



Introduction

The current submission was prepared by the New Zealand Association of Gerontology (NZAG). The NZAG is a multidisciplinary organisation committed to understanding ageing and promoting the interests of older people. It was established as a not-for-profit organisation twenty-five years ago and regional hubs are now situated in Auckland/Northland, Wellington, and Dunedin/Christchurch.

The mission of the NZAG is to form a New Zealand in which older people are valued and respected; where they are able to contribute to society; have choices, are socially included and in which their wellbeing is optimised. The NZAG acknowledges Te Tiriti o Waitangi as the foundation document of Aotearoa (NZ) and is integral to all activities undertaken by the organisation. Additionally, NZAG's purpose is to provide a forum for critical enquiry and to expand our knowledge of ageing in order to contribute to the wellbeing of older people in New Zealand and to ensure that relevant policy and practice is informed by the findings of well-founded research and evidence.

The first part of this submission was prepared by the members of the National Executive committee of the NZAG. President: Professor Ngaire Kerse, Vice President: Professor Debra Waters, Professor Vanessa Burholt, Treasurer: Professor Carol Wham, and reviewed by the entire executive committee.

This part of the response focussed on two questions and are detailed below.

For more information or questions about the first part of this submission, please contact:

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Response to question 3.3.2

Do you think a base grant funding model will improve stability and resilience for research organisations, and how should we go about designing and implementing such a funding model?

NZ Association of Gerontology (NZAG) does not think that a base grant funding model will improve stability and resilience for research organisations. Most ageing research in Aotearoa to date has focused on risk factors, diseases, impairments, and health care outcomes that increase with age, as well as the housing challenges that arise with ageing. This research does not take the whole-human, person-centred approach that is essential for optimal flourishing of older adults or can be translated into gains in health and social wellbeing for Māori. As noted earlier, with a few exceptions, the current emphasis on a medical or deficit model of ageing distorts the reality of ageing, largely ignoring many of the potential benefits for individuals and communities. The growing older population is both an untapped resource of wealth and societal contribution, otherwise referred to as a "new demographic dividend."

Members of NZAG are concerned not only with health and social research, but with power in relation to the construction of older age. From the critical perspective, the medical model of ageing and decline narratives contribute to and reinforce ageism. Representing 'old age' as a time of dependence elicits perceptions that the older population is a burden and contributes to the marginalisation of older people. Moreover, ageism becomes institutionalized, and in the case of 'block grants' research on older people and ageing that falls outside of the medical deficit imaginary of later life, is unlikely to be prioritized or benefit from trickle-down funding to the coal-face.

In the UK, QR funding is the base funding model that is allocated following the Research Exercise Framework (akin to PBRF) and is associated with the quality and impact of research outputs rather than being dependent on the institution allocating funds to areas that they believe would benefit from base funding. However, both a block model of funding to an institution and a model that allocates funds based on outputs disadvantages emerging areas of research. Any areas of research in NZ that currently do not have a critical mass of researchers, and where ageing research is depicted as a 'less interesting' priority area may be disadvantaged. Moreover, disciplinary advantages are likely to be gained by the 'big hitters' in STEM with other disciplines that are crucial to transdisciplinary research with older people (e.g., social science, arts and humanities) more likely to be neglected and undervalued – this is reflected in the base funding approach globally.

Instead, NZAG suggests that MBIE should consider Aotearoa's unique position of making the Te Tiriti o Waitangi principles part of health research. By engaging with kaumatua, harnessing the innovation potential of Māori health knowledge systems and processes in terms of global collaboration, and consider funding models that facilitate the maximisation of benefits from research effort. For example, the Horizon Europe research and innovation funding programme 2021-2027 is one of the main tools to implement Europe's strategy for international cooperation. This programme is open to researchers around the world, to partner with EU collaborators. Non-EU third countries can become associated to the programme through international cooperation. Given that Aotearoa are lagging behind most of the developed world in ageing research and innovation, these types of partnership would add value to our research by twinning activities with EU countries. However, researchers in Aotearoa are disadvantaged because there are presently no multilateral or bilateral agreements or initiatives to participate. Horizon Europe health research is in line for €948M and this tranche of funding is likely to include topics that are more closely aligned with MBIE areas of interest than the HRC such as digital empowerment and digital literacy. Furthermore, there will be enhanced opportunities and support for businesses and innovation. Grant financed bottom-up and competitive schemes with opportunities for blended financing for close-to-market activities. We think that it is imperative that Aotearoa is given the opportunity to benefit from collaboration on Horizon Europe.

Response to question 1.2.2

What principles could be used to determine the scope and focus of research priorities?

NZAG feels that MBIE should examine global challenges to help determine national research priorities for the coming years and to direct resources towards areas of the highest

importance. **Global ageing** – the unprecedented increase in global population over the age of 60 – is a long-term trend and an international issue that is ripe for research to channel opportunities and mitigate possible consequences. However, in research priority setting no mention has been made of this opportunity.

If policy-makers and leaders fail to plan adequately for the changes ahead, they will be inundated by the effects of global ageing, such as a dearth of workers, strained pension systems, and overburdened health care systems. But the good news is that if we act now, in a creative and proactive manner, we will have the greatest chance of realizing the potential benefits of the ageing trend – such as utilizing the immense social capital of older people – while avoiding its perils (Klaus Schwab, Founder of the World Economic Forum)

Key facts: Between 1950 and 2050 the global population is projected to increase 3.7 times. However, the number of people 60+ years will increase by a factor of 10, and the number of people 80+ years by a factor of 26. Consequently, the total population will increase by 2 billion, while the older population will increase by 1.3 billion.

Global Ageing Opportunities: The ‘silver economy’ was estimated to be worth \$23 trillion globally in 2020. Spending by older people in NZ is expected to rise to \$65b in 2051 and \$85b in 2061. While the ‘silver’ or ‘longevity economy’ is a major national and global opportunity it also presents a challenge, with businesses under-prepared for the new demographic in terms of their ability to recognise, understand and respond to shifting demand. New Zealand has a slightly younger age profile than North America, Europe, and Asia (e.g., Japan) but Māori, Pacific people, NZ European, and Asian populations are ageing. The demographic lag in Aotearoa means that there is a danger that the country will fail to seize the advantages that can be gleaned from tapping into the silver economy, neglect the longer-term impact on the workforce in Aotearoa, and disregard the need to develop a critical mass of researchers working in a transdisciplinary way.

NZAG believe that the older population is too large to be ignored, too complex to be stereotyped and too diverse to be second-guessed. However, research has demonstrated how older people are undervalued in society as consumers of products, services and experiences. Consequently, the older population is rendered invisible to many SMEs and funding agencies or portrayed using traditional stereotypes as ‘problematic’ and/or dependent and need of support. This narrow vision and short-term thinking misses opportunities presented by ageing populations (50+ years), and the ‘wellness’ market. As Harry Moody, Director of Academic Affairs for AARP said:

“We need creative responses to the coming of an ageing society, yet we behave as if we’re driving by looking through a rear view mirror. We mainly see problems, when the opportunities are where we need to be looking.”(Kearney, 2013)

Aotearoa’s research will be deemed less relevant globally, and international collaborations will be harder to achieve, unless population trends are considered in priority setting.

Health research has made some remarkable advances, but it hasn’t addressed many questions individuals, communities, kamautua and whenua want answered. This is partly due to the historically investigator driven nature of research and the lack of broad

stakeholder engagement, including older people themselves. It is important to engage widely with older people, their family and caregivers, clinicians, and policy makers, but more sweeping changes are needed to the methods of research funding. This includes engaging older people in the commissioning and reviewing of research proposals. Also, key is the appropriate dissemination of the results in ways that members of the older community and their whenau will find useful. To achieve this, research priorities need to be co-developed with Māori, and to give active effect to Te Tiriti, to engage with older persons and kamautua, and other stakeholders throughout entire research process. This can be achieved by input from all sectors, including soliciting potential research topics and questions from older persons themselves and having them involved in the review of research proposal. The model we are suggesting is not new, and follows the model used by the Patient Centered Research Outcomes Institute (PCORI) in the USA. This independent non-profit, nongovernmental organization is funded by the US Congress. Although, it has more of a disease focus, it also has an equity focus, and has delivered high quality and high impact outcomes, driven by patient and stakeholder input since its inception in 2010. Thus, demonstrating that this type of approach can be successful and empowering for the people it is trying to serve.

Wicked 'problems' such as ageing (although we would frame this as an opportunity), can be unlocked through co-production with multiple stakeholders (Campbell & Vanderhoven, 2016; Degnegaard & Eggers, 2014). Co-production promotes organisational change in private and public sector organizations through a 'virtuous' circle (Palumbo et al., 2018). Working with a critical mass of partners *and* customers in research will increase understanding of the commercial incentive to developing age-appropriate products, services, and experiences; in turn businesses will equip themselves with the knowledge and insight they need to benefit fully from this increasingly significant market opportunity. At the moment, the primary focus on health-related research in relation to the older population although vital, misses the opportunities for business investment and partnerships in research in other areas that are relevant to the ageing population. This approach is short-sighted and potentially harmful to Aotearoa's economy.

Business and industry in Aotearoa need to appreciate and be aware of aspects that are prevalent in the older population (50+ years) which are not *catastrophic* losses, merely a combination of minor issues that affect a significant proportion of this population (e.g. hearing loss; and wearing glasses). This makes the older market segment unique, and not simply a homogenous population that can be reached through the application of standard marketing practices. These physiological and cognitive changes or characteristics necessarily inform – explicitly or tacitly – much of what older people do; that is, how, when and where they interact with products, services and experiences.

Many of the consumer decision-making factors that relate, for example, to choosing a car or motorbike (such as comfort, ride height, simplicity and accessibility), shopping in a retail environment or visiting cultural and arts venues are strongly linked to physiological and cognitive characteristics that are, on balance, more prevalent in the older population. For example, even when wearing glasses or contact lenses more than half of people aged 60+ years and more than two-thirds of people aged 80+ cannot read labels properly.

“When I buy shampoo there is a big logo of the company and not much else on it. You need glasses to see what the product actually is, and in the bathroom you don’t often wear glasses”.¹

Consumer-oriented businesses - among them car and other product manufacturers, retailers, and cultural and leisure service providers - have a choice: continue marketing to a younger audience and if by chance their approach resonates with an older market then count that as a bonus; or make a specific effort to reach a marketplace that is “too large to be ignored” and convince older people to consume more frequently or visit more regularly. This, in turn, will have a positive effect on the wellbeing of the older population through increased sports, leisure, cultural and social engagement.

Agile organisations also need to develop non-academic partnerships to help support organisational change in the ecosystem. For example, working alongside policymakers will help ensure that the research responds to policy-cycle changes – not just in health and housing, but in relation to the workforce, business and innovation. This will increase the likelihood of recommendations being implemented in policy to achieve most benefit.

¹ A.T.Kearney Op Cit.

The second part of this submission contains views and ideas from the New Zealand Association of Gerontology Emerging Researchers (NZAG-ER), a sub-committee of the New Zealand Association of Gerontology. NZAG-ER comprises doctoral candidates and post-doctoral researchers working within the New Zealand Gerontology research area.

Early career researchers are a valuable commodity in New Zealand. They often come to doctoral and post-doctoral research with life and industry skills, some with international experience and connections, and are keen to contribute to research in New Zealand. A submission to this Green Paper was considered in light of the many challenges faced by early-career researchers. These challenges include uncertain employment, lack of post-doctoral opportunities, and difficulties creating independent research pathways (Nissen S, et al 2020). Including the early career researcher's voice in the wider discussion is important when considering the best research system for the future. An investment in new researchers has been made and the risk of early career researchers leaving the research arena and reducing research capacity and capability must be minimised.

We are grateful for the opportunity to provide feedback to the Ministry of Business, Innovation and Employment (MBIE) on the future of research in Aotearoa New Zealand. Our submission is structured using the six main themes, though the ideas are not mutually exclusive, and some responses will cross over to other themes.

The following early-career researchers have contributed to this part of the submission: Dr. Karen Mumme¹, Dr. Rosie Gibson¹, Tessa Pocock², Cassie Slade¹, Shanika Yoshini Koreshi¹, Anne Hioi¹, Robyn Gibson² and Dr. Lara Vlietstra³.

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As highlighted by the Royal Society Te Apārangi:

“Early career researchers are critical to an innovative, connected and equitable research sector in Aotearoa New Zealand.”

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Section 1: Research Priorities

New Zealand has an ageing population. Therefore, research designed for and with our older population should be considered a research priority. However, regardless of any future structure of research priorities, there must be enough diversity in the research priorities for every early career researcher to thrive.

Increasing opportunities for early career researchers can reduce anxiety-provoking uncertainty after graduating from a PhD. This type of capacity building is important and encourages early career researchers towards more collaboration rather than a highly competitive arena of short-term and temporary positions, a result of the current competitive short-term funding environment. A base grant funding model would improve stability for early career researchers and enable continuity of research projects with minimal disruptions.

Section 2: Te Tiriti & Mātauranga and Supporting Māori Aspirations

The older population is becoming increasingly diverse. The research environment has to respond by encouraging and facilitating Māori and Pacific peoples, and those from other ethnic groups, to engage with the research environment across all levels (from undergraduate levels to positions of authority). All research activities should honour individual and institutional responsibilities under te Tiriti O Waitangi fully at all stages from research conception and design to dissemination and publication. Additionally, increasing cultural training and the teaching of different (non-Western) research methodologies will facilitate use of mātauranga Māori in the science and innovation sector. For example, teaching co-designed research methodologies and their importance at undergraduate and postgraduate levels.

Research focused on Māori and Pacific Peoples should be led by Māori and Pacific Peoples researchers. However, non-Māori researchers working in a health equity area could benefit and grow, personally and professionally, by being Named Investigators on these projects. Depending on the research location and region-specific factors, local iwi must be involved and consulted at each stage of the research process and/or represented on the project. Specific funds should be available to make research more mobile to facilitate Māori and Pacific Peoples participation in research.

Section 3: Funding

Funding an early career researcher means investing in a researcher who is enthusiastic, and usually at the cutting edge of their field. Recent PhD graduates have limited research opportunities. Creating space for early career researchers in newly funded projects is imperative. This can be done through either:

- 1) including an early career researcher's salary in large grants. Opportunities for within-university base grant funding could be awarded to research units with a strong overall track record in a particular area or theme, and provide funding for their staff, including early career researchers.
- 2) providing a specific amount of university-based funding (either absolute or percentage) to support post-doctoral fellows and encourage them to develop research ideas as Lead Investigators.

Here we would like to highlight an alternate model for funding PhD candidates. In New Zealand, a doctoral candidate is considered a student who studies, pays tuition fees, and receives a stipend. But in the Netherlands, doctoral candidates are researchers employed by the university to complete a dissertation or thesis. These job vacancies are posted online, and the candidate would have to apply, similarly to other jobs. These jobs are highly competitive resulting in a doctoral degree while earning a salary and without tuition fees.

Extra advantages include social security, employee protection, building up retirement savings, often leading to more stable and long-term research careers.

Lastly, the stipend that PhD students are awarded is well below minimum wage, meaning that many students have to find alternative ways of supporting their PhD studies. However, often, universities do not allow scholarships to be held on a part-time basis, which results in an equity issue when students have other responsibilities such as family or care responsibilities. For a more inclusive and rounded workforce, alternative mechanisms to support students to enter into doctoral or post-doctoral programmes should be explored, which are more in tune with the lived realities and responsibilities of many people.

Section 4 and 5: Institutions & Workforce

The government contributes to the training of PhD students through financially supporting scholarships. This investment should be fostered to keep this skilled workforce in New Zealand and in research. Grant funding should be set aside for the transition from PhD into the workforce considering:

- Pastoral care to support candidates seeking work outside of Academia.
- Increasing/encouraging collaboration across universities nationwide, with diverse skills and populations.
- Increasing opportunities to network within New Zealand with like-minded and same stage career researchers, as well as with industry partners, in all areas of research.
- Academia should consider impact as going beyond publications. Publications and outputs should not be the main metric of impact. Among other things, interaction, involvement and positive impacts with the community should also be considered.
- Developing a New Zealand based algorithm (and nationwide database) that specifies job opportunities (throughout the whole workforce, including academia) specifically for graduated PhD candidates (such as the Australian model of PostAc® which uses artificial intelligence).
- More funding for training of skills which can be used inside or outside of academia (cultural training, communication skills, working with community groups) and funding for professional development in the transition from PhD and post-doctoral fellows/workforce.
- A better link between academia and the workforce/industry including a better representation of what skills doctoral and post-doctoral researchers can contribute.
- Mentoring and supervision of early career researchers after PhD completion through both institutions and industry.

Currently, at the university level, there are career development units. However, those are often not tailored enough for PhD candidates, especially for those who want to transition to the workforce. There is the potential for MBIE (and other larger grant funding bodies) to help address the above-mentioned issues via the development of an early career researcher specific unit, which can focus on developing transferable skill-based courses/workshops; networking of early career researchers (e.g., through an online database/forum), a mentoring scheme and pastoral care.

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