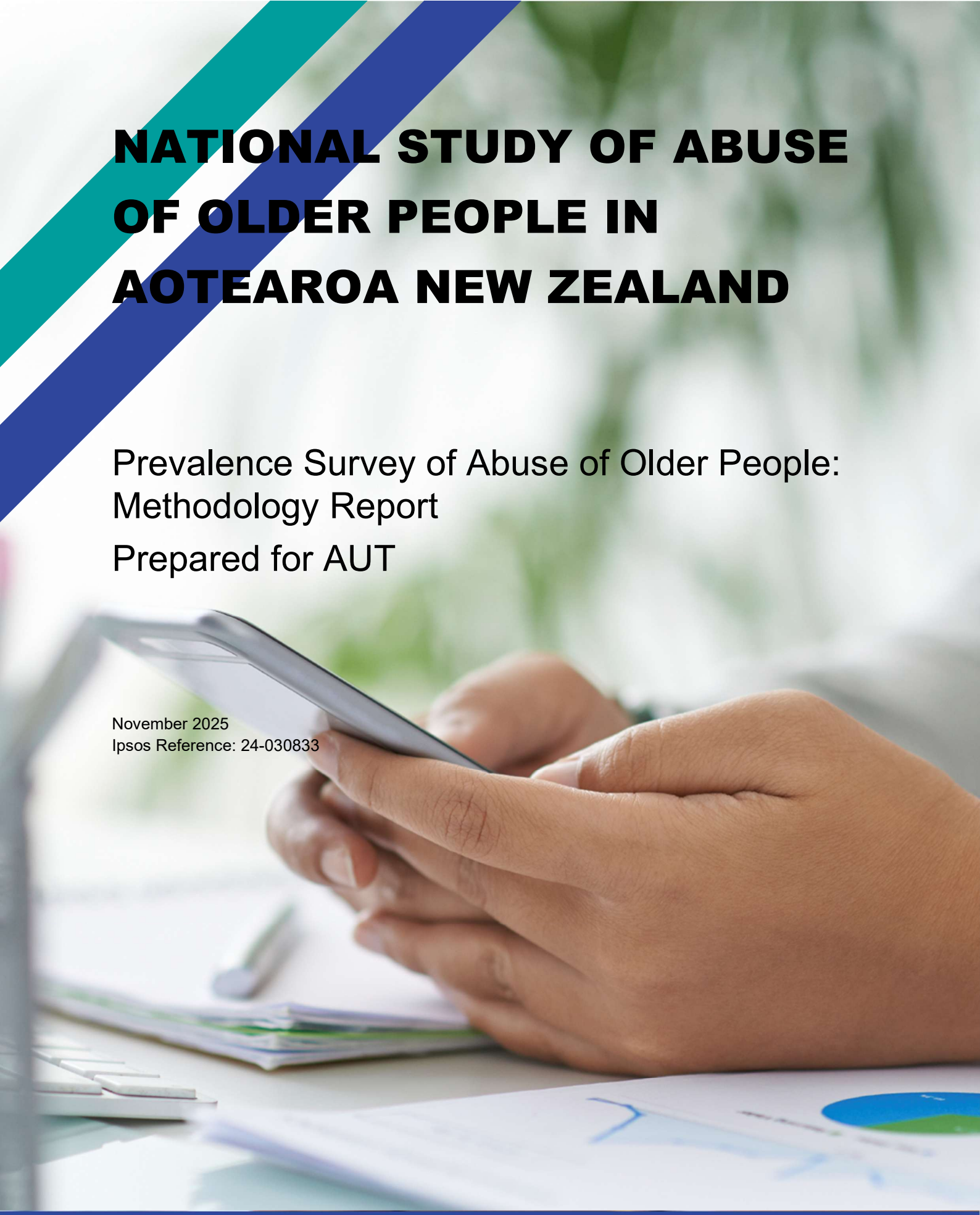
NATIONAL STUDY OF ABUSE OF OLDER PEOPLE IN AOTEAROA NEW ZEALAND

Prevalence Survey of Abuse of Older People: Methodology Report

Prepared for AUT



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Abbreviations

AOP	Abuse of older people
CATI	Computer-assisted telephone interviewing
CRMS	Client Relationship Management System
ER	Electoral Roll
MOJ	Ministry of Justice
NZCVS	New Zealand Crime & Victim Survey
PSU	Primary Sampling Unit

Executive Summary

The primary objective of the study was to establish a reliable national prevalence rate for the abuse of older people (AOP) in New Zealand. The survey focused on individuals aged 55 and over, living in the community, excluding those in aged residential care but including those living independently in retirement villages. The eligibility threshold of 55 years aimed to capture a broader range of health and wellbeing experiences and account for the lower life expectancy among some ethnic groups in New Zealand.

The survey was officially titled the *National Study of the Prevalence of Abuse of Older People in Aotearoa New Zealand*. However, it was conducted in field under the title *Health and Wellbeing of Older New Zealanders Survey* in order to enhance the survey's reception in field, to make it more inclusive and remove possible negative connotations.

Ipsos carried out the study in two stages: a 12-day pilot from 17 July to 28 July 2024 to test functionality and assumptions in field; and the main study, which ran from 9 September to 20 December 2024.

The pilot questionnaire was developed by Auckland University of Technology (AUT) and conducted in field by Ipsos via computer-assisted telephone interviewing (CATI). The main study questionnaire was produced by AUT with consultation from Ipsos, to incorporate learnings from the pilot study. For both the pilot and main study, Ipsos created digital showcards to facilitate respondent engagement, providing a visual stimulus for answering survey questions over the phone.

The purpose of this report is to provide:

- a detailed description of the design and methods used in the study
- information about the management and quality assurance processes undertaken as part of the study.

1 Research Context

1.1 Background

The abuse of older people (AOP) has been recognised as an important public health problem by the World Health Organization (WHO). AOP harms older people, whānau, and communities. It is highly complex and driven by various intersecting factors, with some communities more at risk than others (e.g. New Zealanders living with disability).

Without a comprehensive, nationally representative survey of AOP prevalence, existing and future investments into its prevention (such as interventions and responses) are currently supported by a limited evidence base.

This project aimed to assess the national population-level prevalence of AOP in Aotearoa New Zealand (NZ) and understand AOP experiences and severity (self-reported) of such abuse. Data was collected via computer-assisted telephone interviewing CATI from New Zealanders aged 55 years or older under the title *Health and Wellbeing of Older New Zealanders Survey*. This prevalence survey was part of a broader *National Study of Abuse of Older People in Aotearoa New Zealand*, which included the following components:

- This prevalence survey
- Analysis of AOP using Stats NZ's Integrated Data Infrastructure (IDI)
- Qualitative interviews, with a focus on NZ European, Māori, Pacific, and disabled older people
- Mixed methods study exploring finance and legal perspectives on financial abuse
- Analysis of economic and social costs of AOP for individuals, communities, and government

1.2 Objectives

The survey aimed to collect population-level data on the prevalence of AOP in NZ. The target population for the national prevalence survey was individuals aged 55 and over living in the community.

The primary objective of the study was to produce a reliable national AOP prevalence rate. A secondary objective was to produce subgroup estimates (e.g. by age group and/or ethnicity), noting that it might be necessary to combine subgroups to produce reliable subgroup estimates.

1.3 Ethical Consideration

The *National Prevalence Study of Abuse of Older People* was approved by the Auckland University of Technology (AUT) Ethics Committee (AUTEC Application: 24/30).

Participation in the prevalence survey of AOP was voluntary – this was communicated in the respondent information sheet and reiterated verbally by the interviewer at the time of contact. The confidentiality of all information provided by respondents in the interviews was assured by the Privacy Act 2020. The final datasets are stored as electronic records and do not contain any information that could personally identify any respondent. Survey data is analysed only as overall or grouped data.

2 Questionnaire Design

This section provides details on the questionnaire design of the AOP prevalence survey that collected information on experiences of abuse from a representative sample of New Zealanders aged 55 and over. Please note that with the exception of the final question block related to any past harm experienced (not previously mentioned), all prevalence items in the questionnaire referred to the last 12 months.

2.1 Definition of AOP

Although there is some variation in the exact definition used across international research, the working conceptual definition of AOP is similar across the existing surveys that have informed the questionnaire. The working conceptual definition from the most recent study undertaken in Australia is: *A single or repeated act or failure to act, including threats, that results in harm or distress to an older person. These occur where there is an expectation of trust and/or where there is a power imbalance between the party responsible and the older person* (Qu et al., 2021).

The definition has five elements:

1. A single or repeated act or failure to act: The measures applied in international studies capture different forms of physical, sexual, financial, and psychological abuse and neglect. The Australian study also examined abuse relating to language and culture, and the NZ survey extends this to include spiritual abuse (see questionnaire question blocks below).
2. An older person: Most studies defined an older person as either 60 years and over or 65 years and over. For the NZ survey, this was extended to 55 years and over.
3. The consequence of harm or distress: Existing studies measured this by asking the older person how serious the abuse was.
4. A person who is responsible for the act or failure to act: Most international surveys included people known to the respondent, (e.g. family members, friends, neighbours, acquaintances, or professionals such as medical professionals, care workers, financial advisors).
5. A situation where the connection between the older person and the perpetrator of the act or failure to act involves an expectation of trust and/or a power imbalance. Taken together with (4), harmful acts perpetrated by strangers are excluded.

The AOP prevalence survey questionnaire content closely resembled the Australian survey, *National Elder Abuse Prevalence Study* (Qu et al, 2021) conducted by the Australian Institute of Family Studies (AIFS). The structure of this document was guided by the Irish survey, *Elder Abuse and Neglect in Ireland: Results from a National Prevalence Survey* (Naughton et al, 2010). The language and terms used have been adapted to better reflect the NZ context and different prioritisation of information needs. Like other international surveys, the Australian and NZ surveys ask sets of questions on financial, emotional/psychological, physical, and sexual abuse, and neglect.

The Australian survey was the first to include a set of questions on language and cultural abuse, and asked these of culturally and linguistically diverse (CALD) respondents. The NZ questionnaire built on this by including a more comprehensive set of questions about spiritual/cultural/language abuse that were asked of all respondents.

An important implication of the definition above is that only harm, mistreatment, and neglect by someone the respondent knows is in scope. Harm/mistreatment by strangers is excluded.

2.2 Pilot Questionnaire

A pilot version of the questionnaire was developed and feedback sought from the project's advisory group and key stakeholders including the Ministry of Social Development (the funder), the Ministry of Health (i.e. Clinical Chief Advisor), Te Puna Aonui,[1] Stats NZ, the AIFS research team (who conducted the Australian AOP prevalence survey), and AUTEC.

The pilot version was tested in field by Ipsos, with 157 (CATI) interviews conducted.

2.3 Post-Pilot Questionnaire

Following the pilot survey, minor changes[2] were made to the questionnaire based on interviewer feedback, additional advisory group comments, and revisions to the survey logic (question order). The most substantive revision involved the removal of questions to shorten the interview time from an average of 43 minutes in the pilot to 33 minutes in the main study. A full list of these changes is included in Appendix 7.

Broadly, the logic of the questionnaire aimed to prioritise participant comfort while ensuring reasonable completion timeframes. For example, general wellbeing questions were placed before the harm and mistreatment blocks, and demographic questions were asked at the end.

Each AOP subtype included questions about participants' daily activities to assess what they may need assistance with, specific behaviours related to the AOP subtype associated with harm, the frequency of the behaviour experienced, the relationship between the older person and the person committing the harm, and the severity of the behaviour for the older person.

2.3.1 Question blocks

The content of the survey is summarised below. The full questionnaire is also provided as a separate document. Note that questionnaire numbering appears out of order due to post-pilot changes to the survey logic.

Introduction, eligibility, and consent
To explain the purpose of the survey, ensure the respondent met the eligibility criteria, and obtain the respondent's informed consent.

Participant's support networks
To gain contextual information on the respondent's support networks (e.g. how easy or difficult it is for them to get practical help from whānau, friends, or neighbours).

Participant's mental and physical health
To gain contextual information on the respondent's mental and physical health status. This included self-rated physical health, functional disability status (Washington Group Short Set – WGSS), neurodivergent conditions, mental health conditions, and whether they receive care from a professional (i.e. paid) carer.

Sections on subtypes of harm
Each AOP subtype had its own section and set of questions about harm experienced in the past 12 months. There are six AOP subtypes:

- Neglect
- Financial harm
- Psychological harm
- Sexual harm

[1] Te Puna Aonui (the Joint Venture Business Unit was formed in 2018 and then renamed Te Puna Aonui in 2022. In 2025, the name was changed to the Centre for Family Violence and Sexual Violence Prevention).

[2] The only change with potential impact on the comparability of the Pilot Data with the Final Dataset relates to the **language** item (*Mis-translated between English and your preferred language…*) as a screening question was added (*What is your preferred language?*) post-pilot.

- Physical harm
- Cultural/spiritual/language-related harm.

Each section included contextual questions relevant to the specific type of harm, specific behaviours related to the AOP subtype associated with harm, the frequency of the behaviour experienced, the relationship between the older person and the person committing the harm, and the severity of the behaviour for the older person.

Different background/contextual information was collected for each abuse subtype. For example, the financial harm section had a range of questions on the respondent's legal arrangements, such as whether they had a will or Enduring Power of Attorney (POA), etc.

Each subtype section also collected data about:

- Characteristics of the person committing harm:
  - This included age, gender,[3] addiction, and/or other social issues (e.g. gambling, drug use). If more than one AOP subtype was experienced, and the person committing the harm was the same, characteristics were asked only once.
- Help-seeking actions:
  - Respondents were asked whether they sought help, their reasons for not asking for help (if none was sought), who they asked for help/advice, and what action was taken in response.

Further detail about the different information collected for each of the harm subtypes is provided below.

Subtype: Neglect

- Contextual questions on how often the respondent needed help with specified daily activities in the last 12 months (e.g. preparing meals, housework).
- The relationship between the respondent and those who were mainly responsible for helping them with these daily activities.
- Prevalence questions on whether the respondent always received the help they needed from the specified caregiver in the last 12 months.
- How many times in the last 12 months they did not receive help from the specified caregiver.

Subtype: Financial harm

- Contextual questions on whether the respondent had help with specific tasks relating to managing their money (e.g. paying bills, taxes, banking), why they needed this help, and who helped them.
- Contextual questions about whether anyone else had access to their bank accounts or credit cards, who had access, and whether records were kept.
- Contextual questions about legal arrangements (will, EPOA, Advanced Directive).
- Contextual questions about arrangements to provide financial support or benefit in return for care.
- Prevalence questions on whether in the last 12 months someone the respondent knows engaged in specific behaviours causing the respondent financial harm (e.g. taken money/possessions without permission, pressured respondent into giving/loaning money etc).

Subtype: Psychological harm

- Prevalence questions on whether in the last 12 months someone the respondent knows engaged in specific behaviours relating to psychological harm (e.g. undermined, belittled, prevented/ restricted contact with family/friends, etc).

[3] Please note that for the purposes of sample selection, sex (male/female) was used. In the survey, respondents were asked to report their sex at birth (male or female) and their gender identity (male/female/another gender). Gender identity was used in the data analysis produced for this report.

Subtype: Physical harm

- Prevalence questions on whether in the last 12 months someone the respondent knows engaged in specific behaviours causing them physical harm (e.g. grabbed, pushed, shoved, threatened to harm, etc).

Subtype: Sexual harm

- Prevalence questions on whether in the last 12 months someone the respondent knows engaged in specific behaviours causing them sexual harm (e.g. touched in a sexual way against will, etc).

Subtype: Cultural/language/spiritual harm

- Contextual questions on language spoken at home and preferred language.
- Prevalence questions on whether in the last 12 months someone the respondent knows engaged in specific behaviours causing them harm related to their culture/language/spirituality (e.g. denied access to important information in preferred language, prevented from practising cultural customs).

Prevalence of past harm or mistreatment not previously mentioned

Unlike the prevalence questions related to the AOP subtypes, this included lifetime experiences of harm (not limited to those within the last 12 months). In line with our AOP definition, participants were asked if the harm experienced was from a stranger or someone they knew, and if the latter, they were asked about the nature of the harm experienced (e.g. child abuse or neglect, family violence, etc).

Demographics

Including: age, gender, ethnicity, country of birth, years in NZ, living situation, employment, marital status, housing situation, education, personal and household income, LGBTQIA+, and religion.

Further consents

Consent for:

- Data linking (IDI) and information collection
- Recontact consent and information collection.

3 Sample Design

AUT and Ipsos agreed on a 'blended' sample design consisting of:

- Previous respondents of the New Zealand Crime & Victims Survey (NZCVS) who had agreed to take part in future research
- People sampled from the Electoral Roll (ER) for whom a phone number was obtained via a process of tele-matching.

The sample design was developed with advice from Stats NZ.

Several study designs were considered for the AOP prevalence survey, including random probability face-to-face interviews, and telephone interviews using random digit dialling (RDD). While these approaches offer greater statistical robustness, they were ultimately ruled out due to budget constraints. Also, face-to-face interviews could not be conducted within the available project timeframe.

A key challenge was identifying eligible individuals aged 55 and over while ensuring sufficient sample sizes for Māori, Pacific peoples, and Asian populations. Both face-to-face and RDD approaches would have required extensive screening efforts to identify eligible respondents, making them inefficient for this study.

After evaluating various trade-offs, a blended design was selected, as described earlier in this section. One of its key strengths was the ability to more precisely target potential respondents based on age, sex, and – within the NZCVS sample – ethnicity. This improved the efficiency of data collection, allowing for a larger sample within the available budget and timeframe.

Using the ER sample provided strong population coverage for individuals aged 55 and over, with more than 95% of this group estimated to be on the roll. Similarly, as a random probability survey, the NZCVS has high coverage, but this is reduced due to non-participation. Only around 75% of eligible respondents take part in the NZCVS, and of those, approximately 93% consent to further research participation.

Despite relatively high population coverage, the response rate for the AOP prevalence survey was low. In particular, response rates in the ER sample were affected by a high non-contact rate, largely driven by a low phone number match rate (21%). This contributes to a high level of non-sampling error.

To address these issues, weighting adjustments were applied, primarily through demographic calibration. However, these adjustments are limited to observable characteristics and cannot fully correct for unmeasured biases within demographic groups. While weighting improves representativeness to some degree, it provides only a partial correction for non-response bias. Please see section 6 for a more detailed discussion of the weighting approach for this project.

It is important to consider the limitations as discussed above when interpreting the findings of the AOP prevalence survey.

3.1 Target Population

The target population for the AOP prevalence survey was respondents who usually reside in NZ aged 55 years and over. This age threshold aimed to capture a broad spectrum of health and wellbeing experiences as people transition through different stages of later life, and to account for the lower life expectancy of some ethnic groups in NZ. It excluded those living in aged residential care facilities but included those living independently in retirement villages.

The AOP prevalence survey targeted a yield of 5,240 interviews, with good representation by ethnicity and age group. Potential respondents were selected from the General ER, the Māori ER, and the NZCVS panel.

3.2 NZCVS Sample

As part of NZCVS, respondents were invited to be recontacted in the future for further research of importance to the Ministry of Justice (MOJ). The vast majority (92%) of respondents during survey years 1–5 consented to be recontacted. These consenting respondents make up the NZCVS Research Panel.

MOJ provided details of 4,480 NZCVS panel members to support the study. Panellists were selected from the pool of respondents who had taken part during years 1–5 of NZCVS – 102 of the provided panellists were sampled for the pilot study, with the remainder being reserved for the main study. It was estimated that 50% of selected panellists would take part.

3.3 Electoral Roll Sample

AUT was successful in applying for access to both the General and Māori ERs. The ER list was divided into four mutually exclusive strata as follows:

1. Māori Booster – all records on the Māori ER.
2. Pasifika Booster – all records located in statistical area 2 (SA2s) where at least 5% of the population[4] aged 55+ identified as Pasifika.
3. Asian Booster – all records located in SA2s where at least 7.5% of the population aged 55+ identified as Asian.[5]
4. Core – all remaining records not included in the above 3 strata.

A third-party provider was engaged to append telephone numbers to the ER data, based on name and address, from its own maintained database, which contains 307,594 people aged 55+. The provider was able to append phone numbers to 21% of the sample supplied.

Within each stratum, survey yield rate estimates were calculated, based on the following:

- Incidence: Proportion of the stratum population represented by each ethnic group
- Coverage: Proportion of the total population, by ethnic group, represented within each stratum
- Contact Rate: Expected proportion of the stratum for whom contact will be established
- Participation Rate: Expected proportion of the stratum that would participate in the survey.

These estimates were refined following the pilot study and informed the number of records to be sampled from each stratum for the main study.

Table 1: Estimated yield rates by strata

Booster Group	Estimated Yield Rate % (Pilot)				Estimated Yield Rate % (Main study)			
	Māori	Pasifika	Asian	Other	Māori	Pasifika	Asian	Other
Māori Booster	15.0	0.0	0.0	0.0	16.0	0.0	0.0	1.0
Core	0.4	0.2	0.3	13.7	1.0	0.0	0.0	22.0
Pasifika Booster	0.6	2.7	3.0	8.2	0.4	0.8	2.0	13.6
Asian Booster	0.2	0.3	3.1	11.4	0.0	0.0	1.2	18.4

Each stratum was further subdivided into panels based on age group and gender, as follows:

[4] Based on 2018 Census counts.

[5] Where an SA2 is eligible for inclusion in both the Pasifika and Asian boosters, it is assigned to the Pasifika booster only, to ensure the four strata remain mutually exclusive.

- Māori, Pasifika, and Asian Boosters: 55–64 and 65+ x gender
- Core: 55–64, 65–75, 75–84, and 85+ x gender.

A number of records from within each panel were randomly sampled. The following total number of records were sampled from each stratum for the pilot and main study.

Table 2: Pilot and main study selected records by strata

Booster Group	Pilot	Main study
Māori Booster	100	1,800
Core	100	1,000
Pasifika Booster	250	18,000
Asian Booster	250	1,800
Total	**700**	**22,600**

3.4 Sample Selection Procedure

The sample selection procedure was identical for the pilot and main study. However, the ratio of records sampled from each stratum was adjusted for the main study following the results of the pilot.

3.4.1 NZCVS sample

An initial sample of panel respondents was selected by MOJ according to the following process:

1. All NZCVS respondents who had taken part during years 1–5 and consented to further research were pooled and stratified by prioritised ethnicity, as reported in NZCVS (Māori, Pasifika, Asian, Other – in that order).
2. All Asian and Pasifika respondents aged 55+ were then selected for the AOP prevalence survey.
3. The Māori stratum was further subdivided by sex and age group (55–64, 65–74, and 75+) and up to 138 respondents were randomly selected from each of the six subgroups. Selected respondents were added to the AOP prevalence survey sample.
4. The 'Other' stratum consisted of all NZCVS respondents not included in the Māori, Pasifika, or Asian strata. As per the approach with the Māori stratum, respondents within the 'Other' stratum were subdivided by sex and age group (55–64, 65–74, and 75+) and 500 respondents were randomly selected from each of the six subgroups. Selected respondents were added to the AOP prevalence survey sample.

Please note that sex, rather than gender identity, was provided in the NZCVS panel data from MOJ, and there was no sex nor gender information included in the ER sample extract. Honorific values from the ER were used to infer sex (for sampling purposes only).

Once received by Ipsos, the NZCVS records were stratified by prioritised ethnicity,[6] gender, and age group as above. From within each ethnicity x gender x age panel, the following number of records were randomly sampled for the pilot.

[6] Following this prioritisation: Māori, Pasifika, Asian, Other.

Table 3: Pilot sample records

Age Group	Māori			Pasifika			Asian			Other			Total
	M[7]	F[8]	Total	M	F	Total	M	F	Total	M	F	Total	
55–64	3	3	**6**	3	3	**6**	3	3	**6**	8	8	**16**	**34**
65–74	3	3	**6**	3	3	**6**	3	3	**6**	8	8	**16**	**34**
75+	3	3	**6**	3	3	**6**	3	3	**6**	8	8	**16**	**34**
Total	**9**	**9**	**18**	**9**	**9**	**18**	**9**	**9**	**18**	**24**	**24**	**48**	**102**

The remaining records were retained for the main study, as per the distribution overleaf.

Table 4: Main study sample records

Age Group	Māori			Pasifika			Asian			Other			Total
	M	F	Total	M	F	Total	M	F	Total	M	F	Total	
55–64	145	157	**302**	57	78	**135**	80	70	**150**	511	521	**1,032**	**1,619**
65–74	138	144	**282**	38	41	**79**	51	57	**108**	481	471	**952**	**1,421**
75+	120	128	**248**	14	18	**32**	25	22	**47**	457	464	**921**	**1,248**
Total	**403**	**429**	**832**	**109**	**137**	**246**	**156**	**149**	**305**	**1,449**	**1,456**	**2,905**	**4,288**

3.4.2 Electoral Roll sample

For the ER sample, each of the four substrata were sampled separately. The following pre-processing was applied to both the Māori and General ERs:

1. Records for all people not aged 55 and over were excluded.
2. For the remaining records, honorific values from the roll were used to infer sex (for sampling purposes only) and appended. Any records without honorific information (or gender-neutral information such as Dr) were randomly assigned to either male or female panels.
3. Phone numbers (where available) were appended via a tele-matching process.
4. All records with no phone number were removed.

In addition to the above, for the General ER, flags were appended to each record to denote if the person resides in an SA2 where either of the following were true (based on Census data):

1. 7.5%+ people aged 55+ identified as Asian (Asian-rich)
2. 5%+ people aged 55+ identified as Pacific peoples (Pacific-rich).

To ensure substrata remained mutually exclusive, where both of the above criteria applied to an individual, only the Pacific-rich flag was appended.

3.4.3 Māori booster sample

To select records for the Māori booster sample, all remaining records belonging to the Māori ER were stratified into four age group x gender panels, with the following number of records being randomly chosen for the pilot and main study.

[7] Male.

[8] Female.

Table 5: Māori booster sample selection

Age Group	Pilot			Main Study		
	M	F	**Total**	M	F	**Total**
55–64	17	17	**34**	372	228	**600**
65+	33	33	**66**	745	456	**1,201**
Total	**50**	**50**	**100**	**1,117**	**684**	**1,801**

3.4.4 Pasifika booster sample

To select records for the Pasifika booster sample, all records from the General ER that had the Pacific-rich flag appended were stratified into 4 age group x gender panels, with the number of records being randomly chosen for the pilot and main study shown in the table below.

Even within the Pasifika booster, the yield of Pacific respondents was anticipated to be extremely low. Therefore, a very large Pasifika booster was required to maximise the survey yield from Pacific peoples.

Table 6: Pasifika booster sample selection

Age Group	Pilot			Main Study		
	M	F	**Total**	M	F	**Total**
55–64	42	42	**84**	3,723	2,282	**6,005**
65+	83	83	**166**	7,445	4,563	**12,008**
Total	**125**	**125**	**250**	**11,168**	**6,845**	**18,013**

3.4.5 Asian booster sample

To select records for the Asian booster sample, all records from the General ER that had the Asian-rich flag appended were stratified into four age group x gender panels, with the following number of records being randomly chosen for the pilot and main study.

Table 7: Asian booster sample selection

Age Group	Pilot			Main Study		
	M	F	**Total**	M	F	**Total**
55–64	42	42	**84**	372	228	**600**
65+	83	83	**166**	745	456	**1,201**
Total	**125**	**125**	**250**	**1,117**	**684**	**1,801**

3.4.6 Core sample

To select records for the Core sample, all records from the General ER that had not been flagged as Asian-rich or Pacific-rich were stratified into six age group x gender panels, with the following number of records being randomly chosen for the pilot and main study.

Table 8: Core sample selection

Age Group	Pilot			Main Study		
	M	F	**Total**	M	F	**Total**
55–64	17	17	**34**	207	127	**334**
65–74	17	17	**34**	207	127	**334**
75–84	8	8	**16**	103	63	**166**
85+	8	8	**16**	103	63	**166**
Total	**50**	**50**	**100**	**620**	**380**	**1,000**

4 Pilot

4.1 Executive Summary

A pilot study was conducted from 17 July to 28 July 2024 to simulate the main study and ensure the robustness of the questionnaire and survey processes. It involved testing the functionality of the questionnaire in the CATI software, measuring the duration of the survey, evaluating training requirements for interviewers, and testing sampling assumptions for sample yield.

The pilot sample consisted of 802 individuals selected from the NZCVS panel (102 individuals) and ER (700 individuals). The sample yielded 157 completed surveys carried out by seven interviewers.

The purpose of the pilot study was to mimic the main study as closely as possible, to ensure that the questionnaire and associated survey processes were robust and functioning correctly. The broad objectives of the pilot were to:

- Ensure the questionnaire programmed in the CATI software performed as expected with all routing, edits, and consistency checks working correctly.
- Determine the average duration for each element of the questionnaire, as well as the survey questionnaire overall.
- Evaluate the training required to fully prepare interviewers to work on the project and answer any questions raised by respondents.
- Identify any risks to the main study.
- Evaluate effectiveness of the engagement strategies.
- Evaluate how participants responded to the survey in terms of the survey length and content.
- Evaluate operational components of the survey, including systems and processes.
- Test that sampling assumptions were correct to achieve the overall sample yield.

4.2 Interviewer Training

The seven interviewers involved in the pilot were selected from Ipsos' panel of experienced CATI callers. They were trained remotely prior to the commencement of the pilot.

The training required interviewers to:

- Complete online training modules focusing on: cultural awareness; the Privacy Act 2020; Health and Safety; the survey purpose and aims; informed consent; eligibility; the survey content and delivery; navigating the Record Management System (RMS); call-handling techniques, including cognitive awareness, de-escalation techniques, and high-risk situation training; quality assurance; and pilot objectives.
- Study the *Questionnaire Study Guide*. This document identified questions in the survey that required special care or could be potentially problematic.
- Complete practice survey links with friends and family.
- Attend a three-hour online workshop with a focus on: the importance of: the pilot; the role of the pilot interviewer; recruitment; RMS notes and considerations; objection handling and 'toolbox' of resources; quality assurance and quality measures; data linkage and consent to future research; and on-shift processes.
- Sign off a competency assessment, which consisted of a quiz and a role play showing recruitment and delivery of the survey with appropriate RMS entry and use.

Feedback from interviewers and respondents taking part in the pilot was used to further develop training materials for the main study.

4.3 Respondent Invitation and Recruitment

Respondents selected from the NZCVS panel and ER were invited via email or phone to participate in the AOP prevalence survey. The information sheet (Appendix 1) and invitation email (Appendix 2) were available in English.

For people with an email address recorded:

- An initial invitation was emailed, describing the research project, how the respondent was selected, and how to accept or decline the invitation.
- Respondents who accepted the invitation were further contacted by telephone to organise an interview time.

For those who did not respond to the email and those who did not have an email address listed:

- Initial contact took place via telephone, where an overview of the research opportunity was provided.
- Respondents interested in hearing more were given the option of having further information emailed to them or provided over the phone.
- If the person wanted further time to consider the invite, a follow-up call was scheduled.
- Respondents who chose to proceed were offered an interview time.

Where language was identified as a barrier, professional interpreters were organised. In the pilot study there were four instances of interpreter use – three for Mandarin translation and one for Hindi.

Interviews were completed via telephone, and interviewers entered responses directly into the survey software using a secure web browser. Showcards (Appendix 6) with predetermined response categories were made available via email (Appendix 2) and SMS (Appendix 4) to help respondents where needed.

4.4 Productivity Findings

One of the key areas for review in the pilot was the estimated yield by sample source. It was expected that 50% of the NZCVS panel sample and 14% of the ER sample would yield a survey.

Table 9: Pilot sampling productivity assumptions

	NZCVS Sample	ER Sample
Survey yield (surveys completed/records attempted)	50%	14%
Records required per complete survey	2	7.4
Survey duration (including IDI linking)	30 minutes	30 minutes

The table below compares the actual sample yield with the estimates.

Table 10: Estimated and actual pilot survey yield

Sample	Selected Sample	Estimated Sample Yield	Actual Sample Yield
NZCVS	102	51 (50%)	26 (26%)
Electoral Roll	700	103 (14%)	131 (19%)
Total	**802**	**154 (19%)**	**154 (20%)**

The NZCVS panel sample did not yield the numbers anticipated, delivering approximately half of the yield estimated. Conversely, the ER sample delivered at a rate 33% higher than anticipated. As the ER sample was much larger than the NZCVS sample, the overall target sample was achieved.

The NZCVS panel sample provided by MOJ came from survey years (cycles) 1–5. The study is currently in field for cycle 7, thus the sample utilised for the AOP prevalence survey had not been contacted for some time. This was reflected in the rate of invalid and uncontactable phone numbers being higher than anticipated. Rates of invalid and uncontactable numbers can increase over time if panel participants are not regularly engaged with and contact details updated.

4.5 Response Outcomes

The sample of 802 individuals was loaded into RMS – the platform interviewers used to access records, log contacts, verify eligibility, launch the survey, send showcards and other survey support information via email and SMS, and record final respondent status outcomes. RMS was accessed through a secure web browser with a username and password.

Below is a table that outlines the final status codes, explained in Appendix 5, as entered by interviewers into the RMS at the end of the pilot by sample source. Please note that following the pilot, Ipsos created a new code to capture partial completions where respondents exited mid-way through a commenced survey for unrelated cognitive issues or distressed reasons.

Table 11: Pilot sample outcomes by sample source

Status	NZCVS Panel	NZCVS Panel %	Electoral Roll	Electoral Roll %	Total	Total %
Uncontactable[9]	32	31%	298	43%	**330**	**41%**
Declined[10]	29	28%	223	32%	**252**	**31%**
Survey Complete[11]	26	26%	131	19%	**157**	**20%**
Invalid Number[12]	8	8%	36	5%	**44**	**6%**
Not Eligible[13]	4	4%	9	1%	**13**	**2%**
Deceased	2	2%	2	0%	**4**	**1%**
Early Exit[14]	1	1%	1	0%	**2**	**0%**
Total	**102**	**100%**	**700**	**100%**	**802**	**100%**

4.6 Achieved Sample

It was anticipated that the sample would naturally produce around 154 adults aged 55 and over. It was also expected that the sample would also produce around 26 Māori, 17 Pacific peoples, 24 Asian, and 87 other-ethnicity respondents.

[9] Unable to be contacted following a completed call regime.

[10] Respondent declined to participate.

[11] Respondent successfully completed the survey.

[12] Phone number no longer associated with respondent.

[13] Respondent ineligible based on survey criteria.

[14] Respondent identified as cognitively impaired and interview ended early.

The following tables present the yield of pilot interviews by age group and gender. Each table also provides the distribution of respondents who took part in each age group by gender.[15]

Table 12: Pilot survey yield by sample source, age group, and gender

Age Group	NZCVS Panel Female	NZCVS Panel Male	ER Female	ER Male	Total
55–64	5	4	19	9	**37**
65–74	5	6	33	19	**63**
75–84	2	2	22	20	**46**
85+	1	1	7	2	**11**
Total	**13**	**13**	**81**	**50**	**157**

The gender split in the achieved NZCVS sample was even, but skewed in the ER sample. As a result, it was recommended for the main study to proportionately sample more men than women from the ER sample to address the noted imbalance in the pilot yield.

The next table depicts the number of respondents by total ethnicity and gender. Note that the total number of answers is greater than the number of respondents, as participants were allowed to select multiple ethnic groups.

Table 13: Pilot survey yield by sample source, gender, and total ethnicity

Ethnicity	NZCVS Panel Female	NZCVS Panel Male	ER Female	ER Male	Total
New Zealand European	11	10	66	39	**126**
Māori	2	2	14	4	**22**
Samoan	1	1	0	2	**4**
Cook Island Māori	0	0	0	0	**0**
Tongan	0	0	0	0	**0**
Niuean	0	1	0	0	**1**
Chinese	0	0	1	0	**1**
Indian	0	0	1	3	**4**
Other	1	1	8	5	**15**
Total	**15**	**15**	**90**	**53**	**173**

The next table depicts the number of respondents by prioritised ethnicity and gender. Note that the total number of answers is greater than the number of respondents, as participants were allowed to select multiple ethnic groups.

[15] No respondents identified as ‘another gender’ in the pilot.

Table 14: Pilot survey yield by prioritised ethnicity, gender, and age group

Age Group	Māori Female	Māori Male	Pacific Female	Pacific Male	Asian Female	Asian Male	NZ Euro Female	NZ Euro Male	Other Female	Other Male	Total
55–64	6	1	1	2	1	2	21	10	1	0	**45**
65–74	6	4	0	1	3	1	28	18	4	2	**67**
75–84	2	1	0	0	0	2	21	18	1	2	**47**
85+	2	0	0	0	0	0	7	3	1	0	**13**
Total	**16**	**6**	**1**	**3**	**4**	**5**	**77**	**49**	**7**	**4**	**172**

The final pilot sample did not yield the proportion of Māori, Pasifika, or Asian respondents desired. Māori were marginally underrepresented at 85% of the target in the total ethnicity data. Pasifika and Asian were significantly underrepresented in the final pilot sample achieved.

4.7 Pilot Dataset

A pilot dataset was constructed and subjected to the following quality assurance:

1. Variables were renamed to match the questionnaire document.
2. The population who answered each question was checked to ensure that question logic had been adhered to.
3. Question response ranges were checked to ensure they matched the questionnaire document.
4. Responses were re-coded where applicable (e.g. DK/R [don't know/refused] and grid questions).
5. A minimum set of derived variables was added (survey date/time, age, date of birth).
6. The pilot datasets were checked against the questionnaire documents for completeness and response ranges and fully QA checked.

4.8 Key Outcomes and Feedback

The following list details the key findings/outcomes from the pilot.

Areas that performed well or with little issue:

- The questionnaire performed as intended.
- The survey yield from the ER sample was higher than anticipated.
- Interviewer training met the core needs for interviewers to deliver the survey and navigate RMS.
- The *Questionnaire Study Guide* document supported the questionnaire delivery as intended.
- The showcards and mechanism for sharing them to respondents performed well.
- There was high respondent-reported satisfaction across all areas measured from those who answered the Exit – Part 2 questions.
- RMS supported full record management, eligibility screening, and launching of the survey as intended.

Areas that did not perform as well as expected or presented problems:

- The survey yield from the NZCVS panel sample was lower than anticipated.
- The survey length was well in excess of the targeted 25 minutes.
- The pilot sample yielded lower numbers for Pasifika and Asian respondents than projected.
- The ER sample yielded lower numbers of males than anticipated.

- Interviewers reported that the script/consent form and questionnaire felt wordy in delivery.
- Questionnaire programming logic error resulted in 38 respondents not completing the Exit – Part 2 respondent satisfaction questions.

Overall, interviewers reported that most questions were easily understood by participants, but there were areas where the flow could be improved, such as the opening script and consent form. Respondent disengagement was also noted where there were a lot of response options. Looping questions were reported as a potential point of disengagement, as often the same person has been the perpetrator.

4.8.1 Showcard feedback

To assist with participation in the survey, showcards (Appendix 6) with predetermined response categories were made available via email (Appendix 2) and SMS (Appendix 4) where appropriate.

Almost half (47%) of the 119 respondents who answered the second set of exit questions reported using the showcards when completing the AOP prevalence survey. The table below outlines the showcard usage by age group.

Table 15: Pilot showcard usage by age group

Age group	Showcards used	Total respondents	Showcards used %
55–64	16	**27**	59.3%
65–74	23	**46**	50.0%
75–84	16	**37**	43.2%
85+	1	**9**	11.1%
Total	**56**	**119**	**47.1%**

Some reluctance was noted from those not wishing to receive and click on web links, but these were also the same respondents who did not want to receive emails containing the participant information sheet.

Overall, showcards were reported to be received and opened without significant issue. Interviewers reported that respondents who used the showcards did so well and were mainly comfortable to use their phone, tablet, or computer. Some chose not to use them due to eyesight issues, lack of technology confidence, or not having their device close by and not wanting to use their phone while being on the call. Respondents who did not use showcards had slightly more difficulty, especially in relation to the scale rating questions and where there were a large number of response options. Showcards were also reported to assist in reducing the length of survey duration and retaining respondent engagement.

4.9 Survey Duration

The mean pilot survey duration inclusive of Exit – Part 2, a set of questions added by Ipsos to assist in capturing pilot satisfaction ratings from the respondent, was 43 minutes and 9 seconds. Excluding this additional section for pilot feedback, the mean duration for the pilot was 41 minutes and 34 seconds.

5 Main Study

5.1 Executive Summary

The main study was conducted in field continuously from 9 September to 20 December 2024 by 31 interviewers. Following outcomes from the pilot, changes were made to the sampling approach and to the questionnaire in order to maximise respondent participation and achieve overall targets.

The main study sample consisted of 26,902 individuals: 4,288 selected from the NZCVS panel and 22,614 from ER. The anticipated survey yield was approximately 5,240 adults aged 55 and over, with the actual yield being 5,456 completed surveys (3,826 from the ER sample and 1,630 from the NZCVS sample).

Showcards were made available to respondents via email or via SMS to assist in survey completion.

5.2 Respondent Invitation and Recruitment

The pilot recruitment process was followed in the main study. Interviews were completed via telephone, and interviewers entered responses directly into the survey software using a secure web browser.

5.2.1 Interviewer training

Feedback from the pilot informed the main study training, which incorporated both baseline CATI training material and material specific to the administration of the AOP prevalence survey. Training was provided to 31 interviewers and built on the material used for the pilot, with additional focus given to post-pilot questionnaire changes and coding the final outcome of calls (Appendix 5).

5.2.2 Informed consent

Participation in the AOP prevalence survey was voluntary. In line with the pilot process, respondents were sent an invitation email inclusive of an information sheet prior to the interviewer's call. Those without an email address on file had this information relayed to them via telephone at the point of recruitment, with an offer to have a text link sent taking them to an online version of the information.

As part of the consent process, the interviewer read a privacy and consent statement (Appendix 3). Consent was required from respondents and provided verbally before the survey commenced. No incentive was offered as part of the survey.

5.2.3 Call pattern

A 'call' refers to one contact attempt made. Calls were made 9 am–8 pm daily with a minimum of five attempts to contact before coding as 'uncontactable'. A record would receive at least one call attempt during a morning, an afternoon, an evening, anytime on a weekend, and one additional call attempt at any of these times.

Targeted recontact attempts were made towards the end of the project to increase participation rates. This recontacting work was focused on priority population groups, which resulted in increased survey yield for these groups and accounted for some of the higher contact attempt counts.

5.2.4 Interpreters

Where language was identified as a barrier, professional interpreters were organised. Several Ipsos staff were also able to interpret in non-English languages. During the main study period there were 164 instances where an interpreter was required to communicate with survey respondents; 71 interpreters were used to interpret across 28 languages.

In instances where the respondent answered the call in a foreign language or was assessed to not be confident completing the survey in English, the interviewer recorded in the CRM the language required and changed the call “Final outcome” to “Interpreter required”.

The Field Lead advised whether the respondent required a call using Interpreter Services or if the record could be reassigned to an Interviewer with the particular language skills.

Of the records below, several Pasifika language, Cantonese, and Cook Island Māori interviews were conducted by Ipsos interviewers.

Table 16: Main study use of interpreters by language

Language	# of instances
Arabic	7
Burmese	3
Cambodian (Khmer)	4
Cantonese	26
Cook Island Māori	3
Croatian	3
Filipino (Tagalog)	12
French	2
Gujarati	1
Hindi	35
Hindi Fijian	1
Japanese	6
Karenic	1
Korean	8
Kurdish	2
Macedonian	1
Malay	1
Mandarin	11
Persian (Farsi)	3
Punjabi	2
Russian	4
Samoan	5
Somali	1
Tamil	1
Thai	8
Tongan	3
Tuvaluan	1
Vietnamese	9
Total	**164**

5.2.5 Recruitment strategy for priority groups

The main study yielded significantly better representation for Pasifika and Asian groups than the pilot, exceeding estimated yield targets. Māori exceeded estimated yield by 117%, Pasifika by 262%, and Asian by 128%. The high percentages of Pasifika, Māori, and Asian engagement can be attributed to

targeted recruitment, prioritisation of records, and field responsiveness to changes in quota management.

5.2.5.1 Asian recruitment

As part of the strategy to increase Asian participant recruitment in the main study, Ipsos built on learnings from the pilot and identified all the SA2 regions in the dataset that had a 25% or higher proportion of Asian residents (based on Census information). Ipsos then cross-checked and identified all the respondents in the study sample who lived in those SA2 regions. These potential respondents were flagged in the Client Relationship Management System (CRMS) and then assigned at a higher priority to CATI callers when recruiting for the study. ER records where the primary sampling unit (PSU) corresponded to a statistical area with a higher proportion Asian population were flagged in the CRMS to prioritise allocation by Study Leads.

Within any record allocation prioritisation, Ipsos continued to use the anonymised, randomly allocated Study ID to sort records. Thus, prioritisation of Asian records involved sorting for high-Asian SA2 in the CRMS, then allocating records based on sequential Study ID.

5.2.5.2 Pasifika and Māori recruitment

Ethnicity matching was used with interviewers and respondents to promote recruitment of target ethnicities. Ipsos recruited Pasifika interviewers with specific Pacific language skills to better accommodate and engage with respondents from Pasifika communities. Similarly, Ipsos recruited a Māori interviewer, experienced in many different Ipsos survey projects, who was then matched with a higher proportion of Māori records where ethnicity was known (the NZCVS sample). Records from the Māori ER were flagged in the CRMS to prioritise allocation by Study Leads.

As the study progressed, Ipsos initiated the closure of larger quota groups that had reached their target to shift resources to increasing responses for other groups, specifically Māori and Pasifika.

Ipsos conducted close monitoring of the quotas, with ongoing analysis of age groups, success rates by call time, and rates of decline. Ipsos worked with interviewers to understand the differences in decline reasons across demographic groups, to identify opportunities to improve uptake within CATI recruitment for specific demographics. Ipsos also engaged in regular monitoring of interviewer performance (productivity, contact rates, quality audit), conducted regular follow-ups with interviewers, and adjusted work assignments based on field outcomes. Close monitoring of quotas and records ensured all records were fully worked by the end of the study in that they had a final outcome assigned.

5.3 Sample Yield

The main study sampling assumptions were based on the yield rates achieved for each sample in the pilot. Due to the lower-than-expected yield in the NZCVS sample during the pilot, more ER records were selected for the main study than originally planned to compensate. A total of 4,288 individuals from the NZCVS Research Panel and 22,614 individuals from the ER were invited to participate in the AOP prevalence survey.

Following data processing, 5,456 surveys were considered completed. All completed surveys were delivered via CATI. Overall, 104% of the expected sample yield was achieved.

Table 17: Main study survey yield by age group and gender

Age Group	Female	Male	Another Gender	Refused	Total
55–64	764	873	1	0	**1,638**
65–74	933	1,132	1	2	**2,068**
75–84	633	708	0	0	**1,341**
85+	231	178	0	0	**4,09**
Total	**2,561**	**2,891**	**2**	**2**	**5,456**

Table 18: Main study survey yield by sample source, age group, and gender

Age Group	NZCVS Panel					Electoral Roll					Total
	F	M	A/G[16]	R[17]	**Total**	F	M	A/G	R	**Total**	
55–64	282	263	0	0	**545**	482	610	1	0	**1,093**	**1,638**
65–74	320	305	0	0	**625**	613	827	1	2	**1,443**	**2,068**
75–84	174	193	0	0	**367**	459	515	0	0	**974**	**1,341**
85+	54	39	0	0	**93**	177	139	0	0	**316**	**409**
Total	**830**	**800**	**0**	**0**	**1,630**	**1,731**	**2,091**	**2**	**2**	**3,826**	**5,456**

The gender split in the achieved NZCVS sample was even but slightly skewed in the ER sample. Following the findings from the pilot, Ipsos proportionately sampled more men than women from the ER sample to compensate for the gender imbalance in the pilot yield. It appears that the change made for the main study being slightly overcompensated, resulting in more men than women taking part.

The next table depicts the number of respondents by total ethnicity and gender. Note that the total number of answers is greater than the number of respondents, as participants were allowed to select multiple ethnic groups.

[16] Another gender.

[17] Refused.

Table 19: Main study survey yield by sample source, total ethnicity, and gender

Ethnicity	NZCVS Panel					Electoral Roll					Total
	Female	Male	A/G	R	**Total**	Female	Male	A/G	R	**Total**	
NZ European	654	639	0	0	**1,293**	1,221	1,309	2	1	**2,533**	**3,826**
Māori	166	127	0	0	**293**	173	212	1	0	**386**	**679**
Samoan	12	16	0	0	**28**	75	97	0	0	**172**	**200**
CI[18] Māori	8	6	0	0	**14**	48	47	0	0	**95**	**109**
Tongan	6	3	0	0	**9**	36	53	0	0	**89**	**98**
Niuean	6	3	0	0	**9**	12	22	0	0	**34**	**43**
Chinese	15	18	0	0	**33**	27	51	0	0	**78**	**111**
Indian	11	19	0	0	**30**	74	222	0	1	**297**	**327**
Other	100	96	0	0	**196**	280	429	0	0	**709**	**905**
Unknown	1	1	0	0	**2**	2	2	0	0	**4**	**6**
Refused	0	0	0	0	**0**	3	3	0	0	**6**	**6**
Total	**979**	**928**	**0**	**0**	1,907	**1,951**	**2,447**	**3**	**2**	4,403	6,310

[18] Cook Island Māori.

Table 20: Main study survey yield by total ethnicity, gender, and age group

Age Group	Māori				Pasifika				Asian				Other			
	F	M	A/G	R	F	M	A/G	R	F	M	A/G	R	F	M	A/G	R
55–64	110	94	0	0	97	119	0	0	81	140	0	0	592	677	1	0
65–74	64	75	0	0	24	34	0	0	21	57	0	0	576	630	0	0
75–84	151	158	1	0	99	121	0	0	74	173	1	1	768	882	1	1
85+	14	12	0	0	1	8	0	0	6	14	0	0	221	158	0	0
Total	**339**	**339**	**1**	**0**	**221**	**282**	**0**	**0**	**182**	**384**	**0**	**1**	**2,157**	**2,347**	**2**	**1**

The NZCVS panel sample had a prioritised ethnicity recorded,[19] as assigned at the time of NZCVS completion. Reviewing against the NZCVS prioritised ethnicity, the survey yield for Māori, Pasifika, and Asian exceeded expectations.

Table 21: Main study NZCVS survey yield by prioritised ethnicity

Prioritised Ethnicity	Sampled Records	Estimated Yield	Actual Yield	% of Projected
Māori	832	208	314	151%
Pasifika	246	37	58	157%
Asian	305	46	76	165%
Other	2,905	1,017	1,182	116%
Total	**4,288**	**1,308**	**1,630**	**125%**

The ER sample was subdivided into four mutually exclusive strata. Within each, a projected yield was calculated, based on the yield outcomes from the pilot. The following table depicts the projected yield by ER sub-sample and ethnicity.

Table 22: Main study ER survey yield by ethnicity and sub-sample

ER Sub-sample	Sampled Records	Estimated Yield				
		Māori	Pasifika	Asian	Other	**Total**
Māori Booster	1,801	288	0	0	18	**306**
Core	1,000	10	0	0	220	**230**
Pasifika Booster	18,012	72	144	360	2,450	**3,026**
Asian Booster	1,801	0	0	22	331	**353**
Total	**22,614**	**370**	**144**	**382**	**3,019**	**3,915**

[19] Following this prioritisation: Māori, Pasifika, Asian, Other.

The following table depicts the actual yield by ER sub-sample by ethnicity. Note that the total number of answers is greater than the number of respondents, as participants were allowed to select multiple ethnic groups.[20]
Due to the lower-than-expected yield in the NZCVS sample during the pilot, more ER records were selected in the main study to compensate.

Table 23: Main study ER achieved yield by ethnicity and sub-sample

ER Sub-sample	Actual Yield					% of Projected
	Māori	Pasifika	Asian	Other	**Total**	
Māori Booster	325	6	2	59	**392**	**128%**
Core	4	1	1	133	**139**	**60%**
Pasifika Booster	45	426	310	2,218	**2,999**	**99%**
Asian Booster	3	5	22	266	**296**	**84%**
Total	**377**	**438**	**335**	**2,676**	**3,826**	**98%**

5.4 Main Study Response Outcomes

Following the pilot, Ipsos created a new code to capture partial completions (Appendix 5) – where respondents exited mid-way through a commenced survey for unrelated cognitive issues or distressed reasons, as opposed to those who exited early due to cognitive impairment. Capturing those who opt out part-way through if it has become 'too much' may be helpful in future AUT study planning and design.

The tables below outline the final respondent status for the NZCVS and ER samples.

Table 24: Main study NZCVS sample outcomes by prioritised ethnicity

Status	Māori		Pasifika		Asian		Other		Total	
	#	%	#	%	#	%	#	%	#	%
Survey Complete	314	38%	58	24%	76	25%	1,182	41%	**1,630**	**38%**
Uncontactable	358	43%	122	50%	125	41%	883	30%	**1,488**	**35%**
Declined	97	12%	37	15%	75	25%	638	22%	**847**	**20%**
Invalid Number	40	5%	21	9%	11	4%	99	3%	**171**	**4%**
Not Eligible	9	1%	3	1%	6	2%	46	2%	**64**	**2%**
Early Exit[21]	5	1%	3	1%	4	1%	23	1%	**35**	**1%**
Deceased	6	1%	1	0%	2	1%	24	1%	**33**	**1%**
Partial Complete[22]	2	0%	0	0%	5	2%	7	0%	**14**	**0%**
Not Required	1	0%	0	0%	0	0%	2	0%	**3**	**0%**

[20] Pacific ethnic groups: Samoan, Cook Island (CI) Māori, Tongan, Niuean, Tokelauan, Fijian, other Pacific peoples, and Pacific peoples not further defined. Asian ethnic groups: Chinese, Southeast Asian, Indian, other Asian, and Asian peoples not further defined.

[21] Respondent identified as cognitively impaired and the interview ended early.

[22] Respondent initially agreed to participate but decided to stop participating before survey was complete.

Not Started	0	0%	1	0%	1	0%	1	0%	**3**	**0%**
Total	**832**	**100%**	**246**	**100%**	**305**	**100%**	**2,905**	**100%**	**4,288**	**100%**

In the NZCVS sample (above), the decline rates were highest among Asian respondents and lowest among Māori. although Pasifika also had low decline rates, they also had the highest rate of invalid numbers and uncontactable respondents. In the ER sample (below), the 'Other' ethnicity group had the highest decline rate, Asian and Māori had the highest rate of invalid numbers, and Māori had the highest rate of uncontactable respondents.

Table 25: Main study ER sample outcomes by ethnicity

Status	Māori		Pacific		Asian		Other		Total	
	#	%	#	%	#	%	#	%	#	%
Uncontactable	773	43%	6,367	35%	622	35%	282	28%	**8,044**	**36%**
Declined	385	21%	3,880	22%	381	21%	227	23%	**4,873**	**22%**
Survey Complete	392	22%	2,999	17%	296	16%	139	14%	**3,826**	**17%**
Not Started	33	2%	2,380	13%	243	14%	197	20%	**2,853**	**13%**
Invalid Number	108	6%	955	5%	99	6%	37	4%	**1,199**	**5%**
Not Required[23]	55	3%	891	5%	109	6%	90	9%	**1,145**	**5%**
Not Eligible	16	1%	311	2%	28	2%	18	2%	**373**	**2%**
Early Exit	23	1%	110	1%	10	1%	5	1%	**148**	**1%**
Partial Complete	9	1%	69	0%	7	0%	4	0%	**89**	**0%**
Deceased	7	0%	50	0%	6	0%	1	0%	**64**	**0%**
Total	**1,801**	**100%**	**18,012**	**100%**	**1,801**	**100%**	**1,000**	**100%**	**22,614**	**100%**

Due to data collection time constraints, some records did not undergo the full call regime, were not started, or did not have a final outcome coded; these are listed as 'not started' in the table above. With more time, these records may have yielded completed surveys and increased the survey collection rate.

5.5 Main Study Survey Duration

The time taken to obtain consent and to complete each question, each section, and the questionnaires in their entirety, was recorded by the survey software.

Please note that the time spent by the interviewer engaging the respondent prior (including eligibility screening and the sending of showcards) and disengaging with the respondent following the interview has not been included. This time averaged around 5 minutes (but varied depending on the respondent) and should be kept in mind when interpreting these results.

[23] 'Not Required' was assigned to records where quotas had already been met.

Table 26: Main study survey duration by age group

Age Group	Mean	Median	Std Dev	Min	Max
55–64	33:05	30:26	11:31	5:03	1:31:33
65–74	33:26	31:20	11:02	5:07	1:59:20
75–84	33:24	31:29	10:03	13:44	1:29:01
85+	35:17	33:27	10:21	14:32	1:10:28
Total	**33:28**	**31:18**	**10:55**	**5:03**	**1:59:20**

The total survey duration differed by age group, with the 85+ age group taking slightly longer on average to complete the survey, while the longest survey was almost 2 hours for the 65–74 age group.

The mean survey duration for the main study was 33 minutes and 28 seconds, with the minimum survey lasting a little over 5 minutes and the maximum reaching over 1 hour and 59 minutes. The average duration for the main study was a major reduction from the average pilot survey duration of 43 minutes. This can likely be attributed to interviewer training, interviewer familiarity with the subject matter, and the combined efforts of AUT and Ipsos to implement substantial questionnaire design changes, as discussed in the Questionnaire Design section.

5.6 Performance and Quality Control

Interviewers were monitored by Ipsos Leads via:

- One-to-one assessment to ensure survey protocols were being followed correctly.
- Examination of individual performance metrics and exploration of strategies to improve these if necessary.
- Cross-checks of respondent contact numbers to outbound call logs to ensure that duration and timings matched the systems where completed surveys were coded.
- Audio records, which were available to the Ipsos Leads for the purposes of quality monitoring and training feedback.

Ipsos operated a toll-free survey helpline that respondents could call if they had any questions about the survey or wanted to provide feedback. A total of 428 contacts regarding the survey were recorded during the survey period.

The breakdown of these contacts was as follows:

- 240 appointment requests
- 67 declines
- 86 other (miscellaneous) enquiries
- 35 general enquiries.

5.6.1 Complaints

During the main study, Ipsos received two separate complaints from respondents who received a recruitment call and/or participated in the survey. The nature of these complaints included concerns around privacy and the intrusiveness of the questions. Both of these complaints were discussed with AUT, and a solution was offered to and/or reached with the respondent.

6 Data Processing

6.1 Data Capture

The AOP prevalence survey questionnaire was programmed through Askia survey software. Each question was programmed to show on a new screen and required answering before progressing to the next question. Skip logic was programmed to support the questionnaire design.

A record management CRM interface was developed for interviewers to manage the respondent list and to record contacts and outcomes, send showcards, and launch the survey questionnaire.

A questionnaire URL link was utilised. This URL pulled information from CRMS inclusive of unique anonymised study IDs in which to match outcomes against the original sample and the interviewer conducting the survey.

6.1.1 Data capture errors

During collection the following data capture errors were identified:

1) A single respondent did not have their age group and ethnicity captured during the eligibility screening process. This resulted in both age and ethnicity showing as 'Unknown'. Ipsos has validated that their age and ethnicity collected during the survey made them eligible to be interviewed at the time of the survey. This appears to have been caused by a data transmission error when the survey was launched after screening and did not affect any other respondents.
2) Thirty-two respondents who were surveyed before 2 October 2024 answered question 3.07 *Who usually lives with you?* with '15 – Other person(s) not related to you (specify)' but did not provide further details. This was found to be a programming error in Askia, which was fixed from 2 October. No further errors were found for this question after this date.
3) Three respondents who should have been asked questions 7.31, 7.32, and 7.33 did not provide a response to these questions. All other respondents who should have answered these questions did so. This appears to have been a transient issue in Askia and could not be reproduced in testing.
4) One respondent did not answer question 4.01 *How many people can you rely on for help if you have a problem?* All other respondents completed this question. This appears to have been a transient issue in Askia and could not be reproduced in testing.
5) One respondent did not provide details in their answers to questions 9.03 (loop 06), 9.10, 9.17, 3.10a, 11.03 (loop 05), and 11.10. In all cases they had indicated 'Other [specify]' to the question. This is the only respondent for whom these values are missing. This appears to have been a transient issue in Askia and could not be reproduced in testing.
6) Thirty respondents who were surveyed on or before 7 October 2024 who should have been asked questions 8.08, 8.09, and 8.10 were not asked these questions. This was due to a logic programming error in Askia, which was fixed from 7 October.
7) Thirteen respondents who were surveyed on or before 7 October 2024 who should have been asked questions 9.08, 9.09, and 9.10 were not asked these questions. This was due to a logic programming error in Askia, which was fixed from 7 October.
8) Five respondents who were surveyed on or before 7 October 2024 who should have been asked questions 11.08, 11.09, and 11.10 were not asked these questions. This was due to a logic programming error in Askia, which was fixed from 7 October.

6.1.2 Data capture logic

A skip-logic rule was applied so that respondents who answered only "Don't Know" or "Refused" to Q7.26 were not asked Q7.31–Q7.33. This approach was agreed during survey programming but was not explicitly documented in the questionnaire.

The same explanation applies to:

- Q8.08–Q8.10, where respondents answered 8.03 with "Don't Know" or "Refused".
- Q9.08–Q9.10, where respondents answered 9.03 with "Don't Know" or "Refused".
- Q10.08–Q10.10, where respondents answered 10.03 with "Don't Know" or "Refused".
- Q11.08–Q11.10, where respondents answered 11.03 with "Don't Know" or "Refused".

6.2 Weighting

Survey weights were provided in consultation with Stats NZ. Ideally, survey weights would be based on the probability of selection for each person selected for the AOP prevalence survey.

In theory, most individuals had two chances of selection for the AOP prevalence survey sample. They could have been selected for NZCVS and consequently been selected for the AOP prevalence survey via the NZCVS panel, or they could have been on the ER and selected for the study through the random selection of ER records. The final probability of selection based on these two possibilities is complex to calculate.

As a result, Ipsos proposed to treat the two samples as being from distinct surveys for weighting purposes, and to calculate sample weights for each sample separately before combining the two weighted samples. The final weights for the study were calculated through the adjustment of the final weights according to the contribution of each sample to the total study sample. Selection weights were calculated separately for the NZCVS and ER samples.

6.2.1 NZCVS sample

The NZCVS selection weights were calculated when the NZCVS sample was selected, based on the probability the PSU they were in was selected, the probability the household was selected from within that PSU, and the probability that the person was selected from the household. Selection was slightly different for the Māori booster component, which was selected in addition to the core sample.

The probability that a person *k* in a **main** sample household was selected in dwelling *j* of PSU *i* is calculated as:

$$\pi_{ijk,1} = \pi_i \frac{n_{i,1}}{m_i}\left(M_{ij}\frac{1}{Nm_{ij}} + (1 - M_{ij})\frac{1}{N_{ij}}\right)$$

The probability that a person *k* in a **booster** sample household was selected in dwelling *j* of PSU *i* is calculated as:

$$\pi_{ijk,2} = \pi_i \left(\frac{n_{i,1}}{m_i} + \frac{n_{i,2}}{m_{ERi} - m_{ERi,1}}\right)\left(M_{ij}\frac{1}{Nm_{ij}} + (1 - M_{ij})\frac{1}{N_{ij}}\right)$$

Where:

- π_i is the probability that PSU *i* was selected
- $n_{i,1}$ is the number of dwellings selected in the main sample in PSU *i*
- m_i is the total number of dwellings in the main sample in PSU *i*
- Nm_{ij} is the number of Māori occupants in household *j*
- M_{ij} is equal to 1 if the number of Māori occupants in household *j* is >0 and 0 otherwise
- N_{ij} is the number of occupants in household *j*
- $n_{i,2}$ is the number of dwellings selected in the booster sample in PSU *i*
- m_{ERi} is the number of dwellings with a Māori flag in the ER in PSU *i*

- $m_{ERi,1}$ is the number of dwellings with a Māori flag in the ER in PSU *i* which were selected in the main sample.

A single probability of selection can be calculated for NZCVS as:

$$\pi_{ijk} = ER_{ij}\pi_{ijk,2} + (1 - ER_{ij})\pi_{ijk,1}$$

Where:

- ER_{ij} is equal to 1 if dwelling *j* in PSU *i* was in the booster sample and 0 otherwise.

Not all people selected for NZCVS were selected in the sample for the AOP study. As such, the NZCVS selection probabilities need to be adjusted to account for this.

Therefore, the selection weight for individual *k* in household *j* in PSU *i* for the prevalence survey of AOP can be defined as:

$$d_k = \frac{p}{\pi_{ijk}q}$$

Where:

- p is the number of records selected from NZCVS for the AOP study
- q is the number of NZCVS records in the year(s) from which the AOP study extract was randomly selected.

6.2.2 ER sample

The ER sample involved a selection of circa 22,600 records from 20 different strata defined by the core or booster sample (Māori booster, Core, Pasifika booster, and Asian booster), age group, and gender.

As such, the selection probability for person *k* in strata *j* can be calculated as:

$$\pi_{jk} = \frac{n_j}{m_j}$$

Where:

- n_j is the number of people selected in strata *j*
- m_j is the number of people in the ER sample in strata *j*

The selection weight for person *k* in strata *j* is:

$$d_k = \frac{1}{\pi_{jk}}$$

6.2.3 Calibration

The final calibrated weights were calculated through the adjustment of the selection weights to match externally sourced population benchmarks. Ipsos conducted this calibration separately for the NZCVS and ER samples but used the same set of population benchmarks.

Exact categories were defined by:

- Age group by gender – 55–64, 65–74, 75–84, and 85+ by male/female
- Broad age group by Māori ethnicity – 55–64, 65+ for Māori
- Broad age group by Pasifika ethnicity – 55–64, 65+ for Pasifika
- Broad age group by Asian ethnicity – 55–64, 65+ for Asians.

Before calibration, selection weights were adjusted for non-response within each stratum.

Benchmarks for the total and Māori populations were derived from official Stats NZ estimates.[24] Pasifika and Asian population estimates are not released by Stats NZ; instead, they were derived from the 2023 Census data, adjusted for Census undercount and post-censal population, change via the ratio of total estimated September 2024 55–64 and 65+ populations to the total Census populations for those ages.

Population benchmarks were weighted according to the share of the final achieved sample derived from each source. For example, if 1,000 responses were achieved from the NZCVS sample, and 4,000 responses from the ER sample, then the NZCVS sample benchmarks would be multiplied by 0.2 (1,000/5,000) before calibration and the ER sample benchmarks by 0.8.

6.2.4 Replicate weights

Standard errors were calculated based on the delete-a-group jackknife method during the calibration process. One hundred jackknife replicate weights were produced for every respondent in the study in addition to the final calibrated weight. Each replicate weight corresponds to removing a group from the sample and re-weighting the remaining sample. Each respondent was assigned to a replicate group. In the case of the NZCVS sample, PSU-based replicate groups were taken from the original replicate group to which the respondent belonged. In the case of the stratified ER sample, people were systematically assigned to the 100 replicate groups from a list that was randomly ordered within each stratum.

6.3 Coding

Question 3.05 *Which ethnic group do you belong to?* included the response '9 – Other, e.g. Dutch, Japanese, Tokelauan [specify]', which allowed the respondent to provide a verbatim text value describing their ethnic groups. These values were manually matched by an Ipsos coder to the following ethnic categories:

1) New Zealand European
2) Māori
3) Samoan
4) Cook Islands Māori
5) Tongan
6) Niuean
7) Chinese
8) Indian
9) Other
10) Unidentifiable
11) Refused

'Unidentifiable' includes variations on 'New Zealander' or 'Kiwi', which do not specify an ethnic group.

These values were used in the creation of 'ETH_*' values described in section 6.3.1.

Question 3.11 asked *Can you please confirm if your household is situated in [LOCATION]?* (where location was taken from the NZCVS panel or the Electoral Roll). If the respondent answered 'no', they were asked to specify their new location. These values were manually matched to a regional council region by an Ipsos coder. These values were used in the creation of the Q3_11_REGION variable described in section 6.3.1.

6.3.1 Creation of derived variables

Ipsos derived the following set of ethnicity variables using the closed category responses to question 3.05 and the verbatim 'Other' ethnicities provided (see 6.3 Coding).

1 ETH_PĀKEHĀ: Ethnicity New Zealand European
2 ETH_MĀORI: Ethnicity Māori
3 ETH_SAMOAN: Ethnicity Samoan

[24] Note that current population estimates are based on a 2018 Census base. These will be revised in mid-2025 using 2023 Census as a base. Weights could be revised at that point.

4 ETH_COOKISLANDSMĀORI: Ethnicity Cook Islands Māori
5 ETH_TONGAN: Ethnicity Tongan
6 ETH_NIUEAN: Ethnicity Niuean
7 ETH_CHINESE: Ethnicity Chinese
8 ETH_INDIAN: Ethnicity Indian
9 ETH_OTHER: Ethnicity Other
10 ETH_97: Ethnicity Unidentifiable
11 ETH_99: Ethnicity Refused

Higher-level ethnicity variables were derived from the ETH_* variables above

- ETH2_MĀORI
- ETH2_PACIFIC
- ETH2_ASIAN
- ETH2_PĀKEHĀ
- ETH2_OTHER
- ETH2_97
- ETH2_99

The variable Q3_11_REGION was derived from question 3.11. Where the respondent indicated they still lived in the same location, the regional council region associated with their location (taken from NZCVS or ER) was used. Where the respondent indicated that they had moved to a different location, the region coded from their verbatim new location was used (see 6.3 Coding).

Appendix 1: The Prevalence Survey of AOP Participant Information Sheet



Participant Information Sheet

Date Information Sheet Produced:

13 November 2024

Project Title

HEALTH AND WELLBEING OF OLDER NEW ZEALANDERS

What is the purpose of this research?

The New Zealand Policy Research Institute at Auckland University of Technology is conducting an important national study with people aged 55 years and older, about their health, wellbeing, and how they are treated by others.

The study is funded by the Ministry for Social Development. Its results will be used by the government agencies to better meet the needs of older people in New Zealand.

How was I identified and why am I being invited to participate in this research?

For this survey, we are interested in talking to people aged 55 years and over who live in the community. We will ask about your health and wellbeing, and some harmful behaviours you may have experienced.

To take part, you need to be capable of providing informed consent and be able to complete the survey in a private, safe place.

How do I agree to participate in this research?

You will be asked to verbally consent to taking part in the research.

Your participation in this research is voluntary. You can finish the interview at another time or stop, if you choose. There is no disadvantage to you if you don't want to take part or choose to stop.

We will remove any information from the data that can identify you or your individual responses. If you wish to withdraw from the study, you can do so up until we remove any identifiable information from the dataset.

What are the discomforts and risks?

Some of the questions may seem quite sensitive, as we will ask about your health and wellbeing, and some harmful behaviours you may have experienced. Please let us know if there are any questions you would prefer not to answer and we will skip over them.

What are the benefits?

The data we collect will be given to the New Zealand Policy Research Institute at Auckland University of Technology who will use it to write a research report for the Ministry of Social Development (MSD). The researchers will also publish the study findings, through academic publications, on the study's website, and you may hear about the study in the media.

The survey data will be kept at the New Zealand Policy Research Institute at Auckland University of Technology until the project is completed, then transferred to the Ministry of Social Development (MSD) for further analysis and long-term storage.

The information you provide will help guide policy decisions to support older New Zealanders.

What are the costs of participating in this research?

This survey will take about 25 minutes depending on your answers.

How will my privacy be protected?

For your privacy, all information gathered during this call is strictly confidential and protected by the Privacy Act 2020. However, if you tell us about anything that indicates a serious or imminent risk of harm to yourself or other people, we may be required by law to report this to the relevant authorities.

We will remove any information from the data that can identify you or your individual responses.

Your personally identifiable information (such as contact information) is held by IPSOS and is kept completely separately from your survey answers. Access to this information is restricted to research interviewers for the purpose of arranging and conducting interviews, and three lead project staff at IPSOS.

What do I do if I have concerns about this research? Whom do I contact for further information about this research?

We can provide some contact numbers available for support services who deal with harm of older people, if you would like them or you can find a summary of this information at the Health and Wellbeing Of Older New Zealanders' website [url: https://nzpri.aut.ac.nz/research/health-and-wellbeing-of-older-new-zealanders].

We will also provide contact details for IPSOS (the social research company conducting the interviews) and the AUT Research Team, if you would like them, or you can use the details below.

Concerns regarding the conduct of the research should be notified to the Executive Secretary of AUTEC at ethics@aut.ac.nz or +64 9 921 9999 ext 6038.

Project Supervisor Contact Details:

Dr Lisa Meehan at lisa.meehan@aut.ac.nz or +64 9 921 9999 ext 7489.

Approved by the Auckland University of Technology Ethics Committee on 15 August 2024, AUTEC Reference number 24/30.

Appendix 2: The Prevalence Survey of AOP Email Templates

Email Templates: Health and Wellbeing of Older New Zealanders

Send Email

Template: Information Sheet

Subject: Health and Wellbeing of Older New Zealanders Survey Information Sheet

Kia ora/hello,

We are conducting an important national study with people aged 55 years and older, about their health, wellbeing, and how they are treated by others.

The study is being run by Auckland University of Technology and is funded by the Ministry of Social Development. The results will be used to inform policy development to improve the lives of all older New Zealanders.

The survey itself takes about 25 minutes, depending on your answers. In total, around 5,000 people will take part.

More information about the study is available via the below links:
Health and Wellbeing of Older New Zealanders Survey website: https://i.ipsos.co.nz/wellbeing
Participant information sheet link: https://i.ipsos.co.nz/info

Thank you in advance for your consideration and participation.

Kind regards,

Email sent by Ipsos on behalf of the Auckland University of Technology
Dr Lisa Meehan
Email: lisa.meehan@aut.ac.nz
Wellbeing of Older New Zealanders Study
Approved by the Auckland University of Technology Ethics Committee on 15 August 2024, AUTEC Reference number 24/30.

Template: Showcards

Subject: Health and Wellbeing of Older New Zealanders Survey – Answer Options

Kia ora/hello,

Please click on this link to access answer options for the Health and Wellbeing of Older New Zealanders Survey: https://i.ipsos.co.nz/AOP.

Once again, we extend our heartfelt thanks for your involvement.

Kind regards,

Ipsos Interviewer
On behalf of the Auckland University of Technology
Approved by the Auckland University of Technology Ethics Committee on 15 August 2024, AUTEC Reference number 24/30.

Template: Support Services

Subject: Health and Wellbeing of Older New Zealanders Survey – Support Services

Kia ora/hello,

On behalf of the Auckland University of Technology, thank you for participating in this survey.

Some support services available are listed on the Health and Wellbeing of Older New Zealanders Survey website. Please click on this link to access the website: https://i.ipsos.co.nz/wellbeing

Once again, we extend our heartfelt thanks for your involvement.

Kind regards,

Ipsos Interviewer
On behalf of the Auckland University of Technology
Approved by the Auckland University of Technology Ethics Committee on 15 August 2024, AUTEC Reference number 24/30.

Template: Appointment Booking

Subject: Health and Wellbeing of Older New Zealanders Study – Appointment Confirmation

Kia ora/hello,

Thank you for making an appointment to complete the Health and Wellbeing of Older New Zealanders Survey on [appointment booking].

I look forward to speaking with you soon. Please phone 0800 478 783 if you need to reschedule.

Once again, we extend our heartfelt thanks for your involvement.

Kind regards,

Ipsos Interviewer
On behalf of the Auckland University of Technology
Approved by the Auckland University of Technology Ethics Committee on 15 August 2024, AUTEC Reference number 24/30.

Appendix 3: The Prevalence Survey of AOP Consent Question Script

There is a consent process and I will walk you through that now.

Some of the questions will ask you about your wellbeing, your relationships with the people close to you, and some harmful behaviours you may have experienced. We recommend this call is completed in a private space where you won't be overheard.

Back Next

Can you confirm that you are in a private area where you won't be overhead?.

ⓘ If the answer is 'No', request that the respondent find a private space before you continue. Alternatively, rearrange the interview to a time when the respondent will have privacy.

- ◯ 1 Yes
- ◯ 2 No

Back Next

Your participation in this research is voluntary. Please let me know at any time if you wish to stop or if you would prefer not to answer and I will skip them.

Any information from the data that can identify you or your individual responses will be removed before being given to the Auckland University of Technology (AUT), who will use it to write a research report for the Ministry of Social Development (MSD) who are funding this study. Data will kept at AUT until the project is completed, then sent to MSD for further analysis and storage.

The researchers may also publish the study findings in academic outlets and other research organisations may also request the survey data through a formal access process in the future.

If you wish to withdraw from the study, you can do so up until we remove all identifiable information from the dataset.

For your privacy, all information gathered during this call is strictly confidential and protected by the Privacy Act 2020. However, if you tell us about anything that indicates a serious or imminent risk of harm to yourself or other people, we may be required by law to report this to the relevant authorities.

Your personally identifiable information (such as contact information) is held by IPSOS and is protected by the Privacy Act 2020. Access to this information is restricted to authorised project staff at IPSOS.

Do you have any questions about the information I have provided? If not, are you happy to begin the survey now?

- ◯ 1 Yes
- ◯ 2 No

Back Next

Appendix 4: The Prevalence Survey of AOP SMS Templates

SMS Templates: Health and Wellbeing of Older New Zealanders Survey

Template: Non- Contact SMS (has it's own tab in the CRM) Non-contact SMS

Kia ora/hello, we're trying to contact you about taking part in the Health and Wellbeing of Older New Zealanders Survey. Results from the survey will be used to improve the lives of all older people living in NZ. Book a time via Ipsos: 0800 478 783 or email nzinfo@ipsos.com. We'll reach out again from 09 871 5527 if we don't hear from you soon. For more info: https://i.ipsos.co.nz/wellbeing

SMS from drop down list accessed through Send SMS tab: Send SMS

Template: Information Sheet

Kia ora/hello, Auckland University of Technology are doing a national study with people aged 55+ about their health and wellbeing. Study website: https://i.ipsos.co.nz/wellbeing Participant information sheet: https://i.ipsos.co.nz/info

Template: Showcards

Kia ora/hello, click on this link to access answer options for the Health and Wellbeing of Older New Zealanders Survey: https://i.ipsos.co.nz/AOP

Template: Support Services

Kia ora/hello, support services available are listed on the Health and Wellbeing of Older New Zealanders Survey website, here: https://i.ipsos.co.nz/wellbeing
Thanks for your involvement

Template: Appointment

Kia ora/hello, you are booked to complete the Health and Wellbeing of Older New Zealanders Survey on [appointment booking]. I look forward to speaking with you soon. Ph 0800 478 783 if you need to reschedule. Kind regards

Template: Appointment reminder

Kia ora/hello, reminder that we'll be calling you at [appointment booking] to complete the Health and Wellbeing of Older New Zealanders Survey. I look forward to speaking with you soon. Ph 0800 478 783 if you need to reschedule. Kind regards

Appendix 5: The Prevalence Survey of AOP Final Call Outcome Codes

AOP Final Outcome Codes

Survey Complete: The respondent has fully completed the survey.

Invalid Number: The phone number is no longer associated with the respondent; it may belong to someone else or be unassigned. Use this code if the phone number does not ring at all.

Declined: The respondent refuses to participate in the survey.

Uncontactable: All attempts to reach the respondent (5 calls across various times, an SMS, and a voicemail) have been unsuccessful.

Interpreter Required: The respondent needs an interpreter to complete the survey.

Reassign: Use this code if you need the Field Lead to assign the record to another CATI caller, typically because a callback or call attempt is needed when you are unavailable.

Early Exit: Use this code if the respondent agrees to participate and starts the survey but then the survey is ceased **due to cognitive impairment.**

Partial Complete: The respondent agrees to complete the survey but decides to stop participating before finishing.

Not Eligible: The respondent is screened out during the eligibility section – under age 55 or lives in a rest home.

Deceased: The respondent has passed away.

Not Required: To be selected if the quota is full.

Please note that it is essential that all records are coded accurately – these codes are monitored by Field Management and also by the Sponsor.

Notes are required as to why you have selected that code (except for survey complete) and they could be subject to audit.

Appendix 6: The Prevalence Survey of AOP Showcards

This appendix includes various examples of showcards:

- 4.05: A showcard for a single-response option question
- 5.02–5.07: A showcard for multiple single-response option questions
- 6.11: A showcard for a multiple-response option question



- 2 -

5.02 – 5.07

Do you have difficulty ……

1. No difficulty
2. Some difficulty
3. A lot of difficulty
4. Cannot do at all

6.11

To the best of your knowledge, when this last happened did this person have problems with …?

Select all that apply

1. Alcohol
2. Drugs
3. Gambling
4. Mental health
5. Physical health
6. Finances
7. Other – please specify
8. None of these

Appendix 7: The Prevalence Survey of AOP Post-Pilot Questionnaire Changes

Editorial changes to some question wordings were made for clarity, and these minor edits are not itemised here. More substantive revisions were made to the following sections of the survey:

1. **Request for Audio Recording Consent** moved earlier in the invitation to participant (telephone call), to enable a higher level of scrutiny for quality assurance purposes. This item now takes place prior to the Section 1 (Eligibility Screen).
2. **Re-ordering of some sections / questions / response options**, for better survey flow following interviewer feedback. Specifically:
   a) Section 3 (Demographics – Part 1) has been combined with Section 14 (Demographics – Part 2), except for Item 3.10, which has been reworded for clarity and placed in Section 11 (Prevalence – Cultural / Language / Spiritual). To enable comparability of Pilot Survey Data and the Full Survey, we have added Item 3.10b What is your preferred language? as a screen for the *Mis-translated between English and your preferred language…* item in 11.01.
   b) Reordering of additional consents at end of survey: recontact (for quality assurance and [separately] for follow-up research) now comes after IDI data linkage consent, following pilot participant and interviewer feedback.
   c) Response lists have been simplified where appropriate and gender-neutral terms used for relationships, e.g. grandchild rather than grandson/granddaughter.
   d) Section 12 Support Information has been moved after Section 13 Prevalence – Other question block, for better survey flow.
3. **Revision of the Opening Script (Invitation)** for clarity and brevity, following pilot participant and interviewer feedback.
4. **Revision of the Consent Script** for clarity and brevity, following pilot participant and interviewer feedback. Specifically, the nature of the survey was made explicit to potential participants earlier, and language was edited to be more direct. Where possible, we have removed repetition and sought to streamline the text without removing key information required for informed consent.
   a) Note that Consent is collected verbally and recorded as quantitative data with the survey responses, and thus is included in the Questionnaire (rather than a separate Consent Form). See Section 2 (Consent) in the Questionnaire.
5. **Revision of IDI Data Linkage Consent Script** for clarity and brevity, following pilot participant and interviewer feedback. The edited text (see Consent for data linkage) is also a clearer reflection of what data is needed for data linkage, who has access to that data and when, and what the data will be used for (both before de-identification and after de-identification). Specifically, Ipsos (third-party subcontractor) will collect the data and then transfer it directly to Stats NZ for integration into IDI for use by approved researchers only.
6. **Removal of several questions to shorten the interview**, as the Pilot Study average interview time was longer than initially estimated. The questions removed do not impact the compatibility or usability of the Pilot Data in full analysis, and care has been taken to retain all questions pertinent to the research question (measuring the prevalence of abuse of older New Zealanders). Additionally, further consultation with the third-party social research company (Ipsos) and funder (MSD) has been undertaken on these revisions.

Note that the initial time estimate (average 25 minutes) was based on similar work undertaken in Australia; however, the AUT survey questionnaire involves 3 extensions on the Australian work, namely: (1) data linkage consent for IDI (at the end of the survey); (2) more detailed financial management questions, in light of NZ-specific differences (we have shortened this section in the most recent version

attached); (3) an extended Spiritual / Language / Cultural Abuse section relative to work undertaken overseas.

Following the Pilot (average duration 43 minutes), it was estimated that the revised Main Study Questionnaire would take 25 minutes on average to complete.

Questions removed from the post-pilot study survey questionnaire

The items listed below have not been re-numbered for convenience of comparison. Deletions include:

a) How much friendly interest or concern do people take in what you are doing?

b) 4.03 and 4.04 have been combined: On a scale of 1–5, *1* being *very easy* and *5* being *very difficult*, how easy or difficult has it been for you to get practical help from family, whānau, friends or neighbours?

c) 6.02 Looping has been reduced to asking once for all behaviours a respondent may need help with (rather than asking after each item in 6.01). Note respondent can select more than one person: What is the relationship to you of those who are mainly responsible for helping you with …?

d) 6.12 (and all related instances for each Perpetrator Characteristics section): To the best of your knowledge, how would this person describe their ethnic group? Select all that apply.

e) 6.16 (and all related instances for each Help Seeking section): What type of help or advice did you receive? Select all that apply.

f) 6.17 (and all related instances for each Help Seeking section): Do you feel the assistance or advice supported you to receive help when you needed it?

g) 6.20 (and all related instances for each Help Seeking section): Is there any type of help or advice you would have liked to receive?

h) 6.21 (and all related instances for each Help Seeking section): What type of help or advice? Select all that apply.

i) 7.09 Have you ever had discussions with someone in your family or wider support network about making a will?

j) 7.12 And is this enduring power of attorney active, which means it can be sued anytime if needed?

k) 7.15 Has the enduring power of attorney ever been activated?

l) 7.17 Have you ever had discussions with someone in your family or wider support network about setting up an Advanced Directive, sometimes called a Living Will?

m) 7.19 Have you ever had a Court-Appointed Representative or Personal Order?

n) 7.20 What type of court-appointed representative or personal order was it? Select all the apply.

o) 7.24 Item 7 (linked to 7.19 and 7.20): Misused their decision-making power as your court appointed representative or the personal order.

p) 13.03 Thinking now about the [13.03 response – harm or mistreatment experienced in the past], what was the nature of the harm or mistreatment you experienced in the past, was it …? Select all that apply.

q) 13.05 Do you feel the help or advice supported you to respond to the behaviour?

r) 14.10 How would you describe your cultural background? Select as many as apply to you.