

The impact of COVID-19 on the wellbeing of older people in Aotearoa New Zealand

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A report issued by Te Hiringa Mahara - the New Zealand Mental Health and Wellbeing Commission.

Te Hiringa Mahara wishes to thank Dr Mary Ann Powell, who lead the research and writing of this report.

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Te Hiringa Mahara - the New Zealand Mental Health and Wellbeing Commission - was set up in February 2021 and works under the Mental Health and Wellbeing Commission Act 2020. Our purpose is to contribute to better and equitable mental health and wellbeing outcomes for people in Aotearoa New Zealand.

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The mission statement in our Strategy is “clearing pathways to wellbeing for all.” Te Hiringa Mahara acknowledges the inequities present in how different communities in Aotearoa experience wellbeing and that we must create the space to welcome change and transformation of the systems that support mental health and wellbeing. Transforming the ways people experience wellbeing can only be realised when the voices of those poorly served communities, including Māori and people with lived experience of distress and addiction, substance or gambling harm, are prioritised.

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Executive Summary

The views of older people, heard through community and advocacy groups, survey data and qualitative research studies, provide rich insights and understanding into the impacts of COVID-19 on the wellbeing of older people in Aotearoa.

Older people were generally doing better than other groups during the initial lockdown and elimination phase of the Government response to the COVID-19 pandemic.

In 2021, older people were more likely to report greater wellbeing, social connectedness, a sense of belonging and life satisfaction, and less likely to report feelings of loneliness, psychological distress, discrimination and material hardship, than the total population. Older people continued to have trust in the Government and many felt well supported and protected by the Government response to COVID-19.

Māori older people played a key role in community resilience

While the Government response was generally viewed positively, Māori leaders were critical of the 'one size fits all' approach that was taken. The health and wellbeing of kaumātua was protected through hapū and iwi responses, which included kaumātua, and served to off-set some of the pre-existing inequities in support. Māori hauora (health) or social providers utilised marae to support Māori, and care packages for older people were prioritized.

Lockdowns presented significant challenges to tikanga Māori, including not being able to engage in formal activities on the marae or participate in tangihanga, and not having close contact with whānau. However, kaumātua collaborated with whānau to mitigate these and other impacts of COVID-19, and were at the centre of community resilience during lockdown. Kaumātua had frontline and leadership roles in the pandemic response, such as checkpoints intended to protect health of whole communities, and kaumātua were active in creating and delivering kai and care packs to others, and adapting tikanga.

However, older people were not doing as well as they had prior to the pandemic...

Older people were more likely to feel lonely in 2021 than they had prior to the pandemic starting and had less face-to-face contact with friends. Some factors appear to exacerbate the likelihood of loneliness, including living alone, geographical and social isolation, and tension in family and whānau relationships. Anxiety and poorer life satisfaction also appear to worsen when new cases of COVID-19 were recorded in the community.

These concerns are reflected in the dramatic increase in calls from older people to Depression, 1737 Need to Talk, Gambling, and Alcohol and Drug Services telephone

helplines at the start of the pandemic. While the number of calls has fluctuated since then, the number has not returned to the lower pre-pandemic rate

... and in some respects, older people are doing less well now than they were earlier in the pandemic.

Communities and advocacy groups report that the freedom enjoyed by most people as safety measures have been removed is not experienced in the same way by older people. For a significant minority of older people there is a long tail of issues: feelings of anxiety and fear continue to be a challenge for older people; many are reporting anxiety about leaving the house, and a reluctance to socialise or be around others for fear of contracting COVID-19; some older people are voluntarily self-isolating due to existing health conditions.

Advocacy groups report worries about older people's wellbeing and mental health, with increased anxiety and fear of leaving their homes, and concerns about increased isolation, alcohol harm, addiction, and suicide.

The pandemic has highlighted the resilience and contributions of older people, as they engaged in opportunities to improve wellbeing for themselves and others.

Older people worked hard to remain socially engaged, contributed to society's efforts to get through the pandemic, and defied ageist stereotypes that portray them as fragile, vulnerable and weak.

Older people were aware of the needs of others in their communities, and redistributed supplies to support others who had financial hardship, including through job loss due to lockdown restrictions.

Older people in Pacific, Chinese and Korean communities had frontline and leadership roles in the pandemic response. Older people developed their own solutions and strategies, with many experiencing fewer disruptions and economic impacts from the pandemic than other age groups. Indeed, many older people reported enjoying the initial lockdown time.

Most older people are successfully keeping in touch with family and friends through a range of means. Older people expressed a sense of connection and belonging through neighbourhood interactions and support from specific community groups, including Pacific and Asian church groups, and marae.

But those who had struggled before COVID-19 reached Aotearoa continued to struggle, and for some the struggle worsened.

Residents in aged residential care, for example, struggled with social isolation and loneliness, with visiting restrictions and the lack of contact with family. The pandemic exacerbated existing inequities such as socioeconomic hardship in communities who were already struggling, including Māori and Pacific communities, and older people living with material hardship had increased anxiety and depression.

A range of challenges were faced by older people to have what is needed, including accessing food and necessities, and support and health services. Home-based care services were disrupted during the lockdowns, exacerbating an already stretched system and placing a great deal of stress on older people. Community groups, family, friends and neighbours were important sources of support. Housing challenges that had existed prior to the COVID-19 pandemic continued, with additional pressure experienced as people entered into housing 'bubbles' through necessity and beyond their choice and control.

Discrimination increased over the course of the pandemic, which impacted on older people, particularly members of Māori, Pacific, Asian and other ethnic communities. Asian migrants in particular experienced discrimination directly related to COVID-19 and social exclusion. The pandemic has increased ageism, with older people being largely framed in public discourse and the media as vulnerable, less adaptable and a burden on the rest of society. While older people appreciate the protective Government response, the framing as vulnerable and at risk has been a source of frustration for many.

Introduction

This report presents the findings of a project commissioned by Te Hīringa Mahara to develop a deeper understanding of how the COVID-19 pandemic has impacted the wellbeing of older people. Knowledge gained from a range of sources has been synthesised to consider the wellbeing of older people in Aotearoa through the lens of the He Ara Oranga wellbeing outcomes framework. This shines a light on experiences and views across a range of domains, incorporating te ao Māori and shared perspectives, to provide insights into what we can learn and what we could do differently to enhance the wellbeing of older people.

Older people are an important and growing part of Aotearoa New Zealand society. When the COVID-19 pandemic arrived in 2020 there were 791,900 people aged 65 years and over,¹ and there are likely to be 1 million older people by 2028 (Stats NZ, 2022a).² Despite being a significant proportion of the population, older people as a population group do not universally enjoy good wellbeing and mental health. Some older people have particularly poor wellbeing on account of systemic inequities, multiple and complex co-existing issues, and the likelihood that fewer older people will access support services (Government Inquiry into Mental Health and Addiction, 2018).

The significant challenges that the COVID-19 pandemic presents to older people are therefore of great concern. From the outset of the pandemic, a range of potential risks for older people were identified by the Ministry of Social Development. These included the risk of severe or fatal health consequences from contracting COVID-19; greater likelihood of facing social disconnection, isolation, loneliness through lockdowns and periods of self-isolation; reduced access to health services and providers; and higher risk of experiencing neglect or elder abuse, particularly financial abuse (Anderson et al., 2020). The media coverage of the early days of the pandemic reflected these concerns, portraying older people largely as vulnerable and in terms of biological and epidemiological risk, and psychological and social risk (Morgan et al., 2021). This dominant narrative of risk and vulnerability took hold in Aotearoa and protection of older people, along with others considered vulnerable such as those who are immunocompromised, has been a key feature of the Government response and public health messaging.

The COVID-19 pandemic is uncharted territory, with responses needing to be both swift and agile. As it has unfolded, with the development of protective measures

¹ In this report 'older people' refers to those people aged 65 years and over, unless otherwise specified.

² In July 2022, the population of older people had grown to approximately 842,000 people aged over 65 years, with population projections indicating that this will continue to increase and likely reach 1 million by 2028. <https://www.stats.govt.nz/news/one-million-people-aged-65-by-2028/>

including vaccines and the emergence of new variants, there has been ongoing assessment and recalibration of the responses and restrictions put in place to protect communities. The responses progressed from the introduction of a four-level Alert System, with a nationwide lockdown and declaration of a National State of Emergency in March 2020, to the COVID-19 Protection Framework 'traffic light' system in December 2021.³ The Protection Framework was subsequently removed in September 2022, with the remaining restrictions eased, such that mask-wearing and isolation of household contacts was no longer mandatory, and vaccine mandates and traveller vaccination requirements ended.

The removal of the Protection Framework was a major milestone and signalled a sense of control, with less cause for uncertainty and greater confidence, hope and optimism (New Zealand Government, 2022).⁴ However, for many older people, there is a sense of threat and ongoing concern, grounded in the very real risks associated with COVID-19 and the distressing impact of the pandemic on older people. In terms of physical health, while the impact has been much less devastating in Aotearoa than other countries to date,⁵ it has impacted disproportionately on older people – over the course of the pandemic more than half of the people hospitalised for COVID-19 in Aotearoa and over 95% of the people who had COVID-19 when they died were 60 years of age and over (Manatū Hauora, Ministry of Health, 2022).⁶ Other impacts of the pandemic are less visible, but distressing and debilitating for older people, nonetheless.

Methodology

The overall aim of this research project was to gain insights and understanding into the impacts of COVID-19 on the wellbeing of older people in Aotearoa. To achieve this the following questions were addressed:

- What are the key wellbeing impacts, including challenges and positive outcomes, of the COVID-19 pandemic on older people in Aotearoa?
- How has the COVID-19 pandemic impacted on the wellbeing of older Māori people and those in other groups who experience wellbeing inequities (as

³ Timeline of key events available here: <https://covid19.govt.nz/about-our-covid-19-response/history-of-the-covid-19-alert-system/>

⁴ <https://covid19.govt.nz/news-and-data/latest-news/covid-19-media-conference-12-september-2022/>

⁵ For example, Scotland is a similar size and population to Aotearoa and suffered the loss of 15,500 people compared to just over 1,900 in Aotearoa.

⁶ At the time the Protection framework was removed, 13 September 2022, over the course of the pandemic, 7,301 hospitalisations out of 13,443 were people 60 years of age and over; 1,871 out of 1,962 people who had COVID-19 at the time of their death were aged 60 years and over. Over 2,000 new cases of COVID-19 were reported in the previous 24 hours. <https://www.health.govt.nz/covid-19-novel-coronavirus/covid-19-data-and-statistics/covid-19-case-demographics#age-gender>

identified in He Ara Oranga: Report of the Government Inquiry into Mental Health and Addiction)?⁷

- How could the wellbeing of older people in Aotearoa be best supported, given the findings of the research, with regard to COVID-19 and more broadly?

The methodology involved a three-pronged approach (see Appendix 1 for details):

1. Literature review – a rapid review of the literature was undertaken to address the research questions. Electronic database and online searches identified research publications, reports and ‘grey’ literature that met the inclusion criteria. Following a screening process, 27 journal articles and 17 other items from Aotearoa were included in the review. Literature from other jurisdictions was included in the search and has occasionally been referred to in the report for the purpose of highlighting particular points or filling gaps identified in understanding the Aotearoa experience. All references cited in the report are from Aotearoa, unless otherwise specified in the text. A thematic analysis was conducted, whereby the documents were coded and analysed to identify key themes. Details of the methods used to map, code and analyse the literature are included in Appendix 1.
2. National dataset analysis – analysis of relevant data from large social surveys that act as population wellbeing indicators was included in this report. Specifically, data from the General Social Survey and Household Labour Force Survey were included. A limitation of this report is that analysis of recent data is not available for all wellbeing indicators.
3. Community engagement – a critical component of the report is engagement with community and advocacy groups to ensure that older people’s voices and views are included, and to ground the report in the personal experiences of older people in Aotearoa. Information was sourced from notes taken during engagement between Te Hiringa Mahara and older people’s advocacy groups, along with face-to-face and online meetings, and email communication.

The final stage of the analysis involved writing up the themes and further considering these through the lens of the He Ara Oranga wellbeing outcomes framework (Appendix 2).

Findings

The findings of this study are organised in relation to each of the 12 domains of the He Ara Oranga wellbeing outcomes framework. He Ara Oranga provides a framework for understanding how wellbeing will be achieved from both a te ao Māori perspective

⁷ Māori; Pacific peoples; Refugees and migrants; Rainbow communities; Rural communities; Disabled people; Veterans; Prisoners; Young people; Older people; Children experiencing adverse childhood events; Children in State care

and a shared perspective that applies to all people living in Aotearoa. Key elements or descriptions of each domain are provided at the start of each domain in this report, and the full framework is attached as Appendix 2. The impact of the COVID-19 pandemic on the wellbeing of older people is evident across each of the six shared domains and the six te ao Māori domains.

Wellbeing from a te ao Māori perspective

1. Tino rangatiratanga me te mana Motuhake

Tangata whenua have told us that expression and recognition of their rights to self-determination are necessary for collective wellbeing. We recognise that the history of Aotearoa, including the legacies of colonialism and lack of recognition of Te Tiriti o Waitangi as a founding document, mean these rights have not been fully upheld.

- Te Rau Tira, Mental Health and Wellbeing Commission, 2021, p.11

Decision-making about responding to the COVID-19 pandemic was not adequately or appropriately inclusive of Māori leadership

Kaumātua are held in high esteem in Māori society and have a key role in providing leadership (Higgins & Meredith, 2011). While the Government response was generally viewed positively, some Māori leaders were critical of the decision-making approach and felt that merely being informed about the response was not sufficient, and Pacific leaders shared this sentiment (Morgan et al., 2022). The response was viewed by some, including elders, as being overly 'top down' and 'one size fits all', without having followed tika processes such as deliberative face-to-face decision-making, and inclusion of leaders in a respectful manner. For participants in one research study, the cultural inappropriateness and "illegitimacy of the government response was reinforced by the failure of government relief funding making it into the communities, because they were not informed about the process to access them" (Morgan et al., 2022, p.9). On the other hand, Asian and Pākehā participants expressed a decided lack of expectation to be included in the planning or implementation process of the community response.

2. Whakaora, whakatipu, kia manawaroa

Whānau flourish in environments where tikanga Māori and mātauranga Māori are expressed freely, te reo Māori is adopted widely from infancy, and culture and language are shared and embraced across the generations.

- Te Rau Tira, Mental Health and Wellbeing Commission, 2021, p.14

Kaumātua had a key role in adapting tikanga to mitigate the impact of COVID-19

Iwi and marae responded swiftly to the pandemic to ensure the safety and wellbeing of kaumātua and others. During and following the lockdowns, there were significant challenges to tikanga Māori involving restrictions on social contacts, gatherings and customary activities (Dawes et al., 2021). Marae decision-making process recognise the prominence of kaumātua and the responsibility they hold for supporting their people. As the guardians of tikanga (Higgins & Meredith, 2011), kaumātua were important in collaborating with their whānau to adapt tikanga and kawa to mitigate the impact of COVID-19 (Dawes et al., 2021; Keelan et al., 2021).

While there were anxieties around changing tikanga, these were mitigated by an assurance that it was the role of kaumātua to envisage the future and plan for changes to tikanga in ways that supported the next generation.

- Dawes et al., 2021, p.S32

Whaea in one study suggested the metaphor of *tewhare pūngāwerewere* (the spider's web) for understanding how Māori responded to the threat of COVID-19 (Dawes et al., 2021). This conceptualisation shows how tikanga holds and connects communities with 'webs of connection' during lockdown. Tikanga is at the centre of the web and informed the ways in which Māori interacted, made decisions and cared for each other, ensuring that kaumātua felt included, valued and safe.

The health and wellbeing of marae and communities directly springs from the health and wellbeing of kaumatua”

- Dawes et al., 2021, pS34

With kaumātua holding the knowledge, whakapapa (genealogy) and traditions (Higgins & Meredith, 2011), a particular concern for Māori was the loss of elders and knowledge holders if COVID-19 reached Māori communities and the subsequent endangering of te reo Māori and tikanga (Waitoki & McLachlan, 2022). The protection of kaumātua, meant that some older kaumātua took a step back from leadership roles (Dawes et al., 2021). Although they were not silenced, the voices of kaumātua continued to be heard when engaging informally at a social distance with whānau and neighbours, and maintaining marae and whānau contact through telecommunication and online platforms (Dawes, et al., 2021; Keelan, 2021). Te reo Māori was evident in use during the Alert Level 4 lockdown, across online digital-social spaces, from greetings and karakia, through to full-immersion discussions and teaching webinars (Waitoki & McLachlan, 2022).

While some kaumātua stepped back, for others, it was period of increased activity, as kaumātua guided whānau, communities and marae in their response to the threat of COVID-19 (Dawes et al., 2021). Some worked very hard during lockdown, for example being involved in creating and distributing kai and hygiene packs, as well as other work to support their communities (Dawes et al., 2021).

Not being able to participate in tangihanga was a particularly difficult challenge for Māori kaumātua.

A particularly difficult challenge to tikanga Māori was the inability to participate in tangihanga (Dawes et al., 2021; Moeke-Maxwell et al., 2020). Policy restrictions allowed only 10 people to attend tangihanga in Alert Levels 4 and 3, which prevented Māori from conducting timely customary funeral rites with support from kaumātua and whānau (Moeke-Maxwell et al., 2020). The decision to restrict the number of people allowed to attend was disappointing and distressing for Māori. While there was general acceptance of the guidelines, many also felt that the Government had imposed restrictions with little regard to the practices and attitudes of Māori (Dawes et al., 2021). Kaumātua were unable to participate in their customary roles and contribute to the process of care and support for their whānau (Dawes et al., 2021).

Following an initial shock and disbelief, Māori developed innovative responses to ensure the preservation of tikanga associated with tangihanga. This included standing in place on the roadside to karanga and wiri as the hearse passed with the loved one inside and calling the tūpāpaku into the urupā (cemetery), where people were present and observing social distance (Dawes et al., 2021). Meals were prepared by the whānau in advance and provided to manuhiri as they departed. Online platforms such as Zoom were used by Māori to connect and involve whānau with the events at tangihanga (Dawes et al., 2021; Waitoki & McLachlan, 2022).

3. Whakapuāwaitanga me te pae ora

Whakapuāwaitanga me te pae ora is about Māori and their whānau living with good health and wellbeing in an environment that supports them to flourish and thrive as Māori throughout each stage of their life. There are three important aspects of pae ora: Wai Ora (healthy environments), Mauri Ora (healthy individuals) and Whānau Ora (healthy families). These are all interconnected to enable healthy futures and positive wellbeing outcomes for Māori, their whānau and generations to come.

- Te Rau Tira, Mental Health and Wellbeing Commission, 2021, p.16

Responses within Māori communities helped mitigate the ‘one size fits all’ response and pre-existing inequities impacting on Māori health

At the outset of the pandemic, some Māori were critical of the singular national response and health programme, and lack of an equity lens. Although a national response was necessary, the ‘one size fits all’ approach was seen to likely exacerbate health inequities (Reid, 2020). An early example of this was the Ministry of Health’s determination that the most vulnerable to Covid-19 included people with respiratory issues and those aged 70 years and over (Manatū Hauora, Ministry of Health, 2020). Māori argued against the focus on the 70+ age group, asserting that the age for elderly Māori at risk is 50-60+ (Pihama & Lipsham, 2020).

The high degree of social cohesion within Māori communities likely off-set inequalities in support. The health and wellbeing of older Māori was protected through hapū and iwi responses, such as roadblocks and checkpoints intended to protect health of whole communities (Te Tai Tokerau, Te Whānau a Apanui, Tūhoe, Taranaki iwi), keeping kōhanga reo (which have a number of kaumātua working there) closed during Alert Level 3, prioritising the delivery of care packages to older people, and bringing together kaumātua and those with in-depth knowledge of tikanga and mātauranga Māori to adapt tikanga, such as creating online tangihanga guidelines and hosting online karakia (Mulgan et al., 2021; Pihama & Lipsham, 2020; Te One & Clifford, 2021). Older Māori people received pastoral and material support from familiar Māori providers, including Māori hauora (health) or social services who utilised marae to support Māori (Morgan et al., 2022).

4. Whanaungatanga me te arohatanga

The wellbeing of the individual is tied to the wellbeing of whānau. Expressing strengths based whakawhanaungatanga supports positive attachment and belonging, with whānau flourishing in environments of arohatanga and manaaki. Whānau and community relationships are known to be protective for Māori experiencing mental health challenges, and are likely to protect against elements of inequity that affect wellbeing.

- Te Rau Tira, Mental Health and Wellbeing Commission, 2021, p.17

A key concern for kaumātua during lockdown was not having close contact with whānau, however they maintained connections in different ways

The importance of family relationships in determining the health and wellbeing of tangata whenua is recognised in taha whānau being one of four interconnected dimensions in the Te Whare Tapa Whā holistic models of health (Cheung et al., 2021). When lockdown was on the horizon, kaumātua had concerns about not being able to

see their whānau and how their whānau would fare (Dawes et al, 2021). A survey looking at the wellbeing of Māori pre and post lockdown found that more than one in four respondents (25.4%) said whānau relationships were put under stress due to the pandemic, most commonly from lack of connection with whānau outside of their 'bubble', particularly noting kaumātua who were not able to see their mokopuna (Houkamau et al., 2021).

For many older Māori the worst aspect of lockdown was missing kanohi-ki-te-kanohi (face-to-face) interactions with others, especially their mokopuna (Dawes et al., 2021). The inability to meet on the marae, and to be involved in whanaungatanga (relationships) and the sense of belonging that whanaungatanga engenders, was felt to be a loss (Dawes et al., 2021). During tangihanga there was much sadness for kaumātua at not being able to support whānau, express their love for those who had died and physically awahi the grieving whānau, as well not filling their role in providing cultural advice and planning for the tangihanga (Dawes et al., 2021; Moeke-Maxwell, 2020).

Kaumātua maintained connections with whānau and others through active social networks during lockdown: phone calls, text messaging, Facebook, messenger and Zoom provided effective alternatives to visiting in person (Dawes et al., 2021). Some older people also saw lockdown as contributing to improved whānau relationships, with more contact than usual with whānau living in other parts of Aotearoa or overseas (Dawes, 2021). The uptake of unfamiliar technologies was sometimes helped by the support of younger whānau, either living in the household or over the phone. Older Māori reported over-the-fence conversations with neighbours, and safely distanced interactions with whānau leaving shopping on the doorstep or calling from the road as they passed by (Dawes et al., 2021).

Kaumātua were at the centre of stories of community resilience during lockdown

Māori stories of the lockdown are ones of “action, leadership, organising, and of a community coming together to support each other. They are stories of positivity and resilience, with kaumātua at the centre”

- Keelan et al, 2021, p.117.

In one community, for example, “Feed the Pā!” became a catch cry that demonstrated resilience. Feed the Pā was an initiative facilitated by kaumātua, who led a process for distributing food to the village, with the marae being the central hub for collection and distribution of care packages. This provided food as additional support for those who needed it, as well as allowing social contact with older people who might need that (Keelan et al., 2021).

Such communal cooperation and (re)distribution of food and resources reinforced community belonging (Morgan et al., 2022). Kaumātua in rural areas described strengthened community connections through a regional rāhui (restriction or prohibited activity) during lockdown, established by Māori community leaders to protect the community from COVID-19 being spread by tourists and other tauīwi (Morgan et al., 2022).

5. Wairuatanga me te manawaroa

Wairuatanga or wairua and connection to the environment and caring for it are important aspects of Māori culture, both intrinsically and as a way of connecting to and expressing culture. [...] these aspects demonstrate manawaroa or resilience that is culturally guided and defined.

- Te Rau Tira, Mental Health and Wellbeing Commission, 2021, p.19

Around the world, Indigenous leaders expressed concern at the potential loss of wisdom and knowledge posed by the pandemic (Waitoki & McLachlan, 2022). This was expressed in Aotearoa too, as concern at the potential losses: of knowledge of tikanga and whakapapa, of those able to maintain the whakapapa lines, and of identity and whanaungatanga needed in times of stress (Keelan et al, 2021; Waitoki & McLachlan, 2022). During lockdown, elders shared regular gardening advice and online seminars were held about traditional gardening practices, including lunar planting knowledge (Waitoki & McLachlan, 2022).

6. Tūmanako me te ngākaupai

For whānau to experience wellbeing, they need to be confident that life will continue to improve for them and their mokopuna. Wellbeing will be improved if whānau are hopeful, feel positive about self-defined goals and aspirations, and have the resources and capacity needed to determine and act on their preferred futures.

- Te Rau Tira, Mental Health and Wellbeing Commission, 2021

Kaumātua are active in contributing to whānau wellbeing and resilience

Māori hapū and iwi responses to Covid-19, such as iwi roadblocks and checkpoints, the distribution of food and care packages, checking in on older people, and offering transport for medical appointments, are examples of strategies intentionally focused

on ensuring the wellbeing of kaumātua and movements grounded in community resilience (Mulgan et al., 2021; Pihama & Lipsham, 2020; Waitoki & McLachlan, 2022).

There is evidence of older Māori being integral to their community during the pandemic, fulfilling their role as advisors to their whānau, hapū and iwi (Keelan et al., 2021). Many kaumātua supported others and guided decision-making processes at the iwi level (Dawes et al., 2021). In the Feed the Pā project, kaumātua were not passive recipients, but active in the creation and implementation of the project (Keelan et al., 2021). Through the recounting of experiences, it is evident that kaumātua were not helpless and were able to contribute significantly to their community through the lockdown. (Keelan et al., 2021)

“A key lesson is that our communities are well-practiced and therefore well placed to enable resilience and innovation to meet the needs of our people, and to inform and shape the policies that serve to create the conditions in which we are all able to live and grow”

- (Mulgan et al., 2021, p.S172).

Wellbeing from a shared perspective

7. Being safe and nurtured

Being safe and nurtured is crucial to wellbeing. Relationships and environments in which people feel aroha and are cared for and respected are essential to support health, learning and development, protect from harm and promote wellbeing. Research also tells us that having social support, trust in others and feeling safe help increase life satisfaction.

- Te Rau Tira, Mental Health and Wellbeing Commission, 2021, p.21

While older people initially reported greater social connectedness than other age groups, this has waxed and waned over the course of the pandemic.

Older people participating in a national survey reported greater relationship quality and social connectedness than younger people across all the Alert Levels experienced in 2020 (Sibley et al., 2021).⁸ However, by August 2021, over a year after the pandemic started in Aotearoa, people were reporting lower levels of social contact than prior to the pandemic starting, particularly older people and those with underlying health conditions (Long et al., 2022).

Like the rest of the population, the proportion of older people reporting face-to-face contact with family who don't live with them increased in 2021, compared to 2018, while the proportion reporting face-to-face contact with friends decreased (General Social Survey, Stats NZ, 2018, 2022b). These changes were significantly greater for people aged over 75 years than those aged 65-74 years.

Advocacy groups report that the huge impact the COVID-19 pandemic has had on older people in terms of social isolation and loneliness has continued long after the lockdowns ended. They point out that the message from Government is that when alert levels change there is freedom for most, but not those at risk, such as older people. Many older people are reluctant to socialise in person, due to the fear of catching COVID-19. This means that they stay home, don't join or participate in clubs, volunteer, work or see friends. Advocacy groups also tell of visitors finding older people highly anxious and locking themselves away in their homes.

The uncertainty of how many years Covid will affect social connectivity, job security, effects on those who catch Covid long-term, the fact that you're always wary of visiting friends and

⁸ Sibley et al. (2021) article analyses data from the New Zealand Attitudes and Values Study 2020/2021.

family, relationships are no longer natural and spontaneous, and you tend to always be balancing the risks against having fun or activities. It does narrow your world and your life compared with pre-Covid . . .

- Survey respondent, Age Concern Nelson Tasman, 2022

Alongside this, communities of older people also point to the resilience of people in this age group. Many older people are successfully keeping in touch with family and friends through a range of means. For example, a survey of older people in the Nelson Tasman region found that 4 out of 5 respondents were keeping in touch with family and friends via phone or video calls (47%), in person (29%) and by text and/or other forms of social media (24%) (Age Concern Nelson Tasman, 2022).

Older people went through the polio epidemic [and] could only communicate via letters. This generation knows what isolation is about.

- Grey Power member, 2022

Older people were less likely than other age groups to report feeling lonely during lockdown and the first year of the pandemic, but were more likely to feel lonely than they had before it started.

A key concern from the outset of the COVID-19 pandemic was that older people would experience social isolation and loneliness as the country went into lockdown (Anderson et al., 2020).

A year after the start of the pandemic, after Aotearoa had moved between Alert Levels, older people were less likely to report feeling lonely in the previous four weeks than most other age groups (except those aged 55-64 years) (General Social Survey, Stats NZ, 2022b).⁹ This aligned with previous survey findings, in which older people were also less likely than other groups to report feeling lonely before the pandemic.¹⁰ While advocacy groups suggest that older people might under-report feelings of loneliness, the data also shows that loneliness increased for older people, with a greater proportion reporting this in 2021 than in 2018. People aged 75 years and over were more likely to experience loneliness than those aged 65-74 years (General Social Survey, Stats NZ, 2018, 2022b; Household Labour Force Survey, Stats NZ, 2021).

⁹ Data collection for the GSS took place from 1 April until 17 August 2021.

¹⁰ General Social Survey, 2018

Different parts of the older community experienced more loneliness

Wellbeing data shows that while loneliness did not change significantly for the total population of older people throughout the first year of the pandemic, reported loneliness differed between groups of older people (Office for Seniors, 2021). Over the first year of the pandemic, a higher percentage of Māori, Pacific and Asian older people reported feeling lonely than older people in other ethnic groups.¹¹ Other former refugee and migrant groups (Middle Eastern, Latin American, African and others) also reported feeling lonely more than the total general population over this time, except for during the first quarter, March 2020.

In March 2021, a year after the pandemic started, a significantly greater percentage of women aged 65 years and over reported feeling lonely in the previous three months than men (17.1% compared to 11.5%) (Office for Seniors, 2021). This may be attributed, in part, to the prevalence of older women living alone. A large survey conducted in 2020 and 2021 found that there was a slightly greater increase in loneliness for older people living alone than for those who live with others, although it also found, unexpectedly, those living alone were less likely to report significant changes to other indicators of wellbeing (Allen et al., 2022a).

Interestingly, there was no difference in reported feelings of loneliness during lockdown for older Pākehā residents in aged residential care facilities, and less loneliness reported by older Māori residents (Cheung et al., 2021).

Advocacy groups and stakeholders consider social isolation and loneliness to be a huge concern for older people. Alongside concerns about catching the virus, the loneliness is compounded by other factors such as rural isolation, or the breakdown of relationships with family and friends over views on vaccines.

Digital technology was used by some older people to stay socially connected, but not all.

At the start of the pandemic, there was a push to get older people online, to open up connections and improve social engagement. Media reported the need to get older people online so that they could be ‘together apart’, rather than risk loss of social connection if older people were not using the internet (Morgan et al., 2021).

Communities report that this worked well for some older people, who had good access to online services and were able to use this effectively.

The numbers of ‘tech-savvy’ older people were on the rise prior to the pandemic and for many older people it motivated them to learn technology skills and usage for real purpose, in lieu of regular face-to-face interactions (Amundsen, 2020). Some older people reported either a new or increased use of online technologies, using

¹¹ The ethnicity difference for older people matches that seen in the total general population.

videoconferencing platforms such as Zoom or Facetime, to keep in touch or even deepen connections with friends and family over the first COVID-19 lockdown (Burns et al., 2021; Officer et al., 2022; Prigent et al., 2022).¹² Technological skills were often learnt with the support of younger family members (Dawes et al., 2021; Prigent et al., 2022).

However, not all older people in Aotearoa had the benefits of digital inclusion at the outset of the pandemic.¹³ Not everyone could afford or had access to the technology and services, or the necessary skills and understanding (Officer et al., 2022; Smith et al., 2022). We have heard from advocacy groups how this affected not only social connections, but access to other necessities, such as online banking. With the banks closed, older people had to either learn how to use online banking or, in some cases, not pay their bills.

Differences were found in communities' use of communication technologies, with Korean and Chinese participants in one study well-used to using social media to connect with friends and family prior to lockdown (Morgan et al., 2022). Māori and Pacific participants, on the other hand, talked about learning and adapting to digital platforms reluctantly, as it was contrary to cultural preferences for face-to-face communication.

Following the national lockdown, some older people report continued use of technology for ongoing video communication with family and friends (Burns et al., 2021). Nearly three quarters of older Chinese immigrants participating in a large national survey in 2022 (74%), for example, indicated that they used the internet frequently (several times a week or daily) to connect with friends and family (Yeung et al., 2022). However, estimates based on internet connection rates and survey data in August 2021, suggest the number of digitally excluded older people to be in the hundreds of thousands (Ministry of Social Development, 2021).

While digital communication is hugely useful when face to face contact is not possible, it is not the same. International research across 27 countries in Europe found that digital communication was less beneficial than in-person communication, for the mental health of people aged 60 years and over (Skalacka & Pasjestka, 2021). Studies have further shown that the older the person, the less beneficial digital and video-based communications were for mental health (Bonsaksen et al., 2021; Skalacka & Pasjestka, 2021).

¹² Burns et al. note the obvious limitation with studies (such as theirs) conducted online with participants who were confident using technology.

¹³ Digital inclusion is defined in the [Digital Inclusion Outcomes Framework](#) (New Zealand Government, 2019) as convenient access to the internet, and the ability to confidently use the internet. Mulgan et al (2021) argue that we must distinguish (a) the person's capacity from (b) their capability or skills in effectively using online opportunities or services.

Family members were often a source of support to older people during lockdown

Family wellbeing was rated slightly lower in 2021 than 2018 for the NZ population generally (81.4% compared to 82.6%) (General Social Survey, Stats NZ 2018, 2022b). While the percentage of older people who rated their family wellbeing highly also dropped, this remains above the total population, particularly for New Zealanders aged over 75 years (86.4% in 2021).

Research suggests that older people were largely positive about family interactions as a source of emotional and practical support during the lockdown period (Prigent et al., 2022; Stephens & Breheny, 2022). For many Pacific communities, multiple generations can live in the same house (Alefaio, 2020), with this **presenting benefits of shared knowledge and experience, childcare, warmth and culture**. Pacific families adjusted to ensure that vulnerable members were kept safe (Alefaio, 2020; Mulgan et al., 2021) and continued to rate their family wellbeing higher than other groups in Aotearoa, with 85% of Pacific peoples aged 15 and over rating their wellbeing highly in 2021 (General Social Survey, Stats NZ, 2022b).

For some older people family members helped with aspects of life that were difficult to access on account of government restrictions. However, a small number of respondents in studies spoke to difficulties of increased interactions with family members (Prigent et al., 2022). In a similar vein, a large survey found that older people who live with others were more likely to report negative changes in some wellbeing indicators than those living alone, including reduced mental health, physical health and life satisfaction, and increases in depression (Allen et al., 2022a). International research with older people in 33 countries also found that having arguments or conflicts with other adults in the home was a predictor of anxiety and depression (Tyler et al., 2021).

Of the approximately 791,900 people aged 65 years and over in Aotearoa at the start of the pandemic in 2020, there were 34,646 residents in aged residential care facilities (New Zealand Aged Care Association, 2020). Those providing care in aged residential care facilities told poignant stories of difficulties experienced during the first lockdown, as older people were separated from their spouses because of more stringent distancing requirements (Stephens & Breheny, 2022). Feedback was also given by aged residential care staff and management in one study that despite the best efforts of staff (which included regular contact between residents and whānau in the form of email newsletters, increased phone access, Facebook pages and WhatsApp for residents, organising video calls, making videos and allowing relatives to communicate through closed windows) there was a decline in the quality of life of residents during the lockdown, which was often attributed to the visiting restrictions (Jackways et al., 2020).

Alongside this, research found that when staff lived in with residents with dementia in an aged residential care facility during the COVID-19 lockdown (to reduce the risk of

residents' contracting COVID-19 by staff staying inside the facility), there were increased quantity and quality of interactions, with some positive changes in residents' behaviour and mood (Moir et al., 2021). Advocacy groups have suggested that things were learnt during COVID-19 lockdowns that could improve residents' experiences in dementia units, such as providing more stimulation for residents.

The rates at which potential elder abuse is reported to the national helpline service did not appear to change as a result of COVID-19 (Office for Seniors, 2021). However, while there was no increase in phone calls, some stakeholders working with older people reported increases in elder abuse during lockdown periods (Ministry of Social Development, 2021) and advocacy groups noted that a lot of elder abuse is financial or emotional abuse, which can go unnoticed and unreported.

Experiences of belonging varied for different communities during lockdown.

A greater percentage of older people reported a sense of belonging to Aotearoa in 2021, (over 93%) than the total population (88.5%), which was consistent with data from 2018 (General Social Survey, Stats NZ, 2018, 2022b).

The first lockdown, in 2020, led to greater sense of belonging for older people, although the nature of this varied for different communities (Morgan et al., 2022). In one study, Pākehā participants felt a greater connection to the wider community, whereas for Māori, Pacific and Asian participants belonging was framed primarily in relation to family and culturally-specific groups, such as community groups for Chinese, churches for Pacific and Asian, and Māori hauora (health) or social providers who used marae to support Māori (Morgan et al., 2022). Community-orientated initiatives reinforced Māori, Pacific and Asian participants' trust in their own specific cultural groups.

Belonging also occurred in particular geographical spaces; neighbourhoods, hāpori (community), papa kāinga (village or settlement near marae) and the retirement villages where people received support (Morgan et al., 2022). Older people reported positive and friendly neighbourhood interactions, with younger neighbours reaching out to older people, and people generally more friendly than before the pandemic (Dawes et al., 2021; Prigent et al., 2022; Stephens & Breheny, 2022). Examples include enthusiastic participation in the neighbourhood Bear Hunt (Prigent et al., 2022), waving to neighbours and sharing regular socially distanced evening drinks (Stephens & Breheny, 2022).

However, some communities are more likely to experience social exclusion. Asian migrants, in particular, were identified as experiencing social exclusion prior to and during the pandemic (Morgan et al., 2022). That experience was not universal, though; an older Chinese person in one study described an overall positive experience in lockdown, with the community banding together to support each other and reaching out to offer him support despite not being well acquainted (Chen, 2021). Pacific people living in Aotearoa were also identified as being particularly vulnerable to social

exclusion, as they are over-represented in other causes or experiences of disadvantage and deprivation (Ioane et al. 2021; Morgan et al., 2022)

Older people's trust in institutions increased since the start of the pandemic.

Older people expressed greater trust in institutions, such as the police and politicians, and identified more with the nation, than other people did across all Alert Levels to October 2020 (Sibley et al., 2021). Not only did older people have higher trust in the police than the total population, but the percentage of older people reporting this increased between 2018 and 2021 (General Social Survey, Stats NZ, 2018, 2022b). While the trust in Parliament for the total population did not change much between 2018 and 2021, it increased for those aged over 75 years (from 40.1% in 2018 to 43.8% in 2021) (General Social Survey, Stats NZ, 2018, 2022b). Interestingly, at Alert Level 2, one survey found older people's satisfaction with the Government increased, as younger people's (aged 18-29 years) satisfaction began to wane (Sibley et al., 2021).

The percentage of New Zealanders who reported feeling safe or very safe walking alone in their neighbourhood after dark dropped between 2018 and 2021, with a larger decrease for older people, particularly those aged over 75 years (General Social Survey, 2018, 2022b).

8. Having what is needed

We know the right level of support and resources is necessary to maintain wellbeing throughout a person's life. The environment in which people and communities thrive must also enable health and wellbeing.

- Te Rau Tira, Mental Health and Wellbeing Commission, 2021, p.23

Older people have much greater life satisfaction and less material hardship than others in Aotearoa ...

While the life satisfaction of the total population has not changed much between 2018 and 2021, older people, particularly those aged 75 years and over, had significantly higher life satisfaction in 2021 than the rest of the population (General Social Survey, Stats NZ, 2022b; Household Labour Force Survey, Stats NZ, 2021).¹⁴

Indicators of material hardship did not change significantly for older people throughout the first year of the pandemic and remained moderately lower than for the total adult population (Office for Seniors, 2021). Older people were less likely than

¹⁴ 87.5% in 2021 score 7/10 or higher for life satisfaction, compared to 82% of those aged 65-4 years and 81% of the total population.

other age groups to report that they did not have an adequate income (Household Labour Force Survey, Stats NZ 2021).

Lockdown was enjoyable for many older people who were retired, able to work from home or supported by government wage subsidies (Stephens & Breheny, 2022). Many were aware that enjoying lockdown was a privilege and expressed awareness of and concern for those who were in more difficult situations

... however, for those older people who were already struggling, the COVID-19 pandemic increased existing inequities.

A survey conducted with older people in the early months of the pandemic, found that poorer physical health and mental health, higher depressive symptoms, and greater loneliness were consistently associated with economic factors for both Māori and non-Māori respondents (Allen et al., 2022c). Those factors included lower socioeconomic status, being unemployed, having a mortgage or being a renter, along with having a caregiver role and rural-urban inequality negatively impacting those in rural areas. Thus, Allen and colleagues concluded:

... vulnerability and resilience were not distributed evenly during the early phase of the pandemic due to the pre-existing social determinants of health and wellbeing ... overall health inequalities and negative health outcomes among older New Zealanders during this period were attributable to pre-existing social inequalities

- Allen et al., 2022c, p.22

The impacts of COVID-19 intensified existing socioeconomic hardship in communities who were already struggling, including Pacific communities in Aotearoa (Ioane et al., 2021). One study with older people found that while all communities were concerned about those facing economic deprivation, either due to or preceding lockdown and other pandemic restrictions, these concerns were heightened for Māori and Pacific participants who were aware of the disproportionate impact of poverty in their communities (Morgan et al., 2022). In response, older Māori and Pacific people redistributed supplies they received on account of their age to other members in the family who had lost their jobs due to lockdown restrictions (Morgan et al., 2022).

Lower material living standards were associated with higher and increased symptoms of both depression and anxiety, during and immediately after the first lockdown (Allen et al., 2022b). Similarly, international research across 26 European countries found that pandemic-related stressors including economic shock and restricted ability to access essential services (along with isolation and loss of social support, and fear of contracting COVID-19) led to a deterioration in older adults' mental health (Mendez-Lopez et al., 2022).

During the first lockdown a calling outreach programme undertaken by MSD and Civil Defence reached over 75,000 of the 96,552 people aged 70 years and over who lived alone and had no email address (Summary information provided by MSD, 2 September 2022). They found that the majority (70%) did not need any help. However, 2% needed support (approximately 1,500 people), which generally related to accessing food and groceries or medication. 35 people were in an emergency, requiring a 111 call to be made. There is a suggestion that some older people thought the call was a telephone scam and therefore indicated that they did not need any help. However, some advocacy groups would like such an initiative to be permanently implemented to support lonely and isolated older people.

Accessing food and necessities was a major concern for older people.

Difficulty for older people accessing food was reported to be a major and widespread concern by community organisations (James, 2020, 2021). Difficulties related to not feeling able to leave the house to go to a supermarket, local shops being closed, and/or not being able to access online shopping services. Although people were permitted to go out to buy food during Levels 4 and 3, official Covid-19 messaging strongly urged them to stay at home, particularly those over the age of 70 years. Many older people were reluctant to go out, feeling a mix of anxiety about risk and wanting to 'obey the rules' (James, 2020).

Kaumātua in different regions, including Rotorua, Tai Tokerau and Waikato, were involved in creating and distributing kai and hygiene packs to members of their community, as well as being the recipients of these themselves (Dawes et al., 2021; Keelan et al., 2021). They actively re-distributed care and kai packages to others when not needed by themselves. Such deliveries were not just helpful for the contents, but also seen as opportunities to socialise (Keelan et al., 2021; Morgan et al., 2022). The delivery of food over the course of the pandemic has been an important point of social and emotional connection for older people, particularly when the food received was tailored to an individual's cultural preferences (Morgan et al., 2022). Having kai packs, hygiene packs and supermarket vouchers delivered to their doorstep during lockdown reminded kaumātua that they were remembered and cared about (Dawes et al., 2021).

While accessing food was a particularly pertinent concern during lockdown and Alert Level 3, it continued to be an issue for older people in Levels 2 and 1, particularly for those living alone (James 2021). A recent survey (March 2022) with older people in Wellington indicated that more than half of those surveyed (58%) were concerned about going out (Age Concern Wellington Region, 2022). Nearly two-thirds of those surveyed in Wellington and just over half of older people surveyed in the Nelson Tasman region were trying to stay home as much as possible (Age Concern Nelson Tasman, 2022; Age Concern Wellington Region, 2022). The main reasons for leaving the house were for grocery shopping (85% in Wellington, 87% in Nelson Tasman) or

medical reasons (87% in Nelson Tasman; 67% to go to the pharmacy and 56% to go to the doctor in Wellington). For those surveyed in Wellington, half or less of older people were leaving the house for other social and recreational reasons, whereas approximately two thirds were doing so in the Nelson Tasman region. Interestingly, those aged between 65 and 79 years in Wellington were more likely to be very concerned about going out (33%), than people over the age of 80 years (27%). In Nelson Tasman region, the oldest responders, aged between 90 and 94 years were the least concerned about going out.

Advocacy groups tell of older people continuing to need help to access food and other essentials, either because they had to self-isolate or because the people who usually support them were self-isolating and not able to visit.

The pandemic impacted older people's access to support and health services

Factors that influenced how well older people have done during the early months of the pandemic included whether they were already connected with support services, what type of support services they were using, where they lived and who they lived with, their age group and health (Ministry of Social Development, 2021; Office for Seniors, 2021). The MSD Community Connectors service, which helps people access information, support and services, was expanded to flexibly respond to the needs of people self-isolating, and recognised by advocacy groups as being a helpful initiative that could be extended and adequately funded.¹⁵

The provision of home-based care services, such as personal care and housework, was seriously disrupted during the Alert Level 4 lockdown, with older people reporting multiple difficulties with accessing home-based care and a lack of clear and consistent information about changes in services (James, 2021). Advocacy groups were particularly concerned that challenges with home care had been exacerbated, describing, for example, older people having their home care allocation cut from a two-hour weekly visit to 45 minutes a fortnight. While these changes were not linked to the pandemic, the timing of the implementation increased the challenges for some older people. Some older people are reliant on carers: advocacy groups argue that home care visits are more than having a house cleaned, these serve a social purpose as well - and cutting back during periods of lockdown and self-isolation has impacted older people's mental health. Assessments were done over the phone, which meant that the older person's situation was not always truly understood, and assessments of what support was required were not always appropriate. When home care was received, advocacy groups and organisations reported that some seniors were anxious about a lack of carer Personal Protective Equipment (PPE) or that carers might be re-using PPE across multiple clients (James, 2020).

¹⁵ <https://www.msd.govt.nz/what-we-can-do/community/community-connection-service/index.html>

Variations were reported in the support available to older people during lockdown. Some community organisations were proactive in contacting older people in lockdown to ensure they were managing, delivering goods and meals, helping cash-reliant older people pay bills, top up mobile phones and access services for essential repairs, arranging transport to essential services, providing information and advice, and referring people to services if required (James 2020, 2021). For some older people, family and neighbours were an important source of support for practical matters, when complying with government advice made it difficult to access what was needed (Prigent et al., 2022; Stephens & Breheny, 2022). Some older people reported an initial groundswell of support from younger neighbours, particularly to do grocery shopping. However, some also noted that sometimes younger neighbours seemed “quite bothered” if the help was not needed, whereas other older people required support that was not offered (Prigent et al., 2022).

In some studies, older people who lived alone reported less social support, greater social isolation and mental distress more than other older people (Kyaw et al., 2021; Smith et al., 2022).

Some older people found health services not particularly accessible during lockdown. Difficulties were reported arranging appointments and accessing GP services, hospital or specialist services and pharmacies (Dawes et al., 2021; James 2021).

Communities report that COVID-19 has exacerbated health concerns for older people, with public health messaging heightening sensitivity around health issues. Information (and misinformation) about vaccinations has contributed to raising anxiety, with older people not always clear about who is, or is not, eligible for vaccines. Advocacy groups for older people call for clearer and more transparent public health messaging, with communities involved in how those messages are targeted and marketed.

With greater anxiety and increased health vigilance, older people have expressed a range of concerns including the application of age limits for screening and vaccines related to other health conditions (for example, cut off ages for mammograms, bowel screening, shingles vaccine), with no consideration of how older people will manage, or the costs to the health sector of hospitalisation if older people get sick. Frustration has also been expressed by older people about the scripted nature of conversations with health call centres, resulting in feeling confused, anxious and not listened to after making telephone calls to health helplines.

Housing, financial and employment concerns that existed for older people prior to the pandemic have worsened.

The sheltering role of the home and its surroundings takes on heightened significance during a pandemic (James, 2021). Over lockdown, stakeholders report that older people were living in a variety of situations. Some left their own home to stay with other family members, others stayed in their homes and were joined by people, while

many continued to live alone during lockdown. There were also older people in urgent need of housing who had to be housed for lockdown (James 2020).

Having choice and control over their living environment was critical for the wellbeing of older people, but not an option open to all (James, 2021). This has led some to raise a concern that older people may have become more vulnerable to elder abuse over the pandemic, due to increased family stress, including financial stress, and living situations which they are unable to leave (Office for Seniors, 2021). Housing challenges were evident for older people before the onset of the COVID-19 pandemic, with advocacy groups telling of older homeowners struggling to afford rates and insurance, losing their homes through being unable to meet the payments on reversed mortgages, or finding themselves in circumstances which require them to sell their homes. In the early months of the pandemic, survey findings showed that economic factors, including having a mortgage or being a renter, were consistently associated with greater challenges to older people's wellbeing, such as higher depression and greater loneliness (Allen et al., 2022c). The longer-term trend of falling home ownership among older people means that the number facing challenges meeting their housing costs is likely to continue to increase. (Ministry of Social Development, 2021)

The number of older applicants aged 65 and over on the Public Housing Register (excluding numbers on the transfer register) has been rapidly increasing since before the pandemic began. This is a similar pattern to that for the entire housing register. In line with pre-pandemic trends, while proportionally under-represented on the register, the number of older applicants on the public housing register has continued to grow steadily, totalling 2,064 in March 2021 (Office for Seniors, 2021).

A small-scale qualitative study pointed to increased rental insecurity for older people in Aotearoa during pandemic Alert Levels 3 and 4 (James, 2021), which aligned with findings from Australian studies (Baker et al., 2020; Oswald et al., 2020). Older people expected their rent to increase, once the temporary rent freeze was lifted, with private sector tenants feeling particularly unsettled. Financial pressures on renters are likely reflected in the steadily increasing number of older people in Aotearoa receiving the Accommodation Supplement in the 12 months from March 2020 to March 2021. A greater number of Emergency Housing Grants were also made to older people after the onset of the pandemic, with 390 being made in the month of March 2021. This was less than a peak of 411 in October 2020, but still higher than before lockdown (Office for Seniors, 2021).

Older adults who were in employment when the pandemic started felt more satisfied with their job and more valued by their organisation, reporting better employment and financial outcomes than younger people (18-29 years) who felt more frustrated by their relative earnings. This age difference was consistent across Alert Levels, indicating that it was not exacerbated by the pandemic (Office for Seniors, 2021).

However, some employment impacts on older people during the pandemic are evident, with the proportion of unemployed respondents in a large survey of older people (aged over 55 years) increasing from 52.8% in 2020 to 56% in 2021 (Allen et al., 2022a). There were 14,000 more older workers (aged 50 years and over) receiving Jobseeker benefits in March 2021 as compared to February 2020 (immediately before lockdown) (Ministry of Social Development, 2021). There is likely increased age discrimination as unemployment rates rise (Anderson et al., 2020), with evidence following the 2009 financial crisis suggesting that older people are more likely to spend longer out of work, compared to other age groups, and likely to suffer a greater reduction in income once they return to employment (Ministry of Social Development, 2021).

Not all older people had easy access to information about COVID-19 and the Government response

A key source of information for older people about COVID-19 and the Government response was the daily media briefing. This was appreciated by many older people (Stephens & Breheny, 2022), with Pākehā particularly positive about this (Morgan et al., 2022). However, some Māori kaumātua living rurally felt information was not disseminated, so people were more fearful, and some Asian and Pacific people reported issues related to the lack of translation of information (Morgan et al., 2022).

Much of the official information about Covid-19 and information about services was distributed online, which was difficult for many older people with the lower levels of digital engagement. Community newspapers are a main source of information for older people, but at Alert Levels 4 and 3 many community newspapers were not operating (James, 2020). Many organisations rose to the occasion by increasing telephone contacts with older people in their communities, which was appreciated, but sometimes led to confusion and mixed messages with an individual being contacted many times by different organisations (James 2020).

Later in the government response, there was some lingering concern amongst older people regarding the communication surrounding the vaccine roll out (Office for Seniors, 2021). While some older people were fearful of getting COVID-19 before they had been vaccinated, the most frequently raised concern was feeling confused by the communications regarding vaccinations and being unclear about who they should speak to about the vaccine roll out.

Organisations emphasised the need for clear, concise messages in formats that were easy to read for those with visual or cognitive impairment, and ensuring that messages from different organisations were consistent (James, 2020).

9. Having one's rights and dignity fully realised

Wellbeing under this domain means being able to fully participate in communities and broader society and live free from all forms of racism, stigma and discrimination. The opposite of this is experiencing discrimination or racism, with one's rights inhibited by the actions and attitudes of others.

- Te Rau Tira, Mental Health and Wellbeing Commission, 2021, p.25

Discrimination has increased over the course of the pandemic

Older people, particularly those aged over 75 years, were significantly less likely to experience discrimination than other age groups over the first 12 months of the pandemic (Household Labour Force Survey, Stats NZ, 2021).¹⁶ This is consistent with the period prior to the pandemic, with older people less likely to experience discrimination than the total population in 2018 (General Social Survey, Stats NZ, 2018, 2022b). However, while less likely to experience discrimination than other age groups, there was nonetheless a marked increase in the proportion of older people experiencing discrimination, with almost twice the percentage of 65-74 years olds experiencing discrimination in 2021, compared to 2018 (13.5% compared to 7.7% in 2018).

There was a perception, reported by organisations who work with older people, that some of the public health response rules were discriminatory towards older people. For example, higher alert level restrictions were imposed on those living in rest homes, including those living in independent villas in retirement villages (Office for Seniors, 2021).

Māori, Pacific, Asian and other ethnic communities reported an increase in ethnic-based discrimination from the outset of the pandemic through the Alert Levels in 2020 (Sibley et al., 2021). Alongside this, a higher percentage of people aged 65 years and over within those communities reported experiences of discrimination in the first 12 months, than the total older adult population (Office for Seniors, 2021).

More than a year after the pandemic started (April - May 2021), nearly half of Asian people aged over 65 years (44.6%) worried about racial discrimination due to the impact of COVID-19 (Zhu, 2021). The COVID-19 pandemic reignited racism toward Asian people with reports of the subtle othering of the Chinese community, everyday racism, and violent racial attacks (Chen, 2021). Nearly one in five older Chinese people

¹⁶ For example, in March 2021, 13% of people aged 65-74 years and 8.5% of people aged 75 years and over reported experiencing discrimination in the previous 12 months, compared to 18.4% of 18-24 year olds and 22.2% of those aged 25-34 years old.

(19%) reported, in a large 2022 survey, “feeling discriminated against due to being Chinese and/or reduced interactions and activities due to concerns about discrimination since the start of the COVID-19 pandemic” (Yeung et al., 2022, p.18). The survey findings also showed that those who reported discrimination were more likely than other participants to report loneliness, depression and anxiety. Hearing of incidents of anti-Asian discrimination reinforced the sense of cultural belonging felt by older Chinese and Korean participants in one study and underpinned collective responsibility to ensure there were limited cases of COVID-19 within their communities (Morgan et al., 2022).

At the same time, other older Asian people described positive experiences during lockdown and feeling well looked after by neighbours and the community, with no experiences of ethnicity-based discrimination (Chen, 2021).

While research in Aotearoa revealed concerns about racial discrimination, evidence from the United Kingdom indicated not only an intensification of systemic discrimination experienced by older people on account of ethnicity and race, but also others marginalised and stigmatised on account of their identities (Buffel et al., 2021). This included LGBTQIA+ older people and those with disabilities and chronic illness. Concerns were raised, for example, that there was a greater risk of isolation with older LGBTQIA+ people, particularly those living alone, which may be exacerbated if they were reluctant to access support due to fears of encountering discrimination.

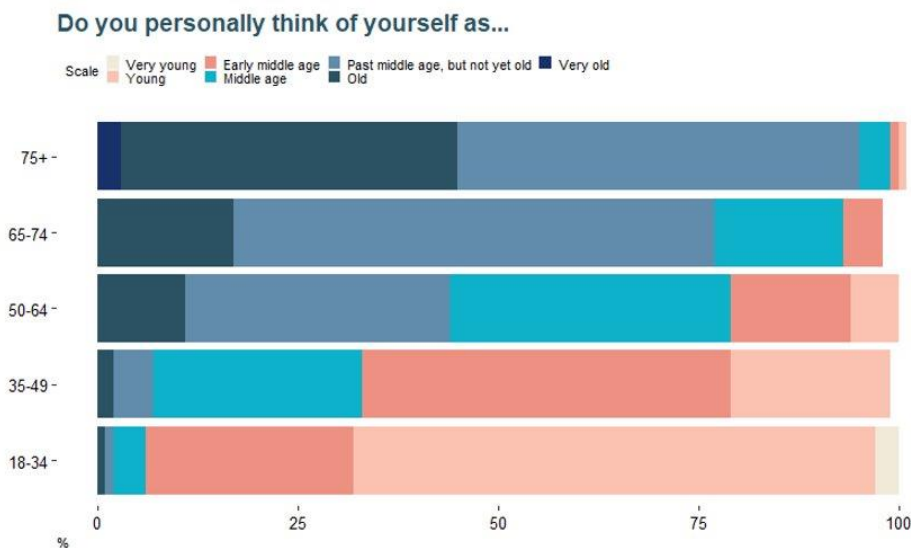
International research also suggests that disasters, such as the pandemic, heighten the risk of family violence including elder abuse, with the drivers of elder abuse including ageism and other intersecting forms of discrimination such as racism, class, homophobia and ableism (Parkinson, O’Halloran & Dinning, 2020).

The COVID-19 pandemic has increased ageism, with older people being positioned as vulnerable, less adaptable and a burden on the rest of society.

Concerns have been raised about intensified ageism through the emergence of a public discourse positioning older adults as vulnerable, weak, inferior, less capable of adaptation to difficulties or use of technologies, less resilient and a burden (Amundsen, 2020; Morgan et al., 2022). Older people had a range of reactions to this in the early months of the pandemic, with some feeling frustrated and infantilised by the singling out of older people as vulnerable and being instructed to stay home (Morgan et al., 2022; Prigent et al., 2022; Stephens & Breheny, 2022). There was appreciation of the Government privileging older people’s health over the economy, but also discomfort with this framing and feelings of being stigmatised and treated cautiously by others (Morgan et al., 2022).

When asked in a 2021 survey how they personally think of themselves, the vast majority of older people did not consider themselves old or very old (Additional information on Attitudes towards Ageing, 2021, provided by Office for Seniors, September 2022) (see Figure 1).

Figure 1: Older people’s perceptions of themselves in terms of being young, middle aged and old by age group (analysis of information provided by Office for Seniors, September 2022).



Older people described a range of activities, experiences and feelings, which showed their vitality and activity, how they worked hard to remain socially engaged, contributed to society’s efforts to get through the pandemic, and defied ageist stereotypes that portray them as fragile, vulnerable and weak (Gott, 2021). Research with older people in the community highlighted that “relying on stereotypes of all older people as retired and physically or mentally vulnerable, we ignore the diversity of older people and neglect other kinds of stressful situations” (Stephens & Breheny, 2022, p.e29).

When asked themselves who they viewed as vulnerable due to the pandemic, older people offered a decisively intersectional understanding. Interwoven with age and ethnicity, participants felt that situational factors such as economic deprivation and social isolation exacerbated vulnerability in the COVID-19 context.

- Morgan et al., 2022, p.11

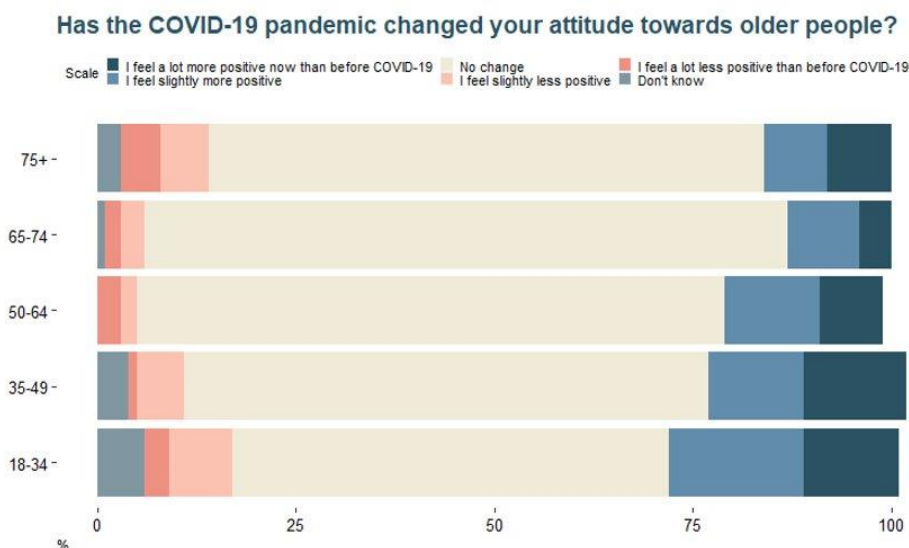
Intergenerational tension was evident and reportedly played out online (Morgan et al., 2021). Some older people expressed resentment toward younger generations during lockdown, who were portrayed in the media as not obeying lockdown rules (Prigent et al., 2022). However, extreme forms of tensions evident in other countries, for example, name calling, blame and “so be it” reactions (Lichenstein, 2021) and epitomized through the #boomerremover hashtag were rarely evident in Aotearoa (Morgan et al., 2021; Prigent et al., 2022). Research analysing COVID-19-related responses in Australia, the United Kingdom, and United States highlighted “a rhetoric of disposability and blame for an age cohort considered to have enriched itself at the

expense of the climate, progress toward social equality, and the wellbeing of future generations” (Lichenstein, 2021, p.E210). The relative lack of such rhetoric in Aotearoa is possibly attributable to the significantly shorter lockdown period in Aotearoa and Government messaging being consistently focused on social inclusion, kindness, and care (Prigent et al., 2022).

The COVID-19 pandemic has changed attitudes toward ageing and older people.

As the COVID-19 pandemic has continued, the attitudes of some people towards older people have changed, in particular, the attitudes of younger people. A recent survey showed nearly a third of respondents aged 18 to 34 years (32%) and a quarter of those aged 35 to 49 years (25%) said the pandemic had caused a positive change in their attitude (see Figure 2) (Office for Seniors, 2022b). There has also been a negative change in some people’s attitude, with younger people aged 18 to 34 years (11%) more likely to have had a negative change.

Figure 2: Changes in attitude toward older people because of the COVID-19 pandemic by age group.



The reasons for the COVID-19 pandemic causing their attitude to change were mostly centred on awareness or worries, while the second most common theme was around appreciation (Office for Seniors, 2022b).

I notice older people a lot more now, and I check consciously that they are okay, or if they need help. They are on my radar a lot more than before because I feel that their age has made them more vulnerable than most to COVID.

- Female respondent, 35-49, Canterbury, Asian and others; Attitudes to Ageing Survey, Office for Seniors, 2021

It gave me a different perspective to how we work as a country. I take my hat off to elderly that worried through COVID and were by themselves.

- Male respondent, 18-34, Northland, Māori; Additional information on Attitudes towards Ageing Survey, provided by Office for Seniors, September 2022

However, when asked to describe a typical older person in Aotearoa, respondents in 2021 more commonly reported negative stereotypes (for example, slowing down, frail) than positive stereotypes (for example, wise, sprightly, life-experienced) (Office for Seniors, 2022a). Previously, in 2016, respondents had more commonly reported positive stereotypes.

Media depictions of older people in the early days of the pandemic were overwhelmingly of being at risk

The most widely deployed framing of older people in media coverage during the early days of the pandemic was of older people being at risk. Older people were disproportionately portrayed as passive and unable to speak for themselves, with the diversity of their social circumstances and intersecting identities (including ethnicity) neglected (Morgan et al., 2021). Articles about the impact of the pandemic on older people tended to focus on death rates and psychological impact (Keelan et al., 2021).

The voices of others talking about older people, including kaumātua, unwittingly contributed to their silencing (Keelan et al., 2021). Older people in aged residential care were particularly framed in the media as defenceless, with their deaths “more expected, anonymous, and inevitable” (Morgan et al., 2021, p.428). The silencing of those older people in aged care was further reflected in the anonymous reporting, with little detail, compared to the reporting of deaths of older people in the community. Aged residential care facilities were also framed as institutionally vulnerable, for example, with insufficient or incorrect use of PPE and systemic staffing shortages (Morgan et al., 2021).

Analysis of news media coverage during the first lockdown found that older people were most often framed as a homogenous ‘other’ group who were at risk (83 out of 91 articles) and passive (59 out of 91 articles). Older people’s agency and ability to navigate threats to their health and wellbeing were under-represented in news coverage. Only a third of articles framed older people as active, with more complex, nuanced representation of older people. These conveyed “a strong sense that older people were carefully navigating the threat that COVID-19 poses to their health whilst trying to maintain their independence where possible and gather and interpret information as best they could” (Morgan et al., 2021).

10. Healing, growth and being resilient

Wellbeing requires having the right skills and resources to navigate life's transitions and manage challenges and distress in positive ways. Strengthening resilience is identified as a priority for the World Health Organisation Health 2020, European policy framework for health and wellbeing, and the United Nations Sustainable Development Goals. They note that resilience must be strengthened at the individual, community and system level. Having the right supports available to whānau, families and communities to navigate their way out of adversity or trauma is vital. Such supports allow rebuilding and growth to happen. Understanding the circumstances of others and exercising compassion and empathy towards those experiencing trauma help to build a stronger, caring community response.

- Te Rau Tira, Mental Health and Wellbeing Commission, 2021, p.26

Older people report considerably better mental wellbeing and less psychological distress than other age groups ...

Older people have consistently better wellbeing than other age groups both before and after the pandemic started (General Social Survey, Stats NZ, 2018, 2022b). Across a range of indicators, people aged 65 years and over fared considerably better following the first lockdown, than younger age groups (Household Labour Force Survey, Stats NZ, 2021). Older people were more likely to report feeling active and vigorous, calm and relaxed, cheerful and in good spirits, waking up feeling refreshed and rested, as well as their daily life being filled with interesting things, in the previous two weeks, than any of the other age groups.

While psychological distress was more prevalent among people of all age groups during the first lockdown, than prior to the pandemic, older people appeared to fare better than young people. Consistent with international studies, research in Aotearoa found that the prevalence of psychological distress decreased with age; almost half of younger adults (47.3%) scored highly on the Kessler Psychological Distress Scale (K10)¹⁷ compared to less than one in ten adults aged 65 years and older (Every-Palmer et al., 2020). Older people were 2.64 times more likely to report excellent wellbeing during lockdown than those aged 15–24 years (Beaglehole et al., 2022). Beaglehole

¹⁷ The K10 is a simple measure of psychological distress, which involves 10 questions about emotional states, each with a five-level response scale.

and colleagues speculate that this may reflect social isolation being particularly difficult for young people and that older people were relatively better protected from the economic consequences of the pandemic.

... however, there is still cause for concern.

While older people appear to have had better mental wellbeing than other age groups during the pandemic, they were not unaffected. Although considerably less than younger age groups, a slightly greater percentage of older people (aged over 75 years) reported psychological distress in the previous four weeks in 2021 (4.1%), than in 2018 (3.5%) (Manatū Hauora Ministry of Health, New Zealand Health Survey, 2021).

Older people are clearly not a homogenous group, and some older people were identified as being at greater risk of psychological distress during lockdown. In one survey, for example, older informal caregivers reported slightly higher and increased symptoms of depression during lockdown, compared to other older adults, with lower material living standards associated with increased depression and anxiety (Allen et al., 2022b). Pākehā residents in aged residential care facilities reported more severe depressive symptoms during the first wave of COVID-19 than Māori and Pacific peoples in aged residential care (Cheung et al., 2021).

Following lockdown, a large survey of older people in 2021 found that 14.4 % of respondents reported that the pandemic had a moderate to extreme negative impact on their mental health (Allen et al., 2022a). Survey results also showed that the wellbeing of particular groups was more affected, as older people with low social support and those with chronic health conditions showed consistent reductions in mental health, physical health and life satisfaction between 2020 and 2021, and increases in loneliness and depression (Allen et al., 2022a).

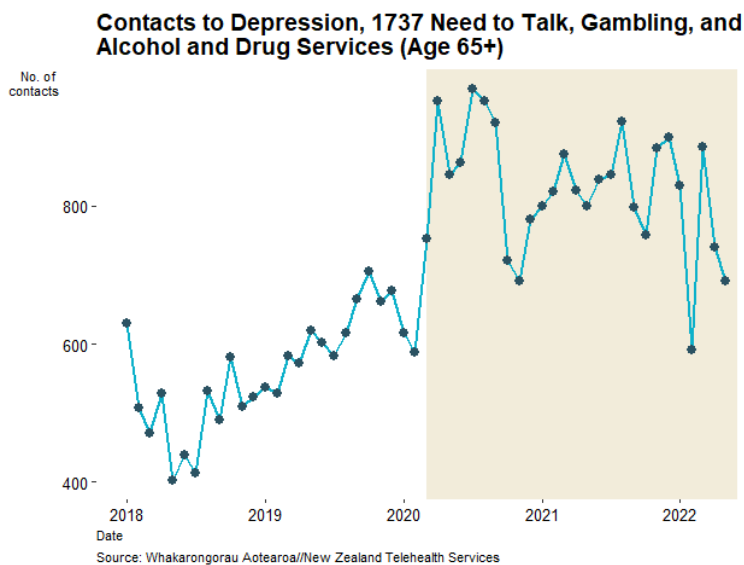
More recently, advocacy groups have expressed severe concerns about the mental state of older people. With the presence of the Omicron variant in the community and older people's greater vulnerability to COVID-19, communities report that older people are worried about leaving their homes. There is concern about the increasing price of food and that some people are substituting alcohol for food, as well as using alcohol to ease the loneliness and isolation. Consequently, there are concerns about older people's wellbeing and mental health, with anxiety and fear of leaving their homes, increased alcohol consumption, addiction, isolation and rates of suicide.¹⁸

These concerns are reflected in the dramatic increase in calls from older people to Depression, 1737 Need to Talk, Gambling, and Alcohol and Drug Services telephone

¹⁸ While no evidence from Aotearoa New Zealand was identified in the searches concerning raised rates of suicide, international research suggests that the pandemic will have an impact on suicide in older adults by "increasing the prevalence of known risk factors for suicide and infection control measures which increase isolation and vulnerability" (Wand et al., 2020).

helplines at the start of the pandemic. While the number of calls has fluctuated since then, the number has not returned to the lower pre-pandemic rate (see Figure 3)

Figure 3: Contacts made to helplines by older people 2018-2022



Older people expressed a variety of emotions over the early stages of COVID-19, ranging from feeling both fortunate and safe to be in Aotearoa, through to anxiety, nervousness, anger, sadness, terror, stress and fear (Burns et al, 2021; Stephens & Breheny, 2022). Anxiety was attributed to personal vulnerability to the illness and worry and anxiety for themselves, their families and others here and overseas, about losing their job and about unknown futures. Lower living standards, unemployment, and less help from friend/family networks were associated with increased anxiety (Allen et al., 2022b). Some older people also reported experiencing serious distress, including anxiety disorders or the exacerbation of previous mental health challenges (Stephens & Breheny, 2022).

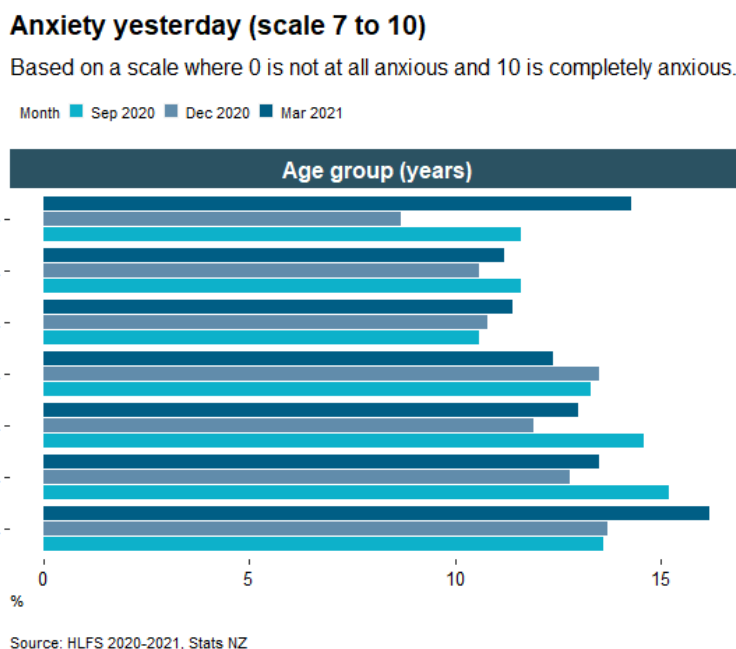
For older people, whether living alone or in household groups, anxieties were eased by a sense of being supported. This was more challenging for those in particular situations; namely essential workers, those who lost employment and those who were caring for dependent others, who found the lockdown stressful and worrying (Stephens & Breheny, 2022). COVID-19 related job loss often meant sudden retirement because of the difficulties in regaining employment or re-training in older age (Stephens & Breheny, 2022).

Asian older people worry more because of COVID-19, than younger Asian people (Zhu, 2021). They share concerns with other Asian age groups about not being able to return to their home country for reunion with family and friends, racial discrimination, the health system being overloaded and increased mental stress. In addition, they are more likely than younger people to worry about a recession, getting seriously ill, society getting more egoistic (i.e. selfishness), and restricted access to supplies.

For people with conditions such as rheumatoid arthritis or ankylosing spondylitis, the COVID-19 pandemic resulted in heightened health concerns, which negatively impacted the participants' anxiety status, but not depression status (Johnstone et al., 2021). Research found that COVID-19 fear predicted anxiety, likely reflecting ongoing media reports highlighting a greater risk for immunocompromised individuals. There are concerns that psychological effects from fear of contracting COVID-19 may have lasting effects on mood of some people with conditions such as these.

Following on from the lockdowns and Alert Levels 4 and 3, communities and advocacy groups report some older people experiencing a fear of resuming activities and re-engaging in public life. This was particularly so prior to being vaccinated (Ministry of Social Development, 2021). While a smaller percentage of older people reported feeling anxious the previous day than most of the population in 2021 (General Social Survey, Stats NZ, 2022b), people over the age of 75 years reported greatly increased anxiety in September 2020 (11.6%) and March 2021 (14.3%), compared to December 2020 (8.7%) (Household Labour Force Survey, Stats NZ, 2021) (see Figure 4). These increases in anxiety in those months may be related to the cases of COVID-19 recorded in the community in the months immediately prior (August 2020 and February 2021), after periods of COVID-19 not being active in the community.

Figure 4: People reporting feeling anxious the previous day by age group



The COVID-19 pandemic has highlighted the resilience of older people

Despite the concerns and anxieties expressed, the pandemic has increased awareness of how resilient older people can be (Office for Seniors, 2022b). The lower prevalence of distress among older people over the first lockdown reflects their

higher baseline wellbeing and may also reflect resilience from having overcome past adversities, experiencing fewer daily disruptions and economic impacts, and feeling safer in Aotearoa than elsewhere (Every-Palmer et al., 2020).

Alongside the expressions of anxiety and worry, many older people also reported enjoying the lockdown time (Stephens & Breheny, 2022). Respondents described their “enjoyment of a time for personal reflection, catching up on garden and home chores and hobbies, and quality time with family members. People also rejoiced in lack of noise, quiet roads for walks and bicycle rides. They described a time of ‘calm and peace’ or ‘a time of contentment’, with several harking back to a more ideal past” (Stephens & Breheny, 2022, p.e26).

Older people were significantly more likely to report ‘feeling happy yesterday’ in 2021 (General Social Survey, 2021)¹⁹ and less likely to report feeling unhappy than others in the population (Household Labour Force Study, Stats NZ, 2021).²⁰ The exception to this was a larger percentage of people aged over 75 years reporting unhappiness in September 2020, than subsequent quarters.

The resilience of older people was noted by organisations who work with older people and reflected in data showing sustained higher levels of wellbeing reported during Alert Levels 3 and 2, as well as during the second COVID-19 outbreak (Sibley et al., 2021; Ministry of Social Development, 2021). By August 2021, organisations working with older people were expressing some optimism about the processes and relationships in place to support organisations and the older people they work with, if there was a resurgence of the virus that required a return to higher alert levels (Ministry of Social Development, 2021).

However, this optimistic phase was followed by the arrival in Aotearoa of the Delta variant (August 2021), followed by the Omicron variant (December 2021) and renewed concerns for older people.

Feelings of anxiety and fear continue to be a challenge for older people

Fear and anxiety have driven the behaviour patterns of many seniors during the past two years. This fear and anxiety is still very present, with four in ten reporting to be more anxious now than at any other time during the pandemic

- Age Concern Wellington, 2022

¹⁹ (80.2% of 65-74 year olds and 84.2% of those aged 75 years and older reported ‘feeling happy yesterday’ compared to 77.8% of the total population (General Social Survey, 2021).

²⁰ 3.5% of people aged 65-74 years and 3.6% of people aged 75 years and over reported feeling unhappy in March 2021 (0-4/10), compared to 6.2% of people aged 18-24 years.

Older people continue to be fearful of catching COVID-19, with nearly two thirds of older people recently surveyed in Wellington considerably worried about this (Age Concern Wellington Region, 2022) and older people in the Nelson Tasman region giving an average response of 6.2 out of 10 to rate their concern (where 10 is very concerned) (Age Concern Nelson Tasman, 2022). Nearly 1 in 5 older people are worried about being in a crowd of people, considerably more than the 1 in 10 under the age of 65 years expressing this worry. Interestingly, those over 80 years of age are slightly less concerned than those aged 65-79 years about getting sick and are also less worried about going out and less likely to stay home.

People aged 80 years and over are more worried about wearing a mask than younger seniors (26% compared to 15%) (Age Concern Wellington, 2022). People not wearing masks was a common frustration and concern for older people in the Nelson Tasman region (Age Concern Nelson Tasman, 2022).

In some respects, older people are doing less well now, with COVID-19 in the community and Aotearoa New Zealand in the endurance phase, than they were earlier in the pandemic.

So many people are acting as though Covid does not exist any more. Mask wearing is going by the wayside.

- Survey respondent, Age Concern Nelson Tasman, 2022

While there is little published data available,²¹ communities and advocacy groups report that the freedom enjoyed by most people since the shift from the four-level COVID alert system to the COVID-19 Protection Framework ‘traffic light’ system, is not experienced in the same way by older people. While many people may consider that the pandemic is essentially over, with the Covid Protection Framework ended on 12 September 2022, for a significant minority of older people there is a long tail of issues. Feelings of anxiety and fear continue to be a challenge for older people. Many are reporting anxiety about leaving the house, and a reluctance to socialise or be around others for fear of contracting COVID-19. Some older people are voluntarily self-isolating due to existing health conditions. Advocacy groups report worries about older people’s wellbeing and mental health, with increased anxiety and fear of leaving their homes, and concerns about increased isolation, alcohol harm, addiction, and suicide.

²¹ Unfortunately, there is little data and research focused on older people’s wellbeing published since July 2021. At that point in time, prior to the Delta and Omicron variants arriving in New Zealand, things looked very different to today. The final update on Covid-19 indicators provided by the Office for Seniors (July, 2021) stated that most data points captured appeared to be returning to pre-COVID-19 levels or indistinguishable from longer term pre-pandemic trends and noted that stakeholders had also reported a return to a degree of pre-pandemic normalcy. The only published studies drawing on data from 2022 identified in our searches were those of [Age Concern Wellington Region](#) and [Age Concern Nelson Tasman](#).

11. Being connected and valued

Being connected and valued means people can find a sense of wellbeing in doing what is important to them. Having a strong, positive sense of identity, being connected to a community, and having a sense of “place, purpose and belonging” can have a powerful effect on wellbeing. Being connected and valued enables people to know and accept who they are and may well act as a protective factor against other elements that challenge their wellbeing.

- Te Rau Tira, Mental Health and Wellbeing Commission, 2021, p.29

While the Government response promoted national connectedness, older Māori, Pacific and Asian people were often highly connected within their own communities

The ‘team of 5 million’ became a familiar catchphrase from the Government, suggesting and encouraging a sense of ‘we are all in this together’. During lockdown some older Pākehā research participants expressed an enhanced sense of belonging, either flowing from increased support from family and community organisations or broad approval of the NZ government’s handling of the pandemic (Morgan et al., 2022). Meanwhile, Asian, Pacific and Māori participants in the same study expressed degrees of exclusion from the national response, impacted by lack of communication, language barriers and inadequate inclusion in consultation and planning processes.

However, Morgan and colleagues (2022) argue that the inequalities in support were likely offset by the high degree of social cohesion within cultural groups. Older people in Māori, Pacific, Chinese and Korean communities had frontline roles in the pandemic response for those communities, with these cultures holding a deep respect for older people and an association of advanced age with increased respect, status and wisdom (Morgan et al., 2022). Community leaders translated information and disseminated it to their communities, co-ordinated the delivery of food packages, and liaised with council and civil defence services, which was frustrating at times when their status was not recognised. They also provided a great deal of emotional support, helping alleviate other older people’s fear and confusion. Organisations such as churches were also very important, providing social check-ins, food deliveries, and spiritual guidance for Pacific and Asian older people, via platforms such as Zoom, Facebook, WeChat and KakaoTalk (Morgan et al., 2022).

During lockdown reciprocity was an important part of being connected

While older people like being offered help by family and neighbours, research indicates that they only accepted help on their own terms (Prigent et al., 2022).

Reciprocal support between neighbours was evident, with older people being involved in supporting younger neighbours, not merely recipients of neighbourhood care and concern. They reported providing both emotional and practical support to neighbours, which they felt able to do because of skills and knowledge they had gained through their various life experiences (Prigent et al., 2022). This finding is in line with previous intergenerational interventions that emphasize the importance of reciprocity and opportunity for mutual benefit as fundamental to producing positive emotional and health outcomes (Prigent et al., 2022).

Older people continued to find it easier than others to be themselves

A smaller proportion of people aged 65 to 74 years reported it was easy to be themselves in 2021 than 2018 (83.9% compared to 88.7%). However, there was little difference for people aged over 75 years and older people generally reported this was easier than the total population.

12. Having hope and purpose

Wellbeing is improved by a sense of having a voice, perspective and opinions that are heard and respected; wellbeing means having goals, a sense of purpose and being hopeful about the future. Empirical studies overseas have shown a strong sense of life purpose leads to improvements in people's quality of life, including better mental health and a reduction in the causes of early death.

- Te Rau Tira, Mental Health and Wellbeing Commission, 2021, p.31

Older people reported greater wellbeing and satisfaction with life than other age groups ...

Older people reported greater personal wellbeing and satisfaction with life compared to other age groups, particularly during Alert Level 4, 3 and 2 as well as the second COVID-19 outbreak (Sibley et al., 2021). Possible reasons for this difference include that the pandemic-related restrictions were more limiting for younger people, in terms of exploration and personal development goals, but suited the meaningful aspects of life that older people may prioritise. It may also relate to older people having greater financial and material stability on average, allowing them to better cope with the uncertainty of the Alert Level changes.

Interestingly, older people were more likely in 2021 to feel a greater sense of control over their lives, (77.8% of 65-74 year olds, 78.6% of those aged 75 years and older) than others in Aotearoa (75.3%) (General Social Survey, Stats NZ, 2022b).

Far from being vulnerable and dependent, older people developed their own solutions from the outset of the pandemic. For example, members of a mahjong group

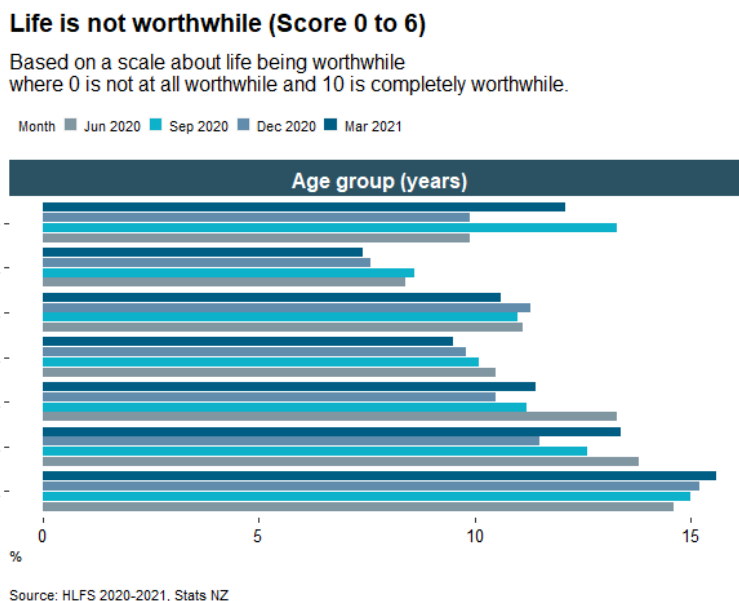
described wiping down tiles with disinfectant, social groups had socially distanced gatherings at beaches to 'yell at each other', and people actively used the internet to maintain social connections. When older people were directly quoted in news items, the focus was on their common-sense approach in adjusting their personal behaviour during the lead-up to and the period of lockdown, for example, shopping online, wearing surgical gloves, avoiding large groups pre-lockdown, and being part of community response, such as providing contactless pickup/delivery (Morgan et al., 2021).

... however, things could be (and have been) better

Important information about older people’s hope and purpose was captured by the 2021 General Social Survey, which helps us understand the impact of COVID-19.

Most older people feel the things they do are worthwhile. However, this has decreased notably for those aged 65-74 years over the past few years (from 89.1% in 2018 to 85.4% in 2021) (General Social Survey, 2018, 2021). Further, people aged 75 years and older were more likely than those aged 65-74 years to think life was not worthwhile, with marked increases in the percentage reporting this in September 2020 and March 2021 (Household Labour Force Survey, Stats NZ, 2021) (see Figure 5).

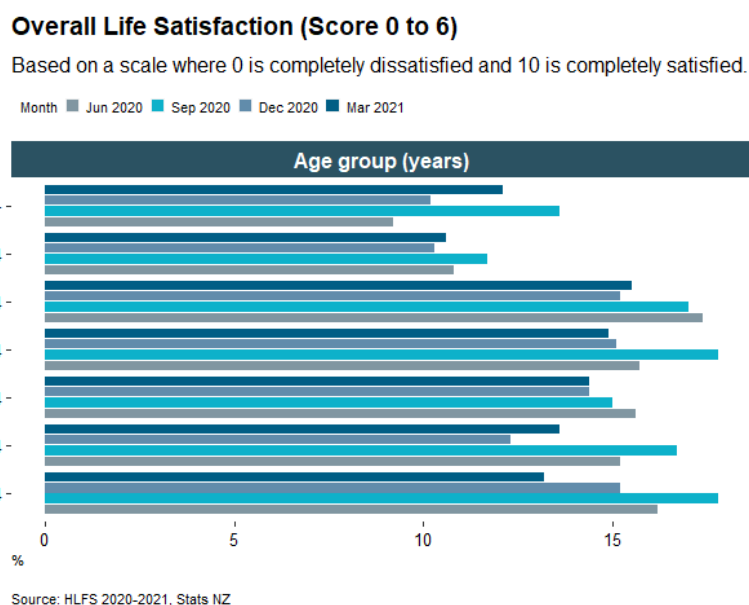
Figure 5: Percentage of people feeling that life is not worthwhile by age group



While older people were also less likely to be dissatisfied with their lives than other age groups, more dissatisfaction was reported by older people in September 2020 and March 2021 (Household Labour Force Survey, Stats NZ, 2021) (see Figure 6). While over three quarters of older people rated their expectation of overall life satisfaction in five years’ time highly (79.5% of 65-74 year olds, 75.1% of those aged 75 years and

older), they were less likely to do so than the total population (87.5%) (General Social Survey, Stats NZ, 2021).

Figure 6: percentage of people feeling dissatisfied with life by age group



What can we learn from older people’s experiences and views about how best to support them?

The COVID-19 pandemic and Government response has shone a light on the lives and experiences of older people, raising their visibility, and bringing about both positive and negative changes in attitude towards ageing and older people. Older people, advocacy groups and stakeholders, supported by evidence, point to the inequities that existed prior to the pandemic and served to make things worse for many older people. They also point to the resilience and agency of older people and the contribution that many made to the wellbeing of older people themselves and the community more broadly. The experiences over the pandemic show us that what is better for older people, is often better for everybody.

What made COVID-19 worse than it could have been, and what can we do to ensure that should the situation happen again, we won’t make the same mistakes?

- Grey Power member, 2022

The resilience and creativity of older people and communities that support them does not lessen our collective responsibilities to protect, respect and uphold the rights of older people. But the pandemic experiences give us an opportunity to consider how best to support those rights and reinforce such resilience and creativity, in the context of the pandemic, other crises, and more broadly. Drawing on older

people's experiences and views during the COVID-19 pandemic provides us with a range of challenges, but also opportunities, for consideration.

1. Decision-making about responding to crises and more supporting wellbeing broadly, must be done in partnership with Māori in accordance with Te Tiriti o Waitangi and inclusive of Māori leadership. Future pandemic planning must ensure Māori can meaningfully participate and direct pandemic efforts from the base of their iwi and hapū, guided by tikanga and kawa. Political decision-making in response to any crisis must balance what is necessary for a response with what is important to those affected. Without understanding the diverse views of Aotearoa, and those of tangata whenua in particular, that decision-making will be based on deficient information. Given the role of kaumātua as guardians of tikanga, it is essential that they are involved in consultation and decision-making.
2. We need to move away from framing older people collectively and predominantly in terms of vulnerability and risk, to recognise their capacities and agency. We cannot ignore the specific and often compounded health needs of older people. Alongside, or perhaps because of this, older people have often taken the lead in following public health advice in the pandemic, including mask-wearing and social distancing. This should be acknowledged and supported, as a key part of the reciprocal caring and cared-for role of older people in any crisis. Additionally, the recognition of older people's agency helps maximise opportunities for exercising this for the betterment of the community. A range of initiatives and responses have helped mitigate negative impacts of the COVID-19 pandemic for communities, for example, marae-based coordination and implementation of initiatives to distribute kai and care, and use of technology to extend social connectedness. Older people are a valuable resource, with knowledge, networks and capacities to help guide the development and delivery of policies and practices to support older people and others in the community.
3. In responding to the needs of older people, the heterogeneity and diversity of people aged 65 years and over in Aotearoa must be recognised and respected. This includes recognition of and consultation with those groups who have poorer wellbeing outcomes, and inclusion of their community leaders and members in planning and decision-making. It also means looking at the unique challenges experienced by older people in different situations, such as living alone in the community or in aged residential care facilities. An intersectional approach that recognises the complex and compounding impact of multiple disadvantages is essential to address systemic inequities.
4. Given the significant and rapidly increasing older population, research to better understand the experiences of older people needs to be prioritised. It is critically important to develop greater understanding of how best to promote

wellbeing and mental health, recognising and drawing on the diversity of identities and experiences amongst older people from a range of cultural, social, economic and geographic backgrounds. The lack of disaggregated data about the impact of the pandemic on older people in communities who are disadvantaged and marginalised by the system further complicates identifying and responding to challenges.

5. Finally, we need to move beyond siloed thinking about the COVID-19 pandemic and look more broadly at the context of older people's lives. There is a strong message coming from communities that older people who were doing well before the pandemic generally continued to do well, while those who were struggling before the pandemic continued to struggle. Consultation with communities should underpin initiatives to support the diverse and sometimes complex needs of older people with these adequately funded to ensure the needs are met.

In short, we need to listen to older people and draw on their experiences and knowledge to improve not only their wellbeing, but the wellbeing of the wider community as a whole.

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Appendix 1: Methodology

The overall aim of this research project was to gain insights and understanding into the impacts of COVID-19 on the wellbeing of older people in Aotearoa. To achieve this the following questions were addressed:

- What are the key wellbeing impacts, including challenges and positive outcomes, of the COVID-19 pandemic on older people in Aotearoa?
- How has the COVID-19 pandemic impacted on the wellbeing of older Māori people and those in other groups identified in He Ara Oranga: Report of the Government Inquiry into Mental Health and Addiction?
- How could the wellbeing of older people in Aotearoa be best supported, given the findings of the research, with regard to COVID-19 and more broadly?

The methodology involved a three-pronged approach, collecting and analysing evidence from literature, national surveys and community engagement.

Literature review

A rapid review was undertaken to identify and review research literature that was relevant to the questions being addressed in this project and could thereby contribute to the development of evidence-informed actionable insights. The rapid review was conducted over a six-week period (August – September 2022) using the following methods.

1. Literature searching and selection

Literature was selected using the following inclusion criteria:

- Relevant to older people AND
- A focus on the impact of the COVID-19 pandemic in regard to wellbeing (as identified in He Ara Oranga wellbeing outcomes framework) AND
- Evidence based studies, reports, briefing papers

A comprehensive search was conducted of electronic databases: Ovid MEDLINE(R) and Epub Ahead of Print, In-Process, In-Data-Review & Other Non-Indexed Citations, Daily and Versions <1946 to August 05, 2022>, adapted for PsycInfo, APA PsycInfo <2002 to August Week 2 2022>, adapted for Medline, Scopus, INNZ, NZ Research. The websites Google and Google Scholar were also searched.

Search strategy: database searches were conducted between 8th August and 18th August 2022, with supplementary searches (drawing on reference lists, government department websites) conducted in September 2022. Databases were searched using combinations of the keywords: ("2019-ncov" or "ncov19" or "ncov-19" or "2019-novel

CoV" or "sars-cov2" or "sars-cov-2" or "sarscov2" or "sarscov-2" or "Sars-cORonavirus2" or "Sars-cORonavirus-2" or "SARS-like cORonavirus*" or "cORonavirus-19" or "covid19" or "covid-19" or "covid 2019" or "novel coronavirus" or (delta* adj3 variant*) or (omicron adj3 variant*)); (pandemic* or lockdown*); (wellbeing or well-being or mental* or psych* or "elder abuse" or resilien* or ageis* or suicide* or depress* or anx* or abus* or alcohol* or drinking); ("new zealand" or maori or aotearoa); (older* adj3 (adult* or person* or people*); (Aging/ or Aged/ or "Aged, 80 and over"/ or "senior citizen*); (Elder Abuse/ or elder*); (Refugees/ or refugee*); (migrant* or immigrant*); (rainbow or LGB* or lesbian* or homosexual* or gay or transsex* or trans-sex*); (rural or Rural Population); (Disabled Persons/ or disab*); (veteran* or Veterans/); (prisoner* or Prisoners/); (pacific or pasifik* or samoa* or fiji* or tonga* or cook island*); (kaumatua or older new zealander*).

While searches were primarily focused on Aotearoa New Zealand, subsequent searches also included the keywords: (austral*.mp. or exp australia); (canad* OR exp Canada/ or newfoundland OR nova scotia OR Prince Edward Island OR PEI or New Brunswick or metis or inuit or "first nations"). The decision to expand searches to Australia and Canada was because these countries had similar Government responses and strategies to the COVID-19 pandemic, as well as having indigenous populations and history of colonisation.

The electronic searches produced 53 results specific to Aotearoa, with a further 61 results from other jurisdictions, predominantly Australia and Canada – a total of 114 references. The search was inclusive of grey literature, with unpublished studies and reports also captured through the electronic search processes. In addition, references from some reference lists were identified and searched for.

2. Screening, mapping and coding

Following the searches, the abstracts were screened according to the selection criteria. The full text of any potentially relevant papers were then retrieved for closer examination. Following screening, 47 papers from Aotearoa were included in the review: 27 journal articles and 20 other reports, briefings etc.

The papers were collated in a comprehensive Excel database, which included mapping information such as type of document (journal article, briefing paper etc), pandemic phase of focus (i.e. mitigation, elimination, containment, endurance phases), methods used in the study, age of participants, community dwelling or aged residential care, and population.

Literature from other jurisdictions was included in the search and screening, but was not the focus of the analysis and not included in the mapping process. This international literature has occasionally been referred to in the report for the purpose

of highlighting particular points or filling gaps identified in understanding the Aotearoa experience.

3. Data analysis

A thematic analysis was undertaken which involved a) generating initial codes into a coding framework, by identifying recurring factors, b) recording data (text from the papers) to each code, c) collating codes into potential themes, and d) reviewing and refining themes through iterative analysis.

While the methodology involved a thorough search and analysis, there were several limitations. The searches were limited to documents available in the English language, published since 2020. While the search process followed a well-defined, structured process there may be relevant documents that have been missed or were not available in the period these were collected.

National dataset analysis

Analysis of relevant data from large social surveys that act as population wellbeing indicators was included in this report. Specifically, data from the General Social Survey, Household Labour Force Survey and NZ Health Survey were included. Where survey data included in this report is not from these surveys, the source is identified.

The New Zealand General Social Survey contains information on the wellbeing of New Zealanders aged 15 and over. It covers a wide range of social and economic outcomes and shows how people are faring. The survey provides a view of how wellbeing outcomes are distributed across different population groups.

The Household Labour Force Survey contains information on employment and the New Zealand economy. Approximately 15,000 households take part in the survey every three months, with everyone aged 15 years and over in the selected house taking part. The survey provides an up-to-date picture of employment in New Zealand.

The New Zealand Health Survey contains information about the health and wellbeing of New Zealanders. Over 13,000 adults and the parents or primary caregivers of over 4,000 children take part in the survey each year. The survey measures self-reported physical and mental health status, risk and protective behaviours, as well as the use of healthcare services.

These surveys are not run every year and consequently data is not available for all wellbeing indicators. A further limitation is that analysis of recent data, collected since the start of the COVID-19 pandemic, has not been completed and is not available for all wellbeing indicators. This report includes some data that pre-dates the pandemic (2018), only for the purpose of comparison to more recently gathered data.

Community stakeholder engagement

A critical component of the report is engagement with advocacy groups to ensure that the views and voices of older people are included, and to ground the report in lived experience. Information was sourced from notes taken during face-to-face engagement between Te Hiringa Mahara and older people's advocacy groups, along with online meetings and email communication.

The final stage of the analysis involved writing up the themes and further considering these through the lens of the He Ara Oranga wellbeing outcomes framework. Selected quotations were provided to illustrate the themes and ensure the analysis remains grounded in the words of older people, those who advocate for them and researchers who undertook the studies. The quotes provided in the report are therefore intended to be illustrative, rather than representative.

Appendix 2: He Ara Oranga Wellbeing Outcomes Framework



He Ara Oranga wellbeing outcomes framework

Our Vision: "Tū tangata mauri ora, thriving together."

This will be achieved when tāngata / people, whānau / families and hapori / communities in Aotearoa experience...

Wellbeing from a te ao Māori perspective:

Tino rangatiratanga me te mana motuhake

Legal, human, cultural, and other rights of whānau are protected, privileged, and actioned.

Rights are in line with Te Tiriti o Waitangi and te ao Māori, which includes application of tikanga tuku iho.

Māori exercise authority and make decisions about how to flourish. Tino rangatiratanga is expressed in many self-determined ways.

Upholding whānau rights is recognised as beneficial to Aotearoa.

Whanaungatanga me te arohātanga

Whānau flourish in environments of arohātanga and manaaki.

Kaupapa and whakapapa whānau collectively flourish intergenerationally.

The active expression of strengths-based whakwhanaungatanga supports positive attachment and belonging.

Kotahitanga is realised.

Whakaora, whakatipu kia manawaroa

Whānau are culturally strong and proud - whānau flourish through the practical expression of ritenga Māori, tikanga Māori, and mātauranga Māori.

Māori express connection through awhi mai, awhi atu and the use of te reo me ōna tikanga every day - starting from infancy.

The beauty of Māori culture is celebrated and shared by all people in Aotearoa and globally.

Waiuatanga me te manawaroa

The mauri and wairua of whānau are ever-increasing, intergenerationally.

While whānau are already resilient, whānau skills, capabilities, and strengths continue to grow.

Taonga Māori are revitalised and nurtured - the unique relationship and spiritual connection Māori have to te taiao, whenua, whakapapa, and whānau is actively protected, enhanced, and strengthened.

Whakapuāwaitanga me te pae ora

Thriving whānau and equitable wellbeing is the norm.

Whānau have the resources needed to thrive across the course of their lives - especially mokopuna, who are unique taonga.

Whānau needs are met, and unfair and unjust differences are eliminated.

Whānau live in a state of wai ora, mauri ora, and whānau ora, which enables pae ora.

Tūmanako me te ngākauapai

Whānau are hopeful.

Whānau feel positive about self-defined future goals and aspirations.

Whānau have the resources and capacity needed to determine and action preferred futures.

Wellbeing from a shared perspective:

Being safe and nurtured

People have nurturing relationships that are bound by kindness, respect, and aroha (love and compassion).

People of all ages have a sense of belonging in families and / or social groups. Where people experience disconnection, reconnecting or forming new positive connections is possible.

People feel safe, secure, and are free from harm and trauma.

People live in, learn in, work in, and visit safe and inclusive places.

Having what is needed

People, families, and communities have the resources needed to flourish.

This includes (among other things) enough money, financial security, access to healthy food, healthy and stable homes, safe physical activity, lifelong learning, creative outlets and time for leisure, including play for children.

People have the support and resources needed to maintain their health across their life course, and experience equity of health.

All people live in communities and environments that enable health and wellbeing.

Having one's rights and dignity fully realised

All people have their rights fully realised and are treated with dignity.

People can fully participate in their communities and broader society, and live free from all forms of racism, stigma, and discrimination.

Rights framed by Te Tiriti o Waitangi, other New Zealand law, and international commitments are fully met.

The negative impacts of colonisation and historic breaches of rights are recognised and addressed.

Healing, growth and being resilient

People and families experience emotional wellbeing.

This includes having the skills, resources, and support needed to navigate life transitions, challenges, and distress in ways that sustain wellbeing and resilience.

People and families can experience and manage a range of emotions - celebrating each other's strengths and practising empathy and compassion - personal and collective.

Where adversity or trauma occurs, people experience support and belief in their capacity to heal and grow.

Being connected and valued

All people are valued for who they are and are free to express their unique identities.

People are connected to communities in ways that feel purposeful and respectful. People are meaningfully connected to their culture, language, beliefs, religion and / or spirituality, and can express important cultural values and norms.

People experience connection to the natural world and exercise guardianship of the environment.

Having hope and purpose

People, families, and communities have a sense of purpose and are hopeful about the future.

There is respect for people's voices, perspectives, and opinions.

People make self-determined decisions about the future and have the resources needed to pursue goals, dreams, and aspirations.

Communities of belonging make their own choices, have resources, and are trusted to develop solutions for themselves.

The 'shared perspective of wellbeing' and 'te ao Māori perspective of wellbeing' should not be read as direct translations. They represent related concepts of wellbeing from different worldviews. The 'shared perspective of wellbeing' may also apply to Māori.

