



*Serving the needs of older people*

# Towards a **Positive** Future

Policies and Aims of Age Concern New Zealand





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August 2007

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*Towards a Positive Future – Policies and Aims of Age Concern  
New Zealand builds on and updates Age Concern’s 2002 policy  
document *Challenging the Future*.*

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# Age Concern

## He Manaakitanga Kaumatua

Age Concern is a national organisation that works for the rights and well-being of older people, koroua and kuia. It informs, advises, and provides services to older people and their carers through a federation of Age Concern councils across New Zealand.

Age Concern New Zealand is a not-for-profit Registered Charity (CC10939).

### Our Vision

An inclusive society where older people, koroua and kuia are respected, valued, supported and empowered.

### Our Mission

To work for the rights and well-being of older people, guided by the following principles:

- |                         |   |
|-------------------------|---|
| <b>Dignity</b>          | To respect the dignity and uniqueness of every person as an individual and as a valuable member of society.   |
| <b>Well being</b>       | To ensure that older people/koroua/kuia are given the opportunity to achieve physical comfort, engage in satisfying activities and personal development and to feel valued and supported. |
| <b>Equity</b>           | To ensure that older people/koroua/kuia have an equal opportunity to achieve well-being by directing resources to help those disadvantaged or in greatest need.                           |
| <b>Cultural Respect</b> | To respect the values and social structures of Maori and people of all cultural and ethnic backgrounds, demonstrating respect by working together to gain mutual understanding.           |

# Introduction

*“Dreams are renewable. No matter what our age or condition, there are still untapped possibilities within us and new beauty waiting to be born.”<sup>1</sup>*

Age Concern New Zealand has a vision for an inclusive society where older people are respected, valued, supported and empowered.

To achieve this, we need adequate income, safe and suitable housing, satisfying work and healthy activity, opportunities for education and life long learning, a safe and enabling environment, access to care and support, time for leisure, and positive contact with friends, family and others in our community.

The commitment of Age Concern to this vision is reflected in the key policy statements outlined in this document. It is our intention that this document will be a useful resource for not-for-profit organisations, government, business, and for individuals young and old. It is intended to be a valuable resource for promoting ageing issues at local, regional, and central levels.

We commend these policies to all potential readers, and believe their implementation would have a significant and positive impact on the lives of all New Zealanders.



Jill Williams

National President  
Age Concern New Zealand

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<sup>1</sup> Dale E. Turner ([www.thinkexist.com](http://www.thinkexist.com), accessed 20 August 2007)

# 01 Income and Financial Security

## 1 Key Policy Outcome

All older people are assured of secure and adequate income, sufficient to purchase the goods and services they need and to participate in the community.

## 2 Current Position

- New Zealand Superannuation (NZS) currently only provides an income of around \$11,000 - \$14,400 per annum per person (net, after tax at 'M' rate).<sup>2</sup>
- Around 60 percent of those aged 65 years and over rely on publicly provided retirement income (NZS) as their most significant source of income.<sup>3</sup>
- The median annual income for people aged 65 and over is significantly less than the national median income of \$24,400. For people aged 70-74, the median annual income is just \$14,800. Older women earn even less, for example \$1000 a year less for 70-74 year-olds.<sup>4</sup>
- Median incomes for Māori, Pacific and Asian older people are lower. Maori and Pacific elders are on average more reliant on NZS and are less likely to have other assets.<sup>5</sup>
- In terms of standard of living, research indicates around 66,000 older people (13%) are likely to be experiencing some hardship, with more than 35,500 older people in severe hardship. Older people with high accommodation costs are more likely to experience hardship.<sup>6</sup>

2 Work and Income New Zealand, *Summary of Superannuation and Main Benefit Rates, Community Services Card Income Thresholds and Accommodation Supplement on or after 1 April 2007*, [www.workandincome.govt.nz](http://www.workandincome.govt.nz) (accessed 20 August 2007)

3 Cook, L (2006) *Questions for Our Times About Retirement Saving and Pensions*. Discussion paper for the Retirement Commission. October 2006, p15

4 Census 2006 Income data by age and sex from [www.stats.govt.nz](http://www.stats.govt.nz) (accessed 20 August 2007)

5 Cook, L (2006) *Questions for Our Times About Retirement Saving and Pensions*. Discussion paper for the Retirement Commission. October 2006

6 Based on 2006 total older population of 509,430 (Statistics NZ national population estimates March 2006 quarter) and 2004 Living Standards Survey data (as cited in Jensen et al, 2007) showing 2% of NZ Superannuitants experiencing severe hardship, 5% significant hardship, 6% some hardship, 16% experiencing

### 3 Policy Statements and Rationale

The current universal tax funded state pension scheme should remain in place providing security of income for those aged 65 years and over.

While there has been considerable debate about the affordability of NZS and our economic capacity to support a growing older population, these fears have often been overstated.

In 1997, the Todd Taskforce concluded that NZS was a simple and effective system for public provision of retirement income, and flexible enough to meet the fiscal challenges of an ageing population. They also considered that New Zealand is better able to adjust to the changes we will face over the next 50 years than many other countries.<sup>7</sup>

Other commentators agree that New Zealand is well-placed to weather the increased expenditures associated with a growing proportion of older people in our population. The current pension arrangements have the advantage of being simple and flexible, providing certainty, efficiency and equity, without resulting disincentives to ongoing participation in work,<sup>8</sup> and are credited with having successfully prevented significant poverty in older age to date.<sup>9</sup>

*“New Zealand has a remarkably effective state pension system<sup>10</sup>...Our unique pension system, sensibly adjusted, must be the sturdy cornerstone of successful policy for an ageing population.”<sup>11</sup>*

Age Concern supports the current universal, tax funded state pension scheme, as an efficient mechanism to meet the needs of an ageing population.

#### **Annual adjustments in NZS must reflect older peoples' particular circumstances, taking adequate account of rising costs of essential services and expenses associated with maintaining involvement in society.**

Rising living costs produce significant pressures for older New Zealanders on tight budgets with limited capacity to supplement income or save for additional expenses.

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a fairly comfortable living standard, 33% comfortable, 34% a good living standard, and 4% very good living standard.

7 Periodic Report Group (July 1997) *1997 Retirement Income Report*

8 Cook, L (2006) *Questions for Our Times About Retirement Saving and Pensions. Discussion paper for the Retirement Commission*. October 2006

9 St John, S (2005) *Retirement Incomes in New Zealand*. Australian Economic and Labour Relations Review 2005.

10 Else, A. & St John, Susan (1998) *A Super Future*, p 223

11 *ibid*, p226

The New Zealand Superannuation and Retirement Income Act 2001 introduced annual adjustments to the rates of New Zealand Superannuation (NZS) in line with increases in the Consumer Price Index, indexed to the average wage. The net rate of payment for a couple without other income is legislated to lie between 65% and 72.5% of net average weekly earnings. Each year there is an annual adjustment to reflect movements in the Consumer Price Index, unless the floor (currently 66%) is breached at which point wage indexation restores the floor.

While these annual adjustments provide some essential protection against rising costs of living, movement in the all-groups Consumer Price Index and the average wage may not adequately reflect older people's circumstances. Patterns of consumption vary between age groups. In addition, Census figures for 2006 reveal that while New Zealanders' median personal income went up by about one-third over the last five years, most older people's incomes only increased around 15%. The link to average wages may also become less relevant as more of the population work part time.<sup>12</sup>

Age Concern considers that adjustments to NZS must take adequate account of older people's specific circumstances and that adjustments reflect the change in costs of essential services, such as power, water, phone, housing (rent or rates), and expenses associated with maintaining involvement in society, including transport.

**The New Zealand Superannuation Fund provides an opportunity to smooth out the effects of our ageing population. The Fund needs to be protected through wide spreading of investment risks.**

The establishment of the New Zealand Superannuation Fund under the NZ Superannuation Act 2001 has increased the security of publicly funded universal retirement income. However the first audit of the fund in 2004 recommended decreased weighting on international equities and spreading investment risks more widely. Age Concern supports measures to increase the security of funds.

While supporting the NZ Superannuation Fund as a mechanism for smoothing out the effects of demographic change, Age Concern considers the most important way of ensuring an adequate standard of living for older people in the future is to ensure a healthy economy and to reduce the inequities that result in multiple disadvantages for some in society.

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<sup>12</sup> Cook, L (2006) *Questions for Our Times About Retirement Saving and Pensions. Discussion paper for the Retirement Commission. October 2006*

It cannot be assumed that future generations will experience an adequate standard of living in their older age. Retirement income policies must anticipate the long term and ongoing impact of socio-economic conditions experienced by individuals throughout their life course.

### **Retirement savings schemes such as KiwiSaver must not be promoted as a substitute for New Zealand Superannuation**

Age Concern supports the establishment of KiwiSaver as one option for financial preparation. Age Concern also seeks extension of the scheme to older people who are working past age 65 years.

However, KiwiSaver must not be seen as an alternative to a guaranteed state pension. Those on low to moderate incomes who make contributions to KiwiSaver may be unable to accumulate sufficient funds over the course of their working life to provide an adequate income in later years.<sup>13</sup> Others on low incomes may be unable to afford contributions to KiwiSaver. In addition a proportion of earners would benefit more from reducing debt or paying off home mortgages.

Policies on retirement savings must take account of the variety of factors that impact on an individual's ability to save for older age, including employment opportunities, the state of the economy, barriers and opportunities for education and skills development, health status and government policies on home ownership.

Some groups face additional barriers. Older workers have less time to benefit from the newly introduced KiwiSaver scheme and can experience barriers to employment due to ageist attitudes. Women are more likely to experience periods out of the workforce and reduced hours as a result of family care responsibilities and have lower average earnings than men. Maori and Pacific are more likely to have experienced low lifetime income and a lack of home ownership, a key factor for adequate living standards in older age.

Consumers must have adequate information on the benefits and disadvantages of participation in KiwiSaver. Financial service providers need to ensure that short and long term outcomes, risks and benefits are transparent and must be required to fully disclose all fees and expenses.

The impact of the KiwiSaver scheme and the financial situation of various age groups require careful monitoring and ongoing research.

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13 Morgan, G (2006) *Pension Panic. Tough talk on sorting out your finances*. Auckland: Random House

## **A comprehensive range of subsidies and discounts is needed to support the health and wellbeing needs of older people experiencing hardship**

Research on living standards shows that a significant proportion of older people experience a restricted standard of living. In 2001, 5% of older people were experiencing marked material hardship and a further 5-10% experienced some financial difficulties.<sup>14</sup> Financial limitations affected their ability to visit the doctor, buy new clothes, pay for heating and participate in social activities.

Discounts and subsidies offer opportunities to prevent hardship and need to be broadened.

Discount card schemes (for example the SuperGold Card) have the potential to improve access to social and recreational activities, enhance opportunities for life long learning, reduce costs of transport allowing ongoing involvement in communities, and offer a means of discounting essential utilities including power and water. Age Concern encourages companies supplying essential goods and services to provide discounts through such schemes.

Older people experiencing restrictions due to poor health are more likely to have a reduced standard of living.<sup>15</sup> Government subsidies for health care must be sufficient to ensure that older people can afford to visit their GP, be referred for specialist assessment, and can afford pharmaceutical, laboratory and radiology services. Subsidies for optometrists, audiologists, dental and other allied health services are also required for care essential to maintaining health and wellbeing.

## **Older homeowners need security concerning home equity conversion options to release funds tied up in housing**

Older homeowners should have choices concerning releasing funds tied up in housing through home equity conversion schemes (HEC). However improved consumer protection, extensive education and information on implications of HEC are required.

HEC schemes should be regulated by a specific body responsible for the HEC code of practice. Age Concern supports only those with recognised certification and training being able to sell HEC schemes.

Providers should advise potential clients to consult their financial planner and should seek reassurance from the client that no undue pressure is being placed on them by any family member or other person seeking to benefit from HEC.

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<sup>14</sup> Ministry of Social Policy (2001) Living Standards of Older New Zealanders

<sup>15</sup> Jensen, J et al (2007) 'The 2004 New Zealand Living Standards Survey: What does it tell us about the importance of multiple disadvantage'. *Social Policy Journal of NZ*, Issue 30, March 2007

Government funded access to independent legal and financial advice should be available to consumers and should be made mandatory before agreement on a HEC loan is reached.

'No-negative' equity guarantee should be compulsory so that borrowers do not end up owing more than they own and to ensure that a person required to sell or move into more supported accommodation will not be left with out-standing debt and little means for repaying it.

# 02 Health Needs of Older People

## 1 Key Policy Outcomes

All older people have timely access to affordable, integrated health and disability support services that are responsive to the diverse and changing needs of older people and those who care for them.

Healthy lifestyles and supportive environments enhance older people's well-being and enable future generations to age in better health.

## 2 Current Position

- Most older people experience good health and are active and mobile and do not require assistance with daily tasks.<sup>16</sup> However, older people are more likely to visit a GP, receive prescriptions, and to have multiple conditions as they age.<sup>17</sup> Those aged 75+ have higher rates of moderate and severe disability, including disabilities of hearing and vision.<sup>18</sup>
- Life expectancy is increasing. Women on average live longer than men.<sup>19</sup>
- Māori and Pacific peoples have a relatively poorer health status and lower life expectancy. Lower socio-economic circumstances are a significant factor.<sup>20</sup> Differences in health care received also influence health in later life.
- Although we are generally ageing in better health, the increasing incidence of some chronic diseases and the increased rate of dementia will increase demand on health and disability services as the population ages.<sup>21</sup>

16 Ministry of Health (2002) Health of Older People in NZ: A Statistical Reference pp32-33

17 See Cox and Hope in Boston J and Davey J, (2006) Implications of Population Ageing: Opportunities and Risks. Wellington: Institute of Policy Studies

18 Ministry of Health (2007) Older People's Health Chart Book 2006. Wellington: Ministry of Health.

19 Statistics NZ (2006) Demographic Trends 2005

20 Blakely T, Fawcett J, Hunt D, et al. 2006. 'What is the contribution of smoking and socioeconomic position to ethnic inequalities in mortality in New Zealand?' *Lancet* 368: 44-52.

21 Cornwall J and Davey J (2004) Impact of Population Ageing on the Demand for Health and Disability Support Services and Workforce Implications Background Paper. Wellington: Ministry of Health

- Health care costs (including costs of GP and specialist consultations, prescriptions, and house calls) remain a barrier to older people accessing services, particularly for those with chronic conditions.<sup>22</sup>
- Current and predicted health workforce shortages pose a significant challenge for older people's health care.<sup>23</sup>

### 3 Policy Statements and Rationale

#### The ongoing implementation of the Health of Older People Strategy and the development of services for older people must be founded on reliable data collection, service evaluations, research findings and community consultation

The primary aim of the 2002 Health of Older People Strategy (HOPS) is “to develop an integrated approach to health and disability support services that is responsive to older people’s varied and changing needs” (HOPS, p3). Health and disability support services include health promotion, preventive care, specialist medical and psychiatric care, hospital care, rehabilitation, community support services, respite care and residential care.

The integrated approach of the HOPS involves providers working closely with older persons, and their family, whanau and carers, to provide a continuum of coordinated services “that appear seamless to the recipient” (HOPS, MOH, p79). Information sharing is a key element. The strategy recognises that service gaps, overlaps and inefficient access criteria have resulted in confusion and lost opportunities to regain and improve health.

The strategy sets out a framework for the planning, funding and delivery of services and actions, outlining objectives and actions for the Ministry of Health and District Health Boards.

In line with other health strategies HOPS focuses on improving health status, reducing inequalities and promoting participation, and emphasises health promotion, disease and injury prevention, and timely and equitable access to services that are culturally appropriate and which recognise an increasingly diverse older population.

Both the Ministry of Health and DHBs are responsible for implementation of the Strategy, by 2010. The Ministry of Health is responsible for monitoring DHB’s progress on the strategy against their annual plans and via “three-yearly reviews”.

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22 National Advisory Committee on Health and Disability (2007) Meeting the Needs of People with Chronic Conditions. Wellington: National Advisory Committee on Health and Disability

23 Cornwall and Davey cited in Boston J and Davey J, (2006) Implications of Population Ageing: Opportunities and Risks. Wellington: Institute of Policy Studies

Age Concern supports the vision, principles and objectives of the Health of Older People Strategy and seeks full implementation of actions. Age Concern considers that the results of monitoring and evaluation of the HOPS should be made publicly available.

### **Urgent and sustained action is required to address labour shortages in health and disability services**

A range of remedies are needed to address health workforce shortages, including action to improve staff recruitment and retention and workforce training and development.

Lack of reliable data on the voluntary and disability support workforce in particular, needs to be addressed to allow effective planning to meet care and support needs.

### **Structure and delivery of health services should demonstrate a holistic health promoting approach. Healthier lifestyles and environments will lead to future generations of older people ageing in better health.**

It is well established that social, cultural and economic factors significantly influence health status across the life span.<sup>24</sup> Those on the lowest incomes experience the most health problems. Addressing disparities will assist people to reach older ages in best health.

Conditions at younger ages impact on health status in older age. Healthier life-styles and environments will lead to future generations of older people ageing in better health.

A population health approach and health promoting framework is needed throughout the health system. Non-government organisations and community based health services play an important role in promoting good health and increased collaborative approaches and recognition of their role is needed.

### **Investment in health promotion programmes for people of all ages, and for older people specifically, must be significantly increased**

The potential long term health and fiscal benefits of health promotion programmes are significant. They can result in improved well-being – physically, mentally, spiritually, and emotionally. Health promotion encourages and supports people to make behaviour changes that improve their life-style and their health. Such programmes may foster positive attitudes to ageing, encourage physical or social activity, improve nutrition and promote life long learning.

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24 See National Advisory Committee on Health and Disability (2007) *Meeting the Needs of People with Chronic Conditions*. Wellington: National Advisory Committee on Health and Disability; and Blakely T, Fawcett J, Atkinson J, et al. (2004) *Decades of Disparity II: Socio-economic mortality trends in New Zealand 1981-1999*. Wellington: Ministry of Health.

Health promotion programmes should be targeted to people of all ages, as well as specifically to the needs of older people. “The ageing of the New Zealand population means that the number of older people needing treatment and support will continue unless older people are healthier in the future.”<sup>25</sup> Health promotion programmes have the potential to reduce the time that older people spend diseased and disabled.

### **Disease and disability amongst older people must not be accepted as inevitable and irreversible**

Public health and health promotion services have a vital role in reducing the burden of disease and disability, and changing “people’s expectations of the degree to which ageing is unavoidably associated with ill-health and disability.”<sup>26</sup>

We endorse the view of the National Health Committee that “a substantial proportion of chronic disabling conditions in older people can be prevented, or their impact on independent living postponed.”<sup>27</sup>

### **The provision of new treatments, and delivery of effective health and support services are essential in preventing or delaying illness or disability**

Bio-technological advances will benefit people who would have become sick or disabled in previous times.<sup>28</sup> The provision of new treatments, including pharmaceuticals and surgical procedures, may prevent or delay the onset of illness or disability. These medical interventions need to be more cost-effective and more widely available.<sup>29</sup>

The provision of support services also has a key role. The National Health Committee considers that “...more effective support for older people in their own homes can achieve a ‘compression of morbidity’, so that the period of disease and disability before death is shortened and overall health expectancy extended.”<sup>30</sup>

### **People must have timely and easy access to affordable primary health care services**

Primary health care includes a range of services designed to keep people well and provide a first point of contact with the health system.<sup>31</sup> It is important that these services are affordable and accessible to all older people.

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25 National Health Committee (2000) Report of the National Health Committee on Health Care for Older People p6

26 *ibid.*, p6

27 *ibid.*, p13

28 WHO (2002) Towards Policy for Health and Ageing (factsheet)

29 *ibid.*

30 Fries (1996) cited in National Health Committee (2000) *Health Care for Older People*, p13

31 National Health Committee (2000) Improving Health for New Zealanders by Investing in Primary Health Care p8

Despite the Primary Health Care Strategy concerns regarding access to primary care remain. Shortages of GPs are a significant concern in some areas, particularly rural. Inconsistency of fees around the country reduces equitable access and costs of appointments, pharmaceuticals, laboratory tests and x-rays remain a barrier.<sup>32</sup>

Government, District Health Boards and primary health care providers need to collaborate on strategies to ensure older people have timely access to affordable primary health care in all areas of the country.

### **Older people must have timely and easy access to multi-disciplinary, comprehensive needs assessment and be provided with information on services and support available**

Older people have unique and complex health needs that require specialised gerontological services. Early assessments by skilled health professionals facilitate appropriate treatment and rehabilitation, and minimise the effects of illness and dependency.

Health services require nationally standardised needs assessment criteria that must be appropriate to older people. Needs assessment tools must recognise holistic needs, address the needs of carers and be able to achieve improved health and independence outcomes.<sup>33</sup>

Older people should receive information on care and support services available and be involved in decisions about care.

### **Assessment, treatment and rehabilitation services are pivotal and need to be integrated into comprehensive health care services for older people**

These multi-disciplinary services focus on achieving the rehabilitation potential of each older person. Such services have been proven to significantly extend and improve quality of life for frail older people, and reduce the need for hospital care.<sup>34</sup> However services vary across regions.<sup>35</sup> There is some evidence that reduced services in some regions have resulted in increased use of residential care.<sup>36</sup> It is essential that the availability of these services be increased.

### **People must have timely and easy access to specialist consultations and investigations, and elective surgery**

Many older people live with chronic pain and disability that can be reduced or eliminated with appropriate treatment. Timeliness of

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32 Costs of health care were identified as a significant concern during Age Concern's 2007 consultation with older people on priority issues. See also National Advisory Committee on Health and Disability (2007) Meeting the Needs of People with Chronic Conditions. Wellington: National Advisory Committee on Health and Disability

33 National Health Committee (2000) Health Care for Older People p4

34 National Health Committee (2000) National Health Committee on Health Care for Older People p10.

35 Ministry of Health (2004) A Snapshot of AT&R Services and Mental Health Services 2003.

36 National Health Committee (2000) National Health Committee on Health Care for Older People p10.

response and intervention is most important as physical deterioration in an older person can be rapid and may be difficult or impossible to reverse.

Unfortunately many people are required to wait some time to access the health services they need. During this time many require ongoing support from primary health care services and may be unable to fully participate in the community.

### **Older people should not be discharged from hospital until their community care needs have been established, and appropriate care has been arranged to commence immediately**

Older people must not be discharged unless appropriate community care that meets their health needs has been arranged. In situations where their needs cannot be adequately met, or where these will place high demands on their carer, intermediate rehabilitation and convalescence residential care should be available.

### **Lack of transport should not be a barrier to accessing health services**

Transport can be a major barrier to older people getting to health services. This is an even greater problem for those living in rural areas and smaller communities. This lack needs to be addressed by all health services.

### **Palliative care services should be available to all who are experiencing a terminal illness**

Palliative care is effective in improving the quality of life of people who are dying<sup>37</sup>, whatever their illness. Provision of palliative care will also reduce the rate of illness and premature death amongst surviving close family members. Palliative care services should be available to individuals who are dying from any cause and their families and friends. Palliative care services should also be available to those who are experiencing a distressing incurable illness who may not be in the terminal phase, but who choose palliative care as alternative to ongoing acute treatment options.

### **Mental health assessment, treatment, rehabilitation and support services for older people must be improved and adequately resourced**

Older people should have access to specialist and multi-disciplinary services which are able to understand and respond appropriately to the mental health needs of their age group.<sup>38</sup> The treatment and care of older people with mental health problems can also be complicated by

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37 Hon. Annette King, Minister of Health (2001) *The New Zealand Care Palliative Strategy* p3

38 Melding, P (2000) 'The view from the bottom of the cliff. Old age psychiatry services in NZ: the patients and the resource' in *NZ Medical Journal* 27 October 2000 p439

physical health conditions (co-morbidity), requiring a combination of specialist mental health and geriatric services.

There remains a significant lack of mental health services for older people. This includes a lack of specialist, hospital, drug and alcohol, gambling, community and day care services. In particular, the number of psychiatrists and hospital bed numbers are below international standards.

### **Mental health promotion and early intervention programmes for older people need to be increased**

Older people who are active and have a positive self-image are more likely to have good mental health and be less at risk of isolation and depression.<sup>39</sup> Available data indicates that depression is the most common mental health disorder amongst older people, and the rates of suicide amongst older men are high.<sup>40</sup> Health promotion programmes can prevent or reduce the impact of depression and improve the mental health of older people.<sup>41</sup>

### **Older people must have access to specialist dementia services**

The need for appropriate care services for people with Alzheimer's disease and other forms of dementia is increasing rapidly as the population ages. About 12% of people over 65 years are affected by dementia, and numbers are expected to increase.<sup>42,43</sup> Dementia affects more than 38,000 people in New Zealand and that number is predicted to rise to 118,000 by 2050.<sup>44</sup>

The establishment of treatment and care packages for whole families is urgently needed. These include a cohesive and integrated range of services, including: assessment, treatment, personal care, home support, respite care, day care, carer support and residential care services.

Early diagnosis of dementia is crucial and primary care health professionals need to be skilled in early detection. Treatment and care

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39 Dwyer, Maire & Gray, Alison (1999) 'Maintaining Independence in Old Age: Policy Challenges' *Social Policy Journal of NZ*, Issue 13, Dec 1999 p85

40 Ministry of Health (2007) *Older People's Health Chart Book 2006*

41 Khaw, Kay-Tee (1997); Nutbeam, Don (1998); Cattán, M & White, M (1998); Andrews, G (2001); Dwyer, Maire & Gray, Alison (1999) 'Maintaining Independence in Old Age: Policy Challenges' *Social Policy Journal of NZ*, Issue 13, Dec 1999 p85

42 Chesterman, E (2001) 'Alzheimer's coalition groups forms' in *Alzheimer's Update*

43 See also discussion on prevalence in Lewis, H (2002) *Dementia in NZ: improving quality in residential care*

44 Access Economics (2006) *Dementia in the Asia Pacific Region: The Epidemic is Here*. Report for Alzheimer's Disease International. Available at [www.alzheimers.org](http://www.alzheimers.org)

choices should be easily accessible, and include subsidised medications such as cholinesterase inhibitors, as well as social interventions.<sup>45</sup>

**Long term care provision should be the subject of strategic planning with regard to demographics and health needs, and be informed by on-going monitoring and evaluation**

Long term care and support incorporates a broad range of home and residential care services which can assist people to enjoy their lives with as much independence, autonomy and dignity as possible.

It is essential that long term care provision is properly developed, equipped and resourced to meet the growing and changing needs of an ageing population. Such planning should have regard to the holistic needs of older people and their families/whānau – physical, mental, emotional and spiritual.

Planning should also recognise the way in which a wide range of different sector areas relate together to impact on health outcomes. These sector areas include personal income, health, housing, transport, culture and environment.

**A broad range of long term care services should be provided which are easily accessible, and flexibly co-ordinated around the needs of the older person**

There should be widespread availability and accessibility of long term care services throughout the country. The development of new, innovative and flexible services should be encouraged.

Older people and their families should be fully informed of the full range of care and support services available. An appropriate and flexible mix of services should be allocated to best meet the personal wishes and health needs of the older person.

A care coordinator should be allocated to ensure services meet the changing needs of the client. There is great diversity amongst the older population, as in all age groups, and the extent of health needs, circumstances and personal wishes will vary markedly between people. Personal needs will also change over time. Accordingly care and support services should reflect this diversity of need, providing maximum options and flexibility.

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<sup>45</sup> Keightly, J (2001) 'Trends in Diagnosis, Prevention & Treatment' in *Alzheimer's News*, December 2001, Issue 48 p9

## **Older people requiring health and disability support services, including residential care and home support services, should not be subject to an asset test**

Asset testing is discriminatory against older people and should be fully removed. The policy for progressive removal has failed to eliminate two key negative effects of asset testing. Firstly, evidence indicates that some older people are reluctant to, or are prevented from, entering residential care to protect family inheritances.<sup>46</sup> Older people should not feel compelled to live in situations where their health and care needs are not properly met in order to protect their assets.

Secondly it appears that those who are more affluent are also more likely to have protected their assets from testing, e.g. through using a trust. This is unfair and favours the wealthy.

Further, the current regime for progressive removal of asset testing has failed to keep pace with rising property values. As a consequence, sale of the home can be required to pay for costs of care.

## **Long term residential care should include a range of options**

A range of appropriate models of care is needed to provide older people with maximum choices. Facilities that offer a variety of levels of care and support need to provide clear written guidelines on services and costs to assist people to choose a facility that best meets current and future needs and wishes. Audit results on all facilities should be publicly available to assist people to make informed choices.

## **Long term residential care should maximise the ability of older people to be independent, autonomous, to maintain dignity and exercise personal choice**

The quality of life for older people living in long term residential care must be as high as possible. Quality care should maximise the older person's experience of security, comfort, meaningful activity, relationships, enjoyment, dignity, autonomy, privacy, individuality, spiritual well-being and functional competence.<sup>47</sup>

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46 Age Concern's 2007 study of elder neglect has highlighted cases where failure to access care has occurred as a consequence of concern to protect a family's assets. Refer to Age Concern's 2007 study of Elder Neglect (publication of full report is pending - see [www.ageconcern.org.nz](http://www.ageconcern.org.nz)).

47 Kane, RA (2001) 'Long-term care a good quality of life: bringing them closer together' *The Gerontologist*, June 2001.

**The standard of care in both home and residential settings must be transparent and of high quality, underpinned by: adequate staff ratios and skills; specified standards and best practice guidelines; independent monitoring; and mechanisms for prompt responses to apparent breaches**

Long term care services should be properly staffed with a sufficient number and ratio of skilled workers to residents.

It is important to develop the health care, home help, personal care and nursing workforce to ensure it is able to meet current and future service demands. Whether the service is engaged in home help, residential care, or dementia care the demands on staff are becoming increasingly complex. All staff should be adequately trained, supervised and remunerated for their work. In all settings staff need to be sensitive and responsive to the needs of older people and their families/whānau.

All areas of work should be subject to specified standards, best practice guidelines and regular comprehensive audits.

There should be clear mechanisms by which older people, their families and their caregivers, can express concern or complaints. They should be easy to access and should respond promptly and appropriately. These mechanisms should be clearly communicated and advertised to all older people and their families using long term care services.

**People should have timely access to affordable hearing and visual aids, and dental care.**

Affordable access to these services and the provision of affordable spectacles and hearing aids is essential. Currently, hearing aids for children and those in full-time employment are state funded. However all other people are only eligible for a very small subsidy. This is an unfair and discriminatory policy.

Older people, along with others not participating in the full-time paid workforce, should also have access to state funded hearing aids.

The importance of dental health for older people has been neglected, along with social and nutritional issues related to loss of teeth and ill-fitting dentures. High dental care costs are a likely factor in the low use of dental services by older people.<sup>48</sup>

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<sup>48</sup> Alcohol and Public Health Research Unit (1999) Advice for Purchasing Strategy on Public Health Issues: Health of Older Adults

# 03 Housing

## 1 Key Policy Outcome

**All regions have a range of affordable and appropriate housing providing options for older people.**

## 2 Current Position

- Most older people live in their own their homes, either with their spouse/partner, or on their own. The proportion of older people living alone is rising.
- Only a small proportion of those aged 65+ live in residential care (around 5%). Those in residential care are most often older women aged 80 years and over.<sup>49</sup>
- Older Māori and older Pacific people are more likely than other ethnic groups to live with relatives. Around one-quarter of older Māori and half of older Pacific people are living with relatives.
- About 10% of older people rent their home. For those renting their homes, more than a third rented from Housing New Zealand. Local authorities or city councils were landlords for another 28.5%. Just over 30% rented from a private landlord.
- New Zealand currently lacks a wide range of intermediate level housing that includes design features for more dependent older people.<sup>50</sup>

<sup>49</sup> Davey, J (2006) Housing. In Boston, J and Davey, J. (2006) Implications of Population Ageing.

<sup>50</sup> Davey, J (2006) "Ageing in Place: The views of homeowners about housing maintenance, renovation and adaptation. Wellington: Ministry of Social Development

### 3 Policy Statements and Rationale

#### Affordable and suitable housing must be available to all older people

Affordable and suitable housing is essential to good health and the ability of older people to remain independent. Housing should be adequately heated, secure, well designed, easily maintainable, and accessible to transport, shopping and other services.

Many older people live in housing which is inadequately insulated or heated and often do not have the resources to improve their homes.<sup>51</sup> This can adversely affect their health, especially for those who are frail and sick. New Zealand has a greater seasonal mortality amongst older people compared to other countries with more extreme climates.<sup>52</sup> The government should continue initiatives to assist low income households insulate and heat their homes.

Housing design should incorporate universal design features which “increase the usability of the home by people of all ages, sizes, and abilities and enhance the ability of all residents to live independently in their own homes for as long as possible.”<sup>53</sup> It should also recognise that many older people may want homes large enough to have family members or carers to stay, and have room for hobbies and activities.<sup>54</sup>

#### Affordable and suitable rental housing options for older people with limited means should be developed, subsidised and provided by central and local government

Central and local government have an essential role to provide affordable and suitable rental housing to meet the needs of older people with limited means. This role also includes collaborating with other sectors to develop and support a range of rental housing options. Approximately 10% of older people live in rental accommodation, and the majority of these rent from Housing New Zealand and local authorities.<sup>55</sup>

Low income tenants can spend a high proportion of their income on rents, leaving less money for other living costs. Māori and Pacific people have the highest rate of rental tenure and significantly lower incomes than other ethnic groups.<sup>56</sup> Older people, along with other tenants on low

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51 Dwyer, M; Gray, A; & Renwick, M (2000) Factors Affecting the Ability of Older People to Live Independently p34

52 Howden-Chapman, P, Signal, L & Crane L (1999) cited in Davey, J et al (2004) Accommodation Options for Older People in Aotearoa/New Zealand: Report prepared for the Centre for Housing Research Aotearoa/New Zealand (CHRANZ). Wellington: CHRANZ

53 AARP (2002) “Universal Design: A Home for All Ages.” ([www.aarp.org/universalhome](http://www.aarp.org/universalhome))

54 Dwyer, M; Gray, A; & Renwick, M (2000) Factors Affecting the Ability of Older People to Live Independently p34

55 Statistics New Zealand (1998) 65 Plus

56 National Health Committee (1998) The Social, Cultural and Economic Determinants of Health In New Zealand: Action to Improve Health p31

fixed incomes, can suffer financial hardship if rentals are fixed at an unreasonable level.

### **A range of independent and supported housing options is essential. Intermediate level housing is lacking and needs to be developed**

For all older people, whether tenants or home owners, their housing needs may change over time. However, they may be unable to find appropriate or affordable housing. This lack of options can reduce the independence and quality of life for those older people affected,<sup>57</sup> and may sometimes lead to premature entry into residential care.

Options for older people with limited means and living in rental accommodation are even more restricted. In particular, there is a need for supported and sheltered housing rental options for older people unable to afford retirement village units or serviced apartments. The unique housing needs of Māori and Pacific Islands people should also be met in consultation with these communities.

Intermediate level housing, with design features for more dependent older people, is limited in New Zealand. A range of housing options need to be developed to provide choice and safe environments for older people.<sup>58</sup>

Housing options may include (but are not limited to) subsidised rental accommodation; independent living units; shared house arrangements (e.g. Abbeyfield homes); supervised units, flats or apartments; and relocatable housing units (secondary dwellings formerly known as granny flats), as well as retirement villages and residential care facilities for intermediate level care and hospital-level care.

### **Assistance for house maintenance and house adaptations should be available to help older people on low incomes continue living independently**

Currently, the majority of older people own their homes, mortgage-free. However, the costs of maintaining their homes can be significant over time, and are a major concern for older owners, especially women.<sup>59</sup>

Costs should not be a barrier to adaptations that will increase mobility, prevent injury and improve mobility and independence. Those on low fixed incomes require access to low cost home maintenance services and financial assistance for disability related adaptations to the home.

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57 Dwyer, M; Gray, A; & Renwick, M (2000) Factors Affecting the Ability of Older People to Live Independently p34

58 Davey, J (2006) "Ageing in Place: The views of homeowners about housing maintenance, renovation and adaptation. Wellington: Ministry of Social Development

59 *ibid*, p35

### **Local authority rates need to be maintained at a reasonable level.**

Rises in local authority rates are a source of considerable concern for those on fixed incomes. The Rates Rebate Scheme offers limited assistance in its current form. Further research is required to assess the impact of recently introduced rates deferment schemes. Action from local and central government is needed to determine alternative funding mechanisms for local authorities in order to reduce the rates burden on households.

### **Guidelines and standards for Home Equity Conversion schemes and Reverse Mortgages are needed to ensure security and protection for homeowners.**

Information on the opportunities and risks of schemes needs to be readily available to enable choice and security for homeowners considering their options.

### **The rights and interests of older people living in retirement villages must be protected**

The retirement village sector has grown rapidly over the last few years. The Retirement Villages Act and related Code of Practice offer increased protection and security for village residents. The impact of industry regulation needs to be measured and policies evaluated to ensure ongoing protection of residents.

# 04 Transport

## 1 Key Policy Outcome

**Affordable and accessible transport services are available in all areas of the country, allowing older people to remain safe and to comfortably move from place to place with maximum levels of independence.**

## 2 Current Position

- Lack of affordable and appropriate transport services contributes to social isolation and can be a barrier to activity and independence<sup>60</sup>.
- Transport availability and transport costs have been identified as priority issues amongst older people<sup>61</sup> and those with chronic conditions<sup>62</sup>.
- Older people are over-represented in pedestrian accident figures.

## 3 Policy Statements and Rationale

### Public transport should be user-friendly to everyone, including people with limited mobility

Accessible and affordable public transport is important to the independence and well-being of older people. Older people who do not have their own vehicle often have difficulty accessing services and participating in social activities. Accessible and affordable public transport assists older people to maintain their independence and participate in their local community.

People with limited physical mobility can have difficulty using public transport.<sup>63</sup> More public transport vehicles designed to allow people to get on and off with ease are needed. Operators and drivers should offer

60 Davey, J (2004) Coping Without a Car. Report for the Office for Senior Citizens. Wellington: Ministry of Social Development

61 Costs of transport were identified as a significant concern during Age Concern's 2007 consultation with older people on priority issues.

62 National Advisory Committee on Health and Disability (2007) Meeting the Needs of People with Chronic Conditions. Wellington: National Advisory Committee on Health and Disability

63 Davey, J and Nimmo, K (2003) Older People and Transport: Scoping Paper. Wellington: NZIRA

and provide additional assistance when needed. Public transport timetables should be coordinated and scheduled to take account of community needs.

### **Transport services should be available in all areas. Community initiated transport services should be supported, funded and extended**

In some areas, public transport services are not available or are very infrequent.<sup>64</sup> This can contribute to older people being isolated in their homes, particularly those living in rural areas. Where suitable public transport is not available, alternative transport services for older people should be provided, and innovative solutions encouraged. A number of community operated transport services have developed in some areas to meet the needs of older people. These schemes should be supported and extended with appropriate funding made available.

### **The use of quality mobile services, especially in rural and isolated areas, should be extended**

The transport needs of some older people can be reduced by the provision of mobile services. These include health, banking, library and shopping services. Supermarket door-to-door services should also be promoted.

### **Hospitals and health service providers should ensure that patients have transport to attend appointments**

Lack of transport can be a problem for older people travelling to health care appointments, particularly in rural areas. This is even more difficult for older people experiencing disability, frailty or sickness. For those living in rural areas and smaller communities, travelling long distances to services can be arduous, uncomfortable and expensive. Access to adequate and affordable transport services should be available either by direct provision or subsidised where needed.

Hospital and other health service providers should routinely ask patients if they have transport to attend scheduled appointments, and be prepared to offer assistance. Appointments should also be scheduled at times that minimise any transport difficulties for older patients.

### **Transport cost subsidies should be available to people who have no suitable transport to attend medical appointments in both rural and urban areas**

Subsidies should be paid directly from source to the provider, or paid in advance to the service users to ensure they are not out-of-pocket while waiting for reimbursement of costs.

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<sup>64</sup> Davey, J (2004) Coping Without a Car. Report for the Office for Senior Citizens. Wellington: Ministry of Social Development

### **Central and local government must work to increase safety and reduce hazards for older pedestrians**

Older people are over-represented in pedestrian accident figures. Central and local government should work to reduce the incidence of injuries and death to older pedestrians. Issues of concern include: design of shopping and car parking areas; street lighting; footpath repairs, location and timing of pedestrian crossings, use of cycles and skateboards, traffic signals; and the provision of adequate seating in public places for older pedestrians.<sup>65</sup>

### **Older drivers should be provided every opportunity to continue driving safely, for as long as possible.**

A license to drive is very important in maintaining mobility and independence. Older people should be supported to continue driving safely through road safety and driver education programmes, and ensuring the process of re-licensing is fair, friendly, supportive and low-cost.

### **The planning and provision of all services should consider the mobility needs of older and disabled people. Research identifying service gaps and strategies for meeting these needs is required**

The mobility needs of older people and others with disabilities should always be considered when planning and providing services, particularly health services.

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65 Dwyer, M; Gray, A; & Renwick, M (2000) Factors Affecting the Ability of Older People to Live Independently pp41-42

# 05 Ageing in Place with Safety and Security

## 1 Key Policy Outcome

**A high proportion of older people remain living in their own homes, in a safe and secure environment and with appropriate care and support, until the end of their lives.**

## 2 Current Position

- Currently most older people remain living in their own homes throughout later life. However not all receive the support they need to maintain their safety and well-being.
- To age in place successfully older people need appropriate housing, access to amenities and facilities, formal or informal personal care and support, and opportunities to maintain social networks and to participate in the community.
- Older people and their carers need increased information on care and support services available to them.
- Some older people ageing in place are at risk of elder abuse or neglect. Elder abuse and neglect prevention services work with approximately 500 – 600 abused or neglected elders each year.
- There are a considerable number of isolated older people in the community that require supportive services from organisations such as Age Concern. Demand exceeds current capacity.<sup>66</sup>

## 3 Policy Statements and Rationale

**Health and support planning should emphasise enabling people to make choices about where to live and to receive the support they need to do so**

Most older people wish to retain their independence and live in their own home.<sup>67</sup> Many have modest health and support needs, which if met,

<sup>66</sup> Approximately 1600 people are seen by Age Concern's Accredited Visiting Service visitors per year, with approximately 200-250 additional clients on waiting lists at any one time.

<sup>67</sup> Richmond, D et al (1995) *Care for Older People in NZ*. Report to the National Advisory Committee on Core Health and Disability Services, p47; Royal Commission on Long Term Care (March 1999) op.cit.

could enable them to remain living at home and avoid premature admission into residential care.

Remaining in the home of choice may depend on the ability to have houses modified, adapted or maintained in order to keep them in good condition and able to fulfill needs.

The ability to age in place may also be dependent on the development of disability and age-friendly environments, and improvements in primary and community health and disability support services. For example, an 'early response team' concept could assist with identification of potential problems and provide early interventions – functions once provided by GPs' home visits.

The aim should be to reduce older people's risk of avoidable hospitalisation or inappropriate entry to residential care.

A range of aids for older people and adaptations to their own homes should be available, including:

- modifications, such as ramps and non slip surfaces to improve access or ease of movement around the home and property
- health related improvements such as insulating homes for warmth and ventilation
- use of new technologies which offer an increasing range of devices for communication (monitoring and alarm systems; internet; interactive digital television) and performing routine tasks (opening windows, turning taps on and off).<sup>68</sup>

For some, there may be a time when living independently at home is no longer an option, and other forms of accommodation or residential care will be required. A wide range of options should be available including supported accommodation, residential and hospital level care.

**Older people need access to a range of services, including personal care and disability support services, and assistance with housekeeping, shopping, maintenance and daily activities.**

Home help and personal care services should be widely available and accessible, and provided by trained and skilled workers. A wide range of options should be available to provide part-time or short-term care to older people. These include day care, short-term breaks, sitter services, overnight care, live-in care and weekend care. Respite care and convalescent care should also be provided, for older people with high

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<sup>68</sup> Royal Commission on Long Term Care (March 1999) With Respect to Old Age: Long Term Care – Rights and Responsibilities, United Kingdom p2-3

support needs or for those discharged from hospital, but needing a further period of residential care before returning home.

To age in place successfully, older people may also need assistance with care and repair of their homes, including gardening, cleaning, and home maintenance.

These services can assist older people to continue living independently at home or in supported housing situations. They can also provide relief and assistance to carers supporting an older person, allowing them to continue providing support for a longer period than might otherwise have been possible.

A range of professional health services may also be provided in the home, including nursing, medical, physiotherapy, nutritional, podiatry and speech therapy. Other services such as specialist medical services could provide regular clinics at locations closer to older people, especially in rural communities.

### **Older people must have access to activities supporting social networks and services to prevent isolation**

The social environment has a strong impact on mental health and “people with strong family, cultural and community ties have better health than people who are socially isolated.”<sup>69</sup> However some older people ageing in place are at risk of social isolation when family live at a distance, and as friends move away or die and neighbourhoods change. Those with limited mobility and lack of access to transport are at greater risk.

A range of activities and services that promote social involvement and activity should be provided, including help with transport, shopping, home visiting, and access to social and leisure activities. Befriending services improve well being for those with limited social support networks and should be available in all areas of the country. All older people must have access to a phone and have a means to contact emergency services.

### **Changes in traditional patterns of work and family support networks need to be considered in policy on family care and support**

It is likely that the availability of carers will reduce while the number of people needing care will grow. Presently most carers are family members and neighbours – most of whom are women. Changes in traditional patterns of work and smaller and geographically separated families will impact on informal care giving roles.

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69 National Health Committee (1998) *The Social, Cultural and Economic Determinants of Health in NZ: Action to improve health* p10

As workforce participation increases informal carers may find they have to balance work and care responsibilities. Family friendly workplaces will be increasingly important. Carers may also be providing care from a distance and services that enable long distance support through local supervision and contact can enable family to remain actively involved and should be supported.

**Carer relief and support services should be freely available to all carers throughout the country. Information about services must be available and service provision should be adequate and equitable**

Caring can range from occasional assistance to full time care. The demands of caring can be so totally consuming that the carer may neglect their own physical and emotional health and give up personal pursuits. They may give up employment, stop their studies or hobbies, or see less of friends and family.

A significant proportion of these carers are older people, some of whom are themselves in poor health while caring for a spouse or older parent(s). Their contributions should be widely recognised, valued and supported.

Carers must be personally and practically supported to help them in their caring role, and to ensure they are able to continue with the important things in their own lives. Such supports include: access to carer relief services; training and support in care-giving; information; personal support; and access to a key health worker. They should also be encouraged to plan ahead for when their time of caring for a particular person is finished.

Carers providing relief services should receive pay relativity with other carers, and recognition of the specialist nature of their jobs.

The needs of both carers and those they are caring for must be addressed in the needs assessment process and reflected in the subsequent allocation of services. It is essential that health and disability services consult with the primary carer of any person in their care. If inadequate or inappropriate information and services are provided, caring relationships are at risk of breaking down unnecessarily.

**A national strategy on elder abuse and neglect is needed to enhance prevention**

**Elder abuse and neglect is unacceptable and everyone has a fundamental right to be safe and to live free from violence.**

Older people ageing in place can be at risk of elder abuse or neglect from family members, carers, and others with whom they have a relationship of trust.

Attitudinal change, public awareness and understanding, and community responsibility, are all fundamental to preventing elder abuse and neglect.

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By fostering zero tolerance of abuse and neglect, people will be encouraged to actively prevent or stop abuse, and may be empowered to seek advice, protection and support. Communities must also be encouraged to take safe and responsible action when they are aware of abuse or neglect occurring against older people.<sup>71</sup>

Age Concern New Zealand is promoting the development of a national strategy for the prevention of elder abuse and neglect that would encompass research, intervention and prevention activity. A national strategy would enable the identification by stakeholders of a comprehensive plan of action and would ensure consistency, co-ordination and best use of resources.

### **Older people affected by abuse and neglect must be able to access an elder abuse and neglect prevention and intervention service**

Elder abuse and neglect prevention services are provided by Age Concern Councils and other providers throughout New Zealand. However, current service provision is insufficient to meet community needs, with services particularly stretched in rural areas. Culturally specific services need also to be increased to meet the needs of Maori and Pacific elders, older migrants and older people from a range of ethnic minority groups. Elder abuse and neglect prevention services need to be extended and supported with increased funding.

Age Concern is committed to working collaboratively to further develop services and prevention activity. Ultimately the prevention of elder abuse and neglect requires a contribution from all sectors of society. The United Nations recommends that Government and civil society<sup>73</sup>, including the NFP/NGO sector, work together to address elder abuse and develop community initiatives.<sup>74</sup>

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70 See ACNZ (2005) *Age Concern Elder Abuse and Neglect Services: An analysis of referrals (for the period 1 July 2002 to 30 June 2004)*. See also *Promoting the Rights and Well-being of Older People and Those who Care for Them: A Resource Kit About Elder Abuse and Neglect*, Age Concern New Zealand, 1992

71 Ministry of Social Development (2002) *Te Rito New Zealand Family Violence Prevention Strategy*, p14

73 The term 'civil society' "refers to the set of institutions, organisations and behaviour situated between the state, the business world and the family". (Centre for Civil Society Website: [www.lse.ac.uk/Depts/ccs/what\\_is\\_civil\\_society.htm](http://www.lse.ac.uk/Depts/ccs/what_is_civil_society.htm)). See glossary for further definition.

74 United Nations, *Madrid International Plan of Action on Ageing 2002* (advance unedited edition, 12 April 2002), p38

### **Research on elder abuse should be guided by a national research strategy.**

New Zealand research is needed to increase knowledge about elder abuse and improve our ability to both prevent abuse and respond appropriately when it occurs. International studies do not reflect the unique cultural, social and legal factors which operate in the New Zealand context. Research is needed to determine the level and types of abuse; identify the needs of those affected by abuse or neglect; and develop more informed and effective services. A research strategy will establish priorities and promote issues to researchers and research funders.

# 06 Cultural Diversity

## 1 Key Policy Outcome

**A range of culturally appropriate services allow choice for older people and reduce inequalities in health and well being.**

## 2 Current Position

- Older people are a widely diverse group – socially and culturally – and will become even more so into the future.
- There are relatively few services targeting the needs of older ethnic minorities and limited research on their needs.
- Older new migrants need increased access to resettlement services and accessible English classes, interpreters and translated materials.
- Services that are culturally appropriate are more likely to be used by older people and their families.<sup>75</sup>
- Institutionalised and internalised attitudes affect access to services and treatment received, and result in ethnic inequalities and poorer health outcomes that accumulate over a lifetime.<sup>76</sup>

## 3 Policy Statements and Rationale

### Recognise ethnic and cultural diversity

It would be a great misconception to view all people aged over 65 as part of a homogeneous population group. Older people are a widely diverse group – socially and culturally – and will become even more so into the future.

<sup>75</sup> Ministry of Social Development (2001) *Positive Ageing in New Zealand: Diversity, participation and change*, p116

<sup>76</sup> National Advisory Committee on Health and Disability (2007) *Meeting the Needs of People with Chronic Conditions*. Wellington: National Advisory Committee on Health and Disability

The older age group may encompass two or even three generations of people in the same family, with vast differences in lifetime experiences, attitudes, economic and social circumstances.

In 2006, only 4% of Māori were 65 or older, but by 2051 they will make up approximately 13% of the total Māori population.<sup>77</sup> The proportion of Pacific and Asian older people in the population is also growing, and there is a wide ethnic diversity within each of these population groups. Approximately 2% of people aged 65 and over were of Pacific origin and 2% were Asian in 2001, but numbers will increase by three and five times respectively by 2021.<sup>78</sup>

Other significant older ethnic minorities include Dutch, German, Italian and Eastern European communities.<sup>79</sup>

Consultation with cultural and ethnic groups is required to determine issues and appropriate responses.

### **Improve the socio-economic conditions and health status of Māori, so they attain the same life expectancy as other New Zealanders**

Maori elders are traditionally honoured and respected as experienced and important older members of the whanau, hapu and iwi.<sup>80</sup> Koroua and kuia are active in ensuring intergenerational transfer of language, knowledge and culture, supporting community and individual well-being.<sup>81</sup>

However, more Māori experience poor social and economic conditions than other New Zealanders, and this is reflected in their higher rates of ill-health and lower life expectancy.<sup>82</sup> Further, the onset of ill-health for Māori appears approximately five years earlier than for non-Māori.<sup>83</sup>

*“When kaumatua die prematurely, the loss is greater as they have had little time to enrich their community.”<sup>84</sup>*

Health status for Māori must be improved, and to a large degree this can be achieved by early and easy access to education and appropriate health services. The Maori Health Action Plan 2003 aims to improve health and well being. However, we need to increase our knowledge

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77 Census 2006 Demographic data from [www.stats.govt.nz](http://www.stats.govt.nz) (accessed 20 August 2007)

78 Office for Senior Citizens (2005) *Briefing Papers for the Incoming Minister*.

79 Ministry of Social Development (2001) *Positive Ageing in New Zealand: Diversity, participation and change* p77

80 Ministry of Health (1997) *The Health and Well-being of Older People and Kaumatua* p4

81 Alcohol and Public Health Research Unit (August 1999) *Advice for Purchasing Strategy on Public Health Issues: Health of Older Adults* p7

82 National Health Committee (1998) *The Social, Cultural and Economic Determinants of Health in NZ: Action to Improve Health*

83 Cunningham, C (June 2000) *Health and Disability Services for Older Maori*. Paper prepared for the National Health Committee

84 Ministry of Health (1997) *The Health and Wellbeing of Older People and Kaumatua* p8

about the health needs of older Māori, increase Māori-for-Māori providers of care for older people, and improve the responsiveness of mainstream services to Māori.<sup>85</sup>

**People of different cultural and ethnic backgrounds should have access to services appropriate to them, and the opportunity to enjoy the same health status and life expectancy as other New Zealanders**

Older people in all cultural and ethnic groups should have access to culturally appropriate health and social services and action to increase in the number of Maori and Pacific health and disability care workers is required. Training in cultural issues should also be provided to staff in mainstream services

The Maori Health Action Plan 2003 and the Pacific Health and Disability Action Plan 2002 provide general strategies for improving health and well being and the Ethnic Perspective in Policy Framework 2003 provides a resource for policy development.

However older migrants and refugees lack access to services that recognise their particular needs. Older members of Asian communities can be particularly isolated due to language and cultural barriers and limited availability of culturally appropriate services.

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85 Cunningham, C (June 2000) *Health and Disability Services for Older Maori*. Paper prepared for the National Health Committee

# 07 Rural and Remote Area Issues

## 1 Key Policy Outcome

**Older people living in rural and remote communities are not disadvantaged when accessing services.**

## 2 Current Position

- About 10% of older people live in rural areas. In addition, a higher proportion of older people live in secondary or minor centres than the general population (22% compared to 16%).<sup>86</sup>
- Older Maori are more likely to live in rural areas than non-Maori.
- Those who are older-old (those 85+) are less likely to live in rural areas than younger old age groups, indicating a move to town to be near urban facilities, smaller accommodation, and residential care providers.<sup>87</sup>
- Changes in rural society have affected those living there. Increasing property values and rates have meant some older rural residents can no longer afford to 'age in place'.<sup>88</sup>

## 3 Policy Statements and Rationale

**The distinct needs of older people in rural and remote areas need to be considered in planning and funding of services**

Older people in rural and remote areas are both similar to and distinct from those in urban centres. Rural issues need to be recognised to ensure older people receive the same opportunities as those in urban centres

Between 1986 and 1996, the older population has been increasing in rural areas at a faster rate than urban centres.<sup>89</sup> Possible reasons

<sup>86</sup> Statistics New Zealand (2004) *Older New Zealanders – 65 and Beyond* (2004). Wellington: Statistics NZ

<sup>87</sup> Lidgard, J (2006) *Ageing in Rural Areas*. Working Paper Series. Population Studies Centre & University of Waikato. Available at [www.ewas.net.nz](http://www.ewas.net.nz)

<sup>88</sup> *ibid*

<sup>89</sup> Statistics New Zealand (1998) *New Zealand Now – 65 Plus*. Wellington: Statistics NZ

include movement to rural areas as a cultural or lifestyle choice in early retirement, in addition to older rural residents who are ageing in place.

Issues for older rural and remote residents include those of access to services, costs imposed by distance, and support needs of older residents who may be isolated from family members and neighbours.

Technology issues are relevant with telecommunications offering potential for overcoming isolation; however access to telecommunications and internet services can be limited in more isolated rural areas.

Remote communities also exist in urban areas and older people in these communities can experience isolation. Home support providers and visiting services for older people can experience increased costs and time delays due to distance from centres and traffic congestion.

Rural and remote communities and those providing services to them need to be innovative when finding solutions to issues such as transport and access to health and social services. Collaboration and good communication are an essential feature and partnerships between regional and local organisations are an important feature. Additional funding is also frequently needed to balance the increased expense posed by transport and distance and by the need to recruit, retain and support staff in isolated and remote areas.

# 08 Attitudes

## 1 Key Policy Outcome

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

## 2 Current Position

- Research indicates that older people feel more satisfied with life than those in younger age groups.<sup>90</sup> Older people say that adaptability, confidence and optimism are important for life satisfaction and positive ageing.<sup>91</sup>
- A negative stereotype of old age is quite pervasive and older people have often been portrayed as a burden on society.<sup>92</sup>
- Negative attitudes towards older age and assumptions about older people's needs can contribute to elder abuse and neglect.<sup>93</sup>
- Myths about ageing and older workers abilities limit their access to training and employment opportunities.<sup>94</sup>

## 3 Policy Statements and Rationale

**A range of strategies to promote positive attitudes to ageing and older people are needed**

People's view of older age can be influenced by common myths and negative stereotypes. A negative view of old age is quite pervasive and older people have often portrayed as a burden on society.<sup>95</sup> Stereotypes

90 Jensen, J et al (2006) *New Zealand Living Standards 2004*. Wellington: Centre for Social Research and Evaluation, Ministry of Social Development.

91 Dwyer, M; Gray, A; & Renwick, M (2000) *Factors Affecting the Ability of Older People to Live Independently* pages 16 & 17

92 Glasgow, K (2005) *Ageing is Living – An education and training resource to prepare for positive ageing* (Revised Edition 2005). Wellington: Age Concern New Zealand

93 ACNZ (2005) *Age Concern Elder Abuse and Neglect Services: An analysis of referrals (for the period 1 July 2002 to 30 June 2004)*

94 Ministry of Social Development (2001) *Positive Ageing in New Zealand: Diversity, participation and change*.

95 Glasgow, K (2005) *Ageing is Living – An education and training resource to prepare for positive ageing* (Revised Edition 2005). Wellington: Age Concern New Zealand

can be unwittingly internalised by older people and those who care for them and negative attitudes in society can obstruct older people from participating in ways that would best suit them and benefit the community.

One way of addressing these obstacles is through public education programmes to dispel myths and raise the profile of older people.

Personal attitudes identified by older people as important for their own positive ageing include determination, confidence, optimism, a sense of humour, and a sense of adventure.<sup>96</sup> Attitudes shown by others that are barriers to positive ageing include lack of recognition of life experience, background and culture, and, for those with chronic conditions, lack of understanding of the impact of conditions leading to stigma, blame and avoidance by others.<sup>97</sup>

Working with younger generations is important for ensuring effective attitude change. Strategies for attitudinal change need also to address ageism in the workplace by challenging negative stereotypes and promoting the value of older workers.

The role of the media is also important. Balanced portrayals of older people can counteract myths and information on ageing can destigmatise the ageing process. Positive images of ageing offer a counterbalance to the 'burden and dependency' image that underlies much anxiety about population ageing.

"Older people can and do continue to contribute to families, communities and society in hundreds of different ways. Our society could not function without them."<sup>98</sup> Further, it is older people who have "created the stock of physical assets, the factories, the roads, the houses, the schools and so on which their children use to generate their own incomes."<sup>99</sup>

### **Positive intergenerational relationships will improve attitudes to ageing**

Positive intergenerational relationships enhance social cohesion and improve attitudes to ageing. All generations will be affected by the contributions made by those at an earlier time. The way in which any generation treats those younger and older also affects the future they build for themselves.

Opportunities for older and younger generations to share interests and expertise can occur in all settings, both formal and informal, and are

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96 Glasgow, K (2005) *Ageing is Living – An education and training resource to prepare for positive ageing* (Revised Edition 2005). Wellington: Age Concern New Zealand

97 National Advisory Committee on Health and Disability (2007) *Meeting the Needs of People with Chronic Conditions*. Wellington: National Advisory Committee on Health and Disability

98 *ibid*, p11

99 UK analyst quoted in Else, A & St John, S (1998) *A Super Future* p109

likely to improve understanding and respect and have mutual benefits for young and old. Service providers and organisations can play a key role by creating and supporting opportunities for intergenerational activities.

### **Older people have a right to independence, participation, care, self-fulfilment and dignity**

Each of us, older and younger, has rights that entitle us to live with autonomy and respect and to contribute to our society. Age Concern supports the United Nations Principles for Older Persons, which identifies older persons rights to independence, participation, care, self-fulfilment and dignity. These principles underscore older people's rights to employment, health care, housing, education, and other essential services.

Along with rights are responsibilities: to use our skills and to learn new ones; to contribute to our communities; to prepare for our future; and to be open and flexible to the changing needs of ourselves and others. These rights and responsibilities do not change when we are older. They do not change when we require care or provide care.

Older people's rights are also protected by the Human Rights Act 1993 which made it illegal to discriminate on specified grounds including age, sex, disability, sexual orientation, and political opinion. This law applies to five specific settings, including education and employment. The Act protects the interests and freedoms of our increasingly socially and culturally diverse society.

### **Encourage central and local government to work in partnership with the whole community, especially organisations of older people, to mainstream ageing and the concerns of older people in all policy making**

The International Plan of Action on Ageing 2002 "calls for changes in attitudes, policies and practices at all levels in all sectors so that the enormous potential of ageing in the twenty-first century may be fulfilled."<sup>100</sup> Implementation is contingent on an effective partnership between Governments, all parts of civil society<sup>101</sup> and the private sector.

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100 United Nations, *Madrid International Plan of Action on Ageing 2002*, (advance unedited copy 12 April 2002) p4

101 The term 'civil society' refers to the set of institutions, organisations and behaviour situated between the state, the business world and the family". (Centre for Civil Society website: [http://www.lse.ac.uk/Depts/ccs/what\\_is\\_civil\\_society.htm](http://www.lse.ac.uk/Depts/ccs/what_is_civil_society.htm)).

# 09 Employment

## 1 Key Policy Outcome

**Older people are able to participate in the paid work force and choose when to withdraw from it.**

## 2 Current Position

- The number of older people in the workforce is growing. Projections are that the number of people aged 65+ will treble between 2001 and 2051.<sup>102</sup>
- Most people still expect to retire at some point, however this is likely to be a gradual process rather than an abrupt change. Many older workers are reducing hours and responsibilities over time.
- About half of workers aged 65+ work part time and a high proportion are self employed.<sup>103</sup>
- Older workers may become more valued as the traditional working age population is getting smaller and labour shortages are increasing. However myths and negative stereotypes about older workers persist.

## 3 Policy Statements and Rationale

**Older people should be able to participate in the paid work force and choose when to withdraw from it**

Older people have increasingly enjoyed longer and healthier lives over the last few decades. It is appropriate that there is no longer a legal retirement age and older people now have greater freedom in determining the length of their own working lives.

<sup>102</sup> Statistics NZ data cited in Davey, J (2006) *The Labour Market in Boston* J and Davey J (2006) *Implications of Population Ageing – Opportunities and Risks*. Wellington: Institute of Policy Studies

<sup>103</sup> Statistics NZ data cited in Davey, J (2006) *The Labour Market in Boston* J and Davey J (2006) *Implications of Population Ageing – Opportunities and Risks*. Wellington: Institute of Policy Studies

However, anti-age discrimination legislation may not be sufficient on its own. Many employers believe they should be free to choose who to employ.<sup>104</sup>

The “older worker will be a key element in the future of the workforce. This will be both as employers, employees and self-employed, and as consumers of products and goods, and users of services.”<sup>105</sup> Their increased participation in the workforce provides both personal income and public gain as their skills, experience and knowledge are retained. Older workers are potential mentors of younger workers, and counters to the shrinking workforce.

### **Ageism should be eliminated, and must not be an obstacle to older job seekers being employed**

Positive attitudes towards older workers must be fostered and negative stereotypes eliminated. Some employment practices discriminate against older people and perpetuate negative myths about their productivity and learning abilities. In fact, there is considerable evidence that older workers are productive, reliable, flexible, amenable to change, interested in further training.<sup>106</sup>

Unemployment in a person’s late 50s and early 60s has been found to adversely affect the quality of life in retirement. This further underpins the importance of ensuring older workers are provided every opportunity to remain active in the paid workforce.<sup>107</sup>

Education to inform and encourage employers to eliminate age discrimination attitudes and practices in the workforce should be promoted. “The growing older worker population highlights the need for new human resource strategies to address attitudes, recruitment, retention, performance and training issues.”<sup>108</sup>

### **Part-time work, appropriate work and flexible working conditions should be promoted. These will increase choices and opportunities for older people, and for all family care-givers**

Flexible employment practices can increase opportunities and choices for older people to participate in the work force. Such practices provide older workers with an option to move from full-time to part-time work, and assist people to manage family and care-giving responsibilities.

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104 McGregor J and Gray (2001) *Mature Job Seekers in New Zealand*. Palmerston North: Massey University.

105 Ministry of Social Development (2001) *Positive Ageing in New Zealand*. Wellington: MSD, p99

106 See Davey, J (2006) *The Labour Market in Boston* J and Davey J (2006) *Implications of Population Ageing – Opportunities and Risks*. Wellington: Institute of Policy Studies

107 Ministry of Social Development (2001) *Positive Ageing in New Zealand* p98; Fergusson, et al. (2001) *Living Standards of Older New Zealanders: A Technical Account*. p 53.

108 Ministry of Social Development (2001) *Positive Ageing in New Zealand* p98

Research published in 2001 indicated that less than a third of employers offer flexitime and less than 20% offer gradual retirement options.<sup>109</sup>

### **Education and training programmes for older workers to continue or resume participation in the work force should be provided**

Research indicates that many older workers and job seekers receive little guidance on how to keep their skills up to date.<sup>110</sup> Older workers must have every opportunity for training and development, and should be supported to take these opportunities. Government, trade unions, employers, and educational institutions should actively promote these opportunities and their uptake.

### **Employment and retirement income policies should be integrated so older people are not discouraged from participating in the paid work force.**

Social policies should be integrated to ensure older people have every opportunity and incentive to participate in the paid workforce if they wish.

### **Continued research on the participation of older people in both the paid and unpaid work force is needed**

As the population ages, and the proportion of older workers increases, monitoring the impact of this trend and emerging issues will be increasingly important. It will have effects on older workers and their families, on the workplace, and on the wider community. It will also be important to identify both pathways and obstacles to participation.

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109 McGregor, cited in Ministry of Social Development (2001) *Positive Ageing in New Zealand*, p101

110 McGregor J and Gray (2001) *Mature Job Seekers in New Zealand*. Palmerston North: Massey University.

# 10 Opportunities

## 1 Key Policy Outcome

**Older people of all ages have opportunities to be involved in activities that improve wellbeing, reduce isolation, foster personal growth and community development, and allow a means of expression.**

## 2 Current Position

- In 2006, 15% of older people were involved in voluntary work. Amongst those aged 65-74, 19% were involved in voluntary work.<sup>111</sup>
- Amongst those aged 65-74, 23% were caring for children living in their own, or another household.
- Older people are underrepresented in educational institutions and their study needs have received little attention to date. Involvement in community education is more common.<sup>112</sup>
- Fewer older people participate in a range of cultural activities compared to other age groups (81% compared to about 97% for 15-44 year olds).<sup>113</sup> Cost is a likely barrier.
- Of people aged 65 and over, 38% live in households with access to the internet. Those on higher incomes are more likely to have access.

<sup>114</sup>

## 3 Policy Statements and Rationale

**Lifelong opportunities for education should be ensured so that all, regardless of age or income, are able to continue developing**

Lifelong learning “occurs from infancy to older age, in settings including the workplace, classroom, community centres and the home. It can be

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<sup>111</sup> Census 2006 data cited in Ministry of Social Development (2007) *Positive Ageing Indicators*, August 2007.

<sup>112</sup> Office for Senior Citizens (2006) *The New Zealand Positive Ageing Strategy: Progress Report 2006*.

<sup>113</sup> Ministry of Social Development (2004) *The Social Report 2004*, p99

<sup>114</sup> Census 2006 data cited in Ministry of Social Development (2007) *Positive Ageing Indicators*, August 2007.

sparked by curiosity, life transitions or situational demands”.<sup>115</sup> It encompasses all forms and modes of learning – whether formal or informal, whether in an organised groups or self-directed.

Opportunities to acquire new knowledge, skills and experiences are important to older people, as they are to people of any age. Formal learning may be undertaken for any number of reasons, including career advancement, personal interest or socialising. Further, involvement in education and training are important ways of maintaining good mental health.<sup>116</sup>

A number of barriers can make it difficult for some older people to make use of learning opportunities, including: high costs, lack of transport, lack of confidence, lack of knowledge about opportunities, and disability.<sup>117</sup>

Reduced access to information technology can also be a barrier. Action to address barriers includes increased public access to computers in libraries and funding to support computer training for older people, such as that provided by SeniorNet.

It is important that the specific learning needs and preferences of older people are identified, and that barriers to the uptake of learning opportunities are addressed. Educational and recreational policies and services must be orientated to meet the needs of a growing older population.

The development of learning opportunities for older people by older people themselves, such as the U3A<sup>118</sup> movement and Probus activities,, should be acknowledged and encouraged.

**Older people contribute their knowledge, experience and labour to the community, providing valuable voluntary services. Their contributions should be recognised and visible**

Older people are very active in the voluntary sector, as carers of partners and older relatives, children and grandchildren, and as teachers, coaches, kaumatua, mentors or advisors, leaders, organisers, administrators, committee members or community workers. These are just a few of the multitude of ways older people participate.

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115 Canadian National Advisory Council on Ageing (1980) cited by Ostiguy, L; Hopp, R & MacNeil, R (1997/8) “Participation in Lifelong Learning Programs by Older Adults” in *Ageing International* Fall 1997/Winter 1998 Vol XXIV nos 2 & 3 p10

116 Dwyer, M et al (2000) *Factors Affecting the Ability of Older People to Live Independently*

117 Ostiguy, L; Hopp, R & MacNeil, R (1997/8) “Participation in Lifelong Learning Programs by Older Adults” in *Ageing International* Fall 1997/Winter 1998 Vol XXIV nos 2 & 3 p10

118 University of the 3rd Age (see appendix 3: glossary)

Volunteering is often defined as an activity involving free choice and reciprocity. Volunteers give to others, and in doing so, may gain a sense of personal fulfilment and greater self worth.

Age Concern acknowledges the dedication and hard work undertaken by volunteers throughout New Zealand, many of whom are older people.

### **Barriers to involvement in physical recreational and creative activities need to be reduced**

More opportunities for involvement in physical, recreational and creative activities are required.

Many older people are involved in arts and cultural activities, but participation is lower than for younger age groups. These activities improve wellbeing, foster growth and development and allow a means of expression. They are likely to result in benefits for local communities as well as contributing to New Zealand's cultural identity. More opportunities for older people to develop and use their skills and talents are required and their societal contribution needs to be valued.

Involvement in physical and recreational activities brings health benefits and provides opportunities for participation and social interaction. Local government can support older people's involvement in activities by providing older people friendly facilities and programmes and by reducing cost barriers through concessions.

# Appendices

## Appendix 1: Glossary

### Civil society

For the purposes of this document, we have adopted the working definition provided by the Centre for Civil Society:

Civil society refers to the set of institutions, organisations and behaviour situated between the state, the business world, and the family. Specifically, this includes voluntary and non-profit organisations of many different kinds, philanthropic institutions, social and political movements, other forms of social participation and engagement and the values and cultural patterns associated with them.<sup>119</sup>

Civil society is considered to have a crucial role in our society. “The prevailing modern view sees civil society as a sphere located between state and market: a buffer zone strong enough to keep both state and market in check, thereby preventing each from becoming too powerful and dominating.”<sup>120</sup>

A similar interpretation of civil society was used by the Community and Voluntary Sector Working Party (April 2001), as “a ‘space’ or ‘location’ where the political, economic and social interactions of all sectors together develop a sense of social solidarity and civil participation or citizenship.”<sup>121</sup>

### Elder abuse and neglect

Age Concern New Zealand defines elder abuse as occurring when an older person experiences harmful physical, psychological, sexual, material/financial and/or social effects caused by the behaviour of another person with whom they have a relationship implying trust. Elder neglect is defined as occurring when an older person experiences harmful physical, psychological, material/financial and/or social effects as a result of another person’s failing to perform behaviours which are a reasonable obligation of their relationship to the older person and are warranted by the older person’s unmet needs.

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119 Centre for Civil Society Website: [www.lse.ac.uk/Depts/ccs/what\\_is\\_civil\\_society.htm](http://www.lse.ac.uk/Depts/ccs/what_is_civil_society.htm) (accessed July 2002)

120 Anheier, H; Glasius, M; Kaldor, M (eds) (2001) *Global Civil Society*, Oxford University Press ,piii

121 Community and Voluntary Sector Working Party (April 2001) *Communities and Government, Potential for Partnership Whakatōpū Whakaaro*, footnote on p.32

## **Kaumatua**

Kaumatua refers to wise and experienced members of a whanau.

## **Koroua/Kuia**

Koroua/Kuia refers to older Maori man/older Maori woman.

## **Not-for-Profit (NFP), Non-Government Organisation (NGO)**

Age Concern is an example of a community organisation that is a not-for-profit. This means its operations do not serve to make money (i.e. a profit) to return to shareholders, but instead it works to serve its members and fulfil its vision and goals.

NGO is commonly used to distinguish an organisation as something separate from Government. However, an NGO is not necessarily a community or voluntary organisation. There are several legal structures defined in law for the establishment and governance of NGOs. However, organisations do not necessarily need to be established through an act of parliament. There are also distinctions made between NFPs as to whether they are community and/or voluntary organisations.

## **Older people**

Statistics NZ define an older person as anyone aged 65 and over. This definition is used for the purposes of this document. Statistics NZ chose this definition as it is the age of eligibility for New Zealand Superannuation, and an internationally accepted point of transition.<sup>122</sup>

## **Quality of life**

Quality of life refers to our ability to achieve those things which are necessary for a healthy and happy life. These include: adequate income, good health, safe and suitable housing, work, education, and time and leisure.<sup>123</sup>

## **SeniorNet**

SeniorNet provides older people the opportunity to learn computer and internet skills. There are 77 SeniorNet groups throughout the country, known as Learning Centres, and each is managed by an independent committee. This project is supported by Telecom New Zealand.<sup>124</sup>

[www.seniornet.org.nz](http://www.seniornet.org.nz)

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<sup>122</sup> Statistics New Zealand (1998) *New Zealand Now 65 Plus*

<sup>123</sup> This definition is adapted from a discussion in *Report of the Royal Commission on Social Policy* (April 1988) vol 2, pp 447-452

<sup>124</sup> Ministry of Social Development (2001) *Positive Ageing in New Zealand* p107

### **University of the 3rd Age (U3A)**

These are informal learning groups, where members are both students and teachers, using their own skills and knowledge to share with one another.<sup>125</sup>

### **Universal design**

The Center for Universal Design says, “The intent of universal design is to simplify life for everyone by making products, communications, and [housing] more usable by as many people as possible. This should involve little or no extra cost, and not require adaptations to be made to make the house or product usable for different people, [e.g. wide doors to allow wheelchair access, taps that function with little twisting movement]. Universal design benefits people of all ages and abilities.”<sup>126</sup>

The Center has developed seven principles and guidelines to “be applied to evaluate existing designs, guide the design process and educate both designers and consumers.”<sup>127</sup> They embrace: equitable use; flexibility in use; simple and intuitive use; perceptible information; tolerance for error; low physical effort; and size and space for approach and use.

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<sup>125</sup> *ibid*, p107

<sup>126</sup> Center for Universal Design, University of North Carolina, USA ([www.design.ncsu.edu/cud/index.html](http://www.design.ncsu.edu/cud/index.html), accessed on 14 August 2002)

<sup>127</sup> *ibid*.

## Appendix 2: Bibliography

Access Economics (2006) *Dementia in the Asia Pacific Region: The Epidemic is Here*. Report for Alzheimer's Disease International. Available at [www.alzheimers.org](http://www.alzheimers.org)

Age Concern New Zealand (1992) *Promoting the Rights and Well-being of Older People and Those who Care for Them*

Age Concern New Zealand (2005) *Age Concern Elder Abuse and Neglect Services: An analysis of referrals (for the period 1 July 2002 to 30 June 2004)*

Alcohol and Public Health Research Unit (August 1999) *Advice for Purchasing Strategy on Public Health Issues: Health of Older Adults*

Andrews, G (2001) 'Promoting health and function in an ageing population' *British Medical Journal* 2001: 322:728-729 (24 March)

Blakely T, Fawcett J, Atkinson J, et al. (2004) *Decades of Disparity II: Socio-economic mortality trends in New Zealand 1981-1999*. Wellington: Ministry of Health

Blakely T, Fawcett J, Hunt D, et al. 2006. 'What is the contribution of smoking and socioeconomic position to ethnic inequalities in mortality in New Zealand?' *Lancet* 368: 44-52

Boston J and Davey J, (2006) *Implications of Population Ageing: Opportunities and Risks*. Wellington: Institute of Policy Studies

Cattan, M & White, M (1998) 'Developing evidence based health promotion for older people: A systematic review and survey of health promotion interventions targeting social isolation and loneliness among older people' *Internet Journal of Health Promotion*, 1998

Centre for Civil Society:  
[http://www.lse.ac.uk/Depts/ccs/what\\_is\\_civil\\_society.htm](http://www.lse.ac.uk/Depts/ccs/what_is_civil_society.htm)

Chesterman, E (2001) "Alzheimer's coalition groups forms" *Alzheimer's Update*

Cook, L (2006) *Questions for Our Times About Retirement Saving and Pensions. Discussion paper for the Retirement Commission*. October 2006

Cornwall J and Davey J (2004) *Impact of Population Ageing on the Demand for Health and Disability Support Services and Workforce Implications Background Paper*. Wellington: Ministry of Health

Cunningham, C (June 2000) *Health and Disability Services for Older Maori*. Paper prepared for the National Health Committee

Davey, J (2006) Housing. In Boston, J and Davey, J. (2006) *Implications of Population Ageing*

- Davey, J (2006) *Ageing in Place: The views of homeowners about housing maintenance, renovation and adaptation*. Wellington: Ministry of Social Development
- Davey, J et al (2004) *Accommodation Options for Older People in Aotearoa/New Zealand*: Report prepared for the Centre for Housing Research Aotearoa/New Zealand (CHRANZ). Wellington: CHRANZ
- Davey, J (2004) *Coping Without a Car*. Report for the Office for Senior Citizens. Wellington: Ministry of Social Development
- Davey, J and Nimmo, K (2003) *Older People and Transport: Scoping Paper*. Wellington: NZiRA
- Dwyer, M; Gray, A; & Renwick, M (2000) *Factors Affecting the Ability of Older People to Live Independently*
- Dwyer, Maire & Gray, Alison (1999) 'Maintaining Independence in Old Age: Policy Challenges' *Social Policy Journal of NZ*, Issue 13, Dec 1999
- Else, A & St John, S (1998) *A Super Future? The Price of Growing Older in New Zealand* Auckland: Tandem Press
- Fergusson, D; Hong, B; Horwood, J; Jensen, J; Travers, P (2001) *Living Standards of Older New Zealanders: A Summary*
- Fergusson, D; Hong, B; Horwood, J; Jensen, J; Travers, P (2001) *Living Standards of Older New Zealanders: A Technical Account*
- Glasgow, K (2005) *Ageing is Living – An education and training resource to prepare for positive ageing* (Revised Edition 2005). Wellington: Age Concern New Zealand
- Jensen, J et al (2006) *New Zealand Living Standards 2004*. Wellington: Centre for Social Research and Evaluation, Ministry of Social Development
- Jensen, J et al (2007) 'The 2004 New Zealand Living Standards Survey: What does it tell us about the importance of multiple disadvantage' *Social Policy Journal of NZ*, Issue 30, March 2007
- Kane, RA (2001) 'Long-term care a good quality of life: bringing them closer together' *The Gerontologist*, June 2001
- Keightly, J (2001) 'Trends in Diagnosis, Prevention & Treatment' *Alzheimer's News*, December 2001, Issue 48
- Khaw, Kay-Tee (1997) 'Health Ageing' *British Medical Journal* Vol 315, 25 October 1997
- Lewis, H (2002) *Dementia in NZ: improving quality in residential care: A report to the Disability Issues Directorate*. Wellington: Ministry of Health
- Lidgard, J (2006) *Ageing in Rural Areas*. Working Paper Series. Population Studies Centre & University of Waikato. Available at [www.ewas.net.nz](http://www.ewas.net.nz)

Hon. Annette King, Minister of Health (2001) *The New Zealand Care Palliative Strategy* Wellington: Ministry of Health

McGregor J and Gray (2001) *Mature Job Seekers in New Zealand*. Palmerston North: Massey University

Melding, Pamela (2000) 'The view from the bottom of the cliff. Old age psychiatry services in NZ: the patients and the resources' *NZ Medical Journal* 27 October 2000 pp 439-442

Ministry of Health (2007) *Older People's Health Chart Book 2006*. Wellington: Ministry of Health

Ministry of Health (2004) *A Snapshot of Assessment, Treatment & Rehabilitation Services and Mental Health Services 2003*. Wellington: Ministry of Health

Ministry of Health (2002) *Health of Older People in NZ: A Statistical Reference* pp32-33 Wellington: Ministry of Health

Ministry of Health (1997) *The Health and Well-being of Older People and Kaumatua*. Wellington: Ministry of Health

Ministry of Social Development (2007) *Positive Ageing Indicators*. Wellington: Ministry of Social Development

Ministry of Social Development (2004) *The Social Report 2004*. Wellington: Ministry of Social Development

Ministry of Social Development (2002) *Te Rito New Zealand Family Violence Prevention Strategy*. Wellington: Ministry of Social Development

Ministry of Social Development (2001) *Positive Ageing in New Zealand: Diversity, participation and change*. Wellington: Ministry of Social Development

Ministry of Social Policy (2001) *Living Standards of Older New Zealanders* Wellington: Ministry of Social Policy

Morgan, G (2006) *Pension Panic. Tough talk on sorting out your finances*. Auckland: Random House

National Advisory Committee on Health and Disability (2007) *Meeting the Needs of People with Chronic Conditions*. Wellington: National Advisory Committee on Health and Disability

National Health Committee (2000) *Health Care for Older People*. Wellington: National Health Committee

National Health Committee (2000) *Improving Health for New Zealanders by Investing in Primary Health Care*. Wellington: National Health Committee

National Health Committee (1998) *The Social, Cultural and Economic Determinants of Health in NZ: Action to Improve Health*. Wellington: National Health Committee

National Health Committee (1998) *How Should We Care for the Carers?* Wellington: National Health Committee

Nutbeam, Don (1998) 'Comprehensive Strategies for Health Promotion for Older People: Lessons and Future Opportunities' *Australasian Journal on Ageing*, 17 (3) August 1998, pp 120-127

NZGG (2003) *Assessment Processes for Older People. Best Practice evidence based Guideline*. Wellington: New Zealand Guidelines Group

Office for Senior Citizens (2005) *Briefing Papers to the Incoming Minister: Taking a Positive Approach to Ageing* Wellington: Office for Senior Citizens, Ministry of Social Development

Ostiguy, L; Hopp, R & MacNeil, R (1997/8) 'Participation in Lifelong Learning Programs by Older Adults' *Ageing International* Fall 1997/Winter 1998 Vol XXIV nos 2 & 3 pp10

Periodic Report Group (July 1997) *1997 Retirement Income Report* Wellington: NZ Government

Richmond, D; Baskett, J; Bonita, R; Melding, P (1995) *Care for Older People in NZ. Report to the National Advisory Committee on Core Health and Disability Services*. Wellington: NZ Government

Royal Commission on Long Term Care (March 1999) *With Respect to Old Age: Long Term Care – Rights and Responsibilities*, United Kingdom: HM Government

Statistics New Zealand (2006) *Demographic Trends 2005*. Wellington: Statistics NZ

Statistics New Zealand (2004) *Older New Zealanders – 65 and Beyond*. Wellington: Statistics NZ

Statistics New Zealand (1998) *New Zealand Now 65 Plus*. Wellington: Statistics NZ

St John, S (2005) Retirement Incomes in New Zealand. *Australian Economic and Labour Relations Review* 2005.

United Nations, Madrid *International Plan of Action on Ageing 2002*, New York USA: United Nations

World Health Organisation (2002) *Towards Policy for Health and Ageing* (factsheet)

### Appendix 3: Resources and Further References

Age Concern New Zealand has a range of resources and information on older people and ageing issues, including:

- Planning Your Future with Enduring Powers of Attorney
- Ageing is Living: promoting positive ageing
- Elder abuse and neglect prevention
- Factsheets on various issues.

#### Contact:

Information Centre, Age Concern New Zealand

email: [information@ageconcern.org.nz](mailto:information@ageconcern.org.nz)

[www.ageconcern.org.nz](http://www.ageconcern.org.nz)

Abbeyfield New Zealand	<a href="http://www.abbeyfield.org.nz">www.abbeyfield.org.nz</a>
AgeWell: Health promotion for older people (by Age Concern North Shore)	<a href="http://www.agewell.org.nz">www.agewell.org.nz</a>
Alzheimer's Society New Zealand	<a href="http://www.alzheimers.org.nz">www.alzheimers.org.nz</a>
Carers New Zealand	<a href="http://www.carers.net.nz">www.carers.net.nz</a>
Grandparents Raising Grandchildren Trust	<a href="http://www.raisinggrandchildren.org.nz">www.raisinggrandchildren.org.nz</a>
Grey Power Federation	<a href="http://www.greypower.co.nz">www.greypower.co.nz</a>
Ministry of Social Development	<a href="http://www.msd.govt.nz">www.msd.govt.nz</a>
Ministry of Health	<a href="http://www.moh.govt.nz">www.moh.govt.nz</a>
New Zealand Institute for Research on Ageing	<a href="http://www.vuw.ac.nz/ageing-institute/">www.vuw.ac.nz/ageing-institute/</a>
Office of the Retirement Commissioner	<a href="http://www.sorted.org.nz">www.sorted.org.nz</a>
Statistics New Zealand	<a href="http://www.statistics.govt.nz">www.statistics.govt.nz</a>
Volunteering New Zealand	<a href="http://www.volunteeringnz.org.nz">www.volunteeringnz.org.nz</a>