 30 Ministries in Aotearoa New Zealand and several of these support and provide services for older people.

Manatū Hauora | Ministry of Health

Responsible for policy, strategy and regulations to ensure the health and wellbeing of all New Zealanders, including older people. The Ministry provides an overarching guidance role between the Government and entities including Te Pou Hauora Tūmatanui (Public Health Agency), Te Whatu Ora (Health NZ) and Te Aka Whai Ora (Māori Health Authority). Overseen by Minister of Health. Also referred to as MoH.

— [Read more about the Ministry of Health.](#)

- **Te Pou Hauora Tūmatanui | Public Health Agency**
Responsible for strengthening public health, with an emphasis on equity as well as looking at the wider determinants of health such as income, education and housing. Part of MoH. Introduced in 2022.
— [Read more about the Public Health Agency.](#)
- **Te Whatu Ora | Health New Zealand**
Responsible for the day-to-day running of the health system across Aotearoa, on a local, regional and national basis. Manages all public health services, including hospitals and specialists as well as community care. Introduced in 2022. Works in partnership with Te Aka Whai Ora.
— [Read more about Te Whatu Ora.](#)
- **Te Aka Whai Ora | Māori Health Authority**
Responsible for ensuring the health system works well for Māori, including changing how NZ's health system understands Māori health needs. They will do this by working with, listening to and appointing Māori services to support Māori and their communities. The aim is to reduce the imbalance in health outcomes for Māori. Introduced in 2022. Works in partnership with Te Whatu Ora and Manatū Hauora.
— [Read more about Te Aka Whai Ora.](#)

Te Manatū Whakahiato Ora | Ministry of Social Development

Responsible for delivering the social security system, including funding social services for New Zealanders. It provides funding and support for a range of services that are designed to help older people live independently and maintain their wellbeing. The Office for Seniors is administered by this Ministry and Work and Income is a key part of it. Overseen by Minister for Social Development and Employment. Also referred to as MSD.

— [Read more about the Ministry of Social Development.](#)

- **Te Tari Kaumātua | Office for Seniors**

Primary advisor to the Government on issues affecting older people. Their aim is to improve the lives of older people by promoting their wellbeing and concerns, and by raising awareness of the issues facing our ageing population. Created the Better Later Life Strategy ([page 24](#)). Leads Age-Friendly Communities Aotearoa ([page 42](#)) Overseen by the Minister for Seniors. Administered by MSD.

— [Read more about Te Tari Kaumātua.](#)

- **Te Hiranga Tangata | Work and Income**

This agency provides financial assistance and employment services to eligible individuals and families. For older people, this may include payment of NZ Super, the SuperGold discount card, job-seeking assistance, housing support and residential care support. Widely known as WINZ. Part of MSD.

— [Read more about WINZ services for older people.](#)

Whaikaha | Ministry for Disabled People

Responsible for working in partnership with disabled people and Māori to make changes to the current system in order to make it more accessible. The Ministry liaises with other ministries to ensure the rights and needs of the disabled community are part of any new policies. Overseen by Minister of Disability Issues.

— [Read more about Whaikaha.](#)

- **Te Tari Mō Ngā Take Hauātanga | Office for Disability Issues**

Advises Government on issues affecting disabled people, with a key focus on NZ's Disability Strategy and the UN Convention on the Rights of Persons with Disabilities. Overseen by the Minister of Disability Issues. Part of Whaikaha.

— [Read more about Te Tari Mō Ngā Take Hauātanga.](#)

Te Tūāpapa Kura Kāinga | Ministry of Housing and Urban Development

Responsible for developing and implementing policies related to housing and infrastructure, including developing areas to support new houses. The Ministry provides support for a range of housing options for older people, including social housing, retirement villages, and other forms of supported living. Overseen by Minister of Housing. Also referred to as HUD or MHUD.

— [Read more about Ministry of Housing and Urban Development.](#)

Te Puni Kōkiri | Ministry of Māori Development

Responsible for promoting the social, economic, and cultural development of tangata whenua. The Ministry provides funding and support for a range of services that are designed to meet the needs of kaumātua (older Māori people) and their whānau. They fund the wellbeing initiative Whānau Ora. Overseen by Minister of Māori Development. Also referred to as TPK.

— [Read more about Te Puni Kōkiri.](#)

Te Manatū mō ngā Iwi ō te Moana-nui-ā-Kiwa | Ministry for Pacific Peoples

Responsible for supporting and promoting the wellbeing of Pacific Peoples in New Zealand. The Ministry provides funding and support for a range of services that are designed to meet the needs of Pacific older people and their families. Overseen by Minister for Pacific Peoples. Also referred to as MPP.

— [Read more about Ministry for Pacific Peoples.](#)

Te Tari Mātāwaka | Ministry for Ethnic Communities

Ensures that the needs and aspirations of ethnic communities in NZ are recognised and met. Advocates for culturally appropriate services, support, information and social activities to be available for everyone in NZ, including older people from diverse ethnic backgrounds. Also known as MEC.

— [Read more about Te Tari Mātāwaka.](#)

Commissioners

A Commissioner is a person appointed by the government to oversee and make decisions about a particular issue or sector, acting as an independent voice and ensuring rights and needs are being addressed.

Commissioners are appointed for a fixed term and their role involves assessing the situation, making recommendations and taking action to improve outcomes. They lead a team of people doing this work, called a “Commission” or “Office of the Commissioner”.

There are several commissions who are responsible for overseeing and advocating for areas which affect older people in New Zealand.

Retirement Commission | Te Ara Ahunga Ora

Provides information and advocacy for retirement income policies, including NZ Superannuation and KiwiSaver. They also report on how well the Retirement Villages Act is serving older people in New Zealand.

— [Read more about the work of the Retirement Commission.](#)

— [Read more about the Retirement Commissioner.](#)

Key laws: New Zealand Superannuation and Retirement Income Act 2001 / Retirement Villages Act 2003.

Health and Disability Commissioner | Te Toihau Hauora, Hauātanga

Ensures that health and disability services are provided in a way that respects the dignity, rights, and independence of older people and other users of these services.

- [Read more about the work of the Health and Disability Commission.](#)
- [Read more about the Health and Disability Commissioner.](#)

Key laws: New Zealand Bill of Rights Act 1990 / Human Rights Act 1993 / Pae Ora (Healthy Futures) Act 2022.

Aged Care Commissioner

Focusses on improving the quality of aged care and disability services and advocating for the rights of older people using these services. This is a relatively new role, established in 2022. Works within the office of the Health and Disability Commissioner.

- [Read more about the work of the Aged Care Commission.](#)
- [Read more about the Aged Care Commissioner.](#)

Key laws: Residential Care and Support Services Act, New Zealand Bill of Rights Act 1990, Human Rights ACT 1993, Pae Ora (Healthy Futures) Act 2022.

Human Rights Commission | Te Kāhui Tika Tangata

Promotes and protects human rights, including the rights of older people. This commission can have up to five commissioners at once, each leading on topics such as Race Relations and Equal Employment Opportunities, as well as a Chief Human Rights Commissioner.

- [Read more about the work of the Human Rights Commission.](#)
- [Read more about the Human Rights Commissioners.](#)

Key laws: New Zealand Bill of Rights Act 1990 / Human Rights Act 1993.

NOTICEABLE GAPS

Having such a high number of departments, ministries, commissioners and organisations is its own challenge.

The positive impact of having many heads working to support older people, can also make it difficult to find / receive the support you're eligible for.

Although many public agencies are working with Whānau Ora in order to ensure their systems are whānau-centred in order to support positive changes in wellbeing and health, it was recently concluded that after many years of work this is still not happening in any significant way.

Strategies and Approaches

There are several strategies and approaches adopted and developed by various ministries which are important foundations of the systems and services which impact older people in New Zealand.

He Oranga Kaumātua - Better Later Life Strategy

Developed by the Office for Seniors, this framework aims to improve the wellbeing of older New Zealanders through a coordinated effort to address issues across the key areas of:

- financial security and work
- health and access to services
- functional and affordable long-term housing
- continuing social connection
- accessible environments.

This strategy looks at the significant contribution older people can make to their communities when they are in environments which are supportive, accessible and empowering. This strategy was launched in 2019 and sets out an overall plan until 2034, with the first detailed action plan to 2024 focussing on employment, housing and digital.

- [Read the strategy here.](#)
- [Read the action plan here.](#)

Healthy Ageing Strategy

The Healthy Ageing Strategy is a 10-year plan that aims to improve the health and wellbeing of older people in New Zealand. Launched by the Ministry of Health in 2016, it sets out a vision for older people to live well, age well, and spend their later years in age-friendly communities. It focuses on five key themes, including:

- healthy ageing and resilience
- living well with long-term health conditions
- improving rehabilitation and recovery
- better support for those with high and complex needs
- respectful end-of-life care.

The strategy seeks to maximise health and wellbeing for all older people and was developed in collaboration with the health and social sectors in New Zealand, aligning with the World Health Organization's Global strategy and action plan on ageing and health.

The strategy had an accompanying action plan until 2022, but the plan for 2023 – 2026 has not yet been released.

- [Read it here.](#)

He Korowai Oranga – Māori Health Strategy

He Korowai Oranga is a strategic framework developed by Manatū Hauora, outlining an holistic approach to Māori health and well-being, emphasising the importance of cultural values, practices, and identity.

The framework focuses on the key areas Whānau Ora (healthy families and communities) Waiora (healthy environments), and Mauriora (healthy individuals and whānau), which all contribute to the overall aim of Pae Ora (healthy futures). It aims to improve Māori health outcomes by addressing social determinants of health and promoting collaboration and partnership between Māori communities, health providers, and the government.

This strategy is accompanied by Whakamaua – Māori Health Action Plan 2020-2025.

- [*Read the strategy here.*](#)
- [*Read the action plan here.*](#)

New Zealand Disability Strategy

This is a 10 year plan up to 2026 which sets out a vision for a non-disabling society where disabled people are able to achieve their goals and aspirations.

Central to its creation is honouring Te Tiriti o Waitangi and the UN Convention for the Rights of Disabled People, as well as a core belief that disabled people must be involved in decision-making which affects them. This includes older people who have been disabled throughout their lives as well as people who have become disabled as they have aged.

The strategy is accompanied by an Action Plan from 2019 until 2023 so is due for renewal. The strategy and action plan were developed through extensive consultation with disabled people and disability sector organisations.

- [*Read the strategy here.*](#)
- [*Read the action plan here.*](#)

Dementia Mate Wareware Plan

This action plan aims to create a dementia-friendly society in New Zealand by improving the quality of life of people living with dementia mate wareware and their families and carers. It also aims to reduce the risk of developing dementia and increase awareness of the condition.

The plan includes a range of initiatives, such as improving access to support services, increasing dementia-friendly environments, promoting research, and enhancing public awareness and education about dementia.

The plan was developed collaboratively with leading Alzheimers and Dementia Mate Wareware organisations and the community. The Government is actively invested in this plan, with a \$12 million investment across four years up to 2026.

— [*Read it here.*](#)

Enabling Good Lives

This [approach](#) created by the disability community and piloted successfully in several regions throughout the 2010s is now a core part of Whaikaha's strategy. It aims to transform the disability support system in New Zealand by giving disabled people and their whānau more choice and control over the services they receive. It is based on the principles of self-determination, person-centred planning, and individualised funding. It emphasises the importance of early intervention, prevention, community participation, and social inclusion.

Under the Enabling Good Lives approach, people with disabilities are supported to live the life they choose, pursuing their goals and aspirations with the necessary support. This is achieved through a flexible funding model that enables disabled people to use their funding in ways that best meet their needs. It represents a significant shift away from the traditional disability support system, which has been criticised for being overly bureaucratic and inflexible, and for not meeting the needs of disabled people and their families.

— [*Read more about it here.*](#)

Equally Well

This movement, led by [Te Pou](#) (the national workforce centre for mental health, addiction and disability) aims to improve physical health of people experiencing poor mental health and addiction through research, awareness and education directed at health services and practitioners.

[Data shows](#) that people experiencing poor mental health and/or addiction often experience poorer physical health. This is due to a number of factors, including the effect of prescribed medication such as anti-psychotics on the body and reduced access to quality healthcare because of cost, stigma and discrimination.

Further research is required to determine best interventions for Māori and Pacific peoples, which is concerning given that these groups have higher rates of poor mental health in this country. Our members also report that there is not yet enough awareness of Equally Well approaches for older people.

— [Read more about it here.](#)

Ageing in Place

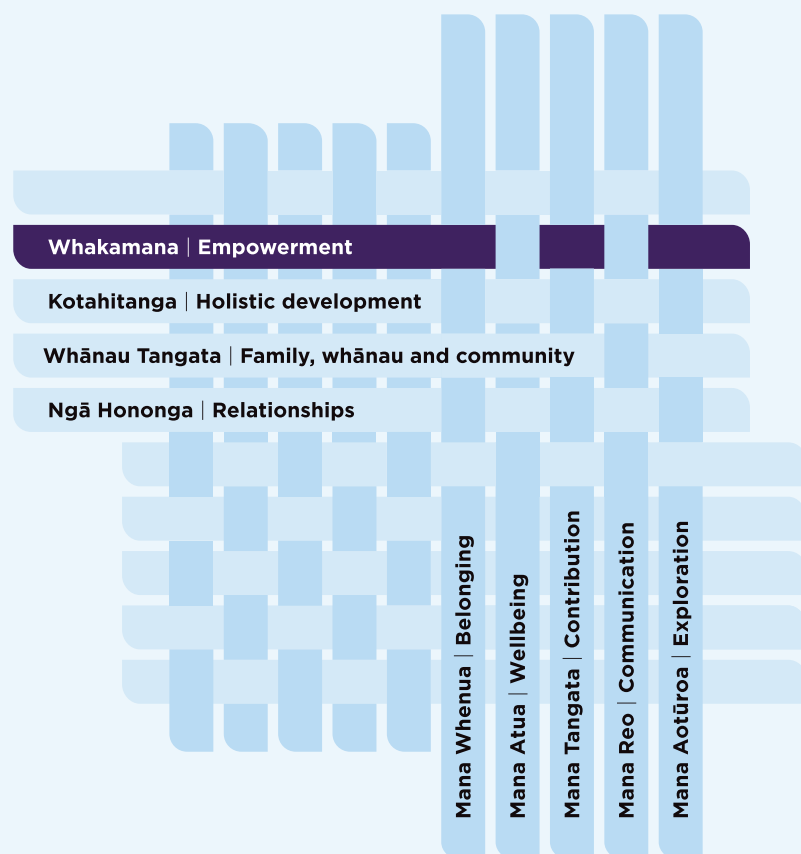
[Ageing in place](#) is the idea that older people can continue to live independently in their own homes or communities for as long as possible as they age, with appropriate support. It is a desirable goal for many older people who value their independence, familiarity with their community and surroundings, and social connections.

There are many benefits to ageing in place, including improved quality of life, reduced healthcare costs, and increased social connections. This can help to reduce the risk of depression which are common problems for older people who are isolated from their communities.

However, ageing in place requires a supportive infrastructure to provide the necessary supports for older people and currently there are gaps to providing this in Aotearoa. This infrastructure can include: accessible and affordable housing, transportation options, health care services, and community support networks. Without these, ageing in place can lead to social isolation which studies have shown to be a major contributor to poor wellbeing. In addition, ageing in place should be a choice - not a necessity for those who would prefer but cannot find aged residential care in their community. As the population continues to age, it is becoming increasingly important to ensure that these support systems are in place to help older people remain independent and engaged in their communities. One way to do this is by creating Age Friendly Communities ([page 42](#)).

— [Read more about an NZ study about Ageing in Place.](#)

Weaving in the strands



Mana Whenua | Belonging

A sense of connection to where you are

Older people who are supported and empowered to advocate for their rights, are cared for from a person-centred approach, and who are able to continue to live with dignity will feel they belong to their communities.

Mana Atua | Wellbeing

Spiritual, physical and mental wellbeing

Having consistent rhythms in our lives is known to make us feel more secure which in turns supports our overall wellbeing. Policies, services and rights which are designed to promote a sense of dignity, respect, and independence of older people is vital to their wellbeing. This includes access to healthcare, housing, and social services.

Mana Tangata | Contribution

Feeling a sense of purpose and being of value to your community

Policies, legislation and rights which ensure older people can contribute to society (by, for example, working, volunteering, voting) encourages this feeling of contribution.

Mana Reo | Communication

Understanding others and being understood

Policies and laws which ensure that adaptable and culturally appropriate forms of communication are able to be used empower older people to be able to communicate effectively with those around them. It also allows systems to be set up to allow someone they trust to communicate decisions on their behalf if they are unable to.

Mana Aotūroa | Exploration

Continuously learning to discover new possibilities

Rights and policies which empower older people and support them to access their communities will provide opportunities for them to continue learn new hobbies and skills. In addition, having Ministries and Advocacy groups focussed on older people will mean that ongoing research continues in this area.

Kotahitanga | Holistic Development

The second principle is Kotahitanga | Holistic Development.

Looking at the holistic development of older people is a way to recognise the importance of supporting the many dimensions of their lives. This perspective emphasises that these needs are interconnected and supporting them can enhance overall quality of life.



Within a holistic development perspective, older people are viewed as whole individuals, not solely defined by their age or physical health. The focus is on promoting not just physical health, but also mental and emotional wellbeing, social connections, and spiritual fulfilment. Addressing all of these parts of a person and seeing how they are interconnected can contribute to their overall health and happiness.

For most people working alongside older people, doing this work through a holistic lens is core to their practice, and to the approaches, models and tools that they use. Nurses, Diversional and Recreational Therapists, Occupational Therapists and others have a commitment to working holistically in their codes of practice. You can read more about this workforce from [page 54](#).

There are many researchers working in this area and their findings are contributing to older people's lives throughout New Zealand. We showcase a few studies, practices and approaches over the next few pages.

Approaches to meeting holistic needs

The Eden Alternative

This approach seeks to improve the quality of life for older adults and those living with disabilities. It emphasises creating a more person-centred and empowering environment by promoting companionship, meaningful engagement, and the opportunity for individuals to make choices and have a sense of purpose. The Eden Alternative focuses on combatting feelings of loneliness, helplessness, and boredom by fostering close relationships, nurturing a home-like environment, and encouraging the participation of residents in decision-making and everyday activities.

This framework for inclusive care was initially developed by doctors in the US in the 1990s and is now used all over the world, including in 20 not-for-profit or independent aged care homes in New Zealand. Although originally designed for aged care facilities, the Eden Alternative can also be adopted by people caring for family members at home.

— [Read more about The Eden Alternative.](#)

Models for caring for those with Dementia Mate Wareware

There are a number of approaches (e.g. [Spark of Life](#), [Montessori for Dementia](#), [Butterfly model of Care](#)) used in Aotearoa by those caring for people living with dementia mate wareware, which focus on enhancing holistic wellbeing. These prioritise a sense of connection between the resident and their carers

(including their loved ones), creating opportunities for kindness, compassion, respect and joy, usually in group settings with trained facilitators. Outcomes seen by settings using this approach include positive changes in language and movement, reduction in distressed behaviour and falls, and an increase in resident, family and staff satisfaction.

Kaumātua Units

Kaumātua housing being available on marae is not a new thing, but is becoming increasingly supported. Funding is increasing to ensure a high standard of housing is available in a culturally supported context for kaumātua and kuia, although more will be needed in the coming years. Iwi building these report there are benefits to the older people as well as to the community. It ensures that older people are supported within the context of te ao Māori and can also be a key part of their marae by being on-site to perform karakia, karanga and share their wisdom to tangata whenua and manuhiri.

— [*Read more about Kaumātua units.*](#)

A similar approach is being taken by a small number of care homes around the country too, working with local marae to provide supportive living with a kaupapa Māori approach, such as Whare Tiaki in Ōtautahi Christchurch - eight independent suites for people, supported by a kaiāwhina to provide meals and other assistance, as well as supporting each other.

— [*Read more about Whare Tiaki.*](#)

At home activities

Project Village focuses on supporting Pacific aiga caring for their elders at home by providing activity bags and activity ideas which support holistic wellbeing by providing mental stimulation, movement, joy and connection through family time. Their ideas could be used by any family and are wide-ranging, budget-friendly, accessible and adaptable.

— [*Read more about Project Village.*](#)

Therapies and Practices

There are many ways of engaging with older people, and ensuring their holistic needs are met. Below is a sample of some well-known approaches. Most of these do not receive funding to allow them to be accessed by everyone.

Diversional and Recreational Therapy

For older people living with poor physical, emotional, or mental health, therapy in the form of play and recreation can be powerful. Recreational therapy can help rebuild skills, improve mood, boost quality of life, and strengthen social connections. Recreational therapy uses leisure activities to help people with specific health conditions improve their skills, abilities, overall health, and emotional wellbeing.

— [*Read more about Diversional and Recreational Therapy in NZ.*](#)

Intergenerational Connections

There are numerous benefits of intergenerational connections for everyone involved and these connections are an integral part of many cultures around the world, including Māori, Pacific and Asian cultures. Intergenerational living is not as common in Pākehā families so these connections can be more difficult to sustain. Two programmes which brought together older and younger people in New Zealand are Intergenerational Playgroups and Grandfriends.

- There appear to have been a few intergenerational playgroups around New Zealand during the late 2010s. These were when a group of babies and children, with their caregiver, would regularly visit care homes for their play times. It broadened social circles for all involved, providing joyful connections and bringing people out of their shells. Sadly, since the Covid pandemic it seems that many of these programmes no longer run.
- Grandfriends is a small charity which exists to link young families up with older people in their community, especially when they may not live close to their own family. These relationships are mutually beneficial and about creating genuine friendships to combat social isolation and loneliness.

Music Therapy

Music therapy and group singing has been found in some studies to be beneficial for older people, including those who have experienced a stroke or are living with dementia and are aware. Music can impact our emotions, cognition, and physical responses so music therapy works by engaging people in various musical activities, which can contribute to positive changes in

their mental, emotional, and physical states. It can also provide an outlet for self-expression, reduce anxiety, improve mood, enhance communication and social interaction, and support cognitive function as well as motor skills development. Around 90 music therapists work in various settings around Aotearoa and it's estimated that we need over 250 to be able to meet demand.

— [Read more about Music Therapy in NZ.](#)

Sporting Memories

This organisation is relatively small and quite new to Aotearoa, but has been established in the UK for a number of years. It runs facilitated group sessions, split into two halves of 40 minutes each, bringing together sports fans aged 50+ to reminisce about significant sporting moments in their lives as well as do some light physical movement. This provides an holistic approach to wellbeing through connection, belonging, fun and activity.

— [Read more about Sporting Memories NZ.](#)

Robot animal companionship

A small robot in the form of a baby Canadian harp seal has been found to enhance quality of life for older people in aged care settings, including daytime dementia clinics. The PARO therapeutic robot can respond to touch and other stimuli (e.g. being held, patted, spoken to) by moving its head and tail, making soft noises and opening its eyes. Studies by the University of Auckland in conjunction with the Selwyn Foundation showed that time with the seal robots resulted in older people feeling less lonely, depressed and agitated as well as being more communicative with their caregivers. Those attending dementia day programmes which included the robots

had improved facial expressions and communication. It's important to note these results were in people that were not significantly cognitively impaired.

These seal robots use advanced robotics, so therefore are very expensive and do not appear to be available to purchase privately in New Zealand. However, there are [Joy For All cats](#) which are more basic robots and are available to provide companionship to people around Aotearoa.

Companion Dolls

With many of the same benefits as robotic companion animals, the use of both static and interactive dolls has shown an increase in the wellbeing of older people. The dolls themselves can range from simple baby doll toys, to dolls with soft weighted bodies, through to dolls with simulated breathing and facial expressions. In addition, [specialist dolls such as the HUG](#) provide research-backed wellbeing support through weight and sound. Like companion animals, cost varies greatly with the quality of the product.

Other Uses of Technology

In addition to robotic companions, technology is being used in a variety of ways to create devices and experiences for older people which enhance their wellbeing. These include an interactive screen wall called [Multi-Ball](#) which can be used to play different games and sport; a musical sensory cushion called [inMU](#) which is easy to hold and responds to touch and movement; and virtual reality experiences such as [SiVR Adventures](#) which foster connection, reminiscence and joy. The high costs of these products mean they are most likely to be found within care facilities to be used with many residents.

Clown Doctors

Although clown doctors are primarily known for their work with children, they also have success working with older people. Different from clowns you'd find in the circus, these clowns undergo specific medical clown training, which includes [gerontology](#) and health science, alongside performing arts. They use humour, playfulness, and therapeutic techniques to create emotional connections, reduce stress, stimulate cognitive abilities, enhance communication, and promote a sense of joy. This approach contributes to holistic, person-centred care for older people. [Clown Doctors NZ](#) are based in Christchurch and have worked with several aged care providers around the country, including [previous work](#) with the Selwyn Foundation.

Virtual Village

This initiative supports the idea of Ageing in Place (see [page 27](#)) as a way to connect older people to each other and also to services within their communities. It is about creating a village-like network of neighbours who support each other and have fun together. Members can enjoy a range of activities, services and events designed with older people in mind, which provide opportunities to enhance holistic wellbeing through physical activity, companionship, and trying new things. In New Zealand, [Virtual Eastern Bay Villages – Te Kokoru Manaakitanga](#) supports the community in Bay of Plenty, and [Virtual Village East](#) offers regular activities for older people in East Auckland to attend. Virtual Village East is administrated by a local aged care facility but is open to all local residents. Unfortunately these appear to be the only Virtual Villages currently operating in New Zealand.

Research

There is plenty of excellent New Zealand based research which helps us to understand the health, wellbeing, and social experiences of older people in New Zealand. These studies highlight the importance of addressing the diverse needs of this population, and developing policies and services that promote healthy ageing and social connectedness. They can also help people to understand their own needs to plan for personal healthy ageing.

Below is a summary of the research that we think is crucial to the sector, key to understanding the cohort, or simply too good not to share!

Longitudinal Studies

What is a longitudinal study?

These are projects in which researchers regularly and repeatedly observe participants to discover any changes which might occur over time.

LIFE AND LIVING IN ADVANCED AGE (LILACS NZ)

Conducted at: University of Auckland

Led by: Professor Ngaire Kerse

This longitudinal study follows a cohort of New Zealanders (both Māori and tauīwi) living in advanced age (80+) from 2010. Also known as Te Puāwaitanga O Ngā Tapuwae Kia Ora Tonu, this was the first study in the world to look at an indigenous population aged over 80 years old. This study has produced many reports and publications which delve further into the research.

Their findings were a key foundation of the Healthy Ageing Strategy (see [page 24](#)).

The findings from this study can be found [here](#).

NZ HEALTH, WORK AND RETIREMENT STUDY

Conducted at: Massey University (Health & Ageing Research Team)

Led by: Professor Christine Stephens and Professor Fiona Alpass

This longitudinal study focuses on New Zealanders who are over 55 years of age and looks to understand which factors impact healthy ageing, including social (community), wellbeing (health) and economic (work / wealth).

This work was previously known as the NZ Longitudinal Study of Ageing (NZLSA) which had limited funding from 2010 to 2015. This data is used to further explore many aspects of the health and wellbeing of older people in Aotearoa New Zealand. This is our key local study into the experiences of older people in the workforce.

The findings from this study can be found [here](#).

Collections of Research

AGEING WELL SCIENCE CHALLENGE

Hosted by: University of Ōtago

This is one of 11 science challenges funded by the government to look into the big issues around New Zealand over a decade to 2025. The Ageing Well Challenge explores ways to harness science to sustain health and wellbeing into later years in life across a broad spectrum of medicine, housing and social connectedness, including looking at these through a non-Western lens.

The findings from the first five years of the Challenge be found [here](#).

Specific Topics

NEVER2OLD EXERCISE PROGRAMME

This individualised exercise programme for people over 60 was originally created following a 69-year-old student's project in the early 2000s at Auckland University of Technology. Initially focussing only on weight-training and improving balance and flexibility, over time it brought in other learnings around holistic wellbeing, including social connection. It was designed to be flexible, for those who had always been gym-goers as well as those who had never visited a gym before. This programme appears to only be offered in limited places now, but will likely have contributed to other programmes on offer today such as [GoldFit](#), through the YMCA.

— [Read more about Never2Old.](#)

SPINPOI

The benefits of poi for older people were researched in 2018 by Dr Kate Riegle van West at the University of Auckland. The study found that the group who had followed the poi exercises had improved balance, upper limb strength and range of motion, memory and blood pressure. Dr van West now runs SpinPoi as a social enterprise which aims to improve the health and wellbeing of older people throughout the world. [SpinPoi](#) classes are offered throughout New Zealand.

— [Read about the clinical study.](#)

COGNITIVE STIMULATION THERAPY - CST

CST is a treatment for those with mild to moderate dementia mate wareware which involves group-based activities and discussion. It does not involve any medicines. This therapy was developed in the UK and is backed by extensive evidence showing how it can improve memory as well as quality of life, and is used in 23 countries around the world, including New Zealand.

[Find out more](#) about CST in NZ.

HAUMANU WHAKAOHOHO WHAKĀRO - MĀORI

This is an adaptation of CST specifically for Māori, developed by Dr Makarena Dudley from the University of Auckland and launched in March 2023. It ensures that CST programmes within Aotearoa are part of te ao Māori and follow tikanga Māori in order to be able to support as many people living with dementia mate wareware as possible.

[Find out more.](#)

THE RONNIE GARDINER METHOD (RGM)

This practice, created by jazz musician Ronnie Gardiner, is a multi-sensory exercise method for the brain combining rhythm, music, verbalisation and movement in order support both the brain and the body. It has had a variety of successes worldwide with older people, particularly for those living with neurological conditions such as stroke or Parkinson's Disease. It is still a relatively new offering.

in New Zealand – there are approximately 30 RGM practitioners working in Aotearoa, mostly in aged care settings, although public classes are also available in a few areas around the country.

[Find out more.](#)

Government Research / Resources

LONG-TERM INSIGHT BRIEFING (LTIB) FROM THE MINISTRY OF HOUSING AND URBAN DEVELOPMENT

These documents are designed to help people understand what trends are being seen in a particular area, what risks and opportunities these trends bring, and how the government might respond. This particular Briefing was released in 2022 and focusses on how Aotearoa's ageing population will impact the future of housing and communities.

It found that what was needed was more affordable housing, different choices other than renting or owning a home (such as co-housing, shared equity co-ownership and papakāinga), more accessible houses, and age-friendly design of communities.

One of the main contributors to this is that as the proportion of older people in society increases over the next few decades, so too will the proportion of people who do not own their home, placing many older people risk of becoming homeless (due to housing insecurity, unsuitability or affordability) or having to leave their community in order to have a roof over their head. This is happening to some people now, but will happen to far more people in the coming years if the changes suggested by HUD as part of this document do not happen.

— [Read the LTIB here.](#)

HOUSING

One of the research areas of the Ageing Well Science Challenge looks at housing for older people. One of their recommended approaches to transforming the housing market is to look into options such as co-housing and urban papakāinga (an ownership model where whānau own their house which is on iwi-owned land).

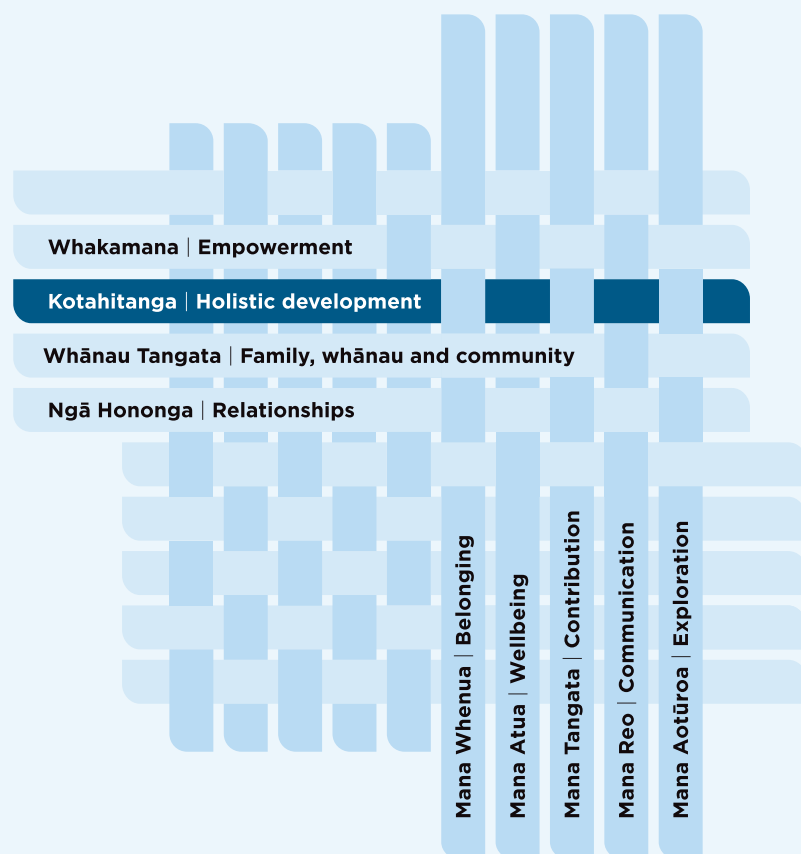
— [Read more about these ideas and several projects underway.](#)

Office for Seniors

The primary advisor to the Government on issues affecting older people, Office for Seniors (see [page 21](#)) is able to facilitate research, support pilot schemes and create strategies, all with the aim of improving the lives of older people in New Zealand. This includes:

- core government strategies in this area including the [Better Later Life Strategy](#) and [Age-Friendly Communities Aotearoa](#)
- key reviews of social impacts for Older People including the [Attitudes on Ageing report](#), and [Older People Experiencing Vulnerability and Multiple Disadvantage in New Zealand report](#)
- the [Homeshare Pilot](#) which sees older homeowners be matched with another adult who lives with them in exchange for helping out around the house
- Research about and support for older people continuing to work such as [The Business of Ageing report](#), [Senior Enterprise pilots](#) which support older people to create their own businesses
- the [Older Worker Employment Toolkit](#) to support workplaces to employ older people
- [Digital Inclusion training](#) around the motu.

Weaving in the strands



Mana Whenua | Belonging

A sense of connection to where you are

Looking at older people's needs in a holistic way helps to maintain a sense of belonging and connection to those around you. By focussing on what is important to older people beyond their physical health, they are more supported to remain part of their communities, continue to be a part of their workplace, and connect with others with similar interests (for example people who like to sing in a group, or spin poi, or fix things).

Mana Atua | Wellbeing

Spiritual, physical and mental wellbeing

Holistic development research continues to show how important it is to nurture the whole person in order to enhance quality of life.

Mana Tangata | Contribution

Feeling a sense of purpose and being of value to your community

Schemes such as intergenerational playgroups and kaumātua units as well as support to ensure older people can continue to work and volunteer in ways which suit them foster a sense of purpose and giving back to your community.

Mana Reo | Communication

Understanding others and being understood

Adopting a person-centred, whole-self approaches means that those working with older people will be looking at different ways to listen to them and understand their needs. The recent longitudinal studies in NZ have provided data on older Māori people's ageing experiences for the first time which has led to culturally inclusive ways of communicating being explored as well.

Mana Aotūroa | Exploration

Continuously learning to discover new possibilities

Providing opportunities for older people to continue to learn and grow is vital for the overall wellbeing. This may be through work training, classes, hobbies or intergenerational schemes and relationships. This strand also refers to the importance of continued funding for more research in this area.

Whānau Tangata | Family and Community

The third principle is Whānau Tangata | Family and Community.

In this section we review how older people are perceived, treated and contribute to the world on a societal level as well as within their communities and families.



Older People and Society

Treasury's Wellbeing Report from 2022 shows that New Zealand is one of the best places in the OECD to be an older person due to lower levels of poverty and higher levels of social support, happiness and home ownership.

However, it also noted that this is not the case for a measurable proportion of older people in New Zealand, as continuing to pay rent or a mortgage after retirement puts a considerable strain on finances and wellbeing. Similarly, although many New Zealanders hold positive attitudes towards older people and recognise the contributions they make to society, there are also negative stereotypes and misconceptions that can impact the way they are perceived.

One way that older people are perceived is as being frail, dependent, and in need of care. This can lead to assumptions that they are not able to work, contribute to society, or make decisions for themselves. In reality, many older people are active, engaged, and have valuable skills and experience to offer. They may continue to work, volunteer, or participate in their communities, and may also provide support to their families. At the same time, needing care should not lower a person's value within society.

This negative perception of older people is known as ageism, and it is a problem globally. A World Health Organisation study of over 80,000 people worldwide found that over half of people are ageist against older people. Of all the countries measured, New Zealand was one of the lowest when it comes to ageist attitudes - but they were still present and do still show up within our society. Another global study found that ageism is a major contributor to lower health outcomes for older people.

How does ageism show up?

There are four levels of the prejudice and bias that impact marginalised groups, in this case, ageism against older people.

Structural Ageism

The systemic discrimination within society as a whole: this includes things like age-based policies at a government level (e.g. a compulsory retirement age) or stereotypes that are accepted as truth by most people in a society.

Institutional Ageism

Policies and practices within formal organisations such as housing, healthcare and employment which result in worse outcomes for older people: this includes things like not building enough accessible houses, older people not being included in medical research (even for conditions which disproportionately affect them), and older workers not being considered for further training or promotion.

Interpersonal Ageism

Occurs on an individual level, where people act on the stereotypes present in society and make ageist comments or assumptions about what someone can or can't do or exclude or treat someone negatively because of their age.

Internalised Ageism

Happens when the years of absorbing ageist societal attitudes means we believe this about ourselves as we age, lowering our self-belief and self-worth. The levels all interact and reinforce each other, contributing to the disadvantage of older people in various aspects of life.

Internalised Ageism

This study, led by Professor Julie Henry at the University for Queensland, found that internalised, or self-directed ageism can have a negative effect on older people. After a lifetime of hearing negative things about becoming older, they are more likely to then blame being “old” on why they can’t do certain things (e.g. “I’m too old to learn this technology” or “I’ve forgotten where my car keys are because I’m old”) when this may not be the case (people of all ages struggle with new things or forget their car keys sometimes).

This doubt and self-blame can then lead the person to become less social, or no longer try something new, which are both strong contributors to poorer physical and mental health. One way to combat this is to simply tell people about this research (“Do you know that older people are more likely to blame this on ageing and feel bad about it when it’s not necessarily ageing at all, it’s just being human?”) and also to ensure that older and younger people have more chances to connect and learn from each other.

It’s important to note that when older people also belong to another marginalised group, they will experience compounded negative impacts. In addition to ageism, they may also experience, for example, racism, sexism, disablism, homophobia and/or transphobia.

This leads to differences in the experiences of older people in New Zealand depending on factors such as their ethnicity, income, health status and whether they are disabled. For example, older Māori and Pacific

people may face additional challenges related to discrimination and health disparities.

Additionally, although many older people have reaped the rewards of rapidly increasing property prices over the last decade, this is not true for all older people. Those who do not own their own home at retirement are highly likely to be unable to access the resources they need to live independently and maintain their health and wellbeing. Current estimates from the Ministry of Social Development believe that by 2033, around half of all older people will not own their own home. This is disproportionately likely to affect Maori and Pacific peoples, disabled people and single women.

In this article for the medical profession, Professor Ngaire Kerse (a leading researcher for older people in Aotearoa) speaks about the importance of reframing ageing and being very intentional with language to focus on the positives of it. Consider the difference between seeing an ageing population as a celebration of life with increasing opportunities to share wisdom and life experience as opposed to a burden on society and resources; or ask yourself why we frame positive behaviours from older people in youthful ways (e.g. “young at heart”) as opposed to understanding that this spontaneity and joy may be a result of getting older.

It is important to recognise the diversity and complexity of older people’s experiences in New Zealand, and to challenge negative stereotypes and attitudes that can limit their opportunities and undermine their contributions. Policies and programs that support healthy ageing, positivity about ageing, social connectedness, and the participation of older people in all aspects of society can help to create a more inclusive and equitable society for all.

Older People and Communities

Older people play a variety of important roles in their communities in New Zealand. They may be involved in community organisations, volunteering, caring for family members, or providing informal support to their neighbours and friends.

According to Stats NZ, nearly 60% of people 65-74 years old, and over 40% of people aged 75+ volunteer in their communities at least semi-regularly. Many older people are also in paid employment. Our communities are enriched by these older people's commitment to them.

In some communities, there may be specific structures in place to support the needs and interests of older people. For example, there may be dedicated community centres, health and social services, and housing options designed specifically for older people. In these communities, aged care with increasing external support is available, from community programmes through to supported living and hospital care (see [page 44](#) for more details of the Aged Care Continuum). Local government and community organisations may also provide support and funding for activities and programs that promote healthy ageing, social connectedness, and intergenerational relationships. Details of some of these initiatives available around New Zealand can be found in the Whakamana and Kotahitanga chapters of this guide. This approach is a key part of the Age-friendly Communities initiative beginning to be implemented around the country.

Age-Friendly Cities and Communities

The World Health Organization's (WHO) [Age-Friendly Cities](#) initiative is a global effort to help communities become more inclusive and accessible for people of all ages, especially older adults. The aim is to create environments that support active, healthy ageing and enhance quality of life for older adults.

The Age-Friendly Cities framework consists of eight domains of liveability: outdoor spaces and buildings, transportation, housing, social participation, respect and social inclusion, civic participation and employment, communication and information, and community support and health service.

The framework is designed to guide communities in assessing their age-friendliness and developing action plans to address areas of improvement.

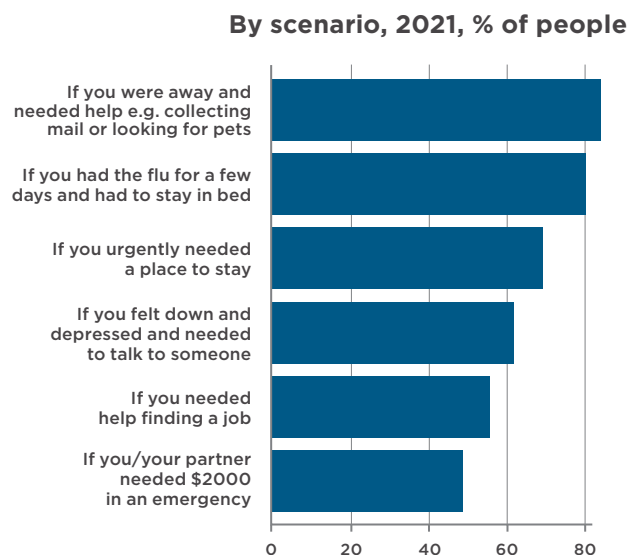
The WHO encourages cities to engage with older adults and other stakeholders in the community to identify needs and priorities, develop strategies and implement actions to create an age-friendly environment. This includes supporting older adults to participate in civic life, creating accessible transportation and outdoor spaces, providing affordable and appropriate housing options, and ensuring access support services.

Funding and support for [Age Friendly Aotearoa New Zealand](#) is through Office for Seniors. Several cities and towns across the motu have signed up and have published action plans they are working towards. Progress should be reported annually and the action plan renewed every five years.

However, not all communities are structured in ways that fully recognise and support the needs and contributions of older people. Some older people may face barriers to accessing services and opportunities due to factors such as ageism, poverty, or lack of access to transportation. It may be that community areas are not designed with them in mind (e.g. not enough seating, or the seating available doesn't have arm rests so can be difficult to get into and out of). Other people may feel socially isolated or excluded from community life, which can have negative impacts on their health and wellbeing. This graph, created by figure.nz with data from StatsNZ shows what support older people feel comfortable asking of people in their community.

Proportion of people aged 65+ in New Zealand who find it easy to ask for support

from Stats NZ



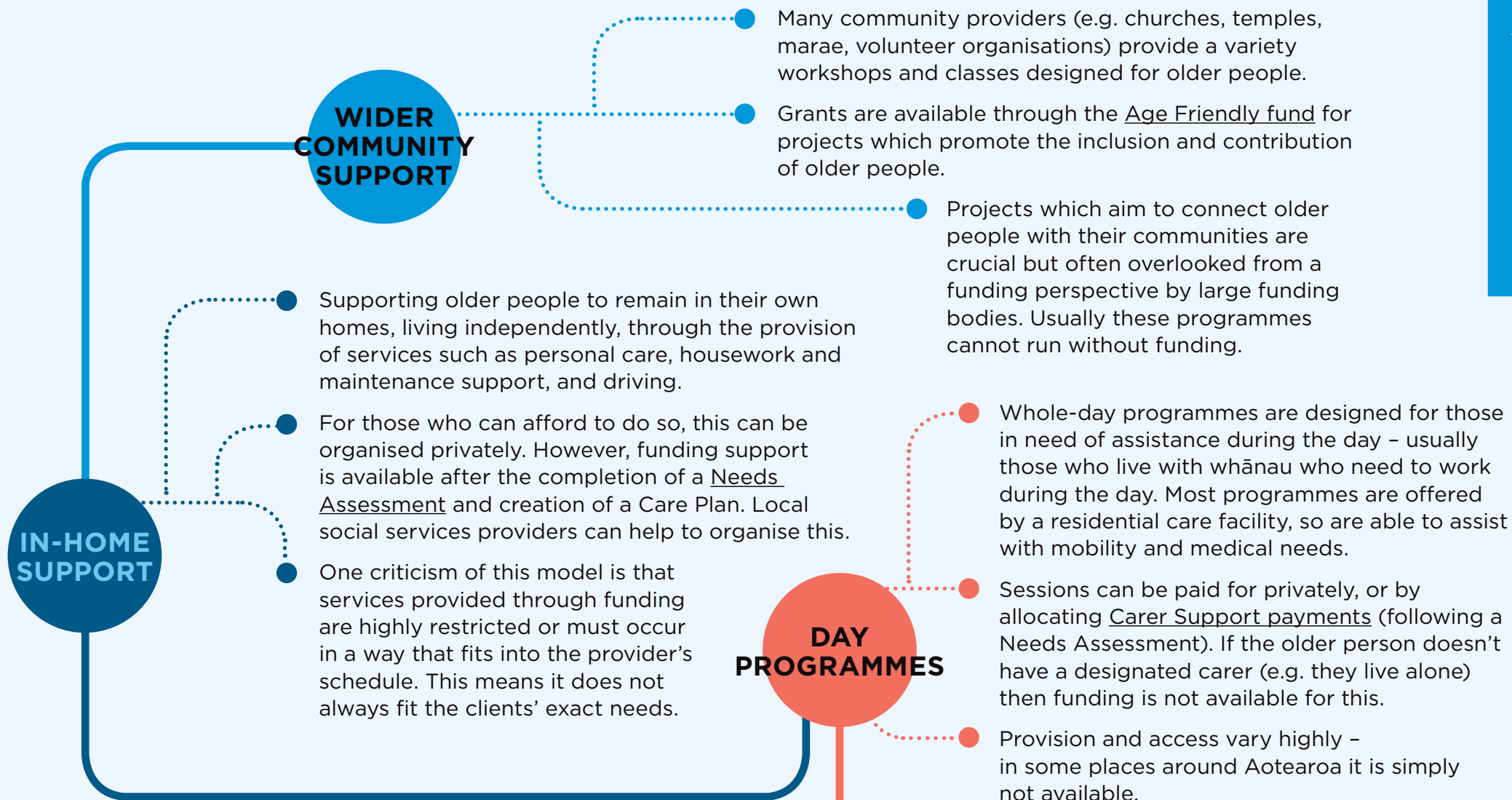
Continuing to work could also be difficult due to ageist assumptions within workplaces about older people's capabilities and skills, including not being put forward for further training or not being hired for a new role. Accessing private training may also be difficult as eligibility for student allowances and student loans decreases in stages at age 40, 55 and 65.

Just-published research from psychologists at Victoria University's School of Health share the experiences of ageing as a migrant in Aotearoa. Using a life course approach, researchers Sieng and Szabó (2023) worked with ten older migrants to capture their stories of connection to their countries of origin, and how place dependence developed in their chosen country. Their aim was to understand how attachment to place shifts over time, and to better understand mechanisms and barriers to developing a sense of home in a new place. Their findings are clear that while all of the group had developed strong place dependence (functional needs are met) only some developed place identity (a sense of belonging) to Aotearoa. The factors impacting this related to language, attitudes and values.

By recognising the valuable contributions of older people and creating supportive environments that enable them to stay active and engaged, communities can benefit from the knowledge, experience, and wisdom of their older members, and help to build more connected, resilient, and inclusive places for everyone to live and thrive.

The Aged Care Continuum

Aged care in Aotearoa exists across a continuum from least to most intensive levels of involvement of third parties. Some people will follow this continuum all the way along, while others will jump steps, depending on their circumstances. This can be difficult to navigate as each step is managed, funded, and staffed by different agencies, government departments, and organisations.



RETIREMENT VILLAGE LIVING

- Specialty built communities designed with features to meet the needs of an older population, but for individuals who are still fully independent and do not need assistance with daily tasks or personal care.

- Some social housing providers also manage senior-specific rental opportunities.

- Often a lifestyle decision as opposed to a medical decision.

- Works through the purchase of an Occupational Rights Agreement (ORA) in the village, which must be entirely self-funded, with no subsidy available so is not accessed through a needs assessment. As an ORA costs around the same as a house, this option is realistically only available to people who are able to sell their current home or have other sources of wealth.

- It's important for anyone considering this option to fully understand how the retirement village model works and how it differs to purchasing a home.

- Overnight care either in a facility or at home for older people with high care needs. It's designed to give carers a short break or time to deal with other obligations outside the home. There is a noticeable shortage in beds which makes it difficult to book.

- Can be privately funded, but funding may be available through a Needs Assessment, specifically through the allocation of Carer Support payments.

RESPIRE CARE

SUPPORTED LIVING

- Specialist units within a residential facility that provides support, including cooking and cleaning, to ensure mostly independent living. A hybrid step between in-home support and residential care.

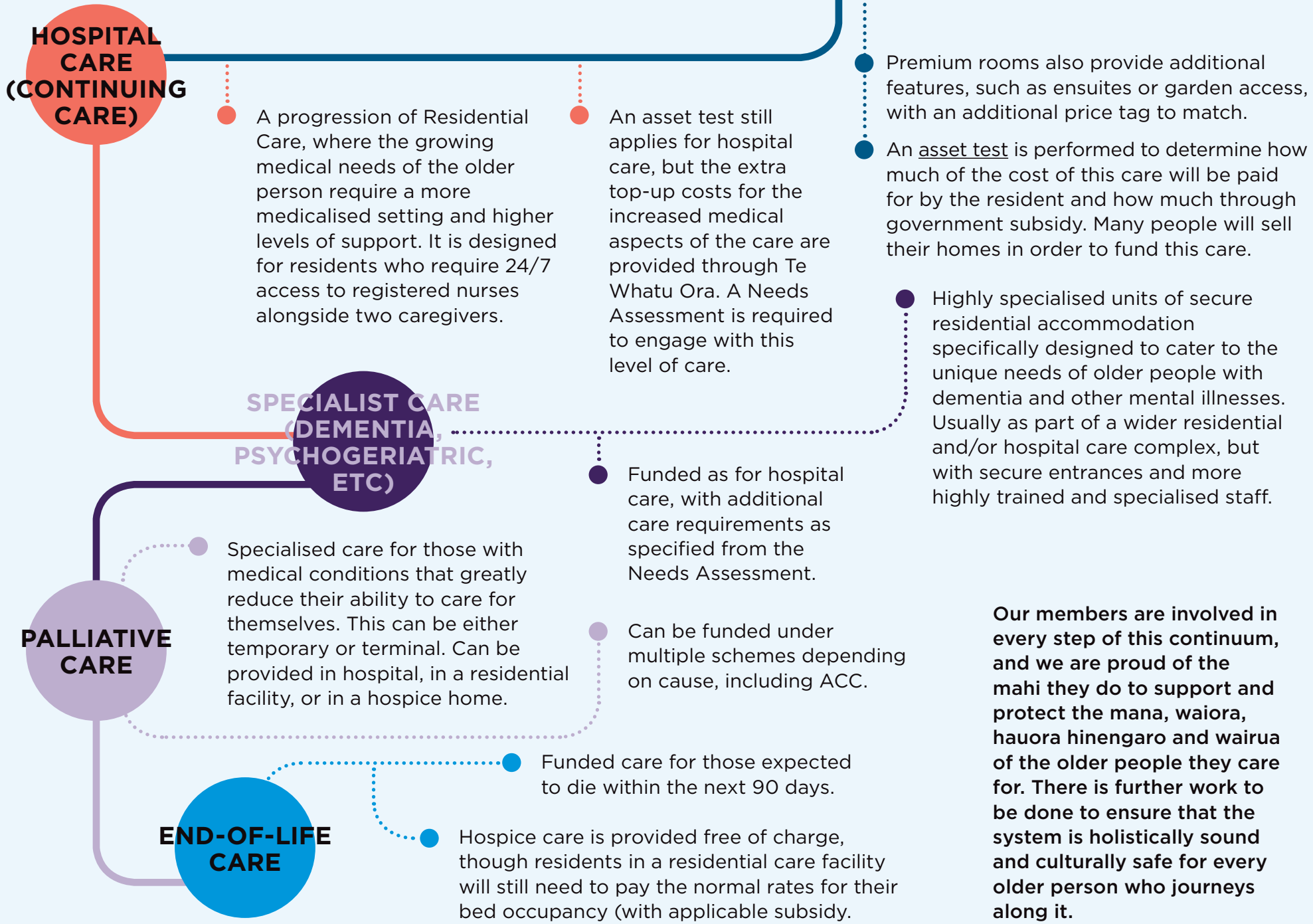
Usually funded through the transfer of occupancy rights from retirement village living, with additional costs surrounding the provision of additional services. People not previously in a retirement village would need to purchase an ORA, so this option is another one not available to those without their own home to sell or other significant wealth.

RESIDENTIAL CARE

- Specially built and staffed accommodation for those who require higher levels of care (determined through a Needs Assessment).

Dependent on the resident's financial situation and whether they would like additional features such as an ensuite or garden access, this care can be fully funded through government subsidy or be entirely paid for by the older person.

Both standard and premium rooms must meet lifestyle, health professional and accommodation standards that enable the health and wellbeing of residents.



Our members are involved in every step of this continuum, and we are proud of the mahi they do to support and protect the mana, waiora, hauora hinengaro and wairua of the older people they care for. There is further work to be done to ensure that the system is holistically sound and culturally safe for every older person who journeys along it.

Older People and Whānau

In New Zealand, older people are likely to hold a special place in their whānau (family) and wider community.

There may be a range of intergenerational opportunities for older people to share their knowledge, skills, and experiences with younger family members. This may include teaching crafts or skills, sharing stories and histories, or providing guidance and support to younger family members. There are also many grandparents around the country assisting with childcare on a regular basis.

In Māori culture, older people are generally referred to as kaumātua, koroua or kuia, and are respected for their knowledge, wisdom, and life experience. They are seen as important leaders and decision-makers within their whānau and wider community, and may play a central role in the transmission of cultural traditions, language, and knowledge to younger generations. Those connected strongly to Marae often report having more responsibilities and being busier in older age.

Similarly, in Pacific cultures, older people are often held in high regard for their contributions to family life and community wellbeing. They are seen as guardians of cultural values and traditions, and play an important role in passing on skills and knowledge to younger family members.

Many cultures from across Asia also value older people highly, with intergenerational relationships being very important. This is seen through a duty to care for and respect parents and grandparents, supporting them while also learning from their wisdom and guidance. Multiple generations often live together or close to each other so this care and support can take place easily.

For many Pākeha and other westernised families, there is a strong emphasis on independence and autonomy, which can impact the way that older people are perceived and treated within the family. While there is generally a respect for the wisdom and life experience of older family members, there may also be a desire to maintain a certain level of distance or independence for and from them, particularly as they enter later life.

Although these ethnicities make up most of New Zealand's population, we are also becoming increasingly diverse with people from over 200 ethnicities living here, including peoples from Africa, continental Europe, Latin America and the Middle East living around the motu. These peoples will have their own norms and expectations influenced by all aspects of their culture for their relationships with older people.

Older people may also benefit from the support and care of their whānau, particularly in later life. Family members could provide practical and emotional support, help with household tasks, or provide financial assistance as needed. Some older people need daily assistance.

Many people provide mostly unpaid care and support to older people in Aotearoa. In the 2018 census, over 400,000 people indicated they were carers, providing support to someone who needs assistance with everyday activities (also including younger people with disabilities). Around 20 per cent of carers are older people themselves, often supporting their partner. The majority of carers are women. Carers NZ, a not-for-profit organisation which advocates for and supports carers, provides information on their website, including this guide from MSD which outlines financial supports available for carers and their families. MSD, in partnership with the Carers Alliance, created the Carers Strategy Action Plan 2019-2023.

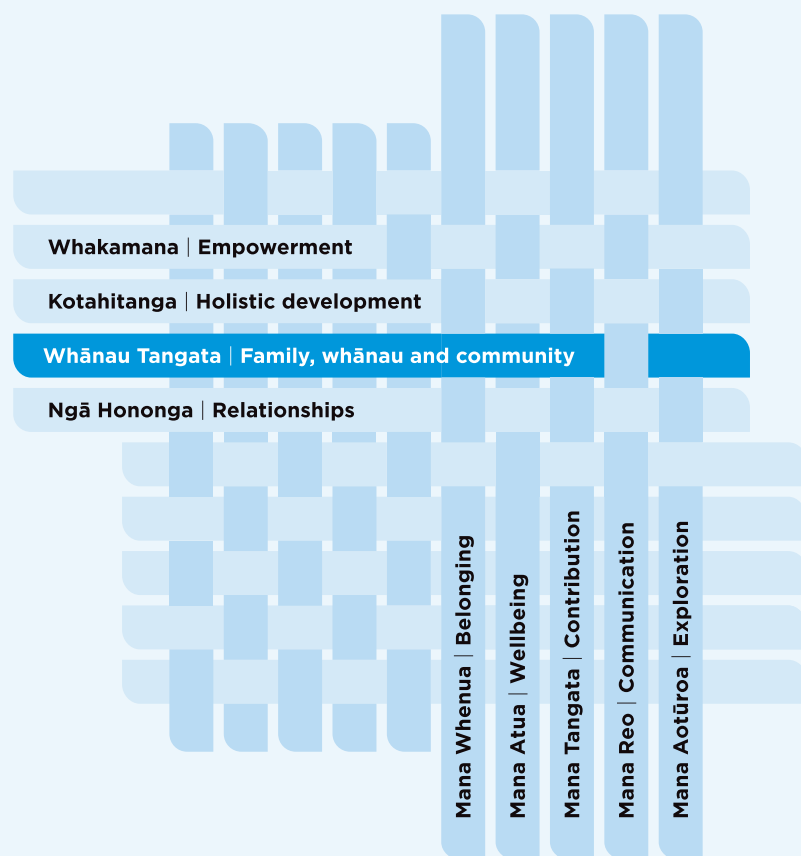


However, not all experiences within families are positive and some older people may face difficulties within their family dynamics, including neglect, abuse, isolation, or strained relationships. In some cases, cultural or generational gaps may lead to misunderstandings and conflicts between family members. Economic pressures, changing family structures, and limited resources can impact the support and care available to older people within their families. Cultural expectations, such as gender roles or traditional norms, can further influence the decision-making processes within families, which could affect the wellbeing and autonomy of older people.

These challenges can show up more for older people who experience health issues, disability, or dependency on others for care. They may face barriers in accessing appropriate support and services, leading to increased vulnerability and potential social isolation within the family setting. Caring can sometimes be difficult and relentless work, particularly when you add navigating systems and processes in order to gain external support for the older person and their carer/s. There are some supports available but these vary around the country, can be difficult to navigate - and in the case of respite care (where a nurse or healthcare assistant takes over care for a short time to allow the carer a break) - is often very hard to find and organise.

Overall, the place of older people within their whānau and wider community reflects the values and cultural norms of different groups in New Zealand. While there are differences in the specific structures and concepts that underpin intergenerational relationships across cultures, the importance of respect, care, and reciprocity between generations is a common thread that runs through many cultural traditions. By fostering these relationships and promoting the active participation of older people in family and community life, New Zealand can help to build more inclusive, connected, and culturally rich communities for all.

Weaving in the strands



Mana Whenua | Belonging

A sense of connection to where you are

It is very difficult to feel you still belong to a society that upholds negative assumptions about you. The more we can do to eradicate ageism in our communities, our organisations and ourselves, the more belonging older people will feel.

Mana Atua | Wellbeing

Spiritual, physical and mental wellbeing

Being part of an inclusive and enabling society, community and family supports all aspects of older people's wellbeing. Living in a place designed with all people in mind allows an older person to continue to nurture their own spiritual, physical and mental health.

Mana Tangata | Contribution

Feeling a sense of purpose and being of value to your community

Where older people are valued for their wisdom, knowledge and skills and they have access, means and encouragement to use them, they are able to contribute to their communities and feel a sense of pride and purpose in doing so.

Mana Reo | Communication

Understanding others and being understood

Feeling visible and being heard, as well as being told what is happening around you, is vital for all people but it is something that can decrease for older people due to ageism. Societies, communities and families which truly value older people's input and autonomy can minimise the effects of ageism and ensure enable good communication can continue throughout people's lives.

Mana Aotūroa | Exploration

Continuously learning to discover new possibilities

Creating societies and communities with older people in mind means there will be more opportunities for all people to continue to learn new things. One part of this will be availability, access and affordability - but another crucial part is society and individuals unlearning the ageist idea that older people don't want to or can't learn new things.

Ngā Hononga | Relationships

The fourth principle is Ngā Hononga | Relationships.

For older people in New Zealand, this may include the impact of changes in relationships with loved ones as well as the community, and the importance of a robust and talented workforce to support them.



Relationships

There are several key issues affecting the relationships of older people in New Zealand:

Isolation and loneliness

Many older people live alone or have limited social connections, which can lead to feelings of isolation and loneliness. This can be especially true for those who live in rural areas, have low incomes, have been widowed, or have limited mobility. Research is clear that long-term feelings of loneliness can affect someone's physical health as well as their mental wellbeing.

Financial concerns

Financial issues can place a strain on partner relationships, particularly if one partner is dependent on the other for financial support. This can also be a concern if one partner needs expensive medical care or if there are issues with retirement savings. Financial concerns can also be a barrier to older people continuing to go out into the community to develop and maintain friendships, for example to be able to meet a friend at a local café.

Health needs

As people age, they may experience a range of health needs, which can affect their relationships. This may include physical disabilities or chronic health conditions, which can require care and support from partners or family members. The additional complexities of cognitive

decline in dementia and wareware also present specific challenges to relationship maintenance.

Changes in family dynamics

As family structures change, relationships can also be affected. This may include changes in caregiving roles or changes in living arrangements.

Bereavement

Losing a partner, close whānau members and friendships can be a significant challenge for older people, both emotionally and practically. This can lead to feelings of grief and loss, and may also require significant changes to living arrangements or caregiving responsibilities.

GAPS in support for isolation

There are several gaps in support for older people in New Zealand regarding isolation:

Access to services:

Many older people may not be aware of the services that are available to them or may have difficulty affording them and/or accessing them, especially if they live in rural areas or have limited mobility.

Lack of transportation

Older people who no longer drive or have limited access to transportation may find it difficult to maintain social connections or access support services. Even where transport options are available, the cost can be very expensive.

Limited social connections

Older people who live alone or have limited social connections may be at higher risk of social isolation. This can be particularly true for those who have lost a partner or close family member.

Digital divide

Some older people may not be comfortable with or have access to digital technology, which can limit their ability to connect with others online. It's important to note that even where training is available, some people may not have the desire to learn how to communicate online, preferring to use the methods they've used throughout their lives.

Limited funding

Many community organisations that provide services to older people may have limited funding, which can limit the availability and scope of their programs. Day care programmes are normally only funded through carer support payments, meaning those without an eligible carer cannot access these without out-of-pocket payment.

Loss of the Second Place and Third Place

Leading urban sociologist Ray Oldenburg talked of the three key places where most of us spend our time: home (the first place) and work (the second place), alongside the third place, which is a public place where we can relax and socialise. This will be different to everyone but some examples are regular activity groups, parks, churches, gyms, cafes. The second place (work) is lost in retirement and many third places may be less available, accessible, affordable or truly welcoming to older people.

Elder Abuse in New Zealand

Elder abuse is a problem in Aotearoa. **This report** from the Office for Seniors, based on data from the New Zealand Longitudinal Study of Ageing shows that at least 10% of people over 65 have experienced abuse. Researchers believe that the actual number of people impacted is higher - due to fear of reporting and the study not including people in hospitals or care homes.

Elder abuse can take many forms, including physical, psychological, sexual, financial, and neglect. Most of the time abusers are known to the victim, often leading to fears of reporting the abuse. These fears may be due to dependency on the person, fear of retaliation, or shame that a family member is treating them this way. It is important to acknowledge that elder abuse can be an example of family violence.

GAPS in support for those experiencing elder abuse

There are gaps in the support available for those experiencing elder abuse in New Zealand.

Limited awareness

Many people, including health professionals and community workers, may not be aware of the signs and risk factors for elder abuse, and may not know how to respond appropriately. This can lead to under-reporting of cases and limited access to support for those who need it.

Limited funding

Services that support victims of elder abuse are often under-resourced and over-subscribed, so may struggle to meet demand. This can lead to long wait times for assistance, and limited capacity to provide ongoing support to victims and their families.

Lack of specialist training

Many health professionals and community workers may not have received specialist training in identifying and responding to cases of elder abuse. This can limit their ability to provide effective support, and may mean that cases go unnoticed or are not responded to appropriately.

Limited services for specific groups

There are a lack of targeted support services for specific groups, such as Maori and Pacific Island older people (including support delivered in various languages), who may experience higher rates of elder abuse. This can make it difficult for these groups to access culturally appropriate support and assistance in a language they understand.

These gaps highlight the need for greater awareness and resources to support victims of elder abuse in New Zealand. However, there is ongoing work in New Zealand to address elder abuse and prevent it from happening in the first place.

There are a range of services and support available, including:

Elder Abuse Response Services (EARS)

These services, funded by MSD, provide support to victims of elder abuse and their families, including advice and advocacy, safety planning, and referrals to other support services. They are a network of regionally based services as well as a 24/7 free phone line.

Age Concern provides information, advocacy, and support to older people, including support for victims of elder abuse. Many are part of the EARS service.

Age Concern Elder Abuse Services

Police and legal services

Victims of elder abuse can also report incidents to the police, and may be eligible for legal assistance and protection orders.

Health and social services, including community health nurses and social and community workers, can also play a role in identifying and responding to elder abuse.

Health and social services

Awareness campaigns such as Elder Abuse Awareness Week which surrounds the UN World Elder Abuse Awareness Day in June each year. This campaign works to educate the wider public about what elder abuse is and how to report it. It aims to help people recognise the signs of elder abuse and understand what they can do if they suspect someone is being abused. The Office for Seniors also raises awareness across the motu and have a range of resources available.

The Protection of Personal and Property Rights Act 1988 provides a framework for protecting the rights and interests of people who are unable to manage their own affairs. This legislation includes provisions for investigating suspected cases of elder abuse and taking action to protect vulnerable people. It also allows for appointing an Enduring Power of Attorney (EPA), but as reviewed on page 19, there is little awareness about this legal right, which can also be too expensive to access. Sadly, there have been some cases where EPAs have exploited their power and used this as a way to abuse the person they are meant to be advocating for. In this instance, action can be taken by family and/or support workers to have the arrangement changed through the Family Court. A review of this legislation and framework is currently being done by the Law Commission so there may be changes to it decided soon.

Looking more holistically, the other things which will help minimise elder abuse will also improve quality of life for older people in general, e.g. valuing older people, person-centred care, access to safe housing, age-friendly communities.

Workforce

The workforce that supports older people in New Zealand includes a diverse range of roles, each with its own unique responsibilities and challenges.

These range from those working in aged care provision such as kaiāwhina, healthcare assistants, nurses, doctors, diversional therapists, care and support workers, pathfinders and occupational therapists through to housing case workers, tenancy managers, navigators, social workers and foodbank/kai support workers. You can find detailed information on these roles and more in The Workforce Guide.

According to research by Toitu te Waiora, over a third of people who currently do this type of work in New Zealand are due to retire by 2023. At the same time, Aotearoa has an ageing and increasing population (by 2050, it's estimated there will be 1.5 million older people, who will make up a quarter of the entire population). This increase in the population of older people at the same time as a decrease in the people able to care for and support them will have a significant impact on workforce planning and training, as well as on the delivery of services to older people.

In order to ensure that the workforce is able to meet the needs of older people in the years to come, there will need to be a focus on attracting and retaining workers in these fields, as well as on providing ongoing training and support to help them meet the evolving needs of older people.

Skills required to work with Older People

Working in a role that supports older people requires a diverse range of skills which are applicable across all of the professions in the sector.

EMPATHY AND COMPASSION

It's important for those working with older people to be able to connect with them on a personal level, showing genuine empathy and compassion. This involves listening actively, understanding their needs and concerns, and being patient.

COMMUNICATION SKILLS

Effective communication is essential when working with older people, particularly those who may have hearing or vision impairments, cognitive decline, or language barriers. Being able to communicate clearly and effectively, both verbally and in writing, is important in order to build trust and understanding.

CULTURAL COMPETENCE

Being culturally competent means having an understanding and respect for different cultural norms and values, and being able to provide care and support that is safe, appropriate and sensitive to each person's cultural background.

PATIENCE AND FLEXIBILITY

Working with older people can often involve unpredictable situations, changes in care needs, and challenges that require patience and flexibility. Being able to adapt to changing circumstances and to remain calm and patient under pressure is an important quality for anyone working in this field.

HEALTH AND SAFETY AWARENESS

Workers who support older people will need an understanding of health and safety practices, such as infection control, risk management, and manual handling. Being able to follow safety protocols and procedures is important for ensuring the safety of both the worker and the person receiving care.

UNDERSTANDING OF DEMENTIA MATE WAREWARE

One of the results of humans having longer lives is that there will be more people who develop dementia mate wareware. Combined with our increasingly ageing population, this means there will be many more older people experiencing dementia mate wareware. It is therefore vital that those working with older people have a full understanding of this condition and how to adapt their work accordingly.

Available training to work with Older People

There is a variety of education options within New Zealand for those wanting to work within the community, health or social sectors. Unfortunately, the majority of these do not provide specific papers on working alongside older people.

Certificate in Health and Wellbeing (Levels 2 – 4):

Many people who wish to work as Healthcare Assistants, Support Workers, Pathfinders or Navigators complete one of these certificates. They can take between 6 – 24 months full-time study to complete, and most have part-time study as an option.

Students can choose to focus their study on certain aspects of healthcare which are more likely to affect older people, such as dementia care and palliative care. In addition, some providers look specifically at caring for older people and/or the ageing process as part of the course. These qualifications are offered by several providers including private training schools such as [Kalandra](#) (which specialises in aged care) and across the vocational education providers that now make-up [Te Pūkenga](#). This also now includes what were previously known as industry training organisations, including [Careerforce](#), who provide in-work training of the workforce engaging with care and support of older people.

Apprenticeships: These provide an alternative pathway to qualification which is based around paid on-the-job training with some additional study. Te Pūkenga Careerforce offers a range of [community and social apprenticeships](#). Specific to working with older people are the Apprenticeship in Advanced Care and Support and the Apprenticeship in Diversional Therapy.

Both of these are usually offered to expand and formalise the knowledge of experienced staff.

At the completion of the qualification, the apprentice receives a Certificate in Health and Wellbeing (Level 4). Those with an apprenticeship in Diversional Therapy become eligible for membership in the Diversional and Recreational Therapy body. This professional body is actively seeking a Bachelor-level qualification for Diversional Therapy.

Diploma: These courses usually take approximately 18 months to complete full-time and are usually the same as the first half of a Bachelor's degree course. A Diploma in Enrolled Nursing is one of the two main pathways to become a nurse in New Zealand.

Bachelor degrees: These courses usually take 3 or 4 years to complete full-time. Degree courses that often lead to careers working with older people include Nursing, Social Work, Physiotherapy, Occupational Therapy, Health Sciences, Psychology, Counselling, Medicine (doctor). More details on the education pathways for all of these roles can be found in [The Workforce Guide](#).

Further study for working with older people

There are several postgraduate courses which focus on working with older people. The main barrier to accessing this type of specialist knowledge is that you must have a degree in order to apply, which rules out many people.

For those with degrees, these courses expand and improve knowledge of working to support older people. Some of these courses are available to anyone with a health sciences degree, while others are specifically to one discipline (e.g. nursing). There does not appear to

be any similar post-graduate study option available for those not working within health science (e.g. Social Workers).

- Postgraduate Certificate in Gerontology (in person learning at University of Auckland)
- Postgraduate Certificate in Health Science (Older Adult Health and Wellness): (in person learning at Auckland University of Technology)
- Postgraduate Certificate in Specialty Care - Gerontology (Distance learning through Whitirea/Weltec)
- Postgraduate Certificate in Health Sciences in Nursing - Gerontology (Distance learning through University of Otago).

When provided extra support from their employers, people doing further training can more fully embed their learning in their practice and make best use of their new knowledge. One example of this is the Gerontology Acceleration Programme in Canterbury, which has been upskilling registered nurses for the last decade. As part of a year-long programme, nurses receive mentoring, peer support and complete two clinical rotations working specifically with older people, as well as complete the Postgraduate Certificate offered by the University of Otago. Although the number of people going through this programme has been relatively small (28 people since 2018), it has had a very positive impact on these nurses and the older people they will care for throughout their career.

Courses available to anyone

There are other courses that anyone caring for or working with older people (including family members) could take:

- Dementia Friends is a short and accessible online course from Alzheimers New Zealand which aims to increase community understanding of dementia mate wareware and simple ways anyone can support those living with it.
- Dementia STARS are short webinar courses from the New Zealand Dementia Foundation which are aimed at the caring workforce but could be helpful and are available for home carers as well.
- Preventing Dementia and Understanding Dementia are an in-depth courses from the University of Tasmania which are completely free and available online for anyone to study, regardless of their background.
- Understanding Ageing is a free course from Charles Sturt University which is also available online for anyone to study.
- Working with Older People is a paper offered by the Open Polytechnic that anyone could study as a standalone paper to further their knowledge. It does have some eligibility criteria but seems to be more accessible to the public than other papers offered as part of postgraduate study.

Migrant workers

In addition to encouraging New Zealanders to work with older people for their career, immigration is likely to continue to be a significant factor in addressing the workforce shortages in the aged care sector in Aotearoa New Zealand. Many aged care facilities rely on migrant workers to fill vacancies, particularly in regions with lower population densities, and these workers bring a range of skills and experiences to the aged care sector.

The process for converting overseas qualifications can be lengthy, time-consuming and expensive. This can be frustrating for both the worker and the potential employer who is suffering workforce shortages. Of course, it is important to ensure that people are qualified to work in the sector and once this is confirmed, it is just as important to ensure that migrant workers are provided with opportunities to learn about aged care in New Zealand (including cultural competency to best equip them to support Māori and Pacific peoples) and improve language skills if needed.

One of the key issues affecting both migrant workers and non-Pākehā New Zealanders is racism. This can be experienced on many levels, from structural and institutional (e.g. unable to progress because effects of colonialism or visa limitations mean they cannot afford further study) to being subject to racial abuse from patients or clients. It's important that employers are aware of this and able to mitigate and support their staff.

Changes to policy and legislation for the migrant workforce is common. For those interested in this area, it would be best to ensure that the information that you are accessing is current and reliable. We recommend going directly to the source, such as the Government's [Employment New Zealand](#) website.

GAPS affecting the workforce who work with Older People

There are a few key issues and gaps in the workforce who work with older people in New Zealand.

These can have significant implications for the quality of care provided to older people, as well as the job satisfaction and wellbeing of the workers themselves. Addressing these gaps and issues is important for improving the overall quality of aged care in New Zealand.

Workforce shortages: There is a shortage of workers in the aged care sector in New Zealand. This shortage is partly due to the ageing population and the increasing demand for aged care services, as well as the relatively low wages in the sector.

Training and qualifications: A review of the courses offered in New Zealand shows that very few of the diploma and bachelor courses included modules focused entirely on working with older people. Students may learn a little about older people as part of another paper (e.g. Human Development may cover the whole lifespan) but this won't be in-depth. There are a few exceptions within some nursing and social work degree courses, especially among providers who provide training grounded in te ao Māori and Pacific approaches. However, all of these providers have recently been amalgamated under the Te Pūkenga umbrella which is looking to streamline courses available around the motu. This means courses are currently under review and it is not yet clear if any papers focused on aged

care will be included in the updated courses. Most of these courses will include a placement in a healthcare setting so students may learn about aged through these experiences but this is not guaranteed.

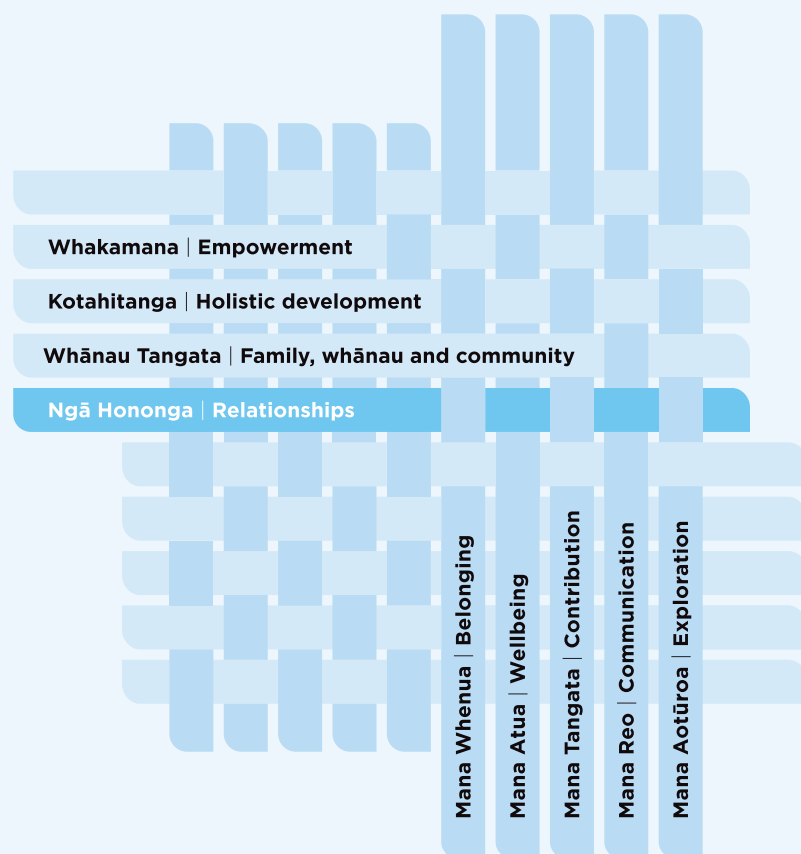
In addition, there is a very limited pathway from Certificate level qualifications into Bachelor and Post Graduate qualifications. This limits not only the workforce, but also the research produced on different approaches to supporting this age stage. Many with certificate or apprenticeship level qualifications would find a higher-level qualification useful, but do not want to train as a nurse, occupational therapist, social worker or similar, and so remain practicing at the level in which they are qualified but doing increasingly complex work. This also creates challenges in multidisciplinary teams, where hierarchies based on qualification levels can create challenges, and power imbalances.

Staff turnover: Staff turnover is high, which can disrupt the continuity and quality of care provided to older people. This turnover is partly due to the low wages in the sector, as well as the high emotional and physical demands of the work.

Cultural competency and safety: Many workers in the aged care sector come from diverse cultural or international backgrounds, and it is important that they have the necessary cultural competency to work safely and effectively with older people from different cultures, especially Māori and Pacific peoples.

Integration with other healthcare services: There is a need for better integration and coordination between the aged care sector and other healthcare services, to ensure that older people receive the right care at the right time. This is particularly important as older people often have complex healthcare needs and may require care from multiple providers.

Weaving in the strands



Mana Whenua | Belonging

A sense of connection to where you are

Being cared for, supported by and socialising with those who have a genuine understanding of who you are contributes to a sense of **belonging**.

Mana Atua | Wellbeing

Spiritual, physical and mental wellbeing

To maintain overall wellbeing, older people need trusted relationships with a knowledgeable and competent workforce, be able to rely on those making decisions on their behalf (or supporting them to make decisions) and have opportunities to connect with others in ways they enjoy.

Mana Tangata | Contribution

Feeling a sense of purpose and being of value to your community

Continuing to nurture friendships and access the community is a vital part of being able to contribute. When this isn't fulfilled it is human nature to try to recreate this feeling, which could be one of the reasons why older people don't report financial abuse, as they believe they are "helping out" the person taking advantage of them.

Mana Reo | Communication

Understanding others and being understood

Those working and caring for older people must understand enough about the person, their language/s, and their cultural and health backgrounds to be able to communicate in a way that ensures the older person understands what is being said, as well as the worker or carer genuinely hearing and understanding what the older person is saying (or sometimes **not** saying).

Mana Aotūroa | Exploration

Continuously learning to discover new possibilities

When older people are isolated from their communities and support circles, they are less likely to continue trying new things, which leads to more isolation. It's also important that those working with and supporting older people continue learning - about the individuals they are supporting, aged care in general, different cultural norms, and specific topics such as dementia *mate wareware*. Strengthening the availability and accessibility of courses focused on gerontology would significantly contribute to this.

Ngā wāhi hei arotahi | Areas to focus on

Across this guide we have noted gaps that existed in the support available for older New Zealanders.

Some of these gaps are well known, difficult and intricate problems. Many others have been noticed but not recognised widely – these may be unintended consequences, the result of impacts not being considered, and/or challenges that we will face due to changing demographics.



We believe that it's crucial that these gaps are researched, understood, and addressed to ensure an equity of support for all.

On the next page we highlight major, overarching gaps, through our Te Whāriki lens. After that, you can see specific gaps identified by our membership in working groups convened for the development of this report. These will not be all the gaps in the structures currently working to empower older people in New Zealand.

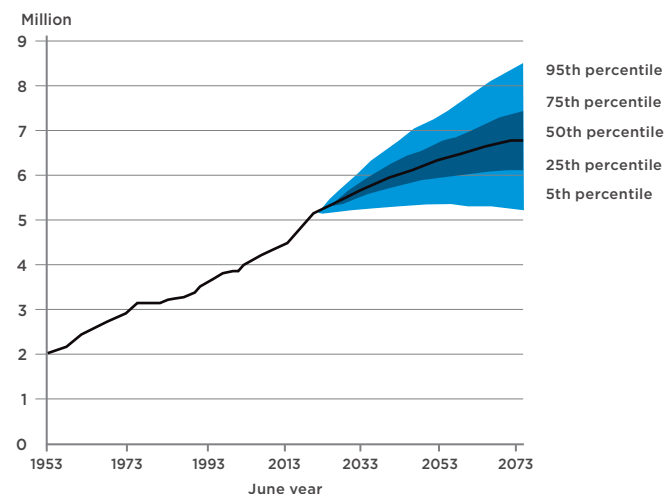
We genuinely believe that we are currently facing a national lack of preparedness for the growing cohort of older people.

Stats NZ have created the graphs below to highlight just how much we expect our population distribution to change. We also believe that this inaction is driven by structural ageism - a failure to consider and address the needs of older people at a systemic level. We don't suggest that this is intentional or by design, however our failure to address it is leading us to a crisis. **The time to act, is now.**

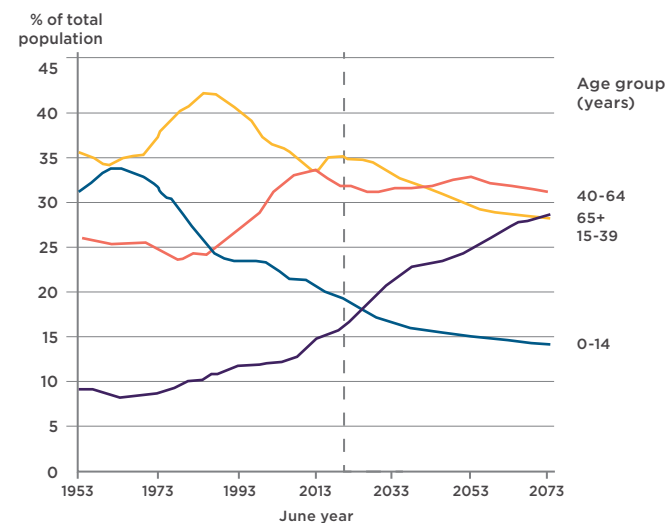
Long-term projections

from Stats NZ

New Zealand population (1953-2073)



Age distribution of population (1953-2073)



Major areas to focus on

We see the following opportunities for positive change, within each of the Te Whāriki principles.

Whakamana | Empowerment

1. Commitment to including older people in making decisions that impact them
2. Greater consideration and visibility of this cohort in decision making, key strategies and policy settings
3. Better implementation and utilisation of what exists in legislation, strategies and frameworks.

Kotahitanga | Holistic development

4. Increase accessibility and reach of research, and value and fund innovation
5. Increase accessibility to evaluation
6. Support scaling up of therapies and practices, research and resources.

Whānau Tangata | Family, whānau and community

7. Address needs of a more effective continuum of care for older people
8. Strengthen intergenerational relationships at a social and community level
9. Create communities with older people's needs at the centre.

Ngā Hononga | Relationships

10. Increase understanding of and responses to elder abuse and isolation
11. Focus on and act to solve entrenched workforce issues
12. Develop and deliver targeted education and training.

Other gaps to be addressed

These issues are being seen by our members who are working within their communities.

Kaupapa Māori models need more investment

More investment and research into intersectional models / models that respond to aspects of culture at this age stage, especially for Pacific peoples, refugee migrants, rainbow people

Need for more recognition of different stage of “old age” and then appropriate responses

Spiritual dimension not being acknowledged or addressed in standard assessments

Lack of free or fully-funded community activities and services for older people

Addressing the cost of older people and the ageing workforce – including/especially in the health sector

Lack of recognition of workforce - value of care

Social isolation

Momentum that was building for intergenerational connections and other social meetings seems to have been lost during the pandemic.

Increase resources to fund community based care – particularly medical

Under-funded, under-resourced and stretched aged-care services

Ageism

Siloed thinking doesn't connect health and social needs

The cost of inaction, and the crisis we seem to be walking into having not prepared for so long

Superannuation is not a living income – doesn't meet needs of those without assets. Not needed for those with plenty of assets.

Older people not valued members of our community

Postcode lotteries for services

Age-friendly/20minute cities are crucial

Respite care not available or not appropriate, not available to book

Funding, funding, funding

Older disabled people do not have service specific options to age in place

Digital divide / ability to access information – and prevalent expectation that training is the answer (some may not wish to)

Housing modifications – especially difficult when renting

Mental health – lack of awareness and access to support

NFP Aged Residential Care in crisis

Lack of accessible, safe, affordable housing

Lack of suitable transport – especially in regards to grocery shopping

People living longer means higher levels of dementia and other health conditions

Need to understand that not everyone 65+ is financially secure and that this will increase

Rationing of health services (e.g. home help) – a massive reduction = increased complexity

He aha muri? | What next?

This report is one of the key pieces of work for 2023 for our portfolio focusing on Older People.

Our aim was for this report to provide the fullest possible picture, in one place, of what is currently available for older people in New Zealand as well as what is missing.

By framing it as an easy-to-read guide with links to further information, we hope it will be of benefit to our members as well as to the people they serve in their communities.

This work was also intended as a call to action, to generate interest and spark collaboration. Our members have observed that many of the issues relating to the provision of services to older New Zealanders can be traced back to lack of prioritisation of older people's needs. We feel strongly that this is because of systemic ageism that undervalues and deprioritises the needs of older New Zealanders.

Without specific older people's policy, attention within and across the system, the issues we are seeing of insufficient funding, isolation and loneliness, physical and mental health deterioration, digital divide, and lack of visibility for older people's needs will persist or grow as this population increases in size.

Below is our plan to tackle these issues, and more...

Current Workstreams

Understand and engage with current practice to:

- Build on existing policy work (internally and at a government level) with this cohort as the priority.
- Undertake an assessment of approaches to ageism on a national and international scope, and contrasts to domestic approaches to other forms of hegemonic oppression (sexism, racism, homophobia, etc).

Possible Next Steps

Through our policy group, and in collaboration with key partners:

- Develop, test and evaluate initiatives targeted at improving the wellbeing of all older New Zealanders, and also specifically those of lower socio-economic standing.
- Educate and advocate for greater cross-sector understanding on ageism and its effects on policy and service provision.
- Choose specific outcomes of ageism that we see affecting vulnerable older New Zealanders and creating specific education and advocacy campaigns to challenge them.

Longer Term Ideas

Establish leadership, collaboration, and resources to:

- Define best practice for engagement.
- Facilitate the sharing of information and expertise.
- Provide cohesive leadership and advocacy on issues of importance to this age group.

We're working towards an Aotearoa where older people's needs are seen as valid and valuable, and where the many effects of ageism are seen as connected and solvable. A country with a specialised workforce who deeply understand older people and their needs. An Aotearoa where older New Zealanders are prioritised within government policy, funding and the wider social sector.

Strategic planning and action is needed now, to ensure a good future for all older people in New Zealand for many years to come. As we all age, so too will we all see the benefit of this work.

If you'd like to be part of this important mahi, please get in touch: comms@nzccss.org.nz.

Working for a fair and compassionate future for all.

Te Kōrero mō ngā Kaumātua

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