

Belonging as an ageing Asian in Auckland

A research study by Emeritus Professor Edwina Pio ONZM
Funded by The Selwyn Foundation

6 June 2024

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Foreword by Denise Cosgrove Chief Executive, The Selwyn Foundation

The Selwyn Foundation was delighted to support Emeritus Professor Edwina Pio's new research, 'Belonging as an ageing Asian', which looks at the experiences of ageing Asian migrants in Auckland and how their wellbeing might be enhanced through more culturally appropriate policy and practice.



Population ageing is one of the most significant transformations of the 21st century, with the number of those aged 65+ growing faster than all other age groups. Indeed, in Aotearoa New Zealand, one in five people will be aged 65 and over by 2028.

In Auckland, there are 31,353 Asians aged over 65 (based on the 2018 census), with the three largest groups in this age bracket being Chinese (16,836), Indians (9,345) and Koreans (1,434). The impetus for Professor Pio's research, however, was the lack of available information on ageing Asians in New Zealand's largest city, despite their exponentially growing numbers. Therefore, through focus group interviews with older migrants from those communities, and with additional insight from professionals working in the older person's sector, she explores how Chinese, Indian and Korean people aged 65+ stay connected, active and engaged in their adoptive city.

Conducted during the first six months of 2024, this latest evidence-based study seeks to inform central and local government policy and practice, so enabling more responsive decision-making and appropriate access to care.

It's clear from the findings that, in order to improve the ageing experience of this group – and to enhance their sense of belonging and general quality of life – much more needs to be done to understand their specific needs as they age and to deliver healthcare and other services that are responsive and appropriate to their cultural practices and sensitivities. For employers, it's also worth noting that older Asian migrants may be valuable contributors as economic enablers and that their wisdom and skills can benefit workplaces immeasurably.

Much greater provision for this cohort is necessary therefore, which can only add to the richness of the multicultural landscape that is Auckland and create a greater sense of community and belonging for all who call the city their home.

As a champion of services that enhance older people's wellbeing, and funder and co-investor of initiatives to enable all seniors to age with dignity and respect, The Selwyn Foundation commends Professor Pio's research to policymakers of all disciplines within both the public and private sector.

It is only by learning and sharing what we know that we can contribute to achieving improved equality for every older person and making possible a bright, inclusive and respectful future for all.

Denise Cosgrove
6 June 2024

Executive Summary

Funded by The Selwyn Foundation, this research report provide rich information on ageing Asians in Auckland Tamaki Makaurau. There has been no major substantive work in this area, despite much research on ageing in general in Aotearoa. The findings from this research focus on the joys and vulnerabilities of this cohort of ageing Asians and can be framed under the broad concept of Belonging. Who belongs? Who decides who belongs? Professor Edwina Pio who received an ONZM for her service to ethnic communities, encourages us to frame ageing Asians as economic enablers, beyond deficit models. As an independent researcher, she highlights the wellbeing domains which ageing Asians enjoy in Auckland, but also paints a picture of elder abuse which remains largely invisible. The report seeks to embolden policy makers and those working in the aged care sector to craft a well-resourced ethnic strategy, reduce fragmented funding, create connectors and incentivise organisations which employ seniors. With the exponential growth of diverse communities in Auckland, and ageing realities, we must travel together wisely by invoking the language of our collective humanity, beyond neutral positions, policy lurches and awkward embraces.

Introduction and Context

In a volatile, uncertain, complex and ambiguous world, migration and ageing continue to be omnipresent phenomena. The world's population is ageing. In 1950 the population of 65+ was 5.13% whereas in 2022 it is 9.82%.¹ This accounts for approximately 10% of the world's population or 771 million people. Or as the IMF states, ageing is the real population bomb.² Population ageing is one of the most significant transformations of the 21st century with those over 65 growing faster than all other age groups.³ In Aotearoa, those aged 65+ will increase rapidly from 819, 500 to 1,875,000 in the next 50 years.⁴ Higher life expectancy is a given in many western societies, due to better health, food and improved medical facilities. In many countries in the western world, including Aotearoa New Zealand, there is deep anxiety about migrants and this is compounded when ageing is added. Migration and ageing, are further exacerbated when considering the intersections of economic, socio-cultural and identity dimensions of ethnic minority migrant populations⁵ or the theoretical term intersectional ageing. For interlocking systems of oppression have significant impacts on how various systems and mechanisms are structured to support the dominant populations with less support for others and often failure to examine these interactions and systemic issues.⁶ The UN calls for the need of concerted, sustained action and collaboration, as a person who is 60 years could be expected to live on an average an additional 20 to 22 years.⁷

While there is much research on migration in various countries, including Aotearoa New Zealand, there is a paucity of research in the area of ageing ethnic minority migrants. Based on the demography of Auckland, the older population is growing proportionately faster than

¹ Alvarez, 2023

² Bloom & Zucker, 2023

³ UN, 2022

⁴ Office for Seniors, 2021

⁵ Parr-Brownlie, Waters, Neville, Neha & Muramatsu, 2020

⁶ Crenshaw, 1991

⁷ Ahlawat et al., 2024; WHO, 2020

any other age group.⁸ About 80 people per day join the over 65+ cohort and by 2028 this cohort is likely to hit one million.⁹ Moreover this older group is significantly more ethnically diverse compared to the rest of Aotearoa New Zealand. The heterogeneous group of Asians, numbering 707,598 people, includes migrants from Southeast Asia, Chinese, Indian, Sri Lankan, Japanese, Korean, Afghani, Bangladesh, Nepal, Pakistan, Tibet, Eurasian peoples, Bhutan, Maldives and Mongolia.¹⁰ As Asian ethnic minorities age, it is important to understand their neighbourhood interactions and active ageing along with their working lives.¹¹ International research indicates that ethnic minority migrant ageing communities are one of the most deprived and excluded groups in western countries, including Aotearoa New Zealand. Accessibility, ethnic enclaves, structural disadvantages in education, liveable wages, and systemic stress are key areas of disquiet.¹² Additionally, ageing Asian migrants face the accumulation of stigma, hardships, inequality, marginal positions, and the stress of doing 3D work or work that is generally dirty, dangerous and difficult.¹³ As in many areas of life for ethnic minority migrants, ethnic disparities exist as the benefits of longevity may not be evenly distributed.¹⁴ Hence, there is a crying need for contextual and individual-level resources with social networks and social support for older immigrants in Aotearoa.¹⁵ Yet it is conceivable that older Asian ethnic minority working migrants are valuable contributors to the economy and worthwhile resources at work¹⁶. In fact, their wisdom can impact learnings in communities, despite the fact that many maybe undervalued.

Frailty and fragility due to a lifetime exposure of adverse circumstances is often the experience of ageing ethnic minority populations, pointing to the importance of social infrastructure.¹⁷ A report from the Runnymede Trust (2010)¹⁸ titled: 'The future ageing of the ethnic minority population of England and Wales' indicates that, "two trends in contemporary Europe are the subject of widespread discussion – and often anxiety. First is the increasing diversity of our population, and second is the ageing of that population. Anxieties about diversity are frequently framed as a cultural threat to Europe's identity or way of life, while anxieties about an ageing population are more regularly framed in economic terms, or about the viability of Europe's economic model in an increasingly competitive world. Among the many developments overlooked by these impressionistic apprehensions is any sense that the older population is increasingly diverse – and is likely to become more so in the future." This extract also applies to Aotearoa.

Belonging is a universal term that demands a place in every county and refers to feeling validated and socially accepted.¹⁹ The word Belonging connotes yearning, recalling, re-inscribing and remembering with nuances of social interdependence,²⁰ and is a continuum of

⁸ Auckland Council, 2021; Rose, Kozlowski & Horstmanshof, 2022

⁹ Stats NZ, 2022

¹⁰ Stats NZ, 2018

¹¹ New Zealand Seniors, 2023

¹² Nieboer & Cramm, 2022; Pio, 2008

¹³ Pio, 2005, 2007

¹⁴ Ismail, 2023; Smarika, Clarke & Seppanen, 2023; Yarker, 2020

¹⁵ Szabo, Stephens & Alpass, 2023

¹⁶ Bastia, Lulle & King, 2022; Ho, Pullenayegum, Burnes & Fuller-Thomson, 2022

¹⁷ Park, Morgan, Wiles & Gott, 2018; Yarker, 2020

¹⁸ Runnymede Trust, 2010

¹⁹ Essers, Pio, Verduijn & Bensliman, 2021

²⁰ Bell, 1999; Fortier, 2000; May, 2001; Marshall, 2002

belonging²¹ rather than a dichotomy of to belong or not to belong. Belonging is ever present in the minds of migrants and more particularly for ageing Asian migrants in Auckland. For this research on ageing Asians in Auckland, the overarching research question was: What are the experiences of ageing Asians in Auckland? Within this overarching question, sub-questions explored the joys and challenges encountered. At the heart of this research is the objective to support policy makers and those working in the aged care sector in decision making, so that they have the pulse of this group of 65+ with a focus on their voices and meaningful engagement, while fostering the abilities of older people with responsiveness and appropriate access to care. In essence, this report is an invitation to understand each other as dynamic networks where a different sentiment beyond soft wares of colonialism may be offered, so that there are allies and privilege is used for action. This research is an invitation to people in positions of power to look at the whole system - the warp and weft of the kaleidoscopic fabric we call community and ageing in place.

In this multicultural beautiful city of sails Auckland Tamaki Makaurau, where there are people from more than a hundred countries, there are 31353 Asians aged 65+. This research employs the census definitions of Asians²², a heterogeneous group which includes peoples from Southeast Asia, Chinese, Indian, Sri Lankan, Japanese, Korean, Afghani, Bangladesh, Nepal, Pakistan, Tibet, and Eurasian peoples, Bhutan, Maldives and Mongolia. Older Aucklanders consist of 12 percent of the total population of Auckland, consisting of 26.5 percent of the national count of older people.²³ In Auckland, those who are 65+ by ethnic group are European at 70.8 %, next are Asian at 16.1%, followed by Pacific at 7.0%, Maori at 4.7% and Middle Eastern, Latin American and African (MELAA) at 0.8%.²⁴ For Asians, there has been a growth of 20,607 people over a 12 year period from 2006 to 2018, related to increased migration from Asian countries.²⁵

Table 1: Chinese, Indian and Korean population 65+ in New Zealand²⁶

	2006	2013	2018
Chinese	9234 (6.26%)	14469 (8.44%)	23625 (9.54%)
Indians	4128 (3.95%)	8076 (5.20%)	13230 (5.53%)
Koreans	642 (2.08%)	1101 (3.65%)	1947 (5.46%)

The total Asian population for New Zealand who are 65+ number 45462 or 6.42% of the population, based on the 2018 census.

²¹ Gaither, 2018

²² <https://www.stats.govt.nz/tools/2018-census-ethnic-group-summaries/asian>

²³ Roberts, 2020

²⁴ Ibid.

²⁵ Census data specially prepared for this research from Stats NZ and through the kindness of Ewan Jonasen and Robert Didham

²⁶ Ibid.

Table 2: Chinese, Indian and Korean population 65+ in Auckland²⁷

	2006	2013	2018
Chinese	6348 (6.45%)	10281 (8.70%)	16836 (9.83%)
Indians	2787 (3.74%)	5763 (5.42%)	9345 (6.04%)
Koreans	456 (2.14%)	831 (3.78%)	1434 (5.73%)

Asians who are 65+ in Auckland number 31353 or 7.08% of the population based on the 2018 census.

Data just released for the 2023 Census²⁸ indicates that Auckland continues to represent a third of the population in New Zealand at 33.2%. New Zealand has an ageing population and those 65+ in Auckland are 13.3% of the population of Auckland. The ethnic diversity of Auckland continues with a growth of 17.1% for the Asian category. Asians in Auckland now make up 31.3% of the population or 518, 178 persons.

With the support of The Selwyn Foundation²⁹, a charitable organisation focused on Oranga Mātua | Oranga Tangata : Respectful Ageing for all, within communities that thrive, Emeritus Professor Edwina Pio ONZM embarked on research to explore the experiences of ageing Asians in Auckland. Based on the 2018 census³⁰, the top five regional councils with ageing Asians in New Zealand, are Auckland with 31,353, followed by Wellington with 4749, next is Canterbury with 2931, then Waikato at 2328, and then Manawatu-Wanganui with 1017 Asians.

Asians are the fastest growing ethnic group in Auckland. They have lived in Aotearoa since before the signing of the Treaty of Waitangi Te Tiriti, as they arrived on East India Company ships routed through Aotearoa. ³⁴Both Chinese and Indians have been in New Zealand since the 19th century, but Koreans are recent arrivals in the mid-20th century. The top birth countries of Chinese in Auckland who are 65+ are China, Taiwan, Hong Kong, Malaysia and New Zealand. The first recorded Chinese is Appo Hocton or Wong Ah poo Hocton, a steward on the immigrant ship Thomas Harrison, who jumped ship in Nelson in 1842.³² New Zealand's bilateral and multilateral and regional relationships with China are significant as also the international Chinese students who when employed with residency, tend to bring their parents to Aotearoa from China or PRC the People's Republic of China. Interestingly the first Muslims in New Zealand were Chinese, though associations with the gold fields, the poll tax and 'yellow peril' seem to surface more easily in people's minds³³. In fact, the Dunedin Chamber of Commerce in 1886 invited Chinese miners from Australia to work the gold fields and they primarily came from Canton. Between 1882 and 1934 the New Zealand Government earned approximately 308080 pounds from the poll tax. The Chinese have also been known for their market-gardens, laundries, operators of tea rooms and medical practitioners in the

²⁷ Ibid.

²⁸ Stats NZ Census, 2023

²⁹ <https://www.selwynfoundation.org.nz/>

³⁰ Census data specially prepared for this research by Statistics NZ through the kindness of Ewan Jonasen and Robert Didham

³¹ Pio, 2023

³² Chan, 2007

³³ Chan, 2007; Ip, 1996; Murphy, 1994; Pio, 2010

20th century. Today Chinese are highly skilled professionals and work as entrepreneurs, lawyers, doctors, dentists, bankers, real estate agents and educators.

The birth countries for Indians in Aotearoa who are 65+ are India, Fiji, South Africa and New Zealand. The first Indian in New Zealand is believed to be a Bengali man who jumped ship and married a Maori woman³⁴. But prior to this time the ships of the East India Company had lascars or Indian seamen who also jumped ship in New Zealand and some of them married Maori women resulting in Maori-Indian people³⁵. Both India and New Zealand were part of the British Empire and hence have a shared language English, as well as parliamentary democracy, similar legal systems and of course cricket.³⁶ An Indian from Goa Black Peter is said to be the first to have discovered gold in the Otago region.³⁷ Early Indians faced exclusionary acts, but today Indians are prosperous owners of businesses and, corner dairies and work in banking, education, retail and the health care sector.

Most Koreans in New Zealand who are 65+ were born in Korea with a few in Japan. Very limited numbers of Koreans came to New Zealand before the 1990s. Later, the New Zealand government's long-term business immigration scheme resulted in Korean migrants in the 2000s, including students.³⁸ Some Korean migrants have brought their parents to live in New Zealand. Currently Koreans work as entrepreneurs, run martial arts classes and are lawyers and restaurateurs.

This research on ageing Asians in Auckland draws attention to contested socially constructed terms such as migrant, Asian ethnic minority and ageing, for each of these words are dependent on their context, history and disciplinary homes. It is important not to other ethnic minority migrants or treat their categorisation as problematic through narrow definitions which have a deficit model as the focus. I acknowledge shifting aspects over space and time and the instability of these categories with othering assumptions, including cultural dynamism, fluidity and diversity within definitions of ethnic minority, migrant, Asian, and ageing as I explore these issues to contribute to newly emerging perspectives of these terms.³⁹ While there is need for greater visibility and inclusion in these categories, I plan to cast a critical eye and create new ways of thinking about contemporary dominant ways of viewing Asian migrants, with greater appreciation of diversities in how this group is constructed and defined. Hence I abide by intersectionality and cross-cutting ways with overlapping dynamic changing social locations.⁴⁰ My aim is to move away from this group of peoples as problematic, to one which acknowledges their diverse experiences and trajectories and challenges essentialist ways of perceiving them so that their contributions and successes are highlighted. My terms of reference also include my positionality. As the primary researcher, I am an ethnic minority migrant woman of Asian origin living in Aotearoa New Zealand. I believe that my positionality strengthens this research approach, analysis,

³⁴ Pio, 2010; Swarbrick, 2007

³⁵ Pio, 2023

³⁶ Pio, 2010;

³⁷ Pio, 2023

³⁸ Yoon & Yoon, 2016

³⁹ Coupland, 2009; KC, Clarke & Seppanen, 2023; Phillipson, 2015; Torres, 2015; Zubair & Norris, 2015; Zubair & Victor, 2015

⁴⁰ Torres, 2001

interpretation and conclusions. My aspiration is to identify the various absences in the literature on ethnicity, migrants, Asians and ageing through this intersectional research.

Ageing Asians seem to be victims of the equations which create policies of inclusion for the majority and various forms of exclusion for the minority. Undoubtedly this is a delicate and difficult balance, but there seems to be a tectonic slowness in responding to this rapidly changing demographic. Hence, the impetus for this research was the dearth of available information on ageing Asians in Auckland, despite their exponentially growing numbers.

Research design

Positioned within the qualitative approach, this research study is embedded within a phenomenological approach with interactive interpretative processes of ethnicity, personal history, social class and gender to provide rich descriptions.⁴¹ The three largest groups 65+ of Asians in Auckland, are Chinese (16836), Indians (9345) and Koreans (1434).⁴² The perspectives of these three groups of ageing Asians was sought for this research. The overarching research question was - what are the experiences of ageing Asians in Auckland? Within this overarching question, sub-questions explored the joys and challenges they encounter.

Data for this research was collected through interviews and focus groups. Participants were recruited for this research through the researcher's network of contacts with ethnic communities, snowball sampling and criterion sampling. Snowball sampling helped to identify high-level managers and focus group participants. The criteria for the interviews included working with/interacting with the elderly and the perspectives of eighteen high level managers. These managers consisted of nine women and nine men, of whom eight were ethnic individuals identifying with the Chinese, Indian and Korean ethnicities, eight were White European/Pakeha/British, one was Maori and one was Pasifika.

Four focus groups were conducted with a total of thirty-eight participants consisting of twenty-four women and fourteen men. All focus group participants were born overseas, were living either with family members/friends or independently, were 65+ years, legally resident in Aotearoa and identified with Chinese, Indian or Korean ethnicity. The two focus groups with Chinese had nine women and five men. The Indian focus group had five women and five men, none of whom were Fiji Indian. The Korean focus group had ten women and four men, none of whom were North Korean.

Focus group participants and high-level managers were encouraged to think of the following questions:

1. What are the positives of growing old in Auckland?
2. How can an elder contribute to being positive?
3. What are the areas for improvement for ageing Asians in Auckland?

⁴¹ Creswell, 2013; Denzin & Lincoln, 2000

⁴² Census 2018

4. Do you know of anyone with the same ethnicity as you who has experienced elder abuse? What is the nature of the abuse?

5. If you could wave a magic wand, describe three of your wishes for ageing Asians in Auckland.

For the high-level managers, questions were also asked about policies and practices in the aged care sector and how these apply to Asians.

For each of the focus groups translators and interpreters were present to ensure that the focus groups were correctly recorded and interpreted. The participants were assured of confidentiality and the interview protocol was fairly broad in order to allow the participants to share information about ageing in Auckland. The interviews varied in duration from 30 to 120 minutes and except for one interview which was online, all were face-to-face conducted in places of mutual convenience and comfort. The focus groups varied in length from 90 -120 minutes. Focus groups were conducted on the premises of Age Concern Auckland at Avondale, Bharatiya Samaj at Mount Roskill, CNSST Foundation at Panmure and The Asian Network Incorporated – TANI at Onehunga.

The data was analysed⁴³ for emerging themes through an iterative process of reading and re-reading using open coding to group the transcripts into categories and this was followed by identification of key categories. These interpretations were shared with members of ethnic communities and high-level managers before the final key themes were crystallised. For the researcher, as an interpretive bricoleur, this labour of interpretation is a collage, quilt or tapestry of interconnected representations.⁴⁴ It is important to note that the voices⁴⁵ with illustrative quotes throughout the findings are that of the ageing Asians for the focus groups and that of the high-level managers for the interviews. Regarding generalisability⁴⁶, this research was conducted in Auckland, Aotearoa's largest city and though it is likely to have relevance to the rest of the country, there may be differences based on urban and rural areas. Moreover only the three largest Asian groups 65+ were accessed, and thus the findings may not generalise in their entirety to the heterogeneous Asian populations in Auckland and Aotearoa.

Findings

The findings are presented in two sections consisting of key themes from the focus groups and key themes from the managers. In each of these sections five themes with illustrative quotes are presented with some commentary based on the extant scholarship.

Focus groups

The thirty-eight participants in the focus groups were eager to share their experiences of ageing in Auckland.

Five key themes emerged from the focus groups:

⁴³ Glaser & Strauss, 1967

⁴⁴ Denzin & Lincoln, 2000

⁴⁵ Mertens, 2005

⁴⁶ Lincoln & Guba, 1985

- Love of Auckland
- Active and engaged
- Elder abuse
- Linguistic and cultural sensitivity
- Futures

In order to respect the heterogeneity of these three ethnic groups, quotes from each group have been put for each of the five themes. All these participants refused to be invisible and irrelevant, though the questions in their minds were: are we welcome? Is this home? Do we belong?

Love of Auckland: In recalibrating their lives, they appreciate the beaches, parks and the preciousness of place in the fragility of their existence. Many of them have learnt adroit navigation and they find the city, beautiful and safe with plenty of freedom, free transport, superannuation and fairly good medical facilities which are free including food in hospitals, in contrast to their home countries. There are so many activities such as Ping-Pong, badminton, mah-jong, dancing, English classes and digital learning. The air is great and the food is safe to eat, people respect each other.

Yet there are flutters of panic, as expressed by a Korean participant, *“when one has to emerge from the home into an English speaking environment”*. The new spaces can seem chaotic, confusing and complicated. Korean participants noted that they can live together or near their children in Auckland, and there is a more relaxed lifestyle. Drivers on the road are mindful so senior drivers and pedestrians feel safe. Superannuation is great and it is enough to life off and the natural environment and good air is beneficial for health.

For example a participant from China said: *“I took a video of the beauty of New Zealand and showed it to friends in China...many of our friends in China who are younger than us have died, but here in New Zealand we live longer...we are well looked after by the government here.”* Another Chinese participant praised the public transport bus drivers *“for example if there is a disabled person, the driver helps...”* The Chinese participants enjoy Wechat and they read books on their technology devices. Another participant said *“compared with China, I think growing old in Auckland makes my mind much younger – I am eager to study...there are multiple choices...”* A participant from India described the clean air and said *“there is no pollution compared to India. Life is relaxed not like India and it is comfortable...we meet friends in parks and exercise. The environment is very safe.”*

This fits in with plans indicating the creation and implementation of the Auckland age friendly plan⁴⁷ and its framework which seeks to improve the quality of life for older Aucklanders, future proofing the region and identifying and guiding action to support those most in need.

Active and engaged: In order to keep positive while they age, they emphasised the importance of exercise, engagement and entertainment. This theme was interspersed with the importance of accessibility and transport. Many emphasised the need to dress up well and enjoy life – there is freedom of speech and some Chinese people said Auckland is “an older person’s heaven.”

⁴⁷ Auckland Council, 2021

For example a participant from China said “we can contribute by raising our younger generation and supporting our children and grandchildren. We can pass on our own language and the Chinese culture to the next generations. As first generation immigrants we have the opportunity to support the upbringing and cultural heritage of our children’s descendants and to preserve our native language. Promoting cultural exchanges and outreach between ethnicities, especially utilising experiences and cultural knowledge of first-generation immigrants is a good example and this can result in active participation and volunteering to live a meaningful and fulfilling life.” A Chinese woman said “language barriers should not be a concern, one can lead by example and pass on the values of public service to future generations. Be active by volunteering to visit nursing homes and chatting with the elderly.” A participant from India described an idle mind as a devil’s workshop and emphasised the need to be engaged. He said “we benefit from the free transport and the medication is very good.” Another participant noted “there is plenty of choice for different sub-communities and clubs based on ethnic differences within the Indian community, as for example a Gujarati club and a Marathi club. There are exercise sessions, singing, nice and healthy food and we have a jolly time.” A working woman in the focus group said “I can work and give back to the community. As a grandparent I help in my grandchildren’s school, I teach English and also work part-time in retail.” A female participant said “we have life experiences – we contribute to the neighbour’s grandkids and take them out for a walk as their family finds this helpful. We should be role models and practice what we preach.”

A participant from Korea noted “it is important to take part in activities at community centres, for example Korean women’s association, Korean dancing, Korean drums, indoor bowling and fall prevention and body balance classes. Engage in musical activities for example members of rainbow choir for seniors meet once a week and perform once a year which give them a sense of achievement. Many participants attend church for spiritual sustenance. The church also provides social activities such as calligraphy classes, outdoor activities such as BBQ in parks and often a free shuttle bus driven by volunteers is also available. Other activities include table tennis and the Korean game baduk”.

The Church⁴⁸ and community organisations were a wonderful hub for ageing Asians and provided them with companionship, food, learning and a platform to display their skills. Additionally, culture and cultural differences are considerations when engaging with ageing migrants to ensure health-seeking behaviours.⁴⁹ It is important to remember that for many migrants, there are challenges associated with social connections as they transition to a new country and this may lead to social isolation.⁵⁰

Elder abuse: This is the hidden problem⁵¹. While there is an absence of data, anecdotal evidence points to about half the Indian ageing community experiencing elder abuse, and in the Chinese community about one-third. In all three communities – Chinese, Indian and Korean, there is financial, verbal and physical abuse with regret grief and hopelessness etched in the DNA of those experiencing abuse. There is social stigma and so there is very low disclosure of elder abuse. Moreover the definition of elder abuse among these communities is

⁴⁸ Reid nd

⁴⁹ Jacobsen, F., et al., 2023

⁵⁰ Szabo, Stephens & Alpass, 2023

⁵¹ Fallon, 2006

different from the majority community. Many enjoy being with their grandchildren, and cooking the favourite traditional foods, as well as sewing/knitting for the family. But when they have no money, are left alone at home and are not spoken to, then they do experience abuse. Many of them and people they know live in the shadow of disregard, discrimination and deficit models. Some older people, often ageing Asian men turn to alcohol to drown their sorrows. Suicide among the elderly is a major concern. While national data on suicide indicates that Asians have lower suicide rates than that of the general New Zealand population, disaggregated data may provide a picture which shows increasing suicide rates, among older Asians, particularly men.

A number of ageing Asians experience financial abuse when living with their children who take their superannuation money and cards. In some cases the young people in the house do not speak to them, they don't go out together, the older people's questions are not answered and their children do not inform them if they are going out or away for a few days. As a participant noted, *"especially the children raised here in New Zealand, they think like Europeans and have individualism and don't accept a more community oriented culture"*.

For example a participant from China said *"Let the children do what they want to do...do not say anything...sometimes the children go to Australia and leave the elderly person here, but when the person sells their property in China, the children rush back to New Zealand for a share of the money."* It is important to have workshops to deal with relationships with children and health issues, so that there is less financial and psychological abuse. Another participant said *"I have a friend who, because she cannot drive and does not speak English has to rely on her children. She looked after her grandchildren, but once they grew up they had no further use of her and began to resent her. The grandchildren witnessed violence from the daughter-in-law and then they began to emulate their mother's violence towards the grandmother, and the son did not intervene. In the end this lady had no choice but to move out and seek shelter with friends which is truly pitiful."*

Another participant said *"In China, it is customary for three generations to live together, but here with a western culture and ways of thinking, there are conflicting mind-sets and it is challenging to live with our children. It is also important to learn to use more praise and rewards here in New Zealand as different from our traditional Chinese culture which emphasises top-down discipline and limits excessive praise to avoid arrogance. Course on intergenerational mind-sets and life styles are most helpful to understand each other and reconcile differences"*.

A participant from India described the importance of *"keeping quiet otherwise we face the consequences...there are rules for entering the house...the grandchildren are born in New Zealand and their attitude to life is different."* Another participant noted that the grandchildren say *"Don't get angry, otherwise we will phone the police...perhaps that is what makes us stay positive and learn different ways."* Another participant said *"It is important to keep a happy and good atmosphere in the family. Don't interfere in children's family."* A participant from Korea noted that *"we have to adjust...but if a person is in a hospice and no one speaks their language, they want to die quickly or run away from that place"*.

A participant from China said *"Forget about who you were before and what you had before...enjoy what you have now."* The community offers a variety of activities but they are

mainly conducted in English and this doesn't help the Chinese elders. Could there be more language support for greater diversity" asked a Chinese woman... even after learning how to use digital technology, we may forget and so we need and are grateful for patient teachers." Others raised the question: *"is there a direct channel for elderly new immigrants to access information on support and activities for the elderly? This would alleviate many concerns and facilitate better communication among us."*

Elder abuse seems to be omnipresent in Aotearoa. It is an area that is challenging, and can involve physical, emotional, financial, psychological, emotional and sexual abuse.⁵² World Elder Abuse Awareness Day is on 15 June and this form of abuse is generally underreported.⁵³ Yet, Asians have the lowest suicide rates by prioritised ethnicity, according to a recent snapshot of suicide in New Zealand, though there has been an increase from 3.4 per 100,000 in 2019 to 5.9 in 2021.⁵⁴

Linguistic and cultural sensitivity: If they had to wave a magic wand with hopes for the future, they noted that they would like to see more cultural and linguistic resources, education programmes and entertainment. They emphasised the importance of their choice of food which would be similar to what they were used to when growing up in their source country. They were also keen for better medical facilities and shorter wait times for an appointment.

For example a participant from China said: *"we would not go to a retirement village because of cultural, language and food issues."* All participants noted the issue of appropriate linguistic, cultural and food issues in care facilities. A Korean participant said *"I would go to a retirement village, if I have to, but those in New Zealand are too expensive – there should be more options and to pay for meals separately. The mind-set is changing and there is reduced guilt if parents live in a retirement village... the parents do not want to burden their children, so they are ok with staying in a care facility which is affordable."*

In moving to another country, older Asians often face linguistic, cultural and other challenges which intersect with social isolation.⁵⁵ These older people learn to cope by tolerating their isolation, talking to people in their home country⁵⁶ and sometimes seeking the help of friends and organisations in the new country.

Futures: All participant spoke about the very long wait times for a medical appointment. A participant said *"there are no walk in appointments due to shortage of doctors and this creates problems if there is an emergency. While urgent care is provided from 8 am to 8 pm, the need is for 24 hour urgent care"*. But an Indian participant said *"we have learnt to deal with the very long wait times in emergency – if we do a bit of drama they take us in"*. Overall Indian participants felt that there are few experienced doctors here and sometimes they give the wrong medication with varying advice which is not easy to understand. Another participant said *"They never let us die"* emphasising the need for quality of life in their sunset years. Many preferred to go to India for medical treatment, particularly for their eyes and teeth.

⁵² Office for Senior Citizens, 2015

⁵³ <https://www.un.org/en/observances/elder-abuse-awareness-day>

⁵⁴ Parliamentary Service New Zealand, 2022

⁵⁵ Park, Morgan, Wiles & Gott, 2018

⁵⁶ Ibid.

A few spoke of the expensive rents, but overall housing was not an issue which was uppermost in their minds. Most of the participants preferred to have independent living and as one participant said *“I would feel terrible if I had to go to a rest home”*. ‘Provide home care rather than put us in a rest home’ was the mantra. They felt that there were not many choices in rest homes and in particular due to language barriers and food. They wanted more workshops such as in sewing, gardening, computing and digital literacy – while these exist there need to be more of them as these are also opportunities for making friends.

Some spoke of safety and fear of robberies, though the majority felt safe living alone – they have a medical alarm and a network of friends and good neighbours. There was need for more bus stops, particularly in town centres.

Overall they want to age gracefully and die with dignity. They want to lead a stress free and peaceful life. They wanted a bit more money as it is hard to survive on what the government provides, but overall they felt that they are looked after well here in a good environment. They prefer to retire and die in their own homes. They should be more exercise equipment for older people in parks and more ATM machines in all town centres.

A woman who wore the joint Chinese and New Zealand flag lapel pin said *“the government can provide more spaces and events for senior people, because that keeps them healthy and happy and will reduce medical expenditure for the country. The Government can subsidise rents for community halls.”* Some Chinese participants said *“We want an exclusively Chinese retirement village so that language and culture would then be appropriate... we struggle with the medical systems here which are very different from China.”*

An Indian participant said *“at the airport, they should have special facilities for check-in and luggage for the elderly.”* This group of Indian participants said that religion doesn’t matter, it is humanity that matters with respect for everyone. As a participant said *“We must practice humanity, it is a personal issue and we must provide service and life in harmony. We thank the New Zealand government and council for the senior clubs and looking after citizens. People are very tolerant”*.

All participants felt that their skills and wisdom were not put into use. For example a Chinese participant said *“I would be happy to teach people gardening and how to grow vegetables and also teach Chinese cuisine”*. Another participant said *“Many older Asians are highly skilled professional people...we can work, be entrepreneurs and contribute to the economy...but we get shunted out of organisations once we reach a certain age.”*

A Chinese participant said *“It is essential to engage in lifelong learning including learning English, have an active and independent life to maintain health and avoid becoming a burden to society or causing trouble for children, have an open mind – appreciate and embrace each other’s backgrounds, engage in meaningful conversations and make this adopted land feel like home by integrating into the local community. Where possible learn to drive and use technology. Everyone should have a heart that strives for success”*.

Koreans spoke about the need for Korean speaking doctors and interpreters. As one woman said *“we have language problems with using technology such as at banks, McDonalds, petrol stations, airport and parking – language is a big barrier”*. Another woman said, *“I want a robot who could do all the house work and cooking as well as repair things that were broken”*.

around the house". A man said "I want to live till 120 years in good health till the very end". Many Koreans noted that "the bathrooms/toilets are old and outdated in the parks and public places...you should see the state-of-the art toilets for the public which are free in Korea." Transport in terms of regularity and frequency was an issue. A participant said "There should be more Korean language options and translated pamphlets for example in places like hospitals. Free dental/dentures and more preventative checks for the elderly to get better outcomes".

Successful ageing among migrants depends on promoting a healthy lifestyle that is productive and positive and is influenced by structural issues along with the ability for adaptive psychological and social mechanisms as physiological limitations increase.⁵⁷

Happiness based on living in Auckland by this group of Asians, is one side of the coin. The other side emphasises resistance in acknowledging the diversity of Auckland resulting in lack of belonging as perceived by ageing Asians. People and organisations seem to still succumb to the spell of the prescribed canon where ageing Asians are pathologised rather than seen as belonging to the myriad skeins in the diverse fabric of our city. In this awkward terrain of ageing populations in Aotearoa, ethnic strategies are deplorably absent, and while there are definitely some moves towards inclusion of this demographic, they are a mere drop in the ocean. What is the reckoning? Why are there gaps along ethnic lines? How can outcomes be improved in a manner which provides access to the necessary tools for the slice of paradise in this diverse age friendly city that Auckland purports to be. This is an opportunity zone a time for radical interventions and gimlet eyes not mere whimpers towards elder abuse, tears, language deficits, suicide and lack of work. Yes work and employment are an important component, for many in this age group who are prepared to work for the rewards of money and social interaction. Ah if only our organisations were incentivised to provide work for those in the 65+ group, who would be loath to cross the ditch, like many of our millennials. Many ageing Asians can serve as tourist ambassadors, language translators, professionals, accountants, legal experts, educators and deep knowledge knowers of their home country for trade and enterprise.

High-level managers

The label of vulnerability for ageing migrants can be challenged, as they are not necessarily economically inactive and they may be geographically mobile.⁵⁸ Overall these managers emphasised the well-developed community support systems and relationships in Auckland compared to other parts of Aotearoa as well as the birth country of Asians. The OECD notes that overall New Zealand is a good place to age. In fact, *"the diversity of geographic location and people and connectedness to the Asia-Pacific offers something for everybody."* Another said *"we want Asians to feel identified, seen and perceive that they are welcome and Auckland is their home."* Furthermore, *"Asian elders support their working children, they can encourage tourism and also provide investment opportunities with their deep knowledge of their birth countries."* Yet as a manager said *"the elderly are vulnerable, no matter where they are."* Another manager said *"Places of worship can provide networks for integration and understanding. Elders can also volunteer and give back and in fact the volunteering sector has*

⁵⁷ Ho, Pullenayegum, Burnes & Fuller-Thomson, 2022

⁵⁸ Bastia, Lulle & King, 2022

a bulk of people who are 65+ - but there are likely to be fewer Asians in this group.” But, moments of bafflement and dramatic mischaracterisation, often by the majority community and policy makers only serve to underscore the short circuits of decency, civility and long term strategic thinking of the changing demography that is Auckland. The reality indicates that hard won acknowledgement can be dislodged by the long shadow of racism. As a manager said *“perhaps ageism is the last bastion that needs to be dislodged” – we now speak openly about gender, sexual orientation and ableism and it would be inappropriate to joke about these aspects of diversity. However, we still speak of a nana nap, or a granny flat or he’s too old to understand...”* Others described the sector as fractured, *“for New Zealand falters with ageing Asians, despite the fact that it is an extraordinarily generous country.”*

Another manager said *“in general older people are given short shrift.”* Yet cultural perspectives work both ways and both ethnic people and the majority community must seek to understand each other with respect and dignity. Here incentivising work places to employ older people would be a great move. Rites of passage into New Zealand must involve information about the health care sector, which is different from what was experienced and expected in the source countries of Asians. Additionally *“at the community level, people from different ethnicities, need to understand what government and council is doing for them...it is a two way understanding... but many in the majority culture want Asians to give up their individual identity, for Asians must change and be more like the majority.”* Another manager said *“people’s experience of growing older is based on their health, geographic location and socioeconomic status.”* As a manager emphasised *“we have to be careful about our mission statement – can we have strategies just for Asians? Then others will want something special and it will become a logistical nightmare...our aim is to provide holistic quality care for all, irrespective of your ethnicity.”* This perhaps is the conundrum that confronts many organisations and people in the aged care sector and has unfortunately led to glacial movement in crafting strategies, policies and practices for heterogeneous populations which make up today’s Auckland.

High-level managers emphasised five key themes

- Ethnic strategy
- Fragmented funding
- Elder abuse
- Connectors
- Health care

Ethnic strategy: Many high-level managers expressed deep concern that there was no specific ethnic strategy for this cohort of older people, yet, we are all part of the New Zealand narrative. Ethnic managers in general emphasised the need to recognise the contribution of older people with respect and to have an inclusive strategy which they felt was non-existent. A managers spoke about *“the fact that ethnic elders were pushed into meeting with ethnic care providers, but they may not want that care and may rather prefer to have care that is given to Europeans as they believed that that would be the best possible care.”* Another manager spoke about the importance of ethnic media networks for all Asian communities. He said *“currently there are a few, but they do not cater to the heterogeneity that is Asia. Elder*

people are a repository of knowledge and there is scope for intergenerational experiences and sharing, but a platform for this is necessary". Culturally appropriate care facilities are missing. For example, a manager said "an older Asian women might prefer to be addressed respectfully as 'aunty' rather than be called by her first name. She might be uncomfortable wearing trousers or a dress, and might prefer to wear a sari which she has worn her whole life. Yet, are there carers who can do this for her? In New Zealand, as expressed by a manager "healthcare is a partnerships and not dictatorial – the individual is not a cog in the machine, and Asians must learn and know the attributes of living in this county where much of your health care costs are funded." We must "provide opportunities for communities to learn from and understand each other and not chastise them – it is very tricky and needs a delicate balance." It was emphasised that "thinking has to be very long term as inequities are extraordinarily complicated...there is need for patience, bravery and courage."

Ageing and inequalities intersect and it is important to note that older migrants are not necessarily in active and merely recipients of support and care.⁵⁹ Rather, we can also focus on their remittances both sent and received, Diasporas or multigenerational descendants which can involve labour communities, return migration, international retirement migration and intergenerational care and this is the heterogeneity of ageing in global contexts. Yet ageing and becoming older are "geographically emplaced, culturally constructed and politically shaped".⁶⁰

Fragmented funding: A manager said *"there is need to have resourcing for connectivity, because connectors are the glue for navigation. But with fragmented funding and small amounts going to various agencies, there is a risk of the dollars spread too thinly and being wasted because of lack of expertise and capacity. Funding mechanisms encourage competition not collaboration. If funding is less fragments, then some of the needs expressed by high level managers can be met".* For instance, a manager said, *"There is need for a platform to support each other in the aged care sector...financial, emotional and social support...to lead flourishing lives."* Yet many emphasized that the aged sector must work together at three levels, expressed by a manager as *"well known and trusted organisation which provide wrap around support, local government and central government."*

Elder abuse: Old age is a time to slow down and not be abused. A manager said *"It is also a time not to push the person to be younger, but rather respect the stage of life that they are in. We have to go beyond a black and white definition. It is important to have a concerted strategy and to encourage the younger generation to understand elders through buddy and mentoring programmes. This might help to mobilise elders who are not connected and who are isolated. It is important to have violence prevention strategies".* Another manager said *"lack of the English language encourages isolation, fearfulness and resistance to care and limits the choices the ethnic individual can make."* Another said, *"There are not enough Asian care givers"* and this can lead to perceived elder abuse. A manager emphasised that *"elder abuse is complex and there is need for more understanding of this term...places of worship can provide spaces for sharing, awareness and time to talk...to reduce stigma...but there is no official data on this aspect and elder suicide is high."* A manager said, *"There is need to adapt and adopt."* In this regard *"schools are an untapped resource where grandchildren can learn*

⁵⁹ Ibid.

⁶⁰ Ibid., p. 1012

how to respect their grandparents.” Another said “it is unfortunate that elder abuse is mostly among family members but also sometimes it is perpetrated by those who provide care for elders. There needs to be an end to structural racism and our society must be more welcoming of Asians and treasure them as a source of knowledge, and not a burden.” In this regard, “intergenerational housing may be a solution to more socialisation and less isolation and loneliness.” It is possible that the suitability of housing within families leads to elder abuse. Thus while there is no housing crisis as perceived by ageing Asians, living with family members who neglect the older person, could be a major contributing factor to elder abuse and suicide.

In general, the complexity of elder abuse continues to be invisible and is sadly often perpetrated by family members. Alcoholism, self-directed violence, thoughts of suicide and suicide attempts seem to be solutions in the minds of some vulnerable ageing Asians. Vulnerability is exacerbated by loneliness, stigma about mental health issues, racism, physical ill health, lack of money and seeing no meaning in continuing to live⁶¹. Suicide method preference seems to follow the trajectory of what was done in the home country and includes hanging with a rope, jumping from tall structures and poisoning. Suicidal contagion is another aspect that needs to be given attention. Entrenched social structures with discrimination difficult to dislodge, low English language fluency, lack of work leading to financial distress and shame around mental health issues are deeply embedded patterns in the perpetuation of elder abuse among ageing Asians.

Connectors: Many deplored the fact that there were limited spaces that were culturally appropriate for older people. Moreover there was limited knowledge by ageing Asians on various facilities available to them and this is where the importance of connectors is significant. Otherwise these older people have to go from one window to another and this can be rather challenging for them. A senior directory of support services would be useful. Furthermore it is important that they understand the health system in New Zealand, well before they need to use it, in order to provide them with informed choice. As a manager noted *“Many ageing Asians, particularly if they do not have facility with the English language feel they are navigating an alien landscape. In fact to meld cultures, one first has to celebrate individual cultures and this is where the importance of connectors comes into play.”* A manager said *“we need more affordable housing, with different funding models and connectors can guide in this regard.”*

An innocence argument in this context will not do, as data and trends from census New Zealand over the past many years has clearly indicated the changing demography of Aotearoa and Auckland.

Health care: Hearing aids must be a top priority so that older people can stay engaged. There needs to be more care givers who are from the various ethnic communities as well as doctors and nurses who understand how people age from various ethnic groups. A one size fits all based on the requirements of the majority community, or research done on western groups maybe inappropriate. A manager noted that *“there is need for social centres close to where people live, to prevent isolation and mental health issues. We need equal health services for everyone, with knowledge of health services and proficient use of them.”*

⁶¹ Alves, 2014

There is the need for ageing in place for minority ethnic communities linked with social infrastructure, to prevent social isolation⁶². This can be maintained by different spaces such as religious buildings, various public spaces including retail spaces, green outdoors and libraries with community and voluntary activities and organisations. Research indicates that there is need for intercultural expertise and ethnic specific support services, particularly in the area of health care systems to meet the needs of aged migrant populations.⁶³

Recommendations and Concluding comments

Six multi-faceted recommendations can be garnered from this research:

- An ethnic strategy for ageing Asians, which is adequately and sustainably resourced
- Enhanced health care including linguistically and culturally mindful and mental health personnel/interpreters
- Ageing in place with independent living that provides enhanced cultural and linguistic sensitivity
- Creating connectors, with a one stop window/booklet with information on health, law, human rights, community activities
- Reducing fragmented funding, with focus on monitoring and oversight of programmes and outputs, especially for elder abuse.
- Incentivising organisations who employ seniors

Unfortunately the trope that has gained currency is that ageing Asians are a drain on society and this framing of the narrative has been deeply damaging. We have to walk away from ethnic divides for ageing Asians and all those in the ageing group need to have a suite of tools that help them to bear witness to the wonders which this city offers. We need paradigm shifters who are prepared to think orthogonally⁶⁴. These innovative people focus on interdisciplinary and transdisciplinary frameworks and information to navigate complex settings and encourage the meeting of diverse fields with various time horizons. Such orthogonal thinking can (un)settle the context and navigate (un) chartered waters to reinterpret strategies and policies which weave the granulated textured patterns of the lives of heterogeneous ageing Asians.

Future research can be done through mixed methods with those individuals who were born in New Zealand. Research can also be done in areas out of Auckland such as the other big cities as well as more rural areas. Additionally the age group 65+ can be explored based on different ages such as for example 65-74; 75-84; 85+. A focus on those who continue to work would also be interesting, as well as those living in rest homes. Another dimension that deserves exploration is faith and its impact on ageing Asians.

Yes belonging is an elusive, complicated and complex concept, but this should not deter policy makers and strategists and those at the coal face from making change. How can we make ageing Asians' days filled with a symphony of joy, safe spaces, engagement and tranquillity, so

⁶² Yarker, 2020; Yazdanpanahi & Woolrych, 2023

⁶³ Carlsson & Pijpers, 2021; Holecki, Rogaslska, Sobczyk, Wozniak-Holecka & Romaniuk, 2020; Ismail, 2023.

⁶⁴ Ogden, 2014

that their light is not diminished or deliberately snuffed out. Perhaps a slow cup of tea and taichi, or yoga and saffron chai, or dried persimmon, fresh watermelon and playing Baduk/Go? In lives that are tenuously moored, where one often relies on the intimacy of strangers, it is crucial to unlock safe spaces and to unsettle treasured tenets in the layers of meaning that characterise ageing Asians in Auckland. We want these ageing Asians to fall in love again and again with the abundance that can be and is Auckland. The UN Decade of Healthy Ageing (2021-2030) is a global collaboration to improve lives of older people, their families and communities.⁶⁵ There are four areas for action: age friendly environments, combating ageism, integrated care and long-term care. There are also four enablers and these are voice and meaningful engagement, leadership and capacity building, connecting stakeholders and strengthening data, research and innovation. In Aotearoa, there is a call for future ageing policy to accommodate the diversity of older adults with appropriate support and services.⁶⁶

How do we feed of this incredible richness in skills, talents and competencies? Or do we let the shadow of racism baked into the city's systems and practices bare its masked visage with a deficit model uppermost in most people's minds, including that of policy makers? Perhaps we are just learning to give a nod to that famous quote from Kate Sheppard⁶⁷ our famous suffragist "all that separates whether of race, class, creed or sex is inhuman and must be overcome." The poignant hope of this research is to tease out the nuanced realities of ageing Asian migrants, to ease their perceived burden of ageing and to inform cities and countries, of age-friendly pathways. For Aotearoa New Zealand can be a place where all peoples who live here feel respected, can live their lives with dignity, function as economic enablers and where their contributions are acknowledged and celebrated.

He waka eke noa⁶⁸ – we are all in this together.

⁶⁵ <https://www.who.int/initiatives/decade-of-healthy-ageing>

⁶⁶ Rose, Kozlowski & Horstmanshof, 2022

⁶⁷ Malcolm, 2013.

⁶⁸ <https://www.teputahitanga.org/2021/04/23/he-waka-eke-noa/>

Select Bibliography

Ahlawat, H., Coe, E., Hartenstein, L., Kumar, P., & Ungerman, D. (2024). *How to achieve great health for all? Start in your city*. McKinsey Health Institute.

Alves, V., Maia, A., & Nardi, A. (2014). Suicide among elderly: a systematic review. *Medical Express – review*, DOI: 10.5935 /MedicalExpress.2014.01.03

Auckland Council (2021). *Age-friendly Auckland – action plan 2022-2027*. Auckland Council

Bastia, T., Lulle, A., & King, R. (2022). Migration and development: The overlooked roles of older people and ageing. *Progress in Human Geography*, 46 (4), 1009-1027.

Bell, V. (1999). Performativity and belonging: An introduction. *Theory, Culture and Society*, 16(2), 1–10. <https://doi.org/10.1177/02632769922050511>

Bloom, D. & Zucker, L. (2023). Aging is the real population bomb. <https://www.imf.org/en/Publications/fandd/issues/Series/Analytical-Series/aging-is-the-real-population-bomb-bloom-zucker>

Carlsson, H., & Pijpers, R. (2021). Diversity-mainstreaming in times of ageing and migration: implementation paradoxes in municipal aged care provision. *Journal of ethnic and migration studies*, 47 (1), 2396-2416.

Chan, H. (2007). Wiaoxiang and the diversity of Chinese settlement in Australia and New Zealand. In T. Chee-Beng (Ed). *Chinese transnational networks*. Pp 153-171. London: Routledge.

Coupland, J. (2009). Discourse, identity and change in mid-to-late life: interdisciplinary perspectives on language and ageing. *Ageing & Society*, 29, 6, 849-861.

Crenshaw, K. (1991). Mapping the margins: Intersectionality, identity politics, and violence against women of color. *Stanford Law Review*, 43: 1241–1299. DOI: <https://doi.org/10.2307/1229039>

Creswell, J. W. (2013). *Qualitative Inquiry and Research Design: Choosing among Five Approaches*. 3rd ed. Thousand Oaks, California: Sage.

Denzin, N.K. & Lincoln, Y.S. Introduction: The discipline and practice of qualitative research. In N.K. Denzin & Y.S. Lincoln (Eds), *Handbook of qualitative research*. Thousand Oaks, CA: Sage, 2000, pp. 1–28.

Essers, C., Pio, E., Verduijn, K., & Bensliman, N. (2021). Navigating belonging as a Muslim Moroccan female entrepreneur, *Journal of Small Business Management*, 59:6, 1250-1278, <https://doi.org/10.1080/00472778.2020.1769989>

Fallon, P. (2006). *Elder abuse and/or neglect – literature review*. Centre for social research and evaluation. New Zealand: Ministry of Social Development.

Fortier, A.-M. (2000). *Migrant belongings: Memory, space, identity*. Berg.

Gaither, S. E. (2018). The multiplicity of belonging: Pushing identity research beyond binary thinking. *Self and Identity*, 17(4), 443–454. <https://doi.org/10.1080/15298868.2017.1412343>

Glaser, B.G. & Strauss, A.L. (1967). *The discovery of grounded theory: Strategies for qualitative research*. New York: Aldine De Gruyter.

Ho, M., Pullenayegum, E., Burnes, D., & Fuller-Thomson, E. (2022). Successful Aging among Immigrant and Canadian-Born Older Adults: Findings from the Canadian Longitudinal Study on Aging (CLSA). *International Journal of Environmental Research and Public Health*, 19, 13199. <https://doi.org/10.3390/ijerph192013199>

Holecki, T., Rogalska, A., Sobczyk, K., Wozniak-Holecka, J., & Romaniuk, P. (2020). Global Elderly Migrations and Their Impact on Health Care Systems. *Frontiers in Public Health*. doi: 10.3389/fpubh.2020.00386

Ip, M. (1996). *Dragons on the long white cloud: The making of Chinese New Zealanders*. Auckland, New Zealand: Tandem Press.

Ismail, M. (2023). The Effect of Social Contacts on the Uptake of Health Innovations among Older Ethnic Minorities in the UK: A Mixed Methods Study. *Sustainability*, 15, 10839. <https://doi.org/10.3390/su151410839>

Jacobsen, F., Glasdam, S., Schopman, L., Sodemann, M., Van den Muijsenbergh & Agotnes, G. (2023). Migration and health: exploring healthy ageing of immigrants in European societies. *Primary Health Care Research & Development* 24(e10):1–6. doi: 10.1017/S1463423623000014

KC, S, Clarke, K and Seppänen, M. (2023). A Scoping Review on Ageing Migrants in Finland through the Lens of Intersectionality and Vulnerability. *Nordic Journal of Migration Research*, 13(3): 2, pp. 1–18. <https://doi.org/10.33134/njmr.561>

Laia Bécares, Dharmi Kapadia, and Jame Nazroo. (2020), Neglect of older ethnic minority people in UK research and policy, *British Medical Journal* 368:m212

Lincoln, Y., & Guba, E. (1985). *Naturalistic inquiry*. Newbury Park, CA: Sage Publications.

Malcolm, T. (2013). Sheppard, Katherine Wilson, Dictionary of New Zealand Biography, first published in 1993, updated May, 2013. *Te Ara - the Encyclopaedia of New Zealand*, <https://teara.govt.nz/en/biographies/2s20/sheppard-katherine-wilson>

Marshall, D. A. (2002). Behaviour, belonging, and belief: A theory of ritual practice. *Sociological Theory*, 20(3), 360–380. <https://doi.org/10.1111/1467-9558.00168>

May, V. (2011). Self, belonging and social change. *Sociology*, 45 (3), 363-378 <https://doi.org/10.1177/0038038511399624>.

Melisa Yazdanpanahi & Ryan Woolrych (2023) Making Sense of Home Among Ethnic Minority Older Adults: Experiences of Aging in Place Among the Turkish Community in London, *Home Cultures*, 20:1, 43-63, DOI: 10.1080/17406315.2023.2209773.

Mertens, D. (2005). *Research and evaluation in education and psychology*. Thousand Oaks, CA: Sage.

New Zealand Seniors (2023). The New Zealand Seniors Series: Working Seniors Report, <https://www.nzseniors.co.nz/documents/working-seniors-report-2023-whitepaper.pdf>

Nieboer, A., and Cramm, J. (2022). Age-friendly communities and well-being realization among older native and immigrant populations in the Netherlands: a theory-guided study protocol. *BMC Geriatrics* (2022) 22:273, <https://doi.org/10.1186/s12877-022-02880-4>

Office for Senior Citizens (2015). *Towards gaining a greater understanding of elder abuse and neglect in New Zealand*. Wellington, New Zealand: Office for Senior Citizens

Office for seniors (2016). Bibliography of research on ageing in New Zealand <https://officeforseniors.govt.nz/assets/documents/our-work/Ageing-research/Research-on-Ageing-in-New-Zealand-bibliography-2008-to-2015.pdf>

Office for seniors (2021). Business of Ageing 2021 <https://officeforseniors.govt.nz/assets/Uploads/Business-of-Ageing-2021-report.pdf>

Ogden, C. (2014). Orthogonal thinking and doing. <https://interactioninstitute.org/orthogonal-thinking-and-doing/>

Park, H-J., Morgan, T., Wiles, J., & Gott, M. (2018). Lonely ageing in a foreign land: Social isolation and loneliness among older Asian migrants in New Zealand. *Health, Social care Community*, 1-8, DOI: 10.1111/hsc.12690

Parliamentary Service, New Zealand (2022). Suicide in New Zealand: A snapshot of recent trends, March 2022

Parr-Brownlie, L., Waters, D., Neville, S., Neha, T., & Muramatsu, N. (2020). Aging in New Zealand: Ka haere kit e ao pakeketanga. *The Gerontologist*, 60 (5), 812-820.

Phillipson, C. (2015). Placing ethnicity at the centre of studies of later life: theoretical perspectives and empirical challenges. *Ageing & Society*. doi:10.1017/S0144686X14001032

Pio, E. (2005). Knotted strands: Working lives of Indian women migrants in New Zealand. *Human Relations*, 58 (10), 1277-1299.

Pio, E. (2007). Ethnic entrepreneurship among Indian women in New Zealand: A Bittersweet process. *Gender, Work & Organisation*, 14 (5), 409-432.

Pio, E. (2008). *SARI: Indian women at work in New Zealand*. Wellington, New Zealand: Dunmore.

Pio, E. (2010). *Longing & Belonging*. Wellington, New Zealand: Dunmore

Pio, E. (2022). The paradox of whiteness: tempering white privilege? SietarEspana, IACCM – international association of cross-cultural competence and management <https://sietar.es/wp-content/uploads/202108-Knowledge-Bite-Edwina-Pio-1.pdf>

Pio, E. (2023). *Aotearoa & Bharat: Interactions with Māori*, Ministry for Ethnic Communities, New Zealand. https://www.ethniccommunities.govt.nz/assets/News/MEC_2022_Aotearoa-Bharat-Maori-Indian_DIGICUT.pdf

Pio, E., & Ewazi, S. (2023). The Tampa, Afghan Refugees and New Zealand: A Commentary on the Duty to Protect and Refugee Integration. *Journal on Migration and Human Security*, 11 (1), 149-154.

Pio, E., & Moon, P. (2021). Third worlds, Coolie and Coolitude: Unravelling the long arm of history. *Te Kaharoa*, 17(1) 1-40. <https://doi.org/10.24135/tekaharoa.v17i1.369>

Pio, E., and Moore, V. (2021). Power and secrecy: Battered South-Asian Diasporic women in employment, *Gender, Work & Organisation* 1–25. <https://doi.org/10.1111/gwao.12780>

Pio, E., Kilpatrick, R., & LeFevre, M. (2017) Navratna – the nine gems: Illuminating enablers, barriers and vignettes of South Asian women leaders. *South Asian Journal of Business Studies*, 6 (3), 1-17.

Pio, E., Kilpatrick, R., & Lineham, P. (2024). *Religious-Spiritual Diversity in Organisations*. UK: Edward Elgar.

Pio, E., Kristjansdottir, E., & Christiansen, T. (2021). Glass Hearts?! Successful Visible Ethnic Minority Women Migrants at Work in Iceland and New Zealand. *Journal of Management & Organisation* <https://www.doi.org/10.1017/jmo.2021.30>

Reid, G. (nd). The state of current research into ageing and spirituality. Selwyn Centre for ageing and spirituality. <https://www.selwynfoundation.org.nz/media/2540/the-state-of-current-research-into-ageing-and-spirituality.pdf>

Roberts, L. (2020). *Older Aucklanders: results from the 2018 Census*. Auckland Council technical report, TR2020/023

Rose, K., Kozlowski, D., & Horstmanshof, L. (2022). Experiences of ageing in place in Australia and New Zealand: A scoping review. *Journal of Community Applied Social Psychology*, 33, 623-645.

Stats NZ (2018). Asian ethnic group <https://www.stats.govt.nz/tools/2018-census-ethnic-group-summaries/asian>

Stats NZ (2022). One million people aged 65+ by 2028 <https://www.stats.govt.nz/news/one-million-people-aged-65-by-2028/>

Stats NZ (2023). www.stats.govt.nz/2023-census/

Swarbrick, N. (2007). Indians. *Te Ara – the Encyclopedia of New Zealand* <https://teara.govt.nz/en/indians>

Szabo, A., Stephens, C., & Alpass, F. (2023). Social networks and social support of older immigrants in Aotearoa New Zealand. *Ageing & Society*, 1-19 doi: 10.1017/S0144686X22001404

Torres, S. (2001). Understanding of successful ageing in the context of migration: the case of Iranian immigrants in Sweden. *Ageing & Society*, 21, 3, 333-355.

Torres, S. (2015). Expanding the gerontological imagination on ethnicity: conceptual and theoretical perspectives. *Ageing & Society*. doi:10.1017/S0144686X14001330

United Nations (2022). *The 2022 revision of world population prospects*. <https://population.un.org/wpp/>

World Health Organization (2024). WHO's work on the UN decade of healthy ageing (2021-2030) <https://www.who.int/initiatives/decade-of-healthy-ageing>

World Health Organization (2020). UN Decade of healthy Ageing Plan of Action. <https://www.who.int/publications/m/item/decade-of-healthy-ageing-plan-of-action>

Yarker, S. (2020). Ageing in Place for Minority Ethnic communities: The importance of social infrastructure. Manchester: Greater Manchester Centre for Voluntary Organisation (GMCVO). <https://nbn-resolving.org/urn:nbn:de:0168-ssoar-69598-3>

Yazdanpanahi, M., & Woolrych, R. (2023). Making Sense of Home among Ethnic Minority Older Adults: Experiences of Aging in Place among the Turkish Community in London, *Home Cultures*, 20:1, 43-63, DOI: 10.1080/17406315.2023.2209773

Yoon, I., & Yoon H. (2016). Koreans, *Te Ara Encyclopedia of New Zealand* <https://teara.govt.nz/en/koreans>

Zubair, M. and Victor, C. (2015). Exploring gender, age, time and space in research with older Pakistani Muslims in the United Kingdom: formalised research 'ethics' and performances of the public/private divide in 'the field'. *Ageing & Society*. doi 10.1017/S0144686X14001366

Zubair, M., & Norris, M. (2015). Perspectives on ageing, later life and ethnicity: ageing research in ethnic minority contexts. *Ageing & Society*, 35, 897-916.

About the author



Recipient of an Officer of the New Zealand Order of Merit, Te Rangi Hiroa Royal Society medal, and Duke of Edinburgh Fellowship, Fulbright alumna, Emeritus Professor Edwina Pio is New Zealand's first Professor of Diversity. She was University Director of Diversity, and elected Councillor on the governing body of the Auckland University of Technology where she worked for twenty-one years. A prolific writer, her research is published in leading international journals, books and media outlets. A woman of peace and prayer, a scholar of colour, a passionately engaged educator with networks in Oceania, South Asia, Europe, UK and USA, Edwina brings grace, gratitude, courage and thoughtfulness to governance, teaching, research, doctoral supervisions, and stakeholder engagement. She has presented at universities in the UK, USA, Belgium, Netherlands, Iceland, Australia, Finland and Austria and in 2024 has been invited to Oxford UK.

About The Selwyn Foundation

The Selwyn Foundation is a registered charity which champions initiatives that enable respectful ageing for older people with great need and is the owner/operator of Auckland's historic Selwyn Village, which opened in 1954 as a social housing community for older people. Having divested 50% of its retirement village holdings in 2022, the Foundation has returned to its core purpose and, in its new capacity as a funder and co-investor, looks to partner with others to deliver social impact at scale for those seniors who need it most. www.selwynfoundation.org.nz

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