

Essential information for older people

where from here

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2019 - 2020



where good decisions start

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- Your questions answered • Eligibility
- Take control • Be informed

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BEFORE YOU READ THIS BOOK - READ THIS

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

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

All of us want to stay as well as we possibly can and that includes physically and mentally. Did you know that good mental health is often dependent on your physical health and things like eyesight and hearing?! Find out about staying well in our orange section pages 14-30.

Remember, "forewarned is forearmed" so it's important to consider some of the stuff that's less appealing, e.g. what you want to happen if there's a sudden turn for the worse. Read about some of these topics in our blue section between pages 34-56.

There're a few hoops to jump through if you want to access state funded services. We've made this easier to understand in our red section between pages 58-69.

If you are finding it a bit hard to manage at home, you may think about getting some help. This could be your first introduction to the world of 'assessment' (the magenta section pages 121-149) and 'support services' (the green section pages 70-88). What are your options? Could you or should you 'go private'?

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

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

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All details have been carefully checked before publication. Primary source material has been used wherever possible. All financial information was correct at time of printing, but may have changed by the time you read this. We have consulted with: experts in their fields, checked with relevant government agencies and their websites, District Health Boards, providers of services and a wide range of groups and organisations. Despite our best effort change happens and errors and/or omissions may occur. We do not take responsibility for these and we urge you to seek appropriate or professional advice on all issues. Contact NASC for information updates. You may not copy or reprint this book without our permission. Each of our five regionally specific books is updated every twenty months. They are free from selected agencies or they may be ordered from us directly at a cost of \$5 each (including standard NZ post and packaging). Please pass the book on if you've finished with it.

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GLOSSARY



ACC: Accident Compensation Corporation.

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

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

DHB: District Health Board. These provide or organise health services. The DHBs in this region are: Waikato, Bay of Plenty, Tairāwhiti, Taranaki and Lakes. In the Tairāwhiti area the DHB is known as Hauora Tairāwhiti.

DUAL USE/SWING BEDS/FLEXI BEDS: May be used as either rest home or hospital beds. (See page 121).

EPA: Enduring Powers of Attorney. (See pages 45, 47).

GP: General Practitioner or doctor.

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

LEVELS OF CARE: Residential care in New Zealand is provided in one of four settings designed to cater for the assessed needs and abilities of the resident. These are rest home, dementia rest home, hospital level and psychogeriatric hospital. They are explained more fully on page 121.

MC: Maximum Contribution. Those in contracted residential care, who have been needs assessed and eligible for care, are required to pay no more than the MC. The amounts as at 1 July 2018 range from \$1033.55 - \$1076.32 per week (depending on where you live). NASC will be able to tell you the amount for your area.

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

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

NASC: Needs Assessment and Service Coordination. A common term for a service responsible for identifying your needs and setting up services. (See pages 8, 58).

ORA: Occupation Right Agreement. (See page 93).

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

RV: Retirement Village.

SPOE: Single Point of Entry.

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

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WHO TO CONTACT IN YOUR AREA

Waikato DHB Area:

Please contact this service for all new referrals, clinical and outpatients services

Referral Co-ordination Centre

c/o Waikato Hospital

Private Bag 3200, Hamilton

Phone: (07) 839 8943

Fax: (07) 839 8817

E: rcc@waikatodhb.health.nz

Please contact this service for reviews or if you are already accessing services via DSL

Disability Support Link (DSL)

Level 2, Monkton Trust Building

Cnr Rostrevor & Harwood Streets

Hamilton 3204

Phone: (07) 839 8883

Freephone: 0800 553 399

Fax: (07) 839 1225

E: dsloffice@waikatodhb.health.nz

Clients in this region who identify as Maori can have a Maori Needs Assessor, Maori Service Co-ordination and Maori Service Provider. Contact Disability Support Link (above).

Bay of Plenty DHB area:

Support Net Kupenga Hao Ite Ora

510 Cameron Road, Tauranga 3140

Phone: (07) 571 0093

Freephone: 0800 262 477

Fax: (07) 571 0277

E: SupportNetBOP@bopdhb.govt.nz

Support Net Kupenga Hao Ite Ora

c/o Whakatane Hospital

Stewart Street, PO Box 241,

Whakatane 3158

Phone: (07) 306 0986

Freephone: 0800 262 477

Fax: (07) 571 0277

E: SupportNetBOP@bopdhb.govt.nz

Taranaki DHB area:

Community Support Service

c/o Taranaki DHB. Private Bag 2016

New Plymouth 4342

Phone: (06) 759 7214

Freephone: 0800 823 443

Fax: (06) 759 7215

E: olderpeoplesnasc@tdhb.org.nz

Hauroa Tairāwhiti (DHB) area:

Hauroa Tairāwhiti (DHB) NASC

Private Bag 7001

Gisborne 4010

Phone: (06) 869 2090

Fax: (06) 869 2091

E: NASCContactTeam@tdh.org.nz

Lakes DHB area:

Lakes Needs Assessment

Service Co-ordination Service (Rotorua)

2 Ranolf Street

Rotorua 3010

Phone: (07) 343 1030

Fax: (07) 343 5090

E: nasc.admin@lakesdhb.govt.nz

For general information about how the process works:

Seniorline Phone 0800 725 463

Hours: Monday to Friday 8am to 4pm

(excluding Public Holidays)

Funded by all New Zealand DHBs



The following tips from Lakes District Health Board can help you stay healthy

- **Home is where most people want to live.** Whether you are struggling at home or you are in hospital, we want to help you be at home or get back home if this is right for you. Talk to a health professional or contact Lakes Needs Assessment Service Co-ordination service – 07 3431030 to access support.
- **Nutrition** – The keys to healthy eating are variety and moderation. Eat a variety of fresh vegetables and fruit, breads and cereals, milk products and lean meat, fish and poultry. To learn more about dietary recommendations you can find a copy of “Eating for Healthy Older People” on HealthEd website (www.healthed.govt.nz)
- **Live Stronger for Longer** – You are less likely to experience falls and fractures when you stay active, have stronger leg muscles and keep your balance. Aim to be active for about 30 minutes a day, consider joining an exercise group like Tai Chi, or talk to your GP about other community rehabilitation programmes that can assess your risk of falling
- **Make the first break your last** - if you are over 50 and have had a fracture from standing height, then ask your GP for an assessment for osteoporosis and possible treatment that will help minimise your risk of another fracture.
- **Reviewing your medicines** – If you are concerned about the medication you are taking, approach your GP or pharmacy about having it reviewed.
- **Worried about incontinence** – talk to your GP or call the Continence Association free helpline 0800 650 659. You can also contact District Nursing on 07 348 1199 to speak with a continence advisor.
- **Be Smoke free** – If you want to become smokefree talk to your GP, pharmacist or call QuitLine on 0800 778 778. There are a variety of services to help you.
- **Flu prevention during winter** – Protect yourself from winter flu by being vaccinated. Free vaccinations are available each year to those 65 years and over and those with some ongoing chronic medical conditions. Talk to your GP or pharmacist in autumn.
- **Winter warmth** – Heat your home to 18 to 21 degrees Celsius in winter, wrap up warmly, have hot foods and drinks and exercise daily. Talk to your power company about spreading your payments to avoid large bills in winter.

Lakes DHB is committed to supporting older people to live as independently as possible at home and within communities.

YOUR RIGHTS, PROBLEMS & ADVOCACY

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

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

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

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

In the first instance it is advisable to talk to the manager of the service. If this is not successful, or if the concern is about management, or if you think it would be better addressed elsewhere you could 'talk it over' with Age Concern (pages 14-16 give contact details) or contact NASC for advice. Support is available from the Nationwide Health & Disability Advocacy Service. Other options are to contact the funder of the service, e.g. DHB, ACC, etc., if you know who this is, or the provider associations that the service may belong to (see below).

Main service provider associations:

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

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

Nationwide health & disability advocacy service

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

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

The service is free, independent and confidential. Freephone 0800 555 050, free-fax 0800 2787 7678, email advocacy@advocacy.org.nz. Community visits are also made to areas where there is no advocacy office. See also: www.advocacy.org.nz

Local contact details:

- Thames: (07) 868 5318
- Rotorua: (07) 349 0182
- Hamilton: (07) 834 3960
- Gisborne: (06) 868 3590
- Tauranga: (07) 577 1715
- New Plymouth: (06) 759 2111
- Turangi: (07) 386 5207

Making a complaint

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

Support for living independently at home

Our skilled team of caring and trained professional staff are committed to working with clients of all ages and their families to provide quality in-home care.

VisionWest Baptist HomeCare aims to promote the client's wellbeing and individual potential, whilst preserving the culture, lifestyle, dignity, independence and privacy of the client within their own home.

Our services include: personal care, home help, respite care, private care, individualised funding and carer support.

Who qualifies for this type of support? Anyone regardless of age, who is affected by:

- An age related condition
- A sensory disability e.g. impaired sight or hearing
- A physical or intellectual disability
- Rehabilitation following an accident – ACC.

If you do not qualify for funding through your DHB or ACC, full services are available on a user pays basis.



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**FREEPHONE: 0800 222 040 EMAIL: homecare@visionwest.org.nz
www.homecare.org.nz**

USEFUL CONTACTS

Accident Compensation Corporation (ACC)	Claims helpline Freephone 0800 101 996 www.acc.co.nz
Age Concern New Zealand	See pages 14-16 or www.ageconcern.org.nz
Alzheimers New Zealand	Freephone 0800 004 001. www.alzheimers.org.nz
Arthritis New Zealand	Freephone 0800 663 463. www.arthritis.org.nz
Carers New Zealand	Freephone 0800 777 797. www.carers.net.nz . More information at www.carers.net.nz/blog
Citizens Advice Bureau	Freephone 0800 367 222. www.cab.org.nz Provides free, confidential information and advice.
Commission for Financial Capability	Includes retirement income and retirement village information. (09) 356 0052 www.cffc.org.nz
Dementia NZ	Freephone 0800 433 636. www.dementia.nz
Disability Information Centres	Freephone 0800 693 342. www.nzfdic.org.nz
Eldernet www.eldernet.co.nz	Extensive database of services for older people.
Grandparents Raising Grandchildren	Freephone 0800 472 637. www.grg.org.nz Supporting grandparents raising grandchildren.
Grey Power	Freephone 0800 473 979. www.greypower.co.nz Advocacy and lobby group.
Health & Disability Commissioner	See pages 10-11 or www.hdc.org.nz
Healthline	Freephone 0800 611 116. www.healthline.govt.nz Free health advice. Telephone service.
Ministry of Health (MoH)	Information specifically for older people. www.health.govt.nz/olderpeople
Ministry of Social Development (MSD)	For information relevant to older people. www.msd.govt.nz/what-we-can-do/seniorcitizens
Nationwide Health & Disability Advocacy Service	See pages 10-11 or www.advocacy.org.nz
Seniorline	Freephone 0800 725 463. www.seniorline.org.nz
St John Caring Caller	Freephone 0800 000 606. www.stjohn.org.nz Free telephone checking service offered by St John
Stroke Foundation	Freephone 0800 78 76 53. www.stroke.org.nz
Super Seniors Website (MSD)	www.superseniors.msd.govt.nz
Work and Income (WINZ)	Freephone 0800 552 002 (Superannuation line). Freephone 0800 999 727 (For subsidy information). www.workandincome.govt.nz

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AGE CONCERN

Key * Contracted Elder Abuse Response Service

Local Age Concerns	Phone	Address
Hamilton*	(07) 838 2266	30 Victoria St. Hamilton
Tauranga	(07) 578 2631	177a Fraser St. Tauranga
Taupo*	(07) 378 9712	Waiora Community House, 129 Spa Rd. Taupo
Taranaki*	0800 243 625	28 Young St. New Plymouth
Taumarunui*	(07) 561 1025	5 Manuaute St. Taumarunui
Thames*	(07) 868 9790	608 Queen St. Thames
Rotorua	(07) 347 1539	1333 Eruera St. Rotorua
Tairāwhiti/Gisborne*	(06) 867 6533	Shop 5, Treble Court, Peel St. Gisborne

Age Concern New Zealand is a charity supporting older people to live well. 33 local Age Concerns are located in communities throughout New Zealand. They are a friendly and safe first port of call for older people needing support or wanting to join social groups and activities.

New Zealanders are living longer, but to live well requires healthy, connected and resilient lifestyles. Age Concern promotes dignity, wellbeing, expert information, equity and respect, and support services in response to older people's needs.



Age Concern Hamilton

If you don't know us yet . . . come on down and meet us.

There's lots that will interest you:

- local issues group
- shared occasions - food and fun
- ongoing educational opportunities
- exercise programmes, etc.

Celebrating Age Centre,
30 Victoria Street, Hamilton
Phone: (07) 838 2266
www.ageconcern.gen.nz
Hours: 8.30am-4pm Mon-Fri



Age Concern Thames

If you don't know us yet . . . come on down and meet us.

There's lots that will interest you:

- always a listening ear
- shared occasions with food and fun
- networking for 65+
- falls prevention exercise

608 Queen Street,
Thames
Phone: (07) 868 9790
thamesmanager@ageconcern.gen.nz
Hours: 9.30am-2.30pm Mon-Fri

Visitor Volunteers


If you are feeling lonely, or would just like more social contact, it's important to do something about it, and your local Age Concern may be able to help. This service provides regular visits to people in their own homes. The visitors are approved volunteers who are keen to spend time with an older person for about an hour each week to enjoy conversation and shared interests and activities. You choose if you want to visit or be visited.

Elder Abuse and Neglect Prevention

Age Concern provides free and confidential Elder Abuse Response Services in most cities and provincial areas throughout New Zealand. These services respond to any situations where an older person's safety or wellbeing is at risk. These services employ professional staff to work with older people and their family to provide support and advice towards reducing the harm caused by elder abuse and neglect. Those displaying an * on the Age Concern table opposite are contracted to provide the Elder Abuse Response Service (EARS). Other providers can be seen on page 45. The free confidential 24 hour, helpline is 0800 32 668 65 (see also page 44).

Health Promotion

To support older people to be healthy Age Concern's run a range of programmes which include:




Age Concern Tauranga

Come on down and meet us. There's a lot happening...

- Steady As You Go Falls Prevention has real gains for those attending.
- What about our Social Connections programmes? Make a new friend.
- Refresh your driving skills, attend a theory-based workshop.

177a Fraser Street, Tauranga, 3112
Phone: (07) 578 2631
www.ageconcerntauranga.org.nz
Hours: 8.30am-2.30pm Mon-Fri



Age Concern Taumarunui

If you don't know us yet . . . come on down and meet us.

There's lots that will interest you:

- local issues group
- shared occasions - food and fun
- ongoing educational opportunities
- exercise programmes, etc.

5 Manuaute Street,
Taumarunui
Phone: (07) 561 1025
taumarunui@ageconcern.gen.nz
Hours: 12.30pm-3.30pm Mon-Fri

- Nutritional programmes like Senior Chef and Cooking for One
- Exercise programmes for strength and balance to help prevent falls like Steady as You Go
- Driver education programmes e.g. Confident Driving or Hanging Up the Keys

Many local Age Concerns have a range of other social services that have been developed to fit a particular need in their community like, trusted trades directories, readymade meals, IT support and transportation. Community building programmes such as social gatherings, networking opportunities, coffee mornings and social outings may also be offered. For more information about what your nearest Age Concern is doing give them a call or pop in and visit.



Age Concern Taupo

There's lots that will interest you:

- Friendship Group
- Volunteer visitors
- Fieldwork visits
- SAYGo falls prevention
- Weekly Social Connection group
- Monthly meetings health focused
- Elder Abuse Response Service in South Waikato

Motutaiko Street Taupo
Phone: (07) 378 9712
admin@ageconcerntaupo.org.nz
Hours: 9am-4pm Mon-Fri

YOUR LOCAL **STRENGTH & BALANCE CLASS**

WAIKATO ~Midland Community Pharmacy Group


Call Steph to find an approved class that suits you - there are classes across the Waikato as part of the nationwide initiative Live Stronger For Longer.
To find a class near you, contact > **Steph McLennan**
Email: steph@midcpg.co.nz Mob: 027 419 0068

TARANAKI ~Sport Taranaki

Community Strength & Balance classes are great fun, safe and are designed to support you to increase your strength and balance to reduce your risk of falling.
Contact Community Strength & Balance Coordinator
E: hilary.blackstock@sporttaranaki.org.nz P: 06 759 0930 ext 724


BAY OF PLENTY ~Sport BOP

Community Strength & Balance classes will help you to reduce your risk of falling, through the use of fun, safe and social exercises in a group environment.
To find a class near you, contact > **Rachel Garden**
Email: rachelg@sportbop.co.nz Mob: 021 191 6544



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LOVE YOUR INDEPENDENCE

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

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

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

WWW.LIVESTRONGER.ORG.NZ



Age friendly Tauranga

Tauranga is one of New Zealand's most popular retirement destinations. It is expected that our city will continue to have a higher than national average of people over 65 years of age. This is expected to grow significantly over the next fifteen years. Recent numbers show that 19% of Tauranga residents are 65 years and over, compared with 14% of the total New Zealand population.

Positive Ageing Advisory Forum

The Positive Ageing Advisory Forum started in February 2017. The purpose of this forum is to advise Tauranga City Council on the interests and preferences of older people living in Tauranga. The forum is made up of representatives from various organisations who have identified three key areas of focus which are access, participation and inclusion. Council adopted an age-friendly strategy in 2013 and the forum has more recently developed a 12 month action plan.

For more information please contact:
Tauranga City Council Community
Development team on 07 577 7000.

Providing universal beach access and coastal views

Tauranga is leading the way in helping everyone enjoy the beach and the water with the first council-owned beach access mat in New Zealand.

The beach access mat is a portable rollout mat that creates a sturdy and visible access path to the beach for people who generally can't get onto the beach or move across the sand (e.g. using wheelchairs, walkers, mobility scooters or strollers). On the initiative of Tauranga City Council's Community Development team, the mat was trialled at Mount Maunganui Main Beach in December 2016 and then the matting was purchased the following year. Look out for the access mat over the summer months opposite Mount Drury.

The Karewa Parade viewing platform was built for people with mobility challenges to have better access of sea views. It features a wheelchair-friendly picnic table and dedicated mobility parking. The platform, opened in December 2016, is the result of a collaboration between council, the disabled community and the private sector with Project Tauranga partner HEB Construction leading and funding the whole build.



MAXIMISING YOUR ABILITIES

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

As we age, it is possible to maintain and even build bone density. Good bone density means that your bones are less brittle and more resistant to breaking. Women are particularly prone to brittle bones, so retaining bone density is especially important for them. Strength building and weight bearing activities such as weight training, walking and heavy gardening, help build bone density. Some people recommend taking supplements to assist with bone health. You may want to discuss this with your GP. Lots of research also shows that a 'bone-healthy' diet can also be effective – eating lots of leafy greens (both raw and cooked) and high protein and calcium enriched foods may be helpful.

Falling is not a normal part of ageing. The government, working with community organisations, wants to do something about this and is offering programmes to help you maintain your strength and balance and reduce your risk of falling. To see what's available in your region visit www.livestronger.org.nz; if you don't have access to the internet ask a family member, or your local library, to help access the website. A number of community groups offer similar falls prevention services. Contact Age Concern to see what is available in your area (pages 14-16).

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

Healthy eating is a major factor in helping people remain in their own home. Although our appetite may decrease as we age, it is still important to eat three meals a day, healthy snacks and foods of high nutritional value. Sharing a meal with others has health benefits; somehow it makes the food taste better, you eat greater quantities and make better nutritional choices. Regular meal times bring structure to your day and preparing and cooking your own meals can also help you to retain your kitchen planning and time management skills. DHB community services may include: occupational therapists, who can advise you about specialised equipment for use in the kitchen, and dietitians, who can give you nutritional advice. If you need assistance with meals, you may be able to access home support services, meals-on-wheels, or you can purchase prepared meals from specialised providers or your local supermarket.

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

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


Taking medication incorrectly can have far more serious consequences than many people realise. It's often a factor in hospital admissions of older people. It's not surprising however, that mistakes are made, considering the number of pills some people take, possible eyesight problems and lack of explanation about what the pills are supposed to do or how long they should be taken for. Talk to your doctor and chemist about your medication; know what it does and how long you should take it for. Your medication can be pre-packaged according to the time of day it needs to be taken. This makes the task much easier. Ask your chemist about this.

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

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

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

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NEW TECHNOLOGY - WHAT'S IN IT FOR YOU?

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

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

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

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

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

SAFETY ON OUR ROADS

Free internet resources for senior road users

Have you thought about your driving and road safety recently?

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

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

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

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

or contact the NZ Transport Agency on 0800 822 422



HOUSING – WHAT’S RIGHT FOR YOU NOW?

Find out:

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



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

Considerations

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

What are some of your options?

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

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

- **Sharing accommodation.** This ‘flating’ type option seems to appeal to friends or brothers/sisters who agree to share expenses and household tasks. Ownership structures vary widely. Some people also take in ‘boarders’. Clear house rules are important for the success of this option.
- **Private rental.** While many older people own their own home an increasing number now rent. Age appropriate design and good landlord/tenant relationships are important factors to consider. For advice see the government’s Tenancy Services at www.tenancy.govt.nz (also shows market rent prices) or freephone 0800 836 262.
- **Moving to a granny flat.** Usually located on a family/whānau property, these allow you to live close by while staying independent. Many flats are transportable making them a good option for some. Contact the local council regarding consent. Respectful relationships are important. (See * below.)
- **Moving in with family/whānau.** This option works well for those where the family/whānau and older person are respectful of each other and have clear, open communication. (See * below.)
- **Moving into a retirement village.** Villages are increasingly popular options for those looking for ‘age friendly homes and lifestyles’. Pricing options vary considerably. (See pages 90-99 for further information.)
- **Supported living.** These are often family/whānau style homes (e.g. Abbeyfield homes) where each resident is independent and has their own room/unit. There are often shared communal areas. There may be help with some tasks, such as housework or meals. Board or a weekly rental usually applies.
- **Residential care.** Sometimes it is not possible to live at home and residential care may be recommended. (See pages 62-63, 121-149)

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

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

* Note: It is important to retain your financial independence. It provides protection for you and your family/whānau. If you need help with your financial affairs your bank or Age Concern can advise you who to consult and how to set things up. See also pages 45, 47.



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EQUIPMENT & OTHER SUPPORT

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

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

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

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

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

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

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

KAUMĀTUA/PAKEKE SERVICES

Waikato DHB area	Phone (07)	Address
Ngā Miro Health	824 5129	29 River Rd. Ngaruawahia
Ngati Maniapoto Marae Pact Trust	878 0028	Cnr Taupiri & Sheridan Sts. Te Kuiti
Rauawaawa Kaumatua Charitable Trust	847 6980	50 Colombo St. Frankton, Hamilton
Raukawa Charitable Trust	885 0260	101-181 Leith Pl. Tokoroa
Taumarunui Community Kokiri Trust	895 5919	121 Hakiaha St. Taumarunui
Te Kohao Health	856 5479	951 Wairere Dr. Hamilton
Te Korowai Hauora o Hauraki Charitable Trust	868 0033	210 Richmond St. Thames
Te Waka Pu Whenua	896 8680	115 Hakiaha St. Taumarunui. CKC Reap Building
Bay of Plenty DHB area	Phone (07)	Address
He Tohunga Ora Mo Rangitaiki	322 8323	8 Te Teko Rd. Te Teko
Hinepukohurangi Trust	366 3228	Tuhoe Manawaru Tribal Complex, Ruatahuna
Huria Trust	578 7838	4 Te Kaponga St. Tauranga
Maketu Health and Social Services	533 2551	3 Little Waihi Rd. Maketu, Te Puke
Nga Kakano Foundation	573 0660	50 Jellicoe St. Te Puke
Ngai Te Ahi Ngati He Hauora	544 8793	29 Wikitoria St. Maungatapu, Tauranga
Ngaitai Iwi Authority	315 8485	RD 1, St.Hwy. 35, Torere, Opotiki
Ngati Awa Social & Health Services	306 0096	36 Thornton Rd. Whakatane
Ngati Kahu Hauora	576 0160	69 Carmichael Rd. Bethlehem, Tauranga
Opotiki Māori Women's Welfare League	315 4821	46 Goring St. Opotiki
Poutiri Trust	573 0091	35 Commerce Ln. Te Puke
Te Awanui Hauora	578 7862	Opureora Rd. Matakana Island, Tauranga
Te Puna Ora O Mataatua	307 1983	84 McGarvey Rd. Whakatane
Te Runanga o Te Whānau	325 2726	St.Hwy. 35, RD 3, Te Kaha, Opotiki
Tuhoe Hauora	312 9874	44-46 Tuhoe St. Taneatua
Te Toi Huarewa Trust	312 9016	19 Howell Rd. Taneatua
Tuwharetoa Ki Kawerau Health Education & Social Services	323 8047	8 Ranfurly Ct. Kawerau

KAUMĀTUA/PAKEKE SERVICES CONT.

Bay of Plenty DHB area continued	Phone (07)	Address
Waipu Hauora	577 1921	24 Hungahungatoroa Rd. Matapihi, Mt Maunganui
Whaioranga Trust	544 9981	531 Welcome Bay Rd. RD 5, Tauranga
Lakes DHB area	Phone (07)	Address
Family Focus Rotorua	346 2096	1115 Pukaki St. Rotorua
Korowai Aroha Health Centre	348 8454	1292 Hinemoa St. Rotorua
Ngāti Tahu Ngāti Whaoa Runanga Trust	333 8943	Whare Hauora, 224 Reporoa Rd. Reporoa
Te Arawa Whānau Ora	213 1995	Level 1, 1231 Haupapa St. Rotorua
Te Aka Matua Kaupapa Service	349 9009 ext. 8829	Rotorua Hospital
Te Whare o Kenehi	349 6119	1073 Whakaue St. Rotorua
Tipu Ora	0800 348 2400	16-20 Houkotuku St. Rotorua
Tuwharetoa Health	384 2882	4/6 Paora Hapi St. Taupo
Tuwharetoa Health	384 2882	Turangi Community Health Centre, 28 Te Rangitautahanga Rd. Turangi
Hauora Tairāwhiti (DHB) area	Phone (06)	Address
Ngāti Porou Hauora	864 6803	4 McKenzie St. Te Puia Springs
Te Whare Hauora o Te Aitanga a Hauiti	862 6629	8-12 Main Rd, State Hwy. 35, Tolaga Bay, Te Tairāwhiti
Te Hauora o Turanganui-a-Kiwa - Turanga Health	869 0457	145 Derby St. Gisborne
Taranaki DHB area	Phone (06)	Address
Aotea Regional Council Māori Women's Welfare League	027 3711969	129 Ackworth Rd. RD 3 Lepperton, New Plymouth
Mahia Mai A Whai Tara	754 4181	8 Warre St. Waitara
Ngaruahine Iwi Health Services	274 8047	16 Tauranga-a-ika St. Manaia
Ngati Ruanui Health	278 1310	41 Hunter St. Hawera
Ngati Ruanui Health	273 6011	39 Stafford St, Patea
Tui Ora	759 4064	36 Maratahu St. New Plymouth

The above provide kaupapa Māori services and may include clinics, traditional practices, 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. Please note: this is not a complete list.

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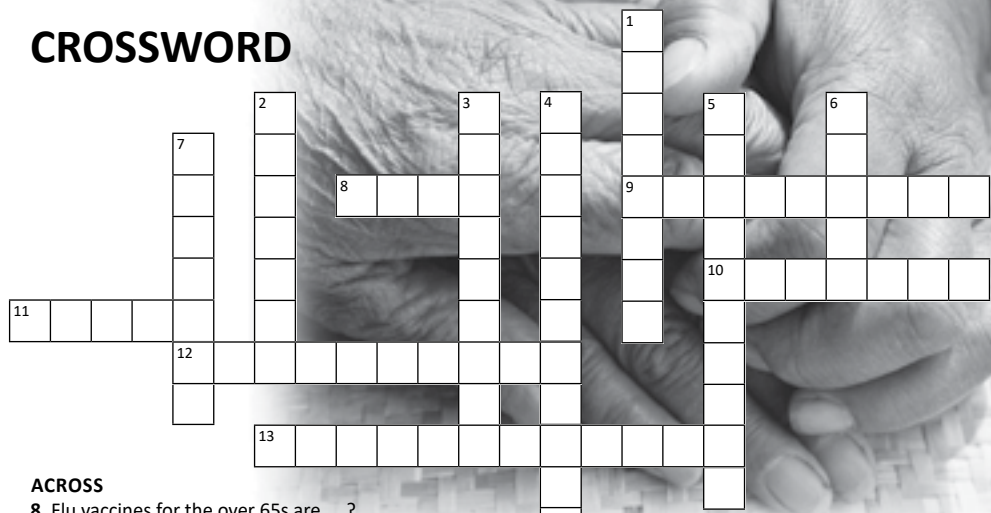
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ACROSS

8. Flu vaccines for the over 65s are?
9. The DSL office is on the corner of Harwood and what street?
10. If you cannot afford to pay for your care what may be available?
11. A person who cares for you at home can be called a what?
12. What are the planned events and outings in aged care generally referred to as?
13. What is a doctor who specializes in older persons health called?
14. 'Flu is the shortened version of which illness

DOWN

1. What enduring power (of ...) should you have in place before entering aged care?
2. What does the S in DSL stand for?
3. We think you should use our ... to help you understand what to look for when you're considering a rest home.
4. Where would you find Rhoda Read Continuing Care Unit?
5. What do you need to have before you can enter a rest home?
6. What does the N in NASC stand for?
7. What does the G in GP stand for?
15. How many levels of residential care are there?

ACROSS: 8.Free 9.Rostrevor 10.Subsidy 11.Carer 12.Activities 13.Geriatrician 14.Influenza 15.Assessment 6.Needs 7.General 15.Four DOWN: 1.Attorney 2.Support 3.Checklist 4.Morrinsville

SPOT THE DIFFERENCE

See if you can spot the 6 differences between these 2 pictures



DIFFERENCES: 1. Pocket on Grandpa's shirt missing 2. One less flower on the potplant 3. Button missing from Grandpa's shirt 4. Trims missing from Grand's blouse 5. Towel instead of a fork 6. Part of Grand's bow missing

WORDFIND

L	B	Y	B	W	E	T	A	R	D	Y	H	T	E	V
D	R	J	K	G	S	T	F	G	J	P	M	Z	V	W
O	K	V	Q	N	M	G	R	V	I	A	H	E	X	H
C	N	Y	J	G	O	N	U	A	B	R	G	T	H	A
T	T	H	G	E	K	I	I	L	E	E	Z	A	A	N
O	J	T	G	X	E	R	T	U	T	H	Y	L	H	A
R	T	L	R	C	F	A	F	A	Q	T	L	U	D	U
B	C	A	R	E	R	C	B	B	C	O	R	S	P	Y
N	N	E	K	R	E	L	X	L	S	I	E	N	H	L
E	B	H	D	I	E	T	D	E	V	S	D	I	A	M
M	Y	G	J	S	A	V	N	G	T	Y	L	E	R	T
R	O	I	N	E	S	W	I	U	H	H	E	A	M	Q
Y	L	I	M	A	F	O	V	R	L	P	W	W	A	M
I	U	L	U	F	E	S	U	P	P	O	R	T	C	K
V	N	O	E	T	A	N	I	C	C	A	V	E	Y	R

- CARE
- CARING
- DIET
- DOCTOR
- ELDERLY
- EXCERISE
- FAMILY
- FRUIT
- HEALTHY
- HEART
- HYDRATE
- INSULATE
- MEDICATION
- PHARMACY
- PHYSIOTHERAPY
- RIVER
- SENIOR
- SMOKEFREE
- SUPPORT
- USEFUL
- VACCINATE
- VALUABLE
- VEGETABLES
- VOLUNTEER
- WAIKATO
- WARM
- WHANAU

Our bodies need exercise but so do our minds. Give yourselves a mental workout everyday!

HEALTHY LIVING HINTS

As we age it's still really important to eat well. Make sure you are eating lots of healthy foods, and also that you're considering portion sizes; too much, or too little can make a big difference. Use these handy websites to help you consider what healthy options look like and to give you ideas on how to spice up your menus:

- healthyfood.co.nz
- eatwellnz.co.nz
- seniorchef.co.nz
- bite.co.nz

If you don't have access to the internet here's some great ideas for quick and easy meals:

- Scrambled eggs or omelettes
- Hearty vegetable soups
- Sardines or tuna on toast
- Stuffed baked potatoes
- Seasonal salads



If you have a smart phone try some of these handy apps:

- Pillboxie** – helps track your medication
- WebMD** – health and wellbeing
- FoodSwitch** – suggests healthier food options
- LibriVox** – free audiobooks
- Elevate** – brain training games

These pages are sponsored by Waikato DHB and Disability Support Link

YOUR MONEY - STAYING ON TOP OF IT

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

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

The following is general not individual advice.

- Bank closure - While there have been a significant number of bank closures over recent years some banks are committed to providing improved services for older people. (An example is the Westpac 'Dementia Friendly' service that is being rolled out in branches around the country.) Transport to the limited number of branches is however likely to be an ongoing problem for many.
- Your PIN number and cheques - Often the temptation to give your PIN number or an open cheque to someone, e.g. family member, home support worker or even bank staff, is because you can't access the bank yourself. Don't be tempted. If you do, and money is stolen, the bank will probably refuse a fraud claim. No-one, not even the bank or IRD (Inland Revenue Department), should ever ask you for your PIN number or other passwords. If you need assistance with accessing your funds your Enduring Power of Attorney for Property is the safest option. They can keep you supplied with enough cash for day-to-day transactions. Ask your bank, lawyer or Age Concern (page 14-16) about other safe ways of managing your financial affairs.
- EFTPOS cards - Many cards now have a function known as payWave (the card has a fan shaped symbol on it). This allows you to make purchases of up to \$80 (in NZ) by resting your card on the EFTPOS terminal. It makes everyday purchases easy but is easy money if it falls into the wrong hands. If you are charged for using payWave you may want to use your PIN number instead.
- Day to day living expenses - Many older people struggle to meet rising housing or living costs or have other obligations that make it hard to manage. If you are in contact with a budget advice service more discretion may be given if you get into financial trouble. Age Concern can advise you.

- Managing debt - Increasing numbers of older people are entering retirement with debt, often after helping other family members, as a result of unforeseen expenses/events or living beyond their means, etc. Debt can quickly escalate so get financial advice. For homeowners, downsizing may be an option however the benefits are often not as great as expected and the type of available housing stock may not meet your requirements.
- Monitoring your bank account - Check your statements each month, even if you haven't before. Watch for spending discrepancies, cashflow and automatic payments. A trusted family member or your Enduring Power of Attorney (EPA) for Property will probably do this with you if you ask.
- Kiwisaver - Once you reach 65 your employer does not need to contribute to your fund, but you can continue to do so yourself. As your circumstances change you may want to consider what type of fund you want to be in and whether you wish to access your fund. Careful consideration is needed.
- Helping family - Be careful with any financial gift. You may need the money yourself. Being guarantor for family members is very risky. While a gift seems safer, in the event of a relationship breakdown your family member could lose half. You may not intend that. A loan may offer more safeguards as written terms can 'spell out' repayment expectations. Get financial advice.
- Donations and bequests - Charitable organisations often rely on donations and bequests and many older people like to be able to assist their favoured charity in such a way. Be sure to discuss your intentions with family to avoid any disharmony at a later time. (See also pages 51).
- Investments and asset management - You may wish to rationalise or review these especially if your circumstances have changed.
- Digital currency - This new type of trading transaction is based on 'blockchain' technology. It currently requires a high degree of computer confidence as you are own 'banker' and responsible for keeping your currency secure.
- Equity release - This may free up capital. See pages 48-49 for more details.
- Guaranteed retirement income schemes - These new variable annuity (fixed annual payment) offerings are a combination of investment and insurance.

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

Please note: The above is not personal financial advice.

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

EMERGENCY PLANNING & SCAM WATCH

Emergency planning for those living independently or in a village

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

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

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

- **Scammers** and fraudsters use this knowledge to separate you from your money. They tell seemingly believable stories building on your needs (find love or peace of mind, etc.), your worries (your property needs maintenance, or we can give you financial security, relieve your family of worry, etc.) or your kindness (help a needy child/cause, etc.). Beware too of emails telling you: bad luck might come to you if you don't do such and such or you've just won something; they will be scams. Scammers are usually strangers and they approach you without invitation (e.g. at the mall car park, coming to your door, over the phone, on email, etc.). Check these people out with friends, family/whānau and others, e.g. Age Concern (see pages 14-16). Never agree to, sign anything or set up automatic payments for things you haven't checked out, or have reservations about (including by friends or family/whānau). Tell the person you will come back to it, then go away and get advice.
- **Unsolicited sales and donation calls.** There a number of factors that might open you up to more calls than others. Call the Marketing Assn. to be removed off any lists they may have (phone (09) 361 7760). Age Concern will also advise.
- **Unknown visitors.** If someone comes to your home to talk to you about a product or service don't let them in unless you have arranged the visit. Sadly, people can fake ID cards so an ID card is no longer protection for you. Take their details and get back to them once you've checked them out e.g. with family or Age Concern etc. Don't give strangers personal information.

EMOTIONAL WELLBEING & DEPRESSION

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

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

Older people experience emotional and mental health issues and the 'ups and downs of life' just like other age groups. Some conditions however, such as dementia (see page 42), are more commonly associated with older people (but not exclusively so). Older people may also be at more risk of developing depression as losses, ill health, frailty and other factors often compound over their lifespan.

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

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

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

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

How to stay emotionally and mentally well:

- Stay in touch with people if possible.
- If you can, get out; attend groups where you can learn and do new things.
- Do as much for yourself as you can.
- Get some physical exercise and eat well (see pages 19-20).
- Make your own decisions wherever possible (feeling in control is an important aspect of good emotional and mental wellbeing).
- See your doctor for regular health checks.
- Take medication as prescribed (get someone to remind you if necessary).

Needing help?

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

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



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FEELING A 'BURDEN', LONELY OR SOCIALLY ISOLATED?

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

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

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

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

To the community – Seek older people out, contact them (it reassures them that you know they are there), invite them to things you are interested in and treat them as you would others. Introduce them to others. Mixing only with other older people often has limited appeal. Help create a wide network of contacts. Do things that include all age groups, e.g. take them to the library (a great meeting place), a café (do not assume they can or cannot pay themselves), a movie (you may not have much to talk about before you go but you will after) or watch the kids play sport (take a seat). Discuss local issues, ask their opinions; especially about lessons they've learned or things they've changed their minds about (you may save yourself some painful experiences). Giving and receiving support in any relationship is important. Only receiving help makes people feel bad (that's why they often decline it). 'Turn the tables'; ask them to do something for you (feed the cat when you're on holiday, etc.) Whatever you do; make it as easy and natural as possible.

HARD TO TALK ABOUT?

DEMENTIA

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

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

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

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

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

Risk factors for developing dementia include: age (the risk increases as we age), genetics, a history of head injury and factors which relate to heart disease and stroke. We can't prevent dementia, but there is growing evidence that if we eat healthily, exercise regularly, remain socially engaged and active and maintain good brain health (see page 19-20), we can reduce the risk of developing it.

If you have a dementia it is important for you and your care partner to have a contact person in the health system (sometimes known as a navigator) to support you to live your life well (e.g. staying connected with friends, etc), help you plan ahead and to access the services you need when you need them. Make sure you contact your local Alzheimers/Dementia organisation (see page 43) or doctor to find out what support they provide for people with dementia, care partners, family/whānau and community.

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

Alzheimers Tauranga WBOP



116 Thirteenth Avenue, Tauranga 3112
P: (07) 577 6344
E: tauranga@alzheimers.org.nz

Dementia Lakes



1460A Hinemoa Street, Rotorua 3010
P: (07) 349 0053
E: managerdemlakes@outlook.com

Alzheimers Taupo



Waiora House
129 Spa Road, Taupo 3330
P: (07) 377 4330
E: taupoalzheimers@gmail.com

Dementia Waikato



8 Keddell Street, Frankton, Hamilton 3204
P: (07) 929 4042 • 0800 433 636
E: info@dementiawaikato.org.nz

Alzheimers Eastern Bay of Plenty



Professionals Building, Units 3-5
38 Landing Road, Whakatane 3120
P: (07) 308 0525 • 0800 004 001
E: alzheimerseasternbayofplenty@xtra.co.nz

Alzheimers Gisborne



Morris Adair Building, Gisborne Hospital
Ormond Road, Gisborne 4010
P: (06) 867 0752
E: gisborne.alzheimers@xtra.co.nz

Alzheimers Taranaki Inc.



117 Powderham Street, New Plymouth 4310
P: (06) 769 6916
E: alzheimers.taranaki@xtra.co.nz



ELDER ABUSE

This is a sensitive subject, given that people find it very difficult admitting that everything may not be well behind closed doors. Research shows that much elder abuse is unreported and that there is reluctance by many perpetrators or older people to seek help. The most likely perpetrators of the abuse are family/whānau members, especially daughter/daughter-in-law or son and those being abused are usually more frail and dependent on others. Anyone can be abusive, including partners, friends, home help personnel and residential care workers. Sadly, this is often someone the older person has a trusting relationship with.

Types of abuse:

- **Financial abuse** is the inappropriate, illegal or improper exploitation of the funds or property of the older person. This may be without the older person's consent or if consent is given, it may be under pressure. Threats may be made such as, "If you don't give us what we want you won't see the grandchildren." Other examples include demanding the PIN number of bank cards; family/whānau members 'living off' the older person (often moving in and taking over), manipulation of the sale of property to disadvantage the older person etc. Sometimes family members convince themselves that as they may inherit from you in the future or that they are entitled to your money or assets now. They are not.
- **Neglect** is the failure to provide the basic necessities of life, e.g. adequate meals, heating, clothing, etc. Active neglect is the conscious withholding of the basic necessities. Passive neglect often results from a caregiver's refusal or failure to provide those necessities because of their own lack of information or refusal to follow the directions of health professionals, etc. Neglect also refers to the situation where the older person themselves is neglectful of their own basic requirements.
- **Emotional/psychological abuse** involves behaviour that causes mental or emotional anguish or fear. It may involve humiliation, intimidation, threats or removal of decision-making powers, etc.
- **Physical abuse** involves behaviour that causes injury or pain and includes actions such as burning, slapping, hitting, bruising, squeezing, restraining, inappropriate use of or the withholding of medication, etc.
- **Sexual abuse** is unwanted sexual contact. Threats or force may be used.
- **Institutional abuse**, although much less common, can occur in places such as residential care homes. It can include any of the above types of abuse. Questions should be asked if a resident shows 'grip marks' on their skin, is becoming withdrawn or fearful, is making inappropriate gifts or giving money to staff or where it is suspected that an aspect of the rest home's routine or way of doing things is overriding the rights of the resident, etc.

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

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

Local Elder Abuse Response Service providers	Phone
Age Concern (excluding Rotorua and Tauranga)	See page 14
Family Focus Rotorua	(07) 346 2096
Manaaki Ora Trust, Tipu Ora (Taupo and Whakatane)	0800 348 2400
Otorohanga Support House Whare Awhina	(07) 873 8156
Te Pou Oranga O Whakatōhea (Opotiki)	(07) 315 6042
Tūwharetoa ki Kawerau Health, Education and Social Services	(07) 323 8047
Whaioranga Trust (Tauranga)	(07) 544 9981

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

ENDURING POWERS OF ATTORNEY

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

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

Personal care and welfare matters

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

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Financial and property matters

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

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

Safeguards

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

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

You must use the specially designed forms when making an EPA. They are available online from the Ministry of Social Development's website www.msd.govt.nz (Search: "EPA") or from those who are advising you. Reading them prior to any meetings should make you better prepared and also save time and cost.

Your signature must also be witnessed by an authorised witness and they need to certify that you understand what you are signing and what the risks are, and that you are not being pressured to do this.

In conclusion

If you lose mental capacity and you do not have an EPA in place, your family or friends must make an application to the Family Court. This process is costly (emotionally and financially), complicated, must be repeated at prescribed intervals, and there is no guarantee that the person you may have preferred as your attorney will be appointed. This can be avoided by appointing an EPA when you have capacity to do so.

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

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

EQUITY RELEASE

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

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

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

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

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

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

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

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

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

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

What sort of things do people use Equity Release for?

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

You mention buying in more care. What would you advise in the following situation? Mrs G, an 87-year-old widow, owns and lives in her own home. The GV is \$595,000. She has no car and \$10,000 in savings. Mrs G has been assessed as requiring a high level of care and receives publically funded support services and assistance from her daughter Susan, who works and lives on the other side of town. Susan is no longer able to help. A reassessment is done and rest home care recommended. Mrs G doesn't want to live with her daughter or go into a rest home (costs approximately \$950 per week). Susan wants to support her mother's decision. How can Mrs G structure her financial affairs to best achieve her goal?

Mrs G could consider staying at home, in a familiar environment where she decides her future, and uses a Home Equity Release to cover the cost of additional care. Withdrawals are structured according to each bank's level of lending (e.g. 20% to 40% of the home's value depending on the age of the person) and often structured so that smaller amounts are drawn down as needed. Over time she could spend down to the Residential Care Asset Threshold amount (single person \$227,125 as at 1 July 2018). The rationale being that under the residential care means testing regime she would have had to spend down to this amount anyway to reach the subsidy eligibility amount. If extra help would cost \$1000 incl GST per week (e.g. agency supplied assistance) it would take about seven years to spend down to the Asset Threshold. Mrs G should hold onto the \$10,000 for emergency needs

What else do you advise?

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

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

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

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

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

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

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Locally Owned and Family Owned funeral directors live and work in your community, their business therefore will reflect a true local flavour without pressure from a head office in another country to do otherwise.

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Prepaid Funerals

These companies are also experienced in the options available for Pre-paying or Pre-arranging funerals – call your locally owned company and find out how they can help you.



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Puriri Street, **Mt Maunganui**
2 Oroua Street, **Te Puke**
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enquiry@jonesandco.co.nz

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188 Whitaker Street, **Te Aroha**
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www.funeralhome.co.nz
info@funeralhome.co.nz

TOKOROA

South Waikato Funeral Services
Commerce Street, **Tokoroa**
PH 07 886-5160 | www.swfs.co.nz
office@swfs.co.nz

TE KUITI

V J Williams & Sons
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PH 07 878-6100 | www.vjwilliams.co.nz
office@vjwilliams.co.nz

TAUPO

Taupo Funeral Services
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taupo.funeral@xtra.co.nz

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Evans Funeral Services
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END OF LIFE PLANNING

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

Making a Will

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

Advance Care Plan

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

Living Will or Advance Directive

A Living Will or Advance Directive conveys your wishes at a time when you cannot speak for yourself, e.g. if you are unconscious and decisions need to be made. While this can be written or oral and does not need to be witnessed by a doctor or lawyer, many advise that this is written down. This process allows you to indicate what sort of treatment/s you would like and/or the situations that you would not give your consent to. In reality, thinking through each possible situation can be complex, time-consuming and quite difficult to do. While you may wish to refuse medical treatment (a right under The Code of Health and Disability Services

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Consumers' Rights) those acting on your directives must act within the law. They (e.g. the doctors) need to be assured that you were competent to make that decision at the time, that you were sufficiently informed and that you weren't being pressured. They will also need to establish whether the directive applies to the situation at hand. You can therefore understand the importance of frequently reviewing and having ongoing discussions about this subject with those closest to you. The best person to talk this over with, in the first instance, is your doctor.

Funeral Planning

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

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

Lack of knowledge about cultural differences and requirements can also have unexpected outcomes for mourners. If this might be an issue, prepare them for this possibility, e.g. in Māori culture it is an honour for the deceased to return to their home marae so extended whānau/family may arrive to take their family member home.

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

Prepaid funeral

Peace of mind is often a big factor in the decision to prepay for your funeral. Most funeral companies provide helpful preprinted booklets on this and other bereavement issues, some of which are very comprehensive and informative.

A prepaid funeral doesn't have to be with a funeral company. It can be arranged with a trust company such as the Public Trust. If you prepay your funeral ask:

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

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

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PALLIATIVE CARE

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

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

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

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

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

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

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

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

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

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

- Make sure there is someone close to you who will advocate for you if the need arises. (For further information 'Enduring Power of Attorney' (pages 45, 47) and 'Living Will or Advance Directive' (pages 51, 53). Seek a second opinion, or go elsewhere, if you feel you're not getting the service you need.
- Read information you are given, ask questions and supplement your knowledge with further reading. If you don't want to do this yourself, ask someone else to do this for you and to explain it to you in a way you feel comfortable with. You may not want to know all the information yourself, but you will want the best possible care and advice.
- Use online resources. Search for detailed instructions on 'symptom management', including a search for 'The Palliative Care Handbook 2016'. This comprehensive handbook is available in a digital version from the hospice website www.hospice.org.nz.

Due to a variety of circumstances it may not be possible to stay at home and clinical advice might be that residential care is needed. Payment options vary. In some regions, the DHB may subsidise the services for a defined period, after which a financial means assessment (as for a RCS - see pages 140-148) may be required. In others, the means assessment may apply immediately. Funding may also depend on any pre-existing condition. This means that, depending on the circumstances, some people may have to pay for part or all of their care. If you require residential care, ask NASC about what applies in your situation.

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

In this region, specialist palliative/hospice services are delivered by Hospices based in: Hamilton (07) 859 1260; New Plymouth (06) 753 7830; Tauranga (07) 552 4380; Whakatane (07) 307 2244; Gisborne (06) 869 0552; Rotorua (07) 343 6591 and Taupo (07) 377 4252.

You can access these by referral from a GP, hospital staff, district nurse, or by contacting a hospice directly to see if support may be appropriate. The range of services available differs in each community, so you will need to find out what is available in your area. No matter where you live some specialised palliative care advice is available.





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ASSESSMENT & SERVICE COORDINATION

Find out:

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

Sometimes older people put up with poor health and/or disability when they don't have to. It may be possible to sort out these problems. This is where an assessment can be helpful. It's like standing back and looking at all the things that might be impacting on your health and wellbeing such as your: medical conditions, physical ability to do things, mental wellbeing, social support, living situation, etc.

An assessment is done by a trained health professional who understands the area of older people's health. They are usually part of a bigger team. In this region some members of these teams are known as NASC (Needs Assessment Service Coordination). They will be able to refer you to more specialised treatment or support if needed. Another aspect of the assessment is to determine whether you need, or are eligible for, publicly funded support. An assessment is not judgmental or something you pass or fail; it is a snapshot of your health and wellbeing at the time it is done.

Assessment details

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

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

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

Sometimes a basic assessment or review can be done over the phone. These calls are only made if it is thought that the situation can be properly addressed in this



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way. It's a good idea to have a support person with you at this time to ensure no important points are missed. If you can't hear well over the phone, feel uncomfortable talking about these matters over the phone or if you think such a call won't allow you to properly explain things, then ask for a 'face to face' meeting.

Being referred for an assessment

- A referral for an assessment is made to NASC. It is usually made by your GP or by someone else in the health system; however, you can refer yourself (they may wish to contact your GP for further information).
- The referral is considered and prioritised. Those who have greater needs are given priority and a comprehensive interRAI assessment is done.
- A waiting list may operate. Wait time shouldn't be longer than 20 working days. If you cannot manage or need further help during that time, go back to NASC or your GP. In an emergency call 111.

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

Coordination of services

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

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

While the goal is to help you live as safely and independently as possible at home, sometimes this is not possible and residential care may be considered. The person coordinating your services can authorise entry into residential care (see pages 121-122, 149).

Important points

- With your permission, your family/whānau and/or those closest to you will be invited to be involved with these processes.
- If you have funded support services these will be regularly reviewed, e.g. annually. If your needs change then a reassessment will be needed.
- If, following assessment, there is a change in your circumstances (including your financial circumstances), contact NASC for advice.
- If you do not agree with the outcome of the assessment, or the recommendations, you can ask for a review.







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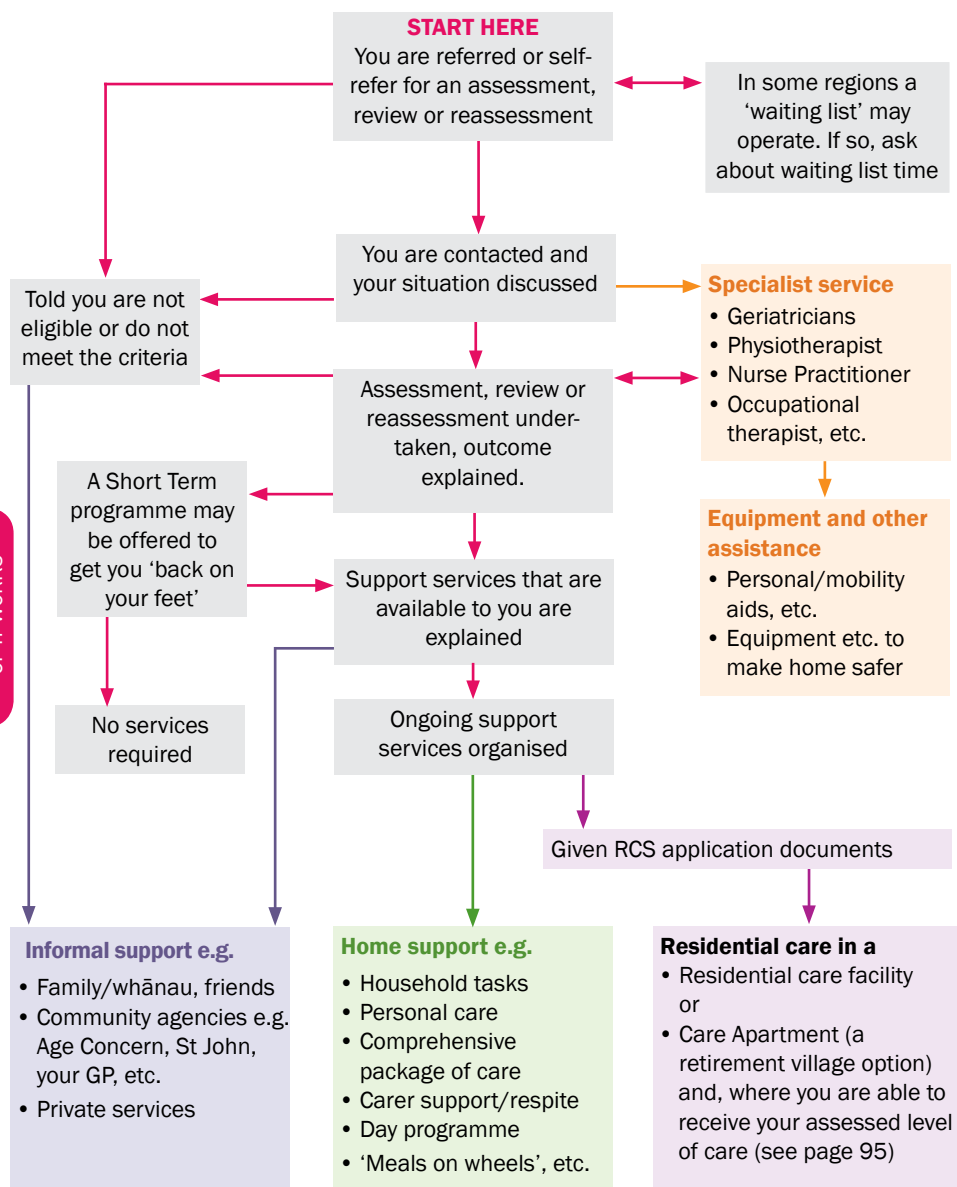



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ASSESSMENT PROCESS & POSSIBLE OUTCOMES



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

PAYMENT FOR SERVICES*

Service Type	How provided & type of payment	More info
Informal Support	NASC & community agencies will give information	
Community services, e.g. Age Concern, St John, your GP, etc.	Community services are often free (funded by grants etc.), some may be subsidised, others may need a private contribution.	See pages 12, 14-16
Home support	NASC will advise you about eligibility, etc.	
Household tasks	In most areas and situations this may be funded for those who hold a Community Services Card; may also be restricted to those with high and complex needs. Household members are encouraged to assist. Private payment is an option.	See pages 70-81
Personal care	Funded for those with complex needs; usually funded for others if assessed as required; private payment an option.	See pages 71-72
Comprehensive packages of care	Complex packages are adjusted as required, e.g. as a result of a reassessment.	See page 60
Carer support & Respite	Usually funded if allocated; may require private 'top-up'; Residential Care beds accessed on an 'as available basis'; private payment an option.	See pages 82-85
Day programme	Usually funded if allocated; may require private 'top-up' or transport fee; private payment an option.	See page 86-88
'Meals on Wheels' (delivered)	Not available in all locations; may be subsidised if allocated; usually with small additional payment.	
Equipment etc.	Specialist services may make referral	
Personal/mobility aids	May be funded if eligible; private payment an option.	See page 28
Equipment, etc. to make home safer	May be funded if eligible; private payment an option.	See page 28
Residential care	NASC will advise you about eligibility, etc.	
<ul style="list-style-type: none"> Rest home Dementia care Hospital Psychogeriatric 	Private payment; Residential Care Loan; DHB Residential Care Subsidy (RCS) or 'top-up' if eligible.	See pages 142-148
Residential care in a retirement village Care Apartment	Capital Contribution that you pay; probable ongoing private payment; Residential Care Loan; DHB RCS or 'top-up' if eligible.	See page 95

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

NZ SUPER & FINANCIAL ASSISTANCE

New Zealand Superannuation ('NZ Super' or 'pension') is a taxable payment made to those who meet the criteria. You must be aged 65 or over, a New Zealand citizen, or permanent resident, normally living in New Zealand at time of application, 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.

You must make an application to Work and Income for this payment. You should apply about a month before you turn 65 to avoid missing payments. Internet users can download a form or apply on line at MyMSD or you can call into Work and Income or phone for a form. If you want assistance, make an appointment. The amount you get depends on your circumstances and living arrangements, e.g. a single person living alone gets \$801.74 (a fortnight after tax at 'M' tax code), (as at 1 April 2018). If you have paid work, you will still get NZ Super however it may affect your income tax rate. If you have a non-qualifying partner, e.g. a younger partner, they may be able to be included under special criteria. Check the financial viability of this and talk to Work and Income. Single people or those considered to be single and living alone (includes those whose partner lives in residential care) may be eligible to receive the **Living Alone rate of NZ Super**. Currently a visitor can stay for up to 13 weeks in any 26-week period without the rate of this payment being affected. NZ Super is paid fortnightly on a Tuesday.

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

Other help from Work and Income

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

- **Accommodation Supplement** - For help towards the cost of rent, board or the cost of owning a home. This is income and asset tested. Additional criteria and other factors are also considered. People living in social housing (Housing NZ and government approved community housing) don't qualify.
- **Advance Payment of Benefit** - If you urgently need something you can't afford to pay for right now, you may be able to get some of your NZ Super/ Veteran's Pension payment paid ahead of time. For example essential house repairs, dental treatment or household appliances. Income and asset tested. It has to be paid back, but you may be able to do this in instalments.



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 Website: www.raglanhospital.co.nz

- **Emergency Benefit** - Assistance that may be paid to people who cannot support themselves and who do not qualify for any other payments.
- **Special Needs Grant (SNG)** - This is a one-off payment to help with urgent things you've no other way to pay for, like food, bedding and emergency medical care. You won't usually have to pay this grant back. Income and assets are considered and there are other conditions.
- **Extra Help for Caregivers of Dependent Children** - A range of support may be available including but not limited to: Childcare Assistance, Unsupported Child Benefit, Orphan's Benefit, Establishment Grant (SNG).
- **Funeral Grant** - This grant may be available to help pay for funeral costs. The maximum payable is \$2,058.52 (as at 1 April 2018). Income and asset testing of the deceased, partner, and parent or guardian applies.
- **Recoverable Assistance Payment** - If you're not receiving NZ Super or another benefit and you need something you can't afford to pay for right now (such as appliances) you may be able to get this payment. You need to pay it back (usually by instalments) and there are other conditions.
- **SuperGold Card** - These cards are issued to all people who get NZ Super or Veteran's Pension. If you have a partner included in your pension, they may also get a card. If you also have eligibility for a Community Services Card it is combined onto the SuperGold Card. The card gives access to discounted services including free/discounted 'off peak' transport. Whenever you purchase a product or service ask whether this discount applies.
- **Supported Living Payment** - If you are caring full-time for someone with a health condition, injury or disability (but not your spouse or partner) and who is at home, you may be able to get the Supported Living Payment for caregivers if: the person would otherwise need to be in residential care or a hospital and; you are a New Zealand citizen and you meet residency requirements. Individual circumstances, including any additional income, are considered so you need to contact Work and Income (see page 12).
- **Temporary Additional Support** - A weekly payment for those who cannot meet their essential costs from their income or other sources. Paid for up to 13 weeks. Determined by your cash assets and other factors. Income and asset tested.
- **Winter Energy Payment** - A weekly payment to help with the cost of heating your home in the cooler months only. You don't need to do anything to get this payment - if you qualify it'll be paid to you automatically.

Health Related Support

- **Disability Allowance** - For extra expenses due to a health condition or disability that is likely to last at least 6 months (e.g. transport costs, special dietary requirements, medications, doctors' visits, gardening, personal alarm, etc.). A doctor's certificate is required as part of the application. The maximum you can currently claim is \$63.22 per week (as at 1 April 2018).

HOW SOME OF IT WORKS

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

- **Prescription/Pharmaceutical Subsidy Card** – You get this card from your pharmacist. Reduces prescription and associated costs after you and your family (who live with you) have received 20 prescriptions.

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

- **Care Plus** – Provides your GP with an additional subsidy if you have high health needs e.g. chronic conditions, acute medical or mental health needs. You will work with your GP or nurse to develop a health management plan.
- **Community Services Card** - Income tested. Issued by Work and Income to those with low or medium incomes. Helps meet healthcare and other costs, dependent on a range of factors. (See also SuperGold Card page 67).
- **High Use Health Card** - For those who visit a health practitioner at the general practice they are enrolled in more than 12 times a year. The General Practice will make an application to the Ministry of Health.

Applications to other agencies

Hearing Aid Subsidy & Hearing Aid Funding Schemes

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

The National Travel Assistance Scheme

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

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

The Ministry of Health will let you know if this has been approved.

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

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

The Total Mobility Scheme

Reduced cost taxi fares. Assessment required from approved agencies, contact Age Concern (see pages 14-16), your GP or disability agency for more details.

Rates Rebate

In many parts of the country property owners face increasing rates. For older people, particularly those on low or set incomes, an increase like this can be stressful. A rates rebate gives some relief. The rates rebate threshold has been increased for the 2018/2019 rating year: The following came into effect 1 July 2018:

- maximum rebate \$630;
- income threshold \$25,180;
- income allowance for dependents remains at \$500 per dependent.

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

ACC (Accident Compensation Corporation)

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

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

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

STAYING AT HOME

Find out:

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

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

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

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

Things you can do yourself that will make a difference

- Take advantage of offers of help.
- Talk to and stay involved with your friends, family and community as much as you can and see what you can do for others (it may just be making a daily phone call to a neighbour). There is plenty of evidence to show that being involved with others is good for your health. Your participation also helps create more caring and supportive communities (see also page 19, 41).
- Get out and about. If you are driving and you want to remain a confident driver then you may be able to attend a local community course (contact Age Concern). If you had a car and no longer drive you may naturally be feeling down about it. It can be tempting to let that sadness rob you of doing things you enjoy. Subsidised taxi vouchers and specialised driving services are now commonly used to get to the places people want to be (shops, clubs, visiting friends, meetings, etc.). A mobility scooter may also be an option.
- Think seriously about what 'use it or lose it' means to you, why you might be at risk of 'losing it' and the implications of it. There may be physical

reasons why you can't do some of the things you used to. If, however, you've fallen out of the habit of doing things then there might be an underlying issue that can be sorted out. Sleep problems, memory problems, headaches, dizziness, loss of strength and balance, mood problems, being constantly tired, feeling apathetic, bored and lacking interest are just some things that it's important to tell your doctor about. More might be able to be done about these things than you expect (see also page 37-38, 41). Similarly, you may just need someone to get alongside you to get things organised or sorted out (e.g. cleaning the kitchen, decluttering, etc.) Age Concern may be able to advise whether there is a local agency that provides this service.

- Getting 'up and going' again and becoming more active not only improves your physical health; it maximises your skills and abilities and increases the chemicals in your brain that improve your mood. In most communities there are activity/exercise programmes that you can join in with (see also page 19). Taking part should improve your strength and balance and may extend the time that you can live confidently at home.
- Worthwhile services such as personal alarms, home monitoring, gardening assistance, etc. aren't subsidised by the DHB but you may be eligible for a Disability Allowance, which can cover some of these costs. See your GP.
- If you have saved for a 'rainy day' then this might be it; get good healthcare and dental, vision and hearing checks (see pages 19-20).
- If you have any worries about your health, wellbeing or ability to manage, see your GP. It is quite common for older people to think their difficulties are just part of getting older when in fact they have a treatable health condition. If your health issues indicate that you need more support, your GP will also let you know if it is advisable to have an assessment (see page 58).
- Organise and plan for your future (see pages 45,47, 51,53). The value in doing this is that if you have a health crisis in the future, you are more likely to have your wishes adhered to, rather than someone else make decisions for you. Doing this will also help put your mind at rest.

Needing more assistance?

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

- You pay for this yourself. If you are not eligible for a subsidy, and can afford to, (or are interested in considering other funding options) you may engage a private service provider. (More about this later.)
- You may receive DHB subsidised support. With your permission, your GP can refer you to your local older persons' service in your area where they arrange for your eligibility to be assessed. You may also contact them yourself (see page 8).
- You receive some publicly funded services and pay for others yourself.

DHB subsidised home support

If you hope to access subsidised support, then an assessment is required (see pages 58, 60). The assessment determines what your needs are, what sort of support you would benefit from (which varies from person to person) and whether you would be eligible for subsidised support. It also identifies other issues, e.g. unaddressed health needs or the need for your carer to have a break from time to time (see also pages 83-85). DHBs contract home support providers to deliver your support or care. (These providers are 'Certified' to the Home and Community Support Sector Standard.) You will find a list of these and private providers on pages 78-80.

Principles of DHB subsidised home support services

- DHBs operate within a tight budget. This means services are prioritised.
- There is an expectation that if you have someone living with you or have family/whānau, that where they can, they will also support you as much as possible.
- Essential personal care services (e.g. showering and toileting, etc.) and services for those with high and complex needs, take priority. These services are usually fully subsidised regardless of your financial circumstances.
- If you have a Community Services card and your assessment shows you need support with domestic tasks, then the services are generally subsidised.
- Your caregivers need to be supported too (see pages 83-85).
- A 'Care Plan' will be written up outlining what you need and how the service should be provided. This will be drawn up with you and you will be asked to sign it. Make sure you have clearly said what's important for you and that you agree with it before you sign it. It's ok to have family members present when this is discussed and it's ok to ask for things to be changed.
- A number of people from various health disciplines such as physiotherapists and occupational therapists, pharmacists, social workers, nurses, doctors, etc. may have input into your 'Care Plan' or provide services if required.
- Services should be provided in a culturally sensitive and appropriate way.
- Short-term (usually about 6 weeks) and intensive support programmes may be offered to prevent unnecessary admission to hospital or aid in rehabilitation following a hospital stay. Your local health service will advise.
- 'Top-up' fees may be charged for some services and in some circumstances, e.g. some short stays in residential care facilities.
- If you are not eligible for subsidised services or if you want additional services, you can buy private services.

Restorative services

Many DHBs require their contracted home support providers to provide restorative services. These services are aimed at helping you sustain, maximise and even restore your skills. In practice, this means looking for ways in which your health and well-being might be improved. This may include: problem-solving, finding different ways to do tasks so they are manageable, attending education sessions (e.g.



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

Goal setting

Another common component of these types of services is the use of 'goal setting'. Here you establish a list of things that are important to you and which you can't do but want to, i.e. 'goals'. This might include 'one off' or irregular types of things like going to a grandchild's wedding, visiting family out of town, going to the Club, etc. to everyday goals, e.g. getting up less frequently at night to go to the toilet, taking care of your pet, cooking your own meals, etc. The role of those working with you is to help you achieve your goals.

Private services

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

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

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

You should also know:

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

- Whether they operate a professional management team with staff holding relevant qualifications, e.g. Registered Nurses for specialised care.
- If they provide ongoing training for staff and are 'Certified'.
- What the workers and your own rights and responsibilities are.
- Whether you can stop the service at any time, incurring no additional cost.

Private services may be an option

Perhaps you would like some private support but are worried you can't afford it. Some home or property owners have freed up money via an 'equity release' to allow them to do this (see pages 48-49).

This may be an option particularly for those:

- Who have minimal assessed needs, do not qualify for subsidised support, have little family or community support and who want some social support.
- Who require residential care and would be privately paying but would prefer to stay at home (perhaps adding to what the DHB might be providing), e.g. 'spending down' to the asset threshold (see pages 142-148).

Make sure you understand the implications of an equity release. Get independent legal and financial advice. Once you have made this choice you reduce all other options. Your professional advisor will alert you to issues you need to be aware of, such as compounding interest on reverse mortgages (which may be considerable), and the value of a 'no negative equity guarantee' clause. (See also pages 48-49.)

Delivery of your services

Before your support worker arrives, someone should visit you to make the necessary arrangements to get services started. If your contract hasn't been signed you will be asked to sign this (and possibly other documents such as a 'Care Plan', etc.) Don't sign anything you are uncertain of or don't agree with. Get advice from someone you trust or NASC.

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

- Arrive on time and leave when the planned tasks have been done.
- Never access your bank account, your money, know your PIN numbers, take or use any of your things for their own purpose.
- Never threaten you or make you feel uncomfortable. If they do, get support. See pages 10-11.

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

Getting home help in a retirement village

The sort of help you can get in a retirement village varies from village to village and will be defined in your contract with the village. Some contracts allow community-based home support providers to come in and provide care and support (just as they would if you lived elsewhere). Other contracts state that any support services you receive must be purchased from the village, while others allow for a mix, e.g. your personal care needs can be provided by a community-based home support provider, but your domestic assistance must be purchased from the village. If you choose a Care Apartment, a residential level of care can be provided by the village. A RCS may be available if you qualify (see pages 140-148).

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

When things get more complicated

In some areas those whose needs are great enough to be provided with care in a residential care facility may be offered increased services at home as an alternative. This especially applies where the person wants to stay at home and when it is considered that it is possible for the person to manage there with the right support. While this sort of flexibility works well for some people, it doesn't suit everyone. If you are offered such choices make sure health professionals understand your and your family's perspective and wishes. If you do not agree with decisions that are made at this time (or any other time) you can ask for your situation to be reviewed.

Occasionally things go wrong, or serious problems arise. Sort them out as they arise and don't be afraid to make a complaint; services improve when problems are identified and addressed. The article on pages 10-11 outlines a safe process to handle potential complaints. The MoH also produces a brochure about this subject. Finally, if things aren't working well for you contact NASC. If your services don't meet your or your caregiver's needs, you should feel free to say so.

<i>A message to families</i>	
<i>It can be difficult seeing your relative struggle to do things for themselves, particularly when you think they are unsafe. Sometimes safety is a matter of degree; some things are obviously unsafe (e.g. having constant falls). This has to be balanced against the fact that older people need to be able to take reasonable risks in their day to day activities (e.g. being unsteady when they walk but using equipment to help keep them safe). Modern technology offers lots of non-intrusive home monitoring options and other solutions, but these may not totally allay your fears. Talk to your relative about your worries. If you have serious concerns about them and you are not able to resolve these, you can contact the older person's service in your area (see page 8). They will be able to advise you. Should you be the main carer/support person they know your role is often stressful and that you might need support too. (See also pages 83-85.)</i>	

HOME SERVICE PROVIDERS

Waikato DHB area	Phone (07)	Area served	Info
Access Community Health*	0800 284 663	Waikato	
Care at Home	834 2296	Waikato	
Care on Call	0800 664 422	Waikato	74
Custom Care Nursing	0508 687 737	Waikato	
Enliven Hamilton*	850 9417	Hamilton	
Geneva Healthcare	0800 436 382	Waikato	
Griffin Healthcare Nursing Agency	856 5504	Waikato	
HealthCare New Zealand*	850 1430	Waikato	74
Medcall Health Personnel	0800 314 314	Waikato	74
Miranda Smith Homecare	0800 600 026	Waikato	85
Nest Healthcare	0800 637 808	Waikato	
Nova Healthcare	0800 896 772	Waikato	
Te Kohao Health^*	856 5479	Waikato	
Te Korowai Hauora o Hauraki^**	0508 246 632	Thames, Coromandel, Hauraki Plains, South Waikato	
VisionWest Baptist HomeCare*	0800 222 040	Waikato, King Country and Coromandel	11
Lakes DHB area	Phone (07)	Area served	Info
Access Community Health*	0800 284 663	Lakes	
Custom Care Nursing	0508 687 737	Lakes	
Enliven Rotorua*	349 3162	Rotorua	
Enliven Taupo*	378 0762	Taupo	
Geneva Healthcare	0800 436 382	Rotorua	
HealthCare New Zealand*	347 6580	Rotorua & region	74
HealthCare New Zealand*	376 7580	Taupo, Reporoa to Turangi	74
Korowai Aroha Health Centre^**	348 8454	Rotorua	
Medcall Health Personnel	0800 314 314	Lakes	74
Nest Healthcare	0800 637 808	Lakes	
Nova Healthcare	0800 896 772	Lakes (Midlands)	
Summerset by the Lake*	376 9470	At village only	139
Tuwharetoa Health ^**	384 2882	Taupo & Turangi	
VisionWest Baptist HomeCare*	0800 222 040	Rotorua & Taupo	11

HOME SERVICE PROVIDERS CONTINUED

Taranaki DHB area	Phone (06)	Area served	Info
Access Community Health*	0800 284 663	Taranaki	
Agecare Central*	765 7551	Central Taranaki	
Custom Care Nursing	0508 687 737	Taranaki	
Geneva Healthcare*	0800 436 382	Taranaki	
HealthCare New Zealand*	759 8046 or 0800 000 119	North Taranaki	74
HealthCare New Zealand*	278 0096 or 0800 622 011	South Taranaki	74
Medcall Health Personnel	0800 314 314	Taranaki	74
Omahanui Homecare*	0800 662 426	Taranaki	
Haurora Tairāwhiti (DHB) area	Phone (06)	Area served	Info
Access Community Health	0800 284 663	Tairāwhiti	
Care on Call	0800 744 753	Gisborne	74
CCS Disability Action Tairāwhiti Hawke's Bay Inc*	867 1249 or 0800 227 2255	Tairāwhiti	
Custom Care Nursing	0508 687 737	Tairāwhiti	
Geneva Healthcare	0800 436 382	Tairāwhiti	
Medcall Health Personnel	0800 314 314	Tairāwhiti	74
Ngati Porou Hauora*	864 6803	East Coast, Tolaga North	
Nova Healthcare	0800 896 772	Tairāwhiti	
Bay of Plenty DHB area	Phone (07)	Area served	Info
Bay of Plenty Community Health Alliance - Te Whakareia*	0800 003 464 (main contact number)		
HealthCare New Zealand	0800 326 668	Bay of Plenty East/West	74
Ngati Ranginui Home & Community Support Services Company^	571 0934	Bay of Plenty West	
Te Puna Ora O Mataatua^	0800 6282 2882	Bay of Plenty East	7
Whaioranga Trust^	544 9981	Bay of Plenty West	
Bay Support Services*	0800 229 787 (main contact number)		80
Disabilities Resource Centre	307 1447	Bay of Plenty East/West	80
Enliven Northern	579 6125	Bay of Plenty West	80
Western Bay Homecare*	(07) 571 0086 (main contact number)		
Pirirakau Hauora^	0800 747 442	Bay of Plenty West	
VisionWest Baptist HomeCare	0800 222 040	Bay of Plenty West	11

HOME SERVICE PROVIDERS CONTINUED

Bay of Plenty DHB area continued	Phone (07)	Area served	Info
Access Community Health	0800 284 663	Bay of Plenty	
Care at Home	834 2296	Bay of Plenty	
Care on Call	0800 664 422	Bay of Plenty	74
Custom Care Nursing	0508 687 737	Bay of Plenty	
Geneva Healthcare	0800 436 382	Bay of Plenty	
Miranda Smith Homecare	571 4228	Tauranga	85
Medcall Health Personnel	0800 314 314	Bay of Plenty	74
Nest Healthcare	0800 637 808	Bay of Plenty	
Ngati Kahu Hauora >	576 0160	Bay of Plenty	
Nova Healthcare	0800 896 772	Bay of Plenty	
Te Runanga o Ngaiterangi Iwi Trust^	575 3765	Bay of Plenty West	

The services displayed are those that currently provide long term age related services. Providers may hold contracts with other agencies e.g. ACC. We have not shown these.
 KEY * = contracted by the local DHB/health authority.
 ^ = DHB contracted provider based on a kaupapa Māori philosophy and practice.
 > = DHB contracted kaupapa Māori respite to support carers.

CHECKLIST-HOME SERVICE PROVIDERS

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

- Do you need/want assistance with: personal care/domestic care/both?
- Have you thought about asking family/whānau/friends for help?
- Do you know if you will have to pay for services yourself or if they will be subsidised or partly subsidised? (Eligibility for funded services is determined via an assessment. See pages 58-63)
- Do you have a choice about who will provide your service?
- Are there services you require or would like that the agency cannot, or will not, perform?
- Can the agency deliver culturally appropriate care, if required?

Your support or care plan

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

Your support worker

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

Practical things

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

Problems

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

Bay Support Services – a new lease on life!



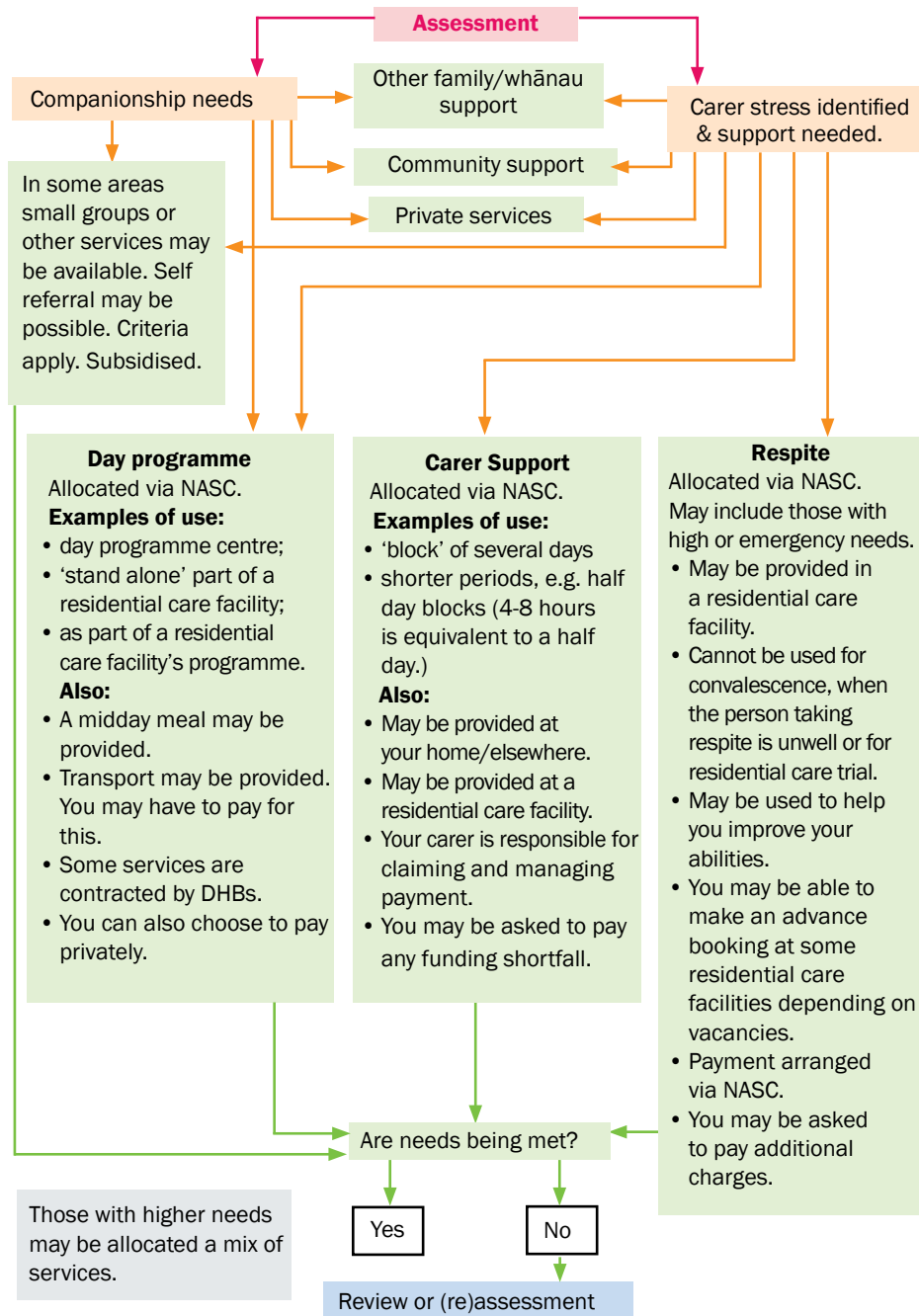
Bay Support Services provides restorative home and community support services for people aged 65 and over. We are a partnership between the Disabilities Resource Centre and Enliven, working together to enable you to:

- **Live independently in your own home**
- **Stay healthy**
- **Engage in your community**
- **Feel confident and positive about your future**



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SHORT TERM BREAKS - OVERVIEW



SUPPORTING YOU & YOUR CARER

Find out:

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



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

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

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

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

Funded services include: DHB contracted day programmes or community activity programmes, Carer Support, Respite and in some areas, other services. An assessment will determine your need and eligibility for any short-term funded services. The flow chart on page 82, gives more details about these options. It is important to note that you cannot take respite care in a residential care facility when you are medically unwell and requiring hospitalisation. In some instances, your GP may be contacted to ensure that you are well enough for a short stay.

Non-funded programme options

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

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

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

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

Finding a programme

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

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

Contact the NASC (page 8) for information about suitable programmes in your area.

Carer Support - options (read in conjunction with information on page 82)

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

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

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

DHB areas	Formal, Informal & Family	
Waikato	\$116.98 plus GST	
DHB areas	Formal	Informal & Family
Bay of Plenty, Taranaki, Tairāwhiti, Lakes	\$75.56 plus GST	\$64.50 plus GST if applicable

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

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


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

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

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

Other important support for carers

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



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DAY PROGRAMMES & OTHER SOCIAL SUPPORT

Waikato DHB area	Phone (07)	Address
Avonlea Rest Home*	896 8131	52 Ward St. Taumaranui
Care and Craft (Hamilton)	846 3499	Operates in several locations
Care and Craft (Waikato)	888 8603	Operates in several locations
Cambridge Resthaven*	827 6097	6 Vogel St. Cambridge
Enliven Rural Day Services*	849 8371	Various locations
Enliven Waikato Day Programmes*	856 3295	100 Morrinsville Rd. Hillcrest, Hamilton
Enliven Waikato Day Programmes*	849 8371	22 Delamare Rd. St Andrews, Hamilton
K'Aute Pasifika Trust	834 1482	960 Victoria St. Level 1, Citisite House, Hamilton
Nga Miro Health^	824 5129	29 River Rd. Ngaruawahia
Rangiura Home*	885 1040	17 Matai Cres. Putaruru
Rauawaawa Kaumatu Charitable Trust**^	847 6980	50 Colombo St. Frankton, Hamilton
Raukawa Charitable Trust**^	885 0260	101-181 Leith Pl. Tokoroa
Rhoda Read Hospital*	889 7039	222 Studholme St. Morrinsville
Selwyn Centre	0800 473 599	Various locations
Tairua Care & Friendship Club*	864 9555	Tairua Comm. Hall, Main Rd. Tairua
Tamahere Eventide Home*	856 5162	621 State Hwy. 1, Hamilton
Tararu RH & Hospital*	868 6176	Tararu Rd. Thames
Te Aroha Community Hospital*	884 8519	72 Stanley Ave. Te Aroha
Te Ata Resthome*	871 5617	588 Teasdale St. Te Awamutu
Te Kohao Health^	856 5479	951 Wairere Dr. Hamilton
The Munro Unit (Beattie Community Trust Inc)*	873 8789	172 Maniapoto St. Otorohanga
Western Community Centre	847 4873	46 Hyde Ave. Hamilton
All residential care facilities in this region may offer day respite programmes. A number have active programmes with regular attendees. Dementia day activity is not differentiated in this region. Ask the provider and contact NASC for current information.		
Bay of Plenty DHB area	Phone (07)	Address
Care & Craft	576 7783	Operates in several locations
Enliven Carruth Day Programme *#	579 1572	Bethlehem Community Church, 183 Moffat Rd. Tauranga
Enliven Pohutukawa Day Programme*#	308 0055	83a Domain Rd. Whakatane
He Tohunga Ora Mo Rangitaiki^	322 8323	8 Te Teko Rd. Te Teko

DAY PROGRAMMES & OTHER SOCIAL SUPPORT

Bay of Plenty DHB area continued	Phone (07)	Address
Hinepukohurangi Trust^	366 3228	Tuhoe Manawaru Tribal Complex, Ruatahuna
Huria Trust**^	578 7838	4 Te Kaponga St. Tauranga
Kauri Centre (Papamoa)#*	218 0108 or 021 135 9090	Cnr Evans Rd/Maesbury Cl. Papamoa
Kauri Centre (Te Puke)#*	218 0108 or 021 135 9090	Te Puke Anglican Church, 47 Jocelyn St. Te Puke
Nga Kakano Foundation**^	573 0660	50 Jellicoe St. Te Puke
Ngai Te Ahi Ngati He Hauora^	544 8793	29 Wikitoria St. Tauranga
Ngaitai Iwi Authority^	315 8485	2220 St.Hwy. 35, RD 1, Opotiki
Ngati Awa Social & Health Services^	306 0096	15 Golf Links Rd. Whakatane
Ngati Kahu Hauora^	576 0160	69 Carmichael Rd. Bethlehem, Tauranga
Te Runanga o Te Whānau^	325 2726	RD 3, St.Hwy. 35, Te Kaha, Opotiki
Tuhoe Hauora^	312 9874	44-46 Tuhoe St. Taneatua
Tuwharetoa Ki Kawerau Health, Education and Social Services^	323 8025	28-30 Islington St. Kawerau
Waipu Hauora^	577 1921	24 Hungahungatoroa Rd. Matapihi, Mt Maunganui
Whaioranga Trust**^	544 9981	531 Welcome Bay Rd. RD 5, Tauranga
Residential care/facilities offering this service: Athenree R.H. & Hosp., Carter House, Devonport Palms, Elmswood R.H., CHT Glynavon, Malyon House, Radius Lexham Park, Golden Pond, Mountain View R.H., and Peria House. For contact details see pages 106-119.		
Taranaki DHB area	Phone (06)	Address
Alzheimers Taranaki Day Club*#^	769 6916	28 Campbell St. Hawera
Alzheimers Taranaki Day Club*#^	769 6916	31-33 Waimea St. New Plymouth
ASCOT* (New Plymouth)	753 7699	Te Maru Village, Nursery Pl. New Plymouth
Chalmers Home by Enliven*	758 5190	20 Octavius Pl. New Plymouth
Elizabeth R*	765 8089	30 Elizabeth Grv. Stratford
Mahia Mai A Whai Tara	754 4181	8 Warre St. Waitara
Tainui Centre - Opunake	027 379 6844	St Barnabas Church, Tasman St. Opunake
Tainui Centre- Patea	027 740 8166	Murray Wells Centre, Patea
Tainui Centre - Waverley	027 740 8166	The Church of Good Shepherd, Wararoa St. Waverley
Tui Ora^	759 4064	Various locations
Other residential care facilities in this DHB region may offer this service (see pages 106-119).		

DAY PROGRAMMES & OTHER SOCIAL SUPPORT

Lakes DHB area	Phone (07)	Address
Cantabria*	347 9587	369 Old Taupo Rd. Rotorua
Daybreak*##	349 6633	69 Lake Rd. Rotorua
Dementia Lakes*##	349 0053	1460A Hinemoa St.
Ngati Tahu Ngati Whaoa Runanga Trust**^	366 6177	Whare Hauora, 224 Reporoa Rd. Reporoa
Parksyde Activity Centre	349 9892	9 Tarewa Pl. Rotorua
Tuhourangi Tribal Authority**^	348 1417	99 Sala St. Whakarewarewa, Rotorua
Tuwharetoa Health Charitable Trust**^	384 2882	Turangi Comm. Health Centre, 28 Te Rangitautahanga Rd. Turangi

All residential care facilities in this region may offer day respite programmes. (see pages 106-119).

Hauora Tairāwhiti (DHB) area	Phone (06)	Address
Arohaina Centre for Seniors*	867 7675	396 Aberdeen Rd. Gisborne
Care & Craft	867 6199	St Andrews Church Hall, Gisborne
Enliven Tairāwhiti Day Programme	868 1399	Senior Citizens Hall, 30 Grey St. Gisborne
Gisborne Senior Citizens Association	867 2333	30 Grey St. Gisborne
Sherwood Club (Alzheimers Gisborne)*#	867 0703	Morris Adair Building, Gisborne Hospital, Ormond Rd. Gisborne
Te Whare Hauora o Te Aitanga a Hauiti	862 6629	8-12 Main Rd. St.Hwy. 35, Tolaga Bay

All residential care facilities in this DHB region may offer this service (see pages 106-119).

Key: * = DHB contracted provider (subsidised service) # = Specific dementia care focus
^ = Services based on Kaupapa Māori philosophy and practice R.H. = Rest Home
Dedicated Day Programmes are usually provided from a 'stand alone' service/facility or in a dedicated room in a residential care facility. Contact the provider of NASC for more details.



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RETIREMENT/LIFESTYLE VILLAGES

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

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

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

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

Most people are quite independent when they move into a Village. It’s likely you would be too, and you can expect village management to regard and treat you as such. But circumstances may change and as a result you may want some assistance. For example, you may want village staff to check on you from time to time or you may need some practical support or personal care to enable you to stay in your home. Depending on your contract and whether the relevant services are available, you may be able to continue living in your unit, even if you require quite a lot of support. Home-based support services may be delivered by the village or by an external provider. Some villages also offer Serviced Apartments where a range of services can be purchased from the village operator. A higher level of care can be obtained if you live in a Care Apartment. (See pages 95, 122, 127 more information).

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The first question - WHERE TO GO?

Aparangi Village is ideally located within easy driving distance to Auckland or Hamilton or the idyllic east and west coasts. This makes it easy for you to visit family and loved ones or for them to visit you. The village gives you the benefits of a smaller community and is designed to suit many people who want a quieter lifestyle and who can enjoy the local and surrounding township attractions e.g. golf, bowls, swimming, to name a few.

Are you worried that your future options might be limited if you go into a retirement village?

Aparangi Village is different. You can buy an existing home or you can choose a section and work with our building partners to build your architecturally designed home. You can also move between options at very little cost. e.g. from your home to a semi-independent unit.



Do you want to live in a village but are worried you don't have enough money?

These options are very affordable. We can also licence to occupy within the Residential Care Unit. This means you can ‘buy’ a room and continue to live there, even if, in the future, you require rest home care. This offers peace of mind. You can age in the one place. No more moves required. You also get to know the staff well.

Do you need residential care?

We provide rest home and hospital care as well; so, if you need this now or in the future, we’ve also got this covered including the option for respite care for you or your partner, if required.

Living in the community?

We are also well supported by our volunteers and can provide meals on wheels at low cost to you at home or in the village when required.

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Aparangi’s intention is to:

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- To do so in the most cost effective way possible.
- Maintain the highest quality care and service, within the context of friendly communities.

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

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

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

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

- Code of Residents Rights (outlining your basic rights).
- Retirement Villages Code of Practice 2008 and 2013 Variations. (The revised code, now in use, gives greater clarity to residents and village operators).
- Disclosure Statement which will outline the type of investment or legal title you are 'purchasing' and the costs associated with living in the village. Some of the terms you may see could be a Licence to Occupy (LTO), Lease for Life, Unit Title or Cross Lease. It is important that you understand the differences. It will also cover other key information such as 'exit' costs.

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

- All villages have a number of associated costs including those of leaving. You need to be fully aware of these. (See the checklist on pages 97-99.)
- If you need additional government financial assistance or benefits; check with MSD to find out about eligibility criteria.

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

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VILLAGE LIVING - CARE OPTIONS

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

Private paying? Some services are only available in your room/unit to those who will be able to self-fund. Generally, you will need to purchase these services from the operator of the village operator. The type and cost of care varies from village to village. (See page 77.)

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

In most instances, you will be asked to 'buy' your room/unit. This will be covered by an ORA. Make sure you understand this transaction (see pages 90, 93).

Costs associated with this type of support are likely to be in addition to your weekly fees (as covered in your ORA). The costs, and options, will vary from village to village.

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

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

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

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If living in an established, lush green village with a community of like-minded people who love to socialise sounds like a life you'd love to live - get in touch and we'll find a home that's perfect for you...

111 Carmichael Road,
Bethlehem, Tauranga
+64 7 579 2046



There's no place on earth like Omokoroa Country Estate. With park-like grounds and a thriving and vibrant community it's no wonder it's the Western Bay's retirees' favourite place to call home.

Cnr Omokoroa Road & Anderley Avenue,
Omokoroa, Tauranga
+64 7 548 1170

CHECKLIST - VILLAGES

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

Initial investigations

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

Location

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

Amenities

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

The unit

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

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

Activities

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

Support

- Is there a care facility onsite? Can residents receive high-level care in their home, or would they need to move to the care facility? What happens if a resident needs to move to the care facility and there are no vacancies?
- Who decides if you are 'independent'? What are the implications?
- Do you know how you can access support services? Who will provide them? What are the costs?
- Can you receive support from an 'outside' provider of support services?
- Is it a friendly, neighbourly village?
- Are security measures up to the standard you require?

Practicalities of village living

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

Legal

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

Financial

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

Leaving the village

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

VILLAGE DETAILS

Waikato

BUPA ST ANDREWS

- RH • Hosp • RV
- 1, 2 bdrm

Priced from*:
\$360,000 to \$495,000
26 Delamare Rd.
St Andrews, Hamilton
(07) 850 0790
www.bupa.co.nz



BUPA ST KILDA

- RH • Dem • Hosp • RV
- 1, 2 bdrm

Priced from*:
\$345,000 to \$446,500
91 Alan Livingstone Dr.
Cambridge
(07) 823 9026
www.bupa.co.nz



Click
below for
more info

BUPA TARARU

- RH • Hosp • RV
- 1, 2 bdrm

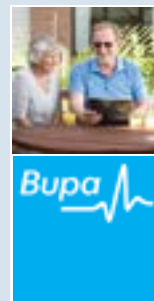
Priced from*:
\$245,000 to \$305,000
109 Wilson St.
Thames
(07) 868 9299
www.bupa.co.nz



BUPA WAIOKARAKA

- RV
- 1 & 2 bdrm

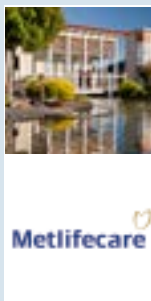
Priced from*:
\$220,000 to \$495,000
100 Campbell St.
Thames
(07) 868 9299
www.bupa.co.nz



FOREST LAKE GARDENS - METLIFECARE

- RV
- 1, 2 & 3 bdrm

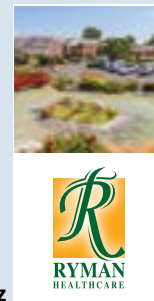
Priced from*:
\$425,000 to \$660,000
2 Minogue Dr.
Hamilton
(07) 849 8243
www.metlifecare.co.nz



HILDA ROSS RETIREMENT VILLAGE

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

Priced from*:
\$345,000
30 Ruakura Rd.
Hamilton
(07) 855 9542
www.rymanhealthcare.co.nz

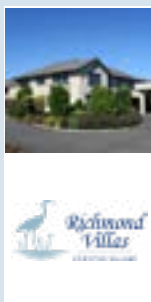


Tairāwhiti

RICHMOND VILLAS

- RV
- 1,2&3 bdrm • Apart

Priced from*:
\$395,000
82 Richmond St.
Thames
(07) 868 5484
www.richmondvillas.co.nz



KIRI TE KANAWA RETIREMENT VILLAGE

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

Priced from*:
\$207,000
12 Gwyneth Pl.
Lytton West, Gisborne
(06) 863 3636
www.kiritekanawa.co.nz



VILLAGE DETAILS

Lakes

BUPA LISTON HEIGHTS

- RH • Dem • Hosp • RV
- 1 & 2 bdrm

Priced from*:
\$210,000 to \$500,000
19 Liston Ave.
Taupo
(07) 378 2308
www.bupa.co.nz



Click
below for
more info

BUPA REDWOOD

- RH • Dem • Hosp • PG
- RV
- 1, 2 & 3 bdrm

Priced from*:
\$280,000 to \$380,000
429 Te Ngae Rd.
Rotorua
(07) 345 3491
www.bupa.co.nz



BUPA THE GARDENS

- RH • Hosp • RV
- 1 & 2 bdrm

Priced from*:
\$210,000 to \$275,000
15 Hodgkins St.
Rotorua
(07) 350 1036
www.bupa.co.nz



REGENCY PARK ESTATE

- RV
- 2 bdrm • Villa#(2019-20)

Priced from*:
\$495,000 to \$580,000
3a Brent Rd.
Rotorua
(07) 345 5836
www.regencyparkestate.com



Taranaki

MILIFE BELL VISTA

- RV
- 1, 2 & 3 bdrm

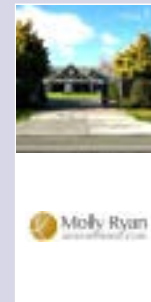
Priced from*:
\$230,000 to \$500,000
131 Mangati Rd.
New Plymouth
(06) 755 2880
www.milife.co.nz



MOLLY RYAN

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

Priced from*:
\$155,000 to \$505,000
269 Mangorei Rd.
New Plymouth
(06) 757 8773
www.arvida.co.nz



*Do you want your Village
profiled in this space?*

**This section gives readers additional
information that is essential for
decision making**

Please contact us to discuss options for
featuring your village in the next book!

team@carepublications.co.nz

RETIREMENT
VILLAGES

VILLAGE DETAILS

Bay of Plenty

BAYSWATER - METLIFECARE

- RV
- 1, 2 & 3 bdrm • SA

Priced from*:
\$365,000 to \$820,000

**60 Maranui St.
Mt Maunganui
(07) 547 4175
www.metlifecare.co.nz**

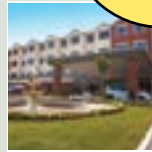


BOB OWENS RETIREMENT VILLAGE

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

Priced from*:
\$412,000

**112 Carmichael Rd.
Bethlehem
(07) 579 3041
www.bobowens.co.nz**



Click
below for
more info

VILLAGE DETAILS

Bay of Plenty continued

OCEAN SHORES VILLAGE

- RV
- 1, 2 & 3 bdrm • Apts

Priced from*:
\$400,000

**80 Maranui St.
Mt Maunganui
(07) 547 4240
www.arenaliving.co.nz**



Click
below for
more info

PAPAMOA BEACH VILLAGE - METLIFECARE

- #RH • #Dem • #Hosp
- RV
- 2 & 3 bdrm

Priced from*:
\$485,000 to \$790,000

**2 Te Okuroa Dr.
Papamoa
(07) 542 1933
www.metlifecare.co.nz**



BUPA CEDAR MANOR

- RH • Dem • Hosp • RV
- 1, 2 bdrm

Priced from*:
\$100,000 to \$430,000

**30 Sixth Ave.
Tauranga
(07) 579 7660
www.bupa.co.nz**



BUPA GREERTON GARDENS

- RV
- 2 bdrm

Priced from*:
\$370,000 to \$385,000

**45 Greerton Rd.
Tauranga
(07) 579 4972
www.bupa.co.nz**



SOMERVALE - METLIFECARE

- RH • Hosp • RV
- 1 & 2 bdrm • CA

Priced from*:
\$340,000 to \$475,000

**33 Gloucester Rd.
Mt Maunganui
(07) 547 4175
www.metlifecare.co.nz**



THE AVENUES - METLIFECARE

- #RH • #Hosp • RV
- 1, 2 & 3 bdrm

Priced from*:
\$450,000 to \$800,000

**Cnr Tenth Ave & Devonport,
Tauranga
(07) 544 7711
www.metlifecare.co.nz**



BUPA GREERTON OAKS

- RV
- 2 bdrm

Priced from*:
\$350,000 to \$370,000

**108 Greerton Rd.
Tauranga
(07) 579 4972
www.bupa.co.nz**



BUPA MARY SHAPLEY

- RH • Hosp • RV
- 1 & 2 bdrm

Priced from*:
\$243,000 to \$415,000

**4 Spence Ln.
Whakatane
(07) 308 5457
www.bupa.co.nz**



BUPA TE PUKE COUNTRY LODGE

- RH • Hosp • RV
- 1, 2 bdrm

Priced from*:
\$220,000 to \$460,000

**1 No. 1 Rd.
Te Puke
(07) 573 9986
www.bupa.co.nz**



GREENWOOD PARK - METLIFECARE

- RV
- 1, 2, 3 & 4 bdrm • SA

Priced from*:
\$425,000 to \$800,000

**10 Welcome Bay Rd.
Tauranga
(07) 544 7711
www.metlifecare.co.nz**



ULTIMATE CARE COPPER BEECH

- RV
- 1 bdrm

Priced from*:
\$220,000 to \$260,000

**125 Fourteenth Ave.
Tauranga South
0800 102 547
www.ultimatecare.co.nz**



Key: DHB Areas

	Waikato
	Tairāwhiti
	Lakes
	Taranaki
	Bay of Plenty

KEY:

* = Capital contribution (see page 90, 93). Price range at time of printing.

Apart = Apartment
Bdrm = Bedroom
CA = Care Apartment
Dem = Dementia Care
Hosp = Hospital
PG = Psychogeriatric Care
Rent Units = Rental Units

RH = Rest Home
RV = Retirement Village
SA = Serviced Apartment
Studio = Studio Units
= Planned, under construction, or awaiting certification
Note: This is not a complete list of services.
See also the index on page 106-119.

Click
below for
more info

Click
below for
more info



North Island Village Locations

Every Arvida Retirement Village and Care Centre is unique and an important part of its community. Our culture is all about improving the lives and wellbeing of every resident.

We offer a choice of 6 Villages and Care Centres in the middle North Island...

Hamilton



New Plymouth



Cambridge



Tauranga



Rotorua



Homes, hospitals, units/villages

For further details including daily availability
see: www.eldernet.co.nz

WAIKATO DHB REGION

See key on page 119

WAIKATO DHB AREA		RH	D	H	PG	CA	RV	SL	Info pg
Cambridge	Bupa St Kilda 91 Alan Livingston Dr. (07) 827 0371	✓	✓	✓			✓		100
Cambridge	Cambridge Oaks 14 Terry Came Dr. (07) 974 1919						✓		21
Cambridge	Cambridge Resthaven 6 Vogel St. (07) 827 6097	✓	✓	✓		✓	✓ ^R	✓	
Cambridge	Lauriston Park 91 Coleridge St. (07) 827 0793						✓		1, 104- 105
Cambridge	Lifecare Cambridge 86 King St. (07) 827 5972	✓		✓					125
Cambridge	Raeburn Lifecare 170 Burns St. (07) 827 4454	✓	✓	✓					120
Cambridge	Selwyn St Andrew's 41 Bryce St. (07) 827 6225	✓		✓			✓		143
Cambridge	Te Awa Lifecare 1866 Cambridge Rd. (07) 827 6103	✓		✓		✓	✓		94
Cambridge	Ultimate Care Cambridge Oakdale 58 Tennyson St. (07) 827 4480	✓	✓	✓					128
Coromandel Town	Phoenix House 415 Kapanga Rd. (07) 866 8612	✓		✓					
Hamilton	Alandale R.V. 1199 River Rd. (07) 854 0468						✓		

WAIKATO DHB AREA (CONTINUED)		RH	D	H	PG	CA	RV	SL	Info pg
Hamilton	Armourdene R.H. 10 Von Tempsky St. (07) 839 5476	✓						✓	
Hamilton	Atawhai Assisi Home & Hosp. 158 Matangi Rd. (07) 856 3019	✓		✓					
Hamilton	Brylyn Residential Care 200 Te Kowhai Rd. (07) 849 4025	✓		✓					135
Hamilton	Bupa Eventhorpe 32 Firth St. (07) 856 3063	✓		✓					
Hamilton	Bupa Rossendale 2 Insoll Ave. (07) 854 7695		✓		✓				
Hamilton	Bupa St Andrews 26 Delamare Rd. (07) 850 0790	✓		✓			✓		100
Hamilton	Cascades 55 Pembroke St. (07) 839 2348	✓		✓		✓	✓		1, 104- 105
Hamilton	Eastcare Residential Home 194 Nixon St. (07) 856 5053	✓	✓						
Hamilton	Forest Lake Gardens - Metlifecare 2 Minogue Dr. (07) 849 8243						✓		100, back
Hamilton	Hilda Ross R.V. 30 Ruakura Rd. (07) 855 9542	✓	✓	✓		✓	✓		op1, 100
Hamilton	Kintala Lodge 14 Stanley St. (07) 853 8577		✓						
Hamilton	Netherville R.V. 4 Admiral Cres. (07) 854 0131						✓		
Hamilton	Radius Glaisdale 50 Hare Puke Dr. (07) 222 2300	✓	✓	✓					123
Hamilton	Radius Kensington 135 Maeroa Rd. (07) 846 6489	✓	✓	✓					123
Hamilton	Radius St Joans 371 Peachgrove Rd. (07) 855 5701	✓		✓					123

WAIKATO DHB AREA (CONTINUED)		RH	D	H	PG	CA	RV	SL	Info pg
Hamilton	River Road 1775 River Rd. 0800 588 222	#	#	#		#	#		Op1
Hamilton	Roseland Park Lifestyle Village 18 Fox St. (07) 571 3600						✓		
Hamilton	Selwyn Sunningdale Village 174 Peachgrove Rd. (07) 855 5465	✓		✓					143
Hamilton	Selwyn Wilson Carlile Village 562 Grey St. (07) 838 1562	✓		✓			✓		143
Hamilton	Summerset down the Lane 206 Dixon Rd. 0800 334 404	✓		✓		✓	✓		139
Hamilton	Summerset Rototuna 39 Kimbrae Dr. 0800 334 404	#	#	#		#	✓		139
Hamilton	Tamahere Eventide 621 SH 1 RD 3 (07) 856 5162	✓	✓				✓R		
Hamilton	Trevellyn 1340 Victoria St. (07) 838 3276	✓		✓			✓		
Huntly	Kimihia Home & Hosp. 76 Rosser St. (07) 828 9396	✓	✓	✓			R		
Matamata	Kingswood Rest Home 175 Firth St. (07) 888 7418	✓	✓						59
Matamata	Matamata Country Lodge 20 Elizabeth St. (07) 888 4090	✓		✓		✓	✓		
Matamata	Matamata Longlands 80 Burwood Rd. 0800 683 750						#		21
Matamata	Pohlen Hospital 56 Rawhiti Ave. (07) 881 9100	✓		✓					
Morrinsville	Kingswood Rest Home 422a Thames & 59 Allen St. (07) 889 7850	✓	✓					✓	59
Morrinsville	Rhoda Read Continuing Care 222 Studholme St. (07) 889 7039			✓					

WAIKATO DHB AREA (CONTINUED)		RH	D	H	PG	CA	RV	SL	Info pg
Ngatea	Ngatea Masonic Village Various Locations (07) 866 4158						✓		
Ohaupo	Radius Windsor Court 20 Sandes St. (07) 823 6696	✓	✓	✓			✓		123
Otorohanga	Beattie Community Trust 172 Maniapoto St. (07) 873 8789	✓							
Paeroa	Ohinemuri 24 Keepa Ave. (07) 862 7504	✓	✓	✓			✓		
Putaruru	Cardrona R.H. & Hosp. 16 MacKenzie St. (07) 883 3708	✓		✓					61
Putaruru	Rangiura Home 17 Matai Cres. (07) 885 1040	✓	✓	✓			✓		
Raglan	Raglan R.H. & Hosp. 27-29 Manukau Rd. (07) 825 8306	✓		✓				✓	66
Tairua	Tairua Residential Care 7 Tui Tce. (07) 864 8720	✓		✓			R		65
Taumarunui	Avonlea R.H. & Hosp. 52 Ward St. (07) 896 8131	✓		✓					
Taumarunui	Te Arahina O Arihia Lifestyle Home 9 Golf Rd. (07) 895 6877	✓							
Te Aroha	Kenwyn R.H. 56 Kenrick St. (07) 884 8278	✓	✓	✓					61
Te Aroha	Te Aroha & District Com. Hosp. 72 Stanley Ave. (07) 884 8519	✓		✓					
Te Awamutu	Camellia R.H. 1743 Rewi St. (07) 871 5505	✓							39
Te Awamutu	CHT Te Awamutu 414 Swarbrick Dr. (07) 214 2010	✓	✓	✓					126
Te Awamutu	Freeman Court 387 Roche St. (07) 871 5260							✓	

WAIKATO DHB AREA (CONTINUED)		RH	D	H	PG	CA	RV	SL	Info pg
Te Awamutu	Highfield Country Estate 397 Swarbrick Dr. (07) 871 2020						✓		
Te Awamutu	Matariki Continuing Care 389 Kihikihi Rd. (07) 871 7479			✓					
Te Awamutu	San Michele Home 175 College St. (07) 871 6226	✓		✓					
Te Awamutu	Tarahill 5 Golf Rd. (07) 871 3672	✓							
Te Awamutu	Te Ata 588 Teasdale St. (07) 871 5617	✓						✓	
Te Kauwhata	Aparangi Village 14 Waerenga Rd. (07) 826 3541	✓		✓		✓	✓R		91
Te Kuiti	Hillview 7 Hospital Rd. (07) 878 6904	✓		✓					
Te Kuiti	St Andrews Court John Mandeno Dr. (07) 878 8804						✓		
Te Kuiti	Te Kuiti Hospital Ailsa St. (07) 878 7333			✓					
Thames	Bupa Tararu 921 Tararu Rd. (07) 868 6176	✓		✓			✓		100
Thames	Bupa The Booms 604 Parawai Rd. (07) 868 7312	✓	✓	✓					
Thames	Bupa Waiokaraka 100 Campbell St. (07) 868 9299						✓		100
Thames	Richmond Villas 82 Richmond St. 0800 868 548						✓		92, 100
Tokoroa	Victoria Place 9 Victoria Pl. (07) 886 1572	✓	✓	✓					
Waihi	Hetherington House 98 Parry Palm Ave. (07) 863 8526	✓	✓	✓					133

WAIKATO DHB AREA (CONTINUED)		RH	D	H	PG	CA	RV	SL	Info pg
Waihi	Waihi Hosp. & Lifecare Village Toomey St. (07) 863 8089	✓		✓			✓		
Whangamata	Moana House & Village 353 Tairua Rd. (07) 865 9643	✓		✓		✓	✓		89
Whitianga	Whitianga Continuing Care 6 Halligan Rd. (07) 866 5483	✓		✓		✓			
Whitianga	Whitianga Masonic Village Seascape Ave. (07) 866 4158						✓		

BAY OF PLENTY DHB REGION

BAY OF PLENTY DHB AREA		RH	D	H	PG	CA	RV	SL	Info pg
Athenree	Athenree Lifecare 7 Marina Wy. (07) 863 4169	✓	✓	✓					150
Katikati	Radius Lexham Park 3 Binnie Rd. (07) 549 1015	✓		✓					123
Katikati	Summerset by the Sea 181 Park Rd. 0800 334 404	✓		✓		✓	✓		139
Kawerau	Mountain View 192 - 202 River Rd. (07) 323 9392	✓		✓			✓R		
Mt. Maunganui	Bayswater - Metlifecare 60 Maranui St. (07) 547 4047						✓		102, back
Mt. Maunganui	CHT Bernadette 25 Taupo Ave. (07) 575 4855	✓		✓					126
Mt. Maunganui	Malyon House 4 Heath St. (07) 575 5619	✓		✓					61
Mt. Maunganui	Ocean Shores Village 80 Maranui St. (07) 547 4240						✓		39, 103
Mt. Maunganui	Pacific Coast Village 210 Maranui St. (07) 572 3029	#		#			✓		

BAY OF PLENTY DHB AREA (CONTINUED)		RH	D	H	PG	CA	RV	SL	Info pg
Mt. Maunganui	Pacific Lakes Village 210 Maranui St. (07) 262 0191						#		
Mt. Maunganui	Somervale - Metlifecare 33 Gloucester Rd. (07) 572 9020	✓		✓		✓	✓		103, back
Ohope	Ohope Beach Care 4 Harbour Rd. (07) 312 4169	✓	✓				R		57
Omokoroa	CHT Acacia Park 134 Hamurana Rd. (07) 548 0400	✓		✓					126
Omokoroa	Omokoroa Country Estate 5 Anderley Ave. (07) 548 1100						✓		96
Opotiki	Peria House 43 Richard St. (07) 315 6444						✓R		
Opotiki	Thornton Park Retirement Lodge 137 St Hwy 35 (07) 315 7867	✓		✓			R	✓	150
Papamoa	Papamoa Beach Village-Metlifecare 2 Te Okuroa Dr. (07) 542 1933	#	#	#			✓		103, back
Papamoa	Papamoa Sands 61 Golden Sands Dr. (07) 282 8585						✓		21
Tauranga	Althorp Village 9 Grantston Dr. (07) 543 4008						✓		
Tauranga	Aspen Lifecare 27 McLean St. (07) 578 0979	✓		✓					125
Tauranga	Bethlehem Country Club 111 Carmichael Rd. (07) 579 2030						✓		96
Tauranga	Bethlehem Shores 141 Bethlehem Rd. (07) 579 2035	#	#	#		#	✓		96
Tauranga	Bethlehem Views 186 Cambridge Rd. (07) 578 5500	✓	✓	✓					1, 104- 105
Tauranga	Bob Owens 112 Carmichael Rd. (07) 579 3041	✓	✓	✓		✓	✓		op1, 102

BAY OF PLENTY DHB AREA (CONTINUED)		RH	D	H	PG	CA	RV	SL	Info pg
Tauranga	Bupa Accadia 101 Edgecumbe Rd. (07) 571 0052	✓					✓		
Tauranga	Bupa Cedar Manor 30 Sixth Ave. (07) 578 8300	✓	✓	✓			✓		102
Tauranga	Bupa Greerton Gardens 45 Greerton Rd. (07) 579 4972						✓		102
Tauranga	Bupa Greerton Oaks 108 Greerton Rd. (07) 579 4972						✓		102
Tauranga	Carmel Country Estate R.V. 11 Hollister Ln. (07) 544 5553						✓		
Tauranga	Copper Crest R.V. Condor Dr. (07) 578 6245	#		#		#	✓		1, 104- 105
Tauranga	Devonport Palms 194 Devonport Rd. (07) 578 0205	✓						✓	
Tauranga	Elmswood 154 Waihi Rd. (07) 578 6177		✓						
Tauranga	Fraser Manor Rest Home 122 Fraser St. (07) 578 8986	✓					R		
Tauranga	Greenwood Park - Metlifecare 10 Welcome Bay Rd. (07) 544 7500						✓		102, back
Tauranga	Hodgson House Lifecare 51 Botanical Rd. (07) 578 4846	✓		✓			✓		120
Tauranga	Kempton Park Lifestyle Village 40 Te Paeroa Rd. (07) 571 3600						✓		
Tauranga	Killarney 138 Edgecumbe Rd. (07) 578 4347	✓	✓						57
Tauranga	Matua Village 124 Levers Rd. (07) 570 1425					✓	✓		92
Tauranga	Mitchell Court 228c Levers Rd. (07) 576 1899	✓						✓	57

BAY OF PLENTY DHB AREA (CONTINUED)		RH	D	H	PG	CA	RV	SL	Info pg
Tauranga	Radius Althorp 9 Grantston Dr. (07) 543 2912		✓	✓	✓				123
Tauranga	Radius Matua 124 Levers Rd. (07) 576 2802	✓	✓	✓		✓			123
Tauranga	The Avenues - Metlifecare 10 Tenth Ave. (07) 571 0400	#		#			✓		103, back
Tauranga	The Bayview 159 Waihi Rd. (07) 578 6006	✓		✓		✓	✓		
Tauranga	The Lodge 714 Pyes Pa Rd. (07) 543 0068	✓		✓					
Tauranga	The Vines at Bethlehem 143 Moffat Rd. (07) 578 0525						✓		
Tauranga	Ultimate Care Copper Beech 125 Fourteenth Ave. (07) 579 5420						✓		103, 128
Tauranga	Ultimate Care Oakland 108 Thirteenth Ave. (07) 578 2514	✓		✓					128
Tauranga	Woodlands Boutique Village 30 Carmichael Rd. (07) 576 8874						✓		
Te Puke	Bupa Te Puke 1 No. 1 Rd. (07) 573 9983	✓		✓			✓		102
Te Puke	Carter House Lifecare 69 Moehau St. (07) 573 7317	✓	✓	✓			✓		120
Te Puke	CHT Glynavon 50 Boucher Ave. (07) 573 6458	✓		✓					126
Whakatane	Bupa Mary Shapley 4 Spence Ln. (07) 308 8980	✓		✓			✓		102
Whakatane	Golden Pond Lifecare 47 Bracken St. (07) 307 0180						✓		
Whakatane	Golden Pond Private Hospital 47 Bracken St. (07) 307 0180	✓		✓		✓			
Whakatane	Sheaffs R.H. 17 Landing Rd. (07) 308 8837	✓							

HAUORA TAIRĀWHITI (DHB) REGION

HAUORA TAIRĀWHITI (DHB) AREA		RH	D	H	PG	CA	RV	SL	Info pg
Gisborne	Arohaina Village 396 Aberdeen Rd. (06) 869 5817						✓		120
Gisborne	Beetham Lifestyle Village 50 Beetham Ave. (06) 868 3902	✓	✓	✓			✓		66
Gisborne	Bruere Village 621 Aberdeen Rd. (06) 867 5817						✓		
Gisborne	Dunblane Lifecare & Village 178 Rutene Rd. (06) 867 4759	✓	✓	✓			✓		120
Gisborne	Kiri Te Kanawa R.V. 12 Gwyneth Pl. (06) 863 3636	✓	✓	✓		✓	✓		op1, 100
Gisborne	Leighton House 2 Cheeseman Rd. (06) 867 7697	✓		✓					141
Gisborne	Riverdeen Park Various locations (06) 868 7505						✓		
Gisborne	Te Wiremu House Lifecare 621 Aberdeen Rd. (06) 867 5817	✓	✓	✓					120
Te Puia Springs	Ngati Porou Hauora Charitable Trust 4 McKenzie St. (06) 864 6803	✓		✓					

TARANAKI DHB REGION

TARANAKI DHB AREA		RH	D	H	PG	CA	RV	SL	Info pg
Eltham	Eltham Care R.H. 54 Maata Rd. (06) 764 8330	✓	✓	#				✓	
Eltham	Eltham Masonic Village Cnr London and York Sts. (06) 751 0430						✓		
Hawera	Annie Brydon Lifecare 71 Glover Rd. (06) 278 6039	✓		✓		✓	✓		120

TARANAKI DHB AREA (CONTINUED)		RH	D	H	PG	CA	RV	SL	Info pg
Hawera	Hawera Masonic Village 240 South Rd. (06) 751 0430						✓		
Hawera	Trinity Home & Hosp. 47-61 Puriri St. (06) 278 4189	✓	✓	✓			R		130
Inglewood	Marinoto 72 Matai St. (06) 756 7170	✓		#					89
New Plymouth	Brooklands R.H. & Memory Care 22 List St, Welbourn (06) 758 8422	✓	✓						133
New Plymouth	Chalmers Home 20 Octavius Pl. (06) 758 5190	✓		✓					59
New Plymouth	Clawton Masonic Village 25 Clawton St. (06) 751 0430						✓		
New Plymouth	Coronation Lodge 125 Coronation Ave. (06) 758 5125	✓						✓	39
New Plymouth	Jean Sandel R.V. 71 Barrett Rd. (06) 751 4420	✓	✓	✓		✓	✓		op1, 101
New Plymouth	Maida Vale R.V. 20 Pohutukawa Pl. (06) 755 0558	✓		✓		✓	✓		156
New Plymouth	Manadon Masonic Village 1 Freemason Ave. (06) 751 0430						✓		
New Plymouth	MiLife Bell Vista 131 Mangati Rd. (06) 755 2880						✓		40, 101
New Plymouth	Molly Ryan Lifecare 269 Mangorei Rd. (06) 757 8773	✓		✓		✓	✓		1,101 104- 105
New Plymouth	Radius Heatherlea 139 Vivian St. (06) 758 7302	✓	✓	✓					123
New Plymouth	Radius Thornleigh Park 25 Heta Rd. (06) 758 3642	✓		✓					123
New Plymouth	Riverside Lifecare 361 Mangorei Rd. (06) 758 1996	✓	✓	✓					120

TARANAKI DHB AREA (CONTINUED)		RH	D	H	PG	CA	RV	SL	Info pg
New Plymouth	Summerset Mountain View 35 Fernbrook Dr. 0800 334 404	✓		✓		✓	✓		139
New Plymouth	Sunhaven 48a Sunnyvale St. (06) 755 1021		✓		✓				
New Plymouth	Tainui Village 96 Clawton St. (06) 753 6597	✓		✓			✓R		
New Plymouth	Taurima 85 Clawton St. (06) 753 5538	✓							
New Plymouth	Telford Lifecare 15 Telford St. (06) 757 8554	✓		✓			✓		120
New Plymouth	Ultimate Care Rhapsody 30 Mill Rd. (06) 759 0080	✓		✓					128
New Plymouth	Welbourn Masonic Village 16 Oriental St. (06) 751 0430						✓		
Opunake	Opunake Cottage R.H. 1 Layard St. (06) 761 8009	✓							
Patea	Te Mahana R.H. 41 Chester St. (06) 273 8442	✓					R		
Stratford	Elizabeth R Lifecare 30 Elizabeth Grv. (06) 765 8089	✓		✓			✓		120
Stratford	Marire Home Page St. (06) 765 7173	✓					R		
Stratford	Maryann Home & Hosp. 59 Brecon Rd. (06) 765 7551	✓	✓	✓			✓		
Waitara	Kohatu 35b Nelson St. (06) 754 6621	✓						✓	57
Waitara	Norfolk Lodge 30 Princess St. (06) 754 7016	✓	✓						146
Waitara	Waitara Masonic Village 12 Park Land (06) 751 0430						✓		

LAKES DHB REGION

LAKES DHB AREA		RH	D	H	PG	CA	RV	SL	Info pg
Rotorua	Bupa Redwood 429 Te Ngae Rd. (07) 349 7150	✓	✓	✓	✓		✓		101
Rotorua	Bupa The Gardens 15 Hodgkins St. (07) 347 9658	✓		✓			✓		101
Rotorua	Cantabria Lifecare 369 Old Taupo Rd. (07) 347 9587	✓	✓	✓		✓	✓		120
Rotorua	Fergusson Home 1 Carlton St. (07) 348 9053	✓					✓		
Rotorua	Glenbrae 22 Hilda St. (07) 349 0014	✓		✓		✓	✓		1, 104-105
Rotorua	Lara Lodge Care Home 4 Pegasus Dr. (07) 347 7604	✓						✓	133
Rotorua	Makoha R.H & Hosp. 19 Ruihi St. (07) 347 8805	✓		✓				✓	130
Rotorua	Regency Park Estate 3a Brent Rd. (07) 345 5836						✓		101, 119
Rotorua	St Barnabas Close 24 Hall Rd. (07) 357 2121						✓		120
Rotorua	The CARE Village 32 Taiui St. (07) 347 9612	✓	✓	✓					
Taupo	Bupa Liston Heights 19 Liston Ave. (07) 378 2666	✓	✓	✓			✓		101
Taupo	Monte Vista Residential Care 13 Shepherd Rd. (07) 378 0182	✓		✓			R	✓	146
Taupo	St Johns Wood 133-139 Tamamutu St. (07) 376 2000	✓		✓		✓	✓		
Taupo	Summerset by the Lake 2 Wharewaka Rd. 0800 334 404	✓				✓	✓		139

LAKES DHB AREA (CONTINUED)		RH	D	H	PG	CA	RV	SL	Info pg
Taupo	Wharerangi 25 Kaimanawa St. (07) 378 4165	✓	✓	✓		✓	✓		

KEY:

- RH** Rest Home Care (see page 121-122)
 - D** Dementia Care (see page 121-122)
 - H** Hospital Level Care (see page 121-122)
 - PG** Psychogeriatric (see page 121-122)
 - CA** Care Apartment (see page 95, 122 for definition)
 - RV** Retirement Village (Registered) (see page 90, 93)
 - R** Rental Retirement Village (see page 26)
 - SL** Supported Living/Boarding (see page 26)
- # Planned, under construction, or awaiting certification





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Carter House Lifecare & Village (07) 573 7317

69 Moehau Street, Papamoa Beach,
Te Puke 3119

Riverside Lifecare (06) 758 1996

361 Mangorei Road, Merrilands,
New Plymouth 4312

Arohaina Village (06) 867 5817

621 Aberdeen Road, Te Hapara,
Gisborne 4010

Dunblane Lifecare Village (06) 867 4759

178 Rutene Road, Kaiti,
Gisborne 4010

St Barnabas Close Village (07) 357 2121

24 Hall Road, Ngongotaha,
Rotorua 3010

Cantabria Lifecare & Village (07) 347 9587

369 Old Taupo Road, Springfield,
Rotorua 3015

Annie Brydon Lifecare & Village (06) 278 6039

71 Glover Road, Hawera,
Taranaki 4610

Hodgson House Lifecare & Village (07) 578 4846

51 Botanical Road, Tauranga South,
Tauranga 3112

Te Wiremu House Lifecare & Village (06) 867 5817

621 Aberdeen Road, Te Hapara,
Gisborne 4010

Telford Lifecare & Village (06) 757 8554

15 Telford Street, Merrilands,
New Plymouth 4312

Palmerston Manor Lifecare (06) 357 5919

117 Botanical Road, Takaro,
Palmerston North 4412

Chiswick Park Lifecare (06) 354 4062

69A Maxwells Line, Awapuni,
Palmerston North 4412

LEVELS OF CARE & OTHER OFFERINGS

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

- **Rest home care** – People who require this level of care usually have some ability to get about on their own or with someone helping them. They require some assistance with personal care and general day to day activities. Many have a degree of memory loss. Some people who have dementia may be able to be safely and appropriately supported in a rest home.
- **Hospital** – Hospital care is provided for those who have a significant disability and medical concerns (and possibly cognitive decline), which requires oversight and support from registered nurses. Most require the assistance of two people to move about.
- **Dementia care** – Dementia care services provide a secure home for those with a dementia and for whom there are concerns about risk of harm to themselves or others.
- **Psychogeriatric care** – This type of care is designed for people with a mental health or dementia disorder who require a high level of nursing care and management of behaviour that challenges. They need a secure environment and the skills of specially trained staff.

All residential care facilities and care apartments listed on pages 106-119 are DHB contracted and MoH certified (i.e. ‘certified’ as being suitable to provide specific levels of care). If you choose a care apartment you will usually have to pay an upfront capital amount as these are a type of retirement village offering (see page 95). You also need to enquire about the levels of care they are certified to provide.

Many residential care facilities now offer a range of accommodation options. Those attracting higher fees, over and above the Maximum Contribution (see page 6) are known as ‘Premium beds/rooms’. You can find out more about them on page 124.

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

Getting a high level of care at home

A lot of care that previously would have been provided in a residential care facility is now being delivered at home. Even if you have high needs this could still be an option, particularly if you have good family and/or community support. If you have a carer, then a support plan would need to be put in place for them too. If you think this may be an option for you, ask NASC (see page 8) about the possibilities in your region.



Learn more at
heritagelifecare.co.nz

OPTIONS YOU MAY BE OFFERED

when you've been assessed as requiring a residential level of care

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

Notes:

1 Access to this option depends on a number of factors. If it is possible for you, NASC will let you know. If your 'Home' is part of a registered retirement village an ORA⁶ will apply. Your options will also be determined by your village contract and may be limited (see page 77).

2 A standard option with no extra costs (see page 127). Applies to all levels of care.

3 Premium charges (see page 140-141)

4 Care Apartment (see page 95). May have fixed or variable fees. May also reside here prior to assessment and pay privately.

5 Dual use room - also known as a 'swing bed' room (see page 121)

6 Occupation Right Agreement (ORA) (see page 93)

7 A requirement



Rest Home, Private Hospital, Respite & Dementia Care

Radius Kensington
Hamilton | P: 07 846 6489

Radius St Joans
Hamilton | P: 07 855 5701

Radius Glaisdale
Hamilton | P: 07 222 2300

Radius Windsor Court
Ohaupo | P: 07 823 6696

Radius Lexham Park
Katikati | P: 07 549 1015

Radius Althorp
Tauranga | P: 07 543 2912

Radius Matua
Tauranga | P: 07 576 2802

Radius Heatherlea
New Plymouth | P: 06 758 7302

Radius Thornleigh Park
New Plymouth | P: 06 758 3642

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CHOOSING A SUITABLE CARE FACILITY

Find out:

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

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

Sometimes, due to health issues, others need to make this decision on your behalf. Prepare for this possibility in advance by appointing an Enduring Power of Attorney. The person you appoint to take care of your welfare will be able to make this sort of decision for you if you are unable to do so yourself. (You can also nominate others you want involved in decision making.) See pages 45,47.

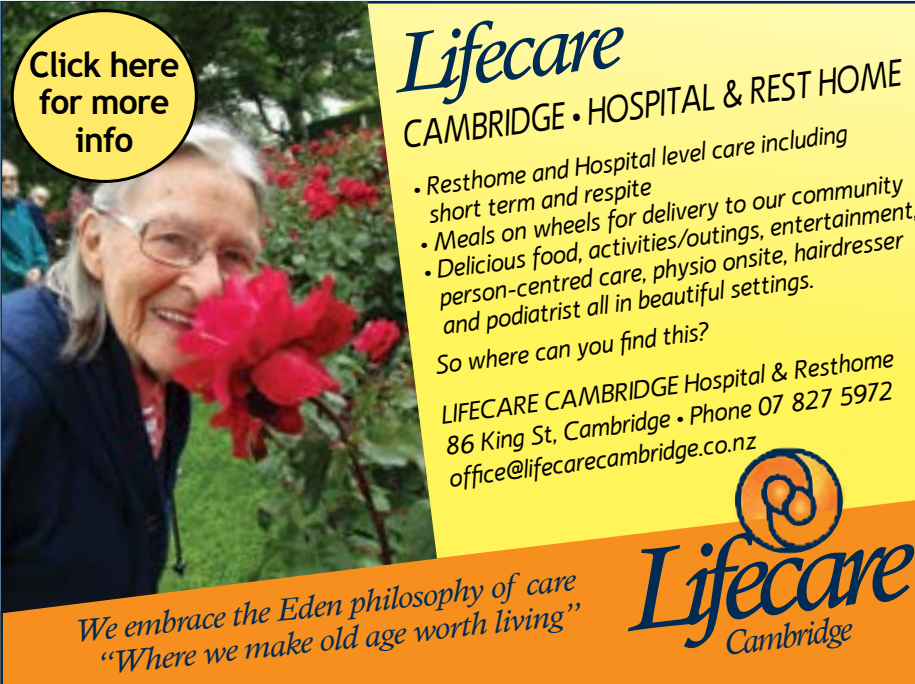
There is no such thing as ‘the best’ rest home, as what suits one person doesn’t suit another. You need to identify the criteria that are important to you:

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

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

A note to families

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



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CHT Bernadette

25 Taupo Avenue
Mt Maunganui, Tauranga
Ph: 07 575 4855
Email: bernadette@cht.co.nz

CHT Acacia Park

134 Hamurana Road
Omokoroa, Tauranga
Ph: 07 548 040
Email: acaciapark@cht.co.nz

CHT Glynavon

50 Boucher Ave
Te Puke
Ph: 07 573 6458
Email: glynavon@cht.co.nz

CHT Te Awamutu

414 Swarbrick Drive
Te Awamutu
Ph: 07 214 2010
Email: teawamutu@cht.co.nz



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

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

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

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

"The voices of older people with high support needs are so quiet as to be practically silent or indistinguishable from the other people who speak on their behalf."

(Bowers et al., 2009)

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

Your options

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

- Shared standard room (this may suit couples and those who enjoy company).
- Standard single room no ensuite (an ensuite is not essential if staff are required to assist with all personal care, i.e. showering and toileting).
- Standard single room with ensuite.
- Standard single room with ensuite and additional services (e.g. Sky TV).
- Premium room, for which additional charges apply. (See pages 140-141).
- Room or Care Apartment governed by an Occupation Right Agreement (ORA) and for which a capital sum is paid. (See page 95.)

(See pages 122 and 140-141 for more about your options and additional charges).

Feel at *home.*

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Practical things

- On admission, a comprehensive Care Plan will be done. It notes all wider health/care issues, individual preferences, who to contact in an emergency, etc.
- You will probably be asked who your Enduring Power of Attorney is/are. (See pages 45, 47). If you haven't made these arrangements you may be asked to set this up.
- Make sure that all clothing is named and your possessions insured.

Trial period

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

Other important things to know

- You are responsible for the payment of your care.
- If you cannot afford it, a subsidy may be available (see pages 140-148). To be eligible you must have been assessed as requiring care and you need to choose a facility that provides the level of care you need, is certified (by the certifying government agency) and has a DHB contract.
- It is important to have had an assessment showing care is needed even if you are privately paying. If you haven't, you may be vulnerable to unregulated fees and if you need a subsidy at a later date you may not be able to get it.
- Check your admission agreement carefully and seek independent advice before signing it so that you are clear about what is provided under contract and what additional costs, if any, you are agreeing to pay.
- You may also be asked for fees in advance, bonds or guarantors.
- You may find that you can't get in to your home of choice until there is a vacancy. You can ask to go on the waiting list and go elsewhere while you wait. Ask your interim home about the possibility of a reduced period of notice.
- Should your needs change, a reassessment will be done. (You can also ask for a reassessment at any time.) This will either be done by the clinical assessor at your facility or by NASC. A change in your level of care may mean that you will have to move to another room in the home or move to another home (e.g. if your current home does not provide your new level of care). If your room is one where several levels of care can be provided (dual use/swing beds - see page 121), you may not need to move.
- Let people know if you have a preference for care in a facility that addresses specific ethnic, cultural or religious needs.

RESIDENTIAL CARE-EMOTIONAL ASPECTS

Find out:

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

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

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

Coping with your feelings

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

- Use successful strategies that got you through the tough times in the past.
- If you are able, you may want to try writing things down, noting the steps you need to take to resolve your concerns.
- Involve yourself in the exercise programme that many homes offer; physical and mental wellbeing are closely linked.
- Give yourself time to settle in. No matter how you feel about moving into a care home it will take time to adjust to the situation and your new environment (see also page 129 - Trial period).
- Try to avoid blaming others for your situation. If you have a carer or family/whānau then know that they have generally done their best to help you stay at home. Now, your need of support is more than can be managed at home.

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

If you have given yourself reasonable time (e.g. a month or two) and tried everything you can and you're still feeling down, let staff know or talk to your doctor. Depression can be an issue for some who live in a residential care home (see pages 37-38). Make sure however that your sadness is not a case of the home being a mismatch for you. If it is; you can move. NASC will explain the process.

The importance of being yourself

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

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

Privacy concerns

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

Positive aspects of the move

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



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

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A note to carers

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

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



CHECKLIST – RESIDENTIAL CARE

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

Atmosphere

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

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

Rooms

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

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

Care

A current, regularly updated care plan for each resident should be kept by the staff.

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

Activities

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

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

Meals

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

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

Safety

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

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

Dignity, privacy and independence

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

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

General

- Are there any additional costs? (If so make sure these are itemised on your Agreement and included in your budget.)
- Are any additional charges separable (able to be stopped without affecting which room you have) or are there wider implications? (pages 140-148.)
- How are any complaints dealt with? Ask residents and their relatives about their experiences. (Residents have the right to make a complaint.)
- Ask how long Certification has been granted for. Longer periods i.e. 3-4 years generally indicate greater compliance with standards and requirements.

Extra questions for dementia/psychogeriatric care facilities

If specialised dementia or hospital care is required, the need will be determined by a psychogeriatric assessment undertaken by mental health personnel. Family/whānau support will also be provided. The specialised nature of this service means that staff working in these areas should have had appropriate training. When considering specialised care options there are other/extra issues to consider:

- Do staff regularly interact in a warm and caring way with residents?
- How accessible are staff? What is registered nursing staff cover like?
- How is the resident's dignity maintained? Are key relatives/former carers involved in making or revising care plans?
- Are residents engaged in meaningful activities? How do staff oversee these?
- How is respectfulness shown to residents?
- How is restraint monitored? (There should be a written policy on restraint.)
- How are behaviours that challenge managed? (Such behaviour often indicates the person is distressed about something. Skilled care and management can often determine what this is and alleviate it.)
- How will the service manage the person's changing needs over time?
- Is the physical environment such that residents can move about freely?

See pages 42-43 for more information about dementia and organisations that may be able to help.

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PAYMENT, EXTRAS & THE 10KM RULE

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

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

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

The Maximum Contribution (see page 6) defines the maximum payment for ARRC contracted services. If you cannot pay for your care you can apply for a Residential Care Subsidy (RCS) to cover these costs. Those who apply for a subsidy have their financial situation considered (means tested) to see how much they can afford to pay toward the cost of their care. (See pages 142-148)

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

Additional services generally fall into two categories:

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

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

Premium Rooms and the 10km rule

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

- If there is a vacancy for a standard room at another facility within a 10km radius of the home of choice then the resident may have to go there.
- If the home of choice has occupancy over 90% and there is a vacancy for a standard room at another facility within 10km and the resident does not want it, then extra fees may be charged. When a standard room becomes available the provider may move the resident into that (giving three days' notice).
- If the home of choice has occupancy over 90% and there is no other vacancy within 10km then the provider must accept the resident and not charge extra fees. When a standard room becomes available the provider may ask the resident to move into that room (giving three days' notice).
- Residents paying premium room fees can review their tenancy every two months. If the resident decides they no longer wish to pay premium room fees, written notice of this should be given. The provider then has three months to move the resident to a standard room (giving three days' notice) or cease charging premium room fees. Effectively there can be a five month 'lead-in time' between giving notice and stopping charges.
- If you occupy a Care Apartment other rules regarding services apply (see page 95). Accommodation charges specified in the ORA will still be incurred.

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



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FINANCIAL ASSISTANCE-RESIDENTIAL CARE

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

- In the first place you are responsible for paying for your own care.
- There is a maximum amount that you will have to pay (as long as the facility has a contract with a DHB). This is known as the Maximum Contribution (MC). Each year DHBs and providers negotiate the cost of care. Any changes are reflected in the MC amount. See page 6 for the current rate.
- The reality is that many cannot afford to fully pay for their care or they run out of their own funds and need to apply for a subsidy or a loan.

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

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

Eligibility

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

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

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

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

At the end of the day, it's about care performance, not share performance.

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The Selwyn Foundation 

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

MEANS ASSESSMENT OF ASSETS (THOSE OVER 65)

The following shows the asset thresholds for single people and couples:

Single

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

Couple with both in long-term care

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

Couple where one partner is in long-term care

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

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

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

- Couple A may choose the higher threshold \$227,125 (as at 1 July 2018). They do not own their own home and have total assets of \$185,000 so are under the asset threshold.
- Couple B may choose the lower threshold \$124,379 (as at 1 July 2018). They own their own home worth \$500,000 and a car worth \$18,000. The house and car are exempt from the assessment of assets. (The house is only exempt from the assessment when it's the main place where your partner, who is not in care, or a dependent child lives.)

What are assets?

Assets generally include but are not limited to:

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

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

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

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

Gifting (as related to the RCS)

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

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

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

Outcome of the means assessment for those over 65:

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

If your assets are found to be equal to or below the asset threshold and you meet the other eligibility criteria mentioned earlier, you may be eligible for a RCS. You will still need to have a financial assessment of income. For further information about: residential care loans see page 148 and for payment and additional charges see pages 140-141.

MEANS ASSESSMENT OF INCOME AND RESIDENT'S CONTRIBUTION

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

What is income?

Income includes:

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

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Income doesn't include:

- any money from your partner's employment or benefit.
- income from assets when the income is under: \$992 a year for single people, \$1,983 a year for a couple when both are assessed as needing care, \$2,975 a year for a couple where one of them has been assessed as needing care.
- a War Disablement Pension from New Zealand or any Commonwealth country.

Points to note:

- If you receive a RCS you will keep a personal allowance of \$44.53 a week, and a clothing allowance of \$279.25 a year (as at 1 April 2018).
- If you are eligible for a RCS and have a partner living at home, the partner retains the use of the home and car (which may be included in the asset test).
- If you are eligible for a RCS and have a partner living at home they may be eligible for a weekly Special Disability Allowance (to help with extra costs) of \$39.43 (as at 1 April 2018) and may be eligible to receive the NZ Superannuation at the Living Alone rate and other support. Contact Work and Income for further advice.
- People who do not have New Zealand residency are advised to contact their preferred care provider directly to negotiate the cost of care.
- Private payers may be eligible for Work and Income assistance, e.g. Disability Allowance, if they meet financial and other criteria. Subsidised residents are not eligible for a Disability Allowance as this is factored into the RCS.
- You can ask for a review of your means assessment (e.g. your circumstances may have changed) or for a financial means assessment at any time.

Residential care loans

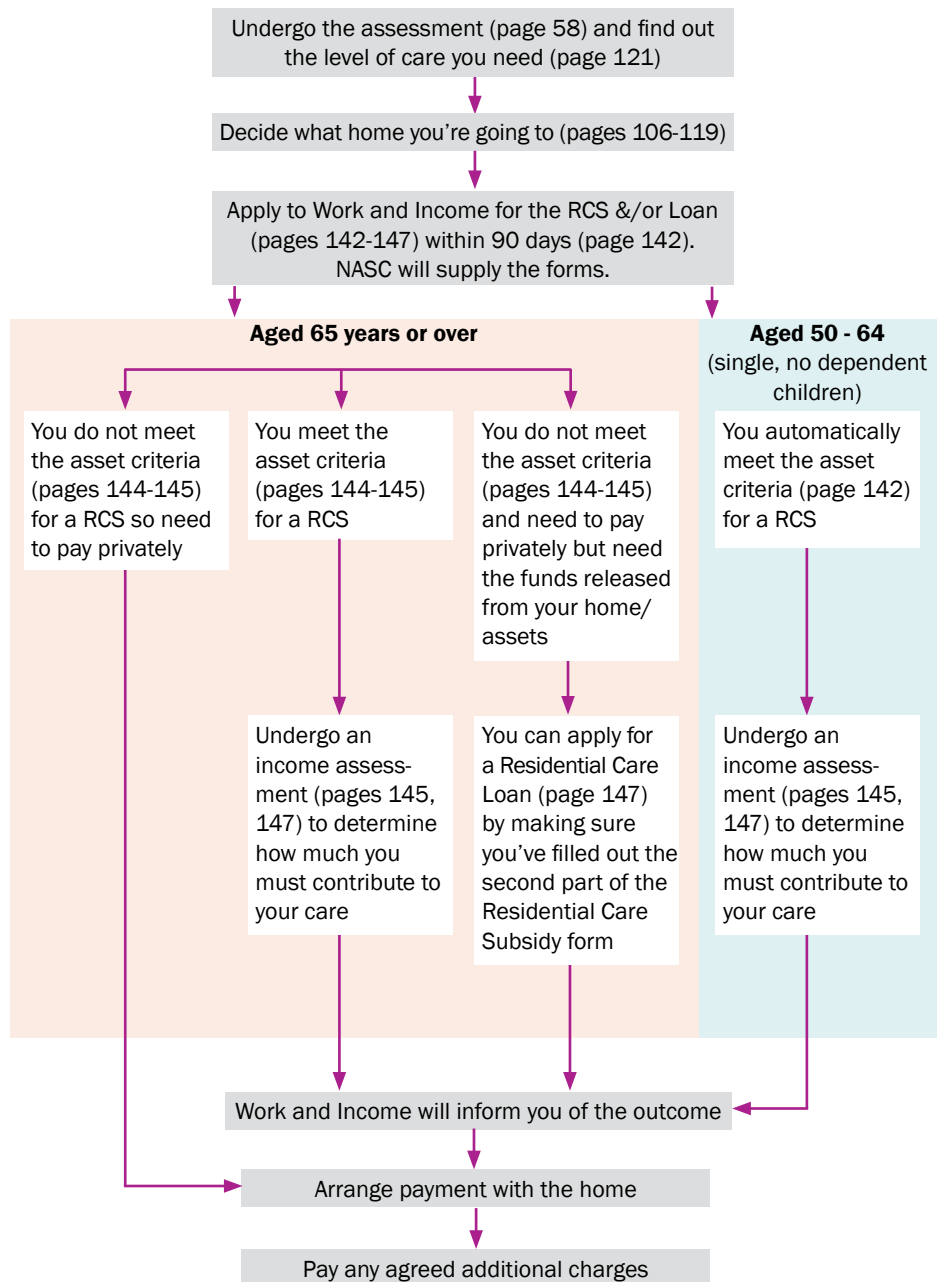
If the value of your home puts you over the asset limit to get a RCS and you don't want to sell it to pay for your care, then you may be able to take out a Residential Care Loan to cover your fees. Important: Your application must fit within the Loan Scheme criteria. Not all applications are approved.

You may be able to get a Residential Care Loan if: you own the home you lived in before entering residential care and you have limited other assets (up to \$15,000 for a single client or \$30,000 for a couple both in care). You will need to pay privately for your care while this is being processed. There will be costs in regard to the loan application (e.g. lawyers fees); you are responsible for paying these. They are not included in the loan.

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

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

HOW TO APPLY FOR A RCS &/OR LOAN[^]



[^] These rules apply to those over 65, those who have an age-related condition and those 50-64 who are single and have no dependent children. Different rules apply to those 50-64 who are married or have dependent children and those under 65

SELECTING A CARE HOME - SUMMARY

1. You must have had an assessment; the result being a recommendation for residential care (see pages 58, 60).
2. If an application is being made for a RCS, an application form (which includes the Assessment Certificate and Loan application) should be given or sent to whomever is making the application before you move into the home. Make sure you know what level of care you need (see pages 58, 60, 121).
3. Discuss your options with NASC and those closest to you.
4. If a decision needs to be made quickly, get up-to-date information from NASC about bed vacancies (see www.eldernet.co.nz/vacancies).
5. Shortlist possible homes/hospitals that provide your level of care and fit within your budget (see page 122). Visit these (see checklist pages 136-138).
6. Ask for a copy of each facility's Admission Agreement. Go away and read it.
7. If you would like to have a 'trial' of the home/hospital, arrange this. You must pay for a trial (see page 129).
8. Decide on your preferred home. Let NASC know what home you've decided on.
9. Talk with the admissions person, negotiate any issues and sign the Admission Agreement.
10. You are responsible for paying for or contributing towards your care. Make arrangements for this. Apply for a Residential Care Subsidy or Loan if appropriate (see pages 140-148).

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