

where from here

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Essential
information
for older
people!

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Live your life well

Take control

Eligibility

Your questions answered

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BEFORE YOU READ THIS BOOK - READ THIS

One thing few people understand about getting older is just how complicated it can be. How can you find out what you need to know and what sources can you trust?

Whether you are just beginning to consider these things or whether you're well prepared, this well-researched and trusted book will add to your knowledge and give you the answers you need.

All of us want to stay as well as we possibly can and that includes physically and mentally. Did you know that good mental health is often dependent on your physical health and things like eyesight and hearing?! Find out about staying well in our orange section pages 14-33.

Remember, "forewarned is forearmed" so it's important to consider some of the stuff that's less appealing, e.g. what you want to happen if there's a sudden turn for the worse. Read about some of these topics in our blue section between pages 35-59.

There're a few hoops to jump through if you want to access state funded services. We've made this easier to understand in our red section between pages 61-71.

If you are finding it a bit hard to manage at home, you may think about getting some help. This could be your first introduction to the world of 'assessment' (the magenta section pages 120-149) and 'support services' (the green section pages 72-89). What are your options? Could you or should you 'go private'?

It's possible, that as you get older, you may want to consider moving to a new home. This could be a smaller home, a retirement village unit, or a move into a care home. All these options are far more complex than people initially understand. Throughout the book there are sections dealing with these issues.

Perhaps you've picked up this book to help you navigate the system for yourself, or perhaps you're supporting someone else who's thinking about what ageing means for them. Whomever you are, remember to keep the older person (yes, that could be you!) at the heart of all you do. They (or you) will have lived a life filled with making choices; ageing is about making choices too. When older people are involved and in charge of their lives they're happier. This means making decisions for as long as possible, about as much as possible. With the right information you can trust yourself to make the right decisions. Never forget to speak your mind, no one knows you quite as well as you!

Care Publications Limited July 2018

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MY BOOK

This book belongs to.....

NHI (hospital) number..... Phone.....

My contact person.....

Test my knowledge

- Q. 1 "Buying into a Retirement Village is just like buying any real estate."
☐ True ☐ False Answer: pages 90-91
- Q. 2 "Modern technology's not much help to older people."
☐ True ☐ False Answer: pages 20, 132
- Q. 3 "If you've paid your taxes, then, when you need help, the government will pay for it."
☐ True ☐ False Answer: pages 65-71, 75, 77, 85, 124, 126, 140-149
- Q. 4 "My family/whānau knows what my wishes are for the future. There's no need to write it down."
☐ True ☐ False Answer: pages 54, 56
- Q. 5 "If your health is poor and you can't manage at home, then, when you feel the time is right, you can go into a rest home."
☐ True ☐ False Answer: pages 64-65

Services I want to find out more about:	Their info pages

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Havelock North	Ph: (06) 877 8476
Wairarapa	Ph: (06) 377 0232
Whanganui	Ph: (06) 347 9100
West Palmerston North	Ph: (06) 355 0470
East Palmerston North	Ph: (06) 355 0040
Feilding	Ph: (06) 323 4333
Waikanae-Otaki	Ph: (04) 293 3042
Kapiti	Ph: (04) 298 3689
Mana-Porirua	Ph: (04) 235 7985
Upper Hutt	Ph: (04) 970 6636
Lower Hutt	Ph: (04) 568 2254
Wellington North	Ph: (04) 478 5535
Wellington City	Ph: (04) 470 7523
Wellington East	Ph: (04) 384 8344



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GLOSSARY



ACC: Accident Compensation Corporation.

ARRC: Age Related Residential Care. Term often used in relation to the DHB contract with residential care providers. (See also page 140).

ATR: Assessment Treatment and Rehabilitation (or 'rehab' in some areas). An interdisciplinary team (including doctors, nurses, social workers, speech language therapists, physiotherapists and occupational therapists) provide these services.

CART: Community Assessment Rehabilitation Team (Whanganui DHB area only).

CCC: Care Coordination Centre. A team managing all referrals, assessments and services. It includes Clinical Needs Assessors (CNA) who undertake interRAI assessments. (See page 9, 61). Care Coordination is a function of CCC.

DHB: District Health Board. These provide or organise health services. The DHBs in this region are: Capital & Coast, Hawke's Bay, Hutt Valley, MidCentral, Wairarapa and Whanganui.

DUAL USE/SWING BEDS/FLEXI BEDS: May be used as either rest home or hospital beds. (See page 120).

EPA: Enduring Powers of Attorney. (See pages 47, 49).

GP: General Practitioner or doctor.

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

LEVELS OF CARE: Residential care in New Zealand is provided in one of four settings designed to cater for the assessed needs and abilities of the resident. These are rest home, dementia rest home, hospital and psychogeriatric hospital. They are explained more fully on page 120.

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 2018 range from \$1037.68 - \$1096.55 per week (depending on where you live). CCC/NASC 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. Enquiries related to older people are now handled by MSD.

NASC: Needs Assessment and Service Coordination. A term used in some areas to describe services similar to CCC. (See pages 9, 61).

ORA: Occupation Right Agreement. (See page 91).

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

RV: Retirement Village.

SPOE: Single Point of Entry.

WINZ: Old term for Work and Income. Part of Ministry of Social Development.

WHO TO CONTACT IN YOUR AREA

Capital & Coast DHB area:

Care Coordination Centre
10 Wi Neera Drive, Porirua 5022
PO Box 50-544, Porirua 5240
Phone: (04) 238 2020
Freephone: 0800 282 200
Fax: (04) 238 2022
Freefax: 0800 282 202
E: wellington@coordination.org.nz
or wellington@careco.org.nz

Hutt Valley DHB area:

Hutt Valley Service Coordination Centre
Pilmuir House
Pilmuir Street
Lower Hutt 5040
Phone: (04) 566 2226
Freephone: 0800 662 225
Fax: (04) 566 2227 or 0800 329 662
E: hutt@careco.org.nz

MidCentral DHB area:

SupportLinks
Health on Main, 575 Main Street
Palmerston North 4410
Phone: (06) 350 6671
Freephone: 0800 221 411
Fax: (06) 356 5033
E: supportlinks@supportlinks.org.nz

Wairarapa DHB area:

FOCUS
Blair Street
PO Box 96
Masterton 5840
Phone: (06) 946 9813
Freephone: 0800 900 001
Fax: (06) 946 9826
E: focus@wairarapa.dhb.org.nz

Whanganui DHB area:

Assessment

Community Assessment
Rehabilitation Team (CART)
Lambie Community Health
Heads Road
Whanganui 4501
Phone: (06) 348 3309
Fax: (06) 348 3331

Service Co-ordination

Access Ability Whanganui
244 Victoria Avenue
Whanganui 4500
Freephone: 0800 758 700
Freefax: 0800 895 177
E: whanganui@accessability.org.nz

Hawke's Bay DHB area:

NASC Hawke's Bay
Hawke's Bay Hospital, Omahu Road
Hastings 4120
Phone: (06) 870 7485
Freephone: 0800 339 449
Fax: (06) 870 7481
E: NASC.HB@hawkesbaydhb.govt.nz

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

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, (for example: its staff; management; the way it is run; or about the health services you are getting) there are a number of places you can take your concerns to.

In the first instance it is advisable to talk to the manager of the service. If this is not successful, or if the concern is about management, or if you think it would be better addressed elsewhere you could 'talk it over' with Age Concern (pages 24-25 give contact details) or contact CCC/NASC for advice. Support is available from the Nationwide Health & Disability Advocacy Service. Other options are to contact the funder of the service, e.g. DHB, ACC, etc., if you know who this is, or the provider associations that the service may belong to (see below).

Main service provider associations:

- New Zealand Aged Care Association (Residential Care)
Phone (04) 473 3159
- Care Association New Zealand (Residential Care)
Phone (09) 445 1707 or 021 311055
- Home and Community Health Association (Home Services)
Phone (04) 472 3196

The MoH has produced a brochure giving advice about what you can do if you have concerns about a home support service. See www.health.govt.nz/olderpeople (Search "concern about your home support service")

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, free-fax 0800 2787 7678, 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:

- | | |
|-----------------------------|-----------------------------------|
| • Wellington: (04) 389 2502 | • Whanganui: (06) 348 0074 |
| • Lower Hutt: (04) 570 0850 | • Palmerston North: (06) 353 7236 |
| • Porirua: (04) 237 0418 | • Napier: (06) 835 1640 |

Making a complaint

If you want to make a complaint about any health or disability service you may contact the Health and Disability Commissioner, Freephone 0800 11 22 33 or see the website for more information www.hdc.org.nz.

We will come to you!



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for more
info

Would your community, disability or health organization benefit from easy access to information, advice, aids and equipment to enable independent living?

For enquiries or to book an appointment

Phone (06) 353 2743 or Mobile 027 551 7948

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USEFUL CONTACTS

Accident Compensation Corporation	Claims helpline Freephone 0800 101 996 www.acc.co.nz
Age Concern New Zealand	See pages 24-25 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. 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 A charitable trust 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.
Ministry of Health (MoH)	Information specifically for older people. www.health.govt.nz/olderpeople
Ministry of Social Development (MSD)	For information relevant to older people. www.msd.govt.nz/what-we-can-do/seniorcitizens
Nationwide Health & Disability Advocacy Service	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 78 76 53. www.stroke.org.nz
Super Seniors Website (MSD)	www.superseniors.msd.govt.nz
Work and Income (WINZ)	Freephone 0800 552 002 (Superannuation line). Freephone 0800 999 727 (For subsidy information). www.workandincome.govt.nz

WHANGANUI DHB - REGIONAL CONNECTIONS



Bulls Friendship Club Ph: (06) 322 1429	Join us on Friday afternoons from 2pm-4pm. Building friendships and regular entertainers. Phone Dot Hazelwood
Doctors/GPs	Taihape Health Centre Ph: (06) 388 0926 Bulls Medical Centre Ph: (06) 322 1222 Stewart Street Surgery (Marton) Ph: (06) 327 8884 Waimarino Health Centre Ph: (06) 385 5019
Marton Friendship Club Ph: (06) 327 6744	Join us on Friday afternoons from 2pm-4pm. It's all about connecting people, friendship and companionship.
Marton Women's Institute Ph: (06) 327 6460	Meet once a month – speakers, entertainment and education. Fundraising for medical project and other causes.
Men's Group Taihape Ph: (06) 388 0555	Monthly meetings discussing issues of interest to rural people with visits to local places of interest. All welcome.
Community Health Centres and Services	Rangitikei Health Centre Ph: (06) 327 7222 (Nursing services, social worker and outpatient clinics) Waimarino Health Centre Ph: (06) 385 5019 (Nursing and other services, social worker, outpatient clinics) Also: Mokai Patea Services (Taihape) Ph: (06) 388 1156 Ngati Rangi (Ohakune) Ph: (06) 385 9580 Te Kotuku Hauora (Marton) Ph: (06) 327 5594 Te Puke Karanga (Raetihi) Ph: (06) 385 5019
Older and Bolder (Senior Citizens Social Club) Ruapehu REAP Ph: (06) 388 0109	Wide range of activities and services, e.g. organised trips, events, courses, support for those living in isolated areas, home visiting, transport and six weekly newsletter.
Pharmacies Marton Ph: (06) 327 0050 Ruapehu Ph: (06) 385 8304 Platt's (Bulls) Ph: (06) 322 1658 Taihape Ph: (06) 388 0000	Talk to your pharmacist for confidential, expert advice and treatment for a wide range of illnesses and complaints.
Senior Citizens Friendship Group (Taihape) Ph: (06) 388 0413	Meets twice a month - entertainment, speakers, games, trips out, a cooked meal and cup of tea and a chat.
RSA Bulls Ph: (06) 322 0875	Supports the community.
Community strength and balance exercise programmes e.g. Steady as you go (SAYGo) Further details can be found at: www.livestronger.org.nz	These popular programmes may vary over time. Check with Age Concern or your local health centre for details. Currently: Marton, Bulls, Hunterville, Raetihi, Taihape and Ohakune.
Transport - For people who, for medical, mobility or financial reasons, find it difficult to get to appointments.	Marton Red Cross Transport Ph: (06) 327 7300 - to Whanganui and Palmerston North. St John Health Shuttle Ph: (06) 327 4530 - serves: Bulls, Marton, Sanson, Whanganui and Palmerston North.

Page sponsored by Whanganui District Health Board. These are a selection of services in the region. For help to find others: Contact Age Concern Ph: (06) 345 1799 or Citizens Advice Bureau Ph: (06) 345 0844

MAXIMISING YOUR ABILITIES

It's now quite common 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 also doing something that helps them stay independent for as long as possible. 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. Women are particularly prone to brittle bones, so retaining bone density is especially important for them. Strength building and weight bearing activities such as weight training, walking and heavy gardening, help build bone density. Some people recommend taking supplements to assist with bone health. You may want to discuss this with your GP. Lots of research also 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.

Falling is not a normal part of ageing. The government recognise this and are working to offer community based programmes to help you maintain your strength and balance and to help you reduce your risk of falling. To see what's available in your region visit 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. Other groups like Age Concern may also offer similar falls preventions services. Contact them to see what is available (pages 24-25). Some programmes will be free, others may not be.

Evidence is also emerging that a new type of programme, 'high-intensity interval training' is beneficial for older people. Ask your doctor about it. (This is especially important for those considering any new exercise programme.) Whatever you do, the message is; stay active and retain as many skills as you can. Everyday tasks, housework, gardening, walking, etc. go a long way to aiding in this.

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. Sharing a meal with others has health benefits; somehow it makes the food taste better, you eat greater quantities and make better nutritional choices. Regular meal times bring structure to your day and preparing and cooking your own meals can also help you to retain your kitchen planning and time management skills. DHB community services may include: occupational therapists, who can advise you about specialised equipment for use in the kitchen, and dietitians, who can give you nutritional advice. If you need assistance with meals, you may be able to access home support services, meals-on-wheels, or you can purchase prepared meals from specialised providers or your local supermarket.

STAYING SAFE

A refresher workshop for senior road users



Have fun and brush up on ways to maintain your mobility and independence

Staying Safe is a classroom-based refresher workshop designed for all senior road users aged 70 and over.

The aim of this workshop is to:

- help you to maintain and improve your safe driving practices
- give you information about other transport options available when driving is no longer possible.

For more information about courses, please contact the NZ Transport Agency on **0800 822 422**.

Good hearing has a far greater impact on your 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. It's not surprising however, that mistakes are made, considering the number of pills some people take, possible eyesight problems and lack of explanation about what the pills are supposed to do or how long they should be taken for. Talk to your doctor and chemist about your medication; know what it does and how long you should take it for. Your medication can be pre-packaged according to the time of day it needs to be taken. This makes the task much easier. Ask your chemist about this.

Think about your alcohol use. As we age our bodies are less able to cope with it. It can alter the effect of any medication we are taking and it can worsen medical and mental health problems. Find out about safer alcohol use and speak to a health professional for further advice. Drinking less is always a good option.

Keep your brain healthy. Exercise it; do word and number puzzles, use written and spoken language, go to cultural activities, be creative or do household activities. Exercise, and do activities that are good for the heart. Have a good healthy heart diet and drink plenty of water. Have 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.

Finally, on a slightly different note - animal lovers will agree with some recent research that shows; pets can help older adults feel less lonely, keep them active and keep their brains sharp, all of which overall improves seniors' quality of life. If caring for a pet becomes difficult however then the pros and cons need to be considered. Remember, you need to be safe and look after yourself first. Family members or neighbours may be willing to help out (within reason) but if you can't care for your pet or the pet makes the home unsafe, then adoption is a good choice and 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.

In providing and funding services for older people in Hawke's Bay, our District Health Board is guided by the vision of the Healthy Ageing Strategy:

"Older people live well, age well and have a respectful end of life in age-friendly communities."

Below is a brief description of some services funded by us that aim to help older people to maintain and improve their wellbeing and to participate to their fullest ability in their family, whānau and community life.

For broad and general information services, we contribute funding on behalf of Hawke's Bay older people to:

- Seniorline 0800 725 463 – see page 25 for details
- Accredited Visiting Services – contact your local Age Concern – see page 24-25 for details
- Arthritis Foundation of New Zealand – see page 12
- The Parkinson's Society of New Zealand – www.parkinsons.org.nz
- The Stroke Foundation of New Zealand – see page 12
- Epilepsy Association of New Zealand 0800 37 45 37 – www.epilepsy.org.nz

Please make use of the information provided by these services.

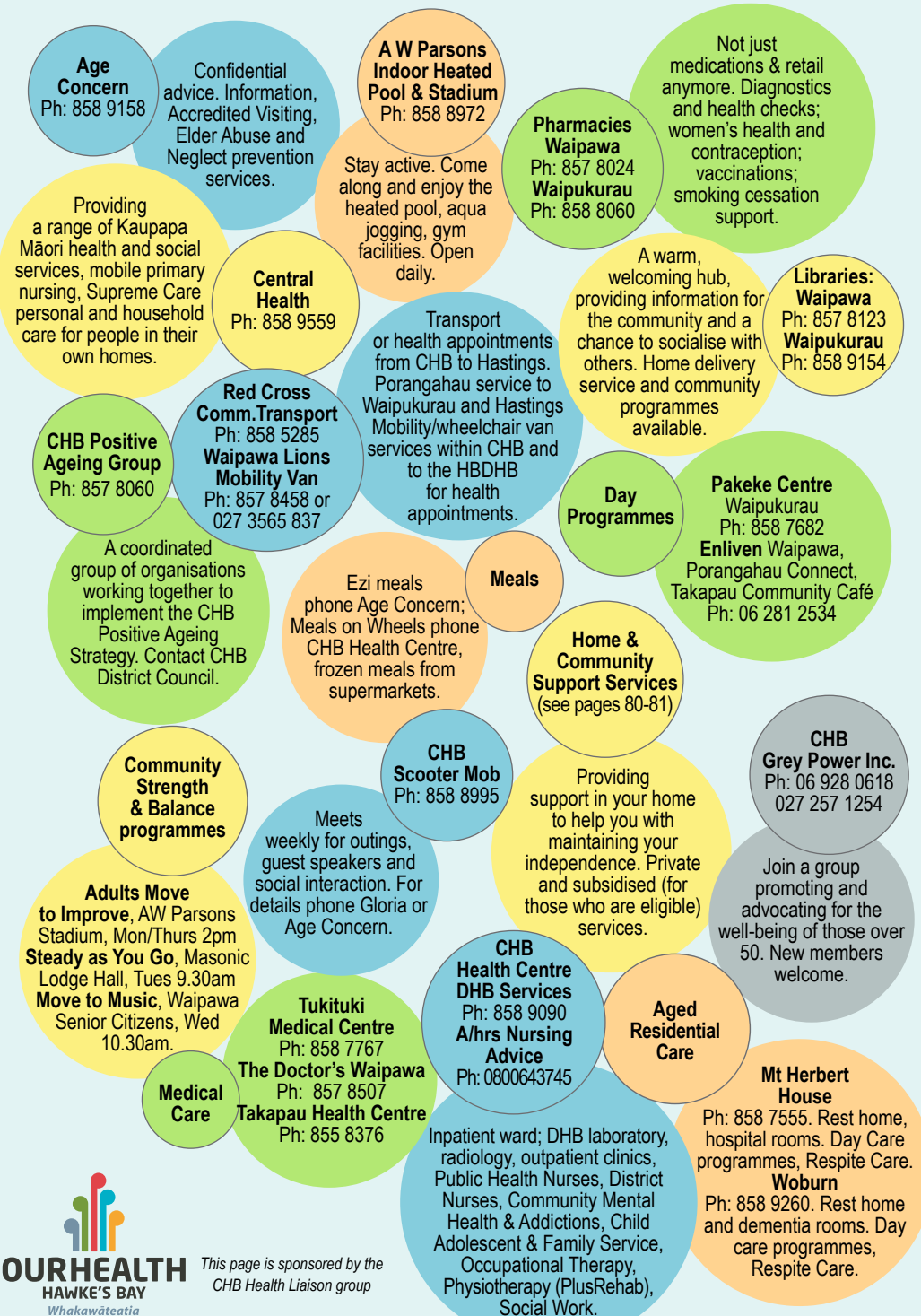
For services aimed at helping people to remain independent at home we fund services for the individual, for family members and whānau. These include:

- Day care – up to 8 hours of care at a number of locations in the community
- Respite care – a short stay in a Residential facility
- Restorative home and community care services – care support in your own home

These services are accessed via assessment by our needs assessment and service coordination service, NASC Hawke's Bay. Ask your GP for advice or referral or contact NASC Hawke's Bay on 0800 339 449 or 06 870 7485 for more details.

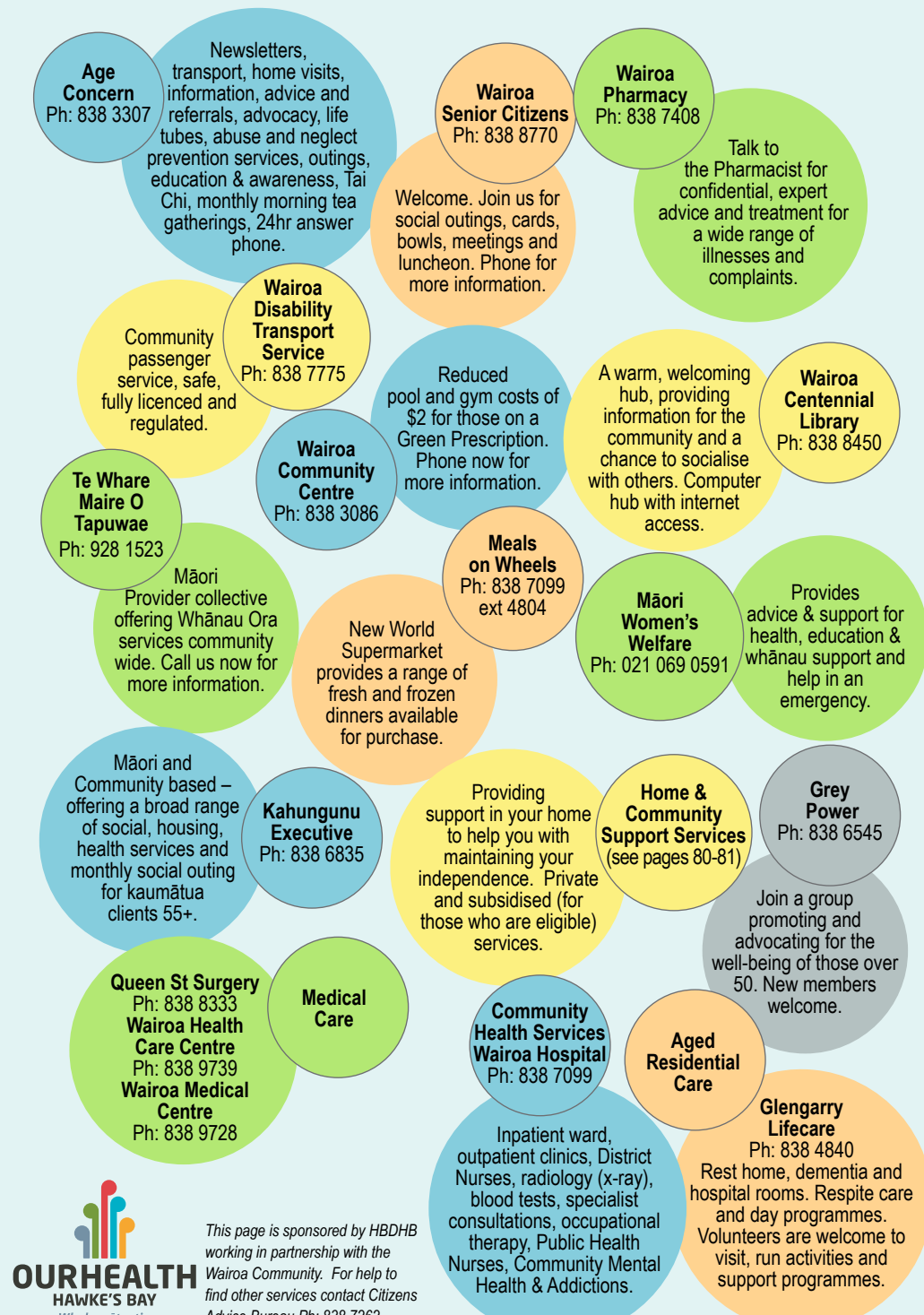
In Hawke's Bay we aim to minimise the time that people spend in Hospital. For older people we have services designed to help you avoid a hospital admission and others that help support a quicker return to home after a stay in hospital. Your doctor may talk to you about engAGE – this is our group of services that aims to provide you with short-term, enhanced support in your home environment so that hospital stays are as short as possible or are avoided altogether.

LIVE WELL IN CENTRAL HAWKE'S BAY



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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.

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AGE CONCERN

Age Concern is a trusted nationwide service and has been advocating for, supporting and working with older people for over 70 years. All Age Concerns are committed to providing services and programmes that reflect this purpose.

A comprehensive range of services are therefore offered, many of which are tailored to their local community. All Age Concerns provide: information services (including information about other important services and resources in your area), advocacy, educational programmes and the opportunity for older people to meet together and build friendships and a stronger sense of community.

Advocacy is an important aspect of the Age Concern service. Sometimes it's personal advocacy you need. Perhaps you need to fill in an important form and don't know how to do this, or you're having a hard time 'standing up' for yourself to get you the services you are entitled to. Age Concern can assist you through these processes, making sure you get the information and support you need. Another aspect of advocacy involves representing older people to Government, Councils, and other agencies when decisions are being made that might affect them.

The **Accredited Visiting Service** (AVS) is offered by a number of Age Concerns. This service provides regular visits to people in their own homes. The visitors are approved volunteers who are happy to spend an hour or so a week meeting up and building a friendship with an older person.

The contracted **Elder Abuse Response Service** (EARS) in this region is provided by Age Concern Wanganui, Wairarapa/WOOPS, Manawatu, Hawke's Bay, Wairoa and Horowhenua. This service helps protect the rights of older people (For more information see page 47.)

The following gives you an idea of what's happening at some of the Age Concerns in this region. All are open to the public, so call in and find out what opportunities there are for you. Volunteers are always welcome too.

Age Concern Wanganui is committed to promoting wellbeing, rights, respect and dignity for older people. Activities include a seniors' driving programme – 'Keys to Safe Driving', 'CarFit' and 'Hanging Up the Car Keys', a strength and balance programme – 'Steady as You Go' and many volunteer opportunities. Assessments are undertaken for the Total Mobility Scheme, supermarket and transport service. A visiting service, elder abuse response, community social work and support is available to those in Whanganui and the Rangitikei.

Age Concern Horowhenua invite those new and established locals to come and see them in Levin and to take advantage of the resources they have on offer. You are welcome to join a monthly 'Friendship Group', or the 'Get fit while you sit' programme (run twice weekly in Foxton and Levin) and other current and

changing programmes. Educational programmes such as 'Driver Refresher' courses are run on a regular basis. The AVS service is offered.

Age Concern Kapiti are focusing on improving and strengthening friendships, relationships and social connections for older people. They are conscious that when these break down their health and wellbeing suffer. They also offer the AVS, health promotion programmes, advocacy and a free counselling service.

Age Concern New Zealand Manawatu Outreach Service is looking to expand its services in Palmerston North and the Manawatu and are keen to hear from people about what older people need in these communities. They currently offer an Elder Abuse Response Service, AVS, exercise programmes including 'Steady as You Go' and 'Rhythm and Moves' and other health promotion programmes. They are also involved in Age Friendly Palmerston North.

Age Concern Wairarapa WOOPS based in Masterton is redesigning its services to meet the growing needs of their rapidly growing ageing population, so expect changes. Currently they offer: the AVS service, weekly Line Dancing and 'Sit and Be Fit' exercise classes and the Melody Maker choir. Trips and outings are held regularly. Coffee mornings (with visiting speakers) are held in the main small towns in the region each month. Life Tubes (small 'one-off' cost) can be purchased.

Age Concern Hawke's Bay offers services and programmes that have wide appeal, from board games and activities based at the premises to monthly lunches, Housie, 'Steady as You Go' and 'Sit and be Fit' exercise programmes, trips and outings, health and wellness services including educational programmes, foot clinics, wheelchair hire etc. They also provide a referral service to local trades and maintenance services. Frozen meals and Life Tubes (small 'one-off' cost) can be purchased. Three social workers are based here. Other programmes are being planned or are under development (e.g. 'Let's Share' housing option).

Age Concern Central Hawke's Bay (located in Waipukurau and part of Age Concern Hawke's Bay), offers: a book and puzzle library, trips and outings, digital seniors and internet café, scooter club, board games and housie. Wellness services include: health education, podiatry clinics, 'Steady as You Go' exercise classes. Frozen meals and Life Tubes (small 'one-off' cost) can be purchased. Social work services are also available.

There are also Age Concern member councils located in Wellington, Flaxmere, Havelock North, Napier and Wairoa. Contact them directly for service details.

For contact details for all Age Concern member councils in this region, please see pages 24-25 or www.ageconcern.org.nz.



Serving the needs of older people

Age Concern Kapiti Coast

1st Floor, Coastlands Shopping Town, Paraparumu 5032
PO Box 217, Paraparumu 5032
Phone: 04 298 8879
Email: admin@ageconcernkapiti.co.nz



Age Concern Wanganui

164 St Hill Street, Wanganui 4500
PO Box 703, Wanganui 4500
Phone: 06 345 1799
Email: info@ageconcernwanganui.co.nz



Age Concern Wairarapa (WOOPS)

Solway Showgrounds, Cnr Fleet & York Street entrance,
Masterton 5810
PO Box 865, Wairarapa 5810
Phone: 06 377 0066
Email: admin@acww.nz



Age Concern New Zealand Manawatu Outreach Service

51 Waldegrave Street, Palmerston North 4410
PO Box 5063, Palmerston North 4441
Phone: 06 355 2832
Email: marian.dean@ageconcern.org.nz



Age Concern Horowhenua

538 Queen Street, Levin, 5510
Phone: 06 367 2181 (Mon - Fri 9am-3pm)
Email: admin@ageconcernhoro.co.nz



Contact your local Age Concern

Age Concern Hawkes Bay:

Hastings office:

415 Heretaunga Street East, Hastings 4122
PO Box 185, Hastings 4156
Phone: 06 870 9060
Email: ageconhast@xtra.co.nz



Central Hawke's Bay office:

3 Porangahau Road, Waipukurau 4200
Phone: 06 858 9158
Email: agecon.rail@xtra.co.nz



Other branches:

Age Concern WELLINGTON. Phone: 04 499 6646
Age Concern FLAXMERE. Phone: 06 879 7003
Age Concern HAVELOCK NORTH Phone: 06 877 6488
Age Concern NAPIER. Phone: 06 842 1346
Age Concern WAIROA. Phone: 06 838 3307

Seniorline

Navigating services
for older people



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Rest home care

www.seniorline.org.nz

Call 0800 725 463

I have worked for 22 years in Real Estate – born and bred in Darlington Road, Miramar. I raised my daughter and son in Wellington. I have lived in Island Bay for 20 years. Now I am a grandmother with a handsome 15 year old grandson who lives with Mum and Dad in Tawa, and I have gorgeous identical twin granddaughters – now young ladies at 14 years old - who live with their Mum and Dad in Bowen in North Queensland.

My name is synonymous with Real Estate, living and selling properties all over Wellington. The transition in leaving your family home and memories is stressful. But new memories are going to be made! A couple I helped really wanted to go back to Palmerston North to their family. Unsure initially but recognised the benefits and took the step. I suggested they will never forget their time in Wellington and as their health was good the time was right and they could make joint decisions for their future and welfare together. I reassured them they would make new friends and when either one of them passed away they would have their “new” friends around them. And that is exactly what happened. Together for a further five years he was comforted by his family and their new friends in the Village. He always said it was the best advice. Another couple who also felt “the time is right” put their beautiful townhouse on the market and I sold it for them within 48 hours. They are absolutely delighted with their brand new apartment in their Wellington Retirement Village with people of similar ages and enjoy the lifestyle and friendship this life offers them. They planned their move over 18 months.

I work with many older folk who have moved to smaller homes or Retirement Villages in and around Wellington and elsewhere in New Zealand. If you are thinking of selling now or in the future you may like to call me for a confidential chat. I will give you a free market appraisal and we can discuss your options moving forward. I am friendly, professional, hardworking and passionate about Real Estate and I will hold your hand through the sales process whilst keeping you fully informed along the way. **I WILL LOOK AFTER YOU.** I have a big database of young buyers desperate to get into their first home just like we were when we took that first step towards owning our own home and yours just might be the one they are looking for. I welcome your call.

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“Your professionalism and ability to go the extra mile was much appreciated. Joy, you understood our needs and were both empathetic and patient with us during a very difficult time and made the process a lot less stressful...” ~Gary and Sue Wells

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I support SYLO (Sing Your Lungs Out) and The Stroke Foundation. I also support Heart Kids Wellington as a Grandparent@Heart. Heart Kids Wellington were recipients of the Harcourts Team Wellington Giving Back Programme.



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 it’s eagerly anticipated. One of the most common factors leading to an older person considering a move is a change in their circumstances such as a health crisis or the death of a partner. When you are grieving or in crisis it is not the best time to make such a major decision. Family/whānau or friends often make suggestions at times like this too, e.g.: “you should move into a village” or “you should get a smaller house”. Remember, while their comments can add to the pressure, they usually have your best interests at heart. The alternative to making such a decision 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, residential care, 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 can be difficult.

Click here
for more
info

There are strict criteria around assets, income and need. Your local council, religious/welfare organisations or Age Concern may be able to advise you about housing availability. Contact Housing NZ (0800 801 601) for advice about their services. MSD Senior Services (0800 552 002) may be able to provide other options.

- **Sharing accommodation.** This 'flatting' 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 90-97 for further information.)
- **Supported living.** These are often family/whānau style homes (e.g. Abbeyfield homes) where each resident is independent and has 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 64-65, 120-149)

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. See also pages 47-49 .

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EQUIPMENT & OTHER SUPPORT

If you are finding it difficult doing everyday tasks then getting some specialised equipment or home modifications might make things easier. They may help you to remain independent and increase your confidence and happiness about being at home too. Examples of commonly used items include: hip protectors; stocking pullers; bath stools; jar openers; shower stools; toilet raisers; walkers; scooters; medical alarms; sensor alarms/mats and home modifications, e.g. ramp or hand rails; etc.

There are several ways in which you can obtain specialised equipment including:

- Accessing MoH funded services
- Privately buying the equipment or having modifications installed
- Applying to other organisations for funding, e.g. Lotteries Grants, etc.

Demand for MoH funded equipment and modifications services (EMS) currently exceeds available funding. To deal with this a prioritising process has been set up. Those who have the greatest need and will benefit most from service are given higher priority. Your eligibility for MoH funded services depends on whether you have a disability that will last longer than six months, the cost of equipment (if under \$50 you may have to buy it yourself), your residency, whether you have access to other funding, e.g. ACC, the outcome of an assessment known as the 'Impact on Life' questionnaire and the associated prioritising system.

The assessment must be undertaken by an approved assessor and this most commonly comes about after a health event which results in you being admitted to hospital or needing support at home. You can ask for an assessment yourself by contacting: your GP, CCC/NASC, Enable information (phone 0800 171 981) or other authorised services (see www.health.govt.nz keyword 'equipment').

The 'Impact on Life' questionnaire asks you to think about the effect that your disability is having on you and those closest to you. Avoid putting on a 'brave front' and thinking about others who are 'worse off' than you; think about and ask yourself honestly, if a change in your situation may help you to manage your disability. A computer programme is used to process your answers. It establishes what support you would benefit from, your eligibility for funding and priority. Should funding not be available other options will be discussed with you.

If you are buying equipment there are specialist stores that have a range of equipment. You do, however, need to be aware that not all equipment suits all people. An example of this is a walking frame; they're not all the same and getting the wrong one could make going for a walk even more dangerous, so make sure you get good advice, preferably from a trained professional. A good equipment store will always assess your ability to use the equipment correctly and safely. Consider the storage and transportation of larger pieces of equipment, e.g. walking frames; do they fit in the boot of a car?






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Capital & Coast DHB area	Phone (04)	Address
Hora Te Pai Health Services	902 7095	Warrimoo St. Paraparaumu
Maraeroa Marae Health Clinic	235 8000	216 Warspite Ave. Porirua
Ora Toa Health Unit	237 0110	20-22 Ngatitua St. Porirua
Hutt Valley DHB area	Phone (04)	Address
Kokiri Marae Health & Social Services	939 4630	7-9 Barnes St. Seaview, Lower Hutt
Koraunui Marae Charitable Trust	939 6662	146 Stokes Valley Rd. Hutt
Orongomai Marae Health Services	528 9409	5-7 Railway Ave. Upper Hutt
Waiwhetu Marae	566 1847	21 Puketapu Grv. Lower Hutt
Wainuiomata Marae Trust	564 8395	Cnr Parkway Extension & Wellington Rds. Wainuiomata
MidCentral DHB area	Phone (06)	Address
Best Care (Whakapai Hauora) Charitable Trust	353 6385	140-148 Maxwells Line, Palmerston North
Muaupoko Tribal Authority	367 3311	306 Oxford St. Levin
Raukawa Whanau Ora	323 6446	148 Manchester St. Feilding
Raukawa Whanau Ora	368 8678	3 Keepa St. Levin
Te Waiora Your Community Health Services	363 6030	10 Lady's Mile, Foxton
Te Waiora Ki Kurawari	362 7056	2 Stout St. Shannon
Te Wakahuia Manawatu Trust (Whānau Ora Service)	357 3400	56 Pembroke St. Highbury Shopping Centre, Palmerston North
Whanganui DHB area	Phone (06)	Address
Mokai Patea Services	388 1156	130 Hautapu St. Taihape
Te Oranganui Trust	349 0007	Tupoho Community Complex, 57 Campbell St. Whanganui
Wairarapa DHB area	Phone (06)	Address
Ngati Kahungunu Ki Wairarapa	377 5436	187-189 Queen St. Masterton
Rangitane o Wairarapa	370 0600	Te Hamua, 12 Kokiri Pl. Masterton
Te Hauora Runanga O Wairarapa	378 0140	15 Victoria St. Masterton
Whaiaora	0800 494 246 / 370 0818	394 Queen St. Masterton

Hawkes Bay DHB area	Phone (06)	Address
Kahungunu Executive	0800 621 700 / 838 6835	65 Queen St. Wairoa
Roopu a Iwi Trust	843 1590	32 Bledisloe Rd. Napier
Te Kupenga Hauora - Ahuriri	835 1840	5 Sale St. Napier
Te Taiwhenua o Heretaunga Supreme Care	0800 824943682 / 871 5350	821 Orchard Rd. Hastings
Te Taiwhenua O Heretaunga	871 5350	821 Orchard Rd. Hastings
Te Wāhanga Hauora Māori	0800 333 671 / 878 1654	Gate 11, Omaha Rd. Private Bag 9014. Hastings

The above provide Kaupapa Māori services and may include clinics, traditional practices, Whānau health, hui etc. There may be cost for some services while others may be free. Referrals may be made to other relevant services as required.



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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 and cheques - Often the temptation to give your PIN number or an open cheque to someone, e.g. family member, home support worker or even bank staff, is because you can't access the bank yourself. Don't be tempted. If you do, and money is stolen, the bank will probably refuse a fraud claim. No one, not even the bank or IRD (Inland Revenue Department), should ever ask you for your PIN number or other passwords. Your Enduring Power of Attorney for Property is the safest option for most people. They can keep you supplied with enough cash for day-to-day transactions. Ask your bank, lawyer or Age Concern (see pages 24-25) about other safe ways of managing your financial affairs.
- 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 (EPA) 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 pages 54)
- 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 own 'banker' and responsible for keeping your currency secure.
- Equity release - This may free up capital. See pages 50, 52 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, 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/EPA, 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.

EMERGENCY PLANNING & SCAM WATCH

Emergency planning for those living independently or in a village

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 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 24-25). 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 a number of factors that might open you up to more calls than others. Call the Marketing Assn. to be removed off any lists they may have (phone (09) 361 7760). Age Concern will also advise.
- **Unknown visitors.** When people come to your home, e.g. to provide a service or for any other reason, ask to see their identification (ID). Genuine people will be glad you asked. Never invite them inside unless their ID satisfies you. If something doesn't seem right, ask them to come back later. Get advice immediately. 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 and mentally has an impact on your physical health and similarly, that your physical health affects your emotional 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 44), 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 residential care, 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 14,16).
- 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.

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info

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ahorrillnz@gmail.com

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Moving house is a big change. Our team will listen, respect and support you to **MOVE FORWARD** to the next step, big or small.

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- Prepare your home ready for sale, ensuring it is presented at its maximal potential
- Liaise with professionals - lawyers, contractors, real estate agents
- Supplier of basic equipment aids for independence



Cath and Suzanne are nurses with extensive community nursing experience. We have supported people through change and understand the challenges and stress that this can bring, particularly if family live out of town or overseas.

Cath Lindsay and Suzanne McKenna
Mobile phone: 022 188 3401
E: movingforwardcare@gmail.com
W: www.movingforwardcare.co.nz

FEELING A 'BURDEN', LONELY OR SOCIALLY ISOLATED?

It is concerning to hear how often older people say that they don't want to be a 'burden' to others, especially to their families. Interestingly, at no other stage of life is it okay to be called a 'burden'. Equally concerning, and common, are loneliness and social isolation. (Social isolation is where people have little social contact whereas loneliness is a personal, internal and often complex thing.) Loneliness and social isolation can become comfortable but dangerous companions as they can both lead to unhappiness, poor health and reduced length of life. Considerate communities want better things for older people and as these issues may eventually affect us all, they need to be addressed. The solutions however, require different approaches, i.e. we know that loneliness often isn't 'cured' by companionship but social isolation may be.

The journey to loneliness may have been a long one. By older age we are the people we are because of genetics, upbringing and the circumstances that we have faced through life. We can't change this but we can change how we respond to it.

To you – The walls of loneliness are some of the most difficult to remove. You may have lost important relationships through death, distance or estrangement and the pain or rejection that has resulted may be deep. The people you want to see the most may be those where the situation is most difficult. Given the person you are now, can you set some realistic expectations of yourself and others? What gives you a sense of self-worth? What things can you do that make you feel connected to others? A risky time for loneliness and isolation is at a time of change. While you need time to adjust, remember to say 'yes' a lot, keep moving, learning and giving. It's okay to be vulnerable and ask a friend or professional for help. Vulnerability shared, can also build connections!

What we don't always fully appreciate is that we live in a society that also determines how we will live in our older years. Not only is it more difficult to keep in touch with family/whānau and friends these days, western society is very 'individualistic'. The good news is; our society is always changing and together we can help shape it by behaving differently as individuals.

To the community – Seek older people out, contact them (it reassures them that you know they are there), invite them to things you are interested in and treat them as you would others. Introduce them to others. Mixing only with other older people often has limited appeal. Help create a wide network of contacts. Do things that include all age groups, e.g. take them to the library (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. Only receiving help makes people feel bad (that's why they often decline it). 'Turn the tables'; ask them to do something for you (feed the cat when you're on holiday, etc.) Whatever you do; make it as easy and natural as possible.

HARD TO
TALK ABOUT?

Person-centered care for the elderly and people with dementia

Dementia Care NZ is one of New Zealand's highly regarded aged care providers. We provide a full range of residential care at many of our facilities. In all our homes, care is provided in a relaxed small-home environment as much like a family home as possible. There are open plan living areas, small kitchenettes, and gardens with sheltered spots to sit and enjoy the sun and the sound of birds. People are encouraged to maintain their familiar roles if they wish, taking part in homely activities such as baking, flower arranging and gardening. This supports a sense of purpose and value.

Our staff are trained in the 'Best Friends' model of care, connecting with each person as we would a very best friend. We accept you as you are, believe in you, respect you, really listen to you, joke with you, and love to hear you laugh.

We believe that our philosophy of care gives people the greatest possible opportunity of being as happy and healthy as they are able to be.



We create a loving,
warm and homely
atmosphere where
each person is
supported to
experience each
moment richly.



Millvale House LEVIN

P: (06) 367 2027
E: cmlevin@millvale.co.nz
42 Mako Mako Road,
Levin 5540



rest home care | hospital care | dementia hospital care

We are a small facility looking after only 30 residents. Millvale House is divided into two small homes, both with easy access to a garden. Haumarua has wooden decking outside for the residents to enjoy, while the Aroha Nui garden has a more extensive walking area, as well as a sensory garden and a vegetable garden. All rooms have garden views and provide both permanent and respite care at all levels.



Millvale House WAIKANA E

P: (04) 904 4340
E: cm@millvale.co.nz
17 Millvale Street,
Waikanae 5250



dementia hospital care

Recently renovated and upgraded, Millvale has two cosy homes of 15 beds each, with easy access to a delightful garden and sheltered courtyard. The song of native birds can be enjoyed from the established garden, which has inviting paths to explore and sheltered spots to sit in and enjoy the tranquility of the surroundings.



Millvale Lodge LINDALE

P: (04) 297 0059
E: om@millvalelindale.co.nz
91 Main Road North
Lindale, Paraparaumu 5036



rest home care | dementia rest home care | hospital care

Millvale Lodge provides a unique 'country lodge' environment where residents are able to enjoy the park-like surroundings without feeling confined. There are farm animals close by, and fruit trees and a vegetable garden which residents are encouraged to help tend. The emphasis is on taking part in the normal activities of everyday life, with plenty of space for visiting grandkids to kick a football about and a children's playground where they can play.



Millvale House MIRAMAR

P: (04) 388 6780
E: cmmiramar@dcnzltd.co.nz
60 Weka Street
Miramar, Wellington 6022



dementia hospital care

Millvale House Miramar is one of our most homely facilities. Blending into the surrounding houses nestled in the heart of Miramar, it is home to only 27 residents. The facility is divided into two small cosy homes, each with its own open plan living area and kitchenette. Millvale Miramar is known for its relaxed atmosphere, warm welcome and 'family' feel.

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 these 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 page 14,16), 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 (sometimes known as a navigator) to support you to live your life well (e.g. staying connected with friends, etc), help you plan ahead and to access the services you need when you need them. Make sure you contact your local Alzheimers/Dementia organisation (see page 45) or doctor to find out what support they provide for people with dementia, care partners, family/whānau and community.

Community providers of support, information and education for all people who are affected by dementia.



Dementia Wellington



Providing services and support across Kapiti, Wellington and the Hutt Valley
55 Hutt Road, Petone, Wellington 5012
P: (04) 972 2595
E: admin@dementiawellington.org.nz

Click here for more info

Dementia Hawkes Bay



- Dementia-specific day programmes - Chatham Club in Hastings and Mahana in Napier
- Education and support for people living with dementia, carers, family and whānau
- Outreach support from Central Hawke's Bay to Wairoa

Hastings
102-106 Windsor Avenue, Parkvale
Hastings North 4158
P: (06) 878 7502
E: admin@dementiahb.org.nz

Napier
1 Wilding Avenue, Marewa, Napier 4143
P: (06) 834 0417
E: admin@dementiahb.org.nz

Alzheimers Wairarapa



Doug Lamb Building, Solway Showgrounds,
Corner York & Fleet Street, Masterton 5810
P: (06) 377 7522
E: alz2.wairarapa@gmail.com

Alzheimers Whanganui



Support covers Whanganui, Rangitikei & Waimarino District

5/136 Victoria Avenue, Whanganui
P: (06) 345 8833 or 0800 004 001
E: admin@alzheimerswhanganui.org.nz

Alzheimers Manawatu



Day Respite provided

- Supporting people with Dementia, their families and friends
- Educating and informing the public and associated professionals about dementia
- Raising local awareness - reducing the stigma attached to dementia while also promoting dementia-friendly communities

MKC Club: This programme is designed for people with Dementia; it includes Cognitive Stimulation Therapy (CST), a daily exercise programme, and enhances connections and socialisation.

Marion Kennedy Centre
642 Featherston St, Palmerston North 4414
P: (06) 357 9539 or 0800 004 001
E: manawatu@alzheimers.org.nz

ELDER ABUSE

This is a sensitive subject, given that people find it very difficult admitting that everything may not be well behind closed doors. New Zealand researchers believe that much elder abuse is unreported. They suggest a number of factors contribute to this, including the reluctance by many perpetrators or older people to seek help.

Older people who are abused are usually more frail and dependent on others. Research has shown that the most likely perpetrators of the abuse are family/whānau members, especially daughter/daughter-in-law or son. Anyone can be abusive, including partners, friends, home help personnel and residential care workers. Sadly, this is often someone the older person has a trusting relationship with.

The types of abuse include:

- **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 such as, "If you don't give us what we want you won't see the grandchildren." Other examples include demanding the PIN number of bank cards; family/whānau members 'living off' the older person (often moving in and taking over), manipulation of the sale of property to disadvantage the older person etc. Sometimes family members convince themselves that as they may inherit from you in the future or that they are entitled to your money or assets now. They are not.
- **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 caregiver'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. Neglect also refers to the situation where the older person themselves is neglectful of their own basic requirements.
- **Emotional/psychological abuse** involves behaviour that 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 burning, slapping, hitting, bruising, squeezing, restraining, inappropriate use of or the withholding of medication, etc.
- **Sexual abuse** involves unwanted sexual contact. Threats or force may be used.
- **Institutional abuse**, although much less common, can occur in places such as residential care homes. It can include any of the above types of abuse. Questions should be asked if a resident shows 'grip marks' on their skin, is becoming withdrawn or fearful, is making inappropriate gifts or giving money

to staff or where it is suspected that an aspect of the rest home's routine or way of doing things is overriding the rights of the resident, etc.

Abusive situations are damaging to all parties. If you are being abused you do not have to 'put up with it'.

The situations referred to here are hard to manage so seek advice. The Elder Abuse Response Service (EARS) has a confidential 24 hour, free helpline phone: 0800 32 668 65. Registered nurses will listen and advise anyone (no matter who it is) who needs information or support about elder abuse. If needed, callers will be referred to local elder abuse services to get help. If there is immediate danger call the police on 111.

Local Elder Abuse contact details:

- | | |
|---|------------------------------|
| • Wellington, Hutt Valley, Kapiti:
(04) 805 0880 | • Manawatu: (06) 355 2832 |
| • Wairarapa: (06) 377 0066 | • Wairoa: (06) 838 3307 |
| • Horowhenua: (06) 367 2181 | • Hawke's Bay: (06) 858 9158 |
| • Wanganui: (06) 345 1799 | • Hastings: (06) 870 9060 |
| | • Taranaki: (06) 376 7608 |

If you are in an abusive situation, or you know about an older person who is, ring the helpline, contact one of the services above or talk to someone who will take it seriously and help you work out a plan of action. The Crimes Act 1961 makes it clear that those who care for, or who are responsible for, a vulnerable person have a duty of care to protect them.

ENDURING POWERS OF ATTORNEY

An Enduring Power of Attorney (EPA) 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 EPA through a lawyer or a trustee company such as Public Trust. (Ask what the fee is likely to be.) There are two types of EPA:

- 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 EPA 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.

Enable someone to make decisions when you can't

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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 EPA 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 EPA (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. your accountant or doctor.
- You can 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 EPA. They are available online from the Ministry of Social Development's website www.msd.govt.nz (Search: "EPA") 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.

In conclusion

If you lose mental capacity and you do not have an EPA in place, your family or friends must make an application to the Family Court. 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 can be avoided by appointing an EPA when you have capacity to do so.

Finally, it is helpful if you give a copy of the relevant documents to your attorneys, successor attorneys, doctor, accountant, bank or family. If you move into residential care or a retirement village it is probable that you will be asked for this documentation also.

Note: This is an overview only and is not personal advice. Discuss this further with your lawyer or a trustee company such as Public Trust.

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).



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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 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 publicly 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 \$950 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, and uses 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 (single person \$227,125 as at 1 July 2018). 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 sleepover) 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.

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Johnsonville — Tawa | Ph 04 477 4025
www.gfh.co.nz

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Waikanae | Ph 04 293 6844
www.waikanaefuneralhome.co.nz

Harbour City Funeral Home
Paraparaumu | Ph 04 298 4888
www.harbourcityfunerals.co.nz

Harvey Bowler Funeral Services
Otaki — Levin — Shannon | Ph 06 368 2954
www.harveybowler.co.nz

MANAWATU:

Robert J Cotton & Sons
Palmerston North | Ph 06 355 2529
www.robertjcotton.co.nz

WAIRARAPA:

Richmond Funeral Home
Featherston — Carterton | Ph 06 379 7616
www.richmondfuneralhome.co.nz

Rosewood Funeral Home — (David Dew Funeral Services)
Masterton | Ph 06 370 8088
www.rosewoodfuneralhome.co.nz

HAWKES BAY:

Central Hawkes Bay Funeral Services
Waipukurau | Ph 06 858 8146
www.chbfunerals.co.nz

Dunstall's Funeral Services
Napier | Ph 06 835 7196
www.dunstalls.co.nz

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 Plan

An Advance Care Plan allows you to record your preference now, for the way in which your care and any health conditions you have, are managed in the future. It fits well with an Enduring Power of Attorney as it gives guidelines regarding your wishes. It is also a practical 'working document' for an Advance Directive. A template form is available: www.advancecareplanning.org.nz. Your GP may be able to help you write up your plan.

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. While this can be written or oral and does not need to be witnessed by a doctor or lawyer, many advise that this is written down. This process 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. While you may wish to refuse medical treatment (a right under The Code of Health and Disability Services

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Consumers' Rights) those acting on your directives must act within the law. They (e.g. the doctors) 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 frequently reviewing and having ongoing discussions about this subject with those closest to you. The best person to talk this over with, in the first instance, is your doctor.

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 take their family member home.

Some people choose not to have a funeral. In such situations it is advisable that friends and family know of your intentions as funerals often provide a way for those closest to you to say their farewells. 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.

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PALLIATIVE CARE

“It’s not the dying that I worry about; it’s how I’m going to do it.” Many older people are familiar with this sentiment and most of us will have experienced the death of someone close to us. When ‘our time comes’ or when those close to us are dying, we want to know that this can be achieved comfortably and peacefully.

Palliative care is a special type of approach to health care for those who have a life-limiting condition (i.e. they have usually been told there is no cure for their condition). Anyone of any age with a life limiting condition (e.g. cancer and chronic conditions such as motor neurone disease, heart disease, multiple sclerosis, dementia, etc.) may benefit from a palliative approach to their care.

These types of services are designed to maximise the quality of life for the person and those around them, and to ensure comfort and dignity until they die.

Palliative care may be provided by: a hospital palliative care team; GPs; your usual home-based support service (if you are receiving these services); staff at a residential care facility; or by hospice staff working in the community. The hospice movement has a long history and until relatively recently many people only associated it with the hospice buildings and inpatient services. The largest providers of palliative care in New Zealand are hospices, yet only a relatively small number of those receiving palliative care ever stay in a hospice facility as an inpatient.

The majority of people who receive palliative/hospice care are visited in their own homes or in residential care facilities. A team of specially trained people such as doctors, nurses, social workers, counsellors and spiritual care staff are on hand to advise or provide the care that is needed.

The goal of palliative/hospice care is to help people make the most of their lives; to live every moment in whatever way is important to them. This philosophy extends beyond the physical needs of a person to include their emotional, spiritual and social needs. Palliative care is applicable early on in the illness too, especially when an understanding of treatments such as chemotherapy and radiotherapy and the management of distressing clinical complications is required. It offers support to families, helping them cope during the illness and, later, in their own bereavement.

Depending on when palliative/hospice care services are sought, living every moment can take on a different meaning. It might be going to watch a sporting or cultural event; spending time with family/whānau and friends; resting and enjoying the warmth of the sun on a sunny day; or sitting quietly holding someone’s hand.

Sometimes complex issues are experienced and many hospices throughout New Zealand have inpatient facilities where people may go for respite, symptom and pain management, or support if their care cannot be provided elsewhere. Overnight or longer stays may not be available in some hospices, however other arrangements may be made if this is required.

One of the biggest concerns people have is that end of life care will not adequately manage their symptoms and it is true that for some people it has limited success. All health professionals should be able to provide basic palliative care, but if symptoms or problems are beyond their ability to manage, you should seek advice and support from a specialist palliative care service, such as a hospice (see details below).

If this situation applies to you, you may find it helpful to also:

- Make sure there is someone close to you who will advocate for you if the need arises. (For further information ‘Enduring Power of Attorney’ (pages 47, 49) and ‘Living Will or Advance Directive’ (pages 54, 56). Seek a second opinion, or go elsewhere, if you feel you’re not getting the service you need.
- Read information you are given, ask questions and supplement your knowledge with further reading. If you don’t want to do this yourself, 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 all the information yourself, but you will want the best possible care and advice.
- Use online resources. Search for detailed instructions on ‘symptom management’, including a search for ‘The Palliative Care Handbook 2016’. This comprehensive handbook is available in a digital version from the hospice website www.hospice.org.nz.

Due to a variety of circumstances it may not be possible to stay at home and clinical advice might be that residential care is needed. Payment options vary. In some regions, the DHB may subsidise the services for a defined period, after which a financial means assessment (as for a RCS - see pages 140-148) may be required. 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 care. If you require residential care, ask CCC/NASC about what applies in your situation.

All hospices are independent charitable trusts. They receive the majority of funding from contracts with the Government, however, in order to provide the services they do, they still need to fundraise. Volunteers are an important part of the service, with thousands supporting the work of hospice; serving meals to inpatients, spending time with people, writing life biographies etc.

In this region, specialist palliative/hospice services are delivered by Mary Potter Hospice (Wellington), (04) 801 0006; Te Omanga Hospice (Lower Hutt), (04) 566 4535; Hospice Wairarapa (Masterton), (06) 378 8888; Cranford Hospice (Hastings), (06) 878 7047; Hospice Whanganui (Whanganui) (06) 349 0080; Arohanui Hospice (Palmerston North), (06) 356 6606. (Contact the CCC/NASC Centre - see page 9). You can access these by referral from a GP, hospital staff, district nurse, or by contacting a hospice directly to see if support may be appropriate. The range of services available differs in each community, so you will need to find out what is available in your area. No matter where you live some specialised palliative care advice is available.

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ACC 7836 November 2017

ASSESSMENT & SERVICE COORDINATION

Find out:

- » Why an assessment will be useful
- » How to get an assessment, how the system works, who is eligible
- » 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 poor health and/or disability when they don't have to. It may be possible to sort out these problems. This is where an assessment can be helpful. It's like standing back and looking at all the things that might be impacting on your health and wellbeing such as your: medical conditions, physical ability to do things, mental wellbeing, social support, living situation, etc.

An assessment is done by a trained health professional who understands the area of older people's health. They are usually part of a bigger team. These teams have different names in different DHBs, e.g. CCC, NASC, CART (see glossary page 8). They will be able to refer you to more specialised treatment or support if needed. Another aspect of the assessment is to determine whether you need, or are eligible for, publicly funded support. An assessment is not judgmental or something you pass or fail; it is a snapshot of your health and wellbeing at the time it is done.

Assessment details

An assessment can be done at a variety of times and in different settings. Most commonly it will be done by the assessors from your older person's service in your own home, although it can be done in hospital or in a rest home or other place of your choice. The value in being assessed at your home is that this is familiar to you and is therefore likely to give a much better indication of how things really are for you.

There are many types of assessments in the health sector, however the assessment used in this context is what is known as interRAI (it's computer based). There are several types of interRAI assessments and the one that is used for you is determined by the type of needs you have.

A comprehensive interRAI assessment can take up to several hours. The assessment indicates whether specialist referrals are needed, e.g. with a geriatrician (doctor), physiotherapist, occupational therapist, social worker, gerontology nurse specialist, speech therapist, etc. (these may be initiated before the assessment is completed). The outcome of the assessment will be discussed with you and, if relevant, treatment and/or equipment provided and arrangements made to coordinate any services you need (known as service coordination).

If your needs are less complex or if your situation is being reviewed, a less comprehensive and quicker assessment is done. A more basic interRAI assessment or review can be done over the phone. Generally, phone calls are only made if it is

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thought that the situation can be properly addressed over the phone. If you can't hear well over the phone, feel uncomfortable talking about these things over the phone or if you don't think a phone call will allow you to properly explain your situation, then ask for a 'face to face' meeting. It is also a good idea to have a support person with you if taking such a call. "Two heads are often better than one."

Being referred for an assessment

- A referral for an assessment is made to CCC, NASC or CART. It is usually made by your GP or by someone else in the health system; however, you can refer yourself (they may wish to contact your GP for further information).
- The referral is considered and prioritised. Those who have greater needs are given priority and a comprehensive interRAI assessment is done.
- A waiting list may operate. Wait time shouldn't be longer than 20 working days.

Assessment and service coordination services are free to New Zealand citizens or residents who are eligible for publicly funded health or disability services.

Coordination of services

The outcome of your assessment may result in you requiring some support services. These services, often referred to as 'packages of care', vary according to individual need. The service coordinator will talk with you about your options and draw up a 'Care Plan' (outlining your needs, goals and recommended support). Together you decide what services you need and who will provide them (you may have a choice). 'Packages of care' formalise all types of support you may receive and therefore may include: personal care (showering, dressing, etc.); household/domestic assistance; equipment; support for any carer; social support and any support you get from family/whānau, friends and community, etc.

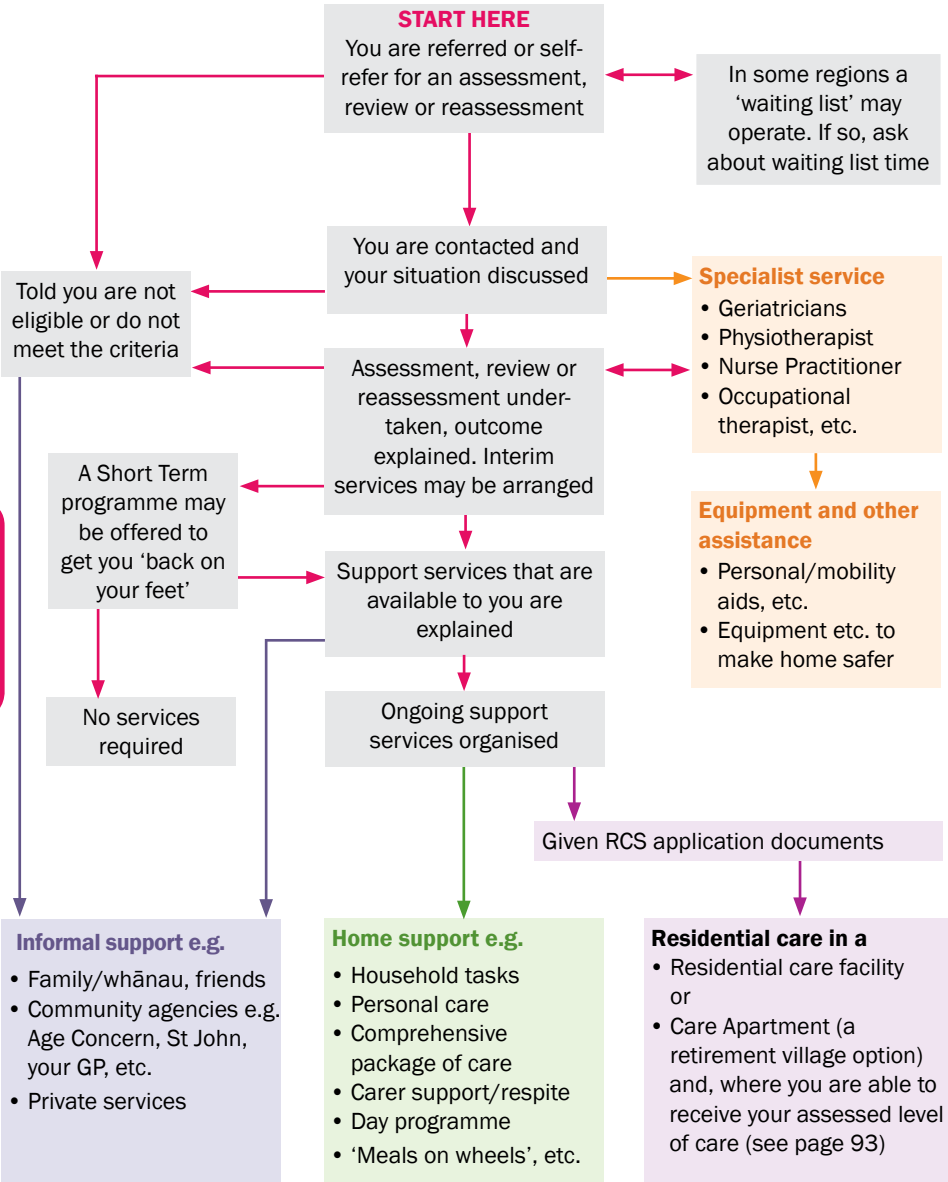
There may be a cost for some services; others may be subsidised/funded. If your assessment shows that you are not eligible you cannot get subsidised/funded services. This is generally, but not always, because your needs do not meet the eligibility considerations.

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. The person coordinating your services can authorise entry into residential care (see pages 120-121 & 149).

Important points

- With your permission, your family/whānau and/or those closest to you will be invited to be involved with these processes.
- 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), contact CCC/NASC/CART for advice.
- If you do not agree with the outcome of the assessment, or the recommendations, you can ask for a review.

ASSESSMENT PROCESS & POSSIBLE OUTCOMES



Reviews are conducted regularly. Let CCC/NASC/CART 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	CCC/NASC & 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, 24-25
Home support	CCC/NASC will advise you about eligibility, etc.	
Household tasks	In most areas and situations may be funded for those who hold a Community Services Card; may also be restricted to those with high and complex needs; assistance from household members if possible; private payment an option.	See pages 72-83
Personal care	Funded for those with complex needs; usually funded for others if assessed as required; private payment an option.	See pages 74-75
Comprehensive packages of care	Complex packages are adjusted as required, e.g. as a result of a reassessment.	See page 63
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 85-88
Day programme	Usually funded if allocated; may require private 'top-up' or transport fee; private payment an option.	See page 89
'Meals on Wheels' (delivered)	Not available in all regions; may be subsidised if allocated; usually with small additional payment.	
Equipment etc.	Specialist services may make referral	
Personal/mobility aids	May be funded if eligible; private payment an option.	See page 30
Equipment, etc. to make home safer	May be funded if eligible; private payment an option.	See page 30
Residential care	CCC/NASC 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 142-148
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 93

*Funded services relate to DHB age related and MoH funding. Contact the CCC/NASC/CART to confirm access criteria.

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NZ SUPER & FINANCIAL ASSISTANCE

New Zealand Superannuation ('NZ Super' or 'pension') is a taxable payment made to those who meet the criteria. You must be aged 65 or over, a New Zealand citizen, or permanent resident, normally living in New Zealand at time of application, having lived in the country for at least 10 years since turning 20 and five of those years since turning 50. Other overseas living arrangements may also give you eligibility. Other criteria may apply for some Pacific Islands. Contact Work and Income for more information.

You must make an application to Work and Income for this payment. You should apply about a month before you turn 65 to avoid missing payments. Internet users can download a form or apply on line at MyMSD or you can call into Work and Income or phone for a form. If you want assistance, make an appointment. The amount you get depends on your circumstances and living arrangements, e.g. a single person living alone gets \$801.74 (a fortnight after tax at 'M' tax code), (as at 1 April 2018). 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. Check the financial viability of this and 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 for up to 13 weeks in any 26-week period without the rate of this payment being affected. NZ Super is paid fortnightly on a Tuesday.

A **Veteran's Pension**, paid at the same rates as NZ Super, may be available to those who have qualifying service that's confirmed with Veterans' Affairs and who meet other criteria. ACC payments are likely to impact your NZ Super or Veteran's Pension; speak to ACC about this.

Other help from Work and Income

If you get NZ Super, a Veteran's Pension or are on a low income, you may be eligible for additional assistance. Ensure that you get up-to-date details from Work and Income. Contact them if you plan to travel overseas as this may affect anything you get from them. The following gives a general outline only, is not a complete list and is subject to change. Eligibility criteria may also include factors not noted here.

- **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 instalments.

- **Emergency Benefit** - Assistance that may be paid to people who cannot support themselves and who do not qualify for any other payments.
- **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.
- **Extra Help for Caregivers of Dependent Children** - A range of support may be available including but not limited to: Childcare Assistance, Unsupported Child Benefit, Orphan's Benefit, Establishment Grant (SNG).
- **Funeral Grant** - This grant may be available to help pay for funeral costs. The maximum payable is \$2,058.52 (as at 1 April 2018). Income and asset testing of the deceased, partner, and parent or guardian applies.
- **Recoverable Assistance Payment Grant** - 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 appliances) you may be able to get this payment. You need to pay it back (usually by instalments) and there are other conditions.
- **SuperGold Card** - These cards are issued to all people who get NZ Super or Veteran's Pension. If you have a partner included in your pension, they may also get a card. If you also have eligibility for a Community Services Card it is combined onto the SuperGold Card. The card gives access to discounted services including free/discounted 'off peak' transport. Whenever you purchase a product or service ask whether this discount applies.
- **Supported Living Payment** - If you are caring full-time for someone with a health condition, injury or disability (but not your spouse or partner) and who is at home, you may be able to get the Supported Living Payment for caregivers if: the person would otherwise need to be in residential care or a hospital and; you are a New Zealand citizen and you meet residency requirements. Individual circumstances, including any additional income, are considered so you need to contact Work and Income (see page 12).
- **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.
- **Winter Energy Payment** - A weekly payment to help with the cost of heating your home in the cooler months only. You don't need to do anything to get this payment - if you qualify it'll be paid to you automatically.

Health Related Support

- **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, doctors' visits, gardening, personal alarm, etc.). A doctor's certificate is required as part of the application. The maximum you can currently claim is \$63.22 per week (as at 1 April 2018).




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Income tested. Keep relevant receipts if you plan to apply for this allowance. You will need them at the time of application/re-application.

- **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.

Most doctors/GPs in New Zealand now belong to what is known as a PHO (Primary Health Organisation). PHOs receive a 'bulk' amount/subsidy, 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 (your contribution) 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. Helps meet healthcare and other costs, dependent on a range of factors. (See also SuperGold Card page 68).
- **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.

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 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

Reduced cost taxi fares. Assessment required from approved agencies, contact Age Concern (see pages 24-25), 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 2018/2019 rating year: The following came into effect 1 July 2018:

- maximum rebate \$630;
- income threshold \$25,180;
- 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)

New Zealand has a system whereby those who are injured as a result of an accident (regardless of how it was caused), may be eligible for support from the government funded ACC. 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 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 having 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.

GETTING HELP AT HOME

Find out:

- ▶ That it's natural for you and your family/whānau to feel anxious about the changes you are experiencing
- ▶ How to get home support and detailed information about payment
- ▶ About the value of doing things for yourself and setting goals
- ▶ About private home support; why, what to look for, etc.
- ▶ How home support works in retirement villages

Getting help at the right time can be the secret to staying at home and continuing to live well and independently. The skill is in knowing when the time is right to investigate this and to decide what type of help is best for you.

Most of us, as we age, need some sort of support at some time. We may have needed it at other stages in our lives and we know that one of the most important aspects we value at times like this is having some autonomy or control over our lives. It's natural to feel anxious about this and to have thoughts such as: "I don't want the family to know; it will worry them", "I feel too embarrassed", etc. Such thoughts can prevent us from taking some positive action.

If you know you are not managing as well as you used to, or have even thought about getting some help, then being in control of the process of enquiring about or getting help, is empowering. It's also likely that friends or family may already have noticed things are not going so well for you and they will probably be relieved if you talk about it.

Things you can do yourself that will make a difference

- Take advantage of offers of help.
- Talk to and stay involved with your friends, family and community as much as you can and see what you can do for others (it may just be making a daily phone call to a neighbour). There is plenty of evidence to show that being involved with others is good for your health. Your participation also helps create more caring and supportive communities (see also page 14, 41).
- Get out and about. If you are driving and you want to remain a confident driver then you may be able to attend a local community course (contact Age Concern). If you had a car and no longer drive you may naturally be feeling down about it. It can be tempting to let that sadness rob you of doing things you enjoy. Subsidised taxi vouchers and specialised driving services are now commonly used to get to the places people want to be (shops, clubs, visiting friends, meetings, etc.). A mobility scooter may also be an option.
- Think seriously about what 'use it or lose it' means to you, why you might be at risk of 'losing it' and the implications of it. There may be physical reasons



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why you can't do some of the things you used to. If, however, you've fallen out of the habit of doing things then there might be an underlying issue that can be sorted out. Sleep problems, memory problems, headaches, dizziness, loss of strength and balance, mood problems, being constantly tired, feeling apathetic, bored and lacking interest are just some things that it's important to tell your doctor about. More might be able to be done about these things than you expect (see also page 38-41). Similarly, you may just need someone to get alongside you to get things organised or sorted out (e.g. cleaning the kitchen, decluttering, etc.) Age Concern may be able to advise whether there is a local agency that provides this service.

- Getting 'up and going' again and becoming more active not only improves your physical health; it maximises your skills and abilities and increases the chemicals in your brain that improve your mood. In most communities there are activity/exercise programmes that you can join in with (see also page 89). Taking part should improve your strength and balance and may extend the time that you can live confidently at home.
- Worthwhile services such as personal alarms, home monitoring, gardening assistance, etc. aren't subsidised by the DHB but you may be eligible for a Disability Allowance, which can cover some of these costs. See your GP.
- If you have saved for a 'rainy day' then this might be it; get good healthcare and dental, vision and hearing checks (see page 14, 16).
- If you have any worries about your health, wellbeing or ability to manage, see your GP. It is quite common for older people to think their difficulties are just part of getting older when in fact they have a treatable health condition. If your health issues indicate that you need more support, your GP will also let you know if it is advisable to have an assessment (see pages 61, 63).
- Organise and plan for your future (see pages 47-49, 54-56). The value in doing this is that if you have a health crisis in the future, you are more likely to have your wishes adhered to, rather than someone else make decisions for you. Doing this will also help put your mind at rest.

Needing more assistance?

If you need more formal support such as with regular domestic tasks or assistance with your personal care and where someone needs to be paid to provide your support, then various options, including the following, are possible:

- You pay for this yourself. If you are not eligible for a subsidy, and can afford to, (or are interested in considering other funding options) you may engage a private service provider. (More about this later.)
- You may receive DHB subsidised support. With your permission, your GP can refer you to your local older persons' service in your area where they arrange for your eligibility to be assessed. You may also contact them yourself (see page 9).
- You receive some publicly funded services and pay for others yourself.

DHB subsidised home support

If you hope to access subsidised support, then an assessment is required (see pages 61, 63). The assessment determines what your needs are, what sort of support you would benefit from (which varies from person to person) and whether you would be eligible for subsidised support. It also identifies other issues, e.g. unaddressed health needs or the need for your carer to have a break from time to time (see also pages 86-88). DHBs contract home support providers to deliver your support or care. (These providers are 'Certified' to the Home and Community Support Sector Standard.) You will find a list of these and private providers on pages 80-82.

Principles of DHB subsidised home support services

- DHBs operate within a tight budget. This means services are prioritised.
- There is an expectation that if you have someone living with you or have family/whānau, that where they can, they will also support you as much as possible.
- Essential personal care services (e.g. showering and toileting, etc.) and services for those with high and complex needs, take priority. These services are usually fully subsidised regardless of your financial circumstances.
- If you have a Community Services card and your assessment shows you need support with domestic tasks, then the services are generally subsidised.
- Your caregivers need to be supported too (see pages 86-88).
- A 'Care Plan' will be written up outlining what you need and how the service should be provided. This will be drawn up with you and you will be asked to sign it. Make sure you have clearly said what's important for you and that you agree with it before you sign it. It's ok to have family members present when this is discussed and it's ok to ask for things to be changed.
- A number of people from various health disciplines such as physiotherapists and occupational therapists, pharmacists, social workers, nurses, doctors, etc. may have input into your 'Care Plan' or provide services if required.
- Services should be provided in a culturally sensitive and appropriate way.
- Short-term (usually about 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 for some services and in some circumstances, e.g. some short stays in residential care facilities.
- If you are not eligible for subsidised services or if you want additional services, you can buy private services.

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. In practice, this means looking for ways in which your health and well-being might be improved. This may include: problem-solving, finding different ways to do tasks so they are manageable, attending education sessions (e.g.



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the popular Senior Chef cooking classes), etc. If anyone comes into your home to provide support they will work alongside you, not for you (it helps you retain your skills). While it's tempting to let someone else who is quicker do things for you, it's often not worth it as it can ultimately undermine your confidence and you can lose the ability to do these things. In some circumstances it is entirely possible to have your health restored, e.g. if you've got a bad hip and you have successful surgery for it. However, for some people, significant improvements may not be realistic, in which case the aim is to 'restore' quality of life as much as possible.

Goal setting

Another common component of 'restorative' types of services is the use of 'goal setting'. Here you establish a list of things that are important to you and which you can't do but want to, i.e. 'goals'. This might include 'one off' or irregular types of things like going to a grandchild's wedding, visiting family out of town, going to the Club, etc. to 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. The role of those working with you is to help you achieve your goals.

Private services

There are a number of reasons people engage private help. You may be in the position to be able to buy 'tailor-made' services or want to 'add to' publicly funded services, etc. Sometimes family members 'gift' services to their relative. When they can't be there themselves, having someone else visit on a regular basis, do extra cleaning, go on a social outing, groom the dog, etc., often fills a number of needs and reassures everyone that regular contact is being made.

Those who use a private service often say they feel they have more control of what happens; they can usually keep a worker they like, and the worker can do things that might not be publicly funded.

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 worker/carer.

You should also know:

- The cost per hour (rates differ widely), if GST is added and if there's a minimum charge.
- How trustworthy the carers/workers are? More formal agencies will conduct police and other relevant checks. You may have less assurance with an informal arrangement.
- What happens if you have a complaint. A more formal agency will outline this process and give you the details of someone you can go to (usually a manager within their service), and independent contacts. In a less formal arrangement, you may have to resolve issues directly with the carer/worker.

- Whether they operate a professional management team with staff holding relevant qualifications, e.g. Registered Nurses for specialised care.
- If they provide ongoing training for staff and are 'Certified'.
- 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 50, 52).

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), e.g. 'spending down' to the asset threshold (see pages 142-148).

Make sure you understand the implications of an equity release. Get independent legal and financial advice. Once you have made this choice you reduce all other options. Your professional advisor will alert you to issues you need to be aware of, such as compounding interest on reverse mortgages (which may be considerable), and the value of a 'no negative equity guarantee' clause. (See also pages 50, 52.)

Delivery of your 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 'Care Plan', etc.) Don't sign anything you are uncertain of or don't agree with. Get advice from someone you trust or CCC/NASC.

It's important for both you and your support worker to create clear boundaries about what's okay and what's not. Your support worker should:

- 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. If they do, get support. See pages 10-11.

During the course of receiving home support services you'll probably see different people for various reasons. It's likely they will give you pamphlets and paperwork (some of which they and you may need to refer back to from time to time). It's easier to manage if you keep it together in one place (perhaps in a box or file) and separated into different categories. It also pays to keep other essential documents all together and handy (but private too), e.g. your banking and National Superannuation numbers, Birth Certificate, Marriage Certificate, Will and Enduring Power of Attorney. You will probably need to refer to these occasionally.

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 contract with the village. Some contracts allow community-based home support providers to come in and provide care and support (just as they would if you lived elsewhere). Other contracts state that any support services you receive 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. A RCS may be available if you qualify (see page 140-148).

Read your village contract carefully and consider issues such as this. If you want to change some of the terms, the best time to negotiate is before you sign up.

When things get more complicated

In some areas those whose needs are great enough to be provided with care in a residential care facility are sometimes offered increased services at home as an alternative. This especially applies where the person wants to go home and where it is considered that there is potential for improvement in the person's ability to manage there. While this sort of flexibility works well for some people, it doesn't suit everyone. If you are offered such choices make sure health professionals understand your and your family's perspective and wishes. If you do not agree with decisions that are made at this time (or any other time) 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 about this subject. Finally, if things aren't working well for you contact CCC/NASC. If your services don't meet your or your caregiver's needs, you should feel free to say so.

A message to families	
	
It can be difficult seeing your relative struggle to do things for themselves, particularly when you think they are unsafe. Sometimes safety is a matter of degree; some things are obviously unsafe (e.g. having constant falls). This has to be balanced against the fact that older people need to be able to take reasonable risks in their day to day activities (e.g. being unsteady when they walk but using equipment to help keep them safe). Modern technology offers lots of non-intrusive home monitoring options and other solutions, but these may not totally allay your fears. Talk to your relative about your worries. If you have serious concerns about them and you are not able to resolve these, you can contact the older person's service in your area (see page 9). They will be able to advise you. Should you be the main carer/support person they know your role is often stressful and that you might need support too. (See also pages 86-89.)	

HOME SERVICE PROVIDERS

Capital & Coast DHB area	Phone	Area served	Info
Access Community Health*	0800 284 663	Wider Wellington	
Care on Call	0800 776 815/(04) 566 4476	Wider Wellington	76
Connie's Angels Homecare Ltd	0800 102 463	Capital & Coast DHB	
Custom Care Nursing	0508 687 737	Capital & Coast DHB	
Elder Family Matters	0800 321 789	Capital & Coast DHB	84
Geneva Healthcare	0800 GENEVA/0800 436 382	Capital & Coast DHB	
HealthCare New Zealand	0800 333 676	Capital & Coast DHB	82
Home Comfort	0800 435 749/(06) 364 6574	Capital & Coast DHB	
Medcall Health Personnel	0800 314 314	Capital & Coast DHB	76
Miranda Smith Homecare	0800 600 026	Capital & Coast DHB	76
Hutt Valley DHB area	Phone	Area served	
Access Community Health*	0800 284 663	Wider Wellington	
Care on Call	0800 776 815/(04) 566 4476	Hutt Valley DHB	76
Connie's Angels Homecare Ltd	0800 102 463	Hutt Valley DHB	
Custom Care Nursing	0508 687 737	Hutt Valley DHB	
Elder Family Matters	0800 321 789	Hutt Valley DHB	84
Geneva Healthcare*	0800 GENEVA/0800 436 382	Hutt Valley DHB	
HealthCare New Zealand*	0800 333 676	Hutt Valley DHB	82
Home Comfort	0800 435 749/(06) 364 6574	Hutt Valley DHB	
Medcall Health Personnel	0800 314 314	Hutt Valley DHB	76
Miranda Smith Homecare	0800 600 026	Hutt Valley DHB	76
Whanganui DHB area	Phone	Area served	
Access Community Health*	0800 284 663	Whanganui DHB	
Care on Call	0800 336 636/(06) 357 8488	Whanganui DHB	76
Custom Care Nursing	0508 687 737	Whanganui DHB	
Deputy Daughters	(06) 344 6209	Whanganui & environs	
Geneva Healthcare*	0800 GENEVA/0800 436 382	Whanganui DHB	
HealthCare New Zealand*	0800 532 000	Whanganui DHB	82
Medcall Health Personnel	0800 314 314	Whanganui DHB	76
Miranda Smith Homecare	0800 600 026	Whanganui DHB	76
Te Oranganui Trust*	(06) 349 0007	Whanganui DHB	

HOME SERVICE PROVIDERS CONTINUED

MidCentral DHB area	Phone	Area served	
Access Community Health	0800 284 663	MidCentral DHB	
Careforce Lavender Blue*	(06) 374 7649	Dannevirke & Tararua	73
Care on Call	0800 336 636/(06) 357 8488	MidCentral DHB	76
Custom Care Nursing	0508 687 737	MidCentral DHB	
Elder Family Matters	0800 321 789	Horowhenua	84
Geneva Healthcare*	0800 GENEVA/0800 436 382	MidCentral DHB	
HealthCare New Zealand*	0800 275 174	MidCentral DHB	82
Home Comfort	0800 435 749/(06) 364 6574	Palm Nth & environs	
Lavender Blue Nursing & Home Care*	(06) 353 7218	MidCentral DHB	73
Medcall Health Personnel	0800 314 314	MidCentral DHB	76
Miranda Smith Homecare	0800 600 026	Horowhenua/Manawatu	76
Wairarapa DHB area	Phone	Area served	
Access Community Health*	0800 284 663	Wairarapa DHB	
Care on Call	0800 776 815/(04) 566 4476	Wairarapa DHB	76
Community Services (Homelinks)*+	(06) 946 9803	Wairarapa DHB	
Custom Care Nursing	0508 687 737	Wairarapa DHB	
Geneva Healthcare	0800 GENEVA/0800 436 382	Wairarapa DHB	
Glenwood Hospital Community Care	(06) 377 0221	Wairarapa DHB	
HealthCare New Zealand*	0800 333 676	Wairarapa DHB	82
Medcall Health Personnel	0800 314 314	Wairarapa DHB	76
Miranda Smith Homecare	0800 600 026	Wairarapa DHB	76
Wairarapa Care Network	(06) 378 8809/027 2489 248	Wairarapa DHB	
Hawke's Bay DHB area	Phone	Area served	
Access Community Health*	0800 284 663	Hawke's Bay DHB	
Care on Call	0800 744 753/(06) 835 0767	Hawke's Bay DHB	76
Custom Care Nursing	0508 687 737	Hawke's Bay DHB	
The Enliven Restorative Home Support Service*	(06) 281 2534	Napier/Hastings/Flaxmere/Havelock Nth	
Geneva Healthcare	0800 GENEVA/0800 436 382	Hawke's Bay DHB	
HealthCare New Zealand*	0800 201 801	Hawke's Bay DHB	82
Medcall Health Personnel	0800 314 314	Hawke's Bay DHB	76

HOME SERVICE PROVIDERS CONTINUED

Hawke's Bay DHB area Continued	Phone	Area served	Info
Miranda Smith Homecare	0800 600 026	Hawke's Bay DHB	76
Te Taiwhenua o Heretaunga Supreme Care	0800 82494 3682 / (06) 871 5350	Hawke's Bay DHB	

KEY:
 * = DHB Contracted provider + = Provide short term home support (Wairarapa DHB region).

Please note contracted providers may change over time. In some regions there may only be one age-related contracted provider. Providers who do not have a DHB age-related contract may have other contracts or contracts with other agencies such as ACC.

This is a list of personal care/domestic services. Other services such as meal services, transport and home maintenance are not shown. Whilst most providers will endeavour to provide services across the DHB region, some locations may be more difficult to service. Call your preferred provider for more details.



Supporting Independence

Click below for more info

Regardless of age, illness, injury or disability, everyone wants to maintain their independence and quality of life. For most people that means staying in their own home so they can be closer to community, family, friends and favourite activities.

With 30 years of experience, HealthCare New Zealand has the specialist skills, knowledge and expertise to support you. Depending on your needs, this can involve personal care, home management and domestic support, nursing services and rehabilitation.

For more information about how we can support you, call us on 0800 333 676 or visit www.healthcarenz.co.nz

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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 61-65)
- ☐ 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 caregiver or 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?

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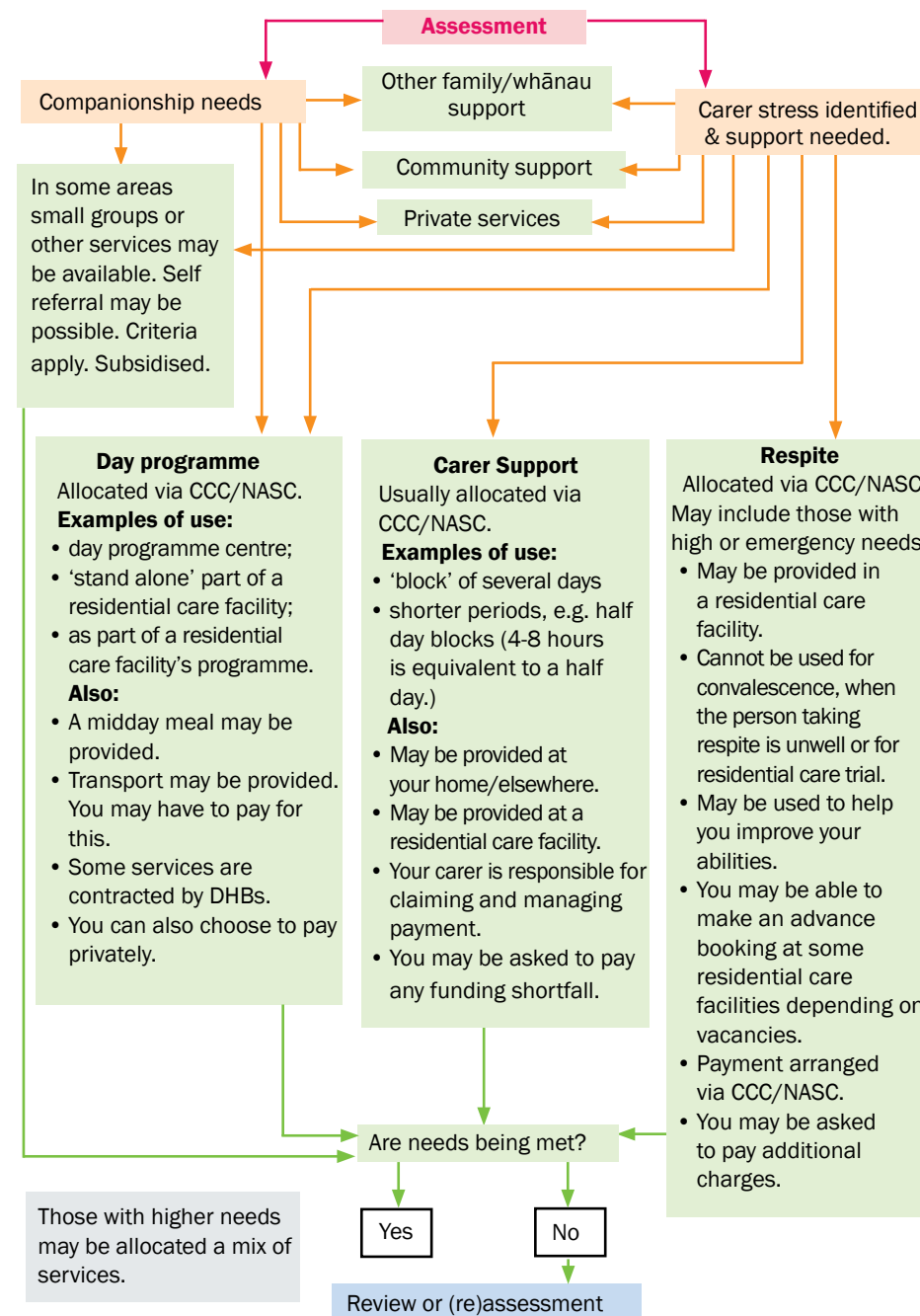
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SHORT TERM BREAKS - OVERVIEW



GETTING HELP
AT HOME

SUPPORTING YOU & YOUR CARER

Find out:

- » What 'having a break' can mean for you
- » What 'having a break' can mean for your carer
- » About some of your options
- » Who pays and how payment is managed
- » What to look for in a day programme
- » Other important support for your carer



A carer is someone who may or may not live with you and who provides frequent unpaid care. A determining factor for some funding decisions are whether your carer provides more than four hours unpaid care a day.

Providing care is a responsible role and no matter how strong and capable you think your carer is, caring for someone else can be stressful at times. Having short breaks therefore, can benefit you both. Although having a break might be something you're fearful of, reluctant to agree to, or feel is unnecessary, it allows you both to feel refreshed and makes it more possible to maintain the caring relationship long term. Short break arrangements include:

- Your carer going away to have a break while you get support at home.
- You going out for the day, staying with others for a short time or in a residential care facility (often to allow your carer to have free time at home).
- Daytime or night-time breaks.

You can arrange these breaks informally between family/whānau members at any time, you can pay privately or you may be eligible for short-stay funded services. In some situations, you may choose to buy private services to supplement any funded service you get. Other options for you or your carer include attending local community groups/organisations, church/religious/cultural and sports centres.

Funded services include: DHB contracted day programmes or community activity programmes, Carer Support, Respite and in some areas, other services. An assessment will determine your need and eligibility for any short-term funded services. The flow chart on page 85, gives more details about these options. It is important to note that you cannot take respite care in a residential care facility when you are medically unwell and requiring hospitalisation. In some instances, your GP may be contacted to ensure that you are well enough for a short stay.

Non-funded programme options

If you want to attend a programme and you have not been allocated funding for it, there are several other ways in which you may be able to fund it:

- Some community-based programmes may be free.
- You can pay privately.

- Some services will offer a day programme at the Carer Support half-day rate.
- Alternatively you may be able to claim a Disability Allowance (you may not be eligible if you are entitled to subsidised carer relief).

Ask whether the fee (if this applies) covers activities, meals, outings, etc. Transport is often an extra cost. Ask what would happen if you became unwell. Would you have to go home or is there a 'day room' available for your use?

Finding a programme

If you have several choices of programmes the following suggestions might help you find the one that is best for you:

- Find a service that offers a programme that may interest you.
- Ask around your own networks. What do others recommend?
- You may be offered someone to buddy up with. Take advantage of this. A 'buddy' usually mixes well with others and is familiar with group routines.
- Don't expect to enjoy everything the group/programme offers. You may choose to opt out of the things you don't want to be involved in, or use the opportunity to discover a new interest.
- Look for a group where people mix well and everyone is included.
- Allow time for friendships to develop. Be prepared to enjoy yourself.

Contact the CCC/NASC (page 9) for information about suitable programmes in your area.

Carer Support - options (read in conjunction with information on page 85)

Carer Support allows your carer to buy services. You will be allocated a certain number of days and your carer may use these for the following:

1. Informal support (provided by non-GST registered carers). Your carer can arrange for a friend or family/whānau member (who does not live in the same house) or another 'non-GST registered' carer to provide care.
2. Formal support (provided by GST registered agencies). Funding may be for: a caregiver from an agency coming to your home; a short stay in a residential care home or attendance at a day programme, etc. CCC/NASC will be able to advise your carer about organising these options.

Carer Support - daily payment rate and details (checked at 1st July 2018)

DHB areas	Formal	Informal & Family
Capital & Coast, Hawkes Bay, Hutt Valley, MidCentral, Wairarapa & Whanganui	\$75.56 plus GST	\$64.50 (plus GST if applicable)

The rate for DHB funded clients differs depending on who provides the service and where you live. Spouses, partners and others who live with you cannot be paid for this care. Carer Support claims must be sent in within 90 days or they may not be paid. If getting informal support an 'upfront payment' may be required. If so, obtain a receipt from the person providing the care and claim reimbursement from the Payments Centre.

Your carer is responsible for managing this process. They need to:

- manage the use of the days they have been allocated;
- make the necessary bookings;
- and give the relevant form to those providing care so that they can be paid directly by the Payments Centre based in Dunedin.

Your carer also needs to clarify how the time is to be claimed, as carer support days may be taken either as a series of part days or whole days. Reimbursement is made within ten working days of the correctly completed claim form being sent by the formal agency or the informal carer to the Payments Centre.

In some areas when Carer Support is used at a residential care facility you may be asked to pay a 'shortfall' (the difference between the funding and the full cost of the service). Ask CCC/NASC as to whether you could be expected to pay a 'shortfall' cost. Reimbursement forms or further information about Carer Support may be obtained by contacting the MoH's Carer Support Line on 0800 281 222 (select option 1). See also www.health.govt.nz (Search "carer support").

Other important support for carers

- Freephone Work and Income 0800 559 009 for the booklet 'A Guide for Carers' - www.msd.govt.nz/what-we-can-do/community/carers/
- Carers NZ also provide a range of support services (see page 12).



Senior Services

This programme is a free service that arranges support to enhance the quality of life and social wellbeing of lonely and isolated older people living in our community.

Please call
Wellington - Kath Johnston
(04) 389 0594 or 027 511 3189

"Volunteers Needed for Support For the Elderly"

DAY PROGRAMMES & OTHER SOCIAL SUPPORT

Capital & Coast DHB region	Phone (04)	Address
Chelsea Day Care Trust*#	387 7207	7 Toru St. Lyall Bay
Enliven's Kapiti Activity Programme*#	298 8060	14 Tongariro St. Paraparaumu
Marsden Club*#	476 6719	11 Newcombe Cres. Karori
Nikau Club (Kapiti Ret. Trust) *#	297 0162	Lodge Dr. Paraparaumu
The Redwood Club*#	232 5521	83 Redwood Ave. Tawa
Hutt Valley DHB region	Phone (04)	Address
Dementia Wellington*	972 2595	55 Hutt Rd. Petone
Aroha Daycare Centre *	567 1026	6 Cooper St. Lower Hutt
Woburn (Enliven) *	569 6400	57 Wai-iti Cres. Lower Hutt
MidCentral DHB region	Phone (06)	Address
Adult Day Club*	368 3032	Levin Baptist Church, 17-19 Rugby St. Levin
Elske Centre	374 7649	174 High St. Dannevirke
Horowhenua Masonic Village Club*	368 8144	685 Queen St East, Levin
Manchester House Social Services Senior Leisure & Learning Centre	323 2410	14 Bowen St. Feilding
Marion Kennedy Centre *#	0800 004 001	Various Locations
Hawke's Bay DHB region	Phone (06)	Address
Chatham Club (Dementia Hawkes Bay)*#	878 7502	102/106 Windsor Ave. Hastings
Enliven Active Day Programme	281 2534	Waverly St. Waipawa
Enliven Centre	281 2534	2087 Pakowhai Rd. Hastings
Lusk Centre	877 0300	34 Te Aute Rd. Havelock North
Heretaunga Seniors	870 7025	1120 Willowpark Rd Nth. Hastings
Mahana (Dementia Hawkes Bay)*#	834 0417	1 Wilding Ave. Napier
Pakeke Centre*	858 7682	69 Porangahau Rd. Waipukurau
Wairarapa DHB region	Phone (06)	Address
Iona Group (Early dementia)* In association with Glenwood Masonic	377 7522	35 Edith St. Masterton
Wairarapa Care Network*	378 8809	St Matthews Hall, 35 Church St. Masterton
Whanganui DHB region	Phone (06)	Address
Alzheimers Whanganui*#	345 8833	5/136 Victoria Ave. Whanganui
Taihape Health Centre*	388 0926	3 Hospital Rd. Taihape
KEY: * = DHB Contracted provider # = Specific dementia care focus. Note: Residential care providers (see pages 105-118) may also offer a day stay service. Some services may be funded or part funded.		

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 some 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 93, 121, 124 more information).

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 2013 Variations. (The revised code, now in use, gives 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’ costs.

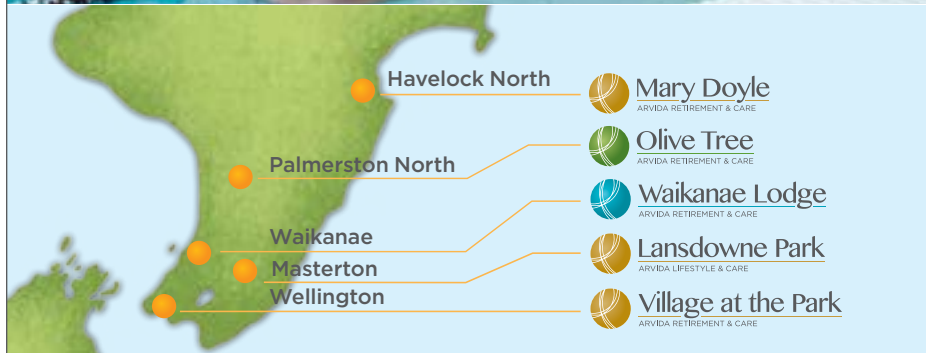
Because ‘buying’ into a retirement village is such a complex legal arrangement you must get specialised, independent legal advice before ‘purchasing’. (Note: legal fees may be more than for a standard property transaction.)

- 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 95-97.)
- If you need additional government financial assistance or benefits; check with MSD 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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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 operator. The type and cost of care varies from village to village. (See page 79.)

Some rooms/units will be MoH certified, and if the service also has a DHB contract for the level of care you need, a subsidy may be available if required. In this book we call MoH certified rooms/units where you may receive a DHB subsidy 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 90-91).

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 8). 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?

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.

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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 facility onsite? Can you receive high-level care in your home, or will you need to move to the care facility?
- ☐ Who decides if you are 'independent'? What are the implications?
- ☐ Do you know how you can access support services? Who will provide them? What are the costs?
- ☐ Can you receive support from an 'outside' provider of support services?
- ☐ Even if you don't pay for 'formal' support, what is the culture of care and support in the village? Who can you speak to about this?
- ☐ 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?
- ☐ 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 time frame? Can an independent person be involved?
- ☐ Is there a residents' committee?
- ☐ Are you happy with the policy regarding pets?

Legal

- ☐ Have you got quotes from several independent lawyers who are experienced in retirement villages?
- ☐ Have you read and understood the ORA and other documents you've been given? Have you noted any issues you want clarified?
- ☐ 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? (Some 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 rest home? Moving into the rest home will probably incur daily 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?
- ☐ Sometimes payments can be deferred. Do you know the implications of this?
- ☐ 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?
- ☐ If you've gone, 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?



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Ryman Peace of Mind

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Full continuum of care – keeping care at the heart of everything we do

Our full continuum of care means that Ryman villages can provide independent living, serviced apartments, resthome care; and in the majority of villages, hospital and specialist dementia care.



Deferred management fee is capped at 20%

This makes it one of the lowest in the retirement sector.



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Ryman's fixed weekly fees provide you with certainty. Your weekly fees are fixed for the entire time you occupy your townhouse or apartment, guaranteed*.



*Terms and conditions apply

VILLAGE DETAILS

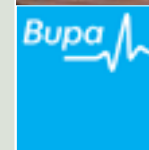
Capital & Coast

BUPA WINARA RETIREMENT VILLAGE

- RH • Dem • Hosp • RV
- 1 & 2 bdrm • Villa
- Apartments

Priced from*:
\$280,000 to \$360,000

9 Winara Avenue,
Waikanae
(04) 293 2591
www.bupa.co.nz

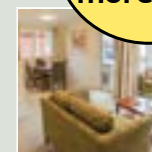


CHARLES FLEMING RETIREMENT VILLAGE

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

Priced from*:
\$330,000

112 Parata Street,
Waikanae
(04) 293 1390
www.charlesfleming.co.nz



COASTAL VILLAS - METLIFECARE

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

Priced from*:
\$260,000

Spencer Russell Drive,
Paraparaumu
(04) 296 6319
www.metlifecare.co.nz

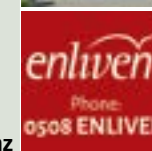


HUNTLEIGH APARTMENTS BY ENLIVEN

- RH • Hosp • RV
- 1 & 2 bdrm • Apartments
- SA

Priced from*:
\$370,000 to \$560,000

219 Karori Road,
Karori, Wellington
(04) 439 4949
www.enlivencentral.org.nz



KAPITI VILLAGE - METLIFECARE

- RV
- 1, 2 & 3 bdrm

Priced from*:
\$370,000

1 Henley Way,
Paraparaumu
(04) 296 1797
www.metlifecare.co.nz



MALVINA MAJOR RETIREMENT VILLAGE

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

Priced from*:
\$330,000

134 Burma Road,
Khandallah
(04) 478 3422
www.malvinamajor.co.nz



Hawke's Bay

PRINCESS ALEXANDRA RETIREMENT VILLAGE

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

Priced from*:
\$295,000

145 Battery Road,
Napier
(06) 835 3018
www.princessalexandra.co.nz



RETIREMENT
VILLAGES

Click
below for
more info

For more information about the **Ryman difference** or for your free guide to living in a Ryman village phone Josie on **0800 000 290**

See key on page 102

Page 101

VILLAGE DETAILS

Hutt Valley

Click
below for
more info

BOB SCOTT RETIREMENT VILLAGE

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

Priced from*:

\$370,000

25 Graham Street,
Petone

(04) 568 2250

www.bobscott.co.nz



BUPA FERGUSON RETIREMENT VILLAGE

- RH • Dem • Hosp • RV
- 1 & 2 bdrm • Villa
- Apartments

Priced from*:

\$250,000 to \$380,000

8 Ward Street,
Upper Hutt

(04) 238 1273

www.bupa.co.nz



SHONA MCFARLANE RETIREMENT VILLAGE

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

Priced from*:

\$310,000

66 Mabey Road,
Lower Hutt

(04) 567 8725

www.shonamcfarlane.co.nz



WOBBURN APARTMENTS BY ENLIVEN

- RH • Dem • Hosp • RV
- 1 & 2 bdrm • Apartments
- Rent units

Priced from*:

\$380,000 to \$530,000

29E Wai-iti Crescent,
Lower Hutt

(04) 439 4949

www.enlivencentral.org.nz



VILLAGE DETAILS

MidCentral Continued

Click
below for
more info

EILEEN MARY RESIDENTIAL CARE CENTRE

- RH • Hosp • RV
- 1 bdrm • Villa • CA

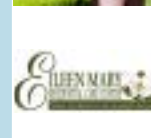
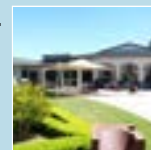
Priced from*:

\$115,000 to \$250,000

44 Trafalgar Street,
Dannevirke

(06) 374 8241

www.eileenmaryrcc.co.nz



JULIA WALLACE RETIREMENT VILLAGE

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

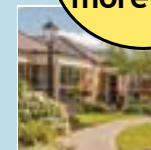
Priced from*:

\$305,000

28 Dogwood Way,
Palmerston North

(06) 354 9761

www.juliawallace.co.nz



MILIFE KELVIN GROVE

- RV
- 1, 2 & 3 bdrm • Villa

Priced from*:

\$215,000 to \$465,000

53 Brooklyn Heights Drive,
Palmerston North

(06) 355 4665

www.milife.co.nz



MILIFE ROSEWOOD PARK

- RV
- 1 & 2 bdrm • Villa

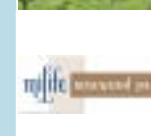
Priced from*:

\$160,000 to \$340,000

78 Queenwood Road,
Levin

(06) 368 1850

www.milife.co.nz



MidCentral

BRIGHTWATER VILLAGE BY ENLIVEN

- Dem • Hosp • RV
- 1 & 2 bdrm • Villa

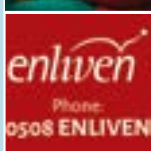
Priced from*:

\$240,000 to \$270,000

69 Brightwater Terrace,
Palmerston North

(06) 366 0444

www.enlivencentral.org.nz



BUPA RAHIRI RETIREMENT VILLAGE

- RH • Dem • Hosp • RV
- 2 bdrm • Villa

Priced from*:

\$189,000 to \$198,000

348 High Street,
Dannevirke

(06) 374 4155

www.bupa.co.nz



PALMERSTON NORTH VILLAGE - METLIFECARE

- RH • Hosp • RV
- 1 & 2 bdrm • CA • SA

Priced from*:

\$215,000

Cnr Carroll & Fitchett St.
Palmerston North

(06) 350 6405

www.metlifecare.co.nz



RANFURLY RESIDENTIAL CARE CENTRE

- RH • Dem • Hosp • RV
- 1 & 2 bdrm • Villa • CA

Priced from*:

\$135,000 to \$350,000

6 Monmouth Street,
Feilding

(06) 323 5050

www.ranfurlyrcc.co.nz



BUPA RIVERSTONE RETIREMENT VILLAGE

- RV • #RH • #Dem
- #Hosp (opens late 2019)
- 1 & 2 bdrm + study • Villa

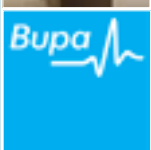
Priced from*:

\$365,000 to \$455,000

243 Napier Road,
Palmerston North

(06) 329 3045

www.bupa.co.nz



COOMBRAE VILLAGE BY ENLIVEN

- RH • Dem • RV
- 1 & 2 bdrm • Villa

Priced from*:

\$185,000 to \$225,000

32-34 North Street,
Feilding

(06) 366 0444

www.enlivencentral.org.nz



REEVEDON VILLAGE BY ENLIVEN

- RH • RV
- 1 & 2 bdrm • Villa
- Rent units

Priced from*:

\$175,000 to \$230,000

37 Salisbury Street,
Levin

(06) 366 0444

www.enlivencentral.org.nz



SPELDHURST COUNTRY ESTATE LIFESTYLE VILLAGE

- RV
- 1, 2 & 3 bdrm • Apartments

Priced from*:

\$194,000 to \$480,000

70 Kimberley Road,
Levin

(06) 927 9903

www.speldhurstcountryestate.co.nz



VILLAGE DETAILS

Wairarapa

WAIRARAPA VILLAGE

- RH • Hosp • RV
- 1 & 2 bdrm • Villa
- Apts • CA • SA

Priced from*:
\$110,000 to \$460,000

**140 Chapel Street,
Masterton**
(06) 378 2577

www.wairarapavillage.co.nz



WAIRARAPA VILLAGE
MASTERTON

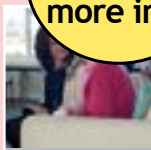
WHAREKAKA REST HOME

- RH • Hosp • RV
- 2 bdrm • Villa

Priced from*:
\$300,000 to \$350,000

**20 Oxford Street,
Martinborough**
(06) 306 9781

www.wharekaka.co.nz



Click
below for
more info

Whanganui

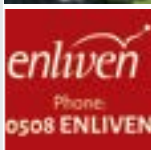
ABINGDON VILLAGE BY ENLIVEN

- RV
- 1 bdrm • Villa

Priced from*:
\$170,000 to \$180,000

**22 Oakland Avenue
Whanganui**
(06) 349 1494

www.enlivencentral.org.nz



JANE WINSTONE RETIREMENT VILLAGE

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

Priced from*:
\$185,000

**49 Oakland Avenue,
St John's Hill**
(06) 348 9564

www.janewinstone.co.nz



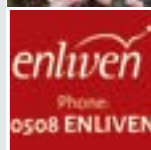
KOWHAINUI VILLAGE BY ENLIVEN

- RH • Hosp • RV
- 2 bdrm • Villa
- Rent units

Priced from*:
\$280,000 to \$350,000

**Edith Collier & Kowhainui
Drives, Whanganui**
(06) 349 1494

www.enlivencentral.org.nz



Key: DHB Areas

	Capital & Coast		MidCentral
	Hawke's Bay		Wairarapa
	Hutt Valley		Whanganui

KEY:

* = Capital contribution (see page 90-91). Price range at time of printing.

Apart = Apartment

Bdrm = Bedroom

CA = Care Apartment

Dem = Dementia Care

Hosp = Hospital

PG = Psychogeriatric Care

Rent Units = Rental Units

RH = Rest Home

RV = Retirement Village

SA = Serviced Apartment

Studio = Studio Units

= Planned, under construction, or awaiting certification

Note: This is not a complete list of services.

See also the index on page 105-118.



ROPATA LODGE

57 Ropata Crescent, Lower Hutt

(04) 920 0846

www.ropatalodge.co.nz

Rental apartments and Rest Home level care accommodation options available. Meals and services provided to rental apartments.

35 Apartments all under one roof with common areas/lounge in an airy glass atrium which surrounds the garden courtyard.

Close to shops and city facilities.



Click here
for more
info



ACRE COURT in Lower Hutt has changed its name from 7th October 2016.

This is now:

ROPATA LODGE VILLAGE

758 High Street, Lower Hutt

A boutique Retirement Village for independent living, with services provided by Ropata Lodge staff. 20 units surrounding a central courtyard garden and common room. Close to shops and city facilities.



Priority admission to Ropata Lodge care facilities if required.
Enquiries to Ropata Lodge: (04) 920 0846 • Email: manager@ropatalodge.co.nz

Click here
for more
info



- Family atmosphere
- Trained & courteous staff
- Rooms with full ensuites
- Home cooked meals
- Small so everyone knows everyone
- Full activities calendar

169 Tait Drive,
Greenmeadows, Napier
Phone > (06) 844 2342

Email > manager.greendale@experioncare.co.nz

*Our promise is
to provide you
with the best
possible care*



A commitment to provide care of the highest quality and professional standards towards meeting our residents' individual, physical, psychological, cultural and spiritual needs within a safe, warm, caring, friendly and family-orientated environment.

283 Kennedy Road, Onekawa, Napier

Phone > (06) 843 2804 • **Email** > manager.bardowie@experioncare.co.nz

Homes, hospitals, units/villages

For further details including daily availability

see: www.eldernet.co.nz

See key on page 118

CAPITAL & COAST DHB REGION

CAPITAL & COAST DHB AREA (WELLINGTON)		RH	D	H	PG	CA	RV	SL	Info pg
Berhampore	Vincetian Home & Hospital 2a Stanley St. (04) 380 0294	✓		✓					143
Churton Park	Ultimate Care Churtonleigh 24 Mallard Grv. (04) 478 4273	✓		✓				✓	134-135
Island Bay	Irwell R.H. 11 Irwell St. (04) 383 8485	✓							
Johnsonville	Cashmere Heights Home by Enliven. 16 Helston Rd. (04) 478 9051	✓							op1
Johnsonville	Cashmere Home by Enliven 51 Helston Rd. (04) 477 7067	✓		✓					op1
Johnsonville	Johnsonvale Home Trust 16-18 Earp St. (04) 478 4023	✓		✓					139
Karori	Huntleigh Home & Apartments by Enliven. 219 - 221 Karori Rd. (04) 464 2020	✓		✓			✓		op1, 99
Karori	Sprott House 29 Messines Rd. (04) 476 8759	✓	✓	✓			✓		127
Khandallah	Malvina Major R.V. 134 Burma Rd. (04) 478 3754	✓		✓		✓	✓		98, 99
Kilbirnie	Rita Angus R.V. 66 Coutts St. (04) 387 7626	✓		✓		✓	✓		98, 99
Maupuia	Ultimate Care Maupuia 6 Rangitane St. (04) 388 7186	✓		✓					134-135

CAPITAL & COAST DHB AREA (WELLINGTON CONTINUED)		RH	D	H	PG	CA	RV	SL	Info pg
Miramar	Millvale House Miramar 60 Weka St. (04) 388 6780				✓				43
Newtown	Alexandra Home 71 Rintoul St. (04) 389 1232	✓							
Newtown	Te Hopai 51 Hospital Rd. (04) 380 2002	✓	✓	✓					125
Newtown	Ultimate Care Ponake House 135 Constable St. (04) 389 7007	✓	✓	✓					134 -135
Newtown	Village at the Park 130 Rintoul St. (04) 380 1361	✓	✓	✓		✓	✓		92
CAPITAL & COAST DHB AREA (PORIRUA)		RH	D	H	PG	CA	RV	SL	Info pg
Aotea	Summerset at Aotea 15 Aotea Dr. 0800 334 404	✓				✓	✓		94
Papakowhai	Bupa Harbourview Care Home 5 Bowlers Wharf Ln. (04) 233 0756	✓		✓					1
Tawa	Longview Home by Enliven 14 Sunrise Blvd. (04) 232 6842	✓		✓					op1
Titahi Bay	Kemp Home and Hospital 21 Te Pene Ave. (04) 236 8099	✓		✓					146
Whitby	Bupa Whitby Care Home 4 Observatory Cls. (04) 234 7981	✓	✓	✓	✓				1
Whitby	Whitby Lakes R.V. Newhaven Way (04) 234 6627						✓		

CAPITAL & COAST DHB AREA (KAPITI COAST)		RH	D	H	PG	CA	RV	SL	Info pg
Paraparaumu	Coastal Villas - Metlifecare Spencer Russell Dr. (04) 296 6333	✓		✓		✓	✓		99, op. 156
Paraparaumu	Eldon 100 Valley Rd. (04) 298 8199	✓		✓					
Paraparaumu	Kapiti Rest Home 91 Marine Pde. (04) 902 6048	✓							150
Paraparaumu	Kapiti Retirement Trust Lodge Dr. (04) 297 0116	*	✓	✓			✓		
Paraparaumu	Kapiti Village - Metlifecare 1 Henley Way (04) 296 1790						✓		99, op. 156
Paraparaumu	Kena Kena Rest Home 32 Percival Rd. (04) 902 9099	✓				✓	✓		150
Paraparaumu	Millvale Lodge Lindale 91 Main Rd. (04) 297 0059	✓	✓	✓					43
Paraparaumu	Summerset on the Coast 104 Realm Dr. 0800 334 404	✓		✓			✓		94
Waikanae	Bishop Snedden R.V. Kapanui Rd. (04) 496 1732						✓		
Waikanae	Bupa Winara Care Home 9 Winara Ave. (04) 293 6034	✓	✓	✓			✓		1, 99
Waikanae	Charles Fleming R.V. 112 Parata St. (04) 293 1350	✓	✓	✓		✓	✓		98, 99
Waikanae	Millvale House Waikanae 17 Millvale St. (04) 904 4340				✓				42
Waikanae	Parkwood R.V. 99 Belvedere Ave. (04) 293 5142	✓		✓		✓	✓		130
Waikanae	Waikanae Lodge 394 Te Moana Rd. (04) 902 6800	✓		✓			✓		92

HUTT VALLEY DHB REGION

HUTT VALLEY DHB AREA (LOWER HUTT)		RH	D	H	PG	CA	RV	SL	Info pg
Avalon	Shona McFarlane R.V. 66 Mabey Rd. (04) 577 1090	✓		✓		✓	✓		98, 100
Boulcott	Ropata Lodge 57 Ropata Cres. (04) 920 0846	✓				✓	✓ ^R	✓	103
Boulcott	Ropata Lodge Village 758 High St. (04) 920 0846						✓		103
Lower Hutt	Aroha Care Centre for the Elderly 6 Cooper St. (04) 567 1026	✓		✓			✓		143
Lower Hutt	Kelvin House & Manor Park 14 Manor Park Rd. (04) 563 5240	✓	✓	✓	✓				
Lower Hutt	Riverleigh Residential Care 1-5 Connolly St. (04) 569 7955	✓		✓					130
Lower Hutt	Woburn Apartments (Masonic) 6 Whites Line Wy. (04) 978 2590						✓		
Lower Hutt	Woburn Home & Apartments by Enliven. 57 Wai-iti Cres. (04) 569 6400	✓	✓	✓			✓ ^R		op1, 100
Lower Hutt	Woburn Masonic Care 63 Wai-iti Cres. (04) 569 6839	✓		✓			✓		
Petone	Bob Scott R.V. 25 Graham St. (04) 570 5800	✓	✓	✓		✓	✓		98, 100
Stokes Valley	Bupa Stokeswood Care Home 18 Glen Rd. (04) 562 9060	✓	✓	✓					1

HUTT VALLEY DHB AREA (UPPER HUTT)		RH	D	H	PG	CA	RV	SL	Info pg
Heretaunga	St Josephs Home of Compassion 237 Fergusson Drv. (04) 528 5089	✓	✓	✓					
Silverstream	Heretaunga 2 Field St. (04) 527 8181	✓	✓	✓		✓			
Trentham	Summerset at the Course 20 Racecourse Rd. 0800 334 404	✓		✓		✓	✓		94
Upper Hutt	Benhaven Rest Home 29 Golders Rd. (04) 527 8727	✓							
Upper Hutt	Elderslea 29 Redwood St. (04) 528 0670	✓	✓	✓					
Upper Hutt	Bupa Fergusson Care Home 654 Fergusson Drv. (04) 528 7689	✓	✓	✓			✓		1, 100
Upper Hutt	Hutt Gables R.V. 1094 Fergusson Drv. (04) 526 9292						✓		

MIDCENTRAL DHB REGION

MIDCENTRAL DHB AREA (PALMERSTON NORTH)		RH	D	H	PG	CA	RV	SL	Info pg
Palmerston North	Brightwater Home & Village by Enliven. 69 Brightwater Tce. (06) 356 4190	✓	✓	✓			✓		op1, 100
Palmerston North	Bupa Riverstone 243 Napier Rd. (06) 329 3045	#	#	#			✓		1, 100
Palmerston North	Chiswick Park 69a Maxwells Line (06) 354 4062	✓		✓					
Palmerston North	Cook Street Nursing Care Centre 141 Cook St. (06) 358 8530	✓		✓					
Palmerston North	Julia Wallace R.V. 28 Dogwood Wy. (06) 354 9262	✓	✓	✓		✓	✓		98, 101
Palmerston North	Karina Lifecare 15 Karina Tce. (06) 357 6051	✓							119

MIDCENTRAL DHB AREA (PALMERSTON NORTH CONTINUED)		RH	D	H	PG	CA	RV	SL	Info pg
Palmerston North	Masonic Court Clausen St. (06) 363 5888						✓R		
Palmerston North	Masonic Court Home 13 Clausen St. (06) 358 9399	✓		✓					
Palmerston North	MiLife Kelvin Grove 53 Brooklyn Heights Drv. (06) 355 4665						✓		51, 101
Palmerston North	Olive Tree Retirement 11-13 Dalwood Grv. (06) 350 3000	✓	✓	✓			✓		92
Palmerston North	Palmerston Manor 117 Botanical Rd. (06) 357 5919	✓		✓					
Palmerston North	Palmerston Nth Village Metlifecare Cnr Grey & Carroll St. (06) 350 6400	✓		✓		✓	✓		101, op. 156
Palmerston North	Radius Peppertree 107 Roberts Line (06) 353 0004	✓		✓					123
Palmerston North	Summerset on Summerhill 180 Ruapehu Dr. 0800 334 404	✓		✓			✓		94
Palmerston North	Ultimate Care Aroha 128 Monrad St. (06) 358 8093	✓	✓	✓					134 -135
Palmerston North	Willard Home by Enliven 17 Russell St. (06) 357 6959	✓							op1
Palmerston North	Woodlands of Palmerston 544 Featherston St. (06) 356 4619	✓	✓						
MIDCENTRAL DHB AREA (HOROWHENUA/OTAKI)		RH	D	H	PG	CA	RV	SL	Info pg
Foxton	Lonsdale Hosp. & R.H. 14 Robinson St. (06) 363 8498	✓	✓	✓					133
Foxton	Te Awahou Masonic Court 79 Main St. (06) 363 5888						✓R		
Foxton Beach	Riverside At Foxton Beach 10 Dawick St. (06) 363 8498	✓							133

MIDCENTRAL DHB AREA (HOROWHENUA/OTAKI CONTINUED)		RH	D	H	PG	CA	RV	SL	Info pg
Levin	Bupa Gardenview Care Home 134 Bath St. (06) 368 1070		✓						1
Levin	Bupa Te Whanau Care Home 603 Queen St. (06) 368 1081	✓		✓					1
Levin	Horowhenua Masonic Village 685 Queen St. East (06) 368 8144	✓		✓		✓	✓R		
Levin	Levin Home for War Veterans by Enliven. 32-40 Prouse St. (06) 366 0052	✓	✓	✓			R		op1
Levin	MiLife Rosewood Park 78 Queenwood Rd. (06) 368 1850						✓		51, 101
Levin	Millvale House Levin 42 Mako Mako Rd. (06) 367 2027	✓		✓	✓				42
Levin	Reevedon Home & Village by Enliven. 37 Salisbury St. (06) 368 7900	✓					✓R		op1, 101
Levin	Speldhurst Country Estate 70 Kimberley Rd. (06) 927 9903						✓		101
Levin	Summerset by the Ranges 102 Liverpool St. 0800 334 404	✓	✓	✓		Dem only	✓		94
Levin	Ultimate Care Madison 144 Queen Street West (06) 367 2305	✓		✓			✓		134 -135
Otaki Beach	Ocean View R.H 56-58 Marine Prd. (06) 364 7399	✓							
MIDCENTRAL DHB AREA (MANAWATU)		RH	D	H	PG	CA	RV	SL	Info pg
Feilding	Alexander House R.H. 126 Denbigh St. (06) 323 9326	✓							
Feilding	Coombrae Home & Village by Enliven. 32-34 North St. (06) 323 4491	✓	✓				✓		op1, 100
Feilding	Nelson Residential Care Centre 38 Nelson St. (06) 280 4839	✓							150

MIDCENTRAL DHB AREA (MANAWATU CONTINUED)		RH	D	H	PG	CA	RV	SL	Info pg
Feilding	Ranfurly Residential Care Centre 6 Monmouth St. (06) 323 5050	✓	✓	✓		✓	✓		101
Feilding	Ruawai Rest Home 34 Ruawai Rd. (06) 323 5483	✓							66
Feilding	Westella Homestead 84 Waughs Rd. (06) 323 9095	✓	✓						
Feilding	Wimbledon Villa 204 Manchester St. (06) 323 4632	✓	✓	✓					
Feilding	Woodfall Lodge 2 Bowen St. (06) 323 8489	✓		✓					
Feilding	Woodlands of Feilding 17 Sherwill St. East (06) 323 9607	✓	#	✓			✓		
MIDCENTRAL DHB AREA (TARARUA)		RH	D	H	PG	CA	RV	SL	Info pg
Dannevirke	Eileen Mary Residential Care Centre 44 Trafalgar St. (06) 374 8241	✓		✓		✓	✓		101
Dannevirke	Bupa Rahiri Care Home 348 High St. (06) 374 4155	✓	✓	✓			✓		1, 100
Pahiatua	Bupa Waireka Care Home 11 Halls Rd. (06) 376 8629	✓		✓					1

WHANGANUI DHB REGION

WHANGANUI DHB AREA (WHANGANUI)		RH	D	H	PG	CA	RV	SL	Info pg
Whanganui	Abingdon Village by Enliven 22 Oakland Ave. (06) 349 1494						✓		op1, 102
Whanganui	Broadview Lifecare 108 Mosston Rd. (06) 344 6915	✓	✓	✓	✓		✓		119
Whanganui	Jane Winstone R.V. 49 Oakland Ave. (06) 345 6783	✓	✓	✓		✓	✓		98, 102

WHANGANUI DHB AREA (WHANGANUI CONTINUED)		RH	D	H	PG	CA	RV	SL	Info pg
Whanganui	Kowhainui Home & Village by Enliven. 88 Virginia Rd. (06) 349 1400	✓		✓			✓R		op1, 102
Whanganui	Lady Joy Home 64 Paterson St. (06) 343 2613	✓						✓	
Whanganui	Masonic Court Wanganui 1 Masonic Dr. (06) 343 9091	✓					✓R		
Whanganui	New Vista 129 Harrison St. (06) 345 2381	✓		✓					
Whanganui	Okere House 35 Treadwell St. (06) 348 4857		✓						146
Whanganui	Quinlan Court 59 Harrison St. (06) 348 9505							✓	
Whanganui	Springvale Manor R.H. 47 Treadwell St. (06) 348 8003	✓	✓						
Whanganui	St Johns Hill Healthcare 2 Virginia Rd. (06) 348 1500	✓		✓					125
Whanganui	Summerset in the River City 40 Burton Ave. 0800 334 404	✓		✓		✓	✓		94
Whanganui	Virginia Lodge 136 Great North Rd. (06) 345 2319	✓							
WHANGANUI DHB AREA (RANGITIKEI)		RH	D	H	PG	CA	RV	SL	Info pg
Marton	Edale Masonic Care 30 Bond St. (06) 327 8562	✓		✓			✓R		

HAWKE'S BAY DHB REGION

HAWKE'S BAY DHB AREA (CLIVE, HASTINGS, HAVELOCK NORTH)		RH	D	H	PG	CA	RV	SL	Info pg
Clive	Voguehaven Rest Home 145 Main Rd. (06) 870 0392	✓							66
Hastings	Brittany House Residential Care 221 Wolseley St. (06) 878 5606	✓		✓					129
Hastings	Colwyn House Lifecare 707 Duke St. (06) 870 9529		✓		✓				119
Hastings	Eversley 400 Cornwall Rd. (06) 878 2005	✓	✓				✓		
Hastings	Gracelands 734 Pakowhai Rd. (06) 873 8300	✓		✓			✓		
Hastings	Summerset in the Orchard 1228 Ada St. 0800 334 404						✓		94
Hastings	Summerville R.H. 411 Frederick St. (06) 876 6978	✓							
Hastings	Te Taiwhenua O Heretaunga 821 Orchard Rd. (06) 871 5350						R	✓	
Havelock North	Duart 36 Duart Rd. (06) 877 8016	✓		✓					
Havelock North	Hillcrest 73 Simla Ave. (06) 877 5909	✓							127
Havelock North	J H Mason R.V. 18 Durham Dr. (06) 281 2534						R		
Havelock North	Mary Doyle Lifecare 3 Karanema Dr. (06) 873 8400	✓	✓	✓		✓	✓		92
Havelock North	St Lukes Close 24 Te Mata Rd. (06) 872 8930						✓		119
Havelock North	Summerset in the Vines 249 Te Mata Rd. 0800 334 404	✓		✓			✓		94

HAWKE'S BAY DHB AREA (CLIVE, HASTINGS, HAVELOCK NORTH CONT.)		RH	D	H	PG	CA	RV	SL	Info pg
Havelock North	Waiapu House Lifecare 10 Danvers St. (06) 872 8930	✓		✓			✓		119
HAWKE'S BAY DHB AREA (NAPIER & ENVIRONS)		RH	D	H	PG	CA	RV	SL	Info pg
Green-meadows	Greendale Residential Care 169 Tait Dr. (06) 844 2342	✓							
Green-meadows	Waverley House 3-5 Lannie Pl. (06) 844 3359	✓							
Napier	Bardowie Retirement Complex 283 Kennedy Rd. (06) 843 2804	✓							104
Napier	Elmwood Masonic 44 Nelson Cres. (06) 834 4048		✓	✓					141
Napier	Princess Alexandra R.V. 145 Battery Rd. (06) 835 9085	✓	✓	✓		✓	✓		98, 99
Napier	Roseanne Retirement Home 25 Taradale Rd. (06) 843 0250	✓							
Napier	Scinde Masonic Flats McVay St. (06) 845 9220						✓		141
Napier	St Lukes Village 196 Vigor Brown St. (06) 845 9820						✓		119
Napier	Summerset in the Bay 79 Merlot Dr. 0800 334 404	✓		✓		✓	✓		94
Tamatea	Bupa Gladys Mary Care Home 7 Glamorgan Ave. (06) 844 4969	✓	✓						1
Taradale	Atawhai 421 Gloucester St. (06) 845 9711	✓		✓		✓	✓		
Taradale	Bryant House 71 King St. (06) 844 7209	✓	✓						
Taradale	Elbourne Masonic Flats 6 Elbourne St. (06) 845 9220						✓		141

HAWKE'S BAY DHB AREA (NAPIER & ENVIRONS CONTINUED)		RH	D	H	PG	CA	RV	SL	Info pg
Taradale	Kensington Masonic 70 Kensington Dr. (06) 845 9220						✓		141
Taradale	Knightsbridge Masonic 17 Balmoral St. (06) 845 9220						✓		141
Taradale	Mission View Masonic 190 Avondale Rd. (06) 845 9220						✓		141
Taradale	Otatara Heights 8-20 Kotuku Pl. (06) 844 3535	✓							
Taradale	Radius Hampton Court 80 Kensington Dr. (06) 844 0063	✓		✓					123
Taradale	Riversdale Lifestyle Village 233 Guppy Rd. (06) 845 9820						✓		119
Taradale	Taradale Masonic 15 Devonshire Pl. (06) 845 9220	✓		✓			✓R		141
Taradale	Waiohiki Masonic Flats 37 Meeanee Rd. (06) 845 9220						✓		141
HAWKE'S BAY DHB AREA (CENTRAL HAWKE'S BAY & WAIROA)		RH	D	H	PG	CA	RV	SL	Info pg
Waipukurau	Mt Herbert House 50 Mt Herbert Rd. (06) 858 7555	✓		✓				✓	
Waipukurau	Woburn 7 Holyrood Tce. (06) 858 9260	✓	✓						
Wairoa	Glengarry Lifecare 22 Glengarry Pl. (06) 838 4840	✓	✓	✓					119
Wairoa	Sheilton R.V. 104 Queen St. (06) 281 2534						R		
Wairoa	Waikaremoana Masonic Marine Parade (06) 845 9220						✓		141

WAIRARAPA DHB REGION

WAIRARAPA DHB AREA (WAIRARAPA)		RH	D	H	PG	CA	RV	SL	Info pg
Carterton	Carter Court Rest Home 95-97 Pembroke St. (06) 379 8075	✓		✓			✓R		
Carterton	Roseneath Lifecare 227 High Street Sth. (06) 379 4018	✓	✓	✓			✓		119
Greytown	Arbor House 48 Main St. (06) 304 9483	✓		✓					
Martinborough	Wharekaka 20 Oxford St. (06) 306 9781	✓		✓			✓		102
Masterton	Aversham 88 Cole St. (06) 377 2292	✓							129
Masterton	Cornwall Rest Home 3 Cornwall St. (06) 377 4165	✓							66
Masterton	Glenwood Masonic Hospital 74 Upper Plain Rd. (06) 377 0221	✓		✓		✓	✓	✓	
Masterton	Kandahar Court by Enliven 2 Colombo Rd. (06) 370 0449		✓						op1
Masterton	Kandahar Home by Enliven 8 Roberts Rd. (06) 370 0447	✓		✓			R		op1
Masterton	Lansdowne Park Village 100 Titoki St. (06) 377 0123	✓		✓			✓		92
Masterton	Lyndale Manor 95 Cole St. (06) 378 7059		✓						127
Masterton	Lyndale Villa 52 Cole St. (06) 378 7059	✓					R		127
Masterton	Ultimate Care Lansdowne Court 1 Oxford St. (06) 377 3339	✓		✓			✓		134 -135

See key below

WAIRARAPA DHB AREA (WAIRARAPA CONTINUED)		RH	D	H	PG	CA	RV	SL	Info pg
Masterton	Wairarapa Masonic Village 35 Edith St. (06) 378 7391						✓R		
Masterton	Wairarapa Village 140 Chapel St. (06) 378 2577	✓		✓		✓	✓		66, 102

KEY:

RH	Rest Home (see page 120-121)	CA	Care Apartment (see page 93, 121 for definition)
*	Rest Home Short Term Only	RV	Retirement Village (Registered) (see page 90-91)
D	Dementia Care (Dem) (see page 120-121)	R	Rental Retirement Village (see page 28)
H	Hospital (see page 120-121)	SL	Supported Living/Boarding (see page 28)
PG	Psychogeriatric (see page 120-121)	#	Planned, under construction, or awaiting certification

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Colwyn House Lifecare
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707 Duke Street
Hastings, Hawke's Bay 4120

Roseneath Lifecare & Village
(06) 379 4018
227 High Street South
Carterton 5713

St Lukes Close Village
(06) 872 8930
24 Te Mata Road
Havelock North, Hawke's Bay 4130

Waipau House Lifecare & Village
(06) 872 8930
10 Danvers Street
Havelock North, Hawke's Bay 4130

St Lukes Village
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196 Vigor Brown Street
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233 Guppy Road
Taradale, Hawke's Bay 4112

Glengarry Lifecare
(06) 838 4840
22 Glengarry Place
Wairoa, Hawkes Bay 4108

LEVELS OF CARE & OTHER OFFERINGS

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

- **Rest home care** – People 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** – 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** – Dementia care services provide a secure home for those with a dementia and for whom there are concerns about risk of harm to themselves or others.
- **Psychogeriatric care** – 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 facilities and care apartments listed on pages 105-118 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 93). You also need to enquire about the levels of care they are certified to provide.

Many residential care facilities now offer a range of accommodation options. Those attracting higher fees, over and above the Maximum Contribution (see page 8) are known as 'Premium beds/rooms'. You can find out more about them on page 124.

In some facilities there are rooms where you can receive either rest home or hospital level of care (known as dual use/swing beds). If you need rest home level of care now but suspect that you may need hospital care in the future, ask about this option. It may prevent an unnecessary move when or if your needs change.

Getting a high level of care at home

A lot of care that previously would have been provided in a residential care facility is now being delivered at home. Even if you have high needs this could 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 CCC/NASC (see page 9) about the possibilities in your region.

OPTIONS YOU MAY BE OFFERED when you've been assessed as requiring a residential level of care

	Staying At Home ¹	Standard Residential Care Room ²	Premium Charges Room ³	Serviced/ Care Apartment ⁴
DHB funded Home support services	YES			
The room is Certified by the Ministry of Health ⁷		YES ⁷	YES ⁷	YES ⁷
Facility has DHB contract for the level of care you require ⁷		YES ⁷	YES ⁷	YES ⁷
Residential Care Subsidy may be available if required		YES	YES	YES
Ongoing charges for the type of room/ apartment	MAYBE ⁶	NO	YES	YES ⁶
Additional services may be bought if you want them (extra cost)	YES	YES	YES	YES
Room can be used for various levels of care i.e. a dual use room ⁵		MAYBE	MAYBE	MAYBE
An ORA ⁶ applies, which requires a capital outlay	MAYBE ⁶	NO	NO	YES ⁷

Notes:

1 Access to this option depends on a number of factors. If it is possible for you, CCC/NASC will let you know. If your 'Home' is part of a registered retirement village an ORA⁶ will apply. Your options will also be determined by your village contract and may be limited (see page 79).

2 A standard option with no extra costs (see page 124). Applies to all levels of care.

3 Premium charges (see page 140-141)

4 Care Apartment (see page 93). May reside here prior to assessment and pay privately.

5 Dual use room - also known as a 'swing bed' room (see page 120)

6 Occupation Right Agreement (ORA) (see page 91)

7 A requirement

CHOOSING A SUITABLE CARE FACILITY

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 47,49.

There is no such thing as 'the best' rest 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 facility or the size and type of your room that is important (e.g. more spacious with additional features – which usually attracts additional costs).
- 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 facility, 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.).



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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

Facilities vary considerably and there can be a wide range of rooms for you to choose from. A feature that you are offered in one facility 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 ensuite.
- Standard single room with ensuite and additional services (e.g. Sky TV).
- Premium room, for which additional charges apply. (See pages 140-141).
- Room or Care Apartment governed by an Occupation Right Agreement (ORA) and for which a capital sum is paid. (See page 93.)

(See pages 121 and 140-141 for more about your options and additional charges)

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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 47,49). 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 facility. 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, a subsidy may be available (see pages 140-148). To be eligible you must have been assessed as requiring care and you need to choose a facility that provides the level of care you need, is certified (by the certifying government agency) and has a DHB contract.
- 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 subsidy at a later date you may not be able to get it.
- 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. (You can also ask for a reassessment at any time.) This will either be done by the clinical assessor at your facility or by CCC/NASC/CART. A change in your level of care may mean that you will have to move to another room in the home or move to another home (e.g. if your current home does not provide your new level of care). If your room is one where several levels of care can be provided (dual use/swing beds - see page 120), you may not need to move.
- Let people know if you have a preference for care in a facility that addresses specific ethnic, cultural or religious needs.



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RESIDENTIAL CARE-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 residential care 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 residential care facility 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 residential care (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 126 - 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, try to retain as much control as you can, e.g. 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. Residential care facilities can 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 residential care home (see pages 38-39). Make sure however that your sadness is not a case of the home being a mismatch for you. If it is; you can move. CCC/NASC 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, 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 residential care, you will find that once you have settled in there are many aspects to appreciate and enjoy in a good home. You will find:

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- 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 residential care does not mean that modern technology is beyond your reach. Increasingly, residential 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.
- Most homes provide the opportunity to go on outings and to places such as the local RSA, Senior Citizens, etc. If it has been difficult for you to get out in the past, you will now have assistance to join in.
- 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 residential care 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 – RESIDENTIAL CARE

We suggest you consider the following questions when comparing residential care facilities. 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 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 facility 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 carer-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/facility?

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 facility 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 facility 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' ethnic, cultural and spiritual values and beliefs respected and upheld?

General

- ☐ Are there any additional costs? (If so make sure these are itemised on your 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? (pages 140-148.)
- ☐ How are any complaints dealt with? Ask residents and their relatives about their experiences. (Residents have the right to make a complaint.)
- ☐ 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/psychogeriatric care facilities

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? What is registered nursing staff cover like?
- ☐ How is the resident's dignity maintained? Are key relatives/former carers involved in making or revising care plans?
- ☐ Are residents engaged in meaningful activities? How do staff oversee these?
- ☐ How is respectfulness shown to residents?
- ☐ How is restraint monitored? (There should be a written policy on restraint.)
- ☐ 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.)
- ☐ 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 44-45 for more information about dementia and organisations that may be able to help.

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PAYMENT, EXTRAS & THE 10KM RULE

Residential Care facilities operate under contract to their local DHB. The Age Related Residential Care (ARRC) contract sets out the standard services (i.e. 24 hour provision of accommodation, services and personal care) providers must deliver to those who have been needs assessed as meeting criteria for long term care. These must meet the person's assessed needs as detailed in their 'Care Plan' and the resident must be provided with (but not only):

- 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.

Residents must pay for items and services not covered by the ARRC contract including (but not only): clothing, toiletries, insurance, dentist, optician, audiologist, hairdresser, drycleaner, lawyer, personal toll calls, etc.

The Maximum Contribution (see page 8) defines the maximum payment for ARRC contracted services. If you cannot pay for your care you can apply for a Residential Care Subsidy (RCS) to cover these costs. Those who apply for a subsidy have their financial situation considered (means tested) to see how much they can afford to pay toward the cost of their care. (See pages 142-148)

Residents may also purchase additional/'extra' services. If they do, they must be given a genuine choice and be able to refuse them and to change their mind. Where you decide to accept additional services you will be required to confirm that you were offered a choice of whether to receive them or not and that you chose to do so.

Additional services generally fall into two categories:

- Those that are able to be easily stopped, e.g. own phone line, Sky TV, 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 facilities offering a wider range of services and features including 'premium only' facilities; 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 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:

- If there is a vacancy for a standard room at another facility 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 facility 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 93). Accommodation charges specified in the ORA will still be incurred.

The options you have available to you depend largely on your individual financial circumstances.

Napier District



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FINANCIAL ASSISTANCE-RESIDENTIAL CARE

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?

- In the first place you are responsible for paying for your own care.
- There is a maximum amount that you will have to pay (as long as the facility has a contract with a DHB). This is known as the Maximum Contribution (MC). Each year DHBs and providers negotiate the cost of care. Any changes are reflected in the MC amount. See page 8 for the current rate.
- The reality is that many cannot afford to fully pay for their care or they run out of their own funds and need to apply for a subsidy or a loan.

This article outlines what you can expect when making an application for a Residential Care Subsidy or Residential Care Loan. See page 148 for an overview of the process. Please note: If you are over 65 and applying you need to return the signed application form to Work and Income within 90 days of the date you want the Residential Care Subsidy to start. Those aged 50-64 have backdating provisions.

This subject can be complex and individual circumstances vary widely, so make sure you get full, up-to-date details from Work and Income. It's available from their website www.workandincome.govt.nz (search on the words 'Residential Care'). Brochures are available from any Work and Income office. You can also call the Residential Subsidy Unit on freephone 0800 999 727 or Seniorline 0800 725 463.

Eligibility

You may be able to get the Residential Care Subsidy if:

- you have been assessed as requiring long-term residential care indefinitely (i.e. all levels of care - rest home, hospital, etc.), and;
- you are eligible for public funded health and disability services, and;
- your chosen residential facility has a contract with a DHB, and;
- you are aged 65 or over and your assets are within certain limits (determined by the means assessment/asset test), or;
- you are aged 50 to 64, single and have no dependent children.

An asset test determines whether you have to pay for your care. If you do have to pay, then a means assessment of income is done to determine how much you contribute. If you are single, aged 50 to 64 and have no dependents, you will not have a means assessment of assets; a means assessment of income will be done.

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 and 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).

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Even if you believe you are not eligible for the RCS, it is recommended that if you intend to take up residency in a care facility that you speak to your lawyer or Work and Income early on in the process to determine your course of action. There are many factors that Work and Income need to consider before making a decision, and what can seem clear to begin with can end up being quite different after everything has been properly considered.

MEANS ASSESSMENT OF ASSETS (THOSE OVER 65)

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 \$227,125 as at 1 July 2018.

Couple with both in long-term care

You are eligible if you have combined assets equal to or below the allowable threshold of \$227,125 as at 1 July 2018.

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 \$124,379 as at 1 July 2018, not including the value of their home and car, or;
- Combined assets of \$227,125 as at 1 July 2018, 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 \$227,125 (as at 1 July 2018). 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 \$124,379 (as at 1 July 2018). 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).

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).
- Life insurance policies that don't have a surrender or cash value.

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 a financial assessment of income. For further information about: residential care loans see page 148 and for payment and additional charges see pages 140-141.

MEANS ASSESSMENT OF INCOME AND RESIDENT'S CONTRIBUTION

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 may be eligible for a RCS you will still need to contribute towards the cost of your care from income you receive. This amount is determined by the income assessment. It is a matter between you and Work and Income, not the service provider. Contact Work and Income if you have any questions.

What is income?

Income includes:

- 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.

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- St Nicholas chapel, with regular church services
- A monthly social club for Pacific people and Maori residents

As a faith-based organisation, Kemp Home & Hospital prides itself that the focus is on **'your needs, your care'**.

For more information phone **(04) 236 8099** or visit **21 Te Pene Ave, Titahi Bay, Porirua**

Income doesn't include:

- any money from your partner's employment or benefit.
- income from assets when the income is under: \$992 a year for single people, \$1,983 a year for a couple when both are assessed as needing care, \$2,975 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 \$44.53 a week, and a clothing allowance of \$279.25 a year (as at 1 April 2018).
- 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 \$39.43 (as at 1 April 2018) and may be eligible to receive the 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

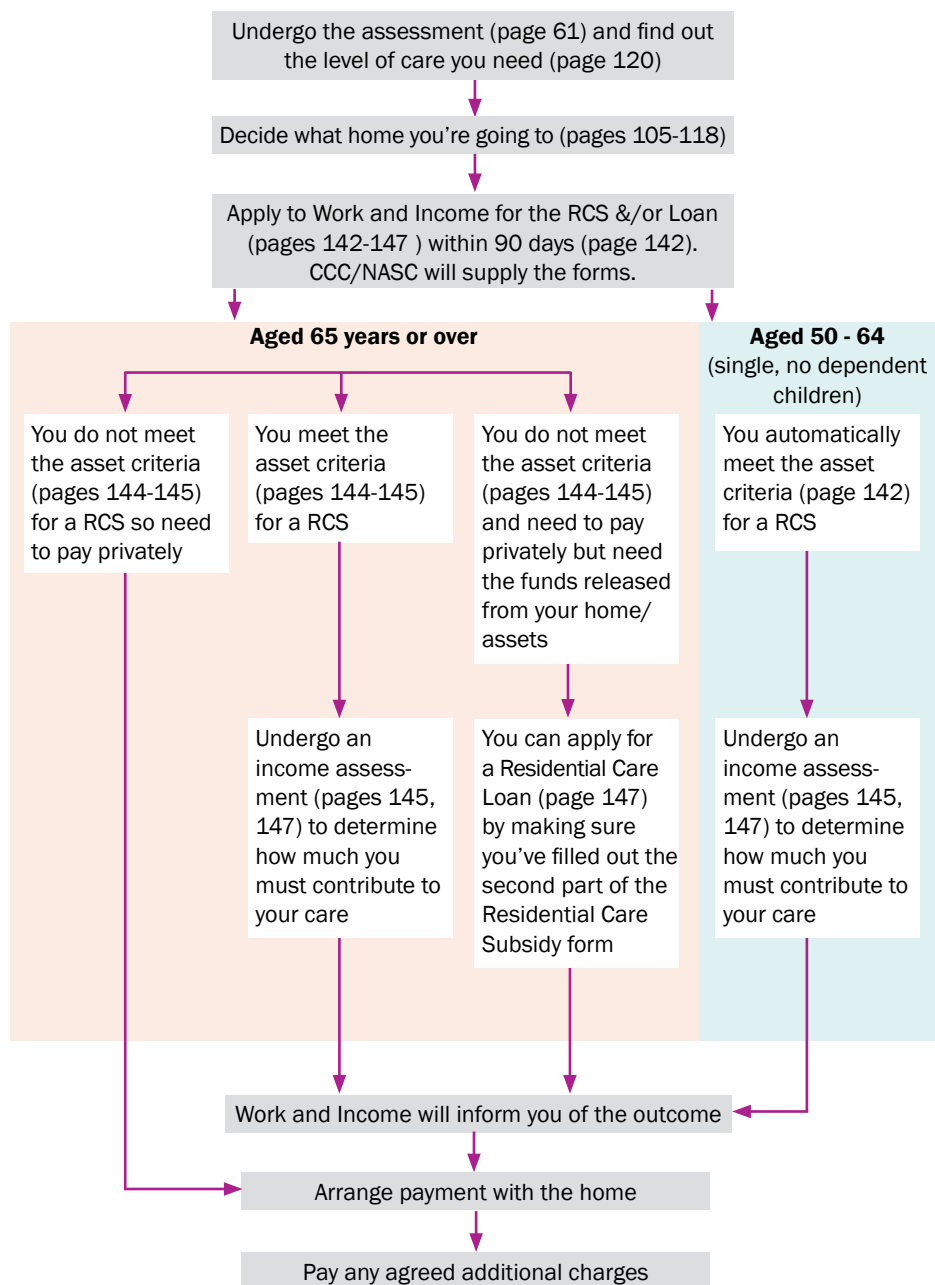
If the value of your home puts you over the asset limit to get a RCS and you don't want to sell it to pay for your care, then you may be able to take out a Residential Care Loan to cover your fees. Important: Your application must fit within the Loan Scheme criteria. Not all applications are approved.

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 or \$30,000 for a couple both in care). 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.

HOW TO APPLY FOR A RCS &/OR LOAN



SELECTING A CARE HOME - SUMMARY

1. You must have had an assessment; the result being a recommendation for residential care (see pages 61, 63).
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 61, 63 & 120).
3. Discuss your options with CCC/NASC and those closest to you.
4. If a decision needs to be made quickly, get up-to-date information from CCC/NASC about bed vacancies (see www.eldernet.co.nz/vacancies).
5. Shortlist possible homes/hospitals that provide your level of care and fit within your budget (see page 121). Visit these (see checklist pages 136-138).
6. Ask for a copy of each facility'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 for a trial (see page 126).
8. Decide on your preferred home. Let CCC/NASC know what home you've decided on.
9. Talk with the admissions person, 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 140-148).

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