

# Where from here

## HE ARA WHAKAMUA

Essential information for older people

2024 – Mid 2025

Lower North Island



**FREE**  
Take me &  
share me

Know your options

Learn your rights

Take control

Rules on eligibility

Live your life well

Published by

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**eldernet**  
GROUP



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We have 43 locations across New Zealand. The majority of our 36 retirement villages have a care home onsite, or nearby, and we have seven additional standalone care homes. With these retirement and care options, Bupa offers you the life that's right for you.

**Visit [bupa.co.nz](https://bupa.co.nz)**



Apartments



Villas



Care Homes



# CONTENTS

## THE BASICS

Planning for the future you want.....	3
Glossary & key concepts .....	4
Older person's services - contacts .....	9
Rights & advocacy .....	12
Pensions & payments .....	14
Useful contacts .....	18

## LIVING YOUR BEST LIFE.....19

Leafy greens & brisk walks.....	21
Tools to help keep you able .....	25
Should I stay or must I go? .....	26
Tech's brave new world.....	29
Age Concern has your back.....	30
Staying in touch.....	34
Why you need to get an EPA.....	36

## HARD TO TALK ABOUT.....39

Managing your money.....	40
Keeping safe from scams .....	44
Dealing with depression .....	45
Dementia Mate Wareware - is the outlook brighter? .....	47
Facing up to elder abuse .....	50
Asset rich cash poor.....	52
Planning puts you in control.....	54
Dignity at end of life .....	57
Being prepared.....	59
Coping with grief.....	60

## KNOW YOUR OPTIONS .....61

interRAI: how does it work? .....	62
Assessment process & possible outcomes.....	64
Payment for services.....	65

## HELP IN YOUR HOME.....67

Don't need help yet?.....	68
Managing your mindset.....	70
The home support journey .....	71
What support can I get? .....	73
Home support checklist.....	79
Caring for your carer .....	82

## VILLAGES, HOMES & CARE.....89

Where to live: the basics .....	90
The care journey.....	91

## CHOOSING THE VILLAGE LIFE...107

The village journey .....	110
Support in a village .....	111
Village details .....	113
Retirement villages checklist .....	119

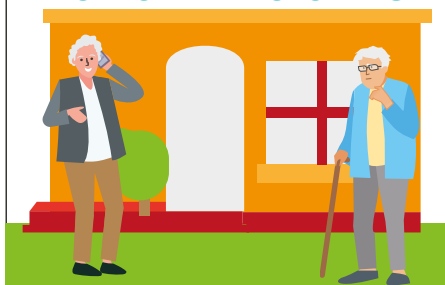
## CHOOSING A CARE HOME... 123

Paying for your care.....	129
Room options explained .....	131
Human rights lens on care .....	135
Look on the bright side .....	138
Facts, figures & asset tests .....	144
Care homes checklist .....	148
How to apply for a Residential Care Subsidy &/or Residential Care Loan.....	151

## INDEXES

Home support providers.....	76
Social, kaumātua & day programmes..	85
Homes, hospitals, units/villages geographical.....	92
Homes, hospitals, units/villages alphabetical.....	153
Acknowledgements.....	155

## FOLLOW PAT & CHRIS



The home support journey .....	71
The care journey.....	91
The village journey .....	110



# PLAN FOR THE FUTURE YOU WANT

Welcome to *Where from here*  
*He ara whakamua* – a guide to ageing  
in Aotearoa New Zealand. This handbook  
puts you in control – providing comprehensive  
information in one place to ensure you can  
make the right decisions for your future.

**W**ith so much information available, it can be hard to decipher and find what's important. That's why we, at The Eldernet Group, have produced this book. We've done the hard yards to compile all the relevant facts and figures, and interpret confusing terms, so you can feel confident and assured that you understand everything related to the ageing journey.

So, what's covered in *Where from here*?

- Financial assistance opportunities to support you while living at home or when moving into residential care.
- How to get a needs assessment to access care and support that is right for you.
- Who pays what for a care home in Aotearoa.
- A regional directory of all retirement villages and care homes.
- And so much more!

Use the 'Contents' page to find relevant sections for your current situation. We encourage you to read, research, and ask around for recommendations and advice. Remember, the more information you have, the more confident you'll feel when making important decisions for your later life.

## Who is The Eldernet Group?

The Eldernet Group provides a range of free products and services across online and print formats for older people and their support networks.

As we are entirely independent, you can trust that the information we offer is unbiased and impartial.

*Where from here* is produced for four regions across Aotearoa. Contact us if you'd like a book for a different region.

**0800 162 706**

**[team@eldernet.co.nz](mailto:team@eldernet.co.nz)**

**[www.eldernet.co.nz](http://www.eldernet.co.nz)**

## Publication date: 2 August 2024

*This book is published annually. All details have been carefully checked before publication. All financial information was correct at time of printing but may be subject to change. Where possible, we have consulted experts, checked with relevant government agencies and their websites, public health services, and a wide range of service providers, groups and organisations. We do not take responsibility for any changes, errors and/or omissions, and we urge you to seek appropriate or professional advice on all issues.*

# GLOSSARY & KEY CONCEPTS

**10KM RULE:** This rule deals with the situation where an intending resident's first choice of care home only has a room available that attracts extra fees and the person doesn't want to or cannot afford to pay those fees (page 132).

**ACC:** Accident Compensation Corporation (page 16).

**ADDITIONAL SERVICES:** (As relating to residential care). These are services that are over and above the services required under the ARRC agreement. If you want them, you have to pay for them (pages 131-133).

**ADVANCE CARE PLAN & ADVANCE DIRECTIVES:** Plans for your future care needs (page 54).

**ARRC:** Age-Related Residential Care. Term often used in relation to the Health New Zealand | Te Whatu Ora agreement with care home providers (page 131).

**ASSET THRESHOLD:** As relating to residential care (page 144).

**CARE SUITES:** A MOH-certified room in a care home or village that is 'purchased' under an ORA, and that meets the requirements for care to be delivered to those who have been assessed as requiring it (page 132).

**CARE HOME:** A general name for aged residential care facilities.

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

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

**CONTACT PERSON:** Your contact at your local older person's service (page 9).

**DMF:** Deferred Management Fee. (As relating to registered retirement villages). This is the percentage deducted from your purchase price; received on the resale of your unit or apartment. The figure is defined in your contract (page 110).

**DOMESTIC ASSISTANCE:** Assistance with household tasks.

**DUAL USE/SWING BEDS/FLEXI BEDS:** Rooms in a care home where several levels of care can be provided, such as rest home or hospital level care (page 133).

**EPA:** Enduring Powers of Attorney. Also referred to as EPOA (page 36).

**GP:** General practitioner or doctor.

**HEALTHCARE SERVICE:** A community-based facility where health professionals and other relevant services are located.

**HEALTH NEW ZEALAND | TE WHATU ORA:** Provides and coordinates health services across New Zealand. Previously district health boards (DHBs) provided these services before they were centralised under a nationwide entity in July 2022.

**interRAI:** A computer-based assessment and care planning programme.

**LEVELS OF CARE:** Relates to the type of residential care you need (page 133).

**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. This is updated annually. As at 1 July 2023, the rates range from \$1,360.59 -

\$1,430.87 per week (depending on where you live). This rate is expected to change in mid-2024. The person coordinating your services can tell you the rate for your area.

**MOH:** Ministry of Health | Manatū Hauora. MOH works to promote and improve health outcomes for all New Zealanders. It regulates and monitors our health system and advises the Government on health policy.

**MSD:** Ministry of Social Development | Te Manatū Whakahiato Ora. MSD provides a range of support, including additional financial assistance to those who meet the eligibility criteria.

**NASC:** Needs Assessment Service Coordination. May also be known as Care Coordination Centre (CCC) in some parts of the region (page 9).

**NEEDS ASSESSOR:** Usually an interRAI trained health professional. May include clinical needs assessors, community-based registered health providers (often based in a home support service), and registered nurses in care homes.

**NZ SUPER:** New Zealand Superannuation (page 14).

**ORA:** Occupation Right Agreement (page 121).

**PALLIATIVE CARE:** Care and support for people facing a life-limiting condition. Provided in a care home, hospital, hospice or elsewhere in the community.

**PERSONAL CARE:** Assistance with personal hygiene and the care of your body.

**PREMIUM ACCOMMODATION CHARGES:** (As relating to residential care).

Premium accommodation is that which includes features that are over and above those found in a standard room and not required under the ARRC Agreement.

**RAD:** Refundable Accommodation Deposit. This payment option is offered by some residential care homes as an alternative to premium charges. It is currently one upfront payment that is fully refunded after the room is vacated.

**RCS:** Residential Care Subsidy. A subsidy available to assist with payment for residential care for those who meet specific eligibility criteria (page 144).

**RESIDENTIAL CARE:** A 'live in' service for those requiring high levels of care. It is currently provided in one of four settings which are related to levels of care (page 133): rest home, dementia, hospital (continuing care i.e. age-related not public hospital) and psychogeriatric (dementia hospital).

**RESPIRE CARE:** A short-term care option providing a break for carers. Usually provided in a care home or other residential care facility (page 84).

**RV:** Retirement village.

**SERVICE COORDINATOR:** A person who arranges and coordinates services, usually following an assessment.

**STANDARD ROOMS:** (As relating to residential care). These rooms meet all the ARRC agreement requirements. They do not attract premium charges (page 131).

**SUPPORT WORKER:** A formal role. May provide personal or practical support.

**TOP UP:** An additional fee to cover the full cost of the service.

**WORK AND INCOME:** A division of the Ministry of Social Development.





## Lifestyle and care options in safe, connected communities

**Promisia focuses on meeting the needs of rural communities throughout New Zealand.**

Our villages are designed for singles or couples to live productive and meaningful lives. We offer different levels of care in many of our villages which means whatever support you need, you can get it here.

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### OUR CARE SERVICES



**Rest Home Care**



**Hospital Care**



**Palliative Care**



**Respite Care**



**Dementia Care**



**Assisted Living**



**Young Physically Disabled Care**



**Independent Living**



At Promisia each person is empowered and supported to make decisions about their health and wellbeing.



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Promisia villages are places where each person is treated with compassion and respect. Feeling safe, happy and engaged are core aspects of life in our communities.



### **Ranfurly Manor**

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**E:** [fm.ranfurly@promisia.co.nz](mailto:fm.ranfurly@promisia.co.nz)

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### **Nelson Street**

**A:** 38 Nelson Street, Feilding

**P:** 06 280 4839

**E:** [fm.nelson@promisia.co.nz](mailto:fm.nelson@promisia.co.nz)

Residential care

### **Eileen Mary**

**A:** 44 Trafalgar Street, Tararua

Dannevirke

**P:** 06 374 8241

**E:** [fm.eileenmary@promisia.co.nz](mailto:fm.eileenmary@promisia.co.nz)

Independent living villas, care suites, residential care

### **Aldwins House**

**A:** 62 Aldwins Road, Linwood

Christchurch

**P:** 03 242 0180

**E:** [fm.aldwins@promisia.co.nz](mailto:fm.aldwins@promisia.co.nz)

Residential care, Young Physically Disabled care.



# **Promisia**





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**[www.solora.nz/homecare](http://www.solora.nz/homecare)**



**Solora**  
Healthcare & Rehabilitation



# OLDER PERSON'S SERVICES - CONTACTS

Your first point of contact in the health system should be your GP. To access funded or subsidised services such as home support, carer support, or residential care, you will need to have an interRAI assessment (page 62). The team that manages this process is commonly known as NASC or CCC. You may be referred by your GP or another health professional, or you can self-refer directly.

## CAPITAL & COAST

### Care Coordination Centre (CCC)

Phone: (04) 238 2020 Freephone: 0800 282 200

Email: [wellington@careco.org.nz](mailto:wellington@careco.org.nz)

Level 1, 13 Marina View, Porirua

## HUTT VALLEY

### Care Coordination Centre (CCC)

Phone: (04) 566 2226 Freephone: 0800 662 225

Email: [hutt@careco.org.nz](mailto:hutt@careco.org.nz)

Level 3, 20 Pretoria Street, Lower Hutt

## TE PAE HAUORA O RUAHINE O TARARUA MIDCENTRAL

### Supportlinks | Health NZ

Phone: (06) 350 6671 Freephone: 0800 221 411

Email: [supportlinks@supportlinks.org.nz](mailto:supportlinks@supportlinks.org.nz)

Community Village, Palmerston North Hospital, 1st Floor Rata Building,  
50 Ruahine Street, Palmerston North

## WAIRARAPA

### Focus | Health NZ

Phone: (06) 946 9813 Freephone: 0800 900 001

Email: [focus@wairarapa.dhb.org.nz](mailto:focus@wairarapa.dhb.org.nz)

Level 2, 49-51 Lincoln Road, Masterton

## WHANGANUI

### Assessment, Treatment & Rehabilitation Community Services | Health NZ

Phone: (06) 348 3309

Email: [referral.centre@wdhb.org.nz](mailto:referral.centre@wdhb.org.nz)

Lambie Community Health, 100 Heads Road, Whanganui

### Your Way | Kia Roha

Freephone: 0800 758 700

Email: [whanganui@yourwaykiaroha.nz](mailto:whanganui@yourwaykiaroha.nz)

244 Victoria Avenue, Whanganui

## TE MATAU A MĀUI HAWKE'S BAY

### Needs Assessment & Service Coordination (NASC) | Health NZ

Phone: (06) 870 7485 Freephone: 0800 339 449

Email: [NASC.HB@hdbd.govt.nz](mailto:NASC.HB@hdbd.govt.nz)

Napier Health Centre, Wellesley Road, Napier

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Hastings	Ph: (06) 878 5029
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
Levin	Ph: (06) 367 2060
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/West	Ph: (04) 478 5535
Wellington City	Ph: (04) 470 7523
Wellington East	Ph: (04) 384 8344



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# RIGHTS & ADVOCACY

**If you have concerns about any of the services you are receiving, you have a right to complain. Advocates and advisors are there to help you through the process.**

Problems can arise with even the best services due to misunderstandings or miscommunication. There are procedures you can use if you are at all dissatisfied with the service being delivered. You have a right to complain and to have your complaint taken seriously.

The Nationwide Health and Disability Advocacy Service is part of a group of consumer protection measures provided by the Health and Disability Commissioner Act 1994. It is for all users of health and disability services in New Zealand and provides independent advocates throughout the country. Their role is to inform consumers about their rights when using health and disability services, helping consumers who have concerns and want to make a complaint, and offering education and training about consumer rights and provider duties to the providers of health and disability services.

The service is free, independent and confidential. Community visits are made to areas where there is no advocacy office. Freephone 0800 555 050, visit [www.advocacy.org.nz](http://www.advocacy.org.nz), or email [advocacy@advocacy.org.nz](mailto:advocacy@advocacy.org.nz).

New Zealand's Aged Care Commissioner monitors the delivery of care and quality of life for older people, wherever they live.

## YOUR RIGHTS

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 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.

## NATIONWIDE HEALTH AND DISABILITY ADVOCACY SERVICE LOCAL CONTACTS

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

## MAKING A COMPLAINT

Complaints are an important way for a service to improve and you should never feel bad about making one. Different services have different processes you must follow. However, in the first instance you should speak to the manager of the service. If you are not confident making a complaint, find an advocacy service on page 12.

**Complaints about care homes** If the manager cannot resolve your complaint, contact your local Health NZ team for older persons health ([www.health.govt.nz](http://www.health.govt.nz), search 'residential care complaint'). If your complaint still hasn't been addressed call HealthCERT 0800 113 813. Aged Care Association (04) 473 3159 & Care Association NZ (CANZ) 021 311 055 may also be able to assist.

**If still unresolved**, contact the Health & Disability Commissioner 0800 11 22 33.

**Complaints about home support services** If the manager cannot resolve your complaint, contact your local Health NZ team for older persons health (see above). Home and Community Health Association (04) 472 3196 may be able to assist. **If still unresolved**, contact the Health & Disability Commissioner 0800 11 22 33.

**Complaints about retirement villages** Find the disputes process ([www.retirement.govt.nz](http://www.retirement.govt.nz), search 'complaints and disputes'). Call the Retirement Commission on 0800 268 269 or the Retirement Villages Association (04) 499 7090.

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# PENSIONS & PAYMENTS

**This article gives a brief overview of financial assistance that may be available to those who qualify, including NZ Super, Veteran's Pension and other benefits.**

**NZ Super** is a taxable pension paid to those who meet the criteria. It is paid fortnightly on a Tuesday. To be eligible, you must be aged 65 or over and meet length of residency and other requirements. Other overseas living arrangements may also give you eligibility. Specific criteria may apply for some Pacific Islands. Contact Work and Income for more information (freephone 0800 552 002).

Apply to Work and Income about a month before turning 65. Internet users can apply online using MyMSD (using the online help if necessary) or you can contact Work and Income for a form. If you need assistance, phone Work and Income and staff will advise. Should you need to visit Work and Income, make an appointment first.

The amount you receive depends on your circumstances and living arrangements. A single person living alone gets \$1,043.24 a fortnight after tax on the M tax code (as at 31 July 2024). If you have paid work you will still get NZ Super although it may affect your income tax rate.

If you have a partner who doesn't already qualify for their own NZ Super/Veteran's Pension and they still need financial help, they will need to

## HELP WITH HEALTH COSTS

Most GPs belong to a Primary Health Organisation (PHO). These are bulk funded to look after the health of the people who are enrolled with their service. Most New Zealanders are enrolled. You generally pay lower overall fees and get access to a wider range of services. Costs vary depending on who your GP is and the subsidy they get. The following may apply. For more information ask your healthcare provider.

**Care Plus** This provides your GP with an additional subsidy if you have high health needs such as a chronic condition or 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 and issued by Work and Income to those with low or medium incomes. For healthcare and other costs. Includes reduced fees for prescriptions and GP visits at participating practices. Ask your GP or Work and Income about this.

**High Use Health Card** This gives general practice a higher subsidy for people who visit their enrolled service 12 or more times a year. The healthcare service will make an application for this on your behalf.

**Pharmaceutical/Prescription Subsidy Scheme** Talk to your pharmacist to see if you are eligible. Reduces prescription and associated costs after you and family/whānau living with you have received 20 prescriptions each year.

apply for another benefit of their own. Work and Income can help you work out the best option.

Single people or those considered to be single and living alone (including those whose partner lives in residential care) may be eligible to receive the **Living Alone rate** of NZ Super or Veteran's Pension.

Visitors can stay with you for up to 13 weeks in any 26-week period without this payment being affected.

You must inform Work and Income of any change in your circumstances that might affect payments, such as overseas travel or relationship changes.

**A Veteran's Pension**, paid at the same rates as NZ Super, may be available to those who have qualifying operational service (confirmed by Veterans' Affairs) and who meet other criteria.

**Accommodation Supplement** For help towards rent, board or the cost of owning a home. Income and asset tested. Additional criteria are also considered. People living in public housing (Kāinga Ora and approved community housing) don't qualify.

**Advance Payment of Benefit** If you urgently need something you can't afford right now, such as essential house repairs, dental treatment or household appliances, you may be able to get some of your benefit, NZ Super or Veteran's Pension paid ahead of time. Income and asset tested. It must be paid back, usually through deductions from your payments.

**Disability Allowance** For extra expenses due to a health condition or disability that is likely to last at least six months. A doctor's certificate is required as part of the application.

## RATES REBATE

For older people, particularly those on low or set incomes, rates increases can be stressful. A rates rebate gives some relief. The threshold was increased for the 2024/2025 year. The following came into effect on 1 July 2024:

- Maximum rebate \$790.
- Income threshold \$31,510.

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

The maximum is \$78.60 per week (as at 1 April 2024). Income tested. Keep relevant receipts if you plan to apply for this allowance. You will need them at the time of application or re-application.

**Emergency Benefit** Assistance that may be paid to people who cannot support themselves and who do not qualify for any other payments.

**Funeral Grant** This may be available to help with funeral costs. The maximum is \$2,559.20 (as at 1 April 2024). Income and asset testing of the deceased and partner or parent/guardian applies.

**Housing Support Products, including help for overdue rent** One-off payments to help pay overdue rent (which left unpaid could see you evicted), bond, rent in advance, and moving costs. There are income, asset, and



other criteria to meet. You will need to pay this back. Work and Income will work with you to put a repayment plan in place to suit your financial needs.

**Orphan's Benefit and Unsupported Child's Benefit**

These are to help caregivers of dependent children. A range of support may be available and may include a Childcare Subsidy, Establishment Grant, Clothing Allowance, Holiday and Birthday Allowance, OSCAR Subsidy, Extraordinary Care Fund, School and Year Start-up Payment and/or other assistance.

**Recoverable Assistance Payment** If you're not receiving NZ Super or another benefit and you need something you can't afford to pay for right now, such as whiteware, you may be able to get this payment. You need to pay it back, usually by instalments, and there are other conditions.

**Special Disability Allowance** A regular payment for people who have a spouse/partner in residential care, or in a public hospital for over 13 weeks. Paid to the spouse/partner who is not in care to help with the extra costs of having their spouse or partner in care.

**Special Needs Grant** A one-off payment to help with urgent things you have no other way to pay for, such as food, bedding and emergency medical care. You won't usually have to pay this back. Income and assets are considered and there are other conditions.

**SuperGold Card** This is issued to those who get NZ Super or Veteran's Pension. It gives access to a range of retail and business discounts, free/discounted government and local council services and off-peak transport.

Whenever you buy something, ask if the SuperGold Card discount applies. You can also check the website [www.supergold.govt.nz](http://www.supergold.govt.nz) or app for details. If you have a Community Services Card (page 14), this is combined into the SuperGold Card.

**Supported Living Payment** For those who are either caring for someone (but not their spouse or partner) at home who would otherwise need to be in residential care or a hospital, or have a health condition, injury or disability that restricts their ability to work. Individual circumstances are considered.

**Temporary Additional Support** This weekly payment is 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** Paid from 1 May to 1 October, this is to help with the cost of home heating. It is paid automatically to those who receive NZ Super, Veteran's Pension or other benefits.

## OTHER SUPPORT

**ACC** The Accident Compensation Corporation (ACC) manages a government mandated system whereby those who are injured as a result of an accident may be eligible for support, regardless of how it was caused. To be eligible, the accident, such as an injury resulting from having fallen, needs to be registered with an approved health professional, such as a GP or doctor at the hospital. This person will forward your claim to ACC, who 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 costs;
- a lump sum payment ('one off' or ongoing) if you are permanently impaired;
- mileage and travel costs to attend appointments (and related accommodation);
- home and vehicle modifications;
- counselling;
- travel for a support person.

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

**Hearing Aid Subsidy & Hearing Aid Funding schemes** There are two types of 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 for each aid of \$511.11 (inc. GST) is available only via an approved assessor every six years.

If you do not qualify for either of these schemes but meet other criteria, you may be able to get help towards the cost of hearing aids through ACC or Veterans' Affairs.

### **National Travel Assistance Scheme**

Some assistance may be available for those who need to travel frequently or over long distances for a publicly

funded specialist or disability service, such as a heart specialist or renal dialysis centre. This assistance may also be available to your support person.

To make a claim you:

- Need to be referred by one publicly funded specialist to another (not a 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. Health NZ will let you know if this has been approved.

- Must keep all receipts of your costs.

Do not throw away anything that you think you might need as evidence in making a claim. This includes petrol receipts, bank account verification, appointment cards or discharge letters.

Each time you make a claim, complete a National Travel Assistance claim form and send it to Health NZ. 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 freephone 0800 855 066 (option 3).

**Total Mobility Scheme** This subsidises transport costs for those with a disability who are unable to use public transport. Assessment is required from approved agencies. Contact Age Concern (page 30), your GP or disability agency for more details.

This is an overview only. Other assistance may be available and individual circumstances vary widely. Make sure you get up-to-date information from Work and Income or MSD (page 18).

# USEFUL CONTACTS

Accident Compensation Corporation (ACC)	Freephone 0800 101 996. Claims helpline <a href="http://www.acc.co.nz">www.acc.co.nz</a>
Age Concern New Zealand	Freephone 0800 652 105. <a href="http://www.ageconcern.org.nz">www.ageconcern.org.nz</a>
Alzheimers New Zealand	Freephone 0800 004 001. <a href="http://www.alzheimers.org.nz">www.alzheimers.org.nz</a>
Arthritis New Zealand	Freephone 0800 663 463. <a href="http://www.arthritis.org.nz">www.arthritis.org.nz</a>
Cancer Society New Zealand	Freephone 0800 226 237. <a href="http://www.cancer.org.nz">www.cancer.org.nz</a>
Carers New Zealand	Freephone 0800 777 797. <a href="http://www.carers.net.nz">www.carers.net.nz</a>
Citizens Advice Bureau	Freephone 0800 367 222. <a href="http://www.cab.org.nz">www.cab.org.nz</a> Provides free, confidential information and advice.
Dementia New Zealand	Freephone 0800 433 636. <a href="http://www.dementia.nz">www.dementia.nz</a>
Grandparents Raising Grandchildren	Freephone 0800 472 637. <a href="http://www.grg.org.nz">www.grg.org.nz</a>
Grey Power	Freephone 0800 473 979. <a href="http://www.greypower.co.nz">www.greypower.co.nz</a> Advocacy and lobby group.
Hato Hone St John - Caring Caller	Freephone 0800 422 5537. <a href="http://www.stjohn.org.nz">www.stjohn.org.nz</a> Free telephone checking service offered by St John.
Health & Disability Commissioner	Freephone 0800 11 22 33. <a href="http://www.hdc.org.nz">www.hdc.org.nz</a>
Health New Zealand   Te Whatu Ora	Freephone 0800 855 066. <a href="http://www.healthnz.govt.nz">www.healthnz.govt.nz</a> Search 'older people'.
Healthline	Freephone 0800 611 116. <a href="http://www.healthline.govt.nz">www.healthline.govt.nz</a> Free health advice over the phone.
Ministry of Social Development (MSD)	<a href="http://www.msd.govt.nz">www.msd.govt.nz</a> For income and other support.
Nationwide Health & Disability Advocacy Service	Freephone 0800 555 050. <a href="http://www.advocacy.org.nz">www.advocacy.org.nz</a> See page 12.
Office for Seniors (MSD)	(04) 916 3300. <a href="http://www.officeforseniors.govt.nz">www.officeforseniors.govt.nz</a>
Seniorline	Freephone 0800 725 463. <a href="http://www.seniorline.org.nz">www.seniorline.org.nz</a>
Stroke Foundation	Freephone 0800 787 653. <a href="http://www.stroke.org.nz">www.stroke.org.nz</a>
Te Ara Ahunga Ora Retirement Commission	(09) 356 0052. <a href="http://www.retirement.govt.nz">www.retirement.govt.nz</a> Retirement income and retirement village information.
The Eldernet Group	Freephone 0800 162 706. <a href="http://www.eldernet.co.nz">www.eldernet.co.nz</a> Extensive database of services for older people.
The Federation of Disability Information Centres	Freephone 0800 693 342. <a href="http://www.thefederation.nz">www.thefederation.nz</a>
Work and Income	Freephone 0800 552 002 (NZ Super queries) or 0800 999 727 (RCS queries). <a href="http://www.workandincome.govt.nz">www.workandincome.govt.nz</a>
1737	Freephone or text 1737 any time, 24 hours a day to talk to (or text with) a trained counsellor.

# LIVING YOUR BEST LIFE



**There is no ‘correct’ way to age; we all age differently and follow a timetable dictated by our genes and environment. Regardless of where you are in your journey, you should feel empowered to make decisions that help you live your best life. Here, we introduce you to Pat and Chris.**

**P**at has lived in a retirement village for the past few years and enjoys leading an active lifestyle. Staying physically fit is high on Pat’s agenda; as the saying goes, what’s good for your heart is good for your brain. Pat walks regularly and swims in the village pool at least once a week. A daily crossword and visits to the community book exchange help keep Pat’s mind sharp.

Staying connected with friends, family and the wider community is important to Pat. Being part of a weekly coffee group meet up is an occasion Pat really looks forward to. Sometimes the group uses video calling to keep in touch. Pat is becoming more confident navigating the internet and has even joined an online book forum. Pat also volunteers at a local charity shop two mornings a week.

Chris lives in the family home and mostly enjoys living independently. Chris likes staying up-to-date with current events, so is tuned into the radio every morning. Chris regularly talks to the children over the phone too, although sometimes struggles to get the video function working.

Chris has some mobility issues that are hampered by an ongoing health condition. While Chris still gets out and about when possible (with help from some clever equipment), Chris can often feel isolated at home and would love to be more involved with the community but doesn’t know where to start. All of this has got Chris thinking about the future and whether it might be time to downsize to a smaller home.

## **Find out what’s helping Pat and Chris on their ageing journeys:**

- Find tips to keep the heart pumping and brain cranking on page 21.
- Discover gadgets and tools to help make life easier on page 25.
- There are myriad housing options; weigh them up using page 26.
- Technology can help people stay connected, healthy and independent; read more on page 29.
- Learn more about how to build community connections on page 34.
- What if Pat or Chris can no longer make their own decisions? Page 36 explains Enduring Powers of Attorney and its importance.





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## SAFER WALKING



**Are you, or someone you know, concerned about the risk of getting lost or going missing when out and about in the community?**

There are many ideas and strategies that you can introduce to reduce the risk, while enabling personal freedom to live a healthy active life in the community.

- Social activities
- Considerations for at home
- Technology to aid location



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# LEAFY GREENS & BRISK WALKS

**Staying active as we age is good for our body, mind and spirit. As they say, 'use it or lose it'. So what can you do to maximise your abilities and reap the benefits?**

It's common nowadays to see older people at the gym, in the swimming pool, out cycling or in a walking group. Those who have discovered the benefits of exercise see their health and mobility improve, mood brighten and sleep patterns improve, all while supporting their independence and - importantly - having fun.

There is a form of exercise to suit all abilities; it's about finding something that works for you. For some, yoga or gentle balance exercises work wonders, whereas others need something more vigorous. High intensity exercises, if appropriately prescribed by a health professional, can benefit many older people, for example. If you are considering an exercise programme that includes high intensity elements, ask your doctor or sports medicine expert about it to see if it's right for you. Whatever you do, the message is clear: stay active and retain as many skills as you can.

As we age, we can maintain and build bone density. Good bone density means that your bones are less brittle and more resistant to breaking. Retaining bone density is important for women, who are more prone to brittle bones. Strength-building and weight-bearing activities, such as

weight training, walking and heavy gardening, help build bone density. Research shows that a bone-healthy diet can also be effective; eating lots of leafy greens (raw and cooked) and high protein and calcium-enriched foods may be helpful. Some people have great faith in supplements for building bone health. If you want to take these, it's advisable to talk to your GP first.

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

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

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Good hearing has a far greater impact on our health than has previously been understood. Research suggests a link between hearing loss and mental decline and a risk of dementia, so it is important to get regular hearing checks and any recommended hearing aids if needed. Independent free hearing tests are available from Your Way | Kia Roha, which are publicly funded (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 already see an optometrist you should ask about a full, dilated eye examination every two years. Preventable conditions such as 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 eye complaints.

Ensuring your feet are well cared for is important for maintaining mobility. If you suffer from foot pain or problems you should consider seeing a registered podiatrist for treatment.

Taking medication incorrectly can be more serious than many people realise. It's often a factor in hospital admissions of older people. Some have a confusing number of pills to take. Others may not know what their medication is supposed to do, how long they should take it for or what the side effects may be. This can be compounded by eyesight problems and other disabilities. It's therefore not surprising that mistakes are made. Talk to your GP or pharmacist about your

## WHO CAN HELP?

- A Live Stronger For Longer exercise group is a fun way to maintain your strength and balance. To find out more, visit [www.livestronger.org.nz](http://www.livestronger.org.nz). If you don't use the internet, ask a family member or your local librarian for help to access the contact details.
- Falling is not a normal part of ageing, and community falls prevention programmes have been shown to be effective in building strength and balance. Contact Age Concern (page 30) to see what is available in your area.

medication so you understand it, and ask about medication management systems or services that might help.

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

Research shows pets can help older adults feel less lonely, keep them active, bring meaningful activity into the day and keep their brains sharp, all of which improves the owner's quality of life. Sometimes caring for a pet becomes difficult. If this becomes the case, adoption is a good choice. If you can't arrange this within your network, ask your local SPCA for advice.





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# TOOLS TO HELP KEEP YOU ABLE

**Having the right equipment can help make your life easier, and allow you to do things that you might not otherwise be able to do. There's an amazing array of options to choose from too.**

You are the expert about what you need to live your life well: having access to the right equipment can help make life easier. It can keep you and your carer/s safer as well as increase your independence and confidence, and potentially your happiness. Many people don't know about the solutions available but may find one or two pieces of equipment can make all the difference. You may also consider home monitoring and security systems. Find out as much as you can. Ask your friends and family, go online, get brochures and visit a mobility shop. The equipment sector is innovative so you may find something you'd never heard of before that is the right fit for you and your situation.

**Subsidised services** An assessment by a suitably qualified health professional is required to access loan equipment and home modification services. Contact your GP or older person's service (page 9) for a referral. Enable provides equipment across the Lower North Island region - 0800 171 981.

**Loan equipment** To be eligible you must have a disability that will last longer than six months, need specific equipment to help you manage, meet

## GALAXY OF GADGETS

Helping older people to live safely and well has spurred inventors and entrepreneurs to come up with everything from simple sock pullers to sophisticated fall sensors. Other items available include:

- Jar openers
- Easy-tipping jugs
- Hip protectors
- Bath and shower stools

More expensive gear includes:

- Walkers and scooters
- Power lift armchairs

residency requirements, and not have access to other funding, such as ACC. Items that cost less than \$50 are generally not part of the loan scheme and, if wanted, purchased privately.

**Home modifications** While modifications to the home, such as changes to a bathroom, putting in a ramp or domestic lift are often useful, you will likely have to pay for these yourself. Qualifying criteria is tight and if approved the 'wait time' can be significant.

**Buying your own** If you can afford it, buying your own equipment or arranging your own home modifications is often a faster option that gives you more choice. Get expert advice. A good retailer will assess your ability to use equipment correctly and safely. Not all equipment suits all people.

**Other grants** May be available. 'Lottery Individuals with Disabilities' fund a range of mobility equipment. The application process is straightforward.

**Palliative care provisions** You may have access to specialised equipment if you are receiving palliative care.

# SHOULD I STAY OR MUST I GO?

If you are weighing up whether it's the right time to change your current living arrangements, there are myriad options available to you. Planning and research will point you in the right direction.

Moving home is stressful, even if you're looking forward to it. You may find yourself considering such a move after a health crisis or the death of a partner. Sometimes added pressure comes from family/whānau or friends who, with best intentions, suggest you move into a village or get a smaller house. The ideal time to make big decisions is not when we are grieving or in crisis. The best way to avoid making decisions under pressure is to plan ahead.

If you are worried about years of accumulated belongings, there are services that can help you reorganise and/or downsize, making the decision to stay or move much easier.

**Staying where you are** Sometimes older people feel the need to move because of the worries and concerns of family/whānau. Appropriate community and practical support, such as home modifications, can often address these worries. There is value in staying in a place where you are known, especially if you have supportive people around you.

**Subdividing a large section** While this can feel overwhelming, subdividing can free up capital and reduce garden and

## FIRST, ASK YOURSELF...

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

property maintenance etc. Downsides include; the effort required and the prospect of building going on next door. Your local council can advise you.

**Moving to a smaller place** If your home is no longer suitable due to a variety of reasons, moving may be the answer. Downsizing doesn't always give the gains you might expect, so investigate fully and do the sums. (See page 52).

**Moving to an ownership flat or 60s plus unit** This option usually has the advantage of being easily maintained. Over-60s units offer cluster-type housing where owners have unit title and belong to a body corporate. Check for annual costs such as rates, insurance and body corporate levies.

**Moving into affordable seniors' public housing** Finding suitable and affordable housing can be difficult with shortages and strict criteria around assets, income and need. Contact

Kāinga Ora (freephone 0800 801 601), your local council or religious/welfare organisations such as RSA for housing options and advice. Age Concern may have information about housing availability too.

**Sharing accommodation** This is a flatting-type option where expenses and household tasks are generally shared. It can appeal to friends or siblings, although some people may also take in boarders. Clear house rules are important for the success of this option. Ownership structures can vary.

**Private rental** An increasing number of people now rent. Age-appropriate design and good landlord/tenant relationships are important factors to consider. For advice and market rent rates see the government's Tenancy Services website [www.tenancy.govt.nz](http://www.tenancy.govt.nz) (freephone 0800 836 262).

If you are new to renting, make sure you obtain information from tenancy services on your rights and obligations.

**Moving to a granny flat** Often on a family/whānau property, these allow you to live close by while having your own independent space. Many can be transported, making them a good option for some. Contact the local council regarding consent. Respectful relationships are important (see panel, right).

**Moving into a retirement village** This is an increasingly popular choice for those looking for age-friendly homes and lifestyles. Prices vary considerably. Pages 113-118 show a selection.

**Supported living/boardings** These are often family/whānau style homes such as an Abbeyfield home. Residents

are independent and have their own room/unit, often with shared communal areas. There may be help with some tasks, such as housework or meals. Board or weekly rent usually applies.

**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 panel).

**Residential care** Sometimes it is not possible to live at home and residential care may be recommended.

**Safety and suitability** Look for a home that suits an older person. Websites such as [www.lifemark.co.nz](http://www.lifemark.co.nz) and [www.goodhomes.co.nz](http://www.goodhomes.co.nz) advise you to think about such key features as accessibility, adaptability, usability, suitability, safety and value. You may be able to adapt an existing home, although those that fit these standards are usually new builds. Goodhomes has resources to help make housing decisions, plus ideas for home repairs and maintenance.

### A WORD OF WARNING

Moving to a granny flat, or in with family/whānau, can be the best of times or the worst of times, depending on the quality of the relationships and personalities involved. For most, it is important to retain your financial independence and have an exit strategy if things go awry. This provides protection for you and your family/whānau. If you need help with your financial affairs, your bank or Age Concern can advise you who to consult and how to set things up.



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# TECH'S BRAVE NEW WORLD

**It's easy to be intimidated by the pace of technological change but advances in internet services, communication and health monitoring can provide lots of ways to improve our lives.**

The speed of technological change can make your head spin. There's no denying though that the internet and smartphones have a place in making our lives easier. How much harder would the COVID lockdown have been if people weren't able to video call each other through Zoom, Skype or one of the other similar services?

For many, internet access is a daily necessity. This is because the internet keeps people connected, is easy to use once you've mastered the basics (especially when using the smaller devices such as tablets, laptops and smartphones), and it allows you to find out almost anything you want to know. You may like to find out more about your own hobbies, watch TV programmes (including past episodes), join interest groups, or use free video calling to talk to people all over the world.

There are many places you can now go to become more familiar with computers or learn how to use your smartphone. Many community groups offer courses. Public libraries are particularly good places to make a start or to fine tune your skills.

Many GPs are now using online health portals that give you online

## JUST IN CASE...

Mobile phones can provide a feeling of security for some people. They can be very useful for keeping in touch with others, especially during an emergency. Spark and One NZ (previously Vodafone) are good stores to visit. Make sure you ask questions about what sort of mobile phone might be best for you and don't be swayed by salespeople who may promote a product/plan with extra features you don't need.

access to your health records and lab results, and allow you to book appointments and order repeat prescriptions.

'Telehealth' refers to the use of technology by health professionals to remotely manage aspects of your care or monitor your health and/or safety needs. Personal alarms are a common example but as technology catches up with people's demands, the products become increasingly innovative.

There are gadgets that can help you test your own blood pressure or blood sugar levels; machines to help with medication management and dispensing; and door, bed and movement sensors. Creators and innovators of these products believe appropriate technologies can support people to live safely, with minimal intervention. While some people feel the use of any device can be intrusive, planning and monitoring allows guidelines to be put in place to address those concerns.

Still, there is no substitute for human interaction. Technology provides another way to communicate and connect with each other – it may just take a bit of getting used to.



# AGE CONCERN HAS YOUR BACK

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

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 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 Age Concern Visiting Service, which provides regular visits to people in their own homes, is offered by a

number of Aged Concerns. 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. Other programmes on offer include free 'Staying Safe' refresher courses for older drivers, 'Steady as You Go' (SAYGo) falls prevention exercise classes and digital literacy sessions.

Age Concern Hawke's Bay, Wairoa, Whanganui, Wairarapa, Palmerston North and Districts and Horowhenua are contracted Elder Abuse Response Service (EARS) providers in this region. This service helps protect the rights of older people.

Age Concern is the charity in your neighbourhood supporting older people, their friends and whānau. Dignity, wellbeing, equity and respect for older people are their guiding lights. They are a good place to go if you need to know anything about getting older and what that looks like in Aotearoa New Zealand.

Every Age Concern is open to the public and you can be sure of a warm welcome. If you would like to donate to Age Concern, a contribution to your local branch would be appreciated. Call 0800 65 2 105 for Age Concern offices not profiled on the following pages.



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Kaumātua Aotearoa**

**AGE CONCERN HAWKE'S BAY****Hastings**

415 Heretaunga Street, East Hastings  
(06) 870 9060

hastings@ageconcernhb.co.nz

**HOURS:** 9am-3pm weekdays

**Central Hawke's Bay**

17 Ruataniwha Street, Waipukurau  
(06) 858 9158

chb@ageconcernhb.co.nz

**HOURS:** 9am-1pm Mon; 9am-3pm  
Tues-Fri

**Age Concern Hawke's Bay** provides the Elder Abuse Response Service across Hawke's Bay. Alongside the Elder Abuse Service, the organisation provides several social groups and health promotion programmes, exercise groups, workshops and social services in the Hastings, Havelock North and Central Hawke's Bay areas. The organisation is also an assessor for the Total Mobility Scheme which funds reduced taxi fares for those who meet the criteria.

**AGE CONCERN KĀPITI COAST**

Room 16, Kāpiti Impact Hub,  
6 Tongariro Street, Paraparaumu  
(04) 298 8879

admin@ageconcernkapiti.co.nz

**HOURS:** 9am-4pm Mon, Tues, Thur, Fri

**Age Concern Kāpiti Coast** is focused on improving and strengthening friendships, relationships, and social connections for older people. Services include: 'Steady as You Go' (SAYGo) exercise classes, Health Workshops, 'Staying Safe' driver refresher courses, a Visiting Service and a Companion Walking Service.

**AGE CONCERN HOROWHENUA**

526 Queen Street, Levin  
(06) 367 2181 or 0800 65 2 105  
admin@ageconcernhoro.co.nz

**HOURS:** 9am-3pm weekdays

**Age Concern Horowhenua** are committed to providing services to older people in the Horowhenua Region (including Tokomaru, Shannon, Foxton, Foxton Beach, Levin and Manakau). They also provide the Elder Abuse Response Service and offer Elder Safety and Community Support to keep you safe and independent. They provide links to services that enable older people to live a quality, valued and most importantly independent life in the community.

The Visiting Service provides vital social connections that many of us crave but have lost as we get older. Numerous falls prevention exercise classes for all levels of ability are offered. Workshops, including the "Staying Safe" driver refresher course, and classes on important topics including EPA and Wills are held to ensure your health and wellbeing is taken care of and you are well equipped with all the tools and resources you need, to make those important life decisions.

Age Concern Horowhenua also provide a delivered Grocery Service for those that can't get to the supermarket and a list of Approved Providers - trusted trades people - for jobs around the home. They are trained assessors for the Total Mobility Scheme.

Many services are run with the help of amazing volunteer teams, and they are always on the lookout for special people who want to volunteer and help older people in their community.

## AGE CONCERN WHANGANUI

164 St Hill Street, Whanganui  
(06) 345 1799 or 0800 65 2 105  
info@acwhanganui.org.nz

**HOURS:** 8.30am-4.30pm,  
Mon-Thurs

**Age Concern Whanganui** is committed to promoting the wellbeing, rights and dignity for people over the age of 65. They provide a range of services including a Visiting Service, Elder Abuse Response (EARS) and senior driving programmes. They provide health promotion programmes including 'Steady As You Go' (SayGo) strength and balance classes, plus 'Staying Safe' driver refresher courses. They have opportunities for volunteers with Meals on Wheels and the Visiting Service. They also complete Total Mobility Scheme assessments.

## AGE CONCERN NAPIER

98 Taradale Road, Napier  
(06) 842 1346  
napier@ageconcernhb.org.nz

**HOURS:** 9am-3pm, Mon-Thurs;  
9am-12.30pm, Fri

**Age Concern Napier** is focused on contributing to the overall wellbeing of older people. Our services include community work, Visiting Service, health promotion and opportunities for social connection, exercise groups and Staying Safe classroom-based refresher driver workshops. Age Concern Napier can also complete Total Mobility Scheme assessments which provides reduced taxi fees. Support services include group transport to supermarket and general shopping trips, transport for hospital appointments and an approved providers list of trades people.

The advertisement features a red background with a white dotted pattern. In the top left corner is a small SuperGold logo. The main text reads 'REAL SUPERGOLD DISCOUNTS' in large, bold, white and yellow letters. Below this, it says 'Sign up today & enjoy NZS Real Service STATIONS' in a mix of bold and script fonts. A large circular graphic on the right contains the text 'Save 8¢ PER LITRE ON FUEL EVERYDAY' and a black circle with a white plus sign and the text 'EARN REWARDS'. At the bottom left, there is a black box with the word 'CHALLENGE' in white, followed by 'mychallenge.co.nz' and 'Terms & conditions apply.' At the bottom right, a hand holds a white card with a red exclamation mark and the text 'MY CHALLENGE COMMUNITY'.

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[maudesonline.org.nz](http://maudesonline.org.nz)



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# STAYING IN TOUCH

**By building stronger community connections that make it easier to find new friends, we can all play a part in reducing loneliness. It's about giving everyone the opportunity to meet up in a natural way.**

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

You are the person you are due to the circumstances that you have faced through life, your genetic makeup and many other factors. It is likely you have also had significant losses including the loss of someone with whom you had a close emotional connection and maybe even a loss of your own identity and purposefulness.

Social isolation and loneliness are not the same thing. Social isolation is about a lack of social contact whereas loneliness is more complex and related to a mismatch between what you are wanting from your relationships and what you are getting – you can be lonely in a crowd. It therefore follows that

## FIVE THINGS YOU CAN DO

It's natural to look back over life and reflect. While our minds want to settle on more positive thoughts, it is all too easy to think about the things we have lost, done or not done, and things we now regret. Feeling lonely at these times is normal, but dwelling on these thoughts can tip you into despair. Use the warnings from these emotions to motivate you to act.

**1** A good way to deal with these feelings is to talk. It's OK to be vulnerable and seek help. Ask at your health service to find what local support may be available.

**2** Check your thoughts. While not denying your feelings, your thoughts can mislead you and are not necessarily the facts. Can you let go of those thoughts for a short time? Try doing something different for a while and focus on that.

**3** Given the person you are now, try setting some different and perhaps more realistic expectations of yourself and others. If you can't put right some wrongs, you can at least forgive yourself or others.

**4** Do things that give you a sense of self-worth or that make you feel connected to others. Say yes a lot, especially to invitations. Smile when you talk on the phone even if you don't feel like it – smiling changes the tone of your voice.

**5** Try to keep your mind open to new things and opportunities. You can grow new friends. Show an interest in others; ask them questions about themselves.



loneliness probably won't be 'cured' by joining a group but social isolation might.

The environment where these problems are flourishing has been a long time in the making. Our Western lifestyle has focused on the individual and our rights, often at the expense of connections with others. Families are commonly scattered, eroding intergenerational support. Our health may limit our ability to get out and about. Even our ability to access technology can help or hinder our social networks.

The good news is society is always changing and together we can help shape it. Ideas for building stronger community connections include:

- Supporting community initiatives that encourage people of all ages to get together. This gives everyone the opportunity to meet up in a natural way.
- Removing the obstacles that keep many people feeling stuck at home. Examples include improved street design, public transport and access to buildings and public spaces.
- Supporting services that empower people to live meaningful lives where they can be involved, contributing and valued.

## ADVICE FOR FAMILY/FRIENDS

- Contact your older relatives and neighbours, invite them to things you are interested in and treat them as you would anyone else.
- Introduce them to others and help them create a wider network of contacts. Mixing only with other older people often has limited appeal.
- Do things that include all age groups such as visiting the library, going out for a coffee or a movie (do not assume they can or cannot pay themselves), or watching the kids play sport (take a seat). Discuss local issues. Ask for their opinion, especially about lessons they've learned or things they've changed their mind about.
- Giving and receiving support in any relationship is important. Being only on the receiving end makes people feel uncomfortable, which is why they often decline the offer. Turn the tables and ask them to do something for you (make sure it matches their ability).
- Whatever you do, make it as easy and natural as possible.



# Live the life you want

[www.eldernet.co.nz/making-life-easier](http://www.eldernet.co.nz/making-life-easier)

**making  
life easier.**  
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# WHY YOU NEED TO GET AN EPA

**Having Enduring Powers of Attorney in place will ensure someone you trust is acting in your best interests if you can no longer make decisions for yourself.**

**Defining ‘mental capacity’** We make decisions everyday; some are small, like choosing an outfit, while others are more important, like considering what to do with our money. The ability to assess options, understand the consequences of decisions, and manage our affairs is referred to as ‘mental capacity’. We likely take our mental capacity for granted, but what happens if we can no longer make our own decisions?

People may lose mental capacity, temporarily or permanently, for a variety of reasons (i.e., illness or accident) and at any age. Just as we have insurance to protect our assets if the worst happens, so too can we plan for this eventuality. Enduring Powers of Attorney (known as EPA or EPOA) are legal documents that allow you to appoint someone you trust to make decisions for you if you can no longer do so. This person is known as your ‘attorney’.

If you lose mental capacity before appointing an EPA, your family or others concerned with your wellbeing must make an application to the Family Court for the appointment of a person/persons to act for you. This process comes with an emotional and financial cost, is complicated, must be repeated at prescribed intervals,

## SETTING UP AN EPA

- A lawyer or trustee company can set up an EPA. Ask what the cost is.
- A special form is needed. Those advising you can provide this, or you can find it at [www.officeforseniors.govt.nz](http://www.officeforseniors.govt.nz) – search ‘EPA’.
- Read through the form before any meetings so you are prepared.
- Your signature on the form must be witnessed by an authorised witness. They need to certify that you understand what you are signing and what the risks are, and that you are not being pressured.

and there is no guarantee the person appointed will be who you would have chosen as your attorney.

The law presumes you have mental capacity, unless an assessment by your GP or another qualified health practitioner shows otherwise. The Law Commission is currently reviewing the law relating to adult decision-making capacity, which may result in changes to when and how an EPA is activated.

**Enduring Powers of Attorney** There are two types of EPA: one for personal care and welfare matters; and one for financial and property matters. Attorneys don’t need to be the same person nor do they need to be family members. You should also appoint successor attorneys to step in if the original attorneys can no longer act for you.

For your **personal care and welfare**, you can only appoint one person/attorney at any time. You cannot appoint an organisation to act in this role. Your EPA for personal care and welfare can only be activated if you lose mental capacity.

For **financial and property matters**, you can appoint one or more attorneys and specify how and when they will act. If you want someone independent, engage the services of a specialist such as a lawyer, accountant or trustee company. You can choose whether your EPA for finance and property comes into effect immediately or only if you lose mental capacity.

The legislation includes safeguards, and rules about how your attorneys can operate are well defined:

- Attorneys can be restricted as to what property and personal matters they can and cannot act on.
- Attorneys can reimburse themselves for reasonable expenses for their role, and make gifts/donations to others only if you have made provision for that.
- Your attorney must consult with any other attorneys appointed. This gives

more oversight, and is a good reason to appoint more than one, and/or different people for each type of EPA.

- You can revoke your attorney, unless you have lost mental capacity.
- Attorneys must provide information to those who need to see it if requested (i.e., doctor or lawyer), and consult with any other people you nominate.

Once the EPA is set up, you may give your attorneys, successor attorneys, doctor, accountant, bank and family copies of the relevant documents. If you move to residential care or a retirement village, you will be asked for these documents. It is usually expected that the EPA is activated for those going into dementia or psychogeriatric care.

This article is an overview and is not personal advice. Seek guidance from a lawyer or a trustee company. Thanks to Marcia Read, Solicitor at Anthony Harper, for reviewing this article.



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# HARD TO TALK ABOUT

While ageing can come with its fair share of challenges, you don't have to face tough times alone. Help is available - reach out.



**P**at is a glass half-full kind of person, despite having the odd 'down' day. Recently, close family have suggested Pat take a step back from managing personal affairs. While Pat knows they're coming from a good place, it's not something Pat is ready to do. Instead, Pat wants to learn more about financial planning (Pat would like to be in a position to leave the kids a "sizeable" inheritance) and needs to update the Will which hasn't been looked at for more than 20 years. Other important things need to be sorted out too.

During the past 12 months, Pat has attended more funerals than birthdays or other festivities; this has kickstarted thoughts of what Pat's final days might look like and the best way to communicate these wishes to loved ones. Pat has been a little forgetful of late and despite being aware this is a normal part of ageing, is worried it could be a sign of dementia.

Chris is having a tough time. Ever since Chris' partner passed away, Chris hasn't felt themselves. Chris puts on a brave face but often becomes paralysed by anger, sadness, and guilt. Chris' family live in various parts of the country and although Chris' youngest son lives nearby, he only visits when he needs money. Chris feels lonely most of the time and can often go days without getting out of bed. Chris isn't ready to talk to family and friends about these feelings but isn't sure where else to turn.

A recent health scare hasn't helped Chris' state of mind either; despite Chris' health being well managed at the moment, Chris can't help but worry about what's around the corner. While Chris knows it's important to start planning for the future, the thought of doing so is too overwhelming.

## **Find out what could help Pat and Chris during these uncertain times:**

- Learn more about money management on page 40.
- If depression and grief strike, reach out for help; see pages 45 and 60.
- 70,000 Kiwis of all ages live with dementia; read more on page 47.
- Planning ahead could help put Pat and Chris' minds to rest; page 54 lays out some options to assist them in getting their affairs in order, while page 59 will help them prepare in case of an emergency.
- Elder abuse can come in many forms; read more on page 50.
- Everyone deserves dignity at end of life; see page 57.



# MANAGING YOUR MONEY

**As we get older our financial goals change. Ageing may also affect our attention to detail and ability to understand new concepts. It may be time to review the approach to our finances.**

The financial world is increasingly complex and as we age we will come across situations we may not be ready for, such as changes to how we access our money, where it's held and how we can use it. 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 and can afford specialised financial advice and others won't. What we have in common is wanting to spend our later years as financially secure as possible.

If you feel capable and confident in managing your own finances then it's probable that you'll want to continue doing so.

The following financial A-Z is general information, not personal advice.

**Branch closures** Banks have closed many of their branches over recent years, meaning those customers wanting to visit one are having to travel further to do so. That trend is likely to continue. Some banks are committed to improving services for older people.

Westpac for example offers dementia-friendly services in its banks.

**Cheques** New Zealand banks have phased these out. Ask your bank about your options and how they can make money management easier for you.

**Day-to-day expenses** Many older people struggle to meet rising housing, health 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 hardship.

**Digital currency** This type of transaction is based on 'blockchain' technology. It requires a high degree of computer confidence. Take care because

the values of such currencies can fluctuate widely. You are responsible for keeping your currency secure.

## **Donations and bequests**

Charitable organisations often rely on donations and bequests and many older people like to assist their favoured charity in such

a way. It's wise to discuss your intentions with family/whānau to avoid misunderstandings in the future (page 54).

**Downsizing - home-owners** While downsizing seems to be a good way to free up some funds, be aware that it can also impact eligibility for the RCS. Find out about your future options now. (See also pages 26 & 52).

**EFTPOS cards** Many cards now have a payWave function (designated by a fan symbol). This allows you to make purchases up to a set limit by resting your card on the EFTPOS terminal.





The Fred Hollows  
Foundation NZ

**The Fred Hollows  
Foundation NZ carries on  
the work of legendary New  
Zealander, the late  
Professor Fred Hollows.**

Fred was an internationally acclaimed eye surgeon who championed the right of all people to have high quality and affordable eye care. **His vision was of a world where no one is needlessly blind or vision impaired.**

Globally, 9 out of 10 people who are blind don't need to be; their condition is preventable or treatable. The Foundation works alongside Pacific partners to restore sight, train eye doctors and nurses who go on to provide eye care in their local communities and strengthen local health systems.

**Your gift will help keep Fred's dream alive.**

Leaving a gift in your Will to The Fred Hollows Foundation NZ means you can help restore people's sight and transform lives for generations to come.

Contact Karen Blake to hear more or to receive a *free* Gifts in Wills booklet at [kblake@hollows.nz](mailto:kblake@hollows.nz)

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It makes purchases easy but can be easy money if it falls into the wrong hands. Some places charge a fee to use pay-Wave so you can use your PIN instead.

**Equity release** or ‘reverse mortgages’ may free up capital (page 52).

**Gifting** Keep in mind; if you ever need a Residential Care Subsidy your ‘gifting’ will not be overlooked and may impact on your plans later (page 147).

**Helping family/whānau** Be careful about giving financial gifts; you may need the money yourself. Being a loan guarantor for family/whānau members can be risky. While a gift seems safer, in the event of a relationship breakdown your family/whānau member could lose half. A loan may offer more safeguards as written terms can spell out repayment expectations. Get financial advice.

**Investments and assets** You may wish to rationalise or review these, especially if your circumstances have changed. Many people now have their investments managed for them by a financial advisor or fund manager.

**KiwiSaver** On reaching 65, the government contribution to your fund stops. If you choose to, you may continue paying into it, as may your employer. As your circumstances change it’s a good idea to review whether you are comfortable with your fund’s risk level, and whether you wish to withdraw some of it. Consider this carefully.

**Managing debt** Increasingly, older people are entering retirement with debt, often after helping out other family/whānau members. Debt can quickly escalate so get financial advice.

**Monitoring your bank account** Check your statements each month. Watch

## YOUR PIN NUMBER

Don’t give this to anyone. It can be tempting to give family/whānau or support people access to your bank account to make it easier for them to shop for you, but if money is stolen the bank will probably refuse a fraud claim. No one, not even the bank, should ask you for your PIN number or other passwords. If you need help accessing your funds, talk to the person who holds your Enduring Powers of Attorney for Property, your bank or lawyer. Age Concern may advise too (page 30).

for spending discrepancies, cashflow and automatic payments. You may find it helpful to ask a trusted family/whānau member or the person who holds your Enduring Powers of Attorney for Property to do this with you.

**In general**, simplify your finances and make a plan for the future. The New Zealand Society of Actuaries has devised Decumulation ‘Rules of Thumb’ ([www.actuaries.org.nz](http://www.actuaries.org.nz)) that are useful for those not getting specialist advice. Libraries may print this for a small cost.

Centralise information about your financial matters, plan for the unexpected, develop a plan for transferring responsibility if/when required (involving trusted advisors/the person who holds your Enduring Powers of Attorney, partner/spouse/children) and make sure any partner/spouse/children or others who need to know, understand your financial situation.

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The above is not personal financial advice nor a recommendation for you to take a particular course of action. It simply raises some ideas and issues and is for general information only.



# KEEPING SAFE FROM SCAMS

**Common sense and a healthy dose of scepticism can keep you safe from those who want to rip you off. If an offer seems too good to be true, it probably is.**

Fear of being scammed can lead older people to isolate themselves, or shun the internet, email and other ways of communicating and staying in touch.

Yes, scammers are out there. But common sense and a healthy amount of scepticism can keep you safe from those who want to rip you off.

There's lots of help available: check out Consumer NZ and Google 'Little Black Book of Scams' for a start. The advice is - if it seems too good to be true, then it probably is.

Some scammers deliberately target older people, either by door knock, phone, text or online. Their stories may target your needs, worries or desire to help a seemingly worthy cause.

Romance scams are cruel as they play on someone's sense of loneliness and desire for companionship. Once trust is established, the scammer will ask for money or help with a banking transaction - often a front for money laundering. Other financial scams increasingly target older people, and with the rise of Artificial Intelligence these scams are becoming more insidious.

The level of sophistication of these scams can take in even the most wary, so there is no shame in admitting you have been duped. In fact, reporting

## CONSUMER NZ'S TOP TIPS

- Never reply to any email or text asking you to confirm your bank or credit card details. Legitimate organisations will never ask you to do this. The same applies if you're asked for this information over the phone.
- Research the firms you're dealing with. Use the Companies Register to see if the company exists and who's behind it.
- Don't be swayed by cold-callers promising bargain deals or instant riches if you sign up on the spot. Legitimate companies will give you time to do your research.
- If you think you've been scammed, report it to police. If you've handed over your bank details, contact your bank and immediately suspend your account. Fraudulent credit card transactions can sometimes be reversed.

**[www.consumer.org.nz](http://www.consumer.org.nz)**

scams is the best way to ensure they are shut down, as authorities can issue warnings and take steps to block the offenders. Contact CERT NZ or Netsafe to report online scams. Forward TXT spam to 7726. Call 105 (NZ Police Non-Emergency) if you are receiving threats or have lost money.

Awareness is our best defence, and we can all play a part in spreading the message. Raising the subject with friends and family is a good place to start – it's highly likely people in your circle have been targeted by scammers, if not taken in. Forewarned is forearmed, and sharing these stories helps us all to remain vigilant.



# DEALING WITH DEPRESSION

**Older people experiencing depression often misunderstand it. They may hide it from those who can help. It is not a normal part of ageing and can be successfully treated. There's real benefit in sorting it out early.**

Our physical, mental, emotional, social and spiritual health and wellbeing are intertwined. They all contribute to make us who we are and any one element can affect another.

Western tradition has tended to see physical health as separate to anything else in our lives but those who specialise in working with older people are more aware of how these are interconnected. They know, for example, that how you feel emotionally, spiritually and mentally has an impact on your physical health and similarly, that your physical health affects your emotional, spiritual and

mental wellbeing. Depression often involves a complex mix of these issues. It affects many older people and is frequently overlooked or undiagnosed.

Most older people will talk to a doctor about a physical condition but many find it hard talking about emotional or mental health problems for fear of being labelled or seen as a nuisance. They may not recognise what is happening or, sadly, think nobody cares. Many don't believe medication or counselling could possibly help them. Ageism also makes it harder for these issues to be addressed, with some older people made to feel they don't matter or don't deserve help.

Older people experience the ups and downs of life just like other age groups. They may also be at more risk of developing depression as losses, ill health, frailty and other factors often compound over their lifespan.

Older people experiencing depression often misunderstand it and it is often hidden from those who may be able to help. For these reasons the real rate of depression in older people is unknown but is thought 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. While it can be serious, in most instances it can be successfully treated. There's real benefit in sorting it out early.

Symptoms of depression differ to normal reactions to life's problems in that they don't go away. They include deep and persistent sadness, unexplained anger, unrelenting unexplained pain, continually feeling worn down or 'flat', misusing alcohol and other drugs,

## NEED HELP?

- Seek help early from someone experienced in older people's issues; don't wait until things get worse.
- Don't let feelings of fear, embarrassment or shame stop you from getting help.
- Don't downplay the symptoms.
- If you have been given some treatment or advice and it isn't helpful, say so.
- Visit [www.depression.org.nz](http://www.depression.org.nz) or call 0800 111 757

weight loss, appetite changes, feeling unwell, self-neglect, withdrawal and feeling useless. There may be uncontrollable thoughts of suicide.

Those who find themselves in a culture that seems foreign, such as migrants, may feel cast adrift.

Factors that increase the likelihood of depression can be physical (a medical condition, unrelenting pain, dementia or genetic influences), emotional (grief following the death of a partner), the side effects of medication, other mental health conditions, isolation, loneliness, stress, use of alcohol or non-prescribed drugs, or a combination of these.

Untreated depression can negatively affect our physical health and is a possible risk factor for dementia.

It is never too late to sort it out. Treatment depends on the cause and the severity of the depression. Physical conditions need to be treated or managed. Medication, such as antidepressants, may be prescribed. Structured problem-solving therapies, such as cognitive behavioural therapy, have been shown to be effective, as has joining a group with an educative or exercise component.

Lifestyle changes and spiritual support may be helpful. In most instances,

## TIPS TO KEEPING WELL

**Connect:** Stay in touch with people if possible.

**Give:** Get involved with your community.

**Take notice:** Pay attention to the simple things that bring you joy.

**Keep learning:** If you can, get out; attend groups where you can learn and do new things.

**Be active:** Get some physical exercise and eat well (page 21).

- Make your own decisions; feeling in control is good for your emotional and mental wellbeing.
- See your doctor; regular health checks are important.
- Take medication as prescribed; have someone remind you if necessary.

professional help is needed to find the right solution, as everyone has different requirements.

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.

# FIVE WAYS TO WELLBEING



TALK & LISTEN,  
BE THERE,  
FEEL CONNECTED



Your time,  
your words,  
your presence



REMEMBER  
THE SIMPLE  
THINGS THAT  
GIVE YOU JOY



EMBRACE NEW  
EXPERIENCES,  
SEE OPPORTUNITIES,  
SURPRISE YOURSELF



DO WHAT YOU CAN,  
ENJOY WHAT YOU DO,  
MOVE YOUR MOOD

# DEMENTIA MATE WAREWARE - IS THE OUTLOOK BRIGHTER?

**In the past, a dementia diagnosis has been seen as a fast track into a care home; today, there are new research studies and innovations to support those living with dementia, and hopefully bring us a few steps closer to a cure.**

Research into dementia has come a long way. There is a focus on efforts to improve brain health before the disease progresses. Lifestyle and environmental factors have been shown to improve our brain health, with such changes possibly explaining recent reductions in the risk of dementia found in some overseas studies. There have also been clinical trials of new drugs that work to slow down disease progression, rather than only improve symptoms.

The IDEA study (Impact of Dementia mate wareware and Equity in Aotearoa) is gaining a more complete picture of dementia in New Zealand so culturally appropriate services can be developed for our diverse population. The government is supporting the Dementia Mate Wareware Action Plan by funding pilot programmes in some regions to provide new post-diagnosis support, Cognitive Stimulation Therapy, and respite services for family/whānau acting as carers.

An early diagnosis is vital to access therapies, medications, education and

support services as soon as possible.

## **Improve your brain health**

- Protect your head against injury.
- Avoid or limit toxins like smoking/vaping, alcohol, exposure to air pollution.
- Keep existing conditions well-controlled; in particular diabetes, high blood pressure and depression.
- Check your hearing and get hearing aids as early as possible.
- Stay connected with friends and family/whānau.
- Keep learning new skills.
- Maintain a healthy weight.
- Stay active with light aerobic and strength/balance exercises.

While we can do everything 'right' and live as healthily as possible, not everything is under our control and some of us will still develop dementia. We can always help our brain to be as healthy as possible, dementia or not.

**What to do** If you're worried about your brain health, note any worrying occurrences (such as brain fade, confusion, difficulty problem solving, or feeling fearful about what's going on) and book an extended appointment with your doctor. Take a support person if possible. Your doctor will use a range of diagnostic and medical tests to rule out alternative causes of your symptoms. Normal ageing affects our short-term memory so it's important to know that general forgetfulness is not a sign of dementia.

## **FIND OUT MORE**

**Alzheimers New Zealand**  
Freephone 0800 004 001

**Dementia New Zealand**  
Freephone 0800 433 636

*If you are living with dementia or supporting someone, you are not alone...your nearest support provider is just a phone call away.*

## Dementia Hawkes Bay

### Hastings office:

102-106 Windsor Avenue

Hastings

(06) 878 7502

### Napier office:

1 Wilding Avenue, Marewa, Napier

(06) 834 0417

admin@dementiahb.org.nz

www.dementiahb.org.nz



## WHAT WE DO.....

- ✓ Support
- ✓ Advocacy
- ✓ Education
- ✓ Resources

## Alzheimers Whanganui

Suite 4

236 Victoria Avenue

Whanganui

(06) 345 8833

admin@alzheimerswhanganui.org.nz

www.alzheimers.org.nz/whanganui



## Alzheimers Manawatu

Marion Kennedy Centre

642 Featherston Street

Palmerston North, 4414

(06) 357 9539 ext 202

manawatu@alz-man.org.nz

www.alzheimersmanawatu.org



## Dementia Wellington

### Hutt Hub:

55 Hutt Road

Petone

**Waikanae:** Office A/Level 1

9 Mahara Place, Waikanae

(04) 972 2595

admin@dementiawellington.org.nz

www.dementiawellington.org.nz



## Alzheimers Wairarapa

Doug Lamb building

Solway Showgrounds

Corner York & Fleet Streets

Masterton

(06) 377 7522

referrals@alzheimerswairarapa.co.nz

www.alzheimerswairarapa.co.nz



**Dementia New Zealand** dementia.nz 0800 433 636

**Alzheimers New Zealand** alzheimers.org.nz 0800 004 001



# Finding parts of life hard to grasp?

**Help for those with dementia  
is at hand**

While a diagnosis of dementia is undoubtedly life changing, it doesn't have to change your ability to live life to the full. With the right support in place, you can remain as independent as possible and continue living a life you enjoy.

Getting diagnosed early gives you and your family/whānau peace of mind in knowing what is going on, allows you access to services and support, and gives you time to plan for the future.



# FACING UP TO ELDER ABUSE

**It comes in many forms and afflicts many families but it can be stopped. New Zealand is facing up to its record on elder abuse and help is available. It's okay to reach out – you are not alone.**

Elder abuse is common in our homes and community. Sadly, as many as one in 10 older people will experience some kind of elder abuse every year - and in most cases, this abuse isn't recognised or is ignored. We know it's hard to ask for help, regardless of whether you're the person being treated in this way or the person behaving in this way. Fears of being ashamed or upsetting family/whānau will often prevent action being taken. The older person may think no one will believe them, that it's not that bad or it's all their fault. Both parties may feel trapped.

Every situation is unique and so is the solution. A skilled and experienced elder abuse worker will help you find your way through this. They understand, for most people, family/whānau are important. They will work with you, and family/whānau where possible, so you each get the help and support you need. They will also help you dispel wrong messages you may have been getting about your worth and rights, so that you are better able to make the decisions you need for yourself and those you love.

There are six types of elder abuse:

**Financial** abuse is the inappropriate,

## WHERE TO GET HELP

If there is immediate danger, call 111. If you are being abused or know someone who is, phone the free helpline 0800 32 668 65, text 5032, or contact your local Elder Abuse Response Service below.

### ***Hawke's Bay***

#### **Age Concern Hawke's Bay**

(06) 870 9060 (Hastings)

(06) 858 9158 (Central Hawke's Bay)

#### **Age Concern Wairoa**

027 358 2493

### ***Manawatū/Whanganui***

#### **Age Concern Horowhenua**

(06) 367 2181

#### **Age Concern Palmerston North & Districts**

(06) 355 2832

#### **Tararua Community Services**

(06) 376 7608 (Tararua District)

#### **Age Concern Whanganui**

(06) 345 1799

### ***Wairarapa***

#### **Age Concern Wairarapa**

(06) 377 0066

### ***Greater Wellington***

#### **Te Whare Tiaki**

(04) 237 7027 (Porirua district)

*Cultural service for Māori, Pacific, Asian, Middle Eastern and migrant communities.*

#### **Wesley Community Action**

(04) 805 0880

illegal or improper exploitation of the funds or property of the older person. This may be without their consent, or if consent is given, it may be under

pressure. Threats may be made or PIN numbers demanded; family/whānau may move in and take over the older person's home; there may be a sale of property or loans given under pressure that disadvantage the older person.

**Neglect** is the failure to provide the necessities of life, such as adequate meals, heating or clothing. Active neglect is the conscious withholding of such necessities. Passive neglect often results from a carer's failure to provide those necessities because of their own lack of information or a refusal to follow the directions of health professionals. Self-neglect involves the older person neglecting their own needs.

**Emotional and/or psychological** abuse involves behaviour that causes mental or emotional anguish or fear. It may involve humiliation, intimidation, threats or removal of decision-making powers.

**Physical** abuse is behaviour that causes injury or pain and includes actions such as slapping, hitting, bruising, squeezing, restraining, burning and inappropriate use or withholding of medication.

**Sexual** abuse involves inappropriate touching and unwanted sexual contact. Threats or force may be used.

**Institutional** abuse involves the policies and practices of organisations that negatively affect the wellbeing and the rights of older people.

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

Dependency issues, a change in who makes decisions, loneliness and ageism all play a part. Those who cross the line may justify their behaviour to themselves – "I can do what I like

in my own home"; "It's not one else's business"; "They'd be in a rest home if it wasn't for me". They may tell themselves it's not theft but payment for what they do, or that they're going to inherit the money anyway. Other times there may be a lack of awareness or disregard of the needs and rights of the older person and the process of ageing. For example, not understanding that Koro needs help with taking pills, eating or personal care; or that Grandma cannot be responsible for childcare and needs the opportunity to get out of the house; or that it's best for Nana to be up and dressed each day if possible; or that the pension is for Poppa's needs.

Issues of financial or carer stress, household overcrowding, mental health problems or drug and/or alcohol problems can add to the stress, making it harder to face the situation.

## Most elder abuse is hidden in plain sight

CALL OUR FREE HELPLINE

# ELDER ABUSE IT'S NOT OK

SPEAK OUT

0800 326 6865

support@elderabuse.nz | text: 5032



Te Tari Kaumātua  
Office for Seniors

New Zealand Government

# ASSET RICH CASH POOR

**For many New Zealanders being asset rich but cash poor is an enviable position to be in; however, for homeowners in this position getting access to their potential funds in later life can be a real problem.**

It's one thing to own a million-dollar home but if you can't afford the maintenance, or have the financial ability to do the things you want to (travel to see grandchildren, buy in some extra help etc.) then you might be casting around for a solution. There have been a number of suggested solutions to this dilemma over the years and no doubt others will continue to emerge.

**Downsizing** While this sounds like a good option, research has shown that it may not deliver as much benefit as hoped for, or for as long as hoped. A common scenario is that the family home may have been built 45-50 years ago, is uninsulated with single glazing, hard to heat, needs renovating, and tending the garden is too hard now, or if more modern perhaps it was built during the 'leaky home' period.

What you want is a more affordable, modern, compact, low maintenance, easily accessible, warm home in the same area, handy to services, etc. Homes meeting these criteria can be hard to find. The new home could cost as much as is realised in the sale of the old, so careful, thoughtful decision-making is needed.

For some people, retirement villages can become an attractive option. It's important to do your research to make sure it's the right step for you. Some people thrive in village living but, like anything in life, it's not for everyone. Be aware that buying into a retirement village can be a one-way decision as capital loss may restrict your ability to re-enter the property market.

Selling and renting is another option but that exposes you to fluctuations of the market and a different set of issues.

Disappointingly, research shows any freed-up capital may not last as long as you might expect either. Be aware that funds freed up from the sale of your home may also impact eligibility for the RCS should you ever need residential care.

## **Equity release/reverse mortgage**

The concept of home equity release involves converting a portion of your home's value into cash, while still allowing you to live there. When you sell the home or die, the full loan plus interest has to be repaid. Currently the two main providers are Heartland and SBS banks. As this service operates by anticipating the future (which, as we've seen recently can be very unpredictable) it makes the risk of lending high and the cost of borrowing expensive. Withdrawals are structured according to each bank's level of lending, for example, a percentage of the home's value based on the age of the borrower. Once arranged, you have a debt with growing interest. Interest rates are generally floating and compounding so are high and grow quickly.

So, who is this type of arrangement most suited to? You must be over 60

and mortgage free (or almost). Many Financial Advisors think it is best suited to those who are older (having a shorter period over which interest accrues) and for specific reasons with clearly defined budgets e.g., home renovation, access and safety upgrades to the house, buying in more care assistance, replacing a car, medical or surgical treatment.

You must obtain legal advice before proceeding. Your lawyer will ensure that you are clear about the risk and will also ensure that the product contains clauses such as:

- A No Negative Equity Guarantee – ensures you won't owe any more than the net sale of the home.
- That if you are a couple, you both are on the mortgage contract – ensures that a remaining or surviving person can remain in the home.
- Lifetime occupancy guarantee – ensures you have the right to live there for your lifetime.
- Loan repayment guarantee – ensures you never have to make any repayments until you die or sell your home.

Taking out an Equity Release will mean your future options will be limited so get independent financial advice and do your sums. Know how different borrowing and interest rate scenarios will work out. Avoid borrowing more than you need. Ideally, keep family/whānau informed of your intentions. It will help to avoid potential problems in the future. Understand what will be available to your estate.

### Other options

- Some people borrow or sell to family/whānau to free up cash. If this is an option for you, see your lawyer

who will make sure everything is discussed, understood and well documented.

- Council Rates Relief (a different offering to the rates rebate - see page 15). Contact your local council.
- Subdividing is now an easier option for those with larger sections.

Finally, while these options seem to have a number of downsides, they can work well for those who have done their homework.

An accredited Financial Advisor will help you decide what's right for you.

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This article is not financial advice nor a recommendation to buy any product. It is for general information only and any financial products discussed here do not take account of individual personal circumstances and will not be suitable for all readers. You should seek financial advice before purchasing any financial product.



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# PLANNING PUTS YOU IN CONTROL

**It's confronting to think about and plan for our final days but doing so can help put our mind at rest. Spelling it all out in a plan helps ensure our wishes are acted on.**

Thinking about and planning for the end of our life is something many of us would rather not do. Often, though, 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 that any plans 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 you do this so your wishes are known. If you die without having made a Will, your property is distributed according to the terms laid down in law, which may not be as you would wish. This is usually more costly to your estate and a slower process.

It's important to make a new Will

whenever your circumstances change, such as leaving a relationship or entering into a new one, or if you have children or have purchased any appreciating assets. It is advisable to consult a specialist when looking to make a Will. Ask about the cost. Some organisations or lawyers may do this for free if they are also named as the executor of the estate. However, often administration costs are more than if you had paid for this in the first instance. You can also make a 'do it yourself' Will, but you need to investigate this fully and comply with certain criteria in order for it to be deemed valid.

**Advance Care Planning** An Advance Care Plan, or ACP, spells out to family/whānau, those closest to you, those who hold your EPA (page 36), and your GP your intentions and wishes with regard to your future healthcare needs. Your wishes may be more detailed in your Advance Directive. Workbooks have been designed to guide you through the process. A template is available on the Advance Care Planning | Tō tātou reo website [www.myacp.org.nz](http://www.myacp.org.nz). If you don't use the internet, ask your healthcare team where you can get a paper copy.

## **Living Will or Advance Directive**

A Living Will or Advance Directive conveys your wishes should you not be able to speak for yourself: for example, if you are unconscious and decisions need to be made. It allows you to indicate what sort of treatment/s you would like and/or the situations that you would not give your consent to.

In reality, thinking through each possible situation can be complex, time-consuming and difficult. It's



important therefore to discuss this with your GP. While you may wish to refuse medical treatment, which is a right under the Code of Health and Disability Services Consumers' Rights, the doctors following your directives must act within the law. They need to be assured that you were competent to make the decision at the time, that you were sufficiently informed and that you weren't being pressured. They will also need to establish whether the directive applies to the situation at hand.

You can therefore understand the importance of making a written, dated and signed directive (even though this is not compulsory), frequently reviewing it, and regularly discussing the subject with those closest to you.

**Funeral planning** Many people like to have a say as to what happens after their death. Planning 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. There are many things to consider. If you want a funeral, who will arrange it? Would you use a preferred funeral director or is something informal desired? You can plan it all yourself but this option requires more consideration, investigation (the internet is very useful for this topic) and planning.

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). Do you have any special requests? Do you want to be buried or cremated? Is there a charity you would like to ask people to donate to?

Lack of knowledge about cultural

## PREPAID FUNERAL

Peace of mind is often a big factor in the decision to prepay for your funeral. Most funeral companies provide helpful booklets on this and other bereavement issues, some of which are comprehensive and informative. A prepaid funeral can be with a funeral director or a trust company. Ask:

- How secure is my investment?
- What happens if the funeral company ceases operation?
- Can the fund move with me if I move to another part of the country?
- Are there circumstances in which the estate would have to pay more?

If you are being assessed for an RCS, up to \$10,000 (per person if a couple) for a prepaid funeral is exempt from the asset test.

### Funeral insurance is different.

Get financial advice and do your research. Consumer NZ and MoneyHub NZ are great resources.

differences and requirements can also have unexpected outcomes for mourners. If this might be an issue, prepare them for the possibility. In Māori culture, it is an honour for the deceased to return to their home marae, so extended whānau/family may arrive to discuss this with the bereaved. Other cultures will require a quick burial.

Some people choose not to have a funeral for a variety of reasons. If you choose not to have a funeral and have family/whānau and friends who might expect some sort of farewell, let them know. They may like to arrange something else by way of remembrance.

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care for everyone?**

**You can...**

With a gift in your Will, you can help provide vital emotional and practical support for families facing cancer and help fund lifesaving cancer research for future generations.



If you are interested in learning about leaving a gift in your Will for the Cancer Society call **06 356 4011**, email [mail@cancercd.org.nz](mailto:mail@cancercd.org.nz), or mail **135 Ruahine Street, Roslyn, Palmerston North, 4414**.

Or go to [www.cancer.org.nz/get-involved/other-ways-of-supporting/a-gift-in-your-will](http://www.cancer.org.nz/get-involved/other-ways-of-supporting/a-gift-in-your-will)

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Audiology

# DIGNITY AT END OF LIFE

**End of life care is an important service in New Zealand. Reaching out early on for help allows care specialists to better understand your needs and respond suitably.**

When we or someone close to us is dying, we want to know this can be done peacefully, comfortably and with dignity. Knowing your options, and where to go for help, can be the key to managing this in a way that fits well with you and those closest to you.

**Your own support systems** Gathering a range of support around you can be helpful. This may include those you feel most supported by, those who know you most intimately, and those who can offer expertise and/or support in other ways, like meals, transport or friendship. As time progresses family members and/or those close to you often become skilled at understanding your unique need. They may therefore become your best advocates if the need arises. Remember, they need support and time out too, to recharge their own batteries (page 82).

While having your own support crew is great, most people need more specialised support at various times. This is commonly provided by members of a palliative care team. Ask your GP to refer you if this has not been done. An interRAI Palliative Care assessment may be advised.

**Palliative care** is a specialist type of care that focuses on the person and

their support networks. It takes a holistic approach, incorporating medical and nursing care with psychological, social and spiritual components. It aims to provide comfort and dignity to people and their loved ones by maximising quality of life, managing symptoms, and offering individual care and support. Palliative care is commonly associated with hospice, although it can also be provided by trained hospital teams, some GPs, home-based support services, district nurses, staff at a residential care home, specialist nurses, or hospice staff working in the community. They will help you understand treatments such as chemotherapy and radiotherapy, assist with managing any distressing complications, and provide education for you and your loved ones.

Palliative care specialists understand the emotional rollercoaster you may experience and are trained to respond sensitively and appropriately. They can provide practical support, like ensuring you have the necessary equipment for your care, be a listening ear, assist you to achieve goals (such as catching up with a special friend or writing a book of memories), and offer support to help families cope during your illness and, later, in their own bereavement. Don't be afraid to ask a palliative care advisor for help.

**Residential care** If remaining at home ceases to be an option, you may need to move to a care home. Payment and funding rules vary - ask your local provider about how this is funded in your region. 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. Ask

your service coordinator about what applies in your situation. Work and Income can clarify queries on residential care payments.

**Hospice** staff and their associated palliative care and volunteer teams are skilled at delivering end of life care. Hospice often provide inpatient services for respite, symptom and pain management, or support if their care cannot be provided elsewhere. At the end of life, some people may have the option to spend time in a hospice. While Hospice NZ do not agree with assisted dying, they will continue to support people regardless of their beliefs. Find practical resources 'A Hospice Guide for Carers' and 'The Palliative Care Handbook' at [www.hospice.org.nz](http://www.hospice.org.nz).

**Assisted dying** The decision to receive assisted dying is entirely yours and you should never feel pressured by anyone including a friend or family member. You can also change your mind at any time. You must first raise the subject with your doctor as they are not permitted to raise it with you. If you find your doctor unwilling to assist you through this journey, you have the right to choose another one who will. The SCENZ Group maintains lists and contact details of medical practitioners and psychiatrists willing to provide parts of the assisted dying services. Freephone 0800 223 852.

The End of Life Choice Act 2019 came into law in New Zealand on 7 November 2021. This means that those over 18 who experience unbearable suffering from a terminal illness can legally ask for medical assistance to end their lives. The legislation sets tight

## HOSPICES IN YOUR AREA

In this region, specialist palliative services are delivered by hospices based in:

- Hastings (06) 878 7047
- Lower Hutt (04) 566 4535
- Masterton (06) 378 8888
- Palmerston North (06) 356 6606
- Wellington (04) 801 0006
- Whanganui (06) 349 0080

If you live in a remote area, support may be available by telephone or video call. You may also be referred to other health professionals in your area who can help.

controls on who can avail themselves of the option. Find detailed information about your rights under the Act on the Health NZ website.

**Your GP** It's important that you have clear, open communication with your GP, as they will help you understand your condition and treatment options. Ask whether they will make essential home visits (an important consideration) and their position on assisted dying. It's OK to ask for a second opinion and to go elsewhere if you feel you're not getting the service you need.

**Speaking frankly** A common concern people have is that end of life care will not adequately manage their symptoms. Research and ask questions to satisfy yourself about this (or have someone else do it and explain it in a way you feel comfortable with). You may not want to know every detail but you will want the best possible care and advice. Choose your advisors and advocates carefully, ensuring they respect your values and wishes.

# BEING PREPARED

**It's natural to fear the unknown but planning and preparation can make a huge difference to how we cope in a crisis. Use these tips to start preparing for an emergency or pandemic.**

**Natural disasters/events** What with earthquakes, wild weather, cyclones, fires and floods, New Zealand can seem like nature's playground. Extreme events such as these are becoming more common due to climate change. Here are some tips to help keep you and your loved ones safe in an emergency:

- If you haven't already, it's time to make an emergency plan. Think about who might be able to come to your aid in such an event: neighbours, nearby friends or family/whānau?
- Prepare a survival kit; include a torch and radio (plus spare batteries), charged cellphone, wind and water-proof clothing, good walking shoes, a first aid kit and essential medicines.
- You may need a smaller 'get away quick' bag too, with sensible warm clothing, footwear and basic toiletries. Attach a note to the top reminding you to take any essential items (important documents, hearing aids, glasses, medication) and put it somewhere easy to grab if you must leave in a hurry.
- In a prolonged emergency, you'll need a stock of food and water and a plan in place if you lose power, water, sewerage or other basic services.

**Pandemic planning** The COVID-19 pandemic has affected us all in one way or another and it's safe to say we are now living a 'new normal'. Yet it's not the first pandemic to hit our shores recently and it won't be the last. While we have learnt a lot, we need to stay prepared for whatever comes our way:

- Identify those who could support you if you had to isolate due to sickness. Could you be part of someone else's support crew?
- Talk to any in-home carers you have and agree in advance about what will happen if you, or they, need to isolate.
- Put together a wellness kit with face masks, hand sanitiser, gloves, tissues, rubbish bags, and cleaning products. If you become unwell, you'll also need your prescription medicine and other medicine (from a pharmacy or supermarket) to help with any symptoms.
- Stay connected with your family/whānau, friends and community (online or over the phone if you are isolating).
- Write down any household instructions someone else could easily follow if you get sick and need hospital care. Cover things like feeding pets, paying bills and watering plants.

## KEY CONTACTS

Call 111 for Police, Fire or Ambulance response during an emergency.

Call 105 for a non-emergency report.

Regional Emergency Management:

- Hawke's Bay (06) 835 9200
- Manawatū-Whanganui (06) 952 2800
- Wellington (04) 830 4279

Call Healthline on 0800 611 116 or your GP for health advice.



# COPING WITH GRIEF

**Everyone experiences grief differently and there is no right or wrong way to feel. While it can seem overwhelming at times, there is light at the end of the tunnel.**

Grief is often associated with losing a loved one (which is an incredibly tough thing to experience), although loss can come in many forms. Some of us may experience a loss of independence (such as experiencing decreasing mobility or transitioning into care) while others may be faced with a life-changing health diagnosis.

Everyone experiences grief differently; there is no right or wrong way to feel and, until we are in it, we don't know how we will react. The size of our grief is often relative to the size of our loss. The death of a partner or companion (such as a friend or a pet) is not an event to 'move on' from, as the impact of that loss will be ongoing. Grief can accumulate over a period of time and be inflamed by specific incidences (coming across a power bill in your partner's name, for example). There are actions we can take to ensure grief doesn't rule our lives.

Firstly, it's important that you are an active participant in your own grieving process. Give yourself permission to acknowledge how you feel; some people will experience anger, sadness or hopelessness for example, while others may feel a physical weight or emptiness in their body. Accepting your grief

allows you to begin separating how you feel from who you are; "I feel angry" rather "I am angry". It's a subtle shift in mindset but one that gives you space to take a breath and reflect on your situation from a distance.

Guilt is a common reaction to grief too; some of us may experience thoughts of "it should have been me" or feel ashamed for enjoying ourselves in the absence of others. While these responses are normal, they can keep us stuck in an unhealthy cycle of grief. You don't need to diminish the negatives to accept the positives in your life. Think about the support you have, the things you can look forward to tomorrow, next week or even next year, and give yourself permission to be happy about even the smallest things. It's important not to lose what you have to what you have lost.

As we get older, we can become less willing to share our feelings with others, so as to not 'burden' them with our problems. But it's important to share your grief; you'll find that you're not alone in what you're going through. If you feel comfortable, open up to loved ones about how you're feeling (as they may also be coping with their own grief). Otherwise, talking to someone impartial can help share the load - this could be a counsellor, social worker or a trusted member of your community, such as a leader from your spiritual/religious group.

## **YOU'RE NOT ALONE:**

Freephone or text 1737 to talk to a trained counsellor 24 hours a day, 7 days a week.

# KNOW YOUR OPTIONS

**A health condition or decreasing ability shouldn't necessarily compromise your wellbeing or ability to live as independently as possible. An interRAI assessment can identify what might bring an improvement and whether support services would help.**

**P**at and Chris have each been referred for an interRAI assessment and the time has come for their appointments. Both are understandably a little anxious about the assessment process but have been assured by their respective GPs that the outcome will provide a clear idea of what is best for them and their situation.

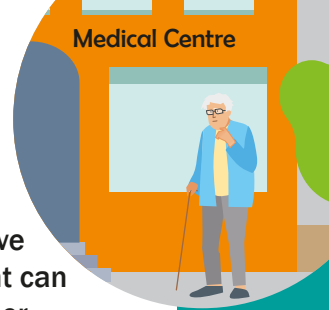
interRAI is an internationally recognised, computer-based assessment programme used throughout New Zealand to assess a person's needs, both in the community and in care homes. The assessment is completely confidential to you, your healthcare professionals and those you allow to see it. It focuses on what you can do, your abilities and how you function. This gives all health professionals involved in your support and care a clear picture of your situation.

Pat's assessment comes after having a slight stroke earlier in the year and has waited almost six months for an assessment. While Pat doesn't qualify for funded assistance, Pat now has a better understanding of what's going to help with recovery. Pat has been encouraged to attend some strength and balance classes (which happen weekly in the village gymnasium) and to gradually get back into swimming.

Chris' assessment has been fast-tracked following a tough week. Declining mobility is making everyday tasks, like cooking and cleaning, increasingly difficult, even with more help from friends and the son who lives nearby. While Chris felt embarrassed about being assessed, the outcome has been a blessing: Chris now has meals delivered and a carer to assist with tasks around the house (although Chris still feels increasingly isolated). While home support is ideal at present, a reassessment in the future will ensure Chris continues to receive the right level of care.

## **Learn more about Pat and Chris's interRAI journeys:**

- Find out how an interRAI assessment works on page 62.
- Discover a flowchart explaining the interRAI process and possible outcomes on page 64.
- How will Pat and Chris pay for any services they might require? Turn to page 65.



# INTERRAI: HOW DOES IT WORK?

**An assessment tool called interRAI helps older people access the services they need while helping health and sector professionals find out more about the needs of all New Zealanders.**

An assessment is not a test but a way to get the advice and/or support you need. You may be referred for an interRAI assessment or you can self-refer via older person's services (page 9). If you want or need to access publicly funded services, it is a requirement to have an assessment. The process begins with a health professional talking with you and your family/whānau or carers, making observations and referring to other clinical information. The assessment covers areas such as your physical, mental and spiritual wellbeing, health conditions, activities, medications and living circumstances.

Using this information, the assessor creates a profile of your needs. This profile is available to those who need to be involved in your further care so they are properly informed when planning your care with you.

Assessments are completed by registered health professionals, skilled in older people's health, who are trained interRAI assessors. These professionals are part of a service that may also be known as NASC or CCC and are often based at your local hospital, in home and community support agencies, and at residential care homes. Assessments

## ASSESSMENT OVERVIEW

- Assessment and service coordination are free to NZ citizens and those residents eligible for publicly funded services.
- Those with greater needs are given priority.
- It should be done as soon as possible after referral but there may be a waiting list. If you can't manage or need further help during that time, go back to your local older person's service (page 9), healthcare service or GP. In an emergency, call 111.
- It should be done in a culturally appropriate way and a trusting relationship established. A support person is often helpful.
- If your assessment identifies health conditions that require attention, these should be addressed.
- Be honest about any difficulties you may have.
- You can ask for a review if you do not agree with the outcome or the recommendations.
- Funded support services are reviewed regularly and as required.
- If your needs change, you will need a reassessment.
- If your circumstances (including financial) change, let your older person's service know.

are done in person, usually in the place you live, or occasionally over the phone. You can have a support person with you during the assessment.

An interRAI assessment does not

determine the range, type, or hours of services to be allocated; however, it informs the resulting Care Plan, which will be worked out with you.

The person coordinating your services will discuss what formal services you may receive and who might provide them. Your support system will include informal support from family/whānau, friends, the community and other agencies. As important decisions may be made at this time, it is helpful to include those closest to you in any discussions.

Your support may also include personal care, household/domestic assistance, equipment to make essential daily activities easier for you to complete, and carer support (if applicable).

While the goal is to help you live as safely and independently as possible at

home, sometimes residential care may be considered. The person who is coordinating your services can authorise entry into a care home.

Several criteria determine what you pay for and what is publicly funded/subsidised. Eligibility factors include your assessed need, whether the service is considered to be essential, and whether you are able to pay (those who have a Community Services Card are usually eligible). Just what 'essential' means varies from person to person so make sure you let your assessor know what an essential service is for you.

The aim of the health system is to be more equitable and responsive to your needs so if the service you want can not be funded, it will be noted. If you can afford it, you can pay privately for services. Also see pages 65, 73 & 129.

### Rest home • Hospital Independent villas



## AROHA CARE CENTRE

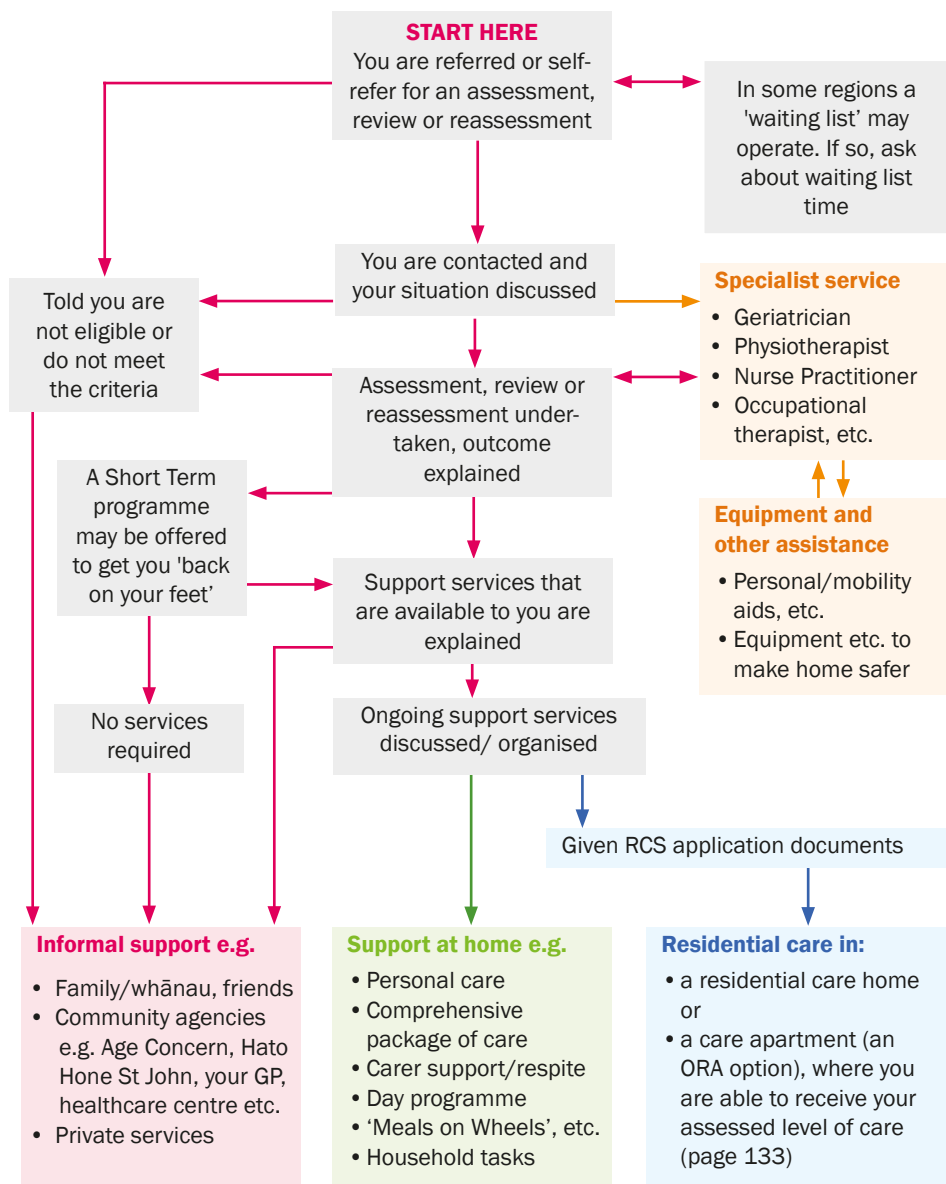
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# ASSESSMENT PROCESS & POSSIBLE OUTCOMES



Let your service provider or older person's service (page 9) 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
<b>Informal support</b>	<b>Ask for information about services you think might be helpful</b>	
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 ask for a private contribution.	Pages 18, 30
<b>Home support</b>	<b>You will be advised about your eligibility, etc.</b>	
Household tasks	May be funded for those who have an identified need and who hold a Community Services Card; may be restricted to those with high and complex needs. Household members are encouraged to assist. Private payment is an option.	Pages 68-69 73-78
Personal care	Usually funded for those with complex needs and for others if assessed as required. Private payment an option.	Pages 68-69 73-78
'Higher needs' support	Support services adjusted as required. A care/case manager/navigator is often allocated to support you.	Page 73
Carer Support & Respite programmes	Usually funded if allocated; may require private 'top-up'. Residential care beds usually accessed on an 'as available' basis. Private payment an option. In some areas, advance booking may be possible.	Pages 82-84
Day programme	Usually funded if allocated; may require private 'top-up' or transport fee. Private payment an option.	Pages 85-88
Meals on Wheels (delivered)	Not available in all locations; may be subsidised if allocated; usually with small additional payment.	
<b>Equipment etc.</b>	<b>Your older person's service may make a referral</b>	
Personal/mobility aids	May be funded if eligible. Private payment an option.	Page 25
Equipment, etc. to make home safer	May be funded if eligible. Private payment an option.	Page 25
<b>Residential care</b>	<b>You will be advised about your eligibility, etc.</b>	
Rest home Dementia care Hospital Psychogeriatric	Private payment; Residential Care Loan; Residential Care Subsidy (RCS) if eligible.	Pages 129 144-147 151
Residential care in a care suite	Capital Contribution that you pay; ongoing private payment for weekly fees; Residential Care Loan; Residential Care Subsidy (RCS) if eligible.	Pages 121 129 144-147

\*Funded services relate to funding through the public health system



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# HELP IN YOUR HOME

**While a health issue or decreasing ability can make life more challenging, there are plenty of options available to help keep you safe and well in your own home.**



**P**at still enjoys living independently but is finding it increasingly difficult to keep the retirement villa shipshape and even the small garden (which Pat has been fastidious about upkeep) is becoming unmanageable. Pat also doesn't have the energy to walk the dog every day.

Unfortunately, Pat's daughter lives a three-hour drive away so can't help with these daily tasks and she has encouraged Pat to investigate getting help. After mentioning these worries to healthcare services, Pat has chosen to pay for someone to help tidy the house, a dog walker who comes every other day, and has asked the village gardener to help maintain the garden (services which Pat's village contract allows).

Chris' health has got worse over the past few months. As a result, Chris is struggling with day-to-day tasks, like showering and grooming. Following the interRAI reassessment, Chris' needs are great enough to qualify for residential care. This has come as quite a shock to Chris, who had decided to remain in the family home and isn't ready to leave yet. Luckily, Chris is eligible to receive increased funded services at home. This includes the assistance of a support worker twice a day, and transport to help Chris get to and from appointments. Family have been visiting more frequently and helping out where they can too. While having people come into the house took some time to get used to, these support workers have made a world of difference to Chris' daily life – and have become welcome company too. Although Chris feels lucky to still live at home, Chris would like to get out and about more often, and perhaps even meet some new friends.

## **Learn more about Pat and Chris' home support options:**

- Getting a little support when needed can make a world of difference; read more on page 68.
- What home support services might Pat and Chris access? Find out on pages 73-75.
- Discover a list of home support providers by region on pages 76-78.
- Maintaining a positive mindset can be key to a positive outcome; see page 70.
- Use the checklist on page 79 to prepare for what can be an unsettling time.
- Carers also need time out to recharge; read more on pages 82-88.

# DON'T NEED HELP YET?

**While many of us aim to be as independent as possible throughout our ageing journey, getting a little support when needed can make a world of difference.**

Modern society has encouraged us to be independent from a young age – to strive to ‘make it on our own’. And while there’s obvious value in being self-sufficient, we don’t have to go back far in history to understand that relying on others was the key to survival. Somewhere along the way, we’ve discarded interdependence in favour of looking after ourselves.

The truth is that humans need each other. Getting support when you need it shouldn’t be seen as taking away your independence; in many circumstances, it will help you regain more control over your situation. You may also be that person someone else needs for support; research suggests that being involved with others is good for our physical and mental health. This mutuality may be the chain that links independence and interdependence.

These tips may help you retain your independence and provide ideas for how you can be there for others:

- Stay connected to your friends, family/whānau and community as much as possible and take up offers of help when you need it. Also, see what you can do for others. Don’t underestimate the value of a phone call.

## HOW FAMILIES CAN HELP

It can be hard watching a loved one struggling to do things for themselves; it may trigger a host of emotions. You may be worried for them, sad, or frustrated that you’ve been trying to get support for them for a long time. You may be angry about past decisions or concerned about family/whānau dynamics.

While various family/whānau members will have ideas about what should happen next, so will your loved one. What they choose to do may be different to what you might want. For some, being surrounded by things they love may be more important than having a tidy home; while for others, maintaining relationships and connections will be most beneficial.

An assessment (page 62) will give a good understanding of what is needed for your loved one to live a safe and good life. Formal support services may be provided following the assessment; can you work in with or supplement these? Those who are unable to help may be able to contribute by buying extra support services. You may be surprised at what you can achieve together, if you plan well.

At times like this, family/whānau dynamics can come under pressure but a common purpose will help you work it out. Be clear about what you can offer, respect your differences, show goodwill, share information and avoid difficult conversations when stressed.

- Be as active as you can. This helps to improve your physical health, maximises your skills and abilities, boosts your confidence and increases the chemicals in your brain that improve your mood.

- Get enough sleep, reduce your alcohol intake and eat healthily. Eat with others when you can; make an easy lunch to share with a friend.

- Getting out and about is important.

Ask NZ Transport Agency | Waka Kotahi (0800 822 422) and Age Concern about driver resources.

Specialist driving/taxi services are invaluable to many people. You may qualify for subsidised taxi vouchers through the Total Mobility Scheme. Public transport (SuperGold Card reduced fares) or a mobility scooter may be an option.

- Make housework as manageable as possible. Perhaps you need someone

to work alongside you on cleaning and decluttering so you can feel on top of things: Age Concern will know who provides these services.

- Build a good relationship with your healthcare team. They need to know what's going on so they can best advise and support you now, and in the future. Have you told your GP about anything that's worrying you? Being actively involved in your healthcare helps you maintain your independence.

- You may be eligible for extra funding assistance for disability-related expenses. MSD manages specialised funding, like the Disability Allowance (page 15). Discuss this with your doctor, as they need to complete a doctor's certificate as part of your application.

- Visit a mobility and equipment shop. You may find something you need now or it may help you plan for the future.



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# MANAGING YOUR MINDSET

**Life is full of times when we shift from one stage to another and as we get older, these transitions can feel increasingly disempowering. Yet this certainly doesn't mean it's time to lose heart; you may just require a mindset shift.**

Facing change at any age can be stressful but it can be particularly distressing as we get older. It may be difficult at first to accept that you need extra support; it's a big change after all, especially if you've been used to doing most things for yourself. It's only natural to feel anxious about what lies ahead but falling into patterns of negative thinking can impact both your mental and physical health.

This won't be the first time you've navigated a major life event; whether it was a new career, starting a family, moving to a new city or country, or dealing with loss for example. Think back to those times and draw on the strategies you used that helped you cope then.

One thing that helps is to celebrate the positives. It can be easy to get bogged down in negative thoughts, especially if you feel you have lost some independence. Instead, think about how the extra support might give you the opportunity to do things you enjoy most - such as discovering new ways of staying in touch with friends/whānau and socialising when it's likely these things have fallen away.

Adjusting your expectations and being comfortable taking each day as it comes may be new strategies to add to your coping toolbox. There are some tools we can take from Cognitive Behavioural Therapy (a common type of talk therapy) to help.

It's important to understand that our feelings and our thoughts are two different things and that they influence how we behave and what we choose to do. While feeling frustrated, annoyed, or overwhelmed is normal, we can get ourselves into trouble when we let ourselves be ruled by our emotions. If it all feels a bit much, try setting your feelings aside for a bit – even for 15 minutes at a time. Have you ever been told to 'sleep on' big decisions? It's the same idea - when we are too deep in the moment, it can be hard for us to think clearly. Make yourself a cuppa, read a magazine or phone a friend for example; this will help put you in a mindset that allows you to distance yourself from your feelings.

While it can feel distressing in the moment, you'll likely find that getting the right support at the right time is far better than waiting for things to happen haphazardly. It's about managing your mindset. The Scots sum it up well with their saying: "There's no such thing as bad weather, only the wrong clothes".

The key is to put a strategy in place to ensure you understand the path ahead. Planning will help you feel more in control of the situation and it will nurture your independence.

Lastly, always remember to be kind to yourself, as well as to those supporting you. Take time to do the things that bring you joy and maintain your social and community connections.

# Chris and Pat The Home Support Journey

**Chris** lives alone in the family home and in a community where there is little local informal support. Chris is finding it difficult to manage these days.

**Pat** lives alone within a retirement community and is beginning to think help is needed. Pat's options are dependent on the retirement village contract.

**Pat and Chris** have been assessed (see page 62) and need some **Support Services**.

## What are Chris and Pat's options?

Some services may be subsidised e.g. personal care. In some situations, their own financial resources may be considered and private payment required.

### Support may include...

- ☐ Personal care
- ☐ Equipment
- ☐ Carer support
- ☐ Home modifications
- ☐ Domestic help
- ☐ Respite care
- ☐ Palliative care
- ☐ Day programme

Chris is eligible for funded support

If the village contract shows Pat has agreed to in-house nursing/support packages, Pat will pay privately for these services.

**If an Event occurs...**  
(e.g. a health event or social problem) it may trigger a reassessment and services may change.

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\*Terms and conditions apply.

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# WHAT SUPPORT CAN I GET?

**With the right support at home, you can live as safely and independently as possible. This usually involves support for your personal and practical needs.**

Personal care relates to services of a personal nature, such as assistance with showering and toileting, registered nurse input, and support for your carer (if you have one). Practical services are of a domestic nature and may include help with housework, meal preparation, and grocery shopping.

These services can be paid for by private payment, public funding (a subsidised service), or a mix of both.

**Note:** short-term intensive support programmes and ACC services are managed and funded differently to the following.

## **Publicly subsidised (funded) services**

If you want to access funded services, then you have to be assessed as needing these (page 62). If you haven't been assessed, ask your GP to refer you or contact your local older person's service (page 9) directly to request this.

As you can imagine, rules apply to funded services. Most eligible people receive a standard type of service. You can top up or add services you want by privately paying for them.

Those with complex and higher needs are given priority and extra support, if needed. All services are reviewed regularly and when/if your needs change.

If your assessment shows you need help with your personal care, this is generally funded regardless of your financial circumstances.

The funding of practical needs is treated differently and the availability of informal family support and your ability to pay is taken into consideration. You may be eligible for funded support if all of the following apply:

- You have a Community Services Card. You are responsible for advising MSD if your eligibility for your Community Services Card changes.
- You also receive other services, such as personal care.
- Your assessment shows you need it and have no other alternatives.

**Private services** Choosing a private service can give you greater flexibility and control over the services you receive. A wider range of services may be available to you, such as dog walking and regular outings, for example. You can also determine when these services are provided, and usually choose your preferred support worker.

**Choosing your provider** If you are privately paying, contact the agency of your choice directly.

If your service is funded, you will usually be able to choose a home support agency from a small list of contracted health providers. In some cases, a home support provider can 'employ' a family/whānau member/s chosen by you to provide your personal and practical care. They receive the same training and benefits as other agency employees.

## **What happens next**

- A person from the agency will contact or meet with you (and your family/whānau if you choose) to talk-

## LET'S SET SOME RULES

Having clear boundaries about what's OK, and what's not, is important. Regardless of the funding arrangement, your support worker should:

- provide services in a culturally sensitive and appropriate way.
- arrive on time and leave when the planned tasks have been done.
- never access your bank account or your money, know your PIN numbers, or take or use any of your things for their own purpose.
- never threaten you or make you feel uncomfortable. This behaviour is not OK and must be addressed.

See pages 12 and 50 for more information.

about what you need and how this can be arranged.

- You will be asked to sign a contract which includes conditions for service and any payment details that apply.
- A support/Care Plan will be written up, which may include goals you want to achieve; these will differ for everyone. Breaking your goals down into achievable targets will help you measure improvement: for example, this may be aiming to walk a little further or longer each day.
- When you have agreed on the plan, you will be asked to sign it.
- Your service will begin. Be aware that you may see different people for different services, such as a registered nurse for clinical issues or a support worker for showering assistance.
- Commonly, home support/help agencies (especially those that provide funded services) operate a restorative

type of model/service. The aim of this type of service is to help you sustain, maximise, and even restore your skills where this is possible. This means your support worker is more likely to work with you rather than for you.

Keep copies of your contract with the agency, your support/Care Plan, and other relevant documents, such as your birth certificate, NZ Super number, Will and Enduring Powers of Attorney nearby, in an accessible, safe, and private place, as you may need to refer to these from time to time.

Occasionally things do not go as planned and you need to make a complaint. If this is not sorted out satisfactorily, or if you feel uncomfortable making a complaint to your home support agency, you can get guidance from your local Health and Disability Advocacy Service or follow the complaints process (page 12).

**Notes about private services** 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 the person who holds your EPA) do this with you or on your behalf. It's crucial to have a written and signed agreement between you and the provider or support worker.

While an informal arrangement with a friend or neighbour may sound like a good option, take care. Informal arrangements don't generally come with the same assurance offered by formal agencies (such as police and reference checks). An agency will have a complaints process, and will explain how a complaint can be made (at the agency and external to it). In an informal arrangement, you may have to resolve issues directly with the support worker.



You should also know:

- What the hourly rate is – rates differ widely. Ask if this is GST inclusive.
- Whether they have a professional management team with staff holding relevant qualifications.
- Whether they provide staff training.
- What your rights and responsibilities are, and those of support workers.
- Whether you can stop services at any time without penalty.

**Staying at home when you could go into a care home**

If you have been assessed but want to remain at home, this may be possible for some people. It greatly depends on a number of factors; such as a desire to stay at home and family/whānau/appropriate health agency support. Let health professionals know your perspective and wishes (and those of your family/whānau). To be successful, all parties need to agree.

**Equity Release** Home/property owners may investigate freeing up money via an Equity Release (page 52) to help pay for private services. This may be of particular interest for those who:

- Have minimal assessed needs, do not qualify for subsidised support, have little family or community support and who want social support.
- Need more care than is available under subsidised home support but want to stay at home. Any subsidised home support may be able to be topped up to the required amount of care by an equity release (see page 52 for details about how this works).

Ensure you get independent legal and financial advice. Once you arrange an Equity Release you reduce all other options, so don't take the decision lightly. Your professional advisor should alert you to issues.

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## HOME SUPPORT PROVIDERS

The following pages list personal care, domestic services and household management service providers in your region. Other services such as meal services, transport and home maintenance etc. are not listed. Providers who do not have an Age Related contract may have other contracts, sub-contracts, or contracts with other agencies such as ACC. These may be subsidised. If you receive private services, you will need to pay for these. See also page 73.

**Key:** \* Has a Health NZ Age Related Contract for Home Based Support Services.

Note: Contracted providers may change over the life of this book.

+ Provide short term home support.

### CAPITAL, COAST & HUTT VALLEY

PROVIDER	PHONE	AREA SERVICED
Access Community Health   Uru Ātea* <a href="#">page 33</a>	0800 284 663	Wellington, Kāpiti & Hutt Valley
Nurse Maude - Homecare* <a href="#">page 33</a>	0800 687 738	Wellington, Kāpiti & Hutt Valley
Care on Call	0800 664 422	Wellington, Kāpiti & Hutt Valley
Connie's Angels Homecare Ltd <a href="#">page 69</a>	0800 102 463	Wellington, Kāpiti & Hutt Valley
Custom Care Nursing	0508 687 737	Wellington, Kāpiti & Hutt Valley
Geneva Healthcare <a href="#">page 128</a>	0800 436 382	Wellington, Kāpiti & Hutt Valley
HealthCare NZ <a href="#">page 157</a>	0800 002 722	Wellington, Kāpiti & Hutt Valley
Healthvision <a href="#">page 75</a>	0508 733 377	Wellington, Kāpiti & Hutt Valley
Home Comfort+	0800 435 749	Wellington, Kāpiti & Hutt Valley
Life Plus	0508 543 369	Wellington, Kāpiti & Hutt Valley
Miranda Smith Homecare	0800 600 026	Wellington, Kāpiti & Hutt Valley
MyCare	(09) 887 9777	Wellington, Kāpiti & Hutt Valley
Private Care NZ <a href="#">page 38</a>	0800 555 588	Wellington, Kāpiti & Hutt Valley
Solara <a href="#">page 8</a>	0800 725 705	Wellington, Kāpiti & Hutt Valley
The Good Companion	021 717 884	Wellington & Kāpiti

### TE PAE HAUORA O RUAHINE O TARARUA MIDCENTRAL

PROVIDER	PHONE	AREA SERVICED
Geneva Healthcare* <a href="#">page 128</a>	0800 436 382	MidCentral
HealthCare NZ* <a href="#">page 157</a>	0800 002 722	MidCentral
Lavender Blue Nursing & Home Care Agency* <a href="#">page 66</a>	(06) 353 7218	MidCentral
Access Community Health   Uru Ātea <a href="#">page 33</a>	0800 284 663	MidCentral
Care on Call	0800 664 422	MidCentral

## TE PAE HAUORA O RUAHINE O TARARUA MIDCENTRAL

PROVIDER	PHONE	AREA SERVICED
Custom Care Nursing	0508 687 737	MidCentral
Healthvision <a href="#">page 75</a>	0508 733 377	MidCentral
Home Comfort+	0800 435 749	Palmerston North & surrounds
Life Plus	0508 543 369	MidCentral
Miranda Smith Homecare	0800 600 026	Horowhenua & Manawatū
MyCare	(09) 887 9777	MidCentral
Private Care <a href="#">page 38</a>	0800 555 588	MidCentral
Solora <a href="#">page 8</a>	0800 725 705	MidCentral

## TE MATAU A MĀUI HAWKE'S BAY

PROVIDER	PHONE	AREA SERVICED
Access Community Health   Uru Ātea* <a href="#">page 33</a>	0800 284 663	Hawke's Bay
Enliven Intensive Home Support* <a href="#">page 24</a>	(06) 281 2534	Hawke's Bay
HealthCare NZ* <a href="#">page 157</a>	0800 002 722	Hawke's Bay
Te Oranga Tautiaki*	0800 656 889	Hawke's Bay
Care on Call	0800 664 422	Hawke's Bay
Custom Care Nursing	0508 687 737	Hawke's Bay
Geneva Healthcare <a href="#">page 128</a>	0800 436 382	Hawke's Bay
Healthvision <a href="#">page 75</a>	0508 733 377	Hawke's Bay
Life Plus	0508 543 369	Hawke's Bay
Miranda Smith Homecare	0800 600 026	Hawke's Bay
MyCare	(09) 887 9777	Hawke's Bay
Private Care <a href="#">page 38</a>	0800 555 588	Hawke's Bay
Solora <a href="#">page 8</a>	0800 725 705	Hawke's Bay

## WAIRARAPA

PROVIDER	PHONE	AREA SERVICED
Access Community Health   Uru Ātea* <a href="#">page 33</a>	0800 284 663	Wairarapa
Community Services (Homelinks)*+	(06) 946 9803	Wairarapa
HealthCare NZ* <a href="#">page 157</a>	0800 002 722	Wairarapa
Care on Call	0800 664 422	Wairarapa
Custom Care Nursing	0508 687 737	Wairarapa
Geneva Healthcare <a href="#">page 128</a>	0800 436 382	Wairarapa

# HOME SUPPORT PROVIDERS CONTINUED

## WAIRARAPA CONTINUED

PROVIDER	PHONE	AREA SERVICED
Healthvision <a href="#">page 75</a>	0508 733 377	Wairarapa
Life Plus	0508 543 369	Wairarapa
Miranda Smith Homecare	0800 600 026	Wairarapa
MyCare	(09) 887 9777	Wairarapa
Private Care <a href="#">page 38</a>	0800 555 588	Wairarapa
Solora <a href="#">page 8</a>	0800 725 705	Wairarapa

## WHANGANUI

PROVIDER	PHONE	AREA SERVICED
Access Community Health   Uru Ātea* <a href="#">page 33</a>	0800 284 663	Whanganui, Waimarino, Taihape & Rangitikei
Geneva Healthcare* <a href="#">page 128</a>	0800 436 382	Whanganui, Waimarino, Taihape & Rangitikei
HealthCare NZ* <a href="#">page 157</a>	0800 002 722	Whanganui, Waimarino, Taihape & Rangitikei
Te Taihāhā Disability Support Services (Te Oranganui Trust)*	(06) 349 0007	Whanganui
Care on Call	0800 664 422	Whanganui & Rangitikei
Chrissy's Caregiving Ltd	(06) 343 1711	Whanganui
Custom Care Nursing	0508 687 737	Whanganui, Waimarino, Taihape & Rangitikei
Healthvision <a href="#">page 75</a>	0508 733 377	Whanganui, Waimarino, Taihape & Rangitikei
Home Sweet Home Care	(06) 927 5055	Whanganui, Rangitikei & Manawatū
Life Plus	0508 543 369	Whanganui, Waimarino, Taihape & Rangitikei
Mycare	(09) 887 9777	Whanganui, Waimarino, Taihape & Rangitikei
Private Care <a href="#">page 38</a>	0800 555 588	Whanganui, Waimarino, Taihape & Rangitikei
Solora <a href="#">page 8</a>	0800 725 705	Whanganui, Waimarino, Taihape & Rangitikei



# Home Support Checklist

Letting someone into your home to support you can feel daunting. Use this checklist to help navigate the process. Download a printable checklist at [www.eldernet.co.nz](http://www.eldernet.co.nz)

## GENERAL

- ☐ What will make life easier for you? Do you need help with housework, your personal care, or something else?
- ☐ How much can you do yourself or with some assistance? It's good to do as much for yourself as you can.
- ☐ What support do you already have from family and friends, and will this continue?
- ☐ Do you need culturally appropriate or other specific care? If so, can the agency deliver this?
- ☐ Who will work with you to develop your care plan? While your doctor or other health professionals may need to be involved, try and ensure your voice is heard.
- ☐ Who can provide the services you need? What do you know about this service provider?
- ☐ Remember to always check credentials before letting unfamiliar people into your home.
- ☐ Are you comfortable with the person you have been assigned?
- ☐ Will you have a dedicated support worker or will this person change regularly?

## PAYMENT

- ☐ Will you have to pay for support yourself or will it be subsidised? You will need to be assessed to be eligible for funded services.
- ☐ How much will it cost? Has GST been included? What is the billing process?
- ☐ Are you careful about managing finances? Never give your bank-card and PIN or large amounts of cash to anyone.
- ☐ If you live rurally or remotely, will you be charged for travel?

## CHANGES

- ☐ Do you have any choice about who will provide your service?
- ☐ Can you schedule support services to suit you across the week or month?
- ☐ Do you know who to contact if you have questions or complaints about the service?
- ☐ Do you know how to vary or stop the service if you need to?
- ☐ How often will your plan need to be reviewed? Who will do this?
- ☐ Do you know what will happen if your health needs change?





# Your independence is everything. Let's protect it.



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St John**

With a St John Medical Alarm help is never far away.

Live life on your terms with the only medical alarm that connects directly to Hato Hone St John. Whether you're at home or out and about, you get the peace of mind knowing around the clock care is at your fingertips. Discover the confidence and independence a St John Medical Alarm can bring.

**To arrange a free trial talk to your doctor or nurse, or call us on 0800 50 23 23.**



# Loving her independence

**Eighty-five-year-old Ann Sutton knows her daughters would do anything for her, but she also knows they have their own lives. "I like being as independent as I can be," she says.**

Ann was born in Oamaru and has lived there her whole life, raising her family with husband Len who has now passed away. "I married an Oamaru boy and we were happy to stay here. I had a great husband and I was lucky with that."

"I've still got family here in Oamaru. My other daughter moved away five years ago, a bit over an hour away," she says.

While raising her family, Ann had various jobs in factories, shops, a dining room, and a hotel kitchen.

After her husband died Ann downsized from their family home. When she was unable to drive due to macular degeneration, she moved again, settling into a cottage, close to the shops she needed, alongside several other little homes.

Ann feels safe and secure in her cottage, with some home help and family close by to support her but became aware that she wasn't as stable as she used to be.

She decided to get a St John Medical Alarm and after needing assistance several times, she is valuing the added security. She "doesn't want to be a nuisance" but has since realised she would be unhappy without her alarm now. As a previous Hato Hone St John supporter, she was adamant she wanted a St John Medical Alarm. "I thought if someone has to come it will be a St John ambulance, so why not just start with them?" she says.

The first time she needed the alarm she had passed out due to postural hypertension and needed to go to hospital.



Another morning she couldn't get out of bed, her hip wouldn't move, and she had to go to the hospital for a couple of days.

Then the worst came when the same hip gave way going to the bathroom, and Ann fell breaking both her hip and her arm. She spent several weeks in hospital.

"When I pushed my button, I knew I'd really done something - we needed the ambulance. One of my daughters came over too. The ambulance people came in so bright and friendly, and were so caring."

With the help of a physiotherapist, Ann has now regained strength and confidence. She was afraid to walk outside when she first came home but now tries to walk an hour a day.

It's a good feeling to have her alarm as backup, and she knows her family feels better too. She's even thinking about getting a mobile St John Medical Alarm so that she knows someone is there for her at the press of a button, wherever she is in the coming months.

**To arrange a free trial and an in-home demonstration of a St John Medical Alarm visit [stjohnalarms.nz](http://stjohnalarms.nz) or call 0800 50 23 23.**

# CARING FOR YOUR CARER

**A caring role is often stressful and no matter how strong and capable you think your carer is, they will need regular time out to recharge their physical and mental batteries.**

So, who is a carer? While usually your partner, a person may be considered a carer even if they don't live with you. A determining factor for some funding is whether the person provides more than four hours unpaid care per day.

Understanding how important it is for your carer to have a break is a big part of making care at home workable. Initially, you may only need assistance with little things but over time your needs may increase. It is important to recognise the change in the household dynamics and to regularly make time to discuss and take stock of the situation.

Successfully negotiating the changing relationships and roles in the household involves managing the care well and balancing everyone's different needs. If this can be done successfully it can be a rewarding time for all concerned and make any potentially difficult times easier for everyone.

**Family and friends** The ability of family/whānau and friends to provide support will vary. Perhaps they live far away, have other demands on their time, lack confidence, or need to be in paid work. While one family/whānau member often becomes the main carer – initially it just seems easier and less

complicated – it helps for others to be involved too. Family/whānau and interpersonal dynamics often play out at this time but it is possible to manage the less positive elements.

It's crucial to keep communicating but sometimes these conversations can be difficult. It's important therefore, when such conversations are had, that people leave them feeling the discussion has been helpful and that their opinions have been heard. Tips for helpful conversations include:

- Bringing your goodwill and a positive, constructive attitude.
- Making time for the discussion.
- Avoiding important discussions when you are feeling tired or stressed.
- Listening for longer than you talk.
- Listening without judging.
- Letting everyone have their say – unfinished sentences can easily lead to misunderstandings.
- Being prepared to compromise – sometimes the best solutions are those no one had thought of beforehand.

**Education** Research shows that providing education for carers is beneficial. It reduces stress as it improves the carer's knowledge of relevant medical conditions and often gives practical training about safety issues, such as correct lifting techniques. Carers can learn how the assessment system works and what financial and other assistance might be available. Several support organisations offer these services. They are usually free. If you cannot access a service near you, use the internet to find one or seek out relevant printed material. Ask at Age Concern.

**Resources** Think about the practical resources you already have and what

might be needed. If you have never been in this situation before, you may not know what could be useful. You can learn a lot by visiting a mobility equipment shop to have a look around and get ideas. Ask how various products work but don't feel compelled to buy. Getting subsidised equipment can be a slow process so if this is something that could be of help to you, link in with your GP and local healthcare service as soon as possible to get the ball rolling.

**Working with your carer** Any supports you receive, based on your assessment (page 62), need to work in tandem with that provided by your carer, e.g. personal care. As there is huge variation in the type of support a carer can provide, it is particularly important that everyone involved in your care understands the level of confidence, skills, strengths and abilities of your carer, ensuring they are not overloaded or, alternatively, underestimated. This person needs to be recognised as a key member of your team and included in decision-making.

**Subsidised services** Using the allocated amount and suggested types of subsidised service is a good choice, as regular and routine support is best. The person coordinating your services will be familiar with the services offered and available in your area, so are well placed to advise you. There may be financial implications, as subsidies may not cover the full cost of everything you want and there may be

additional charges for those services. Discuss any concerns about this with the person coordinating your services. Make sure you are receiving any other financial support you may be eligible for (pages 14-17).

**Time out** It is easy to get tied up in the day-to-day practicalities and this can become isolating. Try to keep life normal for you both; if possible, go to social events and day programmes, use the Total Mobility Scheme if transport assistance is needed and if you are eligible (page 17) and accept offers of help. Caring relationships are usually based on love and all parties need to feel loved. Your carer needs regular time out to recharge their physical and mental batteries. A caring role is often stressful and no matter how strong and capable you think your carer is, the relationship can become strained. Time out for you both is important.



**Day programmes or clubs** These are often held at small home-like community facilities or sometimes in areas of care homes set aside for this purpose (pages 85-88). People often attend several times a week. Various activities are offered, and morning and afternoon teas and a midday meal provided. Transport may also be offered, for which there is usually a cost. Group numbers are limited and kept quite small. Some programmes are publicly funded. A subsidy may be available if you have been assessed by your local older person's service as being eligible.

**Carer Support Subsidy** This payment is designed to support full-time carers. In this case, a full-time carer is defined as someone who provides more than four hours of unpaid care per day. Family/whānau ‘employed’ by home support providers as paid carers may also be eligible for the subsidy.

Carer Support is accessed via an assessment with your older person’s service. Allocation is provided as a number of days/hours, depending on both yours and your carer’s needs. The minimum daily rate is \$80 (for historical reasons, it may be higher in a few regions). Carers can claim a few days at a time or the whole annual budget at once.

Carer Support is used to pay for, or contribute towards, equipment and services that enable the full-time carer to have a break. It is most commonly used for:

- Formal care provided by a registered agency, e.g. home support provider or contracted day programme.
- Informal care provided by family/whānau, friend or other support person.

Carer Support can also be used for products and equipment, e.g. a home monitoring device to support the care of someone living with dementia. Check if you qualify for subsidised loan equipment and home modification services (page 25) before using the Carer Support for these products and services.

The subsidy may not cover the full cost so a top up payment may be required. Check costs before booking.

For payment, your carer needs to ensure the assessment is done and allocation approved, that purchases meet guidelines, and that receipts are

## FIND OUT MORE

- For more information or to receive a copy of the government’s free booklet ‘A Guide for Carers’ call Carers NZ 0800 777 797.
- Keep in touch with your local community to find out what support may be available in your area or for any new developments.

kept and provided as necessary. Carers also must keep track of the days they have used (if they haven’t claimed the full allocation), make any bookings needed, and arrange for payment. Email claim forms and other supporting documents to: [csclaims@health.govt.nz](mailto:csclaims@health.govt.nz) or post to Private Bag 1942, Dunedin 9054. Find the Carer Support Claim Form (and tips for filling it out) on the Health NZ website. You can also contact the Carer Support Line on freephone 0800 855 066.

**Respite care** This type of short-term care is, in most instances, provided in a care home. It is accessed via an assessment approved by your older person’s service.

Usually you are allocated a set number of days, which varies from situation to situation. You cannot use it for convalescent care or when you are unwell. You may be able to arrange a booking in advance of your intended stay. Payment is arranged via your older person’s service. You may be asked to pay an additional top up fee to cover the full cost of the service.

**Service closures** Some services are impacted by contagious illnesses such as COVID, the flu or ‘gastro’ bugs. If services are closed, have a ‘Plan B’.



## SOCIAL, KAUMĀTUA & DAY PROGRAMMES

The following pages provide a list of programmes and groups that provide opportunities for people to connect with a like-minded community and participate in a range of meaningful activities. While we have done extensive research to ensure this list is up-to-date; please note, it is not comprehensive.

**Kaumātua Services:** These Kaupapa Māori services may include traditional practices, clinics, whānau health hui etc. There may be a cost for some services, others may be free. Referrals may be made to other relevant services as required.

**Culture/Ethnic Focus:** These services offer a range of programmes and activities to connect people together and nurture their cultural and social needs. There may be a cost for some services. If you are a newcomer to an area, enquire as to whether there is a local Newcomers Group.

**Contracted Day Programmes and Other Social Programmes:** Most of these day programmes and the more social and recreational programmes are generally based in one venue. Some residential care services may also provide a day programme; contact the care home directly (see pages 92-105 for a list of care homes in your region) or your NASC/older person's service for details (page 9). A financial contribution may or may not be required.

**Key:** \* Health NZ Age Related contracted service (subsidised). Some may be available to private payers.

Note: Contracted providers may change over the life of this book.

# Specialist dementia support.

### WHANGANUI

CONTRACTED DAY PROGRAMMES	PHONE	ADDRESS
Alzheimers Whanganui*# <a href="#">page 48</a>	(06) 345 8833	4/236 Victoria Avenue, Whanganui
Kowhainui Day Programme (Enliven)* <a href="#">page op1</a>	(06) 349 1400	88 Virginia Road, Otamatea
KAUMĀTUA SERVICES	PHONE	ADDRESS
Mōkai Pātea Services	(06) 388 1156	130 Hautapu Street, Taihape
Ngā Waihua o Paerangi Trust	(06) 385 9580	Ngati Rangi Community Health Centre, 36A Burns Street, Ohakune
Te Kōtuku Hauora	(06) 327 5594	85 Hendersons Line, Marton
Te Puke Karanga Hauora	(06) 385 5019 027 741 9177	Waimarino Health Centre, 22 Seddon Street, Raetihi
Te Taihāhā Disability Support Services (Te Oranganui Trust)	(06) 349 0007	284 St Hill Street, Whanganui
OTHER SOCIAL PROGRAMMES	PHONE	ADDRESS
Menzshed	021 070 2258	Various locations
Taihape Older & Bolder	027 462 4029	98B Hautapu Street, Taihape

## CAPITAL, COAST & HUTT VALLEY

CONTRACTED DAY PROGRAMMES	PHONE	ADDRESS
Chelsea Club Day Care Trust*#	(04) 387 7207	7 Toru Street, Lyall Bay
Kāpiti Day Programme (Enliven)*# page op1	(04) 298 8060	14 Tongariro Street, Paraparaumu
Marsden Club*#	(04) 476 6719	11 Newcombe Crescent, Karori
Nikau Club (Kāpiti Retirement Trust)*#	(04) 297 0162	Lodge Drive, Paraparaumu
The Redwood Club*#	(04) 232 5521	83 Redwood Avenue, Tawa
Woburn Home Day Programme (Enliven)* page op1	(04) 569 6400	57 Wai-iti Crescent, Lower Hutt
KAUMĀTUA SERVICES	PHONE	ADDRESS
Hora Te Pai Health Services	(04) 902 7095	35 Warrimoo Street, Paraparaumu
Kōkiri Marae Health & Social Services	(04) 939 4630	7-9 Barnes Street, Lower Hutt
Maraeroa Marae Health Clinic	(04) 235 8000	216 Warspite Avenue, Porirua
Ngahuru Charitable Trust	(04) 473 2502 0508 445 645	24D Marine Parade, Lower Hutt
Ora Toa Health Unit	027 490 3677	20-22 Ngatitoa Street, Takapūwāhia, Porirua
Ōrongomai Marae Health Services	(04) 528 9409	5-7 Railway Avenue, Upper Hutt
Porirua Whānau Centre	(04) 237 7749	16 Bedford Court, Porirua
Wainuiomata Marae Trust	027 439 3413	Corner of Parkway Extension & Wellington Roads, Wainuiomata
CULTURE/ETHNIC FOCUS	PHONE	ADDRESS
Pacific Health Plus Kāpiti	(04) 777 0050	9 Milne Drive, Paraparaumu
Pacific Health Plus Porirua	(04) 890 3620 0800 747 587	4 Bedford Court, Porirua
Taeaomanino Trust	0800 345 345 (04) 237 6062	10 Prosser Street, Porirua
Vaka Tautua	0800 825 282	9 Lydney Place South, Porirua
OTHER SOCIAL PROGRAMMES	PHONE	ADDRESS
Dementia Wellington# page 48	(04) 972 2595	Various locations
Friday Circle	(04) 384 6799	Brooklyn Community Centre, 18 Harrison Street, Brooklyn
Home4All#	021 897 605	146 Raumati Road, Paraparaumu
Menzshed	021 070 2258	Various locations

## WAIRARAPA

CONTRACTED DAY PROGRAMMES	PHONE	ADDRESS
Iona Group (early dementia) in association with Glenwood Masonic* <a href="#">page 106</a>	(06) 377 7522	Glenwood Masonic Hospital, 74 Upper Plain Road, Masterton
Waicare Day Activity*	027 315 7773	Marist Rugby Club Rooms, 161 Dixon Street, Masterton
KAUMĀTUA SERVICES	PHONE	ADDRESS
Ngāti Kahungunu ki Wairarapa	(06) 377 5436	187-189 Queen Street (entrance off Dixon Street), Masterton
Whaiaora	(06) 370 0818 0800 494 246	394 Queen Street, Masterton
CULTURE/ETHNIC FOCUS	PHONE	ADDRESS
Pasifika O Wairarapa Trust	0800 727 924	23 Intermediate Street, Masterton
OTHER SOCIAL PROGRAMMES	PHONE	ADDRESS
Menzshed	021 070 2258	Various locations

## TE PAE HAUORA O RUAHINE O TARARUA MIDCENTRAL

CONTRACTED DAY PROGRAMMES	PHONE	ADDRESS
Adult Day Club*	(06) 368 3032	Levin Baptist Church, 17 Rugby Street, Levin
Coombrae Day Programme (Enliven)*# <a href="#">page op1</a>	(06) 323 4491	32-34 North Street, Feilding
Marion Kennedy Centre (Alzheimers Manawatū)*# <a href="#">page 48</a>	(06) 357 9539	Various locations
KAUMĀTUA SERVICES	PHONE	ADDRESS
Best Care (Whakapai Hauora) Charitable Trust	(06) 353 6385	140-148 Maxwells Line, Palmerston North
Muaūpoko Tribal Authority	(06) 367 3311	306 Oxford Street, Levin
Rangitāne o Tamaki nui-ā-Rua	(06) 374 6860	10 Gordon Street, Dannevirke
Raukawa Whānau Ora - Levin	(06) 368 8678	152 Bath Street, Levin
Raukawa Whānau Ora - Feilding	(06) 323 6446	148 Manchester Street, Feilding
Te Waioara Community Health Service - Foxton	(06) 363 6030	10 Ladys Mile, Foxton
Te Waioara Community Health Service - Himatangi Beach	(06) 363 6030	6 Koputara Road, Community Hall, Himatangi Beach
Te Waioara Ki Kurawari	(06) 363 6030	2 Stout Street, Shannon
Te Wakahuia Manawatū Trust (Whānau Ora Service)	(06) 357 3400	Highbury Shopping Centre, 56 Pembroke Street, Palmerston North

## TE PAE HAUORA O RUAHINE O TARARUA MIDCENTRAL CONTINUED

OTHER SOCIAL PROGRAMMES	PHONE	ADDRESS
Manchester House Social Services Senior Hub <a href="#">page 112</a>	(06) 323 2410 027 242 2409	14 Bowen Street, Feilding
Menzshed	021 070 2258	Various locations

## TE MATAU A MĀUI HAWKE'S BAY

CONTRACTED DAY PROGRAMMES	PHONE	ADDRESS
Dementia Hawke's Bay - Chatham*# <a href="#">page 48</a>	(06) 878 7502	102/106 Windsor Avenue, Hastings
Dementia Hawke's Bay - Mahana*# <a href="#">page 48</a>	(06) 834 0417	1 Wilding Avenue, Napier
Enliven Havelock North* <a href="#">page 24</a>	(06) 281 2534 0800 436 548	JH Mason Village Hall, 18 Durham Drive, Havelock North
Heretaunga Seniors*	(06) 870 7025	St Martin's Hall, 1120 Willowpark Road North, Hastings
Pakeke Centre*#	027 257 5916	71A Porangahau Road, Waipukurau

KAUMĀTUA SERVICES	PHONE	ADDRESS
Kahungunu Executive	(06) 838 6835 0800 621 700	65 Queen Street, Wairoa
Roopu a Iwi Trust	(06) 843 1590 0800 2 ROOPU	32 Bledisloe Road, Napier
Te Kupenga Hauora - Ahuriri	(06) 835 1840	5 Sale Street, Napier
Te Taiwhenua o Heretaunga - Kaumātua Ageing Well Programme	(06) 871 5350 0800 824 943	821 Orchard Road, Hastings
Te Wahanga Hauora Māori	(06) 878 1654 0800 333 671	Māori Health Unit - Hawke's Bay Hospital, Gate 11, Omahu Road, Hastings

OTHER SOCIAL PROGRAMMES	PHONE	ADDRESS
Menzshed	021 070 2258	Various locations



# VILLAGES, HOMES & CARE

Whether you are considering moving to a village, are requiring residential care, or looking at one of the many hybrid options, where you choose to live should feel like your home.



**A**s a result of receiving extra support in the village, Pat has been managing well day-to-day. Yet in the past few months, Pat's health has taken a turn for the worse and a reassessment has shown the level of care needed can't be delivered in the villa.

Pat wants to stay at the village so is tossing up between two options: moving to a care suite or opting to pay for premium accommodation in the on-site care home. Both will provide the same level of care, so it will come down to crunching the numbers. There are more steps to negotiate with selling the villa compared to when selling the family home, so Pat is keen to read the village contract again to be clear about the process.

Despite receiving extra support, Chris can no longer cope in the family home and has made peace with the fact that a move to a care home is imminent. Chris wants to be involved in choosing where to move (alongside trusted friends and healthcare advocates) but is finding the terminology quite confusing, not to mention how it all gets paid for – it's a lot to take in.

Chris isn't fussy about which care home to move to: a comfortable room in a place not too far away from loved ones and familiar spaces, and that respects the values, beliefs and independence of its residents is what Chris is wanting. While Chris is happy with a standard room, having a private garden would be a real bonus (although Chris understands that some care homes may charge an extra premium for this).

## Find out what could help Pat and Chris on their care journeys:

- What are the differences between living in a village compared to a care home? Learn more on pages 90 and 107.
- How much can Pat expect to be left with after selling the villa? We explain how a Deferred Management Fee works on page 110.
- Find a list of every village and care home in the region on pages 92-105.
- Not sure where to start with choosing where to live? Find checklists to help with the choices on page 119 (villages) and page 148 (care homes).
- How will Pat and Chris pay for care? Discover more about the process (and the numbers) on pages 129 and 144.
- Finding the transition to care challenging? See page 138 for practical tips on navigating the process.



# WHERE TO LIVE: THE BASICS

**There are more options than ever when it comes to where to live. Wherever you choose, you are required to pay for, or contribute to, the cost of accommodation and any support or care you require.**

It used to be that care homes cared for those with long-term health conditions and/or disabilities while retirement villages provided a lifestyle choice for the fit and healthy. Recently, offerings have become more integrated including hybrid-type options, such as care suites. Yet, there is a clear distinction between them and the rules, legislation and regulations governing them.

## **Registered retirement villages**

‘Buying’ into a retirement village can be a great option for those who are wanting to maintain their independence while living among a like-minded community of people. Retirement villages operate under specific legislation and have unique ownership structures. ‘Purchasing’ a dwelling in a village is not the same as usual property purchases; it is not an asset you own (like your family home). While you/your estate will receive the purchase price minus the Deferred Management Fee (page 110) and any other exit fees when your unit is on-sold (page 121), you are unlikely to receive a capital gain (although there are now villages offering this).

The options for receiving care are more varied than ever so it’s important to understand what these options

might mean for you.

**Traditional residential care** Any facility where residential care is provided must be certified by MOH to provide that care. With very few exceptions, care homes have an Age-Related Residential Care (ARRC) Agreement with government funders (i.e. are contracted by Health NZ) to provide a specific type of service.

To receive subsidised services, your needs must first be established by an interRAI assessment and you must meet eligibility criteria for funding. The majority of people who have been assessed as needing a high level of care will receive it in a certified and contracted care home. A few care homes offer all levels of care (page 133) while others specialise in perhaps one or two. All care must meet the needs identified in the resident’s interRAI assessment and subsequent Care Plan (page 62).

Your options may include:

- A standard room. A room in a care home that fully meets the requirements of the ARRC Agreement for accommodation, care and services (page 131).
- Premium accommodation. If you would like additional features, you can choose premium accommodation at an additional cost (page 131).
- Many villages now offer alternatives, such as care suites, which combine village offerings and residential care components (page 132).

In limited circumstances, some people may be able to receive care at home in the community or in a village unit if the right criteria and funding is in place. There are associated costs even if you are able to stay where you are, e.g. meals, rates and insurances.

# Chris and Pat The Care Journey

**Chris** has been living alone in the family home and has been getting home support services but it's not enough now.

**Pat** has continued living in the village and has been paying privately for support services but they are no longer enough. What happens next depends on the village contract.

Pat and Chris have been assessed (see page 62) and are both eligible for  
**Residential level of care services**

## What are Chris and Pat's options?

### Stay living where they are?

**Chris** may be able to stay living in the family home if an increase in services in that district is possible, and if there is sufficient informal help available.

For **Pat** to stay in the village, **Pat** must move into the onsite care facility or buy a care suite as **Pat** is no longer independent. If these options are not available onsite, **Pat** would need to leave the village.

### Move to a Care Home

This is an option for **Chris and Pat**. Once they know the level of care they need (see page 133), they may be offered a range of options including.

#### Standard accommodation

This meets all health contracted requirements for accommodation and care.

#### Premium accommodation

This comes at additional cost. It is not related to your care.

#### Refundable Accommodation Deposit

An upfront refundable payment option for premium accommodation.

#### Dual use room

This allows for various levels of care to be provided in the same room and may incur extra cost.

### 'Buy' a Care Suite

If **Chris and Pat** have assets (e.g. from the sale of their homes) they may have the option to 'buy' a care suite (see page 132)

*If those who move to a Care Home cannot afford to pay for their services, a Residential Care Subsidy may be applied for. (see page 144)*

# HOMES, HOSPITALS\*, UNITS/VILLAGES INDEX

For details of current/daily bed availability see [www.eldernet.co.nz/vacancies](http://www.eldernet.co.nz/vacancies)

\* Hospitals = age-related residential care hospitals where a fee applies i.e. not public hospitals (page 133)

## KEY ON PAGE 105

WELLINGTON		RH	D	H	PG	CS	RV	SL	SEE PAGE
Berhampore	Arvida Village at the Park 130 Rintoul Street (04) 380 1361	✓	✓	✓		RH	✓		
Berhampore	Vincentian Home & Hospital 2A Stanley Street (04) 380 0294	✓		✓					130
Churton Park	Ultimate Care Churtonleigh 24 Mallard Grove (04) 478 4273	✓		✓				✓	
Crofton Downs	Bupa Crofton Downs 122 Churchill Drive (04) 479 1981	✓		✓		RH H	✓		1 114
Island Bay	Irwell Rest Home 11 Irwell Street (04) 383 8485	✓							
Johnsonville	Cashmere Home & Cashmere Heights Home, 16 & 51 Helston Road, (04) 477 7067	✓	✓						op1
Karori	Huntleigh Home & Apartments 221 Karori Road (04) 464 2020	✓		✓			✓		op1 113
Karori	Karori Village - Metlifecare 29 Messines Road (04) 476 8759	✓	✓	✓			#		
Khandallah	Malvina Major 134 Burma Road (04) 478 3754	✓		✓		RH	✓		113
Kilbirnie	Rita Angus 66 Coutts Street (04) 387 7626	✓		✓		RH	✓		113
Miramar	Millvale House Miramar 60 Weka Street (04) 388 6780				✓				136- 137
Newtown	Alexandra Home 71 Rintoul Street (04) 389 1232	✓							130

WELLINGTON		RH	D	H	PG	CS	RV	SL	SEE PAGE
Newtown	Te Hopai 51 Hospital Road (04) 380 2002	✓	✓	✓					124
Newtown	Ultimate Care Pōneke House 135 Constable Street (04) 389 7007	✓	✓	✓					
Tawa	Longview Home 14 Sunrise Boulevard (04) 232 6842	✓		✓					op1
PORIRUA		RH	D	H	PG	CS	RV	SL	SEE PAGE
Aotea	Summerset at Aotea 15 Aotea Drive 0800 SUMMER (786 637)	✓				RH	✓		118 142- 143
Kenepuru	Summerset on the Landing 1-3 Bluff Road 0800 SUMMER (786 637)	✓	✓	✓		RH	✓		118 142- 143
Titahi Bay	Kemp Home & Hospital 21 Te Pene Avenue (04) 236 8099	✓		✓					
Whitby	Bupa Whitby Care Home 4 Observatory Close (04) 234 7981	✓	✓	✓	✓				1
Whitby	Whitby Lakes Retirement Village 1 Newhaven Way (04) 234 6627						✓		114
KĀPITI		RH	D	H	PG	CS	RV	SL	SEE PAGE
Paraparaumu	Eldon 100 Valley Road (04) 298 8199	✓		✓		RH H			146
Paraparaumu	Kāpiti Village - Metlifecare 1 Henley Way (04) 296 1790						✓		114
Paraparaumu	Millvale Lodge Lindale 91 Main Road North (04) 297 0059	✓	✓	✓	✓				136- 137
Paraparaumu	Summerset on the Coast 104 Realm Drive 0800 SUMMER (786 637)	✓		✓			✓		118 142- 143

KĀPITI		RH	D	H	PG	CS	RV	SL	SEE PAGE
Paraparaumu Beach	Kapiti Rest Home 91 Marine Parade (04) 902 6048	✓							134
Paraparaumu Beach	Kapiti Retirement Trust - Sevenoaks, 1 Lodge Drive (04) 297 0116	▼	✓	✓		RH# H#	✓		
Paraparaumu Beach	Kena Kena Rest Home 32 Percival Road (04) 902 9099	✓				RH	✓		134
Raumati Beach	Coastal Villas - Metlifecare Spencer Russell Drive (04) 296 6333	✓		✓			✓		114
Waikanae	Arvida Waikanae Lodge 394 Te Moana Road (04) 902 6800	✓		✓		RH	✓		
Waikanae	Bishop Snedden Retirement Village Kapanui Road & St Vincent Way 021 666 405						✓		
Waikanae	Bupa Winara 9 Winara Avenue (04) 293 2591	✓	✓	✓			✓		1 114
Waikanae	Charles Fleming 112 Parata Street (04) 293 1350	✓	✓	✓		RH	✓		114
Waikanae	Millvale House Waikanae 17 Millvale Street (04) 904 4340				✓				136- 137
Waikanae	Parkwood Retirement Village 99 Belvedere Avenue (04) 293 5142	✓		✓		RH H	✓		108 114
Waikanae	Summerset Waikanae 28 Park Avenue 0800 SUMMER (786 637)	#	#	#		RH#	✓		118 142- 143
UPPER HUTT		RH	D	H	PG	CS	RV	SL	SEE PAGE
Clouston Park	Hutt Gables 1094 Fergusson Drive (04) 526 9292						✓		146
Elderslea	Elderslea 29 Redwood Street (04) 528 0670	✓	✓	✓		RH H	✓		146



UPPER HUTT		RH	D	H	PG	CS	RV	SL	SEE PAGE
Heretaunga	St Joseph's Lifecare (Hāto Hōhepa Raupī Ora), 3 Perry Street (04) 528 5089	✓	✓	✓					
Silverstream	Heretaunga 2 Field Street (04) 527 8181	✓	✓	✓		RH H			146
Trentham	Bupa Fergusson 654 Fergusson Drive (04) 528 7689	✓	✓	✓			✓		1 115
Trentham	Summerset at the Course 20 Racecourse Road 0800 SUMMER (786 637)	▲		▲		RH	✓		118 142- 143
Upper Hutt	Benhaven 29 Golders Road (04) 527 8727	✓							
LOWER HUTT		RH	D	H	PG	CS	RV	SL	SEE PAGE
Avalon	Shona McFarlane 66 Mabey Road (04) 577 1090	✓		✓		RH	✓		115
Boulcott	Riverleigh Care 5 Connolly Street (04) 569 7955	✓		✓					126
Boulcott	Ropata Lodge 57 Ropata Crescent (04) 920 0846	✓					R	✓	126
Lower Hutt	Manor Park Private Hospital 14 Manor Park Road (04) 563 5240				✓				
Lower Hutt	Summerset Boulcott 1A Boulcott Street 0800 SUMMER (786 637)	#	✓	#		RH D	✓		118 142- 143
Manor Park	Summerset at the Course Care Centre, 14 Manor Park Road 0800 SUMMER (786 637)	✓		✓					118 142- 143
Petone	Bob Scott 25 Graham Street (04) 570 5800	✓	✓	✓		RH	✓		115
Stokes Valley	Bupa Stokeswood 18 Glen Road (04) 562 9060	✓	✓	✓					1

LOWER HUTT		RH	D	H	PG	CS	RV	SL	SEE PAGE
Taitā	Aroha Care Centre for the Elderly 6 Cooper Street (04) 567 1026	✓		✓			✓		63
Wainuiomata	Wainuiomata Masonic Village 9 The Strand (04) 564 1118						✓		106
Woburn	Woburn Apartments 61 Wai-Iti Crescent (04) 978 2590						✓		106
Woburn	Woburn Home & Apartments 57 Wai-Iti Crescent (04) 569 6400	✓	✓	✓			✓ R		op1 115
Woburn	Woburn Masonic Care 63 Wai-Iti Crescent (04) 569 6839	✓		✓		RH H			106
PALMERSTON NORTH		RH	D	H	PG	CS	RV	SL	SEE PAGE
Awapuni	Chiswick Park Lifecare 69A Maxwells Line (06) 354 4062	✓		✓					
Fitzherbert	Summerset on Summerhill 180 Ruapehu Drive 0800 SUMMER (786 637)	✓		✓			✓		118 142- 143
Highbury	Arvida Olive Tree 11-13 Dalwood Grove (06) 350 3000	✓	✓	✓			✓		
Highbury	Ultimate Care Aroha 128 Monrad Street (06) 358 8093	✓	✓	✓					
Kelvin Grove	Bupa Riverstone 243 Napier Road (06) 329 3053	✓	✓	✓			✓		1 116
Kelvin Grove	MiLife Kelvin Grove 53 Brooklyn Heights Drive (06) 355 4665						✓		
Kelvin Grove	Radius Peppertree 107 Roberts Line (06) 353 0004	✓		✓					141
Milson	Julia Wallace 28 Dogwood Way (06) 354 9262	✓	✓	✓		RH	✓		117

PALMERSTON NORTH		RH	D	H	PG	CS	RV	SL	SEE PAGE
Palmerston North	Palmerston North Village - Metlifecare, 7 Fitchett Street (06) 350 6406	✓		✓		RH H	✓		117
Palmerston North	Willard Home 17 Russell Street (06) 357 6959	✓							op1
Roslyn	Karina Lifecare 15 Karina Terrace (06) 357 6051	✓							
Roslyn	Woodlands of Palmerston 544 Featherston Street (06) 356 4619	✓	✓						112
Takaro	Manawatū Masonic Village 25 Clausen Street (06) 363 5888						✓ R		106
Takaro	Masonic Court 13 Clausen Street (06) 358 9399	✓		✓					106
Takaro	Palmerston Manor Lifecare 117 Botanical Road (06) 357 5919	✓		✓					
Terrace End	Brightwater Home & Village 69 Brightwater Terrace (06) 356 4190	✓	✓	✓			✓		op1 116
West End	Cook Street Nursing Care Centre 141 Cook Street (06) 358 8530	✓		✓					
HOROWHENUA, ŌTAKI		RH	D	H	PG	CS	RV	SL	SEE PAGE
Foxton	Lonsdale Total Care Centre 14 Robinson Street (06) 363 8498	✓	✓	✓					
Foxton	Te Awahou Masonic Village 79 Main Street (06) 363 5888						✓ R		106
Levin	Bupa Te Whanau 603 Queen Street (06) 368 1081	✓		✓					1
Levin	Horowhenua Masonic Village 685 Queen Street East (06) 368 8144	✓		✓		RH H	✓ R		106

HOROWHENUA, ŌTAKI		RH	D	H	PG	CS	RV	SL	SEE PAGE
Levin	Levin Home for War Veterans Corner of Prouse and Matai Street (06) 366 0052	✓	✓	✓			R		op1
Levin	Levin Poppy Fields Village 36 Prouse Street (06) 366 0052						✓		op1 117
Levin	MiLife Rosewood Park 78 Queenwood Road (06) 368 1850						✓		117
Levin	Millvale House Levin 42 Mako Mako Road (06) 367 2027				✓				136- 137
Levin	Reevedon Home & Village 37 Salisbury Street (06) 368 7900	✓					✓		op1 117
Levin	Speldhurst Country Estate 100 Speldhurst Parade (06) 927 9903						✓		
Levin	Summerset by the Ranges 104 Liverpool Street 0800 SUMMER (786 637)	▲	✓	▲		D	✓		118 142- 143
Levin	Ultimate Care Madison 144 Queen Street West (06) 367 2305	✓		✓			✓		
Ōtaki	Ocean View Residential Care 56-58 Marine Parade 027 348 7054	✓							
MANAWATŪ		RH	D	H	PG	CS	RV	SL	SEE PAGE
Feilding	Alexander House 126 Denbigh Street (06) 323 9326	✓							
Feilding	Coombrae Home & Village 32-34 North Street (06) 323 4491	✓	✓				✓		op1 117
Feilding	Promisia Nelson Street 38 Nelson Street (06) 280 4839	✓							6-7
Feilding	Promisia Ranfurly Manor 6 Monmouth Street (06) 323 5050	✓	✓	✓		RH H	✓		6-7

MANAWATŪ		RH	D	H	PG	CS	RV	SL	SEE PAGE
Feilding	Westella Homestead 84 Waughs Road (06) 323 9095		✓						124
Feilding	Wimbledon Villa 204 Manchester Street (06) 323 4637	✓	✓	✓					134
Feilding	Woodfall Home & Hospital 4 Bowen Street (06) 323 8489	✓		✓					140
Feilding	Woodlands of Feilding 77 Port Street East (06) 323 9607	✓	#	✓			✓		
TARARUA		RH	D	H	PG	CS	RV	SL	SEE PAGE
Dannevirke	Promisia Eileen Mary 44 Trafalgar Street (06) 374 8241	✓		✓		RH H	✓		6-7
Dannevirke	Rahiri Lifecare 348 High Street (06) 374 4155	✓	✓	✓			✓		
Pahiatua	Waireka Lifecare 11 Halls Road (06) 376 8629	✓		✓					
WHANGANUI, RANGITĪKEI		RH	D	H	PG	CS	RV	SL	SEE PAGE
Marton	Edale Masonic Care 30 Bond Street (06) 327 8562	✓		✓					106
Marton	Edale Masonic Village 39 Armagh Terrace (06) 363 5888						✓ R		106
Whanganui	Abingdon Village 22 Oakland Avenue (06) 349 1494						✓		op1 118
Whanganui	Broadview Lifecare & Village 108 Mosston Road (06) 344 6915	✓	✓	✓	✓		✓		
Whanganui	Jane Winstone 49 Oakland Avenue (06) 345 6783	✓	✓	✓		RH	✓		118



WHANGANUI, RANGITĪKEI		RH	D	H	PG	CS	RV	SL	SEE PAGE
Whanganui	Kowhainui Home & Village 88 Virginia Road (06) 349 1400	✓		✓			✓ R		op1 118
Whanganui	Living Waters Rest Home 136 Great North Road (06) 345 2319	✓							
Whanganui	Masonic Court Wanganui 1 Masonic Drive (06) 343 9091	✓		✓			✓ R		
Whanganui	New Vista 129 Harrison Street (06) 345 2381	✓		✓					
Whanganui	Okere House 35 Treadwell Street (06) 348 4857		✓						140
Whanganui	Springvale Manor Rest Home 47 Treadwell Street (06) 348 8003	✓	✓						
Whanganui	St Johns Hill Lifecare 2 Virginia Road (06) 348 1500	✓		✓					
Whanganui	Summerset in the River City 40 Burton Avenue 0800 SUMMER (786 637)	✓		✓			✓		118 142- 143
NAPIER		RH	D	H	PG	CS	RV	SL	SEE PAGE
Ahuriri	Princess Alexandra 145 Battery Road (06) 835 9085	✓	✓	✓		RH	✓		116
Green- meadows	Greendale Residential Care 169 Tait Drive (06) 844 2342	✓							140
Green- meadows	Mission View Masonic Village 190 Avondale Road (06) 845 9220						✓		
Green- meadows	Summerset in the Bay 79 Merlot Drive 0800 SUMMER (786 637)	✓		✓		RH	✓		118 142- 143
Green- meadows	Waverley House 5 Lannie Place (06) 844 3359	✓							

NAPIER		RH	D	H	PG	CS	RV	SL	SEE PAGE
Marewa	Roseanne Retirement Home 25 Taradale Road (06) 843 0250	✓							
Meeanee	Bupa Willowbank 25 Ulyatt Road (06) 842 0184	✓	✓	✓		RH D H	✓		1 116
Napier South	Elmwood Memory Care Home & Hospital, 44 Nelson Crescent (06) 845 9516		✓	✓					
Napier South	Scinde Masonic Village 161 Vigor Brown Street (06) 845 9220						✓		
Napier South	St Luke's Village 196 Vigor Brown Street 022 355 2616						✓		
Onekawa	Bardowie Retirement Complex 283 Kennedy Road (06) 843 2804	✓							140
Tamatea	Millvale House Napier 7 Glamorgan Avenue (06) 281 2801				✓				136- 137
Taradale	Ascot Park Retirement Village 79 King Street (06) 844 7209						✓		
Taradale	Atawhai 421 Gloucester Street (06) 845 9711	✓		✓		RH H	✓		146
Taradale	Bryant House 71 King Street (06) 844 7209	✓	✓	✓					
Taradale	Elbourne Masonic Villas 6 Elbourne Street (06) 845 9220						✓		
Taradale	Kensington Masonic Village 70 Kensington Drive (06) 845 9220						✓		
Taradale	Knightsbridge Masonic Village 17 Balmoral Street (06) 845 9220						✓		
Taradale	MiLife Riversdale Lifestyle Village 233 Guppy Road (06) 845 9820						✓		
Taradale	Otatara Heights Residential Care 8 Kotuku Place (06) 844 3535	✓							152

## KEY ON PAGE 105

NAPIER		RH	D	H	PG	CS	RV	SL	SEE PAGE
Taradale	Radius Hampton Court 80 Kensington Drive (06) 844 0063	✓		✓					141
Taradale	Taradale Masonic Village 15 Devonshire Place (06) 845 9220	✓		✓			✓ R		
Taradale	Waiohiki Masonic Villas 37 Meeanee Road (06) 845 9220						✓		
Te Awa	Summerset Palms 136 Eriksen Road 0800 SUMMER (786 637)	✓	✓	✓		RH	✓		118 142- 143
CLIVE, HASTINGS, HAVELOCK NORTH		RH	D	H	PG	CS	RV	SL	SEE PAGE
Clive	Voguehaven 145 Main Road (06) 870 0392	✓							134
Hastings	Brittany House Residential Care 221 Wolseley Street (06) 878 5606	✓		✓					
Hastings	Colwyn House Lifecare 707 Duke Street (06) 870 9529		✓		✓				
Hastings	Eversley 400 Cornwall Road (06) 878 2005	✓	✓	✓					146
Hastings	Gracelands 734 Pakowhai Road (06) 873 8300	✓		✓		RH H	✓		146
Hastings	Hastings District Masonic Villages, Various locations 027 452 4115						✓ R		
Hastings	Peakviews 1259 Howard Street (06) 872 6233						✓		
Hastings	Summerset in the Orchard 1228 Ada Street 0800 SUMMER (786 637)						✓		118 142- 143
Hastings	Summerville Rest Home 411 Frederick Street West (06) 876 6978	✓							124

CLIVE, HASTINGS, HAVELOCK NORTH		RH	D	H	PG	CS	RV	SL	SEE PAGE
Havelock North	Arvida Mary Doyle 3 Karanema Drive (06) 873 8400	✓	✓	✓		RH	✓		
Havelock North	Duart 36 Duart Road (06) 877 8016	✓		✓					146
Havelock North	Hillcrest Rest Home 73 Simla Avenue (06) 877 5909	✓							152
Havelock North	James Wattie 122 Te Aute Road (06) 877 0700	✓	✓	✓		RH	✓		116
Havelock North	St Lukes Close Village 24 Te Mata Road (06) 872 8930						✓		
Havelock North	Summerset in the Vines 249 Te Mata Road 0800 SUMMER (786 637)	▲		▲			✓		118 142- 143
Havelock North	Waiapu House Lifecare & Village 10 Danvers Street (06) 872 8930	✓		✓			✓		
CENTRAL HAWKE'S BAY & WAIROA		RH	D	H	PG	CS	RV	SL	SEE PAGE
Waipukurau	Mt Herbert House 50 Mount Herbert Road (06) 858 7555	✓	#	✓					
Waipukurau	Woburn 7 Holyrood Terrace (06) 858 9260	✓	✓						146
Wairoa	Glengarry Lifecare 22 Glengarry Place (06) 838 4840	▲	▲						
Wairoa	Waikaremoana Masonic Villas 10 Marine Parade (06) 845 9220						✓ R		
WAIRARAPA		RH	D	H	PG	CS	RV	SL	SEE PAGE
Carterton	Carter Court 95-97 Pembroke Street (06) 379 8075	✓		✓			✓ R		

WAIRARAPA		RH	D	H	PG	CS	RV	SL	SEE PAGE
Carterton	Roseneath Lifecare & Village 227 High Street South (06) 379 4018	✓	✓	✓			✓		
Greytown	Greytown Orchards 67 Reading Street 0508 843 672						✓		
Greytown	Ultimate Care Palliser House 186 East Street (06) 261 9020	✓	✓	✓					
Martinborough	Wharekaka 20 Oxford Street (06) 306 9701						✓		106
Masterton	Arvida Lansdowne Park 100 Titoki Street (06) 377 0123	✓		✓		RH	✓		
Masterton	Cornwall 3 Cornwall Street (06) 377 4165	✓							
Masterton	Glenwood Masonic Hospital 74 Upper Plain Road (06) 377 0221	✓		✓		RH H			106
Masterton	Kandahar Court 2 Colombo Road (06) 370 0449		✓						op1
Masterton	Kandahar Home 8 Roberts Road (06) 370 0447	✓		✓					op1
Masterton	Kandahar Retirement Village 16 Totara Street (06) 370 0662						✓		op1 115
Masterton	Lyndale Care 52 Cole Street (06) 378 7059	✓	✓				R		122
Masterton	Ultimate Care Lansdowne Court 1 Oxford Street (06) 377 3339	✓		✓			✓		
Masterton	Wairarapa Masonic Village 35 Edith Street (06) 378 7391						✓ R		106
Masterton	Wairarapa Village 140 Chapel Street (06) 378 2577	✓		✓		RH H	✓		



**Key:**

<b>RH</b>	Rest Home Care
<b>D</b>	Dementia Care
<b>H</b>	Hospital Level Care
<b>PG</b>	Psychogeriatric Care
<b>CS</b>	Care Suite
<b>RV</b>	Retirement Village (Registered)
<b>SL</b>	Supported Living or boarding

**Symbols explained:**

<b>R</b>	Rental Retirement Village
✓ <b>R</b>	Retirement Village (Registered) & Rental Retirement Village
#	Planned, under construction, or awaiting certification
✓ >	Service provided by adjacent and/or a partnering facility
▲	Temporarily closed/under refurbishment. Check availability
▼	Short term only

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# CHOOSING THE VILLAGE LIFE

**If you are considering moving into a lifestyle or retirement village, research backed by specialist financial and legal advice will help ensure you find your ideal new home. Take your time and study the options.**

**Y**ou will have your own reasons for considering village living. Think about what your needs are now and what they might be in the future. 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.

Many of us spend our working lives building our financial assets so that we can enjoy the lifestyle we desire. Moving into a retirement village changes the emphasis; for many, the goal is not to grow their assets but to protect and enhance their lifestyle.

In most instances this will mean using some of these assets or capital to achieve that. If you need additional financial assistance, check with Work and Income to find out whether you may be eligible for government assistance. This may include an accommodation supplement.

Villages vary greatly – you'll notice different-sized villages, from very few units to some with hundreds; different types of units within the same complex; newer villages and older villages.

You will discover the community facilities can vary, with some villages offering a wide range such as a swimming pool, bowling green and café, and others only a basic meeting room.

The differences are not just those you can see. The way the village operates can also vary. Factors that influence this include the ownership structure, the experience and/or stability of the ownership, and the associated philosophy towards village living.

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

## KEY POINTS

- Legislation sets out the complexes that are required to register as a Retirement Village. This registration gives additional legal and financial protection under the Retirement Villages Act 2003.
- The term 'Retirement Village' or 'Lifestyle Village' describes a purpose-built complex within a community setting that is designed to cater for those over 55. Many villages restrict entry to older residents.
- The articles in this book refer to registered retirement villages.



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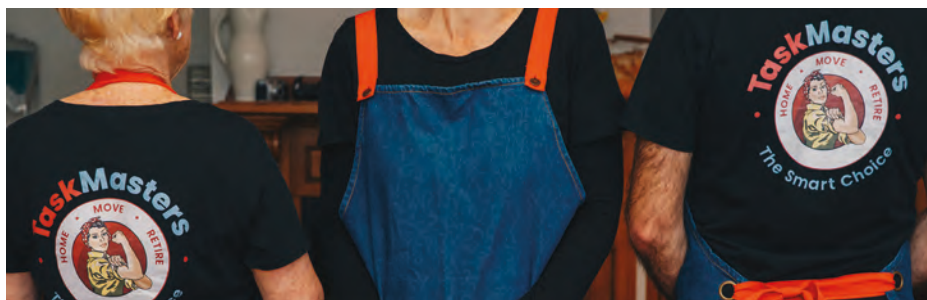
All hospital level care studios have individual bathrooms.

*\* licence to occupy applies*

For further information or to make an appointment

**Telephone 04 293 5142**

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living in your dwelling, even if you require living 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 (page 111). A higher level of care may be obtained if you live in a care suite (page 132).

All villages have associated costs, including weekly fees and exit costs, such as a Deferred Management Fee (see The Village Journey, page 110). You need to be fully aware of these (page 121).

Whether you want an official tour of the village or would 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 or 'vibe'.

Meet the people you will have contact with in the village – this may include the owner, the manager and other residents. Talk to several residents to hear their perspective.

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. Staff at some villages have quite an active role in village life, while at others they have less.

## USEFUL RESOURCES

- Search all Retirement Villages and available properties at [www.eldernet.co.nz](http://www.eldernet.co.nz)
- Te Ara Ahunga Ora Retirement Commission [www.retirement.govt.nz](http://www.retirement.govt.nz)
- Retirement Village Association [www.retirementvillages.org.nz](http://www.retirementvillages.org.nz)
- Retirement Villages Residents Association of New Zealand [www.rvrnz.org.nz](http://www.rvrnz.org.nz)

Research shows most people enjoy a high level of satisfaction when living in a retirement or lifestyle village. Residents say the benefits of a village are numerous, and they 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.

Note: Not all villages need to be registered. Non-registered villages usually offer freehold units (often attached to a body corporate) so you may receive a capital gain if you sell. As these may not require an ORA, you may not be protected under the Retirement Villages Act and associated Codes and Regulations.

## RETIREMENT VILLAGE ACT REVIEW

The Retirement Villages Act is currently being reviewed by the Ministry of Housing and Urban Development. The review will consider if the Act is fit for purpose to ensure current and intending residents' rights are being adequately protected, that the sector's requirements are well understood and considered, and that the rights and responsibilities of residents and operators are balanced and clearly defined. The review will also look at the process of moving into and leaving a village, and wider issues. Visit [www.hud.govt.nz](http://www.hud.govt.nz).



# Pat - The Village Journey

Pat decides to move to a retirement village. Pat uses the ideas on pages 119-121 to help. After viewing a number of villages Pat finds the perfect village. ✓



Pat speaks with the village and receives all the paperwork. Pat finds a lawyer who understands retirement villages and visits with them.



Once the documents are fully understood Pat signs the contract and pays the 'purchase' price.

Pat's lawyer explains that there's a lot of important information in this paperwork. (Read the article on page 107 to understand more) Some important considerations are:



For this example:

The DMF is 5% per year, to a maximum of 20% \* (\* note-industry average is 27%)

① The 'purchase' price, which varies, widely.

The Deferred Management Fee or DMF. This is how much is returned to Pat at the end of occupation. ②

③ Weekly fees. These can be fixed or variable.

④ And much more

Legal Title ⑤

Pat enjoys all the amenities of the village and village life and pays the \$120 per week.



When Pat exits the village the contract explains what other fees are to be paid as well as when, and who, will sell the unit etc.



Pat's DMF (in the contract) will determine the amount repaid.

After 4 years, and thereafter, Pat's exit payment stays the same as at year 4, less any agreed fees or payments (as per the contract).

	YEAR 4	YEAR 3	YEAR 2	YEAR 1	
Pat's DMF limit reached	Less 20%	Less 15%	Less 10%	Less 5%	\$500K
	\$400K	\$425K	\$450K	\$475K	

# SUPPORT IN A VILLAGE

**As well as providing a variety of housing and accommodation options, villages now offer a greater range of care and support services than in the past.**

While retirement villages commonly offer a variety of housing and accommodation choices, such as one, two or three-bedroom homes, units and villas (learn more about these in the next section), many also provide a range of support and care services, including serviced apartments and care suites.

**Support in an independent village dwelling** Many villages offer a range of support packages to residents. These are usually incremental in nature and cost. Some villages allow community-based home support providers on-site to deliver services in the same way they would if you lived outside of the village; these services may be subsidised. Others may only let you purchase services from the village; if so, this will be stated in your ORA. Some villages may state that if

a resident is no longer independent, they must relocate elsewhere, where appropriate support can be given. What you receive depends on the availability of services and terms of your ORA contract; ensure to check and understand it before signing.

**Serviced apartment** This common village option provides for the delivery of services to usually quite independent residents. Services include meals and cleaning to high-end assistance (in some cases), such as a personal chef and chauffeur, all with associated costs. High levels of personal care are not usually provided and, importantly, these services are not contracted or paid for by the public health service - meaning you must pay.

**Care suite** This hybrid-type option combines a village offering (therefore something that requires an upfront 'purchase' price) and support at a higher level of care as certified by the Ministry of Health (MOH) and may be governed by the ARRC Agreement (see page 131). Unlike a serviced apartment, the care components are usually managed under the ARRC Agreement between the operator and public health services. However, there are some non-contracted operators (see page 133).

## Knowledge is power

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[www.eldernet.co.nz/knowledge-lab](http://www.eldernet.co.nz/knowledge-lab)



# WOODLANDS

of PALMERSTON NORTH

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544 Featherston Street, Roslyn, Palmerston North 4414



## Manchester House Social Services Senior Hub

14 Bowen Street, Feilding  
(06) 323 2410

*Providing practical, compassionate  
support and information*

- Exercise Programmes
- Informative Talks
- Senior Support Service
- Service Referral
- Interactive Senior Programmes
- Advocacy

### ALSO

Manchester House Social Services Hub ..... (06) 323 7191  
Opportunity Shop ..... (06) 323 5434  
Before and After School Programme..... 021 106 2937

## ABOUT THIS SECTION

Retirement villages come in all shapes and sizes, and offer a variety of lifestyle and living arrangements. This list shows a selection of village options across the Lower North Island, and is not fully inclusive.

Units within these villages, as well as access to care, are subject to availability and eligibility criteria. Prices vary across villages, are subject to change without notice and are not guaranteed. For information about 'purchasing' into a village and related costs (e.g. weekly fees, Deferred Management Fees), see page 110.

For a list of all villages and care homes within the region, see page 92-105.

## VILLAGE DETAILS WELLINGTON

### HUNTLEIGH RETIREMENT VILLAGE

**221 Karori Road, Karori**  
**(04) 439 4949**

2 bedroom apartment priced from \$660,000\*

Village residents are given preferential entry to neighbouring Huntleigh Home

[www.enlivencentral.org.nz](http://www.enlivencentral.org.nz)



### MALVINA MAJOR RETIREMENT VILLAGE

**134 Burma Road, Khandallah**  
**(04) 478 3754**

Apartments priced from \$795,000\*  
Serviced apartments priced from \$500,000\*

Rest home and hospital care available on site

[www.rymanhealthcare.co.nz](http://www.rymanhealthcare.co.nz)



### RITA ANGUS RETIREMENT VILLAGE

**66 Coutts Street, Kilbirnie**  
**(04) 387 7626**

Apartments priced from \$818,000\*  
Serviced apartments priced from \$495,000\*

Rest home and hospital care available on site

[www.rymanhealthcare.co.nz](http://www.rymanhealthcare.co.nz)



\* Prices are correct at time of printing and are subject to change without notice. Availability of units at these minimum prices is not guaranteed.

## VILLAGE DETAILS WELLINGTON

### **BUPA CROFTON DOWNS RETIREMENT VILLAGE** 122 Churchill Drive Crofton Downs (04) 460 1894



Priced from \$615,000\*

Rest home and hospital care  
available on site

[www.bupa.co.nz/croftondowns](http://www.bupa.co.nz/croftondowns)



### **WHITBY LAKES RETIREMENT VILLAGE** 1 Newhaven Way Porirua (04) 234 6627



Priced from \$780,000\*

[www.whitbylakes.co.nz](http://www.whitbylakes.co.nz)



## VILLAGE DETAILS KĀPITI COAST

### **BUPA WINARA RETIREMENT VILLAGE** 9 Winara Avenue Waikanae (04) 293 2591



Priced from \$430,000\*

Rest home, hospital and dementia  
care available on site

[www.bupa.co.nz/winara](http://www.bupa.co.nz/winara)



### **COASTAL VILLAS METLIFECARE** Spencer Russell Drive Paraparaumu (04) 296 6333



Priced from \$700,000\*

Rest home and hospital care  
available on site

[www.metlifecare.co.nz](http://www.metlifecare.co.nz)

metlifecare

### **KĀPITI VILLAGE METLIFECARE** 1 Henley Way Paraparaumu (04) 296 1790



Priced from \$600,000\*

[www.metlifecare.co.nz](http://www.metlifecare.co.nz)



### **PARKWOOD RETIREMENT VILLAGE** Belvedere Avenue Waikanae (04) 293 5142



Priced from \$650,000\*

Rest home and hospital care  
available on site

[www.parkwoodvillage.co.nz](http://www.parkwoodvillage.co.nz)



### **CHARLES FLEMING RETIREMENT VILLAGE** 112 Parata Street, Waikanae (04) 293 1350

Apartments priced from \$592,500\*  
Townhouses priced from \$797,500\*  
Serviced apartments priced from \$545,000\*

Rest home, hospital and dementia care  
available on site

[www.rymanhealthcare.co.nz](http://www.rymanhealthcare.co.nz)





## VILLAGE DETAILS PETONE

### BOB SCOTT RETIREMENT VILLAGE

25 Graham Street, Petone  
(04) 570 5800

Apartments priced from \$712,500\*  
Serviced apartments priced from \$635,000\*

Rest home, hospital and dementia care  
available on site

[www.rymanhealthcare.co.nz](http://www.rymanhealthcare.co.nz)



## VILLAGE DETAILS HUTT VALLEY

**BUPA FERGUSSON  
RETIREMENT VILLAGE**  
8 Ward Street  
Upper Hutt  
(04) 238 1273



Priced from \$490,000\*

Rest home, hospital and dementia  
care available on site

[www.bupa.co.nz/fergusson](http://www.bupa.co.nz/fergusson)



**WOBBURN  
APARTMENTS**  
29E Wai-iti Crescent  
Lower Hutt  
(04) 439 4949



Priced from \$650,000\*

Village residents are given preferential  
entry to neighbouring Woburn  
Home

[www.enlivencentral.org.nz](http://www.enlivencentral.org.nz)



### SHONA MCFARLANE RETIREMENT VILLAGE

66 Mabey Road, Lower Hutt  
(04) 577 1090

Townhouses priced from \$792,000\*  
Serviced apartments priced from \$395,000\*

Rest home and hospital care available  
on site

[www.rymanhealthcare.co.nz](http://www.rymanhealthcare.co.nz)



## VILLAGE DETAILS WAIRARAPA

### KANDAHAR RETIREMENT VILLAGE

16 Totara Street, Masterton  
(06) 370 0662

2 bedroom villa priced from \$690,000\*

Village residents are given preferential entry to neighbouring  
Kandahar Home

[www.enlivencentral.org.nz](http://www.enlivencentral.org.nz)



\* Prices are correct at time of printing and are subject to change without notice. Availability of  
units at these minimum prices is not guaranteed.



## VILLAGE DETAILS NAPIER

### BUPA WILLOWBANK RETIREMENT VILLAGE

25 Ulyatt Road, Napier  
(06) 842 0184

Priced from \$405,000\*

Rest home, hospital and dementia care  
available on site

[www.bupa.co.nz/willowbank](http://www.bupa.co.nz/willowbank)



### PRINCESS ALEXANDRA RETIREMENT VILLAGE

145 Battery Road, Ahuriri  
(06) 835 9085

Townhouses priced from \$587,500\*  
Serviced apartments priced from \$450,000\*

Rest home, hospital and dementia care  
available on site

[www.rymanhealthcare.co.nz](http://www.rymanhealthcare.co.nz)



## VILLAGE DETAILS HAVELOCK NORTH

### JAMES WATTIE RETIREMENT VILLAGE

122 Te Aute Road, Havelock North  
(06) 877 0700

Apartments priced from \$795,000\*  
Townhouses priced from \$813,000\*  
Serviced apartments priced from \$565,000\*

Rest home, hospital and dementia care  
available on site

[www.rymanhealthcare.co.nz](http://www.rymanhealthcare.co.nz)



## VILLAGE DETAILS PALMERSTON NORTH & FEILDING

### BUPA RIVERSTONE RETIREMENT VILLAGE

243 Napier Road  
Palmerston North  
(06) 329 3045

Priced from \$390,000\*

Rest home, hospital and dementia  
care available on site

[www.bupa.co.nz/riverstone](http://www.bupa.co.nz/riverstone)



### BRIGHTWATER VILLAGE

69 Brightwater Terrace  
Palmerston North  
(06) 366 0444

Priced from \$339,000\*

Village residents are given preferential  
entry to neighbouring  
Brightwater Home

[www.enlivencentral.org.nz](http://www.enlivencentral.org.nz)



## VILLAGE DETAILS PALMERSTON NORTH & FEILDING

### **PALMERSTON NORTH VILLAGE METLIFECARE** 7 Fitchett Street Palmerston North (06) 350 6400



Priced from \$650,000\*

Rest home and hospital care  
available on site

[www.metlifecare.co.nz](http://www.metlifecare.co.nz)

metlifecare

### **COOMBRAE VILLAGE** 32-34 North Street Feilding (06) 366 0444



Priced from \$389,000\*

Village residents are given preferential  
entry to neighbouring Coombrae  
Home

[www.enlivencentral.org.nz](http://www.enlivencentral.org.nz)

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### **JULIA WALLACE RETIREMENT VILLAGE** 28 Dogwood Way, Milson (06) 354 9262

Townhouses priced from \$705,000\*  
Serviced apartments priced from \$450,000\*

Rest home, hospital and dementia care  
available on site

[www.rymanhealthcare.co.nz](http://www.rymanhealthcare.co.nz)



## VILLAGE DETAILS LEVIN

### **LEVIN POPPY FIELDS VILLAGE** 36 Prouse Street, Levin (06) 349 1409

2 bedroom villa priced from \$630,000\*

Village residents are given preferential entry to neighbouring  
Levin Home for War Veterans

[www.enlivencentral.org.nz](http://www.enlivencentral.org.nz)



### **REEVEDON VILLAGE** 37 Salisbury Street Levin (06) 366 0444



Priced from \$330,000\*

Village residents are given preferential  
entry to neighbouring Reevedon  
Home

[www.enlivencentral.org.nz](http://www.enlivencentral.org.nz)

enliven

### **MILIFE ROSEWOOD PARK VILLAGE** 78 Queenwood Road Levin (06) 368 1850



Priced from \$340,000\*

[www.milife.co.nz](http://www.milife.co.nz)

Milife ROSEWOOD PARK

\* Prices are correct at time of printing and are subject to change without notice. Availability of units at these minimum prices is not guaranteed. **117**

## VILLAGE DETAILS WHANGANUI

### JANE WINSTONE RETIREMENT VILLAGE

49 Oakland Avenue, St Johns Hill

(06) 345 6783

Townhouses priced from \$647,500\*

Serviced apartments priced from \$340,000\*

Rest home, hospital and dementia care available on site

[www.rymanhealthcare.co.nz](http://www.rymanhealthcare.co.nz)



### ABINGDON VILLAGE

22 Oakland Avenue

St Johns Hill

(06) 349 1494



Priced from \$250,000\*

[www.enlivencentral.org.nz](http://www.enlivencentral.org.nz)



### KOWHAINUI VILLAGE

88 Virginia Road

Whanganui

(06) 349 1494



Priced from \$500,000\*

Village residents are given preferential entry to neighbouring Kowhainui Home

[www.enlivencentral.org.nz](http://www.enlivencentral.org.nz)



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With help always on hand, Summerset serviced apartments provide the perfect balance of independent living for loved ones, and peace of mind for you. We can even take care of the cleaning, washing, medication and meals, so you can focus on the important stuff, like making lasting memories together.

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**Summerset**  
RETIREMENT VILLAGES



# Retirement Villages Checklist

Where would you like to live? There are plenty of options.  
Use this checklist to see if village life could suit you.  
Download a printable version at [www.eldernet.co.nz](http://www.eldernet.co.nz)

## BEGINNINGS

- ☐ Am I ready to downsize? How much space do I need? Your new home may be smaller.
- ☐ Have I considered alternatives? See page 26.
- ☐ What type of home will suit me best – apartment living, a villa or townhouse?
- ☐ What are the entry age criteria for the village? Do I (and my partner) meet these?
- ☐ Who owns the village – a listed company, independent operator, or community or religious trust? What are their principles and experience? Do they operate other villages?
- ☐ Is the village under development? If so, can I handle living on a building site? Developing villages often have a slightly younger resident group – will this suit me?
- ☐ Will buying into the village use all my capital? Can I still afford to do what I enjoy?
- ☐ Will I receive any capital gains? Do I need to share any capital loss?
- ☐ What is the initial cost of moving in? What does this cover?
- ☐ How are concerns or complaints addressed?

## STARTING THE JOURNEY

- ☐ Has the village given me the Key Terms Summary? This helps you compare what each different village offers and requires.
- ☐ Do I understand the Occupation Right Agreement (ORA) and Disclosure Statement? The Retirement Villages Act 2003 requires that you must receive legal advice before signing.
- ☐ What type of contract will I enter into (e.g. Licence to Occupy, unit title or rental)?
- ☐ Have any variations I agreed with the village operator or manager been added to the ORA? A verbal agreement isn't legally binding.
- ☐ Is the village registered? Not all are. You can check at [www.retirement.govt.nz](http://www.retirement.govt.nz)
- ☐ Is the village accredited by the Retirement Villages Association?
- ☐ Do you understand what a statutory supervisor does? Who is the statutory supervisor for the village?
- ☐ Is the village is part of a group? Can I transfer to a different village within the group?
- ☐ What will happen if the village is bought by another operator?
- ☐ What is the minimum age for entry to the village?



## PEOPLE & PLACES

- ☐ Who is the village manager? See what you can find out about them and other staff.
- ☐ Do I already know people living in the village? If so, ask them about their experience; better still, visit them to get a feel for it.
- ☐ What's the average age and length of residence of those living there?
- ☐ Can my whānau and friends stay in my home, and use the village facilities? What are the rules?
- ☐ What social groups and activities are there in the village and nearby? Do they interest me?
- ☐ Does the village have a residents' committee? What does it do?
- ☐ What communal facilities would I like? Are they available on-site?
- ☐ Will all buildings meet my current and future needs? Level access, suitable for a walker, non-slip surfaces, easy to reach handles and shelves.
- ☐ Is there a village van for trips to the supermarket and regular social outings?
- ☐ Is the village close to public transport and key amenities (medical and shopping centres, library)?
- ☐ Is there a garage, carport or parking space? Do they offer a shared car pool?
- ☐ Is there an outdoor area? Can I garden – in pots, or in a community garden?
- ☐ Can I bring my pet? And get another one if I wanted?

## MONEY

- ☐ What is the Deferred Management Fee (DMF) and how will this affect the amount I or my estate receives when I'm no longer in my dwelling?
- ☐ How much are the regular fees and what do they cover? Can I choose what services I receive and what I pay for?
- ☐ Are the ongoing fees "fixed for life" or will they change? If so, is there a formula for change (e.g. no more than the annual rise in National Superannuation)?
- ☐ What are my other regular personal costs (phone, internet, TV subscriptions)?
- ☐ What does the village insurance cover? What do I need to insure? Does the village offer an insurance scheme for residents?
- ☐ What happens with the fees if I go on an extended holiday or if I want a new partner to move in?
- ☐ How soon will regular weekly fees stop once my home is vacant?
- ☐ How will the dwelling be relicensed? Can I or my estate have a say in how it is valued and marketed?
- ☐ Is there a marketing, administration or refurbishment cost to me or my estate?
- ☐ Will I or my estate be reimbursed for any improvements or alterations I've made? Or will I be required to remove any alterations?
- ☐ When will I or my estate receive the proceeds once the dwelling is relicensed?

**CARE & SUPPORT**

- ☐ Will the village let me receive publicly-funded, externally-provided care in my dwelling? Check the contract.
- ☐ What types of care or health services are offered on site (e.g. podiatry or physiotherapy)?
- ☐ Is there a care home on-site? If one is planned, when will it be completed?
- ☐ Do residents have priority entry to a care home on-site or nearby? What happens if there's a wait list?
- ☐ Can I receive care in the retirement village unit? If not, what are the other options?
- ☐ Is there a registered nurse on-site and on call 24/7?
- ☐ Is there a call button or service, and who monitors it and responds?
- ☐ If I need to move within the village (from independent living into care) what are the costs of this?

**NOTES****ORA - WHAT YOU ARE 'BUYING'**

An Occupation Right Agreement (ORA) is defined in the Retirement Villages Act 2003. It governs interactions between a village operator and residents and gives the resident the right to occupy a 'home' such as a unit, apartment or villa within the village. Among other things it sets out each village's terms and conditions.

Buying into a village is different to purchasing a house. The sum paid is known as your Capital Contribution. The legal title to your home can vary e.g. 'Licence to Occupy' (LTO) the most common, 'Unit Title', 'Lease'. As a village 'purchase' is a complex legal arrangement you must get specialised, independent legal advice. Legal fees may be more than for a standard property transaction.

If you intend to 'purchase', the village operator will give you a copy of the ORA and other documents including:

- Disclosure Statement – this will outline the type of investment or legal title involved and the costs associated with living in the village.
- Code of Residents' Rights – this outlines your basic rights.
- Retirement Villages Code of Practice 2008 and 2017 Variations – these give greater clarity to residents and village operators. Read and understand these; each contains essential information.

Once you have signed a contract you have a 15-day 'cooling off' period during which you can cancel.





## Helping our residents make the most of every day

Lyndale Care enables residents to live as independently as they wish, while always safe in the knowledge that the very best care is available, should they need it.

**Rest Home | Day Care | Studio Apartments | Dementia Care | Respite**

*“Lyndale is a warm, friendly, homely place to live. A safe environment. Living here has given me a purpose in life. My kids can get on with their life and not worry about me. The recreational activities are great. I can walk to town and the meals are to die for. It’s my home for the rest of my life.”*

~Trevor (Resident)

Enquiries welcome. For an information pack and an appointment to view contact:

Emma Taylor (General Manager and Registered Nurse)

M: 027 477 0828 E: [manager@lyndalecare.co.nz](mailto:manager@lyndalecare.co.nz).



**Lyndale Care**  
*Supporting life's journey*

# CHOOSING A CARE HOME

**Options vary a lot when it comes to care homes. Don't get caught up on furnishing styles – far more important is the home's philosophy and delivery of care.**

**C**hoosing 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, though, that wherever possible you should make the final decision – this will be your home. The following pages outline the different care options available in most New Zealand residential care homes, explain how to pay for care and provide a practical list to help you choose the best home for you.

Sometimes, due to health issues, others need to make this decision on your behalf. Prepare for this possibility in advance by appointing your Enduring Powers of Attorney. The people you appoint to take care of your welfare and property will be able to make this sort of decision if you are unable to do so yourself. You can also nominate others you want involved in decision-making (page 36).

There is no such thing as 'the best' care home, as what suits one person doesn't suit another. The most important element in an ideal care home is the philosophy and delivery of care. Do not underestimate this.

To start with, identify the criteria that are important to you. For some

people location is important, so you can be nearer to people who will visit you: family/whānau, friends, clubs and familiar places. For others it's the size of the home or the size and type of the room that is important. Perhaps it's the other support or levels of care provided on site, such as dementia care.

All care homes must be certified by MOH. An audit determines how long certification is granted for, e.g. four years indicates very good compliance. See reports at [www.health.govt.nz](http://www.health.govt.nz), search 'rest homes'.

**Your options** Care homes vary considerably and there can be a wide range of rooms to choose from. A feature that you are offered in one home and for which you are asked to pay additional charges, such as 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 are further explained on page 131 and include:

- Shared standard room (may suit couples and those who enjoy company).
- Standard single room, no ensuite – an ensuite is not essential if staff are

## LISTEN UP

'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.



Westella takes an innovative approach to dementia care. The 26-bedroom homestead, 7.5 acres of secure park-like grounds, wellbeing services and technology solutions support people to live a full and connected life.

The property is securely fenced allowing care to be delivered in the least restrictive way while still providing security.

Respite and activity programmes available.

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 📍 84 Waughs Road, Feilding 4475  
 🌐 [www.wisegroup.co.nz/westella](http://www.wisegroup.co.nz/westella)

## Summerville REST HOME

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 411 Frederick Street, Hastings  
 Hawke's Bay

# Te Hopai

## HOME & HOSPITAL

*Setting the Standard in Aged Care*

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04 380 2002 [www.tehopai.co.nz](http://www.tehopai.co.nz)



*“Te Hopai is looking after me beautifully”*

Elizabeth - Resident

required to assist with all personal care.

- Standard single room with shared or private ensuite.
- Standard single room with ensuite and additional services, such as paid TV.
- Premium room, for which additional charges apply (page 131).
- Room or care suite governed by an ORA (see pages 121, 132).

**Trial period** You may try out a home before making a commitment and while you will have to pay for this yourself, you'll probably find it is money well spent. It's a good idea to have an assessment before trialling a home. A month usually gives you enough time to assess the home. Although it's not long enough to really feel at home, it's long enough to see how the place 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 can be completed.

**Practical things** A comprehensive Care Plan will be created in consultation with family/whānau outlining all wider health and care issues, individual preferences and who to contact in an emergency.

You will be asked who holds your Enduring Powers of Attorney (page 36). If you haven't made these arrangements, expect to be asked to set this up.

Make sure all clothing is named and your possessions insured.

## A NOTE TO FAMILY/WHĀNAU

You may have had concerns about your relative for some time, or you may be facing a totally unexpected situation. When the recommendation for residential care is made you may have mixed feelings. Perhaps you worry that you or the health professionals are being too hasty, or you feel you should provide the care yourself.

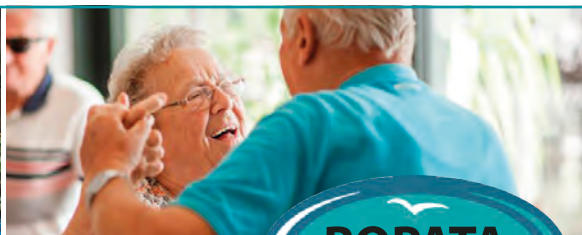
These pressures are common and the feelings natural. They take time to work through. Recognising them is a good step towards making better decisions.

Often a variety of family/whānau members come together at this time to help with finding a new home. It's possible you will disagree about what's best so try to understand that you will be seeing things from different perspectives.

If you are 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 yourself in your relative's place. How well do you know their likes and dislikes? What sort of environment do they like? Do they have links with their 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. Take the time to choose the home that your relative would have chosen for themselves.





## All-inclusive assisted living

Feel at home in our purpose-built, assisted living complex. With just 35 apartments, (for rental or rest home care) our friendly team can cater to your individual needs and ensure a comfortable transition to our care community.

**57 Ropata Crescent, Lower Hutt**  
(04) 920 0846 | [www.ropatalodge.co.nz](http://www.ropatalodge.co.nz)  
[manager@ropatalodge.co.nz](mailto:manager@ropatalodge.co.nz)

# Riverleigh CARE

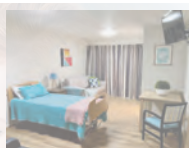
*Looking for a peaceful retreat near the hospital and Hutt River? Look no further! At Riverleigh, our friendly staff ensure you feel right at home. Indulge in delicious meals and enjoy a wide range of daily activities. Plus, benefit from weekly physiotherapy to keep you active and healthy. Come experience the warmth and comfort of Riverleigh Care Home today!*

- Palliative care • Rest home and hospital beds • Long term and short term stay
- Double rooms for best friends and couples

**Riverleigh Care , 1 - 5 Connolly Street, Boulcott, Lower Hutt**

**04 569 7955 \* 027 434 4563 \* [admin@riverleigh.co.nz](mailto:admin@riverleigh.co.nz)**

**[www.riverleigh.co.nz](http://www.riverleigh.co.nz)**



## KEY POINTS

- You are responsible for the payment of your care.
- If you cannot afford it, you may apply for a Residential Care Subsidy (RCS). You need to be considered a 'qualifying person' to begin the process (page 144).
- If you wish to access any public funding, including a Health NZ top-up payment (page 129), you need to have an assessment showing your eligibility for care. If you don't, you may be vulnerable to unregulated fees, and if you need an RCS at a later date you may not qualify.
- Check your Admission Agreement carefully and seek independent advice before signing it so that you are clear about what is provided under contract and what additional costs, if any, you are agreeing to pay.
- You may also be asked for fees in advance, bonds or guarantors.
- You may find that you can't get in to your home of choice until there is a vacancy. You can ask to go on the waiting list and go elsewhere while you wait. Ask your interim home about a reduced period of notice.
- Should your care requirements change, a reassessment will be done. If your level of care does change, you may have to move to another room or to another home if your current home doesn't provide your new level of care. If your room is designated as a dual-use room (page 133), you may not need to move.
- If you belong to a particular community (ethnic, cultural, religious, rainbow etc.) you may want to view homes that are particularly inclusive or where others from your community live.

## 10 STEPS TO A GOOD CHOICE

- 1** Find out from your assessment what level of care you need.
- 2** Discuss the options with your contact at your older person's service/needs assessor and family/whānau.
- 3** For urgent decisions see current vacancies on [www.eldernet.co.nz/vacancies](http://www.eldernet.co.nz/vacancies)
- 4** If applying for a Residential Care Subsidy, get the necessary application form before you move into the home.
- 5** Shortlist homes/hospitals that provide your level of care and that interest you. Visit them, using pages 148-150 to help with your decision.
- 6** Ask each home for a copy of their Admission Agreement. Go away and read it.
- 7** If you would like a trial stay at any of the homes or hospitals, arrange this. You must pay privately for a trial (page 125).
- 8** Decide on your preferred home. If applicable, tell your older person's service/needs assessor what home you've decided on.
- 9** Talk with the admissions person at the care home. Negotiate any issues and sign the Admission Agreement.
- 10** You are responsible for paying for, or contributing towards, your care. Make arrangements for this. Complete your Residential Care Subsidy or Loan application if appropriate (page 151).





# Live your best life with fully funded home support

Getting better and staying well is often easier when you're living independently in your own home. If you're eligible, we can support you with:

- Personal Care, Home Help, Companionship
- Respite Care/Carer Support
- Aged & Dementia Care
- Palliative Care
- Chronic Long Term Support
- Post-Surgical & Post Accident Care
- Spinal & Brain Injury Care

Contact us for advice or talk to your family doctor.

**0800 GENEVA / 0800 436 382**  
**[www.genevahealth.com](http://www.genevahealth.com)**



**Geneva**  
Healthcare

# PAYING FOR YOUR CARE

**The financial aspects of residential care may be a difficult process to navigate; here, we try to make things clearer, so you know who is paying for what.**

There are a lot of things that surprise people about the payment details for care homes. Often the biggest surprise is that you are required to pay if you have the means to do so. Some people will be able to apply for a subsidy if they cannot pay the fees, however this will impact on the amount of NZ Super they receive. Finally, many people who are ‘paying privately’ for their care are not aware that if they are receiving a higher level than rest home care, the government is paying the care home a ‘top up’ subsidy for their care, so they are in fact partially government funded.

**Payment for care** can be made up by one or more of the following:

- Privately paid by you, from private funds/NZ Super;
- The Residential Care Subsidy (RCS), if you are eligible;

- A ‘top up’ subsidy paid by Health NZ directly to contracted care homes, to contribute towards a higher level of care than rest home care (page 133).

The Maximum Contribution (MC) (page 4) is the maximum you can be charged for care and standard accommodation at a contracted facility. If you choose to receive care in a premium room or care suite, these additional accommodation-related costs are over and above the MC, and you are required to privately pay these yourself.

**Support with payment** If you wish to have any aspect of your payment for care covered by the government, you will need to access care via a needs assessment (page 62) and undertake a financial assessment (page 144). You may qualify for a RCS (page 144) or a RCL (page 147) to cover the cost of your care and standard accommodation. Support with payment will not cover premium accommodation charges.

**Note:** There are emerging offerings from providers where you choose to receive care outside of this assessment system. In this case you will be 100% self-funded, i.e. you will not receive the Health NZ ‘top up’ or be able to apply for any financial assistance, as the care home will not be contracted to Health NZ (page 133).

## Example of fee structure in a contracted care home for hospital level of care per day

Daily bed rate (MC)	\$200	Paid privately, or via the RCS, or a combination of both.
Extra fees for hospital level of care	\$100	Automatically paid by Health NZ. This is the ‘top up’ subsidy.
Premium accommodation charges	\$50*	Paid privately.
<b>Total cost per day</b>	<b>\$350</b>	
<b>Total paid by resident per day</b>	<b>\$250</b>	<i>i.e. minus the ‘top up’ subsidy.</i>

\*Example only. Premium accommodation charges differ depending on the care home and agreement.

☎ 04 389 1232

## Alexandra

REST HOME



Escape to the peaceful oasis of Alexandra Rest Home located in the heart of Wellington's vibrant Newtown district. Our charming facility is just a short stroll away from local shops and cafes, making it convenient for residents to stay connected with the community. With both Wellington and Wakefield hospitals in close proximity, you can rest assured knowing that medical care is easily accessible. At Alexandra Rest Home, every room exudes warmth and comfort, providing residents with a cozy retreat. Book a visit today to discover the essence of our home away from home.

📍 71 Rintoul Street, Newtown, Wellington

✉ [alexandra@alexandra.org.nz](mailto:alexandra@alexandra.org.nz)

🌐 [www.alexandra.org.nz](http://www.alexandra.org.nz)



## Vincentian

HOME



Discover Vincentian Home and Hospital in Berhampore, Wellington! Offering both rest home and hospital beds for long or short stays, our welcoming facility provides a homely environment with a team of friendly and caring staff. Located conveniently close to the hospital, we ensure a comfortable and supportive experience for all our residents. Contact us today to learn more about our compassionate care services.

📍 2a Stanley Street, Berhampore, Wellington

☎ 04 380 0294 ; manager 027 262 7649

🌐 [www.vincentianhome.co.nz](http://www.vincentianhome.co.nz)



# ROOM OPTIONS EXPLAINED

**Choosing the right care home for your needs can be confusing (and often daunting). A good place to start is understanding the different room types and their associated costs.**

The Aged Related Residential Care (ARRC) Services Agreement sets out the standard services that a contracted care home must deliver to those whose interRAI assessment qualifies them for long-term care; these are the 'must have' services. They must meet the person's needs as identified in the interRAI assessment and detailed in their Care Plan (page 62). To ensure the agreement requirements are being met and that care is of a high standard, regular and spot audits are done. A high-complying provider can get up to five years certification.

There are various room options to choose from depending on the care home:

**Standard rooms** offer the standard services outlined in the ARRC agreement including: personal care and assistance; nutritious meals and snacks; accommodation (including the use of furniture, fittings, fixtures, bedding and utensils); a clean, warm, safe, well-maintained, homely and comfortable environment; cleaning and laundry services; an accessible outdoor area; and communal aids and equipment for personal care or general mobility.

All standard services must be pro-

vided at a cost no greater than what is known as the Maximum Contribution (MC) (page 4).

While standard rooms attract no additional or premium accommodation fees, everyone must pay for their own personal items and services, such as clothing, toiletries, insurance, dentist, optician, audiologist and other specialists, hairdresser, drycleaner or lawyer, as these are not covered by the agreement.

You may choose to purchase additional services unrelated to care that are not covered by the agreement, e.g. incidental services that can easily be stopped, such as paid television/streaming subscriptions.

It's important to understand that not all standard rooms are the same; market forces and the philosophy of the operator can affect what's on offer. How care is delivered may vary between homes too; if possible, you should visit any home that interests you in person to see it for yourself.

**Premium accommodation** is that which is over and above the ARRC agreement requirements. It includes the same services outlined above for a standard room, plus additional services that could include fixed features (such as an ensuite, tea/coffee making area or a view for example) and/or features associated with the room (such as an adjoining garden or access to recreational equipment). These extras attract additional daily costs of \$5 to over \$100, on top of the MC (page 4).

Providers are required to publish their premium accommodation charges on a website (find these at [www.eldernet.co.nz/vacancies](http://www.eldernet.co.nz/vacancies) or on most provider websites). The contract



you sign with the provider must also show the additional services you accept or decline (you can change your mind about these services later). You can review your premium tenancy every six months; if you no longer wish to or can't pay the premium accommodation charges, adequate notice of this should be given. The provider then has three months to move you to a standard room, giving three days' notice, or cease charging premium room fees. There is discretion to waive the notice period for financial hardship.

There has been an increase in premium accommodation over recent years. Several factors have contributed to this rise, including consumer expectations and what is often described as a shortfall in funding for standard services. This has had a knock-on effect of reducing the numbers of standard beds, making them hard to come by in some areas. The '10km Rule' as it is commonly known, has gone partway to addressing this issue (see panel).

**A care suite** is technically a retirement village offering with care components. It offers the same type of care as a care home. As this is a type of retirement village offering, it is covered by an ORA (page 121) so you will usually have to pay an upfront capital amount (the 'purchase' price). What this payment is called and how it is treated will vary. Some will have a percentage deducted on exit (DMF, page 110) and others, such as a RAD (page 5), are fully refundable on exit.

Specific rules apply to care suite arrangements with contracted facilities to ensure the resident and the public health services don't end up paying for the same thing:

## THE 10KM RULE

If your preferred care home only has a premium room available that attracts extra fees and you can't/don't want to pay these, the following applies:

- If the home has over 90% occupancy and a standard room is vacant at another home within a 10km radius, you may have to go there. However, if you are receiving a Residential Care Subsidy (RCS) - see page 144 - you may still have funds that fall within the asset threshold. You might wish to use these to pay any premium charges at your preferred home.
  - If there isn't a home with a vacancy within 10km, your home of choice must accept you and not charge extra fees. They may move you to a standard room when it becomes available, giving three days' notice.
  - Once a resident, if a standard room becomes available in another home, you cannot be required to move.
- Standard services for care (as set out in the ARRC Agreement) are provided at a rate of the MC minus 18% (see below). This will only cover personal care and associated services, such as meals, linen and laundry.
  - The accommodation portion of the MC (18%) is excluded as you will have already paid for this in the 'purchase' price of the care suite. If you are charged the full MC, you should have the 18% reimbursed.
  - You cannot be charged extra fees related to fixed elements in your care suite but there may be optional extras you choose to purchase.



- You will pay maintenance and property-related fees, such as rates and insurance, as per your ORA.

- If you entered into an ORA before being assessed as requiring residential care and you qualify for the RCS (page 144), the ORA will need to be amended before the subsidy can be paid.

### **Dual use beds (also known as swing beds)**

For those concerned about having to move rooms if their needs change, a dual use/swing bed room may be the solution. If available, it allows for various levels of care to be provided in the same room. A possible exception is dementia care, which may require a move to a more secure environment. A premium accommodation charge may or may not apply.

**Non-contracted facilities** There are new options entering the market that are only available to private payers. These may be provided as care suites or premium accommodation. The key points of difference with these offerings (compared to those listed above) are:

- The facility will not be contracted with Health NZ under the ARRC agreement for care provided within the care suite/room.
- The facility must still be certified to provide care that meets the Health & Disability Services (Safety) Act 2001 standards, staff them appropriately and undergo audits.
- It is unlikely an interRAI assessment (page 62) will be required. An in-house assessment should still be conducted by the facility to produce a care plan.
- The facility will determine the fees, which will not be subject to the MC or Health NZ 'top up' subsidy. Those entering under an ORA are required to get legal advice, and it is advisable for

## **LEVELS OF CARE**

An assessment determines the level of care you need. Current levels are:

**Rest Home** Those who require this level of care usually have some ability to get about on their own or with some help. They require some assistance with personal care and general day-to-day activities. Many have a degree of memory loss.

Some people who have a dementia may be able to be safely and suitably supported in a rest home.

**Hospital** This refers to an age-related hospital rather than public hospital. The care is for those who have a significant disability, medical concerns, and possible cognitive decline, that requires the continual oversight and support of registered nurses. Most require the assistance of two people to move about.

**Dementia** This level of care is for those who need a secure home, usually because there are safety concerns for themselves or others.

**Psychogeriatric Specialist Hospital.** This level 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 can be challenging. They need a secure environment and the skills of specially trained staff.

all others. A clear contract must be in place, which includes your care plan.

- You can still apply for an interRAI assessment if you think your financial situation could change in the future and you may need to access funded care. If this happens, you will need to move to a contracted facility.

## Kapiti Rest Home

*"For the best outlook on the Coast"*

## Kena Kena Rest Home

*"Where warmth is more than  
the Kapiti sun"*



### Permanent | Respite | Day Care

- Homely environment
- Delicious home cooked meals
- Experienced, trained and caring staff
- Stimulating varied activities programme
- Rest home level care suites available

**Owned & operated by registered nurses**

#### Kapiti Rest Home:

91 Marine Parade, Paraparaumu Beach  
**P** > 04 902 6048 **W** > [kapitiresthome.co.nz](http://kapitiresthome.co.nz)  
**E** > [manager@kapitiresthome.co.nz](mailto:manager@kapitiresthome.co.nz)

#### Kena Kena Rest Home:

32 Percival Road, Paraparaumu Beach  
**P** > 04 902 9099 **W** > [kenakena.co.nz](http://kenakena.co.nz)  
**E** > [office@kenakena.co.nz](mailto:office@kenakena.co.nz)



## Voguehaven

REST HOME

*Voguehaven is proud to offer you a warm,  
family home with the best of care.*

**24 hour Long or Short Term Care,  
Day Stay – Respite Care**

- Beautiful garden views from all rooms of our rose gardens
  - 24 hr on call team
- Delicious home cooked meals
  - Outings & craft activities
  - Centrally situated in Clive

145 Main Road, CLIVE

**Phone: (06) 8700 392**

Email: [manager@voguehaven.co.nz](mailto:manager@voguehaven.co.nz)

## Wimbledon Villa

Rest home, Hospital & Dementia care



*"Providing a safe, caring  
& peaceful home"*

We are privileged to be able to offer elder care in a homely type environment with staff trained to a high standard. Our facility is based on "Eden care" principles; a philosophy encouraging one's 'spark of life'.

204 Manchester Street, Feilding  
 (06) 323 4637

[jonwell@wimbledonvilla.co.nz](mailto:jonwell@wimbledonvilla.co.nz)  
[wimbledonvilla.co.nz](http://wimbledonvilla.co.nz)

# HUMAN RIGHTS LENS ON CARE

**The Chief Ombudsman monitors ‘secure’ areas, like dementia and psychogeriatric units, to check on people’s human rights.**

The Ombudsman plays an important role in the age care system by monitoring the conditions of residents in secure places like dementia and psychogeriatric units to make sure their human rights are protected.

These are places where residents are unable to leave of their own free will and can’t come and go as they please.

The Ombudsman takes an independent and objective look at the way the residents are treated and their living conditions by visiting and inspecting the facilities.

This is to make sure they have safeguards in place to prevent ill treatment and, if not, the Ombudsman recommends improvements based on international law and best practice.

This work is done under the umbrella of the United Nations and is known as ‘OPCAT monitoring’. This is named after the international agreement that governs it.

Before starting inspections in July 2021, the Ombudsman set out a series of expectations. Among them are that residents are safe and their independence is promoted. They are treated

with dignity and respect. They live in an environment that promotes their safety, dignity, autonomy, and well-being. This must include having access to the outdoors and fresh air.

Visits and inspections are an important way for the Ombudsman to be able to examine the conditions and treatment of residents.

In the 2022/23 Financial Year, the Ombudsman’s inspectors made 66 visits and inspections to a cross section of facilities, ranging from small single owner businesses to those run by national providers.



**Wider role** Outside of these inspections, the Ombudsman also has a broader constitutional role

investigating complaints about government agencies.

This is to make sure people are treated fairly. Broader investigations are also carried out and recommendations are made to promote wider improvement in the public sector.

To find out more, visit our website: [www.ombudsman.parliament.nz](http://www.ombudsman.parliament.nz)

## HOW YOU CAN HELP

Inspectors may want to talk to you as part of their visit. If you have any information you think the Chief Ombudsman should be aware of regarding your or your loved one’s treatment and conditions in a facility, you can discuss this freely with them. If you have a complaint about the service, follow the usual complaints process (page 13).



# Dementia Care NZ

## 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

### NAPIER

dementia care

P: (06) 281 2801  
E: [oc@millvalenapier.co.nz](mailto:oc@millvalenapier.co.nz)  
7 Glamorgan Avenue,  
Tamatea, Napier 4112



Millvale House Napier is designed to feel like a residential home. It is made up of two interconnected smaller homes, each housing 15 residents. Each small home has a kitchenette, lounge and dining area. The living areas are homely yet roomy and each home has easy access to the garden. Millvale House Napier is warm and inviting. The atmosphere is gentle, peaceful, and accepting.



## Millvale House

### LEVIN

dementia care

P: (06) 367 2027  
E: [om@millvalelevin.co.nz](mailto:om@millvalelevin.co.nz)  
42 Mako Mako Road,  
Levin 5510



We are a small facility looking after 29 residents. Each of our homes is designed with easy access to a garden. Haumaru 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.



## Millvale House

### WAIKANA E

dementia care

P: (04) 904 4340  
E: [om@millvalewaikanae.co.nz](mailto:om@millvalewaikanae.co.nz)  
17 Millvale Street,  
Waikanae 5036



Millvale House Waikanae 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

rest home care | continuing care  
dementia care

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



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

dementia care

P: (04) 388 6780  
E: [om@millvalemiramar.co.nz](mailto:om@millvalemiramar.co.nz)  
60 Weka Street  
Miramar, Wellington 6022



Millvale House Miramar is one of our most homely facilities. Blending into the surrounding houses nestled in the heart of the 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.



# LOOK ON THE BRIGHT SIDE

**Some people welcome the security a care home offers. Others may be upset about losing some of their independence. Focusing on the positive things about the move will help you settle into your new home.**

When making the decision to go into a care home it is common to experience a lot of conflicting feelings. You and your family/whānau may have had quite differing views on the benefits of this and the decision may not have been easily reached. This is one of

## RIGHT TO PRIVACY

Privacy around your personal needs, health and finances 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; caring staff will understand your concerns and allay them by:

- 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 only with those for whom they have permission.

life's major events and while there may be a sense of relief that your personal wellbeing and safety will now be taken care of, other feelings of hopelessness, loss, anger, and resentment can emerge. A sudden change in your health may mean that you have had little time to think about and plan for this, so you can feel totally unprepared. There are often fears too, about what life is like in a care home and this can add to your anxiety.

In coming to this point you have probably already experienced some losses, such as the loss of good health and your ability to do everything for yourself. Now there are other losses – no longer being able to make all decisions for yourself, the loss of a loved home or pet, or of regular contact with your friends or neighbours.

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

- Give yourself time to settle in. No matter how you feel about the move, it will take time to adjust to the situation and your new environment. Consider a trial period (page 125).
- If you are able to, you may want to write things down, noting the steps you need to take to resolve your concerns.
- Make the home your own. Personalise your room with your furniture and sentimental items and bring your own flair, even if initially you don't feel much like doing this. You will find others respond positively. 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 or coffee and what name they should call you by. These seemingly little things help staff get to know you and understand you.

- Involve yourself in the exercise programme that many homes offer; physical and mental wellbeing are closely linked.

- 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 needs are more than can be managed at home.

- Rather than being resigned to the situation and letting others make decisions for you; let people know what you do and don't like. Your opinions matter. In the longer term you will feel better for sharing them.

- Talking to someone independent may help. The manager of the home may be able to refer you to a pastoral worker, social worker or other professional 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-judgmental. You may find you repeat yourself but that can be part of the healing process. A helpful listener will acknowledge



## A NOTE TO CARERS

Giving up a caregiving role is difficult. You've probably invested a lot of physical and emotional energy in supporting your spouse/partner, relative or friend to remain at home for as long as possible.

When the decision is made to go into a care home you may

experience conflicting

feelings: relief that

you are no longer

the person solely

responsible for

another's care;

sadness that

the day has

come that may

have been dreaded;

or ambivalence and

guilt. You have probably

also anticipated your loved one's

response to this decision. 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 and over time a changed

and sometimes better relationship

between you and your loved one.

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 and

pastimes. It is important to plan for

your own future too.



[www.experioncare.co.nz](http://www.experioncare.co.nz)

### Bardowie Retirement Complex

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

283 Kennedy Rd, Onekawa, Napier

Ph: 06 843 2804

E-mail: [manager.bardowie@experioncare.co.nz](mailto:manager.bardowie@experioncare.co.nz)



### Okere House

- ▶ 26 beds dementia home.
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- ▶ No premium on most rooms.

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Ph: 06 323 8489

E-mail: [fm.woodfall@experioncare.co.nz](mailto:fm.woodfall@experioncare.co.nz)

your story without trying to 'straighten you out' or 'calm you down'.

- Use successful strategies that got you through tough times in the past.
- If you have given yourself reasonable time (a month or two) and tried everything you can and you're still feeling down, let staff know or talk to your doctor. Depression can be an issue for some who live in a care home (page 45). Make sure, however, that your sadness isn't because the home isn't the right one for you. If it isn't, you can move. The person coordinating your services will explain the process.

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

- There are lots of opportunities to make new friends, both with other residents and staff.
- Your health conditions may stabilise or improve 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.
- There may be opportunities to discover new experiences. The growing number of older people learning to use computers is evidence of this. Some older people even learn these skills after taking up residency in a home. Being in a care home does not mean that modern technology is beyond your reach. Increasingly, care homes are making computer technology available to residents. Even if you

can't or do not want to use computers yourself, staff will often help you reap the benefits of them. They can do this by sending/receiving emails or setting up video calls for you so 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 won't have to think about maintaining your own home and garden.
- Most homes provide opportunities to go on outings to places such as the local cafe, RSA, park or beach, for those able to manage this. There may be a small cost for such outings.
- The home will provide a range of activities during the week and some have regular 'happy hour' clubs.



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Summerset Retirement Villages offer a wide range of homes, including villas, townhouses, and serviced apartments. You can live independently or, should you need it, you can get support and care in your own home or apartment, or in our fully certified care centre or memory care centre, subject to availability.

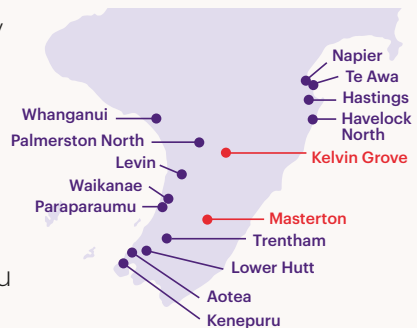
This means you can be confident of getting the support you need, when you need it and without leaving the village.

At a Summerset village, convenience and care mean more time to enjoy your home, family and friends, and retirement lifestyle.

**Love the life you choose.**

**Summerset villages are open  
7 days, call 0800 SUMMER  
today to make an appointment.**

**\*Proposed  
villages**



**Summerset**  
RETIREMENT VILLAGES

# FACTS, FIGURES & ASSET TESTS

**There's a lot to get your head around when it comes to how much of your care home fees you have to pay yourself and for how long. The rules and regulations governing this include means assessments and asset tests.**

As outlined on page 129, you are responsible for paying for, or contributing towards, your residential care. If you are unable to pay the full amount for your care, a set of rules and regulations governs what financial assistance you might be eligible for.

**Residential Care Subsidy (RCS)** This contributes towards the cost of standard services for those who qualify after a needs assessment (page 62) and an assets and income assessment has been completed. Depending on your assets and income, this could cover the full cost of care or only be a partial contribution (you would have to pay the remainder). To be eligible, you must be a qualifying person or a special case.

**You are a qualifying person if:**

- You are aged 65 or over and;
- You are eligible for publicly funded health and disability services and;
- You have been assessed as requiring long-term residential care and;
- You are entitled to apply for a Financial Means Assessment.

An example of a non-qualifying person is someone without New Zealand residency. If this is the case, the person may negotiate the cost of care with the

## WHAT ARE ASSETS?

For a financial assessment, assets generally include but are not limited to:

- Cash or savings.
- Term deposits, investments, shares or bonds.
- Loans you have made to others.
- Property.
- Most life insurance policies.

These are generally not counted in the assessment:

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

For many people who own property, it is likely that their total assets will be worth more than the Asset Threshold.

provider and pay privately.

**Asset testing** If you are a qualifying person, a means assessment of assets is the next step in determining whether you are eligible for an RCS. There is a dollar amount (of assets) you can keep that you are not required to contribute towards your care; this is called the Asset Threshold. Each year on 1 July the threshold is adjusted in line with the Consumer Price Index. The current thresholds are:

**Single** You are eligible if you have assets equal to or below \$284,636 as at 1 July 2024.

**Couple in long-term care** You are eligible if you have combined assets equal to or below \$284,636 as at 1 July 2024.

**Couple with one in care** There are two

threshold options:

- Combined assets of \$155,873 as at 1 July 2024, not including the value of their home and car, or;
- Combined assets of \$284,636 as at 1 July 2024, which does include the value of the home and car.

If your assets are above the Asset Threshold and you have been assessed as requiring residential care, you will have to pay privately for this. As your assets decrease you may become eligible for an RCS; make sure you, or someone you trust, monitors when this is approaching so that you can apply. If your assets are found to be equal to or below the Asset Threshold and you meet other criteria, you may be eligible for an RCS. You will still need to have an income assessment. This includes any NZ Super.

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 of \$284,636. 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 of \$155,873. They own their own home worth \$700,000 and a car worth \$18,000. The car is exempt from the assessment. The house is exempt only when it's the main place where the partner who is not in care or a dependent child lives.

Individual circumstances vary widely and details may change, so get current information from Work and Income. The Residential Subsidy Unit is free-phone 0800 999 727. You must return

## WHAT IS INCOME?

Where a financial assessment considers income, this includes but is not limited to:

- NZ Super, Veteran's Pension or any other benefit.
- 50% of private superannuation payments.
- 50% of life insurance annuities.
- Overseas government pensions.
- Contributions from relatives.
- Interest from bank accounts or term investments/deposits.
- Income or payments from a trust, estate or rental.
- Shares or portfolios.
- Employment or business income.

Income does not include and is not limited to:

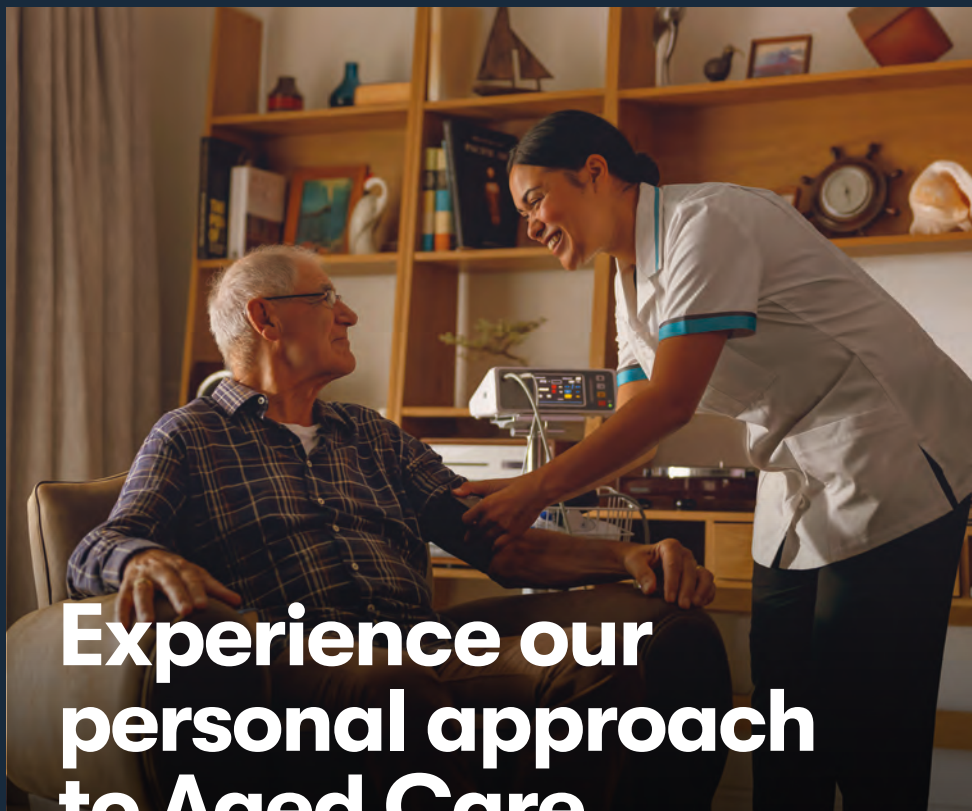
- Any money from your partner's employment.
- A War Disablement Pension from New Zealand or any Commonwealth country.
- Income from assets when the income is under \$1,236 a year for single people, \$2,472 a year for a couple when both are assessed as needing care, and \$3,707 a year for a couple where one of them has been assessed as needing care. (Figures as at 1 July 2024).

the signed RCS application to Work and Income within 90 days of the date you want payment to start.

**Special-case person** You are a special-case person if you are:

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

The rules differ to those for a quali-



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fying person. For example, if you are aged 50 to 64, single and have no dependent children, your income will be means tested, not your assets. Contact Work and Income for more detail.

**Income testing** This can be rigorous. Although as a qualifying person you may be eligible for an RCS, you will still need to contribute towards the cost of your care from income (as will a special-case person aged 50 to 64). The income assessment determines the amount; this is a between you and Work and Income, not the care home.

**Residential Care Loan (RCL)** If owning your former home puts you over the Asset Threshold and your other assets are under it, you may be able to get a Residential Care Loan to cover your fees. Applications are considered case by case, are discretionary and must fit the scheme's criteria. You will need to pay privately for your care while this is processed. There may be costs associated with the loan process, such as lawyer's fees, and you are responsible for these. They are not included in the loan.

If approved, you will need to sign a Residential Care Loan Agreement. The loan will be secured over your former home by lodging a caveat against its title. If your former home is a unit in a retirement village and your 'title' is a Licence to Occupy, the loan will be secured against the termination proceeds due to you. You will need to assign your interests in the termination proceeds to the Crown and this will be recorded in the loan agreement. The operator of your village will also need to agree to this arrangement.

The loan is generally repayable within 12 months of your death or when your home is sold, whichever

## RULES ON GIFTING

- If you give away assets they may still be counted in your assessment. Within the 'gifting period' of five years prior to applying for an RCS, general gifting of up to \$8,000 per year is allowed. Gifts made in recognition of care, for which there are strict criteria, must not exceed \$40,000 during this period. (Figures as at 1 July 2024).
- Before the five-year period, gifts of more than \$27,000 a year for each application may be included in the assessment.
- Inland Revenue's (IRD) gifting rules differ to the RCS gifting rules.

happens first. Payments under the loan stop when an RCS is approved. Application forms are included in the RCS application document, or contact Work and Income on 0800 999 727.

## KEY POINTS

- If you receive an RCS, you will keep a personal allowance of \$55.35 a week and a clothing allowance of \$347.17 a year (as at 1 July 2024) from your NZ Super.
- If you are eligible for an RCS and have a partner living at home, they may be eligible for a weekly Special Disability Allowance of \$49.02 (as at 1 July 2024). They may also be eligible for NZ Super at the Living Alone rate.
- Private payers may be eligible for Work and Income assistance if they meet 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 or for a financial means assessment at any time.





# Care Homes Checklist

There is a lot to think about (and sometimes not much time) to decide which care home is right for you.

Download a printable checklist at [www.eldernet.co.nz](http://www.eldernet.co.nz)

## RESEARCH

- ☐ What type of home do you want? Just the basics or added features (that will often come at a cost)?
- ☐ Can you find a home in your preferred area/suburb? If not, have you considered going on a wait list for your preferred care home?
- ☐ Can your friends, family/whānau easily visit? Is the home close to bus routes if they don't drive?
- ☐ Have you had a financial assessment? Are you clear about who is paying for your care? If you cannot afford to pay, the government may subsidise your care.
- ☐ Many facilities offer different types of rooms, some with additional costs. What kind of room do you need? What are the associated costs?
- ☐ If you've agreed to pay additional amounts for your room (perhaps you're going to move into a care suite or a premium room), do you understand the cost structure?
- ☐ Do you understand the admission agreement and what you might be agreeing to pay? How do you give notice if you no longer wish to receive any additional services?

## THE CARE HOME

- ☐ Is the home clean, warm and odour-free?
- ☐ Are rooms sunny and well lit, with an outside window? Residents' rooms should be clean, well-ventilated, warm, comfortable, and roomy enough for ease of movement.
- ☐ Are there pets? Some homes have cats, budgies, or visiting dogs.
- ☐ Is there easy access to communal areas? Communal areas, both inside and outside, should be readily accessible for dining, relaxation and activities.
- ☐ Is the care home committed to respecting your values, beliefs and gender identity?
- ☐ Do you want an ensuite? Does this care home offer them?
- ☐ Is there an activities programme publicly displayed for residents? Do residents have any input?
- ☐ Do current residents appear happy and well cared for? Residents should be involved in conversations and quiet or busier activities.
- ☐ Are the meals varied, interesting, seasonally appropriate and nutritious? Is there a menu on display.
- ☐ If your level of care changes, will you have to move to another room or a different care home?

## YOUR SPACE & PREFERENCES/COMFORT

- ☐ Is there space for personal furniture and items, e.g. your own computer or TV? Can you make it feel like home?
- ☐ Can you adjust the heat and ventilation to suit your preference?
- ☐ Can you choose what you wear for the day?
- ☐ What are the routines around showering and dressing?
- ☐ How much freedom will you have for individual preferences and routines? Are bedtimes flexible?
- ☐ What time are meals served? Can you serve your own? What if you want more, or less?
- ☐ If you require/prefer a special diet, is it adequately catered for?
- ☐ Are drinks, fruit or snacks available at all times?
- ☐ Can a relative or friend join you for morning, afternoon tea or a meal? If so, is there a cost?
- ☐ Do the activities on the schedule appeal to you? Do some incur extra costs?
- ☐ If you are using a shared bathroom, can you access it easily?
- ☐ If you have an ensuite, is it large enough to allow caregivers to move about and support you comfortably?
- ☐ Does your room allow for privacy? Do staff and visitors knock before they enter?

## STAFFING

- ☐ How are visitors welcomed and treated?
- ☐ How do staff get to know a new resident, e.g. their background, culture, likes, dislikes, etc?
- ☐ What are the Registered Nurse hours, and the caregiver-to-resident ratio?
- ☐ Do staff get on well with each other and work as a team?
- ☐ What qualifications do the staff hold, e.g. there are differences between a registered nurse and an enrolled nurse, a diversional therapist and an activities coordinator. What on-the-job training is offered to staff?
- ☐ What system do staff have for updating each other at shift handovers?
- ☐ What are the staffing levels at night and over the weekends?
- ☐ If you need a doctor, who would that be? Is there a house GP on call? Does the care home work with a local GP to see residents?
- ☐ Are there other health services at the home, such as physiotherapy? Are there additional costs?
- ☐ If you have a concern about a staff member, do you know who to speak with?
- ☐ Are your emotional and spiritual needs considered? Who is available to attend to these?

## CARE

- ☐ How will you and those close to you be involved in your Care Plan?
- ☐ How regularly is your Care Plan reviewed? What might trigger a review? Can you request one?
- ☐ Do you have Enduring Powers of Attorney in place? The care home will want copies of this so they know who they can speak with about your care if they need to.
- ☐ Who do you want to be informed about your care? Make sure the staff know who has your permission to access this information.
- ☐ Is care delivered in a way that acknowledges your whole self including any gender, sexuality, religious and cultural needs?
- ☐ How often will you be seen by a nurse? And a doctor?
- ☐ How is medication managed? Are you able to administer some of your own medications?
- ☐ If you have family/whānau or others who have been involved in your care, can they still continue to be involved once you are living in the care home?
- ☐ When your care needs change, will you have to move to another room or a different care home? Who will decide this?
- ☐ How is end of life care managed? Have you completed an advance care plan? Does the care home have a copy?

## DEMENTIA & PSYCHOGERIATRIC

- ☐ How is the resident's dignity maintained and respected?
- ☐ Are key relatives or former carers involved in making or revising Care Plans?
- ☐ How does the care home manage the balance between allowing residents to move about freely and keeping them safe?
- ☐ How are challenging behaviours managed? How are possible causes and triggers explored so they can be managed?

## CHECKS & BALANCES

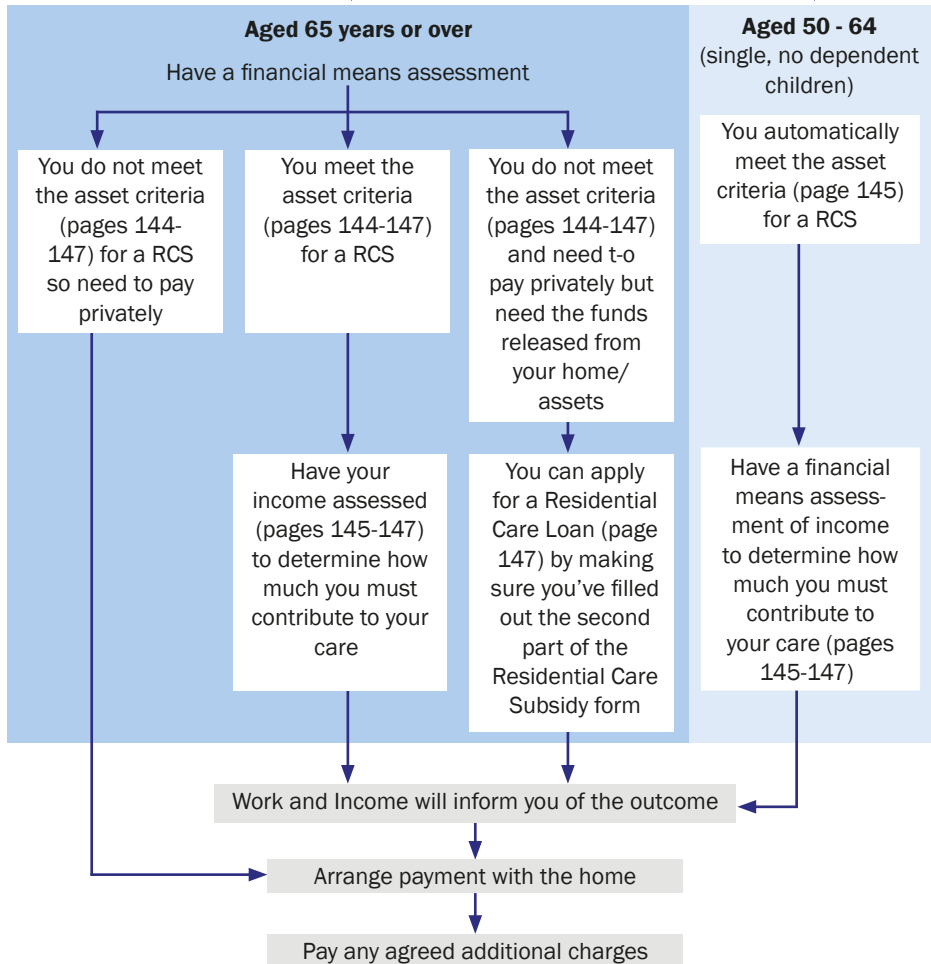
- ☐ How are complaints managed? Ask current residents and their relatives about their experiences.
- ☐ How are accidents managed, e.g. a fall? They should be recorded, and steps taken to prevent reoccurrence.
- ☐ What are the systems to ensure safe management and storage of medication and dangerous items?
- ☐ How often are emergency and fire drills held? The care home should have systems and procedures in place to ensure resident and staff safety.
- ☐ How long has certification been granted for? Longer periods (e.g. four years) generally indicate greater compliance with standards and requirements.
- ☐ Do you have contents insurance for your personal items?

## HOW TO APPLY FOR A RESIDENTIAL CARE SUBSIDY (RCS) &/OR RESIDENTIAL CARE LOAN<sup>^</sup> (RCL)

Be assessed (page 62) to find out the level of care you need (page 133)

Decide what home you're going to (pages 92-105)

Apply to Work and Income for the RCS &/or Loan (pages 144-147) within 90 days (page 147). Your older persons' service/needs assessor will supply the forms



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



# Taslin NZ Ltd

HILLCREST REST HOME

OTATARA HEIGHTS Residential Care

*Otatara Heights & Hillcrest Rest Home are committed to providing our residents with a holistic approach to their needs, with focus on individual support and continued independence.*

## MISSION

Owners, management and staff aim to provide excellent care in our warm and friendly family home where the care of our; young, elderly, frail, physically and intellectually able and/or disabled individuals may live in an atmosphere of respect and friendliness.

- VALUES:**
- Excellent care can be affordable
  - All people should be treated as individuals
  - Every resident is unique, valuable and special with something of worth to offer
  - Independence should be promoted and support provided where this is diminished
  - Holistic care promotes a sense of wellbeing
  - Recognition of the importance of whānau/family
  - Respect is paramount for a happy and healthy living and working environment
  - Competent trained staff are valued

**Owner/Manager: Teresa Loughlin**

**Otatara Heights Residential Care:**

8 Kotuku Place, Taradale **E:** [manager@otatara.org.nz](mailto:manager@otatara.org.nz) **P:** 06 844 3535

**Hillcrest Rest Home:**

73 Simla Avenue, Havelock North **E:** [manager@otatara.org.nz](mailto:manager@otatara.org.nz) **P:** 06 877 5909

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# ALPHABETICAL INDEX

## HOMES, HOSPITAL, UNITS/VILLAGES

### CAPITAL AND COAST

Alexandra Home.....	92, 130	Elderslea.....	94, 146
Arvida Village at the Park.....	92	Heretaunga.....	95, 146
Arvida Waikanae Lodge.....	94	Hutt Gables.....	94, 146
Bishop Snedden Retirement Village.....	94	Manor Park Private Hospital.....	95
Bupa Crofton Downs.....	1, 92, 114	Riverleigh Care.....	95, 126
Bupa Whitby Care Home.....	1, 93	Ropata Lodge.....	95, 126
Bupa Winara.....	1, 94, 114	Shona McFarlane.....	95, 115
Cashmere Home & Cashmere Heights Home.....	op1, 92	St Joseph's Lifecare (Hāto Hōhepa Rauipī Ora).....	95
Charles Fleming.....	94, 114	Summerset at the Course	
Coastal Villas - Metlifecare.....	94, 114	Care Centre.....	95, 118, 142-143
Eldon.....	93, 146	Summerset at the Course, Trentham.....	95, 118, 142-143
Huntleigh Home & Apartments op1,	92, 113	Summerset Boulcott.....	95, 118, 142-143
Irwell Rest Home.....	92	Wainuiomata Masonic Village.....	96, 106
Kapiti Rest Home.....	94, 134	Woburn Apartments.....	96, 106
Kapiti Retirement Trust - Sevenoaks.....	94	Woburn Home & Apartments... op1,	96, 115
Kāpiti Village - Metlifecare.....	93, 114	Woburn Masonic Care.....	96, 106
Karori Village - Metlifecare.....	92		
Kemp Home & Hospital.....	93		
Kena Kena Rest Home.....	94, 134		
Longview Home.....	op1, 93		
Malvina Major.....	92, 113		
Millvale House Miramar.....	92, 136-137		
Millvale House Waikanae.....	94, 136-137		
Millvale Lodge Lindale.....	93, 136-137		
Parkwood Retirement Village..	94, 108, 114		
Rita Angus.....	92, 113		
Summerset at Aotea.....	93, 118, 142-143		
Summerset on the Coast.	93, 118, 142-143		
Summerset on the Landing.....	93, 118, 142-143		
Summerset Waikanae.....	94, 118, 142-143		
Te Hopai.....	93, 124		
Ultimate Care Churtonleigh.....	92		
Ultimate Care Pōneke House.....	93		
Vincentian Home & Hospital.....	92, 130		
Whitby Lakes Retirement Village.....	93, 114		

### HUTT VALLEY

Aroha Care Centre for the Elderly.....	63, 96
Benhaven.....	95
Bob Scott.....	95, 115
Bupa Fergusson.....	1, 95, 115
Bupa Stokeswood.....	1, 95

### MIDCENTRAL

Alexander House.....	98
Arvida Olive Tree.....	96
Brightwater Home & Village.....	op1, 97, 116
Bupa Riverstone.....	1, 96, 116
Bupa Te Whanau.....	1, 97
Chiswick Park Lifecare.....	96
Cook Street Nursing Care Centre.....	97
Coombrae Home & Village.....	op1, 98, 117
Horowhenua Masonic Village.....	97, 106
Julia Wallace.....	96, 117
Karina Lifecare.....	97
Levin Home for War Veterans.....	op1, 98
Levin Poppy Fields Village.....	op1, 98, 117
Lonsdale Total Care Centre.....	97
Manawatū Masonic Village.....	97, 106
Masonic Court.....	97, 106
MiLife Kelvin Grove.....	96
MiLife Rosewood Park.....	98, 117
Millvale House Levin.....	98, 136-137
Ocean View Residential Care.....	98
Palmerston Manor Lifecare.....	97
Palmerston North Village - Metlifecare.....	97, 117
Promisia Eileen Mary.....	6-7, 99
Promisia Nelson Street.....	6-7, 98

## **MIDCENTRAL CONTINUED**

Promisia Ranfurly Manor.....	6-7, 98
Radius Peppertree .....	96, 141
Rahiri Lifecare .....	99
Reevedon Home & Village.....	op1, 98, 117
Speldhurst Country Estate.....	98
Summerset by the Ranges.....	98, 118, 142-143
Summerset on Summerhill.....	96, 118, 142-143
Te Awahou Masonic Village .....	97, 106
Ultimate Care Aroha.....	96
Ultimate Care Madison .....	98
Waireka Lifecare .....	99
Westella Homestead.....	99, 124
Willard Home.....	op1, 97
Wimbledon Villa.....	99, 134
Woodfall Home & Hospital .....	99, 140
Woodlands of Feilding .....	99
Woodlands of Palmerston .....	97, 112

## **WHANGANUI**

Abingdon Village.....	op1, 99, 118
Broadview Lifecare & Village .....	99
Edale Masonic Care .....	99, 106
Edale Masonic Village .....	99, 106
Jane Winstone.....	99, 118
Kowhainui Home & Village .....	op1, 100, 118
Living Waters Rest Home .....	100
Masonic Court Wanganui .....	100
New Vista .....	100
Okere House.....	100, 140
Springvale Manor Rest Home .....	100
St Johns Hill Lifecare .....	100
Summerset in the River City .....	100, 118, 142-143

## **HAWKE'S BAY**

Arvida Mary Doyle .....	103
Ascot Park Retirement Village.....	101
Atawhai .....	101, 146
Bardowie Retirement Complex.....	101, 140
Brittany House Residential Care .....	102
Bryant House.....	101
Bupa Willowbank.....	1, 101, 116
Colwyn House Lifecare .....	102
Duart .....	103, 146
Elbourne Masonic Villas .....	101
Elmwood Memory Care Home & Hospital	101
Eversley.....	102, 146
Glengarry Lifecare.....	103

Gracelands .....	102, 146
Greendale Residential Care .....	100, 140
Hastings District Masonic Villages.....	102
Hillcrest Rest Home .....	103, 152
James Wattie.....	103, 116
Kensington Masonic Village .....	101
Knightsbridge Masonic Village .....	101
MiLife Riversdale Lifestyle Village.....	101
Millvale House Napier.....	101, 136-137
Mission View Masonic Village .....	100
Mt Herbert House.....	103
Otatara Heights Residential Care ..	101, 152
Peakviews.....	102
Princess Alexandra.....	100, 116
Radius Hampton Court .....	102, 141
Roseanne Retirement Home.....	101
Scinde Masonic Villas.....	101
St Lukes Close Village.....	103
St Luke's Village.....	101
Summerset in the Bay ...	100, 118, 142-143
Summerset in the Orchard .....	102, 118, 142-143
Summerset in the Vines .....	103, 118, 142-143
Summerset Palms.....	102, 118, 142-143
Summerville Rest Home .....	102, 124
Taradale Masonic Village .....	102
Voguehaven.....	102, 134
Waiapu House Lifecare & Village.....	103
Waikaremoana Masonic Villas .....	103
Waiohiki Masonic Villas .....	102
Waverley House.....	100
Woburn .....	103, 146

## **WAIRARAPA**

Arvida Lansdowne Park .....	104
Carter Court.....	103
Cornwall.....	104
Glenwood Masonic Hospital.....	104, 106
Greytown Orchards .....	104
Kandahar Court.....	op1, 104
Kandahar Home.....	op1, 104
Kandahar Retirement Village.....	op1, 104, 115
Lyndale Care.....	104, 122
Roseneath Lifecare & Village .....	104
Ultimate Care Lansdowne Court .....	104
Ultimate Care Palliser House .....	104
Wairarapa Masonic Village.....	104, 106
Wairarapa Village .....	104
Wharekaka .....	104, 106

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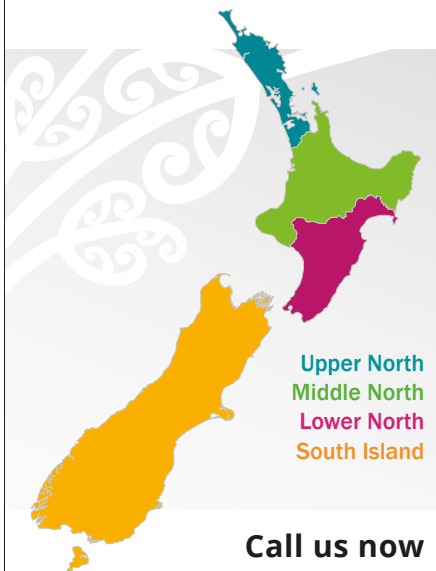
Able Access.....	24
Age Concern Hawke's Bay.....	31
Age Concern Horowhenua.....	31
Age Concern Kāpiti Coast.....	31
Age Concern Napier.....	32
Age Concern Whanganui.....	32
Alzheimers Manawatū.....	48
Alzheimers Wairarapa.....	48
Alzheimers Whanganui.....	48
Arthritis NZ.....	20
Cancer Society Central Districts.....	56
Challenge.....	32
CS Law.....	37
Dementia Hawke's Bay.....	48
Dementia Wellington.....	48
Dewhirst Law.....	13
Driving Miss Daisy.....	10-11
Freedom Medical Alarms.....	156
Hato Hone St John - Medical Alarms..	80-81
Hearing Consultants.....	13
Independent Lens/Shamir.....	22
Invacare New Zealand.....	72
Kapiti Hearing Ltd.....	20
Mobility Manawatu.....	28
MSD Office for Seniors.....	51
New Zealand Land Search and Rescue..	20
Nurse Maude.....	33
Office of the Ombudsman.....	135
Permobil.....	42
Presbyterian Support Central/	
Enliven.....	op1
Presbyterian Support East Coast/	
Enliven.....	24
Remembrance Spheres.....	53
Simply Hearing.....	28
Specsavers Audiology.....	56
Taskmasters.....	108
The Fred Hollows Foundation NZ.....	41

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