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STAKEHOLDER CONSULTATIONS IN AGEING RESEARCH

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Enhancing Wellbeing in an Ageing Society Research Programme (EWAS)

ABSTRACT

A distinguishing feature of the *Enhancing Wellbeing in an Ageing Society (EWAS)* research programme is its involvement of stakeholders and end users throughout. Close collaboration with community and sector-based stakeholders in the development of relevant research instruments and analysis of research results, has been central to the design from the earliest stages. The aim of this collaboration has been to facilitate a consultative development approach that would enable high quality research-based end-user applications for local and national service providers, research teams and policy groups.

The first half of this paper reviews a range of literature on stakeholder consultations on ageing. The second half reports on the feedback from stakeholders in the early stages of the EWAS research programme. The feedback from stakeholders contributes to the development of the research instruments. The responses of stakeholders to a request to identify areas of focus for them, specific questions and suggestions and advice are quite congruent with the international studies reviewed in the first part of this paper.

The areas referred to most consistently were: access to services activities and support; health; culture; and family. The emphases in these and other areas were on living better and living well. Information was sought on services activities and support in order to enhance the quality and value of neighbourhoods so older people could feel valued, safe and seen as contributors. The issues raised around health were not focussed on frailty and sickness but rather on mobility, sight and hearing that would enable ongoing independence and participation in families and communities. Participation in one's culture and family was also addressed primarily around issues of wellbeing, fulfilment and inclusion.

Keywords: Ageing, Wellbeing, Stakeholder, End-user, Community, Culture, Consultation, Participation

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INTRODUCTION

A distinguishing feature of the EWAS research programme is its involvement of stakeholders and end users throughout. Close collaboration with community and sector-based stakeholders in the development of relevant research instruments and analysis of research results, has been central to the design from the earliest stages. The aim of this collaboration has been to facilitate a consultative development approach that would enable high quality research-based end-user applications for local and national service providers, research teams and policy groups. The recognition of the importance of cultural identity and processes to enhancing wellbeing in later years led to the adoption of hui, fono, and other culturally appropriate forums with Māori, Pacific and Asian cultural organisations alongside the consultations with generic organisations concerned with ageing in New Zealand.

The research programme is centred on a large scale survey of New Zealanders between the ages of 65 and 84 and an equally sized linked sample of New Zealanders aged between 40 and 64 years, a range of focus groups and in-depth interviews with selected survey participants and seven case studies (http://www.ewas.net.nz). The seven case studies of critical stakeholder groups integrate stakeholders and key end-users into the heart of the programme. Their perspectives are central to the research design. They contribute substantially to the construction of both the survey questionnaire and the qualitative question lines. The case studies involve a joint design and in some cases the stakeholder group carries out the investigation.

The first half of this paper reviews a range of literature on stakeholder consultations on ageing. The second half reports on the feedback from stakeholders in the early stages of the EWAS research programme. The feedback from stakeholders is contributing to the development of the research instruments.

STAKEHOLDERS IN THE LITERATURE

The term stakeholders can be applied to a very large range of people and groups. In a sense all organisations concerned in some way with older people, including the older people themselves of course, are potential stakeholders in this research. Older people are stakeholders in their own wellbeing. Service providing groups, local and national policy makers, the housing industry, the transport industry, the recreational industry, health providers, employers and many other groups in society are stakeholders.

This review of the literature does not attempt to cover all stakeholders. It focuses on a range of key projects and studies that highlight important stakeholder concerns. It begins with two regional and one national report from three different countries that brought together a wide range of people to address a broad array of stakeholder issues. This is followed by a review of another set of selected studies and reports that focus on stakeholder perspectives in a range of discrete and unrelated areas of ageing experience.

1.   Regional and National Stakeholder Reports
In order to canvas the broad range of issues faced by stakeholders, researchers are required to assemble representatives from a wide range of people. This is most readily achieved by bodies and organisations that serve or are otherwise concerned with broad communities, such as local authorities or large research organisations.

Recently in New Zealand, the New Plymouth District Council has undertaken a major consultation process in order to develop their positive ageing strategy (New Plymouth District Council 2005). A key purpose was ''to document and summarise the identified concerns and needs of the older community" (p.6) within their district. The consultation process began in October 2001 using a range of formats including forums, seminars, feedback from networks, hui (meetings) with kaumātua (Māori elders) and their representatives, consultation with partner organisations, surveys and literature searches. A working group was set up with members from 13 key stakeholder organisations including Grey Power, Age Concern, Elder Protection Services, Tui Ora Māori Health Providers and the Western Institute of Technology.

These stakeholders together identified the priority issues which they considered to be central to a sustainable positive ageing strategy in the district. These were: housing; health; transport; access to services and activities; and support to age positively in the community. With regard to housing, the report noted the barriers many older people face in affording housing, due to market prices and rentals, rates and maintenance. Participants also commented on the problems of physical accessibility, physical conditions, and the security of dwellings. They referred to the desirability for a range of supported housing options including rest homes, retirement villages, council managed supported accommodation and support arrangements that enable a person to remain in their own home. They stated a need for culturally appropriate design of housing and support services, and encouraged the development of lifetime homes features.

The second prioritised issue was health. Participants identified a need for seamless services across the health sector, and culturally specific policies and strategies. They stressed the importance of consistency, availability and accessibility for older people. Concern was expressed at the affordability of health related services and products. They also noted the need for clear information to ensure older people understood how to access appropriate services. Third on the list was transport. They noted the need for transport policies that would be sensitive to older peoples needs, including parking options, licensing tests, the policing of roads and the frequency and timetabling of services. Affordability, the physical accessibility of services (e.g., kneeling buses) and safety features were emphasised, as were the availability of various modes of transport including mobility scooters.

The fourth issue referred to access to services and activities. They stressed the need for the availability of mobile services, comprehensive easily accessible and clear information about services and activities available in the area and the provision of culturally appropriate activities and services. All these need to be tailored to older people. There should be a wide variety of activities and services and technology training should be among them. The final category was support to age positively in the community. It was suggested that companionship services be provided for the aged if they required them, along with health, safety, social and financial support services, and older person advocates. There was a need to improve access to services and to encourage a change in attitudes to older people in the community and in business.

Local authorities have a key role to play in improving the quality of life of older people. Ian Chalmers, the Australian Local Government Association Chief Executive, noted the unique and significant role local government is positioned to

play in the positive health and well-being of older Australians. He referred to their knowledge of their local communities and the diversity of their older people. They oversee much of their communities' physical, social and economic environment, and provide many of the important services and programmes. They can also enable participation in local decision making and community networks, and advocate with national governments and non-government organisations. 'These community-focused roles entrench local government's relationship with older people in the community'. (Chalmers 2004 p.3)

Like the New Plymouth District Council, the Seniors' Bureau of the Tasmanian Department of Premier and Cabinet began a consultative process in 1999 with more than 250 stakeholder groups to develop a positive ageing strategy for their State (Seniors' Bureau 2005). Their final report was set out in five sections which the State has responded to with strategies and key activities. These were: community attitudes; participation in the community; living in the community; health, independence and community support; and education and information in the community. The first section concerned community attitudes, in which they discovered overwhelmingly negative responses from their communities towards older people and the ageing population. The consultations led to recommendations for change through positive intergenerational activities, acknowledgement of the skills and achievements of elders, a more positive media and marketing approach and the need for older people to advocate more on their own behalf.

The second section referred to participation in the community in which the stakeholder groups called for an increased range of opportunities for volunteering, recreation and employment. They wanted more publicity and promotion of these activities, specific employment strategies targeted to older people and employers, and the abolition of compulsory retirement in Tasmania. They wanted greater attention to be given to transport, the cost of activities and the promotion of intergenerational participation. The third section referred to living in the community, in which access to transport, safety and security received the most attention. Changes were recommended that included better street lighting, more seats, ramps and handrails in public places, more pedestrian crossings, traffic islands, the promotion of more carpooling and volunteer drivers. Older people referred to their fear of crime and the sensationalizing of elderly crime victims.

Health, independence and community support constituted the fourth section, in which stakeholders noted the importance of independence and control over one's life. Considerable concern was expressed about access to health services both in the community and in hospitals, and the importance of good support services that enabled people to continue to live in their own homes. The provision of good quality residential care in the community was noted. Health promotional activities that encouraged older people to live well were also emphasized. The final section referred to education and information in the community in which access to information as the key to independence and choice was stressed. They highlighted the need for much more promotion and publicity of existing opportunities and services like recreation, care support services, and bus timetables. There was a strong expression of desire for formal and informal education programmes, and instruction in the use of new technologies, especially as they relate to banks.

The Joseph Rowntree Foundation in the United Kingdom drew together a taskforce of national stakeholders to prepare a comprehensive report entitled 'From Welfare to Wellbeing: Planning for an Ageing Society'. Under the chairmanship of Sir William Utting, the taskforce consisted of 26 members drawn from a range of stakeholder organisations, including aged care, health, housing and retirement security groups, Age Concern, Newcastle Elders Council, government and academic personnel concerned with ageing. They published a public discussion paper in 2003 to broaden the input (Utting 2004). They received a wide range of responses from stakeholders, including older people, policy makers, planners and service providers. The report challenged many assumptions and the ways in which older people in the UK are treated. It noted that discrimination was built into the fabric of society, that Britain was locked into a traditional welfare rationing approach to poorer older people and that public services focused on the most vulnerable rather than the 85% of the elderly who remain independent.

The Report set out eight broad building blocks. Firstly they focused on a vision and cultural change that celebrated older age and recognised the value of older people. This social inclusion focus aimed to acknowledge the older population as equal citizens with the rights of control, choice and independence. Secondly, they recommended the development of a stronger legal rights-based framework that would address age based discrimination and support the rights and contributions of older people. Thirdly, the focus was on addressing poverty and the legal and financial architecture that underpins income in retirement. They wanted minimum income guarantees and financial advice that would enable older citizens to take their own decisions later in life. Fourthly, information and resources for choice and control should be promoted and well marketed to older people. This included a full range of issues like care, finance, health, housing, safety, leisure, transport, volunteering, etc.

The fifth building block involved meeting the market needs of older people as consumers like housing, leisure and long term care insurance. Sixthly, a quality of life and wellbeing focus that centred less on vulnerable older people and more on the majority who want to live full, active and independent lives. This encouraged a greater emphasis on prevention, self-help initiatives led by older people from their social, leisure, educational or support organisations, and developing intergenerational neighbourhood approaches. Seventh was housing and support options that offer a broad range of choices for older citizens. This would include designs that supported independence, assistive technologies, flexible support into the home and joined up housing and health care services in neighbourhoods. Eighth, the Task group recommended strategy, resourcing and commissioning at national, regional and local levels to plan successfully for a stronger, positive, ageing society. They recommended holistic approaches to planning and a 'whole-system financial framework to rethink resource use and priorities' (Utting 2004: p.2)

These three reports of stakeholder opinions and recommendations, from three different countries, have many points of overlap. Each reflects recognition that community attitudes and institutional approaches require a fundamental rethink. The modern focus on positive ageing is substantially different from the deficit focus on vulnerable older people that has predominated particularly in English speaking

countries[2]. The emphasis of many older citizens today on independence, good health, choice and wellbeing is registering strongly in stakeholder studies. These three studies showed the need for community attitudes to change and that the lives of older people should be celebrated through intergenerational activities and recognition of the many contributions they continue to make.

With differing emphases, each report viewed housing as requiring new flexibilities, designs tailored to older people's needs and the application of assistive technologies. Health services were challenged to become culturally specific, neighbourhood based, affordable and accessible. There were requests for accessible information about services and leisure activities, formal and informal education courses and an introduction to/or support with new technologies. Transport was underlined as being critical to independence and choice, which involves information and predictability around timetables, affordability, user friendly functions (kneeling buses) and support with independent private transport. Caring services were required to be more mobile, culturally appropriate and tailored to older people in a manner that provided a wide range of choices. Educational promotion programmes were recommended with employers to prevent ageist discrimination in employment. It was noted that these changes all required considerable planning and resourcing.

2. Stakeholder Reports in a Range of Discreet Areas

The next set of studies and reports to be discussed, unlike the three discussed above, focus on a range of stakeholder perspectives of discrete and unrelated areas of ageing experience. These are typical studies of stakeholders' views on a range of issues including affordability, housing, ageing in place, transport, community facilities and services, intergenerational relations, volunteering, ethnicity and the labour market.

The New South Wales Ministerial Advisory Committee on Ageing published a report on two public consultations with older people about housing issues in the southern Sydney suburbs of Sutherland and Hurstville (MACA 2003, 2004). Each meeting had 75 to 80 participants from community, social and church groups, retirement homes, aboriginal and immigrant communities, seniors clubs and the like. They found serious affordability issues among participants. Only limited pensioner housing was available and rental costs had risen to place a substantial strain on private renters. There were few houses available in the area within the price range of the older homeowners that would allow them to move. However, most of the older citizens wished to stay in the area with their established networks, family and friends. Their sense of emotional, financial and social wellbeing was linked to staying in their own home. Proximity to transport, shops, health services, religious and leisure facilities and their perceived sense of safety were important influences on their quality of life and decisions about housing.

AARP (American Association for Retired People) carried out a telephone survey of 2,001 Americans aged 45+ about their home, community and the sorts of services that would help them remain comfortable and safe when they grow older (Greenwald 2003). A large proportion of the 45+ population recognised the importance of key home features, community characteristics and community services which could

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[2] It should be noted that there have always been ethno-cultural variations on the deficit approach within those countries. Indigenous Māori in New Zealand, for example, take an extraordinarily positive approach to the older people in their communities, often increasing their responsibilities.

maximize their comfort and safety in later years. However the probability of being poor at some stage in old age remains high, and many underestimated the costs associated with ageing. Almost all respondents said it was likely that they would be able to stay in their current home for the rest of their life, but only half anticipate that they would need to make changes to their home as they age.

Most respondents relied on family support but did not want to be dependent. Eighty percent agreed that it was important to live near children and grandchildren, with half strongly agreeing. Over two thirds agreed that they will be able to rely on family and friends to help them with tasks that will allow them to stay at home in the future. However, when asked if they were counting on their children to take care of them, almost two-thirds disagreed. The study also showed that it was important for participants to have health, grocery, outdoor maintenance and transport services nearby in the future. The AARP study concluded that there was a clear need to inform consumers about services offered in their community, and to provide easy access to information when the need for services arises.

The Australian Bureau of Statistics has reported that 37% of volunteer work in Australia is carried out by people aged over 55 years (ABS 2001) and 21% of principal carers of people with disabilities are aged over 65 years (ABS 1998). In fact, older people are more likely to be givers of care than receivers of care (Healthy Ageing Taskforce 2000). 21% of children aged less than 11 years receive some child care from grandparents and 41% who receive some sort of childcare obtain at least some of this care from grandparents (ABS 2000). Over and above this there are financial transfers from older to younger family members in the form of gifts, loans and inheritances. Beyond these family contributions there are financial transfers, voluntary work and unpaid caring given to non-family members in Australian society. (Vaus et al 2003).

A national survey conducted among 600 older Americans aged 50 to 75 found that 57% reported having volunteered in the past three years and 25% contributed at least 5 hours a week to volunteer work or work to improve their communities (Hart 2002). More than a third said such work would play an important part of their retirement. They felt drawn toward working with children (35% most enjoyable) religious organisations (33%), other seniors (23%) and at hospitals (15%).

In the Healthy Ageing Survey commissioned by Pfizer Company, the lifestyles, attitudes, beliefs, concerns and major issues of over 2,500 people in and approaching "third age" (people aged 55+) across five European countries, UK, France, Germany, Italy and Spain, were compared (Pfizer 2005). The study showed that seniors were taking their health seriously with almost three in four (72%) taking regular exercise and 81% eating healthily. Despite this, the survey found that 83% of UK respondents thought that society viewed their health as being in an "inevitable" state of decline and over half (54%) believed that older people were inaccurately portrayed by the media. 36% felt a lot more isolated from their families, which was the same as the European average. 59% felt they were valued a lot by their families for their skills and wisdom, just short of the European average of 61%.

A New Zealand study of 28 couples and 43 single people with an average age of over 80 years, were questioned about how they coped without the use of a car (Davey 2004). The findings suggested that location in relation to shops, services and

transport routes is important in the absence of private transport. Older men found it harder to adjust than older women. Non-serious discretionary travel is more likely to be curtailed, largely because seniors worry they are overburdening family members or friends. Changes in health circumstances or loss of a spouse can impact on transport needs and their fulfilment. Attitudes and perception of influence affect the confidence to ask for rides and perceptions of the importance of trips.

The Joseph Rowntree Older People's Steering Group and the Racial Equality Unit (REU) in the UK sought the responses from black and ethnic minority older people to research findings concerning senior citizens in their communities (Butt and O'Neill 2005). The REU undertook the consultations with a total of over 100 older people from African, Bangladeshi, Caribbean, Chinese, Indian and Pakistani communities in Leeds, Bristol and London. They then set up a steering group to define relevant priorities. Frustration was expressed at the consultations that mainstream services did not meet the needs of different minority communities. Mainstream provision was seen to miss the mark for many of the groups. They identified language barriers, particularly around visits to general practitioners, a lack of respect for cultural practices and beliefs around food and religion for example, a lack of community based services, poverty and mental health problems. They noted myths about extended family systems when family members may live further away than was common for most other people in Britain. They also recognised and celebrated strengths within their communities.

The participants recognised that they also shared problems that were more generally common to older people like restricted access to healthcare, a lack of healthy eating and exercise, housing costs, poverty and housing not designed to accommodate friends and relatives. They emphasized that there was no one specific formula that cut across all groups. Older people from different minority communities often had specific needs and specific issues and older people within the same communities were often different from each other too. They said there was a need to change the way people think about ethnicity as much as developing specific services.

A study carried out by the Department for Education and Employment in the UK involved a questionnaire, to which 51 National Training Organisations responded. They also carried out face to face and telephone conversations with 63 strategic organisations, like the Employer Federation for the Aged, Department of Trade and Industry, British Ports Training Industry, Trade Unions and Professional bodies. The questionnaire sought information on age limitations in their sectors, associated reasons, equal opportunity policies and good practices. The collected data was used to develop workforce age profiles. In response to an earlier survey that revealed that as many as six out of ten employers prefer not to recruit staff beyond the age of 35 and that up to 40% of companies admit to practising ageism, they sought to gain a more comprehensive understanding of ageist practices in the workplace for policy development purposes. The findings highlighted the general lack of age diversity awareness among employers and these findings were replicated in the training organisations. They also showed that many sector representative bodies and employers do not collect data on the age composition of their workforce, which constrains their ability to address the broad age diversity issues. Recruitment processes as a whole tended to discriminate against older workers, with both covert and explicit use of age limits. The age restrictions and/or limitations were inconsistent with existing equal opportunity policy and practice.

These discrete and unrelated studies raise similar issues for stakeholders as the earlier described regional and national based reports. Most of them conclude that community attitudes and service practices require fundamental changes. Like the broad based reports, stakeholders note the resilience of older people and the recommendations tend to centre on issues such as employment, adequate resources, healthy living, choice, fairness, the quality of neighbourhoods and the contributions seniors make. Overall, despite a few exceptions, there is little evidence of a deficit and frailty approach to ageing. Where negative issues are raised, they usually relate to older people's rights to participate more fully and fairly in society.

STAKEHOLDERS IN THIS RESEARCH PROGRAMME

This research programme has actively consulted a wide range of stakeholders as it has sought to develop its finer focus and research instruments. Formal consultation and feedback has been received from national, regional, cultural, policy, government, non-government, advocacy, self help and service organisations, all of whom are significant current stakeholders, as well as individual older people and carers. Each group received a summary description of the research programme and was asked three specific questions:
Given the scope of this programme of research, what critical areas of focus would provide useful information for your organisation?
What specific questions in either the survey or the focus group interviews would extract the sort of information your organisation would find helpful?
Please offer any suggestions or advice that you think will enhance this research programme and make it more beneficial to your organisation, other organisations and the wellbeing of older people in New Zealand?

The organisations that contributed to this process are as follows:
National organisations
Grey Power (GrP), Age Concern New Zealand (ACNZ) including a separate response from Age Concern Hamilton, New Zealand Council of Christian Social Services (NZCCSS) and a Chaplain to older people in the Wellington region (Chap)
Cultural organisations and groups
Māori: Māori Women's Welfare League (MWWL), Te Hoe Nuku Roa Research Group (THNR) and Oranga Kaumātua Project (OK) at Massey University, 2 focus groups of Māori kaumātua[3] (elders) and 1 focus group of Māori kaiāwhina who care for kaumātua.
Pacific: Ministry of Pacific Island Affairs (MPIA), Afeafe o Vaetoefaga i Vaialua Institute for Cultural Restoration, Taeo Manino Pacific Social Services and Family Start Pacific Section in Porirua, plus an interview with a Pacific Church Minister and a representative of Capital Coast Pacific Mental Health Services.
Asian: Interviews with Chinese, Indian, Korean, Vietnamese, Cambodian, Myanmar and Bangladeshi community leaders and a senior person within Asia Health Support Services
Policy and other research organisations
Office for Senior citizens (OSC), Older People's Policy (OPP) and Centre for Social Research and Evaluation (CSRE) in the Ministry of Social Development, Retirement Commission (RC), New Zealand Institute for Research on Ageing (NZIRA)

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[3] The term Kaumātua here refers to older people of Māori ancestry.

Rural organisations
1 focus group with Rural Women New Zealand, 1 focus group with members of Small Farming New Zealand and an interview with a branch President of Federated Farmers New Zealand.

The responses from stakeholders show some considerable similarity to the consultations and studies reviewed earlier in this paper. They are categorised under the following headings: Access to services activities and support; Housing; Transport; Education and employment; Income and assets; Health; Elder abuse; Culture; and Family. Their recommendations are set out under each category heading.

Access to Services Activities and Support
This category was referred to by almost every group. Age Concern New Zealand (ACNZ), the Office for Senior Citizens (OSC), Older People's Policy (OPP), the Centre for Social Research and Evaluation (CSRE) and the chaplain (Chap) highlighted the issues of ageing in place. With differing emphases they suggested enquiring into the factors that encourage older people to stay in their community of choice. A key question was 'what keeps older people participating happily in their neighbourhoods, the labour market, with friends, leisure and hobbies?' They wanted to understand the pattern of factors that may include the decisions of local body political organisations like level pavements, safe crossing options over busy streets and highways, lighting, etc, or the quality of neighbours, a predominant sense of safety, the ways in which older people are valued, how people are connected and factors that enable participation. They were also interested in the types of services that are deemed by older people to be effective, the types of care giving they prefer and find useful, and what contributions older people make themselves to voluntary organisations, caring for other elderly people, sports groups, leisure clubs and the like.

They were interested in the ways in which retirement (either part or whole) impacts upon their expectations, choices and assumptions. How older people access information that can open new possibilities for them, and those things that prevent them accessing good information and services. How these factors are experienced differently by women and men, and by different cultural and regional groups. What enables older people to live comfortably in their own home and which of these factors have to be present in their living environment for them to be happy? How can communities affirm their senior citizens in a manner that encourages them? What do they enjoy most when socialising with people outside their own family and what factors constrain that socialisation.

Māori kaumātua (elders) and the Māori Women's Welfare League (MWWL) suggested a focus on the incidence and levels of loneliness older people experience. They also suggested questions around the cultural appropriateness of services as experienced by older Māori, including their feelings of ease and discomfort around the types and styles of service provision. Identify what services are available to kaumātua, especially home help, and what services they are aware of and those they are not aware of. What information is available about services? When are Māori providers used and how effective are they as experienced by kaumātua? Are services free and if not can they be afforded? They also wanted the contributions kaumātua made to their own and other communities to be recorded, particularly the role of a kaumātua at the hub of most Māori networks. Kaiāwhina, who support kaumātua, further emphasised the need to question participants about the attitudes and practices

of staff in public and community organisations to them, and the levels of trust in those caring relationships. They are also interested to learn more about the extent of services available for older Māori who return to their papa kainga (ancestral land) after living in cities.

Pacific carers sought information about the way their elders identify their needs in the settings they find themselves in. What are their wishes and expectations? They wanted data that could help them better provide affordable, accessible and appropriate care. They sought a greater understanding of the value and extent older people are visited or isolated and church community involvement. Particular interest was expressed in the needs and services to those older people who are already within the mental health system. MPIA wanted information on elders' access, the standards and experiences of day services.

All the Asian leaders who were interviewed identified the problems older immigrants experience accessing information and services and recommended research that would throw light on the extent and the impacts of it. Key areas centred on barriers to receiving financial assistance, transport and social integration. Language was noted as a critical area of enquiry for older people along with the accessibility of interpreters. An analysis of the extent to which services, facilities and social activities accommodate the cultural differences of a growing number of older people from Asian cultures was also recommended. How should organisations providing services prepare for this growth? Concern was expressed about the greater vulnerability of older immigrant populations to isolation and mental ill health due to the frequent absence of their particular cultural practices, social activities and language. Enquiry into the levels of support networks and social integration for older people in these communities was also noted.

Rural stakeholders emphasised the importance to them of exploring the provision of services in rural communities and remote areas. As more people have migrated to cities during recent decades, they perceived that the provision of services had declined. They encouraged research around the recruitment and retention of critical professional service providers like vets, doctors and dentists. They referred to key information being needed concerning reliable access to modern telecommunications, transport for emergencies, health services, social need connections of older people and their perceptions of safety. Services need to be available and affordable for older people in rural areas. The levels of investment per person are higher because of travel and time costs and thus information that identifies the extent and quality of such services would be appreciated. As with other groups, they were interested to gain some greater understanding of the contribution older people make to their communities and the motivation people have around remaining in the same communities or retiring elsewhere.

The New Zealand Council of Christian Social Services (NZCCSS) were concerned the research inquired into the hopes and changing expectations older people have of societal and community roles towards them. How are the services of non-government organisation (NGOs) providers affected by 'the culture of contracting'? Given the demographic changes in New Zealand, culturally and regionally, how are support services developing inclusive and alternative approaches to different groups? Grey Power (GrP) was concerned to gain information on older people's access to the internet.

Housing
Most of the groups named various forms of housing for older people as an important area of enquiry. The New Zealand Institute for Ageing Research (NZIRA) noted the need for research on the different housing categories older people live in, in terms of its contribution to positive ageing. They and the Retirement Commission (RC) referred to the need to understand better the impacts homeownership or lack of it have in other spheres of life. Te Hoe Nuku Roa (THNR) and the Oranga Kaumātua Project (OK) wished to learn more about the wishes of kaumātua who were renting or boarding. Is there a need for a greater provision of papa kainga housing? Likewise the Indian spokesperson referred to identifying accurately what appears to be a similar need among older Indian.

NZCCSS and MPIA wanted enquiry into the extent and scope of formal and informal care provision and the differing experiences of older people in retirement villages, integrated villages and gated communities. CSRE hoped the research would provide information on the level of support older people in differing housing situations receive. They were also concerned to understand more about the provision of culturally sensitive services in New Zealand rest homes. OPP want more information about the sorts of services older people, who continue to live in their own homes, wish to receive. In a related manner, Pacific groups stated they wanted data that would help them better understand the current and changing accommodation needs of their elders and MPIA sought information on the housing standards their elders live in.

Transport
The organisations that sought information on transport were the Asian community leaders, those in rural communities and the chaplain. Many of the Asian leaders and the chaplain were concerned that their elders would remain housebound if they were either not able to transport themselves or be transported and thus were keen to learn more about the transporting patterns in their communities. In particular, a number of them wanted to learn more about the barriers to accessing public transport and transport to doctors.

People in rural areas likewise wished to understand more about the costs of transport services and the barriers to participation they may create. They noted that when older people cannot easily access key services such as health, supermarkets and banking, they often become more dependent on friends and family or are forced to move from their homes. NZCCSS were interested in understanding more about the impact of geographical change on both older people and their families, and the effects of travel and distance.

Education and Employment

NZAC and CSRE sought information on the barriers older people have to accessing on-going education. Is formal education perceived as something only for younger people? Do older people consider policies in this area are adequate or biased against their participation? NZIRA referred to the importance of education in contributing to positive ageing and the need to understand more about the extent and quality of courses in upskilling, retraining, preparation for retirement and assistance in adjusting to new roles in later life. GrP's interest in identifying the extent of internet use noted above, related to the concern among their people about the lack of educational opportunities to gain internet literacy, either through a lack of courses or cost. They saw the internet as offering a really important contact medium with families. Rural groups also referred to the importance of the internet for a full range of purposes.

NZCCSS and OPP wanted information from older people about their aspirations concerning labour market activity and how it relates to their concepts of retirement. What are the barriers they experience to both continuing and taking up employment? Have they been discriminated against because of their age? OSC wanted to understand more about what keeps older people participating in their community and in work. GrP were inquiring into the extent of participation in the workforce and the degree of discrimination against the employment of older workers. NZIRA spoke about creating the right conditions for keeping older people and their skills in the workforce, like flexible hours, and research on the extent of such practices in the labour market. The Pacific community wanted information on the availability and extent of age appropriate work for their elders to ensure their participation and productivity in society.

Income and Assets

Quite a number of stakeholder groups stressed that it is important that the research programme seeks information that would throw light on the adequacy of income older people had. A particular worry was the struggle experienced by low income elderly that some of these groups indicated they were in touch with. GrP and Chap were interested to learn to what extent limited income restricted older people's activities. Māori elders wanted information on the impacts of increased costs of items like insurance and housing alongside the difficulties of finding paid work. Pacific carers were interested in gaining general information on elders' perceptions of their financial security, incomes and affordability, while MPIA wanted inquiry into impacts on the retirement plans of Pacific people as a result of the changes in New Zealand superannuation and its portability. The spokesperson for Rural Women New Zealand sought daily living costs for those older people on low and fixed incomes, whereas OPP was interested in how costs differ according to living arrangements for those who rely entirely on New Zealand superannuation.

The RC, ACNZ and NZIRA considered it important that the research programme sought information on the assets, liabilities, inheritance patterns and financial planning of older people. RC was interested in the link between the level and composition of net wealth and wellbeing, the income sources of those over 65 years and their interest in annuities. As with ACNZ, they saw attitudes, expectations and experiences around inheritance as being an important focus, alongside and related to other intergenerational transfers of assets and income. What level of financial planning goes on among different groups of older people? What are their attitudes to issues like family trusts, reverse mortgages and asset testing? How do the financial

expectations of the generation below 65 years compare with the experience of the 65 plus generations? In the light of their current experience, what would the 65 pluses have done differently in preparing for their retirement? NZIRA were also concerned to see savings patterns investigated and to gain information that would enable an assessment of the sustainability of both public and private pension provisions. They sought information on cultural and gender differences, particularly the disadvantages women experience with lower retirement pensions and a longer period of retirement to fund.

Health
GrP, cultural groups, rural organisations and ACNZ prioritised health status as a key issue for research. GrP and ACNZ noted four fundamental areas of disability that impede the wellbeing of their members. These were the state of people's eyesight particularly the impact of cataracts, the loss of hearing associated with the cost of hearing aids, dentistry and mobility due to the state of their joints. Kaumātua were interested in information that would throw light on the delivery of health services to Māori. How culturally sensitive is home help when older Māori may be lonely and whakamā (shy)? What understanding of and access to services do they receive in relation to the rest of the population? MWWL wanted to know what contributed to an active life and wellbeing for kaumātua. MPIA were interested in the access, utilisation and experiences of primary care health services and homecare services for their people. Pacific carers also wanted health access data concerning their own people. Asian leaders and MWWL referred to a range of information they sought concerning the levels of loneliness, isolation, mental ill health, disability and access to health services for their people. Asian leaders also focused on barriers to access like language and understanding information.

Rural groups spoke of the need for information on the extent and effectiveness of the homecare industry and as noted above, the recruitment and retention levels of key health professionals in isolated and rural areas. How effective are emergency response times? They wanted to know the extent of rural representation on Health Boards and other decision making bodies and the implications for rural people of population based funding formulae. ACNZ sought inquiry into where people receive their information on health and social services and the perceived effectiveness of health promotion schemes. With NZIRA, they were also interested in older people's participation in physical activity, activities that stimulate them mentally and experiences of sexuality as they relate to health and the quality of life.

CSRE and ACNZ were concerned that the research identify health service needs gaps. They were particularly interested older people's experiences of home support services, general practitioners and other health professionals. ACNZ identified depression as an important area of investigation among older people.

Elder abuse
OPP, MWWL and ACNZ strongly recommended a research focus on elder abuse. They sought information on both older people's and the public's understanding of what constitutes elder abuse. They wanted data on its incidence and prevalence. They were keen to benchmark older people's descriptions of such experiences and recommendations of preventive strategies for it. Māori kaiāwhina named financial abuse of older people in families as an area of investigation and NZIRA and CSRE highlighted the need to focus on financial, physical and psychological elder abuse as a

separate area of research from family violence in general. NZCCSS pointed to the need for research on the range of older people's experiences of ageism and marginalisation.

Culture

THNR and OK wanted particular focus on the Māori cultural competency of the 40 to 64 year pre-kohanga reo[4] generation. They recommended a Māori cultural identity scale (Durie et al 1994) and a general cultural competency scale (Kwan 2000, Yancey et al 2001) that would measure cultural connection and ability which could apply to any culture for the pre and post 65 year olds. They expressed considerable interest in the relationship between the strength of cultural affiliation and identity, and wellbeing in later life. They were particularly interested in those who stayed away from marae activities as well as those who became closely involved. They also sought information on gender outcomes, particularly those for Māori women who partnered with labouring men who in turn died at a younger age. The kaumātua recommended researchers meet Māori elders face to face. The kaiāwhina, as noted above, wanted information from kaumātua on the levels of cultural sensitivity of service provider groups to older Māori. They were interested to explore the relationship between income level and job status of whanau (extended family) members, and the quality of relationships with kaumātua. Finally, they were also interested in the relationship between kaumātua and their spatial environment and impacts when they were removed from that environment.

MWWL stressed the importance of older Māori being interviewed by a Māori interviewer who was also fluent in the reo (Māori language) when that was required. They stated it was important that interviewers understood kaumātua values and suggested that local marae and MWWL would offer helpful facilitation and oversight. They suggested a koha (gift/donation) or kai (food) would be appreciated by the participants. They were particularly interested in the recording of the history of Māori women over 70 and 80 years old.

Pacific carers wanted information on the contribution of their elders to cultural restoration and the transmission of cultural knowledge and Pacific languages. They also sought information on the experiences of transition older people underwent from an active working life to retirement or partial retirement in terms of activity, meaning and wellbeing for them. Asian leaders referred to a range of problems older people in their communities experience. They wanted information on the availability of interpreters, genuine access to broader social networks and integrating activities, books, magazines and library facilities in their languages, and along with CSRE the levels of cultural responsiveness and levels of culturally appropriate activities and services for them. Some of the groups referred to older people being able to practice their spirituality. Along with NZCCSS and ACNZ, they noted the importance to identity and meaning of spirituality to many older people, recommended the research should gain information on their ability to access temples and churches and the role of these institutions and/or spirituality in their lives.

The modern focus on positive ageing led ACNZ to enquire into how older people in their different cultures define wellbeing. OSC on a similar note, stated that it would be important for the research to distinguish between the differing hopes, aspirations,

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[4] Kohanga Reo refers to Māori early childhood language nests

meanings and descriptions of the generations that experienced depression and war from those who came later. NZIRA emphasised the need to identify the level of voice and agency older people have and the levels of societal tolerance and openness to diversity. They recommended the disaggregating of data sets in this regard around gender, culture, socioeconomic status, health and disability. NZCCSS suggested enquiry also include the role of elders as the 'keepers of meaning' who pass on traditions to other generations.

Family

All stakeholders noted the importance of enquiring into the transactions between the generations. Many were concerned to gain data on the quality and frequency of relationships between the generations given the pressures and impacts of modern living. MWWL wanted information on the extent of whanau (extended family) care for kaumātua, the capacity of whanau and the support available to them. The Asian leaders were conscious that older people often moved to New Zealand just to be with their children. They wanted information on the range of intergenerational transfers and activities in their communities, the perceived quality of relationships from the perspectives of both generations, the experiences of conflict, and the level of support when such conflicts occurred.

THNR and OK wanted information on kaumātua aspirations for mokopuna (grandchildren). Pacific carers wanted the contributions elders made to their aiga (families) identified, especially in the areas of care, development and passing on the culture to younger generations. OPP, MWWL and OSC sought data on the numbers of grandparents who are bringing up grandchildren and/or other members of that generation. What sorts of support and services they considered they need? CSRE also wanted information on the levels of family support for ageing parents, an older person who has lost a spouse, children and grandchildren. Practically all groups identified in various ways the need for information on the full range of intergenerational transactions, including financial, assets, care, affection, shared housing, sharing activities, telephone and email contact, etc. They were also interested to gain an understanding of the quality of those transactions in terms of perceived levels of conflict, satisfaction and contribution to wellbeing.

ACNZ were interested to explore what characteristics, like age, gender, behaviour or culture, of older parents would lead their children to make decisions on their behalf. As with other groups they wanted to learn about how pressures that affect their children and grandchildren, affect them. They also sought information on how older people received affirmation from their families in terms of frequency and quality. NZIRA, CSRE and MPIA recommended an exploration into how families negotiated care and paid work, and the levels of intergenerational solidarity. How they handle set backs and geographical changes? They also suggested an enquiry into the levels of expectation families have of public sector support. NZCCSS and OSC wanted questions that explored families' approaches to 'non-traditional' family arrangements like gay and lesbian households, older people who have never married or couples without children, divorced and remarried households, etc.

Summarising Stakeholder Responses

The responses of stakeholders to our request for areas of focus, specific questions, suggestions and advice are quite congruent with the international studies reviewed in the first part of this paper. The consultation with stakeholders was necessarily non-

random because organisations and individuals were approached on the basis of their experience and knowledge in key areas of enquiry. Table 1 sets out the subject areas of the responses and groups the stakeholder responses into 3 cultural categories Māori, Pacific and Asian, and 4 other categories Non-Government organisations, Government and Quasi-Government groups, the New Zealand Institute for Research on Ageing and Rural groups to better illustrate the emphases of combined responses in sectors. Each stakeholder issue is accorded a strength rating. A rating of 3 is strong and means that every group in the stakeholder category identified this issue, whereas a rating of 1 is modest and indicates that only one group in the category identified the issue.

As table 1 illustrates, the areas referred to most consistently are: access to services activities and support; health; culture; and family. The emphases in these and other areas were on living better and living well. Information was sought on services activities and support in order to enhance the quality and value of neighbourhoods so older people could feel valued, safe and seen as contributors. The issues raised around health were not focussed on frailty and sickness but rather on mobility, sight and hearing that would enable ongoing independence and participation in families and communities. Participation in one's culture and family was also addressed primarily around issues of wellbeing, fulfilment and inclusion.

Table 1. Categorised stakeholder responses by stakeholder groupings

Stakeholders	Issues								
	Access to Services Activities and Support	Housing	Transport	Education and Employment	Income and Assets	Health	Elder Abuse	Culture	Family
National NGO's	3	1	2	2	2	2	2	2	2
Maori Groups	2	2			1	2	2	3	3
Pacific Island Groups	3	2		3	3	3		3	3
Asian Groups	3	1	3			3		3	3
Government and Quasi Government Groups	2	2		2	2	2	2	2	3
NZ Institute for Research on Ageing	✓	✓	✓	✓	✓	✓	✓	✓	✓
Rural Groups	2		2	2	1	2			2

Legend: 3 refers to every group in the stakeholder category identified this area
          2 refers to more than one but not all groups in this category identified this area
          1 refers to only one group in the stakeholder category identified this area
          NZ Institute for Research on Ageing is the only group in its category.

The strength of the 4 issues noted above (*access to services activities and support, health, culture and families*) stand out in the table. It is interesting that while the cultural groups give *culture* the strongest rating, NGOs, the government organisations

and NZIRA also accord a high rating suggesting this area is receiving greater mainstream recognition. No rural group on the other hand, rated it at all. *Housing and income* were recognised as areas of importance but not at the same strength level. Surprisingly *transport, education and employment* received variable ratings. *Elder abuse* is still a controversial topic yet to be fully recognised and predictably received variable ratings also.

The NGOs, the Government groups and NZIRA were reasonably consistent with average strength ratings across most issue categories. The primary importance of *family and culture* to the Māori, Pacific and Asian groups is illustrated in the highest possible ratings. *Health and access to services activities and support* run a close second for them. The rural groups placed less emphasis on *housing, culture and elder abuse,* probably reflecting cheaper housing prices and a more conservative disposition than their urban counterparts.

The primary focus of the stakeholder recommendations were on areas of enquiry that explored resilience, independence, agency and choice over a wide range of topic categories. They sought information that would expose discriminatory practices, inadequate services and the stereotyping of older people in deficit oriented models. This is consistent with the paradigm shift internationally, and noted in the literature review, from a deficit sickness and frailty focus to one resilience, wellbeing and social inclusion. Though New Zealand has been slower than many other countries to move to a positive ageing focus, the findings are consistent with the consultation with stakeholders throughout New Zealand that is reported in The New Zealand Positive Ageing Strategy (Dalziel 2001). The resulting goals and key actions noted in that publication centred on: income security; affordable and accessible health services, housing and transport; security and safety to age in one's community; culturally appropriate services and choice; rural communities not being disadvantaged; the promotion of positive attitudes to older people; flexible and non-ageist employment; and opportunities for growth and participation.

The range of foci of enquiry and research questions generated by stakeholders in this study provides valuable material here for our research programme, and numerous other research programmes and theses. It has also provided invaluable directions for the development of our research instruments. The EWAS research programme will not be able to undertake in depth research in all these areas. A process of primary selection will be required. The survey will be constrained by the time older people can be realistically expected to engage. The focus groups, in-depth interviews and the case studies however, will offer valuable opportunities to explore at greater depth topics that are either only partly addressed in the survey, or not addressed at all. The research design has allowed 18 months between the end of the survey fieldwork and the beginning of the qualitative interviews. This will enable an analysis of the survey results to influence and enrich the question lines of the interviews. In this manner, the researchers will endeavour to incorporate many of the recommendations put forward by stakeholders to enable valuable end user applications for older people, service providers, research teams and policy groups. Recommendations for further research of critical topics, resulting from this programme and stakeholder analysis, will be identified.

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