Health, Work, and Retirement Study

Summary Report for the 2013 Data Wave

-Inclusion, Contribution and Connection-

Brendan Stevenson, Christine Stephens, & Fiona Alpass

2015

A research collaboration between:

School of Psychology
Massey University
Palmerston North
New Zealand

Department of Medicine
University of Otago
Christchurch
New Zealand

Ministry of Business
Innovation and Employment
New Zealand Government

TABLE OF CONTENTS

Introduction

Population ageing is the critical demographic change occurring in New Zealand. The population of people aged 65 and over is projected to double over the coming 30 years. Those over 65 will constitute 25% of the population by 2040, while the number of oldest-old (those aged 85 and over) will expand more than 5-fold to constitute 5% of the population. The 'baby boomers' moved into the 65+ age group in 2011, and will be an increasingly large percentage of our population. This generation will have different and diverse needs for independent living compared with previous generations. Many will be planning active ageing in work, but many will retire and contribute by other means, such as volunteering. Baby boomers will access digital media for many different purposes. Detailed understanding of these needs, the barriers to their achievement, their impact on the labour market, and on services, will contribute directly to the development of policies and services to support participation.

In 2012, the Ministry of Science and Innovation asked for answers to three broad questions about factors contributing to older people's participation in society including their independence, employment needs, and digital media use. The Inclusion, Contribution and Connection study (ICC) used postal and online surveys of 1,330 'baby boomers' aged 61 to 77 years from a nationally representative sample (including an oversampling of Māori) about whom we already held six years of information.

The ICC was the 2013 data wave of the Health, Work and Retirement longitudinal study (HWR) It is a population-level study which aims to identify the health, economic, and social factors underpinning successful ageing in New Zealand's community dwelling population. The first HWR postal survey was conducted in 2006 with a representative sample of older New Zealanders aged 55 to 70 years. Since then four more waves of in-depth data have been collected using postal questionnaires and interviews to investigate quality of life within three broad areas: economic participation (e.g., meaning of work, employment, retirement); social participation (e.g., family support, social capital, participation); and resilience and health (e.g., physical, emotional, cognitive). In 2014, HWR conducted a 6th wave of data collection with the participants who are now aged 63 to 79 years old.

In this report we outline some initial findings from the ICC study in regard to housing preferences, social connections and internet use, work, caregiving and volunteering from population and specifically Māori perspectives.

The ICC Participants

The ICC study was conducted between August and September 2013. Participants were invited to choose either a paper based or on-line questionnaire. Partners of existing participants were also invited to complete a questionnaire. The questionnaire included measures of health, wellbeing, quality of life and standard of living. Measures specifically included for the ICC study included: attitudes to telehealth services; internet use; flexible work practices, arrangements, and knowledge; plans for housing; social networks; purpose and meaning in life and purposeful activities. This survey also included a separate questionnaire for caregivers.

Of 3282 participants who had agreed to be part of the longitudinal study in 2006, less than 40% remained in 2013, with an additional 8% lost to the study due to death or illness (see Table 1).

Table 1.
Retention Rates.

	2006	**2008**	**2010**	**2012**	**2013**
Longitudinal Participants	3282	2473	1985	1865	1330
Retention	-	75%	60%	57%	40%
Deceased or unwell	-	2%	4%	6%	8%

Overall, 1330 HWR participants and 228 partners participated in the ICC study. The uptake of the on-line option was very low (3%) and the majority of these (43 of 51) were partners (see Table 2).

Table 2.
Survey Mode and Instrument Response Rate for the ICC participants.

	Participant	**Partner**	**Total**
Postal	1322	185	**1507**
On-line	8	43	**51**
Total	**1330**	**228**	**1558**

Almost half of the ICC participants were retired (47%) or working (44%), the average age was 69, over half were female (58%), and lived in urban areas with populations over 30,000 (see Table 3). There were notable demographic differences between Māori and non-Māori: more non-Māori were married, with a corresponding larger number of Māori widowed or divorced/separated; Māori tended to have fewer qualifications, earned less (Māori had a median net personal income of $21,542 compared to non-Māori who had a median income of $23,255), and experienced greater economic hardship. The majority owned their home, although non-Māori had higher rates of home ownership.

Table 3.

Demographic Characteristics of the Participants and Partners.

	Māori Descent	Non-Māori	Partners
N	552	778	228
Mean Age (SD)	68.2(4.5)	68.8(4.5)	67.2(6.4)
Females	57%	53%	58%
Partnered (married/de facto)	64%	77%	-
Widowed	16%	11%	-
Divorced/Separated	12%	8%	-
Working (full & part-time)	47%	42%	37%
Lives in Urban Centre (30,000+)	58%	64%	61%
Own home	81%	94%	95%
Educational Qualifications			
No secondary	29%	18%	16%
Secondary	17%	22%	24%
Post-secondary	26%	28%	33%
Tertiary	28%	32%	28%
Personal Income			
0-20,000	46%	43%	49%
20,001-35,000	26%	23%	21%
35,001-70,000	22%	25%	24%
70,000+	6%	9%	6%
Economic Living Standards			
Hardship	15%	8%	7%
Comfortable	33%	24%	23%
Good	52%	68%	70%

Māori Wellbeing in Retirement

Māori occupy a special place in New Zealand as the indigenous culture of Aotearoa. Older Māori fill crucial roles in key Māori institutions. It is fitting then to examine the circumstances for Māori as they transition through work and into retirement.

Of the 1,330 ICC participants who have been part of the study since 2006, 550 were of Māori descent, with 445 (81%) of these identifying Māori ethnicity. Over the course of the study, as age and the percentage retired rose, marriage rates dropped from 60% in 2006 to 52% in 2013 (see Table 4). An increasing proportion of females reflects the longer life expectancy of women and also partially explains the increasing rates of widowhood. Increasing time in retirement was related to increasing home-ownership rates and good economic living standards, and this may reflect a survivor effect, as those less well-off have higher mortality rates.

Table 4.
Demographic changes for Māori over time.

	2-5 Years until Retirement	Retiring	Retired for 2-5 years	Retired for 6-9 years
Mean Age	60	66	70	73
Female	50%	52%	61%	71%
Married	60%	60%	55%	35%
Widowed	6%	15%	27%	48%
Own Home	77%	77%	83%	91%
Good Economic Living Standards	46%	46%	46%	58%

Health Outcomes

Physical health and the number of chronic health conditions worsened with more time in retirement, while purpose in life also reduced with age. Economic living standards showed the largest and most consistent effect on health outcomes (better economic living standards meant better health and quality of life).

There were no differences in health outcomes after retirement between those with a role on their marae and those with no role. However, those with a role on their marae had significantly higher life satisfaction, purpose in life, and quality of life, after controlling for gender, age and years retired, and economic position. Generally, these differences weren't large, but are very strongly indicative of the benefits of being involved with their marae.

Māori Culture

While Maori cultural participation, knowledge, and identity are complex, there are a number of initial indicators that have been developed by previous studies (e.g. Best Outcomes for Maori: Te Hoe Nuku Roa). An additional measure of roles on the marae was included in the

HART studies in 2012 and 2013; defined as being (at any time over the last 12 months) a kai karanga, ringa wera, marae board member, representing at hui/runanga, pou korero, kai mahi, and mahi wairua. Many of these roles are become increasingly relevant as older participants may be expected to fill traditional kaumātua roles.

Table 5 shows that the proportion who reported having a role on the marae was largely unchanged over time with one-third of participants filling at least one role, indicating that a relatively stable cohort of older Māori are filling these key roles. The other indicators showed a complex picture, with frequency of marae visits and whanau interactions following a similar pattern to marae roles, although the proportion identifying as Māori reduced, while knowledge of whakapapa increased until later retirement where it decreased again.

Table 5.
Cultural changes for Māori over time.

	2-5 Years until Retirement	Retiring	Retired for 2-5 years	Retired for 6-9 years
Had a role on the Marae in 2012 or 2013	32%	33%	34%	27%
Go to a marae a few times or more a year	59%	64%	60%	52%
Whānau play large or very large part in life	56%	55%	49%	29%
Contacts with some or mainly Māori	67%	61%	87%	78%
Identify as Māori	70%	68%	56%	41%
Te Reo Māori fair or better	42%	40%	50%	21%
Know 3+ Generations	72%	79%	81%	74%
Māori ethnicity	21%	21%	20%	17%

Key Roles on the Marae

Those reporting a role on their marae were significantly more likely to report higher levels of other Māori cultural indicators such as frequency of marae visits, whanau interactions, social contact with Māori, and identification as Māori (see Table 6). The majority of those reporting no role on their marae also chose NZ European ethnicity (72%) as the ethnic group they identified with the most, while 82% of those with a role reported a Māori ethnicity.

Table 6.
Cultural indicators for those with and without a role on their marae.

	No Role on Marae	A Role on your Marae
Go to a marae a few times or more a year	44%	95%
Whānau play large or very large part in life	35%	86%
Contacts with some or mainly Māori	46%	90%
Identify as Māori	56%	91%
Te Reo Māori fair or better	27%	73%
Know 3+ Generations	47%	65%
Māori ethnicity	26%	82%

This was a relatively simple first look at how important cultural, quality of life (QoL), and health indicators vary over time across older people of Māori descent. We used involvement with the Marae as one way of examining how these indicators differ. Further analyses will expand the number of health, QoL and cultural indicators, and examine in more detail how sub-populations of Māori differ in their cultural experiences, QoL, and health.

Plans for Future Housing

Moving House

The New Zealand Positive Ageing Strategy (Ministry of Social Policy, 2001) supports a policy of 'Ageing in Place' defined as: *"people's ability to make choices in later life about where to live, and receive the support to do so"* (p. 10). For many people this has meant ageing in their family home and older adults have tended to express the wish to continue to age in the same place (Farber, et al., 2011; Gilleard, Hyde, & Higgs, 2007). However, many members of this sample, aged 62 to 76, saw themselves as more mobile in the future. When asked about their future housing preferences, nearly half (49%) said they could see themselves moving to a "new place of residence" sometime in the future. When asked about plans to move in the foreseeable future, many (45%) also reported that they planned to stay in the same area by "moving to a smaller home in the same geographical location". In general, the most common reason for anticipating moving was a move to a smaller home (67%) which needs less work or maintenance, and 36% planned to downsize their house to release finances. These plans may be wishes that are not easily realised for many, given the shortage of suitable small homes in proximity to neighbourhoods currently dominated by family sized dwellings.

A smaller but substantial proportion (30%) wished to change location, with 15% wanting to move to a warmer climate, 15% to move closer to health and support services, 21% moving to be closer to family or whānau, and 1% to family or whānau lands. A small proportion of the ICC sample (14%) also indicated that they may need to move to an "assisted living facility" like a rest or nursing home. Over one quarter (27%) said they had considered moving to a retirement village in the future.

Retirement Villages as the Alternative to Ageing at Home

Retirement villages are the alternative option to ageing in one's lifelong home that has received the greatest scholarly attention. International literature shows that retirement village residents see many benefits in retirement community living, including security, independence and communality. However, not all attitudes towards retirement communities are positive. Some older adults perceive retirement villages as meaning dependence, lack of privacy and social isolation (Crisp, Windsor, Butterworth, & Anstey, 2013). In general, international research suggests that young-old adults (aged 55–64 years) would be more encouraged by the presence of leisure facilities whereas older adults (aged 75+ years) would be more influenced by the provision of continuing health care services. Crisp et al., found that, in Australia, the factors perceived by older adults as most likely to encourage relocation to a retirement village included provision for continuing health care needs, home maintenance support and the convenient location of facilities (but no interest in luxury facilities like swimming pools, and

leisure activities). Discouraging factors were fear of losing independence and concerns about privacy.

Responding to the same items used by Crisp et al., (2013) the ICC sample reported the following factors as encouraging a move to a retirement village. The most common reasons were declining health (71%) and so that family or whānau "didn't have to take on the responsibility of looking after you" (57%). Common reasons for less than 50% were expecting less stress in managing the home (48%) and more assistance with chores (46%). Facilities, such as improved security (47%), inbuilt facilities (42%), and "convenient location to facilities" (44%) were also rated relatively highly as reasons to move to retirement villages.

Social aspects were rated highly by 36% who endorsed "greater opportunities for keeping active" and 32% wanting to be around people the same age and 28% expecting greater social life. All these positive items were endorsed by at least 28%. These results are similar to the international findings in that there was a higher level of interest in health and security issues, rather than social factors.

In regards to discouraging factors, finances was the most important aspect that would discourage moving to a retirement home or village as many people rated expense (58%) and "nothing to bequeath family or whānau" (37%) as reasons for not moving. A lack of privacy (55%) and "lack of respect for older people in some institutions" (44%) were the other most common reasons that would discourage moving to a retirement village in the future. Interestingly, the concern with loss of independence found elsewhere did not feature strongly in New Zealanders' attitudes to Retirement Villages. Nor did issues around moving away from family, neighbours, the family doctor or the family home raise great concerns. Seeing Villages as only for old people, and insufficient space for gardening etc. were also not strongly endorsed as negative.

Who would choose to move?

The decisions that adults make about their future housing needs and whether or where to move involve a complex range of factors. Crisp, Windsor, Anstey and Butterworth (2013) also studied the characteristics of those who were considering relocating to a Village. They found that poorer health and poor perceptions of the neighbourhood environment were associated with considering relocation. In addition, having sufficient financial resources and age and being retired were also important. The age group most likely to consider moving to a retirement Village was the 'young-old adults' (55-65 years), although other overseas research suggests that it is older adults who are more likely to contemplate Village life.

In the ICC study, participants were asked whether they were already considering moving into a Village. Leaving out those already in a Village (N=27), we correlated these intentions with a number of possible predictors. The significant correlations, which all suggest very weak relationships, are shown in Table 7. These variables are not strong predictors of individual

intentions but provide some indication of the preferences of particular groups of people in general. As might be expected, those who were older, retired, and had more chronic health conditions were more likely to be considering a retirement village. Those with stronger Māori identity were less likely to consider this option, although Māori descent was not related. Economic living standards, general physical or mental health, loneliness, and marital status were also not related to intentions to move to a retirement village. Some unexpected correlations were the positive relationship between living in a more deprived area (measured with NZDep) and a negative relationship with home ownership. Those who lived in more deprived areas and did not own their own home were more likely to consider moving to a village. These preferences are understandable but could be very difficult to achieve for those with fewer resources because of the way in which the provision of retirement village accommodation is presently structured.

Many New Zealanders are planning to move in older age. Although there are alternative modes of housing for older people wishing to leave their family home, the retirement village is currently the dominant model in New Zealand (Grant, 2006). Not everybody will be able to afford this choice. Our participants have expressed concerns about declining health, and the need for security and household assistance in older age. These needs must be the focus of new housing policies to meet the needs of the arrival of the 'baby boom' generation at retirement. Consideration must be given to providing good quality and preferred accommodation for all. To accommodate the anomalies and avoid future housing issues, we must consider alternative models of housing arrangements that could be adapted to fit the health and social needs of older people and accommodate the growing population in a way that allows continuing participation in society for all. There are a growing number of alternative housing styles and models being developed internationally, and the HWR project is being developed to investigate the needs of older people in New Zealand society to inform innovative and positive planning for these needs.

Table 7.
Significant pearson's r correlations (p<.001) with ***Intentions to move to a retirement village***.

Variable level (indicating direction of relationship)	*r*
Older	.06
Retired	.08
Women	.06
Unhappy	.07
Non- Home Ownership	.12
Living in Deprived Areas	.14
Chronic Health Conditions	.21
Māori Cultural Identity	-.12

Internet Use among Older People in New Zealand

As computer networking becomes increasingly dominant in our societies, it is important to examine how this technology is used by older generations and whether it contributes to the development of supportive social networks. The ICC study examined the nature of older people's participation in cyberspace and the ways in which computer-mediated communication contributed to their social integration.

To enquire into patterns of internet use, social network types, and levels of self-reported loneliness, participants were given the choice of their usual postal questionnaire or an on-line option. There was a surprising lack of response to the on-line option: only 51 participants used the on-line and these were mostly partners (43) who had been invited to participate in a sub-panel, leaving only 9 of our core sample of 1,330 who used the on line questionnaire option. Perhaps the familiarity of the postal version was a factor here as 19% of the partners, an additional sample of the ICC, responded by internet questionnaire. Although the numbers are too low to generalise, first indications are that older, poorer, and Māori participants were less likely to use the on-line option and this fits with the rest of our findings about internet use.

In general, just over 50% of the sample reported daily internet use and nearly 16% said never. Table 8 shows the reported frequency of internet use.

Table 8.
Frequency of Internet Use.

	N	Percentage
Never	193	15.6
Once every few months	37	3.0
About once a month	31	2.5
Several times a month	77	6.2
Several times a week	236	19.0
Daily	665	53.7
N	1239	100.0

Correlations with demographic variables show that more frequent use is weakly associated with younger age (-.16). Higher living standards have the strongest association with increased internet use (.27). There was no difference between men and women.

Examining the ways in which older people are using the internet shows that the highest type of use is for seeking information, closely followed by connecting with friends and family. Around 84% reported this latter type of use as shown in Table 9.

Table 9.
Types of Internet Use.

Type of use	Percentage	N
Work	38.4	424
Business	36.7	396
Banking and finance	62.3	705
Shopping	50.6	565
Reading news	67.0	759
Health information	59.1	663
Other information	85.3	603
Music/entertainment	52.5	587
Games	39.3	443
Connecting with friends	83.5	943
Connecting with family	84.3	956
Meeting new friends	38.5	431
Sharing photos/data	68.2	773

Internet Use and Social Life

When asked to report on the relationship of their internet use with their social life, of 1,103 who responded, 80.1% agreed that the internet **"**contributed to my ability to stay in touch with people I know", 77% agreed that it "made it easier for me to reach people", 65.2% agreed that it "helped me feel more connected to friends and family/whanau" and 61.1%, that it "increased how often I communicate with others". Over half of this group (56%) agreed that the internet improved the quality of their communication with others. These high levels of endorsement suggest that the internet is most often used to support existing relationships and communication with friends and family. The internet was endorsed less often for reducing isolation (43.1%) and making it easier to meet new people (19.8%).

The internet is often seen as an opportunity to bridge distances. For this sample, social networking on the internet was related to both the development of local networks and for keeping in touch with social networks beyond the neighbourhood. As Figure 1 shows, across the levels of internet use, people were about as likely to use the internet locally for personal contact, or for information about events, as for more distant connections.

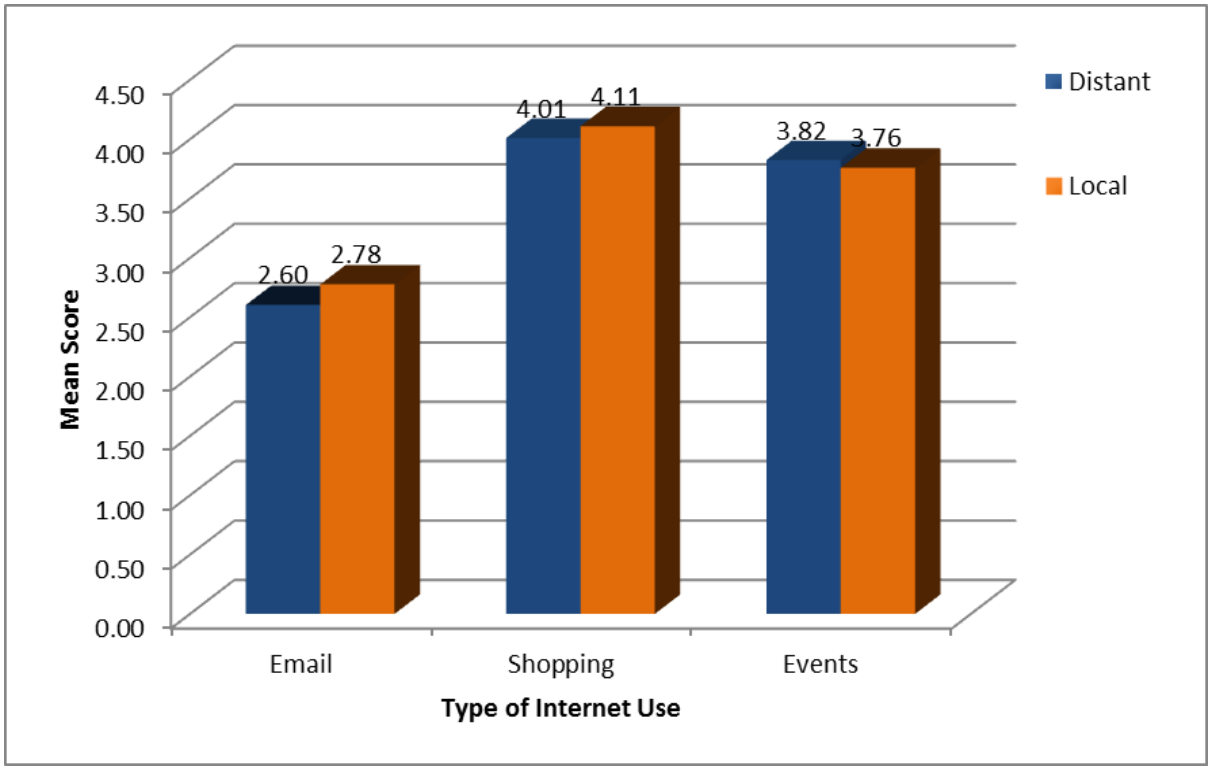

Figure 1. The levels of internet use for local or distant emailing, shopping, or information about events.

Internet Use and Types of Social Networks

Social networks and social connections are an important contributor to the health and longevity of older adults who are also at increased risk of experiencing loneliness and depression as they age. Wenger (1997) used qualitative research to identify five different network types among older adults that are associated with different strengths and risks for particular health and health care problems. Wenger and Tucker (2002) described the development of an assessment instrument (the PANT) to categorise these five types of older adults' social networks as follows:

- The *Local Family Dependent* Support Network is focussed on close family ties with fewer neighbourhood and friend links.
- The *Locally Integrated* Support Network includes close relationships with local family, friends and neighbours.
- The *Local Self-contained* Support Network has primary reliance on neighbours.
- The *Wider Community Focused* Network is typified by a high salience of friends.
- The *Private Restricted* Support Network has no relatives, few nearby friends and low levels of community involvement.

These are social network types of older people, and the typology is used to assess risks for health, well-being and functioning of older people. The ICC study used questions from this scale to categorise respondents' network types. Figure 2 shows that those in the wider community network type and those in private restricted or local self-contained networks reported significantly different levels of internet use.

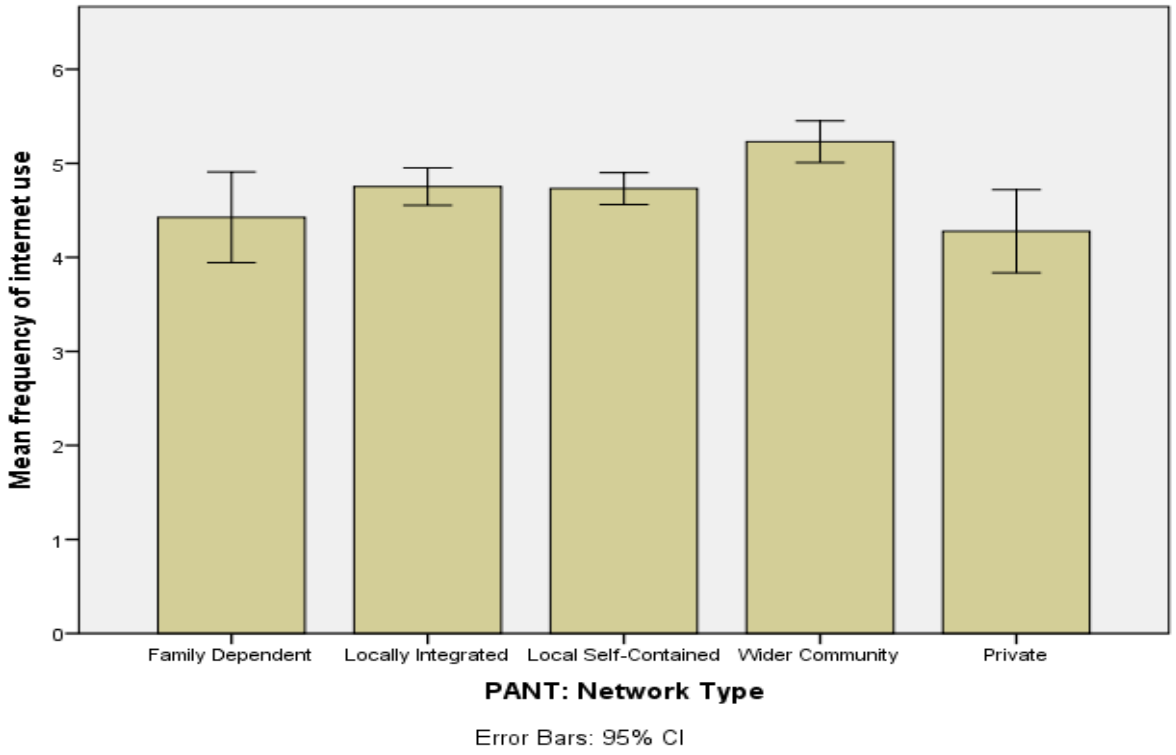

Figure 2. The mean frequency of internet use according to categorisation of network type by PANT.

Considered in a different way, the correlations between individual scores on the different network types and their internet use (Table 10), show that the more isolated 'family dependent' type of social network is negatively related to internet use, while the 'wider community' type is positively related. There could be some concern about the negative relationships between those categorised as being in more restricted network types and their internet use. Wenger noted that the 'Family Dependent' group is at risk of family and carer stress and increasing isolation in older age. Lack of internet use is another sign of the potential for damaging isolation

Table 10.
Pearson's r correlations between scores on PANT network types and Internet Use (Yes/No).

N= 1239	Family Dependent	Locally Integrated	Local Self-Contained	Wider Community	Private
Internet use	-.10**	.04	-.03	.08**	-.02

** Correlation is significant at the 0.001 level (2-tailed).

Internet Use and Isolation

Because of the relationship with social network types that might increase loneliness, we also examined the relationships between internet use and isolation or loneliness. Bivariate

correlations (Table 11) show a negative relationship between using the internet and two types of loneliness: social loneliness (isolation), and emotional loneliness (feelings of loneliness). Those who used the internet infrequently or never were also more likely to report higher levels of both isolation and feelings of loneliness.

Table 11.
Pearson's r correlations between frequency of Internet Use and Social or Emotional loneliness.

	Social Loneliness	Emotional Loneliness
Frequency of Internet Use	-.07*	-.17**
	N= 1162	1186

* Correlation is significant at the 0.05 level (2-tailed).
** Correlation is significant at the 0.001 level (2-tailed).

When we examined loneliness as a predictor of internet use, while controlling for those other demographic variables that were related to internet use, then the weak relationship between loneliness and internet use is not apparent. Ethnicity, age, and living standards (as a proxy for SES) mediate the relationship of internet use and loneliness. This may be shown in a regression equation in which ethnicity, age, and living standards were entered first, then followed by the loneliness variables (see Table 12).

Table 12.
Results of regression of Frequency of Internet Use on ethnicity, age, living standards, and social and emotional loneliness.

Model[a]	Odds Ratio	*p.*
Ethnicity	1.42*	.021
Age	.92**	.000
Living Standards	1.09**	.000
Social Loneliness	1.05	.319
Emotional Loneliness	.91	.062

*Coefficient is significant at the 0.05 level.
**Coefficient is significant at the 0.001 level.

This result points to the greater importance of ethnicity, age and living standards in relation to internet use. Of these variables, living standards had the strongest relationship with internet use; as might be expected, those with lower living standards were more likely to report lower internet use. With these demographic variables accounted for, the negative relationship between emotional and social loneliness and internet use becomes insignificant. While loneliness is related to less internet use, this relationship is explained by differences in age, ethnicity and living standards. In this context both ethnicity and living standards may be seen as a proxy for socioeconomic status (SES).

Conclusion

The findings show that active participation with friends and family on-line may contribute to the strengthening of participation in local communities and the broadening of the social networks of older people. Older people in our study used the internet mainly for maintaining and developing social connections, both locally and at a distance. Those participants who use the internet more, are more likely to belong to beneficial social networks, and less likely to report isolation and loneliness.

Social participation is well established as a reliable predictor of physical and cognitive health and mortality among older adults. So, the development of internet use has the potential to contribute to the increased well-being of older adults. In particular, developing the capacity for internet use among those at risk of isolation and poorer health may be a useful intervention.

One aspect to be aware of here is the potential for an increasing digital divide. While the use of digital media and the internet have great potential for enhancing the social life of some older people, there is also a danger that the privileged access to digital media may result in widening differences in social engagement and health outcomes. SES (assessed by variables such as income, education, living standards, and partly ethnicity) is already a strong predictor of health and mortality. Our study results show that, as we might expect, SES also predicts internet use and mediates the relationship of internet use with loneliness and isolation.

Thus, differentials in digital use may also increase inequalities in health among older people. Infrastructure (providing access to digital media) is an important aspect of preventing a widening digital divide in the ageing population. However, encouraging broader internet among older people may require more than simply providing affordable infrastructure. These indications suggest a basis for future research into how digital media may be accessed and used socially by all members of the population.

Workforce Participation

The New Zealand Positive Ageing Strategy emphasises the benefits of prolonging workforce participation. There is considerable evidence that participation in meaningful and appropriate work is beneficial to the wellbeing of older people (Hinterlong et al., 2007). Extending the economic active life of older people also contributes to overall economic growth (Ministry of Social Development, 2011). The past few decades has seen a significant increase in labour force participation rates by older workers, particularly by women and those over the age of 65 years. Figure 3 shows the increase in rates for comparable countries over the past three decades. All have risen markedly with New Zealand having the highest rated in the OECD for this age group.

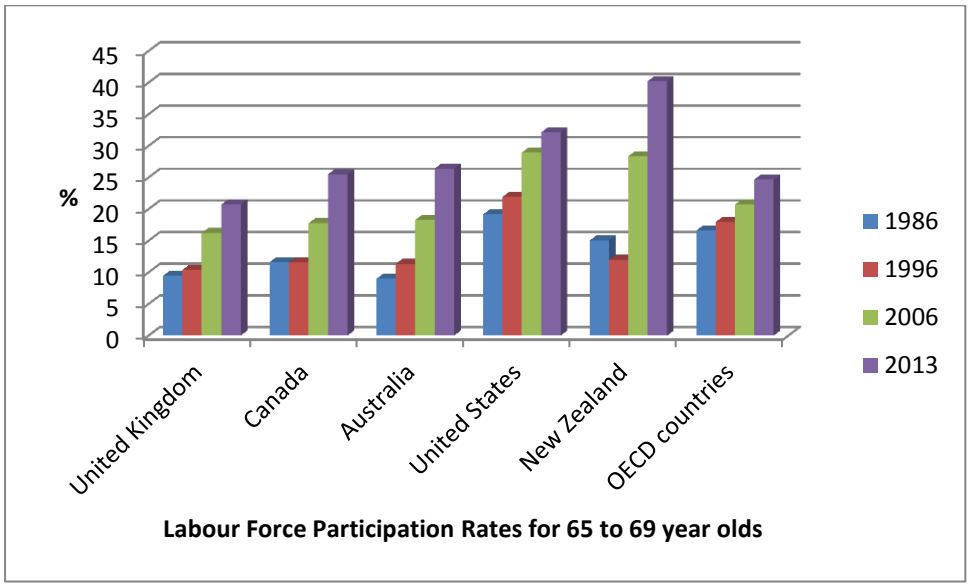

Figure 3. OECD statistics: http://stats.oecd.org/Index.aspx?DataSetCode=LFS_SEXAGE_I_R

ICC results show that 38% of participants aged 61 to 77 years of age were still working, with a large majority (89%) satisfied with their present job. However, over half the workers (57%) were worried about the standard of living they would have in retirement and 47% said they continued to work because they couldn't afford to retire. Yet only 31% had undertaken significant financial planning for retirement.

Nearly half (48.6%) of those aged 65 to 69 were still working in some form of paid employment, even though over 96% were also receiving New Zealand superannuation, suggesting many older workers in New Zealand seek, in part, continued paid employment to supplement their standard of living as they transition to retirement.

Work Practices

Work practices can operate as a facilitator or a barrier to continuing in the workforce for older workers (Smeaton & McKay, 2005). In the ICC study, workers were asked to rate the

importance of a number of work practices and to indicate whether these were offered in their workplace (see Figure 4). Despite between 54% and 85% of workers rating these practices as important, less than half reported that their employer offered them. Recognition of experience, knowledge, skill and expertise was rated as important by over 80% of older workers yet only 40% indicated this was offered in their workplace. If employers want to recruit and retain older workers, they will need to ensure that the organisation recognises and appreciates the expertise and experience that older employees bring to the workplace. This can be achieved with minimal financial cost to the organisation.

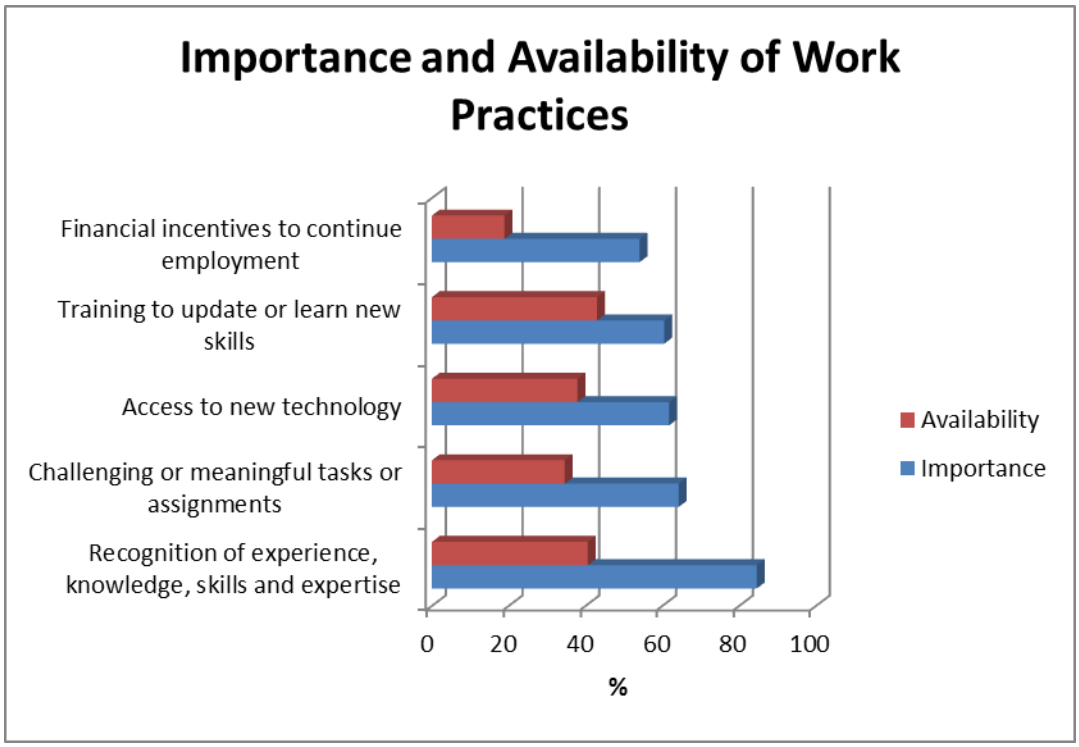

Figure 4. Importance and availability of work practices.

Flexible Work Arrangements

Organisational strategies suggested to encourage extended working lives include the availability of flexible work arrangements (FWAs) (Beard et al., 2012). Previous work in New Zealand has found high levels of support from organisations for these (Clements et al, 2003; Hudson, 2004). For our participants, flexible work schedules were rated as important by 60% of older workers, with phased in retirement and reduced work hours also highly rated by a large proportion of workers (see Figure 5). However, less than half reported that their employer offered these arrangements. Flexible work options are a strong preference for many older workers (Smeaton et al., 2009; Vickerstaff, 2010), however our research suggest that few workers have access to these arrangements. There is a concern that flexible work options are largely confined to low-pay, low status and low-skill work, with flexibility driven by employer demands rather than employee needs (Vickerstaff, 2010). If older workers are to be encouraged to extend their working lives, then appropriate flexible work arrangements need to be extended across all occupational categories.

Of those workers under the age of 65 years, 64% intended retiring after the age of eligibility for superannuation. The key factors that were related to the intention to retire after age 65 were better physical health, lower job stress, the availability of challenging and meaningful tasks and the recognition of experience and knowledge. These factors provide a focus for organisational interventions that can facilitate the retention of older workers.

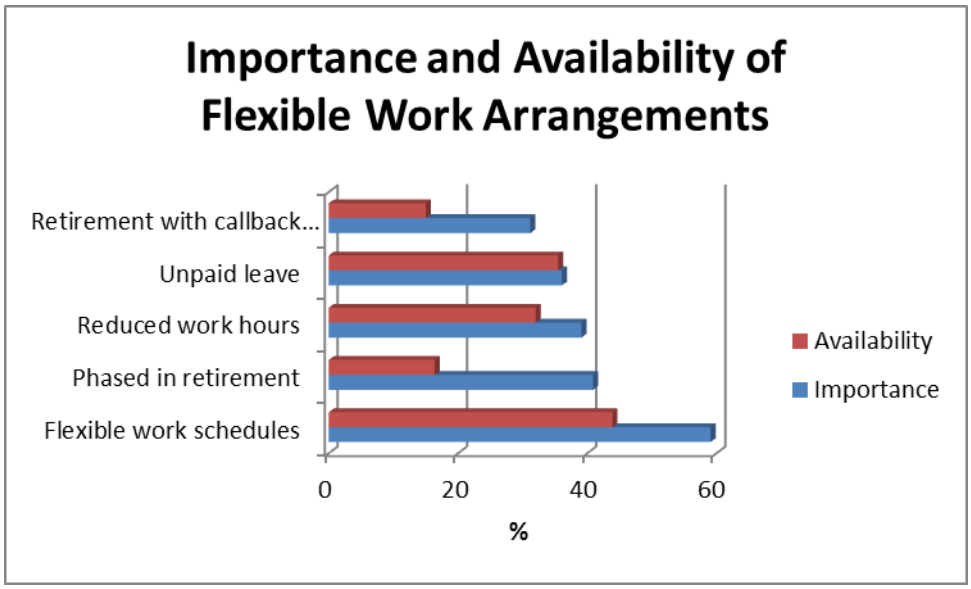

Figure 5. Importance and availability of flexible work arrangements.

Combining Caregiving with Workforce Participation

Combining paid employment with caregiving of family members is an important issue for older workers in New Zealand. Flexible working conditions play a key role in determining how successfully the roles of carer and worker are reconciled. Of the 168 participants who completed our caregiving survey 39% (65) were in some form of paid employment. Only 28% of working carers were aware of their right to request flexible work arrangements due to care giving responsibilities. This level of awareness is similar to that reported in a review of flexible working arrangement which found 28% of New Zealand employers and 20% of employees were aware of the relevant legislation (Department of Labour, 2011). This review also found that employers and employees developed their own formal and informal flexible work arrangements without recourse to the Act. It may be that ICC participants negotiated work and care arrangements with their employer irrespective of knowledge and use of the Act, however, it should be noted that only a quarter of the sample (26%) had requested flexible work arrangements from their employer due to caregiving responsibilities.

Methods for Providing Care

Many of these working carers reported having to use leave without pay (28%), sick leave (34%), or annual leave (37%) in order to provide help and support for the person they cared for. Other methods were also employed in order to provide support for the care recipient while the carer worked, including arranging for another family member to provide care (49%), and using work time to provide or arrange care (42%) (see Figure 6). Working carers also reported on average 7 occasions in the previous 12 months when they provided help for the person they cared for in a crisis (e.g. illness, accident or family crisis) and this resulted in an average of 23 days away from work due to crises over those 12 months. Thirty-five percent of working carers said they were considering reducing their work commitments to meet increasing care and support responsibilities. Previous research has identified a number of employment related consequences to providing informal care such as reduced work hours, workforce exit, absences, decreased productivity and career limitations (Keating et al., 2014). It is clear from our findings that caregiving impacts on the paid work experience which may in turn lead to reduced income while employed and reduced financial resources in retirement.

Sources of Support

All carers reported receiving help providing care from a number of sources. Comparing working carers to non-working carers, workers were more likely to receive help (as least weekly) from their immediate family than non-working carers. Workers were also more likely to receive agency support they or their family paid for and were less likely to receive publicly funded services than non-working carers, probably reflecting income disparities between workers and non-workers (see Figure 7). Many informal caregivers pay out-of-pocket expenses related to their caregiving responsibilities such as services and supplies

(medication, equipment, home adaptations) for the care recipient. Transport and travel expenses may also be incurred i.e. travel between carers work/home and that of the care recipient or to healthcare appointments. Previous studies show the proportion of caregivers who incur out-of-pocket expenses as a result of their caregiving responsibilities range from 63% and 80% in Canada (Fast, Keating & Yacyshyn, 2008) to 58% in the UK (Carers UK, 2007). These additional expenses may impact on current income and the ability to accrue wealth for retirement, and this will be of particular relevance for those caregivers on low incomes.

Despite the availability of legislation in New Zealand that provides the opportunity for caregivers to request flexible working arrangements, few of our participants were aware of it or used it. Many used annual leave and sick leave to help provide support to the person they cared for, and over a third were considering reducing their work commitments because of their responsibilities for care. Employers should be aware that there are considerable organisational benefits to enabling care providers to reconcile their care and work roles. Providing supportive environments for workers through flexible work arrangements can lead to more motivated and productive workers, higher retention rates and less absenteeism (Halpern, 2005; Lero et al., 2012).

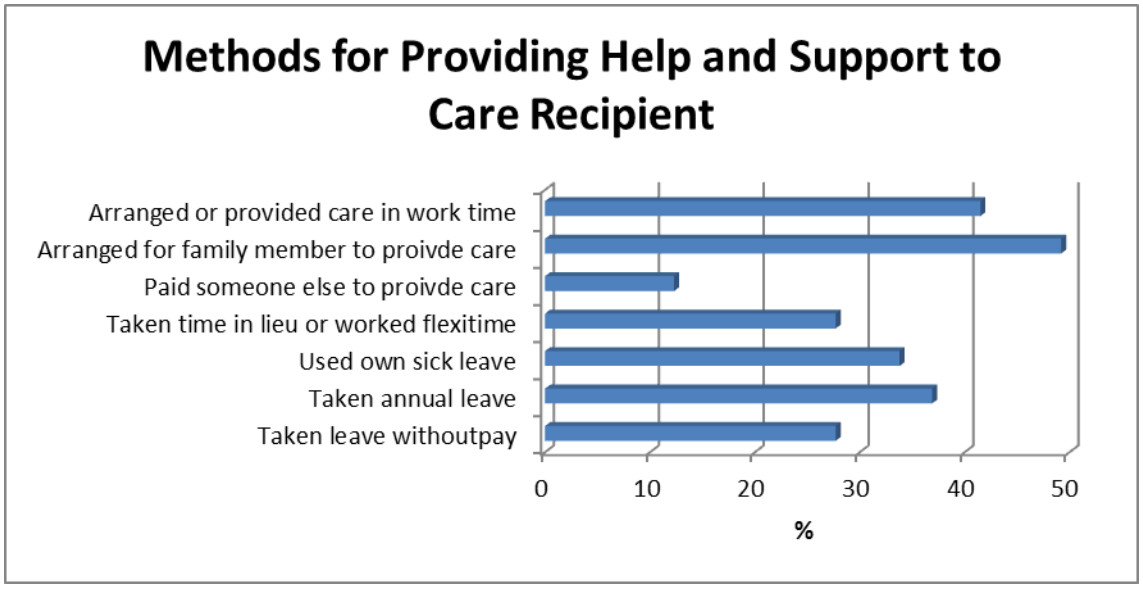

Figure 6. Method for providing help and support to care recipient

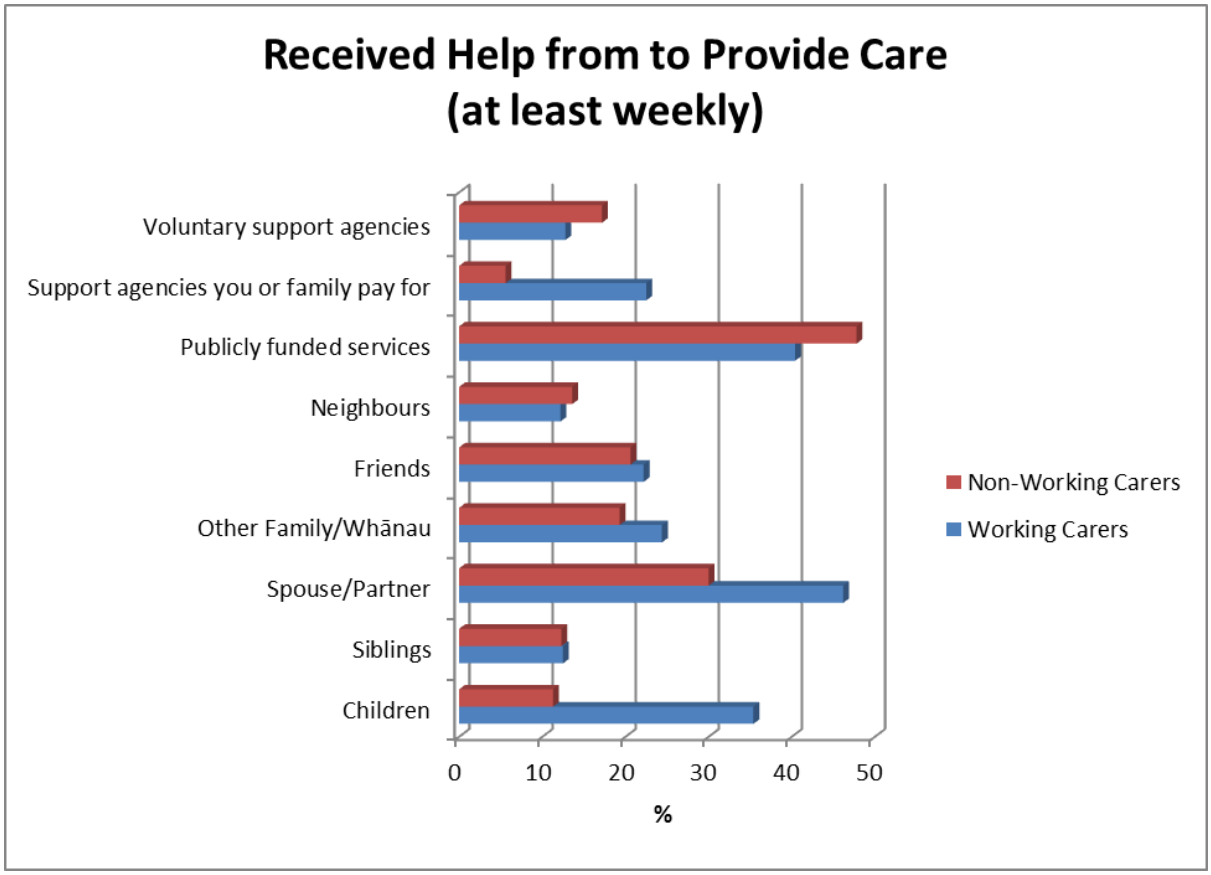

Figure 7. Received help from to provide care.

Volunteering

One of the expectations of an actively participating community member is to contribute to society through work. For older people, this is often understood in terms of 'volunteering' or other community contribution and this has certainly become a strong policy focus in many countries. A general focus of active ageing discourse in Europe, the US and Asia is on working longer and volunteering if you must retire. A focus on volunteering seems beneficial in at least two ways. It is good for society and good for older people (Dulin et al., 2012).

Volunteering in the ICC sample

In 2013, 51% of the ICC sample reported volunteering their time to work in one or more organisations at least weekly. Table 13 shows the different ways in which participants gave their time. Working for community or service organisations, religious and church groups, and hobby or leisure associations were the most popular types of volunteering activities, followed closely by involvement in sports clubs.

Table 13.
Percentage of participants volunteering weekly (Total N = 1,223).

Type of Activity	**N**	**percentage**
Involvement in sports clubs	175	13.2
Community or service organisation	237	17.9
Other club, lodge, or similar organisation	41	3.1
Religious, church, or other spiritual organisation	241	18.2
Hobby, leisure time or arts association group	250	18.9
Providing a good	46	3.5
Activism, campaigning or advocacy	32	2.4
Providing a community service	11	8.4
Environmental stewardship	35	2.6
Group that encourages cultural knowledge	53	4.0
Mahi a whanau: kapahaka, marae or hui	37	2.8
Other voluntary service	69	5.2

Note: participants could select more than one type of activity

Volunteering and Wellbeing

In general, volunteering has been demonstrated by a good body of empirical research to have many positive health effects for the volunteers themselves (Anderson et al., 2014). In the ICC study, the number of weekly volunteering roles reported by respondents, was positively related to happiness (r =.10), having a sense of purpose in life (r =.11), and negatively related to loneliness (r =-.05) and mental health (r = -.10). The level of volunteering was not related to physical health or quality of life.

Advantages for Disadvantaged People?

Some recent findings suggested that volunteering is more strongly associated with well-being among older people with lower economic living standards (ELS; Dulin et al., 2012). The ICC study shows that the greater the number of weekly volunteer roles reported by an individual, the higher their level of happiness. Furthermore, those with lower ELS were even more likely to report increased happiness when volunteering. Although in general, people with low ELS report lower happiness, those who were also volunteering weekly were, on average, almost as happy as wealthier people. However, before we rush to encourage more older people to volunteer we should be aware of some issues within these results.

Difficulties of Volunteering for people of lower ELS

Although volunteering may be related to increased happiness, Warburton and colleague's (2004) work in Australia has also shown that older volunteers are more likely to be found among higher class occupational groups and among those who report good health. The ICC results also show that people in the lowest ELS groups are less likely to volunteer. Figure 8 shows that, those in severe hardship are least likely to be volunteering, although people in other categories of hardship are as likely to be volunteering their time as those who are very well off.

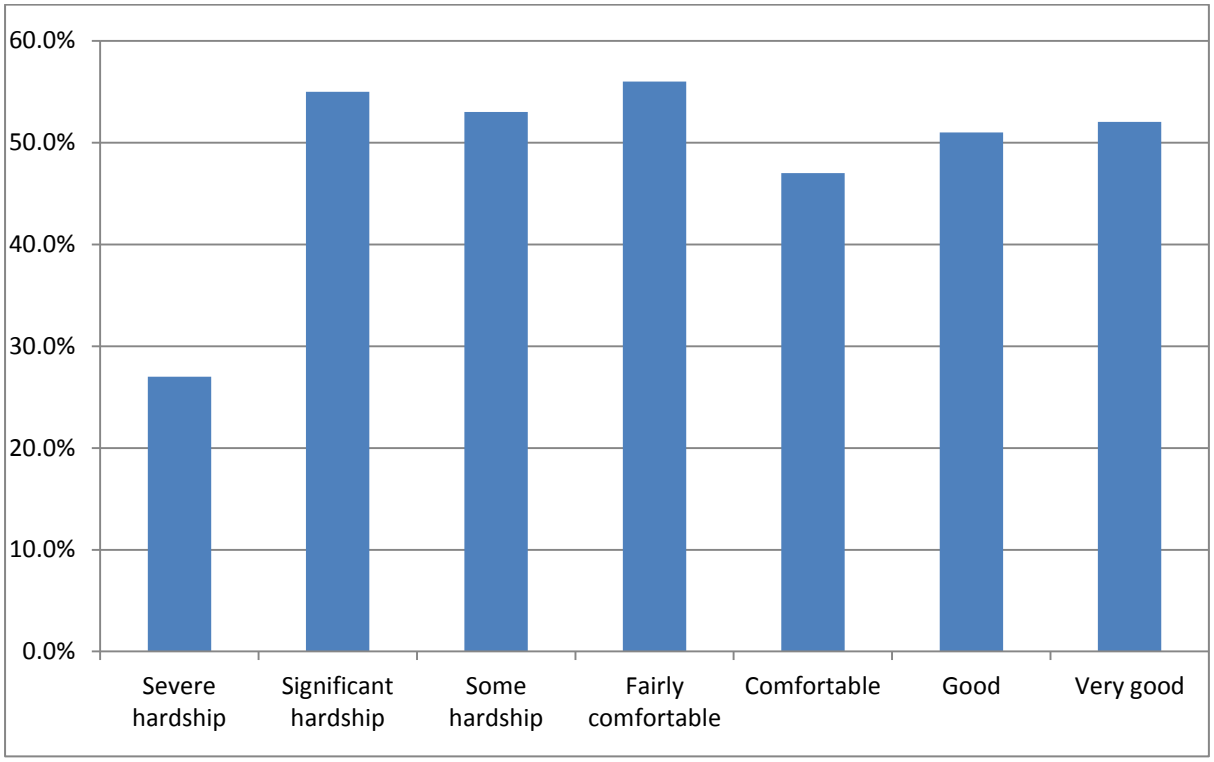

Figure 8. Percentage Volunteering Weekly according to Categorisation of Economic Living Standards

What barriers to volunteering do disadvantaged older people face? In our qualitative study of 145 New Zealanders aged from 63 to 93 years people generally wanted to contribute to

society, but feelings of obligation to contribute also created difficulties for some older people. The main barriers we identified were poor health, low income, or ageist attitudes. This is similar to overseas research findings (e.g.,Warburton et al, 2004). Thus, those who could most benefit from social engagement are also those in most need of support to participate.

Implications

These findings have implications for volunteering organisations and for social policy. Organisations would be well advised to recognise the wealth of potential volunteering power that will be increasingly available as more baby boomers hit retirement. But in addition to recruiting appropriately, volunteering organisations need to develop policies that care for older people's particular needs. They must recognise the different practical and social supports required to allow all older people to volunteer when they want to, and enable them to retire gracefully when they need to. Organisations will need to ensure that they encourage and support older people as volunteers, as well as attend to potentially ageist policies and practices and we need more research to identify these specific needs in context.

In regard to social policy, there are many critiques of active ageing policies. Active ageing ideals can be oppressive when they promote ideals that not all can live up to. In practice these policies take little account of lifelong inequalities and different opportunities for different groups of people to achieve those ideals. The focus on individual responsibility for health and economic wellbeing encourage surveillance and blaming. Those who meet the ideals of active ageing, tend to take credit for their achievements, and those who don't are blamed while the structural basis of their disadvantage is ignored. Social policy needs to be more nuanced in regards to pressuring people to contribute whatever their situation. Alan Walker is an influential sociologist who has long supported the concept of active ageing. However, he is also critical of current policy applications which create the kinds of dilemmas we find here (e.g., Walker, 2012). He criticises current policy applications of the active ageing framework as blunt instruments that are very narrow in focus. For example, he criticises a focus by government policies on working longer (and now we might include volunteering) as the only approach to promoting active ageing. Walker calls this sort of single focus approach a blunt policy instrument to implement the broader ideal of active ageing. He suggests that policies be empowering rather than taking a top down approach, and should employ a range of approaches. This recognition may be applied directly to understandings of calls to older people to participate in voluntary work.

References

Anderson, N. D., Damianakis, T., Kröger, E., Wagner, L. M., Dawson, D. R., Binns, M. A., Bernstein, S., Caspi, E., Cook, S. L., & The BRAVO Team (2014, August 25). The benefits associated with volunteering among seniors: A critical review and recommendations for future research. *Psychological Bulletin.* Advance online publication. http://dx.doi.org/10.1037/a0037610

Beard, J., Biggs, S., Bloom, D., Fried, L., Hogan, P., Kalache, A. & Olshansky, S. eds. (2012). *Population ageing: Peril or promise*. Geneva: World Economic Forum.

Carers UK. (2007). *Real change, not short change: Time to deliver for carers*. Author: London, UK.

Clements, E., Hobman, L., Rosier, P. and Tweedy, R. (2003). *Flexible employment:* Prepared for the Work and Age Trust, Auckland: EEO Equal Employment Opportunity Trust.

Crisp, D. A., Windsor, T. D., Anstey, K. J., & Butterworth, P. (2013). Considering relocation to a retirement village: Predictors from a community sample. *Australasian Journal on ageing*, *32*(2), 97-102.

Crisp, D. A., Windsor, T. D., Butterworth, P., & Anstey, K. J. (2013). What are older adults seeking? Factors encouraging or discouraging retirement village living. *Australasian Journal on ageing*, *32*(3), 163-170.

Department of Labour (2011) *The findings of the review of Part 6AA of the Employment Relations Act 2000.* Wellington: Department of Labour. http://www.dol.govt.nz/er/bestpractice/worklife/flexiblework/part-6aa/ReportofreviewofPart6AAMay2011.pdf

Dulin, P. L., Gavala, J., Stephens, C., Kostick, M., & McDonald, J. (2012). Volunteering predicts happiness among older Māori and non-Māori in the New Zealand health, work, and retirement longitudinal study. *Aging & Mental Health, 16*(5), 617-624.

Farber, N., Shinkle, D., Lynott, J., Fox-Grange, W., & Harrell, R. (2011). *Aging in place: A state survey of livability policies and practices*. National Conference of State Health and Community across Aging Cohorts 25 Legislatures and the AARP Public Policy Institute. Retrieved September 2012: http://assets.aarp.org/rgcenter/ppi/liv-com/aging-in-place-2011-full.pdf

Fast, J., Keating, N., & Yacyshyn, A. (2008). *"I wish that I could just have a break": The cost of supporting adults with disabilities*. Edmonton, AB: University of Alberta, Research on Aging, Policies and Practice.

Keating, N. C., Fast, J. E., Lero, D. S., Lucas, S. J., & Eales, J. (2014). A taxonomy of the economic costs of family care to adults. *The Journal of the Economics of Ageing, 3,* 11-20.

Gilleard, C., Hyde, M. & Higgs, P. (2007). The impact of age, place, aging in place and attachment to place on the well-being of the over 50s in England. *Research on Aging, 29*, 590-605.

Grant, B. (2006). Retirement villages: An alternative form of housing on an ageing landscape. *Social Policy Journal of New Zealand, 27*, 100-113

Halpern, D. F. (2005). How time-flexible work polices can reduce stress, improve health, and save money. *Stress and Health, 21*, 157-168.

Hinterlong, J., Morrow-Howell, N. and Rozario P. (2007) Productive engagement and late life physical and mental health: Findings from a nationally representative panel study. *Research on Aging*, 29, p.348-370.

Hudson (2004). *The Hudson Report: New Zealand Ageing Population – Implications for Employers.* Hudson Australia/New Zealand.

Lero, D. S., Spinks, N., Fast, J., Hilbrecht, M., & Tremblay, D. (2012). *The availability, accessibility and effectiveness of workplace supports for Canadian caregivers.* http://www.rapp.ualberta.ca/Publications.aspx

Ministry of Social Development (2011). *The Business of Ageing: Realising the economic potential of older people in New Zealand: 2011–2051.* Wellington: Ministry of Social Development.

Ministry of Social Policy. (2001). *The New Zealand Positive Ageing Strategy.* https://www.msd.govt.nz/about-msd-and-our-work/publications-resources/planning-strategy/positive-ageing/index.htm. Accessed October, 2014.

Smeaton, D., & McKay, S. (2005) .*Working past state pension age: Quantitative analysis*. London: Department of Work and Pensions.

Smeaton, D., S. Vegeris and M. Shain-Dikmen. 2009. O*lder workers: Employment preferences, barriers and solutions*. Manchester: Equalities and Human Rights Commission (EHRC).

Vickerstaff, S. (2010). *Older workers: The 'unavoidable obligation' of extending our working lives.* ISociology Compass, 4*(10), 869-879.*

Walker (2012). *Active Ageing. A source of empowerment?* Daniel Thursz Memorial Lecture IFA 11th Global Conference on Ageing Prague 31st May 2012.

Warburton, J., Oppenheimer, M., & Zappala, G. (2004). Marginalizing Australia's volunteers: The need for socially inclusive practices in the non-profit sector. *Australian Journal on Volunteering, 9*(1), 33-40.

Wenger, G. C. (1997*).* Social networks and the prediction of elderly people at risk. *Aging & Mental Health, 1*,311-320.

Wenger, G. C., & Tucker, I. (2002). Using network variation in practice: Identification of support network type. *Health & Social Care in the Community, 10*(1), 28-35.