

# CaDDANZ

Capturing the Diversity Dividend  
of Aotearoa/New Zealand

CADDANZ Brief No. 10  
September 2020

## AGEING AND WELLBEING IN NORTHCOTE

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### Researching home, place, and community in Northcote

This document is part of a series of four project briefs (CaDDANZ briefs 8-11) which collate distinct but interrelated sets of key findings from a research project that examined how older adults of 65 years and above create and maintain a sense of home and community in the Auckland neighbourhood of Northcote.

This study forms part of a wider suite of projects within the MBIE-funded CaDDANZ research programme which collectively investigate facets of population change and diversity in a range of different contexts. Overall, CaDDANZ aims to develop greater understanding of how diversity affects society and how, in turn, institutions and communities can better respond to diversity.

This neighbourhood-based study sits within a growing body of social science scholarship that has recognised the importance of ‘the local’ because this is where diversity is lived and negotiated in everyday interactions. While much of the academic literature and policy discourses tend to focus on ethnicity and culture, we would like to stress that diversity is complex and multiply determined by a broad range of factors, including gender, age, ability and socio-economic status.

We selected Northcote<sup>1</sup> as a research site for a number of reasons. Situated on Auckland’s North Shore, Northcote is typical of Auckland’s suburban landscape insofar as it largely features standalone homes in a residential area serviced by a local town centre. Its resident population of approximately 8,000 can be described as diverse with respect to socio-economic and educational backgrounds, professions, age groups and ethnic profile but the demographic profile of the suburb has shifted over time and there is significant geographic variation in the area. Northcote is a medium-income suburb but median personal incomes range from approximately \$22,000 in Akoranga and Northcote Central to \$39,000 in Northcote South and Tuff Crater. These intra-neighbourhood discrepancies largely reflect the presence of a significant public housing tract and are also evident in neighbourhood deprivation scores which are 8 and 10 respectively for Akoranga and Northcote Central but only 3 for Northcote Tuff Crater and Northcote South. As housing has become less affordable, home ownership among Northcote residents has decreased from 56 per cent to 40 per cent between 2001 and 2018. Northcote’s population is age-diverse but there is a higher-than-average presence of residents aged 65 and over. In Akoranga, home to a large retirement village, the median age is 43.9 years and 56 per cent of the resident population are not part of the labour force. With respect to migrant populations and ethno-cultural and linguistic diversity, at the time of the last available Census in 2018, more than 43 per cent of all Northcote residents were overseas-born.

<sup>1</sup> For the purposes of this project Northcote comprises the Statistical Areas (SA2) of Akoranga, Northcote Tuff Crater, Northcote Central and Northcote South. See Figure 2 for details.

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ISSN 2537-9844  
(Print)

ISSN 2537-8805  
(Online)



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*Te Whare Wānanga o Waikato*



The share of residents who identify as 'Asian' has increased from just over 20 per cent in 2001 to 30 per cent in 2018. The largest ethnic group within the broad 'Asian' category were people identifying as Chinese, who made up 17 per cent of residents. This is also reflected in Northcote's language profile: Sinitic languages are prominent in most parts of Northcote. The suburb is also home to many Pasifika and Māori residents (nearly 10 per cent each). However, they are spread unevenly across Northcote with higher shares in those areas where public housing is situated.

Northcote is also currently undergoing a large-scale housing development programme and the revitalisation of the neighbourhood's town centre is scheduled to begin in 2021. Densification and a mixed housing approach (including public, affordable and market homes of varying sizes) will lead to significant population growth, a change in Northcote's demographic profile and a substantial transformation of the built environment.

Urban change, including population growth and the emergence of new kinds and expressions of diversity, raises important questions for policy makers, community service agencies, and local residents alike. These project briefs are designed to provide research findings related to the meanings and practices of community within neighbourhoods (CaDDANZ Brief 8), how people see difference and how diversity impacts residents' sense of home and community (CaDDANZ Brief 9), the significance of the local neighbourhood for the wellbeing of older adults (CaDDANZ Brief 10), and residents' perceptions and experiences of the Northcote Development (CaDDANZ Brief 11).



Figure 1 Northcote town centre

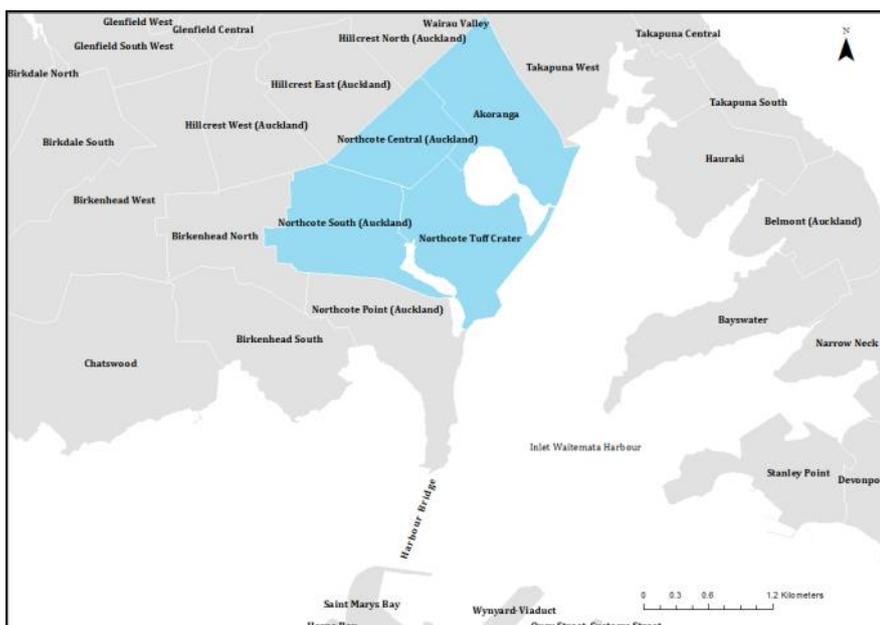


Figure 2 Northcote location



## Research Design

We designed a qualitative research project that employed multiple methods (semi-structured interviews, walk-along interviews, focus groups and visual methods) to better understand how older adult residents of Northcote generate and maintain a sense of home, place and community.

We engaged with each participant across five stages of the research. The first stage of individual interviews established residents' story of coming to live in Northcote, situating their life in the neighbourhood within their wider life story. The second research stage sought to better understand participants' sense and understanding of home, while the third explored their relationship to the local neighbourhood using walk-along interviews. The fourth stage of the research was a focus group with attention centred primarily on residents' ideas of what constitutes 'community'. The focus group also discussed residents' perceptions and experiences of the ongoing Northcote Development. The final research stage involved returning to participants' homes once more to talk about their experience of taking part in the project.

Sixteen people, aged between 65 and 89, took part. Out of these, 6 were between the ages of 65 and 75 and 8 were older than 75. Half the participants have a long-term history in Northcote, half are more recent arrivals in the neighbourhood, but not necessarily the country. Out of the 16 participants, 12 were women and 4 were men. Nine participants were born in New Zealand while the remaining participants arrived in New Zealand from China (4), South Korea (2) and the UK (1). Three participants identified as Māori. Five participants lived in owned family homes while 11 lived in public housing properties. Five participants lived in multigenerational family settings.

## Findings

This brief summarises research findings that illuminate factors that shape the wellbeing of older adults in Northcote. Analysis revealed that entering older age is bound up with a series of 'changes' people have to negotiate and manage in order to stay well. These include: shrinking life worlds; isolation and the importance of local community; increasing impersonalisation of community, age-related barriers to community building; and the role home plays for wellbeing in older age.

### **"You get left alone" – shrinking life worlds, isolation and the importance of local community**

Friendships and social engagement are a vital part of wellbeing in ageing but senior residents experience shrinking social networks as they age. For one, illness, and eventually death, means that they experience the loss of partners and friends with increasing frequency and a growing perception of getting "left alone". Even though families are a vital source of support, seniors are often geographically separated from their adult children who live and work in other parts of New Zealand or overseas. It is also common for friends or neighbours to move away to retire elsewhere. The Ministry of Social Development Te Manatū Whakahiato Ora (2016, pp. 238-241) has noted that inadequate social relationships adversely impact health and wellbeing. Collectively, participants in this study also expressed that shrinking lifeworlds can lead to feelings of loneliness and isolation.

*You see when you get older you don't really get the chance to replace the friends that die or become incapacitated or move out of town and it can be very lonely. (Pākehā, female)*

Seniors are aware of the danger of becoming isolated and make concerted efforts to maintain their social networks. They express a strong desire to remain connected to people within their neighbourhood as an important site for sociality, especially as their family and friend networks shrink.

*When my partner passed away I just wanted somewhere to go out and about and meet people. (Pākehā, male)*



As age-related declining physical mobility also shrinks the geographical radius in which people move, senior residents become more reliant on their local neighbourhood to meet social and relational needs. Local public places and social activities, such as the Returned Services Association (RSA), local library or church programmes for senior residents, thus play a significant role in mitigating growing isolation. These accounts from participants echo insights from gerontological research. Stephens et al. (2015, pp. 721-722), for instance, have asserted the importance for senior citizens of attending social activities on a regular basis, to alleviate loneliness and maintain friendships—which they show builds resilience and aids with healthy ageing.

However, participants reported that there were few organised activities for senior citizens in the Northcote community following a decrease in activities offered for their age group over previous years. Consequently, it now requires some personal creativity to get to know people and a willingness to make the effort to be out among the neighbourhood and actively search for supportive groups and organisations that they can join.

*When I was younger, I never took advantage of the real community things. I was involved with kindy, primary school, PTAs and things like that but I was so busy that I didn't have the need to do other things. As I have got older I have missed out and I have always intended on joining Northcote Senior Citizens but they have gone now, they no longer exist. So, I haven't really got myself involved in anything, not even Grey Power yet, but I have got to do it because they are not going to say '[name] come and join us!'. (Pākehā, female)*

The senior residents described the importance of active ageing, not just for physical wellbeing but as a means to get out within their neighbourhood and interact with people. This is consistent with the promotion of exercise by Age Concern (2020) which associates regular activity like walking or exercise with improved physical and mental health, and an important source of friendships or social connection. Two of the younger senior participants attend gym regularly; others exercise with daily walks in the neighbourhood.

*I think I am getting too old for everything [but] I try to walk for 30 minutes, just around my neighbourhood. (Korean migrant, female)*

All acknowledged, however, that with ageing, senior residents find they give up more and more activities. They withdraw from sports due to ill health or organised groups because they can no longer drive or are able to find appropriate public transport that would allow them to attend.

### ***“There is no community anymore” – maintaining local community ties***

Given the significance of the local neighbourhood as a site of sociality, it is important to note that participants feel increasingly disconnected from their neighbours, who often work away from home and socialise outside the immediate neighbourhood. Instead of the close-knit community of their past which they described as “very social”, they now experience it as segmented and observe that their efforts to reach out to neighbours are often no longer welcomed or reciprocated—“everybody is cut off from everybody else these days” (British migrant, female).

*When I walk up the road, I wouldn't have a clue who lives in half the houses now, that is just the way society is going now. (Pākehā, female)*

One of the consequences of reduced community ties, according to the male participants in the study, is that there are fewer opportunities for them to pass down practical skills to younger generations, including DIY or growing food in urban places. Instead of the neighbourly camaraderie of their past, which they remember as an occasion for men to gather and help work on home-based projects together and share their skills, their experience of community has eroded.

*Pākehā, male: Now whatever I do, I do on my own and I do for me because the neighbours no longer come and help when you are doing a job.*

*Interviewer: Even those neighbours that haven't changed? They don't do that anymore?*

*Pākehā, male: No because everybody has got older and we still do most of the stuff ourselves but, yeah, the people are too busy to pitch in on the weekends and stuff like that, I mean I still maintain the property but it is for me, you don't share that community anymore.*



Even though this experience of loss was shared by most of the longer-term residents in the study, we also found instances of ongoing exchanges of teaching and learning between some senior residents and their neighbours. One participant described his concerted efforts to teach kai (food) gathering and growing among the local community:

*Yeah, so, I teach people how to grow puha in containers, how to propagate it, get the seed going, what are the best conditions and encourage them to grow it in the city because it will grow anywhere. (Māori, male)*

From their reflections, it is clear that the participants recognise that community making has changed gradually over their lifetimes due to, for instance, women's increasing participation in the paid workforce, changes in work and leisure patterns, and heightened mobility that sees residents move in and out of the area more frequently than in the past (for more detail see Ran et al., 2020). Nevertheless, they experience these changes as a loss of community.

Their experience of shifts in interpersonal relationships is mirrored in residents' perception that local governance has become increasingly impersonalised and the centralisation and digitisation of Auckland Council has left the senior residents feeling increasing loss of agency. There are few opportunities for civic participation, consultation or their input to local and/or regional planning (Terruhn et al., 2020). They miss what they experienced as "that personal touch" and now lament waiting "so long on the end of the phone to even just talk to someone" (Pākehā, female) for assistance.

### **"I was not able to join" – experiences of exclusion**

Community building is actualised through the participation and engagement of residents in the life and activities of the local neighbourhood (Pitchford & Henderson, 2008). The senior residents explicitly articulated a desire to practise community within the neighbourhood because a feeling of being "in community" and being an active member of the community informs and influences their wellbeing (Ran et al., 2020). There are, however, two significant age-related barriers that hinder the seniors' engagement with their community in Northcote and contribute to experiences of exclusion: a lack of senior-friendly infrastructure and language barriers.

### ***Decreasing physical mobility and lack of senior-friendly infrastructure***

Decreasing physical mobility makes it more difficult for seniors to move around the neighbourhood. While most try to stay as active as possible for as long as possible, declining health means that seniors eventually give up driving and then rely on walking or public transport. With the further loss of mobility, they must depend entirely upon family members or taxis to get from place-to-place. This loss of independence is accompanied by a feeling of increased isolation.

*Well, because I am not as mobile as I used to be, I really do miss it because I can't get out there and talk to people—only when I'm a passenger in the car and say my daughter stops to get the mail and you can see the neighbours if they are in the front garden and give them a wave—but apart from that it is quite hard to communicate. (Pākehā, female)*

They are isolated socially with significantly reduced contact with people and also excluded from access to their natural surroundings such as beaches or parks. One participant (British migrant, female) explained she can no longer visit the beach, saying, "I don't have access to any of these now". She feels gladdened with a glimpse in the distance, "when I am out I can see them from a car!" As much as she misses the beach, however, she described a reluctance to impose on others for help with transport for something other than essential trips for medical appointments or grocery shopping. Another Chinese migrant described her disappointment when she wanted to join a tree-planting activity but was told, "you are not going at your age"—I wanted to go planting trees to express my love". Perceived as a physical liability, she was excluded from joining the activity. Based upon their decreased mobility or perceived physical limitations, these examples demonstrate how seniors may experience exclusion from the outdoor spaces promoted as a vital lifestyle feature of the neighbourhood.



Declining mobility also makes it difficult for seniors to navigate the local shopping centre, or community places, or even use public transport safely. The participants who use walkers, for example, explained that catching the bus alone is no longer feasible; navigating the low seating at the bus stops and boarding the buses quickly enough is too difficult.

*I can't do those things now; I can't get on a bus, so that's out of the question. [The buses] are not built for the elderly because you need those poles, you need to have something to hold onto and then you have your stick or your trolley. (British migrant, female)*

The senior residents who rely on walkers to stay mobile also describe the frustration of having to stay home on rubbish day when the pathways are obstructed with wheelie bins and they can't navigate around them safely. An excess of cars parking locally, blocking paths over driveways, is equally frustrating. One participant described having to ask neighbours to move their cars from footpaths and driveways so they could get past with their walker. Others raised concerns that many of the pavements around the community remain too narrow or uneven with broken concrete for all users to navigate safely— "the path gets wriggly and people can trip on it" (Pākehā, male).

Northcote is a convenient location for seniors who rely on walking, public transport or taxis for mobility. The location also offers reasonable access to medical services that become more important with ageing – including hospital care, pharmacies and general practitioners – as well as supermarkets, cafes and public services like the library. However, the senior residents pointed out that urban planners often fail to accommodate the needs of an ageing population in the design of public spaces. They drew attention to the lack of senior-friendly public infrastructure in their neighbourhood and raised concerns about their ongoing accessibility to these spaces if planning did not anticipate the physical needs of the elderly. As noted in Terruhn et al. (2020), the residents expressed feelings of exclusion from planning, and lack of confidence that plans for the new Northcote development had paid sufficient attention to their local, or age-related needs.

*P1: There are plans anyway with the shopping centre, aren't there? (Māori, female)*

*P2: Yes, there are, there are plans but don't know yet exactly what they are, but I want to have my finger in there [laughter]. (Māori, female)*

Seniors with mobility difficulties sometimes rely on taxi vouchers for their weekly shopping but those we spoke to found it easier to shop outside of Northcote where there was flat undercover access to the grocery stores and a telephone nearby to call a taxi when needed to travel home. To encourage senior residents to make better use of their local centres, the planning of public places needs to consider the implications for the elder members of a community, especially those reliant on their local neighbourhood for services and socialisation. The senior residents agreed that more seating suitable for all types of mobility (e.g. at different heights) would make it easier for seniors to walk around the neighbourhood and the local shopping centre and provide a safe place to rest when needed.

*[The seats in public spaces] are far too low and if you sit down in them there are no arms to push yourself back up again so you can't even sit down in the first place! What about doing two sorts of sizes with one a bit higher and one a bit lower? (British migrant, female)*

The senior residents acknowledged the efforts already taken to improve infrastructure around the area, most notably the widening of footpaths alongside the main road, making it easier for them to walk to the main shopping centre.

*But they have seen the light and they are now building [the main foot paths] proper width to accommodate all the school kids and mums with prams and toddlers and older people walking with their walkers .... It is quite encouraging to see the development. (Pākehā, male)*

But as they pointed out, accessibility for senior residents within the community is a nuanced consideration for the elderly. Their physical requirements, associated with declining health and mobility in later years, necessitates careful thought in planning the shared social infrastructure that accommodates an ageing population. Failure to do so leads to a sense of exclusion when they are unable to access or enjoy community spaces such as the local shopping centre or outdoor spaces. More accessible public toilets would also make it possible for them to make better use of shared public spaces. The participants were light-hearted but earnest: "when I need to go, I have to go!" (Pākehā, female). Access to quiet places within public places is also noted as helpful for those elderly people with hearing restrictions who struggle with the echo of noise on hard surfaces.

*We are restricted in a lot of things we do ... we don't go to restaurants very often because most of them have hard surfaces where it is impossible to hear. (Pākehā, female)*



### ***“We are not able to communicate better” – language barriers***

Northcote has increasing levels of language diversity and language is a significant barrier to intercultural interactions, as noted in Cain et al. (2020). This is a particular issue for older adults who are seeking to connect socially with people within their immediate neighbourhood. Their desire to get to know other people can be hindered by the inability to communicate with one another, which prevents friendships forming with neighbours and people they encounter in their local daily lives. Mandarin and Korean-speaking seniors typically arrive in New Zealand when they are older, as part of family migration, and find it more difficult to learn a new language. They explain that despite the considerable effort invested in learning English, learning a new skill reliant on memory is a difficult task for seniors. As one female Chinese migrant notes, “I can’t remember the words”. The English-speaking residents acknowledge that, for them too, learning a new language is not feasible at their age.

*For the older people, I mean for me to learn an Asian language would be impossible and for them to learn an English language it would be difficult too because as you get older it gets harder. (Pākehā, male)*

Language acquisition also takes a lot of time and practice and the Chinese and Korean seniors explained that they have family obligations of care of their grandchildren that leaves them with few opportunities for meeting others. According to Cain et al. (2020), seniors from different cultural backgrounds, therefore, may be open to new neighbourly friendships but rather than risk misunderstanding, non-English speaking residents observed that “it is better to avoid any complications” and to avoid conversations altogether. The senior residents who struggle to speak English have no expectation that their New Zealand hosts should adapt to their language needs, suggesting that would be “asking for too much”. Unfortunately, this limits opportunity to practise community across cultural groups and contributes to some residents being isolated from their English-speaking neighbours and left out of certain community practises and spaces.

*I used to live in a community in which people exchanged ideas about how to raise plants, etc. But there is no such thing in this community. Because I do not speak their language. I just reside here. (Chinese migrant, female)*

The English-speaking seniors also see this language barrier as a loss to their experience of diversity in the community. They would like to communicate with one another and explore cross-cultural friendships but struggle to move beyond superficial politeness in short greetings.

### ***“I’m going to have to move” – the impact of re-making home on wellbeing in ageing***

Beyond sociality and community, this study also shows that the home is central for older adults’ wellbeing. Highlighting the connection between home, and people and family, all participants saw home as a site of “belonging,” “comfort” or “a place of refuge”. There was a consensus that home is a safe place offering privacy and somewhere to retreat to:

*Somewhere where it is warm, secure, a place that you can put your own personal touches on and things like that, just be comfortable you know, it doesn’t have to be big or gorgeous or anything else, just as you feel when you walk through the door and you think I am home. (British migrant, female)*

*It is a harbour, or haven. Life is a journey. Whether you are travelling by bus, or by boat, you are working out there, but you can return to this haven, to get refreshment, to be refuelled. (Chinese migrant, male)*

But ageing, especially declining health and mobility that is associated with ageing, impact on the experience of home. Senior residents become more reliant on help, whether with home maintenance or personal care. Their reliance on family or support services means that they have to change their personal routines or lifestyles around the care available. Seniors describe changes which are challenging to family dynamics, especially if they need to live with their grown children for support and care.

*I mean if you live with your children, they could help you out but it’s difficult to adjust our lives together and I think it will be uncomfortable. (Korean migrant, female)*

Downsizing family homes or planning to move into retirement homes or public housing for seniors is a considerable—and often “frightening”—concern for the elderly. For the participants in this study, such prospects require facing and accepting a significant loss of personal freedom, and can mean having to leave the community of Northcote entirely. Seniors worry about the loss of independence and privacy, and giving up their outdoor spaces and home-based hobbies. A number of the seniors we spoke to have built up extensive workshops of tools or crafting equipment over their lifetime and worry about having to give up these activities if they move to smaller homes.



The loss of garden spaces is, however, a concern expressed by almost all the participants. Gardening was described by most of the seniors as a pleasurable, physical activity. Property owners describe how their “garden is filled with memories” and sentimentally describe the trees they have watched grow over the years, “we planted every one of them”. Leaving these behind to move into properties without a garden to enjoy is difficult for them to contemplate. A male Māori participant explained the importance of outdoor spaces that they have enjoyed, even in public housing, over the years:

*Yeah, they were all large properties which gave you the chance to have a decent garden and outdoor back area, you know, where you can climb around outside and quite often you will see the fires out there, camp fires going on, hāngi, barbeques, camp ovens, the whole lot.*

The senior residents are, however, realistic that moving from the larger family home is necessary for long-term wellbeing but many struggle to relinquish the family home of their past and try to stay on the property until they have no alternative but to leave.

*And the poor old house has got very run down now and to see this place being knocked down I think would break my heart, so the longer I can stay here and I don't have to go anywhere else the better. (Pākehā, female)*

The homeowners among the study participants explained that as they get older, they worry more about how to maintain their properties. Subsequently, many have contemplated moving to smaller residences in the future. Coleman et al's (2016) study supports the tensions expressed by the Northcote residents, who would like to age in place but worry about asking for help from family and friends or paying for assistance to maintain their properties as they get older. As a consequence, retirement village living becomes more appealing.

*They [retirement villages] are offering community and support and all that sort of thing, and security which people individually scattered around the area on their own perhaps are really wanting. (Pākehā, female)*

The costs of private retirement care is, however, prohibitive for many. For those who can afford it, it affords them more choice about lifestyle or even relocation (Mansvelt et al., 2014). Others in a more vulnerable financial situation commented that navigating the procedures for public housing support is overwhelming and restrictive. The senior residents who live in public housing or the public retirement villages describe a lack of agency and feel obligated to accept whatever accommodation they are offered. For recent migrants who are eligible for public housing support, there is a distinct uncertainty about how the system works and mistakes are easily made. A Korean migrant explained the difficulties they have encountered with public retirement accommodation:

*Thirteen years ago, my son applied for public housing and about a month later he said that I was qualified for it. So, I went to have a look at the house but I didn't like it. It was too dim and dark, too far away from my son's place and I didn't know the area. Now I know my way around and went there again and it was pretty good actually, but I missed the wonderful opportunity. I didn't know anything back then. If you reject to accept the public housing, you can't apply it again. When we rejected the house, we could've said in a nice way with good excuses but my son was too honest and said that my mother doesn't like the house because it's too dark. At the very first we went to the city council and sign the document and that was it, it was very simple. A few years later we applied for it again but there was a very long queue and they support the younger generation. I reapplied five years ago but I am still waiting for it.*

Lack of space and privacy was a predominant issue in the public retirement homes, with residents explaining that they have given up socialising with family and friends in their homes because, as one Chinese resident explained, “I felt too embarrassed to host them... my living room is too small”, and another British migrant pointed out “I have only got one chair you know!” For most of the senior residents, downsizing requires the culling of personal belongings that they have collected over a lifetime. For those accommodated in public housing with smaller spaces, this dispossession of their “material things” is felt more acutely when they have less choice over where they live.

*We have had to get rid of things because we are going to a smaller place so I can't have some of the things that I had, but we are just going through. I have about ten boxes of memories, so I have to cull those. It is going to be hard but that's life, but I won't be getting rid of my photos! (Māori, female)*



## Implications

This study has identified the impacts on older people of shrinking life worlds and community networks, as well as age-related barriers to practicing community, and the exigency of re-making home as key challenges to senior residents' wellbeing. The senior residents noted that adjusting to change is an inevitable part of ageing well. Local activities that allow them to stay active and socially connected were integral to participants' physical and emotional wellbeing. Advancing age, economic pressures and declining health necessitate planned shifts into retirement facilities, whether private villages or public housing, or assisted living arrangements. The participants in the study anticipate they will need additional support in their later years, with a higher dependency on family or public health services. But they aim to maintain their independence for as long as possible. Many experience an increased sense of isolation from the wider community.

As they get older, the participants explained that they are not always "able to join" in with community practices because of their decreased mobility and reliance on others for transport, and this increases their experience of being "left alone". Even the more agile seniors rely more on the local neighbourhood for socialisation and wellbeing as they age, so the provision of accessible local social groups and activities, or support groups, is vital to their relational or social wellbeing.

The senior residents' desire to contribute socially to the life of the community is limited by what is physically possible and the networks or activities that they can continue to access within the community. The participants would like to see more senior services or social connection points, and more cross-cultural or intergenerational opportunities to meet. Creating opportunities for engagement across language differences would help senior residents of Northcote to establish connections with fellow residents and would make a positive contribution to their wellbeing. And the community would benefit from providing senior residents more opportunities to contribute to their neighbourhood, including passing on vital skills and knowledge.

The seniors expressed their desire to remain part of Northcote community, where they have a strong sense of home and belonging. Northcote's convenient location to medical services, supermarkets and public services, like the library, become more essential for senior residents with decreasing mobility. The area remains an attractive location for retirement. The needs of an ageing population should, therefore, be borne in mind when planning for physical infrastructure—especially around community and retail spaces—to make them accessible to all.

Seniors anticipate downsizing as they get older but the lifestage transition for elderly care could be better managed, with a heightened sensitivity to the experiences of loss associated with each stage and more attention to better communication about possible avenues of care/support available. Knowledge about what is possible or permissible for public housing support of senior residents is incomplete and improved systems of communication should be considered as a priority.

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