

Our Ageing Demographic: the local government response

The following report is based on my study trip to Oxford University's Institute of Population Ageing in June 2016, supported by the Winston Churchill Memorial Trust. The wealth of information I gained access to goes far beyond what can be covered in this report. I have therefore tried to draw out issues and trends that may be of general interest and some of the conclusions that can be drawn from the data.

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1. Acknowledgements

First I must thank the Winston Churchill Memorial Trust for recognising the importance of a better understanding of New Zealand's ageing demographic and supporting me to further my research. Also my thanks to Nelson City Council for its financial support and the willingness of other staff to take on extra work during my absence. In particular I acknowledge my Chief Executive, Clare Hadley, for encouraging me to apply for the fellowship and make space in my busy working life for a period of research.

I would also like to thank the Oxford Institute of Population Ageing for the way it welcomed me and inspired my deeper research. The Institute was established almost two decades ago by Professor Sarah Harper with funding from the US National Institutes of Health – the first of a number of such research centres now in the UK focusing on the demography and economics of ageing. Its mission to take a multidisciplinary approach in exploring the global challenges and opportunities of the ageing demographic and to support and connect to researchers around the world made it the ideal base for my work.

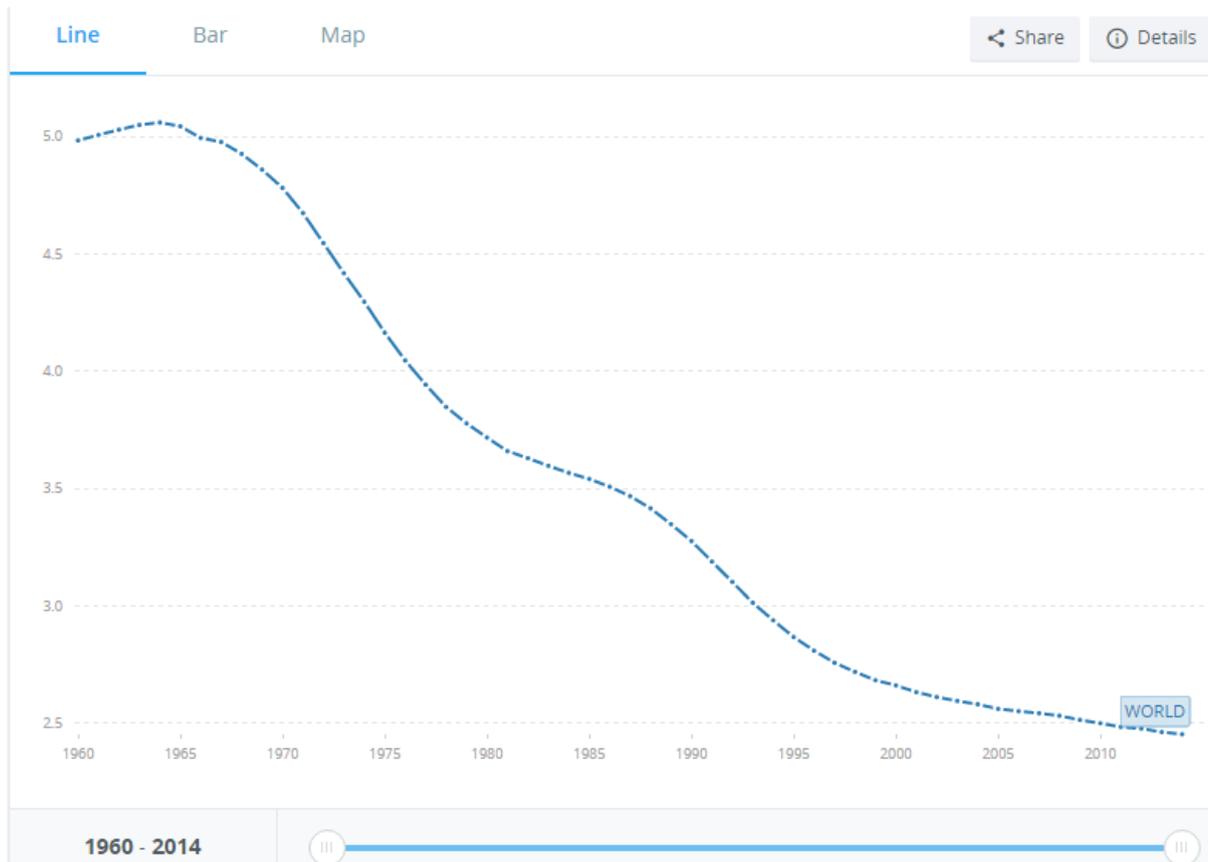
I thank all of those at Oxford University and around the United Kingdom who gave their time so generously for meetings and inquiries during my stay. The list of those who have helped me is appended to this report and I am so grateful for the guidance and insights they provided.

This report and the ongoing work I do is dedicated to the current and future generations of older New Zealanders who I hope will have long and fulfilling later years, contributing to and being supported and appreciated by their communities.

2. Introduction

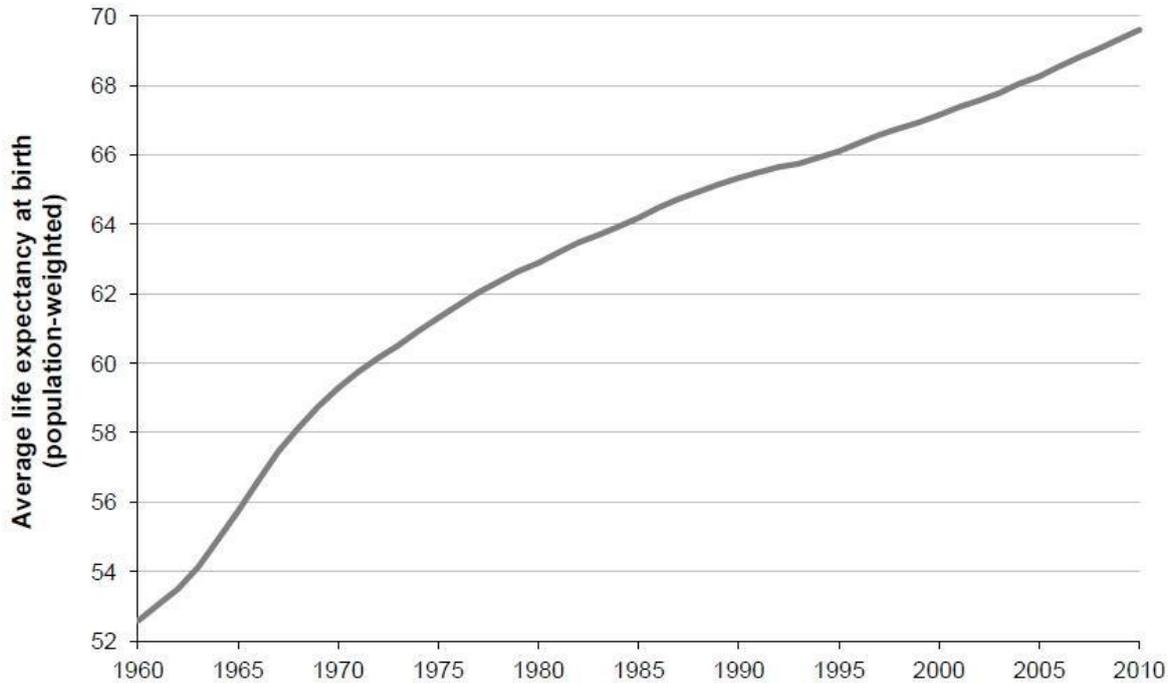
We are living through a turning point in human history. Worldwide life expectancy has never been higher and our global fertility rate never lower. Two hundred years ago no country in the world had an average life expectancy greater than 40 years old. Today no country has a life expectancy lower than that. The United Nations says the resulting ageing demographic that we are experiencing is **unprecedented, pervasive, enduring** and has **profound implications**¹.

The two factors driving these changes have dramatically opposing trend lines. The following snapshot of world fertility from the World Bank's online indicator (data.worldbank.org/indicator) shows how steep the fall in average births per female has been over just half a century. With the average worldwide replacement rate being around 2.3 births per female, it is clear how close the world is to the end of growth.



And for a mirror image curve we only have to look at the following graph, also using World Bank data, which shows how average life expectancy has risen over the same period.

¹ World Population Ageing: 1950-2050. Department of Economic and Social Affairs Population Division. 2001



It was the confluence of these two trends and the changes they were initiating that started my interest in our changing demographics. And it was wondering how these changes would make themselves felt at the local level that drove my Winston Churchill fellowship.

3. A Changing World

We are living longer thanks to a range of improvements, particularly in medicine, the food supply and sanitation. This change has been happening over more than a century in the developed world. But much of the developing world has now entered a period of “super-ageing”, ageing at three times the speed of the developed world.² It is a worldwide phenomenon and unless you happen to be living somewhere like sub-Saharan Africa, these changes are going to affect you and your family within your lifetime.

As living standards have risen, contraception become widely available and education of girls and women spread, so fertility rates have fallen. World population growth rates, which started their upward hike in the 1800s, peaked in the early 1960s and have been tracking down ever since.

For so long, we have worried about a continuously expanding world population and the earth’s ability to support it. Professor Sarah Harper, the Director of the Oxford Institute of Population Ageing where I studied, talks of being a demographics student in the 1980s worrying about how to prevent the world population ballooning to 24 billion. Now predictions are that the world population will top out somewhere between 9 and 11 billion by the end of this century.

Our ageing demographic is a great human achievement, a result of bringing improved living conditions to so many communities around the world. And the end of population growth that is so closely linked with it should be the answer to our prayers.

² Population Ageing in Developing Countries: burden or opportunity. IPPF 2012

However, the level of change is unprecedented and far from being excited by these changes we are apprehensive. The ageing demographic is often described as some sort of disaster: an age tsunami, an age quake, a population bomb. We speak of old age in terms of deficit, decline and loss.

Japan has the dubious distinction of being the world's guinea pig in matters of ageing and depopulation. Although it doesn't have the world's lowest fertility rate (that honour goes to Singapore³), it has traditionally had low levels of immigration and that has exacerbated the trends. By some estimates Japan will be losing a million people a year by 2039 and stands to drop its overall population by up to a third this century⁴. In 2015 the over 65 age group in Japan, made up 26.7% of the total population⁵. And Japan, while out the front of the pack, is not the only country in this position with much of Europe also facing depopulation, either in rural areas or for countries as a whole, and the proportion of residents over 65 years steadily tracking up (currently 18.9%⁶).

And the ageing and slowing of the world population is feared for the economic slowdown it is expected to bring. Fewer young people will be fueling the economy by entering the workforce and buying all the goods needed to set themselves and their families up in the world. Instead the economy will have more people in their later years, exiting paid work and eking out their savings over many years.

No-one is sure how the world will negotiate this challenging transition.

4. New Zealand's future

On the face of it, New Zealand has no cause for alarm with our population ageing at a slower rate than many other developed countries and a lower proportion of over 65s (14.3% in 2013⁷). We have a birth rate above the OECD average⁸ with a relatively youthful developed country population helped along by our post war baby boom (1945 – 1959⁹). In the 20 or so years following World War II we had a higher peak birth rate than any other developed country¹⁰. And high rates of migration continue to fuel economic growth and moderate the ageing of our population.

However, even as one of the youngest of the family of developed nations, the picture is very different depending on whether you live in our largest and fast-growing city of Auckland or just about anywhere else in the country.

Auckland is the king pin for our demographic "youthfulness". The Auckland region holds 33.4% of our total population¹¹ and 39% of its population was born overseas, reflecting the fact that it recorded the highest net gain of migrants between 1996 and 2013 and was one of only four regions to experience any net growth¹². It is in fact one of the most diverse cities in the world, tying for third with places like London (after Toronto at number one and Brussels at number two)¹³.

³ CIA World Factbook, 2015 figures

⁴ Ministry of Internal Affairs and Communications, Statistics Bureau Census, NIPSSR(2006), Population Projections for Japan 2001-2050

⁵ Statistical Handbook of Japan 2016, Statistics Bureau, Ministry of Internal Affairs and Communications

⁶ Eurostat statistics, June 2016

⁷ NZ Statistics 2013 census

⁸ OECD 2005 Health at a Glance

⁹ Te Ara Encyclopaedia of NZ

¹⁰ "Population Matters" Briefing Paper, Nathalie Jackson

¹¹ NZ Statistics 2013 Census

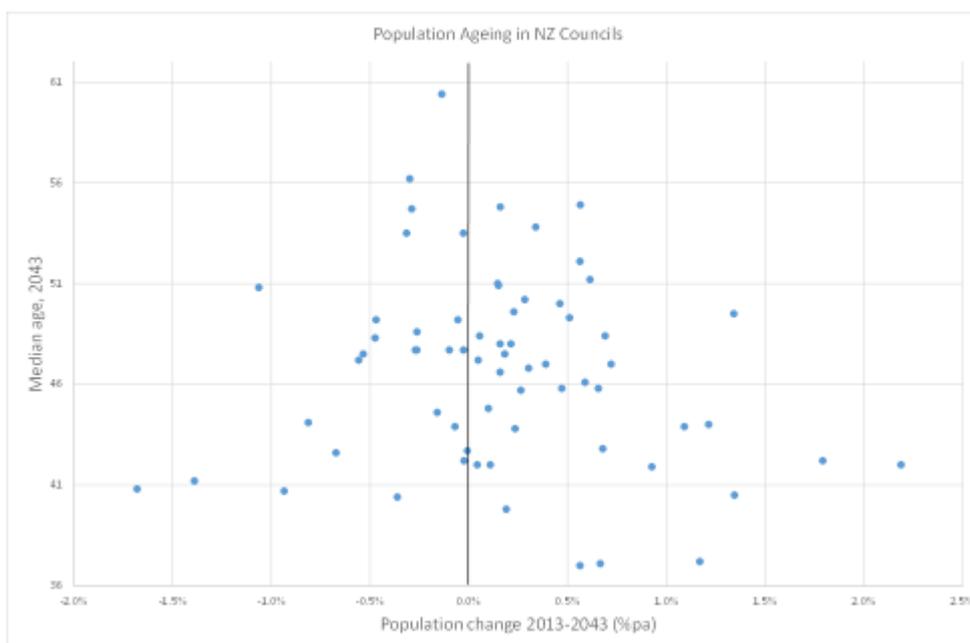
¹² International migration to and from Auckland region: 1996–2013, NZ Statistics

¹³ BBC Radio 4, More or Less Behind the Stats, 13 March 2016

But as fast as Auckland expands other parts of the country age and shrink.

This highly differentiated pattern of growth has significant implications for local authorities. The following graph shows just how different the future will be depending on where in New Zealand settlements are located.

There is one point on the graph for each of the 67 city and district councils in New Zealand. Projections of their average growth over the three decades following the 2013 census have been charted¹⁴ and by 2043 well over a third will be facing population



decline.

The challenge this pattern of subregional depopulation presents for communities is clear. There will be consequences for schools, hospitals, roading, housing markets and employment. Many councils will find themselves with fewer residents to share the cost of maintaining, renewing and replacing infrastructure and sustaining services the community has come to expect. And of that reducing population a larger percentage can be expected to be on fixed incomes and more sensitive to rates increases.

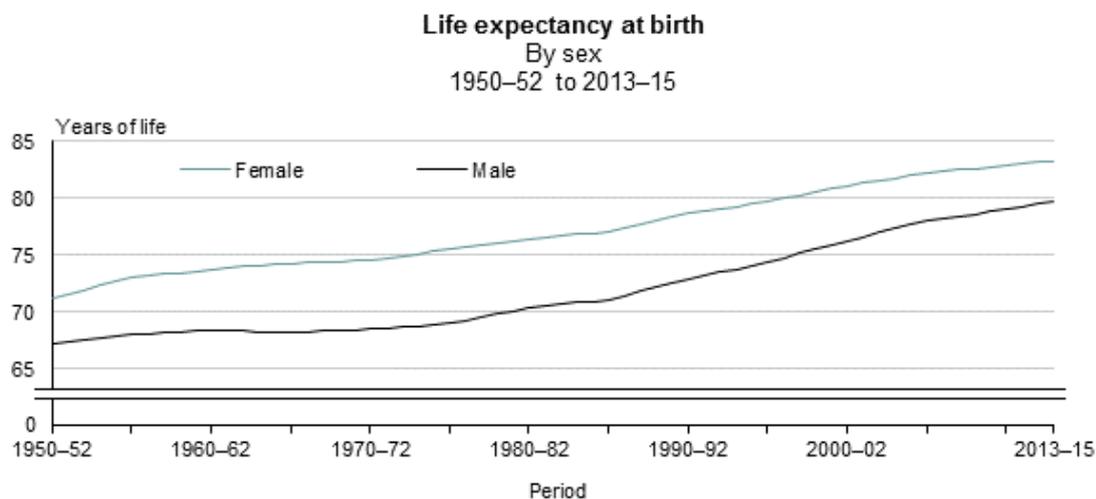
Communities such as these will face hard choices and councils need to be thinking very carefully about what infrastructure they invest in now, to avoid exacerbating future pressure on budgets.

There is also a need to fill a gap in guidance on what policies the government, local or central, should adopt to prepare for this end to growth. Fortunately for New Zealand our Royal Society is addressing that gap with a project led by Professor Natalie Jackson of Massey University. The project is called Tai Timu Tangata/Tahoe e? – (the ebbing of the human tide, what will it mean for the people?). It will run for three years, wrapping up in 2017 and should provide some much needed insights to guide council decision making.

¹⁴ NZ Statistics 2013 projections

5. Health and disability

At the last census life expectancy at birth in New Zealand was 83.3 for women and 79.7 for men. The following graph shows a steady rate of increase in life expectancy over the past half century.

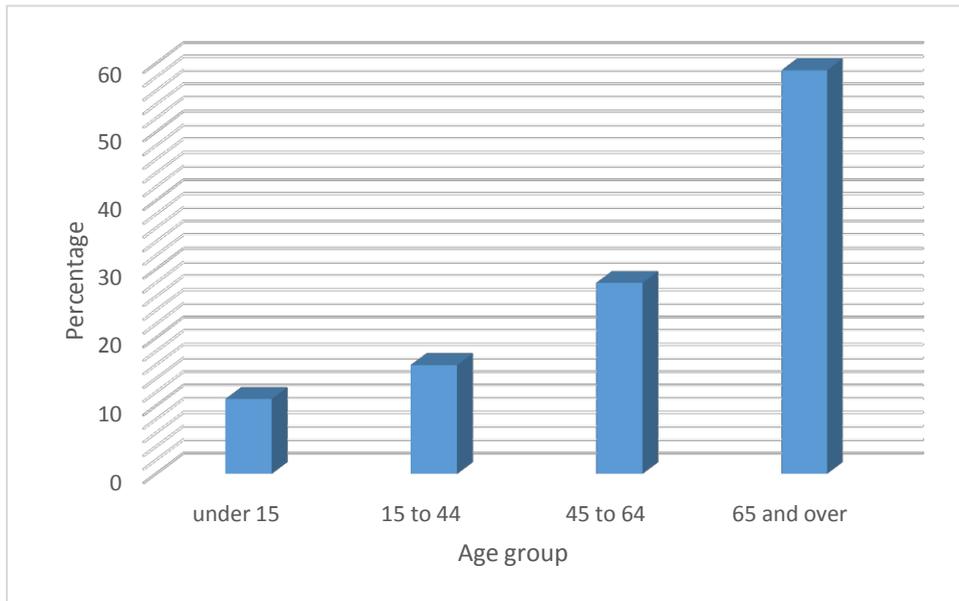


Source: Statistics New Zealand

While this paints a rosy picture for New Zealand there is detail we need to pay attention to below these headline trends. Healthy life expectancy is a subset of overall life expectancy and indicates how long an individual can expect to live independently and in good health. There are mixed views on what the future holds for New Zealand in this regard. The ideal would be compression of morbidity ie the extra years increased longevity brings are healthy ones. However there are signs that the increasing levels of obesity, diabetes and other lifestyle conditions may bring an expansion of morbidity where extra years are unhealthy but technology enables us to keep unwell and frail older adults alive for longer periods.

It is reasonable to assume that even with a positive trend for healthy lifespan local government will be supporting communities with greater levels of disability. Much of the disability in a community is concentrated in older age groups and with those making up a greater percentage of the population rates of disability will increase. The following graph¹⁵ shows the percentage of each age group in New Zealand that experiences disability (defined as a long-term limitation in a person's ability to carry out daily activities).

¹⁵ Disability Survey 2013, NZ Statistics



The increasing prevalence of disability will require greater attention by councils to issues such as the quality of footpaths, walk/cycle networks (and possible conflict between frail older adults and other users), availability of public transport, disabled parking spaces, accessible facilities and civic buildings, accessible activities. In addition councils will, through their regulatory and economic development functions, likely be drawn into issues such as disability-appropriate housing design and workplace adaptation.

6. Dementia

Dementia can be seen as just one of a number of disabilities that can affect older adults, but it has a special significance for most. The nature of the disease and the way it robs sufferers of their memories, relationships and personalities makes it one of the most feared of older age disabilities. In the United Kingdom a survey of 9,000 people over 50 showed dementia to be the most feared diagnosis at 43% ahead of cancer (30%), stroke (12%) and heart disease (2%)¹⁶.

Dementia is increasing significantly worldwide as the number of older adults increases, but there are positive signs that the rate of increase in some countries is less than predicted. It is speculated that this could be due to better education (as higher levels of education are protective) or better control of vascular risk factors (as keeping blood flowing benefits the brain as well as the heart). However this decline in the rate of increase will not be sufficient to offset an increase due to the sheer volume of older adults.

The Ministry of Health's Dementia Care Framework 2013 notes that in 2011 there were an estimated 48,182 New Zealanders with dementia, an increase of 18 percent since 2008. By 2026, this number is estimated to have increased to over 78,250. The cost of dementia to New Zealand in 2011 was estimated to be \$954.8 million and is steadily rising.

As a health issue this can be seen as something for District Health Boards and the Ministry of Health to tackle in communities. However any issue which has a significant impact on communities is likely to be one that councils are drawn into. From providing support and facilities/spaces for community groups dealing with dementia sufferers to redesigning civic spaces to make them more dementia-friendly, it can be expected that

¹⁶ Saga Healthcare Populus Poll 2016

councils will be facing extra costs to respond to the rise in dementia. Councils will also need to equip frontline staff to deal with the increasing numbers of customers likely to be suffering from dementia and some are already making use of the training programmes available.

There are good examples overseas of councils using existing resources to support dementia patients and older adults generally eg through a re-examination of how museums and galleries interact with these groups. Innovative programmes have helped create new social networks for older adults, stimulate memories and generally view the ageing population as an asset for institutions looking to broaden their reach into the community¹⁷. Liverpool Museum's internationally well-regarded "House of Memories" project, focussed on dementia, has developed a range of innovative tools such as "memory boxes", helped stimulate interactions between grandparents and grandchildren and provided training to health and social care workers¹⁸.

7. Economics of ageing

Living longer will, for most, mean more years in retirement and a longer period over which to extend one's savings.

The uncertainty about lifespan makes it difficult for individuals to plan for their retirement. A 2014 study by Club Vita¹⁹ in the UK (a company that assesses longevity for pension funds) surveyed 1000 people in the 50 to 65 age range and found men underestimated life expectancy on average by five years and women by eight. They didn't have a good feel for what the "norm" was for lifespan, not surprising given it is rising so quickly, and also they didn't understand the likelihood they may outlive the "norm". Lifespan data is based on averages, so with good genes and a healthy lifestyle you might be adding many years to that number. Very few of the survey participants thought they might live past 90, yet 15% of them will.

An important issue at the local level is the exodus of baby boomers from employment as they enter retirement. Particularly for councils outside the main centres it is expected to become increasingly difficult to attract and retain sufficient workers to sustain the local economy. Labour shortages in key professions are expected and already being discussed anecdotally in the local government sector.

Migration is a key element in offsetting the overall shrinkage of the working age population in New Zealand, though less relevant to regional areas that are less likely to attract migrants. Another factor expected to assist is the trend of older adults staying on longer in paid employment. At 20.8% New Zealand already has one of the highest rates of participation of over 65s in the labour market in the OECD²⁰, thanks to the early removal of a legislated retirement age. Older workers are likely to increasingly be driven by economic need as future cohorts of older adults are expected to be less financially secure, less likely to own a home, more likely to have experienced marriage/relationship breakdown (and the resulting economic stress) and more likely to have experienced redundancy or other breaks in employment.

Effort by councils to support older workers and give them choices about employment in later years can be seen as part of the role of local government to promote economic

¹⁷ Museums, Oral History, Reminiscence and Wellbeing: Establishing Collaboration and Outcomes (2016); Hamblin, K A

¹⁸ The UK's Ageing Population: Challenges and Opportunities for Museums and Galleries; Dr Kate Hamblin and Professor Sarah Harper, Oxford Institute of Population Ageing, University of Oxford

¹⁹ Reality Check, Hymans Robertson/Club Vita, July 2014

²⁰ Organisation for Economic Cooperation and Development, Labour Market Statistics 2013

development, potentially partnering with local chambers of commerce or economic development agencies. For workplaces to become more age-friendly there will be a need to tackle stereotypes about older workers, make flexible hours available, accommodate the needs of those with caring responsibilities and consider ways of adapting work responsibilities and the physical work environment. Fostering availability of life-long learning and upskilling opportunities will also be important, particularly where technology is concerned.

It should also be remembered that as well as paid workers older adults contribute a great deal to the economy through their unpaid efforts as volunteers, caregivers etc.

Encore careers, that use the skills and experience of older adults to tackle social problems, are another area of contribution that is of growing significance overseas – particularly popular in the USA. Many baby boomers who still have plenty of energy and ideas but are ready to finish up their regular job are putting their C.V.s to work for social issues they are passionate about. Some join existing charities, some begin new social enterprises. They may draw a wage (though generally significantly less than in previous careers) or may work on a voluntary basis. This phenomenon, known as “encore careers”, is an interesting trend with potential to contribute to community wellbeing in new ways.

8. Isolation and connection

The news about increasing isolation and loneliness in later life is worrying, as are the health impacts that flow from that. An Age UK April 2014 survey²¹ found half of all older people consider the television or a pet as their main form of company. A 2012 study²² of 332 New Zealanders 65 and over found more than half were lonely to some degree (8% severely and 44% moderately). Those who were lonely had lower physical and mental health scores than those who were not.

Although we tend to consider if you are isolated you must be lonely, the two are quite distinct. Studies find you can feel lonely even in the midst of many daily contacts with others and equally some people can feel perfectly happy on minimal connections. Loneliness is an unwelcome lack of companionship and we all have different levels of connection below which that feeling is triggered. So it is hard to generalise but loneliness in older people seems to often be associated with a significant life change like retirement or loss of a partner and a sense of connectedness to the wider community is an important antidote.

When loneliness enters an older person’s life it brings with it a host of other risks such as an increased likelihood of having a heart attack, gaining a new disability, experiencing cognitive decline, or having a fall²³. One analysis that compiled data from 148 studies looking at over 300,000 people found that those with adequate social networks had a 50% better chance of survival than the lonely²⁴.

Both the actual number and percentage of older people living alone is rising in New Zealand, with a gendered element as women are more likely to outlive partners (both because they live longer and because they have traditionally married men older than

²¹ Evidence Review: Loneliness in Later Life, Age UK, July 2014

²² Loneliness and self-reported health among older persons in New Zealand; La Grow, Neville, Alpass and Rodgers; Australasian Journal on Ageing, Vol 31, No 2 June 2012

²³ The Missing Million: in Search of the Loneliest in Our Community, report by Steve Broome commissioned by the UK Campaign to End Loneliness

²⁴ Social Relationships and Mortality Risk: A Meta-analytic Review; Julianne Holt-Lunstad, Timothy B. Smith, J. Bradley Layton 2010

themselves). On the other hand, while this is an important and growing problem, many older people stay well connected. 86% of New Zealanders over 65 surveyed in the 2014 General Social Survey considered themselves very happy, rating themselves in the 7-10 bracket on a scale that went up to 10.

Councils have a role in community wellbeing and will need to consider how to remove barriers to older adults staying connected.

Accessible public transport is important, particularly as older adults are more likely to have given up their driver's license and may then be vulnerable to isolation. However the cost in smaller communities can be prohibitive and it can be difficult to connect all areas in towns with lower density. Overseas there are examples of main routes being provided by councils with volunteers shuttling older adults to and from transport hubs. Many are looking to self-drive cars to provide a more sustainable solution.

The design and management of public spaces can help or hinder the dynamics of social connectedness. One interesting example comes from London where the number of public toilets has been falling because the maintenance costs are such a burden on councils. An unfortunate consequence was that older people were less likely to go out and about in those areas because they didn't have ready access to a toilet when needed.

Council staff realised in fact there were plenty of underutilised toilets in local businesses. So in some parts of London there is now a "Spend a Penny" scheme where businesses, in return for a small payment from council, make their toilets available to the public. There's no pressure to buy anything but some advantage to businesses in having potential new customers become familiar with their store. The scheme is so popular it's been oversubscribed by businesses.

Events, programmes, availability of information can all play a part in drawing older adults out into the community. An example of a council initiated and run programme to increase older adults' participation in the community is Manchester's cultural champions. 80 well-connected older adults were recruited to work with a group of 19 cultural facilities. They were briefed on upcoming events, given discounted tickets, invited to special events etc and then went on to disperse information through their networks and encourage older adults to try new arts experiences. It is estimated that in its first year of operation its reach was around 1700 older adults and some of the positive feedback was about the programme being a collaboration with older people rather than them being passive recipients.

Another way to guard against isolation and loneliness in later years is to ensure your housing arrangement surrounds you with a supportive community. Senior co-housing communities are starting to spread from their northern European origins.

A group of about 20 older women (calling themselves OWCH – Older Womens Co Housing) has developed a block of 17 units in London, with 250 year leases. The complex with its individual flats and shared garden, laundry and bookable guest suite for visitors, was completed at the end of 2016. The aim is to provide a mutually supportive community for women to age together. They plan to share the occasional meal in the common room and share cars. They will look out for each other, for example providing meals or running errands if a member is sick, feeding pets over holiday periods and watching out for mutual security.

Councils will need to ensure their district plans are sufficiently flexible to accommodate such innovative approaches. For OWCH it took 18 years to negotiate what they describe as the many obstacles placed in their way by council planners and policy makers and local developers.

Although the issue of loneliness can seem an individual problem there are many tangible ways that council actions can increase the likelihood of older adults staying connected to their communities. Making connection a priority so that council officers look for opportunities to build this into projects is as important as committing financial resources. The examples above show that it does not necessarily take a lot of funding but more a willingness to explore innovative solutions.

9. Ageing in Place

Ageing in place was integrated into the government's Health of Older People's Strategy 2002 and support for older adults to remain in their homes longer is also a key part of the revised Healthy Ageing Strategy which was adopted at the end of 2016.

There are a lot of different definitions but most people seem to think of it as something like "the ability to live in one's own home and community safely, independently, and comfortably, regardless of age, income or ability level"²⁵. Older adults certainly seem to prefer this. An American survey showed 90% of people over 65 wanted to stay in their current residences as long as possible²⁶. It also tends to be favoured by government agencies as a less costly option for taxpayers than moving people into residential care.

However ageing in place has its challenges. With the over 85 age group being the fastest growing, this will mean many more older adults with disabilities or frailty needing to be supported in their own homes. Maintaining a home can be an increasing burden for older people and they can tend to under-invest in and defer repairs and maintenance, often on the grounds of cost²⁷. Living alone can contribute to loneliness, especially if a partner dies, family lives elsewhere, a driving license is relinquished and so on. There is also the problem of the questionable quality of New Zealand's housing stock and whether we can be sure our older population has safe and warm homes appropriate to its needs.

Councils have a role in considering the adequacy and affordability of housing for their community and a regulatory role through district plans. There is a question as to whether it is best for older adults to remain in family homes even if these can be adapted to cater for changing needs and adequately maintained. Is it helpful to the community as a whole if larger homes are under-occupied? While a decision on accommodation in later years is one for individuals and their loved ones, councils can assist by encouraging greater housing choice through all the tools it has available: both regulatory and non-regulatory.

Older adults may be interested in downsizing to smaller and more manageable accommodation as they age. But if they are attached to a particular community it may be hard to find something suitable. They can also be deeply attached to a home/garden of many years and some people fear that leaving behind familiar surroundings may exacerbate any memory issues. Plus there is the cost of moving and concerns that smaller houses will not have room for visiting family.

There are many examples of councils trying different approaches to tackle these issues. Can communities be built with a better mix of housing types, can we have village type developments that allow people to downsize in the same area, walkable neighbourhoods with basic services available at a local hub, more flexibility about adding granny flats?

²⁵ Definition from the USA Centres for Disease Control and Prevention

²⁶ Ageing in Place: A State Survey of Livability Policies and Practices; National Conference of State Legislatures and AARP Public Policy Institute 2011

²⁷ Tools for Good Homes for Ageing in Place; James, Saville-Smith, Jaques; 6th Australasian Researchers Conference 2012

In Australia, the City of Sydney Council has assisted a village network to be established in one of its suburbs. The group in Waverton was set up in 2012 to help members age in place successfully and now has about 300 members running activities like yoga, art classes, games days, walking groups and regular get-togethers. The network also shares information on recommended reliable local tradespeople and services.

If older adults do wish to remain in their own home it may be possible to share the house with others either through lodgers, a flatting scheme or even remodelling the house into smaller apartments (Victoria University's School of Architecture has been doing some work on this last option). Home share schemes have been used in the USA for many years where older owners are matched with a lodger paying a much reduced rent in return for helping around the house.

A number of resources about managing maintenance for older adults who do remain in their own homes have been provided by the Centre for Research Evaluation and Social Assessment (CRESA) and its Good Homes Good Lives website (www.goodhomes.co.nz), with Public Good Science funding. The same group has published a My Home My Choices information toolkit which is designed to take an older adult through the necessary steps in deciding what future form of accommodation is most appropriate and how to achieve it. Some councils have been active in promoting these tools in their communities as one way to support older adults to successfully age in place.

Professor Chris Phillipson from the University of Manchester, a world authority on the social aspects of ageing, recently visited New Zealand to talk about building age-friendly communities. He made the case for housing being central to our efforts to prepare for ageing populations. Research suggests that people aged over 70 spend 80% of their time in their homes or immediate neighbourhoods. Professor Phillipson's point was that if you get housing right, then everything else falls into place.

10. Lessons for local government

The following are some of the general lessons I gathered from studying the experience of other developed countries. It was useful to be in the United Kingdom at a time of economic austerity as it was driving serious rethinking of councils' role in providing services to older adults. This is likely to be mirrored in New Zealand as pressure of greater numbers of older adults starts to squeeze budgets and staff resources.

The first element of a measured approach is to gather sound information about the local community's demographics and really understand those numbers and what changes they are likely to bring. It's hard to envisage a different future and even with robust data there needs to be a real commitment to using it to change the way councils select and fund projects.

Demand for infrastructure and services relevant to older adults is going to increase as their dominance in the population grows. Councils need to think about what they commit to funding now, as it may not be sustainable into the future. It will be harder for the community to cope with withdrawal of council support it has come to rely on than if it was not provided in the first place.

Given the squeeze on resources expected, particularly in regional areas where populations are declining, it may be that many councils need to see their role more as provider of the framework rather than the deliverer of services. Core infrastructure will continue to be a council role, but to meet the growing demand for services, supporting and growing community capacity may be a better approach. There were many examples of councils successfully divesting services to community groups in the United Kingdom. This raises the question of whether quality and sustainability of the services can be

maintained by volunteers. The best programmes appeared to be those where council continued to provide access to staff advice and technical support as an ongoing intervention to ensure services were maintained to an adequate standard.

It has to be accepted that the way services are delivered is likely to be different when volunteers manage programmes. There is also a risk that higher-socio economic areas are more likely to be able to initiate volunteer programmes and that those most in need may have less access to local support.

The way views of the older adult community are gathered needs thought. A common model was to establish versions of a board of elders, where a selected group are used to provide input to council decision making processes. The advantage of such a group is the relative efficiency as new consultations do not need to be undertaken for each issue. However it is hard to build a board that is fully representative of the diversity of the community and many examples suffered from members staying on for years and feeling possessive about the board and their role in it. The ability to hear a range of views and new ideas suffered in such situations.

The most common alternative approach for gathering views was some form of task and finish group. Representative groups are established for each issue with membership determined by the most affected parties. This has the advantage of increasing the range of voices influencing council policy but it greatly increases the resourcing required. The relative merits of each of these approaches needs to be weighed up against the particular needs of the community.

The most consistent message from interviews and the literature was that involving older adults in the process of developing programmes to assist them is crucial – “nothing for us without us” is a common view from older adults. The traditional view of older adults as a group to be cared for is changing and seen by many as patronising and paternalistic. We need to move away from framing the ageing demographic as a problem to be fixed. A better model is to view it in terms of opportunities and empowerment. Communities will find ways to tackle the changes an ageing demographic bring and local government needs to prepare itself to be an engaged partner in this process.

11. Further work

Since my return to New Zealand I have aimed to share what I have learned through giving presentations, writing articles, and networking both locally within Nelson and nationally. I spoke at the New Zealand Association of Gerontology Conference and at a Society of Local Government Managers workshop on changing demographics. I am part of a small group of stakeholders working with the Office for Seniors on ways for councils to connect to the World Health Organisations Age Friendly Cities initiative. I am also involved in a pilot project on level-entry access to homes to make them more accessible for older adults.

I aim to continue to advocate within the local government sector for a more considered and systematic approach to preparing for the ageing demographic.

Appendix 1: List of those in the UK who contributed time and advice for my project:

Professor Sarah Harper, Director, Oxford Institute of Population Ageing
Dr George Leeson, Co-Director, Oxford Institute of Population Ageing
Dr Kate Hamblin, Senior Research Fellow, Oxford Institute of Population Ageing
Dr Jaco Hoffman, Senior Research Fellow, Oxford Institute of Population Ageing
Professor Bleddyn Davies, Professional Fellow, Oxford Institute of Population Ageing
Dr Peter Matanle, Senior Lecturer and Director of Research and Innovation, School of East Asian Studies, University of Sheffield
Dr Tony Maltby, Chair, Sheffield 50+
Paul Cann, Chief Executive, Oxfordshire Age UK
Jane Vass, Head of Public Policy, Age UK
Antony Smith, Development Officer (Equalities and Human Rights), Age UK
Tom Wells, Head of Policy at Government Office for Science, London
Benedict Leigh, Commissioner Adult Social Care, Oxfordshire County Council
Dr Chris McGinley, Senior Research Associate and Project Manager, Helen Hamlyn Centre for Design, Royal College of Art, London
David Sinclair, Director, International Longevity Centre UK
Christopher Phillipson, Professor of Sociology and Social Gerontology, University of Manchester
Patrick Hanfling, Project Manager, Age-friendly Manchester Team, Manchester City Council
Marie-Ann Jackson, Head of Stronger Communities, North Yorkshire County Council