

EMBARGOED UNTIL MONDAY 24 AUGUST 2009

Enhancing Wellbeing in an Ageing Society: 65 – 84 year old New Zealanders in 2007,

Koopman-Boyden, P. and Waldegrave, C. (eds)

Authors: Ben Amey, Michael Cameron, Peter King, Peggy Koopman-Boyden, Ian Pool, Suzan van der Pas and Charles Waldegrave

Enhancing Wellbeing in an Ageing Society (EWAS) Research Programme Directors: Richard Bedford and Charles Waldegrave

The Family Centre Social Policy Research Centre, Lower Hutt, Wellington and the Population Study Centre, University of Waikato, Hamilton

Official Launch hosted by the Retirement Commission 24 August 2009

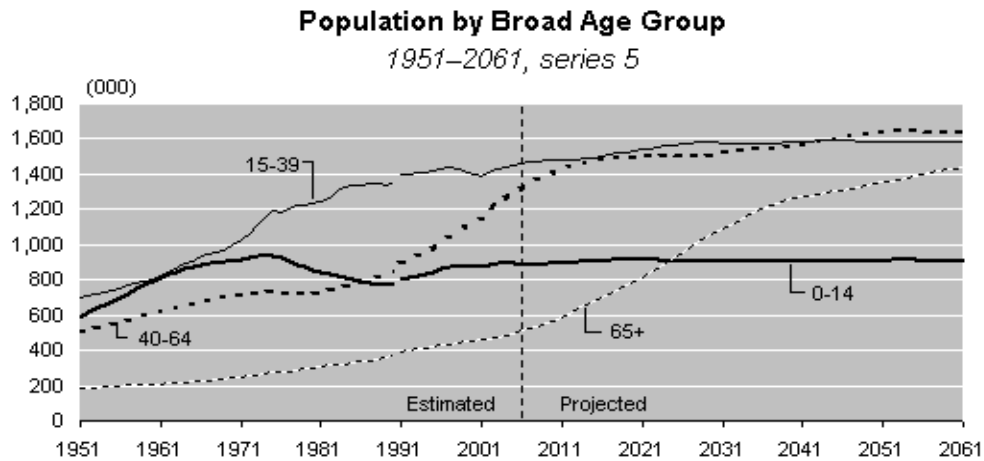
Background

The 20th and 21st centuries have brought the new phenomenon of ‘ageing societies’, where the number of middle-aged and older people is rising, and the median age of the population is climbing. By 2005 the median age of the population in the United Kingdom, France and Canada had climbed to 39, and in countries like Germany and Japan it was higher, at 42 and 43 years respectively (United Nations Population Division 2007). In New Zealand, the median age of the population at the 2006 Census was 35.9 years, compared with 33.0 years in 1996 (Statistics New Zealand 2006).

Ageing is a critical driver of the demographic changes taking place in New Zealand over the next decades. From 2011, the post-war baby boomers begin to move into the 65+ age group in large numbers. Projections from Statistics New Zealand (middle series) indicate that 100,000 people aged 65+ will be added to the population every 5 years from 2011 to 2036.

The largest increase is expected to take place in the decade 2021 to 2031, when an extra 276,000 people are projected to move into this older age group (Statistics New Zealand 2005, 2007a). Such demographic changes are illustrated in Figure 1, where the sharp increase in the 40-64 year-olds and the 65+ year-olds contrasts with the modest downturn in the younger age groups (0-14 years and 15-39 years). The median age of New Zealanders will also rise from 36 years at present to 46 years in 2051, and the percentage of those aged 65+ will increase from 12 percent to 26 percent in 2051.

Figure 1:
Population by Broad Age Group



Source: National Population Projections: 2006 (base) – 2061, Statistics New Zealand (2007)

The projected demographic shift is not simply due to post-war fertility rates. It is also affected by people living longer than in previous decades. Life expectancy at birth in New Zealand for women is 82 years and for men 78 years. This represents an increase of 7 years for men and 5 years for women since the mid 1980s (Ministry of Social Development 2008).

This fundamental shift in the demographic structure of New Zealand's population provides new challenges. As with the other post-industrial states, the changes impact substantially on, for example, the provision of healthcare, the shape and scope of welfare, the composition of the labour market and the rights and self determination of older people. The combination of these challenges is increasingly seen as one of the main issues of the 21st century that will require considerable changes of expectation and careful planning. The demographic shifts that are creating a substantially growing elderly population can be viewed alongside climate change as one of this century's most pressing issues.

Focus of this research

The central focus of the research reported here was to investigate the level of wellbeing of older people, and the determinants of that wellbeing. As well, the research investigated possible ways of improving the wellbeing of older people, through providing robust evidence from a substantial national random sample of older New Zealanders. The results can be used by older people themselves, service providers and policy makers; hence the title of the research programme: Enhancing Wellbeing in an Ageing Society (EWAS).

The theoretical background and conceptualisation of *wellbeing* for this research programme has been located within the extensive literature on the subject. It combines a subjective sense of satisfaction with the capability to access resources and to do something with them (see Chapter 2). Thus, wellbeing in this research involves people both experiencing a sense of satisfaction with life, and acquiring appropriate capabilities to achieve a good quality of life. This conceptualisation is consistent with current developments across disciplines and with the views of stakeholder groups questioned at the beginning of the research programme. Such a broad

conceptualisation of wellbeing is necessary to take into account the social context in which wellbeing is achieved.

The ten “domains” of wellbeing in the Ministry of Development’s Social Report were chosen as the basis for the collection of both subjective and objective data on wellbeing, although the content and some titles were slightly modified (see Chapter 3). The Ministry, for example, does not seek information on subjective feelings of satisfaction (with the exception of satisfaction with work/life balance and with leisure and recreation), nor participation in religion and the importance of faith. Nevertheless the ten broad domains of the Ministry’s annual Social Reports have been used to structure this monograph under the following domain areas. It will be noted that although religion is not included as one of the domains in the Social Report, in this research it has been found to be important.

- Health
- Education
- Work and Retirement
- Economic Standard of Living
- Rights and Entitlements
- Leisure and Recreation
- Living Arrangements
- Safety
- Social Connectedness
- Culture and Religion.

These ten domains provide a broad coverage of the capabilities, needs and subjective areas of satisfaction that is consistent with the theoretical approach adopted in this research.

Key results

From the survey of 1,680 people aged 65-84 years in 2007, the results suggest that most feel satisfied with their life (87.8%), and this high level of subjective wellbeing, is associated with the following social and economic indicators:

- Good health: mental and physical
- A higher personal income
- Living with a partner or with others
- Home ownership
- Participation in leisure and recreational activities
- Participation in community organisations
- Access to amenities like shops and public transport
- Not having long periods outside the workforce during their working lives
- Not being forced into retirement
- Not going without essential items and services
- Considering religious faith to be important
- An expectation that their rights and entitlements to financial security, family support and access to health and residential care will be fulfilled.

Thus, from the perspective of feeling satisfied with life, having a good income, being healthy, being able to access amenities like shops and public transport and owning your own home were important. Likewise, involvement in community organisations and leisure and recreational activities, along with a positive expectation of financial, family and healthcare security and a view of the importance of faith were all associated positively with life satisfaction. The negative

experience of being forced into retirement, having long periods outside the workforce and going without essential items and services all detracted from life satisfaction.

Men reported a significantly greater sense of wellbeing than women. People who were married or lived with a partner reported a greater sense of wellbeing than people living alone. It is likely that the higher levels of wellbeing for men were because they tended to die earlier than women, while still living in a marriage or partnership. The greater longevity of women meant that they were more likely to be widowed.

There were a number of other significant relationships across different domains. Health status, education and income levels were all positively associated with participation in leisure and recreational activities. Participation in community organisations was also significantly associated with health status, education and income levels. Satisfaction with social contacts was positively associated with health status but negatively associated with educational level.

Personal income and wealth (excluding the family home) were both significantly associated with gender, age, and education. Men had more income and wealth than women, the younger elderly had more income and wealth than older elderly, and the more educated had more income and wealth than the less educated. Income was also significantly associated with marital status, with personal income highest for those married or living in a partnership. They were also the least likely to report having no assets other than the family home.

Physical health status was positively associated with perception of safety in the neighbourhood at night, whereas personal income was negatively associated. Social and emotional loneliness were inversely related to feelings of safety in the neighbourhood. Overall, loneliness was inversely associated with respondents' perception of their rights and entitlement to financial security, healthcare, residential care and support from their families.

Significant differences were found for Māori and non-Māori for both marital status and household type, with Māori having around half the proportion of married or partnered people of non-Māori. This is probably affected to some extent by shorter Maori life expectancy, which means Māori women are more likely to have lost their partner than non-Maori women. Significantly more Māori rented rather than owned houses and they had significantly lower perceptions of how well their income met their everyday needs. They considered their faith to be significantly more important to them than did non-Māori. These findings need to be treated cautiously, though, because of the small numbers surveyed, and the small proportion of Māori in the 65 plus population.

Over three quarters of all respondents considered their faith to be extremely or reasonably important to them, and this was significantly associated with the objective variable of religious practice. Women considered faith to be significantly more important than men.

Some key areas with policy implications

All of the above significant relationships have policy implications. A few are highlighted here:

Age - Although age did not demonstrate a significant relationship with overall wellbeing, significant relationships were found between lower age and higher incomes, health, greater asset wealth, higher participation in leisure and recreation and internet usage.

Policy will need to increasingly take into account this diversity among older people, and recognise that, for the 65 plus group, there is a considerable range of capabilities and needs.

Gender – Many of the gender differences in results for this age-group (65-84 year-olds) are probably associated with the more traditional breadwinning role and lower life expectancy of men. Women had significantly more social contacts than men, and were slightly more involved in community organisations.

Policy at the government and community level should ensure that older people, regardless of gender, have easy access to transport, community organisations, and well resourced home based services. Such a strategy would also ensure that women have other means of social support when (and if) they later live by themselves. It is also important that policy settings ensure that women, who have lower incomes than men and yet live longer than them, are not precluded from playing a full part in society when they age.

Marital Status/Living Arrangements – Marital status was a significant indicator of overall wellbeing. Men, and those who were married or in a partnership, had significantly higher incomes, significantly greater asset wealth and participated in significantly more leisure and recreational activities. Because of their greater longevity, women were more likely to be widowed than men and conversely men were also more likely to be living in a relationship than women.

Policy could encourage different housing arrangements that increase neighbourhood and community contact. These could range from units with shared facilities to housing development planning that enhances neighbourhood contact. Such living arrangements could also allow for greater community participation.

Ageing in Place - Policy makers could well take note of the responses to a number of specific questions regarding the future expectations of the respondents, who were asked: “*What would you say are the most important things that would enable you to continue to live in your own home as you grow older?*”

The responses showed that almost all of the older people (97.5%) could identify what would enable them remain in their own home. The most important aspects to allow them to “age in-place” included (in order of importance):

- their own or their spouse’s good health
- having family and friends close by
- living in a desirable neighbourhood
- having easy access to transport
- reasonable rent or maintenance.

These recommendations from the older people themselves are pertinent to policy makers at central government and local body levels.

Economic Living Standard – Although this study showed few older people live in severe poverty, the clustering of older people’s households between the internationally accepted low income thresholds of 50 and 60 percent of median household income, should be of concern to policy makers. This is occurring with an age group that has very high home ownership rates. The lower rates of home ownership (and consequent higher housing costs) of the younger age group of ‘baby-boomers’ behind them, combined with the clustering of most incomes between the two internationally recognised poverty thresholds, suggests that the poverty levels are likely to grow in future decades. For this reason it is vitally important to sustain the relative level of New

Zealand Superannuation in future years. Furthermore, given the minimal rent protection for low income households in New Zealand compared with other countries, policies that reverse the trend of declining home ownership for younger people will contribute to better living standards for them as they age.

Leisure, Recreation, and Participation in Community Organisations – The results of this study indicate that older people experience greater levels of wellbeing when they are able to pursue their interests, participate with others and have access to a range of activities beyond their home. With the greater emphasis on continuing to live in one's neighbourhood, it is important that national and local policy makers ensure that older people have good access to transport and are able to participate in activities of their choice beyond their homes. Support for community organisations and voluntary associations that are frequented by older people (as participants, leaders or staff) also provide a valuable investment in their quality of life.

Cultural Groups – Although the numbers of Māori over 65 years are currently small and the numbers of other cultural and ethnic groups are even smaller, demographic projections indicate these younger populations will increase in future years, and their life expectancy is increasing. It is important that policies ensure that essential services support their cultural needs and ways of doing things. Furthermore, their activities beyond the home will involve cultural components and practices that will be important for their sense of identity and wellbeing. These will require the same sort of support as the activities of the rest of the population. Policies will need to fully recognise the range of cultural diversity emerging in New Zealand and protect against disparities that that support and recognise only mainstream activities.

Religion -The results demonstrated a high level of involvement by older people in faith and religious activities. Where people choose to be involved in religious activities, as a large majority of older people do, it has been shown to be associated with a greater sense of wellbeing. However, this is not reflected in official Government policy for older people - the goals and objectives of the New Zealand Positive Ageing Strategy do not refer to faith or spirituality, implying by omission that such activities have little relevance for the quality of life and wellbeing of older people. If researchers and policy makers are genuinely interested in wellbeing as older people experience it, then greater consideration in future research and policy making should be accorded to this area. This is not to suggest the state should be promoting a form of religion, but policy should assist people to participate. Transport, for example, becomes more difficult with increasing ill-health and frailty, and can make attendance at services difficult.

Future publications

In further publications, the research programme intends to consider ways in which 65-84 year-olds can improve their wellbeing in older years. Forthcoming findings from the MidLife sample (40-64 year-olds) will also be compared with the current study of 65-84 year olds and the policy implications considered as a means to enhance wellbeing in an ageing society.