

Essential information for older people

where from here

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2019 - 2021

lower north island



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GROWING OLDER IN THE TIME OF COVID

It's a long way from BC to PC. Before COVID, few of us gave much thought to how far a sneeze can travel or how long a virus can live on paper or plastic. Post COVID, we're all armchair virologists discussing 'the curve' and asymptomatic transmission. And we all accept there is no going back to normal.

COVID-19 has changed us. We're more appreciative of what was previously mundane, like heading to the shops, or going to work. And we have realised just how important friends, family and community are to us. It's changed the way we do things too. Hand sanitiser, contact tracing and video calls are the norm now. Sneezing in public will bring a dirty look if not a sharp rebuke.

COVID-19 has also made us take a good look at how we do things as a nation. Coincidentally an extensive review of the health system has just finished and been released. More funding is to go into health and some significant changes have been announced. We have updated the content of this book to reflect what we already know and will continue to keep you up to date through our sister website, www.eldernet.co.nz, on changes affecting older people, their family and carers.

This book is designed so you can take whatever portion relates to you and your situation (it's unlikely that you'll want to read it cover to cover) and to use as a reference, dipping in and out of it as you need.

We've used colour coding to group relevant articles together. Some, such as [The Basics](#), [Your Wellbeing](#) and [Hard to Talk About](#) will apply to everyone, while the section on [How Some of it Works](#) is useful to know about; if not for yourself, then to share with others. Your interest in sections such as [Support at Home](#), [Retirement Villages](#) and [Care Homes](#) will depend on your individual circumstances. With regard to your options; it's true that those with more available funds will find they have more, however the government assistance offered is designed to ensure that everyone has a dignified old age.

We advise you to read, research and ask around for recommendations and advice. The more information you have, the better decisions you're likely to make.

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All details have been carefully checked before publication. Primary source material has been used wherever possible. All financial information was correct at time of printing, but may have changed by the time you read this. We have consulted with experts in their fields: checked with relevant government agencies and their websites, District Health Boards, providers of services and a wide range of groups and organisations. Despite our best effort change happens and errors and/or omissions may occur. We do not take responsibility for these as we urge you to seek appropriate or professional advice on all issues. Contact your older persons' service listed on page 5 for information updates. These books are free from selected agencies. Please pass the book on if you've finished with it.

YOUR OLDER PERSONS' SERVICE -CONTACTS

Capital & Coast DHB area:

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

Hutt Valley DHB area:

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

MidCentral DHB area:

Supportlinks
RATA Building, First Floor, Community
Village, Palmerston North Hospital
50 Ruahine Street, Palmerston North
Phone: (06) 350 6671
Freephone: 0800 221 411
Fax: (06) 356 5033
E: supportlinks@supportlinks.org.nz

Wairarapa DHB area:

FOCUS
Level 2, 49-51 Lincoln Road
Masterton 5810
Phone: (06) 946 9813
Freephone: 0800 900 001
Fax: (06) 946 9826
E: focus@wairarapa.dhb.org.nz

Whanganui DHB area:

Assessment, Treatment and
Rehabilitation Community Services
(Also known as CART)
Lambie Community Health
Heads Road
Whanganui 4501
Phone: (06) 348 3309
Fax: (06) 348 3331

Service Co-ordination

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

Hawke's Bay DHB area:

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

For general information about how the process works:

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

GLOSSARY

ACC: Accident Compensation Corporation.

ARRC: Age Related Residential Care. Term often used in relation to the DHB contract with care home providers. (See also page 137).

ASSESSOR: A trained, qualified health professional who conducts assessments. May include: DHB Clinical Needs Assessors (often based in public hospitals), those based in the community, in home based services, or residential care homes.

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

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

CCC: Care Coordination Centre. A team managing referrals, assessments and services. May be your point of contact for your older persons' service (see page 5).

DHB: District Health Board. A District Health Board provides or organises health services. The DHBs in this region are: Capital & Coast, Hutt Valley, Mid-Central, Whanganui, Hawke's Bay and Wairarapa.

DOMESTIC ASSISTANCE: Assistance with household tasks.

DUAL USE/SWING BEDS/FLEXI BEDS: Rooms in a care home where they can provide either rest home or hospital level care. (See page 115).

EPOA: Enduring Power of Attorney. Also referred to as **EPA**. (See pages 50-51).

GP: General Practitioner or doctor.

HEALTHCARE SERVICE: A community based facility where a number of different health professionals and other relevant services are located. Will usually include doctors/GPs, nurses, administrators, pharmacy etc.

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

LEVELS OF CARE (LoC): Residential care is provided in one of four settings: rest home, dementia, hospital (continuing care i.e. age related not public hospital) and psychogeriatric (dementia hospital). We call these care homes. See page 115 for more information.

MC: Maximum Contribution. Those in contracted residential care, who have been needs assessed and eligible for care, are required to pay no more than the MC. The amounts as at 1 July 2019 range, per week, from \$1068.69 - \$1129.45 (depending on where you live). The person based at your local older persons' service who is coordinating your services will be able to tell you the rate for your area.

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

GLOSSARY *CONTINUED*

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

NASC: Needs Assessment Service Coordination. May be your point of contact for your older persons' service (see page 5).

NZ SUPER: New Zealand Superannuation. (See page 64.)

ORA: Occupation Right Agreement. (See page 88).

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

RESIDENTIAL CARE: A 'live in' service for those requiring high levels of care.

RCS: Residential Care Subsidy. A subsidy available to assist with payment for residential care (i.e. rest home, hospital, dementia or psychogeriatric) for those who meet specific eligibility criteria. (See page 139.)

RV: Retirement Village.

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

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

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

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Wairarapa	Ph: (06) 377 0232
Whanganui	Ph: (06) 347 9100
West Palmerston North	Ph: (06) 355 0470
East Palmerston North	Ph: (06) 355 0040
Feilding	Ph: (06) 323 4333
Levin	Ph: (04) 367 2060
Waikanae-Otaki	Ph: (04) 293 3042
Kapiti	Ph: (04) 298 3689
Mana-Porirua	Ph: (04) 235 7985
Upper Hutt	Ph: (04) 970 6636
Lower Hutt	Ph: (04) 568 2254
Wellington North	Ph: (04) 478 5535
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YOUR RIGHTS, PROBLEMS & ADVOCACY

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

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

If you have concerns about a service (e.g. its staff, management, the way it is run, or about the health services you are getting etc.) you can make a complaint. The following is the recommended process.

- In the first instance talk to the manager or operator of the service. You may contact the Advocacy Service for support (see details page 11).
- If the complaint is about a DHB contracted service e.g. rest home or home support service, and is not responded to nor resolved, contact your local DHB. Ask for the manager of older persons' services, e.g. portfolio manager.
- If concerns are not addressed, contact HealthCERT freephone 0800 113 813 or Disability Support Services MOH (Freephone 0800 373 664).
- If still unresolved the Health and Disability Commissioner (HDC) will consider the issues and may investigate. Freephone: 0800 11 22 33

If this feels daunting or you need to clarify things you can also talk it over with Age Concern (see pages 14-18) or your contact person at your local older persons' service (see page 5). They should be able to guide you.

Concerns about any service costs may also be taken to the Disputes Tribunal. (They usually share the same phone number as your local district court).

Professional associations that service providers may belong to include:

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

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

Nationwide health & disability advocacy service

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

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

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

Local contact details:

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

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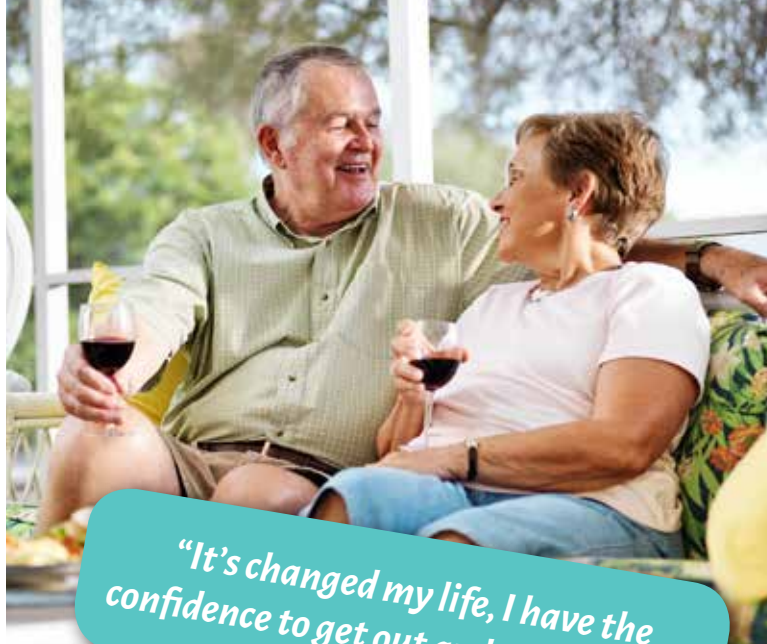


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USEFUL CONTACTS

Accident Compensation Corporation (ACC)	Claims helpline Freephone 0800 101 996. www.acc.co.nz
Age Concern New Zealand	Freephone 0800 652 105. See pages 14-18 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 page 10 or www.hdc.org.nz
Healthline	Freephone 0800 611 116. www.healthline.govt.nz Free health advice. Telephone service.
Healthpoint	www.healthpoint.co.nz . For services in your area.
Ministry of Health (MOH)	Information specifically for older people. www.health.govt.nz/olderpeople
Ministry of Social Development (MSD)	www.msd.govt.nz . For income and other support.
Nationwide Health & Disability Advocacy Service	Freephone 0800 555 050. See page 11 or www.advocacy.org.nz
Seniorline	Freephone 0800 725 463. www.seniorline.org.nz
St John Caring Caller	Freephone 0800 000 606. www.stjohn.org.nz Free telephone checking service offered by St John
Stroke Foundation	Freephone 0800 787 653. www.stroke.org.nz
Super Seniors Website (MSD)	www.superseniors.msd.govt.nz
Work and Income	Freephone 0800 552 002. (NZ Super queries). Freephone 0800 999 727. (RCS queries). www.workandincome.govt.nz
1737	Freephone or text 1737 any time, 24 hours a day to talk to (or text with) a trained counsellor.



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Contact your local Age Concern

Age Concern Hawke's Bay:

Hastings office:

415 Heretaunga Street East, Hastings 4122

PO Box 185, Hastings 4156

Phone: 06 870 9060

Email: ageconhast@xtra.co.nz

Central Hawke's Bay office

3 Porangahau Road, Waipukurau 4200

Phone: 06 858 9158

Email: agecon.rail@xtra.co.nz



Age Concern Wairarapa (WOOPS)

Solway Showgrounds, Cnr Fleet & York Street entrance,
Masterton 5810

PO Box 865, Wairarapa 5810

Phone: 06 377 0066

Email: admin@acww.nz



Age Concern Palmerston North and Districts

51 Waldegrave Street, Palmerston North 4410

PO Box 5063, Palmerston North 4441

Phone: 06 355 2832

Email: marian.dean@ageconcernpn.org.nz



Age Concern HAVELOCK NORTH. Phone: 06 877 6488

Age Concern NAPIER. Phone: 06 842 1346

Age Concern WAIROA. Phone: 06 838 3307

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Serving the needs of older people

Age Concern Wellington

Anvil House, 138-140 Wakefield Street, Wellington 6011

PO Box 11-108, Wellington 6142

Phone 04 499 6646

Email: info@ageconcernwellington.org.nz

Web: www.ageconcernwellington.org.nz



Age Concern Kapiti Coast

1st Floor, Coastlands Shopping Town, Paraparamu 5032

PO Box 217, Paraparamu 5032

Phone: 04 298 8879

Email: admin@ageconcernkapiti.co.nz



Age Concern Whanganui

164 St Hill Street, Whanganui 4500

PO Box 703, Whanganui 4500

Phone: 06 345 1799

Email: info@acwhanganui.org.nz



Age Concern Flaxmere

38 Bristol Crescent, Flaxmere, Hastings 4120

Phone: 06 879 7003 Fax 06 879 7023

Email ageconcernflax@nowmail.co.nz



Age Concern Horowhenua:

538 Queen Street East, Levin, 5510

Phone: 06 367 2181

Email: admin@ageconcernhoro.co.nz



AGE CONCERN

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

All Age Concerns provide information services (including information about other important services and resources in your area), advocacy, educational programmes, and the opportunity for older people to meet together and build friendships and a stronger sense of community.

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

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

The contracted Elder Abuse Response Service (EARS) in this region is provided by Age Concern Whanganui, Wairarapa/WOOPS, Palmerston North and Districts, Hawke's Bay, Wairoa and Horowhenua. This service helps protect the rights of older people (for more information see pages 42-43.)

The following gives you an idea of what's happening at some of the Age Concerns in this region. All are open to the public, so call in and find out what opportunities there are for you. You can be sure of a warm welcome.

Age Concern Whanganui is committed to promoting wellbeing, rights, respect and dignity for people over the age of 65. They provide AVS, EARS and a community social work service. They deliver programmes for senior drivers, a 'Steady as you Go©' strength and balance programme, a grocery shopping service and a phone-a-friend service. They have opportunities for volunteers with Meals on Wheels and the visiting service. They also do assessments for the Total Mobility Scheme and can provide a supermarket and transport service.

Age Concern Horowhenua provides advice and support for the older person and their families. They work towards promoting the rights and wellbeing of older people, and minimising the incidence of elder abuse and neglect in the community. Our "Nat & Chat" is an informal gathering for over 65s held on the last Thursday

of each month. “Stay Safe” is a classroom refresher workshop for senior road users. They also offer Health Promotion Programmes including ‘Steady as you Go©’ along with AVS providing regular visits to older people in their community.

Age Concern Wellington provides services and support for over 65s in the Wellington, Porirua, Upper Hutt and Lower Hutt regions. Services focus on social connection and health. They offer the strength and balance exercise programme ‘Steady as you Go©’, health workshops, the refresher driving courses ‘Staying Safe for older drivers’ and are Total Mobility assessors. They operate a visiting service, a companion walking service and have launched a ‘Connect! Programme’ which aims to get people better connected with their communities. They also provide community support and advice and access to discounted legal services.

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

Age Concern Palmerston North and Districts is based in Palmerston North and operates throughout Palmerston North City Council and Manawatu Districts. They offer Health Promotion Programmes including the strength and balance exercise programme ‘Steady as you Go©’ and the refresher driving courses ‘Staying Safe for older drivers’. They run ‘Life without a Car’ workshops where people can find out how to be socially active without driving and they offer information, advice and resources. They also operate an EARS and an AVS. Volunteers are welcome.

Age Concern Wairarapa WOOPS based in Masterton offers: AVS, EARS, Health Promotion and social connections in the form of weekly line dancing, senior exercise and ‘Steady as you Go©’ classes. Monthly trips and outings; coffee mornings (with visiting speakers) in Masterton, Carterton, Featherston and Martinborough.

Age Concern Flaxmere offers many services aimed at supporting its community. Activities include AVS, ‘Steady as you Go©’ exercise programmes, weekly social activities and bowls. They provide advocacy services, a resource hub and hold education seminars for their community. You can hire wheelchairs, walking frames, scooters and other adaptive equipment. They are also Total Mobility assessors. Volunteers are welcome.

Age Concern Hawke’s Bay offers services and programmes that have wide appeal, from board games and activities based at the premises to monthly lunches, housie, indoor bowls, ‘Steady as you Go©’ exercise programmes, trips and outings, health and wellness services including educational workshops, foot clinics, wheelchair hire, total mobility assessments. They also have a library on site

where you can borrow books and puzzles or just call in for a cup of tea. A referral service to local trades and maintenance services is provided. Frozen meals and Life Tubes can be purchased. Two Elder Abuse social workers and a community worker are based here. They also offer the 'Let's Share' housing option.

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

Age Concern volunteers are hugely valued. You can make a difference by offering your skills, knowledge, expertise, time and friendship. Not only will the people who use Age Concern's services benefit from your contribution, so will you. Volunteering not only improves your mental health but your physical health as well. Contact your local Age Concern to find out more.

If you have questions, concerns, or want to help out at your local Age Concern, please freephone 0800 652 105.

There are also Age Concern member councils located in Havelock North, Napier and Wairoa. You may contact them by using the freephone number above.

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ACC7836 May 2020

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 improve, they feel better, they sleep better, their mood is brighter, they stay in touch with their community and they're having fun. They are doing things that help them stay independent. If this doesn't sound like you, what practical steps can you take to make these benefits more achievable?

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

A great way to maintain your strength and balance and to have fun is to join a 'Live Stronger For Longer' exercise group. To find out more, visit the website www.livestronger.org.nz; if you don't have access to the internet, ask a family member or your local library to help access the website and find the contact details. Falling is not a normal part of ageing and this and other programmes such as community 'falls prevention' have been shown to be effective in building strength and balance. Contact Age Concern to see what is available in your area (pages 14-18).

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

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

SAFETY ON OUR ROADS

Free workshops and internet resources for seniors

Have you thought about your driving and road safety recently?

Senior drivers are great role models for younger drivers, and senior drivers have fewer crashes, but if you do crash there is an increased risk of serious injury or death.

As we get older we can experience changes that affect our driving abilities, but maintaining mobility and independence is always important.

You can attend a free driver refresher workshop, provided by Age Concern – click on ‘Staying Safe’ via the website link below for more information. You can also do a confidential self-assessment quiz and find out more about transport options.

<https://nzta.govt.nz/safety/driving-safely/senior-drivers/>

or contact

Waka Kotahi

NZ Transport Agency

on 0800 822 422



Good hearing has a far greater impact on our health than has previously been understood. A review of research shows a clear link between 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 if needed. 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 such as macular degeneration and glaucoma can strike without warning or symptoms. Some degenerative brain conditions can also be picked up, allowing for early diagnosis and treatment that can delay their progression. Protect your eyes from sunlight too as this is a major cause of eye complaints.

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

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

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

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



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NEW TECHNOLOGY – WHAT’S IN IT FOR YOU?

The speed at which technology changes can make your head spin at times. There’s no denying though that the internet and smartphones have a place in making our lives easier – how much harder would the lockdown have been if we were not able to video-call each other through Zoom, Skype or one of the other similar services?

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 once you’ve mastered the basics (especially when using the smaller devices such as iPads, laptops and smartphones), 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 video calling to talk to people all over the world for free.

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.

‘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 but as technology catches up with people’s demands the products are increasingly innovative. 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.

There are gadgets that can help you test your own health statistics (such as blood pressure or blood sugar levels); machines to help with medication management and dispensing; and door, bed and movement sensors. Creators and innovators of these products believe 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.

There’s no substitute for human connection. 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. Often it frees us up to have more quality time with those we love.



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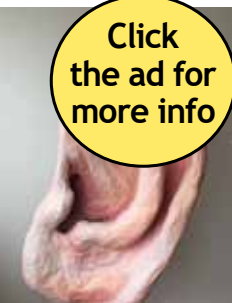
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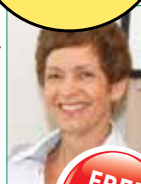


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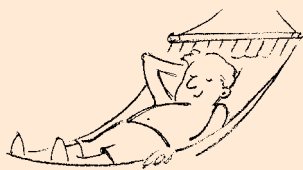
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HOUSING – WHAT’S RIGHT FOR YOU NOW?

Find out:

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



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

Considerations

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

What are some of your options?

- **Staying where you are.** The fears of family/whānau and friends should not be the only reason for moving, as appropriate community and practical support can often address these worries. There is benefit in staying in a place where you are known, especially if you have the support of people who are important to you and/or those in your local community. Equipment and/or adaptations to the home should make it safer and easier to manage in.
- **Downsizing/moving to a smaller place.** If your current home isn’t suitable any more (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 an 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 annual costs, e.g. rates, insurance and body corporate levies.
- **Moving to an affordable seniors housing complex; sometimes called ‘social housing’.** Finding suitable, affordable housing in this region can be

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

- **Sharing accommodation.** This ‘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 87-99 for further information.)
- **Supported living/boarding.** These are often family/whānau style homes (e.g. Abbeyfield homes). Residents are independent and have their own room/unit. There are often shared communal areas. There may be help with some tasks, such as housework or meals. Board or a weekly rental usually applies.
- **Residential care.** Sometimes it is not possible to live at home and residential care may be recommended. (See pages 59-61, 115-149)

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

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

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

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 your friends, go online, get brochures, visit a mobility shop. Often, you only need a few pieces to make all the difference. The question is: how do you get this equipment? Options include:

- **Accessing MOH loan equipment.** This requires a specialised assessment by a suitably qualified health professional. To be eligible you must: have a disability that will last longer than six months; need specific equipment to help you manage; meet residency requirements and not have access to other funding e.g. ACC. If you need an item that is not part of the loan scheme and 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 your DHB older persons' service (see page 5). Enable provides equipment for this region.
- **Privately buying** equipment or arranging your own home modifications is likely to be quicker and may give you more choice. Get expert advice from a professional wherever possible. A good shop will assess your ability to use the equipment correctly and safely. Not all equipment suits all people.
- **Applying to other organisations for funding**, e.g. Lotteries Grants, etc. These organisations may consider funding scooters or other mobility aids.
- **Palliative care provision.** You may have access to specialised equipment if you are receiving palliative care.

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

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Need help and support to maintain independence?

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**If you or someone you know is struggling, there is
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**For more information contact Health Hawke's Bay at
www.healthhb.co.nz**

KAUMĀTUA/PAKEKE SERVICES

Capital & Coast DHB area	Phone (04)	Address
Hora Te Pai Health Services	902 7095	Warrimoo St. Paraparaumu
Maraeroa Marae Health Clinic	235 8000	216 Warspite Ave. Porirua
Ora Toa Health Unit	237 0110	20-22 Ngatitoa St. Porirua
Hutt Valley DHB area	Phone (04)	Address
Kokiri Marae Health & Social Services	939 4630	7-9 Barnes St. Lower Hutt
Koraunui Marae Charitable Trust	939 6662	146 Stokes Valley Rd. Hutt
Ōrongomai Marae Health Services	528 9409	5-7 Railway Ave. Upper Hutt
Waiwhetu Marae	566 1847	21 Puketapu Grv. Lower Hutt
Wainuiomata Marae Trust	564 8395	Cnr Parkway Extension & Wellington Rds. Wainuiomata
MidCentral DHB area	Phone (06)	Address
Best Care (Whakapai Hauora) Charitable Trust	353 6385	140 - 148 Maxwells Line Palmerston North
Muaūpoko Tribal Authority	367 3311	306 Oxford St. Levin
Rangitāne o Tamaki Nui a Rua	374 6860	10 Gordon St. Dannevirke
Raukawa Whānau Ora	323 6446	148 Manchester St. Feilding
Raukawa Whānau Ora	368 8678	152 Bath St. Levin
Te Waiora Your Community Health Services	363 6030	10 Lady's Mile Foxton
Te Waiora Ki Kurawari	362 7056	2 Stout St. Shannon
Te Wakahuia Manawatu Trust (Whānau Ora Service)	357 3400	56 Pembroke St. Highbury Shopping Centre Palmerston North
Whanganui DHB area	Phone (06)	Address
Disability Support Services Te Oranganui Trust	349 0007	Tupoho Community Complex 57 Campbell St.
Mōkai Pātea Services	388 1156	130 Hautapu St. Taihape
Ngāti Rangi Community Health Centre	385 9580	36 Burns St. Ohakune
Te Kotuku Hauora o Rangitikei	327 5594	85 Henderson Line, Marton
Te Puke Karanga Hauora	385 5019	22 Seddon St. Waimarino Health Centre, Raetihi
Wairarapa DHB area	Phone (06)	Address
Ngāti Kahungunu Ki Wairarapa	377 5436	187-189 Queen St. Masterton
Rangitāne o Wairarapa	370 0600	12 Kokiri Pl. Masterton
Te Hauora Runanga O Wairarapa	378 0140	15 Victoria St. Masterton
Whaiora	370 0818 / 0800 494 246	394 Queen St. Masterton

KAUMĀTUA/PAKEKE SERVICES CONTINUED

Hawke's Bay DHB area	Phone (06)	Address
Kahungunu Executive	838 6835 / 0800 621 700	65 Queen St. Wairoa
Roopu A Iwi Trust	843 1590	32 Bledisloe Rd. Napier
Te Kupenga Hauora - Ahuriri	835 1840	5 Sale St. Napier
Te Taiwhenua o Heretaunga Supreme Care	871 5350 / 0800 TAIWHENUA	821 Orchard Rd. Hastings
Te Taiwhenua o Heretaunga	871 5350	821 Orchard Rd. Hastings
Te Wahanga Hauora Māori	878 1654/ 0800333671	Gate 11, Omahu Rd. Hastings

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

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

www.seniorline.org.nz

Call 0800 725 463

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.

- **Branch closure** - While there have been a significant number of closures over recent years, some banks are committed to providing improved services for older people. (An example is the Westpac 'Dementia Friendly' service that is being rolled out in branches around the country.) Transport to the limited number of branches is however likely to be an ongoing problem for many.
- **Your PIN number** - It can be tempting to give other people e.g. family/whānau or support worker, access to your bank account because you can't access it yourself. Don't give your PIN number to anyone. If money is stolen, the bank will probably refuse a fraud claim. No-one, not even the bank, should ever ask you for your PIN number or other passwords. If you need assistance with accessing your funds talk to your Enduring Power of Attorney for Property (EPOA), your bank or lawyer. Age Concern may be able to advise (pages 14-18).
- **Cheques** - The banking sector is undergoing considerable change, and many are phasing out cheques. This is happening quickly. Ask your bank about their position and find out what your options are.
- **EFTPOS cards** - Many cards now have a function known as payWave (the card has a fan shaped symbol on it). This allows you to make purchases up to a set limit 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.

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- **Managing debt** - Increasing numbers of older people are entering retirement with debt, often after helping other family/whānau 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/whānau member or your Enduring Power of Attorney 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/whānau** - Be careful with any financial gift. You may need the money yourself. Being guarantor for family/whānau members is very risky. While a gift seems safer, in the event of a relationship breakdown your family/whānau 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/whānau 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 type of trading transaction is based on 'blockchain' technology. It currently requires a high degree of computer confidence. You are responsible for managing and keeping your currency secure.
- **Equity release** - This may free up capital. See pages 52-53 for more details.
- **Guaranteed retirement income schemes** - These new variable annuity (fixed annual payment) offerings are a combination of investment and insurance.

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

Please note: The above is not personal financial advice.

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

EMOTIONAL WELLBEING & DEPRESSION

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

Most older people will talk to a doctor about a physical condition, but many find it hard talking about emotional or mental health problems; they may fear being 'labelled', think they should just 'put up with it' as they may have felt like this on and off through their lives, don't want to 'be a nuisance'; 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 46), 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.

Healthy Ageing in the MidCentral District

MidCentral DHB is committed to the promotion of healthy ageing, the provision of high quality acute and restorative care, ensuring people live well with long-term conditions, supporting people with high and complex needs and providing respectful end-of-life care.

The Healthy Ageing and Rehabilitation cluster is guided by the following vision and mission: **Vision:** to be a model of excellence for the health of older people and people with rehabilitation needs. **Mission:** to provide high quality, consumer-centric services, delivered with respect, kindness and compassion.

We aim to minimise the time people spend in hospital. For older people we have implemented:

- An interface geriatrics service in the emergency department
- The OPAL (Older People's Acute Assessment and Liaison) unit (formerly ward 25)
- A fast-track ortho-geriatric pathway for patients with hip fracture
- A focus on Get Up, Get Dressed, Get Moving
- Mahi Tahi Better Together on the inpatient wards (involving family in your care)

Below is a brief description of some of the services that focus on providing care in the community, avoiding unnecessary hospitalisation where possible, enabling resilience and supporting people in environments of their choice.

Seniorline - Phone 0800 725 463

Age Concern - Steady As You Go, accredited visiting services - contact your Local service - Phone 06 355 2832

In Home Strength and Balance programmes - Referral through your GP or NASC

THINK Hauora - Providing primary healthcare services - Phone 06 354 9107

Parkinson's Manawatu - Phone 06 359 2772

Alzheimer's Society - manawatu@alzheimers.org.nz or 06 357 9539

Arthritis Foundation - www.arthritis.org.nz or Phone 0800 663 463

The Stroke Foundation of New Zealand - www.stroke.org.nz or 0800 787 653

Supportlinks - Needs Assessment and Coordination Services (NASC) - Phone 0800 221 411

Home and Community Support Services providers - Care support in your home

Aged Residential Care providers - Respite care, day activities

“What matters to you?” rather than “what’s the matter with you?”



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

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

How to stay emotionally and mentally well:

- Stay in touch with people if possible.
- If you can, get out; attend groups where you can learn and do new things.
- Do as much for yourself as you can.
- Get some physical exercise and eat well (see pages 20-22).
- 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.

FEELING A 'BURDEN', LONELY OR SOCIALLY ISOLATED?

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

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

HARD TO
TALK ABOUT?

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

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

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

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

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

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

HARD TO
TALK ABOUT?

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To be eligible, you'll:

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2. And either have a Community Service Card, or live in an area identified as lower-income.

See if you're eligible at warmerkiwhihomes.govt.nz
or free phone **0800 749 782**.

Terms and conditions apply.

EECA

New Zealand Government



ELDER ABUSE

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

Elder abuse comes in many forms. It's useful to read through the different types of abuse described to appreciate how they can impact older people. It's also useful to know that help is available from Elder Abuse Response Service providers (see page 43).

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

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

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

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

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

We know it's hard to ask for help, regardless of whether you're the person being treated in this way or you're the person behaving in this way. Thoughts running through your mind often prevent you taking action e.g. it will be shaming; it'll upset the family/whānau; what will happen to me; who would believe it; maybe it's not that bad; it's all my fault; will it separate the family/whānau; 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 will happen if you tell someone about this? Importantly, you need to know help is available. As every situation is unique; so is the solution. It is also important to realise that elder abuse is common, and your experience has happened to others too.

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

- Wellington, Hutt Valley, Kapiti: (04) 805 0880
- Wairarapa: (06) 377 0066
- Horowhenua: (06) 367 2181
- Whanganui: (06) 345 1799
- Manawatu: 027 356 0510
- Wairoa: (06) 838 3256
- Hawke's Bay: (06) 870 9060
- Tararua: (06) 376 7608
- Vaka Tautua freephone 0800 825 282

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

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 your family/whānau 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.

Dementia Care NZ

Person-centred care for the elderly and people with dementia

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

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

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



Millvale House LEVIN

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



rest home care / hospital care / psychogeriatric care

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



Millvale House WAIKANAĒ

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



psychogeriatric care

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

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



Millvale Lodge L I N D A L E

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



dementia rest home care γ psychogeriatric care γ hospital care

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



Millvale House M I R A M A R

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



psychogeriatric care

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

DEMENTIA

If you or someone you care about is worried about dementia, help is at hand from your doctor, therapeutic services and community support organisations.

What is it?

Forgetting names, appointments or why we came into a room is something we all do occasionally. Dementia is more pronounced than simple memory loss and includes symptoms like:

- Feeling like your brain is fading.
- Confusion with written and spoken words.
- Putting things where they don't belong.
- Difficulty solving problems that you could in the past.
- Finding conversations or storylines hard to follow.
- Mood swings, confusion, lack of motivation, depression.
- Feeling fearful about going out.

Dementia is a progressive illness caused by physical changes in the structure of the brain. Alzheimer's disease is the most common. Another is vascular dementia, caused by disruption of blood supply to the brain. Risk factors for dementia include age, genetics, a history of head injury and factors related to heart disease and stroke.

What to do?

Contact your doctor if you or someone you care about experiences symptoms of dementia. Ask for an extended appointment and take a care partner/whānau member with you. Your doctor will use a range of diagnostic tests, including a full medical to rule out other possible causes of symptoms. 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, we can reduce the risk of developing it.

Who can help?

If you have dementia, you and your care partner need a contact person in the health system (often known as a navigator). This person will help you access the services and support you need to plan ahead, stay connected with friends, and live your life well. Contact your GP/doctor, local Dementia New Zealand or Alzheimers New Zealand organisation to find out what support they provide for people with dementia, care partners, family/whānau and community.

FIND OUT MORE...

For support, information, planning assistance, education programmes and services. Alzheimers New Zealand freephone 0800 004 001
Dementia New Zealand freephone 0800 433 636



Community providers of support for all people affected by dementia

Alzheimers Manawatu



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

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

Marion Kennedy Centre

642 Featherston St, Palmerston North 4414

P: (06) 357 9539 or 0800 004 001

E: manawatu@alz-man.org.nz

Alzheimers Wairarapa



Doug Lamb Building, Solway Showgrounds,
Corner York & Fleet Street, Masterton 5810

P: (06) 377 7522

E: wairarapa@gmail.com

Click
individual
office for
more info

Alzheimers Whanganui



Support covers
Whanganui, Rangitikei
& Waimarino District

5/136 Victoria Ave, Whanganui

P: (06) 345 8833 or 0800 004 001

Wendy Paterson

E: manager@alzheimerswhanganui.org.nz

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Phone 06 378 7059 | Email: mary@lyndalecare.co.nz
52/95 Cole Street Masterton | PO Box 732 Masterton 5840

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 most reliable way to communicate in an emergency is by cell phone. Basic ones with big buttons and numbers are available. 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 14-18). Never agree to or 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.



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Thanks again James! Rachel Low



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40 Kilbirnie Cres, Kilbirnie, Wellington, 6022

Opening hours:
Monday - Friday 8:30am - 4:30pm

ENDURING POWERS OF ATTORNEY

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

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

Personal care and welfare matters

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

Financial and property matters

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

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

Safeguards

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

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

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

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

In conclusion

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

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

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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/whānau), 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 publicly funded support services and assistance from her daughter Susan, who works and lives on the other side of town. Susan is no longer able to help. A reassessment is done and rest home care recommended. Mrs G doesn't want to live with her daughter or go into a rest home (costs approximately \$1100 per week). Susan wants to support her mother's decision. How can Mrs G structure her financial affairs to best achieve her goal?

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

What else do you advise?

Most professional advisors will advise that you discuss this with your family/whānau, 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/whānau and then very well-documented. Again, see your lawyer.

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

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

END OF LIFE PLANNING

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

Making a Will

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

Advance Care Planning

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

Living Will or Advance Directive

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



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The Benefits of Locally Owned and Family Owned

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

The list of funeral companies provided are all members of the Funeral Directors Association of New Zealand, who are bound by a strict code of conduct and ethics to ensure that you are well served.

Prepaid Funerals

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

WELLINGTON AND HUTT VALLEY

Harbour City Funeral Home

Lower & Upper Hutt – Kilbirnie | Ph 04 570 0111
www.harbourcityfunerals.co.nz

The Wilson Funeral Home

Newtown – Karori | Ph 04 389 6069
www.wilsonfunerals.co.nz

Guardian Funeral Home

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

KAPITI COAST AND HOROWHENUA

Harbour City Funeral Home

Paraparaumu | Ph 04 298 4888
www.harbourcityfunerals.co.nz

Harvey Bowler Funeral Services

Otaki – Levin – Shannon | Ph 06 368 2954
www.harveybowler.co.nz

MANAWATU

Robert J Cotton & Sons

Palmerston North | Ph 06 355 2529
www.robertjcotton.co.nz

WAIRARAPA

Richmond Funeral Home

Carterton – Featherston | Ph 06 379 7616
www.richmondfuneralhome.co.nz

HAWKES BAY

Central Hawkes Bay Funeral Services

Waipukurau | Ph 06 858 8146
www.chbfunerals.co.nz

Dunstall's Funeral Services

Napier | Ph 06 835 7196
www.dunstalls.co.nz



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

Funeral Planning

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

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

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

Prepaid funeral

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

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

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

PALLIATIVE CARE

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

There are strategies however that can help us face the prospect of loss and to cope better when it occurs, such as being better prepared for our own end of life (see page 54) and knowing where to go for support if, or when, we, or those we love, are dealing with a life limiting condition for which there is no current cure. When we or someone close to us is dying we want to know that this can be done peacefully, comfortably and with dignity.

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

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

If you have not been referred to palliative care services, you can ask your GP to make a referral for you. If your GP provides palliative care, ask if they will make urgent home visits. If not, make other arrangements for these (inquire at hospice). In some regions, an assessment may be required to enable service providers to better understand your needs.

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

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

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

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

As time progresses family members, and/or those close to you, often become skilled at understanding your unique needs. They may therefore be the best people to advocate for you if the need arises. (See also page 50) They do however need their own support and 'time out' to 'recharge their own batteries' (see page 82).

One of the biggest concerns people have is that end of life care will not adequately manage their symptoms. It's absolutely OK to ask for a second opinion and to go elsewhere if you feel you're not getting the service you need. Read information you are given, ask questions and read up on things that are important to you. If you don't want to do this, ask someone else to do this for you and to explain it to you in a way you feel comfortable with. You may not want to know every detail yourself, but you will want the best possible care and advice. The hospice website www.hospice.org.nz offers 'A Guide For Carers' and the comprehensive, symptom management resource, 'The Palliative Care Handbook 2019'.

For a variety of reasons, it might not be possible to stay at home and moving to a care home may be needed. Payment options vary. In some regions, the DHB may subsidise the services for a defined period, after which a financial means assessment (as for a RCS - see pages 139-149) may be required. In others, the means assessment applies 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 the person coordinating your services about what applies in your situation. Work and Income may also be able to clarify any questions you may have about residential care payments.

Mary Potter Hospice (Wellington), Te Omanga Hospice (Lower Hutt), Hospice Wairarapa (Masterton), Cranford Hospice (Hastings), Hospice Whanganui (Whanganui) and Arohanui Hospice (Palmerston North) provide specialist hospice/palliative care. If you live in a remote area, support may be available by telephone or video-call. You may also be referred to other health professionals in your area who can help. Palliative care is an important, priority service in New Zealand. Each person's situation and journey will be different and some variation in care can be expected.

ASSESSMENT & SERVICE COORDINATION

Find out:

- **Why an assessment will be useful**
- **What to expect**
- **Who will do the assessment**
- **How this will affect what you pay for**

When living with a health condition or disability it is easy to become used to the limitations they can impose on you. There may however be more assistance available to you than you think.

Your doctor, or other health professional who is advising you, may recommend that you have an assessment to better understand all the circumstances that may be impacting on your health, wellbeing and your ability to live as independently as possible. An assessment can identify what might be needed to bring about some improvement and whether you might benefit from receiving support services.

Having an assessment

The type of assessment done in this situation is called interRAI. It is an internationally recognised computer-based assessment programme and is used throughout New Zealand. Assessments are done by trained interRAI health professionals skilled in the area of older people's health. interRAI assessors may be based at your local DHB hospital, in community and home support agencies and at residential care homes, so you may have an assessment in any of those settings. Commonly however, an interRAI assessment is done in your own home.

Typically you will be asked about any medical conditions you have, your ability to do things, your mental wellbeing and social situation. The assessment is confidential to you, your healthcare professionals, and others you give permission to see it.

The resulting data, which will be discussed with you, gives you and others involved in your care comprehensive information on which to base decisions. It will also give recommendations about what needs to be done to improve your health and wellbeing. As important decisions may be made at this time it is helpful to include those closest to you e.g. your family/whānau, in this process.

Types of assessments

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

- An initial assessment is usually done. This will determine whether further information is needed and, if so, what type of information is needed.
- If your needs are complex, then more information will be needed to ensure you get the most appropriate support. A comprehensive interRAI assessment like this is thorough and can take up to two hours.



LOOKING AFTER YOURSELF AND OTHERS

- Are you connected with whānau and friends?
- Does someone check on you regularly and get things for you if you're unwell or can't go out?
- Do you know how and where to get help if you need it?



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for you.



- Are you concerned about changes in memory, thinking, behaviour, personality and emotions?
- What do you know about dementia?
- Have you talked to your GP or nurse?



- Have you thought about planning for the future?
- Do you have an advanced care plan?
- Do you have a will?

- Are you keeping up with your regular appointments?
- Have you had your vaccinations?
- Are you picking up all your prescriptions?

- Do you have good sleep habits?
- Are you regularly active?
- Do you eat well?

NOT SURE? ASK US! Key support services in the Whanganui District:

Age Concern Whanganui

We provide free support and services. Give us a call or drop in and see us.

Phone: 06 345 1799

Email: info@acwhanganui.org.nz

Website: acwhanganui.org.nz

Visit us at: 164 St Hill Street, Whanganui



Citizens Advice Bureau Whanganui

We provide free, confidential, independent information and advice.

Phone: 06 345 0844 or 0800 367 222

Email: whanganui@cab.org.nz

Visit us at: 120 Guyton Street, Whanganui



Alzheimers Whanganui Inc

Early signs of dementia include changes in memory, thinking, behaviour, personality and emotions. If you're worried about changes you've noticed in yourself or someone else, it's important to see a GP as soon as possible.

Phone: (06) 345 8833

Email: admin@alzheimerswhanganui.org.nz

Visit us at: Suite 5, 136 Victoria Avenue Whanganui - 9.00am to 3.00pm Monday to Friday



Whanganui Accessibility

Accessibility works with disabled people and whānau in three key ways; needs assessment, service coordination and local area coordination.

Phone: 0800 758 700

Email: whanganui@accessability.org.nz

Visit us at: 244 Victoria Avenue, Whanganui



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

Coordinating services for those who have been assessed as needing them

Equipped with the information from your assessment, the person coordinating your services will discuss options with you. Together, you decide what services you will receive and who will provide them (you may have a choice). A plan will be drawn up showing the formal support you will be getting and any assistance from family/whānau, friends, the wider community and other agencies. Your support services may include: personal care (showering, dressing, etc.); household/domestic assistance; equipment to make things easier for you and support for your carer.

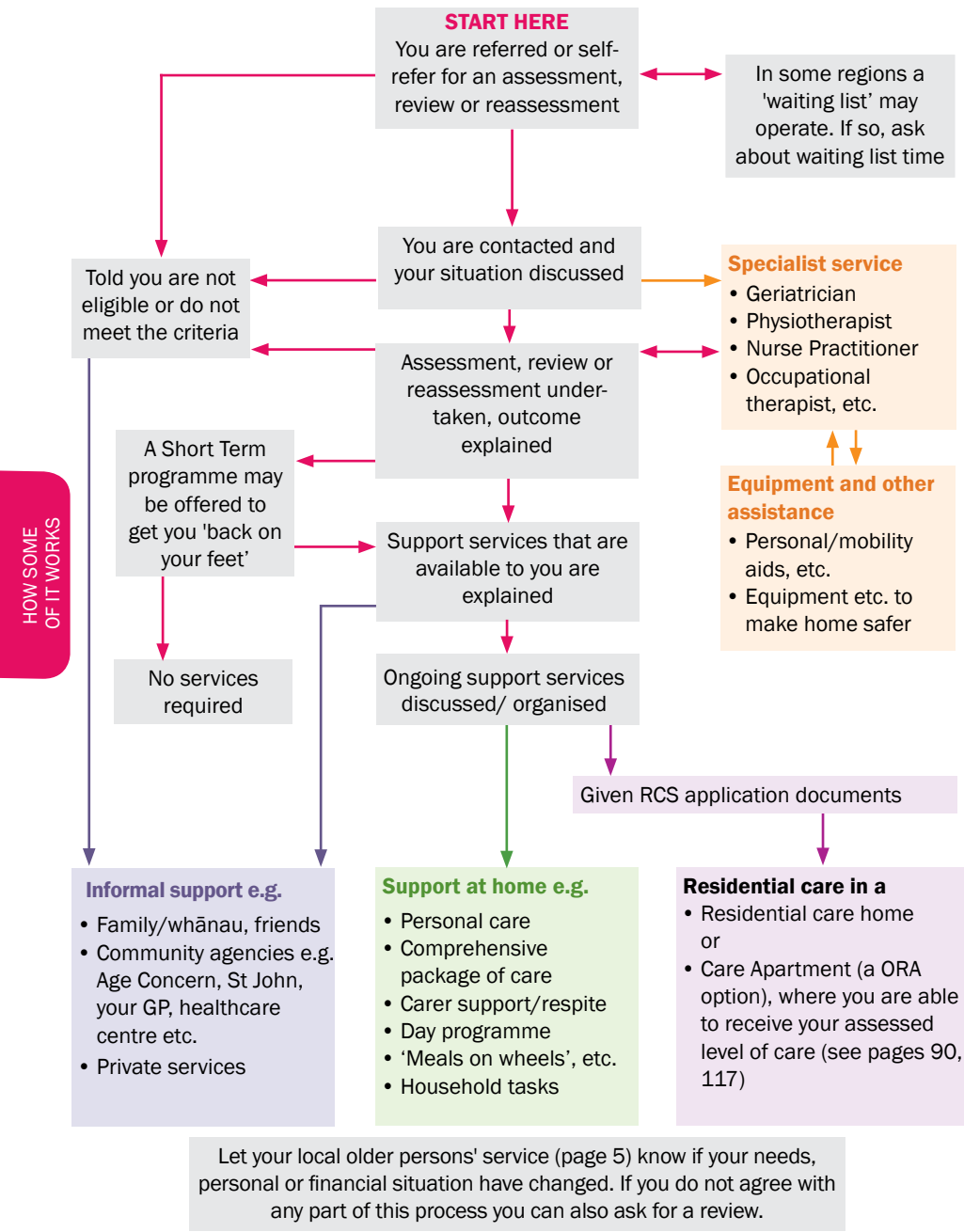
What you pay for and what is publicly funded/subsidised is determined on a number of criteria including your assessed need, whether the service is deemed to be essential (e.g. personal care) and whether you have the ability to pay (e.g. whether you have a Community Services Card is often a determining factor). Just what 'essential' means has changed over time, and while this is now broader than it had been, it may mean that a service that is important to you may not be funded (e.g. some house maintenance tasks, pet care etc.). If you want such services and have the means, you may of course pay privately for them.

Important points

- Those who have greater needs are given priority.
- The assessment should be done as soon as possible after referral however there may be a waiting list. If you cannot manage or need further help during that time, go back to your local older persons' service (see page 5) or your local healthcare service/GP/doctor. In an emergency call 111.
- If specific health conditions that require attention are identified during the assessment, they should be addressed.
- Funded support services are reviewed as required. If your needs change then a reassessment will be needed.
- If, following assessment, there is a change in your circumstances (including your financial circumstances), let your older persons' service know.
- You can ask for a review if you do not agree with the outcome of the assessment, or the recommendations.
- Assessment and service coordination services are free to New Zealand citizens or residents who are eligible for publicly funded health or disability services.

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 a care home. (See page 115.)

ASSESSMENT PROCESS & POSSIBLE OUTCOMES



PAYMENT FOR SERVICES*

Service Type	How provided & type of payment	More info
Informal support	Ask for information about services you think might be helpful	
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, 14-18
Home support	You will be advised about your eligibility, etc.	
Household tasks	May be funded for those who have an identified need and who hold a Community Services Card; may however be restricted to those with high and complex needs. Household members are encouraged to assist. Private payment is an option.	See pages 68-81
Personal care	Usually funded for those with complex needs and for others if assessed as required. Private payment an option.	See pages 7, 68-75
'Higher needs' support	Support services adjusted as required. A care/case manager/navigator is often allocated to support you.	See page 71
Carer Support & Respite programmes	Usually funded if allocated; may require private 'top-up'. Residential care beds usually accessed on an 'as available' basis. Private payment an option.	See pages 82-84
Day programme	Usually funded if allocated; may require private 'top-up' or transport fee. Private payment an option.	See pages 85-86
Meals on Wheels (delivered)	Not available in all locations; may be subsidised if allocated; usually with small additional payment.	
Equipment etc.	Your older person's services may make a 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	You will be advised about your 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 137-149
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 90

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

NZ SUPER & FINANCIAL ASSISTANCE

This section gives a brief overview of financial assistance that may be available to those who qualify. Changes implemented from 1 April 2020 included increases in main benefits and New Zealand National Superannuation and Veteran's Pension. Watch for media releases or contact Work and Income for more 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).
- Apply to Work and Income about a month before turning 65. Internet users can apply online at MyMSD or you can call into Work and Income or phone for a form. If you want assistance, make an appointment first.
- The amount you receive depends on your circumstances and living arrangements. 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 or Veteran's Pension**.
- Currently a visitor can stay with you for up to 13 weeks in any 26-week period without the rate of this payment being affected.
- A **Veteran's Pension**, paid at the same rates as NZ Super, may be available to those who have qualifying operational service (confirmed by Veterans' Affairs) and who meet other criteria.
- If you get ACC payments these may impact on your NZ Super or Veteran's Pension; talk to ACC about this.
- **Winter Energy Payment** - A weekly payment to help with the cost of home heating in the cooler months only. It is paid automatically to those who receive: NZ Super, Veteran's Pension and other designated benefits.
- You must inform Work and Income of change in your circumstances that might affect payments e.g. overseas travel, relationship changes, etc.

SuperGold Card - These cards are issued to those who get NZ Super or Veteran's Pension. If you have a partner included in your pension, they'll also get a card. The card gives access to a range of business discounts, free/discounted government and local council services and off-peak transport. If you also have a Community Services Card (see page 66) it is combined into the SuperGold Card.

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

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

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

- **Accommodation Supplement** - For help towards the cost of rent, board, or the cost of owning a home. This is income and asset tested. Additional criteria and other factors are also considered. People living in social housing (Kāinga Ora and government approved community housing) don't qualify.
- **Advance Payment of Benefit** - If you urgently need something you can't afford to pay for now e.g. essential house repairs, dental treatment or household appliances, you may be able to get some of your benefit, NZ Super or Veteran's Pension payment paid ahead of time. Income and asset tested. It must be paid back and this is usually done by deductions from your payments.
- **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, healthcare service/GP visits, gardening, personal alarm, etc.). A doctor's certificate is required as part of the application. The maximum you can currently claim is \$65.36 per week (as at 1 April 2020). 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 \$2,128.10 (as at 1 April 2020). Income and asset testing of the deceased, partner, and parent or guardian applies.
- **Recoverable Assistance Payment** - If you're not receiving NZ Super or another benefit and you need something you can't afford to pay for right now (such as whiteware) you may be able to get this payment. You need to pay it back (usually by instalments) and there are other conditions.
- **Temporary Additional Support** - A weekly payment for those who cannot meet their essential costs from their income or other sources. Paid for up to 13 weeks. Determined by your cash assets and other factors. Income and asset tested.

Other Health Related Support

Most doctors/GPs in New Zealand belong to a PHO (Primary Health Organisation). PHOs receive 'bulk' funding, to look after the health of the people who are enrolled with their service (most New Zealanders are enrolled). There are cost savings and other benefits to you and the provider with this type of system. You generally pay lower overall fees and you get access to a wider range of services. Costs vary depending on who your doctor/GP is and the subsidy that is paid to them. The following may apply. For more information ask your healthcare 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. Includes reduced fees for prescriptions and GP visits at those practices that have signed up for the reduced fee scheme. (You can ask your GP about this.)
- **High Use Health Card** For those who visit a health practitioner (at the healthcare service where they are enrolled) more than 12 times a year. The healthcare service 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/whānau (who live with you) have received 20 prescriptions each year.

Applications to other agencies

Hearing Aid Subsidy & Hearing Aid Funding Schemes

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

The National Travel Assistance Scheme

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

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

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

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

The Total Mobility Scheme

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

Rates Rebate

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

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

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

ACC (Accident Compensation Corporation)

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

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

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

LIVING AT HOME WITH SUPPORT

We all know that life is full of times of transition where we move from one stage to another. Managing these is not always easy. You may recall managing some of these previous major life events well, and others less so. Now you are perhaps coping with a health or disability issue. What useful strategies can you call upon and what new ones can you adopt?

Managing your mindset

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

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

Understanding what’s going on

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

Planning and doing

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

Consider what resources you need now and might need in the future in order to live independently. (Read the articles on pages 28, 64-67.) Maybe you just need someone to work alongside you to get things sorted (e.g. cleaning, decluttering, etc.) so you can feel ‘on top’ of things again. Age Concern will know who provides these types of services (see pages 14-15).

Use your visit to your healthcare service to find out about any other assistance you might be able to get e.g. personal alarms, gardening assistance, etc. (see page 65 regarding Disability Allowance). 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 20); 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, benefiting everyone (see also pages 37-39).

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 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. If you haven't already, it's now time to call in the professionals.

There are a number of factors to be aware of:

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

publicly funded services. (See pages 59-63 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 generally 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. Funding 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 affect your ability to pay for your services.
- You can privately 'top-up' any publicly funded services.
- A 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.
- 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 are often allocated what are known as 'packages of support/care' along with an associated 'care manager'/'navigator' to work with you and your family/whānau.
- A number of people from various health disciplines (who bring different skills) may have input into your Plan and/or provide services if required.
- You should be asked to sign a contract for services you agree to receive. Don't sign anything you are uncertain of or don't agree with. Get advice from someone you trust or your contact at your older persons' service (if the services are publicly funded/subsidised).
- Short-term (e.g. 6 weeks) and intensive support programmes may be offered to prevent unnecessary admission to hospital or aid in rehabilitation following a hospital stay. Your local health service will advise.
- 'Top-up' fees may be charged by some providers for some services and in some circumstances, e.g. some short stays in residential care facilities.
- DHBs contract with 'Certified' home support providers to deliver your support or care. You will find a list of these and private providers on pages 77-79.
- Services should be provided in a culturally sensitive and appropriate way.

Restorative services

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

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

Delivery of your publicly and privately funded services

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

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

- Arrive on time and leave when the planned tasks have been done;
- Never access your bank account, your money, know your PIN numbers, take or use any of your things for their own purpose;
- Never threaten you or make you feel uncomfortable. This behaviour is not OK and must be addressed. Get appropriate support (see pages 10-11, 42-43).

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

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

Private services

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

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



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

You should also know:

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

Private services may be an option - Equity Release

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 52-53).

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 140-143).

Get independent legal and financial advice. Once you have arranged an Equity Release you reduce all other options. Your professional advisor should alert you to issues you need to be aware of.

Getting home help in a retirement village

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

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

- Some contracts allow community-based support providers to come in and provide care and support (just as they would if you lived elsewhere);
- Others state that all support services must be purchased from the village;

- While others allow for a mix, e.g. your personal care needs can be provided by a community-based home support provider, but your domestic assistance must be purchased from the village.

If you choose a Care Apartment, a residential level of care can be provided by the village to you in your residence. A RCS may be available if you qualify (see page 139).

When things get more complicated

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

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

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

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HOME SUPPORT PROVIDERS

This is a list of personal care/domestic and 'at home' services. It shows both private and DHB contracted providers. If you have been assessed as requiring these services, then these will be provided by an age-related DHB contracted provider. You may be given a choice of provider.

Providers who do not have a DHB age-related contract may have other contracts or contracts with other agencies such as ACC. (See pages 72-74 for more information about private providers.)

Services such as meal services, transport and home maintenance are not shown. Please note contracted providers may change over time.

KEY:			
* = DHB Contracted provider			
+ = Provide short term home support (Wairarapa DHB region).			
Capital & Coast DHB area	Phone	Area served	Info
Access Community Health*	0800 284 663	Capital & Coast DHB	
Care on Call	(04) 566 4476/ 0800 66 44 22	Capital & Coast DHB	76
Connies Angels Homecare Ltd	0800 10 24 63	Capital & Coast DHB	73
Custom Care Nursing	0508 687 737	Capital & Coast DHB	79
Geneva Healthcare	0800 436 382	Capital & Coast DHB	
HealthCare NZ	0800 333 676	Capital & Coast DHB	
Home Comfort	(06) 364 6574 / 0800 435 749	Capital & Coast DHB	
Miranda Smith Homecare	0800 600 026	Capital & Coast DHB	
Nurse Maude Homecare*	0800 687 738	Capital & Coast DHB	69
Private Care NZ	0800 55 55 88	Capital & Coast DHB	
Hutt Valley DHB area	Phone	Area served	Info
Access Community Health*	0800 284 663	Hutt Valley DHB	
Care on Call	(04) 566 4476/ 0800 66 44 22	Hutt Valley DHB	76
Connies Angels Homecare Ltd	0800 10 24 63	Hutt Valley DHB	73
Custom Care Nursing	0508 687 737	Hutt Valley DHB	79
Geneva Healthcare	0800 436 382	Hutt Valley DHB	
HealthCare NZ	0800 333 676	Hutt Valley DHB	
Home Comfort	(06) 364 6574 / 0800 435 749	Hutt Valley DHB	
Miranda Smith Homecare	0800 600 026	Hutt Valley DHB	
Nurse Maude Homecare*	0800 687 738	Hutt Valley DHB	69
Private Care NZ	0800 55 55 88	Hutt Valley DHB	

HOME SUPPORT PROVIDERS *CONTINUED*

MidCentral DHB area	Phone	Area served	Info
Access Community Health	0800 284 663	MidCentral DHB	
Careforce Lavender Blue*	(06) 374 7649	Dannevirke & Tararua	80
Care on Call	(06) 357 8488/ 0800 66 44 22	MidCentral DHB	76
Custom Care Nursing	0508 687 737	MidCentral DHB	79
Geneva Healthcare*	0800 436 382	MidCentral DHB	
HealthCare NZ*	0800 333 676	MidCentral DHB	
Home Comfort	(06) 364 6574 / 0800 435 749	Palm Nth & environs	
Lavender Blue Nursing & Home Care*	(06) 353 7218	MidCentral DHB	80
Miranda Smith Homecare	0800 600 026	Horowhenua/Manawatu	
Private Care NZ	0800 55 55 88	MidCentral DHB	
Whanganui DHB area	Phone	Area served	Info
Access Community Health*	0800 284 663	Whanganui DHB	
Care on Call	(06) 357 8488/ 0800 66 44 22	Whanganui DHB	76
Custom Care Nursing	0508 687 737	Whanganui DHB	79
Deputy Daughters	(06) 344 6209	Whanganui & environs	
Disability Support Services - Te Oranganui Trust*	(06) 349 0007	Whanganui DHB	
Geneva Healthcare*	0800 436 382	Whanganui DHB	
HealthCare NZ*	0800 333 676	Whanganui DHB	
Miranda Smith Homecare	0800 600 026	Whanganui DHB	
Private Care NZ	0800 55 55 88	Whanganui DHB	
Hawke's Bay DHB area	Phone	Area served	Info
Access Community Health*	0800 284 663	Hawke's Bay DHB	
Care on Call	(06) 835 0767 / 0800 66 44 22	Hawke's Bay DHB	76
Custom Care Nursing	0508 687 737	Hawke's Bay DHB	79
Geneva Healthcare	0800 436 382	Hawke's Bay DHB	
HealthCare NZ*	0800 333 676	Hawke's Bay DHB	
Miranda Smith Homecare	0800 600 026	Hawke's Bay DHB	
Private Care NZ	0800 55 55 88	Hawke's Bay DHB	
Te Taiwhenua o Heretaunga Supreme Care	(06) 871 5350/ 0800 824943682	Hawke's Bay DHB	

HOME SUPPORT PROVIDERS *CONTINUED*

Hawke's Bay DHB area cont.	Phone	Area served	Info
The Enliven Restorative Home Support Service*	(06) 281 2534	Hawke's Bay DHB	86
Wairarapa DHB area	Phone	Area served	Info
Access Community Health*	0800 284 663	Wairarapa DHB	
Care on Call	(04) 566 4476/ 0800 66 44 22	Wairarapa DHB	76
Community Services (Homelinks)*+	(06) 946 9803	Wairarapa DHB	
Custom Care Nursing	0508 687 737	Wairarapa DHB	79
Geneva Healthcare	0800 436 382	Wairarapa DHB	
Glenwood Hospital Community Care	(06) 377 0221	Wairarapa DHB	
HealthCare NZ*	0800 333 676	Wairarapa DHB	
Miranda Smith Homecare	0800 600 026	Wairarapa DHB	
Private Care NZ	0800 55 55 88	Wairarapa DHB	
Wairarapa Care Network	(06) 378 8809 / 027 2489 248	Wairarapa DHB	

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About Lavender Blue

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CHECKLIST-HOME SUPPORT 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 59-63).
- ☐ Do you have a choice about who will provide your service?
- ☐ Are there services you require or would like that the agency cannot, or will not, perform?
- ☐ Can the agency deliver culturally appropriate care, if required?

Your support or care plan

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

Your support worker

- ☐ Are you comfortable with the person who has been assigned to you?
- ☐ Will you have the same 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?

SUPPORTING YOU & YOUR CARER*

Understanding the importance for your carer to ‘have a break’ from caregiving is a big part of making care at home ‘workable’. Initially you may only need assistance with little things, however over time, your needs may increase. It is important to recognise the changing circumstances in the household and to make time often to discuss and take stock of the situation. Successfully negotiating the changing relationships and roles in the household involves managing the care well and balancing everyone’s different needs. If this can be done successfully it can be a rewarding time for all concerned and make any potentially difficult times easier for everyone.

Family/whānau and friends

The ability of family/whānau members and friends to provide support will vary according to their circumstances; perhaps they live far away, have other demands on their time, lack confidence, need to be in paid work etc. While it is often the fact that one family/whānau member becomes the main carer (initially it just seems easier and less complicated) it is helpful for others to be involved too. While family/whānau and interpersonal dynamics often ‘play out’ at this time, it is possible to manage the less positive elements of these relationships.

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

- bringing your goodwill and a positive, constructive attitude;
- making plenty of time for the discussion;
- avoiding important discussions when you are feeling tired or stressed;
- listening for longer than you talk;
- listening without judging;
- letting everyone have their say (unfinished sentences can easily lead to misunderstandings);
- being prepared to compromise (sometimes the best solutions are those no-one had thought of beforehand).

Education

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

Resources

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

Accessing services

While we are not sure yet how services might change in this COVID environment, some type of assessment to determine eligibility to subsidised services is likely, and that those services that were available pre-COVID, will continue to be offered.

Assessment

Access to subsidised services that will help you manage your day to day requirements including managing your personal hygiene, showering assistance etc. is determined by an assessment (see pages 59-63). Any supports you receive need to work in tandem with the support provided by your carer/s. As there is huge variation in the type of support a carer/s can provide, it is particularly important that everyone involved in your care understands the level of confidence, skills, strengths and abilities of your carer/s. Your carer/s also need to be recognised as a key member of your team and to be included in decision making.

Using the allocated amount and suggested types of subsidised services is a good choice as regular and routine support is best. The person coordinating your services will also be familiar with the services offered and available in your area, so they are well placed to advise you. There may be financial implications as subsidies may not cover the full cost of everything you want and there may be additional charges for those services. Discuss any concerns about this with your service coordinator. Make sure too, that you are receiving any other financial support you may be eligible for (see pages 64-67).

'Time out'

It is easy to get tied up in the day to day practicalities and this can become isolating. Try to make life as 'normal' as possible for you both; go to social events, day programmes, use the Total Mobility scheme (see page 67) if eligible and take people up on their offers of help.

Caring relationships are usually based on love and all parties need to feel loved. At the very least, your carer needs regular 'time out' to 'recharge their physical and mental batteries'. A caring role is often stressful and no matter how strong and capable you think your carer is, the relationship can become strained. 'Time out' for you both is important. Services you may be offered include:

- **Day programmes or clubs.** These are often held at small home-like community facilities or sometimes in areas of residential care facilities set aside for this purpose. People often attend several times a week. Various activities are offered, and morning and afternoon teas and a midday meal provided. Transport may also be offered, for which there is usually a cost. Group numbers are limited and kept quite small. Some programmes are DHB funded. A subsidy may be available if you have been assessed by your local older persons' service as being eligible.
- **Carer* Support Subsidy.** This is a subsidy designed to look after your carer. It allows them to pay someone (other than those who live with you) to care for you while they get a break. 'Carer Support' days are allocated depending on the need identified in an assessment. Your allocation is reviewed each year. The payment rate varies slightly depending on where you live, where you take your care and who provides it. If Carer Support is taken at a care home a 'top-up' payment will probably be required. You or your carer should ask about additional costs when booking. Your local older persons' service can tell you the current rate for your area.

For payment, your carer needs to: ensure the assessment is undertaken and allocation approved, keep track of days used, make the bookings, and arrange for payment of the relief caregiver. Carer Support claims must be sent to the Payment Centre within 90 days or they may not be paid. Some relief caregivers or service providers may want an 'upfront payment' first. If so, a receipt needs to be obtained and reimbursement claimed from the Payments Centre. See the Ministry of Health website for more information and for reimbursement forms or contact the MOH's Carer Support Line on 0800 855 066 (select option 2)

- **Respite care.** This type of short-term care is, in most instances, provided in a care home. It is accessed via an assessment approved by your older persons' service. Usually, you are allocated a set number of days, the number of which varies from situation to situation. You cannot use it for convalescent care, or when you are unwell. You may be able to arrange a booking in advance of your intended stay. Payment is arranged via your older persons' service. You may be asked to pay additional charges.
- **Other support programmes.** Keep your 'ear to the ground' for other support that may be available in your area or for any new developments. Contact your local older persons' service for updates.

For further information for carers see Carers NZ or freephone Carers NZ on 0800 777 797 for the free booklet 'A Guide for Carers'.

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

DAY & OTHER SOCIAL PROGRAMMES

Capital & Coast DHB area	Phone (04)	Address
Chelsea Day Care Trust*#	387 7207	7 Toru St. Lyall Bay
Dementia Wellington#	972 2595	Various locations
Kapiti Day Programme by Enliven*#	298 8060	14 Tongariro St. Paraparaumu
Marsden Club*#	476 6719	11 Newcombe Cres. Karori
Nikau Club (Kapiti Ret. Trust) *#	297 0162	Lodge Dr. Paraparaumu
The Redwood Club*#	232 5521	83 Redwood Ave. Tawa
Hutt Valley DHB area	Phone (04)	Address
Dementia Wellington#	972 2595	Various locations
Aroha Daycare Centre *	567 1026	6 Cooper St. Lower Hutt
Enliven Day Programme (Woburn) *	569 6400	57 Wai-iti Cres. Lower Hutt
MidCentral DHB area	Phone (06)	Address
Adult Day Club*	368 3032	Levin Baptist Church, 17-19 Rugby St. Levin
Coombrae Day Programme (Enliven)	323 4491	32-34 North St. Feilding
Elske Centre	374 7070	174 High St. Dannevirke
Horowhenua Masonic Village Club*	368 8144 ext 235	685 Queen St. East, Levin
Manchester House Social Services Senior Hub	323 2410	14 Bowen St. Feilding
Marion Kennedy Centre *#	0800 004 001	Various Locations
Hawke's Bay DHB area	Phone (06)	Address
Dementia Hawke's Bay - Chatham Club *#	878 7502	102/106 Windsor Ave. Hastings
Enliven Active Day Programme*#	281 2534/ 0800 436 548	Waverly St. Waipawa
Enliven Centre*#	281 2534 / 0800 436 548	2087 Pakowhai Road
Heretaunga Seniors	870 7025	1120 Willowpark Rd Nth. Hastings
Enliven @ Sally's Place (formerly the Lusk Centre)*	281 2534 / 0800 436 548	34 Te Aute Rd. Havelock North
Dementia Hawke's Bay - Mahana Club *#	834 0417	1 Wilding Ave. Napier
Pakeke Centre*#	858 7682	69 Porangahau Rd. Waipukurau
Wairarapa DHB area	Phone (06)	Address
Iona Group (Early dementia)* In association with Glenwood Masonic	377 7522	Masonic Village Hall, 35 Edith St. Masterton
Wairarapa Care Network*	378 8809 / 027 248 9248	St Matthews Hall, 35 Church St. Masterton

DAY & OTHER SOCIAL PROGRAMMES CONTINUED

Whanganui DHB area	Phone (06)	Address
Alzheimers Whanganui*#	345 8833	5/136 Victoria Ave. Whanganui
Kowhainui Day Programme (Enliven)*	349 1400	88 Virginia Rd. Otamatea
Taihape Health Centre*	388 0926	3 Hospital Rd. Taihape

KEY:
* = DHB Contracted provider
= Generally able to cater for the needs of those with a dementia. Some providers have a specific dementia care focus. Contact the provider for more information.
Note: Residential care providers (see pages 100-113) may also offer a day stay service. Some services may be funded or part funded.

NEED TO TALK? 1737

Freephone or text 1737 any time, for support from a trained counsellor.

SUPPORT AT HOME



Enliven supports older people to remain independent and active. We offer day programmes, therapeutic support and social opportunities.

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East Coast

psec.org.nz

RETIREMENT/LIFESTYLE VILLAGES

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

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

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

Villages vary greatly – you’ll notice different sized villages; from very few units to some with hundreds; possibly different types of units within the same complex; newer villages and older villages. You will discover that the community facilities available at each village can vary, with some offering a wide range of services such as a swimming pool, bowling green, cafés, etc, and others that may only have a basic village meeting room. But the differences are not just those you can see. The way the village is operated can also vary. Factors that influence this include the type of ownership structure (e.g. trust, company, etc.), the experience and/or stability of the ownership and the associated philosophy towards village living. You will have your own reasons for considering village living; you’ve experienced a health event, you want to participate in a community lifestyle or meet new people, etc. Consider what your needs are now and what they might be in the future. Be careful about or avoid 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 90, 117 for more information).

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

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

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

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

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

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

- All villages have a number of associated costs including those of leaving. You need to be fully aware of these. (See the checklist on pages 97-99)
- 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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Metlifecare
RETIREMENT VILLAGES

'CARE' IN A VILLAGE OR CARE APARTMENT

This article looks at receiving 'care' in retirement villages and in Care Apartments (also known as Care Suites, Supported Living Apartments, or similar sort of name) which may or may not be part of a village (they can be their own entity). The following are governed by the Retirement Villages Act 2003 and relate to those who pay a 'capital sum' for their home/apartment i.e. have an ORA.

Many villages offer a variety of housing choices such as one, two or even three bedroom houses, units or villas to apartment type living. A common option, a serviced apartment, provides additional support to residents with services being offered such as meal and cleaning services etc. to, in some cases, high end services such as a personal chef and chauffeur, all with the associated costs. They don't usually provide high levels of personal care. If, however someone is privately paying and will not be receiving any government/DHB age care related subsidy of any sort then individualised support packages may be able to be negotiated with management. Some villages also offer a range of support packages to all residents in the village, no matter what style of home they live in. What you can get all depends on the village. Importantly, these services are not contracted or paid for by the DHB.

Another option for those in a village is that, if their village contract permits, they may be able to get support from an external provider such as those listed on pages 77-79, in the same manner as if their home were elsewhere in the community. Depending on the assessed need of the resident and in some situations their financial means, these services may be subsidised. (See also pages 68-75.)

A Care Apartment offers the same type of care as a care home and, like a care home, can only provide the care it's certified for. To qualify as a Care Apartment the provider must also have an Aged Related Residential Care (ARRC) contract with the DHB. A Care Apartment, as it also operates under retirement village legislation and has been 'purchased', generally offers a wider range of amenities than a care home. Because this is a 'hybrid' type of arrangement additional rules apply. This is to ensure the resident and the DHB don't end up paying for the same thing.

- If you are privately paying for your care and receiving DHB contracted care you will only pay for the care (e.g. personal care) and associated services (e.g. meals, linen, and laundry). Any accommodation component should not be charged or be reimbursed to you (a formula of 18% of the maximum rest home price applies). You will still pay maintenance and property type fees.
- If you get a RCS (see pages 139-147) and are receiving DHB contracted care any additional fees you pay your provider such as maintenance and property type fees (e.g. rates, insurance) cannot include charges such as meals, cleaning, laundry etc. as these are covered in the RCS arrangements.
- 'Premium fees' i.e. related to fixed elements in your Care Apartment cannot be charged as you already 'own' these. (See also pages 117, 137-138)

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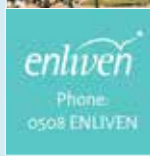


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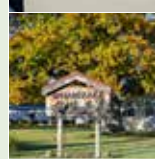


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Martinborough
(06) 306 9701
www.wharekaka.co.nz**



VILLAGE DETAILS CAPITAL & COAST REGION

BUPA WINARA RETIREMENT VILLAGE

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

Priced from*
\$280,000 to \$370,000

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



CHARLES FLEMING RETIREMENT VILLAGE

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

Priced from*
\$360,000 to \$580,000

**112 Parata Street
Waikanae
(04) 293 1350
www.charlesfleming.co.nz**



KAPITI VILLAGE METLIFECARE

- RV
- 1, 2 & 3 bdrm

Priced from*
\$370,000

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



MALVINA MAJOR RETIREMENT VILLAGE

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

Priced from*
\$480,000 to \$775,000

**134 Burma Road
Khandallah
(04) 478 3754
www.malvinamajor.co.nz**



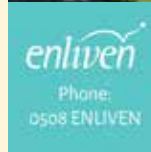
VILLAGE DETAILS WHANGANUI REGION

ABINGDON VILLAGE BY ENLIVEN

- RV
- 1 bdrm

Priced from*
\$200,000 to \$210,000

**22 Oakland Avenue
St John's Hill
(06) 349 1494
www.enlivencentral.org.nz**



JANE WINSTONE RETIREMENT VILLAGE

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

Priced from*
\$195,000

**49 Oakland Avenue
St John's Hill
(06) 348 9564
www.janewinstone.co.nz**



VILLAGE DETAILS HUTT VALLEY REGION

BOB SCOTT RETIREMENT VILLAGE

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

Priced from*
\$400,000 to \$700,000

**25 Graham Street
Petone
(04) 570 5800
www.bobscott.co.nz**



BUPA FERGUSON RETIREMENT VILLAGE

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

Priced from*
\$420,000 to \$605,000

**8 Ward Street
Upper Hutt
(04) 238 1273
www.bupa.co.nz**



VILLAGE DETAILS CAPITAL & COAST REGION

COASTAL VILLAS METLIFECARE

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

Priced from*
\$260,000

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



HUNTLEIGH APARTMENT BY ENLIVEN

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

Priced from*
\$375,000 to \$575,000

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



RITA ANGUS RETIREMENT VILLAGE

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

Priced from*
\$395,000 to \$655,000

**66 Coutts Street
Kilbirnie
(04) 387 7626
www.ritaangus.co.nz**



KEY

*MidCentral
Whanganui
Capital & Coast*

*Hawke's Bay
Wairarapa
Hutt Valley*

Aparts = Apartments

Bdrm = Bedroom

CA = Care Apartment (see pages 90, 117)

Dem = Dementia Care

Hosp = Hospital

PG = Psychogeriatric Care

Rent Units = Rental Units

RH = Rest Home

RV = Retirement Village

SA = Serviced Apartment

Studio = Studio Units

= Planned, under construction, or awaiting certification.

* = Capital contribution (see page 88). Price range at time of printing and may change.

This is not a complete list of services.

See also pages 100-113.

WHANGANUI REGION

KOWHAINUI VILLAGE BY ENLIVEN

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

Priced from*
\$325,000 to \$400,000

**Edith Collier & Kowhainui
Drives, Whanganui
(06) 349 1494
www.enlivencentral.org.nz**



VILLAGE DETAILS HUTT VALLEY REGION

SHONA MCFARLANE RETIREMENT VILLAGE

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

Priced from*
\$320,000 to \$665,000

**66 Mabey Road
Lower Hutt
(04) 577 1090
www.shonamcfarlane.co.nz**



WOBURN APARTMENTS BY ENLIVEN

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

Priced from*
\$425,000 to \$550,000

**29E Wai-iti Crescent
Lower Hutt
(04) 439 4949
www.enlivencentral.org.nz**



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Web: dignityfirst.co.nz

CHECKLIST – VILLAGES

Tick the boxes when you are satisfied you have addressed the issue. It is important you do your own research rather than rely solely on the recommendations of friends or service providers – it will be your home, not theirs.

Initial investigations

- ☐ Is the village a registered retirement village? See: retirementvillages.govt.nz
- ☐ Some village units do not have to be registered. Do you understand the difference? (There are pros and cons to each offering.)
- ☐ When is the village's accreditation up for renewal?
- ☐ What is the village ownership structure? Is it a company (how many shareholders), a trust or another entity? How might the ownership structure affect 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 qualified?
- ☐ What is the village's entry age?
- ☐ What is the maintenance schedule?
- ☐ Has village construction finished? Are there plans for expansion? If so, where to and how long until completion? How disruptive will construction be?

Location

- ☐ Is the unit close to services that are important to you, such as a library, your local healthcare service/GP, RSA, gym or shops?
- ☐ 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 onsite amenities and services (for example, community rooms, bowling green, dining room, library, café, spa) of use to you?
- ☐ 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? Will your furniture fit?
- ☐ Can you accommodate guests? For how long? Does the village have a spare room or suite available for them? Or is there a nearby motel?
- ☐ Is there plenty of storage (internally and externally)?
- ☐ Do you need a garage or carport? How accessible is it?
- ☐ Is there somewhere to store a mobility scooter?

- ☐ 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?
- ☐ Can you modify the unit?
- ☐ Is there a garden? Can you grow what you want? Who will maintain it?
- ☐ Will the unit and village still be suitable if you develop a disability or need support?
- ☐ Who is responsible for maintaining the outside of your home?

Activities

- ☐ Does the activities schedule interest you?
- ☐ What are the costs associated with these activities?
- ☐ What is the introduction programme for new residents like?

Support

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

Practicalities of village living

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

Legal

- ☐ Do you have quotes from independent lawyers who know this sector? Not all lawyers are experienced in retirement villages, and their costs vary.
- ☐ Do you understand the Occupation Right Agreement (ORA) and other documents you've been given?

- ☐ Is everything you've discussed with the village manager/salesperson in the ORA? If not, ask your lawyer to write in any verbal assurances/promises.
- ☐ What is the legal title of the unit?
- ☐ Does the village require a Statutory Supervisor? What does that person do?

Financial

- ☐ What is the initial cost of the unit? How much are the regular fees? What are they for? How often are they increased and by what rate? Consulting a financial advisor experienced in retirement villages will help ensure you understand these implications.
- ☐ What does the village insurance cover? Do you need any extra insurance?
- ☐ What other costs, such as power, telephone, satellite TV or personal insurance, do you need to factor into your budget?
- ☐ If fees or personal costs increase, will you be able to afford them?
- ☐ Do you pay fees when you are in hospital or on holiday?
- ☐ What are the costs of moving within the village, for example to a smaller unit or care home? Moving into the care home may incur premium fees.
- ☐ Who pays for any increase in village costs, such as compliance?
- ☐ What happens to the fees if the number of people living in the unit changes?
- ☐ What would happen if you ran out of money?

Leaving the village

- ☐ A Deferred Management Fee (DMF) is a percentage deducted from the price received on the sale of your home. (The figure is defined in your contract.) Do you know what it can include and what the implications are?
- ☐ 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 market value? Who pays for marketing and administration?
- ☐ When will you/your estate receive any payment? What if there are delays?
- ☐ Is refurbishment automatic after every resident leaves? Does the village get quotes for this work? How much could this cost you or your estate? If you've made alterations or improvements, how are these viewed by the village operator?
- ☐ Who pays for the maintenance on an unsold unit? For how long? What about weekly fees?
- ☐ What is your contingency plan if you decide to leave the village after the 'cooling off' period? Can you afford it?

USEFUL CONTACTS

Retirement Villages Residents Association of NZ - www.rvrnz.org.nz

Commission for Financial Capability - cffc.govt.nz

Retirement Village Association - www.retirementvillages.org.nz

Homes, hospitals*, units/villages index

For more details including daily availability see www.eldernet.co.nz

See key on page 113

CAPITAL & COAST DHB REGION

CAPITAL & COAST DHB AREA (WELLINGTON)		RH	D	H	PG	CA	RV	SL	Info pg
Berhampore	Village at the Park 130 Rintoul St. (04) 380 1361	✓	✓	✓		✓	✓		122
Berhampore	Vincentian Home & Hosp. 2a Stanley St. (04) 380 0294	✓		✓					145
Churton Park	Ultimate Care Churtonleigh 24 Mallard Grv. (04) 478 4273	✓		✓				✓	134 135
Island Bay	Irwell R.H. 11 Irwell St. (04) 383 8485	✓							
Johnsonville	Cashmere Heights Home by Enliven, 16 Helston Rd. (04) 478 9051	✓							op1
Johnsonville	Cashmere Home by Enliven 51 Helston Rd. (04) 477 7067	✓		✓					op1
Karori	Huntleigh Home & Apartments by Enliven, 221 Karori Rd. (04) 464 2020	✓		✓			✓		op1 95
Karori	Ryman Karori 26-40 Donald St. 0800 000 290						#		156 157
Karori	Selwyn Sprott Village 29 Messines Rd. (04) 476 8759	✓	✓	✓					141
Khandallah	Malvina Major 134 Burma Rd. (04) 478 3754	✓		✓		✓	✓		94 156 157
Kilbirnie	Rita Angus 66 Coutts St. (04) 387 7626	✓		✓		✓	✓		94 156 157
Maupuia	Ultimate Care Maupuia 6 Rangitane St. (04) 388 7186	✓		✓					134 135

CAPITAL & COAST DHB AREA (WELLINGTON CONT.)		RH	D	H	PG	CA	RV	SL	Info pg
Miramar	Millvale House Miramar 60 Weka St. (04) 388 6780				✓				45
Newtown	Alexandra Home 71 Rintoul St. (04) 389 1232	✓							
Newtown	Ryman Newtown 192 Adelaide Rd. 0800 000 290						#		156 157
Newtown	Te Hopai 51 Hospital Rd. (04) 380 2002	✓	✓	✓					126
Newtown	Ultimate Care Pōneke House 135 Constable St. (04) 389 7007	✓	✓	✓					134 135
CAPITAL & COAST DHB AREA (PORIRUA)		RH	D	H	PG	CA	RV	SL	Info pg
Aotea	Summerset at Aotea 15 Aotea Dr. 0800 SUMMER (786 637)	✓				✓	✓		118 119
Kenepuru	Summerset on the Landing 1-3 Bluff Rd. 0800 SUMMER (786 637)	#	#	#		#	✓		118 119
Papakowhai	Bupa Harbourview 5 Bowlers Wharf Ln. (04) 233 0756	✓		✓					1
Tawa	Longview Home by Enliven 14 Sunrise Blvd. (04) 232 6842	✓		✓					op1
Titahi Bay	Kemp Home and Hosp. 21 Te Pene Ave. (04) 236 8099	✓		✓					145
Whitby	Bupa Whitby 4 Observatory Cl. (04) 234 7981	✓	✓	✓	✓				1
Whitby	Whitby Lakes R.V. Newhaven Way (04) 234 6627						✓		

CAPITAL & COAST DHB AREA (KAPITI COAST)		RH	D	H	PG	CA	RV	SL	Info pg
Paraparaumu	Coastal Villas Metlifecare Spencer Russell Dr. (04) 296 6333	✓		✓		✓	✓		89 95
Paraparaumu	Eldon Lodge 100 Valley Rd. (04) 298 8199	✓		✓		✓			
Paraparaumu	Kapiti R.H. 91 Marine Pde. (04) 902 6048	✓							138
Paraparaumu	Kapiti Retirement Trust (Sevenoaks) Lodge Dr. (04) 297 0116	▼	✓	✓			✓		
Paraparaumu	Kapiti Village Metlifecare 1 Henley Way. (04) 296 1790						✓		89 94
Paraparaumu	Kena Kena R.H. 32 Percival Rd. (04) 902 9099	✓				✓	✓		138
Paraparaumu	Millvale Lodge Lindale 91 Main Rd. North (04) 297 0059		✓	✓	✓				45
Paraparaumu	Summerset on the Coast 104 Realm Dr. 0800 SUMMER (786 637)	✓		✓			✓		118 119
Waikanae	Bishop Snedden R.V. Kapanui Rd. & St. Vincent Way (04) 496 1732						✓		
Waikanae	Bupa Winara 9 Winara Ave. (04) 293 6034	✓	✓	✓			✓		1 94
Waikanae	Charles Fleming 112 Parata St. (04) 293 1350	✓	✓	✓		✓	✓		94 156 157
Waikanae	Millvale House Waikanae 17 Millvale St. (04) 904 4340				✓				44
Waikanae	Parkwood R.V. 99 Belvedere Ave. (04) 293 5142	✓		✓		✓	✓		91
Waikanae	Waikanae Lodge 394 Te Moana Rd. (04) 902 6800	✓		✓		✓	✓		122

HUTT VALLEY DHB REGION

HUTT VALLEY DHB AREA (LOWER HUTT)		RH	D	H	PG	CA	RV	SL	Info pg
Avalon	Shona McFarlane 66 Mabey Rd. (04) 577 1090	✓		✓		✓	✓		95 156 157
Boulcott	Riverleigh Care 1- 5 Connolly St. (04) 569 7955	✓		✓					
Boulcott	Ropata Lodge 57 Ropata Cres. (04) 920 0846	✓					R	✓	
Boulcott	Ropata Lodge Village 758 High St. (04) 920 0846						✓ & R		
Lower Hutt	Manor Park Private Hosp. 14 Manor Park Rd. (04) 563 5240				✓				
Petone	Bob Scott 25 Graham St. (04) 570 5800	✓	✓	✓		✓	✓		94 156 157
Stokes Valley	Bupa Stokeswood 18 Glen Rd. (04) 562 9060	✓	✓	✓					1
Taita	Aroha Care Centre for the Elderly, 6 Cooper St. (04) 567 1026	✓		✓			✓		129
Woburn	Woburn Apartments (Masonic) 6 Whites Line West (04) 978 2590						✓		
Woburn	Woburn Masonic Care 63 Wai-iti Cres. (04) 569 6839	✓		✓			✓		
Woburn	Woburn Home & Apartments by Enliven. 57 Wai-iti Cres. (04) 569 6400	✓	✓	✓			✓ & R		op1 95
HUTT VALLEY DHB AREA (UPPER HUTT)		RH	D	H	PG	CA	RV	SL	Info pg
Clouston Park	Hutt Gables R.V. 1094 Fergusson Dve. (04) 526 9292						✓		
Elderslea	Elderslea 29 Redwood St. (04) 528 0670	✓	✓	✓		✓	✓		

HUTT VALLEY DHB AREA (UPPER HUTT CONT.)		RH	D	H	PG	CA	RV	SL	Info pg
Heretaunga	St. Josephs Home of Compassion, 3 Perry St. (04) 528 5089	✓	✓	✓					
Silverstream	Heretaunga 2 Field St. (04) 527 8181	✓	✓	✓		✓			
Trentham	Bupa Fergusson 654 Fergusson Dr. (04) 528 7689	✓	✓	✓			✓		1 94
Trentham	Summerset at the Course 20 Racecourse Rd. 0800 SUMMER (786 637)	✓		✓		✓	✓		118 119
Upper Hutt	Benhaven R.H. 29 Golders Rd. (04) 527 8727	✓							

MIDCENTRAL DHB REGION

MIDCENTRAL DHB AREA (PALMERSTON NORTH)		RH	D	H	PG	CA	RV	SL	Info pg
Palmerston North	Brightwater Home & Village by Enliven, 69 Brightwater Tce. (06) 356 4190	✓	✓	✓			✓		op1 92
Palmerston North	Bupa Riverstone 243 Napier Rd. (06) 880 6240	#	#	#			✓		1 93
Palmerston North	Chiswick Park Lifecare 69A Maxwells Line. (06) 354 4062	✓		✓					114
Palmerston North	Cook Street Nursing Care Centre, 141 Cook St. (06) 358 8530	✓		✓					
Palmerston North	Julia Wallace 28 Dogwood Way. (06) 354 9262	✓	✓	✓		✓	✓		92 156 157
Palmerston North	Karina Lifecare 15 Karina Tce. (06) 357 6051	✓							114
Palmerston North	Manawatu Masonic Village Clausen St. (06) 363 5888						✓ & R		
Palmerston North	Masonic Court 13 Clausen St. (06) 358 9399	✓		✓					

MIDCENTRAL DHB AREA (PALMERSTON NORTH CONT.)		RH	D	H	PG	CA	RV	SL	Info pg
Palmerston North	MiLife Kelvin Grove 53 Brooklyn Heights Dr. (06) 355 4665						✓		91 93
Palmerston North	Olive Tree Retirement 11-13 Dalwood Grv. (06) 350 3000	✓	✓	✓			✓		122
Palmerston North	Palmerston Manor Lifecare 117 Botanical Rd. (06) 357 5919	✓		✓					114
Palmerston North	Palmerston Nth Village Metlifecare Cnr Carroll & Fitchett St. (06) 350 6400	✓		✓		✓	✓		89 92
Palmerston North	Radius Peppertree 107 Roberts Line (06) 353 0004	✓		✓					
Palmerston North	Summerset on Summerhill 180 Ruapehu Dr. 0800 SUMMER (786 637)	✓		✓			✓		118 119
Palmerston North	Ultimate Care Aroha 128 Monrad St. (06) 358 8093	✓	✓	✓					134 135
Palmerston North	Willard Home by Enliven 17 Russell St. (06) 357 6959	✓							op1
Palmerston North	Woodlands of Palmerston North, 544 Featherston St. (06) 356 4619	✓	✓						142
MIDCENTRAL DHB AREA (HOROWHENUA/OTAKI)		RH	D	H	PG	CA	RV	SL	Info pg
Foxton	Lonsdale Hosp. & R.H. 14 Robinson St. (06) 363 8498	✓	✓	✓					
Foxton	Te Awahou Masonic Village 79 Main St. (06) 363 5888						✓ & R		
Foxton Beach	Riverside Lodge 10 Dawick St. (06) 363 8498	✓							
Levin	Bupa Gardenview 134 Bath St. (06) 368 1070		✓						1
Levin	Bupa Te Whanau 603 Queen St. (06) 368 1081	✓		✓					1

MIDCENTRAL DHB AREA (HOROWHENUA/OTAKI CONT.)		RH	D	H	PG	CA	RV	SL	Info pg
Levin	Horowhenua Masonic Village 685 Queen Street East (06) 368 8144	✓		✓		✓	✓ & R		
Levin	Levin Home for War Veterans by Enliven, 32-40 Prouse St. (06) 366 0052	✓	✓	✓			R		op1
Levin	MiLife Rosewood Park 78 Queenwood Rd. (06) 368 1850						✓		91 93
Levin	Millvale House Levin 42 Mako Mako Rd. (06) 367 2027	✓		✓	✓				44
Levin	Reevedon Home & Village by Enliven, 37 Salisbury St. (06) 368 7900	✓					✓		op1 93
Levin	Speldhurst Country Estate 70 Kimberley Rd. (06) 927 9903						✓		93
Levin	Summerset by the Ranges 104-112 Liverpool St. 0800 SUMMER (786 637)	✓	✓	✓		✓+	✓		118 119
Levin	Ultimate Care Madison 144 Queen Street West (06) 367 2305	✓		✓			✓		134 135
Otaki	Ocean View R.H. 56-58 Marine Pde. (06) 364 7399	✓							
MIDCENTRAL DHB AREA (MANAWATU)		RH	D	H	PG	CA	RV	SL	Info pg
Feilding	Alexander House R.H. 126 Denbigh St. (06) 323 9326	✓							
Feilding	Coombrae Home & Village by Enliven, 32-34 North St. (06) 323 4491	✓	✓				✓		op1 93
Feilding	Nelson Residential Care Centre, 38 Nelson St. (06) 280 4839	✓							136
Feilding	Ranfurly Residential Care Centre, 6 Monmoth St. (06) 323 5050	✓	✓	✓		✓	✓		92 136
Feilding	Westella Homestead 84 Waughs Rd. (06) 323 9095	✓	✓						

MIDCENTRAL DHB AREA (MANAWATU CONT.)		RH	D	H	PG	CA	RV	SL	Info pg
Feilding	Wimbledon Villa 204 Manchester St. (06) 323 4632	✓	✓	✓					
Feilding	Woodfall Home and Hosp. Cnr. Warwick & Bowen St. (06) 323 8489	✓		✓					116
Feilding	Woodlands of Feilding 17 Sherwill St. East (06) 323 9370	✓	#	✓			✓		
MIDCENTRAL DHB AREA (TARARUA)		RH	D	H	PG	CA	RV	SL	Info pg
Dannevirke	Bupa Rahiri 348 High St. (06) 374 4155	✓	✓	✓			✓		1 92
Dannevirke	Eileen Mary Res. Care Centre 44 Trafalgar St. (06) 374 8241	✓		✓		✓	✓		92 136
Pahiatua	Bupa Waireka 11 Halls Rd. (06) 376 8629	✓		✓					1

WHANGANUI DHB REGION

WHANGANUI DHB AREA (WHANGANUI)		RH	D	H	PG	CA	RV	SL	Info pg
Whanganui	Abingdon R.V. by Enliven 22 Oakland Ave. (06) 349 1494						✓		op1 94
Whanganui	Broadview Lifecare & Village 108 Mosston Rd. (06) 344 6915	✓	✓	✓	✓		✓		114
Whanganui	Jane Winstone 49 Oakland Ave. (06) 345 6783	✓	✓	✓		✓	✓		94 156 157
Whanganui	Kowhainui Home & Village by Enliven, 88 Virginia Rd. (06) 349 1400	✓		✓			✓ & R		op1 95
Whanganui	Lady Joy Home 64 Paterson St. (06) 343 2613	✓						✓	
Whanganui	Masonic Court Wanganui 1 Masonic Dr. (06) 343 9091	✓					✓ & R		

WHANGANUI DHB AREA (WHANGANUI CONT.)		RH	D	H	PG	CA	RV	SL	Info pg
Whanganui	New Vista 129 Harrison St. (06) 345 2381	✓		✓					
Whanganui	Okere House 35 Treadwell St. (06) 348 4857		✓						116
Whanganui	Quinlan Court 59 Harrison St. (06) 348 9505							✓	
Whanganui	Springvale Manor R.H. 47 Treadwell St. (06) 348 8003	✓	✓						
Whanganui	St. Johns Hill Healthcare 2 Virginia Rd. (06) 348 1500	✓		✓					142
Whanganui	Summerset in the River City 40 Burton Ave. 0800 SUMMER (786 637)	✓		✓		✓	✓		118 119
Whanganui	Virginia Lodge 136 Great North Rd. (06) 345 2319	✓							
MIDCENTRAL DHB AREA (RANGITIKEI)		RH	D	H	PG	CA	RV	SL	Info pg
Marton	Edale Masonic Village 30 Bond St. (06) 327 8562	✓	✓	#			✓ & R		

HAWKE'S BAY DHB REGION

HAWKE'S BAY DHB AREA (NAPIER & ENVIRONS)		RH	D	H	PG	CA	RV	SL	Info pg
Green- meadows	Greendale Residential Care 169 Tait Dr. (06) 844 2342	✓							116
Green- meadows	Waverley House 3-5 Lannie Pl. (06) 844 3359	✓							
Napier	Bardowie Retirement Complex 283 Kennedy Rd. (06) 843 2804	✓							116
Napier	Elmwood Masonic House & Hosp. 44 Nelson Cres. (06) 834 4048		✓	✓					146

HAWKE'S BAY DHB AREA (NAPIER & ENVIRONS CONT.)		RH	D	H	PG	CA	RV	SL	Info pg
Napier	Princess Alexandra 145 Battery Rd. (06) 835 9085	✓	✓	✓		✓	✓		92 156 157
Napier	Roseanne Retirement Home 25 Taradale Rd. (06) 843 0250	✓							
Napier	Scinde Masonic Flats McVay St. (06) 845 9222						✓		146
Napier	St Lukes Village 196 Vigor Brown St. (06) 845 9820						✓		114
Napier	Summerset in the Bay 79 Merlot Dr. 0800 SUMMER (786 637)	✓		✓		✓	✓		118 119
Tamatea	Bupa Gladys Mary 7 Glamorgan Ave. (06) 844 4969	✓	✓						1
Taradale	Atawhai 421 Gloucester St. (06) 845 9711	✓		✓		✓	✓		
Taradale	Bryant House 79 King St. (06) 844 7209	✓	✓				✓		
Taradale	Elbourne Masonic Flats 6 Elbourne St. (06) 845 9222						✓		146
Taradale	Kensington Masonic Village 70 Kensington Dr. (06) 845 9222						✓		146
Taradale	Knightsbridge Masonic Village 17 Balmoral St. (06) 845 9222						✓		146
Taradale	Mission View Masonic Village 190 Avondale Rd. (06) 845 9222						✓		146
Taradale	Otatara Heights Res. Care 8 Kotuku Pl. (06) 844 3535	✓							125
Taradale	Radius Hampton Court 80 Kensington Dr. (06) 844 0063	✓		✓					
Taradale	Riversdale Lifestyle Village 233 Guppy Rd. (06) 845 9820						✓		114

HAWKE'S BAY DHB AREA (NAPIER & ENVIRONS CONT.)		RH	D	H	PG	CA	RV	SL	Info pg
Taradale	Taradale Masonic 15 Devonshire Pl. (06) 845 9222	✓		✓			✓ & R		146
Taradale	Waiohiki Masonic Flats 37 Meeanee Rd. (06) 845 9222						✓		146
Te Awa	Summerset Palms Cnr Eriksen Rd. & Kenny Rd. 0800 SUMMER (786 637)	#	#	#		#	✓		118 119
HAWKE'S BAY DHB AREA (CLIVE, HASTINGS, HAVELOCK NORTH)		RH	D	H	PG	CA	RV	SL	Info pg
Clive	Voguehaven R.H. 145 Main Rd. (06) 870 0392	✓							129
Hastings	Brittany House Res. Care 221 Wolseley St. (06) 878 5606	✓		✓					146
Hastings	Colwyn House Lifecare 707 Duke St. (06) 870 9529		✓		✓				114
Hastings	Eversley 400 Cornwall Rd. (06) 878 2005	✓	✓	✓					
Hastings	Gracelands R.H. & Village 730 Pakowhai Rd. (06) 873 8300	✓		✓		✓	✓		
Hastings	Hastings District Masonic Villages, Various locations 027 452 4115						✓ & R		
Hastings	Summerset in the Orchard 1228 Ada St. 0800 SUMMER (786 637)						✓		118 119
Hastings	Summerville R.H. 411 Frederick St. (06) 876 6978	✓							
Hastings	Te Taiwhenua O Heretaunga 821 Orchard Rd. (06) 871 5350						▲	✓	
Havelock North	Duart 36 Duart Rd. (06) 877 8016	✓		✓					
Havelock North	Hillcrest 73 Simla Ave. (06) 877 5909	✓							125

HAWKE'S BAY DHB AREA (CLIVE, HASTINGS, HAVELOCK NORTH CONT.)		RH	D	H	PG	CA	RV	SL	Info pg
Havelock North	J H Mason R.V. 18 Durham Dr. (06) 281 2534						✓ & R		86
Havelock North	Mary Doyle 1 Karanema Dr. (06) 873 8400	✓	✓	✓		✓	✓		122
Havelock North	Ryman Havelock North 122 Te Aute Rd. (06) 877 0701	#	#	#		#	#		92 156 157
Havelock North	St Lukes Close Village 24 Te Mata Rd. (06) 872 8930						✓		114
Havelock North	Summerset in the Vines 249 Te Mata Rd. 0800 SUMMER (786 637)	✓		✓			✓		118 119
Havelock North	Waiapu House Lifecare & Village 10 Danvers St. (06) 872 8930	✓		✓			✓		114
HAWKE'S BAY DHB AREA (CENTRAL HAWKE'S BAY & WAIROA)		RH	D	H	PG	CA	RV	SL	Info pg
Waipukurau	Mt Herbert House 50 Mt Herbert Rd. (06) 858 7555	✓		✓				✓	
Waipukurau	Woburn 7 Holyrood Tce. (06) 858 9260	✓	✓						
Wairoa	Glengarry Lifecare 22 Glengarry Pl. (06) 838 4840	✓	✓	✓					114
Wairoa	Sheilton R.V. 104 Queen St. (06) 281 2534						R		86
Wairoa	Waikaremoana Masonic Marine Pde. (06) 845 9222						✓		146

WAIRARAPA DHB REGION

WAIRARAPA DHB AREA (WAIRARAPA)		RH	D	H	PG	CA	RV	SL	Info pg
Carterton	Carter Court R. H. 95-97 Pembroke St. (06) 379 8075	✓		✓			✓ & R		
Carterton	Roseneath Lifecare & Village 227 High St. South (06) 379 4018	✓	✓	✓			✓		114
Greytown	Ultimate Care Palliser House 186 East St. (06) 261 9020	✓	✓	✓					134 135
Martin- borough	Wharekaka R.H. 20 Oxford St. (06) 306 9701	✓		✓			✓		93
Masterton	Aversham 88 Cole St. (06) 377 2292	✓							126
Masterton	Cornwall R.H. 3 Cornwall St. (06) 377 4165	✓							
Masterton	Glenwood Masonic Hosp. 74 Upper Plain Rd. (06) 377 0221	✓		✓		✓	✓	✓	
Masterton	Kandahar Court by Enliven 2 Colombo Rd. (06) 370 0449		✓						op1
Masterton	Kandahar Home by Enliven 8 Roberts Rd. (06) 370 0447	✓		✓			R		op1
Masterton	Kandahar R.V. by Enliven Totara St. (06) 370 0662						✓		op1
Masterton	Lansdowne Park Village 100 Titoki St. (06) 377 0123	✓		✓		✓	✓		122
Masterton	Lyndale Care 52 Cole St. (06) 378 7059	✓	✓				R		47
Masterton	Ultimate Care Lansdowne Court 1 Oxford St. (06) 377 3339	✓		✓			✓		134 135
Masterton	Wairarapa Masonic Village 35 Edith St. (06) 378 7391						✓ & R		
Masterton	Wairarapa Village 140 Chapel St. (06) 378 2577	✓		✓		✓	✓		93 129

KEY:

RH	Rest Home Care
D	Dementia Care
H	Hospital*(Hosp) Level Care
PG	Psychogeriatric Care
CA	Care Apartment (see pages 90, 117)
RV	Retirement Village
SL	Supported Living/Boarding

✓+	Also for those with dementia
R	Rental Retirement Village
#	Planned, under construction, or awaiting certification
>	Service provided by adjacent and/or a partnering home/village/service
<	Limited admission, under specific circumstances only
▼	Short Term Only
▲	Mixed housing under construction

* Hospitals = age related residential care hospitals where a fee applies i.e. not public hospitals

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www.eldernet.co.nz/vacancies for daily care home updates and
www.retirementvillages.co.nz/now to see what is on the market now



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22 Glengarry Place
Wairoa, Hawke's Bay

St Lukes Village

(06) 845 9820

196 Vigor Brown Street
Napier, Hawke's Bay

Riversdale Lifestyle Village

(06) 845 9820

233 Guppy Road
Taradale, Hawke's Bay

Waiapu House Lifecare & Village

(06) 872 8930

10 Danvers Street
Havelock North, Hawke's Bay

St Lukes Close Village

(06) 872 8930

24 Te Mata Road
Havelock North, Hawke's Bay

Colwyn House Lifecare

(06) 870 9529

707 Duke Street
Hastings, Hawke's Bay

Karina Lifecare

(06) 357 6051

15 Karina Terrace
Roslyn, Palmerston North

Chiswick Park Lifecare

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69A Maxwells Line
Awapuni, Palmerston North

Palmerston Manor Lifecare

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Takaro, Palmerston North

Roseneath Lifecare & Village

(06) 379 4018

227 High Street South
Carterton



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LEVELS OF CARE & OTHER OFFERINGS

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

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

All residential care homes and care apartments listed on pages 100-113 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 90). You also need to inquire about the levels of care they are certified to provide.

Many residential care homes now offer a range of accommodation options. Those attracting higher fees, over and above the Maximum Contribution (see page 6), are known as ‘Premium’ beds or rooms (see pages 137-138).

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

Getting a high level of care at home

It’s common now for people to stay at home for longer and get more care and support there, rather than going to a care home. Even if you have high needs this may still be an option, particularly if you have good family/whānau and community support. If you have a carer, then a support plan would need to be put in place for them too. If you think this may be an option for you, ask your assessor about it.

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manager.woodfall@experioncare.co.nz



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WHAT'S THE DIFFERENCE?

Retirement Village

- You 'buy' your home in the village. This unique transaction (an ORA) is governed by the Retirement Villages Act 2003 (see pages 87-88).
- You pay ongoing maintenance/service fees (see page 90).
- The DHB or MOH do not have any involvement in this arrangement.
- You may or may not be able to get DHB subsidised home support services if you need them. This depends on your contract with the retirement village (see page 90).
- You may be offered additional services.

Care Apartment

- Your accommodation and care are effectively managed and paid for separately.
- You usually 'buy' your Care Apartment. This unique transaction (an ORA) is governed by the Retirement Villages Act 2003 (see pages 87-88).
- Your 'care' services are defined in the ARRC agreement between the provider and the DHB (see page 137).
- You pay ongoing maintenance/service fees for your Care Apartment from your own resources (see page 90).
- Your Care Apartment will have been certified by the MOH (see pages 90,115).
- You pay care costs from your own resources or a RCS (see page 139).
- You may be able to access different levels of care in the same room (see page 115).
- You may be offered additional services (see page 137).

Care Home

- You pay for your accommodation and care costs from your own resources or a RCS (see page 139).
- The home will be certified by the MOH (see page 115).
- Your services are defined in an agreement between the care home and the DHB (see page 137) called the ARRC agreement.
- Some homes may offer several levels of care in the same room (see page 115).
- You may be offered additional services (see page 137).
- You may pay an additional daily fee for a premium room (see page 137).

For more complete information see the pages indicated above

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Summerset villages are open 7 days so come and visit us today.



CHOOSING A SUITABLE CARE HOME

Find out:

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

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

Sometimes, due to health issues, others need to make this decision on your behalf. Prepare for this possibility in advance by appointing an Enduring Power of Attorney. The person you appoint to take care of your welfare will be able to make this sort of decision for you if you are unable to do so yourself. (You can also nominate others you want involved in decision making.) See pages 50-51.

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

- For some people location is important (so that you can be nearer to people who will visit you, family/whānau, friends, clubs, familiar places, etc.).
- For others it’s the size of the home or the size and type of your room that is important (e.g. more spacious with additional features – which usually attracts additional costs. See pages 137-138).
- Perhaps it’s the other support or levels of care provided onsite (e.g. retirement village, dementia care etc.).
- **The most important element however, in an ideal care home, is the philosophy and delivery of care.** Do not underestimate this.

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

	A note to families
	<i>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.).</i>

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

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

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

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



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

(Bowers et al., 2009)

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

Your options

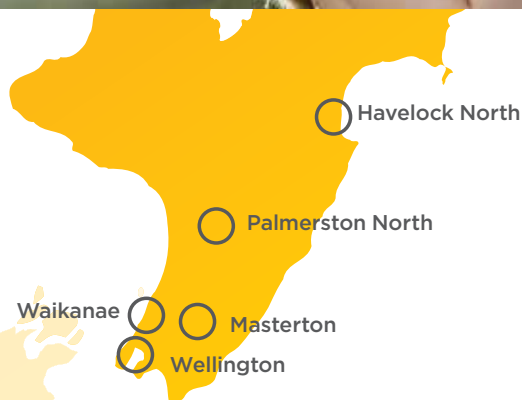
Care homes vary considerably and there can be a wide range of rooms for you to choose from. A feature that you are offered in one home and for which you are asked to pay additional charges e.g. an ensuite, may not incur this charge in the next so you need to ask and make comparisons (remembering that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

- Shared standard room (this may suit couples and those who enjoy company).
- Standard single room no ensuite (an ensuite is not essential if staff are required to assist with all personal care, i.e. showering and toileting).
- Standard single room with shared or private ensuite.
- Standard single room with ensuite and additional services (e.g. Sky TV).
- Premium room, for which additional charges apply. (See pages 137-138.)
- Room or Care Apartment governed by an Occupation Right Agreement (ORA) and for which a capital sum is paid. (See page 90).

Read about your options on page 117 and pages 137-138 for 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 Powers of Attorney are. (See pages 50-51). If you haven't made these arrangements you may be asked to set this up.
- Make sure that all clothing is named and your possessions insured.

Trial period

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

Other important things to know

- You are responsible for the payment of your care.
- If you cannot afford it, you may apply for a Residential Care Subsidy (RCS) (see pages 139-147). You need to be considered to be a 'qualifying person' to begin the process (see page 139 for details).
- It is important to have had an assessment showing care is needed even if you are privately paying. If you haven't, you may be vulnerable to unregulated fees and if you need a RCS at a later date you may not qualify.
- Check your admission agreement carefully and seek independent advice before signing it so that you are clear about what is provided under contract and what additional costs, if any, you are agreeing to pay.
- You may also be asked for fees in advance, bonds or guarantors.
- You may find that you can't get in to your home of choice until there is a vacancy. You can ask to go on the waiting list and go elsewhere while you wait. Ask your interim home about the possibility of a reduced period of notice.
- Should your needs change, a reassessment will be done by the nurse at your care home. If this indicates that you now require a different level of care you will be referred for a review. If your level of care does change, then you may have to move to another room in the home or to another home (i.e. if your current home doesn't provide your new level of care). If your room is designated as a dual use room (see page 115), you may not need to move.
- If you belong to a particular community (ethnic, cultural, religious, rainbow etc.) you may want to ask to view homes that are particularly inclusive or where others from your community live.

CARE HOMES – EMOTIONAL ASPECTS

Find out:

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

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

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

Coping with your feelings

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

- Use successful strategies that got you through the tough times in the past.
- If you are able, you may want to try writing things down, noting the steps you need to take to resolve your concerns.
- Involve yourself in the exercise programme that many homes offer; physical and mental wellbeing are closely linked.
- Give yourself time to settle in. No matter how you feel about moving into a care home it will take time to adjust to the situation and your new environment (see also page 123 re 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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PHILOSOPHY

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- VALUES:**
- Excellent care can be affordable
 - All people should be treated as individuals
 - Every resident is unique, valuable and special with something of worth to offer
 - Independence should be promoted and support provided where this is diminished
 - Holistic care promotes a sense of wellbeing
 - Recognition of the importance of Whanau/Family
 - Respect is paramount for a happy and healthy living and working environment
 - Competent trained staff are valued

Owners/Managers: Steve & Teresa Loughlin

Otatara Heights Residential Care:

8 Kotuku Place, Taradale **E** > manager@otatara.org.nz **P** > 06 844 3535

Hillcrest Heights Residential Care:

73 Simla Avenue, Havelock North **E** > taslinnz@xtra.co.nz **P** > 06 877 5909

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

If you have given yourself reasonable time (e.g. a month or two) and tried everything you can and you're still feeling down, let staff know or talk to your doctor. Depression can be an issue for some who live in a care home (see pages 37-39). Make sure however that your sadness isn't due to it being a mismatched home. If it is, you can move. The person coordinating your services will explain the process.

The importance of being yourself

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

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

Privacy concerns

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

Positive aspects of the move

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

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

A note to carers

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

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



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CHECKLIST - CARE HOMES

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

Atmosphere

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

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

Rooms

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

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

Care

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

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

Activities

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

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

Meals

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

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

Safety

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

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

Dignity, privacy and independence

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

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

General

- ☐ Are there any additional costs? (If so make sure these are itemised on your Admission Agreement and included in your budget.)
- ☐ Are any additional charges separable (able to be stopped without affecting which room you have) or are there wider implications? (See pages 137-138).
- ☐ How are any complaints dealt with? (Everyone has the right to make a complaint. Ask residents and their relatives about their experiences.)
- ☐ Ask how long Certification has been granted for. Longer periods i.e. 3-4 years generally indicate greater compliance with standards and requirements.

Extra questions for Dementia Care and Psychogeriatric Care Homes

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

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

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

See pages 46-47 for more information.
Page 132



DEMENTIA CARE & THE OMBUDSMAN'S ROLE

Delivery of residential care in New Zealand is tightly regulated and well audited. Public scrutiny is also high, leading to frequent demands for a more independent and objective look into the rights of those who live in secure dementia and psychogeriatric care homes. This is now under way.

In 2019, the Chief Ombudsman, Peter Boshier, began looking into the human rights of those living in privately run facilities. He was already inspecting public aged care facilities. This work is done under the auspices of the UN and is referred to as OPCAT monitoring after the protocol that governs it.

His role, being a parliamentary appointment, is independent of government. 'Fairness' and 'doing the right thing' are at the core of what he does. He sees OPCAT monitoring as a way to make the sector more open and transparent. It also ensures New Zealand is seen as a good global citizen.

When people don't have the freedom to live where they choose and to come and go as they please, their rights need to be protected. The Chief Ombudsman's role is to make sure facilities have safeguards in place to prevent any violations of these 'detained' people's human rights. This role is a preventive one. Other agencies already address complaints about healthcare issues or general service provision.

In response to the COVID-19 pandemic, the Chief Ombudsman reset his programme. In April 2020, he started a series of short, targeted inspections of some secure dementia and psychogeriatric units in privately run aged residential care facilities, using specific COVID-19 assessment criteria. These inspections are done with full regard for health and safety of residents and staff. He intends, in due course, to return to developing the wider inspection programme.

Other than the time involved, there is no cost to the resident or the facility for any of the Chief Ombudsman's inspections. Parliament pays for the inspections. His suggestions and recommendations for any improvements are based on international law, guidance and 'best practice', with providers having the chance to comment on provisional reports.

So, what might it mean for you? The inspectors may want to talk to you as part of their visit. If you have any information you think the Chief Ombudsman should be aware of regarding your or your loved one's treatment and conditions in that facility, you can discuss this freely with them. If you have a complaint about the service however, you need to follow the usual complaints process. (See page 10.)

None of us knows what our futures hold, so it's important we all make sure we have appointed our Enduring Powers of Attorney (EPOA). Note: Should dementia care be needed then these need to be activated before admission. (See page 50.)

To find out more go to www.ombudsman.parliament.nz/opcat

Image: Chief Ombudsman, Peter Boshier

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STANDARD SERVICES, EXTRAS & THE 10KM RULE

Standard services

Residential care homes operate under contract to their local DHB. The Age-Related Residential Care (ARRC) contract sets out the standard services that providers must deliver to those whose assessment qualifies them for long term care. These services must meet the person's needs as identified in the InterRAI assessment and detailed in their 'Care Plan'. The Maximum Contribution (MC) defines the maximum payment for these services (see also pages 6, 139).

Standard services include but are not limited to:

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

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

Extras and premium services

While all standard service components must be delivered by the contracted provider for a cost not greater than the MC, additional services are often offered to residents for an extra fee. These are commonly known as premium services. Some providers specialise in offering premium services. Premium services relate to practical things such as room 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 1 July 2014 changes to the ARRC contract relating to 'premium rooms' and 'extra' charges came into force. These changes came about for a number of reasons including: funding issues, an increasing number of homes offering a wider range of services and features including 'premium only' homes; the raised expectations of residents and their families; uncertainty; lack of clarity and inconsistency. These 2014 changes have made the process clearer for all parties.

Premium rooms and the 10km rule

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

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

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


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CARE HOME – PAYMENT

You are responsible for paying for your care whether by private payment, a contribution from your NZ Super or other approved arrangement. If you are not able to pay the full amount from your own means, then a set of rules and regulations determine what financial assistance you might be eligible for.

In order to determine how much you will pay or whether you might be eligible for a Residential Care Subsidy (RCS) you must firstly be considered to be a qualifying person or a special case person.

You are a qualifying person if:

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

An example of a non-qualifying person is someone who doesn't have New Zealand residency. If this is the case the person may negotiate the cost of care with the care provider and pay privately.

The following are the key principles for working out a qualifying person's payment:

- You may apply for a Financial Means Assessment. This considers your financial situation and determines whether your assets are greater, equal to, or lesser than the Asset Threshold. This is explained further in this article.
- The Asset Threshold is a type of 'cut-off' point. The provisions and rules around this allow you to retain some of your assets.
- If your assets are above the Asset Threshold the maximum you will pay for standard services is known as the Maximum Contribution; the pricing of this is updated annually (see page 6).
- If your assets are equal to or below the Asset Threshold you must pay a contribution based on your income (i.e. when the income testing aspect of the assessment applies). Your income includes any NZ Super.

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'.

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 undergo a means assessment of assets however a means assessment of income will be done. Contact Work and Income for more information.

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 the signed RCS application forms to Work and Income within 90 days of the date you want payment to start.

Means Assessment of Assets (Qualifying Person)

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

Single

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

Couple with both in long-term care

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

Couple where one partner is in long-term care

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

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

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

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

What are assets?

Assets generally include but are not limited to:

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

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

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

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

Gifting (as related to the RCS)

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

- Within the ‘gifting period’ (i.e. five years prior to application for a RCS) there is an allowable level of ‘general’ gifting of up to \$6,500 per year.
- Gifts made in ‘recognition of care’ (for which there are 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 144, and standard services, extras & the 10km rule pages 137-138.)

Financial Means Assessment

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

What is income?

Income includes but is not limited to:

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

Income does not include and is not limited to:

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

Points to note:

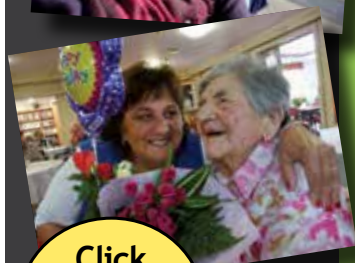
- If you receive a RCS you will keep a personal allowance of \$46.03 a week and a clothing allowance of \$288.69 a year (as at 1 April 2020).
- If you are eligible for a RCS and have a partner living at home, the partner retains the use of the home and car (which may be included in the asset test).
- 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 \$40.77 (as at 1 April 2020) and may be eligible to receive NZ Superannuation at the Living Alone rate and other support.
- 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 Loan

You are responsible for paying for your care. If the fact that you 'own' your former home puts you over the RCS asset limit, and if your other assets do not exceed the Asset Threshold you may be able to access a residential care loan to cover your fees.

Your application, considered on a case by case basis, is discretionary and must fit within the Loan Scheme criteria. You will need to pay privately for your care while this is being processed. You will be required to sign a Residential Care Loan Agreement once approved. There may be costs associated with the loan process, such as lawyer's fees and you are responsible for these. They are not included in the loan.

If successful, the loan will be secured over your former home by lodging a caveat against its title. If your former home is a unit in a retirement village and your 'title' was an occupation licence, the loan will be secured against the termination proceeds due to you. You will need to assign your interests in the termination proceeds to the Crown and this will be recorded in the Loan Agreement. The operator of your village will also need to agree to this arrangement. The loan is generally repayable within 12 months of your death or when your home is sold, whichever happens first. Payments under the loan stop when a RCS is approved. Application forms are included in the RCS application document. Alternatively, you can contact Work and Income 0800 999 727 for the forms



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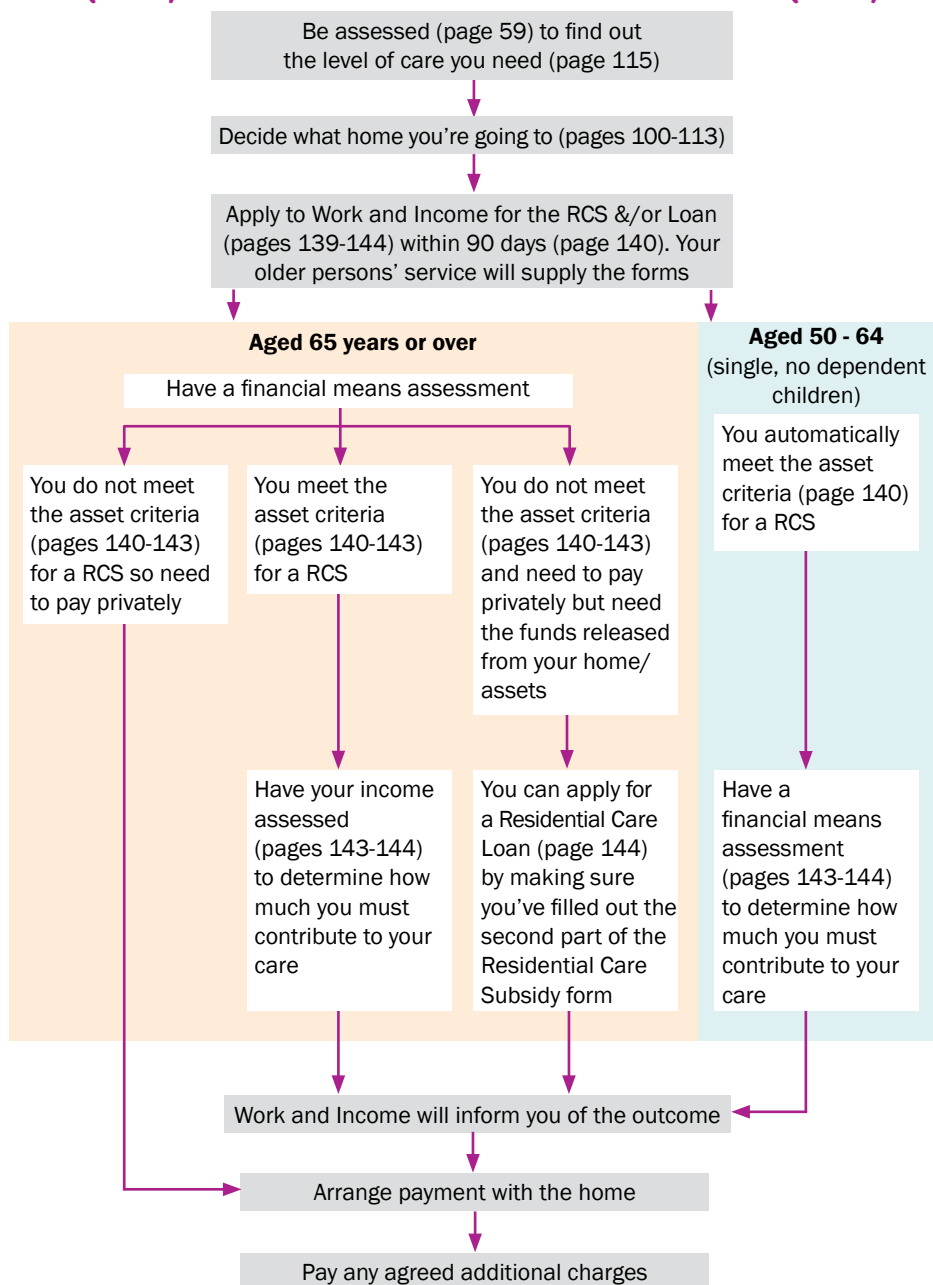
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HOW TO APPLY FOR A RESIDENTIAL CARE SUBSIDY (RCS) &/OR RESIDENTIAL CARE LOAN[^](RCL)



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

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SELECTING A CARE HOME – SUMMARY

1. You must have had an assessment; the result being a recommendation for you to move into a care home (see pages 59-61).
2. Make sure you know what level of care you need (see page 115).
3. Discuss your options with your contact person at your older persons' service and family/whānau.
4. If a decision needs to be made quickly, get up-to-date information from your older persons' service about bed vacancies or see www.eldernet.co.nz/vacancies.
5. If applying for a Residential Care Subsidy (see pages 139-144) an application form (which includes the Assessment Certificate and Loan application) should be given or sent to whoever is making the application before you move into the home.
6. Shortlist possible homes/hospitals that provide your level of care, bearing in mind other important criteria such as your budget (see page 137).
7. Visit these and use the checklist provided on pages 130-132.
8. Ask for a copy of each home's Admission Agreement. Go away and read it.
9. If you would like to have a 'trial' of the home/hospital, arrange this. You must pay privately for a trial (see page 123).
10. Decide on your preferred home. Let your contact person at your older persons' service know what home you've decided on.
11. Talk with the admissions person at the care home and negotiate any issues and sign the Admission Agreement.
12. You are responsible for paying for or contributing towards your care. Make arrangements for this. Complete your Residential Care Subsidy or Loan application if appropriate. (See also pages 137-147).

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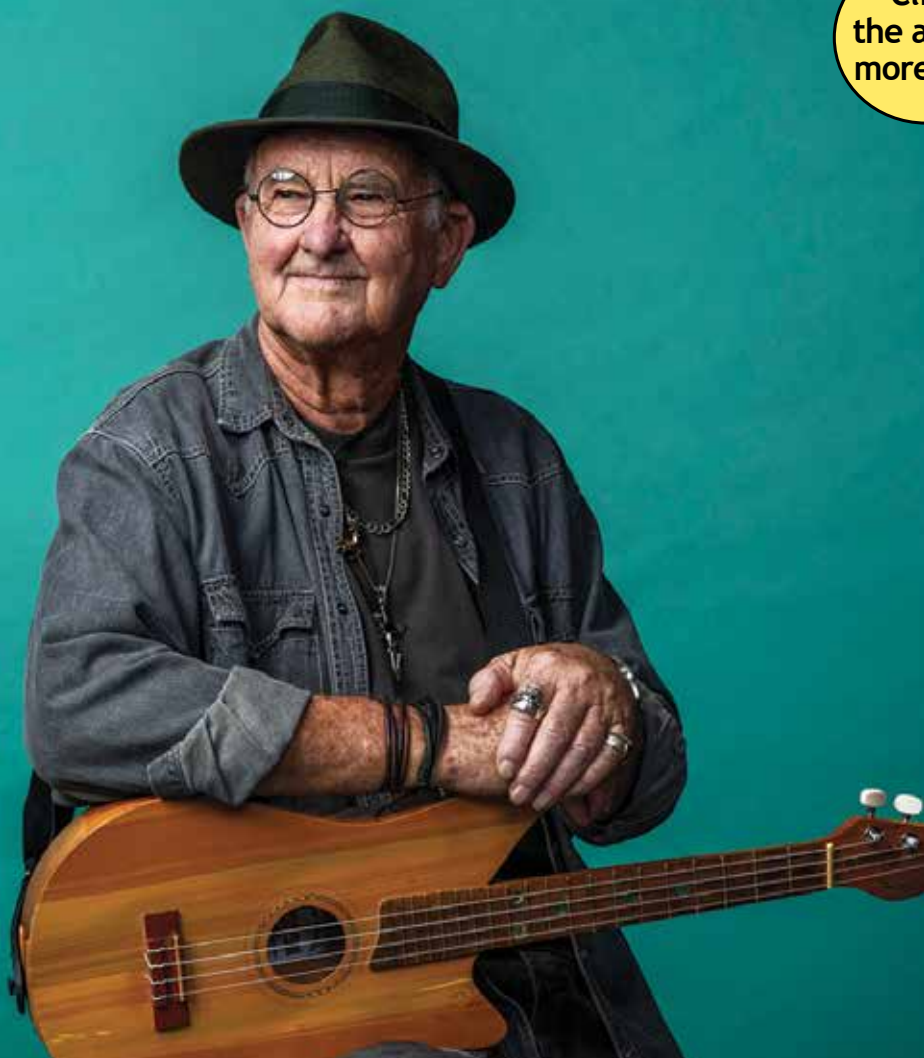
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