

Essential information for older people

where from here

He ara whakamua

2020 - 2021

lower south island



where good decisions start

- Know your options • Live your life well
- Your questions answered • Eligibility
- Take control • Be informed

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20 Douglas St, Queenstown

Southland Region

Bupa Ascot Care Home | (03) 217 5714

149 Racecourse Rd, Invercargill

Bupa Longwood Care Home | (03) 234 8099

10 Albany St, Riverton

Bupa Windsor Park Care Home | (03) 208 6580

3 McKellar St, Gore

Providing rest home, hospital, dementia and short stay care. Please contact your local care home for details.

0800 60 80 99 | bupa.co.nz



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home is where the heart is

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Find your new HOME

visit  retirement villages.co.nz

powered by eldernet

every village, everywhere, for everyone

BEFORE YOU READ THIS BOOK - READ THIS

We understand that not everyone wants to, or knows how to, access information on the internet. If you're one of those who, for whatever reason, doesn't use the internet we'd like to assure you that this handbook is a great place to start building your knowledge about the products and services that might be available to you as you begin to think about the future. We've not kept it short, or too simple, either – we believe that you need 'real' information.

If you do use the internet this book will still be very valuable. Once you read this handbook you'll begin to learn the 'language' used in this area of health and wellbeing. Using this new found language you will be able to make more accurate online searches. Our sister site, www.eldernet.co.nz, might be a good place to start.

Internet user or not, you're likely to be somewhat surprised about how much there still is to learn! The business of getting older is complex, just like other life stages, so don't be surprised if you learn something new, or have to read something a few times to completely grasp the idea.

This handbook is divided into sections to help make the information easier to access. It's unlikely you'll need all the information at once, so take what you need and then come back when things have changed, or it's time to consider next steps.

Some sections: **The Basics**, **Your Wellbeing** and **Hard to Talk About** will apply to everyone. Use the colour coding to help you explore further. **Staying at Home** is in place to keep you well. The **Retirement Villages** section will help you understand more about villages and how they might be your next 'home'. Access to **Care Homes** (rest home etc.) is really quite complex, reading this section of the book should help you understand the relevant assessments and other considerations. If you're interested in how the funding and payment for any of these services is determined then **How Some of it Works** will help grow your understanding. It's true that those with more available cash funds will find they have more options, but the government assistance offered is designed to ensure that everyone has a dignified old age.

Begin talking about how and where you want to get older; having these discussions earlier makes it easier for everyone. Read, research and ask around for recommendations and advice. Remember that the more information you have, the better decisions you can make.

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Freephone 0800 162 706, email: team@carepublications.co.nz, www.carepublications.co.nz

All details have been carefully checked before publication. Primary source material has been used wherever possible. All financial information was correct at time of printing, but may have changed by the time you read this. We have consulted with experts in their fields: checked with relevant government agencies and their websites, District Health Boards, providers of services and a wide range of groups and organisations. Despite our best effort change happens and errors and/or omissions may occur. We do not take responsibility for these as we urge you to seek appropriate or professional advice on all issues. Contact CCC for information updates. You may not copy or reprint this book without our permission. Each of our five regionally specific books is updated every twenty months. They are free from selected agencies. Please pass the book on if you've finished with it.

WHO TO CONTACT IN YOUR AREA

Your first point of contact in the health system is your GP. If you are enquiring about services for older people you may contact:

The Care Coordination Centre (CCC) Single Point of Entry (SPOE)

Phone: (03) 470 9300 or 0800 627 236
 Fax: (03) 470 9506 or 0800 435 166
 Email: southernhbccc@southernhb.govt.nz
 Post: Private Bag 1921, Dunedin
 Hours: Monday to Friday 8.00am to 5.00pm. No weekend hours
 Location: Fraser Building (Ground Floor), 154 Hanover Street, Dunedin

For more information about this service see pages 51-54.

For general information about how the process works:

Seniorline Phone 0800 725 463
 Hours: Monday to Friday 8am to 4pm (excluding Public Holidays)
 Funded by all New Zealand DHBs


Carrying you through the process



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Deceased estate services | Aged-care relocation
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- Full house cleaning and clean-up
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- Arranging for sale of goods

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www.estatepropertysolutions.co.nz

GLOSSARY



ACC: Accident Compensation Corporation.

ARRC: Age Related Residential Care. Term often used in relation to the DHB contract with care home providers. (See also page 110).

CARER/CARE PARTNER: Someone who cares for you in an informal sense. Usually an unpaid family/whānau member.

CAREGIVER: A formal often paid role. Usually provides personal care.

CCC: Care Coordination Centre. A team managing referrals, assessments and services. (See pages 5, 51-52).

DHB: District Health Board. A District Health Board provides or organises health services. The DHB in this region is Southern DHB.

DUAL USE/SWING BEDS/FLEXI BEDS: Rooms in a care home where they can provide either rest home or hospital level care. (See page 95).

EPOA: Enduring Power of Attorney. Also referred to as **EPA**. (See pages 42-43).

GP: General Practitioner or doctor.

HOME TEAM: A new, short term, quick response service currently only provided in Dunedin and Invercargill by a team of health professionals who help you 'get back on your feet' quickly when coming home from hospital or after having an episode which has briefly taken away your abilities.

interRAI: A computer-based assessment and care planning tool.

LEVELS OF CARE: Residential care in New Zealand is provided in one of four settings. These are rest home, dementia, hospital (continuing care i.e. age related not public hospital) and psychogeriatric (dementia hospital). See page 95 for further information.

MC: Maximum Contribution. Those in contracted residential care, who have been needs assessed and eligible for care, are required to pay no more than the MC. The amounts as at 1 July 2019 range from \$1064.56-\$1111.04 per week (depending on where you live). Your Needs Assessor or CCC will be able to tell you the amount for your area.

MOH: Ministry of Health. The MOH has given the responsibility for funding of age-related disability services to the DHBs.

MSD: The Ministry of Social Development provides a range of support services to older people including additional financial assistance to those who meet eligibility criteria.

GLOSSARY CONTINUED

NASC: Needs Assessment and Service Coordination. A term for a service responsible for identifying your needs and/or setting up services.

NEEDS ASSESSOR: An interRAI trained health professional. May include: DHB Clinical Needs Assessors, community based Registered Health Providers (often based in a home support service), a Registered Nurse in care homes etc.

ORA: Occupation Right Agreement. (See page 78).

RCS: Residential Care Subsidy. A subsidy available to assist with payment for residential care (i.e. rest home, hospital, dementia or psychogeriatric) for those who meet specific eligibility criteria.

RV: Retirement Village.

SPOE: Single Point Of Entry. (See page 5).

SUPPORT WORKER: Formal role. May provide personal or practical support.

WORK AND INCOME: Part of Ministry of Social Development.

Terms no longer in use:

- **D4, D6:** Used in the past to define a level of dementia care.
- **WINZ:** Now Work and Income

St Barnabas Kitchen


MEALS on WHEELS

Homestyle meals delivered HOT on crockery plates, 6 days a week (Monday-Saturday) between 12 noon and 1pm.

For further information or a menu contact

The Home of St. Barnabas Trust

Telephone: (03) 455-8298
12 Ings Avenue, St Clair, Dunedin
email: meals@stbarnabasdun.org.nz



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A not for profit organisation

HOME as my FIRST CHOICE

— Ko te whare tōku whiriwhiri tuatahi —

Home is where most people want to live.


Whether you are struggling at home or you are in hospital, we want to help you be at home, or get back home if this is right for you.

There are supports we can put in place to make this happen.

Talk to a health professional (your GP, a nurse, doctor or allied health team member) who can put you in touch with the right person to explore how 'home can be my first choice.'

www.southernhealth.nz/home-as-my-first-choice



 Support for you to be at home
Tauto kia noho ai koe ki te kāinga

 Southern
Health
He hauora, he kuru pounamu

Preparing for your hospital stay?

There is plenty to think about when you are preparing for a stay in hospital.

Talk with family and friends to see what support they are able to offer both during your hospital stay and while you recover.

You may also need to arrange care for dependent loved ones at home, including your pets!

Generally you should pack:

- Warm comfortable nightwear, dressing gown, slippers and comfortable day clothes, including shoes and socks.
- Toiletries, brush and comb, toothbrush, toothpaste, soap, shampoo, shaving gear, and tissues.
- Any equipment that aids you, including glasses, hearing aids, walking sticks or frames.
- Any medications or supplements that you are taking.
- You may also wish to bring a book, magazine, eBook reader, tablet or mobile phone for your entertainment and communication.

We advise that you do not bring valuables.

For more information:

www.southernhealth.nz/getting-help-you-need/specialists-and-hospitals

or ring the number on the letter you will have received from the hospital.

Preparing for surgery

The surgical specialist and surgical admissions team will tell you how to prepare for your surgery as all patients are different, for example when to stop eating or drinking.

Understanding your treatment


Staff members will explain all treatment and procedures to you. It is important that you understand this information so please ask if you are uncertain about anything.

Getting up, dressed and moving!

We'll be asking you, when you are ready, to get up, get dressed, and get moving! Staying active in hospital is linked with a shorter length of stay and many other benefits. You will also have the opportunity to be involved in your care through bedside handovers.

And please note:

- All Southern DHB premises are smoke-free, alcohol-free and drug-free for all staff and visitors.
- Each ward is equipped with shower and bathroom facilities for patients.
- Comfortable family/whānau rooms are available on each ward.
- Wi-fi internet is available.

 Support for you to be at home
Tauto kia noho ai koe ki te kāinga

 Southern
Health
He hauora, he kuru pounamu

 Southern
Health
He hauora, he kuru pounamu

 Southern District
Health Board
Piki Te Ora

YOUR RIGHTS, PROBLEMS & ADVOCACY

When receiving a Health or Disability Service you have the right:

- To be treated with respect.
- To be treated fairly without pressure or discrimination.
- To dignity and independence.
- To receive a quality service and to be treated with care and skill.
- To be given information that you can understand in a way that helps you communicate with the person providing the service.
- To be given the information you need to know about your health or disability; the service being provided and the names and roles of the staff; as well as information about any tests and procedures you need and any test results. In New Zealand, people are encouraged to ask questions and to ask for more information to help them understand what is going on.
- To make your own decision about your care and to change your mind.
- To have a support person with you at all times (rare exceptions).
- To have all these rights apply if you are asked to take part in a research study or teaching session for training staff.
- To complain and have your complaint taken seriously.

Problems with a rest home, hospital etc. or other health or disability service

If you have concerns about a service (e.g.: its staff; management, the way it is run, or about the health services you are getting etc.) you can make a complaint. The following process for a complaint about residential care has been developed by the MOH in conjunction with the New Zealand Aged Care Association.

1. In the first instance talk to the manager or operator of the service. You may contact the Advocacy Service for support (see details page 11).
2. If the complaint is not responded to, or not resolved contact Patient Affairs at SDHB.
3. If concerns are not addressed, contact HealthCERT (Freephone 0800 113 813) or Disability Support Services MOH (Freephone 0800 373 664).
4. If still unresolved the Health and Disability Commissioner (HDC) will consider the issues and may investigate.
5. Concerns about any service costs may also be taken to the Disputes Tribunal. (Usually share the same phone number as your local district court).

If you have concerns about a Home Support Service a similar process applies. See www.health.govt.nz (search “concern about your home support service”). You can also contact Patient Affairs at SDHB or the CCC (see page 5).

Professional associations that service providers may belong to include:

- New Zealand Aged Care Association (Residential Care) Phone (04) 473 3159

- Care Association New Zealand (Residential Care) Phone (09) 438 3909 or 021 311 055 (ask for CANZ)
- Home and Community Health Association (Home Services) Phone (04) 472 3196

Nationwide health & disability advocacy service


This is a consumer advocacy service for all users of health and disability services. The service is provided as part of a group of consumer protection measures provided by the Health and Disability Commissioner’s Act 1994. Independent health and disability advocates are located all over New Zealand. Their role is to:

- inform consumers about their rights when using health and disability services;
- assist consumers who have concerns and want to make a complaint;
- offer education and training about consumer rights and provider duties to the providers of health and disability services.

The service is free, independent and confidential. Freephone 0800 555 050, email advocacy@advocacy.org.nz. Community visits are also made to areas where there is no advocacy office. See also: www.advocacy.org.nz


Local contact details:

- Dunedin: (03) 479 0265
- Timaru: (03) 687 2291
- Invercargill: (03) 214 0415



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USEFUL CONTACTS

Accident Compensation Corporation (ACC)	Claims helpline Freephone 0800 101 996. www.acc.co.nz
Age Concern New Zealand	See pages 14-15 or www.ageconcern.org.nz
Alzheimers New Zealand	Freephone 0800 004 001. www.alzheimers.org.nz
Arthritis New Zealand	Freephone 0800 663 463. www.arthritis.org.nz
Carers New Zealand	Freephone 0800 777 797. www.carers.net.nz More information at www.carers.net.nz/blog
Citizens Advice Bureau	Freephone 0800 367 222. www.cab.org.nz Provides free, confidential information and advice.
Commission for Financial Capability	Includes retirement income and retirement village information. (09) 356 0052. www.cffc.org.nz
Dementia NZ	Freephone 0800 433 636. www.dementia.nz
Disability Information Centres	Freephone 0800 693 342. www.nzfdic.org.nz
Eldernet www.eldernet.co.nz	Extensive database of services for older people.
Grandparents Raising Grandchildren	Freephone 0800 472 637. www.grg.org.nz Supporting grandparents raising grandchildren.
Grey Power	Freephone 0800 473 979. www.greypower.co.nz Advocacy and lobby group.
Health & Disability Commissioner	See pages 10-11 or www.hdc.org.nz
Healthline	Freephone 0800 611 116. www.healthline.govt.nz Free health advice. Telephone service.
Healthpoint	www.healthpoint.co.nz. For services in SDHB.
Ministry of Health (MOH)	Information specifically for older people. www.health.govt.nz/olderpeople
Ministry of Social Development (MSD)	www.ms.govt.nz. For income and other support.
Nationwide Health & Disability Advocacy Service	Freephone 0800 555 050. See pages 10-11 or www.advocacy.org.nz
Seniorline	Freephone 0800 725 463. www.seniorline.org.nz
St John Caring Caller	Freephone 0800 000 606. www.stjohn.org.nz Free telephone checking service offered by St John
Stroke Foundation	Freephone 0800 787 653. www.stroke.org.nz
Super Seniors Website (MSD)	www.superseniors.ms.govt.nz
Work and Income	Freephone 0800 552 002. (NZ Super queries). Freephone 0800 999 727. (RCS queries). www.workandincome.govt.nz
1737	Freephone or text 1737 any time, 24 hours a day. To talk to (or text with) a trained counsellor.

SAFETY ON OUR ROADS

Free internet resources for senior road users

Have you thought about your driving and road safety recently?

Older drivers have fewer crashes but, if they do crash, there is an increased risk of serious injury or death.

There can come a time when it is no longer safe to drive, but maintaining mobility and independence is always important.

You can complete a confidential self-assessment through our website, and find information about driving skills and alternative transport options. *Why not visit today?*

www.nzta.govt.nz/safety/driving-safely/senior-drivers/senior-driver-safety

or contact the NZ Transport Agency on 0800 822 422



AGE CONCERN

Age Concern, a trusted nationwide service, commenced in Otago over 70 years ago and has been advocating for, supporting and working with older people ever since.

All Age Concerns offer a range of services including: information, education, health promotion and personal and confidential advocacy services. They offer community education sessions on a range of issues (which differ depending on the area, but examples are staying well, safe driving etc.) as well as providing the important opportunity for older people to meet together. Building friendships and community is reflected in programmes such as the Accredited Visiting Service (AVS) in Otago and Southland and community meals in Southland.

Advocacy (responding to questions, advising where to obtain a service, giving confidential support and representing this sector to decision makers) is a key aspect of their work. They also protect the rights of older people and in this regard are the contracted providers of the Elder Abuse Response Service (EARS). (See page 41.)

Each Age Concern offers a range of services. You are welcome to call into any office and find out what services and support they offer. What's the focus at your local Age Concern?

Age Concern Otago is motivated by a belief that when everyone works together, people are better able to access supports close to home and to enjoy an age friendly community. Their very successful 'Steady as You Go' (SAYGo), delivered by peer leaders, is a cornerstone community falls prevention programme and is delivered (along with Tai Chi and Aligned to Go) in 105 classes reaching from Wanaka to Kaitangata, Roxburgh to Macandrew Bay. It helps reduce falls and enhances social well-being, both of which have positive health outcomes. Along with EARS and AVS, other programmes on offer include: Cooking and nutrition classes, Staying Safe Driver education and Independent Living seminars, which cover a range of subjects pertinent to making the most of later life. The Dunedin site, located in the Octagon, is an accessible, lively, well-equipped place where a range of social activities are also on offer; concerts, gym classes, line dancing, socials, indoor bowls and more.

Age Concern Otago / North Otago branch is located within Community House Oamaru and offers a core range of services, including EARS and AVS. The free in-home support service provides referrals to recommended services, e.g. tradespeople and firewood merchants, who offer reasonable rates. A partnership with the Council provides support for Council tenants in community units. Each week the 'Steady as You Go' (SAYGo) programme operates as well as a gentle exercise programme. Volunteer visiting is offered. A free quarterly newsletter is available.

Age Concern Otago / Central Otago branch is located in Alexandra Community House and offers a core range of services including EARS and AVS.

Click here
for more
info



Serving the needs of older people

Age Concern Southland

50 Forth Street, Invercargill 9840
P.O. Box 976
P: (03) 218-6351
E: janette@acinv.org.nz

Age Concern Otago / North Otago

c/o Community House,
100 Thames Street, Oamaru 9400
P: (03) 434-7008
E: nthotago@ageconcernotago.co.nz

Age Concern Queenstown

First Floor, Aurum House,
Terrace Junction, 1092 Frankton Rd,
Queenstown 9300
P: (03) 441-3490
E: duncan@acinv.org.nz

Age Concern Otago

26 Bath Street / 9 The Octagon,
Dunedin 9016
P.O. Box 5355
P: (03) 477-1040
E: agecon@ageconcernotago.co.nz

Age Concern Otago / Central Otago

Community House,
12 - 20 Centennial Avenue,
Alexandra 9320
P.O. Box 497
P: (03) 448-7075 / 021 131 9859
E: central@ageconcernotago.co.nz

Call your nearest branch

Staff respond to referrals for supportive services from areas such as Wanaka, Roxburgh, the Maniototo, Cromwell and Alexandra. 'Steady as you go' (SAYGo) classes are running throughout Central Otago.

Age Concern Southland provides an accessible, vibrant and well-equipped centre. Social activities at the centre include bowls, housie, concerts, visits from other groups etc. A hot 3-course meal is served four days a week, meals can also be delivered and frozen meals are available to purchase. Monthly bus outings are offered. The core services are the EARS and the AVS, along with welfare support to help with any one off queries. Education and training are important aspects of the service, with positive living being promoted through information and exercise classes. Peer leadership is used in 'Steady as You Go' (SAYGo), and 'Senior Chef'.

Age Concern Southland also has a field worker based at their branch in Queenstown from where other core services are delivered.

Find out more about Age Concern; join an amazing group of people, help out as a volunteer (whether in the kitchen, office or resource room, behind a computer, having a quiet chat, or on the gym floor etc.). Just call by. You'll be welcomed.

LIVE STRONGER FOR LONGER
PREVENT FALLS & FRACTURES

APPROVED STRENGTH AND BALANCE EXERCISE CLASS

LOVE YOUR INDEPENDENCE

Falling over isn't part of the aging process and many falls are preventable. We want to help you stay on your feet and live the life you want to live.

Whether you're still working, newly retired or enjoying a long retirement, our Live Stronger for Longer website provides practical advice and information.

Go to the website to see if a local approved strength and balance class is available in your community.

WWW.LIVESTRONGER.ORG.NZ



ACC 7836 November 2017



Staying active as you age can improve your health and help you maintain your independence.

Flexibility, strength and balance are essential for everyday activities such as climbing stairs, getting on and off the bus, carrying shopping and hanging the washing. Strength and balance are also important for reducing your risk of falls.

Are you at risk of a fall?

- Have you slipped, tripped or fallen in the past year?
 - Do you have to use your hands to get out of a chair?
 - Do you avoid activities because you're afraid you might lose your balance?
- If yes, then you may be at risk. But the good news is that falls, in many cases, are preventable.

What can you do?

Stay safe: Simple changes around the home can reduce your risk of falls. Visit www.livestronger.org.nz for a home safety checklist.

Stay active: Move more and sit less. Aim for 30 minutes of moderate activity five days a week. You can break activity into 10-minute chunks if it's easier. Try and include strength-based activities twice a week.

How can WellSouth, primary health network, help?

WellSouth is working to help reduce the risk of falls and fall injuries for older people in the Southern district. WellSouth supports exercise classes aimed at improving strength and balance, as well as helping develop new classes. These classes teach exercises in a safe and effective way. If you are interested in joining a strength and balance exercise group, visit ACC's 'Live Stronger for Longer' website: livestronger.org.nz

We can also help you with an in-home strength and balance exercise programme.

WellSouth also offers in-home strength and balance exercise programmes which may be the right option for you. We can support you with a safe and effective home exercise programme, if getting out and about is difficult.

Have questions? Want to know more?

Contact WellSouth B-Well Falls and Fracture Prevention Team,
0800 477 115 or 03 477 1163

Email: bwellfallsandfractureteam@wellsouth.org.nz

or talk to your GP about what options there are for you.

MAXIMISING YOUR ABILITIES

It's common nowadays to see older people at the gym, in the swimming pool, out cycling, in a walking group, etc. These people have discovered the benefits of exercise; their health and mobility improves, they feel better, they sleep better, their mood is brighter, they stay in touch with their community and they're having fun. They are doing things that help them stay independent. What practical steps can you take to make this more achievable for you?

As we age, it is possible to maintain and even build bone density. Good bone density means that your bones are less brittle and more resistant to breaking. Retaining bone density is important for women as they are more prone to brittle bones. Strength building and weight bearing activities such as weight training, walking and heavy gardening help build bone density. Lots of research shows that a 'bone-healthy' diet can also be effective – eating lots of leafy greens (both raw and cooked) and high protein and calcium enriched foods may be helpful. Some people have great faith in supplements for building bone health. If you want to take these it's advisable to talk to your GP first.

A great way to maintain your strength and balance and to have fun is to join a 'Live Stronger For Longer' exercise group. To find out more, visit the website www.livestronger.org.nz; if you don't have access to the internet ask a family member, or your local library to help access the website and find the contact details. Falling is not a normal part of ageing and this and other programmes such as community 'falls prevention' programmes have been shown to be effective in building strength and balance. Contact Age Concern to see what is available in your area (pages 14-15).

Evidence is emerging that 'High Intensity Interval Training' (HIIT) offers a number of benefits for many older people. If you are considering a new exercise programme such as this, ask your doctor or sports medicine expert about it to see if it's right for you. Whatever you do, the message is to stay active and retain as many skills as you can. Keep doing the housework and gardening and go walking, etc.

Healthy eating is a major factor in helping people remain in their own home. Although our appetite may decrease as we age, it is still important to eat three meals a day, healthy snacks and foods of high nutritional value. Planning, preparing and cooking meals and keeping regular mealtimes are important for retaining skills and bringing routine to your day. Share a meal with others if you can. This has health benefits as it seems to make the food taste better, you eat more and make better nutritional choices. If, however, you need help with meals, you may be able to access home support services, meals-on-wheels, or you can buy readymade meals from specialised providers or your local supermarket. DHB community services may provide occupational therapists to advise you about specialised equipment for use in the kitchen, and dietitians to give you nutritional advice.

Good hearing has a far greater impact on our health than has previously been understood. A review of research shows there is a clear link with hearing loss and mental decline and a risk of developing dementia. It is important therefore to get regular hearing checks and be proactive about getting the recommended hearing aids. Independent free hearing tests can be done by Life Unlimited Hearing Therapy Services, a publicly funded service, Freephone 0800 008 011. Many hearing clinics also offer free basic hearing tests and promotional offers.

Your eyesight is valuable, and its loss can be traumatic. Even if you currently see an optometrist you should request a full, dilated eye examination every two years. Preventable conditions, e.g. macular degeneration and glaucoma, can strike without warning or symptoms. Some degenerative brain conditions can also be picked up, allowing for early diagnosis and treatment that can delay their progression. Protect your eyes from sunlight too as this is a major cause of a number of eye complaints.

Taking medication incorrectly can have far more serious consequences than many people realise. It's often a factor in hospital admissions of older people. Some people have a confusing number of pills to take, others may not know what their medication is supposed to do, how long they should take it for or understand possible side effects etc. This can be compounded by eyesight problems and other disabilities. It's therefore not surprising that mistakes are made. Talk to your GP or pharmacist about your medication so you fully understand it and enquire about any medication management systems or services that might help you.

Many people are unaware of the fact that as we age our bodies are less able to cope with alcohol. Didn't we think a little drink was relatively harmless? It turns out it's not; it effects cell repair, can alter the effect of your medication and worsen medical and mental health problems. Ask a health professional and find out about safer alcohol use. Drinking less is always a good choice.

Keep your brain healthy. Exercises and activities that are good for the heart are good for the brain. Do word and number puzzles, use written and spoken language, go to cultural activities, be creative and do household activities. Have a healthy diet and drink plenty of water. Get regular health checks including blood pressure, cholesterol, weight, hearing and sight tests. Protect your head, e.g. reduce the risk of falls at home. Look after your emotional health and maintain your social networks.

On a slightly different note - recent research shows that pets can help older adults feel less lonely, keep them active, bring meaningful activity into the day, and keep their brains sharp, all of which improves the owner's quality of life. Sometimes however caring for a pet becomes difficult and the pros and cons of keeping it need to be considered. If you can't care for your pet or if the pet makes the home unsafe, then adoption is a good choice and is usually successful. If you can't arrange this within your network of family and friends, the SPCA can advise about pet adoption services in your area. (To contact SPCA use your local directories.)

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Dunstan Hospital operates the primary after hours GP service daily from 6pm to 8am; please call your GP or HML on 0800 611 116 to access this service. Outside of these hours please contact your GP.



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NEW TECHNOLOGY – WHAT'S IN IT FOR YOU?

Nowadays most major changes we encounter are due to advances in computing and technology. Although change is harder to adjust to as we get older it's worth finding out how some of these changes might enhance your life. For example, technology may soon be at the point where your unique DNA profile might be used to help your doctor better understand your health risks and treat you accordingly.

'Telehealth' is a new word that's broadly used to cover those aspects of technology that are used to monitor your health and/or safety needs, or remotely manage aspects of your clinical care. Personal alarms are a commonplace example of such technology, but as technology catches up with people's demands the products are increasingly innovative. There are gadgets that can help you test your own health statistics (such as blood pressure, blood sugar levels, etc.); machines to help with medication management and dispensing; door, bed and movement sensors; etc. Creators and innovators of these products believe that by choosing the appropriate technologies for each individual and making sure they are easy to use, people can be supported to live safely, with minimal intervention. While some people feel that the use of any devices can be intrusive, careful planning and monitoring should mean that as our growing population ages we can put some guidelines in place to address those concerns.

Cell phones are cheaper now than they used to be and for some people they provide a feeling of security. They can be very useful for keeping in touch with others particularly in times of emergency, such as if you have a flat battery in your car or scooter and need to call for assistance. Stores like Spark and Vodafone are good places to ask some questions about what sort of mobile phone might be of use to you; a phone with big buttons and that is easy to use, is usually best.

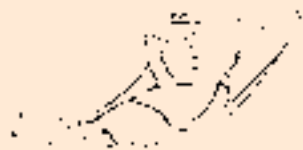
Having access to the internet is for many, a necessity of daily life. This is because the internet keeps people connected, is easy to use (especially when using the smaller devices such as ipads, laptops and smartphones, once you've mastered the basics), and it allows you to find out almost anything you want to know. SeniorNet can help you learn how to use computers and get on to the internet. The tutors are older people themselves, so they know the best ways to teach you the basic skills. Similarly, many public libraries also offer support to 'newbies'. You may like to find out more about your own hobbies or interests, watch TV programmes (including past episodes), join interest groups, or use programmes like Skype which allow you to talk via a video link with people all over the world for free.

It is widely agreed that there is no substitute for human connection and despite the fears, technology doesn't do away with this. It's another way of communicating that just takes a bit of 'getting used to' and it often frees us up to have greater, quality time with those we want to.

HOUSING – WHAT’S RIGHT FOR YOU NOW?

Find out:

- » Why planning ahead is a good idea
- » Where to get some good advice
- » That it may be best to stay where you are
- » What the benefits of various options are



Moving home is a stressful event, even if we’re looking forward to it. Older people commonly find themselves considering such a move following a health crisis or the death of a partner. It might not be the ideal time to make big decisions when we are grieving or in crisis. Sometimes added pressure comes from family/whānau or friends who, with best intentions, suggest: “you should move into a village” or “you should get a smaller house”. The best way to avoid being in this situation and making decisions under pressure, is to plan ahead.

Considerations

- Why might you consider moving?
- What is the cost of staying or moving?
- What do you like AND dislike about the options you are considering?
- What services and support are available in your area? (GP, chemist, shops, home support services, care homes, family/whānau, friends and other important places?) How easy is it to get to them or access them?
- If you don’t do anything, what is the worst that could happen?

What are some of your options?

- **Staying where you are.** The fears of family/whānau and friends should not be the only reason for moving, as appropriate community and practical support can often address these worries. There is benefit in staying in a place where you are known, especially if you have the support of people who are important to you and/or those in your local community. Equipment and/or adaptations to the home should make it safer and easier to manage in.
- **Downsizing/moving to a smaller place.** If your current home isn’t suitable anymore (location, too many bedrooms, or stairs, etc.), this may be the answer. If you are a home owner there may be an opportunity to release equity in it for various purposes, e.g improved lifestyle, etc. Downsizing doesn’t always give the gains you might expect, so investigate fully and do the sums.
- **Moving to a ownership flat or 60s plus unit.** This option usually has the advantage of being more easily maintained. Over-60s units offer cluster-type housing where owners have unit title and belong to a body corporate. Check for ongoing annual costs, e.g. rates, insurance and body corporate levies.
- **Moving to an affordable seniors housing complex; sometimes called ‘social housing’.** Finding suitable, affordable housing in this region can be

difficult. There are often strict criteria around assets, income and need. Some agencies to approach about availability could be your local council, religious and welfare organisations (RSA, Freemasons, etc.) and Housing NZ. MSD Senior Services (0800 552 002) may be able to provide other options.

- **Sharing accommodation.** This ‘flattening’ type option seems to appeal to friends or brothers/sisters who agree to share expenses and household tasks. Ownership structures vary widely. Some people also take in ‘boarders’. Clear house rules are important for the success of this option.
- **Private rental.** While many older people own their own home an increasing number now rent. Age appropriate design and good landlord/tenant relationships are important factors to consider. For advice see the government’s Tenancy Services at www.tenancy.govt.nz (also shows market rent prices) or freephone 0800 836 262.
- **Moving to a granny flat.** Usually located on a family/whānau property, these allow you to live close by while staying independent. Many flats are transportable making them a good option for some. Contact the local council regarding consent. Respectful relationships are important. (See * below.)
- **Moving in with family/whānau.** This option works well for those where the family/whānau and older person are respectful of each other and have clear, open communication. (See * below.)
- **Moving into a retirement village.** Villages are increasingly popular options for those looking for ‘age friendly homes and lifestyles’. Pricing options vary considerably. (See pages 77-83 for further information.)
- **Supported living/boarding.** These are often family/whānau style homes (e.g. Abbeyfield homes). Residents are independent and have their own room/unit. There are often shared communal areas. There may be help with some tasks, such as housework or meals. Board or a weekly rental usually applies.
- **Residential care.** Sometimes it is not possible to live at home and residential care may be recommended. (See pages 51-52, 95-120)

If you are worried about years of accumulated belongings there are agencies that can help you manage this, making the decision to stay or move much easier.

Finally, if possible look for an older-person friendly home. You may be able to adapt an existing home, however homes that fit these standards are usually new builds. Websites such as www.lifemark.co.nz and www.goodhomes.co.nz advise you to think about key features i.e. accessibility, adaptability, usability, suitability, safety and value. ‘Goodhomes’ has a resource kit that helps you make housing decisions. Their website also gives lots of ideas about home repairs and maintenance.

* Note: It is important to retain your financial independence. It provides protection for you and your family/whānau. If you need help with your financial affairs your bank or Age Concern can advise you who to consult and how to set things up.



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EQUIPMENT & OTHER SUPPORT

The saying that it's important to have the 'right equipment for the job' came about for very good reason. If you have a disability then having the right equipment can simplify difficult tasks; allow you to do things that you may not have been able to do because of your disability; keep you and your carer/s safer; increase your independence and confidence and potentially, your happiness.

Many people are not aware of the amazing array of specialised equipment and mobility solutions that might be useful to them. Items that are commonly used in the home by many older people include: jar openers; small, easy tipping jugs; hip protectors; sock pullers; bath stools; shower stools; grab rails; toilet raisers etc. More expensive equipment includes: walkers; scooters; medical alarms; sensor alarms/mats; standing chairs; etc. Basic to sophisticated home alarms, monitors and security sensors may be a consideration for you. Modifications to the home, such as installing a ramp or domestic lift may also be useful and possible.

You are the expert regarding your needs and the life you want to be leading. Sometimes you just need to get a idea of what's available to be better able to judge what might work for you. Find out as much as you can; ask CCC, go online, get brochures, visit a mobility shop. Often, you only need a few pieces to make all the difference. The question is: how do you get this equipment? Options include:

- **Accessing MOH loan equipment.** This requires a specialised assessment by a suitably qualified health professional. To be eligible you must: have a disability that will last longer than six months; need specific equipment to help you manage; meet residency requirements and not have access to other funding e.g. ACC. If you need an item, not part of the loan scheme, and it is under \$50 you may have to buy it yourself. Demand for this service is high and the budget tight so those with the greatest need have priority. Home modifications may be difficult to access under this option. You may ask for an assessment yourself: freephone Enable 0800 171 981 or contact your GP, or CCC. Enable provides equipment for this region.
- **Privately buying** equipment or arranging your own home modifications is likely to be quicker and may give you more choice. Get expert advice from a professional wherever possible. A good shop will assess your ability to use the equipment correctly and safely. Not all equipment suits all people.
- **Applying to other organisations for funding**, e.g Lotteries Grants, etc. These organisations may consider funding scooters or other mobility aids.
- **Palliative care provision.** You may have access to specialised equipment if you are receiving palliative care.

Ask yourself: if you could access such support might it make things easier for you? If you answer yes, be proactive and start the process.

KAUMĀTUA/PAKEKE SERVICES

Southern DHB area	Phone (03)	Address
Arai Te Uru Whare Hauora	471 9960	25 College St. Dunedin
Aukaha	477 0071	258 Stuart St. Dunedin
Awarua Whānau Services	218 6668/ 0800 AWARUA (292 782)	190 Forth St. Invercargill
Hokonui Rūnanga Health & Social Services Trust	208 7954	140 Charlton Rd. Gore
Nga Kete Matauranga Pounamu Charitable Trust	214 5260 / 0800 925 242	92 Spey St. Invercargill
Te Hou Ora Whānau Services	951 1040	78 Carroll St. Dunedin
Te Roopu Tautoko ki Te Tonga	477 4670	6 Wolseley St. Dunedin
Tokomairiro Waiora	417 7430	80 Union St. Milton
Tumai Ora Whānau Services	465 7651	203 Main Rd. Waikouaiti
Uruuruwhenua Health	448 8634 / 0800 878 087	113 Centennial Ave. Alexandra
Waihōpai Rūnaka	216 9074	408 Tramway Rd. Invercargill

The above offer Kuapapa Māori health programmes. Some offer extensive programmes that are also linked to onsite medical practices. There is a Low Cost Medical Practice in Invercargill at Nga Kete Matauranga Pounamu Trust. In Dunedin, Arai Te Uru Whare Hauora will connect you with a Low Cost Medical Practice called Te Kaika.

There are also Te Kakano Nurse led clinics across the district. Contact is via Awarua Whānau Services in Invercargill and Aukaha in Dunedin.

There may be a cost for some services e.g to see the doctor (at a reduced rate). Other services such as whānau health hui, traditional practices etc. may be free. If there are a lot of things going on for you, a navigator may be available to support you.



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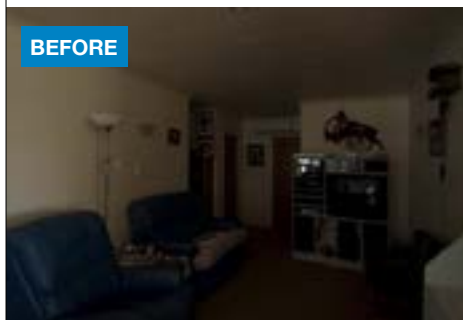
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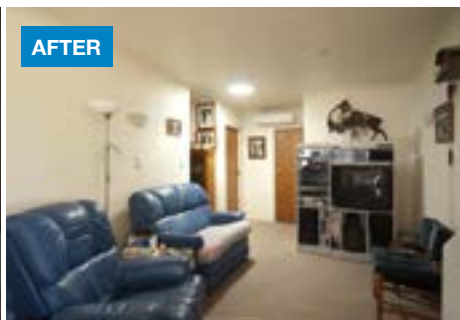
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YOUR MONEY - STAYING ON TOP OF IT

The financial world is increasingly complex and as we age we will come across new situations that we may not be ready for including: changes to how we access our money; where it's held and how we can use it; changing technology; emerging financial concepts and yet to be identified risks, etc. What can make it more difficult as we age is: our attention to detail may slip, it often takes us longer to work things out and it's sometimes harder for us to understand new concepts and their implications. Of course, if you're familiar and confident with managing your own finances and the environment in which you do so is relatively stable, then it's likely that you will want to continue doing this.

Each person's financial situation and the management of their affairs is unique. Some will remain in paid work after retirement age, some will want to pass on an inheritance, some will want to and can afford specialised financial advice and others won't. What is clear however is that most want to spend their later years as financially secure as possible.

The following is general not individual advice.

- **Bank closure** - While there have been a significant number of bank closures over recent years some banks are committed to providing improved services for older people. (An example is the Westpac 'Dementia Friendly' service that is being rolled out in branches around the country.) Transport to the limited number of branches is however likely to be an ongoing problem for many.
- **Your PIN number** - It can be tempting to give other people e.g. family/whānau or support worker, access to your bank account because you can't access it yourself. Don't give your PIN number to anyone. If money is stolen, the bank will probably refuse a fraud claim. No-one, not even the bank, should ever ask you for your PIN number or other passwords. If you need assistance with accessing your funds talk to your Enduring Power of Attorney for Property (EPOA), your bank or lawyer. Age Concern may be able to advise (pages 14-15).
- **Cheques** - The banking sector is undergoing considerable change, and many are phasing out cheques. This is happening quickly. Ask your bank about their position and find out what your options are.
- **EFTPOS cards** - Many cards now have a function known as payWave (the card has a fan shaped symbol on it). This allows you to make purchases of up to \$80 (in NZ) by resting your card on the EFTPOS terminal. It makes everyday purchases easy but is easy money if it falls into the wrong hands. If you are charged for using payWave you may want to use your PIN number instead.
- **Day to day living expenses** - Many older people struggle to meet rising housing or living costs or have other obligations that make it hard to manage. If you are in contact with a budget advice service more discretion may be given if you get into financial trouble. Age Concern can advise you.

- **Managing debt** - Increasing numbers of older people are entering retirement with debt, often after helping other family members, as a result of unforeseen expenses/events or living beyond their means, etc. Debt can quickly escalate so get financial advice. For homeowners, downsizing may be an option however the benefits are often not as great as expected and the type of available housing stock may not meet your requirements.
- **Monitoring your bank account** - Check your statements each month, even if you haven't before. Watch for spending discrepancies, cashflow and automatic payments. A trusted family member or your Enduring Power of Attorney (EPOA) for Property will probably do this with you if you ask.
- **Kiwisaver** - Once you reach 65 your employer does not need to contribute to your fund, but you can continue to do so yourself. As your circumstances change you may want to consider what type of fund you want to be in and whether you wish to access your fund. Careful consideration is needed.
- **Helping family** - Be careful with any financial gift. You may need the money yourself. Being guarantor for family members is very risky. While a gift seems safer, in the event of a relationship breakdown your family member could lose half. You may not intend that. A loan may offer more safeguards as written terms can 'spell out' repayment expectations. Get financial advice.
- **Donations and bequests** - Charitable organisations often rely on donations and bequests and many older people like to be able to assist their favoured charity in such a way. Be sure to discuss your intentions with family to avoid any disharmony at a later time. (See also page 47).
- **Investments and asset management** - You may wish to rationalise or review these especially if your circumstances have changed.
- **Digital currency** - This new type of trading transaction is based on 'blockchain' technology. It currently requires a high degree of computer confidence as you are your own 'banker' and responsible for keeping your currency secure.
- **Equity release** - This may free up capital. See pages 44-45 for more details.
- **Guaranteed retirement income schemes** - These new variable annuity (fixed annual payment) offerings are a combination of investment and insurance.

In general - simplify your financial affairs as much as possible and make a financial plan for the future. The New Zealand Society of Actuaries have devised Decumulation 'Rules of Thumb' which is useful for those not getting specialist advice. See: www.actuaries.org.nz - your library may be able to print this for you for a small cost. Centralise information about financial matters, plan for the unexpected, develop a plan for transferring responsibility if/when required (involving trusted advisors/EPOA, partner/spouse/children) and make sure any partner/spouse/children or others who need to know, understand your financial situation.

Please note: The above is not personal financial advice.

With thanks to Martin Hawes, Authorised Financial Advisor (www.martinhawes.com) for reviewing this article.

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If you haven't already made an emergency plan, do it now. One of the most important questions to ask yourself is: who do you expect to come to your aid? Talk about this with your family/whānau, friends and neighbours. In a disaster these people may not be able to help you. If you live in a retirement village and care is not provided to you, you are considered to be living independently.

- Prepare a survival kit.
- Think about what you will need if you lose power, water, sewerage, etc.
- The 'old' analogue phones and cell phones were fairly reliable following the Canterbury earthquakes. If you have a cell phone, learn how to text.
- Keep a battery or wind up torch and radio handy. If relying on batteries, make sure you have plenty. LED headlamps are useful as they leave your hands free.
- Pack a 'get away quick' bag (e.g. sensible warm clothing, footwear, basic toiletries), make a note to yourself 'Remember your medication, glasses, hearing aid, paperwork' (as relevant) and fasten this note to the top. Have these 'last minute' things handy (always in the same place is a good idea) and easy to pick up on the way out if you have to leave.

As we age we tend to become more trusting for a number of reasons. This can make older people more vulnerable to those who would take advantage of them.

- **Scammers** and fraudsters use this knowledge to separate you from your money. They tell seemingly believable stories building on your needs (find love or peace of mind, etc.), your worries (your property needs maintenance, or we can give you financial security, relieve your family of worry, etc.) or your kindness (help a needy child/cause, etc.). Beware too of emails telling you bad luck might come to you if you don't do such and such or you've just won something; they will be scams. Scammers are usually strangers and they approach you without invitation (e.g. at the mall car park, coming to your door, over the phone, on email, etc.). Check these people out with friends, family/whānau and others, e.g. Age Concern (see pages 14-15). Never agree to sign anything or set up automatic payments for things you haven't checked out, or have reservations about (including by friends or family/whānau). Tell the person you will come back to it, then go away and get advice.
- **Unsolicited sales and donation calls.** There's a number of factors that might open you up to more calls than others. Phone the Marketing Assn. (09) 361 7760 to be removed from any lists they may have. Discuss with Age Concern.
- **Unknown visitors.** If someone comes to your home to talk to you about a product or service don't let them in unless you have arranged the visit. Sadly, people can fake ID cards so an ID card is no longer protection for you. Take their details and get back to them once you've checked them out e.g. with family or Age Concern etc. Don't give strangers personal information.

EMOTIONAL WELLBEING & DEPRESSION

This article, while looking briefly at emotional and mental wellbeing, focuses on the issue of depression. Physical, mental, emotional, social, and (for many) spiritual health and wellbeing are intertwined. They all contribute to make you who you are and any one element can impact on another. Western tradition has tended to see physical health as being separate from anything else in our lives. Nowadays, those who specialise in work with older people are more aware of how these are interconnected. They know, for example, that how you feel emotionally, spiritually and mentally has an impact on your physical health and similarly, that your physical health affects your emotional, spiritual and mental wellbeing. Depression often involves a complex mix of these issues. It affects many older people and is frequently overlooked or undiagnosed.

Most older people will talk to a doctor about a physical condition, but many find it hard talking about emotional or mental health problems; they may fear being 'labelled', think they should just 'put up with it' as they may have felt like this on and off through their lives, don't want to 'be a nuisance' to the doctor; they may not recognise what is happening or think that nobody cares anyway. Many don't believe that pills or counselling could possibly help them. Ageism also makes it harder for these issues to be addressed, e.g. many older people feel that they don't matter or don't deserve help because of the way many people treat them.

Older people experience emotional and mental health issues and the 'ups and downs of life' just like other age groups. Some conditions however, such as dementia (see page 38), are more commonly associated with older people (but not exclusively so). Older people may also be at more risk of developing depression as losses, ill health, frailty and other factors often compound over their lifespan.

Depression is a condition that is often misunderstood by the older person experiencing it and is often hidden from those who may be able to help. For these reasons the real rate of depression amongst older people is unknown. (It is suspected to be quite high.) Perhaps the stereotype of 'grumpy old people' has its origin in hidden depression. The good news is that depression is not a normal part of ageing. Whilst it can be a serious illness, in most instances it can be successfully treated. The benefits of 'sorting it out' early are worthwhile.

Symptoms of depression are different to normal reactions to life's problems; they don't go away and may include deep ongoing sadness, unexplained anger, unrelenting unexplained pain, continually feeling worn down or 'flat', loss of meaning, loss of interest in things, poor self-image, worrying thoughts, including thoughts of suicide and inability to control these thoughts, alcohol and drug misuse, weight loss, appetite changes, feeling unwell, neglecting oneself, withdrawing, feeling useless and feeling cast adrift (especially for those who find themselves in a culture that seems 'foreign', e.g. migrants), etc.

There are a number of factors that increase the likelihood of depression. Some have a physical basis (e.g. a medical condition, unrelenting pain following injury or accident, a dementia, genetic influences, etc.), others are related to emotional responses to situations (e.g. unrelenting grief following the death of a partner, loss of things that have previously given life meaning, living in a care home, etc.), side effects of medication, other mental health conditions, isolation, loneliness, stress, use of non-prescribed drugs, alcohol, etc., or a combination of these.

It is important to know that it is never too late to 'sort this out'. The treatment depends upon the cause and the severity of the depression. Obviously, physical conditions need to be treated or managed. Medications such as antidepressants may be prescribed (they take a while to 'work' and should be taken as prescribed, e.g. not stopped suddenly). Structured problem solving therapies such as cognitive behavioural therapy (which includes techniques such as capturing thoughts before they 'run away' and replacing them with more reasonable thoughts) and joining a well organised group that offers an educative or exercise component have been shown to be effective. Lifestyle changes may be helpful if advised. For a number of people spiritual support is helpful. Other treatments may be offered for those with severe depression. In most instances, professional help is needed to find the right solution as everyone has different requirements.

How to stay emotionally and mentally well:

- Stay in touch with people if possible.
- If you can, get out; attend groups where you can learn and do new things.
- Do as much for yourself as you can.
- Get some physical exercise and eat well (see pages 18-19).
- Make your own decisions wherever possible (feeling in control is an important aspect of good emotional and mental wellbeing).
- See your doctor for regular health checks.
- Take medication as prescribed (get someone to remind you if necessary).

Needing help?

- Seek help early from someone experienced in older people's issues, e.g. your local older persons' service, your doctor (particularly if he or she has experience in older people's issues).
- Don't let feelings of fear, embarrassment, shame, etc., stop you from getting help. Get help early; don't wait until things get worse.
- Don't down-play the symptoms.
- If you have been given some treatment or advice (e.g. medication, counselling, etc.) and it isn't helpful, say so.
- See the website www.depression.org.nz

If an older person has talked to you and you or they are concerned about their emotional or mental wellbeing, take them seriously and advise them to seek professional assistance. Offer to take them or accompany them to their first appointment.

Valuing who others are and what they do...

Lifesaver (friend)

Educator & Cultural Advisor
(grandparent, aunt, uncle)

Pro bono Worker
(volunteer)

Skills Mentor
(tradie, crafter)

Mental Health Sustainer
(baby sitter)

Financial Overseer
(club treasurer)

Health Sustainer
(family carer)

Security Networker
(caring, watchful neighbour)

Physical Fitness Champion
(walking group participant)

Calorific Defender
(meal sharer)

Preservation Overseer
(gardener, home maintenance)



Pro Bono Worker

Skills Mentor

Lifesaver

Educator & Cultural Advisor

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might mean valuing who you are and what you do too. (Pro bono = free of charge for the public good)

FEELING A 'BURDEN', LONELY OR SOCIALLY ISOLATED?

It is concerning to hear how often older people say that they don't want to be burden or that they feel lonely or are isolated. Often, the person thinks there is little they can do about this. They may have built defensive walls around themselves or retreated from social settings so as not to impose on others. The consequences could be a breakdown in social connections, unhappiness, poor health and reduced length of life. We believe our society wants better things for our older people. There are solutions.

Firstly, we need to understand that social isolation and loneliness are not the same thing. Social isolation is about a lack of social contact whereas loneliness is a more complex thing related to the mismatch between what you are wanting from your relationships and what you are getting (i.e. you can be lonely in a crowd). It follows therefore that loneliness probably won't be 'cured' by 'joining a group' but social isolation may be.

A note to you about loneliness – You are the person you are, due to the circumstances that you have faced through life, your genetic make-up and many other factors. It is likely you have also had significant losses including the loss of someone with whom you had a close emotional connection and, maybe even a loss of your own identity and purposefulness. It's natural to look back over life and reflect. While our minds want to settle on more positive thoughts it is all too easy to think about the things we have lost, done or not done, and things we now perhaps regret. You can feel very lonely at times like this. This is common and normal. Dwelling on these thoughts and a sense of loneliness can however slide you into despair. Alternatively, you can use the warnings these strong emotions are giving, to motivate you to do something about them.

- A good way to deal with these feelings is to talk. It's okay to be vulnerable and ask for help. Your GP can find out what local support may be available.
- Check your thoughts. While not denying your feelings, your thoughts can mislead you and are not necessarily the facts. Can you let go of those thoughts for a short time? Perhaps try doing something different for a while and focus on that.
- Given the person you are now, try setting some different and perhaps more realistic expectations of yourself and others. If you can't put right some wrongs or whatever it is that is troubling you, you can forgive yourself, or others.
- Do things that give you a sense of self-worth and or that make you feel connected to others. Say 'yes' a lot, especially to invitations. Smile when you talk on the phone even if you don't feel like smiling (it changes the tone of your voice).
- Try to keep your mind open to new things and opportunities. You can grow new friends. Show an interest in others, ask them questions about themselves.

An environment where these problems can flourish has been a long time in the making. Our western lifestyle has been very focused on the individual and our rights (often at the expense of connections with others), families are commonly scattered (leading to lack of intergenerational support), our health may limit our ability to get out and about, even our ability to access technology can either help or hinder our social networks. The good news is society is always changing and together we can

help shape it. Current ideas for building stronger community connections include:

- Supporting the things that are going on in our communities that bring services and activities together in a way that encourages people of all ages to get together. This gives everyone the opportunity to meet up in a natural way;
- Removing the obstacles that keep many people feeling 'stuck at home' e.g. improving street design, transport, access to buildings and public spaces;
- Giving our backing and encouragement to services that empower people to live meaningful lives where they can be involved, contributing and valued.

A note to others – Contact your older relatives and neighbours (it's reassuring to them that you care), invite them to things you are interested in and treat them as you would everyone else. Introduce them to others, help create a wider network of contacts. (Mixing only with other older people often has limited appeal.) Do things that include all age groups, e.g. library visits (a great meeting place), a café (do not assume they can or cannot pay themselves), a movie (you may not have much to talk about before you go but you will after) or watch the kids play sport (take a seat). Discuss local issues, ask their opinions; especially about lessons they've learned or things they've changed their minds about (you may save yourself some painful experiences). Giving and receiving support in any relationship is important. Being on the 'receiving end' makes people feel bad (that's why they often decline it). 'Turn the tables'; ask them to do something for you (make sure it matches their ability). Whatever you do; make it as easy and natural as possible.



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HARD TO TALK ABOUT?

HARD TO TALK ABOUT?

DEMENTIA

Most of us want to live our lives well, for as long as we can. So too, do those affected by dementia. In New Zealand there is an emphasis on the value of an early diagnosis, a commitment to providing appropriate information and support that matches your need with the delivery of services in a well-coordinated, consistent way.

Memory loss is commonly associated with dementia however many people experience some memory loss at times; it doesn't mean they have dementia. It is normal to occasionally forget names and appointments, why you came into a room or what you were going to do. Medication, stress, and some illnesses or other diseases can affect memory. Major memory problems however are not part of ageing and should always be investigated. It is important to contact your doctor if you (or someone you care about) experiences any or a number of the following:

- a feeling like your brain is fading;
- strange things happening with written and spoken words;
- trouble remembering new information and instructions;
- frequently finding yourself putting things in places where they don't belong;
- having difficulty thinking through things or solving problems that you could in the past;
- finding it hard to follow storylines or conversations;
- often getting muddled up with time and/or forgetting where you are;
- having mood swings, confusion, lack of motivation, depression;
- feeling embarrassed to go out, in case something goes wrong.

Your doctor can conduct a range of tests to assist with diagnosis, including a full medical check to rule out other possible causes of symptoms. Ask for an extended appointment and take a care partner/whānau member with you when you visit.

Dementia, an increasingly common condition, is a progressive illness which occurs as a result of physical changes in the structure of the brain. There are a range of dementias with Alzheimer's disease being the most common. Another common dementia is Vascular Dementia, which is a disruption of blood supply to the brain.

Risk factors for developing dementia include: age (the risk increases as we age), genetics, a history of head injury and factors which relate to heart disease and stroke. We can't prevent dementia, but there is growing evidence that if we eat healthily, exercise regularly, remain socially engaged and active and maintain good brain health (see pages 18-19), we can reduce the risk of developing it.

If you have a dementia it is important for you and your care partner to have a contact person in the health system (often known as a navigator) to support you to live your life well e.g. staying connected with friends, helping you plan ahead and accessing the services you need when you need them. Make sure you contact your local Alzheimers organisation or doctor to find out what support they provide for people with dementia, care partners, family/whānau and community.



Click here for more info

Creating a Dementia Friendly Otago

For dementia support contact us.

ALEXANDRA 14-20 Centennial Avenue
Phone: 03 448-9056

QUEENSTOWN 10 Douglas Street
Phone: 03 441-4955

DUNEDIN 283 Moray Place
Phone: 03 471-6154

OAMARU 27 Coquet Street
Phone: 03 434-9090

E: admin@alzheimersotago.org.nz W: www.alzheimersotago.org.nz



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Email: Belinda@southanjer.co.nz
Web: www.anjerresthomes.co.nz

ELDER ABUSE

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ELDER ABUSE

This is a sensitive subject given that people don't like admitting that things may not be going well behind closed doors. Sadly, elder abuse is common in our homes and community. Older people at risk of harm or being taken advantage of may be frail or dependent on others. Those who mistreat older people are most often those they trust, and commonly these are family/whānau members.

Elder abuse comes in many forms. It's useful to read through the different types of abuse described to appreciate how they can impact older people. It's also useful to know that help is available from Elder Abuse Response Service providers (see page 41).

- **Financial abuse** is the inappropriate, illegal or improper exploitation of the funds or property of the older person. This may be without the older person's consent or if consent is given, it may be under pressure. Threats may be made, or PIN number of bank cards demanded; family/whānau members may move in and take over the older person's home; there may be a sale of property or loans given under pressure which effectively disadvantage the older person.
- **Neglect** is the failure to provide the basic necessities of life, e.g. adequate meals, heating, clothing, etc. Active neglect is the conscious withholding of the basic necessities. Passive neglect often results from a carer's refusal or failure to provide those necessities because of their own lack of information or refusal to follow the directions of health professionals, etc. Self neglect involves the person themselves being neglectful of their own needs.
- **Emotional/psychological abuse** involves behaviour which causes mental or emotional anguish or fear. It may involve humiliation, intimidation, threats or removal of decision-making powers, etc.
- **Physical abuse** involves behaviour that causes injury or pain and includes actions such as slapping, hitting, bruising, squeezing, restraining, burning, inappropriate use or withholding of medication, etc.
- **Sexual abuse** involves inappropriate touching and unwanted sexual contact. Threats or force may be used.
- **Institutional abuse** involves the policies and practices of organisations that negatively effect the wellbeing and the rights of older people.

All types of elder abuse can happen in people's own homes, when staying with others or while being in a range of community or residential homes.

It would seem that dependency issues, a change in who makes decisions, loneliness and ageism all play a part. Sadly, there are those who put their own interests above others. They may justify their behaviour to themselves, 'I can do what I like in my own home', 'it's no-one else's business' that 'they'd be in a rest home if it wasn't for me'. They may have a false sense of entitlement, telling themselves that 'it's not theft, it's payment for what I do', or that 'I'm going to inherit this anyway'.

Other times there may be a lack of awareness or disregard of the needs and rights of the older person and the process of ageing. For example: not understanding that 'Poppa' needs help with taking his pills, eating or with his personal care; or that 'Grandma' is no longer able to be responsible for others in the household; or that older people need some privacy too and the opportunity to get out and see their friends; or that it's best to be up and dressed each day if that's possible; or that the pension is for 'Koro's needs and not for the kids to spend etc.

In some situations, there are complicating issues of financial or carer's stress, household overcrowding, mental health problems or drug and/or alcohol problems etc. These, of course, add to the stress of the situation, making it harder to face up to.

We know it's hard to ask for help, regardless of whether you're the person being treated in this way or you're the person behaving in this way. Thoughts running through your mind often prevent you taking action e.g. it will be shaming; it'll upset the family; what will happen to me; who would believe it; maybe it's not that bad; it's all my fault; will it separate the family; it might be better to stay quiet rather than risk upsetting everything etc. Although you may feel stuck in the situation, a skilled and independent person (such as those referred to below) will be able to help you find your way through this.

So, what's likely to happen if the situation is uncovered? Importantly, you need to know that every situation is unique; as will be the solution. But it is also important to realise that elder abuse is common and your experience has happened to others too.

If you are in this situation or know someone who is, you can ring your local Elder Abuse Response Service (EARS). They can arrange to see you in person if needed.

Otago	Age Concern Otago	9 The Octagon, Dunedin	(03) 477 1040
Southland	Age Concern Southland	50 Forth St. Invercargill	(03) 218 6351

Alternatively, you can ring the confidential 24-hour, helpline. Freephone: 0800 32 668 65. Registered nurses will listen and advise anyone who needs information or support. If needed, you will be referred to local Elder Abuse Response Service.

If there is immediate danger call 111 for the police or ambulance.

See www.familyservices.govt.nz/directory for any updates to this information.

When talking with an elder abuse worker you can discuss what's going on, what's important to you and what you would like to change and happen. These skilled and experienced workers know that for most people family/whānau are important. They will work with you, and family members where possible, so that you each get the help and support needed. They will also help you dispel the wrong messages you may have been getting about your worth and your rights, so that you are better able to make the decisions you need to make for yourself and those you love.

ENDURING POWERS OF ATTORNEY

An Enduring Power of Attorney (EPOA) is a legal document that allows you to appoint someone you trust (an attorney) to make decisions for you if you are no longer able to do so yourself. You can appoint one person to do this; however, as the tasks are quite diverse, you may want to choose more than one person. Those you appoint may or may not be family members. You can set up an EPOA through a lawyer or a trustee company such as Public Trust. (Ask what the fee is likely to be.)

There are two types of EPOA:

- For personal care and welfare matters.
- For financial and property matters.

Personal care and welfare matters

For your personal care and welfare, you can only appoint one person/attorney at any time. You cannot appoint an organisation to act as your attorney. An EPOA in relation to your personal care and welfare can only be activated when you have lost mental capacity (ability to make your own decisions). The law says that you are presumed to be competent (mentally able to make your own decisions) unless an assessment by your GP (or other health practitioner able to assess mental capacity) shows otherwise.

Financial and property matters

You can appoint one or more attorneys to manage your financial and property matters and you can specify how they will act. (If you want someone independent to act for you in this role, you can engage the services of a specialist, e.g. lawyer, accountant or trustee company such as Public Trust.) This EPOA can be set up in two ways:

- It can be used by your attorneys while you still have mental capacity; or
- It only comes into effect if you lose the capacity to manage your property affairs.

Safeguards

The legislation builds in many safeguards for you, and the rules about how your attorneys can operate are well defined, e.g:

- Attorneys can be restricted as to what property and personal matters they can and cannot act on.
- Your attorney must consult with any other attorneys you have appointed as an EPOA (giving more oversight and a good reason to appoint more than one).
- Your attorneys can only materially benefit from their role if you have made provision for that.
- You can revoke your attorney (unless you have lost mental capacity).
- The attorneys must provide information to others if they request it and have a right to see it, e.g. accountant or doctor, if you have made provision for that.
- You should appoint successor attorneys who can step in if the original attorneys are unable or unwilling to act for you.

You must use the specially designed forms when making an EPOA. They are available online from the Super Senior's website www.superseniors.msd.govt.nz (Search: "EPOA") or from those who are advising you. Reading them prior to any meetings should make you better prepared and also save time and cost. Your signature must also be witnessed by an authorised witness and they need to certify that you understand what you are signing and what the risks are, and that you are not being pressured to do this.

Give a copy of the relevant documents to your attorneys, successor attorneys, doctor, accountant, bank and family. If you move into residential care or a retirement village you will probably be asked for these documents. The EPOA needs to be 'activated' (e.g. by the GP) for those going into dementia or psychogeriatric care.

In conclusion

If you lose mental capacity and you have not appointed your EPOA, your family or others concerned with your wellbeing e.g. social workers, must make an application to the Family Court for the appointment of a person or persons to act for you e.g. Welfare Guardian and/or Property Manager or for other orders. This process is costly (emotionally and financially), complicated, must be repeated at prescribed intervals, and there is no guarantee that the person you may have preferred as your attorney will be appointed.

This is an overview only and is not personal advice. Discuss this further with your lawyer or a trustee company

How can we help you?

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- Rest Home Care Subsidy Application
- Appointment of Welfare Guardian and Property Manager
- Enduring Powers of Attorney, Wills, Forming a Trust

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EQUITY RELEASE

Equity Release (previously also known as Reverse Mortgages) may be a way for some people to take advantage of the assets they have accumulated over their lifetime to help them live the type of lives that they want to in older age. To tell us more about Equity Release we are talking to Martin Hawes, Authorised Financial Adviser.

Equity Release options have been offered in New Zealand for some years now. Can you briefly explain what these are?

Home Equity Release allows older people to access the capital they have in their homes. Many are 'asset rich' but 'cash poor', however they could enjoy a better life if they were happy to borrow on their home using a home equity release.

In the past this sort of arrangement might have created a dilemma for many older people, however nowadays the children are often 'better off' than their parents; so in these cases a sense of obligation is removed. There are however still concerns about the interest rates these schemes charge; that people could end up losing their homes or that they could find themselves locked into the scheme in a way that could significantly reduce their future options, etc. Can you comment?

It's true, borrowing using home equity incurs greater interest; usually about 2% above variable mortgages interest rates. This is because the lender is not getting payments in cash, but will have to wait until the property is sold. There is also more uncertainty for them – the lender takes the risk that the borrower will live for a very long time and that house prices do not rise in value.

All reputable Home Equity Release lenders will give you a 'No Negative Equity Guarantee' so that at no time will you be required to leave your house, or your estate forced to surrender any other money to the lender.

If you draw down on your house, your children or those who might inherit will receive a lesser amount. Remember it's not just the capital you draw down; it's also the interest which will compound, adding to the total amount the bank will be repaid on the sale of your house.

Your options can indeed be limited. For example, should you want to move to a retirement village you will usually find that lenders do not lend on License to Occupy premises (the most common type of tenure in villages).

What is the situation where someone has drawn down an amount under an Equity Release and later wants to move house, perhaps downsizing?

As long as there is enough remaining equity you could transfer the amount over to the new house. However, it would be more likely that the borrower would repay what is owed because that would be one of the purposes of the downsizing (i.e. the downsizing is to free up some cash and it would make financial sense to use some of that freed up cash to repay the loan).

What sort of things do people use Equity Release for?

Commonly these are: home repairs and maintenance; upgrading the house to stay there longer (ramps, rails etc.); buying in more care assistance; replacing a car; medical/surgical treatment; overseas travel (often to visit family), etc.

You mention buying in more care. What would you advise in the following situation? Mrs G, an 87-year-old widow, owns and lives alone in her own home. The GV is \$595,000. She has no car and \$10,000 in savings. Mrs G has been assessed as requiring a high level of care and receives publically funded support services and assistance from her daughter Susan, who works and lives on the other side of town. Susan is no longer able to help. A reassessment is done and rest home care recommended. Mrs G doesn't want to live with her daughter or go into a rest home (costs approximately \$1050 per week). Susan wants to support her mother's decision. How can Mrs G structure her financial affairs to best achieve her goal?

Mrs G could consider staying at home, in a familiar environment where she decides her future, using a Home Equity Release to cover the cost of additional care. Withdrawals are structured according to each bank's level of lending (e.g. 20% to 40% of the home's value depending on the age of the person) and often structured so that smaller amounts are drawn down as needed. Over time she could spend down to the Residential Care Asset Threshold amount (i.e. single person \$230,495 as at 1 July 2019). The rationale being that under the residential care means testing regime she would have had to spend down to this amount anyway to reach the subsidy eligibility amount. If extra help would cost \$1000 incl. GST per week (e.g. agency supplied assistance) it would take about seven years to spend down to the Asset Threshold. Mrs G should hold onto the \$10,000 for emergency needs.

What else do you advise?

Most professional advisors will advise that you discuss this with your family, or advise them of your intentions, to avoid any potential issues in the future. In any event older people should not feel guilty about not leaving an inheritance. After all, it is their money.

Before signing with a lender they should get some advice from a lawyer.

Finally, what do you think about older people borrowing from their families with the security being their home?

Yes, I like children standing in for the bank but it has to be agreed by the whole family and then very well-documented. Again, see your lawyer.

Disclosure: As a result of my support for this type of product I have also been approached by and have been a paid speaker at seminars conducted by Sentinel and Heartland Bank (previous and current suppliers of this product). I receive no ongoing remuneration.

Note: This article is not personalised advice but is class advice. Martin Hawes recommends that you take professional advice for your own situation. Martin Hawes is the Chair of the Summer KiwiSaver Investment Committee. Summer KiwiSaver is managed by Forsyth Barr and a Product Disclosure Statement is available on request.

www.martinhawes.com

Looking into Residential Care?

If yes, you might be interested to know that a pre-paid funeral of up to \$10,000 is excluded from asset testing

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END OF LIFE PLANNING

Thinking about and planning for the end of our life is something many of us would rather not do; but often, facing this is liberating. While there are cultural differences around this subject and different ways of managing it, many people find that taking the time to plan puts their mind at rest and allows them to get on with living. Being clear about what you want for the future is helpful too for those who might need to act on your behalf. One way to do this is to set some time aside to talk with those closest to you about your wishes. It also gives you the opportunity to reminisce and spend some special time together. Remember though; any plans that are made need to be reviewed frequently, especially if your circumstances change.

Making a Will

We are all advised to make a Will. This allows for the administration and distribution of your estate (everything you own) after your death. It is important that you do this so that your wishes are known. If you die without having made a Will, your property is distributed according to the terms laid down in law, which may not be as you would wish. This is usually more costly to your estate and a slower process. It's important to make a new Will whenever your circumstances change, such as leaving a relationship or entering into a new one, or if you have children or have purchased any appreciating assets. It is advisable to consult a specialist when looking to make a Will. Ask about the cost. Some organisations or lawyers may do this for free if they are also named as the executor of the estate. However, often administration costs are more than if you had paid for this in the first instance. You can also make a 'do it yourself' Will, but you need to investigate this fully and comply with certain criteria in order for it to be deemed valid.

Advance Care Planning

Advance care planning is the process of thinking about, talking about and planning for future health care needs and letting others know (especially family, those closest to you, those who hold your Enduring Power of Attorney and your GP) about your intentions and wishes. Workbooks have been designed which guide you through the process. A template version is available on the internet from www.myacp.org.nz (which also shows examples of how others have used the process). If you don't access the internet, ask Age Concern where you can get a hard copy.

Living Will or Advance Directive

A Living Will or Advance Directive, conveys your wishes at a time when you cannot speak for yourself, e.g. if you are unconscious and decisions need to be made. It allows you to indicate what sort of treatment/s you would like and/or the situations that you would not give your consent to. In reality, thinking through each possible situation can be complex, time-consuming and quite difficult to do. It's important therefore to make a time with your GP to discuss this. While you may wish to refuse medical treatment (a right under The Code of Health and Disability

HARD TO TALK ABOUT?



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Services Consumers' Rights) the doctors acting on your directives must act within the law. They need to be assured that you were competent to make that decision at the time, that you were sufficiently informed and that you weren't being pressured. They will also need to establish whether the directive applies to the situation at hand. You can therefore understand the importance of making a written, dated and signed directive (even though this is not compulsory), frequently reviewing it, and having ongoing discussions about this subject with those closest to you.

Funeral Planning

Many people like to have a say as to what happens after their death. Planning in this way gives them confidence that others know about their wishes, and reassurance that they have done all they can to make it easier for grieving family/whānau and friends at the time. There are many things to consider, beginning with questions such as: if you want a funeral who will arrange it; would you use a preferred funeral director; or is something informal desired, e.g. plan it all yourself? The latter option requires more consideration, investigation (the internet is very useful for this topic) and planning, but there are groups in the community that can help you with this.

Even if you arrange for a funeral director to take your funeral, you also need to make your wishes known to those closest to you (writing this down is helpful). Have you any special requests? Do you want to be buried or cremated? Is there a charity you would like to ask people to make donations to?

Lack of knowledge about cultural differences and requirements can also have unexpected outcomes for mourners. If this might be an issue, prepare them for this possibility, e.g. in Māori culture it is an honour for the deceased to return to their home marae so extended whānau/family may arrive to discuss this with the bereaved. Other cultures will require a quick burial. Some people choose not to have a funeral for a variety of reasons. If you chose not to have a funeral and have family and friends who might expect some sort of farewell; let them know. They may like to arrange something else by way of remembrance.

Prepaid funeral

Peace of mind is often a big factor in the decision to prepay for your funeral. Most funeral companies provide helpful preprinted booklets on this and other bereavement issues, some of which are very comprehensive and informative. A prepaid funeral doesn't have to be with a funeral company. It can be arranged with a trust company such as the Public Trust. If you prepay your funeral ask:

- about the security of your investment;
- what happens if the funeral company ceases operation;
- if the fund can move with you if you move to another part of the country;
- if there are any circumstances in which the estate would have to pay more.

Note: If you are undergoing a financial assessment for a RCS, up to \$10,000 is exempt from the asset test for a prepaid funeral.

PALLIATIVE CARE

All of us have experienced loss at some time and as we age it is more likely we will experience the loss of someone close and dear to us. The emotional pain associated with loss makes it a difficult subject to think and talk about.

There are strategies however that can help us face the prospect of loss and to cope better when it occurs, such as being better prepared for our own end of life (see page 47) and knowing where to go for support if, or when, we, or those we love, are dealing with a life limiting condition for which there is no current cure. When we or someone close to us is dying we want to know that this can be done peacefully, comfortably and with dignity.

Palliative care is a specialist type of care that provides for these needs. It focuses on the person and their support networks. It has an holistic approach, incorporating not just medical and nursing care, but psychological, social, and spiritual components too. The aim is to manage symptoms, needs and care, and to maximise the quality of life for the person and those around them.

Palliative care may be provided by hospital palliative care teams; some GPs; home-based support services; District Nurses; staff at a residential care home; specialist nurses or hospice staff working in the community. Most hospices have inpatient services where people may go for respite, symptom and pain management, or support if their care cannot be provided elsewhere. At the end of life, some people may have the option to spend time in a hospice. A majority of people however are visited in their own homes or in residential care home by members of the community palliative care team (which may include specially trained doctors, nurses, social workers, counsellors, spiritual care staff and volunteers).

Often your GP will be the person who introduces you to the palliative care service. You may also contact the GP or CCC to make enquiries. If your GP provides palliative care, ask if they will make urgent home visits. If not, make other arrangements for these (enquire at hospice). In some regions, an assessment may be required to enable service providers to better understand your needs.

There are benefits in contacting your local palliative care specialists early on in your illness. It allows them to better understand your needs and be responsive as your needs change. They will also help you understand treatments such as chemotherapy and radiotherapy; assist with the management of any distressing complications; provide education for you and your family; and help coordinate communication between different members of your health care team.

Palliative care specialists understand the emotional 'roller-coaster' you may experience and are trained to respond sensitively and appropriately. At one time you may need practical support such as ensuring you have the right equipment for your care; at another you may need emotional support; or a listening, empathetic ear; or

perhaps someone to help you sort things out if there are problems. Palliative care specialists and/or the team of volunteers based at hospice can often help you achieve some goals you've set too, e.g. catching up with special friends or family, attending sports matches and functions, writing a book of memories, making quiet times for yourself, etc. Don't be afraid to ask for help. Let your palliative care advisors know about your needs. The palliative care service also offers support to families, helping them cope during your illness and, later, in their own bereavement.

It is often helpful to gather a range of support around you e.g. those who you feel most supported by; those who know you most intimately; and those who can offer expertise and/or support in other ways (help with meals, transport, friendship etc.).

As time progresses family members, and/or those close to you, often become skilled at understanding your unique needs. They may therefore be the best people to advocate for you if the need arises. (See also page 42) They do however need their own support and 'time out' to 'recharge their own batteries' (see page 73).

One of the biggest concerns people have is that end of life care will not adequately manage their symptoms. It's absolutely ok to ask for a second opinion and to go elsewhere if you feel you're not getting the service you need.

Read information you are given, ask questions and read up on things that are important to you. If you don't want to do this, ask someone else to do this for you and to explain it to you in a way you feel comfortable with. You may not want to know every detail yourself, but you will want the best possible care and advice. The hospice website www.hospice.org.nz offers 'A Guide For Carers' and the comprehensive, symptom management resource, 'The Palliative Care Handbook 2019'.

For a variety of reasons, it might not be possible to stay at home and moving to a care home may be needed. Payment options vary. In this region, the DHB may subsidise the services for a defined period, after which a financial means assessment may be required (see RCS pages 113-119). In others, the means assessment may apply immediately. Funding may also depend on any pre-existing condition. This means that, depending on the circumstances, some people may have to pay for part or all of their residential care. If you require residential care, ask your Needs Assessor or CCC about what applies in your situation. Work and Income may also be able to clarify any questions you may have about residential care payments.

In this region specialist palliative/hospice services are delivered by the Otago Community Hospice (phone 03 473 6005), Hospice Southland (phone 03 211 3081) and the Southern District Health Board Palliative Care Advisory Service. If you live in a remote area, support may be available by telephone or video-conferencing. You may also be referred to other health professionals in your area who can help. Palliative care is an important, priority service in New Zealand. Each person's situation and journey will be different and some variation in care can be expected.

ASSESSMENT & SERVICE COORDINATION

Find out:

- ▶▶ Why an assessment will be useful
- ▶▶ How to get an assessment and how the system works
- ▶▶ What might happen during and after an assessment
- ▶▶ Who will do the assessment
- ▶▶ How this will affect what you pay for

Sometimes older people put up with difficult situations relating to their health and wellbeing when they don't have to. It may be possible to sort these problems out. This is where an assessment can be helpful. It's like standing back and taking stock of all the things that might be impacting on you e.g. a medical condition, your physical ability to do things, your mental wellbeing and social situation, etc.

An assessment helps determine what support you need, how your needs can be met and whether you qualify for publicly funded support.

The type of assessment done in this situation is known as interRAI. It is done by an interRAI trained health professional who is skilled in the area of older people's health. This person will often have other roles as well, so to keep things simple we refer to them as a Needs Assessor. (See also the Glossary page 7.)

Getting an assessment

Commonly your GP will refer you to the Care Coordination Centre (CCC). The CCC is a team which manage referrals and services. You may also refer yourself.

CCC will check to see if you meet eligibility criteria for services and send your referral to the correct team who will contact you to arrange the assessment. If necessary, they will refer you to other parts of the health service.

You will generally be seen in your home; however, you may be seen while you are in hospital preparing to return home, at a clinic or elsewhere in the community.

It's usually helpful to include your family/whānau and/or those closest to you in this process so, with your permission, they will be invited.

Types of interRAI assessments

There are many types of interRAI assessments (including reassessments), and the one most suited to you is determined by the type of needs you have.

- If a short assessment or reassessment is indicated it may be done by a Needs Assessor, usually based in the community.
- If your needs are complex, then more information will be needed to ensure you get the most appropriate support. This assessment is completed by a Clinical Needs Assessor from the DHB. A comprehensive interRAI assessment is thorough and can take up to two hours.

- Sometimes a basic assessment or review can be done over the phone. These calls are only made if it is thought that the situation can be properly addressed in this way. If you have problems discussing such things over the phone e.g. you can't hear well, feel uncomfortable, want someone with you or can't explain things properly, then ask for a 'face to face' meeting.

The outcome of the assessment will be discussed with you and, with your permission, your family/whānau. If you require treatment a referral to the appropriate service will be made.

Service Coordination

If your assessment indicates you need support, your Needs Assessor will talk with you about your options and draw up a plan outlining your needs, goals and recommended support. Together, you decide what services you will receive and who will provide them (you may have a choice). Your plan formalises the types of support you may receive including any assistance you get from family/whānau, friends, the wider community and other agencies. It may include personal care (showering, dressing, etc.); household/domestic assistance; equipment to make things easier for you; support for any carer; etc. (See also page 63.)

You will be sent a letter summarising the assessment findings and the agreed plan.

There may be a cost for some services; others may be subsidised/funded. If your assessment shows that you are not eligible you will not get subsidised/funded services. This is generally because your needs do not meet the eligibility criteria or because this type of assistance is not funded.

While the goal is to help you live as safely and independently as possible at home, sometimes this is not possible and residential care may be considered. A DHB Clinical Needs Assessor can authorise entry into a care home (see page 95).

Important points

- Those who have greater needs are given priority.
- Once the referral has been made the assessment should be done as soon as possible. If there is a waiting list and if you cannot manage or need further help during that time, go back to CCC or your GP. In an emergency call 111.
- If you have funded support services these will be regularly reviewed, e.g. annually. If your needs change then a reassessment will be needed.
- If, following assessment, there is a change in your circumstances (including your financial circumstances), let either CCC or your home support agency (if you are receiving home support in the community) know.
- If you do not agree with the outcome of the assessment, or the recommendations, you can ask for a review.
- Assessment and service coordination services are free to New Zealand citizens or residents who are eligible for publicly funded health or disability services.



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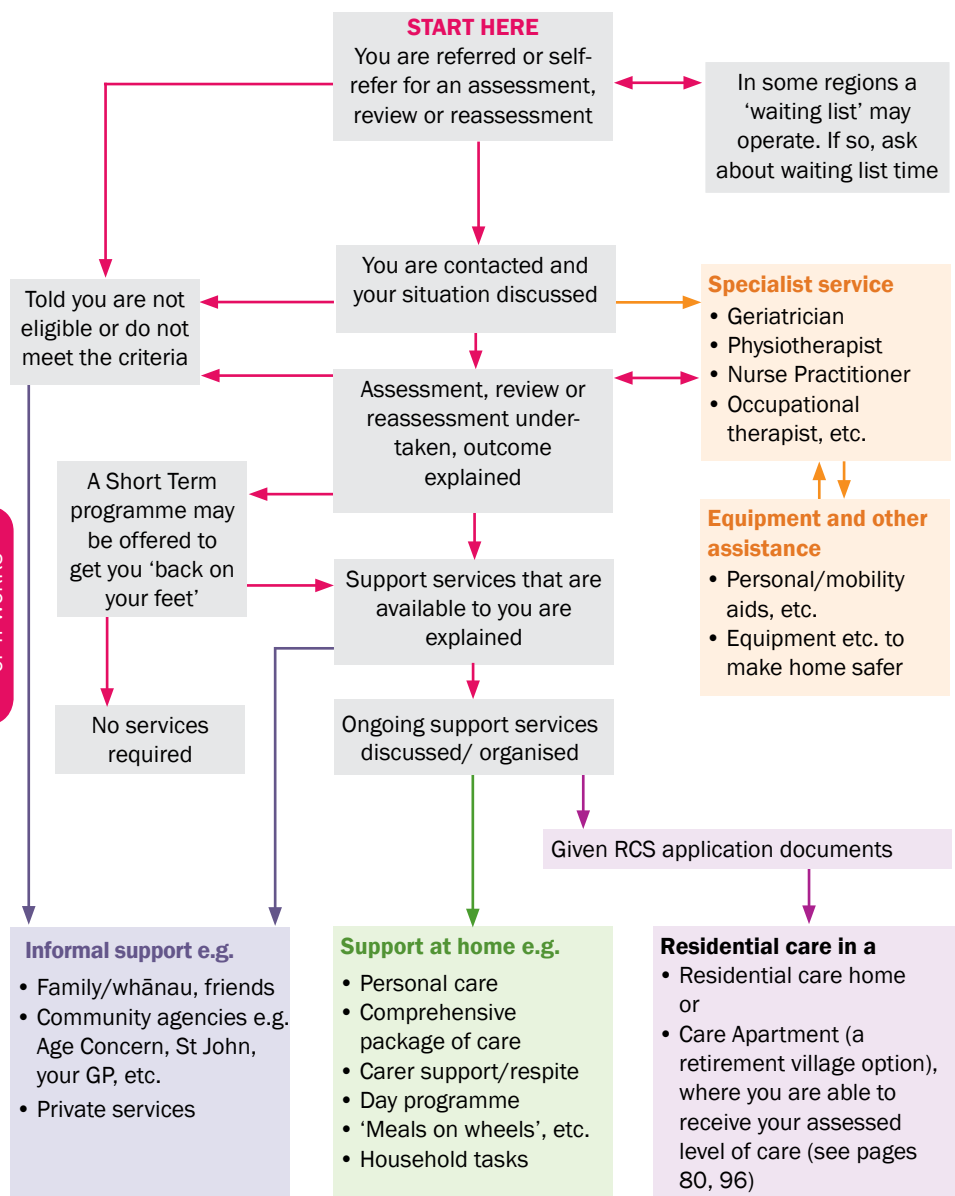


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ASSESSMENT PROCESS & POSSIBLE OUTCOMES



Reviews are conducted regularly. Let your home support agency or Needs Assessor know if your needs, personal or financial situation have changed. If you do not agree with any part of this process you can also ask for a review.

PAYMENT FOR SERVICES*

Service Type	How provided & type of payment	More info
Informal support	Your Needs Assessor & community agencies will give information	
Community services, e.g. Age Concern, St John, your GP, etc.	Community services are often free (funded by grants etc.), some may be subsidised, others may need a private contribution.	See pages 12, 14-15
Home support	Your Needs Assessor will advise you about eligibility, etc.	
Household tasks	In most areas and situations this may be funded for those who hold a Community Services Card; may also be restricted to those with high and complex needs. Household members are encouraged to assist. Private payment is an option.	See pages 61-71
Personal care	May be funded for those with complex needs; may be funded for others if assessed as required. Private payment an option.	See pages 62-63, 65-66
Comprehensive packages of care	Complex packages are adjusted as required, e.g. as a result of a reassessment.	See page 52
Carer support & Respite	Usually funded if allocated; may require private 'top-up'. Residential care beds accessed on an 'as available' basis. Private payment an option.	See pages 73-74
Day programme	Usually funded if allocated; may require private 'top-up' or transport fee. Private payment an option.	See page 75
'Meals on Wheels' (delivered)	Not available in all locations; may be subsidised if allocated; usually with small additional payment.	
Equipment etc.	Your Needs Assessor or Specialist services may make referral	
Personal/mobility aids	May be funded if eligible. Private payment an option.	See page 25
Equipment, etc. to make home safer	May be funded if eligible. Private payment an option.	See page 25
Residential care	Your Needs Assessor will advise you about eligibility, etc.	
<ul style="list-style-type: none"> • Rest home • Dementia care • Hospital • Psychogeriatric 	Private payment; Residential Care Loan; DHB Residential Care Subsidy (RCS) or 'top-up' if eligible.	See pages 110-119
Residential care in a retirement village Care Apartment	Capital Contribution that you pay; probable ongoing private payment; Residential Care Loan; DHB RCS or 'top-up' if eligible.	See page 80

*Funded services relate to DHB age related and MOH funding.

NZ SUPER & FINANCIAL ASSISTANCE

This section gives a brief overview of financial assistance that may be available to those who qualify. Details may change so please check with Work and Income (page 12) to confirm the accuracy of the following and for up to date information.

New Zealand Superannuation ('NZ Super' or 'pension') is a taxable payment made to those who meet the criteria. It is paid fortnightly on a Tuesday.

- You must be aged 65 or over, and meet length of residency and other requirements to be eligible. Other overseas living arrangements may also give you eligibility. Specific criteria may apply for some Pacific Islands. Contact Work and Income for more information (freephone 0800 552 002).
- To avoid missing any payments apply to Work and Income about a month before turning 65. Internet users can apply online at MyMSD or you can call into Work and Income or phone for a form. If you want assistance, you will need to make an appointment.
- The amount you receive depends on your circumstances and living arrangements, e.g. a single person living alone gets \$822.30 (a fortnight after tax at 'M' tax code), (as at 1 April 2019). If you have paid work, you will still get NZ Super however it may affect your income tax rate.
- If you have a non-qualifying partner, e.g. a younger partner, they may be able to be included under special criteria. The financial implications can be complex so talk to Work and Income.
- Single people or those considered to be single and living alone (includes those whose partner lives in residential care) may be eligible to receive the **Living Alone rate of NZ Super**.
- Currently a visitor can stay with you for up to 13 weeks in any 26-week period without the rate of this payment being affected.
- A **Veteran's Pension**, paid at the same rates as NZ Super, may be available to those who have qualifying operational service (confirmed by Veterans' Affairs) and who meet other criteria.
- If you get ACC payments these may impact on your NZ Super or Veteran's Pension; talk to ACC about this.
- **Winter Energy Payment** - A weekly payment to help with the cost of heating your home in the cooler months only. It is paid automatically to those who receive: NZ Super, Veteran's Benefit and other designated benefits.
- You must inform Work and Income of change in your circumstances that might effect payments e.g. overseas travel, relationship changes, etc.

SuperGold Card - These cards are issued to those who get NZ Super or Veteran's Pension. If you have a partner included in your pension, they'll also get a card. The card gives access to a range of business discounts, free/discounted government and local council services and off-peak transport. If you also have a Community Services Card (see page 58) it is combined into the SuperGold Card.

Other main benefits managed by Work and Income include but are not limited to:

- **Emergency Benefit** - Assistance that may be paid to people who cannot support themselves and who do not qualify for any other payments.
- **Orphan's Benefit and Unsupported Child's Benefit** - this provides extra help for caregivers of dependent (grand)children. A range of support may be available and may include a Childcare Subsidy, Establishment Grant.
- **Supported Living Payment** - For those who are either caring for someone (but not their spouse or partner) at home who would otherwise need to be in residential care or a hospital, or have a health condition, injury or disability that restricts their ability to work. Individual circumstances are considered. Contact Work and Income.

If you meet eligibility criteria, you may be able to get extra assistance from Work and Income. This assistance may include:

- **Accommodation Supplement** - For help towards the cost of rent, board or the cost of owning a home. This is income and asset tested. Additional criteria and other factors are also considered. People living in social housing (Housing NZ and government approved community housing) don't qualify.
- **Advance Payment of Benefit** - If you urgently need something you can't afford to pay for right now, you may be able to get some of your NZ Super/Veteran's Pension payment paid ahead of time. For example essential house repairs, dental treatment or household appliances. Income and asset tested. It has to be paid back, but you may be able to do this in installments.
- **Disability Allowance** - For extra expenses due to a health condition or disability that is likely to last at least 6 months (e.g. transport costs, special dietary requirements, medications, doctor's visits, gardening, personal alarm, etc.). A doctor's certificate is required as part of the application. The maximum you can currently claim is \$64.29 per week (as at 1 April 2019). Income tested. Keep relevant receipts if you plan to apply for this allowance. You will need them at the time of application/re-application.
- **Special Needs Grant (SNG)** - This is a one-off payment to help with urgent things you've no other way to pay for, like food, bedding and emergency medical care. You won't usually have to pay this grant back. Income and assets are considered and there are other conditions.
- **Funeral Grant** - This grant may be available to help pay for funeral costs. The maximum payable is \$2,093.31 (as at 1 April 2019). Income and asset testing of the deceased, partner, and parent or guardian applies.
- **Recoverable Assistance Payment** - If you're not receiving NZ Super or another benefit and you need something you can't afford to pay for right now (such as whiteware) you may be able to get this payment. You need to pay it back (usually by installments) and there are other conditions.
- **Temporary Additional Support** - A weekly payment for those who cannot meet their essential costs from their income or other sources. Paid for up to 13 weeks. Determined by your cash assets and other factors. Income and asset tested.

Other Health Related Support

Most doctors/GPs in New Zealand belong to a PHO (Primary Health Organisation). PHOs receive 'bulk' funding, to look after the health of the people who are enrolled with their service (most New Zealanders are enrolled). There are cost savings and other benefits to you and the provider with this type of system. You generally pay lower overall fees and you get access to a wider range of services. Costs vary depending on who your doctor/GP is and the subsidy that is paid to them. The following may apply. For more information ask your health care provider.

- **Care Plus** - Provides your GP with an additional subsidy if you have high health needs e.g. chronic conditions, acute medical or mental health needs. You will work with your GP or nurse to develop a health management plan.
- **Community Services Card** - Income tested. Issued by Work and Income to those with low or medium incomes. For healthcare and other costs including, from 2018, significantly reduced fees for GP visits at those practices that have signed up for the reduced fee scheme (you can ask your GP about this).
- **High Use Health Card** - For those who visit a health practitioner at the general practice they are enrolled in more than 12 times a year. The General Practice will make an application to the Ministry of Health.
- **Prescription/Pharmaceutical Subsidy Card** - You get this card from your pharmacist. Reduces prescription and associated costs after you and your family (who live with you) have received 20 prescriptions each year.

Applications to other agencies

Hearing Aid Subsidy & Hearing Aid Funding Schemes

There are two types of MOH funding assistance for hearing aids; the Hearing Aid Funding Scheme and the Hearing Aid Subsidy Scheme. Your eligibility depends on what type of hearing loss you have and your circumstances. The Subsidy Scheme may be available if you do not qualify for the Funding Scheme. The Subsidy payment for each aid of \$511.11 (inc. GST) is only available (via an approved assessor) every six years. If you do not qualify for either of these schemes but meet other criteria, you may be able to get help towards the cost of hearing aids through ACC or Veterans' Affairs.

The National Travel Assistance Scheme

Those who need to travel long distances or travel frequently, to see a publicly funded specialist or disability service, may be able to get some travel assistance (also possibly for your support person). Examples of situations where you may have to travel include going to see a heart specialist or a renal dialysis centre. To make a claim you:

- Need to be referred by one publicly funded specialist to another (not GP).
- Must fill out and send in a National Travel Assistance Registration Form signed by your specialist before you travel. (The specialist will usually arrange this but check if you feel you may be eligible and this hasn't been discussed.) The Ministry of Health will let you know if this has been approved.

- Must keep all receipts of your costs. Do not throw anything away that you think you might need as evidence in making a claim, e.g. petrol receipts, bank account verification, appointment cards or discharge letters, etc.

Each time you make a claim, complete a National Travel Assistance Claim Form and send it to the Ministry of Health. You can get assistance and the forms you need from your hospital travel coordinator, health or disability specialist, or nominated social worker. This funding scheme does not apply to private patients. For more information call the Ministry of Health Freephone 0800 281 222 (option 2).

The Total Mobility Scheme

This scheme subsidises transport costs for those with a disability and who are unable to use public transport. Assessment is required from approved agencies, contact Age Concern (see pages 14-15), your GP, or disability agency for more details.

Rates Rebate

In many parts of the country property owners face increasing rates. For older people, particularly those on low or set incomes, an increase like this can be stressful. A rates rebate gives some relief. The rates rebate threshold has been increased for the 2019/2020 rating year. The following came into effect 1 July 2019:

- maximum rebate \$640;
- income threshold \$25,660;
- income allowance for dependents remains at \$500 per dependent.

If you think you are eligible for a rebate, contact your local council after you get your rates bill (they won't contact you). Even if your income exceeds the income threshold or you live in a retirement village, you may still be eligible. Check your eligibility and current rate on the website: www.dia.govt.nz (search "rates rebate").

ACC (Accident Compensation Corporation)

ACC manages a government mandated system whereby those who are injured as a result of an accident (regardless of how it was caused), may be eligible for support. To be eligible, the accident (such as an injury resulting from a fall) needs to be registered with an approved health professional, e.g. GP, doctor at the hospital, etc. This person will forward your claim to ACC. ACC will contact you to let you know if it has been accepted. If you have an accident related injury and an ACC claim isn't mentioned, ask about making one. Examples of possible entitlements include:

- treatment costs;
- rehabilitation cost;
- a lump sum payment ('one off' or ongoing) if you are permanently impaired;
- mileage and travel costs to attend appointments (and related accommodation);
- home and vehicle modifications;
- counselling;
- travel for a support person.

You have a right to have a support person attend appointments with you and to a choice of approved assessor or specialist. While ACC provides funded support for those who sustain injuries, a major focus is prevention.

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STAYING AT HOME

We all know that life is full of times of transition where we move from one stage to another. Managing these is not always easy. You may recall managing some of these previous major life events well, and others less so. Now you are approaching a new transition and may be thinking about how you can live as independently as possible when your health or disability makes this difficult. How can you manage?

Managing your mindset

Facing change can be stressful. One of the most successful strategies for coping with it is managing your thinking. It can be tempting when facing an unknown future to allow things to evolve haphazardly as they will, however it is possible to achieve a planned outcome that works better for you long term and one you are ultimately happier with. The Scots sum it up with their saying “There’s no such thing as bad weather, only the wrong clothes.” If possible, ‘put on’ your best mindset.

It’s likely that this is a new experience for you. Think back to those times when you coped well with major life events use those strategies again e.g. make plans. Look for and develop other strategies too e.g. selecting positive thoughts over negative ones and adjusting your expectations to fit your new situation.

Understanding what’s going on

A good place to start is with a visit to your GP. Do you understand what’s going on for you ‘health wise’? Have you told your GP about anything that’s worrying you e.g. perhaps you can’t do the housework or shower safely? They need to know these things so they can help you plan too. They and others at the practice are probably going to be some of your best advocates and supporters in the future.

Planning and doing

Remember the relief you felt when you stopped procrastinating about doing something and did it? Despite any disability or health problem you might have, you can take more control of the situation and make some decisions.

Consider what resources you need now and might need in the future in order to live independently. (Read the articles on pages 25, 56-59.) Maybe you just need someone to work alongside you to get things sorted (e.g. cleaning, decluttering, etc.) so you can feel ‘on top’ of things again. Age Concern will know who provides these types of services (see pages 14-15).

Use your visit to the GP/Practice Nurse to find out about any other assistance you might be able to get e.g. personal alarms, gardening assistance, etc. (e.g. Disability Allowance - see page 57). Get an assessment done if recommended. It gives good baseline information about your needs and introduces you to ‘the system’.

Decide to be more active. Being more active not only improves your physical health (see page 18); it maximises your skills and abilities, improves your confidence and

increases the chemicals in your brain that improve your mood. By being more active and improving your strength and balance you may extend the time that you can live safely and independently at home.

If you are confidently in control of your situation it often increases the confidence of others too, such as family members and neighbours who may be worrying quietly on the side-lines.

Maintaining relationships

Evidence suggests that being involved with others is good for our health. Stay connected to your friends, family and community as much as possible and take advantage of offers of help. Also, see what you can do for others (e.g. make a daily phone call to a neighbour). Being involved in such a way helps build a more caring and connected community, benefiting everyone (see also pages 33-34).

Getting out and about is important too. If you're driving and want to remain a confident driver then you may be able to attend a local community course (Age Concern may run one or know of one). If you are no longer driving, subsidised taxi vouchers and specialist driving services are now commonly used to get people to the places they want to go. A mobility scooter may also be an option.



A message to families

It's hard to watch your older relative struggling to do things for themselves. There are often a host of things that run through your mind at such times. You may be worried for them, sad, perhaps frustrated that you've been trying to get some support for them for a long time, angry about decisions that have been made in the past, or concerned about family dynamics; we all carry things with us that will impact on what happens next. While various family members will have their own ideas about this, your relative will too and these should be respected. So, if they are staying at home, how as family, can you support them? What options are there? Is anyone realistically able to provide support and/or care? At times like this it's common for family dynamics to come under pressure, however, with a common shared purpose you can usually work it all out. It helps if you can respect your differences, show goodwill to one another, give clear messages, share information, tell one another that you appreciate what they are doing and avoid having difficult conversations when stressed.

Needing More Formal Assistance?

There may come a point of time when you are no longer able to manage, and any family support you might have had is no longer sufficient to provide what you need. It's now time to call in the professionals.

There are number of factors to be aware of:

- Some services may be funded, others not. Your ability to pay will be considered.
- Undertake an assessment if you haven't already. There is often a waiting time for this to be done. An assessment determines your need and any

eligibility for publicly funded services. (See pages 51-55 for details.) During the assessment tell the assessor as clearly as possible what you need to enable you to live a safe and good life.

- If an assessment has established that you need help with your personal care e.g. dressing and showering, wound care, support for your carer and other support of a personal nature, then this is generally funded by the DHB regardless of your financial circumstances.
- For those who require domestic assistance e.g. housework and other types of support that enable you to live at home, and an assessment has established that you require the service then the following applies:
 - a. If you have a Community Services Card the services may be funded.
 - b. If you do not have a Community Services Card you will self-pay.
 - c. Any funding support will be reviewed from time to time and when requested.
 - d. There is a responsibility to advise MSD of any changes in your circumstances that affects your ability to pay for your services.
- You can privately 'top-up' any publicly funded services.
- DHBs operate within a tight budget. This means services are prioritised and those with more complex and/or higher needs are given priority.
- Those with more complex and/or higher needs may receive what are known as packages of 'support' or 'care' (see page 52).
- A 'Support Plan' or 'Care Plan' will be written up with you and you will be asked to sign it. It's ok to have family members input and it's ok to ask for things to be changed.
- A number of people from various health disciplines (who bring different skills) may have input into your Plan and/or provide services if required.
- You should be asked to sign a contract for services you agree to receive. Don't sign anything you are uncertain of or don't agree with. Get advice from someone you trust or CCC (if the services are publicly funded).
- Short-term (e.g. 6 weeks) and intensive support programmes may be offered to prevent unnecessary admission to hospital or aid in rehabilitation following a hospital stay. Your local health service will advise.
- 'Top-up' fees may be charged by some providers for some services and in some circumstances, e.g. some short stays in residential care facilities.
- DHBs contract with 'Certified' home support providers to deliver your support or care. You will find a list of these and private providers on page 69.
- Services should be provided in a culturally sensitive and appropriate way.

Restorative services

Many DHBs require their contracted home support providers to provide restorative services. These services are aimed at helping you sustain, maximise and even restore your skills. What this really means is looking for ways in which your health, abilities and well-being might be improved. It may include problem-solving,



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See us: www.drccsouth.co.nz
Email us: info@drccsouth.co.nz

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finding manageable ways to do tasks, attending education sessions, or if anyone comes into your home to provide support; working alongside you, not for you.

Goal setting

Goal setting is a strategy which uses a set of little milestones to help you achieve a 'bigger' goal i.e. something that is important to you. Everyone's 'big' goals are different. Goals might include 'one off' or irregular types of things like going to a grandchild's wedding, visiting family out of town, going to an event, etc. and/or everyday goals, e.g. getting up less frequently at night to go to the toilet, taking care of your pet, cooking your own meals, etc.

Delivery of your publicly and privately funded services

Before your support worker arrives, someone should visit you to make the necessary arrangements to get services started. If your contract hasn't been signed you will be asked to sign this and possibly other documents such as a 'Support Plan'.

In the first instance it's important for both you and your support worker to create clear boundaries about what's ok and what's not. Your support worker should also:

- Arrive on time and leave when the planned tasks have been done;
- Never access your bank account, your money, know your PIN numbers, take or use any of your things for their own purpose;
- Never threaten you or make you feel uncomfortable. This behaviour is not ok and must be addressed. Get appropriate support (see pages 10-11, 40-41).

Those receiving publicly funded home support services will probably see different people for various reasons e.g. registered nurse for clinical issues, support worker for showering assistance etc.

It's likely you will be given pamphlets and paperwork (which you may need to refer to occasionally). Keep these together in one place and sorted into different categories. It also pays to keep other essential documents all together and handy (but private too), e.g. your banking and NZ Super client numbers, Birth Certificate, Will and Enduring Power of Attorney. Again, you may need to refer to these.

Private services

Some people choose private help as they can often buy services that are perhaps more wide ranging (e.g. being taken on outings, having the pets taken care of), or are additional to publicly funded services (e.g. support worker sleepovers), or allow more control over what happens and when it happens (e.g. the timing of visits or selecting the support worker of their choice). Sometimes family members 'gift' these services to their relative. It can be reassuring for them to know that regular contact is being made with their relative, particularly if they can't be there themselves.

If you engage a private service, you need to manage part or all of this relationship including the financial aspects; or have someone else such as your Enduring Power of Attorney do this on your behalf. The most important issue is to have a written

and signed agreement or contract between you and the provider or support worker.

You should also know:

- The cost per hour (rates differ widely). Ask if GST is added and if there's a minimum charge.
- While an informal arrangement with a friend or neighbour might seem perfect, you need to be careful. There generally aren't the same assurances as when using a formal agency (which should conduct police and other staff checks).
- How to deal with complaints. A more formal agency will give an outline of the process and details of someone you can go to within their service and independent contacts. In an informal arrangement, you may have to resolve issues directly with the support worker.
- Whether they operate a professional management team with staff holding relevant qualifications, e.g. Registered Nurse for specialised care.
- If they provide ongoing training for staff.
- What the workers' and your own rights and responsibilities are.
- Whether you can stop the service at any time, incurring no additional cost.

Private services may be an option

Perhaps you would like some private support but are worried you can't afford it. Some home or property owners have freed up money via an 'equity release' to allow them to do this (see pages 44-45).

This may be an option particularly for those:

- Who have minimal assessed needs, do not qualify for subsidised support, have little family or community support and who want some social support.
- Who require residential care and would be privately paying but would prefer to stay at home (perhaps adding to what the DHB might be providing), and in so doing 'spending down' to the asset threshold (see pages 114, 116).

Get independent legal and financial advice. Once you have made this choice you reduce all other options. Your professional advisor should alert you to issues you need to be aware of.

Getting home help in a retirement village

The sort of help you can get in a retirement village varies from village to village and will be defined in your village contract. Many now require residents to purchase any home support and/or personal care services from the village operators. This could prevent you from accessing DHB funded services. If you want to negotiate these terms, or any others, the best time to do so is before you sign up.

The following are some of the options for getting home help:

- Some contracts allow community-based support providers to come in and provide care and support (just as they would if you lived elsewhere);
- Others state that all support services must be purchased from the village;
- While others allow for a mix, e.g. your personal care needs can be provided

by a community-based home support provider, but your domestic assistance must be purchased from the village.

If you choose a Care Apartment, a residential level of care can be provided by the village to you in your residence. A RCS may be available if you qualify (see page 113).

When things get more complicated

In some areas those whose needs are great enough to qualify for care in a residential care home may be offered increased services at home as an alternative. This is more likely to be offered where the person wants to stay at home, and it is considered possible for them to manage with the right support. This sort of flexibility might work for some, but not others. Make sure health professionals understand your and your family's perspective and wishes. If you do not agree with decisions that are made you can ask for your situation to be reviewed.

Occasionally things go wrong, or serious problems arise. Sort them out as they arise and don't be afraid to make a complaint; services improve when problems are identified and addressed. The article on pages 10-11 outlines a safe process to handle potential complaints. The MOH also produces a brochure 'What to do if you have a concern about your home support services'. It is available on www.health.govt.nz

Finally, if things aren't working well for you, contact CCC. If your services don't meet your or your carer's needs, you should feel free to say so.



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HOME SERVICE PROVIDERS

Southern DHB area	Phone (03)	Area served	Info
Access Community Health*	0800 284 663	Otago & Southland	
Custom Care Nursing	0508 687 737	All areas	
Enliven Individualised Funding*#	477 7115	Otago & Southland	back
Florence Nightingale Agency (Otago)	470 1588	Dunedin & surrounds	
Florence Nightingale Agency (Southland)	214 0666	Invercargill & surrounds	
Geneva	0800 GENEVA/ 0800 436 382	Otago & Southland	
Good Partners Homecare & Nursing	0800 262 301	Otago, Southland, Central Otago & Lakes	64
HealthCare NZ*	0800 333 676	All areas	
Healthvision	0508 733 377	Otago & Southland	
Penny's Home Care	027 343 4776	Wanaka & surrounds	
Royal District Nursing Service - New Zealand (RDNS NZ)*	0800 736 769	Otago & Southland	70
The Good Companion	021 717 884	Otago & Southland	
Your Saving Grace	442 5129	Queenstown & surrounds	

KEY:

* = DHB contracted provider

= For clients with specific requirements. CCC approval required.

This is a list of personal care/domestic services. Other services such as meal services, transport and home maintenance are not shown. Providers who do not have a DHB age related contract may have other DHB contracts/subcontracts or have contracts with other agencies such as ACC. The CCC can provide you with the latest information.

Seniorline

Navigating services for older people



National information service

If you, or an older person you know is having difficulty managing at home, phone Seniorline to find out about:

- Help to stay at home**
- Relief care for carers**
- Rest home care**

www.seniorline.org.nz

Call 0800 725 463

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www.rdns.org.nz

T&Cs: Services may be funded by your DHB, ACC, or MoH or privately. We can assist you with the funding options.

St John Community Care

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Health Shuttles

St John has Health Shuttles in the Otago/Southland Area which are available for transport to any health related appointments in the following areas:

- | | |
|---|--|
| Invercargill to Dunedin | Queenstown to Invercargill |
| Central Otago to Dunedin | Gore to either Invercargill or Dunedin |
| Otautau - local and Invercargill | Winton - local and Invercargill |
| Northern Southland - local and Invercargill | |

To book on any of these services phone: **0800 103 046**

Caring Caller

Sometimes we lose contact with the people whose company we enjoy which can leave us lonely and isolated. The St John Caring Caller service is a free telephone friendship service that regularly puts people in touch with someone who cares about them.

If you, or someone you know would benefit from regular telephone contact either as a client or caring caller volunteer, call us free on **0800 780 780**

CHECKLIST-HOME SERVICE PROVIDERS

Tick the boxes when you are satisfied you have addressed the issue. A checklist can also be downloaded from www.eldernet.co.nz

- Do you need/want assistance with: personal care/domestic care/both?
- Have you thought about asking family/whānau/friends for help?
- Do you know if you will have to pay for services yourself or if they will be subsidised or partly subsidised? (Eligibility for funded services is determined via an assessment. See pages 51-54).
- Do you have a choice about who will provide your service?
- Are there services you require or would like that the agency cannot, or will not, perform?
- Can the agency deliver culturally appropriate care, if required?

Your support or care plan

- Has the agency worked with you to establish a clear support or care plan? (This plan gives you and those working with you a common understanding of what's needed to achieve your goals.)
- Do you understand and agree with it? (You should have input into it.)
- Does this plan make it clear if you need to pay for anything?
- Do you know what will happen if your health needs change?

Your support worker

- Are you comfortable with the person who has been assigned to you?
- Will you have the same support worker coming to you, or will this person change? How important is this to you?
- Will you have to do some things for yourself or with the assistance of your support worker? (It's a good idea to do as much for yourself as you can.)

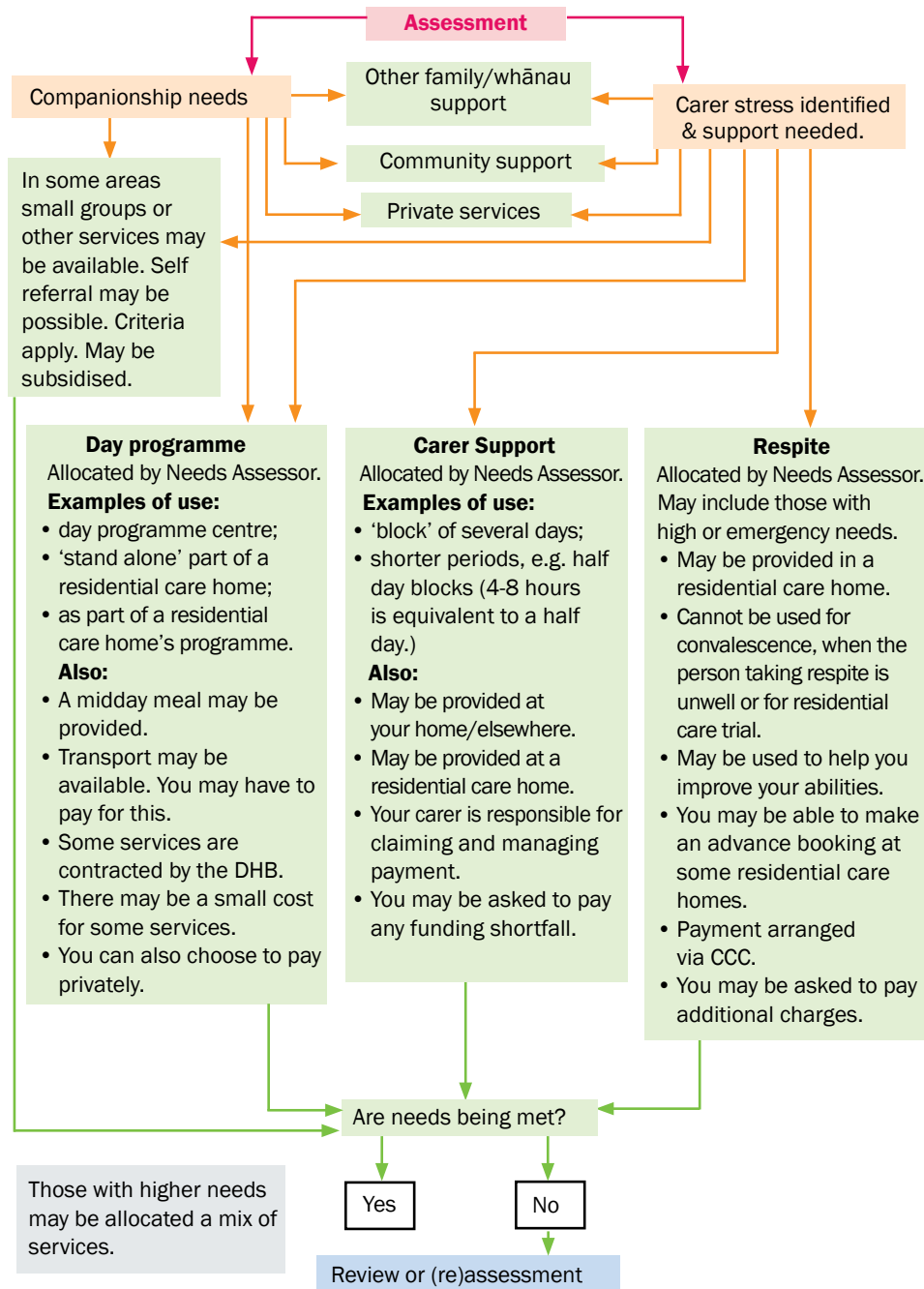
Practical things

- Do you check IDs before you let unknown people into your home?
- Are you careful about your financial practices, e.g. not giving a blank signed cheque to anyone, never giving anyone your bank card and PIN, etc?
- If you are partially or fully paying for the service do you have a clear indication of the fees? (Check to see that GST has been included.) What is the billing process? Are there minimum charges?
- If you live rurally or remotely will you be charged for travel?

Problems

- Have you been given information about who to call if you have any questions or complaints about the service?
- If you wish to stop the service, or change the agency, have you been given information about how to do this?

SHORT TERM BREAKS - OVERVIEW



SUPPORTING YOU & YOUR CARER*

While an unexpected health episode might spell the beginning of a caregiving relationship, it's often a gradual process. Initially you may require assistance with little things, however over time, your needs may increase. If you live with others or have family nearby then it's likely they will provide support. Rather than letting things drift along, this is an important time to take stock. Visit your doctor to eliminate any treatable conditions, manage existing conditions and talk about a future strategy. An important element that should be considered is ensuring those in your wider social circle, who help you on a regular basis, get support too. This article is about managing the care, balancing different needs, and sustaining these relationships. This time of your life can be rewarding for all parties and various strategies can be put in place to make the potentially difficult times easier for everyone.

Family/whānau The ability of family/whānau members and friends to provide support will vary according to their circumstances e.g. they may live far away, have other demands, lack confidence, need to be in paid work. While it's often the fact that one family member becomes the main carer, (it initially seems easier and less complicated), it's helpful for others to be involved too. Family dynamics can often 'play out' at this time, however, if people are aware of them they can be managed.

Assessment An assessment will be required (see pages 51-54) if you want to access any formal or subsidised supports e.g. home help, Respite Care and Carer Support (see page opposite). Any such supports need to work in tandem with the support provided by your carer/s. It is important that everyone involved in your care understands the level of confidence, skills, strengths and abilities of your carer/s and for them to be recognised as an important part of your team.

Education Research shows that providing education for carers is beneficial. It reduces stress as it: improves the carer's knowledge about relevant medical conditions; often gives practical training e.g. about safety issues, how to lift correctly, manage personal care needs etc.; explains how the system works (e.g. assessments, what financial and other assistance might be available); answers their questions and generally prepares them for future. A number of support organisations offer these services. They are usually free. If you can't access a service near you, use the internet to find out or seek out relevant printed material (enquire at Age Concern).

Resources Consider what practical resources you already have and what might be needed. If you've never been in this situation before you may not know what could be useful. You can learn a lot by visiting a disability equipment shop; look at the products and ask about how they might benefit you. You don't have to buy. Obviously if you want things like equipment now, and you can afford it, you can buy it. (See also page 25). For those with limited financial resources however, it is important to be linked in with your GP and CCC as soon as possible as it's not always easy to get subsidised services and other things, such as equipment, quickly.

‘Time out’ It’s easy to get tied up in the day to day practicalities and this can become isolating. Try to make life as ‘normal’ as possible for you both; go to social events, day programmes (see page 75), use the Total Mobility scheme if eligible (see page 59) and take people up on their offers of help. Caring relationships are usually based on love and all parties need to feel loved. At the very least, your carer needs regular ‘time out’ to ‘recharge their physical and mental batteries’. A caring role is often stressful and no matter how strong and capable you think your carer is, the relationship can become strained. ‘Time out’ for you both is important. Regularly and routinely is best e.g. establishing a family roster, going out separately to groups or day programmes or arranging night sleepovers etc. Using the allocated amount of formal subsidised services such as Respite Care and Carer Support is a good start and wise. There may be financial implications as subsidies may not cover the full cost of everything you want and there may be additional charges for respite type services. Discuss any concerns about this with your Needs Assessor.

Carer Support Subsidy This subsidy is designed to look after your carer*. It allows them to pay someone to care for you while they get a break. ‘Carer Support’ days are allocated depending on the need identified in an assessment. It is reviewed each year. Spouses, partners and others who live with you cannot be paid to ‘fill in’ for your carer. The subsidy can be used for full days or half days (see also page 72). There are two funding streams for the daily rate as shown below (as of 1 July 2019).

DHB area	Formal	Informal & Family
Southern DHB	\$75.56 plus GST	\$75.00 (plus GST if applicable)

Your carer needs to: ensure the assessment is undertaken and allocation approved, keep track of days used, make the bookings and arrange for payment of the relief caregiver. Carer Support claims must be sent to the Payment Centre within 90 days or they may not be paid. Some relief caregivers or service providers may want an ‘upfront payment’ first. If so, a receipt needs to be obtained and reimbursement claimed from the Payments Centre. If Carer Support is taken at a care home a ‘top-up’ payment will probably be required. You or your carer should ask about additional costs when booking.

- For more information and for reimbursement forms contact the MOH’s Carer Support Line on 0800 855 066 (select option 2)
- Freephone Carers NZ on 0800 777 797 for the free booklet ‘A Guide for Carers’
- Carers NZ also provide a range of support services.

Finally, issues will arise along the way that need to be addressed. You and your carer/s need to continue having honest discussions with those involved in your care. Review your plans routinely and as circumstances change.

* *Someone may be considered to be your carer even if they don’t live with you. A determining factor for some funding decisions is whether your carer provides more than four hours unpaid care a day.*

DAY & OTHER SOCIAL PROGRAMMES

Southern DHB area	Phone (03)	Address
Age Concern Octagon Club	479 3057	9 The Octagon, Dunedin
Age Concern Otago	479 3052	Various programmes (including strength and balance classes) located in Otago
Age Concern Southland	218 6351	Various programmes located in Southland
Care & Craft West Dunedin	466 7407	Wakari Scout Hall, Holyrood Ave. Dunedin
Club Enliven, Alexandra	448 8280	Ranui, 4 Chapple St. Alexandra
Club Enliven, Dunedin	473 0890	407 Moray Pl. Dunedin
Enliven HomeShare	448 8280	Various locations in Alexandra
Enliven Support Link Invercargill	211 8253	181/183 Spey St. Invercargill
Enliven Support Link Gore	208 0864	Cnr Crombie & Main Sts. Gore
Enliven Support Link Wakatipu	442 4408	Unit 124, Aurum House, Frankton
Gaius Cottage	217 2301	7 Windsor St. Invercargill
Gaius Homeshare	0800 26 23 01	Te Anau
Leslie Groves Day Centre	474 1082	22 Sheen St. Roslyn, Dunedin
Milton Elder CARE Trust	021 0866 6054	185 Union St. Milton
Mosgiel Elderly Care Trust	489 0075	171 Gordon Rd. Mosgiel
Parata Day Activity	208 6303	39 Kitchener St. Gore
Ripponburn	445 0021	94 Kawarau Gorge Rd. Cromwell
Senior Link Day Activity Centre	456 4249	469 Hillside Rd. Dunedin
Taieri Age Connect	489 5011	5a Hartstonge Ave. Mosgiel
Waiau Health Trust	226 6689	69a Orawia Rd. Tuatapere
Waikiwi Gardens Rest Home	215 7200	25 Ruru St. Invercargill
WellSouth Strength & Balance Programmes	477 1163	Various locations in Otago and Southland
Winton Vickery Day Centre	236 0034	384 Great North Rd. Winton

It’s important for you and your carer to have some time to yourselves. Scheduling a regular break puts structure into your week, making your support plans more sustainable. The list above shows some of the options available in this region. Home visiting services may also be offered by organisations such as Age Concern (pages 14-15). Many residential care homes (pages 87-92) also offer a day programme service.

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 • Phone: (03) 474-1082
 Website: www.lesliegroves.co.nz



RETIREMENT/LIFESTYLE VILLAGES

Research shows that most people enjoy a high level of satisfaction when living in a Retirement Village. If village life is an option you are considering, then there are some things you need to know so that your experience can be positive too.

Many of us spend a lifetime building our financial assets so that we can enjoy the lifestyle we desire. Moving into a Retirement Village changes the emphasis; your goal is not to grow your assets but to protect and enhance your lifestyle. In most instances this will mean using some of these assets or capital to achieve that.

The term “Retirement Village” or “Lifestyle Village” broadly covers a purpose built complex within a community setting, designed to cater for those over 55, although many villages now restrict entry to older residents. This article covers those complexes that are required by government to register as a Retirement Village. Registration gives you additional legal protection under the Retirement Villages Act 2003. (Non-registered complexes may look similar to a standard retirement village from the street; however you’ll find there are significant differences.)

Villages vary greatly – you’ll notice different sized villages; from very few units to some with hundreds; possibly different types of units within the same complex; newer villages and older villages. You will discover that the community facilities available at each village can vary, with some offering a wide range of services such as a swimming pool, bowling green, cafés, etc, and others that may only have a basic village meeting room. But the differences are not just those you can see. The way the village is operated can also vary. Factors that influence this include the type of ownership structure (e.g. trust, company, etc.), the experience and/or stability of the ownership and the associated philosophy towards village living. You will have your own reasons for considering village living; you’ve experienced a health event, you want to participate in a community lifestyle or meet new people, etc. Consider what your needs are now and what they might be in the future. Avoid or be careful about making major decisions if you’ve been recently bereaved.

Most people are quite independent when they move into a Village. It’s likely you would be too, and you can expect village management to regard and treat you as such. But circumstances may change and as a result you may want some assistance. For example, you may want village staff to check on you from time to time or you may need some practical support or personal care to enable you to stay in your home. Depending on your contract and whether the relevant services are available, you may be able to continue living in your unit, even if you require quite a lot of support. Home-based support services may be delivered by the village or by an external provider. Some villages also offer Serviced Apartments where a range of services can be purchased from the village operator. A higher level of care can be obtained if you live in a Care Apartment. (See pages 80, 96 for more information).

RETIREMENT VILLAGES

Village residents say the benefits of a village are numerous, and will be different depending on your personal needs; these may include giving you peace of mind, new and varied activities and interests, new friendships and a feeling of being free to do the things you enjoy and not having to worry about home maintenance and other 'chores'.

Whether you want an official tour of the village, or if you prefer to look around by yourself, make sure you visit a village more than once before you make a decision, and, if possible, visit more than one village to get a feel for how each has its own 'culture'. Meet the people you will have contact with in the village – this may include the village owner, the village manager and other residents. Find out if there are regular social events or meetings and ask if you can come along and see if the village community feels like a place you would want to be a part of. At some villages staff have quite an active role in life at the village, while at others they have less.

Before you get your heart set on any particular village or unit spend plenty of time studying your options. Examine all the legal and financial arrangements of each of the villages you consider, as they all vary.

Although we use the terms 'buy' and 'purchase', as there is an exchange of a capital sum (capital contribution), you are usually only paying for the right to live in the village; the terms and conditions of which are explained in an Occupation Right Agreement (ORA) - a legally binding agreement that must be given to intending residents. If you intend to 'purchase', the village operator will supply you with other documents too. Read and understand these; each contains essential information.

- Code of Residents Rights (outlining your basic rights).
- Retirement Villages Code of Practice 2008 and 2017 Variations. (These give greater clarity to residents and village operators).
- Disclosure Statement which will outline the type of investment or legal title you are 'purchasing' and the costs associated with living in the village. Some of the terms you may see could be a Licence to Occupy (LTO), Lease for Life, Unit Title or Cross Lease. It is important that you understand the differences. It will also cover other key information such as 'exit' and transfer costs.

Because 'buying' into a retirement village is such a complex legal arrangement you must get specialised, independent legal advice before 'purchasing'. (Note: legal fees may be more than for a standard property transaction.)

- All villages have a number of associated costs including those of leaving. You need to be fully aware of these. (See the checklist on pages 81-83.)
- If you need additional government financial assistance or benefits; check with Work and Income to find out about eligibility criteria.

Once you have signed a contract you have a 15 day 'cooling off' period, which allows you to cancel if you change your mind. If you involve your key support people and do your research well you should find that once this time passes you will remain happy with your choice.

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21 Stoke Street, Oamaru 9400

VILLAGE LIVING - CARE OPTIONS

If you want to receive care in your own unit/room, there're a number of options you may be offered. Different terms are used to describe these, e.g. Serviced Apartments, Residential Care Suites, Care Apartments and other similar sounding terms.

Private paying? Some services are only available in your room/unit to those who will be able to self-fund. Generally, you will need to purchase these services from the operator of the village. The type and cost of care varies from village to village. (See pages 66-67.) Some rooms/units will be MOH certified, and if the service also has a DHB contract for the level of care you need, a Residential Care Subsidy (RCS) may be available if required. In this book we call MOH certified rooms/units where you may receive a RCS a 'Care Apartment'.

In most instances, you will be asked to 'buy' your room/unit. This will be covered by an ORA. Make sure you understand this transaction (see pages 77-78). Costs associated with this type of support are likely to be in addition to your weekly fees (as covered in your ORA). The costs, and options, will vary from village to village.

If you are receiving long-term residential care in your studio/apartment/unit and require a subsidy, the accommodation component of your village fees needs to be refunded/rebated back to you so that you and the DHB are not paying twice for the same thing. The following applies (as of 1 July 2013): Rebate/refund arrangements in place prior to 1 July 2013 can be grand-parented, provided they are fair to the resident. The accommodation refund/rebate is 18% of the maximum price for rest home services (this will change annually as the Maximum Contribution changes - see page 6). Ongoing retirement village costs related to the accommodation charges specified in the ORA can be recovered from the resident, but the maximum amount is the weekly fee charged to independent residents in the village. Examples of such charges are: rates; insurance; exterior maintenance; etc.

Questions you may need to ask: What are the care options in your room/unit if your private funds run out? - Is the room/unit MOH certified and does the service have a DHB contract? - What levels of subsidised care can be provided to the room/unit? - Do any other terms and/or conditions apply (such as where you may be able to receive this support from)? - Can you view a 'menu' of care options and associated costs? - If you need to move from an independent unit in the village to a Care Apartment are there associated costs?

The answers may change over time but should give you an indication of the costs and possible options. As with all village contracts you must get specialised legal advice before committing yourself as the contracts can be complex. It is also wise to talk this over with those closest to you. If moving into a residential care home becomes an option you can exit the room/unit as per your ORA conditions.

CHECKLIST - VILLAGES

Tick the boxes when you are satisfied you have addressed the issue. A checklist can also be downloaded from www.eldernet.co.nz

Initial investigations

- Is the village a registered Retirement Village? (You can check this on www.retirementvillages.govt.nz). Some village type units do not have to be registered, so speak with the village management team if you need clarification about this.
- Does the village belong to the Retirement Villages Association (a providers organisation for villages)? Check this on www.retirementvillages.org.nz.
- When is the accreditation renewal date?
- What is the village ownership structure? Is it a company (how many shareholders), a trust or another entity? How might the ownership of a village impact on you? Have the owners built other villages? Who is the 'front-person' for the ownership body? What experience have they had?
- Who manages the village? Are they and their staff experienced and suitably qualified?
- Entry age into the village can vary. Ask about this.
- Is the village completely finished? Are there plans for expansion? If so, where is it expanding to and how long until completion? How disruptive would construction be? What is the maintenance schedule?

Location

- Is the unit close to services that are important to you, such as a library, your doctor, RSA, gym, shops, etc.?
- How easy is it to access services if you don't have your own transport? Is there a bus stop nearby? Would the taxi fare be affordable?
- Is it easy for friends and family/whānau to visit you?

Amenities

- Are the on-site amenities and services useful to you, e.g. community rooms, bowling green, dining room, library, café, spa, etc?
- Can your visitors use the amenities?
- Do the common grounds look to be well-maintained and inviting?
- Are new amenities planned? What happens if they don't go ahead?

The unit

- Is the unit the right size and layout for you? What items of furniture do you want to keep for your new home? Will these fit?
- Can you accommodate guests? For how long? Is there a spare room, or a suite offered by the village for their comfort? Or a nearby motel?
- Is there plenty of storage (internally and externally)?

- Do you need a garage or carport? How accessible is it?
- Do you, or will you, use a mobility scooter? If so, where can this be kept?
- If there are call bells in the unit, are they in a useful place? Who monitors them? Are you charged for ringing the bell?
- What are the emergency evacuation procedures? If alarms are set off what do you do and where do you go? Can you get there?
- Can you modify the unit in any way?
- Is there a garden? Can you grow what you want to? Who will maintain it?
- Is the unit and village set up to cater for those with a disability or for those who need support? (Think about future-proofing.)
- Who is responsible for maintaining the outside of your home?

Activities

- Can you go on a village outing to learn more about the village lifestyle and meet your new neighbours before you move into the village?
- Are you satisfied with the activities run by the village?
- What are the costs associated with these activities?

Support

- Is there a care home onsite? Is one planned? When will it be completed? Can residents receive high level care in their home, or would they need to move to the care home? Do village residents have priority entry to the care home? What happens if a resident needs to move to the care home and there are no vacancies?
- Who decides if you are 'independent'? What are the implications?
- Do you know how to access support services? Who will provide them? Can you receive support from an 'outside' provider of support services? What are the costs? Would your contract with the village make you ineligible for DHB funded home support services?
- Is it a friendly, neighbourly village?
- Are security measures up to the standard you require?

Practicalities of village living

- Have you considered how communal living may impact on your privacy?
- How easy would it be to downsize within the village? Is there a cost?
- What are the rules? Do you have a copy? How are they made/changed?
- How does the village keep residents informed about village matters? Are there notice boards, newsletters, meetings, etc.? How is the AGM managed?
- How are residents' concerns or complaints addressed? What is the process and timeframe? Can an independent person be involved?
- Is there a residents' committee?
- Are you happy with the policy regarding pets?

Legal

- Not all lawyers are experienced in retirement villages and their costs vary. Have you got quotes from independent lawyers who know this sector?
- Have you read and understood the ORA and other documents you've been given?
- Is everything you've discussed with the village manager/salesperson, etc. in the ORA? If not, ask your lawyer to write in any verbal assurances or promises.
- What is the legal title of the unit?
- Does the village require a Statutory Supervisor? What does that person do?

Financial

- Do you need to visit a financial advisor experienced in retirement villages to ensure you fully understand the financial implications?
- What is the initial cost of the unit you are interested in?
- How much are the regular outgoing fees? What are they for? How often are they increased and by what rate? (Many villages set the rate when you sign.)
- What does the village insurance cover? Do you need any extra insurance?
- What other on-going costs do you need to factor into your budget (e.g. power, telephone, satellite TV, personal insurance, etc.)?
- If fees or personal costs increase in the future, will you be able to pay them?
- Do you pay fees when you are in hospital or on holiday?
- What are the costs of moving within the village, e.g. to a smaller unit or care home? Moving into the care home may incur premium fees.
- Who pays for any increased village costs, e.g. village compliance costs?
- What happens to the fees if the number of people living in the unit changes?
- A Deferred Management Fee (DMF) is a cost that is deducted from the sale of your home. Do you know what it can include and what the implications are?
- What would happen if you run out of money?

Leaving the village

- On exiting the village who gets any capital gain? What about a capital loss?
- Can you or your estate have a say in the sales process? Who determines the current market value? Who pays for marketing and administration?
- When will you or your estate receive any payment? What if there are delays?
- Is refurbishment automatic after every resident leaves? What is the process around this? Does the village get quotes for this work? How much could this cost you or your estate? What about your improvements? Are these alterations seen as improvements by the village operator?
- When you're no longer resident, who pays for the ongoing maintenance on an unsold unit? For how long? What about weekly fees? For how long?
- What is your contingency plan if you decide to leave the village (after the 'cooling off' period)? Can you afford it?

VILLAGE DETAILS

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FRANCES HODGKINS RETIREMENT VILLAGE

- RH • RV
- 1&2 bdrm • Studio • CA
- Apart • SA

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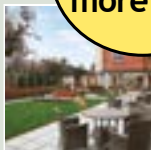
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YVETTE WILLIAMS RETIREMENT VILLAGE

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- SA

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Roslyn, Dunedin**
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www.yvettewilliams.co.nz



VILLAGE DETAILS

Queenstown Lakes

ENLIVEN FRANKTON COURT

- RV
- 1&2 bdrm

Priced from*:
\$550,000 to \$600,000

**32 McBride Street,
Frankton, Queenstown**
(03) 442 4408
www.enlivensld.nz



Oamaru

OBSERVATORY VILLAGE LIFECARE

- RH • Hosp • RV
- 1&2 bdrm • CA • SA

Priced from*:
\$250,000

**21 Stoke Street,
Oamaru**
(03) 434 5450
www.observatoryvillage.nz



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Gore

BUPA WINDSOR PARK RETIREMENT VILLAGE

- RH • Dem • Hosp • RV
- 1&2 bdrm

Priced from*:
\$290,000

**3 McKellar Street,
Gore**
(03) 208 6585
www.bupa.co.nz



ENLIVEN RESTHAVEN VILLAGE

- RH • Dem • Hosp • RV
- 1&2 bdrm

Priced from*:
\$155,000 to \$180,000

**208 Main Street,
Gore**
(03) 208 9440
www.enlivensld.nz



KEY: * = Capital contribution (see pages 77-78). Price range at time of printing.

Apart = Apartment

Bdrm = Bedroom

CA = Care Apartment

Dem = Dementia Care

Hosp = Hospital

PG = Psychogeriatric Care

RH = Rest Home

RV = Retirement Village

SA = Serviced Apartment

Studio = Studio Units

Key: Southern DHB Areas

Dunedin

Gore

Regional Southland

Invercargill

Queenstown Lakes

Oamaru

Note: This is not a complete list of services. See also the index on pages 87-92.

Regional Southland

BUPA LONGWOOD RETIREMENT VILLAGE

- RH • Hosp • RV
- 1&2 bdrm

Priced from*:
\$235,000

**10 Albany Street,
Riverton**
(03) 211 2119
www.bupa.co.nz



Invercargill

BUPA ASCOT RETIREMENT VILLAGE

- RH • Dem • Hosp • RV
- 1, 2 & 2 bdrm+study

Priced from*:
\$290,000 to \$375,000

**211 Racecourse Road,
Invercargill**
(03) 948 2605
www.bupa.co.nz



ENLIVEN PEACEHAVEN VILLAGE

- RH • Dem • Hosp • PG
- RV
- 1&2 bdrm • Rental Units

Priced from*:
\$165,000 to \$340,000

**498 Tweed Street,
Newfield, Invercargill**
(03) 216 9099
www.enlivensld.nz



ROWENA JACKSON RETIREMENT VILLAGE

- RH • Dem • Hosp • RV
- 1,2&3 bdrm • Studio
- CA • SA

Priced from*:
\$200,000 to \$410,000

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North Waikiwi, Invercargill**
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See key on page 85

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(03) 215 8886

Clutha Views Lifecare & Village

64 Essex St, Balclutha 9230
(03) 418 3220

Redroofs Lifecare

15 Dunblane St, Maori Hill, Dunedin 9010
(03) 467 5113

Homes, hospitals* units/villages index
further details including daily availability see www.eldernet.co.nz

SOUTHERN DHB REGION

See key on page 92

DUNEDIN		RH	D	H	PG	CA	RV	SL	Info pg
Dunedin	Bradford Manor 32 Lixmont St. (03) 453 5516		✓						
Dunedin	Enliven Ross Home 360 North Rd. (03) 473 0029	✓		✓	✓		R		back
Dunedin	Enliven St Andrews 8 Easter Cres. (03) 455 4396		✓	✓					back
Dunedin	Frances Hodgkins 40 Fenton Cres. (03) 455 0277	✓				✓	✓		op1, 84
Dunedin	Glendale Ret. Home 47 Glenelg St. (03) 453 5884	✓							118
Dunedin	Highview Home & Hosp. 384 High St. (03) 477 0488	✓		✓					
Dunedin	Home of St. Barnabas Trust 12 Ings Ave. (03) 455 8298	✓							93
Dunedin	Leslie Groves R.H. 22 Sheen St. (03) 474 1082	✓							76
Dunedin	Leslie Groves Hosp. 321 Taieri Rd. (03) 476 3045		✓	✓	✓				76
Dunedin	LSOP (Sacred Heart) 295 Brockville Rd. (03) 476 2028	✓		✓					
Dunedin	Marne Street Hosp. 7 Marne St. (03) 454 2680	▲		✓					
Dunedin	Montecillo Veterans Home & Hosp. 63 Bay View Rd. (03) 466 4778	✓		✓					53



DUNEDIN CONTINUED		RH	D	H	PG	CA	RV	SL	Info pg
Dunedin	Oxford Court Lifecare 164 Oxford St. (03) 455 9230	✓		✓					
Dunedin	Queen Rose Ret. Home 63 Queens Dr. (03) 455 4680	✓							115
Dunedin	Radius Fulton 530 Hillside Rd. (03) 466 4202	✓	✓	✓					98
Dunedin	Redroofs Lifecare 15 Dunblane St. (03) 467 5113	✓							86
Dunedin	St. Clair Park Rehabilitation & R.H. 287 Middleton Rd. (03) 487 7717	✓	✓						
Dunedin	Summerset at Bishopscourt 36 Shetland St. 0800 334 404	✓		✓		✓	✓		124
Dunedin	Thornbury House 30 Eskvale St. (03) 455 5646		✓						
Dunedin	Woodhaugh R.H. & Hosp. 1027 George St. (03) 479 9630	✓		✓					
Dunedin	Yvette Williams 383 Highgate (03) 464 0390	✓		✓	✓	✓	✓		op1, 84
MOSGIEL		RH	D	H	PG	CA	RV	SL	Info pg
Mosgiel	Birchleigh 77 Doon St. (03) 489 6602	✓	✓	✓			>		op 124
Mosgiel	Brooklands R.V. & R.H. 17 Balmoral Ave. (03) 489 3596	✓					✓		
Mosgiel	Chatsford 88 Doon St. (03) 489 7776	>	>	>			✓		
Mosgiel	Enliven Taieri Court Hartstonge Ave. (03) 489 6044	✓							back
Mosgiel	Mossbrae Healthcare 48 Argyle St. (03) 489 7712	✓		✓					

CLUTHA		RH	D	H	PG	CA	RV	SL	Info pg
Balclutha	Clutha Views Lifecare 64 Essex St. (03) 418 3220	✓	✓	✓			✓		86
Balclutha	Enliven Holmdene 15-17 Elizabeth St. (03) 418 1468	✓		✓					back
Lawrence	Lawrence Rural Health Centre 43 Whitehaven St. (03) 485 9056	✓					#		
Milton	Ashlea Grove 35 Centennial Ave. (03) 417 7988	✓	✓						
Tapanui	Ribbonwood Country Home 50 Tapanui-Raes Junction Hwy. (03) 204 8668	✓		✓				✓	112
GORE		RH	D	H	PG	CA	RV	SL	Info pg
Gore	Albany House 28 Albany St. (03) 208 0749	✓		✓					105
Gore	Bupa Windsor Park 3 McKellar St. (03) 208 6580	✓	✓	✓			✓		1, 84
Gore	Enliven Resthaven Village 208 Main St. (03) 208 9440	✓	✓	✓			✓		84, back
Gore	Parata 39 Kitchener St. (03) 208 6303	✓					✓		75
CENTRAL OTAGO, QUEENSTOWN LAKES		RH	D	H	PG	CA	RV	SL	Info pg
Alexandra	Castlewood Home 101 Tarbert St. (03) 448 6606	✓							
Alexandra	Enliven Ranui 4 Chapple St. (03) 448 8280	✓	✓	✓			✓		back
Arrowtown	Arrowtown Lifestyle Village 224 McDonnell Rd. (03) 442 1050						✓		
Cromwell	Golden View Lifestyle Village 14 Kanuka Dr. (03) 445 4210	#	#	#		#	✓		123

CENTRAL OTAGO, QUEENSTOWN LAKES CONTINUED		RH	D	H	PG	CA	RV	SL	Info pg
Cromwell	Ripponburn 94 Kawarau Gorge Rd. (03) 445 0021	✓		✓			✓		
Queenstown	Bupa Lake Wakatipu 20 Douglas St. (03) 442 3780	✓		✓					1
Queenstown	Enliven Frankton Court 32 McBride St. (03) 442 4408						✓		85, back
Queenstown	Queenstown Country Club 420 Frankton Ladies Mile Hwy. 0800 111 410	#	#	#		#	✓		
Ranfurly	Maniototo Health Service 51 Tyrone St. (03) 444 9420	✓		✓					111
Roxburgh	Teviot Valley R.H. 2 Ednam St. (03) 446 9041	✓							94
Wanaka	Aspiring Enliven Care Centre 21 Cardrona Valley Rd. (03) 555 3010	✓	✓	✓			>		back
Wanaka	Aspiring Lifestyle R.V. 14 Golf Course Rd. (03) 443 6660	>	>	>			✓		79
Wanaka	Enliven Elmslie House 81 Stone St. (03) 443 7899	✓		✓			R		back
Wanaka	Roys Bay Estate Kelliher Dr. 021 504 749						✓		
Wanaka	Wanaka R.V. 7 Meadowstone Dr. (03) 443 4474						✓		back
INVERCARGILL		RH	D	H	PG	CA	RV	SL	Info pg
Invercargill	Bainfield Park Residential Home 500 North Rd. (03) 215 9155	✓							111
Invercargill	Bupa Ascot 149 Racecourse Rd. (03) 217 5714	✓	✓	✓			✓		1, 84
Invercargill	Calvary Hosp. 215 Centre St. (03) 216 8099	✓		✓			R		98

INVERCARGILL CONTINUED		RH	D	H	PG	CA	RV	SL	Info pg
Invercargill	Cargill Lifecare 1 Cargill St. (03) 215 8886	✓					✓		86
Invercargill	Clare House 51 Durham St. (03) 215 6966	✓	✓	✓		✓	✓		53
Invercargill	Enliven Peacehaven Village 498 Tweed St. (03) 216 9099	✓	✓	✓	✓		✓&R		84, back
Invercargill	Enliven Vickery Court 350 North Rd. (03) 215 9059	✓		✓					back
Invercargill	Enliven Walmsley House 88 Mary St. (03) 217 6122	✓							back
Invercargill	Glenbrae Gardens R.H. 8 Compton St. (03) 216 0222	✓							
Invercargill	Rowena Jackson 40 O'Byrne St. North (03) 215 9988	✓	✓	✓		✓	✓		op1, 84
Invercargill	Ultimate Care Rose Lodge 129 Tweed St. (03) 218 4306	✓		✓			✓		
Invercargill	Waikiwi Gardens R.H. 25 Ruru St. (03) 215 7200	✓					#R	✓	
REGIONAL SOUTHLAND		RH	D	H	PG	CA	RV	SL	Info pg
Riverton	Bupa Longwood 10 Albany St. (03) 234 8099	✓		✓			✓		1, 84
Winton	Rata Park R.H. 94 Gap Rd. East (03) 236 0141	✓	#					✓	109
Wyndham	Wyndham & Districts Comm. R.H. 24 Alma St. (03) 206 4901	✓							105

See key below

WAITAKI		RH	D	H	PG	CA	RV	SL	Info pg
Kurow	Whalan Lodge 5 Diggers Gully Rd. (03) 436 0578	✓							
Oamaru	Columba Court R.V. 46 Hull St. (03) 437 1870						✓		back
Oamaru	Enliven Iona 549 Thames Hwy. (03) 437 1870	✓	✓	✓			R		back
Oamaru	Harbour View R.H. Waterfront Rd. (03) 434 5001	✓	✓						
Oamaru	Northanjer R.H. 318 Thames Hwy. (03) 437 2180	✓							94
Oamaru	Observatory Village Lifecare 21 Stoke St. (03) 434 5450	✓		✓		✓	✓		79, 85
Oamaru	Sandringham House 12 Sandringham St. (03) 437 0344	✓							94
Oamaru	Southanjer 101 Thousand Acre Rd. (03) 434 8841		✓						39
Palmerston	Kimberley R.H. 53 Ronaldsay St. (03) 465 1515	✓							112

KEY:

RH	Rest Home Care (see pages 95-96)
D	Dementia Care (see pages 95-96)
H	Hospital (Hosp) Level Care (see pages 95-96)
PG	Psychogeriatric Care (see pages 95-96)
CA	Care Apartment (see pages 80, 96)
RV	Retirement Village (Registered) (see pages 77-78, 96)
R	Rental Retirement Village (see page 23)

SL	Supported Living/ Boarding (see page 23)
#	Planned, under construction, or awaiting certification
>	Service provided by adjacent and/or a partnering home/village/service
▲	Limited admission, under specific circumstances only
Ret	Retirement
Comm	Community

*Hospitals = private age related hospitals i.e. not public hospitals

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Your care is paramount to us. Located in one of St. Clair’s best streets, our Home offers personalised care and support in a warm and friendly environment.

Our 41 bed rest home...

welcomes residents for long and short term stays, and also for respite and carer support.

Special events are important. We celebrate birthdays, anniversaries, and holidays with you, and those close to you.



Lunch and dinner are served in our beautiful and majestic dining room, with napkins, flowers and all the little things that make homely meals special. Our meals are so good our staff can’t resist joining in too!

Personal activity plans ensure you maintain your life outside the home as well.

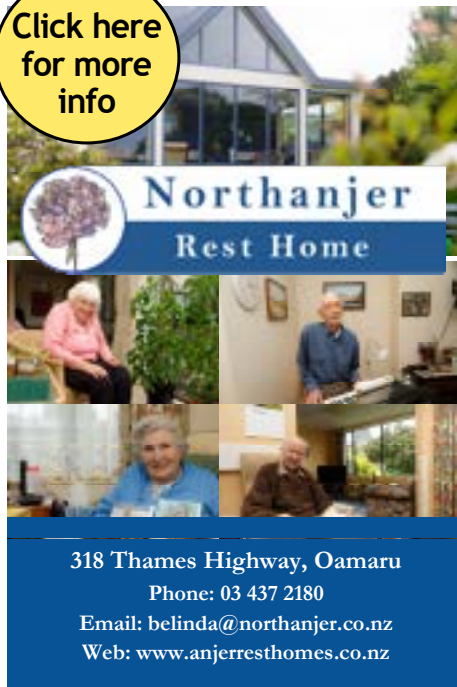


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 Email: teviotvrh@xtra.co.nz

LEVELS OF CARE & OTHER OFFERINGS

After an assessment you will be told what type of support you need. How and where you receive this support it is worked out after the assessment. If you need a high level of care and are going into a residential care home or care apartment you will be told which level of care you need. As at the time of writing the levels of care are:

- **Rest Home Care** – Those who require this level of care usually have some ability to get about on their own or with someone helping them. They require some assistance with personal care and general day to day activities. Many have a degree of memory loss. Some people who have dementia may be able to be safely and appropriately supported in a rest home.
- **Hospital Care (Continuing care i.e. age related not public hospital)** – Hospital care is provided for those who have a significant disability and medical concerns (and possibly cognitive decline), which requires oversight and support from registered nurses. Most require the assistance of two people to move about.
- **Dementia Care** – This level of care is provided for those who need a secure home and for whom there are concerns about risk of harm to themselves or others.
- **Psychogeriatric Care (dementia hospital)** – This type of care is designed for people with a mental health or dementia disorder who require a high level of nursing care and management of behaviour that challenges. They need a secure environment and the skills of specially trained staff.

All residential care homes and care apartments listed on pages 87-92 are DHB contracted and MOH certified (i.e. 'certified' as being suitable to provide specific levels of care). If you choose a care apartment you will usually have to pay an upfront capital amount as these are a type of retirement village offering (see page 80). You also need to enquire about the levels of care they are certified to provide.

Many residential care homes now offer a range of accommodation options. Those attracting higher fees, over and above the Maximum Contribution (see page 6), are known as 'Premium' beds or rooms (see pages 110, 112).

Commonly, the various levels of care are provided in separate parts of a home. However, many homes are now offering dual use/swing beds. These may allow you to be cared for where you reside rather than moving to a different room if your needs change. Ask about this service if you suspect your needs may change in the future.

Getting a high level of care at home

A lot of care that previously would have been provided in a residential care home is now being delivered at home. Even if you have high needs this may still be an option, particularly if you have good family and/or community support. If you have a carer, then a support plan would need to be put in place for them too. If you think this may be an option for you, ask your Needs Assessor about the possibilities in your region.

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- 24 hour Registered Nurse cover.
- Lots of music and interesting activities.
- All meals cooked on-site, by local people, using local produce, and our own 'home grown' meat – "food just the way it should be!"
- A nice garden area to sit in.
- Weekly van drives or go shopping with us.
- No premium room charges apply.*

*disclaimer – accurate at time of printing, may be subject to change.

CHOOSING A SUITABLE CARE HOME

Find out:

- ▶▶ How to choose the best home for you
- ▶▶ How your family/whānau might feel; what they can do to help you
- ▶▶ The options you might have
- ▶▶ About going to a home for a trial period
- ▶▶ What happens if your needs change (and other important things)

Choosing a new place to live when you are feeling vulnerable, frail or have complicating medical conditions is difficult. As this is such an important decision it is a good idea to involve those closest to you. Remember, however, that wherever possible you should be the final decision maker; this will be your home.

Sometimes, due to health issues, others need to make this decision on your behalf. Prepare for this possibility in advance by appointing an Enduring Power of Attorney. The person you appoint to take care of your welfare will be able to make this sort of decision for you if you are unable to do so yourself. (You can also nominate others you want involved in decision making.) See pages 42-43.

There is no such thing as ‘the best’ care home, as what suits one person doesn’t suit another. You need to identify the criteria that are important to you:

- For some people location is important (so that you can be nearer to people who will visit you, family/whānau, friends, clubs, familiar places, etc.).
- For others it’s the size of the home or the size and type of your room that is important (e.g. more spacious with additional features – which usually attracts additional costs. See page 110).
- Perhaps it’s the other support or levels of care provided onsite (e.g. retirement village, dementia care etc.).
- **The most important element however, in an ideal care home, is the philosophy and delivery of care.** Do not underestimate this.

The audit process identifies providers who consistently deliver high levels of care. You can view these audit reports at www.health.govt.nz

A note to families

It's possible that you have had concerns about your relative for some time; you may have been researching things on the internet, asking friends what they did or would do, etc. Alternatively this situation you're now facing may be totally unexpected. When the recommendation for residential care is made you may have mixed feeling about this; worried and upset for your relative, yet at the same time having feelings of guilt yourself (perhaps you worry that you or the health professionals are being too hasty, or you feel you should provide the care yourself but you are not able to or have too many demands on your time, etc.).

WHAT'S THE DIFFERENCE?

Retirement Village

- You 'buy' your home in the village. This unique transaction (an ORA) is governed by the Retirement Villages Act 2003 (see pages 77-78).
- You pay ongoing maintenance/service fees (see page 80).
- The DHB or MOH do not have any involvement in this arrangement.
- You may or may not be able to get DHB subsidised home support services if you need them. This depends on your contract with the retirement village (see page 80).
- You may be offered additional services.

Care Apartment

- Your accommodation and care are managed and paid for separately.
- You 'buy' your Care Apartment. This unique transaction (an ORA) is governed by the Retirement Villages Act 2003 (see pages 77-78).
- Your 'care' services are defined in an agreement between the village care home and the DHB (see page 110) called the ARRC agreement.
- You pay ongoing maintenance/service fees for your Care Apartment from your own resources (see page 80).
- Your Care Apartment will have been certified by the MOH (see pages 80, 95).
- You pay care costs from your own resources or a RCS (see page 113).
- You may be able to access levels of care in the same room (see page 95).
- You may be offered additional services (see page 110).

Care Home

- You pay for your accommodation and care costs from your own resources or a RCS (see page 113).
- The home will be certified by the MOH (see page 95).
- Your services are defined in an agreement between the care home and the DHB (see page 110) called the ARRC agreement.
- Some homes may offer several levels of care in the same room (see page 95).
- You may be offered additional services (see page 110).
- You may pay an additional daily fee for a premium room (see page 110).

For more complete information see the pages indicated above

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These pressures are common and the feelings are natural. They take time to work through. Recognising them however is a good step towards making better decisions.

Often a variety of family/whānau members come together at this time in an effort to help with the process of finding a new home. It's not always easy. Life's experiences have had a different impact on you all. It's possible that you will disagree about what's best to do or where is best to go, so try to understand that you will be seeing things from different perspectives.

If you are now making this decision with or on behalf of a relative it's important to put aside your own values, likes and dislikes and to 'put on your relative's shoes'. How would you feel if someone were making this decision for you? How well do you know your relative, their likes and dislikes? What sort of environment do they like? Do they have links with their local community? Do you want your relative to move closer to you; if so, why? If your relative has a good friend, ask their opinion; they often know them even better than you do.

Avoid making decisions that make YOU feel better or are what you want. If you take time to make a well-considered choice; choosing the home that your relative would have chosen for themselves, had they been able to, then you will ultimately feel more satisfied too.

“The voices of older people with high support needs are so quiet as to be practically silent or indistinguishable from the other people who speak on their behalf.”
(Bowers et al., 2009)

We need to listen carefully to that quiet voice of the older person. Not only is it respectful, it increases the chance that others will listen to us when our time comes.

Your options

Care homes vary considerably and there can be a wide range of rooms for you to choose from. A feature that you are offered in one home and for which you are asked to pay additional charges e.g. an ensuite, may not incur this charge in the next so you need to ask and make comparisons (remembering that the quality and philosophy of care is the most important component). Options include:

- Shared standard room (this may suit couples and those who enjoy company).
- Standard single room no ensuite (an ensuite is not essential if staff are required to assist with all personal care, i.e. showering and toileting).
- Standard single room with shared or private ensuite.
- Standard single room with ensuite and additional services (e.g. Sky TV).
- Premium room, for which additional charges apply. (See pages 110, 112).
- Room or Care Apartment governed by an Occupation Right Agreement (ORA) and for which a capital sum is paid. (See page 80).

Read more about your options on page 96 and pages 110, 112 for additional charges.

Practical things

- On admission, a comprehensive Care Plan will be done. It notes all wider health/care issues, individual preferences, who to contact in an emergency, etc.
- You will probably be asked who your Enduring Power of Attorney is/are. (See pages 42-43). If you haven't made these arrangements you may be asked to set this up.
- Make sure that all clothing is named and your possessions insured.

Trial period

You may try out a home before making a commitment. If you do, you will have to pay for this yourself. (You'll probably find it's money well spent.) A month usually gives you enough time to assess the home. Although it's not long enough to really feel 'at home', it's long enough to see how the home operates, what staff are like and whether you like it sufficiently. Going to the home 'for a trial' may make you feel more comfortable about leaving or going elsewhere if it's not right for you. You are purchasing a service and have the right to expect reasonable needs to be met, so don't settle for something you're not happy with. Once the decision has been made, inform the management so that the next step in the process can be completed.

Other important things to know

- You are responsible for the payment of your care.
- If you cannot afford it, you may apply for a Residential Care Subsidy (RCS) (see pages 110-119). You need to be considered to be a 'qualifying person' to begin the process (see page 113 for details).
- It is important to have had an assessment showing care is needed even if you are privately paying. If you haven't, you may be vulnerable to unregulated fees and if you need a RCS at a later date you may not qualify.
- Check your admission agreement carefully and seek independent advice before signing it so that you are clear about what is provided under contract and what additional costs, if any, you are agreeing to pay.
- You may also be asked for fees in advance, bonds or guarantors.
- You may find that you can't get in to your home of choice until there is a vacancy. You can ask to go on the waiting list and go elsewhere while you wait. Ask your interim home about the possibility of a reduced period of notice.
- Should your needs change, a reassessment will be done by the nurse at your care home. If this indicates that you now require a different level of care you will be referred to the Clinical Needs Assessor for a review. If your level of care does change, then you may have to move to another room in the home or to another home (i.e. if your current home doesn't provide your new level of care). If your room is designated as a dual use room (see page 95), you may not need to move.
- If you belong to a particular community (ethnic, cultural, religious, rainbow etc.) you may want to ask to view homes that are particularly inclusive or where others from your community live.

CARE HOMES - EMOTIONAL ASPECTS

Find out:

- ▶▶ That it's natural to feel a wide range of emotions
- ▶▶ About strategies that might help you (and your carer) cope
- ▶▶ Why it's important to make your own decisions
- ▶▶ What staff should do to protect your privacy
- ▶▶ About the things you can look forward to

When making the decision to go into a care home it is common to experience a lot of conflicting feelings. You and your family/whānau may have had quite differing views on the benefits of this and the decision may not have been easily reached. This is one of life's major events and while you know that your personal wellbeing and safety will now be taken care of (which may bring a sense of relief) other feelings of hopelessness, loss, anger, and resentment, etc. can emerge. A sudden change in your health may mean that you have had little time to think about and plan for this, so you can feel totally unprepared. There are often fears too, about what life is like in a care home and this can add to your anxiety.

In coming to this point in time you have possibly already experienced some losses such as the loss of good health and your complete ability to do everything for yourself. Now, there are other losses such as: your ability to make all decisions for yourself; a loved home; a loved pet; regular contact with neighbours; complete control over your finances; your self-esteem; carefully saved assets; plans for the future; independent means of transport; etc.

Coping with your feelings

It is natural to feel upset about needing to go into a care home (although some people do welcome it). For most people it's probably not something they had planned to do. While each person copes with their troubling thoughts differently you may find the following helpful:

- Use successful strategies that got you through the tough times in the past.
- If you are able, you may want to try writing things down, noting the steps you need to take to resolve your concerns.
- Involve yourself in the exercise programme that many homes offer; physical and mental wellbeing are closely linked.
- Give yourself time to settle in. No matter how you feel about moving into a care home it will take time to adjust to the situation and your new environment (see also page 100 - Trial period).
- Try to avoid blaming others for your situation. If you have a carer or family/whānau then know that they have generally done their best to help you stay at home. Now, your need of support is more than can be managed at home.

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- Rather than being resigned to the situation and letting others make decisions for you, take an active part in choosing the home, let people know what you do and don't like, etc. In the longer term you will feel better for it.
- Talking to someone who is independent may help. The manager of the home may be able to refer you to a pastoral worker, social worker or other professional person who will listen and may be able to offer some coping strategies. Your conversations with them will be confidential and the service should be free.
- Alternatively, talk to someone who is a good listener and non-judgemental. You may find that you repeat yourself over and over again, but that can be part of the healing process. A helpful listener will acknowledge your story without trying to 'straighten you out' or 'calm you down'.

If you have given yourself reasonable time (e.g. a month or two) and tried everything you can and you're still feeling down, let staff know or talk to your doctor. Depression can be an issue for some who live in a care home (see pages 33-34). Make sure however that your sadness is not a case of the home being a mismatch for you. If it is; you can move. Your Needs Assessor will explain the process.

The importance of being yourself

Make the home your own; personalise your room with your own furniture and sentimental items and bring your own personal flair, even if initially you don't feel very much like doing this. You will find others respond positively to it too. A personalised room creates a more private 'feel' that others tend to respect and this will have a positive effect on you.

Let the staff know your preferences including what things you like, clothing (retain your own style wherever possible), food, interests, even how you like your tea and what name they should call you by. These seemingly little things help staff get to know you and understand you.

Privacy concerns

Your personal needs (including intimacy), health and financial privacy should be protected and respected by all who provide your care and support. Many people when moving into a care home are concerned about their privacy, however these concerns can be allayed by staff: confidently and discreetly helping you with your personal care tasks such as showering; knocking and waiting to be invited before entering your room; conducting sensitive conversations in private; protecting important documentation; discussing your care with only those for whom they have permission; etc. Caring staff will understand your concerns.

Positive aspects of the move

While you may have had some concerns about going into a care home, you will find that once you have settled in there are many aspects to appreciate and enjoy in a good home. You will find:

- There are lots of opportunities to make new friendships, both with other residents and staff.
- Health conditions may be stabilised or improved, as medical conditions and medication will be monitored and nutritious meals provided. Some homes offer specialised programmes and physiotherapy to help you retain your abilities and sometimes, over time, improve them.
- New experiences may be possible. The growing number of older people learning to use computers is evidence of this. Some older people even learn these new skills after taking up residency in a home. So being in a care home does not mean that modern technology is beyond your reach. Increasingly, care homes are making computer technology available to residents. Even if you can't or do not want to use computers yourself, staff will often help you reap the benefits of them. They can do this by sending/receiving emails or setting up Skype ('live' video) for you so that you can stay in touch with those who use the internet.
- You shouldn't have any worries about your general comfort. Your home should be warm, secure and comfortable.
- You will have no further worries about maintaining your own home and garden.
- Most homes provide opportunities to go on outings to places such as the local cafe, RSA, park or beach etc. There may be a small cost for such outings.
- The home will provide a range of activities during the week and some have regular social 'happy hour' clubs.

A note to carers

Giving up a caregiving role is difficult. You've probably invested a lot of physical and emotional energy into supporting your spouse/partner/relative to remain at home for as long as possible. When the decision is made to go into a care home you may experience conflicting feelings; relief that you are no longer the person solely responsible for another's care, sadness that the day has come that may have been dreaded, ambivalence and guilt (particularly if you have made promises in the past not to allow this to happen), etc. You have probably also anticipated your spouse's/partner's/relative's response to this decision. Responses such as anger, tearfulness and quiet resignation can be hard for you to cope with. Remind yourself that this decision has not been reached without careful consideration.

This is often a time of great loss for you too, so if possible surround yourself with people who can offer you support. Initially you will notice the loss of a familiar routine in the day and over time a changed and sometimes better relationship between you and your spouse/partner/relative. Having more time for yourself will also allow you to do things you didn't have time for in the past and to develop new interests. It is important to plan for your own future too.

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CHECKLIST - CARE HOMES

We suggest you consider the following questions when comparing residential care homes. This list is provided to give you ideas; use it to form your own questions. Tick the boxes when you are satisfied you have addressed the issue. A checklist can also be downloaded from www.eldernet.co.nz

Atmosphere

Staff should show warmth and empathy with residents. There should be a noticeable involvement in quiet conversation and/or busier activities rather than residents sitting around the edge of the lounge where it is difficult to connect with others. The home/hospital should have a comfortable, inviting and confident feel about it.

- Do the residents appear happy and well cared for?
- Are they treated with respect by the staff?
- Do staff 'get on' well? (Staff dynamics can reflect the 'culture' of the home.)
- How are visitors greeted and treated?
- Do staff involve residents in the life of the home in a sensitive manner?
- Is the home clean, warm, odour free?

Rooms

Residents' rooms should be clean, comfortable and have enough floor space. Consider how practical a full ensuite might be. It may not be essential, especially if you need full assistance with your personal care. Communal areas should be accessible for your dining, relaxation and activity needs.

- Is there space for your own furniture and other personal items?
- Are you able to adjust the heating in your room to suit yourself?
- Are rooms sunny and well lit, with an outside window?
- Are toilets close by and easily accessible?
- Is there easy access between areas, e.g. no difficult stairs?

Care

A current, regularly updated Care Plan for each resident should be kept by the staff.

- How will you and those closest to you be involved in your Care Plan?
- What are the Registered Nurse hours and the caregiver to resident ratio?
- Is there regular input from other health professionals, e.g. a physiotherapist?
- What qualifications do the caregivers have?
- What are the conditions relating to having your own GP? (If you keep your own GP you may find this costs more.) Is it practical to keep your GP?
- Is there a house GP on call at all times?
- If your level of care changes will you have to move to another room/care home?

Activities

There should be a range of activities for those who wish to be involved and alternatives for those who do not. Some homes provide opportunities for residents to be more involved in the activities of the home, such as serving up their own meals, being involved in the planning of activities, etc. A list of the week's activities, outings or events should be on display.

- What qualifications does the activities coordinator hold?
- How meaningful are the activities?
- Is there an activities programme displayed? Who decides on the programme?
- How frequent are the outings? Are there any associated costs?
- How well are individual interests catered for?

Meals

Meals should be varied, interesting, nutritious and appropriate (e.g. some people may require a soft diet). A daily menu should be on display.

- Are the meals nutritious, appetising and the quantities sufficient for you?
- Are there choices at meal times?
- Can you help yourself to drinks, fruit or snacks at any time?
- Can a relative/friend join you for morning/afternoon tea or main meals occasionally? If so, is there a cost?
- Can you have meals in your room?

Safety

The care home should have systems and procedures in place to ensure resident safety. Staff should be confident with all emergency drills.

- Is the nurse call button within easy reach? Is it answered promptly?
- Are the building/s and grounds secured at night?
- How often are fire and emergency drills held?
- How do staff keep the emergency contact details of next of kin updated?
- If you have an accident, how is this managed? (It should be recorded, next of kin informed [generally], and steps taken to prevent it happening again.)
- What does the care home do to ensure safe medicine management?
- What are staffing levels like at night or over the weekend?
- Who fills in for staff when they are absent? (Good cover should be arranged.)
- What is the staff training schedule? Is a quality programme used?
- What system do staff have for updating each other between shifts?

Dignity, privacy and independence

Residents should be encouraged to retain their individuality and make their own decisions. The things that have been important to the person in the past, e.g. applying makeup, shaving, etc. should be maintained, wherever possible, as this helps them retain their dignity.

- Who controls your personal finances?
- How well is resident privacy managed?
- Do staff knock and wait for an invitation before entering residents' rooms?
- How well are individual preferences catered for, e.g. are bedtimes flexible?
- Do you choose what to wear for the day?
- How often can you shower?
- Can you have your own telephone, computer or TV in your room?
- Do residents have a collective voice, i.e. is there a residents' committee?
- How are residents' sexual preferences, ethnic, cultural and spiritual values and beliefs and lifestyles respected and upheld?

General

- Are there any additional costs? (If so make sure these are itemised on your Admission Agreement and included in your budget.)
- Are any additional charges separable (able to be stopped without affecting which room you have) or are there wider implications? (See pages 110, 112).
- How are any complaints dealt with? (Everyone has the right to make a complaint. Ask residents and their relatives about their experiences.)
- Ask how long Certification has been granted for. Longer periods i.e. 3-4 years generally indicate greater compliance with standards and requirements.

Extra questions for Dementia Care and Psychogeriatric Care Homes

If specialised dementia or hospital care is required, the need will be determined by a psychogeriatric assessment undertaken by mental health personnel. Family/whānau support will also be provided.

The specialised nature of this service means that staff working in these areas should have had appropriate training. When considering specialised care options there are other/extra issues to consider:

- Do staff regularly interact in a warm and caring way with residents?
- How accessible are staff? How often are Registered Nurses on duty?
- How is the resident's dignity maintained? How is respect shown?
- Are key relatives/former carers involved in making or revising care plans?
- Are residents engaged in meaningful activities? How do staff oversee these?
- How are behaviours that challenge managed? Such behaviour often indicates the person is distressed about something. Skilled care and management can often determine what this is and alleviate it.
- Are any restraints used and if so ask the provider to explain their policy.
- How will the service manage the person's changing needs over time?
- Is the physical environment such that residents can move about freely?

See pages 38-39 for more information about dementia and organisations that may be able to help.



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STANDARD SERVICES, EXTRAS & THE 10KM RULE

Standard services

Residential care homes operate under contract to their local DHB. The Age-Related Residential Care (ARRC) contract sets out the standard services that providers must deliver to those whose assessment qualifies them for long term care. These services must meet the person's needs as identified in the InterRAI assessment and detailed in their 'Care Plan'. The Maximum Contribution (MC) defines the maximum payment for these services (see also pages 6 and 113).

Standard services include but are not limited to:

- personal care and assistance;
- accommodation, with use of furniture, fittings, fixtures, bedding and utensils;
- services in a clean, warm, safe, well-maintained, homelike and comfortable environment;
- adequate and nutritious meals and snacks;
- cleaning and laundry services;
- an outdoor area for residents that is easy to get to;
- communal aids and equipment for personal care or general mobility.

All residents must pay for their own personal items and services such as: clothing, toiletries, insurance, dentist, optician, audiologist and other specialists, hairdresser, drycleaner, lawyer, personal toll calls, etc. as these are not covered by the contract.

Extras and premium services

While all standard service components must be delivered by the contracted provider for a cost not greater than the MC, additional services are often offered to residents for an extra fee. These are commonly known as premium services. Some providers specialise in offering premium services. Premium services relate to practical things such as rooms size. They do not relate to 'care', as all care must be of a high standard.

Additional/premium services generally fall into two categories:

- Those that are able to be easily stopped, e.g. own phone line, Sky TV, special outings to shows etc.
- Those that relate to superior fixed elements in the room (often known as 'premium rooms') e.g. ensuite, additional space, tea/coffee making area etc.

On 1st July 2014 changes to the ARRC contract relating to 'premium rooms' and 'extra' charges came into force. These changes came about for a number of reasons including: funding issues, an increasing number of homes offering a wider range of services and features including 'premium only' homes; the raised expectations of residents and their families; uncertainty; lack of clarity and inconsistency. These 2014 changes have made the process clearer for all parties.

Premium rooms and the 10km rule

If a resident's first choice of care home only has a room available that attracts extra fees and if they don't want to or cannot pay an extra fee, then the following applies:

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- If there is a vacancy for a standard room at another home within a 10km radius of the home of choice then the resident may have to go there.
- If the home of choice has occupancy over 90% and there is a vacancy for a standard room at another home within 10km and the resident does not want it, then extra fees may be charged. When a standard room becomes available the provider may move the resident into that (giving three days' notice).
- If the home of choice has occupancy over 90% and there is no other vacancy within 10km then the provider must accept the resident and not charge extra fees. When a standard room becomes available the provider may ask the resident to move into that room (giving three days' notice).
- Residents paying premium room fees can review their tenancy every two months. If the resident decides they no longer wish to pay premium room fees, written notice of this should be given. The provider then has three months to move the resident to a standard room (giving three days' notice) or cease charging premium room fees. Effectively there can be a five month 'lead-in time' between giving notice and stopping charges.
- If you occupy a Care Apartment other rules regarding services apply (see page 80). Other charges specified in the ORA will still be incurred.

The options you have available to you depend largely on your individual financial circumstances. Working this out can be complicated. Seniorline 0800 725 463 will be able to assist you and answer your questions.

PAYING FOR A CARE HOME

When a move into a care home is considered, financial concerns are often a worry. Will you have to pay for your care? If so, how much? If you have a spouse or partner what about the implications for them?

You are responsible for paying for your care and where this is not possible a set of rules and regulations determine what financial assistance you might be eligible for. This article gives a brief overview of these with particular emphasis on the Residential Care Subsidy (RCS) and Residential Care Loan (RCL).

As individual circumstances vary widely, and details shown here may change, make sure you get up-to-date information/advice/brochures from Work and Income who manage this process. The Residential Subsidy Unit is freephone 0800 999 727. Seniorline 0800 725 463 can also advise. You must return signed RCS application forms to Work and Income within 90 days of the date you want payment to start.

To determine how much you will pay or whether you might be eligible for a RCS you must firstly be considered to be a qualifying person or a special case person.

You are a qualifying person if:

- you are aged 65 or over, and;
- you are eligible for publicly funded health and disability services, and;
- you have been assessed as requiring long-term residential care indefinitely (i.e. all levels of care - rest home, hospital, dementia, psychogeriatric.), and;
- you are entitled to apply for a Financial Means Assessment.

Four basic rules apply to a qualifying person.

These rules outline key principles for determination of payment:

1. A qualifying person will not have to pay more than the Maximum Contribution (MC). Each year the cost of care is negotiated between DHB and providers after-which price changes are published. For the current range see page 6. For information about standard services and extra/premium services see pages 110, 112.
2. A qualifying person whose assets are above the asset threshold must contribute the Maximum Contribution (i.e. they must self-pay as long as their assets remain above the asset threshold).
3. A qualifying person whose assets are equal to or below the asset threshold must pay a contribution based on their income (i.e. when income testing applies).
4. The funder (e.g. DHB) must pay the difference between the qualifying person's contribution and the cost of long term residential contracted care.

You are a special case person if you are:

- aged 50 to 64, single and have no dependent children or;
- an exempt person or;
- an 'elderly victim of crime'.

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Your rules differ to a 'qualifying person' e.g. if you are aged 50 to 64, single and have no dependent children you will not have a means assessment of assets however a means assessment of income will be done. Contact Work and Income for more information.

Means Assessment of Assets (Qualifying Person)

The first part of this process involves determining whether you reach the 'cut-off point' where you will not have to contribute to your care and may be eligible for a RCS. This is known as the threshold. It equals the dollar value of assets that you are able to retain. Each year on 1 July the threshold is adjusted by the Consumer Price Index (CPI). The following shows the asset thresholds for single people and couples:

Single

You are eligible if you have assets equal to or below the allowable threshold of \$230,495 as at 1 July 2019.

Couple with both in long-term care

You are eligible if you have combined assets equal to or below the allowable threshold of \$230,495 as at 1 July 2019.

Couple where one partner is in long-term care

Those who have a partner who is in care have two threshold options:

- Combined assets of \$126,224 as at 1 July 2019, not including the value of their home and car, or;
- Combined assets of \$230,495 as at 1 July 2019, which does include the value of the home and car.

It is expected that you will want to retain as much of your asset base as possible. The following examples help illustrate the differences:

- Couple A may choose the higher threshold \$230,495 (as at 1 July 2019). They do not own their own home and have total assets of \$185,000 so are under the asset threshold.
- Couple B may choose the lower threshold \$126,224 (as at 1 July 2019). They own their own home worth \$500,000 and a car worth \$18,000. The house and car are exempt from the assessment of assets. (The house is only exempt from the assessment when it's the main place where your partner, who is not in care, or a dependent child lives.)

What are assets?

Assets generally include but are not limited to:

- Cash or savings.
- Bonus Bonds.
- Term deposits, investments, shares or bonds.
- Loans you have made to others.
- Property (e.g. house, if single or a couple and both in care, or if the higher threshold is elected by those with a partner at home).
- Most life insurance policies.

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The following are generally not counted in the assessment (not a complete list):

- Household furniture and effects.
- Personal belongings, e.g. clothes and jewellery.
- Prepaid funeral fund up to the value of \$10,000 each (in a recognised plan).

For many people who own property the reality is that their total assets will be worth more than the current threshold.

Gifting (as related to the RCS)

If you give away assets they may also be counted in your asset assessment.

- Within the 'gifting period' (i.e. five years prior to application for a RCS) there is an allowable level of 'general' gifting of up to \$6,500 per year.
- Gifts made in 'recognition of care' (for which there is strict criteria) must not exceed \$32,500 during the 'gifting period'.
- Before the five year 'gifting period' gifts of more than \$27,000 a year, for each application, may be included in the assessment.

Note: The IRD gifting rules are different to the RCS rules.

Outcome of the means assessment for those over 65:

If your assets are above the asset threshold and you have been assessed as requiring residential care, you will have to pay privately for your care. As your assets decrease you may become eligible for the RCS. Make sure you know when this time is approaching so that you can make an application if you want to.

If your assets are found to be equal to or below the asset threshold and you meet the other eligibility criteria mentioned earlier, you may be eligible for a RCS. You will still need to have an income assessment. (See also: Residential Care Loans page 117, and standard services, extras & the 10km rule pages 110, 112.)

Financial Means Assessment

While it is easy to focus on asset testing do not forget about the significance of income testing. Income testing can be rigorous. As mentioned earlier, although you, as a qualifying person, may be eligible for a RCS you will still need to contribute towards the cost of your care from income you receive (as will a special case person aged 50 to 64). This amount is determined by the income assessment. It is a matter between you and Work and Income, not the service provider. You should contact Work and Income if you have any questions.

What is income?

Income includes but is not limited to:

- NZ Super, Veteran's Pension or any other benefit.
- 50% of private superannuation payments.
- 50% of life insurance annuities.
- overseas Government pensions.
- contributions from relatives.
- earnings from interest/bank accounts, investments, business or employment.
- income or payments from a trust or estate.

Income does not include and is not limited to:

- any money from your partner's employment.
- income from assets when the income is under: \$1,005 a year for single people, \$2,009 a year for a couple when both are assessed as needing care, \$3,013 a year for a couple where one of them has been assessed as needing care.
- a War Disablement Pension from New Zealand or any Commonwealth country.

Points to note:

- If you receive a RCS you will keep a personal allowance of \$45.28 a week and a clothing allowance of \$283.97 a year (as at 1 April 2019).
- If you are eligible for a RCS and have a partner living at home, the partner retains the use of the home and car (which may be included in the asset test).
- If you are eligible for a RCS and have a partner living at home they may be eligible for a weekly Special Disability Allowance (to help with extra costs) of \$40.10 (as at 1 April 2019) and may be eligible to receive NZ Superannuation at the Living Alone rate and other support. Contact Work and Income for further advice.
- People who do not have New Zealand residency are advised to contact their preferred care provider directly to negotiate the cost of care.
- Private payers may be eligible for Work and Income assistance, e.g. Disability Allowance, if they meet financial and other criteria. Subsidised residents are not eligible for a Disability Allowance as this is factored into the RCS.
- You can ask for a review of your means assessment (e.g. your circumstances may have changed) or for a financial means assessment at any time.

Residential Care Loans

If the value of your home puts you over the asset limit to get a RCS and you don't want to sell it to pay for your care, then you may be able to take out a Residential Care Loan to cover your fees. Important: Your application must fit within the Loan Scheme criteria. Not all applications are approved.

You may be able to get a Residential Care Loan if: you own the home you lived in before entering residential care and you have limited other assets (up to \$15,000 for a single client). You will need to pay privately for your care while this is being processed. There will be costs in regard to the loan application (e.g. lawyers fees); you are responsible for paying these. They are not included in the loan.

If successful, a 'charge', e.g. caveat, is registered against the title of the house/property. The loan is generally repayable after your death or if the house is sold or otherwise disposed of (whichever is earlier). The loan stops when a RCS is approved. Application forms are included in the RCS application document. Alternatively, contact Work and Income 0800 999 727 for the forms.

The Ministry of Health will make payments to the rest home once all the paperwork is completed.

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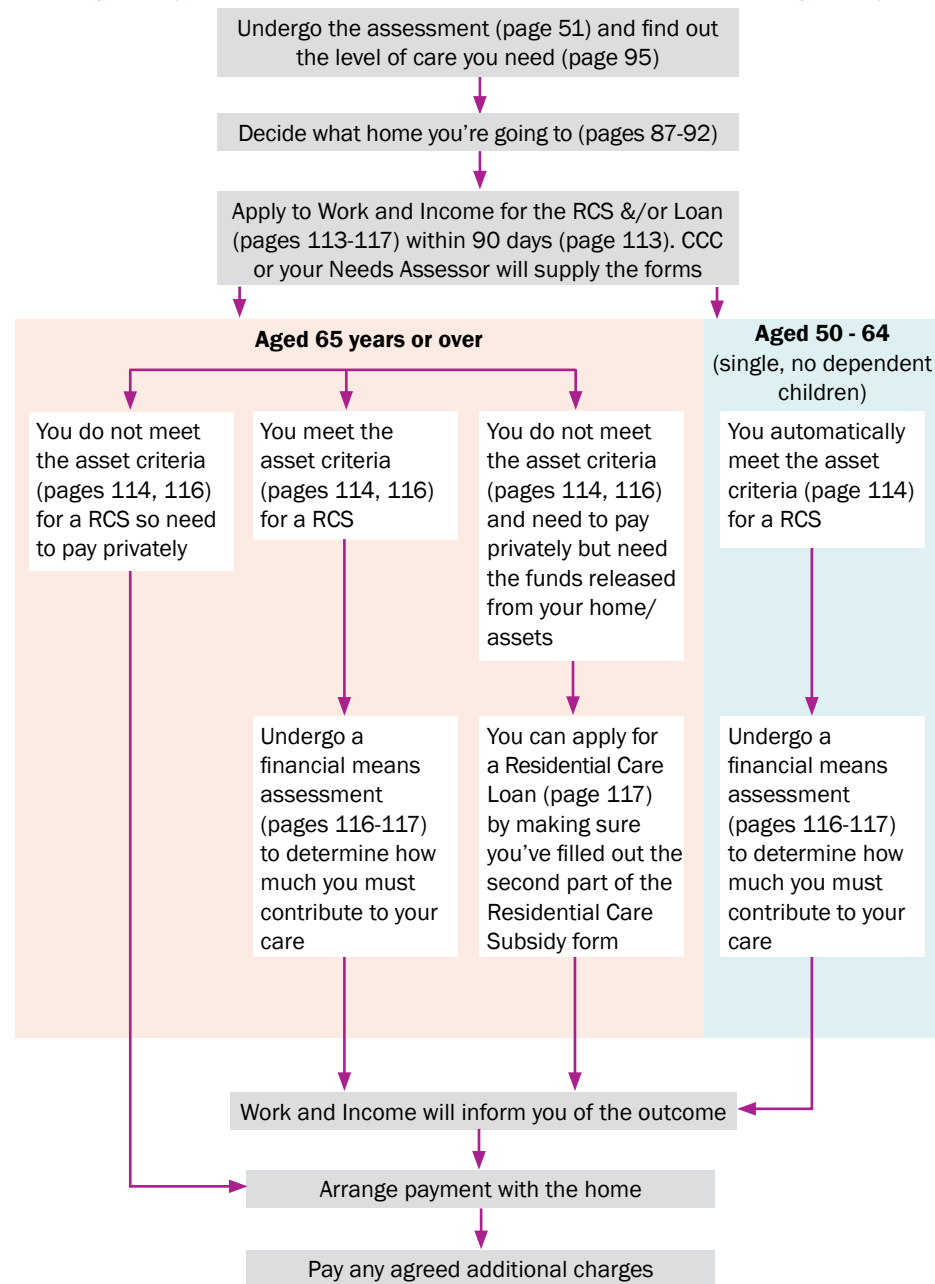


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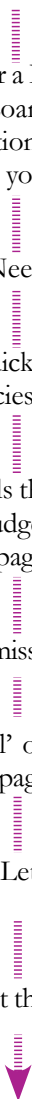
HOW TO APPLY FOR A RESIDENTIAL CARE SUBSIDY (RCS) &/OR RESIDENTIAL CARE LOAN[^](RCL)



[^]This process applies to qualifying persons over 65 and those 50-64 who are single and have no dependent children. Different rules apply to those not fitting this criteria.

SELECTING A CARE HOME - SUMMARY

1. You must have had an assessment; the result being a recommendation for you to move into a care home (see pages 51-52).
2. If an application is being made for a RCS, an application form (which includes the Assessment Certificate and Loan application) should be given or sent to whomever is making the application before you move into the home. Make sure you know what level of care you need (see pages 51-52, 95).
3. Discuss your options with your Needs Assessor and those closest to you.
4. If a decision needs to be made quickly, get up-to-date information from your Needs Assessor about bed vacancies (see www.eldernet.co.nz/vacancies).
5. Shortlist possible homes/hospitals that provide your level of care and fit your other important criteria such as budget considerations (see page 96). Visit these and use the checklist provided on pages 106-108.
6. Ask for a copy of each home's Admission Agreement. Go away and read it.
7. If you would like to have a 'trial' of the home/hospital, arrange this. You must pay privately for a trial (see page 100).
8. Decide on your preferred home. Let your Needs Assessor know what home you've decided on.
9. Talk with the admissions person at the care home and negotiate any issues and sign the Admission Agreement.
10. You are responsible for paying for or contributing towards your care. Make arrangements for this. Apply for a Residential Care Subsidy or Loan if appropriate (see pages 110-119).



ALPHABETICAL INDEX HOMES, HOSPITALS, UNITS/VILLAGES

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