

HE ARA WHAKAMUA Where from here

Essential information for older people

2023 - Mid 2024

Lower North Island

FREE
Take me &
share me

Know your options

Learn your rights

Take control

Rules on eligibility

Live your life well

Published by

THE
eldernet
GROUP



free phone
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with Enliven

Some things make for happier, healthier living, no matter your age or ability.
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Quality care starts here



At Bupa, we don't just manage villages and care homes, we help you to live the life that's right for you. We know making the move into village or care home living can seem a little daunting, that's why we're here to assist you with advice and support through the journey.

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We have **47 locations** across New Zealand. The majority of our **36 retirement villages** have a care home onsite or nearby. We have **11 additional standalone care homes**. With these retirement living and care options, Bupa offers you the life that's right for you.

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



Apartments



Villas



Care Homes

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PLANNING FOR THE FUTURE YOU WANT

Having access to the right information will empower you to navigate life's ups and downs. In this book you'll meet Pat and Chris, two people navigating their way through their own ageing journeys. While Pat and Chris's paths are different, they both represent a 'normal' ageing journey: some of the things they experience may already be familiar to you or a loved one, while others may be things you've never heard of, or thought about, before. Use Pat and Chris as guides to lead you through the book and to help you find information that is most relevant to you and your individual situation.

If recent history has taught us anything, it's that we can't predict the future. Who would have thought when we were celebrating the beginning of 2023 that we were only weeks away from experiencing two of New Zealand's most destructive natural disasters ever? Certainly helps put things in perspective, doesn't it?

What we can do, however, is prepare and plan for what the future may hold. That's where *Where from here He ara whakamua* comes in; its pages offer a wealth of guidance and advice to help navigate the ageing journey, from putting a Will and Enduring Powers of Attorney in place, to managing your finances and choosing where and how to live as your needs change. Don't put off until tomorrow what you can do today, as the saying goes.

Similarly, the Government is aiming to future-proof our country's health system. A series of health reforms, which are well underway now, aim to improve the quality and consistency of care for all New Zealanders. Te Whatu Ora has taken over the planning and commissioning/funding of services that were previously managed by District Health Boards, and Te Aka Whai Ora has been set up to help deliver improved outcomes for Māori. Services are running as usual while the system continues to be rolled out.

This book is published annually, so you can trust its content is as up to date as possible. You'll also find more extensive information about issues affecting older people, their family/whānau and carers at www.eldernet.co.nz.

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.

The Eldernet Group 1 July 2023

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. Where possible, we have consulted with experts in their fields, checked with relevant government agencies and their websites, public health services, and a wide range of service providers, groups and organisations. Despite our best efforts, 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 person's service (page 9) for information updates. These books are free from selected agencies. Please pass this book on if you've finished with it.

Freephone 0800 162 706 email: team@wherefromhere.co.nz www.wherefromhere.co.nz

GLOSSARY & KEY CONCEPTS

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

ACC: Accident Compensation Corporation (page 16).

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

ADDITIONAL SERVICES: (As relating to residential care.) These are services that are over and above the services required under the ARRC agreement. If you want them, you have to pay for them (page 132).

ARRC: Age-Related Residential Care. Term often used in relation to the Te Whatu Ora/public health system agreement with care home providers (page 131).

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

CARE APARTMENTS/CARE SUITES: A MOH-certified room in a care home or village that is 'purchased' under an ORA, and that meets the requirements for care to be delivered to those who have been assessed as requiring it (page 133).

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

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

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

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

DHB: District Health Board. Previously delivered health services in your region.

DMF: Deferred Management Fee. (As relating to registered retirement villages.) This is the percentage deducted from your purchase price; received on the re-sale of your unit or apartment. The figure is defined in your contract (page 112).

DOMESTIC ASSISTANCE: Assistance with household tasks.

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

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

GP: General practitioner or doctor.

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

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

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

MC: Maximum Contribution. Those in contracted residential care, who have been needs assessed and eligible for care, are required to pay no more than the MC. As at 1 July 2023, the rates range from \$1,360.59 - \$1,430.87 per week (depending on where you live). The person coordinating your services can tell you the rate for your area.

MOH: Ministry of Health - Manatū Hauora. MOH works to promote and improve health outcomes for all New Zealanders.

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

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

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

NZ SUPER: New Zealand Superannuation (page 14).

ORA: Occupation Right Agreement (page 124).

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

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

PREMIUM ACCOMMODATION CHARGES: (As relating to residential care.) Premium accommodation is that which includes features that are over and above those found in a standard room and not required under the ARRC Agreement.

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

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

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

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

RV: Retirement village.

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

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

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

TE WHATU ORA - HEALTH NEW ZEALAND: Provides and coordinates health services in your region.

TE AKA WHAI ORA - MĀORI HEALTH AUTHORITY: Works alongside Te Whatu Ora to improve outcomes for Māori.

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

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



Caring for those who need a helping hand

Promisia is an owner and operator of aged care facilities and retirement villages.

We value family/whānau and want you to enjoy every day in an active and inspiring community, close to the areas you know so well and the family/whānau and friends that mean so much.

At Promisia we provide a range of living and care options. From independent living villas, assisted living apartments, and care suites to residential care in rest homes, hospitals, and specialist dementia level care. This means you can live independently and get support and care in your home or apartment should you need it. This can also provide peace of mind for seniors who may have a change in healthcare needs.

OUR CARE SERVICES



Rest Home Care



Hospital Care



Palliative Care



Respite Care



Dementia Care



Adult Day Care



Independent Living



"Promisia is where I feel at home. I am well cared for and I have wonderful friendships with people who like knitting as much as I do."

-Jennifer Soutar-



"I have had lovely memorable times here. Very nice coffee and yummy food. I also enjoy participating in happy activities and reading in pretty gardens. Thank you to all the staff."

-Alex Henning-



"It is like being at home. The staff are fantastic. I enjoy my life with warm care and connect with communities through activities every day."

-Noeline Lovelock-



Ranfurly Manor

A: 6 Monmouth Street, Feilding

P: +64 6 323 5050

E: fm.ranfurly@promisia.co.nz

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Nelson Street

A: 38 Nelson St, Feilding

P: +64 6 280 4839

E: fm.nelson@promisia.co.nz

Residential care

Eileen Mary

A: 44 Trafalgar Street, Tararua,
Dannevirke

P: +64 6 374 8241

E: fm.eileenmary@promisia.co.nz

*Independent living villas,
care suites, residential care*

Aldwins House

A: 62 Aldwins Road, Linwood,
Christchurch

P: +64 3 242 0180

E: fm.aldwins@promisia.co.nz

Residential care



Promisia



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Did you know that in a medical emergency, a possible lifesaving trip in a Hato Hone St John ambulance will normally cost you \$98?

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 Emergency ambulance fee for non Supporter Scheme members	\$98 per call out	

[^]Terms, conditions, and exclusions apply. Full details at stjohn.org.nz/supporter-terms. Discount available to new memberships online only. Promocode expires 30 June 2024

Sign up online and use the promocode **MAG10** to get a 10% discount.[^]

To find out more or to join visit stjohn.org.nz/join or call 0800 ST JOHN (0800 785 646)

St John emergency ambulance services do not cover the Wellington and Wairarapa areas.
 *A medical emergency is one where there is an event such as a collapse, an asthma attack or a heart attack and the ambulance service is called to assist with this specific emergency. Non-emergency private hire of an ambulance is not covered by the Ambulance Membership. If you require assistance Hato Hone St John organises the most appropriate help. This could be an ambulance, paramedic, another emergency service, or expert advice.



OLDER PERSON'S SERVICES - CONTACTS

MAY ALSO BE KNOWN AS NASC OR CCC

CAPITAL & COAST | TE WHATU ORA | CARE COORDINATION CENTRE

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

Email: wellington@careco.org.nz

10 Wi Neera Drive, Porirua

HUTT VALLEY | TE WHATU ORA | CARE COORDINATION CENTRE

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

Email: hutt@careco.org.nz

Level 3, 20 Pretoria Street, Lower Hutt

TE PAI HAUORA O RUAHINE O TARARUA MIDCENTRAL | TE WHATU ORA | SUPPORTLINKS

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

Email: supportlinks@supportlinks.org.nz

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

WAIRARAPA | TE WHATU ORA | FOCUS

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

Email: focus@wairarapa.dhb.org.nz

Level 2, 49-51 Lincoln Road, Masterton

WHANGANUI | TE WHATU ORA | ASSESSMENT, TREATMENT & REHABILITATION COMMUNITY SERVICES

Phone: (06) 348 3309

Lambie Community Health Heads Road, Whanganui

WHANGANUI | TE WHATU ORA | YOUR WAY | KIA ROHA

Freephone: 0800 758 700

Email: whanganui@yourwaykiaroha.nz

244 Victoria Avenue, Whanganui

TE MATUA A MĀUI HAWKE'S BAY | TE WHATU ORA | NASC HAWKE'S BAY

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

Email: NASC.HB@hawkesbaydhb.govt.nz

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Hastings	Ph: (06) 878 5029
Havelock North	Ph: (06) 877 8476
Wairarapa	Ph: (06) 377 0232
Whanganui	Ph: (06) 347 9100
West Palmerston North	Ph: (06) 355 0470
East Palmerston North	Ph: (06) 355 0040
Feilding	Ph: (06) 323 4333
Levin	Ph: (06) 367 2060
Waikanae-Otaki	Ph: (04) 293 3042
Kapiti	Ph: (04) 298 3689
Mana-Porirua	Ph: (04) 235 7985
Upper Hutt	Ph: (04) 970 6636
Lower Hutt	Ph: (04) 568 2254
Wellington North	Ph: (04) 478 5535
Wellington City	Ph: (04) 470 7523
Wellington East	Ph: (04) 384 8344



Driving Miss Daisy®

www.drivingmissdaisy.co.nz

RIGHTS & ADVOCACY

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

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

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

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

New Zealand's first Aged Care Commissioner has recently been appointed to help monitor the delivery of great care and quality of life for older people.

YOUR RIGHTS

When receiving a health or disability service you have the right:

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

NATIONWIDE HEALTH AND DISABILITY ADVOCACY SERVICE LOCAL CONTACTS

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

MAKING A COMPLAINT

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

Complaints about care homes If the manager cannot resolve your complaint call your local Te Whatu Ora contact (page 9). If your complaint still hasn't been addressed call HealthCERT 0800 855 066, option 2. Aged Care Association (04) 473 3159 & Care Association NZ (CANZ) 021 131 1055 may also be able to assist. **If still unresolved**, the Health & Disability Commissioner (0800 11 22 33) may be able to assist.

Complaints about home support services If the manager cannot resolve your complaint call your local Te Whatu Ora contact (page 9). Email customerservice@health.govt.nz if your complaint remains unaddressed. Home and Community Health Association (04) 472 3196 may also be able to assist. **If still unresolved**, the Health & Disability Commissioner (0800 11 22 33) may be able to assist.

Complaints about a retirement village Find the disputes process on www.retirement.govt.nz - search 'complaints and disputes'. Call the Retirement Commission's free helpline (0800 268 269) or Retirement Villages Association (04) 499 7090 for assistance.

We are here to help and support you and your whānau through cancer diagnosis, treatment and recovery.



We know that going through cancer is tough and can raise many questions.

For answers or support, call us free on **0800 CANCER (226 237)** Monday to Friday, 8:30 am – 5:00 pm.
E: info@cancersoc.org.nz



PENSIONS & PAYMENTS

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

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

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

The amount you receive depends on your circumstances and living arrangements. A single person living alone gets \$992.74 a fortnight after tax on the M tax code (as at 1 April 2023). If you have paid work you will still get NZ Super although it may affect your income tax rate.

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

HELP WITH HEALTH COSTS

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

Care Plus This provides your GP with an additional subsidy if you have high health needs such as a chronic condition or acute medical or mental health needs. You will work with your GP or nurse to develop a health management plan.

Community Services Card Income tested and issued by Work and Income to those with low or medium incomes. For healthcare and other costs. Includes reduced fees for prescriptions and GP visits at participating practices. Ask your GP or Work and Income about this.

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

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

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

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

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

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

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

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

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

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

RATES REBATE

For older people, particularly those on low or set incomes, rates increases can be stressful. A rates rebate gives some relief. The threshold was increased for the 2023/2024 year. The following came into effect on 1 July 2023:

- Maximum rebate \$750.
- Income threshold \$30,100.
- Income allowance for dependents remains at \$500 each.

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

The maximum is \$75.10 per week (as at 1 April 2023). Income tested. Keep relevant receipts if you plan to apply for this allowance. You will need them at the time of application or re-application.

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

Funeral Grant This may be available to help with funeral costs. The maximum is \$2,445.37 (as at 1 April 2023). Income and asset testing of the deceased, partner and parent or guardian applies.

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

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

Orphan's Benefit and Unsupported

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

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

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

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

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

ever you buy something, ask if the Gold Card discount applies or check the website www.supergold.govt.nz for details. If you also have a Community Services Card (page 14), this is combined into the SuperGold Card.

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

Temporary Additional Support This weekly payment is for those who cannot meet their essential costs from their income or other sources. Paid for up to 13 weeks. Determined by your cash assets and other factors. Income and asset tested.

Winter Energy Payment Paid in the cooler months only, this is to help with the cost of home heating. It is paid automatically to those who receive NZ Super, Veteran's Pension or other benefits.

OTHER SUPPORT

ACC The Accident Compensation Corporation (ACC) manages a government mandated system whereby those who are injured as a result of an accident may be eligible for support, regardless of how it was caused. To be eligible, the accident, such as an injury resulting from having fallen needs to be registered with an approved health professional, such as a GP or doctor at the hospital. This person will forward your claim to ACC, who will contact you to let you know if it has been accepted. If you have an accident-related

injury and an ACC claim isn't mentioned, ask about making one. Examples of possible entitlements include:

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

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

Hearing Aid Subsidy & Hearing Aid Funding schemes There are two types of assistance for hearing aids – the Hearing Aid Funding Scheme and the Hearing Aid Subsidy Scheme. Your eligibility depends on what type of hearing loss you have and your circumstances. The subsidy scheme may be available if you do not qualify for the funding scheme. The subsidy for each aid of \$511.11 (inc. GST) is available only via an approved assessor every six years.

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

National Travel Assistance Scheme

Some assistance may be available for those who need to travel frequently or over long distances for a publicly funded specialist or disability service,

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

To make a claim you:

- Need to be referred by one publicly funded specialist to another (not a GP).
- Must fill out and send in a National Travel Assistance registration form signed by your specialist before you travel. The specialist will usually arrange this but check if you feel you may be eligible and this hasn't been discussed. Te Whatu Ora will let you know if this has been approved.
- Must keep all receipts of your costs. Do not throw away anything that you think you might need as evidence in making a claim. This includes petrol receipts, bank account verification, appointment cards or discharge letters.

Each time you make a claim, complete a National Travel Assistance claim form and send it to Te Whatu Ora. You can get assistance and the forms you need from your hospital travel coordinator, health or disability specialist, or nominated social worker. This funding scheme does not apply to private patients. For more information call freephone 0800 855 066 (option 3).

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

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

USEFUL CONTACTS

Accident Compensation Corporation (ACC)	Freephone 0800 101 996. Claims helpline www.acc.co.nz
Age Concern New Zealand	Freephone 0800 652 105. 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
Cancer Society New Zealand	Freephone 0800 226 237. www.cancernz.org.nz
Carers New Zealand	Freephone 0800 777 797. www.carers.net.nz
Citizens Advice Bureau	Freephone 0800 367 222. www.cab.org.nz Provides free, confidential information and advice.
Dementia New Zealand	Freephone 0800 433 636. www.dementia.nz
Disability Information Centres	Freephone 0800 693 342. www.nzfdic.org.nz
Eldernet	Freephone 0800 162 706. 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.
Hato Hone St John - Caring Caller	Freephone 0800 000 606. www.stjohn.org.nz Free telephone checking service offered by St John.
Health & Disability Commissioner	Freephone 0800 11 22 33. www.hdc.org.nz
Healthline	Freephone 0800 611 116. www.healthline.govt.nz Free health advice over the phone.
Ministry of Social Development (MSD)	www.msd.govt.nz For income and other support.
Nationwide Health & Disability Advocacy Service	Freephone 0800 555 050. www.advocacy.org.nz See page 12.
Office for Seniors (MSD)	(04) 916 3300. www.officeforseniors.govt.nz
Seniorline	Freephone 0800 725 463. www.seniorline.org.nz
Stroke Foundation	Freephone 0800 787 653. www.stroke.org.nz
Te Ara Ahunga Ora Retirement Commission	(09) 356 0052. www.retirement.govt.nz Retirement income and retirement village information.
Te Whatu Ora	Freephone 0800 855 066. www.tewhatauora.govt.nz Search older people.
Work and Income	Freephone 0800 552 002 (NZ Super queries) or 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.

LIVING YOUR BEST LIFE



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

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

Staying connected with friends, family and the wider community is important to Pat. Being part of a weekly coffee group helps too, although recently the group has embraced video calling to keep in touch. Pat is becoming more confident navigating the internet and has even joined an online book forum. Pat also volunteers at a local charity shop two mornings a week. Things are good now but Pat knows circumstances can change, and has put Enduring Powers of Attorney in place.

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

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

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

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



Discover More

Our friendly team can help you to learn more about Permobil's manual wheelchairs, power wheelchairs, power assist devices, and seating options.

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LEAFY GREENS & BRISK WALKS

Staying active as we age is good for our body, mind and spirit. 'Use it or lose it' is the catch-cry. So what can you do to maximise your abilities and reap the benefits?

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

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

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

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

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

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

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Freedom 

Medical Alarms

Good hearing has a far greater impact on our health than has previously been understood. Research suggests a link between hearing loss and mental decline and a risk of dementia, so it is important to get regular hearing checks and any recommended hearing aids if needed. Independent free hearing tests are available from Your Way Kia Roha, which are publicly funded (free-phone 0800 008 011). Many hearing clinics also offer free basic hearing tests and promotional offers.

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

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

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

WHO CAN HELP?

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

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

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

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



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TOOLS TO HELP KEEP YOU ABLE

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

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

Subsidised services A specialised assessment by a suitably qualified health professional is required to access loan equipment and home modification services. Contact equipment provider Enable, freephone 0800 171 981 or your older person's service for advice (page 9).

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

GALAXY OF GADGETS

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

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

More expensive gear includes:

- Walkers and scooters
- Power lift armchairs

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

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

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

Other grants Organisations such as 'Lottery Individuals with Disabilities' fund a range of mobility equipment.

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

SHOULD I STAY OR MUST I GO?

If you are weighing up whether it's the right time to sell the family pile and move on, there are myriad options available to you. Planning and research will point you in the right direction.

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

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

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 community. Equipment and/or adaptations to the home can make it safer and easier for you to live there.

FIRST, ASK YOURSELF...

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

Moving to a smaller place If your home is no longer suitable due to location, stairs or a section that is now too big, moving may be the answer. For the homeowner, this may present an opportunity to release equity to improve their lifestyle. 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 easily maintained. Over-60s units offer cluster-type housing where owners have unit title and belong to a body corporate. Check for annual costs such as rates, insurance and body corporate levies.

Moving into affordable seniors' public housing Finding suitable and affordable housing can be difficult. There are often shortages of houses and strict criteria around assets, income, and need. Contact Kāinga Ora (freephone

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

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

Private rental 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 and market rent rates see the government's Tenancy Services website www.tenancy.govt.nz or freephone 0800 836 262.

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

Moving into a retirement village This is an increasingly popular choice for those looking for age-friendly homes and lifestyles. Prices vary considerably. Pages 114-119 show examples.

Supported living/boardings These are often family/whānau style homes such as an Abbeyfield home. Residents are independent and have their own room/unit, often with shared communal areas. There may be help with some

tasks, such as housework or meals. Board or weekly rent usually applies.

Moving in with family/whānau This option works well for those where the family/whānau and older person are respectful of each other and have clear, open communication (see panel, below).

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

Safety and suitability Finally, look for a home that suits an older person. Websites such as www.lifemark.co.nz and www.goodhomes.co.nz advise you to think about such key features as accessibility, adaptability, useability, suitability, safety and value. You may be able to adapt an existing home, although those that fit these standards are usually new builds. Goodhomes has a resource kit that helps you make housing decisions and its website also gives lots of ideas about home repairs and maintenance.

A WORD OF WARNING

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



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For when you, your family or friends need social media support.



TECH'S BRAVE NEW WORLD

It's easy to be intimidated by the pace of technological change but advances in internet services, communication and health monitoring give older people lots of ways to improve their lives.

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

For many, internet access is a daily necessity. This is because the internet keeps people connected, is easy to use once you've mastered the basics (especially when using the smaller devices such as tablets, laptops and smartphones), and it allows you to find out almost anything you want to know.

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 basics. 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 free video calling to talk to people all over the world.

'Telehealth' refers to the use of technology by health professionals to

JUST IN CASE...

Mobile phones are cheaper 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. Stores like Spark and One NZ (ex Vodafone) are good places to ask some questions about what sort of mobile phone might be best for you. Big buttons make for ease of use.

remotely manage aspects of your care or monitor your health and/or safety needs. Personal alarms are a common example but as technology catches up with people's demands, the products become increasingly innovative. Technology may soon be at the point where your DNA profile can help your doctor better understand your health risks and treat you accordingly.

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

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

AGE CONCERN HAS YOUR BACK

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

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

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

Across all regions, Age Concern offers the a Visiting Service, which 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. Other programmes on offer include free 'Staying Safe' refresher courses for older drivers, 'Steady as You Go' (SAYGo) falls prevention exercise classes, and digital literacy sessions.

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

Age Concern has developed new branding to better reflect what it stands for and the work it does for older people. The refreshed logo uses feathers from the Huia bird to represent the mana of our elders and the leadership role Age Concern takes. The three colours symbolise the diverse people of New Zealand, while the circle portrays a community, friendship and respect.

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



**AGE
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NEW ZEALAND**

**He Manaakitanga
Kaumātua Aotearoa**

AGE CONCERN HAWKE'S BAY

415 Heretaunga Street, East Hastings
(06) 870 9060

manager@ageconcernhb.co.nz

HOURS: Call for opening hours

Age Concern Hawke's Bay is committed to promoting wellbeing, respect and dignity for older people. Its offerings include the Elder Abuse Response Service (EARS), Community Social Work, health promotion and opportunities for social connection. Age Concern Hawke's Bay can also complete the assessments required for the Total Mobility Scheme, which provides reduced taxi fees. Contact the organisation to learn more about the activities, social groups, exercise groups and support services they can provide to the community.

AGE CONCERN WHANGANUI

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

HOURS: 8.30am-4.30pm, Mon-Thurs

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

AGE CONCERN HOROWHENUA

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

HOURS: 9am-3pm weekdays

Age Concern Horowhenua are committed to providing services to seniors in the Horowhenua Region (including Tokomaru, Shannon, Foxton, Foxton Beach, Levin and Manakau). They offer Elder Safety and Community Support to keep you safe, independent, and strong minded. The Visiting Service provides vital social connections that many of us crave but may have lost as we get older. They also offer numerous falls prevention exercise classes for all levels of ability, workshops including 'Staying Safe' driver refresher courses, and classes on important topics including EPA and Wills to ensure your health and wellbeing is taken care of and you are well equipped with all the tools and resources you need, to make those important life decisions.

They also provide a delivered Grocery Service for those that can't get to the supermarket, an Approved Providers list of trusted trades people for jobs around the home and are trained assessors for the Total Mobility Scheme. They work towards providing services that enable seniors to live a quality, valued and most importantly, independent life in the community. Many of our services are run with the help of amazing volunteer teams, and they are always on the lookout for special people who want to volunteer and help the seniors in their community.

AGE CONCERN CENTRAL HAWKE'S BAY

15 Ruataniwha Street, Waipukurau
(06) 858 9158

chb@ageconcernhb.co.nz

HOURS: Call for opening hours

Age Concern Central Hawke's Bay

is committed to promoting wellbeing, respect and dignity for older people. Its offerings include the Elder Abuse Response Service (EARS), Community Social Work, health promotion and opportunities for social connection. Age Concern Central Hawke's Bay can also complete the assessments required for the Total Mobility Scheme, which provides reduced taxi fees. Contact the organisation to learn more about the activities, social groups, exercise groups and support services they can provide to the community.

AGE CONCERN WAIRARAPA

Solway Showgrounds, Corner Fleet & York Street, Masterton

(06) 377 0066 or 0800 65 2 105

admin@acww.nz

HOURS: 9am-3pm, Mon-Thurs

Age Concern Wairarapa based in Masterton offers Elder Abuse Response (EARS), a Visiting Service, and health promotion services. Social connections are nurtured through weekly line dancing, senior exercise 'Steady as You Go' (SAYGo) classes, and a new 'Buddy Up Community Friendships' service. Their monthly trips and regular coffee mornings (including visiting speakers) in Masterton, Carterton, Featherston and Martinborough are always a highlight.

AGE CONCERN PALMERSTON NORTH AND DISTRICTS

Unit 4/251 Broadway Avenue,
Palmerston North

(06) 355 2832 or 0800 65 2 105

info@ageconcernpn.org.nz

HOURS: 8.30am-4pm weekdays

Age Concern Palmerston North and Districts

operates in Palmerston North City Council and Manawatū Districts. As well as a Visiting Service and Elder Abuse Response (EARS), they offer a Community Support Service, which advocates for and supports older people to live independently. They provide health promotion programmes, including 'Staying Safe' driver refresher courses, plus 'Steady as You Go' (SAYGo) and 'Rhythm and Move' exercises classes. Their social connection activities include Tea and Talks, a Men's Afternoon Tea, and knitting groups. They also help people access the Total Mobility Scheme card, which saves you 50% off the cost of taxi fares.

AGE CONCERN KAPITI COAST

Room 16, Kapiti Impact Hub,
6 Tongariro Street, Paraparaumu

(04) 298 8879

admin@ageconcernkapiti.co.nz

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

Age Concern Kapiti Coast

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



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Audiologists: Jeanie Morrison-Low, MNZAS
Eloise Koenig, MNZAS.

SAFER WALKING

Te Ara Pai



WanderSearch

supports people who have a risk of going missing



We can help.

Visit our website SaferWalking.nz for ideas on supporting people at risk of going missing.

We also provide a device that assists in locating that person if necessary. It provides peace of mind for the person using the device and their family/whānau, friends and carers that should they go missing there are methods to assist in locating them quickly.

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Email safewalking@landsar.org.nz for more information, or visit the websites: safewalking.nz or wandersearchnz.org.nz

STAYING IN TOUCH

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

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

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

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

FIVE THINGS YOU CAN DO

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

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

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

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

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

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

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

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

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

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

ADVICE FOR FAMILY/FRIENDS

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



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GROUP

WHY YOU NEED TO GET AN EPA

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

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

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

If you lose mental capacity before appointing an EPA, your family or others concerned with your wellbeing must make an application to the Family Court for the appointment of a person/persons to act for you. This process comes with an emotional and financial cost, is complicated, must be repeated at prescribed intervals, and there is no guarantee the person

SETTING UP AN EPA

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

appointed will be who you would have chosen as your attorney.

The law presumes you have mental capacity, unless an assessment by your GP or another qualified health practitioner shows otherwise. The Law Commission is reviewing how the law responds when an adult’s decision-making capacity is affected; its findings, due June 2024, may change when/how an EPA is activated.

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

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

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

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

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

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

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

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

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



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HARD TO TALK ABOUT

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



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

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

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

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

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

- Learn more about money management on page 40.
- If depression and grief strike, reach out for help; see pages 48 and 59.
- 70,000 Kiwis of all ages live with dementia; read more on page 45.
- Planning ahead could help put Pat and Chris's mind to rest; page 54 lays out some options to assist them in getting their affairs in order, while page 60 will help them prepare in case of an emergency.
- Elder abuse can come in many forms; read more on page 50.
- Everyone deserves dignity at end of life; see page 57.

MANAGING YOUR MONEY

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

The financial world is increasingly complex and as we age we will come across situations we may not be ready for, such as changes to how we access our money, where it's held and how we can use it. Each person's financial situation and the management of their affairs is unique. Some will remain in paid work after retirement age, some will want to pass on an inheritance, some will want and can afford specialised financial advice and others won't. What we have in common is wanting to spend our later years as financially secure as possible.

If you'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.

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

Branch closures Banks have closed many of their branches over recent years, meaning those customers wanting to visit one are having to travel further to do so. That trend is likely to

continue. Some banks are committed to improving services for older people. Westpac for example is rolling out a dementia-friendly service in branches around the country.

Cheques Most banks have phased these out. Ask your bank about their position and find out your options.

Day-to-day expenses Many older people struggle to meet rising housing, health or living costs, or have other obligations that make it hard to manage. If you are in contact with a budget advice service, more discretion may be given if you get into hardship.

Digital currency This type of transaction is based on 'blockchain' technology. It requires a high degree of computer confidence. Take care because the values of such currencies can fluctuate widely. You are responsible for keeping your currency secure.

Donations and bequests Charitable organisations often rely on donations and bequests and many older people like to assist their favoured charity in such a way. It's wise to discuss your intentions with family/whānau to avoid misunderstandings (page 54).

Downsizing For homeowners, downsizing may be an option. The benefits are often not as great as expected though, and the housing stock available may not meet your requirements.

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



It makes purchases easy but can be easy money if it falls into the wrong hands. If you are charged for using payWave, you can use your PIN number instead.

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

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

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

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

Kiwisaver Once you reach 65, your employer does not need to contribute to your fund but you can do so. As your circumstances change it’s a good idea to review whether you are comfortable with your fund’s risk level, and whether you wish to withdraw some of it. Careful consideration is needed.

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

Monitoring your bank account Check your statements each month. Watch for spending discrepancies, cashflow

YOUR PIN NUMBER

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

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

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

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

The above is not personal financial advice. Thanks to Martin Hawes for reviewing this article. Martin is a former Authorised Financial Advisor but is no longer licensed to give financial advice. www.martinhawes.com

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



psychogeriatric care

We are a small facility looking after only 26 residents. Millvale House is divided into two small homes, both with easy access to a garden. Haumaru has wooden decking outside for the residents to enjoy, while the Aroha Nui garden has a more extensive walking area, as well as a sensory garden and a vegetable garden. All rooms have garden views.



Millvale Lodge LINDALE

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



dementia rest home care / psychogeriatric care / hospital care

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



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



Millvale House WAIKANAE

P: (04) 904 4340
E: om@millvale.co.nz
17 Millvale Street,
Waikanae 5036



psychogeriatric care

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 tranquillity of the surroundings.



Millvale House MIRAMAR

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 26 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.

KEEPING SAFE FROM SCAMS

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

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

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

There's lots of help available: check out Consumer NZ and Te Ara Ahunga Ora Retirement Commission for a start. The advice is - if it seems too good to be true, then it probably is.

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

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

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

CONSUMER NZ'S TOP TIPS

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

www.consumer.org.nz

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

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

DEMENTIA MATE WAREWARE

While dementia is not a normal part of ageing, more than 70,000 people in New Zealand live with the condition. If you or someone you care about is worried about dementia, help is at hand.

We all want to live our lives well for as long as we can. That includes those affected by dementia. In New Zealand there is an emphasis on early diagnosis, a commitment to providing appropriate information, and a well-coordinated, consistent delivery of services matched to the person's need.

What is dementia? Dementia is a progressive illness caused by physical changes in the structure of the brain. Alzheimer's disease is the most prevalent form. Another common type is vascular dementia, caused by disruption of blood supply to the brain.

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/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.

Risk factors for dementia These 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 causes of symptoms. A test called a Mini-ACE may be used.

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 or local Dementia New Zealand or Alzheimers New Zealand organisation (page 46) 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, contact:

Alzheimers New Zealand
Freephone 0800 004 001

Dementia New Zealand
Freephone 0800 433 636

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

Dementia Hawkes Bay

Hastings office:

102-106 Windsor Ave,  Hastings

Phone (06) 878 7502

Napier office:

1 Wilding Ave, Marewa, Napier

Phone (06) 834 0417

E > admin@dementiahb.org.nz

W > www.dementiahb.org.nz

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Alzheimers Whanganui

WHANGANUI:

We are relocating, please phone us for an address.



P > (06) 345 8833

E > admin@alzheimerswhanganui.org.nz

Alzheimers Manawatu

MANAWATU:

Marion Kennedy Centre
642 Featherston Street
Palmerston North 4414



P > (06) 357 9539

E > manawatu@alz-man.org.nz

W > www.alzheimersmanawatu.org

Dementia Wellington

WELLINGTON:

Hutt Hub:

55 Hutt Road,
Petone

Waikanae: Office A/Level 1,
9 Mahara Place, Waikanae.

P > (04) 972 2595

E > admin@dementiawellington.org.nz

W > www.dementiawellington.org.nz



Alzheimers Wairarapa

WAIRARAPA:

Doug Lamb building
Solway Showgrounds,
Corner York & Fleet Sts,
Masterton 5810



P > (06) 377 7522

E > tam@alzheimerswairarapa.co.nz

W > www.alzheimerswairarapa.co.nz



Finding parts of life hard to grasp?

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

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

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

DEALING WITH DEPRESSION

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

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

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

NEED HELP?

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

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

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

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

Older people experiencing depression often misunderstand it and it is often hidden from those who may be able to help. For these reasons the real rate of depression in older people is unknown but is thought to be quite high. Perhaps the stereotype of 'grumpy old people' has its origin in hidden depression.

The good news is that depression is not a normal part of ageing. While it can be serious, in most instances it can be successfully treated. There's real benefit in sorting it out early.

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

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

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

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

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

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

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

TIPS TO KEEPING WELL

Connect: Stay in touch with people if possible.

Give: Get involved with your community.

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

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

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

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

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

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

FIVE WAYS TO WELLBEING



**TALK & LISTEN,
BE THERE,
FEEL CONNECTED**



**Your time,
your words,
your presence**



**REMEMBER
THE SIMPLE
THINGS THAT
GIVE YOU JOY**



**EMBRACE NEW
EXPERIENCES,
SEE OPPORTUNITIES,
SURPRISE YOURSELF**



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

FACING UP TO ELDER ABUSE

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

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

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

There are six types of elder abuse:

WHERE TO GET HELP

If there is immediate danger, call 111 for the police or ambulance. If you are being abused or know someone who is, you can ring your local Elder Abuse Response Service below. They can arrange to see you in person if needed. You can also ring the 0800 32 668 65 or text 5302 for free help, 24 hours a day, 7 days a week.

Age Concern Hawke's Bay

(06) 870 9060

Age Concern Horowhenua

(06) 367 2181

Age Concern Palmerston North

(06) 355 2832

Age Concern Wairarapa

(06) 377 0066

Age Concern Wairoa

027 358 2493

Age Concern Whanganui

(06) 345 1799

The Trust Tararua

(06) 376 7608

Wesley Community Action (Greater Wellington region)

(04) 805 0880

Financial abuse is the inappropriate, illegal or improper exploitation of the funds or property of the older person. This may be without their consent, or if consent is given, it may be under pressure. Threats may be made or the 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 that disadvantage the older person.

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

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

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

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

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

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

Dependency issues, a change in who makes decisions, loneliness and ageism all play a part. Those who cross the line may justify their behaviour to themselves – "I can do what I like in my own home"; "It's no-one else's business"; "They'd be in a rest home if it wasn't for me". They may tell themselves it's not theft but payment

for what they do, or that they're going to inherit the money anyway. Other times there may be a lack of awareness or disregard of the needs and rights of the older person and the process of ageing. For example, not understanding that Koro needs help with taking his pills, eating or with his personal care; or that Grandma cannot be responsible for others in the household now; 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 possible; or that the pension is for Poppa's needs and not spending money for the kids.

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

**Most elder
abuse is hidden
in plain sight**

CALL OUR FREE HELPLINE

**ELDER ABUSE
IT'S NOT OK**

SPEAK OUT **0800 326 6865**
support@elderabuse.nz | text: 5032



To Tari Kaumātua
Office for Seniors

New Zealand Government

EXPERT Q&A: EQUITY RELEASE

Equity Release, also known as a reverse mortgage, is an option for older people who are asset rich but cash poor. There are fishhooks though. To find out more, we quiz financial author and speaker Martin Hawes.

What is Equity Release? Home Equity Release allows older people to access the capital they have in their homes. Many people are asset rich but cash poor and could enjoy a better life if they were happy to borrow on their home using a product like this.

Some worry about the interest rates these schemes charge, that people could end up losing their homes or significantly reducing their future options. Can you comment? It's true, borrowing using home equity release incurs greater interest, usually about 2% above variable mortgage interest rates. This is because the lender is not getting payments in cash; rather, they will have to wait until the property is sold. There is also more uncertainty for them.

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 be forced to surrender any other money to the lender.

If you draw down on the equity in your house, your children or those who might inherit will receive a lesser amount. Remember it's not just the

CASE STUDY: MRS G

Mrs G, an 87-year-old widow, owns and lives alone in her own home. It is worth around \$700,000. 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 as well as 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 care home (about \$1280 a week). Susan wants to support her mother's decision. How can Mrs G structure her finances to achieve her goal?

Martin Hawes: Mrs G could stay at home and use a Home Equity Release to pay for additional care. Withdrawals are structured according to each bank's level of lending. Depending on the age of the borrower, this could be 20% to 50% of the home's value. The loans often allow smaller amounts to be drawn down as needed.

The bank agrees to lend Mrs G 40% of her home's value, equating to \$280,000. This sum could allow Mrs G to live at home with agency-supplied extra help (at \$1500 a week) for about three and a half years. Mrs G should hold on to the \$10,000 for emergencies. Due to the value still left in her home, Mrs G is unlikely to spend down to the Residential Care Asset Threshold, so won't be eligible for a Residential Care Subsidy (page 144).

capital you draw down that must be repaid. The interest will compound, adding to the total debt to be repaid.

Your future options can indeed be limited. For example, should you move to a retirement village, you will usually find lenders do not lend on Licence to Occupy premises, which is the most common type of tenure in villages. If you need equity to fund aged residential care, some village operators may offer assistance.

What happens when 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 to the new house. However, it would be more likely that the borrower would repay what is owed because freeing up some cash would be one of the purposes of the downsizing and it would make financial sense to use some of that cash to repay the loan.

What do people use them for? Lots of things. Home repairs and maintenance, access and safety upgrades to the house so they can stay there longer, buying in more care assistance, replacing a car, medical or surgical treatment, or on visiting family/whānau.

What else do you advise? There are other products on the horizon that may allow you to receive cash from your house while still living there. In any event, you should discuss this with your family/whānau or advise them of your intentions, to avoid any potential issues in the future. You should also discuss this with your lawyer. Older people should not feel guilty about not leaving an inheritance. After all,

it is their money. Before signing with a lender, you should get some advice from a lawyer.

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

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

Disclosure: Due to his support for Equity Release, Martin Hawes has been a paid speaker at seminars run by Sentinel and Heartland Bank, previous and current suppliers of this product. He receives no ongoing remuneration. This is not financial advice and Martin Hawes strongly recommends that people take professional financial advice before deciding on any major financial transaction, including home equity release. www.martinhawes.com

Celebration for End of Life Planner

Helping your family and friends through the funeral-planning process by clearly stating your wishes



This 35-page planner helps you document your preferences for your end of life celebration, including the type of service, attendees, catering, flowers, music, photo or video displays, burial methods, final resting place and more.



www.endoflifeplanning.me
endoflifeplanning.me@gmail.com

PLANNING PUTS YOU IN CONTROL

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

Thinking about and planning for the end of our life is something many of us would rather not do. Often, though, facing this is liberating. While there are cultural differences around this subject and different ways of managing it, many people find that taking the time to plan puts their mind at rest and allows them to get on with living. Being clear about what you want for the future is helpful too for those who might need to act on your behalf.

One way to do this is to set some time aside to talk with those closest to you about your wishes. It also gives you the opportunity to reminisce and spend some special time together. Remember that any plans made need to be reviewed frequently, especially if your circumstances change.

Making a Will We are all advised to make a Will. This allows for the administration and distribution of your estate (everything you own) after your death. It is important you do this so your wishes are known. If you die without having made a Will, your property is distributed according to the terms laid down in law, which may not be as you would wish. This is usually more costly to your estate and a slower process.

It's important to make a new Will

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

Advance Care Planning An Advance Care Plan, or ACP, spells out to family/whānau, those closest to you, those who hold your Enduring Powers of Attorney (page 36), and your GP your intentions and wishes with regard to your future healthcare needs. Your wishes may be more detailed in your Advance Directive. Workbooks have been designed to guide you through the process. A template version is available on the The Health Quality and Safety website www.hqsc.govt.nz - find it under the 'Our Work' section, alongside other resources to help you through the process. If you don't use the internet, ask your healthcare team where you can get a paper copy.

Living Will or Advance Directive

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

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

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

Funeral planning Many people like to have a say as to what happens after their death. Planning gives them confidence that others know about their wishes, and reassurance that they have done all they can to make it easier for grieving family/whānau and friends. There are many things to consider. If you want a funeral, who will arrange it? Would you use a preferred funeral director or is something informal desired? You can plan it all yourself but this option requires more consideration, investigation (the internet is very useful for this topic) and planning.

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

PREPAID FUNERAL

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

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

If you are being assessed for an RCS (page 144), up to \$10,000 for a prepaid funeral is exempt from the asset test.

Funeral insurance is different

Get financial advice or visit www.consumer.org.nz

like to ask people to donate 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 the possibility. In Māori culture it is an honour for the deceased to return to their home marae, so extended whānau/family may arrive to discuss this with the bereaved. Other cultures will require a quick burial.

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



Your Locally and Family
Owned Funeral Homes

Using a locally owned funeral home matters

It's often difficult to tell which funeral companies are owned locally and which are owned by overseas corporates.

We believe most New Zealanders prefer to support locally owned businesses. To assist you we have listed some locally and family owned companies in your area.

The Benefits of Locally Owned and Family Owned

Locally owned and family owned funeral directors live and work in your community, therefore their business 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

Natural Burials

Wellington | Ph 0800 326 752
www.wellingtonnaturalburials.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 Funeral Directors

Palmerston North | Ph 06 355 2529
robertjotton.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

Gentle Touch Funeral Services

Hastings | Ph 06 876 7942
www.gentletouch.co.nz

DIGNITY AT END OF LIFE

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

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

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

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

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

their support networks. It takes a holistic approach, incorporating medical and nursing care with psychological, social and spiritual components. It aims to provide comfort and dignity to people and their loved ones by maximising quality of life, managing symptoms, and offering individual care and support.

Palliative care is commonly associated with hospice, although it can also be provided by trained hospital teams, some GPs, home-based support services, district nurses, staff at a residential care home, specialist nurses, or hospice staff working in the community. They will help you understand treatments such as chemotherapy and radiotherapy, assist with managing any distressing complications, and provide education for you and your loved ones.

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

Residential care If remaining at home ceases to be an option, you may need to move to a care home. Payment and funding rules vary - ask your local provider about how this is funded in your region. Funding may also depend on any pre-existing condition. This means that depending on the circumstances, some people may have

to pay for part or all of their care. Ask your service coordinator about what applies in your situation. Work and Income can clarify queries on residential care payments.

Hospice staff and their associated palliative care and volunteer teams are skilled at delivering end of life care. Hospice often provide inpatient services for respite, symptom and pain management, or support if their care cannot be provided elsewhere. At the end of life, some people may have the option to spend time in a hospice. While Hospice New Zealand do not agree with assisted dying, they will continue to support people regardless of their beliefs. You can find practical resources at www.hospice.org.nz, including downloadable versions of the 'A Guide for Carers' booklet and 'The Palliative Care Handbook'.

Assisted dying The End of Life Choice Act 2019 came into law in New Zealand on 7 November 2021. This means that those over 18 who experience unbearable suffering from a terminal illness can legally ask for medical assistance to end their lives. The legislation sets tight controls on who can avail themselves of the option. The decision to receive assisted dying is entirely yours and you should never feel pressured by anyone including a friend or family member. You can also change your mind at any time. You must first raise the subject with your doctor as they are not permitted to raise it with you. If you find your doctor unwilling to assist you through this journey, you have the right to choose another one who will help. The SCENZ Group maintains lists of medical and nurse practitioners willing

HOSPICES IN YOUR AREA

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

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

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

to provide parts of the assisted dying service. Find detailed information about your rights under the Act on the Te Whatu Ora website.

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

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

COPING WITH GRIEF

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

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

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

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

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

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

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

YOU'RE NOT ALONE:

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

BEING PREPARED

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

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

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

Pandemic planning Of course, one topic has dominated our lives recently: COVID-19. The pandemic has affected us all in one way or another and it's safe to say we are living a 'new normal'. Yet it's not the first pandemic to hit our shores recently and it won't be the last, so we need to be prepared for what comes our way:

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

KEY CONTACTS

Call 111: Police, Fire, or Ambulance during an emergency.

Regional Emergency Management:

- Hawkes Bay (06) 835 9200
- Manawatū-Whanganui (06) 349 0515
- Wellington (04) 830 4279

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

KNOW YOUR OPTIONS

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

Pat and Chris can't believe it; they're having an interRAI assessment in the same week. Both are understandably a little anxious about the assessment process but have been assured by their GP that the outcome will provide a clear idea of what is best for them and their situation.

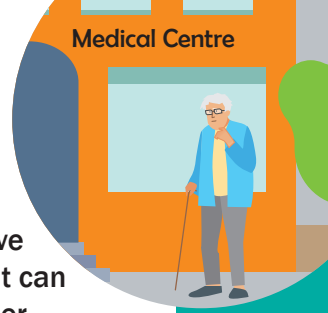
interRAI is an internationally recognised, computer-based assessment programme used throughout New Zealand to assess a person's needs, both in the community and in care homes. The assessment is completely confidential to you, your healthcare professionals and those you allow to see it. It focuses on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

Pat's assessment comes after having fallen and suffered a broken wrist earlier in the year. Having waited almost six months for an assessment, Pat is pleasantly surprised with the outcome: as well as being referred for physiotherapy sessions, Pat has been encouraged to attend some strength and balance classes (which happen weekly in the village gymnasium) and to gradually get back into swimming.

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

Learn more about Pat and Chris's interRAI journeys:

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



INTERRAI: HOW DOES IT WORK?

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

You may be referred for an interRAI assessment or you can self-refer via older person's services (page 9). The process begins with a health professional consulting you and your family/whānau or carers, making observations and referring to other clinical information. The assessment covers areas such as your physical wellbeing, health conditions, activities, mood, medications, and living circumstances.

Using this information, the assessor creates a profile of your needs and opportunities. This profile is available to those who need to be involved in your further care, meaning they all have the same information.

Your local Te Whatu Ora (formerly DHB) manage referrals in this region. Assessments are completed by registered health professionals, skilled in older people's health, who are trained interRAI assessors. These professionals are part of a service that may also be known as NASC and are often based at your local hospital, in home and community support agencies, and at residential care homes. Assessments are done in person, usually in the place you live or occasionally over the phone. You can have a support person

POINTS TO NOTE

- Those with greater needs are given priority.
- Your assessment should be done as soon as possible after referral but there may be a waiting list. If you can't manage or need further help during that time, go back to your local older person's service (page 9), healthcare service or GP. In an emergency, call 111.
- If your assessment identifies health conditions that require attention, these should be addressed.
- Your assessment is not something you need to 'pass'. Being honest about your situation will help you receive the right support.
- Funded support services are reviewed as required. If your needs change, you will be reassessed.
- If you can afford to, you can pay privately for support services.
- If, after assessment there is a change in your circumstances, including financial, let your older person's 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 are free to NZ citizens and those residents eligible for publicly funded services.

with you during the assessment.

An interRAI assessment does not determine the range, type, or hours of services to be allocated; however, it

informs the resulting Care Plan, which will be worked out with you.

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

Your support may also include personal care, household/domestic assistance, equipment to make essential daily activities easier for you to complete, and carer support funding. If your needs change, your assessment will need to be updated.

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

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

Several criteria determine what you pay for and what is publicly funded/subsidised. These factors include your assessed need, whether the service is deemed essential, and whether you are able to pay. Whether or not you have a Community Services Card is often a factor too. Just what 'essential' means has changed over time, and may vary from region to region - although the new health system aims to standardise this more. Make sure you let your assessor know what an essential service is for you: it may not be funded but it will be noted. If you can afford it, you can pay privately for such services.

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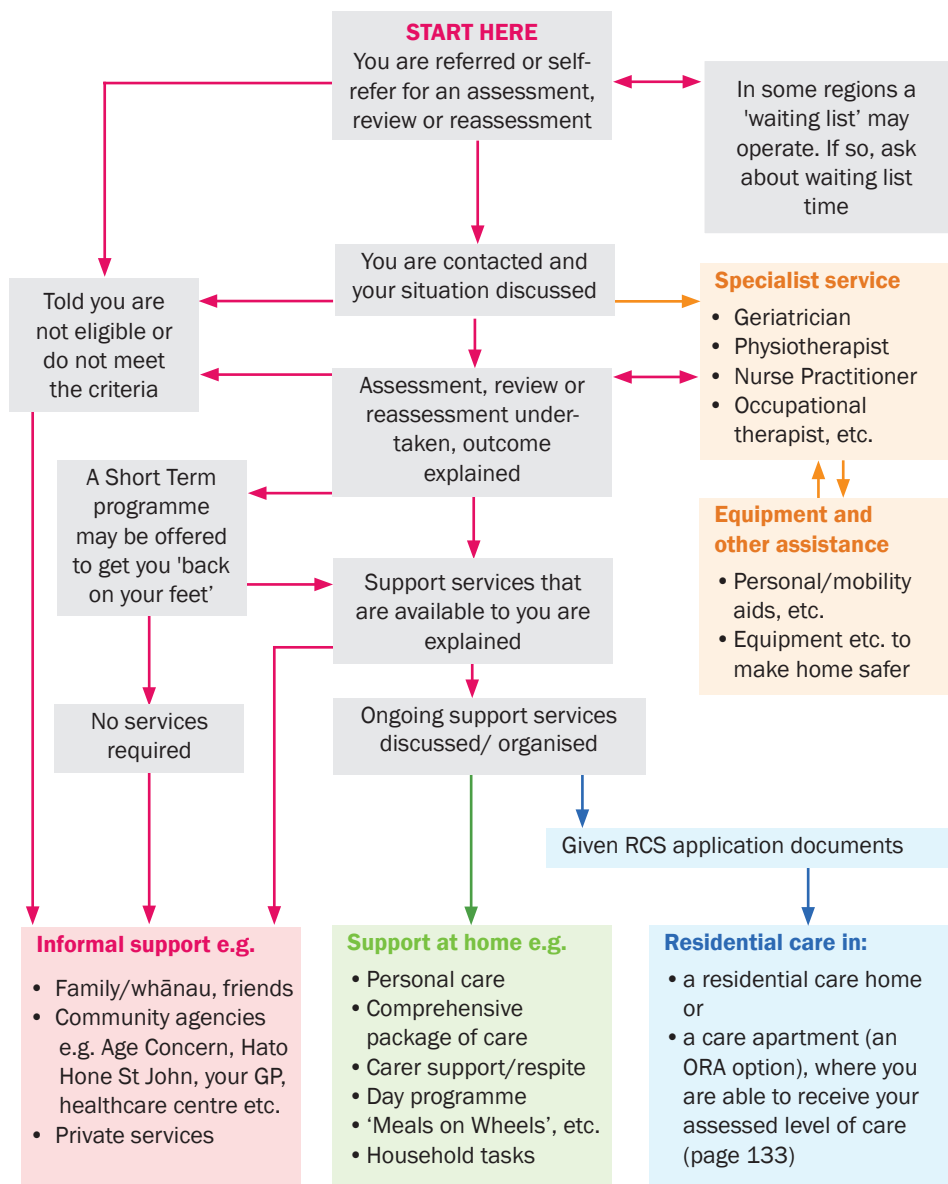
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ASSESSMENT PROCESS & POSSIBLE OUTCOMES



Let your service provider or older person's service (page 9) know if your needs, personal or financial situation have changed. If you do not agree with any part of this process, you can also ask for a review.

PAYMENT FOR SERVICES*

Service Type	How provided & type of payment	More info
<p>Informal support Ask for information about services you think might be helpful</p>		
Community services, e.g. Age Concern, St John, your GP, etc.	Community services are often free (funded by grants etc.), some may be subsidised, others may ask for a private contribution e.g. koha, donation, fixed fee.	Pages 18, 30
<p>Home support You will be advised about your eligibility, etc.</p>		
Household tasks	May be funded for those who have an identified need and who hold a Community Services Card; may be restricted to those with high and complex needs. Household members are encouraged to assist. Private payment is an option.	Pages 68-69 73-81
Personal care	Usually funded for those with complex needs and for others if assessed as required. Private payment is an option.	Pages 68-69 73-81
'Higher needs' support	Support services adjusted as required. A care/case manager/navigator is often allocated to support you.	Page 73
Carer Support & Respite programmes	Usually funded if allocated; may require private 'top-up'. Residential care beds usually accessed on an 'as available' basis. Private payment an option. In some areas, advance booking may be possible.	Pages 82-88
Day programme	Usually funded if allocated; may require private 'top-up' or transport fee. Private payment an option.	Pages 85-88
Meals on Wheels (delivered)	Not available in all locations; may be subsidised if allocated; usually with small additional payment.	
<p>Equipment etc. Your older person's service may make a referral</p>		
Personal/mobility aids	May be funded if eligible. Private payment an option.	Page 25
Equipment, etc. to make home safer	May be funded if eligible. Private payment an option.	Page 25
<p>Residential care You will be advised about your eligibility, etc.</p>		
Rest home Dementia care Hospital Psychogeriatric	Private payment; Residential Care Loan; Residential Care Subsidy (RCS) if eligible.	Pages 144-147 151
Residential care in a care apartment	Capital Contribution that you pay; probable ongoing private payment; Residential Care Loan; Residential Care Subsidy (RCS) if eligible.	Pages 124 144-147

*Funded services relate to funding through the public health system

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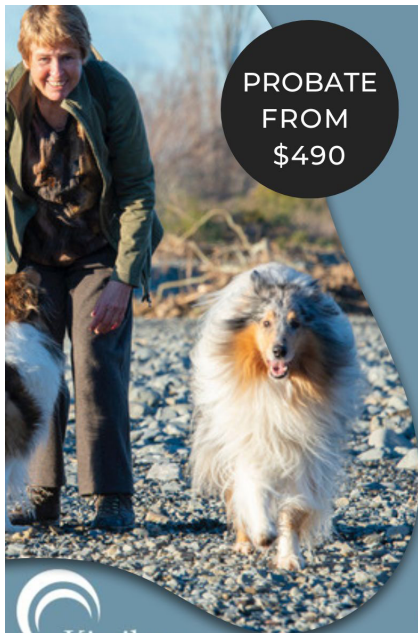
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HELP IN YOUR HOME



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

Pat still enjoys living independently but is finding it increasingly difficult to keep the retirement villa ‘ship-shape’ and even the small garden (which Pat has been fastidious about upkeeping) is becoming unmanageable. Pat also doesn’t have the energy to walk the dog every day.

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

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

Learn more about Pat and Chris’s home support options:

- Getting a little support when needed can make a world of difference; read more on page 68.
- What home support services might Pat and Chris access? Find out on pages 73-75.
- Discover a list of home support providers by region on pages 77-79.
- Maintaining a positive mindset can be key to a positive outcome; see page 70.
- Use the guide on page 81 to prepare for what can be an unsettling time.
- Carers also need time out to recharge; read more on pages 82-88.

DON'T NEED HELP YET?

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

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

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

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

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

HOW FAMILIES CAN HELP

It can be hard watching a loved one struggling to do things for themselves; it may trigger a host of emotions. You may be worried for them, sad, or frustrated that you’ve been trying to get support for them for a long time. You may be angry about past decisions or concerned about family/whānau dynamics. While various family/whānau members will have ideas about what should happen next, so will your loved one. An assessment will give a good understanding of what is needed for them to live a safe and good life. What they choose to do may be different to what you might want. For some, feeling a sense of belonging may be more important than having a tidy home; while for others, maintaining relationships and connections will be most beneficial.

How can you as family/whānau support your relative’s choices? Formal support services may be provided following the assessment; can you work in with or supplement these? Those who are unable to help may be able to contribute by buying extra support services. You may be surprised at what you can achieve together, if you plan well. At times like this, family/whānau dynamics can come under pressure but a common purpose will help you work it out. Be clear about what you can offer, respect your differences, show goodwill, share information, and avoid difficult conversations when stressed.

- Be as active as you can. This helps to improve your physical health, maximises your skills and abilities, boosts your confidence and increases the chemicals in your brain that improve your mood.
- Get enough sleep, reduce your alcohol intake and eat healthily. Eat with others when you can; make an easy lunch to share with a friend.
- Getting out and about is important. Ask Waka Kotahi (0800 108 809) and Age Concern about driver resources. Specialist driving/taxi services are invaluable to many people. You may qualify for subsidised taxi vouchers through the Total Mobility Scheme. Public transport (Gold Card reduced fares) or a mobility scooter may be an option.
- Make housework as manageable as possible. Perhaps you need someone to work alongside you on cleaning and decluttering so you can feel on top of

things: Age Concern will know who provides these services.

- Build a good relationship with your healthcare team. They need to know what's going on so they can best advise and support you now, and in the future. Have you told your GP about anything that's worrying you? Being actively involved in your health care helps you maintain your independence.
- You may be eligible for some extra funding assistance to help pay for disability-related expenses. The Ministry of Social Development (MSD) manage this type of assistance through specialised funding, like the Disability Allowance. Discuss this with your doctor, as they need to complete a doctor's certificate as part of your application.
- Visit a mobility and equipment shop. You may find something you need now or it may help you plan for the future.



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MANAGING YOUR MINDSET

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

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

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

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

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

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

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

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

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

Chris and Pat The Home Support Journey

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

Pat lives alone in a home within a retirement community and is finding it difficult to manage. Pat's options are dependent on the retirement village contract.



Pat and Chris have been assessed (see page 62) and are eligible for subsidised **Home Support Services**.

What are Chris and Pat's options?

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

A Support Package may include...

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



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

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



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WHAT SUPPORT CAN I GET?

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

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

There are two ways these services can be paid for; by private payment or by public funding (a subsidised service). Note: short term intensive support programmes that you may be offered and ACC services are managed and funded differently.

Publicly subsidised (funded) services

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

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

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

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

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

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

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

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

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

- A person from the agency will contact or meet with you (and your family/whānau if you choose) to talk about what you need and how this can be arranged.

LET'S SET SOME RULES

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

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

See pages 12 and 50 for more information.

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

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

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

Occasionally things do not go as planned and you need to make a complaint. If this is not sorted out satisfactorily, or if you feel uncomfortable making a complaint to your home support agency, you can get guidance from your local Health and Disability Advocacy Service or contact your local older person's service (page 9).

Notes about private services If you engage a private service, you need to manage part or all of this relationship, including the financial aspects, or have someone else (such as the person who holds your EPA) do this with you or on your behalf. It's crucial to have a written and signed agreement between you and the provider or support worker.

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

You should also know:

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

Staying at home when you could go into a care home

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

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

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

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



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HOME SUPPORT PROVIDERS

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

Key: * Has a Te Whatu Ora Age Related Contract for Home Based Support Services
 Note: Contracted providers may change over the life of the book.
 + Provide short term home support

TE WHATU ORA CAPITAL, COAST & HUTT VALLEY		
PROVIDER	PHONE	AREA SERVICED
Access Community Health*	0800 284 663	Wellington, Kapiti & Hutt Valley
Nurse Maude Homecare*	0800 687 738	Wellington, Kapiti & Hutt Valley
Care on Call	0800 66 44 22	Wellington, Kapiti & Hutt Valley
Connie's Angels Homecare Ltd page 69	0800 10 24 63	Wellington, Kapiti & Hutt Valley
Custom Care Nursing	0508 687 737	Wellington, Kapiti & Hutt Valley
Geneva Healthcare	0800 436 382	Wellington, Kapiti & Hutt Valley
HealthCare NZ	0800 002 722	Wellington, Kapiti & Hutt Valley
Healthvision	0508 733 377	Wellington, Kapiti & Hutt Valley
Home Comfort+	0800 435 749	Wellington, Kapiti & Hutt Valley
Life Plus	0508 543 369	Wellington, Kapiti & Hutt Valley
Miranda Smith Homecare	0800 600 026	Wellington, Kapiti & Hutt Valley
MyCare	(09) 887 9777	Wellington, Kapiti & Hutt Valley
Private Care page 72	0800 55 55 88	Wellington, Kapiti & Hutt Valley
The Good Companion	0800 457 044	Wellington & Kapiti
TE WHATU ORA TE PAE HAUORA O RUAHINE O TARARUA MIDCENTRAL		
PROVIDER	PHONE	AREA SERVICED
Geneva Healthcare*	0800 436 382	MidCentral
HealthCare NZ*	0800 002 722	MidCentral
Lavender Blue Nursing & Home Care* page 76	(06) 353 7218	MidCentral
Access Community Health	0800 284 663	MidCentral
Care on Call	0800 66 44 22	MidCentral
Custom Care Nursing	0508 687 737	MidCentral
Healthvision	0508 733 377	MidCentral

HOME SUPPORT PROVIDERS CONTINUED

TE WHATU ORA TE PAE HAUORA O RUAHINE O TARARUA MIDCENTRAL CONTINUED		
PROVIDER	PHONE	AREA SERVICED
Home Comfort+	0800 435 749	Palmerston North & environs
Life Plus	0508 543 369	MidCentral
Miranda Smith Homecare	0800 600 026	Horowhenua/Manawatū
MyCare	(09) 887 9777	MidCentral
Private Care page 72	0800 55 55 88	MidCentral
TE WHATU ORA TE MATUA A MĀUI HAWKES BAY		
PROVIDER	PHONE	AREA SERVICED
Access Community Health*	0800 284 663	Hawke's Bay
HealthCare NZ*	0800 002 722	Hawke's Bay
Te Oranga Tautiaki*	0800 656 889	Hawke's Bay
The Enliven Restorative Home Support Service* page 63	(06) 281 2534	Hawke's Bay
Care on Call	0800 66 44 22	Hawke's Bay
Custom Care Nursing	0508 687 737	Hawke's Bay
Geneva Healthcare	0800 436 382	Hawke's Bay
Healthvision	0508 733 377	Hawke's Bay
Life Plus	0508 543 369	Hawke's Bay
Miranda Smith Homecare	0800 600 026	Hawke's Bay
MyCare	(09) 887 9777	Hawke's Bay
Private Care page 72	0800 55 55 88	Hawke's Bay
TE WHATU ORA WAIRARAPA		
PROVIDER	PHONE	AREA SERVICED
Access Community Health*	0800 284 663	Wairarapa
Community Services (Homelinks)*+	(06) 946 9803	Wairarapa
Custom Care Nursing*	0508 687 737	Wairarapa
HealthCare NZ*	0800 002 722	Wairarapa
Care on Call	0800 66 44 22	Wairarapa
Geneva Healthcare	0800 436 382	Wairarapa
Healthvision	0508 733 377	Wairarapa
Life Plus	0508 543 369	Wairarapa
Miranda Smith Homecare	0800 600 026	Wairarapa
MyCare	(09) 887 9777	Wairarapa
Private Care page 72	0800 55 55 88	Wairarapa

TE WHATU ORA WHANGANUI		
PROVIDER	PHONE	AREA SERVICED
Access Community Health*	0800 284 663	Whanganui, Waimarino, Taihape & Rangitikei
Te Taihāhā Disability Support Services (Te Oranganui Trust)*	(06) 349 0007	Whanganui
Geneva Healthcare*	0800 436 382	Whanganui, Waimarino, Taihape & Rangitikei
HealthCare NZ*	0800 002 722	Whanganui, Waimarino, Taihape & Rangitikei
Care on Call	0800 66 44 22	Whanganui & Rangitikei
Chrissy's Caregiving	(06) 343 1711	Whanganui
Custom Care Nursing	0508 687 737	Whanganui, Waimarino, Taihape & Rangitikei
Healthvision (NZ) Ltd	0508 733 377	Whanganui, Waimarino, Taihape & Rangitikei
Home SWEET Home Care	(06) 927 5055	Whanganui, Rangitikei & Manawatū
Life Plus	0508 543 369	Whanganui, Waimarino, Taihape & Rangitikei
Miranda Smith Homecare	0800 600 026	Whanganui, Waimarino, Taihape & Rangitikei
MyCare	(09) 887 9777	Whanganui, Waimarino, Taihape & Rangitikei
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HOME SUPPORT: THINGS TO CONSIDER

Letting someone into your home to support you can feel daunting. Use this list to help navigate the process. Download a checklist at www.eldernet.co.nz

BEING PREPARED

Have you thought about what's going to make life easier? Do you need help with housework, your personal care or something else?

What support can your friends and family give?

! Will you have to pay for the services yourself or will they be subsidised? Eligibility to funded services is via an assessment.

PRACTICAL THINGS

Do you check credentials before you let unknown people into your home?

! Are you careful about your financial practices? Never give your bank card and PIN, or large amounts of cash to anyone.

If you are partially or fully paying for the service, do you have a clear indication of the fees? Check whether 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?

Can the agency deliver culturally appropriate care, if required?

YOUR SUPPORT WORKER

Do you have a choice about who will provide your service?

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 assistance from your support worker? It's a good idea to do as much for yourself as you can.

YOUR SUPPORT OR CARE PLAN

Has the agency worked with you to establish a clear support/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 the Care Plan? You should have input.

Does this plan make it clear if you need to pay for anything?

Do you know what will happen if your health needs change?

PROBLEMS

! Do you have information about who to call if you have questions or complaints about the service?

If you wish to stop the service or change the agency, have you been given details about how to do this?

CARING FOR YOUR CARER

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

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

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

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

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

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

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

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

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

Resources Think about the practical resources you already have and

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

Assessment Access to subsidised services that will help you manage your day-to-day requirements, including personal hygiene and showering assistance, is determined by an assessment (pages 62). Any supports you receive need to work in tandem with that provided by your carer. As there is huge variation in the type of support a carer can provide, it is particularly important that everyone involved in your care understands the level of confidence, skills, strengths and abilities of your carer. This person needs to be recognised as a key member of your team and included in decision-making.

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

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

Time out It is easy to get tied up in the day-to-day practicalities and this can become isolating. Try to keep life normal for you both; if possible, go to social events and day programmes, use the Total Mobility Scheme if transport assistance is needed and if you are eligible (page 17) and accept offers of help.

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



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

Carer Support Subsidy This payment is designed to allow full-time carers to

take a break. A full-time carer is defined as someone who provides more than four hours of unpaid care per day. The subsidy can be used to purchase products and equipment, such as a home monitoring device to support the care of someone living with dementia. It can also be used to pay, or contribute to the cost, of formal or informal care. Formal care is provided by a registered agency, like a home support provider, care home or contracted day programme. Informal care can be provided by a family/whānau member, friend or other support person; this includes people living in the same household as you.

Carer Support days are allocated depending on the need identified via an assessment by a Needs Assessment Service Coordination (NASC) service. Both your needs, and those of your carer, are considered. The allocation is reviewed each year. Carers can choose how they wish to claim the subsidy, for example, claiming a few days at a time or the whole annual budget at once.

The daily payment rate in this region is \$80. If Carer Support is taken at a care home, a top-up payment may be required to cover the full cost of the service (ask about this when booking).

For payment, your carer needs to ensure the assessment is done and allocation approved, that purchases meet guidelines, and that receipts are kept and provided as necessary. Carers also must keep track of the days they have used (if they haven't been paid out the full total), make any bookings needed, and arrange for the payment of the relief carer.

Claim forms and other supporting documents can be emailed to

FIND OUT MORE

- For more information or to receive a copy of their free booklet 'A Guide for Carers' call Carers NZ on freephone 0800 777 797.
- Keep on the lookout for other support that may be available in your area or for any new developments. Contact your local older person's service for updates.

csclaims@health.govt.nz or posted to Private Bag 1942, Dunedin 9054. Find the Carer Support Claim Form (and tips for filling it out) on the Te Whatu Ora website. You can also contact the Carer Support Line on freephone 0800 855 066.

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

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

The impact of COVID Some services have been, and will continue to be, impacted by COVID (and other contagious illnesses such as the flu). For example, a day programme may have to close temporarily due to staffing shortages. Be patient, be kind and have a Plan B – there are other options available and this too will pass.

SOCIAL, KAUMĀTUA & DAY PROGRAMMES

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

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

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

Contracted Day Programmes and Other Social Programmes: Most of these day programmes and the more social and recreational programmes are generally based in one venue. Some residential care services may also provide a day programme; contact the care home directly (see pages 94-107 for a list of care homes in your region) or your NASC/older person's service for details (page 9). A financial contribution may be required.

Key: * Te Whatu Ora Age Related day programme contracted service (subsidised)

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

Specialist dementia support

WHANGANUI

CONTRACTED DAY PROGRAMMES	PHONE	ADDRESS
Alzheimers Whanganui*# page 46	(06) 345 8833	Please phone for address
Kowhainui Day Programme (Enliven)* page op 1	(06) 349 1400	88 Virginia Road, Otamatea
Taihape Health Centre*	(06) 388 0926	3 Hospital Road, Taihape
KAUMĀTUA SERVICES	PHONE	ADDRESS
Te Taihāhā Disability Support Services (Te Oranganui Trust)	(06) 349 0007	284 St Hill Street, Whanganui
Mōkai Pātea Services	(06) 388 1156	130 Hautapu Street, Taihape
Ngā Waihua o Paerangi Trust	(06) 385 9580	Ngāti Rangī Community Health Centre Building, 36 Burns Street, Ohakune
Te Kotuku Hauora	(06) 327 5594	85 Henderson Line, Marton
Te Puke Karanga Hauora	(06) 385 5019 027 741 9177	22 Seddon Street, Waimarino Health Centre, Raetihi
OTHER SOCIAL PROGRAMMES	PHONE	ADDRESS
Menzshed	021 070 2258	Various locations
Taihape Older and Bolder	(06) 388 0109	REAP Building, 1 Tui Street, Taihape

CAPITAL, COAST & HUTT VALLEY

CONTRACTED DAY PROGRAMMES	PHONE	ADDRESS
Chelsea Day Care Trust*#	(04) 387 7207	7 Toru Street, Lyall Bay
Enliven Day Programme (Woburn)* page op 1	(04) 560 2826	57 Wai-iti Crescent, Lower Hutt
Kapiti Day Programme by Enliven*# page op 1	(04) 298 8060	14 Tongariro Street, Paraparaumu
Marsden Club*#	(04) 476 6719	11 Newcombe Crescent, Karori
Nikau Club (Kapiti Ret. Trust)*#	(04) 297 0162	Lodge Drive, Paraparaumu
The Redwood Club*#	(04) 232 5521	83 Redwood Avenue, Tawa
KAUMĀTUA SERVICES	PHONE	ADDRESS
Kōkiri Marae Health & Social Services	(04) 939 4630	7-9 Barnes Street, Lower Hutt
Hora Te Pai Health Services	(04) 902 7095	35 Warrimoo Street, Paraparaumu
Koraunui Marae Charitable Trust	(04) 939 6662	146 Stokes Valley Road, Lower Hutt
Maraeroa Marae Health Clinic	(04) 235 8000	216 Warspite Avenue, Porirua
Ngahuru Charitable Trust	(04) 473 2502 0508 445 645	24D Marine Parade, Petone
Ora Toa Health Unit	(04) 237 0110 0800 672 862	20-22 Ngatitooa Street, Porirua
Ōrongomai Marae Health Services	(04) 528 9409	5-7 Railway Avenue, Upper Hutt
Porirua Whānau Centre	(04) 237 7749	16 Bedford Court, Cannons Creek Porirua
Wainuiomata Marae Trust	027 439 3413	Corner Parkway Extension & Wellington Roads, Wainuiomata
CULTURE/ETHNIC FOCUS	PHONE	ADDRESS
Taeaomanino Trust	(04) 237 6062 0800 345 345	10 Prosser Street, Porirua
Pacific Health Plus Porirua	(04) 890 3620 0800 747 587	4 Bedford Court, Cannons Creek
Pacific Health Plus Kāpiti	(04) 777 0050	9 Milne Drive, Paraparaumu
Vaka Tautua	0800 825 282	9 Lydney Place South, Porirua City Centre
OTHER SOCIAL PROGRAMMES	PHONE	ADDRESS
Dementia Wellington# page 46	(04) 972 2595	Various locations
Friday Circle	(04) 384 6799	Brooklyn Community Centre 18 Harrison Street
Menzshed	021 070 2258	Various locations

WAIRARAPA

CONTRACTED DAY PROGRAMMES	PHONE	ADDRESS
Iona Group (Early dementia)* page 46 In association with Glenwood Masonic	(06) 377 7522	Glenwood Masonic Hospital, 74 Upper Plain Road, Masterton
Waicare Day Activities*	(06) 377 2986 027 315 7773	St Matthews Hall, 35 Church Street, Masterton
KAUMĀTUA SERVICES	PHONE	ADDRESS
Ngāti Kahungunu Ki Wairarapa	(06) 377 5436	187-189 Queen Street, Masterton (entry from back off Dixon Street)
Whaiora	(06) 370 0818 0800 494 246	394 Queen Street, Masterton
CULTURE/ETHNIC FOCUS	PHONE	ADDRESS
Pasifika O Wairarapa Trust	0800 727 924	23 Intermediate Street, Masterton
OTHER SOCIAL PROGRAMMES	PHONE	ADDRESS
Menzshed	021 070 2258	Various locations

TE PAE HAUORA O RUAHINE O TARARUA MIDCENTRAL

CONTRACTED DAY PROGRAMMES	PHONE	ADDRESS
Adult Day Club*	(06) 368 3032	Levin Baptist Church 17-19 Rugby Street, Levin
Marion Kennedy Centre (Alzheimers Manawatū)*# page 46	(06) 357 9539	Various locations
KAUMĀTUA SERVICES	PHONE	ADDRESS
Best Care (Whakapai Hauora) Charitable Trust	(06) 353 6385	140 - 148 Maxwells Line Palmerston North
Muaūpoko Tribal Authority	(06) 367 3311	306 Oxford Street, Levin
Rangitāne o Tamaki nui-ā-Rua	(06) 374 6860	10 Gordon Street, Dannevirke
Raukawa Whānau Ora	(06) 323 6446	148 Manchester Street, Feilding
Raukawa Whānau Ora	(06) 368 8678	152 Bath Street, Levin
Te Waiora Community Health Services	(06) 363 6030	6 Koputara Road, Himatangi Beach & 10 Lady's Mile, Foxton
Te Waiora Ki Kurawari	(06) 363 6030	2 Stout Street, Shannon
Te Wakahuia Manawatū Trust (Whānau Ora Service)	(06) 357 3400	56 Pembroke Street, Highbury Shopping Centre, Palmerston North
OTHER SOCIAL PROGRAMMES	PHONE	ADDRESS
Coombrae Day Programme (Enliven) page op 1	(06) 323 4491	32-34 North Street, Feilding
Manchester House Social Services Senior Hub page 88	(06) 323 2410	14 Bowen Street, Feilding
Menzshed	021 070 2258	Various locations

TE MATAU A MĀUI HAWKE'S BAY

CONTRACTED DAY PROGRAMMES	PHONE	ADDRESS
Dementia Hawke's Bay - Chatham*# page 46	(06) 878 7502	102/106 Windsor Avenue, Hastings
Dementia Hawke's Bay - Mahana*# page 46	(06) 834 0417	1 Wilding Avenue, Napier
Enliven Havelock North*# page 63	(06) 281 2534 0800 436 548	JH Mason Village Hall, 18 Durham Drive, Havelock North
Heretaunga Seniors*	(06) 870 7025	1120 Willowpark Road North, Hastings
Pakeke Centre*#	027 257 5916	71A Porangahau Road, Waipukurau
KAUMĀTUA SERVICES	PHONE	ADDRESS
Kahungunu Executive	(06) 838 6835 0800 621 700	65 Queen Street, Wairoa
Roopu A Iwi Trust	(06) 843 1590 0800 2 ROOPU	32 Bledisloe Road, Napier
Te Kupenga Hauora - Ahuriri	(06) 835 1840	5 Sale Street, Napier
Te Taiwhenua o Heretaunga - Kaumātua Ageing Well Programme	(06) 871 5350 0800 8249 43682	821 Orchard Road, Hastings
Te Wahanga Hauora Māori	(06) 878 1654 0800 333 671	Gate 11, Omahu Road, Hastings
OTHER SOCIAL PROGRAMMES	PHONE	ADDRESS
Menzshed	021 070 2258	Various locations



Manchester House Social Services Hub

68 Aorangi Street, Feilding
(06) 323 7191
www.manchesterhouse.co.nz

***Providing practical, compassionate support
and information***

- Senior Support Programmes
- Advocacy
- Total Mobility Assessment
- Budgeting Service
- Counselling

ALSO

Senior Hub.....**(06) 323 2410**

Opportunity Shop.....**(06) 323 5434**

Before and after school programme.....**021 106 2937**

VILLAGES, HOMES & CARE

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



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

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

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

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

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

- What are the differences between living in a village compared to a care home? Learn more on pages 90, 113 and 133.
- How much can Pat expect to be left with after selling the villa? We explain how a Deferred Management Fee works on page 112.
- Find a list of every village and care home in the region on pages 94-107.
- Not sure where to start with choosing where to live? Find lists to help with the choices on page 121 (villages) and page 148 (care homes).
- How will Pat and Chris pay for care? Discover more about the process (and the numbers) on pages 144-147.
- Finding the transition to care challenging? See page 137 for practical tips on navigating the process.

WHERE TO LIVE: THE BASICS

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

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

Registered retirement villages

‘Buying’ into a retirement village can be a great option for those who are wanting to maintain their independence while living among a like-minded community of people. Retirement villages operate under specific legislation and have unique ownership structures. ‘Purchasing’ a dwelling in a village is not the same as usual property purchases; it is not an asset you own (like your family home). While you/your estate will receive the purchase price minus the Deferred Management Fee (page 112) and any other exit fees when your unit is on-sold (page 124), you are unlikely to receive a capital gain.

The options for receiving care are more varied than ever too (if you’ve followed Pat and Chris, you will have

seen some of what’s available), so it’s important to understand what these options might mean for you.

Traditional residential care

The majority of people who have been assessed as needing a high level of care will still receive it in a care home. A few care homes offer all levels of care (page 133) while others specialise in perhaps one or two. All care must meet the needs identified in the resident’s interRAI assessment and subsequent Care Plan (page 62).

Your options may include:

- A standard room. A room in a care home that fully meets the requirements of the Age-Related Residential Care (ARRC) Agreement for accommodation, care and services (page 131).
- Premium accommodation. If you require a residential level of care in a care home, you may be offered premium accommodation at an additional cost to that of a standard room (page 132).
- Many villages now offer alternatives, such as care apartments, which combine village offerings and residential-care components (page 133).

Any facility where residential care is provided must be certified to provide that care, and have an ARRC Agreement with government funders to provide a specific type of service. To receive subsidised services, your needs must first be established via an interRAI assessment and you must meet eligibility criteria for funding.

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

Chris and Pat The Care Journey

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

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



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

What are Chris and Pat's options?

Stay living where they are?

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

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

Move to a Care Home

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

Standard accommodation.

This meets all health contracted requirements for accommodation and care.

Premium accommodation

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

Refundable accommodation deposit

An upfront refundable payment option for premium accommodation.

Dual use room

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

'Buy' a Care Apartment

If Chris and Pat have assets (e.g. from the sale of their home) they may have the option to 'buy' a care apartment (see page 133)

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

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At Summerset, you can continue to live the life you choose, with the added peace of mind of living in a secure and friendly community where you'll feel entirely at home. Summerset villages offer many opportunities to take part in events and activities and to enjoy the shared facilities, including the library, cafe, gym and green spaces.

Summerset Retirement Villages offer a wide range of homes, including villas, townhouses, and serviced apartments. You can live independently or, should you need it, you can get support and care in your own home or apartment, or in our fully certified care centre or memory care centre (subject to availability).

This means you can be confident of getting the support you need, when you need it and without leaving the village.

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Love the life you choose.

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Summerset
RETIREMENT VILLAGES

HOMES, HOSPITALS*, UNITS/VILLAGES INDEX

For details of current/daily bed availability see www.eldernet.co.nz/vacancies

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

KEY ON PAGE 107

WELLINGTON		RH	D	H	PG	CA	RV	SL	SEE PAGE
Berhampore	Arvida Village at the Park 130 Rintoul Street (04) 380 1361	✓	✓	✓		✓	✓		126
Berhampore	Vincentian Home & Hospital 2A Stanley Street (04) 380 0294	✓		✓					128
Churton Park	Ultimate Care Churtonleigh 24 Mallard Grove (04) 478 4273	✓		✓				✓	142 143
Crofton Downs	Bupa Crofton Downs 122 Churchill Drive (04) 479 1981	✓		✓			✓		1 114
Island Bay	Irwell Resthome 11 Irwell Street (04) 383 8485	✓							
Johnsonville	Cashmere Heights Home 16 Helston Road (04) 478 9051	▲		▲					op 1
Johnsonville	Cashmere Home 51 Helston Road (04) 477 7067	✓							op 1
Karori	Huntleigh Home & Apartments 221 Karori Road (04) 464 2020	✓		✓			✓		op 1 114
Karori	Karori Village - Metlifecare 29 Messines Road (04) 476 8759	✓	✓	✓					108
Khandallah	Malvina Major 134 Burma Road (04) 478 3754	✓		✓		✓	✓		114
Kilbirnie	Rita Angus 66 Coutts Street (04) 387 7626	✓		✓		✓	✓		114
Miramar	Millvale House Miramar 60 Weka Street (04) 388 6780				✓				43

KEY ON PAGE 107

WELLINGTON		RH	D	H	PG	CA	RV	SL	SEE PAGE
Newtown	Alexandra Home 71 Rintoul Street (04) 389 1232	✓							140
Newtown	Te Hopai 51 Hospital Road (04) 380 2002	✓	✓	✓					152
Newtown	Ultimate Care Pōneke House 135 Constable Street (04) 389 7007	✓	✓	✓					142 143
Tawa	Longview Home 14 Sunrise Boulevard (04) 232 6842	✓		✓					op 1
PORIRUA		RH	D	H	PG	CA	RV	SL	SEE PAGE
Aotea	Summerset at Aotea 15 Aotea Drive 0800 SUMMER (786 637)	✓				✓	✓		92 93
Kenepuru	Summerset on the Landing 1-3 Bluff Road 0800 SUMMER (786 637)	✓	✓	✓		✓	✓		92 93 115
Titahi Bay	Kemp Home & Hospital 21 Te Pene Avenue (04) 236 8099	✓		✓					
Whitby	Bupa Whitby 4 Observatory Close (04) 234 7981	✓	✓	✓	✓				1
Whitby	Whitby Lakes Retirement Village Newhaven Way (04) 234 6627						✓		
KAPITI		RH	D	H	PG	CA	RV	SL	SEE PAGE
Paraparaumu	Eldon 100 Valley Road (04) 298 8199	✓		✓		✓			
Paraparaumu	Kāpiti Village - Metlifecare 1 Henley Way (04) 296 1790						✓		108 115
Paraparaumu	Millvale Lodge Lindale 91 Main Road North (04) 297 0059	✓	✓	✓	✓				42

KEY ON PAGE 107

KAPITI		RH	D	H	PG	CA	RV	SL	SEE PAGE
Paraparaumu	Summerset on the Coast 104 Realm Drive 0800 SUMMER (786 637)	✓		✓			✓		92 93
Paraparaumu Beach	Kapiti Rest Home 91 Marine Parade (04) 902 6048	✓							134
Paraparaumu Beach	Kapiti Retirement Trust - Sevenoaks, 1 Lodge Drive (04) 297 0116	▼	✓	✓			✓		
Paraparaumu Beach	Kena Kena Rest Home 32 Percival Road (04) 902 9099	✓				✓	✓		134
Raumati Beach	Coastal Villas - Metlifecare Spencer Russell Drive (04) 296 6333	✓		✓		#	✓		108 115
Waikanae	Arvida Waikanae Lodge 394 Te Moana Road (04) 902 6800	✓		✓		✓	✓		126
Waikanae	Bishop Snedden Retirement Village Kapanui Road & St Vincent Way (04) 496 1732						✓		
Waikanae	Bupa Winara 9 Winara Avenue (04) 293 6034	✓	✓	✓			✓		1 114
Waikanae	Charles Fleming 112 Parata Street (04) 293 1350	✓	✓	✓		✓	✓		115
Waikanae	Millvale House Waikanae 17 Millvale Street (04) 904 4340				✓				43
Waikanae	Parkwood Retirement Village 99 Belvedere Avenue (04) 293 5142	✓		✓		✓	✓		110
Waikanae	Summerset - Waikanae 28 Park Avenue 0800 SUMMER (786 637)						✓		92 93 115
UPPER HUTT		RH	D	H	PG	CA	RV	SL	SEE PAGE
Clouston Park	Hutt Gables 1094 Fergusson Drive (04) 526 9292						✓		

KEY ON PAGE 107

UPPER HUTT		RH	D	H	PG	CA	RV	SL	SEE PAGE
Elderslea	Elderslea 29 Redwood Street (04) 528 0670	✓	✓	✓		✓	✓		
Heretaunga	St Joseph's Lifecare (Hāto Hōhepa Raupī Ora), 237 Fergusson Drive (04) 528 5089	✓	✓	✓					
Silverstream	Heretaunga 2 Field Street (04) 527 8181	✓	✓	✓		✓			
Trentham	Bupa Fergusson 654 Fergusson Drive (04) 528 7689	✓	✓	✓			✓		1 116
Trentham	Summerset at the Course 20 Racecourse Road 0800 SUMMER (786 637)	▲		▲		✓	✓		92 93
Upper Hutt	Benhaven 29 Golders Road (04) 527 8727	✓							
LOWER HUTT		RH	D	H	PG	CA	RV	SL	SEE PAGE
Avalon	Shona McFarlane 66 Mabey Road (04) 577 1090	✓		✓		✓	✓		116
Boulcott	Riverleigh Care 1-5 Connolly Street (04) 569 7955	✓		✓					152
Boulcott	Ropata Lodge 57 Ropata Crescent (04) 920 0846	✓					R	✓	
Boulcott	Summerset - Boulcott 1a Boulcott Street 0800 SUMMER (786 637)	#	#	#		#	✓		92 93 116
Manor Park	Manor Park Private Hospital 14 Manor Park Road (04) 563 5240				✓				
Manor Park	Woburn Masonic Care 63 Wai-iti Crescent (04) 569 6839	✓		✓		✓			
Petone	Bob Scott 25 Graham Street (04) 570 5800	✓	✓	✓		✓	✓		115

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LOWER HUTT		RH	D	H	PG	CA	RV	SL	SEE PAGE
Stokes Valley	Bupa Stokeswood 18 Glen Road (04) 562 9060	✓	✓	✓					1
Taitā	Aroha Care Centre for the Elderly 6 Cooper Street (04) 567 1026	✓		✓			✓		146
Wainuiomata	Wainuiomata Masonic Village 9 The Strand (04) 564 1118						✓		
Woburn	Woburn Apartments 61 Wai-Iti Crescent (04) 978 2590						✓		
Woburn	Woburn Home & Apartments 57 Wai-iti Crescent (04) 569 6400	✓	✓	✓			✓ R		op 1 116
PALMERSTON NORTH		RH	D	H	PG	CA	RV	SL	SEE PAGE
Awapuni	Chiswick Park Lifecare 69A Maxwells Line (06) 354 4062	✓		✓					
Fitzherbert	Summerset on Summerhill 180 Ruapehu Drive 0800 SUMMER (786 637)	✓		✓			✓		92 93
Highbury	Arvida Olive Tree 11-13 Dalwood Grove (06) 350 3000	✓	✓	✓			✓		126
Highbury	Ultimate Care Aroha 128 Monrad Street (06) 358 8093	✓	✓	✓					142 143
Kelvin Grove	Bupa Riverstone 243 Napier Road (06) 329 3053	✓	✓	✓			✓		1 118
Kelvin Grove	MiLife Kelvin Grove 53 Brooklyn Heights Drive (06) 355 4665						✓		
Kelvin Grove	Radius Peppertree 107 Roberts Line (06) 353 0004	✓		✓					141
Milson	Julia Wallace 28 Dogwood Way (06) 354 9262	✓	✓	✓		✓	✓		118

PALMERSTON NORTH		RH	D	H	PG	CA	RV	SL	SEE PAGE
Palmerston North	Palmerston North Village - Metlifecare, 7 Fitchett Street (06) 350 6400	✓		✓		✓	✓		108 118
Palmerston North	Willard Home 17 Russell Street (06) 357 6959	✓							op 1
Roslyn	Karina Lifecare 15 Karina Terrace (06) 357 6051	✓							
Roslyn	Woodlands of Palmerston 544 Featherston Street (06) 356 4619	✓	✓						146
Takaro	Manawatū Masonic Village 25 Clausen Street (06) 363 5888						✓ R		
Takaro	Masonic Court 13 Clausen Street (06) 358 9399	✓		✓					
Takaro	Palmerston Manor Lifecare 117 Botanical Road (06) 357 5919	✓		✓					
Terrace End	Brightwater Home & Village 69 Brightwater Terrace (06) 356 4190	✓	✓	✓			✓		op 1 118
West End	Cook Street Nursing Care Centre 141 Cook Street (06) 358 8530	✓		✓					
HOROWHENUA, ŌTAKI		RH	D	H	PG	CA	RV	SL	SEE PAGE
Foxton	Lonsdale Hospital & Resthome 14 Robinson Street (06) 363 8498	✓	✓	✓					
Foxton	Te Awahou Masonic Village 79 Main Street (06) 363 5888						✓ R		
Levin	Bupa Te Whanau 603 Queen Street (06) 368 1081	✓		✓					1
Levin	Horowhenua Masonic Village 685 Queen Street East (06) 368 8144	✓		✓		✓	✓ R		

HOROWHENUA, ŌTAKI		RH	D	H	PG	CA	RV	SL	SEE PAGE
Levin	Levin War Veterans Home & Village, 32-40 Prouse Street (06) 366 0052	✓	✓	✓			✓ R		op 1 116
Levin	MiLife Rosewood Park 78 Queenwood Road (06) 368 1850						✓		
Levin	Millvale House Levin 42 Mako Mako Road (06) 367 2027				✓				42
Levin	Reevedon Home & Village 37 Salisbury Street (06) 368 7900	✓					✓		op 1 116
Levin	Speldhurst Country Estate 70 Kimberley Road (06) 927 9903						✓		
Levin	Summerset by the Ranges 104-122 Liverpool Street 0800 SUMMER (786 637)	▲	✓	▲		✓+	✓		92 93
Levin	Ultimate Care Madison 144 Queen Street West (06) 367 2305	✓		✓			✓		117 142 143
Ōtaki	Ocean View Residential Care 56-58 Marine Parade (06) 364 0070	✓						✓	
MANAWATŪ		RH	D	H	PG	CA	RV	SL	SEE PAGE
Feilding	Alexander House 126 Denbigh Street (06) 323 9326	✓							
Feilding	Coombrae Home & Village 32-34 North Street (06) 323 4491	✓	✓				✓		op 1 118
Feilding	Promisia Nelson Street 38 Nelson Street (06) 280 4839	✓							6 7
Feilding	Promisia Ranfurly Manor 6 Monmouth Street (06) 323 5050	✓	✓	✓		✓	✓		6 7 118
Feilding	Westella Homestead 84 Waughs Road (06) 323 9095		✓						140

MANAWATŪ		RH	D	H	PG	CA	RV	SL	SEE PAGE
Feilding	Wimbledon Villa 204 Manchester Street (06) 323 4637	✓	✓	✓					
Feilding	Woodfall Home & Hospital Warwick Street (06) 323 8489	✓		✓					138
Feilding	Woodlands of Feilding 77 Port Street East (06) 323 9607	✓	#	✓			✓		
TARARUA		RH	D	H	PG	CA	RV	SL	SEE PAGE
Dannevirke	Promisia Eileen Mary 44 Trafalgar Street (06) 374 8241	✓		✓		✓	✓		6 7
Dannevirke	Rahiri Lifecare and Village 348 High Street (06) 374 4155	✓	✓	✓			✓		
Pahiatua	Waireka Lifecare 11 Halls Road (06) 376 8629	✓		✓					
WHANGANUI - RANGITĪKEI		RH	D	H	PG	CA	RV	SL	SEE PAGE
Marton	Edale Masonic Village 30 Bond Street (06) 327 8562	✓		✓			✓ R		
Whanganui	Abingdon Village 22 Oakland Avenue (06) 349 1494						✓		op 1 119
Whanganui	Broadview Lifecare & Village 108 Mosston Road (06) 344 6915	✓	✓	✓	✓		✓		
Whanganui	Jane Winstone 49 Oakland Avenue (06) 345 6783	✓	✓	✓		✓	✓		119
Whanganui	Kowhainui Home & Village 88 Virginia Road (06) 349 1400	✓		✓			✓ R		op 1 119
Whanganui	Lady Joy Home 64 Paterson Street (06) 343 2613	✓							

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WHANGANUI - RANGITĪKEI		RH	D	H	PG	CA	RV	SL	SEE PAGE
Whanganui	Living Waters Rest Home 136 Great North Road (06) 345 2319	✓							
Whanganui	Masonic Court Wanganui 1 Masonic Drive (06) 343 9091	✓		✓			✓ R		
Whanganui	New Vista 129 Harrison Street (06) 345 2381	✓		✓					
Whanganui	Okere House 35 Treadwell Street (06) 348 4857		✓						138
Whanganui	Springvale Manor 47 Treadwell Street (06) 348 8003	✓	✓						
Whanganui	St Johns Hill Lifecare 2 Virginia Road (06) 348 1500	✓		✓					
Whanganui	Summerset in the River City 40 Burton Avenue 0800 SUMMER (786 637)	✓		✓		✓	✓		92 93
NAPIER		RH	D	H	PG	CA	RV	SL	SEE PAGE
Ahuriri	Princess Alexandra 145 Battery Road (06) 835 9085	✓	✓	✓		✓	✓		117
Green-meadows	Greendale Residential Care 169 Tait Drive (06) 844 2342	✓							138
Green-meadows	Mission View Masonic 190 Avondale Road (06) 845 9224						✓		
Green-meadows	Summerset in the Bay 79 Merlot Drive 0800 SUMMER (786 637)	✓		✓		✓	✓		92 93
Green-meadows	Waverley House 5 Lannie Place (06) 844 3359	✓							128
Marewa	Roseanne Retirement Home 25 Taradale Road (06) 843 0250	✓							

NAPIER		RH	D	H	PG	CA	RV	SL	SEE PAGE
Meeanee	Bupa Willowbank 25 Ulyatt Road (06) 929 0974	#	#	#			✓		1 117
Napier South	Elmwood House & Hospital 44 Nelson Crescent (06) 845 9516		✓	✓					
Napier South	Scinde Masonic Flats McVay Street (06) 845 9224						✓		
Napier South	St Luke's Village 196 Vigor Brown Street (06) 845 9820						✓		
Onekawa	Bardowie Retirement Complex 283 Kennedy Road (06) 843 2804	✓							138
Tamatea	Bupa Gladys Mary 7 Glamorgan Avenue (06) 844 4969	✓	✓						1
Taradale	Ascot Park Retirement Village 79 King Street (06) 844 7209						✓		
Taradale	Atawhai 421 Gloucester Street (06) 845 9711	✓		✓		✓	✓		
Taradale	Bryant House 71 King Street (06) 844 7209	✓	✓	#					
Taradale	Elbourne Street Flats 6 Elbourne Street (06) 845 9224						✓		
Taradale	Kensington Masonic Village 70 Kensington Drive (06) 845 9224						✓		
Taradale	Knightsbridge Masonic Village 17 Balmoral Street (06) 845 9224						✓		
Taradale	MiLife Riversdale Lifestyle Village 233 Guppy Road (06) 845 9820						✓		
Taradale	Otatara Heights Residential Care 8 Kotuku Place (06) 844 3535	✓							136

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NAPIER		RH	D	H	PG	CA	RV	SL	SEE PAGE
Taradale	Radius Hampton Court 80 Kensington Drive (06) 844 0063	✓		✓					141
Taradale	Taradale Masonic Village 15 Devonshire Place (06) 845 9220	✓		✓			✓ R		
Taradale	Waiohiki Masonic Flats 37 Meeanee Road (06) 845 9224						✓		
Te Awa	Summerset Palms 136 Eriksen Road 0800 SUMMER (786 637)	✓	✓	✓		✓	✓		92 93 117
CLIVE, HASTINGS, HAVELOCK		RH	D	H	PG	CA	RV	SL	SEE PAGE
Clive	Voguehaven 145 Main Road (06) 870 0392	✓							140
Hastings	Brittany House Residential Care 221 Wolseley Street (06) 878 5606	✓		✓					134
Hastings	Colwyn House Lifecare 707 Duke Street (06) 870 9529		✓		✓				
Hastings	Eversley 400 Cornwall Road (06) 878 2005	✓	✓	✓					
Hastings	Gracelands 734 Pakowhai Road (06) 873 8300	✓		✓		✓	✓		
Hastings	Hastings District Masonic Villages, Various locations 027 452 4115						✓ R		
Hastings	Summerset in the Orchard 1228 Ada Street 0800 SUMMER (786 637)						✓		92 93
Hastings	Summerville Rest Home 411 Frederick Street (06) 876 6978	✓							128
Hastings	Te Taiwhenua o Heretaunga Various locations (06) 871 5350						R	✓	

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CLIVE, HASTINGS, HAVELOCK		RH	D	H	PG	CA	RV	SL	SEE PAGE
Havelock North	Arvida Mary Doyle 3 Karanema Drive (06) 873 8400	✓	✓	✓		✓	✓		126
Havelock North	Duart 36 Duart Road (06) 877 8016	✓		✓					
Havelock North	Hillcrest Rest Home 73 Simla Avenue (06) 877 5909	✓							136
Havelock North	James Wattie 122 Te Aute Road (06) 877 0700	#	#	#		#	✓		117
Havelock North	St Lukes Close Village 24 Te Mata Road (06) 872 8930						✓		
Havelock North	Summerset in the Vines 249 Te Mata Road 0800 SUMMER (786 637)	▲		▲			✓		92 93
Havelock North	Waiapu House Lifecare & Village 10 Danvers Street (06) 872 8930	✓		✓			✓		
CENTRAL HAWKES BAY & WAIROA		RH	D	H	PG	CA	RV	SL	SEE PAGE
Waipukurau	Mt Herbert House 50 Mt Herbert Road (06) 858 7555	✓		✓				✓	
Waipukurau	Woburn 7 Holyrood Terrace (06) 858 9260	✓	✓						
Wairoa	Glengarry Lifecare 22 Glengarry Place (06) 838 4840	▲	▲						
WAIRARAPA		RH	D	H	PG	CA	RV	SL	SEE PAGE
Carterton	Carter Court 95-97 Pembroke Street (06) 379 8075	✓		✓			✓ R		
Carterton	Roseneath Lifecare & Village 227 High Street South (06) 379 4018	✓	✓	✓			✓		

KEY ON PAGE 107

WAIRARAPA		RH	D	H	PG	CA	RV	SL	SEE PAGE
Greytown	Greytown Orchards 67 Reading Street 0508 843 672						✓		
Greytown	Ultimate Care Palliser House 186 East Street (06) 261 9020	✓	✓	✓					142 143
Martinborough	Wharekaka 20 Oxford Street (06) 306 9701						✓		
Masterton	Arvida Lansdowne Park 100 Titoki Street (06) 377 0123	✓		✓		✓	✓		126
Masterton	Cornwall 3 Cornwall Street (06) 377 4165	✓							
Masterton	Glenwood Masonic Hospital 74 Upper Plain Road (06) 377 0221	✓		✓		✓			
Masterton	Kandahar Court 2 Colombo Road (06) 370 0449		✓						op 1
Masterton	Kandahar Home 8 Roberts Road (06) 370 0447	✓		✓			R		op1
Masterton	Kandahar Retirement Village 16 Totara Street (06) 370 0662						✓		op 1 119
Masterton	Lyndale Care 52 Cole Street (06) 378 7059	✓	✓				R		130
Masterton	Ultimate Care Lansdowne Court 1 Oxford Street (06) 377 3339	✓		✓			✓		119 142 143
Masterton	Wairarapa Masonic Village 35 Edith Street (06) 378 7391						✓ R		
Masterton	Wairarapa Village 140 Chapel Street (06) 378 2577	✓		✓		✓	✓		

Key:

RH	Rest Home Care
D	Dementia Care
H	Hospital Level Care
PG	Psychogeriatric Care
CA	Care Apartment
RV	Retirement Village (Registered)
SL	Supported Living or boarding

Symbols explained:

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

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every village, everywhere, for everyone



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metlifecare

CHOOSING THE VILLAGE LIFE

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

You will have your own reasons for considering village living. Think about what your needs are now and what they might be in the future. Before you get your heart set on any particular village or unit, spend plenty of time studying your options. Examine all the legal and financial arrangements of each of the villages you consider, as they all vary. It's wise to avoid making major decisions if you've been recently bereaved.

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

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

Villages vary greatly – you'll notice different-sized villages, from very few units to some with hundreds; different

types of units within the same complex; newer villages and older villages. You will discover the community facilities can vary, with some villages offering a wide range such as a swimming pool, bowling green and café, and others only a basic meeting room.

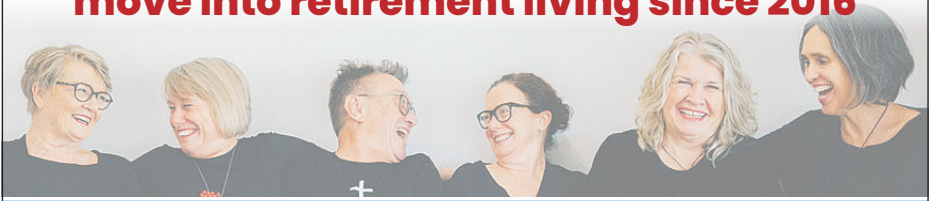
The differences are not just those you can see. The way the village operates can also vary. Factors that influence this include the ownership structure, the experience and/or stability of the ownership, and the associated philosophy towards village living.

Most people are quite independent when they move into a village. It's likely you would be too, and you can expect village management to regard and treat you as such. But circumstances may change and as a result you may want some assistance. For example, you may want village staff to check on you from time to time or you may need some practical support or personal care to enable you to stay in your home. Depending on your

KEY POINTS

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

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of facilities and support services, 209 delightful villas
and Parkwood Lodge, a unique rest home and hospital.

Our rest home provides apartment style living
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bathroom and bedroom.*

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** licence to occupy applies.*

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Telephone (04) 293 5142

Email retire@parkwoodvillage.co.nz

contract and whether the relevant services are available, you may be able to continue living in your dwelling, 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 (page 113). A higher level of care may be obtained if you live in a care apartment (page 133).

All villages have associated costs, including weekly fees and exit costs, such as a Deferred Management Fee (see Pat's village journey, page 112). You need to be fully aware of these (page 124).

Whether you want an official tour of the village or would prefer to look around by yourself, make sure you visit a village more than once before you make a decision, and if possible visit more than one village to get a feel for how each has its own culture.

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

Find out if there are regular social events or meetings and ask if you can come along and see if the village community feels like a place you would want to be a part of. Staff at some

USEFUL RESOURCES

- www.retirementvillages.co.nz
- Te Ara Ahunga Ora Retirement Commission www.retirement.govt.nz
- Retirement Village Association www.retirementvillages.org.nz
- Retirement Villages Residents Association of New Zealand www.rvranz.org.nz

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

Research shows most people enjoy a high level of satisfaction when living in a retirement or lifestyle village. Residents say the benefits of a village are numerous, and they will be different depending on your personal needs.

These may include giving you peace of mind, new and varied activities and interests, new friendships and a feeling of being free to do the things you enjoy and not having to worry about home maintenance and other chores.

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

RETIREMENT VILLAGE ACT REVIEW

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

Pat - The Village Journey

Pat decides to move to a retirement village. Pat uses the ideas on page 121-124 to help. After viewing a number of villages Pat finds the perfect village.



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



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

Pat's lawyer explains that there's a lot of important information in this paperwork. (Read the article on page 109 to understand more) Some important considerations are:

PURCHASE PRICE IS
\$ **500K**

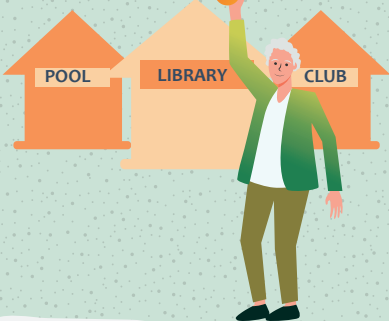
THE WEEKLY FEE IS
\$ **120**
FIXED FOR LIFE

For this example:

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

- The 'purchase' price, which varies, widely.
- The Deferred Management Fee or DMF. This is how much is returned to Pat at the end of occupation.
- Weekly fees. These can be fixed or variable.
- And much more
- Legal Title

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



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



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

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

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

SUPPORT IN A VILLAGE

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

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

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

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

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

Care apartment This hybrid-type option combines a village offering (therefore something that requires an upfront 'purchase' price) and support at a higher level of care as certified by the Ministry of Health (MOH) and governed by the ARRC Agreement (see page 131). Unlike a serviced apartment, the care components are managed under the ARRC Agreement between the operator and public health services. These may also be referred to as 'care suites'. Read more on page 133.



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VILLAGE DETAILS WELLINGTON

HUNTLEIGH RETIREMENT APARTMENTS

221 Karori Road, Karori
(04) 439 4949

2 bedroom villa priced from \$520,000*

Village residents are given preferential entry to neighbouring Huntleigh Home (page 94)

www.enlivencentral.org.nz

enliven



MALVINA MAJOR RETIREMENT VILLAGE

134 Burma Road, Khandallah
(04) 478 3754

Studio serviced apartment priced from \$490,000*
Serviced apartments priced from \$705,000*
Apartments priced from \$770,000*

Rest home and hospital care available on site (page 94)

www.malvinamajor.co.nz



RITA ANGUS RETIREMENT VILLAGE

66 Coutts Street, Kilbirnie
(04) 387 7626

Studio serviced apartments priced from \$495,000*
Serviced apartments priced from \$640,000*
Apartments priced from \$815,000*

Rest home and hospital care available on site (page 94)

www.ritaangus.co.nz



BUPA CROFTON DOWNS RETIREMENT VILLAGE

122 Churchill Drive
Crofton Downs
(04) 460 1894

Priced from \$575,000*

Rest home and hospital care available on site (page 94)

www.bupa.co.nz/croftondowns



VILLAGE DETAILS KAPITI COAST

BUPA WINARA RETIREMENT VILLAGE

9 Winara Avenue
Waikanae
(04) 494 6477

Priced from \$390,000*

Rest home, hospital and dementia care available on site (page 96)

www.bupa.co.nz/winara



*Prices are subject to change without notice and are not guaranteed

VILLAGE DETAILS KAPITI COAST

CHARLES FLEMING RETIREMENT VILLAGE

112 Parata Street, Waikanae
(04) 293 1350

Serviced apartments priced from \$540,000*
Apartments priced from \$565,000*
Townhouses priced from \$765,000*

Rest home, hospital and dementia care available on site (page 96)

www.charlesfleming.co.nz



COASTAL VILLAS METLIFECARE

Spencer Russell Drive
Paraparaumu
(04) 296 6333

Priced from \$350,000*

Rest home and hospital care available on site (page 96)

www.metlifecare.co.nz

metlifecare



KĀPITI VILLAGE METLIFECARE

1 Henley Way
Paraparaumu
(04) 296 1790

Priced from \$570,000*

www.metlifecare.co.nz

metlifecare



SUMMERSET
ON THE LANDING
1-3 Bluff Road
Kenepuru
(04) 230 6722

Priced from \$395,000*

Rest home, hospital and dementia care available on site (page 95)

www.summerset.co.nz



SUMMERSET
WAIKANAE
28 Park Avenue
Waikanae
(04) 293 0002

Priced from \$635,000*

Rest home, hospital and dementia care under development (page 96)

www.summerset.co.nz



VILLAGE DETAILS PETONE

BOB SCOTT RETIREMENT VILLAGE

25 Graham Street, Petone
(04) 570 5800

Serviced apartments priced from \$645,000*
Apartments priced from \$680,000*

Rest home, hospital and dementia care available on site (page 97)

www.bobscott.co.nz



*Prices are subject to change without notice and are not guaranteed

WHERE FROM HERE LNI 115

VILLAGE DETAILS HUTT VALLEY

BUPA FERGUSSON RETIREMENT VILLAGE 8 Ward Street Upper Hutt (04) 909 0413



Priced from \$578,000*

Rest home, hospital and dementia care available on site (page 97)



www.bupa.co.nz/fergusson

SUMMERSET BOULCOTT 1a Boulcott Street Boulcott (04) 568 1442



Priced from \$950,000*

Rest home, hospital and dementia care under development (page 97)

www.summerset.co.nz



SHONA MCFARLANE RETIREMENT VILLAGE 66 Mabe Road, Lower Hutt (04) 577 1090

Studio serviced apartment priced from \$405,000*
Serviced apartments priced from \$515,000*
Townhouses priced from \$765,000*

Rest home and hospital care available on site (page 97)

www.shonamcfarlane.co.nz



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



Priced from \$600,000*

Village residents are given preferential entry to neighbouring Woburn Home (page 98)

www.enlivencentral.org.nz



VILLAGE DETAILS LEVIN

REEVEDON VILLAGE 37 Salisbury Street Levin (06) 366 0444



Priced from \$300,000*

Village residents are given preferential entry to neighbouring Reevedon Home (page 100)

www.enlivencentral.org.nz



LEVIN WAR VETERANS VILLAGE 36 Prouse Street, Levin (06) 349 1409

2 bedroom villa priced from \$630,000*

Village residents are given preferential entry to neighbouring Levin War Veterans Home (page 100)

www.enlivencentral.org.nz



*Prices are subject to change without notice and are not guaranteed

VILLAGE DETAILS LEVIN

ULTIMATE CARE MADISON VILLAGE

144 Queen Street, West Levin
(06) 367 2305

2 bedroom villas priced from \$400,000*

Rest home and hospital care available
on site (page 100)

www.ultimatecare.co.nz



VILLAGE DETAILS NAPIER

**BUPA WILLOWBANK
RETIREMENT VILLAGE**
25 Ulyatt Road
Napier
(06) 929 0974



Priced from \$695,000*

Rest home, hospital and dementia
care under development (page 103)

www.bupa.co.nz/willowbank



**SUMMERSET
PALMS**
136 Eriksen Road
Te Awa
(06) 833 5852



Priced from \$350,000*

Rest home, hospital and dementia care
opening late 2023 (page 104)

www.summerset.co.nz



PRINCESS ALEXANDRA RETIREMENT VILLAGE

145 Battery Road, Ahuriri
(06) 835 9085

Studio serviced apartments priced from \$435,000*
Serviced apartments priced from \$545,000*
Townhouses priced from \$565,000*

Rest home, hospital and dementia care available
on site (page 102)

www.princessalexandra.co.nz



VILLAGE DETAILS HAVELOCK NORTH

JAMES WATTIE RETIREMENT VILLAGE

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

Apartments priced from \$765,000*
Townhouses priced from \$785,000*
Serviced apartments under development

Rest home, hospital and dementia care under
development (page 105)

www.jameswattie.co.nz



*Prices are subject to change without notice and are not guaranteed

WHERE FROM HERE LNI 117

VILLAGE DETAILS PALMERSTON NORTH

BRIGHTWATER VILLAGE 69 Brightwater Terrace Palmerston North (06) 366 0444



Priced from \$300,000*

Village residents are given preferential entry to neighbouring Brightwater Home (page 99)

www.enlivencentral.org.nz



BUPA RIVERSTONE RETIREMENT VILLAGE 243 Napier Road Palmerston North (06) 929 0973



Priced from \$355,000*

Rest home, hospital and dementia care available on site (page 98)

www.bupa.co.nz/riverstone



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

Studio serviced apartments priced from \$440,000*
Serviced apartments priced from \$580,000*
Townhouses priced from \$665,000*

Rest home, hospital and dementia care available on site (page 98)

www.juliawallace.co.nz



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



Priced from \$475,000*

Rest home and hospital care available on site (page 99)

www.metlifecare.co.nz



VILLAGE DETAILS FIELDING

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



Priced from \$300,000*

Village residents are given preferential entry to neighbouring Coombrae Home (page 100)

www.enlivencentral.org.nz



PROMISIA RANFURLY MANOR 6 Monmouth Street, Feilding (06) 323 5050

1 bedroom care suites priced from \$155,000*
2 bedroom care suites priced from \$230,000*
1 bedroom villas priced from \$360,000*
2 bedroom villas priced from \$485,000*

Rest home, hospital and dementia care available on site (page 100)

www.promisia.co.nz



*Prices are subject to change without notice and are not guaranteed

VILLAGE DETAILS WAIRARAPA

KANDAHAR RETIREMENT VILLAGE

16 Totara Street, Masterton
(06) 370 0662

2 bedroom villa priced from \$675,000*

Village residents are given preferential entry to neighbouring Kandahar Home (page 106)

www.enlivencentral.org.nz



ULTIMATE CARE LANSDOWNE COURT VILLAGE

1 Oxford Street, Lansdowne, Masterton
(06) 377 3339

1 bedroom villa priced from \$300,000*
2 bedroom villa priced from \$345,000*

Rest home and hospital care available on site (page 106)

www.ultimatecare.co.nz



ULTIMATE
CARE GROUP



VILLAGE DETAILS WHANGANUI

JANE WINSTONE RETIREMENT VILLAGE

49 Oakland Avenue, St Johns Hill
(06) 345 6783

Studio serviced apartment priced from \$290,000*
Serviced apartments priced from \$410,000*
Townhouses priced from \$600,000*

Rest home, hospital and dementia care available on site (page 101)

www.janewinstone.co.nz



ABINGDON VILLAGE

22 Oakland Avenue
St Johns Hill
Whanganui
(06) 349 1494



Priced from \$230,000*

www.enlivencentral.org.nz



KOWHAINUI VILLAGE

88 Virginia Road
Whanganui
(06) 349 1494

Priced from \$450,000*

Village residents are given preferential entry to neighbouring Kowhainui Home (page 101)

www.enlivencentral.org.nz



*Prices are subject to change without notice and are not guaranteed

Valuing who others are and what they do...

Lifesaver (friend)

Educator & Cultural Advisor

(grandparent, aunt, uncle)

Pro bono Worker

(volunteer)

Skills Mentor

(tradesperson, crafter)

Mental Health Sustainer

(baby sitter)

Financial Overseer

(club treasurer)

Health Sustainer

(family carer)

Security Networker

(caring, watchful neighbour)

Physical Fitness Champion

(walking group participant)

Calorific Defender

(meal sharer)

Preservation Overseer

(gardener, home maintenance)



might mean valuing who you are
and what you do too.

*(Pro bono = free of charge
for the public good)*

VILLAGES: THINGS TO CONSIDER

Where would you like to live? There are plenty of options. Use this list to see if village life could suit you. Download a checklist at www.retirementvillages.co.nz

STARTING THE JOURNEY

Did you know entry age varies widely across villages? Check you/your partner meet entry age criteria.

Is the village registered? Not all villages have to be and there are pros and cons with each option. See www.retirement.govt.nz

Is its accreditation certificate current? See www.retirementvillages.org.nz

Who owns the village (a listed company, a not-for-profit trust or private partnership)? How might this affect you?

! Do the owners have experience operating or developing other villages? Are they reputable?

Who manages the village? Are they and their staff suitably qualified?

Does the village require a statutory supervisor? What is their role?

What is the maintenance schedule? Can residents have input about what is included?

Is the village finished? If not, could you handle the noise and mess of ongoing construction or expansion? What if it never gets finished?

How are concerns or complaints addressed? What is the process and timeframe?

VILLAGE LIFE

Is it easy for loved ones to visit? Can your friends/whānau (such as grandchildren) stay? If so, for how long?

Is the village close to services that are important to you? Your GP/local healthcare, church, clubs, or shops?

What transport is available? Is there a village shuttle or bus stop nearby? Could you afford regular taxis?

Are the onsite facilities (café, pool, bowling green, dining room, lounge) of interest/use to you? Are they well maintained? Can visitors use them? Are new amenities planned?

! Do you prefer your own company or are you a social butterfly? How might village living affect your quality of life?

Do the social activities on offer excite you? What are the costs?

What are the security measures? Is there sensor lighting? Can gates be locked? Is it patrolled at night?

What are the village's rules? Can they be changed? If so, do residents have a say in changing the rules?

Is there a residents committee? What is its role?

How is the AGM organised? Can residents participate?

How are residents kept informed about village matters? Are there regular meetings between residents and management? Are newsletters/noticeboards kept up to date?

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YOUR DWELLING

Does the size/layout of the dwelling suit you? Will it fit your furniture and precious possessions? If not, can you modify it?

Can you take your pet? Once moved in, could you get another one?

Will the dwelling meet your needs if your health or mobility declines in the future? Consider non-slip surfaces, accessible bathrooms, easy to reach handles and shelves.

! Will you have difficulty downsizing? Your new living space may be more compact than you're used to.

Does the dwelling come with a garage, carport and/or scooter parking?

Is there a call button in the dwelling and is it easy to find? Who monitors it? Will you be charged for ringing it?

Does it have an outdoor space? Are you free to decorate it? If the dwelling has a garden, can you grow what you'd like?

CARE AND SUPPORT

What types of services are available in the village? Podiatry, massage, physiotherapy, for example.

Is there a nurse onsite 24/7 in the event of a medical emergency?

Who decides if you need higher-level care? How is this decision made?

! Did you know some villages don't allow you to receive publicly-funded home support? Check your contract.

Could you receive high-level care in your dwelling? If not, what are your options?

Is there a care home on site? If one is planned, when will it be finished?

Do residents have priority entry to the care home? What happens if there are no vacancies?

LEGAL STUFF

Have you received and understood independent, specialist legal advice?

Do you understand the Occupation Right Agreement (ORA) and Disclosure Statement?

Which type of contract are you entering into? Licence to Occupy, unit title or rental, for example.

! Did you know you can cancel your ORA within 15 working days of signing?

Remember: a verbal agreement isn't legally binding. Has everything you've discussed with the village manager/salesperson been added to the ORA?

What happens if the village is bought by another organisation, closes, or hits financial trouble?

FINANCIAL STUFF

What is the initial cost of entering the village? Aside from your dwelling, what else does this cover?

Will buying into a village tie up all your money? Or will you still be able to afford to do the things you enjoy?

How much are the regular fees? What do they cover? Can you choose to only pay for specific services?

Are the fees 'fixed for life' or will they increase? If so, by how much and how often? Do you have a say in this?

What does the village insurance cover? What do you need to insure? Who pays the excess?

What happens to the fees if you go into hospital, go on holiday or the number of people in your dwelling changes?

What are your other personal costs? Power, telephone, paid television etc.

! People can move within a village several times and each move incurs costs. Do you have a contingency fund?

What would happen if you ran out of money?

LEAVING THE VILLAGE

Do you understand what the Deferred Management Fee (DMF) is and how this will influence the amount you/your estate receives once you sell your dwelling?

! Are you expecting to receive capital gains once you sell? If so, you might be disappointed.

How will the dwelling be sold? Can you/your estate have a say in how it is valued/marketed?

Who pays the marketing, administration, and/or refurbishment costs?

Will you/your estate be reimbursed for any improvement/alteration you have made to the dwelling? Or charged to remove it?

Will you/your estate be responsible for paying maintenance costs/regular fees while the dwelling is on the market? If so, for how long?

When will you/your estate receive payment from the sale? What if there are delays?

ORA - WHAT YOU ARE 'BUYING'

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

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

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

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

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

CHOOSING A CARE HOME

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

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

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

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

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

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

All care homes need to be certified by the Ministry of Health. This involves an audit process that identifies providers who deliver high levels of care. Visit www.health.govt.nz to view these audit reports.

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

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

LISTEN UP

'The voices of older people with high support needs are so quiet as to be practically silent or indistinguishable from the other people who speak on their behalf.'
– Bowers et al., 2009.

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



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THE
AGE
YOU
FEEL

We're transforming the ageing experience, so that you can live your best life every step of the way.

Learn more at arvida.co.nz



- Standard single room with shared or private ensuite.
- Standard single room with ensuite and additional services, such as paid TV.
- Premium room, for which additional charges apply (page 132).
- Room or care apartment governed by an ORA (see pages 124, 133).

Trial period You may try out a home before making a commitment and while you will have to pay for this yourself, you'll probably find it is money well spent. You should have an assessment before trialling a home. A month usually gives you enough time to assess the home. Although it's not long enough to really feel at home, it's long enough to see how the place operates, what staff are like and whether you like it sufficiently. Going to the home for a trial may make you feel more comfortable about leaving or going elsewhere if it's not right for you.

You are purchasing a service and have the right to expect reasonable needs to be met, so don't settle for something you're not happy with. Once the decision has been made, inform the management so that the next step can be completed.

Practical things If you require a reassessment on admission, it should be brief. A comprehensive Care Plan will be created in consultation with family/whānau outlines all wider health and care issues, individual preferences and who to contact in an emergency.

You will be asked who holds your Enduring Powers of Attorney (page 36). If you haven't made these arrangements, expect to be asked to set this up.

Make sure all clothing is named and your possessions insured.

A NOTE TO FAMILY/WHĀNAU

You may have had concerns about your relative for some time. Or this situation you're now facing may be totally unexpected. When the recommendation for residential care is made you may have mixed feelings. Perhaps you worry that you or the health professionals are being too hasty, or you feel you should provide the care yourself. These pressures are common and the feelings natural. They take time to work through. Recognising them is a good step towards making better decisions.

Often a variety of family/whānau members come together at this time to help with finding a new home. It's possible you will disagree about what's best so try to understand that you will be seeing things from different perspectives. If you are making this decision with or on behalf of a relative it's important to put aside your own values, likes and dislikes and to put yourself in your relative's place. How well do you know their likes and dislikes? What sort of environment do they like? Do they have links with their community? Do you want your relative to move closer to you; if so, why? If your relative has a good friend, ask their opinion; they often know them even better than you do.

Avoid making decisions that make you feel better or are what you want. Take the time to choose the home that your relative would have chosen for themselves.



Waverley House is a family owned & operated rest home nestled in Greenmeadows, Napier. Waverley House is more than just a residence, it is a place to call home.

Our management team is supported by our experienced care team along with our activities, kitchen and maintenance teams who work together to provide care with compassion, comfortable living and a host of well-planned activities.

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www.waverleyhouse.co.nz



REST HOME

We make it our mission to maintain quality care whilst respecting the individual dignity, self worth, cultural identity, values and religious beliefs of our residents.

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***Come and join us at Vincentian Home.
Where you can find rest and relaxation.
Our staff will make sure you have a great stay.
Come and experience our rest home today!***

The Vincentian Home logo features the word "Vincentian" in a large, elegant script font, with a heart-shaped icon containing silhouettes of two people walking. Below it, the word "HOME" is written in a bold, sans-serif font. The background of the entire section is a collage of images: a close-up of hands being held, an interior room with a chair and a table, and an exterior view of a large, modern building with a green lawn and trees.

**Vincentian
HOME**

2a Stanley Street, Berhampore, Wellington
~ 04 380 0294 ~ 027 262 7649 ~ manager@vincentian.co.nz
~ vincentianhome.co.nz

KEY POINTS

- You are responsible for the payment of your care.
- If you cannot afford it, you may apply for a Residential Care Subsidy (RCS). You need to be considered a ‘qualifying person’ to begin the process (page 144).
- 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 an RCS at a later date you may not qualify.
- Check your Admission Agreement carefully and seek independent advice before signing it so that you are clear about what is provided under contract and what additional costs, if any, you are agreeing to pay.
- You may also be asked for fees in advance, bonds or guarantors.
- You may find that you can’t get in to your home of choice until there is a vacancy. You can ask to go on the waiting list and go elsewhere while you wait. Ask your interim home about a reduced period of notice.
- Should your needs change, a reassessment will be done. If this indicates you require a different level of care, you will be referred for a review. If your level of care does change, you may have to move to another room or to another home if your current home doesn’t provide your new level of care. If your room is designated as a dual-use room (page 133), you may not need to move.
- If you belong to a particular community (ethnic, cultural, religious, rainbow etc.) you may want to view homes that are particularly inclusive or where others from your community live.

10 STEPS TO A GOOD CHOICE

- 1** Find out from your assessment what level of care you need.
- 2** Discuss the options with your contact at your older person’s service/needs assessor and family/whānau.
- 3** For urgent decisions see current vacancies on www.eldernet.co.nz/vacancies
- 4** If applying for a Residential Care Subsidy, get the necessary application form before you move into the home.
- 5** Shortlist homes/hospitals that provide your level of care and that interest you. Visit them, using pages 148-150, to help with your decision.
- 6** Ask each home for a copy of their Admission Agreement. Go away and read it.
- 7** If you would like a trial stay at any of the homes or hospitals, arrange this. You must pay privately for a trial (see page 127).
- 8** Decide on your preferred home. Let your contact person at your older person’s service/needs assessor know what home you’ve decided on.
- 9** Talk with the admissions person at the care home. Negotiate any issues and sign the Admission Agreement.
- 10** You are responsible for paying for, or contributing towards, your care. Make arrangements for this. Complete your Residential Care Subsidy or Loan application if appropriate (page 151).



Helping our residents make the most of every day

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

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

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

~Trevor (Resident)

Enquiries welcome. For an information pack and an appointment to view contact:
Emma Taylor (General Manager and Registered Nurse)
M: 027 477 0828 E: manager@lyndalecare.co.nz.



Lyndale Care
Supporting life's journey

STANDARD ROOM EXPLAINED

Choosing the right care home for your needs can be a confusing (and often daunting) process. A good place to start is understanding the concept of a ‘standard room’; here, we help you make sense of it.

A standard room The Aged Related Residential Care (ARRC) Services Agreement sets out the standard services that a care home must deliver to those whose assessment qualifies them for long-term care; these are the ‘must have’ services. They must meet the person’s needs as identified in the interRAI assessment and detailed in their Care Plan (pages 62-63). To ensure the agreement requirements are being met and that care is of a high standard, regular and spot audits are done. A high-complying provider can get up to five years certification.

Standard rooms attract no additional or premium accommodation fees. However, everyone must pay for their own personal items and services, such as clothing, toiletries, insurance, dentist, optician, audiologist and other specialists, hairdresser, drycleaner or lawyer, as these are not covered by the agreement.

Standard services Examples of services that must be provided include: personal care and assistance; nutritious meals and snacks; accommodation (including the use of furniture, fittings, fixtures, bedding and utensils); a clean,

warm, safe, well-maintained, homely and comfortable environment; cleaning and laundry services; an accessible outdoor area; and communal aids and equipment for personal care or general mobility.

It’s important to understand that not all standard rooms are the same; market forces and the philosophy of the operator can affect what’s on offer. How care is delivered may vary between homes too; if possible, you should visit any home that interests you in person to see it for yourself.

All standard services must be provided at a cost no greater than what is known as the Maximum Contribution (MC). See pages 4, 145.

Residential Care Subsidy (RCS) This covers the cost of standard services for those who qualify after a means assessment of assets and income (see page 144 for an explanation of the RCS).

The majority of homes historically offered standard rooms, yet this is no longer the case. While most care homes may have a few standard rooms onsite, some only offer premium accommodation (page 132).

Additional services Services that are not covered by the agreement may also be purchased and noted in your contract. These don’t relate to care and generally fall into the following categories:

- Incidental/additional services that can easily be stopped, such as paid television/streaming subscriptions.
- Services relating to premium accommodation (also known as premium room charges), and any associated premium services, which may include shared facilities such as recreational equipment and gardens (page 132).

ALTERNATIVES & THE 10KM RULE

There are a range of residential care options; if you have the money, the sky is the limit. Those who can pay for a premium room don't get a higher standard of care however; they may just receive it in a 'superior' environment.

Premium accommodation is that which is over and above the ARRC agreement requirements. It attracts additional daily costs of \$5 to \$100 plus. These services may include fixed features (such as an ensuite, tea/coffee making area or a view for example) and/or features associated with the room (such as an adjoining garden or access to recreational equipment). As part of this offering, providers are required to publish their premium accommodation charges on a website (find these at eldernet.co.nz/vacancies or on most provider's websites). The contract you sign with the provider must also show the additional services you accept or decline (you can change your mind about these services later).

There has been an increase in premium accommodation over recent years. Several factors have contributed to this rise, including consumer expectations and what is often described as a shortfall in funding for standard services. This has had a knock-on effect of reducing the numbers of standard beds, making them hard to come by in some areas. The updated '10km Rule' (see panel, right) has gone part way to

THE 10KM RULE

If your preferred care home only has a room available that attracts extra fees and you can't/don't want to pay these, the following applies:

- If a standard room is vacant at another home within a 10km radius of the home of choice, then you may have to go there.
- If your home of choice has over 90% occupancy and a standard room is vacant at another home within a 10km radius and you don't want it, extra fees may apply. When a standard room becomes available the provider may move you into that with three days' notice.
- If your home of choice has over 90% occupancy and there is no other vacancy within 10km, the provider must accept you and not charge extra fees. When a standard room becomes available the provider may ask you to move to that room, giving three days' notice.

Reviewing the tenancy You can review this tenancy every six months; if you no longer wish to pay premium room fees, written notice of this should be given. The provider then has three months to move you to a standard room, giving three days' notice, or cease charging premium room fees. There is discretion to waive the notice period for financial hardship.

addressing this issue and to providing a process for giving notice of intention to vacate the premium option.

Refundable Accommodation Deposit (RAD) This is an alternative option to paying premium charges, offered by

some providers. It is a single upfront payment that is refunded in full after your room is vacated (page 5).

A care apartment is technically a retirement village offering with care components governed by the ARRC Agreement. It offers the same type of care as a care home and is bound by the same rules (page 131). As this is a type of retirement village offering, you will usually have to pay an upfront capital amount (the ‘purchase’ price).

Specific rules apply to care apartment arrangements to ensure the resident and the public health services don’t end up paying for the same thing:

- If you are privately paying for and receiving a standard level of care (as set out in the ARRC Agreement), you will only pay for personal care and associated services, such as meals, linen and laundry.
- Accommodation should not be charged for, or should be reimbursed: a formula of 18% of the MC applies (page 145). You pay maintenance and property-related fees as per your ORA.
- You cannot be charged for additional or ‘premium’ fees related to fixed elements in your care apartment. You must pay for the property-related charges detailed in your ORA, like rates, insurance and maintenance fees.
- If you get a RCS and are receiving care under an ARRC agreement, fees you pay cannot include charges covered in that agreement (such as meals, cleaning, laundry and room service).

Dual use beds (also known as swing beds) For those concerned about having to move rooms if their needs change, a dual use/swing bed room may be the solution. If available, it allows for various levels of care to be

LEVELS OF CARE

An assessment determines the level of care you need. Current levels are:

Rest Home Those who require this level of care usually have some ability to get about on their own or with some help. They require some assistance with personal care and general day-to-day activities. Many have a degree of memory loss. Some people who have a dementia may be able to be safely and suitably supported in a rest home.

Hospital This refers to an age-related hospital rather than public hospital. The care is for those who have a significant disability, medical concerns, and possible cognitive decline, that requires the continual oversight and support of registered nurses. Most require the assistance of two people to move about.

Dementia This level of care is for those who need a secure home, usually because there are safety concerns for themselves or others.

Psychogeriatric Specialist Hospital. This level of care is designed for people with a mental health or dementia disorder who require a high level of nursing care and management of behaviour that challenges. They need a secure environment and the skills of specially trained staff.

provided in the same room. A possible exception is dementia care, which may require a move to a more secure environment. A premium charge may or may not apply.

The right care at the right time

At Brittany House we are a family, here to listen to you, to share a laugh, lend a helping hand and to make you feel welcome in your new home.

We understand that it can be difficult to make the decision to move into residential care. We specialise in helping you plan that transition, mapping out your unique needs and preferences to ensure peace of mind for you and your loved ones.



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www.brittanyhouse.co.nz



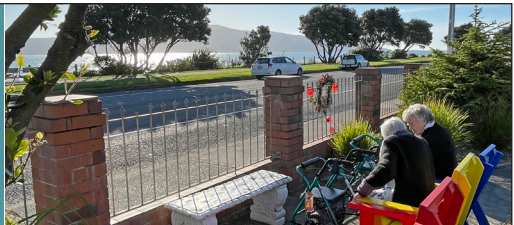
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Kena Kena Rest Home:

32 Percival Road, Paraparaumu Beach
P > 04 902 9099 W > kenakena.co.nz
E > kkresthome@gmail.com

HUMAN RIGHTS LENS ON CARE

The Chief Ombudsman monitors ‘secure’ areas, like dementia and psychogeriatric units, to check on people’s human rights.

In 2019, the Chief Ombudsman, Peter Boshier, was tasked with looking into the rights of those who live in secure areas of privately run facilities - those areas where residents can’t leave at will, such as dementia and psychogeriatric units. He was already monitoring public aged care facilities.

When people don’t have the freedom to live where they choose, and can’t come and go as they please, their rights need to be protected.

The Ombudsman takes an independent and objective look at the conditions residents live in, and how they are treated. His role is to ensure residences have safeguards in place to prevent ill treatment and, if not, he recommends improvements based on international law and best practice. This is what distinguishes his role from other agencies auditing these facilities. This work is done under the umbrella of the UN and is referred to as ‘OP-CAT monitoring’ after the protocol that governs it.

Before starting his inspections in July 2021, Mr Boshier set out his expectations. Among them are that residents are safe and their independence is promoted. They are treated

with dignity and respect. They live in an environment that promotes their safety, dignity, autonomy, and wellbeing. This must include having access to the outdoors and fresh air.

As at May 2023, the Ombudsman’s inspectors have made around 70 visits and inspections to a cross section of facilities, ranging from small single owner facilities to those run by national providers. Visits and inspections are an important way for the Chief Ombudsman to be able to examine the conditions and treatment of residents.

The term ‘inspection’ is used when the Chief Ombudsman intends to look more closely at a particular facility, service provider, area or matter.

Inspections usually take two or three days, with up to three inspectors in a facility at any time.

The purpose of visits is to both familiarise inspectors with the sector and to inform facilities about the role of the Ombudsman.

To find out more, go to www.ombudsman.parliament.nz/opcat or call 0800 802 602.



HOW YOU CAN HELP

Inspectors may want to talk to you as part of their visit. If you have any information you think the Chief Ombudsman should be aware of regarding your or your loved one’s treatment and conditions in a facility, you can discuss this freely with them. If you have a complaint about the service, follow the usual complaints process (pages 12-13).



Taslin NZ Ltd

HILLCREST REST HOME

OTATARA HEIGHTS Residential Care

Otatara Heights & Hillcrest Rest Home are committed to providing our residents with a holistic approach to their needs, with focus on individual support and continued independence.

PHILOSOPHY

Our staff are committed to providing excellent care to residents, based on their individual needs. We nurture an atmosphere of dignity and respect in our warm, friendly family homes.

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

Owners/Managers: Steve & Teresa Loughlin

Otatara Heights Residential Care:

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

Hillcrest Rest Home:

73 Simla Avenue, Havelock North E: manager@otatara.org.nz P: 06 877 5909

Taha Whānau • Taha Wairua • Taha Hinengaro • Taha Tinana

LOOK ON THE BRIGHT SIDE

Some people welcome the security a care home offers. Others may be upset about losing some of their independence. Focusing on the positive things about the move will help you settle into your new home.

When making the decision to go into a care home it is common to experience a lot of conflicting feelings. You and your family/whānau may have had quite differing views on the benefits of this and the decision may not have

RIGHT TO PRIVACY

Privacy around your personal needs, health and finances should be protected and respected by all who provide your care and support. Many people when moving into a care home are concerned about their privacy; caring staff will understand your concerns and allay them by:

- Confidently and discreetly helping you with your personal care tasks such as showering.
- Knocking and waiting to be invited before entering your room.
- Conducting sensitive conversations in private.
- Protecting important documentation.
- Discussing your care only with those for whom they have permission.

been easily reached. This is one of life's major events and while there may be a sense of relief that your personal wellbeing and safety will now be taken care of, other feelings of hopelessness, loss, anger, and resentment can emerge. A sudden change in your health may mean that you have had little time to think about and plan for this, so you can feel totally unprepared. There are often fears too, about what life is like in a care home and this can add to your anxiety.

In coming to this point you have probably already experienced some losses, such as the loss of good health and your ability to do everything for yourself. Now there are other losses – no longer being able to make all decisions for yourself, the loss of a loved home or pet, or of regular contact with your friends or neighbours.

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

- Give yourself time to settle in. No matter how you feel about the move, it will take time to adjust to the situation and your new environment. Consider a trial period (page 127).
- If you are able to, you may want to write things down, noting the steps you need to take to resolve your concerns.
- Make the home your own. Personalise your room with your furniture and sentimental items and bring your own flair, even if initially you don't feel much like doing this. You will find others respond positively. A personalised



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

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- No premium on most rooms.

2-4 Bowen Street, Cnr Warwick & Bowen Feilding
Ph 06 323 8489
manager.woodfall@experioncare.co.nz

Woodfall Home & Hospital



room creates a more private feel that others tend to respect, and this will have a positive effect on you.

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

- Involve yourself in the exercise programme that many homes offer; physical and mental wellbeing are closely linked.

- Try to avoid blaming others for your situation. If you have a carer or family/whānau then know that they have generally done their best to help you stay at home. Now, your needs are more than can be managed at home.

- Rather than being resigned to the situation and letting others make decisions for you; let people know what you do and don't like. Your opinions matter. In the longer term you will feel better for sharing them.

- Talking to someone independent may help. The manager of the home may be able to refer you to a pastoral worker, social worker or other professional who will listen and may be able to offer some coping strategies. Your conversations with them will be confidential, and the service should be free.

- Alternatively, talk to someone who is a good listener and non-judgmental.

- Use successful strategies that got you through tough times in the past.



A NOTE TO CARERS

Giving up a caregiving role is difficult. You've probably invested a lot of physical and emotional energy in supporting your spouse/partner, relative or friend to remain at home for as long as possible.

When the decision is made to go into a care home you may experience conflicting

feelings: relief that you are no longer the person solely responsible for another's care; sadness that the day has come that may have been dreaded;

or ambivalence and guilt. You have probably also anticipated your loved one's response to this decision. Anger, tearfulness and quiet resignation can be hard for you to cope with. Remind yourself that this decision has not been reached without careful consideration.

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



WESTELLA

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You may find you repeat yourself 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 (a month or two) and tried everything you can and you’re still feeling down, let staff know or talk to your doctor. Depression can be an issue for some who live in a care home (page 48). 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.

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

- There are lots of opportunities to make new friends, both with other residents and staff.
- Your health conditions may stabilise or improve as medical conditions and medication will be monitored and nutritious meals provided. Some homes offer specialised programmes and physiotherapy to help you retain your abilities and sometimes, over time, improve them.
- There may be opportunities to discover new experiences. The growing number of older people learning to use computers is evidence of this. Some older people even learn these skills after taking up residency in a home. 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 video calls for you so you can stay in touch with those who use the internet.

- You shouldn’t have any worries about your general comfort. Your home should be warm, secure and comfortable.
- You won’t have to think about maintaining your own home and garden.
- Most homes provide opportunities to go on outings to places such as the local cafe, RSA, park or beach, for those able to manage this. There may be a small cost for such outings.
- The home will provide a range of activities during the week and some have regular ‘happy hour’ clubs.

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REST HOME, PRIVATE HOSPITAL,
DEMENTIA CARE & VILLAGES



We Are Here To Help

Considering a move to aged care is a significant life decision - one that can be confusing and stressful. Rest assured that here at Ultimate Care Group, we will be right beside you every step of the way. We're here to answer any questions you have to ensure you make the best decision for you:

- What services can I get?
- How independent will I be?
- Who pays for my care, and what are my options?
- What happens if my needs change?
- Can I bring my pet, and other cherished items?

Our homes

Find your next home at one of our 19 care homes around the country. Ultimate Care Group is one of the largest aged-care providers in New Zealand, which means you get the best of both worlds: local facilities that provide personalised care and a sense of community, all supported by the best resources and healthcare services available.

When you need the help and advice, our friendly, trained team is here for you and your family, 24 hours a day, 7 days a week. We can support your comfort and care as your needs change in the coming years, while keeping you connected to those you hold dear.

Excellent people, exceptional care

Ultimate Care staff recognise that it is a privilege to care for our residents and we believe you deserve the Ultimate Care promise of treating our residents with dignity, warmth, compassion and respect. Contact us today to discuss how we can help provide the peace of mind and care you need and deserve.



Our approach to care

Our philosophy is to provide extra support as residents need it, and maintain as much independence as we can, with all the help you may need. Working with residents and their families, our nursing teams create personalised care plans and provide ongoing assessments. With our experience you are in the best of hands, we make sure that you and your family can make the best choices for your support, from independence to full care.

Wellington

Ultimate Care Churtonleigh

24 Mallard Grove, Churton Park

P: 04 478 4273

E: churtonleigh@ultimatecare.co.nz

Ultimate Care Pōneke House

135 Constable Street, Newtown

P: 04 389 7007

E: ponekehouse@ultimatecare.co.nz

Mid Central

Ultimate Care Madison

144 Queen Street West, Levin

P: 06 367 2305

E: madison@ultimatecare.co.nz

Ultimate Care Aroha

128 Monrad Street, Palmerston North

P: 06 358 8093

E: aroha@ultimatecare.co.nz

Masterton

Ultimate Care Lansdowne Court

1 Oxford Street, Masterton

P: 06 377 3339

E: lansdowne@ultimatecare.co.nz

Ultimate Care Palliser House

186 East Street, Greytown

P: 06 261 9020

E: palliserhouse@ultimatecare.co.nz



www.ultimatecare.co.nz



FACTS, FIGURES & ASSET TESTS

There's a lot to get your head around when it comes to how much of your care home fees you have to pay yourself and for how long. The rules and regulations governing this include means assessments and asset tests.

Just as you would pay for the things you need when living elsewhere, you are responsible for paying for, or contributing towards, your residential care; whether by private payment, a contribution from your NZ Super or other approved arrangement. If you are unable to pay the full amount for your care, a set of rules and regulations governs what financial assistance you might be eligible for.

To be eligible for a Residential Care Subsidy (RCS) you must be a qualifying person or a special case.

You are a qualifying person if:

- You are aged 65 or over and;
- You are eligible for publicly funded health and disability services and;
- You have been assessed as requiring long-term residential care and;
- You are entitled to apply for a Financial Means Assessment.

An example of a non-qualifying person is someone without New Zealand residency. If this is the case, the person may negotiate the cost of care with the provider and pay privately.

Asset testing If you are a qualifying person, a means assessment of assets is the next step in determining whether

WHAT ARE ASSETS?

For a financial assessment, assets generally include but are not limited to:

- Cash or savings.
- Term deposits, investments, shares or bonds.
- Loans you have made to others.
- Property.
- Most life insurance policies.

These are generally not counted in the assessment:

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

For many people who own property, it is likely that their total assets will be worth more than the Asset Threshold.

you are eligible for an RCS. There is a dollar amount (of assets) you can keep that you are not required to contribute towards your care; this is called the Asset Threshold. Each year on 1 July the threshold is adjusted in line with the Consumer Price Index. The current thresholds are:

Single You are eligible if you have assets equal to or below \$273,628 as at 1 July 2023.

Couple in long-term care You are eligible if you have combined assets equal to or below \$273,628 as at 1 July 2023.

Couple with one in care There are two threshold options:

- Combined assets of \$149,845 as at 1 July 2023, not including the value of their home and car, or;

- Combined assets of \$273,628 as at 1 July 2023, which does include the value of the home and car.

The maximum you will have to pay towards your care is known as the Maximum Contribution; this is equivalent to a standard room and associated care, and is updated annually (page 4).

If your assets are above the Asset Threshold and you have been assessed as requiring residential care, you will have to pay privately for this. As your assets decrease you may become eligible for an RCS; make sure you know when this is approaching so that you can apply. If your assets are found to be equal to or below the Asset Threshold and you meet other criteria, you may be eligible for an RCS. You will still need to have an income assessment. This includes any NZ Super.

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

- Couple A may choose the higher threshold of \$273,628. They do not own their own home and have total assets of \$185,000 so are under the Asset Threshold.
- Couple B may choose the lower threshold of \$149,845. They own their own home worth \$700,000 and a car worth \$18,000. The car is exempt from the assessment. The house is exempt only when it's the main place where the partner who is not in care or a dependent child lives.

Individual circumstances vary widely and details may change, so get up-to-date information from Work and Income. The Residential Subsidy Unit is freephone 0800 999 727. You must

WHAT IS INCOME?

Where a financial assessment considers income, this includes but is not limited to:

- NZ Super, Veteran's Pension or any other benefit.
- 50% of private superannuation payments.
- 50% of life insurance annuities.
- Overseas government pensions.
- Contributions from relatives.
- 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.
- A War Disablement Pension from New Zealand or any Commonwealth country.
- Income from assets when the income is under \$1,188 a year for single people, \$2,376 a year for a couple when both are assessed as needing care, and \$3,564 a year for a couple where one of them has been assessed as needing care.

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

Special-case person You are a special-case person if you are:

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

The rules differ to those for a qualifying person. For example, if you



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are aged 50 to 64, single and have no dependent children, your income will be means tested, not your assets. Contact Work and Income for more detail.

Income testing This can be rigorous. Although as a qualifying person you may be eligible for an RCS you will still need to contribute towards the cost of your care from income (as will a special-case person aged 50 to 64). The income assessment determines the amount; this is a between you and Work and Income, not the care home.

Residential Care Loan If owning your former home puts you over the Asset Threshold and your other assets are under it, you may be able to get a Residential Care Loan to cover your fees. Applications are considered case by case, are discretionary and must fit the scheme's criteria. You will need to pay privately for your care while this is processed. There may be costs associated with the loan process, such as lawyer's fees, and you are responsible for these. They are not included in the loan.

If approved, you will need to sign a Residential Care Loan Agreement. The loan will be secured over your former home by lodging a caveat against its title. If your former home is a unit in a retirement village and your 'title' is a Licence to Occupy, the loan will be secured against the termination proceeds due to you. You will need to assign your interests in the termination proceeds to the Crown and this will be recorded in the loan agreement. The operator of your village will also need to agree to this arrangement.

The loan is generally repayable within 12 months of your death or when your home is sold, whichever

RULES ON GIFTING

- If you give away assets they may still be counted in your assessment. Within the 'gifting period' of five years prior to applying for an RCS, general gifting of up to \$7,500 per year is allowed. Gifts made in recognition of care, for which there are strict criteria, must not exceed \$37,500 during this period.
- Before the five-year period, gifts of more than \$27,000 a year for each application may be included in the assessment.
- The IRD's gifting rules differ to the RCS gifting rules.

happens first. Payments under the loan stop when an RCS is approved. Application forms are included in the RCS application document, or contact Work and Income on freephone 0800 999 727.

KEY POINTS

- If you receive an RCS, from your NZ Super you will keep a personal allowance of \$52.89 a week and a clothing allowance of \$331.73 a year (as at 1 April 2023).
- If you are eligible for an RCS and have a partner living at home, they may be eligible for a weekly Special Disability Allowance of \$46.84 (as at 1 April 2023). They may also be eligible for NZ Super at the Living Alone rate.
- Private payers may be eligible for Work and Income assistance if they meet criteria. Subsidised residents are not eligible for a Disability Allowance as this is factored into the RCS.
- You can ask for a review of your means assessment or for a financial means assessment at any time.

CARE HOMES: THINGS TO CONSIDER

There is a lot to think about (and sometimes not much time) to decide which care home is right for you. Use this list to spark ideas and questions. Download a checklist at www.eldernet.co.nz

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?
Any 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, such as a physiotherapist?

What qualifications do the caregivers have?

! What are the conditions relating to having your own GP? Is it practical? If you keep your own GP you may find this costs more.

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?

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 care home 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?

DIGNITY, PRIVACY & INDEPENDENCE

- Who controls your personal finances?
- How well is your privacy managed?
- Do staff knock and wait for an invitation before entering your room?
- How well are individual preferences catered for? Are bedtimes flexible?
- Do you choose what to wear for the day?

! Are your sexual preferences, ethnic, cultural and spiritual values, and beliefs and lifestyles respected and upheld?

- How often can you shower?
- Can you have your own telephone, computer or TV in your room?
- Do residents have a collective voice, such as a residents' committee?

GENERAL

Are there any additional costs? If so make sure these are itemised on your Admission Agreement and included in your budget.

Do you know the difference between premium accommodation, a RAD and 'buying' under an ORA (pages 132-133)?

! How are 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, such as 4 or 5 years, generally indicate greater compliance with standards and requirements.

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 you to be more involved in the activities of the home, such as serving up your own meals or being involved in the planning of activities. 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. A daily menu should be on display.

! Are the meals nutritious and appetising? Are the quantities sufficient for you?

Can you help yourself to drinks, fruit or snacks at any time?

Are there choices at meal times?

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?

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?

DEMENTIA CARE & PSYCHOGERIATRIC CARE

If specialised dementia or hospital care is required, the need will be determined via a psychogeriatric assessment 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 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?

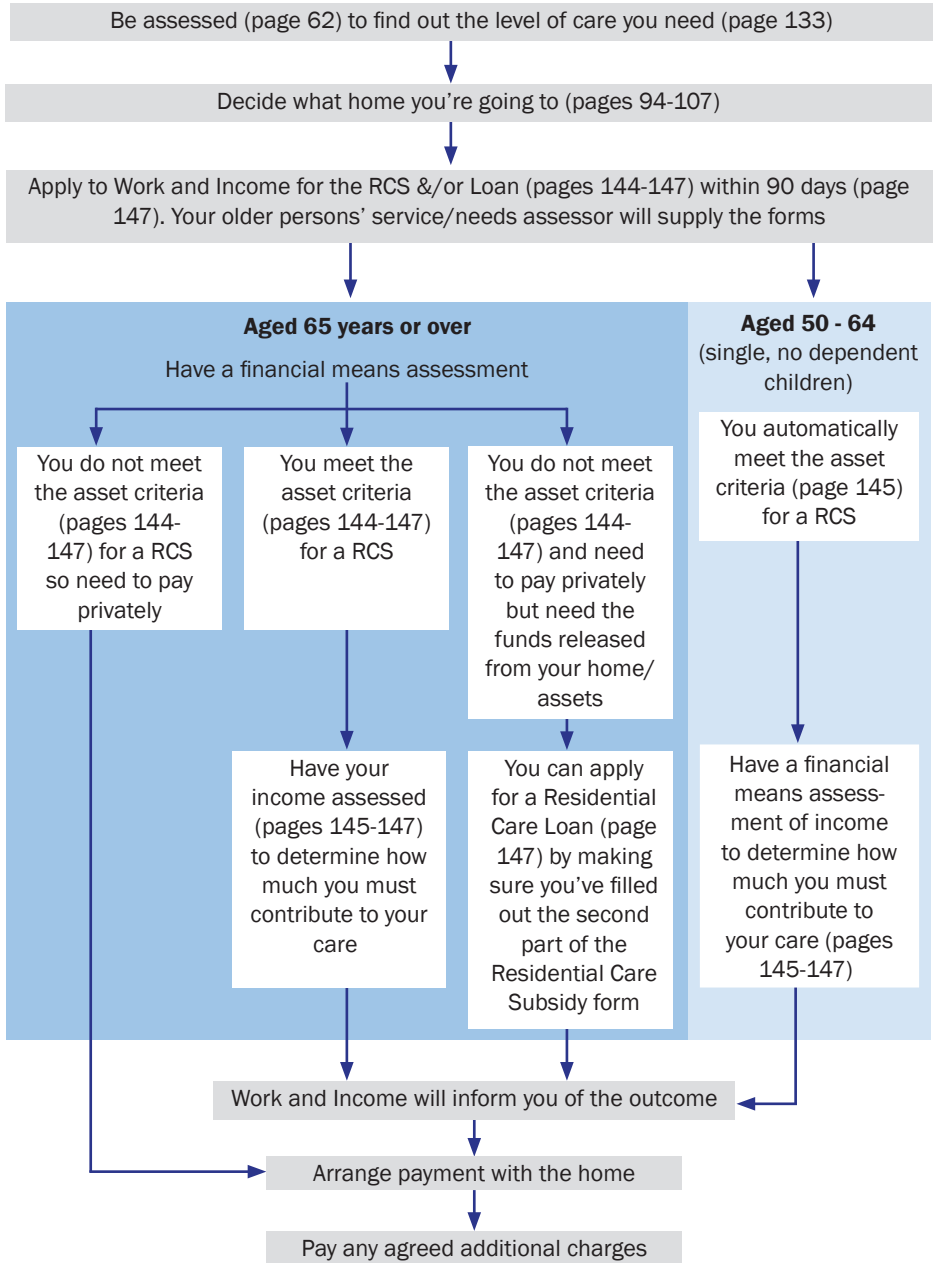
! How are behaviours that challenge managed? Such behaviour often indicates the person is distressed about something. Skilled care and management can often determine what this is and alleviate it.

Are any restraints used? 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?

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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Elizabeth - Resident

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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?



- 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 advance care plan?
- Do you have an EPOA?



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