

He pēhea te āhua o te ahungarua mō te iwi Māori?

What does retirement look like for Māori?

Te Arotakenga Mātākōrero

Literature Review

Dr Margaret Kempton (July 2022)

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Te Mana Ahungarua, the Retirement Commissioner, has a statutory role under the New Zealand Superannuation and Retirement Income Act 2001 every three years to review the retirement income policies being implemented by the Government and to report to the Minister of Commerce and Consumer Affairs.

The Review of Retirement Income Policies 2022 (RRIP) terms of reference, issued by the Minister, includes a specific focus on Māori:

TOR2: The impact of government policy on the retirement savings outcomes and experiences of Māori as Treaty partners, and of Pacific Peoples and women.

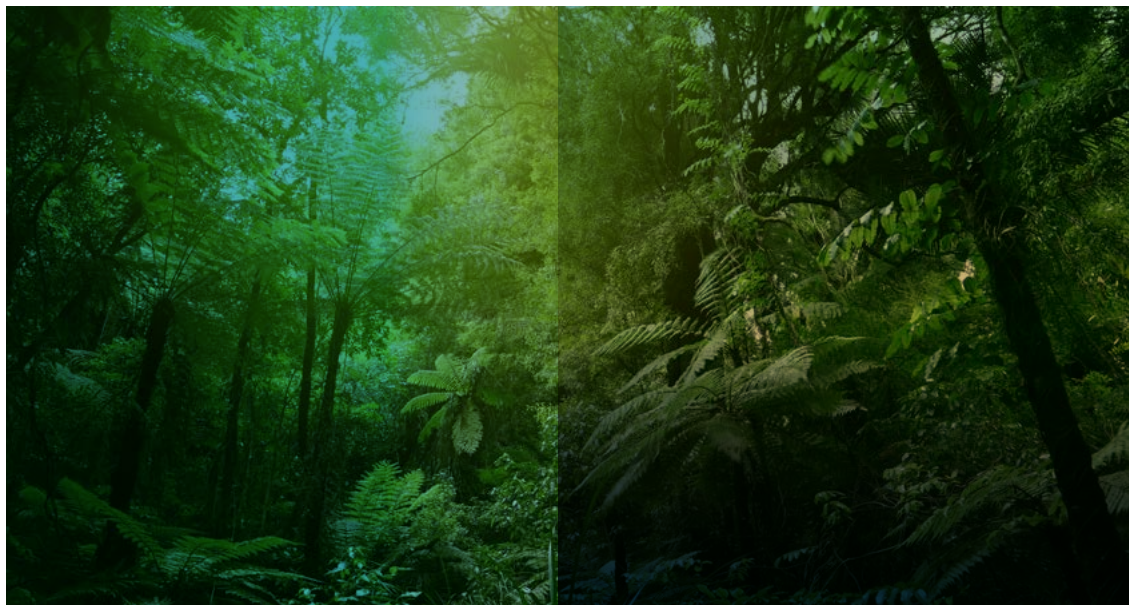
In response Te Ara Ahunga Ora Retirement Commission developed a research project to find out what retirement looks like for Māori, taking a kaupapa Māori approach to this research. The work is designed to explore the role of the state in creating structural inequality and examine its impact on the journey to retirement.

A series of four papers form this project. They are:

- **Paper One:** Decolonising Public Policy: The Galaxy, The Gavel and The Gun, Dr Kathie Irwin (2022);
- **Paper Two:** Literature Review Dr Margaret Kempton (2022);
- **Paper Three:** Māori Demography 2040, Len Cook (2022); and,
- **Paper Four:** What the people said, about 'what retirement looks like for Māori', Dr Kathie Irwin and Erin Thompson (2022).

This paper, a literature review, is the second in the series. It was funded by the Ministry of Health.

The collective impact of this work is further discussed in the main RRIP report, delivered in December 2022.



Contents

Executive summary	3
Introduction	5
Social lens	5
Systemic inequalities	8
Economic lens	9
Māori women	12
Cultural lens	13
Environmental lens	14
Conclusion	17
Glossary	18
References	20
Endnotes	29



Executive summary

In this literature review of what retirement looks like for Māori there are several strong threads. Māori are a diverse and changing population. As Mason Durie said in *Whaiora: Māori Health Development*, Māori live in diverse cultural worlds. There is no one reality nor is there a single definition which will encompass the range of Māori lifestyles.

Māori who live to retirement age often have a life shaped by culturally specific values, lifestyles and expectations. This is a distinct, resilient and valuable culture that, when able to be practiced, enhances wellbeing and strengthens whānau and community.

The impact of colonialism and racism means that the health and wellbeing statistics describe the vulnerabilities of the Māori community and the disparities between Māori and non-Māori. These vulnerabilities are accumulated over a lifetime of experiences and therefore that the prospects for many Māori in retirement are dire.

The message from this review of the literature is that any response to enhance retirement for Māori must recognise the diversity within Māori, be founded on Māori identity and culture and address the lifelong disparities faced by many Māori.

The disparities that affect Māori over the course of their lives have a cumulative impact as they age. Many don't live long enough to retire. Māori men die, on average, 7.4 years earlier than non-Māori men. Māori women die, on average, 6.8 years earlier than non-Māori women.

Not only do they die earlier but Māori experience age-related illnesses much earlier age. Māori aged 65–70 years are as likely to be as frail as non-Māori in their early 80s.

Māori are more likely to have worked in low wage, higher risk occupations. The legacy of this is that at retirement age they are more likely to have been exposed to occupational hazards such as dust or chemicals, lifting injuries, injuries from repetitive tasks, or excessive noise. Despite this many Māori continue to work in these roles well past retirement age and this puts them at further risk of injury or disability.

Māori face considerable levels of economic hardship at retirement age. Compared to non-Māori they have less wealth, have higher levels of poverty, and are less likely to have investments, medical insurance or own their own home. They are more likely to rely on government superannuation as their main source of income. Despite this comparative lack of economic security, Māori report their wellbeing positively when asked to reflect on the health of their relationships, of whanaungatanga, and the satisfaction of having children in their care.

Older Māori women are particularly vulnerable to economic hardship. They are likely to have had a lifetime of significant caring roles within the whānau and significant unpaid work. This means at retirement age they will have had few opportunities to build economic resilience.

The impact of colonisation and the accompanying dispossession of land, coupled with a lifetime of work in low wage occupations, sees Māori home ownership at very low levels. Māori are much less likely to own their home than non-Māori, more likely to be public housing tenants and more likely to be among the homeless.

This lack of home ownership has also a significant cultural component. The concept of home, of whenua, is of fundamental importance. It underpins being able to support whānau, connect with whakapapa, engage in kotahitanga, and provide manaaki to whānau and friends. Not owning a home limits a person's ability to live these important cultural values.

Ageing for Māori means engaging in mahi aroha (service to others), being kaumātua, providing guidance and leadership. It can include valued activities such as caring for mokopuna, supporting parenting, and language development. In the reciprocal nature of Māori culture, whānau provide higher levels of home care to older Māori. This caregiving is a cultural responsibility.

Carrying out these responsibilities is made more challenging by the impact of lifetimes of low wages and comparatively poorer health. Experiencing economic hardship limits an older person's capacity for these deeply-felt obligations to their whānui and their communities. Yet these are the activities that allow a person to age with dignity and a high sense of wellbeing.

Despite nearly 200 years of ongoing colonising trauma, with extreme pressure to subsume their worldview, Māori have retained a distinct and empowering understanding of living and looking after people in the later years of life. Ageing is seen in Te Ao Māori in a positive light. Older people have the right to an experience of ageing where they are respected and valued, and where the primacy of relationships means they are connected, supporting others and being supported themselves. This view contains the potential for an optimal ageing experience for Māori and all peoples in Aotearoa.



Introduction

What does retirement look like for Māori? This literature review develops an overview of recent and relevant research about what “retirement” looks like for Māori in Aotearoa New Zealand in 2021. Looking at life at age 65 (considered the common age of retirement in Aotearoa, and the age NZ Superannuation kicks in) for older Māori, kaumātua, pakeke, koroua and kuia requires us to look at information across a range of sources. The review will help to provide a series of lenses on how this time of life might be experienced generally, as well as focusing on the reality of diverse experiences.

Many small and some larger pieces of research have been able to provide insight. These include the Health, Work and Retirement (HWR) study, and a population-level study which aims to identify the health, economic, and social factors underpinning successful ageing. There is also the Life and Living in Advanced Age: A Cohort Study in New Zealand (LiLACS NZ), a key study looking at both Māori and non-Māori. It is unique in having a focus on Māori aged 80-90. In 2014, the Ministry of Business, Innovation and Employment (MBIE) funded the Ageing Well National Science Challenge. The second tranche (2019-2024) of this has funded more research looking at ageing and Māori. In all, over 250 pieces of research were considered as part of this literature review.

The clear pattern that can be seen in this review of the literature is that the prospects for too many Māori in retirement are dire.¹ Using social, cultural, economic, and environmental lenses to magnify these patterns gives a nuanced view of what retirement looks like for Māori. What life is like in retirement for Māori must be seen through the lens of the existence of pervasive disparities between Māori and non-Māori in Aotearoa. Racism, discrimination, marginalisation, and land loss have been continuous and cumulative processes in Aotearoa since the beginning of colonisation.² At retirement age, Māori will have experienced decades of the resulting disparities in multiple contexts across their lives. Many Māori do not make it to retirement. Māori men die, on average, 7.4 years earlier than non-Māori men for example. Non-Māori enjoy the privilege of higher life expectancy. The disparities present in life outcomes for Māori as a group are evident in multiple contexts including health,^{3,4,5,6} economic wellbeing,⁷ poverty and hardship,⁸ wealth and income,^{9,10} educational experience and outcomes, housing,¹¹ and incarceration.^{12,13}

The positive lens is that, despite 200 years of ongoing colonising trauma,¹⁴ with extreme pressure to subsume their worldview, Māori have retained a distinct and empowering understanding of living and looking after people in the later years of life. Research has confirmed that “disengagement” or “taking a break” is not generally a feature of retirement for Māori, as many are busy supporting whānau, the wider community, hapū and iwi.¹⁵ Or they will still be working.¹⁶ Ageing is seen in Te Ao Māori in a positive light. Older people have the right to an experience of ageing where they are respected and valued, and where the primacy of relationships means they are connected, both supporting others and being supported themselves. This view contains the potential for an optimal ageing experience for Māori and all peoples in Aotearoa.

He tirohanga ā-hapori

Social lens

This section employs a social lens through which to examine what retirement looks like for Māori. Aspects of health which help us to see the experience are magnified. These include access to health care, disability, injury, and longer working lives. Economic, cultural, and environmental lenses are used in later sections to help view more clearly the kaleidoscopic nature of older Māori lives.



Health is a physiological and psychological state, but also a social state. The health of Māori at retirement age emerges from and is impacted by social contexts. On average, Māori have fewer years of good health as well as shorter lives than non-Māori. Non-Māori enjoy the privilege of higher life expectancy, with Māori men dying, on average, 7.4 years earlier than non-Māori men.¹⁷ Non-Māori women live an average of 11.1 years longer than Māori men. Life expectancy at birth for Māori males and females is estimated to be 73.0 and 77.1 years, compared to 80.3 and 83.9 for non-Māori males and females.¹⁸

The inequities in health for Māori that are focused on here, and which are persistently and consistently described in the research literature, can be seen as social phenomena “wrought in the power relations of the development of the nation rather than immutable destiny”.¹⁹ These have been described by the system itself as not only avoidable but unfair and unjust.²⁰

That there is a pattern of “avoidable” deaths for Māori gives a clear view to inequitable outcomes. Avoidable deaths are defined as those (for people under the age of 75) that are potentially preventable given the appropriate effective health care. This pattern shows failure to receive the appropriate care.²¹ As Dame Sue Bagshaw said,

*“When you live in a relatively first world country, which is supposedly providing the same services, but one group of people dies eight years sooner than the other – that is shocking”.*²²

Not only is the life expectancy worse for Māori, but they also experience an earlier onset of age-related disease and impairment. The profile of Māori women aged 45 years and over is similar to that expected for non-Māori in the 65 years and over age group in terms of the rate of impairment.^{23 24} Māori will on average spend fewer years without disability and spend a higher proportion of their total years in retirement with a disability.^{25 26}

Māori may experience “accelerated ageing”²⁷ in that they are older earlier than non-Māori in respect of their health status. For example, Māori experience “frailty” more often and at a younger age than non-Māori New Zealanders.^{28 29} Māori aged 65–70 years are as likely to be frail as non-Māori in their early 80s.³⁰ Frailty is a condition that represents an elevated state of vulnerability to a sudden decline in health and other negative outcomes.³¹

Retirement is likely to involve being unwell for many Māori. Non-Māori experience significantly lower rates of morbidity (unwellness) than Māori. This is true across a wide range of chronic medical conditions.³² These include cardiovascular disease,³³ chronic obstructive pulmonary disorder,³⁴ diabetes,³⁵ cancer^{36 37}. Māori men are 50% more likely to die of prostate cancer.³⁸ Māori women are less likely to receive timely and optimal treatment for breast cancer)³⁹ and mental health conditions.^{40 41}

Māori are 24%-131% more likely to die once diagnosed than non-Māori, depending on the cancer.⁴² When compared with Pākehā within the same income bracket, Māori are significantly less likely to have seen a doctor when unwell, received adequate health tests, or accessed medication.⁴³ Even after controlling for socio-economic factors, Māori still have worse physical and mental health outcomes.^{44 45}

People who are unwell as they age are more likely to experience chronic co-morbidities (that is, the simultaneous presence of two or more medical conditions). Māori are more likely than non-Māori to be taking multiple medications. Being unwell and on multiple medications is risky as research shows increasing complexity in a medicine regimen increases the risk of medicines-related harm. (This includes taking too much, or not enough, or taking contraindicated medicines together).^{46 47}

Māori in retirement who find themselves unwell will be interacting with a clearly inequitable health system. Both a recent report reviewing the health sector⁴⁸ and Stage 1 of the WAI 2575 Hauora claim to the Waitangi Tribunal⁴⁹ highlighted “comprehensive, consistent and compelling” health inequities for Māori. Research across health justice, social services and education, including the government’s own research, shows that systemic racism and discrimination, which is now inter-generational, impacts negatively on Māori outcomes.⁵⁰ Within a health system that continues to underperform for Māori,⁵¹ non-Māori generally have better access to and quality of healthcare. This includes earlier and more appropriate treatment and better outcomes.^{52 53 54 55}

The research shows that these inequities are wide-ranging. One example is general practitioner consultations. Consultations have been found to be shorter with Māori patients, who are then less frequently referred for further investigations than non-Māori.^{56 57 58} Another inequity is evident in the treatment for heart disease,⁵⁹ where data suggests bias against



Māori receiving cardiac revascularisation procedures even though their clinical need is much greater. Similar evidence of bias is available for outcomes following stroke, heart failure, and asthma,⁶⁰ getting support for mental health issues,⁶¹ and getting access to appropriate medicines for health conditions.^{62 63}

The reasons for this have been described as lack of cultural awareness, latent biases, and institutional racism.^{64 65} These are exacerbated by the underrepresentation of Māori in the health workforce. (In 2019, Māori made up 16.7% of the population but only 3.8% of New Zealand's doctors and 8% of nurses.)⁶⁶ Recent systematic reviews of Māori experience of the health system have made it clear that for many Māori the public health system is experienced as “hostile and alienating”.⁶⁷

Disparities are often compounding or layered upon one another, for example in the case of findings from research looking at chronic kidney disease.⁶⁸ Non-Māori patients with kidney failure were provided with higher rates of pre-emptive kidney transplantation and waitlisting for a kidney transplant. They also had shorter times to waitlisting and transplantation and higher rates of survival before and after waitlisting for a kidney transplant.⁶⁹ Other studies have shown that diabetes, heart disease and cancer also all have issues where Māori have experienced delayed referral and treatment experiences.⁷⁰

Recent reviews⁷¹ have indicated that Māori are more likely to experience loneliness than non-Māori. It is suggested that this is linked to the other inequalities explored in this review such as poorer health and higher mortality rates at younger ages.⁷² Conversely, whanaungatanga seems to afford social and emotional support that may help reduce the experience of loneliness or social exclusion for Māori.^{73 74}

Manarite-kore toronaha

Systemic inequalities

The “system” has a role in creating the structural inequality illustrated here. This impinges upon life chances, access to power, economic resources, language and culture. What health looks like at retirement for Māori in Aotearoa is similar to what it looks like for indigenous and ethnic minorities around the world. This further illustrates that these patterns of persistent inequalities are not fully explained by individuals' choices. Rather, they are linked to unequal distribution of resources and exclusion that is structural and systemic.^{75 76 77}

Māori are continuing to work past the age of 65 years,⁷⁸ putting them at greater risk of injury or disability. This higher risk has been attributed to the high-risk occupations in which they generally work. The reasons many Māori work in these occupations are systemic and in part a reflection of a significant post-war urban relocation of Māori to urban areas. The colonial pattern of town and city growth engulfing and therefore destroying papakāinga also reduced the choices available. Māori generally worked as labourers enduring long hours, lower pay, physically hard work and poorer working conditions.⁷⁹

Ongoing racism in the education system⁸⁰ has also had the effect of restricting the occupations available to Māori. Once out of schooling, opportunities for economic advancement are further restricted by racism in employment and promotion.^{81 82} Māori are over-represented in low-skilled, manual work; work that is not only more hazardous, but usually more poorly paid and less secure.⁸³ It is also often work where they experience a lack of autonomy, which has been shown to be detrimental to physical and mental health.^{84 85}

Hazardous jobs lead to higher work-related injury rates.⁸⁶ Māori are more likely than non-Māori to be exposed to several occupational risk factors (such as dust and chemicals, heavy lifting, loud noise, repetitive tasks and tight deadlines). In fact, recent research showed Māori were more likely to report exposure to occupational risk factors than non-Māori workers even when they had the same job title. This inequity suggests that risky work tasks may be unequally distributed according to ethnicity.⁸⁷ Māori of retirement age are likely to be experiencing the compounding effect of a lifetime of occupational exposure to risk factors.

Recent research suggests that the accumulation of health inequalities and the experience of “accelerated ageing” potentially increases the risk of older Māori sustaining an injury in the workplace (as pre-existing disabilities increase this risk generally).⁸⁸

Inequities are experienced across the life course and are compounded by age.⁸⁹ Māori experience in retirement reflects past as well as present circumstances. “Life course” research shows that one’s health and the risk of premature death are influenced by socioeconomic factors acting throughout life⁹⁰ and across generations. Adverse childhood experiences, for example, will have persistent effects across the life course.

Lower wages can mean whānau choices are limited to poorer housing in relatively disadvantaged neighbourhoods (Māori are overrepresented in deprived geographical areas), and to retirement on the basic level of Superannuation.⁹¹

We have looked at what retirement looks like for Māori using a social lens in this section. The pattern seen is that differences exist between groups and the differences flow to benefits over people’s life course, leading to health advantages.⁹² Looking more closely we can, of course, see that Māori are not a homogenous group and that within this group are diverse experiences and outcomes.

He tirohanga ohaoha

Economic lens

The previous section looked through a social lens at what retirement looks like for Māori. Inequitable health outcomes and participation in ongoing work in environments detrimental to health were considered. Work of course has an economic element, but not always for the building of individual wealth as is shown through mahi aroha and the cultural imperative to care for others. Māori society has been described as an “economy of affection”⁹³ where relationships, giving, reciprocal obligations, and balance are the key. An economy based on a



Māori worldview has been described as fundamentally, “an environmental economy”, where “...economic success does not come at the expense of other people, nature, or future generations”.⁹⁴

Given the above, economic measures focused on poverty/deprivation are blunt instruments for measuring Māori wellbeing.⁹⁵ The fact that many of wellbeing measures only consider individuals’ wellbeing is telling. It speaks to a disconnect between worldviews which is at the heart of economic matters for Māori at retirement age. Traditionally Māori is a collectivist society, with whānau as the basic unit of organisation, not the individual. Whānau (extended families of at least three generations) live and work together to provide for their collective wellbeing. Research points out that the measures by which non-Māori will describe economic wellbeing might be quite different than Māori. For Māori, culture may provide a “subjective experience of security”, even if material hardship is experienced. The Te Kupenga study by Statistics NZ found subjective evaluations of whānau wellbeing were far more positive than those taken from the material measures of wellbeing.⁹⁶

Although individual accumulation of wealth may not be the ultimate goal, Māori do have a desire to pass on security to their mokopuna and the ability to do this is important. Traditionally for Māori interdependence, connectedness, and commitment to whānau are actively encouraged. As Durie (1994) has noted, “standing on your own two feet” is seen as maladaptive.⁹⁷ This relational nature of Māori identity⁹⁸ has been apparent in national surveys of Māori wellbeing. The data shows the vast majority of Māori (nearly 90%) reporting they feel whanaungatanga is important to life satisfaction, and more satisfied when they have dependent children in their care.⁹⁹

Statistics show that individual economic wealth for Māori is significantly less than most other ethnicities in Aotearoa.¹⁰⁰ Older Māori, on average, experience relatively high levels of material disadvantage and poverty compared with non-Māori.^{101 102} Older Māori are less likely to have investments, medical insurance or own their own home.^{103 104 105} They are more likely to rely on the government superannuation as their main source of income.

Superannuation payments are available to all eligible permanent residents aged 65+ in New Zealand. Increasingly New Zealanders are encouraged to make provision for additional retirement income, with an additional income stream being required to avoid hardship in retirement (around \$10,000-\$12,000 per year estimated in 2019).¹⁰⁶ Research has illustrated that NZ Superannuation on its own is insufficient to support those who are renting in older age. The struggle to make ends meet is shown in the increasing number of superannuitants who require accommodation subsidies. Living on NZ Superannuation without secure home ownership and some supplementary income has been described as “...life on the edge of poverty.”¹⁰⁹

However, saving before retirement is harder with rising living costs especially for housing.¹¹⁰ The capacity to save can also be compromised by life events especially health or employment issues. Māori are more likely to be employed in occupational groups where work is unstable and easily affected by the whims of economic stress.¹¹¹ Lower grade occupations are not only consistently related to poor health, but of course they detrimentally impact income and opportunities to accumulate wealth.¹¹²

Therefore heavy reliance by Māori on state provision of support is predicted to continue into the future.¹¹³ This is especially so given that the Māori who live to the retirement age of 65 will increasingly arrive there without owning their own home.^{114 115 116} New Zealand’s retirement income and aged care policies have implicitly framed retirees as mortgage-free homeowners with minimal accommodation costs during retirement.^{117 118} These policies work on the premise that people are in a position to liquidate their assets to maintain living standards, as well as underwrite future housing or residential care they might need.¹¹⁹

Accumulating wealth is difficult and saving for retirement is almost impossible where people have little surplus income once basic living costs are met. Studies have shown Māori have lower rates of private superannuation, investments and savings in case of an emergency.¹²⁰ This very obviously relates to lower income throughout working life.

The economic inequality between Māori and non-Māori has deep roots reaching back to the widespread nineteenth-century confiscation of Māori land and policies that limited Māori access to capital.¹²¹ Conversely, the acquisition of land and resources by non-Māori helped to “cushion” the following generations through the intergenerational transfer of that wealth.¹²²

The deep impact of colonisation, including removal of the economic base and intergenerational hardship, lands at the feet of many Māori of retirement age today. Those who live to the retirement age of 65 will do so having lived through decades of exposure to racism and discrimination (in many forms¹²³). These impact negatively on their material circumstances and life chances.^{124 125} Across generations, the inequality that has been an enduring feature of New Zealand society for whānau, hapū and iwi has left its mark on people today.¹²⁶

A lens that considers the years leading up to retirement shows that adverse life events (such as divorce, redundancy, hospitalisation or unemployment) impact negatively on income and accumulated assets. Many of today’s older Māori have experienced long periods of unemployment due to the structural reforms and high employment rates in the 1980s and early 1990s. Māori unemployment peaked at 25% in 1991-2 compared to 8% for Pākehā.¹²⁷ Non-income factors and events over the whole life course can impact material wellbeing in older age. Experiencing these adverse factors in the decade or so before age 65 is a risk factor for hardship in the retirement years.¹²⁸ This is especially so when they can result in an inability to save or the loss of savings or homeownership before retirement.

Impacts of hardship for Māori at retirement age can result in not seeking or receiving medical care because of financial barriers.¹²⁹ This includes not filling prescriptions because of the cost,¹³⁰ not being able to afford health insurance (which costs more for older people) and having to rely on public waiting lists for treatment. For example, the significant cost involved to address hearing loss can have the effect of limiting access to services and technology,¹³¹ holding back lives of many older Māori.

Socioeconomic disadvantage is seen as contributing to the disparities in Māori and non-Māori mortality.^{132 133 134} Some research has proposed that that socio-economic determinants are more predictive of these disparities than individual choices such as smoking.¹³⁵

Other impacts of hardship for Māori in retirement are all realities of having a limited income. These include not being able to join in community or family activities, not being able to live where you would like to and not being able to travel especially in rural areas with no public transport system.¹³⁶



For Māori in retirement, their ability to participate in reciprocity and to provide mahi aroha is affected by financial pressures in general and housing pressures in particular. These are detrimental to their capacity to undertake mahi aroha and be of service to or care for others. Older Māori have shown a willingness for this mahi based on cultural imperatives to awahi and manaaki.¹³⁷

Arguably, the traditional system of reciprocity, whereby capital tended to circulate rather than accumulate with particular individuals served the wellbeing of many.¹³⁸ The inability to fulfil cultural obligations by contributing to this system can weigh heavily on people, undermining individual and collective wellbeing. The unpaid but valuable caregiving is also of immense value, economically, socially, and culturally for the whole of society.

The economic lens provided by the research reviewed in this section focuses on the likelihood that for many Māori retirement is a time of “precarity”. Precarity has been described as “lifeworlds characterized by uncertainty and insecurity”.¹³⁹ There are multi-layered precarities that can exist in older age.¹⁴⁰ As we have seen, these may relate to struggling to meet accommodation and basic living costs and affording health care services. Precarity in older age has been described as “inherently shared, but unequally experienced”.¹⁴¹ This means that, despite being older too, non-Māori are much more likely to experience a sense of security in their environment.

At the extreme, homelessness is a concern and growing among older people in New Zealand.¹⁴² Renting can mean insecure tenure leading to homelessness in later life. Older people have been increasingly facing unaffordable rent. They also may have to cope with housing that is unsuitable for them and in poor condition.

Not all older Māori experience hardship during retirement. It is worth noting that in recent decades there have also been growing gaps within the broader Māori cohort.¹⁴³

A major part of feeling or being secure is experiencing economic security, which can help you have a secure place to be. An environmental lens is employed in the last section of this review to further see aspects of this precarity vs. security in relation to whenua and housing.

Wāhine Māori

Māori women

Māori women in particular are likely to feel economic pressure in retirement. They are more likely to live to the retirement age of 65 than Māori men (who have higher age-specific death rates). Widowed Māori women are more likely (than non-Māori women or widowed Māori men) to struggle financially. This is due to their single status, combined with other social and economic factors, such as pay inequity.¹⁴⁴

These women are likely to have been in lower-paying work and to have experienced pay inequity first-hand across their working life. Given their diminished earning history and capacity for self-support, universal NZ Superannuation gives some guarantee of income. The introduction of a purely contribution-based system would be unfair given that their unpaid contribution to labour could have serious implications for Māori women.¹⁴⁵ Across their lives, Māori women are likely to have taken on higher caregiving demands. Economically they have also contributed much to the “hidden” workforce and the value of their unpaid work is substantial.

Many Māori women will continue working in their retirement years if their health allows. They are more likely to look after whānau with an illness or disability, as well as care for children (other than their own, potentially mokopuna) than non-Māori women.¹⁴⁶ Their role may be as whānau head especially if the elder male has died.

Research into the working lives of Māori women found that Māori women were more likely to be highly stressed at work than non-Māori women. It was considered that this may be partially explained by the combination of home and work responsibilities. Chronic work stress can have serious long-term health consequences, such as heart disease.¹⁴⁷

A positive view of ageing from a Māori worldview would celebrate and centre older Māori women, although many do not get to enjoy this in its fullest sense. Catherine Delahunty¹⁴⁸ describes: “Kuia do not retire, they travel at the centre of their culture”.

He tirohanga ahurea

Cultural lens

A cultural lens on what retirement looks like for Māori focuses on the unique experience of Māori from within Te Ao Māori (the Māori world). Durie has asserted that: “Māori live in diverse cultural worlds. There is no one reality nor is there any longer a single definition which will encompass the range of Māori lifestyles.”¹⁴⁹ The expression of Māori cultural identity by older Māori is heterogeneous.^{150 151 152 153} However, there are some patterns that are relevant to what retirement looks like for Māori. Many but not all older Māori who reach retirement age will take on the mantle of kaumātua.¹⁵⁴ Kaumātua are taonga or treasures within Te Ao Māori.

Kaumātua roles may not be part of the lives of all older Māori and this may mean they are not necessarily able to rely upon extended whānau for care and support.¹⁵⁵

The concept of kaumātuatanga (older age) embraces multiple meanings.¹⁵⁶ It does not necessarily begin at a specific age, such as 65, but refers to the role and status potentially attained in later life, generally by the oldest generation.^{157 158} The mana of marae and hapū are dependent on the wellbeing of kaumātua who have kaitiaki roles, collecting and passing on whakapapa and mātauranga Māori.¹⁵⁹ They are called upon to support many kaupapa, to be present at hui, to speak for and to represent people in many matters. Durie has pointed out that without leadership at that level a Māori community will be poorer and be unable to function effectively or to fulfil its obligations.¹⁶⁰ For kaumātua to be able to provide this support, they must also be secure in their own health and material wellbeing. Their cultural role cannot be isolated from the wider living conditions of older Māori.¹⁶¹

Given the cultural framing, it is not surprising that Māori who live to the retirement age of 65 are more likely to be involved in mahi aroha.¹⁶² Research has sometimes categorised this as “volunteering”. But from a Māori perspective the service provided to whānau, hapū and iwi is seen as more of a cultural responsibility.¹⁶³ As an illustration of this at work, the New Zealand Mental Health Monitor survey asked how easy or difficult it would be to provide help to someone when they needed it, such as an elderly relative or mokopuna in need of care. A high proportion of Māori respondents (87%) reported this would be ‘very easy’ or ‘easy’, with just 5% reporting it would be ‘difficult’ or ‘very difficult’.¹⁶⁴ This manaakitanga is a cultural principle and practice that has endured and remains central in the lives of older Māori.¹⁶⁵



Research with kaumātua has found them rating service to others as a very high priority “...the status of rangatira [chiefs] [is] measured by the capacity to give.”¹⁶⁶

The service given by older Māori could involve caregiving for those who are older and unwell or disabled. Major research projects looking at caregiving of those of “advanced age” showed that carers were mostly adult children or partners, with an average age of 66 years in the most recent study.¹⁶⁷ The ageing of the population means there are more kaumātua to look after.¹⁶⁸ Large-scale research focusing on octogenarians showed non-Māori entered long-term residential care almost twice the rate of Māori.¹⁶⁹ Additionally, fewer Māori received formal home-based services.¹⁷⁰ Researchers argued that this may illustrate the whānau obligation to care for kaumātua and (despite the worse health of kaumātua), the valuing of kaumātua and expression of whanaungatanga, manaakitanga and āwhina.¹⁷¹ They point to anecdotal reports of whānau members moving house (and country)¹⁷² or terminating their employment¹⁷³ specifically to provide care and support for kaumātua.

Research has shown that Māori families generally provide a greater amount, a higher proportion, and a higher dollar value of care than do non-Māori families.^{174 175} This supports the assertion that caregiving for Māori is seen as a cultural responsibility and is supported by wider whānau connections.^{176 177} Whānau may however find their capacity to provide care is compromised by changing whānau structures and economic hardship as well as the increased care needed for the rising numbers of kaumātua and their increased longevity.¹⁷⁸

Alongside caring for their partners or their parents, caring for their mokopuna is a significant feature of the lives of many Māori of retirement age (especially for women). The desire to look after mokopuna, in particular, the responsibility to ensure mātauranga Māori is passed to succeeding generations¹⁷⁹ is seen across several research studies.^{180 181} Many Māori speak of the custom of being looked after by grandparents as a special honour.¹⁸² Māori grandparents have been shown to be more likely to make contributions than non-Māori to mokopuna. This includes providing occasional support (68% for Māori vs 50% non-Māori), making financial contributions (47% Māori vs 30% non-Māori). Significantly research has shown 14% of Māori grandparents vs 1% non-Māori were bringing up grandchildren as a parent, and 40% (vs 7% non-Māori) shared parenting.¹⁸³ Grandparents were often involved with teaching language (36% Māori vs non-Māori 17%).¹⁸⁴ This fits with findings from Te Kupenga which show the most likely scenario for more te reo Māori being spoken in the home is when there are pre-school children present.¹⁸⁵

Research has shown kaumātua prioritise their contributions to whānau and community, and that these obligations occupy their thoughts more than their own health issues.¹⁸⁶ However, the material hardship of some older Māori will mean changes in their capacity to fulfil cultural roles and responsibilities. When the value of these is seen across the wider whānau, hapū and iwi, the lack of these informal supports and what might be needed to fill their gap emerges. These are challenges facing policymakers as well as the whānau and communities themselves.¹⁸⁷

Mahi aroha may also involve the specialist skills and knowledge that come with kaumātua status. The traditional arrangement is a reciprocal one. The skills valued in the kaumātua role were made available to younger people in return for care and support “...a positive, if demanding, role is complemented by an assurance of care and respect”.¹⁸⁸ The active kaumātua role does shift in later years to a more supportive and less demanding one. Durie suggests “... perhaps in the eighth decade of life... regarded as ‘taonga’ (treasures), greatly enhancing the wealth of the people, worthy of tribal protection, but spared the full impact of marae obligations.”¹⁸⁹

He tirohanga taiao

Environmental lens

So far, this review has magnified what retirement looks like for Māori by focusing on three lenses. The social lens provided a focus on issues including health and work, the economic lens on issues including wealth and hardship, and the cultural lens on issues including



reciprocal caring and support of older and young people. In this final section, the lens applied is environmental to help us see the impact of wider contexts and place in what life looks like in retirement for Māori. The environmental lens is potentially wide, but focuses is on three related issues: whenua/land, land loss, and living conditions. Whenua has been described as a determinant of both health and wealth.¹⁹⁰

Attachment to place and familiarity can be resources from which older people draw resilience.¹⁹¹ Research on the role of place in ageing has tended to focus on “ageing in place” as a concept and as a policy to meet the needs of older people (and to save public money on residential care). The World Health Organisation (WHO) defines this as “meeting the desire and ability of people, through the provision of appropriate services and assistance, to remain living relatively independently in the community...”¹⁹² In Aotearoa place has been described as a source of autonomy for older Māori.¹⁹³ Kaumātua have described te taiao (natural environments) as key to a holistic wellbeing process, along with hinengaro (mental health), wairua (the spirit and spiritual health), and tinana (physical health).¹⁹⁴

Ageing in place can however be complex for Māori because of the impacts of colonisation and urbanisation across multiple generations, along with individual choices. The result is that relationships and connectedness with traditional place and entities (marae, regions, human and non-human entities, like rivers) can vary widely.¹⁹⁵ However, the overarching experience for Māori of land loss means people have often been separated from their whenua. For place-based whānau, hapū and iwi identities, this separation is and was destabilising. With whenua providing the basis not only of an economic system but of identity and security, the loss of the relationship with whenua is a deep impact trauma.¹⁹⁶ This reverberates to the present day, disrupting a sense of continuity and belonging for many older Māori.

Mid-twentieth century urban migration for employment fractured a traditionally inter-generational family structure (whānau). This fracturing of whānau,¹⁹⁷ weakening of tribal structures, and a loss of language and support systems that had been based around marae¹⁹⁸ has a continuing impact on Māori of retirement age today. Many of them are those who left rural areas for the urban centres as young people.¹⁹⁹

Conversely, a sense of (ontological) security can be gained from continuity and stability in people’s lives. Housing can provide a secure base and a component of this security. For older Māori, the whenua they are on as well as the genealogical links that are shared with those living nearby may be included in this sense of place which extends beyond the physical walls of a house.²⁰⁰ Kaupapa Māori research has explored both the way intergenerational access to customary lands and environments is implicated in successful ageing.²⁰¹ It shows how reconnecting people to place can ensure the wellbeing of both people and whenua.²⁰²



An example of the way place intersects with wellbeing and the heterogeneous nature of the experience of older Māori comes from research that found rural-urban differences in the experience of disability.²⁰³ Urban Māori with disabilities had more access to a greater range of services, while rural Māori with disabilities tended to have more support from their community. What this meant was that urban Māori with disabilities tended to feel more isolated.²⁰⁴ A wide understanding of collective connectedness includes relationships between whānau members and lands, maunga, whenua, moana and awa as part of identity. It also acknowledges the obligations to care for the environment as part of wider cultural relationships.

The environment one lives in and on, as well as one's housing, can be a determinant of health and wellbeing. The pattern of Māori being precariously housed is an additional factor that is layered on top of the social, economic, and health disparities already discussed in this review.

Given the above, it is a concern that older Māori are more likely than ever before to be renting in retirement. Between 1986 and 2013, the proportion of Māori living in rental accommodation increased by 88.3%, from 41% to 77%.²⁰⁵ Māori have been disproportionately affected by declining affordability, with rates of homeownership dropping to 28% for Māori compared to 57% for Pākehā.²⁰⁶ Low incomes, low financial literacy, and systemic bias in lending are all implicated in lower rates of home ownership by Māori.^{207 208 209} They make up over a third (36%) of the public housing tenants.²¹⁰ Māori are five times more likely than Pākehā to be homeless.²¹¹ "In recent times Māori have borne the brunt of rapidly rising house prices and skyrocketing rents."²¹² Hardship, along with reduced life satisfaction and perceived wellbeing, are all associated with renting in later life.^{213 214}

Māori who live to the retirement age of 65 are more likely to rent accommodation that is owned by private landlords (77% of Māori renters).^{215 216} This open rental market brings older Māori up close to the worst features of our housing crisis: a lack of affordable housing along with substandard rental, and emergency accommodation. Combined with these is the racism that Māori experience in the rental market,²¹⁷ leaving older Māori particularly vulnerable if they do not own their own home.²¹⁸ Renting means insecure tenure and increases the likelihood that a person will experience a lack of continuity and belonging. Poor-condition housing negatively affects older people's health, and research has shown older tenants in such housing are more likely to enter residential care.²¹⁹

...the concept of home that is of fundamental importance to Māori, encompassing not only physical shelter but also whānau, attachment to whenua (land), whakapapa (genealogical connections), kotahitanga (togetherness) and the ability to provide manaaki (support, protection) to whānau and friends.²²⁰

For Moana Jackson, the line of sight is clear between the colonisation experience and a lack of security and relative precarity for Māori today.

...in simple terms colonisation has always been a process in which people are dispossessed of their lands, lives, and power. It is an inherently brutal process that has been defined by the United Nations as a "crime against humanity". In this country, there has unfortunately been a historical reluctance to acknowledge either its true nature or the costs that it has exacted upon Māori. That situation has changed somewhat in recent years but there is still considerable unawareness of its history and the ideologies which underpin its development before 1840. Yet, it is the history that provides context for both the general status of iwi and hapū today.²²¹

Older Māori are the current bearers of the devastating losses due to colonisation at a population level and the multi-generational trauma that this entailed.²²² By contrast, ontological security and inter-generational wealth has been provided to generations of non-Māori who settled in New Zealand. The settlers often rose from poor tenant farmers to landowners through the process of colonisation of this country and the alienation of Māori from their lands.²²³

Looking forward, the reestablishment of inter-generational wealth (in all its forms) for Māori would mean that this security can be passed down through generations to share and compound. This fits with a Māori worldview in terms of cultural, social, economic and environmental concerns.

Whakakapinga

Conclusion

This review has explored what retirement looks like for Māori through four lenses. Reviewing the research can help to “get the story right”²²⁴ and to move forward with relevant information to guide options. While the patterns of inequities presented are depressingly consistent, they are amenable to change.²²⁵ This change needs to employ the strength inherent in pro-equity, kaupapa Māori driven, Te Tiriti compliant, anti-racist and mātauranga Māori-informed action.^{226 227}

Inequities are produced and reinforced across the life course, meaning that action for change needs to happen right from conception through education and adult life to effect change.²²⁸ Long-term wellbeing can be enhanced through prevention and intervention across the life course is more effective than dealing with these issues when people are already older and unwell.^{229 230 231}

Respect for the heterogeneous nature of older Māori as a group is important. There are nuances and individualised experiences in what retirement is like or could be like for Māori. What is right for one person in respect to their wellbeing may not be right for another.²³² Policies that take a broad stroke to issues can further exacerbate or reinforce inequalities. (For example, encouraging volunteering to improve health will exacerbate the health issues of some older people).²³³

Research has demonstrated how cultural connectedness can lead to better outcomes for older Māori in several spheres (for example dementia care, palliative care, papakāinga²³⁴ development and kaumātua housing). Kaupapa Māori perspectives take this into account such as McDonald’s (2016) framework to explain happiness for older Māori. Four dimensions were found to be important in this research, and these connect an optimal experience with the lenses we have used to look at what retirement look like for Māori:

*A way of life that enhances ‘mana’ and promotes a meaningful existence through Mana Atua – A connection and commitment to the larger universe; Mana Tūpuna – Strengthened genealogical relationships; Mana Tangata – Realisation of human potential and Mana Whenua – Harmonious integration and unity with the environment.*²³⁵

Glossary

for He aha te āhua o te ahungarua mō te Māori?

From Te Aka, the Online Māori Dictionary

Word or phrase	Meaning
Āhua	Appearance, nature
Ahungarua	Elderly person, person approaching old age
Aroha	Love, affection, compassion, empathy
Awa	River, stream
Awhi	To embrace
Āwhina	To assist, help, support or benefit
Hapū	Subtribe, the primary political unit in traditional Māori society consisting of many whānau sharing descent from a common ancestor
Hinengaro	Mind, thought, intellect, consciousness, awareness
Hui	Gathering, meeting
Iwi	Tribe, a large group of people descended from a common ancestor and associated with a distinct territory
Kaitiaki	Trustee, guardian, caregiver
Kaumātua, kaumātua	Elder, elders
Kaumātutanga	Older age, later life
Kaupapa	Topic, policy, matter for discussion, plan, theme, issue, initiative
Koroua	Elderly man, grandfather
Kotahitanga	Unity, togetherness, collective action
Kuia	Elderly woman, grandmother
Mahi	Work, to work
Mahi aroha	Service to others
Manaaki	Support, to take care of, provide hospitality, protect
Manaakitanga	Hospitality, kindness, generosity, support
Māori	Indigenous person of Aotearoa New Zealand

Marae	Courtyard, complex of buildings around the courtyard
Mātauranga	Knowledge, wisdom, understanding, skill
Maunga	Mountain
Moana	Ocean, sea, large lake
Mokopuna	Grandchild, grandchildren
Pākehā	European
Pakeke	Adult
Pakeketanga	Adulthood
Papakāinga	Original home, village, communal Māori land
Rangatira	Chief (male or female)
Taonga	Treasure or treasures
Te Ao Māori	The Māori world
Te Reo Māori	The Māori language
Te taiao	Natural world, environment
Tinana	Body, physical health
Wairua	The spirit and spiritual health
Whakapapa	Genealogy, lineage, descent
Whānau	Family group, the primary economic unit of traditional Māori society
Whanaungatanga	Relationship, kinship, sense of family connection
Whenua	Land or lands, home



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Kupu tīpoka whakamutunga

Endnotes

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