KAUMĀTUATANGA

THE NEEDS AND WELLBEING OF OLDER MĀORI

Te Pou Matakana
COMMISSIONING AGENCY

Kaumātuatanga
The Needs and Wellbeing of Older Māori

Dr Tanya Allport
Georgina Martin
Haze White

Wai-Research
Te Whānau o Waipareira Trust.

CONTENTS

MIHI

Mā te rongo ka mōhio	Through perception comes awareness
Mā te mōhio ka mārama	Through awareness comes understanding
Mā te mārama ka mātau	Through understanding comes knowledge
Mā te mātau ka ora	Through knowledge comes wellbeing

E ngā mana, e ngā reo, e ngā karangatanga maha, tēnā rā koutou katoa.

E ngā mate o te wā, koutou kua takahi i te ara o te hunga hokinga kore ki muri, okioki mai rā koutou, kei te kāhui pō kau.

Hoki rawa mai ki te pito ora, ka mātua rere ngā mihi ki ngā ringa hāpai i te kaupapa o Whānau Ora, otirā, ki a koutou e whakapau kaha nei mō ō tātou kaumātua te painga. E tika ana kia wānangahia te taha ki tēnei kāhui e tūhuratia ai he māramatanga whai take ki a rātou.

Ka rere hoki ngā mihi ki a koutou katoa kei ngā tini hapori, kei ngā tini marae o te motu, i whai wāhi mai ki tēnei rangahau. Nā koutou i tuku mai ā koutou kura kōrero, ā koutou kura āwhina anō, me te aha, kua rangatira tēnei kaupapa i a koutou, nei rā te aumihi te rere atu nei.

Huri, huri, tēnā koutou, tēnā koutou, kia ora huihui mai tātou katoa.

EXECUTIVE SUMMARY

The kaumātuatanga study was commissioned by Te Pou Matakana (TPM) with a view to work towards understanding what an ageing population means in the context of Whānau Ora approaches. The study was therefore designed to provide a snapshot of kaumātua needs and service use within the TPM commissioning area. The research was also designed to get an indication of what providers are currently offering to kaumātua within their rohe.

This research seeks to answer the following questions:

1. What are the main needs and issues of kaumātua living in the North Island?

2. What are the main supports currently utilised by kaumātua living in the North Island?

3. What are the gaps that exist for kaumātua in regards to having their needs met?

The methods applied to this research were:

Stage one: An initial literature review which informed the design of the scoping[1]. Key findings of this review were:

- The context of wide-ranging health disparities experienced by kaumātua;

- The importance of language and culture to kaumātua wellbeing;

- The consideration of "ageing in place";

- The identification of comparable ageing trends for indigenous populations globally; and

- The insufficient amount of evidence that has been produced around specific and localised needs of kaumātua.

Stage two: A digitally based survey of North Island Whānau Ora providers to scope what services are currently being provided specifically to kaumātua, and assess existing service gaps and barriers. From the invitations to participate in this survey, 66 completed responses were analysed with some of the following results:

- 69.7% currently provided specific services/support to kaumātua (55+).

- The majority of these services were funded through "Whānau Ora funding". Informal discussions with providers suggests that Whānau Ora funding was utilised for services, rather than being formally contracted as such.

- The biggest gaps in current services were inadequate funding, lack of kaumātua specific services and contract constraints.

- The majority of kaumātua services offered outside the Whānau Ora providers did not incorporate Māori specific components or supports to kaumātua.

Stage three: Qualitative, semi-structured one-on-one interviews and a focus group were undertaken with kaumātua, as well as unstructured interviews with some North Island Whānau Ora providers. Regions included in the third stage of data collection were: Northland; Auckland; Bay of Plenty; Central North Island; and the East Coast. Findings from the third stage of data collection highlighted regional diversity, yet also considered the commonalities that came through across all interviewed participants as findings of Rangatiratanga, Whānau and Manaakitanga.

Vulnerabilities for kaumātua revolved around housing, transport, access to services, mental health, loneliness and isolation, and grandparents raising grandchildren without support.

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1   Sarah Wood, 'Kaumātuatanga – Māori and Ageing in New Zealand', Wai Research, 2017.

Key insights from the third stage of data collection point towards three broad areas, which set a foundation for future planning and development of kaumātua service provision. These areas centre around:

- **Whakawhitiwhiti –** Communication: Normalising the discourse around Māori ageing

- **Whakakotahitanga –** Partnership: Cross-sectoral engagement

- **Whakahangahanga –** Strategies: Co-designed approaches from the ground up

A range of opportunities for action can be specified from these three broad areas:

OPPORTUNITIES	ACTION	OUTCOMES
Development of Cross-sectorial Partnerships for Kaumātua Wellbeing	Iwi, hapū, Government, Providers, NGOs and funders work together to enable multi-sectorial strategies	A holistic strategy to address kaumātua needs that runs across all involved stakeholders and sectors
Approaches are Co-designed with Kaumātua and Whānau	Strategies and planning occur "from the ground up", according to community, iwi or hapū contexts and taking into account diversity of needs and leadership	Strategies are aligned with the needs and aspirations of kaumātua and are reflective of diverse communities
Development of Kaupapa Māori Kaumātua Service Approaches	Approaches are cognisant of and aligned with the "cultural continuum" of kaumātua experiences	Services are targeted to the cultural realities of kaumātua, regardless of how immersed or experienced they are in Te Ao Māori
Long-term Outcomes Approaches	Ageing is considered across multiple life stages and involving the whole whānau, and is addressed at every stage with outcomes based approaches	Strategies for ageing Māori are inclusive of the different life stages, and take into account the diversities that are experienced in different age-brackets. Approaches are measuring what matters to kaumātua and providers are working towards these outcomes
Integrated Funding and Commissioning	Government works with stakeholders to partner on funding provision and approaches, thereby ensuring commitment to long-term and partnered funding strategies	The strategy is supported by funding mechanisms which are committed to ensuring kaumātua wellbeing

INTRODUCTION

Aotearoa is undergoing an unprecedented demographic shift, where the coming decades will be marked by a vast expansion of our ageing population. In 2021, one in eight Māori will be sixty-five years plus (as opposed to one in thirty-three in 2001)[2]. This report was born out of the need to understand what this shift means for the wellbeing of kaumātua, and what Te Pou Matakana (TPM) – in its role as the North Island Commissioning Agency – needs to consider for future policy and planning within the Whānau Ora context.

While kaumātua are a central, inextricable part of the Whānau Ora approach that is championed by TPM and its provider partners within the North Island, there is a dearth of evidence that identifies the needs of the diverse kaumātua population, or that has recorded kaumātua voices around their experiences – their challenges and triumphs, their aspirations and fears for the future. There is also little real evidence of what type of services are being utilised by kaumātua within the Whānau Ora provisions, or where the gaps are for providers wanting to meet kaumātua needs.

The kaumātuatanga study was commissioned by TPM to answer some of those questions, to create a platform for discussion between the different stakeholders, with a view to work towards understanding what an ageing population means in the context of Whānau Ora approaches, TPM's commissioning priorities and advocacy foci and the practical implications for providers' services. Exploring the cultural, social, financial and environmental needs of older Māori is a first step to initiate much-needed kōrero on how to support kaumātua to live full and rewarding lives, consistent with their own expectations and realities.

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2   Tahu Kukutai, 'Elderly or Merely Older? Enhancing the Wellbeing of Older Māori in an Ageing Māori Population'. EWAS Working Paper Series, Working Paper 2. University of Waikato, 2006.

METHODOLOGY

This research was designed to answer the following questions:

1. **What are the main needs and issues of kaumātua living in the North Island?**

2. **What are the main supports currently utilised by kaumātua living in the North Island?**

3. **What are the gaps that exist for kaumātua in regards to having their needs met?**

The development of these research questions was initiated at an initial consultation between the researchers (Wai Research) and kaumātua during a research project stakeholder hui in Auckland at the end of 2016. The research approach was further directed by the undertaking of a literature review[3] on the topic of Māori ageing in New Zealand, which highlighted:

· The context of wide-ranging health disparities experienced by kaumātua;

· The importance of language and culture to kaumātua wellbeing;

· The consideration of "ageing in place";

· The identification of comparable ageing trends for indigenous populations globally; and

· The insufficient amount of evidence that has been produced around specific and localised needs of kaumātua.

To further inform and guide the shape of the methodology and the development of the research, a "Kaumātua Project Advisory Rōpū", made up of diverse kaumātua members of the West Auckland community, informed on aspects of the study including: recruitment approaches, communication approaches, survey and questionnaire development, analysis results and final report structure.

Alongside the emphasis on stakeholder engagement, the methodology has been shaped by Kaupapa Māori principles of research, in particular, Ngā Taumata Rangahau o Waipareira[4], which stipulates the following guidelines:

· **Tikanga Matatini:** The undertaking of research which reflects and supports the cultural realities of Māori communities. Māori custom and processes will be incorporated within the design of research methods, and will match the diverse cultural experiences and needs of Māori.

· **Whakamana te Tāngata:** Respect and support of research participants and the information they provide. Acknowledgement of their contribution and efforts.

· **Whakapakari Rangahau:** Building Māori research capacity and capability by supporting emerging researchers, and effective collaboration.

· **Tohatoha Mātauranga:** Active dissemination of research outcomes to ensure translatability of findings into better services.

External ethics approval for this project was not required, however research design incorporated ethics approval through the Waipareira Ethics Committee.

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3   Sarah Wood, *'Kaumātuatanga – Māori and Ageing in New Zealand',* Wai Research, 2017.
4   https://www.waipareira.com/insight-to-innovation-to-impact/wai-research/overview-principles-and-partnerships/

DATA SOURCES

To strengthen the validity of the research findings, the methodology focused on collecting multiple data sources both quantitative and qualitative.

An initial literature review informed the design of the scoping. This was followed by a digitally based survey of North Island Whānau Ora providers. A kaumātua survey designed by Wai Research was developed for distribution to the TPM provider partners, who were invited to participate in the survey. The survey was delivered online through Survey Monkey[5]. As a primary information gathering tool, the survey was used to get a better overview of the types of services offered by the providers to kaumātua in their region, and gauge provider awareness of services offered outside of their own services to kaumātua in their region. It also explored provider perspectives of the barriers and opportunities in delivering services to kaumātua. Te Pou Matakana currently has more than 70 Whānau Ora providers throughout the North Island that deliver health and social services to predominantly Māori clients, although certainly not exclusively Māori. However, not all Māori Health Providers are receiving Whānau Ora funding through TPM.

Qualitative, semi-structured one-on-one and focus group interviews were undertaken with several kaumātua, as well as unstructured interviews with some North Island Whānau Ora providers.

1. North Island Whānau Ora provider survey and interviews

66 completed surveys were received by the research team. The survey questions centred around the current specific kaumātua services that were offered by the providers, and/or those that the providers knew within their community. Questions were also asked regarding existing gaps within current service provision.

Furthermore, 6 informal interviews were held with providers, to extrapolate on the questions raised within the survey.

2. Kaumātua interviews and focus groups

The recruitment aim for the face-to-face interviews was to have representatives from each of the 6 main areas within the North Island, and to ensure a representative spread of rural, urban and small town communities. Further criteria for inclusion was that research participants were Māori, and aged 50 years upwards. To this end, 28 interviews, as well as one focus group with 11 participants, were held in the following areas:[6]

- Northland

- Auckland

- Bay of Plenty

- Central North Island

- East Coast

ANALYSIS

Interviews were recorded and transcribed, then thematically analysed by the research team. The interview findings were further triangulated with the other data sources, and then presented to the advisory rōpū for review, thereby ensuring relevant and robust conclusions.

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5   See Appendix One for Survey Questions
6   See Appendix Two for Interview Guide

LIMITATIONS OF THE RESEARCH

The timeframe for completion of the research (12 months) meant that there were restrictions in regards to how many interviews were being undertaken, hence there is scope for further research to vastly expand on the population sample. Furthermore, while the research scope had originally identified six areas within the North Island that should be covered for face-to-face interviews, only five of these areas were able to be coordinated for recruitment of kaumātua participation. It is envisaged that future research, which can be identified through these research results, will be able to pick up on these possible limitations.

BACKGROUND

Demographic dynamics, such as population change and structure, are fundamental drivers of social policy and planning. In New Zealand, increased longevity – coupled with decreasing fertility levels – will result in a substantial increase of older people over the next decade.[7] Predictions from Statistics New Zealand indicate that the number of people aged 85 years and older will more than triple (from about 83,000 in 2016, to between 270,000 and 320,000) in the next 30 years, while people 65 years and older will more than double (from about 700,000 to between 1.3 and 1.5 million) by 2046.[8]

While this change will affect all New Zealanders, the new ageing population will also be distinguished from previous ageing populations by being more diverse – ethnically, socially and culturally – and with diverse needs and situations. The changing makeup of families that is impacted by many demographic drivers and changes, will likely impact kaumātua in ways that challenge current perceptions of kaumātuatanga.[9] While historically for Māori the population has been younger in comparison to the total New Zealand population,[10] and while health disparities are still disproportionally affecting Māori longevity,[11] there will still be a considerable shift towards a burgeoning ageing Māori population across New Zealand. This means that by 2026 the Māori population of 65 years or older is predicted to increase by 115 percent.[12]

The impact of this shift will be significant across social, fiscal and cultural capacities, as the needs of this population are negotiated across the various platforms, and affecting "standard policy considerations such as retirement provisions, support services and transfers of wealth."[13] The implications around material disadvantage for Māori (as compared to non-Māori) are of vital significance, as older Māori experience the negative effects of compounded factors:

> 66 *Reliance on state assistance, lower levels of savings, and failing rates of home ownership are likely to constrain the future capacity of older Māori to transfer wealth across generations. The implications of this are sobering given that intergenerational transfers contribute significantly to individual wealth and tend to reinforce or amplify existing social cleavages.[14]* 99

The relationship between material disadvantage and wellbeing is a much considered topic, with increasing understanding around Māori models of wellbeing. To consider what optimal health and wellbeing looks like for an ageing Māori population, holistic and culturally relevant frameworks such as Te Whare Tapa Whā[15] frame ageing for Māori in a way that includes mental, physical, spiritual and whānau aspects. This means that planning for an increasingly ageing Māori population also needs to address collective whānau and wellbeing, as well as the sustainability of inter-generational relationships, to create strategies that address ageing Māori wellbeing on every level.

Although demographic research into population change has been highlighting population predictions, and more research around ageing and the aged is now being undertaken, there are still some considerable gaps around the "nexus of Māori ageing and wellbeing".[16] Based on early population predictions, Mason Durie called for more deliberate planning to find "Māori solutions" as early as 1999:

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7   Ministry of Health. *'Health of Older People Strategy – Consultation Draft'*, Ministry of Health, July 2016.
8   Statistics New Zealand, *'National Population Projections'*, Statistics New Zealand, March 2018, http://archive.stats.govt.nz/browse_for_stats/population/estimates_and_projections/NationalPopulationProjections_HOTP2016.aspx
9   Paul Spoonley, *Families and Whānau Past, Present and Future* – Presentation at SUPERU Evidence to Action Conference, 2018.
10   Kukutai, 2.
11   Ministry of Health, 8.
12   Ibid.
13   Kukutai, i.
14   Ibid, 2.
15   Mason Durie, 'Indigenizing Mental Health Services: New Zealand Experience', Transcultural Psychiatry; v.48, n.1-2, 2011.
16   Kukutai, 1.

> *Over the next fifty years demographic patterns will change, with substantial implication for service planning both in the area of Māori development and New Zealand's services for the elderly. Future generations of Māori elderly may be less able to depend on secure roles in Māori society and may have less opportunity to develop cultural identity. Unless their position is adequately considered, in advance, there is a danger that they will become a seriously disadvantaged and alienated group.[17]*

Research such as the Oranga Kaumātua Study,[18] and the longitudinal LILACS study (Te Puawaitanga O Nga Tapuwae Tonu – Life and Living in Advanced Age, a Cohort Study in New Zealand)[19] are among the research that has enabled increased understanding of Māori ageing. However, there are still significant evidence gaps of what is required for Māori to ensure wellbeing in older age[20], and in particular, how wellbeing and ageing experiences are defined across the diversity of Māori lives. Efforts have been made in some regions by Māori providers to either undertake their own research or support research in the District Health Board space, however there has been little evidence to suggest that information has resulted in specific approaches as a result of the research.[21]

The consideration of diversity is particularly important in regards to research now, as previous research into the health and social needs of Māori has often focused on describing kaumātua as an ethnically and culturally homogenous group, which does not take into account differences across the urban and rural spectrum, or the differing iwi, hapū and whānau contexts. When looking at Māori and ageing, definitions of what it means to be kaumātua raises "inevitable assumptions about cultural capacity, access to whānau and marae, as well as the desire and capability to fulfil a variety of traditional roles".[22] However, large numbers of Māori over the age of sixty-five now live within urban settings, and many have spent their entire lives away from traditional institutions, tribal areas, and marae. Though evidence suggests this group will still strongly identify as Māori, their expectations of what it means to be a kaumātua may be inconsistent with what convention might dictate or how society might view them. Assumptions about what "being a kaumātua" may mean are being challenged by research that is highlighting significant diversity among Māori.[23] Planning for this diversity means taking into account the need for new approaches that are able to re-think and re-define assumptions around Māori and ageing:

> *New roles for kaumātua will become as important as new approaches to economic self-sufficiency and tribal development plans take into account changing demographic patterns.[24]*

The idea of economic self-sufficiency for Māori is a key aspiration when looking at planning for ageing, where predicted pressure on provider services is marked not just by the sheer number of increasing Māori elderly, but also on the predicted economic consequences of being part of a generation disproportionally affected by Government determined economic disparities.[25]

Considerations around Māori and ageing are now at a stage where research, policy and public discourse are contributing towards possibilities for a future where Māori can advance into old age, supported and understood within the larger contexts in which they live. While it is perhaps easy to focus on the negative issues around ageing, the emphasis needs to be on the positive impacts of the increase in older Māori – impacts which are likely to affect whānau, hapū and iwi in unique, and potentially empowering, ways. Durie reminds us that planning for an ageing Māori population is also an opportunity to look at the "wider philosophy in which state provision

17   Mason H. Durie, *'Kaumātuatanga Reciprocity: Māori Elderly and Whānau'*, New Zealand Journal of Psychology, v.28, no.2, December 1999, pp.102.
18   John Waldon, *'Oranga Kaumātua: Perceptions of Health in Older Māori People'*, Social Policy Journal Of New Zealand Te Puna Whakaaro, no.23, December 2004.
19   Karen J. Hayman et al, *'Life and living in advanced aged: a cohort study in New Zealand. Te Puāwaitanga o Nga Tapuwae Kia Ora Tonu, LiLACS NZ: Study protocol'.* BMC Geriatrics, v.12, no.33, 2012.
20   Kukutai, 1.
21   Research done by Te Rarawa and also Ngāti Hine and Kia Ora Ngāti Wai in conjunction with Northland DHB
22   Durie, 103.
23   Tahu Kukutai, *'The Problem of defining an ethnic group for public policy: Who is Māori and why does it matter?',* Social Policy Journal of New Zealand, no.23, 2004, pp.86-108.
24   Durie, 105.
25   Kukutai, 10.

and state responsibility are shrinking while the call for tino rangatiratanga – Māori control of Māori resources – is increasing."[26] Kukutai also describes the aspiring prospects for an ageing Māori population, such as "the potential for the sharing of cultural responsibilities in communities where kaumātua have been in short supply,"[27] and the possibility of re-shaping policy discourse to include the potential of older people to contribute to family and community wellbeing.

26   Durie, 105.
27   Kukutai, 10.

PROVIDER RESULTS

SURVEY RESULTS

The survey for this project was aimed at ascertaining from TPM partner providers their current kaumātua specific programmes, as well as getting an idea of existing service gaps and barriers. From the invitations to participate in this survey, 66 completed responses were analysed with the following results:

- **69.7%** **currently provided specific services/support to kaumātua.** The main type of support was described as "Whānau Ora services", followed by weekly or fortnightly day programmes, social groups, advocacy and housing.

- Providers indicated that the majority of these **services were funded** through "Whānau Ora funding". Informal discussions with providers suggests that Whānau Ora funding was utilised for services, rather than being formally contracted as such.

- Respondents indicated that **54.05%** of these **services had been evaluated** and **24.32%** said they didn't know if they were evaluated. No evaluation reports were viewed in the course of discussions, to determine outcomes or verify this aspect.

- **53.85%** of respondents knew of other **kaumātua specific services within their region**, with the main service being health services such as doctors, nurses, pharmacies and also Age Concern.

- Providers indicated that the **biggest gaps in current services** were inadequate funding, lack of kaumātua specific services and contract constraints.

- In a similar vein, providers indicated that the **biggest barriers to providing services** for kaumātua were a lack of kaumātua specific contracts and funding.

- The majority of kaumātua services offered outside the Whānau Ora providers did not **incorporate Māori specific components** to support kaumātua.

PROVIDER DISCUSSIONS

The opportunity to have discussions with some of the Māori Health Providers identified the following anecdotal information about kaumātua services:

- Māori providers were cognisant of their local kaumātua needs.

- In some instances, comprehensive surveys and research had been undertaken, but with little or no resulting resources to grow initiatives.[28]

- Generally, there are no comprehensively funded kaumātua services. One provider identified only one District Health Board (DHB) contract that funded a support service they provided for kaumātua.

- Health and social service contracts remain siloed.

- Home support contracts give some service to kaumātua in need.

- Whānau Ora funding was utilised to provide "health and wellbeing" type initiatives but there is a need for more. Provider information shows a picture of kaumātuatanga services framed in terms of existing medical, home help, and incidental support such as transport assistance, exercise classes and home visits associated with specific health conditions.

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28   Te Rarawa. Also Ngāti Hine and Kia ora Ngāti Wai in conjunction with Northland DHB

- Transport was viewed as a big challenge.

- Grandparents raising grandchildren (GRG) – Providers have noted increasing number of grandparents caring for mokopuna who have parents in rehabilitation within their programmes. There are many challenges associated with working with GRG in areas of support, preparedness to provide care, addressing poverty and building strong foundations for those tamāriki.

- Kaumātua rōpū provide cultural and social contexts for kaumātua. Whānau Ora has provided a vehicle to provide wellbeing services for kaumātua in the absence of specific contracts.

- In the urban context, where a wide range of Māori providers exist across the region, some have formed a network represented by a mix of iwi, pan-tribal and Non-Government Organisations (NGOs). In addition, other Māori providers who are not part of the Whānau Ora network, access kaumātua through contracts outside TPM. One iwi has also moved to provide medical insurance for their registered whānau, highlighting a range of options for kaumātua to address their needs.

KAUMĀTUA INTERVIEWS

Northland

Northland is geographically disparate. When considering Northland as a whole, it is important to consider that there are differences across the region which are acknowledged and create historic boundaries across three wide geographical areas (notwithstanding iwi boundaries). These areas are the Far North (Cape Reinga to Mangamuka including the North and South Hokianga communities), Mid-North (Mangamuka to include Okaihau, Kaikohe, Kawakawa, Kerikeri and Bay of Islands) and Whangarei/North Kaipara (South to the Brynderwyn ranges). Northland involves many small remote communities, and a network of metalled and lesser grade tar sealed roads once travellers leave State Highway One, particularly in the West, North and rural East.

151,692 people were "usually resident" in Northland at the time of the Census 2013. From age 50 years up, there were increases in populations in each 5-year age band, the largest being for Māori over 80 years of age (based on an existing small numbers base). Whilst 29.6% of the Northland population identified as Māori – similar to the 29.3% in 2006, Māori made up only 14% of the Northland population over 80 years of age.[29]

All of those interviewed throughout the North had their own homes apart from the youngest, who rented. Some of those homes were on whānau land.

Things that contributed most to wellbeing

- Location near or on whānau lands

- Involvement with whānau and whānau support

- Thinking positively

- Taking a holistic view of health

- Maintaining cultural practices

- Social linkages

- Keeping active

- Keeping mobile

- Maintaining good health

- Access to services

Concerns about ageing

- Some participants felt that thinking about and planning for ageing raised anxiety and was not conducive to maintaining a positive mind-set

- Keeping mobility

- Ability to stay in their homes

- Managing tasks around their homes over time

- Loneliness

- Mental health issues

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29   Clair Mills. *'Highlights from Census 2013: Northland Data'*, Northland District Health Board, 2014.

- Access to affordable dental care, optometry and podiatry

- Transport maintenance and lack of transport options when unable to drive

- Grandparents raising grandchildren (GRG) and caring for others

- Not wanting to burden whānau

- Impacts of drugs and alcohol in the community

Range of support services

- Hokianga Health and outreach clinics

- Switzer Rest Home Kaitaia

- Marae

- Whānau

- Yoga – Kohukohu (but long way to travel)

- Bowls – Kohukohu (but long way to travel)

- Local kaumātua groups

- Ngawha springs

- WINZ/Dentist – found through WINZ

- Helping others

- Hospital/DHB

- Te Hiku Hauora

- GP

- Māori provider services

- Gardening initiative – Te Rarawa

- The Haven – Palliative care Unit, Kaitaia Hospital

- Podiatrist through Whangaroa Health Services or Kerikeri Medical Centre – fee for service

- Tai Tokerau Pastoral Council

- Church

- Marae – Komiti Wāhine

- Garden club, which is the whole lot of Whangaroa County.

- Bowling club – Kaeo

- Kia Ora Ngāti Wai

- Tōhunga

Future planning, aspirations and key themes

• **Planning**

When asked about planning for the future, the most likely planning that kaumātua talked about was a will. Some had set up trusts over their family home. Thinking about ageing was sometimes avoided and thought of as negative.

• **End-place**

Consideration of an "end place" tended to focus on their own homes or whānau lands. Overwhelmingly, the respondents had a preference to stay in their own homes as long as possible, hopefully with the assistance of whānau or someone to live-in to assist on a daily basis. Most participants however had not had these discussions with whānau, or considered this in the context of a time when they were highly dependent on others.

• **Whānau Support**

Whānau were predominantly viewed as the main bastion of support, either on a day-to-day basis or in the future. There was a competing reluctance on the part of kaumātua to be a burden and they were also concerned about whānau in the future, or the additional demands and expectations that whānau might put on them. Furthermore, there was often little evidence that kaumātua had discussed their views or wishes with immediate or extended whānau.

• **Residential Facilities**

When prompted about ideas for future facilities, whānau were open to the idea of residential facilities but the expectation was that they should reflect the communities where they were located, e.g. papakāinga, or group housing co-designed with community, and mainly as a second option to staying at home. The importance of care-giver respite and accommodation was also proposed, albeit on a small scale to support the size of the facility or the demands of the community particularly in remote areas. Finding appropriate land and engaging with communities were important factors. Retirement villages, whilst attractive, were seen as out of reach financially. It was noted, that four iwi who had settled their Treaty of Waitangi plans in the Far North, had commenced planning for kaumātua and were interested in moving forward.

• **Transport**

In outlying areas, a lack of public transport infrastructure means a total reliance on personal resources for transport. Being unable to drive is a significant barrier to access services. In the urban centres of the Far North and Mid North there are some better options, e.g. local bus or taxi. Without living directly in those centres and being able to walk or have a car, transport options are still limited. Transport for those with disabilities is a significant challenge. Some made suggestions, such as sharing the cost of a community van.

• **Dental Care, Optometry and Podiatry**

Amongst those interviewed, the range of additional health services required over and above GP services or local hospital care, tended to be dental care, optometry and podiatry. This included not just emergency approaches to dental care, but dental hygiene and dental treatments with a view that this was also about maintaining dignity in old age. Optometry and podiatry access remain limited and for many, requires travel over long distances.

• **Quality Holistic Health**

Aspirations of those interviewed also reflected the need for a holistic approach. Having quality of life means a future where cultural practices and whānau are recognised, use of rongoā and tohunga are incorporated in care, and health professionals understand and can work with whānau to integrate care. A range of kaumātua friendly facilities to help them keep well e.g. warm pool, gym to address not only physical health, but social interaction, improvements in mental wellbeing and wairua. In one case, this included choosing when to die when terminally ill. Kaumātua have knowledge to share and would like opportunities to do so with the younger generation.

CASE STUDY

This case study paints a picture of haukāinga needs for ageing. It considers ageing through the lens of someone who draws on her experiences both personal and through her participation in marae and at hapū and iwi levels. This raises implications for the growing aged population of Māori and those considering returning to whenua and places of connection as their end place.

I think ageing and old age is about the roles, responsibilities and expectations that come with it for kaumātua – it's never about retirement or pensioning them off, they still have mahi to do. So while it's great and our old people are valued for the tireless work that they do, it can also be a burden in our small rural communities where there are few people and little support to play the marae roles. We have two haukāinga kaumātua only – both are sucking from their oxygen bottles throughout the day!

I'm a trustee of our whānau papakāinga, with three homes built for our older people. Most come home from Auckland and it's their end place where they originated from. Some of the hard things are the lack of facilities and services, even though it's not far from health services at Hauora Hokianga or the clinic. It's not a place you can walk or get a bus to anywhere, so they have to adjust to the access to services. One of our uncles returned after years of living away. Then he got sick and never wanted to go into a home. I was sad we couldn't provide something for him there. I'd offered for him to come and live with us. He said "I don't want to be humbug to anyone". He stayed there for as long as he could and eventually was cared for by Hauora Hokianga. In an ideal world our trust would have accommodation for a carer who would keep an eye on those people when needed to make sure they can get to the shops, appointments and make sure they're still having a good meal every day and looking after themselves. That's my dream for that papakāinga. I nursed my mum who lived next door and she was a person that would never have wanted to go to care. She had whānau around that were able to put things in place so she could stay in her own home to the end. My experience is old people don't want change at the end of their lives, and as little intervention as possible.

Myself, I've been widowed for six years and really want to remain here, with my happy memories and close whānau and to things I'm involved with. I don't want to go into care. I'd be looking for ways to ensure I could stay in my home but have any help I need. Perhaps eventually some help to care for this acre and a half, but I plan to do that right up to the end like my mum at 93. If I did have a health issue I would still want to be here, able to tap into help I needed. What I learnt talking to others about ageing was no one-size-fits-all and we need a wide range of accommodation options and services that can give our ageing whānau some real options. I heard recently where a kaumātua from one of our Te Rarawa hapū ended up in a rest home in Kerikeri, right out of his patch. I think in terms of planning for what we need at iwi, hapū level and whānau level, is having a range of accommodation. Some people like the idea of being in a collective situation because of things like the companionship, the whanaungatanga and feeling safe. A residential retirement type setup could work if designed from a hapū, whānau kind of perspective. We need community care homes in all of our small communities. There's also a need for people that want to stay in their homes, wrapping services around those people.

The other thing is caring for the carers. I know what it's like to care for an elderly person and it can be quite hard when you're trying to juggle work, other commitments, so, also include some training and support, some kind of respite care for both the carers and the person needing the care. It's still coming back to whānau making do with the best they can. But sometimes whānau don't have the facilities to look after their old people. More options would be available to whānau as carers if they could access assistance to modify their homes and improve safety – some of which is quite straight forward. A lot of our communities are really isolated, and for people that haven't got close whānau looking out for them, that communal thing could be really good. I'll always stay here and to me it's about whakapapa and just feeling really comfortable and at peace in the place that I'm familiar with, where memories of my tāne remain and knowing that all my tūpuna lived around here and worked and played around here. If you wrote on a piece of paper what the communities had to offer – wouldn't be a heck of a lot. I think it's 'what's going to be that peaceful end place'. I worry about people that don't know how to go about finding things and hunting out what you really need. If I got to that stage where I needed some live-in care I would find some amazing person that would come and live with me. There are positives for Māori ageing. Through my hapū connections I've got land if I lost this place. At a collective level, sharing alongside thousands of other whānau gives you comfort you won't be tipped out on the street – always somewhere to go.

I've noticed since I've been widowed, people see you're out and working but don't think to ask – do you need anything? It would be nice to be asked sometimes, not so much about mowing the lawns – it's about the loneliness, that's a big thing. I don't know what old age loneliness will feel like compared to widowed loneliness and I don't know if there's a difference. Thinking about our ageing population in our area, it's not just about accommodation – mental health is a really big issue. It's about the social interaction, being involved with your environment and the value that can give to your mental and physical wellbeing and your cultural wellbeing. So, yeah, all those four pou wellbeing. With my iwi trustee hat on, that concept of four pou has been entrenched in all our planning but we lack capacity practically – the manpower to implement a lot of the ideas, so sometimes those things are just ending up as policies and strategies. It's got to happen otherwise we're doing nothing different really.

DISCUSSION

While public transport throughout the North is limited, in the Far North it is virtually non-existent. It is not surprising that through the Northland interviews, access to services is a significant issue.

Furthermore, settlement of Treaty of Waitangi claims in the Far North has seen – in addition to resourced Māori health and social service providers, the establishment of multi-iwi organisations planning more strategically for the Far North iwi of Te Rarawa, Ngāi Takoto, Te Aupōuri and Ngāti Kurī. Whilst the establishment of such organisations is a relatively recent factor, kaumātua planning is an inherent aspect, even though iwi face significant resource issues to implement plans due to limited workforce skills and capacity. The Far North therefore represents an area where collective iwi organisation has the potential to enhance future planning alongside current Māori providers and opportunities to think in a more integrated way about kaumātuatanga and ageing in the future. This raises the question of how new iwi organisations become included as part of the discussions about Whānau Ora alongside historical providers.

The case study shows that consideration needs to be given to the impact that the ageing cohort of Māori may have if they desire to settle back (from other centres) in communities or hapū rohe of origin. Making such considerations through a Māori lens – economically and culturally – identifies significant issues facing those communities and marae rohe, which are compounded by geographical rurality and high deprivation in most cases throughout the North. If the urban migrants of the 1950s and 60s, or even those who have migrated for example to Australia, wish to return, much is needed to meet the needs of a larger demographic of elderly in Northland.

Whānau and connectedness to the area were central to wellbeing. There were also strong elements of resilience, independence and a focus on holistic wellbeing. Those interviewed, knew their communities well and had ideas about how things could be improved. Some of the solutions and ideas were practical and consistent. From whānau, their needs are focussed in the area of services, in the key areas of transport support, home support, consideration of "end place" accommodation, and basic needs of optometry, dentistry and podiatry. Also the widely encompassing concept of whānau sees a growing need for support to kaumātua raising grandchildren and the impact of drugs and alcohol affecting that change, creating more complexity in the kaumātua space.

The discussions with Providers in the North have further borne out the needs of whānau, with one provider utilising their Whānau Ora funding specifically for the needs of kaumātua. The area of providing kaumātua services remains fragmented in approach and across providers, lacks a clear strategy specifically for kaumātua Māori, is sparsely resourced, yet collectively of concern to all providers.

KAUMĀTUA INTERVIEWS

Auckland

The Auckland region extends from the mouth of the Kaipara Harbour in the North to within a few kilometres of the mouth of the Waikato River in the South. It is geographically vast with 3,200 kilometres of coastline and large rural environments as well as urban centres. It is renowned for many features including three major harbours of Kaipara, Manukau and Waitematā, volcanic fields, lakes, islands, beaches, the Hunua and Waitākere ranges and a central isthmus only one kilometre wide at its narrowest point between the Tāmaki and Manukau estuaries.

From 2006 to 2013, Auckland was the fastest-growing region in the country and accounted for half of New Zealand's total population growth.[30]

According to the 2013 census, about 90 per cent of Auckland's population lived in the urban area, at that time, 10 per cent of the total land mass of Auckland. Local government amalgamation occurred in Auckland in 2010, and Auckland is now governed by one unitary authority and 21 local boards.[31]

The proportion of Māori in the Auckland population has remained relatively stable over the last three census periods: 11.6 per cent in 2001, 11.1 per cent in 2006 and 10.7 per cent in 2013 at 142,770. In 2013, Auckland had larger proportions of people in every age group under 50 years than did the rest of New Zealand, and smaller proportions in every age group over 50 years. Between 2006 and 2013, the number of usual residents aged 65 years and over, increased by 26.9 per cent or 34,608 and there were more females than males.[32]

Given the significant growth experienced in the Auckland region since the last census, Auckland Council is struggling with measures to grow infrastructure and meet the needs of its diverse population. According to the Auckland Council Annual Report 2016/2017,[33] Auckland had a population of over 1.6 million, with 200 ethnic groups, and 44 per cent of its population under the age of 30 years. The population is expected to grow to 2.2 million over the next 30 years. With this information in mind, it is easy to see how the needs of the ageing population – in particular the needs of kaumātua – may easily be relegated over other council and government concerns.

Across Tāmaki Makaurau, interviews were carried out in West Auckland, South Auckland and the North Shore. The latter interviews occurred as a focus group with the kaumātua rōpū at Awataha Marae. Of those interviewed individually, all owned their own homes, with the exception of the youngest, who rented.

Things that contributed most to wellbeing

- Planning well ahead for the realities of ageing (see Auckland case study)

- Thinking positively

- Sharing lessons with the younger generation

- Keeping well, independent and mobile

- Having their own home

- Keeping social connections

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30   Diana Gomez, Ron King & Catherine Jackson, '*Demographic Profile Report 1: Census 2013 Auckland Usual Residents Snapshot*', Auckland Regional Public Health Service, Auckland, 2014.
31   2013 Census Auckland profile – initial results
32   Ibid
33   Auckland City Council. '*Auckland Council Annual Report: 2016/2017*', March 2018 https://www.aucklandcouncil.govt.nz/plans-projects-policies-reports-bylaws/our-annual-reports/Pages/current-annual-report.aspx

Concerns about ageing

- Grandparents raising grandchildren

- Pressures of extended family living

- Maintaining own cultural values vs. young ones viewing the world differently

- Elder abuse from whānau and in care facilities

- Vulnerability and losing control of finances

- Loss of independence and implications around transport

- Finance and struggling to make ends meet

- Reliability of health provider services, including the Māori provider

- Using technology

- Loneliness

- Loss of mobility and independence

- Managing significant life events

- Learning to let go of responsibilities such as committees

- Planning

- Stability at home

- Coping with rising costs such as renting and maintenance on homes

- Advocacy for day-to-day issues

- Coping with care of others

- Managing health concerns

Range of support services

- Te Puna Hauora

- GP

- Whānau

- Friends

- Kaumātua Rōpū Awataha

- Waitematā DHB

- Te Whānau o Waipareira

- Work and employment

- Bowling club

- Military Services Support

- Te Whānau o Waipareira – Kaumātua Rōpū

- Westwave Pool

- Te Hononga including GP and nurse, counsellors and budgeter

- Work and Income New Zealand (WINZ)

- Whānau support for hospital appointments and, dealing with Housing Corp and WINZ

- Counties Manukau DHB

- DHB Community based exercise programme

- Lawn mowing contractor and other home support systems

- Whānau marae

- Hospital

- Neighbours – Whānau next door

Future planning, aspirations and key themes

- **Planning**

Planning occurred organically depending on the situation of whānau and their outlook on ageing. Where broad consideration had been given to their "end place", kaumātua and whānau were able to discuss ageing positively. Thinking about ageing and dependency in the future was seen by some participants to be negative, and therefore best avoided. For one respondent who had raised her tamāriki in a housing corporation home on the benefit, planning had been more aspirational. She encouraged her whānau to not be dependent in the future on a housing corporation home or social welfare, an outcome which had been well achieved by her grown children, who had also remembered her dreams for her "end place" and were aiming to achieve those dreams for her benefit.

- **End-place**

Most of those interviewed owned their own homes and wanted to remain there in to their old age. Amongst the eldest interviewed, residential care had become a current option and was seen as a viable future option for those who wanted to maintain their independence, have a range of facilities and daily support at hand. This also helped avoid the negativities of moving overseas to be with remaining whānau, relying on whānau for day-to-day care or tolerating the effects of abuse from whānau. Some did consider returning to whānau lands or to live with whānau, but largely it was to remain in their own homes with whānau support and maintain linkages with wider whānau as they were able. One of the challenges of remaining in their own homes was the on-going maintenance, so having support to maintain their homes in good condition was also a future consideration.

- **Whānau Support**

Whānau were a significant factor to most of those interviewed. They provided social support, connectedness and day-to-day navigation support dealing with communications to organisations and clarifying processes for kaumātua. Hoping for whānau support to stay in their homes and provide care in later stages in life were also feelings that were discussed at interviews. Most of those interviewed had expressed some thoughts about future aspirations, but in-depth discussion with whānau appeared to be the exception, rather than the rule.

- **Retirement Villages and Rest Homes**

Retirement villages and rest homes were largely seen as residences of last resort or end-stages of life. Māori options for care were proposed, but with recognition that such service availability – like all other services – did not necessarily mean quality options. The cost of buying into residential retirement complexes was also seen as prohibitive or reducing the estate value for whānau in the future. Staying at home or retiring to whānau lands and in the care of whānau were seen as preferable, but not necessarily attainable.

- **Transport**

A range of transport options were available to those interviewed. Few had given thought to a time when they might become reliant on others for transport. Those that did consider transport options, felt they should be accessible and affordable.

- **Finance and Technology**

The costs of living in the urban centres were a key factor for consideration, but kaumātua wanted to stay near whānau if possible. Assistance to cope with new technology and initiatives which provide support to manage finances and reduce vulnerability to preying was seen as useful.

- **Quality Ageing**

Kaumātua seek safety, support and reduced stress. They also want the opportunity to carry out cultural practices. The future for their mokopuna, including those in their care, are of great importance. Being able to engage regularly for exercise and social outings with others, helps overcome feelings of isolation and loneliness. Finding ways of sharing knowledge with younger generations is also an aspiration of some. In relation to healthcare, advocacy through the health system and health providers who work in partnership with kaumātua and their whānau are a preferred option.

CASE STUDY

Some whānau when they were interviewed, saw planning for old age as negative or not linked to positive ageing. This case study backgrounds an extended whānau of grandparents raising grandchildren. It illustrates a life course approach to planning as whānau move through life stages, and discusses some simple and fun ways to do that with the support of those around you. It also provides practical rationale for consideration about preparing for ageing.

I think my worries are I'm going to become eventually dependent and immobile and I may not be able to have my absolute freedom to do what I'm used to. That creates a responsibility on myself to be the best and the healthiest I possibly can right now. I've been in preparation for that for quite a while. I've had a lot of health stuff happening for myself in the last few years – that was a big shift. I became very vulnerable to the point where in terms of not just survival but how my family could cope because I'm the main bread winner. Today, my husband and I are both still raising our grandchildren – we've had them for 16 years and I've got one of them who's still in school so I still have a responsibility and a husband who's retired. Inside of my work, I'm very passionate about trying to provide for whānau. My grandchildren are dependent on me so my husband and I – a lot of that planning went right back 16 years ago, we made a commitment because we were both working. We literally flipped a coin to see who gets to stay at home because somebody had to stay home because we had a baby. So, he got to stay home and look after all of us and my job is to look after our financial stability.

I'm fully aware that I will, over time, decondition. I'm on a lot of community stuff like marae and projects in my community. I have to start to let go of things now. I've already let go of a lot of stuff last year and I'm about to let go of some more stuff this year. I am replaceable and I'm okay with that, I don't want to take ownership and I'm happy with my achievements. My grandchildren, husband and I talk about this stuff all the time, about being the best person that you are. We talk about the quality of life – what does it mean for us, for them and so on. I'm sharing with my grandchildren and helping them to understand what value of life, what kind of life do you want to have and you've got to make some decisions.

I'm a very whānau driven person. For years – between Christmas and New Year, we have all sat down together as a whānau and written up a whānau plan and they're just goals. We review our previous goals as a whānau, and then write up our new goals. Sometimes we don't revisit that paper until the following year but when we come back and we go, oh my god, I said that and I said that and I've done all those. So, I think yeah, my core driving planning situation is really around my family. My husband and I are constantly goal setting. Him and I see each other as a team, we're a team and we see our mokos as a team, we always sit together and we do a lot of planning together and how we can get there. My youngest boy's involved in Waka Ama and they're going to internationals. We're saying, well that's great, that's fantastic but how's that going to happen? So, we're all about the how and then we support each other – making each other responsible – well don't forget you know, da, de, da. So it's about getting commitment from each other. I guess I'm motivated, we all think on the same lines.

So my husband and I, plan to retire in a couple of years. We've already got a plan about what we want to do and we're working towards that right now. Our plan is to retire, to be around family but to be in the space where we are not stressed by costing. We're not well off or anything – we're just a basic normal working family and luckily enough we've both worked very hard in the early part of our marriage and bought two houses. I just want to be really happy and productive and hopefully contribute as a kuia in my older age.

I mean, I'm talking to my brother, my sisters, we're all in the same space, talking about the same things and all trying to figure out what's the best way for us to get better and what are we doing about it? We held a hui recently with my brothers and sisters. We had these little skits that we had to do and it was as simple as – I had to tell someone else what medication my brother was on and I had to explain what they were and why. We had all our kids in there as well and they just laughed because they said, oh my god, I didn't know that you had that disease. So, we're all having this conversation in my circles, my family, and my friends. It's a real concern for all of us.

Yeah, to be perfectly honest, I would be happy to go to a rest home. If I ever came to the point where I had dementia and I was just beyond a joke and family couldn't look after me, I would prefer them to put me in a home where I get 24/7 looked after and when we see each other it's quality time. It's like real family time. If the family are completely stressed and they can't cope, then what is the point. So, no I'd be okay to go to a home, not that my kids would ever let that happen but that would be okay for me. I'd be alright, yeah.

DISCUSSION

The home owners interviewed within the Auckland area appeared to display a level of financial comfort possibly related to the house values of homes across the region. They seemed to have more choices in total, but those renting, although happy with their current accommodation, saw renting in the future as a challenge and saw a future more likely out of Auckland.

Suitable and affordable GP care was sought by some, who voiced that Māori provider reliability of GP services and long term residential services was seen as problematic, now and in the future. This related to location and the need for appropriate staff and services.

There was more of a focus on health needs and issues than was evident amongst older whānau in other areas. Apart from that, whilst resilience again was a way of living and an aspiration for most, key factors likely to impact on them were whānau issues – particularly in the areas of extended whānau demands placed on them – advocacy and support, as well as loneliness and access to suitable and accessible transport to meet changing mobility.

Across all of the interviews, Māori health and social providers were mentioned by those interviewed. Services from the providers, however, were not always needed or seen as appropriate for their needs.

KAUMĀTUA INTERVIEWS

Bay of Plenty

The Bay of Plenty region covers a large area of the Central North Island's North Eastern coast. There is a mix of rural and urban sites across the region which has created a vast range of needs and aspirations of kaumātua who reside there. In respects to indigenous population demographics, Māori living in the Bay of Plenty make up 25% of the total population which, in comparison to the rest of the country apart from Northland, is a high proportion. In addition, the residential distribution of these Māori whānau is skewed heavily towards the more rural townships of the Bay of Plenty region, and although interviews for this region were based in Tauranga, whānau came from all parts of the region and were representative of the regions' Māori population demographics.[34]

Things that contributed most to wellbeing

- Keeping their culture alive

- Keeping Te Reo Māori strong within the whānau

- Maintaining the wellbeing of the marae

- Maintaining independence

- Staying physically active

- Staying mentally active

- Eating sensibly

- Being aware of and accessing health services and entitlements

- Regular GP visits

- Correct medication usage

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34   Statistics New Zealand, *'Census quick stats about Māori'*, Statistics New Zealand, March 2018, http://archive.stats.govt.nz/Census/2013-census/profile-and-summary-reports/quickstats-about-maori-english.aspx

Concerns about ageing

- Transport

- Loneliness and social isolation

- Some kaumātua not able to speak on the paepae

- Maintaining connection to marae

Range of support services

- Hua Ora Marae Wellness Clinic

- Gym

- Marae

- Rugby Club

- Pub

- Government Railways Superannuation Plan

- Rongoā

- Mirimiri

- Hapū funded transport

- Aged care caregivers

- St John emergency support

Future planning, aspirations and key themes

- **Sustainable wellbeing of marae**

Aspirations for wellbeing consistently extended beyond the scope of immediate whānau members. An example of this emerged from within these discussions, which referred to maintaining and sustaining the wellbeing of the marae. One kaumātua talked about a dilemma that had occurred at their marae where there was a shortage of kaumātua able to speak on their marae paepae. A solution that occurred was allowing younger members of the hapū, who had capacity to whaikōrero, to speak on the paepae. The dilemma in this was that, according to their marae kawa, younger siblings or teina of kaumātua were not permitted to speak on the paepae. However, in order to maintain the wellbeing of their marae, meaning that traditions would be maintained and the marae would still be able to function, these kawa had to change, and they were changed by the hapū.

- **Sustainable mātauranga Māori**

A clear aspiration for sustainable Māori knowledge was apparent throughout the kōrero from this region. This aspiration also moved beyond the individual wellbeing of the kaumātua, and into the wellbeing of future whānau, the hapū and the iwi. Some kaumātua felt a strong sense of responsibility to be the protectors and teachers of mātauranga Māori, and also talked about how this gave them a sense of validity and belonging in their whānau or community.

- **Isolation and loneliness**

The entirety of whānau in this region spoke of loneliness and social isolation as a problem that either affected themselves or someone they knew. A literature review examining loneliness and health in older adults (60+) showed that social isolation and loneliness are associated with a range of health issues, including increased mortality, depression, high blood pressure, and dementia.[35] A separate study found that social isolation was equivalent to smoking 15 cigarettes per day and to drinking six units of alcohol a day.[36]

- **Marae based services including Doctors, Nurses and Pharmacies**

A feature of the whānau interviewed in the Bay of Plenty is that they were all engaging with their respective hapū/marae based health clinics. These clinics offer a range of Western medical services including General Practitioners and nurses, but also offer Māori based hauora services such as rongoā and mirimiri. These clinics are either free or heavily subsidised for whānau who are members of the hapū or marae where the clinics are situated.

- **Staying connected with whānau**

Society and technology has undergone significant change in recent years, culminating in an increased level of connectivity between people. The idea of staying in contact with whānau and friends all around the world was something that kaumātua spoke fondly of, and could potentially address some of the issues of isolation and loneliness. However, the evolution of technologies which has allowed for this improved level of connectedness has in some instances moved too quickly for kaumātua to adjust to. Technologies like cell phones, the internet and computers can still present a challenge to kaumātua, which can leave them further isolated from others.

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35   Julianne Holt-Lunstad, Timothy B. Smith, Mark Baker, Tyler Harris, & David Stephenson, *'Loneliness and social isolation as risk factors for mortality: a meta-analytic review'.* Perspectives on Psychological Science, v.10, no.2, 2015, pp.227-237

36   Julianne Holt-Lunstad, Timothy B. Smith, & J. Bradley Layton, *'Social relationships and mortality risk: a meta-analytic review'.* PLoS Medicine, v.7, no.7, 2010.

CASE STUDY

This case study presents the story of a kaumātua who works full time at his local marae, something which is central to his sense of wellbeing. Seeing his work as his passion, the idea of retirement is re-framed, as ageing does not mean the end of work. This story also sheds light on the significance of marae based health services, specifically highlighting the need to have doctors that can practice safely in a Māori environment. It also explores the perspective this kaumātua has on retirement villages.

My great grandfather was fully French. He came to New Zealand well before the turn of the century, last century, and he married a woman from Tainui. And then he had a job in this area and that's where we sort of settled, here in Te Puna. And yet my grandfather, he built all the Catholic churches around here, he was poor, but Māori fluent.

I worked for the government railways for forty years and we pay them the superannuation, and it's a good one, though my mokopuna and my children get most of it. I got a comfortable living financially, no worries at all. I've been retired 28 years now, I bought my place here in 1977. I stay on my own. I can do my own, look after myself, and I'm staying there until I go.

I work mostly at our marae now and our Wellness Centre and caretaker of the marae and our Hauora, that's what keeps me going. We're very lucky here – at the moment, we just about got everything our people need. All handy and we got three doctors, nice doctors, and it's a full week's service, Monday to Friday. We've also got three mirimiri therapists. But we are looking for a female doctor because we've got two males. And of course, some of our kuia would like a female doctor.

For the ones that are unwell we go out to see them and then we got our van now to bring them, go and pick them up and come to the Hauora, or we got our nurse and that to go out. Even the doctor would go out to see them. So we got vehicles there to pick them up, the ones that live in town or even on the other side. But most people live around the Hauora and it's not that far – most of our patients are locally.

We've also got a kaumātua group run by one of our girls that works in the Hauora, and they get together every other Tuesday. And they go out in the different areas and they have their little workshops, and fitness programme at the Wellness Centre. They get together once a fortnight and there's about 18, 20 of them and it's going well. Also we want to teach our elderly how to operate computers and how to go online and all the things like that. That's the idea of that.

The kaumātua flats aye, we've got them. Well, there's a big, big difference – the retirement villages you're paying 150 dollars a week, where our kaumātua flats, are 70. Because even in Tauranga, you get a Māori going into the retirement villages, and there is discrimination "the bloody Māoris, we don't want Māoris here". Yeah, it's better to have our own.

My dream is to get a pharmacy attached to our Hauora because my cousin, he was the fella that dreamt about building our Hauora out there because he was a builder himself, because he passed on. And that was his dream, a pharmacy attached to our Hauora here and that's what I'm fighting for now. And you know, Māori pharmacists too if we can get them.

DISCUSSION

Kaumātua from the Bay of Plenty made it clear that the state of their individual wellbeing was relative to the wellbeing of their marae. Beyond this, a healthy whānau and hapū was also reflective of a healthy marae.

A healthy marae was described as one with which whānau regularly engaged. The more interactions that whānau had with their marae meant the more they would be engaging with their language, their culture and their history. A healthy marae was also one that was well maintained, that looked tidy and was a safe physical environment for whānau. Finally, a healthy marae was one that had adequate resources to operate. Some of these resources included vehicles to take whānau to and from marae activities, adequate finances to pay for building maintenance and improvements and lastly, cultural resources. These cultural resources referred to the marae

having the capacity and capability to conduct cultural practices and referred to resources such as kaikaranga and kaikōrero. A narrative emerged from these interviews which alluded to a potential gap in this capacity – a gap left by the mass urbanisation, which is in part responsible for generations of Māori whānau having been disconnected from their culture. [37]

Marae based wellbeing clinics were a feature that all kaumātua from this region were utilising. These clinics offered mainstream health services alongside Māori wellbeing services, incorporating physical and spiritual healing. In terms of wellbeing for kaumātua, the marae was now uniquely equipped to deliver holistic support to wellbeing. For a marae to have its own clinic requires a large amount of planning and resources. All of the marae clinics referred to in this region were self-funded or funded by the local hapū. The majority of this funding was made available on the back of Treaty of Waitangi Claim Settlements.[38]

KAUMĀTUA INTERVIEWS

Central North Island

For the purposes of this research, whānau interviewed in the Central North Island region span an area from Rotorua to Taupō. In parallel to the Bay of Plenty region, the Central North island is a mix of urban and rural centres with a large Māori population.

According to census 2013 data, approximately 37.5% of the Rotorua population is of Māori descent and approximately 29% of the Taupō population is of Māori descent.

Things that contributed most to wellbeing

- Maintaining independence

- Healthy eating

- Having whānau and marae close

- Internal awareness of health services

- Whānau support to organise finances coming into retirement

- Homeopathy

- Yoga and meditation

- Education

- Still being able to drive

- Social media bringing awareness to issues historically not talked about in an open forum (including sexual health)

Concerns about ageing

- Isolation and loneliness

- Technologies further isolating kaumātua

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37   Pare A. Keiha & Paul Moon, '*The emergence and evolution of Urban Māori Authorities: A response to Māori urbanisation*', 2008.
38   Treaty of Waitangi Claims provide formal legal and political opportunity for Māori to seek redress for breaches by the Crown of the guarantees set out in the Treaty of Waitangi.

- Poor communication by health service providers

- Kaumātua not empowered to ask questions about their care

- Still having a large mortgage at later years means not being able to retire

- People being ill informed of what happens to you physically when you age

- Many Māori men's first interaction with the health system is after a heart attack

- High cost of health services

Range of support services

- Catholic Church

- GP and Pharmacist

- Obstetrician-gynaecologist

- Māori artists rōpū

- Marae committee

- Aratika Cancer Trust

- 28th Māori Battalion Book Trust

- Kaumātua social group

Future planning, aspirations and key themes

- **Planning**

'Planning for the future' was discussed as a concept that could potentially be rethought for Māori whānau. The ability for these participants to talk about ageing with their whānau was, while difficult, extremely advantageous. Normalising such discussions helped whānau to be better prepared in the event that situations change for their ageing whānau members.

- **Technology**

Technology played a big part in the future planning and aspirations of kaumātua and was discussed as both an opportunity and an obstacle in supporting their wellbeing. One participant spoke of data sharing agreements that their hapū had with their local District Health Board, enabling them to get up to date information on the physical health of their whānau, which is useful information to support their whānau now and into the future.

However, technology was also discussed as being increasingly difficult for some kaumātua to engage with, potentially limiting their abilities to engage in future society as much as they would like. Whānau members seemed to be the main supports in improving technological literacy, sometimes even grandchildren and great grandchildren. There was also indication of a need for more technological literacy training in both formal settings, such as classes, and informal settings, such as social groups.

- **Maintaining independence**

Maintaining independence was consistently emphasised as an aspiration of kaumātua in this region. Independence in this sense referred to the ability to conduct daily tasks such as: driving to appointments, cooking, cleaning, and shopping. Rather than taking these responsibilities from ageing whānau, supporting and enabling these whānau to continue to complete such daily tasks was suggested to be more beneficial.

- Retirement villages

Consistently, retirement villages have been perceived as an unfavourable option for whānau. In some eyes, retirement villages were seen as places to die, rather than places to live. They were also described as isolated communities. With connection to community and whānau indicated as being an important aspect of wellbeing for these whānau, isolation was seen as a detrimental feature of these villages.

- Incentivising screening

Accessing health services in a timely manner was a key factor for the wellbeing of these whānau. What was mainly highlighted was the use of early detection screening tools and the need to increase the rate of Māori kaumātua, especially male, using these tools.

CASE STUDY

This case study of one of the Central North Island participants helps provides insight into ageing from the perspective of a kaumātua who is a provider of health services to other kaumātua. It speaks to the challenges that kaumātua experience in their later years, and to different mechanisms to deal with such challenges. It also details how a significant health event influenced thoughts and perceptions about ageing. This has resulted in the establishment of a Trust which works with whānau and encourages them to have difficult conversations about ageing and make decisions to help them plan for their future.

I was born in the village of Whakarewarewa where my ancestors were born. I moved away with parents to live in Ngati Kahungunu, in Wairoa, shortly afterwards, as my father was an Anglican minister. When I was 8 we moved to Whanganui, so we moved around the motu a bit. We came back to Rotorua when I was 12. I've been lucky enough to live in my tribal area nearly all my life. We've got family houses in the village of Whakarewarewa, where my whanaunga still live, and it's close by my home in Rotorua. I am obviously at the marae a lot of the time for many of the events that affect our people. And I've been an artist all my life, trained as an artist and graduated as an artist. So, I do visual, big visual stories of the ancestors.

When I was in my 50s, I got breast cancer and I changed the focus of my life's work. I decided to work for breast and cervical screening as a way of supporting the kaupapa. I was astounded by the number of Māori women that get breast cancer. And so, I'm a breast and cervical screening health promoter.

The system that is meant to help those women leaves a lot to be desired. We realised that after your cancer treatments finished there's nothing out there for people, you're just left hanging. You actually lose a part of your mental wellness because you realise how close you are to not surviving, and the regimes that are supposed to help you and make you feel better, chemotherapy and radiation, make you feel drained and lacking energy to return to normal life, working and caring for the whanau. I hadn't realised that it would take several weeks to recover from surgery, a few more weeks, going into months for the chemotherapy and a further few weeks having radiotherapy, living away from my family for 6 weeks in Hamilton and being around strangers at this very vulnerable healing time. It just absolutely stuffs your head up, but there was nothing out there to help cope with the overwhelming gravity of it all.

So, a friend of mine who was a radiologist, approached me and said, "we should have this retreat where participants can learn about healing our bodies and minds, have a garden where we can grow our own food, and talk about the importance of nutrition, and we will have inspirational speakers come and talk to us", which is exactly what we did – we started a trust called the Aratika Trust – we wanted to be on the right road to healing and recovery. It is an inspirational pathway Te Ara Tika. Part of the Aratika Trust is that they teach you about death and dying, and I think everybody needs to be taught about dying because we don't prepare for it and we don't talk about it. It's not even a tapu kōrero, it's not even a thing that's in our culture to talk about, because it is part and parcel of our cultural practice. Māori are champions around dying because we embrace it as tetehi kaupapa tuturu mo te iwi Māori, but that doesn't mean we have the answers to living well while we are dying. We just accept our lot in life. For me, I want to stay around and bother the mokopuna a lot more.

When I got cancer, I thought this is it. The only one in my generation to get it – wow– bad luck. And I'd never been sick – nobody in our family had cancer so it wasn't a thing that we talked about or changed our lifestyles to inhibit any sort of disease. As children, our parents continued smoking cigarettes, and drinking and eating anything they wanted, because no-one had ever told us fizzy drinks were bad, or porkbone boil-ups too fatty, or that lollies ruin your teeth, alongside not brushing them. So, our generation, the ones born just after the second world war, when our fathers returned home, did exactly the same, smoked, drank and ate ourselves to early graves. It was normal to expect people to die in their fifties or early sixties of old age. Not many of our parents' generation lived to collect the pension at 65. At our marae, our hapū are now putting whakapapa on the walls and we're identifying what our Tupuna died from, so we can get useful health information on what we should be aware of for the following generations. It was a wiriwiri exercise to see the types of māuiui identified and the numbers that were affected in various hapū. Actually, quite sobering to see the evidence of the incidence of diabetes, cancer, heart disease and everything else.

Probably my biggest concern getting older is financial. My husband was put off work three or four years ago and that was a bit of a shock – we quite highly mortgaged our properties, so it's imperative that I keep working. Many of our friends are in the same boat, some losing all their savings during the stock market crashes in the 2008–9 years, others like us, because we thought we would keep working all our lives and not be worried about rising prices of insurances, life insurance and health insurance, and the cost of living in general. We had to give those up as the premiums reached ridiculous levels, and we had to let them drop. Insurance companies are a rort. We need more Māori kaupapa insurance companies who understand our cultural imperatives, tangihanga, manaakitanga etc.

Other concerns would be health, and you get to an age where you actually really worry about the stuff that happens, like you find yourself becoming more of a kuia every day, like oh goodness, I can't actually see that, or I've missed the step, or I can't walk properly this morning. And I wake up in the morning sometimes and think, hika, what else has broken in the night? Who's that old lady in my nightie? I find it quite unbelievable, because in my head I'm still feeling relatively on to it but there are things that I notice. So yes, you do feel sorry for yourself and your misspent youth – it's not that I'm afraid of what might happen in the future or dying or any of those things, it's just the natural sort of decreasing of functions – I dream about running. I used to run all the time – I am not able to run anymore. So, I keep saying to all my kids and young ones – do it now while you're able. Run, exercise, eat well, don't smoke, have fun, stay up all night, enjoy yourself, brush your teeth, be kind.

My biggest regret in life is that I didn't look after myself sooner. So, I would certainly have spent more time exercising and doing all the sorts of things that I should have done in my 40s and 50s that I neglected. I don't know if I could have avoided cancer, I don't know how you get cancer – none of us know, the overwhelming common denominator in this country is meat and dairy products, but that is only theory and not evidence based. Definitely cigarettes and alcohol are major factors and I wish I never got addicted at 14, like most of our generation. But I think if we had any messages to leave to our children, it's look after yourself or make sure you're exercising or make sure you're teaching your kids the right things to eat and drink.

Because I've been involved in those committees over the years that's both given me happiness and it's given me a network of amazing people from all over Aotearoa who are inspirational in their survival. Old people don't need a lot of money; we just need a bit of comfort, a safe, warm house, running hot water, and the main thing would probably be like something good to eat; reka kai that you know is good for you – because you know how food makes you feel. So, it's simple things and I'm sure that if you ask a lot of the older generation they'd be saying the same types of things. Aye, I'm appreciative about more of small things than I am about big things.

DISCUSSION

The majority of whānau interviewed in this region had tribal links to the region and also saw the Central North Island as their "end place". This meant that the planning and preparation of transitioning to that end place, that physical relocation, wasn't as burdensome. In addition, home ownership still remained high amongst those interviewed in this region. That being said, home ownership rates are beginning to decrease – even in rural areas. Methods to maintain levels of home ownership were only beginning to be explored by these participants, which included marae based kaumātua flats. These flats would give kaumātua a place to live (which would be owned by them), would be in very close proximity to their marae and would give them the opportunity to be more connected to their marae.

The presence of marae clinics was not referred to as frequently in this region, meaning that whānau living outside of major centres did often travel some distance to access services only available in the towns. The limited public transport options for rural locations made transport even more difficult. Kaumātua who weren't able to drive themselves often relied on other family members or weekly and fortnightly kaumātua group activities to access health services.

Normalising conversations about sickness and death was posed as a path towards being better prepared for later life. Such conversation carried with them an air of tapu, or sacredness. Because of this, these conversations didn't take place within whānau, especially with regards to sickness and death.

KAUMĀTUA INTERVIEWS

East Coast

Whānau interviewed from the East Coast of the North Island were living in Gisborne, Hastings and Napier.

In 2013, the Gisborne region was home to 43,653 Māori with 7.3 percent aged 65 years and over, compared with 5.4 percent of New Zealand's Māori population.[39] A unique feature of whānau interviewed in Gisborne was that they had all – at some point – served the New Zealand Army Services.

The Napier and Hastings Māori population in 2013 was 34,662, which has risen by 3.3 percent in 2016. Lack of home ownership was also a pattern that was apparent in this region, with only two of the interviewed whānau having owned their own home.

Things that contributed most to wellbeing

· Keeping physically fit

· Maintaining independence

· Financial security

· Correct medication usage

· Traditional karakia and takutaku

· Strengthening connection to Ngā Atua Māori

· Gardening

· Keeping on top of finances

· Having other whānau handle finances

Concerns about ageing

· Not owning own home and having to move around a lot

· Not having Te Reo Māori as an elderly Māori

· Lack of Kaupapa Māori based services offered to kaumātua

· Lack of legitimacy of Māori based interventions

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39   Statistics New Zealand, 1

- Limited number of kaumātua in certain regions – having to bring in kaumātua from other regions for cultural support

- Complexities involved in land and Treaty settlements

- Struggles at advanced age to write wills and manage finances or insurances

Range of support services

- Whānau support

- Driving Miss Daisy (transport)

- Military pension

- Returned serviceman related services (e.g. RSA)

- General Practitioner

- Insurances

- Budgeting services

Future planning, aspirations and key themes

- **History of service**

A particular feature of whānau interviewed from Gisborne was a history of service to the Aotearoa Defense Forces. This meant that many of the services used by these kaumātua were either Army specific or subsidised through their services pensions, which alleviated many of the access and financial considerations expressed by non-ex-service kaumātua.

- **Cultural services for kaumātua**

The role of Māori led cultural services was discussed as providing a safe space for Māori cultural and clinical practices to take place, delivering things such as rongoā, mirimiri and tohunga. Despite this, Māori led cultural services did not have a strong presence in this region. Even less prevalent were Māori led services specifically directed towards kaumātua. One rationale provided for this pointed towards the lack of scientifically based evidence of Māori clinical practices. A separate rationale spoke to the lack of funding in the area of Māori led cultural services. Also hinted at within this discussion was a racist undertone, in which Māori cultural and clinical practices weren't yet seen as valid options by mainstream funders.

- **Housing**

All of the whānau interviewed from Napier and Hastings did not own the homes they were living in, which created challenges for these whānau. Where people in older age groups came to be locked out of the property market, it was events such as divorce or split from a long-term partner, business failure, redundancy or ill health, which triggered home ownership difficulties. Whānau talked about struggling to find affordable rentals, the economic and physical cost of moving homes and finally, the rapidly rising rental prices. Although home ownership in general remains strong for whānau over 65, current trends indicate that home ownership will drastically decrease in the next decade. In response, hapū from this region had offered an alternative and affordable housing option for their whānau. Hapū have begun creating small villages in which the land is owned by the hapū and which whānau are able to relocate houses or build prefab houses on the land. With this option, whānau still pay rent, but at a much lower rate than the national average.

- **Fighting for Treaty rights**

The Treaty of Waitangi is a part of New Zealand history which has been the focal point of debate for many Māori people. For one participant, the Treaty was the basis of many aspirations which lay much broader than individual and whānau wellbeing. One aspect of this aspiration revolves around land ownership, and the importance of keeping whānau land or reclaiming some of what had been taken. The second aspect relates to rangatiratanga or self-determination and is part of a movement towards all Māori having absolute control of the land, resources and knowledge. Such aspirations have existed for many generations and will most likely exist for many generations to come, but what was indicated in discussions is that all Māori can contribute in some way to achieving this aspiration. For this participant, contribution came through advocating on behalf of disempowered Māori whānau.

CASE STUDY

This case study details the experiences of a kaumātua from Taranaki, who is currently residing in Hastings. He speaks of his role in the community as a counsellor and cultural advisor and also of his experiences in managing hapū land. Finally, he explores his perspectives on retirement villages and highlights the incongruence of retirement complexes to Māori self-identity and also comments on the current and future state of Te Reo Māori.

I used to work in the prisons – and even though I've retired, I still help people. I created a network throughout the whole of the country, like to Invercargill up to Ngāpuhi. And not only just for inmates that have been discharged, but I help in Taha Māori, financially, anything. I think you need to go back and find your roots, like their whakapapa. I get people out in the community, I give them a choice of their preferences. For instance, I suggest to them, "would you like to be counselled at my place or your place? Or would you like to go down to the beach"? And they say, "that's different". I say, "this is Tikanga Māori." But no, as long as I can get to where I'm needed, I will go.

For myself, I'm receiving support locally through Age Concern and Grey Power, through Green Prescription, Heart Foundation, Prostate Foundation and even the hospital. What I enjoy is communication with individuals. It's like, when I'm on my own because of my health problem, I find it difficult to walk around the section because we have a big section, so what I do, I jump in the car or I go for a walk with my walker down to Mega Mart. I go down there amongst the people and what I do there, I focus on the teaching from our koro and kuia. I find that's medicine to me when I go down there. I look at the people, yeah, I focus on the people. And they give me joy.

Transport can be a big problem, but now they have a lot of resources, we've got three different groups that help here, they're like part of the family. They'll pick you up if you wanted to go to the airport, take you to the airport, ensure that you're all settled with the bookings and that, before they leave.

Housing for us is the big problem. We don't own our own house. See, we're in the process of moving again, and that's the sad part about moving all the time. I've been trying to get back in touch with iwi back home, Taranaki Iwi, in regards to land shares. I know the old people always said, "don't sell the land, don't sell the land. If you want to sell the land make sure you've got a foot to stand on". To build a home for your mokopuna. Things like that. They always said you cannot stop colonialism. It will go on and on and on, until you've lost all the land.

Retirement villages, well, we've looked into it. For me I find it – it might be a bit of a harsh word – I find it a bit of a scam. Also for my later years, I've thought about going home – my family they're talking about it, because they've only got two kaumātua left now.

But there's still a lot of kaumātua around here – I used to go to their monthly wānanga. The first two I went to were really good, when I went back for the third one, I noted, "hello", I see a group over there, I see a group over there, I see group over here, and I was on my own. But I didn't question it, that's one thing, I don't like interfering. And that's a state of mind with the iwis. Then you notice new ones coming through. These are the ones where it all starts. And then they call out to the kaumātua, and eventually the kaumātua become involved with that. But there are some good ones here. I do make good contacts with some of them here.

When I'm thinking about the future then I have to say the language is very important to me. Now with these wānanga throughout the whole country. I know Taranaki is very strong in that. People never used to speak the language before, but they're giving it a go. And they want to communicate in Te Reo as much as they can and they're getting the support by the older ones and with the older ones, they're there to listen, and eventually the Kaumātua will go and correct them. That's my personal opinion in regard to Te Reo. There's a lot of good speakers, you see, coming on TV, presenters, awesome. Locally, Kura Kaupapa here, it's building up again. Man, awesome to see that it's increasing again.

DISCUSSION

There were two main narratives which emerged from the discussions in this region. The first revolved around stable retirement built off long term government employment and superannuation schemes. Such schemes helped promote financial security, which often led to a whole host of other benefits including home ownership and service use.

Linked to this narrative was the importance of home ownership in advanced years. Three of the interviewed participants in this region were home owners and all three were recipients of government superannuation schemes. The home was a central component of positive wellbeing in advanced age. It was described as a long term investment that could benefit generations hereafter, it could provide the capital needed to enter a retirement village or it could provide the capital for kaumātua to achieve other aspirations such as relocating to their end place. The importance of home ownership was also highlighted as kaumātua discussed the perils of renting, including the stress of searching for rentals and the physical toll of constantly moving.

A local solution to home ownership which kaumātua discussed was the Papakāinga Housing Initiative in which social housing is constructed on hapū land and made available to whānau of that hapū. While the Papakāinga Housing Initiative has been a scheme that has existed for a few years, how it has been implemented in this region is specific to the needs and values of their community. Such initiatives still rely on substantial investments, either from the hapū or through bank loans – which may still be a barrier to many kaumātua. The potential of such initiatives is to boost home ownership of Māori (including kaumātua), to put Māori in control of important housing decisions that impact their community, and empowering hapū to have more control over one of the most important determinants of wellbeing for their whānau.

COMMONALITIES ACROSS KAUMĀTUA INTERVIEWS

Rangatiratanga, Manaakitanga and Whānau

Kaumātua views regarding their needs and experiences highlighted some crucial – sometimes geographically determined – diversities. Yet the findings also reinforce the current literature around ageing concerns in Aotearoa, where worries concerning housing, transport and caregiving – to name three of the big ones – are also issues that are being considered in the debates around provisions for our entire ageing population.

However, for the kaumātua interviewed throughout the North Island, commonalities that came through across all interviewed participants relate to the themes of Rangatiratanga, Whānau and Manaakitanga. This table summarises these themes and how they express themselves in kaumātua concerns.

Rangatiratanga	Self-help		Resilience		Self-reliance
Whānau	Mokopuna	Kaumātua Rōpū	Whānau	Marae	Caregiving
Manaakitanga	Support	Advocacy	Navigation	Home Help	Community Care

Rangatiratanga was embodied in the notion of self-help – this was expressed by kaumātua as a sense of resilience and self-reliance. Nowhere throughout the interviews was there an expectation that others should provide for them, rather the hope that there would be support when the time came; hopefully for them to remain independent and achieve their goals to keep as well as possible.

The concepts of **Manaakitanga** and **Whānau** were explicit in the expressed desire to help others, being concerned about others, or having a role caring for whānau. This was a standout feature of all of those interviewed. Some of those motivations also arose from significant life events, such as cancer or losing a spouse.

Caring for others and helping were part of kaumātua perceptions of wellbeing, and allowed an opportunity to take the focus off the self, share knowledge, help others or fill community roles, not all of which were "traditional" in the sense of being hapū or marae based. This confirms Durie's notion that "in the absence of specific cultural skills, the potential of age must be further revisited, traditional roles should be seen alongside the evolution of new positive roles and the expectations on elderly ought to take into account both the actual profiles of Māori elderly within the changing nature of Māori society."[40]

Kaumātua Vulnerabilities

The interviews highlighted some specific vulnerabilities of kaumātua, one of which was around the issue of housing. Across all interviews, housing occupied a central place in kaumātua thinking and planning for the future. Here again, the consideration of whānau was inextricable from how kaumātua planned for their "end-place". In contrast to the increasing utilisation of retirement villages by ageing New Zealanders,[41] kaumātua expressed minimal support for the current approach of retirement village operators towards the large, modern integrated establishments of aged care conglomerates. Whilst the concept of group housing for kaumātua appealed to a wide group of participants, the preference overwhelmingly was for ageing in their own homes, near whānau if possible, and with support or care as needed. If there was a need for full-time care, the preference was for smaller community facilities, especially in more remote communities. However, for those kaumātua who were renting their homes, there was a real sense of limited choices and insecurities, and the type of transitions to an "end-place" were seen as almost too hard to consider.

Other vulnerabilities were around managing health issues, and those needing daily support – especially where whānau care was not necessarily an option.

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40   Durie, 106.
41   https://www.stuff.co.nz/business/money/97485360/retirement-village-golden-triangle-sees-building-boom

Kaumātua with limited transport, particularly in remote areas, found access and care problems further compounded, which also had an effect on those struggling with loneliness or mental health issues, and those who felt fearful of harm from others.

Grandparents raising grandchildren were also potentially more vulnerable. While kaumātua looking after their mokopuna is certainly not a new concept within Māori culture, the difference for the kaumātua that were struggling is that they were raising their moko in the absence of whānau support and as a result of the grandchildren's parents being unable to be involved. Navigating what were seen as unhelpful and confusing social supports around finances, education and health, was a further burden for these kaumātua.

Discussions with the Māori providers who were part of this research showed they have the networks and abilities to reach in to communities and to the most vulnerable. They were able to confirm concerns raised by participants. Providers talked about needing to build trust and initiatives to engage with whānau in meaningful ways. Providers also affirmed that whānau have multiple needs, present complex lives and often require significant knowledge and skills development, advocacy and navigation through services. While providers have developed skills and tools through Whānau Ora, which assist them to work with such whānau and monitor progress, the reality remains that resources for working with vulnerable kaumātua are scarce, and therefore generally cobbled together from other programmes.

CONCLUSION

Whānau Ora provision of kaumātua services and the place of Te Pou Matakana

This research was designed to provide a snapshot of kaumātua needs and service use within the TPM commissioning area. The research was also designed to get an indication of what providers are currently offering to their kaumātua. While the research analysis does highlight some significant gaps in kaumātua specific services – which invariably lead back to funding issues – there is also a glimpse of innovation, or instances where providers are catering in very unique and specific ways for their kaumātua needs, despite the obvious lack of funding. While this project was only able to capture the 'tip of the iceberg' of what are likely to be many examples of Māori provider initiatives in this area, there are some potential learnings around service provision planning for kaumātua, which can inform future funding and service delivery planning.

This research has the potential to be seen as the beginning of a conversation. A conversation that needs to take place across various platforms and involves various stakeholders. As discussed in the introduction to this report, the speed of demographic change in New Zealand urges not only the creation of new evidence – new knowledge around kaumātua needs and realities – but also urges the consideration of any new evidence in light of how it contributes towards long-term planning for an increasingly ageing Māori population. Discussions around current services, service gaps, and ideas of new alternatives have to take place across the various platforms to ensure a vision of a long-term, holistic and sustainable service approach that can ensure that kaumātua now – and in the future – are able to live the lives that they aspire to.

We have termed the issues that kaumātua spoke about as "needs", but perhaps it is more appropriate to talk about them as aspirations. Kaumātua aspire to be in a home of their own choosing, to be active and meaningfully engaged with their whānau, to go where they want to go, and to live active and relevant lives. The opportunities that are inherent in these aspirations are significant, and they point the way towards the discourse that needs to happen within the Whānau Ora space. Whānau Ora is the place where these aspirations can come to be realised, as the organic, holistic wellbeing that kaumātua are calling for.

Durie's call for "Māori solutions" in this context means solutions from the ground up, from communities, from iwi, hapū and from whānau themselves, rather than an overriding Governmental approach where Māori are potentially lumped into a "one-size-fits-all" approach. This also urges a call for partnerships and collective action across the multiple Māori stakeholder groups. As the findings highlighted, areas and instances where iwi and hapū are strong in their wrap-around for kaumātua, were also instances where kaumātua had a strong sense of wellbeing. In urban centres, with a diversity of Māori experience – or the "cultural spectrum" – it was more often the Māori providers who had to fill that role, even when there was no dedicated, or funded kaumātua provisions.

As the commissioning mechanism for Whānau Ora in the North Island, Te Pou Matakana is looking for the best outcomes for whānau – the idea of establishing a long-term vision which caters for whānau in a way that kaumātua can be supported for their ultimate wellbeing, and where conversations around ageing and all it entails become normalised, need to be part of the evolving Whānau Ora commissioning strategy.

The findings from this research project point towards three broad areas, which set a foundation for future planning and development of kaumātua service provision. These areas centre around:

- **Whakawhitiwhiti** – Communication: Normalising the discourse around Māori ageing

- **Whakakotahitanga** – Partnership: Cross-sectoral engagement

- **Whakahangahanga** – Strategies: Co-designed approaches from the ground up

A range of opportunities for action can be specified from these three broad areas:

OPPORTUNITIES	ACTION	OUTCOMES
Development of Cross-sectorial Partnerships for Kaumātua Wellbeing	Iwi, hapū, Government, Providers, NGOs and funders work together to enable multi-sectorial strategies	A holistic strategy to address kaumātua needs that runs across all involved stakeholders and sectors
Approaches are Co-designed with Kaumātua and Whānau	Strategies and planning occur "from the ground up", according to community, iwi or hapū contexts and taking into account diversity of needs and leadership	Strategies are aligned with the needs and aspirations of kaumātua and are reflective of diverse communities
Development of Kaupapa Māori Kaumātua Service Approaches	Approaches are cognisant of and aligned with the "cultural continuum" of kaumātua experiences	Services are targeted to the cultural realities of kaumātua, regardless of how immersed or experienced they are in Te Ao Māori
Long-term Outcomes Approaches	Ageing is considered across multiple life stages and involving the whole whānau, and is addressed at every stage with outcomes based approaches	Strategies for ageing Māori are inclusive of the different life stages, and take into account the diversities that are experienced in different age-brackets. Approaches are measuring what matters to kaumātua and providers are working towards these outcomes
Integrated Funding and Commissioning	Government works with stakeholders to partner on funding provision and approaches, thereby ensuring commitment to long-term and partnered funding strategies	The strategy is supported by funding mechanisms which are committed to ensuring kaumātua wellbeing

GLOSSARY

TPM	Te Pou Matakana – North Island Whānau Ora commissioning body.
DHB	District Health Board
GP	General Practitioner
NGO	Non-Government Organisation
WINZ	Work and Income New Zealand
Hapū	Subtribe in this context. Also has other meanings
Haukāinga	True home, home/local people of marae
Hauora	Health, well
Hiki	Heavens! Gosh! Woah!
Hui	Meeting, gathering
Iwi	Tribe, extended kinship group, nation, people
Kaikaranga	Woman (or women) who makes the ceremonial call to visitors at a ceremonial welcome or pōwhiri. Also the caller who responds from the visitors' side
Kaikōrero	Speaker
Kaumātua	Elderly plural/elderly singular
Kaumātuatanga	Old age
Kaupapa	Purpose, topic, policy
Karakia	Incantation, ritual chant, prayer
Kawa	Marae protocol, customs
Kōrero	Discussion, conversation, discourse
Koro	Elderly man, grandfather
Kuia	Elderly woman, grandmother
Kura Kaupapa	Primary school where children taught mainly using Te Reo Māori
Mahi	Work, job, practice, operation, function
Manaakitanga	Hospitality, generosity, kindness
Marae	Courtyard or open area in front of the meeting house (wharenui) but also used to describe the complex of buildings around the marae
Mātauranga	Knowledge, understanding, skill
Māuiui	Sickness, illness, disorder
Mirimiri	Massage
Mokopuna	Grandchild, descendant
Motu	Island, country, land

Ngā Atua Māori	Supernatural beings, deity, ancestors, god (not the same as Christian God)
Paepae	Orator's bench at the marae
Papakāinga	Home base, village, communal Māori land
Pou	In this context, a metaphorical pillar, goalpost or support
Pūtea	Finance, sum of money
Rangatiratanga	Right to exercise authority, chiefly autonomy
Reka	Tasty, pleasant, favorable
Rohe	District, region, border (of land)
Rongoā	Remedy, medicine, treatment solution
Rōpū	Group of people, association, committee, organisation
Taha Māori	Māori side/identity/character/ancestry
Takutaku	To recite karakia or ritual chants
Tāmaki Makaurau	Auckland – Tāmaki of a hundred lovers
Tamāriki/Tamariki	Children
Tāne	Husband/male/man
Tangihanga	Funeral, rights for the dead
Tapu	Sacred, prohibited, restricted, forbidden
Tēina/teina	Younger sibling of the same gender
Tikanga	Correct procedure, habit, lore, way, right
Tohunga	Expert, proficient
Tūpuna/Tīpuna	Ancestors, grandparents (plural and dialectal variations)
Wānanga	Meeting, discussions
Wairua	Non-physical spirit, feel, mood, feeling, nature, essence
Waka Ama	Outrigger canoe
Whaikōrero	Formal speechmaking
Whakapapa	Genealogy, descent
Whānau	Family, extended family, a familiar term of address to a number of people
Whānau Ora	Government whānau centred strategy to assist families to reach their aspirational goals
Whanaungatanga	Relationship, kinship ties, sense of family connection
Whanaunga	Relative, relation, kin
Whenua	Land, nation, state, territory. Also refers to afterbirth or placenta

APPENDIX ONE – PROVIDER SURVEY

Kaumātuatanga Needs and Wellbeing Provider Survey

Q1   **Do you currently provide specific services/support to kaumātua (55+)?**

- No
- Yes (please specify)

Q2   **Do you know of any other providers who provide services for kaumātua within your region?**

- No
- Yes (please specify)

Q3   **What gaps do you think there are in the current services provided to kaumātua in your area?**

Q4   **What are the barriers you see to providing services to kaumātua?**

Q5   **Who funds those services?**

Q6   **Have these services been evaluated?**

- No
- Yes

Q7   **Do you know of any other organisations who provide services for kaumātua within your region?**

- No
- Yes (please specify)

Q8   **What gaps do you think there are in the current services provided to kaumātua in your area?**

Q9   **What are the barriers you see to providing services to kaumātua?**

APPENDIX TWO – INTERVIEW GUIDE

'Kaumātua Needs and Wellbeing'

Kaumātua questions for interviews

<u>Demographics</u>

Confirm ethnicity

Age

Iwi/hapū affiliations

Address/Where they live

Current needs:

1. **What are your biggest concerns around ageing for you?**

   Prompts:

   - Housing

   - Health

   - Social

   - Whānau

   - Travel

   - Neighbourhood/Environment

   - Finances

   - Legal

   (Ask the question first, use prompts if needed)

2. **What are your current support systems?**

   Prompts:

   - Health

   - Travel

   - Housing

   - Social

   - Whānau

- Neighbourhood/environment

- Finances

- Legal

- On a day-to day basis

3. **Are those support systems enough for your needs?**

4. **What services would you like to see, that are more suitable for Māori? (More suitable for yourself? as you get older?) If not, what would help you?**

5. **Is there anything that stops you from being able to access services that are out there in the community?**

6. **Do you currently provide support for others? How will that affect your plans for the future?**

Future needs:

1. **What kind of planning have you done for the future?**

2. **If not, what would you need to help you plan?**

3. **Do you own your own home?**

4. **Do retirement villages appeal to you?**

5. **Where do you want to spend your later years? Why?**

6. **What will help you to do that? Or stop you from doing that?**

   Prompts:

- Finances

- Services

- Whānau etc.

7. **Closing comments.**

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