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Factors affecting the lives of elderly people in
Northland

FACTORS EFFECTING THE LIVES OF

ELDERLY PEOPLE

IN NORTHLAND.

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NEW ZEALAND RURAL MANAGEMENT .
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INTRODUCTION.

My choice of subject ' Factors Effecting the lives of Elderly People' was influenced by three different spheres of information.

First, The Draft Strategic Health Plan 1987-97 produced as a Discussion Document by the Northland Area Health Board.

Second, The Royal Commission on Social Policy, presented to New Zealand in April of this year. The sections concerned with the Elderly in this Document gave me further incentive to discuss this topic by looking at roles the various agencies and groups have on this age group.

The third reason was that I work Part Time as a Staff Nurse in a Medical Ward where a percentage of the patients are elderly, and in being associated with them and their relatives and carers gave me further reasons to investigate what are influences now in the lives of the Elderly People and for the future.

THE ELDERLY INDIVIDUAL.

Ageing is a process of adaptability.

Elderly people view 'old age' as a negative state, characterised by sickness and disability along with loss of control of their environment. They do not see themselves as old and are astonished when others refer to them in this way. Their rejection of the label 'old' was taken to imply a determination to retain an active role.

'We are only as old as we feel' is a common cry.

Retirement gives freedom to engage in the activities which they enjoy. They do not feel guilty or useless but appear to accept age as a justification for pleasure. Even the frail and disabled Elderly, so long ,as independant do not need to give up claims to the enjoyment of life.

Independance is highly cherished. Society places emphasis on the development of independance and individuality as qualities of early life and having attained them and used them throughout maturity, one is loathe to part with them in old age.

Why then, are the Elderly at risk in loosing both independance and individuality?

There are two reasons.

First, the ageing process and illness or disabilities associated with later life may lead to physical frailty and mental decline, rendering the older person less able to cope unaided with the activities of every day and social living.

Secondly, the retirement from a conventionally productive and supportive role in Western Society, relegates them to a second class citizenship of reduced circumstances. Both these factors must be readily and actively combated.

The maintenance of Independence and Individuality in the Elderly is essential in that dignity and self respect come from their recognition. Whilst Independence in the community is maintained, individuality is expressed.

To have Independence there are 3 basic prerequisites.

Health, suitable environment and a degree of social support. The promotion and provision of these 3 factors is of vital importance.

WHO ARE THE ELDERLY?

There is a saying that we are only as old as we feel!

Age wise --- The Medical Profession consider Geriatric Care (care of the elderly) can be considered from any age after 60 years.

Elderly people have the same human needs, social attributes and values of all other age groups, but are distinctive from other groups through 2 unique characteristics. That of maturity and diminished reserves.

1. Maturity relates to wisdom, life experiences and survival skills that have built up over their own lifetime. For example, those at the present time of 65 years and over have lived through a Depression and World War. Those over 80 years have experienced this too as well as having special communication and social skills necessary before the advent of passive entertainment. Both experiences separate them from other age groups. Maturity also carries a deeper understanding of cultural values, seen in the older Maori generation in this country and recognised as the roles of the Kamatua and Kuia.
2. Diminished Reserves relates to the Elderly in the increasing inability to cope with change. This can be Biological, Medical, and Social and influenced by political factors, and in each case the elderly person may not be able to cope with these influences, thus breaking down his or her independence.

The Royal Commission on Social Policy 1988 sets out these objectives for policy on the Elderly.

1. Recognition of maturity of the Elderly. This knowledge can be used for the betterment of other age groups on our Society.
2. To enhance the level of maturity and physical and mental and social reserve for older people.

3. To provide care at all levels for those whose physical, mental, and social reserve has been diminished.

The period of 'old age' may span three decades and then could be divided again into three groups.

The looking forward of the first yearsof active retirement when health, strength, and companions can all assist in adaptations to this new era of life. This group of people can be termed the 'Welderly'. In that in the first years of retirement they are fit, active members of our society in most instances. Often, although retired from an occupation may be involved in some way in part time employment.

This group of people are those that are called upon to deliver and administer services and supportive care for the Elderly at the older end of the age scale. At the present time this group of people out number the 75+ age group, but by the year 2000 this will be the group requiring these supportive services and proportionally the 'Welderly' available will be alot smaller in number.

The second group of people and the area which most consider elderly to be, brings about perhaps the greatest changes to our lifestyle and abilities. Where diminishing independance and loss of control of ones environment develops. This may take place very quickly or be an insidious process over many years creating situations where necessary adaptations and changes are not recognised and carried out.

The third group of elderly people, smaller in number, but in time, care and financial output require the biggest imput.

For the purposes of this presentation, I guess alot of the thoughts and facts presented apply more specifically to those beyond the 'welderly' age group the 70+ years and onwards.

ELDERLY MAORI PEOPLE.

When a comparison is made between Maori and the Non-Maori population in the Elderly age group, Maoris are proportionally fewer. A higher infant mortality rate and the generally poorer health that has been experienced by Maoris with heart and lung problems give rise to this fact.

The Elders of the Maori population are turned to for advice, leadership and direction. This gives the Kamatua added esteem as he aspires to meet the younger generations expectations of him. Elderly Maori people are regarded with respect as a repository of traditional knowledge. Where they are strongly associated to a Marae his Mana is enhanced. Where he is able to be an orator, to debate, remember traditional legends, all helping to maintain his mental alertness. With the fullness of personality achieved and maintained in ageing, the Elderly Maori person in his own environment truly grows old gracefully.

Until the latter half of this Century, Maori population was dominately a rural, tribal orientated life system. Their Society maintained in a complex kinship system. One such attitude is that of children and close relatives should care for the Elderly, however infirm, till death. The idea of isolating those advancing in years or the terminally ill in variety of institutions was abhorred. Today that objection is further added to by the fact of institutions being urban areas away from kith and kin. With the development of a large urban Maori Population in the last 40 years attitudes have softened towards institutional care. Maori Families today still retain this responsibility towards the Elderly in comparison to non Maori attitudes where there is a tendancy of family not wanting to have this responsibility.

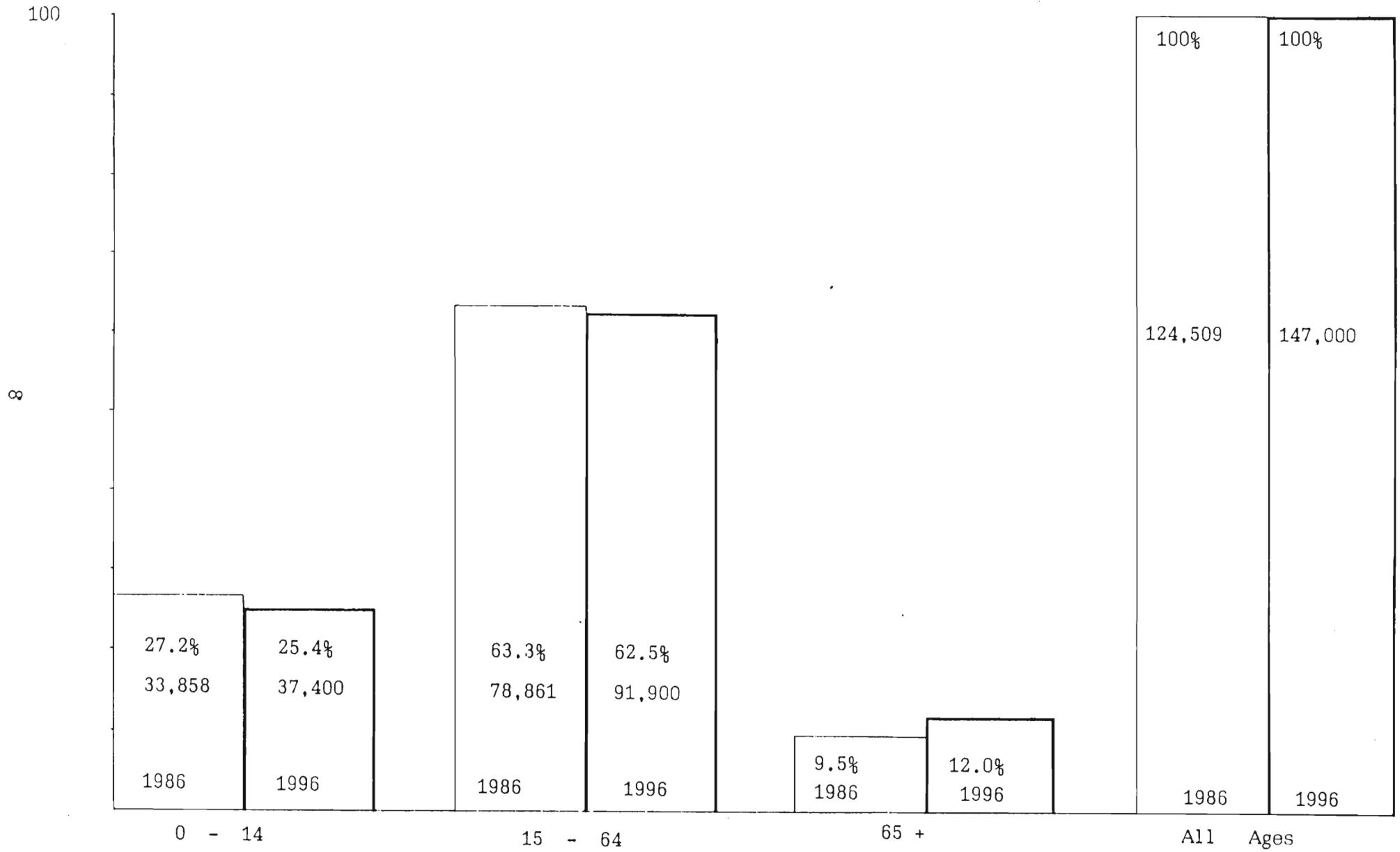
The tradition of responsibility for Elderly parents welfare today can cause frustration and heartbreak to both children and parents. Families that have moved to find employment, maybe in a large city or even worldwide are expected by the Elderly to return to perhaps a rural tribal area to be responsible for parents, with no prospect of employment in that area is causing a break in this tradition at times.

In Maori society, the Elder comes to the fore to dominate and control the Tangihanga or commonally called the Tangi ceremonies. The responsibilities of the Elderly men and women are clear cut and fixed in traditional roles, complimenting each other.

A ceremony of ancient beliefs in natural and supernatural worlds, the destiny of man. The affirmation of cultural values, the inevitability of death, as an incident in the past, present and future. Elders, along with other family members travel long distances to attend and participate in the tangihangi, for the catharsis is the soothing and relieves stress and fear. Aged Maoris embrace their religion seeking divine protection and guidance even from before pre Christian settlement in New Zealand and this is responsible for the manner that aged Maoris face death with dignity, calm and fortitude.

A recent development that the Maori Affairs Department along with the Local Body Authority in a rural situation has developed, is the building of small home units in rural situations for Elderly Maori people. These are called Kamatau Flats. In Northland, they have been built in the Hokianga and in the Manganui County in the far North.

THE CHANGING AGE STRUCTURE OF NORTHLAND'S POPULATION



POPULATION PROJECTIONS.

Age distribution of the population is projected to undergo significant changes in the future. Nationally there will be less in the younger age group, more in the working and elderly age groups. Population as a whole will become older. By the year 2021, $\frac{1}{2}$ the population will be over 41.2 years as compared with the median of 29.4 in 1985.

These projections are on a nation wide basis but are even more important to Northland in designing services for the Elderly age group. Northland along with Auckland and the Bay of Plenty are the fastest growing population regions in New Zealand. Whereas Auckland's increase is related to the Birth Rate and the very fast growing Pacific Island Population, Northland and the Bay of Plenty have the increases projected only in the Elderly Age group of the population, for the next 15 years. The mild winter climate of Northland as well as being geographically closest to the greatest areas of urban population of New Zealand, help to produce factors increasing the Elderly Age Group.

Some parts of Northland have a population with more than 50% being of Maori Descent, and overall in Northland 25% are of Maori Descent. These figures are only exceeded by the East Coast region of the North Island. Life expectancy for the Elderly Maori is increasing but the mortality rate for them is still less than non Maori people.

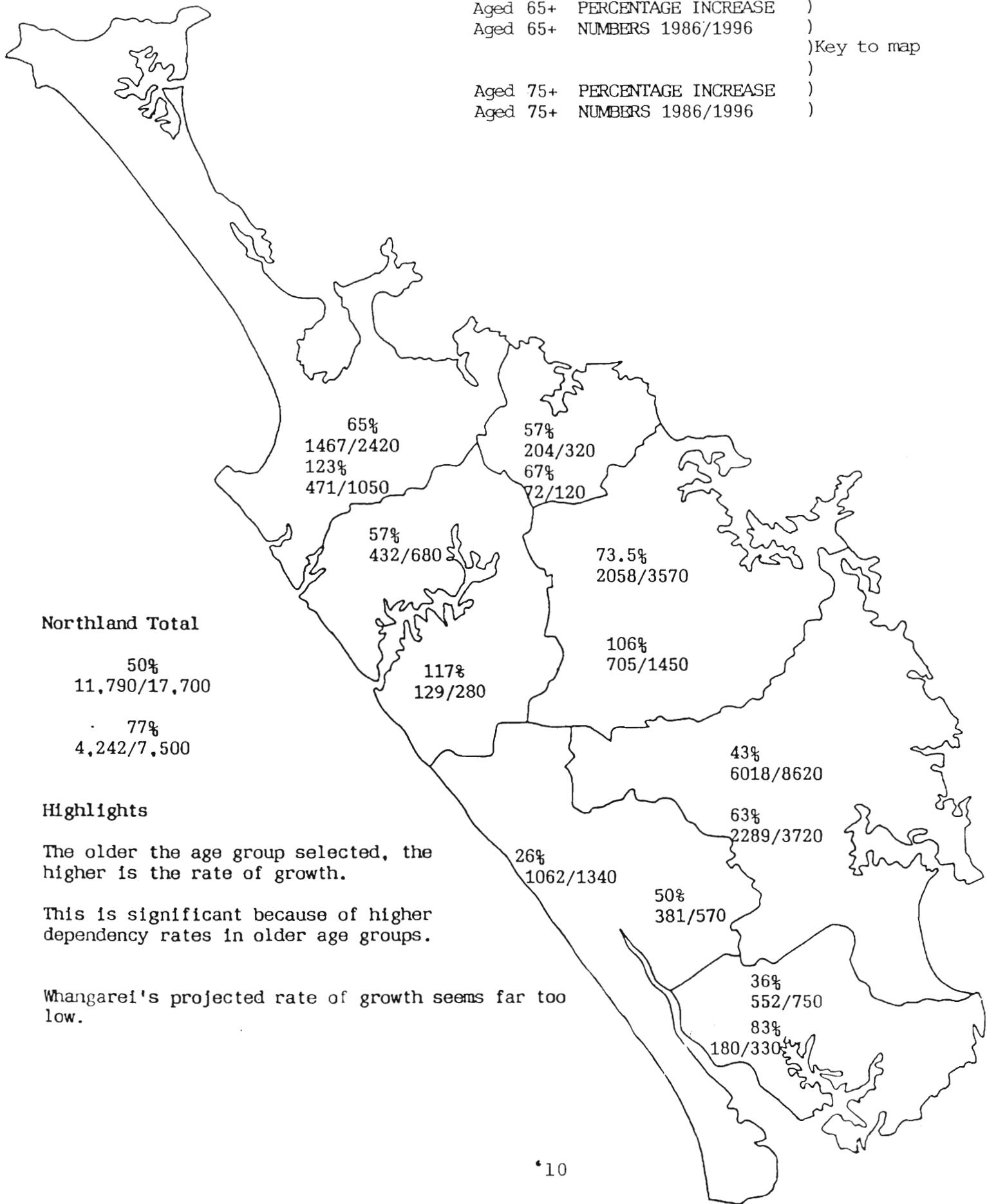
In Northland the projected increases are,
65 years and over, 71% for 1986-2006, more than twice the national average,

75+ years 119% for 1986-2006.

Both these sets of figures show that services and provisions that are available for the Elderly in Northland now, will if extended in every avenue will be under maximum strain for the future period up to the year 2000, and on into the first decade of the next Century.

PERCENTAGE GROWTH IN THE ELDERLY POPULATION 1986 - 1996
(Medium Projection)

Aged 65+ PERCENTAGE INCREASE)
 Aged 65+ NUMBERS 1986/1996)
)Key to map
)
 Aged 75+ PERCENTAGE INCREASE)
 Aged 75+ NUMBERS 1986/1996)



Northland Total

50%
11,790/17,700

77%
4,242/7,500

Highlights

The older the age group selected, the higher is the rate of growth.

This is significant because of higher dependency rates in older age groups.

Whangarei's projected rate of growth seems far too low.

AREA HEALTH BOARD.

The Northland Area Health Board would be one of the biggest service bodies in Northland providing influencing factors governing the lives of the Elderly where care is needed.

Northland is served by one of the first Area Health Boards to be set up in New Zealand. The overall philosophy of an Area Health Board which takes in the Health Department and all related Health Services under its auspices, is to foster Primary Health Care. This means dealing and promoting the healthy individual in the broadest sense, and providing Hospital Services and Medical Services for those that require it. As against Hospital Boards elsewhere in the Country whose objectives relate only to Hospital related services..

Service Development Groups are elected people by the Health Board with knowledge and interest related to a specific sector of the Health Scene. Their role is to identify and establish Policies for the Board within the area they represent.

The Base Hospital in Whangarei along with the peripheral Hospitals throughout Northland provide Geriatric Beds for Nursing Care of the Elderly. Within the next decade a Geriatric Unit is planned. A long stay unit of 120 beds, which is proposed to meet the needs of Whangarei city and county.

The Northland Area Health Board for reasons not seemingly justified to the general public does not receive the Geriatric Hospital Special Assistance Scheme (GHSAS). This funding allows Boards to fund the difference between personal funds and the level of fees for private hospitals for people assessed as in need of hospital care. Suggestions have been made that the acceptance of this Grant may jepodise future development of the planned Geriatric Unit funding.

An Area Health Board of equivalent size, Otago does receive this funding. Once again Northland is far behind other Regions in New Zealand.

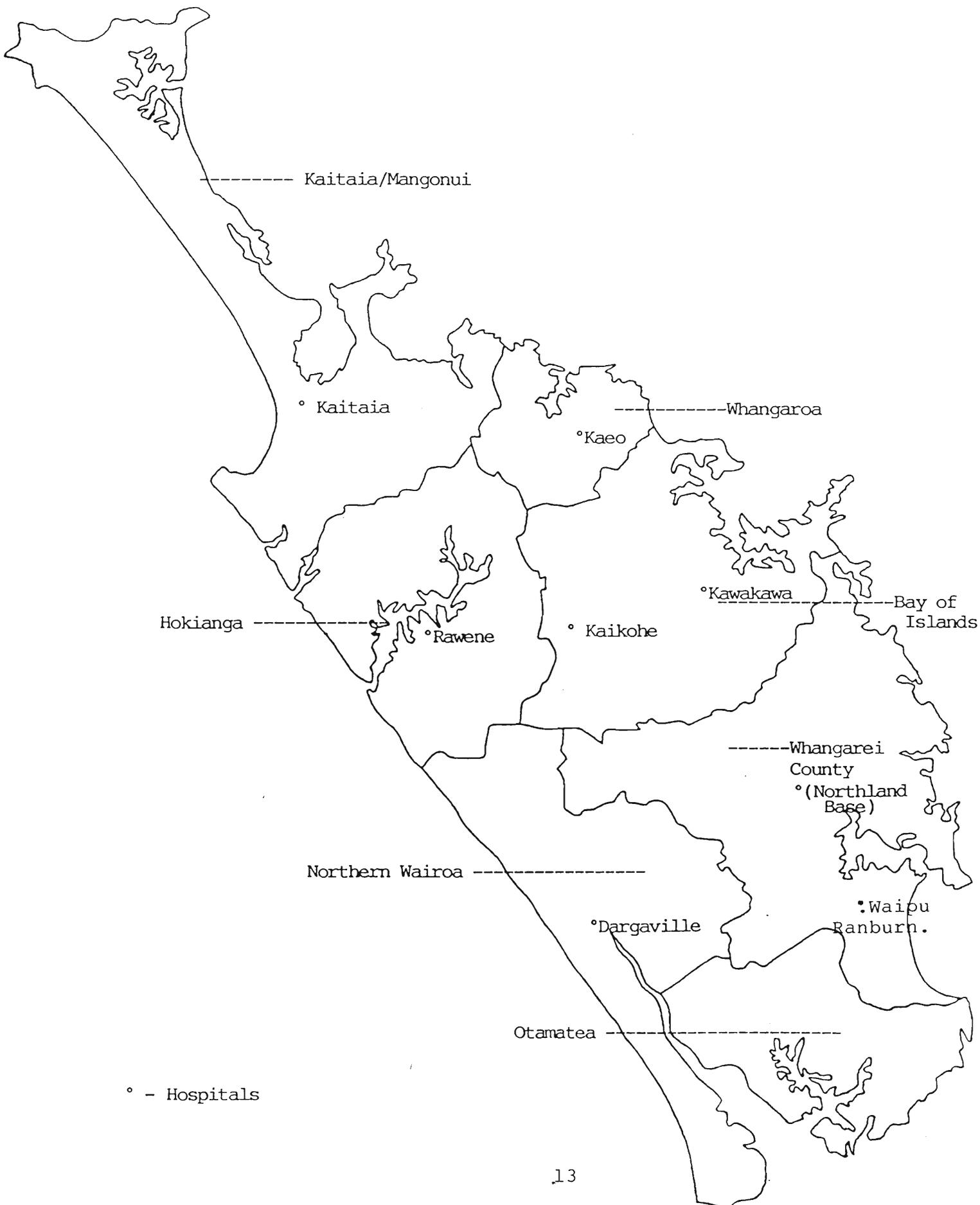
Throughout Northland the Health Boards other Hospitals all provide care for Elderly people in various levels. From Kaitaia in the Far North, Bay of Islands Hospital at Kawakawa and Dargaville. Rawene in the Hokianga and Kaeo in the Whangaroa county are in Special Medical areas where Health Services are provided free. Both these isolated rural areas have Hospitals on the proposed list for closures of small rural Hospitals. Both these places provide not only a focal point for Medical care but are a centrepoint of their rural community. The Elderly in these two areas are able to utilise the services they provide without cost to themselves apart from transport costs.

Kaitaia in the Far North also has a Home for elderly people who are mobile.

One of the concerns today in providing institutional accommodation in homes is that the age of those entering these places is gradually increasing with the fitness of today's society, and thus where once these people were able to look after themselves, the community is doing this and they are not entering 'Homes' until they are in need of care and the facilities once adequate are now not so and not keeping up with the requirements of the occupants.

In the Urban areas, District Nursing Services are attached to the Hospitals giving care to the disabled elderly. In rural areas this service is covered by Staff of the Community Health Section or organised by the District Service utilising the services of Fee for Service Personal. These services are being utilised to a maximum at the present time, but is an area which will need to develop further to cater for the increase of frail or disabled Elderly in the community as the population increases in this age group.

MAP SHOWING COUNTIES AND HOSPITALS



PRIVATE CARE FOR THE ELDERLY.

Several Private Rest Homes and now 2 Private Hospitals operate within Whangarei city. The occupancy of the newer Private Hospitals has been affected by the fact that the Geriatric Hospital Special Assistance Scheme doesn't apply in Northland. Thus a new Hospital that was set up to provide care for the Elderly in a private situation, is now a place of care for only those that can afford the costs of \$75 daily.

As mentioned the Switzer Home in Kaitaia provides all levels of accommodation from private rooms to home units in a supervised environment.

Ranburn Village at Waipu in Whangarei County is another kind of care unit that has recently been established. Ranburn was an accommodation Camp set up for Single mens use for the last phase of development at Marsden Point Oil Refinery. When this became obsolete to the Refinery Project the Village was put up for sale. Several different worth-ent while ideas and projects were floated, from a Rural Unit of the Northland Polytechnic to Pensioner Housing and a Rest Village. Ranburn was bought by a Christchurch Company and is now a complex for the Elderly. I use the word complex meaning various types of accommodation and care available in one place. Units are available for owner occupier and then without much alteration the remaining units have become an area for people to have care provided at various levels.

At first Waipu district itself was very sceptical about this ' Commercial arrangement'. Now it is being developed into an essential part of their rural community. It becomes the next step for residents of Saorsa Village where independence of unit owners is of extreme importance. The service groups providing different kinds of assistance and children being introduced to elderly frail people. e.g., Brownie Group contact.

The local Maori community seem more able to cope with institutional care in this rural setting where relief care is provided for a relative for 2 to 3 weeks maybe.

LOCAL BODIES.

The specific term I apply to County Councils and Urban Council groups in Northland. All of the County Councils throughout Northland provide Pensioner Flats within their own boundaries which are well utilised with waiting lists for occupancy. Ideally they are provided where access to service amenities is easy to reach, on bus routes and in amongst the general development of housing patterns, so as not to isolate them but make them an integral part of the people living in that community.

Saorsa Village at Waipu, built by the Whangarei County Council, a complex of units actually owned by the occupier is a good example of this idea. Built beside a Primary school for interaction of young and old.

In designing Pensioner flats and units regrets are stated that architects and developers rarely consult with Occupational Therapists on adequate design for Elderly tenants when new ones are being built and also with suitable provisions for disabled tenants.

Bus services with Pensioner rates for travelling is a local body service. Financially they can provide installment payments for ratepayers. Power Boards may also be paid in instalment manner, both to benefit the Elderly Pensioner.

ACCOMMODATION AND HOUSING.

Throughout Northland where the Elderly are independant, the majority still have their own properties. With the influx of retired people into selected areas, eg, coastal regions, they are able to cope with their own properties. This new retired group, the young elderly have the ability to provide housing and self caring needs.

There is a migration from rural farm life to urban areas or small service areas to be closer to amenities, but usually this change in life style has taken place at a pre-retirement age group to allow for employment of one or both partners for a short span of time in a lighter sedantary occupation. Thus making way for a general easing into a retirement situation. In todays economic climate this type of change may be in quite a different pattern with the job market closing for this age group.

Northland geographically has created patterns and types of elderly settlement and provisions have been created for them in these areas. Throughout Northland as elsewhere in New Zealand housing can be divided into;

1. Own Home.
2. Unit or Flat , owned or rented.
3. Retirement Village.
4. Granny Flat or Family accommodation.
5. Pesioner unit or Council Flat.
6. Rest Homes and Institutional care.

The newest development in the accommodation field for the Elderly is the Retirement Village Complex and it is the financial Elderly which are able to utilise these schemes. Antagonists of these complexes see them as a totally business venture, out to succour the funds of their residents and use the term Geriatric Ghettos to describe them. Some Medical Professionals are against them also seeing them as an unnatural way of grouping society, in that intergration of all age groups in a community is very important.

Residents themselves live there in most instances from choice and once adapted to the environment like the features these complexes can provide. The company of their own age group, the 24 hour care that can be obtained, and the responsibility removed from family members are all points these residents raise, as well as not having the responsibility of maintenance of a property. Thus maintaining independence in a somewhat supervised environment. A large financial outlay is required to obtain a unit and then weekly payments for service etc are required. One resident stated, you can't take your money with you so we may as well enjoy and benefit by what we have.

Retirement complexes are usually commercial enterprises and are being developed in areas where commercial viability can be seen to be obtained. Kerikeri and the Bay of Islands provide these types of accommodation.

The traditional Home is the accommodation of choice for the majority of elderly people, until the time comes when it is unmanageable. The familiarity, memories, gardens are all on the positive side for remaining in their own homes.

Change can be brought about by the problems of maintenance, both structurally of a house and in a garden, the financial burden that a home can become through higher rating and the diminished financial resources. Size and emptiness of a house, and pressure from relatives can also influence the need to change to smaller surroundings. Development of physical disabilities too is another cause for change.

The Unit type home provides smaller size in home and garden which gives a sense of independence and control over their environment as it is within their physical capabilities to manage.

Society today does not lay emphasis on including the aged family member in the modern home and life. It is not seen nearly as often to have the Grandparent as a member of the household. The Granny flat type unit in some instances accommodates the Elderly person close to the family.

Maori society has entirely different expectations in this respect, where it is the extended family's responsibility, to provide a home for the Elderly member.

THE CARERS

Husbands, wives relatives, friends and voluntary agencies, church groups, all come into this category. Each of us knows somebody who at some stage of their life has required to be totally dependant on someone else for all their needs. We enter life in this manner and a percentage of us will be totally dependant at the other end of the life span. More of the population are living further into the 70+ year span and on into the 80's. By the time 85 years evolves a third of those living will have diminished mental powers. These figures were quoted at a conference held earlier this year in Tauranga for Alzheimers Disease and related Disorders. (ADARDS).

A special curse descends on husbands and wives caring for demented partners. The person being cared for, unaware they are an endless burden, is unable to say thank you because they have no awareness of events around them and they are completely unable to offer companionship or conversation. Where the person has physical disabilities the responsibility of caring is no less greater but mental attributes are not diminished and therefore in most instances companionship can be maintained.

Because today's society is evolving a more healthier Elderly person, more of us are going to reach these years when this sad predicament may and will develop. The call, 'who cares for the carer', in these instances is very relevant, and voluntary and social agencies are going to be used to the maximum.

Where a person is being cared for in a family home situation, a benefit can be obtained which allows the person to be cared for in a suitable institution or home for up to 28 days each year, thus allowing the carer breathing space and relief from the never ending responsibility of 24 hour personal care.

For the carer, it is often apparent that all the financial subsidies and avenues of relief, eg supplies of appropriate nursing equipment, are not well known and made available. Publicity through Social Welfare Department and the Medical Professionals would be avenues to assist in this education.

Education for the carer and voluntary personal in the needs of the Elderly in basic and understanding are being promoted through the community. The St Johns Ambulance Society, the Northland Polytec, and at Waipu at Ranburn Village these educational programmes are being carried out.

The family is the caring group that the Elderly value the most because of the emotional bond and its ability to cope with the unexpected and the widest variation of need.

Demographic and Employment trends do not reveal what is the onerous nature of the burden placed on many family members who support and care for Elderly relatives.

The Church and Religious groups and Friendly Societies take a responsibility towards the Elderly needing care.

Churches of course, provide spiritual care and needs for those who require comfort and tendering as life draws to a close. Their responsibility extends beyond this, to provide a network of social and welfare responsibilities to those who are within their membership.

Church Groups and Societies also provide Retirement Villages, Hospitals, Homes for Aged People as part of their pastoral and caring responsibilities.

PROFESSIONALS.

This group of people are those which provide an important input and influence for the well-being of the Elderly and most are in the Health related sector.

The General Medical Practitioner provides the first assessments necessary where perhaps physical and mental deterioration are evident, however minor. Elderly people today are still in the era of respect where a Doctor's word and advice was infallible and no decision ever questioned. Changing times have done away with the interaction of Doctor and patient in his own environment unless the person is bedridden or housebound. This personal visitation does away with a secondary purpose of a home visit where the Doctor can assess home conditions without anything being said.

For the future generations of Elderly, questioning of medical practises will be evident. The development of alternative medicine and holistic care for these people will be evident. The subsidiary Health Professionals, eg, Physiotherapists, Dentists, Podiatry care, (chiropractors) are all services to be utilised by this age group. Dentistry, is a field of further development as never before have so many Elderly people maintained their own teeth. Those that provide facilities for the betterment of sight and sound are also very important for the independence of the Elderly.

The services the Legal Profession provide are of extreme importance as a factor to affect the Elderly. The writing of wills, dispersing of property and assets and everyday legal matters can cause great concern if these professional services are not readily accessible to a person. The Public Trust Office also provides for servicing of wills.

The Elderly in some instances feel the need is lacking for independent advisors to be available to assist with legal and related matters. The qualified Social Worker fills this role but unfortunately does not seem to be available as a community worker unless attached to a Hospital Service or through the Social Welfare Department.

DAY CARE CENTRES.

These centres provide on a daily basis facilities for the aged and handicapped group. They are provided by the Area Health Board and also in Whangarei there is one run in conjunction with the Kamo Home for the Aged which is under the auspices of 'Northland Support', Presbyterian and Methodist Church Services.

The aim of Day Care Centres goes in 2 directions.

First, they provide an opportunity for an Elderly person to get out of his home surroundings, to meet and socialize with other elderly people, also providing physical and mental stimulation.

Secondly, provides an outlet for the 'carer' to be free for a day, and in some cases the actual carer is the person in need and the release of the elderly dependant person to the centre secondary for the well being of the 'carer'.

With the development of greater Elderly population, the need for this type of centre is going to be increased. Welfare authorities must be able to supply this need to help promote the caring for an individual in the community and not in an institution. Thus not drawing on the massive financial resources of Health Authorities to have to house and feed Elderly people needing care.

An important point raised at the Day Care Centre I visited was the need filled by the Staff of these places of being an independant arbitrator to the Elderly person. Often they want help with finances, medical problems but are not prepared to involve family members or friends. The Staff can provide help, a listening ear for the problems or worries, and being familiar with the Social Agencies know the right avenue or approach to deal with the situation. It was found that they did not like to think their independance was being encroached upon, and were often not aware of benefits and services available to them.

In todays society of computers where one is listed as a number on a tape, unless that specific number is punched into the system a person can easily be lost in the system. Previously, filing card systems which being moved around made an appearance for an individual and thus perhaps an update to services needed.

A service this Day Care had instigated was the visiting of the Community Constable who became familiar to the Elderly people and known by name. This gave them confidence to call by telephone with problems and concerns they had. The Constable became a known voice and face which was important to the Elderly community for their confidence.

All day care centres are very reliant of voluntary support from the Community. Transport and daily assistance with the running of the Centres is utilised. The 'Welderly' being a valuable source of labour.

The Centres seem to run on a shoe string budget, calling once again on the community for donations of equipment and goods to service the centres. A daily attendance charge covered the cost of attendance, covered the cost of lunch, morning and afternoon teas at the private Care Centre I visited.

This type of Centre must be seen as an important part of any community developments for the Elderly. Local Body authorities must be made aware of their valuable contribution to keeping Elderly frail or disabled person in the community at large.

Civillian Maimed Centres have developed throughout Northland. They provide similar type of support for disabled and elderly people. In these Units are a much wider age group of people who are disabled or in need of Social contact. These centres are run on a voluntary basis with a dedicated enthusiastic group of people who help at the weekly sessions. These centres do not require referral for placement, which is required for the previous day centres mentioned.

VOLUNTARY SUPPORT GROUPS.

In Northland, as in other communities throughout this country there is a massive support network of different Voluntary Agencies providing Social, Educational and Medical support of all kinds to the Elderly. These Agencies work in some instances with established Local Bodies, are Branches of National Organisations or are individual groups set up in a community to fill a need which has been recognised.

Throughout Northland this group of givers is diminishing for 2 reasons.

1. The age of givers itself is fast approaching the age of receiving, and population numbers in the following age group are less.
2. The majority of adults in the younger age group are all employed and therefore unavailable to take part in daytime voluntary roles.

To continue to run some of these essential services Local Bodies will have to come to terms with providing financial assistance for them to carry on. In terms of this statement the Meals on Wheels Service where voluntary groups provide a delivery service for food prepared by Hospital Kitchens is an example. On a daily basis those eligible get a hot meal delivered for a minimal fee. Time and effort of the Voluntary Deliverer not taken into account.

Medical Support Agencies are in most instances set up not just for the Elderly. They are a multitude of different groups with Specific concerns to which the Elderly can turn to. eg, Royal Foundation for the Blind, Deaf Association, Arthritis and Rheumatism Foundation, Multiple Sclerosis Society, Hospice Group, Strokees Club, Asthma Society, Diabetic Support Group, Mental Health Foundation, are just a few of such groups giving support in Northland.

Social and Welfare Agencies are operating for the benefit of this age group. Old Folks Association, Widow and Widowers Association, Red Cross Society, Returned Services Association, Friendly Societies, all in some way provide support, entertainment, and social opportunities for their members. Sporting Clubs which Elderly people join in, also provide an important link of contact with one another.

In Whangarei, the Citizens Advice Bureau acts as an important link co-ordinating requests and concerns of elderly people requiring help.

'Aged Concern' with a New Zealand wide network and a direct line to the Government as it is recognised as the official Spokesgroup for the Elderly in New Zealand has a very active branch operating in Northland. Members of the committee are representatives of medical, social and concerned people active in the welfare of the Elderly.

In Whangarei itself, they operate a network of helping services from home activities to aid in financial and legal matters. 'Aged Concern' operates on matters of local and national importance. Three major concerns of the group are, loneliness of the Elderly, poverty and indiscriminate funding from national sources to this group of people.

FINANCE.

Apart from a person's Health, the biggest concern for elderly people is their financial situation and its effect on their daily living pattern.

National superannuation as administered by the Social Welfare Department is a factor which influences the lives of Elderly people as this is the relied on source of income to the majority of people for the latter years of life.

National Super as colloquially known available on turning 60 years of age to everyone ordinarily resident in New Zealand. Certificates of birth, marriage, identification, are necessary provisos to the application form.

The Social Welfare Department also administers several other funding sources and Benefits which are available to the Elderly where income is of limited means or for disability reasons. These are,

- Accommodation allowances
- Disability allowances
- Special Benefits
- Special Needs Grants
- Advance Payments
- War Pensions and Benefits.

Welfare Services are available through this Department as well.eg, Housekeeping Services. The Accommodation Benefit is also available to Old Age Beneficiaries where rental costs are high.

At a recent Hui held in Whangarei at the Porowiri Marae organised by the Social Welfare Department, the programme that involved the Elderly section of the population noted that this age group were often not aware of all they may be entitled to, and the necessary provision for updating of Benefits where personal incomes diminish and physical disabilities increase allowing financial disability allowances to increase.

New Zealand was an early provider of Pensions for the Elderly. The first Old Age Pensions Act of 1898 was provided for these reasons, belonging and need, merit and contribution to New Zealand life.

For 40 years up to 1977 Age Benefit, Universal Superannuation provided an income tested benefit at 60 years and an untested (initially) small universal provision at 65 years. Those provisions and the short lived occupational Social Insurance Pension arrangements which had been instituted under the Labour Government were then replaced by National Superannuation at 60, as it is today, funded on a pay as you go basis, out of current taxation revenues.

This is a generous scheme and the intention that the Elderly should be guaranteed sufficient financial independence to participate in Society in much the same way as those in the workforce was reflected in the linking of Superannuation to wage levels. The scheme immediately captured wide public support. Now, with economic downturn of recent years and depressed position of New Zealand, attention has been turned to whether the scheme as it now stands is affordable.

National Superannuation currently absorbs \$3.8 Billion, or over 1/6th of the budgetted expenditure through the Consolidated Account. Of more importance is the message of demographic projections of the bulge in the numbers of the Elderly, as those born on the post war 'baby boom years' between 1945-1960 reach retirement age as we near the year 2000, will leave a proportionally Elderly population to be supported financially by a proportionally smaller workforce.

Today the rapid changes being brought about in the economic field and changes to the role of the Government as a benevolent institution will bring changes to previous pre-conceived ideas for the financial support of Elderly people.

Capable Elderly people should not be denied the right to work or threatened with the loss of pension rights if they choose to continue active employment either fulltime or in part time situation. Pension age should not be confused with the right of retirement. The aim should be to provide each individual maximum choice and flexibility about how much work is done according to health and personal preferences.

Discrimination in employment on grounds of age alone is not warranted in a 'fair and just society.'

The other aspect of Finance of course relates to personal income, savings, and personal and occupational superannuation schemes. Discussion is taking place as to whether these programmes should be built into the overall State supported arrangements and funded in part through tax subsidies.

Another aspect of personal finance is an unaccountable one when assessing for the future in relation to the inflation rate of the dollar and how much it changes the value of personal saving plans.

The development of Tax Surcharges by this Labour Government on personal incomes comes as a pill hard to swallow. These surcharges were made on amounts over \$7800 for a single person and \$13,000 for a married couple commencing from April of this year, The tax covers incomes from Pensions and Superannuation from past employment, wages, Interest/Dividends of more than \$200 yearly, rents and other business incomes. Not included are savings but interest from these savings accounts is included.

FUTURE HORIZONS.

Most Elderly people want a fair balance between the independance which gives a sense of dignity and is theirs by right and the security of knowing that they will receive the care and support they need in times of illness or stress.

With the increase of Elderly population for the last decade of this century and into the year 2000 all society must be made aware now of the implications that are being foreseen and forecast. A Health Department Document with projections for the year 2000+, indicates that future generations will not be able to utilise Public Hospital beds or care for the Elderly. This sector of care is planned to be thrust upon the private sector and financial responsibility is being excluded from the Health Department or Area Health Boards and being entrusted to the Social Welfare Department.

The Royal Commission on Social Policy recommends for the future a 2 tier policy be developed for National Superannuation. The first level payable at 65 years and be income tested. The second level available at 68 years as a Universal superannuation. A further payment is a possibility where age brings frailty and frailty extra expense. This new extra payment in the 80+ Age Group. These changes in the Report are envisaged in a phasing in period in the next 10 to 12 years, 1995-2007.

If the people of Northland, as well as the rest of New Zealand are to enjoy certainty and security in late life, their planning for retirement and these years ahead must be assured with what State provided Superannuation will be available. Political concensus is of vital importance.

To conclude we all will enter and pass through this stage of life whether we like it or not.

We all have Elderly relatives or friends in this age group, and I wonder how many of us are really concerned and informed of their Welfare and Needs, within our own environment or family circle where ever they may live.

We need ourselves to be actively aware of all the factors I have mentioned in this resume as we ourselves in the not too far horizon will be the recipients of this support and care.

BIBLIOGRAPHY.

Draft Strategic Plan 1987-1997. Discussion Document.
Northland Area Health Board. December 1987.

The April Report.

The Royal Commission on Social Policy. April 1988.

Volumes II. Future Directions.

Volume IV. Social Perspectives.

HEALTH Needs of the Elderly. Gill Garrett. 1983. MacMillian

Towards a Better Age.

Planning Document of the Health of the Elderly Service
Development Group. Northland Health Services Advisory
Committee.

Ageing in New Zealand.

Report to World Assembly on Ageing, 1982.

Department of Health, 1982.

INFORMATION PAMPHLETS AVAILABLE.

Starting Points. Produced by Department of Health and Social Welfare. 1988.

National Superannuation. SW 408.

Your National Superannuation. SW 424.

War Pensions and Allowances. SW 423.

Accommodation Benefit. SW 414.

Disability Allowance. SW 418.

Subsidies for Voluntary Welfare Organisations. SW 431

Income Tax Surcharge on National Superannuants. Inland Rev 262.