

Whānau Tangata | Family and Community

The third principle is Whānau Tangata | Family and Community.

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



Older People and Society

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

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

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

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

How does ageism show up?

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

Structural Ageism

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

Institutional Ageism

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

Interpersonal Ageism

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

Internalised Ageism

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

Internalised Ageism

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

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

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

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

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

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

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

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

Older People and Communities

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

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

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

Age-Friendly Cities and Communities

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

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

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

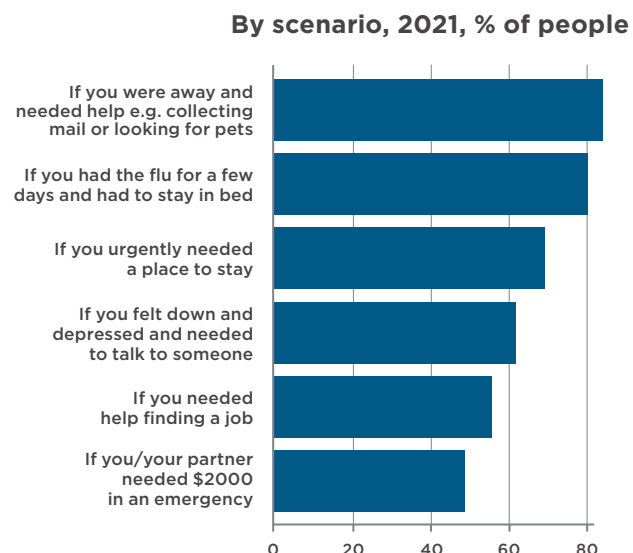
The WHO encourages cities to engage with older adults and other stakeholders in the community to identify needs and priorities, develop strategies and implement actions to create an age-friendly environment. This includes supporting older adults to participate in civic life, creating accessible transportation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

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

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

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

from Stats NZ



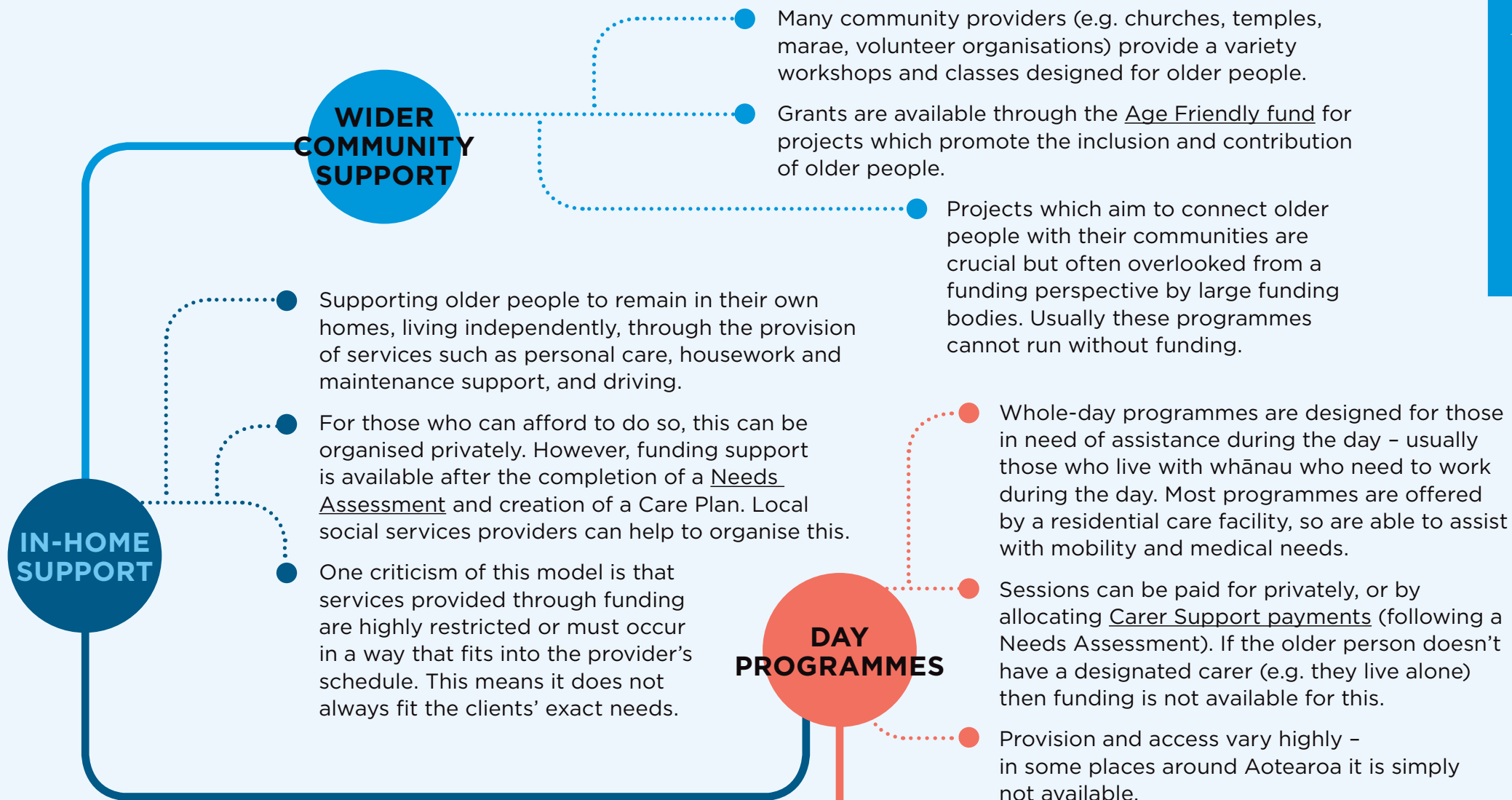
Continuing to work could also be difficult due to ageist assumptions within workplaces about older people's capabilities and skills, including not being put forward for further training or not being hired for a new role. Accessing private training may also be difficult as eligibility for student allowances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

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

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

The Aged Care Continuum

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



RETIREMENT VILLAGE LIVING

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

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

Often a lifestyle decision as opposed to a medical decision.

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

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

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

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

RESPIRE CARE

SUPPORTED LIVING

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

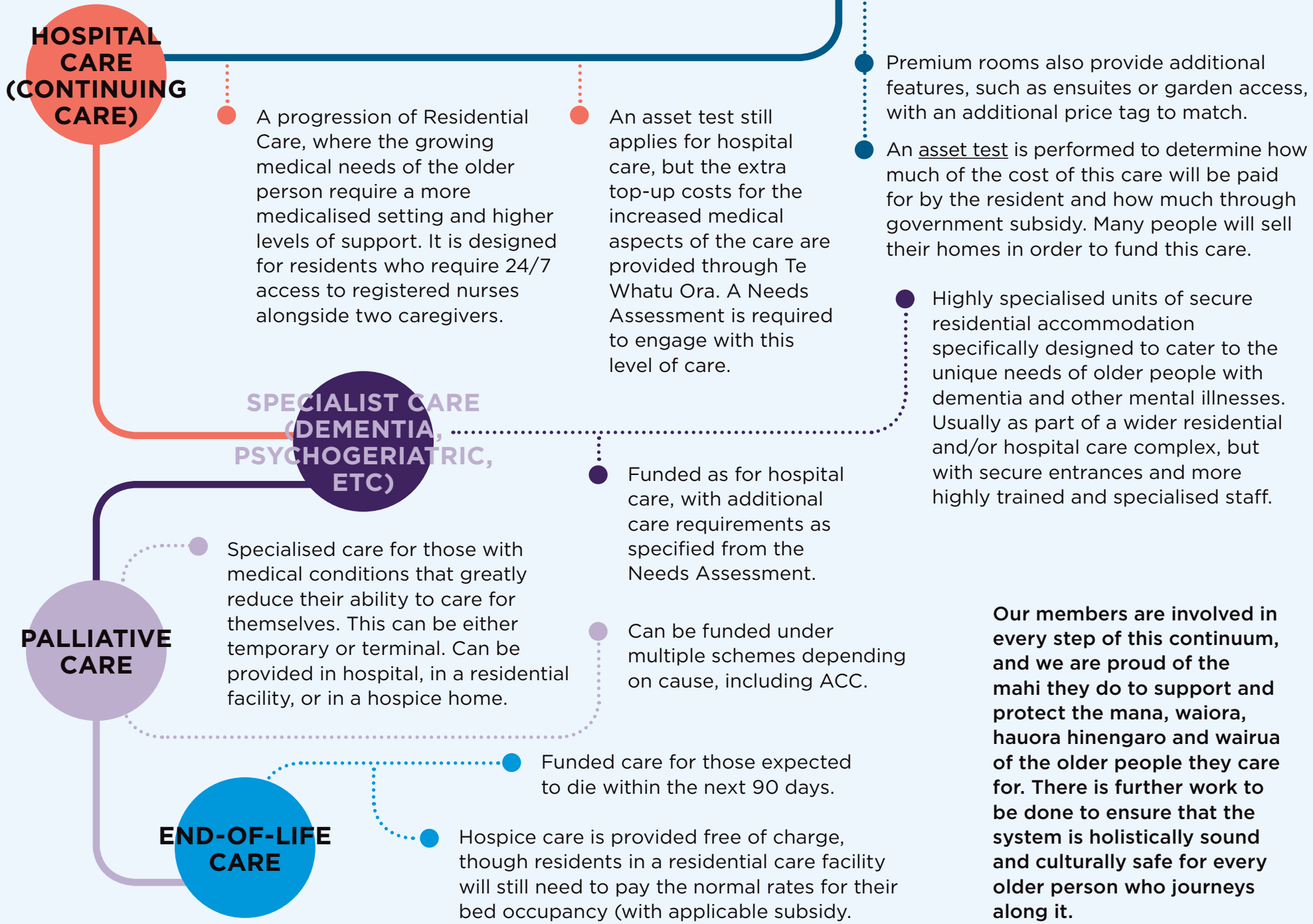
Usually funded through the transfer of occupancy rights from retirement village living, with additional costs surrounding the provision of additional services. People not previously in a retirement village would need to purchase an ORA, so this option is another one not available to those without their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

RESIDENTIAL CARE

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

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

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



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

Older People and Whānau

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

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

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

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

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

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

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

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

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

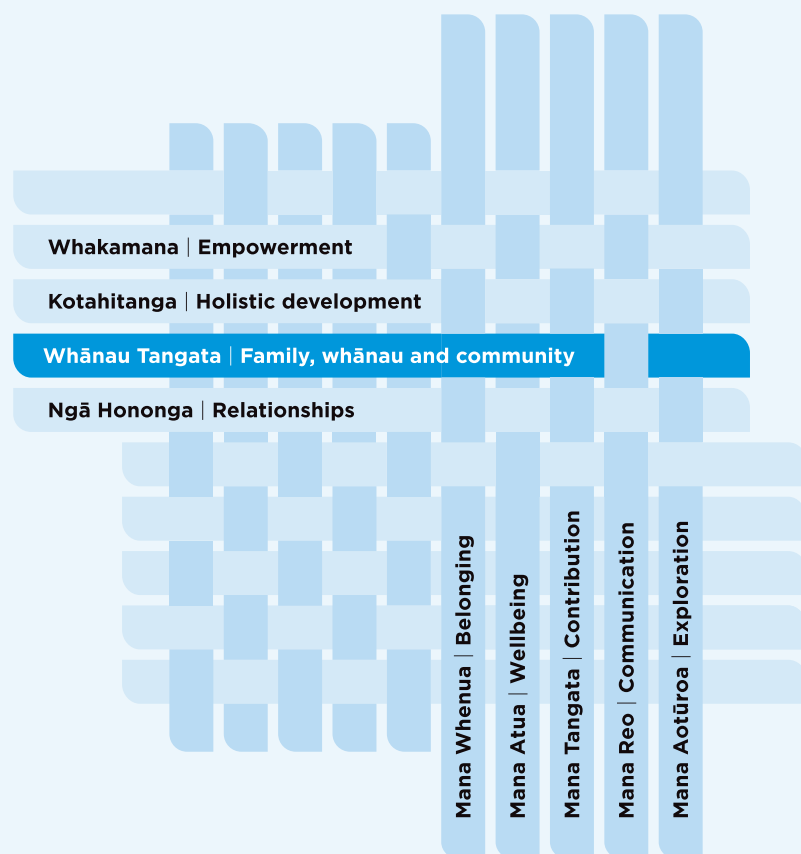


However, not all experiences within families are positive and some older people may face difficulties within their family dynamics, including neglect, abuse, isolation, or strained relationships. In some cases, cultural or generational gaps may lead to misunderstandings and conflicts between family members.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

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

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

Weaving in the strands



Mana Whenua | Belonging

A sense of connection to where you are

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

Mana Atua | Wellbeing

Spiritual, physical and mental wellbeing

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

Mana Tangata | Contribution

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

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

Mana Reo | Communication

Understanding others and being understood

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

Mana Aotūroa | Exploration

Continuously learning to discover new possibilities

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