Breaking Barriers:

Understanding the social connection challenges of older adults

AN AUCKLAND AND TAURANGA PERSPECTIVE

AGE CONCERN AUCKLAND
He Manaakitanga Kaumātua Aotearoa

cht care homes

TABLE OF CONTENTS

Executive **Summary**

Overview

In an increasingly interconnected world, the stark reality of loneliness and social isolation among older adults reveals a hidden struggle, profoundly affecting their quality of life. As our global population ages, addressing these issues becomes increasingly urgent. This research report delves into the intricate web of barriers that hinder older adults' participation in social connection opportunities in our communities. Understanding these barriers is essential to creating effective interventions aimed at mitigating loneliness and social isolation among older adults, ensuring that ageing well is inclusive and attainable for all.

What's the Problem?

Understanding loneliness and social isolation among older adults is critical, with Covid-19 merely bringing to light the issues that have been a growing concern for years. Loneliness and social isolation impacts both mental and physical wellbeing, leading to reduced quality of life and high mortality risks, making it a significant public health challenge. Despite modern technology, meaningful social connections are decreasing, leading to what many call an "epidemic of loneliness."

Key Numbers

LONELINESS

59% of research participants had recently felt lonely and/or socially isolated.

30% of those lonely or socially isolated reported experiencing it often, or always.

GENDER

63%   **58%**

More men, than women, had recently felt lonely or socially isolated.

AGE

73% of older adults aged 65–69 are lonely, challenging the belief that they need less help with social connections.

SOCIAL MEDIA USE

75% of lonely older adults were social media users, contradicting the idea of promoting its use to improve social connection.

DRIVING STATUS

63%   **37%**

Contrary to popular belief, almost twice as many older adults that felt lonely and isolated were still able to drive.

MARITAL STATUS

71% of widowed and 64% of divorced older adults felt lonely or isolated, the highest among all groups.

42% of married older adults also felt lonely or socially isolated, showing that marriage is not an assured protectant.

PERSONAL WELLNESS INDEX

100% of participants with the lowest subjective wellness scores (30-39) were lonely, while only 38% of those with the highest scores (90-99) experienced loneliness.

AGEING POSITIVITY

90%   **29%**

Older adults with the lowest (1) positivity levels had three times the prevalence of loneliness than adults with the greatest (5) ageing positivity.

SOCIAL CIRCLE

93% of older adults with only 1-5 contacts in their social circle were lonely, as opposed to 37% of those with 16+ contacts.

FINANCIAL SECURITY

100%   **47%**

All older adults with the lowest subjective financial security (1) felt lonely or isolated, yet significant loneliness persisted even with the highest (5) financial stability.

ACCOMMODATION

70% of older adults living in social housing stated they had experienced loneliness or isolation, the highest level among accommodation types.

60% of older adults that own their own home also reported feeling lonely or socially isolated, due to the substantial portion who live alone.

Key Themes

GLOBALISATION AND CHANGING FAMILY DYNAMICS

Globalisation has led to dispersed family structures in New Zealand, causing older adults to experience loneliness and social isolation due to geographic separation from children and grandchildren.

New Zealand has a high number of citizens living abroad, particularly in Australia, which ranks first in the OECD for the number of highly skilled citizens living overseas. This emigration contributes significantly to the loneliness of older adults left behind.

Older migrants, especially in Auckland, face acute geographic and social isolation due to language barriers, lack of culturally specific services, and the reliance on their adult children who may also relocate for career opportunities.

HEALTH SERVICES

Older adults face increasingly high health insurance premiums due to higher claim rates and rising treatment costs. This financial burden forces many to have to drop their health insurance and rely solely on the public health system, not only is this adding to the already overwhelmed system considerably, but also creating a deep sense of vulnerability for the majority of older adults.

Delays in accessing non-urgent medical treatments, such as orthopaedic and cardiac procedures, significantly impact older adults' quality of life and social connectivity, contributing to feelings of loneliness and frustration. The anxiety, distress, and uncertainty caused by long wait times for medical treatment negatively affect older adults' mental health, diminishing their overall wellbeing and sense of autonomy.

Older adults in rural areas face significant barriers to healthcare access, including geographical distance, lack of transportation, and insufficient post-operative care services, leading to poorer health outcomes compared to their urban counterparts.

HOUSING

Housing is a critical issue for older adults in New Zealand, especially in Auckland and Tauranga. Housing greatly influences the health and wellbeing of older adults, however the current market's high prices and limited availability has severely hindered older adults' ability to find safe and suitable housing that enables positive ageing.

It has been predicted that by 2040 only half of all older adults will own their own home, down from 82% in 2001, leading to significant financial vulnerability in retirement. Older renters experience financial burdens, limited autonomy, and non-existent tenant protections, exacerbating feelings of isolation and economic deprivation.

There is a growing trend toward retirement villages, offering amenities and social opportunities to those that are lucky to be able to afford it. Their exclusionary nature leaves many on the "outside" feel left-out, adding to feelings of socially isolation. However, an over-emphasis on "independent living" is obstructing proactivity in encouraging potentially lonely and socially isolated older adults out of their units.

Social housing provides essential support for older adults facing housing insecurity. Yet, a critical shortage of social housing stock for older adults is going to become crisis with population ageing, which has already seen an uptick of aged homelessness. The current government's decision to halt social housing projects will be devastating.

POINT AND PURPOSE

Having a sense of purpose is crucial for older adults' overall wellbeing, enhancing both psychological and physical health. Those with high levels of purpose tend to have better health outcomes, including fewer chronic diseases and a longer lifespan.

A strong sense of purpose fosters resilience, enabling older adults to adapt to changes and cope with life's challenges, which is essential during the ageing process. This resilience helps older individuals view challenges as opportunities for personal growth, improving mental health outcomes.

Pursuing purposeful activities, whether through employment, volunteering, or developing hobbies, provides older adults with motivation, fulfilment, and a reason to wake up each day with enthusiasm. This sense of purpose contributes vitality and life satisfaction to the individual, but also huge benefits to the national economy and society as a whole.

CONFIDENCE AND SELF-ESTEEM

Older adults frequently encounter a decline in self-esteem, exacerbated by a psychological tendency known as negativity bias. This bias leads them to focus more on negative experiences and information, which overshadows positive aspects of their lives and contributes to a diminished sense of confidence. In conjunction with ageism, and self-directed ageism, which are both rife, positivity towards ageing is critically low.

The COVID-19 pandemic has had an irreparable impact on the confidence levels of older adults. The forced social isolation, health concerns, disruption of daily routines, and internalised ageism have heightened anxiety and diminished self-assurance, further contributing to a decline in overall confidence even in the post-covid era.

Media reports on scams targeting older adults has increased fear and mistrust in the community emphatically. The prevalence of such constant news stories can make older adults feel extremely vulnerable, and less capable of navigating life safely. This has resulted in low digital uptake, due to their real and perceived increased vulnerability.

Older adults experience grief and loss not only from the death of loved ones but also from the loss of independence, health, mobility, and social status, contributing to feelings of diminished personhood and increased loneliness.

The loss of a spouse is particularly devastating, leading to heightened health risks such as the "widowhood effect," where the risk of mortality increases due to stress and related health issues. About 10% of bereaved older adults may develop Prolonged Grief Disorder: intense sorrow, identity disruption, and severe loneliness, requiring targeted grief therapy.

GRIEF AND LOSS

With an ageing population it is increasingly likely that an older person will outlive their adult child. Child loss is profoundly traumatic for older adults, causing severe emotional and psychological distress, and increasing the risk of depression, loneliness and social isolation.

Strong friendships are crucial for mitigating loneliness and improving psychological wellbeing in older adults. The decline in friendship rates, referred to as a "friendship recession", and the inability of volunteer visiting services to fulfil friendship needs, highlights the need for programmes focused on fostering genuine friendships among older adults, such as friendship matchmaking.

RETIREMENT PLANNING

Effective retirement planning that goes beyond just financial preparation to include physical health, social engagement, and purposeful living is critical. Many older adults neglect these aspects, leading to a less fulfilling retirement, and in turn, loneliness.

Older adults who return to New Zealand after international careers often face reverse culture shock and isolation. The loss of their career-identity established social networks around the world, and the challenge of reconnecting in a new, unfamiliar community, can intensify feelings of loneliness and isolation.

Developing hobbies and interests is essential for maintaining social connections and mental well-being in retirement to mitigate the effects of loneliness, promoting a positive, and rewarding, ageing experience.

Involving immediate family in retirement planning is vital for older adults' wellbeing to create family buy-in and ensure functional support needs are met. Strong neighbourhood cohesion also helps provide a sense of security and community, with the feeling of being looked out for considerably reducing the risk of loneliness and enhancing the overall retirement experience.

Conclusion

This research uncovers the complex factors contributing to loneliness and social isolation among older adults. While retirement can be a time of joy and connection, many older adults face profound challenges due to life's circumstances. Those with strong socio-economic, health, and family foundations often age positively. However, many pre-retirees and retirees have experienced financial recessions, housing crises, overloaded health systems, and the demands of globalization, leaving them vulnerable. An unexpected incident can easily trigger a downward spiral.

The importance of mental wellbeing for older adults cannot be overstated. Confidence, self-esteem, determination, and positivity significantly influence their overall health and quality of life. Research shows strong links between mental health, physical health, and mortality. Positive mental wellbeing helps maintain physical health and prolong life expectancy, while poor mental health increases the risk of chronic conditions and premature mortality. Despite this, there is a lack of targeted mental health initiatives for older adults, which is a glaring oversight. Addressing mental health and wellbeing through greater access to free support or counselling services is both an economic necessity and a moral duty.

It is also our collective responsibility to challenge ageist language and narratives. By fostering an inclusive society that values older adults, we can combat ageism. Simple gestures, like smiling at older individuals, starting conversations, or helping neighbours, can make a significant difference. Our sense of community has eroded, leading to increased loneliness and isolation. As social neuroscientist Jon Cacioppo noted, loneliness highlights our need for social connections. We must address this 'Epidemic of Loneliness' to improve the social connections and mental health of older adults, ensuring a better future for ourselves as well.

INTRODUCTION

In an increasingly interconnected world, the paradox of loneliness and social isolation among older adults remains a significant public health concern. As our global population ages, addressing these issues becomes increasingly urgent. In this research report, we delve into the intricate web of barriers that hinder older adults' participation in social connection opportunities. Understanding these barriers is essential to creating effective interventions aimed at mitigating loneliness and social isolation among older adults to ensure that ageing well is not just for the well-off.

The experience of loneliness is highly nuanced and complicated. It varies significantly from person to person, and can accumulate over a lifetime, influenced by diverse factors such as personality traits, life history, cultural background, bereavement, and health status. Recognising this individual variability is crucial when designing interventions to foster social connections, to prevent the simplistic view of homogeneity amongst older adults experiencing loneliness and social isolation.

The socio-economic framework within which older adults live plays a crucial role in their overall wellbeing and ability to connect with others. Ensuring that this framework is optimal is essential to reduce the daily stressors that can impede social engagement. Financial insecurity, inadequate housing, and a lack of timely access to affordable healthcare services are common issues that older adults face, which can contribute to their isolation. By understanding and addressing these socio-economic challenges, we can create a more supportive environment that encourages social participation and reduces the risk of loneliness.

Systemic issues also play a pivotal role in perpetuating loneliness and social isolation among older adults. Without policies that protect and support this demographic, loneliness can become an inevitability rather than an exception. Prolific ageism, inadequate social services, and insufficient community resources are systemic barriers that need to be addressed through comprehensive policy interventions. Healthcare providers must recognise loneliness as a health risk to a greater extent and incorporate social assessments into routine care. Strengthening local networks ensures that older adults have access to companionship and emotional support. Policies that promote age-friendly communities, encourage intergenerational connection, improve accessible community transportation options, and provide affordable and diverse social programmes can help mitigate these issues and foster a sense of belonging among older adults.

Identifying and understanding the current barriers to participation in social connection opportunities for older adults is a complex task that requires a multifaceted approach. It involves considering the individual amongst the socio-economic and systemic factors that contribute to loneliness and social isolation, rather than regarding it as a personal fallibility. By addressing these barriers through targeted interventions and supportive policies, we can create a more connected, inclusive, and compassionate society where older adults feel engaged and valued. This research aims to shed light on these barriers and provide insights into effective strategies for enhancing social connectivity among older adults, ultimately improving their quality of life and overall wellbeing.

By fully understanding the barriers to social connection, and by addressing these effectively, we can prevent loneliness and social isolation from becoming unavoidable, creating a world where no one feels alone in their golden years.

BACKGROUND
AND CONTEXT OVERVIEW

This section offers the foundational context for the study of loneliness and social isolation among older adults, analysing key factors and defining the geographical scope to better understand socio-economic and systemic impacts.

LONELINESS

Hidden within our ageing society, loneliness has long been a silent struggle for older adults. This issue gained unprecedented media and academic attention during the COVID-19 pandemic, highlighting its profound impact on wellbeing. This heightened visibility has emphasised that loneliness is not just a private concern, but a significant public health challenge impacting healthy ageing. Loneliness is a problem with many faces, affecting individuals not only on a deeply personal level, but also by extending its reach into wider communities, local government and national policy and planning.

Humans are innately social beings with a need for belonging to survive and thrive[1]. Despite the dawn of the Information Age, and the plethora of means to now connect with each other instantly, human interactions that are sincere and authentic are increasingly difficult to achieve, leading to what is now considered an 'Epidemic of Loneliness'[2]. Loneliness is defined as a distressing feeling experienced when people perceive a difference between their *desired*, and *actual*, social relationships[1]. Also referred to as 'perceived social isolation', the subjectivity of loneliness is apparent through being more closely tied to the quality, rather than quantity, of an individual's interactions or relationships[3]. For instance, an individual with one very close confidant is likely to feel less lonely than someone surrounded by many people with whom they have no close bond. Unmet expectations, and unmet needs, two powerful drivers in vulnerability to loneliness, can lead individuals to internalise feelings of being a burden, along with a diminished sense of self-worth, which can be difficult to overcome when trying to reconnect. Individual differences, shaped by personal, cultural and situational influences, which are melded throughout life, play a crucial role in susceptibility towards loneliness and its effects, with some people having a high need for numbers of people to interact with and how often they meet up, while others only needing a few people and less frequency. This makes the negative affect-state unique and deeply personal for each individual[4].

Loneliness is the social equivalent of physical pain, hunger, and thirst.
– Hawkley and Cacioppo, 2010.

Early psychosocial studies undertaken in the 1940s categorised loneliness as a "problem of old age" and inherently a part of the ageing process[5]. However, loneliness is an equal opportunity tenant, despite the heterogeneity of the loneliness experience[6]. Although there may be factors that increase the propensity of loneliness, everybody is capable of feeling lonely. Short-term loneliness can also be deemed to be positive and necessary by highlighting a person's need to reconnect with social networks[6]. However, the growing consensus that long-term, chronic loneliness, is extremely harmful not just for individuals, but for society as a whole, underscores the need to develop effective identification and mitigation strategies. The deeply personal and subjective nature of loneliness rules out a one-size-fits-all approach for older adults, with varied strategies that acknowledge the different degrees, types and root causes of loneliness being needed.

The precise rate of loneliness in New Zealand is difficult to determine, largely due to the dynamic nature of loneliness fluctuating over a period of time as a result of life experiences, such as health, social circumstances and life events, but also as a result of cultural differences, concerns surrounding perceived stigma, and the subjectivity of the loneliness experience. However, according to the 2021 General Social Survey conducted by Stats NZ[7], older adults report varying levels of loneliness. Specifically, 24.4% of those aged 65-74 and 22.2% of those aged 75+ feel lonely a little of the time. Additionally, 8.3% of adults aged 65-74 and 12.2% of those aged 75+ feel lonely some of the time, while 3.7% of those aged 65-74 and 2.0% of those aged 75+ feel lonely most or all of the time. These statistics highlight the varying degrees of loneliness experienced by older adults in New Zealand, underscoring the importance of addressing this issue through targeted social and community interventions.

SOCIAL ISOLATION

While loneliness and social isolation are often conflated in academic, policy and practice discourses, there is a clear distinction between the two. As opposed to the *perceived* social isolation that categorises loneliness, actual social isolation is an objective state in which "an individual lacks a sense of belonging socially, lacks engagement with others, has a minimal number of social contacts, and they are deficient

in fulfilling and quality relationships"[8]. An individual can experience social isolation when they live alone or far from others, spend long periods alone, or have a limited social network-factors to which older adults are particularly vulnerable[9]. For many older adults, social isolation can be likened to solitary confinement for prisoners, with health and mobility obstacles for a cohort of the older population creating a sense of entrapment in their place of residence.

Adding to its complexity, social isolation can appear across a range of personal contexts, such as family and friends, employment networks and community engagement [10]. Further complications lie in distinguishing between social isolation and other forms of aloneness that may be either voluntary or involuntary. For example, some older adults may seek solitude, which is viewed more favourably than loneliness as a "positive experience of alone time associated with relaxation, personal growth and creativity[11]. Therefore, an important consideration in determining the effect of aloneness on an individual is the word "choice", with isolation by choice being less likely to be a predicator of significant health ramifications.

HEALTH IMPACTS

In the past, social isolation and loneliness have been considered trivial matters, merely reflecting personality shortcomings in making and maintaining personal relationships. Appropriately, both are now recognised as serious conditions with significant physical and mental health implications. The effects of social isolation and loneliness on morbidity and mortality are comparable to, or exceed, those of many other lifestyle influences that receive greater societal attention and concern, such as smoking, alcohol consumption, and physical inactivity[12]. The cumulative wear and tear on the body caused by these begins with sleep fragmentation and disturbance, leading to fatigue and physiological strain. In turn, the weakened immune system can lead to a host of health conditions, including:

CARDIOVASCULAR DISEASE	Studies show that social isolation and loneliness increase the risk of heart disease by 29%, and strokes by 32%. The American Heart Association stated that social isolation and loneliness should be primary indicators of cardiovascular health. Heart failure patients with high loneliness levels face higher risks of hospitalization and emergency visits. Additionally, people living alone may have a higher risk of dying from cardiac events due to delayed medical responses.
HYPERTENSION	Among older adults, social isolation increases hypertension risk more than other factors like diabetes. Since hypertension often lacks symptoms, it can go undiagnosed, raising the risk of complications. Older adults with greater emotional support and health information from social networks are less likely to have undiagnosed hypertension.
DIABETES	Older adults living alone, or with small social networks are associated with higher rates of newly diagnosed type 2 diabetes and complications, especially in older women. A large social support network significantly reduces the risk of all-cause mortality among older adults with diabetes.
INFECTIOUS DISEASES	Individuals who are less socially connected may have increased susceptibility and weaker immune responses when exposed to infectious diseases. Studies have shown that loneliness and poor social support significantly contribute to the development and severity of illnesses like the common cold and flu among older adults. Additionally, a study on COVID-19 vaccine responses found that lack of social connection and resultant loneliness were associated with weaker antibody responses.

COGNITIVE FUNCTION	Substantial evidence links loneliness and social isolation with accelerated cognitive decline and an increased risk of dementia by approximately 50% in older adults. A 12-year study found that cognitive abilities declined 20% faster among those who reported loneliness. Overall, wider social networks and frequent social engagements are associated with better cognitive function and may protect against dementia. This suggests that investing in social connections could be a crucial public health response to cognitive decline.
DEPRESSION AND ANXIETY	Depression and anxiety both increases the risk of social isolation and loneliness, while also being caused by it. A systematic review found that adults who frequently feel lonely are more than twice as likely to develop depression compared to those who rarely feel lonely. In older adults, social isolation and loneliness independently increase the likelihood of depression or anxiety.
SUICIDALITY	More than a century of research shows significant links between loneliness, social isolation, and a lack of social connection with death by suicide, particularly for men. Reviews of studies on loneliness and social isolation among nursing home residents, cancer patients and older adults show strong associations with suicidal ideation. These links may result from a low sense of belonging and feeling like a burden. Additionally, loneliness and low social support increase the risk of self-harm.

Source: U.S. Surgeon General, 2023

Both social isolation and loneliness are slowly being seen as public health concerns, as they have been shown to have significant effects on older people's health and positive ageing. Addressing these head-on by reconnecting individuals with their communities, allowing older adults to be alleviated from their suffering and regain access to their economic and social capital, will decrease hospital overload, which will be critical with already stressed hospital systems set to worsen with population ageing. Although comprehensive cost-benefit analyses of loneliness interventions are limited, current data suggests they offer good returns on investment. Considering the high costs associated with health and social care services for lonely individuals if their needs remain unmet, investing in this area is strongly justified, especially given the relative cost-effectiveness of many interventions[13].

RESEARCH DESIGN
AND METHODS

This section details the research design and methods employed to investigate loneliness and social isolation among older adults. It outlines the approach for data collection and analysis, providing a foundation for understanding the study's findings and implications.

RESEARCH LOCATIONS

AUCKLAND

Auckland, the largest city in New Zealand, is a dynamic and diverse urban area that serves as the country's economic and cultural hub. With a population of approximately 1.57 million people[14], Auckland accounts for about one-third of New Zealand's total population. The city's rapid growth is driven by both natural increase and significant immigration, making it one of the most multicultural cities in the world. In addition, Auckland's population is marked by a significant and growing number of older adults. As of the latest census, individuals aged 65 and over represent approximately 12% of the city's population, with projections indicating that by 2043, older adults will make up nearly 20% of Auckland's population[14]. Strong migration flows into the city seeking employment opportunities have brought with it a cohort of older migrants following their adult children, with 44% of the older adult population born overseas, and 10% cannot speak English[15].

The expansive nature of the Auckland Region, covering 4,894km^2, presents significant transportation issues, with congested roadways and disjointed public transport. This urban sprawl increases the sense of geographic and social isolation, causing many older adults feeling confined to their direct locale. In addition, the dispersed nature of the city leads to difficulties in service provision for older adults for organisations to be able to cost efficiently cover the entirety of the region.

As of 2022, Auckland was accepted into the World Health Organisation's Global Network of Age-friendly Cities and Communities, in order to recognise their commitment to older residents and "respond to the needs of our growing and increasingly diverse older Aucklanders and ensure their needs are met now and into the future"[15]. The *Tāmaki Makaurau Tauawhi Kaumātua - Age Friendly Auckland Action Plan 2022 – 2027* was developed to support older Aucklanders to be full and active community participants leading happy and healthy lives, while also acknowledging that communities, organisations, and the age-sector as a whole, need to leverage the benefits of working together to provide focus and direction in ensuring equity in ageing well[15].

Three main focus areas were identified for the Auckland region, namely Avondale, Pukekohe and Waiuku. These suburbs were selected to assist in the investigation of what barriers to social participation exist for older adults in three different suburban typologies; urban, rural service and exurban, respectively. However, participation was not strictly limited to older adults residing in these suburbs. Interviews with willing individuals across the whole city were undertaken to provide the opportunity for a greater extent of participation, data collection and comparative analysis.

Avondale

Avondale is a suburb located in the central-west isthmus of Auckland, only 9km from Auckland's city centre. Avondale is renowned for its cultural diversity and vibrant community with a strong Polynesian and Asian influence, as exemplified by the weekly Avondale Sunday Market, the biggest and oldest one day market running in New Zealand, which draws around 15,000–20,000 visitors to the suburb on a weekly basis to purchase fresh produce, handicrafts, plants and antiques. Belonging to the Whāu local board area, the suburb had approximately 22,130 residents as of 2023, with 10% over the age of 65[16].

Community and recreational facilities in Avondale, including the Community Hall and Community Library, have long been due an upgrade with the aged infrastructure no longer fit-for-purpose. As such, the nearby metropolitan centre of New Lynn is predominately used by Avondale residents to access goods and services to meet their needs. However, the long-planned 'Te Hono' Avondale Library and Community Hub is finally in the stage of resource consent after securing funding[17]. This redevelopment will be critical to help serve the expected influx of older adults to the area through the medium-density construction of Kāinga Ora's Highbury Triangle, a social housing development consisting of 192 apartments across 4 apartment buildings.

Avondale has excellent public transport links, with the conveniently positioned Avondale Train Station providing accessibility to Auckland's CBD and western suburbs, as well as a quality bus service along numerous major bus routes.

Pukekohe

Pukekohe is a rural service town experiencing rapid urban development, with population estimates at 24,700 (as of 2023), making it the 26th largest urban area in the country. Situated on the southern edge of Auckland, approximately 50km from Auckland's CBD, the town had traditionally been an agricultural hub serving the surrounding farmers and market gardeners. The fast-paced expansion of the town, largely driven by subdivision developments, has earmarked its selection by the Auckland Council to redevelop it into a priority satellite town and employment destination [18]. However, the relaxed community atmosphere and rural lifestyle of the town has created high demand for retirement villages in the area, with 5 currently in operation, and more in planning and development. This is expected to fuel natural population ageing growth in the over 65-year-old population group from 16% to 22% over the next 20 years[19].

The town provides a significant number of amenities, social services and group programmes aimed at supporting older adults. However, the blend of urban and rural characteristics can sometimes lead to feelings of isolation among older adults, due to less public transportation options within the township available, and the ongoing upgrading and electrification of the train line linking Pukekohe to Papakura, which began in 2022 and is due to be completed late 2024, has made it difficult for older adults to access entertainment and services outside of the town.

Waiuku

Waiuku is a historic settlement located 64 km southwest of central Auckland. Waiuku's population has been steadily increasing over the past few decades. From an estimated 6,000 residents in 1996, the population grew to 9,720 by 2022. This growth reflects broader trends in the Auckland region, where suburban and rural areas are experiencing population increases as people move away from central urban areas[20]. Many current and former employees of the nearby Glenbrook Steel Mill also reside in Waiuku. The town's relatively small size of 7.87km^2 fosters close community ties, providing a sense of place for 16.0% of the estimated population of 9,800 (as of 2023) aged over 65 years old.

The closest significant township is Pukekohe, 20 km away, which provides employment opportunities and goods and services to Waiuku residents. A significant difficulty for the older adult population is limited public transport services available to them, with only two services each way to Papakura (the closest train station into Central Auckland) Monday to Friday only, and six services to Pukekohe a day, with even less in the weekend. In addition, Waiuku has joined an ever-growing number of bank-less communities in New Zealand, with 228 bank branches closed around the country between 2019 and 2021[21]. This has been considerably detrimental to the older population of the township who largely rely on the familiarity of in-person banking to fulfil their banking and financial needs.

Through extensive online research, the following resources were found to be available to older adults, according to the areas of focus within Auckland:

	AVONDALE	PUKEKOHE	WAIUKU
GENERAL SUPPORT SERVICES	9	10	9
PHYSICAL & MENTAL HEALTH SERVICES	16	15	9
HEALTH SUPPORT GROUPS	6	11	1
CULTURAL & RELIGIOUS SERVICES	10	20	9
ETHNIC SUPPORT SERVICES	2	2	0
GENERAL GROUPS & CLUBS	2	13	8
HOBBY & INTEREST GROUPS	1	20	14
EXERCISE GROUPS & PROVIDERS	11	28	12
MUSIC & DANCE GROUPS	0	7	6
RETIREMENT VILLAGES & CARE HOMES	5	5	1

TAURANGA

Tauranga, a rapidly growing coastal city in the Bay of Plenty region, is one of New Zealand's fastest-growing urban areas. With a population of over 150,000[15], Tauranga is known for its mild climate and idyllic beaches, making it a popular retirement destination for older adults seeking a healthy and active lifestyle in their golden years.

To meet market demand, Tauranga has seen "phenomenal growth"[22] in the construction of retirement villages across the region, with 26 villages already in operation, housing 3100 residents, and more are under development or expansion. This has created a higher proportion of over 65s living in Tauranga (20.1%) compared to New Zealand's average of 16.0%[23]. Additionally, Tauranga has the largest percentage in the country of over 75-year-olds living in retirement villages (17%), with numbers expecting to double over the next 30 years as the population continues to age[23].

The high demand for housing stock in Tauranga has outstripped supply, leading to a housing crisis in the region for individuals relying on rental accommodation. The population growth, lead in part by relocation of older individuals to the region, has increased rental and housing prices in the region to now overtake Auckland as the most expensive city in the country in which to rent[24]. This situation has become untenable for many older individuals living in Tauranga, with competition forcing their residence in undesirable conditions, such as living with family, in campervans or on boats, or in some unfortunate cases, homelessness[25].

Historic settlement pattens and lower international migration has created an ethnic composition that is significantly less diverse in Tauranga than in Auckland, with a predominately European population base in the over 65 age range of 83.6%[26]. Furthermore, the cost of living and housing affordability in Tauranga does not yet offer the same level of diversity in housing options that can attract and accommodate various ethnic communities, or those on the lower side of the socio-economic scale.

RESEARCH PARTICIPANTS

The participants of this research study were selected to provide a comprehensive understanding of loneliness and social isolation among older adults in Auckland and Tauranga. A total of 102 older adults (Auckland:72, Tauranga:30), aged 65 and above, were included in the study.

RECRUITMENT PROCESS

Participants were identified and recruited through various channels to ensure a wide representation of the older adult population in Auckland and Tauranga. Recruitment methods included:

Age Concern Clients: Recently enrolled Age Concern Social Connections clients were invited to participate in the research, should they desire.

Community Service Providers: Promotional flyers and posters were placed in libraries and Citizen Advice Bureaus (CABs) in Avondale, Pukekohe, Waiuku and Tauranga, requesting participation in the research.

Community Events: Stalls at community events such as the Franklin Positive Ageing Expo 2023, and Tauranga's International Week of the Older Person 2023 celebrations, were used to promote the research initiative and encourage participation.

Newspaper Advertisements: Three local newspapers within Auckland for Avondale (The Western Leader), Pukekohe (Franklin County News), and Waiuku (West Franklin Breeze), had 3 consecutive weeks of promotional advertising placed in them to recruit willing participants from our target areas in Auckland.

Age Concern Newsletter: Age Concern Tauranga placed the research flyers within their mail-distributed quarterly newsletter.

Word-of-Mouth: Participants were encouraged to notify their own social circle they may have about the study should they wish to also be involved in the research.

CRITERIA FOR PARTICIPATION

The criteria for inclusion in the research was purposefully broad to encourage as honest a reflection of the demographics in Auckland and Tauranga as possible. Stipulations surrounding visa status were set to ensure participants had reasonable knowledge of the communities they live in. As such, the research inclusion and exclusion criteria were:

INCLUSION CRITERIA	EXCLUSION CRITERIA
- Aged 65 years old and above. - Residing in the Auckland or Tauranga regions. - Hold NZ Residency or have lived in New Zealand for two years or more. - Be able to provide informed consent. - Willing to participate in the study.	- Severe cognitive impairment that precludes meaningful participation. - Living in institutional settings such as rest homes or long-term care facilities.

DATA COLLECTION

The data was primarily collected through interviews utilising a questionnaire and informal conversations conducted with the research participants. The interviews were performed within the participant's own home, or at an Age Concern office, if they requested. Travelling to the residences of the participants was crucial to reduce transport or mobility barriers to research participation.

The questionnaire was comprised of 62 questions, utilising a mix of qualitative and quantitative lines of inquiry to capture both numerical data, and detailed personal insights. This combination enhances the validity and reliability of the research and has allowed for a more comprehensive analysis of patterns, and underlying causes, of loneliness and social isolation among older adults. Assistance from Age Concern Auckland's Asian Services Team was provided in the form of translation of the questionnaire into Mandarin, Japanese and Korean. Furthermore, members of the team were trained to undertake the questionnaire to reduce language as a barrier to participation for a significant portion of Auckland's older migrant population.

There was no formal time limit set for the interviews, being expected to take up to 1.5 hours each, however average interview times were approximately 2 hours long. It was an important part of the interview process to take time, initially building rapport with the participants, gaining a sense of trust, while not rushing the interviewees, leading to more confidence to open up about difficult subjects, such as loneliness and isolation. Interviewees were allowed some freedom of conversation during the questionnaire, as the interviewers may have been the only in-person contact that the participant had had in days, and it was aimed to simultaneously provide meaningful social connection for the older individuals.

Interview notes were taken by hand only, with no recording devices used. This was to ensure that the willingness of the participants to speak openly and honestly about their experiences with loneliness and social isolation would not be hindered by the presence of a recording device.

ETHICAL CONSIDERATIONS

All participants were willing to participate in the research, and no remuneration for participation was proffered. They were notified of the researcher's strict code of confidentiality, and of their right to withdraw from the study at any time without any consequences. Informed consent was provided verbally prior to participation, and a Declaration of Consent was signed at the conclusion.

Measures were taken to ensure confidentiality and anonymity through the omittance of any names, or other important identifying factors, and a coding system was applied to each completed questionnaire.

An Age Concern Complaints Procedure form was given to all older adults in case they wished to use it.

DATA LIMITATIONS

By incorporating a diverse and representative sample of older adults from the Auckland Region, this study aims to provide a nuanced understanding of the factors contributing to loneliness and social isolation, thereby informing the development of targeted interventions and support services. However, despite best efforts, there was a lack of the desired levels of Māori and Pasifika participation in the research. As participation was not forced, this limitation highlights the need for more culturally tailored recruitment strategies and outreach efforts to ensure these communities are adequately represented in future studies.
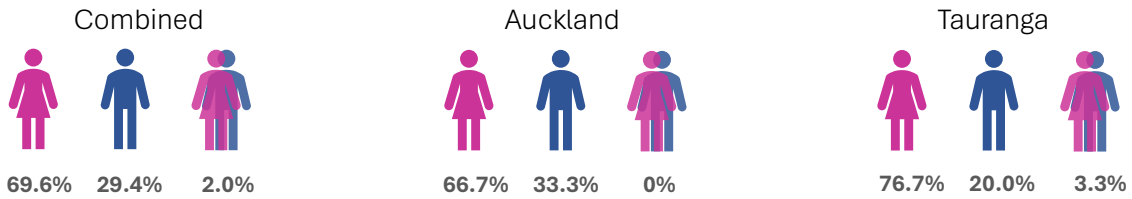
LITERATURE REVIEW

Throughout the research process, findings from academic research were continuously integrated to contextualise and interpret the study's results. This approach ensures that the research was not conducted in isolation, but that it contributes to part of an ongoing intellectual conversation surrounding barriers to social participation for older adults in our target areas, and across New Zealand.
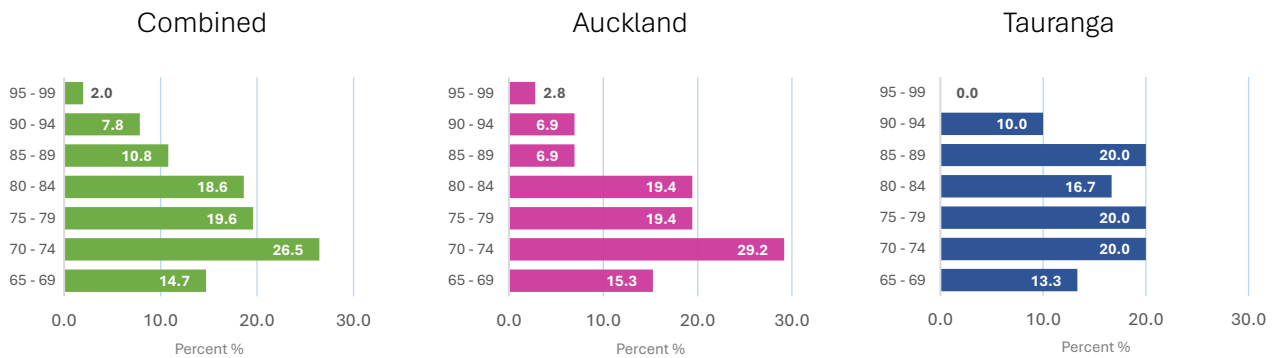
DEMOGRAPHICS

The following graphs represent the demographic breakdown of the 102 participants of the research.
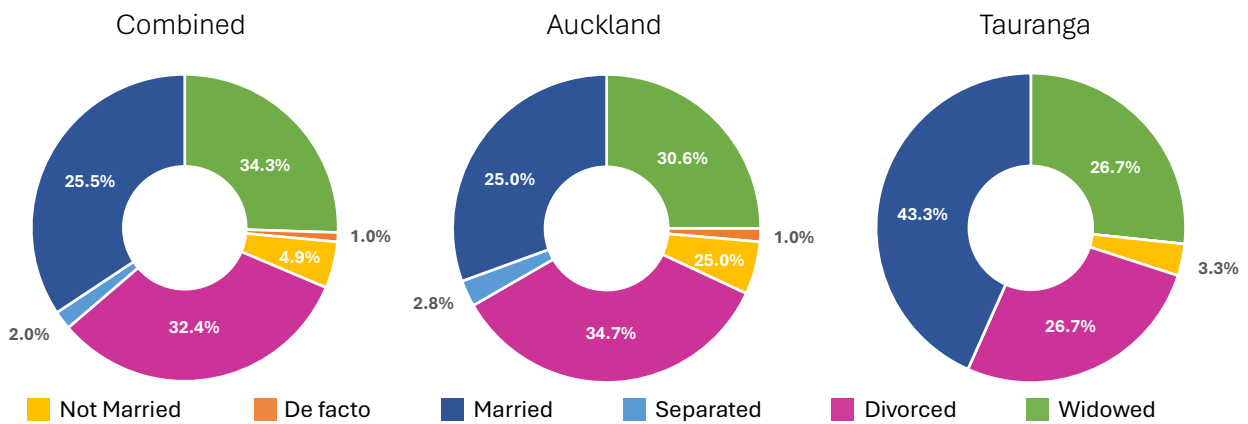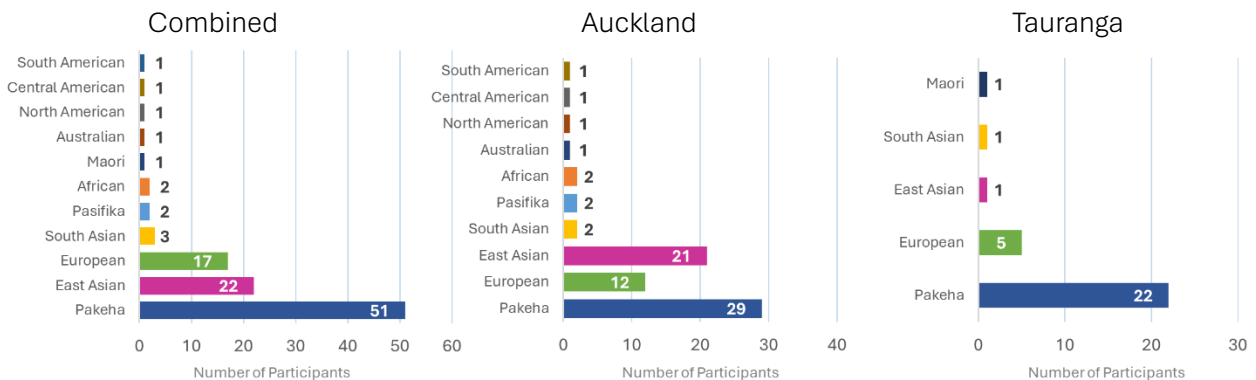
GENDER

Combined
69.6% 29.4% 2.0%

Auckland
66.7% 33.3% 0%

Tauranga
76.7% 20.0% 3.3%

AGE

Combined
Age	Percent %
95 - 99	2.0
90 - 94	7.8
85 - 89	10.8
80 - 84	18.6
75 - 79	19.6
70 - 74	26.5
65 - 69	14.7

Auckland
Age	Percent %
95 - 99	2.8
90 - 94	6.9
85 - 89	6.9
80 - 84	19.4
75 - 79	19.4
70 - 74	29.2
65 - 69	15.3

Tauranga
Age	Percent %
95 - 99	0.0
90 - 94	10.0
85 - 89	20.0
80 - 84	16.7
75 - 79	20.0
70 - 74	20.0
65 - 69	13.3

MARITAL STATUS

Combined
- 34.3% Widowed
- 1.0% De facto
- 4.9% Not Married
- 32.4% Divorced
- 2.0% Separated
- 25.5% Married

Auckland
- 30.6% Widowed
- 1.0% De facto
- 25.0% Not Married
- 34.7% Divorced
- 2.8% Separated
- 25.0% Married

Tauranga
- 26.7% Widowed
- 3.3% Not Married
- 26.7% Divorced
- 43.3% Married

Legend: ■ Not Married ■ De facto ■ Married ■ Separated ■ Divorced ■ Widowed

ETHNICITY

Combined
Ethnicity	Number of Participants
South American	1
Central American	1
North American	1
Australian	1
Maori	1
African	2
Pasifika	2
South Asian	3
European	17
East Asian	22
Pakeha	51

Auckland
Ethnicity	Number of Participants
South American	1
Central American	1
North American	1
Australian	1
African	2
Pasifika	2
South Asian	2
East Asian	21
European	12
Pakeha	29

Tauranga
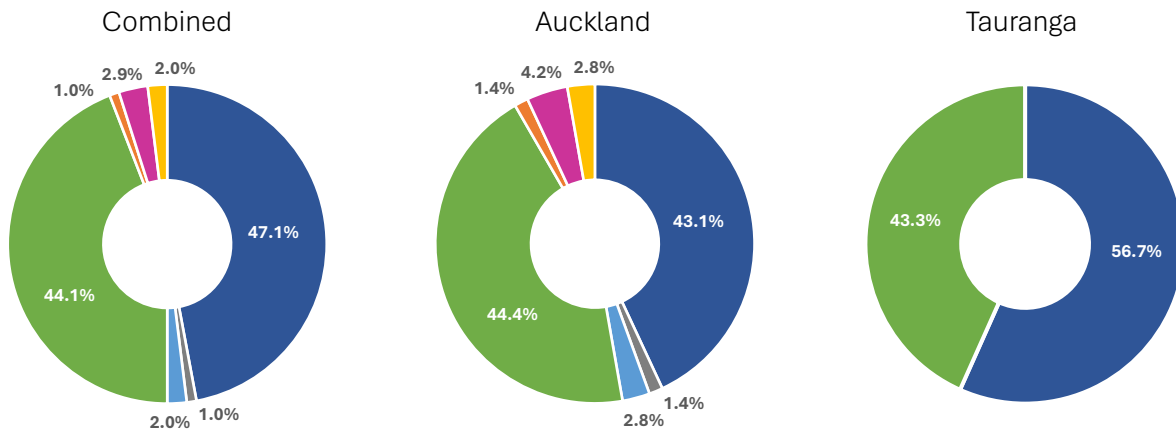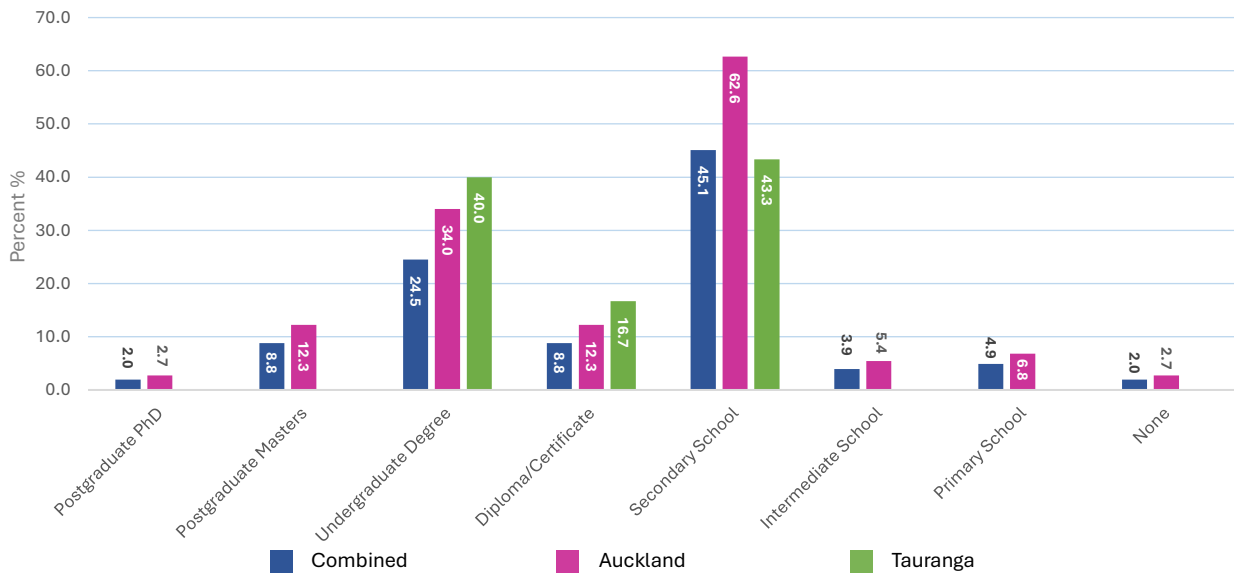| Ethnicity	Number of Participants
Maori	1
South Asian	1
East Asian	1
European	5
Pakeha	22

Note: The sum of responses may be greater than the number of respondents because people who chose multiple categories are included in each.
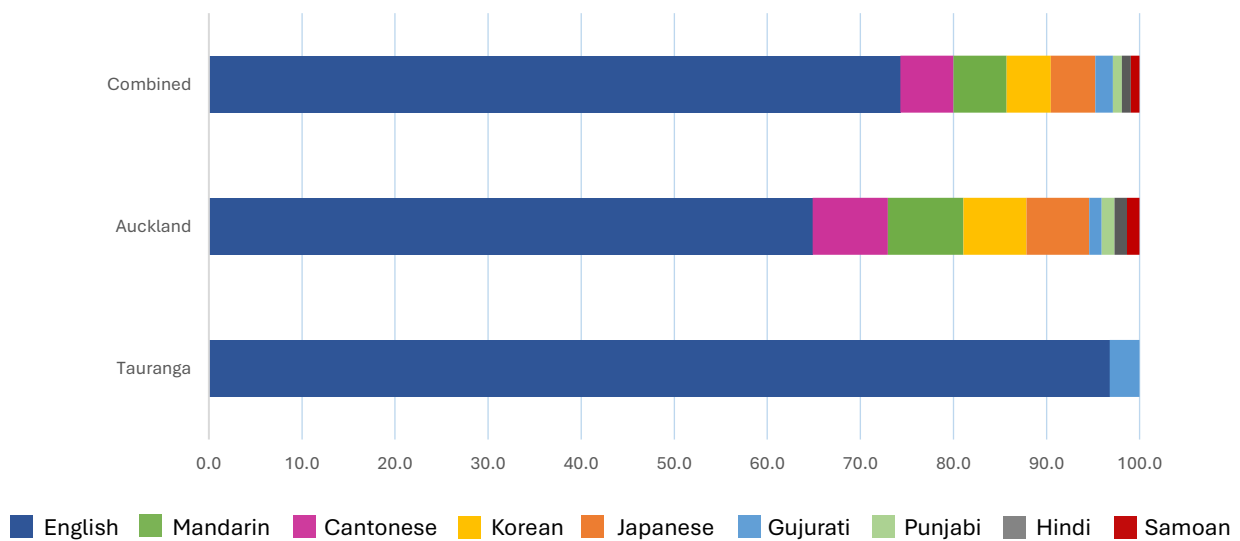
RELIGION

Combined

- 47.1%
- 44.1%
- 2.9%
- 2.0%
- 1.0%
- 2.0%
- 1.0%

Auckland

- 43.1%
- 44.4%
- 4.2%
- 2.8%
- 1.4%
- 2.8%
- 1.4%

Tauranga

- 56.7%
- 43.3%

EDUCATIONAL ATTAINMENT

Category	Combined	Auckland	Tauranga
Postgraduate PhD	2.0	2.7	
Postgraduate Masters	8.8	12.3	
Undergraduate Degree	24.5	34.0	40.0
Diploma/Certificate	8.8	12.3	16.7
Secondary School	45.1	62.6	43.3
Intermediate School	3.9	5.4	
Primary School	4.9	6.8	
None	2.0	2.7	

Percent %

Legend: Combined, Auckland, Tauranga

PRIMARY LANGUAGE(S)

Combined

Auckland

Tauranga

Legend: English, Mandarin, Cantonese, Korean, Japanese, Gujurati, Punjabi, Hindi, Samoan

PERSONAL WELLNESS INDEX (PWI)

The construct of Quality of Life (QoL) is inherently complex, which has resulted in no universally accepted definition. The multifaceted nature of QoL encompasses both objective factors (such as income, health status and living conditions) and subjective dimensions relate to personal perceptions and satisfaction with life[27]. The challenge lies in the fact that many QoL instruments fail to make a clear distinction between these two dimensions, often conflating objective measures with subjective experiences. This lack of clarity can lead to a misunderstanding of an individual's actual overall wellbeing[28].

To address these issues, the Personal Wellness Index (PWI) was developed to focus on the subjective dimension of Quality of Life: subjective wellbeing. The PWI captures individuals' self-reported satisfaction with various life aspects, providing insights into personal wellness[29], which is crucial to capture the nuances of QoL that cannot be fully captured by objective measures. Individuals with similar objective circumstances may have different levels of life satisfaction based on subjective experiences. By emphasising subjective wellbeing, the PWI offers a more meaningful assessment of wellbeing to aid in developing targeted interventions to improve life satisfaction[30].

CONTENTS OF THE SCALE

The PWI presents the overarching investigation into individuals' Life Satisfaction through the question:

> *Thinking about your own life and personal circumstances, how satisfied are you with your life as a whole?*

From Life Satisfaction, seven (7) conceptually interconnected domains were identified, forming an interwoven framework that contributes to an overall understanding of subjective wellbeing. As such, subjective wellbeing is measured by the PWI through questions about the respondent's level of satisfaction to the following:

1. **Standard of Living:** "How satisfied are you with your *standard of living*?"

2. **Health:** "How satisfied are you with your *health*?"

3. **Life Achievement:** "How satisfied are you with what you have *achieved in life*?"

4. **Personal Relationships:** "How satisfied are you with your *personal relationships*?"

5. **Safety:** "How satisfied are you with how *safe you feel*?

6. **Community Connectedness:** "How satisfied are you with feeling *part of your community*?"

7. **Future Security:** "How satisfied are you with your *future security*?"

SCALE ADMINISTRATION

The PWI is administered verbally, using an 11-point Satisfaction Scale from 0 (no satisfaction at all) to 10 (completely satisfied). Participants are first asked to respond to the question regarding their level of overall life satisfaction, with the questions relating to the seven domains following thereafter.

SCORING

The ratings provided for these domains are averaged to produce an overall PWI score (between 0 and 100), representing the individual's subjective wellbeing. For the purpose of this research, the seven domains have also been analysed as separate variables to allow for the potential identification of causal relationships within the wider research data gathering. Higher scores are indicative of higher levels of personal wellbeing, quality of life and mental health. The final PWI score is obtained by summing the scores of the seven domains and then dividing by the number of domains.

The formula used is:

$$PWI\ SCORE\ =\ \frac{\sum(Domain\ Scores)}{7}\ X\ 100$$

Notably, the initial Life Satisfaction question assessing overall quality of life is not included in the calculation of the PWI score. Instead, this question is used to test the construct validity of the PWI scores, ensuring that the index accurately reflects the broader concept of quality of life.

ANALYSIS

Interpreting the results of the PWI involves categorisation of the scores into three tiered levels of Subjective Wellbeing:

'Normal' Level (70 or more) = typically falls within the range expected for the general population, indicating a satisfactory level of wellbeing.

'Compromised' Level (50 – 69) = falls below the normal range and suggests that the individual may be experiencing some issues affecting their quality of life.

'Challenged' Level (49 or less) = the lowest level, indicating serious concerns about an individual's wellbeing, that might require immediate and comprehensive support to address the underlying issues impacting their life satisfaction.

The PWI score categorisation offers significant benefits for targeting assistance by prioritising interventions for those most in need. This targeted approach can help ensure that resources are allocated effectively to provide the appropriate support for those experiencing lower quality of life.

Moreover, the PWI can facilitate monitoring and evaluation at multiple levels, including individual, community and population levels.

Individual Level: At the individual level, the PWI helps track personal changes in subjective wellbeing over time, enabling tailored interventions to improve specific areas of life satisfaction.

Community Level: At the community level, PWI scores can identify collective wellbeing trends, highlighting areas where community-wide programmes or resources may be needed to address common issues.

Population Level: At the population level, the PWI provides valuable data for policymakers and researchers to assess the overall wellbeing of larger groups, such as cities or regions. This enables the design and implementation of broad-based strategies and policies aimed at enhancing quality of life on a larger scale.

By facilitating monitoring and evaluation across these levels, the PWI can support the development of informed, targeted and effective wellbeing initiatives.

PWI USE WITHIN THIS RESEARCH

All research participants undertook the PWI at the beginning of the interview process in order to not cloud their responses based on the subsequent lines of questioning. While it is understood that the PWI does not measure loneliness or social isolation directly, lower overall scores indicate poor holistic wellness outcomes. This can result in increased vulnerability to loneliness and social isolation due the inherent 'negativity bias'. The PWI was utilised as a tool within this research to identify individuals that may be at higher risk of experiencing these issues. By pinpointing those with lower scores, the research aimed to target and prioritise interventions for those most in need of support, thereby addressing underlying factors contributing to their diminished wellbeing and reducing their susceptibility to loneliness and social isolation.

QUANTITATIVE
ANALYSIS

This quantitative analysis draws on numerical data collected during interviews to reveal patterns and trends in loneliness and social isolation among older adults in Auckland and Tauranga.

PERSONAL WELLNESS INDEX (PWI)

COMBINED

Overall Average Scores:

Mean Score: 72.56   Min: 34.29   Max: 97.14

Wellness Category Distribution:

Normal (70+ score)	Percentage: 64.7	Occurrence: 66
Compromised (50 – 69 score)	Percentage: 29.4	Occurrence: 30
Challenged (<50 score)	Percentage: 5.9	Occurrence: 6

Average Scores by Category:

LIFE   Mean: 7.37   (Min: 1 Max: 10)

A score of 7.37 suggests that while individuals generally feel positive about their overall life satisfaction, there is noticeable room for improvement. This score might reflect occasional stress or discontent that could be linked to specific life events or broader existential concerns. It indicates that while many fundamental aspects of life are stable, enhancements in daily experiences and long-term life goals could bring more fulfilment.

LIVING STANDARD   Mean: 7.75   (Min: 1 Max: 10)

As the highest score, this suggests that most individuals are satisfied with their material conditions—such as housing, income level and access to necessary services. However, the fact that the score is not closer to 10 may indicate underlying issues with affordability, quality, or inequality in living standards that could be addressed to raise this score even higher.

HEALTH   Mean: 6.44   (Min: 0 Max: 10)

This being the lowest score highlights significant concerns regarding both physical and mental health. It may point to issues such as inadequate healthcare facilities, high costs of health services, prevalence of chronic diseases, or mental health stigmas that prevent individuals from achieving optimal health.

ACHIEVEMENTS   Mean: 7.57   (Min: 0 Max: 10)

A relatively high score in this category reflects a sense of accomplishment in personal and professional domains. However, the score also suggests there might be barriers preventing people from reaching peak satisfaction with their achievements, possibly due to limited opportunities for advancement, perceived glass ceilings, or an imbalance in work-life dynamics.

RELATIONSHIPS   Mean: 7.51   (Min: 0 Max: 10)

This score is indicative of strong personal connections and an active social life, yet it also uncovers potential areas of improvement in deeper relationship quality or broader social networks. It could hint at surface-level interactions or a desire for more meaningful, supportive and enriching relationships.

SAFETY   Mean: 7.84   (Min: 2 Max: 10)

The highest score suggests a strong sense of security and safety in one's environment. However, the fact that it is not a perfect score could reflect occasional concerns about personal safety, property security, or public safety issues such as crime or emergency response effectiveness.

COMMUNITY   Mean: 6.58   (Min: 0 Max: 10)

This moderate score indicates an ambivalent perception of community integration and support. It suggests a potential feeling of isolation or dissatisfaction with the level of community engagement, possibly due to a lack of communal activities, perceived exclusion from social groups, or inadequate community services.

FUTURE SECURITY Mean: 7.11 (Min: 0 Max: 10)

Reflects cautious optimism about financial stability and life prospects but also signifies anxiety about the future, possibly related to economic volatility, job security, or concerns about retirement. This score suggests that while people have some level of confidence in their future, there is an underlying worry that could be addressed through more robust social safety nets and economic policies.

DISTRIBUTION OF PWI SCORES
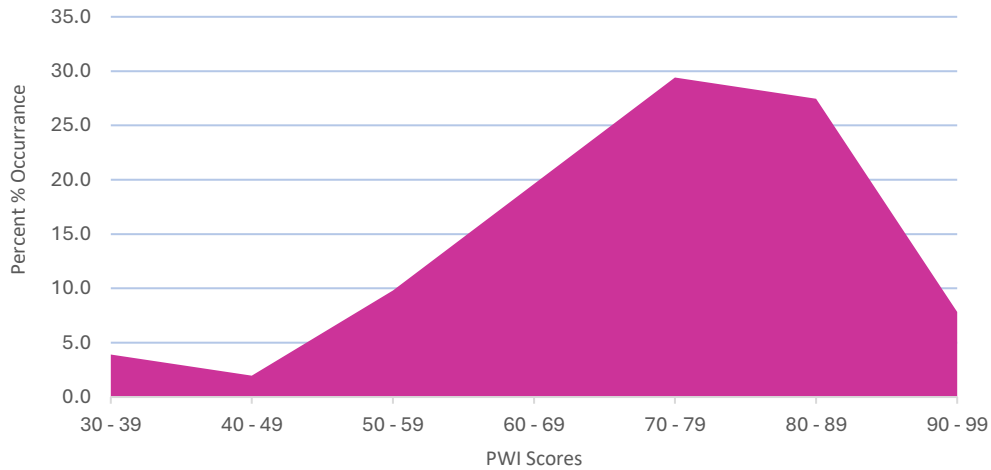
AUCKLAND	TAURANGA

Overall Average Score:

Mean: 70.52   Min: 34.3   Max: 95.71

Overall Average Scores:

Mean: 77.52   Min: 51.43   Max: 97.14

Wellness Category Distribution:

Normal (70+):	56.9%
Compromised (50 – 69):	34.7%
Challenged (<50):	9.7%

Wellness Category Distribution:

Normal (70+):	88.3%
Compromised (50 – 69):	16.7%
Challenged (<50):	0%

INSIGHTS

Combined:

- A significant majority of individuals (64.7%) fall into the 'Normal' category, suggesting that most people assessed are experiencing a good level of personal wellness.

- Nearly a third of the population (29.4%) is in the 'Compromised' category, indicating that while they may not be in acute distress, there are notable areas that could benefit from targeted improvements.

- A small percentage (5.9%) of individuals are 'Challenged', facing significant issues that likely impact their overall quality of life severely.

Auckland vs. Tauranga:

- The significant difference in the proportion of individuals classified as 'Normal' highlights Tauranga's higher overall satisfaction with personal wellness compared to Auckland. This could be reflective of better social, economic, or environmental conditions in Tauranga that contribute to higher life satisfaction and wellness perceptions. The higher percentage in Tauranga suggests that a greater proportion of its population enjoys a quality of life that meets or exceeds their wellness expectations.

- Auckland has a higher percentage of individuals in the 'Compromised' category, nearly double that of Tauranga. This indicates that a significant portion of Auckland's population experiences moderate challenges in various aspects of personal wellness, which might include economic issues, health concerns, or insufficient community support.

- The presence of individuals in the 'Challenged' category in Auckland, and their complete absence in Tauranga, is particularly noteworthy. This stark contrast underscores potentially critical issues in Auckland that could be affecting a segment of the population more severely, such as poor health, low safety, or significant economic instability. The absence of this category in Tauranga is a positive indicator of general wellbeing but should be approached with cautious optimism.

IMPLICATIONS

Combined:

- Focus on Preventive Measures: For those in the 'Compromised' category, implementing preventive measures and wellness programmes can help improve their scores before they potentially drop into the 'Challenged' category.

- Intensive Support for Challenged Individuals: The small group of individuals in the 'Challenged' category should be given intensive support with tailored interventions to address multiple areas of their life, from mental and physical health to financial and community support.

- Maintain Wellness in the Normal Group: Continuous engagement and regular assessments should be conducted for those in the 'Normal' category to maintain their wellbeing and prevent any decline.

Auckland vs. Tauranga:

- Enhanced Support Systems: Both cities can benefit from enhancing their support systems, focusing on healthcare access, economic development and community engagement. For Auckland, targeted interventions can help elevate those within the lower wellness categories. For Tauranga, efforts should be aimed at sustaining the high living standards and addressing any minor gaps that could lead to future issues.

- Regular Monitoring and Adaptive Strategies: Implementing regular monitoring mechanisms to track the wellbeing of the population can help identify emerging issues early and adapt strategies promptly. This is particularly important for Auckland to prevent further declines in wellness and for Tauranga to maintain its high standards.

- Inclusive Programmes: Developing inclusive programmes that cater to all segments of the population, particularly those who might still be facing challenges despite overall high scores, is crucial. Ensuring that no minority groups are neglected and addressing specific needs based on demographic and socio-economic factors will help in elevating the overall wellness.

- Community and Safety Initiatives: Given the importance of safety and community in contributing to personal wellbeing, both cities could benefit from initiatives that strengthen community bonds and enhance public safety. This includes fostering safe, inclusive, and vibrant community spaces and ensuring effective law enforcement and emergency services.

LONELINESS AND SOCIAL ISOLATION

Interviewees were asked to respond with 'Yes' or 'No' to whether they had experienced feelings of loneliness or social isolation in recent times. Those who answered affirmatively were then asked how frequently they felt this way, using a scale of 'Always,' 'Often,' 'Occasionally,' or 'Rarely.'

COMBINED

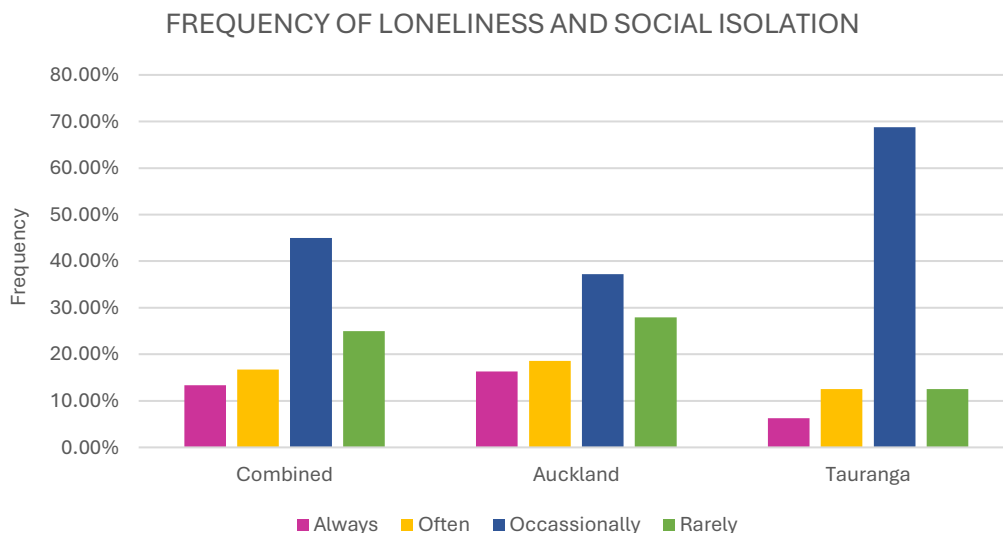Loneliness and/or Social Isolation amongst Participants

The percent of lonely or socially isolated individuals from the participant interviews are:

Yes: 58.8%   **No:** 41.18%

Frequency of feelings of Loneliness and/or Social Isolation:

- 13.3% of individuals report feeling lonely/socially isolated *Always.*
- 16.7% of individuals report feeling lonely/socially isolated *Often.*
- 45.0% of individuals report feeling lonely/socially isolated *Occasionally.*
- 25.0% of individuals report feeling lonely/socially isolated *Rarely.*

FREQUENCY OF LONELINESS AND SOCIAL ISOLATION

AUCKLAND

Loneliness and Social Isolation

Yes: 43 (59.7%)   No: 28 (38.9%)

Always:	7	(16.3%)
Often:	8	(18.6%)
Occasionally:	16	(37.2%)
Rarely:	12	(27.9%)

TAURANGA

Loneliness and Social Isolation

Yes: 16 (53.3%)   No: 14 (46.7%)

Always:	1	(6.3%)
Often:	2	(12.5%)
Occasionally:	11	(68.8%)
Rarely:	2	(12.5%)

PERSONAL WELLNESS INDEX AND LONELINESS

Interviewees were asked to respond with 'Yes' or 'No' to whether they had experienced feelings of loneliness or social isolation recently. These responses were then analysed alongside the Personal Wellness Index scores and other quantitative data to uncover any potential correlations between wellbeing and loneliness.

COMBINED

Gender Distribution of Loneliness:

The percent of lonely individuals within the PWI rankings are:

30-39: 6.9%   **40-49:** 1.7%   **50-59:** 15.5%   **60-69:** 25.9%   **70-79:** 31%   **80-89:** 17.2%   **90-99:** 5.2%

Loneliness within Gender Groups:

- 100% of individuals in the 30 – 39 PWI score range report feeling lonely
- 50% of individuals in the 40 – 49 PWI score range report feeling lonely
- 90% of individuals in the 50 – 59 PWI score range report feeling lonely
- 75% of individuals in the 60 – 69 PWI score range report feeling lonely
- 60% of individuals in the 70 – 79 PWI score range report feeling lonely
- 35.7% of individuals in the 80 – 89 PWI score range report feeling lonely
- 37.5% of individuals in the 90 – 99 PWI score range report feeling lonely

LONELINESS BY PWI SCORE
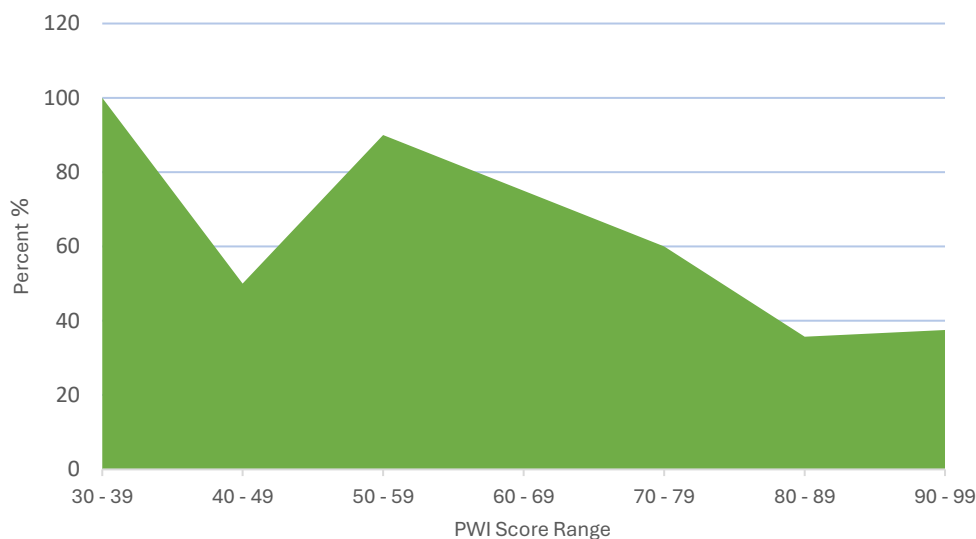
AUCKLAND

Loneliness by PWI Score

30 – 39:	4 out of 4	(100%)
40 – 49:	1 out of 2	(50.0%)
50 – 59:	7 out of 7	(100%)
60 – 69:	13 out of 18	(72.2%)
70 – 79:	11 out of 20	(55.0%)
80 – 89:	6 out of 16	(37.5%)
90 – 99:	2 out of 3	(40.0%)

TAURANGA

Loneliness by PWI Score

30 – 39:	--	
40 – 49:	--	
50 – 59:	2 out of 3	(67.0%)
60 – 69:	2 out of 2	(100%)
70 – 79:	7 out of 10	(70.0%)
80 – 89:	4 out of 12	(33.3%)
90 – 99:	1 out of 3	(33.3%)

Combined:

- The data indicates that among individuals with PWI rankings of 30-39, loneliness is very high at 100%, suggesting that individuals in this wellness bracket are highly vulnerable to loneliness.

- The PWI rankings of 40-49 shows a marked dip to a rate of 50%, however this data is based only on 2 individuals so is not statistically valid.

- Individuals with PWI rankings of 50-59 show a very high level of loneliness at 90%, highlighting the critical need for interventions in this group, while even moderate wellness scores are associated with substantial loneliness with 75% in the 60-69 range.

- Among individuals with PWI rankings of 70-79, loneliness is prevalent but lower at 60%, suggesting that higher wellness scores help mitigate loneliness but do not eliminate it.

- For those with PWI rankings of 80-89 and 90-99, loneliness decreases significantly to 35.7% and 37.5% respectively, indicating that better wellness significantly reduces vulnerability to loneliness.

Auckland vs. Tauranga:

- In Auckland, individuals with PWI rankings of 30-39 and 40-49 show high levels of loneliness. highlighting a critical need for targeted support. Tauranga has no data for these brackets, possibly indicating a better quality of life in the Bay of Plenty region.

- Among individuals with PWI rankings of 50-59, Auckland and Tauranga both show very high levels of loneliness, suggesting a critical need for wellness interventions.

- For those with PWI rankings of 60-69, both cities show high levels of loneliness, while from 70-79 there starts to show a decline, suggesting that higher wellness helps reduce loneliness.

- Among those with PWI rankings of 80-89 and 90-99, loneliness is at its lowest levels for Auckland and Tauranga.

IMPLICATIONS

Combined:

- **Targeted Wellness Programmes:** Develop targeted wellness programmes for individuals with low PWI rankings (30-59) to improve their overall wellbeing and reduce loneliness. These individuals need added support services to help navigate the daily challenges of life for older adults.

- **Promote High Wellness:** Encourage individuals with high wellness to engage in more advocacy and volunteer opportunities, to support older individuals with low wellness scores through mentoring. These supportive wellness networks can provide regular and meaningful interactions, helping individuals improve their wellness scores and reduce feelings of loneliness.

Auckland vs. Tauranga:

- **Enhanced Wellness Interventions:** Given the higher levels of loneliness among individuals with lower PWI rankings, Auckland should focus on creating targeted wellness interventions, such as community-driven initiatives for mental health support, physical wellness programmes and social engagement activities.

GENDER

Interviewees were asked to specify their preferred gender identification within the demographic data collection.
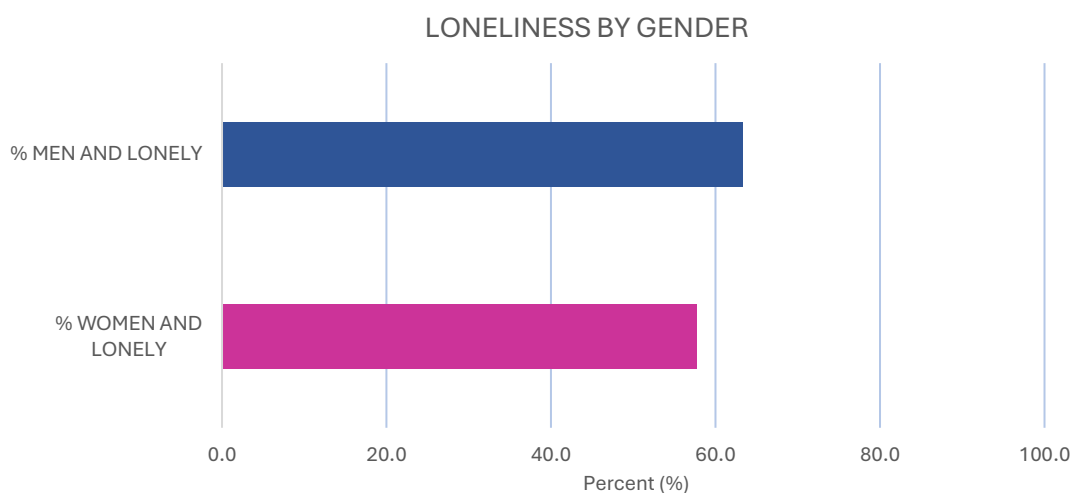
COMBINED

Gender Distribution of Loneliness:

- The proportion of lonely individuals who are female is approximately 68.3%, while 31.7% are male.
- Gender diverse (GD) individuals show no instances of loneliness in this dataset due to low participation numbers.

Loneliness within Gender Groups:

- 57.8% of women interviewed reported feeling lonely.
- 63.3% of men interviewed reported feeling lonely.

LONELINESS BY GENDER

AUCKLAND

Loneliness by Gender

Females:	28 out of 48	(58.3%)
Males:	16 out of 24	(66.7%)

TAURANGA

Loneliness by Gender

Females:	13 out of 23	(56.5%)
Males:	3 out of 6	(50%)
Gender Diverse:	0 out of 1	(0%)

INSIGHTS

Combined:

- The data suggests that a higher percentage of men (63.3%) experience loneliness compared to women (57.75%).
- A substantial proportion of lonely individuals are female, reflecting a larger female number of female participants, or potentially due to a higher tendency for women to report loneliness.

Auckland vs. Tauranga:

- The trend of higher loneliness among females compared to males is also evident in Auckland. The ratios between lonely and not lonely are slightly more pronounced than in Tauranga.

- In Tauranga, the loneliness levels among males are closer to those of females compared to Auckland, suggesting different social dynamics or community support structures. The presence of not lonely gender diverse individuals only in Tauranga could indicate a more inclusive or supportive environment in this city.

IMPLICATIONS

Combined:

- **Develop Gender-Sensitive Interventions:** The data reveals a higher prevalence of loneliness among females in the combined results. This suggests the need for interventions that specifically address the social, emotional, or societal factors contributing to loneliness among women, such as community support groups, mental health resources, or career and family life balance programmes.

- **Enhance Support for Gender Diverse Individuals:** Although data on gender diverse individuals is limited, ensuring their inclusion in all loneliness mitigation strategies is essential. Initiatives could include awareness programmes aimed at increasing understanding and acceptance, as well as providing specific support mechanisms that cater to the unique challenges faced by this group.

- **Universal Mental Health Support:** Strengthening mental health services accessible to all genders can help address the root causes of loneliness, improving overall community wellbeing.

Auckland vs. Tauranga:

- **Tailored Community Engagement Strategies:** The higher loneliness reported among females in both cities and the closer ratios of loneliness between genders in Tauranga suggest that different community dynamics might exist. Tailoring engagement strategies to the specific social fabric of each city, can effectively help reduce loneliness. For example, Auckland might focus on expanding women's networks and support services, while Tauranga might emphasise programmes that foster male social interactions and community integration.

- **Inclusive and Supportive Environments for All Genders:** Both cities should strive to create more inclusive environments that support social integration for all genders. This could involve training for community leaders and service providers on gender inclusivity, establishing safe spaces for gender diverse individuals, and promoting policies that support gender equality in all community activities.

- **Monitoring and Evaluation:** Implement continuous monitoring and evaluation of loneliness interventions to assess their effectiveness across different gender groups in both cities. This will help in refining programmes and ensuring that they meet the intended goals of reducing loneliness and improving social connectivity.

AGE

Interviewees were asked to specify their age within the demographic data collection.

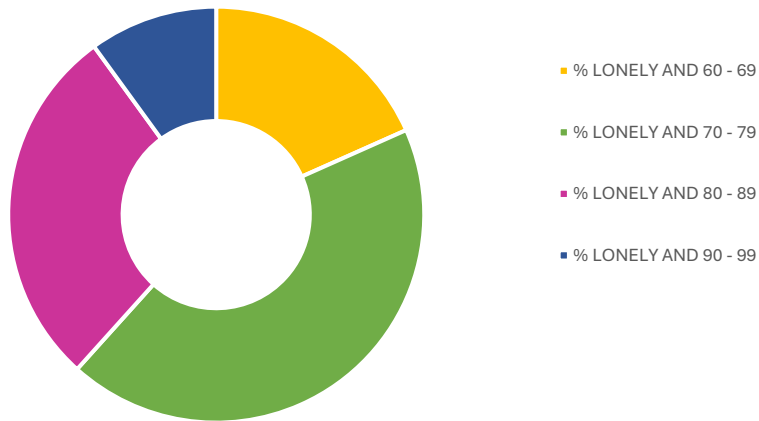Loneliness by Age Bracket:

The percentage of lonely individuals in each age bracket is as follows:

60 - 69: 18.3%   **70 - 79:** 43.3%   **80 - 89:** 28.3%   **90 – 99:** 10%

Loneliness within Age Brackets:

- 73.3% of individuals aged 60-69 report feeling lonely.
- 55.3% of individuals aged 70-79 report feeling lonely.
- 56.7% of individuals aged 80-89 report feeling lonely.
- 60% of individuals aged 90-99 report feeling lonely.

LONELINESS BY AGE BRACKET

- % LONELY AND 60 - 69
- % LONELY AND 70 - 79
- % LONELY AND 80 - 89
- % LONELY AND 90 - 99

AUCKLAND			TAURANGA		
Loneliness by Age Bracket			Loneliness by Age Bracket		
60 – 69:	7 out of 11	(63.6%)	60 – 69:	4 out of 4	(100%)
70 - 79:	22 out of 35	(62.9%)	70 - 79:	4 out of 12	(33.3%)
80 - 89:	11 out of 19	(57.9%)	80 - 89:	6 out of 11	(54.5%)
90 - 99:	4 out of 7	(57.1%)	90 - 99:	2 out of 3	(66.7%)

INSIGHTS

Combined:

- The data indicates that for individuals aged 60-69, loneliness is present but less pronounced compared to older age groups, suggesting that while these individuals are generally active, targeted social activities could further reduce feelings of isolation.

- For individuals aged 70-79, loneliness peaks, illustrating a critical vulnerability during this period as individuals transition into older age, often marked by significant life changes such as retirement and the loss of social contacts.

- Among those aged 80-89, loneliness remains high but shows a slight decrease compared to the 70-79 age group. This suggests that while challenges continue, there might be a better adaptation or acceptance of social roles and relationships in this very old age.
- In the 90-99 age bracket, the slight reduction in loneliness persists, despite the smaller population size, highlighting the need for continued and specialised support to address the unique challenges faced by the oldest individuals.

Auckland vs. Tauranga:

- For individuals aged 60-69, Auckland shows a slightly higher incidence of loneliness compared to Tauranga, while in the 70-79 age group Auckland exhibits significantly higher loneliness levels than Tauranga. This disparity indicates a critical need for Auckland to implement stronger social support systems and community engagement initiatives for individuals in this vulnerable transition period.
- For those aged 80-89, both cities show a high incidence of loneliness, but Auckland's rates are still higher. This points to the importance of enhanced healthcare and social services for the very old in both cities, with Auckland needing more focused interventions to reduce loneliness in this group.
- In the 90-99 age bracket, Auckland continues to have higher loneliness rates compared to Tauranga, despite a slight decrease.

IMPLICATIONS

Combined:

- **Targeted Support for Elderly:** There's a clear need for targeted support for the elderly, especially those in the 70-79 and 90-99 age brackets, which should include both social and health services to reduce loneliness.
- **Community Integration Programmes:** Programmes that foster community integration, such as intergenerational activities and regular social gatherings, can help reduce feelings of isolation among the elderly.

Auckland vs. Tauranga:

- **Enhanced Social Programmes:** Both cities, with Auckland in particular, should develop more engagement programmes specifically tailored for the 60-69 age group to prevent early onset loneliness. These could include hobby groups, physical activity programmes, and volunteer opportunities that foster social connections.
- **Robust Support Systems for the Vulnerable:** Auckland needs to strengthen its social support systems for individuals aged 70-79, who are at a critical transition phase marked by retirement and potential loss of social connections. Implementing or enhancing initiatives such as 'Senior Hubs' or activity centres, peer support groups, and community outreach programmes can help mitigate loneliness.
- **Healthcare and Social Services:** Both cities should prioritise enhancing healthcare and social services for those aged 80-89. For Auckland, this might involve increasing access to in-home care services, providing transportation to social events, and ensuring frequent check-ins from community health workers. Tauranga should continue to support these services while exploring additional ways to support social engagement and mental health in this age group.
- **Specialised Support:** The highest age bracket (90-99) requires continued and specialised support to address their unique challenges. While Tauranga appears to be performing better than Auckland, it is important to not become complacent and should continue to innovate and improve their services to ensure the wellbeing of their oldest residents.

MARITAL STATUS

Interviewees were asked to state their current marital status within the demographic collection.
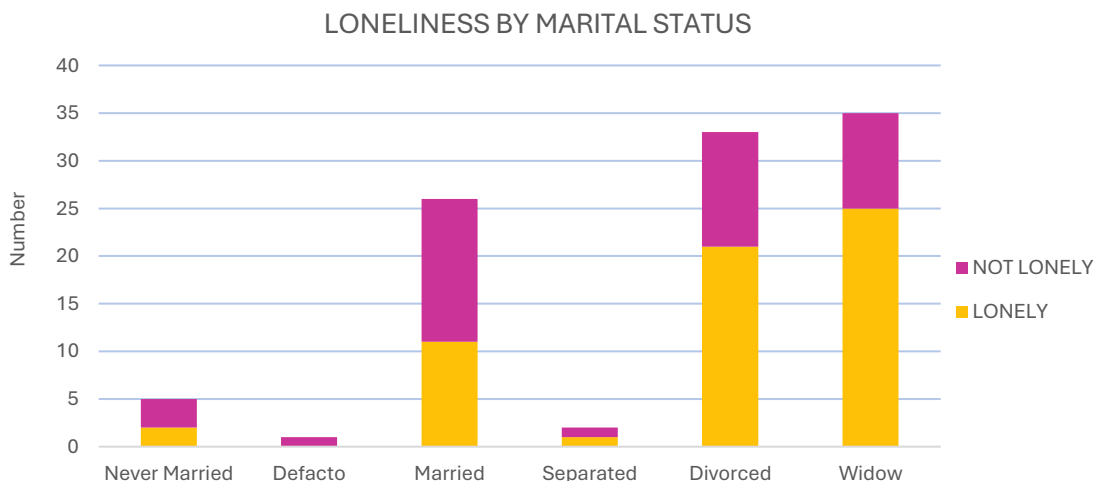
Loneliness by Marital Status:
The percentage of lonely individuals that are in each marital status group is as follows:

Never Married: 3.3% **De facto:** 0%   **Married:** 18.3%   **Separated:** 1.7%   **Divorced:** 35%   **Widow:** 41.7%

Loneliness within Marital Status Groups:
- 41.7% of individuals who have never married report feeling lonely.
- None of the individuals in de facto relationships report feeling lonely.
- 42.3% of married individuals report feeling lonely.
- 50% of separated individuals report feeling lonely.
- 63.6% of divorced individuals report feeling lonely.
- 71.4% of widowed individuals report feeling lonely.

LONELINESS BY MARITAL STATUS

AUCKLAND

Loneliness by Marital Status

De facto:	0 out of 1	(0%)
Never married:	2 out of 4	(50%)
Married:	9 out of 18	(50%)
Separated:	1 out of 2	(50%)
Divorced:	16 out of 25	(64%)
Widowed:	16 out of 22	(73%)

TAURANGA

Loneliness by Marital Status

De facto:	--	
Never married:	0 out of 1	(0%)
Married:	2 out of 8	(25%)
Separated:	--	
Divorced:	5 out of 8	(63%)
Widowed:	9 out of 13	(69%)

INSIGHTS

Combined:

- Among married individuals, loneliness is present but lower compared to those who are divorced or widowed, highlighting that while marriage can provide emotional support, it is not a guarantee against loneliness.

- Those who are separated show similar levels of loneliness and non-loneliness, indicating that separation can be a transitional phase with varied emotional impacts, necessitating targeted support during this period.

- The highest levels of loneliness are found among divorced individuals, emphasising the need for robust support systems, such as counselling and social reintegration programmes.

- Widowed individuals exhibit significant loneliness, underscoring the importance of bereavement support and opportunities for social connection to help mitigate the impact of losing a spouse.

Auckland vs. Tauranga:

- Married individuals in Auckland show equal levels of loneliness and non-loneliness, while Tauranga shows more non-lonely individuals, suggesting that Tauranga's community or marital support structures may be more effective.

- Divorced individuals in Auckland experience higher levels of loneliness compared to Tauranga, pointing to a potential gap in post-divorce support services in Auckland that could benefit from enhancement.

- Widowed individuals in both cities experience significant loneliness, though it is more pronounced in Auckland. This suggests that Auckland may need to strengthen its bereavement support and community integration services to better support widowed individuals.

IMPLICATIONS

Combined:

- **Targeted Support for Separated Individuals:** Provide targeted support for individuals going through separation, including counselling and social integration programmes to help them navigate this transitional phase.

- **Robust Post-Divorce Support**: Implement robust post-divorce support systems, including counselling and social reintegration programmes, to address the high levels of loneliness among divorced individuals.

- **Bereavement Support for Widows**: Strengthen bereavement support services and provide opportunities for social connection to help mitigate the significant loneliness experienced by widowed individuals.

Auckland vs. Tauranga:

- **Enhanced Social Opportunities in Auckland:** Given the higher levels of loneliness among never married individuals in Auckland, developing more robust social engagement opportunities could help reduce loneliness.

- **Effective Models from Tauranga**: Auckland could benefit from adopting some of Tauranga's strategies that appear to be more effective in mitigating loneliness among married and divorced individuals. This might include community support programmes and marital counselling services.

- **Uniform Support for Separated Individuals:** Both cities should ensure that separated individuals have access to consistent and targeted support services to help them through the transition, reducing the risk of prolonged loneliness.

- **Strengthening Bereavement Support:** Both Auckland and Tauranga should focus on enhancing bereavement support services, with Auckland needing a more pronounced effort given the higher loneliness rates among widowed individuals.

SOCIAL MEDIA

Interviewees were asked to state 'Yes' or 'No' whether they could use, or do use, social media.

Loneliness by Social Media Use:
- The percentage of lonely individuals who use social media is 75%, while 25% of lonely individuals do not use social media.

Loneliness within Social Media Usage Groups:
- 59.2% of social media users report feeling lonely.
- 57.7% of non-social media users report feeling lonely.

LONELINESS BY SOCIAL MEDIA USE

- % LONELY AND SOCIAL MEDIA USERS   ■ % LONELY AND NON-SOCIAL MEDIA USERS
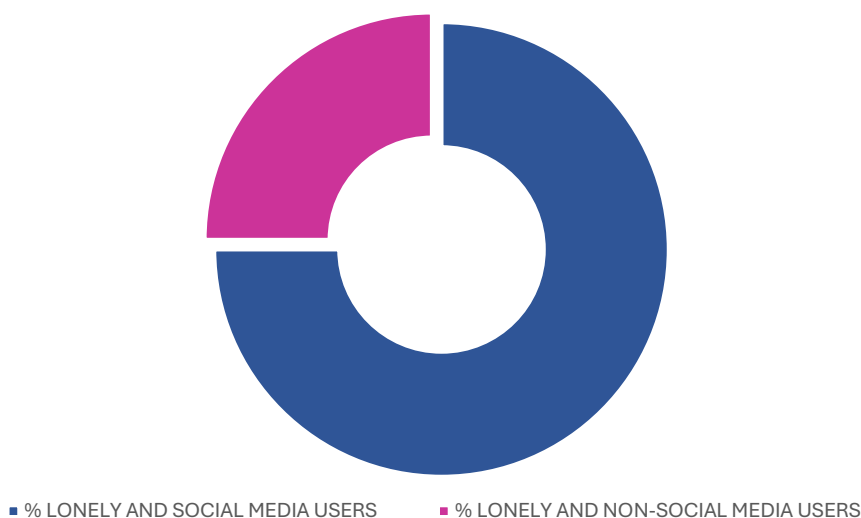
AUCKLAND	TAURANGA

Loneliness by Social Media Use in Auckland

Social Media Users:	33 out of 53 (62.3%)
Non-Social Media Users:	11 out of 19 (57.9%)

Loneliness by Social Media Use in Tauranga

Social Media Users:	12 out of 23 (52.2%)
Non-Social Media Users:	4 out of 7 (57.1%)

INSIGHTS

Combined:

- The data indicates that among social media users, loneliness is relatively high, suggesting that while social media can provide a means of connection, it may also contribute to feelings of isolation if not balanced with in-person interactions.

- For individuals who do not use social media, loneliness is present but less pronounced compared to social media users, indicating that offline social connections might play a significant role in reducing feelings of loneliness.

Auckland vs. Tauranga:

- In Auckland, social media users show higher levels of loneliness compared to non-users, suggesting that social media might be a double-edged sword, providing connection but also contributing to feelings of loneliness, possibly due to factors like social comparison or lack of genuine interactions.

- Tauranga shows a similar trend, though the difference between social media users and non-users is less pronounced. This could indicate that Tauranga's social media users might be better at balancing online and offline interactions or that there are more supportive offline social structures in place.

IMPLICATIONS

Combined:

- **Promote Balanced Social Media Use:** Develop programmes that encourage balanced use of social media, emphasising the importance of offline interactions and genuine connections to prevent social media from contributing to loneliness.

- **Support for Non-Social Media Users:** Ensure that individuals who do not use social media have access to community engagement opportunities to maintain strong offline social connections.

Auckland vs. Tauranga:

- **Targeted Interventions in Auckland:** Given the higher levels of loneliness among social media users in Auckland, it is crucial to create initiatives that promote healthy social media habits and provide ample offline social opportunities. Workshops on digital wellness and community-building events could be beneficial.

- **Effective Practices from Tauranga:** Auckland could benefit from adopting Tauranga's approaches to mitigating loneliness among social media users. This might include promoting activities that integrate both online and offline social interactions.

- **Community Support Systems:** Both cities should enhance their community support systems to ensure that those who do not use social media have strong offline networks, reducing the risk of loneliness.

SMARTPHONE COMPETENCE

Interviewees were asked to rate their self-perceived smartphone competence on a Scale of Competence of, 'No Use, Very Incapable, Somewhat Incapable, Somewhat Proficient, Very Proficient'.
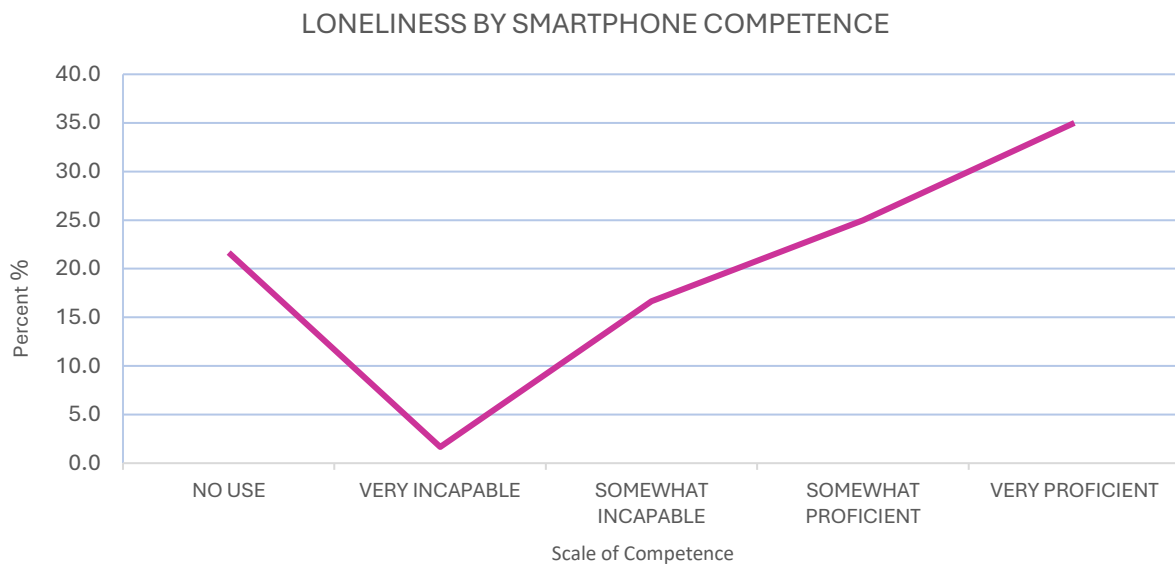
Loneliness by Smartphone Competence:
The percentage of lonely individuals in each smartphone competence group is as follows:

No Use: 21.7% **Very Incapable:** 1.7% **Somewhat Incapable:** 16.7% **Somewhat Proficient:** 25% **Very Proficient:** 35%

Loneliness within Smartphone Competence Groups:
- 65% of individuals with no smartphone use report feeling lonely.
- 100% individuals who are very incapable with smartphones report feeling lonely, though this is based on a single individual.
- 66.7% of individuals who are somewhat incapable with smartphones report feeling lonely.
- 45.5% of individuals who are somewhat proficient with smartphones report feeling lonely.
- 63.6% of individuals that considered themselves very proficient on a smartphone reported feeling lonely.

LONELINESS BY SMARTPHONE COMPETENCE

AUCKLAND

Loneliness by Smartphone Competence

No Use:	9 out of 14 (64.3%)
Very Incapable:	1 out of 1 (100%)
Somewhat Incapable:	9 out of 14 (64.3%)
Somewhat Proficient:	11 out of 23 (47.8%)
Very Proficient:	1 out of 7 (170.0%)

TAURANGA

Loneliness by Smartphone Competence

No Use:	4 out of 6 (66.7%)
Very Incapable:	--
Somewhat Incapable:	1 out of 1 (100%)
Somewhat Proficient:	4 out of 10 (40%)
Very Proficient:	7 out of 13 (53.8%)

Combined:

- The data indicates that for individuals with no smartphone use, loneliness is quite pronounced, suggesting that lack of digital engagement might contribute to isolation.

- The number of 'Very Incapable' individuals is statistically invalid with only 1, however individuals with 'Somewhat Incapable' ratings show significant loneliness, indicating that while they have some digital skills, they might still struggle to connect meaningfully through technology.

- Among those with 'Somewhat Proficient' ratings, the loneliness level is notable but slightly offset by a relatively high number of not lonely individuals, suggesting that proficiency alone does not guarantee reduced loneliness.

- For 'Very Proficient" users, there is still a high level of loneliness, indicating that high digital proficiency might lead to increased online interactions that do not replace the need for face-to-face connections.

Auckland vs. Tauranga:

- In Auckland, individuals with no smartphone use show high levels of loneliness, indicating that lack of digital engagement could be a significant factor. This trend is also observed in Tauranga, though with fewer individuals affected.

- Auckland's data shows that individuals with 'Somewhat Incapable' smartphone competence have notable loneliness, highlighting the need for digital literacy programmes that emphasise meaningful online interactions.

- For those with 'Somewhat Proficient' ratings, both cities exhibit a mix of loneliness and non-loneliness, suggesting that additional factors influence loneliness beyond smartphone competence alone.

- 'Very Proficient' users in both cities show high levels of loneliness, especially in Auckland, indicating that digital proficiency might lead to higher social media use, which can sometimes exacerbate feelings of loneliness due to superficial interactions.

IMPLICATIONS

Combined:

- **Digital Literacy and Engagement Programmes:** Develop programmes that enhance digital literacy while promoting meaningful online and offline interactions. This is particularly important for those with no or minimal smartphone competence.

- **Balanced Use of Technology:** Encourage balanced use of technology to ensure that digital proficiency does not replace in-person social interactions, which are crucial for reducing loneliness.

Auckland vs. Tauranga:

- **Enhanced Digital Inclusion in Auckland:** Given the high levels of loneliness among those with no smartphone use, Auckland should focus on digital inclusion programmes to help older adults and other less tech-savvy individuals integrate more effectively into the digital world.

- **Meaningful Digital Interactions in Both Cities:** Both cities should promote initiatives that encourage meaningful online interactions, such as digital literacy workshops that teach not only how to use smartphones but also how to engage in positive, supportive online communities.
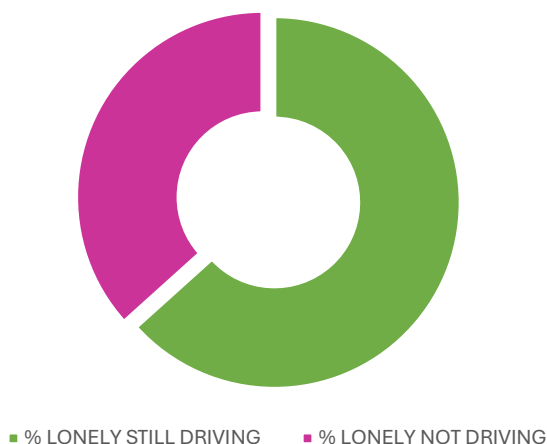
DRIVING STATUS

Interviewees were asked to answer 'Yes' or 'No' to whether they were still able, or allowed to, drive.

COMBINED

Loneliness by Driving Status:

- Across Auckland and Tauranga the percentage of older adults who reported feeling lonely or socially isolated who are still driving is 63.3%, while 36.7% of lonely individuals are not driving.

LONELINESS BY DRIVING STATUS

■ % LONELY STILL DRIVING   ■ % LONELY NOT DRIVING

AUCKLAND			TAURANGA		
Loneliness by Driving Status			Loneliness by Driving Status		
Still Drives:	24 out of 44	(54.5%)	Still Drives:	14 out of 22	(63.6%)
Does Not Drive:	20 out of 28	(71.4%)	Does Not Drive:	2 out of 8	(25.0%)

INSIGHTS

Combined:

- The data indicates that among individuals who are still driving, loneliness is significant, suggesting that the ability to drive alone does not necessarily mitigate loneliness and that other social factors play a role.

- For individuals who no longer drive, loneliness is also pronounced, indicating that the loss of driving capability may contribute to increased feelings of isolation and decreased social engagement.

Auckland vs. Tauranga:

- In Auckland, loneliness is high among both those who still drive and those who no longer drive, suggesting that driving status alone does not account for the levels of loneliness and that broader social support mechanisms are needed.

- In Tauranga, individuals who still drive also show notable levels of loneliness, but the difference between those who still drive and those who no longer drive is more pronounced, with non-drivers being less lonely. This is likely due to the higher participation rate of older adults living in retirement villages but may also indicate better support systems or alternative transportation options in Tauranga that help maintain social connections for non-drivers.

Combined:

- **Develop Transportation Initiatives:** Encourage more groups and organisations to provide transportation options for older adults to access their services and encourage their participation in social programmes.

- **Public Transportation Alternatives:** Ensure that non-drivers have access to reliable, convenient and accessible, public transportation options to maintain their social networks and reduce feelings of isolation.

- **Total Mobility Scheme:** Make sure all older adults that are no longer able to drive, and due to mobility issues cannot access public transport, have the ability to acquire a Total Mobility Card that affords the holder discounted taxi rates.

Auckland vs. Tauranga:

- **Targeted Support in Auckland:** Given the high levels of loneliness among both drivers and non-drivers, Auckland needs targeted interventions that address the specific social needs of each group. This could include creating more community events that do not rely on driving for participation and enhancing public transportation options.

- **Community Building Initiatives:** Both cities should focus on community-building initiatives that foster connections independent of driving status. This can include local community centres, walking clubs, and other neighbourhood-based activities that encourage social interaction without the need for driving.

- **Digital Connectivity for Non-Drivers:** Promote digital literacy and connectivity for non-drivers to ensure they have access to virtual social networks and resources, helping to mitigate loneliness through online communities and activities.

ACCOMMODATION

Interviewees were asked to state what their current accommodation is.
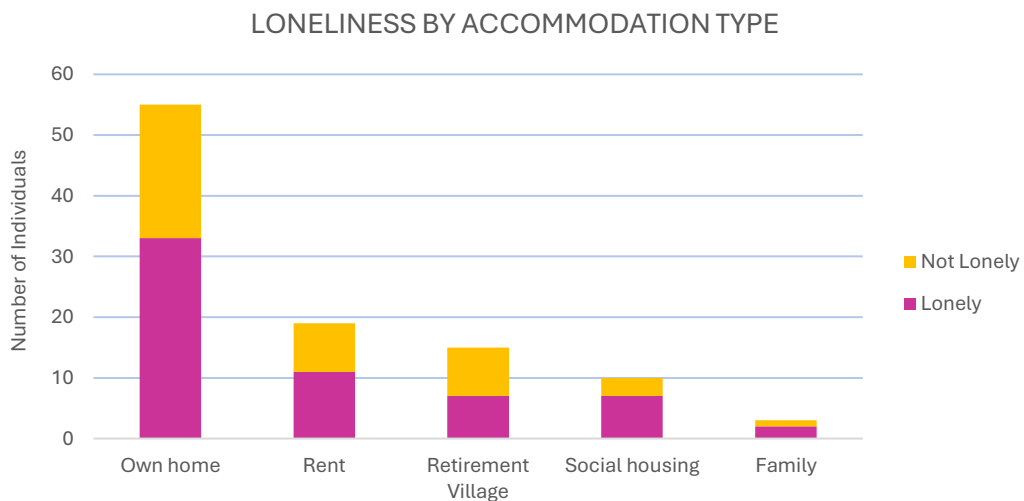
Loneliness by Accommodation Type:
The percentage of lonely individuals that are in each accommodation type is as follows:

Own Home: 55%   **Rent:** 18.3%   **Retirement Village**: 11.7%   **Social Housing:** 11.7%   **Family:** 3.3%

Loneliness within Accommodation Types:
- 60% of individuals who own their home report feeling lonely.
- 58% of renters report feeling lonely.
- 47% of individuals living in retirement villages report feeling lonely.
- 70% of individuals in social housing report feeling lonely.
- 67% of individuals living with family report feeling lonely.

LONELINESS BY ACCOMMODATION TYPE

AUCKLAND

Loneliness by Accommodation Type

Own Home:	24 out of 40	(60%)
Rent:	9 out of 15	(60%)
Retirement Village:	3 out of 5	(60%)
Social Housing:	7 out of 10	(70%)
Family:	1 out of 2	(50%)

TAURANGA

Loneliness by Accommodation Type

Own Home:	9 out of 15	(60%)
Rent:	2 out of 4	(50%)
Retirement Village:	4 out of 10	(40%)
Social Housing:	--	
Family:	1 out of 1	(100%)

INSIGHTS

Combined:

- The data indicates that among individuals who own their homes, loneliness is quite pronounced, likely reflecting the propensity of older adults living alone in their own home.

- For renters, loneliness is also notable, highlighting potential issues such as housing instability or financial stress contributing to feelings of isolation.

- In retirement villages, the number of lonely and not lonely individuals is almost equal, suggesting that while some benefit from the community aspects, others may still experience loneliness due to factors like health, mobility, confidence, or a lack of social contacts.

- Among those in social housing, loneliness is significant, pointing to potential issues such as housing provider issues, socio-economic challenges, and a lack of a supportive community.

- For individuals living with family, loneliness is less pronounced but still present, indicating that even with family support, there may be underlying issues contributing to loneliness, such as family tensions.

Auckland vs. Tauranga:

- In Auckland, loneliness is high among individuals who own their homes, rent, or live in social housing, suggesting that there may be broader social issues affecting these groups, such as urban isolation or financial stress.

- Tauranga shows lower levels of loneliness among homeowners and renters compared to Auckland, indicating potentially better community support, living conditions, or proximity to family. However, loneliness in retirement villages in Tauranga is higher than in Auckland, suggesting the need for more connection support and social engagement opportunities in these settings.

- Auckland has significant loneliness in social housing, while Tauranga had no participants that lived in social housing.

IMPLICATIONS

Combined:

- **Community Building for Homeowners:** Develop community-building programmes for homeowners, such as Neighbourhood Watch, to foster neighbourhood connections and reduce isolation.

- **Support for Renters:** Provide extended support services for renters, including financial counselling or assistance, utility subsidies, and food programmes to alleviate stress.

- **Enhanced Engagement in Retirement Villages:** Implement more innovative, engaging, and inclusive, activities in retirement villages to ensure all residents have opportunities for meaningful social interactions. Retirement village staff should be prompted to be more proactive in identifying potentially lonely and socially isolated individuals to encourage their participation in social events.

- **Comprehensive Support in Social Housing:** Strengthen support systems in social housing, focusing on building supportive networks between the residents, assist in organising regular village events, and promote more safe community spaces within the villages where residents can congregate and socialise.

- **Family Support Programmes:** Enhance family support programmes to address any underlying issues contributing to loneliness even within family living arrangements.

Auckland vs. Tauranga:

- **Targeted Interventions in Auckland:** Given the higher levels of loneliness among homeowners, renters, and social housing residents in Auckland, targeted interventions such as community events, support groups, and improved housing policies are needed as described above.

- **Support for Retirement Villages in Tauranga:** Given the higher loneliness levels in Tauranga's retirement villages, there is a need to develop more comprehensive engagement programmes and health support services in these settings.

- **Strengthening Family Support in Both Cities:** Both cities should continue to support family living arrangements with additional resources and programmes to address any remaining loneliness issues, ensuring that family environments remain supportive and connected.

SOCIAL CIRCLE SIZE

Interviewees were asked to approximately calculate how many people they have in what they would consider their 'social circle' (such as friends, family, colleagues, and neighbours).

COMBINED
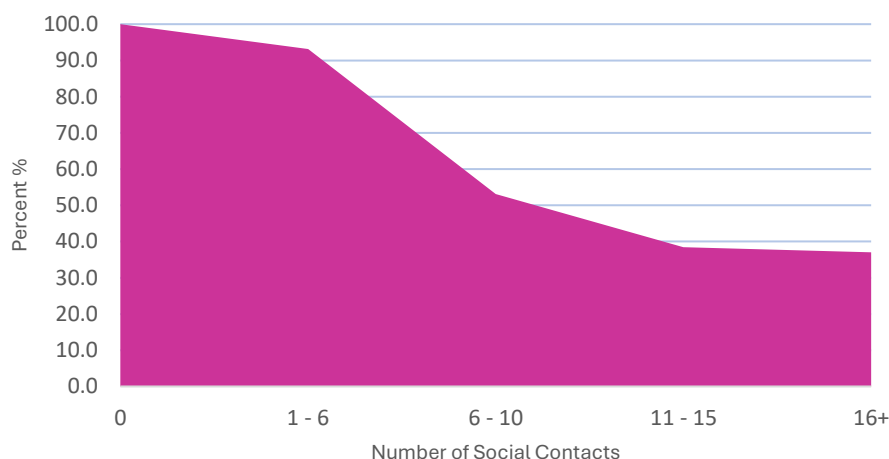
Loneliness by Social Circle size:
The percentage of lonely individuals with the number of contacts in their social circle are as follows:
    0: 1.7%   **1 - 5:** 45.0%   **6 - 10:** 28.3%   **11 - 15:** 8.3%   **16+:** 16.7%

Loneliness within size of Social Circle groups:
- 100% of individuals with 0 contacts report feeling lonely.
- 93.1% of individuals with 1-5 contacts report feeling lonely.
- 53.1% of individuals with 6-10 contacts report feeling lonely.
- 38.5% of individuals with 11-15 contacts report feeling lonely.
- 37% of individuals with 16 or more contacts report feeling lonely.

LONELINESS BY SOCIAL CIRCLE SIZE

AUCKLAND

Loneliness by Social Circle size:

0 contacts:	1 out of 1	(100%)
1-5 contacts:	21 out of 23	(91%)
6-10 contacts:	12 out of 21	(57%)
11-15 contacts:	2 out of 6	(33%)
16+ contacts:	8 out of 21	(38%)

TAURANGA

Loneliness by Social Circle size:

0 contacts:	--	
1-5 contacts:	6 out of 6	(100%)
6-10 contacts:	5 out of 11	(45.5%
11-15 contacts:	3 out of 7	(42.9%)
16+ contacts:	2 out of 6	(33.3%)

INSIGHTS

Combined:

- The data indicates that among individuals with 0 social contacts, loneliness is highly pronounced, though the sample size is small. This highlights the critical importance of having at least some social connections to mitigate loneliness.

- For individuals with 1-5 contacts, loneliness is extremely high, suggesting that having only a minimal number of social connections may not be sufficient to prevent feelings of isolation.

- Among those with 6-10 contacts, the balance between lonely and not lonely individuals is almost equal, indicating that this range of social connections might provide a basic level of support that can significantly reduce loneliness for some individuals.

- For those with 11-15 contacts, loneliness decreases further, and the number of not lonely individuals is higher, suggesting that this range of social contacts provides a more robust social support network.

- Individuals with 16+ contacts exhibit the lowest levels of loneliness, indicating that a higher number of social connections strongly correlates with reduced feelings of loneliness.

Auckland vs. Tauranga:

- In Auckland, individuals with 0 contacts show significant loneliness, consistent with the combined data. This trend is also evident among those with 1-5 contacts, both in Auckland and Tauranga, underscoring the importance of increasing social engagement opportunities for this group.

- Both cities exhibit lower loneliness levels among individuals with 6-10 contacts, but Auckland shows slightly higher loneliness in this category compared to Tauranga, suggesting the need for more targeted support in Auckland.

- In the 11-15 contacts range, both cities show decreased loneliness, with Tauranga displaying slightly better outcomes, while individuals with 16+ contacts show the lowest levels of loneliness in both cities, but Auckland still has some lonely individuals in this category, suggesting that quantity of contacts alone is not always sufficient without quality interactions.

IMPLICATIONS

Combined:

- **Increase Social Engagement Opportunities:** Develop programmes that encourage social engagement, particularly for individuals with only a few social contacts. These could include neighbourhood or community events, social activities, and volunteering opportunities.

- **Promote Quality Social Interactions:** Both cities should promote a balanced approach that includes both increasing the number of social contacts and ensuring the quality of those interactions. This can be achieved through workshops on social skills, group activities that encourage deeper connections, and regular community gatherings.

Auckland vs. Tauranga:

- **Targeted Social Programmes in Auckland:** Given the higher levels of loneliness among individuals with 0-5 contacts, Auckland should focus on creating more social opportunities and support groups to help individuals build and maintain social connections.

- **Digital and In-Person Social Platforms:** Utilise both digital platforms and in-person events to create inclusive social opportunities that cater to different preferences and abilities, ensuring everyone has access to social networks.

FREQUENCY OF INTERACTION WITH SOCIAL CIRCLE

Interviewees were asked to rate on a scale of 'Too Infrequent, Somewhat Infrequent, About Right, Slightly Too Frequent, Too Frequent' as how they perceived the frequency of interaction with people within their social circle.

COMBINED

Loneliness by Frequency of Interaction:
The percentage of lonely individuals with the perceived frequency of contact with members of their social circle are as follows:

Too Infrequent: 28.3%　　**Somewhat Infrequent:** 26.7%　　**About Right:** 41.7%

Somewhat Too Frequent: 1.7%　**Too Frequent:** 1.7%

Loneliness within Frequency of Interaction groups:
* 89.5% of individuals who find interactions Too Infrequent report feeling lonely.
* 69.6% of individuals who find interactions Somewhat Infrequent report feeling lonely.
* 44.6% of individuals who find the frequency of interactions About Right report feeling lonely.
* 33.3% of individuals who find interactions Somewhat Too Frequent report feeling lonely.
* 100% of individuals who find interactions Too Frequent report feeling lonely.

LONELINESS BY FREQUENCY OF INTERACTION
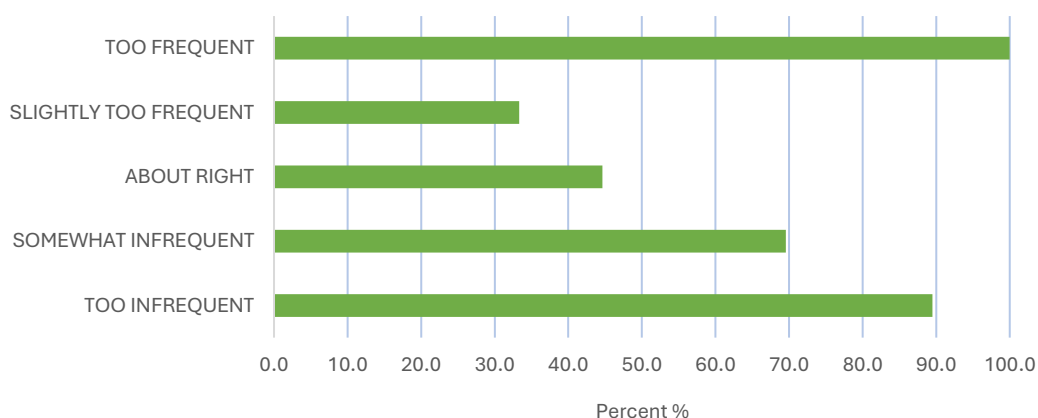
AUCKLAND

Loneliness by Frequency of Interaction:

Too Infrequent:	14 out of 16	(87.5%)
Somewhat Infrequent:	10 out of 16	(62.5%)
About Right:	19 out of 37	(51.4%)
Slightly Too Frequent:	1 out of 3	(33.3%)
Too Frequent:	--	

TAURANGA

Loneliness by Frequency of Interaction:

Too Infrequent:	3 out of 3	(89.5%)
Somewhat Infrequent:	6 out of 7	(69.6%)
About Right:	6 out of 19	(44.6%)
Slightly Too Frequent:	--	
Too Frequent:	1 out of 1	(100%)

INSIGHTS

Combined:

* The data indicates that among individuals who perceive their contact as 'Too Infrequent', loneliness is highly pronounced, suggesting that insufficient social interaction is a significant factor contributing to feelings of loneliness.

* For individuals who find their contact 'Somewhat Infrequent', loneliness remains high but is slightly lower than those who perceive their contact as 'Too Infrequent'.

- Among those who feel their contact is 'About Right', loneliness and not loneliness are nearly balanced, suggesting that having an adequate level of social contact is crucial for reducing loneliness.
- Individuals who perceive their contact as 'Slightly Too Frequent' show minimal loneliness, indicating that frequent social interactions generally help in preventing loneliness.

Auckland vs. Tauranga:

- In Auckland and in Tauranga, individuals who perceive their contact as Too Infrequent and Somewhat Infrequent show high levels of loneliness, indicating the need for increased social connection opportunities.
- For those who feel their contact is About Right, both cities show a mix of loneliness and not loneliness, with Auckland showing slightly higher loneliness levels, suggesting a need for ensuring the quality of social interactions.
- In the Slightly Too frequent contact category, both cities exhibit minimal loneliness, indicating that having regular social interactions generally helps prevent loneliness.
- Among individuals who perceive their contact as too frequent, loneliness is almost negligible, with both cities showing very low numbers, suggesting that excessive contact does not significantly contribute to feelings of loneliness.

IMPLICATIONS

Combined:

- **Increase Frequency of Social Interactions:** Develop programmes that facilitate more frequent social interactions for individuals who feel their contact is Too Infrequent. This could include neighbourhood and community events, social clubs, and regular meetups.
- **Quality of Social Interactions:** Emphasise the importance of the quality of social interactions, ensuring that they are meaningful and supportive.

Auckland vs. Tauranga:

- **Enhanced Social Programmes in Auckland:** Given the high levels of loneliness among those who feel their contact is Too or Somewhat Infrequent, Auckland should focus on creating more social connection opportunities, community events, and the promotion of work and volunteering opportunities.
- **Balanced Approach for Both Cities:** Both cities should promote a balanced approach that includes increasing the frequency of social interactions and ensuring they are meaningful. This can be achieved through workshops on social skills, group activities that encourage deeper connections, and regular community gatherings.
- **Supportive Social Networks:** Develop supportive social networks that provide regular and meaningful interactions, helping to reduce feelings of loneliness, particularly for those who perceive their contact as infrequent.

POSITIVITY TOWARDS AGEING

Interviewees were asked to rate on a scale of 1 (least) to 5 (most) of how happy they are to be getting older in their life.

COMBINED

Loneliness by Positivity Towards Ageing:

The percentage of lonely individuals in each positivity group is as follows:

1 (Least Positive): 15.00%   **2:** 6.67%   **3:** 25.00%   **4:** 41.67%   **5 (Most Positive):** 11.67%

Loneliness within Positivity Groups:

- 90.00% of individuals with the least positive attitude towards ageing report feeling lonely.
- 80.00% of individuals with positivity level 2 towards ageing report feeling lonely.
- 62.50% of individuals with positivity level 3 towards ageing report feeling lonely.
- 64.10% of individuals with positivity level 4 towards ageing report feeling lonely.
- 29.17% of individuals with the most positive attitude towards ageing report feeling lonely.

LONELINESS BY POSITIVITY TOWARDS AGEING
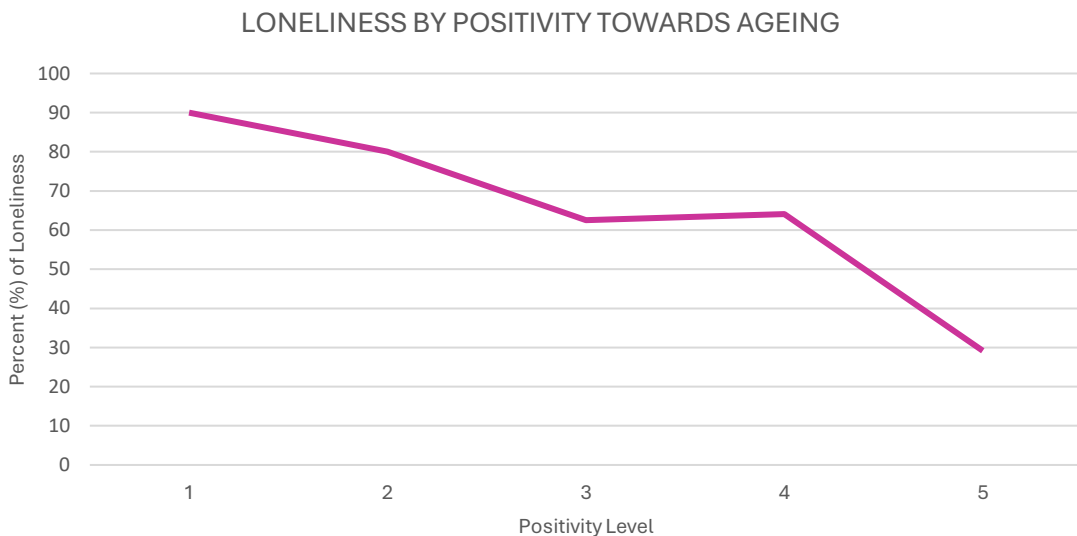
AUCKLAND

Loneliness by Positivity Towards Ageing:

1 (least):	14 out of 16	(85.7%)
2:	10 out of 16	(75.0%)
3:	19 out of 37	(73.3%)
4:	1 out of 3	(63.3%)
5 (most):	1 out of 3	(31.3%)

TAURANGA

Loneliness by Positivity Towards Ageing:

1 (least):	3 out of 3	(100%)
2:	1 out of 1	(100%)
3:	4 out of 9	(44.4%)
4:	6 out of 9	(66.7%)
5 (most):	2 out of 8	(25.0%)

INSIGHTS

Combined:
- The data indicates that among individuals who are least positive about ageing (1), loneliness is highly pronounced, suggesting that a negative outlook on ageing significantly contributes to feelings of loneliness.

- For individuals with a slightly more positive view (2), loneliness remains high but is less pronounced than in the least positive group, indicating that even a small improvement in positivity towards ageing can slightly mitigate loneliness.

- Among those with a neutral to moderately positive view (3), loneliness is still significant, highlighting that a neutral perspective does not necessarily protect against loneliness.

- Individuals who are fairly positive towards ageing (4), show the highest levels of loneliness, suggesting that this group might face particular challenges or expectations about ageing that are not being met.

- For the most positive individuals (5), loneliness is the lowest, indicating that a very positive outlook on ageing is associated with lower levels of loneliness.

Auckland vs. Tauranga:

- In Auckland and in Tauranga, individuals who are least positive about ageing (1) show the highest levels of loneliness. For those with slightly more positive views (2), Auckland shows higher loneliness levels than Tauranga, indicating that Auckland may need more targeted interventions to improve perceptions of ageing.

- Among those with a neutral to moderately positive view (3), both cities show significant levels of loneliness, with Auckland showing slightly higher levels. This suggests that both cities need to address the underlying issues contributing to loneliness in this group.

- Individuals who are fairly positive towards ageing (4), Auckland shows higher loneliness levels than Tauranga, suggesting that Auckland might need to provide more support and resources to help individuals maintain a positive outlook on ageing.

- Among the most positive individuals (5), both cities show the lowest levels of loneliness, with Tauranga having slightly better outcomes, indicating that a highly positive outlook on ageing is protective against loneliness.

IMPLICATIONS

Combined:

- Improve Perceptions of Ageing: Develop programmes and campaigns that promote positive perceptions of ageing, highlighting the benefits and opportunities associated with growing older.

- Support for Neutral and Moderately Positive Individuals: Provide support services and resources for individuals with neutral to moderately positive views on ageing to help them improve their outlook and reduce feelings of loneliness.

Auckland vs. Tauranga:

- **Targeted Interventions in Auckland:** Given the higher levels of loneliness among individuals with less positive views on ageing, both cities need to create initiatives that improve the overall perception of ageing through advocacy, community events, intergenerational activities and positive ageing workshops.

- **Supportive Social Networks:** Develop supportive social networks that provide regular and meaningful interactions for older adults, helping to improve their outlook on ageing and reduce feelings of loneliness.

FINANCIAL SECURITY

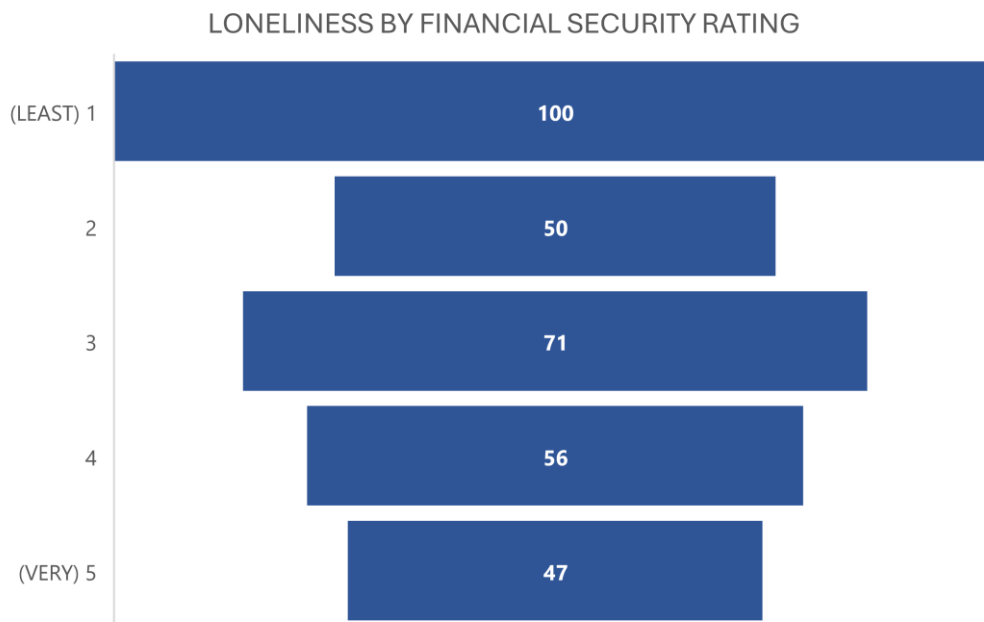Interviewees were asked to rate on a scale of 1 (least) to 5 (very) of how secure they feel financially.

Loneliness by Financial Security:

The percentage of lonely individuals in each financial security rating is as follows:

(Least) 1: 10.00%   **2:** 5.00%   **3:** 28.33%   **4:** 30.00%   **(Very) 5:** 26.67%

Loneliness within Financial Security ratings:

- 100% of individuals with the least financial security report feeling lonely.
- 50.0% of individuals with the financial security rating of 2 report feeling lonely.
- 70.8% of individuals with the financial security rating of 3 report feeling lonely.
- 56.3% of individuals with the financial security rating of 4 report feeling lonely.
- 47.1% of individuals with the financial security rating of 5 report feeling lonely.

LONELINESS BY FINANCIAL SECURITY RATING

	AUCKLAND			TAURANGA	

Loneliness by Financial Security rating:

Auckland			Tauranga		
1 (least):	6 out of 6	(100%)	1 (least):	--	--
2:	3 out of 6	(50.0%)	2:	--	--
3:	10 out of 15	(70.8%)	3:	7 out of 9	(77.8%)
4:	11 out of 20	(56.3%)	4:	7 out of 12	(58.3%)
5 (very):	14 out of 25	(47.1%)	5 (very):	2 out of 9	(22.2%)

Combined:

- The data indicates that among individuals with a financial security rating of 1, loneliness is highly pronounced at 100%, suggesting that extreme financial insecurity is a major contributor to feelings of loneliness.

- For those with a rating of 2, loneliness is still significant at 50%, while a moderate rating of 3 showed higher levels of loneliness at 70.8%, highlighting the need for even better than moderate financial stability to mitigate loneliness.

- Among those with a rating of 4, loneliness is prevalent at 56.3%, suggesting that moderate financial security can still be associated with substantial loneliness, however it has started decreasing.

- For individuals with the highest financial security rating of 5, loneliness is the lowest at 47.1%, indicating that higher financial security could be protective against loneliness but does not completely eliminate it.

Auckland vs. Tauranga:

- In Auckland, individuals with a financial security rating of 1 show high levels of loneliness, consistent with the combined data, highlighting a critical need for financial support. Tauranga has no data for this bracket, possibly indicating better financial conditions.

- For those with a rating of 2 in Auckland, and 3 for both cities, show high levels of loneliness, suggesting the need for financial support and stability initiatives.

- For those with a rating of 4, both cities show significant levels of loneliness, however, the highest rating of financial security of 5 show the lowest levels of loneliness in both cities, with Tauranga performing better, implying the quality of life of Tauranga is superior to that of Auckland.

Combined:

- **Develop Comprehensive Financial Assistance Programmes:** For older adults facing financial hardship, comprehensive financial assistance programmes are essential. These should include rental assistance, subsidies for essential services, and financial support to alleviate immediate burdens.

- **Promote Employment and Vocational Training for Older Adults:** Create employment opportunities and vocational training programmes tailored for older adults. Job fairs focused on age-inclusive hiring, skill development workshops for older adults, and partnerships with businesses that value the experience of older workers can help this demographic gain stable employment.

- **Community Support and Engagement:** Foster community support and engagement programmes that encourage social interaction and community involvement for older adults. Community centres, clubs, and volunteer opportunities can provide valuable, and affordable, social connections and support networks for older adults facing financial difficulties.

Auckland vs. Tauranga:

- **Targeted Financial Interventions**: Given the higher levels of loneliness among older adults with financial hardships in Auckland, but also considerable levels in Tauranga, it is crucial to create targeted financial interventions for older adults. This includes the increase in the reach and effectiveness of social welfare programmes to ensure older adults receive adequate support. This could involve streamlining application processes and increasing funding for essential services, such as housing and healthcare. It must also be ensured that older adults have access to essential resources such as affordable housing and healthcare to ease their financial burdens.

QUALITATIVE
THEMATIC ANALYSIS

Using interview data and research, the following thematic analysis explores themes of loneliness and social isolation in older adults, highlighting prominent factors that contribute to their physical, emotional, and social wellbeing.

Globalisation and Changing Family Dynamics

In an increasingly interconnected world shaped by globalisation, traditional family life and dynamics have undergone profound transformations. These changes, coupled with shifting societal expectations and individualistic trends, have helped feed into the high rates of social isolation and loneliness experienced by older adults in New Zealand.

GLOBALISATION

Globalisation has brought about unparalleled opportunities for mobility and connectivity, allowing individuals to traverse geographical boundaries with unprecedented ease. New Zealanders are notoriously intrepid travellers, with 'The Great O.E.' (overseas experience) considered to be a rite of passage for young adults to experience the world for a year or more, with many choosing to establish roots while overseas and permanently settle in a new country. However, a stronger driver of departures of New Zealander citizens from the country was the establishment of the Trans-Tasman Agreement, introduced in 1973, which enabled free movement of NZ and Australian citizens between the two countries to live and work [31] . New Zealand citizens seeking improved economic opportunities and earning potentials in Australia led to the country's

For a country of just over 4 million people, having as many as a million citizens living abroad is a startling notion.
– Tabor, Milfont and Ward, 2015.

highest net migration losses between 1976 and 1982, and again at the end of the 1980s[1]. While net migration has generally been positive since the early 2000s, due to an influx of migrants particularly from East and South Asia, high levels of departures of highly skilled New Zealand citizens 'across the ditch' to Australia continue with the strength of the Australian labour market. As of 2020, there are now estimated to be between 700,000 and 1 million New Zealanders living abroad, of whom 570,000 live in Australia[32]. New Zealand's high levels of emigration is unique for a first-world country, ranking first in the OECD for the number of highly skilled citizens living abroad[33].

While the consequences of this 'brain drain' has been extensively researched for its impact on New Zealand's economy, the influence on the social health of older adults has had less extensive critique. The newfound mobility since the 1970s has given rise to dispersed family structures, where it is becoming increasingly uncommon for all family members to reside in the same town or city, let alone within the same country. When individuals who had recently experienced feelings of loneliness or social isolation were interviewed, they consistently identified the same primary cause for their negative feelings: the impact of having close family members, particularly their children and grandchildren, living either abroad or in different parts of New Zealand. This geographical isolation from loved ones was frequently cited as a significant contributor to their feelings of loneliness and social isolation; from findings combining Auckland and Tauranga, responses surrounding geographic divide from family and friends was the most frequently cited cause of loneliness amongst participants (Combined: 13.2%, Auckland: 13.9%, Tauranga: 10.9%). In studies conducted abroad, it was shown that the out-migration of adult children is *highly* associated with poorer mental health outcomes for non-migrant parents remaining in their home country[33]. The reduction in basic instrumental support and opportunities for face-to-face interactions with close family result in increased feelings of depression, loneliness, and social isolation among the ageing parents left behind[34]. COVID exacerbated this geographic isolation, particularly through the New Zealand Government's strict stance on border closures, stalling international travel and spoiling the ability of migrant children to easily return to New Zealand to visit their ageing parents, family, and friends.

Older adults whose children are spread around New Zealand face similar issues of geographic isolation, particularly if frailty and mobility are significant health factors for the individuals where added functional family support would be hugely beneficial. In addition, with the growing demands placed on individuals and families balancing career aspirations and familial obligations, older adults often find themselves relegated to lower priority in the hierarchy of life's onslaught of demands and hectic schedules. This, however, is in stark conflict with the needs of ageing parent(s). As individuals age, family relationships

become more central to wellbeing, needs for receiving care increase, and social ties in other life domains, such as the workplace, become less central in their lives[35]. A greater sense of point and purpose to life in older age can also be achieved through meaningful family connection. Consequently, the shift in time allowances and family dynamics has created palpable tension between the expectations of older adults regarding their desired level of communication and visitation from their loved ones, and the actual level of engagement they receive. The 'Traditionalist' and 'Baby Boomer' generations that are now in retirement would have likely been responsible for their own parents' care, fostering levels of resentment, sadness, and disappointment for some that they have not been afforded the same. The absence of being able to call on a son or daughter for help with technology issues, hanging a picture, or assisting after a fall is keenly felt by older adults. Or, as one gentleman stated, "I don't want to be like the guy next door whose body wasn't found until a week after he passed" (Pakeha male, 74, widowed, Franklin). As a result, the perception of abandonment, along with objectively weak social safety nets, intensifies their sense of vulnerability for older adults, thus feelings of loneliness and isolation become pervasive.

OLDER MIGRANTS

Geographic and social isolation is also acutely felt within older-migrant communities in New Zealand, particularly in Auckland. Auckland is the largest, and most ethnically diverse region in the country, with over forty percent (41.6%) of the population born overseas, as of the 2018 New Zealand Census[36], making it one of the most culturally diverse cities in the world. With over 150 different ethnic identities, and 120 languages spoken[37], the diversity brings a rich tapestry of cultures, traditions, and languages, making it a vibrant and dynamic place to live. However, it also presents unique challenges for social integration, language barriers, and access to services, particularly for older migrant communities. These hurdles can pose intricate layers of isolation and exclusion, hindering their ability to fully participate in their new society.

The Asian population is the fastest growing ethnic group in Auckland, with a 44.1% increase in this demographic between the 2013 and 2018 Census [38]. Within this broad categorisation, over a third (36%) identified as Chinese, 32.3% identified as Indian, 7.4% as Filipino, and a further 5.7% as Korean[8]. While representing only a relatively small portion of the net Asian migration of 7.1% (31,356), the '65 years and older' demographic grew significantly faster than that of the overall Asian population at a rate of 65.8%[8]. The influx has been largely attributed to the immigration policies of the New Zealand Government, which allows parents of young skilled migrants to apply for residency if their adult child has already been granted New Zealand residency, or citizenship.

TABLE ONE: Population Composition of the Auckland Region, 2006 - 2018

	2006 (%)	2018 (%)
European	56.5	53.5
Māori	11.1	11.5
Pacific peoples	14.4	15.5
Asian	18.8	28.2
MELAA	1.5	2.3
Other	8.1	1.1

Source: Stats NZ, Ethic Group Summaries 2018.

For older migrants of Asian descent, their relocation to New Zealand would be considered a major, and daunting, life event, and one that requires considerable social support to achieve a positive outcome. However, the sociocultural structure of communities in New Zealand with a prevailing individualistic ethos, as compared to their traditional collectivist values, does not lend itself well to aid older Asian migrants' assimilation into their new host society. With collectivism "[people] from birth onwards are integrated into strong, cohesive in-groups, which throughout people's lifetime continue to protect them in exchange for unquestioningly loyalty"[39]. By contrast, within an individualist society "ties between individuals are loose; everyone is expected to look after him- or herself and his or her immediate family only"[9]. As a result, older Asian migrants have greater needs for a sense of belonging, and higher social cohesion expectations, than what their new host society can provide.

While older migrants often have an adult child in New Zealand whom they expect to depend upon heavily for functional support, creating effective social support networks for the navigation of daily life can prove challenging. Despite their dreams of family reunification in New Zealand, adult children of migrants are equally susceptible to join the globalised chasing of career opportunities, often necessitating their

relocation overseas, or around the country, leaving their older migrant parent(s) without a direct line of support in a vastly different statehood from which they are familiar. When asked for factors leading to her sense of loneliness, one older Korean migrant told "Feeling like there is no one to help can be overwhelming. I am emotionally lonely as my daughter is living far away in Australia, and dealing with housing issues on my own is the most stressful aspect for me. When I am unwell and have no one around, it becomes challenging to cope" (Korean female, 68, divorced, Central Auckland). A similar experience was conveyed by a Chinese migrant in Auckland, "My husband passed away. Now I live by myself as my children live far away in different countries and are busy with their own lives. I rarely contact my children because they are unable to come and help. I feel lonely because nobody can talk to me" (Chinese female, 65, widow, East Auckland). This perceived abandonment by their children is compounded by their English proficiency limitations, which not only impedes their ability to navigate essential services, but also leads to feelings of alienation and isolation, exacerbating the challenges of adapting to a new environment, and diminishing their overall quality of life. Of the older Asian migrants interviewed, 58% noted language barriers as being a significant obstruction to social connection in their communities.

Access to culturally specific social services that are tailored to the needs of older Asian migrants are also crucial. The complexities of bureaucratic processes and the scarcity of culturally sensitive services, intensify the difficulties they face. Many struggle with unfamiliar systems, unsure of where to seek assistance or how to articulate their needs. Ordinarily straightforward daily challenges can be stressful and overwhelming. Consequently, older adult migrants often forego necessary services, further deepening their isolation and vulnerability. As told by one older migrant, "I am unable to access services and know about resources in the community due to my language barrier and my health status. Nobody is able to help me all of the time" (Chinese female, 75, married, East Auckland).

I looked after my parents for the last 6 years of their lives and I learned so much. Thanks to my experience, I have a better understanding of older adults needs, priorities and their feelings. As I am a migrant, I also witnessed the significant cultural needs to be filled for the older adults. I am passionate about improving the wellbeing of migrant older adults. No one suffers alone, as late MP Efeso Collins said.
– Japanese female, 67, Separated, North Shore.

Moreover, the establishment of social connections proves elusive for many older migrants. The absence of pre-existing social networks in their new environment, compounded by cultural differences, leaves them devoid of the support and companionship crucial for their wellbeing. Traditional avenues for socialisation, such as community centres or religious institutions, may not cater to their specific cultural backgrounds, further complicating efforts to forge meaningful connections. Despite these obstacles, active coping strategies that focus the individual's intent towards forging new and meaningful social connections can act as a protective factor against high levels of stress, deteriorating mental health, and loneliness.

CONCLUSION

Globalisation and shifting societal norms have reshaped family dynamics, contributing to the social isolation and loneliness of older adults in Auckland and Tauranga. Many younger New Zealanders seek opportunities abroad, leaving their parents and grandparents geographically isolated. Older migrants, especially in culturally diverse Auckland, face additional challenges. Language barriers, lack of culturally specific services, and reliance on adult children for support intensify their isolation. The pursuit of career opportunities by their children often leaves these older adults without necessary familial support, leading to feelings of abandonment and loneliness. Addressing these issues requires enhancing social support systems, fostering community connections, and improving access to culturally sensitive services. By recognising and addressing the unique challenges faced by older adults and migrants, a more inclusive and supportive environment can be built upon to mitigate the effects of social isolation and loneliness.

Bea*, a resilient 69-year-old woman, faced significant life changes after a series of challenging events. Living in the downstairs flat of her sister's house in Tauranga, Bea had to adapt to a new reality following her cancer journey. During her treatment, she was made redundant from three jobs, leading to the depletion of her retirement savings to cover rent. Her divorce settlement, intended to provide financial stability, was also consumed by the costs of her cancer treatment. Despite these hardships, Bea emerged as a cancer survivor, but she found herself financially dependent and living under restrictive conditions in her sister's home.

Before her divorce, Bea lived in Scotland with her husband and in-laws, where she endured five years of loneliness due to their strict nature, and her geographic and social isolation. This experience left her sensitive to similar dynamics, and her sister's overbearing nature often causes Bea to retreat into her flat, and into herself. Her sister's control extends to Bea's love of gardening, restricting what she can plant, which dampens her pleasure towards her favourite hobby. Adding to her discomfort, her now ex-husband, who lives in the South Island, often visits unannounced and is welcomed by her sister, sometimes even staying overnight with his new wife, leaving Bea feeling like an intruder in her own sister's home. The high rents in Tauranga prevent Bea from finding alternative accommodation, trapping her in an uncomfortable and stifling environment.

Bea does not have children, and without a spouse to support her, Bea struggled with the financial and emotional decisions she had to make during her cancer treatment. This has caused Bea to avoid social gatherings and opportunities to forge new connections, as she finds explaining her family circumstances to new people too awkward and overwhelming. Living with her sister only intensified her feelings of isolation and withdrawal, as her sister often made decisions on her behalf, including pushing her into things that didn't align with her interests. Not wanting to create conflict, Bea often acquiesced to her sister's choices, further diminishing her sense of autonomy and self-worth.

Recognising this, efforts were made to help Bea reinvent herself and reconnect with her community. She now participates in a weekly walking group, exercise classes at the local hall, and a tramping club when the weather permits. Bea has also joined a garden club, where she can enjoy gardening within her limits, and is exploring volunteer opportunities that utilise her cooking qualifications, such as with Good Neighbour and Senior Chef. These activities have provided Bea with a sense of purpose and belonging, helping her rebuild her confidence and maintain her wellbeing.

Despite her progress, Bea remains hesitant about forming new connections. She is grateful for the ongoing support from organisations like Age Concern, which have played a crucial role in helping her shape a new identity on her own terms and find meaningful ways to connect with her community outside of her difficult home environment.

Name has been changed to protect privacy.

Health Services

Timely access to health and medical services, as widely reported in the media, is a pressing issue faced by New Zealand's growing aged population. While this presents frustration for younger demographics, for older adults, the causal effect of inadequate healthcare access on their future retirement and positive ageing outlook cannot be understated. The current state of the healthcare industry has fuelled predictions of looming social healthcare crisis as it struggles to cope with the demands of the ageing population[40].

RISING COST OF HEALTH

Health and wellness are imperative to ageing well, making an accessible healthcare system more crucial than ever. Rising life expectancies in New Zealand over the last 70 years, from 71 years old in 1960, to 82.2 in 2021, have been the result of advances in healthcare, public health initiatives, and improved health education and awareness, to name a few. However, according to the World Health Organisation (WHO), the average number of years that a person can expect to live in "full health", known as the Healthy Life Expectancy (HALE), for the New Zealand population is only 70 years old (male: 69.6, female: 70.3)[41]. The disparity between life expectancy and HALE highlights the need for a robust healthcare system that acknowledges the multiplicity of ageing pathways and experiences within our ethnically varied communities. As older adults continue to play vital roles in society, and their health is paramount in enabling them to do so effectively, the focus should be on extending health-span rather than merely increasing

We're in a desperate and growing crisis. People are increasingly unable to access the care they need when they need it, and that is felt most sharply by people who need support the most.
– Dr Bryan Betty, GPNZ, 2024.

lifespan. The Healthy Ageing Strategy 2017[42], implemented by the Ministry of Health, emphasises this by aiming to "add life to years, not years to life," fundamentally seeking to improve the quality of additional years gained rather than simply prolonging life. When asked within the interview setting what the participants saw as the main challenges to ageing well, across the board the ability to remain healthy was their primary concern (Combined: 23.2%, Auckland: 22.6%, Tauranga: 24.6%).

While New Zealand's public health system, through Te Whatu Ora, currently does a good job in providing accessible, and equitable, treatment for serious illness and emergencies for older adults, there can be considerable delays in accessing treatment for non-urgent health conditions, such as cataract removals, cardiac procedures, orthopaedic procedures, and colonoscopies[41]. As of 2023, there were 67,000

The surgeon put me on a long waitlist due to my age, instead of seeing how much the operation would benefit me now.
– Pakeha female, 85, Widowed, Tauranga.

people in NZ overdue for treatment or a specialist appointment[43]. While the conditions are not considered life-threatening, the delay in treatment is not just inconvenient, but they can have a profound impact on an individual's quality of life and social connectivity. For those affected, waiting 12 months for an elective orthopaedic surgery, such as knee and hip replacements, the discomfort of living with their condition could mean 12 months with limited movement and no exercise, 12 months of withdrawal from social connection opportunities and 12 months of feeling like a burden on family and friends. Moreover, waiting for treatment is found to cause anxiety, distress, and uncertainty among patients[44]. This has a fundamental impact on the outlook and positivity that older adults have for their future, feeding into feelings of low self-worth, helplessness, and frustration, which can negatively impact mental health and over-all wellbeing. The domino effect that is created by untimely medical interventions easily transitions into feelings of loneliness and social isolation being no longer able to enjoy autonomy, independence, or fulfil their expectations of retired life.

The panacea to correct the fallibilities of the overwhelmed public health sector is the private health insurance system, which currently funds almost half of elective surgeries in the country[41]. Health insurance can provide older persons with the peace of mind that treatment can be obtained in a timely manner, and that retirement savings can be protected from becoming a health expense. However, the seemingly ever-rising health insurance premiums for older adults in New Zealand has become a pressing concern. As individuals age, they are deemed to be more at risk of needing to access treatment, leading to an increase in health insurance premiums. It is stated that people over the age of 65 claim three times the amount claimed by people aged 39–45 due to the large number of health conditions that affect this demographic at a far higher rate, such as cardiovascular, orthopaedic and cancer treatments. As such, a standard Southern Cross policy for a 75-year-old is $23.81 per day, compared to roughly only $3.68 per day for a 45-year-old[45], irrespective of the fact that many older adults have contributed to the insurance pool of funds for most of their lives with few to no claims.

The rising health insurance costs for older adults in New Zealand can be attributed to several factors. Firstly, the biggest driver is the increasing number of claims that insurance companies are being faced with. As the population ages, the prevalence of chronic illnesses and age-related health issues rises, leading to an overall increase in demand for healthcare services. The increase in personal health claims drives up the costs for insurance providers, which in turn results in higher premiums for policyholders. This higher demand can strain the healthcare system, leading to increased healthcare costs across the board. Insurance companies, anticipating these trends, adjust their pricing models to mitigate potential financial risks, resulting in higher premiums for older adults.

Figure 1: The proportion of older adults with private health insurance, 2000 - 2012
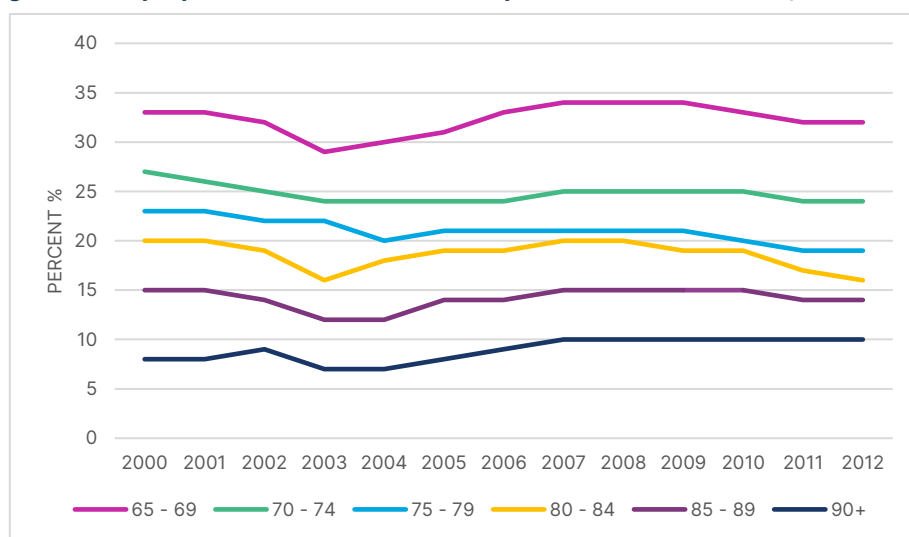
Source: Health Funds Association of NZ, 2013

Not only do health insurance premiums rise exponentially for older adults over 65 years old, but the cost of care is also rising, further impacting how much older adults have to pay in excess fees for private healthcare treatments. In many industries, new and improved technologies will actually reduce end-consumer costs due to enhanced efficiencies[46]. However, due to the vast sums that are spent developing new medical technologies, these costs are typically transferred to the consumer. For instance, knee replacement surgeries, a common procedure among older adults, have seen a significant increase in treatment costs in NZ over the last decade, from approximately $18,000 to $25,000 in 2013, to approximately $28,000 to $35,000 in 2023[46]. This rise in cost is largely attributed to the use of advanced surgical techniques and high-tech implants that aim to improve the outcomes and longevity of the replacement.

We can't keep growing the price and the cost of the current system – it needs to be transformed over the next ten years.
– Nick Astwick, CEO - Southern Cross, 2023

While these advancements have led to better patient outcomes, the continuous year-on-year healthcare cost increases have brought significant financial strain on health insurance providers, and their clients.

The soaring costs of private health insurance pricing out most older adults, coupled with the current cost of living crisis, and general retirement financial strain, has forced many older adults to opt out of their insurance policies and instead rely on the public health system for specialist care and elective surgeries. In turn, this has placed intense pressure on the public health system, which is now grappling with an influx of patients who previously would have sought treatment through private healthcare. These compounded factors underscore the multifaceted challenges of maintaining affordable health insurance in the context of an ageing population.

RURAL HEALTH ACCESS

Furthermore, the issue of timely healthcare access for older adults in rural areas of New Zealand is a persistent issue that warrants serious attention. A significant proportion of the rural population is composed of older adults for whom a sense of place is vital, accounting for 20% of the total rural populace in 2018, an increase from 13% in 1996. For Māori kaumātua, the figure is even higher, with 34% residing in rural areas[47]. The older-age dependency ratio, defined as the ratio of individuals over 65 years to those of working age, is also markedly higher in rural communities, standing at 35 per 100, compared to 23 per 100 in urban areas[47]. The elevated ratio of older adults in rural communities indicates a lower proportion of younger adults, reducing the functional community support available to assist older adults when in need. Despite the significant prevalence of older adults residing rurally, historically, the health system's planning, delivery, and monitoring have overlooked these individuals, leading to significantly poorer health outcomes compared to their urban counterparts[47]. The geographical distance from healthcare facilities is a primary barrier, exacerbated by a lack of rural health and mobile nursing services. Older adults often have to travel to the nearest townships to see a district nurse, with little consideration given to accessibility for those who are frailer or have mobility issues.

Post-operative care presents another challenge. There is a noticeable lack of the same in-home care services for rural dwellers that are readily available to urban populations, leaving them at a significant disadvantage during their critical rehabilitation phase. Transportation for older adults to reach hospitals is not provided, and neither is it for their discharge, resulting in the expense of around $150 in taxi fares each way for Franklin's older residents. Furthermore, not all patients who receive treatment are eligible for a Total Mobility discount taxi card, which provides substantial discount on taxi fares to individuals with mobility issues, adding to the financial burden.

These issues highlight the urgent need for inclusive and accessible healthcare services for older adults in rural New Zealand. Despite being highlighted as a priority in the Ministry of Health's 'Health of Older People Strategy 2002' [48], the lack of substantial action has led to a continued scarcity of health services in these areas. Consequently, this issue was once again emphasised in the Ministry's 'Rural Health Strategy 2023' as a focal point for attention and improvement. Within the current political and economic landscape however, expectations for improved rural health service provision are unlikely to be met with urgency.

CONCLUSION

The challenges posed by an overwhelmed health sector, rising health insurance premiums and lengthy waitlists for elective surgeries among older adults in New Zealand are significant and multifaceted. These issues not only impact individuals' physical health but also their mental wellbeing, social connectivity, and perceptions of ageing. Addressing these challenges requires concerted efforts from policymakers and healthcare providers to ensure equitable access to timely and affordable healthcare for all older adults. Behind every statistic on a waitlist lies a human story, underscoring the importance of systemic changes to support the health and dignity of our ageing population. Encouraging uptake and retention of health insurance can help alleviate the strain on public health resources and reduce waitlists, ultimately enabling older adults to live fulfilling lives with the care and support they need. There is an urgent need to accelerate more action to overcome the deprivation of rural health services to support the significant number of older adults living rurally. Without these systemic changes, older

adults may face increased social isolation and loneliness, as the barriers to accessing necessary healthcare services can further disconnect them from their communities and support networks.

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CASE STUDY:
The Struggles of Ageing and Healthcare Accessibility

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Joanne*, a 75-year-old woman living rurally, has been an active member of her small community, eagerly participating in community campaigning for various local government proposals over the years. She enjoyed her work in the dynamic logistics sector that kept her on her feet. Joanne and her husband had medical insurance until they turned 65, however, when their escalating premiums became too financially burdensome, they decided to discontinue their coverage. At the age of 73, despite wanting to continue in employment, Joanne was forced to retire due to decreasing physicality and worsening knee pain; "I didn't want to retire – I only retired as all my work was around the country and it was getting too exhausting for what I could cope with".

When Joanne sought help from the public health system for knee replacement surgery only a few years after cancelling her health insurance, she was put on the orthopaedic waitlist for over a year. The pain from her condition was not just a physical burden but also a mental one. The prospect of waiting in agony for over a year was daunting. Even gardening, once the main source of joy and relaxation for Joanne, became excruciating due to the uneven surfaces to be walked over. In a desperate bid for a quicker solution, Joanne and her husband decided to use the last of their Kiwisaver savings, amounting to $31,000, to access the private health system for the knee replacement surgery. Now without retirement savings, the sense of financial vulnerability is palpable. To offset some living expenses to cope, Joanne and her husband have rented out a small unit on their property to a migrant family that was typically utilised for family visitations. While she acknowledges they are in a better situation that others with the ability to liquidate their property assets, she also does not want to be forced to move so early into retirement with a strong place attachment to her garden and farm.

Reflecting on her experience, Joanne expressed her concerns about ageing, "After what has happened to me over the last year, it has made me worried for the rest of ageing. It is very hard to stay positive." Her story underscores the challenges many older adults face in accessing affordable healthcare and the impact it has on their quality of life and their positive outlook on ageing. Joanne's situation also highlights the financial vulnerability that can arise when older adults are forced to dip into their retirement savings for essential medical procedures, a scenario that is becoming increasingly common in rural areas with limited access to timely public healthcare services.

Name has been changed to protect privacy.

Housing

In New Zealand, the issue of housing for older adults is becoming increasingly pressing. Housing was a significant concern for many interviewees in Auckland and Tauranga, regardless of whether they lived in their own homes, retirement villages, or social housing. Approximately 10 percent of the responses highlighted housing as an issue they wanted to see improved in their communities (total: 9.2%, Auckland; 8.7%, Tauranga: 10.8%).

Housing is a key determinant of health and wellbeing for older adults, with time-use surveys showing that older individuals spend 70–90% of their time in their own home[48]. However, as the population ages, the demand for accessible, affordable, and suitable housing options is growing. However, the current housing market, characterised by high prices and limited availability, poses major challenges. Many older adults are finding it difficult to secure housing that meets their unique needs, such as single-level living, proximity to healthcare services, and community connectivity. This situation is further complicated by the fact that a significant proportion of older adults are reliant on their NZ Superannuation as their only income, making the high cost of living in these cities particularly burdensome. The housing crisis for older adults in Auckland and Tauranga is not just a matter of bricks and mortar, but a complex issue intertwined with social, economic, and health implications.

AGEING IN PLACE AT HOME

For most OECD countries, policies focussing on ageing well for their older populations recommend reducing the number of older adults living in institutions through 'Ageing in Place'. Ageing in Place aims to assist older people to remain living in their own homes in the community, instead of moving into assisted living institutions, to promote independence, and build stronger intergenerational and community ties to promote a positive view of ageing[49]. Within the New Zealand context, Ageing in Place was highlighted as a key policy initiative in 'The New Zealand Positive Ageing Strategy, 2001'[50]. The general preference of older adults to stay in their own homes was seen reflected throughout the interview process, and comments such as "I wanted to be in my own home – I didn't want to live in a hospital or rest home and have my independence taken away from me" (Pakeha female, 88, divorced, Central Auckland) were frequent.

> *When my husband died I thought I would have to go to Rymans as I was scared to be alone by myself, but my daughter visited there and didn't like it which is good in the end as I can stay in the comfort of my home with my view.*
> *– Pakeha female, 75, widowed, Franklin.*

Ageing in place holds profound implications for the wellbeing and autonomy of older individuals. By allowing older adults to remain in familiar environments, surrounded by their cherished possessions and social networks, ageing in place can promote a sense of continuity and control over one's life. Moreover, it enables older adults to maintain a semblance of independence and dignity, preserving their autonomy and decision-making capabilities. In New Zealand, there exists a robust culture of homeownership, with older adults often finding themselves in the advantageous position of mortgage-free ownership, a critical factor in maintaining living standards throughout retirement. This provides the greatest housing security for older adults, with lower ongoing housing costs, and the potential to build wealth through the accumulation of a capital asset[51]. In addition, the introduction of reverse mortgages by certain financial institutions around 2008 has further enhanced the benefits of homeownership for older adults. Reverse mortgages enable homeowners to leverage the equity in their homes to access funds to cover large expenses, such as healthcare costs, home renovations, travel, or supplementing retirement income, without the burden of monthly mortgage payments. As such, the ageing in place policy appears highly beneficial to the wellbeing of older adults who are fortunate to be homeowners.

However, ageing in place presents numerous challenges, particularly when unforeseen circumstances arise. If one spouse passes away, the remaining partner may struggle with loneliness and maintaining the household on their own. Changes in mobility can further exacerbate these difficulties, making it hard to navigate within the home safely. Additionally, the upkeep of a large house can become overwhelming, especially as physical abilities diminish. Feelings of vulnerability can intensify at night when one is alone, amplifying concerns about safety and security. Moreover, for older adults ageing in rural areas, access to essential health services may be limited, exacerbating health-related challenges, and increasing feelings of isolation. These factors collectively underscore the complexities and obstacles associated with ageing in place, necessitating comprehensive support systems and resources to ensure the wellbeing and quality of life for older individuals.

I just can't do what I need to do physically. I can't do my own housework anymore – I would never be as untidy as my house is now if I could help it.
– South African male, 75, widowed, Central Auckland.

RENTING

However, it should not be assumed that all older adults residing in a private residence are homeowners. The housing circumstances of older people are directly linked to the social and economic processes that govern the disposition of life chances[52]. Ownership of a house is one of the results of life chances that favour the better educated, and those with more skilled jobs who have earned higher incomes for longer periods, but it also reflects the impact of the larger economic fluctuations, policy shifts and social cycles that generations live through[52]. For example, those who have lived through prolonged periods of unemployment due to chronic health conditions have had less opportunity to save the necessary deposit for home ownership, and those who have brought up children as solo parents, in a period where there has been a relative decline in government benefits, are also more likely to be tenants than homeowners in old age. With low levels of legislative protection in New Zealand's rental market, older renters can face profound housing insecurity, greater financial burdens, and limited autonomy[53]. It has been predicted that by 2040, only half of all New Zealanders over the age of 65 years will own their own home, compared to 82 percent in 2001[54]. New Zealand once boasted some of the highest rates of home ownership in the western world; now, owner-occupation rates are falling rapidly to levels that prevailed in the 1930s[54].

The position of vulnerability for tenants has been compounded by the housing shortage facing Auckland and Tauranga. Tauranga has now overtaken Auckland as the most expensive city in New Zealand with an average rental rate of $670 per week, largely due to rental property scarcity[55]. The low supply of rental properties available become even fewer once considerations for accessibility, age-friendliness, low maintenance, and affordability are factored in. Even factoring in the recent increase in NZ Superannuation rates to almost $1040 per fortnight (for those living alone), the high rental rates in Auckland and Tauranga leave little in the purse for other essentials for healthy ageing, such as nutritious food, heating, transportation, and medical expenses, resulting in renters being over-represented in many measures of social and economic deprivation[56]. As a result, spare funds to enable older adult renters to be able to participate in social activities are scarce, forcing their exclusion from opportunities that arise to connect with others and engage in community life. For many individuals, the inability to

Older renters are twice as likely as homeowners to live in houses that are poorly maintained and twice as likely to suffer from health problems, such as asthma, anxiety, and depression.
– Dr Kay Saville-Smith, CRESA, 2022

afford even a weekly coffee outing with a group exacerbates perceptions of aloneness. As such, the lack of social participation creates feelings of loneliness and social isolation, further exacerbating the challenges faced in their daily lives. The disparity in subjective wellness ratings between older adults who own their homes and those who rent was evident in the results of the Personal Wellness Index. Older adults who own their homes exhibited significantly higher subjective wellness ratings, with an average score of 73.92, compared to older adults who rent, who had an average rating of 64.51.

Ageing in place offers the comfort of familiarity and continuity, allowing older adults to remain in their homes and communities, which can contribute to their emotional wellbeing. It also promotes independence and autonomy, key factors in maintaining a sense of self and dignity. As shown however, ageing in place also presents challenges. As health and mobility decline with age, the home environment may need to be adapted to prevent accidents and facilitate daily activities. Access to services and social interaction can become more difficult, potentially leading to isolation. Less than adequate housing conditions might ultimately threaten wellbeing and health and lead to premature entry into residential care. Furthermore, the reliance on family or community for support can place a strain on these resources. Therefore, while ageing in place can enhance the quality of life for older adults, it requires careful planning and support systems to address these potential issues.

RETIREMENT VILLAGES

As older adults continue to reside in the community, various factors influence their housing decisions, including financial considerations, health needs, and social connections. A notable trend has emerged with a growing number of older adults being drawn to the burgeoning availability of retirement village housing options.

Over the last decade there has been a boom in retirement village construction across New Zealand as a response to the country's ageing population. Currently, there are an estimated 50,791 older adults residing in retirement villages [57]. Since 2012, the number of these villages has increased by 32%, rising from 343, to 452. Additionally, the number of units within these villages has surged by 79%, climbing from 21,815 to 39,070 [58]. As of 2021 there were 11,000 new village units under development, and demand for an additional 26,000 units are expected by 2033 [23]. The Auckland region has the most villages with 94 (22% of New Zealand's stock of 422 villages), however, the Bay of Plenty region has overtaken Auckland with the highest 'penetration rate' for retirement village living (the estimated number of residents in retirement villages as a percentage of the 75+ years population) with 19%, as opposed to the national average of 14%, and Auckland's 17% [54].

Older adults may opt to move into a retirement village for a multitude of reasons, ranging from practical considerations to lifestyle preferences. One primary motivation is the access to support services tailored to their evolving health needs, providing peace of mind. Additionally, retirement villages often offer an array of amenities and recreational activities, with a vibrant community atmosphere conducive to social engagement and companionship at the forefront of village marketing campaigns. The prospect of downsizing to a smaller, more manageable living space can also appeal to older adults seeking to simplify their lives and alleviate the burdens of home maintenance. Moreover, the opportunity to live among peers who share similar life stages and interests can enhance feelings of belonging and overall wellbeing. Ultimately, the decision to move into a retirement village represents a desire for a fulfilling and enriching lifestyle that promotes independence, comfort, and quality of life in later years.

To enter a retirement village, new residents must purchase a 'Licence to Occupy' for one of the village's units, typically in the vicinity of $200,000 to upwards of more than $1.5 million [59]. In addition, residents must also pay a weekly 'regular operating fee' to cover ongoing operation expenses (averaging around $148 per week) [57]. This model provides older adults the right to reside in the village, rather than actual ownership of the property, which is still appealing to many through the benefits gained, such as lower upfront costs than buying a house, a sense of security, access to village amenities and services, and the reduced responsibility for maintenance. However, retirement village residency also comes with notable implications. If an older resident needs to vacate their unit due to changing circumstances, or their passing, the resident, or their estate, receives only around 70-80% of their original entry fee paid, with a 'deferred management fee' (DMF) being deducted. In addition, residents do not benefit from the potential capital gains associated with the property ownership. The sector has also been highly scrutinised for the delay it takes in paying out residents, with many operators purposefully delaying payments to residents until the unit undergoes refurbishment and is resold, a process that often extends beyond a year. During this period, operators commonly insist on the continued payment of the regular operational fees despite the unit remaining vacant [60]. This entrapment is felt hardest by older, widowed

women who often would like to down-grade their apartment size, or move to more care-centred accommodation, upon the passing of their spouse. Once fees have been deducted from the original fee, the resident is left with less capital than would be required to enable them to move into new accommodation. Consequently, the perception of purchasing into an "idyllic, hassle-free lifestyle" can lead to a significantly limited ability to age positively on one's own terms, thus increasing the sense of health vulnerability of "you never know what tomorrow may bring" to their or their spouse's housing security.

Additionally, the draw towards retirement villages for a significant portion of the more affluent aged population has many on the "outside" feeling left out. The idyllic lifestyle that is heavily marketed towards older adults always portray the residents of that lifestyle being vibrant, healthy individuals with endless possibilities for learning, mobilising, and transforming their residents' lives positively [61]. This "privileged retreatism" [62] lends itself to retirement villages being deemed elite spaces, requiring significant financial investment to enter, and

> *People in retirement villages take away the more able, connected, and social people away from regular society and makes it sadder for those of us who can't afford to go in. You can end up feeling like you are left out of the good things in retired life.*
> – Canadian female, 77, divorced, North Shore.

being highly homogenized. It is likely that unless an older adult owned a house mortgage-free to use as equity, it is doubtful they will be able to afford the Licence to Occupy for most retirement villages. There was a sincere impression by many interviewees that they were being excluded from the jollities and possibilities for social connection that is being experienced by those wealthy enough to afford the privilege of living in a retirement village. Heightened by the large, gated compounds increasing the sense of geographic and physical isolation, the sense of social isolation for older adults outside of retirement villages is profound.

However, even on the "inside", not all residents enjoy the same opportunities for social connection. According to one resident, "There are a lot of people in the retirement village that don't seem to want to participate in activities at all. The retirement village is pushing 'independent living', so they don't even try to encourage residents to leave their units" (Pakeha male, 80, South Auckland). The stress placed by retirement villages on *independence* is wonderful for the majority of residents, allowing the freedom to go about their day as they please. However, there is a lack of proactivity on the part of the village staff if residents have not been regularly seen from their units, or if residents do not attend social gatherings. While not referring to themselves, interviewees commonly discussed other individuals they had noticed inside their village who never attended social connection opportunities, nor were they encouraged to do so by staff. As stated, "The village does not ask what you may be interested in or note if you don't go to activities" (Pakeha female, 75, married, Tauranga). It often appeared to residents that village staff were more

> *Retirement villages promise the good life in your golden years... However, the agreements consumers must sign before they move into a village can be heavily weighted in favour of the village and can also have a nasty financial sting if your circumstances change and you need to vacate the property.*
> – John Duffy, CEO, Consumer NZ, 2022

preoccupied with adhering to their marketing claims of "independent living" than they were to the social health and wellbeing of their residents. The assumption that the individual just enjoys their solitude, is over-looking the many other possibilities such as confidence issues, easily solvable through gentle, non-threatening-to-independence persuasion, to ensure no resident is lonely or socially isolated.

Having a great experience in a retirement village appeared very dependent on the motivation and innovation of the village manager and/or staff in developing regular social activities for the residents to encourage them out of their units. Creating a lively atmosphere is important for the morale of the residents, reducing the ghost-town like effect; "Rooms in the village are sound-proofed so you don't always feel like there are people around. I leave my door open during the day just to see people wander by, so I don't feel so alone" (Pakeha female, 78, widowed, South Auckland). An active and enthusiastic management team can foster a vibrant community atmosphere by organising a diverse range of activities

and events tailored to residents' interests and preferences. Well-planned excursions provide valuable opportunities for socialisation, exploration, and connection with the broader community, enriching the overall quality of life for residents. One gentleman enthusiastically expressed, "The new village manager is trying to shake things up a bit and has suggested activities like the Sky Walk, the Harbour Bridge walk, and hot air ballooning". This was considered a positive development as previously he had to start groups himself to break the monotony; "I started the Song and Dance group to help try and inject some fun as 'Happy Hour' was mainly just sitting around looking sad with a drink in hand and no one talking to each other. Now happy hour is more like karaoke". (Pakeha male, 80, widowed, South Auckland). Ultimately, it becomes evident that retirement villages are falling short of the marketing promises they make to older adults, who are promised to be kept busy, active, and engaged within their communities.

SOCIAL HOUSING

In New Zealand, social housing serves as a critical lifeline for older adults facing housing insecurity, providing an affordable, and stable, accommodation option. For individuals who have spent their lives on lower incomes, have been forced to rent, and lack the equity required to enter a retirement village, social housing often becomes their only viable option for independent living.

Social housing has undergone significant transformation over the years, reflecting changing social, economic, and political landscapes. The scope of social housing has shifted from an entirely state-owned institution to a mix of state-owned (Kainga Ora), community housing (such as Haumaru Housing), and non-profit housing options (such as Habitat for Humanity and The NZ Housing Foundation), in order to meet the diverse and evolving needs of their residents. Social housing for older adults typically involved clusters of bed-sitter units (a small unit with only one room that serves as both the bedroom, living room and kitchen), with very little consideration of accessibility, making them difficult for older adults with disabilities or mobility issues to navigate[63]. Along with a lack of privacy, inadequate insulation and heating, poor ventilation, and limited amenities, these social housing units resulted in substandard living conditions for many older adults. However, in recent years there has been a growing recognition of the specific housing challenges faced by older residents, and as a result, specialised models of social housing for older adults have emerged, tailored to provide affordable and supportive housing solutions for this demographic.

The overwhelming demand on social housing, stemming from a combination of population growth, economic challenges, affordable housing issues, and immigration policies, has led to many previously age-segregated social housing villages turning into a melting pot of ages, ethnicities, mobilities, and mental health statuses. Older adults in need of social housing can face lengthy waiting periods on the 'priority rating' system, and uncertainty regarding which social housing village they will be placed into, further exacerbating the vulnerability and housing insecurity faced in their retirement. Without being able to find a placement into social housing, low- and modest- income older adults without home ownership will increasingly find the private rental market unaffordable, and will be forced to accept low quality, inaccessible housing[63]. Furthermore, in order to survive on their pension, they are regularly forced to make undesirable trade-offs such as reducing food intake, and

> *We wanted to live in Haumaru Housing, but we have our dog which they won't allow, and we could never leave her behind, so we ended up living in a campervan for six months, and just housesitting when we could.*
> *– African female, 72, married, Franklin.*

heating, two critical elements to their health and wellness in older age. Financial security and housing quality outweigh homeownership in explaining the mental health of older individuals[64]. Cold, damp, and mouldy housing not only affects physical health through a heightened vulnerability to illness, but also exacerbates the mental health issues being faced, such as low self-worth, depression, social isolation, and loneliness. This is particularly true for older adults who live alone as they shoulder the entire burden of household expenses on a single income. Housing *quality*, as such, is a primary factor in determining social inequalities in health, without which any 'positive ageing' is impossible.

A direct consequence of the government's failure to adequately invest in social housing to meet the needs of the ageing population is the disturbing, yet growing trend, of first-time homelessness among older adults in New Zealand, which includes rough sleeping in cars and temporary accommodation, such as motor camps. This alarming development is considered not only a 'hidden problem' [65], but also a 'looming disaster'[66]. This has led to the state of severe housing deprivation in New Zealand being labelled "a breach of human rights" by UN experts[67]. With record-low home ownership rates for individuals entering retirement, the possibility of falling into homelessness in older age is not as far-fetched as it may seem. Factors such as losing a job that is depended upon later in life, developing an illness or disability, or experiencing a relationship breakdown can contribute to this vulnerability[63]. Older women are at a higher risk of homelessness than their male counterparts. Due to the gender pay gap, and greater carer-responsibilities over their lifetime, women on average have 20% less funds in their KiwiSaver to assist financially in their retirement[68]. The picture is worse for women of Māori, Pasifika and Asian decent whose earnings per hour are $4.07, $5.98 and $3.50 respectively less than men, compared to Pakeha women ($1.67)[34]. This dire situation is only predicted to get worse with a report from The Salvation Army estimating that by 2030, there will be 200,000 adults entering retirement that will not own a house, nor will they be able to afford rent[69].

Older adults who have been fortunate to be placed in a social housing village did not always feel so fortunate. With an increasing mix of ages, languages, cultures, socioeconomic circumstances, and physical and cognitive abilities, the diverse backgrounds can sometimes lead to tension and conflict that undermine social cohesion. If not properly addressed, the residents will not achieve valuable and meaningful social connections. Additionally, pre-existing social networks or cliques within the community may inadvertently exclude or marginalise certain individuals, perpetuating feelings of isolation or exclusion. As stated, "My neighbours have been very difficult. They will get cliquey and decide they don't like you. It is like being back in school again", and "Most villages do not seem to have to have learnt to gather and communicate very well – it is just the people that like being vocal that get to disrupt everything" (Canadian female, 77, divorced, North Shore). Moreover, the presence of individuals with mental health issues, while deserving of support and understanding, can sometimes create additional challenges for older adults seeking belonging and security. Historic mental health stereotyping, along with some legitimate concerns, have a significant impact on the sense of vulnerability of the older adults, particularly women living alone, thus heightening their feeling of isolation and *alone-ness.* Finally, the physical environment of social housing complexes may lack communal spaces conducive to social interaction, depriving residents of opportunities for positive engagement and camaraderie. Addressing these multifaceted challenges requires holistic interventions that prioritise the creation of inclusive, supportive communities within social housing environments, fostering a sense of belonging and enhancing the social wellbeing of older adults.

The economic and social costs of inadequate housing for older adults are too high to ignore.
– Ministry of Social Development, 1999

Thankfully, the quality of social housing has been improving over the last decade with these challenges in mind. There has been a concerted effort in New Zealand to improve the quality of social housing, driven by a recognition of the profound impact of housing conditions on individuals' wellbeing and the broader social fabric of communities. Government initiatives and investments have been instrumental in upgrading existing social housing stock and developing new, high-quality dwellings that meet modern standards of safety, comfort, and sustainability. Significant strides have been made in addressing issues such as inadequate insulation, heating, and ventilation (through the Healthy Homes Guarantee Act 2017[70]), which were prevalent in many older social housing units. Moreover, there has been a focus on incorporating universal design principles to ensure that social housing is accessible and adaptable to the diverse needs of tenants, including older adults and people with disabilities. Additionally, efforts have been made to enhance the social infrastructure within social housing complexes, such as the creation of communal spaces, community gardens, and recreational facilities, to foster a sense of belonging and promote social interaction among residents.

As a shining example of what can be possible for social housing in the country for older adults, Avondale has been the beneficiary of a Kainga Ora apartment complex, designed primarily as senior social housing, known as Highbury Triangle. Within four (6 and 8 story) apartment buildings, 192 units of 1 and 1.5 bedrooms in size, all with their own balconies, will house older adults rehomed from outdated 'pensioner housing', while a further 44 units will be used as mixed social housing. The apartments have been built to accessible-friendly "universal design standards" with spacious hallways and accessways, lift access to all floors for mobility scooters, and even mobility scooter charging stations. Kainga Ora claims that "creating a sense of connection was key to the overall development"[71] with communal lounges and activity rooms in all apartment blocks to try and encourage social connection and community among the residents. The spacious, landscaped grounds, spanning approximately 1500 sqm, will feature communal gardens where residents can cultivate vegetables and flowers, alongside glasshouses for nurturing seedlings. Security measures such as swipe card access to all internal spaces, and well-lit pathways, are hoped to offer a sense of security to the older residents, particularly due to the combined senior and social housing creating a sense of unease for the inbound older tenants[72]. However, with a tenancy management office onsite, it is claimed that residents will be able to seek support and assistance easily[72]. While challenges remain, this positive approach towards public housing shows a clear willingness and commitment to developing safe, healthy, and socially connected communities, as, despite socioeconomic discrepancies, all older adults have a right to a healthy physical environment in which to promote their wellbeing, independence, inclusion, and stability.

CONCLUSION

In conclusion, good-quality housing is a significant determinant for good health in later life. If age-built environments are supportive and age-friendly, older people are more likely to remain independent even if their functional capacity does deteriorate[72]. The spectrum of housing options, ranging from home ownership to renting, retirement villages, and social housing, all play critical roles in shaping the outcomes of ageing well and positive ageing. No one type of housing can satisfy the diversification and heterogeneity of the rapidly expanding older population, and the community in which an older person's home is located matters can have an equally profound effect on their day-to-day experiences and quality of life[27]. Each avenue, however, comes with its own complexities and potential drawbacks that must be carefully navigated. While home ownership offers stability and autonomy, it may pose financial burdens and maintenance challenges as individuals age. Renting provides flexibility but lacks long-term security. Retirement villages offer community and amenities but can be costly and restrictive. Social housing addresses affordability but occupants may face stressors and inadequate resources. Despite their merits, all these options harbour the risk of exacerbating loneliness and social isolation among older adults. To truly promote positive ageing, it is essential to acknowledge and address these complexities, ensuring that housing solutions are inclusive, supportive, and tailored to meet the diverse needs of ageing populations. By implementing strategies to mitigate the detrimental aspects of each housing model, we can cultivate environments that foster connection, wellbeing, and resilience in older adults, ultimately enhancing their quality of life as they age.

CASE STUDY:
The Impact of Social Housing on Physical and Mental Health

Susan*, 84, knows how difficult it is to navigate life in social housing. Her background involved growing up in a low-income household, with her solo mother struggling to meet expenses. Susan has faced "a lifetime of marginalisation"; being perceived as "different" from a young age due to her cognitive issues as a result of her premature birth, and her parents' migrant status after fleeing conflict in Eastern Europe. She experiences pain and mobility issues as a result of arthritis, and three knee replacement surgeries, which is most severe during the day, making her "more of a night person."

In 2010, Susan qualified for social housing and moved into a new Kainga Ora complex in Central Auckland. However, her experience was far from ideal. The building was incomplete and shoddily constructed, plagued by serious leaking issues, and lacking proper soundproofing. Her neighbours beside and above her unit included a man with severe mental health issues, another with hearing impairments which meant his TV and stereo were played at a very loud volume, and a migrant family with noisy children running above. The stress and shattered nerves prompted her GP to write a letter to the housing provider for advocating for her relocation, but even still it took over a year to secure a new placement.

Susan later moved to a Haumaru Housing complex in Pukekohe, where her friend already lived, hoping for it to be the panacea of which she had dreamed. Unfortunately, her friend was transferred into aged care after only a few months, removing her only connection to the village, and to Pukekohe. Susan's daughter lives 30km away and makes the trip to Pukekohe multiple times a week to help support her mother, at a great time and financial expense. Pukekohe's limited transportation options make it challenging for it to be any other way; there is currently no direct train service, limited bus routes, and taxis typically finish their service early in the evening.

Sadly, the social dynamics within the village has exacerbated Susan's struggles. Neighbours have been reported to engage in disagreeable behaviour, such as backstabbing and harassment. Moreover, Susan's complaints to the village manager were met with contempt and a lack of empathy; her response being to actively suppress *any* communication among residents. There is no community room for socialising, and Susan's suggestions for garden seating to spur more friendly conversations, and letterbox flyers to help link hobbies and interests between residents, were weakly dismissed as an "invasion of privacy" and "these units are for *independent* living". Susan has tried joining group activities outside of the village to develop more connections and friendships, however due to the nature of her pain and the lack of group activities held in the evening, there are no suitable groups for her to engage with.

Susan submitted a formal letter of complaint to the housing provider to which she received no response. The lack of care from the housing provider, despite annual surveys also requesting opinions and suggestions, highlights the disconnect between residents' needs and management's priorities. Susan longs for meaningful connections and believes that even minimal effort from village management in fostering social interactions would improve overall wellbeing. However, the current environment leaves her feeling isolated and overwhelmed, especially during low spirits: "It really got me down after my last operation having to come back here. I just wanted to put a plastic bag on my head and die. It is very hard to deal with this place when you are in low spirits."

The impact of social housing on older adults like Susan underscores the need for better support and community-building initiatives. This case study highlights the challenges faced by older adults in social housing and emphasises the importance of understanding and addressing their physical and mental wellbeing.

Name has been changed to protect privacy.

Point and Purpose

In the journey of ageing, maintaining a sense of purpose and direction becomes increasingly vital for older adults. This "point and purpose" serves as a guiding light, empowering them to navigate the challenges and transitions that come with later life. The importance of cultivating a sense of purpose cannot be overstated for older adults, as it is intrinsically linked to enhancing positive ageing outcomes and mitigating the risk of social isolation and loneliness.

PURPOSEFULNESS

When contemplating the significance of life, Viktor Frankl once asserted, "The human brain cannot sustain purposeless living. It was not designed for that"[73]. Feeling like life has a meaning or purpose is an essential need for human beings. The absence of meaning can lead to an existential vacuum for older adults[74], leaving them feeling devoid of a reason to continue, especially when their health and mobility begin deteriorating[75]. Having a purpose in life is theorised as "having goals, a sense of direction, and a feeling that there is meaning to present and past life"[76]. On the most basic level, having a clear sense of purpose provides older adults with a reason to wake up each day with enthusiasm and motivation. Whether it is continuing in employment past retirement age, volunteering, engaging in meaningful activities, or simply pursuing hobbies, a sense of purpose infuses vitality, fulfilment, and satisfaction for older individuals.

> *It is more than the loss of function. It is a loss of need and purpose to be being alive. I don't want the only point of waking up to not be dead.*
> *– Pakeha male, 72, married, Franklin.*

A strong sense of purpose is not just a 'nice to have' for older adults; it is essential for shaping their overall wellbeing and fostering a positive ageing experience. A solid body of evidence over the last decade has shown that there is a robust link not only with improved psychological wellbeing, but that purposefulness is also intricately tied to enhanced physical health outcomes for older adults as well. Individuals with high levels of purpose in life tend to have better subjective health and wellbeing, fewer chronic diseases, reduced stress and pain, less disability, less susceptibility for Alzheimer's and Dementia, and are likely to live longer[76]. These findings have been largely attributed to the intrinsic motivation of having a purpose on the desire to stay healthy, either for its own inherent value, or as a strategy to achieve broader life goals that have not yet been attained, by engaging in healthier, preventative behaviours, such as health care utilisation, regular exercise, balanced nutrition, and adequate sleep[76].

> *There is a real need to talk about how older adults are still capable of enjoying the small stuff even if they have lost some mobility. They need to focus on valuing what they have now and the positive aspects of ageing.*
> *– Pakeha male, 72, married, Franklin.*

Likewise, a sense of purpose provides older adults with stimulation, motivation, and most importantly, resilience. Purposefulness is *strongly* correlated with resilience; the ability to adapt to changes and cope with life's inevitable challenges, which plays a crucial role in facilitating positive ageing experiences. Every day, older adults face a multitude of challenges that could easily shake their confidence. However, when faced with adversity, those with a strong sense of purpose with what they would still like to achieve in life, are better equipped to cope, and bounce back, seeing challenges as an opportunities for personal development, rather than insurmountable obstacles[77]. Furthermore, the motivation to find new avenues for learning, growth, and discovery becomes particularly vital in combating social isolation and loneliness. Engaging in purposeful activities not only provides older adults with a sense of connection and belonging, but also serves as a buffer against the negative effects of isolation. Through meaningful interactions and pursuits aligned with their sense of purpose, older adults can cultivate a supportive network, foster meaningful relationships, and ultimately enhance their overall wellbeing as they age.

EMPLOYMENT

Older adults embracing their retirement years with the continuation of employment beyond 65 years old affords a host of benefits, enriching their lives both financially, and personally. Remaining in the workforce provides a steady income stream to help supplement their pension, without losing access to it (as is the case for retirees in Australia). Even a reduction of hours to part-time employment allows older individuals to sustain their standard of living and better manage their expenses, including healthcare and accommodation costs, and supports access to social participation that is not possible on superannuation alone. A continued income stream also reduces the stress and anxiety related to financial strain, promoting positive mental health outcomes and overall quality of life. Further financial benefits are afforded to the national economy through older adults' continued workforce participation, as the income tax that can be collected will assist in funding the extra infrastructure,

In 1991, just 1 percent of the labour force was aged 65+. In June 2021, the 65+ share was 6 percent; this is projected to increase to 9 percent in the 2030s and 11 percent in the 2060s under the median projection.
– Stats NZ.

services, and resources their same ageing generation will need. Already almost 1 in 2 older adults aged 65 to 69, and 1 in 4 individuals 75 years plus, are actively employed. New Zealanders have some of the longest working lives in the developed world; men on average retire at 69.8 years old and women at 66.4 years old[78], and projections only show this to rise into the future[79]. Te Ara Ahunga Ora – Retirement Commission recently found that a third of people over the age of 65 who were working did so out of financial necessity[80]. For an increasing number of people who do not own their own home, or do not have significant retirement savings, continuing to work in some capacity past the age of 65 is a necessity. This has led to what has been dubbed "The Great Un-Retirement"[78]; the increased number of retired employees returning to the workforce because of the rising cost of living making even life essentials out of reach for pension provisions. However, older women, particularly of Māori, Pasifika, or ethnic descent, often face difficulties re-entering the workforce due to limited access to education earlier in life. Historical disparities in education opportunities have left these groups with lower levels of educational attainment, hindering their ability to compete for jobs that require specific skills or qualifications, or capacity to upskill later in life[80].

Continued employment in older age not only provides financial benefits on an individual, and national level, but it is also highly advantageous in fostering a sense of purpose and fulfilment, contributing to greater life satisfaction and happiness in retirement years. The social connections and sense of belonging derived from the workplace environment also combat feelings of isolation and loneliness that can sometimes accompany retirement. Workplace colleagues are usually a significant contributor to social connection for individuals over their lifetimes. The benefit of this continues for older adults that remain in the workforce, as told by an interviewee; "My only friends when I was still working were my male colleagues. When I retired, I knew we wouldn't be able to stay friends as I don't think their wives would have approved. It has been hard to make new friends as I don't

I retired at 87. I worked in a supermarket and loved the company and connection from colleagues and customer interaction. My husband died 30 years ago, so it helped give me purpose living on my own.
– British female, 90, widowed, North Shore.

want to join an old woman's group as they have no depth to their conversations" (British female, 75, married, Franklin). Interactions with customers and clients also offer valuable opportunities for inter-generational connection, stimulation and sense of achievement that is fundamental for positive ageing, improved cognitive function, and reduced loneliness. By maintaining a level of employment, older adults not only contribute to society through their skills and experience, but also enjoy a more enriching and fulfilling retirement experience.

However, older adults face many complex obstacles in trying to remain in, or re-enter, employment[81]. Factors such as declining energy, health and mobility issues can force many older adults out of the workforce, despite their best intentions on persisting with it. Notwithstanding being written into law to prevent age-based prejudice through the Human Rights Act 1993[82], age-related stereotyping and discrimination during the hiring process severely disadvantages older adults in preference of younger,

theoretically more energetic, employees. Employers often make assumptions about older individuals' suitability for a job, are provided unequal opportunities for training and development, as well as inadequate support and flexibility to meet their needs[82]. These biases can significantly affect an older person's ability to age on their own terms, in turn diminishing their confidence and self-worth.

According to the Office for Senior's 'Older Workers Action Plan 2022'; "It is important that *all* New Zealanders are free from discrimination and can enjoy fulfilling and secure work"[82]. To tackle these challenges, comprehensive strategies are needed that foster age-inclusive workplaces, offer support for upskilling and retraining, and allow for flexibility in working arrangements. Governmental strategies and initiatives, such as 'Better Later Life – He Oranga Kaumātua 2019 to 2034'[83], and the 'Older Workers Employment Toolkit'[84], help encourage and assist employeers in developing better age-inclusive workspaces to enable more retirees to be welcomed back into the labour force. One such organisation that actively seeks the wealth of life experience that older adults can bring to a role is the New Zealand Department of Corrections. Purposefully recruiting older individuals to positions such as case managers or probation officers allows a greater level of rapport to be built between the staff member and offenders, with

When I was younger, I left school and I didn't want to go to university as I had decided I had learnt everything I needed or wanted to know already. The reality is that you never stop learning and you have many career changes you might not actually choose but they are great learning experiences. I went from seeing retirement as desirable to wholly undesirable. I'd like to keep working for another 10 years if I can

heightened emotional intelligence, empathy, mentoring abilities, and patience than what younger staff can bring to their role. Additionally, older adults may possess strong problem-solving abilities honed through years of navigating various life challenges, enabling them to approach cases with creativity and pragmatism. Overall, the personality traits of older individuals make them invaluable in roles that demand empathy, understanding, and strong communication skills.

VOLUNTEERING

Volunteering serves as a vital navigational path for older adults in New Zealand, especially during transitional phases (such as retirement) where formal life and work responsibilities diminish, but a desire to contribute to society remains strong. With the shift from paid employment to retirement, individuals often face significant adjustment, navigating newfound freedoms alongside a search for purpose and meaning. Volunteering offers a plethora of benefits for older adults: a structured outlet for active participation in the community, physical and mental stimulation promoting cognitive function and overall wellbeing, nurtures a sense of meaning, belonging, and fulfilment, provides structure and routine to daily life, and a continued sense of relevance in society[85]. In addition, regular engagement in volunteer activities has been associated with a youthful self-identity, with older individuals who volunteer weekly less likely to perceive themselves as old[86]. All of these aspects lead to a more vibrant and fulfilling ageing experience and reduce the propensity towards loneliness and social isolation. In addition, the voluntary roles often embraced by older adults exist to assist other older adults, thereby providing a unique viewpoint into ageing, allowing them to gain a glimpse into their own possible outlook, with many anticipating themselves becoming 'model recipients' of similar services in the future[87].

New Zealand has historically enjoyed high volunteering participation rates, with almost 50 percent (49.8%) of the population (over the age of 15) volunteering with an organisation or directly in their communities[88], which has been estimated to contribute $4 billion to New Zealand's economy annually[89]. Of the country's 115,770 not-for-profits, 89% have no paid employees, relying solely on volunteerism for human resourcing[89]. The widespread volunteerism is largely attributed to New Zealand's strong tradition of community and collective responsibility, and small tight knit (often rural) communities that foster altruistic behaviours. Consequently, older adults have traditionally been a vital part of the country's volunteer workforce, with more older people volunteering than other age groups[88]. Research also shows that older women largely drive volunteerism and community service initiatives across the country, with 26% of women aged 65+ volunteering, compared to 22% of men[89]. Through their dedication and

commitment, older adults play a crucial role in enabling not-for-profit organisations to cost-effectively continue service provision to individuals and communities in need.

However, as a result of an ageing population, changing time-use demands, and COVID-19, volunteering rates have been steadily declining over the last decade. Between 2013 and 2018 alone, the overall number of volunteers shrank by 150,000[87]. This has seen New Zealand also slide down in the Charities Aid Foundation's *World Giving Index*, previously enjoying poll position in 2010, but as of 2023, is now placed 10th on the ranking system [90].   The falling numbers prior to COVID-19 were largely attributed to an ageing population, with the older adults that made up the volunteer workforce ageing out of their ability to continue due to their inevitable health, mobility, and stamina decline. In addition, the falling homeownership rates that have forced more older adults to stay in employment to ease financial constraints has also adversely limited their capacity to volunteer. Changing time-use demands, particularly for older women, are further reducing volunteer rates as many find themselves prevented from contributing due to other life commitments, such as babysitting grandchildren, or caring for their ageing spouse or parents[88].

People will volunteer for a cause that is close to their heart or for an organisation that matches their values. Many people volunteer – or stay in their role – because of the relationships and connections they make with like-minded people.
– Priyanca Radhakrishnan
FMR Minister for the Community and Voluntary Sector

The disruption that the COVID-19 pandemic also brought to volunteering levels in New Zealand cannot be overstated. The drawn-out lockdowns, that were a necessity for public health, were devastating for voluntary organisations, with 84.3% noting that adhering to the strict regulations had a "significant" or "very significant" impact on their ability to deliver services, largely due to the suspension of the volunteering programmes that are the backbone of their organisations[88].   Concerns about health and safety, particularly given the higher risk of severe illness from the virus among older adults, led many to withdraw from volunteering to both minimise their own exposure, and to protect other vulnerable individuals in the community.   Lockdowns and social distancing measures also curtailed in-person volunteer opportunities, further reducing connection, and wellbeing of older volunteers. The lengthy and constantly unpredictable nature of the pandemic also did not lend itself well to volunteering for older adults who need, and value, consistency, and routine. This left many older volunteers to feel torn between caring for the community, while also caring for their own needs[88], with the latter rightly prevailing.

I try to make connections by "stealth", which is why I started volunteering. It looks like you are helping someone, but you are also getting just as much reward from it yourself. Even the tiniest of connections can be so meaningful.
– Pakeha female, 67, not married, Auckland Central.

The lockdowns induced adaption and innovation to the "new normal" for voluntary organisations by turning many of their services virtual to continue to be able to assist their communities. While the transition proved difficult for many digitally illiterate older volunteers, again forcing many to drop out, it enabled new realms of possibility to volunteer for a significant portion of the 65+ demographic; those with health and mobility issues. Pivoting to virtual and remote opportunities, allowed older adults to contribute from the safety of their homes. This included roles such as online mentoring, virtual administration support, and telephone helplines, which not only accommodated health and mobility limitations but also leveraged the skills and experiences of older volunteers in new, impactful ways. The shift to digital platforms and remote volunteering also facilitated greater flexibility, enabling older adults to engage in volunteer activities on their own schedules. These advancements not only ensured continued volunteer engagement during the pandemic but also paved the way for more inclusive and accessible volunteering options post-pandemic, allowing a broader range of older adults to be able to participate meaningfully in their communities. The development of phone volunteering provides a significant opportunity to enable more older adults to be able to volunteer, where previously they may have been excluded. When questioning interviewees whether they have plans to volunteer in the future,

common responses included "I could be interested in volunteering but not having a car makes it difficult"(Canadian female, 77, divorced, North Shore), and "At the moment no as I am waiting on hip and knee surgery" (Pakeha female, 65, widowed, Tauranga). Phone volunteering therefore provides a great opportunity to be able to provide more older adults with a renewed sense of purpose, particularly for those who are geographically or socially isolated, such as individuals that are stuck on elective surgery waitlists, and others with chronic health and mobility conditions. Using the phone as a means of volunteering is ideal for the current retirement-age generational cohort, as it remains their preferred method of communication. With all interviewees owning at least one type of telephone, it is also highly accessible and practical for this purpose. While not face-to-face interaction, the social contact is highly beneficial to their renewed sense of purpose, now being able to find value and fulfilment, where previously they would have been highly vulnerable to social isolation. Phone volunteering programmes, such as St. John's Caring Caller, can deliver mutual benefits to both the client, and volunteer, by encouraging older adults that have found themselves in a position of poor health or mobility to improve the quality of life for all involved.

> *I don't have good health at the moment. If my health situation gets better I would like to be a volunteer.*
> *– Chinese female, 65, widowed, North Shore.*

As such, the pandemic underscored the vulnerability of older volunteers, and highlighted the need for developing more accessible, flexible, and safe volunteer opportunities. By innovating and finding opportunities for continued engagement and meaningful participation, greater age-, disability-, and time-poor- inclusivity, will be enabled. In essence, encouraging older adults to engage in volunteering not only enriches communities but also supports individual wellbeing and positive ageing.

MEANINGFUL ACTIVITIES

For older adults, engaging in meaningful activities is essential for maintaining a sense of purpose and overall wellbeing. As individuals age, their needs and interests often evolve, making it crucial to offer a diverse range of activities that cater to these changing preferences. While traditional activities like coffee groups, housie, and lawn bowls may appeal to some, they do not satisfy the desires of all older adults. To truly support this demographic, it is important to provide a wide variety of accessible activities that can engage the diverse interests and backgrounds of older individuals, without enforcing ageing stereotypes, excluding many that do not conform to these.

> *Older adults' groups don't have things of interest to me. I want to do things with my hands, not just sit with a coffee in them.*
> *– Pakeha male, 80, divorced, Franklin.*

Older adults benefit significantly from activities that are not only enjoyable, but also meaningful. Studies have shown that people who had meaningful, challenging experiences were less lonely - even when higher levels of social contact and support were not available[91]. The void of meaningful pursuits to fill their days was felt by many interviewees, with regular comments such as "I feel better when I have things to do, but then feel bad and bored again when I don't" (Pakeha female, 78, widowed, South Auckland), and "Since retirement, if I sit still and think about it, I miss my friends, connections, and having a purpose everyday - I have to keep my mind away from those thoughts" (Pakeha female, 75, married, Franklin). Without meaningful activities to occupy one's time, retirement can come as a shock to older adults who have not been used to extended periods of free time during their working life, which can result in a spiral of existentialism.

Engaging in purposeful activities that aligns with personal interests and values helps to maintain the mental and emotional health of older individuals by inciting a continued sense of life accomplishment and fulfilment. The improved health outcomes that are helping to spur the ageing population has positively resulted in healthier and more mobile individuals reaching retirement than previous generations. As such, the needs and wants of how this cohort would like to utilise their spare time is also changing. Frequently discussed within the interview setting was that many individuals felt like there was a dearth of groups or activities available for older adults that resonated with them, for example "I would like to see more accessible events and activities that aren't just 'old people stuff'" (Pakeha female, 76, widowed,

Tauranga). Consistently, around 13% of interviewees within both Auckland and Tauranga (ranking second and third respectively), cited the enhanced development of activities for older adults being one of the main improvements they would like to see in their communities to aid in reducing loneliness and social isolation. The inclination of organisations providing group activities is to stick to the 'tried and true', offering activities such as coffee groups, women's knitting groups, or card games. While appealing to the older contingent of older adults, these were observed to be marginalising for those who considered themselves as "young-old"[92], and merely compounding age-based stereotypes and self-directed ageism. This narrow focus on stereotypical activities fails to acknowledge the diverse interests and capabilities of older adults, many of whom seek more engaging, and purposeful pursuits. It is often assumed by group organisers that young-old adults (those 55 - 75 years old) do not yet need to be catered to, yet the opposite is true. The loss of friendships with work colleagues that are not continued into retirement can have a significant impact on the number of social contacts an individual has, and finding new people to connect with that have similar values is not easy at any age. Organisations such as U3A (University of the Third Age) provide a stimulating array of special interest (study) groups for enhancing later-life learning, with topics ranging from architecture to classic films, to family history, to creative art[93]. These study groups provide an avenue for the

There is a well-known saying: 'Time flies when you are having fun, the unspoken corollary is that time drags when you are bored...both of these ideas are true. By engaging in meaningful activities during free time that demand focus, people can reduce loneliness and increase momentary happiness.
– Penn State, 2022.

meeting together of like-minded people to learn, contribute and to make new friends in their local community. Unfortunately, many older adults in the community are unaware of U3As. This lack of awareness means that numerous socially isolated individuals, who may feel excluded by traditional older adult groups, miss valuable opportunities to engage in meaningful activities. This missed engagement could otherwise help alleviate their loneliness and enhance their quality of life.

These activities offer a sense of purpose and accomplishment, enhancing self-esteem and improving both mental and physical health. Moving beyond traditional, stereotypical offerings ensures inclusivity and acknowledges the diverse interests of older adults, allowing each individual to find activities that resonate with them and contribute meaningfully to their communities. This approach not only enriches their lives but also challenges societal stereotypes, recognising the vibrant and varied capabilities of older individuals.

GOAL SETTING

Entering the new chapter of life that is retirement, as discussed, brings with it the challenge of finding renewed purpose and direction for older individuals. Without the benefit of a daily routine structured by work obligations, or family raising, older adults can easily find themselves feeling directionless. This is where the importance of goal setting becomes evident, offering a sense of independent purpose and a way to take charge of their life course.

Later-life can fundamentally alter older individuals' ability to feel autonomous in their decision-making with reduced financial resources, declining confidence, and losses in physical and cognitive abilities[94]. In order for older adults to be able to age well, and maintain a good quality of life, it is critical that goals are adjusted to respond to these challenges; if the distance between the present state and desired goals is too wide, it can adversely affect wellbeing. Conversely, if the distance is too short, it may lead to apathy and complacency[95].

Helping older adults set and achieve goals can significantly enhance quality of life and wellbeing, empowering them to take charge of their lives, providing a sense of motivation, accomplishment, and purpose. While it is beneficial for older adults to set challenging goals that push beyond their comfort zones, these goals must realistically match their abilities. Breaking down larger goals into smaller, manageable tasks is crucial for progress. Each small achievement brings a surge of pride and motivation, encouraging continued effort. Setting goals that align with personal interests and abilities, and being compassionate and realistic about what can be achieved, also ensures that life remains lively and inspired. For many older adults, goal setting becomes essential after retirement, providing a renewed sense of direction to avoid "feeling like they have been put out to pasture" (British female, 75, widowed, Franklin). Goals help keep life exciting and meaningful, offering a way to create a daily routine, reaching milestones, and live life to the fullest. Additionally, goal setting is a significant mental activity that helps older adults utilise their emotional and intellectual skills and reconnect with their community.   It brings routine and structure, leading to a more active and engaged lifestyle. Chasing long-term goals requires consistent, purposeful action and decision-making, fostering a sense of progress and anticipation.

> *Setting goals is not just about planning for the future; it's about creating a pathway to stay engaged, vibrant, and connected to the community.*
> – National Institute on Ageing (NIA), 2022.

With a renewed sense of self, goal setting can play a critical role in reducing loneliness and social isolation among older adults. Engaging in goal-oriented activities can foster social connections by encouraging older adults to leave the house and participate in group activities, community events, or volunteering. This engagement helps build a supportive network, reducing feelings of loneliness and social isolation, and enhancing social wellbeing[96]. Furthermore, the benefits for wellbeing in older age are felt in the reduction of feelings of regret. The opportunity to undo past regrets declines with age, as the intensity of their regrets can increase. Research has shown that older adults who have more future goals tend to feel less regret about their past as having goals gives them something positive to focus on, and strive for, which helps mitigate the feelings of regret[97]. Therefore, goal setting can enable what many older adults defined as ageing well: "To make the most out of life" (Pakeha female, 70, married, Franklin) and "To live with as few regrets as possible" (Pakeha male, 72, married, Franklin).

> *More needs to be done with how to motivate lonely people to get out of there house as it is very difficult to change people's mindsets if they start isolating themselves.*
> – Scottish female, 82, divorced, Franklin.

Within the interview setting, participants were asked what suggestions that they could provide to other older adults who may be experiencing loneliness and social isolation from what they found helpful in their own ageing well journey. Between Auckland and Tauranga combined, the most common theme of advice (14.3%) embraced the need for open-mindedness, flexibility of thinking, and changing of mindset (Auckland:15.2%; Tauranga: 12.2%).   According to one gentleman, who had felt a great deal of pointlessness, loneliness, and social isolation since retiring; "Until you get to the point that you realise you need to do something for yourself it is hard to move on and improve - you need to hit rock bottom before you can move up" (British male, 82, widowed, Central Auckland). The first step is to set small, easily attainable goals, that help develop confidence through highs of achievement that can be built upon, such as; "Have goals for every day that you would like to achieve even if it is to just get to the letterbox" (Pakeha female, 88, divorced, Central Auckland); to "Go to the mall and say hi to someone" (British female, 97, widowed, North Shore); to "Make connections with those around you, even if it is just at the supermarket to build your confidence. Build little steps at a time and keep a diary of all the little connections that you have made" (Pakeha female, 67, not married, Central Auckland).

This adaptive goal management, as shown by participant responses, is crucial for older adults as it allows for aspiration adjustment in response to changing circumstances. This approach involves setting realistic, and attainable, goals that align with their current capabilities, thereby preserving energy and maintaining motivation[61]. By recalibrating goals when necessary, older adults can continue to experience a sense of purpose and achievement, even when facing age-related challenges. This adaptability can not only

enhance the wellbeing of older adults, but also supports sustained engagement in meaningful activities, fostering a positive outlook on life and promoting overall mental and physical health[98]. For older adults it is critical that they recognise that their "best" can vary from day to day and being compassionate with themselves when they do not reach a daily goal, is key.

Goal setting is essential for providing older adults with a renewed sense of purpose and direction, while also playing a vital role in reducing loneliness and social isolation. By setting and pursuing meaningful goals, older adults can maintain an active and engaged lifestyle, which enhances their overall wellbeing and quality of life. The dynamic process of goal setting empowers older adults to adapt and thrive, fostering a sense of community and social connection that is essential for mental and emotional health, and ultimately, greater life satisfaction.

CONCLUSION

In the tapestry of later life, purpose acts as a vibrant thread weaving together a sense of fulfilment and resilience. As older adults navigate the complexities of aging, it becomes clear that a meaningful engagement with life is not merely beneficial, but essential for wellbeing. Beyond the immediate benefits of employment, volunteering, and goal-setting, it is the profound sense of purpose that transforms the ageing experience. This purpose fuels their vitality, fosters connections, and ignites a desire to embrace each day with renewed enthusiasm. Research and real-life experiences underscore that the pursuit of meaningful activities is more than a remedy for isolation - it is a pathway to a richer, more satisfying life. By seeking opportunities that align with their values and passions, older adults can turn challenges into growth, setbacks into triumphs, and everyday routines into a source of joy and significance. Embracing this purpose-driven approach not only enhances individual lives but also strengthens the fabric of our communities, proving that a fulfilling later life is a journey best embarked upon with intention and hope.

At 72, Tom's* life is a testament to finding value in meaningful activities. Married and living with chronic health conditions, Tom has spent the last decade adapting to his changing capabilities. Instead of focusing on what he can no longer do, he embraces each day with a positive mantra: "Act with intent. Expect nothing. Deal with the actual results. Do it again." This philosophy has allowed him to live without regrets, cherishing his participation in the world with intent and curiosity.

Throughout his life, Tom has prided himself on his lack of traditional ambition, which allowed him to seize unexpected employment opportunities. Tom's career started in radio broadcasting which spanned 20 years, where he worked in talkback radio, which has helped him to be able to strike up a conversation with anyone but acknowledges that he purposefully distanced himself from others around him so as not to disrupt his journalistic integrity. His future work took him around the world, which subdued any inclination to travel in retirement. While thought inconceivable as an option for retirement earlier in his life, Tom and his wife found themselves embarking on a new adventure, moving to a small farm in the Franklin region, to pursue a sustainable lifestyle. They aimed to live self-sustainably, organically growing and producing as much of their needs as possible. This decision marked his 60s as the most physically active and productive years of his life, thanks to the demanding nature of farming.

Recognising the importance of having a purpose, Tom ensured he had reasons to rise each morning. The farm became a source of daily responsibilities and learning opportunities, from tending to animals like cows, hens, and sheep, to managing a highly productive vegetable garden and orchard. Tom's engagement with the land and his farm animals provided a fulfilling routine, with each day bringing new learning experiences and problem-solving opportunities, keeping Tom's mind active and engaged.

Despite what some might perceive as isolation due to limited face-to-face interactions, Tom remains socially connected through social media and online farming community forums where he regularly communicates with like-minded individuals. Tom and his wife have also found great joy in hosting WWOOFers, sharing their knowledge and passion for organic farming with diverse travellers from around the world. This interaction not only enriches Tom's life but also highlights the potential for intergenerational and cross-cultural connections to enhance social engagement for older adults. The WWOOFer hosting, combined with his digital engagement, and the daily responsibilities and challenges of farm life, keeps Tom "too busy to feel lonely".

Tom acknowledges that the world feels less safe than it did 50 years ago. He finds urban environments challenging due to his reduced ability to quickly adapt to sudden changes, preferring the stability and routine of rural life. Nevertheless, he remains resolutely focused on the present and future, avoiding nostalgia, which he views as aversive, toxic, and counter-productive. He treats ageing with intrigue being "[it is] just a new experience". He encourages living in the moment and engaging in activities that bring current joy and purpose, such as planting trees even though he may not live to see them fully grow.

Tom's approach to life is forward-looking and proactive, advocating for living in the present and contributing to the future. His ongoing adaptability, and commitment to his values, have created a rich and engaged life. His story illustrates how meaningful activities, and a purpose-driven existence, can effectively combat the risks of isolation and loneliness in older age.

*Name has been changed to protect privacy.

Confidence and Self-Esteem

Confidence levels among older adults have suffered significant blows in recent years. A combination of factors has contributed to this decline, leaving many seniors feeling vulnerable and hesitant. Declining self-esteem levels, negativity bias and ageism play a pivotal role. The impact of COVID-19 has further exacerbated this situation, as older adults faced heightened health risks and social isolation during the pandemic. Additionally, the incessant media coverage of scams has fuelled both real and perceived vulnerability, making older adults overly wary of exploitation. Furthermore, the transition to a digital world has hampered digital literacy for this demographic, as they perceive the online environment as unsafe and unfamiliar. These interconnected challenges have collectively eroded the confidence of older adults, leaving them navigating a complex landscape with trepidation.

Just as self-confidence leads to successful experience, so successful experience leads to self-confidence.
– Dr Neel Burton, 2015.

SELF-ESTEEM

Pivotal in ensuring a vibrant and rewarding later life for older adults is the presence of confidence, self-confidence, and self-esteem. As individuals transition into older adulthood, the challenges they face (such as retirement, potential health and mobility issues and changes in social roles) can significantly impact their self-confidence, self-esteem, and overall positive outlook on life. Confidence, meaning *to trust*, lends itself to self-confidence, which is to trust in oneself, and, in particular, in one's intrinsic ability or aptitude to engage successfully with the world[99]. Self-confidence is vital for ageing well, encouraging older adults to take a step of their comfort zone and seize opportunities, rise to new challenges, and face trials and adversity with resilience.

While self-confidence and self-esteem are often used interchangeably, the crux of the two are distinct. Self-esteem, by comparison, is the subjective and emotional appraisal of one's own *worth*[100], encapsulating self-acceptance, self-efficacy, and self-appreciation[100]. The lived experiences of the ebbs and flows of life have all contributed to the older individuals' self-esteem levels with greater life satisfaction from childhood through to adulthood generally providing greater self-esteem, and vice-versa. However, longitudinal studies have corrected the assumption that self-esteem follows a linear process, instead finding the normative trajectory for self-esteem is that of a bell-curve, peaking around 60–70 years of age, and then inescapably declining thereafter[100]. The rationalisation for this pattern is that it is

I never used to have any problems. It is just age that has caught up with me and knocked my confidence.
– Pakeha female, 89, widowed, Central Auckland.

midlife when adults typically occupy the highest positions of power, status and importance[100], with the onset of decline due to the reduction in physical and mental functioning, lack of purpose-driven work, financial pressure, the loss of independence, and the death of a spouse or friends[101]. However, the level of decline is determined by the level of self-esteem the older individual accrued over their lifetime, with those with higher self-esteem likely to be able to display adaptability and resilience in the face of life's trials and tribulations.

Low levels of self-esteem for individuals are not just a mental health issue, but also a physical health issue. A concerning impact of low self-esteem for older adults is their heightened production of the hormone cortisol, which is secreted when under stress, and if prolonged, it is built up in the blood stream, impacting physiological functioning, such as metabolic processes, immune system regulation, and cognitive functioning[102]. As older adults are already more susceptible to illness, low self-esteem can therefore put them at even greater risk of developing chronic health conditions. In addition, low self-esteem in older individuals with chronic health conditions is found to lead to a distrust in the medical profession and treatment recommendations for their conditions, increasing physiological pressure[102]. Further compounding the physical health impacts of low self-esteem is the propensity for individuals to

develop unhealthy coping mechanisms, such as harmful alcohol use, and unhealthy eating habits[102]. As a result, older adults with low self-esteem are more likely to withdraw from society and become highly vulnerable to depression, anxiety (particularly around death), and loneliness.

Improving levels of self-esteem is crucial for enhancing the lives and ageing well outcomes of older adults. Older adults with high self-esteem are better equipped to form and maintain strong bonds with family and friends, increasing their social support networks, thus further improving their self-esteem. Social support is vital, as it boosts confidence in managing illnesses, handling psychological distress, improving hopefulness, and adopting proactive treatment strategies, thus enhancing their quality of life[103]. For instance, older adults who feel supported are more likely to engage in health-promoting behaviours, such as regular exercise and adhering to medical advice, which are essential for maintaining physical and mental health[104]. Moreover, self-esteem also plays a pivotal role in the perception of ageing and quality of life. Older adults with high self-esteem tend to be able to independently fulfil their needs and maintain autonomy, find meaningful roles for themselves in their families or communities, and have a more positive view of ageing, reinforcing their sense of purpose and self-worth, ultimately imparting positive life satisfaction overall[105].

NEGATIVITY BIAS

Negativity bias, the psychological phenomenon where negative experiences and information are given more weight than positive ones, can significantly undermine the self-esteem of older adults. This bias leads individuals to focus on losses, failures, and declines associated with ageing, overshadowing the positive aspects of their lives and achievements. For instance, older adults might dwell on health setbacks or diminished physical abilities rather than celebrating their experiences, wisdom, and accomplishments. This pervasive focus on the negative can create a distorted self-image, where older adults see themselves as less capable and valuable. Older adults are more susceptible to negativity bias due to a combination of biological, psychological, and social factors. Biologically, ageing is associated with changes in brain structure and function, particularly in regions responsible for emotional regulation and memory processing. These changes can make older adults more prone to focusing on negative information and experiences. Psychologically, factors such as declining cognitive abilities, increased reliance on past experiences, and a greater awareness of mortality can contribute to a heightened sensitivity to negative stimuli.

Being able to age with dignity is a challenge - you are definitely treated with less dignity than when you are younger. In the hospital it was just assumed that I was a frail, dementia-riddled old man. I was asked about my DNR wishes for the operations which made me think - am I considered too old to be saved?
– British male, 89, widowed, Auckland Central.

Moreover, older adults often face a considerable level of life transitions, and losses, such as retirement, health issues, and the loss of loved ones, which can further amplify feelings of vulnerability and negativity. Pervasive ageist attitudes and stereotypes in society can reinforce negative self-perceptions among older adults, leading them to internalise these biases and view themselves through a lens of decline and inadequacy. As a result of these factors, older adults may find themselves more easily overwhelmed by negative emotions and experiences, which can have detrimental effects on their overall wellbeing. Addressing these vulnerabilities requires interventions that challenge ageist stereotypes, promote positive ageing narratives, and provide older adults with opportunities for social connection, engagement, and personal growth. By fostering empowering environments that value and support older adults, confidence and self-esteem can improve, and the impact of negativity bias can be mitigated against.

SELF-DIRECTED AGEISM

Developing and maintaining a positive perception of oneself throughout later-life ageing is a challenging task. Throughout life, individuals are exposed to a plethora of social and environmental cues that glorify youthfulness and place overwhelmingly negative connotations on ageing, almost on a daily basis. Ageism, described by some as a 'silent epidemic', is the prejudice and discrimination based on a person's age, which can be presented implicitly, explicitly, and as active devaluation[106]. Ageism is not only overtly prevalent in society, but it is also considered to be socially acceptable, and it is

The narrative that age is decline, age is burden, hurts everyone: individuals, families, communities, and society. Some older adults do need support, but mostly they're giving it.
– Dr Nancy Morrow-Howell, 2023.

condoned in ways that other forms of prejudice are not[107]. 'Everyday ageism', such as jokes and pessimism about ageing (such as "You silly old codger" and "I hate that I am getting older"), and being the target of negative assumptions about worth or cognitive capacity[108], is socially conditioned through pervasive stereotyping and falsehoods, cultural attitudes that prioritise youth and marginalise older adults, and harmful media representations. The latter has been particularly damaging, with advertising, current affairs, and character portrayals that lean heavily on ageing tropes. The negative character depictions of older adults are numerous and pervasive, including the clichéd 'frail old woman', 'grumpy old man', and 'doddery-but-dear elderly'. These patronising stereotypes perpetuate the misconceptions of older adults as being in physical and cognitive decline, technologically inept, stubborn, and inflexible, forgetful, and worst of all, a burden on society. In addition, many people are unaware that the language they use to refer to older adults, such as "elderly" and "senior citizen", is ageist and *othering,* with the connotation that older adults are not part of society, but instead part of their own other group[109].

The persistent stereo typification that devalues age and later-life ageing processes in society is hugely damaging, with potentially significant psychological and social consequences. With increasing chronological age, the association between negative views of ageing, and the perception of one's own declining capabilities, is strengthened; during mid-life, concern regarding one's own future ageing and

People need to have a flexibility of thinking as they age - there is real importance for open-mindedness, and you need to have a conscious awareness of it to remain flexible. Never close a door for yourself to something - if it has to be closed let someone else do it for you.
– Pakeha male, 74, widowed, Franklin.

desiring to be younger than one's chronological age, is reliably associated with greater daily negative affect and poorer mental health outcomes; from mid-life onwards, negative beliefs around ageing lead to vastly accelerated subjective ageing[109]. The internalisation of lifelong negative age-related stereotypes, once individuals start assuming they are now a peer of this "old" demographic, subsequently leads to 'self-directed ageism' where older adults themselves begin to believe, and live by, these discriminating stereotypes.

Self-directed ageism is insidious, with the internalised age-related "deficiencies" profoundly impacting self-esteem, mental health, and overall quality of life for older adults. Older adults who perceive themselves through a negative lens are more likely to experience feelings of worthlessness, depression, and anxiety. This negative self-perception can lead to a lack of motivation to engage in activities that could enhance their physical and mental wellbeing, such as exercise, social interactions, and pursuing new hobbies. Comments such as "I am too old to learn new things", "I am not as sharp as I used to be", and "I shouldn't bother trying to look good at my age" permeate the language older adults use about themselves, revealing resignation to age-stereotype assimilation, regardless of their actual capacities. The social ramifications of older adults who view themselves negatively include their withdrawal from social activities and relationships, fearing judgment, or believing they are no longer valued. This social withdrawal can lead to isolation and loneliness, further diminishing their quality of life.

The physical health implications of self-directed ageism also cannot be disputed. The internalised ageism that develops for older adults influences health outcomes through self-fulfilling expectations, reduced physical activity, reduced self-care or seeking of preventative healthcare, cardio-reactivity to

stress, and believe decline is inevitable[109]. Furthermore, the anxiety and stress associated with these negative beliefs can exacerbate existing health problems, creating a vicious cycle of decline that reinforces the very stereotypes they have internalised. As a result, tangible impacts include increased risk of chronic illnesses, cognitive decline, and even mortality.

COVID-19

The intersection between health, ageism, and self-directed ageism reached a critical crossroads for older adults during the Covid-19 pandemic. The implementation of unprecedented lockdown restrictions and border closures in New Zealand and around the world played an important, ongoing role in shaping public perceptions of older adults[110]. The scientific and media discourse singled out older individuals as being inherently, rather than situationally, vulnerable to contract the virus, with relentless media narratives depicting older populations as a homogenous group of frail and powerless individuals[70]. The media coverage, coupled with the societal and economic consequences of the strict lockdowns, created high levels of tension and resentment directed towards the older populations. The developing consensus of Covid-19 as an "older adult problem"[111] as a result of health advisories on age vulnerability[72], and the age-segregation policies that overtly emphasised the need for older adults, in particular, to stay indoors for the unforeseeable future (prior to the eventual vaccine development). As a result, many were drawn to perceiving that older adults were not worth the effort, and that their protection was placing a burden on society that will just affect generations to come[112]. The height of cynicality in public discourse included judgements that older adults should sacrifice their lives so the younger populations could get back to theirs[113]. Subsequently, a rhetoric of disposability emerged regarding who should get to live, and who should have to die, when medical resources are scarce and hospital systems are overwhelmed[114]. These discussions in the public sphere had a devastating impact on self-esteem and self-worth of older individuals with the complete disregard to their valuable contributions to society.

The irony of news media playing such a damaging role in the propagation of hurtful ageist stereotypes is that it is considered by older adults to be a highly credible source of current affairs. During disaster and crises situations, such as Covid-19, media coverage plays a fundamental role in shaping official responses by presenting the currently known facts and evidence, and to communicate social control measures, such as "stay indoors"[114]. Although generally under-represented in media coverage, the constant focus on older adults' vulnerabilities had a profoundly significant impact on confidence and self-esteem through their internalisation of the explicit ageism. The resultant self-directed ageism and lack of confidence was reflected within the interviews when asked what made it difficult for them to stay socially connected, with comments including "I lost some confidence since having Covid" (Pakeha female, 91, divorced, North Shore), and "A fear of Covid. I now have a sense of caution when going out" (Pakeha female, 69, married, Franklin) being prolific even in the current "post-Covid" era. A recent study also revealed the connection between Covid-19 health worries and anxiety symptoms was stronger among older adults with high levels of self-directed ageism[115]. The insidious nature of ageism during Covid-19 still lies in its deep entrenchment in the psyches of many older adults, heightening their sense of vulnerability, and exacerbating existing social isolation and loneliness levels. This effect is further amplified by the continued media spotlight, which perpetuates these feelings of helplessness, and hopelessness, and deepens the impact on older adult populations.

SCAMS

Covid-19 saw the rise in another unwelcome contributor to the self-directed ageism and perceived vulnerability of older adults: online scams and fraud. Those that would be traditional offenders were also confined to their residences during lockdowns, and being unable to commit their usual crimes, they became innovative in developing new scams, with some specifically targeting older adults. Notwithstanding their

Scams targeting seniors have a chilling effect on their participation in the digital world, thereby exacerbating their social isolation.
– U.S Federal Trade Commission, 2023.

actual vulnerability in being duped, their *perceived* vulnerability has hurt the confidence levels of older adults deeply. The level of distrust in modern technology and the internet has been severely affected

by these scams, and it was a frequent topic of conversation within the interview setting: "I don't use the internet or social media as I don't trust it." (Pakeha female, 84, not married, Franklin); "Tech is not my strong point as that is the way I chose it. It has been a deliberate choice not to keep up with learning it as there are just so many issues." (Pakeha male, 72, married, Franklin); "I am reluctant to buy anything online as it doesn't feel safe." (Asian female, 71, divorced, Tauranga); and "You are always being told don't trust this, don't trust that. So now I don't trust people, even my family, to give out my card to them if I need them to buy something for me. I hope they don't get rid of cash." (Pakeha female, 89, widow, Central Auckland).

The prevalence of scams targeting older adults is largely unknown as scam attempts, and successes, mostly go unreported due to the humiliation that is felt by the victims[116]. However, it is estimated by the Global Anti-Scam Alliance that 17% of New Zealanders have been swindled, with NZ$2.05 billion lost to overseas scammers as of 2023, of which older adults making up a sizeable portion[117]. When older individuals do fall foul of financial fraud, typically more money is lost than for their younger counterparts with entire retirement savings often involved. The financial losses have devastating consequences for their independence, health, and wellbeing[118], with 53% of scam victims perceiving a "very strong emotional impact"[(19)] as a result. Financial abuse and fraud targeting older adults has taken many online, phone or email forms, with current predominant scams in New Zealand including:

- Cold calling - a scammer will call claiming to be from a trusted institution, such as a bank or utility company, often using the older individual's basic details about them to gain trust prior to gleaning private financial details from them.

- Email phishing - an unsolicited email is received from a well-known company that asks you to verify your details or log into your account. These scams are getting increasingly sophisticated and often appear legitimate.

- Romance scams – a fraudster will utilise a fake persona to enter romantic relationships online, eventually requesting money be urgently sent to them. Due to the emotional connection that has been established, this form of scam is often successful.

- Grandparent scams – a call or text message is received from an unknown number, claiming to be a distant family member, stating there is an emergency that money needs to be sent to help cover.

Unfortunately, the traditional risk factors for falling victim to financial fraud are those that are possessed by persons who are perceived to be already somewhat vulnerable, such as individuals experiencing social isolation, caregiver stress, high dependence on others, mental health concerns, such as depression and anxiety, or have "poor fraud awareness"[119]. The social distancing laws that were instigated to help keep older adults safe during lockdowns, also forced their isolation, both physically, and socially, priming their vulnerability towards scams. However, older populations were not the only age group with 'stay indoors' orders, with research finding "no consistent evidence for age differences in the willingness to respond to COVID-19 scams", but that in fact that "older age might be associated with certain protective factors

Banks are not doing enough to protect customers, especially older adults from scams.
– Asian male, 70, divorced, Central Auckland.

that might lower older adults' vulnerability to fraud"[120]. Therefore, while the prevalence of attempted victimisation is higher for aged populations, and some older individuals are likely to possess risk traits in their personality to make them more vulnerable, they are no more likely to fall victim based on age alone. Yet, the perception of the susceptibility of older adults is often amplified by both the news media, and frequent 'fraud awareness' in bank advertising, warning of these scams. Although these efforts are crucial for educating the public about scammers' tactics, and how to protect yourself, the constant focus on this issue can lead older adults to feel victimised twice-over: being the target of financial abuse, and being portrayed as senile, gullible, and as somewhat culpable for their victimisation[121]. The sense of stigmatisation for older victims of financial scams and fraud also discourages them from reporting scams out of shame, embarrassment, and fear of being judged negatively, making it almost impossible to recoup lost funds once they have been remitted[121].

The relentless focus on older individuals' vulnerability to scams can drastically intensify feelings of anxiety and helplessness among older adults, with society's view of diminished competence being internalised, resulting in self-directed ageism. The lessened view of their competence further erodes an older individual's trust, confidence, and autonomy, in being able to manage their own affairs independently. For example, when asked of her use of technology, one research participant stated "Many things I just leave to my husband to do, like online banking. I don't

Banks have caused mayhem for many elderly that can't do online banking with the closure of bank branches and doing away with cheque book accounts. Banks don't seem to see any importance of catering to the elderly.
– British male, 72, married, Franklin.

feel comfortable using it, and he knows what he is doing, so it is just easier that way" (Pakeha female, 71, married, Franklin). Such attitudes toward financial roles within a relationship are common, however they can significantly hinder resilience when they inevitably face the loss of their partner. The distrust of technology, and waning confidence levels, becomes a considerable challenge for maintaining quality of life. The vast majority of organisations and institutions in the 21st Century have cultivated a strong internet-based presence, often at the expense of face-to-face services, primarily to improve organisational efficiencies. However, from The New Zealand Seniors: Digital Trends Report 2022, 'safety and security concerns (e.g. scams), was highlighted as the greatest challenge that older adults face in using modern technology, according to 69% of respondents[122]. Individuals lacking the confidence to embrace modern technology and the internet are finding themselves left behind (with 1 in 2 older adults from the Digital Trends Report feeling incapable of being able to keep up).

The disparity in self-confidence and self-efficacy felt by older individuals at being able to keep themselves safe while online, is mirrored by the disparity in equitable access to the same range and/or quality of services as their tech-savvy counterparts. In rural townships, such as Waiuku, that have seen the complete withdrawal of bank branches, the loss of over-the-counter personal finance management has impacted the aged community far greater than any other demographic. Beyond age-related barriers that necessitate face-to-face communication, uptake of online banking alternatives has been hindered by the mixed messaging, as asserted: "...banks themselves were encouraging the elderly to trust online banking methods and security, but on the other [hand] to be fearful of scammers operating in the same digital space – often pretending to be banks. It is also worrying that elderly people in rural communities were losing the personal contact with bank tellers, who would often recognise exploitation"[123]. Sadly, avoiding the uptake of online banking services as a fear response only does a disservice to the older adult's own quality of life, with anecdotes in Waiuku being told about others in their local community group who could not be included in group activities without being able to pay online. As such, the far-reaching effects of scams result not just in financial victimisation, but also in social isolation and loneliness.

Without doubt, the risk of scams has left a clear impression on the overall confidence levels of older adults in the community. The perceived risk, actual risk, stigmatisation, and resulting social isolation, from scams and its shrapnel, presents an unjust quadruple-jeopardy. Unfortunately, not only is trust likely to be further eroded, but the actual risk of fraud and scams against older adults is expected to increase in the near future. Advances in A.I., including deep fakes, voice impersonation, and chatbots, are enhancing the tools available to fraudsters, making it more difficult than ever to distinguish between what is real and what is not[124]. Therefore, it is imperative to take urgent action to develop effective measures that adequately protect older adults from the ongoing threat of financial scams and fraud before it turns into a crippling sense of vulnerability.

REFRAMING AGEING

Growing older is our collective reality, and our own personal future[8]. Yet the constant bombardment of anti-ageing products and services, medical procedures, and online "self-help" resources, has created a societal fear of the ageing process. The desire to be chronologically younger than we are, coupled with accepted, but detrimental, ageist language, is merely displaying our own prejudice against our feared

future selves[125]. It is imperative, therefore, from a healthy ageing across the life course perspective, that we turn from having an age-declining mindset, to an age-thriving one[126].

Changing the ingrained narrative of ageing from something to be feared, to something to be celebrated, will be challenging, but critical. Despite a large and growing evidence base refuting ageing stereotypes, most individuals still hold negative views of 'growing old' that prevent them from optimising their own chances for healthy and productive ageing[127]. A major report by The World Health Organisation (2021) highlighted the scale of the issue, with every second person in the world possessing ageist beliefs[128]. As negative age biases begin to be adopted by children from a very young age[129], a valuable means by which to attempt to counteract ageism is by going straight to the source: younger people. To prevent negative views of ageing from developing in the first place, interventions must focus on reframing the minds of young populations, aligning with the well-known adage "prevention is better than the cure" [8].

We can and must prevent ageism, and even small shifts in how we think, feel and act towards age and ageing will reap benefits for individuals and societies.
– World Health Organisation, 2021.

However, this is not an easy task with both personal, and societal, views on ageing so extremely entrenched[129]. For success to occur, the walls must be broken down of the growing age segregation in the community, which is considered one of the biggest challenges in the reframing process[129]. While there are more older adults in the community than ever before, it has been observed that: "We are in the midst of a dangerous experiment where young people have almost no contact with older people outside of intermittent contacts in their own families[129]".

In an attempt to encourage more positive views on ageing for younger people, intergenerational connection initiatives have been promoted as a promising intervention. Backed by the intergroup contact theory[130], which stipulates that direct contact with 'outgroup' members can improve prejudice and intergroup conflict between the two parties, these initiatives encourage interaction and cooperation between older adults and younger generations to break down age-stereotypes and encourage cross-generational bonding and understanding[130]. However, not all intergenerational connections are made equal. Direct intergenerational connection, such as face-to-face interaction through playing games or painting together, for example, has a greater impact on reducing ageism than indirect intergenerational connections (i.e. contact through social media, joining an online-based book club, or having a pen-pal). Nevertheless, with such heterogeneity to the ageing experience, it is often possible that actually more harm can be done than good[129].

Youth have a great way of cheering up older people, even if it is just by talking about their school and friends. It really gives you a lift. It is very refreshing to not just sit and talk about health issues.
– European female, 82, widowed, Franklin.

For example, taking primary school children to a rest home to read with the residents, without being able to effectively interpret the environment, may indeed leave with an even greater fear of ageing[129]. Therefore, it has been shown that to be the most effective and long-lasting in overcoming negative attitudes toward ageing are intergenerational connections that are in partnership with an educational component, such as that seen in the PEACE Model (Positive Education about Ageing and Contact Experiences)[131]. This model focus on two key contributing factors: [130]

- education on ageing that debunks misconceived truths, along with positive older role models that are counter-stereotypical of older adulthood;
- positive contact experiences with older adults that are individualised, promote respect and equal status, involve cooperation, and encourage sharing of personal details for bonding.

Importantly, studies find that those with an accurate knowledge of ageing are those with greater positive attitudes toward older adults[132]. The three central tenets of knowledge-based positive ageing education include: ageing is not all loss and decline; adults have more control over their own ageing than they believe; and age-related losses can often be reversible[131]. This type of intervention has also been effective with younger adults to reduce ageing anxiety, by gaining back the trust that they will be able to shape their own ageing process with a combination of positive lifestyle choices, and anti-ageist

conviction, which becomes a protective barrier against physical and cognitive health decline, and improved self-confidence and self-esteem, through the life-course[131]. The sense of resiliency gained throughout the reframing process will further enable older adults to be able to cope with future obstacles that will inevitably come their way.

CONCLUSION

The erosion of confidence among older adults in recent years can be traced to various interconnected factors. Persistent ageism and negativity bias have undermined their self-esteem, while the digital transition and the prevalence of online scams have exacerbated their sense of vulnerability. The impact of COVID-19, with its heightened health risks and social isolation, further compounded these issues, leaving many older adults feeling particularly insecure.

To counteract this, it is crucial to foster environments that promote positive ageing narratives and provide robust support networks. Building self-esteem is not just about enhancing mental wellbeing but also about improving physical health, as high self-esteem is linked to better health outcomes. Encouraging older adults to engage in community activities and form strong social bonds can help mitigate the effects of negativity bias and self-directed ageism. Moreover, addressing technological apprehension through education and support can empower older adults to navigate the digital world confidently. Society must shift from viewing ageing as a decline to celebrating it as a period of continued growth and contribution. With a collective, and individual, future of ageing, challenging ageism, and self-directed ageism, is ultimately better for all of us.

Anne,* at 73 years old is the exemplification of resilience, despite facing tremendous challenges throughout her life. In her early 60s, she sold everything in New Zealand and moved to Queensland, Australia, by herself seeking a new life experience. In 2011, she was caught in the devastating Queensland floods, requiring a dramatic helicopter rescue from a tree. She lost her house and all possessions and, due to a loophole in her insurance, could not recover any financial compensation. Returning to New Zealand with nothing, she managed to secure a social housing tenancy in Central Auckland.

Anne lives with chronic health conditions, including arthritis, lupus, and asthma, yet she refuses to let her medical diagnoses hold her back. "I don't allow it to define who I am," she said, and "I don't go down to the garden to eat worms." Even after contracting COVID twice, leading to hospitalisations due to her asthma, she overcame her fear of public transport and resumed using it, demonstrating remarkable courage and adaptability. "COVID did a lot of damage to aged people as we were so vulnerable," she noted, yet she persevered.

Two years ago, Anne endured a horrific home invasion, during which she was physically assaulted. The resulting head injury caused long-term concussion, balance issues, and a speech impediment. Despite these challenges, Anne has made significant physical recovery and even found it within herself to forgive the perpetrator. Although the attack left her with a sense of vulnerability and anxiety, she remains determined not to let it confine her. "I am not afraid to be on my own. I have a panic button to wear if I am outside. I am just very careful about locking my doors if I am inside now" she shared, emphasising her mental strength and practical approach to feeling safer.

Anne has formed a close friendship with a volunteer visitor, a younger woman who invites her over for holidays, who she says treats her with the utmost respect. This relationship has provided Anne with significant emotional support. "I really like it because I am a nosey wench and she is very obliging," she said humorously.

An advocate for her social housing community, Anne regularly speaks at local community forums and assists a grassroots social development organisation in promoting social inclusion in her village. Though her family ties are not strong, she has built a robust support network of friends who check in on her daily. "All of my friends and I are the same age, so we are all in the same boat. We all support each other – we see a need and then meet it," she explained. This social connectedness has been crucial for her wellbeing, particularly in recovering from her attack. "It means a lot as I know I have people out there who love me and I care about them immensely," she reflected.

Anne maintains a positive outlook on ageing, accepting that she may lose her mobility eventually but continues to be determined that she will not let it define her. In her free time, she enjoys diamond art craft projects, finding joy and fulfilment in her hobbies.

Anne's story is a testament to the power of self-confidence and a positive-ageing mindset in providing resiliency to overcome major setbacks in life. Her ability to stay true to her values, and not let her age, health, mobility, or adversities define what she can do in life, has undoubtedly protected her from feelings of social isolation and loneliness.

Name has been changed to protect privacy.

Grief and Loss

The experience of grief is a universal yet deeply personal journey, particularly poignant in the later stages of life when losses seem to accumulate with increasing frequency and intensity. For older adults, grief and loss are not just emotional experiences; they are profound shifts in a person's affect that can lead to significant loneliness and social isolation.

GRIEF

In the tapestry of life, the threads of grief and loss are especially pronounced. The ageing process is inherently tied to a succession of changes and losses. These can be both big, and small, gradual, or sudden, posing the constant need for readjustment. Consequently, older adults can feel like they have less and less control over how they want things to be, which can be challenging to come to terms with[132]. Grief is the complex process of experiencing emotional, physical, psychological, behavioural, social, and spiritual reactions to loss[133]. Loss is not limited to another person's death: an individual will inevitably experience grief any time they lose something in which they have invested their time, energy, emotions, or dreams[134]. For most older individuals, the priority for the first half of their lives was growing a family, building a career, and saving for the future. Watching it all diminish as nature takes its course can therefore be exceptionally challenging to cope with.

> *I don't know how to cope with losses as I never had anyone to support me with them.*
> *– Pakeha male, 85, divorced, Franklin.*

The loss of independence, loss of motivation and energy, loss of health and mobility, loss of memory and cognitive function, and the loss of visibility and status, to name but a few, are mourned as they begin to contribute to a sense of diminished personhood and point towards the most unavoidable consequence of ageing – death. The tendency of society is to ignore the multiple and dynamic losses of older adults, expecting them to just get used to it and get over it. Conversely however, research from the Melbourne Ageing Research Collaboration shows that the accumulation of loss does not make older adults more prepared or resilient, instead having a compounding effect on their physical and mental health[135].

Improving life expectancies brings with it both joys, and consequences. The number of deaths older adults encounter over their lifetime accelerates with increasing age [136], therefore longer lives unfortunately bring greater loss. Few would argue that the unbearable pain and grief associated with the loss of loved ones, which older individuals have experienced many of over their lifetimes, including their parents, siblings, spouses, friends, and even children. In Tauranga, the 'Death of Spouse, Friends or Family' was the most commonly nominated reason (13%) provided when the interview participants were asked what they thought the cause of their loneliness potentially might be (Combined: 11.6%, Auckland: 11.1%). Bereavement grief after the loss of a husband or wife is well recognised as an emotionally devastating event, ranked on life event scales as the most stressful of all possible losses[137].

> *Most of my friends and family have passed away, so I have a very small phone list now.*
> *– Australian female, 95, widowed, Auckland Central.*

With heightened inter-dependency between older spouses, being "abandoned" after potentially 50 to 70 years or more of life spent together, can be an incredibly difficult ocean to navigate, with the intensity and persistence of the pain making it difficult to find the will to endure. In earlier academic research undertaken in 1984[138], it was found that 68% of older bereaved adults reported worsened health two months after losing their spouse, more than double the rate of the control group. Moreover, the 'widowhood effect' is a very real concern, with an increased risk of mortality after a significant bereavement, with studies showing an increased propensity towards sudden cardiovascular events, accidents, cancers caused by increased alcohol use and smoking, or acute illness caused by reduced immune system functioning[138]. In addition, the problematic mix of pre-existing medical conditions, lack of support, and social isolation, that older adults are susceptible to, makes them particularly vulnerable to the most negative consequences of grief[137]. It is not the older, frail individuals that are stereotyped to be susceptible to the widowhood effect that are most at risk. Surprisingly, it was found in a Danish research study analysing data from nearly one million Danish citizens over 65, that the younger-old were more susceptible to dying within a year of losing their spouse than older individuals. Furthermore, an increased risk of death persevered for up to three years after losing their spouse for the younger individuals 65–74 years old, compared to one year as seen in

the older age groups over 75 years old[138]. The same research also discovered that men were 70% more likely to die than similarly aged men who did not lose a spouse, while women were 27% more likely to die compared to women who did not become widowed[139].

Women face a greater risk of widowhood in later life due to the gender disparity in mortality rates. Fortunately, older women who have lost their husbands are generally more resilient and capable of coping with the stress derived from the loss of a partner, than men. As examined by researchers from the University of Padova in Italy[140], it was found that widows cope better than widowers with the stress derived from the loss of a partner. This is due to women often being more relied upon for caregiving, household management and medical needs. In addition, men from generations in the current older cohort have lived their lives with the expectation of stoicism, and struggle to appropriately express their emotions to process their grief. Remarkably, the physical and mental health of older women who have been widowed actually improves post-loss, and become less likely to suffer from frailty, stress, and depression, than married women of the same age[140]. For example, when one interviewee from Tauranga was asked of the cause of her loneliness, she lamented the lack of control she had over her life with her husband's care taking priority: "The circumstances with regards to my husband's ill-health has led me to not be able to go out that much and he wants to know where I am all the time. I am not allowed to invite people over either" (Pakeha female, 84, married, Tauranga). Situations such as these illustrate how widowhood can be beneficial for older women in regaining their autonomy, and finally being able to prioritise their own physical and social health.

Grief is not something that you can simply 'get over.' It is a profound experience that changes you forever.
– Dr David Kessler, grief expert.

While the death of a spouse might be inevitable, it does not mean that older adults will not be deeply affected by it. The loss of the emotional connection to their partner, along with the loss of their shared identity, perpetuates grief through a dual sense of survivor guilt at being the one able to keep living, and abandonment that they must now do it alone. Emotional loneliness for the bereaved older individuals tends to peak directly after their loss, which slowly eases over time[141].   However, for some, the intense sorrow, pain, and rumination over the loss of a loved one does not improve over time, and if these symptoms persist for at least a year, they may develop into Prolonged Grief Disorder, also known as Complicated Grief, which can interfere with normal functioning in daily life.[142]. Prolonged Grief Disorder has been estimated to affect as much as 10% of the bereaved older population[143]. Despite influences from social, cultural, or religious norms on bereavement, the risk factors, and symptoms, of Prolonged Grief Disorder can be found in the table below:

RISK FACTORS	SYMPTOMS
- Unexpected, sudden, or traumatic death, or greater severity of partner's suffering during illness. - High levels of spousal caregiving pre-loss. - Pre-existing mental health conditions, such as a history of depression. - Social isolation and a lack of emotionally supportive relationships. - Personality traits, such as high levels of neuroticism, perfectionism, dependency, and low resilience levels. - Anxious or avoidant attachment insecurity.	- Marked sense of disbelief about the death. - Identity disruption through feeling like part of oneself has died. - Avoidance of reminders that the person is dead. - Intense rumination and pain related to the death, including anger, bitterness, sorrow. - Emotional numbness. - Feeling that life is meaningless. - Severe loneliness. - Difficulty with societal reintegration, such as meeting friends, pursuing interests, or planning for the future.

Source: American Psychiatric Association, 2022.

Breaking the order of natural life events, potentially the most devastating experience for older adults is the loss of a child; the young are supposed to outlive the old[144]. In addition to being loved, children whether grown or not, take on great symbolic generativity importance, and parents have hopes and dreams for their futures which die along with them[144]. Older children have also lived long enough to have

had well-formed personalities and leave their bereaved families with large stores of memories leading to profound emotional loneliness[144]. Many often feel tremendous guilt that their child has not been able to fully live out their life, yet they get to, or have to, live on. The psychological suffering of being cheated by nature is compared to a hole in the heart, or amputation[145]. While data is limited in New Zealand, in the United States, the likelihood of having an adult child die has been estimated to be 12% by the age of 60, and 18% by the age of 80 [146]. The physical, mental, and emotional stresses, often compounded by the remnants of the loss of their spouse, make older adults at risk of intrusive thoughts, sleep disruption, major depression, disengagement from routine tasks and responsibilities, and social isolation[147]. Adding to the bitterness of the bereavement process, their children often have their own families, whose feelings and grief tend to be considered more paramount, isolating the parent from being able receive similar emotional support through their bereavement[148]. Older individuals that lose a child are therefore, unsurprisingly, also highly vulnerable for Prolonged Grief Disorder, however unlike spousal bereavement, older women are more at risk developing severe depression, psychiatric symptoms, and death from both unnatural and natural causes[149]. Finding meaning in the death is crucial for older adults to traverse their grief. Studies have shown that those who can derive a sense of purpose or understanding from their loss experience better psychological outcomes, through: sense-making (seeking to understand why the loss occurred and what it means in the context of their life); benefit-finding (identification of positive outcomes or lessons learnt, such as personal growth); and identity-change (reformation or how the individual sees themselves and their role in the world)[150].

> *I had my retirement sorted but that is now all gone. My son was going to take care of me, but he passed away.*
> *– Pakeha female, 71, divorced, Tauranga.*

Given the high prevalence of bereavement among older adults, with 1 in 10 likely to develop Prolonged Grief Disorder, and the significant physical, mental, and social health impacts that severely reduce quality of life, it is crucial to prioritise the identification, monitoring, and treatment of the disorder. Yet, when it comes to grief support, older people are often overlooked as the assumption exists that they are well prepared to deal with grief simply because they have encountered so many bereavements throughout their lives. Early identification and regular monitoring of bereaved individuals, initiated through their GP, can help healthcare providers track the progression of grief and identify those at risk of developing Complicated Grief. Effective treatment, including targeted grief therapy and support groups, can significantly improve the physical and mental health of the bereaved, as well as reduce social isolation and loneliness. By helping individuals process their grief, restore functionality, and enhance overall wellbeing, these treatments can, at the very least, reduce the ripple effects of the anguish, and lighten the broader societal and healthcare burdens typically associated with untreated grief[151]. Understanding and addressing the intricate relationship between grief, loneliness, and social isolation, can better enable the assistance of older adults in coping with their losses and finding comfort and connection in their later years.

GREY DIVORCE

When people think about retirement, they often imagine spending their golden years enjoying the life they have built with their partner. However, "till death do us part" was much easier to honour when it previously meant 10 – 15 years, rather than potentially 40 years or more, as married couples face now[152]. A growing number of older adults are bucking the previously held social norms for their age group, as evidenced by the rising divorce rates among older adults, often referred to as "grey divorce" or "silver separation". This trend is not a temporary phenomenon but a significant shift with long-term implications. While the New Zealand's total divorce rate has tracked downwards by more than a third since 2000, the divorce rate for those aged over 55 years has gone up[153]. In addition, the median age of divorce has also been tracking up over a similar period, with the median age for divorce in New Zealand now at 48.1 years for men, and 45.5 years for women (up from 42.5 for men and 40.1 for women in 2003)[153]. Within our research participants, the 34.4% were either separated or divorced, highlighting the prevalence of divorced older individuals in the community. To an extent, the trends in later-life divorce simply reflect modern trends: women are more likely to have careers and economic autonomy; society placing greater emphasis on marriage quality, rather than settling in an unhappy one; and increased life expectancies with potentially decades of life ahead and wanting to avoid regret[154].

To some older divorcees, the end of marriage feels like a failure. To others, it is finally independence and freedom. Overall, the trend is considered positive as it signals increasing independence among this demographic where they are seizing new opportunities and embracing the possibility of new adventures[(23)]. However, not all divorces end mutually, and for the aggrieved party after a long marriage, this can result in profound grief over the loss of a long-planned future with their spouse, as well as the more tangible loss of connections with extended family, mutual friends, and, in some cases of family disharmony, even communication with their children[154]. In addition, when a couple is forced to divide shared assets, particularly when financial strain was already a conflict in the relationship, neither party comes out better off. However, women face greater financial strain through unequal employment and earning opportunities, and greater caregiving responsibilities, over their lifetimes having led to much lower KiwiSaver and personal savings to support them into, and through, retirement. Coupled with longer life expectancies, these factors leave women significantly more financially depleted than men, with studies finding that women experience a 45% decline in their standard of living, more than double that of men (21%)[155]. Furthermore, separating couples place additional strain on the already limited housing stock, as they now require two separate residences. Even if they co-own a

My wife left me 45 years ago, and my children did not communicate with me for many years afterwards. I still find it hard to put myself out there to meet new people after being rejected so badly by my family. Sometimes I want to end it all – I am sick of it.
– Pakeha male, 85, divorced, Franklin.

house, there is often significant pressure to liquidate the asset quickly, and equitably, for both older individuals to be able to start anew. However, this can be challenging if the property market is in a slump, as time constraints may prevent them from achieving the best possible value for their home, often necessitating a sharp decrease in living standards, with some even forced to couch surf, or live in their cars to keep a roof over their head at night[156]. This has stirred concerns that the trend towards later-life divorce will aid and abet existing age and gender-related socioeconomic vulnerabilities, with the potential to make older women the fastest-growing disadvantaged group in society[157], fundamentally limiting their social participation opportunities.

"Starting over" later in life after divorce is a daunting task with profound emotional impacts, akin to the grief over the loss of a loved one. Known as 'ambiguous loss', this type of loss is not tied to death but rather to the loss of an emotional connection. While the former spouse is still alive, they are no longer present in their life, creating a sense of loss and unresolved grief. The dream of a settled and secure retirement is upended, often leading to heightened anxiety and depression over fears of what the future will hold[158]. Socially, divorce disrupts long-established social networks, with the loss of joint friendships, community connections, and other ties that were maintained through the marital relationship. This can have a particularly damaging effect on mental health, with the loss of both their primary emotional support system (spouse), and their secondary emotional support systems (friends and community), results in a deep sense of loneliness and social isolation[159]. New self-identities must also be formed, independent of the social roles that once dominated their sense of personhood, from that of wife/husband, mother/father, son/daughter that may have dominated their life for decades, now presents the task of self-discovery to find who they are, and who they want to be, independent of those roles. This struggle to redefine oneself can further deepen the feelings of loneliness, making it critical to address both the emotional and social dimensions of life after divorce.

FRIENDSHIPS

In his 1612 essay 'Of Friendship', Francis Bacon proclaimed; "...communicating of a man's self to his friend, works two contrary effects; for it redoubleth joys, and cutteth griefs in halves."[160]. This seminal piece of writing continues to resonate over 400 years later with friendships still revered as a crucial life-force for individuals, particularly during periods of grief and loss. Friends can offer emotional support, companionship, helping in developing and maintaining personal meaning and self-identity, and a sense of belonging, that often cannot be gleaned from other social partners[161]. Studies have repeatedly shown that for older adults: friendships are a greater determinant of loneliness than relationships with family members, including children[162]; strong friend ties can lead to better psychological wellbeing and increased longevity[163]; and having close friends who reside in near proximity is more important than having relatives that do[164]. The value of friendship was eloquently expressed by one interviewee: "I am

really blessed with my friends. Friendship is like a garden – if you ignore it the weeds will come up, but if you love and nurture it, it will be bountiful and beautiful" (Pakeha female, 73, widow, Central Auckland).

The benefits of having friends are ubiquitous. Yet, societies have fallen on hard times not just financially, but also socially, with friendship rates falling into what has been termed a 'friendship recession'. While the social upheaval brought about by Covid-19 contributed to this, the decline in face-to-face contact with friends started long before the pandemic. Declining friendship rates are more likely to be reflecting broader structural forces that may be playing a more crucial role, such as busy lifestyles, limited proximity to social circles, fear of rejection, and reduced participation in group activities[165]. In a study in the United States undertaken by the Survey Center on American Life in 2021[165], it was observed that the percentage of individuals without any close friends is now four times higher than it was in 1990, jumping from 3%, to 12% in 2021. Additionally, the number of people with 10 or more friends has tumbled from 33% in 1990, to 13% in 2021. While similar data has not been collected in the New Zealand context, it is undoubtedly affecting social relationships here too, being reported on in the media as a growing concern. The global nature of the friendship recession is encapsulated through the following statement: "the friendship recession seems to be true for every age group, every gender, every income level, for people in metro and non-metro areas, for white and non-white, living with a spouse or partner, not living with a spouse or partner. Everyone seems to be spending more time alone."[166]

> *I don't have anyone to share things with at home as I live alone, but my friends help me with that, which makes me happy.*
> *– Pakeha female, 75, divorced, Tauranga.*

The challenge of making and maintaining friendships in later life lies in the reality that opportunities for connection are not as readily available as they once were. With fewer chances to meet new people, a conscious effort to reach out, initiate conversations, and arrange face-to-face gatherings, is required. This can be more difficult for older adults to achieve with their negativity bias playing a heavy hand, making a fear of rejection, and of being burdensome, more pronounced. Within the interview context, when asked of their personal barriers or challenges to reaching out to others for social connection, 'low confidence, fear of rejection and feeling burdensome' was the second most cited cause by participants, particularly in Auckland (Combined: 15.4%, Auckland: 19.2%, Tauranga: 6%). Examples include: "When my confidence is up, I am fine, but I am usually hesitant about meeting new people." (Pakeha female, 69, widow, Tauranga); "I don't feel comfortable about meeting new people and if they will accept me." (Pakeha female, 74, divorced, Tauranga); and "I have been shy all of my life, so I find it hard even still to make the first move in talking to someone." (Pasifika male, 70, widow, Central Auckland).

> *At 86 I just think "why bother?".*
> *Everyone I meet now will just die on me too.*
> *– Pakeha male, 86, never married, North Shore.*

Moreover, the myth that friendships should happen organically, and not require too much effort to instigate, is hindering chances of making friends[167]. A longitudinal study conducted in Canada unearthed that people who believe friendships are based on luck tend to experience more loneliness over time, whereas those who view friendships as requiring effort experience less loneliness[168]. This research underscores that people cannot simply become passive agents of their social world, waiting for the phone to ring, or someone else to introduce themselves, but more vulnerable, intentional, proactive measures must be taken to connect with others to see improved outcomes in making and sustaining new social relationships[168]. For older adults, internalising the belief that 'no matter what I do I won't make friends', becomes a self-fulfilling prophecy, and indeed friendships will not be made.

For older adults who lack the mobility to actively seek out new friendships, it is crucial that any efforts to reduce loneliness and social isolation, and improve quality of life, focus significantly on improving levels of social connection through the facilitation of friendships. While volunteer visiting services have been the primary go-to solution for easing loneliness and social isolation for older adults, it's value as meaningful connection is not clear, as told: "...the evidence is very uncertain about the effect of friendly face-to-face visiting by a volunteer on improving loneliness, social isolation, and wellbeing in older adults. Overall, the identified evidence is scarce and of very low certainty, which precludes conclusions about the added value of friendly face-to-face visiting by a volunteer"[169]. In addition, a study undertaken in New Zealand

> *If we envision a world for ourselves where we are thriving with connections, surrounded by people we love and who love us, then we have to start building that world now.*
> *– Dr David Kessler, grief expert, 2023*

examining visiting services for older people showed that they are most successful when "a match goes beyond a transactional 'professional-client' relationship to resemble genuine friendship, underpinned by mutual interests and norms of reciprocity and reliability"[170]. The evidence, as discussed, is much clearer on the benefits of friendships. Ensuring older individuals that are accessing social support to alleviate loneliness or social isolation also have access to opportunities for friendship connection could have a profound impact not just on healthy ageing outcomes of the older adult, but also for healthcare systems across the country. When the research participants were asked as to whether they felt they would benefit from volunteer visitor support, across the board, the majority did not (Combined: 50%, Auckland: 40%, Tauranga: 76.7%). While the service was enjoyed by those who used it, there is the concern that it does not address true social connection needs of older adults, as stipulated: "What I would really like is a friend. Someone who I could invite around for a wine in the afternoon. Having a visitor would be good, but it is not the same." (Pakeha female, 91, widow, Central Auckland); and "Not so much. I would be more interested in being linked up with someone of a similar age with similar interests so we could go out a get a drink or do something together." (Pakeha female, 84, not married, Franklin). Therefore, the opportunity presents itself to create a program that connects lonely older adults to other older individuals seeking companionship, to focus on fostering friendships rather than establishing a volunteer-client dynamic. Furthermore, reducing the pressure to sustain and grow volunteer numbers to accommodate the ageing population would be beneficial for organisations that currently struggle to maintain an adequate number of volunteers to provide companionship services.

CONCLUSION

Challenges with grief and loss contribute profoundly to the mental and physical wellbeing of older adults. Highlighted is the necessity for a multi-faceted approach in providing support, including increased mental health support, such as grief counselling to navigate their grief journey effectively, and assistance with friendship development, through 'friendship matchmaking', to help those grieving to rebuild their lives, reduce feelings of loneliness, and enhance their overall wellbeing. Addressing grief requires understanding the unique triggers and needs of individuals, enabling them to find new avenues for connection and purpose. With less opportunities for friendship than ever before, intentionality, vulnerability, and proactive engagement are crucial to building and maintaining friendships, particularly in later life. Addressing these aspects can help combat the loneliness and social isolation that many older adults face, and greatly enhance their quality of life.

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CASE STUDY:
The Impact of Loss of Loved Ones on Social Isolation and Loneliness for Older Adults

Faye*, a 65-year-old woman, experienced severe anxiety following the sudden death of her husband. Before his passing, Faye had been actively working as a hospital caregiver. However, the trauma of his death and the stress of losing her rental home severely impacted her ability to make decisions and navigate life. Her health provider referred her to the Women's Refuge, where she stayed for three months until she was able to secure a house through community housing.

In addition to her anxiety, Faye was awaiting knee and hip surgery, which became another barrier to engaging in new community activities. When asked what ageing well meant to her, Faye expressed that with the people she wanted to be with no longer around, she had to learn how to age on her own. Her most significant challenges to ageing well were simply to keep going and find a reason to continue. She found it difficult to stay socially connected because any pressure to engage socially would cause her to withdraw.

Faye identified missing her husband as the primary reason for her loneliness. She noted that although people often assume that staying at home means one should go out and socialise, it is hard to do so when constantly missing someone. The symptoms of her loneliness included tiredness, reluctance to get up in the morning, and headaches.

Efforts have been made to introduce Faye to new community opportunities. She has been connected with Grief Support and a physiotherapist who helps her with pre-operation exercises at the local pool. Faye joined a community knitting group at the local library, which she attends weekly. Feeling accepted in this group, she even introduced a friend she met at the Women's Refuge, who now also attends regularly. The knitting group occasionally organises movie sessions, adding to the social activities Faye participates in. Additionally, she has attended a Coffee and Conversation group and Age Concern monthly meetings a few times.

Faye's progress is monitored monthly to ensure she remains connected and continues to build confidence in her abilities. Small steps are taken to help her, always being mindful of her triggers related to grief, especially when asked about her marital status. Recently, Faye underwent knee surgery, significantly improving her mobility and motivation to explore new opportunities.

This case study highlights the profound impact of losing a loved one on the social isolation and loneliness of older adults. It also underscores the importance of providing ongoing support and introducing community activities to help individuals like Faye regain their sense of purpose and connection after a significant loss.

Name has been changed to protect privacy.

Retirement Planning

Planning for retirement is more than just preparing financially; it's about envisioning and shaping the life you want to lead when you retire. However, for many individuals, retirement feels less like shaping, and more like a rollercoaster, as so much about their life – their work role, relationships, daily routines, and often their sense of identity, are in flux, which can be difficult for many individuals to acclimate to[171]. With retirement now lasting up to 30 years, it can be an amazing time of flexibility, adventure, and discovery, while for others it is simply a time of boredom, isolation, and loneliness. Through effective retirement planning, more older individuals would find themselves being able to enjoy a more fulfilling and meaningful retirement.

> *There needs to be more talk and discussion when you are in your 30s and 40s about ageing well.*
> *– Pakeha female, 69, married, Franklin.*

HOLISTIC RETIREMENT PLANNING

From the interviews, when asked what their plans were for retirement, it was clear that a substantial portion of the participants had not put any significant planning into their retirement. Common remarks included: "We didn't really plan for our retirement. One day my husband asked me 'why are we still working?' when we were 65, and the next day we handed in our resignation letters" (Australian female, 95, widowed, Auckland Central); "I didn't think about it – I am shocked at myself for not planning for it more for it financially to shore up my financial wellbeing" (British female, 75, divorced, Auckland Central) and "I didn't give it much thought as I was always too busy just chasing work" (Canadian female, 77, divorced, North Shore). As such, it appears that one of life's most significant phases, that requires careful planning and preparation, is not being given the thought that it deserves while individuals nearing retirement are still in the workforce. This lack of future-planning was particularly prevalent among individuals who are compelled, or forced, to retire early due to health reasons, such as: "I retired early due to a head injury, so I hadn't planned on anything" (British male, 83, divorced, Franklin) and "Retirement for me came early because of my illnesses, so I didn't get to think about it"(Pakeha male, 85, divorced, 85) .

> *I hadn't planned well for my retirement – I retired early in 2014 when the economy was difficult, to move to NZ with my children who were going to study in Auckland. I spent all of my time in Hong Kong working, so I didn't have any hobbies, and I didn't know what I would want to do".*
> *– Chinese male, 70, divorced, Auckland Central.*

Retirement can also be particularly hard felt by individuals who joined the globalized economy and enjoyed a 'high-flying' career, finding landing back in New Zealand particularly isolating. For these individuals, the notion of home becomes a fluid concept, devoid of the rootedness and stability that typically accompany retirement. As they settle back permanently in New Zealand, they confront the stark reality that their social networks are dispersed across the globe, rendering their community unfamiliar and devoid of familiar faces. This can result in reverse culture shock (the emotional and psychological process of readjustment and reassimilation endured by some people when they return home after a number of years overseas[172]). This can be especially hard felt by older adults who have spent a considerable amount of time in collectivist cultures, where older adults are revered and celebrated, and return to a culture of egocentricity. This is exemplified by one such gentleman, who had retired to Auckland after an inspiring career as a consultant for international development organisations, and as an advisor to overseas governments: "I feel disconnected from the world now. I haven't been permanently in NZ for a number of years, so I don't know anyone here. Living amongst Asian and Pacific cultures and coming back to NZ has been quite stark. Here there is very little inquiry or interest from the public of what you are about. Over there everyone wants to talk to you and ask you where you are from, and it is

so easy to form friendships. They also value the elderly so much more for their wisdom, and they would always be looked after. Here, people are preoccupied with themselves rather than helping others which makes the sense of isolation very real. If I am walking down Queen Street I feel very invisible and have a sense of being an outcast" (British male, 82, widowed, Auckland Central). Having spent much of their time overseas, little thought or effort prior to retirement was given towards establishing community connections or developing hobbies or interests to provide the necessary stimulation for daily life when time goes from constrained, to plentiful. This profound sense of dislocation can intensify feelings of isolation and loneliness, making the transition to retirement a daunting prospect for many older adults.

> *The hard feeling to get over is that life has passed you by and what is there left to live for? I have to give myself a good talking to in order to overcome these feelings. I have a willingness to not give in, but it is hard.*
> – British male, 82, widowed, Auckland Central.

The reinvention of self-identities becomes a crucial task in retirement planning. The simple reframing of retirement as a *career change* (rather than it simply reflecting the leaving of something, it is the moving towards a new and exciting life journey), necessitates all older adults to deliberate existentially on "what gives meaning to my life?". While the process of trial and error in finding what will take the place of formal employment can be uncomfortable for many retiring older adults, particularly for those who drew considerable self-worth and purposefulness from their vocation[173], it is also an opportunity for self-discovery to find a new place in the world, with fresh purpose and life goals.

> *While many often prepare their financial portfolio for retirement, they often neglect planning for their psychological portfolio.*
> – Dr Nancy K. Schlossberg, 2004.

No two retirees are the same, and multiple pathways exist to get from work to retirement[173]. However, for adults in the last ten years of being part of the traditional workforce, starting the process of planning for retirement is critical to ensure they are in the best position to enjoy a fulfilling and meaningful retirement. However, to be beneficial, holistic retirement planning, incorporating not just financial consideration, but also physical health, social engagement, and personal growth to achieve a fulfilling retirement, is essential. By taking this universal approach to retirement planning, individuals can ensure they have the resources, health, and community support needed to live the positive ageing, vibrant, and purposeful life they envision for themselves. While "successful ageing" can be achieved many ways, what is important is for older individuals to find opportunities to take responsibility and add structure to a daily routine that compels them to undertake meaningful tasks, even when it is stressful.

> *As part of the preparation for retirement, one needs to sit and ask, 'What am I going to retire to?' as well as 'What am I retiring from?' Most people do not have a good answer to that question.*
> – Dr John C. Cavanaugh, 2004.

Yet, the vast majority of retirement planning publications available to older adults in New Zealand, merely provide information on traditional financial and administrative considerations, and fail to mention the fundamental importance of social health planning, such as developing hobbies and interests, and creating community connections, despite the growing body of evidence showing how engagement in psychosocial activities can fundamentally determine ageing-well outcomes of retirees[174].

HOBBIES AND INTERESTS

As we age, opportunities to make new social connections and to engage on a social level seem to dwindle. Retiring from colleagues that have been their "work family" leads to even greater decline in social circle connections. For one lady living rurally, who had recently retired, the transition from an interesting work life has left her vulnerable to loneliness: "I didn't have a lot of friends outside of work, but my colleagues were my friends. Since I retired all of that gets lost. Not having that contact with people every day at work has been hard as I found my job to be very stimulating. I would have liked to be able to keep up contact with them all, but I am worried their wives might frown upon it, even though

we are just friends" (British female, 75, married, Franklin). With the loss of social contact and camaraderie from work, it can be a slippery slope towards loneliness and social isolation. Having to build new social networks can be daunting at any age, requiring levels of self-confidence, resilience, and adaptability that does not come naturally for everyone. However, the development of hobbies (defined as activities that people engage in during their leisure time for pleasure[174]) that align with the values, interests, or goals of the older individual, preferably pre-retirement, enables them to be able to identify and connect to their peers with similar interests, from which new friendships can be formed. If this can be achieved pre-retirement, the continuation of some of their social networks at the completion of their careers will act as a significant buffer for the individual's social health. Even if new hobbies are established after retirement, they provide opportunities to build new social connections and maintain an active, engaging lifestyle, which is crucial for mental and emotional wellbeing. This proactive approach ensures that older adults can sustain a vibrant social life, reducing feelings of loneliness and promoting a positive ageing experience, with research revealing that people with no friends, or poor-quality friendships, are twice as likely to die prematurely[175].

To help meet older adults' needs and to support the sustainability of health and social care systems globally, it is important to explore cost-effective strategies to enhance older adults' mental health and wellbeing. There is now global interest in how engagement in psychosocial activities could address these challenges".
– National Centre for Geriatrics and Gerontology, Japan, 2018.

Along with social health, hobbies can be highly protective for older adults against age-related decline in mental health and wellbeing[176]. This is because hobbies are generally tremendously cognitively stimulating, involve imagination, novelty, creativity, sensory activation, and self-expression, all of which are positively related to mental health and wellbeing through psychological, biological, social, and behavioural pathways[176]. Not only can hobbies provide the structure, purpose, and sense of accomplishment that is lost during the transition from employed, to retired. In addition, hobbies can provide a constructive and engaging way to distract from rumination of negative thoughts that are highly associated with loneliness and isolation. Immersion into tasks that are entertaining and stimulating, particularly when enjoyed with others, redirects attention away from negative thoughts and concerns, promoting optimism, resiliency, and adaptability, leading to improved emotional stability that enables the forging of social bonds. This can instil a sense of place in belonging, shared experience, and emotional support, thus mitigating loneliness and social isolation. In a study undertaken across 16 countries analysing hobby uptake for older adults, it showed that "having a hobby was associated with fewer depressive symptoms, better self-reported health, more happiness and higher life satisfaction, with life satisfaction most consistently related to hobbies"[176].

Additionally, the cognitive stimulation found in activities such as reading books, playing games, taking classes, learning new skills, and volunteering, can provide brain workouts to keep the mind active and agile. While these activities may not definitively prevent serious cognitive impairments like Alzheimer's disease, observational studies suggest they can lower the risk of cognitive decline and dementia. Mentally stimulating hobbies help establish "cognitive reserve," making the brain more adaptable and better equipped to compensate for age-related changes and health conditions affecting cognitive function[177]. Additionally, participation in arts and music activities is linked to improved cognitive function, memory, self-esteem, and overall wellbeing. These activities also reduce behavioural symptoms of dementia, such as stress and agitation, and promote social interaction, providing multiple psychosocial benefits. Therefore, incorporating hobbies into daily routines is an effective strategy for maintaining cognitive health and enhancing the quality of life for older adults[178].

For many older adults, falling into a sedentary lifestyle in retirement can lead to a significant decline in physical health, increased risk of chronic diseases, and greater feelings of isolation and loneliness. From around 30 years of age, without an active lifestyle, the process of age-related muscle loss, or sarcopenia, begins, with as much as 3–5% of muscle tissue lost per decade[179]. As such, sedentary behaviour can result in muscle atrophy, reduced cardiovascular health, and diminished overall fitness, making daily activities more challenging. This process must be actively counteracted, preferably pre-retirement to

lessen the rate of loss, but even starting later in life is better than not starting at all. Hobbies are an excellent means of significantly boosting the physical health of older adults by promoting regular activity and reducing sedentary behaviour. Engaging in hobbies like gardening, dancing, or playing low-impact sports such as lawn bowls, pickleball, and cycling, not only improves cardiovascular health and muscle strength, but also enhances flexibility and balance, reducing the risk of falls. These activities also help maintain a healthy weight and improve overall stamina, making daily tasks easier and more enjoyable. Furthermore, regular physical activity for older adults enhances their mental health, emotional, psychological, social wellbeing, and cognitive function[180], as the exertion involved in these hobbies releases endorphins, elevating mood, and reducing stress, which further contributes to a happier, and healthier, lifestyle.

Within the interview setting, interviewees were asked to state the hobbies that they regularly participate in. While there was generally reasonable hobby uptake with an average of 2.3 hobbies per older individual, worryingly 21.1% of interviewees had no hobbies at all for personal fulfilment. When the respondents were asked what helpful support or resources they would like to see in the community to improve social connection opportunities, 25.0% of responses across Auckland and Tauranga combined,

was the need for improved information dissemination of hobby groups and clubs that can be joined (Auckland: 22.0%, Tauranga: 23.3%). This insight was particularly evident in the Franklin area (Waiuku: 46.6%, Pukekohe: 15.4%), as the local newspapers, such as Franklin County News, and the West Franklin Breeze, no longer provided a "What's On" section in print, vexing many; "If people don't know what is on, then activities or groups can't be attended" (Pakeha female, 70, married, Franklin); and "There needs to be better circulation of information – old people don't relate to the internet, even if they know how to use it, so print communication is still very valuable" (Pakeha female, 69, married, Franklin). This course of action was likely taken by local newspapers for cost-saving or environmental purposes, however, the lack of thought by them on the significant health impacts their paper is causing with reduced access to information for older adults who do not have the capacity or confidence to find information online, and the obstacles involved with going to find information at places such as library notice boards is high.

Percentage of Participants by Number of Hobbies
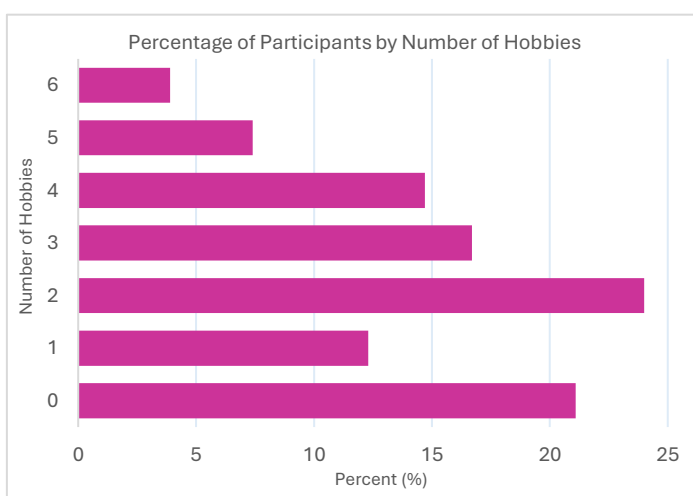
Hobbies play a crucial role in promoting wellbeing among older adults, offering a cost-effective strategy for ageing well. Engaging in hobbies can help fulfil previously neglected needs, providing opportunities for learning and personal growth that may have been overlooked during earlier stages of life. By participating in new and stimulating activities, older adults can maintain physical health, mental sharpness, and emotional wellbeing. This approach to Ageing Well *with intent* not only enhances the quality of life but also fosters senses of purpose, independence, and community, which are critical for reducing feelings of loneliness and isolation.

NEIGHBOURLY CONNECTIONS

In the process of retirement planning, older adults may consider relocation of towns, or cities, to be closer to their adult children. This can be appealing in knowing they have a vital support network readily available whom they can rely upon in the eventuality of age-related deteriorating health and mobility. Being able to see grandchildren readily, watch their Sunday sports, and be able to attend family celebrations is the epitome of retirement for many. However, this can lead to great disappointment when this idealised version is not realised with busy lives pushing older parents to the side and there are days and weeks in between events, especially when they have been through the strain of relocation. Such

misalignment of dream versus reality leads to feelings of loneliness and social isolation with connection expectations not being met.

Understanding the effect of the social environment on the wellbeing of older adults is important for the promotion of positive ageing in the community. Of great importance when considering relocation for older adults towards their children, is figuring out ahead of time whether or not leaving the community that they have known so well is going to be ideal for them long term, or whether the community they will be moving to will be the right fit for them[181]. This decision involves evaluating the emotional and social implications of leaving a familiar environment where they have established deep-rooted connections and a sense of belonging. Without the appropriate consideration of this it can lead to unfortunate experiences such as "I moved to New Zealand when I was 81 years old already, so I didn't have a chance to establish connections like I could have in my younger years. My son is always busy, and I am not very close to my grandchildren. It is what it is" (British female, 91, divorced, North Shore). Sadly, this sentiment was repeated frequently across interviewees, either at the older adult's wishes, or their children's request, without enough planning of the neighbourhood into which they will move. Yet, gerontological studies on neighbourhoods show that "In addition to social capital of individuals, and the quality of neighbourhood services, neighbourhood social capital, and social cohesion are significantly, and independently, associated with wellbeing of older adults"[182].

> *Before retiring try to think about where you might be or what you might need and start developing awareness of what is out there.*
> *– Pakeha female, 69, widowed, Tauranga.*

Having strong neighbourhood cohesion (the perception of trust, reciprocity, and connectedness between neighbours), can serve as protection for older adults, by providing a reliable network of nearby individuals that can enhance an older individual's sense of security and independence, particularly against the assumed negative impacts of living alone[183]. Neighbourhood cohesion plays a crucial role in the wellbeing of older adults by fostering a supportive and interconnected community, with seemingly small favours provided among neighbours, such as support in times of sickness, providing assistance with grocery shopping, and offering transportation, being able to alleviate worries about the future, and contribute to better wellbeing outcomes[183]. Strong neighbourhood social cohesion and social capital therefore enhance psychosocial wellbeing through the provision of affective support, boosting self-esteem, and fostering mutual respect.

Furthermore, being able to rely on neighbours for assistance can mitigate the negative effects of ageing [183]. For older adults, strong neighbourhood social ties are associated with better emotional wellbeing, improved self-rated health, lower mortality risk, and decreased loneliness, particularly for those without children or a partner[184]. Neighbourhood cohesion can reduce early death related to living alone by ensuring that older adults maintain social ties as they age. Living alone can leave psychological and social needs unmet, adversely affecting overall health. By developing strong connections within their community, older adults can strengthen their social interactions and engagement with society, thereby reducing the risk of loneliness and social isolation leading to poor health or premature death[185].

Relocating closer to family during retirement requires careful evaluation to avoid loneliness and isolation if family support is inconsistent, making realistic planning crucial for a fulfilling retirement. Strong neighbourhood cohesion is essential for older adults' wellbeing, providing support that enhances security, independence, and overall quality of life, thereby mitigating the negative effects of living alone and promoting positive ageing experiences.

FAMILY RETIREMENT PLANNING

New retirees and those nearing retirement are looking forward to their "bonus years." They see life in retirement as filled with opportunities and a chance to enjoy a Second Act. However, they don't know exactly what to expect during, or how to successfully manage, a long, complex, and ever-changing retirement. And a long life in retirement brings worries about outliving their money, health and healthcare costs, family interdependencies, the loss of quality of life, and being isolated and lonely[186]. Involving adult

children in the retirement planning of older adults is crucial for ensuring long-term financial security, emotional wellbeing, and practical support. Family connections can enrich life in retirement but also complicate it, as retirement planning has traditionally solely centred on the needs of the older individual, or couple, without considering the capacities of the wider family structure. As such, recognising and addressing family complexities and financial interdependencies is vital for balancing both family priorities and the retirees' long-term security.

According to *The Future of Retirement Studies Report 2013*, conducted by Merrill Lynch[186], in recent years the lives of pre-retirees and retirees are shown to be complicated by three converging trends; firstly, 'Parenthood Does Not Retire', as in today's uncertain economy, adult children are increasingly turning to older family members for assistance; secondly, rising longevity is introducing new complications to retirement planning with the "sandwich generation"[187], as the parents of today's pre-retirees and retirees are living longer than any prior generation, and very often require greater emotional, physical and financial support from them; and thirdly, many pre-retirees and retirees have insufficient savings to last potentially 30 years, putting them on shaky ground as they attempt to balance

> *My family have already told me that they won't look after me when I am much older as they say I should use my money on care..*
> – Pakeha female, 80, widowed, Tauranga.

competing priorities and trade-offs of preparing for, or financially managing, their own retirement, while also being able to help family members[97]. In addition, modern families are more complex than ever, with stepchildren, stepparents, and stepsiblings, to be incorporated into the complex financial mix.

Prior to retirement, very few adults discuss with close family members about critical retirement planning topics, such as financial security, retirement living arrangements, or what may happen if one parent passes ahead of the other[188]. Not only does proactive planning and discussions in navigating new family interdependencies attempt to instil financial peace of mind for the entire family, but it can also have significant mental health payoffs for older adults by lessening the sense of burden that is internalised when support is requested if there have been previous family agreements. This sense of needing to avoid being a burden was another regular theme within discussions in the interviews, with many expressing guilt surrounding issues such as health, financial, or technology requests, fearing that asking for assistance would complicate their adult children's busy lives even further[189]. This was particularly observed among lonely individuals, who would benefit hugely from family assistance with social connections, through frequent comments such as "I don't want to be a burden, so I don't talk about my loneliness with my children. They have their own problems, and I don't want to put my problems on them" (Barbadian male, 77, widowed, Auckland Central). As such, good family communication can significantly lessen the impact of feeling like a burden on the mental health of older adults. Open and honest discussions about needs and expectations can help alleviate guilt and anxiety, and promote a more supportive and cohesive family dynamic, making older adults more comfortable seeking, and accepting help, ensuring that both the older adults, and their family members, feel respected. This can assist in reducing the psychological stress associated with perceiving themselves as a burden, leading to improved mental health, and reduced vulnerability towards loneliness and isolation.

Effective family retirement planning requires involving adult children to ensure long-term financial security, emotional wellbeing, and practical support for older adults. Proactive planning and open communication about their needs and expectations can reduce feelings of guilt or being a burden, creating a more supportive family dynamic for better mental health and positive ageing outcomes for retirees.

In preparation for their retired years, Stuart* moved from Invercargill to Waiuku with his wife to be closer to their four adult sons. Unfortunately, his wife passed away from cancer, and his sons relocated around New Zealand and abroad, leaving Stuart to face retirement alone. Despite his desire for more communication with his sons, Stuart understood they had their own lives to lead, and does not resent their priority being their own careers and families.

Having spent most of his career in the travel and tourism industry, Stuart didn't initially envision retirement for himself. However, at the age of 74, he decided it was time to retire and let his successors manage the business. Stuart looked forward to traveling but realised he needed additional activities to keep himself engaged throughout the year, as he stated "Being socially connected is a very important thing that I hadn't realised until retirement. I really needed to learn how to find contacts outside of my occupation".

This recognition of importance led to Stuart's concerted effort in establishing neighbourhood and community connections. As a naturally shy person, it was daunting for him to face social interactions alone, especially without his wife to assist in conversations. However, Stuart understood that "it was critical for me to put myself out there. If someone invites you out three times or more, and you keep saying no, you won't get invited again, so I had to learn to say yes even if I didn't really want to go. And funnily enough they always ended up being very enjoyable excursions." This proactive approach helped him become more comfortable reaching out for social connections.

Stuart became actively involved in several community activities. He took on administrative responsibilities for the local PROBUS group, participated in ukulele lessons at the library, joined a 'Better Breathing' group, and helped run his University Alumni group. These engagements provided Stuart with a sense of purpose and kept him busy, mitigating the risk of loneliness and social isolation.

Stuart fostered great relationships with his neighbours and joined a church to further expand his social network. He enjoys hobbies such as gardening, cycling, reading, and learning Spanish, which keep him occupied when he is not involved in group activities or community work. Stuart remains open-minded to further volunteering opportunities, recognising the importance of staying active and connected. Stuart remains open-minded to further volunteering opportunities, recognising the importance of staying active and connected.

Stuart does not have any issues with technology, having been an early adopter of computers since the first household models were introduced. He has kept up with technological advancements, allowing him to stay connected with his family and community virtually when needed.

Stuart's experience underscores the importance of neighbourhood and community connections for a fulfilling retirement. By actively participating in community activities, building new relationships, and maintaining an open-minded approach to new opportunities, Stuart has successfully mitigated the challenges of loneliness and social isolation. His story illustrates that, with effort and a positive attitude, retirees can create a rich and fulfilling life, even in the face of personal loss and changing family dynamics.

Name has been changed to protect privacy.

CONCLUSION

This research has revealed how a plethora of interconnected barriers to social connections for older adults significantly contributes to loneliness and social isolation. From the quantitative analysis various insights emerged, showing how factors such as financial insecurity, health issues, and limited community engagement are deeply intertwined, creating a challenging environment for many older adults. For instance, those with lower financial security often experience higher levels of loneliness, exacerbated by inadequate access to healthcare, and housing insecurity, resulting in tremendous levels of perceived vulnerability. Interestingly, the research also sheds light on other critical aspects of ageing such as driving status, showing that it is not necessarily the inability to drive that hinders connection, but without having a place to drive to that is meaningful for the older individual, feelings of loneliness can be amplified. Social media use has also been promoted as a tool to engage and connect older adults with their friends and family, yet results show a mixed bag of benefits and drawbacks. Furthermore, positivity towards ageing emerged as a significant factor in healthy ageing; those with a more optimistic view of ageing reported lower levels of loneliness, highlighting the critical importance of resiliency and a positive outlook. The data also reveals stark contrasts between regions like Auckland and Tauranga, where differences in community support and economic conditions contribute to varying levels of loneliness.

The qualitative themes presented in this research further expose the intricate web of contributing factors, and the deeply nuanced nature of loneliness and social isolation among the ageing population. As the most heterogeneous age group in regards to physical, psychological, and social functioning, retirement can be a joyous time of family, travel, and connection. Yet the ageing process brings real and serious challenges to older adults that affects their lives in profound ways. Loneliness and social isolation are not personal failings but the result of chance and fortune throughout life. Those fortunate enough to enjoy strong socio-economic, health, and family foundations are likely to be able to age positively with access to the equity of mortgage-free home ownership, retirement savings, and ample leisure-time to develop thriving social connections. However, an ever-increasing proportion of pre-retirees and retirees have lived through countless life-adversities, such as financially depleting economic recessions, housing crises, overloaded health systems, and adult children caught in the globalised rat-race, that has left them teetering on the vulnerability precipice. The next unexpected incident may be all that is needed to shift the balance over the edge to result in downward-spiralling events.

The importance of mental wellbeing for older adults throughout the ageing process cannot be overstated. As explored widely throughout this research, confidence, self-esteem, determination, independence, positivity, and resilience are recurring themes that significantly influence the overall health and quality of life in older adults. The vast array of health research has irrefutably shown time and again the links between mental health, physical health, and mortality for older adults. Positive mental wellbeing is a critical factor in maintaining physical health and prolonging life expectancy. Older adults who maintain high levels of confidence and self-esteem are more likely to engage in health-promoting behaviours, seek medical attention when needed, and recover more quickly from illnesses. Conversely, those suffering from poor mental health are at a higher risk of developing chronic conditions, experiencing rapid physical decline, and facing premature mortality. With the ageing population predicted to overwhelm an already stressed health system further, it is shocking that there has been no strong focus by any government administration on developing mental health support structures tailored to the needs of older adults. The lack of targeted mental health initiatives for older adults is a glaring oversight, considering the profound impact of mental wellbeing on their physical health. It is imperative to recognise that mental health issues in older adults, such as depression, anxiety, loneliness, and social isolation, are not just emotional or psychological concerns but are intrinsically linked to physical health outcomes, and are in themselves a major public health issue. From a governmental perspective, addressing mental health and wellbeing for older individuals through greater access to free support or counselling services just makes economic sense. From an individual perspective, it is undeniably our duty of care to ensure this.

It is also our collective responsibility to reduce our own, and call out others, ageist language as fostering a culture that perpetuates ageism is not just bearing on our grandparents and parents, but also our own future selves. The words we use shape our perceptions and attitudes towards ageing, whether consciously or subconsciously. By challenging, and changing, these narratives, an inclusive society that recognises the value and contribution of older adults, can be cultivated. It is time we recognise that ageing is a natural part of life and should be celebrated, not stigmatised. No older adult should be made to feel invisible while walking along a high street after a unique and remarkable life lived enriching society.

Attempting to grapple the issue of loneliness and social isolation into a state of control may appear a daunting task. At its core, everyone wants a sense of acknowledgement and belonging. Simple gestures such as smiling at all older individuals you pass in the street, to striking up a conversation in a checkout line, to taking some fresh produce to your older neighbour, can bring back their sense of being seen. Sometimes that is all it takes to give one older adult the confidence to start a new hobby, or to go look at the community noticeboard at the library. Our sense of community has been eroded, and significant loneliness and social isolation levels has taken its place. As pioneering social neuroscientist Jon Cacioppo opined, loneliness can be positive because it highlights to us our need for social connections, therefore we must use this 'Epidemic of Loneliness' as the sign we need to be doing much more for the social connections and mental health of older adults, thus also our future selves.

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Acknowledgements:

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