

**Families, Ageing and Migration:
Indian Communities in Auckland,
Wellington and Christchurch**

Judith Davey, Sally Keeling and Arvind Zodgekar

**INSTITUTE OF POLICY STUDIES
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Abstract

The migration of older people to join family members in other countries and “trans-national” families are issues of growing significance. They have implications for policies on retirement incomes, care and support services, and cultural retention, as well as for family health and cohesion. The New Zealand Positive Ageing Strategy supports the provision of culturally appropriate services to older people and the recognition of diversity within the older population. The Indian community in New Zealand is growing fast and becoming more diverse socio-economically and culturally. It is a significant element of the population and provides example of the interaction of families, ageing and migration. On the basis of interviews with representatives of Indian community organisations and family case studies, the research examines issues arising for older Indians and their families. Many of these also apply to older people in general, such as the need for social contact and opportunities for contribution and participation. Other issues, such as balancing co-residence and aspirations for independence, are more specific to the Indian community, but may apply also to other ethnic groups.

Families, Ageing and Migration: Indian Communities in Auckland, Wellington and Christchurch

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Part 1: Background

History

Emigration from sub-continental India has been going on for centuries in the form of indentured labourers and workers generally. More recently many professionals have also left India to work elsewhere, often after having completed their education or training in another country. People of Indian origin are settled in and have taken citizenship in many countries. Sometimes several generations of families have become established in this way.

This pattern is reflected in the history of Indian emigration to New Zealand (Leckie 2007). The first migrants were temporary labourers who arrived in the late 1800s. Most of these were men, described as “pedlars, hawkers and domestics” (Taher 1970:38). By 1920 there were 2000 Indians in New Zealand, still mainly men, and a permit system was introduced to restrict further immigration. By 1945, families (mostly of shopkeepers and fruiterers) were becoming established. They tended to settle in concentrated pockets rather than throughout the country. Punjabis settled in the Waikato, Gujaratis in Auckland and Wellington (1).

Until the 1980s, over 90 per cent of New Zealand Indians were from Gujarat and most were Hindu. The next biggest group came from the Punjab and were usually Sikh, followed by Fijian-born Indians. By the 1986 Census, 45 per cent of a total New Zealand Indian population of 11,577 had been born in New Zealand, while 31 per cent had been born in India. Since then the number of Indians (defined as people who identify as Indian on the census ethnicity question) resident in New Zealand has increased to over 100,000, with a considerable increase in arrivals from Kenya and later from Fiji following political upheavals in those countries.

Population Structure

At the time of the 2006 Census, 104,577 people identified as Indian in the ethnic question. Between 2001 and 2006 this group grew by 68 per cent (2). People aged 65 and over represented only 4 per cent of the Indian ethnic group, as opposed to 12 per cent of the total population (Table 1). Two-thirds of Indians aged 65 and over live in the Greater Auckland area (Auckland, Manukau, Waitakere, North Shore cities), 9 per cent live in Wellington and smaller proportions in Christchurch, Hamilton and other locations.

Table 1: Indians by Age and Sex – from Asian Ethnic Group, 2006 Census

	Under 15	15-29	30-64	65 plus	Total
Male	13161	13281	24474	2016	52932
Female	12396	13572	23562	2115	51645
Total	25557	26853	48036	4131	104577
	24%	26%	46%	4%	100%
Total NZ	20%	19%	49%	12%	100%

Source: Statistics New Zealand, Census 2006

1. Te Papa – notes on exhibition related to Indian culture

http://www.tepapa.govt.nz/LEARNING/AAINAA/ceremonies/indians_nz.html 12/1/09

2. Statistics New Zealand <http://www.stats.govt.nz/>

Table 2 shows that, at the time of the 2006 Census, almost three quarters of Indians living in New Zealand had been born overseas, and this was the case for 88 per cent of people aged 65 or older. This compares to 22 per cent of the total population born overseas and 25.5 per cent of the 65 plus age group..

Table 2: Indians in New Zealand, 2006, by Age and Birthplace (column percentages)

	Age						Total
	Under 15	15-54	55-64	65-74	75+	(65+)	
Overseas born	38.4	84.3	88.6	88.8	85	(87.8)	73.5
New Zealand born	60.1	12.7	6.4	5.6	6	(5.8)	23.6
Not classified	1.5	3	5	5.6	9	(6.4)	2.9
Total	100.0	100.0	100.0	100.0	100.0	(100.0)	100.0

Source: Statistics New Zealand, Census 2006

Indian people in the age group 15 to 54, which could be seen as “prime working age” are much more likely to have been in New Zealand for less than five years than older people (Table 3). In the older age groups, overseas born Indians are fairly evenly spread between newer arrivals and people who have been in this country for longer periods. For those aged 65 or older, 41 per cent have been in this country for under ten years, 47 per cent have been here for ten years or more, 6 per cent were born in New Zealand and there is no information for the remainder.

Table 3: Overseas born Indians by Age and Length of Residence in New Zealand, 2006 (column percentages)

Years of Residence	Age						Total
	<15	15-54	55-64	65-74	75+	(65+)	
Under 5	29.0	43.0	24.0	23.7	20.0	(22.4)	37.6
5 to 9	8.2	18.7	19.0	19.3	15.6	(18.3)	16.1
10 to 19	1.2	18.2	24.3	22.6	22.4	(22.5)	14.6
20 plus	0.0	4.5	21.3	23.3	27.1	(24.3)	5.2
Total	38.4	84.3	88.6	88.8	85.0	(87.8)	73.5

Source: Statistics New Zealand, Census 2006

Table 4 shows that over half of Indians aged 65 plus were born in India, a higher proportion than for younger people. A third were born in Fiji. The proportion of the Indian population who were born in New Zealand decreases significantly with increasing age.

Table 4: Distribution of Indians by Age and Place of Birth, 2006
(column percentages)

Birth Place	Age				
	<15	15-24	25-6	65+	Total
India	21.0	45.1	44.1	54.4	39.5
Fiji	11.6	33.3	41.6	31.9	28.4
Rest of Asia	1.4	3.1	3.6	3.8	2.7
Europe	0.9	0.8	0.3	0.3	0.8
Rest of World	5.9	6.6	4.0	3.9	4.9
NZ Born	59.3	10.5	5.4	4.3	22.8
Unspecified	0.9	0.8	1.0	1.5	0.9
Total	100.0	100.0	100.0	100.0	100.0

Source: Statistics New Zealand, Census 2006

The Indian community in New Zealand is increasingly diverse in terms of religious affiliation and linguistic diversity, which reflects geographical origins. This is illustrated in Table 5 and contrasts with the much more homogenous profile in earlier periods. This has resulted in the formation of many regional community associations, which help to facilitate the settlement of immigrants as well as providing a familiar social and cultural environment.

Table 5: Indian Ethnic Group (Total Response) by Religious Affiliation and Languages Spoken, 2001-2006.

Religious Affiliation	Percent		Languages Spoken	Percent	
	2001	2006		2001	2006
All Christians	16.1	16.7	English	89.5	90.7
Buddhist	0.4	0.3	Hindi	35.9	41.9
Hindu	55.3	54.7	Gujarati	12.2	15.4
Islam/Muslim	11.4	10.8	Punjabi	8.6	10.0
Other Religions	10.1	10.2	Tamil	2.8	3.4
No Religion	6.1	4.8	Urdu	2.9	2.3
Object	2.4	2.0	Telugu	2.3	2.8
Not Specified		2.7	Bengali	0.8	1.0
			English Only	29.7	29.3
			No English	7.4	10.8

Source: Statistics New Zealand, Census of Population & Dwelling.

Behind the census figures lie complex migration patterns, with a great deal of inward and outward movement, as information from the research interviews will show. This makes it difficult to predict age structures for the Indian population into the future, both for working age and older people.

Significance and Rationale

Migration of older people – moving to join family members in other countries or moving between countries in retirement - is a trend which has been remarked on elsewhere (Blakemore 1999; Warnes et al 2004; Wilson 2002). There is significant international interest in “trans-national families” (Ho and Bedford 2008; Lunt et al 2006), ageing and migration (Poot 2007), implications for family care and support systems over time (Ajrouch 2005; Yeandle 2008), the “healthy migrant effect” in mortality (Jatrana and Blakely 2008), as well as long term policy and service implications of ageing in migrant communities.

In their paper on older Indians resettled in America, Kalavar and Van Willigen (2005:213) state:

Immigration in late life can be a complex experience. Older adults who have spent a considerable part of their life in one cultural milieu face several challenges in adapting to a new societal framework. ... Parents of adult immigrants often choose to immigrate late in life primarily for purposes of family reunification. Providing assistance with raising grandchildren was also an important consideration. This article explores various aspects that surfaced from the analysis of interviews; these include personal investment in adult children, language/cultural barriers, use of formal services, acculturative experience, aging in India, intergenerational relationships, and expectations for the future. The findings highlight the need for gerontological research that is culturally attuned to the needs of these elders so service delivery may be optimally provided.

A study of older Indians in New Zealand, who have joined family members in this country, would provide further information about the issues raised by Kalavar and Van Willigen. The New Zealand experience also illuminates the long term settlement and ageing of those born overseas. It would assist in progress towards one of the objectives of the New Zealand Positive Ageing Strategy. Goal 6: Cultural Diversity aims to provide “a range of culturally appropriate services which allows for choices for older people” (Ministry of Social Development 2001). There is also potential benefit to Indian communities in terms of awareness of aspects of ageing in New Zealand, service requirements, and family support networks.

Although studies of ageing among migrant and local Chinese, Korean and Pacific communities are in progress or published (Bedford 2008; Daly, Nero and Keeling 2004; Lima 2006), we do not know of any studies involving ageing in the New Zealand Indian communities. The aim of this research is therefore to explore the ways in which patterns of family and migration intersect with ageing within the Indian community of New Zealand (3, 4), bearing in mind the complex background of studies of ageing in India summarised by Bhat and Dhruvarajan (2001).

Method

In addition to information derived from the literature, data for the project was collected through two sets of face-to-face interviews, which took place in Auckland, Wellington and Christchurch (Table 5).

3. Defined as people who identify as Indian on the Census ethnicity question.

4. See also <http://indiandiaspora.wikispaces.com/> 5/11/09

1. **Key Informant interviews:** Respondents were identified through their roles as leaders of interest groups within the Indian or migrant community in each city, including cultural, regional and linguistic associations.

Table 5: Location and Type of Interviews

Location	Type of Interview	
	Key Informants	Family Case Studies
Auckland	6	6
Wellington	6	6
Christchurch	1	3
Total	13	15

2. **Family Case Studies:** The 15 family case studies in three cities, involved 35 people, generally over the age of 45, who responded to our invitations to participate through the community associations, or through “snowball” and purposive sampling methods. The family case studies involved individuals, couples and varying combinations of family members, to obtain intergenerational perspectives. Some respondents were interviewed alone because it was not possible to arrange a joint interview with other family members or because they were widowed or divorced and living alone. Some husbands and wives were interviewed together. Other combinations included a mother-daughter interview; an older couple with a nephew and his wife; two brothers and their wives. Within the constraints of time and location, we sought a variety in terms of family situation and migration history. The respondents included a mix of men and women; people born in New Zealand and born overseas; recent arrivals to New Zealand and people who had been resident for over 20 years. Length of residence varied within families (5). Clearly, however, this was not a random sample. In most cases all the family members identified as Indian. No non-Indians were interviewed.

Some younger family members, working full-time, were followed up by telephone following their elders’ interview. In some situations the discussion was facilitated by the family member most confident in English and in one interview a relative translated for elders with little English. Further supportive material for the case studies emerged from the key informant interviews, as many respondents offered family histories and migration experiences of their own. Some of these had been reported in Leckie’s 2007 book and they made reference to the stories which she had recorded, and photographs from the book.

The majority of participants came from a Gujarati background, and continued to have family ties with their ancestral villages and districts, as described by Leckie (2007: 14). We also interviewed several respondents from the Punjab (Leckie 2007: 12-13). Most are Hindu, but the respondents also included Sikhs and Christians.

All the interviews were transcribed from audio-recordings and were carried out in the period September/October 2009. In Part 3 verbatim extracts are used. All personal names and identifying details have been removed (or “masked”) to protect people’s privacy, although family roles are inserted where relevant.

5. Working through the established organisations meant that very recent migrants were harder to find. But some family members had been in this country for three years or less and some had not yet settled permanently. Recent migrants from Fiji were under-represented, although many of the families had contacts there and/or had spent some time in Fiji in the course of migration.

On October 2nd a Hindu Elders Conference, hosted by the Hindu Heritage Centre, was held in Auckland. This was attended by two of the researchers and provided other useful input for the research.

Research Questions

The key research questions for the interviews, and for the research as a whole, included:

- What are the views of Indian community spokespeople on the wellbeing of older Indian people and the extent to which their needs are being met?
- What role can community organisations play in this area?
- What are the current circumstances of older people in Indian families in New Zealand? This includes accommodation, financial and social support, access to health and other services.
- How were decisions made about migration and who was involved in making them?
- What factors do older Indians consider either contribute to or act as a barrier to their positive and successful ageing? This may include language/cultural issues, use of services, intergenerational relationships and expectations for the future.
- What would assist them to achieve their desired level of wellbeing? This includes action by family members as well as community and public sector organisations.

The research received ethical approval from the Pipitea Human Ethics Committee, Victoria University of Wellington on 10th August, 2009. It was carried out consistent with an ethical statement which ensured informed consent from all participants, confidentiality of personal information, care in handling material and protection of privacy in all published results.

Groups and organisations in the NZ Indian Community

Jacqueline Leckie, in her study of Indian settlement in New Zealand outlines the development of organisations related to this community. The first association was formed in Auckland in 1918, followed by one in Wellington in 1925 (Leckie 2007: 143-146). These two, along with a group in Taumaranui came together to form the New Zealand Indian Central Association (NZICA) in 1926. The aim was to foster identity and unity among the New Zealand Indian community, regardless of caste, religion and regional background; to address discrimination against Indians and to make representations on their behalf to government (ibid: 140). There were also educational and charitable objectives. Further branches emerged in the 1930s, including the Christchurch branch in 1936. The main branches of the associations developed community centres, which Leckie describes as “a visible sign of commitment to settle permanently” (ibid: 146). Also during the 1930s Indian sports clubs emerged, and these fostered identity and pride as well as cutting across social divides (ibid: 160).

While the early associations were very much associated with the Gujarati and Punjabi groups (especially the former) as the original Indian settlers, since 2000 other cultural groups have emerged. Todd Nachowitz of the University of Waikato lists 49 Indian Cultural Organisations and Associations and 52 religious organisations, plus 11 sports groups, on his website (see footnote 4). Ethnic councils and migrant resource centres in different parts of the country are in addition to this. More recently developed associations include those relating to the Kannada, Telugu, Marathi, Bengali and Tamil communities.

Interviews for our study were conducted with key informants from the following organisations:

- Wellington Indian Association.
- Wellington Indian Association, Mahila Samaj (Ladies Auxiliary)
- Wellington Indian Association, Health and Wellbeing sub-committee
- Wellington Sikh Society
- New Zealand Indian Central Association
- Migrant Support Services
- Shanti Niwas Charitable Trust
- Migrant Heritage Charitable Trust
- New Zealand Sikh Women's Association
- Auckland Bengali Association
- Auckland Indian Association
- Christchurch Indian Association

Part 2: The role of Indian Community Organisations

Functions and priorities

The history of Indian associations in New Zealand has been referred to in the introduction and is well covered by Leckie (2007: Chapter 6). The main role of the New Zealand Indian Central Association, which now has 17 autonomous branches, representing different geographical, cultural and language communities, is to advocate for issues which affect and benefit the wider Indian community and to take their concerns to government at whatever level. The Wellington, Auckland and Christchurch Indian Associations share these functions at the regional level. Because of their history and long-standing, these associations tend to be identified with the Gujarati community and some complaints of exclusivity have been voiced. Such concerns have stimulated the development of associations related to other groups of Indians, as more recent migration brought greater diversity. The Indian Associations assert, however, that they are able to represent the wider community and it is clear that many Indians join more than one group, often for social reasons.

The Central Association, and with it the Wellington Association because of its location in the capital city, maintain links with the Indian High Commission, dealing with business, trade and migration issues and enquiries. The Auckland Association has a committee to deal with business problems which they can take to local and central government. As well as business and trade issues, the association has expressed concerns about law and order and also about retirement income policies, as they affect Indians in New Zealand. These include reciprocal pension rights, portability of benefits and rules about absence from New Zealand (returned to below).

At the local level, the associations act mainly in the social, cultural and welfare areas. Most of those covered in this research organise events to mark significant religious and cultural festivals, such as Diwali, and Indian national commemorations, such as Independence Day and Mahatma Gandhi's birthday. Diwali has become more universal in its significance, with elaborate celebrations in the main centres, often supported by local authorities and enjoyed by the local community as a whole. Some occasions may be specific to a particular group, such as Navratri for the Gujaratis; the birthday of Rabindranath Tagore for the Bengalis and Ganesh Puja for the Marathis. When communities were small, religious and cultural observances frequently took place in private houses. But with growing numbers and the need for specialised facilities, Hindu temples and Sikh gurdwara, either purpose-built or situated in converted premises, have become focal points of the Indian community and symbols of their identity (6). This is especially true for the older people, as will be discussed later.

Social gatherings have also moved from private to community occasions. The Wellington Indian Association has a centre in the suburb of Kilbirnie which includes a temple and hall which can accommodate several thousand people, as well as a commercial kitchen and a variety of meeting rooms. In central Auckland, the Mahatma Gandhi Centre (publicly opened by the Prime Minister in 1994) has similar facilities, with a purpose-built temple inaugurated in 1991. In both centres the auditoriums are in great demand for concerts, weddings and other functions. The Christchurch Indian Association also has a community hall, on a smaller scale, but is hoping for larger premises as their scope expands. The Wellington Sikh Society

6. The same is true of mosques for the Muslim communities. Muslims in New Zealand come from many countries in addition to India.

provides an example of how a religious facility (in this case a gurudwara in an industrial building, which had previously been used by a Pacific Island religious group) has become a social centre where Sikh people meet on Sundays. This group has aspirations to develop a centre with a hall for functions and worship, rooms for language classes, sports fields and a play ground.

The retention of cultural identity has been a central function of the Indian associations in New Zealand and they place a high priority on reaching out to their younger generations. Long-standing language schools for children, held at the weekends, have contributed greatly to this aim. While some of the older people deplore the trend away from classical art, dance and musical expression, there is no doubt that “Bollywood” films attract younger Indians. This helps to preserve contemporary Indian culture and may be seen as preferable to wholesale capitulation to “western” youth fashions. Hence the Indian associations have sponsored Bollywood dance and music classes (encouraging “dressing up” in traditional costumes), socials, film shows, competitions and concerts, including visiting performers from India. These are a way of continuing to engage younger people in the Indian community and hopefully to retain some of the traditional approaches to courtship and partnering (7). Some organisations had also held youth camps in the school holidays and Migrant Support Services in Auckland has run an OSCAR (after-school activities) service, although such programmes include families from many ethnic backgrounds.

The associations may also have functions to recognise academic achievements among their younger members. The Auckland Indian Association opened a library in 2009 which is intended to serve the needs of their school students as well as older people. The Auckland Bengali group and the Migrant Heritage Charitable Trust aspire to expanding libraries of written and digital material, which are at present in private collections. In the case of the Bengalis, the library, open on Sundays in a private home, has become a meeting place for the community. The Migrant Heritage Charitable Trust is clearly aimed at creating an atmosphere in which Indian values and culture can be preserved. Their motto is “preserving the past and educating the future.” Although the group has been operating formally for only a year, they have successfully organised classical Indian music concerts and plan to bring performers and exponents of tradition art from India, for example for a workshop on rangoli (decorative patterns with coloured powders). Non-Indians have also been involved in these initiatives as performers and audience. There is a growing movement to promote drama performances in both English and Indian languages. The trust has plans to expand activities along these lines and to start language classes, including Sanskrit, which is the root of the others and a basis for religion (8).

Indian sports clubs have existed in New Zealand as long as the associations and are also a way of involving younger people, as Leckie’s book records, and was also reported in some of the family interviews. Hockey, cricket (men’s and women’s) and netball tournaments are held regionally and nationally. These, and the social events associated with them, help to reinforce Indian identity and bring the wider community together.

7. At the Wellington Diwali festival in 2009, the compere complimented a male dance group by saying that the mothers of unmarried daughters in the audience would like to know which of the members were available!

8. The Manukau City Council is supportive of these activities and there is a staff group for people of Indian origin within the council.

More recent functions within the Indian associations and community groups are associated with women's issues, older people, health and welfare in general. The Mahila Samaj, or Ladies Auxiliary, was endorsed by the Wellington Indian Association in 1970, after some opposition from the male members (Leckie 2007: 153). This organised social and religious gatherings for women and, according to Leckie, helped to build up confidence among the women to participate in a very male-dominated NZICA. As will be shown, the Mahila Samaj has been instrumental in bringing issues related to older people to the fore. The Christchurch Indian Association's women's group began to support mothers with young children, but has more recently turned to health issues and incorporates a yoga group.

Three years ago the Wellington Indian Association set up a Health and Wellbeing sub-committee, with the goal of informing the Indian community about health issues. Other organisations have followed suit. Access to advice and information is facilitated by talks by Indian health professionals and community workers, in Indian languages. Popular topics are good diet, exercise and diabetes management.

Several of the organisations included in the research demonstrated good working relations with central government departments and local councils, including Wellington, Auckland and Manukau cities, as well as with DHBs and branches of the Ministry of Social Development, for example, over access to welfare benefits (9).

Some of the future aspirations of New Zealand Indian organisations have already been mentioned, such as expanded community centres and facilities. The Indian Central Association President mentioned the need for a 24 hour telephone helpline for Indians, linked to the existing Lifeline service. This was promoted by concerns about domestic violence. This issue was the initial stimulus for the Sikh Women's Association in Auckland, although this group has now broadened its concerns (10). The welfare of older people in the Indian community is beginning to emerge as a priority for the older-established groups, as the next section will show. None of the general associations yet have designated older people's groups, although these may be among the activities of the women's sections. A few organisations have been developed specifically to meet the needs of older Indians, notably Shanti Niwas in Auckland, which began to provide services in the mid 1990s, with the support and cooperation of Methodist Mission.

One key informant in Wellington observed that the Indian community in New Zealand is currently in a state of flux and this is reflected in the associations which represent it. A primary challenge is to keep the younger people engaged and retaining their Indian cultural identity. The long-established 3rd and 4th generation Gujaratis and Punjabis are now less dominant in the Indian community. In the last two decades new immigrants, many of them highly skilled professionals, have settled and seek to give expression to their own aspirations through community organisations. In addition to intergenerational concerns and those arising from growing cultural diversity, the New Zealand Indian community (along with society as a whole) is facing the implications of an ageing population. These particularly affect the early settlers but no groups are immune.

9. Support for cultural activities was also noted from COGS and Creative New Zealand.

10. The New Zealand Sikh Women's Association was founded in 2002 after several Indian women had committed suicide and domestic violence was the main factor in their plight. The group links people to mediation and counseling services for a wide range of family issues. Not all the workers or clients are Sikh or Punjabi.

Interest in ageing and older people

The extent to which Indian community organisations express an interest in the welfare of their older members reflects the size of the group they represent and the length of their stay in New Zealand. The Indian Associations in the three main cities tend to give higher priority to other concerns, as has been shown in the previous section. However, they include growing numbers of long-standing members who are ageing. A key informant in Auckland said that these senior citizens, who have worked hard for the association over the years, should now have their contributions recognised. This could be done by involving them in the association's social and cultural activities where they could meet old friends and associates.

In Wellington, the Mahila Samaj women's group has been the advocate for senior citizens' activities and facilities. The Wellington Indian Association itself has not given these a high priority, although creating a lounge for older people is on a list of possible projects being circulated for comment. Ageing is one of the priorities for the New Zealand Indian Central Association, as people become aware of the threat of isolation for older people. Some thought has been given to housing for older Indians. But this is seen as too ambitious a project for a voluntary organisation.

Several organisations express concern for their older members, but have responded mainly by ensuring that they are fully involved in general activities. In some cases, small numbers of older people mean that separate services are not viable. The Christchurch Indian Association gives free membership to widows, no matter what their age, and people aged over 65. "They all come to our functions. so the older ones get together there." The gathering of the Wellington Sikh Society at the gurudwara is seen to meet the needs of the older people; "they get together weekly and chat, and we ask their advice." Similarly, the Migrant Heritage Charitable Trust's aim to nurture the past and educate the future implies an intergenerational focus, which can be encouraged through music. "The older people need support and the young people need guidance."

Three of the Auckland organisations involved in the research had an explicit focus on older Indians, reflected partly in how each developed through the personal interest of founding members and leaders. The Shanti Niwas Charitable Trust was probably the first to provide services explicitly for older Indians (11). An Indian staff member of the Methodist Mission developed a concern for older people of Indian origin and began to organise social lunches in her home. The mission supported the idea of turning this into a support group, which they helped for several years until it became independent. By then the service had grown to involve about 30 people and weekly meetings and it has since developed further. The origin of the New Zealand Sikh Women's Association has already been outlined. From its original focus on domestic violence, its services have branched out into elder abuse and other social issues with a special concern for older people. Migrant Support Services in Onehunga has also become a organisation offering a range of services to people from several ethnic and national backgrounds.

11. The clients of Shanti Niwas include people from India, Bangladesh, Pakistan, Malaysia, Sri Lanka and Nigeria. They also provide services for disabled people from these areas.

Initiatives, activities and services for older people

The Indian community organisations are clearly aware of the issues for older people, which will be discussed in Part 3 along with information from the family case studies. The key informants identified the issue of social isolation. Many suggested ways to combat it and outlined initiatives which the organisations had taken. Families themselves may assist by putting the older people in touch with groups that provide activities and especially by taking them to the temple or relevant religious facility. It may then be possible for community organisations to identify lonely older people and bring them into a network of their peers. The older people themselves may need to be encouraged to “take one day out for themselves”, rather than devoting themselves solely to family duties.

The growth in the New Zealand Indian population and the development of community groups is helping to address the problem of social isolation. Day programmes, of the sort organised by Shanti Niwas and other groups, are invaluable and were commented on in glowing terms by informants. In addition to social contact, the ability to speak to other older people in their own language and sharing their experiences, day programmes can provide information on coping with the New Zealand system, health advice, hobby and exercise classes. They can also help with outings, social and religious gatherings.

English classes and translation services are further services offered to older Indians by their community groups. Social work and advice services may also require interpretation. Shanti Niwas staff are trained social workers who manage referrals, needs assessments through DHBs (and home care services), advocacy, counselling and liaison with a wide range of service providers. Cultural sensitivity is especially important in cases of elder abuse and family conflict. Carer support is also an issue. The morning programmes take place four days a week leaving time for home visits and assessments. Similar advice and advocacy services are offered by the Sikh Women’s Association.

The provision of libraries by community groups has already been mentioned. These benefit all age groups, but especially older people, who appreciate books, CDs and DVDs in their own languages. Many of the holdings have been contributed by the older people themselves. Libraries may be housed in private homes and open only at the weekend; but the Auckland Indian Association is hoping to have wider coverage. In either case, libraries may become a means of social contact for older people. Recognising this, the Auckland Indian Association intends to provide comfortable seating and facilities for meetings and film showings.

For older people who are housebound with disabilities, a visiting service like Age Concern’s Accredited Visitor Service (AVS), but with Indian volunteers, would be beneficial in combating loneliness. The Wellington Indian Association has floated the idea of providing “tiffin” - meals on wheels for housebound people. There appears to be little demand for this at present and there are problems relating to cultural food restrictions and strict vegetarianism.

The Wellington and Christchurch Indian Associations have worked through the city council to provide a specified cemetery area for Indian people.

Day Programmes

Apart from involving older people in regular “family” gatherings, several associations have activities specifically for their senior members. These often take the form of regular morning meetings, either in halls belonging to Indian associations or community facilities. The

programmes are a mixture of social, cultural, health-related and information-giving activities, often involving a meal. They are especially useful for countering social isolation and promoting social contact with peers.

- The Wellington Indian Association's seniors' group originated as a weekly "old men's club", but, under influence of women's section, it now involves both men and women in monthly meetings. Speakers are invited on health issues (recently on hearing, diet, diabetes and heart disease), housing (heating, rates, home security), legal matters (wills and trusts), on central and local government services. This information is translated into Gujarati. The talks are followed by afternoon tea and socialising. A Lower Hutt Indian group have similar weekly group meetings.
- Migrant Support Services in Auckland run workshops during the day, mainly attended by senior citizens, which include many of Indian origin. These ideally take place fortnightly, but have been cut back for lack of funding. Transport costs are a particular concern, although several organisations acknowledged the benefit of the Super Gold Card for some of their members. Here also health is a common topic, with recent workshops on home and "kitchen gardening", first aid and swine flu.
- The Shanti Niwas programme of morning meetings followed by lunch aims to involve older people in activities which will benefit positive ageing. These include physical fitness, self-management of chronic diseases, workshops on road safety and discussion of current issues.
- The Auckland Indian Association provides "expert" workshops for older people covering health issues and light exercise. There are plans for the association to hire instructors to expand the programme into Tai Chi and Yoga.
- There are fortnightly meetings of Hindu elders at Hindu Heritage centre in Manukau. Activities include light exercise and walks, prayer and musical sessions, talks on health and wellbeing, celebrations of community, national and personal events (birthdays and marriage anniversaries of members)

Outings for older people are another common activity. These may be to temples or other places for religious observances or for general interest, such as a recent visit to Motat, a transport museum in Auckland. The International Day of Older People on October 1 was the focus of several activities involving older people, including the opening of the Tagore library. This was followed on 3rd October by the Hindu Heritage Centre's "Old is Gold" Conference in Manukau with a wide range of speakers from government and community organisations and an audience of up to 200 older people and supporters. In all centres, October is a busy month with several activities relating to Diwali festival.

The organisations interviewed saw the need for more day programmes, with better support from the wider community. There were aspirations for full day care centres for older Indian people with services for the ill and disabled. Several of the larger organisations have facilities which could be used for more regular day care, such as the Wellington Indian Centre, but need more people on the ground and better furnishings. Their aspiration is a regular weekday programme running from 10 am to 3 pm, with a midday meal. One of the objectives of the Auckland Indian Association's library development, and similar informal initiatives, is to provide a congenial social centre for older people.

Housing

Another way of combating social isolation among older Indians would be specialised housing for them. Although the tradition of older people living with their children, especially their sons, is still strong, this is not always possible, because they have moved away or because of family difficulties. A third reason of growing importance is the desire of many older Indians for independence. Key informants noted this trend and it emerged in many of the family interviews. As was found in studies of older Maori and Pacific people, they often prefer to live with others of their own age and ethnic group rather than with younger generations (Davey, Nana, de Joux, and Arcus 2004) and other recent housing research in New Zealand confirms this preference (12). Working against this is the stigma which Indians may feel in “allowing” their older people to live alone.

Nevertheless, the idea of building accommodation specifically for older people, close to temples or community centres, was brought up in several key informant interviews. Not much progress has been made in concrete terms because such projects would be costly and difficult for community groups to manage. There were concerns about “social and moral responsibility” for people living on sites owned by community groups. Help from government and from Indian business people was suggested. Discussions through the Women’s Auxiliary, a network of about 110 women all over country, and supported by the Indian Central Association, may bring some progress. If it becomes a reality, a combined housing complex, day centre and residential care facility for older Indians may be sited in Auckland where the population is concentrated. Even without special developments, older Indian people may seek out housing close to temples and community centres, creating a natural cluster. This facilitates their attendance at religious and social occasions and cuts down the need for transport.

Residential care

Using rest homes for the long-term care of frail elderly people is against the traditional norms of Indian society, even among people who have been born overseas. In Hinduism the first duty is to one’s parents and to care for them within the family (13). This is seen as recompense for the care given in childhood by the parents. In some instances families may engage carers and nursing services to enable them to keep a disabled older person at home. There are also strong ties to property, handed down the generations, and long-term care costs may erode inheritances. Spokespeople for the Indian community recognise, however, that modern living is forcing reconsideration of these views. The pace of life and the necessity for both husbands and wives to work, and to work long hours, makes it difficult to provide care at home for people with severe disabilities, such as those arising from strokes and dementia. There is a question of safety if older people are left alone at home all day. Several informants commented on the lack of neighbourhood support in New Zealand, compared to India, where many families have servants. Some adult children may be unwilling to provide care. High levels of mobility also mean that some older Indians do not have family members close by. In addition, people now approaching old age, who have been brought up in New Zealand may not want to “be a burden” on their children and may be willing to consider residential care for themselves. For all these reasons the demand for residential care is likely to grow in the Indian community, and the organisations are beginning to think through the implications of this change.

12. See also www.chranz.co.nz

13. While one informant suggested that parents should be “treated as gods” another pointed out that the last of the four stages of life prescribed by ancient Hinduism is one where people leave their families and devote themselves to religion. The rest home could be an analogy – seeking peace at the end of life.

We were told that Indian people entering their eighties and becoming frail are very afraid of rest homes and see them as alien places where they would not have access to the food they are used to, to their regular social and religious practices and, in many cases, where language would be a serious barrier to communication. Older Indian people now in rest homes, of which there are very few, may therefore be unhappy and this discourages the others. The negative view persists even when families visit regularly and take food to their old people, sometimes daily.

The community informants recognise that it is difficult to provide separate services to scattered individuals living in residential care. This has led to proposals for rest homes, or sections of rest homes, designated for Indian people, when appropriate staff, food and activities can be provided. This idea has been taken further in Wellington by Mahila Samaj (Wellington Indian Association), in cooperation with Wellington City Council Community Services. It has been established that if five to six older people can be clustered in a rest home, then it would be possible to employ an Indian cook and to provide a separate lounge, which could be used for prayers and also viewing Indian films and television programmes. The clustering would also make it easier for the older people to be brought to the temple and to social occasions, such as weddings.

The disadvantages of such a proposal are that older people may not want to move from rest homes where they are already established; that families would have farther to travel to visit (although the Wellington Indian community is fairly well concentrated in the southern suburbs); and the remaining stigma from using care outside the family. The limiting factor at present is finding and maintaining the numbers needed to make this a feasible proposition. It may take a good while for both generations to accept the notion of residential care for older Indians, although some organisations report interest in this idea in Auckland.

Transport

As already mentioned, lack of transport can contribute to the isolation of older people left at home during the day. Family members are likely to take the household's vehicles for themselves and many older people (particularly those more recently arrived) do not drive. All the groups which provide activities for older Indians mentioned transport as a problem. Shanti Niwas has its own vehicle to bring people to the morning meetings, but they often have to put people on hold until there is a vacancy in the van. Older people may be hesitant to use car pooling or take lifts, as was found for older people in general (14). Taxis are expensive, but Total Mobility vouchers may help, when older people have access to and know about them. Considerable gratitude was expressed for the Gold Card, which gives free rides on public transport for NZS recipients, but this cannot solve all transport problems. Accessibility, in terms of bus service provision and personal mobility restrictions often reduce the usefulness of the public transport option.

It is clear that transport is the main factor limiting the growth of services which would take older Indians out of their homes and into contact with other people. It may be a bigger problem than access to facilities and the availability of volunteers. Many groups aspired to their own mini-buses or vans to bring people into their meetings. Shanti Niwas talked about

14. Davey, J. (2004) *Coping without a Car*. Ministry of Social Development, Wellington, and www.osc.govt.nz

the huge circuit they had to take to pick up and drop off their people – “but they get a nice drive around.”

Health

The Indian organisations often provide preventive health services for their older people including informative workshops and exercise programmes. They may also put them in touch with wider agencies, such as local authorities (recreational facilities), voluntary groups (YMCA fitness advisers) and medical services. One group mentioned the difficulty older people may have in going to large hospitals where they find it hard to express themselves and may come away not understanding what has happened and what is required – “they just agree with everything.” Even so, there was universal agreement that health services in New Zealand are of good quality and staffed by competent and friendly professionals (unfavourable comparisons were frequently made with the Indian situation). Many informants were well aware that health is a major factor in wellbeing, but that social contact can lead to contentment which is itself beneficial for physical and mental health.

Part 3: Issues for older Indian people and their families

Social isolation and loneliness

The most commonly-cited issue for older Indians, which came up frequently in both the key informant and case study interviews, is social isolation, linked to loneliness and dependence.

Although many older Indians live with their adult children and other family members, social isolation may still be a problem. Frequently the older people are left to themselves during the day while the next generation is out at full-time work, including most of the women, and their grandchildren are at school or tertiary education. This may even apply to pre-school children, although care of young grand children may be one of the functions of older people within their extended families. Several informants mentioned the role of grandparents in passing on cultural values and also an Indian language. One comment suggested that young children would learn more and quicker in the company of their loving grandparents than at an impersonal kindy or day care centre. However, childcare responsibilities (and sometimes housework tasks) may keep older people confined to the home.

Although the older people in the interviews did not usually admit to loneliness themselves, they and their family members often suggested that this was experienced by other people. This may have been because the interviewees were recruited mainly through community organisations, which provided them with support networks. Many knew of situations in which older Indian people experienced infrequent and limited social contact, at least in the initial period after migration, or become isolated through changing family circumstances, language difficulties, health problems and lack of transport. There were examples where friends, in-laws, and relatives had come to New Zealand, or gone to North America to join family members, and found themselves unable to “settle”, feeling lonely for people and places left behind. Some potential migrants had thus become “visitors”, and returned home to India; others developed more of a “commuter” lifestyle, travelling to visit family members in several countries. People commented that social isolation could also arise for older people who had been left in India, after younger family members had moved from their home villages for larger cities and overseas. This situation was sometimes eased by the availability of servants to provide care in India, by wider kinship networks in their home areas and by the practice of

“popping in and out” in the village situation. The problem of loneliness can be even greater when adult children living in New Zealand move away to another country or city, leaving their parents behind. In New Zealand they miss having large numbers of relatives close by and may only know their adult children and their friends.

One informant summed up the situation:

Older people coming here find it difficult, they can't work, can't speak the language, their social networks are broken, they have nowhere to go to talk to people; they are just inside.

It became clear that many older Indians feel dependent on their adult children and this exacerbates their feelings of isolation. It may be hard for them to leave the house unless their children provide transport (this topic is returned to below). They may think that they are being protective of their older parents, but they are increasing their dependence. The older people may be financially dependent until they become eligible for superannuation or a welfare benefit. In many cases the house belongs to their children, whereas in India many families lived in ancestral houses which had been passed down the generations. The older people recognise that coping with jobs and working long hours through financial necessity, in addition to settling in a new country, mean that their children do not have much time for them. In common with older people in other ethnic groups, older Indians “do not want to be a burden”. So many suffer isolation and loneliness with stoicism, even though they find that their situation is not what they expected when they came here or moved in with their families.

It is clear that family relationships dominate in the social worlds of most older Indians in New Zealand, as well as in India (15). For older women in particular, there are more barriers to wider community participation. Many of them are fully engaged with domestic duties, especially food preparation, cooking and child care. Several mentioned that they do not drive, and so they are dependent on others for transport. When language difficulties were mentioned in the interviews, the examples were all related to older women, who had had less opportunity to learn English, and to gain education in general, in their younger days. For men, activities beyond the family sphere seem easier. Several men, in their sixties, and all in New Zealand for less than five years, had built extensive networks outside the family, and were acting as volunteers and mentors in a variety of community groups. All were well educated, with fluent English, and valued the way they were able to contribute to their adopted communities. One, who speaks five languages, was in the process of undertaking study to become a registered interpreter.

Isolation is compounded if the older people do not speak English, or do not speak it well. This may be a problem for older people who have been in New Zealand for a long time, but whose interactions have mainly been within the family, which is the case especially for women. For newly-arrived older people, both men and women may have language restrictions. One participant contributed an example of older Indians she knew in Auckland who went to a seat at the local shopping centre and usually found friends from their local community who would come along to talk, just as “back home” in India they might have gathered at the village centre. However, people who are isolated at home by illness or disability may not be able to communicate effectively with their carers.

15. Discussed in several chapters of K.R.G.Nair (ed) *Status of Ageing in India: Challenges and Opportunities*, July 2009, HelpAge India, New Delhi

Several factors which may reduce the language problem were pointed out. The generation in which women received little education, stayed almost exclusively at home and interacted mainly with other women, is now passing. More recent migrants are likely to be skilled and educated people and this is likely to apply also to their parents, who will be more conversant with English.

Inter-generational roles and family issues

Intergenerational relationships lie at the heart of family studies, as they represent both continuity and the capacity for change over time. The role of family in cultural transmission is particularly noted in the context of migration. Older migrants' motivation to join younger family members in New Zealand are based on ties of affection, as well as the desire to teach language, cultural values and practices to their grandchildren. When grandchildren grow up and may "move away" from their cultural roots, this may be distressing for older family members. Family change is at times subtle, smooth, and barely noticeable to individuals or observers but at other times is marked by conflict and disjunction. Migration, involving geographic separation, brings distance to family relationships, as well as offering opportunities for growth and development, as individuals and families respond to different environments. Even when families stay in one place, there will be change in family relationships. This background of change and adjustment underlay respondents' analysis of how ageing and migration had affected their family experiences.

Multi-generational living may give rise to tension and difficulty. Living with in-laws, especially daughters-in-law is a traditional source of conflict in many cultures. Wives may resent the time which their husbands spend with their widowed mothers. But whereas the younger women are able to go out to work, the mothers-in-law may feel "cooped up and frustrated" at home, with no social outlets. Where family incomes are low, the costs of maintaining older people may be seen as a burden, even when lip service is given to filial duty. When grandparents care for grandchildren there can be different views on child-rearing. Tensions of this sort can cause stress between husbands and wives and may even lead to elder abuse.

The cultural norm in India is that a son (and his wife) has primary responsibility for the care of his parents and this will be a key influence on migration decisions and housing choices. However, this was not relevant for many families because:

- a) sometimes there were no sons and the daughters took on this role, or there is a "pecking order" as one informant described it within a particular family;
- b) some people felt this expectation belonged to the past, and was not relevant to present circumstances – frequent mention was made of how patterns of family care had changed a great deal "back home", and they felt relatives and friends in present day India were also experiencing changing cultural expectations;
- c) sometimes it was expressed as "not the norm" in their home region, but still common practice elsewhere.

Gender and generation clearly influence family roles. In many cultural traditions, women are the "kin keepers", maintaining family relationships particularly through domestic roles, based on food and the care of children and older people. In many Indian traditions, particularly among Gujerati families, a generational transition occurs at the time of a son's marriage, when his wife becomes the new focus for domestic activities. The relevance of the higher

status of sons (especially after the death of the father) is evident in relation to our research question, considering who makes migration decisions and at which stage of the life course. Culturally-based patriarchal attitudes can also create problems. Grandfathers may expect to exert the power of head of the family and this may conflict with modern democratic mores. But older men can adjust and find new and satisfying roles. Two unrelated men told us how they contributed to their households by being the “driver”. One drove both his wife and daughter to do grocery shopping and made it a joint venture, by assisting with the trolley within the supermarket, while the other stressed that he was the driver on all family occasions except grocery shopping, which was women’s work, and his daughter drove them. Other men drove community transport vans and assisted with transport for people with disabilities.

Family issues along these lines influence migration choices and decisions about who lives where and with whom and in considering responsibility for the care of elders. In one family, the older parents had come to join a newly married daughter. They wanted to satisfy themselves that all was well for her in her new family situation. But they also explained that their only son was in the Indian military and had not married, and their other married daughter was in the USA. They felt that neither could have provided a suitable environment for them. They lived independently in Auckland near their daughter but not with her. Her own in-laws were currently visiting, and considering moving to New Zealand, and they assumed that her husband’s parents would expect to live in a joint household with their son.

One widow, (Mrs N) aged 61, talked about her own marriage and move to New Zealand. Her husband -

went to India to get married when he was 25 and I was 19, in 1967. It was accepted there that a girl would go to her in-laws’ house – I only met him (Mr.N) three minutes before the marriage. I came to New Zealand to live with my mother-in-law, three brothers and the wife of one, six months after marriage when I had my visa. We wanted a bigger house but at first my mother-in-law didn’t agree, but the other brothers bought their houses and moved out. At first we stayed but then we bought our current house, and moved out, leaving mother-in-law with a younger brother. He married into another caste which she didn’t like so they moved out leaving her alone. They could not leave her alone – no one took her, she was upset - so she moved back in with us. We rented her house out.

Mrs N indicated that she had deferred to her mother-in-law’s wishes, saying “what she didn’t like I didn’t do.” She said that she was happy and got on well with her mother-in-law; there were no arguments. “We didn’t take any money from her, she used it to travel. She went back to India to make religious visits, had a heart attack and died there.” In the next generation, Mrs N. herself has two children, a boy and girl. Her son was living in Auckland but recently moved to Canada and is married to a Canadian of Indian origin. Her daughter and three young grandchildren now live in Auckland. She doesn’t know what will happen as she gets older; she doesn’t think about the future, tries to live for today and accepts that more older women are living alone now. Mrs N accepts that she may choose to live with or near her children, or not, and she will make her own decision depending on circumstances at the time.

Even when older people are feeling unhappy with their family circumstances it may be hard for them to move out. They may lack the confidence and the financial means to live alone. However, there are examples where this has happened. One widow had moved to live with her daughter for 12 years, but now lives alone. Reflecting on this change, she said:

Living with my daughter I felt that my freedom was restricted, even though I was under no pressure to work or to look after children. I applied for Income Support and said I was not happy, but this seemed to put the blame on my son-in-law. He may have felt there were problems of my daughter spending too much time with me. Once I had an income, I applied for a council flat and got it quite soon – I felt that God intervened. Sometimes I am a bit lonely but my daughter comes for me and involves me in social life. They see to my comfort and I am independent. At times I am lonely but I have to work that out. There is an Indian Fijian lady next door who has said she would look after me, if I need anything.

Overt conflict was rarely mentioned. Rearrangements of living situations and explanations for decisions and actions which appeared contrary to cultural norms and expectations suggest that the interviewees were indeed “successful migrants”. They were capable of adjusting to complex and changing family situations. One man explained that he had come to New Zealand to live with his daughter, shortly after he was widowed. He came initially for a short visit, then later returned, bringing with him his 92 year old mother-in-law, as before she died his own wife had been her primary caregiver. This family managed intergenerational care through the mother-daughter link, in the absence of any sons available to accept the “traditional” responsibility. Sometimes sensitive social work intervention, often involving Indian community organisations, can help to promote give and take and find common ground between family members.

Care for older people

Family roles and cultural expectations are central to the question of who provides care for older people. “Care” covers a wide spectrum in terms of meeting needs. Several illustrations have already been given showing that care within the family takes many forms: assisting with domestic duties, sharing households and resources, providing mutual support and advice with financial and planning decisions, child care and transport.

In terms of health care for older family members, several people spoke of how the family collectively supported those who were hospitalised, through visiting, supplying familiar food, sometimes by acting as interpreters, and intermediaries in negotiating with the health system, accessing services on discharge, and dealing with health professionals. As one informant explained,

Most families in India have land and the eldest son inherits it and therefore cares for the older people as his duty. In New Zealand some older people live alone – they want their own houses and independence. Daughters may call in every day and help them with cleaning, etc. It is easier to live with a daughter – “a daughter is a daughter for life”. There is possible pay-back by daughter-in-law if she has been mistreated by her mother-in-law, once the older woman needs care. Here older people can pick and choose who they want to live with, but not in India. In traditional extended family there may be several sons and daughters-in-law and there are favourites and a pecking order. But this is changing now in India.

Some families were managing very frail elders at home with district nursing and home care workers assisting with personal care. None of these families had considered the time when this level of care would be beyond their capacity. Other families referred back to how older family members were supported in India by an extensive family and village network, and in a household which often included servants, gardeners and cleaners. They contrasted this with the very different situation for younger families, whether in India or elsewhere, where all the adult men and women work and also share household roles more equally.

Income and sharing resources

Interviewees over 65 had several sources of income and financial support. Many received New Zealand Superannuation (NZS), under the usual residency criteria. Older Indians qualify for NZS from the age of 65 if they are citizens or permanent residents and if they have lived in the country for at least ten years since age 20, and five years since age 50 (16). But portability rules may be a disincentive for those who wish to retire back in India. Limits on the time an NZS recipient may be out of the country before their entitlements are affected may also influence the length of trips back to India or to visit relatives in other countries. Lengthy stays back in India are easy for many people who have family homes there, which may be left vacant when they move to New Zealand or other countries. They may also have income from land there. However, having to return periodically to New Zealand to retain NZS eligibility can be a financial burden and causes stress from air travel. The Indian Central Association is advocating for portability of NZS to address these problems.

As a result of these regulations, newly-arrived older people may be financially dependent on their families for a considerable time. Informants suggest that any money they are able to bring with them is usually handed over to their sons. It has been known for families to also take NZS payments when they arrive. This may leave the older people with hardly any financial resources of their own, which makes it difficult for them to join in community activities. This is despite the fact that some had investments and/or business interests and were willing to use these assets to support themselves as well as younger family members. Of those who had retired in India before they came to New Zealand, some found that their savings or Indian civil service pensions “didn’t go far” in this country. One man had been upset to find that no-one appeared to recognise his advanced qualifications and experience, when he had initially tried to obtain work on arrival.

The interviews contain many examples of how families share resources across the generations, involving reciprocity. One couple came from India to live with their son in Auckland, making it possible for their son and his wife to earn more, by working long hours, with “free” resident child care. In return, he asked his son to buy him a car, as he did not wish to be dependent on others for transport.

Housing costs were commonly shared through co-residence, but some spoke of helping the younger generation, often with finance, to establish separate households. Older people who were relatively new migrants initially shared households with the younger family members who had preceded them. The preference to live with a son and his wife was evident in many situations. One couple spoke of how this had worked well for them for the first two years, but once they were eligible for an Emergency Benefit, they had moved out to a rental property to live separately, but still in the same neighbourhood. They found this a struggle financially, and it made them appreciate how much they had benefited by cost sharing and in other ways, from their previous arrangement. Even so, there had not been any family conflict and they did not regret their decision. They simply felt they should exercise their independence while they were able to and once their grandchildren were more independent. But they agreed that they would readily return to a shared living situation if one of them was left widowed or needing more care and support in years to come.

16. They may receive an Emergency Benefit after two years. Residence in a country with which New Zealand has reciprocal social security arrangements (like Australia and the UK) counts as residence in New Zealand with respect to NZS eligibility.

On the expenditure side, costs of travel featured in several interviews. Many participants spoke about how they manage to plan and budget for regular international travel, to take part in family-based events in India. One 45 year old man had been in New Zealand for about 20 years and was married to a New Zealand born Indian woman. He expects that the next few years will involve several trips to India so that he can fulfil significant cultural roles at the weddings of his sister's children.

Other international travel usually takes the form of family visits and participants spoke of regular visits to Canada, Australia, the US and the UK, as well as to India. Many overseas Indian families retain village or farm land. They may also have a house available for these visits, and this often continues to be the place where families gather, from around the world.

The notion of "independence" came up in several interviews. This can refer to autonomy in decision-making and financial self-sufficiency of the older generation. But older people recognise that the younger generation also aspires to independence. As in all cultures, Indian families acknowledge the need to balance mutual care, respect and support with personal freedom.

Short and long-term migration

The family case studies illustrated the "push-pull" factors involved in patterns of migration and linked narratives, following sequences of individual decision-making. The two primary drivers evident in these narratives are *family* and *work*. Within the family domain, marriage choices and elder care are critical points underlying decision-making. Gender, family size and composition are also important.

Work-related factors include educational opportunities, career development and earning power primarily relate to "working age" adults. Increasingly these concern both men and women. Some of the older men were still engaged in paid work, but most of these were long-term New Zealand residents, and most were professionals or self-employed businessmen. People who were retired and the newer migrants who came to New Zealand post-retirement were clearly putting the work prospects of their sons and daughters ahead of their own.

Several older people accepted that they would move to be nearer to their married children (usually sons) in future years. This could well have happened when one parent died or developed significant disability. The prospect of a widowed parent living alone with no immediate family nearby was usually not within their expectations. Several older people mentioned that their sons and daughters might themselves migrate to other centres within New Zealand or overseas. Two were facing that prospect in the next year and were likely to follow in order to be near them. Several people said they would not be prepared to go to the USA (although they also knew this might not be an option, under immigration regulations). "New York is not a senior citizen's city" said one.

Part 4: Discussion and policy implications

The Indian community of New Zealand is a long standing immigrant group which has been growing rapidly in recent years. It is also becoming more diverse and more mixed in terms of culture and region of origin and socio-economic position, even though it is highly

concentrated in the main centres, especially Auckland. Many families now have several generations settled permanently in New Zealand, but there is still a lot of movement to and from India, and also to and from other developed countries. Short-term migration is especially common for older people who have family members in several countries. As with many immigrant groups, a small proportion of Indians are aged 65 plus compared to the age group's representation in the total New Zealand population. A very high proportion of older Indians were born overseas and are therefore first generation migrants. Only one in four has been in New Zealand for 20 years or more.

Trans-national location has become a feature of families across the life course and trans-national migration in retirement is a feature of population ageing in many countries. The ageing of migrant communities in general brings policy implications in terms of income support and service provision, but there are also intergenerational and family issues, which have been illustrated in this report. These include acceptance/resistance to change and assimilation; language and cultural barriers; conflict arising from financial matters, child-rearing and housing choices (Cook 2009). All these influence the welfare of older people and their families.

Many of the issues facing older Indians and their families mirror those for older New Zealanders in general - the risk of social isolation, the need to participate and for empowerment, meeting needs in the areas of retirement income, housing, transport, health and long-term care. The conclusions of this report, based admittedly on a limited series of interviews, are intended to be useful for communities and individuals, as part of acknowledging and working with diversity in New Zealand's ageing society.

Meeting the needs of older Indians

The key informant interviews and the family case studies highlighted the issue of social isolation which affects many older people. Although older Indians in New Zealand frequently live with family members, long working hours for younger men and women and settling in a new country mean that their children may have little time for them. Even when they are not tied by domestic duties and child-care, many of the older people do not drive and are dependent on others for transport. This is especially the case for older women, who may also experience language difficulties. In common with older people in other ethnic groups, older Indians "do not want to be a burden". So many accept isolation and loneliness, even though this is not what they expected when they moved in with their families.

The provision of social and religious activities, language classes, health information and advice on how to access services, in the ways outlined in this report, are helping to combat isolation for older Indians. But there is also recognition that senior citizens have much to contribute, based on their life experience, cultural and religious knowledge. Finding ways to empower older people, not only benefits their communities, but also their own wellbeing, including their physical and mental health. This aspect was discussed at the Hindu Elders Conference, along with ensuring the rights of older people. A statement from the conference report suggested a growing emphasis on positive and active ageing – "Meaningful engagement has economic and social impacts by improving the quality of health, reducing dependence and strengthening emotional and mental disposition. Coordinated efforts, pooling resources and focused work will identify synergies necessary for onward march."

Combating social isolation and gaining access to services requires transport. Lack of transport is identified by the providers interviewed as a major factor limiting the growth of services for older Indians.

Access to health care did not emerge as a major issue for older Indians, unless language problems were a barrier. Information on preventive activities, health promotion, monitoring and healthy lifestyles is being provided, often through community groups co-operating with public sector agencies. A more sensitive area arises from family difficulties, including elder abuse and neglect and domestic violence. These were acknowledged by community groups, but are often hidden and requiring specialised counselling and social work assistance and/or visiting services.

Although most older Indians live with their adult children, the research showed several examples where this was not possible, because of family difficulties or residential shifts. Apart from this, there appears to be a growing desire for independence, which is leading more individuals and couples to live alone. In the discussions, ideas about specialised accommodation for older people, close to temples or community centres, and perhaps combined with a day centre and residential care facilities, were suggested – along the lines of retirement villages. Natural clusterings of this type, near community and religious centres may already be occurring.

Despite the traditional norms of Indian society regarding the obligation for families to care for their elders, social and economic change and high levels of workforce participation by men and women are making it difficult to provide care at home for people with severe disabilities. This, plus high levels of mobility, which separate older people from their family members, suggest that the demand for residential care is growing in the Indian community. Organisations in Wellington and Auckland are beginning to consider this and in Wellington steps are being taken, with the assistance of the city council. If concerns about residential care are to be addressed, by the older people themselves and by their families, facilities must provide for the needs of Indian people, especially in terms of language, food, social and religious practices. For this to be feasible, a minimum number of residents must be found and maintained. As with the older population in general there is a call for services which will allow older Indians to remain in their own homes, whether with relatives or alone, and to avoid the need for residential care. The need for such services can only grow with increases in the size of the Indian community and the process of ageing.

Defining roles and ensuring cooperation

Families are likely to remain the main sources of care and support for dependent older people (OECD 2003, 2005) and this is especially the case in Indian society, notably through shared housing. This study, however, has shown that the family support system is under some strain, with increasing workforce involvement and changing attitudes. It needs to be supported by appropriate and flexible services (for example, in social work), and it is essential that housing, transport, and income support policies of central and local government are well aligned to complement a strong cultural ethos of family support. The notion of “independence” came up in several interviews. This can refer to autonomy in decision-making and financial self-sufficiency of the older generation. But older people recognise that the younger generation also aspires to independence. As in all cultures, Indian families acknowledge the need to balance mutual care, respect and support with personal freedom.

When older people become frail, Indian families have traditionally provided the extra care needed. There are examples where families have engaged carers and nursing services to enable them to keep a disabled older person at home. But it is difficult and expensive and the residential care option is beginning to be considered, despite resistance by both the younger and older generations.

Community organisations have played a long-standing part in fostering identity and unity in the New Zealand Indian community and providing for a range of social needs. In the face of rapid social change and increasing diversity the primary challenge for the organisations has been to keep their younger people engaged and retaining their Indian cultural identity. Older people have not been at the forefront of the organisations' priorities as yet, but there is evidence that this is changing and potentially the groups could play an important role. Community-based action is, however, subject to several limitations. Initiatives for older people, such as day programmes, have often come about through women's sub-groups – as women become more assertive within the organisations. Some sub-groups do not have the numbers to justify special attention to older people, although they are brought into and involved in general community activities. The community organisations are also limited by finances although they may have facilities in the form of community centres, and a source of voluntary workers.

Although older Indians have yet to form groups such as Elders Councils and advisory committees within their organisations, there is evidence of self-help as a source of support. Peer group companionship was mentioned as a possible alternative to the family by the coordinator of the Hindu Elders Conference in 2009. Older people who are settled in New Zealand are able to assist recent migrants with language and daily activities and thus to combat loneliness and isolation.

There is also a role for local government, as shown in contacts between Mahila Samaj (Wellington Indian Association) and Wellington City Council Community Services over residential care and cemetery plots. Several cities have assisted with celebrating Indian festivals and educating the general public about Indian culture. Local councils may also have pensioner rental housing and can facilitate the development of community centres, which have the potential to be social and service hubs for older people as well as symbols of ethnic identity.

Good working relations with central government agencies were demonstrated in many key informant interviews and also at the Hindu Elders Conference, for example over access to welfare benefits, and rules around superannuation. The New Zealand Positive Ageing Strategy supports the provision of culturally appropriate services to older people in Goal 6, but these have been slow to develop. According to community organisations, funding is a major constraint, and improved government-voluntary sector partnerships would be helpful. A major issue is coordination between central government agencies and between central and local government. At the same time as new groups are emerging, other established services are having to cut back, and there are complaints of duplication.

Growing numbers of older people of Indian ethnicity in New Zealand justify services designed to cater for them, consistent with the goals of the Positive Ageing Strategy. However, with this growth comes increased diversity in terms of backgrounds and needs. Proliferation of community groups may lead to fragmentation and duplication. Organisations continually need to balance the potentially conflicting calls for those with "special needs"

(e.g. language and cultural preferences, or high health needs for those with complex conditions) with the more widespread desire for community inclusion (e.g. increasing the transport range to bring isolated elders into day programmes). However, the Hindu Elders Conference showed possibilities for joint action.

New Zealand can expect continuing ageing of the resident Indian population, as well as further in-migration of Indian elders coming to join family members here. The ways in which the wider community interacts with Indian organisations to manage these needs, balancing the push and pull factors across the generations, and across individual lifecourses, may well have wider relevance. Other migrant communities and New Zealand society as a whole are already experiencing “transnational” ageing. Migration and ageing are significant trends for the world as a whole.

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