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Te Manatū Whakahiato Ora

‘In A Place I Call My Own’
Support Networks of
Older People Ageing in the Community

Centre for Social Research and Evaluation
Te Pokapū Rangahau Arotake Hapori

September 2009

Disclaimer

Opinions expressed in this report are those of the authors of the report and of the participants in the focus groups and interviews. They do not necessarily represent an official view of the Ministry of Social Development.

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Contents

Acknowledgements	iv
Executive Summary.....	1
Background	3
Method.....	4
Case selection.....	4
Interviews	4
Analyses.....	4
Analytical framework	5
Vignettes.....	6
Ivan.....	6
Lionel.....	8
Maria	10
Alofa	13
Aroha.....	15
Discussion	18
Personal characteristics.....	18
Having good health or the ability to deal with declining health	18
Having a sense of self-efficacy.....	18
Being able to continue meaningful activities	19
Having good support networks.....	19
State-funded services and supports	19
Dealing with financial assets.....	21
Impact on family supporters.....	21
Challenges for the future.....	22
References	23

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Executive Summary

This report explores the support networks and state-funded services that enable older people to remain living in the community in the circumstances of their choice, in a place they call their own.

Similar to all Western societies, New Zealand's population is ageing. In response to this New Zealand has adopted the New Zealand Positive Ageing Strategy. A key component of the Strategy is identifying the factors that enable older people to remain living in the community.

The objectives of this research were to identify and explore a range of contexts in which older people age in a place of their own choosing, and to explore the nature and extent of the supports that older people receive both from informal and formal networks.

Initially, interviews were conducted with 22 older people and some of their support people. Their accounts and explanations provided an insight into their individual characteristics in relation to family and social networks, and their needs for state support. The stories of five participants who best exemplified the research objectives and the criteria used for case selection, and who consented to have their information published, were then chosen for inclusion in the report as vignettes.

The research showed that the personal circumstances of the respondents in our study varied. Those with deteriorating health and/or limited finances were ingenious in the ways they compensated for this. Their ability to maintain a sense of value, independence or interdependence with family and to maintain the continuity of lifetime habits and preferences was of crucial importance to them.

It is by no means certain that future cohorts of older people will be predominantly home-owners. In the study, those who did own a home wanted to pass it on as an inheritance rather than to cash up to fund a lifestyle in old age. Moreover, not all older people are free to cash up: second marriages and blended families could limit the discretion of those who had lost a partner to sell or reorganise their assets.

State-funded services and supports need to achieve a 'best fit' not only with the priorities and preferences of older people but also with the support available to them through their network of family and social relationships.

The study found that individuals fell along a spectrum from highly 'family-focused' to highly 'community-focused' network types.

In family-focused networks, individuals were surrounded by family who provided a high level of daily personal, emotional and practical support. This support was reciprocated as, for example, older people continued to provide a high level of care for children, prepared meals and informally taught traditional crafts.

The strengths of family-focused networks lay in the day-to-day support, advocacy and emotional warmth afforded to and by older persons. However, in supporting their elders so well and lovingly family members might bear a cost to themselves in terms of lost opportunity and they might themselves have little support.

In community-focused support networks, family was emotionally important, but most daily practical and social contacts were through friends and community contacts. In resilient networks, individuals had many social links or made good use of service providers who were able to refer them on to the health and welfare supports they needed. When individuals were less socially engaged, their links might be fewer and their informal resources and the take-up of formal services and supports might be limited.

The participants all required some degree of formal, state-funded support. Often this help was relatively unskilled, but its quality was crucial. To be acceptable and successful it had to meet the variety of preferences and priorities of older people rather than to be specified by rigid work contracts. At its best, formal help enhanced older people's informal 'natural' networks which in many cases meant supporting the supporters.

As older people grow in numbers and as a proportion of the population, these issues remain a challenge for the future.

Background

The ageing of the population in New Zealand is not unique. It is a feature common to most societies as a result of reduced fertility rates and increased life expectancy. Between now and 2051, the percentage of New Zealanders older than 65 years will more than double and will increase to more than one-quarter of the population (Ministry of Social Development 2007).

New Zealand has adopted the New Zealand Positive Ageing Strategy (Ministry of Social Policy 2001) to effectively meet these changing needs and to develop appropriate policies and services for this growing portion of the population. Identifying factors that enable older people to continue living in the community in a place of their own choice is one of the 10 goals of the New Zealand Positive Ageing Strategy and the subject of this exploratory research.

Recognition of the complex needs and specialist services required for older people led several government departments with a social policy brief to be involved to a greater or lesser extent when developing the funding application for the Cross Departmental Research Pool.

The purpose of this research was to identify and explore a range of contexts in which older people age in a place of their own choosing, and to explore the nature and extent of the supports that older people receive both from informal and formal networks.

This study focused on older people who, in spite of the limitations on their ability to live independently, had successfully continued to live as they preferred in the community. This could be in the family home or in a flat, a retirement village or a smaller property that they had moved to. The group is important because research has shown that when older people remain active, independent and engaged in social activities they find meaningful, their overall health and wellbeing benefits (Dwyer, Grey & Renwick 1999; Grundy 2006).

Much of the research on ageing in New Zealand has been at a general population level (Koopman-Boyden, Baxendine & Pool 2006; McLeay & Lidgard 2006) with a few notable exceptions (Keeling 1999; Keeling 2001). Relatively little is known about how individuals currently strategise about how to remain successfully living in the community despite differences in personal characteristics and levels of support. In this exploratory study, the Ministry of Social Development's Centre for Social Research and Evaluation, in collaboration with Litmus Ltd, explored the issue with older people themselves and a number of their support people.

Method

Case selection

A total of 18 cases¹ (ie an older person and in most cases, two support people who were nominated by the older person) were included in the research. The data was gathered during the first half of 2006. We sampled purposefully to include a range of living, geographical and family circumstances and to include Pakeha, Māori and Asian individuals. We excluded the 'old old'² since they constitute a distinct 'survivorship' cohort (Ministry of Social Development 2005).

Interviews

In total we talked to eight New Zealand European, two Asian, seven Māori and five Pacific older persons. Of these six were in couples. To ensure all participants were comfortable and felt no coercion to take part, we worked with people in the community who had wide networks and who made the first approach to potential participants. The research was explained and only if the older person was interested were his or her details sent to the research team who followed up by telephone and an invitation letter, accompanied by a fact sheet.

All of the interviews with an older participant were conducted in person and some interviews with support people were conducted over the telephone. The face-to-face interviews were facilitated by a project team member of the same or compatible ethnic background as the participants. In all cases the research was explained and written consent obtained. One or two support people and an interpreter were present at two interviews. Interviews were audio recorded. A reimbursement in appreciation of time and participation was always provided.³ Participants were promised a summary of the research findings and were given an information pack on support agencies and services in their area. Litmus Ltd took charge of the contacting of participants, and the collection of the data and the checks on its quality.

Analyses

From this information we produced a vignette or summary of the story told by each participant in his or her own words. The analytical tool used was a social network or an ecomap.⁴ This shows the family, friends, informal and formal community or agency contacts that are active in each person's life. We compiled an ecomap for each person. In this report we describe cases that illustrate the family and community connections older people have and their support networks. Pseudonyms were used and all names and identifiers such as residential locations have been changed.

The stories of five participants who best exemplified the research objectives and the criteria used for case selection, and who consented to have their information published, were then chosen for inclusion in this report.

¹ A case was one single person or a couple.

² The 'very old' or 'old old' are defined as people aged over 85 years.

³ Participants were offered a choice (petrol, book or food voucher); \$40 vouchers and \$30 vouchers were given for face-to-face and phone interviews respectively.

⁴ For more information on ecomaps see Dobson (1989) and Hodge (2000).

Analytical framework

This approach draws on the tradition of social network research which demonstrates the importance of the supportive network in determining how older people manage their day-to-day lives, how they gain access to a range of services and how they overcome the problems they face (Wenger 1984). The nature of connections is at least as important as the number of connections (van Groenou & Broese-van Tilburg 2003). International research suggests that people with different sorts of networks in different social contexts draw differently on the services and supports provided by the state (Nimrod & Adoni 2006; Litwin 2004).

Analysis was generally informed by the social capital approach developed by Bourdieu (1986). In his analysis, social capital means the “aggregate of the actual or potential resources which are linked to possession of a durable network of more or less institutionalised relationships of mutual acquaintance and recognition”.

In our analysis, a social network map with the individual at the hub was the practical method of representing the avenues and nature of resources that could be activated. This was treated as analogous with the more empirical traditions of social networks as ‘convoys of resources’ much used in the tradition of research deriving from the work of Wenger and associates (Wenger 1984). In each figure, concentric rings are used to describe a level of support which an older person might draw on: the individual; family or whānau; friends; social and support groups; agencies and institutions; and the wider society.

Based on over 20 years’ research, Wenger (1996) has shown how support networks evolve over time and how they behave in predictable yet complex ways – as needs of older people change and as services available to meet those needs vary. We sought to explore this in a New Zealand context and to describe social networks that provide older people with day-to-day support, love and camaraderie.

Vignettes

Our sample of five vignettes includes Ivan and Lionel who had different forms of community-focused networks, Maria who had both strong family and strong community elements in her network, and Aroha and Alofa, who had different forms of family-focused networks.

Ivan

Ivan was a staunchly independent man in his late 70s. He lived and still worked on the farm which had been in his family for over 100 years. He was proud of this heritage. His health was precarious and he had had a number of operations on his hips which were still liable to “pop” out. He declared this had happened “six times in the first 6 months” after his second operation. Nevertheless he still used his farm bike – with crutches strapped on. He was little daunted by having “rolled the four wheeler this time last year” when he was helped by his neighbour who ran cattle on Ivan’s land and happened to be “in the yard right beside me” at the time.

The farm was the focus of Ivan’s day-to-day activities. Participation in a special interest farming group brought him into contact with other and younger farmers. A daughter, Katrina, and a sister lived within relatively easy commuting distance. His other children were in telephone contact, made occasional visits and “had taken it in turns” to care for him immediately after his last operation. Ivan had five sisters and was in contact with all of them by telephone, although one sister visited regularly. Ivan enjoyed these family connections.

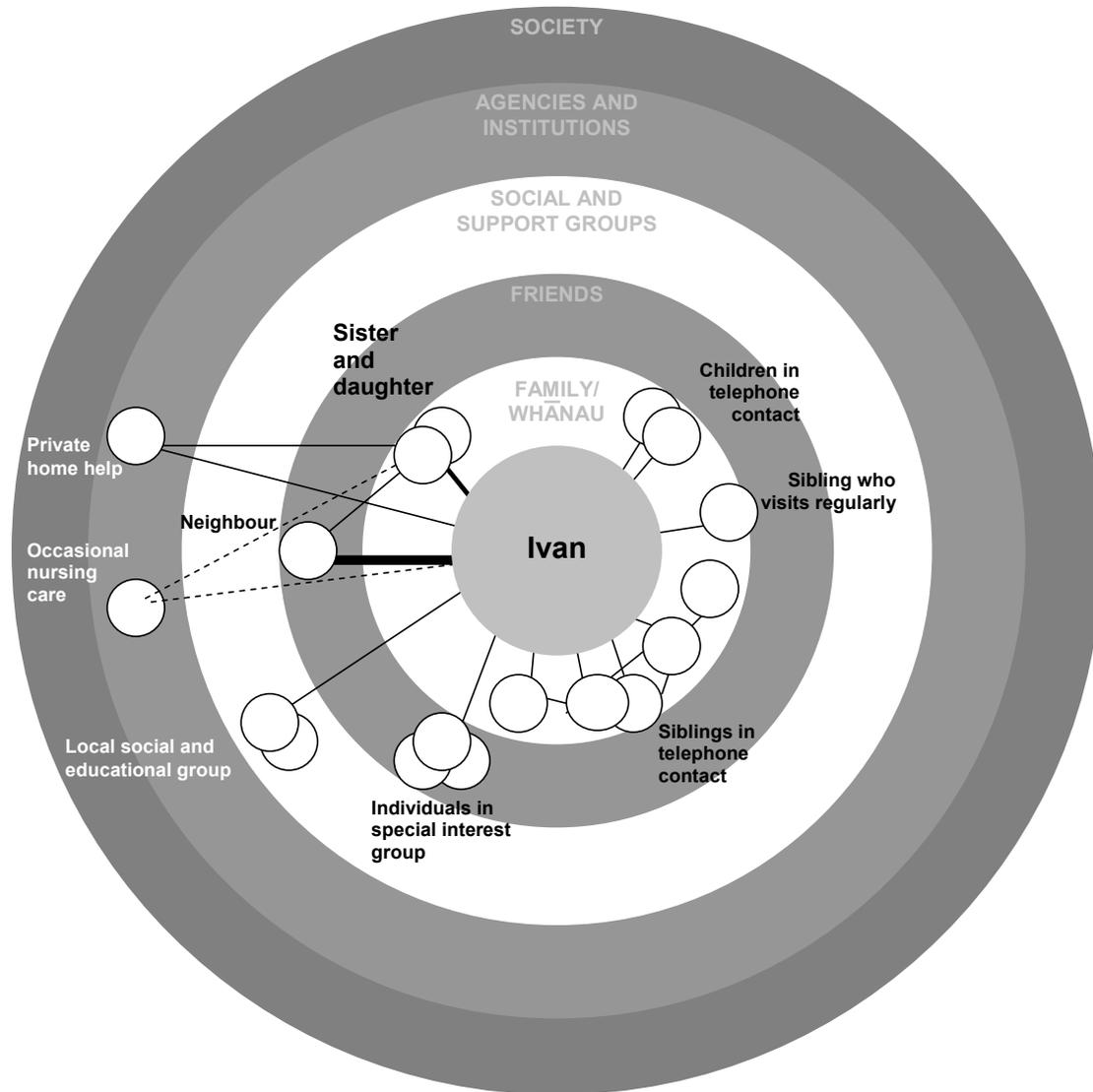
Katrina visited and provided meals as she was able, having some health problems of her own. Both she and Ivan used the local rural post as a means of sending food parcels or shopping orders, and on occasions used it as a taxi-service for Ivan. As he put it, the mail van: “has come and picked me up, taken me to town no charge ... Katrina uses them a bit too. She puts a parcel [of food] in and out it comes.”

For Ivan, the person of most day-to-day importance was his neighbour Jeremy. Ivan described Jeremy as both “mate” and “lifeline”. Ivan was fond of all his family but is also realistic. As he said: “Neighbours are more important than relations because they’re there beside you. Relations you can get to at times, but neighbours were ‘Johnny on the spot’.” Jeremy “kept an eye” on Ivan. He was in the habit of visiting “about 6, quarter past 6 of a night, has a couple of pints and we chew over the rag and then he goes home ... he’s not here every night but he is most nights”. Jeremy also helped out with maintenance on the house: “If the chimney wants cleaning he does that and if the water wants testing he does that.” Jeremy’s help was provided as a friend. Ivan reciprocated by charging Jeremy a minimal rate for the use of his land to run stock.

Jeremy also played a role in Ivan’s health care. Ivan had a medical alarm which he said gave him “peace of mind”; it was organised by the District Nurse. Ivan felt he could “go anywhere on the block” knowing that St John’s Ambulance would be alerted if the alarm was activated. As a result of one farm accident, Ivan had spent some time in hospital – which he was grateful for but did not enjoy. When he was eventually discharged, Ivan “had no end of problems, no end of problems” with bandages and could not find any nursing help. As his daughter explained: “There was just nobody to do it ... it was not a matter of the money” but “a matter of not being able to find anybody to do it.” Katrina rang around all the agencies she could think of to find one that would help: “It astounded

me, absolutely astounded me, but no.” This was where Jeremy’s help became invaluable since he visited twice a day to do this nursing care.

Figure 1: Ivan’s network and resources accessed



On Ivan’s discharge from hospital some home help was organised but this arrangement was not successful. Ivan explained that the home help: “came for a fortnight or three weeks, I think, and she did things differently. She was keen and that but she wasn’t allowed to do windows or wasn’t allowed to do quite a bit.” He preferred now to pay for his own home help, organised through Katrina, because this home helper “does whatever”.

Ivan’s support network (Figure 1) can therefore be seen to be community-focused in crucial ways. Except for Katrina who lived locally, family members were more important socially and emotionally than for providing practical help. In meeting Ivan’s daily needs, the key person was Jeremy, with a back-up of paid home help.

This meant Ivan could be vulnerable, despite his assets, stoicism and ingenuity at problem-solving. Although his financial resources might allow him to buy some home help on his own conditions, the fact Ivan lived rurally meant services were often not available at any price. Fortunately, Ivan's very good relationship with his neighbour Jeremy currently filled the gaps. However, there can be no guarantee Jeremy will be able to play the role of primary support indefinitely.

As can be seen from plotting Ivan's social networks and supports as an ecomap of family, friends and community or agency supports, crucial daily supports are community-focused in that Jeremy, a single neighbour, played the key role. Formal state-funded supports and services were of limited use. Health services took good care of Ivan during the phase of emergency care but they could not provide appropriate follow-up services. Although family members rallied when they could to provide care during recuperation, they could not undertake ongoing nursing tasks. Ivan's resources for ongoing help were not guaranteed since they depended upon a single obliging neighbour.

Lionel

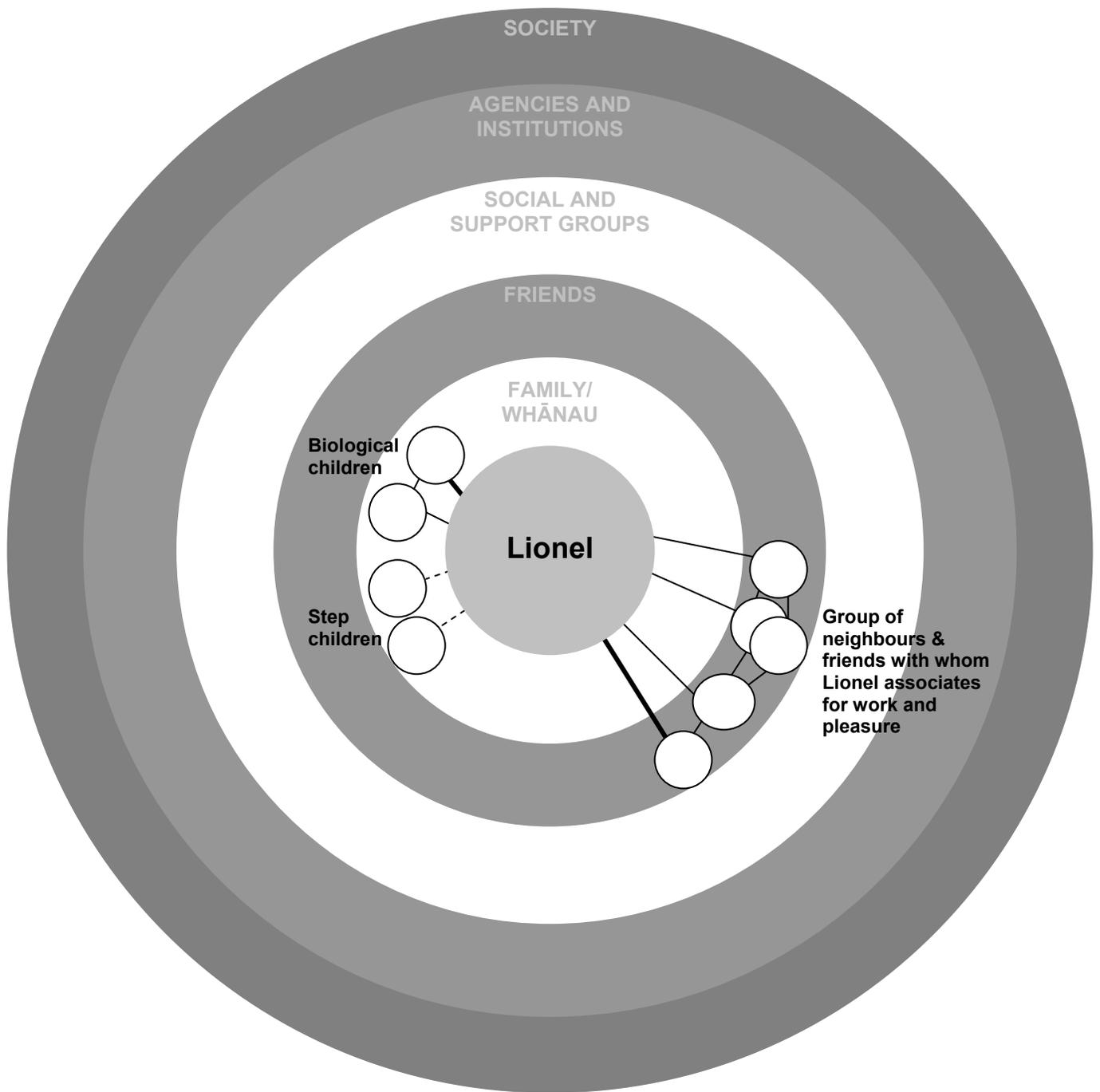
Lionel was an active man in his 80s. His networks within the community were extensive, and he had accessed formal supports and services through his own initiative. Lionel was born and has lived all his life in Christchurch apart from a few years during the Second World War. He married in 1942, and he and his wife built the house he still lives in. Lionel and his wife had three children quite close together, but after 28 years of marriage, Lionel's wife died. Lionel remarried the following year to a woman with several children and "we all lived in this house". He said: "These years were the happiest days of my life." They had a boat and a holiday house in the Sounds with boat access only, and the family spent many happy holidays there.

When Lionel's second wife became ill, he nursed her until her death in 1996. Towards the end of her life she was confined to a wheel chair and they had a ramp built on to the house for access. Apart from the Nurse Maude organisation, a provider of home-nursing services, who "came around a couple of times a week", Lionel provided the primary nursing care for his wife. Her death left him exhausted. At about the same time, he had serious health problems but with successful surgery had made a good recovery, although there were some ongoing health issues.

Lionel was impressively active and organised. He had a medical alarm, but preferred to use his phone in the case of an emergency. He relied heavily on his phones and explained that he had: "three phones if I need them, plus one in the car. I take the cordless in the garden with me in case I fall over."

When Lionel turned 60 he retired and "went straight onto the War Pension" although he continued to do "odd renovating jobs" for another few years. Lionel also received the Living Alone Payment and had his lawn mowing paid for through a Disability Allowance from Work and Income. Lionel had a mobility sticker for his car and taxi chits if he needed them although he preferred to drive himself wherever he went. Recently he had seen an: "advertisement in the paper that said that if you have an open fire then the council will provide insulation and a heat pump [free]. I applied and was accepted." As a result, Lionel's house is warm and dry with the newly installed pump in the dining room: "It's been a great boon."

Figure 2: Lionel's networks and resources accessed



Of his children, Lionel had most contact with his daughter from his first marriage; she lived a short drive away and “pops in once a week and checks in on me”. Not long ago, she “paid for Hire a Hubby to clean the place”. His eldest son from his first marriage also kept in contact with him, although he lived “a couple of hours drive away”. Lionel’s younger son came and lived with Lionel from time to time. However, Lionel described him as “somewhat of an itinerant” and did not know his whereabouts between times. Two of his step-children lived locally and one in another city, but in general, Lionel said: “I don’t see a lot of my family ... we mainly keep in touch by phone.” As a result of his second marriage, Lionel felt he had limited options: he explained that if he sold up, half

the estate would be inherited by his stepchildren as they were the beneficiaries of his wife's will.⁵

Lionel had a wide circle of active and rewarding social relationships (Figure 2). He had lunch with a relative every Friday and then, together, they took her neighbour with Alzheimer's disease grocery shopping. Lionel spent a lot of time with one particular friend, Joe. Lionel and Joe played cards regularly with a group of friends and belonged to several lawn bowls clubs. They also went on regular car trips around the South Island together. They had been to a variety of locations. At the time of the interview, Lionel said: "Joe and I are planning a train trip to Greymouth. We share all expenses so it's cheaper than if we went on our own." Lionel was also a keen gardener and dug over his 12 by 6 metre garden as a form of exercise. Lionel's family and friends were the happy beneficiaries of his gardening efforts as he supplied them with home grown vegetables almost all the year around. Lionel had other personal interests including the study of history and geography. He kept himself informed on these matters by watching Sky television programmes. He had also started to compile an historical account of his own war time years. "It is a tribute to my mother and father," he said.

Lionel was philosophical about his life. Although his "happiest years were from 1960 to 1990" and he took "every day as it comes", Lionel had made plans. After the death of his second wife and as a measure to safeguard the future, Lionel "booked" himself into a home for ex-veterans should he ever need to sell up;⁶ he has even written his eulogies and obituaries. Nevertheless, he was "hanging on to his independence for as long as possible", and the family home "holds a lot of happy memories".

Lionel was highly ingenious and strategic. He had a strong community-focused support network of friends and neighbours. Moreover, he had the disposition to research and gain access to the formal helps and supports that were available. Lionel's contact with his family was variable; apart from one daughter who monitored him on a weekly basis, Lionel did not call on family for day-to-day or regular support although he was never far from his phone to cover emergencies. He was unusual in giving thought to the possibilities of failing health or being in need of residential care.

Maria

Maria took great pride in her Greek ancestry. Both parents were immigrants. Her father came from a Greek island where he lived "only a few paces from the beach". Maria had visited Greece, but had never had the opportunity to return to the ancestral island, its villages or churches, as her children and grandchildren had done. Maria married a Greek-Cypriot immigrant who strengthened family ties because he was "very close" to her family. The loss of her husband, at a relatively early age had been a great sorrow, "but the only good thing is I did have a good husband and I have got happy memories and my kids, they're the most important thing". Maria had managed to maintain the family home and rear her children, staunchly instilling the work and study ethic, which she felt characterised Greek tradition. She was proud of all her children's achievements, felt close to them and had "always been very, very involved with the grandchildren".

⁵ This problem may be overcome with joint tenancy titles to property. Lionel's legal arrangements were not discussed with him.

⁶ There are various requirements for entitlement to government-funded residential care. See for instance <http://www.moh.govt.nz/moh.nsf/indexmh/hop-longtermresidentialcare-questionsanswers-residentialcare#criteria> (accessed 20 March 2008). These issues were not explored in depth with Lionel.

The family property had been large with an older style house. After 20 years of “persevering” Maria found the rates and maintenance had become too heavy a burden. She then also had a security scare. Arriving home from a family function, she found the house had been burgled: “So the reason I left was really mainly financial and that it wasn’t safe. We got burgled ... many times ... they damaged the house to get in, so it was too expensive and ... it wasn’t a safe environment.”

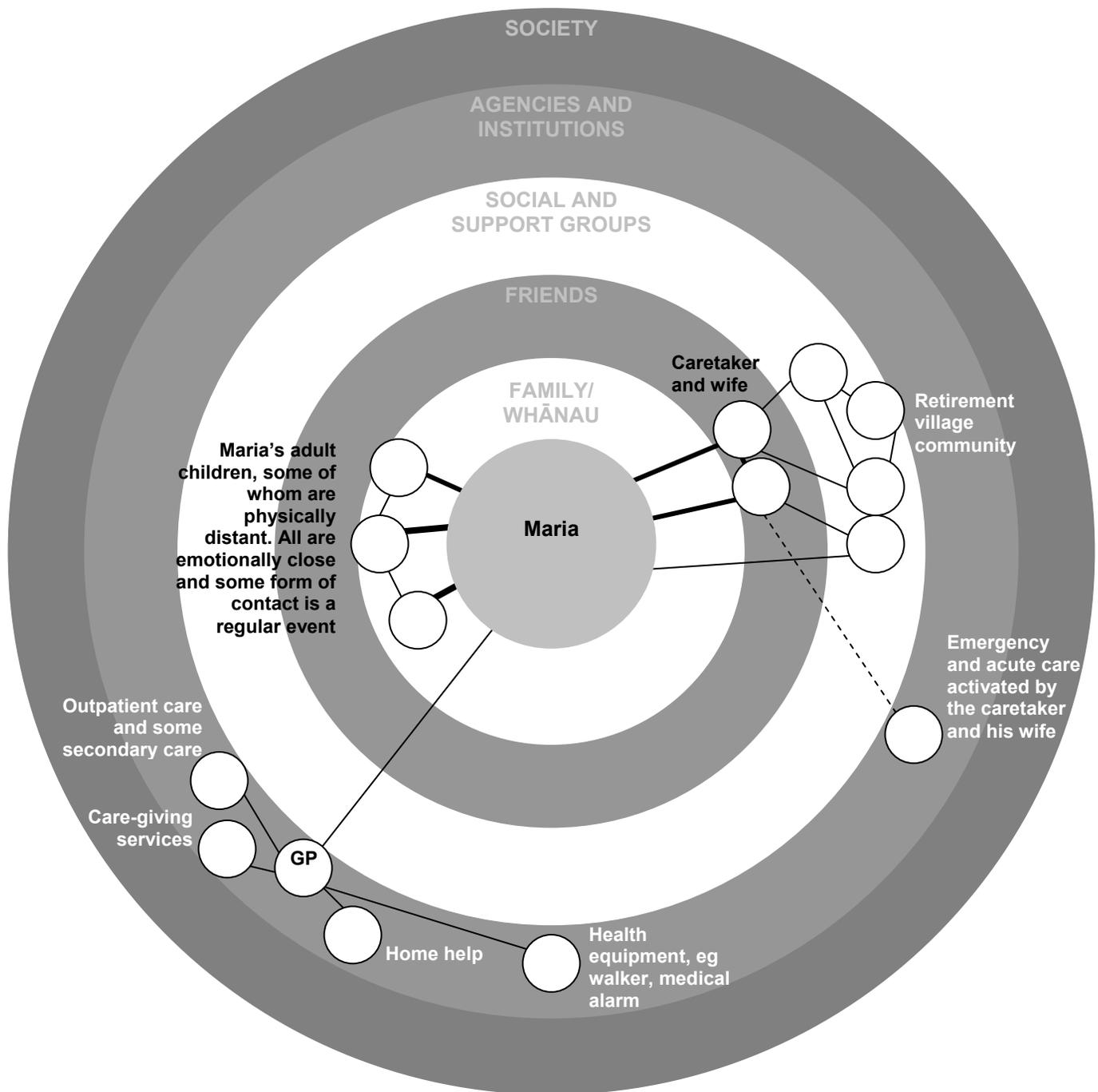
Maria then spent some time deciding on the kind of environment she wanted to live in. Maria chose to purchase in the same area as the family home although her family would have preferred her to shift closer to them. She relished the retirement complex into which she moved. The units themselves were small. “They’re like little dolls’ houses but they serve their purpose,” Maria declared. But importantly, she had access to convivial neighbours of her own age. As she put it: “There’s always someone. I’ve got the door open and people will call in a minute or I wave hello. You know what I mean, and so you don’t feel lonely. And because the family are very, very good to me, thank God. That’s something you can’t put a price on.” Shopping was close by and security ensured. Maria was “so glad I’m here”; with a protective fence, light beacons, security locks on doors and windows. “Most of all, I’ve got the most wonderful caretaker and his wife.”

In many ways, this caretaker couple had become the practical support of Maria’s day-to-day life. They were not only the paid caretakers, they were friendly neighbours who, as Maria put it: “keep an eye on me ... They come to see me everyday.” When they went down to the shops they would call out: “Maria do you need anything? They’re, ... they’re that sort.” Maria needed such friendly surveillance. Recently, when reaching for her medication at breakfast time, she: “crashed on the floor, and I couldn’t get up again ... You know I couldn’t get up and I was there for six or seven hours.” No action was taken until the caretaker’s wife was fortuitously alerted.

Although Maria had home help and caregivers funded through the district health board (DHB), agencies could not always provide suitable help at the time of day it was needed for her medication regime. Maria sometimes felt she was obliged to settle for unreliable help rather than receiving no help. Home help did specified tasks. “She’ll vacuum you know, whatever and do the floors,” but they “don’t know what to do” when further initiative was called for. The caregivers were “nice people” Maria declared, but they lacked initiative. On a recent occasion, Maria had been so ill she uncharacteristically refused breakfast. Her caregiver realised something was wrong but exercised no resourcefulness to get help. On the other hand, Maria praised hospital inpatient and outpatient care; they were “wonderful girls” and Maria felt she had “good back up” with her current arrangements.

Nevertheless, there were problems. As the cohort in the retirement complex had changed over time, there had been arguments between residents over parking, gardening and other matters. Maria was philosophical: there would always be “funny people”.

Figure 3: Maria’s network and resources accessed



Overall, Maria had gained new acquaintances and peace of mind in moving to the retirement village: she had security, maintenance services like gardening and lawn-mowing and easy access to shops and other community facilities.⁷

⁷ New Zealand research shows that the residential care and retirement village market is changing from one where church organisations played a role, to one controlled largely by Australian businesses (Grant 2006; Greenbrook 2005). It is not clear whether Maria's happy experience of the past will continue to characterise retirement home communities.

Although Maria, unlike Ivan or Lionel, had used the retirement village option to buy an informal network of care and support, and although she had accessed relevant services for her ongoing physical limitations, she did not have a substantial asset base to fall back on and convert into supports like live-in nursing care which might become necessary. Although Maria's children did want to respond and provide the family-based services and support their Greek culture took for granted, in practice they were in many ways limited, not least by Maria's own stalwart sense of independence.

Maria's general practitioner was effective in organising assistance for her and had set afoot the needs assessment which secured her some home-help services and resources like a walker and a medical alarm. However, as a diabetic, Maria needed assistance and meals at regular intervals, but there were difficulties getting help during evening hours. Although the medical alarm meant she could call upon help independently, she was also in some need of systematic monitoring which was by default provided by the caretaker and his wife. Her social support network was therefore a combination of family, neighbourhood and formal support services (Figure 3).

Alofa

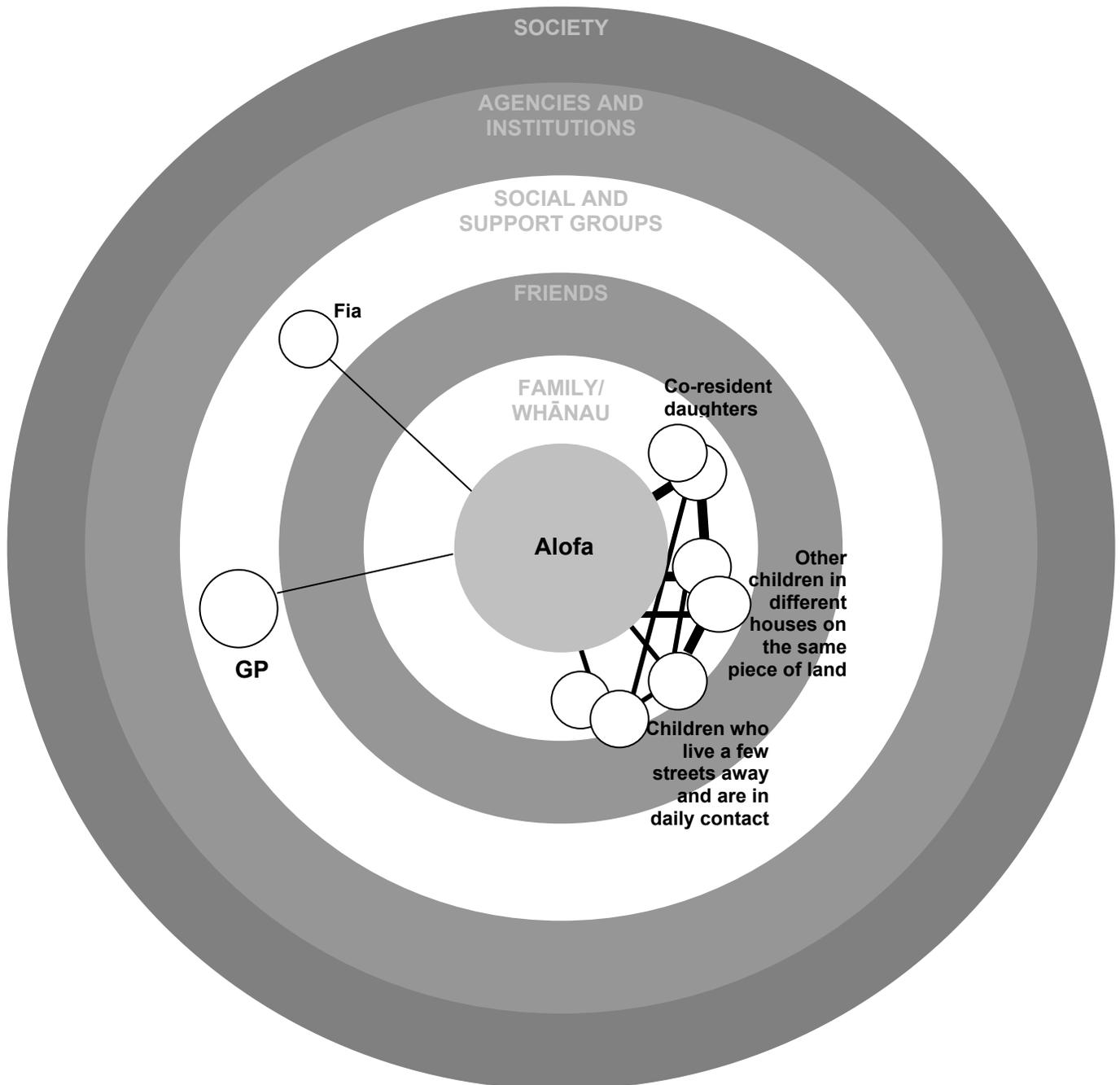
Alofa's support network was firmly family-focused. Alofa had arrived with her husband from Samoa in 1960. Not long after the couple acquired a large urban section which now housed several dwellings. Alofa has been a widow for a number of years. While her interests had always been strongly family-focused, and some adult children currently lived with her, Alofa had been staunchly independent: "I have many children ... [but] I could never expect my children to do things for me, as I like my independence you know." She liked to give warm and generous hospitality to her family and guests: "I make sure I am around for everything to take care of visitors, prepare food for them when they come and visit me." Recently, however, when Alofa had a series of strokes, this pattern changed. Alofa was hospitalised as a result of her heart condition but because of the poor level of her general health the decision was made not to go ahead with any surgery, and she was discharged back to her own home. "So I was brought back home, because I wasn't able to have surgery. So I told my kids that the best thing to do is to bring me back home and wait until it's time for me to go."

At first Alofa had needed constant help: "I needed someone to help me stand up, and someone to help me sit back down." On discharge Alofa had initially needed a number of formal services in place to help her and for about two months, Meals on Wheels provided a hot lunch until Alofa was strong enough to prepare her own food. She finally resumed many of her former ways. Over time Alofa regained her strength: "You know I'm feeling very healthy now and very strong." She said the crunch had come when she was considering a wheelchair: "You know I was ready to look for a wheelchair ... but then I decided to try and get up and do things. I'm feeling strong, because if you're lazy, well you're really in a wheelchair ... I'm able to catch the bus by myself again and that kind of thing." Her general practitioner had organised a discount card for buses and taxis "so now when I go shopping I take the bus and come home by taxi". She also had a medical alarm.

Some services provided by the district health board (DHB) were less successful since they were either inappropriate or at odds with Alofa's sense of independence. At the time of her discharge a young woman, "a girl", came to "help me with the cleaning ... you know when ... [I was] quite immobile and couldn't walk around to do my cleaning". But that arrangement did not last and, after about three months, Alofa: "told her to just go and see other elderly people who need her help more than me. I'm strong enough to do

my own chores.” The DHB had also set up a person to provide 24-hour care, but Alofa terminated it. Alofa considered the situation extremely inappropriate. She felt “sorry for the girl” but: “I never allow my kids to go and help another older woman like me. No you go to school.” Alofa had a proud sense of independence: “I don’t like anybody to come here. No, thank you very much.”

Figure 4: Alofa’s networks, supports and resources



Alofa’s main source of social and personal support and comfort were her children. “I have many,” she said and: “my children are so helpful ... I always have one of my kids to take me to the hospital or doctor’s appointments when I need to go. ‘Cos you know if my

English was good, I'd have no problem going on my own." Apart from the two co-resident adult children, "the ones who look after me daily", she had other children who "usually come and visit me and bring food, and they take me places". Alofa's daughters regularly gave priority to their mother rather than job and other commitments. This was essential because of her limited English.

The local Samoan community was important, especially the day centre or Fia, where she went for "fun" and where, as she regained her health, Alofa resumed making traditional costumes. But Alofa recognised that traditional ways were changing in the New Zealand Samoan community. "In Samoa," she said, "you know the Samoan custom ... all [the villagers] look after one person" whereas in New Zealand, younger family members alone care for their older people. Thinking of the future Alofa was reconciled to the possibility of some sort of residential care. She said of her two daughters who lived at home: "when the kids can no longer look after me, I'll go to a rest home. The doctor said, the lawyer said my house is in my name. Well, I've already said that if I need to be put in a rest home, then sign over the rights [to] the house to my daughters that I live with."⁸

Alofa's support network was largely family centred (Figure 4): not only did her daily support and help come from family members, but those family members 'brokered' all state services and supports in that they had always to be present as translators and advocates. This required detailed planning by Alofa's daughters, who were professional working women and not easily able to take time from work to help their mother. Moreover, Alofa had in the past not welcomed strangers as home helpers; this meant it could be difficult if Alofa ever had to move to residential care where she would be looked after by younger professional staff who were strangers and were unlikely to speak any Samoan.

Aroha

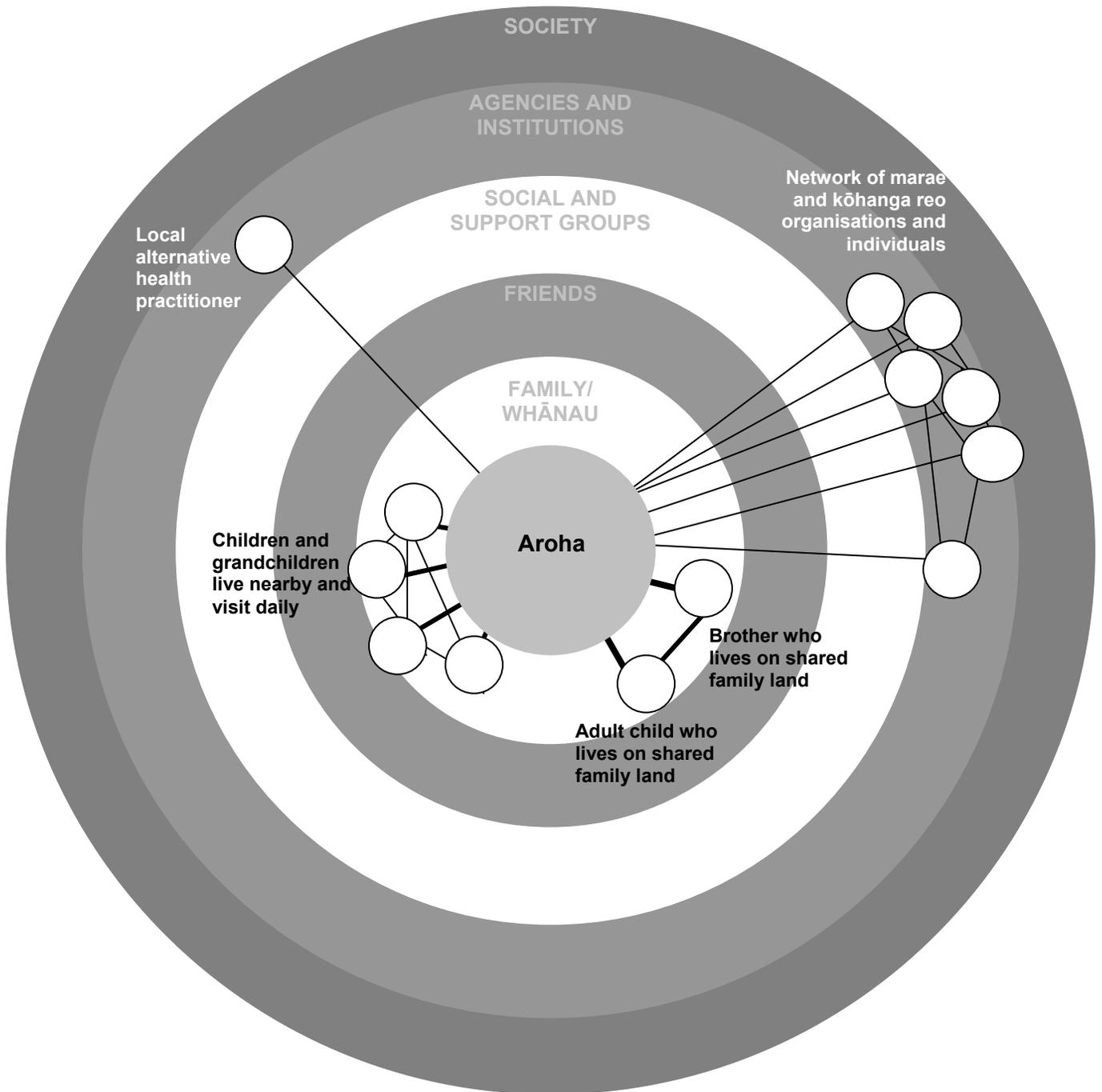
Aroha's extended family had always been her main support network, with ties being close, warm and reciprocated. When Aroha married in 1955, she and her husband set up home in the area and when her father died Aroha's mother suggested Aroha and her family move in with her to the homestead on her family's ancestral land. As Aroha said: "we moved back in and looked after Mum at that time." The ethos of family care is very strong in Aroha's family. Throughout their mother's terminal illness Aroha and her sisters provided full-time care and nursing. During this period Aroha was also working as a nurse and taking care of her own five children.

Aroha's husband developed health problems in his early 50s and Aroha nursed him for the remainder of his life. Aroha was also coping with her own poor health as she suffered from rheumatoid arthritis. "I eventually finished work ... I had to retire." Circumstances were then hard, but relieved when one daughter returned home and "paying board ... helped us out". Nevertheless, nursing her husband was: "pretty hard ... It was getting a bit too much for me." Then Aroha's twin brother stepped in. George "came to shower [my husband] ... and that relieved me of all that part and I was able to get other things done". The level of nursing care that Aroha's husband required also prevented her from keeping up with friends: "I sort of lost contact with friends and that. I couldn't socialise and I couldn't do much."

⁸ There are legal requirements when gifting property and also regulations about the amount and timing of gifting of an estate, and asset and means tests are applied to establish entitlement to residential care support. Alofa had clearly had legal advice but was explaining in lay terms and with limited English. See <http://www.moh.govt.nz/assettesting> (accessed 2 April 2008).

Currently one of Aroha's sons lived in a flat at the back of the homestead. Aroha cooked for him and took care of all the household tasks, but he paid board, paid half the groceries and helped out with the payment of various bills. One of Aroha's brothers lived in another house on the property and helped Aroha out by mowing the lawn. "I've been very fortunate there."

Figure 5: Aroha's networks, supports and resources



The family have effectively provided all the support and help that might have been accessed through state-funded services. But Aroha is very independent-minded and did

not relish asking even her children for help: “I didn’t rely on them,” she declared. However, during the time of their father’s illness, Aroha’s children did step in and organised a respite trip to Australia for her, and a family trust had been set up with a view to her future support.⁹

Although for Aroha in some ways caring for others was a burden, it was also a boon. As she said, with the advent of grandchildren: “I’ve started all over again” but “all that keeps me on the go and I think that’s what is sort of helping me.” Although she lived on ancestral land she took no leading part in the local iwi organisations but preferred to help out behind the scenes with tasks like catering. Aroha did not plan great change for the future. “I haven’t thought that far,” she said. But she could move into the bach, “we call it the bach but ... it’s a fully self contained flat” located on the same block of land.

Altogether, Aroha had a very robust family-centred support network (Figure 5), with a strong asset base. Her extended family not only provided practical help, social support and valued her role as caregiver, but they had organised financial resources to enable Aroha to maintain quality of life on the family property. Her role within the extended family provided a world that was busy and convivial.

⁹ There are regulations and legal processes to be followed in doing this, eg see <http://www.publictrust.co.nz/> (accessed 20 March 2008).

Discussion

Themes emerging from the case studies fall into one of three natural groupings. Firstly, the personal factors that relate to each of the individuals concerned; secondly, the role of the state and state-funded agencies; and thirdly, the general topic of hardship and the use of assets.

Personal characteristics

The study has identified the following factors and personal characteristics that enable older people to continue to live in the community.

Having good health or the ability to deal with declining health

Physical and mental health are of key importance, and a decline into vulnerability or dependence is not inevitable. The physical health and wellbeing of the older people we talked with varied greatly. Some, like Lionel, were spry and in good spirits; others like Alofa, had managed to improve their health. Those whose health was deteriorating were both ingenious and stalwart in compensating for disabilities or potential emergencies. Ivan, for instance, was in the habit of strapping his crutches to his farm bike so he could work on his farm; Maria had used her resources to provide security, home maintenance, and sociability despite deteriorating health. Lionel ensured he always had a phone at hand whether driving, gardening or being in the house.

Having a sense of self-efficacy

There is a substantial body of research on the differential effects of gender in ageing (Barnes & Parry 2004) and some researchers have argued that both men and women with flexible identities are likely to find retirement and old age less painful than those with strong occupational identities (Schofield, Davey, Keeling & Parsons 2006). Our exploratory research confirms other research (Keeling 1999; Grewal, Nazroo, Bajekal, Blane & Lewis 2004; Barnes & Parry 2004) which suggests that the issue may be more complicated than this. While flexibility is important, it was more important among the people we spoke with to have the ability to retain a sense of in some way being a competent independent person.

'Independence' meant different things to different people and it did not preclude 'interdependence'; indeed that could be what was meant.

For some like Lionel, Ivan and Maria, a sense of independence from the family was important: despite Maria's conscious pride in her family as part of her Greek heritage, she acted independently of younger family members in many day-to-day activities; Ivan was appreciative of family help, but was doggedly independent from them nevertheless; Lionel was emotionally close to some members of his family, and appreciated when they took special steps like having his house professionally cleaned, but he was highly independent of them at the day-to-day level.

For others, independence meant an independence within the family, and was often used to mean interdependence: Aroha's world was largely one of family. She gave high priority to caregiving for younger family members and was, in turn, cared for with financial and practical tasks. Alofa was explicit about her independence and importance within the family. Although she needed her children's support and services like translation, she retained her role at the helm: "I don't like [just] anybody to come here. No, thank you very much."

Being able to continue meaningful activities

While ageing inevitably takes a toll whatever the resources of individuals (Dumas, Laberge & Straka 2005) research also suggests that leisure preferences are a key factor to resilience in old age. For example, Nimrod & Adoni (2006) reported that those with passive leisure styles (like TV viewing or visiting shopping malls) are likely to be less satisfied in old age than those with more active leisure styles (like taking part in sports). Our study found this was not necessarily so. The key factor was rather the degree to which people could retain the lifestyles and leisure choices of earlier life.

While some research suggests maintaining the activities of earlier life may be harder for men than women (Wandel & Roos 2006) the older men we talked to did manage to retain their habits of a lifetime: Ivan still worked his farm and Lionel still maintained a bountiful garden. Similarly, the women maintained their life-time habits: Aroha continued to be a caregiver, Alofa maintained her cultural traditions by sewing Samoan costumes, and Maria continued to enjoy the hospitality and traditions of her Greek family heritage.

Having good support networks

All the people we interviewed had good community-focused or family-focused support networks. Based on over 20 years' research, Wenger (1996) has shown how different types of support networks evolve over time and how they behave in predictable yet complex ways in light of the changing needs of older people and of the services available to meet those needs. In our study individuals had support networks that, to varying degrees, lay along a continuum from family-focused to community-focused networks (Figure 6). In family-focused networks extended families were the main sources of day-to-day support, care and camaraderie. In community-focused networks, extended neighbours and friends fulfilled those roles (Keeling 2001).

Older people in community-focused social networks may be resilient when they know how to search out and gain access to formal supports and services. However, they may be vulnerable if they don't know what supports are available to them, or they are too reserved to take the initiative to get access to entitlements. They may also be dependent on a very small number of key support people who may themselves have other competing demands and may not be able to play a key support role indefinitely.

Older people in family-focused social networks, in contrast, may have many family members to support them, but this may be at a cost to those family members. This is often not recognised and compensated for in any formal way. If such families have a small asset base, they may in effect be penalised when commitments to older people prevent younger family members working or studying to advance their own prospects. Moreover, family networks may be insulated. Even the younger members may not know what formal supports and services are available or how to get access to them.

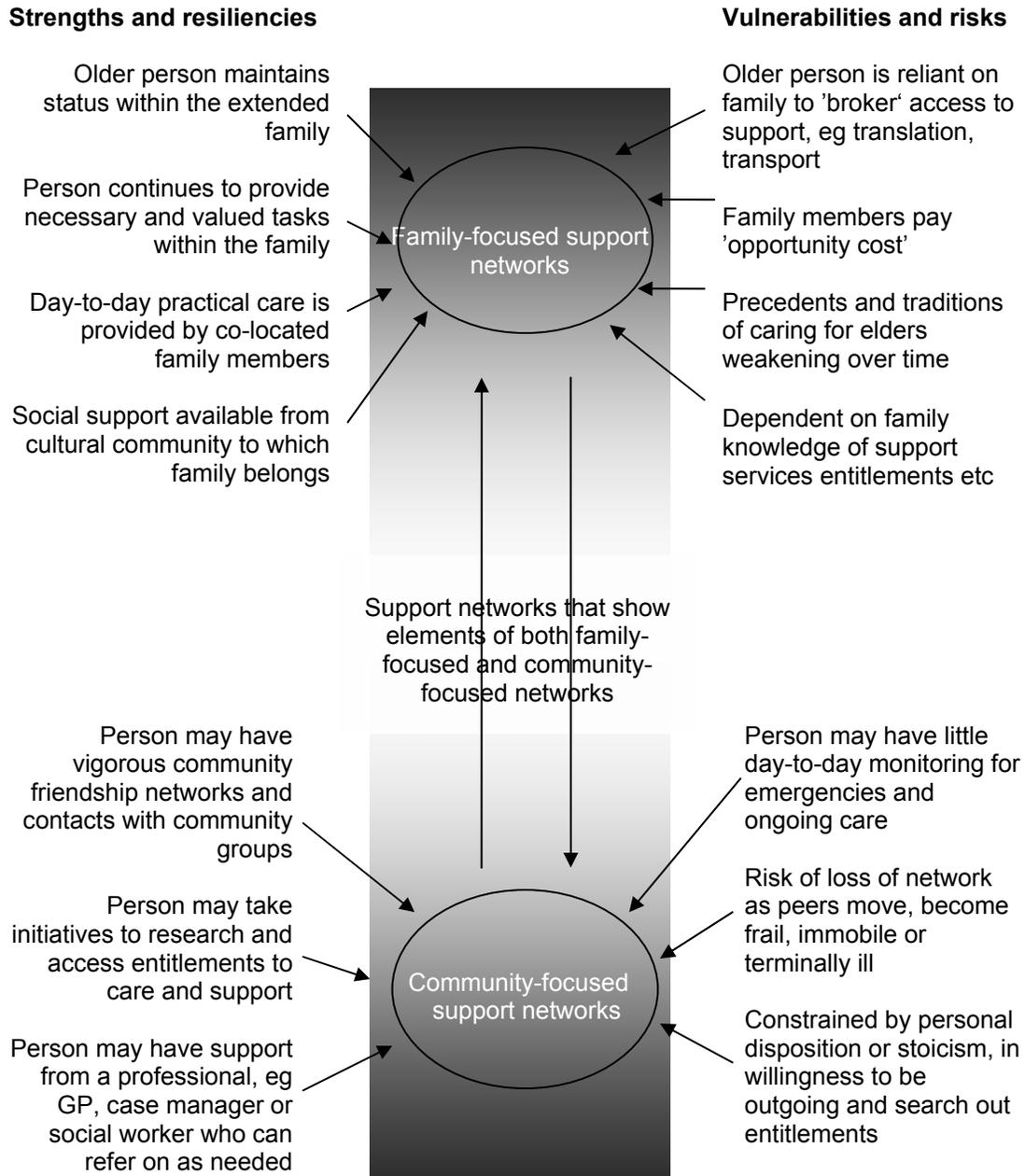
State-funded services and supports

State-funded services and supports are most successful when they are what the older person wants and when they dovetail with informal care and support.

To be successful services must fit the older person's priorities and preferences. This, for instance, may be for shopping rather than for window cleaning, or for changing light bulbs rather than for dusting. In our study, agency work contracts often limited work to specified, inflexible tasks. Thought will need to be given to how contracts with home-help

agencies can be structured to provide services based on what the older person most desires, and to allow flexibility.

Figure 6: Continuum of support networks



There have been many calls to understand the needs of older people holistically. Analysing the circumstances of older people in terms of their social and emotional networks does this and demonstrates that there is a pattern in the variety of needs and supports required from the state.

Significant international research into older people's needs has been conducted (eg Breheny and Stephens 2007). The case studies discussed here indicate that analysing individuals' support networks, the resources they provide and the vulnerabilities inherent

in them, shows how individuals have different profiles of need. Further, the state-provision of services does not 'crowd out' and weaken family and community support (Motel-Klingebiel, Tesch-Romer & Von Kondratowitz 2005). On the contrary, when state services are modelled to fit in with and accommodate the informal services provided by family networks they prove to be highly effective.

Dealing with financial assets

Previous research by the Ministry of Social Development (2006) shows that living standards are higher among older New Zealanders than among the working age (18–64 years) population. This in part reflects their higher levels of home ownership.

The older people we interviewed with their own freehold home had different ideas about what use to put it to as a financial asset. A small number were willing to cash up their home to fund the lifestyle they wanted, but others were not. These, like Lionel and Alofa, wanted to hand on their asset intact. It is by no means certain that they will be able to do so. For instance, in Alofa's case, if she enters state-funded residential care there are means-testing requirements to be met which will almost definitely involve utilising the equity in her home.

Ivan's situation presents another matter. An emerging issue is the need for good information about legal arrangements for joint property in cases of remarriage. Remarriage and blended families had limited the options of some of the older people we talked to. They were not able to sell and buy more suitable living arrangements since stepchildren had inheritance rights when the family home was sold.

Impact on family supporters

Research previously conducted in New Zealand has demonstrated that supporting older people often imposes predicaments on younger family members (Davey & Keeling 2004; Phillips, Bernard & Chittenden 2002). Perhaps as many as 10% of New Zealand women who are in professional, technical and clerical work, have caring responsibilities for older family members (Davey 2004). The predicaments of the 'sandwich' generation¹⁰, in particular, are only likely to increase as governments turn away from encouraging early retirement. Mid-life workers will have to work longer, yet still have their own older family members to support (Davey & Keeling 2004). We found these sorts of problems can be difficult for support people in all kinds of social networks. In both family-focused and community-focused networks, support people had to juggle commitments.

The issue of competing demands on mid-life workers seems likely to increase in the future. Research has suggested that improvements to life expectancy have increased the likelihood of three-generation family structures among all cultural groups. There are likely to be competing roles for individuals in mid-career, supporting both ageing parents and adult children who have left home (Hillcoat-Nalletamby & Dharmalingam 2003). Little is known about how these interactions change over time or why they occur (eg changes in levels of state support, or in the circumstances of individuals), what trade-offs exist (eg does the sandwich generation divide resources equally), what opportunity costs are incurred and what level of need remains (Grundy & Henretta 2006).

¹⁰ The 'sandwich' generation refers to people who care for their ageing parents while supporting their own children.

Challenges for the future

Previous work has shown that health and support services for older people need to achieve the best fit with the informal, natural networks of support and care (Keating, Otfinowski, Wenger, Fast & Dersken 2003). The informal supports that work successfully for older people need to be as robust as possible. This will mean supporting the informal support people, though formal care will still be required. It is clear from our study that formal care needs to feel friendly and flexible. The challenge for the future is to design formal services and supports that recognise the different kinds of vulnerabilities older people have and which enhance their networks of informal care and support.

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