

# Thriving and Ageing Well: Insights from Older People of Culturally Diverse Backgrounds in Kirikiriroa Hamilton

Gauri Nandedkar, PhD

Shama Ethnic Women's Trust | 8 Liverpool Street, Kirikiriroa Hamilton

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# Executive Summary

## Introduction and Context

This report investigates the experiences of older adults from culturally diverse backgrounds in Kirikiriroa Hamilton, focusing on the factors that enable or restrict their ability to thrive and access essential social services to support ageing well. Ageing well in this context refers to older adults continuing to reside independently in their own homes or living a life of independence while residing in an extended family home. This is a key determinant of an older person's quality of life and their ability to live a life of dignity and purpose, and to thrive. Thriving is defined as a dynamic, purposeful process of positive individual development across the lifespan (Budnick et.al., 2010, p.18).

The research utilised a qualitative methodology, including a rapid literature review, and interviews with both service providers (six organisations, nine representatives) and community members (five discussion groups and five individual interviews, totalling 25 community members) across varied ethnic backgrounds. The participants provided insights on what thriving meant to them and how they identified enablers and barriers to accessing services and programmes affecting older ethnic community members in Kirikiriroa Hamilton.

## Key Factors Enabling Older Adults to Thrive

Insights from both service providers and community members emphasised the critical role of social connection, family support, independence, and accessible services in supporting thriving.

## Social and Community Engagement

*Social Connections and Belonging* are fundamentally important for well-being. The highest reported well-being factor for older adults in this research is the ability to live within an extended family home or in close geographic proximity to family members. This fostered a sense of belonging that was deeply connected to supporting the family through daily rituals, such as childcare, meal planning and preparation, and social activities.

*Intergenerational Learning* is crucial. This connection is mutually beneficial: older people share their knowledge and skills, and younger people teach digital skills (e.g., using mobile phones and laptops). The relationship is marked by reciprocity and mutual trust.

*Purpose and Respect* are maintained when older individuals feel useful for their families and communities, recognised, and appreciated for their contributions. They thrive when they are empowered to find their own solutions and shape their own outcomes.

## Access and Financial Stability

*Stable Financial Situations* and sufficient income, supported by resources like New Zealand Superannuation, are essential for maintaining quality of life and accessing quality care.

*Culturally Appropriate and Accessible Services* are necessary, often provided through established ethnic organisations, requiring a diverse workforce (ethnicity, language, gender). Thriving is supported when services utilise familiar technology, such as WhatsApp or WeChat, for confidential communication, which older people find easier to navigate than complex computer programmes.

*Personal Health and Resilience* are supported by engaging in physical, cognitive, and social activities. Community members emphasised physical activity (like gardening, dancing and club activities), maintaining a positive outlook, and connecting with others.

## Barriers to Inclusion and Accessing Services

Older adults, particularly those who have migrated later in life, face numerous systemic, practical, and cultural obstacles that hinder their ability to access essential support and participate fully in community life.

### Systemic and Social Barriers

*Ageism* is deeply ingrained into society, creating systemic barriers and contributing to the perception that older people are a burden. This leads to internalised stigma, low self-esteem, and a reluctance to ask for help. Older ethnic migrants may fear a 'loss of face' or worry that seeking assistance will expose 'ugly things' or reveal their weakness to health professionals, their families or their community.

*Racism* acts as a significant barrier to older people thriving by creating systemic disadvantages, hindering professional contribution, fostering isolation, and eroding their dignity and confidence. Thriving is often understood as living a life with purpose and dignity, which is directly undermined by racial discrimination.

*Immigration Policies* regarding family reunification can create financial power imbalances, leaving older migrants highly dependent on their adult children. Those without permanent residency may not be entitled to the full range of support services, increasing their vulnerability.

*Financial Barriers* are high. Healthcare, medical insurance, and urgent care visits are often prohibitively expensive. Many older adults have low retirement pensions and

are on a fixed income, causing concern about affording care, and out-of-pocket health expenditure.

### Practical and Communication Barriers

*The Digital Divide* is a significant obstacle. The shift towards a cashless and digital society, including automated phone systems and complex computer programmes, excludes many seniors who lack internet access, modern devices, or digital literacy.

*Language and Literacy Barriers* are frequently reported, impacting older migrants' ability to communicate, navigate public transport, attend health appointments, or access information, especially if services are promoted predominantly in English.

*Transportation Problems* are a commonly agreed-upon obstacle. Ethnic older adults who do not drive or do not/no longer own a vehicle are reliant on public transport when family members are unable to provide 'a lift' to services or activities. Public transport is often unreliable, with unclear signage and schedules, making independent travel difficult and contributing to social isolation. Additionally, older adults noted that improvements in public transport, especially during the evenings, would ensure safe and reliable transport to educational and social opportunities.

### Organisational and Programmatic Barriers

*Funding Limitations* create uncertainty and complexity for organisations trying to provide consistent, high-quality services to older ethnic community members. Philanthropic funding pools for older people are noted as being 'virtually next to nothing.'

*Workforce Capacity* is limited due to underfunding, leading to services not being fully resourced. The lack of institutional facilities (like rest homes) that reflect their culture and have culturally similar staff is a major barrier to ethnic older people seeking assistance.

## Recommendations

To ensure equitable access, support healthy ageing and encourage thriving in older adults, a multifaceted approach is recommended, addressing structural inequities and fostering community collaboration.

### Digital and Financial Literacy

*Information Accessibility and Traditional Communication:* Ensure information about available services (including counselling, transport, and education) is readily accessible in multiple languages. Pamphlets at centres frequented by older people would support information delivery.

Recognise that many seniors are excluded by the shift to the digital age; thus, traditional modes of communication (postal services or dedicated front-facing personnel) should remain available for at least the next 10 years.

*Dedicated Digital and Literacy Training:* Provide structured classes focused on smartphone use and digital literacy, linking this training to improving financial literacy.

### Policy and Transport

*Policy Review:* Urgently review legislation concerning entitlements to care and support services for older migrants, irrespective of their residency status, to address vulnerabilities created by current immigration policies.

*Address Transport Issues:* Improving the reliability of public transport, signage and safety when using buses is a clear priority for older adults.

### Community and Workforce Development

*Workforce Diversity:* Prioritise the training and retention of a culturally competent, multi-lingual aged-care workforce capable of meeting the complex needs of a diverse older population. Culturally appropriate staffing and multilingual staff are two ways to

contribute to addressing broader concerns of ageism and racism that older ethnic community members face.

*Community Spaces:* Establish centralised, non-specific community halls that encourage social and cultural integration, allowing people from different groups to socialise and enjoy activities together.

## Introduction

Kirikiroa Hamilton is the Waikato's largest city and the fourth largest metropolitan area in Aotearoa New Zealand. In the year ending 30 June 2025 the city's population had grown 1.4%, bringing the overall number of inhabitants to just over 192,000. <sup>1</sup> If we look more closely at the age and demographics of older adults in Hamilton, we find that over 21,000 people over the age of 65 live in this city (Hamilton City Council, 2025). A further breakdown reveals that 75% are between the ages of 65-79 and 25% are over 80 years of age (Hamilton City Council, 2025). A significant percentage of those individuals (over 25%) were born overseas in countries in Asia, the Americas, Pacific Islands, Africa, the Middle East, and elsewhere (Hamilton City Council, 2025). Kirikiriroa Hamilton is, therefore, one of the most culturally and linguistically diverse cities in Aotearoa New Zealand.

This report offers perspectives from a sample of ethnically diverse older people living in Kirikiriroa Hamilton, and what it means to thrive and live a life filled with purpose, dignity and meaning. Further, it offers considerations from service providers as how best they can support older adults to thrive. The first half of the report outlines the literature review, limitations of the research and the methodology. The second half of the report provides findings from discussions with community members (individually and in discussion groups) as well as service providers. The final section offers a set of recommendations and potential areas for future research to enable older adults to thrive and age well.

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<sup>1</sup> <https://www.stats.govt.nz/information-releases/subnational-population-estimates-at-30-june-2025/>

## What the literature tells us

This review of literature explores the complex interplay of enablers and barriers to accessing social services for older adults, drawing on insights from national and international studies. It reviews concepts of thriving and failure to thrive in the context of older adults and highlights the importance of cultural context, socioeconomic factors, and systemic issues in shaping these experiences. For the purpose of this report older people in Aotearoa New Zealand are defined as those members of society who are 65 years and older, including Pacific peoples (Ageing Population: Foundation North, 2024).<sup>2</sup> This is also the age at which New Zealand Superannuation is paid.<sup>3</sup> For Māori community members the age is set at 55 years and over for support of Kaumatua.<sup>4</sup> Ethnic communities are defined by the Ministry for Ethnic Communities as including ‘migrants, former refugees, long-term settlers, and multi-generational New Zealanders who identify as: African, Asian, Continental European, Latin American or Middle Eastern.’<sup>5</sup>

In a rapid review of selected international and national scholarship on ageing and wellbeing, a significant enabler of wellbeing across the lifespan was the ability to thrive as one ages (Lamas et.al. 2020; Budnick et.al., 2010).

This presents opportunities to meet the public health demand for social services and support for older people (Bosch-Farré, et.al., 2020; Cabañero-Garcia, et.al., 2025).

Most older people look forward to ageing in place, continuing to reside in their own

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<sup>2</sup> [https://www.ageconcern.org.nz/Public/Public/About/Who\\_We\\_Are.aspx?hkey=63e7359c-cc9b-459c-96c0-3dea9333ba43](https://www.ageconcern.org.nz/Public/Public/About/Who_We_Are.aspx?hkey=63e7359c-cc9b-459c-96c0-3dea9333ba43)

<sup>3</sup> <https://check.ms.govt.nz/services/new-zealand-superannuation#:~:text=A%20fortnightly%20payment%20for%20people,since%20the%20age%20of%2050>

<sup>4</sup> <https://rauawaawa.co.nz/>

<sup>5</sup> <https://www.ethniccommunities.govt.nz/our-communities/our-communities-in-the-data>

homes or with their families and in communities where they feel safe, where there is familiarity, living independently and comfortably for as long as they are able to do so (Bosch-Farré, et.al., 2020). 'Ageing in place' is a key determinant of an older person's ability to live a life of quality and dignity (Bosch-Farré, et.al., 2020). This is understood to mean living in one's own home or with extended family members. Intergenerational support is a benefit of older and younger family members living under one roof. Enabling a life of quality and dignity includes the ability to easily access services and support that contribute to overall well-being for older persons (Cabañero-Garcia, et.al., 2025). What does thriving as we get older mean?

## Five core principles of thriving

The five core principles of thriving are derived from the concept that thriving is desirable and is a dynamic, purposeful process of positive individual development over the lifespan. These principles are broadly identified as health, independence, and connection (Budnick et.al., 2010).

### *Moving forward through the lifespan and looking to the future*

Thriving is defined as having a general movement in one's life that continues to be positive as one ages. This means maintaining a sense of hope and planning for whatever comes next. In the context of later life and ageing, this means continuously adapting and moving forward, rather than resigning oneself to decline (Budnick et.al., 2010, p.19).

### *Aiming for the Best Possible Life, Not Just Getting By*

Thriving focuses on the best personal development, which goes beyond merely avoiding problems, meeting basic health standards, or simply coping with decline. It is about pursuing a 'good life' that results in feeling energised, flourishing, and using life experiences constructively (Budnick et.al., 2010, p.20).

### *Making Sure All Parts of Your Life Are in Balance*

Thriving refers to how the older person functions across all areas of life. This means striving towards personal balance, ensuring that positive development is happening across all aspects of life (such as physical health, social connections, and mental health), rather than excelling in one area while struggling in others (Budnick et.al., 2010, 20).

### *Having Positive Relationships Where You Give and Receive Support*

Thriving involves relationships between the older adult and their environment (people and places in their surroundings) that are mutually enhanced. This means having supportive relationships (such as social relationships with family and friends) while also having the opportunity and desire to contribute to others' and one's own surroundings. This contribution aspect is crucial for self-determination, purpose and thriving among older adults (Budnick et.al., 2010, p.20).

### *Actively Pursuing Your Passions, Interests, and Unique Potential*

Thriving requires engaging with one's own interests and aspirations. This reflects the underlying need for self-determination and having control over daily life choices (Budnick et.al., 2010, p.20).

Thriving is key to a holistic healthy life. The Te Ao Māori model of Te Whare Tapa Whā as developed by Dr. Mason Durie, supports a holistic framework of health that includes whānau (family), tinana (physical), wairua (spiritual) and hinengaro (mental) health. The four pillars of health make up the foundation for a strong, healthy life and support us as we move through the lifespan towards healthy ageing.<sup>6</sup>

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<sup>6</sup> <https://www.health.govt.nz/maori-health/maori-health-models/te-whare-tapa-wha>

## What happens in Failure to Thrive

As we move through the lifespan and become older, we aspire to thrive and live healthy lives surrounded by family, friends and community. However, various factors can either enable or hinder older adults from thriving and leading lives filled with purpose and dignity. What happens when older people 'fail to thrive' (Kimball and Burgess, 1995)?

Failure to Thrive (FTT) according to Kimball and Burgess (1995) can be described as a range of symptoms that are interlinked, leading to 'increased disability and premature death in the elderly.' FTT may be attributed to poor nutrition, depression, social isolation, dementia or Alzheimer's disease, and other cognitive or physical deterioration. This may lead to disconnection with family or community members and the potential for withdrawal from daily life.

Thriving in later life is, therefore, critical to ageing well and living a life filled with meaning and purpose. What helps older people to thrive is underpinned by their access to services and programmes that support healthy ageing.

## Enablers to Accessing Social Services for Older Adults

The literature identifies several factors as essential in enabling older adults to access social services and age well - either in their own homes or in extended family living situations. These enablers often encompass personal, social, financial, environmental, and community-level supports.

### *Personal Characteristics and Activities*

Older adults' individual attributes, such as resilience, adaptability, and independence, contribute significantly to their ability to age well. Engaging in physical, cognitive, and social activities are key enablers, fostering self-

determination and well-being. For some, having more time after retirement can enable participation in physical activity (You et.al., 2021; Bosch-Farré et.al., 2020).

### *Family and Social Support*

A strong support network of family and friends is consistently cited as a critical factor. Studies suggest that connections with friends, family members or the community are significant to an older person's quality of life, and feeling a sense of belonging can positively influence their role in society (You et.al., 2021; Bosch-Farré et.al., 2020; Rosnu et.al., 2022; Zhao et.al., 2022; Kan, 2020).

### *Stable Financial Situation*

Sufficient income and financial stability and independence support maintaining quality of life and access to quality care. Adequate pensions and funds to support a sense of independence (even when living with family members) can allow older people to remain at home and potentially avoid institutionalisation. Access to New Zealand Superannuation, a government-funded pension, provides financial support for residents aged 65 or over, covering housing, health, or travel expenses (Bosch-Farré et.al., 2020; Zhao et.al., 2022).

### *Home and Neighbourhoods*

Ageing well is enhanced by living in one's own home or with family members. It is a key element contributing to quality of life for older people. Living in a home that is warm, dry and able to be modified may contribute to healthy ageing. This includes practical modifications like replacing bathtubs with showers or installing handrails in bathrooms. Outside the home, a safe and accessible neighbourhood environment with easy access to general facilities, accessible sidewalks, and cleanliness is important (Bosch-Farré et.al., 2020; Zhao et.al., 2022).

### *Community Support and Integrated Services*

Older people association centres and local community centres are seen as avenues to provide social support. An engaged network of health and social services, along with an integrated and accessible primary healthcare system, is essential for successful ageing (Bosch-Farré et.al., 2020). Culturally appropriate resources to services and community groups can increase familiarity with available support (Szabó et.al., 2024; Maruthappu et.al., 2015).

### *Skills-Focused Programmes and Digital Literacy*

Programmes that support older migrants to develop language skills, manage finances, and create social networks empower them to live independent lives. Early development of these skills and connections is important to guard against future issues as situations change, such as declining physical health. Efforts to promote digital literacy among older people, with support from communities, relatives, and families, are crucial to ensure they can benefit from electronic health systems and digital tools for accessing services (Szabó et.al., 2024; Cabañero-Garcia, et.al., 2025; Ferriera, 2024).

## Barriers to Accessing Social Services for Older Adults

Despite the desire to age well, many older adults face numerous obstacles to living independent lives. With difficulties in accessing social services, some older adults may face challenges which can be categorised into general, practical, and culturally specific barriers.

### General and Practical Barriers

#### *Health Deterioration and Dependency*

As people age, a deterioration in health and other age-related challenges can prevent them from participating in social activities (Zhao et.al., 2022). Physical or

emotional health challenges, loss of autonomy or mobility, and increasing frailty are significant barriers to healthy ageing (Bosch-Farré et.al., 2020). The need for increased care due to changing physical needs or health issues can create pressure on adult children living in multigenerational homes (Bosch-Farré et.al., 2020; Zhao et.al., 2022).

#### *Lack of Information/Awareness of Services*

The literature demonstrates that a common barrier for older people is low awareness or a lack of information about available services. Carers, including those in ethnic communities, often report not knowing about services or having insufficient information. This can be compounded by information not being provided in a culturally appropriate way (Greenwood et.al., 2015).

#### *Financial Difficulties*

Financial problems are a significant barrier to healthy ageing. Out-of-pocket health expenditure is a major reason for older people not using healthcare facilities. Many older adults have low retirement pensions and are on a fixed income, causing concern about affording private carers or a place in institutional care. Inability to pay for healthcare services, especially for those with incomes below national poverty levels, can lead to unmet healthcare needs (Bosch-Farré et.al., 2020; Rosnu et.al., 2022).

#### *Service Availability, Accessibility, and Accommodation (Geographical)*

Rural areas often suffer from a significant disparity in the availability of healthcare services and professionals. The distance to healthcare services is a major determinant of unmet needs. Geographical factors can contribute to social isolation and affect access to services (Bosch-Farré et.al., 2020; Cabañero-Garcia, et.al., 2025; Rosnu et.al., 2022; Greenwood et.al., 2015).

### *Transport Challenges*

Transportation problems, such as scheduled bus and/or train options, and the cost of transportation are commonly agreed-upon obstacles, hindering older people from accessing social support and health services. Older migrants may face difficulties using public transport due to communication problems and/or mobility issues, and often the lack of driving skills means they cannot move around independently (Kan, et.al. 2020; Szabó et.al., 2024; Bailey, et.al. 2018).

### *Online Communication with Services*

Barriers also include issues with administration, such as paperwork, communication with services, and waiting lists (Cabañero-García, et.al., 2025; Greenwood et.al., 2015). This is exacerbated by health systems moving to online platforms. There may be access issues for older people who find the digital space a barrier to services.

### *Challenges in the Family*

While family support is an enabler to thriving, family problems and concerns about family well-being can also act as barriers (Bosch-Farré et.al., 2020). For some, the care of grandchildren can be a burden, impacting their ability to pursue other activities or health checks (Bosch-Farré et.al., 2020; Rosnu et.al., 2022). There can be a reluctance to involve non-family members in care, whether physical or mental health (Greenwood et.al., 2015). The desire for family well-being can lead older people to try to help family members within their capabilities, even at their own expense (Bosch-Farré et.al., 2020).

### *Culturally Specific Barriers*

For many migrant communities, cultural values and the resettlement process introduce unique and complex barriers to accessing social services, particularly later in life.

### *Language and Literacy Barriers*

Navigating English as a second (or third or fourth) language is a frequently reported issue for older migrants, impacting their ability to communicate, adapt to new cultures, and engage socially. This barrier limits their ability to engage other areas of daily life, including navigating public transport, attending health appointments independently, or understanding medical information (Szabó et.al., 2024).

### *Stigma Associated with Seeking Help*

Older migrants may fear a loss of face if they discuss feelings of loneliness or current family circumstances with health professionals. This cultural stigmatisation of loneliness can keep them from seeking assistance. There can also be a lack of trust or sense of safety that prevents interaction with services. Older adults may fear that involving formal services like the police or financial services could lead to an 'over-reaction' or a response that is out of their control or proportion to the issue (Szabó et.al., 2024; Zhao et.al., 2022).

### *Immigration Policies and Practices*

Studies have shown that immigration policies, particularly those related to family reunification, can inadvertently contribute to situations of abuse and prevent older people from seeking support. Changes in New Zealand's Parent Category visa, such as increased minimum income requirements for sponsors and extended periods before eligibility for permanent residency, have created extreme levels of financial power imbalance. This leaves older migrants highly dependent on their adult children, especially those arriving without English language proficiency or knowledge of the host country's sociocultural context. In some cases, older migrants without permanent residency are not entitled to the full range of support services, making them vulnerable to abuse (Szabó et.al., 2024; Kan, 2020).

### *Ageism and Racism in Society*

Abuse and neglect of older people may be amplified by ageism and racism, which undermine identity and create barriers to seeking help. Older ethnic migrants may experience racism in the community or when interacting with mainstream service providers, which erodes trust and makes them reluctant to seek assistance. Internalised ageism, where older people denigrate themselves for age-related changes or see problems as personal failings rather than unfair treatment, can lead to unwillingness to ask for support. This can make poor treatment seem reasonable rather than discriminatory. Societal ageism can also result in older people being treated less well in housing markets or with less patience in financial and health institutions (Szabó et.al., 2024). This type of thinking categorises older people as ‘burdens’ as there is a perception that they ‘cost’ the public health system.

### *Loneliness and Social Isolation*

A profound sense of loneliness is commonly reported by older migrants, attributed to their deeply rooted cultural values and the challenges of resettlement. This risk is heightened for those who have moved to a new country and must adapt to a new culture. Loneliness is a significant barrier to ageing well and can have negative effects on well-being. If older migrants become unable to maintain contact with their heritage community, they are more likely to become isolated from their social support network, potentially leading to further isolation (Bosch-Farré et.al., 2020; Cabañero-Garcia, et.al., 2025; Kan, 2020; Zhao et.al., 2022).

## Limitations

This report does not cover every aspect of healthy ageing of older community members – whether at home or in residential care. The core research questions aim to uncover knowledge on older adults ageing well, in their own homes and most often surrounded by their families, neighbours and communities. The focus is on thriving and living a life filled with dignity and purpose. Limitations of what is not included in this report in discussions with our older community members and service providers include but are not limited to:

- Home care
- Dementia care
- Dental services
- Informal carer support in transitional care
- Older persons transitioning back to community from incarceration
- Multiple morbidities
- Care for older people in rural communities
- Residential/retirement villages and on-site care
- Retirement transition
- Elder Abuse and Neglect/Cold Violence
- Immigration Policies/Parent Boost or Reunification Visas

Both female and male community members participated in the discussion groups and individual interviews. They spoke of their own personal journeys and experiences of arriving and living in Aotearoa New Zealand but did not focus solely on themselves. In discussions about the lives they have built, participants spoke about their spouses, children, grandchildren and wider family members, and the roles they play in supporting older people. Most of all, community participants focused on what would help all people age well.

## Methodology

The purpose of this research study is to understand what supports older people to thrive and age well. Service providers and community members defined thriving in older adults as living a life of dignity with meaning and purpose, being surrounded by family, and supported to age well. Further, the research identified enablers and barriers to older people accessing services and programmes in Kirikiriroa Hamilton. This is a qualitative research methods report. Data was gathered in the form of documents and interviews. A range of international and national scholarship was used for a rapid literature review to understand social, financial, cultural and other dynamics of ageing well.

An ethics application was submitted to Aotearoa Research Ethics Committee. After a revision, full ethics approval was granted for this research. Once approval was obtained, interviews were scheduled with service providers and community members. All interview participants were provided with Participant Information Sheets and corresponding Consent Forms. Interpreters, when engaged, were also provided with Information Sheets and Confidentiality forms. Participants were recruited either through Shama staff contacts, through personal contacts of the researcher or through snowballing efforts.

Interviews were conducted in public spaces with six separate service providers across health services, social support services, financial services and local council. A total of nine representatives were interviewed individually. Interview participants were a mix of decision-makers and frontline staff.

Community members were interviewed either in discussion groups or as individuals based on preference, timing and language abilities. Where necessary, an interpreter

was engaged to support the interview participant in one-on-one interviews. There were five group interviews and five individual interviews with a total of 25 participants. Discussion groups were either only female or only male. A range of ethnicities was represented including Chinese, (Fiji) Indian, Philippines, Pacific, Latin American, Vietnamese and Afghan.

The interviews were audio-recorded and transcribed. Using thematic analysis, overarching themes were documented and collected under umbrella topics. These topics were then further subdivided into sub-themes and ideas. This process was followed for provider and community member interviews so that a set of enablers and barriers was uncovered from both interview groups as a whole. The resulting recommendations at the end of this report are a compilation of both provider and community responses. In addition, there is a final section that presents future research opportunities for supporting older ethnic people to thrive and age well.

# Findings

## Thriving and Ageing Well: Enabling Access to Services and Identifying Barriers

*Thriving is living healthily, living well, doing activities like walking, swimming, dancing, gardening, and being mobile as well. Otherwise, you know, you're kind of handicapped and lonely and you're cut off from society. Being financially independent, that's very important. And looking after your mental well-being and being connected with the community (Community member).*

*'And the family members close by. Family support is very important' (Community member).*

## Community Participants

Community members had clear understandings of what supports their ability to thrive, where they can access support, where the barriers lie and how service provision and accessibility could be improved. Participants identified a wide range of activities and conditions that promote thriving and ageing well, which is described as living well, feeling happy and fulfilled, and maintaining a sense of purpose and dignity.

Community participants consistently spoke about the importance of being surrounded by family, physical activity such as gardening and attending clubs for socialisation, group activities and exercise, and the role of faith and community support in maintaining well-being. Participants also addressed significant challenges, such as racism and ageism in society, transport and mobility, and barriers to

accessing services, such as difficulties navigating digital communication, automated phone systems and online financial services. Furthermore, the conversation touched on intergenerational dynamics, noting younger generations' potential lack of respect for older people and the value of passing on life experiences and knowledge.

*'People don't realise how important that is having social connections and then when they do make connections with groups, they thrive. So, I mean it's often as simple as that. What helps them to thrive? Having fun, being recognised so they don't feel invisible anymore. You know, doing activities that we enjoy, are accessible and affordable with like-minded people' (Service Provider).*

## Service Providers

Service providers across social, health and financial services contributed their knowledge and expertise regarding their efforts to support older people, particularly those from ethnic communities. Discussions focused heavily on the importance of social connections and community engagement for older adults to thrive, often contrasting the experiences of different ethnic groups. Ethnic communities that were more established in Aotearoa New Zealand tended to have senior associations to support their older community members. Newer migrant communities often relied on general ethnic or mainstream service providers for assistance.

A recurring systemic barrier identified across discussions with all service providers was the pervasive nature of ageism, which negatively impacts older people's self-esteem and their ability to access necessary services. This is further influenced by issues like language barriers, limited transport options, and the digital divide.

Providers emphasised the need for culturally sensitive and accessible services, often noting that many older people prefer face-to-face interactions and are hesitant to

seek help due to stigma or pride. Other obstacles to support for older people was the uncertainty and complexity in the funding landscape.

## Factors Enabling Older People to Live Well

Community participants identified several key factors that enable older people to thrive and live with purpose. Mental health, emotional resilience, one's personal circumstances and having a positive outlook contribute significantly to one's ability to thrive.

*'It depends on your personality, what you are like, and the way you are treated by other people as well. You get to this age like us, I love walking. [It's physical], mental health, a lot of love, and you absorb all the love that you are given' (Community member).*

Additionally, having a purpose in life and something to look forward to every day is deemed 'very important.'

*'Thriving for me is something to look forward to every day' (Community member).*

Community participants expressed that 'keeping busy' in mind and body kept tension and worries at bay, ensuring there is no time for thinking about problems. Pursuing hobbies, seeking out new activities, and opportunities for continuous learning, such as gaining computer literacy, were mentioned to keep the mind engaged.

Community members also shared that thriving involves having somewhere to share thoughts and discuss things without being judged or to be put into a 'certain compartment.' Having trusted people and friends to share conversations and ideas was seen as important for maintaining relationships and building trust.

*'Somewhere where you can share your thoughts, that is what's very important. And somewhere where we can discuss things without being judged' (Community member).*

*'Everybody passes through certain phases in life. And you just want to give it an outlet and talk to people about it. And you know that the other person is not going to judge you and put you in a certain compartment. And that, for me, is thriving' (Community member).*

Similarly, actively working to accept past decisions that in hindsight may have been incorrect or allowing oneself grace during difficult decision-making was viewed as an enormous but necessary task for mental strength and letting go of pain or guilt.

*'That is something that helps me, trying to let go of things that have hurt me. That for me is thriving. That's a very colossal task to forget [...] you know, through times when you do things with the best intentions and then it backfires. Trying to forgive, forget and move forward. That's what I [think] thriving is' (Community member).*

## Physical Activity and Health

Staying physically active is crucial, especially when dealing with conditions like diabetes or the general effects of ageing. One participant ensured activity through gardening and maintaining fruit trees, noting that being active counters feelings of fatigue. Participants discussed gardening projects, including using bottle gardening methods so 'people don't have to bend down.' The produce harvested is given to those in need, including widows and families. Additionally, participants mentioned the importance of self-care by having regular meals.

*'And I said to them, look, times are going to get harder and harder. We're not getting any younger. Oh, I can't bend and I said I'll teach you how to do the bottle gardening' (Community member).*

*'The garden makes me active. You know, because usually with diabetes and all that sort of thing, you know it makes you feel tired and all that. But the thing is you gotta look after yourself, have breakfast, lunch and dinner' (Community member).*

## Socialisation, Community Engagement and Volunteering

Socialising, mingling, and sharing experiences were viewed as highly important. Several organisations in Hamilton suburbs offer exercise and social opportunities. Community members, some in their 80s and beyond, stayed active through participation in club events.

*'There are people there that can't walk and they're using their frame. [They are] active enough for their own health. There's a balance where we have different languages anyway, and English is the language that we can [use to] communicate [with each other]. That's where we go. Just for exercise. Yeah. And just to socialise. Mingle with others. Yeah. Even though you don't know who's who (Community member).*

Sharing what one has, whether it is garden produce, extra food, or time, was seen to promote happiness and connection.

*'I have oranges, lemons, [and] mandarins. I never throw it away. I give it to the community. I give to whoever I see [who needs it]' (Community member).*

According to service providers the key factors that enable older people to thrive generally revolve around robust social connections, a strong sense of purpose and self-worth, respect, and equitable access to necessary resources and supportive services. Social connections were highlighted repeatedly as fundamentally important for thriving. Connections, including those within the home, such as children and grandchildren, were seen as crucial to ageing well. Outside the family home, friends were seen as important in fostering relationships with peer groups. Providers noticed that being with peers created comfort and camaraderie for older people. Having connections with a generation that knows the same music, people, and shared experiences is extremely meaningful for a sense of belonging.

*'I think having that connection with people and having new friends that you can talk with by having shared an experience together is really important. Because that opportunity to share new experiences doesn't come along when you're older' (Service Provider).*

## Faith and Spirituality

Faith and prayer were noted as central to well-being. Community participants expressed that giving food to neighbours or cooking at their places of worship for community were rewarding, voluntary experiences because they were contributing to their communities.

*'God is like the engine. For us is our faith and God. That keeps us going, gives us health' (Community member).*

*'Another thing is I usually go to [my place of worship] every [...]. I start at 5:00am there and we finish by 9:00am, because we cook food for 200 people' (Community member).*

Service providers noted that faith-based communities often offer older-people-friendly activities and social services, which are seen as useful facilitators of connection. For those without conventional family structures or those who do not belong to a place of worship, deliberate efforts to foster community are important. Effective, easy-to-provide services, such as a visiting companion service, were noted as effective ways to address social isolation and build connection. Another example of connecting older adults without families to others was through a 'fostering' situation.

*'[Someone] was telling me about how her kids sort of just unofficially adopted a gentleman who lives at a retirement village nearby. They go and visit him, and he comes to their house [occasionally]. And you know, like they're not related, but they have this beautiful connection. They've found someone else who is filling [a] gap in their lives, so I don't even think it needs to be directly familiar. The ones that are thriving the most are the ones that have an older person's group and a younger person's group. They're not siloed' (Service Provider).*

## Mutual Respect and Family Surroundings

Maintaining mutual respect between people, regardless of background or heritage, is essential. Having close family members, who offer support, especially through daily tasks or transportation (e.g., adult children or grandchildren driving their parents or helping with errands), is vital. Many community participants either lived with their family members in an extended family home environment, or they lived in

close proximity to their family members. Family connections and a sense of belonging were clear factors in participants expressing how they age well.

*'And we're very lucky to have our family. For us, that is the main thing, to have that kind of support' (Community member).*

However, there is a perception that the younger generation is disrespectful and ignorant toward older people, often telling them to 'sit down' because they are too old, or assuming they 'know more.' One community member said that some older people viewed their own generation as a 'forgotten one.'

*'In the way of looking at us as older people, you know that there's a lot of it happening out there. Yeah. And then we do feel [it]. We really wanted [to live well] in this day and age, it's our generation. Like I said, a forgotten one. That's how I look at it now. And we've been forgotten. But yeah, that's the attitude' (Community member).*

*'What is the proper word for it? Like disrespectful and all that stuff. You know that they are ignorant, very, very ignorant (young people) in their way of thinking. You know that they think that they know more. [They say] we don't know anything, you're getting too old now, sit down and all that stuff. But they forget that they will eventually get to our age, and they will find out the hard way (Community member).*

Community participants emphasised that they can pass on valuable knowledge to younger generations, which should be carried on to their children's children. Discussions highlighted different cultural approaches to ageing. A participant noted that their culture does not typically put older people in rest homes; they look after their own family members. This reinforced the idea of collective care within family

structures and that all family members have a role in supporting each others' health and wellbeing.

*'We look after our older people. We don't send them to old people homes' (Community member).*

## Social Spaces for Cross-cultural Understanding

Older people acknowledged and appreciated the need to have spaces dedicated to their own cultures and languages. This fostered relationship-building and trust within ethnic communities.

*'I think, like, that's one of the big things, too, the common interest. Whatever it is, we all get together here, and because we speak the same language, same interest. And then same culture, same mindset. And then we are happy' (Community member).*

However, a strong demand exists for centralised, non-specific social spaces and accessible community centres where older people of all cultures can gather, socialise, and engage in activities. Participants noted that centres, particularly those aimed at general cultural integration and enjoyment would contribute to tackling ageism and racism in broader society. Existing halls or centres associated with ethnic communities should be 'more open to the public' to facilitate broader socialisation and mutual understanding between different groups. Community members mentioned wanting to enjoy a cup of tea and meeting informally with other ethnic groups.

*'OK, so some suggestions came to me, and I have sent that to our group as well that there is a hall. Not too big, not too small. People from different groups, you know, go and socialise and feel happy. Do some exercise, some tai chi, some yoga, some other thing, just a*

*little bit of movement and little bit of dancing and something like that and enjoy it, you know, not specific' (Community member).*

Community members also noted that proposed centres should serve as places of dialogue where ethnic communities can interact with Pākehā and Māori to foster integration and mutual understanding of perspectives.

*'What I mean is in our [general ethnic] centres, Pākehā and Māori [are welcome to] come and have an interaction. And we can share our perspectives with them. It is a place of dialogue [and exchange]' (Community member).*

## Intergenerational Learning

Service providers reported that strong intergenerational learning was a crucial factor of ageing well, irrespective of language proficiency. This can involve connecting older people with youth to share knowledge or skills. Such connections are vital, especially for older migrants who may lack extended family nearby. An individual example demonstrated connection through mutual interest when a mother learned to play a video game because her younger son was interested in it.

*'Being exposed to a much wider range of not just like views, but experiences. My mum is in her 70s and she recently started playing [a video game] because my younger brother plays it. She was like, he's not going to take up any of my hobbies. I will give his hobby a go. That kind of diversity of interest can get people outside of their comfort zone and facilitate that connection' (Service Provider).*

Another service provider commented on a specifically designed intergenerational event – the Kaumatua Olympics. It involves a collaborative effort between the service provider and a local high school, where students co-design the competitive

games with the *kaumatua* (older Māori community members) and trial them. This is viewed as an initiative that generates ‘so many wins from different generations.’ As part of the Kaumatua Olympics, students earn credits by serving *kaumatua* at a high tea station, showcasing their culinary and presentation skills.

‘Lovely to see students getting credit and doing high tea for *kaumatua*’ (Service Provider).

Intergenerational activities can leverage the specific knowledge and wisdom of older people, connecting them with youth. A service provider discussed how older people shared their expertise in areas like cooking, knitting, or science subjects with youth. This was seen to utilise the accumulated wisdom of the older generation.

Younger individuals, in turn, taught older people how to use modern technology, such as mobile phones. This helped older people gain confidence and digital literacy without needing to ask their own adult children for help, which can sometimes be seen as an imposition.

In migrant families where extended family may not be present, older people and youth can connect through common heritage languages. Older adults can teach youth (who may have been born in the new country) their heritage language or cultural words, which their parents might not have the time to do. This was seen as an opportunity not just to connect with others but to pass on shared heritage and linguistic knowledge to the next generation.

Older individuals thrive when they maintain their sense of value, independence, and purpose, and can contribute to their community and families. This includes feeling recognised, appreciated, and proud of their skills.

An important factor for thriving is the ability to ask for help, acknowledging that learning does not stop (especially concerning new technology). Organisations and

service providers support older people by engaging in an environment of honesty and transparency to support older community members to seek and receive help when and where it is needed.

## Barriers to thriving and living a full life

*'You know, you're penalising me, because I'm growing older'*  
(Community member).

*'There's just a lack of education and awareness. Sometimes I think even common sense and for organisations and structures to treat older people with respect. It should be given to make people feel welcome, to make people feel included, that's ideally if you want people participating in society, then society needs to make space for them in whatever shape or form that needs[to] be' (Service Provider).*

A continuing challenge expressed by community participants is the difficulty in communicating with organisations and institutions. Several points of improvement and existing barriers were highlighted, particularly concerning access to services and community amenities.

Service providers noted where key structural elements can present challenges or barriers to older people's ability to thrive, including equity, accessibility, and tailored services. Having resources and support to address health concerns before they become acute (the 'ambulance at the bottom of the hill' scenario) is necessary. Equity of access (removing barriers) for a fulfilled life includes access to good homes, *kai* (food), safety, and freedom from discrimination.

*I think for many people from an ethnic background we value older people, right? So, ageism is not as embedded in our own communities as here. I think the challenge for New Zealand is ageism is integrated in all levels of society - policy, community. I don't think we're talking about ageism in New Zealand as much as we should compared to other countries' (Service Provider).*

Systemic barriers related to ageism, funding, and language significantly restrict ethnic older people's access to vital services such as healthcare, financial support, and community engagement, often leading to social isolation and reduced well-being.

## Digital Divide and Communication Barriers

The shift to the 'digital age' creates significant barriers. Many seniors do not have internet access, laptops, or modern mobile phones/tablets and are reluctant to learn new technology. Participants reported that people must know where to go and how to use tools like smartphones, search engines and apps to find necessary information.

The lack of human contact in services is a major problem. The inability to talk directly to a human being on the phone when seeking help reinforces the gap in digital skills. Callers experienced extremely long waiting times (up to 72 minutes) or were disconnected. This was particularly frustrating for older community members as they were not used to waiting on the telephone for a long time, were on limited calling plans or were not comfortable using menu options on phone calls as it was confusing.

*You know this so-called digital age. Go to any institution. Go talk. Want to talk to any[body] with 72 minutes waiting [time]? Yeah,*

*such desperate need. I have had so many tears myself. You have a problem. You want to talk about something, about some issue there, and then you can't. Eventually you hang up the phone. And then they go and put [the information] online. Many seniors do not even have internet or do not even have a laptop or a flash mobile or tablet' (Community member).*

Language often represents and is frequently cited by both community and service providers as a barrier for many older ethnic people, especially for older migrants who may rely on their adult children for daily navigation and support. Many seniors from diverse ethnic groups are not fluent in English, requiring interpreters or assistance from family and/or friends to communicate effectively with institutions. This limitation restricts their communication, socialising, and seeking help outside their immediate family and/or community.

*'I don't speak the [English] language, but I always try, even if I have to go to a shop without understanding or knowing, I just always try to have that personal contact with someone' (Community member).*

*'I think the main reason is the English [language] barrier. We don't have a connection with [other people]. I didn't have the opportunity to meet them. I like meeting with people' (Community member).*

If services are promoted predominantly in English, finding information (even about language-specific services) is extremely difficult for those who cannot read English. Older individuals often struggle to navigate English-language websites to locate the

option to switch to their native language, meaning the information although available may be inaccessible.

Service providers reported that support and programmes must be promoted in languages accessible to older ethnic communities. Thriving is supported when accessible technology, such as familiar phone messaging apps (WeChat, WhatsApp) are utilised for confidential services, as older people are more comfortable using them than complicated computer programmes like Zoom. Using their own phone allows them to speak privately in their own language without needing to ask a family member to set up a complicated app, thereby mitigating confidentiality concerns.

*'Yeah, they're on the phone, not the computer. They don't use a computer. They are not able to, you know, it's been really difficult and a lot of [older] people don't have a computer. But [the messaging apps are] quite familiar to them because they are communicating with their family using those apps' (Service Provider).*

## Ageism and Racism in Society

Ageism and racism are described as systemic challenges that contribute to feelings of frustration, helplessness, and a loss of confidence among older ethnic community members.

Discrimination is not always visible but is felt deeply by those experiencing it. Ageism is also cited as a key barrier to finding employment past a certain age. Ethnic older adults often feel they are losing their identity and are unable to express this conflict. This issue is compounded by the cultural indifference, where people are unable to build the expected respect towards elders that is customary in their countries of origin.

*'You are unable to do anything with frustration. So helpless. You can't [live a life] with dignity and pride. That's another point. Reality is, here, elders seldom are respected. But whereas the cultures that we have come from, elders are always respected'*

*(Community member).*

*'I said these ethnic communities, they are thinking, in my view, they are losing their identity. So that conflict in identity when identity is lost, everything is lost. People are unable to express that'*

*(Community member).*

Thriving requires universal respect and appreciation for older adults. Systemically, if society can tackle ageism and value older people as much as younger people, everyone has an opportunity to thrive. This includes transforming mindsets and appreciating everything that older people contribute to their families, communities and society. It also includes rejecting the notion that older people are a burden on the public health system and general resources. This pervasive negative attitude creates significant barriers.

*'Same as the [so-called] burden for the healthcare system. That is the narrative that keeps talking about older people, the burden and they cost a lot of money every year. Yeah, I feel like we [don't]value older people in our society as much as young people'*

*(Service Provider).*

*'I think age discrimination is quite huge, and I think people do it without even knowing you do it. As people get older, they get so much more sensitive to the environment around them from noticing if people are taking too long to acknowledge them when they come in to even taking care to notice that they've been*

*standing for a long time with their walking stick, maybe someone should get them a chair so they could be more comfortable or even safer' (Service Provider).*

## Privacy and Fear of Exposure

Some individuals within migrant communities are scared to ask for help or involve social services because they view problems (especially health or financial issues) as private matters. They are afraid that seeking assistance will expose 'dirty' or 'ugly things' or reveal a perceived weakness.

*'This is a privacy thing. Do you know sometimes when you call [for] help. So, [people] just keep it under the radar, just like that. They are scared to open dirty things or some ugly things' (Community member).*

## Transportation and Mobility Barriers

Community members noted that accessing locations and essential services is frequently hindered by logistical issues. Transportation was cited as a big barrier because many ethnic older people do not drive, and their adult children often have busy, full-time jobs, potentially leaving seniors isolated at home. Some community members appreciated the bus service for hassle-free transport around Hamilton.

*'I already use the bus, and it's free. For us, it's quite nice, and it's quite relaxing when you go on the bus because you're not driving' (Community member).*

Some seniors reported needing external support for transportation to attend cultural events, shopping trips, or religious places. While bus travel is free for seniors, services are often unreliable with delays of 20 or more minutes being commonplace. Schedules vary drastically on weekends (sometimes hourly) and

many bus stops lack shelters or clear signage detailing routes and schedules, making the service confusing to use.

*You've got to know where to go, especially if you don't know how to use a smartphone and how to Google the desired information. You can't find out. I didn't know about this until someone told me. At the bus stops, they don't say what bus is coming, the number of the bus, and where it goes, how many minutes. Here's nothing. It's just a pole with a written word 'bus.' You know, no shelter, no numbers, where it's going to and coming from' (Community member).*

Additionally, the financial burden of owning a vehicle, including insurance, maintenance, and repairs (which can cost thousands of dollars) is prohibitive for some seniors.

## Health and Financial Barriers

Financial strain and difficulties within the healthcare system pose critical threats to well-being. Participants reported that healthcare and insurance policies are excessively expensive. Seniors face significant medical insurance rate hikes simply for growing older (e.g., rising from \$42 per year to \$120 per month). Urgent care visits can be very costly, such as \$127 for a single visit according to participants. Medical insurance may not cover essential healthcare services like optical, dental work, or specialist care.

*You penalise me, because I'm old. Even my medical insurance. I usually pay \$42.00 a year. Since I turned 80, you know what happened? My insurance was put up to \$120.00 a month. You want me to sit and be sick and get the money from the government. If I'm helping somebody. What am I doing wrong? You*

*penalise me? You know that's the trouble. They penalise people because they are still alive and they're helping others. They shouldn't do that' (Community member).*

There are lengthy waiting periods to see a doctor (up to three to four weeks). Older participants frequently experienced different doctors at clinics, forcing them to 'repeat [themselves]' and restart discussions about their medical history because the new doctor was unfamiliar with their case.

*'When I go and see the doctor every time I go, it's different. Why? What's wrong with the other two [doctors]? Did they move? Or sometimes they just come there for a week, and then they go back to the hospital. That's no good. For me, you have history. You have a medical issue. You have this, you have that, but you always, you know, repeat yourself [with a new doctor]' (Community member).*

## Organisational and Programmatic Barriers

Difficulties may arise from the structure and content of organised services. Community participants reported that large organisations often do not consult the community about specific needs (e.g., dietary requirements) when planning activities. Additionally, some organisations focused heavily on 'putting things on paper' without follow-through action, offering activities that may be ineffective or unhelpful (e.g., only bingo instead of health-focused programmes).

*'It's really hard for a coordinator like me to make sure what food? There's one thing that's lacking in big organisations. They never ask the community what are you allergic to? That's very important' (Community member).*

Ethnic communities thrive when they can access services reflecting their culture, often provided through their own established ethnic organisations. This requires a diverse workforce (with respect to ethnicity, language, and gender) to provide appropriate support.

Additionally, service providers noted that tailoring activities to specific genders (such as men-only health or cooking groups) enables thriving by providing a comfortable environment for engagement.

*'That was also a good thing for the men. We just needed to engage the men in something meaningful for them. We navigated these men into other services that were going to help their health'*  
*(Service Provider).*

Generally, providers noted that older people thrive when they are empowered to find their own solutions and shape their own outcomes, rather than having decisions made for them. This includes access to budgeting advice and to support networks that help those on fixed incomes to live stable lives.

*'I think sometimes when decision makers make decisions in the best interests of people, but if you don't include them, they don't understand the process and you can't blame them because you haven't walked it through with them... You have to get people in the room who are knowledgeable. Yes, you know, and who bring in that expertise and who bring in not just the expertise, but also actually have the [lived]experience'* *(Service Provider).*

## Monetary Value, Identity and Retirement

The focus on monetary value and productivity within society means that valuable contributions made by older people, such as institutional knowledge, technical

expertise, and voluntary community work, are often not recognised or valued, diminishing their sense of usefulness.

Retirement, particularly from high-profile roles, can be a 'harmful process' as people lose the identity that gave them purpose and value. Older individuals who are no longer working often feel they are not being acknowledged or respected, observing that treatment shifts to belittling language (such as being called 'love' or 'darling'). Many older people fear becoming invisible or being 'spoken about without ever being addressed', which drives them to remain active and strong to ensure they are not overlooked. This was echoed in discussion groups with community members who expressed feelings of being 'the forgotten one.' Service providers reported that retirement and the transition to being 'at home' was challenging for many older adults, touching on diminished income, loss of purpose and a potential change in lifestyle.

*'From everybody that I've heard so far, [retirement is] actually a really harmful process. Your whole identification of who you are. The whole understanding of what value you have now? Now that you don't have a role, an organisation that you connect with, people calling on you that fill your day, all of the sort of things that make people feel like there's a purpose and that they're needed. All of that is stripped away' (Service Provider).*

*'Budgeting advice is huge. There's a whole array of community and networks that provide that understanding [of] where you're at and that transition of where you've come from. As well, certain lifestyles*

*[may be] impacted as a result of, you know, stopping work' (Service Provider).*

## Social Isolation

Many older migrants moved to Aotearoa New Zealand to support their adult children by looking after grandchildren. This is particularly the case when the son or daughter, with whom the grandparents live, is the only child of the grandparents. They are busy but often isolated, and the language barrier makes taking the first step into an unknown activity or service extremely difficult.

*'Many older people are here to look after their [grand]children. So, they don't have time to come out and do things for themselves. Taking that first step in a language that you don't really feel comfortable with is just very, very daunting' (Service Provider).*

## Need for Specialised Staff and Extension of Consultation Times

Service providers noted that organisations striving for inclusivity require a diverse workforce to provide wrap around support in different languages (such as Mandarin, Cantonese, Korean, Japanese, and support for South Asian communities). Even with specialised staff often the organisational (medical centre) limit of 15 minutes per patient puts a strain on older patient care.

*'Like we noted that the time you have with your GP, even though your GP speaks the same language, sometimes it takes time to find out the issue with [an older patient]. Because the elderly very often, if you ask them a question, they give you a story. And then the GP will say, oh, can we get to the point? And then once they're asked this question, they get stuck. They don't know what's the point, what's the major issue with me?' (Service Provider).*

## Funding Limitations

The restricted and challenging funding landscape acts as a significant systemic barrier for organisations trying to provide consistent, high-quality services to older ethnic communities. Organisations face uncertainty, making it discouraging to develop programmes if funding is only secured for a short period (e.g., one year). Due to underfunding, services are often not fully resourced. A large government contract might fund four staff, while a small grant may only fund one person to deliver the entire service, impacting capacity. The lack of funding also limits organisational capacity to manage logistical requirements for community engagement, such as supporting trips for large groups of older people.

*'The big thing for most organisations is the uncertainty, so you know to invest time and effort and money in developing programmes in the knowledge that you might only have a year's worth of funding to run this programme. It is discouraging' (Service Provider).*

## Grants and Philanthropic Funding

The process for applying for funding and grants, particularly annual Lotto grants, can be daunting for smaller service providers, especially if English is not their first language, hindering their ability to secure necessary resources.

When reviewing philanthropic funding pools, there is 'virtually next to nothing' available specifically for initiatives aimed at older people, according to one provider. This indicates a systemic lack of prioritisation in resource allocation for this demographic.

*'There's just a real lack of opportunity for [funding work with] older people. And I think that if you look at all the different funds that are available, philanthropic, I'm talking about in particular, and*

how many of them are open to [funding work with] older people, you'll find that there's virtually next to nothing. What will get you considered for funding is making sure you have a relationship with those [funders]' (Service Provider).

## Recommendations

Community members and providers were generous with their time, knowledge, expertise and experiences during interviews. The recommendations they offered included thinking about all communities in Kirikiriroa Hamilton to ensure that older people can age well and live lives of dignity and with purpose.

The recommendations sit within larger societal structures that support thriving and ageing well. Themes such as ageism and racism continue to influence the ability of older adults to thrive. Addressing some of these points through *coming together in community* and *workforce development* (see below) offer pathways to supporting older community members to live well and enhance their overall wellbeing.

### Digital Divide: Enhancing Access, Infrastructure and Financial Literacy

*Accessible Information:* A critical barrier is not necessarily the lack of services, but the difficulty in finding out about them. Language challenges compound difficulties in information about available services (such as counselling sessions, transportation payment methods or continuing education classes). Making information more readily accessible in multiple languages, even if written on websites, would support older people to know when, where and how to access services. In particular, information about digital literacy programmes needs to be readily available and communicated effectively to seniors.

*Traditional modes of communication:* It is important to recognise that many seniors do not have internet, laptops, or modern mobile phones/tablets and are reluctant to learn new technology. The primary issue is the shift to the digital age, which excludes them. Therefore, community members requested that traditional modes of communication, such as postal services or having dedicated personnel in front-facing organisations, remain available for at least the next 10 years.

*Digital Learning Centres:* Participants suggested establishing a centre with computers, similar to learning models seen abroad, where people can access the equipment with support. This would function as a community space where seniors could use the technology and socialise. Additionally, as smartphones are becoming increasingly affordable, training could be provided on how to use them, as this is a fundamental component of computer literacy and potentially accessing and maintaining confidentiality in medical services.

Digital literacy often goes hand-in-hand with improving financial literacy. Learning digital skills could help seniors navigate financial information and processes. Associations, often led by office bearers, try to organise digital or other programmes, suggesting that working through these existing ethnic senior associations is a viable method of programme delivery. While some associations already try to organise these programmes internally, it is unclear how successfully these programmes meet the needs of older people. Therefore, institutions like Wintec or Adult and Community Education (ACE) programmes were identified as possible programme delivery options.

*Address Transportation Issues:* Even if classes are offered (such as evening classes), transportation remains a major barrier for older adults who do not drive. Improving bus services, especially during dark, winter evenings, is necessary for seniors to attend these educational opportunities.

## Coming together in Community

*Need for a Centralised, Non-Specific Hall:* Several suggestions were raised for a hall that is 'not too big, not too small' where people from different groups could go freely and enjoy each other's company, fostering greater social and cultural integration. This would contribute to supporting better understanding between and among older ethnic people and broader ethnic groups. Even within existing ethnic

associations, members tend to group according to shared language, demonstrating a need for spaces or programmes that effectively overcome language and cultural barriers to enable wider communication and socialising.

This suggested space would allow for socialising, different forms of exercise, sharing morning tea, and general enjoyment together, rather than being specific to one cultural/ethnic group or activity. While there are social activities available, organisations struggle to organise desirable social activities (like going to the cinema or screening movies) due to a lack of volunteer support for logistics, cleaning, and preparation.

*Religious Institutions:* Since older people frequently attend religious places, these institutions are suggested as ideal places to communicate information about digital literacy classes and other social opportunities. This ensures that information reaches the target audience in a relaxed, familiar, and comfortable social environment. Some participants noted that although religious institutions are seen as ideal places to disseminate information because they attract older people who feel peaceful there, they primarily serve a religious or specific community function, rather than acting as broad, non-specific social service hubs.

*Financial and Opportunity Barriers:* Low pensions, cost of living and the costs associated with car ownership (insurance, repair) are prohibitive for some seniors. Participants suggested that agencies, businesses, or councils set up units to offer part-time job opportunities for recently retired seniors. This would address financial, cultural, and informational barriers and allow them to continue contributing.

## Workforce Development

*Culturally Appropriate Staffing:* Service providers and community members noted that having a workforce that is capable and culturally competent is important as the population ages. For community frontline workers, building trust, being patient,

listening, and sharing personal life experiences are the main ways to achieve respectful engagement with older people.

*Multilingual staff:* Community members suggested that having multi-lingual staff at financial institutions as well as in places like aged-care services would make them feel seen, valued and respected. This was echoed by service providers and is partially in place with ethnic service providers. Culturally appropriate staffing and multilingual staff are two ways to contribute to addressing broader concerns of ageism and racism that older ethnic community members face.

*Sharing and Volunteerism:* Community members see themselves as vital contributors to diversifying the workforce. Participants expressed their desire to continue volunteering for organisations and community groups as it provides continued purpose and a sense of giving back to community. This includes the opportunity to serve on advisory boards or other committees that value their skills and expertise. Seniors would feel more supported if their transport options to and from volunteer locations were safe and reliable.

# Future Research Opportunities

## Retirement Transition

Service providers and community members expressed deep interest in better understanding the retirement system in Aotearoa New Zealand. The most interesting aspect of retirement that was mentioned by both groups was how workplaces prepare their employees for retirement. From engagements with both groups, it seems that the discussion about retirement begins as the employee is ready to retire rather than two-three years ahead of retirement.

There is also an interest in understanding if working towards retirement can be phased in, such as reducing work hours from five to four-day weeks or similar avenues of transition.

## Superannuation

Community members reported an interest in understanding how Superannuation can better support their financial wellbeing. New Zealand Superannuation came into discussions when members discussed visiting their countries of origin for longer than six months. Members noted that those who have paid into the system may be penalised if they remain outside of Aotearoa New Zealand longer than six months and continue to receive their NZ Super.

## Skills recognition

One of the major obstacles to thriving, as expressed by community members, was the lack of skills recognition by New Zealand Qualifications Authority. Although many members spoke of arriving in Aotearoa New Zealand as skilled migrants, their qualifications were often not recognised, or they were required to re-sit qualifying examinations after arrival. This brought financial stress and uncertainty to many

migrants. It also impeded their ability to continue working in their skilled professions and contributed to low self-esteem and a lack of confidence.

### Part-time employment

Community members spoke of their knowledge and expertise gained through decades of work experience. Post-retirement presents opportunities for older adults to continue contributing to their families and communities through paid part-time employment.

### Culturally appropriate End-of-Life Rituals

Funerals, burials, cremation and end-of-life rituals look different across ethnic communities. Ensuring that those who survive and those who pass have a sense of peace when farewelling their loved ones is an important part of ageing well.

### Immigration Policy and Care Homes

A deep dive into immigration policy and its implications for family reunification, accessing services and obtaining benefits for older adults was mentioned by both service providers and community. Additionally, a more in-depth look into culturally appropriate care homes was noted to support those older adults who may need to transition to institutionalised care.

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