

Essential information for older people

where from here

He ara whakamua

2019 - 2020

upper north island



where good decisions start

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

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CONTENTS

THE BASICS

Before you read this book - read this...4
 Glossary.....6
 Who to contact in your area.....8
 Your rights, problems & advocacy....10
 Useful contacts12



YOUR WELLBEING

Age Concern 14
 Maximising your abilities..... 19
 New technology 23
 Housing - What's right for you now?..... 24
 Equipment & other support 28
 Kaumātua/Pakeke services..... 30
 Pasifika & Asian Services..... 31

HARD TO TALK ABOUT

Your money - staying on top of it.... 34
 Emergency planning & scam watch.. 38
 Emotional wellbeing & depression ... 39
 Feeling a 'burden', lonely or socially
 isolated? 43
 Dementia 44
 Elder Abuse 46
 Enduring Powers of Attorney..... 49
 Equity Release..... 51
 End of life planning 54
 Palliative care..... 58



HOW SOME OF IT WORKS

Assessment & service coordination.....61
 Assessment process & possible outcomes..64
 Payment for services..... 65
 NZ Super & financial assistance.....67

STAYING AT HOME

Staying at home 73
 Home Service Providers 84
 Checklist - Home Service Providers..... 87
 Short term breaks - Overview.....88
 Supporting you & your carer..... 89
 Day programmes & other social support.... 93



RETIREMENT VILLAGES

Retirement/lifestyle villages97
 Village living - Care options101
 Checklist - Villages.....103
 Village details*107



Homes, hospitals, units/villages
 Geographical Index113

RESIDENTIAL CARE

Levels of care & other offerings132
 Options you may be offered.....133
 Choosing a suitable care facility.....134
 Residential care - Emotional aspects....140
 Checklist - Residential care147
 Standard services, extras & the 10km-
 rule.....153
 Paying for residential care155
 How to apply for a RCS &/or Loan....162
 Selecting a care home - Summary.....163

Homes, hospitals, units/villages,
 Alphabetical Index165
 Advertisers Acknowledgements.....171
 *sponsored pages.



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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 15-31.

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 34-59.

There're a few hoops to jump through if you want to access state funded services. We've made this easier to understand in our red section between pages 61-72.

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 132-163) and 'support services' (the green section pages 73-94). 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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MY BOOK

This book belongs to.....

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

My contact person.....

Test my knowledge

- Q. 1 "Buying into a Retirement Village is just like buying any real estate."
 True False **Answer:** pages 97, 99
- Q. 2 "Modern technology's not much help to older people."
 True False **Answer:** pages 23, 145
- Q. 3 "If you've paid your taxes, then, when you need help, the government will pay for it."
 True False **Answer:** pages 65-72, 77, 79-80, 88, 138, 153-163
- Q. 4 "My family/whānau knows what my wishes are for the future. There's no need to write it down."
 True False **Answer:** pages 54, 56
- Q. 5 "If your health is poor and you can't manage at home, then, when you feel the time is right, you can go into a rest home."
 True False **Answer:** pages 61-65

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

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 153).

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: Auckland, Counties Manukau, Waitemata and Northland.

DUAL USE/SWING BEDS/FLEXI BEDS: May be used as either rest home or hospital beds. (See page 132).

EPA: Enduring Powers of Attorney. (See pages 49-50).

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, hospital and psychogeriatric. They are explained more fully on page 132.

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 \$1124.41 - \$1037.68 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, 61).

ORA: Occupation Right Agreement. (See page 99).

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.

WORK AND INCOME (ex WINZ): Part of Ministry of Social Development.

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WHO TO CONTACT IN YOUR AREA

Auckland DHB area:

Community Services ADHB
Greenlane Clinical Centre
Private Bag 92024
Auckland 1142
Phone: (09) 631 1234
Fax: (09) 623 6472
E: communityservices@adhb.govt.nz

Counties Manukau DHB area:

Counties Manukau DHB
Needs Assessment & Service
Co-ordination (NASC)
Middlemore Hospital
Private Bag 93311, Otahuhu
Auckland 1640
Phone: (09) 277 3440
Fax: (09) 276 0041
E: DutyNasc@middlemore.co.nz

Northland DHB area:

Health of Older People,
Maunu House, Northland DHB
Whangarei Area Hospital,
Private Bag 9742,
Whangarei 0140
Phone: (09) 430 4131 / 0800 88 88 90
Fax: (09) 430 4128
E: nasc@northlanddhb.org.nz

Waitemata DHB area:

Waitemata DHB Needs Assessment &
Service Co-ordination (NASC)
North Shore Hospital, 124 Shakespeare
Road, Takapuna, Auckland
Private Bag 93 503
Phone: (09) 442 7171
Fax: (09) 486 8997
E: nascinfo@waitematadhb.govt.nz

Hokianga Area: Hokianga Health, Parnell Street, Rawene. Phone (09) 405 7709

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

Seniorline

Navigating services
for older people



Like to talk to someone?

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

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

www.seniorline.org.nz

Call 0800 725 463

Valuing who others are and what they do...

Lifesaver (friend)

Educator & Cultural Advisor

(grandparent, aunt, uncle)

Pro bono Worker
(volunteer)

Skills Mentor
(tradesperson, crafter)

Mental Health Sustainer
(baby sitter)

Financial Overseer
(club treasurer)

Health Sustainer
(family carer)

Security Networker
(caring, watchful neighbour)

Physical Fitness Champion
(walking group participant)

Calorific Defender
(meal sharer)

Preservation Overseer
(gardener, home maintenance)

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Skills Mentor

Pro Bono Worker

Lifesaver

Educator & Cultural Advisor

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

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 gives 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) 438 3909 or 021 311 055 (ask for CANZ)
- 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:

- Kaitaia: (09) 408 0006
- Whangarei: (09) 430 0166
- North Shore: (09) 441 9001
- Auckland Central: (09) 525 2700
- West Auckland: (09) 838 8068
- South Auckland: (09) 273 9549

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.



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USEFUL CONTACTS

Accident Compensation Corporation (ACC)	Claims helpline Freephone 0800 101 996 www.acc.co.nz
Age Concern New Zealand	See pages 14-16 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)	www.msd.govt.nz
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	Freephone 0800 552 002 (Superannuation line). Freephone 0800 999 727 (For subsidy information). www.workandincome.govt.nz
1737	Freephone or text 1737 any time, 24 hours a day. To talk to (or text with) a trained counsellor.

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and Greenlane Clinical Centre.....\$30

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and Greenlane Clinical Centre.....\$12

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Auckland Hospital & Greenlane
Clinical Centre.....\$12 return, \$6 one way

North Shore Hospital to: Waitakere Hospital
.....\$12 return, \$6 one way



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Age Concern Auckland (Central and West)
57 Rosebank Road, Avondale, Auckland 1026
Phone: 09 820 0184 • Fax: 09 828 1660
Email: ageconcern@ageconak.org.nz



Age Concern Rodney
Shop JA2 Westpac Plaza, Tamariki Ave, Orewa 0931
Phone: 09 426 0916 • Fax: 09 426 0917
Rodney Hospital Shuttle 09 426 0918
Email: ageconcernrodney@xtra.co.nz



Age Concern Kaitaia & District
16 Commerce Street, Kaitaia 0410
Phone: 09 408 2997
Email: ageconcernkta@xtra.co.nz



Age Concern North Shore
Awhina Kaumatua o te Raki Pae Whenua
177b Shakespeare Road, Milford 0620
Phone: 09 489 4975 • Fax: 09 486 2928
Email: ageconns@acns.co.nz



Age Concern Counties Manukau
250 Puhinui Road, Papatoetoe, Manukau 2025
Phone: 09 279 4331 • Fax: 09 279 4334
Email: admin@accm.org.nz



Age Concern Mid North (Bay of Islands-Hokianga)
Kingston House, 123 Hone Heke Road, Kerikeri 0230
Phone: 09 407 4474 • Fax: 09 407 4458
Email: info@acmn.org.nz



Age Concern Whangarei • Ph 09 438 8043

AGE CONCERN

Age Concern, a well-established nationwide organisation, is committed to promoting wellbeing, rights, respect and dignity for older people with a vision that older people thrive in an inclusive society for all ages. While providing a range of services themselves, they are also very knowledgeable about the older persons 'sector' and in particular their own local community services and resources. Some services are operated on a regional level (often in collaboration with others) while others are more locality focused.

All Age Concerns will offer information, education and advocacy services. Many run events associated with such subjects. Health Promotion services offer a range of programmes and activities that are fun, sociable and interactive.

If you need help to get the services or assistance you are entitled to, Age Concern can assist and support you through the process with their advocacy services. (See also the Nationwide Health and Disability Advocacy Service pages 10-11.)

Three Auckland Age Concerns (Auckland, North Shore, Counties Manukau) have joined with Vaka Tautua and Shanti Niwas to form the Elder Abuse Response Service (EARS) Consortium so that together they can respond to the issue of elder abuse in their region. In Northland this service is provided by Age Concern Kaitaia & District. The service can be accessed via the helpline 0800 32 668 65 or by contacting your local service. (See page opposite for details.) See also pages 46-47 for more details about elder abuse.

Keeping people connected with one another and addressing social needs are important issues. Age Concern offers programmes to assist, such as the Accredited Visiting Service. They are agents for the Total Mobility subsidised transport scheme.

New ways of working within the organisation mean that those from a more diverse range of cultures are increasingly able to have their needs met too.

Seven Age Concerns are located in this Northland-Auckland region and each has its own 'flavour'. Let's look at what's happening a local level:

Age Concern Counties Manukau offers the unique Triple A Active Ageing Action Programme which helps people plan for their retirement with resources and interactive workshops. They facilitate the Positive Ageing Network, helping older people, their carers and whānau access services they need. Other services include a counsellor, handyman/fieldworker and lead agency for the live stronger for longer community strength and balance programme.

Age Concern Auckland offers community based support services, information, advice and personal advocacy. They can also provide advice and support in Chinese and Korean. They run an extensive range of public education seminars on a broad range of subjects from healthy eating, falls prevention, safe driving and texting/iPad-for-seniors.

Age Concern North Shore, amongst other services, provides a skills bank, list of local activities and a health promotion calendar of topical subjects. Staff include a Field Officer, Community Development Educator and Asian social worker. Club Gordon provides a weekly opportunity for fun and companionship (small cost).

Age Concern Rodney offer the monthly Time Out Programme (includes entertainment, guest speakers, games and light lunch. Transport available). They also provide a list of police checked skilled and semi-skilled trades people (for small jobs). The Community Hospital Shuttle service may be booked here.

Age Concern Mid North offers exercise classes every Thursday for the over 65's; subsidised taxi service in Kerikeri and Bay of Islands; Accredited Visiting Service; free law clinic monthly; and they provide information, direction and advice on services available to the older person in their region.

Age Concern Kaitiā provides EARS, Health Promotion & Support Services. They have a drop-in Centre which provides free and confidential information, practical advice and advocacy. They hold monthly meetings, outings/get togethers, and a weekly exercise class. There is a discount card for members.

Age Concern is the sort of place that it's worthwhile visiting; you'll get a friendly welcome and each office has printed material about a range of services and products especially designated with the older persons in mind. A pool of well trained volunteers can help you with any enquiries you have.



Photo courtesy of Amanda Billing





Community Classes with a Difference

Approved Community Strength and Balance classes are an easy way to build your leg strength, keep you balanced, and reduce your risk of falls. The classes are safe and effective for older people and it's a great opportunity to have some fun, try a variety of classes and meet other people in your community!

Harbour Sport and Sport Waitakere cover the Auckland region (excluding Counties Manukau which is Age Concern Counties Manukau).



To find an approved class near you contact the Community Strength and Balance team:
P > (09) 415 4611
E > strengthandbalance@harboursport.co.nz





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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 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.

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

Click here for more info

You won't find The Selwyn Foundation listed on the share market. As a charitable organisation we're here to enrich the lives of older people, reinvesting surpluses back into our charitable outreach rather than distributing profits to shareholders. For over 60 years, kindness and caring have been paramount at Selwyn. We provide residential care and independent retirement living founded on holistic care and clinical excellence.

Outside our villages, we undertake significant charitable activities in the community and lead learning initiatives around ageing. And we now partner with Auckland Council in Haumaru Housing, managing Auckland's portfolio of social housing for older people. It's all the result of caring about older people, not just for them.

To find out more about everything we do, please visit selwynfoundation.org.nz

The Selwyn Foundation 

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

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

Taking medication incorrectly can have far more serious consequences than many people realise. It's often a factor in hospital admissions of older people. 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 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.

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

NEW TECHNOLOGY – WHAT'S IN IT FOR YOU?

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

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

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

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

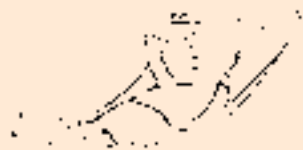
It is widely agreed that there is no substitute for human connection and despite the fears, technology doesn't do away with this. It's another way of communicating that just takes a bit of 'getting used to' and it often frees us up to have greater, quality time with those we want to.



HOUSING – WHAT’S RIGHT FOR YOU NOW?

Find out:

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



Moving home is a stressful event, even if 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.



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09 476 4220

COUNTRYCLUBHUAPAI.CO.NZ



Maygrove Village
OREWA

65 Tauranga Place, Orewa 0931

0800 629 476

MAYGROVEVILLAGE.CO.NZ



Anchorage Village
MARSDEN COVE

80 Rauri Dr, Marsden Cove 0118

09 376 8770

THEANCHORAGE.CO.NZ

There are strict criteria around assets, income and need. Haumarū Housing (freephone 0800 430 101) an initiative between Auckland Council and the Selwyn Foundation manages a large number of homes in the Auckland area. Northland Councils may also offer housing. Contact Age Concern for any information they might have about housing availability. Contact Housing NZ (0800 801 601) for information about their services.

- **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 97-106 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 61,63, 132-163)

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

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

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

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EQUIPMENT & OTHER SUPPORT

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

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

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

- **Accessing MoH loan equipment.** This requires a specialised assessment by a suitably qualified health professional. To be eligible you must: have a disability that will last longer than six months; need specific equipment to help you manage; met residency requirements and not have access to other funding e.g. ACC. If you need an item, not part of the loan scheme, and it is under \$50 you may have to buy it yourself. Demand for this service is high and the budget tight so those with the greatest need have priority. Home modifications may be difficult to access under this option. You may ask for an assessment yourself: freephone, Enable 0800 171 981 or contact your GP, or NASC. Accessible provides equipment for this region freephone, 0508 001 002.
- **Privately buying** equipment or arranging your own home modifications is likely to be quicker and may give you more choice. Get expert advice from a professional wherever possible. A good shop will assess your ability to use the equipment correctly and safely. Not all equipment suits all people
- **Applying to other organisations for funding**, e.g Lotteries Grants, etc. These organisations may consider funding scooters or other mobility aids.
- **Palliative care provision.** You may have access to specialised equipment if you are receiving palliative care.

Ask yourself: if you could access such support might it make things easier for you? If you answer yes, try not to create barriers that would prevent you taking action.



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KAUMĀTUA/PAKEKE SERVICES

Auckland DHB area	Phone (09)	Address
Ngati Whatua o Orakei Health Clinic	578 0956	25/215 Kapa Rd. Orakei
Te Ha Oranga	366 1993	1 Rendall Pl. Eden Terrace
Counties Manakau DHB area	Phone (09)	Address
Huakina Development Trust	238 0250	15-17 Roulston St. Pukekohe
Papakura Marae	297 2036	29 Hunua Rd. Papakura
Te Oranga Kaumātua Kuia Disability Support Services Trust	255 5470	64 Mascot Ave. Mangere
Waitemata DHB area	Phone (09)	Address
Te Ha Oranga	423 6091	158 Rodney St. Wellsford
Te Ha Oranga	420 8523	65 Commercial Rd. Helensville
Te Puna Hauora O Te Raki Paewhenua	489 3049	58a Akoranga Dr. Northcote
Te Whānau O Waipareira Trust Te Roopu Kaumātua	836 6683	Cnr of Edsel St./Catherine St. Henderson
Northland DHB area	Phone (09)	Address
Hokianga Health Enterprise Trust	405 7709	163 Parnell Rd. Rawene
Ki A Ora Ngatiwai	435 4586	420 Kamo Rd. Kamo
Ngati Hine Health Trust Disability Support Services	430 2386	Tai Tokerau
Ngati Hine Health Trust Maiaorere Disability Support Services	430 2386	5 Walton St. Whangarei
Te Ha Oranga	439 3013	77 Awakino Rd. Dargaville
Te Hau Ora O Ngāpuhi	405 2647	113 Broadway, Kaikohe
Te Hauora O Te Hiku O Te Ika Charitable Trust	408 4024	49 Redan Rd. Kaitaia
Te Whare Ruruhau O Meri	270 2631 / 0800 839 4273	3 Mission Pl. Kaitaia
Te Runanga O Te Rarawa	408 0141	16 Matthews Ave. Kaitaia
Whakawhiti Ora Pai Community Health	409 7880	6652 Far North Rd. Te Kao

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.



PASIFIKA & ASIAN SERVICES

Greater Auckland	Phone (09)	Address
Auckland Chinese Community Centre	021 164 0927	99 Taylor Rd. Mangere Bridge
Chinese Positive Ageing Charitable Trust	624 1368	546 Mount Albert Rd. Three Kings
Korean Positive Ageing Charitable Trust	271 1949	160 Murphys Rd. Flat Bush
Shanti Niwas	622 1010	14 Spring St. Onehunga
The Asian Network Inc. (TANI)	815 2338	101 Church St. Onehunga
TOA Pacific	276 4596	214 Great South Rd. Otahuhu
Vaka Tuatua	0800 825 282	7/586 Great South Rd. Manukau
Vaka Tuatua	0800 825 282	102 Henderson Valley Rd. Henderson

There may be costs for some services. Please note: This is not a complete list.

NEED TO TALK? 1737

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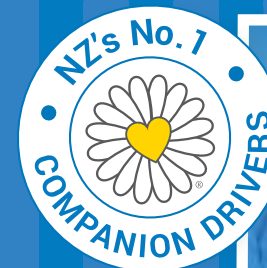
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Glenfield Ph: (09) 442 4334
Devonport/
Northcote Ph: (09) 486 5074
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Central Suburbs Ph: (09) 360 0425
Remuera Ph: (09) 520 3405
Eilerslie Ph: (09) 533 3278
Epsom Ph: (09) 626 0018
One Tree Hill Ph: (09) 629 5999
Eastern Bays Ph: (09) 528 2044

Blockhouse Bay Ph: (09) 627 0481
Henderson Ph: (09) 836 5713
Titirangi Ph: (09) 813 2495
New Lynn Ph: (09) 634 5015
Hobsonville Ph: (09) 412 5332
Howick Ph: (09) 534 6380
Bucklands Beach Ph: (09) 534 6380
Pakuranga Ph: (09) 537 1452
Botany Ph: (09) 534 7712
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YOUR MONEY - STAYING ON TOP OF IT

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

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

The following is general not individual advice.

- Bank closure - While there have been a significant number of bank closures over recent years some banks are committed to providing improved services for older people. (An example is the Westpac 'Dementia Friendly' service that is being rolled out in branches around the country.) Transport to the limited number of branches is however likely to be an ongoing problem for many.
- Your PIN number and cheques - Often the temptation to give your PIN number or an open cheque to someone, e.g. family member, home support worker or even bank staff, is because you can't access the bank yourself. Don't be tempted. If you do, and money is stolen, the bank will probably refuse a fraud claim. No-one, not even the bank or IRD (Inland Revenue Department), should ever ask you for your PIN number or other passwords. If you need assistance with accessing your funds your Enduring Power of Attorney (EPA) 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 page 54).
- Investments and asset management - You may wish to rationalise or review these especially if your circumstances have changed.
- Digital currency - This new type of trading transaction is based on 'blockchain' technology. It currently requires a high degree of computer confidence as you are your own 'banker' and responsible for keeping your currency secure.
- Equity release - This may free up capital. See pages 51-52 for more details.
- Guaranteed retirement income schemes - These new variable annuity (fixed annual payment) offerings are a combination of investment and insurance.

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

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

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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's a number of factors that might open you up to more calls than others. Phone the Marketing Assn. (09) 361 7760 to be removed from any lists they may have. Discuss with Age Concern.
- **Unknown visitors.** If someone comes to your home to talk to you about a product or service don't let them in unless you have arranged the visit. Sadly, people can fake ID cards so an ID card is no longer protection for you. Take their details and get back to them once you've checked them out e.g. with family or Age Concern etc. Don't give strangers personal information.

EMOTIONAL WELLBEING & DEPRESSION

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

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

Older people experience emotional and mental health issues and the 'ups and downs of life' just like other age groups. Some conditions however, such as dementia (see page 44), are more commonly associated with older people (but not exclusively so). Older people may also be at more risk of developing depression as losses, ill health, frailty and other factors often compound over their lifespan.

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

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

There are a number of factors that increase the likelihood of depression. Some have a physical basis (e.g. a medical condition, unremitting pain following injury or accident, a dementia, genetic influences, etc.); others are related to emotional responses to situations (e.g. unremitting 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, 21).
- 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 considered 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. 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.

With thanks also to Kirstin Dingwall-Okoye & Dr. Blair Stirling

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, 21), 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 42, 45) or doctor to find out what support they provide for people with dementia, care partners, family/whānau and community.

Bethany Hill dementia care

about us

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dementiauckland.org.nz



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ELDER ABUSE

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

Elder abuse comes in many forms. It's useful to read through the different types of abuse described to appreciate how they can impact older people. It's also useful to know that help is available; so, please read on after this section.

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

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

So how can we better understand these types of situations and the people who act in this way? Sadly, there are those who put their own interests above others. They might justify their behaviour to themselves, 'I can do what I like in my own home', 'it's no-one else's business' that 'they'd be in a rest home if it wasn't for me' or they may have a false sense of entitlement, telling themselves that 'it's not theft, it's payment for what I do', or that 'I'm going to inherit this anyway'.

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

In some situations, there are complicating issues of financial or caregiver stress, household overcrowding, mental health problems or drug and/or alcohol problems etc.

Whether you're on the receiving end of such behaviour or you're the person trapped in this behaviour, we know it's hard to ask for help. Thoughts running through your mind often prevent you taking action e.g. it will be shaming; it'll upset the family; what will happen to me; who would believe it; maybe it's not that bad; it's all my fault; will I be sent away; will I see my family again; it might be better to stay quiet rather than risk upsetting everything etc.

Although you may feel stuck in the situation, a skilled and independent person (such as those referred to below) will be able to help you find your way through this.

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

If you are in this situation or know someone who is, you can ring the confidential 24 hour, free helpline. Freephone: 0800 32 668 65. Registered nurses will listen and advise anyone who needs information or support. If needed, callers will be referred to local Elder Abuse Response Service (EARS), as shown below, to get help. You can also phone them directly and arrange to meet in person.

- Age Concern Kaitia and District (for Northland) (09) 408 2997
- Age Concern North Shore (09) 929 2309
- Age Concern Auckland (09)820 0184
- Age Concern Counties Manukau (09) 279 4331
- Shanti Niwas (09) 622 1010
- Vaka Tautua (09) 250 1812

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

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

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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.

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.

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EQUITY RELEASE

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

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

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

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

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

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

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

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

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

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

What sort of things do people use Equity Release for?

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

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

Mrs G could consider staying at home, in a familiar environment where she decides her future, using a Home Equity Release to cover the cost of additional care. Withdrawals are structured according to each bank's level of lending (e.g. 20% to 40% of the home's value depending on the age of the person) and often structured so that smaller amounts are drawn down as needed. Over time she could spend down to the Residential Care Asset Threshold amount (i.e. single person \$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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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.advancencareplanning.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. Other cultures will require a quick burial. 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 49-50) and ‘Living Will or Advance Directive’ (pages 54, 56). Seek a second opinion, or go elsewhere, if you feel you’re not getting the service you need.
- Read information you are given, ask questions and supplement your knowledge with further reading. If you don’t want to do this yourself, ask someone else to do this for you and to explain it to you in a way you feel comfortable with. You may not want to know all the information yourself, but you will want the best possible care and advice.
- Use online resources. Search for detailed instructions on ‘symptom management’, including a search for ‘The Palliative Care Handbook 2016’. This comprehensive handbook is available in a digital version from the hospice website www.hospice.org.nz.

Due to a variety of circumstances it may not be possible to stay at home and clinical advice might be that residential care is needed. Payment options vary. In some regions, the DHB may subsidise the services for a defined period, after which a financial means assessment (as for a RCS - see pages 153-162) 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 in Kaitiaki, Kerikeri, Dargaville, Whangarei, Waiheke Island, Whangaparaoa, Takapuna, Avondale, Ponsonby, St. Heliers, Te Atatu, Warkworth, Pukekohe, Manurewa and Glendowie.

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

Sometimes older people put up with 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 qualify 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 (you will be given a copy) 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.

Getting an assessment done

- A referral for an assessment is made to NASC. You can make this yourself (NASC may wish to contact your GP for further information) however it's often made by your GP or by someone else in the health system.
- The referral is considered and prioritised. Those who have greater needs are given priority and a comprehensive interRAI assessment is done.
- It should be done as soon as possible however there is often a waiting list. 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.

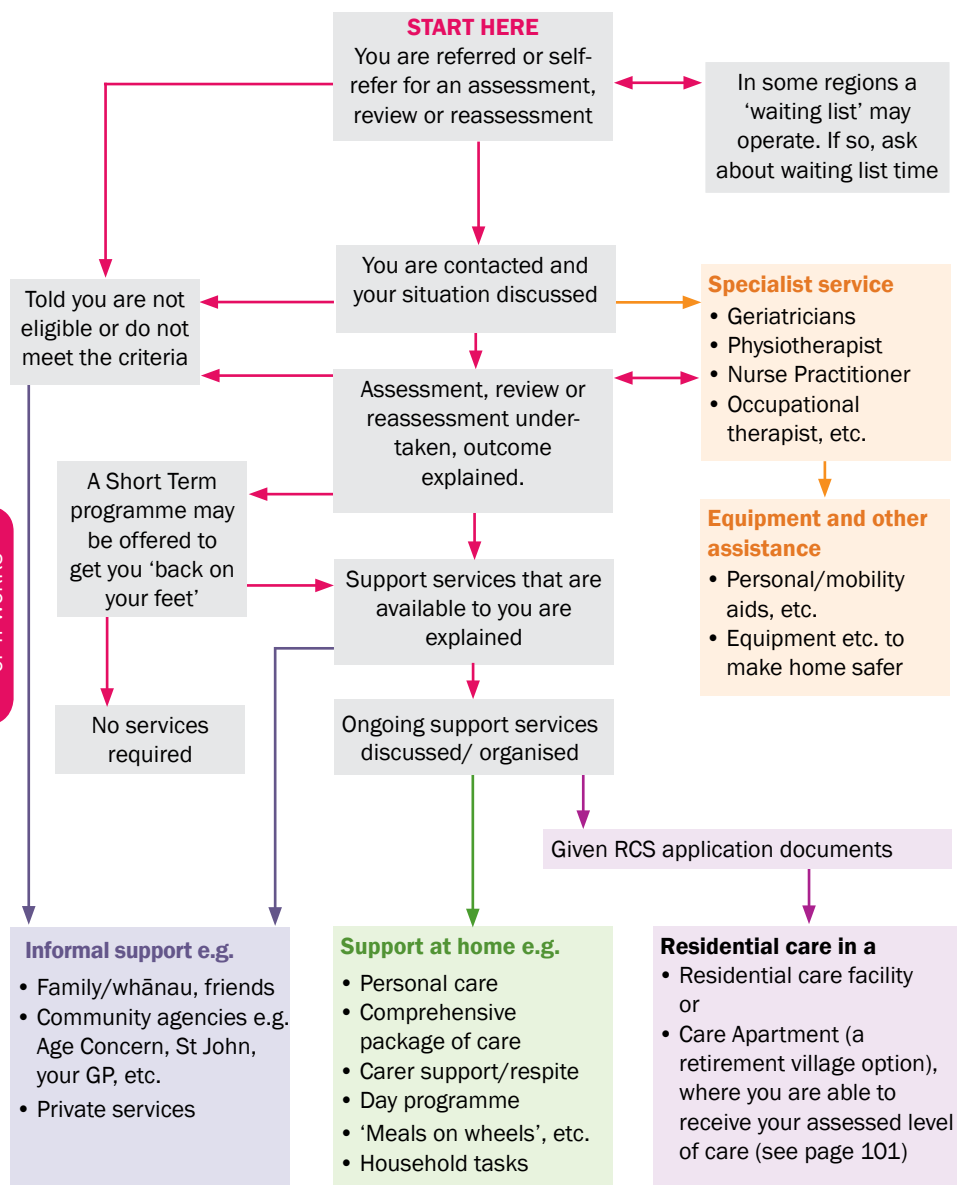
There may be a cost for some services; others may be subsidised/funded. If your assessment shows that you are not eligible you cannot get subsidised/funded services. This is generally, but not always, because your needs do not meet the eligibility criteria, or because this type of assistance is not funded.

While the goal is to help you live as safely and independently as possible at home, sometimes this is not possible and residential care may be considered. The person coordinating your services can authorise entry into residential care (see pages 132-133, 163).

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.

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 73-87
Personal care	May be funded for those with complex needs; may be funded for others if assessed as required. Private payment an option.	See pages 75,77,79
Comprehensive packages of care	Complex packages are adjusted as required, e.g. as a result of a reassessment.	See page 63
Carer support & Respite	Usually funded if allocated; may require private 'top-up'; Residential Care beds accessed on an 'as available basis. Private payment an option.	See pages 89-90
Day programme	Usually funded if allocated; may require private 'top-up' or transport fee. Private payment an option.	See page 93-94
'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 153-162
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 101

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

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NZ SUPER & FINANCIAL ASSISTANCE

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

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

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

SuperGold Card - These cards are issued to those who get NZ Super or Veteran's Pension and other eligible pensions, e.g. any partner included in your pension, may also get a card. The card gives access to a wide range of discounted services including free/discounted 'off peak' transport. If you also have a Community Services Card (see page 70) it is combined into the SuperGold Card.

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

- **Emergency Benefit** - Assistance that may be paid to people who cannot support themselves and who do not qualify for any other payments.
- **Orphans Benefit and Unsupported Childs Benefit**- this provides extra help for caregivers of dependent (grand)children. A range of support may be available and may include a Childcare Subsidy, Establishment Grant.
- **Supported Living Payment** - For those caring full-time for someone (but not their spouse or partner) who is at home but would otherwise need to be in residential care or a hospital. Individual circumstances are considered. Contact Work and Income for further details.

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

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



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Remuera Gardens is situated within a spacious landscaped estate where residents are actively encouraged to maintain their independence. Within the village you can enjoy a range of recreational options, including a fabulous new theatre, indoor pool, gym and library. Should the need arise, we specialise in providing full continuing care. Our one, two and three bedroom homes offer residents a wonderful lifestyle.

Pakuranga Park Village proudly sits on over 30 acres of park-like grounds. Our independent villas are highly sought after, along with our well appointed apartments. We also offer continuing care options. In addition to the village's own impressive communal facilities, including an indoor pool, bowling green and community centre, we are close to golf courses, shopping centres, beaches, cafés, restaurants and other attractions.

The Oaks on Neville is a unique retirement community in the heart of Warkworth. A perfect blend of old and new, our contemporary apartments sit alongside the historic Warkworth Hotel. We offer a range of recreational options including an indoor pool, spa and gym, billiards table, welcoming lounge and cosy library. Retain your privacy and independence with the convenience and buzz of Warkworth's village atmosphere, with restaurants, cafés, galleries, shops, bowling green and more a short stroll away. Enjoy quality living in this delightful riverside village.

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Other Health Related Support

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

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

Applications to other agencies

Hearing Aid Subsidy & Hearing Aid Funding Schemes

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

The National Travel Assistance Scheme

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

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



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

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

The Total Mobility Scheme

This scheme subsidises transport costs for those with a disability and who are unable to use public transport. Assessment is required from approved agencies, contact Age Concern (see pages 14-16), 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)

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

- treatment costs;
- rehabilitation cost;
- a lump sum payment 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

We all know that life is full of times of transition. The move from being a young person with relative independence to taking on the responsibility of raising a family being a common example. You may recall managing some of these life impacting events well, and others less so. Now you are approaching a new transition time and are thinking about how you can live as independently as possible when your health or disability makes this difficult. How can you manage this?

Facing change can be stressful and one of the most successful strategies is managing your mindset. The Scots have a saying "There's no such thing as bad weather, only the wrong clothes." Often the biggest struggle is with our thinking. We keep pretending that the weather (our situation) is not what it is, rather than seeing the need to do something about it and seeing the potential benefits of this. It can be tempting in your situation to just allow things to evolve haphazardly as they will, however it is possible to achieve a planned outcome that you are happier with.

Understanding what's going on

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

Mentally and emotionally it's likely that this experience is new for you. Think about those past times when you coped well with a life impacting event. You can use these strategies again. Possibly one of the strategies you used, was planning.

Planning and doing

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

Consider what resources you need now and might need in the future in order to live independently. (Read the articles on pages 28, 68-72.) Maybe you just need someone to work alongside you to get things sorted (e.g. cleaning, decluttering, etc.) so you can feel 'on top' of things again. Age Concern will know who provides these types of services (see pages 14-16).

Use your visit to the GP/Practice Nurse to find out about any other assistance you might be able to get e.g. personal alarms, gardening assistance, etc. (e.g. Disability Allowance - see page 68). Get an assessment done if recommended. It gives good baseline information about your needs and introduces you to 'the system'.

Decide to be more active. Being more active not only improves your physical health (see page 19); it maximises your skills and abilities, improves your confidence and

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

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

Maintaining relationships

Evidence suggests that being involved with others is good for our health. Stay connected to your friends, family and community as much as possible and take advantage of offers of help. Also, see what you can do for others (e.g. make a daily phone call to a neighbour). Being involved in such a way helps build a more caring and connected community, benefitting everyone (see also page 43).

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

A message to families

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

Needing More Formal Assistance?

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

There are number of factors to be aware of:

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

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eligibility for publicly funded services. (See page 61-64 for details.) During the assessment tell the assessor as clearly as possible what you need to enable you to live a safe and good life.

- If an assessment has established that you need help with your personal care e.g. dressing and showering, wound care, support for your carer and other support of a personal nature, then this is generally funded by the DHB regardless of your financial circumstances.
- For those who require domestic assistance e.g. housework and other types of support that enable you to live at home, and an assessment has established that you require the service then the following applies:
 - a. If you have a Community Services Card the services may be funded;
 - b. If you do not have a Community Services Card you will self-pay;
 - c. Any funding support will be reviewed from time to time and when requested.
 - d. There is a responsibility to advise MSD of any changes in your circumstances that affects your ability to pay for your services
- You can privately 'top-up' any publicly funded services.
- DHBs operate within a tight budget. This means services are prioritised and those with more complex and/or higher needs are given priority.
- Those with more complex and/or higher needs may receive what is known as 'packages of care' (see page 63).
- A 'Care Plan' will be written up with you and you will be asked to sign it. It's ok to have family members input and it's ok to ask for things to be changed.
- A number of people from various health disciplines (who bring different skills) may have input into your 'Care Plan' and/or provide services if required.
- You should be asked to sign a contract for services you agree to receive. Don't sign anything you are uncertain of or don't agree with. Get advice from someone you trust or NASC (if the services are publicly funded).
- Short-term (e.g. 6 weeks) and intensive support programmes may be offered to prevent unnecessary admission to hospital or aid in rehabilitation following a hospital stay. Your local health service or NASC will advise.
- 'Top-up' fees may be charged by some providers for some services and in some circumstances, e.g. some short stays in residential care facilities.
- DHBs contract with 'Certified' home support providers to deliver your support or care. You will find a list of these and private providers on pages 84-86.
- Services should be provided in a culturally sensitive and appropriate way.

Restorative services

Many DHBs require their contracted home support providers to provide restorative services. These services are aimed at helping you sustain, maximise and even restore your skills. In practice this means looking for ways in which your health,

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abilities and well-being might be improved. This may include problem-solving, finding manageable ways to do tasks, attending education sessions, or if anyone comes into your home to provide support; working alongside you, not for you.

Goal setting

Another common component is the use of 'goal setting'. 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 focus of those working with you is to help you achieve your goals.

Delivery of your services

The following applies to both publicly and privately funded services. Before your support worker arrives, someone should visit you to make the necessary arrangements to get services started. If your contract hasn't been signed you will be asked to sign this and possibly other documents such as a 'Care Plan', etc.

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

- Arrive on time and leave when the planned tasks have been done;
- Never access your bank account, your money, know your PIN numbers, take or use any of your things for their own purpose;
- Never threaten you or make you feel uncomfortable. This behaviour is not ok and must be addressed. Get appropriate support (see pages 10 and 46-47).

Those receiving publicly funded home support services will probably see different people for various reasons. It's likely they will give you pamphlets and paperwork (which you may need to refer to occasionally). You should keep these together in one place and sorted into different categories. It also pays to keep other essential documents all together and handy (but private too), e.g. your banking and NZ Super client numbers, Birth Certificate, Will and Enduring Power of Attorney. You will probably need to refer to these occasionally.

Private services

Some people chose private help as they can often buy services that are more wide ranging (e.g. taking you on outings) or perhaps are additional to publicly funded services, where they may have more control over what happens (e.g. timing of visits) and where there may be a greater likelihood of keeping a worker they like etc. Sometimes family members 'gift' these services to their relative. It's often reassuring to them to know that regular contact is being made with you, particularly if they can't be there themselves.

If you engage a private service, you need to manage part or all of this relationship including the financial aspects; or have someone else such as your Enduring Power

of Attorney do this on your behalf. The most important issue is to have a written and signed agreement or contract between you and the provider or worker/carer.

You should also know:

- The cost per hour (rates differ widely), ask if GST is added and if there's a minimum charge.
- Police and other relevant checks are done by most formal agencies. You may have less assurance with an informal arrangement e.g. with a neighbour.
- How to deal with complaints. A more formal agency will give an outline of the process and details of someone you can go to within their service and independent contacts. In an informal arrangement, you may have to resolve issues directly with the carer/worker.
- Whether they operate a professional management team with staff holding relevant qualifications, e.g. Registered Nurse for specialised care.
- If they provide ongoing training for staff.
- What the workers and your own rights and responsibilities are.
- Whether you can stop the service at any time, incurring no additional cost.

Private services may be an option

Perhaps you would like some private support but are worried you can't afford it. Some home or property owners have freed up money via an 'equity release' to allow them to do this (see pages 51-52).

This may be an option particularly for those:

- Who have minimal assessed needs, do not qualify for subsidised support, have little family or community support and who want some social support.
- Who require residential care and would be privately paying but would prefer to stay at home (perhaps adding to what the DHB might be providing), and in so doing 'spending down' to the asset threshold (see pages 157-158).

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

Getting home help in a retirement village

The sort of help you can get in a retirement village varies from village to village and will be defined in your contract with the village. Make sure you understand it. If you want to change some of the terms, the best time to negotiate is before you sign up and move in. The following are some of the options for getting home help:

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

If you choose a Care Apartment, a residential level of care can be provided by the village to you in your residence. A RCS may be available if you qualify (see pages 155-162).

When things get more complicated

In some DHB regions those whose needs are great enough to qualify for care in a residential care facility may be offered increased services at home as an alternative. This is more likely to be offered where the person wants to stay at home, and it is considered possible for them to manage with the right support. This sort of flexibility might work for some, but not others. Make sure health professionals understand you 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.



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New Zealanders are living longer and our older population is growing faster than ever.

Enliven Northern helps people over 65 maximise their independence by having control over decisions around their care services, and keep their community connections going.

A New Zealand run charity established in 2002, we offer personalised care for older people, and those living with disability or injury. A pioneer in restorative home-based support, we are committed to providing high quality support services.

We are driven by a passionate belief in the value of older people, their hopes, aspirations and right to enjoy an independent life.

We believe in positive ageing principles tailoring our programmes to reflect the needs of the individual. We promote exercise and wellbeing, connecting people with others in their local community.

Working in partnership with older people and their families, we design individual support plans to meet goals taking into account their social, cultural and community needs.

Enliven is developing new ways of working to support people with dementia and their families living in our communities. We are excited about the benefits we are seeing for participants.

Click here for more info If you would like to find out more about Enliven, please don't hesitate to call or email us.

"I couldn't do without Enliven. My support worker's encouragement and practical care gives me the energy to get on with living."

(Enliven client quote)

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Maximising Independence



My Enliven Support Worker showed me I can travel on a bus with my walker – what freedom! She is so supportive, and quietly encourages me on my road to independence. She has opened my eyes to life again. Thank you!

Maximising your independence

Every day Enliven is helping older people to stay living independently in their own home and helping them to be an active part of their community.

We do this in a number of ways, including:*

- ✓ Home and community support
- ✓ Respite care
- ✓ Community-based day services
- ✓ Support groups for people with dementia
- ✓ Transition service for older people returning home from hospital or rest home

*Please note that some services may not be available in your area.

DHB CONTRACTED HOME SERVICE PROVIDERS*

ADHB Contracted Providers	Phone (09)	Area served	Info
Aotea Family Support Group Charitable Trust	429 0465	Great Barrier Island	
Enliven Auckland (PSN)	622 4788	Auckland DHB area	82-83
HealthCare New Zealand	0800 300 114	Greater Auckland	91
Lifewise Health & Disability Services	623 7631	Auckland DHB area	
Royal District Nursing Service NZ	0800 736 769	Greater AKI incl Waiheke	74
CMDHB Contracted Providers	Phone (09)	Area served	Info
Access Community Health	0800 284 663	Greater AKI & Northland	
Counties Manukau Homecare Trust	0800 500 238	Counties Manukau & Franklin	74
Enliven Counties Manukau (PSN)	269 0112	Counties Manukau	82-83
Huakina Homecare Service	238 0250	Counties Manukau	
Geneva Healthcare	0800 436 382	Greater AKI & Northland	13
Pacific Homecare	274 9153	Counties Manukau	
Whaiora Home Care Services	263 7792	Mt Wellington to Papakura	
WDHB Contracted Providers	Phone (09)	Area served	Info
Access Community Health	0800 284 663	Greater AKI & Northland	
Geneva Healthcare	0800 436 382	Greater AKI & Northland	13
Te Ha Oranga	0800 698 342	Waitemata	
VisionWest Home HealthCare	0800 222 040 / 813 0133	West AKI & North Shore (entire AKI for IF+ services only)	92
NDHB Contracted Providers	Phone (09)	Area served	Info
Access Community Health	0800 284 663	Greater AKI & Northland	
Geneva Healthcare	0800 436 382	Greater AKI & Northland	13
Hokianga Health	405 7709	Hokianga	
Home Support North Mid/Far North	401 6657	Mid/Far North	
Home Support North Whangarei	430 2090	Whangarei	
Maiaorere (Ngati Hine Health Trust)	404 1489	Northland	
Maiaorere (Ngati Hine Health Trust)	430 2386	Whangarei	
Te Ha Oranga	0800 698 342	Northland	
Te Hiku Hauora	408 4024 ext723	Far North	

*Health of Older People Home Based Support Service

Key: ADHB = Auckland District Health Board, CMDHB = Counties Manukau District Health Board, NDHB = Northland District Health Board, WDHB = Waitemata District Health Board, AKI = Auckland, IF+ = Individually Funded, PSN = Presbyterian Support Northern

Contracted providers may change over the life of the book.

ALL HOME SERVICE PROVIDERS

Providers continued	Phone (09)	Area served	Info
Access Community Health	0800 284 663	Greater AKI & Northland	
Aide Home Based Support Services	0800 243 342	Whangarei	
Alternative Care Northland	021 774 586	Whangarei	
Aotea Family Support Group Charitable Trust	429 0465	Great Barrier Island	
Care On Call	0800 99 00 11	Greater AKI & Northland	76
Counties Manukau Homecare Trust	0800 500 238	Counties Manukau & Franklin	74
Custom Care Nursing	0508 687 737	Greater AKI & Northland	
Drake Medox	0800 840 940	Greater Auckland	
Enliven Auckland (PSN)	622 4788	Auckland DHB area	
Enliven Counties Manukau (PSN)	269 0112	Counties Manukau	
Enliven Waitemata (PSN)	822 5115	North Shore, Rodney, Waitakere	82-83
Geneva Healthcare	0800 436 382	Greater AKI & Northland	13
Graceful Care	0800 767 343	Auckland Wide	
HealthCare New Zealand	0800 300 114	Greater Auckland	91
Health Vision (NZ) Ltd	0508 733 377 / 522 5012	Greater AKI & Northland	
Hokianga Health	405 7709	Hokianga	
Home Genies	027 482 7421	Central and West Auckland	
Home Support North Mid/ Far North	401 6657	Mid/Far North	
Home Support North Whangarei	430 2090	Whangarei	
Huakina Homecare Service	238 0250	Counties Manukau	
Kate McLean Homecare	579 1212	Greater Auckland	
Life Plus	0508 54 33 69 / 354 3202	Greater Auckland	78
Lifewise Health & Disability Services	623 7631	Auckland DHB area	
Maiaorere Home & Community Support Services	430 2386	Tai Tokerau	
Maiaorere (Ngati Hine Health Trust)	404 1489	Northland	
Maiaorere (Ngati Hine Health Trust)	430 2386	Whangarei	
Medcall Health Personnel	0800 314 314	Greater AKI & Northland	76
Miranda Smith Homecare	522 8604	Greater AKI & Northland	74
My Right Hand	216 8068	Auckland	
Mycare	0800 677 700	Greater AKI & Northland	

ALL HOME SERVICE PROVIDERS CONTINUED

Providers continued	Phone (09)	Area served	Info
Nova Health	0800 896 772	Greater Auckland	
Pacific Homecare	274 9153	Counties Manukau	
Platinum Community Care	421 1511	Rodney & North Shore	
Proactive Care	021 678 433	Auckland	
Royal District Nursing Service NZ	0800 736 769	Greater Auckland, Waiheke & Northland	74
Te Ha Oranga	0800 698 342	Waitemata & Northland	
Te Hiku Hauora	408 4024 ext723	Far North	
Te Whānau o Waipareira Mobile Maori Nursing	0800 924 942 / 836 6683	Auckland & Waitemata DHB areas	
The Good Companion	021 717 884	Auckland wide & North Shore	
TLC 4u2	0800 852 482	Northland	91
VisionWest Home HealthCare	0800 222 040 / 813 0133	West Akl and North Shore (All Akl for IF+ services only)	92
Waiheke Health Trust	372 6195	Waiheke Island	
Whaiora Home Care Services Inc	263 7792	Otahuhu to Waiuku	
Your Attendant	419 2000	Auckland	

Key: Akl = Auckland, IF+ = Individually Funded, PSN = Presbyterian Support Northern

This is a list of personal care/domestic services. Other services such as meal services, transport and home maintenance etc. are not listed. Providers who do not have a DHB age-related contract (see page 84) may have other DHB contracts, sub-contracts, or contracts with other agencies such as ACC. Please contact NASC for the most up-to-date information.



CHECKLIST-HOME SERVICE PROVIDERS

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

- Do you need/want assistance with: personal care/domestic care/both?
- Have you thought about asking family/whānau/friends for help?
- Do you know if you will have to pay for services yourself or if they will be subsidised or partly subsidised? (Eligibility for funded services is determined via an assessment. See pages 61-66)
- 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.)

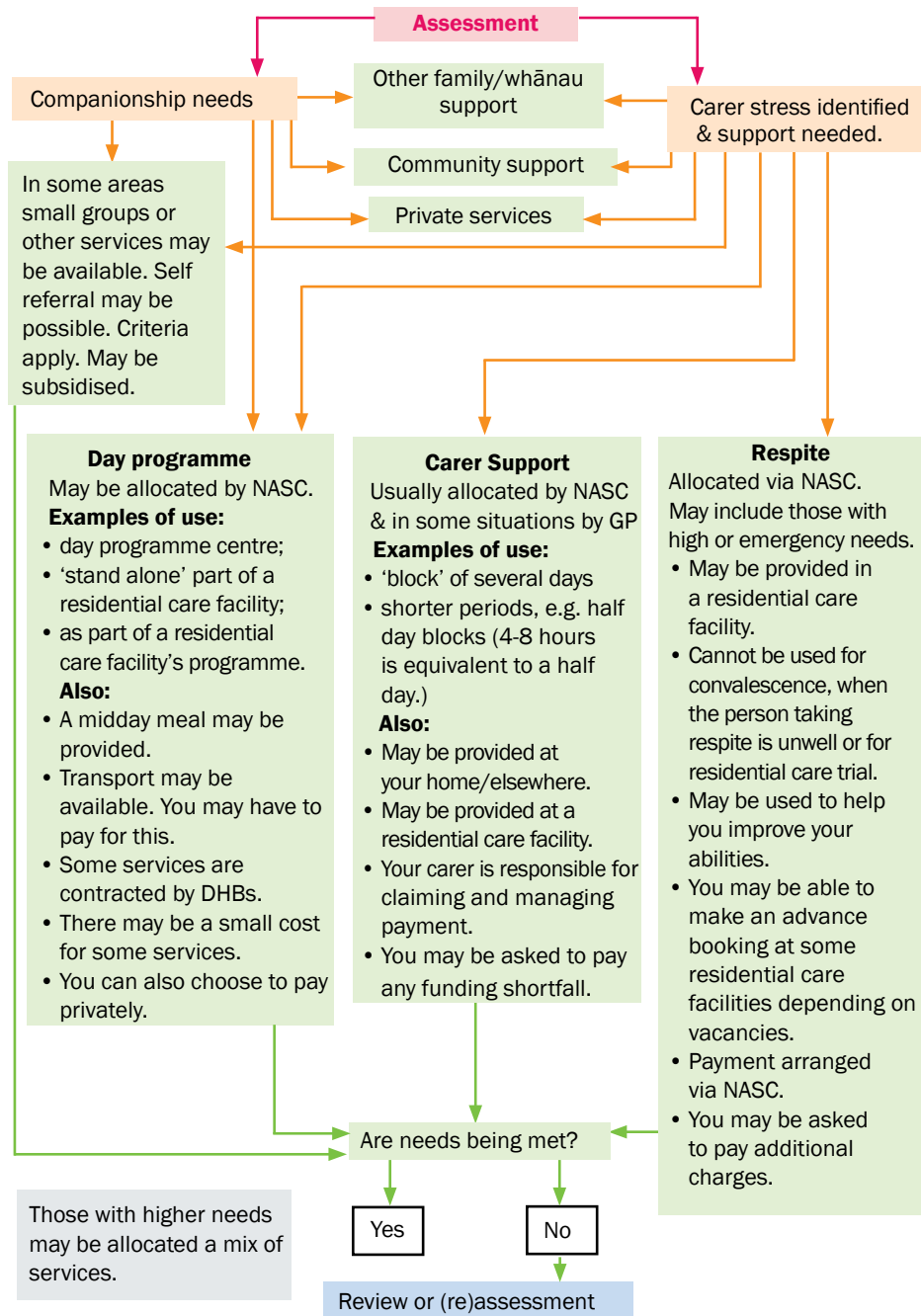
Practical things

- 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?

SHORT TERM BREAKS - OVERVIEW



SUPPORTING YOU & YOUR CARER*

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

Family/whānau The ability of family/whānau members to provide support will vary according to their circumstances e.g. they may live far away, have other demands, lack confidence, need to be in paid work. Family history and dynamics (which we will all be aware of) may also impact. While it's often the fact that one family member becomes the main carer, (it initially seems easier and less complicated), it's helpful for others to be involved too. Friends may also be willing to assist.

Assessment An assessment will be required (see pages 61-64) if you want to access any formal or subsidised supports e.g. home help, Respite Care and Carer Support (see page opposite). Any such supports need to work in tandem with the support provided by your carer/s. It is important that everyone involved in your care understands the level of confidence, skills, strengths and abilities of your carer/s and for them to be recognised as an important part of your team.

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

Resources Consider what practical resources you already have and what might be needed. Obviously if you want something now, and you can afford it; you can buy it. For those with limited financial resources however, it is imperative to be linked in with your GP and NASC as soon as possible as it's not always easy to get subsidised services and other things quickly. Regardless of your circumstances it is worthwhile being informed what might be useful in your situation. You and/or your carer might find it useful to visit a disability equipment shop; look at the products and ask lots of questions. (See also page 28).

STAYING AT HOME

STAYING AT HOME

‘Time out’ A caring role is often stressful and no matter how strong and capable you think your carer is, the relationship can become strained. ‘Time out’ for you both is important. Regularly and routinely is best e.g. establishing a family roster, going out separately to groups or day programmes or arranging night sleepovers etc. Using the allocated amount of formal subsidised services such as Respite Care and Carer Support is a good start and wise. (There can however be financial implications as subsidies may not cover the full cost of everything you want and there may be additional charges for respite type services. Discuss any concerns about this with NASC.) The situation can also become socially isolating as it is often easier to stay at home. Try to make life as ‘normal’ as possible for you both; go to social events, day programmes (see page 93), use the Total Mobility scheme if eligible (see page 72) and take people up on their offers of help. Caring relationships are usually based on love and all parties need to feel loved. At the very least, your carer needs regular ‘time out’ to ‘recharge their physical and mental batteries’.

Carer Support Subsidy This subsidy is designed to look after your carer. It allows them to pay someone to care for you while they get a break. ‘Carer Support’ days are allocated depending on the need identified in an assessment. It is reviewed each year. Spouses, partners and others who live with you cannot be paid to ‘fill in’ for your carer. The subsidy can be used for full days or half days (see also page 88). There are two funding streams for the daily rate as shown below (as of 1st July 2019).

DHB area	Formal	Informal & Family
Northland, Waitemata, Auckland, Counties Manukau	\$67.16 plus GST	\$64.50 plus GST

Your carer needs to: ensure the assessment is undertaken and allocation approved, keep track of days used, make the bookings and arrange for payment of the relief caregiver. (Carer Support claims must be sent to the Payment Centre within 90 days or they may not be paid.)

Some caregivers or service providers may want an ‘upfront payment’ first. If so, a receipt needs to be obtained and reimbursement claimed from the Payments Centre. If Carer Support is taken at a residential care facility a ‘top-up’ payment will probably be required. Questions need to be asked about this when booking.

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

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

* *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 is whether your carer provides more than four hours unpaid care a day.)*



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DAY PROGRAMMES & OTHER SOCIAL SUPPORT

Auckland DHB Region	Phone (09)	Address
Aranui Home & Hospital (*#only)	846 2944	19 Woodward Rd. Mt Albert
Auckland Enliven Club *#	622 4788 or 622 9696	Onehunga Centennial Hall, Grey St. Onehunga
Chinese Positive Aging Charitable Trust *	624 1368	546 Mt Albert Rd. Three Kings
Communicare CMA Friendship Centres *	631 5968	Head Office: Yarnton House, 14 Erson Ave. Royal Oak
Lavender Cottage *#	815 4785	23 Wainoni St. Pt. Chevalier
Selwyn Foundation Day Centres	0800 473 599	Various Locations
Senior Services Friendship Programme	027 511 0334	32 Delta Ave. New Lynn
Shanti Niwas *	622 1010	14 Spring St. Onehunga
The Anchorage Day Centre #	815 3991	132 Taniwha St. Glen Innes
TOA Pacific	276 4596	214 Great South Rd. Otahuhu
Counties Manukau DHB Region	Phone (09)	Address
Bupa David Lange Care Home*#	256 0092	4 James St. Mangere East
Bupa Parkhaven Hospital *	275 6069	131 Buckland Rd. Mangere East
Chinese Positive Ageing Charitable Trust	624 1368	Te Tuhi Centre, 13 Reeves Rd. Pakuranga
Communicare Friendship Centres	631 5968	Head Office: Yarnton House 14 Erson Ave. Royal Oak
Enliven Counties Manukau Day Programme *#	267 1312	217 Weymouth Rd. Manurewa
Howick Baptist Day Programme *#	538 0809	139 Union Rd. Howick
Korean Positive Ageing Charitable Trust	271 1949	47 Aviemore Dr. Highland Park
Palms Day Centre *#	237 3070	104 Harris St. Pukekohe
Selwyn Foundation Day Centres	0800 473 599	Various Locations
Te Oranga Kaumatua Kuia Disability Support Services Trust	255 5470	64 Mascot Ave. Mangere
TOA Pacific	276 4596	214 Great South Rd. Otahuhu
Vaka Tautua	250 1812	Mangere, Otara & Manurewa
Waitemata DHB Region	Phone (09)	Address
Chinese Positive Aging Charitable Trust	624 1368	7 The Strand, Takapuna
CMA North Shore Companionship and Morning Activities for seniors *#	489 8954	Auckland wide
Communicare CMA Friendship Centres	631 5968	Head Office: Yarnton House 14 Erson Ave. Royal Oak
Dee's Social Group #	489 3176	Mairangi Presbyterian Church, 10 Penzance Rd. Mairangi Bay

STAYING AT HOME



Communicare is a not-for-profit providing recreation and support for Auckland seniors. Our 21 centres across Auckland are each open one morning a week

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www.communicare.org.nz

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DAY PROGRAMMES & OTHER SOCIAL SUPPORT

Waitemata DHB Region continued	Phone (09)	Address
EQUIP Totara Club Dementia Day Care *#	477 2637	550 East Coast Rd. Windsor Park
Lavender Cottage *#	815 4785	23 Wainoni St. Pt. Chevalier
Platinum Community Care #	421 1511	7 Greenview Ln. Red Beach
Selwyn Foundation Day Centres	0800 473 599	Various Locations
Shanti Niwas	622 1010	Glenfield Community Centre, Bentley Ave. Glenfield
TOA Pacific	276 4596	214 Great South Rd. Otahuhu
Northland DHB Region	Phone (09)	Address
Alz Club - Switzer Residential Care *#	408 1480	71 South Rd. Kaitaia & Coopers Beach
Alzheimers Society Day Programme *#	438 7771	Whangarei, Waipu & Paihia
Bupa Merrivale Day Care *	435 3388	1 Winger Cres. Whangarei
Central Community Care & Creativity (4Cs)	438 3948	Baptist Church, 202 Bank St. Whangarei
CMA Northland	423 7980	Wellsford
Forget Me Not Adult Day Centre #	437 1144	110 Boundary Rd. Whangarei
Golden Age Club - Switzer Residential Care*	408 1480	71 South Rd. Kaitaia, also Ahipara
Hokianga-Health Day Care*	405 7333	163 Parnell St. Rawene
Kaipara Drop in Centre (Tuesdays)	439 8079	Dargaville Town Hall, Hokianga Rd.
Kerikeri Retirement Village *#	407 0070	Ruatara Dr. Kerikeri
Ngati Hine Health Trust *	0800 737 573	2-4 Rayner St. Kawakawa
Selwyn Foundation Day Centres	0800 473 599	Various Locations
Te Hau Ora O Ngapuhi Trust	405 2647	5 Marino St. Kaikohe
Together on Tuesdays (TOTs)	439 2006	Ruawai Community Church, Freyberg Rd. Ruawai
Wednesday Crafts	439 7799	Greenways Community Centre, 43 Tirarau St. Dargaville

Key: * = Current DHB contracted provider (subsidised service)

= Specific dementia care focus

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.

Contracted providers may change over the life of this book.

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Discover for yourself why over 5,000 residents in 23 villages, love the Summerset life.



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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 many villages now restrict entry to older residents. This article covers those complexes that are required by government to register as a Retirement Village. Registration gives you additional legal protection under the Retirement Villages Act 2003. (Non-registered complexes may look similar to a standard retirement village from the street; however you'll find there are significant differences.)

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

Most people are quite independent when they move into a Village. It's likely you would be too, and you can expect village management to regard and treat you as such. But circumstances may change and as a result you may want some assistance. For example, you may want village staff to check on you from time to time or you may need some practical support or personal care to enable you to stay in your home. Depending on your contract and whether the relevant services are available, you may be able to continue living in your unit, even if you require quite a lot of support. Home-based support services may be delivered by the village or by an external provider. Some villages also offer Serviced Apartments where a range of services can be purchased from the village operator. A higher level of care can be obtained if you live in a Care Apartment. (See pages 101, 133 for more information).

RETIREMENT VILLAGES

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The village offers:

- 90 units for independent living with access to 24-hr emergency support services; we provide a supportive home like and safe environment.
- The 'Beatrix Pavilion' for activities such as coffee mornings, card clubs, concerts, a monthly market; The Care Centre for rest home, respite, palliative and hospital care.
- The Care Centre is open to villagers and the general public.
- High standard of activities for residents and villagers to enjoy.

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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 2017 Variations. (These give greater clarity to residents and village operators).
- Disclosure Statement which will outline the type of investment or legal title you are 'purchasing' and the costs associated with living in the village. Some of the terms you may see could be a Licence to Occupy (LTO), Lease for Life, Unit Title or Cross Lease. It is important that you understand the differences. It will also cover other key information such as 'exit' 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 103-106.)
- If you need additional government financial assistance or benefits; check with Work and Income to find out about eligibility criteria.

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



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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 80.)

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

In most instances, you will be asked to 'buy' your room/unit. This will be covered by an ORA. Make sure you understand this transaction (see pages 97, 99).

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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Acacia Cove retirement village is flanked to the east by Wattle Downs Golf & Country Club and to the west by an estuary teeming with aquatic wildlife.

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Within the community centre is a range of amenities including an open fireplace, billiard table, gym, spa bath, hairdressing salon, nurse's station, library and computers. A beautifully appointed meeting room forms the focal point for all activities from the walking group to the garden club, and provides a place to gather before and after going across the road to the golf course.

Feel free to contact us:

131 Wattle Farm Road
Wattle Downs, Auckland

P: (09) 268 8522

E: acacia@acaciacove.co.nz

W: www.acaciacovevillage.co.nz



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?

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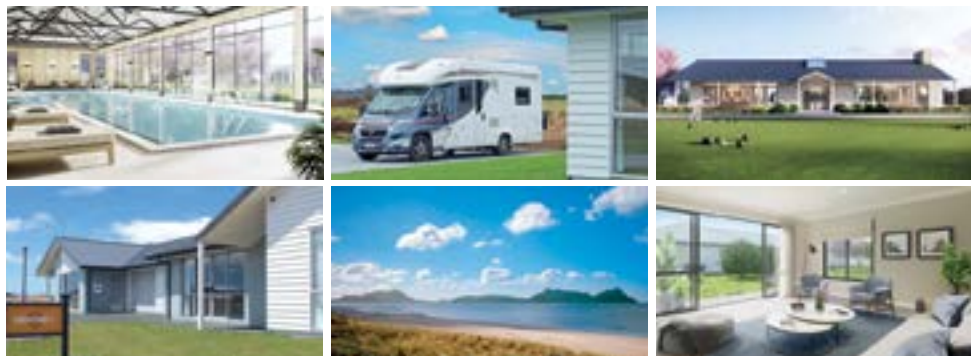
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- Is there plenty of storage (internally and externally)?
- Do you need a garage or carport? How accessible is it?
- Do you, or will you, use a mobility scooter? If so, where can this be kept?
- If there are call bells in the unit, are they in a useful 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?

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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 - Auckland

7 SAINT VINCENT

- RV
- 1,2,3 bdrm • Studio
- SA

Priced from*:
\$560,000

**7 St Vincent Avenue,
Remuera 1050
(09) 520 3123
www.metlifecare.co.nz**



**EDMUND HILLARY
RETIREMENT VILLAGE**

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

Priced from*:
\$560,000

**221 Abbotts Way,
Remuera, 1050
(09) 570 0070
www.edmundhillaryvillage.co.nz**



**GRACE JOEL
RETIREMENT VILLAGE**

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

Priced from*:
\$530,000

**184 St. Heliers Bay Road,
St Heliers 1071
(09) 575 1572
www.gracejoel.co.nz**



HILLSBOROUGH HEIGHTS

- RV
- 1,2 bdrm • SA

Priced from*:
\$240,000

**1381 Dominion Road Ext,
Mt Roskill 1041
(09) 626 8077
www.metlifecare.co.nz**



**LOGAN CAMPBELL
RETIREMENT VILLAGE**

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

Priced from*:
\$450,000

**187 Campbell Road,
Greenlane 1061
(09) 636 3888
www.logancampbell.co.nz**



**MURRAY HALBERG
RETIREMENT VILLAGE**

- #RH • #Hosp • #Dem
- RV • 1,2,3 bdrm • Apart
- #CA • SA

Priced from*:
\$350,000

**11 Commodore Drive,
Lynfield 1041
(09) 627 2700
www.rymanmurrayhalberg.co.nz**



POWLEY

- RH • Hosp • RV
- 1,2 bdrm • SA

Priced from*:
\$325,000

**135 Connell Street,
Blockhouse Bay 0600
(09) 826 2018
www.metlifecare.co.nz**



ST ANDREW'S VILLAGE

- RH • Dem • Hosp • RV
- 1,2,3 bdrm • Villa
- Apart • Rent Units

Priced from*:
\$699,000 to \$2,000,000

**207 Riddell Road,
Glendowie 1071
(09) 585 4020
www.standrewsvillage.co.nz**



RETIREMENT VILLAGES

RETIREMENT VILLAGES

VILLAGE DETAILS - Waitemata

Click below for more info

BERT SUTCLIFFE RETIREMENT VILLAGE

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

Priced from*:
\$460,000

**2 Rangatira Road,
Birkenhead 0626
(09) 482 1777**

www.bertsutcliffe.co.nz



COUNTRY CLUB HUAPAI

- #Hosp • RV
- 1,2,3 bdrm • Villa
- Aparts • SA • #CA

Priced from*:
\$570,000 to \$1,250,000

**Station Road,
Huapai 0810
(09) 476 4220**

www.countryclubhuapai.co.nz



CRESTWOOD

- RH • RV
- 1,2 bdrm • SA

Priced from*:
\$309,000

**38 Golf Road,
New Lynn 0600
(09) 826 2018**

www.metlifecare.co.nz



EVELYN PAGE RETIREMENT VILLAGE

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

Priced from*:
\$469,000

**30 Ambassador Glade,
Orewa 0931
(09) 421 1915**

www.evelynpage.co.nz



FAIRVIEW LIFESTYLE VILLAGE

- RH • Hosp • RV
- 1,2,3 bdrm • Villa
- Apart • CA • SA

Priced from*:
\$530,000 to \$1,200,00

**21 Fairview Avenue,
Albany 0632
0800 102 662**

www.fairviewvillage.co.nz



GREENWICH GARDENS

- RH • Hosp • RV
- 1,2,3 bdrm • SA

Priced from*:
\$500,000

**5 Greenwich Way,
Unsworth Heights 0632
(09) 444 4011**

www.metlifecare.co.nz



GULF RISE

- #RV
- 1,2,3 bdrm

Priced from*:
\$610,000

**89 Symes Drive,
Red Beach 0932
0800 005 877**

www.metlifecare.co.nz



HIBISCUS COAST VILLAGE

- RV
- 1,2 bdrm • SA

Priced from*:
\$280,000

**101 Red Beach Road,
Red Beach 0932
(09) 421 9723**

www.metlifecare.co.nz



VILLAGE DETAILS - Waitemata continued

Click below for more info

MAYGROVE VILLAGE

- Hosp • RV
- 1,2,3 bdrm • Villa
- Apart • SA

Priced from*:
\$399,000 to \$850,000

**65 Tauranga Place,
Orewa 0931
(09) 427 0090**

www.maygrovevillage.co.nz



NORTHBRIDGE

- RH • Dem • Hosp • RV
- 1,2 bdrm

Priced from*:
\$305,000 to \$825,000

**45 Akoranga Drive,
Northcote 0627
(09) 488 3080**

www.northbridge.co.nz



PINESONG

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

Priced from*:
\$475,000

**66 Avonleigh Road,
Titirangi 0604
(09) 817 0464**

www.metlifecare.co.nz



SETTLERS LIFESTYLE VILLAGE

- RV
- 1,2,3 bdrm • Apart

Priced from*:
\$600,000 to \$1,300,000

**550 Albany Highway,
Albany 0632
0800 102 652**

www.settlersalbany.co.nz



THE ORCHARDS

- RH • Hosp • RV
- 1,2,3 bdrm

Priced from*:
\$498,000

**123 Stanley Road,
Glenfield 0629
(09) 444 4370**

www.metlifecare.co.nz



THE POYNTON

- RV
- 1,2,3 bdrm • Studio
- SA

Priced from*:
\$465,000

**142 Shakespeare Road,
Takapuna 0622
(09) 488 5711**

www.metlifecare.co.nz



WAITAKERE GARDENS

- RV
- 1,2,3 bdrm • Studio

Priced from*:
\$425,000

**15 Sel Peacock Drive,
Henderson 0610
(09) 836 9744**

www.metlifecare.co.nz



WILLIAM SANDERS RETIREMENT VILLAGE

- #RH • #Dem • #Hosp
- RV • 1,2,3 bdrm • Apart
- #CA • SA

Priced from*:
\$475,000

**7 Ngataranga Road,
Devonport, 0624
(09) 445 0909**

www.williamsandersvillage.co.nz



VILLAGE DETAILS – Counties Manukau

Click below for more info

BRUCE MCLAREN RETIREMENT VILLAGE

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

Priced from*:
\$525,000

795 Chapel Road,
Howick, 2016
(09) 535 0220

www.bruceclarenvillage.co.nz



DANNEMORA GARDENS

- RV
- 1, 2, 3 bdrm

Priced from*:
\$585,000

30 Matarangi Road,
Botany Downs, 2013
(09) 272 2467

www.metlifecare.co.nz



EDGEWATER VILLAGE

- RV
- 1, 2, 3 bdrm • SA
- Studio

Priced from*:
\$334,000

14 Edgewater Drive,
Pakuranga 2010
(09) 533 0610

www.metlifecare.co.nz



HBH SENIOR LIVING

- RH • Hosp • RV
- 1,2 bdrm • Apart

Priced from*:
\$380,000 to \$620,000

139 Union Road,
Howick 2014
(09) 538 0800

www.hbh.org.nz



HIGHLANDS

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

Priced from*:
\$290,000

49 Aberfeldy Avenue
Highland Park 2010
(09) 533 0610

www.metlifecare.co.nz



LONGFORD PARK VILLAGE

- RV
- 1, 2, 3 bdrm • Studio
- SA

Priced from*:
\$260,000

1 Longford Park Drive,
Takanini 2112
(09) 295 0082

www.metlifecare.co.nz



POSSUM BOURNE RETIREMENT VILLAGE

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

Priced from*:
\$405,000

5 Lisle Farm Drive,
Pukekohe 2120
(09) 238 0370

www.possumbournevillage.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

VILLAGE DETAILS – Northland

Click below for more info

ANCHORAGE VILLAGE

- RV
- 2,3 bdrm • Villa

Priced from*:
\$495,000 to \$655,000

80 Rauiri Drive,
Marsden Cove 0118
(09) 376 8770

www.theanchorage.co.nz



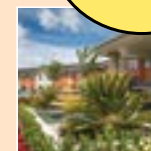
JANE MANDER RETIREMENT VILLAGE

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

Priced from*:
\$360,000

262 Fairway Drive,
Whangarei 3500
(09) 435 3850

www.janemander.co.nz



KERIKERI RETIREMENT VILLAGE

- RH • Dem • Hosp • RV
- 1,2 bdrm • Apart
- Studio

Priced from*:
\$230,000 to \$785,000

Ruatara Drive,
Kerikeri 0230
(09) 407 0070

www.kerikerivillage.co.nz



OAKRIDGE VILLAS

- RV
- 2,3 bdrm

Priced from*:
\$460,000

30 Oakridge Drive,
Kerikeri 0230
(09) 407 8549

www.metlifecare.co.nz



QUAIL RIDGE COUNTRY CLUB

- RV
- 2,3 bdrm • Villa
- Apart

Priced from*:
\$585,000 to \$1,200,000

82 Rainbow Falls Road,
Kerikeri 0295
(09) 401 6579

www.quailridgecc.co.nz



Key: DHB Areas



Auckland



Waitemata



Counties Manukau



Northland

Key: *= Capital contribution (see pages 97, 99). 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, R.V. = 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 pages 113-131.

A Better Everyday

Click below for more info

At Heritage Lifecare, when we talk about a better everyday, we meant it, hand on heart.

Our vision is to provide you with the very best in care and wellbeing, using our extensive experience in residential aged care and independent living to help individuals live their best life.



Upper North Island Locations

Avondale Lifecare
(09) 828 0109

92 Rosebank Road,
Avondale, Auckland 1026

Ellerslie Gardens Lifecare
(09) 570 1101

20 Clare Place,
Mt Wellington Auckland 1060

Maygrove Lifecare
(09) 426 6391

112 Riverside Road,
Orewa 0931

Palms Lifecare & Village
(09) 237 3070

100-104 Harris Street,
Pukekohe, Franklin 2120

Puriri Court Lifecare
(09) 437 9302

202-204 Kamo Road,
Whau Valley, Whangarei 0112

Rosehill Village
(09) 828 9844

23 Elm Street,
Avondale, Auckland 1026

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

AUCKLAND DHB REGION

See key on page 131

AUCKLAND DHB REGION		RH	D	H	PG	CA	RV	SL	Info pg
Avondale	Anne Maree Gardens 24 Coronet Pl. (09) 828 3741	✓		✓	✓				152
Avondale	Avon 2095 Great North Rd. (09) 828 7391	✓						✓	
Avondale	Avondale Lifecare 92 Rosebank Rd. (09) 828 0109	✓	✓	✓					112
Avondale	Cosmopolitan Geddes Terrace R.V. 17 Geddes Tce. (09) 828 2885						✓		
Avondale	Rosaria R.H. 23 Robertson Rd. (09) 828 3284	✓							
Avondale	Rosehill Village 23 Elm St. (09) 828 9844						✓		112
Blockhouse Bay	Blockhouse Bay Home 39 Batkin Rd. (09) 828 1043	✓		#					
Blockhouse Bay	Bupa Sunset 117-123 Boundary Rd. (09) 627 9094	✓	✓	✓			✓		
Blockhouse Bay	Capella House 39 Bolton St. (09) 627 9780	✓	✓	✓					
Blockhouse Bay	CHT Peacehaven Home & Hosp. 55 Kinross St. (09) 627 8653	✓		✓					95
Blockhouse Bay	New Windsor Aged Care 103 Tiverton Rd. (09) 828 9222	✓							
Blockhouse Bay	Powley Metlifecare 135 Connell St. (09) 627 0700	✓		✓			✓		107, 172, op172
Ellerslie	Mercy Parklands 12 Umere Cres. (09) 579 7241	✓		✓					142



Learn more at
heritagelifecare.co.nz



HERITAGE LIFECARE

AUCKLAND DHB REGION (CONTINUED)		RH	D	H	PG	CA	RV	SL	Info pg
Ellerslie	Summerset at Heritage Park 8 Harrison Rd. 0800 334 404	✓		✓		✓	✓		96
Epsom	Aria Park R.V. 1-3 Claude Rd. (09) 630 8430	✓		✓		✓	✓		41
Epsom	Bupa Cornwall Park 17 Cornwall Park Ave. (09) 524 4429				✓				
Epsom	Chadderton R.H. 28 Alpers Ave. (09) 524 2169	✓							
Epsom	CHT St John's Hosp. 54 Pah Rd. (09) 625 6054		✓	✓					95
Epsom	Cromwell House & Hosp. 5 Warborough Ave. (09) 524 7702	✓	✓	✓					
Epsom	Elizabeth Knox Home & Hosp. 10 Ranfurly Rd. (09) 523 3119	✓		✓					137
Epsom	Elizabeth Retirement Home 20 Pah Rd. (09) 625 6144	✓						✓	
Epsom	Epsom South Retirement Home 57 Pah Rd. (09) 625 6481	✓							144
Epsom	Epsom Village 67 Ranfurly Rd. (09) 631 5785						✓		69
Epsom	Rose Lodge R.H. 2 Liverpool St. (09) 625 8913	✓						✓	
Epsom	St Patrick's R.H. and Hosp. 3-7 Wilding Ave. (09) 638 8258	✓		✓					31
Epsom	Victoria Epsom 28 Orakau Ave. (09) 963 2848	✓							
Glendowie	St Andrews Village 207 Riddell Rd. (09) 585 4020	✓	✓	✓			✓R		60, 107
Greenlane	Concord House R.H. 42 Matai Rd. (09) 523 1605	✓						✓	

AUCKLAND DHB REGION (CONTINUED)		RH	D	H	PG	CA	RV	SL	Info pg
Greenlane	Karetu House 19 Karetu Rd. (09) 529 0364	✓							
Greenlane	Logan Campbell R.V. 187 Campbell Rd. (09) 636 3888	✓	✓	✓		✓	✓		op1, 1, 107
Herne Bay	Jervois Residential Care 302 Jervois Rd. (09) 376 5418	✓		✓					164
Herne Bay	Little Sisters of the Poor 9 Tweed St. (09) 361 4600	✓		✓			R		
Hillsborough	Bupa Hillsborough 109 Frederick St. (09) 625 5347	✓		✓					
Hillsborough	Selwyn Heights Village 42 Herd Rd. (09) 624 2600	✓		✓			✓		20
Meadowbank	Meadowbank Village 148 - 154 Meadowbank Rd. (09) 521 7700	✓		✓		✓	✓		
Meadowbank	Shalom Court 169a-171 St Johns Rd. (09) 521 7325	✓		✓					
Lynfield	Murray Halberg R.V. 11 Commodore Dr. (09) 627 2700	#	#	#		#	✓		op1, 1, 107
Mission Bay	Mary MacKillop Care 56 Selwyn Ave. (09) 528 5850	✓		✓					
Mt Albert	Aranui Home & Hosp. 19 Woodward Rd. (09) 846 2944	✓	✓	✓					
Mt Albert	Everil Orr R.H. & Village 63 Allendale Rd. (09) 815 2740	✓		✓		#	✓		
Mt Albert	Ranfurly Hosp. 539 Mt Albert Rd. (09) 625 3404	✓		✓			✓		161
Mt Eden	Claire House 91 Prospect Tce. (09) 630 6236	✓						✓	50
Mt Eden	Eden R.H. 167 Landscape Rd. (09) 620 4569	✓							

AUCKLAND DHB REGION (CONTINUED)		RH	D	H	PG	CA	RV	SL	Info pg
Mt Eden	Eden R.H. & Village 28 -32 View Rd. (09) 213 5070	✓		✓		✓	✓		
Mt Eden	Edenvale Home & Hosp. 9 Edenvale Cres. (09) 630 6482	✓	✓	✓					62
Mt Eden	Mt Eden Gardens Village 467 Mt Eden Rd. (09) 630 6303						✓		
Mt Eden	Wesley 227 Mt Eden Rd. (09) 623 5343	✓	✓	✓					
Mt Roskill	Dominion Home 4 Invermay Ave. (09) 620 5533		✓						154
Mt Roskill	Gracedale Care 68 Mt Roskill Rd. (09) 621 0011	✓		✓					
Mt Roskill	Gracedale Village 20 Radnor Rd. (09) 625 7960						✓		
Mt Roskill	Hillsborough Heights Metlifecare 1381 Dominion Rd. Ext. (09) 626 8060						✓		107, 172, op172
Mt Wellington	Awanui R.H. 454 Panama Rd. (09) 276 7534		✓						135
Mt Wellington	Ellerslie Gardens Lifecare 20 Clare Pl. (09) 570 1101	✓		✓					112
Mt Wellington	Radius Waipuna 118 Waipuna Rd. East (09) 570 5565	✓		✓					148
Mt Wellington	Sylvia Park Hosp. 26 Longford St. (09) 527 3131	✓		✓					159
Orakei	Eastcliffe on Orakei R.V. 217 Kupe St. (09) 521 9015	✓		✓			✓		
Otahuhu	Alexander Lodge 5 Alexander St. (09) 276 9996	✓						✓	
Otahuhu	The Willows Home & Hosp. 16 Princes St. (09) 270 3516	✓		✓					159

AUCKLAND DHB REGION (CONTINUED)		RH	D	H	PG	CA	RV	SL	Info pg
Ponsonby	St Catherine's 9 New St. (09) 376 3147	✓							
Pt. Chevalier	Selwyn Village 43 Target St. (09) 845 0736	✓	✓	✓			✓R		20
Remuera	7 Saint Vincent Metlifecare 7 Saint Vincent Ave. (09) 524 1420						✓		107, 172, op172
Remuera	Edmund Hillary R.V. 221 Abbotts Way. (09) 570 0070	✓	✓	✓		✓	✓		op1, 1, 107
Remuera	Kensington Hse/Remuera Gardens 57 Richard Farrell Ave. (09) 520 6269	✓							69
Remuera	Remuera Gardens 57 Richard Farrell Ave. (09) 520 1103						✓		69
Remuera	Rawhiti Estate 14 Rangitoto Ave. (09) 522 7001	✓	✓	✓			✓		
Remuera	Remuera R.H. & Hosp. 10 Macmurray Rd. (09) 520 5311	✓		✓					
Remuera	Remuera Rise 30 James Cook Cres. (09) 522 7392	✓		✓			✓		71
Remuera	Waimarie Private Hosp. 9 Waiatarua Rd. (09) 524 4405	✓		✓					62
Royal Oak	Catherine Lodge Retirement Home 663 Mt Albert Rd. (09) 625 6741	✓							146
Royal Oak	CHT Royal Oak 23a Mt Smart Rd. (09) 636 6211	✓							95
Royal Oak	Turama House 3 Turama Rd. (09) 625 8702	✓						✓	144
Sandringham	Lexham Gardens 304 Sandringham Rd. (09) 847 9153	✓		✓					
St. Heliers	Grace Joel R.V. 184 St Heliers Bay Rd. (09) 575 1572	✓		✓		✓	✓		op1, 1, 107

AUCKLAND DHB REGION (CONTINUED)		RH	D	H	PG	CA	RV	SL	Info pg
St Johns	Bupa Remuera 10 Gerard Way. (09) 521 1262	✓		✓			✓		
St Mary's Bay	Shelly Beach Dementia 19 Shelly Beach Rd. (09) 378 8413		✓						
Waiheke Island	Waiheke R.V. 37 Natzka Rd. (09) 372 2820						✓		27
Westmere	Lynton Lodge Hosp. 45 William Denny Ave. (09) 376 3502			✓					164

COUNTIES MANUKAU DHB REGION

COUNTIES MANUKAU DHB REGION		RH	D	H	PG	CA	RV	SL	Info pg
Beachlands	Beachlands Metlifecare 80 Karaka Rd. 0800 909 303						#		172, op172
Botany Downs	Ambridge Rose Cottage 7 Voltaire Ct. (09) 535 5863		✓						66
Botany Downs	Dannemora Gardens Metlifecare 30 Matarangi Rd. (09) 272 2467						✓		110, 172, op172
Bucklands Beach	Bucklands Beach R.H. 23 The Parade (09) 532 8376	✓							154
Drury	Karaka Lifestyle Estate 329 Bremner Rd. (09) 294 8663			#			#		
Golflands	Botany Metlifecare 197 Botany Rd. 0800 909 303						#		172, op172
Highland Park	Highlands Metlifecare 49 Aberfeldy Ave. (09) 533 0600	✓		✓		✓	✓		110, 172, op172
Howick	Bruce McLaren R.V. 795 Chapel Rd. (09) 535 0220	✓	✓	✓		✓	✓		op1, 1, 110
Howick	CHT Lansdowne Home & Hosp. 105 Botany Rd. (09) 535 4244	✓		✓					95

COUNTIES MANUKAU DHB REGION (CONTINUED)		RH	D	H	PG	CA	RV	SL	Info pg
Howick	Fencible Manor 112 Cook St. (09) 532 9502	✓							
Howick	Gulf Views 22 Selwyn Rd. (09) 535 6050	✓							141
Howick	HBH Senior Living 139 Union Rd. (09) 538 0800	✓		✓			✓		110, 151
Howick	HBH Stevenson Village 18 Botany Rd. (09) 534 3095						R		151
Mangere	CHT Hillcrest Home & Hosp. 86 Friesian Dr. (09) 275 8349	✓	✓	✓					95
Mangere East	Bupa David Lange 4 James St. (09) 256 0092	✓		✓					
Mangere East	Bupa Parkhaven 131 Buckland Rd. (09) 275 6069			✓	✓				
Mangere East	Christinas 284 Massey Rd. (09) 276 5640	✓							
Manukau	Bethesda 743 Great South Rd. (09) 262 5650	✓		✓			✓		
Manukau	Bupa Hayman 39-41 Trevor Hosken Dr. (09) 262 1651	✓	✓	✓	✓				
Manukau	Summerset by the Park 7 Flat Bush School Rd. 0800 334 404	✓		✓		✓	✓		96
Manurewa	Bupa Erin Park 50-60 Russell Rd. (09) 267 0058	✓		✓			✓		
Manurewa	Elmwood R.H. & Village 131 Hill Rd. (09) 269 0750	✓		✓		✓	✓		
Manurewa	Ultimate Care Manurewa 39 Great South Rd. (09) 267 2536	✓		✓					156
Pakuranga	Ambridge Rose Manor 157 Edgewater Dr. (09) 576 2590	✓		✓					66

COUNTIES MANUKAU DHB REGION (CONTINUED)		RH	D	H	PG	CA	RV	SL	Info pg
Pakuranga	Ambridge Rose Villa 369 Pakuranga Rd. (09) 576 7917	✓							66
Pakuranga	Edgewater Village Metlifecare 14 Edgewater Dr. (09) 577 1600						✓		110, 172, op172
Pakuranga	Pakuranga Park Village Fortunes Rd. (09) 576 5990	✓					✓		69
Papakura	Janelle 25 Coles Cres. (09) 296 0215	✓							
Papakura	Keringle Park 16 Wellington St. (09) 298 5259	✓	✓						
Papakura	Papakura Private Hosp. 7a Youngs Rd. (09) 299 6444	✓		✓					
Papakura	Selwyn Oaks Village 21 Youngs Rd. (09) 297 2079	✓		✓			✓		20
Papakura	Summerset at Karaka 49 Pararekau Rd. 0800 334 404	✓		✓		✓	✓		96
Papakura	Tui Village 2- 6 Trentham Rd. (09) 298 4506	✓		✓				✓	
Papatoetoe	CHT St Christopher's 230 St George St. (09) 278 4637	✓		✓					95
Papatoetoe	Glencoe R.H. 64 Kolmar Rd. (09) 278 5174	✓						✓	
Papatoetoe	Kenderdine Park 26 Kenderdine Rd. (09) 279 5555	✓		✓					
Papatoetoe	Kolmar Lodge R.H. 136 Kolmar Rd. (09) 278 0076	✓							
Papatoetoe	Palms Home & Hosp. 54 - 56 Puhinui Rd. (09) 278 5966	✓		✓					
Papatoetoe	Papatoetoe Residential Care 3 Fairview Rd. (09) 252 0000	✓		✓					161

COUNTIES MANUKAU DHB REGION (CONTINUED)		RH	D	H	PG	CA	RV	SL	Info pg
Papatoetoe	St Johns R.V. 7a Konini Ave. (09) 268 5689						✓		
Pukekohe	Franklin R.H. 44 McNally Rd. (09) 237 0870	✓	✓	✓					
Pukekohe	Lakeside Retirement Lodge 43-45 Helvetia Rd. (09) 238 5175	✓							
Pukekohe	Palms Lifecare 104 Harris St. (09) 237 3070	✓		✓			✓		112
Pukekohe	Possum Bourne R.V. 5 Lisle Farm Dr. (09) 238 0370	✓	✓	✓		✓	✓		op1, 1, 110
Pukekohe	Pukekohe Hosp. 1 Tuakau Rd. (09) 237 0682			✓					
Pukekohe	St Patrick's R.V. 133 Seddon St. 027 466 9027						✓		
Takanini	Lady Elizabeth 140 Manuroa Rd. (09) 299 9020	✓		✓			R		
Takanini	Longford Park Village Metlifecare 1 Longford Park Dr. (09) 295 0040						✓		110, 172, op172
Takanini	Takanini R.H. 9-11 Taka St. (09) 298 1352	✓	✓	✓					
Waiuku	CHT Waiuku Home & Hosp. 14 Waimanawa Ln. (09) 235 6955	✓		✓					95
Waiuku	Franklin Memorial Hosp. 72 Kitchener Rd. (09) 235 9284			✓					
Waiuku	Glenbrook R.H. 131 Wymer Rd. (09) 235 3897	✓							
Wattle Downs	Acacia Cove Village 131 Wattle Farm Rd. (09) 268 8522						✓		102
Wattle Downs	Bupa Wattle Downs 120 Wattle Farm Rd. (09) 264 1397	✓		✓			✓		

WAITEMATA DHB REGION

WAITEMATA DHB REGION		RH	D	H	PG	CA	RV	SL	Info pg
Albany	Albany Metlifecare 98 McClymonts Rd. 0800 909 303						#		172, op172
Albany	Aria Gardens 11 Bass Rd. (09) 415 7035	✓	✓	✓					41
Albany	Bupa Hugh Green 105 Apollo Dr. (09) 476 1604	✓	✓	✓			✓		
Albany	Fairview Care 21 Fairview Ave. (09) 477 3980	✓		✓					36- 37
Albany	Fairview Lifestyle Village 21 Fairview Ave. (09) 477 3900						✓		36- 37. 108
Albany	Highgrove Village 119 Albany Hwy. (09) 444 6689						✓		78
Albany	Patrick Ferry House 47 Condor Pl. (09) 444 6655	✓		✓			✓		78
Albany	Settlers Lifestyle Village 550 Albany Hwy. (09) 415 2617						✓		36- 37, 109
Albany	Ultimate Care Rosedale 255 Rosedale Rd. (09) 414 1144	✓		✓		✓	✓	✓	156
Algies Bay	CHT Amberlea Home 665 Mahurangi East Rd. (09) 425 5017	✓		✓					95
Beachhaven	Bupa Beachhaven 249 Birkdale Rd. (09) 483 7019			✓	✓				
Belmont	Belmont Lifestyle Village 12 Coronation St. (09) 486 8042					✓	✓		
Belmont	Eversleigh Hosp. 12 Coronation St. (09) 489 7292	✓		✓		✓			141
Birkdale	Te Mana 23 Gatman St. (09) 483 9209	✓		✓					

WAITEMATA DHB REGION (CONTINUED)		RH	D	H	PG	CA	RV	SL	Info pg
Birkenhead	Bert Sutcliffe R.V. 2 Rangatira Rd. (09) 482 1777	✓	✓	✓		✓	✓		op1, 1, 108
Birkenhead	CHT Onewa Home & Hosp. 202-204 Onewa Rd. (09) 481 0447	✓		✓					95
Birkenhead	Selwyn Village Hansen Close 25 Roseberry Ave. (09) 845 0728						✓R		20
Browns Bay	Aria Bay R.V. 3-7 Woodlands Cres. (09) 479 1871	✓				✓	✓		41
Browns Bay	The Sands 9 Bayview Rd. 0800 333 688	#		#		#	✓		
Campbells Bay	Orongo R.H. 60 Park Rise. (09) 479 5211	✓	✓						
Devonport	Ascot House Retirement Home 137 Vauxhall Rd. (09) 445 2518	✓							
Devonport	Devonport R.V. 46 King Edward Pde. (09) 445 3044						✓		
Devonport	Komatua Care Centre 22 Calliope Rd. (09) 445 1707		✓						
Devonport	Palm Grove R.H. 8 Grove Rd. (09) 445 0009	✓							
Devonport	William Sanders R.V. 7 Ngataringa Rd. (09) 445 0909	#	#	#		#	✓		op1, 1, 109
Forrest Hill	Forrest Hill 37 Bond Cres. (09) 410 6441	✓		✓					142
Forrest Hill	Parklane Village 106 Becroft Dr. (09) 410 9615						✓		
Glenfield	Briargate Dementia Care 21-23 Anne Mclean Dr. (09) 444 4484		✓						144
Glenfield	Glenhaven R.H. 428 Glenfield Rd. (09) 444 7722	✓							13

WAITEMATA DHB REGION (CONTINUED)		RH	D	H	PG	CA	RV	SL	Info pg
Glenfield	Greenvalley Lodge 4-10 Greenvalley Rise (09) 481 1000	✓	✓						
Glenfield	The Orchards Metlifecare 123 Stanley Rd. (09) 444 4010	✓		✓			✓		109, 172, op172
Henderson	Bupa Tasman 4 Wadier Pl. (09) 837 5218	✓		✓			✓		
Henderson	CHT Carnarvon Hosp. 20 Lincoln Rd. (09) 838 8348	✓		✓					95
Henderson	Edmonton Meadows 46 Edmonton Rd. (09) 836 3606	✓	✓	✓					
Henderson	Evergreen Care 120 Rathgar Rd. (09) 838 5822	✓							
Henderson	Ons Dorp Care Centre 36 McLeod Rd. (09) 838 6567	✓		✓			✓		98
Henderson	Radius Arran Court 85 McLeod Rd. (09) 838 9817	✓		✓					148
Henderson	The Waratah 196 Henderson Valley Rd. (09) 836 5775	✓		✓					
Henderson	Waitakere Gardens Metlifecare 15 Sel Peacock Dr. (09) 837 0512						✓		109, 172, op172
Hobsonville	Orion Point Metlifecare TBC 0800 909 303						#		172, op172
Hobsonville	Summerset at Monterey Park 1 Squadron Dr. 0800 334 404	✓		✓		✓	✓		96
Hobsonville	Waterford on Hobsonville Point Buckley Ave. (09) 213 7333						✓		100
Hobsonville	West Harbour Gardens 315 Hobsonville Rd. (09) 417 0400	✓		✓					164
Huapai	Country Club Huapai 45 Station Rd. (09) 476 4220			#		#	✓		25, 108

WAITEMATA DHB REGION (CONTINUED)		RH	D	H	PG	CA	RV	SL	Info pg
Kumeu	Kumeu Village 507 State Highway 16 (09) 412 9112	✓	✓	✓					131
Mairangi Bay	Norfolk Apartments 7-9 Ramsgate Tce. (09) 478 2368						✓		
Massey	Abbey Heights 3 Dovey Pl. (09) 833 9106	✓							
Massey	Amberwood R.H. 499 Don Buck Rd. (09) 832 2728	✓		✓					
Massey	Goodwood Seadrome 167 Colwill Rd. (09) 833 7506		✓	✓					
Massey	Royal Heights R.H. 154 Royal Rd. (09) 833 9333	✓							161
Milford	Lady Allum 20 Napoleon Ave. (09) 488 2900	✓		✓		✓	✓		
New Lynn	Bupa Glenburn 33-41 Astley Ave. (09) 827 7962	✓	✓	✓	✓		✓		
New Lynn	Crestwood Metlifecare 38 Golf Rd. (09) 826 2000	✓					✓		108, 172, op172
Northcote	Anne Maree Court 17-27 Fraser Ave. (09) 418 3118	✓		✓					152
Northcote	Northbridge 45 Akoranga Dr. (09) 488 3083	✓	✓	✓			✓		109
Northcote	Regency Home and Hosp. 60 Onewa Rd. (09) 419 2089	✓	✓	✓					
Northcote	Shoal Bay Villa R.H. 33 Church St. (09) 480 8552		✓						
Northcross	Mayfair Village 14 Oteha Valley Rd. (09) 478 4000						✓		
Oratia	Greenview Park Village 267 Glengarry Rd. (09) 818 3800						✓		171

WAITEMATA DHB REGION (CONTINUED)		RH	D	H	PG	CA	RV	SL	Info pg
Oratia	Terence Kennedy House 267 Glengarry Rd. (09) 818 2207	✓		✓					171
Orewa	Crossley Court 398 Hibiscus Coast Hwy. (09) 426 7337	✓							
Orewa	Evelyn Page R.V. 30 Ambassador Glade (09) 421 1915	✓	✓	✓		✓	✓		op1, 1, 108
Orewa	Gulf Rise Metlifecare 89 Symes Dr. 0800 005 877		TBC				#		108, 172, op172
Orewa	Maygrove Lifecare 112 Riverside Rd. (09) 426 6391	✓							112
Orewa	Maygrove Hosp. 65 Tauranga Pl. (09) 427 0490	✓		✓					
Orewa	Maygrove Village 65 Tauranga Pl. (09) 427 0090						✓		25, 109
Orewa	Milton Court R.H. 10-12 Milton Rd. (09) 426 6210	✓	✓						42
Orewa	Orewa Beach 400 Hibiscus Coast Hwy. (09) 426 4867	✓							
Orewa	Pinehaven Cottage 660 Hibiscus Coast Hwy. (09) 426 6695	✓	✓						159
Orewa	The Grove Orewa 8 Milton Rd. (09) 427 8138						✓		
Parakai	Craigweil House 143 Parkhurst Rd. (09) 420 8277	✓	✓	✓					146
Pinehill	Deverton House 634 East Coast Rd. (09) 479 7312	✓							
Red Beach	Bupa Northhaven 142 Whangaparaoa Rd. (09) 426 3131	✓		✓	✓		✓		
Red Beach	CHT Halldene Home & Hosp. 35 Bay Vista Dr. (09) 426 3252	✓		✓					95

WAITEMATA DHB REGION (CONTINUED)		RH	D	H	PG	CA	RV	SL	Info pg
Red Beach	Hibiscus Coast Village Metlifecare 101 Red Beach Rd. (09) 421 9718						✓		108, 172, op172
Red Beach	Solemar 163 Hibiscus Coast Hwy. (09) 421 1428	✓	✓	✓					
Stanmore Bay	The Beachfront R.H. 5 Arun St. (09) 424 7639	✓		#					146
Sunnyvale	Lexall Care 19 Denver Ave. (09) 837 2533	✓		✓					
Takapuna	Puriri Park R.V. 15 Puriri St. (09) 486 1939						✓		
Takapuna	The Poynton Metlifecare 142 Shakespeare Rd. (09) 488 5700						✓		109, 172, op172
Taupaki	Radius Taupaki Gables 116 Taupaki Rd. (09) 412 6800	✓		✓					148
Te Atatu	CHT St Margaret's Hosp. 52 Beach Rd. (09) 834 4963	✓	✓	✓					95
Titirangi	Pinesong Metlifecare 66 Avonleigh Rd. (09) 817 1800	✓		✓		✓	✓		109, 172, op172
Torbay	Freeling Holt 9a Mawson Ave. (09) 478 5016	✓		✓					135
Torbay	Torbay R.H. 102 Glenvar Rd. (09) 473 5977	✓	✓					✓	
Unsworth Heights	Greenwich Gardens Metlifecare 5 Greenwich Way. (09) 440 6790	✓		✓			✓		108, 172, op172
Warkworth	Bethany Hill Dementia Care 582 Leigh Rd. (09) 422 6006		✓						45
Warkworth	Summerset Falls 31 Mansel Dr. 0800 334 404	✓		✓		✓	✓		96
Warkworth	The Oaks on Neville 9 Queen St. (09) 425 8766						✓		69

WAITEMATA DHB REGION (CONTINUED)		RH	D	H	PG	CA	RV	SL	Info pg
Warkworth	Totara Park R.V. 5 Melwood Dr. (09) 425 8847						✓		
Warkworth	Warkworth Hosp. 31 Blue Gum Dr. (09) 425 9950	✓		✓					
Wellsford	Heritage R.H. 2 Olympus Rd. (09) 423 7092	✓							
Wellsford	Wellsford Village (Masonic) 18 Hanover St. (09) 438 3109						✓R		
Whangaparaoa	Baycrest R.V. 6 Walbrook Rd. (09) 424 2719						✓		
Whangaparaoa	Peninsula Club 441 Whangaparaoa Rd. (09) 424 8228						✓		
Windsor Park	Knightsbridge Village 21 Graham Collins Dr. (09) 477 2100						✓		

NORTHLAND DHB REGION (CONTINUED)		RH	D	H	PG	CA	RV	SL	Info pg
Kaikohe	Kaikohe Care 22 Bisset Rd. (09) 401 0260	✓	✓	✓					
Kaitaia	Claud Switzer Memorial Trust 71 South Rd. (09) 408 1480	✓	✓	✓			R		
Kerikeri	Kerikeri R.V. Ruatarua Dr. (09) 407 0070	✓	✓	✓			✓R		98, 111
Kerikeri	Oakridge Villas Metlifecare 30 Oakridge Dr. (09) 407 8549						✓		111, 172, op172
Kerikeri	Quail Ridge Country Club 82 Rainbow Falls Rd. (09) 401 6579						✓		100, 111
Maungakaramea	Stonehaven R.V. Stonehaven Dr. (09) 432 3290						✓R		
Maungatapere	Mountain View R.H. 12 Mangakahia Rd. (09) 553 3184	✓							
Maungaturoto	Maungaturoto 136 Hurndall St. (09) 431 8696	✓	#				✓R		
Ngunguru	Ngunguru R.V. 8 Kakariki Rd. (09) 434 3841						✓		
Paihia	Radius Baycare 361 Puketona Rd. RD1 (09) 402 7112	✓		✓					148
Rawene	Hauora Hokianga - Health 163 Parnell St. (09) 405 7709	✓		✓					
Ruakaka	Bream Bay Village 35 Waiwarawara Dr. 0800 273 262						✓		104
Waipu	Saorsa R.V. 18 St Marys Rd. (09) 432 1453						✓R		
Waipu	Ultimate Care Ranburn 7 Nova Scotia Dr. (09) 432 0675	✓	✓	✓			✓		156
Whangarei	Bupa Merrivale 1 Winger Cres. (09) 435 3388	✓	✓	✓			✓		

NORTHLAND DHB REGION

NORTHLAND DHB REGION		RH	D	H	PG	CA	RV	SL	Info pg
Dargaville	Bupa Kauri Coast 102 Hokianga Rd. (09) 439 6367	✓		✓					
Dargaville	Hokianga Masonic Village 86 Hokianga Rd. (09) 438 3109						✓R		
Dargaville	Norfolk Court Home & Hosp. 68 - 72 Normanby St. (09) 439 6214	✓	✓	✓					161
Dargaville	Riverdale R.V. 140 Logan St. (09) 625 1270						✓		
Kaeo	Whangaroa Health-Kauri Lodge 180 Omaunu Rd. (09) 405 0355	✓		✓					

NORTHLAND DHB REGION (CONTINUED)		RH	D	H	PG	CA	RV	SL	Info pg
Whangarei	Cairnfield House 52 - 60 Jack St. (09) 437 0186	✓		✓					152
Whangarei	Jane Mander R.V. 262 Fairway Dr. (09) 435 3850	✓	✓	✓		✓	✓		op1, 1, 111
Whangarei	Kamo Home and Village 31 Ford Ave. (09) 435 5800	✓	✓	✓			✓R	✓	
Whangarei	Lester Heights 93 Fourth Ave. (09) 438 3909	✓		✓					
Whangarei	Lupton Masonic Village 5 Waiatawa Rd. (09) 438 3109						✓R		
Whangarei	Maunu Village (Masonic) 224 Maunu Rd. (09) 438 3109						R		
Whangarei	Parahaki Court 45 Kamo Rd. (09) 437 3311	✓							
Whangarei	Puriri Court Lifecare 202 Kamo Rd. (09) 437 9302	✓		✓					112
Whangarei	Radius Potter Home 174 Bank St. (09) 438 2668	✓		✓					148
Whangarei	Radius Rimu Park 297 Kamo Rd. (09) 437 3933	✓		✓	✓				148
Whangarei	Rose Garden R.H. 68 Morningside Rd. (09) 438 2755	✓							
Whangarei	Selwyn Park Village 15 Puriri Park Rd. (09) 438 1099	✓	✓	✓			✓R		20
Whangarei	Shalom Aged Care 62 Mill Rd. (09) 437 6511	✓							
Whangarei	The Anchorage Village 80 Rauiri Dr. (09) 376 8770						✓		25, 111
Whangarei/ Parua Bay	Tranquillity Bay Care 839a Whangarei Heads Rd. (09) 436 2237	✓	#						

NORTHLAND DHB REGION (CONTINUED)		RH	D	H	PG	CA	RV	SL	Info pg
Whangarei/ Tikipunga	The Falls Lifestyle Estate 94 Boundary Rd. (09) 437 5844	#	#	#		#	✓		
Whangarei/ Tikipunga	The Palms Lifestyle Village 45 Reed St. (09) 435 4020						✓		

KEY:

RH	Rest Home Care (see pages 132-133)	RV	Retirement Village (Registered) (see page 97, 99)
D	Dementia Care (see pages 132-133)	R	Rental Retirement Village (see page 26)
H	Hospital (Hosp) Level Care (see pages 132-133)	SL	Supported Living/Boarding (see page 26)
PG	Psychogeriatric (see pages 132-133)	#	Planned, under construction, or awaiting certification
CA	Care Apartment (see page 101, 133 for definition)	TBC	To be confirmed



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For all enquiries please call our
Reception on (09) 412 9112,
Belinda on 021 412 242 or Dayna on 021 185 0143
507 State Highway 16, Kumeu, Auckland 0892

Email: dayna@kumeuvillage.co.nz
Website: www.kumeuvillage.co.nz

This one-of-a-kind home is set in rural Kumeu with views over the Kumeu River Winery. The Vineyard Villa has themed living spaces from colonial NZ to a quaint stone street you may find in Italy, providing a wonder of stimulation and interest for Elders living with Dementia.

We offer 15 spacious, furnished bedrooms all opening to the vast outdoor space. The Villa is run using a Household Model of Care and there are no hallways to be seen, just an open plan homely space where Residents can walk into the kitchen as they would in their own home. There is a farmyard with animals as well as indoor companions, dogs, cats and birds.

The Villa is an extension to the already thriving Kumeu Village Rest Home which is privately owned and managed, offering luxury Rest Home, Hospital and Dementia Care, operating under the Eden Alternative Philosophy of Care.



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 level of care you need, e.g.:

- **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 113-131 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 101). 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), (see pages 153, 155) are known as 'Premium beds/rooms'.

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.

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 80).

2 A standard option with no extra costs (see page 153). Applies to all levels of care.

3 Premium charges (see page 153-154)

4 Care Apartment (see page 101). 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 132)

6 Occupation Right Agreement (ORA) (see page 99)

7 A requirement

CHOOSING A SUITABLE CARE FACILITY

Find out:

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

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

Sometimes, due to health issues, others need to make this decision on your behalf. Prepare for this possibility in advance by appointing an Enduring Power of Attorney. The person you appoint to take care of your welfare will be able to make this sort of decision for you if you are unable to do so yourself. (You can also nominate others you want involved in decision making.) See pages 49-50.

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. See page 153).
- 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.).

“Your home away from home”

...is not a statement made lightly
at Freeling Holt House.

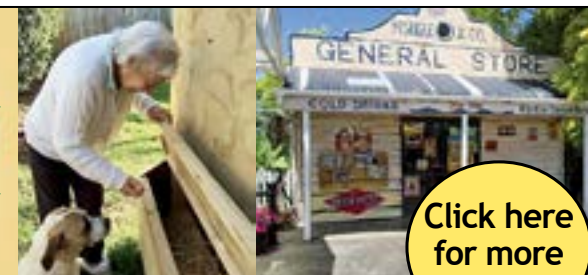
Set in a beautiful bush setting backing onto one of the North Shore’s many picturesque reserves, it is set out in 4 separate wings. Rooms have an ensuite, tea/coffee making facilities, both telephone and television points and ranch sliders out to your own courtyard/garden. The on-site management is carried out by the Clinical and Business Manager; there are Registered Nurses on duty 24 hrs per day and care from skilled highly trained and genuinely caring health care assistants.

9A Mawson Ave, Torbay,
North Shore City 0630
P.O. Box 35-790, Browns Bay,
North Shore City 0753

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web: www.freelingholt.co.nz



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LIVING WELL WITH DEMENTIA



454 Panama Road, Auckland
Phone: (09) 276 7534
E: sneh@awanuiresthme.co.nz
W: awanuiresthme.co.nz

We pride ourselves in giving quality of life to our residents by establishing routines as close as possible to those they would experience at home. Diversional therapy activities include but are not limited to, helping with preparation of vegetables, buttering the bread, hanging out washing, gardening, painting, sweeping, watering the garden, washing the car, picking fruit and vegetables, collecting eggs from our chickens, spending time with visiting pets, playing table tennis and other ball games, crafts/collage, reminiscing, quizzes, music, dancing, outings, watching dvds, etc. We also have a shop created so the residents can enjoy either running it or being served!

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 153-154).
- Room or Care Apartment governed by an Occupation Right Agreement (ORA) and for which a capital sum is paid. (See page 101.)

(See pages 133 and 153-154 for more about your options and additional charges).

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Practical things

- On admission, a comprehensive Care Plan will be done. It notes all wider health/care issues, individual preferences, who to contact in an emergency, etc.
- You will probably be asked who your Enduring Power of Attorney is/are. (See pages 49-50). 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, you may apply for a Residential Care Subsidy (RCS) (see pages 153-162). You need to be considered to be a 'qualifying person' to begin the process (see page 155 for details).
- It is important to have had an assessment showing care is needed even if you are privately paying. If you haven't, you may be vulnerable to unregulated fees and if you need a RCS at a later date you may not qualify.
- Check your admission agreement carefully and seek independent advice before signing it so that you are clear about what is provided under contract and what additional costs, if any, you are agreeing to pay.
- You may also be asked for fees in advance, bonds or guarantors.
- You may find that you can't get in to your home of choice until there is a vacancy. You can ask to go on the waiting list and go elsewhere while you wait. Ask your interim home about the possibility of a reduced period of notice.
- Should your needs change, a reassessment will be done. (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 132), 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.

Assisting your transition to a retirement village or rest home

Services offered:

- helping to maintain property
- managing your financial matters
- assisting with moving to a retirement village or rest home

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RESIDENTIAL CARE-EMOTIONAL ASPECTS

Find out:

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

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

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

Coping with your feelings

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

- Use successful strategies that got you through the tough times in the past.
- If you are able, you may want to try writing things down, noting the steps you need to take to resolve your concerns.
- Involve yourself in the exercise programme that many homes offer; physical and mental wellbeing are closely linked.
- Give yourself time to settle in. No matter how you feel about moving into a care home it will take time to adjust to the situation and your new environment (see also page 138 - 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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- We have a choice of four sunny lounges.
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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 39-40). 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:



Waiatarua Mercy Parklands Hospital

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Here at Mercy Parklands we don't just provide a place for people to live, we create a real sense of home. Mercy Parklands is a private, not for profit organisation with charitable status, situated in park-like grounds on the Ellerslie/Remuera border.

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Please feel free to contact either Anitha, the Nurse Manager on 022 5432007 or Angela, the owner on 021 858435

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EPSOM SOUTH

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 E > turamahouse@xtra.co.nz

57 Pah Road, Epsom, Auckland
 P > (09) 625 6481 F > (09) 625 6487
 E > esrh@xtra.co.nz

- 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 opportunities to go on outings to places such as the local cafe, RSA, park or beach etc. There may be a small cost for such outings.
- The home will provide a range of activities during the week and some have regular social 'happy hour' clubs.

A note to carers	
<p><i>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.</i></p> <p><i>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.</i></p>	

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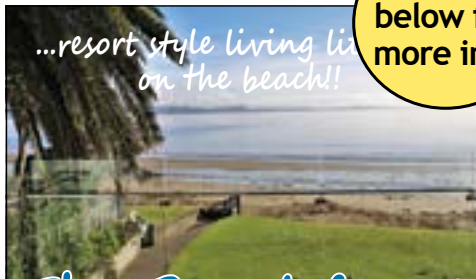
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CHECKLIST - RESIDENTIAL CARE

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

Atmosphere

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

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

Rooms

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

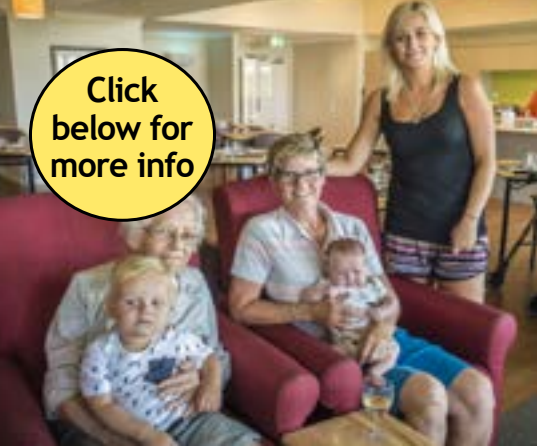
- Is there space for your own furniture and other personal items?
- Are you able to adjust the heating in your room to suit yourself?
- Are rooms sunny and well lit, with an outside window?
- Are toilets close by and easily accessible?
- Is there easy access between areas, e.g. no difficult stairs?

Care

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

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

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Bay of Islands

Baycare 09 402 7112

Whangarei

Potter Home 09 438 2688
Rimu Park 09 437 3933

Activities

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

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

Meals

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

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

Safety

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

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

Dignity, privacy and independence

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

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

General

- Are there any additional costs? (If so make sure these are itemised on your Agreement and included in your budget.)
- Are any additional charges separable (able to be stopped without affecting which room you have) or are there wider implications? (pages 153-154.)
- 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, 44-45 for more information about dementia and organisations that may be able to help.

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STANDARD SERVICES, EXTRAS & THE 10KM RULE

Standard services

Residential Care facilities operate under contract to their local DHB. The Age-Related Residential Care (ARRC) contract sets out the standard services that providers must deliver to those whose assessment qualifies them for long term care. These services must meet the person's needs as identified in the InterRAI assessment and detailed in their 'Care Plan'. The Maximum Contribution (MC) defines the maximum payment for these services (see also pages 6 and 155).

Standard services include but are not limited to:

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

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

Extras and premium services

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

Additional/premium services generally fall into two categories:

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

On 1st July 2014 changes to the ARRC contract relating to 'premium rooms' and 'extra' charges came into force. These changes came about for a number of reasons including: funding issues, an increasing number of 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 101). 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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PAYING FOR 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?

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

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

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

You are a qualifying person if:

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

Four basic rules apply to a qualifying person.

These rules outline key principles for determination of payment:

1. A qualifying person will not have to pay more than the Maximum Contribution (MC). (Each year the cost of care is negotiated between DHB and providers after-which price changes are published. For the current range see page 6, for information about standard services and extra/premium services see page 153-154)
2. A qualifying person whose assets are above the asset threshold must contribute the Maximum Contribution (i.e. they must self-pay as long as their assets remain above the asset threshold.)
3. A qualifying person whose assets are equal to or below the asset threshold must pay a contribution based on their income (i.e. when income testing applies).
4. The funder (e.g. DHB) must pay the difference between the qualifying person's contribution and the cost of long term residential contracted care.

You are a special case person if you are:

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

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Your rules differ to a 'qualifying person' e.g. if you are aged 50 to 64, single and have no dependent children you will not have a means assessment of assets however a means assessment of income will be done. See MSD or WINZ for additional details.

Means Assessment of Assets (Qualifying Person)

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

Single

You are eligible if you have assets equal to or below the allowable threshold of \$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.

Gifts (as related to the RCS)

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

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

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

Outcome of the means assessment for those over 65:

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

If your assets are found to be equal to or below the asset threshold and you meet the other eligibility criteria mentioned earlier, you may be eligible for a RCS. You will still need to have an income assessment. (See also: Residential care loans page 160, and standard services, extras & the 10km rule page 153-154.)

Means Assessment of Income

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

What is income?

Income includes but is not limited to:

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

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Income does not include and is not limited to:

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

Residential care loans

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

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

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

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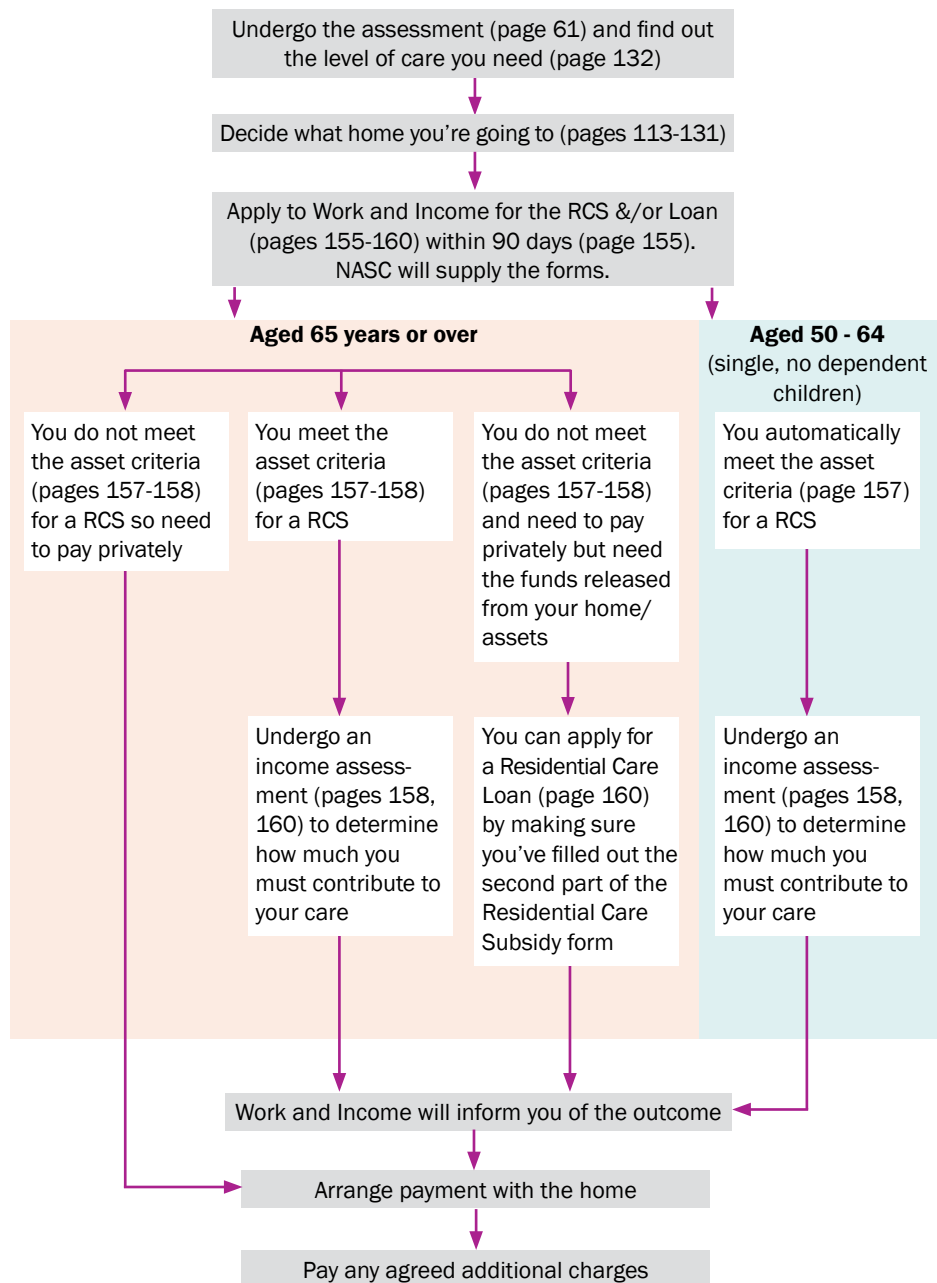
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HOW TO APPLY FOR A RCS &/OR LOAN[^]



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

SELECTING A CARE HOME - SUMMARY

1. You must have had an assessment; the result being a recommendation for residential care (see pages 61, 63).
2. If an application is being made for a RCS, an application form (which includes the Assessment Certificate and Loan application) should be given or sent to whomever is making the application before you move into the home. Make sure you know what level of care you need (see pages 61, 63, 132).
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 133). Visit these (see checklist pages 147-150).
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 138).
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 153-162).

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ALPHABETICAL INDEX HOMES, HOSPITALS, UNITS/VILLAGES

AUCKLAND, COUNTIES MANUKAU & WAITEMATA DHB REGIONS

	Pages
7 Saint Vincent Metlifecare.....	107, 117, 172, op172
Abbey Heights.....	125
Acacia Cove Village.....	102, 121
Albany Metlifecare.....	122, 172, op 172
Alexander Lodge.....	116
Amberwood R.H.....	125
Ambridge Rose Cottage.....	66, 118
Ambridge Rose Manor.....	66, 119
Ambridge Rose Villa.....	66, 120
Anne Maree Court.....	125, 152
Anne Maree Gardens.....	113, 152
Aranui Home & Hospital.....	115
Aria Bay R.V.....	41, 123
Aria Gardens.....	41, 122
Aria Park R.V.....	41, 114
Ascot House Retirement Home.....	123
Avon.....	113
Avondale Lifecare.....	112, 113
Awanui R.H.....	116, 135
Baycrest R.V.....	128
Beachlands Metlifecare.....	118, 172, op 172
Belmont Lifestyle Village.....	122
Bert Sutcliffe R.V.....	op1, 1, 108, 123
Bethany Hill Dementia Care.....	45, 127
Bethesda.....	119
Blockhouse Bay Home.....	113
Botany Metlifecare.....	118, 172, op172
Briargate Dementia Care.....	123, 144
Bruce McLaren R.V.....	op1, 1, 110, 118
Bucklands Beach R.H.....	118, 154
Bupa Beachhaven.....	122
Bupa Cornwall Park.....	114
Bupa David Lange.....	119
Bupa Erin Park.....	119
Bupa Glenburn.....	125
Bupa Hayman.....	119
Bupa Hillsborough.....	115
Bupa Hugh Green.....	122
Bupa Northhaven.....	126
Bupa Parkhaven.....	119
Bupa Remuera.....	118

RETIREMENT
 VILLAGES

RESIDENTIAL CARE

	Pages
Bupa Sunset	113
Bupa Tasman	124
Bupa Wattle Downs	121
Capella House.....	113
Catherine Lodge Retirement Home.....	117, 146
Chadderton R.H.....	114
Christina's	119
CHT Amberlea Home.....	95, 122
CHT Carnarvon Hospital.....	95, 124
CHT Halldene Home & Hospital.....	95, 126
CHT Hillcrest Home & Hospital.....	95, 119
CHT Lansdowne Home & Hospital.....	95, 118
CHT Onewa Home & Hospital.....	95, 123
CHT Peacehaven Home & Hospital.....	95, 113
CHT Royal Oak.....	95, 117
CHT St Christopher's.....	95, 120
CHT St John's Hospital.....	95, 114
CHT St Margaret's Hospital.....	95, 127
CHT Waiuku Home & Hospital.....	95, 121
Claire House.....	50, 115
Concord House R.H.....	114
Cosmopolitan Geddes Terrace R.V.....	113
Country Club Huapai	25, 108, 124
Craigweil House	126, 146
Crestwood Metlifecare	108, 125, 172, op172
Cromwell House & Hospital.....	114
Crossley Court.....	126
Dannemora Gardens Metlifecare	110, 118, 172, op172
Deverton House.....	126
Devonport R.V.....	123
Dominion Home.....	116, 154
Eastcliffe on Orakei R.V.....	116
Eden R.H.....	115
Eden R.H. & Village.....	116
Edenvale Home & Hospital.....	62, 116
Edgewater Village Metlifecare.....	110, 120, 172, op 172
Edmonton Meadows	124
Edmund Hillary R.V.....	op1, 1, 107, 117
Elizabeth Knox Home & Hospital	114, 137
Elizabeth Retirement Home.....	114
Ellerslie Gardens Lifecare.....	112, 116
Elmwood R.H. & Village.....	119
Epsom South Retirement Home.....	114, 144
Epsom Village	69, 114
Evelyn Page R.V.....	op1, 1, 108, 126

	Pages
Evergreen Care.....	124
Everil Orr R.H. & Village.....	115
Eversleigh Hospital.....	122, 141
Fairview Care.....	36-37, 122
Fairview Lifestyle Village.....	36-37, 108, 122
Fencible Manor.....	119
Forrest Hill.....	123, 142
Franklin Memorial Hospital	121
Franklin R.H.....	121
Freeling Holt.....	127, 135
Glenbrook R.H.....	121
Glencoe R.H.....	120
Glenhaven R.H.....	13, 123
Goodwood Seadrome.....	125
Grace Joel R.V.....	op1, 1, 107, 117
Gracedale Care	116
Gracedale Village	116
Greenvalley Lodge	124
Greenview Park Village.....	125, 171
Greenwich Gardens Metlifecare	108, 127, 172, op172
Gulf Rise Metlifecare	108, 126, 172, op172
Gulf Views.....	119, 141
HBH Senior Living	110, 119, 151
HBH Stevenson Village	119, 151
Heritage R.H.....	128
Hibiscus Coast Village Metlifecare.....	108, 127, 172, op172
Highgrove Village	78, 122
Highlands Metlifecare.....	110, 118, 172, op172
Hillsborough Heights Metlifecare	107, 116, 172, op172
Janelle.....	120
Jervois Residential Care.....	115, 164
Karaka Lifestyle Estate.....	118
Karetu House	115
Kenderdine Park.....	120
Kensington House - Remuera Gardens.....	69, 117
Keringle Park	120
Knightsbridge Village.....	128
Kolmar Lodge R.H.....	120
Komatua Care Centre.....	123
Kumeu Village	125, 131
Lady Allum.....	125
Lady Elizabeth.....	121
Lakeside Retirement Lodge.....	121
Lexall Care.....	127
Lexham Gardens.....	117

	Pages
Little Sisters of the Poor.....	115
Logan Campbell R.V.....	op1, 1, 107, 115
Longford Park Village Metlifecare	110, 121, 172, op172
Lynton Lodge Hospital.....	118, 164
Mary MacKillop Care.....	115
Mayfair Village.....	125
Maygrove Hospital.....	126
Maygrove Lifecare.....	112, 126
Maygrove Village.....	25, 109, 126
Meadowbank Village	115
Mercy Parklands	113, 142
Milton Court R.H.....	42, 126
Mt Eden Gardens Village	116
Murray Halberg R.V.....	op1, 1, 107, 115
New Windsor Aged Care.....	113
Norfolk Apartments.....	125
Northbridge	109, 125
Ons Dorp Care Centre.....	98, 124
Orewa Beach.....	126
Orion Point Metlifecare	124, 172, op172
Orongo R.H.....	123
Pakuranga Park Village.....	69, 120
Palm Grove R.H.....	123
Palms Home & Hospital.....	120
Palms Lifecare.....	112, 121
Papakura Private Hospital.....	120
Papatoetoe Residential Care	120, 161
Parklane Village	123
Patrick Ferry House	78, 122
Peninsula Club	128
Pinehaven Cottage	126, 159
Pinesong Metlifecare	109, 127, 172, op172
Possum Bourne R.V.....	op1, 1, 110, 121
Powley Metlifecare	107, 113, 172, op 172
Pukekohe Hospital.....	121
Puriri Park R.V.....	127
Radius Arran Court	124, 148
Radius Taupaki Gables.....	127, 148
Radius Waipuna	116, 148
Ranfurlly Hospital.....	115, 161
Rawhiti Estate.....	117
Regency Home and Hospital.....	125
Remuera Gardens.....	69, 117
Remuera R.H. & Hospital.....	117
Remuera Rise	71, 117

	Pages
Rosaria R.H.....	113
Rose Lodge R.H.....	114
Rosehill Village	112, 113
Royal Heights R.H.....	125, 161
Selwyn Heights Village.....	20, 115
Selwyn Oaks Village	20, 120
Selwyn Village.....	20, 117
Selwyn Village Hansen Close	20, 123
Settlers Lifestyle Village	36-37, 109, 122
Shalom Court.....	115
Shelly Beach Dementia.....	118
Shoal Bay Villa R.H.....	125
Solemar	127
St Andrew's Village.....	60, 107, 114
St Catherine's	117
St John's R.V.....	121
St Patrick's R.H. and Hospital.....	31, 114
St Patrick's R.V.....	121
Summerset at Heritage Park.....	96, 114
Summerset at Karaka.....	96, 120
Summerset at Monterey Park.....	96, 124
Summerset by the Park.....	96, 119
Summerset Falls.....	96, 127
Sylvia Park Hospital	116, 159
Takanini R.H.....	121
Te Mana	122
Terence Kennedy House.....	126, 171
The Beachfront R.H.....	127, 146
The Grove Orewa.....	126
The Oaks on Neville	69, 127
The Orchards Metlifecare.....	109, 124, 172, op172
The Poynton Metlifecare.....	109, 127, 172, op172
The Sands	123
The Waratah.....	124
The Willows Home & Hospital.....	116, 159
Torbay R.H.....	127
Totara Park R.V.....	128
Tui Village	120
Turama House	117, 144
Ultimate Care Manurewa	119, 156
Ultimate Care Rosedale	122, 156
Victoria Epsom	114
Waiheke R.V.....	27, 118
Waimarie Private Hospital	62, 117
Waitakere Gardens Metlifecare	109, 124, 172, op172

	Pages
Warkworth Hospital.....	128
Waterford on Hobsonville Point	100, 124
Wellsford Village (Masonic).....	128
Wesley	116
West Harbour Gardens	124, 164
William Sanders R.V.....	op1, 1, 109, 123

NORTHLAND DHB REGION

Bream Bay Village.....	104, 129
Bupa Kauri Coast.....	128
Bupa Merrivale	129
Cairnfield House	130, 152
Claud Switzer Memorial Trust	129
Hauora Hokianga - Health	129
Hokianga Masonic Village.....	128
Jane Mander R.V.....	op1, 1, 111, 130
Kaikohe Care	129
Kamo Home and Village	130
Kerikeri R.V.....	98, 111, 129
Lester Heights.....	130
Lupton Masonic Village.....	130
Maunu Village (Northland District Masonic Trust)	130
Maungaturoto	129
Mountain View R.H.....	129
Ngunguru R.V.....	129
Norfolk Court Home & Hospital.....	128, 161
Oakridge Villas Metlifecare	111, 129, 172, op172
Parahaki Court.....	130
Puriri Court Lifecare.....	112, 130
Quail Ridge Country Club	100, 111, 129
Radius Baycare.....	129, 148
Radius Potter Home	130, 148
Radius Rimu Park.....	130, 148
Riverdale R.V.....	128
Rose Garden R.H.....	130
Saorsa R.V.....	129
Selwyn Park Village.....	20, 130
Shalom Aged Care	130
Stonehaven R.V.....	129
The Anchorage Village.....	25, 111, 130
The Falls Lifestyle Estate.....	131
The Palms Lifestyle Village	131
Tranquillity Bay Care	130
Ultimate Care Ranburn	129, 156
Whangaroa Health-Kauri Lodge.....	128

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Alzheimers Northland.....	42	NZ Transport Agency.....	22
Communicare.....	92	Public Trust.....	48, 55, 57, 139
Dementia Auckland	45	Radius Shop	3
Discreet Delicates	18	R&R Total Mobility	18
Driving Miss Daisy NZ.....	32-33	RDNS New Zealand	74
Elderly Assist Ltd.....	29	Resthaven Funerals	53
Eldernet	9, back cover	Seniorline.....	8
Freedom Chair/Montec Mobility.....	11	Tech Seniors.....	18
Harbour Sport	16	The Salvation Army.....	91
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Independent Living Charitable Trust.....	29		

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