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**Positive Ageing in Place:
Older Māori in Traditional and Non-traditional Place**

A Thesis

Submitted in partial fulfilment for the degree

of

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Community Psychology**

By

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Abstract

This thesis examines the role of place in experiences of ageing for older Māori, and the extent to which places of choice facilitate a sense of positive ageing. Particular attention is given to multiple experiences of home and the complexities surrounding Māori affiliations to place. Participants were older whānau members over the age of 55 who whakapapa to, and have lived, or currently live in Manaia in the Coromandel. Two participants still reside in Manaia to this day, and two have moved into urban areas in Paeroa and Taupo. Two semi-structured interviews were conducted with participants in their own homes. The first interview focused on housing experiences, personal background and support. The second interview incorporated Māori relationship principles relating to the importance of turangawaewae, whānaungatanga, wairua and manaakitanga. My analysis was informed by a narrative approach, and the relevance of Māori principles to participants' positive ageing experiences.

I found that Māori relationships with places of ancestral connection are complex and do not exclude other places becoming equally, if not as important to individuals. Experiences of home for participants were multiple and extended to places with which they had forged memories, relationships and positive attachments. Findings indicate that the ability to age positively within particular places is largely reliant on the supports available for older Māori. Wairua was acknowledged by participants as being significant in aiding their positive ageing experiences. Strong connections to non-living objects such as places, nature and tupuna were expressed as being a crucial part of their philosophies on life and death. This feeling of knowing ancestors were part of everyday life alleviated feelings of loneliness and reiterated the never-ending connections between whānau. Everyday contact with whānau provided practical social support as well as a chance for reciprocal relationships to be fostered. When whānau support was not readily available due to geographical distances, technological means of relationship building were used to enable ageing at a distance, allowing home to be played out across physical localities. Health issues were expressed by participants, both historical and reoccurring, and appropriate health care services were regarded as playing an active role in participants' ageing experiences. Three out of four participants accessed a Māori health provider. By accessing a health

care service that was financially inexpensive, where the doctors built a rapport with patients and took advice, participants felt culturally safe and reported positive relationships with their provider. Finances were reported as being a support that needed to be strengthened and a lack of income had a negative effect on participants ageing experiences. Participants' everyday lives were impacted by financial instability, with a lack of finances standing in the way of fully interacting with the community, negotiating place and being able to age in places of choice.

This thesis argues that ageing in place facilitates positive ageing by allowing older Māori to remain in their places of choice with firm attachments where they can maintain control over their affairs and maintain a sense of continuity. Māori ageing needs to be viewed within a history of colonisation, urbanisation, experiences, relationships and spiritual connectedness to human and non-human entities. It is within this context that ageing in place can be truly explored. Recommendations are made to aid positive ageing in place for older Māori. These include further research into supports, a review of the age of eligibility for state pensions, subsidised transport initiatives, and making Māori health services more accessible.

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Introduction

Research concerning ageing has increased significantly in the last decade due to an increasing birth rate and decreasing death rate in most developed countries (Ridely, 2006; Waldon, 2004). International statistics indicate that by 2040 the global population of people over the age of 65 will reach 1.3 billion, 14% of the world's total population (Kinsella & He, 2008). New Zealand statistics mirror that of the international figures with the increase in life expectancy predicted across not only the total New Zealand population as a whole, but also across ethnicities. By 2021 older people over 65 will make up significant numbers within their ethnic populations in New Zealand; Pacific people over 65 will make up 6% of their total population; older people of Asian descent will make up 8% of their total population; Europeans over 65 will make up 22% of their total population and older Māori will make up 7% of the total Māori population. Although Māori life expectancy remains shorter than almost all other ethnic groups in New Zealand, there is still a growing population aged 60 and over (Khawaja, Boddington & Didham, 2007). The changing demographics of Māori ageing statistics raise questions regarding what these trends mean for Māori culturally, Māori family structures and the way in which Māori will age. It is important to recognise the diversity of this older population to be able to tailor policies and implement changes that appropriately represent the everyday lives of these people (Li, 2011).

Longer lives must be planned for. Planning requires a good understanding of the characteristics of older populations, needs and strengths within particular groups, and what is required to ensure that older people are adequately supported (Kinsella & He, 2008; Suzman et al, 2007). In many respects, ageing is universal and similarly experienced by all people (Moskalev, 2010; West & Bergman, 2008; Windell, Woods & Markland, 2009). Ageing is also contextual and experiences can vary across different places and groups. Ageing is influenced in complex ways by culture (Collings, 2001), life experiences (Iwamasa & Iwasaki, 2011) and social interactions (Higgins, Nazroo & Hyde, 2004). Diversity needs to be reflected in our plans to meet the needs of our ageing population (Torres, 2006).

The onset of old age is also contextual and can be seen to be much younger in Māori people as opposed to non-Māori peoples. The age at which people are said to enter 'old age' in New Zealand is 65 years (Work and Income NZ, 2011). However, many indigenous peoples have lower life expectancies than other groups in society. Native Americans have a life expectancy of 72.6 years, which is 5.2 years less than the overall life expectancy in the U.S of 77.8 years, with a medium age of just 25 compared to the overall medium age of 35 (Indian Health Service, 2011). Indigenous Australians have a life expectancy of 17 years less than non-Indigenous Australians, and are considered to enter the senior age group at around 45 years (Waugh & Mackenzie, 2011). Similarly Māori have a lower life expectancy than non-Māori in New Zealand. Females of non-Māori descent have a life expectancy of 83 years where Māori females have an expectancy of only 75.1. The life expectancy of Māori men is 70.4 years compared to non-Māori men who are expected to live 79 years, a difference of 8.6 years (Statistics New Zealand, 2011). This situation has resulted in the suggestion that Māori, especially Māori men, be considered to be elderly at 55 years rather than 65 years, and should be able to access state pensions, and other benefits at this younger age (Edwards, 2010; New Zealand Guidelines group, 2003).

The overall aim of this thesis is to examine the extent to which place influences experiences of positive ageing for older Māori who live in traditional and non-traditional locales. Particular attention is given to issues of choice and support for older Māori across these settings. To achieve this aim three primary objectives are identified:

- 1) Examine the extent to which place facilitates a sense of positive ageing in older Māori who live in traditional and non-traditional places;
- 2) Investigate what choices and supports older Māori have and/ or need to be able to age in a positive manner in their places of choice and;
- 3) Identify positive ageing experiences for older Māori who live in traditional and non-traditional places.

The remainder of this chapter considers the existing literature surrounding key concepts in research on ageing. I begin by exploring the contemporary lives of older Māori, Māori place and urbanisation. I then engage with notions of positive

ageing, reviewing qualitative literature on quality of life and positive ageing. This is followed by discussing New Zealand's response to the increase of older people in the form of the Positive Ageing Strategy and the important link between positive ageing and ageing in place. In the next section I contextualise the lives of older Māori within New Zealand's history and explore the implications this has on their experiences of ageing.

Contextualising the contemporary lives of Older Māori

As perceptions and experiences shape our understanding and attachments to place, it is important to contextualise the contemporary lives of older Māori historically. After all, New Zealand, as is the case for many settler nations, has a history that is built on the foundations of colonisation, which has on-going negative health, lifespan and multigenerational implications for Māori (Ajwani et al., 2003; De Souza, 2008). However, unlike most colonised countries New Zealand has a founding document, the Treaty of Waitangi, which allowed for the settlement of British subjects in New Zealand, and offered Māori the same protection and rights available to every British citizen. Although the Treaty of Waitangi was founded on the principles of building a partnership between the Crown and Māori, assimilation processes, war, and breaches to the Treaty by the Crown have had devastating effects on Māori. The controversies that have arisen due to the breaches of the Treaty are too complex and too varied for the scope of this thesis (Gibbs, 2005; Lashley, 2000). However, we must acknowledge the impact of processes of colonisation when considering the shorter lifespan of Māori compared with their settler counterparts

Colonisation not only meant the confiscation of land, but Māori becoming impoverished in other ways - sustenance, food, place and assimilation processes (Consedine & Consedine, 2005) that ensured that many Māori were shaped into British citizens or Pākehā. Pākehā is the name given to the British settlers by Māori after their arrival in the 19th century. As Māori were Tangata Whenua and had never seen anyone with pale skin before, they decided to give them the name 'Pākehā', meaning 'white man', and called themselves 'Māori' or 'normal, natural' (Walker, 1989). Here, at the initial meeting between Māori and non-Māori, the power was perceived by Māori to be in their hands. They considered themselves

to be the norm and the white settlers to be the minority, therefore Pākehā were 'the other'. Ongoing processes of colonisation have turned the power relationship where Māori are now perceived as the 'other'. This is apparent in relation to language, culture and place, and has affected the way in which older Māori are reaching old age and how they will experience ageing.

Historically, government legislation ensured te reo Māori was forbidden to be spoken in schools (Simon & Smith, 1998). As the English language was favoured in schools as well as wider New Zealand society, kaumātua and parents decided it would be in the child's best interest if they were only allowed to speak English to allow them a better future in an English-speaking New Zealand society. This resulted in a large decline of fluent Māori language speakers, with only 23.7% of Māori being able to speak te reo by 2006 (Statistics, 2006a). This has had an effect on identity for Māori and has also affected the traditional characteristics of the role of kaumātua. Having the ability to speak te reo is a key component in the role of becoming kaumātua - a distinguished elder, and as many Māori who have come through the education system have been denied the right to learn the language, they are coming into their later years without being capable of many traditional aspects of the role. Therefore the traditional role of kaumātua has had to change and evolve to accommodate the diminished language capacity of Māori elders.

Although it is often assumed that older Māori are naturally referred to as kaumātua, this is a status assigned to a person by others. Rather than becoming a kaumātua at a certain age, the role is one that is assigned to an elder by members of their whānau, hapū and iwi based on their knowledge of Māori systems and principles (Durie, 1999; Stephens, 2002; Waldon, 2004). Although one may be of the right age, they may not have the skills to adequately take on the role of kaumātua which includes such duties as becoming leader of the whānau, speaking on the marae, and passing on knowledge to future generations (Durie, 1995; 1999). In saying this, some may have the adequate oratory and leadership skills, but may not have the wisdom that comes only with years of life experience. The two are complimentary and necessary for such an important role in Māoridom.

Studies have shown that the importance of the role of kaumātua is not only beneficial to the whānau, iwi and wider community, but also to kaumātua themselves. Durie (1997) found that people led more active lives when they became kaumātua, where activities such as providing guidance, speaking on marae and passing on knowledge to younger generations ensured a feeling of being needed and of being highly valued. Davies (2008) found that elders who felt they had this higher value placed on them by their communities reported a healthier lifestyle and greater feelings of wellbeing than those in other societies whose elders did not have as many roles and responsibilities. Although this very significant role is effective in promoting positive wellbeing, older age does come with inevitable challenges such as ill-health and disability which is especially evident in older Māori. When you pair these challenges with ones to financial barriers (Hussey et al., 2008; Reid & Robson, 2007), societal changes and access to health care, difficulties in preserving such an important role can arise (Stephens, 2002).

Although health is perceived differently through different cultural lenses, the New Zealand health system adheres to dominant Pākehā conceptions of health and wellbeing. Models such as Whare Tapa Wha and Te Wheke emphasise the importance of wairua and whānau health as being of equal importance to physical and mental health for over-all wellbeing (Durie, 2004; Pere, 1984). For many Māori, their health providers disregard the importance of wairua (spirituality), which is perceived as an essential element to health and wellbeing for many indigenous peoples (Cram, Smith, & Johnstone, 2003; Durie, 1985; Lewis, 2011; Rochford, 2004). According to Durie (1985; 2004), many Māori elders have reported ill-health as a direct result of colonisation, and not having access to traditional tribal land. Land is seen as being a connection to the ancestors, and many Māori were reluctant to surrender their tribal grounds because they knew that their tupuna were still occupying the land. From this perspective, land is a symbol of continuity to the deceased and to the spiritual world, an aspect directly related to Taha Wairua (Rochford, 2004). Historical discrepancies have every day implications on Māori lived experiences, and it is these issues that need to be addressed for Māori to be able to have their health needs dealt with in a culturally responsive way. This will be especially relevant in the coming years where we will see an increase in ethnically diverse older people which will put a demand on

more culturally appropriate healthcare support services (Statistics New Zealand, 2006).

Among older Māori, disability and poor access to services have been reported to be the main barriers to wellness (Waldon, 2004). A study by Hirini and colleagues (1999) looked at kaumātua aged 60 years and over who resided in the community, and the health services that were available in those areas. They found that although there were community health services available, the participants were hesitant to use them. They felt they would be discriminated against or would encounter negative treatment, feelings brought on by past negative experiences. Also, there was limited understanding of the available state support out there for the kaumātua, and because of this they felt they were not able to access certain relevant health support services.

As well as issues of access and confusion with what support is available, finances are reported to be a huge factor on health statistics. Low income earners are more likely to report poorer health, and this is especially relevant for older Māori as they are in an ethnic minority whose income is lower than that of non-Māori. They are also in a higher age bracket where they are less able to supplement their income as well as other age groups (Fergusson et al., 2001; Hirini, 1999). An example of this can be seen in a study by Cunningham et al (2002) who found that older Māori are three or four times more financially disadvantaged than non-Māori.

Māori place and urbanisation

The ongoing effects of colonisation, and in particular urbanisation, have led to many Māori becoming disconnected from their homelands and traditional places such as marae. A marae is the epicentre of Māori connectedness, a place where whānau have lived for generations, and where practices are still largely traditional (Edwards, 2010). Many Māori refer to 'going home' (Wiles et al., 2011), when talking about going back to where they are originally from or where their marae is situated, in comparison with other populations who see home as their physical ancestral family dwelling and surrounding area.

Urbanisation has had a major effect on the social structures of Māori. Up until that time Māori society consisted of living in their place of tribal origin, which in turn meant a close relationship with extended whānau. From 1950 to 1975, about 80% of all Māori had moved from their tribal homelands and marae to the inner cities (Edwards, 2010). Over 85% of all Māori now live in urban areas compared with 25% pre-World War II (Statistics New Zealand, 2006). The change in the amount of physical space had a vast impact on familial structures as small dwellings meant a limited amount of room for a large whānau. Urbanisation also meant a greater amount of contact between Māori and Pākehā. Although both Māori and Pākehā were living in the same space, Māori were still marginalised and lacked authority and political power in the cities (Edwards, 2010).

Urbanisation can be viewed as a form of colonisation (Smith & Reid, 2000) as it forced Māori to move into the cities for work in order to be able to pay for rent and rates which had never been an issue for Māori before the Crown confiscated the land. Moreover, urbanisation has affected the way in which traditional customs are performed. Those who moved into the cities took with them their values, ideas and customs. Here, Māori culture was not completely lost with the transition, it had evolved to accommodate changes in geographical place. However, it did fall to some who had stayed behind on the Marae to carry on the cultural traditions of the past to guarantee its existence. Today, technological advances have allowed the connection between the person and traditional place to be strengthened (Mahmood, Yamamoto, Lee & Steggell, 2008). Accessibility of power, phones and the internet as well as more transport options has created opportunities for transcending geographical boundaries in the connection between people and place.

Positive ageing and a positive ageing strategy

There are few published studies looking specifically at ageing issues for Māori. However, further insights can be gained, with caution, from research with other cultural groups. Research into the latter stages of life has increased significantly alongside the growth of the ageing population. Within this body of research is a large number of qualitative investigations of the everyday lives and experiences of those who are experiencing ageing. This research shows that when concerned with

positive ageing, the community and social interactions have a significant effect on quality of life (Andrews, 2007; Giles, Glonek, Luszcz & Andrews, 2004; Lewis, 2011). Ageing is situational and relational. For example, in research older people often emphasise the importance of neighbourhood cohesion and connection on their experience of ageing (Gabriel & Bowling, 2004). People with good relationships with others living close to them report a higher quality of life (Naaldenberg, Vaandrager, Koelen & Leeuwis, 2011), view their ageing experiences as being positive (Collings, 2001) and report better levels of health and wellbeing (Higgins, Nazroo & Hyde, 2004). This rapport with neighbours appears to approximate familial relationships in terms of support functions when family members are not located nearby. Reciprocal relationships with neighbours provide someone for older people to rely upon, as well as providing opportunities to be relied upon. This can cultivate a positive sense of community and place (Wiles et al., 2011). Positive local relationships can also have an impact on experiences of happiness, psychological wellbeing, life satisfaction, health, and overall functioning of older people (Gabriel & Bowling, 2004; Giles, Glonek, Luszcz & Andrews, 2004; Stafford et al., 2011).

Fostering a sense of autonomy and control over one's own life and actions is a major theme in policies aimed at enhancing experiences of ageing in place (Ministry of Social Development, 2001; United nations, 1999). Research suggests that loss of control over declining health and decision-making presents a challenge for older people in establishing a sense of identity as productive and independent people (Iwamasa & Iwasaki, 2011). As we age, there is more concern for issues relating to care giving, health problems and financial issues, all of which are often out of the control of the person who is actually experiencing these changes (Mahmood, Yamamoto, Lee & Steggell, 2008). This can impact negatively on their sense of self and affect their quality of life (Collings, 2001). However, participating in reciprocal positive relationships and being involved in community projects can reduce isolation and loneliness (Waugh & Mackenzie, 2011). Through being needed and feeling they have something to offer, a sense of control and independence can be maintained.

Although there is a loss of control over some aspects of ageing, community and social interactions can assist by giving the individual a purpose and in turn a greater sense of identity, independence and better quality of life (Beard & Petitot,

2010; Tang & Pickard, 2008; Waugh & Mackenzie, 2011). This reinforces the importance of living in place, where the physical place provides a home for the relationships, supports and cohesion that make a house a home. Everyday tasks such as going to a familiar doctor, knowing where items are at the grocery store or knowing where to access resources are activities that foster familiarity within an environment (Wiles et al., 2011). This familiarity becomes a supportive resource in itself (Naaldenberg, Vaandrager & Leeuwis, 2011) as it maintains a connection to people and places and enables independent daily routines. When these routines are disrupted, people often feel a loss of self-esteem and independence by having to rely on others for help in negotiating place (Tanner, Tilse & De Jonge, 2008). As decreased bodily movements and financial instability in older age can promote disruptions to daily tasks or having to move places, a sense of autonomy and control can be maintained through practical initiatives such as free bus passes and travel discounts for seniors (Gabriel & Bowling, 2004). This allows older people to continue interacting with the community, to negotiate place, and can foster a greater sense of independence and control (Tang & Pickard, 2008)

In response to the growth of the older population, the Ministry of Social Development have implemented the Positive Ageing Strategy (2001). The Positive Ageing Strategy (PAS) recognises that the growth of the older population in New Zealand will lead to significant changes in how we operate as a country in relation to older people and policy reviews are imminent. The PAS was developed following the United Nations' 'International Year of Older Persons' (1999) where they emphasised the importance of positive ageing for the future, and highlighted factors that contribute to positive ageing such as independence, participation, care, self-fulfilment and security.

The PAS was put into effect in 2001, with an overall vision of "a society where people can age positively, where older people are highly valued and where they are recognised as an integral part of families and communities" (Ministry of Social Development, 2001). The PAS is organised around ten goals (Table 1) that local and central governments use to develop their own action plans to improve the wellbeing of older people. These ten goals relate to income, health, housing, transport, ageing in place, cultural diversity, rural services, positive attitudes, employment opportunities, and opportunities for personal growth and

participation. These are based on information gathered through consultation with numerous New Zealand communities and groups to identify priority issues affecting older New Zealanders. Communities included Māori and Pacific communities, both government and non-government age-care sectors, consultation with expert groups as well as focus group meetings with senior citizens across New Zealand.

Table 1.

New Zealand Positive Ageing Strategy's Positive Ageing Goals and Key actions

Positive Ageing goals	Key Actions
Income	Secure and adequate income for older people
Health	Equitable, timely, affordable and accessible health services for older people
Housing	Affordable and appropriate housing options for older people
Transport	Affordable and accessible transport options for older people
Ageing in place/ the community	Older people feel safe and secure and can age in the community
Cultural diversity	A range of culturally appropriate services allows choices for older people
Rural services	Older people living in rural communities are not disadvantaged when accessing services
Positive attitudes	People of all ages have positive attitudes to ageing and older people
Employment opportunities	Elimination of ageism and the promotion of flexible work options
Opportunities for personal growth and participation	Increasing opportunities for personal growth and community participation.

Note. Adapted from the New Zealand Positive Ageing Strategy, Ministry of Social Development 2001

The PAS provides a context orientated framework from which to consider the needs of older people. However, it has been argued that the PAS reflects a Western view of ageing and does not adequately determine what positive ageing means for other cultures and ethnicities in New Zealand (Edwards, 2010; Li, 2011). As the PAS is predominantly drawn from Western perspectives, it is limited in relation to how culturally diverse older people are ageing, and does not address fundamental disparities that influence how people experience ageing (Collings, 2001; Iwamasa & Iwasaki; Torres, 2006). In particular, Māori values, practices and concepts of ageing need to be examined not only within the perspective of a Western view but also through a Māori lens. Although the PAS recognises the diversity of Māori ageing in ‘Goal 6: Cultural Diversity’, Māori views and experiences of ageing are not represented throughout the entire strategy. For example, consultation with Māori groups identified major concerns with the health sector, in particular lack of cultural awareness of health providers, lack of information surrounding appropriate health care, and issues surrounding financial costs. Although this features as an appendix (Appendix 3, Consultation with Māori) it is not highlighted as a priority key action within the ‘Health’ section. Further, the life expectancy of Māori is lower than that of non-Māori in New Zealand, (Statistics New Zealand, 2011) and disparities in health, education and socioeconomic factors inhibit the ability to reach the minimum age for superannuation (Edwards, 2010). Diversity across the country and cultures needs to be examined so that strategies can change to accommodate positive ageing for everyone.

Ageing in Place

The ability to age in place has been closely linked to experiences of positive ageing (Bedney, Goldberg & Josephson, 2010; Li, 2011; Ministry of Social Development, 2001). The importance of place and the attachments we form to a physical space binds non-physical emotions, relationships and memories to a physical spatial structure. Place becomes a setting for experiences, social interactions, familiarity, security, knowledge, and can strengthen the self through enacting or representing independence in older age (Li, 2011; Low & Altman,

1992). The importance of place is not necessarily dependent on the amount of time spent in one place, but rather the human connections associated with this space (McHugh, 2003). These manifest through social interactions with neighbours and community members. The ability to navigate around a familiar town or simply knowing where and how to access services is central to positive ageing in place (Ministry of Social Development, 2001). This reassurance of security, stability and familiarity with a place can instil a sense of control and independence for seniors (Andrews, 2007; Edwards, 2010; Stafford et al, 2011). According to the Ministry of Social Development (2007), older peoples' standard of living has a strong connection with their overall satisfaction with life, therefore older people who have a positive connection to their place or home will have a more positive perspective on ageing and life in general.

As mentioned earlier, having the ability to age in place maintains a sense of independence and control for older people. Independence in this sense does not mean doing things alone. Independence for many people is having the ability to do things for oneself and for others (Schofield et al, 2006) and is reinforced through reciprocal social relationships and connectedness (Beard & Petitot, 2010), which promotes wellbeing, friendships and links with whānau (Andrews, 2007). Remaining in places where one has spent periods of time is also important in terms of a sense of continuity. For older people, familiar physical locations allow for experiences of life events and in fact stages in life to remain present and remind people of who they are and with whom they are connected (Wiles et al., 2011). This is especially the case if one remains in a dwelling where one has brought up children, experienced career and life transitions, and perhaps the death of a partner (Stafford et al., 2011). This organisation of memories of one's life becomes embedded in the walls of the house and in the possessions and objects obtained over one's life (Tanner, Tilse & De Jonge, 2008).

Briefly, relationships with places can have life-long impacts on people. Older people often feel the need to move 'home' in their later years in order to experience a lost familiarity with home. This is often due to experiences of inadequate support in their new settings and ageing in new places do not always meet their expectations for positive ageing (Wiles et al., 2011). Consideration of the function and importance of place are central to positive ageing. Central to this thesis is how such dimensions are played out, both among Māori who have moved

to urban areas and remained there in old age, and among those who have returned to their traditional home places.

The present study

This study explores the influence that place has on the ability of older Māori to age positively across both traditional and non-traditional places. The participants in this study are members of my whānau who currently live, or have lived in Manaia, Coromandel, and are of Ngāti Pukenga and Ngāti Maru descent. As is discussed in Chapter Two, the research process required me to develop closer connections with these members of my hapū. I did so by spending time with them in the places that are important to them and within which they are ageing.

Chapter Two covers the methodology used for this research. I begin with participant backgrounds, recruitment processes and an introduction to Manaia, a core place for all participants. This is followed by key issues that were addressed in order to appropriately respond to cultural and ethical issues in the research process. I then outline the research design and method explaining the interview process, and conclude with a discussion of the analysis process.

The key findings are presented in Chapters Three and Chapter Four. Chapter Three explores the notion of home and place and the important role that place plays in facilitating a sense of positive ageing for older Māori. Sub-themes throughout this chapter cover what traditional place means to older Māori, the effects of urbanisation, the notion of home and how this is shaped by lived experiences, and home as a being a chosen place and an inherited one.

Chapter Four investigates support structures identified by participants, and discusses what further supports they feel they need more of in order to age in a positive manner in their place of choice. These include wairua, social support structures including whānau, friends and community, lack of knowledge about access to services and health, and financial issues.

Chapter Five presents a conclusion of this study. Here, the key findings are discussed in relation to positive ageing in place, and recommendations are made for the future that will aid in facilitating positive ageing in place for older Māori.

Chapter Two: Methodology

In investigating positive ageing for older Māori in traditional and non-traditional places, it is important to examine what supports are available, and how society might promote positive ageing among Māori in their places of choice. A qualitative approach was used in this study as it can aid in extending understandings of participant experiences and understandings of ageing and place (*cf.*, Denzin, 2000; Golafshani, 2003; Reissman, 1993). The approach taken in this thesis goes beyond relaying events experienced by participants and highlights the importance of subjective meanings. Drawing on previous qualitative research into the experiences of older people, I sought to understand how context and culture can shape the way people experience older age (Higgins, Nazroo & Hyde, 2004). Scholars have foregrounded the need to explore culturally diverse experiences of active ageing (Collings, 2001; Iwamsa & Iwasaki, 2011).

In the remainder of this chapter I provide a rationale for the qualitative methods used within this research and reflect on how the research process was conducted in a culturally and ethically responsive manner. I begin with the connections between myself and participants providing a description of each participant, and reflect on how they were recruited to partake in this research. Next, I discuss the ethical concerns put forward by ethical reviewers and explain the adjustments made throughout the research process to address these. I then explain and reflect on the interview process. I conclude the chapter with a discussion of the analysis process.

Participants

This study involved four participants; two who reside in urban areas and two who remain on traditional land in Manaia, Coromandel. In order to obtain rich data surrounding these questions, face-to-face interviews were conducted to have questions and objectives answered and to hear the stories and memories that have influenced the participant's current thoughts and opinions. Interviews were divided into two sessions; the first to establish a rapport, and to discuss housing experiences, background, history and support. The second interview incorporated

Māori principles of the importance of turangawaewae, whānaungatanga, wairua and manaakitanga and how these concepts are relevant to the participant's needs and expectations and what positive ageing means to them personally (Appendix 2).

All participants were from the Ngāti Pukenga and Ngāti Maru iwi residing in Manaia, Coromandel. Each participant was 55 years and over. The choice to have the age of participant a minimum of 55 rather than 65 is based on recommendations stated earlier in this research (Edwards, 2010). As Māori have a higher birth rate paired with a higher death rate, they are seen to be ageing at a much younger age. The onset of ageing for this study has therefore been set at 55 years of age.

My grandfather was born and raised in Manaia, and his mother stayed in the homestead near the marae her entire adult life. As I am from the same bloodlines as the participants, this provided an opportunity for whānau bonds to be strengthened, for stories to be passed on to the younger generation, and for me as a researcher to gain in-depth knowledge about my topic.

To ensure the research was conducted in an appropriate manner, consultation was sought with my grandfather, and also the whānau spokesperson who is a current member of the Wiremu Board of Trustees, and still resides close to the marae. Initial contact with the participants was made through phone calls to the whānau spokesperson. She then let potential participants know of the research and found out who was interested in participating. Due to the semi-remoteness of the area, contact proved to be trying at times. Limited cell phone coverage, no internet access and busy schedules led to delays in interviews and free-flowing communication. More often than not visits were made instead of more 'convenient' methods of contact, which proved to be beneficial in the sense that face-to-face contact was made and relationships began to form. As well as this, people began to become aware of my presence and my reason for being there, and suggestions were made about who to contact. The phrase "oh just go up to the door and see if they're home" was thrown around after the name of every suggestion.

Information sheets (Appendix 1) were meant to be sent out before I was to make contact personally with participants. However, when it came to it, formalities seemed inappropriate and it appeared the participants felt paper and technical talk

got in the way of what they saw as a time to share their stories and have a cup of tea with a newly arrived member of the whānau. Due to this, consent forms were signed at the end of the interview, and the information sheet was presented orally as we shared kai and established connections. Anonymity was offered to each participant, as explained at the beginning of each interview and on the information sheet.

The two urban participants are brother and sister who left Manaia between the ages of 16 and 18. The two participants who have stayed on traditional land are husband and wife who both grew up in Manaia, married, and now live together in the family homestead. One participant identified as a widower, two married, and the other de facto. Of all four participants, one is still working, two have retired and one is receiving the pension and a disability benefit.

Te Huke Williams was born in Thames in 1937. He was raised in Kaupokonui until the age of nine when his family shifted to his father's land in Manaia, Coromandel. Here, he lived in his family homestead with his siblings. He stayed in school until the age of 14, and at age 16 he decided to move to 'the big smoke' of Auckland as his future wife lived there and he was sick of commuting back and forth from his home in Manaia to her home in Parnell. After 50 years of living in Auckland and raising nine children (one deceased and one to another woman and raised in Australia), he decided to move to Paeroa where one of his daughters and her family lives. This was due in part to the family home being too big for him without having the kids around, and also due to emptiness felt when his wife passed away. He now lives in Paeroa by himself in a two bedroom unit.

Rose Wiremu is the sister of Te Huke. She was born in 1952 in Thames and was brought up in Manaia. She was educated in Manaia until the age of 15 when she went to go and work in a factory which she eventually left due to high noise levels, something that still affects her health to this day. It was through work that she met her partner Peter who pursued her when he was 16 and she was 19. Although they are not married they have been together for 40 years where they have lived in Manaia, Coromandel, and now live in Taupo where they have been for 10 years. They are currently saving money to be able to move 'home' to Coromandel to live out their later years.

Pongarauhine Renata (nee Browne) was born in 1935 in Manaia where she was born, raised and where she has lived almost her entire adult life. She was whāngai'd into her Uncles family and raised in the Browne family. Nicknamed 'Bonnie' by a Pākehā teacher who could not pronounce her name, Pongarauhine did not stay long at school. She left school at 15 and began helping her Uncle around the house, which she blames for her English not being so good. She met future husband Toko at a dance in Manaia when she was 18. They have nine children -six boys and three girls- with many of their children still residing in Manaia today.

Toko Renata was born in 1931 and describes himself as a 'jack of all trades, master of none'. He lives with wife Pongarauhine in Manaia in a house owned by their son. He is heavily involved in the community, and as a kaumātua he has many responsibilities such as speaking at marae, organising functions, representing older views, helping out with te reo wānanga and serving as a Mormon minister. He has represented Māori at the Privy Council in London and has an extensive knowledge of the whakapapa of Manaia. Apart from a short stint across New Zealand with the hydro schemes, he has lived in Manaia his entire life, and intends to keep it that way as 'there is no place like home'.

Manaia (see Figures 1-4) is the central place for the participants in this study. Manaia is a small town, 10 kilometres south of the Coromandel Township. During the 19th century musket wars the land of Manaia (which is now occupied by Ngāti Pukenga) was gifted by the chief of Ngāti Maru in recognition of the support of Ngāti Pukenga during this time. Since then, property and family lots have been passed down through the generations and a community of whānau members occupy the hills and land. A road has been constructed so access is more forgiving than it used to be, gates have been erected to indicate boundaries, and homes vary in size and condition - just like a typical New Zealand community. However, all members of this community are related and reside on land that their ancestors also occupied. The marae, Te Kou o Rehua, is the focal point as you drive into Marae Road (see Figure 1), a private gravel path and the sole access to the homes and land (see Figures 2 & 4). Here, tangihanga are held, as are various meetings and te reo workshops for youth. To the right of the road (Left in Fig. 1., small red building with white plots) is the urupa where many ancestors have been laid to

rest. Directly behind the marae is where the residential homes begin, where the participants in this study were born and raised (see Figure 3).



Figure 1: Aerial View of Manaia



Figure 2: View out of private driveway. In sight is shared road connecting other houses



Figure 3: Te Huke and Rose's childhood home in Manaia



Figure 4: View from shared road.

Relational issues in a culturally patterned research project

This research was approved by the Psychology Research and Ethics Committee of the University of Waikato. Due to the nature of this study concerns were raised during the ethical review process over the appropriateness of conducting research with members of my own family. When my proposal was put forward for ethical review, feedback indicated that this was an ethical concern for non-Māori and Anglo-American inspired researchers who seek detachment in the research process. I needed to justify the reasons why conducting research with whānau members would be appropriate. Concerns raised by the ethical committee included the increased potential for information subjectivity as well as the notion that family members would feel obligated to participate. Issues of internal familial

conflicts that may appear due to bringing up personal stories within the interviews were also pointed out as key ethical considerations. These legitimate concerns were taken into full consideration in the design and implementation of this study. They reflect the non-Māori cultural patterning of research in a manner that values detachment between researchers and ‘subjects’ in the research process. I responded by emphasising the importance of connection, obligations and relationships for Māori and the increased accountabilities that come with doing research with one’s own whānau.

This research proved to be a real opportunity to gain an understanding of the experiences of older Māori with whom such access is normally quite restricted. In other words, had I not been a part of the same whānau I was looking to conduct research with, I probably would not have been able to conduct this study at all. Historically, Māori have been taken advantage of by researchers as research was used as a tool that privileged the colonisers and did not represent the ideas and experiences of Māori. In 1931 Te Rangi Hiroa addressed the situation Māori face due to historical inaccuracies:

We as Māori should take responsibility for researching
our world for ourselves. It is left to us to straighten up
what has been written by our Pākehā pioneers.

(Te Awekotuku, 1999)

Smith (1999) explains that because research about Māori is often characterised by brief encounters that often misrepresent Indigenous communities, many whānau now have genuine and well-founded fears about further loss of cultural knowledge and reconstruction of truths if they participate in research. Because of such concerns, researchers who wish to conduct research with Indigenous communities need to first of all be trusted by those they wish to do research with (Cram, 1993). As I was reaching out for participants and deepen connections with family members, the response was always-‘Oh anything for Whānau!’ Had I been an outsider I do not believe the same opportunities would have been available, and as a whānau insider I was thought of as someone who could be trusted. This has been explained by Harvey (2003) where complex researcher roles are described as being first, that of a stranger, then as a guest, followed later by a relationship. He

explains that 'local' strangers are those who are related through ancestral links and who therefore enter into these relationships automatically by right. As a 'welcomed researcher', the 'local stranger' has access to many communications and opportunities denied to many others.

Despite being an insider through links of whakapapa, I was also an outsider as I had not been back to Manaia since I was 10 years old. This meant that I was somewhat estranged from several of my participants and was not familiar with the research setting. This was seen as a potential advantage as the stories and information they chose to put forward was all new to me -the people they talked about, the histories and events- so I had no preconceived ideas surrounding any of these things, and no previous knowledge to contradict them.

In regards to participants feeling obliged to participate, I set up parameters to manage such situations in that family members recruited participants on my behalf. I consulted with my grandfather about this process and what was appropriate, and we attended an unveiling together where I was reintroduced into the community. This was a form of kanohi kitea or 'the seen face' (Smith, 1999). Although I was unaware at the time, it was turning up to this event that reintroduced me to the community. I experienced the importance of the concept of kanohi kitea while conducting my first set of interviews. I was outside the marae talking a kuia from up the hill who was going to the Marae for a tangi. When I asked her whose tangi it was she said she had no idea. To me, it seemed strange to turn up to a funeral where you did not know who had passed. However, it is part of Māori community life to show your support to whānau by showing up to such events. This same tangi was also talked about in the interview that followed as the participant was 2 hours late due to speaking at said tangi. He also explained he did not know the deceased, but knew the immediate family and thought he should attend.

At all times during this process I acted in a respectful and ethical manner, always putting the needs and safety issues of my participants before my own needs and objectives. I believe this is what ethical research is all about -building and preserving relationships and making sure that safety and morality is of the highest priority. This approach to ethics is mirrored in the work by Kennedy & Cram (2010) who explain that an ethical relationship is one that is reciprocal and

ongoing, where participants and researchers are learning together, with reciprocity, respect, and with participants having control over decisions concerning them.

The Interview process

Many researchers emphasise the importance of reciprocity and relationship building between researchers and participants when doing qualitative research (Golafshani, 2003; Lewis, 2011; Waugh & Mackenzie, 2011). In relation to conducting culturally appropriate research, there needs to be an emphasis on reciprocity, relationships and respect which is consistent with the concept of whakawhānaungatanga (Tinirau, 2010). With this in mind, two interviews were conducted with participants. The first interview was an opportunity for introductions and for getting to know each other by tracing our whakapapa connections. Roberts et al (2004) emphasise the importance of whakapapa in Māori culture, where, like many Polynesian people, Māori historically possessed oral traditions in regards to stories, histories and genealogy. They explain that “in its totality, Māori use of whakapapa and narrative creates a ‘metaphysical gestalt’ or whole, integrated pattern, for the oral communication of knowledge” (p. 1). They go on to explain that whakapapa is in itself a knowledge system, a connection to those in the past, present and future. Whakapapa and its use in this study is significant. The connections proved to be intricate and continually evolving. As the relationship between myself as the researcher and my whānau as participants began to strengthen a new relationship emerged, with older and younger whānau members sharing knowledge and stories that allowed more in-depth and complex connections to surface. Conversation flowed easily in the second interview sessions as we had built a rapport and they knew who I was. By having two interviews rather than one I was able to build the foundations of a relationship first, which also enabled me greater insight into participants’ lives.

The interviews were conducted at the home of the participant due to the nature of the research. Interviews were digitally recorded (as explained in the information letter and face-to-face at the time of the interview) for better playback and for ease of transcription. The interviews lasted approximately 1 hour each time, and each participant was interviewed twice, at least one month apart. The consent form was explained verbally to each participant at the beginning of the interview, and they

were advised of their right to withdraw from the study at any stage and that their identity would be kept anonymous if they chose.

Interviews were transcribed verbatim. At the time of the second interview, the previous interview was discussed, main stories gone over and memories refreshed. Here, dialogue from the first interview could be clarified and elaborated upon. The second interview was also transcribed verbatim and sent to the participants for further clarification.

Questions were organised around four main areas that are related to the aforementioned research objectives. The four topic areas were: how place influences positive ageing; choices and supports in place to enable ageing in places of choice; identifying positive ageing indicators and; Māori concepts and principles relevant to positive ageing in place. These themes led to a series of interview questions based on topics that allowed narratives to follow. These topics were around housing experiences, support, everyday life at home, turangawaewae, manaakitanga, wairua, whānaungatanga and positive ageing.

Some of the interview questions that had seemed perfectly appropriate and straightforward during the design phase did not translate so easily in practice. For example, asking for one participant's date of birth was answered with, "Do you want the real one, or the one on my birth certificate?" Before this I did not know there was a difference. He went on to tell me he did not know which one he believed, that his mother had told him one thing and the authorities made up what they liked. He also told me he had the wrong last name because his Dad had chosen the Pākehā version of his last name rather than the last name adopted by the rest of the family. Therefore, he says, he can choose how old he is and also which last name he would like to use on that day.

As is often the case in indigenous research, interview participants often chose to have other family members present for the conversation. This helped in terms of reviving memories and recounting shared experiences. As a researcher, it was interesting because conversation flowed much more easily with three people. Many times questions that I was about to ask were brought up through ongoing and seemingly off-topic conversations between the support person and participant, and small prompts like "what else happened?" was all that was needed to keep the conversation flowing. At other times this was trying because the conversation

would drift so far off-topic that I would have to wait for a pause between bickering before I could steer the conversation back to the prepared questions.

Other participants chose to be interviewed alone and this also had its benefits and set-backs. On the one hand it was an advantage because everything that was said came directly from the participant with no coercion or challenging opinions, and the experiences shared were exactly how they interpreted them without outside influence from a third party. On the downside, conversation was not as free-flowing and topics barely veered from the path I had set out. In both cases, however, I feel the participants put a great deal of trust in me by sharing their pasts and experiences.

Analysis process

The stories and experiences revealed by participants enabled me to consider experiences of ageing in the context of place. I employed a thematic approach to analysis that drew from narrative analysis techniques (Braun & Clarke, 2006; Riessman, 1993). Narrative analysis explores life stories and is used to draw out insights into the meaning of experiences. A particular focus is on how people not only relay stories, but how they make sense of life events by constructing accounts with beginnings, middles and ends (Riessman, 1993). Analysis is based on the assumption that human beings are storied beings who actively construct interpretations of life events and story these in order to communicate these meanings to others. The resulting stories can reveal a great deal about the personal experiences and cultural beliefs that shape shared understandings within communities.

In sum, narrative analysis has provided contextualized insights into the supports that aid in positive ageing (Torres, 2006), the importance of social resources such as whānau/ family (Andrews, 2007), friends (Stafford et al., 2011), and neighbours (Beard & Petitot, 2010). It can highlight the importance of non-physical determinants of health (Collings, 2001; Naaldenberg, Vaandrager, Koelen & Leeuwis, 2011), of spirituality (Lewis, 2012; Melbourne, 2011), and the important role that place plays in positive ageing (Bedney, Goldberg & Josephson, 2010; McHugh, 2003). Specifically in this study, narrative orientated interviews

provided an opportunity for older Māori to convey their experiences of ageing, explore their feelings and thoughts on the importance of place, and detail what positive ageing means for them personally.

The analysis began with transcribing the interviews verbatim in order to produce the most accurate depiction of interview narratives. I took notes regarding emerging themes and points of interest in relation to the research aims during the transcribing process. Transcripts were then sent to participants for clarification. Here was a chance for participants to have control over what was to be analysed as they could omit what they believed to be misrepresentative or inaccurate. Important or interesting points were also noted and extended on during second interviews, and were also brought up with other participants to get their views on these issues.

The next step in the analysis was replaying the interview recordings and re-reading the transcripts. This step was important to re-familiarise myself with the data and begin coding some of the more relevant narratives that came up through our conversations. Extracts of interest that emerged from the data were then coded and analysed. These extracts were “data-driven” -ideas that emerged from the data. A subsequent step in coding was “theory-driven”, where I went back to my research question and objectives and sought examples through the data that reflected them, thus getting both spontaneous and planned codes (Braun & Clarke, 2006). From here codes were organised into themes and refined to accurately represent both the narratives of the participants, and also the objectives of the study.

Bishop (1999) explains that historically, researchers have taken advantage of Māori, and that clashing between different knowledge systems has resulted in misrepresentations of Māori within research.

Traditional research has misrepresented Māori understandings and ways of knowing by simplifying, conglomerating and commodifying Māori knowledge for ‘consumption’ by the colonisers. These processes have consequently misrepresented Māori experiences, thereby denying Māori authenticity and voice. Such research has displaced Māori lived experiences and the meanings that

these experiences have with the 'authoritative' voice of the methodical 'expert', appropriating Māori lived experience in terms defined and determined by the 'expert'(p.1).

Due to such concerns, themes were analysed against both Pākehā and Māori concepts. It was important in this research to draw from both knowledge systems when making conclusions and interpreting data. As well as employing the use of traditional coding and analysis techniques, principles such as whānaungatanga, wairua, manaakitanga and turangawaewae were also incorporated within the method of analysis.

The main themes central to this thesis will be presented in two chapters. Chapter Three explores the importance of place for participants and why affiliations to particular places exist. It discusses connections to traditional places and explores the extent to which these places influence positive ageing for older Māori. The chapter examines the relationship between turangawaewae and urbanisation and how these have affected Māori place attachments and Māori living structures. Finally, it discusses participants' conceptualisations of home and place, why these places are significant, and how these places aid in facilitating a sense of positive ageing. Chapter Four extends these views by exploring what supports are available to enable positive ageing in the participants' places of choice, and also identify what supports are missing that could aid in positive ageing. These include wairua, whānau, health and finances.

Chapter Three: Home & Place

The importance of place in relation to positive ageing has been a recurring theme in qualitative literature and policies surrounding older people (Li, 2011; Ministry of Social Development, 2001). Place can be seen as an important element of personal, group and community life. Settings are central to lived experiences and are textured by familiar objects, memories and relationships (Hodgetts et al., 2010). Memories, relationships, experiences and attachments formed within physical spaces are central to processes of home-making and the cultivation of a sense of belonging (Gabriel & Bowling, 2004; Stafford et al, 2011).

For older people the notion of living in their own home allows them to be independent and autonomous with more control over their own affairs (Davey, 2006). By having a home to age in place, older people can regain a sense of independence by being in charge of the organisation of daily life (Barrett, Hale & Gauld, 2011), which can positively impact on their ability to maintain a sense of coherent identity and life trajectories as able and productive people (Waugh & Mackenzie, 2011). These feelings of secure attachment to a stable environment aid in positive ageing by offering control over routine, having established roots, and by being in a place of choice that offers familiarity and belonging (Stafford et al., 2011).

As work, social and familial commitments lessen over time, the home offers a constant space. Home can provide a place of continuation from memories of the past to the present day, and includes plans for the future. As the older person is familiar with the surroundings, they are better able to negotiate their environment and access services better than if they were in an unfamiliar place. The ability to access services is linked to higher quality of life for older people as they not only have knowledge about how and where to access services, but they can do this alone without outside intervention (Gabriel & Bowling, 2004). It is this degree of control and independence that many older people feel is directly related to how positive they feel about their ageing experience (Oswald, Wahl, Schilling & Iwarsson, 2007).

The importance of place to older people and their ageing experiences is very evident for Māori. For Māori home is often multiple, including ancestral land and

the spaces in which Māori move to and make new homes. Ours is a history of movement, often forgotten with the post-contact emphasis on attachment to specific locales (Groot et al., 2011). Māori attachment to their ancestral lands is in some respects reflective of the Western concept of a 'sense of place' (Hay, 1998). However it is far more complex and overtly culturally patterned. Rather than ownership of place, it invokes notions of spiritual connection, companionship and guardianship, and encompasses obligations towards past, present and future generations. The connection between Māori and place is more than physical or emotional, it also is spiritual and historical (Valentine, 2009). Many Māori believe every living being has a life force, therefore Māori interpretation of land and space, place and belonging encompass the physical, but also whakapapa (genealogy), whānaungatanga (relationships), wairuatanga (spirituality), turangawaewae (place to stand) (Smith, 2003) and ahi kaa (obligations to keep the home fires burning). This knowledge that physical place is spiritually intertwined within the human experience is empowering and influences positive ageing with the realisation of a greater connection. It reinforces notions of turangawaewae, of whenua, and of wairua, and evolves as movement extends beyond these places into new spaces. We should also note here that the relational, spiritual and psychological aspects of life associated with particular places transform them into spaces.

Many Māori have been disconnected from their places of origin and forced to form their own spaces to stand outside of their traditional homes. Others have chosen to move away from traditional homelands to build new lives and homes for themselves and their whānau. Whichever path, older Māori need to be able to age in their places of choice as this is a major factor in being able to age in a positive manner.

This chapter begins with an exploration of the relationship between turangawaewae (a place to stand) and urbanisation and how this has altered the way in which Māori perceive 'home'. It explores the idea of 'home' for urban participants and their experiences within these spaces. It then looks at the notion of 'home' for participants still remaining on traditional land and how living in traditional place influences their positive ageing. The chapter concludes with a brief discussion of the importance of home and place and the effect that

experiences and relationships have on the ability to positively age in particular spaces.

Turangawaewae & Urbanisation

Traditional lands and places are an important part of Māori culture. Not only does place include family homes and inherited land, but also surrounding areas, regions, marae and the knowledge that past generations occupied the same landscape in traditional communities. Turangawaewae is the Māori concept that means a place to stand. It is a concept that signifies the importance of place, a foundation that enables Māori to feel empowered and connected. This idea of place is revealed in one's pepeha, where maunga (mountain), awa (river), iwi, hapū and marae are all acknowledged as being the foundation of a homescape and as integral to one's identity.

The relationship to traditional land is complex for Māori. Relationships are multiple and affiliations to place are not exclusive, they are evolutionary and enable the ability to create and claim spaces in both the traditional and non-traditional while maintaining turangawaewae (Groot, 2010). As discussed earlier, the effects of colonisation and urbanisation have resulted in many Māori being disconnected from their place and cultural heritage. Durie (1998) explains that one of the main reasons for ill-health among Māori is the disconnection between the person and their traditional land. This is due to the Māori world-view that the person and the environment are inextricably connected and when that relationship is severed a part of the person becomes lost. Many Māori have been disconnected from their traditional land through the process of urbanisation. However, none of the participants in this study have been forced from their traditional homelands in Manaia. As the two urban participants Rose and Te Huke are free to return at any time, the separation between person and place is not a disconnection, but rather an extension -there is still the space to return 'home' to Manaia. This means they still have turangawaewae in the form of their foundational, traditional land, and at the same time they have the freedom to explore other avenues of home that they have carved out for themselves:

I'm involved in their marae down there. They got me involved. But I've never been to any of their meetings or nothing. They know, I'm shifting away, but my aroha is still there.

Te Huke

This excerpt highlights Te Huke's relationship with his homelands where he acknowledges that he is moving further away both geographically and emotionally. Yet he still feels a positive connection and relationship with Manaia, which is recognised by other whānau members. This extract also raises the point that whakapapa is still there and you take it with you, but it has to be enacted at a distance as well as in the space. This sense of attachment reinforces the notion that home is a process played across spaces where one does not necessarily leave home behind when living somewhere else.

As was the case for many Māori post World War II (Chapple, 2000), Te Huke and Rose decided to leave school in search of employment opportunities in the cities:

The reason I left was I got a job in the factory (in Coromandel).

Rose

I was working near Auckland and I was having to go back and forward on the buses and it was costing too much money.

Te Huke

As Manaia was such a small town, employment opportunities were sparse and in order to pay for new luxuries such as power and petrol, jobs needed to be obtained in the larger cities. Rose left high school at 15 to work in a factory where she met her partner who she is still with to this day. They both came from Manaia, but went in search of employment in the bigger township of Coromandel. Rose remembers her time living in Manaia in contrast to what she is now used to:

There was no power then, candles, and we had kerosene lamps, and the old copper fire and boiled the water up for a bath...back in the day there was no roads to drive from house to house, there was just a walkway through the bush! I had to carry all the groceries up through the bush up the hill to get to the house. The groceries used to get dropped off at the bridge and we used to have to carry them all up. All through the mud!

Rose

This way of life seems very primitive to Rose and is invoked as a point of comparison for how she now lives, and the life she had when she first moved to Coromandel:

We deserted the old home and went and got a flat with power! We moved into (Coromandel) to get a power house, so we didn't have to keep boiling the water all the time... we had a car and... then we had the power, vacuum cleaners and T.Vs

Rose

Te Huke also grew up in the same house with Rose and was exposed to the same basic necessities. When he moved to Auckland in search of work and to chase his sweetheart, he was thrown into a world very different than the one he was brought up in. Te Huke says he lost his reo:

I spoke to my people every day in Māori - even to our fish and our animals and the goats. But then when I left, ah, nothing. Not now. Everyone on the outside they (lost their Reo), and they lost the plot!

Te Huke

Urbanisation often meant that Māori compromised their traditional ways of living in exchange for their new lives (Barcham, 1998). As Te Huke left Manaia at the age of 16 and had never experienced life away from his traditional upbringing before, the outside world seemed completely different. Since moving away from Manaia he has never spoken Māori again, something he regrets but acknowledges there was no need for it when he moved to Auckland. Urbanisation has been a major influence in changing the dynamics of Māori culture and structures. Due to widespread urbanisation during the late 1940's and 1950's there was a rapid decline in Māori language fluency, which is evident in Te Huke's case and also for those school children where English became the dominant language in the classroom .

Pongarauhine spoke te reo all her life, however at school it was forbidden. She attributes her poor English skills to her negative school experiences:

My Māori name is Pongarauhine and because Māori was not allowed at school the names had to be changed, ain't that terrible? We were told that speaking Māori was a swear word...because I remember, I wanted to go to the toilet and, I didn't know how to say it in the English language so I said (laughs) all in Māori that I wanted to have a teko (laughs). In those days they used teko for number two and number one, and I forgot what number it was so I just said TEKO and then they said I have to write 100 lines, I must not swear, I must not swear. Isn't that terrible?

Pongarauhine

Appalled by the way in which the Pākehā school teachers were treating his niece, her Uncle decided Pākehā schooling was no longer for her:

I went home and my uncle, he's the one that brought me up, he said -oh no more for school for you! And so he kept me home. That's why my English is not too good. The police came to take me back to school, because I was too young, they got the police, can't remember the age then. When the

police came round to where we were living back then, my uncle got the gun and told them to get out of here. He told me to hide under there (the table) and all that sort of thing.

Pongarauhine

The colonisation and assimilation practices that shaped the social structures of Māori culture also shaped Pongarauhine's future opportunities. Many Māori believed that speaking the English language was the way forward for their children and this led to te reo being banned within the home (Boyce, 2005). As the English language became more dominant, those who still lived in traditional place were affected even though they had not moved into urban areas. Pongarauhine's account shows her uncle felt the opposite, and that a Pākehā education was not worth losing the Māori tongue. Due to this, Pongarauhine admitted her English was never very good which kept her in Manaia and also impacted on her future employment opportunities as she did not have the confidence to leave home at the risk of not being understood.

These extracts reveal the different worlds Māori live within and between. Due to Pongarauhine's negative experiences with Pākehā teachers and language issues, she decided to stay within the safety barriers of Manaia, whereas Te Huke decided to change himself in order to fit in with the outside world, one that contained new jobs, new homes and a new life.

A major adjustment to life outside Manaia involved having to pay for necessities that had previously been taken for granted:

We stayed there in Parnell, and it cost you money (for rent) and another 2 shillings if you wanted a blanket. Wasn't any bloody good in the winter.

Te Huke

(The biggest change was) You had to pay money for it all. Because all the money we had was paid in cash, and we could spend it on whatever, we

weren't getting that much, but you had no bills to pay you see -no power bills, then you had to go and pay for it now!

Rose

Many Māori left home in search of a superior life with better housing and more opportunities. However, as Māori typically lacked the level of academic achievement that Pākehā obtained within the Pākehā schooling system, they were more likely to enter the workforce through low-skilled jobs (Consedine, 2007) and many struggled with balancing a low wage with the upkeep of 'better' houses with power and luxuries. This proved true for Te Huke and Rose who left school at 14 and 15 and who both entered into jobs in factories. The basic necessities of power, cars and television became creature comforts for urban participants and contrasted heavily with the life they had left behind in Manaia.

Home and away

Without the hard work of having to boil water, walk everywhere or light candles, Rose immediately felt positive about her new choice of place. This is an example of "moving out" to "move up" (Hektner, 1995), which is apparent in many rural communities where younger people leave their hometowns to live lives with more comfort and opportunities. As Coromandel is geographically very close to Manaia, Rose was still able to go back and forth as she now had a car, and therefore her relationships with her family were still strong. By having close social support still available plus new technologies that made life easier for her, Rose formed positive attachments to Coromandel. There is often a stereotype concerning Māori that there is only one 'home' and that is their traditional places of origin. Although for many this is true and in a lot of cases Māori do return to their ancestral places in their later years, people also make choices for themselves and place affiliations are created throughout lifetimes by attachments, experiences and choices.

Now that she is ageing and looking to move back 'home', Rose considers this place to be Coromandel, not Manaia. As she has lived away from her traditional place for 42 years, she has become accustomed to living in bigger towns and cities with amenities that would allow life to be easier than how she would imagine it would be living back in Manaia:

Nothing in Manaia, it's so small, it's dead as, dead looking place. Oh the roads aren't too good in Manaia, and you want to live closer to town you see if we move back, you want to be close to all the amenities... oh (and)I think we would still need a car.

Rose

For Rose, moving has meant she has lived her life away from Manaia and this has led to relationships, jobs and homes that may not have been formed had she stayed. These positive aspects of her life away from Manaia have shaped Rose's perception of what constitutes home, and as these experiences were initially formed in Coromandel, she now considers it to be her home.

Similarly, positive experiences have shaped Te Huke's idea of what constitutes home. After living in Auckland for over 50 years Te Huke decided to move to Paeroa three years ago. Following the death of his wife, he realised Auckland no longer meant home for him. He felt his house had become too big to live in alone, and the social environment that he had with his wife also changed when she passed as less people came to visit and he felt lonely:

Because when my wife, your grandmother passed away the house was too big for me. Too many rooms and too big and too cold...all the family has grown up now, they can take care of themselves I suppose, they have their own lives.

Te Huke

When emotional relationships are challenged or tarnished within a physical space, this can disrupt previous fond attachments to place (Low & Altman, 1992). This explains why Te Huke no longer felt Auckland to be his home when his wife died. The space was retextured and his relationship with it changed as the home was 'their' shared space, and now that the other person making the space has passed, it is no longer the same. For Te Huke, home is where the whānau is, and following this rule he moved to Paeroa to be closer to his daughter and her family. Here, they offer him social support he was unable to receive living in Auckland as he was geographically too far away. Now when he thinks about where home is for him, he replies:

Right here. Oh you got to be in Paeroa. I haven't got long to go, I'll be lucky to make it to 80. So I made a promise to myself, when I shift, it'll be my last shift.

Te Huke

Although Te Huke came from a strong traditional upbringing steeped in things Māori, and even though he lived in Auckland for over 50 years, he feels that Paeroa is his true home and place to age positively. The disruptions caused by the death of his wife and staying away from Manaia for so long mean the attachments to those places are ruptured (*cf.*, Lo & Altman, 1992). Here, in Paeroa he has social support and close contact with family. The comforts he has become accustomed to and these positive feelings are what shape Te Huke's perception of what home is.

Rose's perception of home is also shaped by events, emotions and experiences. Although she has not experienced any negative disruption in attachment to Manaia, as she has lived away for so long she no longer calls Manaia her sole home. Rather, she acknowledges that she has multiple home spaces, places she feels attachments to and knows she can return to at any stage. Place and home for her is not restricted to either her traditional landscape in Manaia, nor her new home in Taupo, or her 'dream' home in Coromandel. At this stage in her life,

Rose feels she would like to return to Coromandel, the place where her fondest memories occurred and where she began to independently live her adult life:

The desire to go home though is kicking in pretty strongly... every time we go back for a holiday it's getting harder and harder to leave...we don't want to come back (to Taupo). That's what it is.

Rose

Being able to age in place, and in a place that feels like home is an important aspect of positive ageing. Urban participants in this study initially moved away from Manaia for employment opportunities and a more stimulating environment. Through moving away they established lifelong connections and relationships within their places of choice that have cemented their perceptions of home. Both Rose and Te Huke acknowledge the role Manaia has played in their lives as their first home, and their spaces they have established away from here are ones that are built on fond attachments, relationships and family contact. By having these strong attachments and positive connections to places, participants are able to feel settled and secure within an environment they consider to be home. Although Rose is not living where she would like to at the moment, she has strategies in place to get there, and believes when she gets there her and her partner will feel settled and 'know where we are'.

The next section will examine the experiences of participants still living in traditional place, and what makes Manaia home for them. Emphasis is placed on consistency of residence across time and multigenerational daily contact as such relationships are central to traditional Māori attachment to particular homescapes.

Home in Manaia

For Pongarauhine and Toko, Manaia is and always will be considered home. They met at a dance at age 18, married, and for a short amount of time they toured

around the country as part of Toko's job. They were forced to return home by Tokos' brother:

He (Toko's brother) come back and he goes "oh, I've been home and the old man is in hospital and the calves are sucking the cows and so you better go home". And I said "no no, I don't want to go home". And he said - "well I'll give you three days, to think about it, and if you don't I'll give you the sack, so you'll have to go home". So, Mum turned around and said "let's go home", and we stopped rambling around the countryside and we came back.

Toko

Upon returning they started a family and have lived in Manaia ever since. As they built a life together in Manaia with memories, jobs, raising children and being involved members of the Manaia community, these experiences cemented their positive feelings of attachment to their place. Here, a 'place' became a 'space' and in turn, a home.

It's a feeling that...the Pākehā's they have a saying, there's no place like home. We were born in Manaia, not in this house particularly, in my father's place, and we always call this home and it will always be home to us, regardless of any windfalls or anything.

Toko

By being there and keeping their space going, Toko and Pongarauhine are engaged in ahi kaa, and enable a place for their whānau to whakapapa back to that is still alive and breathing. Manaia is also viewed as being home for Toko and Pongarauhines' children and grandchildren who have decided to move back after living away from their homelands for many years. Toko explains his thoughts on why they would chose Manaia for settling down:

They realise their roaming days are over and they are heading back to where their old people are from.

Toko

This strong attachment to their traditional place has meant that even after years of travelling and laying down roots in other parts of the world, his family choose to return to Manaia. Toko's recognition of coming back 'to where their old people are from' is an example of turangawaewae and wairua by acknowledging that their tupuna and whānau have an active role in shaping the idea of home. By moving home, the physical links to these social and cultural characteristics have a positive influence on establishing a secure Māori identity (Jahnke, 2002).

The emotional connections that have bound Toko and Pongarauhine to Manaia have also been strengthened by their active involvement within the community. Toko is a kaumātua and his role includes speaking at marae, helping to run te reo workshops and teaching the younger generation about their whakapapa. He sees this role as being important to his wellbeing, but also views it as a form of work:

Well, the Pākehā system is here, a lot of people, a lot of Pākehā VIPs they have, they want, they retire from their positions, but they still take up positions elsewhere? It's no different to Māori. But the only difference as far as where concerned, is you don't stop until you die!

Toko

Unlike many other older New Zealanders, older Māori have great expectations placed on them. Rather than shy away in their latter years and retire, Māori are more likely to take up more active roles in the community, and rise to the status of kaumātua. As mentioned earlier, studies show that kaumātua report feeling needed, valued and report healthier lifestyles and greater feelings of well-being than older people who do not engage in such important roles (Davies, 2008; Durie, 1997). For some, this is an opportunity to make valued, positive contributions that go beyond the stereotype of older people as surplus to requirements and inactive members of society.

Such benefits of participation are also evident for Toko's wife Pongarauhine who is heavily involved in the community, and also has a very active role in the lives of her grandchildren. As her children have all moved back to Manaia, she has closer daily contact with her mokopuna. Each day her grandchildren come over after school while their parents are at work, and as she still has her license and her own car she can pick them up and drop them off herself. The important relationship between grandparent and grandchild can function as a social resource for both parties in the relationship. Barranti (1985) found that for the grandparent in particular, the relationship provides an increased sense of wellbeing and boosts morale by participating in positive emotional attachments without the responsibility perhaps felt by parents. This positive attachment was also found to enhance overall quality of life, self-esteem and positive sense of self.

Toko and Pongarauhine have a strong attachment and connection to the place they call home, and as well as the positive ageing aspects that come with having a secure place to age, the social supports that are evident in their place of choice contributes greatly to their ability to positively age in place. The social resource of having regular whānau contact and maintaining positive and reciprocal relationships improves overall quality of life, acts as a buffer for depression and improves psychological wellbeing (Gabriel & Bowling, 2004; Lewis, 2011).

Chapter discussion

The notion of home and its significance for positive ageing was evident throughout my participant's accounts. Although all participants were born and raised in Manaia, life experiences and changes impacted differently on the ways in which participants affiliated with this traditional homespace. For participants who lived elsewhere comforts, familiarities and close relationships were formed in their new places and served as attachments to their physical places of choice. This was evident in Te Huke's case where he lived with his wife in Auckland for over 50 years and when she passed this attachment was severed. His new home is now Paeroa where he has whānau close by who aid him by offering social support he would not have access to had he stayed in Auckland. Social support is an important factor that enables positive and successful ageing for older people. Social relationships enhance not only physical health including cognitive

functioning and decreasing stress levels (Allen et al., 2012), but also enable everyday interactions of basic personal needs such as emotional support and human interaction (Rohr & Lang, 2009; Van der pas, 2009).

Participants who remain in Manaia also found it is these relationships with whānau and friends that gave meaning to their places of choice. Pongarauhine and Toko emphasised the important role that their mokopuna played in their lives with regular visits after school. This ‘drop-in’ relationship where the grandchildren can come over anytime unannounced emphasises the level of comfort and strength of their bond. This type of relationship shows the love the grandchildren have for their grandparents as they independently choose to stay and spend time with them. Positive ageing literature also suggests another social resource evident for Pongarauhine and Toko is their community roles. By having prestigious and respected roles within the community, they have a purpose and a power that is respected by younger members of their whānau and the community as a whole. This aids positive ageing by strengthening the identity of the individual while at the same time reducing a sense of isolation by having to maintain wider social networks outside of the immediate family and household members (Lewis, 2011; Waugh & Mackenzie, 2011). Gabriel & Bowling (2004) refer to community roles as being one of the most important aspects of positive ageing as they benefit both the community and the individual by enabling a reciprocal and valued relationship. Having a purpose and responsibilities aid positive ageing by feeling needed, which prevents social isolation by encouraging interactions with others and contributing to the wider community (Hawkley et al, 2008).

The life experiences and attachments formed by participants have cemented their idea of home in urban and traditional areas. Here, these participants have strong supports, social relationships, friends, whānau and roles within the community that cement their place within their chosen spaces. The next chapter explores the supports that participants felt were most important to their positive ageing experiences, and those that need to be altered in order to better support them. These include wairua and the importance of spirituality, whānau support and other forms of social support such as friends and partners, health and health services, and finances.

Chapter Four: Supports

The previous chapter explored the notion of home, the attachment to traditional place, places of choice, and what has shaped these perceptions. This chapter continues with the theme of the importance of place, and extends the analysis by exploring what supports are available to enable successful and positive ageing in the participants' places of choice, and also identify what supports are missing that could be worked on in order to encourage positive ageing. I begin with the importance of the concept of wairua and its significance for Māori in order to be able to age positively. Next, I consider social supports identified by participants in the forms of whānau and friends. This will be followed by an investigation into health for participants and the role of health care services. The chapter is concluded with an examination of participants' current financial situations and how this impacts on their ability to age positively.

Wairua

Although Māori cultural concept of wairua cannot be explained fully by western philosophical or medical frameworks, it is widely considered that wairua can loosely be translated as spirituality (Cram, Smith & Johnstone, 2003; Valentine, 2009). Wairua is often experienced by Māori as a feeling of immortal spirit that exists within the heart and soul of human beings and particular objects and places. It is not strictly an individualized concept in the tradition of the Judea-Christian soul that resides solely in an individual body. Wairua is commonly viewed as being central to relationships between people (both the living and the deceased), places, land, sea, and sky. This connection and the strength it gives to Māori is an essential pillar in relation to health and wellbeing, and those who are lacking in this area are more prone to ill-health. Māori health philosophies such as Te Whare Tapa Wha (Durie, 2004) and Te Wheke (Pere, 1984) acknowledge the equal importance of spiritual, mental and physical health in relation to an individual's wellbeing.

Wairua was viewed by participants as being essential to their wellbeing and positive ageing in place. All my participants had very similar views on spiritual

connections and living these connections on a daily basis. The following extracts explain the importance of wairua to the participants:

I can't explain...in English, ah...everything has a soul, it's a spiritual thing. I think my, my, it's a spiritual connection to god almighty, right down through the living. And ah, and everything's got a soul, regardless whether its gold or whatever.... from a holistic point of view across all of Māoridom it means everything, right down to the minerals to the core of the earth.

Toko

There's other spiritual meanings, not just because you're going to church or anything. It's important though, to have a spiritual understanding.

Pongarauhine

According to these extracts participants see wairua as not being necessarily a religious phenomenon, but rather the recognition that everything is connected regardless of physical matter (Valentine, 2009). Wairua comprises an internal and external spirit that encompasses all beings, and is seen as a living essence that connects all humans to each other and to non-living beings. This was evident in Toko's difficulty in explaining the concept in English and his interpretation of wairua as holistic and that everything has a soul. This strong philosophy is an intrinsic driver for everyday life for Māori. It is an internal rod that provides strength, balance and identity that are important indicators of positive living and ageing.

For Māori, wairua is more than a philosophy, it comprises an existence. Melbourne (2011) describes the wairua of human beings as the spirit that is joined to the physical body by mauri, or the life principle. Wairua exists within the physical body once a foetus forms eyes within the womb - this cements wairua to this particular body and its existence in this realm. Even after the death of an individual the wairua of the person still exists, and when the physical remains are buried, the spirit returns to its ancestors. Wairua is much broader than the

Christian concept of spirituality. Christian notions of spirituality and heaven are separated, that is the soul belongs to the person and when that person passes they rise up to heaven - a separate location away from the earth they once live upon. The Māori spiritual world and the physical world differ in that they exist together, and spirit is present in non-human entities such as trees, rocks, minerals and animals. It is linked to whakapapa in that the spirits of those passed and those still remaining on earth are linked, and not separated into different worlds, so that they coexist in the same realm. This concept of the immortal spirit of ancestors looking over the home cements the ideas about passed loved ones still having a connection to the living, a spiritual force that is unbreakable even through death. The following discussions explore the notion of death and the spiritual beliefs understood by the participants:

Well that's, very hard to say. You wouldn't know till you get there, wherever that is. But I do hope that there is some, to meet some whānau that passed away, long way before me, even before I was born. My great-great-great-great or something like that, it's called our tupuna. The oldest of the old. Probably...meet someone that passed away before you. I believe that there is more than one heaven when you pass away. But I haven't heard anybody (say there is) more than one heaven, but God is the most...he's the boss of the whole lot of them. But according...they say there's mother earth and she's his wife...that's one way of putting it. According to man alive. That's why she's called mother earth, God has nothing to do with it, except through his wife. That's the way I see it.

Te Huke

Toko believes that when you die you do as the bible says:

Well its' in the scripture, from dust to dust. Believe we go back to where we come from.

Toko

These extracts discuss what the participants believe happens after the death of your natural body on earth. As Te Huke explains, he believes that not only is there a God and multiple heavens, but also that this is where you find your Tupuna, who he hopes to meet when he makes his way up to one of the many heavens. This is a common belief among Māori that there is a never-ending connection to those who are living and those who have passed. Ancestors or tupuna are active participants in one's life and not restricted to another realm. They look over those who are still living and offer guidance and protection, and those who are still living must respect and celebrate those who have passed on. This relationship, although not always physically felt, is spiritually felt and aids in positive ageing by the individual having the knowledge that death is not finite and that you are never alone even when you do not have physical support or contact. Toko also has a spiritual understanding of death and the afterlife, a holistic view where everything has a soul and that life is a continuum; a cycle. You begin from dust -a living essence- and you return to being dust, all the while encompassing the same spirit.

An example of the importance placed on passed loved ones can be seen with decorating the home with photographs that take pride of place in living areas. Binney & Chaplin (1991) explain that photographs record the images of Māori ancestors and whānau members, and it is these images that help maintain a material bond between the living and the dead. Images encompass elements of the wairua of whānau who have moved on to the afterlife. Dudding (2003) also emphasises the importance of photographs for Māori as cultural property, a tāonga (treasure) that holds spiritual and emotional significance. She also argues that Māori place importance on such photographs that at ceremonies such as tangi, photographs of passed loved ones are treated as though they hold the entity of the deceased, and are addressed as if they were still a living person. These photographs are a demonstration of how Māori value their passed loved ones and tupuna. Rather than being stuffed in photo albums, photos of tupuna, mokopuna, extended and immediate whānau are placed in beautiful frames and decorated with loving objects and prized possessions.

When Te Huke's wife passed away, she was brought back home to their shared space before being taken to the marae. Here, it was a chance for her to say goodbye to the home she had raised her babies and mokopuna in, and for the home to say goodbye to her. As they waited for her to be brought home, Te Huke and

his children took down all the photos of those who are still living from the house. Te Huke reveals that he views his photographs as still containing the essence of the person. The walls seemed bare and outlines of frames were evident from them being up for many years. Te Huke explains the importance of having these photographs within his home:

They are photos of my people, my relations, your great grandfather, grand nana, that's why they're up there, and your nana over here. I take her into the room with me every day.

Te Huke

Te Huke says he takes her photo to his bedroom every night, and brings her back into the lounge when he wakes up. This is also evident in tangihanga practices where the body is looked upon by those who have passed and take pride of place in the marae. This practice of placing great emphasis on photographs of loved ones aids in positive ageing by keeping memories of loved ones alive, and in turn keeps relationships and connections strong even when the space between them is infinite.

Toko and Pongarauhine also take great pride in their photographs. When entering their home it is apparent that their photographs are a central part of their home-making process as they take up the four walls of their entire living room, and also a complete two walls of their front room. Outside of the formal interviews they use these photographs as references when they tell their stories, and also as a useful tool for counting their many grandchildren and great grandchildren. Pongarauhine describes the kitchen as her favourite place in the house during the day, but at night she prefers being in the lounge watching television with the photographs.

Rose also takes great pride in her photographs. As well as having them decorate her walls, she also likes to share images online with her family and friends through social media website Facebook and through personal emails and photo messages on her mobile phone. Here, she is able to share her memories and photographs with all her whānau and friends. This shows that it is not just the photographs themselves that are important, but the sharing of these photos to loved ones, and

especially the younger generation as they can often be somewhat disconnected from a majority of their ancestors. Rose is able to upload a picture, write a bit about that person's life and share her personal memories about them. As she is sharing these photos with her loved ones, they too are able to join in with her memories and offer their own, painting a picture of this person who has passed and in this way she is able to share her genealogy with many people all at once. Although not a traditional form of passing on knowledge of those passed, Rose has carved out a way of sharing her experiences with loved ones on her own terms in a way she feels comfortable with.

The importance of photographs as a connection to passed loved ones was evident among all participants. Rather than simply a decoration, photographs contain the essence of a person and are viewed as a way in which to connect to the wairua of their tupuna. Practices considered in this section reflect how spirituality is an internal support that is a necessary component of positive ageing. Research suggests that older people who have a spiritual understanding of the world feel less alone, believe they have a purpose in life and also feel less afraid of death as they live with the knowledge that someone or something is waiting for them (Daaleman, Kuckelman Cobb & Frey, 2001; Thompson & Janigian, 1988). These spiritual orientated perspectives on life enhance positive ageing by providing the individual with an inner belief that challenges are a small part of the big picture. A study by Chally & Carlson, (2004) found that spirituality aids in enhancing life satisfaction and overall quality of life, and as spirituality gives meaning and purpose to life it alleviates stress and can play an important role in overcoming physical illness.

Wairua is seen by my participants as an essential element to health and wellbeing for Māori, and was expressed as being a crucial part of their philosophies on life and death. As wairua is a connection as well as a spiritual entity, it serves as a bond that ties people together. No bond is stronger for Māori than that of the whānau. As illustrated in this section, whānau bonds are unbreakable even through death. This next section explores the support received by living whānau and how this support links to participants' ability to age positively.

Whānau

Whānau is the most fundamental support structure for Māori and is central to how many Māori people understand themselves and their place in the world. Traditionally, hapū and iwi lived communally and therefore contact with whānau was an everyday occurrence. Today, however, whānau structures are more varied with many Māori residing in urban areas and living in smaller nuclear families, rather than connecting to extended whānau members. The complexities and variances of whānau supports are discussed in this section in relation to my participants' experiences of ageing.

Toko and Pongarauhine have nine children who were all raised in Manaia. Many of them had moved away and 'married into a league of nations' or a range of other ethnic groups, and have recently decided to make their way home to Manaia. Toko explains:

As luck would have it, when our whānau got married they all moved away. And it's a good question. And all of a sudden they all came back and they all round Manaia here! Mum and I got a block of land given for a wedding present, and ah, there's five of them living up on that land now! And one up here, and one up there. Oh we were happy when they all went away! Ah good riddance!

Toko

As he jokes about being annoyed they are all slowly moving back to Manaia, Toko acknowledges the help and support that they offer as well as having their grandchildren over to visit. During my visits with Toko at least one grandchild was present at all times:

My daughter and sons live around here. My mokopuna come here all the time, one is here now. They come after school.

Toko

Pongarauhine adds that she enjoys having the whānau living so close, and she has practical whānau support on a weekly basis:

I've got a granddaughter living out the back there, in the paddock there and she comes and does all the vacuuming and the dusting.

Pongarauhine

This extract reflects the reciprocity and extra roles that come with having family living in close proximity. As their whānau support them and help out around the house, Toko and Pongarauhine return the favour by having an open home for children, grandchildren and extended whānau. This geographical closeness, however, also means that contact with whānau is sometimes expected rather than requested:

Oh I call it the pub run. They all go up to all their brothers and they tell all their kids and that, "you fullas take your time when you go down to granddads and nans". And I see them coming round down here, and I say- "hurry up and come down here I want to talk to you", they get down and I say- "where's your parents?" They say – "if you run out here you can see the headlights", ah (and I see) the tail lights on the marae straight aye! That's what I call the Thursday night pub run.

Toko

Close geographical ties with other family members require both partners in the relationship to contribute. Often it is the contributions of the older family members that aid in the family's overall wellbeing as much as the family aids in the older person's wellbeing, in turn making the older person feel more needed and that they have something to offer (Adams & Blieszner, 1995). During our conversations whānau members came to the house sporadically and the phone rang often.

Although Toko could not pinpoint exactly what it was his whānau did for him in a regular ‘helping’ sense, such as with finances or house care, a strong sense of social support was immediately evident from being in the couple’s environment for a short period of time. This support is reciprocated with Toko and Pongarauhine caring for their grandchildren after school and providing a home for whānau members to ‘drop in’ to. This reciprocity is what researchers suggest is most rewarding in relationships formed by older people (Andrews, 2007; Schofield et al., 2006).

Te Huke recognises what his whānau does for him in a practical sense. Although admitting they do not aid him financially which is what he also desires, he appreciates that they help him out in other ways:

Oh yep, whānau support. Yep. They’re pretty good yep. They help with my shopping, and to outings and things...not every day but sometimes I’ll go for walks and I’ll go and visit them. Been up to all my kids places.

Te Huke

Te Huke admits he would like to see the whānau more often, however, ‘they all have their own lives’ now. Te Huke understands that he cannot demand more time from whānau. He does feel he needs more support though:

Ah well, I get help from my family, I know I’m quite independent on my own. But there are times when I might need them. Because I get sick, I go down, and I go up. But not serious enough to go to hospital but I do go down and up...that’s why I want one of the family to come and stay with me, but it’s not going to be easy, because they got their own things to do. I’m not forcing anyone, I just want to ask them, ‘do you want to come and stay with me?’

Te Huke

These extracts from Te Huke reveal the complex and organically linked layers of whānau support and obligations surrounding my participants as the age. Although his whānau already support him in practical ways, Te Huke believes he needs more care if he gets sick, he would like a family member to move in with him to help out more, and feels they should aid him financially. He also believes that whānau members should be the ones to offer this support rather than an outside or professional organisation. This expectation that whānau should be the ones to care for Te Huke in his later years highlights the close family bonds he shares with his family and his level of trust in them. It also shows his view on familial obligation. For Māori, there is often a greater emphasis on whānau needs over individual needs. This can often mean that it comes down to younger whānau to look after the older ones when they find they are in need of care.

As over 80% of Māori now live in urban areas where house sizes are smaller and it is less likely family members live in close proximity (Statistics New Zealand, 2006), whānau becoming primary carers for older family members is becoming a less realistic option. Additionally, younger family members have their own lives to live, children to care for, mortgages to pay and so forth. They often lack the time and energy at the end of the day to support another person, and outside organisations are often commissioned to provide support for older relatives.

Toko explains his feelings on professional supported care and why he favours whānau supporting him:

We won't do homecare, it's not something that Māori (do)...Mum worked in the hospital 40 years ago, Coromandel hospital and there were bog problems at the Coromandel hospital at that time. This woman kicked up holy hell, and the matron didn't know what to do, so they got her, and, she said "oh this woman's causing a hell of a stink in there, could you go in and try and find out what's wrong?" Mum went in, and the first thing she done, she spoke Māori to this woman and even though this woman was going to town, all of a sudden she realised "oh someone was talking Māori to me", and she calmed down, she calmed down, and then she turned and mum asked her, in Māori, "what's wrong?" and she said- "Oh, these nurses want to put me into that room over there", and then mum

said- “well, what’s wrong with that?” And she said- “oh all the people who have gone into that room over there has come out feet first!” (laughs). So mum went around and called the matron. The matron, she told her- “oh all the people that have gone into that room has gone out feet first, and I’m not going in there whether you like it or not!” And, the matron made allowances, and she said “yeah”, and from, from then on, anything to do with any Māori women, they have any Māori issues there she would do it. To answer your questions, I got home help because it was my daughters that did it. They said I was too bloody old to be at the coal place, stand down.

Toko

Homecare for Toko means living outside of his own home and being placed into a supported living situation, such as a retirement home or a place in town away from Manaia and his whānau. As he states early in this extract “It’s not something that Māori (do)”. According to the OPAL study (Boyd, Connolly, Kerse et al, 2008) just 2% of Auckland residents living in retirement homes or supported living arrangements are Māori, compared to 92.4% that identify as NZ European. Toko’s memory of how a woman in hospital was not understood reflects his own worry about what it would be like in a facility where his needs were not culturally met. Cultural barriers occur that deter Māori from entering rest homes, such as being showered or unclothed by strangers, having blood tests taken and not having control over their specimens, people sitting or leaning on tables and having unclean things like bed pans in close proximity to food or personal items. These and further language barriers and a lack of recognition of Māori spiritual dimensions of care mean that participants such as Toko would only step down from work and agree to having more help around the house if his daughters were the ones who helped out. Here, he has trust in those who are caring for him and his wife, he knows they share the same values and beliefs as he does, and they are culturally and spiritually aware of his needs. In response to a greater need for culturally appropriate care for older Māori, many urban authorities such as Te Puni Kokiri, Housing New Zealand corporation and the Māori Land Court have worked together to develop kaumātua housing (Building and Housing group, 2012). In many cases, flats or units are erected on multiply-owned land plots close to marae to ensure kaumātua and kuia are able to participate fully in the

activities and stay independent while at the same time staying close to other whānau members.

Whānau are a very important cornerstone of Māori culture. Although family dynamics and aspects of Māori and whānau culture have changed, whānau and family play an integral part of aiding positive ageing for older Māori by assisting in practical everyday tasks, and providing social support through face-to-face or technological contact. A study by Wiles et al., (2011) recognises whānau support or support of ‘the people’ to be one of the main concepts linked to resilient ageing. They report that older Māori found looking after whānau members physically, emotionally and financially was an indicator of resilience, and in turn positive ageing by recognising that these relationships and supports were reciprocal. For example, one participant recognised that although she is responsible for caring for her mother, her mother reciprocates by passing on knowledge, whakapapa and memories. Although this example shows recognition of whānau support, aspects of whānau roles and expectations are so ingrained in Māori everyday life it is sometimes difficult for people to realise the extent to which it enhances their lives. This was evident in Toko’s case where he could not identify what his whānau did for him even though they kept in contact on a daily basis and provided a form of social support to him and his wife. The importance of whānau to Māori is reflected in Māori health models, which identify wellbeing in terms of whānau and wairua as well as physical and mental health.

Rose is the youngest of the participants, and at 60 is the only participant who does not feel she is in need of any help by whānau or otherwise. She has lived most of her life with her partner Peter and feels they can do everything on their own:

Even when we move house we do all the moving ourselves, just us two... anything needs to be done, we’ll do it, we don’t rely on anything or anyone else, we do it ourselves.

Rose

This extract shows Rose's perceived level of independence and rather than an extended view of whānau and the ways in which they support her, she views her support system as being her partner, and views positive ageing as having the ability to live independently while having her partner by her side:

Positive ageing means keeping myself healthy, working and making my own money. Plus doing what I want, when I want, generally enjoying life. Having a very understanding partner makes life a lot easier, I love the support he gives.

Rose

Rose also enjoys socialising with whānau members occasionally and finds social support through reaching out and networking with her extended whānau:

I go on Facebook (laughs) its good, see who's on there, I like Facebook. I just like looking at pictures, and talking to the nieces online and keeping in touch with people. I get sick of talking though sometimes, I just wait till they have something interesting to say.... if you keep using it all the time then you learn how to get good at using it. Max and Bill are the ones that taught me how to use it, because oh, I don't know, and then they'd be like 'cool Auntie, neat alright, pretty good alright' and show me how to do things and all that. So yeah.

Rose

Technology has allowed Rose to keep in touch with whānau. Li (2011) identified this concept of “virtual co-residence” as a tool that can be used in maintaining a secure and loving relationship with family at a distance. By using Facebook as a means of communicating, Rose is able to connect with nieces and nephews, share photographs and catch up with what is happening with their lives. As she moved away from home over 40 years ago, this has allowed her to keep those connections alive and maintain relationships.

Where whānau are not readily around or contactable on an everyday basis, other forms of social supports are constructed to combat this loss. Friends, neighbours and community activities alleviate loneliness and enable social relationships and supports to be maintained. Rose talked of her great loss when her best friend passed away recently:

I had one really good friend, but she's gone to heaven now. She was a postie - just lived up the road, and she was on her way to work on her bike, and it was still dark and she slid on some black ice. Well they didn't find her till the end of the day. Her husband was getting worried and called her work and they said she hadn't arrived, so they backtracked and yeah, they found where she had fallen, down a bank and she must have hit the pipe on the way down. And it's a long way down too, but yeah. Nothing you can do really. No way that you can get out. The police found her I think, but her partner was looking for her too, don't think it was him that found her in the end.

Rose

Although she explains this loss without going into further details about how it has affected her personally, she identifies friendship as being the most important support to have as you are ageing:

Well if you have good friends and whatever, it makes it heaps easier.

Rose

Social support is an important factor that enables positive and successful ageing for older people. Social relationships enhance not only physical health, including cognitive functioning and longevity, but also enable everyday interactions of basic personal needs such as emotional support and human interaction (Rohr & Lang, 2009; Van der pas, 2009). The support that friends and whānau members give is

essential to the sort of support recommended by positive ageing literature regarding company and social resources (Gabriel & Bowling, 2004; Lewis, 2011). This is often the type of support that is missing for other older New Zealanders due to the nature of urban families and the emphasis on individuality. Māori culture, on the other hand, emphasises the importance of the community over the individual.

Health and healthcare

Māori are over-represented in negative health statistics and suffer from a range of chronic conditions earlier in life than members of the settler society (Ajwani et al., 2003; De Souza, 2008). As discussed in the introductory chapter to this thesis, the current life expectancy of Māori is substantially lower than that of the non-Māori population. This is largely due to disparities in mainstream health care. Decades of Disparity (Ajwani et al., 2003), a research project investigating the health disparities within New Zealand society, examined ethnic mortality trends in New Zealand between 1980-1999. It was found that although health care services and life expectancy have improved dramatically for the dominant Pākehā group, for Māori and Pacific Islanders there has been little change. Māori are also negatively overrepresented in relation to socioeconomic factors, with a higher unemployment rate (Ajwani et al., 2003) and lower overall incomes (Hussey et al., 2008; Reid & Robson, 2007) resulting in 24% of Māori living in decile 10 areas, compared to 7% of non-Māori, and 69.9% of Māori not owning their own home compared to 43.7% of non-Māori (Salmond, Crampton & Atkinson, 2007). Hofrichter (2003) highlights that persistent inequalities cannot be viewed as purely individual problems and responsibilities when they have been constant across time, and that disparities are due to failed political struggles and power imbalances that need to be addressed in order to deal with negative healthcare outcomes. He also notes that poverty, poor quality of life and income inequality are principal causes of morbidity and mortality. This echoes the experiences of Māori in New Zealand where unequal access to resources has led to current health disparities.

Pongarauhine has severe hearing loss, to the point where she was unable to participate fully in the planned interview process and instead read the questions

herself. This hearing loss is not the only serious illness she has experienced. As a girl Pongarauhine was taken out of school for having tuberculosis:

I was taken away from school because of the TB we had, we were kids then. Yes, TB and a rheumatic fever. I had, but that's when I was quite young actually, and they thought I might have TB, tuberculosis again, at my age.

Pongarauhine

Doctors thought Pongarauhine may have TB again and decided it was best to run tests to make sure. She looks back on this experience as being a negative one, where she feels her needs were not adequately addressed:

They took, what...scans and all that sort of thing and the report came back clear, all clear. But the tests today now, I don't think they care about the person, it's, it's umm gives me that impression. It's about, oh, promoting their studies I think, and tests, yeah, that's it. And I think they seem to be hitting the aged people, whether you've got TB, cancer or any other illness, they're not concerned about the person who has it, they care about promoting their person or studies. Last month, this was last month, they wanted me to stay in for a week, and I asked them "what for"? And they said oh they wanted to "take this and to take that" and straight away I knew, and I asked "does this help me at all? If I've got it I've got it. And if you've got a cure for it good, that's fine". The doctor just got up, because I was asking him too many questions, and he just got up and went. Why do they want all those questions? They want to ask me all their questions, when they can't answer mine. I stayed in for one night, and the next day they asked me to stay another 2, 3, maybe a week. But no!

Pongarauhine

This extract highlights what is experienced by many Māori in regards to healthcare. The impersonal or detached attitude that is prevalent in medicine can be difficult

to relate to by Māori who build trust through whānaungatanga and building relationships. In recognition of these issues, Māori healthcare providers are being established where healthcare is administered in a culturally appropriate way. This includes building a rapport with patients, and making the services more financially accessible. These providers are important as negative experiences, such as that was experienced by Pongarauhine, can lead to being hesitant to access healthcare in the future. Pomare et al (1991) found that Māori patients with asthma put off accessing health care until absolutely necessary due to previous negative attitudes of medical professionals. A case study by Barton (2008) investigated Māori experiences of hospitalisation. The findings indicate that Māori are marginalised within the mainstream health system, that the participants believed the hospital setting was not conducive to healing, and that negative experiences within the hospital setting lead to premature decisions to leave the hospital before treatment had been completed. This was reflected with Pongarauhine's experience of hospitalisation, where she chose to leave the hospital before treatment was finished due to the negative experience with her doctor. There is a theme throughout this literature that Māori do not have a dominant voice in determining their health care needs, and that the dominant healthcare model is not effectively representing the holistic concepts of health utilised by Māori (Jansen, 2009).

In Te Huke's case, he is able to access subsidised healthcare supports in his area:

Oh when I go to the doctors, no matter how much prescriptions you get, 5 dollars. Even if you get one, or you get 5, its 5 dollars. The doctors is run by a Māori trust, korowai. The doctors are free but the prescription is 5 dollars.

Te Huke

This healthcare support and the subsidised costs are essential for Te Huke who has very little spare income for health issues, and who sometimes has so many prescription medicines to take he can't remember what they are for:

Arthritis? Nah, there's something else wrong with me but I can't explain that. (Gets pills) This is all the medication I take, don't know what they for. I can just about own all the chemist!

Te Huke

Te Huke admits that it is his own fault that he cannot remember what his medication is for, and the doctor is very thorough about going through each pill and its form of treatment every time he goes to the clinic, but sometimes he forgets and just takes them anyway because he trusts him. He goes on to explain he is very pleased with his current health care service run by a Māori healthcare provider as they are 'hard case buggers' and 'the doctors are good, they do a good job'. His positive experiences with his healthcare provider and the fact that they are subsidised means that Te Huke is comfortable accessing their services and can afford to go in when he is feeling sick. Many Māori who have had negative experiences with their healthcare providers or are unable to afford doctors visits put off having to see someone until absolutely necessary, prolonging treatment courses and often making their illnesses worse. Māori healthcare providers are also accessed by Toko and Pongarauhine who use Te Korowai Hauora o Hauraki:

We got this outlet called Korowai Hauora in Hauraki, and every month, or every 5 weeks, the team from our outputs in Coromandel there they come out, in all of the communities' right across our area, to check on, the health of the old people, make sure that they take all of their medications.

Toko

Unlike the healthcare treatment Pongarauhine experienced in a hospital setting, Te Korowai Hauora o Hauraki is Māori responsive and builds relationships with those accessing their services. It is a kaupapa-driven healthcare organisation based in Thames that caters to those who also live in Coromandel area, Paeroa, Waihi, Te Aroha, Whitianga and Waiheke Island (Te Korowai Hauora o Hauraki, 2012). Rather than use a 'patient-centric' model of care, a whānau-centric approach is

used towards improving the overall health and wellbeing of their patients. This includes having a wide range of services such as home-based support, community care, health promotion and kaumātua support. Toko mentions his hand in changing some of their practices to better suit those older Māori living out in the community:

We turned around and told them “don't keep our old people waiting...go in there make sure you see them straight away, because if you fullas are too long they get up and they get out and they walk home”. And yeah, they sort everything out. And it's not just Manaia, it's all the Māori communities all around. And they make sure that they got the right medications and all sorts.

Toko

Toko proposes that Māori are much more willing to listen to the views of their patients than non-Māori healthcare providers he has encountered, and as it is a free service it is their first choice. A study titled Māori Health (2006) found that one of the top reasons Māori chose a Māori health provider as opposed to a general health provider was that they felt more comfortable talking to someone who understands their own culture and who are willing to listen as well as give recommendations.

Rose, like Pongarauhine and Te Huke, suffers from hearing loss. Working in a factory in her early years has led to her hearing being affected today, something that has also been experienced by many of her brothers and sisters:

I was the only one who had it first, then the brother, Huke and Ranga and Moana all got it.

Rose

This is Rose's only health complaint however, and other than that she says she is in good health. Although the doctor she goes to is not subsidised, she still uses their services:

We've been to the same dentist and the same doctors for years, they are good. Got all my teeth pulled out, wasn't that dear, I think it was like, 300 or 400? Doctors paid half or ACC paid half, and then I paid the other half. I went to the doctors and I had to get them all out because I got an infection in my gums.... Yep, about 10 minutes into town, they are good too because if you cant make it into the clinic for any reason they will come to your house. Never had to have them come out but, I think there might be a charge, surely.

Rose

These different accounts reflect the health issues prevalent for participants. Appropriate healthcare is a major concern for older Māori, with transport issues and financial instability presenting more potential barriers to their health and wellbeing. Politically, changes need to be made in order to enable Māori to be more self-determining in relation to their healthcare. This has begun with the establishment of He Korowai Oranga which is a Māori health strategy brought in by the Ministry of Health in 2002. It provides a framework for the public sector to support the health status of Māori in a culturally responsive way by emphasising whānau as the foundation of Māori society, the importance of whānau in relation to the health and wellbeing of Māori and working with people in their social contexts (Ministry of Health, 2002). It aims to redirect mainstream services to be more Māori-focused, Māori-responsive and to prioritise Māori health needs. This type of responsive care is what Te Huke, Toko and Pongarauhine have discussed as making their healthcare experiences more positive. The healthcare professionals they have access to build rapport, take advice from patients and provide care that sits well with participants' spiritual and cultural world views and at the same time offer financial subsidies that make healthcare more accessible.

Finances

In New Zealand, Māori are negatively overrepresented in relation to finances, with a higher unemployment rate (Ajwani et al., 2003) and lower overall incomes (Hussey et al, 2008; Reid & Robson, 2007). This is most apparent for older Māori who, as mentioned earlier, are an ethnic minority and who are also in a higher age bracket which means they are less likely to be employed and therefore less likely to be able to supplement their income. At present there are debates about whether or not to raise the superannuation age from 65 to 70 (Eriksen, 2004), a change in which will have significant effects on the financial state of older Māori. As Māori are considered to be ageing at 55, with a life expectancy of only 70.4 years for men and 75.1 years for women, many older Māori will not make it to the new raised age and will therefore never be eligible for the superannuation. This means that older Māori will essentially be forced into working their whole lives just to feed their families and never get the chance to receive the superannuation, even though they contribute as any other taxpaying New Zealand citizen does.

This is currently being experienced by Rose who works full-time including weekends and receives no financial support other than what she provides for herself:

No, we don't get any money from the government, we work for our money. No benefit, no. I'll be working till I drop dead, both of us really. All our doctors' visits and all that we pay for, full price. No free clinics.... We can't get cheap doctors because we aren't old enough. Your granddad gets cheap doctors because he is older than us, you have to be 65 and get the super.

Rose

Although she is 60 years old, five years over what constitutes the older age group for Māori, and according to statistics has a life expectancy of only another 15.1 years, Rose is still working and receiving no financial support. Her partner is also working fulltime, and as he is younger than her will not be eligible for another 8

years. This means that at 57 he is already considered to be ageing, and statistically has a life expectancy of only another 13.4 years (Statistics New Zealand, 2011). They are hoping to move back home to Coromandel where they feel their real 'home' is, and right now it is only financial barriers that are standing in the way:

We've been trying to get our house, that's something that's been standing in our way - the money.

Rose

They have been saving for years for a house in Coromandel, and now that their daughter has moved back there they are more impatient than ever to settle back down in the Coromandel township.

We've been trying for ages to get this house, and we put in an offer and they said they wanted more, so we put in another offer, but we haven't got the loan yet. But with the economy the way it is the price has gone down to 315,000 which is heaps less than it used to be. We're just waiting for the paperwork to come back now, it's taking so long. They only give you a certain amount towards a house. It's okay when you have good job and all that. Because (we are) paying for it all ourselves, with my Kiwisaver and savings.... It's such a hassle.

Rose

This extract highlights Roses' frustration with needing to move home to have a positive place to live out her later years and be closer to her family and daughter. She proposes that the only reason holding her back from this dream is a lack of financial resources. As her and her partner do not have high paying jobs they are unable to afford to move into a place to which they feel strong connections. Even though they are both working full-time with no children to support and both

working weekends they are still unable to afford to move back to the place they call home. According to Rose's discussions on finances, it seems that not only is lack of money a barrier for having the ability to live in a place of choice, but also limits access to affordable or subsidised healthcare. This is of even more concern for them as Māori, who are more likely to have more health issues than non-Māori.

Te Huke experiences financial barriers in relation to being active in the community. He explains that finances have an effect on the way he is able to negotiate his place with such limited income:

(I have) the Disability and the Super. I don't have a Community Services Card because I have a Gold Card now. It was good when I lived in Auckland because sometimes I wouldn't have enough money to go in the taxi, so I can use the Gold Card to go on the bus for free. Oh it was good. But I can't use it here now because they don't have buses in Paeroa to take you places.

Te Huke

Gabriel & Bowling (2004) found that public transport was reported as being crucial for older people to be able to negotiate their place and have the ability to visit friends and family as well as running errands. Although Te Huke is now living in his place of choice in a smaller home with close contact to his daughter, he is unable to access free public transport -something that enabled him more freedom when he lived in Auckland. The need for public transport is viewed as essential in Te Huke's case as his arthritis inhibits his ability to run daily errands such as shopping and 'outings' as he is afraid he may have a bad turn:

There's a BP just down there, and town isn't too far. I can walk there but sometimes I think I may not because I don't want to fall over or anything like that.

Te Huke

Te Huke now relies on the support of his son-in-law who takes him out to do his groceries, and who he can call if he needs something urgently. However even calling is difficult as Te Huke has severe hearing problems, and listening on the phone can prove to be difficult. Finances was a theme brought up frequently through discussions with Te Huke, who is having trouble paying for all his expenses such as his heat pump which is essential for the winter, and power and phone bills:

I might have ... \$30 or \$20 on me spare a week. I got my A.P, insurance, rates, I got my mortgage, and my power and all that goes out into my other account. At the moment I've got about \$400 in my account, but the fees! All the APs, you don't see it.

Te Huke

As is the case for many older people living by themselves, the pension alone is difficult to survive on. The New Zealand Superannuation pays different rates depending on the individual's living circumstances. For a single person over 65 living alone they will receive \$348.92 per week after tax. For a married or de facto person living with their partner they receive \$268.40 per week after tax (Work and income NZ, 2011). According to the Global Property guide (2011), the average weekly rent of a house in New Zealand is \$334. Although the homes that the participants rent can be more or less than this price, these averages reveal the difficulty of living on a pension. This, paired with limited employment opportunities, limited access to transport and support, and ongoing expenses such as bills and rates, leaves little room for a disposable income.

Finances or lack thereof, was a recurring theme throughout this data with participants discussing how financial resources shape their everyday lives. These barriers are currently standing in the way of participants being able to age in place and also to engage with community organisations and activities which are

important factors that enable people to age positively (Lewis, 2011; Stafford et al, 2011).

Chapter Discussion

A number of supports were identified as being present in the lives of my participants. There were also important supports that were lacking. Māori cultural concepts and practices were revealed as being great supports for participants, with wairua and whānau being identified as being positive influences in their lives that enabled them to age in a more positive way. Supports that needed to be modified or strengthened were financial and health supports. Many of the issues and needs of older Māori such as financial issues and access to care are similar to other groups, but are rendered complex by cultural and spiritual dimensions similar to other indigenous groups (Leininger, 1988; Waldram, Herring & Young, 2006).

Wairua was viewed as a fundamental aspect of everyday life for participants living in both urban and traditional places. Although views surrounding death and the afterlife varied slightly, all participants believed in everything containing a spirit, whether it is man, mineral or ancestors passed (Mark & Lyons, 2010). Tupuna played an important role in the lives of participants with deceased whānau members taking pride of place within the home in photographs and in stories told. The afterlife is discussed as a place where one meets their tupuna, and as the place from which we came that we return to. Life and death is seen as a cycle, and this alleviates the fear of death as they know they will be reunited with passed whānau members, and in heaven they too will wait for loved ones to return (Jacob, Nikora & Ritchie, 2011).

Whānau and its role as a support system was not explicitly identified by participants, but acknowledged as being present once suggested. Although whānau is an essential aspect of Māori life, it can sometimes be so embedded within everyday existence that it is not necessarily acknowledged as such (Metge, 2001). Although it was not initially mentioned, the importance of the support whānau give and receive from participants was evident by the amount of contact seen through phone calls and visits, as well as stories of everyday practical support. Urban participants had less everyday contact with their whānau than those living

in the traditional home-place. Te Huke would like more contact with family, but realises they have their own lives and his visits are few and far between as he has transport issues. Rose keeps in contact technologically through Facebook which, although not a traditional method of contact for whānau, is a tool for Rose to be able to share photos and knowledge with her whānau members without being physically close (Bargh & McKenna, 2004). This in itself is a social support as it means she has access to family members she was perhaps disconnected from when she left home, or who are geographically too far away to visit on a regular basis. She also acknowledges the importance of having her partner of over 40 years by her side. She believes his constant support and love is what gets her through her day which is consistent with literature that suggests those who are ageing with a partner of someone else in the home have higher levels of wellbeing (Van der pas, 2009). Relationships and the building and maintaining of these relationships are what strengthen the physical space into a place of choice and of home. Participants recognise that these social interactions and bonds are an important part of their positive ageing.

The health and healthcare services available for participants was recognised as needing attention, with issues such as hearing loss, TB, Rheumatic fever and access issues to appropriate services being of main concern. Health services need to be more responsive to Māori needs, especially as older Māori and Māori in general present with more illness. Health services such as those accessed by Toko, Pongarauhine and Te Huke were well-received by participants due to their affordable prices for appointments and prescriptions, and for meeting the needs of the patients as expressed by the patients themselves. These two factors -finances and listening to the patient's needs- were recognised as two of the main reasons participants were more willing to use their services, which is mirrored in other Māori service studies (Māori Health, 2006). These findings show that at the very least, healthcare needs to be Māori-responsive and represent how Māori view healthcare, while at the same time being affordable so as to not deter patients from using their services.

Financial barriers to positive ageing were a major factor discussed by participants. Due to limited incomes in the form of low-income jobs and pensions, participants were unable to afford to live in place or to join community activities. Positive ageing literature emphasises the importance of community engagement and

ageing in place and the positive effects this has on psychological wellbeing, life satisfaction and independence (Gabriel & Bowling, 2004; Lewis, 2011; Stafford et al., 2011). As financial barriers are preventing community engagement and ageing in place, financial and practical supports such as transport aids need to be reviewed in light of their effectiveness, and more information needs to be available for older Māori to ensure they are aware of what financial support they are entitled to.

Chapter five: Conclusion

In this thesis I set out to examine the experiences of positive ageing in place for older Māori. To achieve this, there were three primary objectives. First, to examine the extent to which place and places of choice facilitate a sense of positive ageing for older Māori who live in traditional and non-traditional places. Second, to investigate what supports and choices older Māori have and/ or need to be able to age positively in their places of choice. Third, to identify positive ageing experiences for older Māori who live in traditional places and those who live in urban places. Particular attention was given to the experiences that have cemented particular places as somewhere for participants to call home, and the supports that enhance the experiences of those living in these places of choice.

Evident within this study was the important role that place plays in facilitating positive ageing which is reflected in previous research (Bedney, Goldberg & Josephson, 2010; Li, 2011; Ministry of social development, 2001). Of particular note was continuity in life experiences, experiences of intimate interactions with whānau, and the connection to places that hold life-long memories. Ageing in place for Māori is a complex issue. Multigenerational urbanisation as well as individual choices (Wiles et al., 2011) influence links between Māori and place. Relationships with traditional place including Marae, traditional land and regions vary widely across Māoridom (Hay, 1998) and this was apparent within this research.

Participants who remained in traditional place felt a great sense of attachment to the ancestral landscape. By remaining in Manaia and having a space for their whānau to come back to, they are engaged in ahi kaa, and keep the fires burning in their homelands for others to physically whakapapa back to. Their children and grandchildren are now returning to Manaia, and this proves to be another support that aids in positive ageing by encouraging daily interactions (Baranti, 1985; Giles, Gloneck, Luszcz & Andrews, 2004) and fostering relationships with those who live close by (Naaldenberg, Vaandrager, Koelen & Leeuwis, 2011). This ultimately reinforces their connections to their place. It is these relationships that shape the physical place into a home.

Urban participants had left their traditional place in search for employment and better opportunities in more populated areas (Hektner, 1995), and built new homes and lives within these spaces. Place was not viewed as one physical locality, rather, this notion of home was extended to encompass new places and also their traditional grounds. Manaia was acknowledged as being one of many homes for urban participants, and although they did not wish to return to permanently reside back in Manaia, fond memories, histories and relationships have reinforced Manaia as having a special place in their hearts. Attachments have been formed in their new places of choice and supports are available to facilitate positive ageing. Relationships and experiences are imperative to the shaping of attachments to these places of choice. Disconnections to places where participants had lived for long periods of time occurred when relationships within shared spaces were changed, or when negative experiences occurred within these places. Similarly, positive attachments cementing links to these places of choice were influenced by experiences, relationships with whānau and friends, and available supports that aid ageing in place.

My investigation of supports and choices available for participants living in place revealed the important roles wairua, whānau, Māori responsive healthcare and financial aid and subsidised supports have on the ability to positively age in place. Wairua was a major factor acknowledged by participants as being significant in aiding their positive ageing. Participants felt strong connections to non-living objects such as places and nature, and expressed a known relationship with their ancestors. This was illustrated inside their homes with photographs and paintings of extended whānau, many of whom the participants had never met. This strong sense of knowing and feeling that ancestors were always around (Hay, 1998; Simmonds, 2009) provided the participants with a main source of support. It provided a sense of not being alone and also that life and death are a continuum, alleviating a morbid or final perspective on death. Participants expressed an almost blasé attitude to death, not seeming afraid about passing and expressed their desire to be with their whānau who had passed before them again.

Support from whānau was acknowledged as a main contributor to a positive experience of ageing by participants (Edwards, 2010). Participants found it difficult to describe exactly how their whānau contributed to their positive ageing experiences and this is representative of the fact that whānau support is so

embedded in their lives that it is difficult to determine how their support influences their daily living. Everyday social contact, such as being close by (Naaldenberg, Vaandrager, Koelen & Leeuwis, 2001) or dropping in informally, meant that participants still felt relied upon, and that they had people to rely on as well. This communication and contact was reciprocal, with participants revealing their role in their relationships with whānau as caregivers, role models and ones who pass on knowledge. When whānau were not readily available or close by, participants still felt supported by them and have taken advantage of technology as a means to communicate and keep in touch. This included Facebook, text messages and phone calls, and meant that participants still felt connected without necessarily being where they considered 'home' (Li, 2011; Mahmood Yamamoto, Lee & Steggell, 2008). This has enabled them to be able to age in place at a distance, and keep multigenerational links strong.

Health is a major factor that can undermine positive experiences of ageing in place. Participants reported physical limitations having a negative effect on daily activities, and also feeling the effects of past health concerns. All participants reported positive experiences with their current health care providers, with three of the four participants seeing a Māori health care provider. It was found that by accessing someone who was financially inexpensive, who would listen to them, and who would take their advice on board (Māori Health, 2006), they built a rapport that made the participants feel culturally safe and cared for.

Finances were a reoccurring theme throughout this thesis with participants discussing the difficulties of keeping on top of bills and having to live off small wages or pensions. This worry surrounding money affects participants' everyday lives by impacting on their ability to engage in community activities, save for a rainy day, or in Rose's case to age in place as she does not have enough money to move back to Coromandel. For urban participants in particular, transport and technological supports were considered of great importance as whānau and friends are less likely to be living in close proximity. The ability to stay in touch is crucial for positive ageing as it is relationships and social contact that is one of the main contributors to successful ageing (Andrews, 2007; Giles, Luszcz & Andrews, 2004). Transport options are also important for maintaining relationships and enabling independence where illness and physical decline can reduce mobility (Tang & Pickard, 2008). Urban participants emphasised this by reinforcing the

importance of owning a private car or having public transport options available. Although the New Zealand government has subsidised transport options available such as the Supergold card, these options proved to be unavailable in some parts of the country. This leaves older people who are living in these areas with little option but to either rely on family and friends for transport, or to pay for private transport which is often quite expensive. Without such supports available, negotiating place, social interaction and accessing resources becomes difficult and can result in isolation and feelings of dependence. This can create negative experiences within places of choice and affect the way in which spaces are constructed and influence the idea of home.

It is often assumed that different groups of people are experiencing older age in similar ways (Moskalev, 2010). In this thesis I adopt the stance that ageing experiences are influenced by differences in backgrounds and culture (Collings, 2001). It is these experiences that shape the way in which home is created and experienced by Māori. Home for my participants meant the places with which they felt positive attachments, where supports were available, and included those special places in which they have built up their memories and lives in culturally patterned ways. This research indicates that above all else, it was the experiences and relationships formed within these places that impacted on the way in which the physical place became 'home' This finding is reiterated in the literature that suggests home is made through connections and associations rather than length of time spent in a particular place (McHugh, 2003).

The Positive Ageing Strategy (2001) recognises the importance of ageing in place and the effect this has on overall positive ageing. The ten goals (Table 1) highlighted within the strategy reiterate what was found in this research. In particular, the strategy identifies affordable and accessible health, affordable and accessible transport options, ageing in place and secure and adequate finances which was also expressed by participants as being important to their positive ageing experiences. However, the strategy does not include internal supports such as wairua or spirituality which has been identified as being a great support for older Māori, and also an essential element to over-all well-being in many studies of ethnically diverse cultures (Chally & Carlson, 2004; Durie, 2004; Melbourne, 2011; Pere, 1984; Waldon, 2004). The strategy also makes no mention of social supports such as those received from whānau and friends or the importance of

social interactions (Andrews, 2007; Giles, Glonek, Luszcz & Andrews, 2004; Lewis, 2011), which was identified as one of the most important supports by participants. The PAS is predominantly drawn from western perspectives and does not adequately demonstrate the ethnic diversity within New Zealand's ageing population. I recognise the PAS aims to serve as a framework from which to consider the needs of older people and not a rigid outline of what facilitates positive ageing. However, as the cultural diversity of the older population is growing, policies and strategies need to be tailored to reflect these changes in order to represent the everyday lives of people that will be affected by them.

Recommendations

The findings from this thesis support several recommendations for further improvements that could be made in order to aid older Māori to positively age in place. First, the ability to age in place is inextricably linked to positive ageing and therefore more support needs to be offered to enable older Māori to live in their places of choice. Supports mentioned throughout this thesis such as social support (Wiles et al., 2011), spiritual understandings (Cohen & Koenig, 2012), appropriate health care options and financial support (Edwards, 2010) have been identified as main contributors that assist ageing in place. Further research needs to be conducted regarding these support systems to better see how each one contributes to positive ageing for older Māori.

Second, more information needs to be available regarding financial support for older Māori. Financial hardship is a main concern for older Māori as they are in an ethnic minority as well as being in a higher age bracket, therefore resulting fewer opportunities to supplement their income. In the case of older Māori, retirement from employment often means trading paid work for unpaid positions that come with their role as kaumātua (Davies, 2008; Durie, 1997). Therefore, they are less likely to engage in prolonged or even part-time paid employment due to time commitments and having full schedules. The superannuation that is available for older New Zealanders is available once a person reaches the age of 65. However, at this age Māori are considered to have been in the older age bracket since they were 55, and many do not make it to the age when superannuation is available. There needs to be a review of the accessibility of the

superannuation in light of Māori ageing, and recognition that due to a shorter life expectancy Māori should be eligible to access it at a younger age. Free or subsidised healthcare is an example of financial initiatives that enhance positive ageing by enabling a service to become more accessible to those who cannot afford it (Māori Health, 2006). Free travel passes such as Supergold card were mentioned in this thesis. Due to the rural area in which the participant has moved to, a gold card is no longer useful and there are no additional options to aid in travel. This effectively means Te Huke has to rely on family members to drive him places and when they are at work he is limited by his arthritis and fear of falling, often leaving him house bound. Further research needs to be implemented into what kinds of supports could take the place of such large-scale initiatives such as a Supergold card in rural areas where buses are less frequent. This would aid ageing in place by enabling older people to be more independent (Barrett, Hale & Gauld, 2011), and to be able to leave the house to socialise and interact with the community which is a major contributor to positive ageing (Schofield et al, 2006; Tang & Pickard, 2008).

Third, the healthcare system in New Zealand needs to make Māori healthcare services more accessible. Māori healthcare initiatives and providers such as Whānau Ora, Te Korowai Hauora o Hauraki and He Korowai Oranga are Māori responsive and are being utilised by older Māori in both urban and traditional places due to their rapport, cultural understanding, commitment and price. This results in positive experiences with healthcare providers which facilitates positive ageing in place. More information needs to be available surrounding subsidies and, like the superannuation, eligibility needs to be reviewed in light of the different ways in which Māori age. Only one participant believed she was not eligible for subsidised healthcare, and is paying full price for her healthcare needs even though she is believed to already be ageing as she is over 55.

Finally, ageing in place allows older Māori to remain in their places of choice where they have established firm attachments and important relationships. Here, they can maintain control over their affairs and maintain a sense of continuity in their homes. The idea of a homescape offers a broader understanding of Māori place affiliations that span ancestral lands as well as new urban landscapes in which many have made and now call home. This concept enables us to embrace the history of movement mentioned earlier, and at the same time recognise the

important role traditional homelands play in having a place to stand, and to whakapapa back to. Māori attachments to place are complex and need to be contextualised within a history of colonisation, urbanisation, experiences, relationships and spiritual connectedness to human and non-human entities. It is within this context that ageing in place can be truly explored.

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Appendices

Appendix 1: Information sheet

Information sheet for study on Positive Ageing in Place; Older Māori in Traditional and Non-Traditional Place

My Name is Cassandra Williams and I am a Psychology Masters student from the University of Waikato. Last year, 2010, I did my honours year and published a dissertation on Ageing through the eyes of a Kaumātua. This research led me to want to look more into the way Māori age in Aotearoa/ New Zealand and unique practices, concepts and values we have that makes our needs different than that of a general population. This year I am doing my Master's thesis, and I am attempting to examine housing practices and needs and investigate the extent to which place influences the ability to age in a positive way.

Why am I inviting you to take part?

As the numbers of the older generation increase, it is important to recognise the cultural differences between Pākehā and Māori elders, and how these differences will impact the way in how they live out the last life stage. The New Zealand government have set up a Positive Ageing Strategy that is committed to ensuring that older people have the ability to age in place. This means that older people have the opportunity to be able to age where they choose and have the resources and support available to them to make their place of choice a reality.

What will happen in the interview?

Together we will discuss such things as:

- Your housing experiences, background, history and stories
- Support/ Whānau/ government/ community
- Turangawaewae
- Whānaungatanga
- Wairua
- Manaakitanga
- Needs and expectations

- What positive ageing means to you

The interviews will be audio-recorded to allow easier flow of the conversation, and I will take a few notes with pen and paper. I'll make a transcript later by listening to the recording. Only myself and my supervisors Darrin Hodgetts and Wen Li will have access to the transcripts and the recording. A copy of the transcript or a summary of the interview will be sent to you. This is the time where you can delete anything in the transcript that you do not wish to be shared in my thesis, or change something if you feel it isn't quite what you wanted to say. It is also an opportunity to change your mind and withdraw from the study. You can do this any time up to the final stages of my draft write up when I will be pulling all my findings together. This will be at the end of November 2011.

In my thesis I will be using examples from our interview together, if you do not wish to be identified, we can use a made-up name and I will omit any obvious identifying information such as place names and the names of other people. On the other hand, if you use your real name that is fine too: the choice is yours.

If you decide to take part

You will be invited to participate in two meetings with me in your own home. The first meeting we will discuss your housing experiences, background, history and support. The second interview will take place one month later in your home, and we will talk about Turangawaewae, Whānaungatanga, Wairua, Manaakitanga and how these concepts are relevant to your needs and expectations and what positive ageing means to you.

I will also bring with me a consent for that needs to be signed before the interview can begin. This consent form states that you are willing to participate in my study, that I have told you everything you need to know about this study and that you are comfortable with being a part of it. I will also explain your rights in regards to this study. You have the right to:

- Stop the interview at any time;
- Decline to answer any part of a question you don't feel comfortable with;
- Ask to have the digital recorder turned off;
- Withdraw from the study at any time;

- Have any part of the interview erased from my study if you do not wish them to be published;
- Complete confidentiality;
- The option of having a made-up name assigned to you so nobody can identify you in the finished publication; and
- Ask any questions about the study at any point during the participation.

What will happen to the information gathered?

My Masters' thesis will be written up with information from you and other participants who were interviewed. Your name and other characteristics that may lead people to know who you are will be omitted and changed in the write-up. This is to keep your information confidential, private and anonymous, and this information will be destroyed 5 years after completion of the research.

The findings will be written up as my thesis by the February 28th, 2012. You are more than welcome to read the end result if you so choose. I will also be presenting my findings after my thesis is finished. This will take place in March 2012 and a place will be arranged closer to the time for participants, Whānau and the Whānau board.

What now?

If you wish to participate in this study, please contact me on 0226943658 or you can email me on cmw43@waikato.ac.nz and we can arrange a time that suits you for the interview.

If you have any questions, please don't hesitate to contact me or Martha who is liaising as the Whānau spokesperson for this research, her number is 0274376376, or any of the following people. Thank you very much for your time and I hope to hear from you soon,

Cassandra Williams.

Supervisors:

Darrin Hodgetts: Dhdgetts@waikato.ac.nz

Wen Li: WendyL@waikato.ac.nz

Ethical issues: Dr Lewis Bizo, Convenor of the Ethics research committee, University of Waikato. Ph 07 8560095

Appendix 2: Interview schedule

Interview 1

Date of the interview:

Participant:

Place/ Venue:

Background/ History

- Date and place of birth?
- Iwi affiliations?
- Language(s)?
- Education history?
- Work history?
- Living circumstances?
- Marital status?
- Number of children?
- Number of grandchildren?

I want to find out what effect place has on your ability to be able to age in a positive way. As this is the first out of two interviews, we will split my questions into two separate times. In today's interview I am interested in hearing about your housing experiences, everyday life, and a bit more about your personal background. Let's start with a bit about yourself;

Housing experiences

Can you please tell me a little more about yourself and where you have lived-

- Here I'm thinking about where you were born and raised?
 - a. What are your memories of growing up in these places?*
- Where you spent your adult life?
 - a. what were some of the reasons for moving?*

b. what are some fond memories of living here?

- Why do you live where you do now?

a. What are some of the pros and cons of living here?

Ageing

- What does ageing and getting older mean to you?
- What changes?
- What stays the same?

Support

What do you think has been the greatest support for you in your later years
(tell me about that)

a. -Whānau

b. -Whānaungatanga/relationships/friends

c. -Outside organisations

d. -Financially

d. -Anything else?

- When was the last time you had a meal or a sit-down chat with a Whānau member?
- As you grow older, what do you do for your whānau?
- What does your Whānau do for you?
- Do you live with other Whānau members in your household?
 - a. What are some of the advantages of this?*
 - b. What are some of the disadvantages of this?*
- Are there other Whānau members living nearby, but outside of your household?
 - a. What are some of the advantages of this?*
 - b. What are some of the disadvantages of this?*

- Are there ever times when you feel you need more support? (tell me more about that)

Everyday life at your place

- Tell me what you do at home on a typical day
 - a. Routine?*
 - b. Hobbies?*
 - c. Chores?*
- What do you like to do in the weekends?
- What is your favourite part of your house? Can you show me?
 - *a. why is this your favourite part?*
 - b. do you have a least favourite part of your house or something you would like to change?*
- Tell me about some of the regular activities in the community
 - a. shopping?*
 - b. cultural activities?*
 - c. community groups?*
 - d. visiting friends/ Whānau?*
 - e. voluntary work?*
- Is there anything you would like to participate in but don't know how to go about it (e.g joining a group?)
- During the past 12 months, is there anything that has stopped you from participating in your usual activities/ routines?
 - a. health*
 - b. finances*
 - c. family changes*
 - d. transportation issues*

Interview 2

Turangawaewae (place to stand)

- If you had the means to, would you move?
 - a. Why/ why not?*
- What places do you have strong affiliations to? Why?
- Do you have any other land?
- Of all these places, what makes your place, “home”?
 - a. The people*
 - b. The location*
 - c. The history*
 - d. Your personal touches*
- If you had a choice, where would you live out your latter years?
 - a. Can you explain why?*
- When the time comes, where would you like to be buried?
 - a. Reasons for this?*
- Is there any particular place you would want your children, grandchildren, great-grandchildren to grow up?
 - a. Why/ why not?*
 - b. Can you tell me more about this?*

Manaakitanga

- How independent do you feel you are?
 - a. Why is this?*
 - b. Can you give me examples of things that make you independent?*
 - c. Is there anything you can think of that would allow you to be more independent?*
- Do you expect you will need more care in your latter years?
 - a. Can you tell me more?*
- If you had a choice, who would you like to administer that care? Here I'm thinking professionals or Whānau members.
- Do you feel your care is reciprocal-for example you give as much as you receive?
- What types of care and support would you like more of right now?
- In terms of health care, do you feel you are getting the right kind of care you need?
 - a. Why/ why not?*
 - b. What, if anything needs to change?*
- How about financial care and support? How are you paying rent?
 - a. Is this a long term arrangement?*
 - b. Do you feel you need more help in this area, and if so, who should be helping?*

- What are your hopes and expectations for your home, land and place after you pass away?
 - a. Are these hopes important to you?-If so, why?*
- What kinds of things do you do around the house? I'm thinking here of ways you make your 'house' a 'home'
 - a. Gardening*
 - b. Renovations*
 - c. Decorating*

Whānaungatanga (relationships)

- Can you tell me about the relationships with your children and partner/ other Whānau members?
 - a. Importance of maintaining these relationships*
 - b. How are these relationships maintained?*
- If you were in the position to, would you sell your home or land?
 - a. Why/ why not?*
- Who will inherit your home when you pass away?
 - a. Is it important to you who gets it?*
 - b. Why/ why not?*

Wairua (spirituality)

- Are you religious at all?
- Are you a spiritual person? Do you see a difference?
- How important is Wairua to you, how does it impact on your everyday life?
- What are your thoughts about what happens after you pass away?
- What do you want done with your body?
- Do you feel a connection with non-living things?
 - a. Tupuna*
 - b. Unborn Mokopuna*
 - c. Forests*
 - d. Trees*
 - e. Mountains*
 - f. Your home*
 - g. Your Marae*

Positive Ageing

- What things are important for you to age well as you get older?

- What, if any, of these things you mentioned do you think are particular to Māori?
 - a. *Turangawaewae*
 - b. *Wairua*
 - c. *Whānaungatanga*
 - d. *Manaakitanga*
- What would you say are the most important things that would enable you to continue to participate in your regular activities in the community as you grow older?
- What things are necessary for you to be able to age well where you are?

NZ PAS

The Ministry of development have the NZ Positive Ageing Strategy which is aimed at changing society to ensure older New Zealanders are able to age in a positive way. To measure this, the NZ PAS has identified 10 goals:

1. **Income** - secure and adequate income for older people
 2. **Health** - equitable, timely, affordable and accessible health services for older people
 3. **Housing** - affordable and appropriate housing options for older people
 4. **Transport** - affordable and accessible transport options for older people
 5. **Ageing in the Community** - older people feel safe and secure and can age in the community
 6. **Cultural Diversity** - a range of culturally appropriate services allows choices for older people
 7. **Rural Services** - older people living in rural communities are not disadvantaged when accessing services
 8. **Positive Attitudes** - people of all ages have positive attitudes to ageing and older people
 9. **Employment Opportunities** - elimination of ageism and the promotion of flexible work options
 10. **Opportunities for Personal Growth and Participation** - increasing opportunities for personal growth and community participation.
- How do you think these goals apply to your everyday life?
 - Do you think that they all apply to you?
 - Are there any you would change?
 - Is there anything you would add?

<http://faculty.ksu.edu.sa/almuzaini/Important%20Resources/Cosensus%20Statements%20and%20Reports-%20%D9%88%D8%AB%D8%A7%D8%A6%D9%82%20%D9%88%D8%A5%D8%B1%D8%B4%D8%A7%D8%AF%D8%A7%D8%AA%20%D9%88%D8%AA%D9%88%D8%B5%D9%8A%D8%A7%D8%AA/older%20adults.pdf>