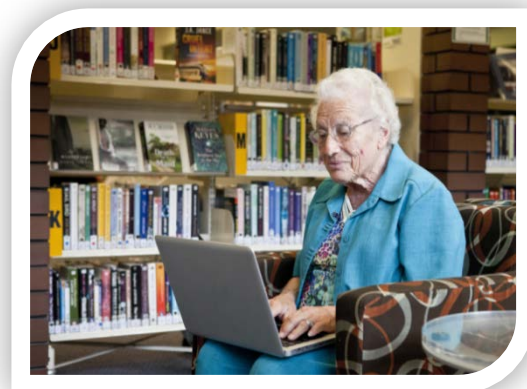


Older Aucklanders: A Quality of Life Status Report

June 2017

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We would also like to thank all those who took part in the 2016 Survey of Older Aucklanders commissioned by Auckland Council and administered by Gravitass Research Ltd, an independent research company. The findings from that survey are a vital component of this report.

Mihi

*Nau mai e te hā, piki ake e te ora, tīkina mai te rau o taku ate rahirahi.
Ka hiki atu ai ki te taumata o te whakaaro nui, ki te ewanga o te wairua hihiko,
ki ngā tihi o manawarū.*

*Kia eke whakauaua ki te keokeonga o te maunga e ea ai a tamarahi ki te rangi;
“Ko te umu pōtaka tēnā mō te ārero-where me te ati ā-toa.”*

*Kāti rā, kua takahia e au te ara roa a Tāne, kua kite i ngā mīharotanga o te ao mai i
te hāro a te kāhū i runga o Ranginui e iri mai ra.*

Kua rongō i te pātukituki o te ngākau i te uma rawa o Papatūānuku e takoto ake nei.

Heoi rā, kua whakatewhatewhahia e au ngā tini āhua o te ora.

Mahue mai ana ko tēnei;

*E te ao, a koe me ō tini whakamātautau, he aha rā te toe mai mā te tai o te ahiahi,
i te kī noa, kua tutuki, kua eke, kua tau, kua oti - waiho i konā.*

Tihewa mauriora!

Give me breath, give me life and, let my expectations seek worthy resolve.
Allow my spirit to take wing, and my heart resound with joy.

Where ambition having scaled to the highest of peaks can boast from heaven itself with pride;
“Now I can indeed feast with the brave and the best.”

I have walked life's byways, I have seen the world and all its majesty through the eye of an eagle,
soaring in the skies above.

I have heard the very heartbeat of the earth beneath my feet.

I have delved into the meaning of life itself.

It leaves me to conclude;

Life with all its challenges, at eventide when journey's end is close, and all is said and done –
let it rest, for life will still go on!

Older Aucklanders: A quality of life status report

Alison Reid

Research and Evaluation Unit

Auckland Council

Foreword

If there is one constant in life, it's that we all age. It's equally true that when we are older, we should expect to feel no less significant or worthy than we did in our younger years. With this understood, it's a given that both cities and societies must be built with older people in mind.

To do that properly means understanding – really understanding – the challenges that older people face alongside their aspirations and their capacity to contribute.

We have an ageing population in New Zealand and in Auckland around one in 10 people are over the age of 65. Within the next few decades Auckland will be home to significantly more older people than ever before as our large population of 'Baby Boomers' enter their senior years.

The Auckland Plan, a 30-year vision for Auckland, includes a clear directive to 'Recognise and value the contribution of older people to the community'.

This report tackles that head on by taking issues relevant to all us, from housing and transport to culture and identity, and looking at each from the perspective of older Aucklanders. It explores the importance of inclusiveness and positive imaging of older people, the realities of social isolation and the impact of that on mental, emotional and spiritual well-being. And it considers the significant contribution that older Aucklanders can and do make to our region's economy and society.

As you read the report you will find that Auckland's over 65 population is as diverse as any other age group. There is no precise definition of 'old age'. The age at which a person is considered, and considers themselves, old differs from person to person and group to group. This report highlights the importance of not assuming that older Aucklanders are all the same.

As the title suggests, this report documents the quality of life of older Aucklanders at a moment in time and, importantly, it provides Auckland Council with a vital baseline to help frame future research, strategy and policy.

By better understanding the experience and insights that an ageing population can offer, we can create an age-friendly environment where older Aucklanders are visible, valued and respected.

Liaison Councillor, Seniors Advisory Panel

Linda Cooper



Executive summary

Background and purpose of this report

The intention of this report is to trace the multiple dimensions of social and economic well-being among older Aucklanders. It represents an important step in Auckland Council's response to the implications of population ageing, now and into the future. In 2013, a quarter of all older people in New Zealand (defined here as those aged 65 and over) lived in Auckland, and this group made up just over one in ten Aucklanders. These proportions will increase in the next few decades, and the diversity that characterises older Aucklanders will become more pronounced.

The report outlines findings across eight broad domains, or themes, that contribute to high quality of life and well-being. These domains are as follows: housing; neighbourhood; transport; social connectedness; health and care; status in society; culture and identity; and economic standard of living. These domains complement the goals of the New Zealand Positive Ageing Strategy, but are focused on Auckland, which is unique in the New Zealand setting due to its large, multi-cultural and predominantly urban population.

This executive summary presents a brief overview of the findings from each domain.

Housing

Older Aucklanders live in a range of housing situations. In 2013, a quarter (25%) lived on their own, and 44 per cent were in a household that was defined as 'couple-only'. A small proportion (5%) lived in crowded situations (e.g. requiring extra bedrooms). Levels of home ownership among older Aucklanders are higher than the rest of the adult population, although they are gradually decreasing over time. In 2013, over two-thirds (67%) owned or partly owned the dwelling they lived in, compared with a third (39%) of those aged 15 to 64. Around one in five told us that they did not think their housing costs were affordable, and about one in ten agreed that their home had an issue with damp and mould in winter.

Neighbourhood

Neighbourhoods can provide older Aucklanders with a healthy and supportive living environment. This includes the physical environment, as well as the socio-cultural aspects of community engagement and support. We asked respondents to the survey of Older Aucklanders a few questions about their neighbourhood - in general, most (79%) respondents agreed that it was easy to access amenities such as shops and parks (79%), public facilities such as the library or community hall (74%) and services such as the dentist or doctor (77%) in their local area. Over half (60%) felt there was a sense of community in their local area and 60 per cent felt safe or very safe in their local area after dark.

Transport

Mobility and being able to get around the city easily is vital to an active and healthy life. Most older Aucklanders are eligible to use the SuperGold card for free travel on public transport services, which is particularly beneficial for those on fixed incomes as well as those who do not wish to, or can no longer drive. Most (83%) of respondents to the survey of Older Aucklanders who had used public transport in the previous 12 months agreed that public transport is safe, and 75 per cent felt it was affordable, however a slightly lower proportion agreed it is easy to use (69%).

Social connectedness

Mental, emotional and spiritual well-being among older Aucklanders is enhanced by meaningful social connections. Just over three quarters (77%) of respondents to the survey of Older Aucklanders agreed that they were visited by family or friends as often as they would like, and a majority (80%) stated that they belonged to one or more social networks or groups. One in five (20%) said they did not belong to any of the options that were provided – across all age groups, however those aged 85 and over were slightly over-represented.

High proportions (70%) trusted people they dealt with regularly and most (72%) of those who had access to the internet said they used it every day. However a quarter of respondents to the survey said they had 'sometimes' felt lonely and isolated in the previous year, and Age Concern (as well as other agencies working with older people) report that this is a very real issue for some older members of society, leading to depression and anxiety.

Health and care

As people age, health needs can become more immediate and there tends to be a greater reliance on the health care system. The majority (80%) of respondents to our survey rated their level of health as good or excellent, however 7 per cent had experienced stress that had a negative effect on them in the previous 12 months, and a sizeable proportion (17%) had postponed or put off a visit to the doctor or their GP in the previous year in order to keep costs down.

In 2015, there were over 3000 public hospital discharges among people aged 65 and over in Auckland related to falls, and 102 deaths – over half of which were among people aged 85 and over. One in ten older Aucklanders are regular smokers (down from 14 per cent in 2006).

Status in society

The expression of positive attitudes and behaviours towards ageing, and the aged, within broader New Zealand society underpins a sense of belonging and inclusion. Over half (56%) of respondents to the survey of Older Aucklanders agreed that they had the opportunity to play a role as an elder in their family or wider community, however only 41 per cent felt that older people are valued in Auckland, and 14 per cent felt they had been discriminated against in the previous 12 months due to their age.

Large proportions (83%) of older people eligible to vote did so at the 2014 central government elections. Data on voting is not available for local elections; however, Auckland Council data suggests that at the 2016 local government elections older people were over-represented among those who stood for elected roles, compared to other age groups.

Culture and identity

Diversity among older Aucklanders must be recognised and responded to appropriately, starting with recognition of the benefits for older Māori to engage with Te Ao Māori (including te reo, tikanga, wahi tapu and access to whanau and hapu). Te Kupenga survey of Māori in Auckland found that over a quarter (28%) of older Māori (those aged 55 and over) felt that it was very important to be engaged in Māori culture, over half (54%) had been to a marae in the previous

12 months, with a further 41 per cent reporting they had been to their ancestral marae during that time, and 21 per cent had undertaken voluntary work for a marae, hapū or iwi. Levels of conversational te reo are relatively low among this group, at 9 per cent in 2013.

Auckland is also a multi-cultural society which is reflected in the older age groups (albeit not to such a large extent as the younger age groups). Samoan, Yue, Northern Chinese and Hindi languages are the most commonly spoken languages among older Aucklanders after English (approximately 3000 in each language group).

Almost half (48%) of respondents to the survey of Older Aucklanders agreed that their culture was an important part of their identity, particularly those who identified with an Asian ethnicity (72%). A majority (83%) of those who strongly identified with a religion or spiritual group agreed that they were able to regularly participate in spiritual events, activities and traditions that were meaningful to them.

Many older Aucklanders have lived through a time when diversity and difference from predominantly western and heteronormative European values was not recognised or celebrated. This may have had deep and lasting impacts on how they view themselves and others, and can impact on their experience in health care and support systems.

Economic standard of living

Older Aucklanders are also diverse with regard to their economic standard of living, and sources of income.

At the 2013 Census, 22 per cent were working in paid employment. The number and proportion of older Aucklanders who were employed had increased since 2006 (17% in 2006 to 22% in 2013). Over half of this group (58%) were paid employees, 27 per cent were self-employed and 10 per cent were employers.

The median personal income among those aged 65 and over was \$20,900 in 2013, compared to a median of \$29,600 for the overall population aged 15 and over. Over half (58%) of older Aucklanders who stated an income source on their Census form listed more than one source. The majority reported that they received an income from NZ Superannuation or a veteran's pension (85%). Almost 35,000 older people (22%) lived in areas rated 8, 9 or 10 (most deprived) on the NZ Deprivation Index.

Older Aucklanders contribute significantly to Auckland's economy and society through their unpaid labour and volunteer work, including caring for family members. At the 2013 Census eight in ten Aucklanders aged 65 years or over (79%) said they partook in unpaid activities such as household work or childcare in the four weeks prior to census day. While this can keep people connected it is also essential that they are supported adequately.

Discussion and conclusion

Auckland is a great place to live for many people, and there is much to celebrate. However, this report also touches on some areas of concern, and highlights the importance of not assuming that older Aucklanders are a cohesive and homogenous group.

This baseline report provides a useful foundation upon which Auckland Council can continue to trace the quality of life of older Aucklanders, as Auckland responds to what will be several substantial demographic changes over the next few decades. Auckland will be home to substantially larger numbers, and greater proportions, of older people over the next few decades, and this group will be ethnically and culturally diverse. These trends will bring specific challenges and opportunities across Auckland's housing, transport, employment, healthcare, service and support systems.

Auckland Council will continue to work with its stakeholders to create an age-friendly environment where older Aucklanders are visible, valued and respected.

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Introduction

This report presents an overview of the social and economic status of 'older Aucklanders', defined as people aged 65 years and over and living in Auckland.¹ At the 2013 Census, a quarter of all older people in New Zealand lived in Auckland, and this group made up just over one in ten Aucklanders.

Demographic trends mean that Auckland will be home to significantly more older people than ever before in the next few decades, and that older people will represent a greater proportion of the overall population. Furthermore, it is projected that about a third of New Zealand's overall growth in this age group will occur in Auckland.²

The contributions and challenges that an ageing population brings are recognised by Auckland Council. In line with this, Auckland Council has established a Seniors Advisory Panel, who provide knowledge on issues that

are important to older Aucklanders in relation to the council's regional strategies, policies, plans and bylaws; and advising the council on how to engage effectively with older Aucklanders.

The Auckland Plan, a 30 year vision for Auckland, includes a clear directive to '*Recognise and value the contribution of older people to the community*' and an action to '*Develop an annual report on the status of older people in Auckland, including indicators from the New Zealand Positive Ageing Strategy, and their overall contribution to New Zealand*'.

This report is an initial step in addressing this directive. It has been prepared by the Research and Evaluation Unit (RIMU) at the request of the Community and Social Policy Department within Auckland Council, and is a baseline report upon which future research, policy and monitoring activities can expand.

Old age is no place for sissies.

Bette Davis

Grow old along with me! The best is yet to be.

Robert Browning

Demographic context

Overview

In 2013, there were 163,161 people aged 65 and over living in Auckland, accounting for 11 per cent of the total Auckland population, and a quarter (27%) of the national count of older people.

This broad age group spans several life stages: just over half (58%) were aged 65 to 74 ('young-old'), while 30 per cent were aged 75 to 84 ('old'), and 12 per cent were aged 85 and over ('older-old'). Auckland was home to 165 people aged 100 and over.

The number of older Aucklanders has been increasing over the last few decades.

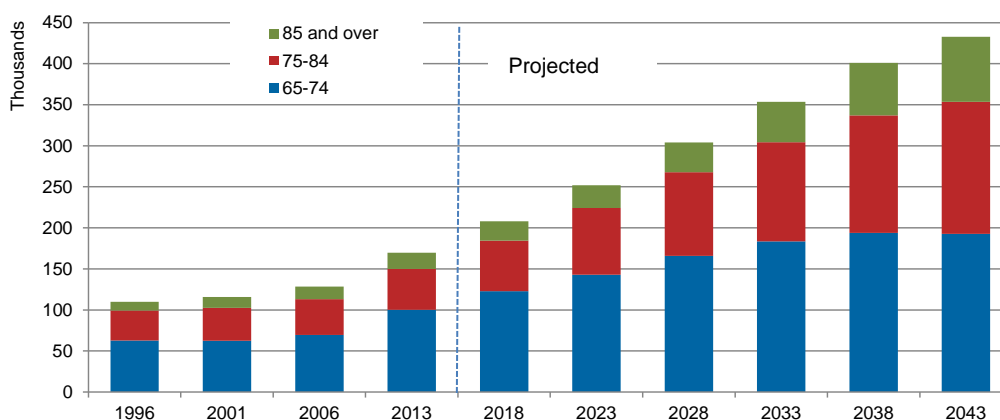
As Figure 1 illustrates, this growth has been particularly large in the 65-74 year age group, jumping from 62,820 in 2006 to 95,190 in 2013. This is related to the 'baby boom' cohort (often referred to as those born between 1946 and 1964)³ reaching age 65, and will also be a result of net in-migration from other parts of New Zealand and from overseas.

Future population growth and ageing

Over the next 20 years, not only will there be more people living in Auckland in general, but there will be increasing numbers of older people (numerical ageing) and they will make up a greater proportion of Auckland's population (structural ageing).⁴ The demographic phenomenon of population ageing is occurring across New Zealand, as well as many other countries. It has several drivers including improvements in life expectancy and longevity, combined with a decline in birth rates, which decreases the proportion of the population that is young and thereby increases the proportion that is old.⁵

Statistics New Zealand population projections (medium series) suggest that the number of older Aucklanders will more than double in the two decades between 2013 and 2033, reaching a total of 353,600.⁶ Such significant proportionate growth is not anticipated in any other age group and is unprecedented in New Zealand history.

Figure 1: Actual and projected numbers of Aucklanders aged 65 and over, by age group, 2013 to 2043



Data source: Statistics New Zealand, Census and Statistics New Zealand, subnational population projections 2013(base)-2043 (updated) (medium series projections)

Birthplace

In 2013, over half (57%) of older Aucklanders were born in New Zealand.

The proportion of New Zealand-born was particularly high among those aged 85 years and over (64%). Of the 65,724 older Aucklanders who were born overseas, the largest number were born in the United Kingdom or Ireland (38%), followed by the Pacific Islands (19%), and almost two thirds (60%) had been living in New Zealand for 30 years or longer.

A small group (4116 people, or 7% of older Aucklanders) were born overseas and had lived in New Zealand for less than five years. This group could be referred to as 'new migrants'. The majority of older 'new migrants' were aged 65 to 74 years (73%). Just under half (49%) were born in an Asian country (this includes China and India as well as the countries of South-East Asia). The second largest group were born in the Pacific Islands (15%), followed by the United Kingdom and Ireland (14%).

Geographic distribution

As the map on the next page shows, large numbers of older Aucklanders live in areas on the edges of the isthmus, as well as on the northern coast, and on the edge of the urban area including Whangaparaoa Peninsula and Waiheke Island. This will be a result of a few factors, including past settlement patterns during their lifetime, and availability of suitable housing.

**For more details on the demographic profile of Aucklanders aged 65 and over, please refer to the report on older Aucklanders prepared by Auckland Council following the release of 2013 Census data.⁷*

Ethnic diversity

Older Aucklanders are an ethnically and culturally diverse group, albeit predominantly European. In 2013, just over three quarters (78%) of older Aucklanders identified with a European ethnicity. The next largest group were those classified under the broad Asian category (12%), followed by Pacific peoples (6%), and Māori (4%).

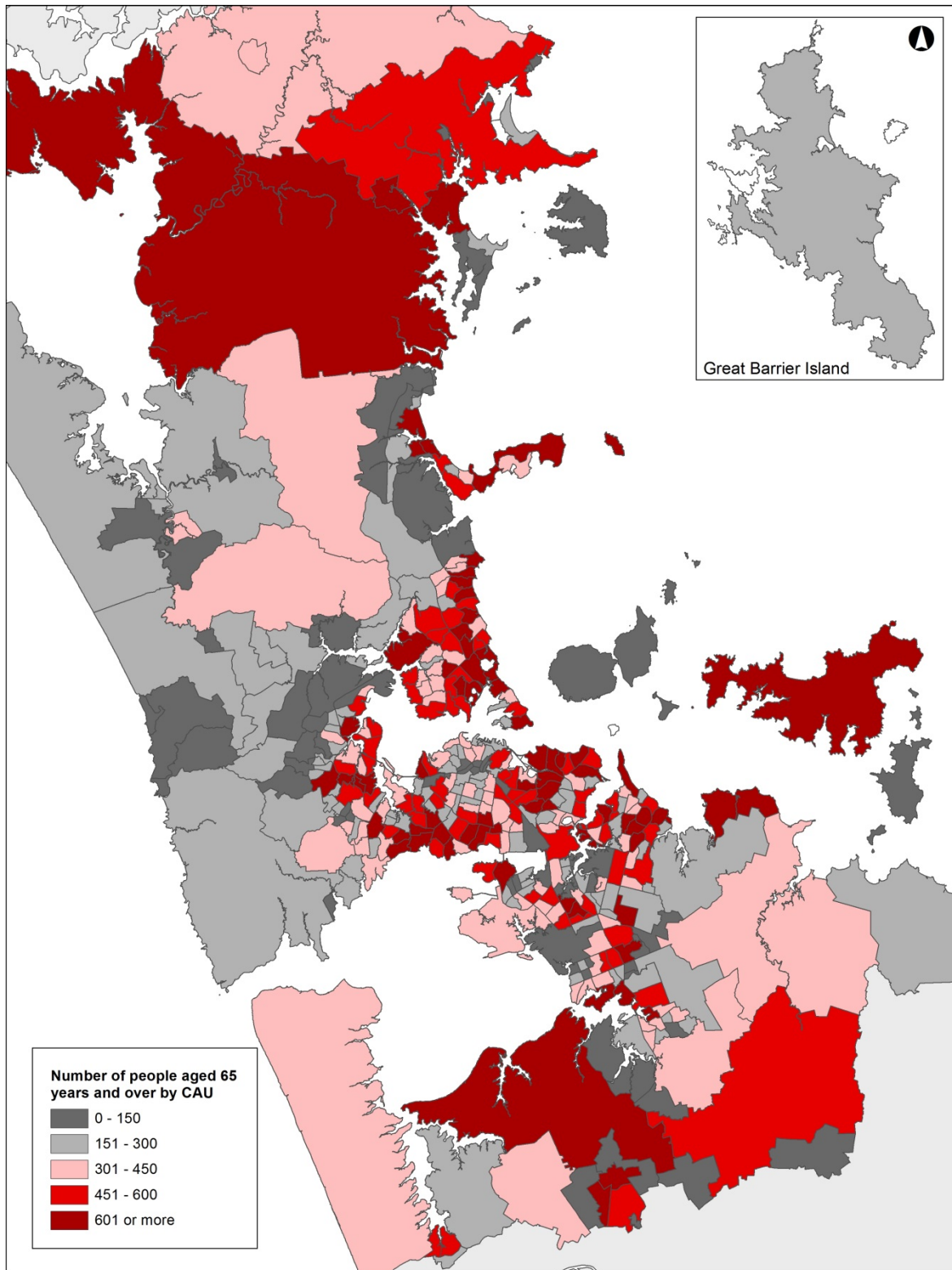
Those in the 'older-old' age group were less ethnically diverse than others. For example, in 2013, 90 per cent of Aucklanders aged 85 years and older identified as European, compared to 74 per cent of those aged 65 to 74 years.

There has been a significant increase in the numbers of older Aucklanders who identified with an Asian ethnicity, from 6060 in 2001 (6% of all older Aucklanders) to 18,927 in 2013 (12%). This is the result of rapid increases in immigration, especially in the mid-1990s and then again in the early 2000s from Asian countries.

Male to female ratio

There are more older females than older males in Auckland – an overall ratio of 120 females to 100 males in 2013. There were also significant differences in sex ratios between the three age groups, with nearly twice as many females as males in the 85 years and over age group (ratio of 100:188), compared to an almost 1:1 ratio for people aged 65-74 years (100:108). This is related to longer life expectancy among females than among males.

Figure 2: Distribution of older Aucklanders by census area unit (2013)



Map prepared by Research and Evaluation Unit (RIMU), Auckland Council.
Data source: Statistics New Zealand, Census of Population and Dwellings.

Framework overview

There are obvious challenges in our ability to adequately discuss the complexities and nuances of the social and economic well-being of a large and diverse group such as older Aucklanders in a single report. We therefore offer an overview in this report, and have used over 40 indicators of well-being, within a broad framework of eight domains. We encourage the reader to refer to more detailed reporting undertaken by other agencies and groups on any areas of interest. References are included at the end of this report.

How is the framework arranged?

This report presents information on the social and economic well-being of older Aucklanders, arranged across eight broad inter-connected domains. Each domain is broken down further into several indicators, and an accompanying measure, or measures. These are further described below.

Domains: These are the broad themes, or groupings of factors, that contribute to high-level quality of life and well-being, e.g. *'Housing'*.

Indicators: These are summary in nature. They act as flags or signals. They represent an area of focus or concern that measures change or progress toward achieving a desired outcome or objective, e.g. *'Affordability'*.

Measures: Each indicator is accompanied by one or more measures. These can be quantitative data (such as personal income) or qualitative /subjective information (such as people's perceptions of their quality of life) e.g. *'Perceptions that housing costs are affordable'*.

How were they selected?

The domains, indicators and measures used in this report were selected through a multi-stage iterative process:

- A literature review was undertaken to explore the determinants of well-being among older people. This included literature from overseas and well as New Zealand.⁸
- The domains and indicators in the New Zealand government's Positive Ageing Strategy⁹ and the World Health Organisation's Age-friendly Cities¹⁰ materials were reviewed for measurability and relevance to the Auckland context. This included ascertaining whether data at the Auckland level was robust enough to report on.
- A range of external stakeholders who work with, study and/or advocate on behalf of older Aucklanders were invited to provide feedback on a draft set of domains and indicators. The Auckland Council's Seniors Advisory Panel was also invited to provide feedback. Some responses were more detailed than others, and responses tended to reflect the submitter's particular field or sector. All feedback was collated, considered and, where appropriate, incorporated into the final set of domains and indicators.

The framework

Domain	Description	Indicators
Housing	Older Aucklanders' ability to access quality affordable housing solutions is crucial to their ongoing health and sense of well-being. There needs to be a range of appropriate housing solutions available, including options for long-term rental tenure, in which older people feel safe and secure.	<ul style="list-style-type: none"> -Housing type and tenure -Household composition -Crowding -Perceptions of safety -Affordability -Housing quality -Suitability
Neighbourhood	A healthy and supportive living environment for older Aucklanders includes not only the physical built environment in which they live, but also socio-cultural aspects such as opportunities to meaningfully engage in their wider community, and to feel supported by those around them.	<ul style="list-style-type: none"> -Perceptions of safety -Accessibility -Community strength and spirit
Transport	In a large urban area such as Auckland, it can be a challenge to get around. This is due to a range of factors including the adequacy of local infrastructure such as roads, footpaths, and public transport for the needs of older people; the ability of older Aucklanders to pay for transport; and their perceptions of safety.	<ul style="list-style-type: none"> -Walkability -Licensed drivers -Public transport -Accessibility
Social connectedness	Emotional and spiritual well-being of older Aucklanders is enhanced by meaningful connection to others, and has links to positive health outcomes. Opportunities to connect exist through social institutions such as marae, churches, temples, mosques, gurudwara, clubs, and associations as well as inter-personal relationships within whānau, family, neighbours and friends. The ability to connect is enhanced by access to communication technologies.	<ul style="list-style-type: none"> -Contact with others -Unpaid work / volunteering -Access to telecommunications -Social isolation -Trust in others

Domain	Description	Indicators
Health and care	To reach a state of complete health (conceived as physical, mental and social well-being), older Aucklanders must be able to identify and to realise their aspirations, satisfy their needs, and be able to change or cope with their environment. As people age, the likelihood of disability and impairment increases, and it is vital that older Aucklanders have equitable access to adequate and affordable health and care services.	<ul style="list-style-type: none"> -Life expectancy -Smoking rates -Self-rated health status -Emotional health -Accidental injuries -Access to support and services -Levels of physical activity
Status within society	The expression of positive attitudes and behaviours towards ageing, and the aged, within broader New Zealand society underpins a sense of belonging and the active inclusion of older Aucklanders in contributing to Auckland's future. This includes engagement in Auckland's social, economic and political realms, and the absence of elder abuse.	<ul style="list-style-type: none"> -Civic participation -Valued contribution -Discrimination by age -Victims of crime -Elder abuse
Culture and identity	Older Aucklanders embody a range of traditions and cultures that bring diversity and vibrancy to the city. Māori – tangata whenua and matawaaka – have a unique cultural identity that is recognised through Te Tiriti o Waitangi/The Treaty of Waitangi and the Auckland Plan. It is also important that the human rights of all older Aucklanders to participate in their own cultural practices and traditions are guaranteed.	<ul style="list-style-type: none"> -Te Ao Māori -Participation and expression -Acceptance -Culturally appropriate services
Economic standard of living	It is important that all older citizens of Auckland have an adequate standard of income, whether through continued employment, income, or through receiving the financial benefits to which they are entitled. Socioeconomic status is a determining factor in health outcomes and subjective well-being.	<ul style="list-style-type: none"> -Socio-economic status -Paid employment -Income -Living standards

Data sources used in this report

When preparing this reporting framework, a commitment was made to developing indicators that could be measured, and broken down by sub-group within Auckland. This included age, ethnicity and household income, where possible. To that end, we also reviewed the available sources of data (surveys, Census, official statistics etc.) that would allow us to develop measures of progress for each indicator.

Some of the indicators are able to be measured using publically available data such as the New Zealand Census of Population and Dwellings. Many are based on the subjective perceptions of older Aucklanders, for example their sense of safety in their home at night. Currently available surveys such as the biennial local government-funded Quality of Life survey¹¹ and the New Zealand General Social Survey¹² provide data for older people living in Auckland. However the sub-sample sizes are small and findings are subject to a high margin of error.

As a result, Auckland Council commissioned a survey of Older Aucklanders. The fieldwork was carried out by Gravitas Research, an independent research company, in August 2016. A total of 846 Aucklanders aged 65 and over took part in the survey. Efforts were made to ensure a representative sample, however there is a slight under-representation by persons of non-European ethnicity in the final sample. Numbers of Pacific and Asian respondents in particular were relatively small and therefore comparisons across ethnic groups are indicative only. A full report outlining the results from that survey will be available separately as an Auckland Council technical report in due course.

In a few instances, we have included indicators that cannot easily be quantified (that is, it cannot be easily 'counted'), such as accessibility to facilities, and culturally appropriate services). These were highlighted as important during our consultation with stakeholders, and the literature indicates they are important contributors to the health and well-being of older Aucklanders.

All data reported in this document is for Auckland only, unless stated otherwise.

How does this relate to New Zealand's Positive Ageing Strategy?

The New Zealand Positive Ageing Strategy, initially developed in 2001, articulates the New Zealand Government's commitment to enabling a society where people can age positively throughout their lives, and where older people are highly valued and recognised as an integral part of families and communities.¹³ It includes 10 overarching goals, and aims to provide 'a common platform from which central and local government agencies and communities can develop strategies and initiatives for positive ageing'.

A recent report outlining progress towards the goals¹⁴ noted that many councils, including Auckland, do not have specific policies for older people. This report represents an important step in addressing that gap. The eight domains presented in this report reflect and complement the general goals outlined in the Positive Ageing Strategy, and provide an Auckland-specific perspective.

"Other than herding into retirement villages (usually not the best long term economic option) there is very, very little - in fact no other option - or incentive for the older age group to stay in Auckland."

*- respondent to the survey of Older Aucklanders
Female, 65-69*

"Really enjoy the dynamics of a thriving, growing city. That's probably easy to say when we've achieved (through a lot of hard work) owning a debt-free home of our own in a location we value and appreciate. We're dyed in the wool Aucklanders and wouldn't want to live anywhere else."

*- respondent to the survey of Older Aucklanders
Male, 70-74*

Domain 1 Housing

Why is this important?

Housing is a key determinant of health and well-being, and is a fundamental component of quality of life. Without appropriate shelter, people cannot meet their basic needs and participate adequately in society.

Residential dwellings provide a sense of 'home'. They are places of private activity, as opposed to the public sphere outside the front door. They are spaces in society where individuals, families and households can retreat from the world and engage in the day-to-day rituals and activities that create a sense of safety and security.

The ability to find and to afford adequate and suitable housing in Auckland is not always straightforward for older Aucklanders. The housing stock is predominantly stand-alone three bedroom dwellings, and the costs of housing are increasing – this includes costs to buy, rent, and living costs. In addition the overall quality of Auckland's housing stock is poor, particularly the quality of rental stock, which has impacts on health as well as safety.

What are the indicators related to this?

- Housing type and tenure
- Household composition
- Crowding
- Perceptions of safety
- Affordability
- Housing quality
- Suitability

Housing type and tenure

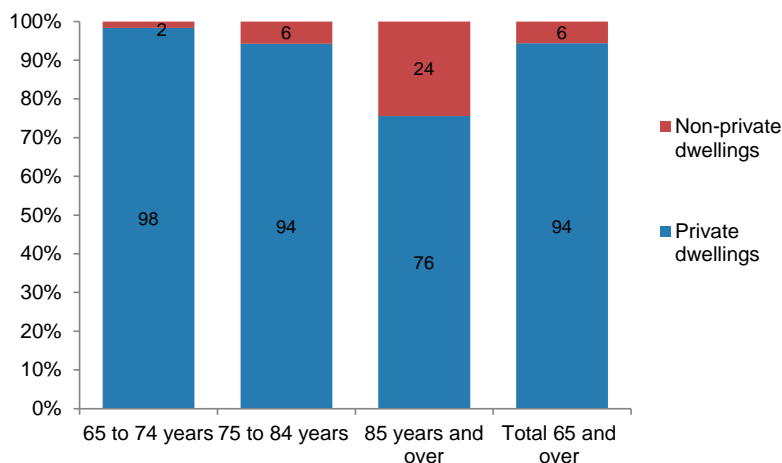
Older Aucklanders live in a variety of housing circumstances. The commonly-held notion that by aged 65 a person or a couple own their own home and are mortgage free, and asset-rich, does not match the reality for many people.

The type of dwellings older people live in

In 2013, 9016 older Aucklanders (6%) lived in 'non-private' dwellings. The majority of this group lived in residential care for older people (87%) but some lived in private hospitals, residential and community care facilities, and hotel, motel or guest accommodation.

As can perhaps be expected the proportion in non-private dwellings was comparatively high among the 'older-old'. Almost a quarter (24%) of all those aged 85 years and over lived in non-private dwellings and most lived in retirement homes (see Figure 3).

Figure 3: Dwelling type (2013) (%)



Data source: Statistics New Zealand, Census of Population and Dwellings

Older people living in Housing NZ homes or on waiting lists

The Ministry of Social Development reports a national total of 397 applicants aged 65 and over on the New Zealand Housing Register at September 2016, representing 9 per cent of the total applicants at that time. Numbers for Auckland specifically were not available at the time of writing.

In line with the broader housing crisis, the numbers of people on the Housing Register has increased each quarter since September 2015, including the numbers of older New Zealanders.

“The increasing cost of housing makes it difficult to downsize as does the lack of smaller single level home units.”

*- respondent to the survey of Older Aucklanders
Male, 65-69*

[I am...] “Concern[ed] about housing inequality for my children.”

*- respondent to the survey of Older Aucklanders
Male, 70-74*

Home ownership among older people

Levels of home ownership among older Aucklanders are higher than the rest of the adult population, although they have been decreasing over time. In 2013, over two-thirds (67%) of older Aucklanders owned or partly owned the dwelling they lived in, compared with a third (39%) of those aged 15 to 64. The overall level of home ownership among Aucklanders aged 65 and over had dropped slightly from 72 per cent in 2006 and 70 per cent in 2006.

Home ownership among older Aucklanders was slightly lower compared to the rest of New Zealand. Over three quarters (77%) of those aged 65 years and over and living outside of Auckland owned their own home.

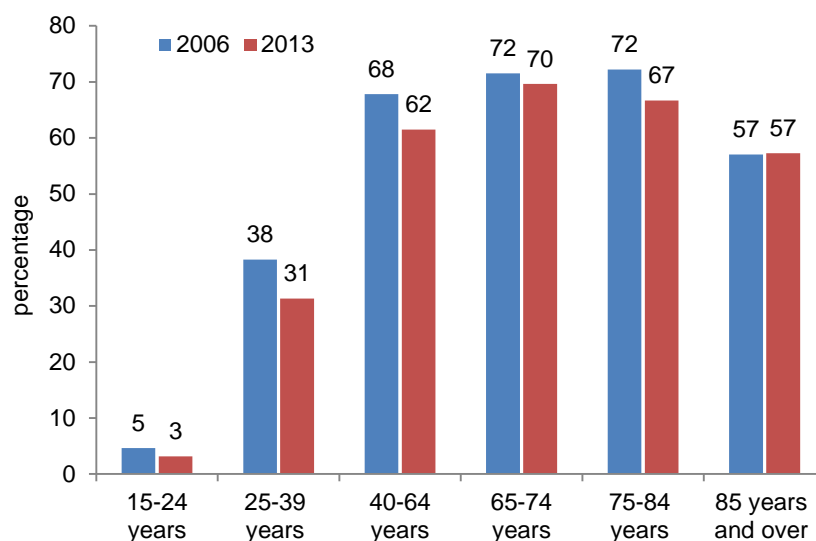
This means that greater numbers of older Aucklanders are renting, often from private landlords. A recent report exploring tenure security for older tenants in New Zealand

reported that older people living in rental housing typically have been resource deprived over their life cycle or have had a significant shock to their personal or financial well-being later in life that has caused them to leave home ownership.¹⁵

There is an age differential in levels of home ownership among older Aucklanders, with slightly lower levels of home ownership among those aged 85 years and over (see Figure 4).

The lower rates of home ownership among those aged 85 years and over is likely to be the result of a range of factors including deteriorating health, disability, loss of partner or social networks, and decreasing mobility, that mean older people relocate to retirement villages, rest homes, hospitals or living with other family members.¹⁶

Figure 4: Proportion who own or partly own the home they live in, by age group (2006 and 2013) (%)



Data source: Statistics New Zealand, Census of Population and Dwellings

Household composition

A household is either one person who usually lives alone, or two or more people who usually live together and share facilities (such as for eating or cooking) in a private dwelling. A household may contain one or more families, other people in addition to a family, or no families at all, such as unrelated people living together.¹⁷

Household composition

In 2013, 25 per cent of older people in Auckland lived on their own, and 44 per cent were in a household that was defined as 'couple-only'.

There were differences by broad age group. As Table 1 shows, a large proportion of those aged 85 and over were living on their own, compared to others aged 65 and over (49% compared to 18% of those aged 65 to 74). This will include older people living in retirement villages as well as in their own dwelling.

A report prepared by Statistics New Zealand investigating housing trends in Auckland from 1991 to 2013 found that Aucklanders were more likely to live in a 'complex' household (30%) than people living elsewhere in New Zealand (19%).¹⁸ Complex households are defined here as those containing a family and other people; more than one family; a group of unrelated people; or a group of related people who did not form a family, such as siblings. Many older Aucklanders live in such households. For example one in ten Aucklanders aged 65 to 74 lived in two-family households.

Table 1: Proportion of people in each age group living in different household types (2013) (%)

Household type	65-74 years	75-84 years	85 years and over	65 years and over total
One-person household	18	29	49	25
Couple only	47	42	27	44
Couple only and other person(s)	3	3	3	3
Couple with child(ren)	9	5	3	7
Couple with child(ren) and other person(s)	4	4	3	4
One parent with child(ren)	3	4	7	4
One parent with child(ren) and other person(s)	2	2	2	2
Two-family household (with or without other people)	10	7	3	8
Three or more family household (with or without other people)	1	1	1	1
Other multi-person household	3	3	2	2
Total	100	100	100	100
Total number stated	89,622	44,046	14,343	148,011

Data source: Statistics New Zealand Census of Population and Dwellings

Crowding

Household crowding can be thought of in two ways – functional and structural. Functional crowding is when there are enough bedrooms, but everyone sleeps together, e.g. in the lounge because it's too expensive to heat the whole house. Structural crowding is when there are more people living in the dwelling than it was designed for. Exposure to household crowding has been found to be related to a number of poorer health outcomes.¹⁹

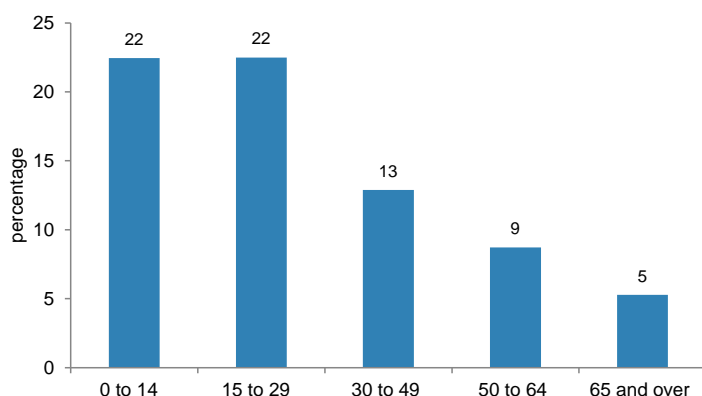
Older people living in households defined as crowded

In 2013, 7617 older Aucklanders lived in households that were categorised as structurally crowded (e.g. requiring extra bedrooms), according to the Canadian National Occupancy Standard.²⁰ This number constituted 5 per cent of all older Aucklanders (Fig. 5).

In line with more general trends of population ageing and housing unaffordability in Auckland, the number of older people living in such situations had increased by 1341 since 2006. By 2013, proportionately more people in all age groups over 50 were living in crowded households than had been the case in 2006.

National and international research has shown that non-European populations, such as Māori and Pacific peoples in New Zealand, live in the most crowded housing.²¹ However, this is not just a product of poverty and it is likely that a combination of factors contribute. These include larger household size (including a higher proportion of households involving multiple families or extended families), affordability issues (the household cannot afford a dwelling large enough to accommodate its members), living arrangements and lack of housing stock.²²

Figure 5: Proportion of each age group living in crowded situations (2013) (%)



Data source: Statistics New Zealand, customised data

Perceptions of safety

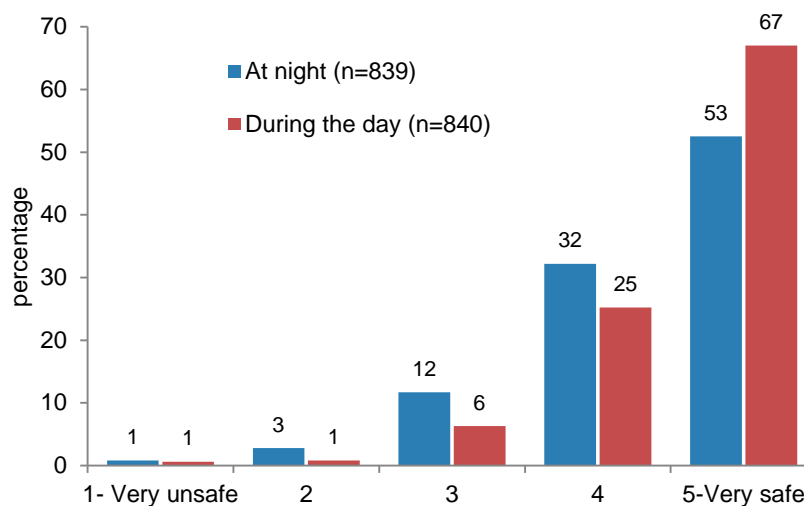
Perceptions of safety can be as important as actual instances of crime. An individual's perception of their personal safety in their home and neighbourhood, during the day as well as after dark, will have an effect on their sense of well-being and their engagement in the broader community.

Perception of safety in own home

Our survey of 846 older Aucklanders found that the majority (92%) of respondents felt safe or very safe in their home during the day, and 85 per cent felt safe at night. There were differences across the geographic parts of Auckland, with slightly lower rating of perceived safety after dark among respondents living in southern local board areas (for example, 73% compared with 92% in eastern suburbs). Very few respondents stated they felt unsafe in their own home.



Figure 6: Perceptions of safety in own home (%)



Data source: Auckland Council, Survey of Older Aucklanders

Affordability

Access to quality affordable housing is fundamentally important to good health and social outcomes. The ability to meet ongoing housing costs including power, heating, mortgage repayments or rent, rates and attending to repairs can be extremely challenging for many particularly those on limited and fixed incomes.²³ The ability to 'downsize' into smaller and more economical housing is not always straightforward either.²⁴

Perception that housing costs are affordable

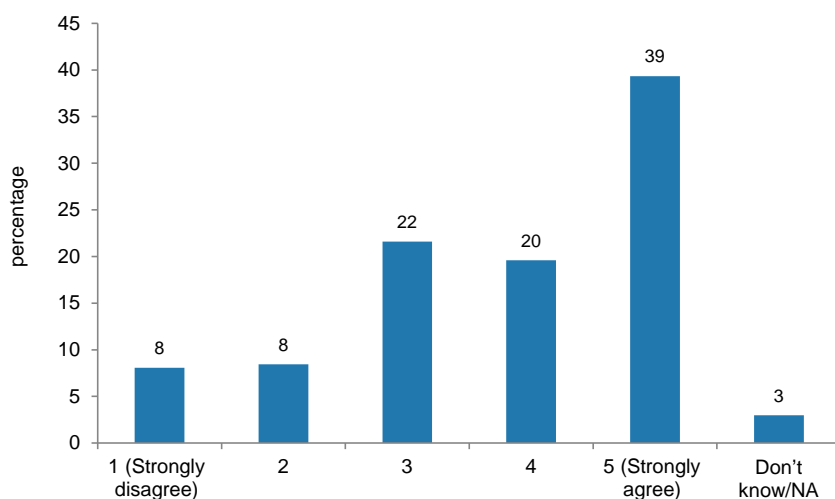
Over half (59%) of respondents in the survey of older Aucklanders strongly agreed or agreed that their housing costs were 'affordable' (this included rent, mortgages, rates and maintenance). Almost one in five (17%) disagreed with this statement.

Perhaps not unsurprisingly, those on lower household incomes were more likely than others to disagree or strongly disagree that their housing costs were affordable (29% of those who reported an income of \$20,000 or less, compared to 8% of those on \$100,000 or more).

A higher proportion of those living in the southern local board areas disagreed with this statement – 24% compared with 17% overall.

Respondents were also asked whether they agreed that they could afford to heat their home properly during winter. Two thirds (67%) agreed, 13 per cent were neutral and 18 per cent disagreed.

Figure 7: Perception that housing costs are affordable (n=806) (%)



Data source: Auckland Council, Survey of Older Aucklanders

Housing quality

Poor quality housing – for example housing that is damp, uninsulated, insecure or in need of repair – can have serious implications for older people’s health and personal safety.

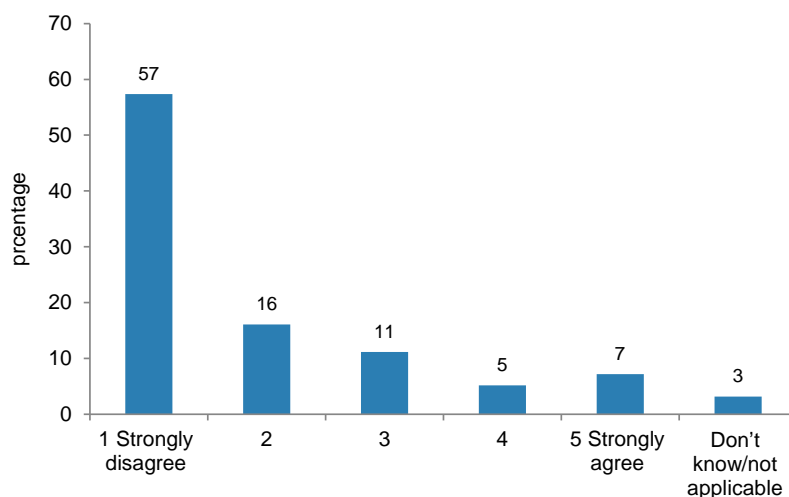
Problems with damp and mould in the home

Dampness, mould and mildew in Auckland’s dwelling stock is a frequent occurrence due to a combination of local climate, and inappropriate housing materials and typologies. A damp dwelling is more difficult to heat and a poorly heated dwelling more susceptible to damp.²⁵ Damp and mould can have adverse health effects if not dealt with adequately.



Overall, about one in ten (12%) respondents to the survey agreed or strongly agreed that their home had a problem with damp and mould in winter – a relatively large proportion of people living in western parts of Auckland stated that this was the case (19%).²⁶

Figure 8: Perceptions of damp and mould in home during winter (n=797) (%)



Data source: Auckland Council, Survey of Older Aucklanders

Suitability of dwelling and neighbourhood

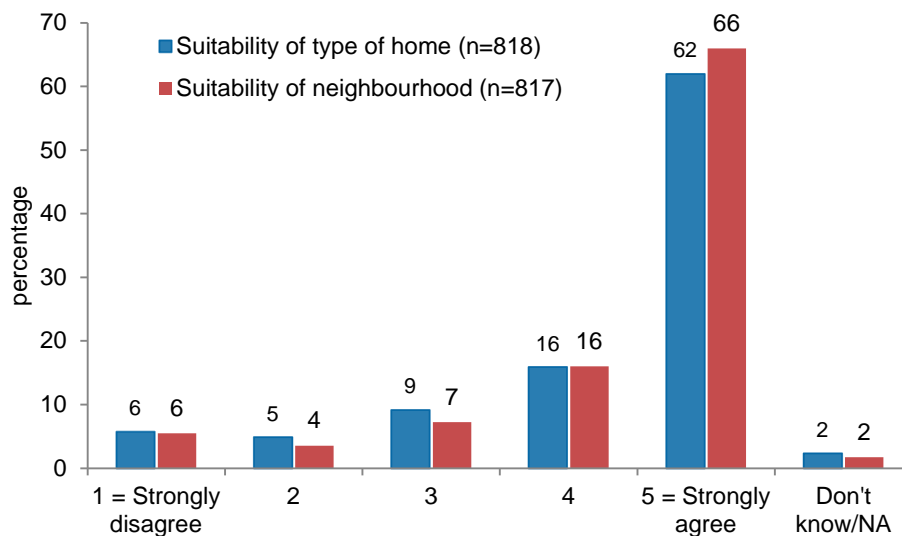
Housing needs to meet a range of physical and emotional needs at the individual and household level. These needs will change over time, for example as physical ability becomes compromised, a household's financial status changes, or when a partner dies.

Perception of the suitability of their current housing situation

The majority of respondents to the survey of Older Aucklanders agreed or strongly agreed that the general area or neighbourhood their home was in suited their needs and the needs of others in their household (82%). Three quarters (76%) agreed that the type of home they lived in suited their needs, and the needs of others in their household. Refer to Figure 9.

Those on lower household incomes were less likely than others to agree that the type of home they lived in suited their needs (65% of those who reported an income of \$20,000 or less, compared to 85% of those on \$100,000 or more). The same pattern was observed with regard to the general area or neighbourhood in which they lived.

Figure 9: Perception of suitability for own needs and the needs of others in household (%)



Data source: Auckland Council, Survey of Older Aucklanders

Domain 2 Neighbourhood

Why is this important?

Neighbourhoods can provide older Aucklanders with a healthy and supportive living environment. This includes the physical environment, as well as the socio-cultural aspects of community engagement and support.

The international literature reveals a broad consensus for the benefits of older adults to age 'in place' – that is, to continue living in their neighbourhoods for as long as possible. Doing so helps to combat loneliness and social isolation, as well as sustain older people's autonomy and control over their living arrangements and day-to-day activities.

Positive interactions between neighbours are important for social support, well-being and can increase older people's feelings of general trust and safety. Older people who are in frequent contact with family, close friends, and neighbours tend to have better physical health than those who are less involved.

What are the indicators related to this?

- Perceptions of safety
- Accessibility
- Community strength and spirit

Perceptions of safety

Perceptions of safety in the local neighbourhood impact on the health and well-being of older people. If people feel unsafe they are less likely to talk to their neighbours, go out in the evening, use public amenities and generally participate in their communities.

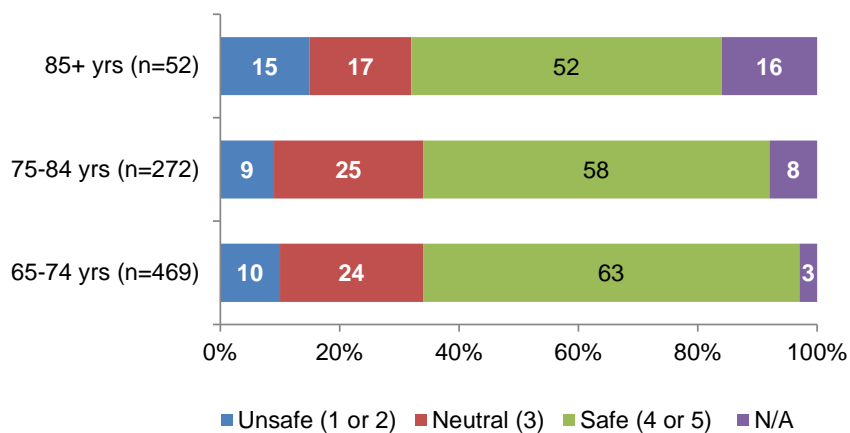
Perception of safety after dark

Almost two thirds (60%) of respondents to the survey of Older Aucklanders reported that they felt safe or very safe in their neighbourhood after dark.

Males were more likely than females to feel safe after dark (66% compared with 55%), and the 'young-old' (those aged 65 to 74) were more likely than respondents in other age groups to feel safe (63%) (Figure 10).

Those on lower incomes were less likely to report feeling safe in their neighbourhood after dark, compared to those on higher incomes. For example, just over half (53%) of those on incomes of \$20,000 or less reported feeling safe compared to 68 per cent of those on incomes of \$100,000 or more.

Figure 10: Perceptions of safety in neighbourhood after dark by age group (%)



Data source: Auckland Council, Survey of Older Aucklanders

Accessibility to local facilities and services

The ability to access local facilities and services is important for older people, particularly those with limited mobility and/or financial resources.

Ability to access facilities and services

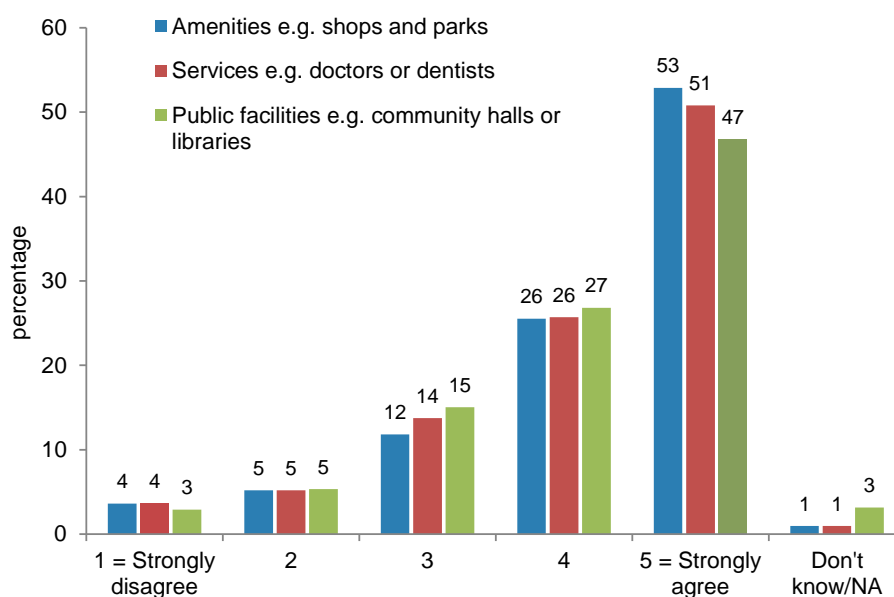
In general, most respondents to the survey of Older Aucklanders agreed that it was easy to access amenities such as shops and parks (79%), public facilities such as the library or community hall (74%) and services such as the dentist or doctor (77%) in their local area.

There was a difference in results by household income, with higher proportions of those on higher incomes agreeing that it was easy to access amenities and services compared with those on lower incomes.

Results were fairly even across household income groups for ease of access to public facilities.

There was a geographic effect as well - respondents living in Rodney and Franklin (these are both situated outside the main urban area) were less likely than others to agree with all three statements. For example, just over half (53%) of those living in Rodney and Franklin local board areas agreed that it's easy to access amenities, compared with 85 per cent of those living in central local board areas.

Figure 11: Rating of ease of access to amenities, services and facilities in local neighbourhood (n=830) (%)



Data source: Auckland Council, Survey of Older Aucklanders

Community strength and spirit

The presence of formal and informal relationships between people living in the same local area encourages a sense of belonging and can provide practical and emotional support.

Sense of community with others in local neighbourhood

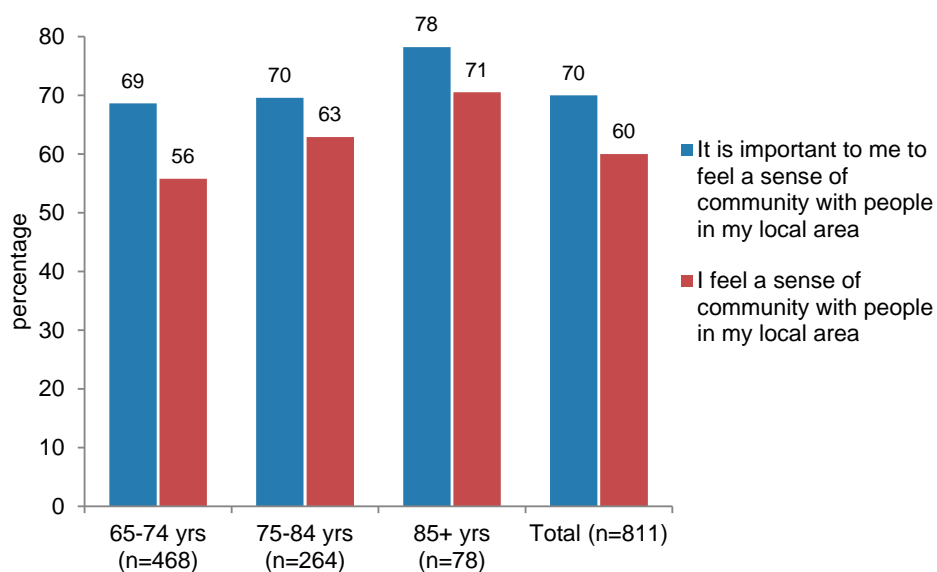
Overall, 70 per cent of respondents to the survey of Older Aucklanders agreed or strongly agreed that it was important to feel a sense of community in their local neighbourhood. A smaller proportion (60%) agreed that they actually felt a sense of community in their local neighbourhood (see Figure 12).

Respondents aged 85 and over were more likely than other respondents to agree with both statements, and Pacific respondents were also more likely than other respondents to agree that they felt a sense of community, at 79 per cent.

It is interesting to note that in the broader 2016 Quality of Life survey, which also includes these questions, respondents aged 65 and over were more likely than any other age group to agree that a sense of community is important (83%), and that they feel this in their local area (69%). This may be related to the amount of time that they spend in their local community.

In addition, the majority (78%) of respondents to the survey agreed or strongly agreed that they get on with people in their neighbourhood.

Figure 12: Proportion who 'strongly agree' or 'agree' with each statement, by age group (n=830) (%)



Data source: Auckland Council, Survey of Older Aucklanders

Domain 3 Transport

Why is this important?

The ability to get around Auckland efficiently and safely is of particular importance when considering the quality of life of older Aucklanders. Access to good transport options is vital for older people to connect with their family, friends and communities, to access services and to complete everyday tasks.

Maintaining mobility can be an especially acute challenge in later years. Ageing is often accompanied by increased physical challenges, as well as decreased income. This can limit transport options, such as access to a private vehicle, and increase reliance on subsidised transport or public transport.

Older people may face several challenges to using public transport such as physical access (e.g. getting on and off), negotiating interchanges between routes, delays in services and the cost of fares. This is especially the case for those with reduced physical abilities.

What are the indicators related to this?

- Walkability
- Licensed drivers
- Accessibility
- Public transport

Walkability

Walkability is a measure of how friendly an area is to walking. Walking has clear health, environmental, and economic benefits.²⁷ For many older Aucklanders who are not willing or able to drive or take public transport, the ability to walk safely to local amenities and facilities, or for recreational purposes, is crucial.

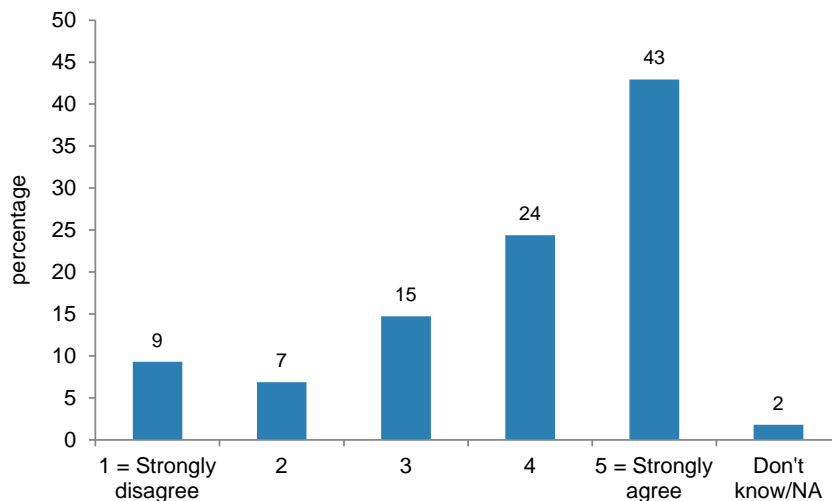
Perception that local footpaths are suitable for getting around on

Just over two thirds (67%) of respondents to the survey of Older Aucklanders agreed that footpaths in their local area were suitable for getting around on.

There were differences by ethnicity with a relatively high proportion of Pacific and Asian older people stating they agreed (82% of both groups).

It is perhaps worth noting that the extent to which respondents had used the footpaths to walk on was not explored.

Figure 13: Perceptions of footpaths in local area (n=829) (%)



Data source: Auckland Council, Survey of Older Aucklanders

Licensed drivers

The New Zealand Positive Ageing Strategy notes that the ability to carry on driving is an important indicator of well-being, as it allows older people to remain independent.

The proportion of people aged 75 years and over who have a driver's licence.

The subject population for this indicator is those aged 75 years and over as New Zealand legislation imposes special procedures for keeping a driver's licence from 75 years.²⁸

As at January 2017, 43,951 people aged 75 and over in Auckland had a current driver's licence.²⁹ This represents approximately 64 per cent of the population in this age group. The Positive Ageing Strategy Indicators report 2007 notes that men were more likely than women to hold a driver's licence.



“Failing eye sight restricts my ability to drive at night. Reduced walking already means I can’t walk as far, or as often as I would like. I prefer to not drive in/through Auckland unless it is absolutely necessary. Traffic density is off-putting.”

*- respondent to the survey of Older Aucklanders
Female, 80-84*

Accessibility

Affordable and accessible transport options for older people is one of the ten goals of the New Zealand Positive Ageing Strategy. Maintaining mobility for older people is crucial to their well-being, their ability to access services and their continued connection to their families, friends and communities.

Accessible transport options

A 2015 report on the Positive Ageing Strategy prepared by the Office for Senior Citizens notes that the New Zealand government and local councils support older people's mobility through a variety of mechanisms such as driver licence renewals, accessible parking options and education on the safe use of vehicles and mobility scooters. Those who do not have a licence can access public transport and alternative transport schemes.³⁰

The importance of the SuperGold Card in making public transport accessible for older people is highlighted in that report. This concession entitles the holder to free off-peak public transport after 9am weekdays, all day weekends and public holidays, as well as a range of other concessions. From 1 July 2016, SuperGold cardholders in Auckland can only access their concession using an Auckland Transport HOP Card (cards cost \$15 each and are required to carry a minimum \$5 credit). At January 2017, there were 121,918 AT HOP cards with a SuperGold concession.

"It is extremely important to me to be able to continue using the SuperGold card/hop card, especially for travel after 3pm for medical appointments and community activities. Due to times of appointments and meetings and distances of travel required around Auckland, if the times of use for the SuperGold card/hop card changed this would have a significant impact on my life, health and finances."

*-respondent to survey of Older Aucklanders
Female, 65-69*

*"Why no bus service on city side of Te Atatu Peninsula?
West Harbour ferries only run Mon-Friday - why not in weekends."*

*-respondent to survey of Older Aucklanders
Male, 70-74*

Public transport

Public transport is a lifeline for many older people who need to get around, but who might not drive or have access to a private vehicle. Public transport includes bus, train, and ferry services. Older Aucklanders are eligible to use the SuperGold card for free travel on most public transport services.³¹

Use of public transport by older people

Almost two thirds (61%) of respondents to the survey of Older Aucklanders had used public transport in the previous 12 months at least, while 37 per cent never used it during that time. Among those who had used public transport, the largest group had used it 'less often than once or twice a month'.

There was an age difference in results, with only around a third (36%) of those aged 85 and over stating they had used public transport at least once in the previous year.

There was also an interesting difference by household income levels. While just over half (54%) of those on a reported income of less than \$20,000 had used public transport in the previous year, the result for those on a household income of \$100,000 was 70 per cent. This may reflect the generally higher reported incomes among the 'young-old' (those aged 65 to 74), and might reflect the levels of public transport provision in low income versus higher income areas

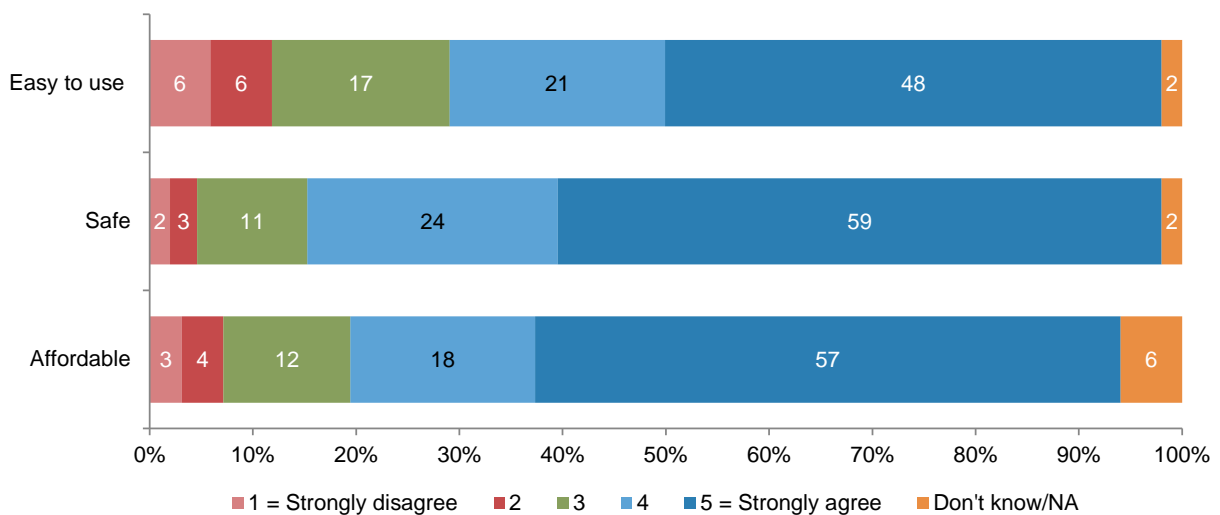


Perceptions of public transport

While 83 per cent of all respondents who had used public transport in the previous 12 months agreed or strongly agreed that public transport is safe, and 75 per cent that it is affordable, a slightly lower proportion agreed it is easy to use (69%) (see Figure 14).

Auckland Transport notes that the majority of safety concerns among potential and new public transport customers in Auckland relates to the walk to and from the stop, while existing users have fewer concerns, which also relate to waiting at stations.³²

Figure 14: Perceptions of public transport (n=509) (%)



Data source: Auckland Council, Survey of Older Aucklanders

Domain 4 Social Connectedness

Why is this important?

Mental, emotional and spiritual well-being among older Aucklanders is enhanced by meaningful social connections. Social connectedness has proven links to positive outcomes, including decreased risk of social isolation, enhanced self-esteem and well-being. Social isolation, on the other hand, has been linked to negative health and well-being outcomes, including loneliness, anxiety and depression.³³

Connectedness occurs through inter-personal relationships with family, whānau, neighbours and friends, as well as engagement in social institutions such as churches, sports clubs and marae, as well as volunteering.

Auckland is a multi-cultural society. It is important that older Aucklanders from all ethnic, cultural and religious backgrounds can remain connected to their traditions and culture in a positive way.

What are the indicators related to this?

- Contact with others
- Access to telecommunications
- Social isolation
- Trust in others

Contact with others

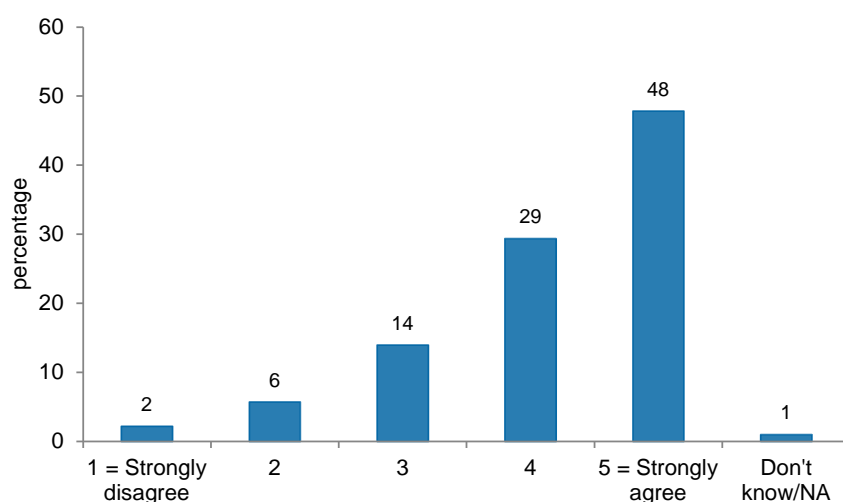
Ongoing and positive interactions with family members, friends and/or people with similar interests and passions help to sustain positive mental and physical health. International research has consistently shown that the type, quality and character of personal and social relationships are important determinants of well-being for older people.³⁴

Visits by friends and family

This indicator measures the extent to which respondents agreed that they were visited by friends, family or whānau as often as they would like. Over three quarters (77%) agreed that this was the case, while a small proportion (6%) disagreed.

Those with a relatively high household income were more likely to agree with this statement than those on lower household incomes (88% of those on \$100,000 or over compared with 71% of those on less than \$20,000).

Figure 15: Visited as often as they would like by friends and family (n=824)



Data source: Auckland Council, Survey of Older Aucklanders

[I have..] “a very good and happy family who visit often and phone me every day, having good friends, and a wonderful church community”

*- respondent to the survey of Older Aucklanders
female, 80-84*

Belonging to a social network or group

The majority (80%) of respondents to the survey of Older Aucklanders stated that they belonged to one or more social networks or groups. One in five (20%) said they did not belong to any of the options that were provided. These respondents were from all age groups, however those aged 85 and over were slightly over-represented.

Of those respondents who did nominate at least one group, the largest proportion (39%) stated they belonged to a hobby or interest group. Females were more likely than males to state they were part of a hobby group (48% of females respondents compared to 27% of males).

Other popular choices were a sports club or recreational class (35%) and a church or spiritual group (32%).

When asked to tell us what ‘other networks or groups they belonged to, responses varied, for example:

‘A Red Hat club for fun-loving ladies!’

‘A walking group’

‘Elected representative and company director ‘

‘A network of friends who live nearby’

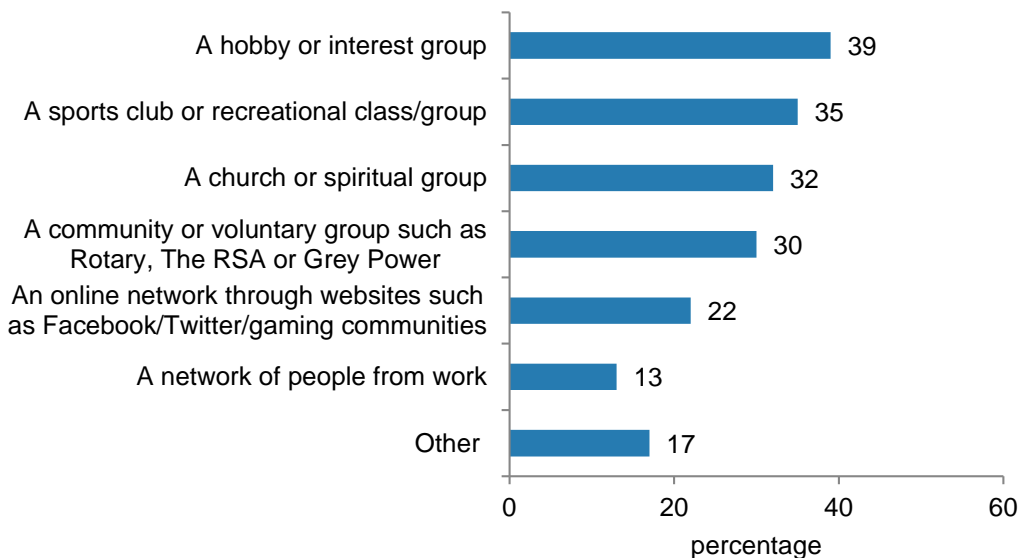
‘Just shopping ‘

‘Volunteer local fire brigade’

‘JP’

‘Probus ‘

Figure 16: Proportion who belonged to social networks and groups* (n=679)



Data source: Auckland Council, Survey of Older Aucklanders

*Of those who nominated at least one social group or network.

Access to telecommunications

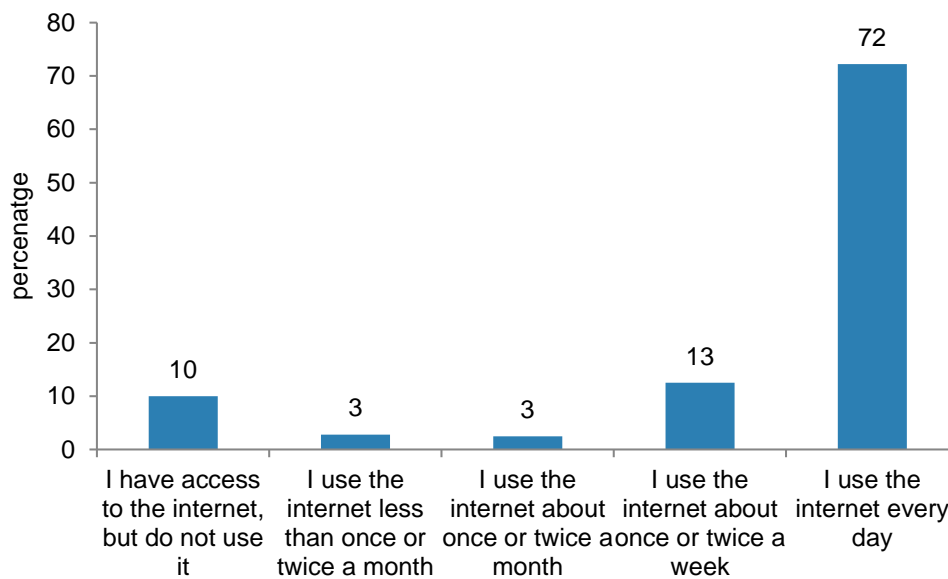
Older Aucklanders have lived through a technological revolution, which has transformed inter-personal communications and the delivery of services. The ability to access, and utilise, telecommunication channels such as the internet and mobile technologies deepens the extent to which older Aucklanders can stay connected and informed.

The proportion of older adults living in a dwelling with internet access

Almost one in five respondents to the survey of Older Aucklanders (18%) stated they did not have access to the internet. This group were more likely to be aged 85 and over (44% of those in this age group, compared with 11% of those aged 65-74).

Of those 680 respondents who did have access to the internet, the majority (72%) said they used it every day. One in ten did not use it - again this tended to be those aged 85 and over.

Figure 17: Use of internet among those who stated they had access to it (n=680)



Data source: Auckland Council, Survey of Older Aucklanders

Social isolation

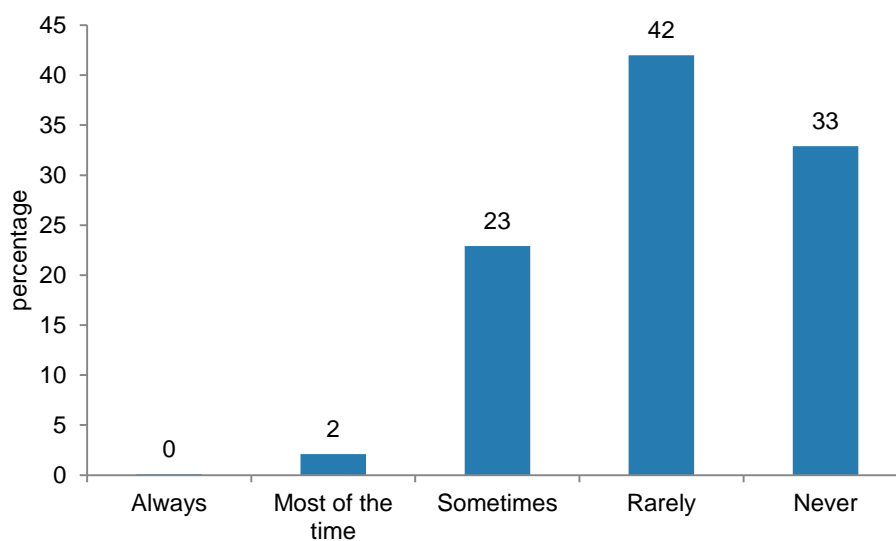
Many older people experience loneliness and depression, either as a result of living alone or due to lack of close family ties and reduced connections which results in an inability to actively participate in community activities and to form new networks. Social isolation can lead to loneliness, depression and poor health.³⁵

Feeling lonely or isolated

A third (33%) of respondents stated they had 'never' felt lonely or isolated in the previous 12 months, 42 per cent stating this had happened 'rarely' and a quarter (25%) stating this had occurred 'sometimes' (see Figure 18).

The broader 2016 Quality of Life survey results for Auckland found that respondents aged 65 and over were more likely than others to report that they had 'never' or 'rarely' felt lonely or isolated (77% compared with 52% for those aged 18 to 24 years).

Figure 18: Frequency of feeling lonely or isolated in previous 12 months (n=840)



Data source: Auckland Council, Survey of Older Aucklanders

Trust in others

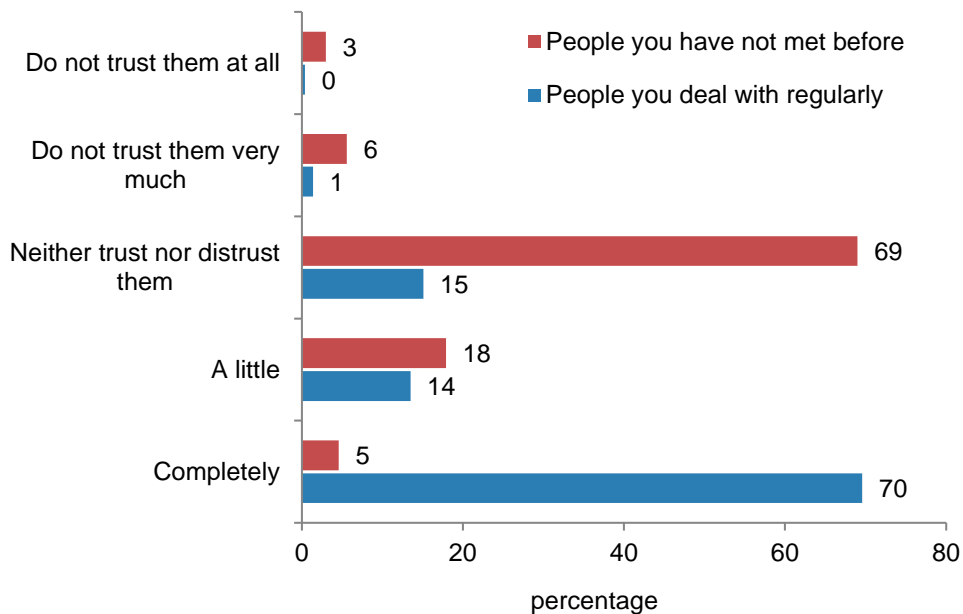
Trust in others is an important indicator of how older people feel about members of their community. This is associated with their sense of security and social connectedness.³⁶

Levels of trust in others

Results of the survey of Older Aucklanders indicate relatively high levels of trust among older Aucklanders. Seventy per cent stated they 'completely' trusted people they dealt with regularly (including family, friends, colleagues or other people) and a similar proportion (69%) stating they 'neither trust nor distrust' people they have not met before. Very low proportions stated they did not trust others.



Figure 19: Levels of trust in others (n=845)



Data source: Auckland Council, Survey of Older Aucklanders

Domain 5 Health and Care

Why is this important?

It is widely accepted that health is a state of complete physical, mental and social well-being, and not merely the absence of disease or infirmity.³⁷ This is reflected in the Māori concept of hauora which includes tinana (physical), wairua (spiritual), whānau (family) and hinengaro (mental) aspects of well-being, as well as important cultural elements such as land, environment, language and extended family.³⁸

Issues of health and well-being, and the need for care and support services, become more acute among older people as the physical ageing process accelerates, and as people's economic and social environments change.

It is important to consider the ability of older people to access medical and healthcare services, and the ability of those services to adequately respond to their older clients.

What are the indicators related to this?

- Life expectancy
- Smoking rates
- Self-rated health status
- Accidental injuries
- Emotional health
- Access to support and services
- Levels of physical activity

Life expectancy

Life expectancy is a key indicator of the general health of the population. Improvements in overall life expectancy in New Zealand reflect improvements in social and economic conditions, general lifestyle, access to health services and advances in medical treatment and care.

Life expectancy at age 65 indicates the additional number of years a person could expect to live, on average, having reached age 65, based on the mortality rates of the population at each age in a given year.

The latest cohort life tables available from Statistics New Zealand indicate that the average length of life for New Zealanders born in 1951 (therefore 65 years in 2016) is 86.2 years for males and 88.9 for females (assuming medium mortality rates).³⁹

It is well-evidenced that males tend to have lower life expectancy than females and that Māori have lower life expectancy than non-Māori – although Statistics New Zealand report that life expectancy is increasing in New Zealand overall, and that the difference between Māori and non-Māori life expectancy has decreased over recent decades.⁴⁰



Smoking rates

Cigarette smoking is a key risk factor associated with chronic respiratory disorders and heart disease among older adults, especially Māori. Respiratory conditions are a major cause of both hospital admissions and mortality amongst older people.⁴¹

Proportion of older people who smoke regularly

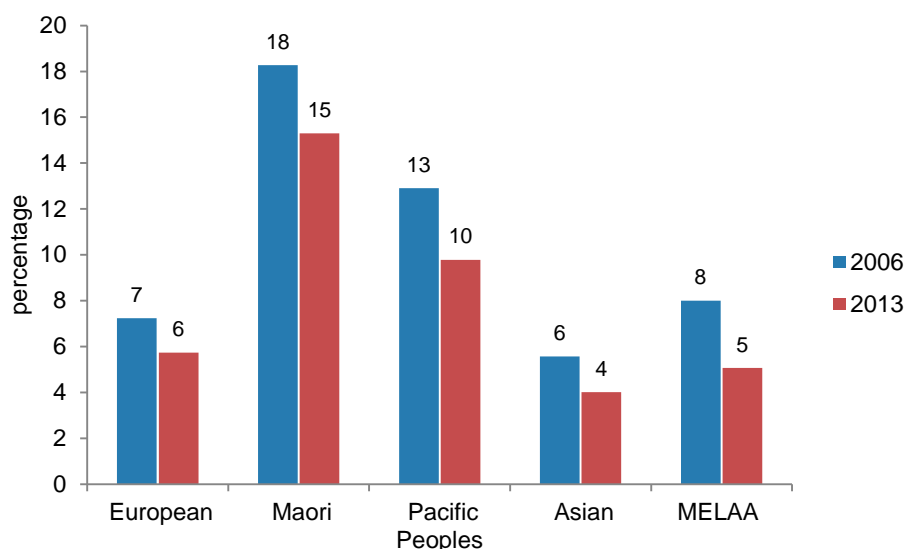
At the 2013 Census, 10 per cent of usual residents in Auckland aged 65 and over stated they were regular smokers (defined as smoking one or more tobacco cigarettes per day). This proportion had decreased since 2006 when it was 14 per cent.

Most were aged 65 to 74 (70% of all smokers aged 65 and over).

Among the five main ethnic categories, Māori reported the highest rates of smoking (15% of Māori aged 65 and over, compared with 10% Pacific, 6% European and 4% Asian) (see Figure 20).

Again, rates of smoking had decreased slightly across all ethnic groups from 2006.

Figure 20: Proportion of Auckland residents aged 65 and over within each broad ethnic group who were regular smokers (2006, 2013) (%)



Source: Statistics New Zealand, Census of Population and Dwellings

MELAA refers to Middle Eastern, Latin American and African.

People could identify with more than one ethnicity these groups are not mutually exclusive.

Self-rated health status

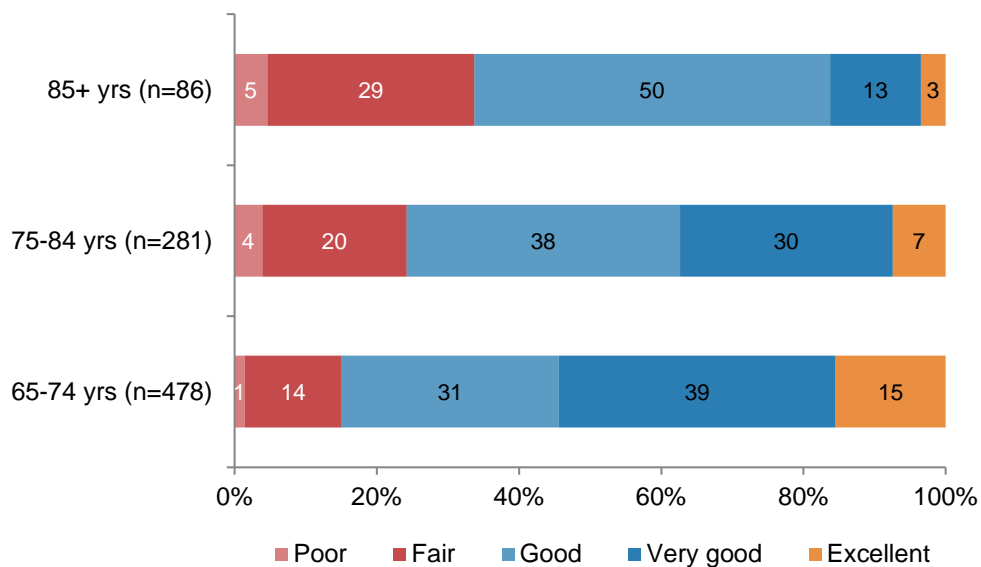
Personal health is a subjective experience and will differ from person to person. Self-rating of health status by individuals is a commonly used measure in frameworks of well-being in New Zealand and overseas.⁴²

Perceptions of health

Respondents to the survey of Older Aucklanders were asked 'Thinking about whether your health affects your ability to do day-to-day activities, in general, how would you rate your health?' The majority (80%) provided a positive rating, of either 'good' (35%), very good (33%) or excellent (12%). Very few rated their health as poor.

Perhaps not surprisingly, a relatively large proportion of those aged 65 to 74 years rated their health as very good (39%) or excellent (15%) compared to the older age groups (see Figure 21).

Figure 21: Rating of general health, by age group (%)



Data source: Auckland Council, Survey of Older Aucklanders

Emotional health

As well as the typical life stressors common to all people, older adults can lose their ability to live independently because of limited mobility, chronic pain, frailty or other mental or physical problems, and may require some form of long-term care. In addition, older people are more likely to experience events such as bereavement, a drop in socioeconomic status with retirement, or a disability. All of these factors can result in isolation, loss of independence, loneliness and psychological distress in older people.⁴³

Perception of experiencing stress that has a negative effect

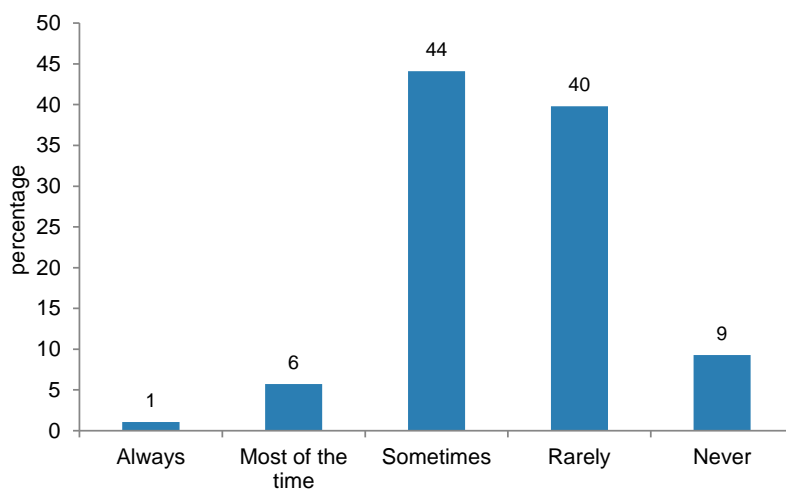
It is not possible to definitely measure emotional health among older Aucklanders as it is highly subjective and will change over time from person to person. By way of proxy we have included a measure of the extent to which older Aucklanders experienced stress that has a negative effect, and the next section includes a measure of the extent to which people felt lonely.

Almost half (44%) of the respondents to the survey of Older Aucklanders stated they had 'sometimes' experienced stress that had a negative effect on them in the previous year.

A similar proportion (40%) felt this had happened only 'rarely', and almost one in ten (9%) said it had never happened.

It is interesting to note that the 2016 Quality of Life survey found that Auckland respondents aged 65 plus were less likely than others to report that they had 'always' or 'most of the time' experienced stress (e.g. 6% compared with 27% for those aged 18 to 24 years).⁴⁴

Figure 22: Rating of stress that has had a negative effect in previous 12 months (%)



Data source: Auckland Council, Survey of Older Aucklanders

Accidental injuries

An accidental injury refers to a range of scenarios including falls, burns, poisoning, and airway obstruction, either inside the home or in other locations. Accidental falls are a major cause of injury resulting in hospitalisation or death among older people in New Zealand.

Fatal and serious non-fatal injuries from falls

A fall can be life-changing for an older person, impacting on their independence and well-being, with implications for their family or whānau and significant others. Falls in older people are most frequently categorised as being an ‘accident’ caused by an identified hazard in the environment. However, often it’s the interaction between the hazard and the person’s accumulated age-related changes in functioning and disease processes that causes the fall, not the hazard by itself.⁴⁵

The most serious injuries resulting from falls are fractures and head injuries, and in some cases death.

The Australian and New Zealand Falls Prevention Society report that the most common injuries that require hospitalisation comprise fractures of the leg, arm or fractures of the neck and trunk. The most serious of these fall-related injuries is fracture of the hip.

In 2015, over 3800 public hospital discharges in Auckland among people aged 65 and over were related to falls. This was the most common cause and accounted for 60 per cent of all discharges in that time period. Most recent data available on deaths from falls in shows that in 2013 there were 102 deaths, over half of which were among people aged 85 and over (Table 2) .

Table 2: Fatalities and public hospital discharges from falls, 65 years and over, Auckland

Age group	Deaths (2013)		Public Hospital Injury Discharges (2015)	
	Number of deaths	Rate / 100,000 people	Number of discharges	Rate / 100,000 people
65-69	5	8.6	444	696.1
70-74	5	11.9	427	943.0
75-79	10	34.6	569	1,758.9
80-84	26	124.4	706	3,283.0
85+	56	280.0	1679	7,869.7
TOTAL	102	60.1	3825	2,076.0

Data source: University of Otago, Injury Prevention Research Unit

Access to support and services

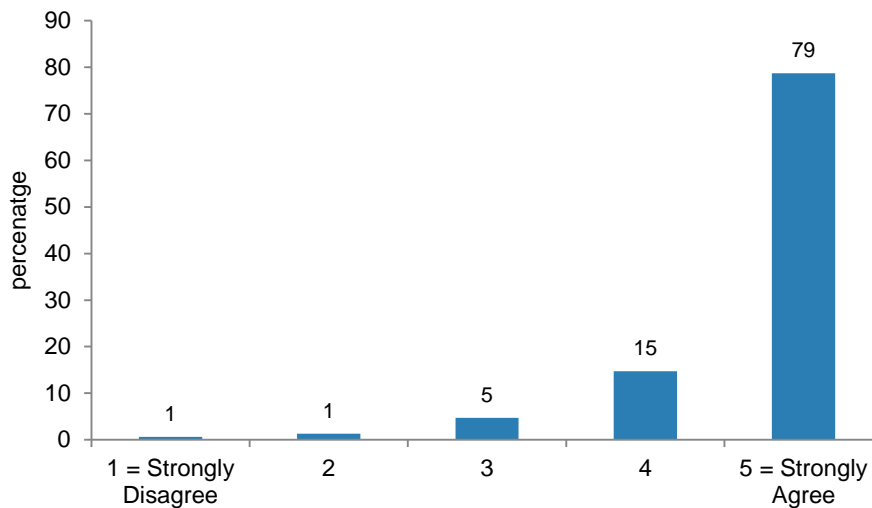
*With older age often comes the need for support and more frequent visits to medical and care services. It is vital that older Aucklanders know who they can contact for advice and help, particularly those who may be new migrants or have limited English communication skills. It is also important that they can financially and physically access appropriate quality support services and care.*⁴⁶

Knowing who to contact for health advice

The survey of Older Aucklanders asked respondents if they knew who to contact if they needed information about their health concerns and relevant services in their community. The majority of respondents (93%) agreed or strongly agreed that they knew who to contact if they needed advice on their health.

There appear to be some differences by ethnicity, with a slightly lower proportion of those in the broad Asian category agreeing with this statement (55% strongly agreed and 28% agreed). This may reflect the increasing numbers of older immigrants from the broad Asian region, many of whom will be unfamiliar of the New Zealand health system, or who may encounter language barriers.

Figure 23: I know who to contact if I need advice on my health (%)



Data source: Auckland Council, Survey of Older Aucklanders

Going to see the doctor

The Ministry of Health recommend that if a person is sick and it's not an emergency, they should visit a General Practitioner (GP).⁴⁷ It's free to register or enrol with a GP, but they often charge a consultation fee for each visit, and it can cost extra to visit a GP with whom you are not enrolled. Older people who need to see their GP frequently are sometimes also eligible for a high use health card (valid for a year and entitles frequent health service users to reduced costs for some doctor visits and some prescriptions), and/or Care Plus (aimed at people with chronic health conditions, serious medical or mental health needs, or terminal illness).

Our survey of Older Aucklanders found that 17 per cent of respondents had postponed or put off a visit to the doctor or their GP in the previous 12 months to keep costs down 'a little' or 'a lot', particularly those who identified with an Asian ethnicity (29%) and those on lower household incomes (37% of those with household income of less than \$20,000).

According to the Positive Ageing Indicators report 2007, this is a measure of an unmet need associated with access to, and the costs of, health care.

"The biggest thing which impacts on my happiness, ... is that my husband has dementia. I know there is a lot of support and help out there which I wouldn't have in a small place. So that's another plus for living in Auckland and being 75 yrs old."

*-respondent to the survey of Older Aucklanders ,
female, 75-79*

As someone who is perfectly healthy, fit and active I would like to be referred to as 'retired' or as a 'senior' maybe even 'middle aged'? but definitely NOT 'elderly'. Although I am 67 I go to the gym 4 days a week, play tennis 4 times a week, swim and cycle too. " male

Levels of physical activity

The New Zealand Positive Ageing Strategy notes that regular physical activity is associated with good mental and physical health, functional capacity and self-worth.⁴⁸

Levels of physical activity

Over half (56%) of respondents to the survey of Older Aucklanders had engaged in physical activity of moderate intensity (such as gardening, stretching/tai chi/ yoga, or walking to the shops) in the previous week, and a third had undertaken light intensity activity (day to day activities such as carrying shopping or doing the housework).

Perhaps not surprisingly there was a difference in results by broad age groups with one in five (22%) of those aged 85 and over stating they had undertaken none, or

very little, physical activity in the previous week, compared to only 4 per cent of those aged 65 to 74, and 9 per cent of those aged 75 to 84.

Walking is a very popular activity among New Zealanders, particularly those in this age group. A recent study undertaken by Sport NZ into levels of physical participation among New Zealand adults found that 91 per cent of Aucklanders aged 65 to 74, and 81 per cent of older Aucklanders aged 75 and over, had participated in sport or recreation activities in the previous week, and that walking was the most common type of activity.⁴⁹



Domain 6 Status in Society

Why is this important?

Underpinning the concept of 'positive ageing' is the premise that the years of 'older age' should be viewed and experienced positively in our society. This includes the attitudes and experience of older people themselves, as well as the attitudes, expectations, behaviours and actions towards ageing and older people by younger generations.

Broad attitudes towards ageing in New Zealand, and stereotyping of what it means to be older member of society, as expressed in mainstream media for example, can have a strong influence on how older people feel about themselves, and their contribution to society. It also influences how others respond to ageing and the aged. Mainstream media often celebrates western ideals of youth over ageing, and conforms to two stereotypes: the frail and dependent old person, or the sprightly, independent third-ager fighting the physical signs of ageing.⁵⁰ These are of course oversimplifications. They do not reflect the diversity and complexity of older people's lived experience.

This domain also reflects the importance of engagement by older Aucklanders in Auckland's social, economic and political realms, and the ability to adequately represent, and be represented in civic society.

What are the indicators related to this?

- Civic participation
- Valued contribution
- Perceived age discrimination
- Victims of crime
- Elder abuse

Civic participation

Civic participation refers to participation in the democratic processes that underpin New Zealand society. This includes not only exercising the right to vote at central and local elections, but standing for office itself.

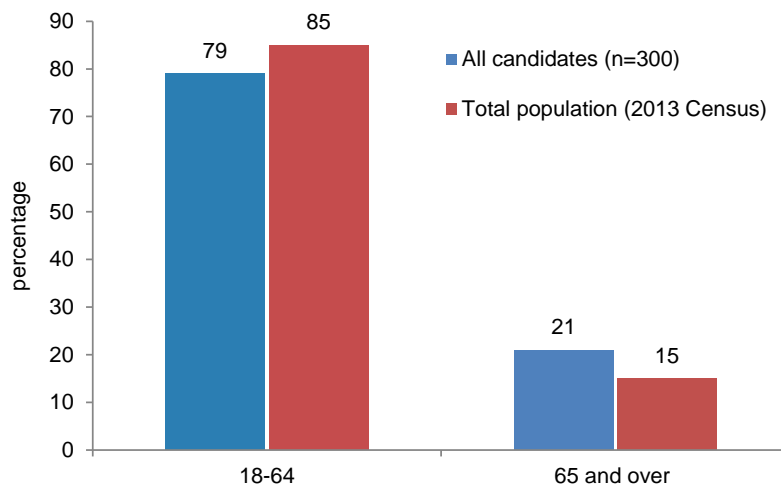
Voting

Voter turnout at elections is recognised as both a measure of public participation and the strength of a democracy. At the 2014 New Zealand central government election, 83 per cent of eligible voters aged 65 and over in the 22 general electorates within the Auckland region (excluding Northland) exercised their vote, and 80 per cent of those on the Māori descent roll voted within the three Māori electorates. Unfortunately, data by local government elections in Auckland is not available.⁵¹

Standing for office

Information on the age of candidates standing for election is not routinely collected by Auckland Council. However, it is known that a total of 432 candidates stood for Auckland's 2016 local government elections (mayor, local boards, and ward positions). Three hundred, or 69 per cent, of those people responded to Auckland Council's Candidate Demographic survey. Of these 300 people, 64 (21%) were aged 65 or over (see Figure 24).

Figure 24: Candidates for Auckland council elections, by age (2016)



Data source; Auckland Council Candidate Demographic Survey

Valued contribution

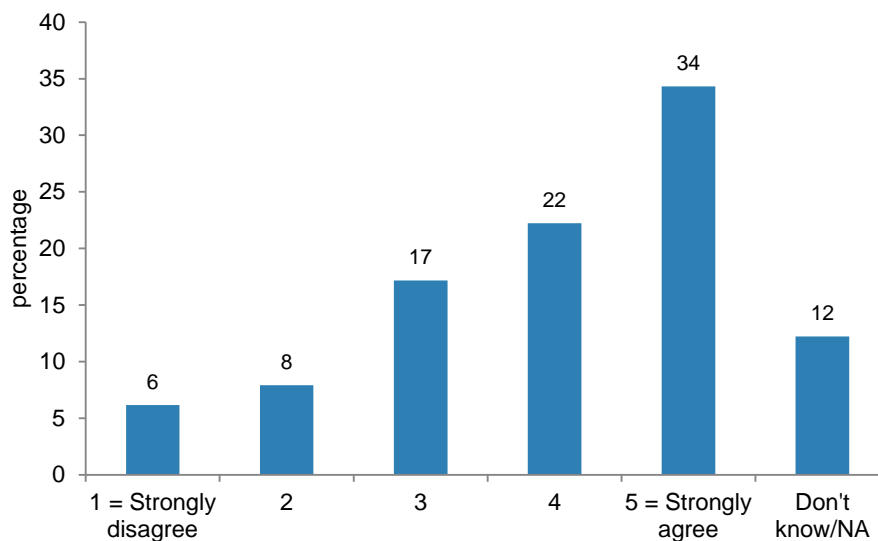
The extent to which the individual and collective experience, knowledge and contribution of its older members is actively recognised and valued has a direct influence on feelings of self-esteem and well-being among older Aucklanders.

Ability to play a role as elder in the family and/or wider community

Over half (56%) of the respondents to the survey of Older Aucklanders agreed or strongly agreed that they had the opportunity to play a role as an elder in their family or wider community. Just over one in ten (12%) felt that this was not applicable or didn't know – this proportion was particularly high among people aged 85 and over (19%).

Those of Māori, Pacific and Asian ethnicity were more likely than those of European ethnicity to agree with this statement (69%, 73% and 72% respectively agreed compared with 54% for European).

Figure 25: I have the opportunity to play a role as an elder in my family and/or community (n=810)



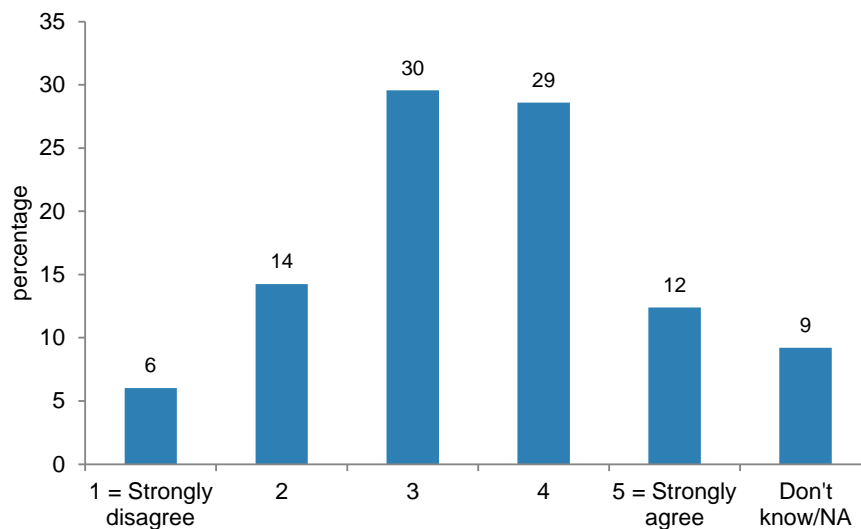
Data source: Auckland Council, Survey of Older Aucklanders

Proportion of older adults who believe that older people are valued

Respondents were also asked the extent to which they agreed that people aged 65 and over are valued in Auckland. Responses were generally positive – 41 per cent agreed or strongly agreed with this statement, but it must be noted that 20 per cent disagreed (see Figure 26).

Again, although numbers are small, relatively large proportions of those who identified with an Asian (62%) or Pacific (59%) ethnicity agreed with this statement, compared with other ethnicities.

Figure 26: Overall, people aged 65 and over are valued in Auckland (n=815)



Data source: Auckland Council, Survey of Older Aucklanders

*"I would really like to see older people portrayed more positively in the community. Am concerned about the growing divide between younger and older people exacerbated by the housing shortage in Auckland. Don't feel personally to blame for this but envy and lack of respect for elders suggest we are blamed by young people".
(respondent to the Older Aucklanders survey - female, 70-74)*

Discrimination by age

*The New Zealand Human Rights Commission defines discrimination as occurring when ‘a person is treated unfairly or less favorably than another person in the same or similar circumstances’.*⁵² *The New Zealand Human Rights Act 1993 denies the ability for anyone to discriminate against someone because of their age, as well as several other characteristics such as gender, sexual orientation, political opinion, colour or race. However, discrimination can and does occur, and it may be multi-dimensional. That is, people may experience discrimination (throughout their life as well as in older age) not only due to their age, but on other grounds such as race, sexual orientation and/or religious beliefs.*

Perceptions of discrimination

We asked respondents in the survey of Older Aucklanders whether they felt they had been discriminated against in the previous 12 months by age, and also by ethnicity. Over one in ten (14%) felt they had been discriminated against due to their age, 4 per cent by ethnicity, and 21 people (2%) felt they had been discriminated against for other reasons (most of these were female). It is interesting to note that almost two thirds of those who felt they had been discriminated against by ethnicity were New Zealand European.

Victims of crime

Being a victim of a criminal action such as assault or burglary can have a devastating effect on people’s sense of safety and trust in others, and on their sense of worth in society.

Crimes against older people

In the 24 month period from Dec 2014 to Dec 2016, New Zealand Police recorded 4800 instances of crimes against people aged 65 and over in Auckland, out of a total of 126,933. The bulk of these offences were ‘theft and related offences’ (87%), followed by ‘acts intended to cause injury’ (10%).

The age of victims is not available for all recorded crimes in New Zealand; however it would appear that older people are less likely to be a victim of crime than people in younger age groups, particularly those aged 20 to 39 years.⁵³

Elder abuse

The physical, financial and social vulnerability of older people can sometimes lead to what is referred to as elder abuse. There are several types of elder abuse, including financial, psychological, physical, sexual and institutional abuse as well as neglect.⁵⁴ Abuse and neglect are contraventions of a person's human rights, and can have devastating effects on the individual, their family/whanau and their wider community.

Elder Abuse is recognised as a serious issue in New Zealand. Age Concern state that they receive more than 2,000 referrals of elder abuse every year across New Zealand, with the most common types being financial, physical and psychological. They report that often the abuse experienced by an older person involves more than one type of abuse.

In cases seen by Age Concern's Elder Abuse and Neglect Prevention Services over the last three years:

- 75% involved psychological abuse
- over 50% involved financial abuse
- 15-20% involved physical abuse
- 10-15% involved neglect
- 10-15% involved self-neglect⁵⁵

Abuse is also identified by other agencies including health providers, the Police, lawyers, community support organisations, and dedicated Elder Abuse and Neglect Prevention services.

Abuse and neglect in institutional settings such as care facilities and rest homes can result from inadequate staff training, support and resourcing. A substantial inquiry into the equal employment opportunities for workers in New Zealand's aged care sector, published in 2012, noted that the increased dependence of clients, and staff shortages also increases mental stress among workers, which can lead to mistakes, elder abuse and burnout⁵⁶. The investigation found that psychological pressures are especially high in dementia care and night shifts. Home care staff, working in isolation, may face different, but also high rates of stress.

Domain 7 Culture and Identity

Why is this important?

Culture is a fundamental aspect of a person's identity. People's values, customs, practices, languages and world views all contribute to their cultural identity, how they see themselves and how they engage with the world. Social groups such as those based on ethnicity, nationality, religion or common interests have a shared sense of cultural identity. Beliefs and practice of these groups link people to their history and heritage. Cultural identity creates a sense of belonging and is an essential contributor to well-being.

Auckland is the most diverse, multi-lingual city in New Zealand. The cultural diversity among Auckland's older people is growing. Older Aucklanders increasingly have complex identities and identify with more than one ethnic or cultural group as a result of mixed-family heritage, migration and personal biographical experience.

Additionally, cultural identity is not static and does not have clear fixed boundaries. It is fluid; building, changing and deepening over time.

Older Aucklanders well-being is influenced by how they are able to access culturally appropriate services, participate in cultural traditions and express their cultural identity.

What are the indicators related to this?

- Te Ao Māori
- Participation and expression
- Acceptance
- Culturally appropriate services.

Te Ao Māori

Te Ao Māori literally means the Māori world. Te Ao Māori underpins holistic models of health such as Whare Tapa Whā, developed by Sir Mason Durie.⁵⁷ Within that frame, one of the key tasks of health promotion is to facilitate access by Māori to te Ao Māori. This includes access to te reo, the language and dialects; tikanga, the processes and practices; marae, the community focal point; wāhi tapu, sites of importance; and access to whānau, hapū and iwi. This is particularly salient for many older Māori living in Auckland who may live far away from their whānau and turangawaewae (place to stand).⁵⁸

Engagement with Te Ao Māori

Engagement in te Ao Māori includes identifying with Māori ethnicity, fluency with te reo Māori, interactions with whānau, the ability to trace whakapapa (genealogy), contact with marae, contact with other Māori and can include holding financial interest in Māori land.⁵⁹

Results from the 2014 Te Kupenga survey, undertaken among a sample of approximately 1400 Māori in Auckland indicate that engagement with te Ao Māori among older Māori (those aged 55 and over) living in Auckland is relatively strong.

For example, just over a quarter (28%) felt that it was very important to be engaged in Māori culture, over half (54%) had been to a marae in the previous 12 months, with a further 41 per cent reporting they had been to their ancestral marae during that time, and 21 per cent had undertaken voluntary work for a marae, hapū or iwi. The majority (83%) had watched a Māori television programme, listened to a Māori radio station, or read a Māori magazine in the previous 12 months.⁶⁰

Proportion of older Māori who can korero (converse) in te reo Māori

Many older Māori were raised in New Zealand at a time when the Māori language declined, due to a combination of cultural alienation through increased Māori urbanisation after World War Two and active discouragement of te reo in schools.⁶¹ As a result, levels of te reo among older Māori are relatively low. For example, at the 2013 Census, 9 per cent of older Aucklanders who identified as Māori indicated that they spoke Māori at conversational level, compared with 25 per cent of Māori aged 0 to 14 years.⁶²



Participation and expression

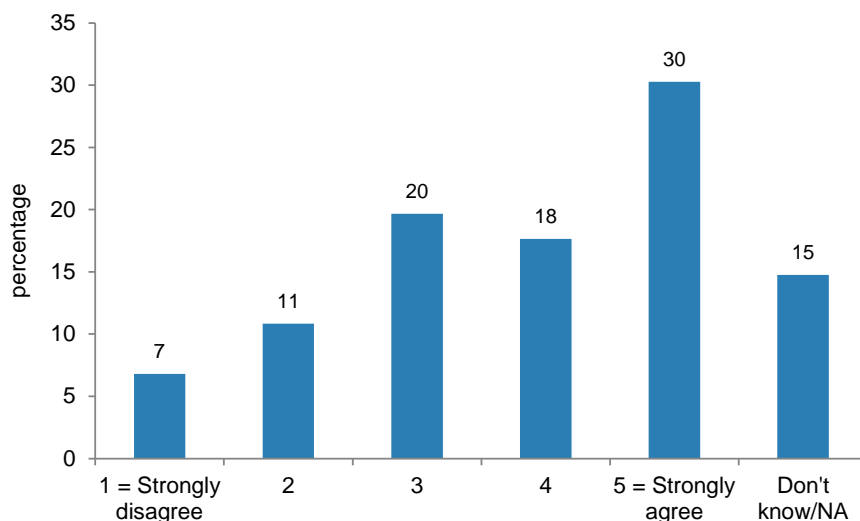
In a multi-cultural society such as Auckland it is important that people from diverse cultures and traditions can meaningfully participate in a range of activities and customs that give expression to their culture. An environment where older people are able to express their cultural identity builds and maintains older people's well-being.

Regular participation in events

Almost half (48%) of respondents to the survey of Older Aucklanders agreed that their culture was an important part of their identity (see Figure 27), particularly those who identified with an Asian ethnicity (72%).

A smaller proportion (38%) agreed that they were able to regularly participate in events, activities and traditions from their culture – again, this proportion was relatively high among those who were Asian (53%). It's worth noting that almost a quarter (24%) didn't know or felt this question was not applicable.

Figure 27: My culture is an important part of my identity (n=793)



Data source: Auckland Council, Survey of Older Aucklanders

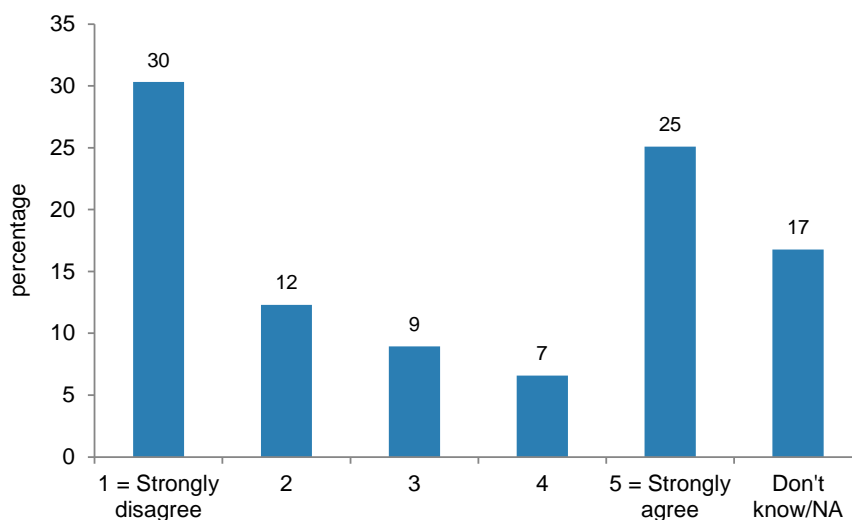
Religion and spirituality

For many people, faith and spirituality offers meaning and life purpose, and is an important element in their sense of well-being. Spirituality can be accessed through organised religion or groups, or in a less structured and more personal way.

At the 2013 Census, 75 per cent of older Aucklanders stated they had at least one religious affiliation. Of that group, two thirds (64%) identified with a Christian religion (mostly Anglican and Catholic).

Our survey found that almost a third (32%) agreed that they 'strongly identified' with a religion or a spiritual group, while 42 per cent disagreed and almost a fifth (17%) stated they did not know if this was the case or felt it was not applicable. Of those who agreed that they strongly identified with a religion or spiritual group, 83 per cent agreed that they were able to regularly participate in spiritual events, activities and traditions that were meaningful to them (see Figure 28).

Figure 28: I strongly identify with a religion and/or a spiritual group (n=805)



Data source: Auckland Council, Survey of Older Aucklanders

Diversity of languages spoken by older people

The diversity of older Aucklanders is apparent in the numbers who speak languages other than English. At the 2013 Census, 17 per cent of Aucklanders aged 65 and over spoke more than one language (defined as able to “hold a conversation about a lot of everyday things”). This proportion was highest among the 65 to 74 year old group, at 19 per cent.

After English (91% of older Aucklanders), Samoan was the second most common language (4494 speakers, or 3% of older Aucklanders), followed by Yue and Northern Chinese (2%) (see Table 3).

Due to the concentration of some ethnic groups in Auckland, there are also concentrations of certain languages in Auckland, as the table below indicates. For example, in 2013 Auckland was home to 87 per cent of all older people in New Zealand who spoke Tongan, and 81 per cent of all older people in New Zealand who spoke a Northern Chinese language.

Comparatively, the proportion of those aged 65 and over who spoke te reo (Māori) was relatively low at 2 per cent.

Table 3 : Top 10 languages spoken among those aged 65 years and over (2013)

Language	Number	%	As % of total 65 yrs and over in New Zealand
English	139,656	91	25
Samoan	4494	3	63
Yue ¹	3741	2	66
Northern Chinese ²	3462	2	81
Hindi	3042	2	79
Māori	2976	2	20
Sinitic not further defined ³	2871	2	76
French	2772	2	31
Tongan	1893	1	87
German	1761	1	30
Other	13,290	9	46
Total people stated	152,943	120	27

Data source: Statistics New Zealand, Census of Population and Dwellings People could choose more than one language so percentages will not add to 100. Percentages exclude 'not elsewhere included' responses.

Notes:

- 1) Includes Cantonese
- 2) includes Mandarin
- 3) includes Chinese languages not further defined

Acceptance

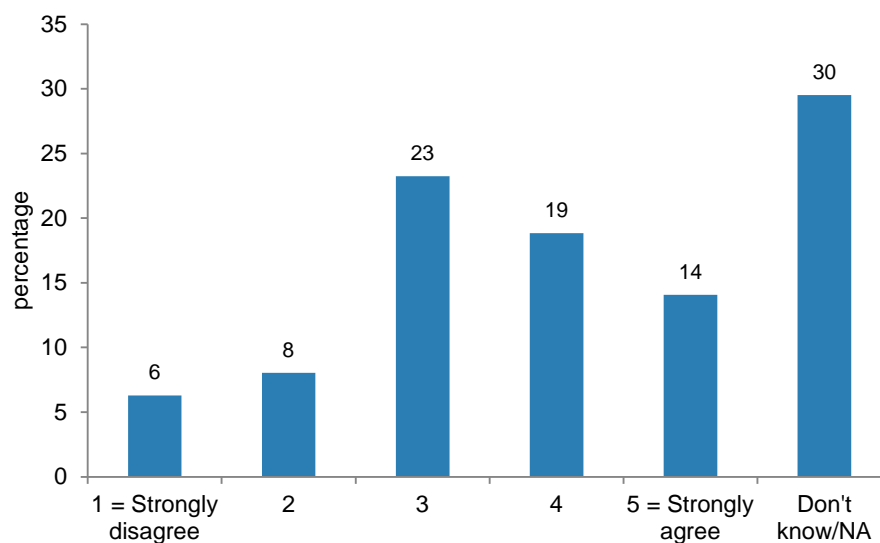
This indicator refers to the principle that acceptance of older people and the differences between them, (e.g. language, sexuality or race) underpins a healthy functioning society. This of course, includes acceptance of difference by others as well as within this group themselves.

Proportion of older people who believe that their culture or ethnicity is valued

The survey of Older Aucklanders also asked respondents the extent to which they agreed that their ethnic and/or religious culture is valued in Auckland. A third (33%) agreed or strongly agreed with this statement and a similar proportion (30%) said they didn't know, or felt it was not applicable (Figure 29).

Although numbers are small, relatively large proportions of those who identified with an Asian (64%) or Pacific (74%) ethnicity agreed that their ethnic and/or religious culture is valued in Auckland.⁶³

Figure 29: My ethnic and/or religious culture is valued in Auckland (n=796)



Data source: Auckland Council, Survey of Older Aucklanders

Culturally appropriate services

Responding to cultural diversity is one of the key goals of the Positive Ageing Strategy. Older people in New Zealand are increasingly diverse and it is recognised that the cultural make-up of this group is changing – particularly in Auckland. However, a 2014 progress report on the Positive Ageing Strategy found that most services for older people focus on needs of New Zealand European, as they are currently the dominant ethnicity.⁶⁴

Respect for cultural and ethnic diversity by service providers

The workforce supporting older people living in their own home or in community residential facilities is critically important. These workers not only support the health and well-being of the older members of our community, they also enable the family of older people to stay in the workforce or remain connected to their communities.⁶⁵

It is important to note that the health and care service workforce in Auckland is itself characterised by ethnic and cultural diversity. Migrant workers make up a significant proportion of the aged care workforce and it seems ‘both likely and necessary’ that this trend will continue, due to the rapidly ageing population here and in many other countries, and a global shortfall of health workers.

In 2012 the Human Rights Commission undertook a comprehensive inquiry into equal employment opportunities in the aged care sector.⁶⁶

The Commission found that there is a need for culturally appropriate aged care, and that cultural sensitivity is particularly important when working with people with dementia and cognitive impairment. For example, a combination of less tolerance, impaired hearing and speed of speech all contribute to language difficulties between carers and clients, and some older people may have difficulty understanding migrant carers.



Respect for diversity of sexual orientation and gender identity

Diversity and cultural appropriateness also refers to issues of sexual orientation and gender identity. These are essential elements of identity and inform how people plan, organise and generally live their lives.⁶⁷ People who are heterosexual often take for granted the 'normalcy' of their sexuality and gender identities and the world in which they can openly live. In contrast people who are not heterosexual and who do not 'fit' within a heteronormative world have historically been characterised as 'unnatural' and 'deviant'.⁶⁸ This can have important implications for some older people's engagement with the medical system and in residential care facilities.

A report commissioned by the Auckland District Health Board in 2013 provides an excellent overview of the diversity of the Rainbow community (Lesbian, Gay, Bisexual, Takatāpui, Transgender and Intersex) in Auckland and the complexities of their interactions with the public health system.⁶⁹

The report notes that many older Aucklanders have grown up in an era where being themselves could be a criminal offence, and discovery could result in a diagnosis of being mentally unwell resulting in forced medical treatment, imprisonment, public shame and family rejection. While some have been involved in fighting for change and acceptance, some may still hide their identity.

While there have been many advances in the rights and legal status of people from Rainbow communities in recent years, societal prejudices continue to exist and to exert a negative effect on the health of these communities.

As the baby-boom generation has aged there has been a surge in demand for services that provide care for senior populations and a growing awareness of the specific health needs of the aged and how their health has been affected by stigma and minority stress.⁷⁰

For optimal support and care, people working within health and support services need to be aware of and sensitive to the needs of this group.

Domain 8 Economic standard of living

Why is this important?

Movement into older age can be a challenging time financially, for example due to lowered income in retirement, additional costs of housing, healthcare or support, or the requirement to financially support other family members. Many older people engage in unpaid work including volunteering.

The socio-economic circumstances of an individual or a household have clear links to their ability to secure material well-being, access services and meet living costs. Consistent with international findings, socio-economic status is found to be a determining factor in health outcomes in New Zealand and helps in part to explain the different mortality rates across ethnic groups.⁷¹ In addition, indicators of living standards are found to be associated with higher reported subjective well-being in older adults. A five year study into well-being and ageing in New Zealand found that a higher personal income was linked with higher levels of subjective well-being.⁷²

What are the indicators related to this?

- Socio-economic status
- Paid employment
- Income
- Unpaid work/volunteering
- Living standards.

Socio-economic status

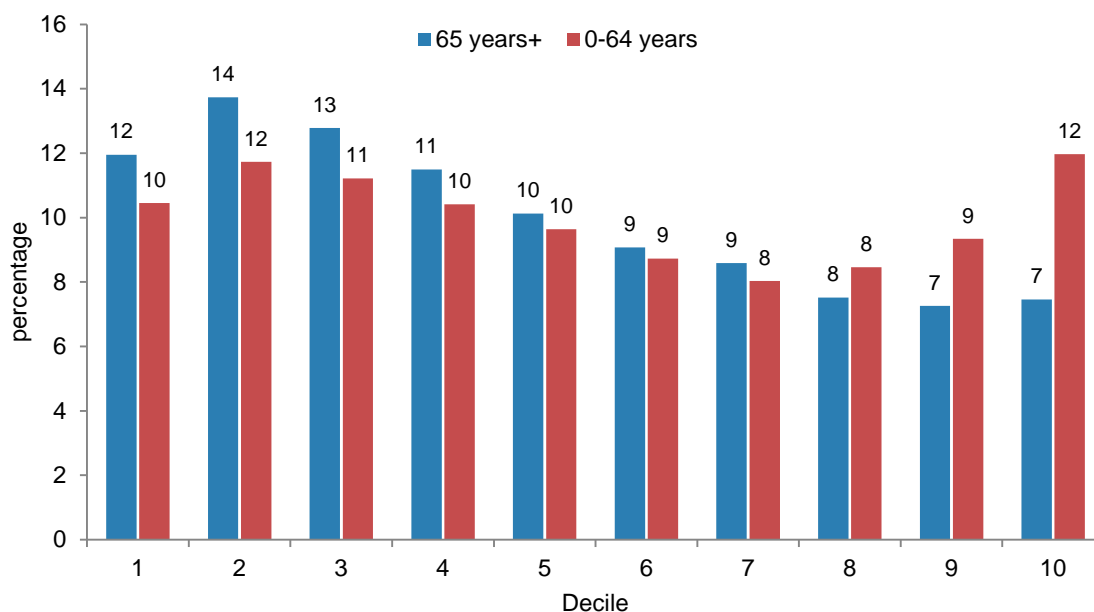
Socio-economic status broadly refers to a person or household's educational, employment and economic position in relation to others. Lower socio-economic status is often linked to poor subjective well-being and health outcomes.

Proportion of older people living in areas rated 8, 9 or 10 on the NZ Deprivation Index scale

The New Zealand Deprivation Index (NZDep) provides an indication of relative disadvantage extends beyond solely investigating income. It is a combination of a range of socio-economic variables and is measured at the household level.⁷³ In 2013, 22 per cent of older Aucklanders, or almost 35,000 persons, lived in areas rated 8, 9 or 10 (most deprived).

This is a substantial number, however it should be noted that slightly lower proportions of older people lived in these areas compared to people in other age groups (22% compared with 29% for those aged up to 64 years), and slightly higher proportions lived in areas 1,2 or 3 (39% compared with 33%) (Figure 30).

Figure 30: Distribution of population across Auckland, by NZ Dep decile (2013)



Data source: University of Otago: Wellington School of Medicine and Health Sciences

Paid employment

There is no official retirement age in New Zealand, however most New Zealand citizens are eligible to receive the universal New Zealand Superannuation once they turn 65.⁷⁴ Many people continue working in paid and unpaid employment long after they have turned 65, by choice or financial need.

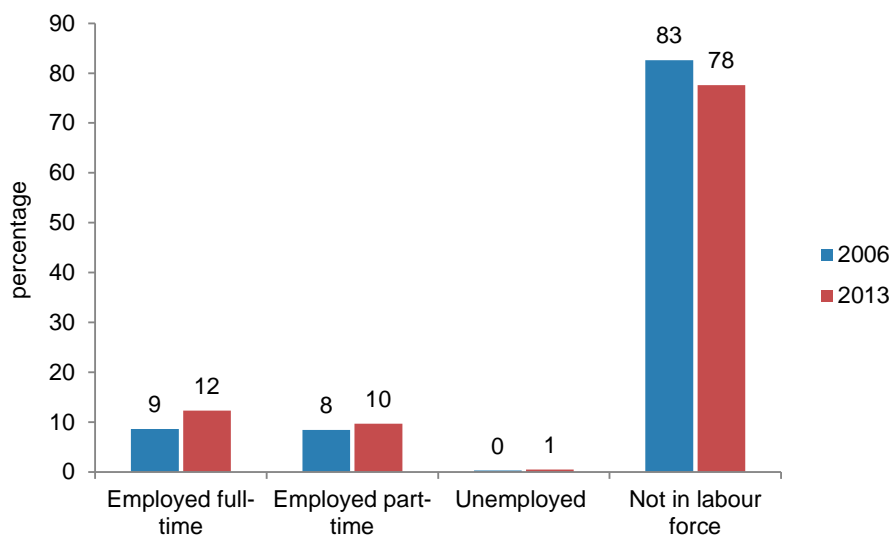
Proportion of older people in paid employment

In 2013, 22 per cent of older Aucklanders were in paid employment, compared with 61 per cent across all Auckland adults aged 15 and over. This includes full and part-time employment. The largest group of older Aucklanders were 'not in the labour force' (78%). The number and proportion of older Aucklanders who were employed had increased since 2006 (17% in 2006 to 22% in 2013).

This will be in part a cohort effect, as the large 'baby boom' age cohort have arrived at the age of retirement (65 years in New Zealand), and many are continuing to work.

Employment among older Aucklanders is driven by those aged 65 to 74 years (93% of older Aucklanders employed full-time, and 78% of those employed part-time, were in this age group).

Figure 31: Work and labour force status of those aged 65 and over (2006 and 2013)



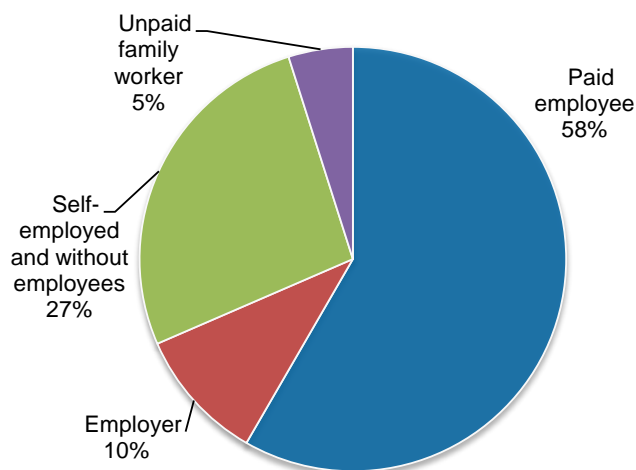
Data source; Statistics New Zealand, Census

Employment status

In 2013, over half of those aged 65 and over in the labour force were paid employees (58%). However substantial proportions of older people were self-employed (27%) or employers (10%). A small group stated that they were unpaid family workers (5%).

It is interesting to note that older people made up 18 per cent of all unpaid family workers in Auckland – almost one in five.

Figure 32: Employment status of those aged 65 and over and in the labour force (2013)



Data source; Statistics New Zealand, Census

Occupations

At the 2013 Census, older Aucklanders represented 5 per cent of all people aged 15 and over employed in Auckland, and were employed across all broad occupational categories.

The largest number were in the 'chief executives, general managers and legislators' category (2328, constituting 7% of all those aged 65 and over employed in Auckland), followed by specialist managers (7%) and education professionals (6%).

Older workers made up relatively large proportions of all Aucklanders aged 15 and over occupied in the following categories: farmers and farm managers (23% compared to 5% overall), farm, forestry, and garden workers (10%) road and rail drivers (9%).

Income

Ensuring that older people have secure and adequate income is one of the goals in the New Zealand Positive Ageing Strategy, as it is a fundamental element in the ability to live well. Income levels indicate the ability of people to purchase essential and nonessential goods and services including food, housing, health services and transport. While the New Zealand Superannuation Scheme⁷⁵ provides universal income support, the amount received is fixed and for many who rely on this solely, it can be a life 'on the edge of poverty'.⁷⁶

Income sources

In 2013, over half (58%) of older Aucklanders who stated an income source on their Census form listed more than one source. The majority reported that they received an income from NZ Superannuation or a veteran's pension (85%) (Table 4).

Over a third (39%) received an income from interest, dividends, rent, or other investment. It's interesting to note that older Aucklanders accounted for 30 per cent of all those who stated they received an income from this source.

Table 4: Top five income sources among those aged 65 and over (2013)

Income source	%
NZ Super or Veterans pension	85
Interest, rent, dividends, other investments	39
Wages, salary, commissions, bonuses	16
Other super, pensions, annuities	12
Self-employment or business	9

Data source: Statistics NZ, Census

Note: People could receive more than one income from more than one source and categories are not mutually exclusive.

Reported personal income levels

Results from the 2013 Census indicate a variance in reported personal income levels, and a general trend for those aged 65 to 74 to report slightly higher incomes than people in older age groups. Overall, the largest proportion (38%) had a personal income of between \$10,001 and \$20,000 per annum.

Relatively large proportions of those identifying with Asian and Pacific ethnicities reported a personal income of less than \$10,000 per annum compared to other groups.

The median personal income among those aged 65 and over was \$20,900 in 2013, compared to a median of \$29,600 for the overall population aged 15 and over.

Unpaid work/volunteering

Older Aucklanders contribute significantly to Auckland's economy and society through their unpaid labour and volunteer work, including caring for family members. This can be an enjoyable way for older people to remain connected with others, however it is also important that people undertaking such activities are valued and adequately supported.

The proportion of older people who engage in unpaid work

At the 2013 Census eight in ten Aucklanders aged 65 years or over (80%) said they partook in at least one unpaid activity, such as household work or childcare, in the four weeks prior to census day. Two thirds (66%) of this group were aged 65 to 74 years.

As Table 5 shows, sizeable proportions of people aged 65 years and over who were participating in unpaid work were looking after a child who is a member of their household (9%) or a child who does not live in their household (14%). Relatively large proportions of people who identified with a

Pacific (22%) or Asian (19%) ethnicity provided childcare for children in their household. This suggests that larger proportions of people in these ethnic groups may have been living in multi-generational households compared to other ethnic groups.

A quarter of those older Aucklanders who stated they had not undertaken any unpaid activities were aged 85 years and over (26%). This is likely to be related to general levels of health and physical capability among this 'older-old' group.

Table 5: Unpaid activities in previous four weeks by age group (2013) (%)

	65-74 years (n=)	75-84 years	85 years and over	Total 65 years and over
Household work, cooking, repairs, gardening, etc, for own household	84	72	49	76
Looking after a member of own household who is ill or has a disability	7	7	4	6
Helping someone who is ill or has a disability who does not live in own household	9	7	3	8
Looking after a child who is a member of own household	11	5	1	9
Looking after a child who does not live in own household	19	8	1	14
Other helping or voluntary work for or through any organisation, group or marae	17	15	6	15
No activities	13	25	49	20
Total stated	100	100	100	100

Data source: Statistics New Zealand, Census of Population and Dwellings

Note: Percentages are column based. Activities were those undertaken in the four weeks prior to census day.

The total is more than 100% as people could have engaged in more than one activity.

Living standards

Some older Aucklanders, especially those living on fixed incomes, are struggling to meet their living costs. They may be living in extreme financial and material hardship and will be vulnerable to price rises or changes. This has a direct impact on levels of personal health and well-being.

Enough money to meet every day needs

Almost three quarters (72%) of respondents to the survey of Older Aucklanders stated that in the previous 12 months they had enough, or more than enough, money available for necessities – defined as everyday goods such as accommodation, food and clothing. A small proportion (4%) felt that they had ‘not enough’ income.

There was a difference by age, with those aged 65 to 74 more likely than others to state that they had ‘more than enough’ money for necessities (32% compared with 19% of those aged 85 and over).

Table 6: Income available for necessities and non-necessities in previous 12 months (%)

	65-74 yrs	75-84 yrs	85+ yrs	Total sample
	n=477	n=276	n=85	n=839
Not enough to pay for my everyday necessities	4	3	5	4
Just enough to pay for necessities (with none left for non-necessities)	16	14	8	14
Enough money to pay for necessities (with some left for non-necessities)	39	50	54	44
More than enough money for necessities (with enough left for non-necessities)	32	23	19	28
Prefer not to answer	9	9	14	10
Total	100	100	100	100

Data source: Auckland Council, Survey of Older Aucklanders

“I feel lucky to be financially secure, living in a comfortable apartment, when so many people live in poverty and cannot afford things like visits to the doctor or dentist.”

*- respondent to the survey of Older Aucklanders
Female, 65-69*

“Concerned that rates and water bills continue to escalate beyond pension increases with little opportunity to trade down property for releasing capital (unless move away from Auckland where medical support services are available)

*- respondent to the survey of Older Aucklanders
Male, 65-69*

Discussion

The findings presented in this report highlight the diversity of the lived experience of Auckland's older population, and provide useful evidence to strengthen Auckland Council's commitment to creating a strong, inclusive and equitable society that ensures opportunities for all Aucklanders.

As stated in the introduction, there are obvious challenges in our ability to adequately discuss the complexities and nuances of the social and economic well-being of a large and diverse group such as older Aucklanders in a single report. However, by bringing together available data in a framework such as this, including the results from our own recent survey of over 800 older Auckland residents, across a broad range of economic and social domains we are able to trace broad themes and to identify areas for ongoing attention.

Auckland is a great place to live for many people, and there is much to celebrate. For example, the survey of Older Aucklanders found that the majority of respondents rated their health as being good or excellent; belonged to one or more social groups; had not felt lonely or isolated in the previous 12 months; agreed that they got on with the people in their neighbourhood; and felt safe in their home at night, and had enough money to meet their everyday needs.

Many Aucklanders aged 65 and over continue to participate and contribute through paid employment, others through unpaid employment and volunteering.

However, this report also touches on some areas of concern, and highlights the importance of not assuming that older Aucklanders are a cohesive and homogenous group. There are important differences for example by age and socio-economic status.

The ability to afford basic costs of living in Auckland, and to absorb increases in those costs, is an issue. In 2013, 22 per cent of those aged 65 and over in Auckland lived in areas of relative socio-economic disadvantage, as measured by the NZ DeplIndex. One in five survey respondents told us they did not think their housing costs were affordable, and that they could not afford to heat their home properly during winter. Levels of home ownership are decreasing, and over 7000 older Aucklanders are living in crowded situations.

Loneliness and social isolation among older people is a very real issue, as is elder abuse and neglect. Almost one in five survey respondents felt that older people are not valued in our society.

Conclusion

This is a baseline report. It provides a useful foundation upon which Auckland Council can continue to trace the quality of life of older Aucklanders, as Auckland responds to what will be several substantial changes over the next ten years, and beyond.

Demographic trends that have been unfolding over several decades in New Zealand and across many other developed nations means that Auckland will be home to substantially larger numbers, and greater proportions, of older people over the next few decades, and that this group will be more ethnically and culturally diverse than at present. Population ageing will be accelerated in the next couple of decades, to an extent not ever seen before in New Zealand, as the large baby boom cohort move through their 60s and 70s. This will occur in a general context of population growth and change, driven by migration as well as natural increase.

These trends are not particularly unique to Auckland, or to New Zealand. Nonetheless they will bring specific challenges and opportunities across Auckland's housing, transport, employment, healthcare, service and support systems. These systems will, in turn, be shaped and directed by the broader backdrop of the impacts of shifting global geopolitical alliances, climate change and advances in technology.

Auckland Council will continue to work with its stakeholders including central government, organisations, groups and local communities to understand and respond to these challenges and opportunities. This includes of course working with older Aucklanders, and drawing on the experience and wisdom that an ageing population offers, to create an age-friendly environment where older Aucklanders are visible, valued and respected.

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Endnotes

¹ There is no precise definition of 'older age'. The age at which a person is considered, and considers themselves, old depends on the interaction between their individual biological experience and the meaning attached to their age in the wider social context. In other words, what is considered 'older' differs from person to person and group to group. In New Zealand, 65 tends to be the age at which older age is officially recognised and at which entitlement to older age social security benefits begins. (Rootham, 2016: iv).

² Statistics New Zealand sub-national population projections (medium series) indicate that between 2013 (base) and 2033, the number of people aged 65 and over in New Zealand will increase by 556,200 – of which 183,750 will be living in Auckland (33%) (Statistics New Zealand, 2017).

³ The 'baby boom' was a period of significantly increased and relatively high fertility which occurred in New Zealand (as well as several other western countries including Australia, Canada and the United States) between the mid-1940s to approx 1964. At its peak in the 1960s, New Zealand's fertility rate was more than four births per woman, which was high internationally. It must be noted that this was a predominantly Pākehā phenomenon. For further reading, we suggest Pool, Arunachalam, & Sceats, 2007.

⁴ Population ageing began over a century ago in New Zealand, and in other developed countries, with the onset of transition in fertility from relatively large to relatively small families. At the start of the 20th century, New Zealand was a very young population. Half of the population was below 23 years of age, and children outnumbered the elderly (taken as those aged 65 years and over) by 8 to 1. Over time however, fertility rates have dropped, and people are living a lot longer. In addition, there was a 'baby boom' after World War Two, which exacerbated, but did not cause, structural ageing. Ageing means that there will be numerically and proportionately more people in older age groups over the next few decades. Adapted from Statistics New Zealand, 2000.

⁵ See Jackson, 2011.

⁶ Statistics New Zealand, 2017.

⁷ Auckland Council, 2015.

⁸ Rootham, 2016.

⁹ Ministry of Social Development. 2007.

¹⁰ World Health Organisation. 2015.

¹¹ The Quality of Life survey is undertaken every two years. In 2016, the participating councils were Auckland, Hamilton, Wellington, Hutt City, Porirua, Christchurch and Dunedin, along with Waikato and Wellington Regional councils. The primary objective of the survey is to measure residents' perceptions of aspects of living in urban areas. Topics covered in the 2016 survey include the degree to which respondents felt a sense of pride in the way their local area looks and feels; their perceptions of safety; social issues; public transport; and sense of community in their local area, among other questions. A representative sample of 2,712 Aucklanders aged 18 years and over participated in the 2016 Quality of Life survey. To access results for Auckland refer to Auckland Council, 2016.

¹² The New Zealand General Social Survey (NZGSS) is undertaken every two years by Statistics New Zealand. It provides information on the well-being of New Zealanders aged 15 years and over. It covers a wide range of social and economic outcomes and shows how people are faring. In particular the survey provides a view of how well-being outcomes are distributed across different groups within the New Zealand population. For more information go to http://www.stats.govt.nz/browse_for_stats/people_and_communities/well-being/nzgss-info-releases.aspx

¹³ Office for Senior Citizens, 2001.

¹⁴ Office for Senior Citizens, 2015.

¹⁵ James and Saville-Smith, 2016:1. The authors go on to state that 'it is well established that the vast majority of people 65 years and older are reliant mainly on national superannuation for their income. It is also well established that where national superannuitants are mortgage-free owner-occupiers, their living standards tend to be good and there is a high degree of life satisfaction. However, this is not the case for older tenants reliant on national superannuation. Older tenants have lower living standards and lower levels of satisfaction' (page 2).

¹⁶ Statistics New Zealand, 2007.

¹⁷ Statistics New Zealand define a 'household' as either one person who usually resides alone, or two or more people who usually reside together and share facilities (such as eating facilities, cooking facilities, bathroom facilities, and a living area), in a private dwelling.

A 'family' is defined as a couple, with or without child(ren), or one parent and their child(ren), all of whom have usual residence together in the same household. The children can be of any age and do not have partners or children of their own living in the household. A household can contain one or more families, or can contain no families at all.

Refer to <http://www.stats.govt.nz/methods/classifications-and-standards/classification-related-stats-standards/household-composition/glossary-and-references.aspx>

¹⁸ Goodyear & Fabian, 2014.

¹⁹ Ministry of Health, 2014.

²⁰ For further reading on the Canadian Crowding Index, refer to Goodyear, Fabian & Hay, 2011.

²¹ Baker et al., 2013.

²² Ministry of Health, 2014:2.

²³ A common measure of housing affordability is whether a household spends less than 30 per cent of their equalized disposable income on housing. This cannot be easily measured at the Auckland level among the population aged 65 and over and has not been included as a measure in this report. However, it is widely observed that housing is becoming unaffordable in Auckland, and Auckland has recently been rated the fourth least affordable city in a global Demographia International Housing Market Assessment, amongst the 92 major cities surveyed (Daly, 2017).

²⁴ See for example Saville-Smith, Rehm, James, and Murphy, 2016.

²⁵ Rankine, 2005.

²⁶ It is also interesting to note that the 2016 Quality of Life survey found that respondents who were renting in Auckland were more likely than those who owned their home to agree that their home had an issue with damp or mould (Auckland Council, 2016)

²⁷ This definition was taken from Wikipedia. Accessed 24 Feb 2017.

²⁸ In New Zealand, drivers must renew their licence at age 75, 80 and every second year after that, and must obtain a 'medical certificate for driver licence' from their doctor. Refer to New Zealand Transport Authority website: <http://nzta.govt.nz/resources/renewing-licence-over-75/>

²⁹ Data source: customised data from New Zealand Transport Agency. Data has been limited to holders of a current Class 1 (Car) and/or Class 6 (Motorcycle) licence as at 15 January 2017.

³⁰ Office for Senior Citizens, 2015.

³¹ The SuperGold card is available to all people 65 years or over and legally and ordinarily resident in New Zealand; those aged under 65 years who receive the non-qualified spouse or partner rate of NZ Super or Veteran's Pension; or those aged under 65 years who currently receive the Veteran's Pension. It entitles the holder to free off-peak public transport after 9am weekdays, all day weekends and public holidays, as well as a range of other concessions.

³² Personal communication with Research Manager at Auckland Transport, December 2016.

- ³³ For example, a study in the United Kingdom reported that the impact and cost of loneliness is on par with the impacts of smoking (Fox, 2013).
- ³⁴ Rootham, 2016:31.
- ³⁵ For example, researchers at University of Chicago have found that extreme loneliness increases a person's chances of premature death by 14 per cent. For more information refer to Bergland, 2014.
- ³⁶ Ministry of Social Development, 2007:70.
- ³⁷ World Health Organisation, 2005.
- ³⁸ Durie, 1994.
- ³⁹ Source: Statistics New Zealand, complete cohort life tables 1876–2014 (updated March 2016) and national population projections 2014(base)–2068, mortality assumptions (published November 2014). Cohort life expectancy is the average length of life remaining at a given age, experienced by people born in the same year. The data is national and is not available by Māori/non-Māori split.
- ⁴⁰ Statistics New Zealand, 2015.
- ⁴¹ Refer to Ministry of Health. (1997). *The health and wellbeing of older people and kaumātua: The public health issues*. Wellington: Ministry of Health.
- ⁴² For example, the *Social Report 2016: Te pūrongo oranga tangata* prepared by Ministry of Social Development includes perceptions of health as a measure of health, using data from the New Zealand Health Survey. A question on perceptions of own health is included in the biennial Quality of Life survey and Statistics New Zealand General Social Survey.
- ⁴³ Wording taken from World Health Organisation, 2016.
- ⁴⁴ The literature suggests that older adults are often likely to compare themselves with those less fortunate to them when considering subjective measures of health and well-being and as a result, tend to report relatively higher levels of well-being compared to other age groups (Rootham, 2016: 6).
- ⁴⁵ Health Quality and Safety Commission NZ, 2014.
- ⁴⁶ Refer for example, to Mehta, 2012; Davey, Keeling, and Zodgekar, 2010.
- ⁴⁷ Ministry of Health, 2017.
- ⁴⁸ Ministry of Social Development, 2007: 88.
- ⁴⁹ Sport NZ and Auckland Council, 2016.
- ⁵⁰ Asquith, 2009: 258.
- ⁵¹ Information on age is not collected for local elections in Auckland. The Electoral Commission is responsible for providing the roll data used for the conduct of local body elections, and local Councils are responsible for the conduct of local body elections. The electoral officer for each Council is responsible for producing the roll used for local body elections and a master roll, showing who has voted. However, under the Electoral Act 1993, there are certain regulations and information on age is not provided by the Commission to Election Services, who manage elections on behalf of Auckland Council. (Advice received from Dale Ofoske, Electoral Officer for Auckland).
- ⁵² Human Rights Commission.
- ⁵³ NZ Police, Victim Demographics (Victimisations) data set. Downloaded 7 March 2017 from policedata.nz. Data for Auckland calculated by summing data for three NZ Police Districts: Waitemata, Counties-Manukau and Auckland city.
- ⁵⁴ Refer to Age Concern website for further information:
https://www.ageconcern.org.nz/ACNZPublic/Services/EANP/ACNZ_Public/Elder_Abuse_and_Neglect.aspx#kindsofabuse
- ⁵⁵ Cited on Age Concern website, 17 March 2017.
- ⁵⁶ OECD (2011:169), cited in New Zealand Human Rights Commission (2012).

⁵⁷ Within the Whare Tapa Wha model of health and well-being, health is a four-sided concept representing four basic beliefs of life: Te Taha Hinengaro (psychological health), Te Taha Wairua (spiritual health), Te Taha Tinana (physical health), Te Taha Whānau (family health). The Whare Tapa Wha can be applied to any health issue affecting Maori from physical to psychological well-being. For more information refer to Rangitahi Tu Rangatira website: <https://www.r2r.org.nz/maori-health/whare-tapa-wha>

⁵⁸ Sourced from:
<http://maoridictionary.co.nz/search?idiom=&phrase=&proverb=&loan=&keywords=Turangawaewae>

⁵⁹ Ministry of Social Development, 2007.

⁶⁰ Te Kupenga is Statistics New Zealand's first survey of Māori well-being. The survey gives an overall picture of the social, cultural, and economic well-being of Māori in New Zealand. Along with general social and economic well-being measures, Te Kupenga provides information from a Māori cultural perspective. This includes information about the well-being of the Māori language. The target population for Te Kupenga was the usually resident Māori population of New Zealand, living in occupied private dwellings on the 2013 Census night and aged 15 years or older.

The Māori population includes all individuals who identified with Māori ethnicity or Māori descent in the 2013 Census form. The data collection took place from 4 June 2013 to 25 August 2013.

Nationally, the Te Kupenga survey was answered by 5,549 individuals, of which approximately 1410 were based in Auckland. Numbers are small and caution must be exercised in interpreting the results as there could be a large margin of error.

⁶¹ NZ History website accessed 23 February 2017. <https://nzhistory.govt.nz/culture/maori-language-week/history-of-the-maori-language>.

⁶² This was evidenced also in Te Kupenga – while 14 per cent of those aged 55 and over stated they spoke te reo in day to day conversations 'well or very well', 29 per cent felt they did this not very well, and half (50%) could speak no more than a few words or phrases. (unpublished Auckland Council analysis)

⁶³ Open-ended comments made by respondents to the survey of Older Aucklanders suggest however that some older Aucklanders (Pakeha and Māori in particular) are uncomfortable with increased cultural diversity in Auckland in recent decades, for a variety of reasons including perceptions that this is leading to changes in the housing and labour market, or just generally feeling uncomfortable with Auckland becoming a multicultural society.

⁶⁴ Office for Senior Citizens, 2015:28.

⁶⁵ *Caring Counts and beyond*. Speech by Dr Jackie Blue to SFUW Central Region Women's Conference, 5th November 2014. Accessed 23 February 2017 at <https://www.hrc.co.nz/news/dr-jackie-blue-caring-counts-and-beyond/>

⁶⁶ New Zealand Human Rights Commission, 2012.

⁶⁷ Callahan, 2014.

⁶⁸ 'Heteronormativity' refers to the assumption of universal heterosexuality and resulting beliefs and practices that only value or acknowledge sexual and emotional relations between women and men. Source: <http://socialmovements.bridge.ids.ac.uk/glossary>

⁶⁹ Stevens, 2013.

⁷⁰ de Vries, (2013) in Stevens (2013) above.

⁷¹ Lotoala, Breheny, Alpass, and Henricksen, 2014.

⁷² Waldegrave and Koopman-Boyden, 2009.

⁷³ The New Zealand Index of Deprivation (NZDep2013) is a combination of a range of key socio-economic variables at the household level. It provides an overall score of deprivation in a particular meshblock, with 10 indicating relatively poor outcomes and 1 indicating relatively positive outcomes. It is a useful mechanism to explore relative socio-economic advantage across Auckland. The

NZDep2013 was calculated using 2013 Census data on a weighted index. It takes into account a range of factors, shown below in order of decreasing weight.

Dimension of deprivation	Description of variable
Communication	People aged <65 with no access to the Internet at home
Income	People aged 18-64 receiving a means tested benefit
Income	People living in equivalised* households with income below an income threshold
Employment	People aged 18-64 unemployed
Qualifications	People aged 18-64 without any qualifications
Owned home	People not living in own home
Support	People aged <65 living in a single parent family
Living space	People living in equivalised* households below a bedroom occupancy threshold
Transport	People with no access to a car

*Equivalisation: methods used to control for household composition.

Source: Atkinson, Salmond, and Crampton, 2014.

⁷⁴ To qualify for New Zealand Superannuation, people must be aged 65 years and over and have lived in New Zealand for at least 10 years while over the age of 20 years, including at least five years over the age of 50 years. Payments are fortnightly and are paid at slightly different amounts according to personal circumstances. At the time of writing it ranged from \$886 per fortnight (before tax) for people living alone to \$636.20 for a married, civil union or de facto couple where only one partner qualified) (before tax). These amounts may be affected by other income received.
<https://www.workandincome.govt.nz/eligibility/seniors/superannuation/payment-rates.html> .

At the time of writing, the New Zealand Prime Minister Bill English signalled a major policy shift to raise the retirement age to 67 by 2040, and to introduce changes to the terms of eligibility for migrants to New Zealand. He will seek mandate for these changes at the next general election.
http://www.nzherald.co.nz/nz/news/article.cfm?c_id=1&objectid=11812931.

⁷⁵ See endnote above.

⁷⁶ New Zealand Council of Christian Social Services. Poverty and Older people. Website accessed 9 March 2017. <http://nzccss.org.nz/work/older-people/poverty-and-older-people/>

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