

Ageing population

Key issues in Tāmaki Makaurau and
Te Tai Tokerau

June 2024



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Executive summary

Introduction

Aotearoa New Zealand's population is rapidly ageing and in the next decade there will be more 65-year-olds than under 15-year-olds. This will have many long-term implications, including for healthcare, housing, community services and whānau dynamics.

The median age in Te Tai Tokerau/Northland (42.3 years) is higher than in Tāmaki Makaurau/ Auckland (34.6 years). Māori, Pacific peoples and Asian populations have higher proportions of younger people compared to those of European descent. Despite variation between ethnic groups the overall number of older people in the population is increasing.

This paper explores potential impacts of a rapidly ageing population for Te Tai Tokerau and Tāmaki Makaurau focusing on Foundation North's (FN) priority communities, including specific age-related issues within those communities. It was prepared to inform FN's three-yearly strategy review process and the findings are being shared as they may be useful for other stakeholders.

Issues for priority communities

Tangata whenua

Tangata whenua experience a range of health inequities which impact on ageing. Older Māori, Pacific peoples, and MELAA¹ people are more likely to experience poor health compared to people of European

and Asian descent. Māori have lower life expectancy and earlier onset of age-related diseases because of the social determinants of health (for example, poorer housing, racism, discrimination, violence, lower income and access to nutritious food) and the ongoing effects of colonisation. Older Māori experience unacceptable and preventable health inequities such as earlier onset of long-term health conditions and lower life expectancy. Systemic issues that hold these conditions in place must be addressed to improve outcomes for Māori.

Types of challenges experienced by older Māori include isolation brought on by not feeling valued or listened to, financial insecurity (especially for people who do not own their own homes and pay high rents), mistreatment and abuse, and everyday racism.

Researchers advocate for a life course approach to understanding quality of life for older Māori. Access to supports, involvement in Māori-centred activities and opportunities for intergenerational connection are important for enabling older Māori to live well.

Pacific peoples

Five percent of Pacific peoples in Aotearoa New Zealand are aged 65 years and over; they are mainly female and were born overseas. This group mainly lives in the Tāmaki Makaurau region and has the highest percentage of bilingual speakers. Like older Māori, older Pacific peoples experience poorer health and lower life expectancies compared to other population groups.

¹Middle Eastern, Latin American and African.

Again, these unacceptable health inequities are a result of the social determinants of health. One of the key contributing factors to low income is the large pay gap experienced by Pacific workers, which affects people's ability to save for retirement and afford good quality housing.

Communities of South Auckland

Older Māori living in Tāmaki Makaurau are diverse. Tāmaki Makaurau was the most popular urban centre for Māori who migrated from rural to urban centres, which means that there is a large older Māori population living in the region.

South Auckland has a younger age profile compared to the rest of Tāmaki Makaurau - 11% of the population in Counties Manukau was aged over 65 years in 2018 compared to 15% for Aotearoa New Zealand.

There are low levels of home ownership, with 32% of Māori and 27% of Pacific peoples over 25 years owning their own home. Low home ownership levels contribute to housing vulnerability as people grow older and must pay high rents or a mortgage whilst on a fixed income.

There are persistent health inequities in South Auckland again reflecting the need for whole-of-society changes. There are innovative change initiatives in South Auckland focused on these kinds of long-term systems change such as The Southern Initiative and the Cause Collective.

Communities of Te Tai Tokerau

The growing ageing population is expected to place increasing demands on health services which are already severely stretched in Te Tai Tokerau. Kaumatua who may decide to return to their haukāinga because of the cost of housing in urban areas may also increase the demand for housing in Te Tai Tokerau.

Children and young people

As the population ages, younger people are likely to experience a higher level of demand for care within their families and to feel the burden of funding services for the ageing population through taxes. There is an urgent need to ensure that our social, environmental, cultural and economic systems enable all tamariki and rangatahi to reach old age and to live well as older people.

New migrants

Aotearoa New Zealand is very dependent on immigration for workers and particularly for caregivers (around 40% of caregivers are migrants). As of 2018, 38% of the population in Tāmaki Makaurau and Te Tai Tokerau was born overseas (41% for Tāmaki Makaurau and 16% for Te Tai Tokerau), and 27% of Aotearoa New Zealand's population overall.

Later-life migrants can face specific challenges when settling in a new country, including the risk of loneliness due to the immigration process and having to adapt to a new culture. Research indicates that community participation, social support and engaging in meaningful leisure activities are important ways for older Asian immigrants to maintain their health and wellbeing in Tāmaki Makaurau.

Former refugees

Older former refugees can experience barriers to participating in the paid workforce, which has implications for their wellbeing as an older person. Older former refugees may be reluctant to access support if they experience violence or abuse. Prevention, early intervention, crisis response and justice systems must be designed with communities to enable ethnic, migrant and former refugee communities to access appropriate resources.

People living with a disability

Older people are more likely to be disabled compared to younger people. As the population ages the number of disabled people in Tāmaki Makaurau and Te Tai Tokerau will increase and live for longer, requiring more support.

People living with a disability also experience systemic barriers that impact on their wellbeing as they age including discrimination, poorer housing and lower incomes, plus lower levels of employment.

Older people with a disability are vulnerable to abuse, and especially those living with dementia. The impacts of long-COVID are a concern for older people, particularly for those with multiple underlying conditions.

Rainbow communities

In 2018, an estimated 0.7% of people aged 65 and older identify as gay, lesbian or bisexual, compared to 3% of the total adult population. It is likely that the Rainbow community has a higher proportion of disabled people compared to the non-Rainbow population (there is a lack of recent data on disability in Aotearoa New Zealand).

Older members of the rainbow community may face specific challenges as they get older, such as a greater likelihood of isolation and less support, plus heteronormative ageing models that don't meet their needs.

Critical issues for older people in Te Tai Tokerau and Tāmaki Makaurau

There are at least five critical areas where change is required to improve the quality of life for older New Zealanders.

Housing and urban design

Secure, affordable and appropriate housing and a sense of home and community provide the foundation for living well in old age - without suitable housing it is not possible to age well. Older people need more affordable housing, diversified tenure choices, and age-friendly living environments.

Forty percent of older people are living on the pension alone, and another 20% only have a little more from savings or income, so more than half of the 65+ cohort are financially fragile.

With declining rates of home ownership more older people will be renting in Tāmaki Makaurau and Te Tai Tokerau, with Māori, Pacific peoples and people living with a disability disproportionately impacted.

Income and cost of living

The increased proportion of older renters means that many older people are facing financial hardship and will require support. This will lead to increased inequity for people already disadvantaged in the labour market, particularly Māori, Pacific people, Asian people and women. The considerable pay gaps between European men and other ethnic groups and women contributes to this ongoing inequity.

Loneliness and social connection

Social isolation and loneliness are linked to adverse health outcomes for older people. Some older people may be at particular risk of loneliness, for example people who migrate later in life and those who are over 75 years. Investing in ways to support older people to live independent and connected lives has the potential to delay entry into residential care and improve quality of life. Several strategies have emerged recently to advance connection and wellbeing for older people (see Appendix One).

Health services and access

Māori, Pacific peoples, disabled and rainbow communities all experience inequitable access to health services, resulting in poorer outcomes. Age Concern advocates for more equitable access to home and community services and carer respite for older people, more recognition of family carers and increased investment in prevention and early intervention programmes run by the community and voluntary sectors, that are effective at keeping older people well and delaying the onset and impact of injuries and chronic diseases.

Elder abuse and prevention

An estimated one in ten older people will experience some kind of elder abuse in Aotearoa New Zealand. It is likely that older Māori experience higher levels of abuse than non-Māori. There are reports of under-investment in elder abuse services. Older people from migrant and former refugee communities may find it more difficult to access support services and there is a lack of services designed to meet the needs of Māori and Pacific older peoples.

Summary

- The impacts of inequity in old age include:
 - *Lower life expectancy and poorer health for Māori, Pacific peoples and people living with a disability. Māori and Pacific peoples living in South Auckland experience greater health inequities, as do Māori in Te Tai Tokerau.*
 - *The rainbow community may have a higher proportion of disabled people and can be more at risk of isolation in older age.*
 - *Māori, Pacific peoples, disabled and rainbow communities all experience inequitable access to health services.*

- *Low levels of home ownership contribute to financial and housing vulnerability in old age. Māori and Pacific peoples have lower levels of home ownership.*
- *Large pay gaps contribute to older people's difficulty saving for retirement and affording good quality housing.*
- *Māori may experience higher rates of elder abuse and have less access to appropriate services. Former refugee and new migrants may find it difficult to access support services for elder abuse.*
- Investment and early intervention across multiple domains are required to improve wellbeing and outcomes for older people. Support for ageing well begins before birth and needs to address the systemic issues that drive inequity in old age.
- Access to an affordable and quality home in older age is a critical concern for all priority communities within Tāmaki Makaurau and Te Tai Tokerau. Without this foundation it is very challenging for people to age well. The pressure on appropriate housing supply will only increase in coming years as the ageing population increases.
- Opportunities for social connection are important for older people across all priority groups.
- Many older people experience multiple forms of disadvantage, which reinforces the importance of intersectionality and holistic approaches.
- Whānau-centred/people-centred approaches are critical for effective interventions. Older people must be at the centre of any initiatives designed to support their wellbeing.

Introduction

Ageing population

Introduction

This paper explores potential impacts of a rapidly ageing population for Foundation North's (FN) rohe (Te Tai Tokerau and Tāmaki Makaurau). It focuses on Foundation North's current priority communities (see list below) and specific age-related issues within those communities. It was prepared to inform FN's three-yearly strategy review process and the findings are being shared as they may be useful for other stakeholders in the sector.

The population of Aotearoa New Zealand is ageing structurally and the number of people over 65 years is expected to reach 1 million by 2028 (Centre for Social Impact, 2023) and 1.5 million by 2053.

— Stats NZ projects that the number of seniors will nearly double between 2023 and 2053 from around 850,000 (17% of the population) to around 1.5 million (24% of the population)

(Te Tūāpapa Kura Kāinga & Ministry of Housing and Urban Development, 2023, p. 9)

This means that in the next decade Aotearoa New Zealand will have an older-dominant age profile where there are more over 65-year-olds than under 15-year-olds, creating long-term implications across healthcare, housing and community services (Spoonley, 2020).

There will be larger numbers of people exiting the workforce and fewer people entering it. New Zealand will be reliant on immigration for population growth and for workers (Spoonley, 2023). A smaller working population will be faced with funding the care of a much larger group of older people (Spoonley, 2020).

In Tāmaki Makaurau and Te Tai Tokerau the median age has been increasing over time in all areas except for Papakura. The median age in Te Tai Tokerau (42.3 years) is higher than in Tāmaki Makaurau (34.6 years). The areas of Tāmaki Makaurau with the highest median ages are the island communities of Great Barrier (52.4 years) and Waiheke (46.4 years), along with Rodney (42.3 years), Hibiscus Bays (41 years) and Franklin (40.2 years).

By 2031 it is projected that more than 30% of the population of Kaipara will be aged over 65 years. In the Far North and Whangārei, over 65-year-olds will make up between 26% to 29% of the population. In the Tāmaki Makaurau region, 15-20% of the population will be 65 years of age or older in 2031 (Centre for Social Impact, 2023).

The population age structure varies between ethnic groups. Māori, Pacific Peoples and Asian populations have higher proportions of younger people compared to those of European descent. Despite the variation between ethnic groups the absolute number of older people in the population is increasing. Projections indicate that there will be a doubling of the number of Asian, Pacific and MELAA older people, and almost a doubling of Māori older people (Minton, 2021).

This paper explores the implications of the ageing population for FN priority communities: tangata whenua, pacific peoples, communities of South Auckland, communities of Te Tai Tokerau, children and young people, new migrants, former refugees, rainbow communities, and people living with a disability.

For some groups it was difficult to locate specific information for Tāmaki Makaurau and/or Te Tai Tokerau. In these cases, information about Aotearoa New Zealand is included.

In addition, five critical areas impacting hauora (health) and wellbeing for older people are discussed:

- housing and urban design
- income and cost of living
- loneliness and social connection
- health services and access
- elder abuse services and prevention (Age Concern, 2023).

Issues for priority communities

Ageing population



Tangata whenua

In 2023, the Social Wellbeing Agency analysed data from New Zealand's Integrated Data Infrastructure (IDI)² to build an evidence base on the needs of older people aged 65 or older across five life domains—health, housing, finance, social connection, and accessibility (Social Wellbeing Agency, 2023). While their analysis has a national focus, these findings have considerable relevance for tangata whenua (and other groups) in Tāmaki Makaurau and Te Tai Tokerau.

More Māori and Pacific older people experience poor health in older age compared to other ethnic groups in New Zealand. The varied experiences of health vulnerability for older people were consistent with the inequitable experiences and outcomes of Māori and Pacific peoples across the life course. Health vulnerability was defined as an experience of two or more physical or mental health conditions (Social Wellbeing Agency, 2023). For example, the researchers found:

The average life expectancy for men of Māori ethnicity is 73.4 years. In contrast, the average life expectancy for men from all other ethnicities is above 80 years (except for Pacific men at 79 years) (Social Wellbeing Agency, 2023). In addition, Māori men experience an earlier onset of age-related diseases. The current age thresholds for support mean that Māori may miss out on support when they need it.

These inequities in health outcomes are a result of the social determinants of health³, including ongoing effects of colonisation. To improve wellbeing for older adults, there is a need to improve how our social systems support outcomes for Māori (and Pacific peoples) earlier in life (Social Wellbeing Agency, 2023).

Recent research into the quality of life of older Māori living in Tāmaki Makaurau highlighted that older Māori living in Tāmaki Makaurau are diverse (Cram et al., 2022). Tāmaki Makaurau was the most popular urban centre for Māori who migrated from rural to urban centres which means that

“... that older Māori, Pacific peoples, and MELAA people were more likely to experience poor health. For example, 30% (14,300) of Māori, 29% (5,800) of Pacific peoples, and 28% (1,200) of MELAA older people experience health vulnerability. Whereas European and Asian older people have lower rates of health vulnerability at 24% (145,400) and 19% (8,100) respectively. (Social Wellbeing Agency, 2023, p. 14)

²The IDI is a large research database that collects data about individuals and households. It includes administrative data about education, income, benefits, migration, justice and health. Data is sourced from government agencies, Statistics NZ surveys, and non-government organisations (NGOs) (Social Wellbeing Agency, 2023).

³Social determinants of health are the circumstances in the environments in which people are born, grow up, live, learn, work and age. These include: housing, transportation and neighbourhoods, racism, discrimination and violence, education, job opportunities and income, access to nutritious foods and physical activity opportunities. Social determinants of health are also the wider set of forces and systems affecting these circumstances, eg, economic and development policies, geographic and climate environments, social norms, social policies and political systems (Health Navigator, 2023).

there is a large population living in the region.

“Māori in Tāmaki Makaurau are a diverse mix of Mana Whenua – those whose tūrangawaewae is in the region - and Matawaka - those who reside here and whose whakapapa links and tūrangawaewae lie outside the region. This has meant that in 2022 there is an increasingly large population of older Māori residing in the region.”

(Cram et al., 2022, p. 4)

The types of challenges experienced by older Māori include isolation brought on by not feeling valued or listened to, financial insecurity (especially for people who did not own their own home and pay high rents), mistreatment and abuse, and everyday racism (Cram et al., 2022).

A life course approach is needed to understand the quality of life of older Māori in Tāmaki Makaurau (Cram et al., 2022). Older Māori appreciate the values they had gained from their tūpuna which had supported them to live in Tāmaki Makaurau, including seeing them through times of hardship. They want to pass these values on to younger generations. This means that opportunities for intergenerational connection to support

quality of life for older Māori and their whānau should be considered.

“Initiatives to support older Māori who are isolated can also support the quality of life of both them and those who visit with them. The facilitation of social connectedness may also mean connection with affiliation groups that can support their holistic wellbeing. Overall, older Māori wanted to live out their older years as Māori elders who were respected, cared for, and loved.”

(Cram et al., 2022, p. v)

Other factors that will enable older Māori to live well include:

- The ability to access support services and to meet everyday needs, such as social services, health care and supermarkets.
- Involvement in Māori-centred activities, including church and kaumātua groups, which highlights the importance of affiliation groups, where older Māori can connect based on commonalities in their life stories and value-systems. To work well, affiliation groups need to acknowledge the heterogeneity of older Māori and provide opportunities for

stimulating cultural, intellectual and social engagement.

- Providing opportunities for intergenerational sharing, where older Māori are supported to share their knowledge and values with their mokopuna (Cram et al., 2022).

The quality of life of older Māori in Tāmaki Makaurau depends on enabling those who want to remain in the city to do so and enhancing their ability to connect with their tūrangawaewae, their kāinga tahi – first home places (Cram et al., 2022).

Pacific peoples

Pacific people (and Māori) have a much younger population distribution compared to those of European descent. Five per cent of Pacific peoples are aged 65 years and over; they are mainly female and were born overseas. This group mainly live in the Tāmaki Makaurau region (south and west) and includes the highest percentage of bilingual speakers.

Thirty-four percent of Pacific peoples (compared to 19% for Europeans) are aged under 15 which means that there is a larger group of younger Pacific people to support their older family members (Ministry for Pacific Peoples, 2020). Collective values common among Pacific cultures mean that younger family members tend to live with and support their older relatives.

Older Pacific people have a disproportionate experience of poor health and lower life expectancies compared to other population groups. Pacific peoples live, on average, six years less than non-Māori and non-Pacific peoples (Health Quality & Safety Commission, 2021) and experience poorer health in later life. For example, compared to

non-Māori and non-Pacific, Pacific peoples:

- Experience heart disease 6-8 years younger.
- Are twice as likely to die from heart disease.
- Are 1.4 times more likely to be living with heart disease.
- Are 3 times more likely to have diabetes.
- Are 4 times more likely to have kidney failure.

But

- Are less likely to receive ‘revascularisation’ after a heart attack.
- Are less likely to be on cholesterol-lowering medications in the year after a heart attack (Ministry for Pacific Peoples, 2020).

These inequities are unlikely to shift until the systemic issues impacting on Pacific peoples across the life course are addressed.

Inequities in health reflect differences in the broader socioeconomic determinants such as education, employment and housing. Improvement in health and wellbeing is unlikely until there is fairer distribution of wealth and income, and improvements in educational outcomes for Pacific peoples. Access to warm, affordable and less crowded housing is particularly important for Pacific families given the high incidence among Pacific peoples of infectious diseases such as acute rheumatic fever (Health Quality & Safety Commission, 2021, p. 6).

One of the contributing factors to low income is the large pay gap experienced by Pacific workers (New Zealand Human Rights

Commission, 2022) which effects people’s ability to save for retirement and afford good quality housing. In 2021, there was an 18.8% gap between the median earnings of Pacific men and Pākehā men and a 25.1% gap between Pākehā men and Pacific women (New Zealand Human Rights Commission, 2022).

— “This means that, for every \$1.00 a Pākehā man earns, a Pacific man earns \$0.81 and a Pacific woman earns \$0.75.”

(New Zealand Human Rights Commission, 2022, p. 21)

Older Pacific peoples experience the highest proportions of housing vulnerability compared to all other ethnicities (Social Wellbeing Agency, 2023).

Communities of South Auckland

People aged 65 years and older made up 11% of the former Counties Manukau District Health Board (DHB) area (which includes South Auckland) while 23% of the population was aged 14 years or younger in 2018. The respective figures for NZ population were 15% and 19% (Lee et al., 2021).

There are low levels of home ownership in South Auckland. Just over 50% of the Counties Manukau population aged 25 years and over owned the residence they were living in; this was lower for Māori (32%) and Pacific peoples (27%) (Lee et al., 2021). As reported above, low home ownership levels contribute to housing vulnerability, as people grow older and are still required to pay high rents or a

mortgage whilst on a fixed income.

There are persistent gaps in life expectancy between Māori, Pacific and European populations living in the former Counties Manukau DHB area. Approximately half of the deaths of Māori aged 75 years or younger could have been prevented by specific interventions (Singh et al., 2021).

Although life expectancy has improved over time for all ethnic groups in Counties Manukau, people are living for longer but in poorer health. This is because reductions in the prevalence of long-term conditions are occurring at a slower rate.

— “If one combines diet, excess weight and lack of exercise as a grouping, this is the single largest cause of Disability Adjusted Life Years (DALY) loss in Counties Manukau.”

(Singh et al., 2021, p. 28)

However, most of the underlying causes of health inequities require whole-of-government, whole-of-society changes, including lifting incomes and fairer wealth distribution, housing, education, decolonisation and anti-racism (Singh et al., 2021).

“This slow-motion epidemic of poor nutrition/high weight/low exercise is as important to the population as COVID-19 going forward, and needs system and environmental change to address.”

(Singh et al., 2021, p. 4)

There are examples of efforts to address the systems that contribute to poorer outcomes for older people in South Auckland. These include:

- The Southern Initiative which is an innovation team tackling some of south and west Auckland’s toughest social and economic challenges. They focus on designing and testing novel solutions for equity and systems change and sharing what they learn. Key areas include the first 1,000 days, the rangatahi years, lifting whānau and ‘aiga prosperity and wellbeing and entrepreneurship and innovation - Māori and Pacific businesses.
 - *If nothing else, getting equity right for south and west Auckland is crucial to having a future workforce that can support our rapidly ageing population at both city and national levels (The Southern Initiative, n.d.).*
- The Cause Collective is a Pacific social change organisation working out of South Auckland that focuses on the causes of social problems facing communities most in need, to see what’s getting in the way of them thriving.

Communities of Te Tai Tokerau

In Te Tai Tokerau the ageing population is expected to place significant demands on health services for older people (residential care, home and community support services, day care). The prevalence of long-term conditions that become more common with age such as cardiovascular disease and cancer will likely increase (Singh et al., 2021). Māori experience an earlier onset of long-term conditions like cardiovascular disease and diabetes, and their life expectancy is about eight years less than non-Māori (Northland District Health Board, 2022).

Demand for housing and social services in Te Tai Tokerau could also increase, with potential outward migration of older Māori who can no longer afford to live in cities. There are implications for areas such as Te Tai Tokerau if the urban Māori migrants of the 1950s and 60s, wish to return to their haukāinga (Cram et al., 2022).

Children and young people

As the population in Tāmaki Makaurau and Te Tai Tokerau continues to grow older, younger people are likely to experience a higher level of demand for care within their families and the burden of paying for services for the ageing population through taxes.

“The social contract where the young support the old may not be sustainable anymore. The 65+ dependency ratio is expected to double from the current 24:100 people to 50:100 people by 2070. This will impact young people’s labour market choices. Those with higher caring responsibilities are less likely to participate in the labour market at the same rate as others.”

(Yadav, 2023)

Perhaps the greatest impact of a rapidly ageing population on children and young people is the urgent need to ensure that social, environmental, cultural and economic systems enable all tamariki and rangatahi to reach old age and to live well as older people. For example:

The housing conditions that children and young people experience heavily influence their life trajectories and housing into their senior years. Similarly, the housing wealth of seniors influences the housing of following generations (Te Tūāpapa Kura Kāinga & Ministry of Housing and Urban Development, 2023, p. 5).

New migrants

New Zealand relies heavily on labour from countries with a surplus of young people, and migration has been largely driven by 18-to-39-year-olds. Over a quarter of the New Zealand population (27%) is made up of migrants, one of the highest rates in the OECD (Yadav, 2023). In Tāmaki Makaurau and Te Tai Tokerau, 38% of the population was born overseas in 2018 (41% for Tāmaki Makaurau and 16% for Te Tai Tokerau) (Centre for Social Impact, 2023). Young migrants add considerable value to the economy and society in many ways, including the provision of support for older people. Around 40% of caregivers are migrants on various types of visas (Yadav, 2023).

While most new migrants to New Zealand are of working age, New Zealand has a quota of 2,500 Parent Resident Visas per year to support family reunification, which means older migrants are also settling in New Zealand.⁴

Later-life migrants can face specific challenges when settling in a new country, including the risk of loneliness due to the immigration process and having to adapt to a new culture (Zhao et al., 2022).

A study of the experiences of older Chinese migrants (65–80 years old on arrival) in Tāmaki Makaurau found that their experiences of loneliness were further complicated and influenced by the process of immigration and the loss of prior cultural and social capital. Study participants experienced alienation in New Zealand, and language barriers exacerbated participants’ loneliness and social isolation. Participants felt burdened by housework and childcare responsibilities, which contributed to feelings of loneliness as they were unable to participate in social activities

⁴ <https://www.immigration.govt.nz/new-zealand-visas/visas/visa/parent-resident-visa>

(Zhao et al., 2022). In addition, some participants felt excluded from family activities by their children. The researchers noted that previous studies have found that some adult children from immigrant families in New Zealand preferred to modify their ways of providing aged care, for example by shifting to formal aged care support, while upholding the core values and cultural familial expectations (Zhao et al., 2022).

When they reunited with their families in New Zealand, older Asian immigrants were often faced with very different family dynamics to what they had back in their country of origin, presenting unique challenges to their way of life. Furthermore, they often felt dissatisfied and frustrated with their co-residential living arrangements (Montayre et al., 2019). Community participation, social support and engaging in meaningful leisure activities were important ways for older Asian immigrants to maintain their health and wellbeing in New Zealand (Montayre et al., 2019). Ongoing support for new migrants to feel included and that they belong to their new community is important for the wellbeing of both older new migrants as well as ensuring there is a workforce to care for the older population in Aotearoa New Zealand.

A socially cohesive society gives New Zealand an edge in being able to attract skilled migrants at a time when there is increased global competition for labour. Social cohesion, particularly in terms of belonging and inclusion, also increases the likelihood of retaining migrants. Attracting and retaining migrants is increasingly important in a world where there is more mobility; New Zealand needs to maintain or increase the working-age population to buffer society against the ageing population (Strategic Social Policy Group, 2008, p. 4).

Former refugees

The experience of former refugees is different from migrants as they have usually had limited choices about coming to Aotearoa New Zealand and a history of trauma.

— “Refugees generally have no choice about when and where they move to, will often have to leave family and friends behind very suddenly, and may have experienced persecution, war, torture, deprivation or civil unrest.”

(Strategic Social Policy Group, 2008, p. 4)

Former refugees, like other groups in Aotearoa New Zealand, face systemic barriers to accessing and success in the labour market. Older former refugees can experience additional barriers to participating in the paid workforce which has implications for their wellbeing as an older person. Equitable labour market outcomes is a significant indicator of inclusion and legitimacy and helps create mutual understanding across cultures (Strategic Social Policy Group, 2008).

Former refugees aged 51 to 64 are also considerably less likely to be employed than younger people. Only 15% were employed at three years after arrival compared with about a third of younger groups. A lack of sufficient English language skills is particularly significant for

this population (Ministry for Ethnic Communities, 2023, p. 24).

Older former refugees may also be reluctant to access support if they experience violence or abuse in Aotearoa New Zealand.

Language barriers and distrust of authorities can discourage ethnic, migrant and former refugee communities from seeking help. Within these populations, there are those who exist at the intersections, for example, disability, trans and non-binary people, for whom systemic barriers make accessing appropriate services more complex. Prevention, early intervention, crisis response and justice systems must be designed with communities to enable ethnic, migrant and former refugee communities to access appropriate resources (Te Aorerekura, 2022a, p. 3).

People living with a disability

The most recent Disability Survey in 2013⁵ found that people aged 65 or over were much more likely to be disabled (59%) than adults under 65 years (21%) or children under 15 years (11%).^{A24} In Te Tai Tokerau, 29% of people experience some form of disability, which is higher than the New Zealand average (23%). Almost one in five people in Tāmaki Makaurau (19%) have a disability, which is less than the national average (Te Aorerekura, 2022b).

As the population ages the number of disabled people in Tāmaki Makaurau and Te Tai Tokerau will increase and live for longer, requiring more support.

— “The ageing nature of our population is likely to put more pressure on whānau, particularly intergenerational whānau with multiple members with impairments. Age will also lead to more people living alone, with associated impacts on health outcomes from loneliness and income disparity.”

(Minister of Health, 2023b, pp. 18–19)

People who are living with a disability and growing older face systemic barriers to their wellbeing which include:

- Greater likelihood of having experienced socio-economic deprivation.
- Experiences of ableism and stigma across their life.
- Intersecting discrimination, including racism, ageism and sexism.
- Social exclusion.
- Family violence and sexual violence.
- Poor housing conditions and lack of choice in housing options.
- Lower access to the internet and digital capability.

⁵The data on disability is out of date and urgently needs to be updated.

In addition:

Disabled people are far less likely to be employed than non-disabled people and, when employed, their weekly incomes are lower than those of other groups. This impacts their financial wellbeing, and they may become solely reliant on superannuation as their source of income when older. It also impacts their overall health and wellbeing due to financial stress (Minister of Health, 2023b, p. 13).

Dementia is a major cause of disability and dependency among older people. People with dementia are especially vulnerable to abuse because their behaviour may be confronting to carers and because the disease may prevent them from reporting abuse or recognising it (Te Aorerekura, 2022b).

There is also concern about the impacts of long-COVID on the older population and especially those who have multiple underlying conditions. There is potential for Māori to be disproportionately affected by long-COVID because of inequities in vaccination rates and incidence of severe illness requiring hospitalisation, which are associated with a higher likelihood of developing long-COVID (Minister of Health, 2023b).

Rainbow communities

There is limited information about how many people aged over 65 identify as members of the rainbow community. For the total New Zealand population an estimated 0.7% of people aged 65 and older identify as gay, lesbian or bisexual, compared to 3% of the total adult population. However, within the 45 to 64-year-old age group, 2.1% identified as gay, lesbian or bisexual, pointing to a trend of increasing numbers of those in later life

openly identifying as LGBTQIA+ (Minton, 2021). In the 2018 “Counting Ourselves” survey of trans and non-binary people, 2% of respondents were aged over 65 and 8% were aged 20-64 years old (Minton, 2021).

Recent survey data suggests that rainbow communities have a higher proportion of disabled people than the non-rainbow population (Te Aorerekura, 2022b).

While older members of the rainbow community may share similar experiences to younger people, they can also face specific challenges as they get older.

Older LGBTQIA+ people represent a diverse group of people who are still exposed to adversity, stigma, marginalization, and discrimination, with a greater probability of isolation, less social support, and therefore more risk of having worse physical, mental, and social health indicators. Heteronormative ageing models do not adapt to the specific needs of older LGBTQIA+ people and are marked by a double stigmatization lens (LGBTQIA+-phobia and ageism) (Pereira & Banerjee, 2021, p. 5).

Information on the impacts of ageing for rainbow communities in Aotearoa New Zealand suggests that the following issues need to be considered:

- Older people from the rainbow community may be hesitant about the degree of openness they can express, especially as they come to feel more vulnerable through being dependent upon others for care as they age due to previous experiences of discrimination, rejection and negative interactions with care systems (Stevens, 2013).
- The specific mental and physical health

issues that arise from this population's gender identity or sexual orientation need to be acknowledged and engaged with, and services at all levels involved with aged care need to be made inclusive and welcoming to older people from rainbow communities (Stevens, 2013).

- Takatāpui and rainbow elders need to be included in older persons' strategies, service planning for older people, planning of elder prevention services plus the needs of rainbow elders need to be included in the funding for Takatāpui and rainbow communities (Dickson et al., 2023).
- Accessible and inclusive service provision - services need to make it clear they serve Takatāpui and rainbow people in their websites and promotional material and provide mana enhancing aged-care services (Dickson et al., 2023).
- Provision of more opportunities for intergenerational spaces within Takatāpui and Rainbow settings plus specific groups and activities relevant for Takatāpui and Rainbow older people (Dickson et al., 2023).

A recent international review of rainbow ageing research emphasised the importance of the concept of intersectionality over the life course. The researchers noted an alarming lack of attention to poverty and economic inequities, socioeconomic status, class, ethnicity, race, nationality, immigration, and ability status in research on ageing amongst the rainbow community, especially given the far-reaching effects of inequities across people's lives.

— “Intersectionality, i.e., to assess the complex nature of intersecting demographic, social, cultural, and societal positions including diverse ages and sexual and gender identities and their multiple junctures over the life course.”

(Fredriksen Goldsen et al., 2019, p. 270)

Critical issues for older people in Te Tai Tokerau and Tāmaki Makaurau

Ageing population

Age Concern identified five critical areas where change is needed to support the rights and quality of life of older New Zealanders. These all have relevance to priorities communities in Tāmaki Makaurau and Te Tai Tokerau:

- housing and urban design
- income and cost of living
- loneliness and social connection
- health services and access
- elder abuse services and prevention (Age Concern, 2023).

Housing and urban design

Older people's access to secure, affordable, and good quality housing across Tāmaki Makaurau and Te Tai Tokerau is a significant and growing issue. Housing along with a sense of home and community provide the foundation for living well in old age.

If you can't get access to housing, you can't age well. If you don't have good housing, you don't have good ageing (Saville-Smith, 2022, p. 16).

Overall, for older people, there is a need for more affordable housing, diversified housing tenure choices and age-friendly living environments.

Older people can face a range of housing issues, including affordability, accessibility, quality, location, insecurity of tenure, homelessness, and challenges in releasing equity from housing. These issues can have a significant impact on wellbeing as we age (The Office for Seniors, 2019, p. 8).

The risks associated with lack of investment in these areas include:

- More older adults becoming homeless or living in inadequate, unhealthy housing.
- Significant increases in avoidable respiratory illnesses, such as pneumonia, physical injuries and depression (Age Concern, 2023).

According to the Retirement Commission, 20% of over 65s pay rent, and this increases to 35% of Māori and 46% of Pacific peoples. Many live in unsuitable housing, struggle to pay increasingly high rents, and find themselves moving constantly. 40% of older people are living on the pension alone, and another 20% only have a little more from savings or income, so more than half of the 65+ cohort are financially fragile (Judkins, 2023).

With home ownership increasingly out of reach of people on the median wage or lower, more older people will be renting in the future. Based on current trends, there will be a 100% increase in people over 65 renting in the next 25 years, meaning 600,000 will find themselves living at the mercy of landlords and market rents (Judkins, 2023).

The impact of declining home ownership is likely to have a significant impact on Māori living in Tāmaki Makaurau and Te Tai Tokerau. In the 1970s more Māori owned their own home compared to those who were renting. However, from the 1980s this situation has reversed. In 1986, 41% of Māori were renting and by 2013, 77% of Māori households were living in rental accommodation. As a result, the proportion of older Māori who are renting is likely to increase as younger generations of Māori have been shut out of the housing market (Cram & Munro, 2020).

Te Tūāpapa Kura Kāinga / Ministry of Housing and Urban Development (HUD) recently completed a long term insights

briefing on the implications of the ageing population for Aotearoa New Zealand's housing and urban futures (Te Tūāpapa Kura Kāinga & Ministry of Housing and Urban Development, 2023). This process involved a rapid review of the knowledge landscape (James & Bedford, 2022).

Key findings of relevance to FN's priority communities are included below:

- There is limited research on the implications of ageing for housing and urban development (James & Bedford, 2022)
- Increasing numbers of older people are reaching retirement with a mortgage or are living in rental accommodation. There is a marked rise in homelessness and growing evidence of housing-related poverty among older age groups and increasing reliance on the state for housing-related income support (James & Bedford, 2022).
- There has been a significant increase in the demand and need for social rental housing. The demand is forecast to grow in future due to increasing numbers of people reaching retirement age as private-sector tenants who are no longer able to afford market rents (James & Bedford, 2022).
- There is practically no accessible or universally designed housing for an ageing and/or disabled population. Disabled people are more likely to live in rental accommodation and in dwellings in poorer condition. Many feel they have no choice in the housing they accept due to limited accessible housing stock and affordability issues (James & Bedford, 2022).
- There is little research on the housing experience of different Pacific communities and a lack of ethnic specific data. Pacific households are particularly affected by declining home ownership and they are over-represented in crowded

households and in statistics on people experiencing homelessness (James & Bedford, 2022).

- Recent research refers to the need to situate discussions of housing and 'home' within epistemologies rooted in Mātauranga Māori and Pacific experience (James & Bedford, 2022).
- Certain population groups reach old age in a worse position than others because of a lack of housing fairness in Aotearoa New Zealand's housing and urban systems. These groups include Māori and Pacific peoples, women, young people, disabled people, and people on very low incomes. They are vulnerable to experiencing severe housing deprivation and are more likely to live in poorly performing and poor condition dwellings (Te Tūāpapa Kura Kāinga & Ministry of Housing and Urban Development, 2023).

In addition, older people who rent experience higher rates of housing vulnerability at 40%, compared to those with a mortgage at 26% and those with no mortgage and no rent at 14% (Social Wellbeing Agency, 2023).

In central Tāmaki Makaurau, Ngāti Whātua are investing in kaumatua housing for mana whenua. The retention of older Māori who are Mataawaka needs the same sort of attention and may potentially be possible in collaboration with Mana Whenua as part of their host responsibilities (Cram et al., 2022).

Income and cost of living

Many older people rely on a fixed income and do not have the ability to earn extra money. The increased proportion of older renters means that many older people are facing financial hardship and will require support. As a result, Age Concern identifies that there will be:

- A higher proportion of older individuals living in poverty, with limited access to

essential services.

- Additional strain on Aotearoa New Zealand’s already struggling social services and health systems.
- Diminished quality of life for a significant proportion of the population.
- Increased inequity for those already disadvantaged in the labour market, particularly Māori, Pacific peoples, Asian and women (who earn less money over their working life) (Age Concern, 2023).

Figure 1 shows the cumulative impact of pay gaps between European men (the highest income earners) and other ethnic groups in Aotearoa New Zealand. The top bar shows the average pay gap between each group and the average earnings of European men. The lower bar shows this pay difference

accumulated over 40 years. Over the course of a working life, the difference in earnings is considerable and contributes towards ongoing inequities as people move into retirement. In old age, people with less financial means are more likely to be socially excluded (Auckland Council, 2021)

Loneliness and social connection

The worlds of older people can grow smaller once participation in paid work ends, friends and relatives die or move away or health conditions begin to restrict mobility. Social isolation and loneliness are linked to adverse health outcomes for older people. Some older

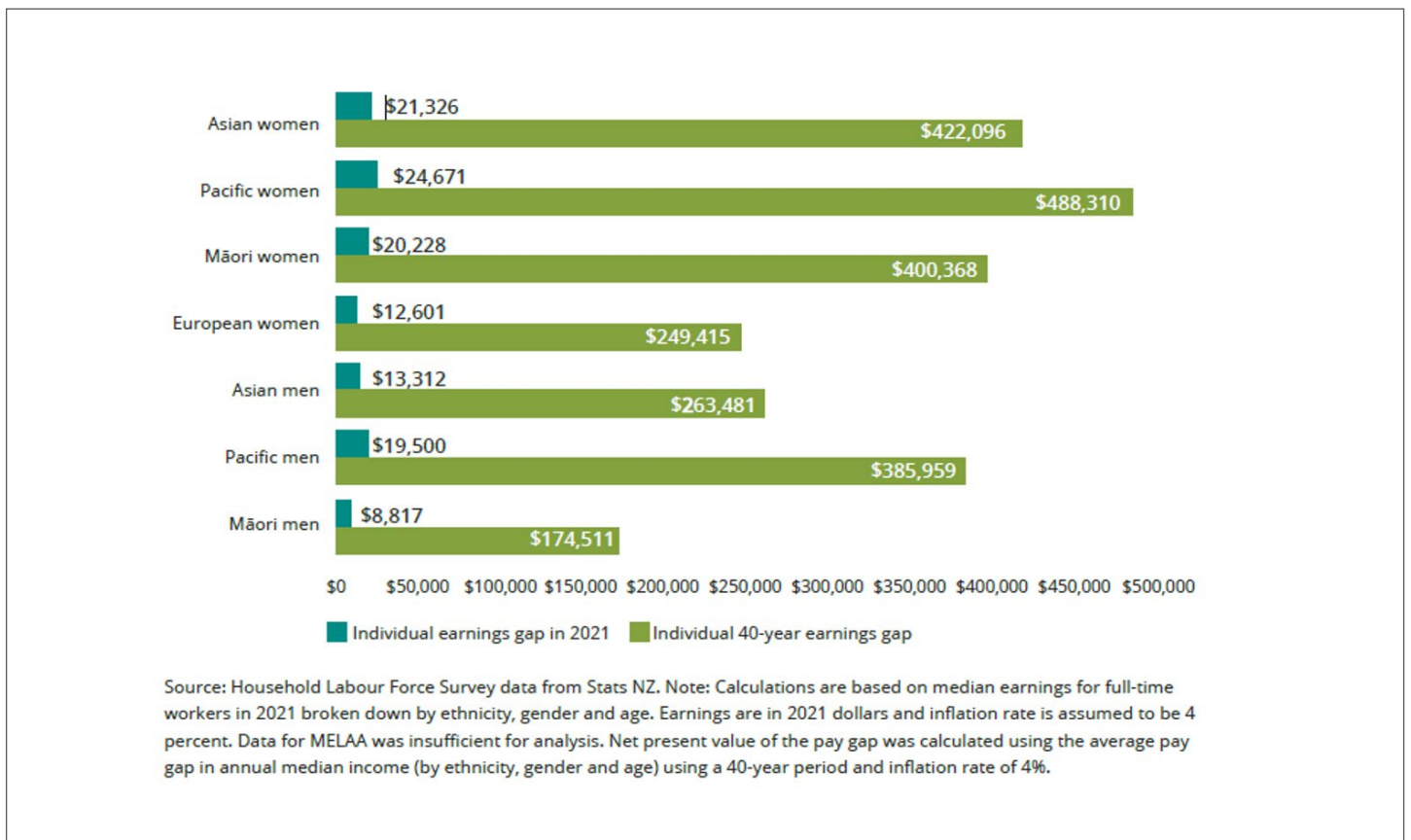


Figure 1: Estimated cumulative impact of average 2021 pay gap for men and women over the course of 40 years compared to European men (New Zealand Human Rights Commission, 2022, p. 35).

people may be at particular risk of loneliness, for example, people who migrate later in life and those who are over 75 years.

All forms of ageism (structural, institutional, interpersonal and internalised) impact negatively on older people leading to exclusion and poorer outcomes. Policies and programmes that support healthy ageing, positivity about ageing, social connectedness and the participation of older people in all aspects of society can help to create a more inclusive and equitable society for everyone (Hamlin et al., 2023)

Investing in ways to support older people to live independent and connected lives has the potential to delay entry into residential care (Age Concern, 2023). This is important for people's quality of life as well as for reducing the cost to government as the proportion of older people in the population increases over the coming decades. Age Concern recommends increased funding for proven interventions delivered by the voluntary and community sectors to combat loneliness and social connection in older people, alongside investment in innovative responses (Age Concern, 2023) (What Works Centre for Wellbeing, n.d.)

Auckland Council developed the Tāmaki Makaurau Tauawhi Kaumātua Age-friendly Auckland Plan to respond to the needs of growing and increasingly diverse older Aucklanders, to ensure their needs are met now and into the future. It is a commitment to older Aucklanders to raise awareness of their needs and contribution. It is based on the World Health Organisation's Age-friendly Cities and Communities Framework and Te Whare Tapa Whā (Auckland Council, 2021). The plan has a specific focus on creating inclusive and accessible environments for all people to enjoy thereby enabling older people to live well. Enhancing opportunities for participation and social connection is a key area for action in the Better Life Later Strategy (The Office for Seniors, 2019).

Health services and access

The Better Later Life Strategy He Oranga Kaumatua 2019-2034 focuses on healthy ageing and equitable access to support. This framework aims to improve the wellbeing of older New Zealanders through a coordinated effort to address issues across the key areas of:

- financial security and work
- health and access to services
- functional and affordable long-term housing
- continuing social connection
- accessible environments (The Office for Seniors, 2019).

As noted earlier, Māori, Pacific Peoples, disabled and rainbow communities all experience inequitable access to health services resulting in poorer outcomes. Age Concern advocates for equitable access to home and community services and carer respite for older people, along with more recognition of family carers. In addition, they promote increased investment in prevention and early intervention programmes run by the community and voluntary sectors that are effective at keeping older people well and delaying the onset and impact of injuries and chronic diseases (Age Concern, 2023).

For disabled people, approaches are needed that consider all factors that influence health and wellbeing, such as te ao Māori and Pacific world views, to achieve pae ora / healthy futures for disabled people and their whānau (Minister of Health, 2023b).

Elder abuse services and prevention

It is estimated that one in ten older people will experience some kind of elder abuse in Aotearoa New Zealand, although there is a lack of robust data (New Zealand Government, 2021). Māori service providers report that older Māori experience higher levels of abuse than non-Māori (Te Aorerekura, 2022b). Age Concern notes that there has been a lack of investment in community social services for older people spanning prevention, ongoing safety and recovery from elder abuse (Age Concern, 2023). In some communities this means that there is a lack of services.

Services that support victims of elder abuse are often under-resourced and over-subscribed, so may struggle to meet demand. This can lead to long wait times for assistance, and limited capacity to provide ongoing support to victims and their families (Hamlin et al., 2023, p. 53).

Older people from former refugee and migrant communities may find it difficult to access support services even if they are available.

Violence for ethnic, migrant and former refugee communities in Aotearoa New Zealand occurs in a social context of pervasive racism which affects the way family violence and sexual violence services respond to the specific needs of these communities (Te Aorerekura, 2022a, p. 2).

There is also a lack of services designed for Māori and Pacific people who may be at a higher risk of experiencing abuse.

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

(Hamlin et al., 2023, p. 53)

Opportunities to address elder abuse include greater investment in elder abuse and neglect prevention and education and intervention services, as well as broader community social services to help prevent elder abuse and neglect, increase safety and support recovery after harm (Age Concern, 2023). Intergenerational approaches are seen as promising, as well as being whānau-centred and combatting social isolation.

Fostering intergenerational relationships between tamariki and kaumātua were considered key to prevention. Whānau-centred approaches are needed to shift thinking that elder abuse is an ‘older person issue’, to one that recognises that the abuse of older people affects family, whānau, and communities (Te Aorerekura, 2022b, p. 6).

Summary

- The impacts of inequity in old age include:
 - *Lower life expectancy and poorer health for Māori, Pacific peoples and people living with a disability. Māori and Pacific peoples living in South Auckland experience greater health inequities, as do Māori in Te Tai Tokerau.*
 - *The rainbow community may have a higher proportion of disabled people and can be more at risk of isolation in older age.*
 - *Māori, Pacific peoples, disabled and rainbow communities all experience inequitable access to health services.*
 - *Low levels of home ownership contribute towards financial and housing vulnerability in old age. Māori and Pacific peoples have lower levels of home ownership.*
 - *Large pay gaps contribute to older people’s difficulty saving for retirement as well as affording good quality housing.*
 - *Māori may experience higher rates of elder abuse and have less access to appropriate services. Former refugees and new migrants may find it difficult to access support services for elder abuse.*
- Investment and early intervention across multiple domains are required to improve wellbeing and outcomes for older people. Support for ageing well begins before birth and needs to address the systemic issues that drive inequity in old age (such as housing, income and access to health care).
- Access to an affordable and quality home in older age is a critical concern for all priority communities within Tāmaki Makaurau and Te Tai Tokerau. Without this foundation it is very challenging for people to age well. The pressure on appropriate housing supply will only increase in coming years as the ageing population grows larger.
- Opportunities for social connection are important for older people across all priority groups.
- Many older people experience multiple forms of disadvantage which reinforces the importance of intersectionality and holistic approaches.
- Whānau-centred/people-centred approaches are critical for effective interventions. Older people must be at the centre of any initiatives designed to support their wellbeing.

Appendix One: Policies and strategies

Ageing population



There are large number of strategies that relate to ageing in Aotearoa New Zealand.

- Better Later Life: He Oranga Kaumātua 2019 to 2034 was developed by the Office of Seniors to drive action to ensure that all New Zealanders recognise older people’s potential. It creates opportunities for everyone to participate, contribute and be valued as they age (The Office for Seniors, 2019).
- The Healthy Ageing Strategy 2016 is a 10-year plan that aims to improve the health and wellbeing of older people in New Zealand. Launched by the Ministry of Health, it sets out a vision for older people to live well, age well, and spend their later years in age-friendly communities. The strategy applies a life-course approach to achieving the aim of healthy ageing. It recognises that people age in different ways and have different needs at different times, and that people’s health is affected by their environment. The approach involves enhancing growth and development, preventing disease and ensuring every person functions to the highest capacity possible throughout their life (Associate Minister of Health, 2016).
- Mahi Aroha: New Zealand Carers’ Strategy Action Plan 2019–2023 Mahi Aroha is for all those providing care, with the exception of professional and foster carers and has an additional focus on four target population groups: carers who are Māori, Pacific, young (aged up to 25 years) and older (aged 65 years and older) (Ministry of Social Development, 2019).
- Pae Tū: Hauora Māori Strategy 2023 places Māori aspirations at the heart of the health system reforms, with Te Tiriti o Waitangi as the foundation. Pae ora envisages a platform on which Māori can live with good health and wellbeing in an environment that supports them to flourish and thrive. The concept of pae ora encourages everyone in the health sector, as contributors to Māori wellbeing, to work collaboratively, to think beyond narrow definitions of health and to provide high-quality and effective health services. Pae ora affirms holistic Māori approaches – strongly supporting Māori-led solutions and Māori models of health and wellness (Minister of Health, 2023a).
- Te Mana Ola: The Pacific Health Strategy 2023 represents an important opportunity to set the key direction and long-term priorities to achieve equity in Pacific health and wellbeing outcomes over the next 10 years (Minister of Health, 2023c).
- Provisional Health of Disabled People Strategy 2023 sets the direction and long-term priorities to move towards achieving equity in disabled people’s health and wellbeing outcomes over the next 10 years. It will contribute to the transformation of the health system by providing a framework that health entities can follow to improve disabled people’s health and wellbeing outcomes in Aotearoa New Zealand (Minister of Health, 2023b).
- UN Decade of Healthy Ageing 2021–2030: The World Health Organisation supports action in four areas: age-friendly communities, combatting ageism, integrated care and long-term care to foster healthy ageing and improve the lives of older people, their families, and communities (WHO, 2024).
- Tāmaki Makaurau Tauawhi Kaumātua Age-friendly Auckland Mahere Mahi Action Plan 2022–2027: In 2022 Tāmaki Makaurau became a member of the World Health Organisation’s Global Network of Age-friendly Cities and Communities. The plan establishes a framework to provide support and resources to help meet the needs and aspirations of older Aucklanders (Auckland Council, 2021).

- Te Aorerekura: The National Strategy to Eliminate Family Violence and Sexual Violence 2021-2046. Te Aorerekura sets out a framework to eliminate family violence and sexual violence, to drive unified government action and harness public support and community action. It has a well-being and strengths-based vision focusing on the drivers of violence (New Zealand Government, 2021).

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