

# **'Ageing in Place' in Golden Bay:**

## **An investigation of the ageing population in Golden Bay and what they need to be able to 'Age in Place'**

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By

Dr. Bjarne Vandeskog, Abbi Vandeskog and Dr. Linda Liddicoat

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## EXECUTIVE SUMMARY

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The demographic situation in Golden Bay is characterised by a relatively rapid increase in the proportion of older people. As of 2011 43.1% of the population is 50 years or older and one third (33.8%) have seen their 55th birthday. Due to a number of reasons, primarily lack of employment and affordable housing, many young people are leaving Golden Bay and few are arriving, further contributing to the over-representation of older people. There are no signs that this trend will change, and Golden Bay is facing a future where, in ten to twenty years, close to half of the population will be of retirement age.

The New Zealand Positive Ageing Strategy outlines the National Government's aims and actions to enable people in rural areas to age in the place of their choice. The present study has investigated the factors that influence Golden Bay resident's decisions about where that place is, and their ability to actually grow old there. The study found that the great majority of residents in Golden Bay want to Age in Place in Golden Bay, and preferably in their present home. A majority of Golden Bay residents already live in homes that are adequate, but one third of the population over 55 years of age report that their houses are not adequate for old age as they require too much maintenance, are too big or located too far from town.

This research found that people want to grow old in Golden Bay because of its beauty, the leisure activities it affords and their sense of identity and belonging to the land, the community, to family and to friends. It also found that the quality of people's accommodation (house and section); their financial situation, the quality of their social network and their health are the main issues contributing to their ability (or not) to Age in Place in Golden Bay.

The results of the statistical survey revealed that for 4/5 of the Golden Bay population the situation looks positive on all variables influencing their ability to age in the place of their choice. This means, on the other hand, that at any given time approximately one in five is vulnerable on one or several parameters.

A large number of organisations, both governmental and NGO's, provide services contributing to making Golden Bay an attractive place to grow old, and enabling people to age well in this area. All these organisations and the services they provide are important contributors to the sustainability of the Golden Bay community and maintaining its viability as a Place to Age. As the number and proportion of older people increase, it is likely that they will experience an increase in the demand for their services. This research shows that the issues and areas that need to be addressed in preparation for the increase in older people are:

- Social network – community fabric. People chose to Age in Place in Golden Bay because of the positive qualities of their social networks and the community. These factors also contribute, in a fundamental way, to their ability to age in this place. The future of people's social networks and the community are highly uncertain and precarious because of the exodus of younger people and very low recruitment rates. Lack of employment opportunities and unaffordable housing are some of the main contributors to this problem.

- **Appropriate accommodation.** A range of solutions are needed, from retirement/eco-villages, via more easy-care, smaller units close to own, to allowing several buildings on the same section.
- **Transport.** Some forms of alternatives to private cars that also enable Golden Bay residents to take advantage of the transport subsidies available in urban areas, are needed.
- **Home Support.** This service is essential to enable people to keep living at home as their health declines. Whilst carers in Golden Bay enjoy a very good reputation, the organisational model upon which the service is built seems to be sub-optimal. The present organisational model does not seem well suited to delivering the highest quality of service, nor for looking after the carers as a human resource asset.
- **Volunteers.** A large number of services for older people rely on volunteers, and all volunteer organisations report increasing difficulties recruiting new volunteers, particularly for executive positions. Lack of volunteers undermine the sustainability of these organisations and every organisation plays an important part in maintaining Golden Bay as a good and viable Place to Age. Younger people in Golden Bay express a willingness to become more active in volunteering the future, but this willingness needs to be channelled into action.

## INTRODUCTION

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The “Ageing in Place in Golden Bay” project investigates the factors that influence people’s *decisions* about where to grow old and the factors that influence their *ability* to get old in the place of their choice. The project builds on two central concepts, ‘Ageing’ and ‘Ageing in Place’, both of which need clarification. ‘Ageing’ can be defined in many different ways and it is easy to assume that functional decline is a necessary characteristic of ageing. We have made a conscious effort to avoid that assumption because we believe that people’s level of functioning is something we should discover rather than assume a priori. Consequently we have chosen a ‘neutral’ definition of ageing, a definition that only brackets off a category of people of the same age. The cut off point for when a person should be considered old is obviously open to debate and varies between countries and cultures. An indicator of this variation is the age that defines a person as eligible for superannuation. In New Zealand that age is e.g. 65, in Austria 58 and in Norway 67. We will not discuss the relative merit of the various cut off points here, but have decided to adopt the same understanding of ‘old’ as the one underpinning the New Zealand superannuation scheme, i.e. people enter into the category ‘old age’ when turning 65, noting that many have as much as 1/4 of their lives ahead of them at this age. In order to say something about the future and those who will reach ‘old age’ during the next decade, we have included people over 55 years of age in this project. In the questionnaire we also included people between 18 and 55 to learn about similarities and differences between younger and older residents.

‘Ageing in Place’ can also be defined in many different ways and the most intuitive definition is ‘getting old at home’. Essentially we subscribe to this definition as well, but recognise that it is slightly too vague because it begs the question ‘What is a home?’ The New Zealand Positive Ageing Strategy (Ministry of Social Policy, 2001) defines ‘Ageing in Place’ as: “*people’s ability to make choices in later life about where to live, and receive the support to do so*” (p. 10). The main operative components of this definition are choice, location and support. Our research builds on this definition and consequently investigates the factors that influence people’s choices, the characteristics of the localities where they wish to get old and the support available to them.

### *Why do this Research?*

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The proportion of older people in New Zealand society is growing, as it is in most other western countries. In 1976 only 9% of the New Zealand population was aged 65 or over. By 2006 this proportion had increased to 12% and it is expected to peak at around 25% in 2050. As the proportion of older people grows there will also be more people who live to a greater age. In 2006 people aged 85 and over made up only 11% of the older population (i.e., those over 65). By 2031 that percentage is expected to increase to 13% and to 23% in 2051 (Statistics NZ).

Knowledge about this trend is well established and the discussions about what to expect, and how to meet the challenges inherent in this growth, have been going on at the national level for at least a decade. To some extent this discussion, as well as preparations, have filtered down to regional and local levels, but many local communities are still unaware of what to expect; how the increase in older people will affect their communities and how to prepare for these changes. The Ministry of

Social Development provides a website giving an overview of what local councils are doing in the area of 'Positive ageing' ([www.msd.govt.nz/what-we-can-do/seniorcitizens/positive-ageing/initiatives/index.html](http://www.msd.govt.nz/what-we-can-do/seniorcitizens/positive-ageing/initiatives/index.html)). It is not a very encouraging read, particularly regarding the South Island. According to this website the councils in the Top of the South have not introduced or implemented any substantial initiatives to understand or meet the ageing challenges in their communities since 2004<sup>1</sup>.

As the Positive Ageing Indicators Report 2007 point out the large majority of older people in New Zealand live in urban areas. That does not mean the ageing situation in rural communities is of minor importance or not in need of attention. On the contrary, it is clear from literature like the Indicators Report that the growth in the number of older people in rural communities poses particular challenges and that older people in remote areas may easily be overlooked when programs and services for older people in urban and more central areas are developed. Combined with the unfortunate fact that there is a lack of knowledge about ageing in rural New Zealand many rural communities could be in for a rude awakening. More knowledge about the characteristics of the older people living in specific communities, the services that exist, plans for future service delivery and similar are necessary in order to prepare for the future.

This research is therefore primarily for people who live in Golden Bay, and for organisations that serve them. We have tried to avoid the kinds of jargon that often make research and governmental reports hard to access. For the same reason we have also avoided some technical statistical vocabulary and have refrained from performing certain more advanced technical analyses.

### *Golden Bay – a remote rural community*

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Golden Bay is one of many rural communities in New Zealand faced with a substantial challenge due to the increase in the proportion of older people in the community. On the one hand it is a typical rural community in that there is a lack of knowledge and preparations for how to deal with the increase in older people. On the other hand it is somewhat unique because the increase in older people is considerably higher than in many other rural areas of New Zealand ([www.stats.govt.nz](http://www.stats.govt.nz)). In 2006 the proportion of residents in Golden Bay (GB) aged 65 and older was 12.6%, approximately equal to the national average (12.2%) and well below Nelson (14.4%), Bay of Plenty (14.7%) and Marlborough (16.2%). According to the 2011 estimates by Statistics NZ the 65+ group in Golden Bay has caught up with Bay of Plenty, has surpassed Nelson and is closing the gap with Marlborough. Considering that the 2011 figures are estimates and not 'facts' they should be treated with some caution. However, they still indicate a more rapid growth of older people in GB than in the other areas. When widening the scope and looking at the proportion of the population over 50 years of age the 2011 figure for Golden Bay is 43.1%. This figure is higher than in all the other areas mentioned above. The people in Golden Bay who are 50 and older today will be 65 and older in fifteen years, and combined with the exodus of people in the 18 to 45 age group the community may soon face a

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<sup>1</sup> The website states that Nelson City Council is reviewing its Positive Ageing Policy, to be completed in June 2012. This review has been going on since at least 2007. The Council has also undertaken the "*Older workers research project*", but due to poor design it did not meet its objective, i.e., "*Finding out why Nelson has the lowest workforce participation rate for older workers*".



situation where close to half of the population is retired. The table below shows the estimated resident population figures for Golden Bay at 30 June 2006–2011 provided by Statistics NZ ([www.stats.govt.nz](http://www.stats.govt.nz)). Figures are based on the 2006 census usually resident population count, updated for “*net census undercount (based on the 2006 Post-enumeration Survey), residents temporarily overseas on census night, births, deaths, and net migration between census night and the date of the estimate, reconciliation with demographic estimates at ages 0–4 years.*”

<b>Year at 30 June</b>	<b>2006</b>	<b>2010</b>	<b>2011</b>
Total All Ages	3790	3730	3780
0-4 Years	250	220	220
15-19 Years	210	200	190
20-24 Years	120	120	120
25-29 Years	140	130	130
30-34 Years	230	170	170
35-39 Years	240	260	210
40-44 Years	300	250	250
45-49 Years	360	310	280
50-54 Years	330	340	350
55-59 Years	330	300	350
60-64 Years	250	320	310
65-69 Years	170	240	250
70-74 Years	120	150	170
75-79 Years	70	100	100
80-84 Years	70	50	50
85 Years and over	40	50	50
Total 50 Years and over	1380	1550	1630
Total 55 Years and over	1050	1210	1280
Total 65 Years and over	480	590	620
Over 65 as a % of total population	12,66 %	15,80 %	16,4%
Over 55 as a % of total population	27,7%	32,43%	33,86%
Over 50 as % of total population	36,67 %	41,55 %	43,12%

Table 1. Golden Bay population figures

Considering that this research is founded on the fact that the proportion of older people in Golden Bay is very large compared to younger age groups we include Table 1. to show the official population count upon which we base our claim.

We assume that most of the local readers of this report will be familiar with Golden Bay, its history, geography and present society. For those readers who are not, a quick introduction may be helpful for understanding the contents of this report. Golden Bay is an isolated rural community at the end of a road leading over an 800 metre mountain pass. The Local Government Commission has classified it as a remote rural community, the only one of its kind on mainland New Zealand. It is a large and sparsely populated area with a 'Usual Residents' population of only 3678 according to the 2006 Census. (The 'Census Night' count in 2006 was 4494. Please also note that the Estimated Resident population figures in Table 1. is not directly comparable with the census 'Usual Resident' population count because of the adjustments mentioned above in Table 1.) Residences are scattered throughout two large alluvial valley systems stretching 25 to 30 km from the coast to the mountains and along a thin fringe of land stretching a total of more than 60 km along the coast. Remnants of Maori history

is ubiquitous with a plethora of Maori place names. This history is predominately dormant, however, because most members of the three Tangata Whenua iwi no longer reside in Mohua (Golden Bay), and because Pakeha and immigrants in general have not recognised the Maori history as a unique resource for their own identity and sense of belonging. The Pakeha history is chequered and during the 170 years of Pakeha settlement Golden Bay has gone through a number of economic phases, from exploitation of gold and timber via establishment of family based farming to industrialisation in the early and middle twentieth century. The last 50 years has seen a number of radical economical changes with the demise of all heavy industry (the Golden Bay Cement factory closed in the late 1980's), a shift towards large scale dairy farming, and the growth of tourism, aquaculture, lifestyle and retirement.

Since the late 1960's the composition of the population has changed fundamentally, first with a major influx of young people with politically radical ideas about lifestyle, religion and politics seeking to establish 'alternative' ways of living; more recently with a large growth in retirees and a looming wave of older people. Skyrocketing housing prices combined with a low-wage economy have, for many years, made it difficult for young people to remain or settle in Golden Bay.

As a consequence the area now boasts an unusually diverse population made up of people with many different outlooks on life, who pursue many different economic strategies, have many different aspirations and different interests. The present population is a mixture of families who can trace their ancestry to the first settler, a large contingent of national and international new-comers, farmers, farm workers, hospitality operators, service industry owners and employees, artists, crafts people, retirees and people on independent incomes.

### *The New Zealand Positive Ageing Strategy*

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Considering the size of the challenge brought about by the increase in the older population it is reassuring to know that the government is well prepared, at least on paper. In 2001 the government released The New Zealand Positive Ageing Strategy, a document that is important for all individuals and organisations working with and for older people in New Zealand. It spells out a number of specific commitments by the government aimed at promoting "*the value and participation of older people in communities*" (p. 6). The strategy is commendably easy to understand, and can be used to keep the government accountable, to validate and support claims by individuals and organisations in Golden Bay who seek to improve services for older people. Consequently it warrants presentation in some detail.

The strategy outlines ten overall goals for the government's work in the future (the Strategy does not define a set period). These goals are:

1. Secure and adequate income for older people
2. Equitable, timely, affordable and accessible health services for older people
3. Affordable and appropriate housing options for older people
4. Affordable and accessible transport options for older people
5. Older people feel safe and secure and can "age in place"
6. A range of culturally appropriate services allows choices for older people
7. Older people living in rural communities are not disadvantaged when accessing services
8. People of all ages have positive attitudes to ageing and older people

9. Elimination of ageism and the promotion of flexible work options
10. Increasing opportunities for personal growth and community participation

These goals are all relevant for this research project and for older people in Golden Bay, but it would take too much space to present all the actions prescribed in the strategy to reach all ten goals<sup>2</sup>. Two of the Strategy goals are particularly relevant for this research project, however, and the actions under those goals thus merit presentation in full:

#### 5. AGEING IN PLACE

GOAL: Older people feel safe and secure and can "age in place"

ACTIONS:

- 5.1 Promote and implement safety awareness programmes for older people
- 5.2 Develop a wide range of services that support ageing in place
- 5.3 Develop policy options that facilitate ageing in place
- 5.4 Improve delivery of information about provisions and services that enable older people to age in place

#### 7. RURAL COMMUNITIES

GOAL: Older people living in rural communities are not disadvantaged when accessing services

ACTIONS:

- 7.1 Promote and support policies that encourage opportunities for growth and development for older people living in rural communities
- 7.2 Improve service delivery to rural areas
- 7.3 Ensure policies address the additional costs associated with providing services to sparsely populated and rural communities
- 7.4 Ensure equity of access to health services for people in rural areas
- 7.5 Develop options to address the transport needs of rural older people accessing services and activities in urban areas

With these goals and actions the government has committed itself to develop services that support 'ageing in place', and policy options that facilitate it, particularly in rural areas. It is our hope that the research presented in this report can be useful for organisations and individuals who seek to hold the government to these commitments.

### ***Nelson Marlborough District Health Board (NMDHB) Annual Plan 2011/12***

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The Goals and Actions of the Positive Ageing Strategy filters down to the community level in many different ways, one of which is through the District Health Boards. Plans for future health delivery across the Top of the South Island, as envisaged by the NMDHB, can be found in the Annual Plan

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<sup>2</sup> A comprehensive list of action are can be found on [http://www.ifa-fiv.org/attachments/060\\_NZ%20Positive%20Ageing%20Strategy.pdf?phpMyAdmin=Hj3UN29fXcm3NoRoBeayeKKgLL6&phpMyAdmin=44935d2d09de8a255fdb5c021ecec2d&phpMyAdmin=fd874e5b4e657d4862d7137acb46801](http://www.ifa-fiv.org/attachments/060_NZ%20Positive%20Ageing%20Strategy.pdf?phpMyAdmin=Hj3UN29fXcm3NoRoBeayeKKgLL6&phpMyAdmin=44935d2d09de8a255fdb5c021ecec2d&phpMyAdmin=fd874e5b4e657d4862d7137acb46801).

2011/12. This plan is for the second year of their three-year programme *“to achieve viability for services we fund and provide”* (p. 4) and is particularly concerned with meeting five Government Priorities, one of which is *“Ensuring safe and efficient services for older people”* (p. 6). The Annual Plan specifies that *“The Government expects the DHB to invest more in services for older people to restore their health and support them to live independently”* (p. 6) and the NMDHB plans to meet this expectation by prioritising the implementation of *“services that concentrate on those with dementia and better, sooner more convenient primary and community care to avoid acute hospital admissions.”* (p. 6) The plan’s Strategic Goal 2 is: *“People are supported to stay well in their own homes and communities”*(p. 8) and one of the long term (5-10 years) outcomes measures under this goal is: *“A reduction in the number of people supported in Age Residential Rest Home Level Care in comparison to other SI DHBs”* (p.29) The reasoning behind this measure is that living in Age Residential Care facilities *“can be associated with a more rapid functional decline than ‘ageing in place’. It is also a more expensive option, and resources could be better spent providing appropriate levels of support to people in their own homes”* (p 29).

In Modul 3: Delivering on Priorities and Targets, the plan presents nine initiatives/activities and actions aimed at providing *“safe and efficient services for older people”* (p. 53). One of these initiatives is to *“Develop a respite care plan to meet the needs of older people and their carers”* (p. 53) and from what this research project has found it is the only initiative directly aimed at making it easier for people to ‘Age in Place’.

In summary the Annual Plan shows that NMDHB is aware of the challenges brought about by the increase in the proportion of older people in our communities and are committed to meeting these challenges by providing *“safe and efficient services for older people”*. Their understanding of the initiatives needed to achieve that goal does seem somewhat wanting, however.

### *How to study an ageing population*

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Ageing can be studied from a number of perspectives depending on the concerns of the individuals who commission or design the research project. As an example organisations like ACC and District Health Boards would want to know about people’s state of health, the health services they might be requiring as they get older and how to prevent accidents as people become frailer and more prone to falling. The number of possible perspectives is far too large to give an overview of in this report. What matters here is to give the reader some indication of the concerns that have guided this particular research.

The organisation behind this research, Golden Bay Workcentre, is a community organisation concerned with the wellbeing of the community at large. It does not have one specific agenda like health or employment, but is motivated by more holistic ‘community development’ concerns. The Workcentre was encouraged to do this research by a number of conversations with many different individuals where the topic about aging came up. Community development is a vague term, but one of the basic principles of this perspective is that communities have the right and are able to define their own challenges and determine their own futures. In line with this concern this research aims to capture the community’s definition of the challenges it faces with regards to its ageing population and to provide it with tools to deal with these challenges.

In addition to these principles and concerns, the researchers also brought a particular analytical perspective to the investigation. The concepts 'Quality of life' and 'Resilience' are two important banners indicating the nature of this perspective. By 'Quality of life' we mean that we are more concerned with how people experience their lives than with 'objective' indicators such as the size of their income, the number of cars they own and whether they have broadband. We have tried to capture people's own experiences of what makes life better or worse, and endeavoured to build an understanding of the processes that lead in both directions. 'Resilience' is a concept that has become quite a catchphrase over the last decade or so, and it has acquired a range of associations. To us 'resilience' expresses the conviction that as a species humans have a remarkable ability to deal with adversities and to 'bounce back' after having experienced something negative. Resilience is on the one hand an individual character trait; some people have more of it than others. On the other hand the community to which an individual belongs is one of his/her more important resilience resources or supports. Some communities prepare its members to deal with adversities and assist them to bounce back when adversity strikes. Other communities do not, or many even create the adversities that bring people down. In this perspective it is possible to talk about resilient communities as those that provide its members with a greater chance to bounce back and thrive. It is also possible to think of resilience as a trait of a community at large. History provides many examples of communities that have faced problems, have not met the challenge and have collapsed. Communities that face challenges, survive and perhaps even grow to thrive can also be labelled 'resilient communities'. It is our belief that communities that assist members who face adversities are also the kind of communities that stand a greater chance of bouncing back as a collective.

### *Ageing in Place in Golden Bay*

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Adopting 'resilience' and 'positive ageing' as the paradigmatic framework for this project links us up with documents like the Positive Ageing Strategy, and guides the direction of the project. It does not, however, narrow our investigation into something manageable. We need a more precise focus, and as we listened to the conversations in the community it became clear to us that one topic had a special saliency. Most conversations would, at some stage, touch on the subject of whether it will be possible for people in Golden Bay to keep living in their own homes as they age. The Golden Bay Workcentre and the researchers therefore decided to make 'Ageing in Place' the focus of this research.

'Ageing in Place' is a well-established concept in the ageing literature for two good reasons. On the one hand it is the preferred option for the greater majority of people in the western world, and probably globally. Secondly, it is a far less expensive option for the state to assist people to keep living at home than providing care in nursing homes and hospitals. At the beginning of this chapter we stated that Ageing in Place can be understood to mean many different things, and that we have chosen a definition from the Positive Ageing Strategy emphasising choice, location and support. Other research projects define the concept differently, e.g. that it means getting old in the home, or place where one has always lived, or outside of 'institutions'. To us the 'getting old in the place one has always lived' would be at odds with the Kiwi way of life considering that we tend to move, on average, every six years. For a place like Golden Bay, where many people are attached to the greater area, and not only their own home, and where Ageing in Place in a rest home in Golden Bay is a far better solution than in a rest home outside Golden Bay, we believe the concept need to also include

this choice. In light of a 'resilience' and 'quality of life' perspective we decided to focus on the choices people make and the support they can access to realise those choices.

### *Our research questions and how we investigated them*

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The focus on Ageing in Place, and our definition of this concept, has led us to formulate two main research questions:

- What factors influence people's decisions about where to live as they grow older?
- What factors influence people's ability to grow old in the place of their choice?

These two overarching questions have led to a number of sub-questions such as:

- Do people who presently live in Golden Bay want to become old in this area?
- Do they want to get old in their present home, or would they want to move to something smaller and easier to manage?
- What services exist currently to assist people to age in the place of their choice?
- Are service delivery organisations preparing for the potential growth and demand for their services as the proportion of older people increases?

The design of the research project that we have chosen (see chapter 3 Design and Methods) means that new questions emerged as we learned more about the topic. A full list of sub-questions will therefore not be presented, but chapter 4 (Findings) and appendix 1 (Questionnaire) provides a full overview of the sub questions we ended up asking and seeking answers to.

In order to provide the data material needed to answer our questions we have:

- Interviewed all (bar one) of the organisations that provide services particularly to older people.
- Interviewed 37 individuals aged 55 and older.
- Sent out a questionnaire to every second adult resident in Golden Bay.

We elected to use these methods, and gather information from so many people, to ensure that we both had a thorough understanding of the issues influencing people's choices and abilities to Age in Place, and would be able to draw some conclusions about how common these issues are for the community at large. A more comprehensive presentation of methodical considerations is given in chapter 3.

When this research was planned and initiated we hoped that it would produce knowledge that can be useful for the community. We hoped to increase the knowledge base of the community, to identify strengths and weaknesses, gaps in services and future needs and resources for planning of future services. We feel quite confident we have achieved these goals. For example we have found that a very large majority of the present population states they want to remain living in Golden Bay as they get older. This means we can be reasonably certain that the proportion of older people in Golden Bay will in fact grow as much as predicted by Statistics NZ. We have also found that 'Ageing in Place' in Golden Bay is a double sided story and that the quality of life among older people in Golden Bay is unevenly distributed. The majority report being healthy, happy, well off, with a good network

of friends and family, and a minority is not. As far as gaps in services are concerned we are able to predict that transport for those older people who can no longer drive is going to become a large problem in the near future. As far as planning for the future, we have identified a large interest in the Retirement/Eco Village solution to living in old age, an interest just waiting to be harnessed by developers with an attitude and aptitude to match. A full overview of our findings is presented in chapter 4 and the findings are discussed in chapter 5.

### *The structure of the report*

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This report follows a structure similar to traditional research reports. Immediately following this introduction is a chapter giving an overview of the existing research literature which we have found particularly relevant for our own research. Thereafter we describe and explain what we did and why we did it. Chapter four is a presentation of our findings with three sub-chapters for the three different data-sets we have collected, and chapter five is a discussion of what these findings mean. The last chapter is a conclusion where we draw together some of the more important implications of the discussion.

## RELEVANT LITERATURE

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Research interest in ageing has grown dramatically over the last decade and two bibliographies of research on ageing in New Zealand covering the period 2001-05 (Davey & Wilton, Eds. 2005) and 2005-08 (Institute of Policy Studies, no date) cite a total of almost one thousand titles. Considering that the interest in the ageing situation has continued to grow since then it is likely that several hundred new articles and books would have been published after 2008. Providing an overview of this large mass of literature is outside the scope of our project, but the bibliographies make it possible to position our work within a larger research context.

Not only is the body of literature on ageing large, but it also covers a wide range of topics. The bibliography by Dawey & Wilton (2005, 2008) divides the literature into 20 separate main categories and 31 sub categories. Though the list is long we present it here to show the width of topics and perspectives covered by the ageing research in New Zealand (main categories in **bold**):

<b>Attitudes Towards Ageing</b>	Dementia	Sheltered Housing
<b>Ageing Population</b>	Disability	<b>Income and living standards</b>
Demographics	Exercise	<b>Law/Legal Issues</b>
Economic Implications	Falls	<b>Maori</b>
Policy Implications	General	<b>Positive Ageing</b>
Social Implications	Geriatric Assessment	<b>Policy</b>
<b>Care</b>	Heart	<b>Leisure, Recreation, Volunteering</b>
Caregiving	Hip Fractures	<b>Other</b>
Institutional	Injuries	<b>Retirement</b>
Other	Mental Health	<b>Retirement Income</b>
<b>Cognition</b>	Miscellaneous	<b>Services for Older People</b>
<b>Education</b>	Nutrition	<b>Sexuality</b>
Adult Education	Pharmacology	<b>Technology/Communication</b>
Tertiary Education	Services	<b>Transport</b>
<b>Employment</b>	Stroke	<b>Women</b>
<b>Family and Relationships</b>	<b>Housing</b>	
<b>Health</b>	General	
Audiology	Retirement Villages	

As can be noted 'Ageing in Place' is not one of the categories mentioned above, and to the extent that literature on 'Ageing in Place' has been cited, it has been subsumed under several other headings (Policy, Attitudes towards Ageing, Housing, Positive Ageing). It is also worth noticing that during the 2001-05 period only one article on 'Ageing in Place' was published as compared with six in the period from 2005 to 2008. 'Ageing in Place' as a particular research focus is gaining ground. A more complete review will follow after highlighting a few things about the ageing research in general.

### *Definitions of old age*

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Research on ageing is, obviously, based on definition(s) of ageing. As with all social categories that are based on biological facts ageing is far from straight forward. It is a biological fact that the human body gradually declines as it ages, commencing some time in adulthood and leading, inevitably, to death. This biological fact is not the only basis for a definition of ageing, however, and different



researchers operate with many different definitions depending on research questions and analytical perspectives. Some researchers are interested in the social stages of ageing, others are concerned with health issues, and some are concerned with the financial and economical aspects such as employment and superannuation. The literature does not, in other words, provide one generally accepted definition of ageing from which the research is based.

A common denominator in all ageing research is the use of chronological age as a means of framing the category of people and phenomena under exploration. Age categories are arbitrary, however, in the sense that they are not defined by any objective and generally valid characteristics of the people who fill these categories. Individual variation is large with regards to physical and mental health, levels of 'well-being' or being 'worn out' and the type of wear people have sustained during their childhood and adult years. Chronological age and functional age often do not correspond at the individual level, providing yet another reason why an objective definition of ageing is not possible.

Definitions are still needed, however, and a possible way to arrive at a chronological age that marks a threshold to 'old age' is to look at the official retirement age. With the introduction of The Old-Age Pensions Act in 1898 the retirement age was defined as 65 years of age in New Zealand. Other countries operate with other cut off points, but 65 is the most common throughout Europe and North America. Within Europe Austria has the lowest official retirement age at 58 with both Denmark and Norway sticking to 67. Official retirement age has also changed historically within the western world, exemplified by Germany where it began at 70 years of age in 1880, gradually fell to 65, and is set to increase to 67 in 2012. When introducing the concept of effective retirement age (i.e., the age at which people actually stop working) the variations increase even more as it deviates from the official retirement age in most OECD countries (OECD: Organisation for Economic Co-operation and Development). In New Zealand the average effective retirement age (i.e. when people actually do retire) for men was 67.1 years of age in 2009 ([www.oecd.org](http://www.oecd.org)).

Based on the above it seems fair to conclude that in general western cultures define old age as beginning some time in the mid to late sixties. Some researchers have found it useful to divide the old age category into sub-categories reflecting degrees of functionality (see e.g., Davey, 2006). Bearing in mind that 'functionality' can refer to many different types of abilities we assumed that the ability to live independently (i.e. outside a rest home or hospital) would be of importance for the choices people make about where they live as they get older. New Zealand research show that the great majority of older people actually do live independently and at the 2006 census 90% of people 65 and over lived in private dwellings. It is important to note, however, that the number of older people living in residential care facilities increases sharply with age, rising from 0.7 percent of older people aged 65–69 years to 16 percent of those aged 80 years and over (Positive ageing indicators, 2007). Based on these research findings we decided to operate with two age categories commonly used in the ageing research (see e.g. Davey 2006) in the present project; the 'younger-old' including the age span from 65 to approximately 80 and the 'older-old' encompassing those over. As we also wanted to learn about the ageing situation in the near future we have included people in the 55 to 64 year age group, and our survey was also sent out to 18 to 55 year-olds for comparative purposes. This literature review, however, will focus on the 65 and older.

As the long list at the beginning of this chapter shows, research on ageing can focus on a large range of issues. In spite of this variety there is a clear tendency for research to be based on two different and opposing perspectives: one seeing age as a *decline*, investigating the problems caused by or associated with ageing; the other seeing ageing as a change and a challenge, investigating *resilient* and 'positive' ageing. Obviously there is need for both types of research and all research cannot adopt both perspectives within the same project. Our project primarily employs the latter perspective.

The emergence of the 'positive/resilient' ageing perspective is part of a similar movement within related areas like health and welfare research. The salutogenic, as opposed to pathogenic, perspective, initiated by Antonovsky (1979), and the resilience research in the tradition from Garmezy (1973) and Werner (1982), are concerned with discovering and strengthening those factors that contribute to good health or recovery from social, psychological and somatic illness or trauma, rather than the factors that caused the illness/trauma in the first place. It is reported in the social policy research that the same shift from social welfare policies aimed at solving problems to social wellbeing policies aimed at achieving positive results or outcomes (see e.g. Davey & Glasgow, 2006, Player, 1994, Wood & Newton, 2005).

The 'positive/resilient ageing' research has identified a number of contributors to continued or increased wellbeing among older people. In his book 'Resilient Ageing' (2010) Milstein presents the following resilience factors:

- Positive connections (with people, values, institutions, etc)
- Clear, consistent and appropriate boundaries in relationships with others
- Life guiding skills (Problems solving, planning etc)
- Nurture and support
- Purpose and expectations
- Meaningful participation

The New Zealand Positive Ageing Strategy, though not a research document, presents similar insights in the principles upon which the strategy is built. The principles that, according to the Strategy "*will guide the development of policies and services across the government sector into the future*" (p. 6) are:

- Empower older people to make choices that enable them to live a satisfying life and lead a healthy lifestyle;
- Provide opportunities for older people to participate in and contribute to family, whanau and community;
- Reflect positive attitudes to older people;
- Recognise the diversity of older people and ageing as a normal part of the lifecycle;
- Affirm the values and strengthen the capabilities of older Maori and their whanau;
- Recognise the diversity and strengthen the capabilities of older Pacific people;
- Appreciate the diversity of cultural identity of older people living in New Zealand;
- Recognise the different issues facing men and women;
- Ensure older people, in both rural and urban areas, live with confidence in a secure environment and receive the services they need to do so;

- Enable older people to take responsibility for their personal growth and development through changing circumstances (p 6).

Concepts like ‘empowering’, ‘enabling’, ‘appreciation of identity’ and ‘respectful recognition of people’s strengths’ tend to trigger positive connotations and it would be hard to object to policies aiming to strengthen these aspects of older people’s lives. That does not mean the ‘positive’ perspective is all benign however. Davey and Glasgow (2006) argue that this perspective is in danger of presenting an overly optimistic view of older age. It places a high value on independence and activity and emphasises the benefits of maintaining the level and pattern of activity of middle age for as long as possible. This over-promotion of the positive image carries an inherent risk for policymakers and planners to ignore or under-communicate the experiences of people who suffer frailty and dependence in later life. The positive discourse on ageing expressed in the ‘Positive Ageing Strategy’ has also been criticised for its emphasis on economic activity and has been seen as serving the needs of the government rather than the needs of older people. Last, but not least, there is a risk that the positive ageing discourse can be used to blame old people for their own misery because it portrays older people as able to counteract the effects of ageing through personal effort.

*“By making individuals responsible for their fate it is a small step to conclude that those who suffer in old age deserve it. Policy strategies that over-emphasise independence, self-reliance and individual responsibility may do so to the detriment of cooperation, reciprocity and interdependence” (Davey and Glasgow, 2006, p. 25).*

They conclude:

*“Those who are ageing in good health and are engaged in productive activities may benefit from increased opportunities if the strategies achieve their objectives. But the approach is problematic for those who are not, or who can no longer be, self-reliant and independent” (Ibid p. 26).*

### ***Ageing in Place***

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The international literature on ‘Ageing in Place’ is substantial and as with the ageing research literature in general ‘Ageing in Place’ can be approached from many different angles. Within the context of this project a detailed overview of these perspectives will be given. *Ageing and place: perspectives, policy, practice* (2005) by Andrews and Phillips is recommended for a thorough overview for those who would be interested.

When searching the available literature our concern has primarily been to find books and articles that could inform the type of research that is the focus of this project, i.e., community research aiming to say something about what characterises ‘Ageing in Place’ in Golden Bay. Theoretically and thematically we have attempted a holistic approach in the sense that we have wanted to be open to a wide range of issues reported by service organisations and residents, and how these issues mutually affect each other. Though not numerous, there are some relevant books and articles that will be presented here in some detail.

Robinson's (2007) work *Ageing in Place – Making it Real* provides an overview of the benefits of aging in place, the factors that assist people to remain independent, and the factors that assist those who have support needs to age in place. It draws heavily on *the Assessment of Services Promoting Independence and Recovery in Elders* (ASPIRE, undated) report which is an evaluation of three ageing in place support services in Christchurch, Lower Hutt and Hamilton that began in 2003. Dwyer and Gray (1999), Dwyer, Gray and Renwick (2000) and Schofield, Davey, Keeling, and Parsons (2006) identify and describe a number of factors that influence people's ability to age independently. All these authors aim to provide comprehensive and generic overviews of such factors.

When drawn together the information from these various authors make it possible to construct a list of factors that contribute to people's independence and ability to live at home as they get older:

- Personal health; physical and mental
- Strong social networks, low levels of isolation
- Family support
- Safety and security
- Recreation
- Physical activity and fitness
- Positive attitudes to and perceptions of ageing
- Income which is sufficient to promote choice
- Appropriate housing
- Access to information and advice
- Preventative programmes
- Well co-ordinated services
- Access to home based and community-based support and services
- Interests
- Work
- Suitable transport
- Mobility
- Education
- Self-management
- Having a respected place in the community

Such lists are useful when conducting community research as reminders of the issues to investigate. Generic lists should not be used dogmatically, however, as every community is different and factors that may be common in one community may be absent in another. As an example, safety and security may be a big issue in an inner city poor community, but less significant in a rural community like Golden Bay. The reverse could easily be the case about access to transport.

It needs to be emphasized that the list above refers to factors influencing people's ability to live independently, and not specifically to 'Age in Place'. The definition of 'Ageing in Place' that we build on is "people's ability to make choices in later life about where to live, and receive the support to do so". Considering that all people are, to some degree or another, dependent on others, the concept 'independence' is a matter of degrees rather than either/or. Having read the literature we are uncertain if 'in/dependence' is the correct analytical concept for understanding how people experience their own ageing. We would suggest that as people grow older it is not necessarily the degree of dependence that increases, but rather the kind. Thus the problematic aspects of 'greater dependence' are perhaps linked to *loss of autonomy*, rather than an increased need to rely on others. How people experience the new type of dependence that comes with old age needs to be investigated rather than postulated.

Whereas the above research aimed at establishing generic knowledge about 'Ageing in Place' Keeling (1999) and Hale, Barrett and Gauld (2010) represent a very different approach. Both are engaged in more qualitative pursuits, aiming to grasp the meaning of 'Ageing in Place' for specific people in specific contexts. Keeling focuses on one particular community, Mosgiel, and based on data from the Mosgiel Longitudinal Study of Ageing (MLSA) she explores different aspects of independence and

how it is articulated by older people. In her paper she examines the living situations of older people; their views on deciding where and how to live, the meaning of 'home', and what they think of Mosgiel. In her conclusion she highlights three themes that she found particularly challenging with regards to 'Ageing in Place' in Mosgiel:

- many younger relatives had moved away, thereby undermining people's ability to age in place
- some older people move to retirement homes or villages in order to be independent of family support
- the growing provision of home-based services in line with ageing in place may need to take privacy and intimacy barriers into account.

Even though Beatrice Hale et al. (2010) do not build on Keeling's work, their research contributes to a richer understanding of the latter of the three challenges outlined above. In their book *The Age of Supported Independence - Voices of In-home Care*, they investigate the experiences of older people who remain at home with care. Through an exploration of the shift from independence to increasing dependence they argue for a greater diversification of our understanding of older people. People who remain at home with care share some characteristics setting them apart from totally 'independent' older people who live at home without any help as well as people who live in rest-homes/hospitals. Labelling this new stage of life the 'Age of Supported Independence' the authors suggest it carries specific risks that may lead to the older person becoming socially excluded rather than remaining connected with the community.

In *Is Aging in Place a Resource for or Risk to Life Satisfaction?* Oswald, Jopp, Rott and Wahl (2010) provides another good argument for diversification of our understanding of older people and 'Ageing in Place'. This article builds on quantitative research of 381 individuals aged 65 to 94, living in their own homes (i.e., not in rest homes) and investigated life satisfaction among young-old and old-old individuals. It asks whether physical and social environmental aspects of the home and the neighbourhood represent resources or risks for increased or decreased satisfaction and made some interesting discoveries. On the one hand they found that young old (65-80) are similar to old old (80+) in that neighbourhood characteristics contribute to life satisfaction. On the other hand the old old differ from the young old in that living alone is ok for the former, but not so good for the young old. The two categories also differ with regards to the size of the dwelling; larger dwelling contributing to life satisfaction for young old, but undermining life satisfaction for old old.

All the research we have mentioned above we have found directly relevant for the present study. In addition there exists literature on Ageing in Place that is less relevant, but still worth mentioning, if only superficially. A substantial body of literature focus on the home (i.e., house) as physical and architectural structure investigating how it may need adaptation as the person grows older. Obviously this is an important question that many individuals ask themselves as they gradually experiences increased difficulties, such as climbing stairs. It is not a question specifically investigated in this project, however. For those interested in more specific knowledge about this topic we recommend "*Ageing in place": The views of older homeowners on maintenance, renovation and adaptation,*" by Davey (2006) and "*Ageing in place: designing, adapting, and enhancing the home environment*" by Taira and Carlson (2000).

Geronto-geography is another large field of research, aiming to develop and apply theories about the meaning of space as an avenue for understanding 'ageing in place'. Cutchin's (2003) article *The process of mediated aging-in-place: A theoretically and empirically based model*, states that "Aging-in-place is a complex geographical process mediated by institutions and other social forces." (p. 1077). The article begins by "re-casting aging-in-place as a process of place integration." (op.cit). Another example of applying a geographical perspective is Milligan's, *There's No Place Like Home: Place and Care in an Ageing Society* (2009), which presents a comprehensive analysis of how the intersection of informal care-giving within domestic, community and residential care homes can create complex landscapes and organisational spatialities of care.

### *Literature on Ageing and rural settings*

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Rurality can be defined in many ways. In 1988 Krout argued in the *Journal of Rural Studies* that the term 'rural' most commonly refers to three dimensions: occupational, ecological and socio-cultural. By occupational he meant that economy is dominated by people involved in agriculture, forestry or mining. The ecological dimension refers to population size and density and defines rural in opposition to urban. The last dimension, the socio-cultural, builds on the assumption that a set of behavioural norms and values such as slow pace, rhythm, routine and 'insideness' are commonly held and permeate rural culture. In her book *Rural Ageing: A Good Place to Grow Old?* Keating (2008) maintains that there are two main approaches:

1. Rural as a distinctive type of locality defined by characteristics like population size and density, distance from larger urban centre etc.
2. Rural as a social construct made up of attitudes, behaviours and beliefs such as 'slower life', stronger community feeling etc. (p. 2).

The present study is built on the 'ecological' or 'distinctive type of locality' definition of rurality. It is a definition most residents in Golden Bay would be able to agree on and it clearly defines Golden Bay as rural with reference to those aspects of the community (size, density and distance from larger urban centres) that have the greater impact on issues affecting 'Ageing in Place'. Also, it does not assume that Golden Bay is a particular 'type' of community with similar attitudes, behaviours and beliefs as other rural communities in New Zealand. It may share such characteristics with other communities, and it may not. To the extent that it does we believe it is something to be established, and not stated prior to examination.

A comprehensive New Zealand overview of literature on ageing in rural areas is Lidgard's (2006) *Ageing in Rural Areas; A Review of the Literature*. The review "aims at identifying important references that can facilitate the understanding of ageing in rural areas and the implications for wellbeing of older persons." (p. i) It also claims that "Rural ageing remains a seriously neglected topic in New Zealand" (p. i). The present literature research, although not fully exhaustive, did not reveal anything to contest this claim or to suggest that there has been a great increase in research on rural ageing in New Zealand since 2006.

Early in her review, Lidgard (2006) states that

*“There are two contradictory assumptions about living in rural communities. The first is that rural communities are supportive because people know one another and are caring. The second is that rural communities are unsupportive because there are few government services available. In reality, it is likely that there is as much diversity in levels of support for older people in rural areas as there is for their urban counterparts” (p. 1).*

She also warns against generalisations across the ‘rural old’ category emphasising that there is a wide range of variations between individuals, and across rural areas.

*“Researchers have also pointed out that individuals do not remain within a specific category. During a person’s older years they may pass through several categories” (p. 4).*

We subscribe to these words of caution and in this study we have wished to avoid forcing preconceived categories onto our material. Instead we have wanted to discover differences and similarities between people on the basis of experiences, ideas and beliefs they have shared with us. Consequently we will be referring to categories of experiences, issues and topics that influence people’s choices and abilities to age in the places they want to get old. Rather than going through these issues on their own and as they have been identified by other researchers, we will refer to them, and the relevant research, as we discuss our findings in chapter 4.

## DESIGN AND METHODS

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As stated in the Introduction our two main research questions are:

1. What factors influence people's decisions about where to live as they grow older?
2. What factors influence people's ability to grow old in the place of their choice?

Even though these questions are straight forward as such, there are a number of ways to proceed to find good answers. Researchers from different professional backgrounds design research projects in different ways, generally depending on the traditions of their discipline and the practises of the institutions where they received their training. This project is done within the framework of Social Anthropology and an approach called 'holistic', 'iterative' and 'issues oriented'. The basic tenets of this approach is a carefulness about entertaining preconceived assumptions about the phenomena (issues) to be studied, a conviction that phenomena are complex wholes made up of many interrelated parts, and a constant 'growth of knowledge' in the sense that the information gathered at any stage feeds back into the questions and investigations being conducted at the next step.

### *Design*

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We used a combination of qualitative and quantitative methods to gather our data. In general qualitative methods such as observations, interviews and focus groups generate data in the form of rich descriptions or stories about a person or group, of social phenomena like rituals and ceremonies, or about the way of life of a people in a village, an urban neighbourhood or a tribe. Quantitative methods such as internet, telephone and postal questionnaires, or sampling from existing databases like an electorate roll aim to collect data that are expressed in figures and that can be statistically analysed. The aim of the statistical analysis is to find patterns that only emerge when the sample is large enough; and that qualitative methods are unable to uncover. As an example through qualitative methods we can get a solid understanding of what people's political opinions are, and their reasons for voting Labour or national, but this knowledge does not tell us how many people will vote for either party at the upcoming election. The latter question requires quantitative data and statistical analysis. The two different types of methods are thus useful for producing fundamentally different kinds of answers to research questions like ours. Whereas qualitative methods like interviews can give us a rich understanding of the specific experiences and thoughts of the interviewees quantitative methods like a questionnaire can tell us how common these ideas and experiences are in a given population. The application and combination of several research methods to observe the same phenomenon is called triangulation, and increases the validity of data through cross verification.

The iterative approach implies that the researcher is cautious when first entering into a new research area or field. With the present research the principal researcher had previously conducted two larger and one smaller research projects in Golden Bay, but never about ageing and involving older people. Consequently a design was chosen where qualitative methods were used at an early stage to learn what the issues are for older people in Golden Bay. It is, however, very difficult to proceed without



any preconceptions and based on our previous knowledge about New Zealand society we assumed that older people's decisions about where to get old, and their ability to actually get old in the place of their choice, would be influenced by the services and community organisations they have access to. We therefore decided to carry out two different types of interviews; one set of interviews with service providers/community organisations and another set of interviews with residents over the age of 55. When deciding on the order of the interviews, whether to talk with service providers or residents first, we decided to begin with service providers. Our main reason for this decision was to have sufficient knowledge about existing services to be able to provide this information to residents if it should be asked for.

### *Interviews with service providers*

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Using the Community Directory held by Heartlands, the 'FOUND' directory on internet and the Community Listings in the 'Golden Bay Community Directory' phonebook we identified a range of organisations and agencies that deliver services specifically to older people, arrange leisure activities for older people or who speak on behalf of older people. We also included organisations that deliver services to the general public if the services they deliver to older people are essential in some way for their ability to Age in Place in Golden Bay. Some organisations, like Lions, have a lot of older members, but as the organisation is open to adults of all ages and does not deliver essential services to them, we did not include them. The agencies and organisations we included on our list were then invited to participate and all but one organisation accepted. In chapter 4 we present a list of all the organisations we talked with.

Because we did not know very much about these organisations beforehand the interviews were loosely structured. We began by asking them to explain what they do for older people, and let the interviewee steer the conversations to cover topics he or she deemed important. These interviews focussed on gaining a full overview of the services that exist for older people in Golden Bay, and the planning that organisations are involved in to meet future demand. In addition we also hoped that the people we interviewed would provide some insights, from their perspectives, about the conditions under which older people in Golden Bay live today.

### *Interviews with residents over the age of 55*

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When we had gained a fairly good understanding of the services and community organisations we began interviewing residents over the age of 55. The purpose of these interviews was to learn about the factors that influence people's choice about where to get old, and their ability to get old in the place of their choice. In addition we also wanted to hear and record people's stories to be able to understand these factors within a greater holistic context. We assumed there would be a wide variety of factors and wanted to discover as many as possible. Consequently we set out to interview as many different kinds of people as we could, and created a matrix with a large number of variables along one axis. The variables we used are 'age', 'gender', 'income', 'single/couple', 'location', 'mobility', 'ethnicity' and 'how long in GB'. Several members of the research team suggested possible

interview candidates, and they were entered into the matrix to see which variables they would 'tick'. Individuals also phoned and volunteered to be interviewed. Information about these individuals were likewise entered into the matrix so that we would avoid interviewing too many of the same type of people. In total we interviewed 37 individuals. The majority were interviewed as singles, but 5 interviews were with couples. An interview guide was developed based partly on the research literature and partly on the interview with the service providers, prior to the first interview. Due to the iterative nature of our research design the questions changed from interview to interview. The guide was never a strict formula that had to be followed.

The researcher took detailed notes during all the interviews, both with service providers and residents. The notes were re-written and saved as electronic files immediately following the interviews. Most of the interviews were also audio-recorded, and the recordings used as aids for re-writing the notes, and as a memory and interpretation aid during the analysis of the data.

We analysed the interview data looking for the issues that influence people's choice and ability to get old in the place of their choice. In addition we also analysed the available literature looking for the relevant issues identified by other research. All the identified issues were entered into a spread sheet, and issues from different sources were collapsed into one entry wherever possible. This analytical endeavour resulted in an exhaustive list of issues that we used to carry out the next step in the research.

### *Questionnaire*

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Identifying issues was necessary but not sufficient to answer our two research questions. The next task was to find out how common or widespread these issues are. Based on the list of issues from the qualitative data collection we then designed a questionnaire. The questionnaire is attached as appendix 1. Originally we had planned to send the questionnaire to all residents over the age of 55, but due to privacy issues we could not get hold of a database based on residents' age. We therefore decided to send the questionnaire to every second adult resident in Golden Bay.

Based on the TDC rate payer list and the Golden Bay Community Telephone Directory we created a database of adult permanent residents. To avoid including rate payers who own holiday homes in Golden Bay but do not reside in the area, we removed addressees who receive their rate notices outside Golden Bay. In addition we needed to include residents who do not own a house and therefore do not appear on the rate payer list. For that purpose we copied the 2010/11 Golden Bay Community Phone Directory. By comparing the two we identified all names that appeared twice, and removed one of them. This gave us a list with just over 2000 entries. Obviously many of these entries would be below 55 years of age. Our original plan was to let people with local knowledge go through the database and remove all the persons below 55 that they could recognise. When three locals with substantial local knowledge had gone through the list, spending considerable time on the task, we were still left with approximately 1900 entries and realised this strategy was not working. We therefore decided to return to our list with just over 2000 addresses. By sending letters to every second entry on our list and including two copies of the questionnaire in each letter going to each household, we would reach out to just over 1000 households and 2000 adult residents. This provided

us with the additional benefit of being able to use data from the group below 55 years of age for comparison purposes.

In total we sent out 2060 questionnaires to 1030 households. 88 questionnaires could not be delivered and were returned unopened to us and a further 8 questionnaires were sent back uncompleted with comments such as “partner away” or similar written on them. We learned from the returned questionnaires that 93 of our respondents live alone, which imply they received one redundant questionnaire. Consequently we operate with 1871 as the total number of questionnaires. We received 610 questionnaires that had been partially or fully answered, which gave a return rate of 33%, a very good result for postal surveys of this kind. The response rate means that there is a margin of error of 4.0% when generalising from our findings to the general population of residents in Golden Bay aged 18 years of age or older.

The responses from the questionnaire were analysed using SPSS v18, a computer programme used for statistical analysis and data mining.

### *Ethical issues*

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Choosing an appropriate method is not only a question of which method will produce trustworthy data, it is also a question about what is the right thing to do. To ensure that ethical standards are high it is now common for all research involving people to be peer reviewed prior to project start. For social science researchers there are at least three such institutional ethics resources available; the Association of Social Science Researchers, the Sociological Association of Aotearoa New Zealand and the Association of Social Anthropologists of Aotearoa/New Zealand. These organisations provide ethical guidelines and have ethical committees to whom researchers submit proposals and seek ethical approval for their projects. The principal researcher for the present project is a social anthropologist and consequently we sought and obtained ethical approval from the ethics committee of the Association of Social Anthropologists of Aotearoa/New Zealand.

## FINDINGS

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In this chapter we present our main findings from interviews and survey. Representatives of 24 service providers were interviewed and so were 37 persons over 55 years of age. Survey questionnaires were sent to every second adult resident in Golden Bay.

### *Overview - Service Providers*

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Using the Community Directory compiled by the Heartlands coordinator, the Community Telephone Directory and the Found directory on internet ([www.found.org.nz](http://www.found.org.nz)), we identified 25 organisations operating in Golden Bay who provide services primarily to older people, or who provide essential services to older people. In order to learn what these organisations do; the type of services they provide, how many older people they provide services to, where they are located, how they are organised, how they are funded etc., we invited all organisations to be interviewed. One of the 25 organisations we invited declined to be interviewed because they believed the situation for older people in Golden Bay is good enough as it is, and did not see a need for this research. In addition to the 25 organisations we identified, there are organisations like Rotary and Lions who have many members in the older age groups and who thus could have provided us with information about the ageing situation in Golden Bay. However, in order to keep the number of interviews at a manageable level we chose to not interview organisations open to people of all ages and who do not provide essential services.

The organisations we talked with were very forthcoming and friendly, providing rich, detailed and important information; experiences they have had with both positive and negative aspects of the provision of care and services for older people, and their concerns for the future. They also gave us a good understanding of the organisations they work for, and we will therefore begin this chapter with a brief presentation. We have sorted the overview thematically so that organisations of the same kind are listed in proximity to each other, beginning with Government agencies and ending with NGO's:

#### *Nelson-Marlborough District Health Board*

Nelson Marlborough District Health Board should be well known as a deliverer and funder of health services such as hospitals, district nurses, hospice and mental health clinics. Specific services provided or funded by NMDHB will be presented below, but before we do so we'd like to say a few words about an overarching task which NMDHB is responsible for, i.e. planning of future health delivery in the region.

The District Health Board has a distinct Planning and Funding Division which is responsible for its planning and funding functions, including disability support services for people over 65 years. The division incorporates Support Works, the agency that provides needs assessment and service co-ordination for people with longer term disabilities. In the introduction we presented the District Health Board's plans and commitment to provide safe and efficient services for older people.

### *Golden Bay Community Hospital*

The Golden Bay Community Hospital is located at the corner of the Central Takaka Road and State Highways 60, slightly less than 2 kilometres from Takaka Township. It delivers inpatient services; short term for acutely ill of all ages and long term for people over 65. There are 12 long term beds but the hospital is not licenced to provide dementia care for patients who are mobile, so-called wanderers. The hospital is presently owned and run by the NMDHB, but will soon become part of the Golden Bay Integrated Family Health Care Centre (GBIFHCC) which will be run by the Nelson Bays Primary Health (PHO). Major reconstructions of the present buildings are planned as part of this change.

### *Golden Bay Medical Centre*

Golden Bay Medical Centre is a collaboration of general practitioners who employ a number of staff such as nurses and receptionists. It provides standard GP services by appointment during normal working hours, but also an after hour service in case of emergencies. It used to be privately owned by the GP's, but in 2010 was taken over by the Nelson Bays Primary Health Organisation (PHO). It is situated in buildings slightly less than one kilometre from the centre of Takaka Township. The Medical Centre is set to become part of the Golden Bay Integrated Family Health Care Centre (GBIFHCC) and if/when that goes ahead it will be relocated to the Golden Bay Community Hospital site. We spoke with one of the GP's, but did not formally interview a representative of the medical centre.

### *Joan Whiting Rest Home*

The Joan Whiting Rest Home (JWRH) has 17 beds and caters for 'Rest home' level clients, i.e. clients who can be looked after by one staff. Most clients have some form of mild dementia, but JWRH does not have a licence to care for so-called 'wanderers'. The rest home currently operates as a private trust and is located in Collingwood, approximately 30 km from Takaka Township. It is scheduled to become part of the Golden Bay Integrated Family Health Care Centre (GBIFHCC) which means the present buildings and property will be sold and the entire institution moved to the present Golden Bay Hospital site near Takaka. The integrated health centre plans to provide the same number of rest home beds as what JWRH now supplies, with a possibility to increase to 27.

### *Support Works*

Support Works is the branch of DHB that assesses and overviews the delivery of home support and personal care support to disabled and elderly over 65. It aims to *"Support people whose lives are affected by a disability, to achieve their goal, retain their independence and self reliance, and to enjoy optimum quality of life wherever they live"* ([www.nmdhb.govt.nz/SupportWorks.aspx](http://www.nmdhb.govt.nz/SupportWorks.aspx)) and assess for two kinds of assistance: Home care and personal care. Home care is support with housework like cleaning and is means tested through Work and Income New Zealand. Clients must have a community services card to be eligible for this type of support. Personal care is assistance with personal hygiene like showers, but can also include a shopping service. It is not means tested. Support Works also arrange respite for carers, i.e. arrange for the receiver of the care to go into rest home or hospital for a period so that the carer can get a break. The Support Works office is in Nelson

where the contact person for Golden Bay is stationed. She visits Golden Bay on a regular basis every fortnight.

#### *Home Support Delivery Agency - Health Care NZ and Access*

After assessment of the need for home care or personal care Support Works then give the client a choice between two delivery agencies in Golden Bay; Access and Health Care NZ. The client chooses one delivery agency that is responsible for the day to day delivery of the services, including hiring carers and ensuring that the quality of the care meets standards set by the NMDHB. The agencies have slightly different employment policies regarding wages, training, and remuneration for use of private cars, petrol allowances etc. Neither Access nor Health Care NZ is big enough to have an office in GB and their administrations are located in Nelson.

#### *District Nurses*

The District nurses visit people in their homes after receiving referrals. Their special tasks are oncology, wounds and hospice. They have patients in all age groups, but most of their patients are over 16. District Nurses have the authority to initiate process to obtain home help or personal assistance for patients. They then alert Support Works, who will assess if the person is eligible. There are presently 4 District Nurses in Golden Bay who share three 0.6 FTE positions (3 regulars and 1 reliever). These positions are funded by NMDHB, but will soon be funded through the Nelson Bays Primary Health Organisation.

#### *Physiotherapist*

The physiotherapist associated with the Golden Bay Community Hospital provides individual treatments after accidents and operations. This service is for people of all ages. In addition the physiotherapist provides two types of exercise classes to improve older people's balance and general fitness. One class is given at the hospital and is primarily aimed at preventing falls. It is funded by NMDHB through the PHO and is for people over 80. This class is regularly attended by approximately 20 persons and can take a maximum of 30 participants. The physiotherapist also delivers the "Sit and be fit" classes under the Way2Go program. It caters for people from 65 to 80 and is slightly more advanced than the other. It is held at Community Workers hall and there is a gold coin entry.

#### *Outreach Community Mental Health Service*

The Outreach Community Mental Health Service in Golden Bay is a Non-Government Organisation (NGO) that delivers services in Golden Bay under contract to the NMDHB. It provides a core service to adults who experience any degree of mental health discomfort, from mild dysphoria to severe depressions and other ailments. Outreach will assess and provide support if eligible. The aim of the support is to assist people to live independently. Support provided: Clinical therapy – psychologist, sociologist, nurse. Support workers – go for walks, take people shopping. Cooking programs, gardening, social events. The organisation also provides a 24/7 crisis team. It is already experiencing a growth in the demand for their services from older people suffering intense sadness, dysphoria or depression due to various types of loss: i.e. death of partner or loss of a sense of purpose when no longer able to maintain their identity projects such as building and maintaining large gardens.

### *Ministry of Social Development – Senior Services*

As of April 2010 the Golden Bay WINZ office discontinued having a ‘resident’ staff member who provides services to senior citizens. Senior Citizens and superannuation no longer serve under WINZ, but directly under Ministry of Social Development (MSD). MSD now provide a dedicated specialist serving people over 65 in Golden Bay. This specialist is stationed in Motueka and visits Golden Bay at least once per fortnight, but is at liberty to visit more frequently if special circumstances dictate. Her job is to service new super-annuitants and to do Renewal Assessments, i.e. checking on whether the situation has changed for people on a pension and whether they need increased assistance.

MSD provides Superannuation to all citizens and permanent residents who have lived in New Zealand for ten years after they turned 20, five of those years have to be since they turned 50. Superannuation is a right that citizens/residents have and it is not means tested. In addition MSD can assist with immediate and essential needs such as food, urgent health and transport to health services. They can also provide extra help with costs related to health, housing, residential care for partner, living alone payment, child (grandchild) disability allowance and temporary additional support (up to 3 months). If facing large and unexpected expenses such as car repairs or buying a new washing machine MSD can provide an advance that will have to be paid back. These latter forms of support are means tested.

### *Heartlands*

Heartlands is a coordinating umbrella organisation for a range of government departments, and in Golden Bay the following Heartland Services are available.

- ACC
- Career Services Rapuara
- Child, Youth and Family
- Community Probation
- Community Law
- MSD – Senior Services
- Housing New Zealand Corporation
- Inland Revenue
- Internal Affairs
- Ministry of Agriculture and Forestry
- Tenancy Services
- Work and Income

Appointments with the above agencies can be arranged by contacting the Heartland Services Coordinator, either in person or by phone. The Coordinator also has information about the following agencies and services

- Health and Disability advocates
- Budget advice
- Rates rebates
- Healthier Homes
- Community groups and organisations in Golden Bay
- Funding information service
- Department of Labour
- PHO – Be Well program

Organisations under the Heartlands umbrella that particularly serve older people are MSD and the PHO. The Heartlands coordinator administers clinics for the PHO, delivered by Nurses and Physiotherapists, at the Heartlands premises and at community halls 3 times per year.

### *St John*

St John is a volunteer organisation in Golden Bay, and is a sub-division of the national St John organisation. It provides an ambulance service with volunteer ambulance officers (now called Emergency Medical Technicians). St John Ambulance Services contracts to the Ministry of Health, ACC and District Health Boards, but this only covers 80% of their operating costs. The shortfall is made up from community donations, fundraising, revenue from commercial activities, volunteer contributions, as well as contributions from part charges (presently \$ 67 in Golden Bay). Connected to the ambulance is a Subscription Scheme where membership means call outs will be free of charge. St John run a 'Caring Callers' program, a free service where people can register to be called up once every second day (or more or less frequent) as a check on whether they are OK. A commercial branch of St John delivers a medical alarm service. In other parts of New Zealand St John delivers a hospital shuttle service, but not in Golden Bay.

### *Abbeyfield*

Abbeyfield provides residential units for people over 55. All meals, power and rates are included in the rent. Meals are shared and there is a common room where residents can socialize if they please. The organisation began in UK and is now an international organisation with residential units in 17 countries. There are 12 Abbeyfield houses in New Zealand and the Golden Bay branch provides 11 units for rent, 10 to permanent residents and 1 on a trial basis for potential new residents. Residents must be independent and must manage their own rooms. Abbeyfield does not provide any personal service and many residents have home help through Support Works and/or a St John medical alarm subscription. Abbeyfield in Golden Bay is a voluntary organisation run by a committee of 10 volunteers. Keeping rent low is a paramount concern for the committee.

### *Anglican Parish Nurse*

Parish nurses work in many different parishes around the country and fills the needs of a community as the parish (or in this case the parish nurse) identifies them. The Anglican Parish Nurse in Golden Bay has operated since January 2011, initiated by the nurse who now fills the position. Having worked with older people for many years she had identified a need among isolated elderly for a 'home visiting' support service in addition to the service provided through Support Works. The parish nurse is the only health provider at liberty to spend as much time with each individual older person as she believes is necessary, and to provide the services she deems necessary when she visits. Her flexibility is not restricted by bureaucratic management demands, and she can take people to the shop if that is what they need when she visits. She can also step in at short notice if Support Works takes too long. Furthermore the parish nurse visits older people from Golden Bay in rest homes over the hill.

### *Golden Bay Community Workers*

The Golden Bay Community workers provide accessible and sustainable social services to people of all ages. Examples of the services they provide are: Client Support, Budget Advice, Food Bank, Counselling, Home Based Support, Strengthening Families, Parenting courses. Sometimes the Community Workers get clients who are older than 55 years of age needing social work support, e.g. grandparents looking after grandchildren or parents with adult children still living at home that



they do not know how to cope with any longer. They are not set up to deal with concerns that are specifically old age related and try to steer such cases to Age Concern.

#### *Golden Bay Recreation Worker - Way2Go*

The recreation worker is employed by the Golden Bay Community Workers to deliver recreation programs to Golden Bay residents. One of these programs is Way2Go, and 'Sit and Be Fit' is delivered (by the Physiotherapist) under the Way2Go program. Sit and Be Fit is aimed specifically at older people and caters for both those who already are active, and those not already active.

#### *Age Concern*

Age Concern is a national organisation, with local independent branches. Golden Bay is part of the Nelson branch. Up until 2010 Age Concern had a field worker in Golden Bay who did home visits, often on her own initiative if she had learned from family, neighbours or friends of an older person that there was a need for a visit. The Field worker position was terminated by the Nelson office and Age Concern now operate the same way in Golden Bay as in the rest of the Nelson/Tasman area, i.e. people get referred. Having received referrals most of the organisation's work is done over the phone. Sometimes referrals lead to home visits by a worker who based in Motueka. Age Concern is trying to establish a volunteer visitor service in GB.

According to their website ([www.ageconcern.org.nz](http://www.ageconcern.org.nz)) Age Concern provides:

- Support Services, Information, Advice and Personal Advocacy: Responding in person/phone to a range of queries from older people and their carers e.g. advising where to obtain a service, what is available etc.
- Information Resources: Providing written materials e.g. pamphlets, videos and books.
- Visiting Services: Providing visitors who make regular visits to socially isolated older people in their homes via Age Concern Accredited Visiting Service and non-accredited programmes.
- Social Activities: Holding events that provide social connection between older people e.g. drop in centres (not provided in Golden Bay).
- Elder Abuse and Neglect Prevention Service: Providing confidential support, advocacy and information for people facing elder abuse and neglect.
- Total Mobility Scheme: Providing assessment and provision of Total Mobility taxi vouchers (not provided in Golden Bay).

#### *Wrinklies Express*

Wrinklies is a volunteer, not for profit organisation registered with the Charities Commission that provides transport to medical appointments (to and from hospital, GP, nurse, physio, etc) for people over 50 as well as for disabled persons. Even though the transport has to be linked to medical or health appointments, other errands (e.g. shopping) can be done in combination with medical trips, but not as the primary reason to go. It is run as a club in the sense that only members can use the service. In addition to the annual membership fee people are asked to make donations

when they use the service, and the organisation operate with standard 'suggestions' as to how much people ought to donate for various trips. Sometimes these donations are made by WINZ, ACC and the Community Workers on behalf of members who have used the service. The organisation was started by Henk Visker in collaboration with Age Concern 14 years ago. At present it has 300 members, 2 vans and 10-20 volunteer drivers available at any time. All drivers are pensioners. It made 276 trips last year and transported 688 persons.

#### *Meals on Wheels*

Meals on Wheels deliver cooked meals to its customers five days a week in an area from Ligar Bay to Para Para. Approximately 16 – 24 people receive meals on wheels at any given time. It is a volunteer organisation that has existed in Golden Bay for approximately fifteen to twenty years. It relies on volunteer drivers to deliver the food, but the District Nurses assess people for eligibility for the service. Meals are prepared by the hospital and there is some subsidy by NMDHB for this. It began as an Anglican Church initiative and the church is still heavily involved.

#### *Grey Power*

Grey power is a national organisation lobbying for the welfare of the elderly over 50. There are 76 associations throughout the country; each local association is an autonomous body. The local Golden Bay group is a volunteer organisation with a committee of 7-8 people who meet monthly. Issues of concern to Grey Power are: Rest homes and home care, need for respite for family carers, the working conditions and pay for carers.

#### *University of the 3<sup>rd</sup> Age (U3A)*

U3A is an affiliation of people aged 55 and over who come together to stimulate and be stimulated. Most members in Golden Bay are in their late 60's to late 70's. The committee organises meetings with speakers on special topics every 2-3 months. Subgroups form around special interest topics. It is run by volunteers.

#### *Probus*

Probus is an association of active retirees who join together in clubs. It started as an off-shoot of Rotary and "*Its basic purpose is to provide for its members regular opportunities to keep their minds active, expand their interests and to enjoy the fellowship of new friends*" ([www.probusouthpacific.org](http://www.probusouthpacific.org)). Probus in Golden Bay arrange monthly meetings, usually attended by 70-80 members. Every meeting follows a set structure, yet is informal. Two talks per meetings, a short (10 min) talk by a local, and a longer (45 min) talk – often by visiting speaker. It is run by volunteers.

#### *Senior Net*

Senior Net is a national organisation to provide network and support for people over 55 to enable them to use electronic communication devices, primarily computers. It began as a movement in USA and New Zealand was the first or second country outside USA to set up. Local Senior Net clubs, like the one in Golden Bay are run as independent charitable organisations. The Golden Bay club

has a range of members from 55 to 90's, but mainstay of members in 60 and 70s. The club runs courses for individuals, both at entry level and at more sophisticated level and is run by volunteers.

#### *Senior Citizen's Association Golden Bay*

This organisation declined to be interviewed on the grounds that the situation for older people in Golden Bay is good enough. On [www.found.org.nz](http://www.found.org.nz) the organisation is presented as follows: *"To enhance the well being and social life of Senior Citizens with indoor bowls and cards weekly day trips around Tasman and Nelson by bus monthly meetings with various forms of entertainment and a yearly trip around the South Island for a week."*

### ***Issues identified through interviews with service providers***

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The interviews with the above organisations brought to our attention a number of issues of importance when trying to understand the ageing situation in Golden Bay. These issues are presented here as they were reported to, or observed by us.

- ***Volunteer situation***

Most of the NGOs in Golden Bay are administered and/or delivered by volunteers including some that provide services of vital importance for people's ability to Age in Place. The St Johns ambulance, Wrinklies Express, Meals on Wheels and Abbeyfield are obvious examples. Other volunteer organisations like Probus, U3A and Senior Net provide services that keep the minds and the bodies of older people active and provide avenues for social contact; services that may not be immediately vital, but still fundamental for the long term sustainability of an ageing community. All these volunteer organisations report increasing problems recruiting and holding on to volunteers willing to take on responsible tasks like treasurer, secretary and chair. Some organisations fear that if they do not succeed in recruiting new volunteers, they may fold as was the recent case with the Arthritis Association.

- ***Transport situation***

Almost every service provider representative we spoke with mentioned transport as a major problem likely to become far worse. Currently there is no proper public transport service in Golden Bay apart from a coach that runs from Totaranui, via Wainui and Takaka to Nelson once a day in winter and twice daily in summer. There is also a daily service from Takaka to the start of the Heaphy Track during the winter. Consequently there is no public transport for going to and from shops, banking and similar activities. The last taxi service folded some years ago, allegedly because it became uneconomical to run due to high compliance costs and insufficient patronage to carry the costs. The roads in Golden Bay are not conducive to cycling and even though some cyclists do brave the roads it is not likely to be a viable option for older people in the future. Likewise roads and distances are, for most people, too great to rely on mobility scooters. Consequently people depend on private vehicles for their transport needs, and for older people no longer able to drive this means being dependent on family, friends and neighbours. With an increasing number of older people, and the relocation of the medical centre, the transport need is set to grow.

Wrinklies Express has noticed a steady increase in the demand for their services since they began operating 14 years ago and believe there is a need for an additional transport service in Golden

Bay. With the new Medical Centre at Central Takaka many older people who now can walk/scooter to their GP will need transport and Wrinklies have declined being a designated transport service for the new medical centre due to lack of capacity, particularly availability of volunteer drivers. Other service providers like the District Nurses, the Physiotherapist, Age Concern and the Parish Nurse continuously notice that people have problems with transport particularly for non-health related activities like shopping, banking and socialising. Even doctors' appointments are sometimes problematic for the Wrinklies Express as the waiting time may be long.

- ***Home Support worker situation***

All the organisations involved in the delivery of home support (GP, District Nurses, Support Works, Access, Health Care NZ) report two issues of great concern with the delivery of this service in Golden Bay. One issue is related specifically to Golden Bay and its geography, the other matter concerns the organisational model upon which the service is based and the practical implications of this model in a remote area like Golden Bay.

Geographically Golden Bay is spread out and sparsely populated with people living in outlying areas like Mangarakau, Puponga, Pakawau and Awaroa Inlet. On occasion people in these and similarly remote areas are in need of home support, but due to lack of carers living in the vicinity, and the poor remuneration for carers to cover transport time and transport costs (petrol and car maintenance), it is not always possible for the agencies to deliver. We were told about one person living in Pakawau or Puponga who recently returned home from hospital after surgery and who had to manage on her own for months before help was arranged. Other reports were about carers who travelled long distances because they did not want to leave people without the help they needed, and as a consequence suffered financially.

The organisational model upon which the home support service is based is complicated, involving no less than three different agencies; GP or District Nurse, Support Works and delivery agency (i.e. Access/Health Care NZ). No less than four different professionals (GP/District Nurse; Assessor from Support Works; Assessor from delivery agency and the Carer) regularly interact with the client to assess, monitor and deliver the service. The assessors from the Support Works and the delivery agency do not have the time needed to establish trusting relationships with clients prior to asking questions about intimate and sensitive issues. In addition the two different assessors ask many of the same questions and the professionals we spoke with report that many clients find the assessment process degrading and an invasion of privacy. Involvement by some many different professionals means that many clients and their next of kin are confused about who is responsible for what, and who to contact when things are not working or needs adjustment or change.

The multi-layered process, with GP/District Nurse as initiator, Support Works as evaluator of who is eligible for what type of service, delivery agent as administrator of service and carers in frequent contact with the client means that the chain of information is long and easily broken. It also fragments the responsibility for the quality of the service and carries a potential for creating unnecessary cumbersome processes to rectify problems or adjust the service when the needs of clients change.

Another consequence of this organisational model is that neither of the companies delivering the service (and hiring carers) are large enough to have a full time administrator posted in Golden Bay.

This contributes to the distance between clients and administration, and splits the pool of carers in two making it more difficult for them to cooperate to improve the service they provide to clients and to improve their working conditions.

A final important issues brought to our attention by a number of different informants is the increasing difficulty in recruiting carers in Golden Bay. As mentioned above it there are regularly situations where neither of the delivery companies are able to recruit carers who can deliver home support services in remote areas, and we were informed the companies are experiencing increasing problems recruiting and retaining staff to work in more central areas as well. Low wages and insufficient remuneration for transport time and costs were given as the main reasons for these problems.

- ***Rest Homes and Dementia care***

Currently there are seventeen Rest Home beds at the Joan Whiting and all are presently occupied. If/when the rest home is relocated and made part of the integrated health facility there will be 17 rest home beds available from the start, with potential for expansion to 27. We were informed that this figure is based on the space that is available at the site, and not on analysis of future needs based on statistical projections of population size and age group composition.

As mentioned neither Joan Whiting Rest Home nor the Community Hospital is licenced to care for people with dementia who are physically able-bodied and thus at risk of wandering. For individuals in this situation who do not have private resources to receive proper care at home there is no other choice but to leave Golden Bay. Anecdotal evidence suggests that the magnitude of this problem is small, with one or two persons from Golden Bay residing in rest homes outside the area at any given time because they are 'wanderers'. We were informed that people who need to leave for this reason often return to Golden Bay when they no longer wander off on their own.

- ***Bureaucratic standardisation vs. pragmatic delivery***

Tension between the pragmatic demands of delivering a service and the formal, bureaucratic demands of management is a common theme running through most of the interviews with organisations that contract to government agencies, or that are organised with some people delivering the services on the ground in Golden Bay, and other people administering the service from offices outside Golden Bay. The concerns of administrators are to secure funding and to demonstrate to the funders that the organisation delivers high quality services. These tasks require defining and collecting quantitative data (i.e. figures) on the need for the service, and on the ability of the organisation to deliver. The concerns of the professional who delivers the service on the ground, however, is usually about establishing trust, being flexible and able to adjust to changes and to solve problems as they occur. The collection of standardised information that can be expressed in numbers is often at odds with the latter concern and many of the 'on the ground' professionals we spoke with report that it interferes with the quality of the work they do. Administrators on the other hand find it frustrating that they do not get the data they need for their reporting and thus to secure future funding. There is evidence of increasing centralisation of services and less 'face to face' contact with clients. This trend towards more distance between management and people 'on the ground' in itself was reported by many of our informants to lead to increased tension as well.

From the interview with the Anglican Parish Nurse it seems this service is the only health and welfare service not restricted by a detailed, bureaucratically designed, prescriptive model for how the service is to be delivered. It seems she is in a unique position to spend the necessary amount of time with people to learn about their needs and the gaps in services that they experience.

- ***Planning for the future***

The service providers all report that they are not planning properly for the increase in the proportion of older people in Golden Bay. Volunteer organisations do not plan as they barely have resources to keep everyday activities going. Most NGO's are not planning because they only get short term contracts from the government, and as such do not have the security to plan for the future. NGO's such as Outreach report having had cuts in their funding for some time, while expectations about delivery have remained, or are increasing. Consequently they do not have the financial resources (i.e. time) needed to plan.

### ***Issues identified through interviews with individuals aged 55 and older***

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On the basis of interviews with 37 individuals, ranging from 52 to 93 years of age we identified a number of issues influencing peoples' *choices* about where to get old, and their *ability* to get old in the place of their choice. We present these issues below without any further analysis. A discussion of how to understand these issues, and possible implications, will follow in the Discussion chapter. The reader should keep in mind, however, that all the people interviewed were relatively well set with regards to many aspects of life, including physical and psychological health. In other words, we did not manage to locate anybody whose circumstances are really poor. This might have given us a different perspective on the pros and cons of living in Golden Bay as one gets old, services received or lacking, or other facilitating or complicating factors with regards to ageing in place. We do recognise however, mainly through information from District Nurses and home help carers, that there are people in disadvantaged situations in our community. Due to privacy concerns they could not give out any personal or contact details, nor ask anybody to contact us. No other avenues for establishing contact with people in this category were available to us. Although the information relating to these groups would have been more robust if coming directly from the people affected, we do have relevant information and concerns as expressed by service providers, and consequently are able to report some of these issues. When we do so in the text below it will explicitly be stated if the information have been received from carers/nurses.

Please note that the order in which the issues are presented does not indicate importance or ranking.

- ***Choice of place to become old***

The overwhelming majority of interviewees reported that they want to become old in Golden Bay, preferably in their present house and their reasons for that choice are, all in all, quite similar. Golden Bay is a beautiful place, with a benign climate and lots of recreation opportunities. Many people reported a great affinity and sense of emotional attachment to Golden Bay in general, and their particular property in particular. The longer people have lived in Golden Bay the more that

sense of being a part of the land was expressed in terms of a 'taken for grantedness' – this is who and what I am. Relative newcomers, of only ten to thirty years, also expressed similar sentiments, particularly those who have worked the land as farmers or as part of a personal self-realisation or self-actualisation project. Aspects of nature were also given as reasons for not wanting to get old in Golden Bay, particularly climate; to some people it is too cold. To the extent that remoteness has to do with geography we did learn of people who would rather live closer to larger medical facilities, shopping centres and other urban facilities in their old age.

- ***Sense of belonging***

Strong senses of belonging to the community and to their social networks were also given as reasons for wanting to get old in Golden Bay. People who grew up in Golden Bay have long standing networks and so do the newcomers of the 'alternative lifestyle' category who mainly arrived in the 70's and 80's. Even people who have arrived in their older years seem to find and establish social relationships easily and organisations like U3A and Probus seem to play an important role in this regard. One person said she was in two minds about where to get old, wanting both the cultural and commercial opportunities found in urban settings and the community and friendships she has in Golden Bay. When asked where she would prefer to live if she were to lose her mobility, or needed the level of care provided in rest homes, she chose Golden Bay without hesitation: "*Because this is where I have my friends*". There are, however, also people to whom Golden Bay is not a social haven and it does not provide social resources to suit all people. We spoke with a few who found it difficult to connect with others in Golden Bay and who had decided to stay on because of other qualities such as natural beauty, tranquillity, easy access to the sea etc. Social relationships may however also be a reason to go elsewhere, and moving to be closer to a child was reported as one reason to not get old in Golden Bay.

- ***Medical Care***

The quality of medical and other services was mentioned by some as a reason for staying on. People are happy with the availability of GP's in Golden Bay and even though some people are annoyed that the Medical Centre may relocate out of walking distance, we only heard good words about the Doctors. People who have been in contact with the District Nurses were overt in their praise about the quality of their service, their conduct and professionalism. Interviewees who receive home help in general speak very well of the carers, albeit with some greater reservation about the way the service is organised.

One interviewee said he used to worry about access to emergency medical care, but then an acquaintance, who had a weak heart and contemplated moving to Mapua to be closer to Nelson hospital, suffered a heart attack. He was picked up by helicopter in Golden Bay and arrived at the hospital in 30 minutes. If he had lived in Mapua the ambulance would have taken twice as long. Another man recently suffering a heart attack is however planning to leave Golden Bay, concerned that the helicopter is not always available; the weather may not permit it etc.

- ***Aging at home***

It is not a surprise that most people wish to become old in their own home. When asked to state their reasons most people found it difficult to make them explicit; instead indicating an 'of course' I

want to get old in my own home. Concerns about problems that may arise to make it difficult to stay on at home were more easily voiced. The size and layout of the house is one set of concerns, though not the greater. As one man said, there is room enough downstairs if I can no longer climb the stairs to my bedroom. Maintenance of house and section is the greater concern, and though people realise that it is possible to let the garden go to weed, it is a possibility most people are not willing to let happen. Maintaining the house and property is fundamentally important to many, not only for practical reasons, but also because they have invested large aspects of their identity in constructing particular types of houses and properties. A couple who has spent the last 10 to 15 years transforming their property into a permaculture garden, and who harvest the majority of their food from it, told us they despair thinking about it not continuing as it is. Trying to find alternative solutions to the predicament of decreasing energy as they age and keeping the property, house, and permaculture project going as it is, is thus a serious concern for some. For these two it was a matter of passing a 'life-project' on to the next generation, but still being able to enjoy the fruits of it. For others it is a matter of availability and affordability of gardeners and maintenance people. One interviewee commented that there is no services organisation one can call and ask for a service to be delivered 'on the spot'; all services have to be organised and booked in advance. Not all people can afford commercial gardening and maintenance services, and some people do not know how to find service people that they can trust. Some are also toying with the idea of building a new smaller cottage on the property enabling them to rent the larger family house to younger people who could keep the garden project going as part of the rent. This solution carries its own set of risks and predicaments, however, such as resource consents, finding the right tenants, letting go of the control of the project to a younger generation etc.

The locality of the home is an issue, and some interviewees realise that they may be too far from services like shops, banks and the doctor, particularly if they were to lose their ability to drive. Some people are contemplating shifting to smaller sections and/or a more modern house in a more central location, but have noticed that the availability of what would suit older people is limited. One of the local real estate agents confirm that there is a lack of smaller, modern, warm and easy care units in proximity to Takaka township. Many interviewees also expressed a desire for more communal options, similar to Abbeyfield, but with greater degree of autonomy, e.g. the option to cook individually. They noted the absence of retirement villages or eco-villages that would also offer accommodation to older people. These interviewees would have like to see these options offered, but were not in a position to initiate the process leading to their establishment. Many dreaded the obstacles involved, citing rumours that the TDC resource consent process and restrictions put in place by Transit New Zealand, would make it difficult to succeed with any such project.

- ***Not wanting to become old in Golden Bay***

Even though the majority of interviewees elaborated more on their reasons for wanting to get old in Golden Bay, there are also some who do not want to get old in Golden Bay, or would prefer to spend some of their time in Golden Bay, and some in other places. At least two said the winters are too cold and would like to spend those months in the tropics. Others, as mentioned, would want to, or feel the need to, move closer to family who can look after them. One informant said he'd like to go up north because: *"In Golden Bay it is too cold, not enough fish and too far to a larger hospital."*



- ***Not having made a choice***

Before moving on to the issues affecting people's *ability* to get old in the place of their choice it should be noted that there are people, presently residing in Golden Bay, who have not made a choice, may never make the choice or may change their minds in the future. Some made it clear they are too young and will "*take it as it comes*". Others are happy where they are and if nothing changes see no need to make a decision about where to get old; the decision is implicit in the decision they made many years ago to settle in Golden Bay in the first place. Then there are those who realise a decision will have to be made at some stage in the future, e.g. when house and garden becomes too much to handle, but before they are too old to have the energy to shift. Then, of course, there are those who have left it too late. None of the people we spoke with are in that category, but carers and District Nurses told us of people who should have made the move into more central, easy care and warmer dwellings some time ago and now live in rather dismal conditions or too far away to receive proper care. The manager of Joan Whiting rest home informed us that some people stay on in their private homes for too long, resisting the dreaded move to a 'home' only to blossom when they arrive and get the care and peace of mind that they need.

People's ability to get old in the place of their choice seems to be influenced by a number of different issues that mutually reinforce and support each other. The more of the positive issues that are in place, and the less of the negative issues, the greater the ability to live a good life in the place where they want to be.

- ***Health***

Health is the issue that interviewees most commonly, and with the greater intensity, mention as a determining factor of their ability to get old in the place of their choice. In this context 'health' covers a range of conditions and sub-issues of varying kinds. The psychological ability to maintain and organise activities of daily living such as feeding oneself, doing dishes and laundry are very different issues from physical frailty prohibiting a person from cleaning the house, but may still have the same effect on their ability to age in place. Impaired eyesight may not in itself make it difficult to keep living at home, but the loss of a driver's licence may.

When health is an issue, home support takes on various degrees of being essential for a person's ability to stay at home. As mentioned we did not manage to contact people who depend on home support to be able to live at home, but we spoke with carers who informed us that there are members of our community who need assistance with showering and personal hygiene as well as housecleaning, bringing in the firewood and shopping. Home Support does not fund the latter tasks (shopping can be included, but only if disguised as 'physical exercise'), and carers report that they often do it on their own time or else the client would freeze and go without proper food. We interviewed people who receive some home help and even at low levels, an hour or two every week to vacuum and do essential cleaning, home help has a great effect on people's wellbeing and ability to live at home. For some the home help carers are also their most regular social contact and act as important safeguards against the destructive consequences of loneliness.

From interviewees and Home Support Carers we learned that deteriorating health affects a person's ability to Age in Place in a number of interwoven ways. Interviewees told us about

neighbours and family members who became more irritable and moody and thus turned their neighbours, friends and family away just as they became more dependent on them. Carers told us about people who find the automatic telephone systems, e.g. at the Medical Centre, difficult to hear, and even more difficult to follow the instructions. The introduction of internet services by many service providers, while a good service for people in good mental and physical health, becomes yet a level of frustration for people who are already struggling to cope with the stress brought about by all the negative changes they are experiencing due to their health. It would seem from the interviews that the periods when people experience deterioration of their health are critical for their ability to keep coping and living at home. If the changes are quickly picked up by the support system, and changes to the services they need are quickly introduced it seems to have profound influence on restoring their resilience.

- ***Finances***

People's economy obviously influences their ability to Age in Place and the more affluent they are the greater their autonomy, as they can pay for the services they need to stay independent without having to answer to agencies who set the rules for the service delivery. As an example we spoke with a person in their mid 60's who lives alone at a considerable distance from Takaka. They have recently had major surgery and needed assistance with tasks like driving, shopping, carrying firewood and bringing in the mail. Some of these essential tasks are not covered by the home support system, and this person could manage to stay on at home only because they were able to pay someone to assist them.

Great affluence is not in general critical for people's ability to Age in Place, however, and interviewees told us that on the conditions of keeping a good health, property freehold and debt-free, they can just manage on superannuation.

- ***Partner, Family and Social network***

A good social network of family and friends also contributes to the ability to age in place, and may compensate for lack of money. One interviewee, living outside of Takaka, but in a neighbourhood of long standing is part of a 'favour swapping circle' involving several neighbours and friends. One member of the circle mows lawns, another chops firewood, a third does building maintenance and a fourth gives massages. A woman in her late fifties is a volunteer driver for a couple of her neighbours in their eighties, and some of the people who regularly attend Probus and U3A said there are always plenty of people to drive those who can't otherwise get to the meetings. Probus and U3A are, of course, in themselves good avenues for people to meet up with others, establish and maintain friendships that then can give other forms of mutual support. The overall impression from the interviews is that when reaching their mid-fifties people have found a frequency and intensity to their social life that suits them, and most are not looking to increase or decrease it.

However, as people get older changes are frequently not a matter of choice, but happen in more or less unwelcome ways. The loss of a partner, children who move out of Golden Bay, friends who die and the loss of mobility can all lead to isolation and loneliness that one is unprepared for and that infringes on one's ability to keep living at home.

- **Transport and mobility**

Time and again transport and mobility came up as an important issue. As mentioned before distances are relatively large in Golden Bay, people live over a large geographic area and there is no public transport. Most services are provided in Takaka, some in Collingwood, but there are times when one may want to go to a beach, to a Saturday lunch at Motupipi Hall, or physical exercise with the physio at the hospital. Without the ability to drive one's own car all these destinations become expeditions to be planned and organised and involves asking someone for a favour.

- **Planning for old age**

An issues that emerged in many interviews, and which did not relate directly to their immediate ability to Age in Place, was about planning and the strategy people have assumed for dealing with life in general. Some people had made very specific plans – working towards a specific goal all their lives. One person said: *“That is what you do as a farmer; you set the long term goal and then you just keep slogging at it, day after day, in rain and scorching sun, till you get there.”* Others emphasised the need to be flexible, to adjust to circumstances as they change and be open to the possibilities that emerge. A third category had not thought much about the future at all; *“things just happen”*, and so far *“has happened in a good way”*. Talking with people belonging to all three categories it was not possible to determine which was better in relation to being able to Age in Place in a good way. We found that among interviewees below 65 years of age many of them still have a very strong identity as ‘young’. As one person in the 60-65 age groups said: *“I still feel young, that is one of the main reasons I’m still single. I only get attracted to (people) who are in their 30’s and 40’s, but that’s not on, y’know”*.

### ***Findings from Questionnaire answered by the General Public***

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In this sub-chapter we present the findings from the 610 completed questionnaires that were returned to us. The findings will be presented rather summarily, without much comment. The reader may find this somewhat tedious, but we believe it is the best way to provide readers with the ‘raw’ data, giving them a chance to scrutinize the basis for the discussion to follow in the next chapter.

*Please note that the percentages given do not always add up to 100.* There were a few respondents who did not answer all questions, so for almost every question there were usually between 3 and 6 respondents who did not answer that particular question, and for other questions people could choose more than one alternative, making the combined total more than 100%. These deviations are generally very small however. We have not run any tests to check if these deviations or other comparisons are statistically significant and present all figures at ‘face value’.

Most of the findings are presented in the same sequence as they appeared in the questionnaire (the questionnaire is attached in full, see appendix 1), but do not follow it strictly. Where there is a benefit in presenting findings together even though they appear separately in the questionnaire we will do so, and to give the reader an idea about whom our respondents are we begin with demographic information.

- **Demographics**

A large majority of respondents, 479 persons (78.5%) classify themselves as ‘New Zealanders’, with ‘Europeans’ as second with 147 persons (24%), ‘Asians’ at 14 persons (2.3%), 13 Maori (2.1%), 13 ‘Others’ (which includes Canadian, North American, Irish, USA, Australian,) and 2 Pacific Islanders. The total adds up to more than 100% as people could tick more than one option.

Out of the total 610 respondents 265 (43.4%) are males and 339 (55.6%) females, and when respondents under 55 years of age are excluded males make up 47.6% to 52.8% females. In the 65 years and older age group the percentages are the same.

The age distribution is as follows:

Age:	Number of respondents:	Percentages:	Percentages:	Percentages:
18-54	178	29.2%	29.2% aged under 55	62.0% aged under 65  37.9% aged 65 or older
55-64	200	32.8%	70.7 % aged 55 or older	
65-74	142	23.3%		
75-85	70	11.5%		
86+	19	3.1%		
Did not answer	1	0.1%		
<b>TOTAL:</b>	<b>610</b>	<b>100</b>		

Table 2

70% of our respondents are 55 or older, and this percentage is considerably higher than the actual ratio of over 55 to under 55’s in Golden Bay. Population projections by Statistics NZ, presented in table. 1, show that in 2011 people over 55 made up 33.8% of the population. Consequently in our data the over 55’s are considerably overrepresented compared with the under 55’s, meaning we have to be careful when comparing the groups. Please note, however, that this does not affect the validity of our findings for the 55 and older age group.

As many as 64% of people in the age group 65 and over have lived in Golden Bay for 20 years or longer. Only 15% of that age group have lived in the area less than 10 years and half of this group (i.e. 7.8%) have lived in Golden Bay less than 5 years. 84% of people aged over 65 have lived in the area for 10 years of more.

It is to be expected that the number of years people have lived in Golden Bay increases with their age, but there is a noticeable difference between the 65+ age group and the 55 to 64 age group. In the latter group 55% have lived in Golden Bay 20 years or more (compared with 64% in the 65+ group), and only 72% have lived in Golden Bay more than 10 years (compared with 84% in the 65+ group). 28% of people aged 55 to 64 have lived in Golden Bay less than 10 years (compared with 15% in the 65+ group).

Respondents below 55 years of age show a different pattern again with 42.7% having lived in Golden Bay for 20 years of more, 70% more than 10 years, 30% less than 10 years and 16.3% less than 5 years.

As expected most respondents (75.4%) report that Takaka is their nearest township, with 23.8% living closer to Collingwood. 164 respondents (26.7%) live 0-2km from their nearest township, 265

respondents (43.4%) live 3-10 kms and 172 respondents (28.2%) live more than 10kms from their nearest township. This means that 71.6% of the respondents live further away than walking distance from their nearest township.

- **“Where would you like to live as you get older?”**

488 out of 610 respondents (80.0%) have decided where they would like live as they get older. Older people are more likely to have made up their mind; only 58.2% of people under 55 have decided compared with 89.7% in the ‘over 55’ age group and 95.2% in the ‘over 65’ age group. Because respondents could choose more than one option to the question “Where would you like to live as you get older?” it is not possible to determine exactly how many would want to become old inside or outside of Golden Bay. The option of getting old outside of Golden Bay received a total of 79 ticks, meaning that 79 respondents at the most may NOT want to get old in Golden Bay. ‘Outside Golden Bay to be closer to family’ received 27 ticks and ‘Outside Golden Bay to be closer to services’ received 36 ticks. Some respondents may have ticked both of these options, and the number of people who have decided to age in a place of their choice outside Golden Bay may be as low as 36. This means that between 6% and 13% may decide to leave Golden Bay as they get older.

Out of the 488 who have made up their minds, 401 (i.e. 65.7% of **all** respondents and 82.2% of those who have made up their minds) want to stay **in their present home** in Golden Bay for as long as possible. The decision to grow old in the present home also increases with age; 75% of people over 55 want to get old in their present home compared with 42% of those under 55, and in the 65+ age group as many as 82% want to get old in their present home.

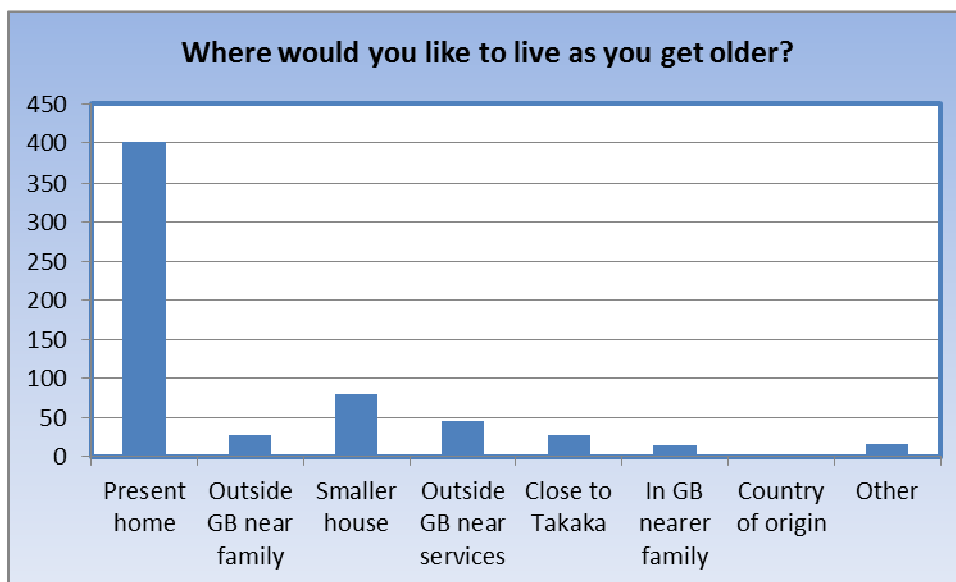


Fig. 1. Note: Respondents could tick more than 1 option.

Feedback from respondents who chose ‘Other’ options for where they would like to live as they get older include 11 who would like to live in a retirement or eco village or similar ideally in Golden Bay, six who want to stay in Golden Bay but in a different house or location, two want to move to

Richmond, one to the West Coast of the South Island and one wants to live in the tropics in the winter and Golden Bay in the summers.

119 out of 610 respondents have not decided where they would like to live as they get older and more than half of these (74 people) are under 55. Only 45 respondents over 55 (i.e. 10% of this group) and 11 respondents (4.8%) over 65 years have not decided. The most commonly cited reason is ‘Will take it as it comes’ with 47 respondents. (Fig. 3)

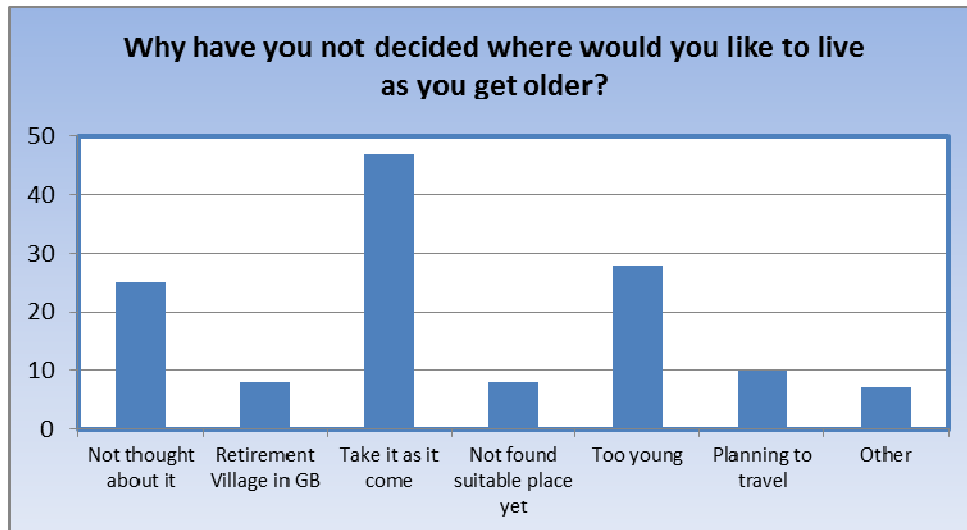


Fig. 2

Respondents were given the option of including comments about where they would like to live as they grow older and comments incorporated in this section include 36 respondents who want to either stay in Golden Bay, stay in their present home or “Stay where I am”; 11 respondents who want to stay in Golden Bay but in a smaller house/property; 14 want to live in a retirement village when they get older and a further 9 specifically mentioned wanting to live in an eco-village. 11 respondents commented they would like to live closer to friends or family, a further 5 mentioned moving to somewhere where they are close to “similar minded people”. Many reported that where they live as they get older would depend on the health and mobility of either themselves or their spouse/partner (20 respondents), or dependent on where their partner or family work or live (12 respondents), 6 respondents commented that where they would like to live as they get older would depend on their ability to drive/transportation issues or dependant on costs (2 respondents). There were 5 respondents who commented they would move near health and/or other facilities as they get older.

Below are some examples of the comments we received<sup>3</sup>:

*“Health services in GB will probably be crucial. I would consider leaving the Bay to get closer to guaranteed quality services.”*

<sup>3</sup> A list of the comments we received with the completed questionnaires is presented in appendix 2

*"I would like to be next to family and friends. Retirement villages are good but you don't know anyone, unless you move in with a friend."*

*"My ideal is to live in a well-designed new home constructed of earth and other natural materials that provides warmth all winter and coolness during the heat of summer, within a newly developed eco-community based on dynamic governance and sociocracy principles."*

*"Would like to live on my property but it gets too big for us and we are not allowed to have a second dwelling on Rule A land. Only option is selling. We paid rates since 1984 and are very active for the benefit of our community. Old age will drive us out of GB. The system has to change. TDC sucks."*

*"Would have liked to stay in Collingwood but will not be able to now. 4 years ago we planned our future. We built a maintenance free house in Collingwood thinking our next move would be Joan Whiting Hospital and finally Collingwood Cemetery. Now our plans have been blown to bits. We helped raise funds to get Joan Whiting opened years ago and still donate to help."*

*"Would like to remain in GB but lack of employment opportunities mean I will probably have to leave. Same for our children, if they leave when older we would probably follow."*

*"Somewhere where the facilities suit older people ie: indoor pool, good medical centre, safe community, activities, easy access to shops etc."*

*"Where we live now requires a lot of driving to go anywhere or see anyone. Would love to be able to walk more and drive less. A well-designed simple easy to heat house. An eco-village holds appeal."*

*"I would like to live in place(s) with a high quality of living, clean environment, excellent health care, less expensive than GB if possible. I am very concerned the new medical providers will offer subquality services and care. GB is isolated and winter is a bit difficult, summer and fall great. A covered well heated year-round swimming pool would be a huge plus."*

*"Depends on what my children do."*

*"Collingwood old peoples home."*

*"May have to sell land to pay for old age and also simplify work load and pay for labour."*

*"Golden Bay is a beautiful place to live and I feel has here what I would like to do in my retirement is easily accessible i.e., fishing, being active in a smaller community. Hopefully an active aged home help if necessary."*

• ***"Is your current home suitable for ageing in?"***

Of the 431 respondents aged 55 or over, 260 respondents (60.3%) think their current home will be suitable as a place to grow old whereas 150 respondents (34.8%) did not. 21 respondents ticked 'Don't know' to this question. Only half of the younger respondents (i.e. under 55) believe their

current home is a suitable place to grow old. The two main reasons, regardless of age, for why their current home would not be a suitable place is that 'House and section need too much maintenance' with 134 respondents, home 'Too big' with 99 respondents and home 'Too far from town' with 54 respondents.

Results for **all age groups**:

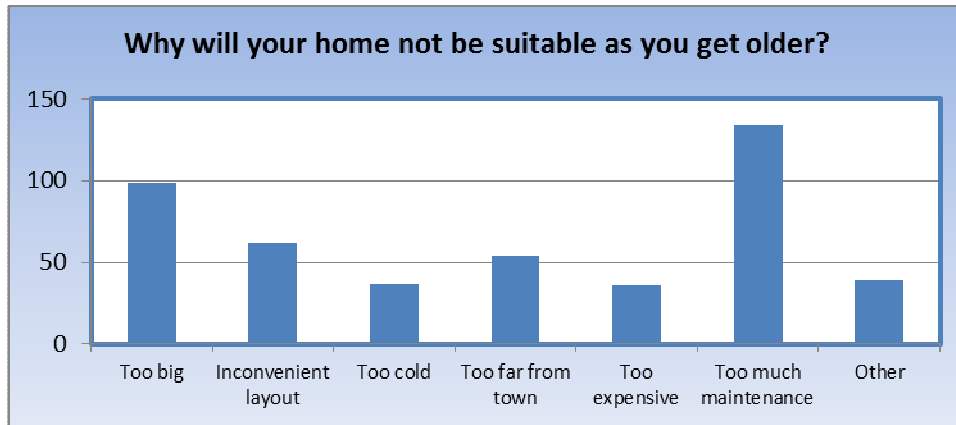


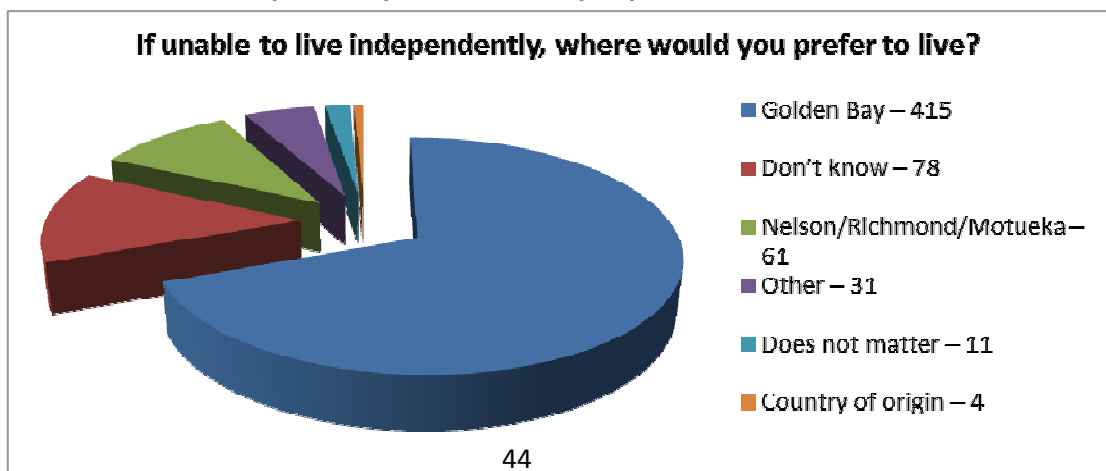
Fig. 3. Note: respondents could tick more than one option.

Almost 1 in 3 respondents, regardless of age, consider it difficult to maintain home and section. When asked directly 179 respondents answered that they currently find it difficult to maintain their home and section to the standard they would prefer and 407 do not find it difficult (10 responded 'not applicable'.) Of the 179 respondents who find it difficult 109 are under 65 years of age (28.8% of the under 65 group) and 70 are over 65 (30.3% of the over 65 group).

Older people are more likely to get help with home and section maintenance, however. A total of 145 respondents currently have help with their home and section maintenance, 452 do not have help and 7 responded 'not applicable'. Of the 145 respondents who have help 58 are under 65 years of age (17.2% of the under 65 group) and 87 are over 65 (37.7% of the over 65 group). As many as 54 respondents have experienced difficulty finding reliable help whereas 313 have not experienced any such difficulties.

At present there is one rest home in Golden Bay providing 17 beds, and the plans for a new rest home as part of the Integrated Family Health Facility also include 17 beds. To get an impression of the future need for rest home places in Golden Bay we asked:

**"If unable to live independently, where would you prefer to live?"** (Fig. 4)





68% of all the respondents would prefer to live in Golden Bay, and when only counting people over 65 the percentage climbs to 74%. The decision to Age in Place in Golden Bay if unable to live independently goes down with age; 66% of people in the 55 to 64 age group prefer Golden Bay, and 62% of those under 55. This difference between age groups is mainly because younger people answer “Don’t know”; 16.5% of people between 55 and 64 and 20% of those under 55 have not made up their minds. Only 12.6% of all respondents have decided they would prefer to live somewhere else than in Golden Bay if they became unable to live independently. Feedback from respondents who mentioned ‘Other’ options for where they would prefer to live include: Close to friends/family (11 respondents), overseas (3 respondents), Christchurch (3 respondents), Wellington (3 respondents), Nelson region (3 respondents), ‘Depends on family’ (8 respondents) and “depends on circumstances at the time” (1 respondent).

At present there is neither a retirement village nor an eco-village that caters for older people in Golden Bay. During the interviews many people had mentioned that they miss these options, and we wanted to find out how common this notion is in Golden Bay. Out of the 610 people who responded to our questionnaire 326 respondents (53.4%) would consider moving to a retirement/eco-village IF one was built and 116 (19%) would not. A further 151 (24.7%) responded ‘Don’t know’. Surprisingly many younger people find this solution attractive; of the 326 respondents who would move to a retirement/eco-village in Golden Bay 109 were under 55 years of age (61.6% of the under 55 group) and 217 were over 55 (52.2% of the over 55 group).

- ***Income and debt***

In connection with the questions concerning home and property it is worth noticing that 575 respondents (94.3%) reported they own their own home and 34 respondents (5.6%) rent their home. In the over 55 age group 97.2% own their own home. Four out of five respondents aged 65 or older report that they are debt free, meaning that approximately 80% of respondents over 65 own their house and property freehold.

87.8% of respondents aged under 65 plan on being debt free by the time they retire.

27.3% of respondents aged 65 or older reported that they have Superannuation only as their only current source of income, the rest have additional income from savings, working etc.

Only 14.3% of respondents aged under 65 expect to have Superannuation as their only source of income when they retire, 63.8% anticipate they will need private savings or other income to supplement their superannuation income and 21.2% report they ‘Don’t know yet’.

- ***Work and retirement***

25.7 % of respondents aged under 65 plan to retire at 65.

35.2 % of under 65s plan to keep working beyond 65 either in a full time or part time capacity.

32.3% of under 65s ‘Don’t know yet’ when they will retire. The remaining respondents are already retired (3.2%) or plan to retire before 65 (1.6%).

- **Transport**

Car ownership is very high in Golden Bay and 96.2% of respondents (587 people) reported that they own a car and almost all of those report that they drive (581 respondents). Of the 89 respondents who reported their age as 75 years of age or older 76 still drive (85.4%). 25 respondents reported that they don't drive and 13 of these non-drivers are aged 75 or above. The main means of transport for these 25 non-drivers are friends and family (21 respondents), walking (12 respondents) and 11 are members of 'Wrinkles'. Note: respondents could tick more than one means of transport.

- **Health**

Slightly less than 1 in 5 respondents (17.0%) report they have health concerns that may influence their ability to age in the place they would prefer to age, with older respondents (65 years or older) more likely to report health concerns than younger respondents – 23.4% of respondents over 65 as compared with 16.5% of respondents under 65. The most commonly cited health concerns are heart conditions (11 respondents), arthritis (13 respondents), asthma (5 respondents), mobility issues (9 respondents), eyesight issues (9 respondents), diabetes (3 respondents), and general concerns about access to doctors or medical facilities (8 respondents).

21.2% of respondents (49 respondents) aged 65 or older currently receive or have previously received assistance from the District Health Board to enable them to live at home. The most commonly utilised assistance is 'Home help' with 41 respondents (91.1% of those receiving help), 'Personal care' (17 respondents, 37.8%), 'Support worker' (8 respondents) and 'Meals on wheels' (11 respondents).

An overwhelming majority (93.8%) of the respondents who have received such assistance are very satisfied or satisfied with the assistance they got (55.1% are 'very satisfied' and 38.7% are 'satisfied', 3 respondents did not answer this question). 81.7% of the recipients of the help reported being very satisfied or satisfied with the time it took before help began (42.9% reported they were 'very satisfied' with, 38.8% were 'satisfied' and 6.1% were 'neutral', 6 respondents did not answer this question.)

Considering that 'Home help' is by far the most common type of assistance people over 65 receive to enable them to Age in Place we were surprised to learn that less than half of the respondents in that age group had heard of the two companies that deliver this service. Only 45.0% of respondents aged 65 or older reported that they have heard of Health Care New Zealand and 35.0% reported that they have heard of Access.

- **Social network**

A bit more than half of the respondents (53.8%) have family (other than their partner) who also live in Golden Bay, 45.7% have not. Three people did not answer. Younger people are more likely than older to have 'other' family living in the area and 62.3% of those under 55 fall in this category. 55.5% of people over 65 also have 'other' family in Golden Bay, compared with only 44.5% the 55 to 64 age group.

In total 328 respondents have 'other' family in Golden Bay all but one have children who live in the area. 95 have siblings, 81 have parents and 61 have 'other' relatives including grandchildren and relatives like cousins and in-laws.

More than 5 out of 6 respondents (513 out of 610) live together with someone else and only 15.2% live alone. Of the 93 respondents who live alone 70% are females. The proportion of respondents living alone increases with age; 10% of respondents under 55 live alone, increasing to 17.5% of respondents over 55 and 21.6% of the respondents over 65. The great majority (483 respondents) of those who live with someone live with their spouse/partner (or with their spouse/partner **and** children/grandchildren). 2 respondents reported they live with their parents, 8 live with their children/grandchildren and 10 live with 'other' people including boarders, small community, with children but in separate unit, in rest home.

85.7 % of respondents (523 respondents) are satisfied with the extent and frequency of their contact with family and friends, whereas 12.1% (74) respondents are not (13 respondents did not answer this question.) 90.5% of respondents over 65 are satisfied with their social life compared with 82% of those under 65. Of the respondents who are not satisfied with their social life 39 respondents answered 'I don't have enough family and friends in Golden Bay', 6 reported 'I can't get around so can't spend as much time with friends and family as I would like' and 10 respondents answered 'My friends and family are too busy'. 31 respondents ticked the 'Other' box and provided comments such as "I am too busy", "Family and friends live elsewhere", "the cost of travel to see friends/family", "the lack of public transport in Golden Bay", "friends/family have moved away due to lack of work opportunities in Golden Bay", "workload issues".

- ***Degrees of wellbeing***

When interviewing service providers and individuals, and from questionnaire feedback we noticed that the greater majority of people over the age of 55 in Golden Bay are doing well: They own their home mortgage free, they have a good social network of people they enjoy spending time with, have financial means to meet their needs, and are in good health. But the figures also show consistently that approximately 1 in 5 people over the age of 55 are not doing quite so well. They do own their house, but are in debt, are not quite satisfied with their social network, live on superannuation only (if over 65) and have health issues that may affect their ability to Age in the Place of their choice. We tried to find out if the respondents who report that things are not so well are all the same people in the sense that if they have debt, then they also experience health issues, live on superannuation only and are dissatisfied with their social network. That turned out to not be the case. Some individuals experience one or two of these negatives at the same time, but rarely all. We also tried to find reliable figures about poverty by searching for figures about how many people over the age of 65 have a community card. Unfortunately, due to privacy issues, and that figures from Ministry of Social Development only show the number of community cards in Tasman as a total, we have not been able to establish any figures about poverty levels among older people in Golden Bay.

- ***Volunteering***

More than half of all respondents reported being involved in community organisations (383 respondents; 62.8%), and a larger proportion of women (66.7%) are involved than men (57.7%).

Slightly larger numbers of older people tend to be involved in community organisations than younger people; in the over 55 age group the percentage is 64.7% compared with 58.4% among those under 55. When asked if they would consider becoming more or less involved in volunteer work in the future approximately 1 in 3 would consider becoming more involved, 1 in 3 would consider remaining as involved as they are now, 1 in 4 don't know and only 1 in 15 consider becoming less involved.

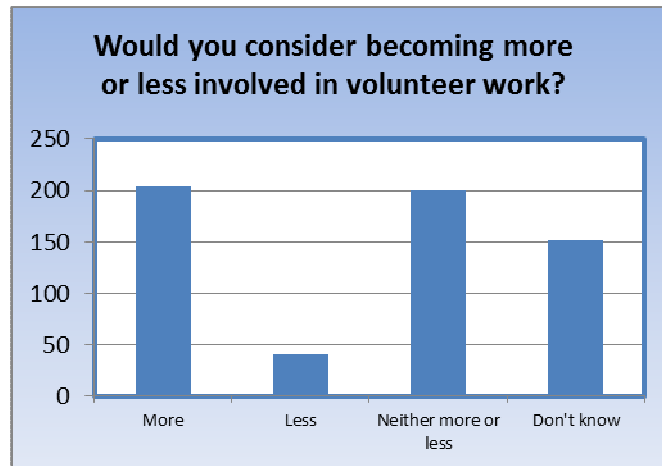


Fig. 5

It should be noted that older and younger respondents differ considerably with regards to this issue. A greater proportion of younger respondents would consider becoming more involved than among older people. Older respondents are twice as likely to remain as involved as they already are, but also more likely to decrease their involvement. The 'don't know' proportion is equally large in both age groups.

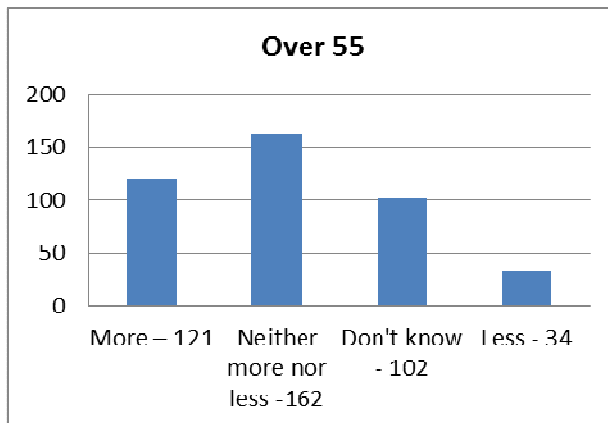


Fig. 6

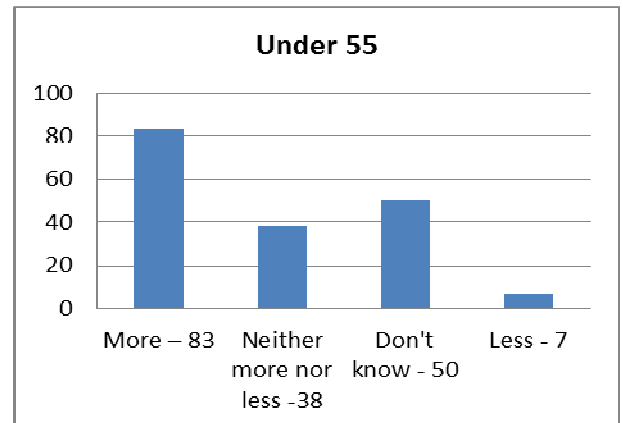


Fig. 7

- **Access to services and future improvements**

People aged 65 or older were asked if they feel they have access to the services they need and 174 respondents said YES whereas 23 said NO. When we asked if people know where to go for information about the services they need 171 said YES and 42 said NO. This means that 10% of

respondents over 65 feel they do NOT have access to the services they need and 18% do not know where to get the necessary information.

Finally, to gauge people's ideas about future improvements we asked if any new or improved community facility would make it easier for people to continue to live in Golden Bay as they get older. 250 respondents (41.0%) answered "Yes" to this question and the more common suggestions being a retirement village of some sort (74 respondents), or an eco-village (a further 14 respondents), better public transport (27 respondents), an integrated health facility/centre (11 respondents) a medical centre (11 respondents), a heated pool (8 respondents) or a recreation facility (8 respondents). Younger people were more likely to say a new or improved facility would make it easier to live in GB with 46.1% of the under 55 age group and 39.0% of over 55 group.

# DISCUSSION

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Through interviews with residents and service organisations we learned what the issues are that influence people's decisions and abilities to Age in Place in Golden Bay. In this chapter we will discuss our findings, point out salient features, show connections and patterns and highlight interesting results. The responses to our questionnaire gave us data from which we can generalise about how common these issues are in Golden Bay with a 4% margin of error accuracy. Hence, we will generalise to the entire Golden Bay population when we believe our data allow it. The percentage of questionnaire respondents who were 55 years of age or older (70%) does not correspond to the actual percentage of over 55s in Golden Bay which is 33.8% (Statistics NZ, 2006), meaning this group is over-represented in our study. (Population projections by Statistics NZ based on the 2006 Census is shown in fig. 1 in the Introduction).

## *What factors influence people's choices about the place where they want to become old?*

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Our survey shows that a surprisingly large proportion, four out of every five of adults in Golden Bay, have already decided where they want to get old. Bearing in mind that the proportion of people who have made up their mind increases dramatically with age, (90% of people over 55 and 95.2% of those over 65), and that people over 55 are over-represented in our survey, the number for the general population may actually be somewhat smaller. Still, as many as 60% of respondents in the below 55 age group have decided where they want to become old. In general people in Golden Bay seem to think long term, and to have given some consideration to where they want to spend their older years.

One of our most important findings is that the overwhelming majority of respondents want to Age in Place in Golden Bay. Four out of five respondents in general have decided where they want to become old, and only a fraction (between 13% and 6% of all respondents) have decided that they do NOT want to get old in Golden Bay. We can therefore expect that the great majority of people now living in Golden Bay will keep living there as they get older, and the proportion of older people will continue to grow at the same rate as it has over the last decade. Whether Golden Bay will experience an additional growth in older people due to retirees moving there after turning 65 is an open question at this stage. Our research shows, however, that 84% of present Golden Bay residents aged 65 and older have lived in Golden Bay for more than 10 years, and only 7.8% less than 5 years. This means that only a small minority has moved to Golden Bay after they retired, and based on past trends there is little reason to believe Golden Bay will be inundated by new retirees in the future.

The great majority of respondents who have made up their minds about where to get old want to do so in their present home, indicating that for most people the term 'Ageing in Place' means 'Ageing in my Present Home'. Four out of five people aged 55 and older want to stay on in their present home for as long as possible, even though as many as one third (34.8%) report that their house is NOT suitable for getting old in. This means that many people want to get old in their

present home in spite of it not being particularly well suited. Even though our data do not provide adequate information it is reasonable to assume that for many this desire to stay on in a less than suitable house is a reflection on the emotional and historical attachment to the home being more valuable than material comfort. On the other hand it may also be influenced by the absence of better alternatives. For those who would consider moving the more popular options is a smaller house in Golden Bay, and/or a place closer to Takaka and/or to family. Both Abbeyfield and local Real Estate agents confirm that units which would suit older people are scarce. Based on the responses from our questionnaire every second person in the over 55 age group would consider moving to a retirement/eco- village *if* one were built in Golden Bay, further supporting the argument that alternatives to getting old in a 'less than suitable house' are wanting.

The home features strongly in our interviews in relation to why people want to Age in Place in their present home in Golden Bay. So do notions of belonging to Golden Bay in general, to the land and to their section. People feel an attachment to the beauty of the landscape and the beaches while farmers express an attachment to the land they have worked. Pakeha with a long family history in Golden Bay and members of Tangata Whenua report an attachment to the land of their ancestors. People also spoke of belonging to and identifying with the community at large, and with friends and family. People's experiences and history in Golden Bay and in their homes also strongly inform their decisions to stay; one person who has lived in Golden Bay all his life referred to all the activities available to people in Golden Bay, and another, who arrived less than ten years ago spoke about how she felt instantly at home in the area. People's assessments of the availability and quality of services; particularly health services, influences their decisions about getting old in Golden Bay, but do not seem to be the driving forces in their decisions. Not one interviewee, nor any of the comments to the questionnaire indicate that people want to live in Golden Bay primarily because of the availability and quality of the services offered, but very many stated they might have to leave (against their wish) because services are not good enough, or may be forced to leave if the services become worse with regards to quality or access. Services thus enable people to Age in Place in Golden Bay but are not their reasons for choosing to age in the area. In 2006 Schofield et al. stated that there is a *"need to know more about older people's decision making on relocation and to explore differences between locations"* (pp. 288-289). Even though the present research does not compare different locations it does clearly show that for Golden Bay residents identity and belonging are main drivers behind their decision about where they would prefer to become old, whereas services determine their ability to do so.

### ***What factors influence people's ability to get old in the place they prefer?***

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From the interviews we learned that the main influences on people's ability to Age in Place in Golden Bay are a number of factors, all related to four core sets of issues:

- Health
- Home and property (section)
- Social network
- Finances; income and debt

These four issues have the potential to positively impact on people's ability to Age in Place in Golden Bay in the sense that when their health is OK, when they live in a home that is warm and of a suitable size, when they are able to maintain house and section, when they have as much access to social life as they want and with people they enjoy being with, and an income equal to, or higher than, superannuation (if they have no debt), then there are no barriers to Ageing in Place in Golden Bay. This should not come as a great surprise, and is in line with the resilience (Milstein 2010) and salutogenetic literature (Antonovsky 1979) highlighting that people fare well when they experience and expect that their lives have a greater purpose, when participating in meaningful and positive connections with their surroundings and with other people and when they manage to maintain clear, consistent and appropriate boundaries in relationships with others. The latter being but another way to say they are able to maintain their independence and autonomy. Self-evident as these points may seem, they are still worth exploring in some greater detail as they cast a very interesting light on the ageing situation in Golden Bay.

### *Home and Property*

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As noted above, our survey shows that four out of five people aged 55 and older want to Age in Place in their present home, and an astonishing 97% of them own that home. By the time people reach retirement age, four out of five are debt free, meaning that their only accommodation expenses are rates, insurance and maintenance. Almost two out of three people aged 55 and older report that their present home and section are suitable to become old in. Among those that say that home and section is not suitable the main reasons are that it is too big, or demands too much maintenance. This is in accordance with Oswald et al. (2010), who also found that dwelling size is inversely related to life satisfaction as people age. What was more unexpected, however, is that one third of people in general find home and section maintenance to be a burden. Even though respondents over 65 are more than twice as likely as respondents under 65 to get help with these tasks, the majority of old people manage on their own. When asked if they have experienced difficulties finding reliable maintenance or gardening help approximately 15% of those this question applied to (i.e. they have tried to get such help) confirmed this. The good thing about this is that a very large majority of people have not had any difficulties finding reliable help, but it also indicates that the supply of reliable gardeners and maintenance people is not large enough to meet the demand. There is, in other words, still room for people to enter into business delivering such services.

Respondents under 55 are more likely to live in houses that they think will be unsuitable for old age than older people, and this could be interpreted in two different ways: It may mean that older people have planned and prepared for old age by buying or building better houses on more suitable sections, or it may mean that older people have lower expectations for what is needed in old age. In the article "*Ageing and social exclusion in rural communities*" Sharf & Bartlam (2008) argue that older people are generally more optimistic than younger and with a tendency to report a good quality of life in spite of living under relatively disadvantaged circumstances. Older people, they claim have a tendency to "*downplay and internalise their experience of disadvantage*" (p. 107). Our research does not provide answers to this question, however.



Maintenance is not only a matter of practicalities, however. During interviews we asked people if they would consider letting the section go to weed or revert to bush as a solution to the maintenance issues, and received very clear answers that is absolutely not an option. Standards of upkeep and maintenance are, to a large extent, also indicators of identity and self-esteem. Some people in Golden Bay have made it their purpose in life to transform a section into permaculture gardens or similar in an attempt to contribute to making the world a better place. For others the ability to maintain house and section provides them with a strong sense of meaning and purpose, contributing not only to their quality of life, but also their resilience and good health. Coping with the loss of the ability to maintain ones standards of upkeep and maintenance, and developing solutions to it, is thus about far more than weeds, mess and unpainted windows; it is about the meaning of life, health and wellbeing. Not surprisingly many interviewees have sought to find ways to solve this issue that would allow them to keep living at home, for example through inviting more people, family or friends or tenants, to live on their land to help with the maintenance. Unanimously they have found the regulatory framework, primarily at Tasman District Council and NZ Transport Agency, extremely difficult to penetrate and have found these organisations the opposite of service minded in this regard. One respondent to the questionnaire commented: *“Would like to live on my property but it gets too big for us and we are not allowed to have a second dwelling on Rule A land. Only option is selling. We paid rates since 1984 and are very active for the benefit of our community. Old age will drive us out of GB. The system has to change. TDC sucks.”* When we spoke with a representative of TDC we were left with a strong impression that they do not see it as their role to make it easy for people to develop small family ‘hamlets’ on their land as a means of being able to Age in that particular Place.

As mentioned above central government aims to *“Develop policy options that facilitate ageing in place”* (Positive Ageing Strategy Action 5.2) , an aim that both of these government organisations seem to be ignoring with their reluctance to make it easy for more ‘collective’ living arrangements for older people to be constructed in Golden Bay. Our research is not alone and highlighting this particular issue. In the article *“Ageing in Place”* Schofield et al. (2006) write:

*“In housing, new mechanisms for tenure are required to encourage collective home ownership for people with limited wealth or increasing support needs. Innovative accommodation options also need exploring so older people can maintain their independence within shared family living”* (p. 299)

The TDC employees we spoke with highlighted that the present policies to restrict the number of dwellings on any unit of land are influenced by a number of concerns such as future demands for services, future demands to subdivide the land, restrictions on dwellings in peripheral areas due to sustainability issues like dependency on fossil fuel for transport etc. Whereas these concerns do have their legitimacy, so does people’s desire to Age in Place on their own land, or in close proximity to family and friends, and there is no particular reason why a concern about a hypothetical future should take precedence over a present wish. Schofield et al. (2006) make the point very clear:

*“ageing in place raises questions about the capacity of communities to meet the increasing demands of ageing in place objectives (OECD, 1994). Older people will be better sustained in their communities if goodwill towards them could be more effectively channelled into*

*supportive initiatives. The promotion of ageing in place is a joint responsibility for the public, private and voluntary spheres. All need to be involved, with a shared vision for the future.” (pp. 299-300)*

For people who conclude that maintenance is too much of a burden collective living arrangements like retirement and eco villages are a good alternative. Our survey shows that every second person in the over 55 age group would consider moving to a retirement/eco- village *if* one were built in Golden Bay. This indicates there is a large untapped potential for private initiative, combined with public goodwill, to construct such facilities.

### Social network

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The interviews we conducted reveal that there are a number of opportunities for older people in Golden Bay to socialise, and to engage in leisure time activities together with others. Organisations like U3A, Probus and the Senior Citizens Association provide regular events, and every third Saturday the Motupipi Hall Committee arranges a lunch for older people. In addition there are a number of commercial events and venues like the Village Theatre, concerts and quizzes at the Mussel Inn and the Penguin Café etc. The responses to our questionnaire show that the great majority of people in Golden Bay (more than 5 out of 6) are satisfied with the extent, degree and frequency of their social life. People over 65 are more satisfied with their social life than people aged 55 to 64 and this may be due to two reasons. On the one hand people said that not having enough family in Golden Bay is a reason for not being satisfied with their social life and people over the age of 65 are more likely to have ‘other’ family in Golden Bay than people between 55 and 64. Another main reason for not being satisfied is that they or their family/friends are ‘too busy’, and in general people who have retired from the workforce have more leisure time.

We also found that 5 out of 6 respondents live with someone, most frequently their spouse/partner or spouse/partner and children. One out of six adults in Golden Bay live alone, and older people are more likely to live alone than younger people; 1 in 10 under the age of 55 living alone compared with 1 in 5 of people aged 65 and older. A significant majority (more than two thirds) of people living alone are women. At the same time we found that half of all respondents do not have any other family in Golden Bay than their spouse/partner and that the proportion of people with no ‘other’ family in the area is particularly large in the 55-64 age group.

In her review of the literature on ageing in rural areas Jacqueline Lidgard (2006) concludes that *“The majority of rural elders rely on their informal network of family members, friends and neighbours when the need for assistance arises”* (p. 7). The present research strongly suggests that for Golden Bay residents a good social network is important for their sense of belonging and wellbeing. In light of the above it is important to note that for half of the population in Golden Bay their network consists of friends and acquaintances and not ‘other’ family members. As we all know family relationships build on the belief that people are of the same kind because they share biological essence and consequently do not require any particular maintenance work to be kept alive. Friendships on the other hand only build on likes and dislikes, on a sense that it is pleasant and emotionally fulfilling to spend time together. Such relationships therefore require much more maintenance, for example in the form of a relatively high frequency of getting together, a relatively

high degree of reciprocity in who gives and who takes in the relationship etc. The great majority of people in Golden Bay are satisfied with the extent and frequency of their social life, indicating that they are able to maintain their social relationships. However, the fact that half of the survey respondents have social networks that, apart from their spouse/partner, only consists of non-kin members means that their networks are vulnerable to breakdown if people lose the ability to frequently socialise or reciprocate in their relationships. Women in particular are thus vulnerable to becoming socially isolated, and if they lose their partner/spouse and their ability to maintain their social network. People who are now between 55 and 64, and who will enter into retirement over the next 10 years, are more vulnerable in this sense than those who already are retired because the next cohort is less likely to have 'other' family in Golden Bay. Loss of social network will most probably also mean that a lot of people will be without friends and neighbours to whom they can turn when in need of assistance, thus being more dependent on public services. It is thus highly likely that the pressure on public services, particularly Home Support will grow when the next cohort enters the 3<sup>rd</sup> age. A possible mitigating factor here is that a very large proportion (78%) of residents over 55 years of age have lived in Golden Bay for more than ten years, and 60% of them have lived in the area for more than twenty years, meaning that they have had a long time to build up very solid friendships that have a good chance of surviving even when people become less able to actively maintain them.

All the respondents (bar one) who do have family in Golden Bay in addition to their spouse/partner have children living in the area. We did not ask people without 'additional' family in Golden Bay if they have children living elsewhere. Statistical data (Statistics New Zealand 2009) shows that on average between 80% and 90% of adult women in New Zealand have children<sup>4</sup>. When combining this fact with our finding that 3 out of 4 people over 55 live with their spouse/partner, it is reasonable to assume that a large majority of the people who at present do not have 'other' family in Golden Bay have children who live elsewhere. Most probably the reasons why these children do not live in Golden Bay are lack of employment and affordable housing. In their article "Ageing in Rural Communities - Vulnerable people in vulnerable places" Joseph and Clautier-Fisher (2005) state that: "*The trend to centralise service provisions into larger centres has also meant a loss of local autonomy. Many rural areas have been plagued by increasing levels of poverty and loss of working age population associated with large scale and persistent job losses and underlain by restructuring and globalisation trends.*" (p. 136). As people get older, needing more assistance with everything from mowing lawns to transport into town, a network of younger people becomes increasingly important in order to be able to Age in Place, i.e. in their present home. Consequently, when government agencies like TDC and NZ Transport Agency do not put in places programs and policies to facilitate the creation of employment in Golden Bay, or make it more affordable to build dwellings, they are in fact working against the Positive Ageing strategy. Action 7.1 of the Positive Ageing Strategy says "*Promote and support policies that encourage opportunities for growth and development for older people living in rural communities*", and for an area like Golden Bay this actually also means policies encouraging opportunities for growth and development for younger people. A respondent to the questionnaire commented: "*I don't need government assistance to allow me to remain in my property – I need to be able to offer to share my big old house in exchange*

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<sup>4</sup> Depending on when they were born; in 1962 8% of women over the age of 45 were childless and in 2010 the figure had risen to 20%.

*for help around the place – and to be able to build a small place for myself – but building regulations are so much ‘red tape’ to allow 2 residences – even on a rural section with enough grazing land, gardens and orchard to feed two households – we need to encourage the young to stay in the Bay – find affordable option.”* Government agencies like TDC and NZ Transport Agency need to consider that *“Programmes designed for urban areas typically do not translate well into rural areas as they cannot be sustained for a variety of reasons”* (Lidgard 2006, p. 5) and remote rural communities like Golden Bay require different policies than in central and more urban areas like Richmond.

### ***Finances - Income and debt***

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Our interviews strongly suggested that financial security is the third positive contributor to people’s ability to Age in Place in Golden Bay. We have seen that the ability to maintain a house and section to a certain standard is an important aspect of many people’s identity and self worth, and thus part of their resilience as they age. We have also found that people are more likely to get help with maintenance of house and section, including gardening, as they get older and such assistance is far easier to obtain when one can offer payment. When interviewing people we learned that it is possible for a couple to live on superannuation with no additional income if they are debt free and have low maintenance costs on their house and property. All extra costs, like a gardener or a house cleaner requires an income in addition to superannuation. The Department of Social Development – Senior Services can assist people with immediate and essential needs such as food and provide extra help for up to three months with costs related to health, housing etc. They cannot, however, pay for someone to chop wood and carry it inside, drive a person to the shop or on social visits.

Respondents aged 65 or older are in general in a good position financially. 72% of respondents who have reached retirement age have some kind of income in addition to superannuation and 80% are debt free. Our data show that these tend to be the same people, meaning that those who do well on one variable, in general also do well on the other.

The high proportion of respondents who are in a financially sound position should not cloud our vision however. When 27% of retirees report that they live on superannuation only, that translates to approximately 150 individuals over the age of 65 who are in a financially vulnerable position with very narrow margins for manoeuvring if their expenses were to increase, or if superannuation decreases.

Here it should be noted that younger people have a more optimistic outlook on their financial future than what the present situation is for people over the age of 65. Whereas more than 1 in 4 of present retirees have superannuation as their only source of income only 1 in 7 of people under 65 expect that to be the case when they reach retirement. Younger people also expect to be debt free to a larger extent than what is the actual case for people who are already over 65. Our data cannot answer whether this reflects a tendency among younger people to be more optimistic about the future than what is realistic, or if younger people have made financial plans for the future that will secure greater financial leeway.

When people's health is reasonably OK and does not restrict their activities of daily living, particularly their mobility, it is not an important influence on their ability to Age in Place. One may thus say that health is either a neutral or a negative influence on people's ability to Age in Place in Golden Bay and not a positive influence in the sense that their ability to Age in Place increases proportionally with their health. However, if or when health issues emerge they can have a profound influence on people's ability to Age in Place. As an example one interviewee who had had surgery that immobilised her some time before the interview told us her entire life was turned upside down. She had gone from being perfectly independent, living on her own relatively far from town, in a house heated by a wood burner; to needing help with absolutely everything, including bringing in the mail from her mailbox. Home help through Support Works could neither help with firewood, nor fetch her mail, and she was seriously considering selling her property to move to an easier dwelling in an easier location. When her mobility returned, her worries disappeared and so did all thoughts about selling.

Nearly one in five (17%) of our respondents, i.e. adults over the age of 18, report having health concerns that may influence their ability to Age in the Place of their choice. Of the 65+ age group the percentage is somewhat higher (23%). On the positive side this means that the great majority of people, including those over 65, do not experience health issues that restrict their ability to grow old in the place they want. It is however important to point out that 17% of all adults in Golden Bay equals approximately 500 individuals who potentially experience the kinds of health issues that may restrict their ability to get old in the place of their choice.

Home Support is by far the most important service enabling people over 65 and who have health issues to Age in Place. It is thus reassuring to learn that the service is rated very highly and 93% of the people who have used it say they are 'very satisfied' or 'satisfied' with the service. Regardless of this very positive result it is still clear, however, that other aspects of the Home Support system are not functioning optimally. All parties concerned report that the organisational model for the service is too complex, involves too many layers of bureaucracy and results in too much distance (spatially and emotionally) between parts of the system and the client. As a consequence clients, their families and even health professionals are often confused about how the system works. The multiple layers of administrators, assessors and quality controllers was reported by most service providers involved in the assessment process as a burden; often leading to clients feeling dehumanised, reduced to 'cogs in a system' instead of persons whose human dignity is respected.

The present organisational model builds on a clear separation between the agency in charge of funding and quality control (Support Works) and the agency in charge of delivering the actual service (Access or Health Care New Zealand). One of the main reasons for this separation is to enable private, commercial companies to compete for contracts to supply a service to an individual client, thus providing the client (consumer) with a choice. This organisational model is thus built on a political ideology positing that the consumer always wants a choice and that competition in any market always leads to increased quality of the product or service delivered.

Our results when it comes to the delivery of Home Care in Golden Bay show that this ideology does not withstand the proverbial reality test. The majority of the people who are most likely to need

the service (i.e. those over 65) have not heard of any of the two companies that deliver it. Consequently, if and when a person finds him/herself in a situation needing Home Support, in more than half of the cases he/she will not have the information necessary to choose between the two companies.

Instead of increasing the quality of the service, the realities of this organisational structure is that it is complicated and often humiliating for clients to have to go through. It also makes it difficult for clients and family to know who to contact when things do not work because there are so many different agencies and people involved and none of the agencies have permanent offices in Golden Bay.

The existence of two companies also divides the pool of carers in Golden Bay, increasing their difficulties to organise to make collective demands for better working conditions and remuneration. Considering that the need for home support is likely to grow at the same rate as the number of old people the demand for carers is likely to grow at a proportional rate. It would seem that improvements to the organisational model, along with improved wages, transport remuneration and general working conditions are all needed to achieve the necessary increase in recruitment of carers.

Home Support can prolong the time that a person can remain living at home, and the Home Support carers in Golden Bay have all the reason to be proud of the service they deliver. An astounding 93.8% of people who have received such assistance, equivalent to 19 out of 20 clients, are satisfied with the service. As this research shows for most people Ageing in Place means keeping on living in their present home, and Home Support can have a profound influence on people's ability to do so, as well as quality of life in general. However, for some individuals there comes a point in time when living at home may undermine their quality of life, even though they may not agree that it is. When interviewing service providers we learned that there are instances when it is no longer safe for people to live at home and they are moved to the rest home against their will. Initially they resent the move, but in most cases they soon blossom in their new home as a result of good care and greatly improved social contact. Joseph and Clautier-Fisher (2005) indicates that this phenomenon may be more frequent in rural than in urban areas: *"in general when people age in place in rural areas their health levels are equivalent to urban, but they try to remain independent for longer."* (p 136)

This latter phenomenon raises the question whether residing in a rest home should be included under the 'Ageing in Place' concept. There are good reasons to exclude rest homes from this concept, not the least because most people would not want for their health to deteriorate to the degree that they would need to move to a rest home. On the other hand, we believe that in the Golden Bay context it is necessary to include a discussion about rest homes when considering Ageing in Place in Golden Bay. At present there is only one rest home in the entire area, and all alternatives are located outside Golden Bay. When we asked people where they would prefer to live if they were unable to live independently, only 12.6% answered they would prefer to live outside of Golden Bay, indicating that there will be a significant demand for rest home places in Golden Bay in the future. Consequently, even though a rest home may not be people's first choice for when they get old, a rest home in Golden Bay is preferable to having to leave the area. Planning for, and providing adequate numbers of rest home places is therefore necessary if the health

authorities aim to meet the Positive Ageing Strategy Goal 7: “Older people living in rural communities are not disadvantaged when accessing services”.

### *Transport*

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‘Everybody’ in Golden Bay drives and there is no regular public transport. When people lose their licence due to ill health, loss of eyesight or because they can no longer afford a car, they become totally dependent on friends or family for their transport needs. In our survey 15 of respondents over 65 years of age reported that they do not drive. That equals 6.5% of respondents in this age group. Considering that statistically our findings have a margin of error of 4% we can reasonably assume that the total number of residents over the age of 65 who do not drive is between 2.5% and 10.5%, or between 15 and 62 individuals. Taking into account that the number of older people is increasing, and that Wrinklies Express has noticed a steady increase in the demand for their services since they began operating, there is good reason to expect an increase in the need for transport in the future. Whether this need can be met in the same way as presently, i.e. by family and friends in combination with Wrinklies is possible, though doubtful, particularly as Wrinklies is already at the maximum of their capacity.

Transport thus seems like one of the greater challenges to people’s ability to age in Place in Golden Bay in the near future. Combined with the fact that Golden Bay at present loses out on three different kinds of financial subsidy for public transport for older people; the Gold card, the Total Mobility Scheme, and WINZ subsidy of transport to health related appointments, it would seem that this challenge ought to be taken up either by TDC or an NGO.

### *Degrees of wellbeing*

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The four core issues we have discussed above; home and property, social network, financial security and health all show a similar trend. The greater majority of our respondents over the age of 55 are doing well: They own their home mortgage-free; they have a good social network of people they enjoy spending time with; have financial means to meet their needs, and are in good health. But the figures also show consistently that approximately one in five people over the age of 55 are not doing quite so well. They do own their house, but are in debt, some are not satisfied with their social network, some live on superannuation only (if over 65) and some have health issues that may affect their ability to Age in the Place of their choice. We tried to find out if the respondents who report that things are not good are all the same group of people in the sense that they have debt, experience health issues, live on superannuation only and are dissatisfied with their social network. This turned out to not be the case. Some individuals experience one or two of these negatives at the same time, but very rarely all. In other words, Golden Bay does not seem to have one multi-disadvantaged group, made up of the same 20% of the population. The people who experience one or two of these issues generally have resources in other areas that they can draw on to compensate or overcome, at least to some extent, the negative issues they face at any given time. This finding is supported by Lidgard (2006) who concluded that “*The issue that needs to be*

*addressed in research on older people is that life is different between various sub-groups of the elderly” (p 5).*

### Organisations dependent on volunteers

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Volunteer organisations are, in several ways, essential for the social sustainability of a Golden Bay where people want to Age in Place, and where it is possible for them to do so. Above we have argued that a good social network is one of the crucial factors contributing to people wanting to Age in Place in Golden Bay. Volunteer organisations play an essential role in maintaining these social networks. Probus, U3A and the Senior Citizens Association provide social and recreational opportunities for approximately 200 individuals with different tastes as far as the kind of organised activity they want to take part in. For people who are not family or kin, meeting on a regular basis, participating in an activity that is enjoyable, is crucial for maintaining social relationships. Another example is the Saturday Luncheons arranged by the Motupipi Hall Committee, providing (mainly) older people with regular opportunities to socialise. Every one of these organisations form important ‘threads’ in the social fabric of Golden Bay and were any of them to fold due to lack of volunteers, Golden Bay would become a less attractive place to get old.

Most of the volunteer organisations do not deliver services that directly inform people’s decision to Age in Place in Golden Bay, but some of them have a considerable influence on the ability to keep living in the place they want to live, i.e. their present home. St. Johns, Abbeyfield, Meals on Wheels and Wrinklies Express seem particularly important in this respect. The St. Johns ambulance service is run by volunteer drivers, and is the foundation upon which St. John can deliver their medical alarms. Approximately 50 to 60 individuals in Golden Bay have such alarms installed today, providing the peace of mind they need to continue living at home. Without the volunteers driving the ambulance these alarms would be worthless and 50-60 individuals in Golden Bay might not be able to keep living at home. Considering that the rest home is full, and the lack of alternative residences (i.e. retirement or eco villages for older persons) it is possible these people would have had to move out of Golden Bay. The ambulance volunteers, via the St. Johns alarms, also enable several of the Abbeyfield residents to Age in Place there, as Abbeyfield does not provide the kind of care that St. John via the alarm provides. The Abbeyfield and St. Johns volunteers is thus an example of the synergy effect of several volunteer organisations; Abbeyfield too is run by volunteers and several residents need both sets of volunteers to be able to Age in Place in Golden Bay.

The importance of volunteer organisations like Wrinklies and Meals on Wheels should not be underestimated. Both deliver services that are critical when they are needed. From a statistical perspective it might be argued that a service like Meals on Wheels, only providing for 16 to 24 persons at any given time, is not a significant contributor to people’s ability to Age in Place. However, 24 persons is equivalent to 24% of the 80+ age group, a considerable proportion. With Wrinklies the number of trips (276) and persons (688) transported per year speak for itself as a testimonial about the important role of the service they provide. Without Wrinklies and all its volunteer drivers there would be 688 occasions yearly when an older person would have had to ask a friend or family member to drive them to Takaka or Nelson for a health related appointment.



All the volunteer organisations we spoke with report having problems recruiting volunteers who can take on the more important tasks like Chair, Treasurer and Secretary. It is therefore hopeful to learn that one in three people in our survey, and approximately half of people aged under 55, would consider becoming more involved in volunteer work. This indicates that the willingness is high and volunteer agencies should be able to find a number of approachable candidates when and if they were to launch recruitment campaigns. However, it remains to be seen to what extent people manage to translate their good intentions into actions.

### *Access to services; future needs*

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It is reassuring to discover that 90% of respondents aged over 65 years of age feel that they have access to the serviced they need. On the other hand not all of these people know where to get the information they need about services. When almost 1 in 5 people over 65 years of age say they do not know where to find the information they need about services that means service delivery organisations still have a job to do getting the information out there. Considering that Heartlands is the information hub for all services for older people it should be a relatively straightforward task to accomplish.

As far as future needs are concerned, and in light of recent debates about community facilities we asked if any new or improved facility would make it easier for people to continue to live in Golden Bay as they get older. Two out of five respondents said yes to this question, and what they miss are first and foremost a retirement/eco village and better transport. Considering that we did not provide any predefined options in the questionnaire, and left it open for people to suggest what kinds of facilities would be more important for their ability to Age in Place in Golden Bay, it is worth noticing that only 8 respondents (1.3%) wanted a heated pool and another 8 (1.3%) wanted a recreation facility.

In connection with the recent community facility debate, concerns about the existing community halls in Golden Bay, and the fact that many of them are underutilised, was raised by a number of organisations and individuals. When preparing for this research we therefore had a hypothesis that community halls might be fashioned into community hubs where a number of services, such as monthly communal meals on wheels, appointments with district nurse, information from Ministry of Social Development Social Services etc. could be delivered. Interviews with service delivery organisations, and data about the numbers and geographical distribution of recipients of services convinced us that there is not a logistical foundation for delivering services through such community hubs. As an example, 16 to 24 people spread out over an area from Para Para to Ligar Bay receive Meals on Wheels at any given time and on that stretch there are five community halls. Delivering the meals at these halls would either mean serving 5-6 people at each hall, or transporting all 24 people to one hall. The first option is too small and organisationally not very sustainable and considering that the Motupipi Hall Committee already provides lunches at Motupipi Hall once a fortnight the second option is already catered for. Consequently we abandoned this hypothesis at a relatively early stage in the research process.

## CONCLUSION

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*The New Zealand Positive Ageing Strategy goals 5 and 7 outline the government's commitment to facilitating people's ability to Age in Place in rural communities like Golden Bay. Actions under goal 5 state that the government will "Develop a wide range of services that support ageing in place" and "Develop policy options that facilitate ageing in place". The seventh strategy goal states that "Older people living in rural communities are not disadvantaged when accessing services", and that the government will "Promote and support policies that encourage opportunities for growth and development for older people living in rural communities; Improve service delivery to rural areas; Ensure policies address the additional costs associated with providing services to sparsely populated and rural communities; Ensure equity of access to health services for people in rural areas; and Develop options to address the transport needs of rural older people accessing services and activities in urban areas." The conclusion below should be read with this strategy in mind, particularly goals 5 and 7.*

The ageing situation in Golden Bay is characterised by a relatively rapid increase in the proportion of older people. As of 2011 43.1% of the population is 50 years or older and one third (33.8%) have seen their 55th birthday. Due to a number of reasons, primarily lack of employment and affordable housing, many young people are leaving Golden Bay and few are arriving, further contributing to the over-representation of older people. There are no signs that this trend will change, and Golden Bay is facing a future where, in ten to twenty years, close to half of the population will be of retirement age. Such a dramatic demographic shift will result in a number of new challenges for the community and for organisations that deliver services to older people. This study endeavoured to identify these challenges.

In addition to identifying challenges the research sought to provide a broad overview of the ageing situation in Golden Bay. Because Golden Bay as an area, a place, and a community is the ground from which the quest for information developed, the research was designed around the concept 'Ageing in Place'. This concept is defined in the New Zealand Positive Ageing Strategy as: "people's ability to make choices in later life about where to live, and receive the support to do so" (p. 10). From this definition we formulated the two main research questions:

- What factors influence people's decisions about where to live as they grow older?
- What factors influence people's ability to grow old in the place of their choice?

By interviewing 24 service organisations and 37 individuals over the age of 55 we identified a range of issues influencing people's decisions and ability to Age in Place in Golden Bay and uncovered some of the greater challenges the community faces as a consequence of the increase in older people. By collecting statistical data through a questionnaire sent to every second Golden Bay resident we were also able to determine the magnitude of these issues and challenges.

One of our more important findings is that the great majority of Golden Bay residents have decided they want to Age in Place in Golden Bay, and most of them want to grow old in their present home. Only a small minority have decided they want to grow old somewhere else. We can therefore, with a great degree of confidence, conclude that the proportion and the actual number of older people in Golden Bay will continue to increase in the foreseeable future.

People want to Age in Place in Golden Bay for the following reasons: The beauty of the land, the beach, the sea; a benign climate; the richness of leisure activities; their sense of belonging and identity to the land, to the community, to family and friends; the qualities of the community and of their social networks.

Factors that influence people's ability to Age in Place in Golden Bay are first and foremost: A good enough house and section; good finances; a good social network; and good health.

The majority of people in Golden Bay live in houses and on sections that they believe are an adequate place to grow old. At the same time a considerable number of people, 1 in 3 of those aged 55 and over (equals approximately 400 residents, or 200 couples) live in houses and on sections they believe are NOT adequate for their old age, due to requiring too much maintenance, are too large and/or situated too far from town. Real estate agents and service providers like Abbeyfield report that there is a lack of properties available meeting the criteria of a smaller house on a smaller section, close to town and the absence of retirement and/or eco villages contributes to the scarcity of suitable accommodation for older people. Approximately half of all residents over the age of 55, i.e. in the vicinity of 600 individuals, report they would consider moving to such a village IF one was built in Golden Bay. Consequently, it is reasonable to conclude that Golden Bay faces a great challenge in the near future with regards to development of the kinds of dwellings that suit older people. Tasman District Council should be more proactive assist the community as well as private developers to meet this need. A number of people would want to solve their housing and section problems by adding more dwellings for their own children or on their present land. It would seem sensible to pursue several avenues for bridging the looming housing gap, and it might be wise for agencies like TDC and Transit NZ to assist people to achieve such solutions, rather than obstructing their efforts.

Financially it seems that retirees in Golden Bay can sustain a reasonably comfortable life on superannuation alone, provided that three conditions are met: their house and section do not require heavy maintenance, they have no debt, and their health is good enough so they do not need to pay for extra services like gardening, wood-chopping and shopping. The present study shows that the overwhelming majority of people in Golden Bay own their home (as opposed to renting): in the 55 and older age group the percentage of home owners is 97.2%. Four out of five respondents aged 65 or older report that they are debt free, meaning that approximately 80% of respondents over 65 own their house and property freehold. 72% have income in addition to superannuation. A large majority of younger people plan to be debt free and have income in addition to superannuation when they retire. Thus it seems that Golden Bay does not face huge challenges with regards to older people's financial situation in the near future. It is however important to note that approximately one in five retirees (i.e. approximately 120 individuals) are still servicing debts, and more than 150 have superannuation as their only income. This indicates the existence of a financially more vulnerable group, who may be needing assistance at various periods throughout their retired life. Ministry of Social Development – Social Services have several forms of assistance available for retirees who are financially vulnerable.

A good social network is both a reason for Ageing in Place and a factor influencing people's ability to do so. A substantial majority of residents in Golden Bay want to live and grow old in the area, and a huge majority are also satisfied with their social life. People's satisfaction with their social life

increases with age: 90% of people over the age of 65, compared with 82% of those under 65, report contentment with this aspect of their lives. A good social network is important for many reasons; from maintaining a sense of identity and belonging to the community, via friendships and companionship, to receiving support and care like transport, shopping and wood chopping. It is of some concern, however, that very many residents, approximately half the population, do not have any other family apart from their partner living in Golden Bay. The cohort entering retirement in the next ten years is potentially vulnerable in this sense with only 45% having 'other' family in Golden Bay in addition to their partner. Friends and neighbours can, particularly in a community like Golden Bay, to some extent make up for close family, but family obligations are stronger and more reliable when the burden of support and care increases. Without family people will have to turn to the public services to a greater extent, increasing the strain on these services. All policies, programs and initiatives by government agencies like TDC and Transit NZ that facilitates the growth of employment opportunities and affordable housing for younger people (e.g. building on their parents' land) will therefore in reality be a contribution to the Positive Ageing Strategy and an easing of the burden on support services in the future.

Golden Bay residents enjoy, in general, 'good enough' health that does not prevent them from ageing in the place of their choice. Health concerns naturally increase with age and is reported by 23.4% of respondents over 65 as compared with 16.5% of respondents under 65. It is reasonable to assume that the percentage of retirees with health concerns will remain stable in the foreseeable future, and that as the number of older people in Golden Bay increases, so will the number of people needing assistance because of their health situation. Home Support is by far the most common form of assistance people need due to health concerns, and at present approximately one in five people over the age of 65 receives or have previously received such help. The quality of the care is highly regarded by those who have experienced it. At the same time all the agencies involved in assessing or providing Home Support find that the organisational model for the service is sub-optimal. There are too many agencies and too many assessors involved. Lack of knowledge among consumers about the companies providing the care means most consumers do not exercise a real choice when signing up for one company or the other, and there is therefore no real 'competition'. Professionals involved, on all levels, find the system cumbersome, at times degrading for the consumers. It is also seen as an obstacle to improving wages and working conditions for carers. Increase in the need for carers is going to be a considerable challenge in the future, and changing the organisational model would contribute, at least for areas like Golden Bay, towards meeting that challenge.

Some health issues lead to immobility, and with no regular public transport and no taxi service that may have serious consequences for a person's autonomy and ability to live independently. At present friends and family assist those who have lost their ability to drive on their own, and Wrinklies Express do a tremendous job transporting people to health related appointments. These solutions might not be sustainable as the number of older people increases, however. Not only is Wrinklies already at maximum capacity, but the Wrinklies drivers are themselves getting older. Combine this with the fact that many people do not have younger family in Golden Bay means transport is a major challenge. There are financial subsidies available that Golden Bay is currently losing out on because the subsidies are channelled through the public transport system. Explorations, by NGO's or TDC, into how these subsidies could benefit Golden Bay would contribute towards solving this challenge.

The majority of people (approximately 4 out of 5) over 55 years of age are doing really well on all the parameters above; their health is good, they have an adequate house, finances are sound and they are happy with the extent and frequency of their social life. With regards to this majority the Golden Bay community does not face any serious challenges concerning the services they will be needing to be able to keep living in Golden Bay as they grow older. However, this should not blind our eyes to the fact that approximately one in five residents are not so well off on one or several of the parameters described. This proportion equals approximately 700 residents at any given time, 125 of whom will be over the age of 65. Not only are we talking about a considerable number of people, but for every individual the degree of suffering brought on by loss of autonomy and self-worth, and the pain and discomfort of ill health is a major concern to them.

Many organisations delivering services to older people are run by, or depend on volunteers. St. Johns ambulance, Wrinklies Express, Meals on Wheels and Abbeyfield deliver essential services enabling people to Age in Place in Golden Bay. Organisations like U3A and Probus also deliver services that, though not essential, are hugely important in that they facilitate the maintenance of social relationships providing people with fun, friendships, a sense of identity and belonging, and a pool of friends who can help out when needed. All volunteer organisations report having problems recruiting new volunteers, particularly for executive positions, which makes their survival precarious. This is the last, but not the least, of the challenges that Golden Bay faces. Greater cooperation between organisations, and dedicated assistance from TDC could contribute to meeting this challenge.

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**AGEING IN PLACE IN GOLDEN BAY**

**Questionnaire**

**Section A**

**Where you would like to live as you get older**

**1. Have you decided where you would like to live as you get older? (i.e: after retirement)**

- Yes – please now go to Question 1a                       No – please now go to Question 1b

**Question 1a – Where would you like to live as you get older? (Please tick  all that apply)**

- |  |  |
|--|--|
| <input type="checkbox"/> In present home for as long as possible | <input type="checkbox"/> Outside Golden Bay closer to family   |
| <input type="checkbox"/> In a smaller house on a smaller section | <input type="checkbox"/> Outside Golden Bay closer to services such as theatres, art galleries, health services, shops etc |
| <input type="checkbox"/> Closer to Takaka                        | <input type="checkbox"/> Return to country of origin   |
| <input type="checkbox"/> In Golden Bay but closer to family      |  |
| <input type="checkbox"/> Other – please state: .....             |  |

**Question 1b – If you have not decided where you would like to live as you get older – why not? (Please tick  all that apply)**

- |  |   |
|--|---|
| <input type="checkbox"/> Have not thought about it           | <input type="checkbox"/> Would prefer a retirement village, but there is none in Golden Bay |
| <input type="checkbox"/> Will take it as it comes            | <input type="checkbox"/> Too young to think about it  |
| <input type="checkbox"/> Have not found a suitable place yet | <input type="checkbox"/> Planning to travel   |
| <input type="checkbox"/> Other – please state: .....         |   |

**Do you have any comments about where you would like to live as you get older?**

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**Your home:**



**2. Do you own (including family trust) or rent your home?**

- Own     Rent

**3. Do you think your current home will be suitable as a place to grow old?**

- Yes - please now go to Question 4  
 No – please now go to Question 3a  
 Don't know/not applicable - please now go to Question 4

**Question 3a – Why will your home not be suitable as you get older? (Please tick  all that apply)**

- Too big
- Too cold
- Too expensive
- Other – please state: .....
- Inconvenient layout (e.g. 2 stories)
- Too far from town
- House and section need too much maintenance

**4. Do you currently find it difficult to maintain your home and section to the standard you would prefer?**

- Yes
- No
- Not applicable

**5. Do you currently have help with your home and section maintenance?**

- Yes
- No
- Not applicable

**6. Have you experienced difficulties finding reliable and good quality maintenance or gardening help?**

- Yes
- No
- Not applicable

**7. If you were unable to live independently at home and had to move to a nursing/retirement home, where would you prefer to live?**

- Golden Bay
- Country of origin
- Don't know
- Nelson/Richmond/Motueka
- Does not matter
- Other – please state: .....

**8. Would you consider moving to a retirement village or eco-village catering for older people IF one was built in Golden Bay?**

- Yes
- No
- Don't know

**Transport, health and facilities:**



**9. Do you own a car?**

- Yes
- No

**10. Do you drive?**

- Yes – please now go to Question 11
- No – please now go to Question 10a

**Question 10a – If you do not drive, what means of transport do you use? (Please tick  all that apply)**

- Walk
- Member of 'Wrinklies'
- I do not get around
- Bicycle
- Friends/family drive me
- Other – please state: .....
- Mobility Scooter

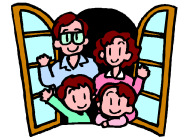
**11. Do you have any health concerns that may influence your ability to age in the place you would prefer to age?**

- Yes – please state: .....  No

**12. Would any new or improved community facility make it easier for you to continue to live in Golden Bay as you get older?**

- Yes – please state what type of facility:.....  No

## Section B



### Demographic and background Information:

**13. What is your age?**

- 18-54       55-64       65-74       75 – 85       86 years old or older

**14. What is your gender?**

- Male       Female

**15. What is your ethnicity? (Please tick  all that apply)**

- New Zealander     European       Asian       Pacific Islander  
 New Zealand Maori - please specify iwi: .....  
 Other (please specify): .....

**16. Which is the nearest township to where you live?**

- Collingwood       Takaka

**17. Approximately how far is it from where you live to the nearest township?**

- 0-2 kilometres     3-10 kilometres     Over 10 kilometres

**18. How long have you lived in Golden Bay?**

- 0-5 years       6-10 years       11-20 years       Over 20 years

**19. Do you have family (other than your partner) who also live in Golden Bay?**

- Yes – please now go to Question 19a       No – please now go to Question 20

**Question 19a – What family also live in Golden Bay? (Please tick  all that apply)**

- Parents       Siblings       Children       Other – please state: .....

**20. Do you currently live alone or with others?**

- Live alone       Live with spouse/partner       Live with parents  
 Live with children/grandchildren       Other - please state:.....

**21. Are you satisfied with the extent and frequency of your contact with family and friends?**

- Yes – please now go to Question 22                       No – please now go to Question 21a

**Question 21a - I am not satisfied with my social life because: (Please tick  all that apply)**

- I don't have enough friends and family in Golden Bay  
 I can't get around so can't spend as much time with friends and family as I would like  
 My friends and family are too busy  
 Other - please state: .....

**22. Are you involved in any community organisations?**

- Yes     No

**23. Would you consider becoming more or less involved in volunteer work in the future?**

- More                       Less                       Neither more nor less                       Don't know

***If you are aged UNDER 65, please now go to Section D on the next page.***

***If you are aged 65 or older, please now go to Section C on this page.***

## **Section C**

**Answer the questions in this section if you are aged 65 or older  
(If you are aged under 65 please go to Section D)**

**24. Have you heard of the following companies that deliver home care/personal care in Golden Bay?**

- Health Care New Zealand                       Yes                       No  
Access     Yes                       No

**25. Do you currently receive or have you ever received assistance from the District Health Board to enable you to live at home?**

- Yes – please now go to Question 25a, b and c  
 No – please now go to Question 26

**Question 25a - What assistance have you received? (Please tick  all that apply)**

1. Home help (e.g.: help with vacuuming, cleaning)  
 2. Personal care (e.g.: help with showering)  
 3. Support worker (e.g.: assistance with being physically active)  
 4. Meals on wheels

**Question 25b - Overall, how satisfied were you with the assistance you got? (Please indicate by writing the number of the service on the line below)**

Very satisfied                      Satisfied                      Neutral                      Dissatisfied                      Very dissatisfied

**Question 25c - How satisfied were you with the time it took before help began?**

Very satisfied | Satisfied | Neutral | Dissatisfied | Very dissatisfied

**26. Do you feel you have access to the services you need?**

- Yes – comments?:.....
- No – comments?:.....

**27. Do you know where to go for information about the services you need?**

- Yes
- No

**28. What is your current source of income?**

- Superannuation only
- Superannuation plus private savings/private pension etc

**29. Do you have any debt (e.g. a mortgage)?**

- Yes
- No

Do you have any other comments? .....

**Thank you for your feedback  
Please return by Friday 19 August**

**Section D**

**Answer the questions in this section if you are aged UNDER 65**

**30. What sources of income will you have when you retire?**

- Superannuation only
- Superannuation plus private savings/private pension etc
- Don't know yet

**31. Do you plan to retire at 65 or will you keep working?**

- Retire at 65
- Keep working full time
- Keep working part time
- Don't know yet

**32. Do you plan on being debt free by the time you retire?**

- Yes
- No
- Don't know ye

Do you have any other comments? .....

## Appendix 2: Comments to questionnaire

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(Comments are transcribed as they were written on the questionnaire. We have added “x2” or x4” to indicate how many respondents wrote the same comment)

### Question 1a – Where would you like to live as you get older?

- Ecovillage in GB
- Tata Beach
- Small house, decent section, edge of town/outskirts
- Rest home or similar in Golden Bay x2
- Summers in GB, winters in tropics
- Same area with more land for gardens and animals when retired
- In a retirement village – affordable/some shared services such as laundry
- In a new intentional eco-community within Golden Bay
- Retirement village in Takaka
- Richmond x 2

### Question 1 – General comments:

- May have to move prior – jobs/elderly parents elsewhere
- A smaller property (section) – but not too much smaller house
- Semi-rural, but still within close proximity to a town, or near a small town such as Nelson, Napier, Havelock North etc
- An eco-friendly supportive community
- Eco-village x2
- In my own place as long as possible then as close to home as possible (GBay) close to nature ie: an eco village with a garden growing fruit and veg. Nothing sterile and sanitised thanks!!
- If not at home – retirement village x2
- Depends on own health, mobility etc x2
- In a smaller house on a smaller section in twilight years.
- Aim to spend some winters in (Asia) during the next 10 years or so ie: during my 60s.
- Could change depending on future arrangements with partner.
- Where I live I’m happy and close to all I need
- Retirement village in GB x 4
- Collingwood old peoples home
- Anywhere warm!!!
- In a smaller house on the same section x2
- Nelson’s climate and proximity to Golden Bay and friends would be my choice
- I would like to live in place(s) with a high quality of living, clean environment, excellent health care, less expensive than GB is possible. I am very concerned the new medical providers will offer subquality services and care. GB is isolated and winter is a bit difficult, summer and fall great. A covered well heated year-round swimming pool would be a huge plus.
- I moved to Golden Bay in semi-retirement, after my husband died 4 years ago. Now I’ve renovated and upgraded my/our former holiday house here and I’ve made the home I wish to live in for the rest of my life, I hope. Moving house is so stressful. I never want to do it again!!
- Depends on what my children do.

- It's important to have projects on the go at home – and environs to traverse outside home base – even battery cart accessible.
- Smaller house on a smaller section
- In a place that suits my lifestyle
- In present house as long as possible
- I want to leave GB and go to the city (Wellington)
- May have to sell land to pay for old age and also simplify work load and pay for labour.
- I would like to be next to family and friends. Retirement villages are good but you don't know anyone, unless you move in with a friend.
- Heavily depends on costs, illnesses and whether or not I keep my spouse.
- Prob depends on family location and health of myself and partner.
- Probably the most critical for a single ageing person is to have excellent medical and hospital facilities.
- Probably Golden Bay – will depend on our ability to drive.
- Maybe in GB
- Depends on state of health x 4
- Depends on what will happen over the next 25 years or so
- Golden Bay is a beautiful place to live and I feel has here what I would like to do in my retirement is easily accessible ie: fishing, being active in a smaller community. Hopefully an active aged home help if necessary.
- The Joan Whiting Retirement Home if I cannot look after myself or a little cottage beside the Joan Whiting with a little garden if I can. We had 2 little cottages once with room to build more but they have now gone and I believe the rest home is soon to follow and I suppose in my 80s I will be expected to travel to Takaka to see a Doctor even? Not a very bright outlook for someone on their own and getting old.
- We already made our decision on moving to a smaller house and section. It has worked out well and we look forward to growing older in our little house. I also value the diverse community that makes up GB. I would worry is the age group was skewed further away from a healthy mix of young people, working and retirees.
- Would like to live on my property but it gets too big for us and we are not allowed to have a second dwelling on Rule A land. Only option is selling. We paid rates since 1984 and are very active for the benefit of our community. Old age will drive us out of GB. The system has to change. TDC sucks.
- Yes – somewhere between the Pakawau Hall and Collingwood or Parapara.
- If the health of myself or my partner seriously deteriorates the answers to this questionnaire will almost certainly differ.
- My ideal is to live in a well designed new home constructed of earth and other natural materials that provides warmth all winter and coolness during the heat of summer, within a newly developed eco-community based on dynamic governance and sociocracy principles.
- Golden Bay is a great place to age. A varied and interesting community.
- A warm, sunny house. If can still drive up to 10km from town OK but if can't drive anymore then would need to be in town with access to health/food/shops and fitness facilities.
- Health services in GB will probably be crucial. I would consider leaving the Bay to get closer to guaranteed quality services.
- Would have liked to stay in Collingwood but will not be able to now. 4 years ago we planned our future. We built a maintenance free house in Collingwood thinking our next move would be Joan Whiting Hospital and finally Collingwood Cemetery. Now our plans have been blown to bits. We helped raise funds to get Joan Whiting opened years ago and still donate to help.
- Would be nice to think that the Joan Whiting Rest Home would still be there for later.
- Local Council rates increase excessively I shall be forced to leave my present home.

- Would like to live in a community with people who have similar interests.
- Would like to stay in GB close to family but don't want to be a burden.
- Want to stay in present home but becoming concerned about changes already occurring at Medical centre, access to Dr by phone.
- In Takaka.
- Sell our home, buy a smaller cottage type place. I have a lot of serious health issues which possibly would come into the situation and also how long my husband is alive.
- We would like to stay in GB, we would need to sell our home and downsize at some point depending on ongoing health and fitness.
- We enjoy here and will stay as long as able.
- GB is a great place to be.
- I would like the chance to stay in GB, I was born here and my roots are here and I would like to die here. It would depend on how active or not I was when older whether I could stay at home or not.
- Great community in Collingwood.
- We have a rural outlook and wish to encourage grandchildren and extended family to visit.
- Would like to remain in GB but lack of employment opportunities mean I will probably have to leave. Same for our children, if they leave when older we would probably follow. GB needs jobs!
- Would prefer to stay in GB but a lack of opportunities could mean we have to leave and our children will probably leave when old enough.
- This will depend on health esp ability to drive.
- Probably somewhere closer to more facilities – ie: other side of Takaka Hill.
- I have lived here for most of the 52 years since I bought this farm.
- Not in any institution (esp as IMG one) I'd rather peter out at home amongst family – not 'contained' by any 'facility' for old people devised by bureaucrats and health funders.
- Want to stay in own home but will need to make changes to current status quo to do so.
- Somewhere where the facilities suit older people ie: indoor pool, good medical centre, safe community, activities, easy access to shops etc.
- In a rest home if possible.
- Outdoor environment with animals, sea views, close to township with younger/older community members, commune.
- Depends on health.
- Probably GB but still formulating ideas.
- If you live in the next best place/country to heaven, why move!!
- Garden could become too difficult to maintain. Would move if partner died.
- Somewhere near Pohara Beach.
- I am monitoring the IMG plans for the rest home facilities very closely as there is not way I would pay the fees required and not have at least an ensuite (which I understand in their plans have been deleted in some instances). If this ensuite facility was not available to me I would move over the hill for my twilight years.
- Will get a smaller place, less garden and probably in the Bay of Plenty.
- A smaller place in the Bay of Plenty district.
- One should die where one has lived and not be torn from ones spiritual home.
- If incapacitated I would move to family in ChCh.
- In own home with assistance if needed ie: provide 'Live-in' accommodation.
- I chose GB because I love the people, as long as the services remain the same!
- Depends on health issues.
- Would prefer to live in present home but may need to move to a smaller house and section and possibly outside GB depending on health, mobility and proximity to family.



- Close to local services and community.
- Would like to stay in GB but if health deteriorates I think the services here are not good and so may have to move away.
- Depends on health of self and spouse.
- Closer to family.
- Always in lovely GB
- Stay on my farm or smaller house on farm
- Preferably rural and in our own home.
- Currently fit and healthy but when much older ie: over 80 may be different.
- Stay in GB
- A central eco retirement village in Takaka appeals greatly.
- I would like to live near a good group of people with similar age activities and outlook – place irrelevant.
- We have already organised a home in Takaka township for either us or older members of family to use.
- No family in GB but if there were would stay here.
- Would also depend on where our children settle in the future. I would like to think I will retire here but who knows for sure.

**Question 3a – Why will your home not be suitable as you get older? – Other:**

- Would rather live by the sea
- Rates too high
- House goes with job
- No access to public transport/no public transport
- Rates are increasing and might be too expensive
- No public transport or safe to cycle to town
- No hot water, plumbing, lack of storage space, toilet outside
- Farm x6
- Needs inside flush toilet and bathroom
- Stairs
- Will see if can rent out rooms for someone to assist me in managing large property. Need lots of help with house and section maintenance. Applying for second woodburner to be installed.
- Depends on ability to drive.
- If I am mobile
- Also includes business x2
- Too damp
- Have to move in 3 years.
- As things change we may need to rethink.
- Not where I want to live.
- Have been told it is not suitable to be insulated by energy people.

**Question 7 If you were unable to live independently at home and had to move to a nursing/retirement home, where would you prefer to live– Other:**

- Close to family and/or friends x 9
- Maybe Germany??
- ChCh x3
- Wellington x3
- Wakefield x 2

- Now that IMA cutbacks have been announced to resthome care I would not live in the one planned for Golden Bay as I voted for a separate homely environment and not a holding pen!
- GB or tropical climate
- Collingwood Rest Home
- Adelaide, South Australia x 2
- Stoke

**Question 11 – Do you have any health concerns that may influence your ability to age in the place you would prefer to age? - Health concerns:**

- Mobility issues – x 4
- Heart condition/problems x 5
- Heart and BP
- Heart defibrillator
- Back and lungs
- Arthritis x10
- CFS/fibromyalgia
- Doctors fees/ambulance cover
- Heart problems, deteriorating eyesight and hearing, anything that might stop me driving.
- Asthma x3
- Balance and back problems
- Use respirator 24/7
- Yes, If medical facilities would cope with age health concerns?
- Polymyalgia Rheumatica
- Could become forgetful
- Eyesight, joints
- Back
- Hillside – slope up to house
- Parkinson’s disease
- I’m concerned about the proposed shifting of the Doctor’s surgery from Takaka township to the hospital site.
- High blood pressure.
- Medical care, driving, isolation
- Need ongoing medical support – am amputee, vision impaired, strokes and brain tumour.
- Kidney transplant.
- X ray facility, age care and dementia care.
- Heart stent
- Eyesight x2
- Schizophrenia
- Joint
- Diabetic x 2
- Glaucoma leading to blindness!
- Eyesight may deteriorate to the point where I cannot drive. Then I would have mobility problems.
- Bad legs.
- Bad hip.
- Many health issues – heart, pancreas, liver, kidneys
- Heart failure
- Distance to Doctor. No health insurance.
- Being mobile
- 2 hip replacements 1 of which seems to be wearing out, worsening eyesight

**Question 12 – Would any new or improved community facility make it easier for you to continue to live in Golden Bay as you get older? - Type of facility:**

- Taxi x 3
- Multi-age eco or community village – x 3
- Eco village x7
- Heated swimming pool to exercise with arthritis x 2
- An indoor swimming pool/recreation facility that's warm and purpose built
- A recreation facility that's easy to get to. And an indoor swimming pool
- A retirement village which didn't feel institutional or serve institutional food. Somewhere natural and wholesome.
- Retirement village/facilities
- Retirement village x 37
- Indoor pool and maybe indoor areas for group exercises and classes especially aqua aerobics for health and fitness.
- Depends on how my ageing goes.
- Retention of the Collingwood surgery would be helpful.
- Covered swimming pool – good exercise for people with arthritis and diabetes
- Heated/Covered/Indoor Swimming Pool x 12
- Doctor in Collingwood
- Bus to Takaka from Bainham
- Video conferencing to medical specialists outside GB
- Doctor's surgery close to town not at hospital
- Hospital/Medical centre x7
- Taxi or bus service/local public transport x11
- Separate independent cottage village
- Maintain or improve what we have now eg: home help. Easier and cheaper to get repeat Drs Prescriptions.
- Integrated health facility/centre x 6
- Proposed shared facility will be an amazing community asset and help community cohesion
- Good Doctor on elderly
- Sports/rec facility x 4
- Elder village
- Would depend on where it was built
- I do not believe a centralised community facility best way to go – keep local small communities alive – mix young and old!
- GB hospital needs to cater for rest home clients.
- Multi function centre where cross generational mixing on one site. Warm, modern and community hub – sport and leisure in one place – sense of belonging – particularly important for me as I live on 'fringes' of the Bay – nice to have those random contacts rather than clubs being closeted away and only see people you expect.
- A constant public transport service for around GB and over to Nelson.
- Heater pool and sport facility where young and older people meet and share interest. A well run integrated health facility/hospital vital to us all.
- More facilities like Abbeyfield would be great with a hospital facility attached (aging population we need more).
- Extended health care.
- Combined sports facility would make a big difference as family ages. Would be of great benefit to me, my family and friends. Some ability in Bay to reliably heat a swimming pool would also be good.
- Transport, retirement village, community accommodation cross-lease etc.

- An improved Doctors' surgery located in the Takaka township.
- Pensioner flats.
- Integrated health centre, public transport. X 2
- X-Ray
- Not an old people's village but supported living. I was looking forward to living in the Joan Whiting rest home!!
- Doctors, XRay, short term stay hospital, eco village.
- Retain medical centre in Collingwood.
- Not moving the med centre to central Takaka.
- Leaving medical centre in town!!
- The availability of a wheelchair vehicle. Podiatrist.
- I like the idea of an independent living village concept – smaller houses, shared facilities including heated pool.
- Sorted out medical centre.
- Medical centre in Collingwood x2
- Medical centre in Takaka
- A suitable retirement village then rest home not being yet another name for an extension of a hospital ward!
- More Abbeyfield type homes
- Upgraded Joan Whiting Rest Home
- Alternative health centre
- Community village
- Hot pools!
- Medically supported independent living
- Safe bike lanes around town and environs would be great. Eco retirement village would be a total asset to GB.
- Continued access to a local hospital
- If I was unable to care for myself I would like the support of a retirement village type lifestyle where I could still maintain some independence.

**Question 26 – Do you feel you have access to the services you need? - comments:**

- No – access to some medical services are restricted ie: if I wanted a prescription repeat I can't make contact until after 10am – pick up prescription late pm? 58 hours? If I need to speak to Dr contact reception, puts you on phoning list for end of day sometimes to no avail.
- Yes, while I'm able to drive
- Very unhappy about paying for home help because we saved and others get it free.
- A swimming pool facility, year round, covered and well heated and hot showers.
- Yes at present but I believe this will change in the near future to my detriment
- Medical help in future after hours could be hell.
- But after hours service from Doctors in future? Telephone Auckland? Power off? Stupid.
- Although mental health services a grey area – especially for support people/carers.
- Specialist health services – Nelson nearest.
- Inappropriate medical care ie: Doctor's availability x 2
- But depends on GB health integration
- Medical centre is becoming more difficult
- Medical services are becoming more difficult to access!!
- Not when medical centre moves miles away

### Other comments from over 65 year olds:

- From what I've seen, aging in this country is not necessarily a pleasant experience. Preparing and planning as much in advance as possible seems the way to go. Not a certainty of a good time but helps the odds.
- We may not have a home we own but will have some savings.
- Would only move to a retirement home if I had to.
- We need more industry in the bay!! All the young people are leaving!! Who is going to look after us?!!
- I just try to recover of the loss of my husband.
- I actively try to remain physically and mentally healthy
- Bicycle laws in Golden Bay would be a big draw for me. The highways are NOT safe. The get healthy campaign sponsored by TDC and NCC should put their money where their mouth is. Highway 60 should get bike lanes, same as Pohara – Takaka.
- When I retire there will probably be a bigger retired population in the Bay than at present.
- Should have got myself set up for older age living years ago. Should not have tolerated spouse spending up large on dreams, schemes and projects.
- Need to encourage young people to stay. Need more jobs. Don't want GB to become a place for old people.
- Fate will play a big part/Who knows what tomorrow will bring x 2
- I don't need govt assistance to allow me to remain in my property – I need to be able to offer to share my big old house in exchange for help around the place – and to be able to build a small place for myself – but building regulations are so much 'red tape' to allow 2 residences – even on a rural section with enough grazing land, gardens and orchard to feed two households – we need to encourage the young to stay in the Bay – find affordable option.
- Any day above ground in the Bay is a good one.
- This seems to concentrate on housing and knowledge of services – where are the personal/preference/occupation activities questions?
- The Collingwood Rest Home site is beautiful – peaceful – it was gifted free, if the new rest home was patient focussed it will be on this site.
- Hospital more central to town.
- Some of these questions are a bit specific for those who are years away from retirement – for sure you think about it, you should plan financially but circumstances always change – friends, family, health, children, interests so impossible to say I want to live in x spot.
- Note 1 – Things change. When I retired we decided to move out of Wellington and settle in Motueka, being a nice quiet town with all the facilities we were looking for. Additionally it had a nice retirement village cum rest home and an attractive cemetery next to an attractive inlet. It was a great place to retire to. Unfortunately, it changed, and became too noisy and frenetic for us, so we moved to Golden Bay. We're happy here, but the signs are that it could go the same way. Note 2 - The concept of the new integrated health centre as initially presented was an attractive vision, but now that the management has been taken on by the Nelson Bays PHO some disturbing experiences are being reported, particularly the difficulty in contacting your own doctor after hours. From my own past experience these sorts of problems could have had disastrous consequences for me. If these problems continue, then we might have to think again. Note 3 – Extended health facilities eg: XRay, Specialist visits, emergency care. Note 4 - We are unimpressed with the 'Licence to Occupy' contract most seem to offer, meaning your estate loses virtually all the equity in your property when you pass away. Final comment - My response is what I think and feel at this time. Unforeseen circumstances in the future could change these dramatically. Health problems, my wife's or my own, may force us to leave. The character of Golden Bay may change and lose its appeal as a great place to live.

- I think integrated facilities – both sports/health and the medical one are the way to go. Efficient and central use of small town funds. These developments would be good improvements. Other than this there's plenty here already and lots to look forward to!
- Older people need to be fit and active to have a chance at staying healthy. A combined facility will facilitate this.
- Thank you for this project to support and build GB we need to encourage more younger folks and families to the Bay.
- 10/10 to you at work centre for your proactivity in doing this survey.
- It's great to have the opportunity to do this questionnaire – hope the results get the ball rolling for the future of GB.
- **(Note: Quite a few people thanked us for doing this project!!)**
- Keep Joan Whiting open, improve and extend it. Build new med centre but put rest home funds into Joan Whiting. Waiting times at Med centre are unproductive for all. Concerns – as I age here in the Bay I have concerns regarding the 'service' or lack of it from staff at the GB medical centre. My Doctor is brilliant but totally let down by incompetent staff – we've had blood tests mismanaged 3 times in one week alone, 1 set not named, 1 set simply lost and 1 set less than amount required for testing! These were all fasting blood tests. On average, we have a prescription problem every 3<sup>rd</sup> time. When asked to fax it through to pharmacy it's forgotten until I have to phone. Forget to ask Doctor to sign. Get asked to call back – no problem with once – but more than once is wrong. When trying to trace prescriptions always met with denial and never an apology. And now we've got to put up with this new trial of the triage nurse based in Auckland. We thought it was a joke when we read about it. It has disaster and failure written all over it, anyone could see that. Sure enough – I week into trial – please read a gentleman's letter in latest GB weekly. This is a trail going nowhere and should be abandoned – or not started. All the most up to date, state of the art facilities in the world are not going to improve health provision in the Bay if the same staff and attitudes are going to be employed in it. It's not the building – it's the people in it. A properly trained and organised office or centre manager needs to be employed. Someone who can competently manage nurses and admin staff. This is sadly lacking at present. The only thing that would make us go back over the hill as we get older will be better health service staff. Has the Ryman Group ever been consulted re: building a rest home here (Ernest Rutherford Rest Home – Stoke). Keep Joan Whiting and build a new stand alone med centre.
- Raise the Super!
- I am disturbed by the new health systems that are planned it has already changed plans.
- Medical costs too expensive in NZ so with increasing age and more medical attention needed your own quality of life is affected by those costs.
- Very concerned re: access to medical services for people in outlying areas if proposed centralisation goes ahead. Very, very concerned re: transfer of services (age care/dementia support) from the Bay as proposed facility does not take into account the increased future demand for these services ie: baby boomers.
- Resolution of GB Int Health dichotomy is vital.
- Fuck the IMG!
- Medical services are getting more difficult in Collingwood.
- We need more access to health care in Collingwood. You can't run a car very far on the pension!
- Medical centre should be in township.
- Think the 'wrinklies' bus is wonderful. A new altogether Community Health Centre would be great.
- I worry about distance from hospitals etc and possible less services here in the future.

- As much local support for local business and community initiatives as possible will make it easier for people to live in GB regardless of age.
- It would be good to bridge the generation gap youth/elderly
- I have worked at trying to set up gardens etc so that we can live as cheaply as possible in our old age.